Chapter 46
In Search of "The Golden Girls": Why Is Affordable, Adaptable, and Assisted Housing for Older Women So Hard to Find?

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Housing is a serious problem for many older American women. The problem varies among different populations and communities, as do the policy options and potential solutions. This paper presents an overview of the housing problems confronting mid-life and older women. Originally developed for the Older Women's League, it is intended to assist women and their advocates in assessing housing issues confronting individuals and their communities. To identify key issues facing women, it draws from the growing literature on housing and older people, the smaller literature on the housing needs of women, and policy discussions with national housing advocates, researchers, and older women concerned about housing.

Housing problems are experienced differently by older American women of different ages, racial and ethnic backgrounds, and marital and socioeconomic statuses. For some, housing is not perceived as a problem at all; for others, it is only a subtle concern that health and expenses could be a problem at some future time. For some, however, where and how one will live as needs change at different life stages has profound implications. The very heterogeneity of older women's incomes, resources, cultural expectations, preferences, and opportunities assures that different groups will have differing needs. Differing regions, communities, and neighborhoods offer uneven levels of housing adequacy and in-home assistance. Many American homes and neighborhoods are not well suited to the aging society of the 1990s and the next century. Escalating housing prices, utility costs and property taxes, dislocation, home maintenance problems, isolation, and lack of options increasingly threaten the security of many mid-life and older women. Unfortunately, for a growing proportion of women, both old and young, housing difficulties pose increasingly serious dilemmas.¹

Housing as a Women's Issue: Domesticity, Caring, and the Powerful Meaning of Home

In the most basic of ways, women's homes shape their view of the world as well as their lives, opportunities for self-determination, and control over personal and public presentation of self. Where one lives, with whom, and how well are intrinsically tied to the self-image most women have of themselves. "One's home is a symbol of one's self and one's achievements" (Streib, 1988, p. 6).

In much the same way, today's housing stock reflects powerful societal patterns set by financial institutions, the design and home building industries, community planners, and public policy decisions made decades ago.
Because little consideration was given to women’s needs when most suburban communities were originally built, many homes lack access to public transportation, and proximity to neighbors, employment, shopping, recreation, and health care. For younger women these communities lack access to child care, vocational training, job opportunities, and even schools. As such communities have aged, they have become isolating and even threatening to their frail elderly residents.

The post-war period was one of unprecedented focus on the nuclear family and of mass migrations from city neighborhoods into the suburbs. Throughout the twentieth century, but especially in the period immediately following World War II, the nuclear family, already housed separately from the extended family, became smaller and more scattered around the country. Concomitantly, the uses to which homes were put have evolved (Hayden, 1984; Wright, 1988). Today, women are less “tied down” at home, spending less time there, working more time on the job, and spending more money on fast food, cleaning services, transportation, and work-related expenses.

Many of today’s older women moved into their present homes when they married, had babies, and watched the children grow—important work which occupied substantial portions of their adult lives. With roles centered on domestic life and “reproductive tasks,” many women naturally developed strong attachments to their homes over the years. Along with one’s neighborhood and friendships, the home, established at a critical formative stage in life, took on significant meaning. Women were accustomed to being house-bound, walking or sharing the family car, cooking all the meals, sewing, gardening, canning and freezing, and doing laundry and cleaning without the aid of dishwashers, disposable diapers, microwave ovens, or maids.

These experiences have implications for the lifestyles women anticipate and the options they normally consider as they age. Whether married or widowed, today’s retired women still have habits they developed in those early years. They are the age group most likely to own their homes (three-quarters are homeowners), buy groceries, and eat their meals at home (Exeter, 1991, p. 6). But “the little woman” does not retire from housework; she still cooks, cleans, shops, and “keeps house.” For persons who remain there, the family home has “become too large,” as the grown children have moved away (although increasing numbers of grown children are returning to live there at least for a time). Home still has vital meaning and importance to the whole family, and many women remain attached to it even when it becomes unaffordable, isolating, or even dangerous. Its familiarity is comforting and unchangeable in a way nothing else can be.

Researchers have noted that although people adapt at different life stages, homes do not (Lawton, 1982; Carp, 1975). Indeed, American housing stock today is remarkably inflexible. Only 27% of households still fit the nuclear family stereotype of a married couple with children under 18. Only 22% of married couple householders contain a male breadwinner and a female homemaker, down from 61% in 1960 (Riche, 1991, p. 44). Yet, neither community nor housing designs have altered appreciably to accommodate this changing family or our society’s increasing age. Patrick Hare, a noted expert on home adaptation, points out that most Americans live in “Peter Pan housing,” designed for people “who will never grow old.” Housing is located in largely suburban tracts with yards and maintenance requirements, stairs, snow, and excess space that needs to be heated, cleaned, secured, and paid for. Older women’s “role” in the home after “retirement” continues to be much what it was in earlier years, although the uses to which the home is put are gradually reduced in scope. For many at advanced ages, maintaining and securing the home grows increasingly difficult, even as the attachment to it often increases.

**Going It Alone**

A new study by the American Association of Retired Persons (AARP, 1991) finds that a major shift occurred within the older population between 1980 and 1987. The percentage of older persons in rural areas decreased while the percentage in non-metropolitan areas increased: the “graying of suburbia.” While many suburban homes do not meet the needs of families having unprecedented rates of mobility, divorce, family disruptions, remarriage, and two “breadwinners,” neither do they meet the needs created by increasing longevity. By 1989, nearly one-fourth of housing units were occupied by only one person; 7 million of those 22.8 million units, nearly one-third, are occupied by women aged 65 and over.

The living arrangements of men and women differ remarkably as they age, not surprising given the likelihood that women will eventually be living alone (see Figures 1a and 1b). Since women outlive men by an average of 7 years, there are many more women in each aging cohort. While the proportions of men and women living with a spouse are quite similar in their
early 40s, they differ dramatically by their 70s and 80s. After widowhood and divorce, men remarry at a significantly higher rate than women. With the average age of widowhood estimated to be 55.1 (Norton and Miller, 1990) and the average age about 68 (Schoen et al., 1985), women are left alone with roughly one-fourth to one-third of their lives to go.

As a result, half of all women over age 75 live alone, as do less than 22% of men. This disparity is even greater after age 85 when only 8.5% of women are living with a spouse (see Table 1 below). Meanwhile, half of the men aged 85 and older still have a wife, and typically receive care from her as well (Longino, 1988). After age 85, over 25% of women are living in a home for the aged compared with 15% of the men. The longer women live, the more their housing choices become restricted. To reassert control over their own housing choice, women need to see it as the women’s issue it really is.

As can be seen from Table 1, in 1987 women comprised over 58% of the 29,000,000 persons aged 65 and over. They were 70% of persons 85 and over, the population most likely to be frail, poor, and isolated. Of the 8.8 million elders who don’t have spouses, slightly over 7,000,000 (79%) are women, or 3.94 women per each man without a spouse (AHS, 1987). While similar proportions of women, 61%, and men, 66%, now own their homes, there are many more women living alone.

### Table 1: Living Arrangements by Gender and Age

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Married</th>
<th>With Others</th>
<th>Alone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Men</td>
<td>Women</td>
<td>Men %</td>
<td>Women %</td>
</tr>
<tr>
<td>35-44</td>
<td>17,077</td>
<td>17,606</td>
<td>73.6</td>
<td>71.0</td>
</tr>
<tr>
<td>45-54</td>
<td>11,520</td>
<td>12,275</td>
<td>79.5</td>
<td>71.6</td>
</tr>
<tr>
<td>55-64</td>
<td>10,186</td>
<td>11,456</td>
<td>81.6</td>
<td>67.3</td>
</tr>
<tr>
<td>65-74</td>
<td>7,736</td>
<td>9,736</td>
<td>79.5</td>
<td>51.2</td>
</tr>
<tr>
<td>75+</td>
<td>4,101</td>
<td>6,955</td>
<td>66.8</td>
<td>23.6</td>
</tr>
<tr>
<td>85+*</td>
<td>676</td>
<td>1,521</td>
<td>48.2</td>
<td>8.5</td>
</tr>
<tr>
<td>All 65+</td>
<td>16,691</td>
<td>11,836</td>
<td>8,889</td>
<td>6,627</td>
</tr>
</tbody>
</table>


**Notes:**


**Includes 15.1% of men and 25.4% of women in homes for the aged and nursing homes.
Twenty-four percent of all renters who live alone are elderly women, while only 6% are elderly men (AHS, 1985).

The 1980 census indicates that 7 in 10 of the 6,500,000 elders aged 65 and older who live alone are women, as are 7 in 10 of the 3,500,000 elders who live with others. However, only 4 in 10 of the 15,500,000 married elders are women. In contrast, among people aged 75 and older, women are still 7 in 10 of the 2,500,000 who live alone, and 6.8 in 10 of the 1,400,000 who live with others. They are 3.7 in 10 of the 4,900,000 who are married. By age 85, however, dramatic changes occur in living arrangements. Longino (1988) found that of 1,500,000 elders aged 85 and over, less than 1 in 10 (8.5%) women had a living spouse, 2.4 in 10 were living with others, and 3.3 in 10 were living alone. Fully 2.5 in 10 had relocated to a home for the aged or to a nursing home.

In addition to their prevalence among single-person households, elderly women have lower incomes and a greater rate of poverty than any other age group living alone. As can be seen in Figures 3a, 3b, 3c, the only age/gender cohort in any living arrangement who experience more poverty than older women living alone are women under 45 living with children. (That group faces discrimination as well as other costs because of their children.)

Among elders who do not live with spouses, about three times as many women as men also live with others, both relatives and non-relatives. Women who do this are much more likely to provide valued assistance to those co-residers, as well as to depend upon them for income and assistance. This is particularly true of African-American women, over 18% of whom live with others (as do only 7.7% of white women). Elderly white women are more likely to be living with a spouse (45%) than African American women (28.8%), while about 35% of both groups live alone (AHS, 1987, Table 7–9, p. 320).

Following widowhood or divorce, but also disability of a husband or self, women are likely to find their home no longer appropriate for their needs, that repairs and maintenance are too difficult or expensive, that the home is too large, and/or that their reduced household income does not meet the costs of increasing mortgages, utilities, and taxes. If the home’s location requires maintaining and driving a car or taking public transportation, and if neither is available, women are severely isolated. At this point many women feel forced to sell the home. (It is frequently sold also if a divorce occurs.) Life can become a process of coercion and disabling dislocation.
Women who have never experienced the “American Dream” of home ownership find themselves with other difficulties at widowhood, divorce, or retirement, since women of all ages tend to pay a greater share of their incomes for housing costs. They experience more “shelter poverty,” paying more than 30% of household income for housing and utility costs. Families that were unable to accumulate a down payment or overcome racial segregation or redlining patterns, women who were single parents, and single women who have been discriminated against by mortgage lending practices and low wages, encounter increasing difficulties in housing markets where costs escalated dramatically in the 1980s, especially in urban areas on the East and West Coasts. Poorly paid or disabled women, displaced homemakers, and women who have experienced prejudice that prevented a choice of housing options over time are at the mercy of the housing rental market. Many search in vain for affordable rental housing that meets their modest expectations. Thirty percent of women living alone have incomes below the poverty level and fully half have annual incomes only $2,800 ($233 per month) above the poverty level. Thus frail older women who are widowed, divorced, or single are especially vulnerable to being forced to leave their homes because they cannot afford to stay, or because they cannot afford the support services they need to remain there independently. Even among women above the median income, options are limited. A 1990 survey by AARP found that only 5% of the elderly are living in specially age-segregated planned senior housing; 27% are living in “naturally occurring retirement communities” in neighborhoods with a preponderance of older people; 43% had lived in their present home for over 20 years.

All women, but especially older women, have strong feelings about their homes. Whether one lives alone or with others, home is a refuge, a comfort, as a character in Robert Frost’s poem “The Death of the Hired Man” said, “a place where, when you have to go there, they have to take you in.” It provides privacy, familiarity, and comfort, especially as activities become restricted by reduced mobility and frailty. At best it is a place where one is surrounded by supportive people; ultimately, a place to die in peace and dignity. Access to shopping, medical care, nutrition, personal care, and social life is vital, and could be improved in most places with better community planning, program design, and use of technology. The home should facilitate independence and safety, even when women can no longer reach, or see, or walk, or remember well. Home’s familiar surroundings should aid, not impede, one’s remaining a part of life as long as possible in the way one wants. But such housing is difficult for many to find.

Three Critical Needs

Research on housing policy and design suggests that the housing problems of older women cluster around three central issues: affordability, adaptations, and assistance needs. Each issue affects age cohorts, racial and ethnic groups, socioeconomic groups, and urban and rural women somewhat differently. Affordability has to do with the actual housing available to a person, given limited social and financial resources. Adaptability pertains to the willingness and ability one has to change one’s home or situation, given the financial but also emotional investment one has in it. Assistance refers to the range and severity of physical and social help needed from either family, friends or paid helpers to remain at home. Without provisions for all three, many women eventually settle for less than they need.

Affordability

Persons with low and moderate incomes have difficulty paying for housing in every community which relies entirely on the private market to provide it. In the U.S. only about 5,000,000 of the 92,000,000 units of housing receive any governmental assistance (Congressional Budget Office, 1988, p. xi). The federal government has never treated housing assistance as an entitlement, and so many needy individuals have been unable to obtain it. The assisted units available at the end of fiscal year 1985 were enough to house only 25% of poor persons eligible for it (Dolbeare and Stone, 1991). A significant proportion of elders, and especially elderly women, need such assistance, as their housing expenses require an excessive proportion of their incomes.

Between 1975 and 1988, real rent levels increased by 17% while real incomes of renter households actually fell by 4%. Higher interest rates and operating costs, gentrification, and abandonment all contributed in varying degrees to a shortage of rental units affordable to low- and moderate-income households. By 1988, more than two-thirds of all poor renters spent more than half of their incomes for housing (Turner and Reed, 1990, p. 2). And hardship continues to grow.

For example, while there were 16,000,000 elderly households in 1980, there will be 23,000,000 by 2000, resulting in a demand for at least 7,000,000 more units of housing. Federal housing efforts fell far short of keeping up with this growth during the 1980s. In 1984
Table 2. Elderly Women Living Alone ("one person householders"), selected measures, 1987 AHS

<table>
<thead>
<tr>
<th>Numbers (000s)</th>
<th>Who Rent</th>
<th>Are Poor</th>
<th>In Substandard Housing</th>
<th>With &lt;$5K*</th>
<th>With &lt;$10K</th>
<th>Median Income**</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>7,024</td>
<td>37.8%</td>
<td>29.4%</td>
<td>6.96%</td>
<td>22.8%</td>
<td>64.5</td>
</tr>
<tr>
<td>Black</td>
<td>603</td>
<td>49.9%</td>
<td>62.5%</td>
<td>24.87%</td>
<td>55.06%</td>
<td>88.5</td>
</tr>
<tr>
<td>Hispanic</td>
<td>173</td>
<td>58.9%</td>
<td>50.3%</td>
<td>16.2%</td>
<td>43.9%</td>
<td>84.9</td>
</tr>
</tbody>
</table>


Notes: *The median housing cost burden for all households with incomes under $5,000 was 48%; while for black and hispanic women heads of household, it was more than 70%.

**The 1987 poverty threshold for single elderly persons was $5,447.

there were 1,100,000 elderly renter households with incomes below the poverty level. Only 444,000 of them, not quite 40%, lived in subsidized housing. The remainder paid well over 30% of their incomes for housing and many lived in substandard units. The National Low Income Housing Coalition estimates that at a minimum the 700,000 elderly renters and 1,500,000 elderly homeowners with incomes below the poverty level need financial assistance of various kinds (Senate Special Committee on Aging, 1990, p. 317).

Affordability, then, by far the most critical housing problem facing aging America, is one we could solve by "throwing some money at it." A national pledge "to house all Americans" was made in 1937 with the establishment of the first public housing, but it has never been honored. Instead, housing has remained a private speculative market good rather than a public good. Provision, whether through private means or public subsidies, has benefited the basically entrepreneurial housing industry which often produces homes and apartments poorly located or adapted to women's life long needs. Lack of affordability means that housing options (both social and financial) are severely restricted for the bulk of mid-life and older women, and these restrictions are growing worse as we enter the twenty-first century.

Home ownership alone does not help. The tax and equity benefits of home ownership are generally received by wealthy men, not women. By the time a house deed is in the woman's name, after widowhood or divorce, her household income has dropped by more than half. And renters have been particularly hard hit in recent years, as rents remained high, even as unemployment grew and wages generally fell. The poorest of elderly women and those who live alone are at greater risk, as are those who rent. The median income in 1985 for the 2,700,000 elderly single female renters was $6,446; and 40.2% of them had incomes below the poverty level (Dolbeare and Stone, 1991). Of the 11,600,000 renter households with annual incomes under $10,000, 61% were maintained by women and more than 5,000,000 spent at least half their incomes on housing in 1985. Over 2,000,000 spent 70% or more.

A recent study comparing the 1980 and 1987 American Housing Surveys notes that the number of older renters with incomes below $5,000 has increased by 33% (AARP, 1991). Renters over age 75, who have the lowest median income among renters of all ages, experienced a decline in median incomes from $7,513 to $7,200. Two-thirds of this group paid more than 30% of their incomes for housing. Fully 85% of this poorest group of renters are elderly women.

The women in the poorest set of renters present an even grimmer picture. The 1985 Annual Housing Survey reported that elderly women are 43% of all single renters with incomes under $5,000 per year and on average they pay some 70% of their income monthly on housing costs. Elderly women are 44% of all single renters with incomes under $10,000 per year, and their housing cost burden is 45%. Over one-fourth of all elderly single renters have incomes above $10,000. As can be seen from Table 2, on average, African-American and
Hispanic women living alone bear the highest housing cost burden.

**Home Ownership Offers Little Security to Many Older Women**

Home ownership—having “a piece of the dream” — has long been the basic standard of American prosperity. By this standard America is in the midst of a major housing crisis affecting not only women and lower-income socioeconomic groups, but the majority of middle class, middle aged, and older Americans. An estimated one in three Americans—and 70% of Californians of all ages—cannot afford to buy a home (Porcino, 1991, p. xvi). As with annual income, however, older Americans today appear to have done better in recent years than younger people. Having lived through severe housing shortages immediately after World War II and then assisted by the availability of VA and FHA mortgage insurance and low interest rates in the 1950s and 1960s, they bought single-family detached homes in suburbia. Indeed, over 60% of the present housing stock in America was built during this post-war building boom.

Today, the elderly are more likely to be homeowners than any other age cohort. Three-fourths of them own 14.8 million units. They represent one-fourth of all American homeowners (AHS, 1987), an increase from one-fifth of all homeowners (only 8,400,000) in 1970. But given the difficult times, especially during the 1980s, home ownership among the elderly grew at a time when the prospect of home ownership was becoming increasingly remote for younger American families (M. Stone, 1990). Home ownership increased from 72.1% of the elderly in 1980 to 74.9% by 1987, while it declined from 63.9% to 60.9% among householders under age 65 during this same time (AHS, 1987).

But does this likelihood of home ownership make elderly women better off? Not necessarily. Ownership presents particular problems for women when it involves older homes, maintenance problems, poverty, and family obligations. Although there have been significant improvements in quality of housing in recent years, the housing of older homeowners has the highest rates of severe inadequacies, especially housing owned by minorities. Partly because 30% of older homeowners occupy housing built over fifty years ago (AHS, 1987), 7% of older women living alone are in substandard housing. Twenty-five percent of Black women and 16% of Hispanic women are in substandard housing. Housing of the elderly is nine years older on average than that of other homeowners and its value is less. Of all elder occupied housing, one-fourth is valued at less than $40,000, and the median home is valued at $62,000. Some 489,000 women living alone are in substandard housing, as are another 356,000 couples, and 191,000 women who are living with others (AHS, 1987, p. 320).

The nature of deficiencies vary. For example, 23% of elderly homeowners had leaking roofs, but only 17.9% replaced a roof in the past two years and only 9.2% had storm doors and windows installed. Such housing can be unsafe and energy-inefficient; but the cost and complexity of rehabbing and upgrading it is prohibitive for many, and many women find dealing with such unfamiliar problems a major difficulty.

Typically homes are purchased by families making the largest purchase in their lifetimes. Couples buy and hang on to their homes until retirement, often intending to die there. Fully 90% of elderly couples are homeowners, as are only 60% of elders who live alone. Eighty-three percent of elderly homeowners own the home free and clear of mortgage payments. The equity in the home is a legacy, a resource, and a source of great financial as well as emotional security, so if elders can just keep up with the property taxes, utility costs, and maintenance, they are substantially better off than retirees with similar incomes who rent. Elderly couples who own their homes have median incomes of $18,400 while those who rent have median incomes of $12,650 (M. Stone, 1990).

In contrast, elderly women homeowners living alone have median incomes of $8,260 (only a $6 increase in 1987 over 1985) (AHS, 1987). One-fourth of all single homeowners have incomes of under $5,000 and despite having paid off their mortgages, the average cost burden in taxes and utilities for them is still 57% of their income. Elderly women are the homeowner group living alone most likely to be poor. Of the 4,100,000 elderly single females who own their homes, 63% had incomes under $10,000 in 1985. More than 86% of all elderly owner-householders living below poverty are women. So, while even extremely poor elderly women are homeowners, they have real problems with the home’s adequacy and usefulness, and often have serious problems just keeping it.

Twenty-three percent of elderly female homeowners live with others, usually caring for family members, but sometimes taking in relatives or boarders. In 1987 there
were 4,366,000 elderly women living alone while another 1,327,000 lived with others, a total of 5,693,000 elderly women who own their homes (AHS, 1987). These homes comprise a vital, sometimes inadequate, and often underutilized resource in times of shortage of affordable housing for families and individuals.

Many women make a transition to rental housing as they get older, usually as they lose their spouses. As can be seen from Figures 4a and 4b, there are over twice as many women living alone over 72 as there are between ages 65 and 72. Of women between ages 65 and 72, 65.3% are homeowners, of whom 10.9% are poor; 34.7% are renters, including 12% who are poor. In women over 72, however, a significant shift occurs. Fewer women, 59.7%, own their homes but the proportion of these homeowners in poverty grows to 13.3%. The number of renters grows while the proportion in poverty remains virtually the same. It appears that some women sell their homes and rent, maintaining a decent standard of living, whereas women who do not or cannot sell face increasing risks of poverty and other inevitable difficulties. Home ownership presents multiple problems to widows who are poor as they get older.

Because the elderly are so likely to be homeowners, older women face quite different housing problems than older men and younger people. Often the older woman is saddled with financial as well as emotional burdens, crippling isolation, and lack of information as she considers whether and how to remain in her home. For some, afflicted with medical problems, immobility, or cognitive incapacity, the “American Dream” can turn into a nightmare.

**Incessibility to Home Buying Markets**

Some population groups have historically encountered significant barriers to home ownership. Among the 25% of the elderly who rent their homes, most have never owned a home because of low wages throughout their earning years and difficulty accumulating a down payment and qualifying for a mortgage. Renters have significantly lower discretionary incomes than homeowners among both the young and old. They include a disproportionate share of racial minorities whose income deficits have been compounded historically by segregation and discriminatory lending patterns.

While the rate of home ownership among whites is now 74.9%, among African Americans elders it is 62.0%, and among Hispanic elders it is 56.3%. Women predominate among the groups of older persons who experience difficulty in buying property. While gradually the proportion of women entering old age as homeowners is increasing, the proportion is still 61% compared to 66% for men.

**Erosion of Affordable Rental Housing**

Women are more likely to be renters because we are more likely to lose spouses, be poor, and live longer. While only 9% of older couples rent, fully 38% of elderly women living alone rent. Nearly 80% of the 2,900,000 elderly householders who rent have incomes below $10,000 (AHS, 1985). Their median income is $6,446, lower than any other category of householder. Women compose 82% of all poor elderly non-family renter households. Ninety percent of all poor elderly non-family renter householders in publicly owned or subsidized housing are women. Nevertheless, 46% of poor elderly female non-family renters are in unsubsidized, private-sector units.

These women struggle to find and keep the very housing that has been disappearing from the market throughout the 1980s because of changing urban dynamics, high interest rates and operating costs, and the tax code revisions of 1986. Dolbeare (1984, pp. 20–21) notes how much this reality has changed. In 1970 there were 5,700,000 householders with incomes below $3,000 and
8,200,000 units available for rents of less than $75 per month (30% of these renters’ incomes). By 1980 there were 3,300,000 householders with incomes below this level, but only 2,400,000 units they could afford, and the situation eroded dramatically after that. By 1985, there were only 2,100,000 rentable units costing less than $125 per month, but 5,400,000 renters who could afford no more than this—nearly four times as many poor renter households as there were affordable units (Dolbeare and Stone, 1991, p. 112).

This increase in demand created a precipitous rise in homelessness as well as in rents. It has put mid-life and older women on fixed and modest incomes at serious peril competing with other poor households. The “housing crisis,” which has pressured especially urban dwellers on the East and West Coasts, has affected all persons on fixed and low incomes in sometimes frightening ways. It has severely eroded the stock of available rental housing in most central city areas (through condo conversions, gentrification, razing of downtown housing to build high-rise office space, and speculation). Changes in tax laws in the late 1980s left little incentive for investors to continue to write off rental property that could be converted and put to more lucrative uses.

Further, erosion of the federal government’s commitment to subsidized housing decreased the options available to low-income householders. This economic hardship has thrust excessive burdens on the young as poverty rates among families with children, many of whom are headed by single women, have risen. These mothers face lifelong hardships in the rental market and diminished prospects of ever accumulating equity in a home for their futures.

The paramount housing problem, then, is not a shortage of housing units so much as a severe and growing shortage of units that low-income households can afford to rent, much less to buy, in neighborhoods which sustain a decent quality of life. In terms of rental subsidies, the elderly are somewhat better off now than are younger families. Of 4,954,000 units of housing rented by the elderly in 1987, 30% were receiving subsidies of some type (AHS, 1987). These included 789,000 units owned by Public Housing Authorities, 373,000 receiving other federal subsidies, 89,000 receiving state or local subsidies, and 235,000 receiving other subsidies; 3,467,000 units rented by the elderly received no subsidy, although 268,000 of them were rent-controlled.

Renting is a more serious disadvantage than a mortgage burden, because renters have no accumulation of equity against which to cushion other hardships and most elderly homeowners no longer pay a mortgage anyway. Because increasing “housing cost burdens” and “shelter poverty” affect a growing share of all women, increased numbers of today’s mid-life women will enter old age without even the security and equity of a modest home to cushion social and financial hardships in their later years.

Minority Women and Geographic Variations

Special problems are encountered by older black, Hispanic, and immigrant women who are more likely to have experienced poverty and housing discrimination throughout their lives. Minority women are much less likely to live alone, and their co-residence has many benefits, mostly economic and social. Elderly minority women often provide much more in the way of financial resources and social care to their families than they receive, but their contributions tend to be highly valued.

When they live alone, however, black women tend to encounter very serious economic difficulties. Women who have outlived their children, whose children have moved, or who are the last survivors in their families, and who have inherited an old family home, are often burdened with cares difficult to manage alone. Half of elderly black women who live alone own their dwelling, despite the fact that 63% live below poverty. Their median income is only $4,521, $926 below the poverty level. As was shown in Table 1, elderly minority women living alone clearly suffer the most hardship of any age and gender group. The 1987 American Housing Survey found that half of the 301,000 black elderly women who live alone in the U.S. lived in the South, and 88% lived in urban areas. Virtually none was in homes or apartments newly constructed in the last four years, and only 1.6% were living in mobile homes (AHS, 1987, p. 320).

Hispanic women are slightly better off in income, but even less likely to own their homes. Their median income, $5,742, is $295 above the poverty level, but only 41% of them own their dwellings. Forty-three percent of the 102,000 elderly Hispanic women who live alone in the U.S. lived in the South, 26% in the Northeast and 26% in the West; again, 86% lived in urban areas; 4.6% lived in newly built structures, and 4.6% lived in mobile homes.

Despite these marginal circumstances when minority women live alone, federal policy penalizes living with others. SSI recipients (the poorest among elderly
Table 3: Number of Units of Public Housing for the Elderly (in 1,000s)

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>Occupied</th>
<th>Under Construction</th>
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<tbody>
<tr>
<td>1960</td>
<td>18.9</td>
<td>1.1</td>
<td>4.1</td>
</tr>
<tr>
<td>1970</td>
<td>249.4</td>
<td>143.4</td>
<td>65.7</td>
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<tr>
<td>1980</td>
<td>358.3</td>
<td>317.7</td>
<td>11.5</td>
</tr>
<tr>
<td>1985</td>
<td>373.5</td>
<td>361.1</td>
<td>2.1</td>
</tr>
<tr>
<td>1986</td>
<td>373.0</td>
<td>363.9</td>
<td>3.0</td>
</tr>
<tr>
<td>1987</td>
<td>378.6</td>
<td>374.2</td>
<td>1.3</td>
</tr>
<tr>
<td>1988</td>
<td>382.5</td>
<td>374.7</td>
<td>1.4</td>
</tr>
</tbody>
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Source: U.S. Senate Special Committee on Aging, 1990.

In addition, 30% of elders live in rural areas. Many are minority women with special cultural circumstances which tend to be overlooked entirely. Rural housing has twice the incidence of structural defects. Rural elders have lower incomes, tend to be isolated, and live in much older housing valued at half that of urban areas (U.S. House of Representatives, 1988, p. 7). Some rural dwellers are reluctant to seek government assistance for housing problems (Streib, 1988, p. 8). Again, cohabitation is often the only alternative to institutionalization, but receives little if any government assistance.

The Government’s Response

Since 1947 the federal government has operated various programs of mortgage guarantees and capital and rent subsidization to encourage construction of housing for the elderly. Construction of public housing for the elderly, begun in the late 1950s, has been very popular, but implementation takes many years from the time funds are appropriated until new construction is completed and units can be occupied.

Programs designed to create more decent and affordable housing stock, such as public housing, are called “supply side” approaches to housing policy. Government funds have been used to support construction and operating costs of local public housing authorities, and the federal government has directly supported private and non-profit builders through the Section 236 program, Section 202, and Section 8 mortgage interest guarantee programs.

Throughout the 1980s, however, the number of poor households added to the federal rental assistance rolls plummeted each year. New commitments fell from more than 375,000 in 1977 to fewer than 108,000 in 1988, slowing the growth in the total pool of available aid (Congressional Budget Office, 1988, p. xiv). New budget authority for housing assistance was reduced by over 80% from 1970 levels. Table 3 shows how public housing stock, which grew slowly at first, was dramatically cut in the 1980s. The number of units under construction virtually stopped after 1980.

In addition to the erosion of new federally subsidized construction, nearly 1,000,000 of the nation’s 4,000,000 low-income housing units are threatened by prepayment and expiration of subsidized mortgages. Fully half of the present stock of federally subsidized housing is threatened over the next two decades by terminations, prepayments, and buyouts of federally assisted mortgages (Dolbeare and Stone, 1991, p. 16). Most of these
losses will occur between 1991 and 1996, but the attrition had begun in the 1980s. Subsidized housing will be lost by:

1. Owners’ decisions to opt out of low-income housing and convert their units to other uses;
2. Default or foreclosure because rising costs have outstripped the subsidies provided; and
3. Expiration of subsidy contracts to for-profit owners who had agreed to keep rents low, but only for a specified period of time. Furthermore, many older subsidized housing developments have not been adequately maintained and need major repairs and renovation because the operating subsidies have not provided enough to cover full costs. (Dolbeare and Stone, 1991, p. 116)

The prospect for the future is grim. Substantial federal funding commitments will be required just to avoid losing ground over the next 15 years. Yet, unless the trend of rising costs and lower real renter incomes is reversed, even if the existing subsidized stock is preserved, we will fall farther and farther behind because the need for additional subsidized housing will grow … (Dolbeare and Stone, 1991, p. 117)

In addition, management and maintenance problems now threaten most public housing. This has contributed to the growth of homelessness, waiting lists, deterioration of many existing housing facilities, the threat of displacement, and other housing scandals. A 1989 University of Illinois study of the Section 202 program documented eleven older persons for each available unit in urban areas, and 28.5 applicants per unit in new facilities.

Massive cuts have been made in the popular 202 program, which serves only six elderly units per every 1,000 elderly in the country. The Senate Select Committee on Aging report of February, 1990, observed:

Indeed, the housing needs of several million elderly—housing that is affordable, safe, accessible, and suitable in terms of neighborhood amenities and services—have gone unaddressed. Program cuts have come not only at a time of current high demand, but also at a time when demand is expected to increase. The enormous projected growth of the elderly population suggests the prospect of rapidly increasing shelter and service needs that the Nation has just begun to recognize (p. 301).

A more recent housing policy approach, favored by the Reagan administration, provides “demand side” subsidies to meet the gap between the renter’s available income and the actual rent. These include Section 8 vouchers and certificates. The low-income renter is expected to pay 30% of available income for rent and utilities. The adoption of certificates and vouchers has substantially changed the way we account for housing assistance now. The government puts out far less money “up front” to provide about the same number of units, while beneficiaries (who are often frail or disabled) compete for places on the private market.

In view of the erosion of our nation’s low-rent housing stock, as well as our federal government’s commitment to housing the poor, it is paradoxical that government grants the largest housing subsidies to the rich in the form of tax expenditures. Tax expenditures are the total cost to the Treasury of the various housing-related tax deductions and other tax-reducing provisions of the IRS Code, in this case tax deductions taken by homeowners affluent enough to itemize deductions on their income tax returns (Dolbeare and Stone, p. 118). The major housing-related tax expenditures are homeowner deductions for property taxes and mortgage interest. These are of no benefit to the 83% of elderly homeowners whose mortgages are paid off.

While federal housing payments in the form of direct assistance declined from $26.9 billion in 1981 to $10.5 billion in 1988, tax expenditures increased from $33.3 billion in 1981 to $53.7 billion in 1988. Thus government now pays the equivalent of $81 of every $100 in federal housing assistance in the form of tax expenditures to homeowners who itemize deductions. Wealthy homeowners (and virtually no households headed by women) receiving tax subsidies in the form of mortgage interest and property tax deductions in 1989 received more than 4 times the amount currently spent by government for low-income housing assistance. Congressional analysts estimate that 57% of mortgage interest deduction dollars and 62% of real estate tax deduction dollars benefited taxpayers who had adjusted gross incomes above $40,000 (U.S. Congress, 1985).

However, only 6% of households headed by women have incomes above $40,000 and elderly women, whose mortgages are paid off and whose incomes are too low to benefit from itemizing deductions, benefit from none of this (Dolbeare and Stone, p. 120).

While the need for direct assistance to shelter-poor homeowners, who are mostly women, has been recognized for a long time, it has yet to be taken seriously by Congress. In 1971, the White House Conference on Aging called for 120,000 units of specially designed housing for seniors per year (Report of the White House Mini-Conference on Older Women, p. 45). If these had
been built, we would now have some 2,300,000 units more than the 132,000 units that were actually built between 1971 and 1991. Instead, as Table 3 shows, less and less is constructed. Ironically, these affordability problems should be our easiest ones to solve. It is easy to identify what could be done at the federal level, but a lack of political will is even easier to discern.

Policy Solutions

If the government supported housing creatively and powerfully, women would truly benefit. The government has several possible ways to do so. First, housing benefits could be provided as entitlements, available automatically to householders with incomes below a certain level, say 50% of the median. Current housing voucher and certificate programs could be expanded to reach all who are currently eligible, rather than the lucky 25% who find their way to the top of the waiting list now. Second, the federal government could adequately support local governments and non-profit operators to assure the retention of the current stock of subsidized housing. Third, the supply of affordable housing could be expanded through its direct operation and government support of non-profit development. Such housing could be far more creatively designed, recognizing and supporting women's special needs throughout the life cycle in the community.

In the late 1990s the first new housing legislation in over a decade, the National Affordable Housing Act (NAHA), was finally passed. More symbolic than substantial at this time, NAHA spells out avenues through which solutions to the crisis in affordable housing may be found, if sufficient annual appropriations to housing can be secured. Among its provisions, this law mandates that local city and county planning bodies develop coordinated five-year Comprehensive Housing Affordability Strategies (CHAS) before the Department of Housing and Urban Development (HUD) provides assistance to state or local governments. These will replace the Community Development Block Grant (CDBG) funded Housing Assistance Plan, and the Comprehensive Homeless Assistance Plan (CHAP) formerly required for receipt of McKinney Act funds, and must also address local public housing resources. Citizen participation is required and local plans must be publicly reviewed annually. The strategy must address local housing needs, including the nature and extent of homelessness, characteristics of the local housing market, the effects of local tax policies, land use controls and growth limits, the strengths and gaps of the local housing delivery system, how additional public and private resources will be leveraged, how public housing, CDBG, and McKinney Act funds will be used, how coordination will occur with other state and local entities, and more.

The keys to influencing priorities will be to identify the local authorities preparing the plan, to obtain the public documents pertaining to it, to attend the public hearings, and to pin down local officials about the real priorities in the plan. HUD will review complaints if such citizen input is ignored. Advocates pressing any agenda may get special consideration, so here is an opportunity to highlight and address the needs of older women. Women's advocacy organizations can demand an "Impact on Women" discussion in the CHAS, forcing attention to the lifelong housing needs of women who are poor, disabled, and in need of assistance.

Beyond this, low-income home owners and those living in substandard housing, of whom women are the most vulnerable, need special attention. As the 1980 White House Mini Conference on Older Women noted:

As long as the incomes of older women remain on a poverty level, housing assistance will be a survival need. Ingenuity and creative use of public dollars can result in some solutions. But many women cannot wait until there is a turnabout in national priorities, so ... we will have to create some viable alternatives for ourselves (p. 47).

On this note, we will turn to alternatives that might be considered.

Adaptability

Older people in general are reluctant to relocate, and show remarkable inclination to be satisfied with their present housing (Carp, 1975), because the home investment they have is both financial and emotional. One's willingness to make changes or to move is highly dependent on one's perception of options available for doing so. This attachment to place and home raises issues of housing design, and financing, as well as community planning, and the willingness of neighborhoods to let homes and common space be used in more helpful ways. A recent survey of the American Association of Retired Persons (AARP, 1990) found that 76% of older people prefer to live (or stay) in intergenerational neighborhoods; half would consider living in shared housing. Seventy percent currently live in single-family detached homes, 30% in other types, mainly low-rise buildings (7%), mobile homes (7%), and 10% in retirement communities or senior buildings ("congregate
Planning Ahead and Relocating

Assessing Alternatives. Considerations when thinking about housing needs should include age, health, anticipated longevity, cost and resources, social or communal living opportunities, access to services, and appropriateness of the physical structure and community conveniences. AARP offers several helpful workbooks and resource guides for persons considering making a move or modifying a home. One AARP survey found that while a small percentage of older persons move across state lines, most remain close to or in the same house. Fifty-one percent had lived in the same community for over 30 years, 15% had lived there 21 to 30 years, and 15% had lived there 11 to 20 years. Eighty percent had remained there for 11 years or more and 46% had remained in the same house for at least 20 years. Only 5% lived in institutions at any given time (Streib, 1988, p. 3).

While making any move is difficult for most people, women especially seem to feel that moving means giving up a part of the self. Many feel that altering the home environment is also difficult. All women have limits, and the need for privacy and private space can be paramount. Some who have tried home sharing note, “I can’t have someone else in my refrigerator.” Others have found that “I can’t share a home with other women” or “I don’t want to live around children. I get too nervous.” Others say that “I don’t want to live with a lot of old people.”

Yet the likelihood of living alone, as well as the risks involved in being alone, both increase with age. Living with or near others whom women enjoy and on whom they can rely has distinct advantages, including financial, mental, health, and social support. Having such support around requires personal planning, since most of today’s single-family detached or suburban housing does not provide for this “naturally.”

Women who have always lived alone and been independent may be more accustomed to “taking charge” and planning ahead, but they are not necessarily better adapted to the give-and-take of shared housing or communal living arrangements. Fortunately, a wide range of options incorporate privacy, as well as opportunity for social interaction, depending on people’s preferences and resources. Women observe that future financial cost and access to social supports are the most critical factors to consider. To many, staying in a familiar environment is particularly important and beneficial. Depending on one’s age and anticipated needs, options certainly exist but they must be discovered and sometimes invented.

Relocating: The Options. Traditional retirement housing and retirement communities include a wide range of costs and features. Less costly rental options include simply remaining in or relocating to friendly and supportive neighborhoods composed of a large number of older residents. Such neighborhoods, known as “naturally occurring retirement communities” (NORCs) are highly desirable when located near services, good transportation, and free or low-cost activities. Especially popular settings are near universities, in resort communities, and in dense urban neighborhoods of small apartment buildings and small homes. Other traditional options are congregate living facilities (both subsidized by HUD and non-subsidized), some offering meal services and activities, although long waiting lists characterize government-subsidized buildings (202 and Section 8). Other arrangements include cooperatives offering market, limited, or fixed-equity arrangements, and mobile or manufactured housing. While generally services are not available in these settings, they do offer access to social support and amenities important to many older people. Informal assistance is available when neighbors are familiar and share mutual interests and obligations. Indeed, depending on the pre-planning that accompanies this choice, an extraordinary amount of mutual aid can be facilitated.

A second level of security is offered by condominium ownership and by specific retirement communities. Private congregate housing complexes have sprouted in all kinds of places, many of which are barely noticed as “senior buildings.” The unfortunate feature of some is their obscure location, necessitating special transportation and effort. The easy give-and-take with the larger community is sometimes lost.

More upscale versions of “buy in” arrangements include what are often self-contained adult retirement or leisure communities. Continuing Care Retirement Communities (CCRCs) require an “endowment” or down payment, and life care communities do not. In 1988 endowments ranged from medians of $30,000 to $90,000, depending upon the unit size. Usually part of this is refundable. Both have provisions for nursing care on site, whatever level of care is required, and offer the security of a permanent place to live. The difference is in the additional fees for service of the life care commu-
nities, including the current top of the line favorite, Assisted Living. Both provide an independent apartment, with housekeeping and personal care services, as well as medical care as necessary, usually for an additional fee. Median monthly fees range from $695 to $938 depending on size (U.S. Senate Select Committee on Aging, p. 325). Generally people make a move to such communities only when they anticipate a need for care, and obviously, when they have the income and assets to afford it. About 1% of the elderly live in some 700–800 CCRCs nationwide.

Living with one’s children remains the choice of many women. It was recently found that 15% of young men between the ages of 20 and 40 were living with their parents, usually their mothers, while only about 8% of young women the same ages live with parents (Gross, June 16, 1991, p. 1). Cohabitation offers financial benefits for both generations and an exchange of services can be beneficial for both older women (who receive help around the house, security, and maintenance) and young men (who often have meals, laundry, and/or cleaning provided). While the young men appear to be benefiting from a very good deal, this arrangement evidently fits their needs and those of their mothers better than do similar arrangements for young women.

**Alternative Communities.** Households of non-related adults grew by 140% during the 1970s, while family households grew by only 11.5%. There were 3,500,000 non-relative households in 1980, and since then the numbers of elders living with others has doubled (AHS, 1987). Communal households, co-housing, and large intentional communities are examples of newer residential forms that are emerging. Intergenerational communities shared by a number of households, households shared by from 5 to 30 individuals, and small shared houses owned by a resident or a cooperative group are examples of alternative living than can improve the quality of life for women in the future (Porcino, 1991).

Communities of persons with specific ideological commitments exist, as do networks of like-minded persons with households in several communities. Networks of lesbian retirement communities can be found, but most do not advertise widely and must be sought out. Other communities are guided by devotion to meditation, religious beliefs, or commitment to holistic lifestyles, service, or spiritual or utopian philosophies. Some are only a place to live while others offer a whole range of work, activities, and philosophy. As a type, these arrangements are self-planned communal settings, as opposed to commercial enterprises, a characteristic especially important to persons on limited incomes. Local organizations all over the country are discovering creative housing alternatives as an exciting idea in self-help and empowerment. Their most difficult challenges involve packaging the expertise, financial planning and resources to make such projects affordable to women who need them most.

Should the project include only older people or be intergenerational? Only women or singles or married couples? Low incomes or mixed incomes? There is need for expert advice from local zoning authorities, public funding sources, builders, architects, banks, and mortgage companies. According to the U.S. Senate Select Committee on Aging (p. 327), shared housing for seniors like this can also be an important low-cost means of revitalizing neighborhoods; abandoned buildings can sometimes be made suitable with little renovation or contributions of “sweat equity.” Some of the most interesting and exciting new housing designed specifically to address women’s needs has been transitional housing. This has integrated women with children and older people and provided day care and social services in planned and largely self-managed communities (Saegert and Leavitt, 1984; Sprague, 1992).

**Adapting An Owner-Occupied Home**

For many women, sharing their own home is a way to create immediate financial and social support. While “aging in place” is the ideal, it is honored more in the breach than reality, since even by doing nothing one can stay put. The U.S. Senate Select Committee on Aging notes that 670,000 elders now share housing with non-relatives, a 35% jump over a decade ago (p. 327). The National Shared Housing Resource Center established by Maggie Kuhn in Philadelphia lists over 1,000 Home Matching programs around the country and works to develop more.

An impediment to shared housing includes the reduced SSI and food stamp payments to participants living with others, as mentioned above. In addition to accepting the idea of having someone else around, home sharing often requires adapting the home’s physical structure itself.

**Accessory Apartments and Echo Housing**

Accessory apartments are another form of shared housing. When privacy is highly valued and resources are available, construction of a separate unit with a separate entrance, kitchen or bathroom can provide significant benefits. Such apartments have traditionally
been shared with family members, but today students, parents with young children, or other singles, including elders, fit just as nicely. Proponents of accessory apartments note that America could create a substantial amount of low-income housing by making it easier to build accessory apartments. If only 10% of older women who live alone in their homes were to share that space, nearly half a million units of affordable housing could be created, a substantial amount to a nation experiencing a critical shortage of affordable housing. Women who are "over housed" can offer a substantial resource to individuals or families having difficulties finding adequate housing arrangements. Services such as errands, shopping, and home or car maintenance can be traded for reduced rents. On the other hand, the daily presence of an older woman can be of great benefit to a renter, providing surveillance, financial assistance, child care, cooking or shared meals. Of particular benefit would be the provision of affordable space to mothers with young children, a low-income group as disadvantaged in today's tight housing market as are older women who live alone.

Unfortunately, only about 40% of the single-family housing stock in the country is now zoned to permit accessory apartments (U.S. Senate Select Committee on Aging, p. 327). Once zoning is changed in a community, there are typically a number of applications to legalize existing accessory apartments, but few new ones are built because homeowners face many difficulties with local government zoning and building regulations, as well as with contractors, banks, and tenants. The process can be intimidating, and reliable advice can be difficult to find. Partnerships are needed between local real estate agents and remodelers to market accessory apartments and to assist in understanding this often complex process (U.S. Senate Select Committee on Aging, p. 327). Here again local non-profit organizations are needed to take the lead in linking these two necessary services, remodelers and real estate agents. Older owners would benefit because "getting started" is always the most formidable part of this process and easier access to "know how" would facilitate it.

A similar innovation is the "granny flat" or "ECHO" (elder cottage housing opportunity) housing, movable units placed on property to accommodate elderly parents near their families while maintaining the independence of both parties. Again, this has been tried in a variety of creative ways, sometimes with governments even loaning out movable units. Unfortunately, rigid zoning laws, lack of public information, and concern about property values can be barriers, but increasingly it appears that civic leaders, public officials, and organizations are expressing interest in these ideas.

**Home Equity Conversions.** Home equity conversions allow a homeowner to withdraw some of the equity in a home to cover remodeling, specific expenses or a living allowance, while keeping the right to occupy the home for a set period of time or for life. Types of conversions include reverse equity mortgages, sales plans, and deferred payment plans allowing the homeowner to use the equity for home improvements, tax deferrals or other purposes. Usually conversions are worked out with a bank, a development corporation which wants the property, or with an intended heir. Government support is needed to encourage private lenders to get more involved in this kind of financing, however, if it is to yield greater benefits to homeowners, especially ones who need assistance the most. Thus far, only limited benefits are available to a limited set of homeowners. Unfortunately, the asset value of homes owned by most older women is not great enough to attract much investment interest.

**Regulatory and Financial Expertise Needed**

More support from governments at all levels is needed to develop the innovations proposed above. These are complex and politically loaded proposals. Some communities make adaptations and construction of accessory apartments quite difficult through community regulations, mandatory standards, and imposed costs, fees, zoning, and complex financing requirements. A pilot program of the FNMA (Fannie Mae) includes loans to finance accessory apartments (as part of a single-family residence), ECHO cottages, one-to-one home shares, and sale lease backs (sale to investors), allowing each to gain from the sale while the elder's right to stay is protected. This provisions are still very limited, however.

An increasing number of non-profit technical assistance and lending groups are established to disseminate knowledge of how shared equity housing projects can be established. These include the Institute for Community Economics of Springfield, Massachusetts, which works to establish Community Land Trusts, the Enterprise Foundation, which is building a loan fund, and the Local Initiatives Support Corporation (LISC).

Commercial and manufacturing businesses and home builders are increasingly recognizing that it is in their interest to consult older women as they create new homes and developments. National organizations are
Amenities such as “The Hartford House” and the National Association of Homebuilders “Adaptable Home.” Safer products (such as stoves with timers and non-flame burners, bathtub seats, and grab bars), adaptive devices for kitchen and bathroom, and better designs for aesthetics and comfort are available, but still are not marketed widely. Until such features are built into the infrastructure of every new and remodeled home, the threat will remain that our homes will not accommodate us as we age in place.

Women will have to demand the attention of builders, architects, financiers, and planners to make known what should be included, when it is necessary, and how it could work better. Older women are continually aggravated, and unnecessarily handicapped, by lack of closet and storage space, placement of shelves that are too high, and sockets that are too low. Hazards in the home can be identified and fixed, particularly ones that create the danger of fires, falls, and accidents. People building new homes must install structures that can be adapted as the owners age. Women’s organizations can also facilitate the difficult packaging of financial resources and hiring of contractors that is required to complete home adaptations and could be especially helpful in identifying ways to facilitate the work of contractors and older people together.

Finally, developers should ask older women for such input. Those who will spend most of their time in these new and remodeled homes know best if they are places that will remain comfortable and functional and really facilitate independence.

**Availability of Assistance**

Under most circumstances, if a frail elder is to live comfortably, a range of personal needs (social as well as physical) must be met in one’s home, basically with personal assistance from either family, friends, or paid helpers. Although increasing disability may require increasing levels of assistance, by no means does this make a nursing home placement inevitable. Stone and Murtaugh (1990) estimate that between 411,000 and 4,100,000 non-institutionalized disabled elders (1.5% to 15.5%) require assistance with activities of daily living to remain in their own homes. Their needs range from assistance with housecleaning, cooking, and shopping to grooming, eating, dressing, and toileting. However, having even one of these needs chronically unattended and troublesome can make living alone risky if not downright impossible.

Women have the greatest stake in obtaining services to facilitate their “aging in place,” because they are more likely to be placed in nursing homes if these needs are not met. Women are 75% of nursing home residents, and increasing proportions of women are institutionalized as they grow older. In a recent projection, Kemper and Murtaugh (1991) estimate that of all the persons who turn 65 in 1990, 43% will end up in a nursing home for some time before they die. One in three women and one in seven men who reach 65 in 1990 will spend at least one year in a nursing home, and more of the women (25%) will have a total lifetime nursing-home use of 5 years or more, compared with 13% of the men. Clearly, nursing home policy is a women’s issue.

Given these odds, the determination of many women to stay out of a nursing home at all costs is admirable, but the obstacles are formidable. To do so with dignity requires planning. For most, this ultimately means receiving care in the home that is personalized, sensitive, and affordable. Most frail elders receive such care informally from family members and sometimes friends and neighbors. Unfortunately, formal services do not always supplement, facilitate, and truly relieve family and friends because many programs explicitly disallow the substitution of formal services for assistance already provided informally. Some women in every community languish in isolation and discomfort unattended by anyone; too often, pride, fear, and lack of information, as well as limited resources, prevent them from even asking for services.

It is surely worth considering what alternative caring communities can do to meet the needs of frail and dying members. Experiments in many places with “care credit” schemes are attempting to learn how services can be expanded through formal reciprocal mechanisms, to make fairness and contribution the basis for entitlement to care in the future. To avoid burdening or “burning out” caring helpers too strenuously, it is often necessary for many helpers to be involved. Ideally the care receiver is able to manage such care, provide direction, and take charge. Many examples of such persons exist, but obviously better provisions, including guardianship and protective services, will be required for some elderly women. As our whole society “ages in place,” consideration and rearrangement of gender role expectations are needed, and especially how men of all ages can provide more care. More public discussion of issues heretofore left only to families and individuals could do even more to expand community-wide effort. Ultimately more care will also require more public monies so that mid-life...
women, who inevitably bear a disproportionate burden of this work, are not unsupported.

In addition, there are inevitable social and cognitive reasons for nursing home admissions. Women enter nursing homes largely because social support services are lost, not available, or have been exhausted. Institutionalization, as measured by length of stay in a skilled nursing facility or a hospital, is found to have a strong relationship with living alone (Wan and Weissert, 1981; Townsend, 1965). Except for post-hospital stays, admission of women over 65 is rarely only for health reasons. No wonder states have taken the initiative in recent years to divert and deter such admissions, to develop group homes and adult foster care, and alternative living settings in which home health and personal care can be provided more economically and efficiently.

Whether such alternatives meet the physical, social, and emotional needs of frail and elderly women or their family caregivers, especially those 85 or older who require “institutional” care now, remains to be seen. States’ initiatives in this regard, just as in their determinations of guardianship, bear very close scrutiny because of the extreme dependency and vulnerability of elders who are at their mercy. The cost-saving motivations of state Medicaid programs for reforming long-term care, and alternative living settings in which home health and personal care can be provided more economically and efficiently are lost, not available, or have been exhausted. Institutionalization, as measured by length of stay in a skilled nursing facility or a hospital, is found to have a strong relationship with living alone (Wan and Weissert, 1981; Townsend, 1965).

Federal Initiatives

The latest federal government long-term care initiative has been to recognize that “supportive services” that will allow people to return home after hospitalization are needed in subsidized congregate housing. The National Affordable Housing Act appropriates $10,400,000 in FY 1992 for HUD to initiate some pilot supportive service programs in Section 8 housing for 1,500 seniors. It also allocates $26,100,000 for HUD and FNMA to provide services to persons in HUD 202 and Section 8 congregate housing, including coordination of Older Americans Act services (Dolbeare, 1991, pp. 20–23). These initiatives are long overdue, but pitifully small.

The problem with proposals to enhance “supportive services” in congregate housing is the source from which such “extra” resources are to come in today’s fixed budget environment. The federal funding for the Older Americans Act nationwide has eroded relative to the growth in the population needing services. Strains on state Medicaid and Social Service Block Grant monies have yet to recover from the devastating cuts they suffered in the early 1980s. Although most states are now funding much more, the focus of service has become increasingly “medicalized” and services have become means tested. Further, the effects of the recession of 1990–91 continue to whip saw most states. Reeling from revenue shortfalls of all kinds, they are still reducing home care, personal care, respite, day care, and home health services. This means eligibility limits are more restrictive, cost controls limit the number of visits or services allowed, co-payments and deductibles are required, and outreach is trimmed. Obviously, in this environment, the service that could make it possible for many women and their caregivers to remain decently and comfortably at home will be denied. In such a zero-sum game, with continual cutbacks instead of new federal monies from a progressive tax base, new supportive services in congregate care, or anywhere else, can only come at the expense of persons already being served. Unfortunately, cutbacks in Older Americans Act services (rationing), and state Medicaid programs throughout the 1980s have so eroded the base of services for everyone that without new monies, coordination and case management is rather superfluous. Meeting the needs of the growing elderly population at home in the next decade becomes an increasingly elusive ideal.

Unfortunately, residential care or nursing home placement, even when it is inevitable, is sometimes a source of terror and dislocation for many women. The legacy of the Poor House still haunts today’s institutions.

Many resemble an acute care setting more than home-like and normal living. A recent proposal by Rosalie and Robert Kane (1991) observes that the austere environment in nursing homes has been created by regulations and structures developed for medical care settings. We could alter this environment by separating the government reimbursement through Medicare and Medicaid for housing and medical care. This reform would assume first that one lives in a home, and secondly, that medical and nursing care are provided there. This presumes that residents move “into the home” with their own beds, chairs, and other furnishings for daily living that provide security, and that they continue to use them there.

The Kanes’ proposal highlights the rigidity in our present institutions and formal home care services, that invariably favors medical, routinized, and production-oriented regimens over the social, individualized, and personalized care and support that most human beings prefer. Inevitably, reforms of our institutional long-term care system will require that policy makers address the deficiencies of our housing system for poor people.
lower-cost alternative to nursing homes is obviously affordable, adapted, assisted, and socially supportive housing. Older women know better than anyone the profound lack of vision and commitment our nation has shown to that basic alternative.

Conclusions and Recommendations

So, what can women’s housing advocates do about problems of such gravity? And what can governments do more vigorously and effectively?

A first task would be to understand better how women are coping now with housing hardships, in the short term and over time. Research is needed to identify key hardships for older women. Much more should be known about the housing preferences of mid-life and older women, and their possible options. Annual national panel surveys of older women, controlled for income and marital status, monitoring residential transitions might be one way to enhance such knowledge. The experiences of older women in the current tight housing market would be especially informative. Such baseline data will be increasingly important in the future. Women’s experiences documented on a longitudinal basis, along with data on their changing housing preferences, would yield new knowledge.

It would also be informative to explore with women’s organizations members’ interests in planning their own future living arrangements and the adaptations they are currently making to their own environments. Such investigation could anticipate the kind of security the next generation of older women can truly expect. Documented in a longitudinal fashion, middle-aged women’s plans, preferences, and choices could be particularly useful to researchers interested in housing choices and normal aging.

Research is also needed to assess which types of assistance work best in the home, how such arrangements might be created for low-income women, and what arrangements work best in settings usually composed largely if not entirely of women. The increasingly gender-segregated experience of old age needs to be addressed very directly by gerontological research. Models of communities composed in different ways could test, or at least track, the advantages of various age, household composition, income and lifestyle combinations. Reciprocal models (barter economies or “care credit schemes”), whereby services are exchanged for reduced rent, need to be tested, as do various adaptive arrangements as researchers learn to integrate personality types with housing design, and long range community planning. Such data will be valuable to consumer markets as well as to policy makers.

The social aspects of shared living are just as important as the community and structural design of physical space. The increasingly gender segregated experience of old age will be an integral, and one hopes, vital part of that experience for us all.

Note

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References


AHS: see U.S. Department of Commerce, American Housing Survey.


