

Fostering Healthy Aging By Creating Conditions For Aging in Place in the Urban Environment

Aging in place is a term commonly used in current aging policy, healthcare, and a number of other domains that refers to aging persons' ability to remain in the community they were in with varying degrees of independence. It is posited as an alternative to long-term residential care.¹ Aging in place is often seen as a preferable option to many aging people who wish to maintain a sense of autonomy, routine, and connection to their existing community and support. One study found that if given the choice, over 77% of American adults over the age of 50 would prefer to age in place. Thus, addressing the catalysts and hindrances to aging in place are of utmost importance as the 65+ population in the United States is expected to grow to 80 million by 2030.²

77%

agree with the statement

"What I'd really like to do is **remain in my community** for as long as possible."

76%

agree with the statement

"What I'd really like to do is **remain in my current residence** for as long as possible."

Source: AARP

Barriers to Aging in Place

A number of aging-related changes to health and mobility result in many aging persons to adjust their "action range" and begin to spend more time inside the home and in the immediate neighborhood environment.³ An overarching theme to the numerous barriers preventing individuals from aging in place is that of threats to hospitable social and environmental conditions. These may include ever-increasing costs of living (COL) and larger forces such as gentrification, as well as age-hostile conditions in various levels of the built environment.^{4, 7}

For many older adults that live on fixed incomes, increasing property values, particularly in high COL cities and communities, and changing neighborhood demographics induce heightened risk for forced displacement from what might be their longtime communities.⁵ Displacement of older adults is an understudied component in discussions of gentrification and one that holds the greatest implications for multiply marginalized older adults. Even when older residents may be able to physically maintain aging in their designated places, they may feel socially displaced by the changing identity of the neighborhood they've long lived in.⁴

With regards to the built environment, the presence of certain elements play a vital role in one's ability to choose to age in place. Home adaptability and access to infrastructure and services that allow older adults to continue carrying out

the needs of their daily lives, particularly in the presence of changing mobilities, increases their ability to age in place.⁶ Walkability, especially in the urban environment, is important to an older person's sense of independence in aging, enabling appropriate physical activity and continued engagement in the community.⁷ Mediated by mixed land use, perceived and actual walkability has direct influence on a host of health behaviors and risks.⁸

Healthy Aging in Place In Practice

Environmental factors play arguably one of the most critical roles to achieving healthy aging in place, holding the greatest population level impact and at lower cost than an individualized care, medical model approach.⁸



Source: The Architectural League of NY

One community-level manifestation of healthy aging in place is that of naturally occurring retirement communities (NORCs). A NORC, as its name would suggest, is a community that hosts a naturally developed demographic of older residents.⁸ This may be a result of aging persons remaining in a place that they have lived in for a long period of time, or pull factors of the given community that attract aging people to move there in old age and retirement. A healthy NORC hosts a number of social and environmental factors that render aging in place in that community more hospitable. These include residential zoning and infrastructure changes that make neighborhoods more walkable and promote physical activity, increasing the number of public gathering spaces such as parks and other green spaces that promote natural socialization, and property tax allowances for older residents.⁸ While all of these elements have shown positive relationships to community ability to age in place, it is important to note that they function on a spectrum. While social and environmental conditions are important, subjective perceptions of a neighborhood that may be derived from harder-to-quantify metrics can lend to notably high levels of satisfaction irrespective of these more measurable factors of suitability and age-friendliness.¹

Valid criticisms of the NORC agenda posit that immediate geographic proximity does not necessarily equate with aging well and shouldn't be the only fulcrum for socialization and community participation.⁹ Rather an 'aging in network'

approach might better capture the realities of many aging residents, particularly in more under-resourced and less urban settings and embody a more contextually-relevant approach to attain healthy aging in place.

Recommendations

- **Implementation of policies and programs in accordance with guidelines for age-friendly communities:** Local policies and programs that address the needs of older residents are critical to fostering aging in place. Reforming zoning laws to implement mixed use zoning that allows for greater walkability and access to services and socialization within the immediate neighborhood environment will meet the changing abilities of aging persons where they are.⁸
- **Innovations to intergenerational development:** University-based retirement communities are picking up traction as one new type of approach to intergenerational living.¹⁰ These developments take a more proactive approach than NORCs while also incorporating an intergenerational component in their very nature. Institutions of higher education are increasingly some of the country's largest landowners, inextricably linked to the communities in which they exist while also reaping the benefits of property tax exemptions due to nonprofit status.¹¹ These conditions allow for more structural facilitation of aging in place, including greater ease in regulating affordability and offering universities a meaningful way to foster community resiliency and cohesion within their environments rather than adversarial forces of displacement of longtime aging and/or low income communities.
- **Intergenerational initiatives:** For aging persons living in neighborhoods and communities undergoing demographic changes, intergenerational programs may act as a protective factor against sense of exclusion and loss of place. Whether it be through home sharing, formation of skipped generation friendships, or other innovations, these initiatives may ameliorate the perceived or actual displacement of older adults and foster conditions for healthy aging in place. Another promising intervention to bolster the feasibility of aging in place is to incorporate and standardize intergenerational service learning into the curricula of undergraduate health-related and other degree programs. This would doubly benefit aging adults through practical and social support and community connectedness while also fostering education and understanding in the next generation of the health workforce.²
- **Intergenerational organizing:** An existing strength of low income and/or public housing projects is reflected in the design of these developments wherein communal spaces are often incorporated in some capacity. This feature facilitates ease of community organization among economically vulnerable groups across the

lifespan, particularly in designated public housing developments where residents are often more rooted in these communities than other policies meant to address housing affordability, such as housing vouchers.¹² These material conditions could be fruitful for intergenerational grassroots organizing around tenant protections, housing affordability, community livability, and more.

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