

# Architectural Opportunities in Design for Aging

Kenneth Caldwell Interviews Joyce Polhamus, AIA



## Laguna Honda Hospital Replacement, San Francisco, 2009

**Architect:** Anshen+Allen Architects and Stantec Architects,

Laguna Honda Hospital Joint Venture Architects

**Owner/Developer:** City and County of San Francisco

**Images:** Courtesy Anshen+Allen

Unusual in housing for seniors, the remodeled and expanded Laguna Honda provides five different room types to accommodate aging-in-place. Private and semi-private bedrooms—each capable of being fitted with a small kitchenette—are clustered into “households” of 15 residents sharing a living room and a dining room. Households are grouped into “neighborhoods” of 60 residents each per floor. The renovation and replacement project includes 30 acute care beds, acute general rehabilitation, and a 750-bed skilled nursing facility. A new, modernist central esplanade links residence buildings to administrative offices and contains an aviary, cafeteria library, pool, and wellness and community center. Sustainable design strategies include high-performance windows and insulation, water-conserving air conditioning systems, and large operable windows for natural ventilation and light. More landscaping is being added to the extensive public outdoor space; ten therapeutic gardens provide opportunities for respite.

*Joyce Polhamus, AIA, LEED, is a vice president and director of SmithGroup's Senior Living Practice in San Francisco. With over twenty years of experience, she has led the architecture, planning, and design process for assisted living, skilled nursing, dementia care, wellness, and ambulatory care facilities. She is a director of the AIA's Design for Aging Knowledge Community and a member of the American Society on Aging, the Society for the Advancement of Gerontological Environments, the American Association of Homes and Services for the Aging (AAHSA), the California Assisted Living Association, and Aging Services of California.*

**arcCA:** This area of architecture, senior living, has negative connotations for a lot of people, including architects.

**Joyce Polhamus:** It could be associated with bad memories of having to put a parent or a grandparent into a nursing home. Yet, there is incredible potential in the project type, and I want to encourage more architects to pay attention to it. It is a growing area, because our overall population is aging, and we need thoughtful architects contributing their ideas. The care providers are already focused and committed to offering a high quality of life.

**arcCA:** What is a recent example?

**Polhamus:** Florida Presbyterian Homes wants to develop a unit that is flexible enough so that residents who need memory-care services or a secure environment and those who need assisted living can be accommodated together. The idea comes from the commitment to serve more people, including couples with differing needs, and to keep people together regardless of a resident's level of need.



The projects illustrated here are examples of contemporary design approaches to senior living. Avoiding an institutional feel, these residences, which range from luxury to affordable, provide attractive environments that are flexible and enduring. They represent various approaches to organizing space, but all feature high-quality materials, extensive incorporation of daylight, and responsiveness and connection to their urban context.

**arcCA:** Talk about your optimism. Why have you embraced this sector of the market? Is it because you see that there's so much room for improvement?

**Polhamus:** We're on the cusp of an enormous change. This is one of the only architectural product types that hasn't evolved much in the last fifty years. The care providers/operators themselves are making their own changes. We should be partnering with them to facilitate the changes through the built environment and to create a variety of architectural styles for users. The consumer/users are typically need-driven and often have to settle for the environment the care providers have. Why can't we help by making the architectural environment one more attraction and option for the consumer resident?

The care providers have initiated a "cultural change" movement that is going back to household models and neighborhoods with "cottage-style" living, where everybody lives and dines together in groups of nine to twelve. That's not the right living model for everybody, but it has been proven effective. For many, it sparks the desire to "live" within a home, rather than being cared for in a bed.

At the beginning when this industry was starting, it was based on medical models. It was very restrictive—what you can do, what you can't do. Many in the architectural profession didn't get involved, because it was so prescribed. But it doesn't have to be. For example, there was this idea that you can't put windows at the ends of the corridors because it creates glare. But people prefer daylight to mark their journey down a hallway. If done properly, it can be a huge benefit.

**arcCA:** Can you explain the basic types of senior housing?

**Polhamus:** At one end of the needs scale, there is independent living. Seniors in this category don't need constant care and are able to enjoy recreational and social activities with other seniors, family, and friends. Then there is assisted living, in which a wide variety of programs to assist and supervise residents are paired with the activities of daily living. Memory care is often served in this setting. Skilled nursing facilities are designed for seniors who need care around the clock. Continuing Care Retirement Communities (CCRC) combine all of the aspects I just mentioned into one mega-facility, providing all realms of care.

**arcCA:** These are all very distinct categories, though?

**Polhamus:** Yes. Code requirements are different for a skilled nursing facility as opposed to independent living. Materials in skilled nursing tend to lean toward those found in the healthcare sector. Recently, we have seen those materials advance in aesthetics and function, making it easier to blur the line between constant and independent care.

The trend has been to make the interior décor "home-like." But "home-like" is different

**Belltown Senior Apartments, Seattle, Washington, 2003**  
**Architect:** Weinstein A|U Architects and Urban Designers LLC,  
Seattle, Washington  
**Owner/Developer:** Senior Services of Seattle/King County,  
Seattle, Washington  
**Photography:** Lara Swimmer  
A few blocks from Pike Place Market in downtown Seattle, the eight-story Belltown Senior Apartments offers 25 studio and one-bedroom rental apartments for seniors earning 40 percent or less of the area median income. The emphasis is on interaction. The first three floors house Senior Services of Seattle/King County, which provides a range of social services. Meeting, multipurpose, and interview rooms occupy the street level to encourage walk-in clients and pedestrian activity, while the second and third floors house offices and a health and wellness center. Floors four through eight step back to buffer the residential floors from the condominium tower across the alley, while creating an accessible landscaped terrace at the fourth floor that includes a community garden. Common rooms on each residential floor face the street. Metal sunscreens control solar heat gain; extensive glazing lets natural light penetrate deep into office floors.



**Parkview Terraces, San Francisco, 2008**  
**Architects:** Kwan Henmi Architecture (architect), Fougeron Architecture (consulting architect)  
**Owner/Developer:** A.F. Evans and Chinatown Community Development Center  
**Photography:** Rien van Rijthoven

Occupying a prominent intersection near San Francisco's Civic Center, Parkview Terraces is designed to fit into the context of new housing and office buildings while maximizing natural light. The building consists of a six-story tower on a three-story base, with large outdoor terraces providing views to the parks across the street. The north and south façades reinterpret San Francisco's traditional bay windows in a contemporary style with angled fenestration. Although units are small, floor-to-ceiling glass gives them a spacious feel. Post-tensioned concrete floor slabs jut out from the exterior at intervals of one and two stories in order to provide visual interest at low cost. Parkview Terraces provides 101 units of affordable housing for seniors—57 studios, 44 one-bedroom units.

for everyone. The real opportunity is to go beyond the décor and make the architecture characteristic of residential design by providing a variety of styles, like in our own homes, with detail and interest.

**arcCA:** Which of the facilities is seeing the most change or the potential for it?

**Polhamus:** Skilled nursing “facilities.” They shouldn’t be “facilities,” but places where people who are frail and ill continue to live. The household model is really trying to address that and deinstitutionalize the skilled nursing aspect of senior living care. This is where architects can assist in bringing the most benefit.

**arcCA:** Interestingly enough, we have seen some award-winning design with subsidized independent living.

**Polhamus:** Locally, I think we have a lot of innovative architects working in the affordable multi-family housing arena, and it’s not much of a stretch for them to do work for seniors, especially with independent living.

**arcCA:** And why don’t more of them go beyond independent living into the other forms of senior housing?

**Polhamus:** Then you have to start thinking about a building type that can serve a wide variety of people, and you get closer to a medical model.

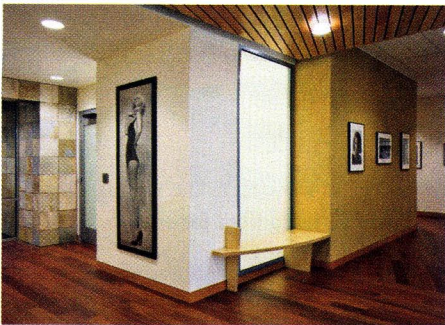
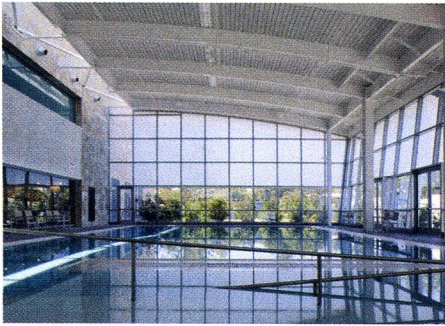
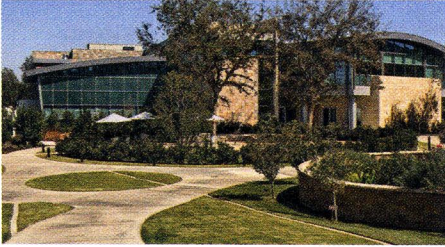
We tend to build four- or five-story apartment buildings for most independent living units, but people don’t fit neatly in those categories. People want more choice.

I think the more-independent-living environments fall back on the models that have worked in the past, as they are often driven by financing and marketing. The banks want to know that the developer has this mix of one-bedroom units, two-bedroom units, two-bedroom units with a den. The demographics drive the product type, and focus groups influence the size and amenities. The price point’s got to be this, and you’ve got to offer these amenities; there’s basically a *pro forma*.

This is fine for senior housing and independent living for the middle-class market that goes there as a lifestyle choice. But there is still a market—and a need—for people who are looking for more services further down the line. There are limited residential options architecturally when housing is combined with services.

**arcCA:** Is this changing some?

**Polhamus:** Yes. We (SmithGroup) are working with Life Care Services on a project in Roseville.



**Saban Center for Health and Wellness, Woodland Hills, 2007**  
**Architect:** SmithGroup  
**Owner/Developer:** Motion Picture Television Fund  
**Photography:** top, © Canfield; center and bottom, © Wakely

At its Wasserman Campus in Woodland Hills, the Motion Picture & Television Fund provides independent and assisted living and memory care to entertainment industry retirees and spouses. The Saban Center for Health and Wellness provides a variety of fitness programs and therapies to the campus's residents. Located at the main campus entrance between two assisted living buildings to encourage social mixing, the facility incorporates curving shapes reminiscent of old Hollywood movie studios, its contemporary design reflecting the architectural style of other buildings on campus. Materials such as stone, slate, and wood, as well as extensive use of natural lighting and views of the surrounding landscape, draw on the healing power of nature.

They are committed to making their development a place that people want to go to, not a place to avoid.

There is also no reason that housing for seniors can't be a visible and desirable part of the neighborhood fabric. Often, CCRC developments are like the corporate office park with the big cafeteria. This is one of the opportunities for architects. They can shift the consciousness about the design of these buildings into creating places that generate interest from surrounding communities, rather than looking like modified hospital/hotels.

**arcCA:** Where would you want to go?

**Polhamus:** Personally? I want to move into an upscale, modern high-rise building downtown. I want expanded concierge services in the middle of the city that would support a range of my everyday living needs. That's different from the options offered out there right now. But I suspect I am not alone.

The consumer base is growing, and they want all kinds of options and styles. We are working with the Sisters of Carmelite on an assisted living project. Because of the recession, we were able to hire a talented architect experienced in high-end hospitality and residential design. He has brought a new energy to our design team and another dimension and style. That's an example of the change I am talking about.

**arcCA:** The recent downturn may mean troubles ahead. Some people won't have hundreds of thousands of dollars to buy into retirement communities or be able to pay over five thousand dollars a month to live in assisted living. How is the market going to accommodate this?

**Polhamus:** For some time, there has been a range of product types in the senior-living industry. As I mentioned, some of the best projects have been in affordable senior housing. It's the middle class where we might see some changes in the way services are delivered. For example, people may live in apartments and select from a menu of services. Part of the problem is that people are paying for services they don't need. Why can't we separate the housing from the operations and bring more services to the client, *a la carte*? Let's just offer services as people need them.

**arcCA:** Where are we going to find these models?

**Polhamus:** We may find them in social service providers like San Francisco-based On Lok ([www.onlok.org](http://www.onlok.org)). Seniors are offered all kinds of services, adult daycare or medical, but they continue to live independently in their own apartments and are picked up in vans. In some cases, there might be a medically trained person onsite to help people with medications while they remain in their own homes. They use services as they need them.



Sun City Palace Takarazuka, Osaka, Japan, 2006

Architect: BAR Architects

Owner/Developer: Half Century More

Photography: ©Steve Hall/Hedrich Blessing

(See cover photo, also.)

Nestled into a hillside and reached by a private lane that passes through mature trees, Sun City Palace's 285 independent living units are organized around five landscaped courtyards of different sizes, proportions, and designs, which help with wayfinding and provide the public spaces with garden views. Residential units are arranged along single-loaded corridors; all have southeast or southwest views to maximize daylight, and half have views overlooking Osaka. Interiors blend east and west, with warm wood, light-colored stone, woven raffia, and decorative glass, as well as non-institutional furnishings and fixtures. Amenities include a wellness and rehabilitation center, a wide range of dining spaces, men's and women's traditional Japanese baths, massage rooms, and an indoor swimming pool. A large multipurpose hall hosts performances and subdivides for meetings and banquets.

**arcCA:** So you're suggesting that the economic downturn will push us to find new ways of delivering services?

**Polhamus:** Or adapt existing methods for new audiences.

**arcCA:** What about style? There has been a prevalence of Cape Cod, it seems.

**Polhamus:** To think that there is one style that older people want is condescending. When we designed different phases of Stark Villa for the Motion Picture Television Fund in Southern California, they wanted something contemporary. In West Los Angeles, we also brought a different, contemporary style to a skilled nursing facility for the Veterans Health Administration. There's room to bring different styles in. Consumers want variety.

**arcCA:** What about the smaller complexes? What's the architectural challenge there?

**Polhamus:** These complexes cluster houses with everything in a single story and a big, spread-out footprint. They end up looking like a giant ranch house, and they're not architecturally interesting. But they could be. They don't have to look like suburban houses.

**arcCA:** So you have more flexibility with large institutions?

**Polhamus:** Sometimes, yes. The Veterans Health Administration, for example, puts a lot of resources into research. They are focused on state-of-the-art care. Their image isn't one of an oversized house. And yet they are sensitive to making the campus not feel like an institution.

**arcCA:** And we're not just talking about being medically state-of-the-art. We're talking about the living patterns and social patterns?

**Polhamus:** The connections to the outdoors, the sequencing of spaces, the social interaction. In the future there is going to be a lot more dialogue among the operators, because these baby boomers are going to continue to be a demanding and vocal demographic. ●

