

Robert Scardamalia, Director, New York State Data Center
Empire State Development Corporation
Albany, NY

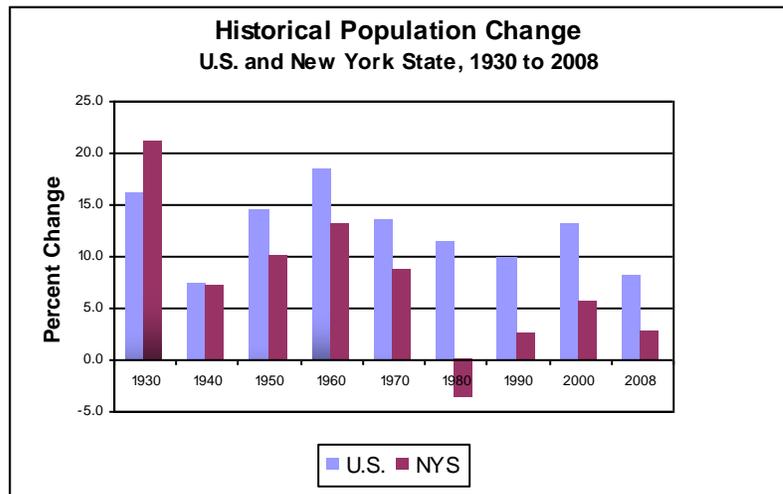
NEW YORK STATE SELECTED DEMOGRAPHIC AND SOCIETAL CHARACTERISTICS

Three population change drivers: New York’s population structure at the beginning of the 21st century has been shaped by decades of demographic and economic factors. Population change occurs only through three processes: fertility, mortality, and migration. From the beginning of the 20th century to the beginning of the 21st, there has been significant change in each of these processes. Fertility rates, in general, have seen a long-term decline, though interrupted by the baby boom between 1946 and 1964. Mortality continues to decline with improvements in longevity, especially at the older ages. However, migration is the most volatile of these components and has been the most important factor in driving the change in New York’s population and characteristics.

Brief History – New York

While New York’s demographic structure is unique in many ways, it reflects the same major demographic forces that have shaped the nation’s population. New York has traditionally been a high turnover state, benefiting as an entry point for large pools of in-migrant populations but also losing population through heavy out-migration to other locations in the nation.

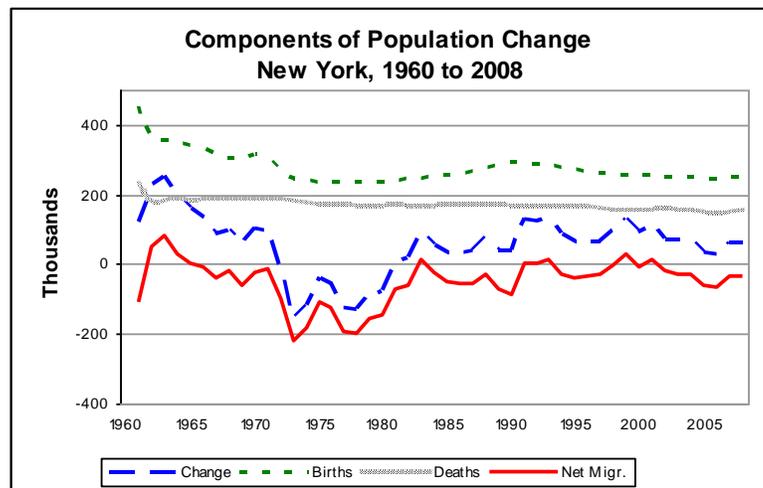
- High foreign immigration accounted for rapid growth well into the 1920’s, but by 1930 federal immigration quotas significantly reduced foreign entry.
- The 1940’s and 50’s were characterized by industrial growth, which was a magnet for migration from rural to urban areas and from the South to the North.
- The Baby Boom and continued migration accounted for rapid growth into the 1960’s.
- The national economic dislocation of the 1970’s resulted in the loss of nearly three quarters of a million residents from New York. Almost every city saw a decline in population between 1970 and 1980.
- Economic recovery in the 1980’s and 90’s has been modest, driven by an improved economic climate, increased births due to the echo effect of the Baby Boom, and continued high levels of foreign immigration.



- Population growth in the new century continues at a moderate level, still supported by foreign immigration.

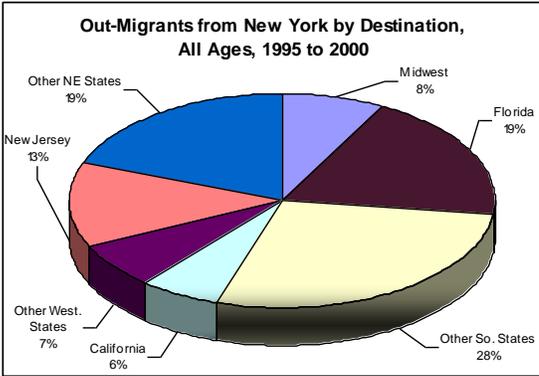
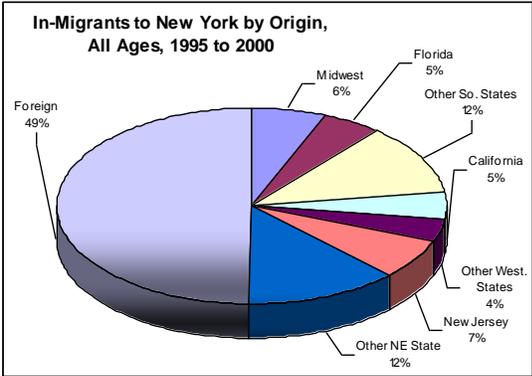
Population *size* alone is not the only, or most important, demographic force to look at. The characteristics of the State's population and the geographic distribution also change. New York, like the nation, has an aging population as a result of the Baby Boom. Always a diverse state in terms of racial and ethnic makeup, New York is an attractive destination for foreign immigrants; and those immigrant populations drive demographic and economic change. Historically, New York City has been a magnet for young foreign immigrants; yet many of our large and small communities are becoming increasingly diverse as these populations move throughout the State.

- Population change mirrors the level of net migration. Net migration refers to the balance of those moving into the State and those moving out. For most years in the last four decades that balance has been negative, with New York losing more residents than it is gaining. This net out-migration results from a high positive level of foreign immigration balanced by a larger flow of domestic residents out of the State.
- While survival rates have improved, the absolute number of deaths has been relatively stable for the last 50 years. As the Baby Boom generation ages though, the population gain due to natural increase (the difference between births and deaths) will decline making migration an even more important component of population change.



Origins and Destinations

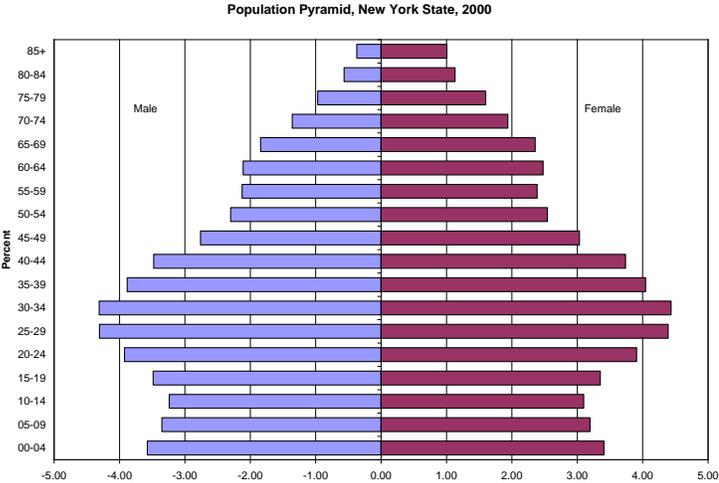
In-migration and out-migration: Between 1995 and 2000 (the most recent Census data available), nearly 50 percent of all New York in-migrants came from abroad. Florida and other Southern states accounted for another 17 percent while in-migration from New York's neighboring states in the Northeast added nearly 20 percent. While out-migration to our neighbors is also high at 32 percent, out-migration to Florida and other Southern states accounts for 47 percent of all out-migrant destinations. During the five year period, New York State in-migrants from all locations numbered almost 2.2 million but that was offset by more than 2.4 million out-migrants, resulting in a net out-migration of 249,000.



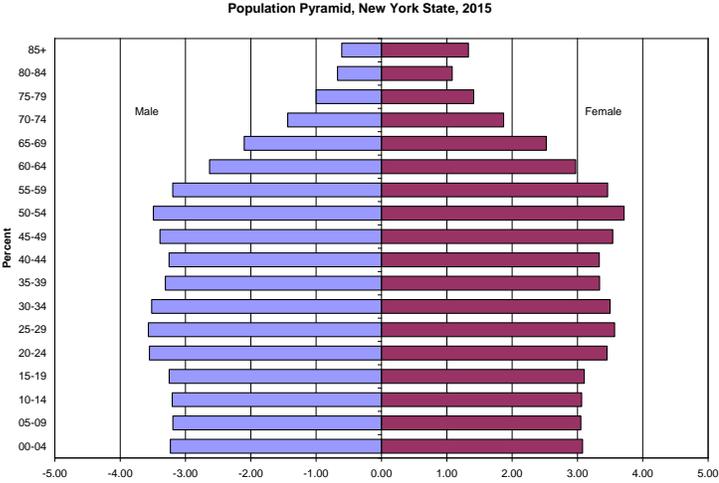
Intra-state movers: Between 1995 and 2000, nearly 4.5 million New Yorkers age 5 and over moved, but they stayed within their resident region of the State. Another 717,000 left their 1995 region of residence within New York, but moved to another region within the State.

Aging Baby Boom

The term “Baby Boom” refers to a period of high fertility rates between 1946 and 1964. This was a marked departure from the historic decline in fertility throughout most of the 20th century. Today, fertility rates remain at low levels, though the absolute number of births fluctuates as the size of the cohort of women of childbearing age changes. The Baby Boom and the “echo” (children born to women of the Baby Boom generation) dominate the age structure of the State and national population.



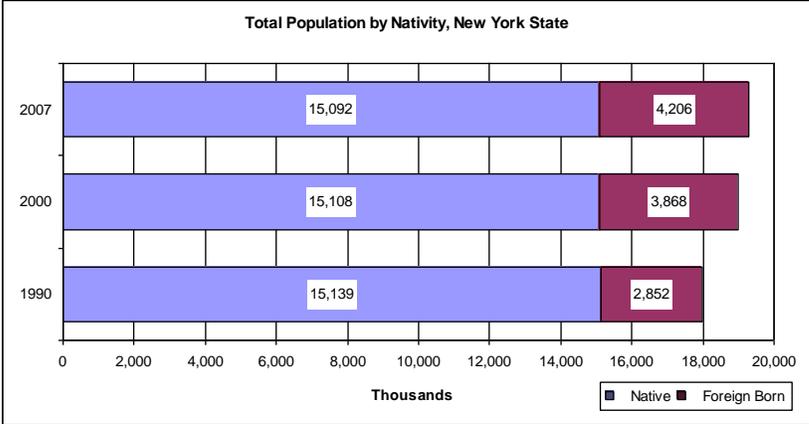
By 2025, the youngest of the Baby Boom generation will be 61 years old, and this bulge in the distribution will be moderating in its effect. New York’s aging population structure is “flattening” or becoming more stable in the proportion of population at each age group. Those age 85 and over will increase only slightly as a proportion of the State’s total



population; however, the number of people in this age category will increase by nearly 25 percent between 2000 and 2025.

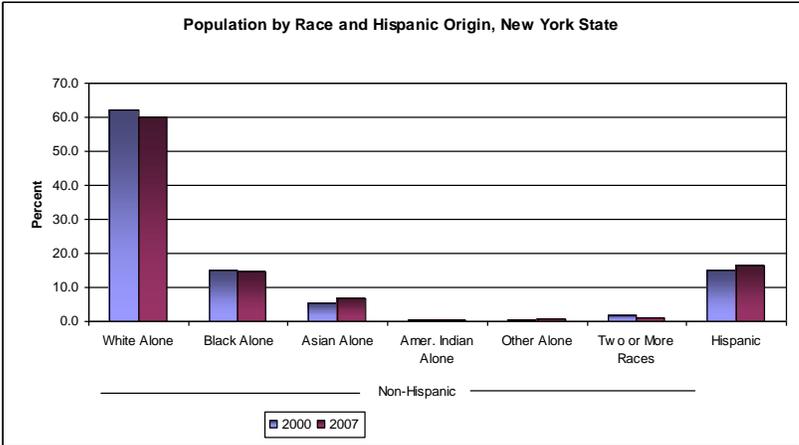
New York’s Diverse Population

In 2007, more than 136,000 immigrants obtained legal permanent status in New York State; since 2000 that figure approaches 1 million people. New York continues to be a primary point of entry for foreign immigrants, along with California, Texas, Florida, and Illinois. This continues historical patterns, but the composition of the immigrant population has changed over time. In the late 19th and early 20th centuries, New York’s immigrant population was primarily European. In contrast, in 2007, the origin of more than one-third (50,000) of our immigrants was Asia, with China being the largest supplier with more than 20,000 immigrants. Europe and South America were nearly equal contributors at around 14 percent each. African nations added another seven percent.



New York’s foreign-born population increased by more than eight percent between 2000 and 2007 due to this continued high level of foreign immigration. This increase is most important in the New York and Nassau-Suffolk metropolitan areas, but smaller communities throughout New York State are also experiencing growth in their foreign-born populations.

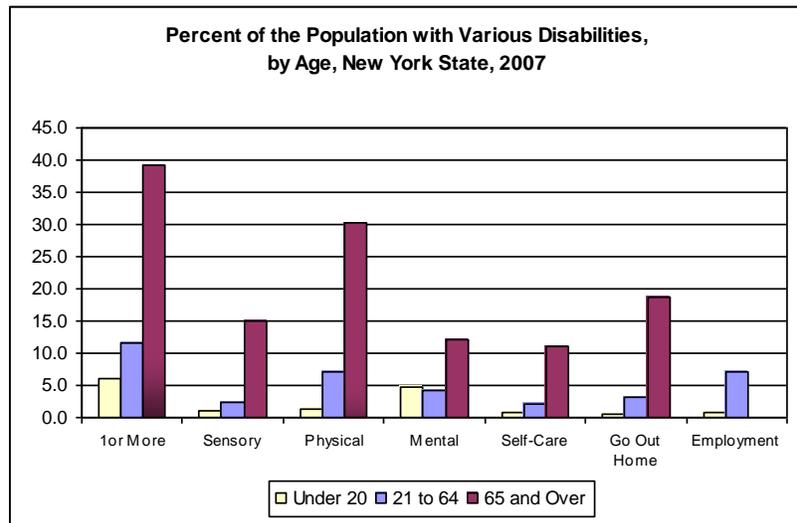
- The non-white population in 2007 was 7.7 million persons, up by seven percent from 7.2 million in 2000, and is 40 percent of the State's total population.
- The Black or African American population increased by one percent during this period to 2.8 million.
- The Asian, Hawaiian, and Pacific Islander population increased from just over 1 million in 2000 to more than 1.3 million in 2007. This is an increase of more than 27 percent and represents the most rapid increase of all major racial groups.



- The Hispanic population also grew rapidly between 2000 and 2007, increasing to nearly 3.2 million persons. The Hispanic population grew 10 percent and represents 16 percent of the total population.

Disability

Based on the projected growth of the 65 plus population, individuals with special needs will increase rapidly as significant numbers of older people deal with a variety of disabilities. The Census defines disability in terms of whether the individual has a condition that makes it difficult to perform certain activities. These conditions represent sensory, physical, mental, self-care limitations, as well as, limitations in their ability to go outside the home or to be employed.

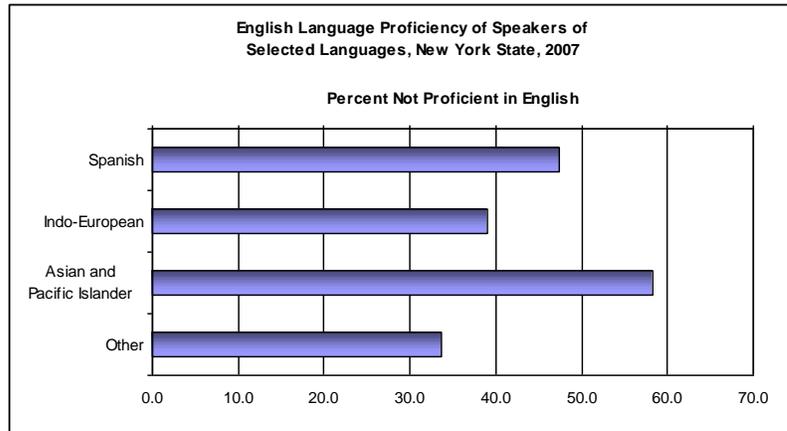


Nearly 40 percent of the population 65 and over indicated that they had one or more disabilities, though this may not be an indication of the need for care. Fifteen percent indicate some form of sensory disability (eyesight or hearing), while nearly 30 percent indicate having physical limitations such as walking, climbing stairs or lifting. Nearly 20 percent have difficulty going outside the home for activities like shopping or going to the doctor. Vulnerability to disability increases with age; however, significant numbers of people under the age of 65 also live with one or more of the five disabilities measured by the Census Bureau. While the greater *proportion* of the older population have one or more of these five disabilities, the *number* of non-elderly New Yorkers with one or more of these disabilities (more than 1.5 million) far outweighs the *number* of older people with disabilities (954,000). Thus, attention to the design and usability of housing and community features is critical for people of all ages.

Language Proficiency

In 2007, more than five million New Yorkers over the age of five (29 percent) spoke a language other than English at home compared to fewer than four million in 1990 (21 percent). New York's diverse racial and foreign-born population speak many different languages and are less proficient in speaking English than in 1990. Persons who do not speak English at home are concentrated in New York City, where 47.6 percent speak a language other than English, up from 41 percent in 1990. In the Census, ability to speak English is categorized as those who speak "very well," "well," "not well," or "not at all."

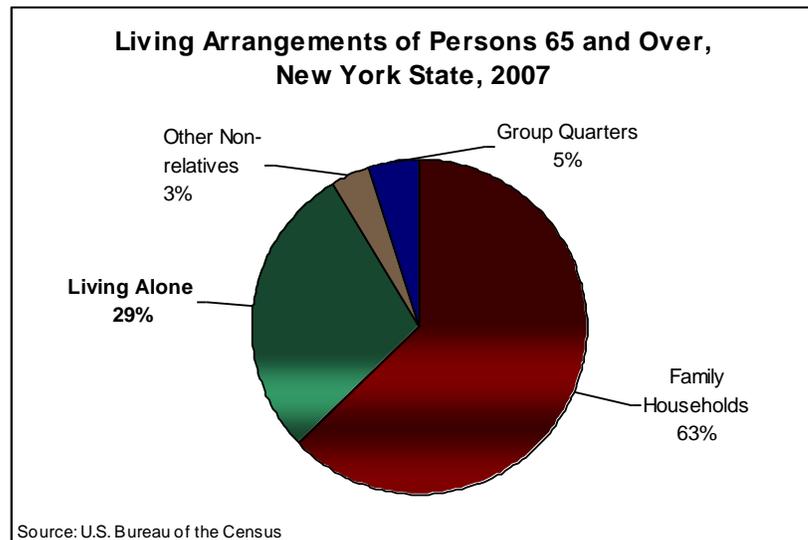
- Of the 2.4 million people who are not proficient in speaking English, 51 percent speak Spanish at home, 27 percent speak Indo-European languages, 19 percent speak Asian and Pacific Island languages, and only three percent speak some other language.
- Of persons who speak Spanish at home, 47 percent speak English less than “very well.” For those using Indo-European languages, 39 percent are not proficient in English compared to 58 percent using Asian and Pacific Island languages and 34 percent using other languages at home.



Household Relationships

The population is classified as living in either households or group quarters. *Households* are most often thought of as individual living quarters, a house or apartment, occupied by individuals who may or may not be related. When a relationship (by blood, marriage, or adoption) exists between the individuals, that unit makes up a *family household*.

Family households can also contain unrelated individuals such as a roomer, live-in help or health care assistant. Households can also be made up of only unrelated individuals such as college students living together. People living alone also make up a household, though they are not considered a family because there are no other relatives living with them.



The 1960's and 1970's saw rapid increases in household and family formations as Baby Boomers established independent households. The number of households increased by nearly 13 percent between 1960 and 1970, while the average household size actually declined from 3.1 to 3.0 persons per household due to a large increase in single person and couple households. The number of families increased by almost 6 percent, but average family size remained stable at 3.5 persons per family.

The characteristics of household and family living arrangements continue to change. As fertility rates declined through the 1970's and 1980's, marriage rates slowed and divorce rates increased, resulting in a decline in average household and family size. Both average household and family size have stabilized over the last two decades.

- In 1970, more than 83 percent of all families were married couple families. By 2007, the proportion of married couple families had dropped to 70 percent. In 1970, only 13 percent of families had a single female householder and only 3 percent had a single male householder. By 2007, those proportions had increased to 22 percent and 8 percent, respectively.
- While the number of single male families is relatively small at 350,000, the number has more than doubled since 1970.
- Single female families number over 1 million and increased by more than 70 percent between 1970 and 2007.
- Non-family households include persons living alone or with other non-relatives. In 1970 these households represented 22 percent of all households and by 2007 had increased to more than 35 percent.

Deborah Damm O'Brien, Executive Director
DePaul Housing Management, Catholic Charities Housing Office
Albany, NY

WHO ARE NEW YORK'S OLDER ADULTS?

| New York The State's Older Population Number and Projections | | | | | |
|--|------------|------------|------------|---------------------|---------------------------|
| | Ages 55-59 | Ages 60-74 | Ages 75-84 | Ages 85 and Over | Total Older Population |
| 2007* | 1.2 M | 2.2 M | 901,194 | 355,963 | 4.6 M |
| 2025 Projections** | 956,336 | 3.1 M | 1.1 M | 548,011 | 5.8 M |

* U. S. Census Bureau, American Community Survey 3-Year Estimates, Table B01001 (2005-2007).
**U. S. Census Bureau, Interim State Projections of Population by Single Year of Age 2004-2030, File 3 (April 1, 2005).

New York has the third largest number of older adults in the United States, and the aging of the Baby Boomers is swelling the ranks of the State's older population. The oldest Boomers turned 64 in 2010, and the youngest Boomers will turn 60 in 2024. There has never been a standard definition of what constitutes "old age"; and the Boomers are re-defining all aspects of aging, what it means to be older, and *when* someone would consider himself or herself "old."

"How old would you be if you didn't know how old you were?"
— Satchel Paige

Often, all older people are considered as one homogenous group—the elderly. At other times, for simplicity and convenience, they are categorized into three groups, by age—the young-old, the old-old, and the oldest-old. Such approaches do not realistically reflect what researchers observe about older people: they are the most diverse of all age groups—a multi-generational group ranging in age from 55 to over 100, with extremely varied traits, characteristics, preferences, and needs. Thus, it is hard to define, describe—put a label on—New York's older adults. Yet, from New York City to Long Island, from Albany to Buffalo, from the cities to the rural communities of New York, there are many images and stories that will shed some light on the question, "Who are New York's older people?" Here are some examples:

- On two different episodes of a television cooking show, the host (a man in his 40's) had his mother and grandmother on the show. The host's mother was "jetting in" from a vacation in warmer climates, clad in a trim, very chic suit, and sporting a tan. The host's grandmother was making biscuits in her kitchen, clad in a simple housedress, telling stories of how she learned to make biscuits from her mother.
- Several years ago, a new senior apartment community opened in upstate New York. Within a few weeks, one group of residents couldn't wait to get bingo started. Another group of residents called the local college to see if they could get some students to come and teach them to use the computer.

- Mark taught high school for 35 years. He retired at age 60 because of the physical, emotional, and time demands of being a good teacher. He almost immediately began to volunteer at the local library and soon became manager of the library association's used bookstore. He also became involved in his community's local government, serving several terms on the town board.
- Anna is 63 years old. She doesn't speak English very well, and she works full time in her family's restaurant. She is a widow who finds the routine of keeping up her house increasingly difficult. She is also taking care of her 83-year-old mother who has Alzheimer's disease and who does not speak English at all. She is finding it harder to keep working full time—to help her family—and to meet the demands of caring for her mother.
- Jim is a widower who is living alone in the house he shared with his wife for 50 years. Many of his remaining friends go to Florida for the winter, but Jim is not able to afford to do that. He is no longer comfortable driving, especially in the winter and at night. There are many days when Jim goes to bed and thinks, "I haven't talked to a single person today."
- Marion is a 70-year-old homeowner. She recently retired from working for the State and is looking forward to being able to travel and see the USA with her friends. She is also looking forward to being able to spend more time on her passion – gardening.
- Louise and Jack moved into a senior apartment complex after Jack had a heart attack. While they were finding it harder to take care of their apartment, they seemed to be doing ok; but one day, Louise fell and Jack was unable to help her get up. When their neighbors heard their cries, the EMTs came and transported both to the hospital, where doctors found that both Louise and Jack had some serious health issues and recommended that they move into an assisted living residence.
- Esther is 64 and has just completed a PhD in social work.
- Joanne is 65, is divorced, and lives in her own home. She works full time as a secretary and also has full custodial responsibility for her two grandsons who live with her.
- Don is 78 and a retired college professor. He is a snow bird, spending half the year in New York and half the year in North Carolina. Since his retirement he has expanded his work as a labor arbitrator and mediator to full time.
- Barbara is 90 years old, has had two hip replacements, wears two hearing aids, uses a cane, and can no longer drive. She continues to care for her 95-year-old husband who is physically very frail, but neither of them wants to move out of their long-time home.

- Jeff is a 70-year-old Viet Nam veteran. He lives in one of New York's Adult Homes and continues to suffer emotionally from his wartime experiences.

These are real stories of real people: New York's older adults. They are our neighbors; they are our family members; and they are our friends. They are healthy, vibrant men and women who are working, are volunteering in their communities, are traveling, and are living active lives. They are men and women who are caring for themselves and their spouses, who are caring for their own aged parents, who are helping their adult children financially, and who may also be raising their grandchildren. They are men and women who are very frail, who are developing physical and mental health issues that limit their ability to live the lives they imagined for themselves, and who need some assistance.

Our eldest senior New Yorkers, the "Greatest Generation," have had their lives shaped by two world wars. Many in this generation benefited from government educational assistance for veterans; members of this generation had the largest one-generation jump in educational attainment in New York history. Because of their intimate connection to our country in wartime, they have a strong sense of country, have been active participants in the electoral process, and lived the "American Dream." They have also been shaped by the Great Depression and, so, have been savers, and more inclined than later generations to plan for their futures. As our oldest New Yorkers, they are generally upbeat about living longer and hopeful about the activities and efforts of government and the private sector to address issues for those who are aging.

Our youngest senior New Yorkers, the "Baby Boomer generation," are just beginning to realize that they are now "older New Yorkers." While these older adults are among the best educated of our population, they are also the generation that has focused on career and upward mobility, for themselves and their families. They are used to success and used to things happening "now." As older New Yorkers, they are now bringing their business expertise and expectations for success into their retirement. Because they have been used to autonomy and control in their lives, they expect that they will continue to be in control of their personal situations as they age. However, unlike the eldest seniors who have saved for their futures, many of the baby boomer generation have not been savers. They have used their resources in their businesses, in their family lives, and to help their adult children. This means that while this generation of older people may be more skeptical about the sustainability of government programs, they may be in greater need of government programs in their retirement years.

Whether the older New Yorker is a member of the "greatest generation," a "baby boomer," or a transition member between the two, some things are universally true: all older New Yorkers want to continue to live independently in a place they call home; they are vigorously involved with their families; and they hope that they can be active and healthy and make decisions for themselves throughout their lives. When all is said and done, isn't that what is the hope of all New Yorkers?

Shameka Andrews, Statewide Projects Assistant
Self-Advocacy Association of New York State
Schenectady, NY

WHO IS NEW YORK'S DISABILITIES COMMUNITY?

| New York State Population with one or more of five disabilities 2007 | | |
|---|---|---|
| Age Group | # living with 1 or more disability | % of the group's total population living with 1 or more disability |
| 5 – 20 | 252,115 | 6 % |
| 21 – 64 | 1.3 M | 12 % |
| 65 – 74 | 344,872 | 27 % |
| 75 and over | 609,442 | 52% |
| U. S. Census Bureau, American Community Survey—1-year estimates,2007, Table B18001 | | |

The U. S. Census Bureau measures the prevalence of five different disabilities: sensory, physical, mental, ability to go outside the home, and self-care limitations. A significant portion (14 per cent) of New York's population ages five and over, live with one or more of these disabilities. From childhood onward, there is a greater chance of incurring one or more disabilities. The elder population is much more likely to live with multiple disabilities; but in absolute numbers, there are many more children and adults (1.6M) with disabilities than elderly people (954,314).

Persons with disabilities are often viewed as homogenous categories of people rather than as individuals. However, just like those in the general population, we are each unique individuals—different in some ways and, at the same time, the same as other people in many ways. People with disabilities may have different needs, but, like others, we all have dreams, goals, and desires. We are all races and religions. We are mothers, fathers, sons and daughters, sisters and brothers. We are young, middle-aged, and we are old. We are teachers, students, doctors, nurses, lawyers, and politicians. We go to school and attend places of worship. We vote, pay taxes, get married, own homes, have children, work, and go out with friends.

Some people are born with their disability. Others have a disability as a result of an illness or an injury, and some develop a disability as they age. Some people have a disability that lasts a short time, while others have one that lasts a lifetime. Some people have a single disability; others have the complications of multiple disabilities. Older people may have multiple, chronic disabilities, as there is a relationship between advancing age and vulnerability to physical and mental impairments.

There are many different types of disabilities, and individuals with the very same one can be affected in totally different ways; they can vary in their basic functional

abilities and in their adaptation methods. For example, two individuals may have Cerebral Palsy, but one might use a wheelchair and the other may use a walker; or one may have a cognitive disability and the other may not. Just because someone has a physical disability does not mean they have a cognitive disability as well. A common experience among people with disabilities is that they face varying degrees of discrimination and a variety of barriers to participation in school and the work place, as well as in social activities.

From a variety of perspectives—human rights, civil rights, personal dignity, community growth and livability, respect for life, strengthening families, building social capital—there is a growing understanding of the inherent value to be gained when everyone has the opportunity to live his or her life to the fullest, no matter what the disability may be, when or how it was acquired, or how it affects them. Such understanding underlies the increasing attention on accessibility and universal design features, such as wider doorways, ramps, curb cuts, task lighting, accessible transportation, Braille signage, elevators, adjustable counters, walkable trails, automatic doors, and other features. There is also a growing understanding that the benefits of employing such accommodating features are important to *all* of a community's residents—whether a young person in a wheelchair, a mother with a baby carriage, or an older person carrying bags of groceries.

There is a spreading movement across the country to create "livable communities." One aspect of a livable community reflects nationwide public policy trends (including New York State) that promote the ability of people with all types of disabilities and frailties to live in conventional housing alternatives and to live their lives as an integrated part of the wider community. A livable community draws on the skills, knowledge, and resourcefulness of *all* its residents and maximizes the opportunities to take advantage of these assets—as a means of creating neighborhoods that all residents think are good places to live. People with disabilities are neighborhood members, with skills, talents, creativity, and willingness to contribute to their community's livability.

Some examples of New York's citizens can illustrate the diversity that characterizes the State's disabilities community, as well as the individuality of its members. *Who* is New York disabilities community?

- Eric lives with his older brother Derrick. They have an apartment near the local community college campus where Eric takes classes. Eric is a member of the debate team, and when he is not in class, he works part time at the grocery store. Eric has a learning disability.
- Jenny lives with her mom and her two brothers. Their house is very small and has four steps in the front, so it is very difficult for Jenny to get around without support. When she has to go to school, her mother carries her down the stairs and puts her in her wheelchair. She loves to go to school and play on the playground with her friends. Jenny has Cerebral Palsy.

- Mark is the editor of a local magazine. He has a bachelor's degree in Business. He owns a house two blocks from his office, and he drives his chair to work everyday. Mark is non-verbal; he uses a device that helps him communicate.
- James is a single father, and he takes his son, Chet, to school everyday. James is a hall monitor at the local junior high school, and he is the coach for the high school basketball team. He also likes to play basketball with his buddies from college. James is an artist; he has a Web site where he sells his paintings; and he hopes to open up an art gallery one day. James lost both his legs in a car accident last year.
- Scott is a single guy. He takes his dog to the park, and he likes to hang out with his friends and go skiing and snowboarding. He lives in the same little farmhouse he lived in when he was a kid. Scott has been a teacher for the past five years. Scott has Downs Syndrome.
- Edna is a retired teacher. She lives in a local retirement community, and she loves to garden and play with her grandchildren. Every Wednesday, Edna reads to the children at the local community center. Every Saturday, Edna goes to Bingo; and every Sunday after church, Edna teaches a ballroom dancing class. Edna has a visual impairment.
- Dick and Mary just got married. Dick is an attorney for a local law firm, and Mary is a nurse at the local children's hospital. They just bought a house near the hospital where Mary works. Dick likes to play poker with his friends from work on Saturday nights. Mary loves to knit. On Sundays, Mary and Dick get together with the other couples in their neighborhood and watch movies. Dick has polio.
- Joyce is 80 years old, widowed, and a retired factory worker. She rides with her neighbor to the local elementary school where both she and her neighbor volunteer in the local elementary school three days a week, reading to first graders and helping them with their school work and their activities. The children love her and compete for her attention. Joyce wears two hearing aides; she can no longer drive because of arthritis in her hips, and she needs a cane to maintain her balance.
- Mark is a member of the church choir. He likes to go bowling with his friends and take his girlfriend dancing. Every morning, Mark gets up, has tea, and reads the paper; then he takes his dog, Sparky, for a walk. After Sparky's walk, Mark goes to the local YMCA to work out; and every Sunday, he goes to his parent's house for a big Italian family dinner. His favorite meal is lasagna. Mark has autism.
- Mary lives with her parents, and she just started junior high school. Mary plays the flute, the drums, and the piano; and she wants to try out for the school band next year. She also likes to swim and read mystery novels. She loves

animals, and she hopes to get a summer job working at the local pet store. Mary has three dogs and a cat and she likes making brownies with her mom and going to baseball games with her Dad. Mary has Tourettes syndrome.

These individuals are not much different from other community members. They have similar goals and dreams; like others, they take the same or different paths to achieve them. Like others, they want opportunities to live in their own homes and apartments in the neighborhoods and communities of their choice. They want to work for businesses and volunteer their services to help others. They want to belong to clubs and organizations and pursue recreational and spiritual activities with friends and other people in their community. They just use different supports to do these things—a wheelchair, a walker, cane, a companion dog, crutches, a specially equipped car, a prosthetic, Braille documents, computer screen readers, sit-to-work counter space, audible safety devices, etc.

People of all abilities have a lot to offer our communities . . . a community's strength, and its livability, is measured by its ability to include the gifts and contributions of all its members. A community is strong when it offers truly productive activities and the full responsibilities of citizenship to all its members.

Eric Kingson, Professor of Social Work and Public Administration
 Danielle LeClair, MSW Candidate
 School of Social Work, Syracuse University
 Syracuse, NY

SOCIAL INFRASTRUCTURE **(Sense of Community, Social Compact, and Social Capital)**

The **social infrastructure** includes the activities, organizations, and facilities that support a community's need to form and maintain social interactions and relationships—its social capital.

Social capital is a social network, the reciprocities that come about from inter-relationships among members of that network, and the value of these relationships for achieving mutual goals.¹

The **social compact** is an implicit understanding that we are “all in it together”—the many private and public commitments and bonds that hold families, businesses, communities, and the nation together.

Sense of community is a feeling members have of “belonging,” a feeling that members matter to one another and to the group, and a shared faith that members' needs will be met through their commitment to be together.²

Planners, policymakers, community leaders, and citizens are increasingly interested in elements associated with creating *livable communities*—such as: housing and community development models that support the ability of various population groups to successfully age in place, innovative zoning strategies, street design, accessible transportation, strategies that promote social interaction across all age groups, efforts that involve citizens in civic engagement activities, and others.

As New York demographer Robert Scardamalia's article in this *Resource Manual* points out, demographics explains an important part of the growing interest in such models and strategies. However, other significant forces are also at play; a scan of community actions across the country finds that emphasis on these models and strategies is also a response to:

- Influences that are eroding the social compact;
- Forces that are wearing away a sense of community in American neighborhoods; and
- A mismatch between the changing nature of aging in America and the roles and expectations for various age groups (that is, use of a community's social capital).

Social Compact and a Sense of Community

The emerging, somewhat urgent interest in creating livable communities is driven by a variety of cultural and social forces, including the desire to strengthen the

social infrastructure of communities and to find meaningful roles that utilize the social capital of today's and tomorrow's communities. Many feel that the social compact is frayed. This compact is fundamental to social vitality and economic progress; and many feel that, during the past three decades, more forces have been at play in weakening this compact.

In his book, *Bowling Alone*, Robert Putnam suggests that, in contrast to the first two-thirds of the 20th century, "we have been pulled apart from one another and from communities" in the final third of that century.³ While not all trends point to an undermining of the social compact, many important shifts are contributing to its fraying. For example, former Secretary of Labor, Robert Reich, points to declines in support for social insurance and public education, as well as strains in the traditional commitments of employers to their employees (as exemplified in the erosion of work-based health benefits and pension plans).⁴ Increasingly, income and wealth have become less equally distributed. Political and cultural wars of the past two decades have alienated many citizens from each other and from the nation's political process. Short-term opportunism in the economic arena (for example, the proliferation of sub-prime mortgages) has placed many at great risk, a further indication of the erosion of traditional regard for the public's well-being.

The community development models and approaches described in the *Livable New York* "Resource Manual" provide a heartening indication of the potential to build upon a community's reservoir of social capital and reinforce the social compact. For example, architectural designs, housing and transportation models, community planning approaches that provide for social spaces and interactions among community members, inclusive community participation, public safety measures, useable and accessible amenities, and efficient use of resources all support the growing interest in strengthening a community's social infrastructure, thereby creating livable communities and reinforcing community well-being for all members.

Movement toward employing such strategies to strengthen a sense of community and the social compact are evident in various places across the country; for example:

- Naturally Occurring Retirement Communities (NORCs) are apartment buildings or geographic areas that were designed for people of all ages, but which have, over time, evolved to include a substantial proportion of elderly people—due to residents' aging in place or the in-migration of older people because of its appeal as a retirement location. In New York City, incorporation of a coordinated program of education, services, and activities in apartment buildings that have evolved into a NORC supports the ability and desire of aging residents to remain living in their long-time apartment homes and promotes successful interaction among residents of all ages.
- The city of Santa Cruz, CA, uses Accessible Dwelling Units (accessory apartments and elder cottages) to address their affordable housing shortage for people of all ages, as well as an option to enable elderly residents to age in place and remain close to family members.
- Westchester County, NY, has made strides in planning and creating a county-wide "community for all ages" by tapping into the social capital resource of their

diversely aged population, resulting in a network of 15 communities, with each committed to the “belief that the aging of the population is opening up opportunities for a wide range of people (ages and cultures) to think differently and act differently” and to build “inclusive constituencies for neighborhood/community change.”⁵

- An intentional intergenerational community—Hope Meadows in Chicago, IL—exemplifies a strong “sense of community.” This community for all ages specifically includes families with children adopted from foster care. The community offers rent subsidies and home maintenance assistance to elderly residents (honorary grandparents) in exchange for their volunteer services.⁶

Structural Lag in the Roles of All Age Groups

America has seen dramatic changes in the profile of its age structure, including increased life-expectancy and sustained physical capacities at older ages; and the country has seen changes in household structures, family life, science, life-stage patterns (education, work, and retirement), and productivity. Social expectations and roles are lagging well behind these changes.⁷ The traditional life trajectory—education for the young, work and raising children for young/middle-aged adults, and retirement/leisure for older people—does not match the reality of 21st century America’s living patterns. For example: In contrast to previous times, individuals today engage in continuous life-long learning or multiple educational activities throughout adulthood. They assume second, third, and fourth careers and take bridge jobs or substantial volunteer opportunities following traditional “retirement.” Required community service activities are now incorporated into the curricula for elementary, secondary, and college students. People of all ages are assuming unexpected responsibilities at unpredicted times of life—such as the growing number of grandparents raising grandchildren and the increasing number of teenagers providing substantial caregiving tasks for elderly grandparents. Such shifting patterns and norms challenge traditional life-course expectations and customs. The models, strategies, and approaches that are characteristic of the movement to create livable communities and strengthen a community’s social infrastructure can support the impact of changing community profiles and shifting norms and life patterns.

Generativity

As people approach traditional retirement age, they are faced with the challenges and opportunities of a new period of life—what some refer to as the “third age,” a period in which many child-rearing and employment responsibilities are fulfilled or reduced and in which many are faced with decisions about new directions they may *wish* to take or *have* to take, contributions they may wish to make, and new goals they may wish to achieve. As people enter the third age of their lives, they often have a desire to give back to the community—fulfilling a quest for “generativity”—what Erik Erikson described as “a concern for guiding and paving the way for future generations.”⁸ Opportunities for volunteering or other civic engagement activities are an important aspect of a livable community, and generativity is often a driving force in these activities among the elderly population. Older generations care about

what happens to younger generations; they want to build a better community for their children and grandchildren—a critical motivation for strengthening the social compact.

The benefits to communities of engaging older people in civic engagement, volunteering activities, and paid opportunities accrue across all age groups and institutions. For example, volunteer models such as Experience Corps recognize the assets inherent in the third age and the value gained in combining generations. Experience Corps trains elder individuals to work in the school system with underserved children, benefitting not only the students receiving the service, but the children’s families, the school’s personnel, and the older adults who provide the service.⁹ Generation United’s *Senior4kids* initiative has engaged persons aged 50 and over in creating five statewide networks (including New York) of community leaders and grassroots volunteers to advocate for high-quality child care and pre-kindergarten education.¹⁰

Through these and many other programs and activities, older adults utilize their time in a manner that is beneficial for future generations and for the wider community, as well as for enhancing their own sense of competence, dignity, and self-worth. In addition, older adults model roles for younger people (who will eventually age into old age), passing along life lessons to ensure the well-being of generations to come. The constant exchange of services among generations within families and within society is both an expression and a re-enforcement of the social compact—a circle linking generations and community sectors.¹¹

Conclusion

New York’s communities can benefit significantly from understanding the value in the recent trends taking place across the country to strengthen communities. As neighborhood profiles evolve and social norms and behaviors shift, communities can choose to shape the way their residents live, work, and grow and the way community members relate to one another—creating a New York that is *livable* for all residents and all sectors.

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Vera Prosper, Senior Policy Analyst
New York State Office for the Aging
Albany, NY

LIVABLE COMMUNITIES

Across America, there is a growing movement to create *livable communities*; that is, local leaders and residents are evaluating their villages, towns, and cities and actively taking steps across all community sectors to make their neighborhoods good places for all residents to live, work, grow up, and grow old.

All communities are experiencing the effects of crucial *change drivers* that have come together to make the livable communities movement important and timely. For example, major demographic trends are transforming the make-up and character of our neighborhood populations; volatile economic fluctuations are affecting family and community vitality; and increased knowledge of the effect of environmental factors on the health and well-being of community residents is spurring a growing focus on sustainability and smart growth. This increasing interest in community *livability* reflects the significant impact of these changes and the desire to maintain a good quality of life for all residents as population profiles and circumstances evolve over time.

LIVABILITY

Just what constitutes a livable community is defined differently by different professional affinity groups, but ultimately focuses on both tangible and intangible aspects that affect the quality of life of individual residents and of the community as a whole:

Tangible aspects: Many quality-of-life aspects are tangible features; for example, the livable communities movement underlies a growing call to:

- Create choices in housing alternatives;
- Incorporate the principles of universal design into homes, buildings, and public facilities to accommodate the varied physical sizes and abilities typically seen among residents in every household and in every neighborhood;
- Make communities "walkable" and homes "visitable";
- Include easy access to green space (parks; open space) in neighborhoods;
- Develop innovative, accessible, affordable mobility and transportation models;
- Make homes and communities sustainable—that is, make energy usage more efficient and affordable, and emphasize the greening of homes, buildings, public facilities, and the environment;
- Provide sufficient and accessible amenities in public spaces, such as benches, lighting, streetscapes, signage, etc.;
- Capitalize on the benefits of technology in health care and housing;
- Coordinate access to sufficient, affordable, appropriate health, social, and supportive services; and
- Maximize the advantages of inclusive planning and innovative land-use and zoning strategies and tools that promote smart growth, smart building, and sustainability.

Intangible aspects: In addition, the movement also underlies the increasing attention on intangible elements that have a remarkable influence on the quality of our living environments. For example:

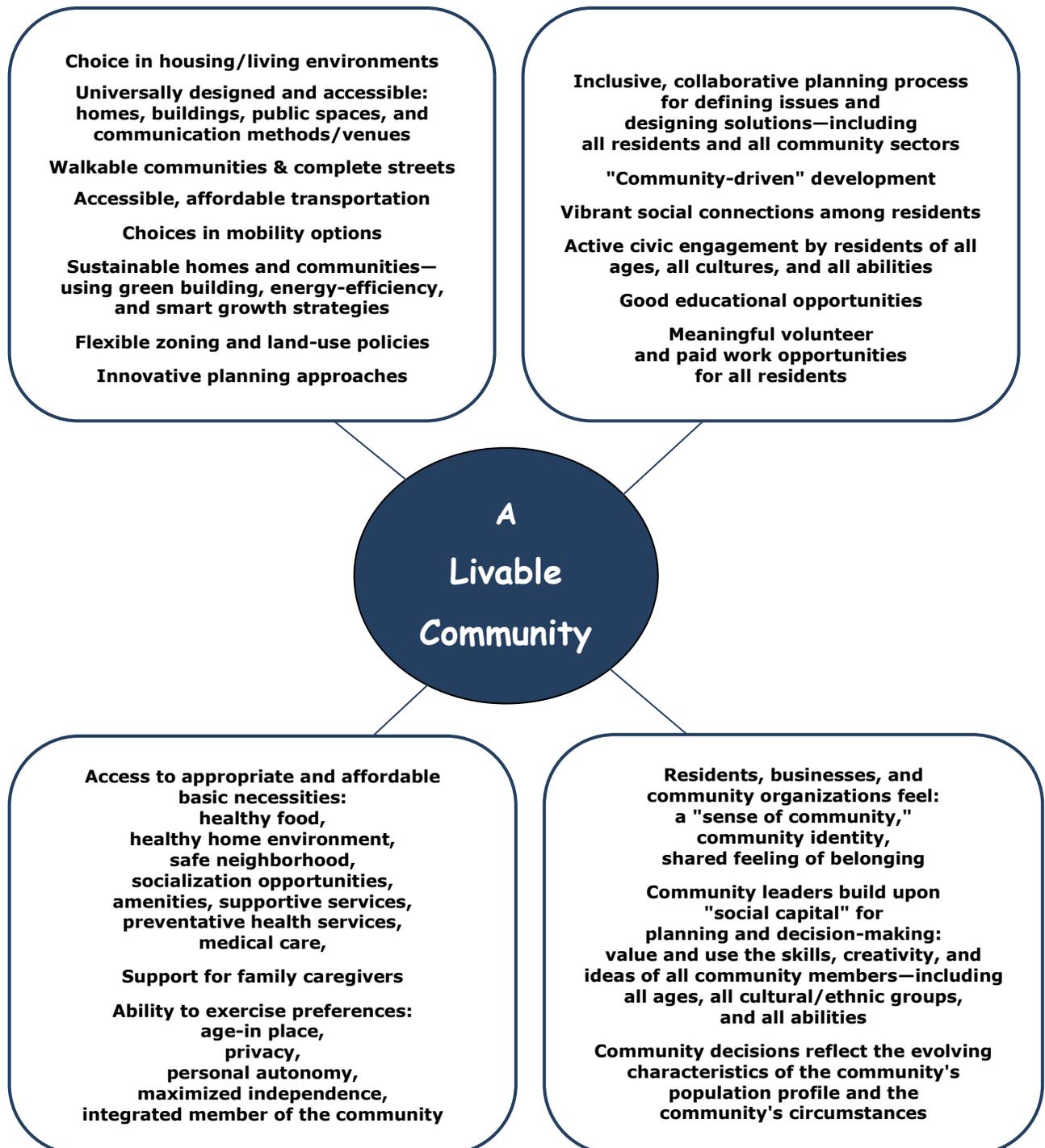
- **Sense of community:** Leaders and residents are examining the extent to which community members (residents and business owners) feel there is a "sense of community"; that is, members say there is a community identity, social cohesiveness, and a shared feeling of belonging; members feel a shared sense of interconnectedness among residents and among business owners, of relating to each other on a variety of levels; members believe that they matter to one another, believe that their opinions have value and are counted, and believe that members' needs will be met through a commitment to act together as a community.
- **Social capital:** Leaders and residents are searching for effective ways to build upon their community's social capital; that is, how to support intergenerational-interdependence, how to promote engagement and communication among their community's various population groups, and how to capitalize on the creativity, skills, and opportunities inherent in involving all age groups, all household types, and all cultural and ethnic groups in defining and resolving crucial community issues.
- **Community empowerment:** Leaders and residents are seeking avenues to strengthen community empowerment; that is, how to promote the ability and stimulate the desire of residents to actively engage in community planning and decision-making.

Common threads: Various disciplines (such as architecture, aging, planning, demography, energy, advocacy, disabilities, development, and others) have adopted livable community guidelines, each often concentrating on aspects germane to their own specific areas of expertise. However, several common themes weave through all these guidelines:

- **Local decision-making:** Decisions about the various livable community elements should reside at the local level.
- **Interwoven, universal impact:** The impact of decisions, regardless of which discipline, has an impact on *all* residents, including children, adults, older individuals, persons with disabilities, families, caregivers, and people from varying social, cultural, and economic backgrounds.
- **Cumulative impact:** Decisions affecting the well-being of individual citizens create a cumulative effect on the health, social, and economic well-being of the overall community as a cohesive entity.

Community tools: The livable community movement has spawned the development of practical tools and approaches to help local leaders and residents take steps to increase the livability of their villages, towns, and cities. To expand perspectives and maximize creative solutions, such tools focus on using community-wide, inclusive, cross-sector, cross-age strategies: to conduct community assessments or evaluations; to understand the cross-sector common impact of a community issue; to identify and define a problem and tackle its resolution; and to organize community-level planning and action steps.

Links to 30 of these tools and approaches are included in the *Livable New York Resource Manual's* section entitled, "TOOLS and GUIDING PRINCIPLES—for inclusive planning; for building sustainable community coalitions; for community evaluation, capacity-building, and decision-making; and for creating livable communities"; and links to 13 additional tools and approaches are included in the *Manual's* section entitled, "COMMUNITY-DEVELOPMENT TOOL KITS: economic, sustainability, and smart growth."



Paul M. Bray, Editor
CCQ, The Dynamics of Aging and Our Communities
 Albany, NY

COMMUNITY CHARACTER and HERITAGE

Community character and *heritage* (historical qualities) are two qualities of cities, towns, and villages that can benefit people of all ages and, for age-integrated communities, should be thought of as a unifying factor among generations.

The alarm that sounded about America's decline in community character came in the 1960s with books like *God's Own Junkyard: The planned deterioration of America's landscape*¹ by architect, Peter Blake. Blake bluntly declared that Americans had turned the beautiful inheritance that once was America into "the biggest slum on the face of the earth." Suburban sprawl, which separated homes, retail stores, and employment sites by an auto trip, also fostered the decline of a sense of belonging in communities.

A community that is recognized for its community character and its historical qualities is frequently one that maintains a full and good quality of life. For example, in his book, *The Good City and the Good Life*,² former Mayor of Missoula, Montana, Daniel Kemmis, points out that cities successfully concentrating on reforms in the health care delivery system have recognized the value of their city having "a sense of history" to which their citizens relate. The authors of the book, *Cohousing: A Contemporary Approach to Housing Ourselves*,³ note that things that people once took for granted—family, community, a sense of belonging—are often missing today and must now be actively sought out. Similarly, community character and preservation of heritage are also elements that, at one time, could be taken for granted, but now must be actively sought out, preserved, interpreted, and enjoyed.

Since the 1970s, public policy, laws, and community organizations have increasingly sought to re-establish, protect, and steward the sense of community, heritage, and wholeness required for achieving an age-integrated community.

Community Character

Definition of community character—

A community's character emerges from a diversity of factors, ranging from how individual property owners care for their own property to what the citizens of a community do collectively to protect, for example, beautiful visual features and prevent visual blight. Identification of community character can be based either on qualitative judgments of physical features and conditions and/or on various governmental or other designations based on findings of community character. In the physical sense, there are numerous indicators that a community, neighborhood, or other discrete area possesses community character worthy of some level of consideration and protection.

The New York State Department of Environmental Conservation (DEC) has declared that the characteristics of an area's community character include "size, location, the mix of its land uses and amenities, and the existence of architectural elements or structures representative of the community."⁴ Consideration of community character "may intertwine and overlap with issues such as noise, aesthetics, traffic, and cultural resources," and all relevant facts should be integrated in any evaluation and decision made on community character.⁵ A 2002 presentation⁶ by the DEC's Division of Environmental Permit described community character as a "combination of traits and values," namely:

- Aesthetic/visual resources,
- Existing land use, including population and settlement patterns and recreation and open space,
- Historic or archeological resources, and
- Health and safety.

Civic action—

Nonprofit civic organizations, of which there are many at the local, regional, and state levels of New York State, are a strong force for protecting and stewarding community character. Collective action can come from the advocacy and civic actions of neighborhood and community-wide historic preservation, parks, civic arts, or other civic-improvement organizations; for example:

- Neighborhood associations can be effective advocates and action vehicles for protecting community quality at the street and neighborhood levels. They provide the eyes on the street that help local officials enforce local laws, litter controls, and property maintenance and can lend a hand, for example, to beautify median strips and planting and maintaining flower beds.
- Community-wide nonprofit civic organizations like Historic Albany (NY), the Washington Park Conservancy in Albany, New York, and the Municipal Arts Society in New York City are advocacy and, often, action organizations that protect historic features and parks that are important elements of community character and that foster community beautification.
- New York State also has a number of nonprofit civic organizations that function at the regional or landscape level. Some are primarily oriented to historic preservation, such as the Landmark Society of Western New York, while others, such as the many county and regional land trusts, focus on open space. Regional organizations in New York State like Lakes to Locks Passage in the Lake Champlain Valley, Scenic Hudson, and SaratogaPLAN include natural and heritage objectives in their activities.
- Statewide nonprofit organizations like the Preservation League of New York, Environmental Advocates, and Parks and Trails New York, respectively, advance environmental, historic preservation, and park missions through advocacy and/or support for specific projects.

State government—

Through the State's Environmental Quality Review Act (SEQRA), New York adopted a broad definition of environment that includes community character. SEQRA declares a State environmental policy and establishes a mechanism for environmental review of public projects. SEQRA defines "environment" to mean the "physical conditions which will be affected by a proposed action, **including community and neighborhood character.**"⁷ In addition to a definition of environment that includes human and community resources, SEQRA adds a proactive purpose for DEC "to promote efforts which will . . . enhance human and community resources."⁸

SEQRA is implemented, respectively, by state, regional, and local agencies that are undertaking projects and "actions" considered to have "a significant effect on the environment," requiring such agencies to prepare an environmental impact statement.⁹ The process for preparing such a statement under SEQRA affords public officials and citizens an opportunity to review and address community character impacts of proposed projects. The environmental impact review process requires consideration of "alternatives" to the proposed projects that may have less significant environmental impacts; where there are negative environmental impacts, the project sponsor may be required to mitigate these impacts.

New York State has also created various agencies and other groups that support and protect Federal designations for landscape and urban settings that are based in some degree on special character:

Adirondack Park • Catskill Park • Lake George Park • Long Island Pine Barrens • Long Island South Shore Estuary Reserve • Champlain Basin • Peconic Bay Region Watershed • Historic Saratoga-Washington on the Hudson Partnership • Hudson River Esturine District • Albany Pine Bush Preserve • Tug Hill Reserve • Regional Greenways: Hudson River Valley Greenway, Niagara River Greenway, Delaware River Greenway.

Local government—

City, town, and village (municipal) governments, through their police powers, can plan and regulate land use to protect community character. Pace Law School Professor, John Nolan, has written, "Vibrant communities generally contain natural and man-made features that provide visual quality and distinction, and these features, in turn, enhance the reputation of the community as a desirable place to work, visit, and live. Regulations that protect important visual features from erosion and that prevent visual blight advance the public welfare and constitute a valid exercise of the police power."¹⁰ In the Matter of the Village of Chestnut Ridge v. Town of Ramapo, New York's Appellate Court declared, "The power to define community character is a unique prerogative of a municipality acting in its governmental capacity."¹¹

Zoning or land-use regulation is the primary means by which a municipality can affect community character. Courts have declared that zoning in New York State must be consistent with a municipality's Comprehensive Plan in order that the

welfare of the entire community be considered in adopting zoning regulations. This has been interpreted as *requiring* zoning regulations to demonstrate consistency and rationality, but actual preparation of a planning document is only encouraged and not required. When a Comprehensive Plan is prepared, it offers citizens an opportunity to raise and address issues of community character. For example, the Town of Easton, Maryland, has a community character element in its Comprehensive Plan that provides a goal “to encourage future development of mixed, integrated-use, old fashioned neighborhoods rather than single-use subdivisions or projects.”¹² Objectives for that goal include, “overhaul the Easton Zoning Ordinance to discourage the segregation and isolation of (land) uses.”

Many zoning tools and related land-use controls can be applied for the purposes of protecting and improving community character. Zoning tools include special use permits, incentive zoning, overlay zoning, performance zoning, planned unit development, and transfer of development rights. Supplementary controls include sign controls, architectural design controls, mobile home regulations, junk yard regulations, mining controls, scenic resource protection, open space protection, agricultural land protection, flood plain protection, wetland protection, water resource protection, development moratoria, and erosion and sedimentation control.

Heritage

Heritage, as it relates to the story of people and communities, is related to two public initiatives: historic preservation and heritage areas.

Historic preservation—

Historic preservation has evolved in the 20th century from what has been called the “historic home or site period” when public action was primarily to acquire and manage historic sites, such as the Schuyler Mansion in Albany. Currently, the New York State Office of Parks, Recreation and Historic Preservation owns and operates 35 historic sites across the State.

The National Historic Preservation Act of 1996¹³ was far-reaching legislation that established a national historic preservation policy that influenced every level of government, with a focus on historic architecture and the built environment. The Act created the process of designation for the National Register of Historic Places and for listing as a National Historic Landmark. It also established the position of State Historic Preservation Officer. Federal agencies are required to evaluate the impact of all federally funded or permitted projects on historic properties (those listed on the National Register, or deemed to be eligible).

New York enacted its own State Historic Preservation Act in 1980,¹⁴ which established a State historic preservation policy. Complementing the State program, counties, cities, towns, and villages have authority to protect, enhance, perpetuate, and use places, districts, sites, buildings, structures, works of art, and other objects having special character or special historical or aesthetic interest and value. This

has led to the establishment of historic preservation ordinances by many municipalities. The most effective ordinances prohibit inappropriate alteration or demolition of designated landmarks or structures within historic districts without the approval of a regulatory body created in the ordinance.

Heritage areas—

Designating heritage areas represents a strategy in New York State and nationally to identify and, after designation, provide management of urban settlements and regional areas associated with state and/or national themes, such as labor and industry, immigration, and arts and culture. National heritage areas are designated by Congress, and State heritage areas are designated by the State Legislature. A designated area may be called a “partnership park” because it encompasses a whole community or, in the case of regional heritage areas, a large number of communities. The management structure and programs of designated heritage areas vary, with much opportunity for citizens and nonprofit organizations to play a role. To gain an idea of the large scale of some heritage areas, the Erie Canalway National Heritage Corridor encompasses 2.7 million people, 234 municipalities, and 4,834 square miles. On the other hand, the villages of Whitehall, Sackets Harbor, and Seneca Falls are smaller State-designated heritage areas.

National Heritage Areas in New York¹⁵—

Hudson River Valley National Heritage Area • Erie Canalway National Heritage Corridor • Lake Champlain Partnership National Heritage Area • Niagara River National Heritage Area—pending.

New York State Heritage Areas¹⁵—

Albany • Buffalo • Harbor Park (NYC) • Heights (NYC) • Kingston • Lake Erie Concord Grape Belt • Mohawk Valley (Oneida, Herkimer, Montgomery, Fulton, Schenectady, Schoharie, Saratoga and Albany Counties) • North Shore (Long Island; participating communities in Nassau and Suffolk Counties north of Route 25/I-495) • Ossining • RiverSpark (Hudson-Mohawk: Cohoes, Colonie, Green Island, Troy, Waterford town/village, Watervliet) • Rochester • Sackets Harbor • Saratoga Springs • Schenectady • Seneca Falls • Susquehanna (Binghamton, Endicott, Johnson City) • Syracuse; Western Erie Canal Heritage Corridor (Erie, Niagara, Orleans, Monroe and Wayne Counties) • Whitehall • Concord Grape • Michigan Avenue, Buffalo • Niagara Falls. Below, see a map of the State's Heritage Areas.

Quoting from the New York State Office of Parks, Recreation and Historic Preservation's Web page, *Explore the past; look into the future in state heritage areas*:¹⁶ "Discover New York's rich legacy at the state Heritage Areas, special places where we honor history, celebrate the present, and plan the future of our communities. Whether you are seeking to stimulate your mind, exercise your muscles, or delight your senses, you'll find something to enjoy at a Heritage Area. The Heritage Area System (formerly known as the Urban Cultural Park System) is a state-local partnership established to preserve and develop areas that have special significance to New York State.

"From the Great Lakes to the eastern tip of Long Island, the Heritage Areas encompass some of the State's most significant natural, historic, and cultural resources, as well as the people and programs that keep them vital. Start your visit at a Heritage Area Visitor Center; then tour the Heritage Areas and all they have to offer— glorious vistas, exquisite architecture, informative exhibits, lively festivals, enticing shops, dynamic downtowns, and fascinating stories. From rural charm to urban hustle and bustle, Heritage Areas offer something of interest to everyone. We invite you to explore the past and look into the future in New York State's Heritage Areas!"



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Paul M. Bray, Editor
CCQ, The Dynamics of Aging and Our Communities
 Albany, NY

RE-EMERGENCE OF VALUE IN PLACE AND IN PLACE MAKING

Place making is a significant element of a livable community. Leonardo Vazquez, AICP/PP, describes place making as follows: "Place making is a process by which a space becomes a "place"—a physical area that is seen by its users and others as distinct from other areas. This comes largely from the place's history, combination of uses, and the feelings it evokes among the people who know of the place. All major cities around the world have similar objects and uses. Yet Paris, France, is widely seen as a different type of place than the city of Los Angeles in the United States. Place making is often an organic and unintentional process that happens without the active knowledge of the people who give a place its identity, and help retain it."¹

Since World War II the development of new communities and redevelopment of existing cities in the United States has been institutionalized, and "sameness" has spread across the country. Daniel Gilbert, a professor of psychology at Harvard, declared in a New York Times Op-Ed column that we may have reached nostalgia's end, meaning "literally, a longing for the places of one's past." Gilbert writes, "Americans can drive from one ocean to the other, stopping every day for the same hamburger and every evening at the same hotel. Traveling in a straight line is no longer much different from traveling in a circle."² Local businesses have died off to be replaced by malls "promising us the same goods arranged in the same way as they are every other place."

Place making/new localism—The enactment of a national historic preservation act in 1966 was a major step in getting communities to recognize their historic fabric of landmarks and historic districts that make them special. National recognition led states and municipalities to enact laws to regulate historic districts. To one degree or another, many cities, towns, and villages have taken steps—like creating heritage areas—to preserve structures and districts that make them special. Today, citizens in communities across the nation are creating what can be called a "new localism" or what a nonprofit planning firm, Project for Public Spaces (PPS),³ calls "place making." This intentional place making is emerging for economic, environmental, cultural, and social reasons. The new localism, or place making, is giving an impetus to celebrating and capitalizing on qualities of particular places.

An early example of the new localism—and distinguishing the qualities of a particular place, as well as strengthening its identity—was the establishment in Ithaca, New York, of the Ithaca HOUR,⁴ the oldest and largest local currency system in the United States. One Ithaca HOUR is valued at \$10; although price is negotiable, one Ithaca Hour is recommended for one hour's work. This currency system fosters a local economy by circulating money amongst neighbors who are more likely to utilize local services and goods produced locally. The effect has been

to strengthen Ithaca's local economy and thwart the standardized consumption represented by chain stores.

As another example, eating locally is the vanguard of new localism. Farmers' markets, community gardens, food co-ops, and growth in local farming—with farmers increasingly producing products using what is grown or raised on the farm. Instead of buying fruits, vegetables, and meats that may have traveled 1,500 miles or more from farm to processor to your table, locally grown or raised foods can be bought directly from the farmer at a farmers' market. The markets frequently become social places where citizens gather to socialize as well as to purchase food; and local farms help preserve the rural landscape around cities, another dividend from eating locally.

Protecting and enhancing qualities of place has also joined the agenda of tools for promoting economic development. High tech industries of the mind depend upon attracting educated workers who desire to work in communities known for high quality of life and place. Business websites like Portfolio.com and bizjournals.com rate communities on their cultural institutions, recreational opportunities, and other qualities of place.

Euclidian vs. holistic approaches—Euclidian zoning⁵ (a traditional zoning practice named after a Supreme Court case upholding land use ordinances in Euclid, Ohio) is known for separating and segregating residential, commercial, and industrial uses. However, city, suburban, and small town planning is now moving away from Euclidian zoning and moving, instead, to flexible, holistic, and community-participatory approaches for defining the specific outcomes desired in particular places. Increasing attention is being given to enlivening streets (for pedestrians and cyclists as well as autos), parks, and other public spaces, and no longer separating residential and commercial activities. Project for Public Spaces advocates for revitalizing “our cities through a process of making better places,” and calls for imagining “interdisciplinary teams—park planners, traffic engineers, economic development experts—working together with local residents to realize a vision for key places in their communities.”⁶

New urbanism—The “new urbanism” is a planning approach that looks back to the future with walkable cities and towns, denser development of homes with porches, transit-oriented development that connects residential and commercial areas with civic and business areas, and relegation of the auto as necessary to foster pedestrian and transit uses. Emerging from the new urbanism is a new type of unified land-development ordinance for planning and urban design. New urbanism joins zoning, subdivision regulations, urban design, and optional architectural standards into one compact document. It advances community vision, local character, conservation of open lands, transit options, and walkable and mixed-use neighborhoods—where one can easily walk from one's home to the grocery store, to friends, and sometimes to work.

Livability—Implicit in place making is the creation of socially compatible communities that will foster caring, more citizen participation by all ages and

cultures, age-integration, enlivened streets and parks, protected natural areas, and aging in place for all residents.

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Gregory L. Olsen, Founder, Patina Consultants, LLC
 Adjunct Instructor, Department of Landscape Architecture
 The Pennsylvania State University
 State College, PA

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 65,¹ 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."²

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.³ 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.⁴

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.⁵ America could once again nurture its towns to nurture its people.

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This article was edited by: Seth Wilberding

Esther Semsei Greenhouse
Environmental Gerontologist
Ithaca, NY

HUMAN-CENTERED DESIGN

(also known as universal design, life span design, inclusive design)

Human-centered design is based on the physical and psychological needs of the human user, enabling the user to function at the highest level possible. It includes products and aspects of the physical environment that meet the needs and abilities of the user, not those that demand adaptation to the design *by* the user. Human-centered design is not a design *style*, but is a process for designing and developing buildings, products, and communities that is grounded in information about the people who will be using them—utilizing research findings and data on cognitive abilities, physical abilities and limitations, social needs, and task requirements in order to provide living-environment solutions that enable all users to function at their highest capacity—regardless of age or ability.

The principles underlying human-centered design range across disciplines—from community design, to architectural design, to interior design, industrial design, and design of communication venues. And, according to the Institute for Human Centered Design,¹ universal or human-centered design "has a parallel in the green design movement, which also offers a framework for design problem-solving based on the core value of environmental responsibility. Universal Design and green design are comfortably two sides of the same coin—green design focusing on environmental sustainability, universal design on social sustainability."

- Some examples of human-centered design include:
 - Lever door handles, which provide ease of opening for children with small hands, elderly people with reduced wrist strength, adults with full use of their arms and hands who may be carrying packages and babies, or an individual with no hands. A lever handle allows a person to use an elbow, a prosthesis, a carried item, or the full strength of his/her arm to easily open a door—thereby allowing for a vast range of abilities . . . and enabling a vast range of people.
 - Zero-step entryways into a home or building, which help small children and frail older people who cannot negotiate steps, people of all ages who have a permanent or temporary impairment, and people who use mobility aids.
 - Numerous interior-environment features, such as raised-height dishwashers, clothes washers, and dryers; sit-to-work space in the kitchen and other work areas; glare-free lighting and task lighting; walk-in showers with seats and stability bars; fire alarm lights for hearing-impaired people; adaptable room divider walls to convert first-floor rooms into a bedroom or bath; and others.
 - Numerous exterior-environment features, such as no-slip driveways and sidewalks; covered bus stop waiting areas; complete streets, which allow easier, safer crossing and increased access to stores and amenities; and others.

- Walkable communities, in which the design integrates residences, commercial areas, and places of employment, as well as providing pathways, bikeways, and sidewalks—allowing residents to easily and safely walk to destinations in place of total reliance on personal automobiles.
- In contrast, the principles of human-centered design have *not* been followed in this example: Many public buildings, health care facilities, apartment houses, and private homes use reflective materials for floors—which are easy to clean but which distort vision acuity; ceiling-mounted light fixtures that provide spots of illumination rather than even lighting; and a window at the end of a hallway or corridor, which distorts the ability to accurately discern distance or judge where to step. As Noell-Waggoner reports,² all of these are disabling to individuals of any age who are vision-impaired or have diseases of the eye, as well as older people with cataracts, glaucoma, and other age-related vision changes. Such a hazardous visual environment not only increases the risk of falls, but is also a psychological barrier, limiting the chosen activities of residents.

For much of recorded history, humans have been aware of the impact of the built environment. For example, the great European cathedrals were designed with an intent to awe and uplift through the use of soaring ceilings, spires, and other design features. In a different vein, toilet areas are designed to provide privacy. But while we may have been aware of the messages the environment can send, or how it can make us feel, societies have often underestimated the true impact of the built environment on a person's level of functioning, degree of independence, and physical well-being.

Traditionally, buildings, homes, and products have been developed for "the average person"—employing biometric data for an average distribution of the population in terms of strength, balance, reach, and height, and assuming normal cognitive, visual, speaking, and hearing abilities. However, there are few "average" people. Instead, there is great variation *among* age groups (children, teenagers, adults, and older people), as well as substantial natural variation among individuals *within* any one age group (size, strength, agility, capacity, functional ability). The growing move toward human-centered design reflects an increasing understanding of the critical negative impact of routinely designing environments for the "average" person.

The field of environmental psychology began to grow significantly in the 1960's, and the field is defined by Proshansky's 1970 book, *Environmental Psychology: Man and His Physical Setting*,³ a collection of essays by many pioneering researchers and theorists in the field. Murray's 1938 book, *Explorations in Personality*,⁴ and Lawton and Nahemow's 1973 adaptation model⁵ explored various facets of "environmental press,"⁶ proposing that there is a level of fit between the capability of a user and the challenges/demands (press) of his/her environment—and that, as functional capability diminishes, the effects of the environment (press) are more pronounced. Optimum fit is the level at which the demands of one's environment (for example, entryway steps, lighting level, distance to public

transportation, allotted time to cross a street) are within his or her range of abilities.

In the early 1980s, the term "universal design" was coined by the late Ronald Mace, architect and founder of the Center for Universal Design at North Carolina State University. According to the Center, "Ron . . . created the term 'universal design' to describe the concept of designing all products and the built environment to be aesthetic and usable to the greatest extent possible by everyone, regardless of their age, ability, or status in life."⁷ Over the years, his substantial work and significant influence slowly but certainly revolutionized the design and use of products and the built environment. An excellent history of the Universal Design movement can be found at:

http://www.design.ncsu.edu/cud/about_ud/udhistory.htm.

During that same time period, the industrial designer, J. J. Pirkel, coined the term "Transgenerational Design,"⁸ promoting design that enables all generations and inspiring the growth of human-centered design. In recent years, various advocates use the terms "integrative design," "life cycle design," "inclusive design," and "user-centered design" in place of universal design or human-centered design.

Whichever names are used, advocates for such design are looking to enable all of society to function at the highest level possible, asking the questions:

- Why should the built environment serve as an obstacle to functioning?
- Why are we designing for a small segment of the population, leaving out millions of others?
- Why place our older adults or our younger-aged people with disabilities in institutions when appropriately designed environments will delay or prevent institutionalization?
- Why limit the lives and contributions of persons with frailties or disabilities when simply building "visitable"⁹ homes could allow them to interact with their friends and relatives in the same way as others?

Community Planning:

Communities that set about planning for their current and future residents must understand the power of *informed* design—design based on research and on an understanding of the differing needs and abilities of their residents. If the design of spaces, buildings, and products is done for the "average" person, communities must ask themselves, "Does this describe the population we serve?" Communities must also understand that informed design provides many community benefits, including:

- *Support for Public Policies*—A crucial aspect of human-centered design is its role in supporting New York's public policies that promote the ability of residents to successfully age in place—delaying or preventing institutionalization and the resulting impact on the costs of health and long-term care. This is a potent resource for communities and service providers.
- *Increased Independence and Self-management*—The overwhelming preference of older people and people with disabilities is to continue living in their own

homes for as long as possible. The use of human-centered design for products, the built environment, and community elements can improve both their physical and mental well-being—by maintaining residents' independence and their ability to be self-managing for longer periods of time; increasing their level of self-esteem and feelings of competency; and decreasing the risk of falls, other injuries, depression, and isolation. An outcome is the smaller use of the formal services system, resulting in lower public expenditures for in-home and community-based health and long-term care.

- *Support for Family Caregivers*—Human-centered design for products, the built environment, and community features strongly supports the substantial efforts of informal, unpaid family members who have assumed caregiving responsibilities for older family members and younger family members with disabilities.
- *Stabilized Resident Population*—Human-centered design is an aspect of a "livable community," encouraging individuals and families to remain living in the community rather than relocating out of the area.

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