

The Origins, Programs, and Benefits of Age-Friendly Communities

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The emergence of the age-friendly community movement is a programmatic affirmation of what environmental gerontologists have long argued, namely, that the residential environments occupied by older individuals can influence their ability to age successfully and that solutions are available to optimize individual-environment congruence (Golant, 2015a; Scheidt & Windley, 2006). This global initiative has been most prominently advanced by the AdvantAge Initiative sponsored by the Visiting Nurse Service of New York (2004), AARP's Livable Communities initiative (2000), and by the World Health Organization's (WHO's), Global Network of Age-Friendly Cities and Communities (2007) (Feldman, Oberlink, Simantov, & Gursen, 2004; Kihl, 2005; World Health Organization, 2007).

A major goal of this movement is for communities across the world to assess whether they offer "policies, services, settings and structures [that] support and enable people to age actively" (World Health Organization, 2007, p. 10). Now, assessments of how communities should address the unmet needs of their older residents are far from new. As early as 1972, Chicago Mayor's Office for Senior Citizens sponsored such an investigation of its over-60 population (Bild & Havighurst, 1976). So, what is different? First, we have a more positive and evidenced-based interpretation of what it means to age well. Older people must strive to be physically and mentally healthy and actively engaged in life. Second, we have a better understanding of how environments influence both the objective and the subjective well-being of older people (Golant 2015a, Golant 2015b). Communities should have physical infrastructures, social engagement opportunities, employment and volunteer activities, and services that optimize the happiness, health, independence, participation, and security of their older occupants. Third, once establishing unmet needs, communities can and should implement a broad array of responsive organizational and policy strategies.

The topics covered in the first half of this book focus on the first two of these distinctions (Parts I and II). Readers greatly benefit from a primer on how both individual and age-friendly environment factors influence how well people age, emphasizing the relevance of both life span developmental concepts and environmental gerontology. Indeed, the title of this book understates the scope of its contents

because of its focus on these foundational areas of inquiry. Only in the book's second half (Parts III and IV) are age-friendly programmatic and policy approaches, solutions, and best practices mostly covered.

In Chapter 1, the authors offer an overview of the social and demographic status of the aging population in the United States and the need for aging-friendly communities. Chapter 2 reviews what we currently know about why older people age well, and the authors offer their own integrated model of the six developmental tasks achieved by successfully aging individuals. Chapter 3 shifts the focus to older people's everyday physical and social environments. It summarizes the most prominent environmental gerontology theoretical formulations that increase our understanding of whether older people are occupying congruent places to live. Chapter 4 presents a short overview of the meanings of age friendliness and the major organizations responsible for defining and creating this global movement. Chapter 5 focuses on the physical infrastructure challenges (related to dwellings, neighborhoods, communities, and transportation) confronted by older people. Chapter 6 focuses on why the social relationships and participation of older people matter, and on how community environments and programs influence their social engagement. Chapter 7 examines various community-based programs designed to prevent, delay, or abate health problems and disabilities. These are all well-written chapters although tighter editing would have prevented the repetition of some of this material later in the book—but this is a minor concern.

The second half of the book (Chapters 8–13) includes chapters that focus on the organizational and programmatic features of age-friendly community initiatives and their strengths and limitations. The authors offer a useful typology of community planning models (Chapter 9), cross-sector collaborations (Chapter 10), and community development initiatives (Chapter 11). Readers would have benefited, however, from a tabular presentation of case studies that showed how communities in the United States and elsewhere have specifically implemented these age-friendly strategies. The final two chapters focus on the challenges of making communities more aging friendly and needed future directions.

Even with its expansive coverage, there is clearly another book that deserves to be written by these two highly qualified authors. It would address the following questions (Golant, 2014; Gonyea & Hudson, 2015).

First, should age-friendly communities primarily benefit the old or all age groups? Targeting all ages is obviously commendable, but is it feasible given limited funding? Moreover, why should we be apologetic if our solutions only benefit older constituents? Second, the geographic coverage of age-friendly initiatives is very uneven and one must ask why? Do the old with age-friendly programs have more unmet needs that deserved an organized response, or rather, and cynically, do they simply occupy places with more responsive and effective leadership in the nonprofit, private, or public sectors? Third, are age-concentrated enclaves of old (e.g., as found in elder villages) especially good targets for these solutions? The authors review literature showing that occupants of these age-restricted places have fewer depressive symptoms (p. 97), socially participate more (p. 97), and realize service delivery advantages (pp. 174–175). However, they also seem sympathetic to the view that age-friendly communities should promote “integration over segregation” (p. 216). Fourth, how broad should be the focus of age-friendly community initiatives? This movement cries out for the prioritization of its goals and targeted populations. Who should most benefit: the poor versus the middle-class; minorities versus majorities; the physically able versus the most vulnerable; and elder occupants of core cities versus those in low-density cul-de-sac suburbs and rural counties? Fifth, do age-friendly community initiatives really work? As the authors well recognize, evidenced-based research demonstrating that programs perform as expected and produce desired outcomes is in short supply. In addition, it is no longer sufficient to show improvements in the quality of life of our old; rather, we must also prove that our solutions are cost-effective.

Overall book assessment: An excellent read for academics, students, practitioners, and policymakers explaining the age-friendly community movement and why they should

look to environmental solutions to improve the quality of life of older people.

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Stephen Golant's current areas of focus include the housing quality, aging in place behaviors, and long-term care needs of older individuals, and the development of environment-behavior gerontological theories. His most recent book is Aging in the Right Place published in 2015 by Health Professions Press.

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