LIVABLE COMMUNITIES FOR AGING POPULATIONS

Urban Design for Longevity

M. Scott Ball

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FOREWORD

Urbanism is a uniquely sympathetic framework for addressing needs that will arise over the horizon. In this, urbanism is often misunderstood. Because cities are large, it is commonly thought that urbanism is like architecture, only bigger. This is not so. What makes urbanism a completely different field of activity from architecture is the element of *time*. An architect must complete a building within, say, two to five years; the design is constrained by the realities of the near future. Urbanism, on the other hand, operates over the very long term. To give an illustration: our firm is completing its very first new town—and it is thirty years since it was designed. Indeed, what makes urbanism so challenging, but also so promising, to those who practice it is that we must think into the future as in no other endeavor. Most businesses must deliver the goods within a week or a fortnight. Most businesses work within the time frame of the next payroll, or the quarterly or yearly report. Scott and his colleagues are usually thinking ten, twenty, and thirty years out, making plans now that will prepare us for the future. And so when he writes a book about the aging of America the reader must undergo a translation into the fourth dimension—that of time. It is not about now—it is about things to come, both good and bad, and the preparations we need to make today.

This book is timely because it is just now possible to discern the outlines of the twenty-first century. The centuries don't really turn over at the double zero. The twentieth century, for example, did not begin until the First World War, which is to say, its second decade. The first decade of that century was an extension of the nineteenth century. The nineteenth century itself did not begin until Napoleon had been defeated at Waterloo and the new and more peaceful order had been set up by the Congress of Vienna. Few before 1815 could have predicted whether Europe would consist of many nations or just a French empire.

Take our current situation. The first eight or so years of this century were a seamless extension of the twentieth and then on or about 2008 everything changed. There came a series of overlaid crises that unsettled certainties and awoke us to a scenario very unlike that which we had known. The crises consisted of (1) the real estate bubble; (2) the increases in the cost of petroleum; and (3) the consciousness of climate change. Their convergence has convinced us that we are not the nation of infinite wealth that we thought we were. And so here we are in 2012, a nation that is publicly and privately less confident about its future than we were one hundred years ago.

Now, for the good news: the twentieth century has endowed humans with more life than we have ever enjoyed before. We live nearly twice as long now on average than we did at the turn of the twentieth century. The effects of increased longevity will peak when the baby boom generation is fully in its retirement years, from 2015

to 2045. But it is not just a boomer phenomenon: the graying of the population is a permanent new reality that will be with us for as long as we continue to provide modern healthcare. This book offers opportunities to improve our standard of living as we age while simultaneously mitigating the challenges that confront us. It points to the easiest and perhaps most effective avenue for social, environmental, and economic activism ever offered to a generation. All of these crises insofar as they affect the American people can be ameliorated by what John Norquist calls "the convenient solution to the inconvenient truth." The kinds of communities that are described in this book—the ones that are walkable, compact, complete, and convivial—mitigate all of these crises while supporting us better as we age. By walking to satisfy their ordinary daily needs, residents use less petroleum and produce less carbon. They live more affordably without incurring the cost of automobile dependency. They will also be healthier and more able to sustain a social life in their community, and they will forestall or entirely avoid the extraordinary costs associated with specialized "seniors" housing.

Society will be returning to an earlier time when we were poorer but, perhaps because of that, smarter. The good, old-time, diverse, walkable community will allow an aging population to thrive, offering more dignity, mobility, and independence at lower cost for housing, with less need for petroleum, and with less environmental impact, as compared with the socially isolating development patterns of suburban sprawl. These communities will be attractive enough that our children and our children's children will be happy to visit and indeed to live among us.

The ultimate result of the intersection of increased longevity with these three major crises is that we are actually returning to the times and places in which life was simpler but more pleasurable, where things made more sense. I am personally looking forward to the great rearrangement that began in 2008—I think it will have brought us to our senses. This book offers the opportunity to prepare for our successful aging in a manner that creatively and ethically engages the major challenges that confront us.

Andrés Duany

INTRODUCTION

We know that Americans 65 and over like where they live, with nine out of ten saying they want to stay in their current home as long as possible. This is good. It means that people have invested heavily in the communities in which they live. Remaining at home continues to be the preference of eight out of ten people 65 and older even if they believe they will need help caring for themselves. And there is a good chance they will need help. Despite declining disability rates, 68 percent of people past the age of 65 will need assistance with two or more activities of daily living or a cognitive impairment at some time.

This need for assistance can either be minimized or amplified by the communities in which we live. Simple things such as unsafe or unwelcoming sidewalks, traffic problems, and lack of accessible public transportation can unintentionally double the risk of functional loss for older people. And doubling this risk increases the likelihood that they will not be able to remain in the community or that their quality of life will be degraded. In fact, the loss of mobility and related independence is what older people say they fear most.

Unfortunately, many of the predominant planning principles of the past half century are now widely acknowledged to have created unintentional barriers to people remaining in their home or community as they age. These barriers limit pedestrian and vechicular mobility for older people, prohibit needed housing and care options, and complicate service delivery and public transportation due to enforced low-densities. These barriers lead to significant induced disability and substantial personal and governmental costs as we try to overcome them with additional programs.

The good news is that through the thoughtful observation and creativity of planners, services providers, advocates for the aging, researchers, and policy makers over the last twenty years, there are new approaches and best practices that can help new and existing communities evolve to support the needs and preferences of their aging residents. While successful approaches will require time and a myriad of planning and physical modifications, elements can be implemented incrementally that will have impact immediately.

So with the population age 65 and older on track to increase from 40.2 million in 2010 to 72.1 in 2030, Scott Ball's *Livable Communities for Aging Populations* could not come at a better time. Scott's work offers a compendium of lessons drawn from our collective successes and failures as well as his and many others' creative solutions. Its significant contribution is to assemble these lessons and insights into a coherent framework for communities and leaders to use in analyzing their needs, selecting successful approaches, setting priorities, and beginning the work.

Robert Jenkens
Director, The Green House Project
Managing Director, NCB Capital Impact

PREFACE

West Hagert Street in Philadelphia is gifted with urbanism. The street is lined with old row houses—two stories high and pulled up close to the broad sidewalks and street. Stoops and porches present attractive spots for passing time. Still living in these row houses is a group of women who have worked for decades building the West Hagert Street community. The women have, without exception, outlived their husbands. Some have outlived a series of husbands. All are now over eighty and they occupy these homes alone. Every morning after the women awake they go downstairs, open their front doors with storm doors still closed, and leave them open for most of the morning. The open doors are a way of signaling that the women have made it through another night and everything is okay. Each watches for these signals from the others.

The open doors are a small gesture that reflects the uncommon strength of the community on West Hagert Street. Through years of worshiping, singing in the choir, working on each other's gardens, cooking for the needy, organizing, and running voter registration drives, the women of West Hagert Street have developed a collective identity and sense of interconnection. They have also developed a sense of defiance. The doors issue a challenge: Bring on old age, deteriorating health, economic fluctuations, disinvestment, ailing spouses, good times, bad times, whatever—the door is open and they are ready for it.

Many characteristics of the four-block long West Hagert Street community make the open door gesture possible. The street is safe enough to leave a door open. People are around and close enough see the signal. People care enough to look for the signal. Help is near enough to respond if the signal doesn't come. The houses are not falling down. There are parks and stores nearby enough to create foot traffic and populate a street life. Transit connects the neighborhood to the larger surrounding city so that it does not feel isolated. The space of the street is intimate and well defined. Three-car garages do not obscure the front doors. The homes are not divided by large tracks of front yard. The street is open and airy enough to make one want to leave the door open in the first place. A very simple gesture reveals much about the quality of urbanism available on West Hagert Street and the dignity with which aging can be supported there.

Livable Communities for Aging Populations takes cues from places like West Hagert Street and begins with the premise that neighborhood places can provide a wealth and diversity of supports for the entire life cycle. This book provides a lens through which aging concerns can be reinvented as integral aspects of urbanism. It is for policy makers, developers, planners, health professionals, and advocates for the aging who seek to expand health and wellness opportunities for older adults across

the common spaces of traditional urban neighborhoods. Livable Communities for an Aging Population:

- covers how healthcare can be repositioned as a lifelong, continuous function of urban environments that integrated into daily life and provide services along a seamless continuum, ranging from wellness to acute care;
- builds the argument that many lifelong services can be delivered in neighborhood environments more effectively and cost efficiently than those delivered in clinical settings;
- details critical political and economic leverage points where these types of changes can be best affected;
- provides innovative tools and references some of the best practices in lifelong neighborhood development; and
- details how the best practice achievements can be replicated along a contextual range of urban to rural to provide healthy neighborhoods of choice.

Organization of This Book

Part I lays out the challenge that increased longevity poses for the built environment. Chapter 1 introduces the challenge, the most strategic scale of response, and the role that planners and seniors housing developers can play in responding. Chapters 2, 3, and 4 touch on some emerging policy and implementation leverage points at which broad changes might be effected in the way we relate healthcare to the built environment. Chapter 2 reviews the positioning of accessibility in regulatory structures. With increased longevity, the majority of Americans will experience an extended period of disability at some point in their lives. Disability has become a majority concern and it now makes sense to base accessibility regulation on general consumer protection, which is focused on the entire population, rather than the protection of a minority class's civil rights. Chapter 2 lays out a framework for approaching disability as a population-wide, urban, lifelong concern rather than an individual, minority condition.

Chapter 3 reviews the positioning of health in regulatory structures. Public health professionals have introduced the "ecologic framework" as a collaborative, multifaceted mode of inquiry and operation, and this framework could also be utilized to structure interdisciplinary coordination between health and planning professions. Coordination and cooperation between real estate developers and community service agencies could be an effective implementation strategy capable of cross leveraging efforts and making the most efficient use of limited resources. In order to pursue these types of interdisciplinary strategies, challenges will first need to be overcome on multiple fronts: from differences in institutional culture to the ways in which these professions are positioned in government and industry organizational structures. The goal of creating lifelong neighborhoods can serve as a

coordinating theme that helps us overcome these differences in institutional culture and separation in governmental structures.

Chapter 4 reviews market trends in the health and wellness industry. Americans have sought in recent decades to integrate health supports, fitness opportunities, and wellness routines into our daily lives, and we have most frequently done so through regionally scaled, big box, and campus opportunities. The neighborhood gym has been displaced by the regional fitness and recreation campus facility, the retirement home has morphed into the retirement community, and the nursing home has swelled to near-hospital proportions. Medical attention is primarily provided on sprawling hospital campuses or in nearby satellite clinics. As healthy environments result from a careful balance of regional and neighborhood concerns, the wholesale movement of health and wellness industries to regional models of service delivery has had the effect of divorcing health concerns from environmental considerations and even contributing to the further degradation of our environment.

Part II examines some of the street and building relationships that must be in place in order for lifelong neighborhoods to gain footings and flourish. While the main focus of this book concerns healthy environments at neighborhood scales (half- and quarter-mile distances that can be easily covered in five- or ten-minute walks), many transportation and land-use policies need to align at the regional scale in order for healthy urbanism to emerge at this local scale. Chapter 5 reviews connectivity and access as prerequisite conditions for lifelong neighborhoods to emerge. Good connectivity and access ensure that a neighborhood can tap into critical regional forces without being overwhelmed by them. Chapter 6 reviews building diversity within the neighborhood as another prerequisite issue. Lifelong neighborhoods must accommodate a wide variety of building types and uses in order to make daily needs and routines more accessible and more socially integrated. The ideal urban structure for a lifelong neighborhood is locally complete but regionally connected.

Part III examines the role of senior housing in supporting lifelong neighborhoods. Chapter 7 reviews the evolution of seniors housing to help provide a context for its building types and culture and to reframe them as community-based medical institutions rather than institutionally based residential communities. Chapter 8 reviews the complex financing structures of seniors housing that integrate healthcare, support services, and real estate industries. Both the complexity and value of these financing systems should not be underestimated. Even so, seniors-housing financing cannot simply rest on the predictable economies of mass industrial repetition of single use, single demographic, and single trend building types. Though the market for these repetitious forms is predictable, it is becoming predictably weaker as the resulting urban fabric fails to provide the complex urbanism that the market is now demanding. Market analysis has evolved over the past few decades, and whereas once it was used solely to judge the feasibility of a proposed project, today it is often used to proactively gauge markets and shape a project to reach them. Chapter 8 reviews market-study techniques that can help nudge the industry toward applying the existing seniors housing financing, development, and service

systems in a manner that does not lead to specialized and segregated development responses. The end goal is not to dismantle the seniors housing industry, but rather to open it up and expand it. The integrated systems and expertise maintained by the seniors housing industry are too valuable and too hard won to ever replace or abandon wholesale. Chapter 9 goes on to lay out the individual building types and building components typical of seniors housing developments. The types are laid out as modular elements that can be integrated into a neighborhood rather than drawn together into a complete, autonomous facility. Along with these modules, a suite of policies and services typically utilized by community service agencies to support older adults in the community is provided. The integration of community services and housing development components can be an effective means of opening up and extending the seniors housing model to whole communities.

Part IV surveys some of the most progressive examples of lifelong care integrated into the built environment. The first two examples, the dense urban neighborhoods of Penn South in New York City and Beacon Hill in Boston, are reviewed because of the notoriety they have gained for advancing cooperative living models: the Naturally Occurring Retirement Community (NORC) and Villages models, respectively. Both of these best practices have been the subject of large-scale replication efforts, but in each case the efforts have attempted to replicate only the organizational models without much consideration for the role of the built environment context from which they arose. Part IV reviews some of the organizing principles and achievements alongside a discussion of their urban contexts. Older adult led community efforts in Mableton and Indiana are reviewed as prospective efforts to influence both urban form and service delivery in a combined manner. These are both community-planning efforts and are just beginning to generate results. All four best practices reviewed will cover issues of built forms, business models, and policy frameworks that have enabled achievements.

Longevity concerns and opportunities manifest themselves differently in various urban contexts. The best practices are selected to cover a range of urban-to-rural contexts. The longevity possibilities inherent to these different contexts primarily result from the different market catchments each context provides: Urban centers have sufficient density and consolidated purchasing power to demand a wide range of home- and community-based support options based on the immediately surrounding market alone; town centers can often serve the immediate community better by drawing from the larger region; and neighborhood centers can incrementally and organically "grow" their own services through cooperative organizations and satellite facilities developed in partnership with their regional service providers.

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PART I

CHALLENGES AND OPPORTUNITIES

The challenges presented by increased longevity and increased percentages of older adults did not spring up all at once—they are issues we have chosen to neglect as they have steadily crept up over decades. Though the issues had been framed many times before, Jerome L. Kaufman's 1961 report "Planning and an Aging Population" is a particularly eloquent and direct assessment of these challenges. In the introduction of his report, Kaufman states:

> Planning for all age groups is an inviolable principle; in practice, however, planners have been unduly preoccupied with certain age groups. Like the post-war housing boom, the approach to community development and planning has been child- or family-centered. Most significant advances in school and recreation planning, in subdivision design, and even in neighborhood planning, sprang originally from a conception of the needs of the young family with children. . . .
>
> The impact of this pronounced shift in age composition on community services, on urban form and on economic activity is beginning to be realized. For the community planner, sooner or later, it will necessitate some reshuffling—discarding some outmoded theories, recasting some tenuous theories, and originating some new theories.[1]

Sun City Peachtree, a 1,726-acre senior community, currently under construction 35 miles south of Atlanta, Georgia.

Kaufman goes on to call out some of the specific issues that will need to "sooner or later" be reconsidered:

> Traditionally, planners relegated older persons to a few cursory sentences in the comprehensive plan report; the number and possibly percent of older persons was mentioned, but rarely did subsequent proposals and plans reflect this analysis. Only now is there evidence that the elderly are coming in for more searching appraisal.
>
> Many questions are being asked—some simple, some complex—to which planners can help find answers. What qualities of a community make it more livable for

[1] J. L. Kaufman, "Planning and an Aging Population," *Information Report No. 148* (Chicago, IL: American Society of Planning Officials, July 1961).

> older persons? Should a dispersal or concentration of older citizens be encouraged? Given their diverse backgrounds and characteristics, what kinds of housing and community service accommodations do older people need? Where should housing for the elderly be located? To what extent should urban renewal account for older persons? Should zoning and subdivision control regulations be modified to accommodate housing developments for the elderly? Should local policy encourage the building of special housing units for the elderly or increase their economic capacity to compete for housing in the open market? What impact will an increasing number of older persons have on the local economy, the transportation system?[2]

In the fifty years since Kaufman asked these questions, seniors have achieved little advancement in comprehensive development planning, and most efforts at environmental planning for older adults have focused on specialized age-segregated retirement and care communities. Over the next fifty years and beyond, these measures will not be sufficient to accommodate older adults without enormous expense and/or neglect; hence, Kaufman's questions must be raised again.

Part I reviews some of the critical contexts in which answers to these questions will need to be formulated. Accessibility laws did not exist in 1961, but today the basic regulatory structure for accessibility is in place and if repositioned strategically, it could provide a means of addressing critical upgrades to the general built environment. The healthcare system has grown exponentially since 1961, but it has done so with little relationship to the neighborhoods in which most of us will age. A robust wellness and fitness industry has grown since 1961 and has branched out into niche services, including many valuable supports for older adults. Accessibility regulations, healthcare systems, and wellness industries have provided new opportunities to once again raise Kaufman's questions. Part I provides frameworks for structuring responses with these relatively recent opportunities.

[2] Kaufman, "Planning," 1.

THE LONGEVITY CHALLENGE TO URBANISM

CHAPTER 1

With contributions from Susan Brecht, Kathryn M. Lawler, and Glen A. Tipton

The Challenge

Longevity was the great gift of the twentieth century. Learning what to do with this gift is the great challenge of the twenty-first century.

Americans born in 1900 would not have been able to drive a car, ride in an airplane, see a motion picture, work a crossword puzzle, use a washing machine, or talk on the phone. But they could do all of this and more by the time they were 30. Within the next forty years, they would have witnessed the construction of the interstate highway system, experienced the great suburban expansion, and even watched the first man walk, and then drive, on the moon. Cross-country and international travel, unheard of at the turn of the century, would have become a regular and frequent experience for thousands by the end of the century.

The tremendous creativity and innovation of the twentieth century changed the lives of individuals and families, radically redefining how we live in our neighborhoods, cities, and counties and how we carve out a role in an increasingly international economy and culture. Consider that Americans born before 1900 were far more likely to live just like those living in the two or three prior centuries—heating their homes by fire, growing almost all of their own food, walking or riding a horse for transportation, and communicating via postal mail at best. The incredible advancements of the twentieth century were not only numerous, they occurred at an almost incomprehensible pace. What is remarkable is that one of the most significant advances—longevity—went largely unnoticed and unaccounted for.

As with generations that came before them, most Americans born in 1900 would have lived on the same street as their parents and maybe even their entire extended families. But it's also just as likely that their children and grandchildren would live hundreds of miles away. Twentieth-century progress spread families and neighborhoods across much larger geographic areas than had ever been previously feasible. As homes dispersed across the landscape, public transit disappeared and the interstate highway system facilitated suburban sprawl, with its relatively uniform housing stock, reduced walkability, and lack of transportation choices, families and communities changed to fit their new environments. The attenuation of settlement patterns and social networks challenged urbanism: the spatial and cultural phenomena of place.

Now that the first suburbanites are aging, it's becoming quite clear that the twentieth-century progress that allowed us to spread out, live in larger homes with larger yards, and drive our cars to work, shop, and play cannot accommodate the brand new, and without precedent, experience of living much longer. Suddenly,

communities that were sold as a healthy refuge for families from the polluted and congested neighborhoods of the city are unable to support anyone who can't take care of their home and yard and drive their own car. Without sidewalks, trails, and, most importantly, destinations, these suburban neighborhoods make it difficult to maintain health and remain free of chronic disease. It's now very clear that suburbia was built while science and medicine were making it possible to live longer. But the designers, planners, architects, and financiers who made suburban living possible, along with the suburbanites themselves, invested billions of dollars without ever considering that the residents would grow and stay old much longer than ever before.

The gift of longevity very well may be the catalyst that returns Americans to a full appreciation of the urbanism we once had and can have again. We grow more reliant on close proximities in both physical and social relationships as we advance in age. "Urbanism" refers to close relationships in both respects: the compactly built environment and the collective sense of identity that such an environment fosters. Closeness is the operative condition of both the physical and social structures of urbanism. Until a movement is launched to shorten the lifespan or to halt the scientific and medical progress that is almost exclusively focused on extending life even further, communities will be forced to look back at how we used to live together—in urban environments—to ensure that longevity is a gift we are truly equipped to receive.

Demographic Revolution

For the first time ever, the older adult population will match in size the youngest populations on the planet. The traditional population pyramid will morph to a population rectangle (fig. 1.1). In the entire time human beings have populated the

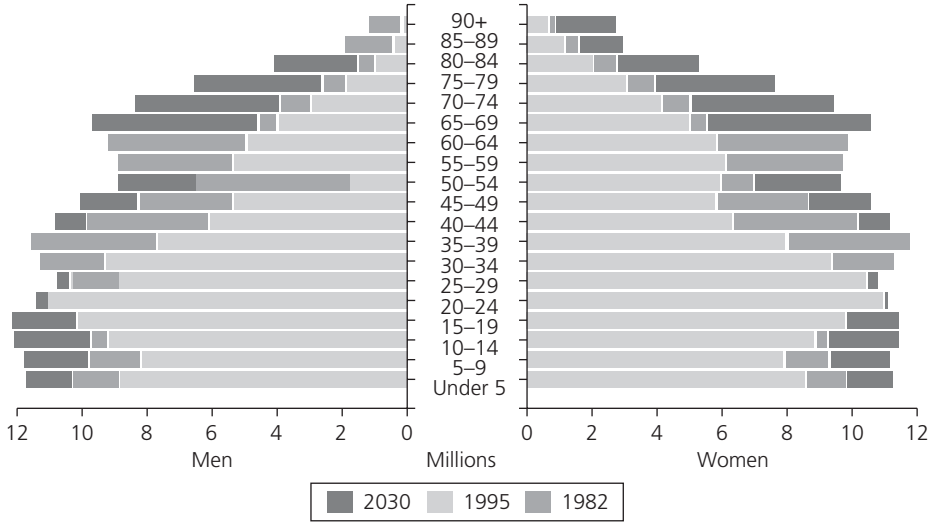

Figure 1.1
Expanding Aging US Population. Information from "Aging and Cancer Research: Workshop Report"; National Institute of Health and National Institute of Aging, June 2001.[1]

Source: US Census Bureau, Population Projections of the United States by Age, Race, and Hispanic Origin 1993–2050, P25-1104, 1993

[1]National Institute of Health and National Institute of Aging (NIH/NIA), *Aging and Cancer Research: Workshop Report* (June 2001).

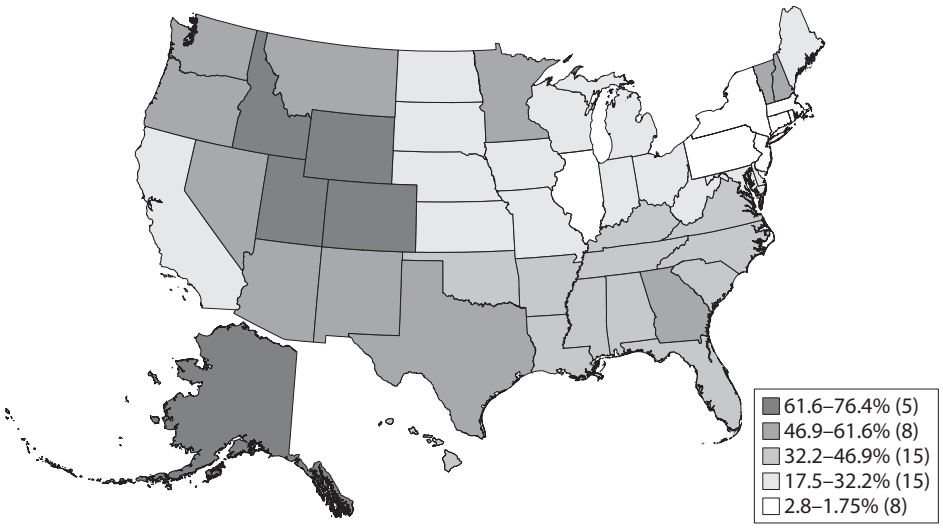

Figure 1.2
Percentage growth in elderly populations, 2000–2015.

earth, this has never before happened. Communities have always been organized around a very young population, with the highest percentage of individuals being between zero and five years of age. Even as life expectancy grew, and people were more likely to survive childhood illnesses and live into adulthood, the relationship between the young and the old remained almost the same as it had always been. It was only when the increase in the older adult population began to outpace the growth in the youngest populations that the transformation began. With decreasing birth rates and increased longevity, this trend will continue well into the twenty-first century. While most people have become increasingly aware of this unprecedented demographic shift, the basic statistics are worth a review (fig. 1.2).

- By 2030, the United States will be home to approximately 71 million people over the age of 65, making one out of every five US residents an older adult.[2]
- The growth in the older adult population is driven by both the aging of the baby boomer generation and increased life expectancy. As a result, there will be a larger number of both older adults and old-older adults (those over the age of 85) than ever before.
- Of the approximately 71 million people over the age of 65 in 2030, 5 million will be over the age of 85, and still only a small number will be over the age of 100. In ten years (by 2040) however, it's estimated that 12 million people will be between the ages of 85 and 99, and 1 million people will be over the age of 100 (fig. 1.3).[3]
- The dependency ratio—the proportion of working-age populations (ages 15 to 64) compared to nonworking-age populations (ages 0 to 15 and ages greater

[2]Centers for Disease Control, *The State of Aging and Health in America* (2007).

[3]www.cenus.gov

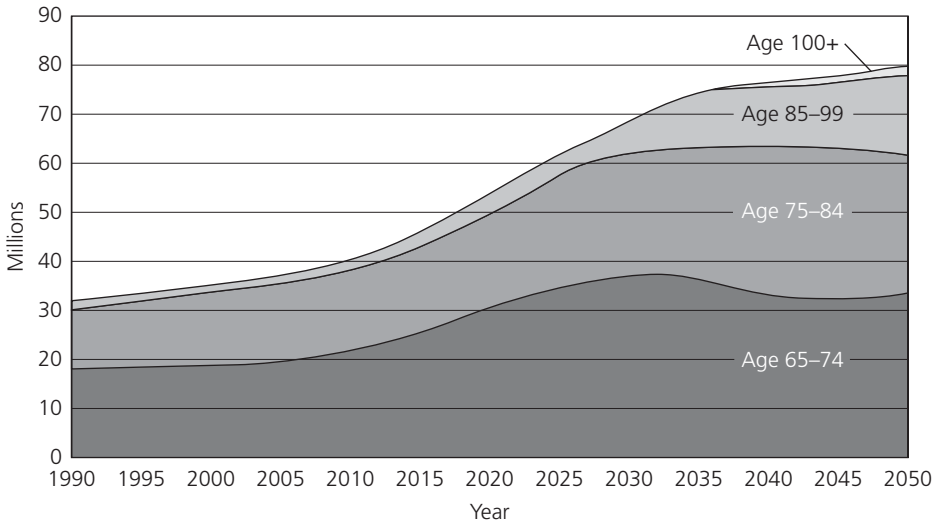

Figure 1.3
US Population Aging 65 Years and Older: 1990 to 2050. Information from "Aging and Cancer Research: Workshop Report"; National Institute of Health and National Institute of Aging, June 2001.[4]

Source: US Census Bureau, Population Projections of the United States by Age, Race, and Hispanic Origin 1993–2050, P25-1104, 1993

than 64)—will also experience a record high, as fewer working people are available to support those who do not work. This means that there will be more people demanding services and less people available to deliver these services. Companies across the globe are working to understand and prepare for how this will impact their labor force. For example, 60 percent of all nonseasonal federal employees will be eligible for retirement by 2016.[5]

- Current debates about deficit reduction highlight how the magnitude of this population dramatically affects both revenues and spending in the United States. Social Security was created when there were twelve workers for every one beneficiary and when average life expectancy was about 62. But by 2050, there will be two workers supporting each beneficiary. This program wasn't designed to support a population of people likely to live well into their 80s and 90s; therefore, we will continue to debate how to restructure it to meet the broad and growing needs coupled with a decreasing pool of workers contributing to the system.
- Aging is also occurring for the first time on a large scale in the post–World War II suburbs. In 2000, 70 percent of baby boomers lived in the suburbs and accounted for roughly 31 percent of the total suburban population in 2000.[6]
- Older men are far more likely to be married than older women. In 2008, 74 percent of older men were married but only 51 percent of older women were married. Even among the 85-plus population, 55 percent of men were married,

[4]NIH/NIA, *Aging and Cancer Research: Workshop Report* (June 2001).

[5]US Office of Personnel Management, *An Analysis of Federal Retirement Data* (March 2008).

[6]W. Frey, "Boomers and Seniors in the Suburbs: Aging Patterns in US Census 2000" (Washington, DC: Brookings Institute, 2003).

but only 15 percent of 85-plus women were married.[7] An increasing number of older adults live alone. With a comparatively higher divorce rate among baby boomers, the trend is expected to grow. In 2008, 40 percent of women over the age of 65 lived alone, while almost 20 percent of men lived alone.[8]

- In 1959, the poverty rate among older adults was roughly 35 percent, compared to 11 percent today. But savings do not go as far today, and we are likely to see the poverty rate increase as boomers age.

It's clear that the aging population can no longer be simply considered as one of many subsets or specialized population groups. The rapid and expansive growth in the older adult population will reshape all parts of society and the more quickly we can understand and anticipate how and when these impacts will occur, the better prepared and more cost effective our response will be. This book makes the argument that with some design, as well as policy and regulatory changes, many of the solutions to the challenges of an aginng population lay within the neighborhood—the place where people lived when they were young and the place they want to live when they grow old.

The Scale of Response: Pedestrian Sheds and Neighborhoods

Older adults do not generally define their challenges as those of aging. In fact, aging is so relative that it can seem as if no one is doing it. Ask 65-year-olds at what age they become senior, and they are likely to answer 85. Ask 85-year-olds the same question and they are likely to say 92. So despite all the statistics showing an aging nation, it is very hard to find an aging American. But there are plenty of people living their lives, enjoying retirement or part-time employment, and wanting to stay in the homes and communities they have loved and invested in, sometimes for decades. Neighborhoods and the places people call home are the spaces in which they will age. To address the challenges of longevity, then, we must address the challenges of place. In his book *Elderburbia, Aging with a Sense of Place in America,* Philip Stafford makes a compelling argument that "Aging in Place" has been erroneously equated with aging in one's home. Stafford draws on sources as wide as Martin Heidegger, John Berger, and the geographer Yi-fu Tuan to detach the meaning of "place" from a home, and realign it with dwelling in a larger spatial, social, and spiritual sense. Stafford proposes that place is defined through a process of answering these questions:

> Can we fill our spaces with meaning and memory? Can we attain a sense of agency, where what we do makes a difference? Can we dwell in the other? Can we transform space into a place that reflects who we imagine ourselves to be?[9]

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[7]US Census Bureau, Current Population Survey, *Annual Social and Economic Supplement* (2008).

[8]Ibid.

[9]P. B. Stafford, *Elderburbia: Aging with a Sense of Place in America* (Santa Barbara: ABC-CLIO, 2009), 14.

In examining the neighborhood and urbanism that is fostered at the neighborhood level, this book attempts to create physical and social environments beyond the home that assist in creating positive answers to Stafford's questions.

What Is a Neighborhood?

The neighborhood is a complex organizational structure that is both physical and social—a district that may overlap with others, shift over time, or tighten down, depending on the context in which it is being defined. There are however, basic physical building blocks that can be empirically determined that structure and support neighborhoods (fig. 1.4). Comfortable walking distances of quarter- to half-miles, known as pedestrian sheds, are these basic building blocks of the neighborhood. The pedestrian shed should gather the residents within walking distances of many daily needs, including transit, which is ideally placed at a central node next to shops. Other daily needs that are ideally balanced and mixed within the five-minute walking distance are shopping, work, school, recreation, and dwellings of all types. Neighborhoods continually come back to the quality of the pedestrian environment within the shed, not only as a value in itself, but also as an indicator of a variety of larger environmental, social, and health considerations.

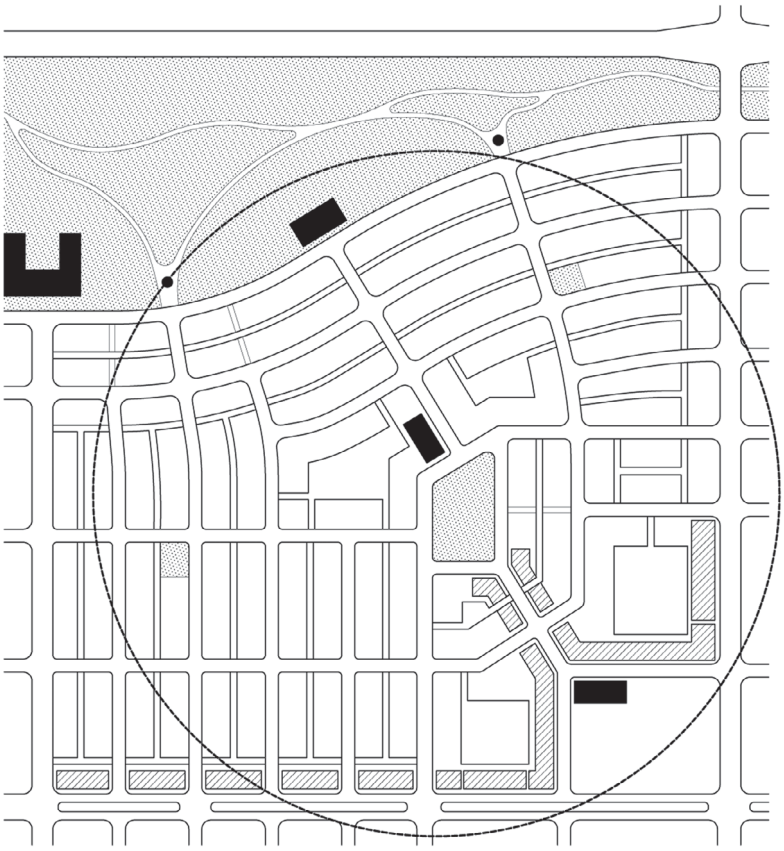

Figure 1.4
The Prototypical Traditional Neighborhood Development is designed to support a variety of housing types, commercial and civic enterprises, recreation, and pedestrian activity all within a quarter mile radius. This neighborhood type is particularly well suited to support the needs of older adult residents. Daily needs are met by shops that are a short walk from homes. Opportunities for social engagement are supported by the pedestrian-oriented streets and strategically positioned community spaces.

Multiple pedestrian sheds may combine and interact across an identified neighborhood district. Pedestrian-oriented urban form has some clear physical characteristics at the pedestrian shed scale, as well as more complex and subjective cultural characteristics across the whole neighborhood. The edges of neighborhoods should be porous and continue the surrounding street, path, and green space networks to the greatest extent possible. Age-segregated, senior living developments have tended to be constructed as secured compounds rather than connected neighborhoods, and this is not a trend that should be continued, if for no other reason than the over-supply of gated retirement communities. A neighborhood edge should be defined by perceptual boundaries that define a neighborhood without segmenting and separating it from the larger community via hard barriers like gates. The mix of clearly demarcated and more loosely adjoining passages of neighborhood boundaries are animated by the interplay of the walking limits of our bodies and the extensibility of our cultures projected over topography.

The neighborhood environment is at the core of urbanism. If neighborhoods hold solutions for an aging population, then aging and urbanism must also be explored. In their book *The Urban Web: Politics, Policy, and Theory,* Lawrence Henderson and John Bolland delve into the spatial/social complexities contained within the word "urban":

> Urban comes from the Latin, Urbs. The word derives from the palings or palisades that were once used to surround and protect a settled place from intruders. From the earliest of times, those who lived in settled, protected places developed a characteristic way of life associated with a nonagricultural, non-nomadic existence. Our English word *urbane* came into the language about 1500 AD, and with it came a sense of the qualities of life and mind that are traditionally associated with lives lived in an urban setting.
>
> The word *city* is also of Latin in its derivation. *Civitas,* to the Romans, carried in its meaning the idea of citizenship and the rights and privileges of those who were citizens.
>
> The meanings that attach to the word *city* have mostly to do with its legal and governmental status, while the meanings that attach to the word *urban* have to do with what is commonly called the culture of cities: their architecture, lifestyle, sociology, and economics.[10]

Urbanism is a set of spatial/cultural relationships that emerge when a place is sufficiently defined and sufficiently close to engender group identity and collective behavior. The word "urban" is not synonymous with the word "city." Hamlets are urban settlements in rural communities, neighborhood centers are urban areas in suburban communities, town centers form urban nodes around metropolitan areas, and cities are closely packed clusters of distinct urban neighborhoods whose interactions can take on the larger order of collective behavior know as cosmopolitanism. Urbanism exists in all of these environments. *Livable Communities for Aging Populations* advocates for a return to urbanism, but this does not imply a Stalin-like effort to move the population into mass-produced, Soviet-style high-rises. Rather, it is a way of incrementally nudging our existing communities, in whatever rural or city context, over time into a more centered, better structured, and more compact settlement pattern, one better

[10]L. J. R. Henserson and J. M. Bolland, *The Urban Web: Politics, Policy, and Theory* (Chicago: Nelson-Hall Publishers, 1990), 5.

suited to an aging population with changing mental, physical, occupational, social, and emotional needs. A return to urbanism is a process of evolving a range of environments, not a migration of the population to a single city-like environment.

The connection between health and planning is not new. There is a long history of debate in the planning profession over whether the social determinants of health (S-DOH in professional parlance) or the physical determinants of health (P-DOH) should be the primary focus of healthy planning initiatives. Positing these two determinants as exclusive or oppositional requires a type of theoretical construct that is neither based in the realities of developing, maintaining, or residing in neighborhoods nor particularly helpful to advancing either cause. Even so, the dichotomy between S-DOH and P-DOH is alive and well today in planning profession dialogue and was recently raised again by Jason Corburn.[11]

As Corburn reminds us, the S-DOH/P-DOH debate reached a crescendo at the first "National Conference on City Planning" in 1909. At that conference, Fredric Law Olmsted, Jr., presented observations on emerging planning practices in Europe, stressing the artful ways in which planning issues were coordinated. As a rebuttal to the Olmstead presentation, Benjamin Marsh and Robert Anderson Pope advocated for institutionalized and technically oriented planning efforts that would focus on correcting the significant social disparities reinforced by the built environment. Thus the battle lines were drawn: physical determinists versus equity advocates. In the end, this debate and the internal struggles it precipitated served mostly to help dismantle both the City Beautiful movement led by Olmstead and the social equity movement led by Marsh. The planning profession that emerged in its wake is often oriented toward neither beauty nor equity, but instead toward narrowly framed, formulaic institutional considerations. Looking back on developments over the past fifty years, it is hard to argue that the shaping and maintenance of the built environment has been guided by any larger vision of either harmony or mutuality. The S-DOH and P-DOH advocates have ended up on the same side of the table, or, more accurately, share a common exile from decision-making tables.

Meanwhile, the prestige of the planning professions has fallen. Recall that the keynote speaker at the 1909 conference was House Speaker Joseph Cannon, and that both Marsh and Olmstead had to hurry out of the conference to testify before various congressional committees on hotly debated planning issues widely perceive to be of national importance. Imagine planners testifying today. What would they say? What would Congress ask? Enhancing the quality of all places, working to ensure that social diversity is supported in codes and regulations, improving the processes through which residents are included in decision making, and elevating the position of neighborhoods in the metrics and policies that shape our regional, state, and interstate transportation systems—these are timely, appropriate topics, commensurate with the planning profession's current challenges and spheres of influence.

The value this book places on physically distinct and identifiable neighborhoods makes it easy to associate it with the City Beautiful movement of Olmstead, rather than with the social justice movement of Marsh. However, we now have too much empirical evidence on the influence of urban form on social behavior and community

[11]J. Corburn, "Toward the Healthy City: People, Places and the Politics of Urban Planning."