Creating Elder-Friendly Communities
Dawn Alley BS, Phoebe Liebig PhD, Jon Pynoos PhD, Tridib Banerjee PhD & In Hee Choi MA

To cite this article: Dawn Alley BS, Phoebe Liebig PhD, Jon Pynoos PhD, Tridib Banerjee PhD & In Hee Choi MA (2007): Creating Elder-Friendly Communities, Journal of Gerontological Social Work, 49:1-2, 1-18

To link to this article: http://dx.doi.org/10.1300/J083v49n01_01

PLEASE SCROLL DOWN FOR ARTICLE

Full terms and conditions of use: http://www.tandfonline.com/page/terms-and-conditions

This article may be used for research, teaching, and private study purposes. Any substantial or systematic reproduction, redistribution, reselling, loan, sub-licensing, systematic supply, or distribution in any form to anyone is expressly forbidden.

The publisher does not give any warranty express or implied or make any representation that the contents will be complete or accurate or up to date. The accuracy of any instructions, formulae, and drug doses should be independently verified with primary sources. The publisher shall not be liable for any loss, actions, claims, proceedings, demand, or costs or damages.
whatsoever or howsoever caused arising directly or indirectly in connection with or arising out of the use of this material.
SUMMARY. Because many communities where older people live were not designed for their needs, older residents may require support to remain in the least restrictive environment. “Age-prepared communities” utilize community planning and advocacy to foster aging in place. “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. This paper presents an
analysis of the literature and results of a Delphi study identifying the most important characteristics of an elder-friendly community: accessible and affordable transportation, housing, health care, safety, and community involvement opportunities. We also highlight innovative programs and identify how social workers can be instrumental in developing elder-friendly communities.

doi:10.1300/J083v49n01_01 [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <http://www.HaworthPress.com> © 2007 by The Haworth Press, Inc. All rights reserved.]

KEYWORDS. Community assessment, neighborhood, aging services, planning, age-prepared

INTRODUCTION

In the next 20 years, more Americans will live into advanced age and the large Baby Boomer cohort will move into retirement. By the year 2020, about one in five Americans will be over age 65 (Kinsella & Velkoff, 2001). Some areas, including rural communities and retirement destinations, will include even larger concentrations of older persons. This explosive growth of older adults represents both opportunities and challenges at the community level.

An aging population presents an opportunity because many older adults are committed, long-time residents who contribute their time and energy to local issues. The majority of older adults are homeowners, and over 60 percent have lived in their homes for at least 11 years (Bayer & Harper, 2000). Approximately 86 percent of older adults give to charity organizations, over one-third participate as volunteers, and almost 20 percent provide informal care to a friend or family member (Feldman, Oberlink, Simantov, & Gursen, 2004). Communities can use planning to create an environment that supports and capitalizes on this “elderpower.” 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 (e.g., delivering in-home meals to persons with disabilities, caring for grandchildren).

However, supporting aging in place may be a challenge for many communities. “Aging in place” refers to individuals growing old in their own homes, with an emphasis on using environmental modification to compensate for limitations and disabilities (Pynoos, 1993). Ideally, older adults should not have to move to be in a supportive environment. Over 80 percent of older adults express a desire to remain in their own homes as long as possible (AARP, 2000).
Yet, aging in the community may not be possible without community support, because older persons frequently experience declining capacity for independent living. In 1997, 27 percent of community-dwelling Medicare beneficiaries over 65 experienced difficulty performing one or more activities of daily living (e.g., walking, eating, toileting); more than half of Americans over 85 experience these limitations (U.S. Administration on Aging, 2003). Even more older adults experience difficulties with instrumental tasks such as driving and shopping. As physical or cognitive capacity declines with age, older persons may need additional support to maintain their independence. For citizens aging with a disability, the ability to carry out daily tasks and participate in community life is often dependent on accessible infrastructure and social resources.

Faced with an aging population, we must look for new ways to ensure that older adults can contribute to and be cared for by their communities. The purpose of this paper is to provide an overview of research on planning and creating elder-friendly communities. First, we discuss the importance of the community environment to older persons and summarize research on older adults’ definitions of community elder-friendliness. Next, we present a brief report of our own research on practitioners’ definitions of elder-friendly community characteristics. Taken together, these definitions provide a platform for community efforts; however, because more specific guidelines are needed, we review tools to aid localities in becoming “age-prepared” by assessing their elder-friendliness and planning for future community needs. Finally we highlight strategies for developing elder-friendly communities using examples of local initiatives and review the implications for social workers.

THE COMMUNITY ENVIRONMENT AND OLDER PERSONS

Communities can support aging in place, but they may also contain barriers that make community living more difficult for older residents. Many homes and neighborhoods in which older people live were not designed for their changing needs and may present impediments to their well-being. Unless communities address issues of elder-friendliness, they may have to confront more aging-related problems in the future, such as a loss of older volunteers in community organizations, higher stress levels for family caregivers, and higher levels and costs of institutionalization. In order to remain active community participants, older adults may want accessible opportunities for involvement in community life and housing linked with or located near social activities and services. Additionally, as older persons aging in place experience declining capacity, they may need special transportation
options, home modifications, in-home help, and other community-based services.

The future growth of the older population will necessitate a more integrated aging infrastructure, with increased housing, transportation, social service, and health care options that meet the needs of both active and frail older adults. Thus, developing elder-friendly communities to meet the needs of today’s older adults and prepare for elders tomorrow is an issue of growing importance. Unfortunately, only a limited body of research exists to assist policymakers and practitioners in creating elder-friendly communities. Although there is a burgeoning planning literature (Norris, 2001) on the intersection between community design and quality of life (e.g., new urbanism, healthy communities, livable/walkable communities, smart growth), none of these community standards specifically addresses the needs of the nation’s growing older population. For instance, although new urbanism addresses issues including housing density, mixed-use zoning, and walkability, it lacks emphasis on characteristics that may be more important to older persons, such as accessibility to community amenities, facilities, and services.

**What Is an Elder-Friendly Community?**

Currently, no uniform definition exists for the term “elder-friendly community.” However, it generally refers to a place where older people are actively involved, valued, and supported with infrastructure and services that effectively accommodate their needs. This definition of elder-friendliness draws from the “person-environment fit” perspective (Lawton & Nahemow, 1973), which suggests that older adults must augment their capabilities when their individual levels of competence are challenged by the environment. This environment, which can be social, psychological, and/or physical, can either support or inhibit the capabilities and functioning of older persons. An elder-friendly community can moderate the demands of the environment and bring them in line with older individuals’ strengths and deficits.

Because this conceptualization addresses the needs and competencies of older adults in a given area, elder-friendly communities vary in terms of emphasis. For instance, a rural community may require better transportation for service access, while an urban community may focus on walkability. An elder-friendly community, however, is not only for the retired or the frail; it provides a continuum of support for residents of all ages and all levels of ability. In essence, an elderly-friendly community makes local resources more “user-friendly” to older adults, so that services, programs, policies, and facilities maximize benefits to older adults and their families through convenience and support (Beier, 1997).
Several studies have attempted to document the community characteristics that older adults identify as most important (Table 1). The largest investigation of older adults’ opinions about their communities has been AARP’s nationwide study of Americans over 45 (AARP, 2003). Participants were asked about both community characteristics and about those services most important to them in old age. At the local level, the City of Calgary (2001) and the Northwestern Illinois Area Agency on Aging (2002) conducted extensive focus groups of older adults and service providers in their respective catchment areas. In related research, 14 focus groups of older adults from around the country were assembled by the Center for Home Care Policy and Research to identify characteristics for aging in place (Feldman & Oberlink, 2003).

### TABLE 1. Select Characteristics of Elder-Friendly Communities Identified by Older Persons

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome</td>
<td>Characteristics of elder-friendliness</td>
<td>Services in elder-friendliness</td>
<td>Characteristics of elder-friendliness</td>
<td>Characteristics of elder-friendliness</td>
</tr>
<tr>
<td>Characteristics of an elder-friendly community in order of importance</td>
<td>Safe neighborhoods</td>
<td>Door-to-door transportation</td>
<td>Seniors valued &amp; respected</td>
<td>Transportation for seniors unable to drive</td>
</tr>
<tr>
<td>Hospital</td>
<td>Outdoor maintenance service</td>
<td>Opportunities to stay active</td>
<td>Affordable housing &amp; housing alternatives</td>
<td>Health and health care</td>
</tr>
<tr>
<td>Doctors’ offices</td>
<td>Health monitoring service</td>
<td>Programs that build community &amp; provide volunteer opportunities</td>
<td>Churches with an active social ministry outreach</td>
<td>Social connections</td>
</tr>
<tr>
<td>Place to worship</td>
<td>Accessible public transportation</td>
<td>Services to help “make ends meet,” (e.g., home repair services &amp; affordable health care)</td>
<td>Senior organizations that provide both services and recreational programs</td>
<td>Housing and supportive services</td>
</tr>
<tr>
<td>Shopping center</td>
<td>Home delivered meals</td>
<td>Safety, including home &amp; community environment</td>
<td>A safe and caring community</td>
<td>Transportation and safety</td>
</tr>
</tbody>
</table>
The five most important factors identified by each study are reported in Table 1. Common elements across studies include transportation, housing, health care, safety, and respect for older community members; however, the relative importance of these items varies. Other critical aspects of the community environment included financial security and services to help “make ends meet,” as well as an active social environment characterized by opportunities to stay active through both informal social networks and formal organizations.

Some of the variation across the studies may be the result of research focused on slightly different outcomes in different populations. Questions referring to elder-friendly services and characteristics necessary for aging in place produced responses more specifically relevant to frail older persons, such as the need for a health monitoring service or for housing with supportive services. In contrast, questions that more generally addressed elder-friendly neighborhoods highlighted the importance of social characteristics, such as active places of worship, recreational programs, and volunteer opportunities.

Practitioners’ Perceptions of Elder-Friendliness

Clearly, older adults have a set of generally shared concerns and priorities regarding their communities, but little research has addressed whether practitioners understand and share these concerns. To address this issue, our research team conducted a study of fifteen national leaders in the fields of gerontology, urban planning, and community development, using the Delphi technique to develop a definition of elder-friendliness. The Delphi technique (Dalkey, 1969) is a method of generating ideas and facilitating consensus from the collective expertise of participants who are not necessarily in contact with each other. In a series of mail survey waves, participants first answer open-ended questions and then rate and reflect on responses, eventually producing a set of priorities based on numerical consensus.

Potential participants, including both researchers and practitioners, were identified based on an extensive literature review. Participants were first asked to respond to three open-ended questions, including: how to define an elder-friendly community; which are the most important characteristics in a community that would be considered elder-friendly; and what are potential examples of elder-friendly communities. From these open-ended questions, we assembled 39 community characteristics in five areas: service-oriented characteristics, such as meal sites and employment opportunities; physical community characteristics, such as accessible public buildings and streets designed for senior walking and driving; age-based services, such as senior centers and door-to-door transportation; community inclusiveness, such as opportunities for social
integration and consideration of elders as vital citizens; and age-related infra-
structure, such as elder-relevant issues present on the local agenda.

In the second and third waves of the study, participants were asked to rate
and rank these characteristics in an effort to develop a concise set of commu-
nity priorities. In this way, we were able to develop consensus among partici-
pants from different fields about the most important characteristics of an
erlier-friendly community. Table 2 shows the final results from the third wave.

Interestingly, many of these important community characteristics were the
same as those identified by older adults. Community characteristics such as
safety, a recognition of elders as an important part of the community, and acces-
sible services were characterized as important by both practitioners and older
adults. However, the researchers and practitioners who participated in the
Delphi study also identified several more specific programs and environmental
issues not identified by older persons as components of an elder-friendly
community. For instance, Delphi study results highlight the need for caregiver
support services and age-appropriate exercise facilities, perhaps reflecting the
importance recent research and practice have placed on mental and physical
health. Additionally, these results draw attention to the importance of the neigh-
borhood physical environment, including characteristics such as supportive
zoning for senior housing and adequate pedestrian and traffic controls.

**ASSESSING ELDER-FRIENDLINESS
AND BECOMING AGE-PREPARED**

Elder-friendly community definitions from both older adults and practi-
tioners provide a platform for community efforts to serve the needs of older

**TABLE 2. Elder-Friendly Community Characteristics: Delphi Study, 2002**

| Accessible and affordable transportation |
| Available in-home or long-term care services |
| A wide variety of appropriate housing options |
| Responsive health and long-term care |
| Ability to obtain services with reasonable travel |
| Personal safety and low crime rates |
| Elders considered vital part of community |
| Caregiver support services |
| Accessible public and service buildings |
| Elder-relevant issues present in local agenda |
| Recognition of and response to unique needs of seniors |
| A wide selection of services |
| Adequate pedestrian and traffic controls |
| Supportive zoning for senior housing |
| Age-appropriate exercise facilities |
residents. However, communities may need more specific tools to assess their current neighborhood environments and to plan for the needs of future older persons. Becoming elder-friendly often requires not only addressing the needs of the current older population, but also planning for the needs of future older residents. An “age-prepared” community is one that has assessed its current services for older people and has planned for the needs of its future older population. Communities can and do work toward elder-friendliness by becoming age-prepared, assessing current resources and projecting future needs, then responding to these needs through planning. Because the needs and resources of older adults vary by community, this process will also vary. Thus, community assessments represent an important starting place in becoming age-prepared.

**Needs Assessments**

The term “needs assessment” refers to a broad array of activities designed to determine the discrepancy between what is available and what should be (Posavac & Carey, 1997). Appropriate assessment is a key element of social work, case management, and community practice. Community organizations and planning departments often conduct a needs assessment to develop new programs or to expand, refine, or improve existing programs.

Both qualitative approaches, such as focus groups or in-depth client interviews, and quantitative approaches, such as surveys of target groups, can be useful. However, these two methods require different levels of investment and provide different types of information (Kunkel, 2003). Qualitative approaches yield rich insights about needs and services that may be useful in designing interventions. They can yield detailed information about targeted groups, such as older persons with disabilities, senior center users, or residents of a particular neighborhood. In general, they tend to require a smaller investment in research, because they typically utilize fewer participants.

In contrast, quantitative approaches may be most useful when some information is already available in the process of planning future programs or expanding services. They can help address questions related to program planning, such as “how many people think this is a problem?” or “where do most community residents who need services live?” Quantitative approaches often require a substantial investment of time and funds because of the requirements of survey design and data collection for a representative survey, whether data collection occurs through mail surveys, phone surveys, or face-to-face interviews. One strategy for accomplishing this type of assessment is to form a coalition of interested parties, such as the local planning department, Area Agency on Aging, Public Housing Authority, and municipal or regional transit agency, as well as agencies that serve seniors. All these groups are likely to
have some interest in a community survey for their own specific purposes, and they may be able to contribute to its development and implementation.

**Elder-Friendly Community Assessments**

As older adults, researchers, and practitioners have recognized the importance of creating elder-friendly communities, they have also realized the need for more specific indicators of elder-friendliness for use in needs assessments. In response to this need, several assessments have been created that address a wide variety of community characteristics. They include the AARP Livable Communities Guide (Pollak, 1999), the AdvantAge Initiative (Feldman & Oberlink, 2003), and the Elder Ready Community Report Cards (Hernandez, 2001a, 2001b) used in Florida. Each emphasizes the importance of community involvement in conducting the assessment and includes indicators relevant to community services, the private sector, and the built environment.

The AARP Livable Communities Guide (Pollak, 1999) is perhaps the most extensive, with 100 specific questions on topics ranging from affordable housing to community recreation centers. Although designed to address the needs of older adults, this guide pertains to age-related issues that affect all community residents. However, because it relies exclusively on presence or absence measures, it has a limited ability to address issues such as affordability and accessibility.

In Florida, Hernandez (2001a, 2001b) has developed a system of report cards, including the *Access Ready Report Card for Well Elders* and the *Elder Ready Community Report Card for Frail Elders*. These assessments independently address needs applicable to independent older persons (e.g., driving, accessible shopping) and those relevant to frail older persons (e.g., home care, assisted living). Compared to other assessments, these report cards place greater emphasis on non-governmental organizations, including businesses and places of worship. However, like the AARP assessment, they are made up almost exclusively of presence or absence measures, with little emphasis on affordability and accessibility.

The AdvantAge Initiative (Feldman & Oberlink, 2003, p. 273) presents a concise list of 33 essential elements of an elder-friendly community, including items such as “percentage of people age 65 + who want to remain in their current residence and are confident they will be able to afford to do so” and “percentage of people age 65 + who participate in volunteer work.” This assessment is specific to older adults, and is unique in that it focuses on both basic needs (e.g., housing, meals, personal care) and on maximizing independence and community involvement. Furthermore, in contrast to the AARP assessment, the AdvantAge tool incorporates need as well as availability of services.
Both the AARP and Florida assessments consist of flexible questions that could be used in qualitative focus groups or a quantitative survey method. However, as noted above, they are limited in their ability to identify specific needs. In contrast, the AdvantAge Initiative focuses extensively on identifying unmet needs relative to current resources. Because this assessment emphasizes the prevalence of problems among older adults in the community, it necessitates a more quantitative approach with a random sampling of community members; this approach is likely to yield data useful for planning and implementing a variety of community programs.

**DEVELOPING ELDER-FRIENDLY COMMUNITIES: LOCAL INITIATIVES**

In the past, policy initiatives have emphasized specific institutions and services such as health care and, to a lesser extent, housing. However, several forces are driving communities to engage in new initiatives that utilize assessments like those above and span different policy domains to support life in the community. These forces include population aging, a renewed focus on self-determination and individual responsibility, and the implementation of the Olmstead decision, which requires states to plan for less restrictive options for persons with disabilities (O’Hara & Day, 2001). Building elder-friendly communities requires a more integrated perspective that coordinates health, housing, and transportation services and bridges the gap between social services and the built environments. Creating policies that encourage elder-friendly community planning and development requires a paradigm shift, integrating the aging network with the disability network, bringing planners and service providers together, and opening and sustaining dialogues between public agencies and private businesses.

**Community Examples**

Available examples from local initiatives demonstrate the importance of having a lead organization to convene stakeholders, conduct assessments, and provide continuity throughout the process of implementing initiatives. For instance, the “Coming of Age in Rural Illinois” project was sponsored by Illinois State University. Researchers were able to use existing data from the Illinois Rural Life Panel Survey to inform their understanding of community needs and to build on this survey using new data from key informants in local government, law enforcement, health care, and senior services (Beier, 1997). The “A Place to Call Home” project in Calgary was a partnership between the City
off Calgary, the Calgary Regional Health Authority, and the faculty of Social Work at the University of Calgary (City of Calgary, 2001).

Such research-practitioner partnerships match university research skills in needs assessment with community practitioners’ and stakeholders’ abilities to turn results into programs and services. Smaller efforts have also benefited from such partnerships. For instance, at a NORC (naturally occurring retirement community) site in Los Angeles, the Jewish Family Services, a local service provider, is working with aging researchers and a wide range of community groups to create an environment more friendly to area resident needs. In a related community effort, researchers conducted a study of a busy neighborhood intersection and found that older pedestrians had difficulty crossing (Hoxie & Rubinstein, 1994). Based on these findings, service providers successfully lobbied the city transportation department for increased crossing time, thereby improving intersection safety.

Leadership and continuity can also come from a variety of community non-profit or religious organizations. For instance, the Evergreen Institute in Bloomington, Indiana is a community non-profit organization dedicated to promoting a healthy urban environment for older adults by creating neighborhood, diverse housing options, and intergenerational programs. The Institute’s programs were guided by an initial telephone survey of older residents that addressed neighborhood issues including housing, health care needs, retail and social services, and safety issues. Such surveys can form the basis of an integrated approach that addresses comprehensive community change.

Finally, in an example that suggests the power of long-term planning, the City of Pasadena has succeeded, by many of the indicators mentioned previously, in creating an elder-friendly community for its more than 15,000 older residents. This development occurred through conscientious planning that addressed both age-based and age-related issues in a variety of city agencies and community organizations. In 1995, the city created a Master Plan for Seniors that provides information on senior needs, services, and policy recommendations through the Year 2005. The purpose of the plan was to “analyze local demographics, assess the needs in the community, and to identify resources, duplications and gaps in services” (City of Pasadena, 1995, p. 9).

The City Human Services and Neighborhoods Department began the planning process by creating a Senior Master Plan Committee that was designed to be as inclusive and open as possible. The committee was composed of individuals, local community leaders, agency representatives, and city employees from several departments. It gathered demographic data from the 1990 census and compiled information from previous assessments, including general community assessments (e.g., the 1995 Pasadena Citizens Survey, surveys by the Community Health Alliance of Pasadena), as well as assessments specific to
older persons (e.g., a recent assessment of Latino elderly). The committee received input from every agency in the city and hosted several public forums in different parts of the city to receive input on issues related to seniors.

In its final form, the master plan outlined unmet needs and available services in areas including case management, employment, grandparenting, health care, housing, legal assistance, mental health, in-home services, transportation, and volunteer opportunities. Recommendations based on these findings were organized by one-year, five-year, and ten-year goals. Outcomes of the plan include a directory of senior programs and services and creation of a Senior Advocacy Council. Additionally, the plan has helped the Pasadena Senior Center expand service offerings and establish satellite programs in community centers around Pasadena, serving more residents near their homes. This example illustrates how a network of interested agencies and organizations can build upon existing assessments with qualitative research to create a long-range impact on the community.

**Implications for Social Work**

A focus on elder-friendly communities can be seen as the natural outgrowth of an increase in the older population and the on-going shift toward a community orientation in gerontological social work. In the last decade, the field of social work has witnessed an enormous growth in the emphasis on community, with the expansion of case management and community practice. Case management entails “a procedure to plan, seek, and monitor services from different social agencies and staff on behalf of a client” (Barker, 2003, p. 58). Consequently, case managers require a thorough knowledge of community resources that allow older clients to remain in the least restrictive environment possible. At the same time, community practice requires “the application of practice skills to alter the behavioral patterns of community groups, organizations, and institutions or people’s relationships and interactions with these entities” (Hardcastle, Wenocur, & Powers, 1997, p. 399). From the community practice perspective, communities act as systems composed of subsystems such as mental health and social services. Social workers involved in community practice help to ensure that these systems are functional for clients (Hardcastle, Wenocur, & Powers, 1997). A community focus may require social workers to create new partnerships with planners and policymakers to pursue broader community goals for the support of older persons. Communities can and must develop cohesive local strategies to address the issues of an aging population, in which localities and community organizations respond to resident needs, advocate for appropriate service provision, and plan for supportive environments for their future elders.
Implications for Practice

Across all the studies and initiatives described above, two general themes emerge. First, results indicate the importance of age-based community issues, or those programs and services specifically intended to address the needs of older persons, as well as age-related community issues, or those programs and services from which older persons may benefit, but that address issues relevant to the broader community or to specific subgroups, such as disabled or dependent residents (e.g., children) or minority groups. (For a discussion of these differences, see Hudson, 1995.) For instance, age-based community services include senior programs, such as exercise or volunteering designed exclusively for older adults, as well as programs designed to meet the needs of special groups, including disabled older persons and their caregivers. In contrast, age-related community issues include the need for accessible public transportation, nearby doctors and shopping centers, and safe neighborhoods. While these community features may be particularly crucial for improving older persons’ quality of life, they are likely to be important to all community residents, regardless of age.

Recognizing this distinction is important, because it can help social workers in community practice identify key stakeholders when advocating for elder-friendly programs and services. For instance, expanding the availability of caregiver support services, a predominantly age-based service, will probably mean working with local senior centers, home care agencies, and age-based consumer groups. In contrast, addressing an age-related community characteristic, such as the creation of safer pedestrian and traffic controls, may mean working with transportation planners, citizen organizations, and neighborhood block groups.

A second theme evident from existing research on elder-friendly communities is the importance of both the social environment and the built environment, as well as the relationship between them, reflecting environmental press. For instance, safety and other social factors, such as a community’s respect for older adults and available opportunities to stay active, contribute significantly to older adults’ quality of life. At the same time, the importance of the neighborhood built environment is evident in the need for accessible public and service buildings, services available within reasonable travel time, availability of sidewalks or other pedestrian safety measures, and affordable housing and zoning supportive of senior housing.

The social and built environments represent important areas for community-practice advocacy and interventions. Because changes in the built environment can require years to enact, planning is an essential part of creating change in community environments. Planning makes a difference in how
services are delivered and how clients access them. For instance, if a senior center is located near residents’ homes or public transit routes, older persons will have better access to services. In contrast, a lack of planning that integrates the physical and social environments can make service delivery more difficult. This problem exists in many Section 202 buildings, a type of affordable housing for the elderly, which have been built without public space; these buildings now require extensive retrofitting to provide aging residents with needed meal programs and services (Heumann, Winter-Nelson, & Anderson, 2001). These examples illustrate the interplay between the social and built environments.

Unfortunately, older citizens are often left out of the plan-making process, and community plans may not adequately consider the needs of older residents (Boswell, 2000). Social workers can address the built environment by helping older people identify their concerns about housing, transportation, and zoning issues and empowering them to present their views in appropriate forums, such as planning meetings and zoning hearings. Additionally, social workers can work more directly with planners to represent their clients’ concerns. In this way, they can help reduce fragmentation and create environments that better serve older adults. Figure 1 displays some key terms and resources from urban planning that may be useful for social workers and community practitioners in developing elder-friendly communities and working with planners.

CONCLUSION

Increasingly, a variety of stakeholders recognize the importance of creating elder-friendly communities, including older consumers, community planners, and aging service providers. Social workers are in a unique position to contribute to such community efforts, because they are likely to be familiar with community needs and resources and have established contacts with a variety of organizations. Furthermore, social workers stand to benefit from the development of elder-friendly communities, because they will be better able to help older clients in a more supportive community. Social workers and other service providers can reap professional rewards from creating new relationships with planners and policymakers to prepare communities for the future and to develop elder-friendly communities.

Some community characteristics, such as accessible and affordable transportation, housing, and health care, as well as safety and opportunities for community involvement, have emerged from research as crucial to older adults’ ability to age in the community. However, the specific nature and priority of these issues vary according to an individual community’s current capacity and
FIGURE 1. Key Terms and Resources for Planning Elder-Friendly Communities

**Accessibility:** Consistent with the Americans with Disabilities Act (ADA), public entities including businesses and services must be designed in a way that permits their use by persons with disabilities
- Department of Justice ADA: www.ada.gov

**Built environment:** Those aspects of our environment that are human modified such as homes, schools, workplaces, parks, industrial areas, farms, roads and highways
- National Institute of Environmental Health Sciences: www.niehs.nih.gov

**Healthy communities:** Movement to create communities that promote and sustain health by creating a positive physical environment, a vital economy, and a supportive social climate
- International Healthy Cities Foundation: www.healthycities.org
- Healthy people 2010: www.healthypeople.gov

**Livable communities:** Movement to promote smart growth and new urbanism through creating mixed-use development in which people live, work, and play in clean, safe neighborhoods with a decreased reliance on automobile travel
- Local Government Commission Center for Livable Communities: www.lgc.org/center
- American Institute of Architects: www.aia.org/livable

**New urbanism:** Focus on urban planning that is pedestrian-focused, including new development, redevelopment, and in-fill development that aim to produce walkable neighborhoods that include a mix of housing and jobs
- Congress for New Urbanism: www.cnu.org

**Smart growth:** Smart growth involves investing time, attention, and resources in restoring community and promoting vitality in center cities and older suburbs. New smart growth is town-centered, transit and pedestrian oriented, and utilizes a greater mix of housing, commercial and retail uses
- Smart Growth Network: www.smartgrowth.org

**Universal design:** Universal design is the design of products and environments to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design
- Center for Universal Design: www.design.ncsu.edu/cud

**Visitability:** Movement to create single family homes that are “visitable” by persons with disabilities, including a minimum of a zero-step entrance, 32-inch doors, and a bathroom on the main floor
- Concrete Change: www.concretechange.org

**Walkable communities:** Movement to help communities become more walkable and pedestrian friendly, with the premise that walkable communities put urban environments back on a scale for sustainability of resources (both natural and economic) and lead to more social interaction, physical fitness and diminished crime and other social problems
- Walkable Communities, Inc: www.walkable.org

its older population’s needs. Thus, a community needs assessment is an important beginning to becoming age-prepared, and social workers can be instrumental in contributing to this process. Given limited resources, they can also use the results to determine which community needs are most urgent and which characteristics are most amenable to social work intervention.
Even in communities where a needs assessment is not available or not feasible, social workers can be involved in making a community more elder-friendly. Social workers can and should be involved in the implementation of new programs and community initiatives to advocate for their clients. For instance, community practitioners can participate in the creation of a local Consolidated Plan, advocating for more affordable senior housing or for more services in existing housing. They can act as community change agents, encouraging city agencies to conduct hearings in areas that are accessible to older adults, or appearing themselves at public meetings, including city council and zoning meetings, to represent the concerns of older community members. Even more important, they can encourage and empower their clients to advocate for their own needs and provide direct input into community assessment and planning processes.

**The Future**

In the future, more research on older adults in the community should address the process of becoming elder-friendly, with a focus on identifying the most effective strategies for use by social workers and other practitioners. Research should address ways of incorporating the goals of elder-friendly communities into policy measures, such as the community General Plan. Furthermore, outcomes-related research is needed at the individual level to assess the importance of elder-friendly communities. For instance, we must ask how community interventions affect the quality of life of older persons. Which interventions are most important to support aging in place? How can we best meet the needs of the diverse elderly of the future, including both the well and frail elderly? How can community-level interventions impact the quality of life of vulnerable populations, including low-income, rural, and minority older persons? These questions will be even more important in the future, necessitating a response from both research and practice today.

**REFERENCES**


doi:10.1300/J083v49n01_01