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Renovating Space to Age in Place: Experiences of Elderly Residents Living through Public Housing Renovations and Reflections from Affordable Housing Developers

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ABSTRACT

In this article, we explore the experiences of older adults living in public housing undergoing renovations and its associated impacts on their perceived sense of well-being. We also consider the ways in which affordable housing developers contemplate residents' health and wellness into renovation plans and processes. Following the conventions of hermeneutic analysis, we conducted open-ended in-depth interviews with older adults living in public housing undergoing renovations ($n = 21$) and representatives of a variety of affordable housing developers ($n = 12$). Our analysis demonstrates that residents had strong attachments to their individual living spaces prior to renovations and were fiercely protective of them. Renovations created a sense of unease among older residents as the familiar features of their homes were altered. The processes and the outcomes of renovations and new management strategies raised fears that their lived environments were becoming institutionalized. Developers acknowledged that a tension exists between residents' desires for personalized private space, and their responsibilities as landlords to prioritize the physical safety of residents and the fiduciary obligations to maintain building longevity.

KEYWORDS

Aging in place; older adults; public housing; rental assistance demonstration; sense of place

Introduction

As the US population ages, so too is the population of older adults living in public housing. Currently, the US Department of Housing and Urban Development (HUD) is providing rental assistance to more than 2 million older adults through public housing, multifamily subsidized housing, and voucher programs. Today, 53% of the 1.13 million households living in

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HUD-assisted public housing are headed by a person who is over 62 years of age and/or disabled (O'Brien & Popkin, 2020).

The public housing stock in the US is also aging and is in need of extensive repair and maintenance. Public housing is the nation's oldest housing program for low-income renters, yet persistent structural underfunding from the federal government and local housing authorities has left many public housing units in unsafe and deplorable conditions (Dubbin et al., 2019; Goetz, 2013). Assessments of public housing capital needs demonstrate tens of billions of dollars in deferred maintenance and billions more in new capital needs every year including removal of asbestos and mold, repairs for roofs, sewers, plumbing and drainage systems, rodent and pest abatement, provision of adequate heat, and attention to safety concerns such as outdoor lighting and broken sidewalks (Dubbin et al., 2019; Reid, 2017; Schwartz, 2017).

Over the last 20 years, the provision of publicly subsidized housing has been transformed by partnerships between government programs and private developers to deliver low-income housing through a variety of means including the Rental Assistance Demonstration (RAD) program. Under the RAD program, public housing developments are now eligible for Low Income Housing Tax Credits (LIHTC) and other forms of private sector funding as a means of attracting equity investment for low-income properties (Schwartz, 2014, 2017). Through the RAD program, private developers enter into multi-year project-based rental assistance (PBRA) Section 8 contracts whereby the housing development becomes eligible for mortgage financing, tax credits, and other funding streams that can be used to cover necessary renovation costs. The developers become responsible for all rehabilitation work as well as long-term property and asset management (i.e. debt payments, tenant work requests, collecting rent, etc.), while HUD provides subsidies for tenants' rents. After renovation, developers also often assume the role of landlord, collecting rents and managing leases.

Over the last decade, San Francisco has become one of the only municipalities to convert all publicly owned housing—29 buildings representing 3,500 units—to PBRA Section 8 contracts. Of these, 22 buildings house older adults and the disabled and all are in some point of the renovation process. The transformation of public housing through RAD in San Francisco is unprecedented in its scope and therefore provides a unique opportunity to explore both the sociological dynamics and health impacts of such large scale public housing renovations as they happen. The analysis presented in this article focuses specifically on the experiences of older adults living in public housing during a RAD conversion and subsequent renovation. We explore the conceptualizations of “aging in place” from the perspectives of both older adult residents living in public housing and housing developer representatives.

The results presented here are from a larger study that examined the health and social impacts of RAD on residents living in public housing and has been described elsewhere (Dubbin et al., 2019). The questions we consider for this article are:

- How do older adults living in public housing describe their experiences living through a RAD conversion?
- What are the impacts of the RAD conversion on residents' perceived health and social well-being?
- How do housing developers account for the specific needs of tenants aging in place and in what ways do residents' health influence decisions that pertain to renovations, refurbishing, and redevelopment of public housing for older adults?

Despite the large numbers of aging residents currently living in public housing, there is a dearth of literature exploring the impact housing policies like RAD have on “aging in place” (Lucio & McFadden, 2017). Our research fills part of that gap. First, we consider the ways in which RAD implementation facilitates or constrains “aging in place” from the viewpoint of those who are aging in place. Second, we explore the intersection between the personal experiences of older adults living in public housing undergoing renovation through RAD and the social and physical conditions in which those experiences are realized. Third, we highlight the perspectives of policymakers, housing developers, and site managers as they grapple with the multifactorial needs of residents aging in place. By triangulating these processes, we provide a rich documentary of the complexities facing older adults as they age in public housing.

Aging in place: a conceptual framework

At its most basic, “aging in place” refers to a person’s ability to stay in their residence safely, independently, and comfortably as they age (AARP, 2000; Fisher et al., 2007; Yen et al., 2012). Aging in place is seen as a way for older adults to maintain independence, social network connections and autonomy (Callahan, 1993; Frank, 2002; Keeling, 1999; Lawler, 2001; Wiles et al., 2011) avoiding the costly option of institutionalized care. Our understanding of the experiences of older adults aging in place includes a thoughtful understanding of what “place” is and how it has been explored in prior research.

Lawton (1982) developed the ecological theory of aging as a way to understand the interrelationships between individual needs (“competences” in Lawton’s parlance) and one’s physical and social environments be they at the macro, meso, or micro levels (Jayantha et al., 2018). Lawton argued that people behave within their environments and respond to environmental demands depending on their abilities to cope with those demands (Yen et al., 2012). The

concept of place attachment (Rowles, 1983; Yen et al., 2012) has been offered to explore connectedness—the sense of belonging—older adults have to neighborhoods, communities, and regions. As we age, place attachment comes through our everyday social exchanges over long periods of time and results in an overarching identification with a specific locale (Yen et al., 2012). To be “in place” is that sense of well-being, comfort, and belonging that we get by transforming a physical space through our habitation and imbuing it with multiple layers of meaning (Rhodus & Rowles, 2023; Rowles, 2018). Through patterns of repeated use and regular rhythms of routines of daily behavior, we craft physical space (that in and of itself has no meaning) into place—“a locus of lived experience laden with meaning” (Rowles, 2018, p. 80). We also build off the work of Wiles et al. (2009, 2011) who studied the concept of aging in place in terms of functional, symbolic, and emotional attachments and meanings of home, neighborhoods, and communities. They found that older adults residents want choices about where they age in place and that aging in place was seen as an advantage in terms of a sense of attachment, connection, and feelings of security and familiarity in relation to both homes and communities. That is, attachments and connections operate at a social and community level not just linked to a particular physical space.

Public housing residents’ experiences of federal housing policy reforms

Residents’ experiences of their changed circumstances as a result of major shifts in US public housing policy and practice have been previously documented (Goetz, 2013; Howell et al., 2005; Joseph & Chaskin, 2010; O’Brien & Popkin, 2020; Popkin et al., 2009). In contrast to earlier federal housing initiatives like HOPE VI, where entire public housing communities were demolished and “transformed” into mixed-income communities, the RAD program provides on-site renovation and remodeling. Residents were not required to move off site during the renovations, but rather to different apartments as phased renovations proceeded. Previous research has demonstrated that residents’ experiences during a RAD renovation were neutral to positive when asked about the physical changes, esthetics and pride of place (Hayes et al., 2021). Notably, these studies did not focus on older adults’ experiences. Given the aging of the US population and the ever aging demographics of the public housing population, the focus of this article centers the experiences of older adults living through a RAD transition.

Methods

Our parent study was a 3-year (2016–2019) qualitative study exploring the health and social impacts of public housing renovation through RAD.

We interviewed residents in a variety of RAD developments overseen by one developer. Initially, we reached out to members of tenant councils and provided them information about the study to share at resident meetings. We purposively sampled tenant leaders who had nuanced insights into the social conventions of each building. We posted flyers on communication boards, near mail boxes, and in the community laundry rooms. As interested participants were recruited and interviewed, we then relied on snowball sampling as a secondary recruitment strategy. We interviewed residents in 2018–2019 while active renovations were ongoing. Topics included basic demographics, tenure and experiences living in public housing, health issues and perceptions of health impacts of renovation, social networks and support, perceptions of safety within their housing community and neighborhood, interactions with housing developers and housing authority representative, and engagement in building activities and tenant councils. Interviews were conducted in the participant's home or in the building's community room and lasted on average 1 h and 45 min.

Through personal contacts of the authors, we also interviewed representatives of local affordable housing developers, housing site managers, RAD conversion project managers, and city authorities with expertise in public housing ($n = 12$). These interviews were conducted primarily in the participant's office and each lasted approximately 1 h.

All interviews were digitally recorded and transcribed verbatim. All interview participants were offered gift cards in the amount of \$50.00 at the conclusion of the interview as a thank you. All study procedures were approved by the University of California, San Francisco Committee on Human Research. We employed MAXQDA (2018) as our qualitative software to store, organize, and retrieve coded data. We interviewed a total of 42 residents from 4 RAD developments, 3 of which were buildings specifically for older adults and disabled people. The data for this article consist of in-depth interviews with 21 residents aged 62–92, selected because of their age. Twelve of the participants were male and nine were female. All residents interviewed had multi-morbid chronic conditions including type 2 diabetes, congestive heart failure, cardiovascular disease, and a variety of mental health issues including depression and bipolar disorders. At the time of these interviews, all participants were living independently. All participant names, names of public housing buildings, and housing development corporations have all been anonymized in this article.

Analytical approach

Following the work of Crowther et al. (2017) and Crowther and Smythe (2016), our analysis is presented through crafted stories congruent with the

philosophical underpinnings of hermeneutic phenomenology. Hermeneutic analysis reveal aspects of phenomena that are rarely noticed, described, or accounted for—“the intention being to illuminate essential yet often forgotten dimensions of the human experience in ways that compel attention and provoke further thinking” (Crowther et al., 2017, p. 827). Van Manen (2017) explains that phenomenological research is the study of experience as lived—that is “to let a phenomenon (lived experience) show itself in the way that it gives itself while living through it” (p. 813). In our study, the participants are living through three phenomena that are inextricably linked: (1) the transition of public housing to private ownership and management, (2) on-site renovation of their publicly subsidized housing units, and (3) the process of aging. Each of these experiences profoundly influences the other, as well as the lived experiences of our participants. Participant stories were crafted from verbatim data. Recognizing that narratives from transcripts often come in pieces (Crowther et al., 2017), we read and re-read transcripts in an iterative process to uncover the story threads. Memos were written, re-written and analyzed to discern the emerging patterns of meaning. Congruent with the crafting stories method, we have removed extraneous and repetitive detail that did not add to the stories and reordered some sentences for flow, while keeping our focus on the participant’s experiences, feelings and actions. In keeping as close to the participant as possible and honoring who they are, we have not altered individual pronunciation or grammar. We have anonymized all participant names and the names of public housing sites and housing developer organizations.

Findings

“This is our last home!”

According to Rowles and Bernard (Rowles & Bernard, 2013), houses, apartments, living facilities or any type of living space is just that—an empty space that can only assume the meaning of home through a process of habituation or active dwelling in which such a space is claimed as part of an individual’s identity. Developing a sense of “being at home” is a complex process of use, awareness, and the development of emotional attachments (p. 11). Being at home is an intersection of person and location over time that results in a sense of familiarity, comfort, and well-being. A home is a place of centering—“an anchoring point for the flow of daily life” (p. 11) through which we develop a familiarity and comfort with our daily routine that becomes habitual and taken for granted.

In our study, the concept of “home” and “being at home” is complicated by the fact that many of the resident participants consider their subsidized

unit to be their *last* home. Being low-income in a high priced city, many residents reflect that living in public housing was not *their* choice per se, but the *only* choice—many acknowledging they felt “one step away from homelessness” and were fiercely protective of what living space they could call their own. Mathew, for example never imagined he would live his senior years in a public housing project. A decade prior to this interview, at age 62, he was planning for the future. He had been steadily employed and had a variety of well paying jobs, many of which leveraged his artistic capabilities—graphic design, custom flooring, and screen printing. His plan was to work until he was 70 then retire with his full social security benefits. Then disaster struck. He was diagnosed with prostate and anal cancer and in an instant his future drastically changed. He had to apply for his social security benefits earlier than expected hence his payments were much less. No longer able to work steadily, he was unable to pay the rent on his “gorgeous apartment” where he had lived for decades and was evicted. He subsequently moved in temporarily with an old friend. He entered his name into the lottery for public housing and took an apartment when one became available. The initial adjustment for Mathew was difficult: “When I first moved in, I was kind of gruffy. I was an angry old man because of what was happening in my life. The cancer, having to quit everything and now I’m living in subsidized housing? I never expected that. Never!”

Mathew took the apartment because he felt he really didn’t have a choice. At that time, it was the only subsidized apartment for older adults available and if he did not take it, his name simply went back into the lottery pool where he would have to wait until his number came up again. Mathew explains his choices were very bleak: “The thought of being sick, old and homeless really scared the shit out of me.” When he thinks about his future now, there is no imagining of living elsewhere. “We are all the same here. We are all old, disabled, and low-income. We all know this is our last home.” While Mathew acknowledges the benefit of public housing as an important safety net for people in similar circumstances, he is also pointing to an ongoing tension of reduced autonomy and lack of choice.

After years of living in severely distressed buildings, most residents viewed the RAD program with cautious optimism that it could be a vehicle through which much needed change in public housing could be effected. Most of this optimism was driven by the city’s public recognition of the terrible state most public housing buildings were in and by what many described as a “dangerous” social environment. Emily is 79 and recalls that when her building was under housing authority management, it was like having no management at all: “The devil literally took over the building ... I know four women who were raped and one man was beaten to death in his apartment on the fourth floor.” Emily herself was brutally

assaulted in 2013 requiring an extended stay in the hospital. When asked if she considered moving to another building after her hospitalization, she replied, “And just where was I going to go? There was no where else to go that was any better.”

Most of the residents with whom we spoke initially had a visceral mistrust of both the city authorities and the private developers. They were concerned that RAD was merely a mechanism through which the housing developers could evict low-income older adults in order to accommodate more market rate housing. Many were aware of San Francisco’s history of displacing low-income residents in the name of redevelopment. In 2016, the residents of Stern Grove Gardens [a designated building for older adults] were notified that the necessary steps were being taken to convert the building via the RAD program. Frank, age 75 and at that time was treasurer of the tenant council:

There were several meetings and they had people come in to explain the transition from the housing authority to a private housing developer. A lot of people in the building were very upset. They were terrified the building would be turned into market rate housing. At first, I was afraid of that too. But, I did some investigating on my own and learned the developer was going to be the Bay Area Housing Corporation. From what I could find, they had a very good reputation so I was very happy about that. I started telling everybody, “Don’t worry. This is what is going to happen. Just calm down.” We were assured that the current residents in the building can stay for the rest of their lives, as long as they pay their rent. I have been assured that the rent will always be 30% of my income. So, I figure I’m here for the rest of my life.

For most residents like Frank, economic precarity was the driver for them entering public housing. Coupled with advancing age and physical infirmities, the plan to convert the building’s management under RAD produced severe anxiety and a sense of instability for many tenants during their advancing years.

Finding comfort in “working the system”

The RAD program consists of not only of a physical transformation of space through renovation but a systematic transformation of property management as well. Prior to the RAD, the San Francisco Housing Authority (SFHA) was the only entity with which residents had to interact and was responsible for all aspects of property management. After the RAD conversion, responsibility for building maintenance, repairs, rent collection etc., was turned over to a private property management company. While all participants related how dysfunctional the SFHA was, they also acknowledged the benefits in knowing how to “work the system.” When Maxwell, aged

77, moved into his unit at Ashbury Heights he was shocked by what he found:

When I came in, the building really looked trashy and had not been kept clean. In my apartment there were a lot of repairs needed. The Housing Authority had a policy that if something was wrong with the apartment, you had to fill out a card or make a phone call to let them know what needed to be fixed, but they would not tell you when they were coming to fix it. If they happen to come by and knock on the door and there's no answer, they write off the work order! That's why nothing ever got fixed!

Maxwell also realized that complaining did no good except to get him labeled as a "troublemaker", so what repairs he could do on his own he did despite them being "unauthorized."

Lottie is 68 and recalled, "Living under [housing authority] was a headache. I had to stay on them to fix up my place. The toilet wasn't working. The shower head was hanging. It was a mess. They'd say, 'Oh, we're going to get to it.' I may wait three or four months. They still didn't come so I stopped paying my rent. That got them over here. Then I paid them what I owed them." For many, knowing how to "work the system" afforded residents a certain sense of reassurance. For example, SFHA might turn a blind eye to a resident having a live-in care-giver "off lease." Lottie summed up the experiences of most residents we interviewed: "Basically, if you don't bother housing [SFHA], then housing don't bother you."

Hailey is a senior director of the Mayor's Office on Housing and Community Development. One of her principal responsibilities was to oversee the transition of San Francisco's public housing stock through the RAD program. She acknowledged how dysfunctional the housing authority system was and pointed out that it was part of a bigger problem that led to years of property deterioration and systematic corruption. The transition from buildings being managed by the housing authority to private management companies was a huge shift for the tenants, especially older adults. But because residents "understood" the system, as dysfunctional as it was and despite the deplorable conditions of many of the buildings, most residents had more of a distrust of the developers that they did of the housing authority. Hailey explains:

The transition has been a very hard adjustment for the tenants, especially the seniors. Despite the fact that the SFHA were very poor property managers, many tenants knew how to "work the system." Now there are new owners and new property managers who have new rules and regulations that are being strictly enforced. We had to do a lot of community engagement. We created an FAQ sheet about what will change, really stressing the fact that certain things won't change at all. What will change is you will get better attention to your unit. We will do a full repair and rehab on your unit and you will still pay 30% of your income. We stress these things. We did an entire lease and house rules packet that was not much different

from the public housing lease. The main difference was the public housing lease was rarely enforced. The new leases (under RAD) are.

No longer having a system to “work” under RAD, feelings of having no choice and lack of autonomy is ever more resonant. Ella is 83 and describes how the strict rules and regulations have changed the tenant-management relationship by saying, “There is no flexibility anymore. It’s their rules. They own us.”

Renovation begins: disrupting sense of place and the reassurance of routines

According to Casey (2009) to be “in place” necessarily means that we shape and are shaped by places we inhabit through processes of habitation and habituation. Wherever we call “our place”, we infuse them with meaning and significance (Rowles & Bernard, 2013). As the renovations under RAD began, many of the residents had to be moved to other buildings during the time their units were being renovated. Despite the urgent need of major repairs for most of the apartments, participants were fiercely possessive of their individual units. Many residents were very reluctant to move, no matter how temporary, and with assurances that they would return to their same unit once repairs were completed. The process of moving triggered major anxiety and uprooted health routines for many residents.

Mathew was relocated to another building in another neighborhood. The Bay Area Housing Corporation facilitated movers to pack up resident belongings and move them to their temporary apartments elsewhere. While the goal was move the residents as seamlessly as possible with little burden, most participants we spoke to found the process extremely traumatic. Mathew explains:

That move almost sent me into a nervous breakdown! They moved me out. They put me in the hallway in my chair and three guys walk into my apartment and start disassembling everything. I had custom made carpet that I made and they pulled it up. They’re throwing things in boxes...They [emptied] my refrigerator, put everything in grocery bags and shoved me and my groceries into a cab and sent me to a building on 15th street! Every 10 days I had a meltdown in their office downstairs begging to let me know about my apartment. I was gone for four and a half months.

Being moved out, expectedly yet forcibly as he really had no choice in the matter, triggered in Mathew a memory of being homeless. All of the associated anxieties and trauma of that time were now being re-lived in real time:

Being homeless really scared the shit out of me...They don’t investigate or check what their tenants have gone through previous to being here. They had no idea that in taking an apartment away from me how I would react. They had no clue that I

would be having mental health problems...I was on different medicines and everything.

Tina is 63 and was able to stay in her building during the construction but she did have to change units temporarily albeit on the same floor. Before construction began, “the designers came in. We had constant tours and them taking pictures. One of the truly annoying things they do is expect the residents to drop everything to meet their needs. It’s invasive. Whether we are here or not, they were going to come through. They can walk into your room at any time. People resent that. They forget that these are our homes!”

Tina has multiple chronic medical conditions including Type 2 diabetes, a heart arrhythmia, hearing problems, and arthritis all of which require regular medications:

During the construction, the dynamics of the building changed. I had to change the timing of my medications. Usually I would get up and take my medications around 8 and then again at 1 pm. When the construction started, I had to take them at 6 am and 1130 am because they would start at 6 am. That would mean loud heavy things falling. Now keep in mind that this building needed a whole lot of work. It was built in the 70s. It had elevator issues and leaking water heaters... I have ADHD and loud sounds, too much light, and stuff like vibrations and loud noises were very disturbing to me. It was difficult because of all the equipment they had to haul up and they were stomping around upstairs. All of this brought back my arrhythmias and panic attacks. I ended up going to the hospital... Moving without any choice was difficult, even though I was just moving down the hall.

Samantha, a housing developer project manager agreed that many of the residents were not prepared for the disruption of the construction or the effects the temporary moves to other sites would have: “We did try to do lots of things to prepare residents to the best of our ability—but it wasn’t enough or done in the right way. These were ridiculously fast projects with high political stakes, new partnerships to cultivate and maintain—lots of stakeholders to appease. Needless to say, it was inherently a disruptive process.”

Beyond bricks and mortar: institutionalizing home

Throughout our study we interviewed several city level housing policy experts and representatives from various housing development corporations in order to understand why they applied for the RAD program, how RAD works on the ground, and the ways in which RAD intersects with resident health and well-being. Many of the housing developers we spoke to already had a footprint in the neighborhoods where RAD buildings were located. Without exception, they spoke of RAD as a means to fulfill their social obligations to the community by being able to preserve and maintain housing stock for low-income residents. Linda is the Tenant Community

Services Director for the City Development Corporation, a nonprofit housing developer:

I think one of the reasons we did it was just a sense of obligation to the tenants living in these buildings. We really believed they needed something better and we felt like we could provide that. The city has a massive stock in affordable housing and it's really important to preserve it. It's really important to bring it up to standard. It's really important that the tenants living there have good living conditions. Older adults are the population we are most concerned about. Making sure they're housed in a good environment. As people age in place, we want them to be able to stay in an independent setting.

For many developers, creating a space to age in place consisted of “physical case management”—an in-depth survey of the physical space to make it more conducive to the aging process. Linda explained that physical safety in senior buildings is a major priority: “We have to navigate the physical space and account for anything that could be a hazard, for instance trip hazards. Falls are the beginning of the end for the elderly.”

Yet, for many of the residents, an overemphasis on safety has changed the nature of their lived environment from feeling at home to sense of being institutionalized. Tonya is 73 and has lived at Ashbury Heights for over a decade:

I think the developers are torn between us being a nursing home or some other type of institution. We now have timers on our bathroom lights, panic buttons, and a button on an electrical panel you have to hit before you can use the stove! This is supposed to be protecting us? From what?

Tonya is pointing to the ways in which such physical amenities to the buildings such grab bars in the bathrooms, non-slip flooring in the common areas and hallways, and stain resistant fabrics on community furniture converge to alter the symbolic nature of how the residents envision home. The result is a tension between residents feeling at home or feeling institutionalized.

Ralph is 74 and prior to living in public housing, he spent many years living on the street. He moved to Woodlake Gardens after “winning” a lottery assignment 8 years ago. His transition from unhoused to housed was “kind of tough because being on the street, I had an open area. When I moved here it seemed the walls were closing in on me.” Prior to the renovation of his unit, Ralph had a large window that looked out to a wooded area and could be fully opened. Being able to fully open the window helped relieve his claustrophobia. Post RAD renovation, safety bars have been placed on the windows that preclude him from opening the window fully: “They put new floors in and new cabinets and made the kitchen smaller. But I got more or less used to it now. The only thing I can't get used to is the window.”

Under RAD, the physical environment was not the only thing being renovated. Many developers spoke of older tenants “needing care”, “services support”, or “community building” as equally important considerations necessary to make RAD “successful.” Hailey echoed the philosophy that permeated through our interviews with housing developers:

I firmly believe that the health and well-being of the tenants who live in our buildings is our primary goal. It’s not just about the bricks and mortar of renovation. One of the attractive things about RAD was the provision that there needed to be a services component in each building. Services to reduce social isolation, especially for the elderly—making sure they are linked to resources the city provides, like short-term case management or programs designed to create social cohesion. Over time, we have expanded our work in health and wellness in our senior properties. We stay on top of the social services needs, and we also have health and wellness coordinators doing health-related work, like programs designed to reduce fear of falling and increase activity, for example. We have a resident services coordinator who checks in on residents if they haven’t been seen in few days to make sure everything is OK.

Many of the residents, on the other hand, felt the introduction of these new programs were being imposed upon them and functioned more as an overt type of surveillance—adding to the feelings of being systematically institutionalized. Mathew, whom we met earlier, shared his view that many residents who had been living in public housing for a long time were simply “not accustomed to all the attention and it feels intrusive.” Similarly, he objects to the resident wellness checks: “I put signs on my door. If I don’t answer, you don’t get in. The other day, the manager knocks on my door, but before I can even get there, he has his keys out ready to unlock it! So, I pushed the door shut! I have got to make them understand that this is an apartment—not a goddamned nursing home!” While older residents living through a RAD conversion wanted to stay in their units (recognizing they could not move anywhere else), they wanted to experience their residences as homes and not facilities. Housing developers, recognizing that in addition to the physical safety of each individual unit, residents might need other services to support their health and wellness in order to age in place.

Discussion

For urban dwelling older adults living in public housing undergoing RAD transition, we find that resident attachment to place is born out the precarious nature of their lived experience. The functional, symbolic, and emotional attachments to home operate more at a micro level (i.e. their individual living spaces) and less through the community and neighborhood at large. Their attachments to their immediate living environment were very strong, the disruption of which had negative impacts on the way

they viewed their present situations, their health, and their possibilities for the future. Aging in place was constructed through the perception of their current living space as their “last home.” For most of the residents we interviewed, choice of housing type or neighborhood was limited in that most felt that they really had none. Where they were presently was where they were going to be for the rest of their lives. Hence, most residents were fiercely possessive of their individual units.

For developers, the RAD program is about protecting and preserving public housing for the foreseeable future, therefore, asset protection is a priority. While the residents reflect on their lack of choice and limited autonomy regarding place, housing developers are also constrained in what they are able to do. Working in a highly regulated environment and receiving public funds, developers must meet regulated health and safety codes, deadlines, and budgetary targets. Best practices in property management often include standardized features that decrease risk and promote resident safety that are perceived by residents as “sterile” and “institutional.” Such renovations created a sense of unease amongst older residents as the familiar features of their homes were altered. Older residents define “home” not only by the objective physical elements of a particular place but by the symbolic nature that a particular place has in terms of their lived experiences and their perceptions of their future.

There are limitations to mention with regard to our study. First, we interviewed residents during a particularly disruptive time, while or not long after their units underwent renovations. Further follow-up might yield additional insights given the “tincture of time”. Second, our resident participants were all living in buildings undergoing renovations overseen by a single developer hence we have no comparison data about the experiences of older residents living under different management.

The Rental Assistance Demonstration Program was created and implemented to attract private capital in order to address the multibillion dollar backlog of repair and maintenance needs to the aging public housing infrastructure. While the housing developers we interviewed were committed to providing the requisite physical upgrades to drastically improve living conditions in public housing as well as support services necessary to help older adults age in place, a tension exists between what constitutes appropriate and supportive measures versus what many residents see as a slow march toward the institutionalization of place. Beyond the construction and upgrading of public housing to accommodate the physical needs of an increasingly aged and frail population, we agree with Rhodus and Rowles (2023), Rowles (2018), Rowles and Bernard (2013) that developing a sophisticated understanding of what makes a house a home and what enables an individual to develop and maintain a sense of place must be a

priority. Such an understanding must account for the physical and social needs of older adults as well as their environmental histories, preferences and the meanings with which they have imbued their places of home.

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