PLANNING FOR AGING

Addressing Issues of Equity

Deborah Howe

“Why should government be obligated to help people who are having problems that are the direct result of their own decisions?”

This question was posed by a graduate student in a 2013 planning studio focused on developing a county-level housing alternatives plan for an aging population. Twenty-five years earlier, at a community planning for aging training session, I was explaining the challenges of aging in place when a professional planner asked, “Well—why don’t they move?”

Both questions pose a lack of understanding of life as it is actually lived in the built environment. These perspectives challenge efforts to change the paradigm of how and what we build to ensure that our communities can support people of all ages.

I maintain that government has an obligation to proactively plan for an aging society. One issue of equity is continuing to create built environments that present major challenges to people as they age, resulting in dangerous living and transportation situations, excessive personal and societal costs (particularly in caregiving), and isolation. Urban planners should be in the lead here. The planner’s skill set and professional responsibilities position them to incorporate attention to aging in all aspects of community planning. The size of the aging population, the impact on caregivers, and the competition for limited resources between this demographic and various other social needs is setting society up for major conflict. A focus on aging will by definition put people at the center of planning.

The numbers that dimension aging in the United States are almost incomprehensible. In 2015, the U.S. population included nearly 48 million older adults.

This number will double to 88 million by midcentury, including 19 million aged eighty-five and over. There will be over 387,000 centenarians at that time, compared to 72,000 in 2015 (U.S. Census n.d.). Older adults, as a proportion of the population, has changed from one in twenty-four in 1900 to one in seven in 2013. By 2030, it will be one in five.

Improvements in health care have dramatically reduced the probability of death from infections and has increased the capacity to live with chronic conditions such as heart disease. This has resulted in longer life spans, and that means that more people are dealing with the vagaries of old age. Our physical, cognitive, and/or mental capabilities will be affected in some manner. We can expect some combination of loss of vision and hearing, stiffer joints, decline in muscle tone, loss in bone density leading to higher risk of fractures, difficulties in keeping balance, decline in an ability to think clearly and quickly, etc. The specific challenges will vary from person to person depending on genetics, environment, health care, and injury.

In 1950 a sixty-five-year-old could expect to live an additional 13.9 years. By 2010, this had increased to 19.1 to 17.7 years for males and 20.3 years for females (AOA 2014). An older adult may live with a disability for up to eight years on average and can expect to outlive their ability to drive safely by six to ten years (Foley et al. 2002). This means that at some point, we are each likely to be dependent on others for health care, transportation, and other activities of daily living.

Historically, the family supported their elders through multigenerational households. This arrangement provided for an exchange of services among the generations, reduced living costs, and the ultimate transfer of property to (generally) the eldest son. Structural economic changes allowing for more broadly based wealth accumulation, combined with longer life-spans, gave older adults the wherewithal to live independently, thereby maintaining more control of their own lives. According to Gawande (2014, 21–22), the rapidly increasing percentage of older adults living alone is “a sign of enormous progress,” and there “is no better time in history to be old.” He further argues that veneration of elders has “been replaced by veneration of the independent self.” But the inevitability of infirmity and illness raises questions about what to do when independence cannot be sustained.

The older adult demographic includes people who range in age from sixty-five years to over 105. There is, of course, no one aging experience—it is a deeply personal process and thus every story is different. The Center for Home Care Policy and Research of the Visiting Nurse Service of New York has found two distinct aging clusters. The “fortunate majority” are thriving. They are financially secure, socially active, and relatively healthy. The “frail fraction” are struggling. This group tends to have less than a high school education, have poor health, be isolated, live

in poor neighborhoods, and have inadequate financial security (Feldman et al. 2004). Since minority elders have a greater likelihood of having one or more of these characteristics than their white counterparts, they are overrepresented in the “frail fraction.”

The population of older adults will continue to diversify. By 2050, 42 percent will be minorities compared to 20 percent in 2010. Among those aged eighty-five years and older in 2050, one third will be minorities compared to 15 percent in 2010 (Vincent and Velkoff 2010). The aggregate minority population in total is projected to become the majority in 2042, underscoring that the service providers and social security supporters for the nation’s older adults will be predominantly non-white. The extent to which discrimination continues to limit opportunities for non-whites has long-term implications for society’s capacity to support older adults.

The median income for older men was \$29,327 in 2013; for women, it was \$16,301 (AOA 2014). In 2009, 40 percent of older households carried a housing burden, paying more than 30 percent for housing and utilities (Federal Inter-agency Forum on Aging-Related Statistics 2012). The Economic Policy Institute’s analysis suggests that 48 percent of older adults are economically vulnerable; this is defined as those with income that is less than two times the Supplemental Poverty Measure. This percentage increases to 58.1 percent for those aged eighty and over—52.6 percent for women, 63.5 percent for blacks, and 70.1 percent for Hispanics. “Many of America’s 41 million seniors are just one bad economic shock away from significant material hardship. Most seniors live on modest retirement incomes, which are often barely adequate—and sometimes inadequate—to cover the cost of basic accessories and support a simple, yet dignified, quality of life” (Gould and Cooper 2013, 3). Proposed cuts in Medicare and Social Security will increase the number of older adults who are vulnerable.

In 2000, the U.S. Census found that 80 percent of older adults were homeowners who had lived in their home a median of twenty years. Over two thirds (68 percent) of this group had no mortgage. The median size of older adults’ homes (single-family detached and mobile homes) was 1,743 square feet on a median lot size of 0.37 acres (U.S. Census 2005). Over one quarter (28 percent) of older adults live alone, rising to one half (46 percent) for women aged seventy-five and older (AOA 2014). Over half (54 percent) live in suburban communities, reflecting the dominant post–World War II housing preferences; this percentage is expected to increase in the years ahead. Nearly one in five older adults (19 percent) are located outside of metropolitan areas in rural and small communities (AOA 2014).

It should come as no surprise that older adults overwhelmingly prefer to age in place. A 2010 AARP survey, for example, revealed that 78 percent of those aged

sixty-five and older want to remain in their residence as long as possible. In contrast, this preference is expressed by only 60 percent of those aged forty-five to forty-nine (Keenan 2010). The stronger desire of older respondents to age in place is logical. Moving is extremely difficult. It involves relinquishing a lifetime of memories of place and objects. Some older adults have deferred maintenance on their home; this means lower resale values and less equity that can be used for a housing alternative, assuming one is available. A move at an older age also means comprehending a new community, and that might be challenging due to changing health circumstances.

Staying in one's home can be very difficult. Most houses are not designed to accommodate people with disabilities. Barriers include internal and external stairs, doorways that are not wide enough for wheelchairs, inaccessible kitchens and bathrooms, and no bedroom on the first floor. Adaptations can be very costly, assuming they are feasible. Taxes and the costs and logistics of home maintenance can be problematic. If a home is located in an area where there are limited alternatives to the automobile, then this can present significant constraints to continued independence and lead to the risk of severe isolation.

Who will provide care for our aging population? One fifth of the baby boomers are childless; 17 percent have only one child. Sixteen percent of those eighty-five and older have no surviving children to provide care (Creamer 2012). The dependency ratio of those aged sixty-five and over compared to the number aged twenty to sixty-five (multiplied by 100) was 21 in 2010 and projected to be 36 in 2050. The corresponding child dependency ratio is likely to remain relatively stable over this time period (declining from 38 to 37) yielding a combined ratio of 59 in 2010 and 74 in 2050 (Ortman and Velkoff 2014). The stress on family members will be extraordinary. The low number of working age adults relative to older adults will have an impact on the Social Security system. Furthermore, fewer working-age adults relative to older adults are likely to result in higher wages and thus increased costs for professional care services.

As a further complication, the health-care capacity to support the unique needs of older adults is in decline. Geriatrics is a medical specialty that focuses on understanding the complex health challenges of older adults. It has a particular emphasis on managing for quality of life and maintaining function rather than aggressive care for certain medical conditions. It tends to not pay as well as other specialties. As of 2013, there were only 7,500 certified geriatricians in the United States against a current need of 17,000. There is a projected need for 30,000 by 2030 to serve the 30 percent of older adults with complicated medical situations (Olivero 2015). Comparable deficits are occurring in other medical specialties such as geriatric social workers.

It is abundantly evident that older adults are facing realities that have implications for society as a whole. Every one of us will be affected.

What we should be doing is ensuring that our communities are livable, age-friendly, and supportive of people throughout their life-span. We need communities that encourage healthy lifestyles by enabling physical activity such as walking. We need opportunities for social interaction to avoid isolation. We need alternatives to the private automobile. And we need to stop building Peter Pan housing. It is time to connect development policies and practices with real life. Real life involves aging. The solutions speak to divergent political interests in that they emphasize the enablement of continued independence and personal responsibility in a caring culture, which can achieve efficiencies in both public and personal costs. In other words, Democrats, Republicans, and Libertarians should be able to see their interests served through an aging focus. While it would be helpful to work within a federally supportive environment, there is a considerable amount that can be achieved at the local level through comprehensive planning policies touching on land use, housing, transportation, and infrastructure. It is at the local level, of course, that the activities of daily living are carried out.

A 2006 survey of 10,000 U.S. jurisdictions found that 46 percent have begun to address the needs of aging primarily through basic health and nutrition programs (N4A 2011). Few jurisdictions have undertaken a comprehensive assessment of their communities to ensure livability for all ages, and they have not developed the policies, programs, and services needed by older adults that will help maintain independence.

A review of comprehensive plans for one hundred large U.S. cities suggests limited attention to aging. According to Jordan Yin, “Issues related to aging are found to a small extent in many plans, but usually in a general and minor way (perhaps even superficial)—often in sections related to housing, social services, and transportation. There doesn’t seem to be any ‘big city plan’ that has a full chapter on aging or has goals and policies related to aging as a ‘top level’ concern.” He notes that Raleigh addresses fair housing, universal design, and aging in place within the housing element; Denver speaks to older adults and the importance of helping to meet their needs, including maintaining their independence through the human services element; Sacramento intentionally integrates aging issues in their housing element (Yin 2015).

So why does it seem like there is little sense of urgency? This may boil down to attitudes about aging. A Pew Research survey reveals that only 26 percent of U.S. respondents view aging as a major problem—placing the United States as the third lowest percentage out of twenty-one countries represented in the survey. Japan, South Korea, and China ranked at the top with respectively 87 percent,

79 percent, and 67 percent of respondents viewing aging as a major problem. The authors report that Americans are more confident than Europeans that they will have an adequate standard of living in old age. Furthermore, the United States is one of the few countries “where a large plurality of the public believes individuals are primarily responsible for their own well-being in old age” (Pew Research Center 2014, 7).

The Frameworks Institute conducted a systematic review of expert versus public attitudes regarding aging. Experts view aging as a normal part of biological design that is distinct from disease and decline. Older adults can remain healthy and maintain high levels of functioning. The public views aging as “a process of deterioration, dependency, reduced potential, family dispersal and digital incompetence.” Aging is something to be dreaded. This negative view leads to marginalization of those “old people” or the “elderly.” The public has not considered the policy implications of increased longevity and is not aware of the extent to which older Americans face discrimination and the “need to address it via legal and other systematic means” (Lindland et al. 2015, 7–8).

Urban planning as a profession has been slow to recognize the importance of an aging focus. This is a profession that is remarkably conservative, constrained by political directives, and charged with providing the physical infrastructure and processes that support the private sector. The emergence of advocacy planning as inspired by Paul Davidoff (1965) revealed the profession’s blind spots. Aging is simply not on this profession’s horizon, and thus there is little thought given to this marginalized population. This may be in part because planners tend to frame issues as compilations of numbers, which makes everything abstract. Aging is best understood as individual, detailed stories which reveal personal challenges and opportunities, enabling one to comprehend the importance of the human scale. The stories, however, may also reinforce the notion of individual responsibility, thus undermining the idea that the public sector has a role to play in supporting the aging process.

I would argue that the planning profession buys into the public attitudes toward aging as clarified by the Framework Institute study and revealed in the two quotes that were shared in the beginning of this chapter. Simply put, individuals are viewed as responsible for addressing the challenges associated with aging. Personal choices certainly are significant. But are planners ensuring meaningful choices? When a young couple looks for housing, will they find decent schools, parks, and transit alternatives in a walkable, affordable community? Or will they need to look to the suburbs because the cities have too many problems? What options will be available to the low-income couple? When these couples age, will it be possible for them to adapt their houses or move to a more suitable dwelling within their community? Is it their fault if alternatives do not exist?

Leadership in promoting livable communities has come from outside the planning profession. AARP has a well-developed Livable Communities program that focuses on advocacy, best practices, tool kits, policies, and education (see AARP Livable Communities n.d.). They facilitate the AARP Network of Age-Friendly Communities under the auspices of the World Health Organization. Involved jurisdictions represent over 30 million people. Partners for Livable Communities has long advocated for community planning for aging through their mission “to improve the quality of life and economic and social wellbeing of low- and moderate-income individuals and communities.” Their contribution focuses on networking, research, technical assistance, and education (see Partners for Livable Communities n.d.). The National Association of Area Agencies on Aging (N4A) has spent the past decade working with Area Agencies on Aging (AAAs) to promote the concept of Livable Community for All Ages. The N4A has been involved in conducting “community aging readiness surveys,” working with stakeholders to develop livable community agendas, and distributing best practices information. According to the N4A, over 70 percent of surveyed AAAs report work on developing livable communities initiatives (see N4A n.d.). The U.S. Environmental Protection Agency’s Aging Initiative (2002–17) sponsored a monthly newsletter with information on aging-relevant research, funding opportunities, and conferences. The EPA was also able to provide funds to train older adults as environmental stewards to develop intergenerational environmental programs and redesign communities and the built environment in support of aging in place.

The American Planning Association is developing some capacity to support community planning for aging. The APA recently published a Planning Advisory Service report entitled *Planning Aging-Supportive Communities* (Winick and Jaffe 2015). National conferences are including an increasing number of sessions focused on aging. In July 2014, the APA board of directors approved the *Policy Guide on Aging in Community*. This is a comprehensive set of recommendations for planners to apply in any given community. It does not commit the APA to further action. Ramona Mullahey, a senior analyst with U.S. HUD, played a leadership role in securing support for the *Policy Guide*. She expresses concern that there still is a lack of urgency in the planning field about aging as an issue; it is not getting focused attention (Mullahey 2015).

Three Case Studies

There are some hopeful signs of change. We will consider the cases of Portland, Philadelphia, and the Atlanta region. These three examples reflect concerted efforts to frame aging as a community planning imperative. There is little history

of comparable efforts to build on, so it has been necessary for the protagonists to be innovative and to pursue opportunities specific to their local context.

Portland, Oregon

Portland, Oregon is a locus of innovative planning. This city is well known for considering issues of equity in its land use, transit, and bicycle planning as well as efforts to accommodate regional development growth through high density development, accessory dwelling units, and zoning codes that allow for very small houses (see chapter 1 in this volume by Lisa K. Bates). In 2006, Portland was invited by the World Health Organization as one of thirty-three cities from twenty-two counties to participate in the Age-Friendly Cities Project. This work was led by Portland State University's Institute on Aging, including Margaret Neal (professor and director) and Alan DeLaTorre (research associate). It involved conducting focus group interviews of older adults, caregivers, and service providers using a WHO protocol. The topics included outdoor spaces, transportation, housing, respect and social inclusion, social participation, communication and information, civic participation, and community support and health services (Neal and DeLaTorre n.d.). The WHO ultimately published (in 2007) a guide to age-friendly cities and developed the WHO Global Network, including 287 cities and communities in thirty-three countries representing a population of 113 million. In 2011, then-Mayor Sam Adams signed Portland up to participate in this network, but without any financial commitment.

Portland's WHO age-friendly report was ultimately referenced in *The Portland Plan*, a "strategic road map" adopted in 2012. Aging is addressed in a two-page section entitled "Portland is a Place for All Generations" (City of Portland 2012, 24–25). The plan calls for achieving an age-friendly community through accessible housing, community hubs, and transit streets, as well as expanding medical services and encouraging intergenerational mentoring. The city also committed to working with community partners in building on Portland's participation in the WHO Age-Friendly Cities Project and to developing an action plan on aging that would focus on implementation.

Under the leadership of the PSU Institute on Aging, the all-volunteer Age-Friendly Portland Advisory Council developed the *Action Plan for an Age-Friendly Portland*, which was approved by the city council in October 2013. The plan uses all the themes incorporated in the WHO project (calling out two additional areas: economy and community services) and is presented as an agenda for action. The plan was not vetted by the public, and it had no implementation authority, although aspects of the plan are being furthered by standing committees focused

on civic engagement, employment and economy, health services, housing, and transportation.

To a certain extent, city officials may believe that the full range of livability policies that are already in place speaks to the issue of aging. One can certainly see that perspective in former Mayor Charlie Hales's interview with AARP, in which he described Portland as an age-friendly city (AARP Livable Communities 2015). But without an explicit focus on aging, certain things are missed. For example, the city's promotion of row housing on narrow lots as an affordable housing alternative ignores the fact that the resulting living space above a garage may be inaccessible to someone who cannot negotiate stairs. A universal design requirement that calls for stacked closets that could be inexpensively transformed into an elevator shaft might make this housing form more age-friendly.

The Age-Friendly Portland Advisory Council has since expanded to include Multnomah County; they had earlier prepared an intriguing plan (Multnomah County Task Force on Vital Aging 2008) that focuses on employment and civic engagement and views the increasing number of older adults as an economic asset—a source of volunteers and a highly skilled work force that has much to offer to younger generations. This plan transforms the negative image of “silver tsunami” into a positive image of “silver reservoir.”

There have been concerted efforts to frame aging as an equity issue in Portland. *The Portland Plan* notes that equity exists when “everyone has access to opportunities necessary to satisfy their essential needs, advance their well-being and achieve their full potential” (City of Portland 2012, 18). This concept is explicitly connected with aging in a two-page section entitled *Portland Is a Plan for All Generations* that details an equity framework by recognizing that “Portland must become a city where access to opportunity, safe neighborhoods, safe and sound housing, healthy food, efficient public transit and parks and greenspaces are available for people of all ages and abilities” (Ibid., 24). However, aging has not been an obvious equity issue. When the city established an Office of Equity and Human Rights in 2011, the initial focus was on race and ethnicity. Advocates argued in favor of adding age, disability, and sexual orientation. They prevailed only on disability.

DeLaTorre and Neal continue to try to elevate aging as an equity issue, having published a white paper on this topic in January 2014 (DeLaTorre 2015, Neal 2015). They have become politically active in soliciting support and securing votes for the next city and county budget cycles in order to obtain the needed resources to move the aging agenda forward. Aging is competing against the need to devote government funds to address a severe homelessness crisis. In November 2015, the city council voted five to zero to allocate approximately \$50,000 in funding

to work on age-friendly housing issues and to support the coordination of the Portland and Multnomah County Advisory Council.

Philadelphia, PA

Philadelphia Corporation for Aging (PCA) is a nonprofit organization that has served as Philadelphia County's Area Agency on Aging for over forty years (the county is coterminous with the city boundaries). The PCA provides social, economic and health services of over 100,000 older adults and their caregivers. This AAA is distinguished by having a particularly strong research and advocacy focus. In 2008, PCA initiated the Age-Friendly Philadelphia (AFP) project under the leadership of Kate Clark, planner for policy and program development (2011). This project was directed at helping "older adults remain healthy, active, and engaged in their communities for as long as possible." PCA used EPA Aging Initiative guidelines that blended concepts of active living and Smart Growth that effect supportive physical and social environments. PCA framed their work on social capital, housing, mobility, and healthy eating. The projects focused on defining and implementing age-friendly improvements for parks, expanding housing alternatives, involving older adults in developing community gardens, and improving standards for bus shelters. PCA sponsored the development of GenPhilly, a network of emerging leaders in their twenties and thirties who were willing to incorporate an aging perspective in their respective fields, recognizing that this could be an asset to their work (see GenPhilly n.d.).

The AFP was able to extend its reach beyond a limited number of PCA staff because they worked through existing organizations. They asserted the aging perspective at every opportunity, trusting that some momentum would be established.

The Philadelphia Department of Public Health facilitates the Get Healthy Philly program. This program brings together the public and private sectors, community organizations, and academia to improve health by addressing issues of smoking, obesity, and food access through programs, policies, and improvements to the built environment. In December 2010, the Public Health Department published *Philadelphia2035: Planning and Zoning for a Healthier City: The City's New Comprehensive Plan and Its Role in Improving Public Health*. The report highlights a range of public policies that were under consideration, such as transit-oriented developments, food access, open space, and walkability and explains how these approaches would support healthier lifestyles. It also introduces Health Impact Assessments (HIAs) that would allow planners and policy makers to evaluate initiatives against baseline health conditions and preferred outcomes. Philadelphia was noted as being one of the first major U.S. cities to standardize the use of HIAs

in district plans and rezoning (City of Philadelphia Department of Public Health 2010, 32). The concept of “age-friendly neighborhoods” is limited to a single paragraph referencing relevant zoning policies (Ibid., 28) and is mentioned in reference to the notion of walkability (Ibid., 16). The aging issue is otherwise absent from this document.

While Philadelphia’s comprehensive plan (adopted in June 2011) did not end up incorporating the “age-friendly” term, it does include a policy calling for a variety of housing options in support of older adults. The AFP initiative was successful in securing some very limited attention to aging issues in the comprehensive revision to the zoning code in 2012. The definition for daycare was extended to include adult daycare. The code now allows accessory dwelling units, but the actual zones have to be approved through a city council ordinance which has not happened to date. Visitability is a set of limited design features that would enable a person with a disability to visit a house. These requirements include one zero-step entrance, doorways/hallways at least thirty-two inches wide on the first floor, and an accessible half bath on the first floor. The Philadelphia zoning code requires visitability standards in at least 10 percent of the housing units in subdivisions of fifty or more houses. Such subdivisions, however, are rare.

At the district planning level (the means by which the city is applying the comprehensive plan at a more local level), the *South District Plan 2015* includes a recommendation for senior pedestrian zones to promote street-level improvements in support of locally high concentrations of older adults. This builds on an approach that has been developed by the New York City Department of Transportation, who designated twenty-five such zones where targeted improvements such as narrowed roadways, pedestrian safety islands, and increased crossing times have contributed to a 19 percent decrease in fatalities among older adults (City of Philadelphia Planning Commission 2011b, 73). The incorporation of health considerations in a district plan is facilitated by a planner who serves as the healthy communities coordinator for the Get Healthy Philly program; this position is split between the public health and planning departments.

The city’s focus on aging has been dominated by service considerations. The Mayor’s Commission on Aging issued a three-year strategic plan in 2011 that set goals for coordination, education, and engagement, serving as a catalyst for new solutions. Specific mention was made of transit services and walkability and supporting aging in place. This plan laid the groundwork for the city to engage in the WHO Age-Friendly Cities program. An assessment was subsequently completed by the mayor’s office, and not the planning commission (Huang and Horstmann 2012).

In 2015, Philadelphia Corporation on Aging organized a workshop focused on park design that would be more inclusive of older adults. None of the city’s park

designers were in attendance. One of the workshop participants was Chris Dougherty, project manager with the Fairmont Conservancy, a nonprofit organization that provides support for the city's parks system. He notes that aging has been invisible in park planning efforts. He sees more innovation among nonprofit organizations and independent professionals such as landscape architects (Dougherty 2015).

What is striking about the Philadelphia case study is the extent to which only incremental changes have been achieved, despite the efforts of aging advocates to comprehensively advance an aging perspective within the city's planning framework. Aging advocates remain hopeful that a new mayoral administration committed to social justice issues will lead to more focused attention to aging (Dougherty 2015, Clark 2015, Davis 2015).

Atlanta, GA

The Atlanta Regional Commission (ARC) has embraced aging through their Lifelong Communities Initiative (see ARC Lifelong Communities 2009). The ARC serves as the designated Area Agency on Aging (AAA) and as such oversees \$28 million in federal and state program funding for aging and disability services provided both directly and through partnerships with providers.

The initiative has its origins in Aging Atlanta, a partnership founded in 2001 of fifty public, private, and nonprofit organizations. The director of the initiative was hosted by ARC. Supported through development and implementation grants from the Robert Wood Johnson Foundation's Community Partnerships for Older Adults program, Aging Atlanta sought to gain a better understanding of the needs of older adults and opportunities for improving long-term care and supportive services. In 2003 they conducted forty focus group interviews involving 1,200 older adults and conducted 400 surveys. They ultimately developed a work plan that addressed increasing awareness of the needs of an aging population and improved services.

The interviews and surveys revealed a high level of concern for issues associated with "place"—affordable and accessible housing and transportation, opportunities for social interaction, perceptions of safety, etc. The AAA came to realize that their historic emphasis on collecting data that favored health measures (such as blood pressure and chronic diseases) was not accounting for the home address, which is an indicator of the built environment (Lawler 2015). This environment is a huge quality of life determinant and as such is directly connected to health outcomes.

In 2007, the ARC created the Lifelong Communities Initiative as a means of extending the lessons learned through the work of Aging Atlanta (ARC Lifelong Communities 2009). The next two years were focused on extensive outreach in the region's ten counties, engaging a broad range of perspectives including

community residents, elected officials, and public and private professionals. Participants were asked to examine data about the aging population in their community and then analyze the extent to which the communities provide for housing and transportation options, healthy lifestyles, and information and access. Key areas and priorities were identified for specific communities.

In 2008, the ARC adopted the three Lifelong Communities Initiative goals as agency policy. These include (1) promoting housing and transportation options; (2) encouraging healthy lifestyles; and (3) expanding information and access. The ARC regional *Plan 2040 Framework* (adopted in 2011) does not include Lifelong Communities as a planning framework but does reference the initiative and associated goals and speaks to the importance of strategies emerging from local community partnerships. The ARC Division of Aging and Health Resources's *Live Beyond Expectations: Regional Strategic Plan July 2015–June 2020* presents Lifelong Community principles as a tactic in support of a goal to enhance housing diversity.

In 2009, the ARC partnered with Duany Plater-Zyberk and Company to run a nine-day charrette focused on developing plans for transforming five existing places into lifelong communities, including three historic train depot towns, an inner-city brownfield, and an outdated, underutilized site. Over 1,500 people participated (ARC Lifelong Communities 2009). The intent of this exercise was to generate meaningful alternatives to existing development patterns and regulations and to develop guidelines for evaluating the extent to which proposals support Lifelong Community goals. These communities have since implemented a number of the recommendations, including adoption of form-based zoning codes, walkability and roadway connectivity improvements, a new town square, a community garden and farmers' market, and a senior shuttle. The ARC continues to provide technical assistance to communities interested in incorporating Lifelong Community principles.

To provide further tangible examples of these principles, in 2014 ARC hosted a demonstration project that used "tactical urbanism" to temporarily transform two blocks of the Atlanta neighborhood of Sweet Auburn into a Lifelong Community. Volunteers from forty organizations cleaned up a vacant lot, built street furniture, installed a protected bike lane, developed new signs, and arranged for live music and celebrations of local history. Over a two-day period, over seven hundred people were able to see and experience a more livable environment for residents of all ages (ARC 2014).

There has been a great deal of external interest in the Lifelong Communities Initiative with ARC regularly fielding inquiries from small and large cities throughout the United States. According to Kathryn Lawler (2015), ARC's aging and health resources division manager, and Renee Ray (2015), ARC's AAA principal program specialist, the focus on aging has not been a hard sell with planners.

The challenge is integrating Lifelong Community principles into practice, especially with respect to infrastructure design. It is difficult to retrofit an auto-dependent, low-density landscape.

ARC has succeeded in elevating consideration of aging at the community planning level. The term “lifelong” is inclusive, thereby creating the potential for a broader constituency. The three lifelong communities’ goals have been embraced as regional policy. Implementation is incremental, dependent on community-level initiatives.

The Case Studies in Review

In both Portland and Philadelphia, the aging advocates emerged from outside government. Thus, they needed to assert themselves into ongoing planning initiatives. They had some limited success—securing a statement about communities for all ages in Portland’s strategic plan and some relevant but weak zoning provisions in Philadelphia. The advocacy will need to continue in order to exploit these policy openings to realize further gains. It is fortunate that the Atlanta Regional Commission also serves as the Area Agency on Aging, as this has placed the aging perspective in direct contact with regional planning efforts. The Aging Atlanta initiative was key in revealing the role of the built environment in the aging experience and thus establishing the direct connection to the traditional planning domains of land use, housing, environmental health, etc.

The relatively more effective efforts in Philadelphia and Atlanta may have been a result of more attention given to engaging stakeholders in dimensioning the locally specific challenges of aging and identifying alternatives to address these challenges. The Philadelphia Corporation on Aging advocated for a focus on aging by working through existing organizations. The Atlanta Regional Commission’s use of focus group interviews, a charrette, and tactical urbanism is particularly noteworthy in fostering broad support for an aging focus among professionals and citizens at large; this led to a more robust embrace of aging at the policy level and may ensure a continuing focus even with changes in professional staff who led the effort.

Alternative Planning Frameworks

We will turn now to discussing alternative planning frameworks and policies for a community that is seriously interested in addressing the needs of an aging society.

As previously noted, there are various templates for assessing aging needs at a community level, such as the AARP Livable Communities Guide and the WHO

Age-Friendly Communities Guide. These templates carry the risk of communities conducting such an analysis in isolation and not integrating the results within other planning initiatives which would enhance opportunities for implementation. Thus Portland's strategic plan did little more than call for developing an Aging Action Plan. Philadelphia's WHO Age-Friendly Cities analysis was prepared by staff in the mayor's office; the extent to which the findings have risen to actionable initiatives is not clear.

Given the enormous challenges, an aging focus merits explicit attention in a comprehensive plan. This could take various forms. It could be covered as an element in the plan on par with other traditional components such as transportation, housing, economic development, or parks and recreation. The substance of such an element might incorporate the content of the WHO Age-Friendly Communities analysis, ensuring that this framework becomes an integral part of a community's policy guidelines.

Another alternative would be to embed an aging perspective in each of the comprehensive plan elements. This would ensure that aging is not perceived as a separate issue to consider but rather one that is already fully integrated into mainstream planning.

For some communities, the concept of Lifecycle Communities or Lifelong Communities might be a more acceptable way of addressing aging, as it avoids the appearance of pitting one generation against the next and is more inclusive. This is a viable approach as long as it includes explicit attention to the aging experience. This concept can be promoted by providing public incentives for project implementation as is done by both the Atlanta Regional Council and the Twin Cities Regional Planning Commission (see Metropolitan Council n.d.). An even stronger policy framework would move beyond incentives for private development to the requirement that public investment in infrastructure and economic development supports the development of Lifecycle Communities.

There are key provisions that would provide significant support for an aging society within functional areas of planning such as housing and transportation.

Building codes specify minimum construction requirements to protect public health and safeguard occupants. Given the aging of society, it is time to incorporate universal design requirements in building codes for all residential construction. This would reduce the barriers to continued independent living and lessen the need for expensive renovations. The cost of providing accessibility features such as wide halls and doorways, first-floor bedrooms and bathrooms, and zero-step entrances is minimal at initial construction. In contrast, one assessment of requirements for fire suppression systems revealed that the average cost of sprinklers per square foot was \$1.35 (Newport Partners 2013). Protection from fire has been successfully framed as a public health concern justifying the added

costs. Support for continued independence for older adults must also be recognized as a public health issue.

As an example of how quickly building code requirements can transform the housing stock, Pima County, Arizona, adopted visitability requirements for new construction, including a zero-step entrance, lever door handles, reinforced walls in a ground-floor bathroom for eventual installation of grab bars, switches at 48 inches of height or lower, and 36-inch wide hallways on the main floor. As of 2008, 15,000 new houses had been built to these standards (NCIL n.d). The Arizona Court of Appeals rejected a challenge to the regulations; the county had provided compelling evidence that the population of older adults was increasing, that approximately 41 percent of older adults have some form of disability, and that the requirements added only about \$100 to the cost of construction (The Center for an Accessible Society 2003).

Communities should also allow the incorporation of accessory dwelling units (ADUs) on single family residential properties. ADUs enable the adaptation of single family structures to changing needs. The units can provide affordable rentals (with no public subsidy) and a source of income for the property owner. They can also facilitate caregiving by providing a separate dwelling on-site. ADUs represent a significant investment of the property owner, and thus jurisdictions should avoid imposing excessive restrictions such as time restrictions and requirements for familial relationships among the occupants. Demographic changes suggest that an increasing number of caregivers for older adults will be nonfamilial. Portland, Oregon, has found that ADUs are an important source of affordable housing in a very tight rental market and are actively seeking to modify requirements to encourage their construction (Law 2015). Unlike many jurisdictions, Portland does not require owner occupancy; there have been few problems associated with this policy.

Universal Design requirements and provisions for ADUs will go a long way toward enabling older adults to remain in their homes. There is much more that can be done, including providing subsidized housing for low-income older adults, programs that support housing adaptations and ongoing maintenance, property tax abatements, and services that provide support for daily life (such as grocery shopping and house cleaning). Specific needs will vary by community and should be determined through a careful assessment.

Mobility is a key aspect of how an older adult relates to the larger community and accesses services. Transportation planning needs to account for the aging of the population. Older adults will continue to rely on private automobiles due to the prevailing low-density land-use pattern that limits options for public transit. Furthermore, it is often easier to drive than take transit when one's abilities change. It could be very difficult, for example, to use the bus if it involves a long walk from home or if the bus stop offers no comfortable place to sit while waiting.

It is imperative that planners look at transportation from the perspective of the older driver, transit user, and pedestrian. Road-design standards need to address the reality that older people experience a range of changes, including reduced vision, decreased flexibility, reduced reaction time, and changes in perception. This has implications for signage, intersection design, lighting, duration of crosswalk signals, provision of pedestrian amenities, etc. The Federal Highway Administration has developed the *Handbook for Designing Roadways for the Aging Population* (Brewer, Murillo, and Pate 2014). This publication is offered as a resource to preemptively enhance safety and/or to address problems with specific crash sites. It is specifically not represented as a “new standard of required practice.” This raises the question: at what point will the standards reflect the design driver and design pedestrian as being aged sixty-five and older? Given that the eighty-fifth percentile of drivers is the norm for speed and reaction standards, it would seem that the aging perspective should already be embedded in engineering standards. Local governments might consider mandating these standards within their jurisdictions.

The range of transportation alternatives will vary from community to community. They might include public transit on fixed routes, paratransit, door-to-door service, and volunteer drivers. Again, it is imperative to appreciate the actual experiences of older adults in using these services to ensure that they can be used effectively. Routes may need to be modified to serve preferred destinations; drivers may need to be trained on how to serve older people who might have vision, hearing, and/or movement restrictions. The older adult may need training on how to use transit services. Volunteer drivers may need stipends to cover their out-of-pocket costs. The community planning process can help determine what is needed in a specific community if it engages older adults and seeks to understand their experiences and the challenges they face on a daily basis.

The notion of Complete Streets (Smart Growth America n.d.) is a popular concept involving reconfiguring streets so they serve various transportation modes, including cars, buses, bicyclists, and pedestrians. This planning framework could support older adults as long as their needs are explicitly considered. Thus, it may be necessary to provide for longer walk signals and advance signs that indicate upcoming intersections. Other planning paradigms such as New Urbanism and Neotraditional Development also have the potential for incorporating an aging focus, especially in the extent to which transit alternatives, walkability, and housing diversity are supported. At the same time, it is easy to overlook key considerations. For example, the charming porches of Seaside, Florida, an exemplar of New Urbanism, can serve as barriers for those with disabilities.

While there are many other dimensions of planning that warrant a focus on aging, such as parks and recreation and community facilities, a special note should

be made of the importance of a focus on economic development. The aging of society has huge implications for our economy. Some communities are seeking to capitalize on retiree's spending power by encouraging in-migration. Others, such as the previously mentioned Multnomah County, are embracing the value of older adults' continuing contributions to the workforce. Most older adults will have many years of health and vitality in which they will continue to contribute to society. Even when they are on fixed income, they will be spending money and often contributing to society in nonmonetary ways—such as family care and volunteer services. In the extent to which older adults can be recognized as contributors to the economy, the aging of society will be viewed more positively.

This review of planning frameworks within which aging can and should be embedded suggests the extent to which aging as an equity issue should be promoted by the planning profession as a whole and not just a small group of informed planners. Ultimately, consideration of aging issues needs to become the norm and not an outlier. If concepts such as visitability (and preferably universal design) become standard practice, this would then be reflected in all new construction designs. It would allow equity planners to concentrate attention on seizing opportunities to transform the existing environment to become more aging supportive. Such transformation, of course, would need to be ongoing, but the incremental opportunities such as redesigning a bus stop or repurposing a building to serve older adults adds up to a more livable environment in the long run.

Equity planners focused on aging will need to collaborate closely with equity planners who are focused on other issues, such as affordable housing or children. The notion of livable environments should embrace all needs, thus avoiding pitting one perspective against another. A combined child and elder care center, for example, can more efficiently meet multiple needs and in so doing avoid segregation, isolation, and division. The overall goal should be creating inclusive, supportive communities.

One of the challenges of promoting a focus on aging is the extent to which older adults might be missing from the planning process. Mobility limitations and health constraints can place elders and caregivers in survival mode, leaving limited opportunities for community engagement. This reality underscores the importance of equity planners promoting the aging perspective and actively soliciting input from older people to better understand their challenges. This can involve helping healthy, active, older adults anticipate and plan for their changing needs and working with caregivers to enable them to appreciate and articulate the impact of the built environment on their efforts. It can also involve soliciting the views of frail older adults by meeting them on their own turf, whether it be at a senior center, a church, or a home.

Ultimately, aging is a highly personal experience that will be shaped by individual choices. Equity planners can help ensure that there are choices, such as the opportunity to remain in one's home or access to alternative means of mobility when driving is no longer feasible. Attention does need to be given to enabling people to make informed choices; thus, education will always be an important part of planning for aging.

Conclusion

The aging of society is a remarkable time in human history that reflects the sum total of achievements in medicine, public health, and economic prosperity. At the same time, personal, daily struggles play out in built environments that favor the young, wealthy, and mobile. It is ironic that as we grow older, many of us will age into inequity, forced to live in unsupportive environments that exacerbate daily challenges and lower the quality of life. Even older adults with adequate financial resources may find their options severely limited. Many, many people will suffer needlessly.

We can choose to do nothing. In a sense, the "problem" resolves itself as people will eventually die. The more caring and ethical approach is to view aging as a lens through which we can comprehend how the built environment is experienced by individuals over time. This understanding can be translated into principles for guiding the creation of a built environment that is supportive of life as it is actually lived and thus contributes to the creation of healthy, livable, and sustainable communities that would benefit people of all ages.

The question is whether the planning profession has the courage, capacity, and willingness to embrace aging as a planning imperative. To do anything less is a disservice to humanity.

REFERENCES

- AARP Livable Communities. 2015. *5 Questions for Charlie Hales*. Washington, DC: AARP. <http://www.aarp.org/livable-communities/livable-in-action/info-2015/mayor-charlie-hales-portland-oregon.html>.
- . n.d. Website. <http://www.aarp.org/livable-communities/>.
- Administration on Aging (AOA). 2014. *A Profile of Older Americans: 2014*. Washington, DC: Administration on Aging. <https://www.acl.gov/sites/default/files/Aging%20and%20Disability%20in%20America/2014-Profile.pdf>.
- The Age-Friendly Portland Advisory Council. 2013. *Action Plan for an Age-Friendly Portland*. Portland, OR: Portland State University. http://www.pdx.edu/iaa/sites/www.pdx.edu.iaa/files/Age-Friendly%20Portland%20Action%20Plan%2010-8-13_0.pdf.
- American Planning Association. 2014. *Aging in Community Policy Guide*. Chicago, IL: American Planning Association. <https://www.planning.org/policy/guides/adopted/agingincommunity.htm>.

- Atlanta Regional Commission (ARC). 2011. *Plan 2040 Framework*. Atlanta, GA: Atlanta Regional Commission. http://documents.atlantaregional.com/plan2040/docs/lu_plan2040_framework_0711.pdf.
- . 2014 *Sweet Auburn Living Beyond Expectations: Tactical Urbanism Demonstration Project Summary Report*. Atlanta, GA: Atlanta Regional Commission.
- Atlanta Regional Commission (ARC) Aging and Health Resources Division 2015. *Live Beyond Expectations: Regional Strategic Plan July 2015–2020*. Atlanta, GA: Atlanta Regional Commission. <https://atlantaregional.org/wp-content/uploads/2017/03/regionallivebeyondexpectationsstrategicplan-1.pdf>.
- Atlanta Regional Commission (ARC) Lifelong Communities. 2009. *Lifelong Communities: A Regional Guide to Growth and Longevity*. Atlanta, GA: Atlanta Regional Commission. <https://www.aarp.org/content/dam/aarp/livable-communities/learn/planning/Lifelong-Communities-A-Regional-Guide-to-Growth-and-Longevity-AARP.pdf>.
- . n.d. Website. <http://www.atlantaregional.com/aging-resources/lifelong-communities>.
- Brewer, Marcus, Debbie Murillo, and Alan Pate. 2014. *Handbook for Designing Roadways for the Aging Population*. FHWA-SA-14-015. Washington, DC: Federal Highway Administration. http://safety.fhwa.dot.gov/older_users/handbook/.
- Center for an Accessible Society, The. 2003. *Nation's First "Visitability" Law Withstands Court Challenge*. San Diego, CA: The Center for an Accessible Society. <http://www.accessiblesociety.org/topics/housing/pimacoruling.html>.
- City of Philadelphia. 2011. *The Philadelphia Code: Zoning and Planning*. Cincinnati, OH: American Legal Publishing Corporation. <http://library.amlegal.com/library/pa/philadelphia.shtml>.
- City of Philadelphia Department of Public Health. 2010. *Philadelphia2035: Planning and Zoning for a Healthier City*. Philadelphia, PA: City of Philadelphia.
- City of Philadelphia Planning Commission. 2011a. *Philadelphia2035: Citywide Vision*. Philadelphia, PA: City of Philadelphia. <https://www.phila2035.org/citywide-vision>.
- . 2011b. *Philadelphia2035: South District Plan*. Philadelphia, PA: City of Philadelphia.
- City of Portland. 2012. *The Portland Plan*. Portland, OR: The City of Portland. <http://www.portlandonline.com/portlandplan/index.cfm?c=58776>.
- Clark, Kate. 2015. Planner for Policy and Program Development, Philadelphia Corporation on Aging. Phone interview, September 11.
- Cooper, David, and Elise Gould. 2013. *Financial Security of Elderly Americans at Risk*. Washington, DC: Economic Policy Institute. <http://www.epi.org/files/2013/financial-security-elderly-americans-risk.pdf>.
- Creamer, Anita. 2012. "Childless boomers wonder who will handle their long-term care," *Sacramento Bee*, November 13. <http://www.mcclatchydc.com/news/nation-world/national/economy/article24740179.html>.
- Davidoff, Paul. 1965. "Advocacy and Pluralism in Planning," *Journal of the American Institute of Planners* 31 (4): 331–38.
- Davis, Keith. 2015. Healthy Communities Coordinator, Philadelphia City Planning Commission. Phone interview, September 18.
- DeLaTorre, Alan. 2015. Research Associate, Institute on Aging, Portland State University. Personal interview, September 26.
- DeLaTorre, Alan, and Margaret Neal. 2014. *Aging and Equity in the Greater Portland Metropolitan Region*. Portland, OR: Coalition for a Livable Future. https://pdxscholar.library.pdx.edu/aging_pub/8/.
- Dougherty, Chris. 2015. Project Manager, Fairmount Park Conservancy. Phone interview, September 17.

- Federal Interagency Forum on Aging-Related Statistics. 2012. *Older Americans 2012: Key Indicators of Well-Being*. Washington, DC: Federal Interagency Forum on Aging-Related Statistics. U.S. Government Printing Office. <https://agingstats.gov/docs/pastreports/2012/oa2012.pdf>.
- Feldman, Penny, Mia Oberlink, Elisabeth Simontov, and Michal Gursen. 2004. *A Tale of Two Older Americas: Community Opportunities and Challenges. AdvantAge Initiative: 2003 National Survey of Adults Aged 65 and Older*. New York City: Center for Home Care Policy Research, Visiting Nurse Services of New York.
- Foley, Daniel, Harley Heimovitz, Jack Guralnik, and Dwight Brock. 2002. "Driving Life Expectancy of Persons Aged 70 Years and Older in the United States," *American Journal of Public Health* 92 (8): 1284–89.
- Gawande, Atul. 2014. *Being Mortal: Medicine and What Matters in the End*. New York: Metropolitan Books.
- GenPhilly. n.d. Website. <http://www.genphilly.org/>.
- Huang, Yuan, and Mary Horstmann. 2012 *World Health Organization: Global Age-Friendly Cities: Assessment of Philadelphia*. Philadelphia, PA: Mayor's Office of Policy Planning and Development. <http://www.phila.gov/aging/Documents/Age%20Friendly%20Cities%20Assessment%202.7.13.pdf>.
- Keenan, Teresa. 2010. *Home and Community Preferences of the 45+ Population*. Washington, DC: AARP Research and Strategic Analysis. <http://assets.aarp.org/rgcenter/general/home-community-services-10.pdf>.
- Law, Steve. 2015. "Code changes could boost the number of ADUs," *The Portland Tribune*, September 22. <http://portlandtribune.com/pt/9-news/273749-146747-code-changes-could-boost-number-of-adus>.
- Lawler, Kathryn. 2015. Aging and Health Resources Division Manager, Atlanta Regional Planning Commission. Phone interview, conducted jointly with interview of R. Ray, September 24.
- Lindland, Eric, Marissa Fond, Abigail Haydon, and Nathaniel Kendall-Taylor. 2015. *Gauging Aging: Mapping the Gaps Between Expert and Public Understandings of Aging in America*. Washington, DC: FrameWorks Institute. http://archstone.org/docs/resources/Gauging_Aging_mtg.pdf.
- Metropolitan Council (St. Paul, MN). n.d. Website. <http://www.metrocouncil.org/Communities/Services/Livable-Communities-Grants.aspx>.
- Mullahey, Ramona. 2015. Senior Analyst—Field Policy and Management, U.S. Department of Housing and Urban Development, Honolulu Field Office. Phone interview, August 24.
- Multnomah County Task Force on Vital Aging. 2008. *Everyone Matters: A Practical Guide to Building a Community for All Ages*. Portland, OR: Multnomah County. <https://www.pdx.edu/ioa/sites/www.pdx.edu.ioa/files/VitalAging2008.pdf>.
- National Association of Area Agencies on Aging (N4A). 2011. *The Maturing of American: Getting Communities on Track for an Aging Population*. Washington, DC: National Association of Area Agencies on Aging. http://www.livable.org/storage/documents/reports/AIP/maturing_of_america.pdf.
- . n.d. Website. <http://www.n4a.org/livablecommunities>.
- National Council on Independent Living (NCIL). n.d. "Is Visibility Legal?" [Visitability.org](https://visitability.org/policy-strategies/is-visitability-legal/). <https://visitability.org/policy-strategies/is-visitability-legal/>.
- Neal, Margaret. 2015. Director of Institute on Aging, Professor of Community Health, Portland State University. Personal interview, August 28.
- Neal, Margaret, and Alan DeLaToree. n.d. *The World Health Organization's Age-Friendly Cities Project in Portland, Oregon: Summary of Findings*. Portland, OR: Portland

- State University, Institute on Aging. https://www.pdx.edu/sites/www.pdx.edu.ioa/files/iaa_who_summaryoffindings.pdf.
- Newport Partners. 2013. *Home Fire Sprinkler Cost Assessment—2013 Final Report*. Quincy, MA: The Fire Protection Research Foundation. <http://homefiresprinkler.org/wp-content/uploads/2016/05/HomeFireSprinklerCostAssessment2013.pdf>.
- Nutter, Michael A. 2011. *Mayor's Commission on Aging: Strategic Plan 2011–13*. Philadelphia: Mayor's Commission on Aging. <http://www.phila.gov/aging/Documents/MCOA%20Strategic%20Plan.pdf>.
- Olivero, Magaly. 2015. "Doctor shortage: Who will take care of the elderly?" *US News and World Report*, April 21. <http://health.usnews.com/health-news/patient-advice/articles/2015/04/21/doctor-shortage-who-will-take-care-of-the-elderly>.
- Ortman, Jennifer, and Victoria Velkoff. 2014. *An Aging Nation: The Older Population in the United States*. Current Population Reports P25–1140. Washington, DC: U.S. Department of Commerce, U.S. Census Bureau. <http://homefiresprinkler.org/wp-content/uploads/2016/05/HomeFireSprinklerCostAssessment2013.pdf>.
- Partners for Livable Communities. n.d. Website. <http://www.livable.org/program-areas/livable-communities-for-all-ages-a-aging-in-place/overview>.
- Pew Research Center. 2014. *Attitudes about Aging: A Global Perspective*. Washington, DC: Pew Research Center. <http://www.pewglobal.org/2014/01/30/attitudes-about-aging-a-global-perspective/>.
- Philadelphia Corporation for Aging (PCA). 2011. *Laying the Foundation for an Age-Friendly Philadelphia: A Progress Report*. Philadelphia, PA: Philadelphia Corporation on Aging. http://www.pcacares.org/wp-content/uploads/2016/01/PCA_Age-Friendly_WhitePaper_web.pdf.
- Ray, Renee. 2015. Principal Program Specialist, Area Agency on Aging, Atlanta Regional Planning Commission. Phone interview, conducted jointly with interview of K. Lawler, September 24.
- Smart Growth America. n.d. "What Are Complete Streets?" Washington, DC: Smart Growth America. <https://smartgrowthamerica.org/program/national-complete-streets-coalition/what-are-complete-streets/>.
- U.S. Census Bureau. 2005. *American Housing Survey for the United States: 2005*. Current Housing Reports Series H150/05. Washington, DC: U.S. Census Bureau. <http://www.census.gov/prod/2006pubs/h150-05.pdf>.
- . n.d. "2014 National Population Projections Tables." <https://www.census.gov/data/tables/2014/demo/popproj/2014-summary-tables.html>; <https://www.census.gov/population/projections/data/national/2014/summarytables.html>.
- Vincent, Grayson, and Victoria Velkoff. 2010. *The Next Four Decades: The Older Population in the United States: 2010–2050*. Current Population Reports. P25–1138. Washington, DC: U.S. Census Bureau. <https://www.census.gov/prod/2010pubs/p25-1138.pdf>.
- Winick, Brad, and Martin Jaffe. 2015. *Planning Aging-Supportive Communities*. PAS Report No. 579. Chicago: American Planning Association.
- World Health Organization (WHO). 2007. *Global Age-Friendly Cities: A Guide*. Geneva: World Health Organization. http://apps.who.int/iris/bitstream/10665/43755/1/9789241547307_eng.pdf.
- Yin, Jordan. 2015. Director of Undergraduate Programs, Levin College of Urban Affairs, Cleveland State University. E-mail correspondence with Norm Krumholz, May 19.