

Elder Cohousing: The Epitome of Aging in Community

By Anne P. Glass

Intentional communities of elders who choose to not just live in close proximity, but also to share meals and keep a close eye on each other, have seen an upsurge in the past decade in the United States. Such communities are already well-established in northern Europe, in the forms of what are called collective housing in high-rise apartment buildings in Sweden and living groups in Denmark and the Netherlands.

These communities differ from other types of retirement communities and should not be confused with assisted living or skilled nursing facilities, because they are planned and managed by residents, and purposefully designed to promote social contact. They offer residents many benefits, including companionship, mutual support, and a better aging experience by intentionally aging together. But developing this type of interdependence can be a challenge for Americans who are taught to place a high value on independence.

In the United States, the first three senior cohousing communities opened between 2005 and 2007, in three states: California, Virginia, and Colorado. A fourth opened in 2009 in New Mexico, and at least two more have opened recently in California and in Oklahoma.

Four Unique Housing Models

I have visited and [collected data at the first four to open](#). While they share commonalities, they are all unique. Each was built using adaptations of the cohousing model, in which individuals or couples have their own homes. Typically, there is a common green space and a common house, where neighbors come together regularly for shared meals.

Glacier Circle, the first to open in 2005, is in Davis, Calif. It is the smallest of the four, with only eight units and 12 residents, the majority of whom were married when they moved in. Most of these people had known each other for 50 years or more when they decided to create this alternative to a large new retirement community that was being built in Davis at about the same time. This community also had the oldest average age of residents of all four communities, with 82 being the mean age at move-in. Residents spanned the age range of 75 to 91. A professional chef comes in to prepare common meals, which residents expanded from the original twice weekly occurrence to three times a week.

[ElderSpirit Community](#) opened in 2006 in Abingdon, Va., and is the largest of the four, with 31 units (29 on campus and two additional units in a pre-existing house on adjacent property) and 38 residents. This community is unique in that it has both privately owned homes and homes for rent; the rental homes are federally subsidized, as the founders wanted to welcome individuals of low to moderate income. ElderSpirit has drawn people from across the United States, with an initial average move-in age of 70, and an age range of 63 to 84. Compared to Glacier Circle, a much lower percentage (36 percent) of the founders were married couples. They have common meals twice a week, and residents work in teams to prepare meals.

Across the street from Wild Sage, an intergenerational cohousing community, an elders-only community called Silver Sage opened in 2007 in Boulder, Co. Sixteen units house 25 residents, with 80 percent of respondents being married. This community has targeted active adults, and as such had the youngest mean move-in age of 64, with an age range of 54 to 81. Residents have chosen to handle their twice-a-week common meals as potlucks.

The fourth community to open, Sand River Cohousing (formerly ElderGrace), in Santa Fe, N.M., has 32 residents in 28 duplexes arranged in rows forming a rectangular pattern, rather than in a circular pattern with green space in the center. The average move-in age was 69, and the age range was 63 to 81. One married couple was surveyed and the other respondents were never married, divorced (50 percent), or widowed. They share one common meal a week.

Each community has a distinct look and feel, but they share designs allowing residents to quickly get to know neighbors. Other than Glacier Circle, where each home has a garage, the communities are engineered, to varying degrees, to cause residents to walk past their neighbors' homes to get to their cars. This promotes informal conversations and monitoring as one sees neighbors coming and going. Also, common meals and meetings associated with running the community regularly bring residents together. This arrangement stands in stark contrast to the suburban subdivisions so common in America, where one can drive into their garage, shut the door, and never see their neighbors.

Another commonality is the preponderance of female residents, which range from two thirds in Glacier Circle

and Silver Sage, to three-quarters (77 percent) in Sand River, to 84 percent in ElderSpirit Community.

Measuring the Values of Community

While I have visited all four of these communities, I have an ongoing [longitudinal study at ElderSpirit Community](#), and have collected data every year since they opened. From the outset, ElderSpirit espoused mutual support as a value, and of the four communities, it has the most fully developed neighbor-peer support. The residents envision mutual support as a triangle, with being willing to ask for help; accept help; and provide help representing its three points. Residents are also expected to take responsibility for their own health. Each resident has chosen another neighbor to be his or her care coordinator in the event of illness or hospitalization.

In the ElderSpirit Community, perhaps more broadly than in some of the others, there is also an acceptance of aging and more sharing of information about aging issues. Observing what has evolved there inspired the development of a model of [“aging better together intentionally.”](#) Positive outcomes accrue by dealing with aging together through the [mechanism of communal coping](#). Beyond mutual support, there is increased acceptance of aging, less fear and social isolation, and an interdependent community. We are testing whether these outcomes also include less depression, less loneliness and fewer days in the hospital and nursing home, as well as whether the model can be replicated in the larger community.

We cannot assume that every older adult has family members who will be available to help as they age, so it is crucial to explore the option of non-kin peer support. Considering that loneliness and social isolation are significant public health problems associated with worsened health, and even mortality, ways to help connect older adults, such as through these intentional communities, will become increasingly important. This will be especially true for the baby boomers, who are more likely to be single and have no children.

In sum, as one study respondent said, “We’re different from other communities because we are looking at those realities and ... trying to help each other through them ... learning to age well together.”

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Notes

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