

American Senior Living Models in China

EXPLORING THE AMERICAN SENIOR
LIVING MODEL FOR THE CCRC AND
ITS PROSPECT IN CHINA

By Alexis Denton and Joyce Polhamus

The Continuing Care Retirement Community has long been the preeminent model of senior care in the United States. Its dominance is a testament to its stability and capacity for attracting residents because of its promise of safety, security, and lifestyle in long term care.

In China, entrants into the market are taking two approaches—starting small with a development that only provides one type of service, or starting at a very large scale with many active adult or Independent Living units. Starting small allows the owner/operator to test their operational structure in the pilot facility; however, they are unlikely to turn a profit. A large-scale development has a very large upfront investment, but the payoff is larger because of the economies of scale. The CCRC model lends itself to the mid- to large-scale development. Its future in China is not yet known, but the model is promising.

Defining the CCRC – the US model

Continuing Care Retirement Communities (CCRCs) offer some combination of Independent Living, Assisted Living, and Skilled Nursing on the same campus, providing a large range of services. CCRCs also include commons and support spaces and other wellness-focused functions such as rehabilitation and fitness centers. CCRCs can be high-rises in urban environments or sprawling developments in suburban or rural areas. Independent Living makes up the majority of units, typically 70-80% while Assisted Living and Skilled Nursing make up the rest.



Santa Teresita, Good Shepherd Cottage



Northern California Presbyterian Homes



Motion Picture & Television Fund, Stark Villa

A key distinction is that of between for-profit and not-for-profit communities. Not-for-profit communities, whose primary purpose is to provide services in line with their mission, are starting to focus more on helping seniors stay in their own homes as long as possible by offering home and community based services. For-profit communities, on the other hand, typically seek to encourage seniors to move in as early as possible and therefore market the hospitality aspects more heavily to potential clients.

CCRCs may be configured as condominiums, cooperatives, or rental communities. In condominium developments, residents buy their Independent Living unit at move in and then pay for monthly services; either amenities or care. Rental communities are becoming more and more common because there is little upfront investment, although monthly rates can be higher. More typical is the model where there is a large entrance fee and then a monthly fee. Residents don't own their unit but a portion of their entrance

fee is paid back to them when they leave the community, either at death or if they choose to move out.

Another concept is the "life care" concept where a resident pays a large upfront entrance fee in addition to a monthly fee; however, the community guarantees to cover the care of the resident if they spend down their resources. For example, if a resident lives in the CCRC for five years in Independent Living, spends all their resources on that housing and then has an acute event and needs skilled nursing, the community will pay for the care. The resident, in paying their upfront fee, is paying to guarantee care for the rest of their life.

Typically the Independent Living portion of the CCRC is the financial engine that drives the rest of the community and its services. High prices villas, duplexes, and other kinds of Independent Living apartments command very high entrance and monthly fees. There is little overhead with Independent

Living because there is not much care provided. These fees and the low overhead subsidize the high operating costs of Assisted Living and Skilled Nursing.

The greatest benefit of a CCRC is that it provides an opportunity to age in place within the building or community. When someone moves into a CCRC they are likely guaranteeing that they have a place that will care for them regardless of their health status. Typically residents move initially into Independent Living and as their health decreases or if they have an acute condition such as a stroke or fall, they move into the higher levels of Assisted Living or Skilled Nursing care. If they are rehabilitated, they can move back into their original unit. It becomes difficult when spouses live together in Independent Living and one spouse is active and healthy while the other has health issues. Spouses can live together in Independent and Assisted Living, but not in Memory Care or Skilled Nursing.

Designing the CCRC

Residents typically move into a CCRC when they are still very active and the design of the environment should reflect that. Active adults who move to a community want a living space that does not look or feel institutional and that does not constantly remind them of the future loss of mobility. The coming generations and current seniors who are paying a large amount of money to live in the CCRC typically have high expectations for design.

To address the desires of seniors to stay in one place, designers should employ principles of “Universal Design” to all types of senior care, even Independent Living. Universal design means design for everyone. One could argue that universal design is just plain old good design—it’s about making

the environment easy to use for everyone regardless of physical and mental abilities and without the need for adaptation or specialized design.

A universally designed environment is one that is invisibly supportive. The concepts of universal design include perceptibility, operability, simplicity, and forgiveness. Perceptibility means an environment communicates the information necessary to the user regardless of user’s sensory abilities. Operability means everyone can use the design regardless of their physical abilities. Simplicity means that the environment is easy to understand and use regardless of the user’s experience, knowledge, or language. Forgiveness is about design that minimizes the occurrence and consequence of errors.

It’s very hard to say that one design element improves the quality of life. Instead of singular design elements that affect quality of life, it’s more about the types of spaces offered and the overall character of a place. For example, is there wellness space offered? Is there a choice in dining venues? Does the environment feel good—is it warm and inviting with lots of detail to it? Is there a lot of natural light and are there views to the outside? Are there interesting and active things to look at? Are there a variety of common spaces that are easily accessible from resident rooms and the corridors? Are there spaces for both structured social activities and spontaneous social interactions?

The fundamentals of home and hospitality are important themes in designing a CCRC. These include connections to the outdoors, the abundance of natural light and a feel of a breathable space, variety of character and vistas, and the connections it offers to others. A resident unit is not just four blank walls but thoughtfully designed with niches and alcoves, ledges and windows, and win-

dow seats that allow the users to personalize the space, either with mementos or memory devices. Full height windows that allow vistas to the outdoors, single-loaded corridors for orientation, hierarchy of circulation and spaces to allow for public and private spaces, elements that promote independence and mobility, features that preserve dignity: those are the environmental aspects that allow home-making to take place. It is more than decoration.

Architecturally the space should also be about connections and creating community. Connections between buildings, between people, between the indoors and outdoors, and connections to the human habitat. In addition to increasing physical connections and accessibility, visual connectivity can be increased through the use of glass and transparent materials that preserve privacy, giving a feeling of community to an otherwise isolated place. Alcoves and public spaces can be warm and friendly, inviting residents, staff, and visitors to pause and

interact with their surroundings. We also design environments with a connection to nature and faith, incorporating technology to enable independence and preserving dignity whenever possible.

Current US CCRC Trends

The majority of CCRCs in the U.S. are turning their focus to the concept of the overall wellness of the residents. Whether incorporated into an existing community or added as a freestanding building, wellness centers are opportunities to attract future residents and to help current residents stay healthy longer. Including therapy programs for rehabilitation or fitness programs to strengthen the body and mind, a wellness center can be a place that attracts residents and the community at large. Wellness centers should be part of a web of similar spaces and programs in the community as a whole. In some instances it is beneficial to create opportunities for wellness in unexpected spaces, so that people can spontaneously engage in a wellness activity.



Motion Picture & Television Fund, Stark Villa



Motion Picture & Television Fund, Saban Center for Health and Wellness Villa

Flexibility is another important trend. The market is changing so operators want to build in flexibility to adjust to the future. New communities are often designed to be flexible in two ways: in unit count and in type of care provided. Units are designed to be convertible—a two bedroom unit can become a studio and one bedroom, and two studios can combine to form a one bedroom. The building can adjust to how the market demands change over time. Flexibility can also be built in by designing resident neighborhoods that are able to be easily modified. With very minor renovation, an Assisted Living neighborhood can be converted to Memory Care and vice versa.

Historically, the majority of CCRCs were built in suburban settings. The development of urban CCRCs, or stand-alone Independent

Living or Assisted Living, is increasing. Often these communities are either mixed-use at the ground level or have programs and spaces that are open to the greater community. Bringing the greater community onto the site is another marketing tool and also creates engagement and social opportunities for current residents.

With the goal of providing more personalized care in a truly residential environment, the household model for long-term care continues to be the trending model for Skilled Nursing, Memory Care, and, occasionally, Assisted Living. Main tenets of the household model include private rooms for residents, lack of institutional corridors, easy access to residential common spaces, and a high level of attention to detail in the environment.



Motion Picture & Television Fund, Stark Villa

The design of Friendship House in Tianjin, China, is a memory care project based on the household model. The building consists of three houses, or neighborhoods, one per floor. Each house is secure, will function independently of the others, and will have its own dining, living, and activity spaces. Circulation within each house is open and circular in form, with few dead ends so that residents can wander freely throughout the house. True corridors are kept to a minimum. The house's common spaces are designed to be open and flexible so that they can accommodate many different types of activities, from a one-on-one conversation to larger scale activities with all of the house's residents. These common spaces are located in the southern portion of the building to get maximum exposure to natural light. The goal is to make residents want to spend the day

in the common spaces so that they socialize with others and take part in meaningful activities, rather than being isolated in their rooms.

The CCRC in China

The CCRC as a senior care model has great promise in China, but it might look very different from the typical CCRC in the U.S. In the U.S. there are three very distinct levels of care: Independent Living, Assisted Living and Skilled Nursing. These three models evolved from regulations, reimbursement structures, and resident desires. The lines between the levels of care are clear. The lines between the different models in China do not need to be so obvious. Or there might only need to be two levels of care: Independent Living and Skilled Nursing. There may be no need for Assisted Living in China.

As someone ages in place in Independent Living, care could be brought into the unit instead of the resident moving to Assisted Living.

The benefits of a CCRC are obvious, but unfortunately there are also many challenges in implementing the CCRC model in China. Education in the benefits of the CCRC is critical for both government officials and prospective residents. Without understanding the CCRC, many people think it is merely housing when in reality it sits between housing and healthcare. In the U.S. the CCRC evolved after many years of senior care. The public was used to its concept and could easily buy into what it offers. This is not the case in China, so the public must

be educated about the model very quickly. Educating government officials is critical to obtaining government approvals. It is much simpler to get a nursing home approved in China because it is a known entity.

Although there are challenges, it is likely that the next decade will see the evolution of the CCRC in China. It will not be a carbon copy of U.S. models. Rather the culture, healthcare environment, market demand, and local operators will craft and create a CCRC model that is uniquely Chinese.

This article first appeared in Architectural Technology in April 2014.



Alexis Denton, AIA, LEED AP BD+C

Alexis Denton's commitment to exploring innovative yet practical design solutions has been demonstrated on a wide variety of projects. Her unique background in both gerontology and architecture results in thoughtful, forward thinking solutions. Her holistic understanding of both industries is paramount in translating current research and trends into useful, creative space. Alexis' responsibilities encompass all aspects of design from initial concepts to full development of contract documents.



Joyce Polhamus, AIA, EDAC, LEED AP

Joyce Polhamus has directed the architecture planning and design process for projects of all sizes including senior living facilities, new and renovated hospitals, outpatient clinics, and wellness centers. She is recognized for her commitment to providing quality design services for senior environments, and elevating the design aesthetic, providing cost-effective design solutions to support leading edge programs and services for the aging. Joyce is currently serving as chairperson for the AIA Design for Aging Knowledge Community Advisory Group.