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PLANNING AND AN AGING POPULATION

Grow old along with me,
And we shall live to be
The object of research
By Council, Chest and Church
For look, the world's front-paging
The Everlasting Aging.

--From a parody on
Browning's "Rabbi Ben Ezra"

Planning for all age groups is an inviolable principle; in practice, however, planners have been unduly preoccupied with certain age groups. Like the post-war housing boom, the approach to community development and planning has been child- or family-centered. Most significant advances in school and recreation planning, in subdivision design, and even in neighborhood planning, sprang originally from a conception of the needs of the young family with children.

And yet we live in an aging society. A society that can boast now of not three- but four-generation families -- with one out of three persons now reaching the age of 60 having a living parent or close relative who is 80 years old or more (Weaver, March 26, 1961 speech). A society that has witnessed a remarkable transformation in the past 60 years. Whereas only one out of 25 persons was 65 years or older in 1900, today that ratio has dropped to one out of 11 (New Population Facts on Older Americans, 1960). And some demographers estimate that by the year 2,000, one out of every seven persons will be in the elderly bracket (Sheldon, 1960, p.50).

The impact of this pronounced shift in age composition on community services, on urban form and on economic activity is beginning to be realized. For the community planner, sooner or later, it will necessitate some reshuffling -- discarding some outmoded theories, recasting some tenuous theories, and originating some new theories.

Traditionally, planners relegated older persons a few cursory sentences in the comprehensive plan report; the number and possibly per cent of older persons was mentioned, but rarely did subsequent proposals and plans reflect this analy-

sis. Only now is there evidence that the elderly are coming in for more searching appraisal.

Many questions are being asked -- some simple, some complex -- to which planners can help find answers. What qualities of a community make it more livable for older persons? Should a dispersal or concentration of older citizens be encouraged? Given their diverse backgrounds and characteristics, what kinds of housing and community service accommodations do older people need? Where should housing for the elderly be located? To what extent should urban renewal account for older persons? Should zoning and subdivision control regulations be modified to accommodate housing developments for the elderly? Should local policy encourage the building of special housing units for the elderly or increase their economic capacity to compete for housing in the open market? What impact will an increasing number of older persons have on the local economy, the transportation system?

If the aged were no different in character and kind from other age groups, then there would be no need to consider them as a separate group deserving special consideration in the planning context. But there is a growing body of evidence that the process of aging, in which there is a gradual attrition of physiological and mental faculties as well as economic resources, has definite implications for environmental planning. It is an oversimplification to conclude that planning, as it is presently conceived and carried out, will automatically meet the needs of elderly citizens; if anything, some fresh thinking is required.

As background and setting for this report, both the factors accounting for the current, widespread interest in problems of the elderly and a review of significant developments in the field of housing for the aged will be discussed. The special focus, however, is on the planning agency in terms of what it is doing and how it can augment its efforts to help meet the community's responsibilities vis-a-vis its elderly citizens. In this connection, the findings of a survey of 30 planning agencies will be reported.

NEW INTEREST IN THE OLD

Over 20 years ago, a well-known sociologist, Robert Lynd, wrote perceptively of the place of the elderly in the society of his day:

The stress upon mobility rather than upon deep-rooted continuity, upon action and scientific technique rather than wisdom, upon change rather than growth, upon winning and holding status rather than receiving it freely granted at the hands of one's fellows, tends to displace men and women of advanced years in favor of their juniors. In such a culture, "venerability" has lost its meaning and old age its function. (Lynd, 1939, p.93.)

On the whole, this description is still valid today; if anything, the status of older persons has declined even more so.

Paradoxically, however, there has been a tremendous surge of interest in the problems of the aged. Reams and reams of conference proceedings have been pub-

lished, countless studies have been undertaken, numerous public and private actions have been initiated. No fewer than 13 federal agencies administer programs which influence the affairs of the aged (Cottrell, 1960, p.639). Moreover, the media are sprinkled with reports of new social security, employment, medical aid, and housing programs for the elderly. In appraising this new interest in the aged, however, one strong supporter of increased benefits for the elderly warned that "in spite of the many surveys, books, and conferences on aging, the greatest accomplishment to date has been the output of words" (Fogarty, January 8, 1958 speech).

The elderly themselves are beginning to make their 16,000,000 numbers felt both through social and political pressure. Social gerontology, a new science, has attracted persons from many disciplines who are directing their research efforts to the problems of the elderly. Builders and developers are discovering the economic potential of the retirement market. And government on all levels, spurred into action, has begun to put into effect special programs for the aged. Several factors, to be discussed under the following headings, account for this widespread convergence of interest in the elderly during the past decade: 1) impact of the elderly, 2) societal responsibility, and 3) a problem group.

Impact of the Elderly

Undoubtedly, a major explanation for the current attention riveted on the elderly stems from their sheer increase in numbers. They loom larger and larger as a per cent of the national population, of state and city populations, of rural populations.¹ Advances in medical science, accounting for a steadily declining mortality rate and a corresponding increase in life expectancy, give rise to this phenomenon.

Many states exceed the national average for persons 65 or older, with the highest per cent of older persons found in the New England and the Midwestern plains states (see Table 1). Actually, if persons 65 or over were computed as a per cent of total population, 21 years of age or more, then roughly one out of every six persons would be in the elderly bracket.

When viewed on the city level, the figures are equally impressive. At least one of every 10 residents was 65 or over in nearly half the communities with 25,000 or more persons (U.S. Census, 1960). Larger cities like Minneapolis, San Francisco and Boston -- to name a few -- were well above the national average. (See Table 2 for the per cent of residents 65 or older in the 25 largest cities in the country.)

On the whole, small rural communities have even more older people than large cities. Nebraska provides a striking example; one out of every five persons

¹For purposes of this report, a chronological definition of the aged as persons "65 and over" will be used, recognizing nonetheless the limitations of such a definition. For a discussion of other definitions of "the aged," see the American Public Health Association report Housing An Aging Population, p. 2 -- e.g., to the physician, old age is the period of degeneration starting many years before the age of 60; to the psychologist, individual personality is the final test of mental or emotional old age, and so on.

Table 1

RANK ORDER, PER CENT AND NUMBER OF PERSONS 65 AND OVER BY STATE, 1960

	Rank Order	Per Cent of All Ages	Number
Iowa	1	11.9	327,685
Missouri	2	11.7	503,411
Nebraska	3	11.6	164,156
Vermont	4	11.2	43,741
Florida	4	11.2	553,129
New Hampshire	4	11.2	67,705
Massachusetts	5	11.1	571,609
Kansas	6	11.0	240,269
Maine	6	11.0	106,544
Arkansas	7	10.9	194,372
Oklahoma	8	10.7	248,831
South Dakota	9	10.5	71,513
Oregon	10	10.4	183,653
Rhode Island	10	10.4	89,540
Minnesota	10	10.4	354,351
Wisconsin	11	10.2	402,736
New York	12	10.1	1,687,590
Pennsylvania	13	10.0	1,128,525
Washington	14	9.8	279,045
Illinois	15	9.7	974,923
Montana	15	9.7	65,420
Connecticut	16	9.6	242,615
Indiana	16	9.6	445,519
Kentucky	16	9.6	292,323
West Virginia	17	9.3	172,516
North Dakota	17	9.3	58,591
Ohio	18	9.2	897,124
New Jersey	18	9.2	560,414
District of Columbia	19	9.1	69,143
Colorado	20	9.0	158,160
California	21	8.8	1,376,204
Tennessee	22	8.7	308,861
Mississippi	22	8.7	190,029
Idaho	22	8.7	58,258
Michigan	23	8.2	638,184
Alabama	24	8.0	261,147
Delaware	24	8.0	35,745
Texas	25	7.8	745,391
Wyoming	25	7.8	25,908
Georgia	26	7.4	290,661
Louisiana	26	7.4	241,591
Virginia	27	7.3	288,970
Maryland	27	7.3	226,539
North Carolina	28	6.9	312,167
Arizona	28	6.9	90,225
Utah	29	6.7	59,957
Nevada	30	6.4	18,173
South Carolina	31	6.3	150,599
New Mexico	32	5.4	51,270
Hawaii	33	4.6	29,162
Alaska	34	2.4	5,386
United States		9.2	16,559,580

Source: New Population Facts on Older Americans, 1960, A Staff Report to the Special Committee on Aging, U. S. Senate. U. S. Government Printing Office, Washington. From Table 2, p. 29.

living in places under 2,500 was 65 years or older (New Population Facts on Older Americans, 1960, p.46).

Even more dramatic has been the increase in the proportion of older to younger householders. If these older householders were spread evenly among the population, then every sixth dwelling unit would be occupied by a household headed by someone 65 years or older (American Public Health Association, 1953). As the bulk of older persons comprise one- or two-person families and therefore require fewer rooms per dwelling unit, we can readily grasp the effect this could have on the housing market.

The impact of a sizeable accretion of older persons on community life was graphically illustrated in a recent study of St. Petersburg, Florida, a community with a high proportion of aged residents. Several kinds of community adaptations were identified: cafeterias that catered to older people exclusively; "social security" days once a month at supermarkets; disproportionate numbers of firms dealing in optical goods, hearing aids, surgical supplies and insurance policies; unique and elegant pawn shops catering to financially embarrassed widows, and beauticians who advertised as "white hair specialists."

Table 2

PER CENT OF POPULATION 65 AND OVER IN THE 25 LARGEST CITIES, 1960

City	Per Cent 65 and Over	Total Population
Minneapolis	13.4	482,872
San Francisco	12.6	740,316
Boston	12.3	697,197
St. Louis	12.3	750,026
Seattle	12.0	557,087
Cincinnati	11.7	502,550
Buffalo	11.6	532,759
Pittsburgh	11.2	604,332
Denver	10.8	493,887
New York	10.5	7,781,984
Philadelphia	10.4	2,002,512
Los Angeles	10.2	2,479,015
Cleveland	9.9	876,050
Indianapolis	9.9	476,258
Chicago	9.8	3,550,404
Milwaukee	9.6	741,324
Detroit	9.5	1,670,144
Baltimore	9.0	939,024
New Orleans	8.6	627,525
Atlanta	7.9	487,455
San Diego	7.6	573,224
San Antonio	7.1	587,718
Dallas	7.0	679,684
Washington	6.4	764,423
Houston	5.6	938,219
United States	9.7	

Source: U.S. Census of Population, 1960.

One of the most interesting comments was the lament of the minister who complained that he spent so much time making sick calls and conducting funerals that he could not prepare his Sunday sermons (Harlan, 1954).

Still another reflection of an aging population is that more older people are around to vote; as of 1960, one out of every six persons of voting age was 65 or over (New Population Facts on Older Americans, 1960, p. 1). They represent, from the politician's standpoint, both a voting bloc to appeal to in terms of specific programs like medical aid and housing, as well as a direct political force with which to be reckoned. If the elderly could ever effectively mobilize to vote as a bloc, they could exert considerable influence on legislative programs. So far, at least, the evidence does not indicate that the aged have achieved this much political cohesion. As Cottrell says, in reviewing the Townsend old age movement in California, "many of its goals were absorbed by both political parties eventually, thus dissipating its ultimate effectiveness" (Cottrell, 1960).

A likelier prospect is that government may be able to capitalize on the current sympathetic feeling towards the elderly to achieve support for controversial programs. A good case in point is the apparently successful shift from younger to older families in public housing in the past few years.

Societal Responsibility

A dichotomy characterizes our attitude towards the elderly. On the one hand, due in part to industrialization and the breakup of the extended family, the family is no longer willing to assume sole responsibility for the care of the elderly. On the other hand, however, it realizes, by its very abnegation, that some other remedy must be found. The result: family belongingness is being replaced by community belongingness, the motivation for this stemming almost from a "guilt" feeling that, in lieu of the family, societal action must be initiated to help the older generation. One expert, in summing up current thinking, says that it "stresses societal responsibility to take care of the elderly with the same energy and responsibility as is exhibited in caring for infants and young children" (Monroe, 1954, p. 108).

Although not stated overtly, support for old age programs is widespread, in part because of this sense of shared obligation. Attitude towards older persons in western, industrialized countries is therefore one of concern and empathy, going so far as to accept increasing societal responsibility for them in their later years, but with the provision that "we'd rather they wouldn't live with us."

One further point: this sense of obligation, which will probably increase rather than decrease, bodes important in terms of forecasting even greater support for old age programs in the future.

A Problem Group

It is easy to exaggerate the problems that face the elderly; forced retirement, generally low income, increasing dependency, declining health and growing infirmity, high medical costs, loneliness, inadequate housing, to name a few.

The picture of the gnarled, old man staring forlornly at a blank wall in his dreary, decrepit-looking, one-room flat is a stereotype that more than a few proponents of increased benefits for the aged present as a norm.² Whether exaggerated or not, the important thing is that these problems are used to lend credence to the demand for more extensive programs for the elderly. As the saying goes, "youth is a malady from which, fortunately, everyone always recovers"; unfortunately, the same cannot be said of old age.

Following is a brief discussion of some major problems commonly associated with the older generation:

Low Income. Forced retirement obviously restricts one's earning power. The aged, faced with this prospect, must sooner or later begin to live off their savings, pensions, and investment earnings. One study showed that a considerable number of older persons had savings as well as owning their homes, thus tending to improve their financial position (Background Paper on Housing, 1960). But the rate of their dissavings -- cost of living, illness -- at this age suggests that these are only temporary securities.

The discrepancy between what the aged have and what they need in order to maintain an adequate level of living is pointed up in the following statistics: half of the families with a head 65 years and over had a cash income below \$2,000 in 1950, but it was estimated that an aged retired couple would need at least that amount to live adequately in most cities (Fact Book on Aging). Apart from the unusually low incomes of a large proportion of the elderly, another distinguishing characteristic is the relative inflexibility of their income potential.

Health. On the one hand, the aged require two times as much hospital care as younger persons; on the other hand, less than half the men and women over 65 have any health insurance coverage at all (Aged and Aging in the U. S., 1959). This discrepancy, coupled with the high cost of medical care, has made the issue of increased health insurance benefits for the elderly of major importance.

Housing. Findings vary as to the exact dimension of the housing problem encountered by older people. There is general agreement, however, that:

1. A sizeable proportion of older people live in substandard housing.
2. Older people find themselves poorly accommodated in the housing market. Two-thirds of the elderly households consist of one- and two-person families (Background Paper on Housing, 1960), but most new housing is built to satisfy the larger space requirements of young families.
3. A high proportion of the elderly -- one study places the figure at 85 per cent -- live in homes either too large for their needs or too costly (Background Paper on Housing, 1960).

²One has only to look at some of the photographs found in a few of the U. S. Senate Special Committee on Aging reports for confirmation. A common device of gaining support for a controversial program is to overestimate the problems that underlie its need in the first place.

4. Many elderly couples find themselves betwixt and between, having small assets or income just above the limits for public housing eligibility, but also not being able to afford decent, suitable, private housing at current costs.

FHA's 231 program, designed to meet the needs of the middle-income elderly group, has been criticized in the latter connection. A recent study showed that after all the builder's costs were computed -- monthly amortization, equity repayment -- the average dwelling-unit rental for projects built under the 231 program came to \$60 a month or more. But only 40 per cent of the elderly households in California could pay this rental. And of those that could afford this price, close to seven out of 10 owned their homes and were therefore unlikely to rent (Smith, "Housing for the Elderly, An Evaluation of Existing and Proposed Programs," 1961).

HOUSING FOR THE ELDERLY

As near ago as a decade, Charles Abrams could say caustically that, "Much of what has been provided, especially for older people, has been done with less imagination and less thoughtful preliminary research devoted to what is suitable than has automatically gone into planning and building housing for the monkeys and animals in the zoo" (quoted in Randall, 1950, p. 33). Few would go so far in their criticisms today. On all levels of government and within the ranks of nonprofit institutions and the building industry, a sharp response to the phenomenon of an aging population is emerging, especially in the field of housing.

In the past five years, a profusion of federal programs have been adopted to encourage the building of more housing units for older persons. The few states that pioneered in providing low rental housing accommodations for indigent older persons are being joined by many more. Private developers, increasingly cognizant of the potential of the retirement market, are building vast, new retirement villages, trailer courts, and apartment hotels for the elderly. Housing estates catering to older persons in all stages of health -- from the well to ³ the infirm -- are being constructed by both religious groups and labor unions. And the supply of small nursing homes, old age homes, and convalescent homes is growing. The variety and diversity of housing accommodations for the elderly is matched only by the variety and diversity of the elderly themselves.

Experts agree that the aged fall into many categories. On one extreme is the wealthy older couple in good health and with a wide latitude in choice of residence. On the other extreme is the completely dependent, practically senile and indigent person destined for institutional living for the rest of his life. In between is a broad assortment of older persons with different incomes, physical and mental health conditions, family ties, interests and capacities.

³ Only recently, a \$500,000,000 AFL-CIO program to build housing facilities for retired labor unionists was announced (Chicago Sun-Times, August 3, 1961).

The real difference between housing for the elderly and housing for the rest of the population is a relative one. Older persons, on the whole, require more of certain kinds of living arrangements -- both in cost and design -- than younger families, and these needs are reflected in what is being built under the name "housing for the elderly."

What is beginning to be commonly accepted as "housing for the elderly" is a composite picture of a low-priced, small dwelling unit with specially designed interiors, sometimes existing within a compound that provides common eating, medical and recreational facilities. Each one of these features reflects a trait generally associated with older people. Low-priced facilities reflect their meager financial resources. A smaller dwelling unit is based on the fact that the great majority of older people comprise one- or two-person households. Increasing difficulties in locomotive power account for the specially designed interiors which include grab bars, nonslip floors and bathtubs, one-floor layouts, increased illumination, and so on. And a combination of factors -- loneliness, the desire for companionship, and greater susceptibility to illness -- account for the common-shared service facilities.

A vocal and articulate minority, though, looks askance at the current, widespread interest in housing for the elderly. They agree that older people do indeed have a housing problem, but they contend that housing designed specially for the elderly incorporates design features which are equally appropriate for the rest of the population -- "good housing for the aged is also good housing for younger people" -- and that the solution to the housing problem of the elderly lies in a general upgrading of the total housing supply. Moreover, some recommend that, instead of building special housing for older persons, the approach should be to "put enough money in the pockets of retired pensioners to give them fair and competitive access to the existing housing supply."

However valid these admonitions may be -- and a good case can be made for each one -- the plain fact is that both private industry and government have become enamored with the concept of "housing for the elderly." Builders, for example, estimate that they will construct 150,000 rental and 100,000 sales units for the elderly per year (House of Freedom: The Compact House for Active Retirement, 1960). In commenting on the popular appeal of the direct loan program to finance housing for older people, HHFA Administrator Robert Weaver noted, "The President asked that the \$50 million now in the revolving fund from which those loans are made be doubled. So important is this program, however, that the House of Representatives thought the amount available for it should be tripled" (Weaver, June 27, 1961 speech).

There is every likelihood that the future supply of these special dwelling units for the elderly will increase. Planners, among others, will have to devise policies to accommodate the varied housing developments.

Present Living Arrangements

On a national scale, the vast proportion of older persons live in their own households; 45 per cent own their own homes and 25 per cent rent apartment facilities (Background Paper on Housing, 1960). The remainder either live with relatives, are lodgers in others' households, reside in various types of public and private communal living establishments, or are confined to such institutions

as homes for the aged, mental hospitals, and the like. The living arrangements of persons 65 and over for 1950 are shown in Table 3.

At the city level, the picture varies somewhat. In Milwaukee and Chicago, for example, about 85 per cent of all elderly families either owned or rented their homes or apartments, compared to the 70 per cent national average (Milwaukee Housing Authority, 1958, and Chicago Community Inventory, 1956). At face value, therefore, the situation does not look as bleak as some would suggest. A high proportion of older persons live independently either as owners or renters. Only three per cent, on the national level, reside in old age and nursing home institutions, much less than one might normally expect.

But when we recall the finding that most older persons live in homes either too large or too costly, this bright picture is tempered somewhat; over 40 per cent of older homeowners inhabit homes with six rooms or more (Jacobs, 1958). Moreover, some studies indicate that the percentage of older persons living in substandard dwellings is greater than that for the rest of the population. In Milwaukee, for example, in 1950, 21 per cent of the elderly occupied substandard accommodations as compared to 19 per cent for the city as a whole (Milwaukee Housing Authority, 1958). A study conducted by the Housing and Home Finance Agency, using 1950 census data, concluded that 11.5 per cent of the elderly lived in dilapidated rental units; the comparable figure for the total population was 9.7 per cent.

Table 3

LIVING ARRANGEMENTS OF PERSONS AGED 65 AND OVER, 1950
(IN THOUSANDS OF PERSONS)

Living Arrangements	Number	Per Cent
In Households	11,555	94.3
Own households (a)	8,451	68.9
Others' households (b)	3,104	25.3
In quasi-households	702	5.7
Institutions	380	3.1
Homes for aged and dependent	218	1.8
Mental hospitals	141	1.2
Tuberculosis hospitals	7	
Correctional institutions	5	
Homes for mentally handicapped	4	
Other institutions	5	
Other quasi-households (c)	322	2.6
Total	12,257	100.0

(a) Renters and owners comprise this category.

(b) Those living with relatives comprise 20 per cent; the other 5 per cent are lodgers.

(c) This comprises apartment hotels, residence clubs, large rooming houses and proximate housing developments. The percentage in this category undoubtedly has risen within the past 10 years.

Source: U.S. Bureau of the Census, Census of Population: 1950, Vol. IV part 2, chapter c, tables 4-11; and Henry O. Sheldon, The Older Population of the U.S., table E-1, pp. 200-201.

Thus, the apparent high number of independent living quarters for the elderly -- a situation that most would look on with favor -- is only a cover-up for some of the more basic deficiencies in the housing supply available to them.

New Trends

From the planner's view, one of the more novel developments in the housing field is the recent emergence of distinct forms of living arrangements for the elderly. The retirement villages, the proximate housing developments and the group housing developments are all predicated on different assumptions as to what the elderly need in the way of living accommodations. Up to now, there is no reason to believe that any of these ventures are suffering from deficient market demand.

The policy a city chooses to follow in encouraging any of these development types, however, will have a bearing on how it chooses to accommodate its elderly citizens. For example, if a city encourages the growth of proximate housing developments -- through modifications in zoning and subdivision regulations, through urban renewal policy, through the coordination of community facility plans -- then it is implicitly saying that it favors the building of small enclaves of multi-family units for older people, located within existing residential areas, close to young families, transportation, and community services. On the other hand, if it encourages the continued spreading of retirement villages, then it is saying that it favors dispersed single-family homes located in fringe areas where the predominant associations of older persons will be with people of the same age, where community facilities and services will be comparable to those found in typical suburban subdivisions. It is entirely conceivable, of course, that all three forms of development could be encouraged. It is important, however, that the city consider the implications of each kind of development in terms of over-all policy towards its elderly citizens.

Retirement Villages. Leisure City, Youngtown, Senior Homes, Twilight Haven, Sun City; these are some of the made-to-order, euphemistic-sounding names given to the retirement villages springing up in various sections of the country. Much has been written about these new developments,⁴ but only a handful have been finished so far. The apparent ease of marketing even the semicompleted retirement villages, however, marks them as popular and probably permanent forms of development.

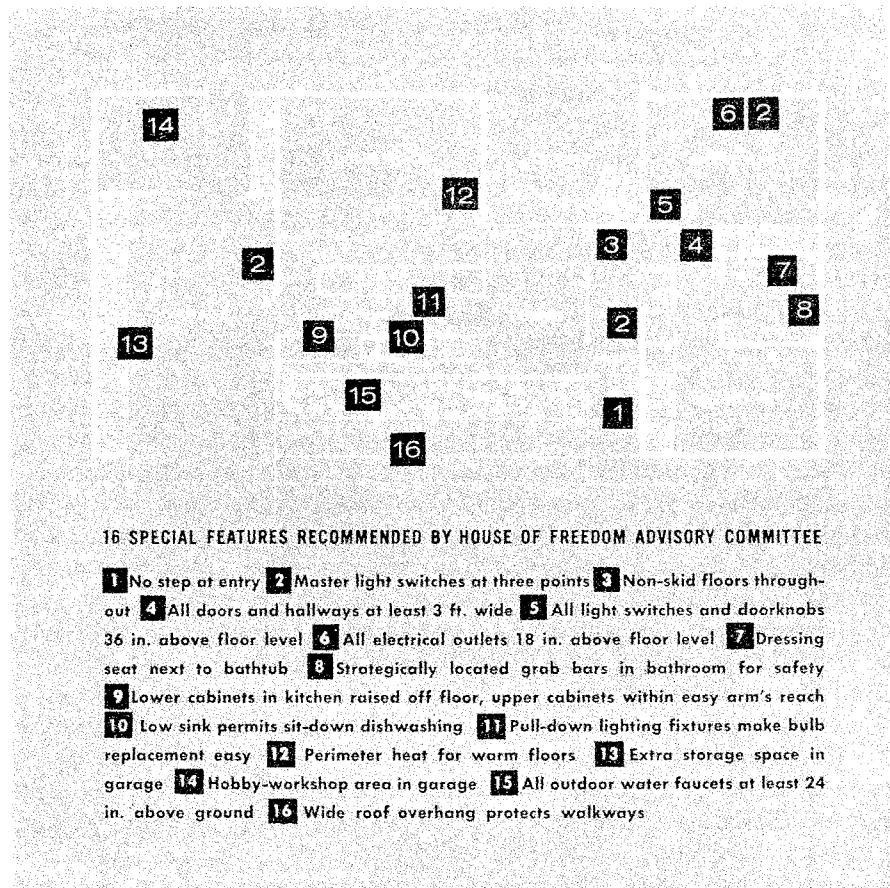
In their simplest attire, retirement villages are nothing more than large subdivisions with anywhere from one hundred to fifteen hundred small, dispersed single-family homes (sometimes including duplexes and garden apartments) located in the suburbs. In the early days, a few developers attempted to attract buyers of all age brackets, but found that the demand was primarily from older persons; as a result, the emphasis was shifted and the advertisements highlighted these new complexes as housing estates designed specially for the elderly.

Prices are generally moderate. Orange Gardens, near Kissimmee, Florida -- one of the earliest retirement villages -- has units selling between \$8,850 and \$20,000; homes in North Cape May, New Jersey -- a subdivision catering primarily

⁴For more detailed accounts, see the October 1958 edition of Journal of Housing; Housing the Elderly, HHFA, 1959; and Background Paper on Housing, 1960.

to older couples -- sell between \$8,500 and \$13,000. Special design features to facilitate easy housekeeping operation, and safety, as well as minimizing maintenance costs, were incorporated. Figure 1 illustrates a model house for the elderly, showing 16 special design features.

Figure 1



Larger retirement villages contain a wide assortment of facilities including medical, shopping and recreation centers, hospitals, churches, swimming pools, and even golf courses. A typical example is Sun City, Arizona, which was built in 1960. Figure 2 illustrates the somewhat standardized layout of this community. The winding greenbelt-like area is actually a golf course.

Reproduced from House of Freedom: The Compact Home for Active Retirement, courtesy of the Douglas Fir Plywood Association.

In general, the construction of retirement villages is predicated on the following assumptions: 1) An ample market for reasonably priced, smaller homes designed specially for the aged exists; 2) Elderly people prefer independent living in single-family homes; 3) Older people prefer to live with other older people; and 4) Location in suburban surroundings away from the bustle of urban life is definitely preferred by the elderly.

Because the aged are separated so distinctly from other segments of the total population, retirement villages have been the center of some controversy. Many argue that they exclude older people from desirable daily contacts with younger people and, furthermore, are contrary to the principle of a balanced, fully integrated community.

On the other hand, some developers strongly contend that segregation on the basis of age is definitely preferred by residents in such complexes. Fundamentally, the issue boils down to whether or not the retirement village will eventually be cast in the minds of people as a vast, though admittedly dispersed,

institutional old folks village with all the negative connotations associated with such a concept.

Proximate Housing. Proximate housing for older persons is a relatively new development in this country although the Europeans have been experimenting with it for years. Several types fall into this category: the low-density, low-rental garden apartment projects for the aged pioneered by the Massachusetts State Housing Board (see Figure 3); a few trailer park and public housing projects designed specially for the elderly; and the small housing clusters sponsored by religious groups and nonprofit organizations for older persons.

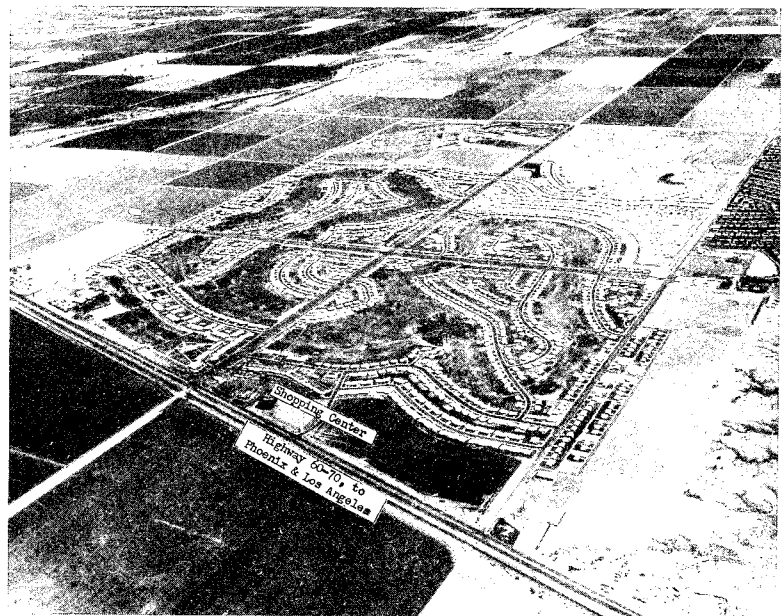
Some outstanding examples of the application of this principle are: Morganwood in Swarthmore, Pennsylvania, built by the Congregationalists; Gay Gables in Ojai, California, constructed and managed by the National Retired Teachers Association; the Waltham state-aided project in Franklin, Massachusetts; Cedar Apartments, public housing project in Cleveland, Ohio; and the Golden Age Trailer Park, also in Cleveland.

In these types of housing, older people are offered the independence of living among one's contemporaries while, at the same time, being allowed reasonable proximity to the younger generation. Found usually in urban areas, they consist of relatively small clusters of rented or leased dwelling units designed with special features to meet the needs of older people. By nature of their urban setting, moreover, they make it easier for the elderly to meet their social, economic, and medical needs.

What appeals to many about proximate housing is its elasticity and flexibility. In theory, accessibility to all sorts of people, activities, and service facilities is heightened. Yet, site planning assures privacy and contact with other older people in the cluster development, thus meeting the test of those who contend that the elderly are most content when in direct contact with others of their generation. To those who favor the integration of older persons into existing residential neighborhoods, proximate housing developments comprise a promising alternative because of their moderate size. Figure 4, which is essentially an example for siting an old age home, shows, nonetheless, how a good proximate housing development for the elderly should relate to the surrounding area.

Group Housing. Either out of choice or necessity, many older persons are moving into

Figure 2



Aerial view of Sun City, Arizona, courtesy of Del E. Webb Corporation.

developments that provide a wide range of independent activities as well as protective services and facilities usually found only in institutional life. Common dining, recreational, medical and care facilities may be incorporated as intrinsic features of these operations. Larger than the old-style homes for the aged (which could often exist unobtrusively throughout the city), these new kinds of housing accommodations resemble them in offering a broad range of services to residents, but differ in that they are much more than just terminal facilities.

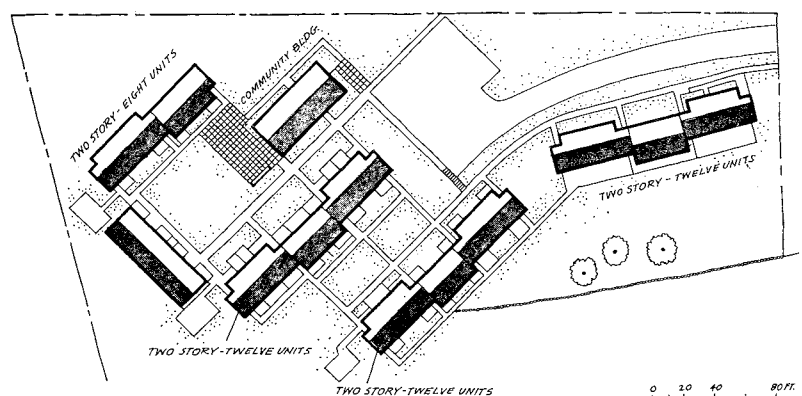
One popular form of group housing is the retirement hotel. Nearly 70 retirement hotels are now operating in 17 states (Aged and Aging in the U.S., 1959). For the most part, though, these commercial hotels offer little more than room and board; moreover, they usually require the aged to be in relatively good health. But a few of the nonprofit hotels provide a much more comprehensive range of services. The large and impressive Carmel Hall in Detroit, a Catholic-sponsored venture, accommodates 525 residents at a monthly room and board cost beginning at \$125, which includes theater, lounge, snack shop, garden and occupational therapy facilities. Undoubtedly, one of the most attractive features of the retirement hotel is its downtown location.

However, the more ambitious group housing developments are those that provide not only a variety of services but a variety of housing accommodations as well. In some ways, they resemble proximate housing developments because many of the living quarters are designed for independent use and some of the projects are small enough in scale to be fully integrated within existing neighborhoods. On the whole, though, major differences exist.

Several of the more prominent examples provide for everything from active, independent old age to helpless senility. Presbyterian Village, an 11-acre site located in a suburban residential area west of Detroit, has four basic building types: individual homes for couples who can afford to maintain them; one- and two-bedroom apartments for couples who can live independent lives; a community residence for those living alone; and a nursing unit for those needing care. (See Figure 5.) In this way, when the needs of a resident changes, he need not leave the development. Another group housing development sponsored by the Lutheran church in Westlake, Ohio, accepts in principle the four basic housing types of Presbyterian Village but adds a fifth -- a facility for the study and care of the mentally confused, or senile. (See Figure 6.)

The extensive facilities offered by these developments certainly mark them as a significant departure in the annals of housing for the elderly in this country. But their very inclusiveness has stirred up a number of

Figure 3



Plot plan of housing project for the elderly in Natick, Massachusetts. Courtesy of Tekton Associates, Natick architects.

dissenters who contend that they further remove the elderly from normal community life. One well-known gerontologist, Wilma Donahue, says in retrospect, "In spite of the fact that experience has made them projects designed to provide for all the needs of the elderly more and more unpopular in Europe and Great Britain, there is evidence that the United States is moving towards the construction of similar developments" (Donahue, 1960, p. 128).

Government Action

Although late in entering the field of housing for the elderly, the federal government has come on with a rush in the past few years. As of 1959, a total of 12,000 specially designed public housing units for the elderly had been completed, with the likelihood of sizeable accretions to the supply a certainty (Background Paper on Housing, 1960, p. 42). Moreover, a significant proportion of the private housing for the elderly has been built with some form of federal assistance. A few state programs are also noteworthy in this respect; as of 1960, the combined state-subsidized programs of Massachusetts and New York produced more housing for the elderly than all the private housing completed under the special FHA programs.

Major activity of the federal government consists of financial modifications and outright subsidies to build housing accommodations for the elderly. Almost all the programs focus on providing special housing units. Only one -- which makes it possible for an older person to get FHA mortgage insurance if a friend or relative makes the down payment on a house -- directly augments an older person's chance to compete for housing in the existing market. In Europe, however, greater effort is made to give the elderly access to the existing housing supply.⁵

As of the passage of the 1961 Housing Act, the federal government was operating an ubiquitous array of programs to increase the supply of housing available to older persons. In summary, these are:

1. FHA insurance for mortgages on profit and nonprofit rental housing for elderly people. Under Section 231 of the 1959 Housing Act, qualified nonprofit organizations such as churches, religious groups, lodges and teachers associa-

⁵ According to APHA's report, Housing an Aging Population, European programs for housing the elderly -- earlier to be formulated and more advanced in conception -- stem from a different set of causes than the U. S. program. Countries like Holland and Great Britain incurred extensive bomb damages during World War II, precipitating acute housing shortages. This, literally, forced attention on the housing problems of the aged as well as other groups. Moreover, Holland, being the most densely populated European country, was quite concerned with devising programs to achieve wiser disposition of scarce land resources. The concept of the "closed circle" (Wijk) town, accommodating from 10 to 20,000 inhabitants, includes dwelling units for aged persons in all stages of health. Contributory factors in Sweden and Denmark, two other countries with extensive experience in housing for the aged, were somewhat different. Sweden was faced with an overwhelmingly declining birth rate and considerable emigration. Denmark, on the other hand, had been developing for many years a broad, all-inclusive social welfare program.

tions may obtain insured mortgages to cover up to 100 per cent of the replacement cost. In the case of profit-motivated projects, they are reduced to 90 per cent of the replacement cost. In implementing Section 231, FHA has further formalized the concept of housing for the elderly by insisting on minimum planning and design standards; moreover, it requires that profit-motivated projects must give "absolute priority of occupancy" to persons and heads of families who are 62 years of age or more.

2. Direct housing loans issued to private nonprofit institutions, public bodies, and consumer cooperatives for the building of economical, rental housing for the elderly. The 1961 Housing Act upped the maximum loan amount of this program to 100 per cent and the loan authorization to \$125 million.

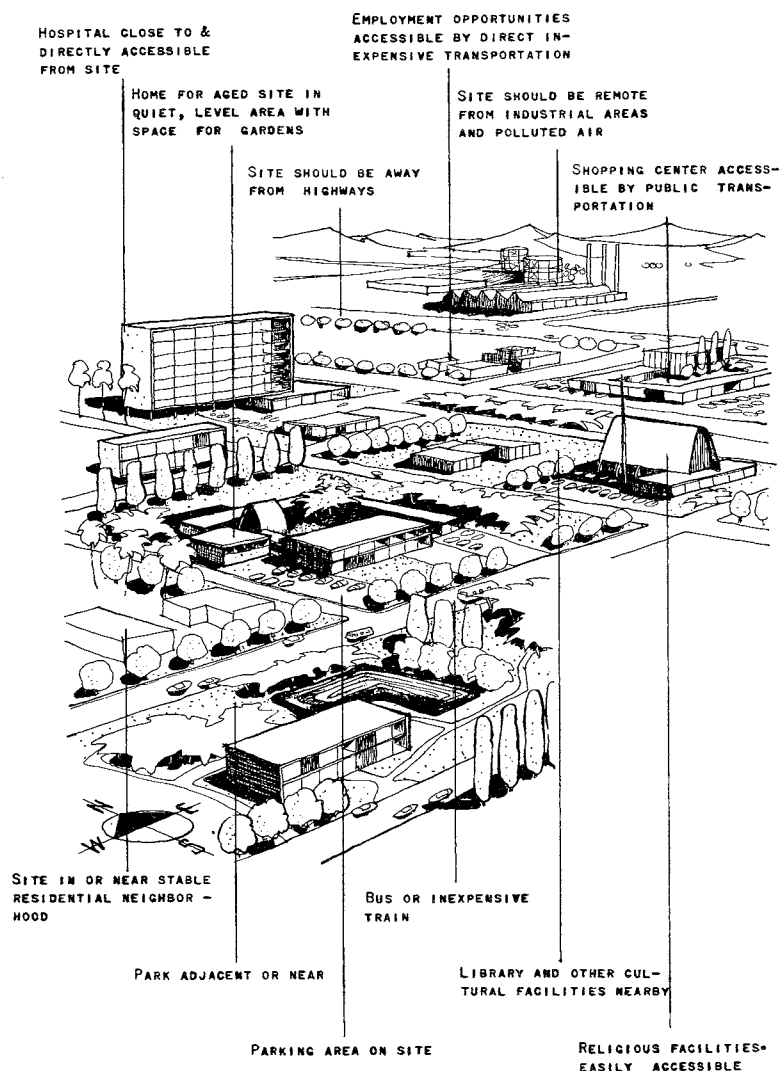
3. FHA insurance of mortgages on homes and rental housing for persons 65 years old and older when friends, relatives, or a corporation (if approved by FHA) make the down payment for the purchase of homes. If an elderly person is unable to qualify as an acceptable mortgage risk, a third party can co-sign the mortgage, thus reducing the risk to the lender.

4. Purchase of mortgages on individual homes for people 62 years of age and older by the Federal National Mortgage Association. As of 1959, 1,707 mortgages, not available in the community, had been so purchased (Background Paper on Housing, 1960).

5. FHA insurance of mortgages for nursing homes on 30-year loans up to 90 per cent of the face value.

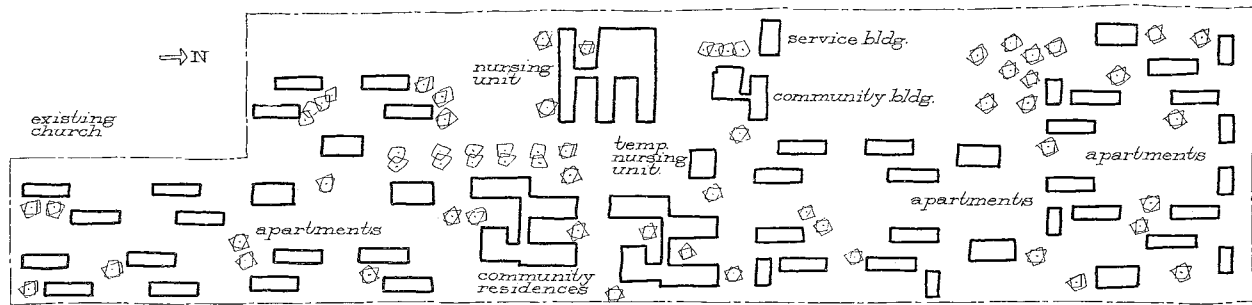
6. Federal Savings and Loan Association investments in housing or nursing home loans for the elderly, allowable up to 5 per cent of their assets.

Figure 4



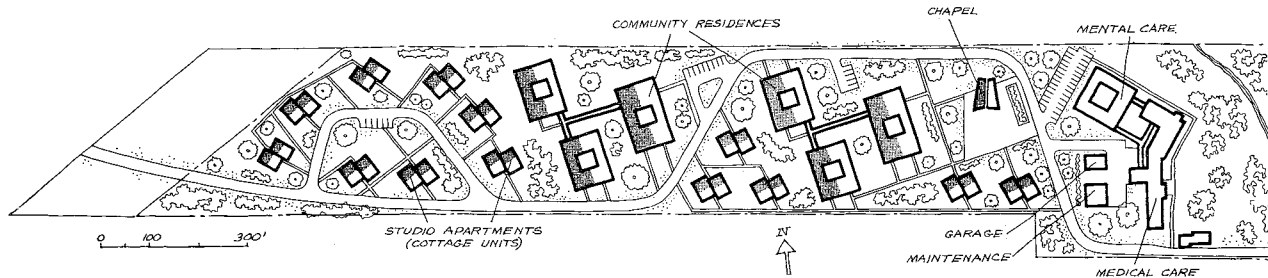
Site selection factors in housing the aged. Reproduced from The Architect Looks at Housing the Aged, courtesy of Housing Research Council of Southern California, Inc.

Figure 5



Plot plan of Presbyterian Village in Detroit. Courtesy of Smith, Hinchman & Grylls Associates, Architects and Engineers, Detroit, and Architectural Record.

Figure 6



Plot plan of Lutheran Church housing development for the elderly in Westlake, Ohio. Courtesy of Smith, Hinchman & Grylls Associates, Architects and Engineers, Detroit.

7. Public housing specially designed for the elderly. The 1956 Housing Act permitted local authorities, for the first time, to rent dwelling units to one-person households, thus making eligible a sizeable part of the older population previously excluded. Recognizing that rental of units occupied by the elderly might be so low as to threaten the solvency of a public housing project, the 1961 Housing Act authorized additional payments per unit to keep such projects going. Today, more than 15 per cent of the total supply of public housing units are occupied by the elderly: in the mid-1950's, only 10 per cent were so occupied.

On the state level, activity has been concentrated in a few Eastern states, although there are tangible signs of more widespread activity. For example, the California legislature recently approved a \$100 million bond issue for construction of housing to be rented to elderly persons of low income (From the State Capitals, published by Bethune Jones, July 15, 1961).

New York, Connecticut and Massachusetts have each established low-rental housing programs for the elderly, underwritten by state subsidy. New York, the first to get involved, requires that a portion -- currently 10 per cent of all state-aided, low-rent public housing units -- be specifically designed and reserved for aged persons (HHFA, What's New in Housing the Elderly?, 1961). Furthermore,

New York stimulated the construction of moderate-rental units for the elderly by passing in 1955 a law that provides low-interest, long-term loans, and special tax concessions for limited-profit housing for the elderly.

Direct action by local levels of government is much less evident with the major activity up to now being construction of the traditional, outmoded, county old age homes. Both the White House Conference on Aging recommendations in the area of urban renewal and the increasing support of cities for such programs portend an expanded effort on the community level.

PLANNING AGENCY ACTIVITY

So far, planning agencies have been content to take a back seat to other local groups in regard to the older population. If the committees on aging, the housing associations, the welfare councils and the public housing authorities are doing a good job in determining needs and devising programs for the elderly, then the planning body sees its role essentially as a resource agent, lending its expertise to the solution of special problems when called upon. A typical reaction is that the role of the planning agency is determined entirely by the vitality of these other groups. In cases where information gaps exist, then the planning body would weigh its possible commitment against other priorities and devote what time it could.

No planning agency has, as yet, set down a comprehensive program outlining its duties and responsibilities vis-a-vis the aged. In fact, several state emphatically that "the elderly should receive no special consideration in the planning context." Most, however, have not given much thought to the subject and only a few go so far to say that "the elderly should be considered as a distinct and essential element of the over-all master plan."

Although activity is sparse, pressures from without are beginning to have an effect. Developers of housing for the elderly are requesting changes in the zoning and subdivision regulations. Public housing agencies are building special projects for the aged, sometimes on inappropriate sites. FHA standards for housing developments for the elderly are molding a pattern that affords the local community little leeway to exercise its own independent judgment. To these pressures, planning agencies are slowly responding.

As a practical consideration, the planning agency would do well to consider the positive, spreading effect that an increased effort in regard to the elderly might have on the total planning program. Because of society's widespread concern for the aged, a planning agency with the reputation of "helping the aged" through research and plans might materially improve its chances of gaining support for more controversial aspects of its program. Applying the same strategy to other minority groups -- racial and ethnic groups, skid row inhabitants -- would be nowhere near as well received for strong reaction undoubtedly would arise.

Following is a summary of findings from an ASPO questionnaire sent to over 40 planning agencies to determine what planning agencies are presently doing in regard to the phenomenon of an aging population. Response was generally good

with three-fourths of the agencies answering, including those from all except one of the 15 largest cities in the country.

Research

Essentially, planning studies of the elderly fall into two categories: those exclusively centered on the aged, and those broader in nature that yield, among other things, information about the elderly. Several planning agencies said that they are contemplating analysis of 1960 census data and that a portion of the study would relate to housing and demographic characteristics of the aged. Moreover, the elderly are to comprise part of the subject matter of forthcoming community renewal and city-wide housing market studies in several cities.

The most common references to the elderly, however, are found in comprehensive plan reports. Here, one begins to detect a slight departure from the commentaries on the elderly which are traditionally found in such studies. Compare the following statements from two master plans completed in the past two years:

Between 1950 and 1960, the number of persons in the county under age 18 and over 65 increased at faster rates than did the number of persons aged 18-65. In 1960 there were 45,000 persons aged 0-17 and 11,000 persons over 65 compared with 61,000 persons aged 18 to 64, the productive ages. (Emphasis added by author.)

Analysis of the community's population shows that, at present, one-third are under age 21, one-third are over age 45, and the remaining one-third are between ages 21 and 45.... An increasing proportion of older persons is also anticipated in the future as life expectancy increases, and as migration of older persons from other areas continues. It would appear that the age structure of the population will become an increasingly important factor in community planning, particularly in respect to schools, recreation and housing. The proportion of elderly persons has become high and is expected to become appreciably higher. The housing requirements of this older segment of the population differ markedly from those of the younger population in respect to the location, cost and facility requirements. The recreational needs of older persons, including the infirm and retired, differ markedly from those in the younger age brackets. The particular needs of this group, as residents and consumers of community services, must be ascertained and provided. (Emphasis added by author.)

The first example is more typical. Even though older persons comprised 10 per cent of the total population and were increasing at a fast rate, the report presents a woefully inadequate analysis; nor does it translate the sketchy analysis into policy recommendations. The second example is a very good statement -- admittedly general and atypical -- of the planning implications of an aging population. The planners did more than merely isolate the fact that the population was aging; they indicated, in a concise manner, that this problem required special attention.

A more specific treatment of the elderly is found in the Philadelphia compre-

hensive plan published in 1960. Population projections to the year 1980 were included for the over-65 age group. The resulting plans for residential areas, population density, and housing type reflected the anticipated increase in this age group in the following ways: by recommending a variety of housing types both in size and cost throughout the city, local shopping facilities for each neighborhood, convenient transportation, and public and voluntary service clusters in readily accessible community and district centers throughout the city.

Recently, several planning bodies have completed studies exclusively focused on the aged. At least one-third of the agencies responding to ASPO's questionnaire said that they had done or were contemplating doing descriptive studies of the older population -- marital status, employment, income, health, migration and so on. A few agencies have scheduled housing market analyses of the aged; the Cleveland City Planning Commission, for example, expects to collaborate with the Cleveland Welfare Federation on such a study.

Moreover, a number of studies have been undertaken in the important area of housing for the elderly. Both the Cleveland Heights and Los Angeles Regional Planning Commissions recently completed comparative studies of senior citizen housing developments. Another popular kind of study is the one designed to yield site selection criteria for public and private housing developments for the elderly. Still another survey in this field was recently finished by the Santa Rosa, California, Planning and Development Department (Specialized Care Facilities for the Elderly). Common to all these investigations is the fact that they constitute a basis for determining local policy on what, if any, zoning or subdivision control changes should be made to accommodate housing developments for the elderly.

On the whole, though, when the volume of planning agency studies of the aged is stacked against those done by other local agencies, the planners' total comes out poorly in comparison. One-half of the responding agencies said they had undertaken no investigations pertaining to the aged. Most, however, stated that studies were contemplated in the future, forecasting a greater research contribution by planners. (See Appendix A for an abbreviated outline of a suggested program of planning agency research.)

Liaison with Other Groups

On the local level, social welfare agencies were first to respond formally to the phenomenon of an aging society. To encompass even broader representation of technical and professional skills, local interagency committees on aging were created. Because of the early inroads made by such groups, it is common today for planning agencies to follow the lead they set in regard to the older population. Almost all planning agencies surveyed indicated that they either work formally -- a staff member serving on the committee on aging -- or informally with such groups. In this way, they have been able to provide advice, counsel and information on a broad range of matters. As one planning director commented in describing his agency's relationship to the local committee on aging, "Our influence is either positive -- consulting on the location of a senior citizen's center -- or negative -- pointing out the shortcomings of an ill-conceived housing proposal."

Because interest in public housing for the elderly has grown considerably in

recent years, strong links are being forged between public housing authorities and planning agencies. At least one-half of the planning agencies surveyed indicated that they worked quite closely with public housing bodies on housing projects for the elderly. Assistance on site selection, project design, and review of site proposals are the chief functions performed. (A copy of the criteria used in selecting sites for public housing for the elderly, jointly formulated by the Chicago Planning Department and Chicago Public Housing Authority, is included in Appendix B.)

In maintaining liaison with other groups concerned with the older population, the Los Angeles Planning Commission is well up among the leaders. Not only do staff members collaborate directly with the city-wide committee on problems of the aging, but they also serve on three neighborhood welfare planning council subcommittees on the aged. In addition, the staff participated in the recent Governor's conference on housing at which housing for the elderly was thoroughly considered. The staff members also serve as resource people on several research bodies that investigate, among other matters, housing market conditions for elderly persons. Few planning agencies, however, have developed as intricate a network of relationships as the Los Angeles Planning Commission.

The principal difficulty with an arrangement in which planners follow the lead of the local committee on aging is that it tends to nip their incentive in formulating a broad-scale program of their own. Most of their efforts are devoted to problems of greatest concern to social welfare agencies and these may be either too narrowly defined or encompass only the most indigent and infirm segments of the older population.

Considering the limited time a planning agency now devotes to the problems of the aged, it might be more expeditious if agencies re-examined locally derived planning standards with the special needs of the elderly in mind, instead of providing sporadic and tangential bits of information.

Zoning and Subdivision Control

Lately, stimulated by FHA incentives to developers of housing for the elderly, communities have been requested and even pressured to modify location and development standards of their zoning and subdivision regulations to permit housing developments for the elderly. Some planning agencies consider it appropriate to recommend such changes. Others hold to a policy of conformance; in other words, no special treatment for senior citizen housing.

In some instances, pressures to bypass existing code requirements have taken extreme forms. Senate bill number 956, submitted to the 1961 California legislature, provided for amending the state subdivision map act to exclude from subdivision review low-cost rental housing developments for elderly persons constructed in whole or in part with federal or state assistance. Such a precedent would permit extensive deviation from existing controls and would constitute an unwise course of action.

On no other issue pertaining to the aged has planning opinion been so varied. Corollary to the controversy over FHA-supported senior citizen housing developments is the older debate on whether to permit old age homes in more restrictive residential districts. Current thinking of planning agencies on both these issues will be explored.

Among those cities which maintain that existing land use regulations should not be changed in regard to senior citizen housing developments, three positions are identifiable:

1. "It's too early to change the regulations, because we haven't had enough experience with this kind of problem." The door is left open, however, to future changes. For the most part, planning agencies that espouse a "no change" policy fall into this category.
2. "Our present codes are sufficiently flexible to accommodate this kind of development, particularly in respect to planned unit developments, high-rise zones, and conditional uses." The contention here is that modern development concepts are adaptable enough to resolve any problems that might conceivably arise; whether housing developments for the elderly deserve special consideration is not the issue.
3. "We will propose no new changes to accommodate the special needs of senior citizens. Zoning cannot be predicated on the basis of who will occupy an apartment, but must be based on physical characteristics, such as the size and design of the apartment." This position is in fundamental disagreement with the concept of granting special favors in the land use regulations for senior citizen housing; moreover, proponents believe that the importance of the issue has been inflated quite out of proportion. As one planning director resolutely states, "Housing for the elderly should be permitted wherever structures of its class are by law allowed and, conversely, should be required to meet all the zoning, land use, and building regulations pertaining to structures of its class."

Those believing in a firm "no change" policy, furthermore, contend that the elderly may not always live in these developments. If standards are lowered, then what assurances will there be that younger families with children will not move into the developments in later years? In such cases, density would increase and the property would no longer meet the originally intended standards. Recourse? Require more off-street parking and bigger side yards -- which would obviously involve real practical difficulties -- or leave the property alone and hope it will not be downgraded enough to become a future slum.

One way of resolving such a problem would be to limit occupancy only to older persons. As mentioned earlier, FHA requires that developers of housing for the elderly utilizing its financial assistance give "absolute priority of occupancy" to persons 62 years or older. Other experiments along this line are being tried in a few communities. The Berkeley Town House -- a nine-story, 62-unit apartment building for the elderly in Berkeley, California -- has a provision in its bylaws restricting occupancy to persons or couples not less than 55 years of age. In a San Bernardino County (California) housing development for senior citizens, lot sales were limited to older persons (over 50 years of age) and controlled by protective covenants filed with the subdivision. Sun City, Arizona, one of the largest retirement villages, is restricting the sale of housing units to persons 50 years and over; whether age restrictions on subsequent resales will be maintained is not yet discernible. In those developments using the covenant method, the question still remains whether such restrictions are legally enforceable.

Even though prevalent attitude is tempered by caution, several planning agencies have recommended changes in the land use regulations. Furthermore, the

1961 White House Conference on Aging -- a milestone in marshalling expert opinion on the aged -- urged that local zoning and planning laws be examined "so that those which hamper the provision of decent and economical housing may be revised."

Reduction of off-street parking requirements is the most common and palatable modification. Action has occurred in connection with old age homes, group housing developments, proximate housing developments and public housing projects for the elderly. Cleveland, for example, reports that its experience indicates that only 10 per cent of aged housing occupants possess automobiles; therefore, the planning agency is considering recommending the reduction of off-street parking requirements for senior citizen housing from the present one space per dwelling unit applicable to all residential construction.

On the other hand, the San Diego County (California) Planning Commission -- in proposing a new zoning district to accommodate, among other developments, senior citizen housing -- concluded that the off-street parking requirements should not be changed. It based its action on a survey conducted by the Los Angeles Regional Planning Commission which found that persons 62 years of age or older had about 10 per cent of the driver's licenses in the state.

Although cities have considered other kinds of changes, only a handful have taken action so far. Recently, the San Bernardino County Planning Commission approved a plat for a housing development for the elderly at reduced yard and setback requirements. Over-all density, however, was kept the same as in the surrounding residential area with the inclusion of a common recreation area to compensate for the reduced lot dimensions.

One of the first cities to establish a special zoning district exclusively for retirement housing is Menlo Park, California. The classification R-L-U (retirement living units) was adopted to accommodate an elderly housing project built in 1961, consisting of four two-story structures grouped around a landscaped quadrangle.

In its recent study, Housing for Senior Citizens, the Los Angeles County Regional Planning Commission found that four of the five senior citizen housing developments surveyed "were developed in accordance with standard local zoning requirements." Those reported on included the Fresno Senior Citizens' Village; Twilight Haven, Fresno; Youngstown, near Phoenix, Arizona; Palm City, near Indio, California; and Sun City, near Phoenix. The exception was Fresno Senior Citizens' Village, about which the report continued, "Persons familiar with this housing development indicated that the savings resulting from reduced standards would be negligible considering that the investment is to be amortized over a 40-year period."

The San Diego County Planning Commission has proposed that housing developments for the aged be handled, as a calculated risk, on a special permit basis. A neighborhood housing development would be permitted which could include senior citizen housing as well as other housing types. The distinguishing conditions would be that:

1. The development comprise a group of one-family, two-family or multiple dwellings, including recreational space and incidental business, health, dining and maintenance facilities for service to residents.

2. The land area comprise not less than 10 acres.
3. The number of dwelling units not exceed that which could be built under existing zoning on the property, excluding proposed commercial and street areas.
4. Lot, height, yard and parking requirements for all but multiple dwellings be no less than those required by existing zoning.
5. A common recreational area be provided no less than 10 per cent of the total net area.
6. Commercial properties comprise no more than 5 per cent of the gross floor area devoted to residential use.
7. The tract be maintained as a single development.

Although lot and parking requirements are not altered, the provision of convenient shopping within the development, common recreational land, a mixture of housing types and access to any residential area upon issuance of a special permit, makes the neighborhood housing development particularly adaptable to group housing developments for the elderly.

In regard to old age and nursing homes, there is evidence of a grudging acceptance of the principle that these uses should be more freely dispersed throughout the city. Traditional feeling was against such a policy.

Although a Los Angeles Welfare Planning Council study (1959) showed only six out of 46 California cities surveyed permitted such structures in R-1 zones, experience in other cities indicates a less intransigent attitude. Seattle, New Orleans, Los Angeles, and Minneapolis are a few of the larger cities that have recently relaxed the policy of containing old age homes in higher-density residential districts.

In effect, procedure follows one of two courses: homes for the aged may be defined outright as specific uses in restricted residential zones or they may be permitted under a conditional use arrangement when certain standards -- distance from other lots in the district, maximum lot size, occupancy limits -- are met.

Urban Renewal

Perhaps no other single planning program will focus community attention on the elderly as sharply as urban renewal. Community renewal programs, undoubtedly, will furnish valuable insight into the living conditions of older people. Disproportionate numbers of the aged now live in urban renewal areas; Minneapolis, for example, reports that close to 60 per cent of its older residents live in areas subject either to conservation, rehabilitation, or clearance treatment. An obvious expectation, therefore, will be that vast numbers of older persons will be forced to move from their present quarters. With reasonably priced, smaller dwelling units already at a premium, the attendant problems of relocation will be considerable.

For many, urban renewal offers a real and practical alternative to counteract the trend of segregating the aged in retirement villages or institutional blocs.

With heightened opportunity for providing varied housing types, associations and services, renewal -- if used properly -- can be a wedge towards achieving balanced neighborhoods to meet the needs of aged as well as the needs of other population age groups.

Already, a few cities report that portions of clearance areas have been sold to private developers to build housing for the elderly. The San Francisco Redevelopment Agency, for example, sold a tract of land for such a purpose in its Western Addition project area. Recently, the mayor of Los Angeles was quoted as publicly committing the city to set aside sites for housing the elderly in renewal areas (Journal of Housing, January 1961).

As a portent of future action in the field of urban renewal, the 1961 White House Conference on Aging recommended the following specific measures:

1. The Urban Renewal Administration should make land available in redevelopment areas at markdown prices to nonprofit sponsors of housing for the elderly.
2. All governmental agencies responsible for land clearance of residential areas should be directed to give special attention to the relocation of elderly persons.
3. Elderly residents displaced (by redevelopment) should be given the opportunity to reside in the same general area.
4. FHA should be directed to insure, in planned rehabilitation and conservation districts and on favorable financial terms, mortgages on relocation and improvement of homes for elderly persons.

On the basis of ASPO's survey, few planning agencies indicated that the elderly were being given much special attention in local renewal planning; relocation problems are most prominently considered. But, as more studies are completed of what older people want in the way of a living environment, the potential of urban renewal for creating a more livable environment for the elderly will become more evident.

SOME BASIC POLICY QUESTIONS

Few would argue against cities developing more comprehensive and consistent policies towards their elderly citizens. Social welfare agencies and committees on aging have sparked considerable interest in the aged, but local government itself has a responsibility to spearhead enlightened action. In this context, the planning agency can make a vital contribution.

Perhaps the most fundamental issue is whether there should be one or several public policies relating to the aged. Justification for a series of policies is based on the diversity of the older population in terms of income, health, marital status, previous living environment and so on. In theory, local policy should be attuned to these variations. For purposes of this report, however, we are primarily concerned with one dimension of policy -- that pertaining to older persons in reasonably good health, with diminishing financial resources,

lessening mobility and a desire to remain independent; the assumption is that the bulk of the elderly fall into this group.

Without attempting to cover the full gamut of policy questions, the following section will discuss a few of the more prominent ones that a planning agency should consider.

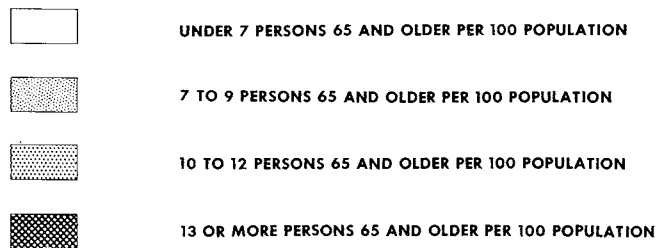
Integrate or Separate the Elderly?

Current housing programs for the aged, both public and private, tend to reinforce the pattern of older persons living in a few sections of the city. (Figure 7 shows the concentrations of the aged population in Minneapolis.) Those with sufficient financial means can just about live anywhere they choose -- a dwelling unit in a downtown luxury apartment building or a home in an upper-income residential neighborhood. But the great number of elderly are limited in the choice of neighborhood environment.

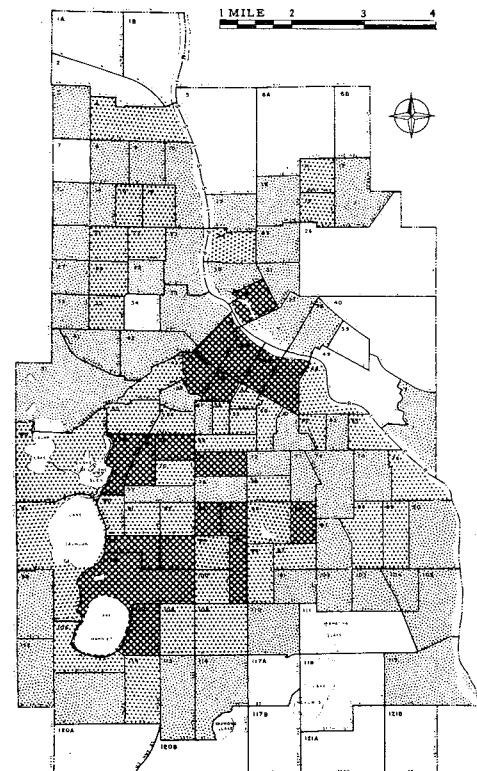
The indigent elderly, presently, can improve their living conditions by moving into public housing, and in some cases, by moving into public projects designed specially for the elderly. (Note the centralized distribution of sites for proposed Chicago public housing projects for the elderly in Figure 8.) Or they may move to another low-income area with prospects of inadequate housing and poor service facilities still facing them.

Figure 7

Relative Concentration of Persons 65 and Older, Minneapolis, 1950



NOTE: CITY AVERAGE IS 9.6 PERSONS 65 AND OLDER PER 100 POPULATION
SOURCE: 1950 UNITED STATES CENSUS OF POPULATION



Reproduced from Silver Threads Among the Gold: Minneapolis' Aging Population, courtesy of Minneapolis City Planning Commission.

Older persons with greater financial resources may move into new retirement villages or group housing complexes located in outlying sections. Another possibility is the retirement hotel close to or within the downtown area. Neighborhood resistance is still an important factor in restricting the location of old age and nursing homes. The net effect is for older persons to become more and more concentrated in fewer and fewer parts of the community. Although no longer an accurate reflection of community sentiment towards the aged, the old adage "out of sight, out of mind" has modern-day application if one seriously considers the mobility pattern of the older generation.

This growing concentration is viewed with alarm by many experts. As a general precept, they espouse dispersal rather than separation of the older population within the community. Lewis Mumford sharply lambasts proponents of any form of segregation of the elderly:

The worst possible attitude towards old age is to regard the aged as a segregated group, who are to be removed, at a fixed point in their life course, from the presence of their families, their neighbors, and their friends, from their familiar quarters and their familiar neighborhoods, from their normal interests and responsibilities, to live in desolate idleness, relieved only by the presence of others in a similar plight. (Mumford, 1956.)

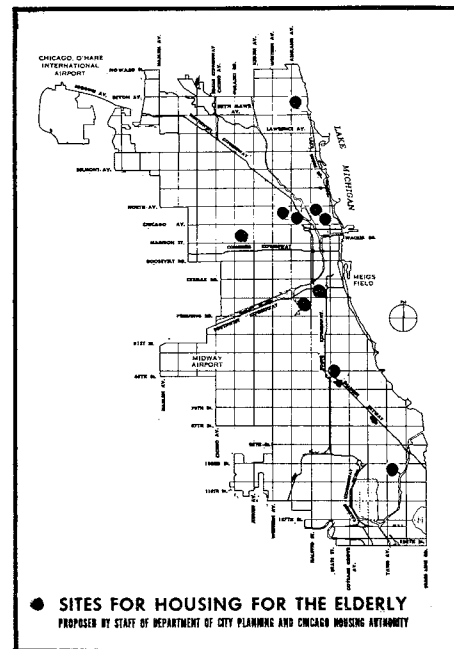
Warning against segregating older people, Henry Churchill, Philadelphia architect, adopts a milder tone:

Where this cannot be done [integrating housing for the aged into normal surroundings], then at least relate sections for the old as closely as possible to normal surroundings.... There is no need for exhaustive research to show that contact with people and events, the sense of belonging, of friendliness with the young, promotes well-being and psychological health. (Churchill, 1952.)

When the veil of prose is lifted, however, even the advocates of integration present a modified stand. In reality, they advocate a concept of limited separation of the elderly within a heterogeneous setting. Instead of unlimited dispersal of the aged, they argue for neighborhoods with protected clusters of dwelling units suitable for the aged.

Mumford, for example, outlines this approach: 1) each neighborhood should have at least the same per cent of old age people as in the total population; 2) dwelling types should be grouped in small units of from six to a dozen apart-

Figure 8



Reproduced from January 1961 issue of Plans and Progress, courtesy of Chicago Department of City Planning.

ments, with the aged occupying the lower floors and other childless people the upper floors; 3) quarters should be undistinguishable outwardly from those of other age groups; and 4) quarters should be sited where there is a constant play of diverting activity near a shopping center or school, so that their chance to be visited, casually and effortlessly, will be increased.

If a community chooses a policy of encouraging integration rather than separation of the elderly, then a series of related steps would have to be followed. Land use controls would have to be relaxed to permit the construction of higher-density units in the exclusive residential districts. Allowances would have to be made in urban renewal areas to raise standards to assure structures and community facilities specially suitable for the aged. Moreover, the community would have to reappraise its attitude towards isolated retirement villages, large-scale "healthy to the grave" group housing developments, retirement hotels and high-rise public housing projects for the elderly.

A good start can be made towards achieving a more balanced distribution of the older population by adhering to the following guidelines:

1. House the elderly in their old neighborhoods as long as possible. Several studies support the contention that the aged are reluctant to move from their neighborhoods either because of strong associational ties or because their homes represent status symbols (see Frieden, Loring, Vivrett and APHA).

Recently, a bill was submitted to the New York legislature which would have encouraged longer tenure in familiar quarters. Specifically, it would have permitted governing agencies to authorize an exemption of not more than \$800 in assessed valuation of real property if owners are 65 years or over.

Other measures along this line would: permit large homes in low-density residential districts owned by elderly residents to be used as family boarding homes so that they would be less of an economic burden (Los Angeles, among other cities, presently adheres to such a policy); give elderly residents displaced by renewal activity first priority in moving back to the neighborhood when project work is completed; and permit the construction of small duplex living units on vacant neighborhood lots.

2. Allow additions onto existing homes for older persons who desire to live with their children or relatives. The "plus-granny" flat in England is the most successful application of this principle. It is a small, self-contained unit attached to a single-family dwelling unit with separate entrance, kitchen and lavatory facilities. Moreover, it permits independence and privacy, while at the same time affording close contact with younger people.

In this country, however, the "plus-granny" flat presents some problems of zoning enforcement. By sanctioning separate kitchen facilities, two distinct dwelling units are, in fact, permitted. Over a period of time, if the flat is rented to persons who are not older relatives of the owner's family, then neighborhood standards are likely to be lowered.

The construction of a "plus-granny" flat, or variations of it, without separate kitchen facilities would probably be allowed in low-density residential areas where ample side or rear yard space is available. However, if separate kitchen facilities are permitted and it is desired to limit occupancy to older relatives,

then some means must be found to modify the usual zoning ordinance definition of a "family" or to require removal of the kitchen facilities in compliance with the district regulations when the attached flat is no longer used by the older relatives.

3. Encourage the construction of flexible dwelling units in all neighborhoods-- units that can be converted and reconverted to use for families of any size. In Sweden, a "flexible flat" has been designed that has had some success. Basically, it is a square that can be subdivided or enlarged into many kinds of accommodations: 2 four-room units, 1 four-room and 2 two-room units, 4 two-room units, and so on.

Over 25 years ago, the planners of Sunnyside Gardens in New York City -- the predecessor of Radburn and the Greenbelt towns -- designed flexible duplex houses, several of which were built. The two-story building contained a four-room and two-room flat on each floor. These could be converted easily, with zoning permission, into all sorts of combinations (APHA, 1953).

4. Organize service facilities for the aged -- health centers, recreation centers -- on a neighborhood rather than city-wide basis.

5. Encourage the building of low-rent, proximate housing developments. The small-scale, low-density and low-rental housing developments built by the Massachusetts State Housing Board are excellent applications of this principle. Public housing authorities should follow this lead by dispersing units for the elderly as much as practically possible.

Espousing a policy of integrating the elderly throughout the community is a relatively simple task. There are, however, real practical and economic obstacles to implementing such a policy. First, many neighborhoods are fully built up and the task of acquiring small parcels of land would be difficult without a lucrative supply of renewal funds. Steady demand by the aged for accommodations in retirement villages and other large-scale private developments for the elderly also acts as an obstacle. In addition, public housing authorities face difficulties in assembling land, thus further concentrating the elderly in a few high-density projects.⁶

The foremost impediment to integration of the aged, however, is opposition engendered within the neighborhood. Essentially, there is a fear that if higher-density clusters for the aged were permitted in all neighborhoods, then younger families with children might move into the development in later years, overtaxing the community facilities originally intended to serve a different population. Furthermore, as one planning director admitted in evaluating neighborhood reaction to a retirement home being built in a single-family residential zone in his community, "Single-family zones offer too much resistance on the theory that even a nicely developed retirement home will downgrade the neighborhood."

As a practical alternative, the city may have to accept certain concentrations,

⁶Even so, the Cleveland Public Housing Authority has managed to depart from the policy of building projects solely for the elderly by housing older and younger families in separate facilities within the same project in its Cedar Apartment development.

while nonetheless striving to achieve throughout a normal distribution of the aged.

Modify or Retain Land Use Controls?

Land use regulations, as conceived in many communities, are either directly or indirectly discriminatory against the aged. This criticism has been raised in two contexts. Builders contend that, in order for housing developments for the elderly to be economically feasible, present development standards should be relaxed. For example, reduce lot and yard area, vehicle parking, pedestrian circulation and street width requirements. A broader and more incisive critique, pertaining to the aged in general, is that these regulations are unfair because they create exclusive, large lot, high-priced residential zones that restrict the financially strapped older population to a few sections of the city. For that matter, the same argument has been applied to lower-income families, regardless of their age.

With respect to the builders' objections, the alleged support of the elderly for reduced standards has been used to back up such demands. On this point, Wilson, in his survey of the aged in Greensboro and Durham, North Carolina, found evidence to the contrary. "Space wants of the elderly seem similar to those of the general population, except that the extra big front yard seemed less significant in the sample studied" (Wilson, 1960). In fact, older people expressed a definite preference for such site improvements as concrete sidewalks, street lights, trees and yard space, indicating that, if anything, development costs would at least have to equal those of a normal subdivision if their wishes were followed.

Concerning the economic argument, there is insufficient evidence to support it. Moreover, the risks involved in permitting substandard development do not warrant a marked reduction in standards. If such action is sanctioned, the locality is still faced with the dilemma of what to do if and when demand by the elderly expires. In addition, federal policy, in offering indirect financial subsidies to developers of housing for the elderly, appears to be designed to maintain rather than lower development standards.

As a basic principle, the city should be wary of violating the general purposes of land use regulations. When contemplating a change from the substantive content of an ordinance, it should make sure that the change is justified. It would probably be reasonable, for instance, to ask that a housing market analysis of the demand for housing for the elderly be submitted. The particular location should be justified on some other grounds than availability of the land and willingness of the developer.

As an approach, a locality might grant senior citizen housing developments some exemptions from the land use regulations -- reduced parking and lot requirements -- but, in turn, development should occur in accord with other compensating conditions. For instance, a garden apartment development for the elderly may be permitted smaller yards than in comparable districts, but the over-all density should be no higher; this could be achieved by requiring common open space to compensate for the space reductions. In this connection, planned residential and group housing development districts have potential to achieve this kind of flexibility. It would be advisable for planning agencies to closely scrutinize

their ordinances to determine how adequately these new regulatory techniques apply to housing developments for the elderly.

As to the argument that exclusive zoning limits an older family's choice of location, here the criticism has more validity. Many areas of the city are priced too high or offer too large accommodations for older people. And land use regulations may perpetuate this occurrence.

Obviously one tack would be to break open exclusive residential districts and permit proximate housing developments for the elderly, carefully designed low-rental multiple-family developments, "plus-granny" flats and the like; but this would involve real and practical difficulties. If such action were taken, then not only older but younger families would spread into these neighborhoods, something which residents would undoubtedly strongly react against. Although resistance to the elderly would not be as pronounced as resistance to low-income younger families (reflecting the prevalent empathic attitude towards the aged), it would still be a formidable obstacle.

Nevertheless, a locality sincerely interested in fostering a more dispersed spread of older persons could, by careful design, amend its regulatory codes to allow the elderly greater access to more exclusive residential districts. Under such a policy, the pattern of exclusive zoning and of regulations designed basically to accommodate younger families with children would give way to one of accommodating the full cycle of life.

Special Housing or Income Subsidy?

We have discussed and documented the boom in housing developments for the elderly. We have noted the dismay that some have expressed about this boom; they contend that good housing for the elderly is equally appropriate for other groups -- the young, married couple or the bachelor -- and therefore no preferential treatment should be afforded the aged.

Even if special housing for the aged is accepted as a valid undertaking, it is doubtful whether public and private industry can fully meet the total housing needs of older people, specially within the next decade. During this time, many elderly will shift to standard accommodations and hope for the best. Essentially, the problem boils down to economics. In order for the elderly to move to adequate quarters, they will have to pay a prohibitive rent in terms of their income capacity. As a result, many will either remain in their present unsatisfactory quarters or move to other unsuitable accommodations which rent at a price they can afford.

To counteract this, some call for direct subsidies to the elderly, either as a supplement to or substitute for special housing programs for the aged so that they will have access to better quality housing. Vivrett detects a change in public policy in this direction:

In cases of those older individuals of insufficient income, public policy is increasingly directed to supplementing income so it can meet the cost of living. To the extent that this is done, housing of this significant portion of older people can perhaps be achieved within the framework of the general housing market and stimuli which are provided for it.

As long as this subsistence remains below subsistence levels, some form of subsidized or public rental housing must be provided, either through public ownership and management or through private welfare organizations. (Vivrett, 1960, p. 615.)

The experience in Europe, moreover, is indicative of this trend. Although building grants are made to nonprofit builders of housing for the elderly, several countries now issue rent subsidies to individuals which are made either as supplements to pensions or as part of public assistance grants by way of reduced rents (Donahue, 1960). Not altogether satisfied with the housing for the elderly approach, the Swedish government, for example, has begun to subsidize the incomes of older persons so that they can compete more directly for housing in the normal market.

On the American scene, the idea of rent certificates has some appeal. In his study showing the weaknesses of FHA's 231 program (the projects built were too high-priced to accommodate the middle-income elderly for which they were designed), one authority recommended that, instead of building dwelling units at cheaper prices, some form of rent certificate could be given to older persons to allow them to live in such developments (Smith, "Housing for the Elderly, An Evaluation of Existing and Proposed Programs," 1961).

Tighter controls implicit in a rent certificate plan make it a more promising alternative than a direct income subsidy. With the latter, there is no assurance that the aged will spend this money for better housing; they might instead spend it on a television set, a vacation or similar accessory item.

CONCLUSIONS

Within a relatively short period, our society has moved from a position of disinterest to one of sharp interest in the older generation. All around us we see signs of activity: numerous local committees on aging probing deeper into the needs of older citizens, far-ranging federal and state programs to increase the supply of housing for the aged, varied types of housing developments for the elderly, old age lobby groups pressuring for an ubiquitous array of programs, giant tomes on the aged published by social gerontologists.

Today, one out of every six adults in the United States is 65 years or older, with every assurance that in the next few decades the ratio will decrease before it levels out. For the planner, this finding has profound implications. It means that the special needs of the aged will have to be built into the grand equation of planning. It means that considerably more research will have to be undertaken to determine what constitutes a livable environment for the elderly. It means that we will have to know more about what impacts an aging population will have on community life.

This report highlighted several discrepancies between theory and practice that planners must come to grips with in their deliberations about the elderly:

1. The theory of integrating older persons throughout the community versus the practice of concentrating them into fewer and fewer areas.

2. The theory of good housing for the aged being equally suitable for other population age groups versus the practice of building, selling, leasing and renting thousands of specially designed units for the elderly.
3. The theory of giving no preferential treatment to housing developments for the elderly versus the practice of more and more communities modifying their land use regulations to do just that.
4. The theory of encouraging older persons to remain in their accustomed, familiar environments for as long as possible versus the practice of urban renewal and expressway projects forcing them to move.
5. The theory of siting housing developments for the elderly accessible to points of activity versus the practice of siting them in far-out, remote areas.
6. The theory of applying several public policies towards the aged versus the practice of utilizing just one.
7. The theory of subsidizing the income of the elderly to allow them greater access to the existing housing supply versus the practice of subsidizing the construction of special housing for the elderly.

No longer can planners give lip service to the phenomenon of an aging population. The appropriateness and timeliness of future planning will be mirrored to a greater extent in how well the elderly are accommodated and serviced in our communities.

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APPENDIX A

SUGGESTED PROGRAM OF PLANNING AGENCY RESEARCH

Demographic studies -- characteristics of the existing older population in terms of number, age, sex, income (savings, pensions, mortgage status), household size, health condition, employment status, living arrangements, locational distribution, migration pattern.

-- projection of the future older population in terms of similar characteristics.

Housing studies -- housing suitability; this would vary from the standard housing quality study focusing on signs of dilapidation (no running water or private bath, dwelling unit in need of major repair), but in addition investigating whether living quarters are too large, too costly, too noisy, too difficult to maintain, or too inaccessible to community services. Lack of overcrowding (persons per dwelling unit) in elderly households should not be interpreted as a sign that the elderly have higher standards of living accommodations than younger families; smaller size elderly households may account for this.

-- housing market analysis; such a study would furnish valuable information on

the amount of public and middle-income housing, as well as the number of rooms per dwelling unit, needed to meet the housing requirements of the older population. This would be determined by comparing both what the elderly can afford to pay for housing and what size facilities they require with the supply of existing housing units meeting these standards.

-- site selection; areas suitable for housing developments for the elderly would be identified. Selection would be based on such factors as level topography, accessibility to transportation and community services (hospitals, recreation, churches, shopping), proximity to younger families and points of diversion like schools and parks.

Attitude studies -- questions such as the following might be investigated as a basis for ascertaining local policy towards the elderly: -- where do the elderly want to live -- in the suburbs, near downtown, in typical residential neighborhoods? (A number of studies shed light on this question -- see Frieden, Wilson, Loring, Vivrett, APHA. The Wilson study, for example, found that older persons desired accessibility more than younger persons. When forced to choose between a very good neighborhood far removed from other parts of town or a less desirable neighborhood but located so that it would be very easy to travel to other parts of town, the aged selected the latter more frequently.)

-- with whom do older persons want to live -- with their children, with younger families, with other older persons?

-- in what kind of living quarters do older persons want to live -- in single-family homes, apartment houses, multiple-family dwellings, communal housing? (Surveys of the aged in St. Petersburg, Florida, Grand Rapids, Michigan and Manhattan, Kansas showed a disinterest in communal housing and a corresponding preference for single-detached housing. Other studies, however, revealed a stronger preference for communal, group housing type accommodations, specially by single older persons.)

-- to what environmental factors do the aged attach importance -- accessibility to churches, character of the house or the neighborhood, yards, trees, sidewalks, street lights, convenient shopping and transportation, nearness to points of activity? (See the Wilson study for some interesting observations in this connection.)

-- what kinds of recreational services do the aged prefer -- sitting areas, shuffleboard, bowling, chess and checkers, walking, swimming, active sports?

Other studies -- impact of an aging population on the local economy; what effect will an increasing proportion of elderly have on industrial development programs, on the tax base, on the nature of commercial services (see the discussion on p. 5 about the elderly in St. Petersburg), on public improvement costs (lower school costs may be balanced by higher medical service costs), on the labor force?

-- community facilities; inventory local recreational, health and educational facilities designed to meet the needs of the aged and determine how adequate and accessible these facilities are.

-- manifestations of aging that have environmental planning implications; de-

creasing mobility, difficulty in adapting to immediate physical surroundings, reduced physical strength, increasing need for medical attention, loneliness, desire for companionship, independence, privacy and work opportunities.

APPENDIX B

GENERAL CRITERIA USED IN SITE SURVEYS FOR CHICAGO PUBLIC HOUSING PROJECTS FOR THE ELDERLY

1. Land suitable for residential use; preferably vacant, but partial clearance possible. Area to be somewhat removed from industrial and commercial noise, traffic, smoke, preferably adjacent to open space -- parks. Sites to be dispersed throughout city as much as possible.
2. Sites not to be in conflict with other planned improvements; not in the path of private development. Preferably to be adjunctive or contributory to patterns of private development, and definitely contribute to ongoing or proposed urban renewal.
3. Zoning classification of site area preferably R4 or higher density. (R4 specifies maximum of 48 dwelling units per net acre at 900 sq. ft. land area per dwelling unit; R4 permits a maximum of 72 efficiency units per net acre at 600 sq. ft. of land area per unit, but no more than 50 per cent efficiency units allowed.)
4. Optimum single-site development to be approximately 100 units maximum. Preferably not adjacent to existing or contemplated regular public housing. Possible smaller rowhouse developments adjacent to existing projects to take advantage of existing facilities and management.
5. Desirable to locate in medium-density communities (see Item 3 above) so as to provide opportunity for contacts with variety of age groups, participation in community life, yet provide possibilities for separation of age-orientated activities.
6. Sites preferably to adjoin a park, convenient to public transportation, and provided with adequate community facilities (shopping, medical services, churches, etc.). In general proximity, but not adjacent to schools, or active-recreation areas.
7. Facilities to be within approximately $\frac{1}{4}$ - $\frac{1}{2}$ mile maximum walking distance. Site not to be bounded on all sides by major traffic arteries; preferably so located as to allow residents to go to shops or parks without crossing major artery or being subjected to traffic hazards.

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