

Creating Aging-Friendly Communities in the United States

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Abstract An aging United States population, combined with traditional American values of independence and individualism, is fostering increased interest in community efforts to promote aging in place. This article describes the types of community aging-friendly initiatives that currently exist in the United States, and the roles that various sectors (e.g., public, non-profit, private) have played in their development. Findings from a national internet-based survey identified 292 current aging-friendly community initiatives, of four types: community planning, system coordination and program development, co-location of services, and consumer associations. Most represent local community interventions, developed in the absence of federal funding or guidance and often hampered by limited political authority or economic resources. Private sector solutions, such as mutual-benefit associations, appear to be on the rise; however, such initiatives are not widely accessible, especially to those individuals with insufficient resources or political power to participate in the private market. Taken together, these findings raise questions regarding the sustainability of current efforts, their availability to less-resourced individuals and communities, and the long-term ability of communities in the United States to make the infrastructure changes required to meet the needs of an aging society without an increased government role.

Keywords Aging-friendly · Aging in place · Community development · Community interventions · United States

Introduction: Aging in America

About one out of every eight persons in the United States currently is age 65 or older. By 2050, this proportion will increase to one in five (U.S. Census Bureau

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2009). This dramatic increase in the elderly population primarily reflects the aging of the baby boom cohort, the approximately 80 million Americans born between 1946 and 1965. Compared with other countries, the United States elderly population is quite diverse ethnically, socially, and economically, and will become more so in the coming decades. Currently, 80% are non-Hispanic Caucasians, 8% are African-Americans, 7% are Hispanic, 3% are Asian or Pacific Islanders, and less than 1% are Native Americans. By 2050, only 58% are expected to be non-Hispanic Caucasians, with the greatest increases among Hispanic, Asian and Pacific Islander groups. Nearly one-third of older adults in the United States live alone and, unlike other countries, the majority reside in suburban areas; about 10% have incomes below the federal poverty level, but nearly 50% do not have enough income to meet even basic expenses (Wider Opportunities for Women 2009).

Community Context

Aging in place is a high priority for current and future cohorts of older adults in the United States. According to a 2010 national survey by AARP, nearly 75% of Americans ages 45 and older strongly agree that “what I’d really like to do is stay in my current residence for as long as possible” (Keenan 2010). Two-thirds of these respondents say that a prime reason they want to stay in their homes is because of the community they live in. For these middle-aged and older Americans, the most important aspects of living in their community are closeness to family members or friends, and accessibility to personally-significant destinations (e.g., grocery stores, medical offices, public library, church). Only about one-fourth of respondents say that their reason for wanting to stay in their community is because they could not afford to move (Keenan 2010).

Communities throughout the United States, however, are ill-equipped for dealing with the dramatic demographic changes they will experience as their residents age. Existing physical infrastructures were not designed for an aging population, and fewer than one-half of America’s cities and towns have even begun to make the types of changes that an aging society will require (N4A 2007).

The suburban areas within which most American elders live were developed originally for young families, and are poorly designed for the needs of those families as they age. Land-use policies and zoning regulations have fostered reduced housing density and separation of residential neighborhoods from commercial areas, while giant malls centered around “big-box” stores have further consolidated shopping and other commercial interests so that they are accessible only by automobile and require a substantial amount of walking. As a result, elders are largely reliant on driving for access to goods and services as well as maintaining social connections, and personal vehicle use has become the only viable mode of transportation (Feldman et al. 2004; Mezuk and Rebok 2008), with older adults using the automobile for nearly 90% of their trips out of the house (Rosenbloom 2009). However, most roads are not adequately designed for older drivers, and accident and injury rates per mile driven increase substantially as individuals age (Eberhard 2008). Only 40% of America’s cities and towns have road signs that are appropriate for older drivers (N4A 2007), even though 25% of U.S. drivers will be over the age of 65 within the next 20 years (Rosenbloom 2009).

Complicating the situation is the lack of adequate public transportation in most American communities. In a national study conducted for the AdvantAge initiative, 43% of seniors said that public transportation was not available in their community (Feldman et al. 2004). Only 43% of communities offer discounted taxi or bus fares, and only 56% provide door-to-door paratransit services for individuals who are too disabled to utilize fixed-route public transportation systems (N4A 2007). Given Americans' love affair with the automobile, it is not surprising that transportation systems in the US seem designed to promote "the safety, convenience and comfort of motor vehicles" (U.S. Department of Transportation 2007, p.3).

Much of the housing within which older adults live seemingly was designed as if the inhabitants would never grow old. Only a minority of Americans ages 45 and older live in houses that are equipped for older adults and persons with disabilities, including features such as a bathroom on the main level, an entrance without steps, lever handles instead of door knobs, and doorways wide enough to accommodate a wheelchair or walker (Keenan 2010). The houses themselves also are aging; 50% of older adults live in houses built at least 40 years ago, and 8% live in houses built at least 80 years ago (US Census Bureau 2004; 2009). As a result, 14% of homes occupied by older adults are in need of significant modifications or repairs (Feldman et al. 2004). However, nearly one-third of America's cities and towns do not assist their elderly residents to age in place by offering needed home modification or maintenance programs (N4A 2007).

Sociocultural Context

The lack of community preparedness for the inevitable aging of the U.S. population in part reflects an American tendency to prioritize individual responsibility over communal responsibility. Aging is seen primarily as an individual problem rather than a societal problem, reflecting American values of individualism, independence, and autonomy. Central to this perspective is the importance of personal privacy, including control of, and responsibility for, one's personal affairs. Individuals are expected to solve their own problems, principally by individual effort or by purchasing products and services through the free market. In caring for elderly persons, individuals and their families assume nearly complete risk and responsibility for providing, managing, and paying for care. Only after private human and economic resources are exhausted does public support typically become available.

The well-being of older persons is apt to be seen as a societal problem when their situations incur public costs (e.g., government long-term care expenditures) or affect the well-being or productivity of others (e.g., family caregivers' independence or ability to work). Since long-term care (LTC) policy in the US is focused primarily on assisting persons who are poor, providing full coverage for nursing home (NH) care and only partial coverage for non-NH care, public LTC costs are incurred primarily when individuals become poor and/or enter NHs. For nearly two decades, US LTC policies have focused on reducing government LTC expenditures by promoting increased responsibility among individuals and their families (e.g., Family and Medical Leave Act, National Family Caregiver Support Program, qualified private long-term care insurance provisions, "Own Your Own Future" public education

campaign). More recently, there has been an effort to “rebalance” public LTC expenditures by reducing expensive nursing home utilization in favor of home and community-based care (e.g., Money Follows the Person demonstration project), prompted in part by a 1999 Supreme Court decision (*Olmstead v. L.C.*), which required state and local governments to provide the in-home and community services needed to prevent unnecessary institutionalization. The resulting governmental focus on keeping elders in their own homes and neighborhoods and avoiding institutionalization is consistent with American personal and societal values of independence, privacy, and personal control, resulting in an emerging popular discourse on “aging in place.”

While conceptual underpinnings of “aging in place” are rooted firmly in ecological notions of person-environment fit (e.g., Lawton and Nahemow 1973), social policy in the United States appears to focus more on the person than on the environment. Relatively little attention is given to the environmental factors which serve as structural barriers to person-environment fit, fostering excess disablement and contributing to unnecessary dislocation (Verbrugge and Jette 1994). For example, social programs designed to support disabled older Americans are highly fragmented, poorly coordinated, and serve a relatively small share of the persons who need them. Federal Older Americans Act (OAA) funding for community-based social and nutrition services represents less than 1% of all LTC expenditures (AARP PPI 2008). The Americans with Disabilities Act (ADA) requires accommodations in public facilities to ensure access by persons with disabilities, but these accommodations are designed primarily for younger persons in wheelchairs rather than older adults with chronic and more systemic limitations. Moreover, American social policy and discourse regarding the needs of older persons pays little attention to quality of life, social integration, community participation, and other non-economic outcomes of helping elders to remain in familiar homes and neighborhoods. Simply put, the focus may be on “aging in place,” but not “aging in community” (Thomas & Blanchard 2009).

Creating “Aging-Friendly” Communities

Needed now are changes in the physical and social infrastructures of America’s cities and towns so as to promote the physical and psychosocial well-being of community members as they age. For older adults, this means having community resources (housing, transportation/mobility, health, social interaction, productivity, cultural/religious involvement, educational/leisure activity, etc.) that accommodate to changes in one’s needs and capabilities throughout one’s life. An “aging-friendly” community is one where older residents can continue to engage in life-long interests and activities, enjoy opportunities to develop new interests and sources of fulfillment, and receive necessary supports and accommodations that help meet their basic needs (Lehning et al. 2007).

The concept of “aging-friendliness” is captured in five concepts derived from lifespan developmental psychology: continuity, compensation, connection, contribution, and challenge. *Continuity* refers to the ability to maintain established patterns of social behavior and social circumstances, so as to preserve internal psychological structures and health-promoting activities, as described by the continuity theory of normal aging (Atchley 1989) and Rowe and Kahn’s notion of “successful aging”

(Rowe and Kahn 1999). *Compensation* refers to the availability of products and services to meet the basic health and social needs of individuals with age-related disabilities, including adequate and affordable in-home care and rehabilitation services, through-the-door non-emergency transportation systems, as well as home modification and technological interventions that support self-care. *Connection* refers to opportunities for meaningful interpersonal interactions that foster reciprocal support and maintain social connectedness, which becomes more important as we get older and ever closer to the end of our lives (Carstensen et al. 2003). *Contribution* reflects the important adult developmental task of generativity (Zucker et al. 2002), and the life-long need to feel that one is having a positive impact on one's environment (Abramson et al. 1978). *Challenge* refers to age-appropriate opportunities for stimulation, whether in the form of physical exercise, intellectual demands, or social engagement, so as to ward off the physical and mental decline caused by lack of stimulation and entropy in all living organisms (Timiras 2007).

Responsiveness to these five developmental tasks is reflected in a community's physical and social infrastructure. For example, older individuals are apt to walk more and be more functionally independent if they live in communities where residential housing co-exists with retail and other commercial uses (Clarke and George 2005). Therefore, in an aging-friendly community, zoning regulations encourage multiple-family buildings and mixed-use neighborhoods, bringing people of all ages closer together with one another and with the services and products they need. Physical access and social integration also are facilitated by "complete streets," that enable multiple types of mobility, including walking, self-propelled and electric wheelchairs, golf carts, bicycles, public transit, as well as automobiles. Pedestrian crossings are programmed to recognize slow-moving pedestrians and allow them sufficient time to cross the street. Traffic intersections provide adequate visual cues and sufficient time for left-hand turns and acute-angle merging, to alleviate unnecessary demands on aging drivers and reduce the risk of serious accidents. Sidewalks and other public areas provide places to rest, rather than simply clearing obstructions as required by the ADA. Home modification and repair programs help older residents to maintain their aging homes and apartments.

Social infrastructures of aging-friendly communities also are designed to foster community participation and integration as residents age. Elders are valued for the contributions they have made, and continue to make, to their communities, and these contributions are encouraged and facilitated. Age-friendly employment policies can allow older workers to modify their work hours and responsibilities, without losing health benefits or seniority. With sufficient incentives and supports, many more older persons can participate in social, recreational, and educational activities, as well as community-focused civic engagement and volunteer opportunities. In so doing, "aging-friendly" communities can help to promote well-being and inclusion of older community members, while also strengthening community integration and available social capital.

"Aging-Friendly" Community Initiatives in the United States

Increased concern about the "aging friendliness" of community environments and supports has prompted a number of local, regional, and national initiatives in the United

States in recent years. However, relatively little is known about the types of community aging initiatives that exist, nor the roles that various sectors (e.g., public, non-profit, private) have played in their development. In response to the need for a stronger empirical foundation for understanding the scope and characteristics of these initiatives, an internet search of current community aging initiatives in the United States was conducted.

Community aging initiatives were identified through a Google search of the following terms, conducted between July and October of 2009: ‘aging friendly’, ‘elder friendly’, ‘livable community’, ‘aging in place’, ‘communities for a lifetime’, ‘village model’, ‘naturally occurring retirement community’, ‘healthy communities for older adults’, and ‘active aging community’. The researchers reviewed at least 100 potential matches per search term, until continued searching failed to yield additional initiatives. Organizations found to provide only housing (e.g., retirement communities) or specialized programs (e.g., adult education) were excluded from the sample, as were initiatives located outside of the United States. A total of 292 unique initiatives and organizations were identified through the internet search process.

“Aging-Friendly” Community Approaches Identified

Community Planning Initiatives

Community planning initiatives represented 166 of the 292 aging-friendly initiatives in this study. These initiatives typically involved a top-down centralized approach, whereby a local government planning department or area agency on aging oversees a needs assessment and strategic planning effort designed to identify the problems faced by older residents. Some of these initiatives have an information-dissemination component, such as public information campaigns designed to awaken citizens to the implications of the aging of the Baby Boom cohort. The following community planning initiatives were represented most frequently in our internet-based search.

AdvantAge Initiative The AdvantAge Initiative is a data-driven community planning initiative to help communities measure their “elder-friendliness” from the perspective of older residents in four domains: (1) basic needs for housing and security; (2) maintenance of physical and mental health; (3) independence for the frail, disabled, and homebound; and, (4) opportunities for social and civic engagement. Results of surveys in 12 U.S. communities and throughout the state of Indiana are being used by community leaders to build public awareness, inform local planning efforts, and develop action plans for communities to become more elder-friendly, or “AdvantAged.” The AdvantAge Initiative also has developed national norms based on a representative survey of United States older adults, an online toolkit for participatory research and planning, and newsletters with profiles of promising community efforts. The initiative is sponsored by the Visiting Nurse Service of New York, with funding from Atlantic Philanthropies, the Robert Wood Johnson Foundation, Retirement Research Foundation, and other national and local foundations.

N4A/PLC Aging in Place Initiative The National Association of Area Agencies on Aging and Partners for Livable Communities sponsor an Aging in Place Initiative,

designed to promote local community planning efforts and related projects to help them prepare for the aging of their populations. As a first step, a 2005 *Maturing of America* survey was sent to 10,000 cities and counties to assess their “aging readiness.” In addition, the Initiative developed *A Blueprint for Action: Developing Livable Communities for All Ages*, a step-by-step guide to help communities become more aging-friendly. Technical assistance was provided to nine communities to help them assess community preparedness and increase the capacity of community institutions for meeting the needs of older persons. Subsequently, Aging in Place Workshops were conducted in twelve communities and 100 local organizations in those communities received small “JumpStart the Conversation” Grants to mobilize local residents and organizations to create an action plan to solve a local problem relating to aging in place. Funding for the Aging in Place Initiative is provided by the Robert Wood Johnson Foundation, MetLife Foundation, AARP, and other national and local foundations.

WHO Aging-Friendly Cities Two US cities—Portland, Oregon, and New York, New York - are participants in the World Health Organization’s Global Age-Friendly Cities Project, a framework for planning efforts in more than 35 cities in 22 countries throughout the world. *Global Age-friendly Cities: A Guide*, based on focus groups with older adults and other stakeholders in 33 cities across the world, includes a set of age-friendly city checklists to help cities evaluate their age-friendliness and stimulate local mobilization efforts for improvement. The WHO initiative also includes a website for online cross-site learning, and international meetings to share best practices. It was funded primarily by Public Health Agency of Canada, the Canadian Institutes of Health Research Institute of Aging, and local municipalities.

The Portland, Oregon, Age-Friendly Cities Project conducted eight focus groups, including four with older adults, one with informal caregivers, and three with representatives of local voluntary organizations, businesses, and government agencies. Findings served as the basis for recommendations to public officials, planners, and policy-makers. The project was conducted by Portland State University Institute on Aging, with support from the state’s AARP chapter.

Age-friendly New York City began with a needs assessment of the age-friendliness of the city, gathering data from older residents and experts in the government, nonprofit, profit, and academic fields (Bloomberg and Quinn 2009). Based on this assessment and incorporating recommendations from work groups from different sectors, age-friendly initiatives were proposed in the areas of community and civic participation, housing, public spaces and transportation, and health and social services. In addition, the plan calls for establishing two ageing-improvement districts in the city, based on collaborations between public-private partnerships and neighborhood businesses (Hartocollis 2010). Age-friendly New York City is a joint venture of the City of New York and the New York Academy of Medicine.

AARP Livable Communities Initiative Similar to the WHO Age-Friendly Cities Project, AARP conducted focus groups with older residents and caregivers in 13 cities, in order to identify characteristics of a livable community and foster local community self-assessments. The findings served as the basis for AARP’s *Livable Communities Evaluation Guide*, a toolkit designed to help community leaders and

older volunteers to assess the capacity of their community to meet the needs of older adults. In some communities, the AARP self-assessment process has served as the basis for community strategic planning and public education efforts. Westchester County, NY, for example, conducted three regional “Community Impact Workshops” to begin to develop strategic plans for meeting some of the needs identified in its self-assessment, for implementation in nine sites throughout the county.

United States Government Award Programs In the spring of 2005, the United States Administration on Aging (AoA) sponsored a competition to identify cities and counties that exemplify a “livable community” and to highlight promising practices. Awards were given to seven communities that had taken specific, collaborative actions resulting in their communities being comfortable, safe and productive places for people of all ages and abilities to live.

The U.S. Environmental Protection Agency sponsors a “Building Healthy Communities for Active Aging” award program, which recognizes innovative community efforts to integrate the principles of smart growth with the concepts of active aging. An Achievement Award is given to communities that have demonstrated overall excellence in implementing programs and policies for active aging, while the Commitment Award recognizes communities that are developing and beginning to initiate programs based on smart growth and active aging principles. Since the program’s inception in 2007, five communities have received Achievement Awards and 10 communities have received Commitment Awards.

System Coordination and Program Development

Ten percent (28 of 292) of the initiatives identified in our internet search involved local system coordination and program development efforts. These initiatives typically rely on cross-sector collaboration and other innovative capacity-building processes to enhance the ability of local institutions to provide programs and services needed by elderly community members.

Community Partnerships for Older Adults Community Partnerships for Older Adults is a national initiative designed to strengthen local long-term care and supportive services systems by fostering partnerships that typically include older adults, health and social service providers, government agencies, business leaders, and local funders (Bolda et al. 2006). Funded by the Robert Wood Johnson Foundation, the initiative provided at least \$750,000 each to 16 communities to help them develop partnerships to carry out projects in areas such as the following: service provider training (e.g., elder abuse training for police officers); program development (e.g., transportation voucher programs); policy development (e.g., convincing policymakers to pass a senior housing ordinance); civic engagement (e.g., training elders as policy advocates); and, public awareness (e.g., health promotion campaigns). Program support, provided by the CPFOA National Program Office at the University of South Maine, Muskie School of Public Service, included a strategic planning and partnership development model, technical assistance with implementation, and a variety of online resources.

Communities for All Ages Communities for All Ages (CFAA) is a life-span approach to local community-building that brings together residents of all ages, local organizations, policy makers, funders, and media to create positive community change around areas of common concern. CFAA consultants assist communities to solve problems by (1) developing alliances across diverse organizations and systems; (2) engaging community residents of all ages in leadership roles; (3) creating places, practices and policies that promote interaction across ages; and, (4) expanding opportunities and supports for meeting needs across the life span. Examples of specific initiatives implemented by Communities for All Ages sites include: building multi-generational learning centers; developing leadership academies for residents of all ages; organizing Farmers Markets and Arts Festivals to promote cross-cultural and cross-age understanding; utilizing schools as centers for lifelong learning; and, helping design a housing complex that promotes intergenerational interaction, community building and leadership development. CFAA is administered by the Intergenerational Center at Temple University, with funding from the W.K. Kellogg Foundation, Ashoka, and other national and local foundations.

Co-Location of Services

One-sixth (50 of 292) of the initiatives identified in our internet search involved collaborations between service providers and naturally-occurring retirement communities (NORCs), which are geographic locations (e.g., housing developments, apartment buildings, neighborhoods, or entire communities) not originally designed for seniors but which now have high concentrations of older residents.

Naturally-Occurring Retirement Communities Social Support Model (NORC-SSP) The NORC Supportive Services Program (NORC-SSP) paradigm, introduced in 1985 in New York City, involves a partnership-building process in which housing entities and their residents, health and social service providers, government agencies, philanthropic organizations, and other community institutions and organizers collaborate to help seniors to age-in-place for as long as possible by providing improved access to a variety of forms of tangible and social support (NORC Aging in Place Initiative 2011). Central to the NORC-SSP model is a coordinated basket of services and programs located on-site, or in close proximity to NORC settings, including the following: case management and social work services; health care management and prevention programs; education, socialization, and recreational activities; and, volunteer opportunities for program participants and the community. NORC residents often are an essential part of program development, governance, and volunteer service provision.

NORC programs receive support from a combination of government agencies, housing partners, philanthropies, corporations, and residents. The 2006 reauthorization of the federal Older Americans Act (OAA) supported 45 NORC-SSP demonstration projects in 26 states, with technical assistance provided by the Jewish Federations of North America. In addition, New York State and New York City provide ongoing funding for NORC programs in 54 housing developments and neighborhoods in that state (NORC Blueprint 2011).

Consumer Associations

Finally, one-sixth (48 of 292) of the initiatives identified in our internet search represented consumer mutual-aid associations, typically developed by elderly community residents and modeled after Beacon Hill Village in Boston, Massachusetts.

“Village” Model “Villages” are consumer-driven membership organizations combining social engagement, social support, and service provision, designed to assist members to age in their own homes and prevent the need for institutionalization. In return for annual dues, members receive services and support that offer the potential to reduce social isolation and unmet needs, including: 1) access to core services, such as weekly grocery shopping trips and exercises classes; 2) a concierge service through which members receive referrals and discounts to vetted outside services, such as home health care, legal assistance, and home repair; 3) opportunities to develop sources of social support with other members through activities such as parties or cultural events; 4) and, substantial opportunities for social engagement, whether by volunteering to provide assistance to other members, offering administrative help to the Village, or serving in a leadership position in the organization. Villages typically are initiated, developed, and governed by elderly community members. More than 50 Villages currently are operational, with at least 100 in development (<http://vtvnetwork.clubexpress.com/>). Their primary sources of funding are member fees and donations (Scharlach et al. 2010).

Discussion

The study reported here represents the first attempt to document the range of aging-friendly community initiatives in the United States. Evidence from an internet-based survey identified 292 community initiatives, exclusive of residential-only settings. Four types of initiatives were identified: community planning, system coordination and program development, co-location of services, and consumer associations.

The vast majority of aging-friendly initiatives in the United States (163 of the 292 in this study) primarily involve centralized community planning efforts, typically by local cities and towns and a few states. These initiatives mostly involve needs assessment and strategic planning, convening of stakeholders, and some public education, but with less evidence of actual implementation of fundamental changes in community physical and social infrastructures needed for an increasingly aging society.

The relatively limited observable impact of these local community initiatives in part reflects local governments’ limited control of the political or fiscal tools required to bring about change in major systems. Housing options, for example, are determined primarily by the private consumer market, although local planning agencies can help to regulate and incentivize construction types and their location. Transportation systems, while administered locally, are governed by federal guidelines regarding access by persons with disabilities. Perhaps most importantly, area agencies on aging, the local agencies charged with responsibility for responding to the needs of older adults, typically have considerably less political and economic power than other government entities, including health care, housing, and transportation.

In the United States context, the federal government appears to play an extremely limited role in promoting aging-friendly communities. Government efforts appear focused on recognizing or promoting model programs (e.g., the Environmental Protection Agency “Building Healthy Communities for Active Aging” award program, the Administration on Aging’s “Livable Communities for All Ages” competition), rather than cross-site system change. Indeed, the only real example of substantial federal involvement for United States aging-friendly initiatives was Canadian support for the WHO Global AFC Initiative, of which two US cities are participants.

The apparent lack of coordinated national or local efforts to make US communities more aging-friendly may in part reflect the American emphasis on individual rights and responsibilities, as embodied in the values of independence, individualism, and privacy. These values are epitomized in the current political and economic climate in the United States. Resistance to public programs and public spending at the national level, coupled with increasing fiscal pressures at the state and local levels, has led to major cutbacks in expenditures for current social programs. In this context, it seems unlikely that government will assume a major role for planning or developing new programs designed to strengthen community aging-friendliness.

One recent development, resulting from legislation passed prior to the current political and economic situation, is the AoA Community Innovations for Aging in Place (CIAIP) program. This initiative, included in the 2006 Older Americans Act Reauthorization, authorizes grants to help 14 US communities to strengthen their health and social service infrastructures in order to promote aging in place and quality of life among older community members. Projects typically include local partnerships among agencies on aging, health and social services providers, housing entities, community development organizations, and philanthropies, designed to help older persons access evidence-based disease prevention, health promotion, and social support services. The program calls for each site to receive 3 years of federal support of up to \$500,000 per year, although at this writing Congress has not yet authorized funding for the third year of the projects. This approach reflects a consistent pattern of promoting demonstration projects in select sites, without adequate provisions for ongoing funding. In the absence of a more systemic national approach to making US communities more aging-friendly, the potential impact and sustainability of these current initiatives is questionable.

Most of the community initiatives identified in this study involving actual program development and system change appear to be promoted by non-governmental sources. Non-profit organizations have provided leadership, and national and local foundations have provided the necessary financial support, for initiatives such as Community Partnerships for Older Adults, Communities for All Ages, Aging in Place “JumpStart the Conversation” Grants, and NORC-SSPs. The local initiatives typically are demonstration projects, designed to develop “best practices” which would then serve as models for communities nationwide. This approach raises serious questions regarding the long-term sustainability of the model initiatives themselves, let alone the ability of other communities to replicate the models without the internal and external resources needed to initiate and maintain initiatives which required external funding of \$250,000 to \$900,000 as well as substantial pre-existing community capacity.

Older community residents are intentionally included in virtually all of the identified initiatives, sometimes simply as information sources but sometimes as active participants in the design and execution of the programs. Given the increasing evidence of the benefits of civic engagement in later life, it is encouraging that elders are actively involved in helping their communities to become more aging-friendly.

In light of the limited governmental role in promoting aging-friendly communities in the United States, older adults in some communities are creating mutual-benefit organizations, typically called “villages.” These “concierge” model initiatives typically are funded by membership fees and donations, raising questions about their viability in poorly-resourced areas. Economically-advantaged elders in the United States already have access to a variety of residential options and services not covered by public funding, such as assisted living facilities and quality in-home care. Self-funded initiatives such as villages may be sustainable only in communities that already are relatively advantaged, potentially further exacerbating the divide between elderly “haves” and “have-nots.”

While consumers generally have been slow to prioritize aging-friendly characteristics in their decisions about how to spend discretionary dollars consumer interest in aging-friendliness appears to be on the rise. Among Americans ages 45 and older, one-third have made home modifications designed to help them to live there longer (Keenan 2010). According to data gathered by the National Association of Home Builders’ Remodelers, 70% of remodelers surveyed in 2008 reported making universal design home modifications, up from 60% only 2 years earlier. Among the modifications most frequently made were grab bars in bathrooms, raised toilets, curbless showers, and wider doorways (NAHB 2009). Seventy percent of homeowners started these remodeling projects because they were planning ahead for future aging-in-place needs. (NAHB 2009). Moreover, 84% of homeowners apparently have at least some knowledge of universal design solutions (NAHB 2009).

This increase in consumer interest in aging-friendly options in part may reflect the influence of public education efforts that are part of some of the federal, state, and local initiatives described here, as well as the growing role of the private sector and the influence of private sector marketing, increased desire to age in place among the first generation of Americans to have such a long-term attachment to home, or perhaps just increasing awareness of the likely changes associated with personal and societal aging.

Implications for the Future of Aging-Friendly Communities in the United States

An aging United States population, combined with traditional American values of independence, individualism, and consumerism, is fostering increased interest in community initiatives to promote aging in place. To date, at least 292 aging-friendly community initiatives have been developed, with many others undoubtedly in existence or in development, not represented in the internet-based search conducted here. For the most part, these initiatives have developed in the absence of federal funding or guidance. Most represent local community interventions, hampered by limited political authority or economic resources. Private sector solutions (e.g., housing modifications, transit-oriented mixed-use community planning, concierge-model membership associations, elder-friendly fitness facilities) appear to be on the rise.

However, numerous concerns exist regarding the future of aging-friendly communities in the United States. The marketplace is beginning to develop responses to the needs of an aging society, as might be expected from the country's consumer-driven economic model. However, in the absence of substantial government intervention or oversight, emerging solutions may be accessible only to those elders who have sufficient resources and/or political power to evoke the attention of the private market. Individuals and communities who lack the resources to make the infrastructure changes that are required to meet the needs of personal and societal aging may remain at risk. Moreover, long-term care may well represent a classic example of market failure, because those consumers with the greatest need are likely to be constrained by the very goods and services they purchase, making it difficult for them to exercise discretion over those resources. In the current climate of limited government, the United States will be challenged to develop public policies that ensure that every American will be able to age in place, safely and without unreasonable distress.

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