

**ATTACHMENT A**

**A RESOLUTION RECEIVING THE REPORT  
ON THE ORANGE COUNTY MASTER AGING PLAN  
Resolution No. 39/2006-07**

WHEREAS, representatives from the Master Aging Plan Steering Committee have presented a status report on the Orange County master Aging Plan.

NOW, THEREFORE, BE IT RESOLVED by the Carrboro Board of Aldermen that the Board receives the report and makes the following comments on the Plan:

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Proposed Outline & Theme  
September 19, 2006

**Orange County  
Master Aging Plan  
2007-2011**

**Theme: "Developing Aging-Friendly Communities in Orange"**

**I. EXECUTIVE SUMMARY**

**II. ACKNOWLEDGEMENTS**

**III. INTRODUCTION**

**A. History and Need to Plan**

**B. State of Orange County's Older Adults- Demographics**

**C. Planning Process**

**1. Theme for 2007-11**

**Call to Action:** Engage all departments of Orange County Government (and towns) as well as the broader community, in the process of improving the infrastructure and services to meet the needs of Older adults who desire to age in place, especially those with functional disabilities and impairments.

**2. Major Priority Areas and Functional Population Needs**

**D. A Bill of Rights for Older Persons in Orange County**

**IV. MASTER AGING PLAN GOALS**

***FOCUS: ALL OLDER ADULTS – OVERARCHING GOALS***

**Goal A: Information/Access-** Improve information & assistance options to all older persons and their families who need access to services , especially those most in need.

**Objectives A1 - 5 and Strategies**

**Goal B: Housing/Shelter -** Promote an adequate supply of safe, affordable and suitable housing options for older residents to age in place.

**Objectives B1 - 5 and Strategies**

**Goal C: Transit/Mobility-** Enhance mobility options for all older persons regardless of functionality through a multi-modal vision that is acceptable, efficient, effective and affordable.

**Objectives C1 - 5 and Strategies**

**Goal D: Transitional Care-** Improve the transition and maintenance of older persons in the most appropriate care provider setting.

**Objectives D1 - 3 and Strategies**

***FOCUS: WELL-FIT OLDER ADULTS***

**Goal E: Well-Fit Older Population - Improve and/or maintain the health and well-being of Orange County's Well-Fit Older Adults for as long as possible including future Older Persons.  
Objectives E1 - 5 and Strategies**

***FOCUS: DISABLED/MODERATELY IMPAIRED OLDER ADULTS***

**Goal F: Disabled/Moderately Impaired Older Population – Maximize the safety, functional ability, and quality of life for impaired community-dwelling older persons and their family caregivers.  
Objectives F1 - 6 and Strategies**

***FOCUS: INSTITUTIONALIZED/SEVERELY IMPAIRED OLDER ADULTS***

**Goal G: Institutionalized/ Severely Impaired Older Population – Improve services, information access, and education, and outreach to long term care residents and families/caregivers that are affordable, accessible and promote quality of life through person-centered care. This also includes the retention, recognition, and training of paid facility staff, thereby improving quality and continuity of care for residents.  
Objectives G1 - 11 and Strategies**

***FOCUS: LEGISLATION/ADVOCACY***

**Goal H: Legislation/Advocacy - Promote a legislative/advocacy Aging Agenda that supports Orange County's Bill of Rights for Older Persons.  
Objectives H1 - 2 and Strategies**

***FOCUS: COMMUNITY PLANNING AND ADMINISTRATION***

**Goal I: Planning/Administration -Enhance the planning, administration, coordination and funding of a response system to the needs of older persons in Orange County.  
Objectives I1 - 3 and Strategies**



**Orange County, North Carolina**

Proposed –Sept 19, 2006

***A Bill of Rights  
for  
Older Persons***

***For Public Comment***

***Preamble: Orange County citizens of all ages have the ultimate responsibility to be or become self-reliant, to care for their families, to aid their neighbors and to plan prudently for their old age. Older persons have the responsibility to make available to the community the benefits of their experience and knowledge. Society, be it through the institutions of the public or the private sector, has the responsibility to assist citizens to be prepared for their later years, as well as to assist directly other older persons who for one reason or another, cannot cope with the burden of increasing physical, mental, social and environmental debilities.***

***Therefore, we, the Orange County Board of Commissioners, subscribe to the following basic human rights for older persons in Orange County, North Carolina based on founding principles of our state and nation.***

- I. The Right To Freedom, Independence And The Free Exercise Of Individual Initiative***
- II. The Right To An Income In Retirement Which Would Provide An Adequate Standard Of Living***
- III. The Right To An Opportunity For Employment Free From Discriminatory Practices Because Of Age***
- IV. The Right To An Opportunity To Participate In The Widest Range Of Meaningful Civic, Educational, Recreational And Cultural Activities***
- V. The Right To Suitable Housing***
- VI. The Right To The Best Level Of Physical And Mental Health Services Needed***
- VII. The Right To Ready Access To Effective Social Services***
- VIII. The Right To Appropriate Institutional Care When Required***
- IX. The Right To A Life And Death With Dignity***

***We, the Board of County Commissioners, pledge the resources of Orange County to advocate for these rights for all older persons regardless of race, color, creed, age, sex, religion, sexual orientation or national origin, with the caution that the complexities of our society be monitored, to assure that the fulfillment of one right does not nullify the benefits received as the result of another entitlement. We further dedicate the technology and human skill of Orange County so that later life will be marked in liberty with the realization of the pursuit of happiness.***

***Proposed adoption- November, 2006***

(Adapted from the Federal Council on the Aging's Bicentennial Charter for Older Americans, January, 1976)



# **Orange County Master Aging Plan**

**Proposed Preliminary  
Goals, Objectives, and Strategies  
For  
The Five-Year Period  
January 1, 2007 – December 31, 2011**

**Approved by the  
The Orange County Board of Commissioners  
For Public Comment**

**September 19, 2006**

**The Master Aging Plan Task Force  
Pat Sprigg, Co-chair  
Florence Soltys, Co-chair**

**Staffed by  
The Orange County Department on Aging  
Jerry M. Passmore, Director**

## **Section IV. MASTER AGING PLAN GOALS**

### ***FOCUS: ALL OLDER ADULTS – OVERARCHING GOALS***

**Goal A: Information/Access-** Improve information & assistance options to all older persons and their families who need access to services , especially those most in need.

**Objectives A1 - 5 and Strategies**

**Goal B: Housing/Shelter -** Promote an adequate supply of safe, affordable and suitable housing options for older residents to age in place.

**Objectives B1 - 5 and Strategies**

**Goal C: Transit/Mobility-** Enhance mobility options for all older persons regardless of functionality through a multi-modal vision that is acceptable, efficient, effective and affordable.

**Objectives C1 - 5 and Strategies**

**Goal D: Transitional Care-** Improve the transition and maintenance of older persons in the most appropriate care provider setting.

**Objectives D1 - 3 and Strategies**

### ***FOCUS: WELL-FIT OLDER ADULTS***

**Goal E: Well-Fit Older Population -** Improve and/or Maintain the Health and Well-being of Orange County's Well-Fit Older Adults for as long as Possible including future older persons.

**Objectives E1 - 5 and Strategies**

### ***FOCUS: DISABLED/MODERATELY IMPAIRED OLDER ADULTS***

**Goal F: Disabled/Moderately Impaired Older Population –** Maximize the safety, functional ability, and quality of life for impaired, community-dwelling older persons and their family caregivers.

**Objectives F1 - 6 and Strategies**

***FOCUS: INSTITUTIONALIZED/SEVERELY IMPAIRED OLDER ADULTS***

**Goal G: Institutionalized/ Severely Impaired Older Population – Improve services, information access, and education and outreach to long term care residents and families/caregivers that are affordable, accessible and promote quality of life through person-centered care. This also includes the retention, recognition and training of paid facility staff, thereby improving quality and continuity of care for residents.**

**Objectives G1 - 11 and Strategies**

***FOCUS: LEGISLATION/ADVOCACY***

**Goal H: Legislation/Advocacy - Promote a legislative/advocacy Aging Agenda that supports Orange County's Bill of Rights for Older Persons.**

**Objectives H1 - 2 and Strategies**

***FOCUS: COMMUNITY PLANNING AND ADMINISTRATION***

**Goal I: Planning/Administration -Enhance the planning, administration, coordination and funding of a response system to the needs of older persons in Orange County.**

**Objectives I1 - 3 and Strategies**



## **FOCUS: ALL OLDER ADULTS– OVERARCHING GOALS**

**Goal A: Information/Access**- Enhance information & assistance options for all older persons and their families who need access to services, especially those most in need.

**Objective A-1:** Improve marketing and evaluation of existing Information and assistance services.

**Lead Organization (s):** Dept. on Aging with Partners- United Way & Institute on Aging and others listed below.

**Strategies:**

- A. Implement a community awareness campaign (esp. May- Older Americans Month each year) of the vital role of senior centers as information and services centers.
- B. Implement new ways of advertising telephone assistance-Local -DOA Elder Helpline; Region- United Way 211 and N.C. Care-Line and evaluate use for changes.
- C. Implement new ways to publicize specialized information, such as Seniors Health Insurance Information Program (SHIIP) and Medicare Part D to older adults.
- D. Administer a community survey to measure the impact of existing marketing strategies to reach older persons and families and make necessary changes.

**Objective A-2:** Improve access to printed and website information to older persons, families and service providers.

**Lead Organization (s):** Dept. on Aging, BOCC with Partners- IT and others below.

**Strategies:**

**Printed Materials Approach:**

- A. Review and evaluate the *Senior Times* Newspaper (design, content, distribution) in informing older persons and make necessary changes.
- B. Review and evaluate the Orange County Eldercare Community Resource Guide in providing Information on resources and services for all older adults from the well-fit to the severely impaired/institutionalized and make necessary changes.
- C. Increase the number of local newspapers that print monthly feature articles on older

persons, their contributions and accomplishments.

- D. Evaluate the need for a multi-lingual, culturally sensitive version of the Orange County Eldercare Community Resource Guide and make necessary changes.
- E. Partner with Emergency Response Organizations (EMS, DSS, Red Cross, Health Dept, RSVP) to improve dissemination of disaster preparation information to all older adults on multi-hazard situations such as natural disasters and man-made ones.
- F. Increase and monitor the availability of health and preventive information at all county health facilities, libraries, senior centers, and public facilities.
- G. Review all older adults services materials for developing culturally appropriate educational flyers for those most in need and make necessary changes.

**Website Approach:**

- G. Redesign, maintain and evaluate (e.g. number of hits/ user comments on design and content) the County Aging web site for providing information and make necessary changes.
- H. Improve access to the internet for the public at county senior centers with wireless internet connection and on site checkout computers.
- I. Provide training (SeniorNet) at senior centers on internet access and use of key aging information websites such as Orange County's ([www.co.orange.nc.us/aging](http://www.co.orange.nc.us/aging)), Triangle J. Area Agency on Aging ([www.tjaaa.org](http://www.tjaaa.org)), The Full Circle of Care for family caregivers ([fullcirclecare.org](http://fullcirclecare.org)) and The National Eldercare Locator Services ([Eldercare.gov](http://Eldercare.gov))

**Objective A-3: Improve information outreach on preventive and community services to all older persons, those with specialized needs, aging service providers, community leaders, and public.**

**Lead Organization (s): Dept. on Aging with Partners listed below.**

**Strategies:**

- A. Place information at key locations used by **older persons and families most in need** such as pharmacies, physicians' offices, health clinics, places of worship, Health Department, Cooperative Extension, libraries, Dept. of Social Services and Senior Centers.
- B. Consider establishing a ROSCO (Roundtable of Senior Citizens Organizations) of **key community elders** who meet and disseminate a variety of information on services, opportunities and retirement educational matters.
- C. Partner with **newcomer** service organizations and publications such as Chambers of Commerce, Visitors Bureau, Realtors Assn, Senior Living, Triangle Pointer with information distribution.

- D. Partner with Faith Communities for information distribution to **minorities** who are less likely to seek out and know community services.
- E. Consider re-establishing networking meetings of **service providers to the aging** who serve older persons on agency information exchange and community issues.
- F. Partner with transit organizations (OPT, Chapel Hill Transit, TTA) in placing advertisement and information on buses for **public** information.
- G. Convene an annual "State of the Older Adult" breakfast in May (Older Americans Month) to keep the **community** informed and motivated about issues impacting older persons.

**Objective A-4: Increase educational and employment opportunities for older persons, service providers now and in the future (students).**

**Lead Organization (s): Dept. on Aging with Partners-UNC Program on Aging  
And others listed below.**

**Strategies:**

- A. Partner with service providers and university faculty to offer an annual forum on key issues impacting on older persons such as caring for parents, moving or aging in place, sexuality in later life, spirituality and aging, dealing with dementia/depression.
- B. Investigate the implementation of a "senior jobs" program at the senior centers in partnership with businesses and N.C Employment Security Commission to educate and promote "semi- retirement" options.
- C. Develop increased opportunities for health professionals, university faculty and students to be exposed to aging issues through senior centers (student placements, UNC classes and special programs offered on site, etc.)

**Objective A-5: Expand information and outreach through electronic media such as public/private radio, television and cable.**

**Lead Organization (s): Dept. on Aging with Partners listed below.**

**Strategies:**

- A. Expand and improve the local public access weekly television program-"In Praise of Age" to reach a larger viewing audience throughout the county.
- B. Expand sponsorship funding of "In Praise of Age" show beyond the Dept. on Aging, Carol Woods and the Friends of the Senior Centers.
- C. Develop and seek funding for a new "Media and Aging" studio at the New Seymour Center that would provide on site show production with live audience participation.

- D. Partner with radio and television to increase information and education programming on aging needs, services and issues.

**Goal B: Housing/Shelter: Promote an adequate supply of safe, affordable, and suitable housing options for older residents to age in place.**

**Objective B-1: Expand assistance in the retrofitting, repair and maintenance of existing older adults homes.**

**Lead Organization (s): OC Dept. of Housing and Community Dev. with Partners-Aging Advisory Board and others.**

**Strategies:**

- A. Develop and distribute a listing of reliable/honest businesses who perform home repairs/renovations and maintenance. (Chamber of Commerce, Homebuilders Assn.)
- B. Encourage the development of volunteer groups (churches, clubs, youth, etc.) to provide low cost/no cost home maintenance (outside repair, yard work, etc.) to low income older adults.
- C. Monitor use and need to expand the County's Urgent Repair and Comprehensive Housing Rehabilitation Program for older adult home owners.
- D. Implement programs in vocational education classes at high schools and community colleges that provide credit for community service hours to older persons in Orange County.
- E. Establish a volunteer pool of retired trades people willing to provide home maintenance services on a sliding scale.

**Objective B-2: Expand tax assistance for older adults who have difficulty over time paying their property tax on their home.**

**Lead Organization (s): BOCC and Manager's Office. Partners: County Attorney, Revenue Collector, Tax Assessor, Finance Director, Budget Director, Dept. on Aging/Aging Advisory Board, Senior Care of Orange County, Inc. and others.**

**Strategies:**

- A. Advocate legislatively to increase the coverage and allowance for the N.C. Homestead Exemption Act.
- B. Research property tax policies (state-wide and nationally) and recommend tax relief

(city/county/state) measures for older adults with limited incomes to BOCC.

**Objective B-3: Improve the provision of support services for all 55+ Communities and Senior Housing Projects in order for older adults to age in place.**

**Lead Organization (s): Dept. on Aging and Aging Advisory Board**

**Strategies:**

- A. Expand contracting with the Dept. on Aging for a Service Coordinator to non-profit housing for the elderly and for profit 55+ communities.
- B. Establish a courtesy review procedure (cities, county) of senior housing developers' proposals by the County Aging Advisory Board and County Affordable Housing Advisory Board before plans are approved.

**Objective B-4: Increase public education of older adults as well as developers to the desirability (need) to build, select, buy or rent senior housing that allow for easy retrofitting later for "Aging in Place" or disability modifications.**

**Lead Organization (s): Planning Depts and OC Aging Advisory Board**

**Strategies:**

- A. Sponsor periodic forums on Senior Housing Options for older adults and families.
- B. Consider incentives for builders to construct Aging in Place homes.
- C. Sponsor periodic senior housing forums/workshops for developers/builders, realtors, and commercial rental property managers.

**Objective B-5: Increase the number of affordable multi-unit housing which are designed to support the needs of older persons, especially the low income.**

**Lead Organization (s): BOCC with Partners – OC Housing and Community Dev. and OCIM.**

**Strategies:**

- A. Support the development of HUD 202 Senior Housing project for low income, especially in central/northern Orange County where none exist.
- B. The County Affordable Housing Advisory Board consider county funding options to address the senior housing needs.

- C. Seek senior housing assistance from Orange County Housing and Land Trust, Empowerment, Inc., Habitat for Humanity, Women's Center, Weaver Community Housing Association, N.C. Land Trust and USDA Federal Housing Programs.

**Goal C: Transit/Mobility: Enhance mobility options for all older adults regardless of functionality through a multi-module vision that is acceptable, efficient, effective and affordable.**

**Objective C-1: Increase funding sources for expansion and/or enhancements of new or existing services to improve older adults transit services.**

**Lead Organization (s): BOCC with Partners – NC Dept. on Transportation, RPO, O.P.T. , Human Services Trans. Board, Planning Dept.**

**Strategies:**

- A. Encourage local merchants to financially support specific public routes or transit services.
- B. Solicit additional state and federal funds as well as private foundation grants.
- C. Consider local legislation to enact levies/taxes for transportation purposes.
- D. Review fare structures and donation programs to increase revenues.
- E. Partner with adult day care, assisted living, nursing home facilities to provide additional transit funding.
- F. Utilize Congestion Mitigation Air Quality (CMAQ) funds for bus shelters, bike racks, and park and ride lots

**Objective C-2: Improve Orange Public Transportation (OPT) transit services as requested by older adults in rural Orange County.**

**Lead Organization (s): Orange Public Trans.(OPT), OC Trans. Services Board, OC Planning Dept.**

**Strategies:**

- A. Expand OPT's hours and route configurations for the new Orange County Senior Centers.
- B. Develop new OPT routes to connect with existing North-South route (Hillsborough to Chapel Hill) to include Hillsborough in-town route and East-West public route.

- C. Expand OPT's scope and hours from medical to include other life sustaining and life enriching services.
- D. Require all future senior housing projects to have transit plans as a part of the approval process that is reviewed by the Transportation Services Board as well as the County Planning Board.

**Objective C-3: Improve coordination of all public transit routes and services within Orange County and the Triangle Region.**

**Lead Organization (s): NC Dept. on Transportation and Trans. Services Board.**

**Strategies:**

- A. Complete the Triangle Regional Development Plan (TRDP) study that will provide recommendations for consolidation/coordination of services within Wake, Durham, and Orange Counties.
- B. Complete Community Transportation Improvement Plan (CTIP) recommendations (after completion of Regional Development Plan) for organizational placement of Orange Public Transportation (OPT) to stay within the Department on Aging or establish a new county transportation department or move OPT outside the county structure.

**Objective C-4: Expand mobility efforts through the use of volunteer staff (drivers and escorts) for frail/elderly who require door through door service.**

**Lead Organization (s): Dept. Aging with Partners – O.P.T. RSVP and A Helping Hand**

**Strategies:**

- A. Recruit volunteers to assist with preparing and transporting frail/elderly clients who require life sustaining transit issues through RSVP and other agencies.
- B. Provide volunteer staff training in assisting special populations (frail, elderly, mobility impaired)
- C. Educate older adults regarding the availability of volunteer staff to support transit needs.

**Objective C-5: Improve awareness of existing transit services and offering input for additional services.**

**Lead Organization (s): Orange Public Trans. (OPT) with Partners – OC. Trans. Services Board, Orange Unified Trans. Board, and others.**

**Strategies:**

- A. Expand and redesign customer service surveys with input from the older adults of Orange County.
- B. Hold public forums specific to older adults to educate residents of all transit options available in Orange County and surrounding areas.
- C. Enhance visibility of Orange Public Transportation with an easily identifiable transit system name, logo and website.
- D. Hold public forums to educate older adults on emergency evacuation procedures and transportation available (emergency shelter issues).

**Goal D: Transitional Care- Promote the transition and maintenance of older persons in the most appropriate health care provider setting.**

**Objective D-1: Maintain older persons in the most appropriate setting through the development or expansion of innovative models of aging-friendly community programs.**

**Lead Organization (s): Dept. on Aging with Partners- Carol Woods Center of Excellence and others – Senior Care of Orange County, Piedmont Health Services, UNC Hospitals.**

**Strategies:**

- A. **Community Day Health**- Expand adult day health capacity and creative collaboration of services and resources between senior centers and day health centers.
- B. **Health Maintenance Organization for the Poor** - Support the development of P.A.C.E. (Program of All-Inclusive Care of the Elderly) which helps low-income elderly (medicaid/medicare eligible) to remain in their home as long as appropriate with community-based health care.
- D. **Hospital Setting** - Encourage a “senior friendly” space in hospital emergency rooms.
- E. **Home Setting**- Support expanding assessment and care planning using home setting (similar to Hubbard Program and mobile SHAC).

**Objective D-2: Improve the coordination of care through increased contact and training of health care and community care providers that are key to the transitioning process.**



**Lead Organization (s):** Dept. on Aging with Partners-Carol Woods Center of Excellence, and others.

**Strategies:**

- A. Establish a Transitions Community Workgroup that meets regularly to discuss, create and implement strategies to improve transitions.
- B. Offer transitional care training of providers (and patients and their family members) to improve transitions. (Examples may include trainings and resource listings for discharge planners, including where to find nursing home survey reports, and a caregiver brochure outlining suggestions for a smooth transition.)

**Objective D-3:** Improve the coordination of care through the development of uniform transitional care informational forms, materials and resources.

**Lead Organization (s):** Triangle J Area Agency on Aging with Partners-Dept. on Aging, UNC Program on Aging and other regional aging providers.

**Strategies:**

- A. Identify what health information is currently available, analyze how to best use the information, and explore how to coordinate and share information to enhance the transitions and care of older persons.
- B. Consider reinstituting a "Transfer Information Sheet" for hospital, nursing home and community transitions.

## ***FOCUS: WELL-FIT OLDER ADULTS***

**Goal E: Well-Fit Older Population - To Improve and/or Maintain the Health and Well-being of Orange County's Well-Fit Older Adults for as Long as Possible including Future Older Persons. (Prevention focus)**

**Objective E-1: Provide preventive home-based community services to help people maintain their health and age in place.**

**Lead Organization (s): County and Towns- Planning and Housing Departments  
Partners-DOA Wellness Program.**

**Strategies:**

- A. Convene a committee to plan for "Senior and Liveable community designs" at town and county planning meetings that promote "Aging in Place" within new housing developments including: (1) Affordable housing, (2) Universal design features, (3) Walkable neighborhoods, and (4) caregiver housing on private properties.
- B. Plan strategies by Planning and Housing Departments that give builders incentives to build accessible housing, which encourage people from various socio-economic, ethnic, and racial backgrounds to live together in the same community.
- C. Plan strategies by Planning and Housing Departments that give developers monetary incentives to design communities that allow all residents easy accessibility to places of interest and need (shopping, banking, socializing, and leisure activities) by walking or biking.
- D. Train a group of well-fit seniors by County/Town Depts. who would be peer models for healthy aging in their community by volunteering to develop and facilitate programs that may benefit all older adults (walking and exercise programs, hikes, games, community events, etc.) at existing community locations where they meet ( i.e. senior centers, retirement communities, schools, churches).

**Objective E-2: Improve Access to Affordable Healthcare for all older persons.**

**Lead Organization (s): Dept. on Aging, Health Dept., Piedmont Health Services with other Partners.**

**Strategies:**

- A. Seek funding for additional DOA outreach staff (Information/assistance) who along with coordinating volunteers (including those from diverse ethnic backgrounds) will work to increase awareness and education of eligible older adults as to benefits of and enrollment process for Medicare Parts A, B, & D; and refer appropriate low-income older adults to Dept. of Social Services for Medicaid. In addition, provide awareness of available community medical, dental and mental health providers, Dept. on Aging (DOA) services, and other resources.
- B. Train a minimum of 5 volunteers by the Seniors Health Insurance Information Program (SHIIP) on Medicare information and coordinate availability for group/individual presentations to the community.
- C. Assess availability of current medical, dental, mental health providers in the Community as indicated by Medicare/Medicaid patients' acceptance and number of providers and develop an action plan by the DOA Wellness Program Council.
- D. Develop a plan to fund **mobile** medical, dental, and mental health services to older adults in accessible community settings that provides screening, education, basic counseling and care; and staff support (salary/benefits) for multicultural providers with an interest in geriatric services. (Staffing- Adult Health Nurse Practitioner, Nurse, Dentist, Dental Hygienist, Licensed Clinical Social Worker and Administrative Assistant. Mobile Unite will travel to churches, community centers, senior centers.

**Objective E-3: Conduct community assessments bi-annually to track changes in senior needs and available resources in order to meet the needs.**

**Lead Organization (s): Dept. on Aging's Wellness Program/Council with Partners- NC Institute on Aging, TJAAA, NC Division on Aging.**

**Strategies:**

- A. Convene a committee by the DOA Wellness Program to garner resources to fund and conduct the assessment and manage logistics of using these resources.
- B. Convene a committee of organizations by the DOA Wellness Program to collect and synthesize data that identifies needs and resources (including providers and need for additional providers) to support wellness and build an wellness action plan for the assessment.
- C. Conduct focus groups (by DOA Wellness Program Council) with a diverse range

of older adults in a variety of community settings that investigate their needs and perceived resources or lack of resources to support their wellness. Make necessary program changes based on the findings.

- D. Produce an executive summary (by DOA Wellness Program Council) of the needs and resources identified in the assessments, identifying both quantitative and qualitative data including priorities for program planning and further action steps.
- E. Evaluate the priorities, action steps, and results achieved (by DOA Wellness Program Council) from the previous bi-annual assessment and include in the 2010 bi-annual assessment report the priorities that were addressed, not addressed and the supports, barriers and problems to its achievements.

**Objective E-4: Improve Elder Adult Driver Safety for the protection of the individual and community.**

**Lead Organization (s):** Dept. on Aging Wellness Program with Partners-UNC Program on Aging, UNC Occupational Dept., DMV, UNC Safety Research, State AARP.

**Strategies:**

- A. Implement a campaign by DOA Wellness Program and RSVP to distribute transportation information/materials for safe driving and community mobility which includes: Identifying senior friendly car types, promoting AARP safe driving courses; encouraging transportation alternatives by health care professionals, (i.e. family, friends, public transportation, church volunteer drivers, emergency contact lists)
- B. Mobilize and train faith community by DOA Wellness Program to assist with safe driving campaign by providing transportation for elders and encourage acceptance if "no driving recommended" by health care professionals, friends, family, DMV.
- C. Implement a "Driver Screening Skills Project" by the DOA Wellness Council that utilizes volunteer testing options, DMV Testing Policy, UNC-CH Occupational Therapy Screening.
- D. Convene a group by UNC Program on Aging to develop a continuing education plan for appropriate health care professionals to address their role in driver safety for older adults.

**Objective E-5: Increase information and education services that focus on the personal health promotion, financial preparation and skills of Post World War II Generation (1946-64).**

**Lead Organization (s):** Dept. on Aging with Partners- public and private groups.

**Strategies:**

- A. Plan and implement an annual pre-retirement (Life Span Planning) educational workshop(s) for Post World War II generation.
- B. Expand opportunities for Post WWII generation to utilize a variety of wellness services in senior centers, offering evening and weekend programming.
- C. Research and implement creative models to utilize the Post WWII generation as a volunteer resource to serve older persons and other community needs.

## **FOCUS: DISABLED/MODERATELY IMPAIRED OLDER ADULTS**

**Goal F: Disabled/Moderately Impaired Older Population – Maximize the safety, functional ability, and quality of life for impaired, community-dwelling older persons and their family caregivers.**

**Objective F-1-: Increase community recognition, support, and empowerment of family caregivers.**

**Lead Organization (s): Dept. on Aging's Eldercare Program with Triangle J AAA and Partners listed below.**

### **Strategies:**

- A. Develop brochures on care giving to distribute in medical settings.  
Partners: National Family Caregiver Support Program, OCDoA, UNC Program on Aging, Eastern NC Alzheimer's Association.
- B. Create a "Community Caregivers Alliance" in which caregivers can communicate with each other to share information, ideas, bartered services, social interaction, and emotional support. This group will be the voice of caregivers to county human services.  
Partners: Existing OCDOA support group members, OCDOA, OCDSS, OCHD, Caring Family Network, faith communities, UNC Program on Aging.
- C. Create a group respite program at senior centers for impaired family members who are unable to navigate the senior centers independently but are too independent to accept adult day care programs.  
Partners: OCDoA, OCDSS, OCHD, UNC Program on Aging, JOCCA, Charles House
- D. Develop issue-specific support groups as the need is identified by caregivers.  
Partners: Care giving clients, physicians, and local mental health providers, OCDOA, OCDSS, OCHD, Caring Family Network (formerly OPC).
- E. Work with community partners to learn the cultural factors which affect care giving in minority communities.  
Partners: Institute on Aging, African Community Outreach Program at Duke, Eastern NC Alzheimer's Association, JOCCA, OCDOA, OCDSS, OCDH, NC Extension Services, A Helping Hand.
- F. Offer culturally specific classes/presentations to church pastors, informal community leaders, and church members to enable them to recognize that dementia is much more than memory loss so church members can begin to comprehend the stresses experienced by caregivers and mobilize support for them.  
Partners: OCDSS, OCHD, African-American Community Outreach Program at Duke, NC Extension Services, Eastern NC Alzheimer's Association, A Helping Hand, IFC, OCIM, JOCCA, local churches, primary care physicians, Piedmont Health Systems,

## Caring Family Network (formerly OPC)

- G. Hire professional staff to function as liaison with faith communities and county human services to enable families to reduce their stress level while postponing institutional placements.

Partners: OC Government, Triangle J, faith communities.

- H. Create a regular newspaper column devoted to Q and A about care giving issues.  
Partners: OCDOA interdisciplinary staff, local newspapers, UNC Program on Aging, Piedmont Health Systems, and National Family Caregiver Support Program.

**Objective F-2: Offer best practices in mental health care for older persons in affordable, stigma-free, non-psychiatric settings.**

**Lead Organization (s): Dept. on Aging's Eldercare Program, UNC Geropsychiatry with Partners- public and private groups listed below.**

**Strategies:**

- A. Implement the IMPACT program for geriatric depression in primary care physician offices through partnerships with primary care physician practices, UNC Geriatric Psychiatry, and OCDOA.
- B. Provide Medicare-reimbursable mental health therapy for seniors and their caregivers by clinical staff at senior centers.
- C. Provide therapy groups for seniors with mental health issues at senior centers as the need arises, based on input from seniors, families, physicians, and human service personnel.

Partners: UNC Geriatric Psychiatry, UNC Program on Aging, Primary physician practices, OCDOA, licensed clinicians, OCDSS, Caring Family Network (formerly OPC).

**Objective F-3: Increase the utilization, safety, and comfort of the new senior centers by/for individuals with functional impairments in mobility, vision, hearing, continence, and memory.**

**Lead Organization (s): Dept. on Aging with Partners-North Carolina Division of the Blind; Center for Universal Design, OCDOA, North Carolina Services for the Deaf and Hard of Hearing, DSS, OC Disability Awareness Council, Eastern NC Alzheimer's Association, and architects.**

**Strategies:**

- A. Design workshops for seniors on "How to be a Friend to a Person with Memory Loss."
- B. Create a post-rehabilitation program in each senior center, in which impaired seniors can continue to increase or maintain functional ability after Medicare rehabilitation services have been discontinued.
- C. Design spaces visually to meet the needs of individuals with an array of low vision problems.
- D. Design the floor to assist people with low vision to walk safely from one area to another.

- E. Provide equipment to assist low vision readers.
- F. Make the facility as acoustically favorable as possible.
- G. Provide equipment to enable hearing impaired people to participate in lectures, activities, and support groups.
- H. Design bathrooms with floor to ceiling doors to maximize privacy.
- I. Make incontinence supplies and disposal clearly visible while enabling their use in a private and dignified manner.
- J. Purchase chairs that make sitting for 2+ hours comfortable and facilitate easy sit→ stand transfers.
- K. Make all furniture easy to clean in case of spills or incontinence.
- L. Consider wheelchair placement in all rooms.
- M. Have wheelchairs available for emergency use.
- N. Use name tags to reduce anxiety associated with memory loss.

**Objective F-4: Increase supportive services to home-bound older persons through partnerships between agencies, churches, and volunteers to increase safety and enhance socialization.**

**Lead Organization (s): Dept. on Aging with Partners, public and private groups, listed below.**

**Strategies:**

- A. Expand the Dept. on Aging's Frail Elderly Fund through a campaign of private donations to provide funding to help meet the safety and care needs of at-risk seniors.  
Partners: OCDOA, OCDSS, Friends of Senior Centers, AARP, local businesses, civic groups. Junior League of Orange and Durham, Advisory Board on Aging, local long-term care facilities, local media, churches, and local residents
- B. Work with local community members to help identify home-bound, isolated seniors to offer a home visit/assessment from Department on Aging to offer telephone reassurance, emergency list inclusion, and other appropriate services.
- C. Work with local police, sheriff's department and community watch groups to develop Orange County Community Cares Networks to establish check- ins on homebound, at-risk seniors with a spirit of neighborliness and friendliness rather than an investigative approach.  
Partners: Police departments, sheriff departments, OCDSS, OCDOA, utility meter readers, Postal Service. OPT, Chapel Hill-Carrboro Transit, neighborhood watch programs, Meals on Wheels volunteers, local churches.
- D. Work with churches to identify practical ways that they can assist isolated seniors with chronic illnesses, such as paying for emergency response systems (e.g. Health Watch.) and providing transportation and escort service to physician appointments to augment the involvement of social service agencies.  
Partners: OCDOA, OCDSS, OCHD, local churches, OCIM, retired health professionals.

**Objective F-5: Increase community awareness of care management services.**



**Lead Organization (s):** Dept. on Aging's Eldercare Program, DSS Adult Services Unit, and Health Dept.

**Strategies:**

- A. Create a public awareness campaign about the Community Alternative Program (CAP-DA).
- B. Create a public awareness campaign about private care managers in the community.
- C. Create interest in making care management available to individuals who do not qualify for CAP-DA and cannot afford in home services to help support the OCDOA Frail Elderly Fund and in-kind contributions from private care managers.
- D. Support and increase church care teams with an emphasis on chronic care.

**Objective F-6:** Increase collaboration on evaluation, care planning, and on-going intervention by Orange County agencies offering case management.

**Lead Organization (s):** Dept. on Aging's Eldercare Program, DSS Adult Services Unit, and Health Dept.

**Strategies:**

- A. The Department on Aging, Department of Social Services Adult Services, and OCHD Chronic Care Nurse Educator staff will have a method of sharing a client database to maximize synergy and decrease duplication of effort without violating HIPA.
- B. The Department on Aging, OCDSS, OCHD Chronic care nurse educator will meet regularly to discuss difficult cases before they are candidates for guardianship.

## **FOCUS: INSTITUTIONALIZED/SEVERELY IMPAIRED OLDER ADULTS**

**Goal G: Institutionalized/ Severely Impaired Older Population-**Improve services, information access, and education and outreach to long term care residents and families/caregivers that are affordable, accessible and promote quality of life through person-centered care. This also includes the retention, recognition and training of paid facility staff, thereby improving quality and continuity of care for residents.

**Objective G-1:** Continue a Long Term Care Facility Roundtable (OCLTCFR) comprised of service providers, consumers, advocates, and regulators, who will work to define, address, and resolve current priority issues related to the quality of care and quality of life of the long term care facility population.

**Lead Organization (s):** TJAAA Long Term Care Ombudsman Program, Nursing Home and Adult Care Home Community Advisory Committees with staff support from the Dept. on Aging.

**Strategies:**

- A. Refer development to Nursing Home and Adult Care Home Community Advisory Committees to report annually to BOCC. Work to change structure; perhaps make members BOCC appointees.
- B. Find ways for non-participants to participate.
- C. Secure more staff resources to function and define other resources needed.

**Objective G-2:** Begin operation of mobile Dental Access Unit for senior residents in Orange, Chatham and Durham counties, with priority given to long term care facilities, the homebound and senior centers.

(Comments: Delayed because of funding. Procured grant monies to obtain/operate a dental access mobile unit in Orange County. A van and equipment have been obtained. A dentist has been found. The program will hopefully begin in 2007.

**Lead Organization (s):** Access Dental Regional Coalition with partners -TJAAA Long Term Care Ombudsman Program, OC Health Dept., Dept. on Aging Wellness Program, Carol Woods, OC Aging Advisory Board and Chatham Council on Aging. with staff support from the Dept. on Aging.

**Strategies:**

- A. Monitor progress of funding and operation for necessary changes.
- B. Assist Access Dental and identifying participants for the program.

**Objective G-3:** Provide in-service instruction in oral hygiene procedures to long term care facility personnel.

**Lead Organization (s):** UNC Center for Public Service partner with TJAAA Long Term Care Ombudsman Program, Nursing Home and Adult Care Home Community Advisory Committees

**Strategies:**

- A. Request the Center for Public Service to identify resources such as Access Dental, Durham Technical Community College, dental hygiene techs, and the UNC Dental School

**Objective G-4:** Increase the number of adult care homes that accept special assistance monies in order for residents not to be placed in out-of county facilities.

**Lead Organization (s):** OC Long Term Care Facility Roundtable and the Adult Care Home Community Advisory Committee with staff support from the Dept. on Aging.

**Strategies:**

- A. Develop creative incentives approved by County Commissioners.

**Objective G-5:** Investigate the potential for developing a hospital affiliated long-term care teaching nursing home facility.

**Lead Organization (s);** ?

**Strategies:**

- A. Redefine and clarify model and pursue issue with UNC and Duke.
- B. Encourage a partnership between UNC and LTC agencies to define quality of care and training.
- C. Approach individuals and private foundations for interest and funding.

**Objective G-6:** Offer sufficient and affordable continuing education unit programs, certificate training and placement program for certified nursing assistants (CNAs) and personal care aides (PCAs), administrators, nursing directors, resident care coordinators medical assistants and others throughout the community (e.g., internships, co-op programs).

**Lead Organization (s):** OC Long Term Care Facility Roundtable with staff support from the Dept. on Aging.

**Strategies:**

- A. Pursue training partnership with Durham Technical Community College, local facilities, and other health professionals as identified.
- B. Provide food and Continuing Education Units (CEU) to invite attendance at training programs.
- C. Partner with Roundtable, Community Advisory Committees, Ombudsman Program, Department on Aging, Department of Social Services.
- D. Study the needs of local facilities and work to address these needs.

**Objective G-7:** Develop and implement recognition programs for long term care personnel endorsed by the BOCC.

**Lead Organization (s):** OC Long Term Care Facility Roundtable with staff support from the Dept. on Aging.

**Strategies:**

- A. Refer to Roundtable to develop guidelines and criteria for recognition.
- B. Partner with facilities, Community Advisory Committees, Advisory Board on Aging, Ombudsman Program, Department of Social Services, and Friends of Residents in Long Term Care in implementation of approved BOCC program.

**Objective G-8:** Improve the training for long term care facility activity directors.

**Lead Organization (s):** OC Long Term Care Facility Roundtable with support from Durham Tech Community College.

**Strategies:**

- A. Work with statewide activity professional associations

B. Offer semi-annual training through with Durham Tech Community College , the UNC Schools of Education, Recreation, & Occupational Sciences, Regional Ombudsman, and OC Dept. of Social Services.

**Objective G-9:** Ensure inclusion of current long term care resources in the updating and printing of the Orange County Resource Guide..

**Lead Organization (s):** Dept. on Aging

**Strategies:**

A. Request the Department on Aging staff submit to the Roundtable leadership the updated draft guide for review before publication.

**Objective G-10:** Ensure inclusion of current long term care resources in the updating of the county web site.

**Lead Organization (s):** Dept. on Aging and County Commissioners Clerks Office

**Strategies:**

A. Request the county webmaster to submit notifications to the Roundtable leadership and LTC Ombudsman when the Community Advisory Committee reports are posted and facility data is current.

**Objective G-11:** Support the development and operation of resident and family councils in long term care facilities.

**Lead Organization (s):** TJAAA Long Term Care Ombudsman Program, Nursing Home and Adult Care Home Community Advisory Committees with staff support from the Dept. on Aging.

**Strategies:**

A. Provide technical assistance to residents and family councils by the TJAAA LTC Ombudsman Program, Community Advisory Committees, the Roundtable and long term care facilities.

B. Collaborate with Friends of Residents in Long Term Care for technical assistance and public policy issues.

## **FOCUS: LEGISLATION/ADVOCACY**

**Goal H: Legislation/Advocacy - Promote a legislative/advocacy Aging Agenda that supports Orange County's Bill of Rights for Older Persons.**

**Objective H-1: Establish a legislative/advocacy mechanism to involve older persons, local county boards, officials and public in improving the lives of older persons.**

**Lead Organization (s): Aging Advisory Board with Dept. on Aging and partners listed below.**

**Strategies:**

- A. Partner with Aging Advocacy groups to offer training at senior centers for older adults on the legislative process and procedures to impact legislation, including the internet to key information websites such as legislators, advocacy groups, and monitoring bills.
- B. Enhance participation in the N.C Senior Tar Heel Legislature by Orange County with county representatives reporting back to the County Aging Advisory Board and BOCC.
- C. Prepared an annual Orange County Aging legislative/advocacy agenda updated by the Aging Advisory Board for BOCC approval. This to be done in partnership with other county committees with special areas of concern such as the Human Services Transportation, Affordable Housing Committee, Nursing Home Community Advisory Committee, Adult Care Home Community Advisory Committee, Retired Senior Volunteer Council, DSS and Health Department boards.
- D. Participate as a member of the N.C Coalition on Aging, the TJCOG Advisory Council on Aging and the Coalition for Continuity of Care for the Geriatric Community by the County Aging Advisory Board and reporting back to the BOCC.
- E. Establish legislative monitors on key aging issues by the Dept. on Aging in order to keep the County Advisory Board on Aging and BOCC informed on a timely manner.

**Objective H-2: Increase educational opportunities for older persons, local officials, legislators and general public to be exposed to legislative issues related to aging.**

**Lead Organization (s): Advisory Board on Aging with the Dept. on Aging and partners listed below.**

**Strategies:**

- A. Partner with aging advocacy groups to hold regular meetings to discuss, review and update organizations and individuals on current and proposed legislation.

- B. Hold an annual legislative public meeting (such as a breakfast) by the County Advisory Board on Aging that highlights aging legislative issues at the local, state and national levels.
- C. Increase the use of the local public access weekly television program-"In Praise of Age" to inform older persons and the community on legislative issues.
- D. Partner with radio and television to increase information about legislative aging matters.
- E. Maintain a list serve by the Dept. on Aging to mobilize older adults/advocates as to legislation and advocacy issues that need their timely support. (ex. Homestead Exemption Act changes, UNC Aging research cuts)

## **FOCUS: PLANNING AND ADMINISTRATION**

**Goal I: Planning/Administration - Enhance the planning, administration, coordination and funding of a response system to the needs of older persons in Orange County.**

**Objective I-1: Planning/Coordination - Improve the County's planning and coordination efforts for the growing aging population.**

**Lead Organization (s): Aging Advisory Board with support from the Dept. on Aging and partners listed below.**

**Strategies:**

- A. Monitor the progress of the five year Master Aging Plan by the Advisory Board on Aging for the Board of County Commissioners, providing an annual update on accomplishments and recommend priority changes.
- B. Continue holding joint meetings between the Advisory Board on Aging and the United Way Senior Issues Team for improved public-private service coordination, planning and funding.
- C. Increase staff support for existing planning and advocacy bodies, specifically, the Advisory Board on Aging, the Long Term Care Facility Roundtable, the Nursing Home Community Advisory Committee, the Adult Care Home Advisory Committee.
- D. Create a Technical Advisory Committee to the Dept. on Aging Director, consisting of staff representatives from public and private agencies whose purpose is joint planning. The committee's mandate would be contract /agreement negotiation for cooperative service provision and joint pursuit of funds.

**Objective I-2: Administration- Improve the service delivery of the Department on Aging's services as well as other county departments that serve older persons.**

**Lead Organization (s): Aging Advisory Board with the Dept. on Aging and partners listed below.**

**Strategies:**

- A. Conduct community surveys (developed by Federal Adm. on Aging) to measure performance of county aging services in the areas of information/assistance, case management, senior centers, congregate nutrition, home-delivered nutrition, and transportation and recommend necessary changes.



- B. Review the organizational staffing patterns of the Dept. on Aging and other county departments for the appropriate placement of aging services and recommend necessary changes.
- C. Provide increased staff and volunteer leadership training to consistently improve their performance levels. (i. e. N.C. Division on Aging conferences/workshops, and National Aging Conferences)
- D. Enhance the operations of Orange County Senior Centers as recognized state funded "Centers of Excellence" by pursuing and maintaining national certification from the National Council on Aging's National Institute for Senior Centers.

**Objective I-3: Funding- Increase appropriate public and private funding for aging services that are affected by a growing older population.**

**Lead Organization (s): Aging Advisory Board with the Dept. on Aging, County Managers Office and partners listed below.**

**Strategies:**

- A. Analyze the past and current funding of aging services by the county, towns and Triangle United Way comparing it with the projected growth of the older population and recommend necessary funding changes based on service needs.
- B. Review the process for allocating and administering the Community Block Grant Funds from the State Division of Aging for various aging programs within the county and recommend necessary changes.
- C. Investigate the feasibility of establishing a Dept. on Aging public information/development officer to expand the marketing and community awareness of county aging services as well as seek more private funds
- D. Expand county funding for DOA Wellness program staffing that includes Wellness Program Coordinator, Wellness Program Tech I and Office Assistant/Clerical.
- E. Expand county funding over time for staff support (receptionist and staff) to extended operational hours at the new senior Centers as needed.
- F. Expand county funding for Dept. on Aging information services and program evaluation such as a database, listserves, evaluation surveys, uniform software coordination with other county agencies.
- G. Request increased subsidy from the Friends of the Senior Centers and Triangle United Way for wellness/health promotion classes in order for low income older persons' participation.



# Active Living for Older Adults:

## Management Strategies for Healthy and Livable Communities

### Contents

I. Introduction: Active Living in an Aging Society .....	3
II. The Benefits of Active Aging .....	4
III. First Steps: Getting Started on Active Aging .....	6
IV. Strategies for Promoting Active Aging: Key Issue Areas .....	15
V. Conclusion .....	18

### Endnotes

### Additional Resources

Active living is a way of life that integrates physical activity into daily routines. This guide, which is intended for local government managers and other local government leaders, offers strategies for designing communities that support “active aging—active living for older adults. In addition to encouraging physical activity, promoting active aging creates opportunities for older adults to remain active participants in civic life. Active aging can benefit both individuals and the entire community. For individuals, active living can improve health and overall vitality, increase independence, and foster greater social interaction. For local governments, promoting active living can make neighborhoods more livable for all ages, reduce costs associated with social services and health care, and yield a range of social and economic benefits by extending and expanding older adults’ contributions to civic life. Promoting active aging depends on a community’s ability to provide safe and walkable streets, a range of transportation options, and land use patterns that permit easy access to services and amenities. This guide explains the concept of active living and describes general strategies for beginning a local active aging initiative and specific strategies in key issues areas, including land use planning, streetscape design, transportation, housing, and promoting awareness.



A downloadable version of this report is available at [bookstore.icma.org](http://bookstore.icma.org), item no. E-43140.

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This series of reports—supported by the Robert Wood Johnson Foundation as part of the Leadership for Active Living national initiative—highlights strategies for promoting active living and fostering healthy and livable communities. A free, downloadable version of this report is available online at [bookstore.icma.org](http://bookstore.icma.org), item number 43140. For more information about ICMA's active living work or to request additional copies of this report, please email ICMA staff at [activeliving@icma.org](mailto:activeliving@icma.org).

#### **About Leadership for Active Living**

A national initiative of the Robert Wood Johnson Foundation, Leadership for Active Living supports government leaders as they create and promote policies, programs and places to enable active living. The initiative supports community design that enables citizens to integrate physical activity into their daily routines to improve the health, well-being and vitality of communities. Leadership for Active Living partner organizations seek to:

- Educate leaders about the impact of community design on health.
- Provide information about policies and programs that support active living.
- Create tools and materials to help leaders implement active living strategies.
- Facilitate cooperative efforts between state and local leaders.
- Build a network to provide peer support for leaders working on active living issues.
- Help leaders generate community support for active living.

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# I. Introduction: Active Living in an Aging Society

The baby boomer generation is aging. By the year 2030, the number of adults over the age of 65 will double in size to comprise approximately 20 percent of the United States population. Older adults over the age of 85 are the fastest growing segment of the older adult population and will comprise 5 percent of the U.S. population.<sup>1</sup>

Collectively, aging baby boomers will be healthier, wealthier, and better educated—as well as more geographically, socioeconomically, and racially and ethnically diverse—than any preceding generation of older adults. Their decisions and preferences regarding the services they expect, where they choose to live, and the lifestyles they prefer to lead have already shaped the built and social landscape. As their preferences change in response to their evolving needs, they will continue to shape communities in these ways.

As this large cohort approaches retirement age, it will place a new array of expectations and challenges on the local governments that serve it. How and where older adults choose to age will impact communities at the neighborhood, municipal, and regional levels. Whereas many may opt to remain in their current homes or to relocate locally or as they age, others may choose to move to other communities, both near and far. These decisions will result in changes to the built environment and to service provision, political priorities, and economic strategies. Local governments, meanwhile, will need to assess the extent to which they are equipped to ensure the quality of life—and the choices—that the next generation of older adults will expect.

In addition, more so than any generation before them, aging baby boomers will want to remain active—both physically active and active in community life.<sup>2</sup> A community's ability to fulfill these ambitions will rely in large part on its ability to provide safe and walkable streets, a range of transportation options, and easy access to services and amenities, all of which will enable older adults to remain in their homes if they so choose. As older adults comprise an increasing proportion of the population, promoting “active living”—a way of life that integrates physical activity into daily routines—will become a significant political priority as well as a necessity to ensure a high quality of life.

By planning and designing communities in ways that allow older adults to lead active lifestyles, local governments can benefit both individuals and the entire community. For individuals, active living can improve health and overall vitality, increase independence, and foster greater social

interaction. For local governments, promoting active living can make neighborhoods more livable for all ages, reduce costs associated with social services and health care, and yield a range of social and economic benefits by extending and expanding older adults' contributions to civic life.

Ultimately, a focus on active living will help redefine what it means to retire and grow old. Besides regarding aging as simply a social services issue, communities now have an opportunity to strategically approach aging as a resource issue—that is, to face the challenge of allocating resources to ensure a high quality of life while also valuing older adults as resources themselves.

## Purpose of this Guide

This guide, which is intended for local government managers and other local government leaders, offers strategies for designing communities that support “active aging”—regular physical activity and opportunities for older adults that will enable them to remain active participants in community life. This guide reflects a growing national focus on active living and builds on the recognition that:

- Regular physical activity can improve the health and vitality of an aging population
- The most important desire of older adults is to remain independent, and physical activity is a key driver of elder independence
- An active aging population may require less in the way of care and services and is more likely to contribute time and social capital to the benefit of the community
- A focus on active aging provides an effective lens through which a local government can assess its ability to respond to the needs of its older residents and, as a result, benefit people of all ages.

More generally, this guide can serve as a resource to help local governments plan for a growing aging population, particularly in the areas of land use, community design, and other complementary programs that promote physical activity. It also can help local governments identify ways to integrate aging considerations into policies and programs that benefit all generations.

Section II of this guide explains the concept of active living and its benefits to both individuals and communities. Section III describes first steps that a local government can take when developing policies and programs to promote active aging, and Section IV describes specific policies and programs to promote active aging in a number of key issue areas.

## 4 Aging and Active Living

### What Local Governments Should Know About Older Adults

1. *Older adults are a heterogeneous population with diverse, changing needs and abilities.*

By definition, the term "older adults" may encompass everyone over the age of 50 (the age at which some people are eligible for senior benefits) or adults over the age of 65 (the age at which one is eligible for full retirement benefits). However, age is proving less and less useful as an indicator of elder status. When planning for the upcoming demographic shift, local governments should consider the full spectrum of health, ability, and independence that characterizes older adults—from the majority who will remain healthy, active, and engaged in community life for extended periods of time to frail elders who may be homebound and more dependent on social services and health care.

2. *Older adults can experience a range of physical and psychological changes that may affect their lifestyle choices and daily decisions.<sup>1</sup>*

Common changes experienced as part of the aging process may include:

- Reduced muscular movement and changes in posture
- Impairment of vision (including sensitivity to glare, diminished depth perception, and difficulty perceiving colors) and hearing loss
- Loss of balance and stability
- Difficulty navigating and orienting oneself
- Impaired judgment, reaction time, and ability to interpret changes in the environment
- Sensitivity to extreme temperatures and weather conditions
- Diminished endurance
- Increased risk of chronic disease
- Increased fears related to personal safety (e.g., fear of falling, crime, etc.)
- Depression resulting from isolation, physical issues, and loss of serotonin.

An understanding of these changes is particularly important when designing the built environment for an aging population. In some areas, such as streetscape or building design (see Section IV) attention to relatively small details regarding the changing needs and abilities of older adults can have a significant impact on the choices they make as part of their daily lives.

3. *The majority of older adults want to remain in their existing home or community:*

According to an AARP survey, at least 83 percent of adults over the age of 45 will want to "age in place" as long as possible,<sup>2</sup> and the vast majority of older adults currently do live at home in the community (as opposed to an institutional setting).<sup>3</sup> A significantly smaller number of older adults will choose to move to one of a variety of age-restricted facilities, depending on their preferred lifestyle, needs, and abilities.<sup>4</sup> Consequently, the bulk of the responsibility for promoting active aging will fall on local governments rather than private entities. In both cases, local governments will need to identify where older adults will live and ensure that services, amenities, social and recreational centers, and places of worship are easily accessible to older adults.

<sup>1</sup> Deborah Howe et al, *Planning for an Aging Society*. American Planning Association, Planning Advisory Service Report No. 451 (Chicago: American Planning Association, 1994), 9-14.

<sup>2</sup> AARP, *These Four Walls: Americans 45+ Talk About Home and Community* (Washington, DC: AARP, 2003).

<sup>3</sup> Patricia Baron Pollack, *Liveable Communities: An Evaluation Guide* (Washington, DC: AARP Public Policy Institute, 2000), 4.

<sup>4</sup> Examples of age-restricted communities include "active adult" retirement communities, assisted living facilities, continuing care retirement facilities and nursing homes.

## II. The Benefits of Active Aging

### What Is Active Living?

One way to measure a community's level of preparedness for the coming "age wave" is to assess its ability to provide for active living. Active living refers to a way of life that integrates physical activity into daily routines. Individuals may achieve this in a variety of ways: walking or bicycling for transportation, exercise, or pleasure; visiting the park; working in the yard or garden; climbing stairs instead of using the elevator; or using recreation facilities or exercising as a way to socialize. Regardless of an individual's choice of activity, the goal of active living is to accumulate the recommended 30 minutes of physical activity each day.<sup>3</sup> Active living has received considerable attention as a way to address the dramatic increases in obesity and overweight—as well as related health concerns, such as chronic diseases—among individuals of all ages nationwide.

Multiple factors influence the extent to which older adults engage in physical activity and the types of activities they choose. Key factors include an individual's health and ability, available opportunities for physical activity (both available facilities and programmed activities), companionship, and environmental factors that may either foster or discourage active lifestyles. As such, physical activity may be:

- Planned or programmed (e.g., visiting fitness centers, participating in fitness classes, or doing one's own strength or stretching exercises); or
- Utilitarian (e.g., walking to the store or working in the garden).

In addition, physical activity sometimes serves more than one purpose, as in the case of joining a walking group for both social and physical activity.

The concept of active living, which incorporates a wider range of local government approaches than traditional health or social services, emphasizes incidental over planned physical activity and therefore focuses primarily on

the environmental factors that contribute to active lifestyles. However, it is important to recognize that older adults gain physical activity through a variety of means and that not all older adults can currently undertake physical activity as part of daily routines. Communities also should explore creative ways to increase physical activity among the frail elderly.<sup>4</sup>

## Individual and Community Benefits

### Individual Benefits

Communities that support active living also support their older residents. Remaining physically active later in life can improve quality of life during the aging process in a number of ways, including:

- **Health Benefits:** Research shows that regular physical activity can improve overall health, vitality, and psychological well-being and extend the amount of time that older adults are able to lead active and independent lifestyles. In addition, physical activity reduces the risk of falls and of many chronic diseases and complications resulting from certain chronic conditions.<sup>5</sup>
- **Independence:** The ability to move about comfortably and safely as part of daily routines can help adults live in the way that they choose and minimize their reliance on automobiles. Walkable communities with nearby services and amenities can reduce an individual's dependence on family, friends, and other individuals for daily activities, such as buying a loaf of bread or visiting the doctor or the bank.
- **Social Interaction and Engagement in Civic Life:** Activity-friendly communities reduce social isolation by providing regular opportunities to easily leave one's home and interact with other people. Physical activity can also double as a social activity.
- **Reduced Costs:** Although no conclusive proof exists just yet, it is likely that active living can help reduce the burden on both Medicaid and providers of health care and other services when older adults remain healthy, active, and independent.
- **Economic Benefits:** Studies show that older adults have substantial positive impacts on the economy.<sup>6</sup> Active older adults can help revitalize communities and business districts with the revenue they generate, their purchasing power, and the jobs generated by the goods and services they demand. For instance, the large number of retirees represents a demographic that can revive sales during the 9-to-5 shopping day, which has become increasingly obsolete with changing lifestyles.
- **Older Residents as Community Resources:** Aging baby boomers will offer a wealth of skills, experience, and wisdom that they can contribute to benefit their community. As baby boomers wish to remain active beyond retirement, they can do so through volunteering, continued employment, looking after younger generations, and other civic activities.

## III. First Steps: Getting Started on Active Aging

Everyday decisions by all sectors of local government can impact the extent to which a community can support active living. Local government managers and other local leaders are uniquely positioned to support active living by coordinating decision making across departments and disciplines, by promoting awareness of active living among government officials and residents alike, and by developing and implementing community design plans, strategies, and policies that support active living.

Policies and programs related to health, housing, planning, transportation, economic development, and recreation impact residents' abilities to remain active on a regular basis. For example, opportunities for active living can be determined by the design of a neighborhood or street, traffic patterns, the routes and frequency of public transportation, housing availability, the location of services and amenities, park and recreation planning, and the programming of community activities and services.

To enable older adults to live active, independent lives and remain engaged in their communities, it is important to rethink policies in transportation, land use, and housing while focusing on how decisions at the local level affect the growing number of older residents. These policies not only

### Community Benefits

Communities that promote active living among older adults also stand to benefit. From a local government's perspective, creating aging-friendly and activity-friendly environments can enhance the quality of life for all ages. Addressing issues specific to aging and active living can easily dovetail with other local initiatives and need not require extra resources or additional layers of bureaucracy.

Overall benefits of promoting active aging may include:

- **Livable Communities:** Planning and designing communities so that they promote active aging can result in compact, walkable, mixed-use communities with a range of housing and transportation options. In this way, an active aging community is a "smart growth" community that benefits all ages.

## 6 Aging and Active Living

impact the health and lifestyles of older adults, but also will affect a local government's ability to provide housing and services for older adults without exhausting developable land or overextending existing infrastructure and services.

This section describes the first steps that a local government can take to develop policies and programs to promote active aging. Initial activities include analyzing current trends at the local level, identifying potential partners and opportunities for collaboration, involving older residents in the decision-making process, and developing plans to address active-aging issues. Section IV builds on these recommendations by describing specific measures for promoting active aging in several key issue areas.

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### A. UNDERSTAND CURRENT TRENDS

#### 1. Conduct a community analysis

Local governments should begin with an analysis of the distribution of population, services, and amenities as these considerations pertain to older adults and active living. After this initial analysis, the community can inventory available opportunities for active living community-wide.

- Where do the highest concentrations of older residents currently reside?
- Where do residents approaching retirement age currently live?
- Where are basic services such as health care facilities, supermarkets, restaurants, post offices, and libraries located?
- Where are senior centers and other venues for senior activities located?
- Where are parks, trails, and community gardens located?
- Which areas of the community have continuous networks of sidewalks?
- Which areas of the community are well served by public transportation?
- Which areas of the community are already compact, walkable, and mixed-use in character?
- Where are vacant or underutilized parcels of land located, and how large are these parcels?

#### 2. Map opportunities and challenges

Using a geographic information system (GIS), a community can synthesize this information on a map to assess the availability of active living opportunities for its older residents.

Based on this information, a local government can begin to identify goals and targets for promoting active aging:

- Are there concentrations of older residents—now or in the future—that are underserved by basic services and amenities, such as sidewalks and parks?
- Are there areas that—based on neighborhood character and not necessarily on the number of older residents living there—should be targeted as places for older adults to age in place and remain active?
- Are there available opportunities to link existing senior residences to services and recreation opportunities by constructing trails or walking paths?

#### 3. Identify and predict naturally occurring retirement communities

As part of this process, local governments should try to identify naturally occurring retirement communities (NORCs). NORCs emerge when large numbers of residents choose to age in place within a distinct geographic area, and may consist of areas as large as entire neighborhoods or as small as individual apartment buildings. It is especially important for local governments to identify NORCs because these concentrations of older adults may present opportunities for economies of scale in service provision and improvements to the built environment. For this reason, NORCs constitute ideal targets for developing plans to foster physical activity, and local governments would benefit from predicting where NORCs might occur in the future.

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### B. IDENTIFY PARTNERS AND COORDINATE EFFORTS

Planning for aging and active living must not take place in a vacuum. Local governments should work across departmental boundaries, levels of government, and institutions to identify opportunities for aligned interests and sharing resources. Local managers and other leaders need to ensure that all departments are aware of how they can promote aging-friendly places and active living. To foster collaboration, a local government might:

#### 1. Communicate across departments

- Incorporate aging and active living considerations into all departmental decisions (e.g., planning, community development, public works, transportation and traffic engineering, housing, parks and recreation, social services)

- Develop department-specific checklists for addressing aging and active living issues
- Convene a multidisciplinary task force of local government officials and other interested parties to examine aging issues and active living
- Build political support for active living policies and strategies by educating mayors, city council members, and managers on issues that pertain to both older adults and the general population.

## **2. Identify and recruit partners from outside of local government**

- Work with Area Agencies on Aging, health care providers, and other social service providers on active-aging initiatives
- Partner with community organizations and places of worship
- Collaborate with the metropolitan planning organizations (MPOs) on regional strategies
- Identify state resources and initiatives
- Identify national resources
- Collaborate with business improvement districts, Main Street programs, chambers of commerce, and business associations on strategies to bring older adults to downtowns and commercial areas (e.g., streetscape improvements, elder-friendly business certification, alternative transportation options)
- Partner with foundations and universities.

## **C. INVOLVE OLDER RESIDENTS**

Local residents constitute valuable sources of information and should not be excluded from the decision-making process. Older adults—with their personal expertise on the improvements that can impact their daily lives and the available time to offer this input—can be especially valuable resources. Older residents can help identify key priorities within a community and can call attention to nuances at a neighborhood level that a local government might otherwise overlook. In particular, neighborhood associations and senior citizen groups, when they are able to educate themselves on the issues and provide input to local governments, can be valuable assets and allies. Moreover, many retirement communities and other older adult facilities have very active resident councils that sometimes pay for their own amenities.

For these reasons, local governments should:

### **1. Ensure that older residents are involved early in the decision-making process:**

- Convene focus groups, task forces, and public forums to gather input from local residents
- Survey older residents on active living issues
- Work with older adult “user/experts” to identify key issues.

### **2. Ensure that older residents and community groups have the tools and knowledge necessary to participate.**

- Provide training for older residents on general community-planning issues, available opportunities to participate, and where to go with concerns about community issues

#### **Involving Older Adults in a Community Walkability Assessment—Richmond, Virginia**

Community residents can directly influence their built environment by helping gather important information and then advocating for improvements. In Richmond, Virginia, a demonstration project of the American Association of Retired Persons (AARP) “Active for Life” Campaign (which is cosponsored by the Robert Wood Johnson Foundation) is taking place in an East End neighborhood. A team of volunteers learned to use the Walking and Bicycling Suitability Assessment (WABSA) tool and, over the course of one summer, assessed 150 square blocks surrounding the 25th Street historic commercial area.

The assessment results were initially mapped on paper using colored pencils and were later mapped using GIS computer programs. Many of the retired residents who studied the maps with Active for Life staff quickly identified patterns of poor walkability between two elementary schools and many missing sidewalks near the area’s hospital. They also identified two five-point intersections that were challenging for both young and elderly pedestrians.

Through an “Active Living Tour,” city staff, citizens, and media traveled by bus around the city to study examples of good and bad walkability, including the audited East End neighborhood. Within a few weeks of that tour, city staff had improved one of the audited sidewalks along an arterial road. Most recently, city traffic engineers have arranged for almost two dozen engineers and planners to formally discuss ways to encourage and support these types of citizen-initiated assessment projects that will help the city better understand and improve walkability in Richmond.

Source: James Emery, University of North Carolina at Chapel Hill. Personal communication.



## 8 Aging and Active Living

- Develop “community checklists” on issues such as walkability and train older residents to assess active living opportunities in their own neighborhoods
- Provide bus tours for older residents and local officials to identify both good and bad active living features and services available within a community.

### 3. Make it easier for older residents to provide input:<sup>7</sup>

- Schedule important meetings during daytime hours
- Hold meetings and presentations at senior centers and other convenient locations
- Explore ways that information technology can allow older residents to participate from where they live.

## D. DEVELOP AND IMPLEMENT PLANS

Currently, very few communities have detailed land use plans that directly address aging issues in any depth. However, changing demographics will necessitate a closer look at the needs of a growing aging population. For this reason, some communities are now studying the implications of an aging population as part of the process of updating their comprehensive plans. Others have developed plans on specific issues related to active living and aging. For example, a

### Older Adult Transportation and Mobility Plans— Maricopa County, Arizona

The Maricopa (Arizona) Association of Governments (MAG) held a public forum in August 2000 to discuss the implications of the region's growing aging population and possible proactive responses by the county. The forum resulted in the formation of an Elderly Mobility Working Group made up of members from transportation and social services agencies; retirement communities; elderly advocacy groups; faith-based organizations; health care; and city, county, and state governments. Upon the recommendation of the Working Group, MAG began the process of developing a Transportation and Mobility Plan by gathering input from boomers and seniors through a series of small focus groups and regional forums and by distributing a Senior Mobility Questionnaire.

The Working Group also studied the issues in topic-based committees and consulted with local and national experts. The plan, which considers all modes of transportation, includes an analysis of walking and bicycling among older adults. It also provides general recommendations on pedestrian improvements, land use considerations, and transit amenities, as well as strategies for public involvement, education, and awareness.

Source: Maricopa Association of Governments. *Regional Action Plan on Aging & Mobility*. Phoenix: Maricopa Association of Governments, 2002.

community might prepare a plan on transportation and mobility for older adults (see sidebar) or plans that address housing for seniors or plans for specific neighborhoods with large populations of older adults.

## IV. Strategies for Promoting Active Aging: Key Issue Areas

The manner in which communities have planned the form and function of the built environment since the middle of the last century has unintentionally engineered physical activity out of daily lives. Today, the majority of communities do not provide the range of choices necessary to promote or support active living. Rapid suburbanization, dispersed development patterns, the lack of sidewalks, separation of land uses, and automobile dependency have all resulted in minimal opportunities for physical activity as part of daily routines.

As an increasing number of older adults lose the ability or confidence to drive, communities will need to consider other transportation and land use options. The need for alternatives is especially critical for the majority of older adults and aging baby boomers who currently live in the suburbs, where driving is often the only transportation option.

Consequently, promoting “active” or nonmotorized transportation, supported by accessible public transportation and a range of housing choices, will become a crucial consideration for local governments. To ensure that active transportation becomes a viable and appealing alternative, communities also will need to address the density, connectivity, and overall appeal of the built environment.

### A. CREATE SAFE AND COMFORTABLE WALKING ROUTES

Typically, an active living community is one in which active, or nonmotorized, transportation (i.e., walking or bicycling) constitutes a regular transportation option.<sup>8</sup> Available data on transportation and mobility patterns among older adults indicate that a very small minority of seniors currently walk on a regular basis, while a vast majority (over 89 percent) rely on the automobile—either their own or those driven by other individuals—as a regular mode of transportation.<sup>9</sup>

Available data suggest that walking accounts for as little as 5 percent of all trips by older adults.<sup>10</sup> Similarly, a recent survey of 10 communities by the AdvantAge Initiative found that only one (New York City) reported that a signifi-

cant number of older adults (26 percent) choose walking as their most frequent means of transportation.<sup>11</sup> These statistics reflect a generational shift, coinciding with rapid suburbanization, in which fewer people of any age walk as part of their daily routines and fewer children walk to school.

On the other hand, research also suggests that older adults will walk more often under certain conditions. In fact, some international studies show that, in countries such as Germany and the Netherlands, walking accounts for as much as one-half of all trips by older adults.<sup>12</sup> Moreover, other studies provide evidence that older adults walk more frequently than younger people.<sup>13</sup>

Adding to the growing imperative for viable active transportation are related safety concerns. High-profile accidents involving older drivers have fueled controversy about the safety risks posed by seniors behind the wheel. Meanwhile, pedestrians over the age of 65 comprise a disproportionate percentage of pedestrian fatalities in the United States. Although they currently comprise only 13 percent of the total U.S. population, older adults account for 21 percent of the nation's pedestrian fatalities.

Clearly, in order to increase the number of walking trips in this country, local governments will need to promote land use patterns and pedestrian and transportation infrastructure that makes walking safer, more comfortable, and more practical for older adults.

When asked why they do not walk, older adults cite reasons such as:

- Distance between destinations
- Difficulty walking
- Poor sidewalks
- A lack of places to rest
- Fear of crime.<sup>14</sup>

Decisions regarding small design details can influence the choices and quality of life of older adults on a large scale. Attention to streetscape design and amenities can improve older adults' ability and desire to engage in active living and community life, while a single design barrier can compromise an otherwise elder-friendly environment. For these reasons, local governments should pay close attention to the ways in which street and streetscape design can either encourage or discourage active living.

At the same time, it is important to recognize that creating appealing, activity-friendly places for older people ultimately benefits residents of all ages. Design strategies informed by the needs and abilities of older adults can also serve as general principles of good community design. For this reason, it is important to be creative, work across multiple agencies, and identify opportunities to combine active

living design for older adults with other, independently funded local initiatives. For example, design considerations for older adults frequently overlap with those for children, so a walk-to-school initiative<sup>15</sup> might represent an opportunity for coordination and sharing resources. (See the Dunedin, Florida example on page 10.) Moreover, departments as diverse as public works, traffic engineering, and police departments should be aware of and collaborate on specific design issues that affect older pedestrians.

To create safe and comfortable walking routes for older adults, local governments can:

### ***1. Improve and maintain sidewalks***

A first step in designing streetscapes for active aging is to identify gaps in the existing sidewalk network. These gaps may include a complete lack of sidewalks in some areas or segments of sidewalk that are uneven or poorly maintained, thus increasing the risk of falling. Ideally, sidewalks should be wide enough to accommodate canes, walkers, and wheelchairs.<sup>16</sup> Moreover, they should be clear of obstructions from signs, trees, fire hydrants, drainage, and other street elements.

Pavement materials should be nonslip and preferably semiporous; surfaces that are smooth and nonporous can become slippery when wet. Rough or unpaved surfaces can increase the risk of falls. Although useful in defining and enhancing the character of a streetscape, brick sidewalks merit some degree of caution because they pose a tripping hazard to older pedestrians and can be more difficult to maintain.

Because of vision impairment and difficulties with depth perception, abrupt changes in grade—such as steps, curbs, or raised edges alongside grass or planters—can be difficult for older adults to see and anticipate. Moreover, although ramps at curbside and at building entrances are good for wheelchairs, they can be difficult for many older adults to negotiate and perceive if they are either too steep or poorly differentiated from surrounding pavement types. (Visual or tactile clues, such as change in paving type or texture, can help individuals to anticipate a change in grade.) Ideally, both options—ramps and stairs with railings—should be provided to accommodate a range of abilities.

Local governments should pay particular attention to maximizing older adults' sense of safety and security. Many of the design strategies described above can help address older adults' fears of falling and crossing streets. In addition, regular maintenance of sidewalks and other infrastructure is essential to preserving this sense of safety. In addition to repairing uneven or deteriorating sidewalks, reliable snow and ice removal can ensure that older adults feel comfortable leaving their homes in all weather. Some communities

### Dunedin, Florida—Communities for a Lifetime Initiative

Dunedin, Florida, is a small city of 35,000 located north of Tampa on the Gulf coast of Florida. Adults over the age of 60 account for approximately 40 percent of the population, which is higher than the Florida average. With a total land area of 10 square miles, the city is small and compact, and it is common to see residents of all ages walking as part of daily routines, such as shopping. With the goal of allowing older adults to remain in their homes with dignity, security, purpose, and independence, the city embarked on a citywide effort to assess its "elder-ready" status and begin a series of related improvements. The city also recognized that such efforts could help make the city friendlier to all ages.

A framework provided by the Florida Department of Elder Affairs as part of its Communities for a Lifetime initiative served as a starting point. During an assessment process that lasted seven months, the city completed the state's "Community Report Card for Well Elders" and then expanded on this framework on its own initiative. The assessment process considered issues such as pedestrian friendliness, traffic, security, accessibility to businesses and transportation, land use and zoning, housing, lighting, and automobile travel. The city also produced maps that showed areas of high concentrations of adults over age 55 and the locations of services (supermarkets, pharmacies, restaurants), sidewalks, hospitals, and transit routes.

The city's mayor, who was already committed to elder issues, was very influential in initiating the program, which also benefited from the strong support of the city manager and the city commission. The city appointed a coordinator for the program and placed an existing citizens advisory committee on aging in a lead role in the assessment process. The process involved the cooperation of multiple city agencies, including Planning and Community Services, the downtown development coordinator, the City Traffic Division, the City Streets Division, Leisure Services, the County Sheriff's Department, and the City Fire Department.

The city has completed a number of short-term improvements, including adding an extra 15 seconds to some traffic signals, installing a pedestrian signal push button, widening

some sidewalks, adding ramps to connect sidewalks, installing emergency call-boxes, improving bus shelters, and installing audible four-way signals at certain intersections. The city also passed a \$10,000 property tax exemption for low-income older adults, increased the size of some street signs, and even increased the font size on public documents.

These improvements dovetailed with other city initiatives that promote active living for older adults. For example, the city realized that an independently funded walk-to-school program presented an opportunity to share resources and align goals by combining two initiatives to improve the pedestrian environment. Moreover, during the 1990s, the city undertook an extensive downtown redevelopment campaign, which included efforts to slow traffic with traffic-calming measures such as "chicanes" and "bulb-outs" and the redevelopment of underutilized properties.

The revitalization of downtown was spurred in part by the Pinellas Trail, a highly used multi-use path on a converted rail corridor that runs through the heart of downtown and is used by many seniors. A state-of-the-art senior center, constructed mostly with state funds, now backs up to the Pinellas Trail and sponsors activities, such as a walking club, that make use of the trail. Also popular with seniors is a converted boxcar—located behind the city's historical museum and adjacent to the Pinellas Trail—that now houses a satellite post office (many seniors complained of the heavy doors of the main post office) and a coffee shop. In addition, local church volunteers now escort older adults on errands and visits to the doctor.

Having completed its assessment for well elders, Dunedin is now working to complete an assessment for frail elders under the leadership of the city's ADA coordinator.

Sources: Peg Cummings, Communities for a Lifetime Coordinator; Bob Ironsmith, Downtown Development Director; City of Dunedin Elder-Ready Community Report Card for Well Elders (Initial Assessment, January 2001); *New York Times* (May 5, 2002); "Florida Redoubles Effort to Accommodate Aged"

in colder climates—for example, Holland, Michigan and Klamath Falls, Oregon—have addressed this issue by installing heated sidewalks in business districts. Moreover, many communities now have mandatory snow removal ordinances that require residents to clear walkways within a specified period of time.

### 2. Design safe street crossings

For sidewalks and streetscapes to be of the greatest benefit, however, they need to be connected by traffic crossings that are safe, easy to navigate, and reasonably frequent. Crosswalks can pose significant obstacles to older pedestrians, who may move at slower speeds than the average pedestrian, for whom most crossing signals are designed. Some older adults also may have difficulty seeing and judging

both traffic signals and oncoming traffic. For these reasons, minimizing crossing distances and increasing the amount of time allowed for crossing are of central importance as a community's population ages.

In general, narrow streets and short blocks make for the best pedestrian environments, but there are a number of strategies available for retrofitting existing street design.<sup>17</sup> Traffic-calming measures, such as "bump-outs" or curb extensions, can not only reduce the speed of traffic but also can reduce crossing distances and allow pedestrians a better view of oncoming traffic. Altering curb design at intersections to tighten the turning radii also forces turning vehicles to slow down when rounding corners. Moreover, adding refuge medians in crosswalks can provide refuge and rest for pedestrians crossing wide or busy streets.

Another effective strategy is to focus on reprogramming and replacing existing crossing signals. Most crossing signals are coordinated with the average walking speed of a younger, healthier, more mobile pedestrian. As a community's population ages, it may be necessary to coordinate signals with the average walking speed of an older pedestrian.<sup>18</sup> In addition, some communities have implemented four-way signals at busy intersections. For example, in an area of Arlington, Virginia that has large older adult population, the county introduced leading pedestrian intervals, which give pedestrians an additional 5 seconds to cross when all traffic lights are red.<sup>19</sup> For little or no cost, reprogramming traffic signals can significantly improve the quality of the pedestrian environment for older adults.

In addition, a number of communities are utilizing new technologies to make crossing signals safer for visually and hearing-impaired pedestrians. For example, cities such as Cambridge, Massachusetts; Yakima, Washington; and Berkeley, California, now employ audible signals to accompany flashing "WALK" signals. Other communities—such as the campus of Michigan State University in East Lansing, Michigan—are experimenting with verbal/audible signals that include recorded instructions and cautions as part of a crossing cycle. Countdown signals, which provide a visual countdown of the time remaining to cross a street, are still being studied, and some results appear to be mixed;<sup>20</sup> however, many cities nationwide are implementing these signals. Finally, microwave or infrared technology can be used to automatically activate or even extend the duration of a "WALK" cycle if a pedestrian is detected in the crosswalk. (Los Angeles has experimented with such technology.)

### 3. Add streetscape amenities

Even if a community is entirely walkable, older adults still may not feel comfortable moving about on foot if there are reasons to be concerned about their personal comfort or safety. For this reason, close attention to streetscape amenities and safety issues, as well as the overall visual appeal of the pedestrian environment, can improve the walking experience of older adults.

Frequent benches and resting places are essential to making older adults feel comfortable while walking and also provide good venues for meeting and socializing. Benches are most effective when they are located in shaded areas and arranged at right angles to minimize uncomfortable twisting and turning during conversations. While some communities have provided flat benches without backs and "walls" designed for sitting in public spaces, benches with backs are most appropriate for older adults.<sup>21</sup>

Among other considerations for creating a sense of comfort and safety, ensuring that there are accessible public restrooms available in downtown districts—especially early in the morning before other facilities open—can ease other potential sources of anxiety about being away from home. Moreover, providing public telephones can also add to an individual's sense of safety.

Signage for streets and businesses should be legible for both older drivers and pedestrians. Many communities are replacing existing street signs with larger ones that include lettering of six inches or larger. In general, signs with sufficient color contrast, plain fonts (without serifs), and nonreflective surfaces are easiest for older adults to read.

Careful use of lighting can improve navigation and orientation while also addressing a range of safety concerns. In particular, it may be necessary to supplement overhead lighting with additional low-level lighting that highlights ground-level features that older adults may have difficulty discerning and anticipating. Lighting that is incorporated into design features—for example, stairs, walls, and walkways—can be particularly effective in improving orientation and navigation. In addition, some communities, such as Santa Rosa, California, have also introduced in-pavement lighting in crosswalks.

### 4. Address security concerns

Many communities employ strategies for enhancing security, both real and perceived, through urban design. Providing sufficient lighting is a simple way to improve security. Moreover, numerous resources provide guidelines for Crime Prevention Through Environmental Design (CPTED), which involves employing design elements that discourage criminal activity by increasing "natural surveillance" and by highlighting public routes and public/private boundaries and other design interventions.<sup>22</sup> At the same time, however, people can be the best antidote to security concerns. Simply generating what Jane Jacobs called "eyes on the street" and establishing a sense of a caring community in which people look out for older residents can help address security concerns.<sup>23</sup> To supplement these strategies, safety training for senior citizens by local police departments can improve older adults' confidence in leaving their homes and going about daily tasks, such as banking and shopping. Moreover, some communities establish "senior patrol" units of senior volunteers to assist the police department with crime prevention and to identify issues of concern to older residents.

## B. IMPROVE TRANSPORTATION OPTIONS FOR OLDER ADULTS

The availability of a quality public transportation system can help promote active living by encouraging walking as a complementary activity. However, encouraging older adults to use public transportation can be quite challenging, as evidenced by a recent AARP survey that found that less than 5 percent of older adults currently use public transportation as their usual mode of transportation. According to the survey, barriers to regular use of public transportation may include a lack of accessibility, inconvenient routes and levels of service, and fear of crime.<sup>24</sup> In addition, public transportation may be uncomfortable for older adults, especially for those with physical impairments, and it usually restricts access to restrooms for extended periods of time. Finally, and quite significantly, many older adults may be reluctant to utilize public transportation simply because it is a mode of transportation that they have never utilized or because they find a transit system difficult to navigate.

### 1. Evaluate existing transportation options

To increase the use of public transportation, local governments should consider the extent to which public transportation currently addresses the needs of older residents:

- Does the public transportation serve the geographical areas where many older residents live?
- How frequently does public transportation serve these areas?
- How far must an older resident walk to access public transportation?
- What are the primary pedestrian routes to transit stops, and how safe are they for older adults?
- Are transit stops accessible for a range of functional abilities?
- Do transit stops provide sufficient lighting, shelter, places to rest, and restroom facilities? Are these facilities well maintained?
- Are transit maps and information easy to access, read, and use?

### 2. Add more accessible routes and vehicles

Local governments also could consider issues such as the design and types of vehicles servicing older residents. Although the American Disabilities Act (ADA) requires transportation systems to be accessible to passengers of all abilities, some vehicles—such as low-floor buses—may be easier to access than others. Transit systems around the

country, including those in Washington, D.C., and Boston, have begun using low-floor buses on some or all routes.

For areas with high concentrations of older residents, public transportation agencies also might consider providing satellite bus routes that serve neighborhoods more directly. For example, the Village of Friendship Heights, Maryland provides free shuttle service in an area with a high percentage of older residents. The service includes regular schedules (every 20-30 minutes) and stops near most residential complexes in the Village. Other communities—such as Brookline, Massachusetts—supplement standard public transportation with low-floor “Elderbus” service on regular schedules and routes, often for a small fee per ride and sometimes in cooperation with Area Agencies on Aging or other partners.

Alternative transportation options, such as paratransit, ride sharing, and elder taxi service, also can improve older residents’ access to activity-friendly places. Area Agencies on Aging, nonprofit providers, and public agencies should coordinate to improve service to places such as business districts, parks, trails, and senior centers. In addition, ride-sharing programs could be structured around opportunities for physical activity, such as group trips to a walking trail or shopping trips to a walkable business district.

## C. SUPPORT HOUSING CHOICES

The location, composition, and design of a local housing stock can also influence the extent to which a community supports active aging. For example, locating new housing for older adults near key services, amenities, and transportation routes can improve older residents’ ability and desire to walk as part of daily routines.

### 1. Update zoning to expand housing choices

Unfortunately, many walkable, mixed-use, and potentially aging-friendly communities are essentially off-limits to older adults because local zoning codes do not allow for a range of housing types. However, zoning changes to allow—or even encourage—accessory dwelling units on existing lots and shared housing for seniors can provide additional opportunities for older adults to move into activity-friendly neighborhoods and closer to family and friends.<sup>25</sup>

### 2. Assess existing housing stock

Local governments also should assess the extent to which its existing housing stock meets the mobility needs and abilities of older residents and should review codes and ordinances to promote more affordable, senior-friendly housing

development. Housing that is not easily adaptable or does not permit the use of wheelchairs and walkers may restrict opportunities for aging in place and active living. While the presence of stairs in itself may foster physical activity, housing design that requires the use of stairs to reach bedrooms and bathrooms may not be appropriate for older residents. Communities might consider requiring a certain percentage of new housing to be universally accessible or easily adaptable, with bedrooms and baths on the first floor. Finally, new technologies in manufactured housing may increase opportunities for affordable housing that is easily adapted as functional abilities change.

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## D. ENCOURAGE DENSITY AND CONNECTIVITY

In general, activity-friendly communities have development patterns that enable residents to walk to a variety of routine destinations and services within a close radius.<sup>26</sup> Achieving this goal requires compact, interconnected neighborhoods with a mix of uses and higher densities, especially near transit and major roads. The resulting development patterns will increase opportunities and available routes for walking trips between residences, services, and amenities; increase the feasibility of public transportation service in these areas; and connect modes of transportation. These considerations are especially important in making walking a viable means of transportation for older adults. For these reasons, any effort to promote active aging should be accompanied by land use policies that foster additional density in strategic areas and connectivity between neighborhoods and destinations.

### *1. Promote mixed-use and compact development through zoning*

Zoning codes should encourage development that combines residential, retail, and commercial uses within a small geographic area. In addition, land use regulations should allow a range of housing types (from single-family to congregate housing) and promote small lot size, narrow streets, short blocks, and human-scale development. In contrast, zoning codes that allow the separation of uses, multilane roads, and large-scale “superblocks” with infrequent through-streets can significantly reduce the incentive for walking, particularly among older adults.

### *2. Integrate new development into existing communities*

Site selection for new development, especially housing in which seniors may choose to live, is critical to promoting active living. While it is possible to support active living to

some extent on “greenfield” sites, the opportunities for active living increase significantly when a new development is integrated, or “knitted,” into the existing fabric of a community. Local governments should pay special attention to the location of any housing development in which older residents may choose to live, favoring sites near shopping and services, transportation routes, parks, and senior centers. As a way of encouraging infill development in strategic locations, a local government should explore opportunities for the adaptive reuse of older structures—such as former schools and hospitals—to house older adults.

### *3. Use development incentives and guidelines*

To encourage development in optimal locations, a local government might consider employing a range of development incentives, such as transfer of development rights (TDR), density bonuses, and traditional neighborhood design (TND) ordinances or overlays.

In addition, it is easier for a community to encourage certain types of development—and avoid wasted time and money in the approval process—if it already has in place a series of development and design guidelines to outline preferred types of development. For this reason, a local government might consider developing a series of guidelines specifically applicable to an aging population and active living opportunities. These guidelines might incorporate some of the strategies already outlined in this chapter, as well as the design considerations described previously. Many communities, such as Arlington, Virginia, require developers to provide sidewalks as part of the development process, and a community may wish to accompany such requirements with design guidelines that specify features such as sidewalk width and pavement type.

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## E. MAKE THE BUILT ENVIRONMENT MORE ATTRACTIVE

In addition to adapting overall sidewalk and street design to the specific needs of older adults, local governments can encourage active living among all ages by enhancing the overall appeal of the built environment. Attractive streetscapes and walkways can encourage more people to walk to their destinations. Vegetation, such as street trees or landscaping on sidewalks and medians, can soften a high-way environment and buffer pedestrians from traffic. Especially important for older adults, street trees also can provide shade and reduce glare. In addition, façade improvements and windows on the street can encourage pedestrians to visit and explore commercial areas while



### Promoting Awareness: Walking Programs in Nashville, Tennessee and Wheeling, West Virginia

#### Nashville: Walk for Active Aging Day

Nashville's Walk for Active Aging Day was initially conceived as part of Nashville's participation in Global Embrace, a World Health Organization event to encourage activity among older adults worldwide. The event occurs during Walk Nashville Week, an annual weeklong event to promote walking in the city. The event seeks to encourage more walking among older adults and gives participants the opportunity to complete surveys to assess walkability along the walking routes and to further identify overall barriers to walking. Participants receive technical assistance in completing the surveys and incentive giveaways to reward participation. The event also relies on volunteer leaders at several senior centers and senior residences, where the walk originated.

Walk Nashville Week is sponsored by the Community Health and Wellness Team, a coalition of citizens and agency representatives convened by the Metropolitan Health Department—as part of its “Healthy Nashville 2000” initiative—to reduce cardiovascular disease.

Sources: [www.walkbikenashville.org](http://www.walkbikenashville.org); Community Health and Wellness Team, *Walk Nashville Week 2001: Report to the Public* (Nashville: Metropolitan Health Department, 2002); Partnership for Prevention, *From the Field: Four Communities Implement Active Aging Programs* (Washington, DC: Partnership for Prevention, 2002).

#### Wheeling: Wheeling Walks

Wheeling Walks is an eight-week media campaign that was initiated in 2001 to encourage residents to walk 30 minutes per day. The campaign especially sought to encourage regular walking among older residents between the ages of 50 and 65. In paid television and radio spots and in newspaper articles, the campaign emphasized the slogan “Isn’t it about time you started walking?” In an effort to counter the notion that people are too busy to exercise, the campaign encouraged people to walk in 10-minute increments. The media campaign occurred in conjunction with community-wide walking events, endorsements of safe walking environments, and health messages from local physicians. A five-week follow-up campaign in spring 2002 reminded residents of the benefits of walking.

Governmental partners in the campaign included the City of Wheeling Mayor's Office, the city's sheriff and police departments, and the county health department. In addition, the campaign benefited from the support of local media outlets, hospitals, employers, the faith community, community groups, and West Virginia University's Department of Community Medicine. A \$350,000 grant from the Robert Wood Johnson Foundation provided financial support for the campaign. In total, the 2001 campaign encouraged 2,500 residents to participate and resulted in a 14 percent increase in walking.

Source: Partnership for Prevention, *From the Field: Four Communities Implement Active Aging Programs* (Washington, DC: Partnership for Prevention, 2002). See also: <http://www.wheelingwalks.org>.

adding a more consistent overall character to an area. Where possible, communities should encourage the placement of parking at the rear of buildings to reinforce the pedestrian character of a streetscape.

## F. PROMOTE AWARENESS OF ACTIVE AGING

Even with appropriate active living opportunities in place, older adults may not take advantage of these opportunities unless they are well informed about available resources and the benefits of physical activity. When promoting active living, the most effective messages are frequently those that emphasize the salient benefits of physical activity such as “independence,” “fun,” “vitality,” and “being with other people.” To educate residents and promote general awareness of active living, a local government can (in partnership with community organizations):

- Market active living to older adults through senior newspapers, cable TV, resident associations, and other venues
- Actively promote walkable and livable neighborhoods to raise public awareness of the services and benefits they provide
- Partner with Area Agencies on Aging, nonprofit service providers, YMCAs, and other community organizations to promote physical activity
- Organize physical activity programs such as senior walking groups, community-wide walking programs, community gardening, and fitness classes
- Train older residents on security issues through a local police department
- Provide training to help older adults transition from driving to using public transportation and walking.

## V. Conclusion

Now is the time for local governments to act to promote active aging. As the baby boomer generation ages, this profound demographic shift will have a variety of implications for local governments. Among other considerations, this population trend will require the rethinking of current policies and practices in land use planning, streetscape and sidewalk design, transportation, and housing.

By anticipating and planning for the coming demographic changes with a focus on active aging, local governments can ensure that their older residents live healthier, more active lives and age more gracefully and indepen-

dently. In achieving this goal, local government managers and other local leaders can seize the opportunity to foster additional collaboration across a variety of disciplines and governmental departments, while encouraging greater civic involvement by older residents. In the process, local governments can improve the quality of life for residents of all ages by creating more livable and vibrant communities.

## ENDNOTES

- <sup>1</sup> National Institute on Aging, *Older Americans 2000: Key Indicators of Well-Being* (Washington, DC: National Institute on Aging, 2000)
- <sup>2</sup> For summaries of baby boomer preferences, see Del Webb, *Baby Boomer Report: 2003 Annual Opinion Survey* (Bloomfield Hills, MI: Del Webb, 2003) and AARP, *These Four Walls: Americans 45+ Talk About Home and Community* (Washington, DC: AARP, 2003)
- <sup>3</sup> U.S. Department of Health and Human Services, *Overweight and Obesity: At a Glance* (Washington, DC: U.S. Department of Health and Human Services, Public Health Service, Office of the Surgeon General, 2001).
- <sup>4</sup> For instance, physical activity programming may be incorporated into home health care and meals on wheels programs. In addition, communities could consider designing special outdoor spaces, such as courtyards, in areas where many frail elderly live. These spaces could include specially-designed benches, walker-friendly pathways and other specialized amenities.
- <sup>5</sup> U.S. Department of Health and Human Services, *Physical Activity and Health: A Report of the Surgeon General* (Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 1996)
- <sup>6</sup> For example, one study determined that Florida retirees have a \$69.9 billion impact on the Florida economy, including \$1.3 billion in direct benefits (e.g., tax revenue) and \$68 billion in indirect benefits (e.g., expenditures on food, housing, goods and services). See Fishkind & Associates, Inc., *Economic & Fiscal Impacts of Florida's Retirement Industry* (Orlando: Fishkind & Associates, 1998), as cited in Orange County (FL) Interim Commission on Aging, *Final Report* (Orlando: Orange County Government, 2001), 14.
- <sup>7</sup> Howe et al (1994) includes a useful chapter on strategies to encourage older adults to participate in public meetings.
- <sup>8</sup> While bicycling is a potential form of nonmotorized physical activity for some older adults, this report emphasizes walking due to its applicability to a broader range of ages and functional abilities. For more information on promoting bicycling, refer to the Pedestrian and Bicycle Information Center web site at <http://www.bicyclinginfo.org> and the National Center for Bicycling and Walking web site at <http://www.bikewalk.org>.
- <sup>9</sup> John Pucher and John L. Renne, "Socioeconomics of Urban Travel: Evidence from the 2001 NHTS," *Transportation Quarterly* 57, no. 3 (2003): 49-77.
- <sup>10</sup> AARP Public Policy Institute, *Understanding Senior Transportation: Report and Analysis of a Survey of Consumers Age 50+* (Washington, DC: AARP Public Policy Institute, 2002)
- <sup>11</sup> AdvantAge Initiative, National Survey of 10 Communities (2003), as shared in personal communication with Mia Oberlink. See <http://www.advantageinitiative.org> for more information.
- <sup>12</sup> Pucher and Renne, 70
- <sup>13</sup> According to studies from New Zealand and Great Britain, as summarized in Organisation for Economic Co-operation and Development (OECD), *Safety of Vulnerable Road Users* (Paris: Directorate for Science, Technology, and Industry, Scientific Expert Group on the Safety of Vulnerable Road Users, 1998) and Lawrence D. Frank and Peter Engelke, *How Land Use and Transportation Systems Impact Public Health: A Literature Review of the Relationship Between Physical Activity and Built Form*, Active Community Environments Initiative Working Paper #1 (Atlanta: Centers for Disease Control and Prevention, 2000).
- <sup>14</sup> AARP Public Policy Institute, *Understanding Senior Transportation*
- <sup>15</sup> Many communities have walk-to-school programs. Activities may include designing safe routes to schools, revising policies for selecting school sites, promoting physical activity among children and young adults, and organizing an annual "Walk-to-School Day." For more information, see the Pedestrian and Bicycle Information Center's Walk-to-School web site at <http://www.walktoschool-usa.org>.
- <sup>16</sup> For more detail and measurement specifications, see Diane Y. Carstens, *Site Planning and Design for the Elderly: Issues, Guidelines, and Alternatives* (New York: Van Nostrand Reinhold Company, 1987).
- <sup>17</sup> For more information, see U.S. Department of Transportation, Federal Highway Administration, *Highway Design Handbook for Older Drivers and Pedestrians* (Washington, DC: Federal Highway Administration, 2001) and Carstens (1987).
- <sup>18</sup> The Federal Highway Administration recommends assuming an average speed of 2.8 feet per second for older pedestrians (as compared to an average of 4 feet per second for all pedestrians).
- <sup>19</sup> Charlie Denney, Arlington County Department of Public Works. Personal communication.
- <sup>20</sup> See, for example, Herman Huang and Charles Zeeger, *The Effects of Pedestrian Countdown Signals in Lake Buena Vista* (Florida Department of Transportation, 2000) and Jan L. Botha et al, *Pedestrian Countdown Signals: An Experimental Evaluation*, Volume 1 (San Jose, CA: City of San Jose Department of Transportation, 2002)
- <sup>21</sup> For more information on bench design, see Carstens (1987).
- <sup>22</sup> For more information on CPTED, see National Crime Prevention Council, *Designing Safer Communities: A CPTED Handbook* (Washington, DC: National Crime Prevention Council, 1999) and the web site of the International CPTED Association (<http://www.cpted.net>), which includes a list of CPTED resources.
- <sup>23</sup> Jane Jacobs, *The Death and Life of Great American Cities* (New York: Random House, 1961)
- <sup>24</sup> AARP Public Policy Institute (2002)
- <sup>25</sup> Accessory dwelling units may include attached or detached apartments (sometimes referred to as "granny flats"), as well as modular—or manufactured—housing that is designed for older residents and can be placed in the back or side yard of a single family home. (One example is ECHO housing, or "Elder Cottage Housing Opportunities.") Some communities have revised their zoning to permit accessory units, while some have amended statewide zoning statutes to enable accessory dwelling units. For more information, see Rodney L. Cobb and Scott Dvorak, *Accessory Dwelling Unit: Model State Act and Local Ordinance* (Washington, DC: AARP Public Policy Institute, 2000)
- <sup>26</sup> A general rule of thumb holds that walking distance for pedestrians of all ages is generally within a one-quarter mile radius. See, for example, the Congress for the New Urbanism's Transportation Tech Sheet on "Ped Sheds," which is available at [http://www.cnu.org/cnu\\_reports/CNU\\_Ped\\_Sheds.pdf](http://www.cnu.org/cnu_reports/CNU_Ped_Sheds.pdf).



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**ADDITIONAL RESOURCES**

AARP Public Policy Institute. *Understanding Senior Transportation: Report and Analysis of a Survey of Consumers Age 50+.* Washington, DC: AARP Public Policy Institute, 2002.

Ball, M. Scott. *Aging in Place: A Toolkit for the Atlanta Regional Commission Quality Growth Partnership.* Atlanta: Atlanta Regional Commission, 2001.

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Maricopa Association of Governments. *National Conference on Aging & Mobility Conference Proceedings, March 25-27, 2002.* Phoenix: Maricopa Association of Governments, 2002.

Partnership for Prevention. *From the Field: Four Communities Implement Active Aging Programs.* Washington, DC: Partnership for Prevention, 2002.

Pollack, Patricia Baron. *Liveable Communities: An Evaluation Guide.* Washington, DC: AARP Public Policy Institute, 2000.

Robert Wood Johnson Foundation. *National Blueprint: Increasing Physical Activity Among Adults Age 50 and Older.* Princeton: Robert Wood Johnson Foundation, 2001.

U.S. Department of Transportation, Federal Highway Administration. *Highway Design Handbook for Older Drivers and Pedestrians.* Washington, DC: Federal Highway Administration, 2001.

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**USEFUL WEB SITES**
**AARP**

<http://www.aarp.org>

**Active Aging Partnership (National Blueprint)**

<http://www.agingblueprint.org>

**Active for Life**

<http://www.activeforlife.info>

**Active Living by Design**

[www.activelivingbydesign.org](http://www.activelivingbydesign.org)

**Centers for Disease Control and Prevention – Healthy Aging**

<http://www.cdc.gov/aging/>

**Leadership for Active Living**

<http://www.leadershipforactiveliving.org>

**National Center for Bicycling and Walking**

<http://www.bikewalk.org>

**National Institute on Aging**

<http://www.nia.nih.gov>

**Pedestrian and Bicycle Information Center**

<http://www.walkinginfo.org>