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I, Alex M Winters, hereby submit this original work as part of the requirements for the degree of Master of Architecture in Architecture.

It is entitled:
Independent Together: Making Places for Community-Based Options in Senior Living

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Independent Together
Making Places for Community-Based Options in Senior Living

A thesis submitted to the Graduate School of the University
of Cincinnati in the partial fulfillment of the requirements for
the degree of
Master of Architecture

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College of Design, Architecture, Art, and Planning

by
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Committee Chair: Michael McInturf
Abstract

The Baby Boomer generation presents a care-giving challenge for America, both financially and ideologically. Not only are they a much larger generation than their parents, but a more diverse population with an entirely different set of aspirations and fears about the aging process. Due to these demographic and cultural shifts, many community based models for senior living have emerged in the past decade, which allow seniors to age in place and maintain independence. These models challenge traditional ideas about senior living design and planning, as they abandon communities generated by proximity in favor of ones generated by social processes.

Here, a less formal approach to senior living campus planning will be explored, where a network of smaller facilities would act as an extension of existing senior living campuses in order to engage the spatially informal communities of the Baby Boomer generation. These facilities would be transit-oriented, especially to bus routes, in order to be accessible for seniors and establish a link between senior living campuses and the existing community. In addition to planning and site considerations, attitudes about program, morphology, massing, materiality, and the building’s relationship to the street edge will be explored in order to develop an architecture that creates places for these developing community based options.

It will be concluded that in order to respond to these socially and spatially informal models for senior care, ideas about planning, programming, and architecture will have to move away from the post-WWII suburban ambitions of the Silent Generation and toward the localized, neighborhood-driven aspirations of the Baby Boomer generation. These approaches will provide a quality of life during the aging process that matches a new set of ideals and abandons the institutional stigmas associated with existing senior living facilities.
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**Note:** All visuals listed as ‘Illustrations’ (those in the design methodology section) are by the author.
88% of older Americans want to remain in their homes

Source: AARP
“Demographic transformations are dramas in slow motion.”

-Paul Taylor, The Next America

In 2015, America is on the verge of several important transformations that will fundamentally change what it means to navigate the aging process in this country. Over the next 10-15 years, our population will skew strongly toward those over 65 years in age¹, multiplying the scope of care-giving services necessary to ensure a strong quality of life as the Baby Boomer generation enters this age bracket. Concurrently, government programs such as Social Security are running (and by all accounts, will continue to run²) massive financial deficits, causing many Boomers to question the security of the finances they have been anticipating their entire working lives. Compounding these trends is the projection of ever-climbing life expectancy rates for people living in the United States³. The
The sum of these trends means that as a nation, we will have to sustain a greatly expanded scope of healthcare for seniors for much longer than at any point in history, and that we (as of this writing) have no strategy to pay for it.

It is not hard to imagine that traditional models of senior care will be unattainable for many and unsustainable for most. As the oldest Boomers have begun their retirement, many are choosing aging-in-place options which allow them to make simple modifications to their existing homes in order to stave off the stress and cost of entering some form of institutional senior care. Because many of them will be healthier for longer than previous generations, this option may prove successful over a longer period of time, likely raising the average age for entry into a more formalized care environment. This trend has already started in Europe, where the percentage of households for adults age sixty to seventy-four located in single family homes has risen from 15% to 28% in the past forty years.

While the operational implications for this shift are significant, it also carries a new problem that is inherently spatial. In traditional models for senior living, the prevailing typology is to physically centralize care-giving services in a building or group of buildings, and surround those buildings with housing. This strategy emphasizes physical proximity as a generator of community (for the purposes of this discussion, we will call this a “formal

As more seniors choose age-in-place options, communities for aging may become spatially disconnected.

1. US Census Bureau
2. Congressional Budget Office
3. Center for Disease Control
4. Huber - New Approaches for Housing the Second Half of Life
However, in a situation where aging-in-place and other alternative models become increasingly popular, proximity can no longer be universally understood as a way to distribute care-giving services or, by extension, define a community.

For the architect, the question is: how can the built environment articulate communal space for a community that is spatially and socially informal?

Here, this question will be explored through theoretical frameworks as well as through practical application of design work on the physical site of Harrisburg, Pennsylvania.

**Formal Senior Living Communities**
Care-giving services are centralized and accessible by physical proximity.

**Informal Senior Living Communities**
How can communal space be developed for spatially informal communities?
60% of senior population growth through 2050 will come from minority groups

Source: Stanford Center on Longevity
“Remaining at home is not only a preference, but for many is the only financially viable option. Choice, variety, and control are now embedded in the industry lexicon.”

- Perkins Eastman, *Building Type Basics for Senior Living, 2nd ed.*

*Community-Based Options for Senior Living*

While much of the architectural attention (especially in practice) is based on institutional solutions to care-giving in senior living, the reality is that a large majority of seniors will never inhabit these spaces. According to a 2013 study by the National Agency on Aging, only 10% of older Americans are residing in an institutional setting\(^1\). This aligns very closely with seniors’ aspirations, according to a 2010 AARP poll in which 88% of seniors say that would rather stay in their own home then move to an institutional facility\(^2\). The Baby Boomers have born witness to the range of experiences their parents had with the senior living typology, and they are demanding a different
The past ten to fifteen years have seen the rise of community-based options for senior living, which have begun to emerge in response to conventional ideas about aging and institutional care. Community-based approaches are often informal, grassroots movements which seek to establish social and healthcare frameworks in existing communities to service aging-in-place populations.³

The best documented example of such a strategy is the Village Movement, which started with the Beacon Hill Village in Boston, MA in 2001. The Village Movement outlines a social alliance between aging persons in order to organize caregiving, social, and activities-of-daily-living (ADL) services. Members pay dues to the Village which fund the training of volunteers and the mobilization of vendors offering services such as home maintenance, transportation, and basic medical care. The goal of such a model is to empower senior populations with the ability to age in place while maintaining independence and personal agency⁴.

From its initial inception in Boston, the last fifteen years has seen a sharp growth in the implementation of the ideals of the Village Movement. More than 150 villages now operate around the U.S. and around the world⁵. These informal structures, when managed correctly, have proven very effective at connecting aging-in-place seniors with vendors and services, but some criticisms have begun to emerge as the results are studied more carefully.

1. National Agency on Aging - 2013 Profile of Older Americans
2. AARP - Aging in Place: Facilitating Choice and Independence
3. Perkins Eastman - Building Type Basics for Senior Living
One such study was conducted at University of California, Berkeley and published in the Journal of Health, Education, and Behavior. The study finds that the Village model is succeeding at increasing members’ access to services and social engagement. There are, however, some findings in the study that question the universality of the model’s application. One such finding is that 78% of village members are strongly secure in their finances (with a 12% missing response rate), which questions how the model will adapt to the potentially insecure finances of the Boomer generation. Another finding that conflicts with the demographics of the Boomer generation is the 95% white racial makeup of existing villages, which will also be at odds with a Boomer generation who is significantly more diverse than their parents’ generation. Finally, the study finds a strong correlation between the village members who are the healthiest, and those report positive impacts from the village, which questions the ability of the Village Model to maintain its usefulness to members as they transition between stages of illness and care requirements.

Overall, the study paints a picture of the village model as relatively successful for a particular socio-economic subset of the America’s older adults, but the ability of this subset to represent an entire generation will become strained as the Boomers enter retirement. There are important lessons to be learned from this model, however, that now have some empirical backing. For senior living design, the question moving forward is: how can care providers take elements from the Village Model and apply them to their understanding of existing facilities in a way that engages the emerging Boomer population?

In the public sector, the city of Washington D.C. is home to another example of emerging community based options for senior populations. The D.C. Area Agency on Aging sponsors a series of six Senior Wellness centers located in various neighborhoods throughout the city. These centers connect local seniors together, provide access to fitness programs and information about other medical care, and organize educational or social events to keep seniors active and involved in their community. The development of these centers has greatly increased senior engagement in the Washington D.C. area and has earned the city acclaim as one of the most aging-friendly cities.

6. Graham et al - Impact of the Village Model on Older Adults
7. Stanford Center for Longevity - New Realities of Older Americans
8. D.C. Area Agency on Aging - dcoa.dc.gov
in the country. These centers are housed in a haphazard variety of building types ranging from new construction specifically for the wellness center program to adaptive reuse of defunct elementary schools. While the centers closer to the latter end of that spectrum begin to make a connection to their existing communities, many of the centers are sited and designed with very little thought to the fabric of their immediate context, from the perspectives of both planning and architecture.

Another, more recent entry into the field of community-based options for senior living is the ‘Café Plus’ model developed by the Evanston, Illinois-based Mather Lifeways Corporation. Mather Lifeways is a non-profit organization seeking to improve the conditions for aging Americans through ‘programs, places, and residences’. One example of these ‘places’ is a series of cafes located throughout the city of Chicago as well as the various offshoots located in approximately thirty cities around the United States. Mather Lifeways runs some of these cafes directly as a tool to reach potential residents at a younger age. The Café Plus model engages senior populations through traditional café services and social programs such as adult education, exercise, performance, and other activities.

The strengths of this approach to community based options for senior living are threefold. First, these cafes create a place that acts as a destination where the primary goal is social interaction. Mather Cafés are still able to provide light healthcare offerings (support groups for Parkinson’s, early Alzheimer’s, etc.), but under the umbrella of a social institution. This is in contrast to the Washington D.C. AOA’s senior centers which have a stronger emphasis on wellness but lack the identity as a social destination. The other

9. Age-Friendly D.C. Forum - 09/21/2013
10. Mather Lifeways - www.matherlifeways.com
advantage of the Mather Café Plus model is its relationship to an existing network of senior living campuses and expertise. Once someone has a relationship with Mather Lifeways in the form of the café, they have access to expertise as they transition between different stages of care during the aging process. Finally, the Café Plus model has the ability to cater to a more diverse population because there is no barrier to entry (either social or financial). Not only does this have the potential to adapt to the increasingly diverse Boomer generation, but it has the potential to reach a younger demographic of seniors, as opposed to the Village model where 72% of members are between ages 70-89\textsuperscript{[3]}. Furthermore, this lack of entry barriers has the potential to reach other, non-senior populations and create an environment that fosters intergenerational interaction.

These examples of community based options represent different levels care-giving services for their beneficiaries, as well as different levels of involvement from providers. The strength of the Village Concept is its strong organization and the broad range of services it can provide. The biggest drawback, however, is that while it provides mobility, it does not provide a destination. Conversely, the Café Plus model provides a destination for gathering and social engagement, but is strongly limited on the services it is able to provide. The Senior Wellness Centers of Washington D.C. begin to bridge the gap between the two, but lack a meaningful relationship between their built environments and the community they are trying to create.

Great strides have been made in the past decade to provide choice and flexibility to seniors and to increase the range of available care-giving options. As these models mature, their capacity as a social destination in existing communities has the potential to compete with traditional senior living campuses as an ideal community in which to age.

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**Mather Lifeways Cafe Plus Model**

_A social destination for aging in place_

*Figure K: Interior views of the Mather Lifeways cafes in the Chicago area*

_Mather Lifeways is a senior living provider with traditional residences and offerings, but also offers the ‘Cafe Plus’ model, which is a series of cafes located throughout the Chicago area in order to serve aging-in-place populations. These cafes host social gatherings and light healthcare offerings (support groups, seminars, etc.).*
1 in 3 older Americans experience some form of social isolation among those whose income is $25k or less, that number becomes 1 in 2.

Source: AARP Magazine
“Most needed are those ‘Third Places’ which lend a public balance to the increased privatization of home life.”
-Ray Oldenburg, *The Great Good Place*

The ‘Third Place’ in Senior Living

Traditional models for senior housing are based around a three part concept: universally designed housing, access to healthcare and ADL services, and social programs to create a community of older adults. On traditional senior living campuses, these last two roles are fulfilled by commons buildings/community centers. These are the buildings that contain the amenity spaces for seniors living in the various facilities around the campus. Residents will go to these spaces for activities ranging from informal gatherings to social events and, in some cases, to receive medical care. These commons buildings are operating in a way very similar to what urban sociologist Ray Oldenburg coined as the ‘Third Place’.
In the book The Great Good Place, Oldenburg identifies and explains the sociological phenomenon of the Third Place. In short, the Third Place describes the social destination that acts as a mediator between the two places where Americans spend the majority of their time: their homes and their workplaces. These third places are often restaurants, bars, or other similar institutions where people from the community gather informally to achieve mental catharsis from their professional and familial responsibilities. Oldenburg postulated that the suburban evolution of American living that began in the post-WWII era lead to a strong focus on the individual space, which resulted in a distinct lack of these informal spaces in contemporary American society.

Because of this lack, Oldenburg looks to other nations, cultures, and time periods in order to find examples. Traditional examples include the cafes of Revolutionary France, the taverns of the American Revolution, and the agora in ancient Greece. A more contemporary example is the Latin American barbershop, where men will often congregate for a shave and haircut, but also to be brought up to speed on the local gossip. Based on these examples, he extracts general principles that describe the Third Place: free or inexpensive, food and drink, high accessible/proximate, community of regulars, and welcoming and comfortable. Oldenburg also goes on to describe the built environment which fosters the Third Place. He says that “as a physical structure, the third place

1. MetLife - Aging in Place 2.0 Report
2. Kendal Corporation - Design Guidelines: Common Spaces
3. Oldenburg - The Great Good Place
is typically plain” and that “[Third Places] fall short of the middle-class preference for cleanliness and modernity”.

These concepts have been employed by designers in order to create spaces that embody the Third Place mentality. A widely understood contemporary example is Starbucks coffee shops. Starbucks founder Howard Schultz envisioned the stores as ‘places between family and home’⁴, pulling directly from Oldenburg’s definitions. Starbucks has become ubiquitous in America as a place for people to gather and interact, and achieves every one of Oldenburg’s five points. However, Starbucks’ strategy for interior design disproves his description of third places as plain and falling short of middle-class preferences, as Starbucks often features upscale-looking finishes aimed at a middle class audience. The Mather Café Plus model has been compared to Starbucks⁵, and it employs many of the same strategies based on the Third Place principles, but targeted toward older adults.

The social destination aspects of the Third Place concept are also present in the commons buildings of traditional senior living campuses, and one of the biggest challenges facing community-based options is the absene of these spaces. However, making places for these activities in existing communities instead of on isolated campuses is one of the biggest potential strengths of these models (and embodies Oldenburg’s tenet of proximity).

By taking the best aspects of existing community based models and filling in the gaps between them with wisdom from other fields and professions, a model could be developed that offers the flexibility and comprehensiveness needed for to meet the diverse needs and aspirations of the Baby Boomer generation, while aiming to be socially inclusive both across physically disparate communities and socioeconomic divides.

### EXAMPLES OF THE THIRD PLACE

The Latin American Barber Shop

The German American Beer Garden

The Taverns of Colonial America

Starbucks Coffee Shops

**Figure N**: Examples of the Third Place

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4. Starbucks - About Us, [http://www.starbucks.com/about](http://www.starbucks.com/about)
Programmatic Goals for Community-Based Models

To materialize these theories into reality, any building that would create a place for a community-based model must draw directly from these ideas in order to drive the architectural program. Understandings of existing community-based options as well as the potential of future models translates directly into goals that any building program should achieve.

At the most basic level, any place associated with a model for senior living must provide facilities for care-giving and promoting wellness. This is one of the fundamental needs of aging populations and should be a primary concern of any approach, regardless of other goals. Also fundamental to the program is the creation of a social destination (Third Place), because social well-being is equally important to the quality of life for seniors as physical well-being. Finally, because no model for senior living is all-encompassing, program elements that help seniors transition between stages of care are equally important.

PROGRAMMATIC GOALS FOR A COMMUNITY-BASED INTERVENTION

1. PROVIDE FACILITIES FOR CARE-GIVING AND PROMOTING WELLNESS
2. CREATE A DESTINATION WHICH WILL ACT AS A ‘THIRD PLACE’
3. TRANSITION BETWEEN STAGES OF CARE
“Too many of the existing options for [Boomers] do not provide an attractive, supportive, and affordable lifestyle.”

- Bradford Perkins, Perkins Eastman

**Community Center Typology**

When looking for examples of buildings that create a point of view about community, looking at examples from outside the existing senior living typology is important. Here, examples of the community center typology and other public buildings are examined in order to discover the relationship between building composition and social positioning.

One example of a building that gathers an informal community is the Lavezzorio Community Center located in Chicago, Illinois. Designed by Studio Gang for the SOS Children’s Village organization, the building acts as communal space for a group of houses acting as foster homes for children in the Chicago area. The community was specifically interested in
a building that would not only provide space for gathering, but would act as a ‘gateway’ to their community². The partii of the building takes an interesting stance on this request by creating a buffer of support program along the primary street edge, with the social program tucked behind and facing the approximate location of the various houses.

This approach stands in contrast to another prominent public building in Chicago: the Poetry Foundation building by John Ronan Architects. While holding the street edge with a screen facade, the primary social program faces the street, buffered by an outdoor garden. This partii uses the support program to frame the interior edge of the site, leaving the street edge open to the social program.

These two opposite strategies suggest a larger finding about the relationship between building composition and social positioning: the building’s relationship to the street edge and the location of the building’s main social program elements will determine the building’s attitude about community. These two main spatial methods

Figure 0: Lavezziro Community Center

1. Design Like You Give A Damn - Lavezziro Community Center
of engaging the user may then be especially important when trying to create built space for a community that is spatially and socially informal.

**Precedent Study: Massing and Materiality in Existing Facilities**

Massing and materiality are key factors in answering the basic question of ‘what does the building look like’. This is a crucial question, especially for senior living design, since images of the building figure so prominently into the identity of a particular facility and, ideally, the identity of its residents. As Baby Boomers begin thinking about what kind of lifestyle they want to have during retirement, one aspiration they have is not to live in a way that carries the negative stigmas they have associated with senior living based on their parents’ experiences. It quickly becomes clear that Baby Boomers don’t want their senior living facilities to look like existing ones, and part of the answer to ‘what does the building look like’ becomes: ‘what does the building not look like’.

In order to answer this question, a qualitative survey was taken of existing facilities in proximity...
to the project site (Harrisburg, Pennsylvania). Eight facilities within a twenty-five mile proximity to the building site were examined. Massing and material elements were surveyed including facade materials, roof shapes, entry features, window types, and paint colors. These lists were then checked against one another for commonalities between the facilities, and the result was that most of the facilities fit a particular massing/material archetype with little to no variation.

The archetypal senior living facility in the Harrisburg area has facade materials consisting primarily of white or light-colored siding contrasted by small passages of brick or stone veneer. It has gabled roofs, often with a porte-cochere at the main entrance. The windows have cosmetic shutters, which are almost always painted a shade of red.

All of these characteristics draw from the archetypal single family home that has become ubiquitous in American culture. These images became linked to the ideal American lifestyle in the years following World War II, and drove the American cultural shift toward a suburban lifestyle\(^3\). Senior living facilities followed suit in order to cater to the Silent Generation’s aspiration to retire to a place that looked like their idea of ‘home’. Now, the Baby Boomer generation is bristling at these cultural norms and consequently shunning facilities that bear the image of their parents’ aspirations as opposed to their own.

3. Shanken - 194X
Figure Q: Abbreviated Visualization of Existing Facilities Survey
older Americans who cannot drive will make 65% fewer trips to visit friends, dine out, or go shopping

Source: Transportation for America
Mobility and Identity

Loss of mobility is one of the key issues facing any person as they age. In the traditional model for senior living communities, proximity solves this issue. In a community of seniors aging in place, proximity is more difficult and a lack of mobility becomes not only an essential physical concern, but a social one as well. The urban environment exhibits two important characteristics of the issue: an intensification of the social isolation due to the alienation associated with living in the city, and the ability to consider the problem as an inherently spatial one.

Some sociological theorists have argued for a connection between mobility and identity in urban spaces. Drawing on the previous work of Chicago School urban sociologist Robert Park,
Fran Tonkiss explains a concept of ‘social difference as a spatial experience’. She explains that in urban spaces, identity is not solely defined by the discrete neighborhood one lives in, but in how one moves between different neighborhoods and other urban areas:

Crossing the tracks, going downtown, passing from one little world to the next: different ways of belonging in the city frequently involve mobile bodies in space.

Each example Tonkiss offers of negotiating urban spaces involves mobilization of some kind (crossing, going, passing). This framework is noteworthy not only because of its link between social mobility and space, but also its suggestion of the link between social mobility and physical mobility.

For aging populations, the link between social and physical mobility is not just theoretical, but very real and quantifiable. The Baby Boomer generation bore witness to one of the largest infrastructure projects in American history: the construction of the interstate highway system. During their lifetime, personal mobility has become ingrained in the American consciousness. For many, retirement will mean a diminished reliance on driving, whether due to physical limitation, economic necessity, or choice. Losing this important component of mobility carries with it the risk of physical and social isolation. According to a 2004 study, people older than 65 who are no longer able to drive make 65% fewer trips to visit friends and family and 59% fewer trips to engage in public social functions (dining out, shopping, etc.)

Consequently, we see that an understanding of how aging-in-place seniors move between places is just as important to their social well-being as the place itself.

**Mobility and the City**

Understanding how aging-in-place seniors move through the city means understanding the different transit networks that constitute the city and their potential intersections. For Harrisburg, three networks are important for this understanding: neighborhoods, major roadways, and mass transit in the form of bus lines (in other cities, other forms of mass transit may be crucial to understanding mobility for senior populations).

Bus routes in Harrisburg are especially important indicators of potential mobility patterns for aging-in-place seniors, because in the absence of the ability to drive (or a car in the first place) they represent the only independent option for getting from place to place. This is significant because many seniors who are unable to drive are unlikely to ask for help getting around, especially in the form of asking for rides from friends or relatives. An AARP poll found that over 50% of adults 65+ see “feeling dependent” or “imposing on others” as reasons not to ask for a ride.

If bus routes are important, intersections of bus routes become even more important when

1. Tonkiss - Space, The City, and Social Theory
2. Transportation for America - Fixing the Mobility Crisis
3. Transportation for America - Fixing the Mobility Crisis
Mobility Networks in Harrisburg, PA
Understanding the city as a series of differences, and the ability to move between them

Figure R: Mobility Networks in Harrisburg, PA
interpreting mobility patterns. Like many cities, the many bus routes throughout the city converge on a single ‘hub’ in the downtown part of the city. Selecting a site for a building within walking distance (scaled for seniors) of this bus hub means that aging-in-place populations have a means of accessing the site that is convenient and allows them to maintain independence in the form of personal mobility.

**Mobility and Senior Living**

Understanding the link between mobility and identity is important for site selection and understanding how users arrive at the building. Furthermore, its ability to transform senior living typologies must also be addressed. If the city (or suburb) is understood as a series of mobility networks overlaid on one another, the idea of a discrete senior living campus that is isolated from these networks seems problematic.

If traditional senior living campuses embraced the community-based facility as an extension of their campus, it would not only result in care-giving services being dispensed to aging-in-place populations, but it would also allow residents of existing campuses to enjoy a stronger connection to the city as a whole. These two ideas could create the flexibility and choice Baby Boomers seek during the aging process while allowing them to maintain their existing connections to the communities they already inhabit.

**Community Based Model for Senior Living Campuses**

Understanding the surrounding community as part of the senior living campus

*Figure 5: Community Based Model for Senior Living Campuses*
In order to explore a hypothetical application of these ideas, a physical site was chosen: Harrisburg, Pennsylvania. Pennsylvania is home to over two million citizens over the age of sixty-five, representing 16% of its total population. This percentage is eclipsed by only two other states: Florida and Maine. Harrisburg is the capital city of the state, and is located along the Susquehanna River in Pennsylvania’s south-central region. Harrisburg’s city limits run north-south along the Eastern bank of the river, with the densest suburbs located east of the city proper with significantly more sparse suburbs on the West shore.

While Dauphin County (the county in which Harrisburg is located) ranks toward the middle of other Pennsylvania counties both in terms of number of 65+ residents and percentage, Harrisburg is unique in that there is a large number
of older residents, but a surprising lack of programs and facilities to support their care. Harrisburg is the only significant metro area in Pennsylvania without a PACE program, and while there are many senior housing facilities in the city proper, they are simple, 10-14 story complexes consisting of low-income targeted units with no amenities or healthcare provisions. A few existing, traditional senior living campuses are located within a roughly 15 mile radius of the downtown, making the city as a whole a prime candidate for a planning strategy that involves an existing campus extending its presence into urban neighborhoods.

The building site was selected based on the planning strategy outlined above, as well as its ability to act as a ‘hinge’ between all of the different programmatic goals of the project. Located within a two block radius of the building site are: the major bus hub for the city (transit oriented); the Harrisburg hospital campus (access to care); one of the existing senior housing buildings described above (transition between stages of care); as well as the Whitaker Center for the Performing Arts, Harrisburg SciTech magnet high school, and Harrisburg University (connections to existing community institutions). Because of these proximities, the building is sited in a way that provides seniors with the care they need while still tapping into important elements of the community in which it is located.

1. National Agency on Aging - 2013 Profile on Older Americans
2. Pennsylvania State Data Center - 2013 Population Research Brief
3. Bob Burns - Director, Dauphin County Area Agency on Aging
Figure T: Aerial of the Greater Harrisburg Area

Figure U: Harrisburg Neighborhoods

Figure V: Zoning Districts of Downtown Harrisburg

Figure W: Project Site Context and Adjacencies
Figure X: Site Context Axon

Figure Y: Site Context Aerial
Building Morphology

By considering the numerous contextual elements as part of the broader site of the neighborhood, how the building responded to them as its immediate context became the driving force behind the fundamental design decisions. Starting with the simple courtyard partii that was extracted from the precedent study, the site’s context was used to transform this generic morphology into a specific one. First, in order to make a more direct visual and spatial connection to the existing senior housing building across the street, the courtyard space was shifted from the center of the scheme toward the western part of the site. This created a corner condition that was extremely prominent in the view of users approach from the bus hub on Third Street, which becomes an important view rhetorically
because of the transit-oriented goals of the project. Therefore the formal gesture of a strong curvilinear element was placed on this corner to signify these conditions. Finally, the building’s envelope was pulled back on the first floor along the eastern edge of the site in order to provide an architectural expression of the bus stop along 2nd Street, further expressing the transit-oriented goals of the building. These three gestures are the most crucial in deriving the morphology of the building.

Massing and Materiality

In terms of massing and materiality, the first goal was to not draw from the language of existing facilities (described in the Precedent section). In order to subvert the stigma associated with the visual language of existing facilities, an approach was taken to massing and materiality that was strongly contextual and aimed to reference the building’s immediate context in order to signify it as woven into the fabric of the community. To this end, the two major frontages of the site were qualitatively surveyed. Along the eastern frontage of the site is 2nd street, the immediate context consists primarily of thin, brick-clad buildings with short frontages (25-30 feet), on both sides of the street with no side setbacks. Chestnut street is cut from a very different cloth: that of residential towers in the 15-40 story range set back from the street 30-50 feet by parking. In order to respond in a meaningful way to its immediate context, the massing and materiality of the building had to turn the corner from one
architectural language to another.

On the eastern side of the building (at the second through fourth floors), the massing and materiality adapted to the character of 2nd Street. The frontage was visually divided into three blocks of approximately 25 feet in width to continue the visual rhythm of the existing buildings. These volumes are formed by brick scrims in order to the imitate the material palette of the context while allowing for a light articulation of these volumes and the necessary transparency required by the program. This brick is repeated in a more solid form along the building’s Chestnut street, contrasted with areas of metal siding. The result is an expression that references an urban, multi-family typology. This strategy responds to the other multi-family residences along Chestnut street, but also re-appropriates the typological ambitions of senior living from a language of suburban, single family architecture to one urban, multi-family architecture.

*Urban Edge*

One of the key findings from the precedent study of public urban buildings was that the building’s relationship to the street edge had a strong impact on the building’s expression of its attitudes about community. This idea was instrumental in designing the relationship between the building and the street. Based on the planning and site strategies, the building’s relationship to the community is understood as part of a network that is integrally woven into the existing fabric, while
still acting as a meaningful destination within this network. While nuanced and somewhat tenuous, it was important for the building’s relationship to the street edge to express that idea.

Consequently, the primary indoor public space, the cafe, was raised two feet off the side walk and separated with a storefront glazing system. This slight elevation change announces the space as a destination, while still allowing it to be present on the street edge. This presence is further reinforced by the outdoor seating area of the cafe which forms part of the main courtyard along Chestnut street. At the two-foot elevation, this space is enclosed by the raised patio, a planted wall, and the overhang of the floors above. This creates an outdoor room that activates the street edge, while maintaining a discrete space that acts as an extension of the building proper. But this raised condition is challenged by the need for direct exit onto bus stop along 2nd street, and the building is forced to mediate between the two conditions across the East-West lateral condition.

Illustration 7: Section through the cafe/courtyard
CONCLUSIONS

Planning, Transit, and the Senior Living Campus

Upon an examination of the problem at hand, the overarching question that resulted was ‘how can the built environment create communal space for informal communities’? Senior living represents an interesting area to study this question, because it has historically relied on formal communities that use physical proximity as a generator. With the rise of community-based options in senior living, this way of thinking has been called into question from the standpoint of planning/architecture.

Here, a new way of imagining senior living campuses is proposed which understands them not as a discrete spatial phenomenon, but one that can be extended to much larger communities through a network of smaller facilities branching out from the existing campus. This has the potential to promote stronger integration between senior living and the broader community. By weaving this network into existing transit networks
and neighborhood structures, this approach also has the opportunity to provide seniors with increased agency in the form of mobility and, by extension, identity.

Typology, Aspirations, and the Visual Language of Senior Living

Existing wisdom in senior living design is primarily based on the experience of designing for the Silent Generation. This generation is characterized by the post-WWII consumer culture which gave rise to the suburbs and the archetypal single family home. As a generation, their dreams of retirement were to have this aspirational lifestyle replicated for them when they were no longer able to realize for themselves in their own homes. Thus, the visual language of senior living facilities capitalized on the same imagery that inspired these aspirations in the first place.

But at the dawn of the Baby Boomer’s voyage into late adulthood, the rise of community-based options for senior care signals an aspirational shift. These non-traditional models for senior living are arising in urban areas, and consist primarily of people who find (or have already found) value in their existing communities. For this generation, the imagery of their aspirations is not a collective ideal based on a homogenized understanding of their culture, but a localized, unique understanding of the individual communities in which they reside. Therefore, the visual language of an architecture for community-based options in senior living should be highly contextual, highly referential, and highly responsive to the neighborhood in which it finds itself.

Program, Stigma, and a Broader View of Senior Living

In order for the building to be truly integrated into the community, it must not only engage in the visual language of the community, but its programmatic needs as well. Any site in an established community is entering into an existing field of functions and services. To articulate an institution for seniors that truly embraces their existing community, the programmatic elements must draw from the surrounding community. Here each program element is linked to another institution within the building’s immediate context: hospital (short term rehab), cafe/gallery (existing senior housing), classrooms (high school and university), and fitness (residential buildings).

Traditional senior living campuses are not only physically isolated from existing communities, but they are isolated programatically as well. Many Baby Boomers are seeking to remedy the isolation and stigma that they saw in the senior living facilities of their parents’ generation. Location, linkages, and visual language are all important tools to achieve this end, but making sure that there is a variety of programs to draw people from all walks of life, not just seniors, is essential. To some extent, making great places for community based options in senior living is as simple as making great place for communities.
Works Cited


Tonkiss, Fran. Space, the City and Social Theory: Social Relations and Urban Forms. Cambridge: Polity, 2005.


Additional Image Sources

**Principles of the Third Place**

Top Left: [http://static.foodrhythms.net/images/url/thumb/_WH87sY8V.jpg](http://static.foodrhythms.net/images/url/thumb/_WH87sY8V.jpg)
Top Right: [https://thenypost.files.wordpress.com/2014/03/coverweb.jpg](https://thenypost.files.wordpress.com/2014/03/coverweb.jpg)
Bottom: [https://c2.staticflickr.com/4/3555/3442277437_b74a003ab3_b.jpg](https://c2.staticflickr.com/4/3555/3442277437_b74a003ab3_b.jpg)

**Examples of the Third Place**

Top Right: [http://www.historyhappenshere.org/sites/default/files/images/beer-garden.jpg](http://www.historyhappenshere.org/sites/default/files/images/beer-garden.jpg)
Bottom Left: [http://upload.wikimedia.org/wikipedia/commons/a/a1/Mcsorley's_Bar_1912_John_Sloan.jpg](http://upload.wikimedia.org/wikipedia/commons/a/a1/Mcsorley's_Bar_1912_John_Sloan.jpg)