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Healthy Aging and Age-Friendly Community Initiatives

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The 2015 White House Conference on Aging identifies "creating and supporting communities that are age-friendly" as an important way to support health, vigor, and aging in place in the community. To continue to help translate this promising idea into effective action, this article seeks to summarize research, practice, and policy on community initiatives from the field of aging and beyond. It addresses questions regarding the ways in which communities can affect healthy aging, what age-friendly community initiatives (AFCIs) are, and an overview of past and potential efforts within the U.S. government to support community change processes on behalf of our rapidly aging society.

Communities and Healthy Aging

Geographic-based, or local, communities have been recognized as a foundation for the United States since the early days of the country's existence. Alexis de Tocqueville (1835–1840)—the French government official who studied the United States in the 1830s—commented that "In America, not only do community institutions exist; so does a community spirit that sustains them and breathes life into them" (1835–1840, p. 74). Although there is concern that the strength of local communities is fraying in the United States, scholars continue to contend that being connected to one's community remains a defining feature of American society (Fischer, 2010). Communities are likely to be especially important to older adults because older adults are:

- More likely to have lived in their communities for longer periods of time and to have developed a deeper attachment to place;
- Less likely to regularly travel outside of their residential community for paid work; and
- More likely to experience mobility problems that heighten the salience of immediate environments for social interactions (Buffel et al., 2012).

Research on how social and physical characteristics of neighborhoods influence older adults' health and well-being is growing in quality and quantity (Beard & Petitot, 2010). Although the results are not entirely consistent across studies, overall, research provides sound evidence that aspects of people's neighborhoods—such as perceived safety, neighborhood walkability, and trust among neighbors—are associated with such outcomes as rates of physical activity (Yen & Anderson, 2012), risk of myocardial infraction (Kim, Hawes, & Smith, 2014), psychological well-being (Greenfield & Reyes, 2014), self-rated health (Norstrand & Chan, 2014), and functional impairment (Keysor et al., 2010). There also is emerging evidence from trials with randomization at the level of communities that community-level initiatives can promote older adults' participation in health promotion activities (Wilson et al., 2014).

The Development of AFCIs

Despite growing scholarly attention to ways in which communities might influence older adults' health and

well-being, researchers and advocates have noted that, in many ways, local communities in the United States are not equally suited to promote these objectives (e.g., Chatterjee & King, 2014). Community-level barriers to healthy aging include social factors—such as economic insecurity, lack of valued roles for older adults, and difficulties navigating fragmented systems of care—as well as physical factors—such as poor transit in communities with limited walkability (Scharlach & Lehning, 2013). Community-level environmental hazards are likely especially problematic for older adults who are already individually at greater risk for falls, mobility problems, and social isolation (Geller, 2009).

Recognizing these issues, a variety of models recently have emerged with the aim of transforming aspects of social and physical environments to make communities better places for older adults. Collectively, these models constitute age-friendly community initiatives (AFCIs), which are "deliberate and distinct efforts across stakeholders from multiple sectors within a defined and typically local geographic area to make social and/or physical environments more conducive to older adults' health, well-being, and ability to age in place and in the community" (Greenfield, Oberlink, Scharlach, Neal, & Stafford, 2015, p. 2). Box 1 presents three sites as examples of how and where AFCIs have been implemented in the United States.

Although models for AFCIs differ from each other in important ways—such as their relative focus on social versus physical environments, their degree of consumer participation, and the primary activities through which they intend to influence communities—they are similar in the following ways (Greenfield et al., 2015):

- They focus on a defined geographic area, which typically are small in size.
- They include active involvement from multiple and major systems with relevance to older adults, such as municipal governments, housing providers, and private citizens themselves.
- They use a variety of methods to influence change within social and physical environments at the level of communities, such as coalition building, interorganizational partnerships, community outreach, rational planning processes, changes to the built environment, and consumer participation.
- Their goal is to promote older adults' health, well-being, aging in place in the community, quality of life, and meaningful engagement.

Many AFCIs share features that are similar to other community-level change initiatives, such as smart growth or sustainable communities, universal design, complete streets, and walkable communities (Golant, 2014). At the same time, it is important to note that issues that are especially relevant to older adults make AFCIs somewhat distinct

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Box 1. Examples of three sites for age-friendly community initiatives

The Atlanta Regional Commission—an intergovernmental coordinating body for 10 counties in the greater Atlanta area, which also functions as an Area Agency on Aging—offers its Lifelong Communities Initiative. This initiative involves supporting the efforts of local authorities to work toward the goals of promoting the well-being of all residents, regardless of age or ability; expanding housing and transportation options; facilitating healthy lifestyles; and enhancing service access and information. (For more information, see http://www.atlantaregional.com/aging-resources/lifelong-communities//emerging-lifelong-communities.)

In the spring of 2006, residents of the Capitol Hill neighborhood of Washington, DC, met to create an association to help each other age in place, similar to the Boston-based, grassroots organization that they had read about in the newspaper. Over the following year and a half, the residents engaged in fundraising, hired an executive director, became incorporated as a nonprofit, and encouraged others to join their efforts. Capitol Hill Village—as a voluntary, mutual aid association focused on enhancing the lives of older adults—became fully operational in 2007. Today, for annual membership dues, which are reduced for people with low-income, members can receive a variety of forms of assistance and can also participate in the organization's social activities. (For more information, see capitolhillvillage.org.)

The World Health Organization (WHO) began its Global Network of Age-Friendly Cities in 2010, and the city of Portland was accepted as one of just two U.S. cities (the other being New York City) among its initial group of six members. Age-Friendly Portland involves a community-based advisory team comprising a variety of organizations, with coordinating entities including AARP Oregon, Elders in Action (a local nonprofit organization), and Portland State University's Institute on Aging. The goal of the team is to facilitate activities to make Portland "a place where people can age well." (For more information, see http://agefriendlyportland.org.)

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from these other efforts. For example, although community initiatives might similarly focus on housing, AFCIs are especially attuned to the need for housing that is accessible to people with disabilities, that offers supportive services, and that is affordable for people living on fixed incomes. As another example, although community initiatives might

share a focus on promoting residents' civic engagement. AFCIs, in particular, are aware of ageism that systematically impedes the inclusion of older adults and vulnerable subgroups of elders.

AFCIs and Federal Leadership

AFCIs have been championed by a variety of national organizations (e.g., AARP, n.d.), municipalities (e.g., New York Academic of Medicine [NYAM], n.d.), and private grantmakers (e.g., Grantmakers in Aging [GIA], 2015). The federal government, however, has not yet emerged as a steadfast supporter of these models, as there has been minimal federal funding and leadership for the development and maintenance of AFCIs across the United States (Scharlach, 2012).

Federal investment in the development of AFCIs has been limited, in part, to supporting demonstration projects under the Administration on Aging, including The Jewish Federation of North America's Aging-in-Place Demonstration Project (Bedney, Goldberg, & Josephson, 2010) and the U.S. Community Innovations for Aging in Place Program (Oberlink, 2014). Both of these programs funded a limited number of communities and concluded at the end of their demonstration periods. Moreover, the Environmental Protection Agency—in collaboration with other federal entities (e.g., the Centers for Disease Control and Prevention) and nongovernmental organizations (e.g., the National Council on Aging's Center for Healthy Aging)—initiated a program in 2006 to recognize communities combining the principles of smart growth and active aging; this program, however, ended in 2011 (Sykes & Robinson, 2014). As Scharlach (2012) commented, "In the absence of a more systemic national approach to making U.S. communities more aging-friendly, the potential impact and sustainability of these…initiatives is questionable" (p. 35).

Persistent challenges within public affairs—such as fragmentation in publicly funded services, silos across government agencies, entrenched ways of thinking about social institutions, and conflicting interests in local politics—might make federal leaders wary of further investing in AFCIs. However, it is arguably the gravity of these challenges that makes increased federal leadership in this area all the more critical.

An example of an existing initiative within the Obama administration, yet outside of the area of aging, can serve as an example for increased federal leadership around AFCIs. This initiative is the Promise Zones (U.S. Department of Housing and Urban Development [HUD], n.d.). Promise Zones involve the competitive selection of communities that are committed to making their locality more conducive to economic mobility and opportunity. The initiative involves the Administration and a dozen federal agencies—such as HUD, the Department of Education, the Department of Justice, the Department of Health and Human Services, the Department of Labor, the National Endowment for the Arts, Small Business Administration, the Department of Transportation, the Department of Treasury and the Corporation for National and Community Service—partnering with local leaders to create jobs, enhance economic activity, increase educational opportunities, and lower violent crime. Each community is charged with identifying outcomes to revitalize their communities—such as increasing high school graduation rates—and developing a strategy toward the attainment of these outcomes and redistributing resources as necessary. The second-round of Promise Zones designations—to be awarded in the spring of 2015—will not receive grant funding specific to their aims, but will receive technical assistance, coordinated support from federal staff members, specialized access to particular federal funding streams, and an intended 10 years of designation as a Promise Zone. Because Promise Zones share many features with AFCIs—including cross-sector and cross-level partnerships; planning, implementation, and evaluation; and better leveraging assets that already exist within and outside of a locality to achieve objectives—Promise Zones serve as a ready model for enhanced federal leadership in aging.

Conclusion

While the Promise Zones initiative provides one example of how the Obama administration has embraced the potential to support communities in their efforts to address complex social issues, the administration's focus on aging largely has remained exclusive to programs that benefit one older individual at a time, such as Social Security and Medicare. The very existence of AFCIs encourages U.S. federal leaders to support efforts at the levels of communities on behalf of our rapidly aging

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society. With greater support from the national government, AFCIs can help transform the country as a whole to be a better place to "grow up and grow old" and can communicate that promoting healthy aging is both an individual and a collective concern.

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