The Future of Retirement: Evolving Preferences Among the Elderly

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Abstract:

This paper explains the differing retirement preferences within the baby boomer generation that will influence demand in retirement related industries. We will summarize and analyze the retirement models growing out of this and seek to identify and envision a retirement structure with a high potential for growth. As average life-spans continue to increase and as the largest generation in history, the Baby-Boomers, enter retirement, demand for retirement related communities, care, and facilities are expected to boom and experience expeditious growth. Alongside this, studies have found that Baby Boomers are aging-in place, which is prompting them, in aggregate, to age-alone at higher rate than any other generation in U.S. history (Janet and Overberg,2018). The result is an unprecedented incidence of seclusion signifying a looming threat to public health caused by new preferences among retirees and a swollen suburban housing market with valuations largely out of reach of younger generations (Dowell and Ryu, 2018). This paper is written with the assumption that, as Baby-Boomers' retire in greater and greater numbers, the demand for alternative-style social communities/networks is set to boom. We seek to explore the data on this and compare the effectivity of different retirement structures in their ability to combat social isolation, mitigate financial burden, and incorporate aging in place. In areas where data does not exist or is scarce, we will use logically and variably solid speculation on a retirement structure's effectivity.

Keywords: Baby-Boomers, Retirement Preference, Social Isolation, Retirement Structure
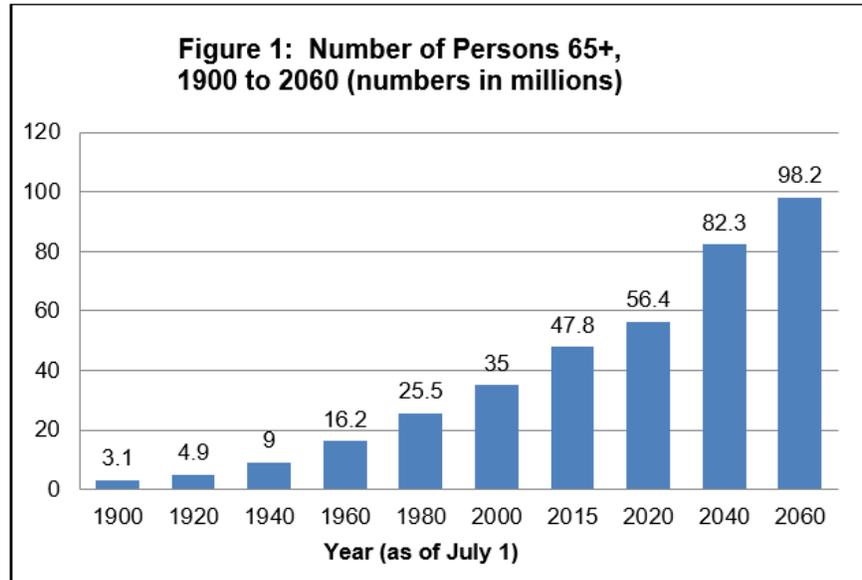
Courtesy of the Administration on Aging, Administration for Community Living

*and the U.S. Department of Health and Human Services**

This chart shows how much the Elderly population has grown

*and how it is projected to keep growing in the future**

Introduction

The Baby Boomer population is the largest American generation to enter retirement, and the reportedly loneliest (Janet, Overberg, 2018). According to a study by Harvard University, Stanford University, and the AARP (2018), a lack of social contact among senior adults' costs Medicare $6.7 billion a year, without considering prescriptions. The same study reports that most of this is spent on nursing facilities and hospitalization of those who lack a social network to help them out. Inopportunely, ostracization, population size, and Baby-Boomer generational trends, such as aging-in-place, are likely to fuel each other and could cause social isolation to spiral to new levels as boomers enter retirement. To preempt this spiral, a proper retirement structure needs to emerge to attend to these factors. To address this problem is to help both a generation and a society by providing a more productive and vivacious population of elderly that is less dependent and more resilient. We will review the new generational trends and their effects on the retirement industry while also giving an overview of the current retirement structures the effectiveness of each, and a summary of some emerging alternatives to status-quo retirement.
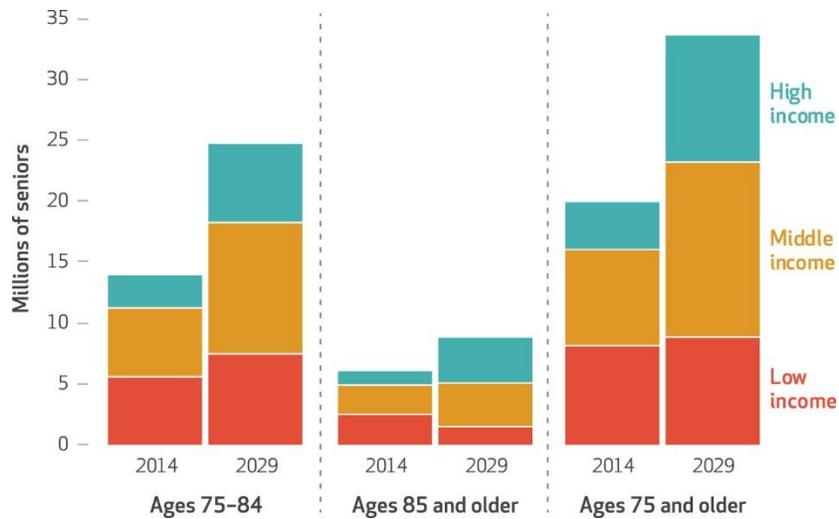
Source: Pearson, Caroline F., et al. "The Forgotten Middle: Many Middle-Income Seniors Will Have Insufficient Resources For Housing And Health Care." Health Affairs, 24 Apr. 2019, www.healthaffairs.org/doi/10.1377/hlthaff.2018.05233.

Background

In 1965 President Lyndon B. Johnson signed amendment to the social security act, thereby creating both Medicare and Medicaid. (Koba, 2014) Medicaid's recipients are low-income people, and it was through these low-income recipients that the nursing home was born and began to expand. Due to this, the public perception of the nursing home began to center around thoughts of it being "low-class" and having terrible service which created a general distaste among many that led to, from 1979 to 1985, a shift in senior housing to the service capacity and consumer centered care model. (Marak, 2013) This model is the structure that surrounds care such as assisted living (sometimes called residential care), which is the fastest growing residential housing option for older Americans. Assisted living expanded largely through the private, often out of pocket funding of the residents (Pearson, et, 2019). Little to no government money poured into the typical assisted living community, which offered it a very different demographical, legal, and cultural environment to grow and develop in than the nursing home. Nursing homes have had a high regulatory oversight throughout their existence due to a large portion of their funding being tracked back to governmental programs. In assisted living it was the opposite, where regulatory oversight often lagged development. (Marak, 2013)

After the service capacity and consumer-centered care model was established, interest in assisted living communities began to grow with potential consumers, providers, and the government. This led to, from 1986 to 1993, four categories of assisted living communities being created: hybrid, hospitality, housing, and health care. The market kept developing and changing and from 1994 to 2000 the focus in retirement shifted to quality of care and Wall Street began to bring in financing which helped revolutionize the industry and effectively brought "big money" into the game. (Marak, 2013)

Today, things in the market are changing. Lifespans are increasing, the population of incoming retirees is booming, and consumer preferences are changing. Dowell Myers & SungHo Ryu (2008) express that a generational housing bubble has been building due, in part, to the Baby-Boomers high ratio within the population. They emphasize that in order to preempt its burst we need to plan ways to retain elderly residents within their communities for as long as possible in order to slow the flow of their houses going up for sale. This information means that it is vital to develop attractive well organized elderly communities for homeowners to age within. (Achenbaum, 2005). (Marak, 2013).

Emerging Retirement Options and Aging in Place

So, federally funded aging programs focus on low income seniors, assisted living programs have grown to generally focus on relatively higher income/net-worth seniors, and what of those individuals in the middle? Caroline Pearson (2019) states that those whose modest incomes are not on poverty level but don't have the cash for assisted living, are faced with limited access to either of these options. Even for those who are eligible for federally funded aging programs like a nursing home, eligibility restrictions and wait-lists are growing as state and local budgets shrink (Marak, 2013). The funding provided for aging programs "does not even come close to keeping pace with the rapid growth of the 65 and older population" (Koss and Almeida, 2016). Alongside this, nursing homes have developed a social stigma of mediocrity within many ageing populations, often causing retirees to resent the thought of having to

reside within one. With surging populations of elderly, a new retirement structure is needed, outside of assisted living and government funded structures like nursing homes, that provide elderly the retirement they desire with a limited cost. Various community grassroots programs centered around the idea of "aging-in-place" has risen, as a lack of organized, cheap retirement programs hasn't stopped the retirement of those that demand them.
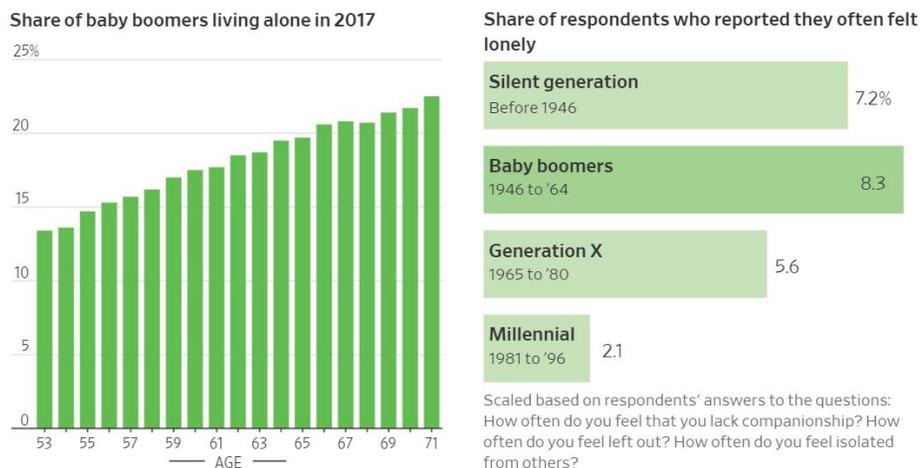
Unique to the Baby-Boomers generation is their continually reported desire to "age-in-place". The U.S. Centers for Disease Control and Prevention defines aging in place as "the ability to live in one's own home and community safely, independently, and comfortably, regardless of age, income, or ability level." The general reason for this peculiarity is two pronged: Baby-Boomers aren't able to sell their homes at their current valuation levels to the younger generations due to a multitude of financial, preferential, and circumstantial reasons, and Baby Boomers aren't showing strong inclinations to sell in the first place, preferring to stay in their often suburban houses into retirement. In the US, two out of five homeowners are a Baby Boomer (Harney, 2018), and these roughly 32 million homes aren't selling well as owners attempt to move out and downsize. In the Wall Street Journal, Candace Taylor (2019) wrote, "Homes built before 2012 are selling at steep discounts — sometimes almost 50%, and many owners end up selling for less than they paid to build their homes." At the same time, a 2018 survey by the AARP reported that nearly 80% of adults 50 and older *want* to remain in their communities and homes as they age anyways (Flowers, 2018). So, the baby boomers' preferences to stay within their communities coupled with the reality that homeowners are having difficulty selling their homes and leaving is culminating into a modern America with an unprecedented incidence of aging in place on her hands.

Due to all this, retirement structures are experiencing monumental changes. New retirement structures and plans are being thought up that caters to the consumer's desires. Out of this, three encompassing categories have emerged between assisted-living and government funded retirement which are labeled as: cohousing, villages, and livable communities (Koss and Almeida, 2016). Each of the three models' core principal is to increase the connections and feeling of purpose within residents as they age.

Cohousing

Cohousing is described as "a form of collaborative housing designed to emphasize social contact among community members while preserving and respecting individual privacy,". It is different from the other two models in that it offers a planned housing environment which directly attaches the membership to homeownership within the community (Koss and Almeida, 2016) . Private homes are built within a compound that affords easy access to extensive common facilities such as open space, courtyards, a playground, and a common house. The shared community facilities for collaborative events among the residents, like regularly scheduled shared meals, meetings, and events. The common house is the center of most cohousing communities. Typically, it includes a large dining room and kitchen, recreational facilities for adults and children, a guest room, and workshops. (Margolis and David, 2011). 83% of cohousing is located near large cities or universities and is most often organized as a condominium association (Koss and Almeida, 2016). Cohousing is not historically a solely retirement-based community structure, and most communities around as of this writing are multigenerational and financially equally affordable to all ages. Although, a growing interest in the cohousing model is emerging among elderly communities and existing some cohousing communities are transforming themselves into a solely elder based form of cohousing. (Koss and Almeida, 2016)

Research in the field of cohousing is currently lacking in America. The research that does exist appears to be either qualitative regarding specialized questions to a specific individual community or based on European data. Cohousing originated and has had success in Europe (Tummers, 2015), but America is a different culture and market and the success and sustainability of American cohousing can't

Share of baby boomers living alone in 2017

Share of respondents who reported they often felt lonely

Silent generation — Before 1946	7.2%
Baby boomers — 1946 to '64	8.3
Generation X — 1965 to '80	5.6
Millennial — 1981 to '96	2.1

Scaled based on respondents' answers to the questions: How often do you feel that you lack companionship? How often do you feel left out? How often do you feel isolated from others?

Sources: Census; IPUMS, Minnesota Population Center (living alone); 2014 General Social Survey (lonely)

be forecasted with European numbers. Regardless, European analysis found that cohousing can help solve practical communal problems and foster sustainable urban development. (Tummers, 2015)

According to a self-reported survey from the Cohousing Association of the United States, as of 2016 there were 172 established cohousing communities and 127 in the process of being formed. This is a notable growth considering the same survey in 2011 revealed 80 cohousing communities. The average number of households in these communities is around 25 to 35 units (Tummers, 2015). A brief by The American Institute of research(2016) lists "the sense of community, particularly sharing meals, and mutual assistance that is both social and economic, such as exercise, social groups, child care, carpooling, skill sharing, and equipment exchange" as the main benefits of cohousing communities.

Villages (also known as: Virtual Villages, Elder Villages, Senior Villages)

No two villages are alike, and they often have small discrepancies from one to another, but in general retirement villages are low-cost, and often non-profit, grassroots organizations that rely heavily on volunteers to offer core services such as transportation, grocery shopping, social and recreational activities, and more. These villages don't have to be constructed and don't require homeownership (Koss and Almeida, 2016). Judy Kinney, the director of one of the nation's most active villages known as NEST, defines virtual villages as a structure that "works within existing neighborhood(s) and turns these

neighborhoods into a type of supportive retirement community." The appeal to villages is twofold: their extremely low cost for the consumer compared to assisted living communities, and their ability to allow one to comfortably age place without having to move to a designated, purposely built retirement community.

Although research on this is limited, I nonetheless believe that villages thrive in large part due to the truth that people, especially persons of age, don't want or like change. Few elderlies are looking to move to a new type of community, with new people, and, as is especially the case with cohousing, unfamiliar living conditions/routines. One author, when describing his friend's retirement situation, wrote, "At 70 years of age, he knew damned well that he didn't want to go into any assisted living facility, group housing project for retired folk, or a continuing care facility, or heaven forbid, a nursing home" (Lenzner, 2013). A village solves many of these problems and offers the elderly a cheaper, comforting option to keep their surroundings suburban and familiar as to avert drastic change. Independence is a principle of American culture that the baby boomers were raised on and villages offer what appears to be the strongest resolution in keeping true to it.

The main problem with villages so far has been due principally to funding challenges stemming from its comparatively low-cost structure. Villages have been rapidly growing despite a cost structure that has resulted in the cost per member exceeding income from membership in most of the communities. In California, the San Francisco Village has 375 members and charges an annual $600 for individuals or $750 for households and yet only 25% it's operating budget is covered by membership dues. Villages like this are forced to look to fundraising efforts, partnerships, and free labor(volunteers) for financial support (Perry,2017). Any structure reliant on this trifecta is in an extremely vulnerable position and likely unsustainable in the long term. And still more problems, apart from the hefty questions surrounding financial sustainability, have arisen in that villages have emerged predominately among populations of middle and upper incomes, hinting at a possible income barrier, and that the communities, thus far, lack essential integration of healthcare services within their model. (Koss and Almeida, 2016) (Perry, 2017)

Percent of Villages Identifying Issues as "Major" Challenges (N=58)

	Percent of Villages
Funding (e.g., enough funding, optimum funding mix)	60.3%
Membership (e.g., recruitment, fee structure, retaining members)	53.4%
Community composition (e.g., younger people moving in, gentrification	39.7%
Volunteers (e.g., enough volunteers, volunteer skills, volunteer training, screening)	34.5%
Member Diversity (e.g., recruiting and retaining members from under-represented groups)	29.3%
Existing community infrastructure (e.g., adequate services and supports for older adults; community barriers to aging in place; etc.)	27.6%
Staffing (e.g., having the right staff, adequately trained staff, staff roles, enough staff, coverage issues)	24.1%
Adequate services (e.g., meeting members' changing needs, meeting diverse needs, providing adequate intensity of services, responding to new service demands)	19%
Collaborations (e.g., building collaborations, having sufficient collaborations, partnerships, or sponsorship)	19%

Source: **https://www.giaging.org/documents/Village_sustainability_study_2013.pdf** table 2

Regarding the problems surrounding long term financial sustainability and integration of healthcare service, the solutions appear to be in partnerships. An article for the California Health Report states that, "long-term survival will depend on other funding sources and business partnerships" (Perry, 2017). Palos Verdes Peninsula Village in California is in agreeance, they have alliances with Loyola University and various local senior services providers, and are actively seeking more partnerships with local hospitals, universities, and faith-based communities. (Perry,2017) They see the keys to their community's survival as growth and networking. Through these alliances, healthcare integration can be achieved through the medical partnerships and financial sustainability can be realized through economies of scale, growing demand (and therefore revenue), and better efficiency in terms of labor, as modern networking technology (via the web) could ease much of the reliance on volunteers and in reduce the need for paid event planners.

Livable Communities

Livable communities are broad set of initiatives meant to enhance the infrastructure and accessibility of demographically aging communities. The concept acts as a complement to the previous two models in that a livable community is a community that adopts and implements a set of initiatives that generally work to promote safety, affordability in housing, enhanced transportation options, and better community services in the locale (AARP,2019). This in hand promotes the prosperity of virtual villages and cohousing within these communities as the initiatives begin to bear fruit. According to the AARP, once in place, initiatives "enhance personal independence; allow residents to age in place; and foster residents' engagement in the community's civic, economic, and social life."

The initiatives are either adopted from models created by large organizations like AARP and the WHO or from naturally occurring retirement communities (NORCs). The NORC model focuses on creating partnerships to, as Koss and Almeida (2016) put it, "create or increase access to needed services for communities that have naturally high concentrations of older individuals." Models coming from the large corporations have similar mission statements but tend to focus more on a particular change point and often offer financial support to make these changes happen. WHO and the AARP combined have 162 U.S. communities between them with more than 50 million people (15.6% of the of the U.S. population) represented within them.
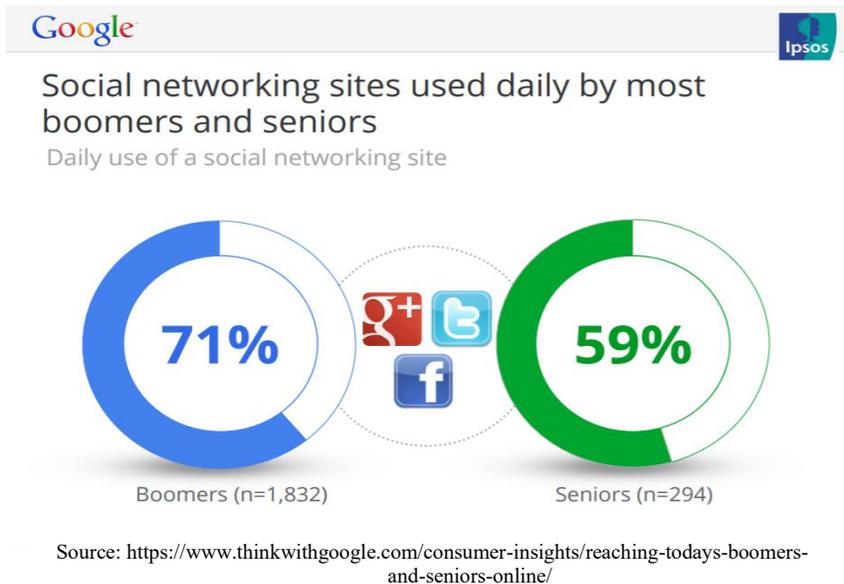
A major criticism of livable communities is that their mission statements are too broad and thereby lead to their resources being spread too far to make efficient change (Golant, 2014). Supporters argue that the communities promote the opportune environment for people to stay mentally and physically active, connect socially, and benefit from a more abundant supply of essential services (Koss and Almeida 2016). Adequate research in the area, however, is too sparse to prove either side. The problem with reporting data in reference to livable communities is that the data is predominately self-reported satisfaction surveys and even if the data is useful, the broadness of the definition of a livable community

guarantees that the key initiatives and structure guiding the communities' existence differ, thereby skewing numbers. Golant (2014) conveys this better than I can when he states that "we need more evidence-based research assessments to determine whether these programs are working and benefiting the targeted subgroups of older people. We require resident-level data that report on how these initiatives have improved the physical or psychological well-being of older people, and we need community-based data that identify the ways in which local and provincial or state governments have realized social, health or fiscal benefits."

Personal Take on What is Needed Next

Personally, livable communities seem too dependent on the funding of large organizations and local, county, and state governments to be viable long-term. Cohousing, while it has potential to help people, helps to little of population (in that it requires homeownership) and is hurt by the fact that its potential customers, largely baby-boomers, to move out of their current homes to the constructed cohousing. For the reasons mentioned earlier, this would fail to help relieve the baby-boomers housing bubble in residential homes, as mentioned by Myers and Ryu (2008). Villages, while notoriously unprofitable as of now, offer potential in their ability to cater to the preferences of baby-boomers to age within their current homes. A networking structure could be created specifically for a village's specified purpose. Current structures like the more popular Village to Village Network use their online forms for "member villages to share knowledge about their issues and successes"; as is written in their core principles (n.d.,2010). Using the internet solely for this purpose seems archaic, as we live in a time with unprecedented networking and organizational capability at our fingertips thanks to advances in virtual networking technology created by near hegemonic organizations like Facebook and Google.

Modern networking technology such as email, Facebook, YouTube, and Twitter provides a framework through which a village's structure could be implemented with less dependency on volunteers, lower labor and management costs, , and more effective communication. An online framework could also

Source: https://www.thinkwithgoogle.com/consumer-insights/reaching-todays-boomers-and-seniors-online/

make it easier to coordinate and merge local villages with one another and promote expeditious growth. A common misunderstanding is that the Baby Boomers don't use social media, but a study led by Google(2013) reported that "Social networking sites are used by the majority of boomers/seniors daily with more than half following a group or organization on a social platform." The largest networking site used was Facebook with membership figures on par with the general population of baby-boomers. 71% of the population baby-boomers population was shown in the same study to use either Google-Plus, Twitter, or Facebook daily. These numbers support the practicality of a truly virtual village among elderly. (Jafrey,2018) (Koss and Almeida, 2016) (Google, 2013)

With this information in mind, I don't see any major reasons that a similar type of community with similar types of benefits couldn't be created that does not require the purchasing and physical moving to a new property, area, and people. With incorporation of the internet, a structure could be formed that could create a village in unprecedented speed within the parameters of any already existing community (assuming it has sufficient population of elderly to maintain it). With the use of no more than an app or a website centered on networking, and using a structural framework that not just promotes but *requires* face-to-face meetings in designated meeting areas, a retirement model could be produced that has a much lower cost involved. Medicine and care can be kept free market or incorporated in

partnerships when the network/website grows large enough. The baby-boomers population is large enough that many suburbs, cities, and possibly rural areas, already have enough retirement age individuals to foster a community, all that is needed is efficient organization. This would truly allow the baby boomers to age in place, battle isolation, promote good health and productivity, and foster friendships without having to create age-segregated communities. Even transportation appears to be highly doable considering the recent emergence of ride-sharing technologies. Why couldn't a ride sharing system somewhat similar to Uber Pool be provided for these villages that allow the elderly to travel to meetings, workout sessions, and meals for a low (possibly annualized with the membership?) cost. All the components seem to be there, they just need to be organized and put into place.

Conclusions

The Baby Boomer population is the largest, and reportedly the loneliest (Adamy, Overberg, 2018) American generation to enter retirement. Without proper retirement structures in place to adhere to the baby boomers immense scale and differing preferences from previous generations, social ostracization could spiral even further. To answer this call to action, three new categories of communities have emerged: cohousing, villages, and livable communities. All three seek to increase social connections and feelings of fulfillment within their residents, although they do it in differing ways.

Occurring parallel with this epidemic of loneliness is a suburban housing bubble created by the large percentage of home ownership that the baby boomer generation embodies. To prevent a possible burst, Myers & Ryu (2008) stress that that elderly residents need to be coerced to stay within their communities for as long as possible to slow the flow of houses going up for sale. Quite opportunely, villages and livable communities work to this purpose. Livable communities, in brief, are communities that adopt initiatives designed to make communities more practical for aging within; and villages, which can reside within the parameters of a livable community, are a structure within a neighborhood or local community

that promotes face to face interaction and support among retiring residents without requiring them to move out of their home.

A large part of the success of a livable community relies on funding from large organizations/interest groups like the AARP and/or the politics in getting a local government to join in on a set of initiatives. Villages, on the other hand, are currently heavily on volunteers, outside funding, and partnerships. In personal thought, villages appear to be the potentially less vulnerable model in the future, assuming they continue to grow in numbers, scale, and partners. Also, villages currently don't appear to be using the internet to their maximum advantage, and the potential for financial sustainability may reside in mitigating some of the management costs and volunteer reliance with a networking based online platform.

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