

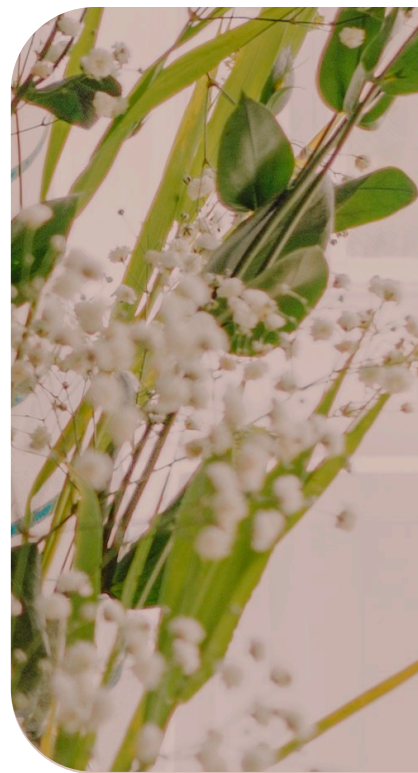
CSA Journal

Aging at Home, Without the Maze: What It Really Takes to Thrive

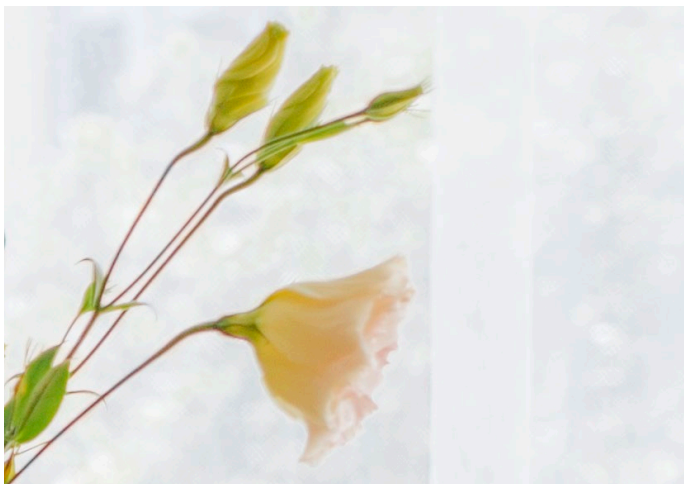
Adults want to age at home. How can the current ecosystem better support that goal?

By Tara Ballman and Israel Cross





Aging at Home, Without the Maze: What It Really Takes to Thrive



Adults want to age at home.
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As Oscar Wilde observed, “the truth is rarely pure and never simple.” Aging in place, at home, reflects that complexity. While nearly 80% of older adults say they want to remain in their homes and communities safely and comfortably for as long as possible, desire alone does not make it so (Ratnayake et al., 2002). Aging at home requires planning, coordination, resources, and often sustained support from family, friends, and frontline caregivers. Wanting to remain at home and being able to do so are often two very different realities.

Americans are living longer than any generation before them. Yet despite these gains in lifespan, a growing gap remains between lifespan and **healthspan**—the number of years spent in good physical, mental, and emotional health. A 2025 analysis published by the Centers for Disease Control and Prevention (CDC) found that in 2023, **93.0% of U.S. adults age 65 or older reported at least one chronic condition**, and **78.8% reported multiple chronic**

conditions (Watson et al., 2025). Managing chronic illness is now central to what it means to age well at home.

The challenge is not simply medical or structural. It lies in the growing complexity of navigating fragmented services, disconnected technologies, unpredictable caregiving supports, and homes that were never designed with aging in mind. What older adults and families need most is **clarity**—a simpler, more reliable, and more integrated way to live well at home without being overwhelmed by the systems meant to help them.

Aging in Place as an Ecosystem

The National Aging in Place Council (NAIPC) was founded on the belief that most older adults want to remain in their homes for as long as possible—but many are unaware of the services available to support that goal. Aging in place is not a single intervention; it is an **ecosystem**.

NAIPC's work is organized around five interconnected pillars:

- Housing
- Health & Wellness
- Finances
- Transportation
- Social Interaction

Together, these pillars form the foundation of what it really takes to thrive at home.

Housing provides the physical and emotional foundation—a safe, adaptable environment that evolves as needs change. Health and wellness bridge the divide between clinical care and daily life through integrated, preventive approaches. Finances sustain independence by helping families navigate benefits, insurance, and long-term planning. Transportation maintains access to care, community, and essential services. At the center of all five pillars is **social interaction**—purpose, connection, and belonging, which are essential to resilience and emotional well-being.

Aging in place is not a passive preference. It is an active pathway for living well—where design, technology, daily support, and financing work together rather than in isolation.

From Aspiration to Action

When an older adult says, “I want to stay at home,” they are expressing far more than preference. They are expressing a desire for stability, familiarity, and the routines that make life feel whole.

Louis Tenenbaum, founder of HomesRenewed and a national authority on aging in place, describes how aging in place has often remained an aspiration because the systems meant to support it operate in silos. Housing, healthcare, long-term services and supports, transportation, and social programs are funded, regulated, and delivered through vertical channels that rarely connect at the level of the person or the home (Tenenbaum, 2010).

Families are left to piece together care by contracting multiple providers—one for home health, another for transportation, another for home modifications, and another for benefits counseling. This fragmentation increases stress, cost, and risk.

Tenenbaum's concept of **Aging in Place 2.0** offers a different approach—one in which the home, community, and care systems operate horizontally, not in isolation. The home is not an afterthought to be retrofitted later; it is the foundation.

Key steps to move from aspiration to action include:

- Preparing the home environment proactively through universal design and safety upgrades
- Integrating technology as a quiet, supportive

partner rather than a reactive alarm system

- Providing financial guidance to access home modifications and supportive services
- Ensuring reliable transportation to maintain access to people and places that matter
- Prioritizing social engagement so staying home does not mean being isolated

When these elements are intentionally aligned, aging at home becomes sustainable rather than fragile.

Connected Home Ecosystems

Only about **10% of U.S. homes are considered “age-ready”**, meaning they include features such as step-free entryways, a bedroom and full bathroom on the first floor, and accessible bathrooms (Rhodes & Mc-Nichols, 2025). Connected home ecosystems begin with these fundamentals.

Common safety elements include:

- Improved lighting
- Zero-step entrances
- Slip-resistant flooring
- Curbless showers

These features provide not only physical safety, but confidence.

Innovators are also advancing **smart home health technologies (SHHTs)** that connect older adults to care teams, family members, and services without constant oversight. These technologies generally fall into six categories:

1. Physiological monitoring (heart rate, oxygen levels, blood pressure, weight)
2. Functional monitoring (mobility, sleep, eating patterns)
3. Safety monitoring (fall prevention, nighttime lighting)
4. Security monitoring
5. Social interaction and communication tools
6. Cognitive and sensory assistance (medication reminders, prompts, object-finding aids)

Technology alone, however, cannot replace the social, emotional, and relational dimensions of aging at home. Human care—which includes family caregivers, paid home-care workers, community health teams, and informal networks—remains central to how safety and independence are experienced.

Designing Homes That Support Dignity and Belonging

Universal design is often applied as a retrofit rather than embedded from the start (Ma et al., 2022). If these principles were integrated at the outset, the baseline functionality of U.S. housing would expand dramatically.

Because most homes were not built with aging in mind, families often need guidance to understand what changes will make the greatest difference. Home assessments provide a practical roadmap, identifying fall risks, layout challenges, and adaptive solutions aligned with individual abilities and preferences.

Funding Pathways That Sustain Independence

Even the best-designed home requires financial pathways to support modifications, care, and community engagement. According to the Congressional Research Service (2023), long-term services and supports are primarily paid for by:

- Medicaid
- Medicare
- Families paying out of pocket

Emerging models are blending public, private, and community resources to make aging at home more attainable. These include home-modification grants, low-interest loans, tax incentives, charitable micro-grants, shared housing, accessory dwelling units, and multigenerational co-housing.

Mobility as Access, Not Just Transportation

Mobility is access—to healthcare, food, faith, social connection, and community life. Transportation barriers remain one of the most pervasive unmet needs among older adults and are strongly associated with isolation and declining health (Choi & DiGuseppi, 2022).

Communities are experimenting with integrated ride coordination, volunteer driver programs, micro-transit, paratransit modernization, and partnerships with rideshare services to create flexible, person-centered solutions.

Collaboration in Action

Multi-sector state and local initiatives are increasingly focused on enabling people to live well at home. When housing, healthcare, finance, transportation, and social engagement partners work together, aging in place shifts from crisis response to proactive design.

This collaboration transforms aging at home from a fragile aspiration into a supported, sustainable way of living. •CSA

AI Disclosure: This article was edited with the assistance of AI tools to support clarity, structure, and flow. All ideas and content are original to the authors.

CSA EDGE

Practical Tools for Client Conversations

Home Readiness Snapshot

- What feels harder at home than it used to?
- What would make daily life easier or safer?
- Who helps today—and who might be needed tomorrow?

Funding Pathways at a Glance

- Public benefits (Medicaid waivers, VA programs)
- Insurance pathways (long-term care and hybrid products)
- Home equity tools
- Local and community-based programs



Tara Ballman is a nationally recognized aging-in-place expert and author of five books on retirement planning and aging in place. A frequent conference speaker, her work is informed by personal experience navigating her father's declining health and is dedicated to helping families plan proactively with clarity, confidence, and resilience.



Israel Cross is a public health gerontologist focused on integrating care, services, and supports across settings to better serve older adults and caregivers. His work applies a life-course perspective. He has contributed to national initiatives improving care in nursing homes, hospitals, and community health centers.

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