EXECUTIVE SUMMARY

OVERVIEW: PLANNING FOR AGING IN COMMUNITY

The population of the United States is aging at a pace historically unprecedented. This statistical demographic reality is indisputable, yet not every city and community is addressing this reality in policies and planning efforts. Planners and public officials have no choice other than to confront the challenges and opportunities that are part of this aging phenomenon, or they risk being caught unprepared by the impacts.

What is to be done? How should planners and public officials respond when they are eventually tasked with coming up with strategies to address their aging communities? The purpose of this report is to help planners and public officials craft strategies to make their communities more aging supportive, and it is intended to serve several important and related functions:

- It is a *call to action* to help planners and public officials demonstrate that these issues are important and timely and that they need to be thoughtfully addressed.
- It is a *primer* to give planners and public officials a background understanding of the context and important components of aging-related issues.
- It is a *strategic guide* that will help planners and public officials recognize the importance of addressing these issues in an integrated and interdisciplinary way.
- It is a *resource guide* to familiarize planners and public officials with good examples of aging-supportiveness plans and programs in a range of cities and communities throughout the United States and to point them toward sources of additional information.
- It is a *source of strategic recommendations* to help planners and public officials craft appropriate aging-supportiveness plans and programs that best leverage their communities' existing assets and address specific needs, as the best plans are those crafted to reflect the particular contexts, histories, assets, and infrastructures of communities.

DEMOGRAPHICS

In the U. S. in 2010, there were 40.3 million people age 65 and older, 12 times the number in 1900. The percentage of the overall United States population age 65 and over increased from 4.1 percent in 1900 to 13.0 percent in 2010; it is projected to reach 20.9 percent by 2050. People age 85 and older are the fastest-growing cohort among older adults in both absolute numbers and percentages. Generally speaking, the U.S. older-adult population is growing steadily, with increasing numbers of older adults living longer, healthier lives and contributing to their communities and to society in general. This phenomenon is occurring despite the simultaneous increase in the number of older adults living with one or more chronic diseases or disabilities, including the explosive growth of Alzheimer's and other cognitive diseases. It is highly conceivable that this situation will continue through 2050 and beyond.

Older adults have a wide range of abilities, needs, and disabilities, and the common physical changes related to aging—such as those related to vision, hearing, and mobility—are different than disease-related changes. Communities should plan for and address this spectrum of older-adult health-related considerations. Over 38 percent of individuals age 65 and over had one or more disabilities in 2010, with the most common difficulties being walking, climbing stairs, and doing errands alone.

Of the population age 65 and over, 96.4 percent lived in various types of housing within their communities (including single-family homes and multifamily homes), while only 3.6 percent resided in group quarters (such as nursing facilities). Eleven million individuals age 65 and older, or 28.3 percent of the household population, lived alone. The population age 65 and over had a roughly 80 percent homeownership rate, much higher than the 65 percent for householders under age 65, and older householders tended to own older housing stock.

Eleven states had more than 1 million people age 65 and older in 2010. States with the highest proportions of older adults in their populations in 2010 included Florida, West Virginia, Maine, and Pennsylvania (all above 15 percent). The West and South regions experienced the fastest growth in their 65-years-and-over and 85-years-and-over populations between 2000 and 2010. Nearly half of households age 50 and over live in suburban and exurban areas; the other half are evenly divided between central cities and rural communities, with slight regional variations (Joint Center for Housing Studies 2014).

HOUSING AND AGING IN COMMUNITY

This report takes a community-centric (aging-in-community) rather than a dwelling-centric (aging-in-place) approach, and emphasizes planning considerations and initiatives at the city or community level rather than at the level of an individual dwelling unit. This is not to suggest that specific older adults cannot healthily and successfully age within their current dwellings. Rather it suggests that no single solution works for all individuals and that planners and policy makers should focus on the establishment and support of a range of appropriate dwelling options in cities and communities. While this statement is true for all residents of all ages, it is particularly true for older adults who may be facing a range of evolving health care, transportation, financial, and other circumstances and needs.

Understanding where and how older adults currently live is important in promoting more aging-supportive communities. The following characteristics about the older-adult population and challenges and approaches to addressing housing help frame this context:

- The vast majority of older adults live in traditional community housing, while very few older adults live in "older-adult housing."
- Many of the communities in which older adults live are aging along with their residents.
- A growing number and variety of older-adult housing typologies exists.
- Older adults are more likely than others to own their own dwelling units.
- Older adult homeowners and renters often live in different places.
- Affordable housing, particularly rental housing, is a significant concern for older adults.
- In part because older women live longer than older men, they are much more likely to live alone.
- Older adults living alone often have less support and fewer financial resources.
- Lesbian, gay, bisexual, and transgender older adults face many specific aging issues.
- A high number of older adults live in dwellings that are not safe or adequate for their physical needs.

The recent recession eroded the net worth of households of all ages. While the recession's specific impacts on older adults are still being analyzed and evaluated, the percentage of older adult homeowners who still have mortgages on their homes has risen in recent years, in part due to the recession. It is unclear the extent to which this will influence their future housing choices. Since older adults are more likely than younger homeowners to have paid down or paid off their mortgages, their overall net worth may have been less affected (Joint Center for Housing Studies 2014; U.S. Census Bureau 2014). However, older adult homeowners owe more on their homes than in previous years (Harrell 2011).

A range of existing and emerging issues affect the housing needs of the older-adult populations and the strategies used to address these needs. New technological innovations address transportation, health care, disease management, financial strategies, telecommunications, social engagement, commerce, and other aspects of daily living. Access to a community's social, cultural, economic, educational, and recreational assets is particularly important and considered a critical ingredient of an older adult's ability to successfully and healthily age in community. Planning efforts can help with issues such as community opposition to older-adult housing and safety concerns.

Planning for Older Adults and Housing

Cities and communities throughout the country have developed a range of creative and effective programs to address the challenges in providing and encouraging a range of appropriate and affordable housing options for older adults. These promising practices help provide a foundation for developing an even broader array of aging-supportive cities and communities throughout the United States. While many cities and communities at least touch upon the needs of older adults as part of their comprehensive, general, or master plans, not many of these plans address these needs in greater detail. Several communities, however, have developed freestanding older-adult housing plans to specifically address where older adults will live in their communities in the future.

Health care provision will increasingly rely on community- and home-based care rather than institutionalized care, as codified by the Affordable Care Act and other federal and state legislation and policies. This paradigm shift, in conjunction with the financial pressures the health care industry faces, will likely give rise to new community-based housing models that better link human services and health care with residents. Planners should be aware of such developments because planning can play an important role in supporting these efforts by eliminating zoning codes, building codes, and other local regulatory or institutional barriers.

Some types of housing for older adults already focus on improving linkages between residents' housing, human ser-

vice, and health care needs, based in part on goals to reduce transportation needs, automobile reliance, and dependency on institutional care. Naturally occurring retirement communities (NORCs) and NORC supportive service programs (NORC-SSPs) are a phenomenon where aging communities evolve over time in places not initially intended for aging in community. A number of municipalities and communities have established and operated housing assistance programs that typically offer a range of programs, often including one or more programs specifically targeted toward meeting the housing needs of older adults. In addition, public housing authorities and managers are important partners in the creation and operation of aging-supportive communities. A growing number of public housing authorities across the country have developed a range of creative strategies to support their residents as they have aged and their needs have evolved.

Aging-in-community strategies can also focus more specifically on the built environment. Design that promotes accessibility, visitability, and universal design and that allows for flexible housing options (such as accessory dwelling units and shared housing) can help meet the evolving needs of the burgeoning older-adult population.

MOBILITY AND OLDER ADULTS

Older adults have most of the same mobility needs as their younger peers: shopping, visiting family and friends, running errands, going out for dining and entertainment, and accessing medical and public services. One of the only major differences in travel behavior is that older adults take fewer journey-to-work trips—a substantial fraction of a younger household's annual travel demand—consistent with the fact that many older individuals are retired or no longer work full time.

Given today's economic trends and realities, however, even these traditional travel assumptions are suspect, as stagnant (and, when adjusted for inflation, even declining) wages, the increased cost of living, and inadequate retirement savings force more older adults to continue to work full time for a longer period of their lives in order to maintain an adequate standard of living and an acceptable quality of life (Scommegna 2014). These economic constraints together with the physical limitations of older travelers—sensory impairments in hearing and vision, slower walking paces, more limited joint mobility, and slower reaction times, for example—pose challenges to planners for understanding and addressing the mobility needs of this population. Older Americans, however, do predominantly depend on the use of private automobiles

to meet almost all of their mobility needs (Federal Highway Administration 2013). Given the dominance of travel by private automobile for older adults, planners who want to accommodate and promote aging in community will need to address the special planning issues raised by older motorists and passengers.

Planning for Older Motorists
Automobile use remains the primary travel mode for older adults, with those ages 65 to 84 taking about 90 percent of all their trips by car (Rosenbloom 2009). Rosenbloom (2009, 35) also notes that "even those 85 and older take 80 percent of their trips by car, driving half the time. In fact, in 2001, older people actually made a greater percentage of their trips as drivers than did people between ages 25 and 64." She also observes that automobile travel is a significant travel mode even for those who do not drive, suggesting that many of these nondriving older passengers are dependent on other drivers, many of whom are often also older in age, to meet their mobility needs. In addition to increasing the mobility of older adults, the driving provided by friends and caregivers also reciprocally increases their social access to, and social interaction with, their older passengers.

Traffic safety issues are a primary concern in planning for older drivers. One strategy for improving safety among older drivers is in-person elderly license renewal programs. These programs have been shown to reduce driver fatality rates, especially among the oldest drivers (ages 75 to 84). A second way to address traffic safety is the periodic retraining or re-education of older drivers, especially where prior motor vehicle collisions or testing during driver licensing renewals indicate potential safety risks. A third approach is to increase the survivability of older drivers and their passengers in case of accidents. This essentially involves the design of automotive safety systems and the improved design of roadways and intersections. Most planning interventions involve the third approach to older driver safety—improving road conditions, signage, lighting, and signalization.

Planning for Older Pedestrians
Despite the benefits of walking and movements to encourage pedestrism, only about nine percent of all trips taken by those age 65 and older are walking trips (Rosenbloom 2009). Rosenbloom (2009, 35) also notes that "for older adults who don't drive (almost all women), walking accounts for almost one out of every four trips, with its importance increasing with age." This implies that walking will likely become an even more important travel mode as the urban population

continues to age. In addition, the fact that a growing number of older pedestrians are likely to be female suggests that planners may need to address public safety issues along with more traditional pedestrian mobility concerns in planning more walkable cities and denser suburbs. Older adults tend to have some different physical characteristics than younger adults, even as pedestrians, including vision problems, decreased agility, slower reflexes, and reduced stamina. They are also less resilient when injured; older pedestrians tend to be much more susceptible than younger adults to serious injury and death resulting from accidents, especially collisions with cars.

Licensing, training, and design measures seek to reduce the risks of vehicle collisions involving older drivers by reinforcing the rules of the road, requiring safer cars, and ensuring that older drivers maintain the perceptual and cognitive capabilities needed for safe driving. Many of these programs also seek to protect older pedestrians from such collisions by encouraging and promoting safer road crossings. Most of these age-related recommendations have already been put into place by most states, and compensatory design features for many of the physical impairments of an aging population have also already been addressed by required compliance with the Americans with Disabilities Act's design guidelines within the public realm. Environmental design features that can help older pedestrians include traffic calming, appropriate signalization standards, the prioritization of pedestrianism, land-use planning that sites facilities for older adults near streets with lower traffic volumes, and the better design of pedestrian facilities and roads.

Planning for Older Transit Riders

There is a strong assumption by some planners that after older adults stop working, they rely on public transit services as their major travel option. In fact, there is far more evidence that older adults are even less likely to use public transit when they are no longer in the labor force. Rosenbloom (2009) finds that only about 1.3 percent of trips by those 65 and older were made using any form of public transit, a lower use of transit than by younger people. She also reports that older nondrivers—those who have never driven; those who have stopped driving because of their age-related impairments; those who have been forced to stop driving by a licensing authority after screening or an accident; or those who can no longer afford to own, park, or maintain their cars—made only about 8 percent of their trips using public transit.

But more recent data from the 2009 National Household Travel Survey show that these low transit ridership trends might be in the process of reversing (Lynotte and Figueiredo 2011). The travel survey data indicate that 2.2 percent of trips by people over age 65 were on public transit in 2009, an increase of 40 percent over the rate of transit use by older riders in 2001. Despite these increases, older adults, even those with disabilities, are still more likely to travel to their destinations as automobile drivers and passengers in private motor vehicles than as public transit riders (Sweeney 2004).

Even though transit ridership by older adults increased by about 40 percent between 2001 and 2009, many impediments to transit use by older adults still exist: concerns about safety, the inability to pay fares, the lack of awareness of transit options, the inability to walk to buses or trains, the difficulty getting into transit vehicles, the inability to travel alone (because of mental or physical impairments), and the fear of getting lost (Beverly Foundation 2004). Strategies to increase ridership by older adults include improving safety and security, providing rider training and real-time travel information, and creating custom and subsidized services.

Planning for Older Cyclists

Because of declining physical resiliency as people age and the resultant greater risk of harm from falls and accidents, promoting safer bicycling becomes a higher priority issue for older cyclists. These safety issues are complicated by some of the physical constraints of aging, including reduced muscle mass and joint flexibility, slower reaction times, and often more limited vision, which can make it harder for older cyclists to adequately assess adjacent traffic hazards and road conditions. Coupled with other safety training issues (such as poorly adjusted helmets, the improper adjustment of seats and handlebars, and riders not following the rules of the road), having physically impaired older cyclists safely share the road with cars, buses, other bike riders, and pedestrians can pose quite a challenge (Hayes, Henslee, and Ferber 2003).

Grade-separated bike paths and sound bike-lane design are probably the best approaches to protecting the safety of older cyclists. The Federal Highway Administration's (2009) guidelines recommend that bike lanes be four to five feet in width, depending on whether the streets are curbed and whether they have curbside parking, and that multiuse paths be a minimum of 10 feet in width. Separation from automobiles and traffic-calming measures (such as speed bumps) can help older cyclists feel safer when biking. Rest areas are also a useful amenity for older cyclists lacking the strength and physical capacity to cycle continuously for long times or distances.

THE PUBLIC REALM AND PUBLIC SERVICES FOR AGING IN COMMUNITY

While much of the open space within a city or community is privately owned and operated, public-sector agencies own, maintain, and oversee other key elements of the public realm, including many roadways and sidewalks, parks, municipal facilities and spaces, and portions of most waterfronts and open-space venues. The public sector also plays a significant and evolving role in the provision of public and human services, and the nature of those services plays a substantial role in the resulting aging supportiveness of these cities and communities. As these populations grow and change, the service roles and realities of providing these services will change as well, with a combination of private, nonprofit, and hybrid service providers also playing important roles in basic service provision and the ability of older adults to successfully age in community.

Public Health and Health Impact Assessments

Some communities and regions have learned that linking planning and public health initiatives and programs provides better opportunities for building the types of coalitions that can foster political and community support. Not working in professional or institutional silos can also help communities more efficiently leverage scarce financial resources to further multiple objectives. Cities, counties, and communities are working to develop better models to deliver health care to an increasing number of older adults, the great majority of whom are living independently throughout their communities. These jurisdictions are working in partnerships with private-sector entities, consumers, and other stakeholders to plan services, such as adult day care, chronic disease self-management programs, and other programs to support the ability of older adults to healthily age in community. As aging communities grow and their needs continue to increase, developing these planning and public health links will become even more crucial.

Health impact assessments (HIAs) are an evaluation process to help "policy makers take advantage of these opportunities by bringing together scientific data, health expertise, and public input to identify the potential—and often overlooked—health effects of proposed new laws, regulations, projects, and programs" (Pew Charitable Trusts 2015). HIAs can help to assess the potential health impacts of proposed projects or programs on specific or vulnerable populations, such as older adults.

Public Spaces and Services

Planning the public realm and public services for older adults involves addressing a number of issues and using a variety of approaches. For example, good wayfinding can enhance access to goods and services; make walking, cycling, and transit use easier and safer for residents and visitors; and help people become engaged with their communities. A well-designed wayfinding program can support the abilities of a wide range of users—including older adults and others with diminished perception skills and related needs—to successfully live in and navigate their communities.

Parks, public squares, plazas, waterfronts, and forest preserves are common and play important civic roles. But less obvious open spaces—such as streetscapes and spaces in public, educational, and civic buildings—can also provide important community-building functions. In addition, most communities contain an array of privately owned open spaces, such as parking lots, business and industrial park yards, and cemeteries. A number of cities and communities are looking at strategies to link programmatically, and even physically, a number of public and private open spaces in order to develop community-wide open-space systems.

The semi-public and public spaces known as "third places" are also important in fostering aging in community. The notion of social capital refers to the collection of familiar human networks, organizations, and physical spaces that link individuals to their environments; third places are key elements in developing social capital in communities. As communities continue to age and the number of older adults wishing to age in community increases, aging-supportive communities will be those that nurture third places and the development and maintenance of social capital. Senior centers and joint-use public facilities are additional locations where older adults can access formal and informal social services. Tactical urbanism is another way to enhance the public realm and link it to public services. It is a strategy intended to promote small-scale, community-based livability enhancements and community aging supportiveness by providing the types of public-realm improvements that make open spaces more accessible and allow for valuable services for older adults, such as access to fresh produce and gathering spaces for social engagement.

In terms of service provision, the growing number of older adults—overall and those aging in community—together with the decrease in the financial resources of cities and communities has led to the search for innovative and fiscally efficient ways to provide basic human and health care

services. Helpline operators, emergency service workers, first responders, and other staff from community organizations and public agencies are playing more enhanced service-provision roles and are increasingly acting as connections to older adults needing services. This has resulted in programs around the country that train employees to work in these capacities with aging populations. In the event of an emergency or disaster, area agencies on aging are particularly crucial due to their extensive experience meeting the needs of older adults and their established role as trusted community resources.

Advances in technology and "big data," collections of large data sets, are additional factors that will change service provision and delivery for older-adult populations. The world of health care has transformed over the past few years, and a range of technologies continues to be developed to support the growing community-based older-adult population, a group that will have an increasing level of comfort with and aptitude for handheld and other computer-based technologies. Applications of big data should be able to assist planners, public officials, and other stakeholders as they work to develop aging-supportive communities. Large-scale datasets on health-related behaviors, diseases, injuries, and causes of death can help decision makers identify and address health problems more effectively. In addition, information about the social factors that influence health can help planners and public officials better understand many of the community-level influences that affect health outcomes.

PLANNING AGING-SUPPORTIVE COMMUNITIES

A growing number of communities throughout the country have started to recognize the issues, opportunities, and challenges related to their aging populations. In many cases, a community's planners and public officials will be asked to provide guidance or develop programs to address this issue and enhance the community's overall aging supportiveness. While there might be an awareness of existing aging-supportiveness programs, the array of different national, regional, and local programs can be confusing and the type of program most appropriate for a particular community can be difficult to determine.

Exemplary examples of aging-supportiveness programs exist at the international, national, regional, and community levels. One approach to categorizing these programs is to consider the geographic scope or location of a program. These programs, however, can also be considered in terms of

their approaches to help communities identify the best strategies for their local circumstances and needs. The programs can be grouped into three categories:

1. **Formally structured programs:** Some programs—along with the individualized local programs developed from these approaches—are formally structured, with specific assessment and development stages.
2. **Funder- or program-specific programs:** During the early years of aging-supportiveness programs, various national and state sponsoring or funding agencies developed specific program structures and protocols. Participating cities and communities—which often were selected based on their responses to specific requests for proposals—implemented customized versions of these structures and protocols, with sponsors or funders influencing local program design. These types of programs were typically more loosely structured than were the formally structured programs.
3. **Grassroots and community-based programs:** Other aging-supportiveness programs, primarily but not exclusively local ones, took a more individualized approach based less on existing program models. Such programs have taken a wide variety of strategic and program development approaches but have been based on grassroots and community-organizing strategies.

In recent years, numerous aging-supportiveness program assessments, indices, and rankings have also been developed to evaluate the range of programs in different cities, communities, regions, and states.

A review of aging-supportiveness programs in the three typology categories at different geographic scales suggests a number of key lessons for planners for the development of programs in any city or community:

- **Commitment and leadership are critical:** Successful programs will need reliable political and institutional commitment and leadership; developing an enduring aging-supportiveness program will only happen with both of these, and relying solely on one pillar for support is not prudent.
- **Funding—especially local funding—is fundamental:** Developing and operating an aging-supportiveness program will incur startup costs and require ongoing operational funding. A lack of advance planning for staff and consultant costs and ways to sustain efforts has led to failure in the past.

- **Programs should be broad based and inclusive:** Successful programs are generally those that include a wide range of individual and institutional stakeholders. Programs that seek out hard-to-reach stakeholders will likely benefit greatly.
- **Visibility is crucial:** Programs developed behind closed doors and with limited stakeholder input or public visibility are most likely to be programs that will not receive widespread community support. A program should not be unveiled to the public; rather, it should be developed with the public.
- **Flexibility and nimbleness are important:** Any aging-supportiveness program will likely need to weather changes in the local political, social, and institutional environments. Adaptability is an important program asset that encourages sustainability.
- **Implementation should not be neglected:** Plans or programs that are not developed with adequate attention and commitment to implementation are those plans or programs that are most likely to simply gather dust on bookshelves. Some entity will need to oversee a program's implementation.
- **A key activity is building and joining coalitions:** Linking aging-supportiveness programs to other programs and agendas helps leverage efforts. If a local aging-supportiveness coalition does not exist, organizations should move to form one.
- **Early victories are meaningful:** Good publicity matters, and program should seek it out for small, inexpensive, and tangible successes.

Each community must evaluate its needs, challenges, and current assets as it develops a locally appropriate aging-supportiveness strategy. In addition, each community will find itself at a different point in this process. While some communities are already quite engaged in these efforts, others are only now beginning to realize that changing demographics will require more dedicated planning.

Any community starting or continuing the process of planning for older adults can ask the following questions: Which key community aging-supportive components are already in place and which are missing? Are the right stakeholders already involved in and committed to this effort? If not, who is not involved? If there is not already an ongoing discussion on aging supportiveness, can communities broaden existing livability or sustainability agendas to also include aging supportiveness?

The path to creating aging-supportive communities for everyone may not be easy, but the urgency is growing, particularly as demographic, institutional, and societal shifts occur in domains such as aging, health care, transportation, and municipal finance. The time to begin planning an aging-supportive community—if that process is not already underway—is now.