

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.



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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.



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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.

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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.



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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.