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## **RESIDENT-CENTERED, INTERGENERATIONAL COMMUNITIES Viewing Planning Issues Through the Lens of Elder Care**

### ***Re-planning for livable, walkable communities in the face of an aging population:***

We have come to a critical moment in our nation's history—a moment when our historic towns and cities have been devalued by modern development practices and shifting economic conditions—at enormous social and financial cost. Across the country, elder housing and care scenarios often exacerbate this disinvestment by fragmenting the generations and eliminating the ability of older people to contribute to society as experienced and active citizens. As we place increasing emphasis on creating livable communities for elders, for younger-aged people with disabilities, and for families, reimagining our existing towns for elderly residents can create more livable and intergenerational places for everyone.

By 2030, one in five Americans will be over the age of 65,<sup>1</sup> the oldest population America has ever known. Though our towns and cities were never conceived to accommodate such an aged population, intelligent "re-planning" can begin to meet the social, economic, and physical needs of all our citizens, regardless of age or ability.

### ***New scenario—town centers:***

In 1919, American planner, John Nolen, sought such a re-planning of our American towns and cities. In the wake of the haphazard industrial development of that age, Nolen saw planning as "an active instrument of reform" that could "structure and accommodate the interrelated social, economic, and physical needs of the modern city."<sup>2</sup>

As the baby boomer generation begins to crest and become the elderly population, we can heed Nolen's early lesson by holistically rethinking and re-planning our existing neighborhoods as both (1) active instruments of *health care reform*, and (2) mechanisms for *value-added community and economic redevelopment*. If implemented correctly, these improved scenarios have the potential to greatly enhance social capital by clustering people of all ages, services and amenities, and interesting places within our core communities.

*Neighborhood-centered health care and housing:* One such scenario calls for the robust development of neighborhood-centered health facilities, which are proven economic generators for underserved towns and cities.<sup>3</sup> When combined with various successful models of residential-scaled housing for older people and delivery of high-quality home health care, our neighborhoods will become better able to cope with rising health care and insurance costs. Location and placement

are two critical aspects of both housing and care services because they address two important issues concerning health care: (1) social inclusion and opportunities for activity, and (2) cost-effective delivery of high-quality care.

Integrating complementary best-development practices (such as mixed-use, residential-scaled assisted living facilities and supportive housing developments; village-like cohousing clusters; New York's neighborhood-based Naturally Occurring Retirement Community service programs or the Virtual Village programs emerging in many states across the country; successful combined adult and child daycare centers; etc.) can begin to create economies of planned clustering that capitalize on and enhance a community's existing economic and social fabric. By tailoring these best practices to fit within our core communities, we can begin to revitalize walkable neighborhoods to create healthier resident-centered intergenerational environments that will help reduce rates of chronic disease, injury and illness.<sup>4</sup>

Envisioned as a basis for a new social compact, health care can become a viable tool to support community redevelopment *and* reduce long-term care costs. The neighborhood (or town) center is a critical key to cost-effective health care delivery and the enhancement of social capital in America. Ideally, facility-based health care providers can re-think the fundamental way they provide housing and services. For example, imagine a Continuing Care Retirement Community (independent-living cottages, assisted living, and nursing care within a discrete campus) transformed into a diverse multigenerational neighborhood center to include the services and opportunities found on downtown streets, with housing, services, and care all available in a graduated manner.

Imagine then how this community might look when integrated into an existing town, especially one beset by vacant lots and underutilized buildings that is waiting for the opportunity to be reborn. Nestled in this town one will find supportive services, various housing models, assisted living, and nursing options alongside coffee and bagel shops, flower shops, fitness centers, beauty salons, adult and child day care centers, community centers, and other "active" places that invigorate the town center. And imagine active streets immediately beyond this center where independent cottages blend seamlessly with other homes in existing residential neighborhoods.

To further enhance the neighborhood-centered scenario, more traditional services will also play a significant role. Home-based care support is by far the most desirable scenario for the majority of elders, but implementing high-quality care at home depends upon the availability of sufficient home and community-based supportive services, the support of local Area Agencies on Aging, a greatly enhanced contribution from occupational and physical therapists, enhanced utilization of EMTs, local placement of home care agencies and registered nurses, etc. Certified Aging in Place (CAP) specialists (training program by the National Association of Home Builders and by AARP) qualified to perform the modifications necessary for successful home-based care will contribute notably to a reinvestment in our existing neighborhoods. Emerging technologies will provide

unobtrusive monitoring while trained professionals stand by in case of emergency. All of these services, accompanied by a neighborhood support network, will augment the well-being of all residents who need supportive assistance and who will increasingly be cared for by family, friends, neighbors, and local professionals.

As we move into this period of unparalleled national aging, integrating housing and care for elders and other residents in our town centers will also support an essential shift in society's perception of old age—to viewing older people as a community's source of active, valued, needed social capital. As this transformation occurs, older citizens can become more actively engaged as citizens and neighbors, where children and adults can interact with these elders in convenient and safe community-oriented environments. Care will become local and autonomous, and will be made available to all residents, granting each a healthy sense of well-being and sense of belonging.

*Planning and zoning:* Currently, health care facilities are often placed according to market forces and developer whim, with little regard for community or social connections. Over time, such decisions have reflected a zoning history that stressed the separation and segregation of institutional, residential, and commercial land uses. When few options for neighborhood-based care are available, both older and younger residents with disabilities have had to leave their homes for bedrooms far away. Fortunately, city officials and planners have begun to recognize the problems inherent in these practices, and are beginning to roll back some ill-advised development policies. Exceptional examples and successful strategies that eliminate barriers to the successful integration of housing models, supportive care solutions, and community features do exist and can help communities create neighborhood-centered initiatives.

Future policies may provide greater incentives for the placement of supportive and health care facilities in existing town centers for frail elders and other residents who need such assistance to remain independent. For example, policies increasingly support the use of LEED (Leadership in Energy and Environmental Design) certification standards. LEED has gained momentum for the development of discrete homes and buildings, and a LEED for Neighborhood Development certification system is now being tested that rewards new buildings for their use of vacant sites and existing infrastructure. In response to population-aging worldwide, future-oriented strategies are also occurring in other countries. For example, government agencies in the Netherlands have implemented the Senioren label, a consumer quality certificate awarded to developers for providing a certain standard of accessible housing for older citizens; and this standard has also been used by some Dutch municipalities as a basis for granting subsidies.

Overall, to create livable communities, Americans can consider multiple best practices so that unique, local needs can be met by a wealth of beneficial scenarios. As one best practice scenario, we can look further to town centers—which have historically provided the physical framework that supports

communities—and use that framework to establish a significant redirection in healthcare delivery; to stoke a new, neighborhood-centered economic revitalization; and to promote health and inclusion while redeveloping architecturally rich and essential amenities. This best-practice model would provide quality health care and affordable housing for the entire community, permit people to preserve their community citizenship, and be comforted with familiar surroundings for their entire life. Town centers provide a convenient setting where children, adults, and elders can interact, and where the efforts of growing numbers of family caregivers can be supported in time-tested neighborhoods. And, critically, viewing planning issues through the lens of elder care will begin to address our daunting health care challenges in a setting that has been proven to benefit our physical and emotional well-being—walkable towns and cities.<sup>5</sup> America could once again nurture its towns to nurture its people.

**References:**

<sup>1</sup>U. S. Census Bureau.

<sup>2</sup>Nolen, John (1927; Charles D. Warren reprint, 2005). *New Towns for Old: Achievements in Civic Improvement in Some American Small Towns and Neighborhoods*, American Society of Landscape Architects Centennial Reprint. Amherst, MA: University of Massachusetts Press.

<sup>3</sup>National Association of Community Health Centers, The Robert Graham Center, and Capital Link (August, 2007), *Access Granted: The Primary Care Payoff*.

<sup>4</sup>Bruhn, John and Stuart Wolfe (1979), *Roseto Story: An Anatomy of Health*. Norman, OK: University of Oklahoma Press.

<sup>5</sup>*USA Today* (March 16, 2009).

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