Sinatra Living: Background Demographics

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The U.S. population is experiencing unprecedented shifts in terms of the aging of America. In the 1990’s and first decade of 2000, the 50 and over population increased by 35 million, an increase of 55%. With extended life expectancy and the aging of the large baby-boom generation, the 50 and older population will increase approximately 20% by 2030 to approximately 132 million. As the aging population will be growing at a more rapid rate than younger age groups, their percentage of the overall population will increase proportionately. While today one in seven individuals is over 65, in a little over a decade, one in five individuals will be 65 or older (US Census bureau, 2012).

Though older adults are living longer and staying healthier, many eventually face the functional challenges of aging and disability as the incidence of chronic illness increases with age. The Medicare Current Beneficiary Survey (MCBS) data indicates 92% of older adults have at least one chronic condition and 77% have two or more. Similarly, by the year 2020, 19% of adults aged 65 and older will have limitations in activities of daily living (ADLs) and approximately 4% will be severely disabled (Administration on Aging, 2001). From a fiscal perspective, chronic diseases account for 75% of our U.S. healthcare expenditures, while only 1% are spent on public efforts to improve health overall. Though these disabilities pose challenges to living independently, the vast majority of older adults prefer to stay in their residences as long as possible, essentially aging in place (Keenan, 2010).

Aging independently (aging in place) is significant to the older adult population as it affords better quality of life, saves resources, and results in better clinical outcomes than institutional long term care (Schwanen & Ziegler, 2011; Szanton, Roth, Nkimbeng, Savage, & Klimmek, 2014; Marek, Popejoy, Petroski, Mehr, Rantz, & Lin, 2005). However even with the potential to age in place, it is estimated that more than 15% of individuals residing in NHs are placed there inappropriately (Spector, Reschovsky, & Cohen, 1996). Reasons for inappropriate placement include (a) public financing that favors NHs over alternatives, (b) state regulations that reduce viable options, and (c) lack of consensus on the best care setting (Marek et al, 2005). While functional challenges can compromise independence, the primary interaction between an older adult’s health and their surrounding environment present the most challenge to independence. The CDC (2012) suggests that aging in place is best accomplished with preparation that focuses on adaptation of physical space, modes of transportation and everyday facets of life prior to increased physical, cognitive, or functional need. While housing can be considered the linchpin of well-being for older adults, the current national housing inventory lacks basic functional and accessibility features, thus inhibiting older adults with disabilities from living safely and comfortably at home (Fernand, 2014). Given the current and predicted growth and complexities in the aging population, safeguarding that older adults have the appropriate home environment they need to ensure high-quality, independent, and financially secure lives has thus taken on new urgency on a national level.


Centers for Medicare & Medicaid Services. (2011). Characteristics and perceptions of the Medicare population. Table 2-6A.

Fernald, M. (2014). Housing America’s older adults: Meeting the needs of an aging population. Joint Center for housing studies of Harvard University, Cambridge, MA.


