

By Andrew E. Scharlach, guest editor

Creating Aging-Friendly Communities

Why America's cities and towns must become better places to grow old.

Communities throughout the United States are poorly designed for dealing with the dramatic demographic changes they are experiencing as their residents age. Demographic changes are especially acute in the West, where Nevada and Alaska will see their senior populations increase by more than 50 percent during the current decade. In Las Vegas, the population age 65 and older is expected to grow by more than 130 percent, while St. George, Utah, can expect an increase of more than 150 percent (Frey, 2007). Already, older adults constitute more than 30 percent of the residents in a number of counties in the South (e.g., the Florida counties of Charlotte, Highlands, Citrus, and Sarasota), according to the 2000 Census.

This dramatic increase in the older population reflects the aging of the baby boom, the approximately 80 million Americans born between 1946 and 1965, who have transformed public and private institutions throughout their life course thus far (Frey, 2007) and are also likely to transform the country's communities as "aging boomers" (no longer babies!). Indeed, this process has already begun with the current elderly cohort. Already, we are seeing increasing popular interest in the communities in which we live and will live as we grow older.

Reports bearing titles such as "Best Places to Retire" or "Best Cities for Seniors" are produced regularly by *US News & World Report*, *Business Week*, Sperling's *bestplaces.net*, and AARP, among others.

Good Places to Grow Old?

Yet, the communities in which most of us live are hardly "good places to grow old," and fewer than one-half of America's cities and towns have even begun to address the needs of an aging society (National Association of Area Agencies on Aging [N4A], 2006). Many long-established urban communities are "aging in place," experiencing infrastructure deterioration that makes them challenging for older residents, while newer suburban communities that were designed primarily with young families in mind are ill-equipped as those families age.

Residential neighborhoods usually are completely isolated from commercial areas, in part the result of land-use policies and zoning regulations developed nearly 100 years ago to reduce the public health hazards associated with overcrowded and unsanitary urban living. In recent years, further consolidation of shopping and other commercial interests has led to "big-box" stores and giant malls accessible only by automobile and requiring a substantial

amount of walking and negotiating passageways not designed for an older body moving at slow speeds. Seldom does one find even a bench to sit on, let alone a quiet place for friends and neighbors to gather. Even accommodations mandated by the Americans with Disabilities Act are designed primarily for younger people in wheelchairs rather than older adults who become fatigued easily.

At a time when individuals need to cover substantial distances to accomplish virtually any task—whether to buy groceries, see a doctor, or visit a friend—the automobile has become an essential link to the outside world. The older person who cannot, or should not, drive can quickly become physically as well as socially isolated. Nor is public transportation the answer for most such elders, as getting to transit stops, boarding buses, and negotiating fare systems frequently is considerably more demanding than simply piloting an automobile. Moreover, many of our streets and transportation systems seem designed to promote “the safety, convenience and comfort of motor vehicles” (U.S. Department of Transportation, 2007, p. 3), rather than assuring that people—everyone, especially the least mobile among us—can get where they want to go when they want to go there. This is not even to mention the human and environmental costs associated with such automobile-dependence. We talk about civic engagement and the untapped potential of today’s older people to contribute to their communities; this potential cannot be accessed if geographic barriers prevent community participation. Yet, 43 percent of people over age 65 say that public transportation is not available in their community (Center for Home Care Policy and Research, 2004); moreover, only 43 percent of communities offer discounted taxi or bus fares, only 56 percent provide door-to-door paratransit services, and only 40 percent have road signs that meet the needs of older drivers (N4A, 2006).

The homes in which we live, and eventually may find ourselves isolated, seldom were de-

signed with aging occupants in mind. As Pynoos, Caraviello, and Cicero point out in their accompanying article, many of us live in “Peter Pan” housing, apparently designed for someone who will never grow old. It is not surprising then that an older person’s own home is the most frequent location for life-changing falls and other accidents. Moreover, physical infrastructures also are aging, along with the residents. Indeed, 50 percent of older adults live in houses built at least forty years ago, and 8 percent live in houses built at least eighty years ago (U.S. Census Bureau, 2004, 2008). Yet, nearly one-third of America’s cities and towns do not offer any kind of assistance with home maintenance or home modifications to accommodate the needs of older residents (N4A, 2006). So, what are we to do?

A Movement to Create Aging-Friendly Communities

In recent years, a new movement of sorts has arisen, an effort to help communities become more “aging-friendly”—that is, become places where people can live their entire lives, if they so desire, rather than having to relocate and thereby lose the social capital that has accrued over a lifetime of social interactions and interpersonal connections, simply because they are experiencing the expectable personal changes that come with age. These efforts are based on a number of underlying principles related to adaptation and functioning in later life, which are articulated below.

Person-environment fit

The first principle is that adaptation in later life reflects the interaction of personal and environmental characteristics. Study of this interaction is founded in large part on the work of M. Powell Lawton and his colleagues (e.g., Lawton and Nahemow, 1973). A central focus is on ways in which an individual’s competence (as manifested in later life, primarily in declining physical and cognitive functioning) interacts with environmental press (actual and perceived

demands imposed by physical and social environments), especially as functional limitations increase with age. As described by the so-called disablement process (Verbrugge and Jette, 1994), environmental factors can serve as structural barriers that exacerbate activity limitations, fostering excess disablement and potentially contributing to unnecessary dislocation. For example, older individuals are apt to walk more and be more functionally independent if they live in communities where residential housing coexists with retail and other commercial uses (Clarke and George, 2005).

Moreover, according to what Lawton and Simon (1968) call the environmental docility hypothesis, the influence of the environment increases as individual competence decreases. Less physically and cognitively competent individuals also are more restricted with regard to the environmental opportunities and resources

The huge baby boom generation, which has transformed public and private institutions throughout its life course thus far, is poised to change our communities once again.

available to them. For example, older adults who are disabled travel shorter distances and complete fewer errands than those without disabilities and are less able to circumvent environmental barriers (Shumway-Cook et al., 2002).

Behavior settings

According to the second principle, functioning occurs in “behavior settings,” each of which provides a unique context that shapes person-environment interactions, sometimes for the better and sometimes for the worse. For example, functioning may be better in familiar settings, where minor adaptations and cognitive maps can enable the process of selection, optimization, and compensation described by Paul Baltes (2003) and can contribute to perceived independence and a positive self-image (Rubinstein and Parmelee, 1992).

Situational social demands, such as the desire to appear capable in interacting with friends or family, can foster better functioning, whereas helplessness-inducing contexts such as nursing homes can have the opposite effect (Baltes, 1996). A major focus of environmental gerontology is on understanding how behavior varies across activity spaces, so as to design appropriate interventions to improve functioning—for example, building in sensors that record a person’s balance changes in time and space, allowing individually tailored interventions to prevent falls.

Individuals as constructive agents

The third principle holds that individuals are not simply passive respondents to environmental demands, but can better be understood as cocreators of their own lives (both present and future), actively selecting among perceived available options to determine where and how they will live. These choices are constructed from personal calculations of need and ability, as well as from patterns of

meaning that imbue physical spaces with a sense of “place.”

Indeed, the vast majority of older adults want to “age in place,” remaining in their own homes (Center for Home Care Policy and Research, 2004), even when those homes no longer are comfortable places to live. The desire to age in place is related to a sense of “place attachment,” one’s socioculturally mediated emotional connection to a particular physical location (Altman and Low, 1992), and the ongoing effort to create and preserve meaning through place-centered activity in the face of unstable conditions (Cutchin, 2003).

As Ron Manheimer describes later in this issue, we give meaning to places, and they in turn shape the meanings that are available to us as we age. In a society enamored of youth and the illusion of independence, an “active adult

community” conveys a different image than an “old-age home,” regardless of any actual differences between the two or their appropriateness for any particular person or situation. Moreover, even the decision to move to a planned age-segregated community may be the result of the failure of intergenerational neighborhoods to provide an adequate and appropriate environment within which to age, or the desire to avoid perceived social stigma and threats to self-concept associated with showing signs of age, or simply the perceived benefits and amenities available in an environment that better matches one’s needs and capabilities.

Lifespan developmental processes

The fourth principle is that lifespan developmental processes provide a context for the fit between individuals and their environments, and the associated choices that individuals make. Environments not only place demands on individuals, but also provide opportunities for growth and adaptation. While specific developmental issues of later life are considered in greater detail in the following section, it is worth noting here that some individual characteristics, such as physical functioning, may decline with age, while other characteristics, such as wisdom, may continue to develop, given sufficiently stimulating and engaging environments.

Physical, social, cultural contexts

According to the fifth principle, physical, social, and cultural characteristics of environments shape available opportunities for aging, as noted by geographical gerontologists and others. Moreover, environments themselves are not static, but are susceptible to change as a result of a variety of forces. Housing stock and other physical infrastructures age in place just as their inhabitants do, potentially becoming even less aging-friendly than they might have been originally. Indeed, 14 percent of homes occupied by older people are in need of significant modifications or repairs; the need is

especially acute among African American and Latino elders (Center for Home Care Policy and Research, 2004).

Older adults also are affected by local cultural norms and opportunity structures, which affect patterns of inclusion and exclusion that shape participation of older adults in the day-to-day life of their communities, as well as the resulting experiences of acceptance or stigma, empowerment or powerlessness in public and private domains.

Macro-level forces

The final principle is that macro-level political and economic forces influence local decisions and resulting opportunities for older residents and must be taken into account. Urban development disrupts long-established patterns of meaningful activity, social connection, and accrued social capital. Migration patterns lead to changing neighborhood composition, sometimes exacerbating a perceived sense of social and physical isolation among older residents who stay behind. Land-use decisions rooted in public policies that provide incentives for automobile use while ignoring its secondary societal costs have contributed to the deterioration of inner cities and the suburbanization of aging, fostering living environments that are poorly suited to the needs and capacities of their aging inhabitants. Worldwide economic declines affect the value of accumulated assets, interest income, available employment opportunities, and public benefits, reducing the availability of resources needed for maintaining and rehabilitating physical environments, preventing community infrastructure improvements, and ultimately limiting the options available for accessing and creating aging-friendly communities.

What Is an ‘Aging-Friendly’ Community?

Simply put, an “aging-friendly” community promotes the physical and psychosocial well-being of community members throughout the life cycle. More specifically, a community might

be considered “aging-friendly” to the extent that its major systems (housing, transportation/mobility, health, social interaction, productivity, cultural and religious involvement, educational and leisure activity) are responsive to the changing needs and capabilities of its members as they age, providing opportunities for fulfillment with regard to five psychosocial developmental tasks of later life: continuity, compensation, connection, contribution, and challenge.

Continuity

In an “aging-friendly” community, individuals are able to maintain lifelong interests and activities even as they experience normal aging. As noted by Robert Atchley (1989) in his continuity theory of normal aging, older adults benefit from opportunities to maintain continuity with regard to their social behavior and social circum-

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stances, so as to preserve internal psychological structures. For example, older residents need opportunities to continue to participate in activities that maintain good health and prevent disease and disability, as envisioned by Rowe and Kahn’s (1999) notion of “successful aging.”

In an aging-friendly community, access and interaction are facilitated by the types of transportation systems, public spaces, zoning regulations, and other features described throughout this issue that bring people of all ages closer together with the services and products they need.

Compensation

In an “aging-friendly” community, services and products exist to ensure that the basic health and social needs of individuals with age-related disabilities are met. While such compensation certainly requires the availability

of adequate, affordable in-home care, it also includes access to interventions and supports that often can mitigate the need for such care. In an aging-friendly community, technological interventions that support self-care are affordable and widely available, as are home modification and rehabilitation services, and nonemergency transportation systems.

Connection

Relationships become increasingly important as we age. Individuals who have more actual and potential sources of social support have better physical and psychological well-being, and greater resilience in response to illness and other life stressors. Moreover, as we get older and ever closer to the end of our lives, maintaining social connectedness and deepening existing relationships becomes a priority, as Laura Carstensen has shown in her research on social-emotional selectivity theory (Carstensen, Fung, and Charles, 2003). Social interactions also become a source of potential social capital, which strengthens communities and provides an accumulated resource upon which older community members can draw, and also contribute to.

Contribution

Generativity, posited by Joan and Erik Erikson as central to the middle years, remains a key task of late adulthood as well (Zucker, Ostrove, and Stewart, 2002). As noted by Rabbi Zalman Schachter-Shalomi, individuals and communities benefit when older adults have opportunities to move “from age-ing to sage-ing” (Schachter-Shalomi and Miller, 1995), contributing the special wisdom and experience that can come with age. In an aging-friendly community, older residents are not just passive service recipients or “clients,” but active contributors to the well-being of the community, of one another, and of themselves. As noted by Thomas and Blanchard in their article in this issue, older residents have an opportunity (some might say

responsibility) to be active cocreators in the creation of aging-friendly living environments. Aging-friendly communities, in turn, recognize and support these contributions.

Challenge

The need for stimulation and growth remains important throughout the life of all systems, whether a single cell, a complex organism, or a social system. In an “aging-friendly” community,

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there are ample opportunities for older adults to develop new sources of fulfillment, productive engagement, and social interaction. Social, recreational, and educational activities are designed to engage and excite older participants, including lifelong learning and exercise, in all its forms.

Responsiveness to these five developmental tasks can emerge in any of the various domains of community functioning, including housing, transportation/mobility, health, social interaction, productivity, cultural and/religious involvement, educational and leisure activity.

This Issue of *Generations*: Making Aging-Friendly a Reality

This issue of *Generations* examines how the type of aging-friendly community described above can become a reality, taking an in-depth look at how communities can be more responsive to the needs of their aging residents and the various approaches for fostering aging-friendly community change.


The next article in this introductory section, by Bill Thomas and Janice Blanchard, continues our focus on conceptual foundations for creating aging-friendly communities, providing a vision of “aging in community” that incorporates

opportunities for inclusiveness and engagement typically absent from traditional concepts of “aging in place.”

In Section Two of the issue, the various components of an aging-friendly community are more fully examined. Articles address community planning and land-use decisions, housing, transportation, health and long-term care services, productive activity, and the development of meaningful spaces within which age-appropriate activity can occur. Section Three presents examples of initiatives for creating aging-friendly communities, including frameworks for fostering community change and a variety of promising practices that are already in use to help communities respond more effectively to the needs of their aging residents. Initiatives range from neighborhood-based collaborative mutual support efforts, to citywide planning and development processes, to a statewide planning initiative. Also included are examples of national and transnational efforts to promote and support local community change, as well as perspectives of older community members themselves. This issue of *Generations* closes with a list of sample resources for helping communities to become more aging-friendly.

A Society for All Ages

The ultimate goal of an aging-friendly community is perhaps best expressed by former United Nations Secretary General Kofi Annan in ushering in the International Year of Older Persons (October 1, 1998):

A society for all ages is multigenerational. It is not fragmented, with youths, adults and older persons going their separate ways. Rather, it is age-inclusive, with different generations recognizing—and acting upon—their commonality of interest. 

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