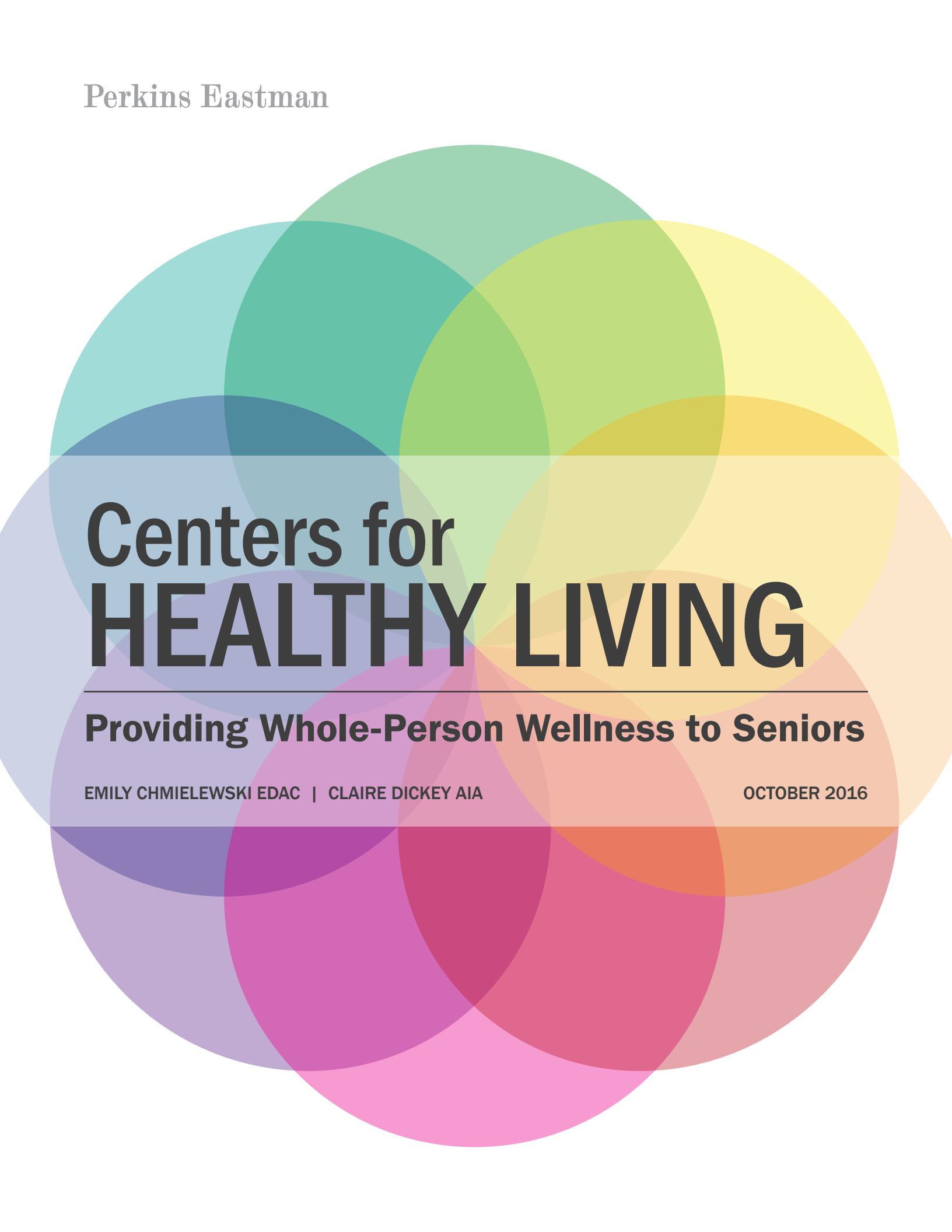


Perkins Eastman



Centers for **HEALTHY LIVING**

Providing Whole-Person Wellness to Seniors

EMILY CHMIELEWSKI EDAC | CLAIRE DICKEY AIA

OCTOBER 2016

Perkins Eastman

Perkins Eastman is an architecture, interior design, and planning firm with almost 1,000 employees and 15 offices around the world. Creativity. Humanity. Purpose. These words shape our firm's core mission and create a practical framework for us to fulfill our role as advisers, planners, architects, and interior designers. By bringing our professional skills and a deep understanding of our clients' mission, business model, and operations, we can partner to benefit the quality of life of the people who live, work, play, learn, age, and heal within the environments we plan and design. Creative design guided by humanity, purpose, and innovation results in a better quality of life and responsible environmental stewardship. This leadership team brings extensive experience to each project and focuses on the issues that lead to success and innovation. The Practice Areas include: Civic and Cultural, Commercial Mixed-Use, Healthcare, Higher Education, Hospitality, Large Scale Mixed-Use, Planning and Urban Design, Primary and Secondary Education, Residential, Science and Technology, Senior Living, Sports and Exhibition, Transportation and Infrastructure, and Workplace.

Perkins Eastman Research

From a long-standing commitment to advancing best practices in the field of architecture, Perkins Eastman developed a research group to better serve our clients and improve the knowledge and abilities of designers everywhere. Perkins Eastman Research assists clients and designers in creating better-built environments by pushing the boundaries of professional knowledge and improving architectural design through innovative practice-based research. By gathering and applying lessons learned, successes can be documented, major expenditures can be justified, and future designs can be improved through more informed decision-making and recognizing opportunities for innovation.

Our experience ranges from concise environmental audits that gather major lessons learned to more in-depth research studies that evaluate multiple aspects of a facility's physical environment, operations and maintenance, and building occupants' satisfaction and use patterns. We work with our clients to develop the research question(s) and a course of action that is individualized to meet the unique needs of their organization. Regardless of the scope of the project, we always work within the framework of practice-based research to create results that have real-world applications.

Table of Contents

5 Defining a Center for Healthy Living

7 Executive Summary

9 The CHL of Today

10 The Development of CHLs

11 Key Findings from the CHL Research Study

17 Case Study: The Center for Healthy Living® at Moorings Park

23 The CHL of Tomorrow

23 Key Concepts for the CHL of Tomorrow

28 Models for the Future

34 Finding Common Ground

35 Appendix A: Forces Driving the Development of CHLs

39 Appendix B: The Evolution of the Center for Healthy Living Concept

43 Appendix C: About the Research Study

47 Appendix D: Research Study Participants

71 Appendix E: Research Study Findings

81 Endnotes

84 Special Thanks



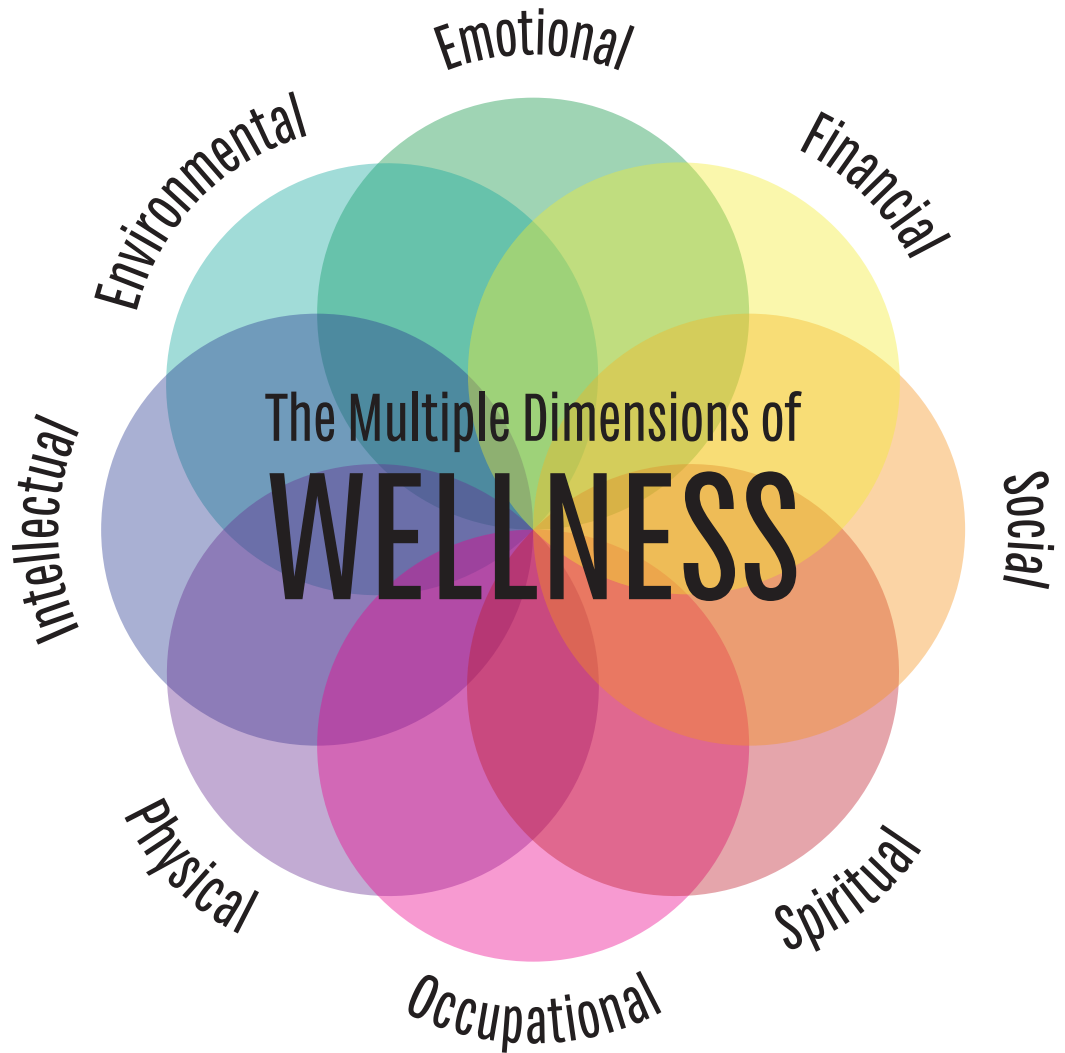
A **center for healthy living (CHL)** is a new building typology that supports seniors through all the dimensions of wellness, and may be one program and building or a collection of programs/services and spaces.



Defining a Center for Healthy Living

A **center for healthy living (CHL)** is a new building typology that supports seniors through all the dimensions of wellness; it may be one program and building or a collection of programs/services and spaces. A CHL supports the mind, body, and spirit. A typical CHL provides places for social interactions, preventative healthcare and medical treatments, wellness education, counseling, healthy dining, continuing education lectures and discussion groups, arts programming, fitness training, spa/beauty treatments, and/or many other activities and services.

CHLs are being developed all over the United States, from Life Plan Communities (formally known as continuing care retirement communities, or CCRCs) to stand-alone, neighborhood or regional community centers. CHLs help bridge the gap between the senior living and healthcare sectors, yet they go beyond the typical provision of clinic and exercise spaces to address all eight dimensions of whole-person wellness: emotional, environmental, intellectual, physical, occupational, spiritual, social, and financial.



CHLs Support the Multiple Dimensions of Wellness

Emotional Coping effectively with life and creating satisfying relationships

Financial Satisfaction with current and future financial situations

Social Developing a sense of connection, belonging, and a well-developed support system

Spiritual Expanding our sense of purpose and meaning in life

Occupational Personal satisfaction and enrichment derived from one's work

Physical Recognizing the need for physical activity, diet, sleep, and nutrition

Intellectual Recognizing creative abilities and finding ways to expand knowledge and skills

Environmental Good health by occupying pleasant, stimulating environments that support well-being

Courtesy of Konkel, K., (July 28, 2014). Addressing Spirituality and Health. *The Partnership Center Newsletter*. Retrieved from <http://www.hhs.gov/about/agencies/iea/partnerships/newsletter/072814/index.html>



Executive Summary

Centers for healthy living (CHLs) are becoming more common in today's senior living industry. By combining various programs/services and spaces that support whole-person wellness, this new building typology has evolved to address many issues facing the industry today, including longer life expectancies and the rapid aging of America; a new definition of health that considers not just living longer, but living long and well; a changing market that is interested in greater choice, opportunities for engagement, and alternatives to traditional healthcare models; the growing costs for care and changes in reimbursement; seniors aging-in-community; and the need for care/service providers to offer products that are economically, socially, and environmentally sustainable.

To better understand the CHL typology, in 2015-16 Perkins Eastman conducted a design research study that evaluated multiple built and conceptual (unbuilt) CHLs. The study found that, in addition to supporting whole-person wellness and encouraging healthy living, CHLs are being developed to address changing consumer demands, leverage partnerships, reach a greater cross-section of the community, offer greater choice, provide better interdepartmental relationships and cross-disciplinary communications, and to create a differentiator from the competition. The study also revealed that CHLs are having a positive impact on sense of community, users' quality of life and health/wellness, organizational

finances, marketing/referrals, staff recruitment/retention, program quantity and types of offerings, program attendance rates/popularity, and partnership opportunities.

The goal of the study, however, was to not only understand what existing centers for healthy living are doing, but to also look to the future and explore how CHLs might evolve. Based on the study's findings, several key concepts for the CHL of the future have been defined: The CHL of the future will utilize both the physical environment and programs/services to address all eight dimensions of whole-person wellness; it will create a seamless transition from "illness" to "wellness," with a focus on education and prevention, rather than just treatment; it will seek best practices from innovators in the design industry and across multiple sectors—converging senior living, healthcare, hospitality, and higher education; and it will design in flexibility to support diverse markets, evolving programs and interests, and technological advances. The CHL of tomorrow will also leverage partnerships and engage with the surrounding neighborhood to expand service delivery, support aging-in-community, and promote naturally occurring intergenerational interactions.

Four potential models for the future are also presented, including (1) the Life Plan Community campus-based CHL, (2) the neighborhood resource CHL that's built into the fabric of the greater community, (3) the multi-generational CHL that is focused on population health and supports preventative wellness for all ages, and (4) the virtual CHL that embraces technological advancements to redefine how services are delivered to seniors, regardless of whether they are living on a Life Plan Community campus, within the greater neighborhood, or in a more rural and isolated location.

Ultimately, the CHL of the future will act as a community hub that brings people together in a sustainable environment that fosters interpersonal connections and community vitality—whether in person or virtually. We hope that, through reading this paper, the senior living industry recognizes the value of designing for whole-person wellness and uses the information and recommendations herein to develop the CHL of tomorrow.

Navigating the Paper

In "The CHL of Today" section, we explain the various forces driving the development of the center for healthy living building typology, share key findings from a recent design research study that provides insight into what the CHL of today looks like and what outcomes are being seen, and offer a case study example of a recently built CHL. In the "CHL of Tomorrow" section, we describe key concepts for the CHL of tomorrow and offer four potential models for how these ideas may be expressed in future designs. Several appendices offer further insights and information about the forces driving the development of CHLs, the evolution of the CHL concept, and the research study's methodology, participants, and findings.



The CHL of Today

In recent years, greater numbers of senior living care/service providers are using the center for healthy living concept to incorporate an accessible destination for health and wellness programs/services into the continuum of care. Some are even developing CHLs that act as neighborhood resource centers, located in and serving the greater community, as opposed to limiting services to just Life Plan Community residents. The industry is looking to use models from the past and couple them with innovations for the future to provide spaces and programs/services that engage all eight dimensions of wellness: emotional, environmental, intellectual, physical, occupational, spiritual, social, and financial. The result of this confluence is that seniors are increasingly being empowered to live at their maximum capabilities, rather than simply managing symptoms reactively.

This section of the paper explains the various forces driving the development of the CHL building typology, shares key findings from a recent design research study that provides insight into what the CHL of today looks like and what outcomes are being seen, and offers a case study example of a recently built CHL.

THE DEVELOPMENT OF CHLS

Many factors are influencing the senior living industry today, reshaping the way spaces are designed and how services are delivered.

These include:

- **Longer life expectancies and the rapid aging of America:** With the number of older adults in the U.S. needing long-term services and support projected to grow from 15 million to 27 million by 2050, there is a distinct need to explore where and how senior services are delivered.¹
- **A new perspective on what “health” means:** The World Health Organization (WHO) now defines health to be “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.”² People want to not only live long, but live long “with good health, function, productivity, and independence.”³ CHLS can help maintain and optimize one’s health, while strengthening other areas of our lives that add to our overall well-being.
- **Changing market demands:** Today’s seniors are looking for more choice and variety, opportunities for lifelong learning, a sense of place and community, and alternatives to traditional healthcare models—particularly since many are taking on a bigger role in managing their personal health and wellness. In fact, offering whole-person wellness spaces and programs/services is frequently seen as a differentiator when comparing different senior living communities.⁴
- **Costs for care and changes in reimbursement:** Though a majority of the senior living industry is driven by private-pay, reimbursement changes stemming from the introduction of the Patient Protection and Affordable Care Act (ACA) in 2010 will continue to have an impact on how care and services are being delivered, as well as the focus on prevention and wellness that many senior care/service providers are now adopting.⁵ Preventative wellness services delivered through CHLS and other personalized, multi-dimensional wellness programs can go a long way toward bringing down costs while producing better results.
- **A need to support (and market to) seniors aging-in-community:** A greater number of seniors can be supported through industry advancements, like telemedicine and the increasing number of partnerships between healthcare systems, senior-friendly service providers, and senior care/service providers—some of which are finding a place within a CHL. Beyond being a hub for these services, CHLS are also being used to reach potential customers who may not feel ready for, or who may not yet need, traditional senior living products. A visit to a CHL by someone living in the greater community

“Wellness is a lifelong process of consciously optimizing one’s health and well-being in mind, body, and spirit.”

John Rude, President, John Rude & Associates



NewBridge on the Charles | Dedham, Massachusetts



NewBridge on the Charles | Dedham, Massachusetts

(rather than on the campus of a Life Plan Community) for events, rehab, or other services provides a window—and therefore marketing opportunity—into what it would be like to actually live on campus. CHLs may not only be a solution to senior population health, but can also be used for service delivery and marketing to a more diverse group of older adults who are aging in the greater community.

- **The desire to be economically, socially, and environmentally sustainable:** The CHL's paradigm of whole-person wellness can successfully support the three overlapping value propositions related to sustainability: economic values (e.g., up-front costs, operating costs, and return on investment); social values (e.g., health, wellness, and community); and environmental values (e.g., resource conservation, climate impact, and habitats for other indigenous flora and fauna).⁶ CHLs can have a measurably positive impact on the “triple bottom line” of people, profit, and the planet through cost savings, improved quality of life, building a sense of community, and minimizing environmental and health impacts.

We are living in a time of significant change as we address a rapidly aging society, reimagine wellness and healthcare services, and rethink traditional payment/reimbursement sources. There are many ways that designers and providers

can create value, respond to the growing senior market, improve people's quality of life, and address the market's varied interests. Centers for healthy living offer one such opportunity.

Refer to Appendices A and B to learn more about the driving forces behind centers for healthy living and the evolution of the building typology.

KEY FINDINGS FROM THE CHL RESEARCH STUDY

In a before-and-after design research study conducted several years ago on a whole-person wellness center at Spring Lake Village in Santa Rosa, CA, Perkins Eastman found an overall improvement in: physical wellness, including residents' use of fitness programs, access to wellness-related resources, and better dining habits; social-emotional wellness, with improved access to social/emotional resources and better creation and maintenance of satisfying relationships; and intellectual wellness, through greater participation in educational/special-interest classes and improved access to creative arts and intellectual resources/activities. (Refer to page 71 for more information about this preliminary research study.)

Upon seeing these results and recognizing the growing industry trend of whole-person wellness (particularly as it related to the development of centers for healthy living), we decided to dig deeper into the topic. In 2015-16, Perkins Eastman conducted a design research study that explored built and conceptual (unbuilt) senior-focused whole-person wellness centers. Our goal was to define the core elements of the CHL building typology (in terms of both programs/services and design), understand how and why these facilities evolved, learn who is building them and why, discover who is participating in the programs, and identify what outcomes existing CHLs are seeing. We developed a multi-method approach, including a literature review, interviews, surveying, and on-site observations. The following is a summary of our findings.

Refer to Appendices C and D for more information about the design research study's methodology and its participants.

The study's findings—located in detail in Appendix E—showed that there are many definitions of “wellness,” though most centered on the multiple dimensions of wellness and the interconnection of mind, body, and spirit. The CHLs we studied indicated that in addition to supporting whole-person wellness and encouraging healthy living,

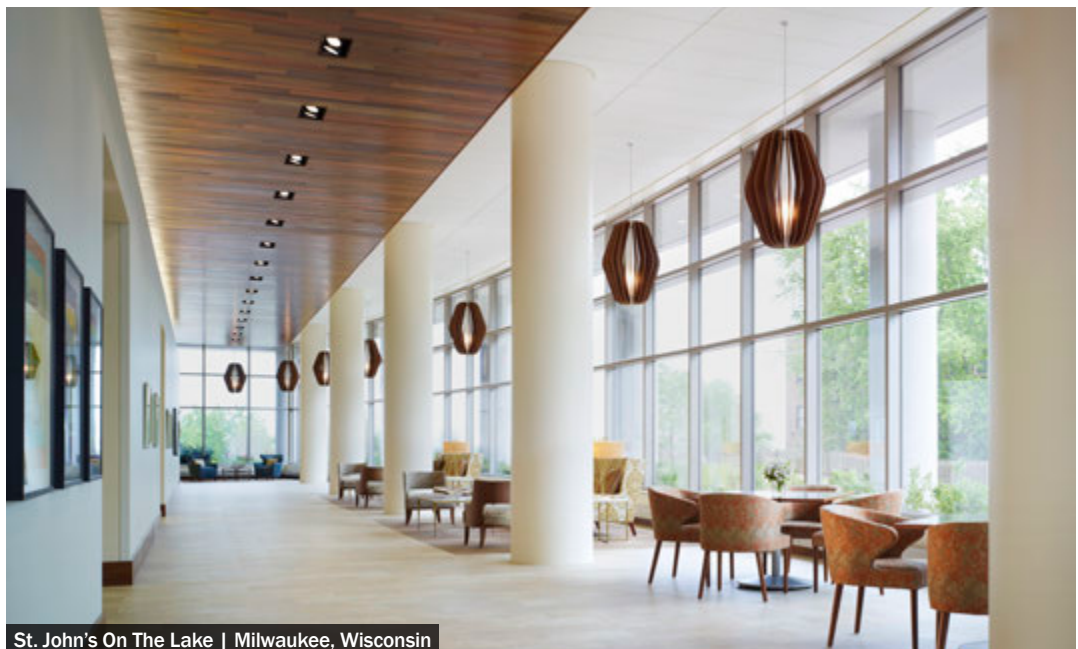
they were developed to address changing consumer demands, leverage partnerships, reach a greater cross-section of the community (i.e., non-resident users), offer greater choice, provide better interdepartmental relationships and cross-disciplinary communications, and to create a superior alternative to the competition.

To have a “successful” CHL, participants said that a personal, individualized approach should be offered to each user; programs/services ought to be varied and allow seniors to try new things, challenging them and encouraging engagement; and that the CHL's programs/services and facility must be flexible and nimble, continually adapting to changing demographics and market demands.

“With so many definitions of wellness, a successful CHL needs to be able to adjust and adapt to be all inclusive and participatory.”

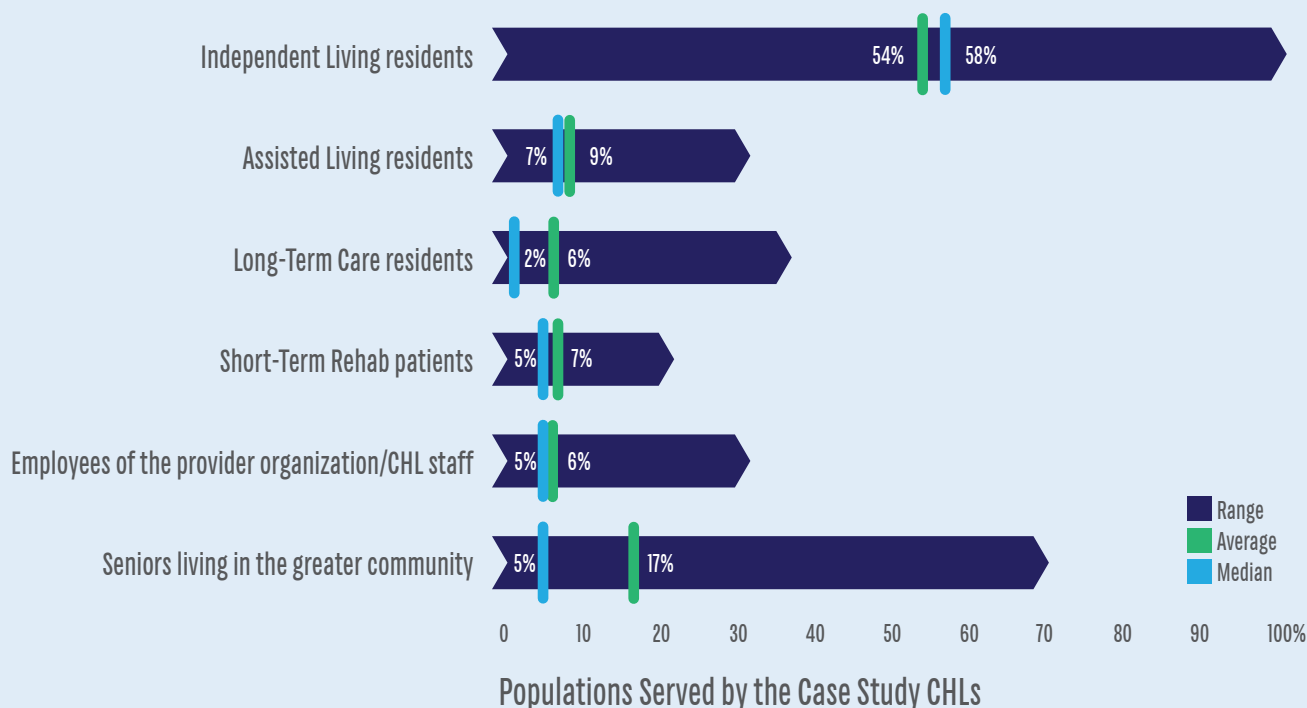
Libby Bush, Chief Operating Officer, Ingleside

The average size of the CHLs we studied was 36,776 SF (with a range of 8,000–129,460 SF). Incidentally, both of the neighborhood resource/community centers involved in the study were 10,000 SF, as compared to the often larger sizes



St. John's On The Lake | Milwaukee, Wisconsin

The CHLs involved in the study are serving a diverse group of seniors, with an average age of 80 years and a range of 65-85 years old. The people who visit and/or are served by the participating CHLs include:



of the CHLs associated with the participating Life Plan Communities. In regards to how the centers for healthy living are organized, over half of the case studies are centralized in one building. The remaining participants have decentralized CHLs, with program spaces housed in multiple locations throughout their campuses. Of those that explained the nature of their decentralization, three out of four noted site or building constraints (e.g., they used the only space available). Only one of the respondents said their decentralization was an intentional move, where spaces and programs/services were distributed in order to attract participants from different parts of the Life Plan Community campus.

Among all of the CHLs we studied, the key spatial components described by the provider participants included the following (listed in order of prevalence, from most to least number of descriptions provided by study participants): exercise equipment rooms; aquatics (e.g., pool, Jacuzzi, sauna, therapy pool); group fitness classrooms; auditoriums, large multipurpose

rooms, event centers, ballrooms; spas, salons, massage, acupuncture; educational classrooms, conference/meeting rooms; dining venues; arts and crafts, sewing studios, woodworking shops; outdoor spaces (e.g., dining, walking trails, bocce courts, fire pits, gardens); theaters; PT/OT therapy gyms; learning and technology spaces (e.g., library, “brain fitness” rooms); medical/clinical spaces; chapels, spiritual centers, quiet reflection/meditation spaces; social spaces (i.e., spaces that promote casual gathering); art galleries; and retail spaces. Respondents further noted that other key design features of the CHLs included: welcoming, inviting spaces; co-location of amenities to encourage interactions between functions/groups; easy physical access to spaces and clear wayfinding; plentiful, easy-to-access storage; and abundant natural light.

“The CHL is a good example of form meeting function.”

Celeste Lynch, Director of Wellness, Moorings Park

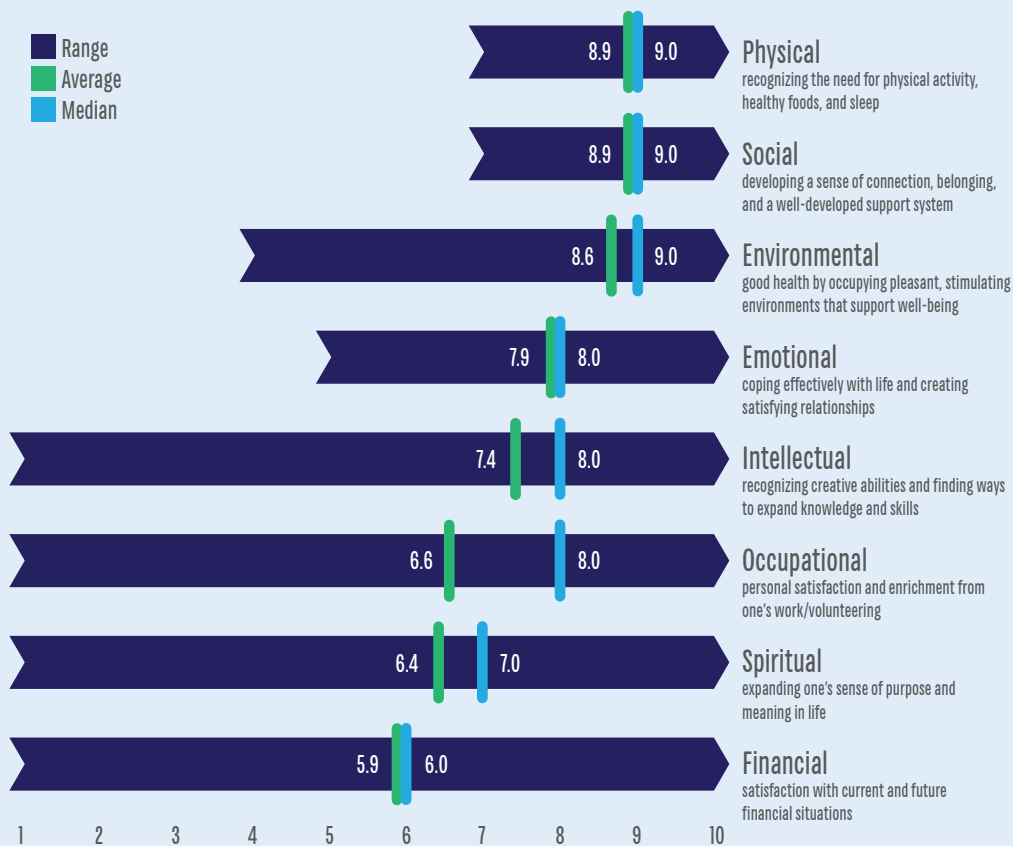
The study, however, indicated that the CHL concept goes well beyond bricks and mortar. In fact, when we asked the study participants to describe the key components of a CHL, about one-quarter only talked about spaces, whereas nearly half described only programs/services. As J. David Hoglund, President and Executive Director of Perkins Eastman, explains, “A CHL can be a place, a building, or a collection of services. It can be separated, but also needs to be seen as a comprehensive group of programs that are linked.” Key programmatic components of the CHL that were described by the study participants generally followed the multiple dimensions of

wellness, with descriptions of programs to support physical fitness, healthy nutrition, clinical and counseling services, educational programs, social/recreational activities, volunteer opportunities, and spirituality/self-reflection.

“The key is in the programming and allocating the appropriate resources to do it right.”

John G. Swanson, President, Willow Valley Living Inc.

The study also revealed that certain dimensions of wellness are being addressed more commonly, or perhaps are easier to support. When asked to rate their CHL's success in supporting each dimension of wellness on a scale of 1-10 (where 10 indicates full support), we found that physical and social wellness rate highly, but there is much greater variability among the remaining dimensions of wellness.



Case Studies' Self-Reported Ratings on the Multiple Dimensions of Wellness



Rockwood: The Summit | Spokane, Washington

“While many elders and providers do interpret wellness based on a holistic model, there’s still a tendency to focus on the physical aspects first.”

Kirsten Jacobs, Associate Director of Dementia and Wellness Education, LeadingAge

As a way to deliver programs and services, two-thirds of the participating CHLs have developed partnerships to provide medical/clinical services, deliver educational/lifelong learning opportunities, and run cultural programs/activities. A little over half of the participating CHLs have partnerships with fitness providers, and just under half partner for rehab/therapy services. A couple of sites noted they currently have no standing partnerships—though one of these, C. C. Young, used to be heavily reliant on partnerships. After nearly a decade of operations, C. C. Young now prefers running their programs/services directly, using their own staff. Denise Aver-Phillips, the Vice President of Community Outreach at C. C. Young, said that having their own staff allows better

delivery of their mission and control of customer service. (It should be noted that C. C. Young’s center for healthy living does not have a clinic component or deliver medical services.)

Moorings Park, which includes a much newer CHL, has also considered the nature of partnership relationships. Celeste Lynch, the Director of Wellness at Moorings Park, explained that partners have to be chosen carefully; it is not just a matter of coming together to deliver diverse services. All of the organizations involved must share a common goal and leverage each other. Daniel Cinelli, Principal and Executive Director of Perkins Eastman, likes to explain this as “one plus one must equal five.” In other words, one organization cannot just partner with another organization and see success. By coming together, both organizations should be positioned to offer more and attain better results together than they would achieve separately.

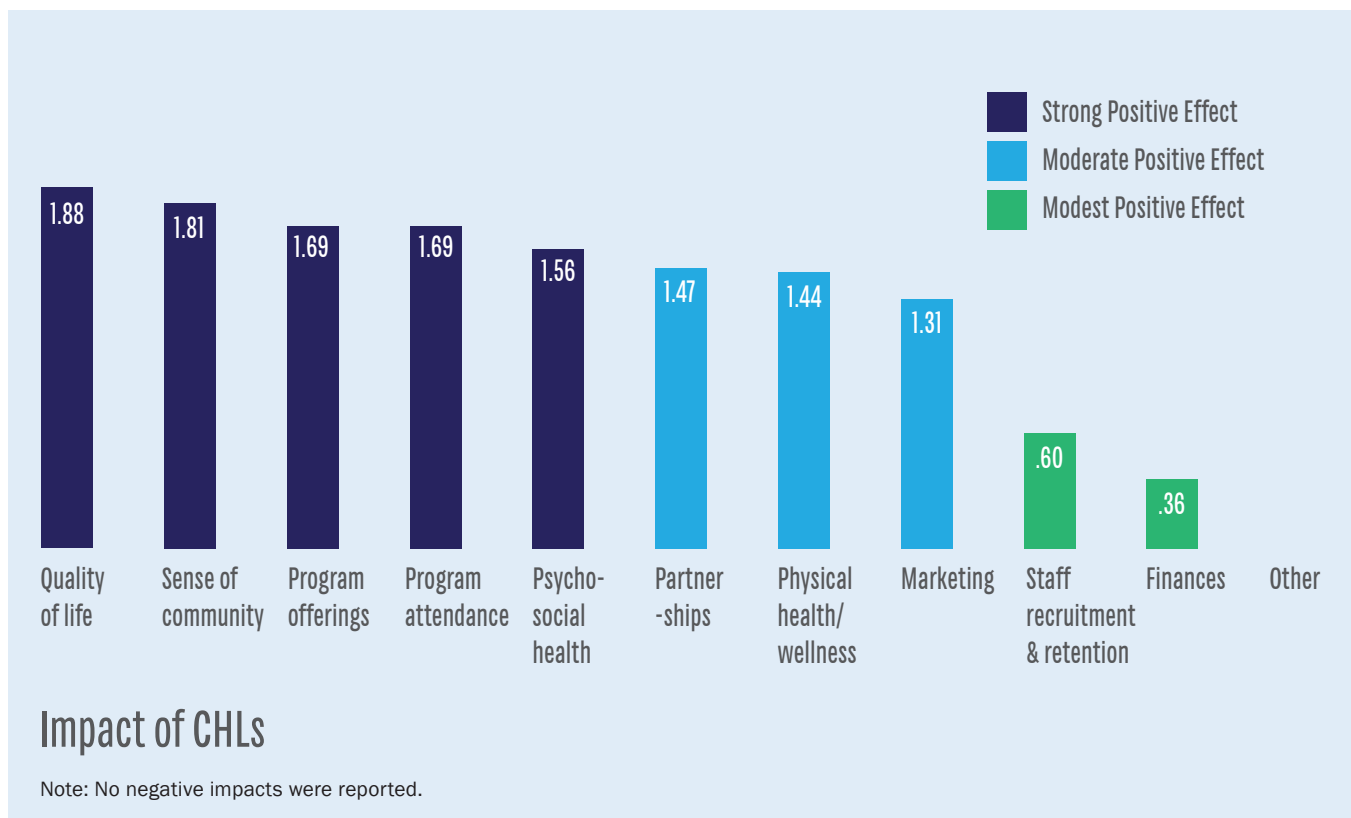
Beyond developing the “right” partnerships, the participating CHLs noted other obstacles they faced when developing their center, and also what challenges they are dealing with now that they are operating their facilities. In terms of development, the most common hurdle was having to

accommodate a tight site or limited building size, particularly when trying to fit all of the CHL's components into the allocated space. The study found parallel feedback in that the most common challenge reported by participants operating a CHL is the lack of space—many have a desire to expand their CHL to support additional programs/ services and events or a greater number of users.

Even with some challenges, the study showed that the participating CHLs are experiencing a positive impact on all the factors we asked about: the quality of life of the users, users' physical and psycho-social health/wellness, their sense of community, finances (e.g., revenue stream, preventative care savings), marketing/referrals, staff recruitment/retention, program quantity/type of offerings, program attendance rates/popularity, and partnership opportunities.

Thus, the research study shows that thoughtful development of the CHL concept can lead to many benefits for both care/service providers and CHL users—from improved overall wellness to opportunities for partnership and community outreach.

Refer to Appendix E for more detailed information about the research study's findings.





CASE STUDY: THE CENTER FOR HEALTHY LIVING® AT MOORINGS PARK

Developed as part of a larger campus repositioning effort, Moorings Park's innovative Center for Healthy Living® reflects a philosophy of wellness that is mindful of the next generation of consumers. It seeks to optimize seniors' whole-person wellness by incorporating the latest trends and technologies. The CHL is a "resident-focused, physician-based... state-of-the-art amenity that improves healthcare delivery to residents, expands knowledge of the aging process, and introduces new approaches to care that celebrate the positive aspects of aging while optimizing vitality and happiness."⁷

Wellness for the whole person—mind, body, and spirit—heavily influenced the design and programs/services of all the new components. There are seven areas dedicated to core wellness activities: a medical clinic, physical therapy space, fitness gym, comprehensive spa and salon, lecture hall/theater, classroom, and café—all located on a single floor over a two-level parking garage. There is also a retail store that sells fitness accessories, nutritional supplements, and other health and wellness-related items. Outdoor spaces, including a garden and rooftop terraces,

provide further support for visitors. The Center has an assortment of formal and informal spaces, a range of private and open spaces, varying degrees of energy level from highly charged to peaceful and meditative, and built-in flexibility that allows for a variety of capacity scenarios and future growth in programs/services.

Transparent interior dividers, such as partial-height walls, large open doorways, glass partitions, and raised planters filled with bamboo, separate the various program areas. These porous screens help define the functionally distinct areas while still allowing them to feel connected to each other. Abundant daylight also brightens the interior of the building. Nearly every space is flooded with light from large windows and clerestories that create an airy, almost ethereal effect. A tranquil and clean color palette of whites, creams, soothing blues, and fresh greens is used throughout the facility. Natural materials, such as wood and stone, softly curving leaf-like shapes, and textured wall patterns that are reminiscent of water rippling in the breeze, create a beautiful and luxurious backdrop against which the CHL delivers top quality care and service.

PROVIDER
Moorings Park

LOCATION
Naples, Florida

CHL SIZE
37,000 sf

DESIGNERS
Perkins Eastman,
Wegman Design Group

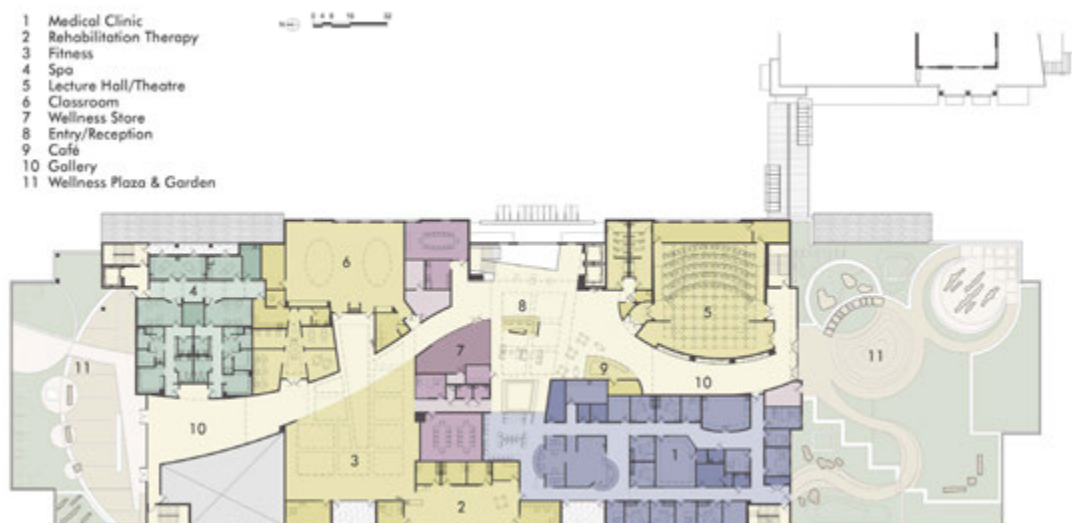
INITIAL OCCUPANCY
2013

From the user's perspective, members of the Center for Healthy Living® at Moorings Park receive high quality, person-centered care that successfully addresses multiple dimensions of wellness. Programs and services are customized to fit each resident's specific needs and interests. In addition, depending on an individual's needs, partners from several different CHL departments might collaborate to craft a multi-disciplinary care plan. For instance, a doctor working in the clinic might talk to an on-site PT/OT therapist, personal trainer, and maybe even one of the spa's estheticians to make sure workout regimens and body treatments complement each other so that the individual's specific wellness needs are met.

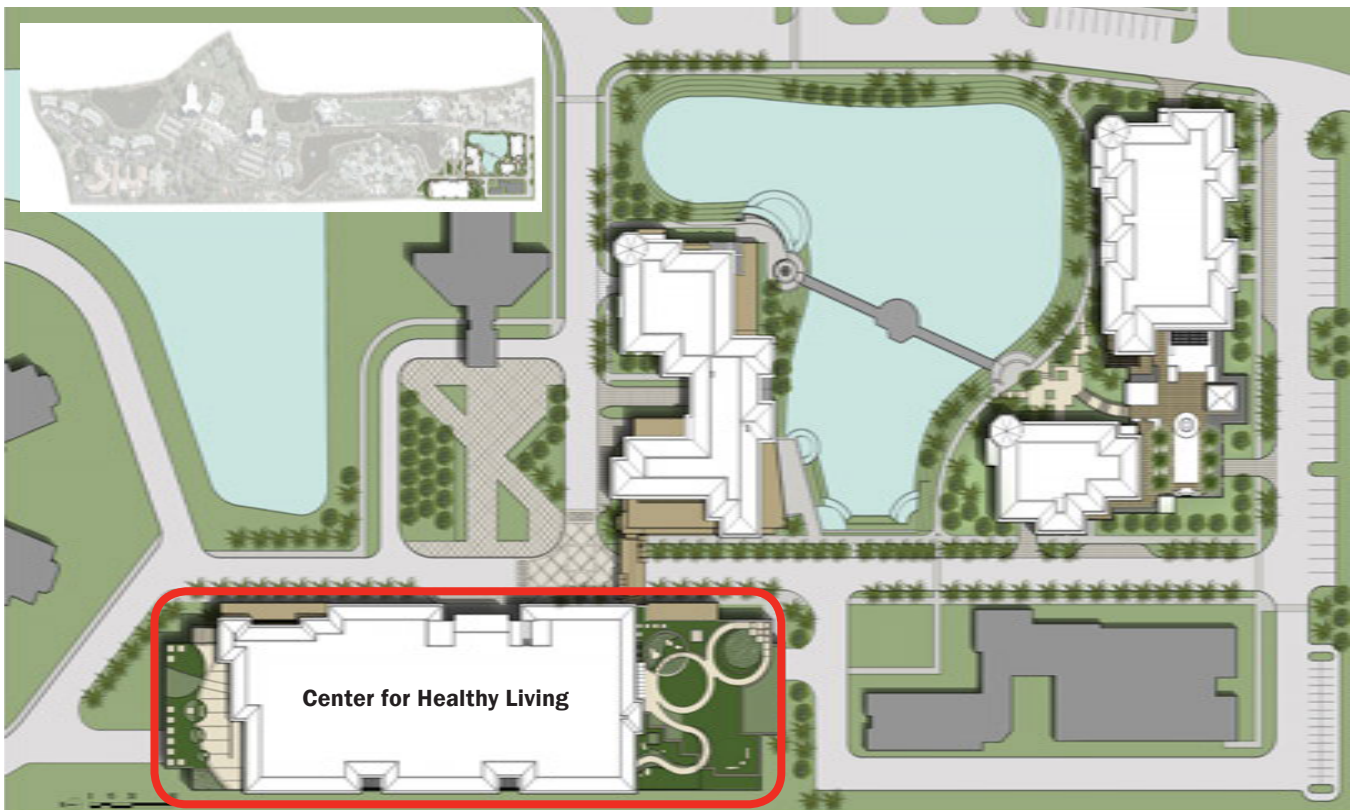
According to Celeste Lynch, the Director of Wellness at Moorings Park, resident engagement at the CHL has flourished in the three years since it opened, though she admits that initial participation and enthusiasm were low. To generate "buzz" in those first few months, she and her management team devised a series of special wellness events at the CHL to entice residents to visit the new facility. Health fairs with free fitness assessments, educational sessions, and multicultural celebrations were some of the early events they organized. Once people began coming to the CHL, however, they were quickly convinced that it was a positive addition to the campus. Now, there are occasions when even the spacious parking garage is not sufficient to accommodate demand, and weekly facility users number over 1,000 people who span the full continuum of care, as well as a number of Moorings Park employees.⁸

The research study findings showed that the Moorings Park CHL has resulted in a strong positive affect on the CHL users' quality of life, psycho-social health/wellness, and the campus' sense of community. Marketing/ referrals, opportunities for partnerships, program quantities/types of offerings, and attendance rates/popularity have also seen a strong positive affect. Even staff recruitment and retention has seen a moderately positive affect as a result of the new Center for Healthy Living®. As Celeste Lynch described in her survey response as part of our research study, since the CHL opened "overall engagement has flourished with a greater focus on well-being."

Looking to the future, Steve Brinkert, the Vice President of Resident Services at Moorings Park, envisions developing a whole-person wellness assessment tool, or "Wellness Index," for each dimension of wellness so they can have an accurate, quantifiable assessment of a person's wellness. Currently just a concept, this assessment could be used as a benchmark at the start and for comparison as individuals' indices are maintained or improved over time through the use of the CHL's spaces and programs/services. In addition, if a comprehensive wellness score was in hand, an integrated wellness team would be able to generate an individualized wellness plan with the goal of optimizing results. While Moorings Park's CHL is already positioned at the forefront of the whole person wellness movement, developing and implementing a tool like this could ensure its position as a leader well into the next generation of consumers.⁹











Rockwood: The Summit | Spokane, Washington



Rockwood: The Summit | Spokane, Washington

The CHL of Tomorrow

Our goal in conducting this study was not just to understand how existing centers for healthy living are being designed and operated now, but also to look to the future and explore how CHLs might evolve. This section of the paper describes key concepts for the CHL of tomorrow and offers four potential models for how these ideas may be expressed in future designs.

KEY CONCEPTS FOR THE CHL OF TOMORROW

It is clear from the research study findings discussed earlier that the multiple dimensions of wellness—and CHLs as a tool for delivering whole-person wellness to seniors, in particular—can have a positive impact on the lives of older adults, service/care provider organizations' bottom lines, and even the greater community. Thus, the first recommendation for CHLs of the future is to use both the physical environment and programs/services to **address all eight dimensions of whole-person wellness** (emotional, environmental, intellectual, physical, occupational, spiritual, social, and financial).

Another important consideration when designing the CHL is conceiving of programs and spaces in such a way that they **create a seamless transition from illness to wellness**. By providing people with educational and supportive programs and spaces, a CHL can facilitate people's understanding of how wellness management yields superior results to simply treating the symptoms of illness. Encouraging people to take a more proactive approach to their wellness can be difficult, however, as deeply ingrained habits can be hard to change. Fortunately, the built environment

can be designed to help. For instance, locating and designing stairs such that they are a convenient and appealing means of getting from one floor to another, rather than having to rely on elevators. Another example is locating fitness and physical therapy gyms adjacent to each other such that rehab patients become familiar with the facility and the routine, and so staff can communicate across departments. In this scenario, rehab patients are more likely to continue using the facility even after their physical therapy has finished.

The CHL of the future should also **seek best practices from multiple industry sectors**. By converging ideas from senior living, healthcare, hospitality, and even higher education, the next generation of CHLs can provide innovative programs/services within well-designed, attractive, and highly functional spaces. The natural evolution of the design industry will no doubt influence these best practices as designers apply new findings from research to the built environment, such as advances in high-performance design for ecologically sustainable buildings, new research in the field of neuroscience and architecture, and a greater understanding of Biophilic design and “well”



St. John's On The Lake | Milwaukee, Wisconsin

buildings that restore rather than harm. As the industry learns more about the impact of buildings on ecosystems, occupant performance, and people's biological and psychosocial well-being, designers will take these lessons to heart. This will improve the support of whole-person wellness in CHLs, as well as many other building typologies.

In addition to applying the latest best practices across the design industry, CHLs of the future should also **design in flexibility** to address market demands and interests that will continue to change as new generations age into the continuum, as well as the technological advancements that will further change the way services and care are delivered. Flexibility, however, does not necessarily mean creating one-size-fits-all environments. In fact, trying to fit too many functions into one space often results in a room that does not accommodate any one function well. Multi-purpose spaces need to be strategically developed such that operational flexibility is optimized, without sacrificing function.

“Aging is not about getting old, but experiencing a new phase of life. People still have the ability to develop.”

Ken Durand, Resident and former President and Chief Executive Officer, C. C. Young

Many forward-looking organizations will **develop partnerships** to help meet market demands, especially partnerships with healthcare organizations as the lines between treatment and prevention continue to blur. This was even forecasted in 2015 when a survey of nearly 200 industry providers and consultants revealed that only 10% had a healthcare partner at the time, but 50% felt they would have a healthcare partner in the future.¹⁰ However, bridging the senior living/healthcare gap will likely be driven by the senior living industry, not those in healthcare, so it is important that senior living care/service providers recognize they must be the ones to take a proactive stance toward creating meaningful partnerships.

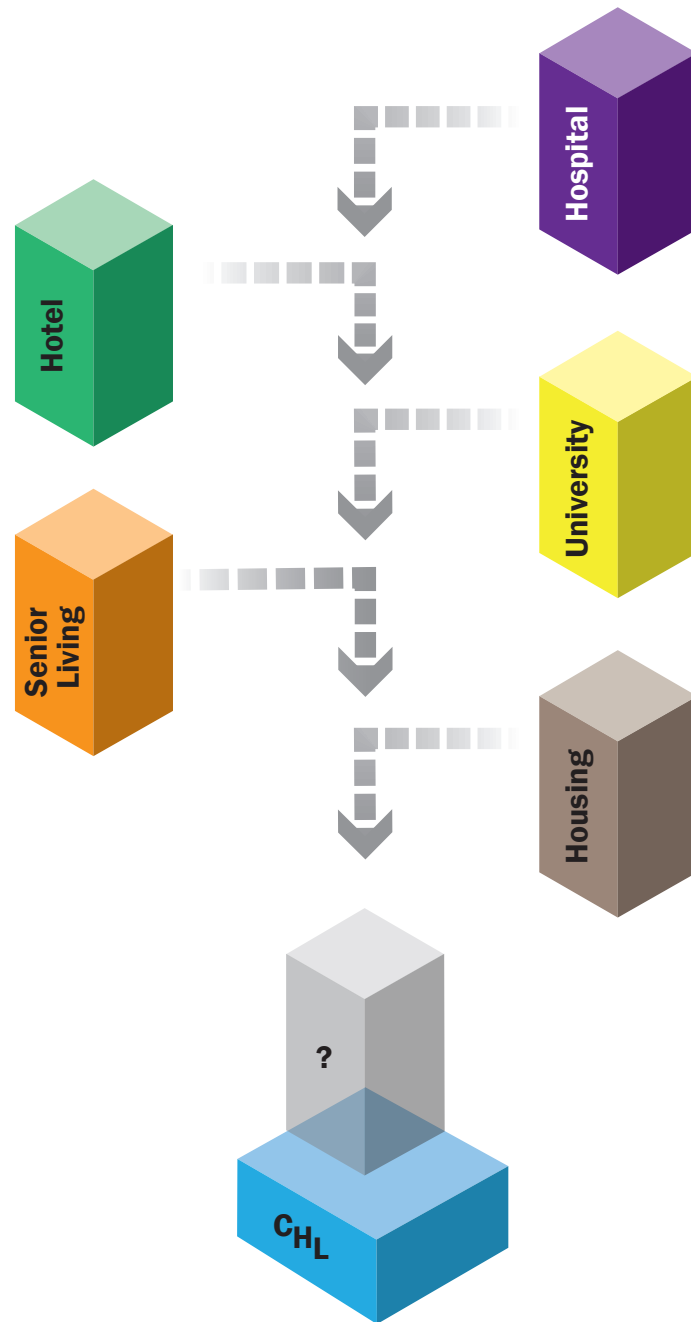
If Dan Cinelli's "one plus one must equal five" concept described earlier is put into greater practice, CHLs can be strengthened through collaborations with outside organizations, even providers not focused specifically on a senior market, such as local universities and nonprofits that can bridge services and expand delivery and expertise. As Kevin A. McLeod, President and Chief Executive Officer of Carolina Meadows, describes it, "There is an old saying: 'If you want to go fast, go by yourself. If you want to go far, go with someone else.' So, [our organization is] considering what it would mean to form alliances or partnerships with other like-minded entities that could help us have a larger footprint in terms of helping find new revenue sources, but also to generate bigger market share in the area."¹¹

Perhaps one of the biggest advantages the CHL has in the future is its universal appeal. Because the CHL has so many different components, it is relevant in nearly any setting and could potentially be paired with any number of other building

types in partnership. If one thinks of the CHL as a building that can be "plugged into," then the possibilities are endless. It is easy to imagine the CHL as part of a larger senior residential building, such as an independent living or assisted living tower. It could just as easily be part of a housing development that is not senior-specific; or even linked to a hotel, where overnight guests can use the fitness facilities, eat in the dining venues, etc. Alternatively, the CHL could be attached to a hospital, where the hospital staff works in tandem with the CHL's clinic, or helps to develop preventative, "pre-hospital" programs. A university-based CHL is also an appealing option given so many seniors' interest in lifelong learning. There would be a benefit to the university, as well. Shared resources and programmatic spaces are an obvious advantage, but there could be other opportunities, such as students gaining practical experience and/or conducting research in the CHL spaces and with CHL users. Furthermore, all of these partnerships would create opportunities for naturally occurring intergenerational interactions.



Spring Lake Village | Santa Rosa, California



CHL Can Provide a Base to 'Plug & Play' with Many Other Building Types

A CHL is the type of building that has universal appeal and applicability, which means it can be paired with any number of other building types in partnership. If one thinks of the CHL as a building that can be 'plugged into,' then the possibilities are nearly endless. Imagine a CHL as the base layer of a larger building, such as an independent living or assisted living tower, hotel, dormitory, or even geriatric hospital. Another solution might be a hybrid, mixed-use combination of more than one of these building types, i.e. a hotel/senior living/university combination. In nearly any mixed-use development, a CHL would find an eager clientele.

Beyond how the CHL can connect to surrounding buildings, CHLs of the future will also better **engage with the greater community**. This is important since research has shown that a CHL that is open to the greater community can create opportunities to leverage resources and establish partnerships, reach under-served populations, and create or maintain existing connections to the greater community.¹² Furthermore, these connections can “lower the risk of isolation, while access to amenities, health care, supportive services, and retail stores enhances [seniors’] ability to remain independent.”¹³

The design of the CHL of the future will emphasize connections to the surrounding context, be they links to immediately adjacent buildings or the neighborhood beyond its confines. Designers will consider how people from the campus and/or the surrounding neighborhood will approach the CHL—from offering enough parking spaces for community-wide events to locating key programmatic spaces that are open to the public (like the auditorium, clinic, rehab gym, dining venues, and spa/salon) near the front door, or with direct exterior access, so people do not have to travel through the rest of the building to get to these spaces. The entry experience will also be thoughtfully developed, with easy wayfinding and a lively, inviting space at the main entrance to give a positive first impression and engage visitors right away.

To an extent, many of the key concepts for the CHL of the future described in this section were seen in the facilities we studied. However, none of the participating programs addressed them all. If a future CHL successfully incorporates all of these ideas, its outcomes would likely far surpass what we have seen to date.

Five key concepts for the CHL of tomorrow:

1. Utilize both the physical environment and programs/services to address all eight dimensions of whole-person wellness (emotional, environmental, intellectual, physical, occupational, spiritual, social, and financial).
2. Create a seamless transition from illness to wellness, with a focus on education and prevention, rather than just treatment.
3. Seek best practices from innovators in the design industry and across multiple sectors—converging senior living, healthcare, hospitality, and higher education.
4. Design in flexibility to support diverse markets, evolving programs and interests, and technological advances.
5. Leverage partnerships and engage with the surrounding neighborhood to expand service delivery, support aging-in-community, and promote naturally occurring intergenerational interactions.

When a CHL becomes a neighborhood resource, it can enhance seniors’ lives, support intergenerational interactions, allow for better aging-in-community, promote a stronger and broader sense of community, and develop a synergy with the surrounding neighborhood.

MODELS FOR THE FUTURE

How the CHL of the future achieves the five key concepts outlined in the previous section can and will vary. However, we have developed four (potential) models that could be developed in the future: the Life Plan Community/Campus-Based Model, the Neighborhood Resource Model, the Population Health/Multi-Generational Model, and the Virtual Model.

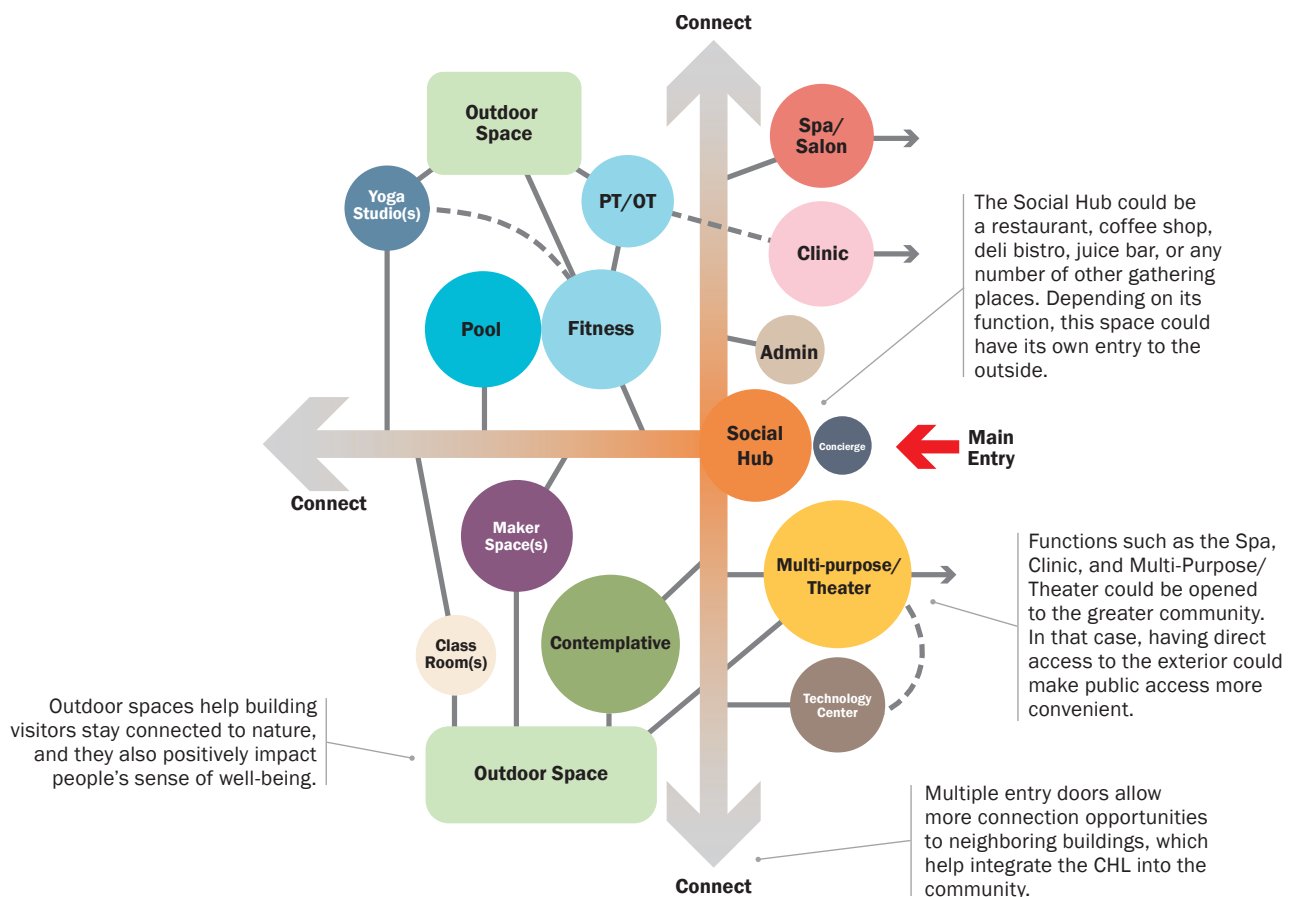
These examples do not necessarily represent the “right” or “perfect” solutions, and certainly are not the sole direction the industry will take. Rather, these four concept designs are likely projections based on our research study’s findings, the CHLs that are currently being developed, and trends being projected by industry thought-leaders.

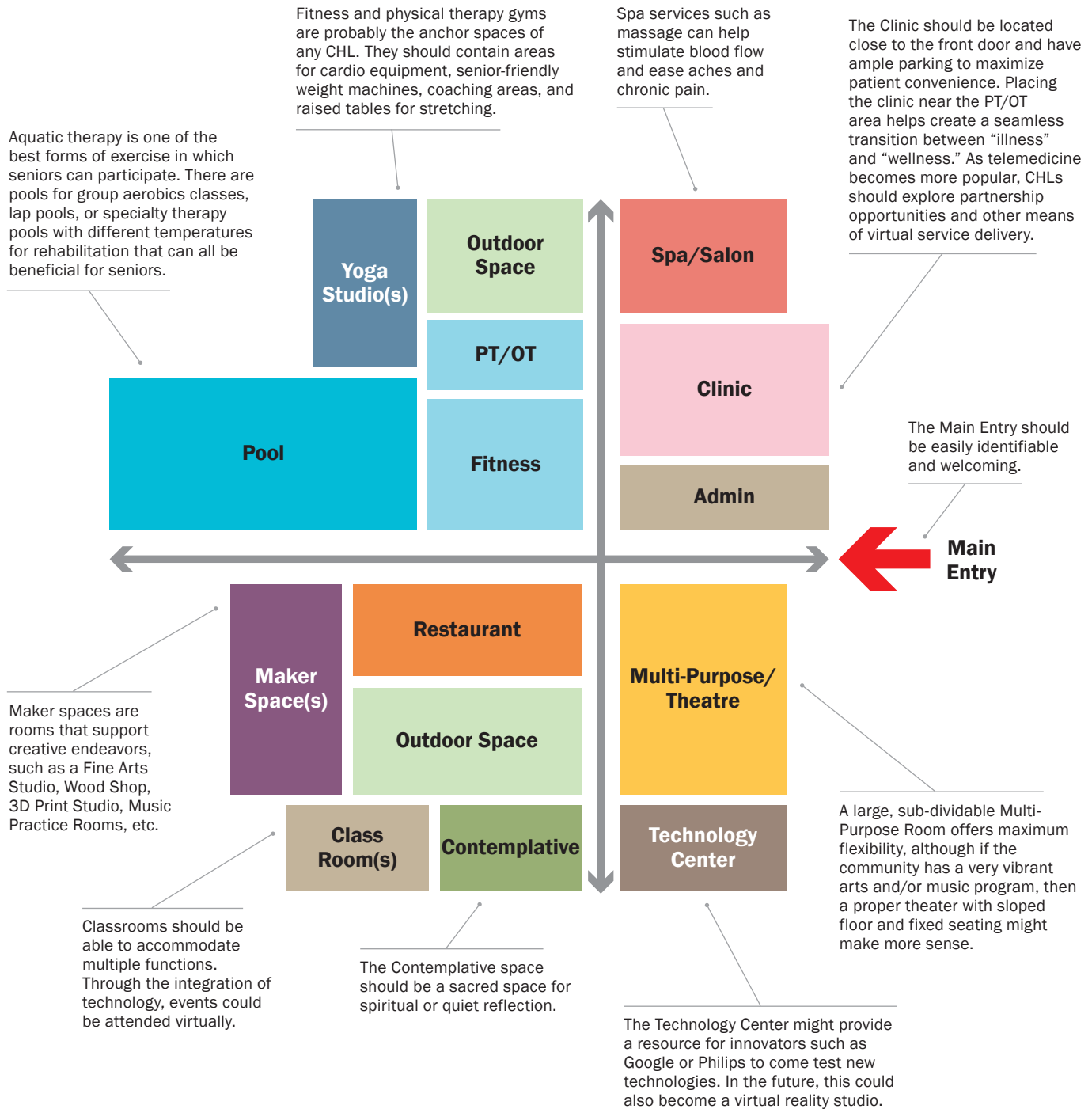
Concept Design 1: The Life Plan Community/Campus-Based Model

Physically and programmatically, this version of the center for healthy living concept is integrated into a Life Plan Community. It is primarily intended to be used by campus residents, though there

could be opportunities for neighborhood outreach and interactions with the greater community (e.g., community-wide events held in the auditorium and public access to the spa, dining venues, rehab gym, and medical clinic). For the sake of convenience, all main program elements are contained within one building as illustrated below and on the next page. However, some amenities could be spread across the campus if existing site constraints necessitate decentralization.

It is worth noting that of the four CHL models outlined in this paper, the Life Plan Community/Campus-Based Model may become something of an anomaly since the traditional, suburban Life Plan Community is likely to evolve as it addresses a more diverse set of needs, driven by shifting demographics and a changing market that wants to be more connected to the surrounding neighborhood. So, what new CHL models (that are interwoven into the greater community fabric) might become more common in the future? Perhaps one of the next three design models will answer that question.





Concept Design 2: The Neighborhood Resource Model

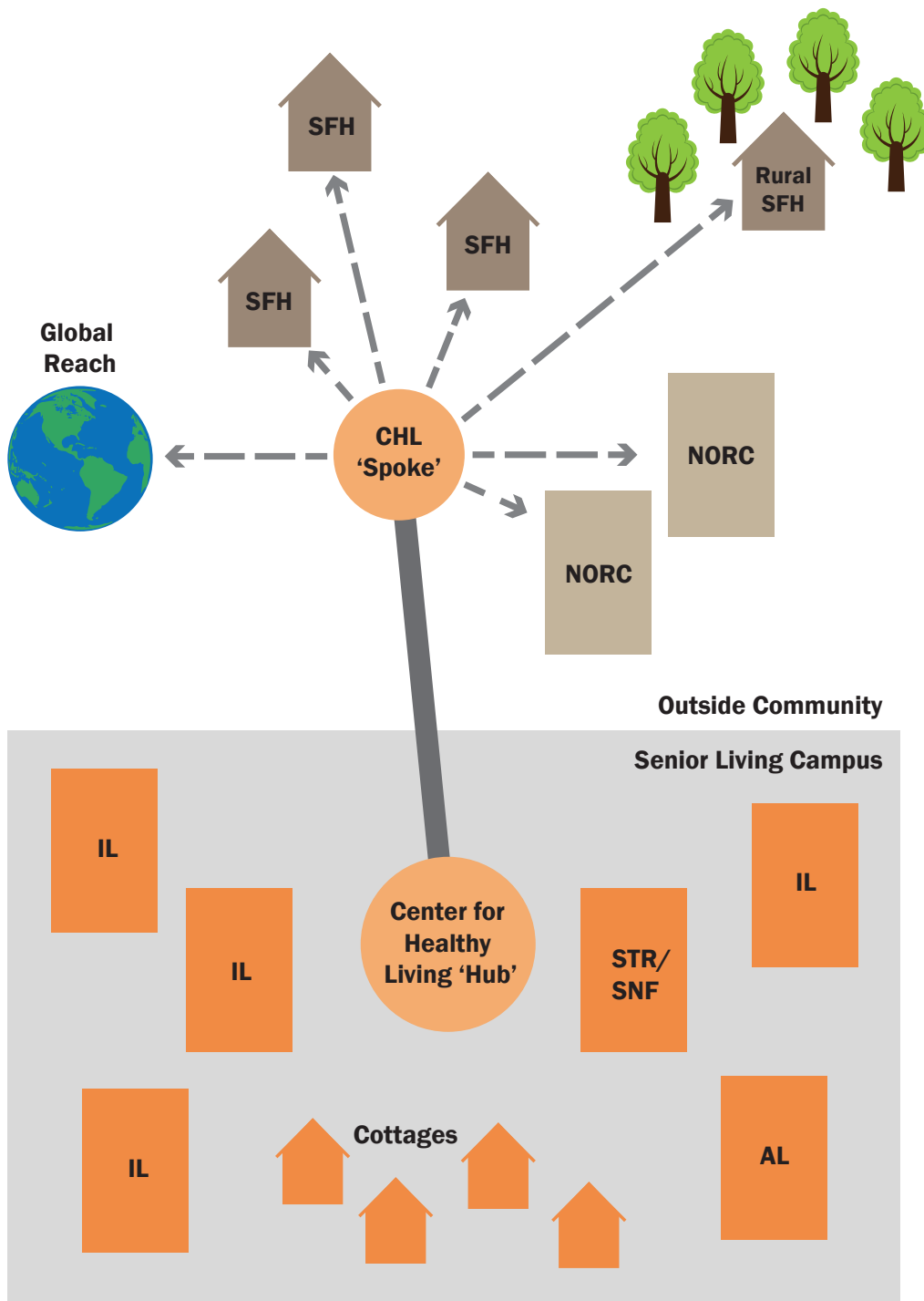
Given that research indicates 73% of Americans want to age-in-place in their home rather than move to a senior living facility, and that 67% want to stay within their current communities,¹⁴ senior living care/service providers must consider how to bring services to older adults, rather than the other way around. Looking to the future, the CHL typology is well positioned to become a vital link between the typically isolated Life Plan Community and the neighborhoods, towns, and cities that many seniors will continue to call home.

One way providers can create a link between Life Plan Communities and people aging-in-community is by developing a hub-and-spoke model for service delivery, where the main Life Plan Community campus is the “hub,” and the neighborhood-based, satellite CHL is the “spoke.” Where state regulations allow, these spokes could also provide a home base for Life Plan Communities’ continuing care at home (CAAH) programs, where seniors pay a one-time entrance fee as well as ongoing monthly fees to receive care coordination, in-home housekeeping and nursing services, transportation, meals, and access to social and wellness programs.¹⁵ By adding to the CCAH program a local destination for senior-specific medical services and wellness programs, the Neighborhood Resource Model

CHL would provide valuable opportunities for seniors to enjoy social interactions, develop new and meaningful skills, stay physically fit, and educate themselves on ways to successfully age independently.

In the future, some providers may also choose to develop freestanding CHLs in densely populated towns and cities. Just by bringing the CHL into an urban setting, the potential for community engagement and new opportunities for meaningful partnerships are significantly increased. Similar to CCAH programs, perhaps these urban CHLs might provide a home base for the growing Village movement, “which links neighbors together to help one another remain in the homes they love as they grow older.”¹⁶ Additionally, an urban CHL could effectively house missing amenities and deliver services to older adults living in naturally occurring retirement communities (NORCs). For low- to middle-income seniors, one might consider the possibility of partnering the CHL with a Program for All-Inclusive Care for the Elderly (PACE) provider. This partnership could result in a hybrid CHL/adult day program for people living at home, despite being eligible for skilled nursing care. Clearly, there are many possible iterations of the neighborhood resource CHL, and industry innovators are starting to explore a number of them.





Thinking of the CHL as a neighborhood resource, the hub-and-spoke model would give senior living service/care providers an opportunity to expand their reach beyond the gates of the Life Plan Community. By building a satellite location, or "spoke," the CHL brings its services/amenities out into the greater community. Additionally, by adding a virtual component to the CHL, the reach of that facility could potentially be boundless.

SFH	Single Family House
NORC	Naturally-Occurring Retirement Community
IL	Independent Living
STR	Short-Term Rehab
SNF	Skilled Nursing Facility
AL	Assisted Living

Concept Design 3: The Population Health/Multi-Generational Model

The focus on population health management has increased as people are taking a more proactive role in managing their own health/wellness and as the healthcare and insurance industries consider the potential cost savings associated with preventative care. The center for healthy living typology could be used to reduce healthcare spending by investing more heavily in preventative measures—for all ages, not just seniors. Simply from a bottom-line perspective, the fact that residential care facilities often cost thousands of dollars a month and hospital stays can cost a comparable amount per day, the financial benefit of keeping a person healthy and independent is clear. The positive effects on a person's mental, social, and spiritual wellness cannot be discounted as a direct contributor to his or her health outcomes, though. For these reasons and many others, the health and wellness services offered at a CHL could be an ideal community resource to help manage people's overall wellness in the future.

Beyond the positive outcomes affecting the quality of life of seniors, a multi-generational approach could also be implemented if providers wanted to make the CHL's amenities more universally available. Indeed, what older adults want is often the same as what younger people want: multiple dining venues with fresh, varied, and reasonably-priced food and drinks; several retail choices ranging from clothing and decorative home accessories to grocery stores; well-appointed fitness gyms with ample space and class offerings; and other types of businesses that lend a distinct character and perceived value to the neighborhood (e.g., childcare facilities, dry cleaners, bookstores). A CHL, with its comprehensive menu of amenities and whole-person wellness services, has obvious appeal across all age groups and demographics. Building a mixed-use development with a CHL as one of the anchor tenants makes practical and financial sense. In this way, the building will become truly intergenerational and, in time, perhaps a large part of "senior living design" will become simply "design."



"The CHL is a concept that doesn't just have to apply to the senior community. This could be a good financial model for the neighborhood community center, shared by institutions or different age groups."

Gary Steiner, Principal, Perkins Eastman

Furthermore, a center for healthy living that serves the greater community could easily become a "Third Place." As urban sociologist Ray Oldenburg described in his seminal publication, *The Great Good Place*, a Third Place is the essential place in a person's life that is neither his/her home (their 'first' place) nor work (their 'second' place), where one can gather and interact with other people from the neighborhood. The CHL concept supports the notion of Third Places, and the importance of bringing people together in a welcoming, informal, and convenient neutral ground.¹⁷

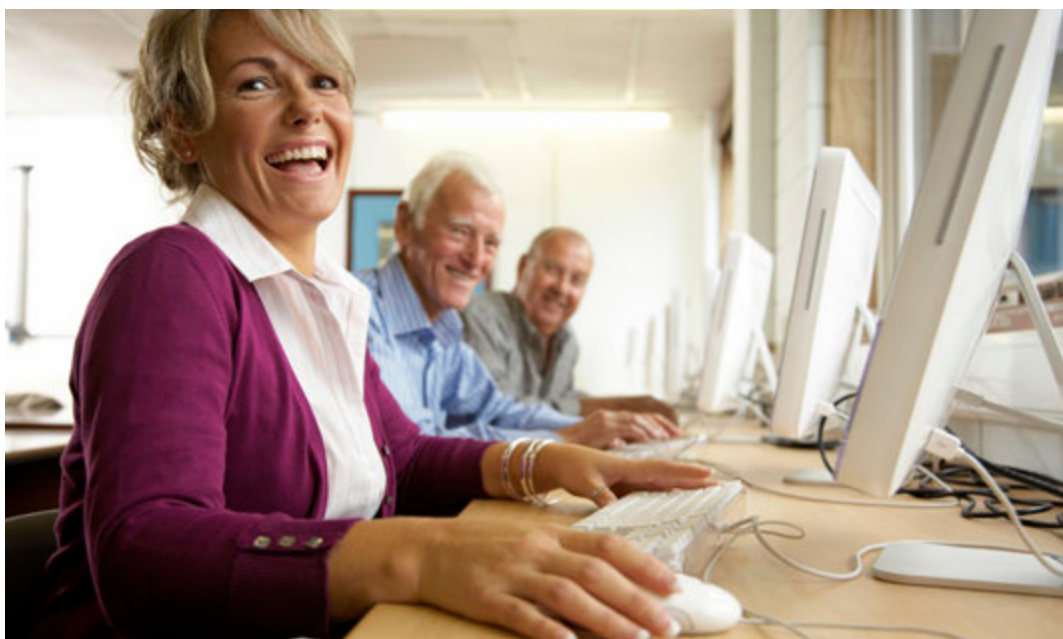
Concept Design 4: The Virtual Model

In the future, technological advances will undoubtedly redefine how services are delivered to seniors, regardless of whether they live on a Life Plan Community campus, within the greater neighborhood, or even in a more rural, isolated location. For the large number of seniors who cannot easily access a CHL, aging-in-community will be effectively supported by telemedicine and other advances in virtual technology.

Pete Celano, Director of Consumer Health Initiatives at the MedStar Institute for Innovation, paints an interesting picture in which patients at home are able to use an app like Skype or FaceTime, and interact with nurse practitioners located in a hospital. After completing a virtual exam, if the nurse decides that the patient should see a doctor, he or she might remotely order a car through (e.g.) Uber or Lyft to pick the patient up at home, track the car's GPS location as it drives to the hospital, meet the patient at the front door, and then access that person's medical records electronically for an accurate and comprehensive medical history. If medications are prescribed during the virtual visit, the nurse or doctor simply sends the scrip to an online pharmacy, and the medicine could then be delivered to the patient's front door, pre-divided into daily doses, and with reminders to take the medication given at the next virtual visit.¹⁸

Now, imagine that instead of a hospital, the nurse practitioner was located in a CHL and in-person visits could occur there. Alternatively, the CHL might establish a partnership with a well-known hospital and that facility's respected doctors. A virtual-visit exam room in the neighborhood CHL could be outfitted with medical equipment that would share the patient's vitals with nurses and doctors in real time, again allowing seniors access to medical care without having to step foot in a hospital. The CHL of the future could also develop a partnership with, or use services provided by organizations like LivWell Health Platform that uses technology to create person-centered care plans and connect seniors aging-in-community with neighborhood-based services.¹⁹

As the tech-savvy Baby Boomer generation enters the market, the ability of providers to be flexible in how they approach caregiving and wellness through technology will only increase. The CHL of the future will integrate new technologies and use them to its advantage. Over time, the increasing ability to provide services remotely could mean the reach of the CHL may extend far beyond its walls and into the most remote areas, providing services that would never have been possible before. This outreach, even if only virtual, could play a key role in helping mitigate the isolationism so common among seniors, improving their well-being and helping them feel connected to the greater community.



FINDING COMMON GROUND

While these four potential models for the CHL of tomorrow may seem disparate, there is in fact a common thread that ties all of the scenarios together: The CHL of the future encourages the development and maintenance of whole-person wellness. A center for healthy living is not just a medical clinic, fitness facility, or an adult day program. The mind-body-spirit connection is fully recognized and addressed through the facility's architectural design and carefully crafted programs/services. In this way, the CHL is more than a typical senior center. Ultimately, the CHL of tomorrow will act as a community hub that brings people together in a sustainable environment, one that fosters interpersonal connections and community vitality, whether in person or virtually.

We hope that, through reading this paper, the senior living industry recognizes the value of designing for whole-person wellness and uses the information and recommendations herein to develop the CHL of tomorrow. Conducting this research study helped us realize how much potential this building type has to positively affect the overall quality of life for seniors—and potentially for all generations. In the years to come, as more of these facilities are developed and built, we look forward to seeing the many iterations of the CHL that might be possible, and the outcomes that get reported through additional post-occupancy studies that measure their success.





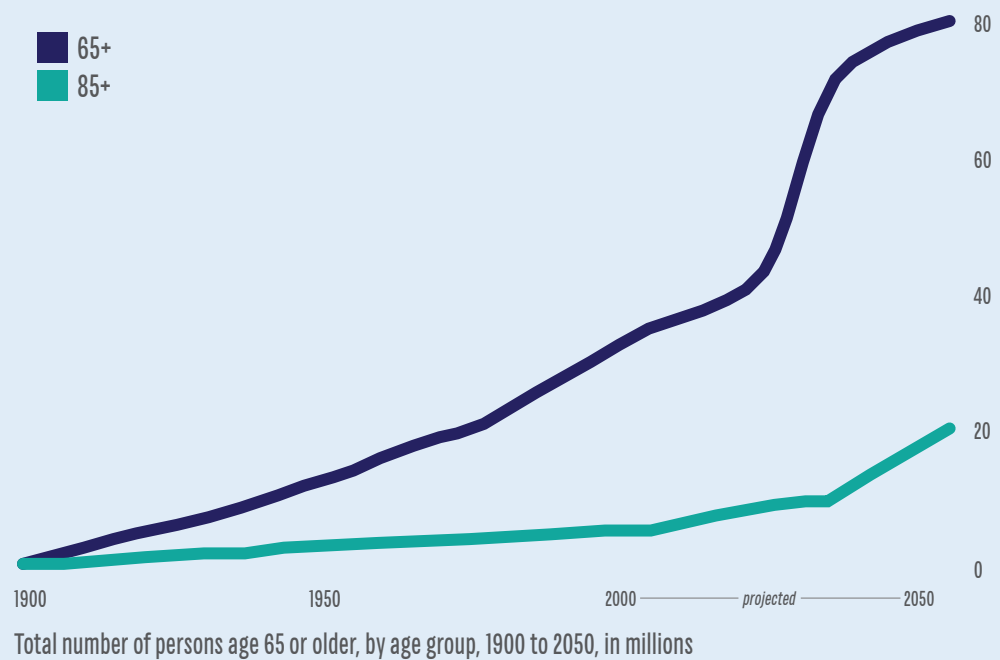
Appendix A: Forces Driving the Development of CHLs

Many factors have contributed to the development of centers for healthy living. For one, longer life expectancies and the rapid aging of America are shifting the country's demographics, from 12% (37 million people) age 65 or older in 2005 to a projected 19% (81 million) in 2050.²⁰ With the number of older adults needing long-term services and support projected to grow from 15 million to 27 million Americans by 2050, there is a distinct need to explore where and how senior services are delivered.²¹ As the country's population ages, it will affect the way spaces are designed and the delivery of services.

In addition to demographic changes, as a society we are also shifting our definition of what "health" means, going from the limited notion that health is a lack of illness to a more holistic sense of well-being. The World Health Organization (WHO) now defines health to be "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity."²² In fact, people are beginning to use the term "healthspan," rather than "lifespan." The new societal goal is to optimize one's longevity by not just living long (i.e., lifespan) but by living long "with good health, function, productivity, and independence"²³ (i.e., healthspan). CHLs can help maintain and optimize our nation's health, while strengthening other areas of our lives that add to our overall well-being.

The Rapid Aging of America

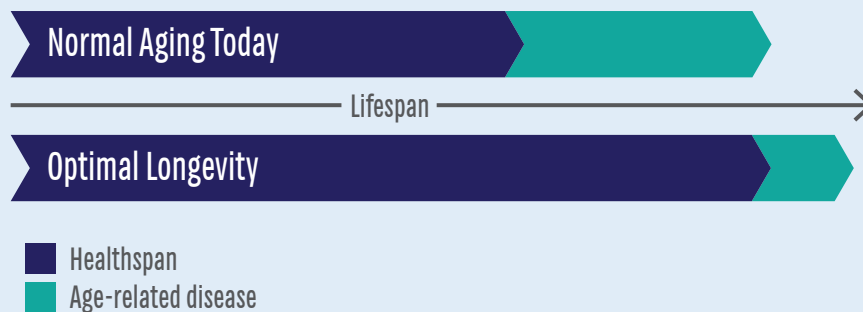
Image courtesy of Perkins Eastman. 2013. *Building Type Basics for Senior Living*. 2. Hoboken, New Jersey: John Wiley & Sons, page 2.



The Rapid Aging of America

Living Long (Lifespan) vs. Living Long and Well (Healthspan)

Image courtesy of Seals, D. R., & Melov, S. (2014). Translational geroscience: emphasizing function to achieve optimal longevity. *Aging (Albany NY)*, 6(9), page 720.



Living Long (Lifespan) vs. Living Long and Well (Healthspan)

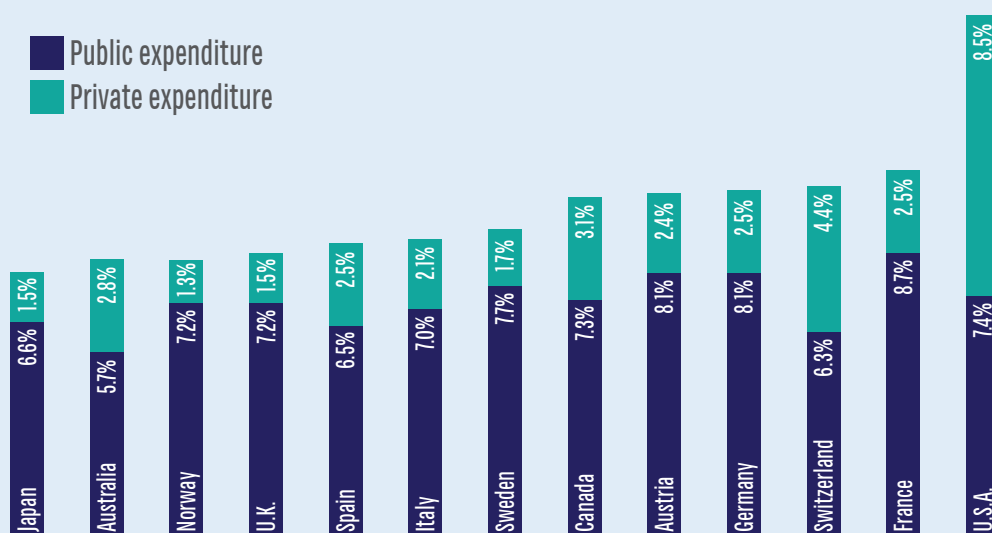
The senior living industry must also recognize and plan for the different needs and expectations of the current market. Today's seniors are looking for greater choice and variety, opportunities for lifelong learning, a sense of place and community, and alternatives to traditional healthcare models. In the near future, programs and services geared toward older adults will need to have greater flexibility and appeal to a large and diverse audience. Providers will also need to support seniors' more health-conscious lifestyles, as many people are taking on a bigger role in managing their personal health and wellness. In fact, offering whole-person wellness spaces and programming is seen as a differentiator by people when comparing different senior living communities and deciding where to move.²⁴

Beyond market demands, changes in medical reimbursement policies are also helping make the case to promote and develop centers for healthy living. The introduction of the Patient Protection and Affordable Care Act (ACA) in 2010, and upheld by the Supreme Court in 2012, now puts

a greater emphasis on prevention and wellness and is changing the way healthcare providers are being reimbursed (e.g., penalizing hospitals for readmissions and rewarding positive outcomes and high HCAHP ratings by patients).^{25,26} Though a majority of the senior living industry is driven by private-pay, these reimbursement changes will continue to have an impact on how care and services are being delivered and the focus on wellness that many senior care and service providers are now adopting.

Many providers are also looking to cut costs. The United States spends an enormous amount of money on healthcare, but with lesser outcomes than other countries.²⁷ Preventative wellness coupled with CHLs and other personalized, multi-dimensional wellness programs can go a long way in bringing down costs while producing better results. By converging senior living and healthcare spaces, programming, and mindsets, we can offer better health care outcomes, share a market benefit, reduce healthcare costs, and improve people's quality of life.

Public expenditure
Private expenditure



Comparatively Greater Healthcare Spending in the United States
(as a percentage of GDP)

Comparatively Greater Healthcare Spending in the United States

Image courtesy of The Henry J. Kaiser Family Foundation. (2011). *Snapshots: Health care spending in the United States & selected OECD countries*. Retrieved from <http://kff.org/health-costs/issue-brief/snapshots-health-care-spending-in-the-united-states-selected-oecd-countries/>

In addition to supporting the convergence of the senior living and healthcare industries, CHLs are being used to reach potential customers who may not feel ready for, or who may not yet need, traditional senior living products. For instance, someone living in the greater community (rather than on the campus of a Life Plan Community) may visit the CHL for events, rehab, or other services. These visits provide a window—and therefore marketing opportunity—into what it would be like to actually live on campus. Thus, CHLs may not only be a solution to senior population health but can also be used for service delivery and marketing to a broader, more diverse group of seniors who are aging in the greater community.

Engaging with the greater neighborhood and reaching out to seniors who are aging-in-community is one way the industry is looking to be sustainable, in the broad sense of the term. The concept of sustainability relates to three overlapping value propositions: economic values (e.g., up-front costs, operating costs, and return on investment), social values (e.g., health, wellness, and community), and environmental values (e.g., resource conservation, impact

on climate, and habitat for other species). As seen in the DART diagram developed by RTKL, there are many interrelated factors that go into a sustainable project. The CHL's paradigm of whole-person wellness fits nicely into—and can successfully support—this broad concept of sustainability, as CHLs can create opportunities for cost savings, improve quality of life, help build a sense of community, and minimize environmental and health impacts.

This broad concept of sustainability is important both today and in years to come. The industry must be sustainable in such a way that it creates as much social, economic, and environmental value as possible by having a measurably positive impact on the “triple bottom line” of people, profit, and the planet. This is good to remember as we are in a time of significant change as we address a rapidly aging society, reimagine wellness and healthcare services, and rethink traditional payment/reimbursement sources. There are many ways that designers and providers can create value, respond to the growing senior market, improve people's quality of life, and address the market's varied interests. Centers for healthy living offer one such opportunity.



**RTKL's DART
Diagram: The Multiple
Dimensions of
Sustainability**
Image courtesy of RTKL.
Retrieved from <http://pdd-dart.rtkl.com/identify/>



Appendix B: The Evolution of the Center for Healthy Living Concept

Though the center for healthy living as a distinct building typology is a more recent phenomenon, it has deep roots as an approach to population health, both in the United States and around the world. One of the first attempts at what is now considered a CHL was made in 1935 by Dr. George Scott Williamson and Dr. Innes Pearse in the Peckham neighborhood of Southeast London. Williamson and Pearse endeavored to apply the same approach to studying wellness that, up to that point, had only been applied to the study of disease. They constructed the Pioneer Health Centre, which housed fitness equipment, a pool, and other spaces for physical and social wellness programs that neighborhood residents could access for the modern equivalent of \$5 USD a week.²⁸ Though popular, with 950 local families enrolled in the Pioneer Centre by the time it closed in 1950, its approach would not be replicated until many years later.

In the realm of senior care in the United States, the Older Americans Act of 1965 gave rise to another prototype for the modern CHL: the neighborhood Senior Center. Senior Centers were developed as small, local institutions that became “focal points” in the delivery of services to the elderly, including recreational, health, nutritional, and social services. One of the biggest challenges facing today’s Senior Center is how to appeal to the Baby Boomer



Spring Lake Village | Santa Rosa, California

generation, which places a large emphasis on flexibility and choice.²⁹ In an attempt to bridge this gap, eight new “Innovative Senior Centers” opened across New York City in 2012. “Robust wellness programs” were a main thrust of the initiative, along with greater flexibility in operating hours. In addition, these were the first documented Senior Centers in the United States with targeted programming for LGBT seniors as well as for older adults with vision impairments.³⁰

Another important moment in the evolution of the CHL concept occurred in 1999, when the “Our Healthier Nation” report was presented to the Parliament of the United Kingdom by the Secretary of State for Health. The paper’s purpose was to “save lives, promote healthier living, and reduce inequality in health.” It outlined a population health trend where a large number of citizens were “ill for too much of their lives” and dying too young from preventable illnesses.³¹ Parliament responded by funding a five-year project to create 350 “healthy living centres,” which supported a broader definition of health and focused on engaging previously underserved populations. Independent, post-implementation evaluations of the program noted its use, estimating that 25-50% of the UK’s population had access to one such center during this time, and approximately 2.3 million people (4% of the population) were visiting the centers.³²

In the senior living industry today, care/service providers are using the CHL concept to incorporate into the continuum of care an accessible destination for health and wellness programming. The industry is looking to use models from the past and couple them with innovations for the future to provide spaces and programming that engage all eight dimensions of wellness. These efforts are partly driven by market demands, as explained earlier in this paper, and partly by the idea that CHLs can be used to reach potential customers who may not feel ready for, or who may not yet need, traditional senior living products.

Along these lines, hub-and-spoke projects are more common today. These occur when a senior living provider has a main campus (the “hub”) as well as one or more satellite sites located in the greater community (the “spokes”). Hub-and-spoke projects enable seniors to be closer to the amenities, services, and/or neighborhoods they desire to engage with, without having to move to the typically isolated campus of the Life Plan Community hub. Creating neighborhood-based programs that reach out to older adults still living in the greater community is also becoming a popular approach.

One example of a recently developed neighborhood-based program is the Mather More Than a Café model and Mather Café Plus concept, pioneered by Mather LifeWays, a senior care/ service provider and research organization. In the early 2000s, Mather launched a series of small cafés sited in various neighborhoods throughout Chicago, IL. These cafés not only offer meals, but also function as destinations for older adults living in the greater community who are looking for support, services, and social activities.³³ This model provides necessary services to seniors who are aging-in-community, and allows Mather to establish a relationship with the next generation of its residents, should these older adults ever need a higher level of service. Mather LifeWays reports that “organizations that have applied the Café Plus concept [have seen] 65% increased community outreach and engagement... [and] 57% increased customer engagement and involvement.”³⁴

Another example of a neighborhood-based program that focuses on wellness and the delivery of care is Community LIFE, a Western Pennsylvania non-profit sponsored by two different senior care providers and a large primary/acute care provider. The program organizes a variety of medical practitioners and care managers into “Day Health Centers” throughout the neighborhood, as well as offering home care services.³⁵ This model takes caregiving expertise typically found in Life Plan Communities or doctors’ offices and brings it directly into the

communities in which older adults are already living. PACE (Programs of All-Inclusive Care for the Elderly) are similar in focus, but are less place-based and are primarily for older adults who are dual-eligible (in Medicare and Medicaid). Approaches like PACE and Community LIFE highlight the importance of creating partnerships with other senior-friendly organizations to leverage existing services and better engage with the greater community of older adults.

Telemedicine and advances in technology will further redefine how services can be delivered to seniors, regardless of whether they are living on a Life Plan Community campus, within the greater neighborhood, or in a more rural and isolated location. As the tech-savvy Baby Boomer generation enters the market, the ability of providers to be flexible in how they approach caregiving and wellness will only increase.

By embracing technological advances and learning from the hub-and-spoke and neighborhood-based models gaining popularity in the industry today, CHLs can not only be a solution to senior population health, but can also be used for service delivery and marketing to a broader, more diverse group of seniors who are aging in the community at large. Looking to the future, the CHL is well positioned to become the link between the typically isolated Life Plan Community and the neighborhoods, towns, and cities that many seniors still call home.





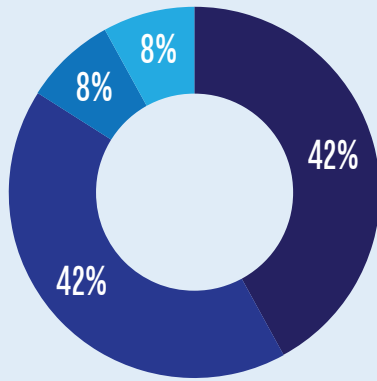


Spring Lake Village | Santa Rosa, California

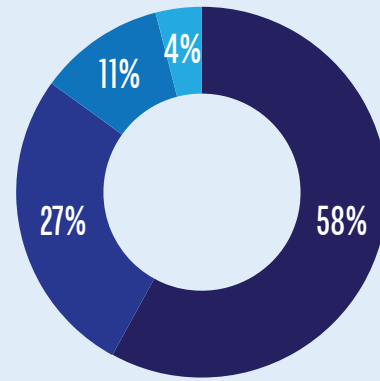
Appendix C: About the Research Study

In 2015, Perkins Eastman Research, an industry forerunner of practice-based design research, embarked on a new study to inform the senior living industry and to shine light on the growing trend of whole-person wellness, particularly the development of elder-focused wellness centers. Completed in 2016, this study explored both built and conceptual (unbuilt) senior-focused, whole-person wellness centers and their programming in order to understand the past and future of this trend. Through this effort, we aimed to define the core elements of the CHL building typology (in terms of both programming and design), understand how and why these facilities evolved, learn who is building them and why, discover who is participating in the programs, and identify what outcomes existing CHLs are seeing.

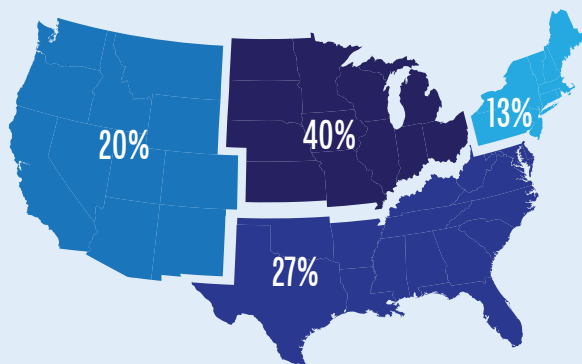
The study used a multi-method approach, including: a literature review; interviews with and surveying of senior care/service providers, designers, and industry consultants (e.g. finance, marketing, nutrition); and observations of use and behaviors during site visits to two existing CHLs. Survey and interview data were collected from 26 study participants. Eleven participants were designers and industry consultants who were interviewed over the phone or took an online survey composed of the same interview questions. The other fifteen participants represented our case studies: thirteen senior care/service providers from built and unbuilt Life Plan Communities and two built neighborhood resource/community centers. Each case study participant completed an extensive survey about their facility and the programming offered there, or that would be offered once the facility was built. The study participants can be described as follows.



Study Participants

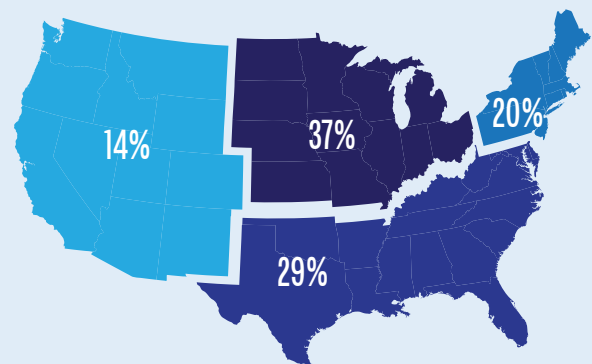


Study Participant Roles



Case Studies: Locations³⁶

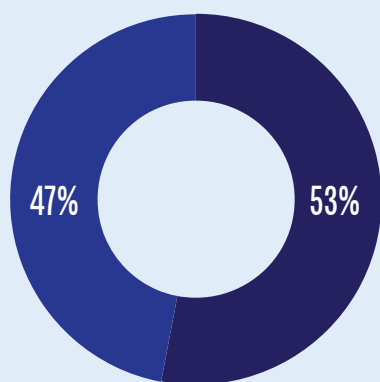
15 total case studies



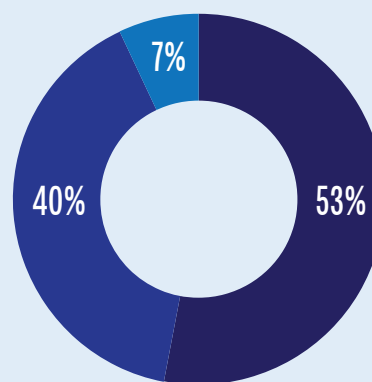
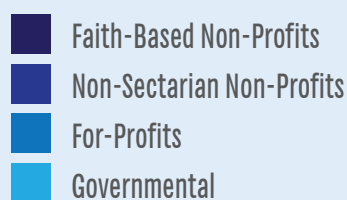
Ziegler's National CCRC Database

Number of CCRCs per State
1,955 total

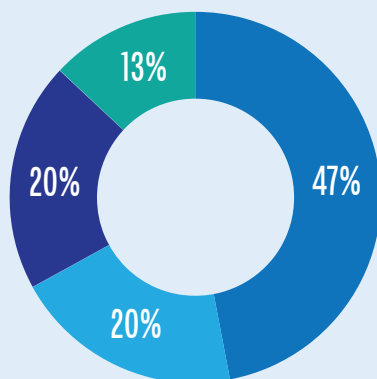
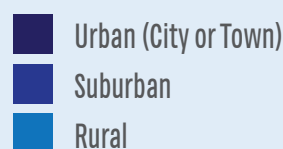
Note: The distribution of facilities that participated in our study aligns fairly well with the regional locations of other Life Plan Communities throughout the United States, as reported in Ziegler's "National CCRC Database—Number of CCRCs per State," which lists the number of for-profit and not-for-profit Life Plan Communities in the United States (as of February 25, 2016).³⁷



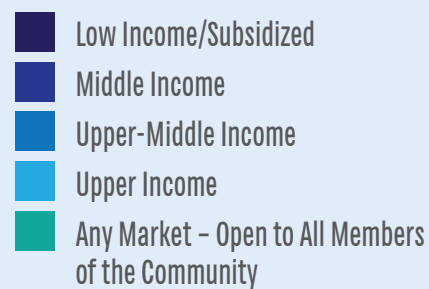
Case Studies: Provider Type



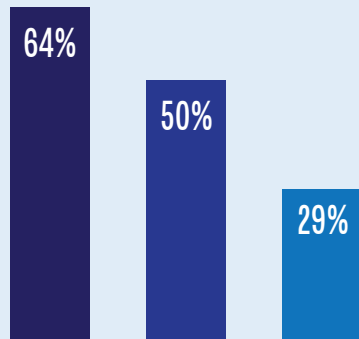
Case Studies: Site Type



Case Studies: Target Market



Note: Overall, there were no discernible differences in survey responses based on the case studies' regional locations, site types, nor whether the case studies were built versus unbuilt—with one exception: There seemed to be more urban projects targeting an upper-middle income market. With such a small sample size for the study, however, we do not suggest this is a trend or broad commonality.



Case Studies: Building Components*

- Addition to an existing facility/campus
- New construction
- Renovation of existing facility/campus

* Respondents could select any that apply



Case Studies: Building Size

- Range
- Average
- Median

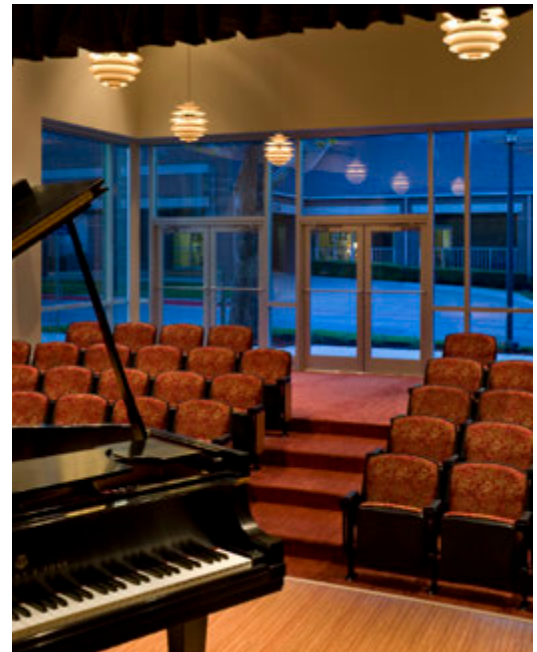
Note: Both of the Neighborhood Resource/Community Centers involved in the study were 10,000 SF compared to the greater range and often larger sizes of the CHLs associated with the participating Life Plan Communities.



Appendix D: Research Study Participants (in alphabetical order)

Moorings Park: The Center for Healthy Living® is not included in this Appendix. Please refer to page 17 for the full case study of Moorings Park: The Center for Healthy Living.

Note: Three provider participants of the research study (two built centers for healthy living and one built neighborhood resource/community center) opted to have their survey responses remain anonymous. Their data was blinded accordingly; any references to these facilities were listed as: Provider A of a Life Plan Community in the Midwest, Provider B of a Life Plan Community in the Midwest, and Provider C of a Life Plan Community in the Midwest. Furthermore, these three facilities are not featured in this appendix.



PROVIDER

C. C. Young

LOCATION

Dallas, Texas

CHL SIZE

20,000 sf

DESIGNER

Perkins Eastman

INITIAL OCCUPANCY

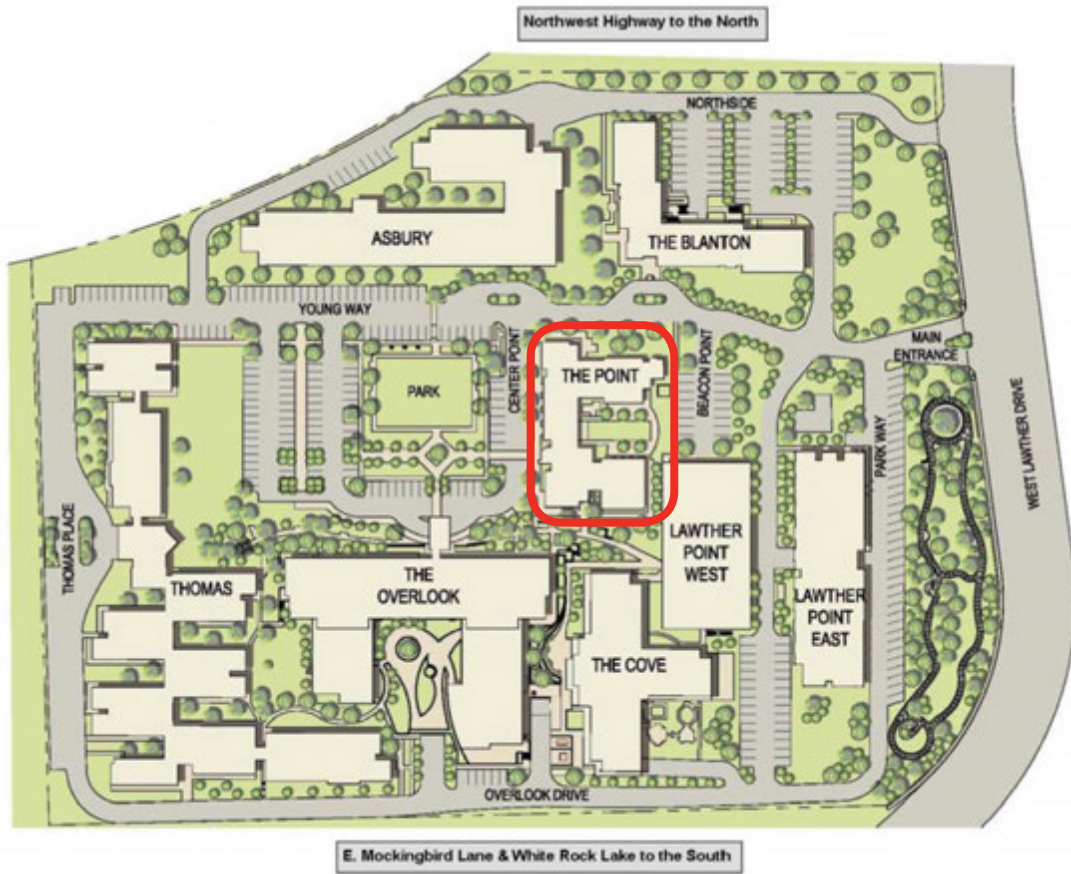
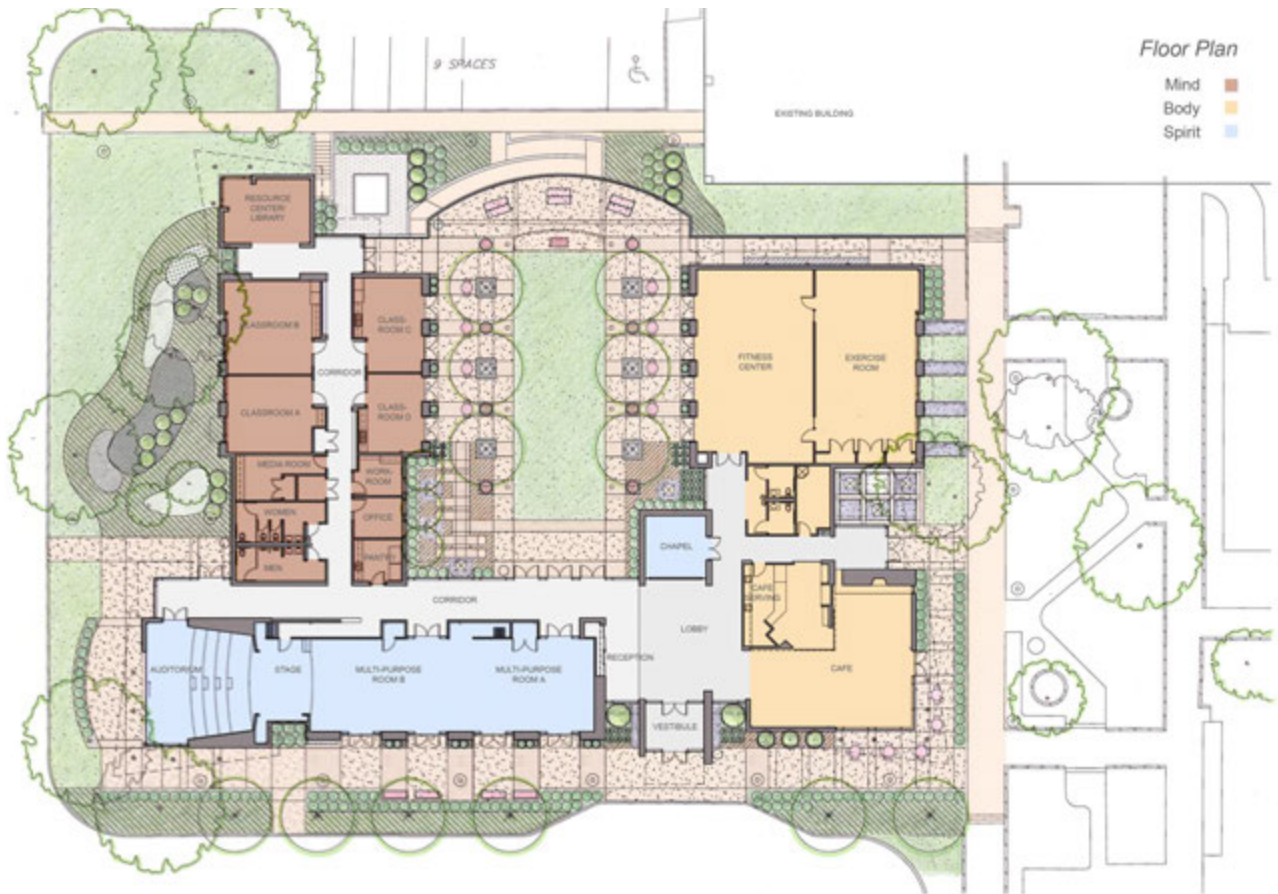
2007

C. C. Young | The Point and Pavilion, Center for Arts and Education

The Point and Pavilion, Center for Arts and Education at C. C. Young attracts both residents from the Life Plan Community campus as well as people from the surrounding intergenerational neighborhood through its distinct identity and innovative programming. The building design creates an environment “where the spirit is ageless,” a key focus of the provider. Spaces within the center correspond to one of three specific focal points—mind, body and spirit—and play host to highly interactive, creativity-focused programs that welcome people of all ages.

To enrich the mind, the library offers extensive resources on healthy aging, multi-purpose classrooms support lifelong learning, and a computer lab is available for training on next-generation technologies. Residents embrace

preventative wellness by using the extensive fitness center and dining at a café offering healthy dining choices. To engage the spirit, a performance hall offers live entertainment, art studios support creative expression, and a meditation room and sculpture garden provide sanctuaries for refuge and reflection. The center creates an ageless environment for continuing education, fitness, and cultural programs—for residents and community neighbors.





PROVIDER
Clark-Lindsey

LOCATION
Urbana, Illinois

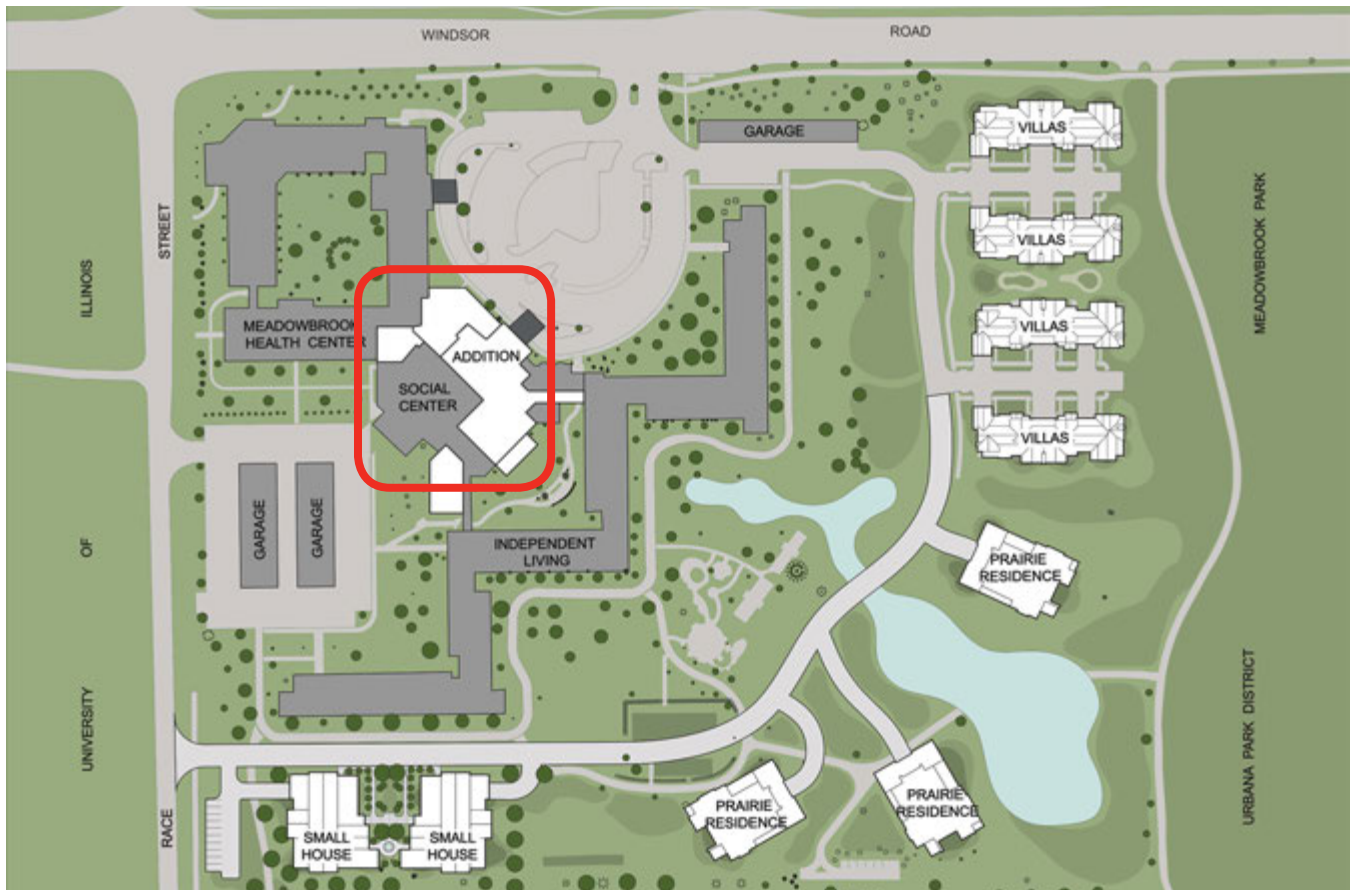
CHL SIZE
14,000 sf

DESIGNER
Perkins Eastman

INITIAL OCCUPANCY
under development at the
time of publication

Clark-Lindsey Village

The center for healthy living being developed for the Clark-Lindsey Village campus is part of a new master plan that repositions the Life Plan Community to appeal to the needs of the future consumer while enhancing the existing campus. The new master plan celebrates issues important for the community’s future: campus connectivity, maintaining a park-like setting, and preserving connections to the neighboring regional park, along with a contemporary and sustainable site and building design. The plans for the new center for healthy living include a pool, therapy and fitness spaces, and will be integrated with the campus’ existing dining venues, which will soon be renovated. The additions and renovations planned for the camps are aimed at extending Clark-Lindsey Village’s presence as a highly regarded center of excellence in the care of elders in the larger central Illinois region.





PROVIDER
Florida Presbyterian
Homes

LOCATION
Lakeland, Florida

CHL SIZE
12,000 sf

DESIGNER
Gresham Smith
and Partners

INITIAL OCCUPANCY
under development at the
time of publication

Florida Presbyterian Homes

Florida Presbyterian Homes has plans to build a new building that will act as a centralized center for healthy living on its Life Plan Community campus. It was designed to house a medical clinic, fitness equipment room, group exercise classroom, pool, several studios, large multi-purpose room, and café. Due to other opportunities to improve the campus getting higher priority, however, this project was put on hold.

In the meantime, Florida Presbyterian Homes is repurposing existing spaces to accommodate its residents’ interests in whole-person wellness services and programming. The temporary center for healthy living will be housed in two

repositioned buildings, each approximately 6,000 square feet in size. The first facility will accommodate creative arts programming, including painting, ceramics, wood carving, and sewing studios. A craft beer studio is also being considered. The second building will house the fitness equipment room, group exercise studio, medical clinic, and a gathering/lobby space. The medical clinic will be open to residents, staff, and members of the greater community. These new amenity spaces will add to the existing campus’ resources, including the lakeside dining room, outdoor trails and gardens, libraries, workshops, heated pool and hot tub, wood shop, chapel, and dog park.^{38,39}





PROVIDER

Westminster Ingleside

LOCATION

Washington, DC

CHL SIZE

35,000 sf

DESIGNER

Perkins Eastman

INITIAL OCCUPANCY

under development at the time of publication

Ingleside at Rock Creek | Creekside Center for Healthy Living

The Ingleside at Rock Creek campus is being repositioned to better serve the needs of current residents, appeal to future generations of seniors, and preserve the natural beauty of Rock Creek Park. Part of this new vision for the campus is the Creekside Center for Healthy Living, which will expand the Life Plan Community's reach and services. The new CHL will offer therapy and rehabilitation services, a day spa, bistro, classrooms, large multi-purpose room, and meditation space. The center is being designed to be a wellness destination for both residents and members of the greater community. It will support Ingleside's goal of providing "a perfect balance for each individual as a whole person. Here, wellness [will encompass] the mental, spiritual, and social aspects of life."⁴⁰





PROVIDER

Jewish Home of San Francisco

LOCATION

San Francisco, California

CHL SIZE

40,000 sf

DESIGNERS

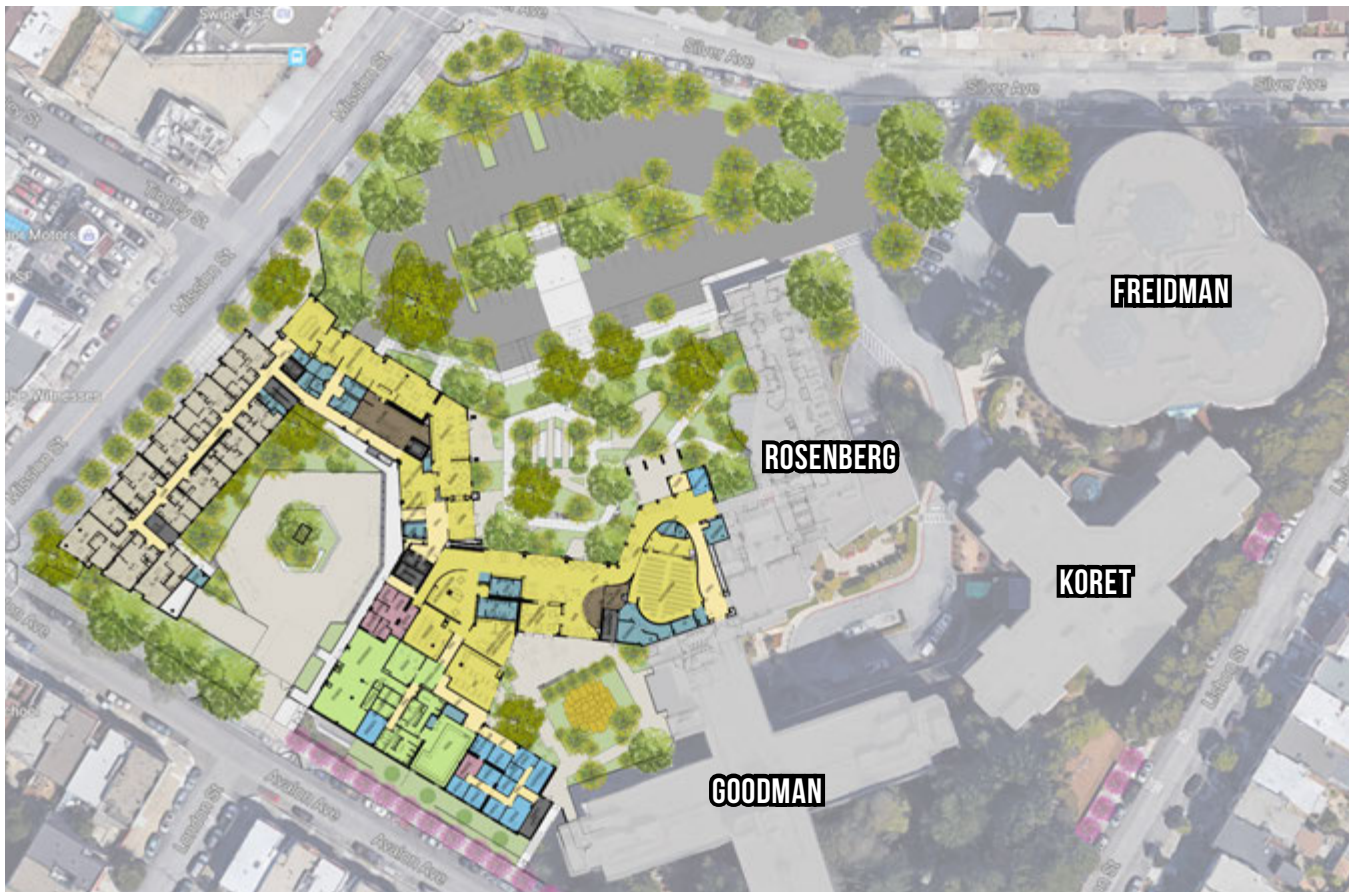
Ankrom Moisan Architects,
Van Meter Williams
Pollack

INITIAL OCCUPANCY

under development at the time of publication

Jewish Home of San Francisco | The Square

According to the Jewish Home of San Francisco’s website, its new center for healthy living, The Square, will be “a destination for services, support, and community, on a day-basis for a wide range of older adults, their families, and caregivers. The Square will provide amenities such as a café, wellness services, education and entertainment spaces, a site-serving pharmacy, a beauty salon, and other similar services. Jewish Home residents will have access to The Square, as will non-resident seniors. Seniors who meet the Jewish Home’s requirements will be eligible to purchase membership for The Square’s services and amenities. The Square [will be] a physical place as well as a virtual location that provides services, support, and community for older adults and their caregivers under one roof. That roof will be physical—a bustling site on [their] Silver Avenue campus—and virtual, ‘in the cloud’ (i.e., the Internet; a data center of servers connected to the Internet).”⁴¹





PROVIDER

Monroe Center for Healthy Aging

LOCATION

Monroe, Michigan

CHL SIZE

10,000 sf

DESIGNER

Unknown (evolved from a senior center that was part of a 1970s housing facility design)

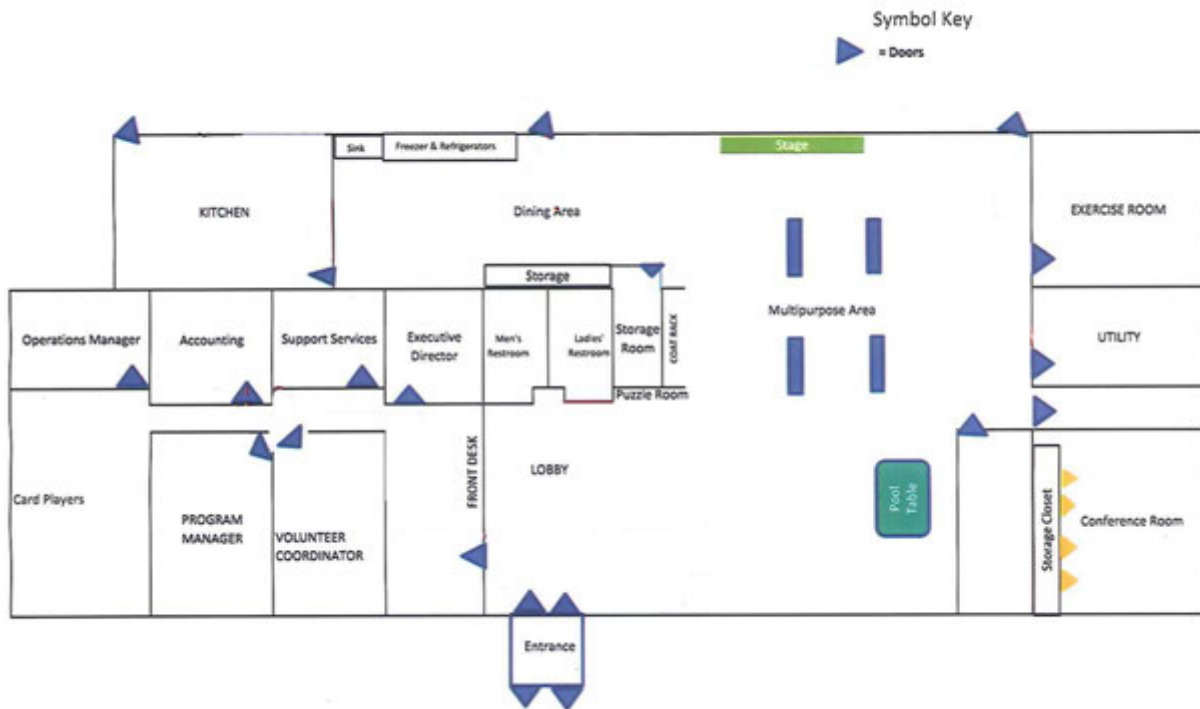
INITIAL OCCUPANCY

1978

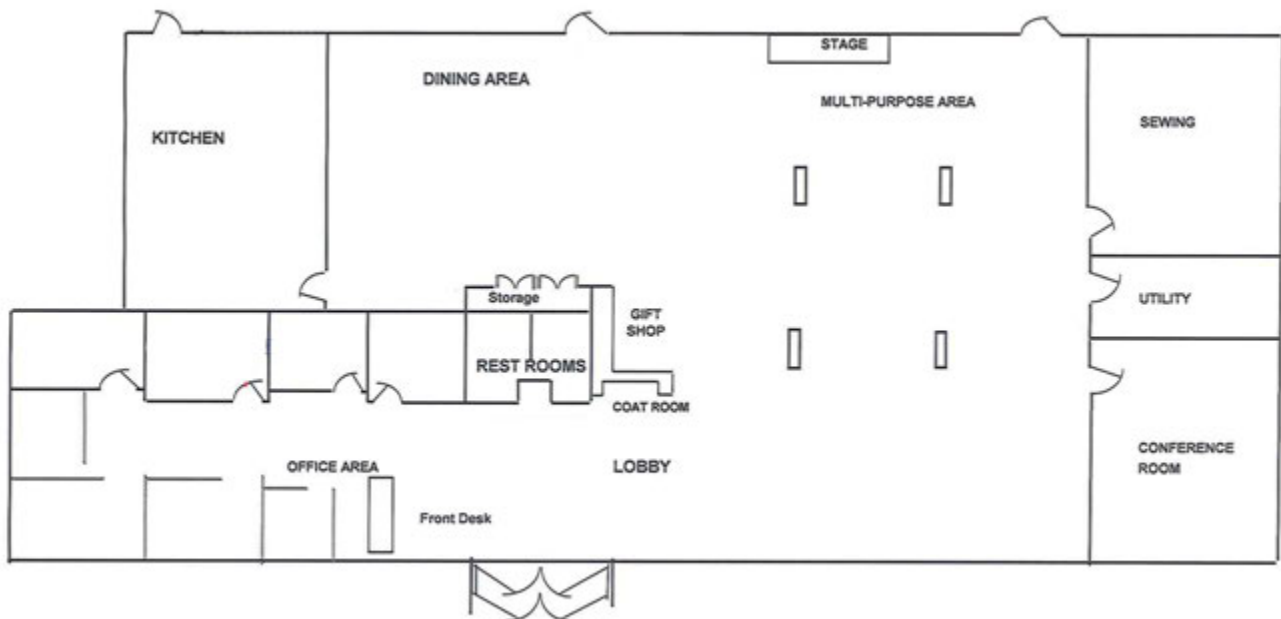
Monroe Center for Healthy Aging

The Monroe Center for Healthy Aging is a stand-alone neighborhood resource/community center that caters to seniors aging-in-community. It includes a large multi-purpose room with dividing walls that create separate classroom areas for smaller groups, an exercise equipment room, television/sitting area, and a conference/meeting room. The center regularly offers fitness and relaxation classes, breakfast and lunch served seven days a week, “Brain Aerobics,” and recreational opportunities (e.g., cards, bingo, billiards, jigsaw puzzles, and piano and organ playing). Legal and support services are also offered, and volunteer opportunities are organized through the center. As its website describes, the center “is the place to be for fun, fellowship, and support” and “[we] believe in the involvement of mind, body, and spirit in life to remain vital and independent.”⁴²

First Floor



Second Floor





PROVIDER

Hebrew SeniorLife

LOCATION

Dedham, Massachusetts

CHL SIZE

129,460 sf

DESIGNERS

Perkins Eastman, Chan Krieger, Stantec

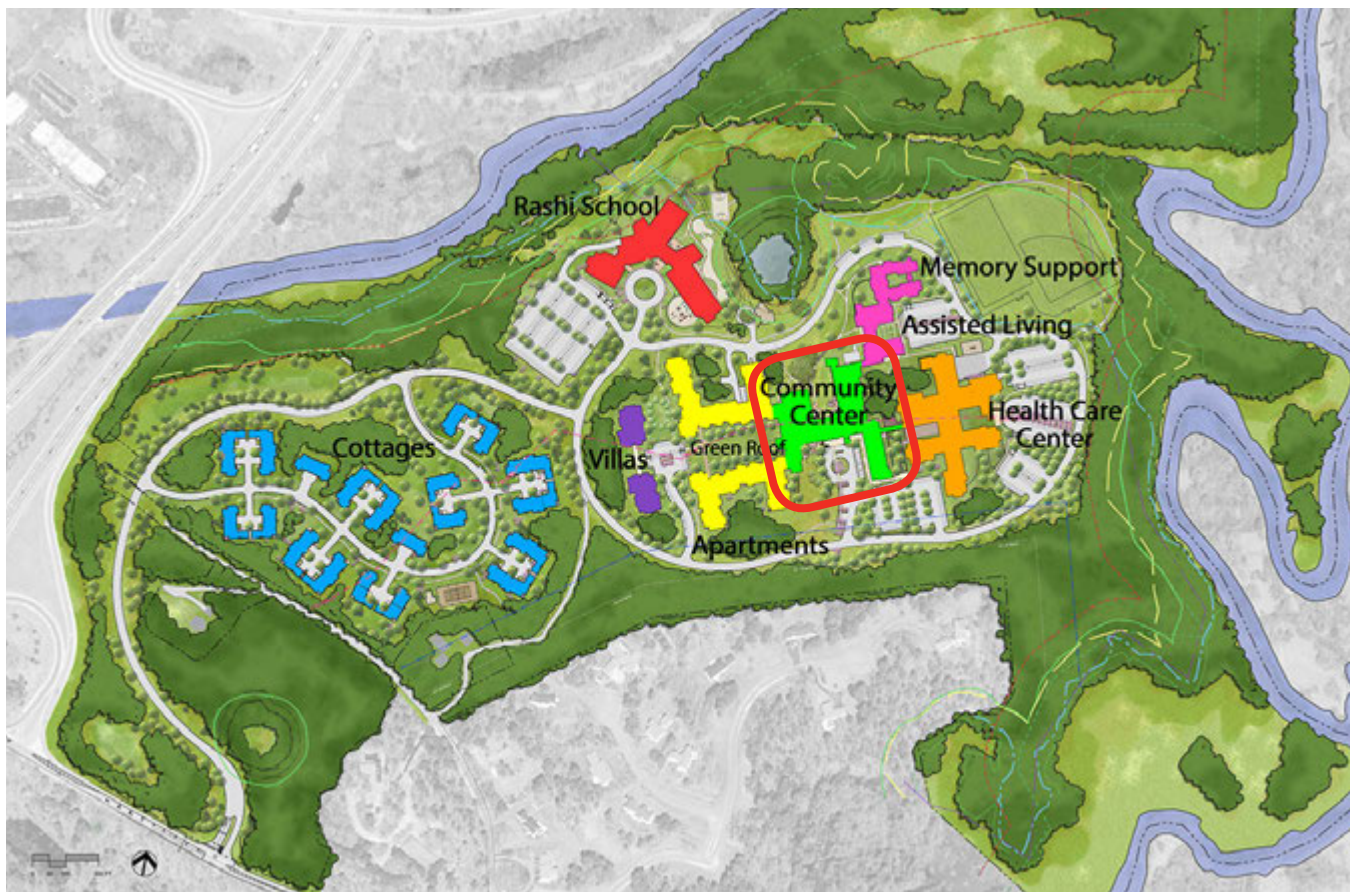
INITIAL OCCUPANCY

2010

NewBridge on the Charles | Community Center

NewBridge on the Charles is a Life Plan Community that offers a supportive and intergenerational residential care environment with a focus on healthy living. The Community Center is centrally located on the campus, and was designed to encourage and support social exchange among people of all ages. It offers unique dining destinations, a welcoming lobby and library space, lively bistro and coffee shop, fitness center and pool, full service salon and massage area, home health services suite, rejuvenating garden courtyards, and a special area for intergenerational interactions with students from the Rashi School, which is also located on the NewBridge on the Charles campus. Concierge services and dining options echo those of local cafés and restaurants to create vibrant brands for each environment. Medical services are provided on-site, and are affiliated with Harvard Medical School.

In addition to a supportive built environment, special programming enhances the lives of residents. The provider's Vitalize360 program has been "designed to help [residents] make lifestyle changes that not only lead to improved health, but to a richer quality of life. Vitalize360 doesn't look at just one part of an individual. Its holistic approach encourages residents to consider all aspects of their lives, including health, nutrition, physical and mental fitness, community connections, lifelong learning, and spirituality... Vitalize360 redefines aging and helps make each resident's life at NewBridge more enjoyable and fulfilling."⁴³





PROVIDER

Rockwood Retirement
Communities

LOCATION

Spokane, Washington

CHL SIZE

35,000 sf

DESIGNERS

Perkins Eastman, NAC

INITIAL OCCUPANCY

2016

Rockwood South Hill | Summit Tower

Rockwood South Hill is a Life Plan Community that was recently repositioned, in keeping with its goals of remaining relevant to future generations of older adults and becoming more ecologically sustainable. Part of the redevelopment project included new amenity spaces that celebrate lifelong vitality through diverse culinary experiences, arts and cultural opportunities, continuing education, health and well-being, and spiritual growth. The community also provides a seven-part LiveWell Program, which promotes entertainment and fun, financial well-being, a healthy body and mind, lifelong learning, safe life practices, social connections, and spirituality and mindfulness. “As a result of the LiveWell Program, Rockwood residents are often inspired to try new things and become more involved in community activities.”⁴⁴

The new Summit Tower hosts four dining venues with full bar and display kitchen, outdoor dining, a coffee shop/bakery, convenience store, theater, grand ballroom, chapel, arts center, business center, library, and new wellness center with aerobics studio, state-of-the-art fitness equipment, indoor swimming pool, lockers, beauty salon, and spa. “As a part of Rockwood Retirement’s 90-acre, South Hill campus, The Summit is more like a small village or a college campus, where people are empowered to live a life that is active, exciting, and creative.”⁴⁵





PROVIDER

Saint John's Communities, Inc.

LOCATION

Milwaukee, Wisconsin

CHL SIZE

25,000 sf

DESIGNER

Perkins Eastman

INITIAL OCCUPANCY

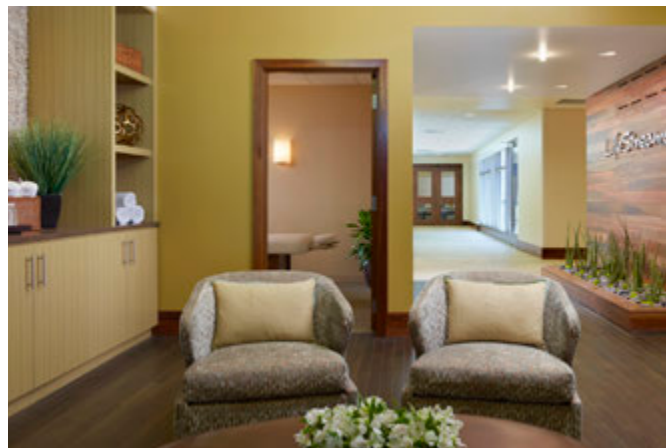
2011

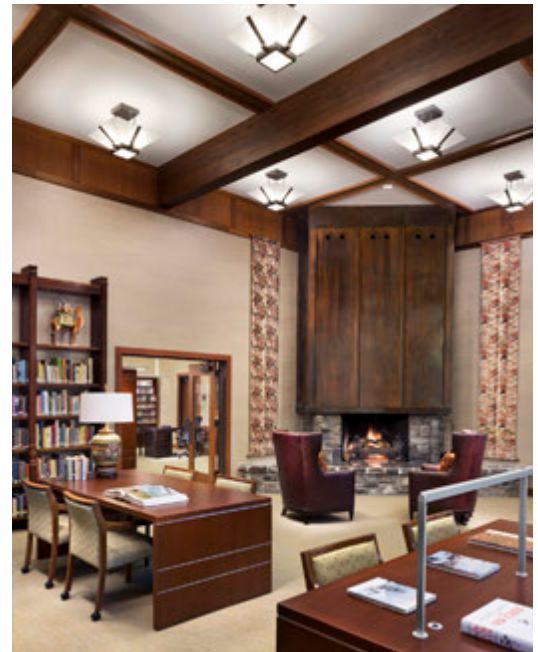
Saint John's On The Lake

Saint John's On The Lake's recent repositioning of its Life Plan Community campus created an innovative, healthy, and sustainably-designed urban residence for aging adults. The provider's view of wellness "is focused on the well-being, growth, and vitality of everyone in the Saint John's community... Central to [that] commitment is a personal wellness program known as Lifestreams that addresses the whole person—emotional, intellectual, occupational, physical, spiritual, and social."⁴⁶ Part of a new 21-story tower, the ground floor community center can easily be accessed by residents as well as the public, creating an intergenerational environment.

Amenities include a hospitality branded café, art gallery (created in partnership with the Museum of Wisconsin Art), spa and wellness center,

fitness center, pool, chapel, classrooms, and large multi-purpose room. Programming focuses on the multiple dimensions of wellness, with personal training and fitness classes, massage therapy, meditation classes and spiritual services, recreational activities, lecture series, volunteer programs, support groups and counseling, music performances, clinical services, and much more. The project's urban location puts neighborhood resources like dining, shopping, and activities within easy walking distance so residents can stay connected to the greater community, while a connection to Lake Michigan provides soothing views and access to lakefront recreational activities.





PROVIDER

Episcopal Senior
Communities

LOCATION

Santa Rosa, California

CHL SIZE

57,400 sf

DESIGNER

Perkins Eastman

INITIAL OCCUPANCY

2014-15

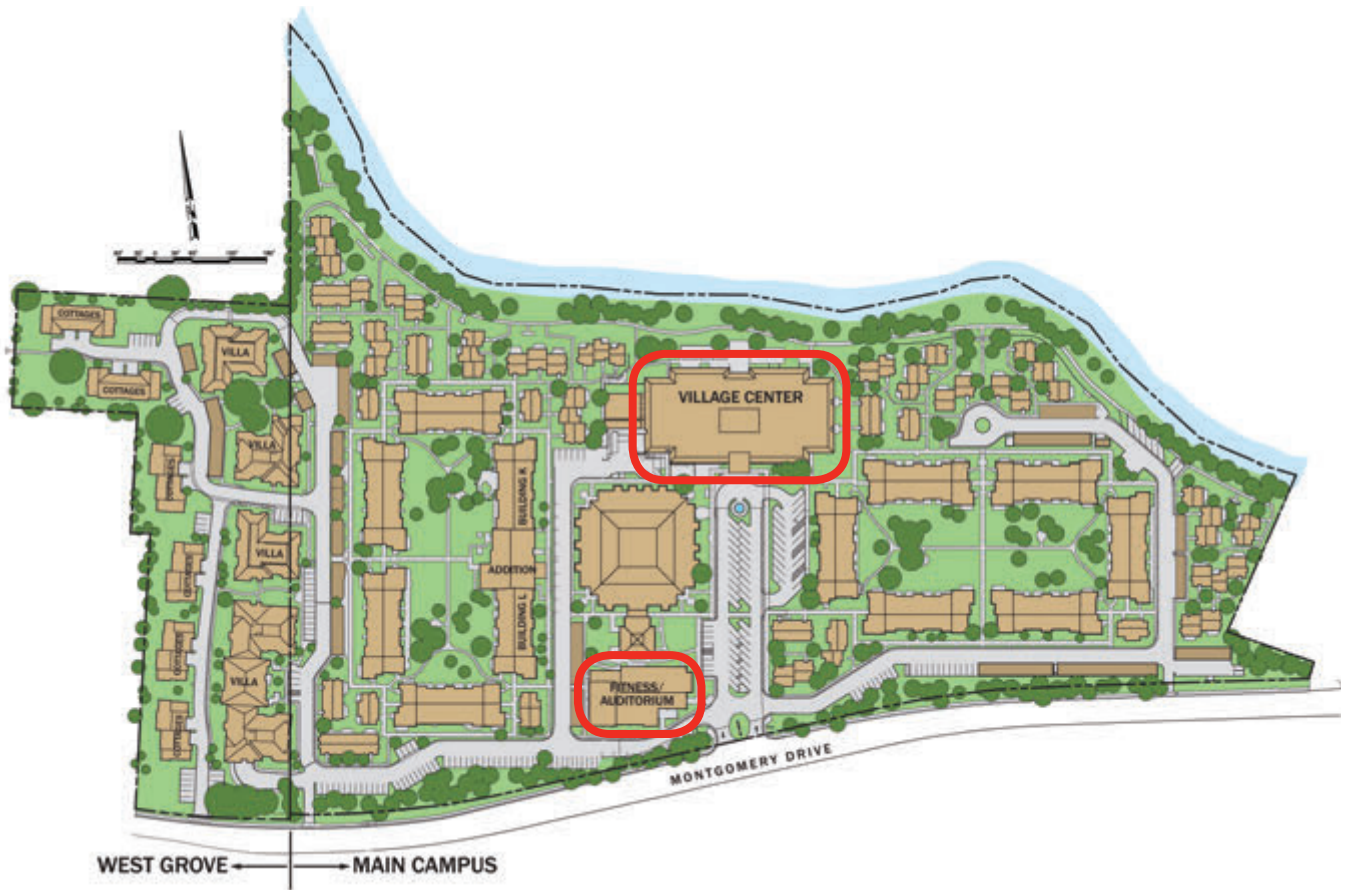
Spring Lake Village | Village Center and Montgomery Fitness Center

When Spring Lake Village decided to reposition its Life Plan Community located in Sonoma Valley, CA, the provider had a goal of attracting younger seniors. Part of the agenda was to create amenities that would appeal to the market, such as more dining options and reconfigured public spaces to meet program needs while also appealing to active adults. The multiple dimensions of wellness drove this community reinvention with a focus on fitness, cultural activities, enhanced dining, social spaces, and outdoor venues.

The Montgomery Fitness Center includes an indoor pool and spa, pre-function lobby, auditorium, large exercise room, and locker/changing areas. To promote use, the new fitness center was located in a highly visible location at the Main Campus entry, thus affording easy access to residents living across the campus. An

initial, before-and-after wellness survey reported an overall improvement in physical wellness, with 45% of residents noting better access to wellness-related resources. (Refer to page 71 for more results from this research study.)

Other campus amenities are located at the heart of the community, in the Village Center. The Village Center underwent extensive interior renovations, resulting in new dining venues, the Great Hall, theater, art studio, billiards room, meeting rooms, business center, retail shop, salon, sewing room, and wood shop. There are also outdoor spaces for socializing and recreational games, such as the new fire pit, bocce court, and pickleball court.





PROVIDER
Willow Valley Communities

LOCATION
Willow Street,
Pennsylvania

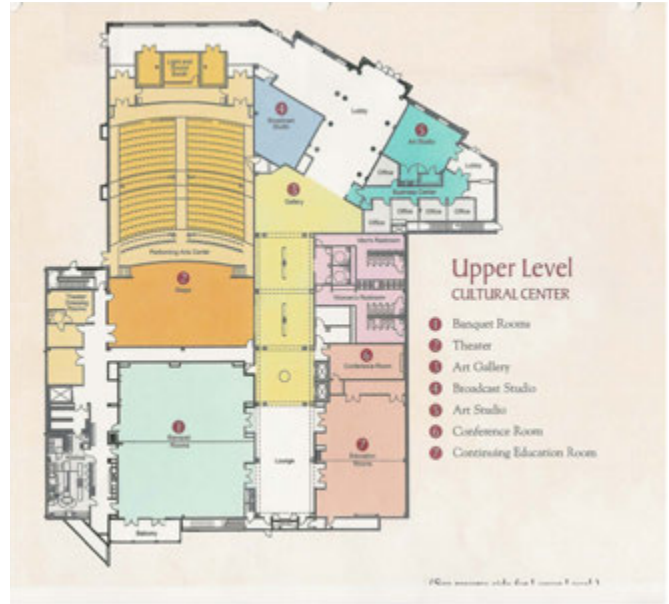
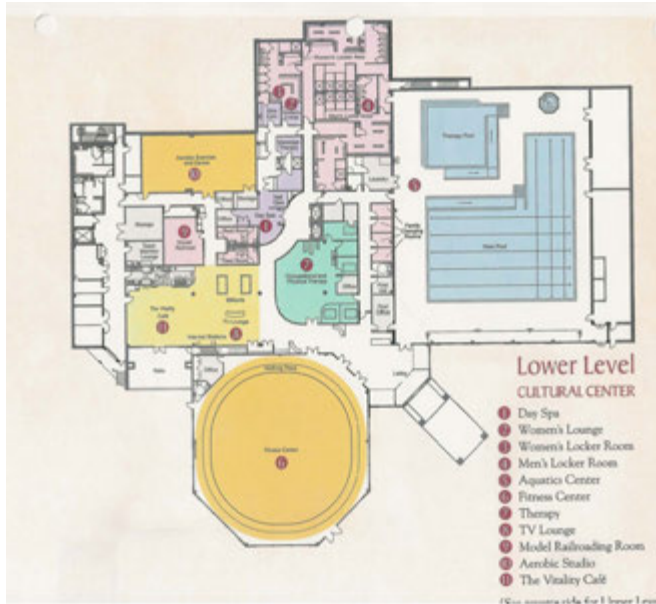
CHL SIZE
82,000 sf

DESIGNERS
Bernardon, Design Lines

INITIAL OCCUPANCY
2001

Willow Valley Communities | Cultural Center

As this Life Plan Community's website explains, "Willow Valley is more than a senior living community. It's a way of life. Even more, it's a mind body spirit approach to wellness, the warmth, and welcome of neighbors, making the most of your days, and sharing your experiences with those you love."⁴⁷ Multiple dimensions of wellness are supported by the campus' Cultural Center, which includes a large theater, ballroom, classrooms, art studio and gallery, workshop, day spa, aquatics center, outpatient therapy, aerobics studio, café, and multi-purpose expo space.







Appendix E: Research Study Findings

In a 2015 post-occupancy evaluation research study conducted by Perkins Eastman on the center for healthy living that had been added to the Spring Lake Village campus in Santa Rosa, CA, we found that after repositioning their amenities and programming to better appeal to the current market:

- Approximately 25% of the residents increased their utilization of fitness programs, participation in educational/special-interest classes and programs, visits to the Village Center, and use of the outdoor walking trails.
- Thirty-five percent lingered longer at dining venues and 26% visited the venues more often, affording more social opportunities and creating the potential for better nutrition.
- Twenty-eight percent felt their physical wellness was better supported and 45% said they now had better access to wellness-related resources. Twenty percent reported an overall improvement in physical wellness and 25% reported an increase in exercising regularly.
- Nineteen percent felt their social/emotional wellness was better supported. Approximately one-third said they now feel a better sense of belonging, have better access to social/emotional resources, and are better at creating and maintaining satisfying relationships.
- Twenty-one percent felt their intellectual wellness was better supported. Approximately 40-45% saw an improvement in their access to creative arts and to intellectual resources and activities.

Upon seeing these results and recognizing the growing trend of whole-person wellness, particularly the development of centers for healthy living, we decided to dig deeper into the topic. In 2015-16, we conducted a design research study that explored built and conceptual (unbuilt) senior-focused whole-person wellness centers. The following are our findings from our multi-method approach, consisting of a literature review, interviews, surveying, and on-site observations.

WHAT DOES “WELLNESS” MEAN?

As John Rude, President of John Rude & Associates (a consulting firm that helps retirement communities develop successful fitness programs and wellness centers), explains, “Wellness is a lifelong process of consciously optimizing one’s health and well-being in mind, body, and spirit.” But how CHLs approach this concept differs, from the form of the spaces to the programming/ services offered at each center. Even the definition of “wellness” varies from CHL to CHL. When we asked the study’s participants to define what wellness means to the seniors they provide, consult, and/or design for, we found that a little over half of the respondents made some note of the multiple dimensions of wellness. Beyond that, the responses were much more diverse and included comments related to:

- Maintaining independence, autonomy, and/or identity;

- Creating a high quality of life, where seniors can live to their maximum capacity and become the strongest versions of themselves;
- Staying engaged and connected;
- The importance of preventative care and being resilient;
- Flexibility;
- The need for choice and accommodating different lifestyle preferences; and
- The concept of aging-in-place in the least restrictive residential environments possible.

It is clear from the definitions that the concept of wellness encompasses a broad range of ideas that interconnect the mind, body, and spirit. As Diane Waltz, the Wellness Program Coordinator at Spring Lake Village, explains, “Wellness is much more than being in good physical health, exercising regularly, and eating right. True wellness is determined by the decisions one makes about how to live life with vitality and meaning. It is the holistic integration of eight interactive dimensions: social wellness, emotional wellness, intellectual wellness, physical wellness, occupational wellness, environmental wellness, spiritual wellness, and financial wellness.” Ultimately, the study indicates that “wellness” is about one’s vitality and how the physical environment and programming/services can be designed to support whole-person wellness.



WHY ARE PEOPLE BUILDING CHLS?

When asked why CHLs are being developed, the study's participants predominantly noted two reasons. First, CHLs can serve current and future markets and meet changing consumer demands. One respondent specifically noted that their CHL was developed to attract a younger market (i.e., a lower entry age to the Life Plan Community). The second-most popular response to the question was that CHLs can improve seniors' wellness and encourage healthy living.

Other reasons reported for why providers are developing CHLs included:

- Creating and/or maintaining partnerships, including relying on others' areas of expertise;
- Helping the organization serve a greater cross-section of the community (i.e., non-resident users);
- Opening the campus up to prospective residents, or to create "feeders" into other lines of business;
- Offering greater choice and more space/amenities to an increased number of residents;
- Providing better cross-disciplinary communications (e.g., the hand-off from the rehab to fitness teams could become seamless, thereby enhancing seniors' well-being while leveraging available programming); and
- The CHL becoming a differentiator from the competition.

WHAT DEFINES A "SUCCESSFUL" CHL?

Study participants reported many measures of what "success" could mean. Many agreed that a CHL needs to be flexible and nimble, continually adapting to changing demographics and market demands. This included providing a variety of opportunities for seniors to explore and learn, with the added benefit of flexible schedules. A third of the respondents said that improved or sustained wellness should be the primary outcome. Some even described it as a "journey of wellness," explaining that the CHL should inspire one to strive for and achieve his or her best self. Nearly one quarter also felt that a successful CHL should include programming that enables residents to try new things, encouraging social engagement, and keeping the mind and body nimble and active.

Respondents also stressed that a personalized approach is necessary for success, that individual wellness goals need to be identified and worked toward, with the CHL providing something for every user regardless of their wellness level or inclination. In fact, one participating community, Moorings Park, is developing a "Wellness Index" for each dimension of wellness so it can have an accurate, quantifiable assessment of a person's wellness and establish a benchmark for future success. This would allow Moorings Park to better target and track measures of success, as individuals' indices are maintained or improved upon over time through the use of their CHL's spaces and programs.

There were several other notes about what makes a CHL successful, including: accommodating customer requests whenever possible; having strong support from leadership and instituting a culture of wellness from the top down; getting staff buy-in at all levels; creating a place that is constantly in use and that people look forward to visiting; providing transportation so it is easy to get to; making it financially viable for potential users; and bringing together diverse groups of people all under one roof. One respondent also noted that the key to its success was the interdisciplinary team made up of residents, family members, staff, and members of the greater community who were all involved during the planning stage of the CHL. It was said that the input received from these stakeholders helped shape a successful product.

KEY COMPONENTS OF A CHL

Though each CHL is different from the next, one of the goals of this study was to determine if there were any key components, relationships, or other factors that could be used to identify or define a CHL. Our research supports the fact that CHLs are highly variable. However, we were able to identify some commonalities among the designs we studied.

First is the idea that CHLs are a conglomeration of programming, with spaces to support said services. In fact, when we asked the study participants to describe the key components of a CHL, about a quarter only talked about spaces, whereas nearly half described only programming and a little over one-third talked

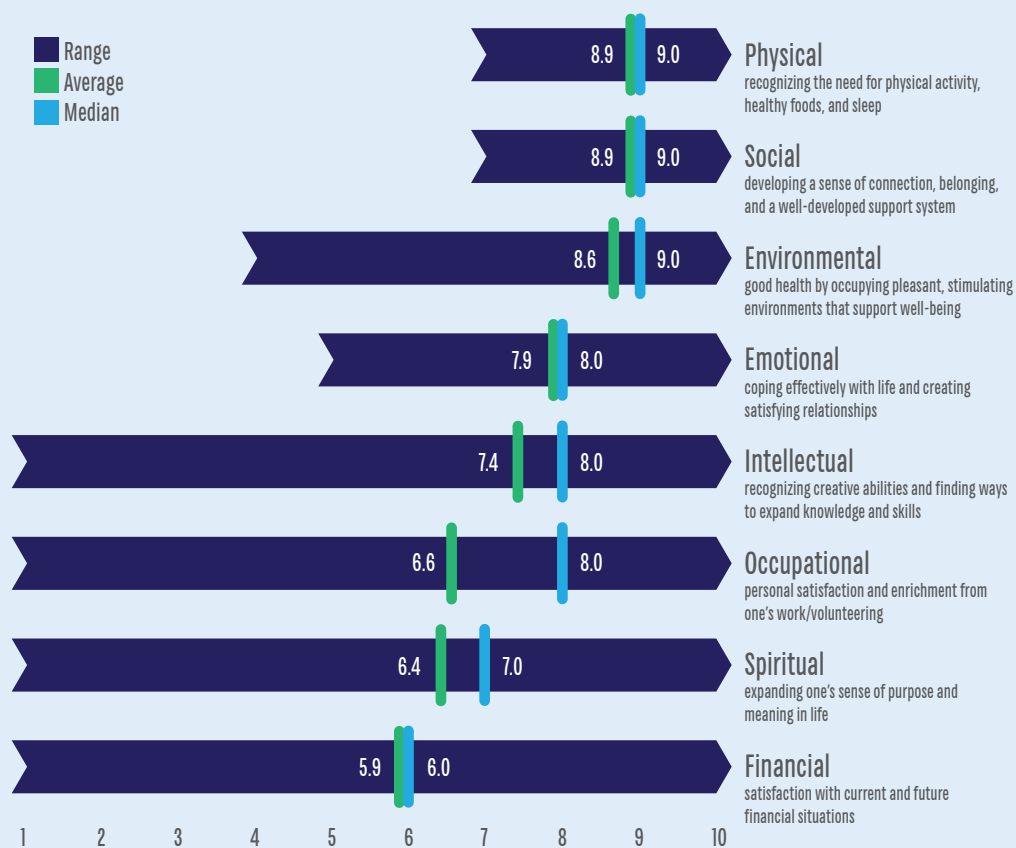
about both spaces and programming. As J. David Hoglund, President and Executive Director of Perkins Eastman, explains, “A CHL can be a place, a building, or a collection of services. It can be separated, but also needs to be seen as a comprehensive group of programs that are linked.”

Key programmatic components of the CHL that were described by the survey participants generally followed the multiple dimensions of wellness, with descriptions of programs that support physical fitness, healthy nutrition, clinical and counseling services, educational programs (e.g., lectures, discussion groups, musical performances), social/recreational activities, volunteer opportunities, and spirituality.

In terms of operations and programming, other descriptions of the key components of a CHL included:

- A broad spectrum of services, offering variety;
- Open to the greater community;
- User-driven, personalized programming/wellness plans;
- Integrated programming (i.e., all the dimensions of wellness buoy each other);
- Cross-disciplinary communication/interdepartmental relationships (e.g., a seamless hand-off from the rehab to fitness team);
- Partnerships, collaborations;
- Strong leadership;
- Staff who are knowledgeable about senior needs and program/service availability; and
- Affordability for potential users.

In addition to asking the participating CHLs to describe their facilities/programs, we also asked them to rate their CHL on each dimension of wellness so we could develop a better understanding of which ones get the most focus. We found the following:



Case Studies' Self-Reported Ratings on the Multiple Dimensions of Wellness

Descriptions of the key spatial components in a CHL included the following (listed in order of prevalence from the most to least number of descriptions provided by study participants):

- Exercise equipment rooms;
- Aquatics (e.g., pool, Jacuzzi, sauna, therapy pool);
- Group fitness classrooms;
- Auditoriums, large multipurpose rooms, event centers, ballrooms;
- Day spas, salons, massage, acupuncture;
- Educational classrooms, conference/meeting rooms;
- Dining venues;
- Arts and crafts, sewing studios, woodworking shops;
- Outdoor spaces (e.g., dining, walking trails, bocce courts, fire pits, gardens);
- Theaters;
- PT and/or OT therapy;
- Learning and technology spaces (e.g., library, “Brain Fitness” rooms);
- Medical/clinical spaces;
- Chapels, spiritual centers, quiet reflection/meditation spaces;
- Social spaces, seating areas (i.e., spaces that promote casual gathering);
- Art galleries; and
- Convenience store, retail spaces.

Respondents further noted that other key design features of CHLs include:

- Welcoming, inviting spaces;
- Co-location of amenities to encourage interactions between functions/groups;

EXAMPLES FROM SURVEY PARTICIPANTS

Physical Wellness

Fitness programming/spaces, such as personal training, exercise equipment, aquatics (swimming, water aerobics), and exercise classes (yoga, tai chi, strengthening, stretching, Zumba®); nutritious meals and healthy dining programs; outdoor sports and walking paths; massage therapy; health education programs; and medical clinics

Social Wellness

Programming that strives to be inclusive, with a focused effort on building a sense of community; spaces/programming that encourage spontaneous interactions and opportunities to gather; resident-mentors to help new residents meet people; affinity groups/clubs; having all care levels on one campus to “allow residents to maintain friendships as they transition to all levels of care;” and a “community table” where individuals can join others for a meal in the dining room

Environmental Wellness

Recycling programs; ecologically sustainable design features; plentiful natural light; beautiful, comfortable, well-maintained spaces; good acoustics; and spaces with indoor-outdoor connections

Emotional Wellness

Support groups and counseling; programs that are social in nature (e.g., fitness, affinity groups); programming that again strives to be inclusive, with a focused effort on building a sense of community; centralized amenities to encourage spontaneous interactions; meditation, stress relief programs; and “Caring Connections training” that teaches people “how to reach out to others and set boundaries”

Intellectual Wellness

Computer classes, discussion groups, seminars/lectures, foreign language clubs, book clubs, art, music/singing, flower arranging, “Brain Fitness” programs, and theater performances

Occupational Wellness

Volunteer opportunities on and off the campus, residents serving on the Board, residents serving on a Resident Council, and other committee involvement

Spiritual Wellness

An on-campus chapel/synagogue, religious services (denominational and non-denominational), clergymen/rabbis on staff, religious-themed video and book discussion groups, and yoga/meditation classes

Financial Wellness

Financial assistance/consultation provided at the CHL; financial education programs about financial wellness, estate planning, end of life planning, etc.; and guidance on Medicare and other insurances

- Easy physical access to spaces, spaces that are easy to find (visually and physically);
- Plentiful, easy-to-access storage;
- Attention to AV, plus good acoustics and sound control; and
- Abundant natural light.

CENTRALIZED VS. DECENTRALIZED CHLS

In over half of the case studies, all of the amenities and programs/services were located in a centralized space (i.e., in one building or space). The remaining survey participants described CHLs that are decentralized, such that the amenities and programs/services are housed in multiple locations on one campus/site. Of those that explained the nature or purpose of their decentralization, three out of four noted preexisting conditions or building constrictions (e.g., they are using the only space available). Only one of the respondents said their decentralization was an intentional move, with the goal being to distribute the spaces/programming in order to attract participants from different parts of the campus. None of the participating CHLs said they offer decentralized services spread throughout multiple sites—that is, throughout the surrounding neighborhood.

PARTNERSHIPS

Two-thirds of the CHLs that participated in our study have a partnership with a medical/clinical provider. These included such things

as a local hospital giving monthly educational programs on health topics; nurse practitioners, physicians, and specialists (e.g., audiologists, cardiologists, dermatologists, neuropsychiatrists, ophthalmologists, podiatrists) offering care to residents on the CHL's campus; and an affiliation with a local medical school where residents could participate in clinical studies.

Another two-thirds of the participating CHLs also partner to deliver educational/lifelong learning opportunities. Similarly, two-thirds also reported partnerships to support cultural programs/activities. Several sites have professors from local academic institutions coming into the CHL to offer lectures and hold discussion groups on a variety of topics, including art, history, and music. Another community has a contract with a conservatory for the benefit of the CHL's choir director and music program. One community runs its fine art gallery through a partnership with a local art museum. Another has a partnership with the local Regional Parks system, which provides programs for residents and the greater community, including guided walks and hikes, bird watching outings, and trail hiking challenges for staff and residents.

A little over half of the participating CHLs have partners in fitness (e.g., yoga and fitness class instructors and massage therapists). Just under half of the participating CHLs partner for rehab/therapy services. These included PT/OT and speech therapy, personal trainers, and music



therapy. Several have a partnership related to dining services/nutrition, and one CHL described a partnership it has established to offer spa/salon services.

Several CHLs noted they currently have no standing partnerships of any kind. In fact, one community, C. C. Young, explained that when the site first opened, it had relied heavily on partnerships to achieve its whole-person approach to programming. However, after about a decade of operating its CHL, greater success has been found when programming is run directly by C. C. Young staff. Whether through acquisition of partnership organization(s) or doing direct hires for its trained staff, C. C. Young discovered that by operating the CHL with its own staff, the community has met the diverse interests and needs of its clientele, as well as succeeded in upholding the organization's mission since all of the staff are familiar with and working toward a shared vision. Denise Aver-Phillips, the Vice President of Community Outreach at C. C. Young, explained that having

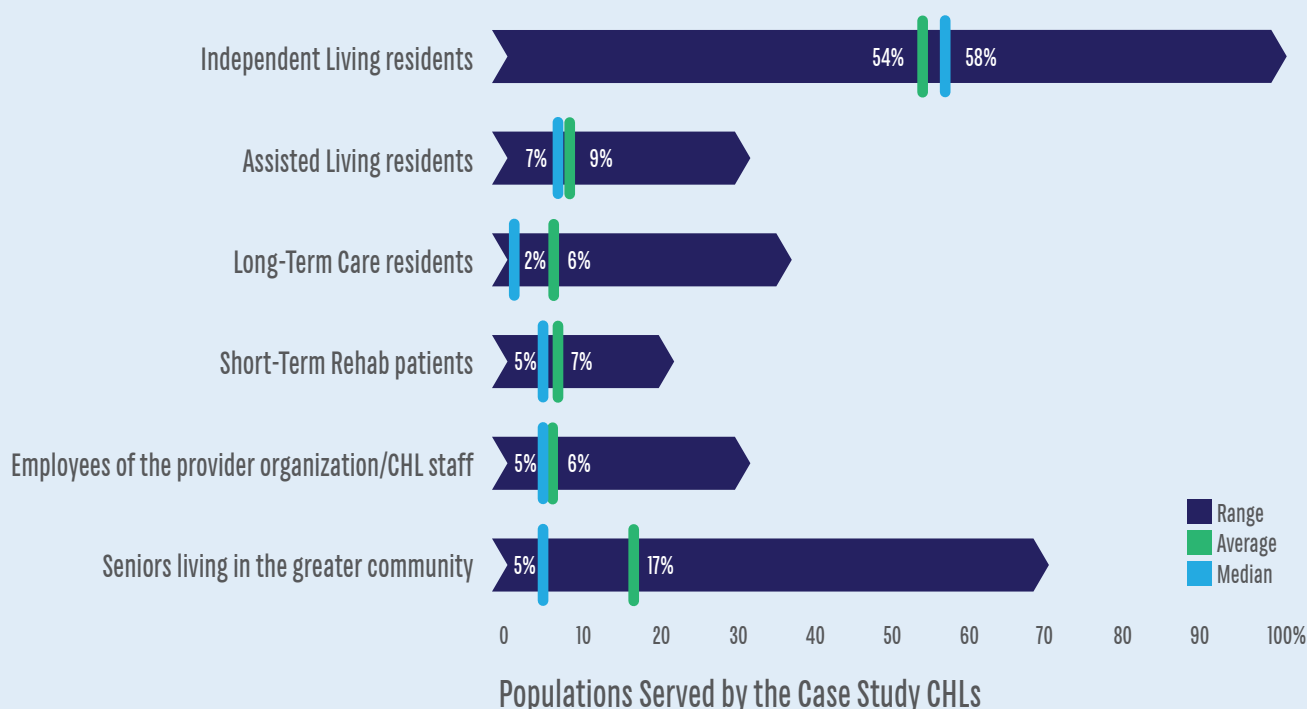
their own staff run the CHL programs has provided them with better opportunities to control customer service.

Moorings Park, a much newer CHL, also explored the nature of partnership relations. As Celeste Lynch, the Director of Wellness at Moorings Park, explained, partners have to be chosen carefully. It's not just a matter of coming together to deliver diverse services. All of the organizations involved must share a common goal and leverage each other. Daniel Cinelli, Principal and Executive Director of Perkins Eastman, likes to explain this as "one plus one must equal five." In other words, one organization cannot just partner with another organization and see success. By coming together, both organizations must be positioned to do more and better together than apart.

WHO IS USING THE CHLS?

The CHLs involved in the study serve a diverse group of populations.

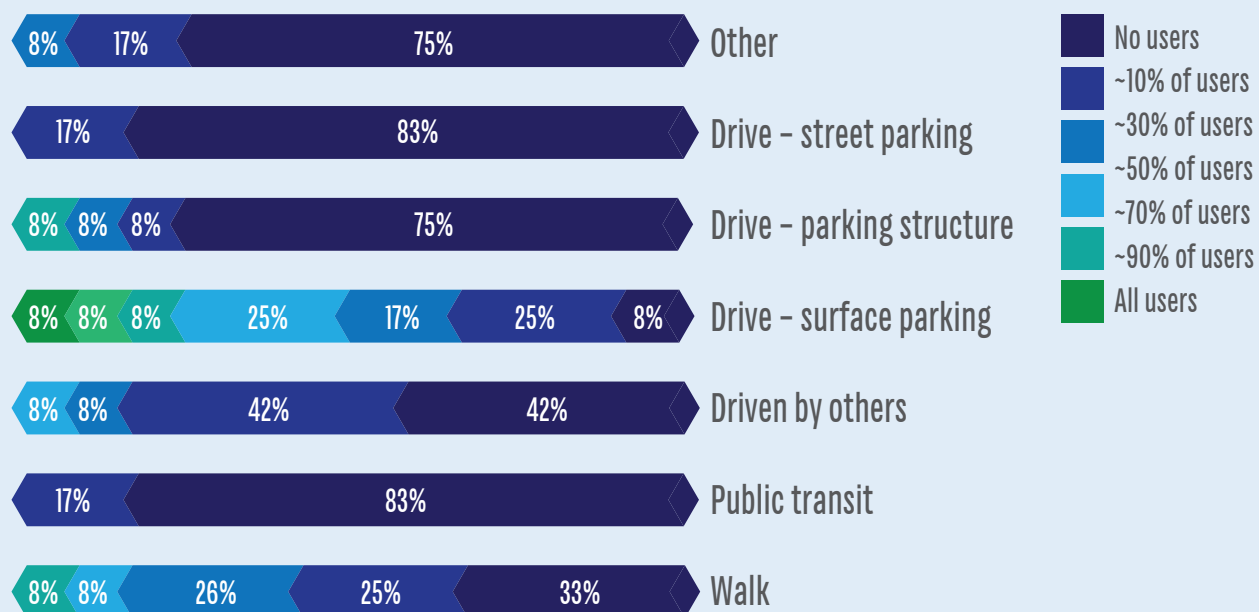
The CHLs involved in the study are serving a diverse group of seniors, with an average age of 80 years and a range of 65-85 years old. The people who visit and/or are served by the participating CHLs include:



The average age of the people who visit and/or are served by the participating CHLs is 80 years old (with a median of 82 years and a range of 65-85 years old). The typical number of people who visit and/or are served by the participating CHLs averaged 601 per week (with a median of 300 people and a range of 50-1,500 people per week). The farthest distance the typical user travels to visit the participating CHLs is an average of 11 miles (with a median of 10 miles and range of 0-25 miles). In terms of reach, the farthest distance that CHL services are brought out into the greater community is an average of 16 miles (with a median of 5 miles and range of 0-125 miles). Most of the people visiting the case study CHLs arrive either by foot or come by car and park on a surface lot. Few rely on mass transit or ride-sharing programs.

Nearly half of the participating CHLs also noted that there are temporal differences as to when people are using the CHLs and/or when programming is offered. Two participants noted that they schedule more exercise classes in the morning hours, as programs at this time of day receive greater attendance than later sessions. Similarly, one community doesn't offer any fitness programming on the weekends due to poor attendance rates. Seasonally, there were also some variations. One community (logically) explained that it has more outdoor activities in the spring, summer, and early fall; another reported that it holds fewer lectures and discussion groups in the summer. One facility, located in Florida, specifically noted that "snowbirds" (i.e., residents who head North in the summer months) affect its seasonal CHL usage rates.

In regards to gender, only two of the participating CHLs offer gender-specific programming. One offers "men's coffee" and the other said it has gender-specific physical fitness programs.



How Users Travel to the Case Study CHLs

OUTCOMES

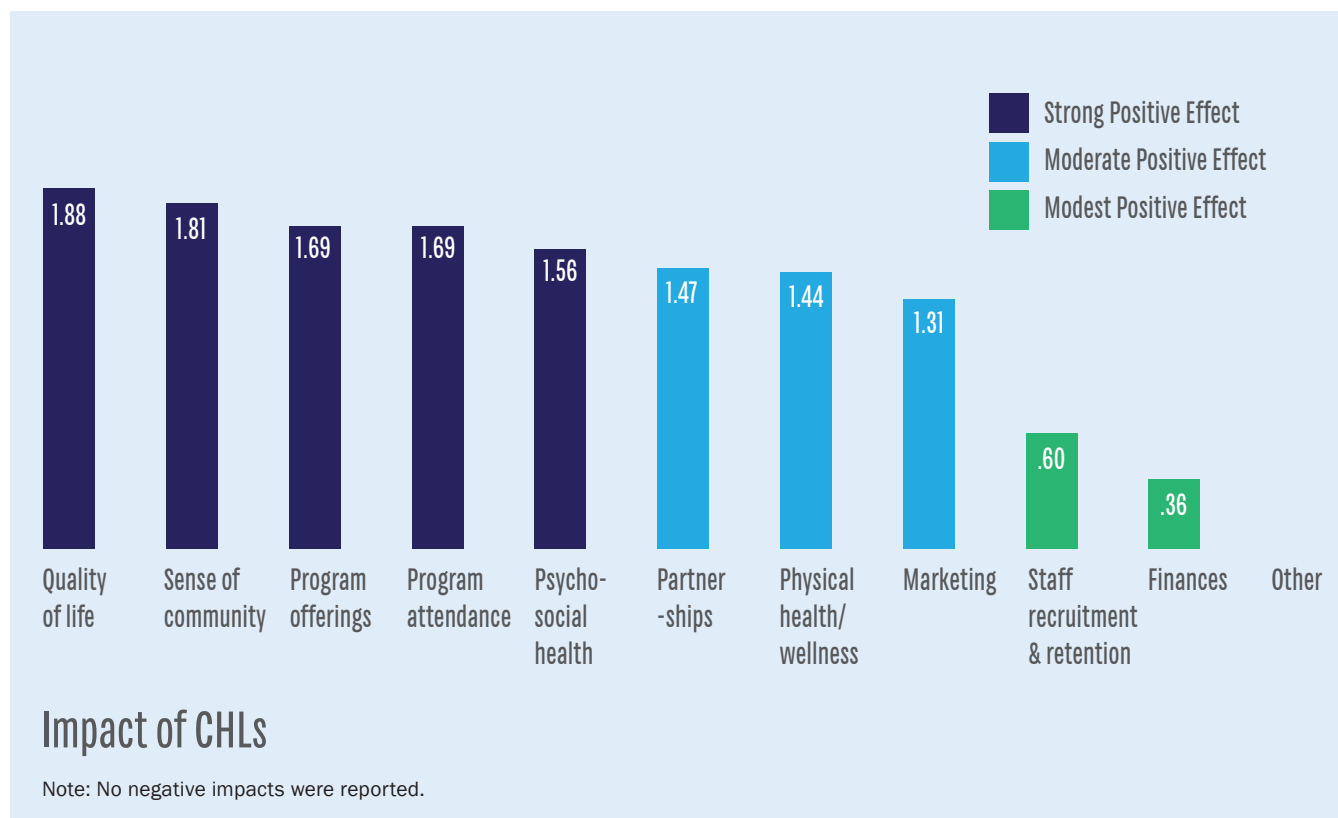
We found that the participating CHLs had a positive impact on all the factors we asked about: users' quality of life, users' physical health/wellness, users' psycho-social health/wellness, sense of community, finances (e.g., revenue stream, preventative care savings), marketing/referrals, staff recruitment/retention, program quantity/type of offerings, program attendance rates/popularity, and partnership opportunities.

CHALLENGES

We asked the participating CHLs what obstacles they faced when developing their centers, and also what challenges they are dealing with now that they are operating these facilities. In terms of development, nearly one-third were challenged by the limited size of their site or building, particularly when trying to fit all of the CHL's components into the allocated space. Scope creep (adding more programmatic elements or spaces during the design development phase, which can not only make the building bigger but also drive up project costs) was also an issue for some.

Nearly one-third noted issues related to financing the project, including obtaining the funding for the capital improvements. Others struggled with identifying the correct combination of programming and personnel, or were challenged by trying to educate and communicate with stakeholders, including residents, board members, and members of the greater community. Some also had to deal with getting resident buy-in, including getting the residents to accept change. One site also noted that it struggled with cultural perceptions, namely appealing to the Baby Boomers who don't see themselves as "old" or particularly in need of a "senior center."

Another site also struggled with creating successful programming to support the dimension of emotional wellness. Though potentially difficult to program and/or to measure the success of related efforts, working towards emotional wellness is important since, as Dr. Esther M. Sternberg explains, "An awareness of how place affects mood and behavior, and in turn our health, is helping today's architects design places that work with our bodies to maintain health and promote healing, rather than work against us to



worsen stress and disease.”⁴⁸ This is particularly important since, as Dr. Sternberg further notes, “Research has shown that stress is harmful to health. It slows healing, predisposes the body to more severe and more frequent infections, and compounds the effects of illness. [An] environment, whose goal is to heal, should do what it can to eliminate stress.”⁴⁹

In terms of the challenges faced once the CHL was open and operating, one-third of the participating CHLs wished they could expand the CHL to support additional programming/events or the number of users. Additional space-related challenges included a desire for more parking spaces due to increased use of the CHL; insufficient storage space to adequately support programming/events; and one CHL having too many points of entry: At C. C. Young, people are entering the building for events at multiple places, making it difficult to monitor events with restricted access and direct people to the appropriate event. Subsequently, C. C. Young was obliged to post personnel at each entry point during these events.

Additional challenges related to operating the CHLs included: funding capital and operations beyond the initial philanthropic campaign, including the fact that a CHL’s direct revenue may not cover direct expenses; finding qualified staff; supplying transportation to bring in CHL users; educating and communicating with stakeholders; the increased demand on services and support as residents age; and residents that are resistant to opening the CHL up to members of the greater community (even when they know it will result in more intergenerational experiences as well as increased revenue through membership opportunities). One CHL also reported having to deal with a neighbor complaining about noise generated from their outdoor activities.

WHAT EXISTING CHLS WOULD DO DIFFERENTLY: ADVICE TO OTHERS

When asked what advice they would give others on the path to developing a new CHL, the study’s participants had a wide range of suggestions. With regard to the development process, the recommendations included:

- Make changes slowly, incorporating new ideas while keeping old programs;

- Start with a smaller version, letting the larger version grow when there is demand;
- Provide plenty of choice;
- Communicate a lot, and frequently;
- Conduct focus groups early on with all stakeholders (from residents to primary care and other service providers who can help shape spaces and buy in to the vision), who in turn can help sell the project to the residents;
- Allow residents to take part in the decision-making process so they are invested in the outcome;
- Seek expert advice and best practices regarding space planning and operations, including consulting with people in non-senior living sectors (e.g., hospitality and higher education); and
- Start with a clear definition of the program/scope, so the team can accurately design the spaces and establish the square footage required to execute the program.

In terms of design features, the participating CHLs advise that future facilities:

- Centralize all of the key functions/amenities and build the residences out from this hub;
- Minimize walking distances between spaces, as much as possible, since residents who struggle with mobility are challenged by destinations that are far apart;
- Consider having more spaces in the small and medium size range so that dividable large-scale rooms don’t have to be repurposed for different events/activities as often;
- Include back-of-house spaces adjacent to major event spaces for staging, food prep/delivery/serving, and storage—similar to what can be found in the hospitality industry;
- Include more storage throughout;
- Be accessible. For instance, pay a great deal of attention to A/V; have accessible push pads on all public doors since doors are often too heavy for residents to operate, especially if using mobility aids; allow extra clearances for circulation with mobility assistance devices; and
- Take into consideration the parking needs/transportation strategy when opening the CHL up to the greater community.

Endnotes

- ¹ Harris-Kojetin, L., Sengupta, M., Park-Lee, E., & Valverde, R. (2013). Long-Term Care Services in the United States: 2013 Overview. *Vital & health statistics. Series 3, Analytical and epidemiological studies*/[US Dept. of Health and Human Services, Public Health Service, National Center for Health Statistics], (37), 1-107. Page 3.
- ² Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948.
- ³ Seals, D. R., & Melov, S. (2014). Translational geroscience: emphasizing function to achieve optimal longevity. *Aging (Albany NY)*, 6(9), 718-30.
- ⁴ Lauer, C., & Doster, D. (2014). *Understanding the multiple dimensions of wellness and their impact on retirement communities*. Retrieved from <https://www.leadingage.org/uploadedFiles/Content/About/Sponsors/Aflac/Wellness%20survey%20white%20paper.pdf>
- ⁵ Wolosin, R., Ayala, L., & Fulton, B. R. (2012). Nursing care, inpatient satisfaction, and value-based purchasing: vital connections. *Journal of Nursing Administration*, 42(6), 321-325.
- ⁶ Perkins Eastman. (2016). *Sustainability Talking Points*.
- ⁷ Moorings Park. (n.d.). *Moorings Park The Center for Healthy Living* [Brochure]. Naples, FL: Author.
- ⁸ C. Lynch, personal communication, July 1, 2016.
- ⁹ S. Brinkert, personal communication, July 1, 2016.
- ¹⁰ Perkins Eastman. (2015). *Senior Living 2015 Survey: An Industry Poised for Change*. Retrieved from http://perkinseastman.com/white_papers
- ¹¹ Segmiller, D. (2014). *The state of senior living in the Carolinas*. Retrieved from http://perkinseastman.com/white_papers
- ¹² Kirkby-Geddes, E., King, N., & Bravington, A. (2013). Social capital and community group participation: Examining 'bridging' and 'bonding' in the context of a healthy living centre in the UK. *Journal of Community & Applied Social Psychology*, 23(4), 271-285.
- ¹³ Joint Center for Housing Studies of Harvard University. 2014. "Housing America's Older Adults: Meeting the Needs of an Aging Population," page 24.
- ¹⁴ Keenan, Teresa A. 2010. *Home and Community Preferences of the 45+ Population*. Washington, D.C.: AARP, pages 2 and 7.
- ¹⁵ Perkins, B. (2004). *Building type basics for senior living*. John Wiley & Sons. Page 17.
- ¹⁶ Thomas, M. (2011). *Villages: helping people age in place*. Retrieved from <http://www.aarp.org/home-garden/livable-communities/info-04-2011/villages-real-social-network.html>
- ¹⁷ Oldenburg, R. (1989). *The great good place: Café, coffee shops, community centers, beauty parlors, general stores, bars, hangouts, and how they get you through the day*. Paragon House Publishers.
- ¹⁸ Celano, P. (2016). *Successful Transitions in Care Through Technology*. Presentation, Washington, DC.
- ¹⁹ LivWell Health. (2016). *LivWell Health*. Retrieved from <http://www.livwellhealth.com>
- ²⁰ Passel, J. S., & Cohn, D. (2008). *U.S. population projections 2005-2050: Pew Research Center's hispanic trends project*. Retrieved from <http://www.pewhispanic.org/2008/02/11/us-population-projections-2005-2050>
- ²¹ Harris-Kojetin, L., Sengupta, M., Park-Lee, E., & Valverde, R. (2013). Long-Term Care Services in the United States: 2013 Overview. *Vital & health statistics. Series 3, Analytical and epidemiological studies*/[US Dept. of Health and Human Services, Public Health Service, National Center for Health Statistics], (37), 1-107. Page 3.
- ²² Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948.
- ²³ Seals, D. R., & Melov, S. (2014). Translational geroscience: emphasizing function to achieve optimal longevity. *Aging (Albany NY)*, 6(9), 718-30.
- ²⁴ Lauer, C., & Doster, D. (2014). *Understanding the multiple dimensions of wellness and their impact on retirement communities*. Retrieved from <https://www.leadingage.org/uploadedFiles/Content/About/Sponsors/Aflac/Wellness%20survey%20white%20paper.pdf>
- ²⁵ U.S. Department of Health & Human Services. (n.d.). *Key features of the affordable care act by year*. Retrieved from <http://www.hhs.gov/healthcare/facts-and-features/key-features-of-aca-by-year/index.html>
- ²⁶ Wolosin, R., Ayala, L., & Fulton, B. R. (2012). Nursing care, inpatient satisfaction, and value-based purchasing: vital connections. *Journal of Nursing Administration*, 42(6), 321-325.
- ²⁷ The Henry J. Kaiser Family Foundation. (2011). *Snapshots: Health care spending in the United States & selected OECD countries*. Retrieved from <http://kff.org/health-costs/issue-brief/snapshots-health-care-spending-in-the-united-states-selected-oecd-countries>
- ²⁸ Karnik, A. (2009). The Peckham Experiment: An Introduction. *Social Medicine*, 4(3), 186-188.
- ²⁹ Pardasani, M., & Thompson, P. (2012). Senior centers innovative and emerging models. *Journal of Applied Gerontology*, 31(1), 52-77.

- ³⁰ The City of New York, Office of the Mayor. (2012). *Mayor Bloomberg and Department for the Aging Commissioner Barrios-Paoli Announce City's First Eight 'Innovative Senior Centers' Now Open For Business*. Retrieved from <http://www1.nyc.gov/office-of-the-mayor/news/115-12/mayor-bloomberg-department-the-aging-commissioner-barrios-paoli-city-s-first-eight#/1>
- ³¹ Secretary of State for Health, United Kingdom. (1999). *Saving lives: Our healthier nation*. Retrieved from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/265576/4386.pdf
- ³² Hill, D. et. al. (2007). *The evaluation of the big lottery fund healthy living centers programme*. Retrieved from https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0ahUKEwinh_HujKbOAhVBXGMKHRWGAtQQFggcMAA&url=http%3A%2F%2Fwww.biglotteryfund.org.uk%2Fhi%2Fer_eval_hlc_final_report.pdf&usg=AFQjCNFJ_tvmlTNPEdTWdtXDSnB70R90Q&sig2=VKtayelpzsoEBGUDqXk70A&bvm=bv.128617741,d.cGc
- ³³ Mather LifeWays. (n.d.). *Mather More Than a Café*. Retrieved from <http://matherlifewaysinyourneighborhood.com/mathers-more-than-a-cafe>
- ³⁴ Mather LifeWays. (n.d.). *Café Plus model*. Retrieved from <http://www.matherlifeways.com/cafe-plus-model>
- ³⁵ Community LIFE. (n.d.). *Our services*. Retrieved from <https://www.commlife.org/ourServices.php>
- ³⁶ Regional divisions are listed in accordance to the census regions and divisions of the United States. Retrieved from https://www2.census.gov/geo/pdfs/maps-data/maps/reference/us_regdiv.pdf
- ³⁷ L. McCracken, personal communication, April 27, 2016.
- ³⁸ Florida Presbyterian Homes. (n.d.). Retrieved from <http://www.fphi.org>
- ³⁹ Florida Presbyterian Homes. (n.d.). Retrieved from <http://www.fphi.org/about-us>
- ⁴⁰ Ingleside at Rock Creek. (n.d.). Retrieved from <http://www.ircdc.org/about.html>
- ⁴¹ Jewish Home of San Francisco. (n.d.). Retrieved from <http://jhsf.org/about-bold-vision.htm>
- ⁴² Monroe Center for Healthy Aging. (n.d.). Retrieved from <http://www.monroectr.org>
- ⁴³ Hebrew SeniorLife. (n.d.). Retrieved from <http://www.hebrewseniorlife.org/newbridge-wellness>
- ⁴⁴ Rockwood Retirement Communities. (n.d.). *Rockwood South Hill* [Brochure]. Spokane, WA: Author.
- ⁴⁵ Rockwood Retirement Communities. (n.d.). Retrieved from <http://www.rockwoodretirement.org/home/about-rockwood-south-hill/residences-at-the-summit>
- ⁴⁶ Saint John's Communities, Inc. (n.d.). Retrieved from <http://www.saintjohnsmilw.org/our-view/our-view-on-wellness>
- ⁴⁷ Willow Valley Communities. (n.d.). Retrieved from <http://www.willowvalleycommunities.org/the-willow-way/leading-the-way/why-were-different>
- ⁴⁸ Sternberg, E. M. (2009). *Healing spaces: The science of place and well-being*. Harvard University Press. Page 291.
- ⁴⁹ Sternberg, E. M. (2009). *Healing spaces: The science of place and well-being*. Harvard University Press. Page 227.

Image Credits

Page 4: Stock photography purchased by Perkins Eastman

Page 5: © Chris Cooper 2015

Page 7: Stock photography purchased by Perkins Eastman

Page 9: © Randall Perry 2013

Page 10: © Perkins Eastman/Sarah Mechling 2009

Page 11: © Chris Cooper 2009

Page 12: © Chris Barrett 2011

Page 15: © Benjamin Benschneider 2016

Page 17: © Chris Cooper 2013

Page 18: Plan courtesy of Perkins Eastman

Page 19: © Randall Perry 2013

Page 20: © Randall Perry 2013; plan courtesy of Perkins Eastman

Page 21: © Randall Perry 2013

Page 22: © Perkins Eastman/Sarah Mechling 2016

Page 23: © Hamilton Studio 2016, Courtesy of Rockwood: The Summit

Page 24: © Chris Barrett 2011

Page 25: © Perkins Eastman/Sarah Mechling 2015

Page 30: Stock photography purchased by Perkins Eastman

Page 32: Stock photography purchased by Perkins Eastman

Page 33: Stock photography purchased by Perkins Eastman

Page 34: Stock photography purchased by Perkins Eastman

Page 35: © Chris Cooper 2013

Page 38: Diagram courtesy of RTKL

Page 39: Women's exercise class 1937, Wikimedia Commons

Page 40: © Chris Cooper 2014

Page 41: Stock photography purchased by Perkins Eastman

Page 42: Stock photography purchased by Perkins Eastman

Page 43: © Chris Cooper 2014

Page 47: Stock photography purchased by Perkins Eastman

Page 48: © Chris Cooper 2007

Page 49: Plans courtesy of Perkins Eastman

Page 51: Plans courtesy of Perkins Eastman

Page 52: Rendering courtesy of Florida Presbyterian Homes

Page 53: Renderings and plan courtesy of Florida Presbyterian Homes

Page 54: Rendering courtesy of Perkins Eastman

Page 55: Plans courtesy of Perkins Eastman

Page 56: Rendering courtesy of Jewish Home of San Francisco

Page 57: Renderings and plan courtesy of Jewish Home of San Francisco

Page 58: Courtesy of Monroe Center for Healthy Aging

Page 59: Plans courtesy of Monroe Center for Healthy Aging

Page 60: © Chris Cooper 2009

Page 61: © Chris Cooper 2009; © Perkins Eastman/Sarah Mechling 2009; plans courtesy of Perkins Eastman

Page 62: © Benjamin Benschneider 2016

Page 63: © Benjamin Benschneider 2016; plans courtesy of Rockwood South Hill

Page 64: © Chris Barrett 2011

Page 65: © Chris Barrett 2011; plan courtesy of Perkins Eastman

Page 66: © Chris Cooper 2015

Page 67: © Chris Cooper 2015

Page 68: Courtesy of Willow Valley Communities

Page 69: Courtesy of Willow Valley Communities; plans courtesy of Willow Valley Communities

Page 70: Stock photography purchased by Perkins Eastman

Page 71: Stock photography purchased by Perkins Eastman

Page 72: Stock photography purchased by Perkins Eastman

Page 76: Stock photography purchased by Perkins Eastman

Special thanks (in alphabetical order):

Denise Aver-Phillips, Vice President, Community Outreach, C. C. Young
 Steve Brinkert, Vice President of Resident Services, Moorings Park
 Libby Bush, Chief Operating Officer, Ingleside
 Omar Calderon, Principal, Perkins Eastman
 Daniel Cinelli, Principal and Executive Director, Perkins Eastman
 Steve Colwell, Executive Director of Operations, NewBridge on the Charles
 Jerry and Colette Coomes, Residents of Moorings Park
 Dan and Peggy Danielson, Residents of Moorings Park
 Ken Durand, Resident and former President and Chief Executive Officer, C. C. Young
 Caroline Galati, Director of Physical Therapy, Moorings Park
 Andrew Gorton, Executive Director of Resident Services, Rockwood Retirement Communities
 Joseph Hassel, Principal, Perkins Eastman
 John Hehn, Executive Director, Florida Presbyterian Homes
 J. David Hoglund, President and Executive Director, Perkins Eastman
 Anita Hullum, Resident of C. C. Young
 Carol Hunt, Future Resident of Moorings Park
 Kirsten Jacobs, Associate Director of Dementia and Wellness Education, LeadingAge
 James Long, Director of Dining Services, C. C. Young
 Celeste Lynch, Director of Wellness, Moorings Park
 Kevin Maloney, Vice President of Hospitality, C. C. Young
 Lisa McCracken, Senior Vice President of Senior Living Research and Development, Ziegler
 Leslie Moldow, Principal, Perkins Eastman
 Brian Parman, Director of The Point and Pavilion, C. C. Young
 Sandie Pierce, Executive Director, Monroe Center for Healthy Aging
 Kim Rader, Graphic Designer, Perkins Eastman
 Deb Reardanz, President and Chief Executive Officer, Clark-Lindsey
 John Rude, President, John Rude & Associates
 Daniel Ruth, President and Chief Executive Officer, Jewish Home of San Francisco
 Amy Schectman, President and Chief Executive Officer, Jewish Community Housing for the Elderly
 Donna Spars, Vice President and Director of LifeStreams, Saint John's On The Lake
 Gary Steiner, Principal, Perkins Eastman
 John G. Swanson, President, Willow Valley Living Inc.
 Jerry Walleck, Principal, Perkins Eastman
 Diane Waltz, Wellness Program Coordinator, Spring Lake Village
 Max Winters, Designer, Perkins Eastman

CHARLOTTE, NC

David Segmiller AIA

Principal

d.segmiller@perkinseastman.com

704.940.0501

CHICAGO, IL

Joseph Hassel IIDA

Principal

j.hassel@perkinseastman.com

312.755.1200

NEW YORK, NY

Richard Rosen AIA, LEED AP

Principal

r.rosen@perkinseastman.com

212.353.7200

PITTSBURGH, PA

J David Hoglund FAIA, LEED AP

Principal and Executive Director

d.hoglund@perkinseastman.com

412.456.0900

Martin Siefering AIA

Principal

m.siefering@perkinseastman.com

412.456.0900

SAN FRANCISCO, CA

Leslie Moldow FAIA, LEED AP

Principal

l.moldow@perkinseastman.com

415.926.7900

WASHINGTON, DC

Daniel Cinelli FAIA

Principal and Executive Director

d.cinelli@perkinseastman.com

202.861.1325

Gary Steiner AIA

Principal

g.steiner@perkinseastman.com

202.861.1325

Perkins Eastman