Innovative Senior Housing: 
Inspiration From Singapore and India

Senior World Conference 2015
Gothenburg, Sweden

By Sofia Widén
Program Manager, ACCESS Health Sweden
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Our vision is that all people, no matter where they live, have a right to access high quality and affordable healthcare.

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Background

**About the Conference**

On April 21 to 22, 2015, ACCESS Health Sweden Program Manager Sofia Widén spoke at the Senior World Conference in Gothenburg, Sweden. The Senior World Conference is the first forum dedicated to the issue of the senior housing market in Sweden. The conference offers a forum where politicians, investors, architects, and private individuals can meet and discuss issues and developments related to the senior housing market. The conference attendees represented 830,000 seniors. The 2015 conference focused on financing and innovation. Conference organizer Petter Ahlström invited ACCESS Health Sweden and Sofia Widén to lead a session about our work in Singapore and India. Video\(^1\) of the session and slides\(^2\) are available online.

The ACCESS Health session was well received by the delegates attending the conference. The inspiration from India and Singapore resulted in two winning school projects about senior housing solutions in Gothenburg.

**Word from Petter Ahlström, Organizer, Senior World Conference**

At the conference, we delve deeper, listen to new ideas, meet, discuss, and draw up the beginnings of a framework around the theme “the good life and housing as a senior.” We aim to bring out great ideas and solutions and to conceive of new structures that can deliver quality and a life affirming level of service for seniors. We also need an intimate exchange between the public and private sector to be able to create these future residencies, and indeed lives, for the rapidly aging population. Only by truly working together can we build a truly great society, regardless of age. Together.


**About Senior Housing in Sweden**

The aging population in Sweden is in need of more developed senior housing solutions. Alternatives to municipal nursing homes exist, but the existing alternatives are insufficient. Until now, this issue has remained largely unaddressed. The Swedish government allocated fifty billion Swedish kronor (about six billion USD) in investment capital to improve senior housing. Previous
government programs have focused on creating accessible apartments for seniors. The city of Gothenburg, along with architects and homecare organizations, has refurbished old apartments, estimated costs of installing automatic door openers and elevators, and launched a system of certification for accessible apartments. Other cities in Sweden are introducing similar initiatives. However, development is slow. Property owners have few incentives to renovate older housing stock for seniors. It is costly to install elevators in old buildings. Many three story apartment blocks lack elevators. Seniors are seldom granted an apartment on the ground floor. Much remains to be done in Sweden to provide accessible housing for senior citizens.

Types of Care Homes in Sweden

<table>
<thead>
<tr>
<th>Description</th>
<th>Senior Accommodation</th>
<th>Safe Living</th>
<th>Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>For those who want to live independently, but who prioritize functionality and accessibility of the building and the surroundings.</td>
<td>For those who seek some companionship with other residents and easy access to formal caregivers. Safe Living houses aim to create a social and safe living environment.</td>
<td>For those who need care around the clock. Nursing homes hire nurses, provide regular doctor visits, and help residents with daily activities and personal hygiene.</td>
<td></td>
</tr>
<tr>
<td>Alternative names</td>
<td>Plus accommodation Collective housing Enjoyable housing Lifestyle accommodation Cooperatives Accommodation for people over the age of fifty five</td>
<td>No other names</td>
<td>For those who want to live independently, but who prioritize functionality and accessibility of the building and the surroundings.</td>
</tr>
<tr>
<td>Age group</td>
<td>For those who want to live independently, but who prioritize functionality and accessibility of the building and the surroundings.</td>
<td>Seventy years</td>
<td>Demand driven, over eighty years.</td>
</tr>
<tr>
<td>Services</td>
<td>None required. Residents can apply for homecare and home healthcare from the municipality.</td>
<td>None required. Residents can apply for home care and home healthcare from the municipality.</td>
<td>Full service, including personal nursing care and healthcare.</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------</td>
</tr>
<tr>
<td>Common areas</td>
<td>Not required</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Social interaction and activities</td>
<td>Not required</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Adaptation of the building</td>
<td>Not required. Residents can seek municipal funds to alter their personal apartment. Needs tested support.</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Safety alarms</td>
<td>The facility does not provide alarms. Residents can apply for a safety alarm from the municipality.</td>
<td>The facility does not provide alarms. Residents can apply for a safety alarm from the municipality.</td>
<td>✓</td>
</tr>
<tr>
<td>Municipality grants accommodation</td>
<td>✗</td>
<td>✗</td>
<td>✓</td>
</tr>
<tr>
<td>Type of housing</td>
<td>Tenant flat, tenant ownership, detached house, terraced house, or cooperative tenant flat</td>
<td>Tenant flat, cooperative tenant flat, or tenant ownership.</td>
<td>Tenant flat, tenant room.</td>
</tr>
</tbody>
</table>
About Sofia Widén

Sofia Widén is the Program Manager for ACCESS Health Sweden. She is working with William A. Haseltine on a study of elder care. The study compares cases of good practice in Sweden and in the United States. Previously, Sofia worked as a legislative aide to a member of the Virginia State Legislature in the United States, where she worked on education, healthcare reform, and on environmental laws. Sofia also served as a youth delegate to the United Nations in Brazil, Qatar, and in Stockholm. In this capacity, she supported a new international climate change agreement. Sofia holds a Master of Arts in Economics and Politics from the University of Edinburgh in the United Kingdom. She studied French at the Sorbonne in Paris and in Montréal, Canada. She also completed one year of studies at the Robins School of Business at the University of Richmond in Virginia.

Innovative Senior Housing: Inspiration From Singapore and India

Ladies and gentlemen, it is a pleasure and a privilege to be here today. I will talk about housing and homecare in India and Singapore. Before I talk about housing and homecare, I would like to introduce ACCESS Health International.

ACCESS Health is a think tank advisory group. It is a not for profit organization. ACCESS Health has offices in eight countries. The teams work in different ways, in different countries, depending on where we can add the most value to the healthcare system.

In certain countries, such as in India, we work as consultants with the private and the public sector. In other countries, such as in Singapore, we run our own programs. The ACCESS Health team in Singapore launched a program called Modern Aging³, in the spring of 2015. Modern Aging is a program for entrepreneurs whom we encourage to innovate for the aging population.

My work is both interesting and rewarding. I study good examples of integrated care and care coordination. I am interested in communication and coordination
between different healthcare providers, such as emergency hospitals, homecare organizations, and primary care clinics. I am also interested in home healthcare and home adjustment.

I travel around Sweden and visit different healthcare providers. I summarize my work in case studies, which I publish on the ACCESS Health website. The case studies are freely available for anyone to download.

ACCESS Health believes that integrated care is the future of healthcare in developing and developed nations. We support the trend of a decentralized healthcare system where resources are moved from the emergency hospital to community clinics, homecare organizations, and home healthcare teams.

ACCESS Health works with knowledge transfer between countries. We believe that countries can learn significantly from one another. For example, Sweden could learn from Singapore in the area of urban planning. Singapore is advanced in this field. Sweden could also learn from a smaller neighbor, such as Estonia. Estonia has an advanced eGovernance and eHealth system. Sweden can also learn from distant, large countries, such as India and China. India and China have been forced to innovate because of a lack of resources to provide healthcare to their large populations.

I recently traveled to Singapore. I would like to talk about a few housing examples that I came across. Singapore is a small country with 5.5 million inhabitants. The World Health Organization classified the Singapore healthcare system as the sixth best system in the world. Singapore has a life expectancy of eighty two years. This is the fourth longest life expectancy in the world.

At the same time, women in Singapore have fewer children. The average child per woman per lifetime is 1.3 in Singapore. This number is comparable to the figure in Sweden, which is 1.9 children per woman. Generous maternity leave policies and equal workplace rights have enabled Swedish women to have children.

Singapore has one of the fastest aging populations in the world. Today, fourteen percent of the population in Singapore is over the age of sixty five. This figure will increase to thirty three percent in 2045. In Singapore, the family assumes the responsibility for older family members. Ninety four percent of all individuals over the age of sixty five live with their children, or with their children and their grandchildren.
In Sweden, a comparable number of individuals over the age of sixty five live in what we call “ordinary housing.” The family does not assume the main responsibility at all times for older individuals. The municipality plays an important role. When an individual cannot live independently, the municipality offers a place in a care home or the municipality provides homecare services.

In Singapore, the Housing and Development Board manages the public housing stock. In 2013, the Housing and Development Board launched three generational apartments to cater to the needs of the aging population.

I will show you a floor plan of a three generational apartment. As you can see, this apartment is slightly larger than a normal five bedroom apartment in Singapore. The total area of the apartment is 115 square meters. The apartment is designed to cater to a family with two children and one set of grandparents. On one side of the apartment, there is a large bedroom with a separate bathroom. On the other end of the apartment, there is a large bedroom with a separate bathroom. In the middle of the apartment, there are two bedrooms, a kitchen, and a living room. In total, there are five rooms, four bedrooms, and three toilets in the apartment.

Each apartment is sold for 335,000 Singapore dollars (nearly 250,000 USD). The Housing and Development Board subsidizes these apartments for Singaporean families that qualify. A family applies for the apartment, together with their older parents.

These apartments are popular. In 2013, there were one thousand applications for eighty four apartments in Yishun. The Singapore government is building new three generational apartments in other areas of Singapore.

We can learn something from this in Sweden. Perhaps some Swedish families would like to live in three generational apartments. There is a lack of housing in the large cities in Sweden. It will take many years before we meet the demand in the housing market in large cities. We have seen an unprecedented rise in the cost of apartments in Stockholm this year. Some families may prefer a larger apartment, such as the three generational apartments in Singapore, at a lower cost.

In Swedish culture, it is not typical for multiple generations to live together. However, individuals from different generations can help each other if they live
together. Younger generations can help older generations with certain tasks. Elders can help children with their homework.

A multigenerational apartment can provide a greater sense of belonging. We know that some seniors feel lonely and isolated. By living together with children and grandchildren, the elderly can reduce their sense of social isolation. The multigenerational apartment can improve quality of life.

This type of housing arrangement will suit certain families during certain periods. A multigenerational apartment can suit families in which there is a relative caregiver. The apartment has separate areas for the relative caregiver and for the person who receives care.

In Sweden, we can combine a multigenerational apartment with homecare services. This arrangement will allow the middle generation to continue an active working life. This arrangement will also ensure that the elderly obtain appropriate help at home, both from formal and informal caregivers.

I was also inspired by the concept of studio apartments for the elderly in Singapore. The Housing and Development Board provides a one or two bedroom apartment. Seniors can choose a thirty six or forty five square meter apartment.

These smaller apartments are adjusted for the elderly. The bathrooms and the kitchens are large. The floors have surfaces engineered to prevent slipping. The bathrooms have handles that older residents can use to support themselves. Each room has an alarm. This safety alarm connects the resident to a caregiver. Residents can move around in the apartment easily. The apartment is located in an attractive area in Singapore.

The Housing and Development Board supports elderly who want to maintain an active lifestyle. For this reason, the studio apartments are located in neighborhoods with grocery stores, restaurants, and other amenities close by. The studio apartments are located in close proximity to public transportation.

Sweden can learn several things by studying Singapore. The studio apartments may suit some of the elderly in Sweden during certain periods in their lives. Just like a student can choose a smaller apartment, a senior may also want a smaller apartment. A studio apartment offers convenient living, unlike living alone in a larger house. You need to clean a smaller surface. You have less maintenance in
the studio apartment. You do not need to adjust your apartment because the studio apartment is already adjusted to accommodate the needs of the elderly.

Perhaps we should also think about where we locate apartments for the elderly in Sweden. Some elderly may prefer to live in an area where they can maintain an active lifestyle. Some elderly may want to live in a central location. We ought to think about these aspects when we plan our cities in Europe.

I was inspired by a homecare organization in India. I would like to tell you about this organization. During this conference, we discuss housing solutions for an aging population. The physical design of your house or your apartment matters to your wellbeing. Other aspects matter as well.

If you need services at home it is important that those services respond to your needs. As we age, more and more people require homecare services. Sweden has an extended network of homecare providers. Some argue that the market is fragmented, since several homecare providers work in the same building, in certain municipalities.

In India, there are few homecare providers. India has a total population of 1.2 billion people. This figure is expected to rise to 1.6 billion in 2050. By this time, India will be the most populous country in the world, ahead of China.

India has a life expectancy of sixty six years. You may wonder why we talk about aging and homecare services if a population has a life expectancy of sixty six years. It is important to understand that India has a large number of people over the age of sixty six. Seven percent of the population of India is above the age of sixty five. Today, there are one hundred million Indians over the age of sixty. This figure is expected to rise to three hundred million in 2050. In other words, ten whole Swedens are above the age of sixty in India today. In 2050, thirty whole Swedens will be over the age of sixty in India.

As in Singapore, the family assumes responsibility for older family members. The middle and upper class in India can afford healthcare and social care services. These services seldom extend to the larger population. India spends around one percent of the gross national product on healthcare services. This amount is what the public sector spends. Out of pocket payments are much higher than in Sweden. If you include out of pocket payments, the total healthcare bill of the
country amounts to around seven percent of the gross national product. India spends a negligible part if its income on elder care services.

I decided to visit an interesting homecare organization in Hyderabad called Life Circle Senior Services. Life Circle was founded by Anant Kumar. Anant Kugmar is a social entrepreneur. He is passionate about extending services to those who cannot pay.

Life Circle is an interesting model. The organization has a commercial arm and a nonprofit arm. Life Circle delivers homecare services to the elderly at a cost of two US dollars per hour of service. A certain percentage of the customers obtain services for free. Three nurses supervise the homecare work. Twenty five assistant nurses or caregivers provide homecare services.

When an elderly client contacts Life Circle, he or she fills out a form detailing his or her care needs. The individual details what kind of caregiver he or she prefers. The senior can request what type of caregiver he or she prefers. The client requests age, gender, language, and religion of the caregiver. During this initial phase, a caregiver is matched to the requirements of the elderly client.

As you understand, this is different from the Swedish model where multiple caregivers visit the homes of one senior. The Life Circle model provides one hundred percent continuity of care. One caregiver always visits one client every day of the week. In Sweden, ten caregivers may visit one client during one week.

Sweden has a lower continuity of care in most homecare organizations. Life Circle provides integrated care and social services. Life Circle helps the elderly with home rehabilitation and training. Life Circle provides social care, such as walks. Life Circle delivers medicines to the homes of the elderly. Life Circle can help with cleaning services at home. Life Circle also provides basic healthcare at home. Life Circle can monitor basic vitals. Life Circle measures clients’ blood pressure, oxygen saturation, performs electrocardiogram, and treats ulcers. Life Circle considers the holistic needs of the individual.

In Sweden, we talk about person centered healthcare. Life Circle provides person centered care. Life Circle is a homecare organization. It provides basic home healthcare, home rehabilitation, and social interaction.
The Life Circle model is a model that we can copy in Sweden. I was inspired during my visit to Life Circle. Imagine if we can match clients and caregivers in Sweden. Client matching may improve work conditions and satisfaction with homecare services. Imagine if we can provide one hundred percent continuity of care so that you always know who will come to your home every day. Imagine if we can integrate social care, basic healthcare, and homecare services. Sweden has a fragmented system. I hope that these thoughts can inspire you just like they inspired me in India.

In summary, Sweden is a model country in many ways. Other countries study our elder care and healthcare systems. Likewise, Swedish care professionals can learn a lot from other countries. ACCESS Health International can facilitate contacts and exchanges with organizations abroad. We would be more than happy to formalize exchanges between countries in elder care. We believe that countries can learn a lot from each other in this area, in particular.

Thank you for listening!

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3. For more information, go to [http://accessh.org/project/modern-aging/](http://accessh.org/project/modern-aging/)
ACCESS Health International works to help provide high quality, affordable care for the elderly and the chronically ill. Our method is to identify, analyze, and document best practices in managing the elderly and chronically ill patients and to consult with public and private providers to help implement new and better cost effective ways to care for this population. We also encourage entrepreneurs to create new businesses to serve the needs of this rapidly expanding population. At present, ACCESS Health works on these issues in high income countries, including Singapore, Sweden, and the United States. ACCESS Health is working to expand this work to low and middle income countries, including India and China.

ACCESS Health Sweden analyzes how specific programs and policies improve and modernize care for older adults. Because we are locally based, ACCESS Health Sweden is able to participate in the response to the aging population in the country and to identify strengths and weaknesses in the elderly care strategies of the country. We use this knowledge to discuss challenges and opportunities with Swedish national and local leaders and to inspire and guide other countries as they seek to improve care for their own people.

Learn more at www.accessh.org.