ENVIRONMENTS FOR THE AGING TO LIVE

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This book is the result of an investigation into an architectural problem and the process of producing a solution. The specific problem is the need for quality environments for the aging to live. In the following chapters is a description of the problem, an outline of the research which was needed to understand the problem, the process which leads to a solution, and finally a solution to the problem.
Architecture, in its most basic sense, is the solution to problems. The problems are unique in that they require a physical, constructed object in order to be solved. It is in the definition of the problem and the understanding of the relevant problems that produces quality, socially relevant architecture. The problems are physical, psychological, and social in nature. This is because these are the forces which determine how people behave in spaces. Therefore it is only through an understanding of this behavior that the problems can be properly defined and therefore properly solved.

The problem which I chosen to address is the need for environments for the aging to live. Inherent in this statement are four main issues directly tied to human behavior which are each addressed in this chapter. These issues are need, environments, aging, and living.

THE NEED

The need to solve an architectural problem is usually established by a client. For example, a family will need a
larger home, an expanding business will need an office building, or a city will need a museum. I have chosen to address a social need; society needs environments for the elderly to live. There are four main factors which have brought about a need for quality environments for the aging to live as outlined in Norman Blackie’s essay entitled "Alternative Housing and Living Arrangements" (77-79).

The first factor is that the elderly population is increasing at a faster rate than the rest of the population. From 1956 to 1980, the number of elderly (over 65) increased at a nearly three times greater rate than the rest of the population (under 65). Projections by the U.S. Census Bureau indicate that there will be over four million more elderly in 1990 and nearly nine million more in the year 2000 than in 1980.

Secondly, the elderly live in old substandard housing. Over 50 percent of elderly homeowners and 10 percent of elderly renters live in dwellings built after 1970.

The third factor is that inflation has hit the elderly who are on fixed incomes especially hard. The elderly comprise 39 percent of all homeowners with incomes less than $3,000.00 and comprise 27 percent of all homeowners with incomes between $3,000.00 and $5,000.00. 61 percent of all elderly single homeowners have incomes below $6,000.00.

Lastly, there has been a change in housing preferences by the elderly in the last 25 years. Independence in the living arrangements is a consistent preference.

ENVIRONMENTS

As defined in Webster’s dictionary, the environment is the "External conditions which determine modifications in the development of organic life." In the same way, the built environment can determine modifications in people and influence them. Thus it is necessary to understand the relationship between people and the spaces they use. We must understand how people are affected by the built space and, conversely, how people and other environmental factors affect the built space. The other environmental factors such as public opinion, taste, culture, etc. can have substantial effects on the built environment and its ability to succeed. It is, therefore, very important to consider the entire environment when designing a part of it so that the balance remains in the end.

In designing environments for the aging to live, I have considered issues from city planning to handrail design (see chap. 3, patterns). One major aspect of the environment is the culture which is incredibly complex. It is only through the aid of social scientists and other
specialists that architects can be expected to be able to address these issues.

For example, in the U.S., society tends to see elderly as an unproductive element of society. There is a general fear of growing old. The typical nursing home is a direct architectural response to these attitudes. In a society where productivity and the ability to "make it on one's own" are valued traits, the elderly are forced to retire and cease being productive. What is needed is an attitude change so that the years of experience of the elderly are put to use and seen as an asset. These types of changes are impossible for any single person to achieve yet the architect must consider these broader issues as they will affect his design.

AGING

The word aging signifies a process. In designing for the aging, it is important to realize that the aging are a group of people who represent a diversity of abilities, goals, values, and personalities. There is one characteristic which singles out the aging as a group. In his essay entitled "Social Insights and Sensibilities", Steven Cohen describes the term that reflects the dominant theme for the aging which is "loss". He describes how losses have affected the aging physically, socially, and psychologically.

-Physically-
Aging people experience usually multiple losses including loss of vision and hearing, impaired mobility, loss of defense against illness, loss of strength and endurance, loss of physical attractiveness (by prevailing societal standards), and more.

-Socially-
Aging people have experienced a combination of loss of job through forced retirement, loss of income, loss of relatives and friends through death, loss of security of the old neighborhood now changed, loss of a meaningful parent role, and more still.

-Psychologically-
Aging people experience loss of memory, loss of self-esteem, inability to adapt readily to change and stress, a need to cope with the depression which derives from the accumulation of losses, and more (Cohen 11).

The designer must create environments for the aging which minimize the losses and maximize the gains which the elderly have learned through years of living and learning.

LIVING

It is through the maximizing of the
gains that the elderly can continue to live. Living in this sense is much more than maintaining a pulse. To continue to live, a person must be stimulated. Albert Mehrabian, an environmental psychologist, talks about the importance of stimulation and arousal in influencing human behavior. Hardworking people who have worked in fairly high-load environments are often disappointed when their retirement comes. Even the most resourceful people have difficulty dealing with the drastic load change which can possibly bring arousal down to levels associated with boredom and depression which is prevalent among the aging. Of course, there are those people who welcome the prospect of less stress and more peaceful activities. In any case, arousal levels must rise to a certain level before any projects will be undertaken, and certainly before socialization can take place. A depressed person will not suddenly jump up and play a round of tennis or make friends. Mehrabian states that "a great deal of the senility attributed to the aged can be explained in terms of insufficient social stimulation. A person must constantly interact with others to maintain his skills, whether these are manual, social, or intellectual" (Mehrabian 308). The physical environment can help to maintain a higher level of arousal as it can encourage those types of activities. This will give the aging the opportunities for growth. They are then in an environment which encourages life and liveliness.
As I have stated earlier, it is essential in behaviorally-based design that there is a concrete understanding of the specific behavior patterns and their design implications. For the aging, this information was gained through questionnaires, interviews, and literary research. Following is a summary of the findings from the questionnaire with the full results in the appendix, summaries of the interviews of six aging persons from Muncie, and finally a list of "Patterns" which were based primarily on literary research.

**QUESTIONNAIRE**

The questionnaire was part of a study completed with the help of Jay Bolsega. The purpose of this study was to investigate how living arrangements for the aging affect their quality of living. The hypothesis that was researched was that congregate dwellings for the aging help promote socialization, interaction, and independence with a congregate housing model and an independent housing model as two basic housing arrangements. In order to test this hypothesis, we
examined two different types of facilities. The original intention was to study group type congregate facilities, those types in which a certain number of living units share services such as kitchen, bath and living spaces against facilities in which each unit has its own kitchen, bath, dining and living spaces. The study of a group congregate facility became impossible as no such facilities exist in the area. The arrangement which seemed most similar to the group congregate type and which is located in the area was the residential care type where the residents eat together in a central dining space and share bath and shower spaces.

The majority of the information required would be obtained through the use of a questionnaire which was distributed to residents of each type of facility.

Three facilities agreed to be involved in the study, two elderly apartment type facilities and one residential care type facility. Gillespie Towers, located in Muncie, and Southdale Towers, in Anderson, were the two apartment type facilities studied. Flinn Memorial Home, located in Marion, was the residential care facility studied.

The questionnaire allowed me to get information from a large sample of people (approx. 100 responses). A sample questionnaire, the results, and an in-depth analysis of the results is contained in the appendix.

The questionnaire brought about a realization of the importance of independence to the aging who are characterized as being "set in their ways". There is an inherent dichotomy in their situation due to the fact that they have become so independent-minded yet their dependency increases with an increase in losses as described in chapter 2. This finding had effect on the hypothesis on congregate dwellings and their real applicability in environments for the aging to live. In many circumstances, a hybrid housing model (a blend of the congregate and independent models) must be formed.

The questionnaire also brought to light the importance of the concept of home. The elderly want and need a place which they can call home. Therefore, they need a definable space which is occupied solely by the resident and must be personalizable and some-what self-sufficient.

The questionnaire proved very informative yet interviews were needed in order to bring the information to a more personal level which is the essence of my research.

INTERVIEWS

I located six elderly persons with
the help of the Area Six Agency on Aging in order to more fully understand the people I was dealing with. The experience of sitting in a kitchen and talking with the "client" helped tremendously in gaining a better understanding of how they really felt and what they really needed. They were Hazel Ernst, Mildred Funkhouser, Carl Goebel, Richard McCarthy, Dully Sherman, and Sherman Stevens. The six people were all living independently yet could be considered slightly dependent. They were financially lower - middle class, and ranged in age from 67 to 91. Below is a brief introduction to each of the six people.

HAZEL ERNST

Hazel is 91 years old and presently lives alone in a one story house which she raised a family in. When first purchased, the house did not contain indoor plumbing and was very small. She takes great pride in all the improvements she has made to the home. These include: a carport, bathroom, 9X12 living room addition, awnings, and aluminum siding. She spends much of her day sitting and watching television. She is generally lonely and is actually contemplating getting married again to offset this.

MILDRED FUNKHOUSER

Mildred is 74 years old and presently lives in a house which her son has partially converted into apartments (upstairs). She has lived in this house for 25 years and has been in Muncie since she was 18. She is blind in one eye with center vision only in the other. She has a fear of falling because she "gets tottery sometimes". Her poor eyesight limits the activities she can still partake in. Mildred has a very pleasant disposition and has a hearty laugh and a constant smile. She listens to recorded books, reads her mail with a large magnifying glass and generally does her best with her situation. She spends a lot of time in a well lit kitchen that overlooks a busy pedestrian and vehicular intersection.

CARL GOEBLE

Carl is 83 years old and presently lives small one room apartment with a small bathroom. In the room is a small stove and a sink and counter along one wall, a dresser, a desk, and a hide-a-bed couch. He has a quick mind and a sharp memory and spends much of his time writing poetry. He is very proud of his poems which he recites from memory to anyone who will hear them. He uses the front porch of the house, which is just outside
his room, in the summer and has a view of a busy street.

RICHARD MCCARTHY

Richard is 67 years old and presently lives in a two story house on the outskirts of town with the upstairs unfurnished and closed off. He had a bad infection in his foot which disabled him for a while. He is a hard working type who wants to be productive. "Some people thrive on work; I've known nothing else. I want to go out and work till I drop." He spends much of his time sitting at the kitchen table where he has views of a busy street and the television in the living room which is always on. He has two cats to keep him company. Before his wife died, he used to operate a fruit stand on his front yard and sell fruit and other odd items like framed pictures and antiques.

DULLIE SHERMAN

Dullie is 81 years old and is presently living in a one story house which she moved into with her second husband. Her granddaughter is now staying with her. She can not move around very easily due to poor circulation in her feet and she fears that she will need to go to a nursing home. "I'm afraid that I will have to go into a nursing home. I don't want to, but I'm not doing no good." Her eyesight is poor and she finds it hard to do anything anymore. Her sister would like her to move to Kentucky but she said she thought she was too old to move. She often gets very lonely. She has two sons who are 59 and 62. She spends much of her time in a recliner in a dimly lit living room with a television in front of her. She still does some cooking. "When you get old you have to do a lot of different things you don't like."

SHERMAN STEVENS

Sherman is 87 years old and lives in a mobile home. The mobile home has ample space for his needs and he is completely satisfied with it. He has a few friends who live in adjacent mobile homes with one in particular who looks in on him everyday. He spends much of his time watching television, and reading the newspaper. He favors living in the country and hopes to move out to a farm and live with some friends. His health is generally poor with some heart trouble. He too is often very lonely.

Loneliness characterized all six people. They are isolated and are generally at low states of arousal. Efforts must be made to enhance and promote socialization among the aging in order that stagnation does not occur.
PATTERNS

The idea for these patterns was inspired by the work of Christopher Alexander in his work "A Pattern Language". The following is Christopher Alexander's definition of a pattern. "Each pattern describes a problem which occurs over and over again in our environment, and then describes the core of the solution to that problem in such a way that you can use this solution a million times over, without ever doing it the same way twice" (Alexander). The patterns which he developed are seen as archetypal in that they reach to the core of the problem so that solution is a part of human nature and can be applied universally. The patterns listed below are not necessarily archetypal. More accurately the patterns listed below describe and attempt to solve some problems which confront the aging specifically. The list is not all-encompassing or complete and the patterns each are open to debate and criticism.

1 CITY SITE

"The city is a potentially favorable environment for old people" (Byerts 51).

The inevitable decrease in mobility with age means that the elderly person will find it more difficult to travel regularly and obtain the things he needs. "With no nearby (one-to-two blocks) shopping, no easily available transportation, no recreation facility for essential socialization, no health and welfare services, the most beautiful apartment becomes merely another home for the fit, and hence useless for the majority of us who decline with age (Cohen 12). When an elderly person cannot obtain necessary services he needs he loses his independence which leads to a loss of dignity and self-esteem.

"Planned concentration of the elderly should be carefully located near public transportation, senior activity centers, grocery shopping, drug store, medical and social service facilities; within walking distance" (Lawton 233). It is often the case that the city or neighborhood center has all or many of these services thereby making an excellent location for elderly housing.
Therefore:

Locate concentrations of the elderly close to services at the city core but make certain it is still part of a neighborhood.

2 AGING MIX

* * *

The elderly have a lot to offer other age groups and conversely other age groups have a lot to offer the elderly.

Today’s society has a negative attitude toward the elderly and aging. I believe that if the elderly were intertwined with other age groups, the interaction would be a positive step toward reducing this prejudice. Powell Lawton states that "most older people will prefer to live in a neighborhood with a normal age range (291)."

It is also important to realize that some elderly prefer to live and interact with peers. In Lawton’s studies, he found that thirty percent of the elderly in an urban sample would prefer living among middle-aged and older adults only. The ideas of variety and choice are of tremendous importance here.

Therefore:

Concentrate a portion of the elderly in the neighborhood center close to services and allow the density of elderly to lessen and spread into the neighborhood.

3 NEARBY PARK

* * *

The opportunity for the elderly to be outside and walk, relax or play is vital for their overall fitness.

A common green area is important to the enhancement of any neighborhood. In "Reflecting User Requirements in Designing City Parks", Thomas O. Byerts has shown how a favorably located city park can represent an extension of an older person’s dwelling. The park offers an outdoor space where the elderly can "watch the world go by". A park border that allows one to sit in a green area while still affording a view of active...
pedestrian and automobile traffic is a favored location for the elderly (Lawton 244).

Paths should be arranged to allow elderly to take walks of various lengths, since walking is a major exercise activity for the elderly. Benches should be arranged along the path with varying degrees of privateness. The benches should have arms and be high enough so that getting out of them is easier. Some benches should be "L" shaped to encourage socialization.

There could also be included facilities for card playing, chess, checkers, shuffleboard, etc.

Therefore:

Within walking distance of the concentration of elderly there should be a nearby park with a wide variety of spaces capable of supporting an Aging Mix (2).

4 COMMON VEGETABLE GARDEN

* * *

Vegetables are an excellent source of nutrition.

The creation of a common vegetable garden would help foster independence and help create a deeper sense of community.

There are three aspects of this idea which are important as illustrated by the title. These are gardening, the growing of vegetables, and common or community effort.

The elderly have a special interest in gardening. Gardening allows the elderly person to get outside and work with his hands and produce and nurture something. It allows him to work his muscles, to set goals, to see results of his efforts which enhance his feelings of usefulness and productiveness.

By making the garden for vegetables, the gardeners are producing something that is useful. The vegetables would be an important part of a well-balanced diet. They would also cut down on food expenses which is important to the older person on a fixed income. The surplus vegetables could be distributed to the main dining area or to other neighbors who are not gardeners. This would further enhance the feeling of productiveness of the elderly.

A large common garden would promote social interaction and thereby enhance the sense of community. The care for the garden should be the responsibility of the people who use it. The gardeners would use a private portion of the common land, the size of which depends on the
amount of land they desire and are able to maintain.
Therefore:

Allow for the development of a common vegetable garden which is managed and worked by the elderly and is nearby and centrally located.

5 CHAPEL

An important aspect in the life of the elderly is their religion.

As people get older there is often an increase in the importance of religion in their lives. If this is due to an increased awareness of the fact that death is eminent or an increase in free time or a combination of both is unclear. The elderly need a place for worship, prayer, and reflection. A small chapel would satisfy these needs. In order to accommodate all the residents, the chapel should be non-denominational and available for use by a wide variety of denominations. The chapel should be a special building which is part of the central concentration of elderly in the aging mix (2).
Therefore:

Place a chapel as an integral part of the concentration of elderly in the neighborhood center.

6 DEGREES OF PRIVATENESS

People will not feel comfortable in their private space unless it is organized around a shared semi-public space.

People need variations in the spaces in which they live. There is a need for three different types of spaces which are based on degrees of publicness. The three are the private, semi-private, and public. The private being occupied by one person only, the semi-private is shared by persons who have adjacent private spaces and are known to each other. The public space contains strangers.

In "designing for aging", Sandra
Howell emphasizes the importance of all three spaces using a typical double-loaded corridor type housing as an example. She found that when there is no private space, such as having shared rooms, the residents establish personal domains in the corridor which are fiercely guarded. When there is a private space but no semi-private space residents use the corridor as social space. And when both private and semi-private spaces are provided the corridor becomes public. This suggests that if any of the three types of spaces are missing, the function of the others are lacking.

Howell goes on to state the importance of the relationships between these spaces. The semi-private space must occur between the private and the public spaces. She makes the analogy of a residence where if we think of the private space as a house, the semi-private space as the front porch, and the public space as the street, the relationship is obvious; house - porch - street. For these spaces to be perceived as existing they must be in this particular relationship to one another.

It is also important that there is some type of transition between each type of space so that there is a clear understanding that a different type of space is being entered.

The semi-private space forms the nucleus of the home. It should be arranged to promote socialization without forcing it. Consistent with the idea of choice and variation this space must promote a variety of degrees of publicness. This space could include a small common room (10), activity alcoves (11), and a common dining and kitchen area.

Therefore:

Arranging spaces around a common area which leads to the public realm.

7 INDEPENDENT COTTAGE

* * *

Some elderly prefer to live alone

Some of the more independent elderly can afford and would enjoy a house of their own. Many no longer have the ability to maintain a large house or need the size of house that was needed to raise a family. Thus the house should be very small, and on a smaller scaled lot. There should be a variety of degrees of privateness (6) and a room to entertain
guests. There should be a space to watch the world go by where interactions with the street life can occur, such as an outdoor patio and a window space (12). These small home could be adjacent to the elderly persons' relatives' home. They, therefore, should be spread throughout the neighborhood to help form the aging mix (2).

Therefore:

Create the option of small, private, independent cottages for the elderly with a view toward the action of the street.

8 ELDERLY CLUSTER

* * *

Elderly face a dichotomy of being forced into independence by the moving of children, dying of spouses and friends, and changing neighborhoods and at the same time growing more dependent for services due to the aging process.

"After years of living in a single-family residential environment, elderly people often prefer sharing a home-like environment with age peers" (Rush 59).

The elderly cluster is a type of congregate housing. "The theory behind congregate housing is that many older people can maintain a large degree of independence if they have the social support of others" (Morton 64). There is also a sense of security in having people around who can watch out for each other. Security can be of utmost importance to the elderly in the elderly cluster. It is essential that the cluster contains a variety of degrees of privateness (6).

The number of people housed should remain small. Pastalan states that "the loss continuum indicated that with increasing age, an individual's world shrinks so that over time one's ability or willingness to master relationships with larger numbers of people and/or larger or more complex spaces decreases."

Macsai based his elderly "neighborhoods" in a nursing care facility on the "expert testimony that no more than 8 to 10 elderly can interrelate." Depending on the circumstance, this number could possibly increase slightly.

It is extremely important that this be designed as a home. If possible it should be owned by the residents as this is important in creation of a home and gives the resident a sense of pride.

Therefore:
Group several elderly under the same roof to form a community of peers. Give special attention to private spaces so that the residents are not forced to share anything.

9 PRIVATE ROOM

* * *

No one can be close to others without also having frequent opportunities to be alone. (Alexander 669)

In order to maintain a sense of dignity and independence, a person must have a private, personal space. In the studies of Alton J. DeLong "private rooms decrease aggression and increase cooperation" (85). DeLong goes on to state that if a person is not supplied with an easily defined space of his own he will establish a territory as his private space which will be defended against intruders.

The need for a private space requires that the person be allowed at least a room of his own which is separated from the public areas. This room has special significance to the older person. Howell states that "for the older person, the living unit is container for daily activities and a storehouse of experiences and memories" (129).

According to the degrees of privateness (6) this space should be located next to the small common room (10). The proximity of the room to the common space would determine its degree of privateness; either adjacent to the common space or secluded off by itself.

The degree of privateness of a room affects the activities which should take place. The private space should contain provisions to accommodate at least the following activities: sleeping, reading, socializing, working on a horizontal surface, storing, caring for plants, washing, and grooming.

A usable bed (14) is needed for sleeping, reading, and socializing. A chair to read, work, socialize, with a view outside possibly in a window space (12). A desk for crafts, writing letters, etc. with space for a wheel chair underneath. Plenty of storage space for clothes, books, non-spoiling foods, decorative items, and memorabilia.

Lawton found that satisfaction with storage space was highly related to general satisfaction with purpose-built housing. Lawton emphasized the need to "maximize storage space since the feeling of maintaining ties with the past is
vital of self-esteem" (248). The storage should be located so that the elderly person doesn't need to reach too high or stoop too low.

In John Macsai's discussions with the elderly he concluded that "individual bathrooms are a necessity and not a luxury" (32). This includes a sink, a watercloset, and possibly a bath or shower which are all accessible to persons in a wheel chair. Special care should be taken if a bathtub is required, to insure safety. Accordion-type doors are easier for the wheel chair user than hinged doors.

Howell emphasizes the need for an entrance transition from the "outside world" to "home" which acts as a formal entrance where there is an area for display and possibly a seat. There should be the opportunity to view the semi-private space without committing oneself to entering it.

Macsai states some small but significant items which should be included: faucet and controls are handier on the side of the sink; switch plates should be painted to contrast with wall colors; furniture should have no sharp edges; trap under lavatory should be insulated.

If possible the private room should extend into the out of doors into very small private gardens.

In a nursing care situation where most residents need assistance by the aids when showering, adequate bathing facilities must be planned with privacy and dignity in mind.

A warning device in case of emergency that informs relatives, police, a medical center, or the appropriate persons who would help. This way the elderly aren't afraid of something going wrong if they are alone.

It is of utmost importance that the resident be able to choose wall colors, curtains, bed spread and sheets or pillowcases, etc.

Therefore:

Provide a private room for every individual which will accommodate all functions in order to preserve a person's dignity and independence.

10 A SMALL COMMON ROOM

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A place is needed where people who live together can sit, read, watch the world go by, play cards, etc. as an intimate group.
It is often the case where the elderly leave their dwellings because they feel they are isolated from society. It is obviously vitally important that a person can feel that he or she belongs to a group such as a family. For any type of group - whether a family or a group of friends - to survive there must be constant informal contact among its members (Alexander 618). This can happen in a common room to interact.

This space's function would be similar to that of a family room in a typical house. It should be situated so that people have to make a special trip to go there or so that it is broken up by circulation. It should therefore be located just off the path between the private rooms and the entrance.

The relationship to other spaces is important. It should be located near the kitchen and dining area because these are also rooms where interaction is important and it can be supported by the use of other adjacent spaces such as activity alcoves (11).

There should also be an outdoor extension of this space where conversation can take place outside on pleasant days.

The television should be located in this room since T.V. watching has been found to be a major activity of the elderly (Howell 146). Care should be taken so that this does not become solely a T.V. watching room. It should be arranged so that other activities could go on uninterrupted by the T.V.

Several easily movable armchairs and 30" high tables could be densely located in the space as required keeping in mind that "the elderly prefer densities of people and objects that are nearly intolerable for the normal American populations" (Delong 85). Alton Delong states the importance of density in socialization. Delong writes "the pattern of cluttering is very important in the organization of space for the elderly." The reasons for this are "heightened peripheral visual stimulation, increased tactile movement, greater kinesthetic awareness, and a sense of closeness that is so important in interpersonal transactions" (85). Therefore this room does not need to be as large as one might expect.

Therefore:

Create a single small common area for every group of residents and place it tangent to the major paths in the building.
11 ACTIVITY ALCOVES

* * *

The elderly involve themselves in many activities which need a semi-private space but are not appropriate for small common room (10).

There are several activities such as hobbies, reading, planting, doing the laundry, etc. which can be situated around the small common room to reinforce its use as a social space. The space need only be large enough to accommodate the activity and should be open to the common room but also have some degree of enclosure.

Alcoves allow people to act as a community without everyone to be involved in the same activity. These alcoves could be of unlimited variety depending on the needs of the residents. Some examples are:

Workshop alcove

This could accommodate a wide variety of handiworks and would require a good size work surface with shelves within reach of it.

Laundry alcove

Doing the laundry involves a lot of waiting time and could easily become a social activity. People don't like to leave their laundry unattended. Steps should be made to minimize the noise resulting from the washer and dryer. There should be room for ironing and folding clothes.

Greenhouse alcove

Gardening is a leisure activity which the elderly especially enjoy (Howell 150). By placing a greenhouse next to the common room (10) it can become a social space. It should be located on the south side of the building to maximize solar gain. It should have access both from the common room and from the outside near the common vegetable garden (4). Ample storage should be provided for gardening tools.

Therefore:

Create small places around the outside of the common room where a variety of activities can take place. Make some of the alcoves large enough for two people to sit, chat, or play.
12 WINDOW SPACE

Sitting, reading, and observing are primary activities of the elderly.

These activities require a special defined space. The window is of primary importance to the elderly. It should be placed so that it looks out onto activity and low enough so that a seated person can view outside. The light from the window is used for reading and should therefore be contoured by drapes or blinds. A planting window (13) should be incorporated into an alcove which forms a defined space enclosed partially on three sides. The window space can be used to break up the living space in a private room (9) or form an activity alcove (11) in the small common room (10). To help define it as a separate space, give it a lower ceiling height.

Therefore:

Create window spaces which have a window on at least one side and are large enough to fit a large recliner.

13 USEABLE BED

The bed acts as the center and largest piece of a person’s private room.

The private room (9) needs to be a flexible environment with multiple choices and the large bed must be positioned as to maximize useable space. The bed should be placed along a wall providing maximum free floor area.

The bed should also be utilized as a sitting area with the addition of two deep upholstered bolsters. If possible the bed could be a hospital type with the following features: height suitable for sitting, elevation of either head or foot. The bed should be positioned so that it is not in direct view of the entry.

The view from the bed in lying-down position should encompass the window as well as the most interesting and personalizable walls in the rooms (Macsai 27).

Therefore:

In a private room move the bed against the wall and allow it to be used for more than sleeping.
The elderly have a special interest in gardening.

People enjoy having plants, if even a few, in their homes. Plants and flowers help to personalize a space and give it homely qualities.

The design of typical windows does not take into consideration any special uses of the window sill. The window is an ideal place to set plants in order to receive maximum sunlight and beautify the room. The sill should be at least six inches wide and not more than 2'-6" from the floor to allow for seeing outside (Mendelssohn). There should be an allowance for drapes or blinds for privacy, appearance, heat, and glare. Shelves can be located underneath the sill for books, planting materials, memorabilia, etc.

Therefore:

Make the window sill large enough to set plants on and low enough to see out of.

Without a careful concern for details, elderly housing will fail.

Below is an incomplete list of details which must be considered in designing for the elderly.

The main door to a private space should have a visual reminder that inside a human being resides with needs of privacy such as a personal door knocker, name plate, etc. There should be the opportunity to see who outside the door without opening it, therefore provide at least a security peephole but preferably a sidelight or overlooking window or a combination of these.

Full length mirror to encourage continual concern for grooming.

Carpeting that is thin enough for wheelchair use and carpet tile removable when damaged by the incontinent where appropriate.

Lever type handles instead of doorknobs.

A place at the entrance to place packages while looking for key.
Raised electrical outlets.  
Greater color contrast is needed for clarity.  
Signs should be placed at 36 to 52 inches with white letters on a dark background.  
No abrupt changes in lighting intensity. Avoid pools of light and dark areas.  
Contrast in color of stair treads and risers.  
Water fixtures with either separate hot and cold levers or clearly designated temperature flow indicators.  
Full turning radius for wheel chair users in bathroom and kitchen.  
Therefore:

Be sure to take special concern in design of details in order to minimize the effect of the physical, social, and psychological losses that the elderly have incurred.
An important part of my thesis was the investigation and application of a design methodology. My design methodology and philosophy stem from the idea that quality, relevant design a direct resultant of the social, contextual, and psychological forces inherent in the project. I will attempt to describe what I think architecture should be and why I believe the above statement is true. I hope to do this by addressing three issues; The nature of architecture, art vs architecture, and architecture today.

THE NATURE

As I stated in chapter two, architecture in its basic sense is the solution to a problem or more likely a series of problems. Of course, architecture in reality is, and should be, more than just the simple solution to a problem. There are actually three levels in the basic structure of architecture; the physical, mental and spiritual.

The first structures man built were solutions to the problem of shelter from the elements. This is architecture at the
level of the beaver’s dam or a bee hive. With this as the first and basic stage of architecture, I do not intend to undermine this level of architecture. On the contrary, I believe that if much of modern American architecture would only succeed on this level, it would be drastically improved. The complex functionalism of the honeycombed bee hive has a certain natural beauty and truthfulness. In order to create an architecture which is true to itself and society it must in the very least be true to its physical nature. A structure’s physical nature is dictated by the forces of its environment. These include the need for a place to work in, sleep in, talk in, call your own, experiment with or in, be stimulated in, etc. The physical nature of a building is not limited to the simple ambulatory functions of a space but is deeply rooted in feelings of a space.

The next level of architecture correlates directly with the mental nature of man. The mental ability of man lies in his ability to reason. It is at this level where the builder asks himself "what more can this building become?", "what is a roof and what can it be", or "what is a wall and what can it be". The failure of modern architecture was that they asked these questions before they discovered the physical nature of the structure.

The third level is the spiritual. Architecture at this level has created some of the most awe inspiring and truly significant spaces in history. At this point the architect asks "How can I make people feel, how can I move the soul?".

The design process which I have employed emphasizes a strong foundation in the physical level of architecture.

VS. ART

What is the difference between art and architecture? The answer lies in the fundamental nature of architecture as described in the previous section. It is the physical nature of architecture which sets it apart from art. The forces which make up the physical nature of architecture are inherent in any project. On the other hand, the only things which are inherent in an artist’s work is the canvas, the paint, or the block of stone. These do not inspire the artist to create. He will look for inspiration in other places. The architect can not afford to do this. His inspiration is in front of him; in the culture, the site, the people, and the environment. The physical nature of architecture is the fundamental difference between art and architecture and without the realization of this fact, architecture will never fit society.
TODAY

The idea of an architecture that fits its society seems to be a European one. When we think of an architecture that is in harmony with its people, we think of Italian villages, Greek towns, or English cottages. This vernacular architecture was designed and built by people who understand the physical nature of architecture because they lived and breathed it. The question now is "how can we achieve this harmony and fit in today's complex, quickly changing society?". This is a question which has no quick easy answers. Could it be possible that the only way to a harmonious architecture is through the vernacular process of trial and error and time tested beauty. This process is only possible in a very slow changing, stable environment. Could it be that we are experiencing a type of "future shock" where we can not keep up with our rapidly changing environment? Does an unharmonious architecture just accurately reflect an unharmonious society? These questions, and many others, could not be answered in a single thesis yet they illustrate again the incredibly complex nature of architecture today.
The end result of a problem solving process is a solution.

THE SITE

In finding a solution to the problem of environments for the elderly to live, it was necessary to narrow the problem down to a specific site. The site is in Muncie, Indiana and is bordered by Washington street, Water street and the White River. An important aspect of the site was its proximity to downtown and its relation to the river. This was a relationship which I felt was crucial to enhance and had a definite influence on my design. The site contains both a clinic at the southwest corner and an Ace Hardware store at the northeast corner which I saw as assets.

PROGRAM

The nearby vicinity lacks some of the basic services required to support the housing so some commercial facilities were incorporated. These added to the liveliness of the site and functioned as a draw for the river. They include: a
corner grocery, a diner, some flexible commercial space, a restaurant, a social center, a day care center, a chapel and an observation/bell tower. The housing units are typically one-bedroom units with a few efficiencies and two bedroom units.

**THE PROJECT**

The project is a culmination of many of the ideas which have been presented previously therefore it is not necessary to reiterate those points. The main overriding idea was to create a place for socialization, independence, and, most importantly, life.
VICINITY PLAN
If an architect does not have a knowledge of how a space will be used, he has no business designing it. And this knowledge can only come from an understanding of the behavioral forces acting on a project. I believe the future of architecture lies in behaviorally based design where the concern is in creating lively, innovative, quality environments.


INTRODUCTION

This report is based on a study of three elderly housing facilities in Indiana. The study was completed by Thomas Pins and Jay Bolsega and is an integral part of Thomas Pins' thesis involving elderly housing at the College of Architecture and Planning, Ball State University.

The purpose of this study is to investigate how living arrangements for the elderly affect their quality of living. The hypothesis developed was that congregate dwellings for the elderly help promote socialization, interaction, and independence. In order to test this hypothesis we examined two different types of facilities. The original intention was to study group type congregate facilities, those types in which a certain number of living units share facilities such as kitchen, bath, and living spaces against facilities in
which each unit has its own kitchen, bath, dining, and living room. The study of a shared congregate facility became impossible as no such facilities exist in the area. The arrangement which seemed most similar to the shared congregate type and which was located in the area was the residential care type where the residents eat together in a central dining space and share bath and shower spaces.

The majority of the information required would be found through the use of a questionnaire to be distributed to residents of each type of facility. Site visits with interviews of the managers of the facilities and personal observations and photographs would provide more information about the specific character of each facility.

Three facilities agreed to be involved in the study, two elderly apartment type facilities and one residential care type facility. Gillespie Towers, located in Muncie, and Southdale Towers, in Anderson, were the two apartment type facilities studied. Flinn Memorial Home, located in Marion, was the residential care facility studied.

**QUESTIONNAIRE**

This questionnaire has been developed by Jay Bolsega and Thomas Pins, Ball State Architecture Students, to investigate the way living environments affect the people who use them. This research is being funded under a grant from the Gerontological Education and Research Services at the University of Notre Dame, South Bend, Indiana. We appreciate your help in answering the following questionnaire.

Circle all the appropriate answers.

1) Age:
   A. Under 50
   B. 50-55
   C. 55-60
   D. 60-65
   E. 65-70
   F. 70-75
   G. 75-80
   H. 80-85
   I. Over 85

2) Sex:
   A. Male
   B. Female

3) Marital Status:
   A. Married
   B. Single
   C. Divorced
   D. Widowed

4) Room number ________

5) Background (Where did you grow up?)
   A. Farm
   B. Small Town
   C. City
   D. Suburb
   E. Other ____________________________

6) How do you find your present living conditions?
   A. Pleasing
   B. Satisfactory
   C. Needs improvement
   D. Other ____________________________

7) Do you have your own kitchen?
   A. Yes
   B. No

8) If yes, how often do you prepare your own meals?
   A. Once a day
   B. Twice a day
   C. Three times a day
   D. Other ____________________________

9) Which would you prefer?
   A. Your own kitchen
   B. A kitchen where you share food preparation with other tenants
   C. No kitchen with food served in a common dining room
   D. Other ____________________________
10) Rank the three activities you do most often inside your room. Use the number 1 next to the activity you do most often, 2 for the second most, and 3 for the third most.
   ____ Read
   ____ Watch TV
   ____ Visit with relatives
   ____ Visit with friends
   ____ Sit and think
   ____ Look out the window
   ____ Hobbies and crafts
   ____ Sleep
   ____ Other

11) Rank the three activities you do most often outside your room. Use the number 1 next to the activity you do most often, 2 for the second most, and 3 for the third most.
   ____ Go shopping
   ____ Go to beauty salon
   ____ Go to doctor
   ____ Visit with friends
   ____ Visit with relatives
   ____ Go for a walk
   ____ Go out to eat
   ____ Go to bank
   ____ Other

12) How many hours a day do you spend outside your room?
   A. 0
   B. 0-1
   C. 1-2
   D. 2-4
   E. 4-6
   F. 6-8
   G. over 8

13) How many of your friends live in your building?
   A. 0
   B. 1
   C. 2-3
   D. 3-5
   E. 5-10
   F. over 10

14) What spaces would you like sharing with other residents?
   A. Dining
   B. Kitchen
   C. Bathroom
   D. Shower
   E. Bedroom
   F. Lounge
   G. None
   H. Other

15) Would you prefer more group activities that involve other residents within the building?
   A. Yes
   B. No

16) What activities would you like?
   A. Sewing
   B. Gardening
   C. Playing cards
   D. Painting
   E. Cooking
   F. Community work
   G. Movies
   H. Exercising
   I. Other

17) Are you friends with your neighbor?
   A. Yes
   B. No

18) Do you like meeting people?
   A. Yes
   B. No

19) What makes a room friendly?
   A. Large
   B. Small
   C. Plants
   D. Paintings
   E. Comfortable furniture
   F. Bright colors
   G. Windows
   H. Other

Any additional comments about this questionnaire or regarding your housing would be greatly appreciated.
RESULTS

Approximately 280 questionnaires were distributed among the three facilities. Below are the numerical results of the questionnaire:

<table>
<thead>
<tr>
<th></th>
<th>Gillespie</th>
<th>Southdale Tower</th>
<th>Flino</th>
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<tr>
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<td>22</td>
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1) Age

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2) Sex

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3) Marital status

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5) Background

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6) Living conditions

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<td>31</td>
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<tr>
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<tr>
<td>needs improvement</td>
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<td>1</td>
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7) Have kitchen

| yes | 42  | 44 |
| no  | 19  |    |

8) Frequency of preparing meals

<table>
<thead>
<tr>
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<td>------------</td>
<td>------------</td>
</tr>
<tr>
<td>visit w/ friends</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>sit and think</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>look out window</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>hobbies &amp; crafts</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>sleep</td>
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**Overall totals**

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<thead>
<tr>
<th>Activity</th>
<th>Count 1st</th>
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<tbody>
<tr>
<td>read</td>
<td>18</td>
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</tr>
<tr>
<td>watch tv</td>
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<td>visit w/ relatives</td>
<td>6</td>
<td>5</td>
<td>3</td>
</tr>
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<td>visit w/ friends</td>
<td>8</td>
<td>15</td>
<td>4</td>
</tr>
<tr>
<td>sit and think</td>
<td>6</td>
<td>1</td>
<td>2</td>
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<tr>
<td>look out window</td>
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<td>1</td>
<td>2</td>
</tr>
<tr>
<td>hobbies &amp; crafts</td>
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</tr>
<tr>
<td>sleep</td>
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**Activities outside rm.**

<table>
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<tbody>
<tr>
<td>shopping</td>
<td>9</td>
<td>17</td>
<td>2</td>
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<tr>
<td>beauty salon</td>
<td>1</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>doctor</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>visit w/ friends</td>
<td>4</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>visit w/ relatives</td>
<td>2</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>walk</td>
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<tr>
<td>bank</td>
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**Preference**

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<tr>
<td>shared kitchen</td>
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<tr>
<td>common dining rm.</td>
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</table>

**Activities inside rm.**

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<th>Count 3rd</th>
</tr>
</thead>
<tbody>
<tr>
<td>read</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>watch tv</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>visit w/ relatives</td>
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<tr>
<td>visit w/ friends</td>
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<td></td>
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</tr>
<tr>
<td>sit and think</td>
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<tr>
<td>look out window</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>hobbies &amp; crafts</td>
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<tr>
<td>sleep</td>
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<thead>
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<th>Activity</th>
<th>Count 1st</th>
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<th>Count 3rd</th>
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<tbody>
<tr>
<td>read</td>
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<tr>
<td>watch tv</td>
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<tr>
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<tr>
<td>sleep</td>
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<table>
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<th>Activity</th>
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<th>Count 3rd</th>
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<tbody>
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<td>3</td>
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<tr>
<td>watch tv</td>
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<td>visit w/ relatives</td>
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<td>sleep</td>
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<thead>
<tr>
<th>Activity</th>
<th>Count 1st</th>
<th>Count 2nd</th>
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<tbody>
<tr>
<td>read</td>
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<tr>
<td>watch tv</td>
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<tr>
<th>Activity</th>
<th>Count 1st</th>
<th>Count 2nd</th>
<th>Count 3rd</th>
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<tbody>
<tr>
<td>shopping</td>
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<td>4</td>
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</tr>
<tr>
<td>beauty salon</td>
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</tr>
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### APPENDIX

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### 3b) choice

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### 12) Hrs. outside room

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### 13) # of friends in bldg.

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### 14) Shared spaces

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<tr>
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### 15) More group activities

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### 16) Preferred activities

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### Appendix

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17) Friends w/ neighbor

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18) Like meeting people

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19) Friendly room

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<td>Small</td>
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Interviews with the managers of each facility were conducted in order to learn more about the services provided, activities, rental fees, selection of residents and other pertinent information.

Gillespie Towers
Muncie, Indiana

Description:
Gillespie Towers is a seven story apartment complex designed for housing independent elderly. Shared spaces are on the first floor and include the entrance lobby, off of which is a community room and a library/lounge.

per interview with Gwenn McWhorter:

Residents are 62 or older or handicapped or disabled and pay 30% of their monthly income for rent (average of about $110/month) with the remainder of the funds being supplied through HUD. Residents are selected on a first come first serve basis, and Gillespie must keep a mix of 30% minority in order to meet HUD funding requirements. There are 97 residents; 15 on each floor except the first which has 8 handicapped units.

Services available for the residents here are a meals on wheels program which comes by one time a day at lunch, and dinner brought daily by the Area 6 Agency on Aging. A van comes by 6 days a week to take residents shopping. Activities are provided which include prayer service once a week, a ‘fun night’ once a week, a birthday party once a month and a bookmobile comes by every Tuesday.

The facility is located within short walking distance of the Meadows shopping center. All within walking distance are a bakery, drug store, grocery, and a department store.

Neighborliness is evident, according to the manager residents look in on each other and help each other if one should become ill. Gossip seemed to be the biggest problem among residents. The manager did say that the residents would prefer having self-defrosting refrigerators. The manager stated that the library/lounge is not used very often because the low seating is difficult to get out of. Also The window in this room is located too high so that a seated person cannot see the activity at the entrance.

Southdale Towers
Anderson, Indiana

Description:
Southdale Tower is a eight story housing facility which opened in July, 1981. Shared spaces are on the first
floor and include several community rooms and lounges.

Per interview with Anna May Gillette

Southdale Tower contains approximately 148 residents. There are 14 handicapped units. The facility is sponsored by the Retirement Housing Foundation and is a member of the Council for Health and Human Services Ministries Related to the United Church of Christ. The residents are 62 or older or handicapped or disabled. Their annual income must not exceed $15,000 for a single or $17,000 for a couple. Rent is 30% of their income with an adjustment for a proportion of medical expenses with the remainder being subsidized through HUD. The rent charged ranges from $37/mo. to $452/mo. There is a waiting list for admission of approximately nine months. Services for the residents include meals on wheels, evening snack, and monthly nurse visits. Activities include trips with facility owned van, crafts, puzzles, and card games (8-10 tables of euchre every Tuesday and Friday). There is a resident council which plans social activities.

There is a shopping center 3/4 of a mile from the facility. Southdale Tower is located south of the downtown in a fairly rural area. Each apartment has a balcony across its width.

Flinn Memorial Home
Marion, Indiana

Description:
The residential portion of Flinn Memorial Home is composed of two three and four story wings which radiate off a circular structure which contains a dining hall, chapel and other shared spaces.

Per interview with Bill Dodson

Flinn Memorial Home is a low-rise residential care type facility which provides both residential living and intermediate health care. For the purpose of our study, we looked only at the residential portion of the facility. The residents of this facility are mostly slightly dependent, as opposed to the independent residents of the previous two facilities. The home serves 154 residents, sixty of whom are in residential care with 10% being male. Flinn Memorial Home was established in 1905 and is now owned by the National Benevolent Association, Social and Health Services Division of the Christian Church (Disciples of Christ). Approximately 30% of the residents are members of the Christian Church and all residents must be a member of some Christian church. The rent is $25 a day.

Services include three meals a day,
distribution of medication, assistance with bathing, laundry service, and a full time nurse. There is a Licensed Practical Nurse (LPN) on the day shift seven days a week and a medication aid on the night shift. There is also nursing support from the intermediate care section if necessary. There is a small shop (The FLinn Bin) which contains basic supplies and food items. A beauty salon, small library, and several lounges are also located throughout the facility. The dining room is arranged with round tables seating four or five people and the meals are served to the tables.

Analysis

Our original hypothesis states that we believed congregate type facilities would promote independence and interaction and would be superior living arrangements compared to conventional facility types. We substituted the residential care facility for the congregate type because there are no examples of the congregate type in the area. The residential is the most similar to the congregate because it shares dining, bath, and lounge spaces.

An in-depth analysis of the questionnaire results reveal a clearer picture of the types of environments studied and the quality of life within these environments. It also results in a whole new set of questions and concerns. Following is an analysis of the significance of the results along with a few concerns generated by these results.

As could be expected the age group of the people living in Gillespie and Southdale was lower than that of those living in Flinn where the residents are more dependent. The most common age group at Gillespie and Southdale was between 70 and 75 years of age. Most of the residents living at Flinn fall are between 80 and 85 years old. At all three facilities, the number of women was far greater than the number of men, and a large percentage of these women were widowed. Information concerning the background of the residents reveal that most of the residents living in Gillespie Tower are from the city. Most of the residents living in Southdale Tower are from a small town, and most of the residents from Flinn are from a farm background.

The question inquiring about the residents' present living conditions reveal a great difference between those living in apartment facilities and those living in the residential care facility. 71% of the respondents at Gillespie described their present living conditions as pleasing, 74% of the people at Southdale responded the same way. At Flinn only 17% of the residents find
their present living conditions pleasing and 66% described them as being only satisfactory. An attempt was made to find a group in which age and degree of dependence were consistent among the different types of arrangements studied. Does the fact that the residents at Flinn Memorial are older and more dependent make them less pleased with their present conditions or is it that this type of arrangement is not the best possible solution. Perhaps further investigation is required.

A major difference between the two facility types is the kitchen which is included in the apartment types, and not included in the residential facility. There are kitchen spaces included on certain floors at Flinn but the oven burners are turned off for safety reasons. The people at Gillespie and at Southdale who have kitchens are using them. 32% of the people at Gillespie prepare meals three times a day and 50% prepare meals twice a day. At Southdale 51% prepare meals three times daily and 35% prepare meals twice daily.

There a number of benefits to one who has their own kitchen. Being that a large percentage of the elderly are women, a kitchen can be especially important. The kitchen provides a greater feeling of 'home', which was mentioned as being very important, especially to the elderly, by Anna May Gillette, the manager at Southdale. The elderly give up a certain amount of control of their own lives as they become more dependent upon the assistance of others, it is more important for the elderly to have their own things, their own home, to balance the loss of control they have over their own lives.

In response to the question concerning the preference of kitchen types, the large majority of people preferred the type that they have now. 100% of the people at Gillespie and Southdale preferred their own kitchens and 90% of the people at Flinn preferred a common dining room.

When asked to rank the most important activities inside their room, reading and watching t.v. ranked highest for all three buildings surveyed. The activities done outside their rooms are rather varied. Shopping is ranked highest for both Gillespie and Southdale, whereas at Flinn, going to the beauty salon is ranked highest. Convenience seems to be the major factor in determining these activities where both Gillespie and Southdale have easy access to shopping and Flinn has an in-house beauty salon.

The amount of interaction between the resident and the environment outside his room can be related to the number of hours the resident spends outside his or her room. At Gillespie, the greatest number, 35%, spend two to four hours
outside their rooms and 25% spend one to two hours outside their rooms. At Southdale 26% spend two to four hours outside their room and 36% of the residents spend one to two hours outside their rooms. At Flinn a greater percentage of people spend more time outside their rooms. 45% of the residents there spend two to four hours outside their rooms and 45% spend four to six hours outside their rooms. The residential facility at Flinn has two wings, one in which the rooms have their own sinks and share a stool between two rooms, and one in which bathing facilities are shared with only a sink in the rooms. The fact that some of the residents must leave their rooms accounts for more time spent outside the room. Also, the fact that all residents come to the central dining room for meals would account for another percentage of time spent outside the rooms.

Does this greater interaction with the environment outside the room cause the resident to meet others and create more friendships? When asked about the number of friends in the building the greatest percentage, both at Gillespie (31%) and at Southdale (54%), indicate they have more than ten friends in the building. The highest number of responses at Flinn indicate that 23% of the people have more than ten friends in the building and that this same percentage has two to three friends in the building. Flinn has a smaller residential population than the other two facilities and this factor alone would account for fewer friends in the building. At the other end of the scale 8% and 7% at Gillespie and Southdale respectively indicated they had zero friends in the building (although in almost all cases these same people indicated that they did consider their neighbor as their friend) while 18% at Flinn marked that they had no friends in the building. The large percentage of people with over ten friends at Southdale could be contributed to its religious affiliation and its more successful shared spaces. The religious nature seemed to enhance a sense of community and the shared spaces, which were very active, provided for more opportunities to interact.

Does sharing spaces cause one to meet and become friends with others? There are, of course, many variables, including type of space, use of space, as well as, the type of people sharing the space that would need to be considered before attempting to answer that question. Do people like sharing spaces? If so what spaces would they enjoy sharing? At Gillespie and Southdale the greatest number, 50% said the space they would most like sharing is the lounge, followed by, in both cases, the sharing of no
spaces (43% at Gillespie and 28% at Southdale). The third spaces they would like to share in both cases is the dining room. None of the respondents at Gillespie or Southdale indicated that they would like to share the kitchen, bathroom, shower, or bedroom, spaces which they now have to themselves. At Flinn the space they would most like to share is the lounge, 42%, followed by the dining room at 31%. The willingness to share spaces is different at Flinn compared to the two apartment type facilities. Whereas no one at Southdale or Gillespie would be willing to share more private facilities, 12% of the people at Flinn would be willing to share the bathroom, 9% would share a shower, and 3% would share their bedrooms. Only 3% of the respondents at Flinn said they would prefer sharing no spaces. No respondents at Flinn indicated they would be willing to share a kitchen.

Just as in the response to the question of the preference of their own kitchen, sharing a kitchen, or having a common dining room, the residents seem to prefer what they already have. The people at Flinn who share baths, showers and dining facilities are the ones who like to share these facilities. The people in the apartment type facilities that have their own kitchen, bath, living and dining areas would not be willing to give these spaces up. Are the people at Flinn truly willing to give up their own private facilities in preference of shared spaces where more people could be around, thus creating a more secure atmosphere, or are the people here just accustomed to what they have and don’t know a better situation could exist?

In response to the question of whether or not they would prefer more group activities 59% at Gillespie said no, 71% at Southdale said no, and 70% at Flinn said no. In describing activities that they prefer, exercising was highest at Gillespie, playing cards was the most preferred activity at Southdale and Flinn. Sewing ranked high for all three facilities. At all facilities activities are optional.

When asked if they were friends with their neighbor a very high percentage of people responded positively. An even higher percentage of those questioned said they do like meeting people, with only two people at Southdale responding that they did not like meeting people. When asked what makes up a friendly room, furniture was most important by the respondents, also plants and windows were ranked high.

We showed the managers a diagram of a congregate facility (see diagram) and asked the managers to state their opinion of such a facility where dining spaces and some living spaces were shared but each resident would have a room of their
own. The managers of both Gillespie Tower and Southdale Tower expressed concern. Gwenn McWhorter of Gillespie Tower stated that "they have their own way of doing things". She said that the shared spaces would not appeal to them since they are more set in their ways. Anna May Gillette of Southdale Tower stated that "the ladies want a home" and their own kitchen is vital in establishing this. On the other hand, Bill Dodson of Flinn Memorial Home said that the congregate model was "a good idea".

We can conclude that the elderly must remain as independent as possible for as long as possible and that a congregate model might be appropriate for the slightly dependent or possibly the independent who are less set in their ways. Mrs. Gillette stated concern over the mix of independent and dependent elderly. She stated "they (independent elderly) don't want nursing home type people here. She also stated, though, that a nearby nursing center is an excellent idea where the independent, intermediate, and those needing nursing care are close together but in separate facilities.

The questionnaire results, manager interviews, and personal observations have shown that overall the three buildings studied have few specific problems as a result of the architectural layout or surrounding environment. The residents are generally pleased with their living conditions except in the case of the Flinn home where the majority of people responded that their living conditions were only satisfactory. The residents at Flinn are of a different group however, as they are older and need more care. Perhaps this older age group needs a more specialized environment. The people at Flinn are just beyond being able to take care of themselves but do not yet need full-time care. The Flinn home has an intermediate care facility in a separate wing but interaction between the two units is not prominent. The people at Gillespie and Southdale are happier and this can be on account of the independence they still maintain due to their physical condition. Many of the residents there are extremely pleased with their present living conditions, and are extremely appreciative of the staff as can be seen from the additional comments they have written on their questionnaires.

Southdale Towers seems to have a certain feeling of life due to the activity that is present. There were three shared spaces on the main level, a dining room, a utility type room with table and chairs, and the lobby. During our visit, at the middle of the day, all three spaces were being utilized. There was a bingo game in the dining area, one
person sitting alone in the smaller utility room and groups of people sitting around in the lobby talking or just watching passers by, which were frequent as the main entrance was nearby. The building is a simple double loaded corridor type complex of prefabricated construction and is fireproof and quite soundproof. The people at Southdale mentioned in their questionnaires, as did those at Gillespie that they felt secure. Southdale seemed to be laid out well in its balance of density and common spaces and in the location of the common spaces. The atmosphere was relaxed and friendly, comfortable even to a visitor.

Gillespie has a more quiet atmosphere. The most often used common area is the seating area in the lobby, with the activity room being used mostly in the evening for scheduled activities. The lobby area is dimly lit and gives the feeling of being a quiet area. Activity at the main desk and at the front door wasn’t as frequent as at Southdale, the library off the entry seems unused, possibly too formal in character, although the residents do appreciate the books which are available and the visits of the bookmobile. The residents are thankful to be here and the manager stated that for many these are the best living conditions they have ever known. The tower building is L-shaped in plan with two wings of an equal number of rooms making up each leg of the L. The density is lower here than at Southdale, creating a less lively environment. The quiet feeling is in no way institutional in character but is created through the low density. This feeling is further enhanced through the dim lighting of the main lobby and the use of dark finishes which reduce the liveliness of the space. The activity room is a bright, naturally lit space on the southern exposure just off the main lobby space. Its brightness, with light finishes and shiny tile floor, at day time seems to be too great a contrast when entering the space from the lobby. One problem that was cited by residents both at Gillespie and at Southdale was that they would prefer self-defrosting refrigerators.

Of the three places the Flinn Memorial Home is more institutional in character. This quality is present mainly in the corridors which are uncarpeted and have shiny tile floors and in the use of ceiling mounted fluorescent lighting fixtures. This atmosphere is balanced by the fact that it is an older building with more of a 'lived in' quality than the other two facilities. The circular space which encloses the lobby at the first level, the dining room at the second level, the chapel at the third level, and storage and rooms at the fourth level is an interesting part of the architecture of the building. It
marks the entry and the major common spaces, creates nooks within the building which adds variety to the place and forms residential rooms of a unique character. The lobby is a unique place in itself with curved partitions that separate the round core from perimeter circulation. It is a bright space and was lively the afternoon and evening we had visited. The main desk is located there directly in font of the main entry with a sitting area off to one side with low seats used primarily by visitors. Also in the lobby is an organ which can be played at a low volume. Two residential wings, B and C radiate off the circular enclosure. Wing A had also radiated off the circular space but was older and had to be demolished. In both wings the rooms are laid out in a typical double-loaded corridor manner with a window at the end of the hall. C wing is the newest of the two remaining wings. Each room has a wash sink and shares a stool with the neighboring room. The rooms in B wing have their own sinks but do not have stools in the rooms. B wing has bathrooms at the entry to each floor and in the center. In both wings the shower and bathing spaces are shared. C wing has an open space at the center of each floor in which kitchen facilities are located. The burners of the stove are kept turned off by the management for the safety of the residents.

Dining together at Flinn is social event, some women will dress up for dinner. Residents are encouraged to attend all meals if possible. If a resident misses a meal a nurse will check up on him or her. The facility has a beauty shop, provides laundry service and has staff assistance around the clock.

Below are some implications for the hypothesis that congregate dwellings for the elderly help promote socialization, interaction, and independence.

There are two main ideas which became apparent through the research and which have direct design implications. First, the elderly tend to be very set in their ways. They are used to doing things their own way therefore they are less willing to change. For these type of people, a congregate facility with shared food preparation and dining areas would cause conflicts and limit their independence.

The second idea, which is related to the first, is that the elderly want a home. This necessitates the need for a definable space which is occupied solely by the resident. It must be personalized and self-sufficient. It needs to contain spaces for sleeping, cleaning, food preparation, dining, and socializing.

Shared spaces for the elderly are of utmost importance in enhancing socialization and security, but these
spaces must not, if at all possible, destroy the independent and home-like character of the private spaces.