



DESIGN
FOR AGING IN PLACE
TOOLKIT



READY?

Meeting Changing Needs—Is Design for Aging In Place for You?

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Meeting Changing Needs—
Is Design for Aging in Place
for You?

What is Aging in Place?

Each day, approximately 10,000 baby boomers are becoming eligible to receive Social Security benefits. According to the U.S. Census Bureau, the elderly population will more than double between now and the year 2050, to 80 million. That means roughly one out of five adults in the U.S. will be over the age of 65.

Today midlife and older Americans are healthier, more active and better off financially than at any other time in history, and they are living longer. Improved health care has increased life expectancy, but with age comes the increasing risk of chronic health conditions, disability and dependence. As the elderly population grows, the disability rate and the number of older adults needing assistance with activities of daily living will increase, creating more demand for care options.

Where we live is a central component of well-being and quality of life. The residential environment is the setting in which many of our basic physical, social and psychological needs are met. Is it any wonder, then, that 9 in 10 older Americans in a recent AARP survey said they want to continue living in their homes as long as possible? The term “aging in place” refers to this social and demographic challenge: As people age, they are choosing to stay in their current homes and communities, which were not built for their changing needs. Over time they are at risk of becoming more isolated and dependent on others, unless steps are taken to modify their surroundings and increase support systems within the community.

One of the biggest challenges in the next 30 years will be how to meet the demand for quality living environments for the burgeoning population of older adults. This will require modifications to much of the existing housing stock, as well as making changes in new construction today that will accommodate older residents’ needs in the future.

But aging in place is not just about the home. The aging of the population will affect every interior environment—private, commercial and public. For example

- Hospitality – restaurants, hotels and motels will need to be accessible
- Workplace – offices, retail stores and other work spaces will need to provide adequate lighting, seating, technology, task areas and quiet places for older workers
- Health care – increased need for outpatient and in-home care, accommodation for caretakers and caregivers
- Retail – stores will need to be accessible and accommodate individuals using assistive devices
- Multihousing/multiuse – growing demand for livable communities and urban complexes with easy access to health care, entertainment, shopping, etc.

Interior designers are uniquely qualified to create supportive, livable environments for older persons that are functional, healthy and safe.

Is Aging in Place a Good Match for You?

Working with older clients can be rewarding but also challenging. Designers who practice in this field will tell you it is not for everyone.

Here are some questions you might ask yourself if you are considering this niche:

- Do you know enough about construction to imagine moving a bearing wall or relocating a heating duct?
- Can you picture a ramp running into a sloping yard?
- Can you picture the way a person moves in space and even motion variations for people with different physical characteristics?
- Are you able to enjoy the company—“exchange twinkles,” so to speak—with folks from another generation?
- Did you enjoy your grandparents’ company? How about their friends?
- Have you delivered Meals on Wheels because it was fun meeting folks where you dropped off the food?
- Have you ever worked in a nursing home because you found it pleasant and uplifting?
- Do you like helping folks solve a problem they only partially acknowledge?
- Do you have patience to listen to someone who does not get straight to the point? Or has trouble communicating?
- Can you hold off blurting out a great solution to a problem until the rest of your group has their light bulb go off too?
- Do you enjoy the time it takes to get a small group all on the same page even when they don’t share the same agenda?
- Can you bear to proceed along a path you don’t think is best?
- Are you comfortable knowing the solution to a problem lies outside your experience, so you must seek and ask help from others?
- Do you like to collaborate with folks who know less or different things than you?

No red flags so far? Then keep reading.

Before you enter this field, you should do an honest self-appraisal. Carefully assess your own personal traits and evaluate if you have the values and patience that are necessary to be successful in this field. Do you see yourself as someone with all or most of the following characteristics?

- Compassionate/caring
- Actively listens
- Has a respect for individuals
- Respects the dignity of all individuals
- Has an interest, beyond money and a job, in this area of work
- Has some understanding about construction structures
- Understands construction time flow, relating to pricing and permitting, plans, etc.
- Able to establish mutual respect and communication with construction people
- Able to establish mutual respect and communication with health care, social workers
- Able to establish communication with older people, some of whom do not “get” your job, communicate slowly, are facing depression, worry, an uncertain and/or depressing future
- Able to maintain a dialogue with many parties who are not on the same page
- Comprehends the implications of change in life and ability
- Comprehends the implications of prognosis for individuals and diseases
- Has an appreciation of body mechanics and variation
- Has an appreciation of how small things can be examined to understand the whole
- Is open-minded about solutions (out-of-the-box thinking)
- Has patience to see how things unfold (does not jump to the first or last solution)
- Has an appreciation of the integration of services/caregiving/ability

It also is important to understand that the issues involved are much broader than just the design process. Regardless of age or ability, most people do not want to think of themselves as aging, and they do not want others to perceive them as being old. They want to remain independent, contributing members of their communities as long as possible.

They dread the idea of having to go into a care facility or becoming a burden to their friends or family. You may encounter clients who are in denial about the very real needs they have or may be facing in the future. Having an appreciation for the nuances of working with this population will increase your chances of success.

Understanding the Older Client

Contrary to popular stereotypes, many older people lead active lifestyles. While the incidence of disability increases with age, it is only among the elderly (those age 75 and older) that a majority has some type of disability. Clients who are planning to age in place likely will need an environment that supports their active lifestyle now but can be easily adapted later if necessary.

It is important to remember that people age differently, for different reasons and at different rates. Just because two people may be 80 years old, their flexibility, cognitive skills and physiology may not be the same at all. One may be able to ride a bicycle to the store, while the other may not be able to walk down the hallway without assistance. Similarly, one sight-impaired person might be able to read Braille, while another can't even feel it, much less interpret it. Each person, with or without a disability, has individual needs. Therefore, you must really do your homework.

The older population is diverse in many other ways as well. They tend to be married at retirement age, but the majority of elderly Americans are single women who have been widowed or divorced. Additionally, racial and ethnic diversity within the elderly population will change substantially in the coming decades. For example, elderly persons of Latino descent comprised less than 4 percent of the total elderly population in 1990 but are expected to comprise 16 percent by the middle of this century.

The older generations—yes, there are more than one—also differ in outlook and values. Due to increased longevity, today's "older Americans" can be anywhere from 62 to 102 years old. Within this broad range of aging and elderly, there are four generally recognized major age-defined groups, each with its own unique perspective towards life:

- Baby Boomer Generation, born 1946 to 1964
- Post-War Generation, born 1928 to 1945
- World War II Generation, born 1922 to 1927
- Depression Generation, born 1912 to 1921

The NAHB Research Center defines these cohort groups by the formative historical events that occurred during their adolescence and early adulthood. This information can be useful in the development of your marketing strategy and your interactions with clients.

The Baby Boomer Generation is really comprised of two groups: people born from 1946 to 1954, referred to as the "leading-edge" baby boomers, and the "trailing-edge" boomers, born from 1955 to 1965. Baby boomers remember the assassinations of John and Robert Kennedy and Martin Luther King, Jr., the war in Vietnam, the birth of rock and roll, and campus protests. They grew up questioning authority and basked in self-indulgence. Most still hold onto the notion that they will always remain young and active, refusing to acknowledge the aging process (just look at all the anti-aging products and services there are on the market today!). Efforts to market to baby boomers should appeal to their sense of individualism, tendency to question ideas and long-held truths, considerable interest in their health and well-being, and a strong desire for instant gratification.

The Post-War Generation experienced an era of remarkable economic expansion and the great migration to the suburbs. This group benefited from the rise of the middle class and came to believe that American progress and prosperity would continue indefinitely. Contrary to the U.S.'s victories in the Second World War, they witnessed instead the Korean Conflict, Communism and the hysteria of McCarthyism, the rise of Soviet imperialism, nuclear threat and the Cold War. When designing a marketing plan for this group, remember that a great majority of them are well-educated and have amassed considerable savings. They seek stability, security, conformity and social tranquility. They are concerned about ease of visitability by family and friends.

Born into the Great Depression, those who came of age during World War II witnessed unprecedented destruction and atrocities, including the birth of the atom bomb. Bound together by adversity, they focused on defeating a common enemy, and sacrifice for the common good was a way of life. This group is very patriotic and loyal. Concentrate on evoking a sense of camaraderie and a team-oriented approach.

Today's oldest living Americans reached adulthood during the Great Depression. Their coming-of-age experience was overshadowed by economic strife, high rates of unemployment and the need to take menial jobs as a means of survival. The need for financial security drives their actions, and they are slow to take risks. They don't want to be a burden to others and have a strong desire to remain in control. Because of these factors, marketing to this group should address independence, efficiency and dedication.

How Does Interior Design Support Aging in Place?

Life changes prompt modifications in the interior environment. In an ASID study of homeowners age 35 and older, one in four respondents said they were planning to make modifications to their homes to accommodate the physical needs or limitations of an aging parent, relative or spouse or in anticipation of their future needs. Among the modifications they mentioned were

- Improve access by installing ramps or railings or by widening doors and halls.
- Add grab bars to make baths and showers more accessible and to reduce the likelihood of falls. (Many respondents were not certain what modifications would be required, signaling a need for counsel and education in this area.)
- Set up a bedroom designated for the live-in.
- Chairs should have high seats and strong, unpadded arms to make them easy to sit in and get up from.
- The quality and quantity of lighting in the design is especially important for persons with vision problems.

These and many other alterations or additions like them help to counteract the loss of function or independence that may result from physiological changes associated with aging. These include

- Changes in vision, requiring additional sources or intensity of light
- Changes in hearing, requiring reduction in ambient noise
- Changes in strength, affecting reach, mobility and agility
- Changes in color perception, requiring more attention to color contrast and spectrum
- Changes in memory and sense of orientation, requiring environment prompts for wayfinding and directing attention

Design for aging in place goes beyond removing or minimizing impediments in the physical environment. When approached holistically, it serves as an assistive strategy, providing support and increasing function, along with enhancing independence and ensuring safety over the entire lifespan.

Making a home accessible to all is vital not only for the occupants who may suffer a temporary or even long-term disability, but also for those who visit. Most people do not view their home as posing any particular impediments to others if it does not present problems to them. They are not aware, for example, that someone in a wheelchair or walker will have difficulty with the wheels rolling on the carpet or that a caregiver will have difficulty guiding someone down a too-narrow hallway. Designing the home to be “visitable” by all is both welcoming and a way to prevent older or disabled occupants from becoming socially isolated.

How Does Aging in Place Differ from Other Types of Interior Design?

The biggest difference between design for aging in place and interior design in general is increased emphasis on and depth of the client profile. It is important to ask the older client or the older end-user about their personal preferences and desires. Find out what about their home, office, restaurant, etc., they like or hate. Ask about the improvement they hope the project will have on their lives, productivity, comfort, etc.

Of course, as a designer you are always asking those types of questions when you do your programming. But with the older client or end-user, we frame them in a more personal way. For example,

- Are some activities more difficult now than they were in the past?
- Do you have health conditions that may impact your ability to use space and design?
- What else about your health and prognosis should I know to do a good job on this project?

If you think these questions are too personal, think first about the aging process. The facts on aging are pretty clear. It is not an acute illness like the flu or bronchitis. It's a chronic condition, meaning it will not get better in the short term. We have to live with the impact. Aging is progressive, meaning change will continue, and it is downhill from here.

Prognosis is no more than what a reasonable person can expect from dealing with current information. Put yourself in the place of the client or end-user. If you have grown to be sore after a day working in the garden, yoga may help, but it will not bring a reversal. Maybe you are stiff and sore more often, take longer to recover from tennis aches, make more trips to the bathroom and sleep less regularly. None of that is so bad. It is the cost of progress we all aspire to, considering the alternative! If you are being treated for other conditions, your doctor should help you know what to expect.

Now incorporate this information into your program. All these things should be accounted for in the design. That is the role or impact of aging on design. In addition, what you know and learn about universal design will connect the program to the design.

Take flexibility for example. Instead of defining each space for specific use, prepare the space for alternate use and multiple routines. Take something simple, like a built-in seat in a shower. What if one of the clients wants the controls to the left and the other to the right? What if they want to bathe the dog in there? Those alternatives call for a space that is less defined, into which one can stand, lean or put and remove a chair. A built-in shower seat defines how the space is used. An open shower allows the space to be used flexibly. A spacious, less-defined shower allows more maneuvering, alternative uses and varied routines. Two can use the space simultaneously, whether for a shared shower or by a client and caregiver. Flexibility is preparation for the unknown, good-guess prognosis.

There are other ways to look at this issue. Our colleagues in the occupational therapy world call it the client/environment fit. Shouldn't that be the point of all design? What is custom design if not about the user's specific needs? The disability rehabilitation

community calls it the “new paradigm of disability” in which disability is a function of interaction between the environment and the user rather than a condition of the user alone. Good, functional and easy interaction has always been a mark of good design. The point is: Creating environments that support aging in place does not require as much new knowledge about design as it does about the aging process itself. The more you understand about the many ways that aging is likely to affect the client or end-user, the richer your program will be and the better your design will address both immediate and longer-term needs.

Getting Started

Identifying the Client

With design for aging in place, the client often may be someone other than the end-user of the space. You may need to collaborate with a broader spectrum of individuals than you usually do. In the residential arena, for instance, you may find yourself in discussion with several or even all of the following stakeholders: prospective clients, adult children, friends, other family members and referral services, such as health care professionals and caregivers. In the workplace, it may be facilities managers and human resources personnel.

It is essential to understand and identify who is the actual decision maker. You may need to adjust your approach accordingly. Different stakeholders may need different information upon which to base their decisions, and it may fall upon you to help them influence the ultimate end-user.

Communicating with the Client

It is very important to treat older clients and those with special needs like adults—to show them respect and consideration, to not talk down to or patronize them. Speak *with* them rather than about them when other family members are present. Make sure that you show interest in what they are saying and, most importantly, be patient! It is essential to schedule ample time with the client. By doing so, you will build the trust necessary to ensure a successful project. Sometimes the client cannot or will not be forthcoming in revealing issues that they may face or might have to face in the future. Therefore, you must learn to collaborate with others, working as a team to provide the most appropriate solutions to each and every project. By communicating with family members, caregivers and medical professionals, such as physical therapists, occupational therapists, doctors, nurses or others, crucial information can be gained about your client's current and future limitations. With this information, you can then plan the appropriate design solutions for your client's particular needs.

Different decision makers usually have different views of what issues might need to be addressed. For example

- The homeowner might not be able to (or want to) discuss or reveal what difficulties that they might have with issues of limitations or abilities that they encounter.
- A spouse is a good source for understanding daily routine and issues that are faced. However, they might have a different view and opinion of what the issues might be.
- Adult children or other family members might have an ulterior motive as to how the final project should be accomplished, including total scope of the project, time frame and/or financial issues.
- Case managers, therapists, doctors and others usually can give you very informative input as to the nature of ability issues and prognosis for future problems that might arise.

It is essential to understand the importance of collaborating with these different groups. Each brings valuable information to the table, and it is up to you to be able to glean the important and pertinent information they might offer, so that you can present the best possible solutions to the issues the ultimate end-user faces. Just remember that the decision maker (i.e., your client, the one that you have contracted with) may not be the ultimate end-user.

Listen to the Client and Stakeholders

- You need to hear what the client is saying.
- You need to hear what the adult children are saying.
- You need to hear what the professionals (caregivers, OTs, PTs, social workers, doctors, etc.) are saying.

- You need to hear what they are NOT saying.

Major changes at this stage in life, whether they involve remodeling or moving, are stressful and sometimes confusing. At times you might encounter an older client who feels as if they are giving up everything that defines their lives, memories and sense of belonging. How do you create an environment that makes them feel comfortable, secure and “at home” in unfamiliar surroundings?

Take the time to talk with them, and, most importantly, really LISTEN. You will hear the emotion when they speak about their most important possessions. It may be an old chair, a nightstand, dresser or the breakfront that great-grandma brought over from Europe. These are the items that anchor their lives and define how they see themselves. They are comfortable and familiar symbols in what for them is a life-altering, and often, depressing move. They may be adjusting to the knowledge that this will probably be the last place that they will ever live. You will be surprised how fast someone can adapt if there are just a few cherished items around.

Understanding the Process

This mature market wants modifications to their homes that increase efficiency, convenience and comfort. Just as they want their home to be functional, they also want it to be more luxurious with the addition of state-of-the-art media, entertainment spaces, a hot tub and top-of-the-line appliances. Although these same homeowners may not currently need special amenities like a roll-in shower or a faucet that's easy to operate even if they have arthritis, they or someone in their home might have that need at some time in the future.

Therefore, in order to determine what adaptations are needed to make the home accessible, it is important to conduct an assessment of the person with regard to their physical condition and to evaluate the living space to determine what can and can not be implemented. Gather and organize information about each client by asking questions about their particular strengths and limitations. You will need to identify if there are problems associated with everyday living in specific areas and rooms.

A very large number of products and approaches can be employed to meet individual needs. You cannot simply assume that the same solutions will work across the board for all. Just as abilities vary from person to person, so will the correct solution.

Typically, your process will follow these steps.

Step 1: Consultation

- Survey resources.
 - This includes the house and its condition, family and community assistance, financial assets and the occupants' physical condition and prognoses.
- Problem identification

Step 2: Planning

- Define a strategy that uses the assets over time to meet the expected needs.
- Draft a list of possible solutions.
- Know the benefits, costs and consequences .
- There is always more than one way to proceed.

Step 3: Implementation

Understanding What You Bring to the Table

Because of your unique understanding of the issues that older adults and those with special needs face, you are much more adept at identifying and articulating the issues that your clients face everyday than some other practitioners and providers in the built environment. With this knowledge and your ability to identify and collaborate with others who are involved in the client's day-to-day activities, and having access to up-to-date information, you are poised to bring the best solutions to each individual project.

For these reasons, it is essential that you make the effort to stay current with practice, new information on aging and the older population, products and other related fields. You can never stop learning or inquiring. Products and information change rapidly in this area. To be successful, you have to make a commitment to continued and constant learning.

Forming a network of experts from which to gather additional learning opportunities as well as reading books and attending seminars presented by those in the field will help you realize that there is much more to this field than applying "common sense," particularly when you are dealing with residential design, where there is no foundation of requirements from which to start, such as the ADA standards in commercial design. Even with those as a guideline, you will find that other areas of related expertise with a background in universal design/aging can each bring a new set of "tools" to the table. Seek out architects and landscape architects who have also expanded their education in the areas of universal design and aging in place to add value to your team. Including a contractor who has experience in these areas and has the same "vision" again adds value as a team. And, certainly, there is added value in the exchange of ideas and knowledge that takes place within a team with the same focus, thereby adding to everyone's knowledge base. Consider adding an occupational therapist (OT) or physical therapist (PT) to that team. An occupational therapist can share their assessment of daily living skills, upper extremity strength/range of motion, and much more that directly relates to designing for an aging client.

The education and experience gained from these "investments" not only pays you back monetarily by adding value to what you can market to your clients, but will most likely add personal value as you or your family members look forward to aging in place.

READY? Checklist

1. Do you have what it takes to specialize in this field?
2. Is your personality right for this field?
3. Do you understand the issues involved in designing for aging in place and those with special needs?
4. Do you know how to identify the client?
5. Do you understand how to communicate with older adult clients and those with special needs?
6. Do you understand how to communicate with key stakeholders?
7. Do you understand what is involved in the processes of this field?
8. Can you communicate the value-added service that you bring to the project?
9. Are you comfortable being part of a team of experts and professionals?
10. Can you commit to constant, continuing education?

SET.

Developing Competencies and Skills

Learning Opportunities

Building a Team in Your Community

Community Teaming and Partnerships

Resources

General

Health Literacy

Books

Web Sites

Conferences

Checklist

Developing Competencies and Skills

Learning Opportunities

Okay, you've been to the seminars, read the books and articles, and now you are ready to go out there and help everyone "age in place."

Not so fast! There is a whole lot more to this field than just widening a doorway or raising a dishwasher. You may have all the concepts and "statistical" information, but putting it into practice involves much more than just a "one-size-fits-all" universal design approach. Because each client and each situation is unique, every time you take on a project it will be in some ways a new project. It helps to begin by working with someone who is experienced and knows the right questions to ask, the people to involve and the resources to tap.

One way to try your hand at this field and see if it is right for you is to volunteer. Not only do you receive the positive feeling that comes from helping others, but you also gain the added value that "on the job" experience can bring. Whether offering pro bono services to individuals needing help with their homes, assisting with a community building project, or volunteering with others to adapt a home to meet changing needs, opportunities to learn and work with others exist in almost every community.

Another approach is to seek out a mentor. If you are a member of a professional organization, perhaps there is someone in your local chapter who has experience with these kinds of projects. If no other local designers are practicing in this field, look for an architect, kitchen and bath specialist or contractor who is. Ask about the kind of training, education and experience they have, projects they have done and testimonials from clients. Once you are satisfied that they have the credentials and experience you are seeking in a mentor, propose some options for how a mentoring relationship might work for the both of you. For example, you could suggest "shadowing" them on a project, or offer to provide some basic design services in exchange for working along side them on a project, or you could ask if they would be willing to review a project (real or hypothetical) and provide feedback, along with suggestions about resources.

Partnering with another professional who works with the client or end-user is yet another way to gain practical experience. Some OTs, for example, consult with older, disabled clients on modifications to their homes that will give them greater mobility and independence. They, too, are part of or assemble teams of experts who bring a variety of skills and experience to develop the best solution for the client.

Learning opportunities like these not only help you develop new skills, they also bring you in contact with others in your community that you may want to add to your team when you begin doing your own projects.

Building a Team in Your Community

Community Teaming and Partnerships

Whether you are looking to assemble or be part of a project team, or are seeking new clients and project opportunities, you will need to develop a network of professional contacts and resources in your community. Although by no means exhaustive, the following list can help you get started:

Design

- Join and participate in your professional organization(s).
- Attend seminars, lectures, workshops, product demonstrations, etc., to stay current on changes and new developments.
- Network with your peers, especially those in your interest area(s).

Housing

- Network with and/or join local housing groups, such as local disability or aging organizations providing housing services, government housing authority committees.
- Volunteer for non-profit, special-cause housing groups, such as Habitat for Humanity, the Community Housing Resource Group or Rebuild Together.
- Get involved with a housing coalition effort for your interest area.
- Join or start a visitability initiative.

Business

- Track businesses of interest and find a way to become engaged. (For instance, a home repair service specializing in aging in place work may have a need to refer or hire you. Special care units such as spinal cord or hospital rehab centers may refer or allow you to distribute marketing materials to their market.)
- Research successful businesses of interest and request an information interview.

Health Care

- Identify professionals whose practices overlap with your target market, such as occupational therapists, physical therapists, nurse practitioners, caregivers, geriatricians and gerontologists.
- Meet with health care practitioners or providers whose practice can involve your talents, and vice versa, in product or service delivery, such as those mentioned above.
- Seek like-minded professionals willing to share their expertise with you, as you share yours with them, to learn of situations, discuss client need and grow your knowledge base.

Social Services

- Research the types of social services offered in your community and the professionals who work with your prospective client base, e.g., a case manager or home care coordinator.
- Identify local organizations or agencies specializing in promoting aging in place and find out how your talents can enhance their scope of service. (For example, you might provide expert testimony for elder law attorneys, or review plans or provide design services for the local housing authority.)
- Determine sources of funding to help cover the cost of recommendations you specify that are beyond the means of your client, such as government-funded ramp installations for the disabled or veterans, or grant monies available to non-profit clients who are building communities or facilities for the elderly.

Education

- Identify educators who teach and/or do research on your specialty and seek them out as mentors or members of your professional network.
- Get to know other practitioners who provide training and/or write about your specialty.

Retail

- Research which aspects of your product or service are available through retail markets. (For example, does your community have retail stores that offer home health care products and services and/or assistive devices, or home furnishings and remodeling services for aging in place? If so, would they be willing to refer clients to you?)
- Analyze retail service to your target market to gauge your options, i.e., is there enough business in the market to provide your service without retail referral?

Resources

With the continually increasing number of aging Americans, there is also a constantly increasing number of resources available from which to gain additional knowledge when designing for this age group. Below you will find a list of resources that may help prepare you to get started as you add to your design knowledge base for this specialty area.

General

Professional organizations that can assist with design ideas from the health perspective and aging perspective

American Occupational Therapy Association (AOTA)
www.aota.org

American Physical Therapy Association (APTA)
www.apta.org

American Association of Homes and Services for the Aging (AAHSA)
www.aahsa.org

American Health Care Association (AHCA)
www.ahca.org

Assisted Living Federation of America (ALFA)
www.alfa.org

Research on Aging

Institute on the Future of Aging Services (IFAS)
www.ifas.org

Mather Lifeways
www.matherlifeways.com

Health Literacy

Americans with Disabilities Act (ADA) guidelines provided by the U.S. Department of Justice

www.usdoj.gov

Center for Disability Issues and the Health Professions

www.cdihp.org

Taking Responsibility for Your Safety: A Guide for People with Disabilities and Other Activity Limitations

Designers in health institutions about accessible equipment

www.rcrc-ami.org

Developing emergency procedures

www.dhs.gov/disability-preparedness

www.osha.gov/SLTC

Disaster Resources for People with Disabilities and Emergency Managers

www.jik.com

Kaiser Foundation Hospital: Misconceptions and Facts About the Older Adult

Rehabilitation Institute of Chicago

Resources/links for creating printed materials in language that can be understood by consumers

www.ric.org/research/centers/cror/projects/quality/HealthLiteracyLinks.aspx

Books

Brawley, Elizabeth C., *Design Innovation for Aging and Alzheimer's*, John Wiley & Sons Inc., New York, NY 2005.

Leibrock, Cynthia A., and Susan Behar, *Beautiful Barrier-Free*, Van Nostrand Reinhold, New York, NY, 1993.

Leibrock, Cynthia A., and James Evan Terry, *Beautiful Universal Design: A Visual Guide*, John Wiley & Sons Inc., 1999.

Peterson, Mary Jo, *Universal Kitchen and Bathroom Planning: Design that Adapts to People*, The McGraw-Hill Companies, New York, NY, 1998.

Wylde, Margaret, *Boomers on the Horizon: Housing Preferences of the 55+ Market*, Builder Books, Washington, DC, 2002.

Wylde, Margaret, Adrian Baron-Robbins, and Sam Clark, *Building for a Lifetime: The Design and Construction of Fully Accessible Homes*, The Taunton Press Inc., Newtown, CT, 1994.

Web Sites

www.aarp.org

The leading organization representing the interests of people 50 and older in the U.S., AARP offers a wealth of information and research findings on the 50+ plus population, including home, work, recreation and other life and lifestyle trends and preferences. The Home Design section of the AARP Web site provides a great deal of specific, practical advice pertaining to universal design and independent living (including a online tour of a universal design home), with links to publications and other online resources.

Of particular interest for aging in place

www.aarp.org/states - find out about AARP volunteer opportunities in your state

www.aarp.org/families/home_design – home design information

www.aarp.org/research/reference/publicopinions/aresearch-import-783.html
access the publication, *Fixing to Stay: A National Survey on Housing and Home Modification Issues*

www.aarp.org/research/housing-mobility/accessibility – AARP Policy and Research – Housing Accessibility (with links on the page to additional information)

Adaptive Environments

www.adaptiveenvironments.org or *www.adaptenv.org*

Adaptive Environments promotes accessibility as well as universal design through education programs, technical assistance, training, consulting and publications.

Assist Guide Information Services (AGIS)

www.agis.com

AGIS has great information about caregiving and housing and links to many other resources. Includes checklists. Inspired by personal experience with disability, AssistGuide was founded in 1998 to help families find the eldercare and disability information they need.

Administration on Aging (AoA)

www.aoa.gov

The AoA, a federal agency, has good information with checklists for reference to allow the independence of aging in place.

The American Occupational Therapy Association (AOTA)

www.aota.org/Consumers/Tips/Adults.aspx

AOTA has “Tips for Living” information for consumers on aging-related topics.

American Society of Interior Designers (ASID)

www.asid.org/designknowledge/aa

The “Design Knowledge” section of the ASID Web site offers information and links to resources on aging and accessibility topics.

American Speech-Language-Hearing Association (ASHA)

www.asha.org/public/outreach/hearing-web/hearing_orgs.htm

In addition to its own information, the ASHA Web site includes a list of Web sites from other organizations dealing with specific hearing conditions.

Arthritis Foundation

www.arthritis.org/ease-of-use-new.php

The Web site provides links to information about user-friendly products and packaging.

Caring.com

www.caring.com

Information for caregivers on health, housing, finances, etc.

Center for Healthy Aging

www.healthyagingprograms.org

A program of the National Council on Aging, the center promotes and assists communities in providing healthy living programs for older adults. Includes information on falls and other health topics.

Concrete Change

www.concretechange.org

The mission of this organization is to make all new homes visitable.

Infinite Potential Through Assistive Technology

www.infinitec.org

The mission of the assistive technology program of the United Cerebral Palsy Association of Greater Chicago is to advance independence and promote inclusive opportunities for children and adults with disabilities through technology. The Web site includes information on modifications/universal design, etc. for living, working, playing and learning and a searchable database of accessible U.S. housing.

Hearing Loss Association of America

www.shhh.org

SHHH has information about hearing conditions, available assistive technology, etc. State chapters have their own Web sites.

Lighthouse International

www.lighthouse.org

Lighthouse is a leading resource worldwide on vision impairment and vision rehabilitation.

National Council on Aging (NCOA)

<http://ncoa.org/content.cfm?sectionID=250>

Among many other services, NCOA provides information to seniors to help them remain in their homes as they age.

www.usc.edu/dept/gero/nrcshhm

National Resource Center on Supportive Housing and Home Modification

www.homemods.org/pages/safety-assess.shtml

Safety Checklist and Assessment Instrument: Resources for Safety Assessment of the Home

Senior Journal

www.seniorjournal.com

General news and information for and about persons age 50 and older.

Universal Design Alliance

www.universaldesignalliance.org

A non-profit organization committed to creating awareness and expanding the knowledge of universal design for all ages, sizes and abilities to designers, builders and consumers through educational programs, services and resources.

U.S. Census Bureau

www.census.gov/population/www/pop-profile/elderpop.html

Fact sheet on the elderly population

Conferences

KBIS – Kitchen/Bath Industry Show & Conference

www.kbis.com

As the forum for dealers, designers, architects, distributors, retailers, consumers, home centers and many other kitchen and bath professionals, K/BIS is the world's largest international trade event dedicated to the kitchen and bath industry. The conference is usually held mid-April to early May, and the location tends to alternate among Chicago, Atlanta, Orlando and Las Vegas.

Environments for Aging

www.environmentsforaging.com/ME2/Default.asp

This comprehensive, three-day experience brings together architects, owners, developers, facilities managers, design professionals, product manufacturers and government officials to explore and share new ideas for creating attractive and functional living environments that meet the unique needs of our aging population. Tracks include Aging and Wellness, Innovation in Design and Planning for Health, Independence and Mobility, and Innovative Urban Initiatives.

International Conference on Aging, Disability and Independence

www.icadi.phhp.ufl.edu/index.php

The International Conference on Aging, Disability and Independence (ICADI) focuses on approaches to support people as they age in maintaining independence in daily living at home, at work and in the community.

SET. Checklist

1. Do you have a plan for how you will transition into this field?
2. Can you identify others in your community who have experience in this field with whom you could partner or mentor?
3. Have you identified organizations in your community that offer volunteer opportunities to work on aging-related projects?
4. Have you identified professionals in your community who could serve as resources, referrals or team members?
5. Have you made a list of organizations and agencies in your community that provide services to older clients?
6. Have you made a list of retail stores in your community that sell age-related products or services?
7. Have you created a bookmarked list in your Web browser of Web sites that have relevant information and resource links on aging and disability topics?
8. Have you created a library of essential books on design for aging in place and universal design?
9. Are you familiar with the major organizations and government agencies that serve the elderly and disabled populations?
10. Have you made plans to attend at least one aging-related conference within the next year?

GO!

Identifying the Market and Client Base

Research the Market in Your Community

Analyze Your Target Market

Create a Business Plan

Analyze Your Competition

Marketing Your Services for Aging in Place

Marketing Basics

Increasing the Number of Clients Among Older Consumers

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Checklist

Identifying the Client and Market Base

Research the Market in Your Community

A good place to begin compiling information about the potential market for this field in your community is to research secondary data sources (i.e., surveys done by others). Some low-cost sources of external secondary data include:

- Trade and association publications and experts (For example, *Kitchen + Bath Business* magazine publishes the results of surveys from product showrooms nationally about consumer choices by product category.)
- Basic research publications, like *American Demographics*
- Government publications (U.S. Census Bureau data by age, income, housing type, etc.)

Another approach is to conduct individual interviews with key trade buyers and consumers or end users of their products and services. This is called qualitative research. Often qualitative research can be accomplished for little or no expense. Work with materials and product suppliers to learn about their research on your target market (e.g., external service measurement research). Take what they have developed to determine if a market will fit your needs or if there is another where your expertise might be delivered. For instance, Merrillat Cabinetry does kitchen cabinet research, and CEDIA does electronics lifestyle research. What do their findings tell you about target market you may want to deliver services to—for instance, size, income level, plans for home modification?

Once you have gathered as much data as you can, segment markets by geography, lifestyle, income level, age, occupation, product/service desired and other demographic factors, in addition to lifestyle values and preferences.

Analyze Your Target Market

After compiling the information referred to above, determine the market that is likely to be most receptive to your offer by analyzing the following criteria:

Demographics (age, sex, income, education, race, marital status, size of household, geographic location, population, etc.).

If the 65+ market is your desired target, are there sufficient numbers of 65+ residents with sufficient means to afford your services?

Psychographics (personality and emotionally based behavior linked to purchase choices; for example, whether customers are risk-takers or risk-avoiders, impulsive buyers, etc.)

Are those 65+ in your community comfortable with spending part of their “nest eggs” on modifications which they may view as non-essential?

Belief and value systems (religious, political, economic, nationalistic and cultural beliefs and values)

How might cultural or other values color how your potential clients view and value themselves as older persons or as contributing members to the community?

Life stage (benchmarking of certain experiences that people commonly share at different ages/phases of their lives—e.g., parenting, empty-nester, caregiver for aging parent, grandparent, widow/widower, etc.)

Are there mid-life adults in your community who are likely to be downsizing to a smaller home or caring for an aging parent or relative in the near future?

Create a Business Plan

Develop both a 5- and 10-year business plan. If you need assistance, you can find examples and advice on the Web at *www.bplans.com* or *www.myownbusiness.org/s2/*

Work backward from your end goal to a monthly target to gauge what you must do to realize your plan.

Determine a financial goal (e.g., \$72,000 per year/\$6,000 per month).
How much business must be generated to net your monthly revenue target (i.e., gross revenue less office expenses, taxes, insurance, etc.)?

Determine how many clients/projects you want to undertake per year and estimate how many potential clients you would need to interview to net the number of clients who will choose you and buy your service.

Calculate the number of hours, cost per hour, and resources you would need to serve that number of clients in order to meet your revenue target.

Do the math: Can you likely engage that many clients in the year at the rate you want or need to charge to meet your financial target and satisfactorily complete that many projects?

Assess Your Competition

Who is your competition?

- Today, in 3 years, in 5 years, in 10 years
- How many businesses can handle the market need/load? For example, if there are 10 designers trying to serve 300 potential clients in the 65+ population, will 30 clients per designer be enough for each to reach their business goals? (An arbitrary number, but important to consider.)
- To what extent do you want to grow or limit your business?

How is your competition successful?

- Analyze their business in light of whether it would meet your business goals.
- What do they do right, wrong?
- How are they perceived by their (and your) target market?

How can you differentiate yourself and excel beyond your competition?

- How can you improve on what they do right?
- How can you avoid and do differently what they do wrong?
- How can you be unique and offer that difference successfully?

Marketing Your Services for Aging in Place

The purpose of marketing is to increase business, i.e., cash flow and profits. Take care not to increase cash flow at the expense of profits. Lowering prices may increase sales and appear to increase cash flow, but profits may suffer as a result. Raising rates may increase cash-per-sale, but if sales volume drops, profit will too. Focusing on two approaches where home modifications are concerned may help increase both cash flow and profits. They are

- Increase the amount clients buy
- Increase the number of clients

Networking and other marketing techniques increase the number of lead sources to add clients from new spheres.

Marketing Basics

Marketing done well is more “scientific” than many small business owners think. Tracking leads and the revenues produced from marketing is important. Tracking allows you to measure the relative success of separate marketing efforts, providing the data needed to tune and direct your efforts.

For example, tracking leads that come from networking or advertisements provides the data to judge the value of these marketing channels. Further tracking of these leads allows you to compare the number of leads per channel that result in sales. Even further tracking may signal leads that become repeat purchasers. Some clients buy bigger ticket or more profitable goods and services. That too, if tracked, can help you shape your marketing strategy.

This sort of lead tracking is sometimes referred to as a “pursue/no pursue strategy.” If you know certain types of leads rarely result in a sale, rarely result in repeat sales or, worst case, always end up costing more than you earn, you can select not to pursue those leads. The converse is also true: Lead types that become profitable clients for life deserve your greatest attention. An old saying, “measurement stops argument,” sums the value of “scientific marketing” well.

Newsletters are a common form of marketing. They are a great way to stay in touch, keeping your company in your client’s mind when they have needs. It also helps them learn what more you offer than what they have previously purchased. Providing information to your clients, not just pitches and product descriptions, gives the impression they get more than just the contract service or product for their buck. Newsletters can help in another way, too. They can help your client grow to trust that you know who they are. We all feel honored when someone knows about our needs and desires. The stories you publish in your newsletter can let the client know you know what their life is about and that you care. That makes a loyal customer.

To be scientific about knowing your client you need data. Ask them. Surveys, focus groups and post-service questionnaires can help you monitor your customer service but also afford the opportunity to ask your client about their lives and their needs. Once you establish your best lead sources, court those leads for more referrals. It is important to ask for the leads. Without asking, your “partners” may not know that you are looking for leads. They may assume that you have all the work you want or can handle. Cultivating

leads may mean gifts, holiday and birthday cards, or lunches. Let your lead sources know you are interested in them. Ask sources about their problems and difficulties and help them fill gaps. You may find that filling a need they have costs you little or nothing and makes a strong impression and a network partner for life. Better yet, filling their needs may be an additional source of work or revenue for you.

Increasing the Number of Clients Among Older Consumers

Cultivating new lead sources among the senior provider community can increase your lead sources and client base. Every community in the country has an Area Agency on Aging (AAA). These agencies are mandated by the Older Americans Act and administered locally. They operate differently in each community, and some are called by different names. The range and quality of services vary widely. In the best cases, the agencies facilitate networking meetings and publish helpful pamphlets, guides and resource directories in addition to coordinating client services to older residents. You can find out about the AAA in your area by calling your county government office or consulting your phone book.

Senior providers in many communities have well developed networks. This is not just networking; this is “the Network.” Senior service providers have recognized their network for years. Taking part in provider communities is an important type of network marketing. This can be a valuable source of leads, but be cautious. Senior providers are wary of unscrupulous providers who prey on senior clients. If you are beginning to attend senior network events to sell home modifications, be extra careful. There are two reasons: There is a long history of home improvement scams on older homeowners; in addition, many senior network providers are not yet familiar with the mechanism and value of home modifications. No one likes a loud and pushy new kid on the block. Bide your time. Let these folks get to know you. If you are worthy, they will begin to trust you and take an interest in what you do, how they can help you, and how you can help their clients.

Following is a list of continuum partners who may be active in your community or network, have an interest in seniors and may be valuable lead sources.

Network/Continuum List

1. Rehab professionals, OTs, PTs, rehab engineers professionals
2. Discharge planners
3. Directors, managers and sales and marketing folks from

Assisted living, group homes, nursing homes, continuing care communities, volunteer visitors groups, the receptionist or nurse at the doctor's office, home health agencies, nursing and home health aides, home (HME) and durable medical (DME) equipment suppliers, geriatric care managers, transport systems and companies, transportation services, including-paratransit, volunteer drivers, chore services, daily help and minder services, bill-paying services, real estate agents, insurers and long term care insurers, reverse mortgage lenders, and financial planners, elder law attorneys, and trust officers, non-profit associations, affinity support groups, such as Alzheimer's, etc., pastoral services, human resources departments

Appealing to Older Consumers

One good way to connect with seniors is pro bono community work. As consumers get older, they have a greater desire to see their actions connected to a larger good. If you are associated with a nonprofit community effort or organization that your potential clients identify with, they will see your pro bono work as a side benefit of their purchase. Their dollars support the charity. You not only provide them a product or service, but you are a conduit through which they can do good.

Working with the Competition

Real estate agents help people sell their houses to move. Traditional senior housing alternatives (e.g., assisted living, congregate living, etc.) provide places for people to move to. Though you may reasonably see these folks as competition, it is not always the case. These professionals, like you, want to do a good job for their clients. They are looking for clients who are right for their service. When clients come along who are not ready or not interested in moving, they will refer them to you if they know about you and trust you with the referral.

Caution

Cultivating the senior network is worthwhile. It is a very tight and ethical community. Hard work, diligence and patience are required to establish trust. Losing their good favor is much easier. It only takes one bad report to dig a hole out of which it may be impossible to climb.

Older Client Market Niches

There are two basic niches for home modifications. They are

1. *Medical remodeling, including*

Long term care and natural process of aging – primarily private pay. Sometimes time constraints between project initiation and discharge make these projects difficult.

- Accident (spinal cord injuries, traumatic brain injuries, amputations) – private pay and insurance pay
- Worker's comp – insurance pay
- Illness (ALS, multiple systems atrophy, brain tumor, multiple sclerosis, diabetes, Parkinson's disease, post polio syndrome) – private pay
- Birth anomalies (cerebral palsy, spinal bifida, muscular dystrophy, spinal muscular atrophy, etc.) – private pay
- State Departments of Vocational Rehabilitation – third party, but limited approach
- Medical trusts – third party payment. The payer is a bank trust department or trust attorney.
- Medicare/Medicaid waiver programs – third party, vary by locale, very limited per project

2. *Aging in Place*

An emerging field of work based in the principles of universal design. This field is similar to general upgrade remodeling with the added value of preparing a home for changes associated with aging. Marketing for this niche has been difficult because of the need for subtlety in discussing some negative images of aging and disability. That is changing as the concept of aging in place is becoming better recognized. Marketing the benefits of universal design is subtle at best. The idea should be for accommodation to disappear in the aesthetics. Once that's achieved, calling attention to it in marketing is contradictory. Singling out those who may benefit directly is the opposite of Universal Design, and it may not always be easy to market these features. This can sometimes frustrate marketers.

Payment Categories

The two basic types of payment are private pay and third party payer. Private pay can be the best of remodeling when sufficient funds are available, with ample budgets, convenient pay schedules and grateful clients. Many needy clients have very little money. That means hard choices and heart wrenching decisions for you and the client.

There are two broad categories of third party payers. One is insurance companies. Long-term insurance sometimes pays for minor modifications, but more often does not pay until too late in the client's aging health crisis. Worker's compensation is typically more involved in severe cases but balances the client's best interest with the budget. In some accident situations, a settlement may follow a law suit and result in a trust being the client. Medical insurance rarely pays for any modifications.

Third-party payer situations can sometimes be confusing. Who is the client? For example, you base your strategy on your perception of the injured party's needs. The paying client, possibly a case manager or insurance adjuster, may see things differently. Neither of you need to live with the result; the injured party does. Ethical dilemmas may result. The independent living strategist, designer or contractor must maintain awareness and judgment at all times. You must uphold your own values and feel that you are serving the quality and value of your work as well as serving your client.

In state or federal program funded projects the money allotted to a project may seem insufficient to do the right thing. A different view may be required for these funding sources in which you provide the few, most important elements possible within the budget. There may be no monies allowed for the upfront design or strategy work.

Program-based, third-party payers may require substantial paper work. Payment may be delayed by a bureaucratic system even after the project is completed. Awareness and planning for this payment system is vital when pricing the job and managing cash flow, because functionally the contractor finances the project. Medical trusts can be a best-case hybrid. Court settlements for accidents and malpractice result in a trust managed by a bank trust department or trust attorney and overseen by a court. Laws vary by jurisdiction. Trustees can be very good clients. By establishing a regular and trusting relationship, you become an agent of the trustee serving the best interests of the trust.

Timing

Timing is the proverbial double-edged sword. Seniors remodeling clients have basically two speeds: hurry up and wait. Recognizing the speed at which a particular client is operating will greatly influence how you handle the sales process.

Hurry Up: This segment of the niche consists of those returning home from an accident or illness, or those recognizing the onset of limitations. They are in a hurry because they cannot care for themselves or be safely cared for at home any longer. Without home modifications, they will be forced to move immediately. This factor is magnified by a number of issues, including

- Health professionals who don't understand the time it takes to get remodeling work designed, organized and executed
- Clients who do not know how well they will recover or how useful the modifications will be
- Design and selection discussions that might take place in a senior's residence or medical facility and be inefficient because of health or emotional conditions

Wait: This segment is the same population pursued by the active-adult, new home market. Sales professionals in the active-adult market recognize that a one-, two- or even three year lag between initial lead and completed sale is not uncommon. Few are set up to follow leads for that length of time. The lifestyle of the retiree is totally different from that of the dual-income family with children.

Design/build firms typically promote their timesaving processes when marketing to busy clients, but this is not an advantage to those without time constraints. It is hard to make design progress with retirees. Interruptions for travel and little interest in regularly scheduled meetings make the client a trial for design personnel. In sales lingo, there is no urgency.

Another word for clients with no sense of urgency is planners. Planning could eliminate the "hurry up" issues outlined above. But the conditions and timing that create the "hurry up" scenario are not known in advance and not very exciting to consider. Few of us plan for bad or worst-case scenarios. Planning for them is never a high priority. The effects of aging creep up so slowly, we hardly witness them. Most people don't like to admit they are getting older or the corollary, that their abilities are diminishing. In short, planning is almost the definition of no urgency—a tough and frustrating sale. Thorough preparation, with an eyes-wide-open approach to the differences that define the seniors market will serve you well, knowing what to expect makes the plunge safer.

Universal Design and Baby Boomers

Turns out that universal design and boomers go together like a hand and glove. As boomers become mature consumers, universal design becomes a perfect fit. This is good news for all parties. The design and building/remodeling industry is well positioned to serve this huge population bubble. Things have been written about boomers being selfish, “me”-oriented, stamp-their-feet consumers. That may seem true if you view your customers as a mark or pain in the neck. Boomers can’t be hoodwinked or “sold a bill of goods.” Boomers like information. They prepare for spending. They make wise and thoughtful purchases. View this desire for information as an opportunity to act professionally. Work with boomers as their coach. Give context—small, medium and large—for their consideration. Make it relevant for their situation and their future. Share your knowledge. Give superior service by having not just the information but the experience and reasons to help make decisions. Lead them to the right conclusions. They will be happy to pay for the value you add to their purchase. Here are four ways that this is true:

1. Take skylights, for example. Like all sales really, skylight decisions are not about money. Skylight selection is about important issues (e.g., leak resistance, warranty and energy efficiency). You are a much better source of guidance than the Internet, where so much information is available but all is suspect. Raising these issues and explaining the criteria wins the customer’s attention and trust. The information and experience you add to their study empowers them to make a good decision. Your approach is totally authentic. This earns you loyal clients for life. Many boomers know that life throws you curves, that change is constant and that responsibilities may change but never disappear. Think sandwich generation, telecommuting, the bursting tech bubble, career changes as jobs are outsourced and global warming. Universal design is a bigger picture than the skylight example and a bigger opportunity to educate and inform clients how to get good value. Coach them about the potential for good ideas and better design. Flexibility, one universal design principle, is just what boomers want to get lasting value for as they contemplate an uncertain future.
2. Another way boomers are matched to universal design follows the way decision making changes as we mature. As leading-edge boomers reach their sixties, they are purchasing a home not to secure a roof over their heads or to strut their success. Now it is about personal fulfillment. Is the new space about exercise, spa, meditation, art, writing, starting a new business or working from home? The space is a vehicle, the home a gateway for the experience one hopes to have. Decisions are about the feeling they evoke for the client’s life. It is not about a desire one shares with everyone, but about one’s own personal desires, not something specific, but the potential of one’s own dreams. Think comfort, convenience, ease of use. Help them to consider how they feel with natural light all around or the day they play too much tennis to climb the stairs. That is universal design. Conveniently, it is boomers, too. Coach your clients to recognize that all they want to be is inherent in a space that is prepared for anything.
3. Boomers want to preserve their independence. They want to make their own decisions, darn it! (See foot stomping in paragraph two.) Independence means controlling your home, your day, your life. Universal design reduces the risk of

needing to rely on your kids or others. Universal design is a best bet for a home that helps you age with dignity and respect. That is aging in place. Coach them to see peace of mind, universal design, aging in place and independence as different sides of the same coin. That holistic, long term view is good planning and fits the boomer psyche.

4. Altruism is another way universal design is right for boomers and other mature consumers. People do not buy a Toyota Prius to save money. They buy it to tie their purchase to something larger than themselves. The older we get, the more we want to have a lasting impact at every opportunity. Universal design has long-term value for our housing stock. Legacy purchases, so to speak, can almost be seen as gifts to our grandchildren. To have lasting impact in the same purchase that improves our every day lives is a double win. Sell it. Coach your clients to see the connection, to realize that good design gives value beyond their needs.

A coach-like relationship helps boomers trust you. Help them see that universal design is a good match for their ideals and dreams. That is good service and good business. Boomers and universal design combine for a perfect storm. Stir the breeze. Everyone wins.

Design as Strategy

Universal design's overarching goal—inclusivity—is not only about accommodating many users, but also about accommodating the same client over time. Clients who have specific needs change their habits, buy new things, develop new interests and grow older in their homes. Including universal design means the house will be good for a range of purchasers and great for the same purchaser as his or her needs change.

Clients seek home modifications because they have problems, and the modifications need to solve these problems. Consider a range of solutions and their advantages and disadvantages before taking action. See the end result of home modifications consulting as a strategy, not solutions.

Consider this story from an occupational therapist on an initial visit to Joe and Beth, a couple living in a high-rise apartment in the Northern Virginia suburbs of Washington, D.C. Joe has multiple sclerosis. One problem the couple, along with Joe's caregiver, identified was getting Joe's wheelchair into the bedroom. They had consulted one contractor who suggested rearranging the foyer to widen the door. That would solve the problem, but they would lose most of the closet, and the project would be costly. Another contractor suggested purchasing a pair of swing-clear hinges. These double-leaf hinges install easily, cost about \$25 a pair and add almost 2 inches to the door opening by swinging the door out past the jamb. The OT asked a few more questions and discovered that Joe does not use the rings designed for grasping and spinning the wheels of his standard manual wheelchair. Someone always pushes the wheelchair for him. Removing the rings would take only about 20 minutes with a Phillips screwdriver and would narrow the wheelchair enough to fit through the existing doorway. Another solution would be a transport wheelchair, which is meant to be pushed. All four wheels on a transport chair are casters. The chairs are narrower and maneuver easily. The OT's strategy solved the problem with the least effort and no expense. This story illustrates the need to be open minded. People hear things differently, and the solution set is never finite. Joe and Beth did not need additional equipment or design modifications. They needed their problem solved.

TO SUM UP

Identify and agree on the problem before deciding on a solution.

Focus on problem solving. Clients need a strategy that works. Be open to solutions that do not include equipment or design modifications. Removing wheelchair rings is much simpler than widening a door.

Engage and empower clients, including informal and paid caregivers, case managers and therapy professionals, in the strategy process. Two heads are better than one.

Stealth Marketing: Doing Without Naming

It may seem counterintuitive, but with many midlife and older clients, the solution in sales and design presentation is silence on the subject. A universal design approach consistently yields good results. Include universal design features in your portfolio and design, just don't mention them. A curbless shower is the latest "euro-trend." Varied sink counter and vanity heights give visual interest and meet the needs of a range of activities, not the range of physical sizes or abilities. A knee-space vanity is for luxury and convenience, not wheelchair use.

In marketing, take a bird's eye view. Market the value of your specialty to the community, not the individual. This lends itself to PR, radio appearances and a regular column where your expertise and forward thinking can be appreciated. Aging in Place preserves neighborhoods, communities and housing stock. Your service to the community in promoting this forward idea makes you the value-added expert people want to call for their best projects, even if they don't share your special interest. People do not think to call you so easily if your approach forces them to confront an uncertain or fearful future. Stealth marketing may help us reach and assist more clients than pushing them to face issues beyond their comfort.

GO! Checklist

1. Have you identified sources of secondary research in your community?
2. Have you determined what additional research, either quantitative or qualitative, you will need to undertake to get a detailed picture of your target market?
3. Have you developed realistic business plans for the short term and long term?
4. Have you created a detailed assessment of your target market, taking into account their demographics, values, beliefs and preferences?
5. Have you assessed whether the target market available to you will provide enough business to support your short and long term goals?
6. Have you evaluated your competition and planned for how you will stay competitive in your market?
7. Have you created a marketing plan that specifies how you will develop leads, cultivate referrals and position yourself as a knowledgeable expert in this field?
8. Have you prepared for how you will talk about your services in order to make them attractive to the various segments within your target market?
9. Have you educated yourself about the various payment options and third parties that may be involved in these kinds of projects?
10. Are you willing to be flexible and collaborate with clients in order to discover the best design approach for their needs?

Glossary

Activities of Daily Living (ADL)

Everyday activities such as bathing, grooming, eating, using the toilet and getting dressed.

ADA (Americans with Disabilities Act)

A law passed by Congress in 1990, which established a clear and comprehensive prohibition of discrimination on the basis of disability. The law requires equal access to public buildings and places of employment for people with disabilities. Subsequent amendments have extended the access requirement to telecommunications, information on the Internet, etc.

Adult Day Care Daily

Structured programs in a community setting with activities and health-related and rehabilitation services for seniors who are physically or emotionally disabled and need a protective environment.

Aging in Place (AIP)

A concept that allows a senior to remain in his or her living environment, despite the physical and/or mental decline that may occur during the aging process.

Assisted Living Facility (ALF)

Generally, these are state-licensed programs offered as senior residential communities with services that include meals, laundry, housekeeping, medication reminders and assistance with Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs). The exact definition will vary from state to state, and a few states do not license assisted living facilities. Assisted living is generally regarded as a step or two below skilled nursing in its level of care. Assisted living may also be referred to as Personal Care, Board and Care, Residential Care, Boarding Home, etc., although some states differentiate between their definition of "Assisted Living" and these other terms. ALFs range in size from small homes housing 6 to 12 people to large full-service facilities. The range of services varies from facility to facility. Services typically include assistance with meals, bathing, dressing, continence care and other routine daily needs. Medical services vary by facility.

Congregate Housing

See Independent Living (may be also referred to as Supportive Housing).

Continuing Care Retirement Community (CCRC)

Senior housing planned and operated to provide a continuum of accommodations and services for seniors, including but not limited to independent living, congregate housing, assisted living and skilled nursing care. A CCRC resident contract often involves either an entry fee or a buy-in fee in addition to the monthly service charges, which may change according to the medical services required. See also Life Care Community.

Convalescent Home

See Nursing Home.

ECHO (Elder Cottage Housing Opportunities)

A small, temporary home installed on the same site as a single-family residence, usually that of an adult child or other relative. ECHO units allow seniors to remain close to family members and receive the support they need while retaining a great deal of independence.

Home Health Care

Medical and nursing services are provided in a person's home by a licensed provider.

Independent Living

A multi-unit senior housing development that may provide supportive services such as meals, housekeeping, social activities and transportation. This alternative is available as part of Congregate Housing, Supportive Housing and Retirement Communities. Independent Living encourages people to socialize by providing meals in a central dining area and through scheduled social programs. This term may also be used to describe housing with few or no services such as Senior Apartment.

Instrumental Activities of Daily Living (IADLs)

Day-to-day tasks such as preparing meals, shopping, managing money, taking medication and housekeeping.

Life Care Community

A Continuing Care Retirement Community (CCRC) that offers an insurance type of contract and provides all levels of care. It often includes payment for acute care and physician's visits. Little or no change is made in the monthly fee, regardless of the level of medical care required by the resident, except for cost-of-living increases.

Modifications (mods or home mods)

Alterations made to a home to meet the needs of people with physical limitations so they can live independently (to some degree) and safely. Examples of home modifications include removing throw rugs to prevent slips and falls, installing grab bars in the bathroom for stability, and so on.

Nursing Home

A facility licensed by the state that provides 24-hour nursing care, room and board and activities for convalescent residents and those with chronic and/or long-term illnesses. The availability of regular medical supervision and rehabilitation therapy is required, and nursing homes are eligible to participate in the Medicaid program. This alternative may be referred to as a Nursing Facility or Convalescent Home.

Occupational Therapist (OT)

A licensed health professional who is trained to evaluate patients with joint conditions, such as arthritis, to determine the impact the disease on their activities of daily living. Occupational therapists can design and prescribe assistive devices that can improve the quality of the activities of daily living for patients with arthritis and other conditions of the muscles and joints.

Physical Therapist (PT)

A branch of rehabilitative health that uses specially designed exercises and equipment to help patients regain or improve their physical abilities. Physical therapists work with many types of patients, from infants born with musculoskeletal birth defects, to adults suffering from sciatica, or the after-effects of injury, to elderly post-stroke patients.

Residential Care

See Assisted Living.

Respite Care

Temporary relief for caregivers, ranging from several hours to days. This may be provided in-home or in a residential care setting such as an assisted living facility or nursing home.

Senior Apartment

Age-restricted multiunit housing with self-contained living units for older adults who are able to care for themselves. Usually no additional services, such as meals or transportation, are provided.

