

READY OR NOT, HERE THEY COME:
HOW U.S. CITIES ARE PREPARING FOR THE AGING POPULATION,
AND LESSONS FROM NEW YORK CITY AND ATLANTA

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Lydia Jane Morken
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ABSTRACT

Graying Baby Boomers and advances in medicine, technology and public health mean that by 2030 nearly one in five people in the U.S. will be 65 years old or older. The needs of this aging population will put unprecedented pressure on society, including on cities, through new demands on housing, transportation, public space, health care, and a wide range of services. This paper examines the role of cities in this demographic transformation by exploring the notion of elder-friendly communities, the relationship between human aging and the built environment, and a comparison of *Age-friendly NYC* in New York City and *Lifelong Communities* in Atlanta, two wide-ranging initiatives to make those places friendlier to older residents. It compares the two efforts to understand what strategies were developed to address the challenges unique to each place, and explores several major lessons that have emerged from which other cities might learn.

BIOGRAPHICAL SKETCH

Lydia J. Morken

A Midwesterner at heart, Lydia grew up in Minnesota and later spent seven years working in the private and nonprofit sectors in Chicago in a variety of positions that fell broadly under the planning umbrella. She and her husband later moved to New York's Finger Lakes region where she could officially pursue city and regional planning studies at Cornell University. Her interest in this particular project stems from an interest in the realities of aging and the daily human-level impact of cities on their residents' lives. She received her Bachelor's degree in psychology from Concordia College in Moorhead, Minnesota.

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EXECUTIVE SUMMARY

In 1900 a mere 4.1 percent of the U.S. population was 65 years old or older (U.S. Administration on Aging 2010). In 2010 that figure was 13 percent, and by 2030 it will be nearly 20 percent (US Census Bureau 2008). This is rather staggering. Such a shift will have society-wide implications, and cities will need to respond and adapt as residents' needs and desires change. This paper examines the role of cities in this demographic transformation by exploring the notion of elder-friendly communities, the relationship between human aging and the built environment, and a comparison of the approaches of New York City and Atlanta, which have undertaken wide-ranging initiatives¹ to make those places friendlier to an aging population.

Age-friendly New York City was launched in 2008, part of the World Health Organization's (WHO) global network of age-friendly cities that has committed to making improvements based on extensive assessments of the wishes of their older residents. With the nonprofit New York Academy of Medicine at the helm and the City as a close collaborator, Age-friendly NYC so far has concentrated on neighborhood-level changes in line with both older New Yorkers' desires and WHO's "active ageing"² framework that takes a rights-based, rather than a needs-based, approach to equality of opportunity and treatment as people grow older (WHO 2002). The Atlanta Regional Commission in 2009 launched *Lifelong Communities* for the ten-county metropolitan region within its purview. Set in a mostly sprawling and suburban context, Lifelong Communities is rooted in New Urbanism principles that seek

¹ For simplicity and lack of a single more appropriate term, this paper frequently refers to Age-friendly NYC and Lifelong Communities as "initiatives."

² This paper uses the American English spelling of "aging" except when referring to specific programs, policies or documents that use the British English spelling, "ageing."

to create or restore communities with built environments that support residents at all stages of life, and seniors in particular.

The paper compares the two initiatives to understand what strategies were developed to address the challenges unique to each place. Based in part on interviews with key leaders of each initiative, it also explores five major lessons that have emerged and from which other cities might learn: partnerships are critical, systematize the new paradigm, foster broad ownership, stay focused, and early wins are important. Finally, it considers whether Age-friendly NYC and Lifelong Communities are indeed turning their respective cities into elder-friendly communities.

CHAPTER 1: Introduction – Aging Faces, Unprepared Places?

The U.S. is on the cusp of an unprecedented demographic shift. The Baby Boom generation – those people born in the 1946 to 1965 post-World War II era – has been referred to as the “pig in the python,” creating large swells in its population cohorts as it moves through each phase of life. In 2011 boomers began to turn 65 years old, meaning that adults 65 and over will comprise nearly 20 percent of the population by 2030. That amounts to 72 million people, more than double their number in 2000 (U.S. Census Bureau 2012, U.S. Census Bureau 2001), a swing that will resonate across the country from large cities to small, rural communities. However, this is not a temporary phenomenon tied strictly to boomers, but a “permanent new reality that will be with us as long as we continue to provide modern health care” (Ball 2012, xii). This paper examines the role of cities in this shift by exploring the notion of creating age-friendly communities, as well as the relationship between human aging and the built environment, before turning to current approaches in New York City and metropolitan Atlanta, where wide-ranging initiatives are under way to support the rise in older residents.

While this demographic phenomenon is widely known and understood, and interest in age-friendly communities is growing, many municipalities have not taken action to prepare for a skyrocketing elderly population and the many new needs that will accompany it. Some are creating and already even implementing plans, or at least piecemeal actions, to respond to this shift (and simply to serve today’s seniors), but many are not, spelling trouble for the not-so-distant future.

This paper attempts to provide a greater understanding of how the experience of modern aging is influenced by the built environment and other “services” largely provided or determined by cities. Conversely, this includes some discussion of what roles in supporting the

aging population perhaps are played best by organizations other than local governments. The paper also examines the strategies of New York City and Atlanta, two major metropolises that determined to become friendlier places for older residents.

The study of *Age-friendly NYC* in New York City and *Lifelong Communities* in metropolitan Atlanta offers planning lessons about the nature, structure, challenges and successes of different approaches in different settings. The paper provides a comparative analysis of both approaches and, with the help of insights drawn from interviews with leaders of each initiative, extracts parallel lessons that could be applied in other cities – namely, to form strong partnerships, systematize new paradigms, foster broad ownership, stay focused, and achieve some early wins to build momentum. It finally assesses whether the two initiatives successfully are becoming elder-friendly communities as the concept is defined in Chapter 3. In keeping with the geographic boundaries of each initiative, the analysis compares the five boroughs that comprise New York City – The Bronx, Brooklyn, Manhattan, Queens and Staten Island – to the ten-county region of Georgia with Atlanta at its center, specifically Cherokee, Clayton, Cobb, DeKalb, Douglas, Fayette, Fulton, Gwinnett, Henry and Rockdale Counties.

CHAPTER 2: A Look at the Literature - Modern Aging and Why the Built Environment Matters

This chapter turns to the literature for a better understanding of the nature of today’s aging population and municipal implications. It begins with a closer look at the population numbers themselves and the idea of aging in place, as well shifts in societal perceptions of aging. It then considers the role of the built environment in older adults’ lives and evidence of factors that impact their ability to thrive.

Age Demographics: The Numbers

As illustrated in Figure 1, in 1900 a mere 4.1 percent of the U.S. population was 65 years old or older (U.S. Administration on Aging 2010). In 2010 that figure was 13 percent, and by 2040 it will hit 20 percent (US Census Bureau 2008). Moreover, adults 75 and above comprised only 1.2 percent of the population in 1900 but will reach almost 11 percent by 2040.

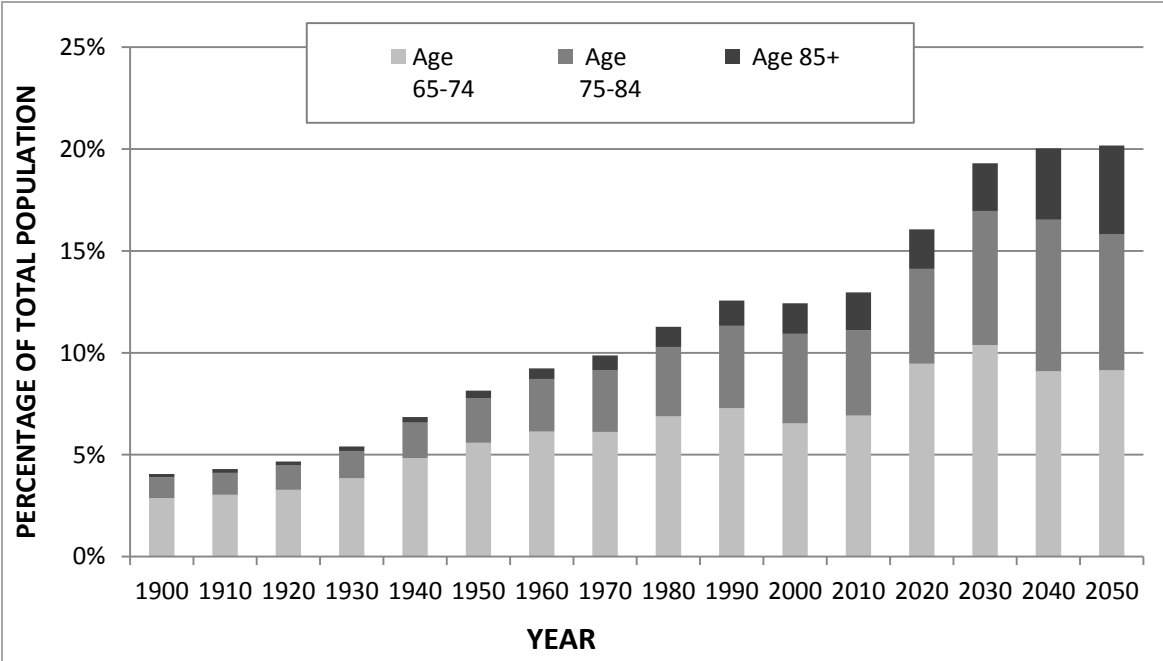


FIGURE 1: Proportion of U.S. Population Aged 65 and Older: 1900-2050

Source: Created by author using data from the U.S. Administration on Aging, 2010

This rise in the more frail and dependent “old old” cohort – those 75 and older, versus the “young old” group of adults aged 65 to 74 – will place particular demand on local government and other assistance and services.

In addition to the aging Baby Boomers mentioned earlier, more broadly speaking, dramatic advances in medicine and public health over the decades also are behind this shift. And people will continue to live longer. In 1900 life expectancy at birth in the U.S. was 49 years old, in 1950 it was 68, in 2000 it was 77, and by 2050 it will be 83 (United Nations 2010). The changes in age composition matter a great deal for policymakers as they consider what needs and services a population is likely to require.

Further, contrary to popular belief, most older Americans do not relocate to warmer climates or enter senior care facilities. According to a 2010 AARP nationwide survey of 1,616 adults aged 45 and above – 34 percent of whom were 65 and older – 88 percent of those 65 and older agreed or strongly agreed that they desire to age in place (Keenan 2010). Much of this paper is predicated on the idea of “aging in place,” the desire of older people to remain in their own homes and communities as long as they wish despite impending physical limitations (Pynoos 2008).

“Successful aging”

As more and more people live longer, a shift in gerontological circles to “successful aging” has picked up steam in the past few decades. Usually attributed to Havighurst (1961), the notion of successful aging replaces the traditional emphasis of aging research on loss and decline with that of achievement and active engagement with life (Rowe and Kahn 1987, Baltes and Baltes 1990, Roos and Havens 1991, Rowe and Kahn 1997, Vaillant and Mukamal 2001, Bowling and Dieppe 2005). A landmark longitudinal study on this front, the MacArthur Foundation Study of

Successful Aging, commenced around 1990 (Rowe and Kahn 1998a) and involved numerous, coordinated, interdisciplinary studies that provided research-based evidence identifying factors that contribute not only to an extended life but to physical and emotional well-being in older age. The study sought to distinguish factors that can elevate “usual” aging, in which extrinsic factors amplify the effect of aging alone, to successful aging, in which extrinsic factors play a neutral or positive role (Rowe and Kahn 1997, 143). The researchers concluded that successful aging encompasses three overlapping domains: avoiding disease and disability, high cognitive and physical functional capacity, and active engagement with life (Rowe and Kahn 1997).

However, Rowe and Kahn’s work, perhaps the most single recognized work in recent gerontology (Holstein and Minkler 2003, 787), prompted scholarly responses urging caution. While acknowledging the importance of the MacArthur study in advancing the discussion and perception of aging, many experts point to gaps in the paradigm (Dillaway and Byrnes 2009). These include underemphasizing the role of race and socioeconomic status in the ability to age successfully; the effect of stigmatizing and marginalizing people with disabilities who cannot meet the definition of successful aging; overgeneralizing assumptions and findings about older adults; the notion that “success” is an outcome rather than a process; and the intimation that an individual has greater control than is realistic over the onset of disease, cognitive decline and other maladies (Minkler and Fadem 2002, Dillaway and Byrnes 2009, Scheidt et al. 1999, Holstein and Minkler 2002, Schulz and Heckhausen 1996).

However, a constant that the literature makes clear is that even more than other age cohorts, older adults are remarkably diverse (Rowe and Kahn 1987, WHO 2002, Finkelstein 2008, N4A 2011).

This is not a monolithic, undifferentiated group. On the contrary, older Americans now and in the future will encompass the full spectrum of socioeconomic, physical

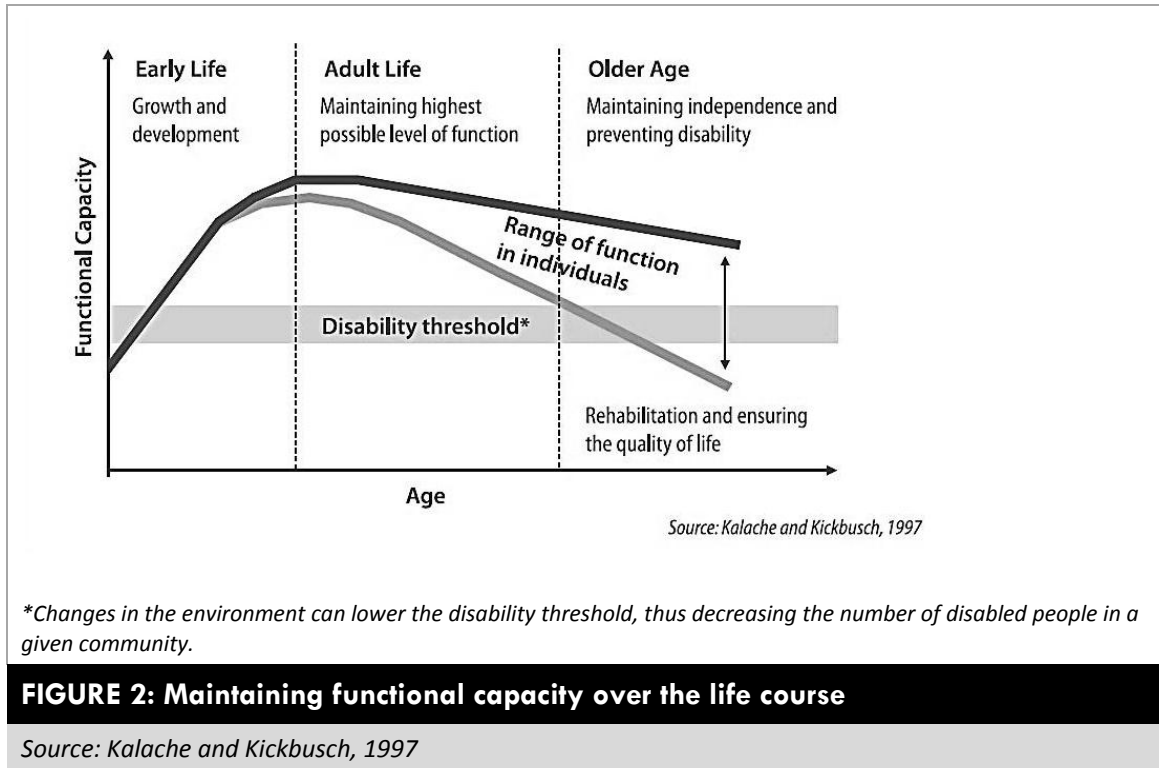
cognitive conditions and capacities, and likewise the full range of racial, ethnic, cultural and lifestyle diversity. Policymakers and community leaders will require a broad repertoire of policy and programming tools to connect with this generation in a way that creates maximum value (N4A 2011, 1).

Aging and the built environment

The concept of person-environment (P-E) fit, usually attributed to Murray (1938) and Lewin (1936), refers to the congruence of a person's needs and the degree to which the environment can meet those needs. P-E fit has been applied to numerous contexts and disciplines, but in gerontology it frequently is connected to Lawton and Nahemow's (1973) influential ecological model of aging, which contends that positive, or adaptive, behavior implies a good fit between the person and the environment (Diaz Moore 2005, 331). The theory states that a person possesses a set of competencies, and the environment presents certain demands, identified by Murray (1938) as environmental press. Lawton and Simon's (1968) later environmental docility hypothesis articulates the relationship between competence and environmental press, suggesting that, "the less competent the individual, the greater the impact of environmental factors on that individual" (Lawton 1968, 14). A poor P-E fit is likely to lead to chronic stress and negative physical and psychological health outcomes, as evidenced in preliminary findings from Kahana and Kahana's (1996) eight-year study of 1,000 residents of a retirement community and Clarke and George's (2005) research involving 4,100 older residents in North Carolina (described in more detail later). Most P-E fit research for the elderly has focused on residential settings, however, and lack of study of P-E fit in community settings presents a considerable gap in understanding this issue (Kahana 2003, Phillipson 2011).

Another useful way to think about the physical environment's role in aging is the concept of the disability threshold (see Figure 2), beneath which people fall at different rates as they age (Kalache and Kickbush 1997). The World Health Organization's Active Ageing Policy Framework uses this model to illustrate that interventions in the built environment can help older adults maintain healthier, more active lives (WHO 2002, 17).

Physical environments that are age friendly can make the difference between independence and dependence for all individuals but are of particular importance for those growing older. For example, older people who live in an unsafe environment or areas with multiple physical barriers are less likely to get out and therefore more prone to isolation, depression, reduced fitness and increased mobility problems (WHO 2002, 27).



Clarke and George echo WHO’s findings in their study of the role of the built environment and disability in 4,100 older adults in central North Carolina. They conclude that,

If planners and developers incorporated diversity³ and accessibility in areas with a high proportion of older adults, disability could ostensibly be reduced in later life, with potential implications for expenditures in health and long-term care (2005, 1938).

At least two other studies in the past decade or so have demonstrated relationships between elements of the built environment and older adults’ physical well-being and activity levels.

³ For this study, land-use diversity was measured according to the number of workers in each census tract who commuted to work in less than five minutes, which would indicate proximity of greater commercial, institutional or industrial buildings near residential housing, and therefore a more mixed-use neighborhood.

Balfour and Kaplan, through a study of 883 participants aged 55 and older in Alameda County, California, found that participants who reported living in neighborhoods with multiple problems (defined as issues related to traffic, noise, crime, trash and litter, lighting and public transportation) also reported significantly higher rates of functional loss over the course of a year (2001). On the other hand, a survey of 577 residents (mean age 74 years) from 56 neighborhoods in Portland, Oregon found a positive relationship between walking activity at the neighborhood level and built environment factors including household density, density of places of employment, green and open spaces and number of street intersections (Fuzhong et al. 2005).

Planners know that such themes are not unique to the realm of elder-friendliness. Many policies that benefit older residents also benefit residents of all ages, as well as overlap with those that align with ideals of smart growth and New Urbanism. Indeed, the Atlanta Regional Commission's Lifelong Communities initiative, discussed later in this paper, hinges largely on New Urbanist principles. However, some needs of older adults remain unique, such as accessibility to community amenities, facilities and services (Alley et al. 2007).

Opportunities

The age wave brings more than challenges. Much of existing research emphasizes the value that older adults can add to communities. It has been called "elderpower" (Alley et al. 2007, 2), the "age dividend" (N4A 2011, 2), "untapped reserves" (Baltes and Mayer 1999, 23) and the benefits of a "longevity revolution" (Butler 2008), but most literature concurs with Alley et al., who write that,

If communities support aging in place through appropriate infrastructure, older adults can be empowered to continue as active citizens and volunteers for many years, enriching communities through their time and experience (2007, 2).

CHAPTER 3: What Constitutes an Age-Friendly Community?

Despite widespread use of “age-friendly” and similar terms, and a growing need for a conceptual understanding that can help drive policy, the professional literature has yet to offer a single comprehensive definition (Hanson 2006, Phillipson 2011). Definite themes have emerged, however, as numerous entities and researchers over the past decade have sought to create frameworks for what actually constitutes an “age-friendly” community (AARP Public Policy Institute 2005, Lehning et al. 2007, Lui et al. 2009, Phillipson 2011).

In a review of international literature on what makes a community age-friendly, including 32 articles and reports from 2005 to 2008, Lui et al. highlight a few broader conclusions from contemporary efforts. First, the built and social environments are contingent on each other and mutually reinforcing, and an emerging ideal is that participatory, collaborative governance is the preferred model (Lui 2009, 118). The article also notes that much of the current literature is descriptive, and that little documentation so far has been done on the effectiveness or impact of specific approaches, demonstrating a need for methods and evidence to guide further research (Lui 2009, 119).

Alley et al. offer a concise yet comprehensive definition, which encompasses themes suggested across other literature:

‘Elder-friendly’ communities are places that actively involve, value, and support older adults, both active and frail, with infrastructure and services that effectively accommodate their changing needs ... An elder-friendly community can modify the demands of the environment and bring them in line with older individuals’ strengths and deficits (Alley et al. 2007, 1, 4).

To arrive at this definition, Alley et al. (2007) compared the responses of expert researchers and practitioners to those of older adults themselves when asked what makes a community elder-friendly. The researchers compiled responses from large surveys and focus groups of

older adults conducted by AARP, Northwestern Illinois' Area Agency on Aging, the City of Calgary, and the Center for Home Care Policy and Research and compared them to the results of their own research that used the Delphi technique⁴ to gather the collective expertise of 15 national leaders in gerontology, urban planning and community development. The resulting lists had many characteristics in common – such as safety, elders being recognized as valued members of the community, and accessible services. Table 1 lists the characteristics that emerged from the Delphi study in order of importance.

TABLE 1: Elder Friendly Community Characteristics: Delphi Study, 2002

1. Accessible and affordable transportation
2. Available in-home or long-term care services
3. A wide variety of appropriate housing options
4. Responsive health and long-term care
5. Ability to obtain services with reasonable travel
6. Personal safety and low crime rates
7. Elders considered vital part of community
8. Caregiver support services
9. Accessible public and service buildings
10. Elder-relevant issues present in local agenda
11. Recognition of and response to unique needs of seniors
12. A wide selection of services
13. Adequate pedestrian and traffic controls
14. Supportive zoning for senior housing
15. Age-appropriate exercise facilities

Source: Alley et al. 2007, 7

Here again, organizations such as AARP and N4A are leaders; the AdvantAge Initiative (a project of the Center for Home Care Policy and Research in New York City) and the World Health Organization (WHO) also add meaningfully and persuasively to the discussion of how to define and encourage the development of age-friendly communities. All of these organizations

⁴ The Delphi technique is a method of generating ideas and facilitating consensus from the collective expertise of participants who are not necessarily in contact with each other (Alley et al. 2007, 6).

have favored a bottom-up approach, with strategic priorities for their work growing out of input from older people themselves – or, in the case of N4A, surveys of local governments to learn how, or if, they are preparing for this demographic shift. Several also transformed their research into reports, guides, or checklists intended to help communities improve their age-friendliness (Feldman and Oberlink 2003, AARP Public Policy Institute 2005, WHO 2007).

WHO leads the most prominent, and perhaps only, global effort centered on planning for aging. *Global Age-friendly Cities* (discussed here later in relation to New York City) launched in 2005 as a response to dual worldwide trends of aging populations and urbanization, especially in developing countries, and encourages world cities to integrate planning for aging into their social and built environments (Plouffe and Kalache 2010, 734).

The initiative is guided by principles established in WHO's (2002) Active Ageing Policy Framework, which builds on the organization's late-1990s adoption of the term "active ageing" to reflect the notion that aging is part of a life course, not simply about the elderly. The term also intends to capture the many factors in addition to elders' health and healthcare – which can dominate perceptions – that determine how individuals and populations age (Kalache and Kickbusch 1997, 4). Fundamentally, the active aging approach,

shifts strategic planning away from a 'needs-based' approach (which assumes that older people are passive targets) to a 'rights-based' approach that recognizes the rights of people to equality of opportunity and treatment in all aspects of life as they grow older" (WHO 2002, 13).

Based on interviews conducted with 1,485 older adults (aged 60 and over), and 767 of their caregivers and service providers in 33 cities and 22 countries, WHO created the *Global Age-friendly Cities Guide* (Plouffe 2010, 736). The guide contains a checklist of core age-friendly features that emerged from the research, helping cities see themselves through the eyes of

older residents and identify ways in which they might become more age-friendly (WHO 2007, 11).

According to project participants, it should be normal in an age-friendly city for the natural and built environment to anticipate users with different capacities instead of designing for the mythical 'average' (i.e. young) person. An age-friendly city emphasizes enablement rather than disablement (WHO 2007, 72).

The rather lengthy checklist is divided into eight categories – outdoor spaces and buildings, transportation, housing, social participation, respect and social inclusion, civic participation and employment, communication and information, and community support and health services – and dozens of subcategories. For example, the outdoor spaces and buildings category encompasses 11 subcategories, such as age-friendly pavements and adequate public restrooms (WHO 2007, 18). See Appendix A for more detail.

What actions are local governments taking today?

Organizations like AARP, National Association of Area Agencies for Aging (N4A), Partners for Livable Communities, and the Center for Disease Control's Healthy Aging Research Network, among others, play a lead role in shaping the perceptions and realities of aging in our society. Their many contributions include generating useful and influential reports, several of which include discussion of the role of local governments. A notable example is N4A's 2011 report, *Maturing of America: Communities Moving Forward for an Aging Population*.

According to its website, N4A supports a network of more than 600 Area Agencies on Aging (AAAs) and nearly 250 Title VI Native American aging programs (N4A 2012). AAAs were created in 1973 as part of the Older Americans Act to respond to the needs of adults aged 60 and above at the community level. N4A – in collaboration with Partners for Livable Communities, the International City/County Management Association (ICMA) and the National Association of Counties – led two nationwide surveys of local governments, one in 2005 and a follow-up in

2010, to find out how well communities are prepared for the age wave and how policies are being adapted to allow older adults to age in place (N4A 2011).

Initial findings showed that many communities had some programs in place for older residents, but that few had undertaken comprehensive assessments or efforts that included the needs of adults 65 and older. Results from the follow-up survey five years later, with 1,400 of 10,000 survey recipients responding (and 89.9 percent of respondents from municipalities with populations of 2,500 to 99,999 residents), showed limited progress on this goal, and revealed that most respondents had struggled to even maintain the status quo due to economic constraints tied to the recession (N4A 2011, i). The top three challenges that emerged for meeting the needs of, or planning for, older adults were 1) financial/funding shortages, 2) transportation, and 3) housing (N4A 2011, iii). Table 2 reflects the status of survey respondents’ strategic planning efforts for older adults.

TABLE 2: Local Government Survey Results: Status of Policies and Programs for Older Adults

Program	Local government...		
	has in place	does not have in place	is planning
A strategic plan that specifically reflects the needs and potential contributions of older adults	17%	60%	26%
A comprehensive assessment of the needs of older adults	17%	58%	27%
A process that solicits input from older adults to identify their needs	30%	48%	24%

Source: Compiled by author based on The Maturing of America – Communities Moving Forward for an Aging Population (N4A 2011, 43).

While such survey findings are useful, they should be considered with the recognition that the small group that chose to respond may be biased, how much cannot be known but may be significant.

In perhaps the only study of this kind, Lehning (2010) explored to what degree cities, counties, and public transit agencies in the nine-county San Francisco Bay Area had adopted age-friendly policies, programs and infrastructure as well as influential factors surrounding their adoption. Using information from 75 surveys and 18 interviews with city planners and other appropriate informants, Lehning found that local governments were most likely to have adopted policies related to alternative forms of transportation, including incentives for mixed-use neighborhoods, infrastructure changes to improve walkability, discounted transit fares and improved transit accessibility (Lehning 2010, ii). Findings also revealed that, for cities, both public pressure and pressure from an insider advocate, such as a government employee or elected official, can spur adoption of age-friendly measures; negative public pressure, however, can thwart such efforts (Lehning 2010, 12). Further, larger, more densely-populated cities as well as cities with higher rates of residents with disabilities were more likely to adopt age-friendly policies and programs, while cities with higher socioeconomic status adopted fewer innovations. Finally, interviews also revealed that fiscal constraints can compel greater creativity in addressing needs, and that partnerships with nonprofit organizations are important to age-friendliness (Lehning 2010).

Indeed, many municipalities are taking at least piecemeal actions that benefit older residents. Ordinances that allow for accessory dwelling units (ADUs) are being more widely adopted and can provide a flexible, affordable housing option for the elderly (Chapman and Howe 2001, Liebing et al. 2006, SAGE Computing Inc 2008). Santa Cruz, California; Lexington, Massachusetts; Portland, Oregon; Seattle; and Farquier County, Virginia are among a growing number of municipalities embracing ADU ordinances (SAGE Computing 2008).

Another housing policy issue, visitability, concerns a narrow set of design features that make it possible for people with impaired mobility to live in or visit a residence. Visitability policies acknowledge that home design can greatly impact a person's ability to live independently and

stay connected to friends, family and neighbors. Standard visitability requirements include three architectural features: minimum doorframe widths, an accessible bathroom on the main floor, and a zero-step entrance to the residence (Maisel et al 2008). While visitability is gaining traction (Kochera 2002, Kaminski et al 2006, Maisel et al 2008), it remains controversial in some regards. Builders may oppose the additional regulations (although visitability is sometimes voluntary) and claim that increased costs will deter homebuyers, who do not request such features in the first place (Kochera 2002). Yet as of a 2008 AARP report, 11 states had adopted visitability legislation and nearly 25 embraced visitability regulations, including Atlanta; Austin, Texas; Toledo, Ohio; Pima County, Arizona; Iowa City, Iowa; and Long Beach, California (AARP 2008).

On a wholesale level, Minnesota, Florida and Arizona are among states that have initiated state-level planning or assessments related to aging populations, and numerous other efforts by cities and counties at a variety of scopes and scales exist (Aging in Place Initiative 2012).

CHAPTER 4: Why Compare the Efforts of New York City and Atlanta?

Taken together, the challenges faced by these two metropolises represent what many local governments across the United States will, or already, face. With New York's *Age-friendly NYC* and metro Atlanta's *Lifelong Communities*, both cities are breaking new ground in attempting innovative, holistic planning for aging, and their strategies could be useful models for similar efforts in other urban and suburban municipalities and regions. And the United States is increasingly urban. As of 2003, a hefty majority, 83 percent, of U.S. residents lived in "metro areas," which contain at least one Census Bureau-defined "urbanized" area of 50,000 or more people (U.S. Census Bureau 2005, 1). As Phillipson writes,

Population aging and urbanization have in their different ways become the dominant social trends of the twenty-first century, with their interaction raising issues for all types of communities – from the most isolated to the most densely populated (2011, 279).

That said, we must note that rural communities, of course, are graying, too, presenting planners with arguably an even more daunting challenge. The nature of the beast is such that rural residents enjoy fewer supportive services and fewer housing and transportation alternatives. Rural communities' age-related planning challenges fall outside this paper's scope, but Rosenthal suggests that regional cooperation may be called for in rural areas and fragmented metropolises in order to provide needed infrastructure and services on an efficient scale (2009, 21).

Turning back to New York and Atlanta, planners can learn from age-friendly strategies being attempted in diverse environments with varied needs – from high-density zones like Manhattan that will experience less growth and development, to low-density areas like suburban Atlanta's Henry County, where exploding population growth and significant land

development are under way. New York largely must work within the confines of its existing built environment, while a good deal of Atlanta's age-friendly planning involves conceptualizing and constructing new developments, revising land-use regulations, and seeking to manage growth in a new way. We also can learn from important similarities in the efforts to better understand the "must-have" elements of an effective initiative.

Notably, Atlanta's Lifelong Communities initiative has been recognized with awards from N4A, the Congress for New Urbanism and the Civic League of Atlanta, as well as described by Partnership for Livable Communities as a model effort for planning for aging in place. However, Atlanta also was ranked the country's worst city with a population over three million for senior access to public transit, according to a report by nonprofit Transportation for America that found 90 percent of the area's older residents lack access to transit (Transportation for America 2011). The Sierra Club also named Atlanta the nation's most "sprawl threatened" city (Sierra Club 1998). As always New York remains an urban beacon and point of significant interest for other cities around the world. It also helps demonstrate the role of dense urbanism – which is becoming a more sought-after commodity – in age-friendly cities.

CHAPTER 5: Cities Taking a Comprehensive Approach: New York City and Atlanta

A look at the two cities

New York and Atlanta are among few major metropolitan areas in the U.S. that have dedicated initiatives to planning for the imminent, unprecedented age wave. Table 3 highlights some of the defining characteristics of the two cities that help dictate the shape of each plan.

TABLE 3: Key Characteristics of New York City and Metropolitan Atlanta			
Demographic Characteristic	NEW YORK CITY¹ (Range across boroughs)	METRO ATLANTA² (Range across counties)	U.S.
Land area in square miles, 2010	303 (22.8 to 108.5)	2,974 (129.8 to 526.6)	3,531,905
Persons per square mile, 2010	27,012 (8,030 to 69,464)	1,205 (508 to 2,585)	87.4
Population, 2010	8,175,133 (468,730 to 2,230,722)	4,107,750 (82,215 to 920,581)	308,745,538
Population, percent change, 2000 to 2010	2.1% (0.1% to 5.6%)	19.2% (3.9% to 70.9%)	9.7%
Persons 65 and over, percent 2010	12.1% (10.5% to 13.5%)	8.9% (6.6% to 12.7%)	13.0%
Persons 65 and older, percent change, 2000 to 2010	8.4% (1.1% to 15.4%)	45.1% (16.9% to 110.6%)	15.1%
Black persons, percent, 2010	25.5% (10.6% to 36.5%)	38.2% (5.7% to 66.1%)	12.6%
Asian persons, percent, 2010	12.7% (3.6% to 22.9%)	4.2% (1.4% to 10.6%)	4.8%
Persons of Hispanic or Latino origin, percent, 2010	28.6% (17.3% to 53.5%)	9.5% (5.8% to 13.7%)	16.3%
White persons, not Hispanic, percent, 2010	33.3% (10.9% to 48.0%)	46.5% (14.1% to 81.3%)	63.7%
Foreign-born persons, percent (2005-2009)	35.9% (20.3% to 47.1%)	11.45% (6.3% to 23.1%)	12.4%
Language other than English spoken at home, pct, age 5+ (2005-2009)	47.1% (29.0% to 55.1%)	13.8% (9.2% to 29.1%)	19.6%

Demographic Characteristic	NEW YORK CITY¹ (Range across boroughs)	METRO ATLANTA² (Range across counties)	U.S.
Housing units, 2010	3,371,062 (176,656 to 1,000,293)	1,709,445 (33,272 to 437,105)	131,704,730
Housing units in multi-unit structures, percent (2005-2009)	83.0% (39.7% to 98.4%)	20.0% (8.6% to 33.2%)	25.9%
Homeownership rate, 2005-2009	33.9% (21.6% to 71.1%)	70.9% (58.0% to 84.4%)	66.9%
Households (2005-2009)	3,047,155 (166,783 to 885,197)	1,459,660 (27,659 to 355,452)	112,611,029
NYC: People of all ages in poverty, percent (2005-2009). <i>Atlanta Metro and U.S.: Persons below poverty level, percent, 2009</i>	18.6% (11.4% to 28.3%)	12.8% (5.5% to 17.6%)	14.3%

¹ New York City consists of five boroughs (and five coterminous counties): The Bronx (Bronx County), Brooklyn (Kings County), Manhattan (New York County), Queens (Queens County), and Staten Island (Richmond County). Figures represent city-wide data; ranges represent high and low figures across the five boroughs.

² Metro Atlanta consists of the 10-county metropolitan area within the purview of the Atlanta Regional Commission: Cherokee, Clayton, Cobb, DeKalb, Douglas, Fayette, Fulton, Gwinnett, Henry and Rockdale Counties. This differs from the Atlanta-Sandy Springs-Marietta Metropolitan Statistical Area, which includes up to 28 counties. Figures represent medians from across the 10 counties; ranges represent high and low figures across the 10 counties.

Source: All data other than exceptions (below) compiled by author from US Census Bureau State and County QuickFacts 2011.

Exceptions:

"Persons 65 and older, percent change, 2000 to 2010," for Metro Atlanta. US Census Bureau via Atlanta Regional Commission.

"Persons 65 and older, percent change, 2000 to 2010" for New York City. NYC Department of Planning, Demographic Tables, US Census 2010.

"Persons 65 and older, projected percent change, 2010 to 2030" for New York City. Cornell University Program on Applied Demographics 2011.

Among the most notable differences, of course, is density. Metro Atlanta has nearly ten times the land area but only half the population of New York City (U.S. Census Bureau 2011). Figures 1 and 2 illustrate the basic geography of each place. One of the most densely populated cities in the country – with nearly 70,000 people per square mile in Manhattan – New York’s population grew only 2.1 percent between 2000 and 2010 (U.S. Census Bureau 2011); although it expects to gain nearly 1 million residents by 2030 (City of New York 2006). The Atlanta metro, on the other hand, experienced a 19.2 percent population increase during the same period (U.S. Census Bureau 2011) as well as rapid suburbanization. Henry County saw a 70.9 percent population surge, including a 93 percent leap in population of adults aged 65 and

older. Cherokee County, in the northern part of the region, saw 51.1 percent growth overall and 110.6 percent rise in the 65-plus cohort (U.S. Census Bureau 2011). In fact, Georgia has the eighth fastest growing older adult population in the country, ranking just after traditional retirement destinations like Florida, New Mexico and Arizona (ARC 2007, 3.)

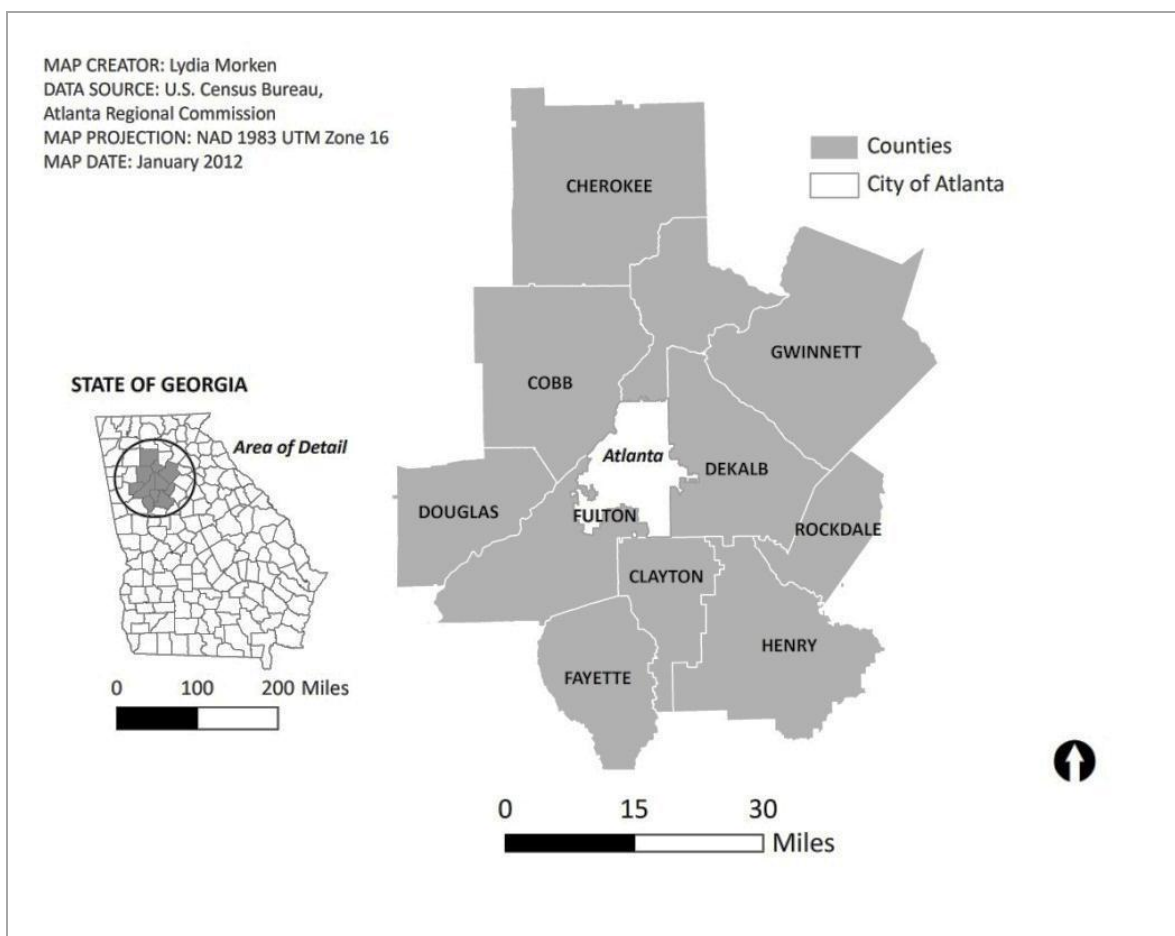


FIGURE 3: Map of 10-County Atlanta Region
 Source: Created by author using data from the U.S. Census Bureau and Atlanta Regional Commission

There also is rich diversity in housing types, both within and between efforts. In New York, the percentage of housing units in multi-unit structures ranges from more than 98 percent in Manhattan to 40 percent in Staten Island (US Census Bureau 2011). Meanwhile in metro Atlanta, three of the ten counties hover around a mere 10 percent multi-unit structure figure, while Fulton and DeKalb counties, which contain the City of Atlanta, have around 40 percent

(U.S. Census Bureau 2011). Diversity in the aging population itself also must be noted. Both places are far from homogenous, but New York is especially diverse. Nearly 36 percent of New York's residents are foreign born, and 47 percent speak a language other than English when at home; that figure reaches about 55 percent in The Bronx and Queens (U.S. Census Bureau 2011).

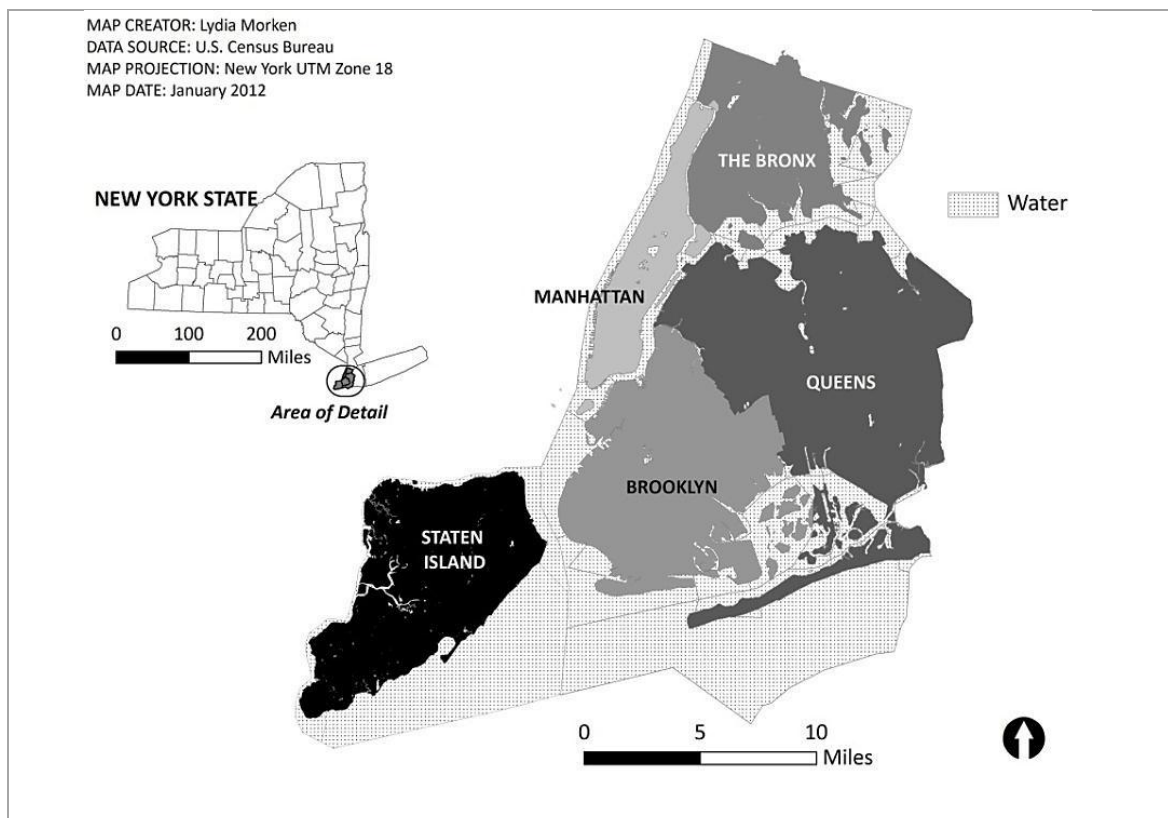


FIGURE 4: Map of New York City's Five Boroughs

Source: Created by author using data from the U.S. Census Bureau.

In some regards New York is in the enviable position of having an established public transit system, dense, walkable neighborhoods, excellent medical institutions, and a wide array of social services, according to Ruth Finkelstein and Julie Netherland, Age-friendly NYC leaders at the New York Academy of Medicine (Finkelstein and Netherland 2009, 94). The flip side, as they describe in their chapter of *Urban Health: Global Perspectives*, is a tremendously high cost of living, gaps in public transit service, inaccessible sidewalks, and a lack of affordable,

appropriate housing (Finkelstein and Netherland 2009, 94-95). Further, based on a new measure developed by the Mayor’s Center for Economic Opportunity, nearly one-third of New Yorkers aged 65 and older live in poverty. This is more than 10 percent higher than the U.S. Census Bureau’s figure, as it accounts for the city’s high cost of living and other thresholds based on recommendations from the National Academy of Sciences (Mayor’s Center for Economic Opportunity 2011). Finally, the percentage of New Yorkers who are both poor and disabled is 12.1 percent, compared to the national rate of 5.5 percent (Walker and Mayer 2007).

Table 4 provides an overview of the defining attributes of each city’s initiative, which are discussed in greater detail in the next section.

TABLE 4: A Comparison of the Defining Attributes of the Initiatives		
Attributes	Age-friendly NYC <i>New York</i>	Lifelong Communities <i>Metropolitan Atlanta</i>
Lead agency	New York Academy of Medicine	Atlanta Regional Commission
Underpinnings	WHO’s active-aging policy framework	Three-part framework that defines initiative; New Urbanism principles
Role of local government	The City is a close collaborator, but NYAM initiated the effort and is the lead strategist and main implementing body.	Local governments are both advisers and beneficiaries of ARC’s work; they must also comply with regional policy created by ARC, but they receive assistance from ARC to do so.
Project Core	2008 findings report documenting needs and desires of older New Yorkers.	Three-part framework adopted as agency policy: promote housing and transportation options, encourage healthy lifestyles, and expand information and access to services.
Implementation	Led by dedicated staff at NYAM; Commission and Commission workgroups; City staff support programs; communities taking on greater role.	ARC supports local communities’ implementation; principles are integrated into broader policies.
Timeframe	Four years	Long-term; no end date

Funding	Combination of NYAM’s own resources, grants and discretionary funding from City.	Combination of federal, state, and local funding as well as competitive government grant awards.
	“Domains”	“Principles”
Major “Domains” (AF NYC) and “Principles” (Lifelong Communities)	Respect and Social Inclusion	Connectivity
	Information and Communication	Pedestrian Access and Transit
	Civic Participation and Employment	Neighborhood Retail and Services
	Social Participation	Social Interaction
	Housing	Diversity of Dwelling Types
	Transportation	Healthy Living
	Public Spaces	Consideration for Existing Residents
	Community Support and Health Services	

Source: Created by author using various sources cited in this paper.

Finally, at present, available literature on the two initiatives is limited, and much of what is available is authored by individuals at the organizations leading the work. As pointed out earlier concerning an international literature review of age-friendly planning efforts, little has been documented about the impact of this type of work; such is the case here. Therefore readers should keep in mind that a good deal of the descriptions of each initiative is sourced from materials produced by the lead entities themselves.

New York City: Age-friendly NYC

Origins

In 2007 New York launched *Age-friendly New York City*, a collaborative effort of the New York Academy of Medicine (NYAM), Mayor Michael Bloomberg and the New York City Council, with particular leadership from City Council Speaker Christine Quinn. Age-friendly NYC (AF NYC) is an adaptation of WHO’s Global Age-friendly Cities, which, as described earlier, is rooted in an “active aging” framework. WHO defines an age-friendly city as one that,

encourages active ageing by optimizing opportunities for health, participation and security in order to enhance quality of life as people age. In practical terms, an age-

friendly city adapts its structures and services to be accessible to and inclusive of older people with varying needs and capacities” (WHO 2007, 1).

Another key concept of Age-friendly Cities is that they seek to extend the years a person can live independently and above the disability threshold discussed earlier (Finkelstein 2008, 5). New York City embraced this mandate when it applied to become part of WHO’s worldwide network of cities committed to making themselves age friendly.

Process

All cities part of WHO’s age-friendly network hold extensive discussions with their older residents as a foundation for the work to come. To take stock of its own baseline age-friendliness for AF NYC, initiative leaders held conversations across the city with more than 1,500 people in six languages, primarily older adults and their caregivers. The overarching question was,

...to what extent are the city’s services, settings, and structures inclusive of and accessible to older people with varying needs and capabilities? (Finkelstein 2008, 6).

In order to engage with as many sectors of city life as possible, NYAM used an assortment of participatory mechanisms: community forums, focus groups, interviews, constituent feedback forms, expert roundtables with hundreds of professionals, extensive data mapping, requests for information, self-assessments of City agencies, secondary research and a new website (www.AgeFriendlyNYC.org) (Finkelstein 2007, 6-9). The research culminated in a findings report released by NYAM in 2008, titled, *Toward an Age-friendly City: A Findings Report*. Two salient themes emerged from the study: first, that for many New York is a great place to grow old; and second, that in addition to income and race being linked to health and social disparities, factors such as language and cultural barriers, unconventional family structure and lack of social connectedness contribute significantly to older residents’ overall well-being (Finkelstein 2008, 16).

The next year AF NYC released a follow-up report outlining four major themes, numerous categories under each theme, specific issues under each category, and concrete responses to each issue, with a total of 59 issues and corresponding City-sponsored initiatives. Table 5 provides a sample of these. In 2011 NYAM and the City then published a progress report that provided updates on each of the 59 initiatives.

TABLE 5: AF NYC: A Sample of Issues and Initiatives*		
Category	Issue	Initiative
<i>Theme: Community and Civic Participation</i>		
Employment and Economic Security	A number of older New Yorkers, including recent immigrants and those whose employment histories are limited to informal work, are ineligible for Social Security.	Assist older New Yorkers short of work histories to obtain employment, allowing them to be eligible for Social Security.
Cultural and Recreational Activities	Use of public libraries decreases after age 50.	Establish citywide partnership between senior centers and libraries.
Information and Planning	Some older adults who are lesbian, gay, bisexual, or transgender (LGBT) do not feel welcome in trying to access City services.	Conduct cultural competency trainings on LGBT issues with the City's senior service providers.
<i>Theme: Housing</i>		
Affordable Housing Development	Demand for publicly-subsidized or financed low-income senior housing (such as Section 202 units) far exceeds supply.	Target housing funds and streamline process of building low-income housing for older New Yorkers.
Aging in Place	Frailty can lead to an inability to stay living independently in the community.	Target Section 8 vouchers to vulnerable older adults at risk of eviction.
Homeowner & Renter Assistance	Many older homeowners are on fixed incomes and may not have the resources to make needed repairs to their homes.	Provide loan assistance to older New Yorkers for home repairs.
<i>Theme: Public Spaces and Transportation</i>		
Accessible & Affordable Transportation	Half of New Yorkers regularly use mass transit, but not all subway stations are accessible. Older adults desire information regarding the status of elevators in subway stations before making a trip.	Improve elevator and escalator service and enhance accessibility of subway stations.

Safe & Age-friendly Public Spaces	Many bus stops lack seats or shelter.	Increase seating in bus shelters.
Planning for the Future	The needs of older people and individuals with disabilities should be incorporated into transportation and related planning efforts.	Conduct study to better address the mobility needs of older New Yorkers.
Theme: Health and Social Services		
Assistance to At-Risk Older Adults	Older New Yorkers are especially at risk for health problems related to heat.	Provide free air conditioners to at-risk older New Yorkers.
Access to Nutritious Food	The need to travel for nutritious food is burdensome to older adults with disabilities.	Provide bus service for older New Yorkers to access grocery stores.
Wellness and Healthcare Planning	Studies show that older adults using senior centers desire a greater variety of programs and activities.	Redesign senior centers to focus on wellness and develop health outcomes.

**Twelve of the 59 issues and initiatives are highlighted in this table; they were selected by the author to represent the range of concerns and to reflect those issues over which the city is likely to have more direct control, given the focus of this paper.*

Source: City of New York. 2009. AF NYC: Enhancing our city's livability for older New Yorkers.

How is it being implemented?

With NYAM providing primary staffing, various City departments continue to advance the 59 items described above. Additionally, AF NYC in 2010 seated a Commission to help organize the implementation of the project and involve more leaders from multiple sectors, drawing on New York City's immense pool of talent, expertise and civic and industry leaders. According to the AF NYC Web site:

The Commission is composed of public and private sector leaders from a wide range of industries, organizations and institutions in New York City ... It is charged with providing innovative leadership to engage all sectors... The Commission helps drive positive change by leveraging a broad range of public and private resources and advocating on behalf of older adults at every level of society (NYAM 2012a).

This rather generic description offers a few key ideas. Involving heavy hitters from prominent organizations and institutions can give immediate credibility and stature, open doors, stimulate broader interest and buy-in, generate publicity, and lend a certain weight to the entire effort. AF NYC Commissioners include heads or senior representatives of organizations from sectors that touch the broad spectrum of age-related issues, including those dealing with

healthcare and health insurance, business, philanthropy, real estate, law, community development, architecture, higher education and gay-lesbian-bisexual-transgender issues. The Commission is comprised of representatives from the organizations listed in Appendix B. The Commission initially created three workgroups, and today there are five: Aging Improvement Districts; Age-friendly Business; Age-friendly Schools, Colleges and Universities; Age-friendly Technology; and Age-friendly Professions. Aging Improvement Districts and Age-Friendly Business were the first to be rolled out and are the most fully developed efforts.

After findings showed that older adults most desire improvements at their immediate local level, three neighborhoods were selected to pilot the aging improvement district concept: East Harlem and the Upper West Side in Manhattan, and Bedford-Stuyvesant in Brooklyn. Each community undertook intensive outreach to understand the needs and desires of older residents in that particular place and to attempt to turn the concerns and recommendations of those residents into no- and low-cost improvements. Highlights from each district include the following:

- **East Harlem:** Instituted seniors-only hours at a local public pool, school buses being used during off hours to transport seniors to the grocery store, better access to laundries in public housing, and improved programming for older adults at local institutions like libraries, museums and restaurants (NYAM 2012c).
- **Upper West Side:** Added benches in high-demand locations, and the immensely popular “2011 Age-Friendly West Side Grocery Guide” that maps out which grocery stores offer certain amenities valued by seniors, such as public restrooms, handicap accessible aisles, senior discounts, and delivery (Gootman 2011).
- **Bedford-Stuyvesant:** The newest aging improvement district and the only one staffed by a community-based organization (NYAM staffs the other two), in an effort to shift the model to a more community-run effort (Interview 1). Its specific programming is still in development.

The Age-friendly Business workgroup aims to make businesses more aware of the older adult population. It has created multiple resource guides for retail businesses to help them better accommodate older customers' potential issues with mobility, vision, and hearing. It also educates businesses on the buying power of older adults and helps them market to older customers. "Make Your Business Age Friendly and Watch Your Business Grow!" is the headline of one AF NYC flier geared toward business owners, whom it also reminds that older adults represent one-third of the population but control one-half of the country's discretionary spending (NYAM 2012d).

Originally conceived as a four-year effort once the Commission was seated in 2010, AF NYC entered its third year in 2012 and now is shifting greater attention to how age-friendly thinking and programs will live on following the formal initiative (Interview 1).

Metro Atlanta: Lifelong Communities

Origins

In metropolitan Atlanta the Atlanta Regional Commission (ARC) leads efforts to plan for and support older adults. ARC is a nonprofit organization that serves as the official planning agency and development commission for the 10-county, 68-city Atlanta region highlighted in this paper (ARC 2011a). Created by local governments and Georgia law to provide comprehensive planning for the Atlanta region, ARC's origins date to 1947 when the Metropolitan Planning Council – which later became ARC – was created, making it the first publicly-supported, multi-county planning agency in the country (ARC 2012a). It is one of 12 such regional commissions in Georgia covering every county in the state, though some under different names (e.g. councils of government), and receives funding from local, state and federal government as well as private sources (ARC 2011a). Its board is comprised of elected officials from around the

region (ARC 2012a). ARC's work spans 10 focus areas that include a range of interconnected planning issues, from transportation to land use to economic development. However, the power to actually implement plans rests with local governments, not with ARC (ARC 2011a).

ARC's role in age-related planning takes three, mutually reinforcing forms. It serves as the Area Agency on Aging (AAA), putting it at the heart of a network of community-based agencies for which it provides research, technical assistance, monitoring and compliance to the region's local aging programs. It also receives and administers private and state- and federal-level government funds, including from the Older Americans Act, the Social Services Block Grant, and the Community Care Act (Georgia's largest Medicaid Waiver program) (Blumberg 2010, 415).

But ARC also heads up longer-term, big picture planning of systems and the built environment aimed at helping both the region and seniors thrive in coming years. In its own words, ARC writes that it,

...must develop a strategy to meet the needs of the growing older adult population while accommodating the land use and transportation needs of the entire region. Any meaningful response to the demographic shift is likely to change the way the region develops, spends transportation and infrastructure dollars, delivers healthcare, promotes services and trains professionals (Duany and Plater-Zyberk 2009, 2).

On this front, ARC created *Lifelong Communities*, a regional strategy to prepare for the surge in older adults. ARC defines a lifelong community as one that,

...fosters a high quality of life by offering options to all residents regardless of age. ... In a Lifelong Community individuals may change, but the community they call home can remain the same (ARC 2008a, 2).

ARC notes that virtually no communities in the Atlanta region today meet the basic definition of a Lifelong Community, but that the growing and diversifying population, in line with the demographic information and projections discussed earlier in this paper, presents an

opportunity to retrofit existing communities as well as build new ones that align with the goals of the initiative.

Lifelong Communities grew out of a Robert Wood Johnson Foundation-funded effort in 2002 called the *Aging Atlanta Partnership* and was intended to “scale up” the lessons learned through that work. In preparation to launch Lifelong Communities, ARC gathered knowledge of the region’s older residents by studying survey findings from 1,500 interviews with area seniors (ARC 2007) and spent two years conferring with a range of professionals and partners. Based on its findings, it adopted three primary goals as agency policy and the fundamental framework of Lifelong Communities: 1) promote housing and transportation options, 2) encourage healthy lifestyles, and 3) expand information and access (Keyes et al. 2011, 3).

Process

Lifelong Communities also was largely shaped by the outcomes of a 2009 nine-day charrette led by well-known planning and architecture firm Duany Plater-Zyberk & Company (DPZ), recognized as a founding and leading voice of New Urbanism, a planning and urban design movement that promotes alternatives to sprawl. More than 1,500 participants – including members of the public as well as regional and national professionals in aging, design, engineering, health, marketing, community development, and economic analysis – came together for presentations and work sessions that explored housing, transportation and community planning for the rapidly aging population. Organizations that participated as technical advisers are included in Appendix C.

The charrette,

...started from the initial premise that change was necessary; that current land use policy and development patterns in the metro area do not provide the choices needed for current and future older adults to live healthy, independent lives (DPZ 2009, 4).

The charrette design also intended to encourage cross-disciplinary learning and collaboration and attempted to begin to dismantle the tendency of planners, service providers, healthcare professionals, engineers and others to operate in inefficient silos that, “reflect funding and regulations, not communities that reflect how people live” (DPZ 2009, 4).

Prior to the charrette, ARC used a competitive process to select six properties from around the region, including both new development and redevelopment opportunities, as the first Lifelong Communities sites. Applicant municipalities were required to commit their own resources and have developer partners on board (Interview 2). The chosen sites were studied, analyzed and reimagined by charrette participants, who, along with ARC and DPZ, ultimately produced a master plan for each.

DPZ’s extensive involvement in the charrette warrants noting that some scholars (Bond and Thompson-Fawcett 2007, Southworth 2003) have criticized New Urbanist charrettes as manipulative and in conflict with the usual principles of participatory planning, “presenting fixed alternative solutions drawn from the New Urbanist pattern book rather than a genuine exploration of possibilities” (Southworth 2003, 212). While New Urbanism served to guide Lifelong Communities planning, however, its principles were applied in a manner tailored to address the needs and opportunities specific to each site (Interview 2).

The charrette produced three major outcomes:

- ***Regional development principles:*** Before the programs, policies and building types of a Lifelong Community can be supported, underlying issues of land use and design must be addressed (DPZ 2009, 9). The charrette generated the following seven core principles, all in keeping with New Urbanist ideals, and will be used to guide future land use and urban design decisions.

- | | |
|-------------------------------------|---|
| 1) Connectivity | 5) Diversity of Dwelling Types |
| 2) Pedestrian Access | 6) Healthy Living |
| 3) Neighborhood Retail and Services | 7) Consideration for Existing Residents |
| 4) Social Interaction | |

To develop the conceptual master plans for each case study site (described below), each principle was applied to the sites at four scales: building, street, community and region.

- **Model standards and zoning codes:** ARC published *Lifelong Communities Handbook: Creating Opportunities for Lifelong Living* (ARC nd), a guide that leaders and residents can use as they rethink their communities. ARC also created a Lifelong Communities Education section on its Web site where model language and zoning code is available (ARC 2012d).
- **Conceptual master plans for case study sites:** Master plans were created for each of the six sites, which customized the regional development principles to the needs of each place.

An overview of the properties and plans for each can be found in Appendix D. Seven additional sites have emerged since 2009. A particularly interesting example is an ARC partnership with the Atlanta Housing Authority, which, with the help of a Resident Opportunities and Self-Sufficiency (ROSS) grant from the U.S. Department of Housing and Urban Development as well as funding from the American Recovery and Reinvestment Act of 2009 (aka federal stimulus), is incorporating Lifelong Communities principles into its renovation of 11 high-rise buildings for seniors and disabled residents (Blumberg 2010).

How is it being implemented?

While not an implementation body itself, ARC supports local communities with expertise, funding and leadership as the communities work to implement Lifelong Communities. ARC also indirectly implements Lifelong Communities by incorporating the initiative's principles into regional land use, transportation and other policy.

CHAPTER 6: Analysis

The two cities started from very different places, but older residents in both regions have the same fundamental needs when it comes to housing, transportation, services and social engagement. How do the planning approaches of New York, the epitome of density and urbanism in the U.S., and Atlanta, a “model” of sprawl seeking to weave density and connectivity into its regional landscape, compare given the dramatic differences in their built environments, population densities and other defining characteristics? This analysis explores key similarities and differences in the structures, implementation, ambitions and challenges faced by these initiatives, as well as lessons that may help inform other cities’ efforts to undertake something similar. In addition to other research conducted for this paper, the analysis draws particularly from interviews with senior staff members from NYAM (Interview 1) and ARC (Interview 2) who are or were closely involved with their respective initiatives.

The two plans: scale and scope

The two cities’ plans for aging vary in scope and scale. ARC is rethinking policy and planning for major redevelopment of housing, transportation and other infrastructure, while some of New York’s efforts might be characterized, relatively, as “tweaks” – such as increased seating in public places, school buses being used to transport seniors to the supermarket, and helping businesses better cater to their older customers – across more varied realms. AF NYC does have policy on its radar, but, as noted later, it has struggled with achieving change at this level. And this is not to say that smaller offerings cannot markedly improve older adults’ well-being. Indeed, they also can be implemented rather quickly, unlike many of the broader and more infrastructural changes under way in Atlanta, many of which may take years to come to fruition.

In fact several of Atlanta’s Lifelong Communities’ core principles are anchored in the very same built environment characteristics with which New York City is “naturally” blessed – namely, connectivity, pedestrian access and neighborhood-level retail and services. While ARC, along with most planners, would agree that such attributes are critical to achieving age-friendly communities in the long run, the fact is that the long run is when many of these changes will be fully realized.

Progress in incremental and cumulative, however, and successes along the way hold great value in their own right. For example, two municipalities – Cobb County and the City of Conyers in Rockdale County – have adopted new form-based code as part of the Lifelong Communities sites, Mableton and Conyers, respectively, within their boundaries (Cobb County 2012, ARC 2012b). The new code allows for more flexible, responsive zoning that encourages mixed-used development and walkability and supports Lifelong Communities’ core principles. Projects like farmers markets and community gardens also have launched at multiple sites as visible enhancements that align with core principles and serve as evidence of the initiative.

Overarching policy changes are less a part of New York’s age planning than Atlanta’s, although ARC is inherently well-positioned to guide change at this level due to the essence of its work and organizational structure. AF NYC is interested in addressing broader policy questions, such as employment and housing, two issues frequently raised by older adults, but,

...we wrestle with those questions. Increasingly the Commission is interested in taking those on, and I think we’re just grappling with the best way to do that (Interview 1).

Creating priorities and frameworks

Both AF NYC and Lifelong Communities required a great deal of time and work on the front end to establish appropriate priorities and initial strategies. In New York thousands of interviews with older residents were conducted – in multiple languages, in some cases – and

extensive outreach to city agencies, service providers, community organizations and other key players undertaken in systematic ways. Partners were identified and recruited; mapping, data analysis and literature reviews were completed; and reports were written. In Atlanta ARC spent the first two years of Lifelong Communities meeting with groups of professionals, as well as some community residents, in each of its 10 counties; these included professionals in public health, transportation, health care, housing, parks and recreation and other key areas needed to plan for aging residents (DPZ 2009, 3). This was critical background that also fed into planning for the charrette, from which defining aspects of Lifelong Communities emerged.

While both cities invested considerable time and resources in creating priorities and frameworks, their fundamental methodologies differed. The heart of AF NYC's approach was the input gathered from older residents themselves. The initiative's goals and strategies derived almost exclusively from what older New Yorkers said they want and need, although the self-assessment of City agencies also was important. Lifelong Communities, on the other hand, primarily relied on input from professionals, experts and elected officials in both the lead-up to and the execution of the charrette. This difference is due in part to the nature of the lead organizations and the underpinnings of the initiatives. AF NYC abided by WHO's Age-friendly City model, which hinges on direct feedback from older adults. AF NYC also was prepared to tackle changes in numerous arenas as they arose out of seniors' input. ARC, as a regional planning agency, emphasizes policy concerning land use, transportation and community design, and Lifelong Communities reflected this; but ARC's dual role as the region's Area Agency on Aging means Lifelong Communities also included attention to expanding seniors' access to services. However, Lifelong Communities involved less direct input from the community; the decision to use New Urbanism principles as a guide already was predetermined to some degree, and the case study sites selected prior to the charrette.

In any case this research and study phase would seem critical to an effective initiative, providing the foundation for establishing, understanding and communicating the objectives of the work and earning credibility and trust of many key stakeholders. It should also reveal opportunities – both low-hanging fruit and aspirational goals – and help prepare leaders for likely challenges or stumbling blocks. At the end of each discovery process, final documents were published that clearly articulated the resultant goals and priorities; in Atlanta this took the form of the Lifelong Communities Framework, which comprised three core principles, and in New York NYAM produced *Toward an Age-Friendly New York City: A Findings Report*.

In both AF NYC and Lifelong Communities, another important part of the early work was not only creating new programs and policies, but identifying existing work and plans that already aligned with age-friendly planning goals and could support or be enfolded into the new effort. Lifelong Communities benefitted from *Safe Routes to Schools*, a national movement – operated in Georgia by the state Department of Transportation – to improve the health and well-being of children, including those with disabilities, by making it safer and more convenient for children to walk or bicycle to school (Georgia Department of Transportation 2012). Both Lifelong Communities and Safe Routes were able to leverage the other’s support for adding sidewalks to areas lacking pedestrian access and similar efforts (Interview 2).

As AF NYC developed the Mayor asked 22 City agencies to self-assess their activities through an aging lens; the agencies then determined what they were already doing, and what they could be doing, to support older residents (Finkelstein 2008). One outcome was the bundling of *Safe Streets for Seniors* into AF NYC (Interview 1). The program responded to accident history data showing that seniors accounted for a disproportionately high number of pedestrian fatalities. Transportation engineers targeted 25 neighborhoods and began with five pilot sites, one in each borough, to make safety improvements like retimed traffic lights and pedestrian signals, refurbished signage, narrowing roadways and improved pedestrian islands

and crosswalk conditions (New York City 2008). Chronologically, it is unclear whether work on Safe Streets for Seniors began before or after AF NYC commenced (Interview 1), but it is clear that significant age-friendly changes need not always be part of a larger plan's rubric, as well as that start-from-scratch initiatives can receive a boost from related projects already under way.

Leadership

Neither AF NYC nor Lifelong Communities has a municipality as its lead organization. What are the advantages of putting another organization at the helm? One may be that city departments tend to work in silos and are not in the habit of working across issues, essential in planning for the varied needs of older residents. For NYAM, "an outside advocate is helpful to knit those pieces together" (Interview 1). A second advantage, in New York's case, is that,

NYAM is seen as a neutral convener...We could bring those people together in a new way. And for the public agencies, to be able to sit in the same room with a neutral convener with the private industry folks, it just has a different feel and politics to it if they're being convened by a private nonprofit as opposed to being summoned there by the City (Interview 1).

In a regional and more fragmented setting that includes dozens of municipalities, such as ARC's designated geography, it simply makes sense that an external agency leads such a plan. As a regional planning organization, particularly one that serves as the Area Agency on Aging, ARC is the obvious choice to create and lead an effort like Lifelong Communities.

Implementation

An important question is who will operationalize a plan. NYAM is AF NYC's lead implementation body, with several staff working full time on the initiative. Staff members in various City departments also regularly work on AF NYC, although the City has no full-time personnel devoted solely to the project (Interview 1). The Commission workgroups also play a

role in moving forward various elements of the plan. NYAM notes that some workgroups are more active than others, but that in general the workgroups have been a helpful way both to draw in other people who were not selected to be on the Commission itself but are still important, and to extend the influence and reach of the Commission (Interview 1).

As described earlier, in ARC's case the power to implement lies with local governments themselves, not with ARC. Under this model ARC works directly with communities – by providing funding, programs and other resources – to enable them eventually to continue efforts on their own independent of ARC support. Institutionalizing change, another dimension of implementation, is discussed later.

Pilot projects and handing off the work

Related to implementation, leaders of both initiatives opted to roll out major programs by starting with pilot communities. East Harlem, the Upper West Side, and Bedford-Stuyvesant served as guinea pigs for AF NYC's aging improvement districts, and even those were launched one at a time. In Atlanta, six sites were selected as future Lifelong Communities, and of those, northwestern suburban Mableton became the first community of focus. Pilots are used across all manner of projects and programs, and they are a favored approach for both AF NYC and Lifelong Communities. Far-reaching planning initiatives like these are ripe candidates for the pilot approach, as some manageable beginning point is necessary.

Further, both AF NYC and Lifelong Communities include strategies to pass the baton to communities themselves once an effort has found its legs. Both NYAM and ARC have created tool-kits that guide communities through the respective processes – in New York, *Creating an Age-Friendly NYC One Neighborhood at a Time* (NYAM 2012b), and in Atlanta, *Lifelong Communities Handbook: Creating Opportunities for Lifelong Living* (ARC nd).

To some degree staff and funding resources are an issue. (Interview 1, Interview 2). As the NYAM representative noted regarding AF NYC,

We can't necessarily keep sustaining this level of investment in staff, so [we're thinking about] how can we create the sorts of tools and models and pilot programs that can be picked up by other people at a lower cost (Interview 1).

But perhaps more importantly, if age-friendly policies and programs truly are to take root, they must be institutionalized and carried forth by many, not dependent on indefinite support from a key organization, program, or funding source.

AF NYC's latest aging improvement district, Bedford-Stuyvesant in Brooklyn, is the first attempt at a community organization, rather than NYAM, taking the lead (Interview 1). Similarly, integral to ARC's model is empowering municipalities – which in some cases work with consultants who are on board with the program – to take steps to become Lifelong Communities (Interview 2).

Funding

Funding can and should be viewed from different angles. AF NYC describes at least some of its work as encompassing low- and no-cost improvements. In some regards, this is true; opening a public pool for seniors' hours, creating an age-friendly grocery guide and even adding new benches around the city are relatively inexpensive interventions. However, funding personnel to lead and staff a multi-year initiative takes more serious money. NYAM dedicates three full-time staff to AF NYC as well as a small percentage of time from two senior staff, which it funds with a mix of discretionary city and philanthropic funding and its own resources (Interview 1).

ARC's funding for Lifelong Communities is a bit more complex, in part because ARC is a regional planning agency and also serves as the Area Agency on Aging. While Lifelong Communities does not have a dedicated funding source, it benefits from a variety of

government funding – including from the Federal Transit Administration and via the Older Americans Act – and also has been awarded competitive government grants for specific projects, such as a Community Innovations for Aging in Place Initiative grant from the Administration on Aging that was put toward developing Mableton, one of the original Lifelong Communities case study sites. Depending on the source, funds flow to communities in different ways; much of it is through programs and ARC staff who work to empower communities to set up their own local structures to carry on with a program once initial funding expires (Interview 2).

Challenges

Given the longer time horizon for many of Lifelong Communities' program elements and goals – especially those related to the built environment – the ARC representative cited the importance of keeping people interested, noting that projects like the farmers markets and community gardens are helping to keep residents engaged and excited while the longer-term projects mature and begin to bear fruit. Developers also play an influential role.

It's critical that developers stay focused on what we're trying to achieve in the community...We're fortunate to be working with developers who have bought into the concept, because often they're foregoing other projects like strip developments that offer a quicker turnaround and profit, and instead they're choosing to invest in the longer term health and prosperity of the community. So we are careful to find ways for them to feel part of the party without losing interest (Interview 2).

This also speaks to a larger issue of getting the community to act and take ownership.

Regional policy is looking for local implementation. Success is determined by the community's ability to sustain the effort. And that really goes with everything we do as a planning agency (Interview 2).

One of ARC's stated challenges with Lifelong Communities is that it counters existing development patterns and regulations, requiring local officials, planners and developers to think differently.

While many community groups and professionals acknowledge that change is needed, accepting and approving plans that reflect new ways of organizing communities is hard to do...Local officials need simple and direct guidelines for deciding which developments can support the goals of a Lifelong Community and which do not (DPZ 2009, 8).

Given the three-pronged structure of AF NYC, NYAM at times must navigate the relationship between its two partners.

The relationship between the City Council and the Mayor's office is tricky and not always amicable...The initial setting it up and structuring took a lot of negotiation...It's been really challenging, the public-private partnership, but it fosters a different kind of collaboration...and gives the initiative a weight and influence it wouldn't have otherwise (Interview 1).

Another challenge for AF NYC has been determining the best way to use commission members.

It's something we've worked a lot on, and just recently we've turned a corner, where one of the things we're asking people to do is to think about...how they can work to make the city age-friendly through whatever professional network they're part of. And that seems to have worked best, as opposed to trying to engage them in the operations of implementing projects..." (Interview 1).

For example, one commission member, who represents the American Institute of Architects, formed a Design in Age Committee of architects that has become very active; another member, a lawyer, initiated working with the New York City Bar Association to put together a report on whether and how it was serving older New Yorkers (Interview 1).

Lessons for Other Cities

Despite the considerable differences between AF NYC and Lifelong Communities, the lessons they have produced overlap and could benefit other cities and regions interested in planning for aging in a comprehensive way.

Partnerships are critical. Partnerships play a foundational role in both initiatives. For AF NYC,

The public-private partnership is really important, even though it's also really challenging. That's a critical piece to doing this kind of effective planning...This sounds trite, but there's some truth to it...If we're going to meet the demands of the aging population, it really is going to take both the public and private sector thinking differently (Interview 1).

Likewise, creating "productive and nontraditional" partnerships has been important for ARC.

The collaborative effort not only advances the initiative more quickly, but the shared resources and ability to leverage funding are just huge (Interview 2).

Systematize the new paradigm. Each initiative is deliberately working to sustain its programs and policies for the longer term, although ARC to a much greater degree, given, in large part, the mission, mandate and structure of the organization itself. Lifelong Communities principles have been embedded into the overall framework of ARC's PLAN 2040, a major regional transportation, land use and economic development plan for coming decades. Further, as a regional council of government, the Georgia Department of Community Affairs allows ARC to establish Minimum and Excellence standards for how local governments will implement PLAN 2040, although it does not specify those standards or associated thresholds ("Minimum" standards are required for PLAN 2040 implementation, while "Excellence" standards are desirable) (Interview 2; ARC 2011b). ARC chose to weave Lifelong Communities principles into those standards, which it then helps local governments meet. Finally, ARC also incorporated Lifelong Communities priorities into its Livable Centers Initiative, which awards competitive planning grants to local governments for projects that align with regional development policies (ARC 2012c), as well as into its Board of Directors' Strategic Plan (Interview 2). The ARC representative noted that this level of integration is the only way to truly bring the work to necessary scale.

AF NYC is less naturally connected to opportunities for policy change, but NYAM is acutely aware of the need to shift greater ownership of AF NYC beyond initiative leaders and key staff.

Now three years into what was originally conceived as a four-year effort, the NYAM representative explained that,

...we've been focusing a lot most recently on products and trying to push them out to communities and local leaders with the hope that they'll start taking this up and implementing it citywide. And that's why we always did this pilot model for different projects, because we knew we weren't necessarily going to always be around (Interview 1).

Another issue is electoral politics. Mayor Michael Bloomberg has been in office since the inception of AF NYC and remains a highly visible and important partner, which raises the question for NYAM of how to institutionalize age-friendly thinking as City administrations turn over (Interview 1).

Foster broad ownership. Related to integrating the new paradigm, AF NYC leaders have worked hard on "spreading the gospel" of the age-friendly model.

We do a lot of presentations and conferences, we've written a couple of chapters for books...we've been doing one-on-one, trying to get to thought leaders when we can...about getting people more broadly to think this way and shift how we all do planning...So that's an aspiration, but as far as getting there, that requires the kinds of staffing and resources we don't have (Interview 1).

The NYAM representative also noted a point of frustration: "People tell us it's the best idea no one's ever heard of" (Interview 1).

ARC cultivates broader investment in the work through education, outreach, time and leadership, but getting the community to sustain the effort can be a challenge (Interview 2). As Lifelong Communities got up and running, Cathie Berger, Director of the Area Agency on Aging (based at ARC) and Kathryn Lawler, former director of the Aging Atlanta Partnership (and currently ARC's External Affairs Manager), also catalogued several critical lessons in *Generations*, the journal of the American Society on Aging. Two of these relate closely to fostering ownership: personal relationships are the key to bridging long-term institutional barriers, and champions are essential (Lawler and Berger 2009, 79). ARC discovered that the

best way to facilitate individuals working across silos – critical to building Lifelong Communities – was through one-on-one relationships. It also found that,

It is impossible to organize this level of community change without active, vocal community leadership. And the more often these leaders come from outside the field of aging, the more effective they can be (Lawler and Berger 2009, 79).

On a similar note, Lifelong Communities has increasingly realized that success requires support from local citizens as well as local government; in some cases when a municipality is not fully engaged, citizens can help push the agenda (Interview 2). In response ARC has adapted its approach to one that can be taken on by citizens (Interview 2).

Stay focused. NYAM and ARC both expressed the importance of strong core principles, not only in early stages of conceptualizing the initiative, but as an anchor that keeps people and projects focused. For AF NYC that means returning to the original findings report and to older residents themselves.

It's been really important for us to keep older adults' needs and desires at the center of the planning. Because there is so much noise in the system. There's advocates and there's politics and there's resource constraints and all of that. So we've found it really helpful to just keep going back to older adults and saying we need your help to get through this – whatever the issue is (Interview 1).

For Lifelong Communities, the “home base” has been the three principles that comprise its original framework.

Our framework is important and critical to helping people buy in to the program. That for us keeps the conversation tight...We've never strayed from it. We've never stopped and said, oh, by the way, we need to add this and that” (Interview 2).

The initiative does, however, selectively incorporate additional issues – such as green building and historic preservation – into its work and the *Lifelong Living* handbook (Interview 2, ARC nd).

Early wins are important. The pace of work matters. In both places leaders realized they needed “quick successes” early on. The fiscal crisis, the politics and the recession,

led [NYAM] to emphasize quick wins – low- and no-cost interventions – initially. Part of that is about building relationships and momentum for the project from the very beginning (Interview 1).

In very similar words, the ARC representative noted that,

Early wins are really necessary in any community. You’ve got to find what project or program, even if it is just a low-cost, low-budget thing, is consistent with what we’re trying to achieve, because those programs help to play out the vision...and are critical to explain what the vision is (Interview 2).

Visible, rapid changes appear key to energizing people and projects and laying groundwork for more significant advances down the road.

Are AF NYC and Lifelong Communities creating age-friendly communities?

Finally, this analysis revisits the elder-friendly community characteristics determined by Alley et al. (2007), and discussed in Chapter 3 of this paper, to explore whether AF NYC and Lifelong Communities are becoming elder-friendly according to these standards. Table 6 organizes the 15 characteristics into five categories – transportation, mobility and public space; housing; services; health and healthcare; and recognition and inclusion – and weighs how they have been addressed by each initiative.

TABLE 6: Elder-Friendly Community Characteristics: How are AF NYC and Lifelong Communities doing?

Elder-Friendly Community Characteristics	Age-friendly NYC (AF NYC)	Lifelong Communities (LC)
<p>TRANSPORTATION, MOBILITY & PUBLIC SPACE</p> <ul style="list-style-type: none"> • Accessible and affordable transportation • Accessible public and service buildings • Adequate pedestrian and traffic controls • Personal safety and low crime rates 	<p><i>AF NYC identifies transportation and public spaces as one of four priority focus areas.</i></p> <p>Responses include <i>Safe Streets for Seniors</i> to address senior pedestrian safety; more school buses being used to transport seniors to supermarkets; taxis being upgraded to be accessible; 3,700 new bus shelters with benches have been installed.</p>	<p><i>LC includes transportation in its three-pronged overall framework.</i></p> <p>(Planned) changes to zoning and land use support transportation options, safe roads, walkability and pedestrian connectivity.</p> <p>Several programs – including transportation vouchers, senior carpools, and volunteer driver programs – are promoting mobility.</p>
<p>HOUSING</p> <ul style="list-style-type: none"> • A wide variety of appropriate housing options • Supportive zoning for senior housing 	<p><i>AF NYC identifies housing as one of four priority focus areas.</i></p> <p>The City has helped create hundreds of additional units of affordable housing for seniors, control seniors’ rents, and advise contractors making modifications to older residents’ homes.</p> <p>Zoning requirements for parking that inhibit senior housing development are being reviewed.</p>	<p><i>LC includes affordable, accessible, conveniently-located housing in its three-pronged overall framework.</i></p> <p>ARC created an Aging in Place Toolkit to help local governments support housing alternatives for older adults; it also supplies sample zoning ordinances that support senior-appropriate housing, such as senior living facilities, ADUs, and other models.</p>
<p>SERVICES</p> <ul style="list-style-type: none"> • Ability to obtain services with reasonable travel • A wide selection of services 	<p><i>AF NYC identifies health and social services as one of four priority focus areas.</i></p> <p>The City offers more in-home meal delivery, greater access to fresh produce through the Green Cart program, an interactive videogame to educate seniors about financial scams and identity theft, provision of 1,700 air conditioners to prevent heat-related illness, and fall-prevention toolkits, among other services.</p>	<p><i>LC includes expanding access to services in its three-pronged overall framework.</i></p> <p>LC aims to improve the ways in which seniors receive information and are linked to resources. It also intends to expand service options and availability.</p> <p>Its seven core principles include providing key services within walking distance.</p>

<p>HEALTH AND HEALTHCARE</p> <ul style="list-style-type: none"> • Available in-home or long-term care services • Caregiver support services • Responsive health and long-term care • Age-appropriate exercise facilities 	<p><i>AF NYC identifies health and social services as one of four priority focus areas.</i></p> <p>More and improved health and physical activity programs now are offered at senior centers; the City’s Department for the Aging offers caregiver education and support and senior assistance in sorting through healthcare plans; improvements to in-home and long-term care have been advanced.</p>	<p><i>LC includes healthcare and wellness promotion in its three-pronged overall framework.</i></p> <p>A fitness initiative launched at case study site Mableton, although not specifically targeting seniors. As the region’s AAA, ARC directly or indirectly offers numerous health and wellness services that fall outside the LC umbrella but advance its objectives.</p>
<p>RECOGNITION AND INCLUSION</p> <ul style="list-style-type: none"> • Elders considered vital part of community • Elder-relevant issues present in local agenda • Recognition of and response to unique needs of seniors 	<p><i>The core of AF NYC is to ascertain, raise and respond to elder-relevant issues as identified by older New Yorkers themselves.</i></p> <p>One of WHO’s eight domains of age-friendly cities is “respect and social inclusion,” and AF NYC’s 2008 findings report dedicates three pages to this topic.</p>	<p><i>This is not a formally stated goal of LC, although LC involves ARC working with local governments to place elder-relevant issues on municipal agendas.</i></p>
<p><i>Sources: Elder-friendly community characteristics, Delphi study, 2002 as determined by Alley et al. 2007 and categorized here by the author; City of New York, 2011, Age friendly NYC: A progress report.</i></p>		

Numerous specific examples to illustrate AF NYC’s community characteristics are readily available in the progress report it published in 2011 (City of New York 2011) that provided updates on all 59 initiatives laid out two years earlier (City of New York 2009). Fewer such examples are available for Lifelong Communities, in part because its programs and responses were not defined as specifically from the start, despite progress being made, as well as the fact that the local governments, not ARC, are responsible for identifying and implementing programs.

The three-part Lifelong Communities framework – 1) promote housing and transportation options, 2) encourage healthy lifestyles, and 3) expand information and access to services – and its subcategories (ARC 2008b) address four of the five categories, all but recognition and

inclusion. It is supplemented by the seven core principles generated through the charrette and consistent with New Urbanist ideals: connectivity, pedestrian access, neighborhood retail and services, social interaction, diversity of dwelling types, healthy living and consideration for existing residents. These arguably address the first three categories in the above table, but what about the other two, health and healthcare and recognition and inclusion? Without the overall framework covering other essential needs – such as what ARC provides – New Urbanist principles alone may be too narrow to create an elder-friendly community.

CHAPTER 7: Conclusion

Jon Pynoos, professor of gerontology policy and planning at the University of Southern California's Andrus Gerontology Center, describes most homes as "Peter Pan" housing – designed for people who will never age or get old (Pynoos 2011). It might be argued that cities face a similar conundrum, which is problematic given that older adults and the elderly soon will comprise 20 percent of the population.

As cities consider what course of action to pursue, this paper attempts to illuminate some of the challenges arising from this demographic shift, as well as possible strategies with which they might respond. The relationship between aging and the environment, the concepts of successful aging and age-friendly communities, and the role of local governments in these issues all have been explored to offer insight into how they might go about such planning. For cities surely shall face unprecedented demand for:

- Affordable, appropriate and diverse housing options;
- Safe, accessible and reliable transportation options;
- Neighborhood-level retail and other services;
- An array of services, from nutritious food and meals to caregiver support to volunteer opportunities to loans for home modification;
- Senior-friendly outdoor spaces;
- Opportunities for social connection;
- Healthcare-related support; and
- Dozens of additional items.

Further, many cities likely will confront these demands with fewer resources than ever.

Places like New York and Atlanta have mustered the political will, resources and leadership to begin, yet the cities themselves are not driving these efforts. There is evidence, demonstrated

in Age-friendly NYC and Lifelong Communities, that truly comprehensive planning for aging demands coordinated engagement of multiple actors and sectors, of which local government – although crucial – is only one. Even narrower efforts often require partnerships.

Most municipalities hold a great deal of control over very important and influential arenas – namely land use and zoning, transportation, housing and community engagement – in which significant and meaningful changes concerning older residents can be made. With the support of the Atlanta Regional Commission’s Lifelong Communities initiative, cities and counties in greater Atlanta are amending zoning code and rethinking infrastructure and community design. Two municipalities, as mentioned earlier, already have adopted form-based code to address evolving community needs and desires under Lifelong Communities. And with the New York Academy of Medicine’s leadership and management, New York City’s Mayor, City Council and agencies have contributed to AF NYC valuable publicity, credibility, funding and staff time; they also have implemented both more substantial and complex improvements such as Safe Streets for Seniors as well as smaller but still very popular products like the age-friendly grocery guide, both described earlier. Particularly in the case of New York, the City also used the types of direct and indirect influence that many cities enjoy to advise, facilitate and support AF NYC.

The experiences of New York and Atlanta have produced numerous useful lessons that are perhaps surprisingly similar given the different characteristics of each place and structures of the initiatives. The lessons speak more to overarching themes about how to embark on such an effort and how to get things done; they speak less to the particulars of effective programs and policies, which might be harder to generalize from one place to another.

Both also have in common the benefit of access to agencies – NYAM and ARC – with the resources and expertise to spearhead major initiatives and provide skilled leadership and

management. Smaller cities lacking a regional planning agency or major nonprofit with capacity to head up such planning are likely at a disadvantage in this regard. But meaningful change remains in their grasp. Certain core activities that helped define AF NYC and Lifelong Communities could be undertaken quite easily by municipalities:

- Conduct research to understand basic population demographics and project needs;
- Gather input from older residents and use it to create a strategy;
- Use influence as a convener to form partnerships with nonprofit and other key organizations;
- Find the “low-hanging fruit” and act on it;
- Be aware of state and federal funding opportunities;
- Be creative, and learn from examples of successful approaches in other cities; and
- If possible, dedicate some staff time as a way to put teeth in the work.

As efforts like AF NYC and Lifelong Communities continue to evolve and produce lessons, and more municipalities across the country begin to act, greater evidence will increasingly emerge to light the way for local governments willing to embrace the changing needs of their communities through age-friendly planning.

APPENDIX A

Selections from the World Health Organization's Age-friendly Cities Checklist*

1) Outdoor Spaces and Buildings

- Pleasant and clean environment
- Importance of green spaces
- Somewhere to rest
- Age-friendly pavements
- Safe pedestrian crossings
- Age-friendly buildings

2) Transportation

- Affordability
- Reliability and frequency
- Availability
- Specialized services for older people
- Priority seating and passenger courtesies
- Safety and comfort

3) Housing

- Affordability
- Essential services
- Design
- Modifications
- Maintenance
- Community and family connections

4) Social Participation

- Accessible opportunities
- Affordable activities
- Range of opportunities
- Awareness of activities and events
- Encouraging participation and addressing isolation
- Integrating generations

5) Respect and Social Inclusion

- Respectful and disrespectful behavior
- Ageism and ignorance
- Intergenerational interactions
- Place within the community
- Helpfulness of the community
- Economic exclusion

6) Civic Participation and Employment

- Volunteering options for older people
- Better employment options
- Flexibility to accommodate older workers
- Encouraging civic participation
- Training
- Entrepreneurial opportunities

7) Communications and Information

- Widespread distribution
- The right information at the right time
- Will someone speak to me? Oral communication.
- Age-friendly formats and designs
- Information technology: boon and bane
- Personal and collective responsibility

8) Community Support and Health Services

- Accessible care
- Wider range of health services
- Aging well services
- Home care
- Residential facilities for those unable to live at home
- A network of community services

* This table includes the complete list of eight categories but only a selection of subcategories, edited by author for length.

Source: World Health Organization. 2009. Global age-friendly cities: A guide.

APPENDIX B

AF NYC Commission Members

Nonprofit/Advocacy:

- AARP New York State
- Local Initiative Support Corporation (LISC) NYC
- Seedco Financial
- SAGE (advocate for gay, lesbian, bisexual and transgender elders)
- Weeksville Heritage Center (key institution in African American community)

Health:

- Empire State BlueCross BlueShield
- Healthcare Chaplaincy
- Mt. Sinai Hospital
- Urban Health Plan, Inc. (nonprofit healthcare provider)
- Visiting Nurse Service of New York

Universities/Higher Education:

- Hunter School of Social Work
- Mailman School of Public Health, Columbia University

International:

United Nations International Federation on Aging

Business/Private Sector:

- Edward I. Mills + Associates, Architects, PC
- Proskauer (international law firm)
- Queens Chamber of Commerce
- Ventas, Inc. (healthcare real estate investment trust (REIT));

Government:

- New York City Council
- Office of the Mayor, New York City

Philanthropic:

- New York Community Trust

Faith-Based:

- Abyssinian Baptist Church

Source: AF NYC Website (<http://www.nyam.org/agefriendlynyc/about-us/commission-for-afnyc.html>) with parenthetical descriptions from author.

APPENDIX C

Technical Advisers in ARC's Lifelong Communities Charrette, February 2009

- AARP Public Policy Institute
- Center for Inclusive Design and Environmental Access (IDEA Center) – University of Buffalo
- Center for Home Care Policy & Research
- Center on Healthy Aging, part of the National Council on Aging
- Centers for Disease Control
- Concrete Change (visitability advocacy organization)
- Congress for New Urbanism
- Emory University School of Medicine
- Fulton County Department of Health and Wellness
- Georgia Department of Community Health
- Georgia Department of Human Resources
- Georgia Tech
- NCB Capital (a Community Development Finance Institution focused on eldercare)
- Sizemore Group (architecture firm)
- University of Indiana
- U.S. Environmental Protection Agency – Smart Growth
- Wesley Woods Center (geriatric healthcare facility)
- Zimmerman Volk & Associates (market analysts for New Urbanist projects)

Sponsors

- Community Foundation of Atlanta
- Cumberland Community Improvement District
- Emory University
- Georgia Power
- Perimeter Community Improvement District

Source: Duany Plater-Zyberk 2009, with parenthetical descriptions from author

APPENDIX D

ARC's Lifelong Communities' Case Study Sites			
Site	Location	Current Status <i>(as of 2009)</i>	Lifelong Communities Plan
Boulevard Crossing	3 miles from downtown in southeast Atlanta	87 acres of industrial and post-industrial properties	Total redevelopment of the site as park and transit-oriented development; takes advantage of Beltline Redevelopment District, including New Urbanist-type zoning appropriate to multi-family living and retail/services.
Conyers	24 miles due east of downtown Atlanta in the City of Conyers (pop. 11, 500), Rockdale County; low-density, rural-feeling setting	142 acres on a site with underutilized parcels and a mix of older residential dwelling units, outdated public housing and commercial structures	Improved/new public housing and diverse mix of other new housing; new greenways serve as connected boulevards; redeveloped commercial areas.
Mableton	12 miles west of downtown Atlanta; a CDP ⁵ (pop. 37,000) in Cobb County	20 acres on hodge-podge of land uses on original gridded street pattern that includes historic district	Use land bank and land trust entities to gain control of properties; 3-phase plan includes new town square organized around existing assets; neighborhood green; mixed-use buildings; retrofitting a failed shopping center.
Stella Place	23 miles south of Atlanta in City of Fayetteville (pop. 15,000 and growing)	40 acres of undeveloped wooded site near historic downtown	Multi-use (non-automobile) path through the property that links new/planned mixed-use venues.
Toco Hills	8 miles northeast of downtown Atlanta; large neighborhood in North Druid Hills (pop. 19,000), a CDP ⁶ in DeKalb County	86 acres in existing community on site half-covered by a 1960s informally age-restricted apartment complex; already zoned for high-density development	Replace some of existing apartments with new ones; new street in key location to relieve traffic congestion and become edge of new town square; new senior center.

Source: Created by author using Duany Plater-Zyberk 2009, Atlanta Regional Commission Web site, U.S. Census Bureau and Google Maps.

⁵ The U.S. Census Bureau defines a census designated place (CDP) as a settled concentration of population identifiable by name but not legally incorporated under the laws of the state in which they are located.

⁶ Ibid.

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