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Intergenerational Living between College Students and Senior Housing Residents: A Framework

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INTERGENERATIONAL LIVING BETWEEN COLLEGE STUDENTS AND SENIOR
HOUSING RESIDENTS: A FRAMEWORK

A Capstone Project Presented in Partial Fulfillment
of the Requirements for the Degree
Bachelor of Science in Health Care Administration
with Honors College Graduate Distinction
at Western Kentucky University

By

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May 2017

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I dedicate this thesis to my grandmother, Norma D. Lawrence, who has been my example of perseverance and generosity. She has cheerfully been my interviewee for numerous school papers, and it has been an honor to gain insight into her personhood through her various roles accompanying “Nana.”

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ABSTRACT

Ageism, the discrimination against persons of a certain age group, is one of the most important civil rights issues of the 21st century (Palmore, 2015). There are community-wide and personal strategies to combatting ageism. Homesharing and cohousing each offer concepts that can be utilized in intergenerational living because of their housing infrastructure. The relationship between college students and senior housing residents is unique because both groups are experiencing a season of life with common characteristics. This project aims to understand the relationship and tensions between stakeholders of existing intergenerational living programs to develop an implementation plan for a program at Western Kentucky University and a local continuing care retirement community, Village Manor. Existing intergenerational living programs can serve as models, but the creation of a new program requires unique problem-solving and decision-making to fit the culture of both the university and the senior housing community. Each stakeholder, through contributing a unique component to the program, will benefit from the program; the expected shared benefits are identified in Table 1.

Keywords: ageism, ageist bias, senior housing, college students, intergenerational programs, intergenerational living

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CHAPTER 1

COMBATTING AGEISM

The world is rapidly aging due to a variety of factors, the most pronounced are the improvement in healthcare, resulting in an overall increase in life expectancy. According to HelpAge International (2015), 12.3 percent of the world's population in 2015 was age 60 and up, but by the year 2050, that population will increase to 21.5 percent worldwide. With this surge in the aging population, it will be even more crucial that the widespread issue of ageism be addressed. Ageism is the discrimination against persons of a certain age group and is one of the most important civil rights issues of the 21st Century (Palmore, 2015). In its context, ageism is similar to racism or sexism. It is different than these two social issues in that it will eventually apply to everyone; whereas racism affects some ethnicities more than others and, depending on the issue, sexism may only affect one gender at a time, ageism is the one “-ism” that will affect all peoples (Raposo & Carstensen, 2015).

Ageism is everywhere; we encounter it every day. When we get caught behind a slow driver, we automatically assume he is old. Countless cosmetic products are advertised as being “anti-aging.” We give funny birthday cards that highlight disabilities and tease middle-aged friends about growing old. In everyday interactions, ageism many times takes the form of baby talk and elder speak, which is the high-pitch, less complex, and slower speech used with older adults; it is comparative with the way adults speak to children, assumes that the older adult has a cognitive or hearing impairment, and is often patronizing (Palmore, 2003). It frequently occurs in caregiving relationships and long-term care settings, but also within the community context.

These intergenerational conversations are loaded. They breed a general disrespect and can negatively affect an older person's physical, mental, and emotional health (Ryan, Hummert, & Boich, 1995). Just like racism and sexism has an adverse effect on the subject populations, ageism can have a damaging impact on older adults. Because of the elder speak and ageism that they encounter throughout their lives, older adults begin to internalize the negative stereotypes and move more slowly, become more forgetful and depressed, and even physically ill (North & Fiske, 2012). This process is called the internalization hypothesis and applies to people of all ages. When younger adults stereotype old age, they believe the same undesirable characteristics will define their own old age (Raina & Balodi, 2014; Levy, 2004). Not only is this a gloomy outlook on life as a person ages, but it affects a person when they are older. It is indeed a sad path that our society has set for us to walk down as we age.

It is important to note, however, that not every part of our everyday living looks down on aging. Older adults, although only 12 percent of the current U.S. population, receive the benefits of one-third of the healthcare spending. While they do not play roles in television and movies as often as younger generations, older adults are mostly portrayed in a positive light: empowered, wise, and loving (North & Fiske, 2012). For the definition of ageism to be complete, it has to include the stereotypes that older adults hold against younger generations. When older adults make assumptions about youth, they are enforcing ageism in the opposite direction.

There are several different theories behind the reason why ageism exists, including individual-level, interpersonal, evolutionary, and sociocultural (North & Fiske, 2012). All of the theories come down to a fundamental problem of misunderstanding. Ageism cannot be attributed to the fact that the life stages are different from each other; it is really about interaction (North &

Fiske, 2012; Nelson, 2005). The old and the young do not interact as much as they have historically.

Research Question

This project, which aims to combat ageism, uses the university-based retirement community (UBRC) model (discussed later) as the foundation for placing two different generations in the same living space and giving them a reason to interact. I aim to understand the relationship and tensions between stakeholders of existing intergenerational living programs to develop an implementation plan for a program at Western Kentucky University and a local continuing care retirement community, Village Manor.

Community Strategies to Combatting Ageism

The United Nations (UN) has established an International Day of Older Persons to “take a stand against ageism by drawing attention to and challenging negative stereotypes and misconceptions about older persons and ageing” (World Health Organization, 2016). The United Nations General Assembly has held two World Assemblies on Aging in the last 30 years. The last assembly was held in Madrid in 2002, and an International Plan of Action on Ageing was published. There is a collection of data on the world’s aging population in areas such as longevity, mortality rates, disease, economic effects of aging, and other issues. A plan of action for 2016-2020 has been written. However, it concerns that only two World Assemblies on Aging has been held since 1982. Issues surrounding aging and ageism need to be at the forefront of discussion with international leaders.

There are, however, strategies on a community- and city-wide scale that are established throughout the globe. Three examples of well-established programs are World Health Organization (WHO) Age-Friendly Cities, American Association of Retired Persons (AARP) Livable Communities, and Alzheimer’s Society Dementia Friendly Communities. WHO Age Friendly Cities gives cities all over the world information and resources to create a more age-friendly environment. Its emphasis is on the growing aging population in urban areas. An age-friendly city encourages “active ageing by optimizing opportunities for health, participation, and security, to enhance the quality of life as people age” (World Health Organization, 2007). For a city to take on this initiative, it must begin to alter certain areas of infrastructure and culture to be more inclusive of an aging population. A short checklist of the essentials of an age-friendly city includes features in the eight areas of outdoor spaces and buildings, transportation, housing, social participation, respect and social inclusion, civic participation and employment, communication and information, and community and health services (World Health Organization, 2007).

AARP has a program that is an affiliate of the WHO Age-Friendly Cities movement: the AARP Network of Age-Friendly Communities, or AARP Livable Communities. They have published a similar framework for an improvement process for livable communities that are inclusive of all ages. AARP’s eight domains of livability criteria are identical to those laid out by WHO. The program includes an age-friendly community member list, in which member-communities’ leadership is committed to “actively work toward making their town, city, or county a great place for people of all ages” (AARP, 2017). Currently, there are 135 communities nationwide that are members.

Bowling Green, Kentucky has been recognized by WHO as an age-friendly city and has been a member-city of AARP Livable communities since July 2015. For the past several years, WKU Aging has worked with the City of Bowling Green to change some of the community's features to model a more age-friendly city. Bowling Green offers programs such as the Over 50 Citizen's Academy, which is a one-week program that gives seniors an opportunity to learn about Bowling Green as a city and the way it is governed. The end of the Academy allows participants to give suggestions to government officials and civic stakeholders. Other age-friendly elements of Bowling Green include: a monthly AARP Smart Driver Course; health and wellness classes, support groups, and screenings at the local non-profit hospital; various programs at the county libraries and senior centers; the Society for Lifelong Learning at WKU; the Barren River Area Development District (BRADD) Aging Services; and the Live Active 50 Plus Fitness gym. The large variety of events at Western Kentucky University also makes Bowling Green a unique community in which seniors actively participate. In 2014, the city was recognized by Forbes magazine as one of the best 25 cities to retire in the U.S. This list considers factors such as cost of living, average home price, climate, crime rate, walkability index (in which Bowling Green received a low score), and features such as the University (Barrett, 2014). Bowling Green has indeed improved immensely in its age-friendliness, but more effort can be made to bridge the intergenerational gap that still exists.

The Alzheimer's Society in the United Kingdom has a Dementia Friendly Communities program that is like the WHO Age-Friendly Cities but with a specific focus on dementia preparedness. Communities can become recognized as a Dementia Friendly Community by following the steps outlined in a comprehensive toolkit. The goal is to provide information to members of a community, whether they be government officials, small business owners, and so

on so that they are prepared to include those with dementia in everyday life and make them feel valued. Dementia-friendly city partners with local and aging-related organizations with an aim to normalize dementia and help those members of the community contribute and feel understood (Alzheimer's Society, 2017). A U.S. affiliate is Dementia Friendly America that stemmed from the UK's Alzheimer's Society and had the same goals. There are no cities in Kentucky that are dementia-friendly to date.

Intergenerational Strategies to Combatting Ageism

Community-wide strategies are certainly critical to making our cities less ageist, but individual intergenerational contact is the boots-on-the-ground, personal change that is necessary for these programs to work and for lasting change to take effect. Peacock and Talley (1984) define intergenerational contact, describe ways it exists and its benefits, and explain some of the barriers to achieving it, which contribute to our ageist outlook. Intergenerational activity is the “interaction of all age groups, infants to elderly, in a variety of situations at a level that provides close communication, sharing of feelings and ideas, and cooperative activity in meaningful tasks” (Peacock & Talley, 1984).

North America has become more compartmentalized over time. The suburbs are full of families with young children who move away when they become young adults; older adults that need health services are segregated in their communities and nursing facilities. Intergenerational contact, the actual person-to-person contact, is crucial to combatting ageism. It facilitates a healthy awareness of the life process; isolation and segregation of age groups lose this appreciation of aging. Older adults may find that this direct contact described above compensates for the deaths of kinship ties and loved ones that occur in old age (Peacock & Talley, 1984).

The basic mutual understanding derived from intergenerational activity demonstrates the need for “continuous and consistent opportunities for communication and interaction among various levels of our multigenerational society in both formal and unstructured situations, educational and social” (Peacock & Talley, 1984). Informal situations that bring together generations happen every day. Being out in public increases the chances of contact, such as being served by a younger waiter at a restaurant or speaking to others in the grocery store or at church. Family ties are the most natural forms of intergenerational contact, but cannot be relied on as consistent (Dunifon & Bajracharya, 2012). Other informal circumstances could include happenstance relationships between coworkers in the workplace, between students and teachers at school, and between practicing students or employees and patients in a healthcare setting. It is crucial to understand that these unstructured situations do not count as a wholly-dependable way to interact with people of another age group. Settings that are intentional in fostering these friendships are crucial to the individual-level strategy against ageism (Peacock & Talley, 1984). In one study, Schwartz and Simmons (2001) found that a young person’s attitude toward older men and women is impacted by the quality, not quantity, of the intergenerational contact. This finding is supported by other studies of planned intergenerational programming.

One example can be seen in the recent interaction between senior housing and preschools. There are several programs around the world, but an official tally of U.S. programs has not been taken. These programs started popping up in the U.S. in the late 90s, and look different from each other; some preschools are housed in the senior housing; some preschools work closely with adult day or respite care centers. All incorporate time together for the older adults or senior housing residents and toddlers several times per week. They do activities, sing, and dance together (Jansen, 2016). A study was done in 2013 in Japan on the effects of this

specific type of intergenerational interaction. Two groups were formed, one with older adults and children who performed for them (i.e. song and dance) and one group with older adults and children that worked on an activity together. The adults in the activity group were observed as more engaged, but both groups were observed as often smiling and having a conversation. The role that the adults took on as nurturers or friends of children improved self-esteem and self-worth. Creating a shared space enabled simple friendship mechanisms to be engaged and self-disclosure to occur (Morita & Kobayashi, 2013).

In another article, children who had not experienced organized intergenerational contact, compared with children who had experienced it in preschool, showed more social development. Parents talked about the social skills and openness that their children had because of the programs. Older adults have overall better health and well-being because of this sense of purpose and cyclical giving-back that naturally occurs as one reaches old age (Chaker, 2003). Most senior housing facilities in the U.S. regularly welcome and utilize volunteers to bring in an intergenerational component to the home. Church or school groups often visit to lead activities or provide entertainment (e.g. singing hymns, acting out skits, leading trivia games) for residents.

Generations United (GU) is one of many organizations that helps intergenerational programs get started by providing information and a network of organizations to model and learn from. Intergenerational arrangements are of primary importance, and are also kind of ironic; their existence proves that we need professional, organized programs to create a shared space for different generations, something that, up until the last 200 years, has been a natural part of humanity.

And yet, some intergenerational programs were started without the intention of addressing the generational gap. The CNA Speaking Exchange by FCB Brazil sets up webcam

calls between English-learning students in Brazil and residents in a Chicago nursing home. The students can practice English, and the older adults volunteer their time to speak with and help the students. It was originally started to give students in English school a more personal way to practice their English skills. CNA Speaking Exchange is solving multiple problems at once and has unintentionally become an intergenerational bridge across cultures (FCB Brazil, 2014).

A final intergenerational solution is found in the concept of cohousing that came to the U.S. in the 1970s. Residents of cohousing developments live closely together, interact frequently, and share common space with dining areas, outdoor green space, laundry facilities, and living room areas. Cohousing itself began with a focus on building a community for women and single parents. There are four central organizational characteristics of cohousing: the participatory process, in which residents participate in the design of the cohousing program and/or building; resident management, in which residents run the development; non-hierarchical structure and decision-making, where all residents have a say; and last, no shared community economy (Glass, 2009).

The social contact design is an integral concept in cohousing. It is the intentional creation of a space that brings people into proximity of each other. The social contact design achieves two things; one is passive interaction between neighbors. If people are placed close together, they are more likely to meet their neighbors and build acquaintanceships while retaining social control. Passive interaction then lays the groundwork for active interaction that is formed through the sharing of interests and activities (Bouma, Poelman, & Voorbij, 2015). Passive and active interaction are comparative to the types of intergenerational relationships built in unstructured and structured settings, respectively. Cohousing creates an atmosphere that allows intergenerational relationships to be formed; of recent, older adults are choosing to live close to

families with young children, with the intention of building family-like relationships, including helping with parental responsibilities (Abrahms, 2011).

This leads to the main topic of this paper, which is intergenerational housing between college students and senior housing residents. Cohousing is a design that stands alone and is not the goal of this project. However cohousing does contribute to the university student and senior housing model.

Homeshare Programs

Homesharing is a concept that brings us one step closer to the research question. It incorporates housing and intergenerational contact. Older adults who have room would like to open their homes and want help with basic household tasks and companionship with a younger person can share their home for free or at a low rate with a younger adult looking for housing. Reciprocity is key in these programs; younger adults who need housing and want to provide friendship, assistance, and a sense of security can have their needs met and give to seniors who want to provide housing (Allen et al., 2014).

These programs started in the U.S. in 1972 and expanded worldwide (Ward, 2004). They have become more well-known with the help of social media within the past few years. Most relationships are set up by a third-party organization that specifically exists to match home share residents and facilitate the agreement. Homeshare International is a network of home share programs that does not place residents but enables programs all over the world to communicate and provides information for those either searching for a home or looking to share their home (Ward, 2004). Homeshare programs play an important role in combatting ageism through

intergenerational contact; the concept of reciprocity is also important in establishing a framework for university students and senior housing residents.

University-Based Retirement Communities (UBRCs)

Cities with universities have a very specific environment that allows them to bear the title “college towns.” This name encompasses a lot; Western Kentucky University permeates almost every part of the city of Bowling Green. Students are commonly found at restaurants, bars, coffee shops, and farmers’ markets all throughout the city. They stimulate the local economy. They work and intern at local businesses. Because of the university, Bowling Green residents have a sense of pride in their city, university, and of course, university sports.

One facet of this relationship is the connection between students and local senior housing facilities. In almost every Bowling Green retirement home, students can be found working, interning, volunteering, and researching. These are students in university programs such as nursing, healthcare administration, public health, pre-physical and occupational therapy, gerontology, and pre-medicine. A senior housing community with this extensive working relationship is considered a “university-based retirement community (UBRC)” (Carle, 2006). This category can include informal and formal relationships; some are self-proclaimed, and some have happened naturally.

From these relationships, students gain valuable knowledge and experience outside the classroom. Retirement communities are able to break the institutional mold that has been the norm for so many years. Andrew Carle (2006) explained:

“Top providers...have been seeking the ‘next generation’ model capable of delivering a unique competitive advantage in a crowded and increasingly generic field. By accessing

the resources of established universities, providers can convert the traditional ‘Four Bs’ of activities from ‘bingo, birthdays, Bible, and bridge’ to ‘ballet, basketball, biostatistics, and biology.’”

In several ways, UBRCs are advantageous for both parties and act as yet another intergenerational bridge.

There are different types of senior housing, ranging in the care services offered. They can be broken down into three categories: skilled nursing, assisted living, and independent living. Each has varied subtypes of care, such as rehabilitation within skilled nursing, memory care within assisted living, and naturally-occurring retirement communities within independent living. Skilled nursing care is 24-hour care delivered seven days a week; licensed nurses and certified nurse aides deliver medical care that is as intensive as the patient needs. Assisted living is senior housing that provides aid with activities of daily living (ADLs); these are basic tasks that an older adult may have trouble completing with age or cognitive impairment. Independent living is housing that provides the senior with community with peers of a similar age group and the security of a retirement home; this type of housing is an alternative to home-ownership and is often done to plan ahead if it is attached to a continuing care retirement community (CCRC) that provides the spectrum of care that might be necessary later.

Village Manor, a Continuing Care Retirement Community (CCRC) in Bowling Green, is a classic example of a UBRC. Village Manor is the flagship campus of Christian Care Communities, a non-profit organization with facilities throughout the state of Kentucky. It is the only continuing care retirement community (CCRC) in Bowling Green, providing independent living, assisted living, personal care, memory care, skilled nursing care, and rehabilitation services. The administration of Village Manor brings in students in all departments and processes

of the facility. In 2014, WKU Aging, AARP Kentucky, and the City of Bowling Green, as part of the Age Friendly Bowling Green Initiative, awarded Village Manor with the second annual Age-friendly Awareness Award. Village Manor focuses on aging in place and provides the Bowling Green community with information and support through the aging process (WKU News, 2014). Through various programming and projects, WKU and Village Manor have worked together to create a positive UBRC relationship, making Village Manor the clear choice for an intergenerational living project.

The characteristics of a UBRC relationship, combined with the intentionality that comes from cohousing and home share, brings us back to the research question: how can a UBRC model be implemented to benefit both younger and older adults and have a positive effect on the participants' view of aging? Intergenerational living could be considered the "next step" for many UBRCs; only a few institutions in the world have begun housing university students within the senior housing.

A Case for College Students and Senior Housing Residents

Much of the research for intergenerational contact examines the interaction between children and older adults. Intergenerational living programs should be rendered important to combatting ageism for several reasons. The first is the similarity of transition that senior housing residents and college students experience. Older adult residents undergo a change from home to senior housing, whether it be independent living, assisted living, or skilled nursing care. Generally, college students move from home to a university campus. The transition does not usually involve a shift in national culture, but it does bring an environmental and small-scale cultural change. There are new social norms of the community that the newcomer must learn and

adapt to. For example, both groups need to know: where to eat meals, how to make friends, how to be involved in activities, and who to contact when assistance is needed. There might be similar feelings of nervousness in preparation for making a move to a new place.

A second reason these two groups would benefit from the interaction is that of the time of life that college students are experiencing. This is usually the first step on their own. They begin to take ownership of their education, are open to new people and new experiences, and have freedom to make their decisions. This is an ideal age group as they are mature and self-aware enough to be responsible and respectful, but they are also expecting to learn in college and are not tied down with familial obligations. College students are part of a concentrated studious environment and are curious.

The possible relationship between young adults and older adults can involve unique and thoughtful conversation. Negative occurrences can bring about wisdom, but only if they are deeply analyzed by the individual (Westrate et al., 2015). Student engagement in conversation and questions (within the boundaries of respectful discussion, of course), can contribute to an older adult's reflection and mental, emotional, and social health. In exchange, this sharing of lessons learned is likely to be received well by students.

Finally, a contrast that makes this relationship interesting is the difference of feelings associated with the move. Generally, college students associate the move to college with gaining independence. Most of the time, older adults associate a move into a senior housing with relinquishing control. An area of future research could consider how these two feelings interact. Do they balance each other out or cause an issue? Do they even affect each other at all? This dynamic could be studied further as a program becomes established.

Methodology

I used an informal interview approach to gather information from key leaders and participants in the established intergenerational living programs; these interviews were summarized and qualitatively analyzed. I conducted a site visit to Humanitas Retirement Home in Deventer, Netherlands to understand the atmosphere of the facility with live-in students. Interviewees of existing programs included: an informant of the program at Humanitas Retirement Home in Deventer, Netherlands and an informant of the Learning by Living Immersion program at the University of New England. Interview questions can be found in Appendix A. I found themes related to the relationship between stakeholders, the implementation of the system, and the preliminary effect on participants.

The information acquired from these programs was then used to identify persons to interview for the creation of an intergenerational living project involving Western Kentucky University and Village Manor (a Continuing Care Retirement Community) in Bowling Green, Kentucky. I interviewed residents in the context of their apartments to better understand their experience as independent living residents. These interviewees included: an administrator at Village Manor in Bowling Green, Kentucky; an administrator at the Christian Care Communities corporate office; a clinical staff person at Village Manor; three independent living residents at Village Manor; and an informant of the Chinese Flagship Language Immersion House at Western Kentucky University. Handwritten notes were taken during each interview, transcribed into digital form, and kept on a password-protected computer. The information gathered from these interviews was then analyzed to develop a model to be considered for implementation at Western Kentucky University.

CHAPTER 2

CURRENT INTERGENERATIONAL LIVING PROGRAMS

Within the past few years, intergenerational living programs between college students and senior housing residents have grown in number. There are variations of this model around the world; the total number of these programs is unknown as they vary in size and framework.

University of New England Learning by Living Immersion Project

One short-term program is the Learning by Living Immersion Project at the University of New England (UNE) College of Osteopathic Medicine in Biddeford, Maine. Students studying to be physicians have the opportunity to live in a skilled nursing home for 10 to 12 days. They are given a faux diagnosis that involves paralysis of a limb or side of the body. While they live in the nursing home, they are taken care of just like a normal resident; they are ambulated, toileted, bathed, and sometimes even fed by the care staff. The goal of the program is to show medical school students the importance of the role of empathy when they treat patients (Hondros-McCarthy, Barber, & Gugliucci, 2016).

A professor at UNE College of Osteopathic Medicine was interviewed as an informant of the program. The idea started in 2006 when a student asked, “how do I talk to institutionalized adults?” The professor reached out to a local nursing home that she is closely connected to and proposed the idea of having a student live in the facility to give her an understanding of life as an older adult resident. This has since grown into a yearly program, of which two to three students participate each summer.

The students must meet requirements while they participate, involving pre-fieldwork, fieldwork, and post-fieldwork (Hondros-McCarthy, Barber, & Gugliucci, 2016). The project mainly consists of journaling. Pre-fieldwork requires students to journal about their expectations of what it is like to live in a nursing home. There is no holding back in this writing; students should be honest about all assumptions. The process begins with a diagnosis and orientation with the professor to explain what the students should expect upon move-in and residency. Then follows an admission meeting with the admissions director, administrator, and care staff; this is the same meeting that typical residents go to. They fill out the paperwork, including “Do Not Resuscitate” (DNR) forms based on personal preference, and the student resident makes all decisions regarding his or her health and care process. The students then move in and take a couple of days to become familiar with the routines and culture of the facility.

Fieldwork begins when the student moves in and begins noticing what it is like to be a resident who needs constant care. The professor acts as the adult daughter of each student through the duration of the two weeks. Anytime there is an issue, a fire drill or inclement weather occurs, she is notified. She visits her “parents” as well. The students then live and act as residents in the nursing home: eating together in the dining room, participating in activities, interacting with other residents, and asking for help. The students are required to journal about their experiences and take a very personal stance. The reflections are to make the student look internally at their reactions and feelings about things. ‘Why do *you* feel this way?’ ‘What is *your* responsibility in the care that you are receiving?’ The goal is not to criticize the running of the facility, but it is important that the student receives the most realistic experience possible. The attitude is one of: “it is what it is,” and the participants have to figure out how they feel about the existing circumstances.

At the end of the experience, students complete the post-fieldwork, which consists of a de-briefing and presentation to staff, other students, and other stakeholders about what they learned. They examine what they will take into their future careers and identify what their key learning points were for the summer. The presentations can be emotional as students have grown immensely and the stories that they have collected are often touching and bring back the humanity that can sometimes get lost in nursing homes. Students receive no course credit but have a significantly different outlook on the lives of patients and their roles as physicians.

The informant is sure to note, “it takes a courageous student.” Those who participate do so purely voluntarily. It is evident that students who choose to do the program care about investing in their approach to delivering care before becoming doctors. Through expanding on the original idea, she says her goal is “to change the world by changing attitudes about aging.”

In the qualitative research that has been done on the journals of the participants, this change of attitude in the students is evident. The four themes that have consistently been present in their journals are controlled, quality of life, the spectrum of communication, and isolation. They see the older adults as humans. One student said,

“The nursing home community actually is quite special. Age is much more abstract than I realized, and now I know to look for the person that is behind every pair of eyes, no matter how old or ill they appear” (Allen, 2016).

Students come out of the experience changed. The program changes their outlooks as people and as future physicians. The professor remarked that the transformation is compelling for staff and all who are involved.

The challenges of a program like this are mainly with the initial setup. She started by reaching out to a local nursing facility that they have worked with in the past. They reached an

agreement that the facility would provide all the resources—staff, funding, and supplies—to house the students for approximately two weeks. The Learning by Living program draws on the labor of the staff. The professor remarked that during the pilot run, the care staff thought that the student was part of a survey team from the state regulatory body. These trust issues had to be worked out during the first two to three days. There is no published research on the perspective of the staff thus far. The facility makes an investment each summer with this program, but they benefit from it as well. Learning by Living has brought the nursing facility local media coverage since the start. The framework of this program is essential because it is the most detailed information about a U.S. program that is available.

Humanitas Retirement Home

The idea for this project first started when I came across an article about Humanitas Retirement Home in Deventer, Netherlands. Humanitas is an independent living facility, with similar care to an assisted living or personal care facility in the U.S., which houses students along with its older adult residents. There are 160 residents, including six residential students, approximately 200 staff persons, and about 200 volunteers. Students live in the facility for free in exchange for spending 30 hours per month being “good neighbors” and helping with dinner once a week. They are chosen based on their interest and openness to living with older adults for one school year.

I conducted a site visit to Humanitas that included a tour and an interview with an administrator in October 2016. I was able to gain a more comprehensive understanding of the atmosphere of the facility with live-in students. During the interview, the administrator said that the biggest question they encounter is about social control. How do old and young people live

together? Humanitas states that there are “no rules” for all residents, young and old. The Netherlands’ government has placed emphasis on happiness for all citizens. This has trickled down into healthcare, and now, long term care. Senior housing communities around the country are placing emphasis on “well-being,” which is more encompassing of healthcare needs, activities, socialization, psychological needs, and emotional needs into one care plan. Care teams and administrators of Humanitas have taken on this initiative to ensure all residents are happy and achieving a high quality of life. To maintain this culture, residential students must be interviewed by the administrator and take a tour, where their interaction with residents is observed. Administrators learn why the student wants to live at Humanitas and determine if he or she would be a good fit for the facility.

The administrator mentioned that there are, however, some basic rules: “no thievery, sex, drugs, or rock n’ roll.” But the staff and residents are open with each other, so honesty is expected of all persons within the facility. Humanitas sees the potential of each student to bring in a fresh perspective. For example, one student taught a workshop on graffiti. Usually, about ten residents attend a workshop, but over twenty came to this one taught by one of the students. Because the culture is open to new ideas, they can utilize the knowledge and abilities of the students to enrich the lives of the older residents. They draw this out of the students with the requirement of 30 hours per month of meaningful interaction with residents. The students are also required to help with dinner once a week as part of the agreement, as one way to offset their cost of living.

The students add a unique layer to the environment of living at Humanitas, but they do not leave unaffected. They are changed by living in close quarters with older adults. These students have different backgrounds and majors outside of the healthcare field, so they come to

the facility with little knowledge about the aging process. One student explained that it had forced him to confront death and old age, whereas he had never considered his aging before moving in (Lewis & Palmer, 2016). The administrator explained that students now speak to older adults in public, and have realized that they are not scary or lacking in personality.

Even as they embrace new ideas, Humanitas does not have all the kinks worked out yet. First, they are currently housing the second cohort of students, and have already had to end the agreement with one student prematurely. Second, students and older adults are both in transition, in a way. The young adults will only live at the facility for a short time, before graduating and moving on. Some have experienced loss through the death of an older adult friend in the facility. The administrator explained that this is a component of the project that is heavy, but also sobering for students to accept. Humanitas's flexibility and willingness to tend to their residents' quality of life allows them to gently walk through the newness of this program with both old and young residents.

CHAPTER 3

DATA ANALYSIS AND CONTRIBUTIONS-BENEFITS MODEL

After interviewing stakeholders of existing intergenerational living programs, I identified and interviewed stakeholders of a program at WKU and Village Manor. These interviewees included: an administrator at Village Manor in Bowling Green, Kentucky; an administrator at the Christian Care Communities corporate office; a clinical staff person at Village Manor; three independent living residents at Village Manor in the context of their apartments; and an informant of the Chinese Flagship Language Immersion House at Western Kentucky University. The information gathered from these interviews was then analyzed to develop a model to be considered for implementation at Western Kentucky University. In reviewing these transcripts, my findings are divided into the following three categories: funding, legal responsibilities, and participation requirements. The findings are found in Table 1.

Legal Responsibilities

The legal framework is a primary concern in the relationship between all parties in the model. The culture of U.S. healthcare is driven by regulations. Privacy and resident rights should be addressed to students living near older adult residents. The university and Christian Care Communities need a policy in place for students to participate.

An existing framework for a university program, the Chinese Flagship Language Immersion House, which houses students learning Chinese at WKU, can act as another model to this intergenerational living program. An informant of this program was interviewed. Students live in the house under the agreement that they speak only Chinese 6 days a week to practice

their language skills. The house is close to campus but is not owned by the university. The Chinese Flagship program created a memorandum of agreement (MOA) with the Housing and Residence Life (HRL) department on campus to partner in the supervision of this house. Students pay rent, and one student is a Resident Assistant at the residence. The MOA lays the framework for the responsibilities of HRL. The primary purpose was to designate HRL as the entity to be contacted in case of an emergency after hours; they follow protocol with the Chinese Flagship Language Immersion House as they would with a residence hall on campus. During an interview with an administrator at the Christian Care Communities corporate office, the informant pointed out the need for an agreement written by stakeholders at Western Kentucky University and Village Manor and then reviewed by risk management.

We discussed privacy and resident rights as well. The informant stated that because the student would have contact with residents in skilled nursing within the community, Christian Health Care, and residents in memory care, Bridgepointe, he or she would have to fill out the proper HIPAA (Health Insurance Portability and Accountability Act of 1996) documents that employees and volunteers agree to before working with these residents.

Funding

The term “free housing” is the draw for students. Does it create one of the biggest questions for the program: who pays? The Learning by Living program at UNE solely relies on the charity of the organization. Because that program is concentrated and the end goal can be reached in two weeks, it is feasible for the hosting organization. However, an intergenerational living program is longer, and cannot depend on a gift from home.

To gauge the amount an organization would be losing, independent living rates should be considered. Independent living is the choice of care to evaluate because it is senior housing with no medical services. Two independent living facilities in Bowling Green were contacted about their rates. The first ranges from \$1,675 per month for a studio apartment to \$1,975 per month for a one bedroom apartment. These prices include three meals per day and housekeeping services. Another independent living facility charges \$1,960 per month with no dining or housekeeping included. According to *A Place for Mom* (n.d.), the average cost for independent living in the southcentral Kentucky and northern Tennessee area is from \$1,500 to \$5,707 per month. Per *Senior Homes* (n.d.), the average cost of independent living in the state of Kentucky is \$2,435 per month. These rates vary based on the size of the rented space and the additional services offered. While the range of expenses is large, an independent living facility in Bowling Green could lose around \$1,600 per month or more if the student were gifted the housing for free. WKU residence hall rates for an academic year average to \$4,628.57. This rate is for approximately nine months, so it is about \$514.29 per month to live on campus as a student.

The interview with the informant from the CCC corporate office included three possible funding strategies. Option 1: university offers a scholarship to cover the housing costs. Scholarship funds would need to be investigated further. Option 2: provision from Village Manor. The informant pointed out that providing free housing would require a contribution from the student. This could be a small monetary contribution that is cheaper than the rent of the room and cheaper than living on campus. This contribution could also be social but might need to be more than that required by Humanitas and similar programs. Option 3: a joint-funded program, where both WKU and Village Manor contribute to providing the student with free housing.

Either way, because the cost of housing must be paid by someone, the requirements of the student to participate must be assessed and considered as a way to offset the cost.

Participation Requirements

Student participation is essential in this project, and it needs to have a structure to fit the culture of senior housing in the U.S. The numerous stakeholders in this process each have an idea of the particular role of the student. These perspectives are described and summarized in Table 1. There are several options for the participation requirements for the student in the U.S., and the answer is not merely to live among seniors and be a good neighbor to the resident. When this framework is to be implemented, a combination of these roles and responsibilities should be formed for a guideline for the student.

During the interview with the informant of the Learning by Living Immersion project, the interviewee suggested that this program has a structured reflection component. The interviewee explained that even in just two weeks, the students in the Learning by Living Immersion project reflected on their experience and had a change of attitude toward older adults and aging. Their statements speak to the power of reflection as a learning tool. The experience of living in a different environment is sure to affect a person, and thinking through and writing about the participation and learning that takes place each week, or even every day, is necessary for retention and understanding of this new knowledge. If a student gains perspective into true aging and the presence of ageism in our culture, this should be considered and recorded. The impact of the program on students and older adults should be analyzed; evaluation procedures are discussed later in “Evaluation Plan.”

Interviews with a clinical staff person and residents at Village Manor informed the companionship and friendship component of the implementation plan. The clinical staff person desired to see students supporting the person-centered care culture and the Best Friends™ approach through conversations and intentional social interactions with residents. The interviewee explained, “the culture of a CCRC is unique because you get to know the residents through the care stages.” Resident interaction would be best for residents in assisted living and personal care because they are less mobile than others. The interviewee also expressed a desire to see the student help with activities on the weekends because the activities staff is not in the building; leading programming with residents usually falls to clinical staff on Saturdays and Sundays.

During an interview with independent living resident 1, the interviewee said that the program is a wonderful idea. “Elders would interact with a younger generation to keep them young and kind of in-touch and I would hope that some of those younger ones would draw wisdom from the elders, you know, just in conversation.” When asked about the ways the student should be involved, the interviewee said, “A smile. Bring your smile and be a good listener, because these old people would love to share their stories. They really would. Encourage them to talk about themselves... That’s one thing they know. That’s a story they know.”

In an interview with independent living residents 2 and 3, resident 2 said, “I want to hang my diplomas above my bed if I ever move into a nursing home (skilled nursing) because you lose your identity.” Both explained that they believed all nursing homes, even the one run by the company they lived under now, were so focused on medicine and prolonging life, they had forgotten about the quality of the life that is lived. They both fear losing their personality and the important parts of their identity if they required more care and were no longer active outside of

the facility. Residents 2 and 3 said that they would like to see students befriend residents and help where needed around the community.

One question facing many older adults today is, “can a nursing home feel like home?” Groger (1995) explains that yes, senior housing can feel like home, depending on a few factors. Besides being a part of the decision-making process prior to and during move-in, the resident can feel at ease when he or she defines “home” based on social relationships. Among the seven factors identified by Chou et al. (2003) that affect resident satisfaction are two relevant to this topic: social interaction and resident involvement. Students can play a role in engaging with residents to create a homelike environment.

A Swedish study with a large national sample found that of all person-related factors in a nursing home, (i.e. anxiety, health status, and loneliness; not process-related factors like safety or treatment), the satisfaction of older adults was most strongly predicted by loneliness. However, it remains true that satisfaction is overall most-affected by process-related factors compared to person-related factors (Kajonius & Kazemi 2016). Resident satisfaction can be improved by focusing specifically on building friendships and combatting loneliness.

Additionally, Village Manor employs the Best Friends™ approach in their memory care. Of the 12 rights listed on the Best Friends™ Dementia Bill of Rights, two are relevant to this project:

- “to be with individuals who know one’s life story, including cultural and spiritual traditions, and
- to experience meaningful engagement throughout the day” (Bell & Troxel, 2013).

Students can play an important role in supporting Village Manor in their implementation of the Best Friends™ approach. Although the Best Friends™ approach is specific to memory care,

Village Manor works to create a person-centered care culture throughout all types of care in the facility.

It is important that personhood and identity are encouraged and retained for older adults, especially those with dementia. Person-centered care, as it focuses on the desires and needs of the patient, is the best approach to maintain an identity (Fazio, 2013). For persons with dementia or cognitive impairment, making up a significant number of individuals in the senior housing setting, malignant social psychology is a barrier to retaining this personhood. Malignant social psychology occurs when caregivers, family members, or friends treat or talk to the individual with dementia in such a way that is demeaning or patronizing that it causes the individual's personhood and self-worth to decline. They begin to believe that they are unable to make decisions and devalue their own desires for care (Sabat, Napolitano, & Fath, 2004). All three residents interviewed in independent living explained that they believed one-on-one interaction to be the best and most helpful contribution a live-in student could make.

Diverse interests and a fresh perspective were emphasized at Humanitas Retirement Home as they believed diversity and socialization to improve quality of life for residents. This can also be seen in the university-based retirement community model; students bring in ideas and activities that might not typically be found in senior housing.

Lastly, both the informant from Village Manor administration and the CCC corporate office suggested that students provide enhanced labor for Village Manor. Informants described two different models which could be implemented to fit both the student's skill level and the needs of the organization. In an interview with an administrator at Village Manor, the interviewee said to offset the cost of providing students housing; the student could work in a hospitality aide position, which is a non-medical position that aides with ancillary duties in the

facility. This agreement would require a specified number of labor hours per week. The interviewee explained that they needed “all the help they could get,” and if a student was living at Village Manor, he or she should have a specified job as well. Another option was raised by an informant at the Christian Care Communities corporate office. The interviewee suggested that the student participates as an intern in a work-study program. His or her experience would be split into rotations similar to a healthcare administration internship or nursing clinical. The interviewee said that the only way to understand aging is to be a Certified Nurse Aide (CNA) to participate hands-on in residents’ care. A CNA certification would give the student a medically intense perspective in the skilled nursing care wing. The option of becoming part of the staff team would be logical for the nursing home and is seemingly the best way to offset the housing cost and make use of their available resources.

The administrator at Village Manor also pointed out during the interview that the thoughts and feelings of caregivers, housekeeping, and dining employees toward the program would greatly affect the culture of the facility. Many of the staff and care workers live on a lower income and their home lives are much different from the residents. This would be the case with student residents as well. This income gap could potentially create tension between the two groups: the staff and the student residents. In the normal caregiver relationship, this difference is overshadowed by the staff’s desire and responsibility to care for others, but in this program, students would not receive any kind of care by staff. Additionally, some of the care staff are in school and/or working toward higher positions, like CNAs working to be registered nurses (RNs). The administrator at Village Manor mentioned that there would most likely be tension if staff sees other students living for free and doing just the fun activities with residents. The interviewee suggested that having a specific role to fill might be a way to combat the cultural

tension, in that staff would see the students working and filling a role that they deem as necessary to the daily running of Village Manor.

Data Analysis

Based on information gathered from interviews, there are 3 models that could be implemented. Model 1 places the student's role as a hospitality aide and/or enhanced labor for Village Manor. The student would have social contact with the residents by performing their duties as part of their job. They would gain experience working at the CCRC in return for housing. Model 2 is an internship and rotation model that would give the student structured time and some type of duty to perform in each type of care. This includes becoming CNA-certified to work with residents in skilled nursing. Both models 1 and 2 provide a way for Village Manor to quantify the student's contribution. However, filling a position may not allow for conversation and friendships to flow as freely as if the student were there for purely social purposes. From my perspective, since the concept of intergenerational living is new to the facility, the student's participatory role should be newly-formed as well.

In model 3, students would contribute to the CCRC socially. They would be able to contribute to the person-centered care atmosphere and Best Friends™ approach that the community works toward. The residents expressed that they would like to see a student helping with the retention of personhood and forming friendships with residents who are not mobile. Through question-asking and active listening, the student can enhance the person-centered care culture. This component has made implementation at Humanitas successful. Whether Village Manor is successful at helping residents maintain, personhood is not relevant. It is important that

the student plays a role in alleviating some of this fear and potential loss of identity by being present and engaging residents in one-on-one conversation.

When this program is implemented, one of these models or a combination of parts of these models should be chosen for the program guidelines. Each of these models is depicted in Table 1 from each stakeholder. Regardless of the model chosen, there are other components of the program that will remain constant in implementation.

An agreement, like the memorandum of agreement, should be made between the two entities. A contract, while it is an option, is legally binding and does not reflect the kind of relationship WKU wants with a local senior housing community. The WKU Department of Public Health creates an Affiliation Agreement (AA) between WKU, the student, and an external organization for all students completing an internship at a healthcare organization. A variation of an AA could be written between WKU, Village Manor, and the student. This AA would lay out the guidelines for the program, including details about: the apartment lease, students' participation requirements, and conditions for lease and program termination. The AA would be reviewed by risk management at CCC and WKU.

Additionally, to address privacy and resident rights, students will participate in an orientation (similar to an orientation for employees) prior to move-in to explain the guidelines for their time at Village Manor. They will review the AA, and in doing so, learn about the standards of respect and privacy that are to be extended to all residents. A HIPAA (Health Insurance Portability and Accountability Act of 1996) Privacy document will be signed to protect patients' private health information, as well as a resident rights document; these are the same documents agreed to by employees and volunteers. The orientation would also include time

for the students to complete implicit and explicit bias tests (explained in “Evaluation Plan”) to be used later to gauge the impact of the program.

Within a CCRC, there are five options for the living space of the student: independent living, assisted living, personal care, memory care, and skilled nursing. It will likely depend on the availability of rooms at the time of move-in. Because the types of care are connected within the same building, the student could live anywhere in the building and focus his or her interaction on residents of a specific wing. The experience of skilled nursing and memory care residents reflects non-normal aging and could reinforce negative stereotypes that young adults have toward aging. Placing students to solely interact with residents in either of these types of care would most likely not produce the desired change in ageist attitudes. Additionally, many residents in independent living are mobile and active outside of the facility. Sole interaction in independent living would not prove to be a productive placement. The best option would be to either focus attention on assisted living and personal care residents, who are not as mobile, or rotate through all types of care.

Funding would also need to be decided upon before implementation and largely depends on the chosen model. Funding from WKU could potentially come from the WKU Sisterhood grant. Women join the WKU Sisterhood with a \$1,000 financial contribution. Grants vary based on the number of yearly members. Organizations and projects within the WKU community can apply for funding each year and the grants can have a larger impact outside of WKU (Bacon, n.d.). Because of the scope and impact of this program on WKU students and Village Manor residents, an intergenerational living program would be a candidate for a WKU Sisterhood grant.

Implementation of an intergenerational program at WKU and Village Manor can be beneficial to all stakeholders; these shared benefits are described in detail later.

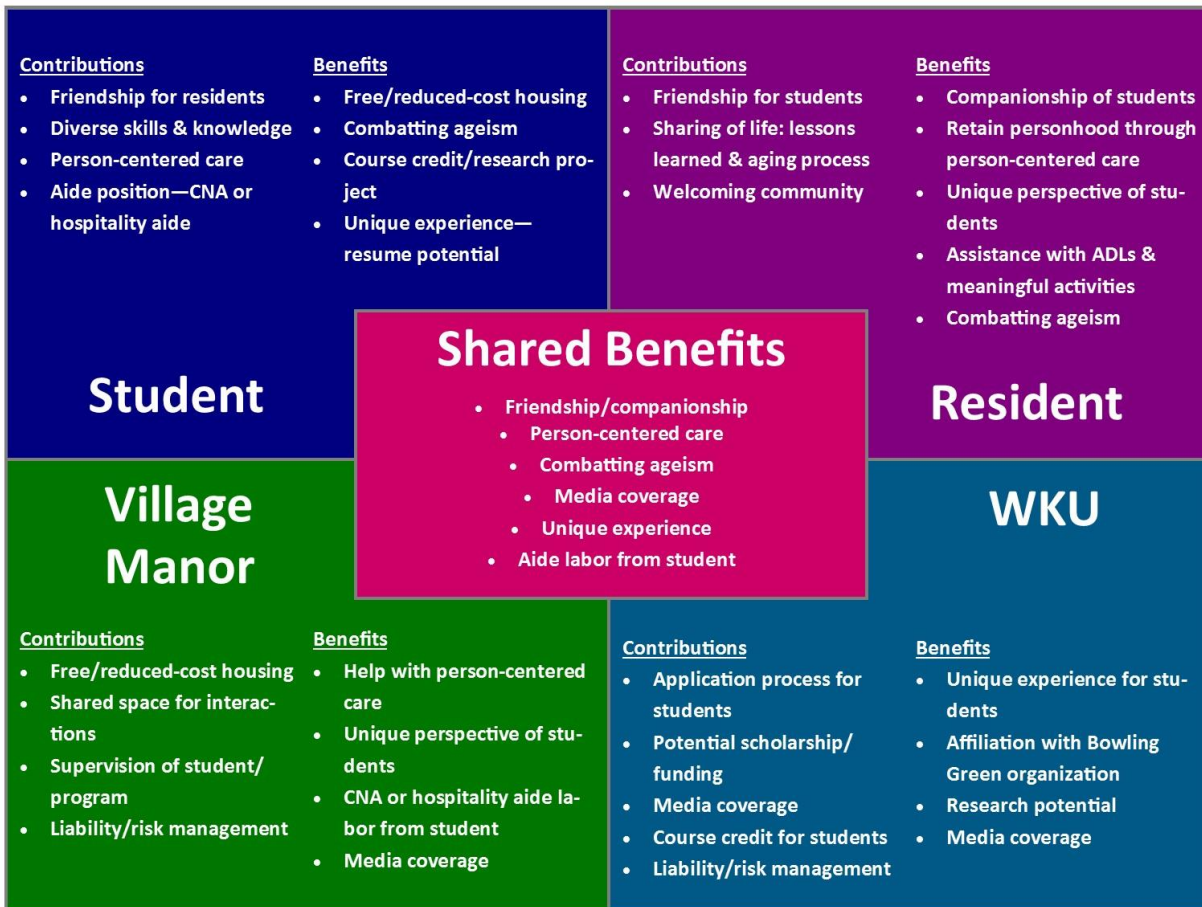


Table 1: Contributions-Benefits Model

Evaluation Plan

The program needs one final component to reach its goal: a plan for evaluation. The program's ability to combat ageism cannot be assumed, but should be tested as students complete the program. To evaluate students' attitudes towards older adults, I propose to employ pre- and post-tests of both implicit and explicit biases. The pre-tests will take place at the beginning of the orientation before the student moves in. The implicit test of choice, the Implicit Association Test (IAT), gauges the unconscious activity of stereotype using "a response latency indicator based on pairing the attitude object, such as old or young, with an evaluation dimension, such as good or bad" (Levy, 2003). Explicit beliefs are separate from implicit beliefs and are self-reported. The explicit test of choice, the Fraboni Scale questionnaire, will be used to gauge an individual's preferences and behaviors through anti locution, discrimination, and avoidance questions; responses will reflect active prejudice (Fraboni, Saltstone, & Hughes, 1990). Because the implicit beliefs are more engrained in an individual, they will be an honest predictor of an individual's attitudes regardless of what the individual thinks he or she should answer.

At the end of the program, the student will then take both the implicit and explicit post-tests to see if attitudes have changed. Because each cohort of students would likely never consist of more than two, comparing pre- and post-tests within the program would take several years before any credible data could be procured. Instead, I propose that the student's z-scores be used in comparison with the z-scores as provided in literature of young adults in their age group. Employing a comparative z-score approach will give insight into where the student's attitude falls relative to their age group.

Shared Benefits

Depending on the responsibilities that the student takes on, there are positive outcomes for all stakeholders involved. These benefits were identified for each of the stakeholders. If a benefit was expected for two or more parties, it was classified as a “shared benefit” to create the table above.

The first is a result of the reflection and journaling component. By getting to know older adults in a residential context, students will see aging up close; they will have a picture of aging that is closer to the truth—including the losses, as well as the positive changes, that come with getting older. Early research shows that students who participated in the Learning by Living Immersion program at UNE were considered the patient’s experience with control, isolation, quality of life, and spectrum of communication. As a result, students’ view of empathy and the delivery of care and brought them to feel more comfortable around older adults who are ill (Hondros-McCarthy, Barber, & Gugliucci, 2016). At Humanitas, student testimonials support the notion that living with older adults has changed their view of aging. The ageist stereotypes potentially carried by a college student will likely be changed; these will be tested through the pre- and post-tests of implicit and explicit attitudes.

Another outcome is that of free or reduced-cost housing for the student. This is helpful for students who are trying to pay for housing and higher education without a stable or salary-level job and was the main draw for curious students living at Humanitas.

By having students in residence at Village Manor, the organization can receive additional help reaching its person-centered care goals and Best Friends™ initiative. Students can contribute socially to the organization. Although this cannot be quantified as typical labor, it does contribute in a unique way to the environment of the facility and the quality of care that is

offered. Friendship and companionship outside of the normal caregiver relationships in a long term care facility have the potential to be beneficial for all parties.

Village Manor and WKU will have a closer relationship. Working together to build up the community is a value that WKU and Village Manor share, and will be put into practice through this program. Both entities can benefit from positive public relations and media coverage as well. Intergenerational living programs are still very much hidden to the public; I think that the Bowling Green community will not be surprised by the startup of this program, because of the widely-known relationship of Village Manor and the university, and will be very supportive of it. Word of mouth, the Bowling Green Daily News, the College Heights Herald, social media, local news stations, and other various media outlets can potentially draw attention to this new program and its impact on both stakeholders. As a corporate-level informant of Christian Care Communities said, “it’s always a good thing to be a Hilltopper.

Mediating Success

There are several ideas for the role of the student, and he or she cannot simultaneously fulfill all expectations. There is one possible solution that works toward the original goal of combatting ageism, while also respecting the culture of the staff and the needs of the long-term care facility. Because of the housing package and learning opportunities available to the student, the program framework could be a competitive fellowship award for the chosen student. If selection for the program is competitive in nature and named as a fellowship award for high-achieving and curious students, this could be positive for all involved parties. The title of a “fellowship” would draw in students interested in building their collegiate experience and looking for unique opportunities. Its competitive nature and prestige could help mitigate the

potential staff tension; if they are aware that the program is competitive and the student has earned their place in a rent-free room, the staff could see the student as participating in a program that they worked toward.

By giving a fellowship to students, Village Manor could then place a stipulation on the award. To receive the fellowship and the room rent-free (or at a reduced cost), the student must be involved in the facility in a way that is decided by the administration at Village Manor. This places autonomy in the hands of Village Manor. The university would filter the student applications, choose top applicants, and pass them on to an intergenerational living board at Village Manor to interview and then choose a student they wish to bring in to the facility. At Humanitas, administrators observe the student in setting with residents; this could be part of the interview process at Village Manor as well.

CHAPTER 4

CONCLUSIONS AND FUTURE WORK

I had the opportunity to live in an independent living apartment during a healthcare administration internship at a retirement community in Maryland last summer. The retirement community had memory care, assisted living, and independent living; the company wanted to provide me with housing as part of the stipend for my work. There were vacancies in independent living, so I could live in the facility for two months. It was not an intentionally intergenerational living arrangement; the company wanted to provide housing and this was the cheapest way to do so, because of their empty rooms.

I loved getting to know my neighbors and spent most of my time in independent living. I got to know one resident in particular who had moved in just a few weeks before me. He had had a tracheotomy, and this had made it nearly impossible to communicate verbally with others. It left him severely isolated in his home; he moved into independent living to combat his depression and social isolation. I had a sense that he did not have an in-depth conversation with others in the facility, so I made it a point to talk to him whenever I saw him out. Very quickly, we found out that we had a lot in common. I was planning a trip to the Netherlands in the fall; it was his favorite country to travel to, and he had gone several times. I lent him a book, *The Hiding Place*, that takes place in Haarlem, Netherlands during World War II. He read it, and we met up often to talk about it. He shared his life with me over 60 days, and I enjoyed listening to his stories. Looking back, I can see that this interaction moved from passive to active. We were neighbors and friends.

At the end of the summer, he gave me a note that said “you have taught me that life is worth living again.” I was surprised and honored to know that my friendship, an intergenerational friendship, could help in bringing someone out of isolation. This note pushed me to pursue increasing the interactions between younger and older adults. Not only are they possible, but they are valuable.

Future of Program

An intergenerational program with Village Manor and WKU is likely to happen, but several decisions will need to be made before implementation. A planning phase should nail down a model to implement and the details of the guidelines. Several meetings between administrators, professors, and students would need to be set up to make decisions as a group. The details of affiliation agreement are crucial to the project, and all liability, financial, and participation issues should be decided upon before implementation.

As with implementing any new system, the first year, or two years, should be closely watched to determine the parts of the program that are functioning properly and the parts that need to improve. An end of the year evaluation should include input from the student, staff, and residents to determine areas for improvement.

There is an opportunity for intergenerational living programming to expand throughout the globe. As evidenced by the variation in existing programs, they can look different for schools and senior housing based on location, resources, culture, regulatory environment, and types of students. University-based retirement communities looking to implement an intergenerational program could benefit from an organization like Homeshare International or Generations United—a third party that collaborates with universities and long-term care facilities, as well as

connects programs internationally to discuss and share ideas. A universal framework could be helpful as well, but it would need to be one that is flexible to change with each unique program.

Expansion of the program could largely be supported by the data that comes out of the program through comparative pre- and post-tests of implicit and explicit biases. Additional research could be done with the journals to understand the processes of preference changes if they do, in fact, occur. The success rate of these programs, the effect on older and younger adults view of aging and ageism, and the best practices are just a few ways intergenerational living could contribute to gerontological research.

Conclusion

There are community-wide and personal strategies to combatting ageism. This project created the framework for an intergenerational living program between college students and senior housing residents using a university-based retirement community model. Homesharing and cohousing each offer concepts that can be utilized in intergenerational living because of their housing component. The relationship between college students and senior housing residents is unique because both groups are experiencing a season of life with common characteristics. Existing intergenerational living programs can serve as models, but the creation of a new program requires unique problem-solving and decision-making to fit the culture of both the university and the senior housing community.

The three areas of legal responsibilities, funding, and participation requirements should be addressed with the startup of a new program. Reciprocity is key. While each party, (the student, the residents, the senior housing community, and the university) has something to contribute, all will benefit as well. Shared benefits include friendship and companionship for

students and residents; improvement toward person-centered care; combatting ageism; media coverage; a unique experience; assistance from student fitted to needs of the senior housing facility; and an award for the student. This program has the potential to combat ageism by bringing older and younger adults into a shared space and enabling valuable social interaction to occur.

APPENDIX A

Interview Questions

- a. How would you define your role in [this] intergenerational living project?
- b. How did the relationship between these two entities begin? Why did you get involved in this project initially? What has kept you involved?
- c. What are the terms of the agreement for students to live in the facility?
- d. Do you think improving intergenerational relationships is important? If so, why?
- e. What kind of effect has this program had on intergenerational understanding and empathy of the participants?
- f. What challenges have you faced in the implementation of this program (financial, relational, compliance with regulations)? What did you do to overcome those challenges?
- g. How were you able to obtain funding to allow students to live in your facility?
- h. What advice would you give for a university or nursing facility looking to start a similar program?

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