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Most People Are Not Aware That Homes Were Never Designed or Built for Long Life Spans

An Interview with Bonnie J. Lewis, ASID Allied, CAPS, Principal of Bonnie J. Lewis Design

Bonnie J. Lewis:

Most people are not aware that homes were never designed or built for long life spans. According to the Harvard Joint Center for Housing Studies, 97% of U.S. homes are not ready for aging in place. Yet, an overwhelming majority of homeowners in their 50s, 60s, 70s, 80s, and 90s want to stay in their home through retirement. Most presume they can, never questioning whether any home preparation is needed. While some think if they install a grab bar in the shower they are all set. However, a grab bar is a mere Band-Aid in comparison to what is really needed.

Your background includes commercial senior living and healthcare design, not just residential work. How does that change the way you evaluate a home compared to a typical residential designer or contractor?

My background sets my process apart. Before residential design, I worked in commercial senior living and healthcare design, where every decision has to account for how the human body changes, and we implement evidenced-based design techniques that support physical, emotional, and cognitive wellness.

Most residential designers are trained to solve for aesthetics, and contractors and occupational therapists for a basic modification request. I evaluate the whole home the way senior living design requires: systematically, based on how the body ages. A modification adds a grab bar. Remodel design reconsiders the bathroom, accessibility, the circulation path, the lighting, and the finishes together, from a functional, safety, and aesthetics perspective. The change is comprehensive and supports the homeowner for a lifetime in that home, not just the next few years.

You've said a grab bar is a Band-Aid. From a physiological standpoint, what changes in vision, balance, strength, and cognition actually make a home fail its occupant as they age?

Homes were never designed for long life spans. According to the Harvard Joint Center for Housing Studies, 97 percent of U.S. homes are not ready for aging in place. As we age, changes in vision, balance, strength, agility, mobility, and cognition happen gradually, often before a homeowner notices them. A home that worked fine at 50 can become a serious risk at 70, not because the home changed, but because the body did.

Bathrooms are the clearest example. Falls are the leading cause of fatal and non-fatal injuries among older adults, and most happen at home, primarily in the bathroom. By 65, one in four adults fall each

year, and after one fall, a second is likely, according to the CDC. Most falls are preventable, and thoughtful home design is one of the most effective ways to prevent them. These are not modification problems. They are design problems, and they require a designer who understands the aging process, not a contractor executing a fixture list.

Is there an ideal window for aging in place remodel design when it has the greatest impact on long-term independence?

The ideal time is in a homeowner's 50s and 60s, while they are still active and capable, not after a health event forces the decision. Waiting until a knee or hip replacement, a fall, or a diagnosis means the home is being changed under pressure, often piecemeal, and often with an institutional look the homeowner resents.

Planning in the 50s and 60s allows the design to be integrated and completely aesthetic, with no compromise in style, and the homeowner benefits from it immediately rather than decades later. Well-aging design is preventative medicine for the home. Great medicine keeps people healthy. A great home design keeps people living well in the home they love. A scheduled surgery can be a useful trigger for a homeowner who has waited, but it should never be the first time this conversation happens.

What happens when home modifications are made reactively, after a fall or a diagnosis, versus proactively? What's the practical difference in outcomes?

Reactive modification happens under crisis conditions, usually right before or right after a hospital discharge, when decisions are made quickly, options are limited, more costly, and the result often looks clinical. That approach can also decrease a home's value.

Proactive well-aging remodel design happens on the homeowner's timeline, with full consideration of aesthetics, materials, and long-term needs. It is comprehensive rather than piecemeal, and it increases home value rather than diminishing it. That distinction, remodel design versus home modification, is the difference between a home that merely addresses one or two aspects of aging and one that actively supports independence and accommodates for a lifetime.

You work with physicians both as clients and as referral partners. What do they notice about their own homes once they've gone through this process themselves?

Physicians are some of my most rewarding clients, because they already understand what is coming for their patients, and often for themselves. When a physician hires me, they have already seen my portfolio and the number of design awards I have won, so they are not surprised that the result avoids a clinical look. What they are thrilled by is how beautiful the outcome is, while still being ADA, accessible, and safer. That experience gives them confidence to recommend the same process to their patients, because they have lived in the result.

Patients sometimes decline sound medical advice rather than accept a modification that looks institutional. How common is that, and how does design change the decision?

It happens more often than most physicians realize, particularly with women patients. A physician recommends a home modification for safety, and the patient quietly declines, not because they disagree with the medical advice, but because they picture grab bars, a hospital-style shower, and a home that no longer feels like theirs. That is a false choice, and thoughtful design eliminates it.

When the safety feature is integrated into an elevated design, the homeowner no longer has to choose between following medical advice and keeping a home they are proud of. I have seen that shift change a patient's willingness to act on a physician's recommendation.

You've described aging as "a design problem, not just a medical one." What do you mean by that, and where should physicians and designers be working together?

Physicians manage the body. I manage the environment the body has to live in every day. Both matter, and neither works fully without the other. A physician can recommend the right precautions, but if the home does not support them, or actively works against them, the patient is left to manage the gap alone.

That is where design belongs in this conversation, as a partner to wellness and medical care, not an afterthought to it. The physicians and aging in place designers already working together on this are the ones getting their patients the best outcomes.

Beyond safety, what should a physician tell a patient to expect from a well-designed home as they age?

A well-designed home protects a homeowner's independence, dignity, and quality of life. It allows someone to stay in the home and community they love, close to family, friends, and routines that matter to them, instead of being forced into an unplanned move.

Because the work is done as a complete remodel professionally designed rather than a series of add-on modifications, it also tends to increase the home's value rather than decrease it. Homeowners should expect a home that works for them for the rest of their life, and one that never looks like it was makeshift around a diagnosis.

NIC is forecasting a shortage of nearly 600,000 senior housing units by 2030, driven by the full Baby Boomer generation reaching 65 and senior living construction sitting at its lowest level in years. How urgent is this for homeowners?

The urgency is real, and it is not hypothetical. NIC, the leading data source for the senior housing industry, forecasts a shortage of nearly 600,000 senior housing units by 2030. By that year, the entire Baby Boomer generation will be over 65, and senior living construction is currently at its lowest level in years. Supply is shrinking exactly when demand is accelerating.

That math has a direct consequence for homeowners. Presuming senior living will be available as a backup if needed is no longer a safe assumption. Even homeowners who can afford it may face long waitlists or significantly higher costs when the time comes. The home a homeowner already owns, and already loves, is the most reliable long-term housing plan available to them. Investing and preparing it

now, while they are still in their 50s and 60s, is not just about staying independent. It is about not being at the mercy of a housing market that will not have room for everyone who needs it.

Bonnie J. Lewis, ASID Allied, CAPS, is Principal of Bonnie J. Lewis Design, a Scottsdale-based luxury interior design firm specializing in well-aging and aging in place remodel design for homeowners 55 and older. Her work is grounded in a background in commercial senior living and healthcare design, applied with the same rigor to residential remodels. Bonnie holds the NAHB Best in American Living 2025 Gold for Best Remodel for Aging in Place, North America's highest aging-in-place honor, and has earned more than 56 national and regional design awards since 2013. Prior to her design career, she spent years in corporate marketing management and project management at ITT and Rockwell, a background that shapes her strategic, systematic approach to every project. www.bonniejlewisdesign.com 480-742-9393