Building Age-Friendly Community: Notes from the Field

By

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Abstract

Building age-friendly communities is a global as well as a national concern. The purpose of this paper is to explore fundamental tensions underlying the formulation of age-friendly goals and their implementation, based on a review of age-friendly projects and reflections on the journey towards age friendliness in one state (Rhode Island). The authors conducted a comprehensive investigation of the relevant literature on previous age-friendly initiatives, which included case studies of individual projects, meta-analyses of age-friendly work, and educational toolkits for promoting age-friendly community. They also collected original data from ten focus groups with older adults, interviews with key informant service providers, surveys of older adults and observational environmental audits. Through this multi-faceted approach, they identified recurrent questions often not overtly addressed in building livable communities, despite their being central to decisions made in age-friendly projects. This paper focuses on six questions: Age friendliness for whom? Older adults viewed as a burden or a benefit? Age friendliness by or for older adults? Is age friendliness affordable? Should the target be the aged overall or the needy aged in particular? Should interventions aim to change people or places? The Aging in Community Report, (prepared by the authors and submitted to Rhode Island's General Assembly), reflected decisions made—albeit sometimes inadvertently—in response to these questions. It showed that priority was given to age friendliness over livability, assistance to vulnerable, older adults was given precedence over helping the entire older population, and top-down interventions were emphasized more than grass-roots endeavors. Its recommendations were geared to leveraging or modestly increasing existing resources to better serve older adults and enhancing opportunities for older adults to contribute to their community. Following the release of the report, the focus shifted from modifications of the environment to facilitating changes in individual behavior to optimize person-environment fit.

Keywords: Age friendliness; livability; aging in place; environment

INTRODUCTION

The purpose of this paper is to explore six fundamental tensions underlying formulation of age-friendly goals and their implementation, based on our review of age-friendly initiatives and reflections on our own experiences in a multidisciplinary team assessing age-friendliness in Rhode Island. The research we conducted was incorporated into the "Aging in Community Report" that was presented at the Rhode Island State House to members of the legislature, Long Term Care Coordinating Council members and senior advocates and disseminated through the General Assembly's and Lieutenant Governor's Office websites. The report was the culmination of many deliberations

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by our team and a larger committee of stakeholders but the tensions we disentangle from the decision-making were those that tended to remain under the surface of discussions, despite being influential. We contend there is heuristic value in articulating the internal contradictions and structural constraints that may dictate—typically without being acknowledged—the path that an age-friendly initiative will follow.

In 2006, the World Health Organization (2007) launched its age friendly cities initiative in response to the converging global trends of rapid growth of the older population and urbanization. Designed to support the health, participation, and security of their citizens, such environments would enable older adults to "age in place," retain their autonomy, and remain engaged in their communities. The principal traits believed to constitute "livability" were distilled from reports from older adults, caregivers and service providers in the public, private and voluntary sectors. These traits were organized into eight domains by which communities could be assessed for their "age friendliness." The domains are outdoor spaces and public buildings; transportation; housing; social participation; respect and social inclusion; civic participation and employment; communication and information; community support and health services.

Cities or towns whose elected leadership was committed to pursuing continuous upgrades in these areas to foster "age friendliness" could apply for membership in the international network of age friendly communities. As of this writing, 332 cities and communities in 36 countries (World Health Organization) across the world are part of this network, including 123 American communities (AARP). Within the United States, the American Association for Retired Persons--the foremost advocacy organization on behalf of older adults--became an affiliate of the WHO initiative with its "Livable Communities" project, providing guidance and encouragement to age friendly enterprises. Additionally, the age-friendly movement has branched off into differentiated endeavors by segments of the community, such as college campuses (cf. Montepare et al. 2016) and on behalf of subgroups of the population, such as dementia sufferers (cf. Charras, Eynard, C and Viatour 2016; Dementia Friendly America (n. d.).

Efforts to transform communities into places where residents can thrive across the lifespan go well beyond pursuit of the "age friendly" designation bestowed by WHO.

Designation as a WHO Global Age-Friendly City/ Community requires written support from a local official, but not all initiatives are characterized by top down activism shepherded by elected leaders. Other approaches feature a more grass roots orientation, with outcomes such as the creation of neighborhood virtual villages to provide support to older persons through volunteers. Alternatively, some age-friendly endeavors have been organized regionally, covering multiple jurisdictions and, therefore, might not qualify as age-friendly cities or towns. Hence, the inventory of members of the WHO "age friendly" network is likely to seriously understate the extent of involvement in attempts to advance an age-friendly agenda across the world.

In the state of Rhode Island, at this writing, none of its 39 cities and towns has officially acquired the "age friendly" moniker, but efforts to improve age friendliness across the state have nevertheless been underway. In 2014, the state's general assembly passed the Aging in Community Act of 2014 (RIGL 42-66.11) that called for creation of an Aging in Community Subcommittee of the Long Term Care Coordinating Council with the following purpose:

> "to develop a plan to provide the needed infrastructure and program improvements in support services, housing and transportation that will enable the state's growing elder population to safely remain living at home and in community settings. The aging in community plan shall include an inventory of available services, identification of service and program gaps and resource needs. In addition to members of the long-term care coordinating council, the subcommittee shall include those members of the state's academic community with expertise in aging services and community-based long-term supports and services as the council deems appropriate." (Aging in Community Legislative Sub-committee. 2016a: 3)

An "Aging in Community" subcommittee comprised of advocates for older adults, faculty from each of the state's colleges, representatives from the state unit on aging, social service providers and other interested parties was subsequently established. During its eighteen months of meetings, local experts shared with the committee information that gauged the level of age friendliness in Rhode Island across the major domains previously delineated by livability proponents with added domains for Economic Security and Nutrition Assistance/Food Security. The expert testimony and original and secondary data were synthesized into a

report authored primarily by the committee's chair. The report laid out service gaps, resource needs, and recommendations for strategic action. The report's recommendations are provided in an Appendix.[1]

The authors of this paper were members of the Aging in Community subcommittee whose primary responsibilities were to prepare a demographic profile of older Rhode Islanders, review the extant empirical evidence on age friendliness and related issues, gather original data from older adults and key informants within Rhode Island, construct an inventory of available resources and services that assist older adults to age in community, and integrate findings and recommendations into the final report. Execution of these tasks occurred during a period of intensified activity in age-friendly projects across New England. The concurrent rise in interest across locales may be attributable in part to the stimulus of support from the Tufts Health Plan Foundation (2015) which contributed funding to: 1) age-friendly initiatives throughout the region; 2) research analyzing over 120 indicators of health aging across municipalities in Massachusetts and Rhode Island; and 3) Grantmakers in Aging for development of "learning circles and key strategic resources" on promising practices to catalyze systemic change in livability.

REVIEW OF THE LITERATURE

Given that a review of the literature was one of the outputs of our participation in age-friendly promotion efforts, we defer presentation of most of the specific content until the findings section but offer a couple of preliminary observations here. First, the sheer volume of available information about age-friendly missions and the best practices derived from them is overwhelming (John T. Gorman Foundation 2013). A brief overview of the types of resources includes:

1. an array of toolkits of stipulated indicators to measure age friendliness, furnished by the WHO (2007), AARP, the Metlife Mature Market Institute (2013), the National Association of Area Agencies on Aging (n. d.) and other organizations;

2. case studies of individual communities tracking their progress towards age-friendly goals; there are both unpublished reports on government (cf. Johnson, Eisenstein, and Boyken 2015) or dedicated age-friendly websites and academic publications; notable among the latter were a special issue of the *Journal of Aging and Social Policy* in 2014 devoted to "age-friendly cities and communities around the world" and an edited volume (Fitzgerald and Cato 2016) of contributions on "international perspectives on age-friendly cities;"

3. a meta-analysis of age-friendly initiatives by Scharlach and Lehning (2015) in which the initiatives were classified into a taxonomy of "community wide planning," "cross-sector change" and "consumer driven support" projects and a framework of characteristics and stages of an aging-friendly community approach was constructed; and

4. a set of educational tools, often in a webinar format, available at the Grantmakers in Aging website (cf. 2015 a, b, c, d) on gathering baseline evidence, planning, partnerships, funding, and sustainability of age-friendly work.

Second, despite the plethora of information, "… there is limited evidence regarding the actual effectiveness of current …initiatives…, including what does and does not work, on behalf of what goals, and under what conditions" (Scharlach and Lehning 2015: 209). Much of the available literature is prescriptive (praising the value of age friendliness) or descriptive (chronicling the evolution of age friendliness in a specific locale) rather than evaluative. Because age-friendly work is usually conducted by unpaid volunteers in loosely organized collaborations tracing multiple facets of livability across the fluid environment of an entire community, it is not surprising that this is the case. Age-friendly initiatives are natural experiments in which it would not be feasible to control all the potentially intervening factors affecting their success or failure; it would be difficult, if not implausible, to adhere to rigorous scientific methods in their investigation. The exceptions would be research (assisted with funding) that addresses narrowly defined elements within age-friendly initiatives, such as best practices for particular interventions within a particular domain. Strategies lending themselves to assessment would be more likely aimed at modifying the behaviors of individuals (for example, evidence based programs

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[1]The report was made available through the General Assembly's website and the Office of the Lieutenant Governor's website. The Lieutenant Governor presides over the state's Long Term Care Coordinating Council, which works to coordinate long term care policies and programs within Rhode Island.

for improved self-care) than introducing wholesale reinvention of the community.

Funding and Research Methods

Funding was received from the Tufts Health Plan Foundation in early 2016 to assist with providing a comprehensive review of Rhode Island's aging services and programs and policies, develop a Strategic Plan for Aging in Community, and build an advocacy consortium to promote the recommended policy changes and assist with Plan implementation. In terms of research approaches, this meant we were tasked to collect data from secondary sources that would supplement the findings presented to the committee by local experts; to gather original data through focus groups of older adults; and to conduct interviews with professionals across the state. In doing so, we were replicating the initial steps in planning for community change—-needs assessment—that has typified age-friendly efforts around the world. Ultimately, we considered it vital to investigate age-friendly initiatives—the nuts and bolts of implementation, best practice models, challenges—found outside our state borders. The secondary sources we consulted consisted of those listed in the Literature Review section. In addition, we examined government agency-sponsored statistical reports (e.g. state profiles from the aging integrated database of the Administration for Community Living), studies of models for service provision within each of the age friendliness domains (e.g. New York City Department of Transportation), and conference presentations on age friendliness at gerontology professional meetings including our own half-day campus event on the topic. With respect to original data collection, we conducted focus groups at ten senior centers with support from the state's unit on aging, which was simultaneously seeking assistance from older adults in preparing its state plan on aging. We interviewed key informant service providers as well as enlisted undergraduate students to survey older adults and perform observational environmental audits of census tracts. The sampling cannot be considered to be representative; however, we were careful to select participants and neighborhoods that varied in how urban, minority, and/or poor they were.

Extracted from the mass of data compiled on age friendliness were recurrent questions central to decisions made in age-friendly projects that usually were not overtly addressed in the subcommittee's discussions, not because of neglect but because such concerns were latent to the process. These recurrent questions are the following:

1. Is the goal of age friendliness intended to accommodate older adults or individuals of all ages?

2. Is the age-friendly agenda depicting older adults as a burden or a benefit?

3. Are we deriving ideals of age friendliness from those they are meant to serve or imposing those crafted by a professional elite?

4. Is age friendliness deliverable without a massive infusion of funding and radical metamorphoses of systems at the national, state, and local level?

5. Should age-friendly communities seek to offer benefits that apply universally to older adults or can they target their efforts on the needs of the most vulnerable older adults?

6. Are we trying to change people or places?

In our findings, we organized the discussion of these six questions around two themes:

Theme A: What are the internal contradictions of age friendliness that can hinder success and how can they be reconciled?

Theme B: What are the structural constraints that inhibit implementation of age friendliness and how can these constraints be overcome?

FINDINGS

Theme A. Internal Contradictions

We discuss the first three questions under the heading of "internal contradictions." These questions correspond with three areas where the premises of age friendliness are in conflict or, at the very least, ambiguous, rendering translation into practice difficult. Utilizing the empirical evidence reviewed, we consider whether some of the premises take precedence over others in projects that have achieved their age-friendly objectives.

Question 1. *Age friendliness for whom?*

The National Association of Area Agencies on Aging (n. d.) asserts that "livable communities," "age/ing friendly communities," "communities for all ages," "lifelong communities," and other terms can be used interchangeably because all share the ultimate goal of making communities great places to grow up and grow old. Indeed, the WHO age-friendly communities were originated with the aim of creating vibrant communities for residents of all ages. Yet the case studies of age-friendly initiatives and our own experience suggest that the focus is on the aged, not on those of all ages. Baseline data are collected from and about older adults, agencies that serve older adults are the partners in coalitions to augment age friendliness, and findings are presented at gerontology conferences.[2] The concerns voiced by older adults in our focus groups revolved around age discrimination and bias, the importance of senior centers, and the physical, psychological and social changes that have occurred with age. These are matters that would probably not resonate with the non-aged. At the same time, mostly absent in their feedback—a likely artifact of the focus groups' original purpose being for feedback in preparation of the state plan on aging — was mention of the challenges that younger residents encounter, although some interest in learning more from the younger population and in intergenerational programs was expressed.

The assumption that age-friendly community is predominantly about older adults becomes evident in those case studies that deviate from this pattern, where there is explicit mention of the incorporation of other constituencies. The supporters for age friendliness in San Francisco, for example, highlight that their endeavor advocates for both the aged and the disabled populations. Pittsburgh's age-friendly initiative underscores the intergenerational foundation of its "assets based neighborhood collaboratives" (Angelelli 2016).

Although most age-friendly initiatives appear to be geared mainly to accommodating the older population, some of the most viable ones have intriguingly credited the age inclusiveness of their approach for the favorable outcome. Glicksman et al. (2014), for example, in their discussion of the experience of Age-Friendly Philadelphia, emphasize the benefits of alliances that incorporate organizations aiding populations other than older adults. Applying the Environmental Protection Agency framework for building age friendliness, the Philadelphia Corporation for Aging linked 150 organizations dealing with environmental, neighborhood, food access, transportation, and even animal welfare issues with the aging services network (Glicksman and Ring 2016). Their goal was not to introduce new programs or services for older adults but rather facilitate liaisons which would pursue common purposes, fusing "smart growth" with "active aging" (Glicksman et al. 2014). Paradoxically, their success arose from giving primacy to livability for ALL ages over age friendliness that benefits exclusively older adults. In contrast, a singular focus on the issues affecting older adults can trigger rivalry from other groups in the community who also have unmet needs. To illustrate, DeLaTorre and Neal (2016) describe the hurdle to age-friendly political action in Portland, Oregon engendered by competing (and meritorious) proposals that focused on improvement in education and the situations of minority and disabled residents.

During data collection in Rhode Island, it became apparent that the interests of the older and the generation population merge, for example, in the domain of transportation. Unreliable transportation leaves older adults stranded at doctor's offices, late for medical appointments, or alone in unsafe situations or inclement weather conditions. Without transportation, older adults cannot access health care, buy groceries, attend religious services, or visit with friends. However, transportation was acknowledged to be not solely a service for seniors but also enables unemployed individuals to attend trainings to become "employable", college students to get to school, disabled individuals to seek meaningful engagement or low income individuals to hold down a job. Improved transportation clearly would a hallmark of an age-friendly community as well as a "livable community. Nevertheless, age friendliness took priority over livability once we reached the stage of strategic planning.

At its conclusion, the Aging in Community Subcommittee in Rhode Island agreed on the following mission and vision statements: The **mission** is to provide coordinated services and programs that meet the needs and preferences of older Rhode Islanders and support their lifestyle, enhance the quality of life for older adults by providing opportunities for community engagement, and empower older adults to live life to its

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[2] In fact, "age friendly environments" is one of six thematic tracks in the 2017 annual meeting of the Association for Gerontology in Higher Education.

fullest; the **vision** is to build a community that enables Rhode Islanders to live independently with the care, support and resources needed to foster health, well-being, social connectedness and a meaningful life as they age. Encapsulated in these statements is a manifestly age-friendly slant more than an age neutral livability orientation. The evidence indicates that livability and age-friendly models are not equivalent and the livability approach may have advantages over the age-friendly counterpart.

Question 2. *Older adults as a burden or a benefit?*

An implicit assumption in age-friendly work is that older adults are prevented from remaining in the community by deficiencies in services and a lack of accommodation for the needs that arise with growing old. It is standard for communities interested in age-friendly objectives to utilize toolkits of indicators to pinpoint exactly where these deficits within the community lie. The logical solution for enhancing age friendliness is therefore to recommend changes in the quantity or quality of services to fill the gaps identified by the toolkits. The unintended consequence of these procedures is that older adults come to be viewed primarily as clients and beneficiaries monopolizing the resources of the community.

An alternative strategy is to convince communities to embrace the positive possibilities of an aging society, supplanting a hegemonic perception of the old as consistently a burden to bear. Neal, DeLaTorre, and Lottes (2015) have embarked on this fresh approach to make the case that investments in older adults are an investment for the community at large. In the same vein, a guidebook for "lifespan" friendly homes, neighborhoods and communities in Virginia encompasses in its very title the philosophy that advancing the prospects for older adults to age in place also furthers the interests of the community at large (New River Valley Livability Initiative et al. [n. d.]). The argument is put forth that adaptations to homes to accommodate the elderly dually benefit older adults who can remain in them longer and other generations-- because younger homeowners underestimate how long they will remain in their home, housing preferences by the Millennial generation are parallel those of older adults, public funds that would otherwise be spent on long-term care are saved, and non-institutionalized

retirees generate financial surpluses.

In Rhode Island, we adopted the "investment" approach, one that was echoed by the view expressed in focus groups that additional supports would enable them to reciprocally give back to their community. In particular, they sought better access to volunteer opportunities in which they could mentor younger generations. Adoption of the "investment" approach produced additional and more complicated research tasks. It was not enough to demonstrate inadequacies in environments that handicap older adults should be rectified. One of our team members prepared a report on the contributions older Rhode Islanders made to the cultural, civic, and social fabric of the state in terms of employment, volunteer, care giving and other activities. The report calculated some of the economic contributions of older adults to the state to verify that the presence of older adults adds (monetary) value to the community.

Question 3. *Age friendliness by or for older adults?*

Older adults are chiefly participants in the needs assessment phase of building age- friendly community, through the information they provide in focus groups and on surveys. In Rhode Island, for instance, the Aging in Community report included a *Voices of Seniors* section detailing their input and recommendations gathered from the focus groups. Moreover, participants in focus groups requested feedback on the results of the assessment process and involvement in future implementation of age-friendly strategies. Because self-determination is a cornerstone of the age-friendly movement, its champions have stressed that it is critical for older-adult involvement to persist beyond this initial data collection period. In shared governance of age-friendly work, older adults can offer an authentic perspective on what constitutes age friendliness. An example of effective mobilization of older adults occurred in Bowling Green, Kentucky, where older adults underwent training by a Gerontology center to become "citizen experts," facilitated conversations in 35 neighborhoods about livability, formed the Community Calendar Committee to increase awareness of existing age-friendly resources, and conducted walkability assessments (Grantmakers in Aging 2014). By their ownership of these tasks, older participants conveyed that they were producers of age-friendly work, not only

consumers.

Few age-friendly initiatives have achieved substantial integration of older adults into the process beyond needs assessment. Our Rhode Island endeavor has not yet evolved to a stage where older adults are central players, though interested older consumers and representatives of advocacy organizations for older adults are participants. Political leaders supporting the initiative have repeatedly affirmed the tenet that what matters most to the aged should drive its future directions; however, there are reasons inherent to the process that may stand in the way of older adults themselves taking the lead. In Rhode Island, as in other states (e.g. Connecticut's Legislative Commission on Aging 2015), legislative, top-down--not indigenous--call for action, was the impetus for the Aging in Community Subcommittee, albeit galvanized by a local senior advocacy organization concerned about state budget cuts for aging services. Moreover, the literature has noted that age-friendly partnerships that try to maximize their inclusiveness risk becoming unwieldy. To offset this, age-friendly projects have been encouraged to seek leadership from regional councils, Area Agencies on Aging, universities, and nonprofit agencies (Grantmakers in Aging 2015b) because of these organizations' connections to local governments and other partners, research and fund-raising capabilities, and neutrality. Under such circumstances of the professionalization of age-friendly ventures, consumers may end up feeling relatively disempowered.

Those in the vanguard of the movement have noted that some vital components of livability may not even be on the radar for older adults. Transportation, educational and social concerns, and household supports tend to be the issues that are highlighted in focus groups and interviews with older adults (White 2016), while the built environment and public spaces are domains that are ignored. Our experience corroborates that preferences of older adults may, in some instances, not align with the conventional age-friendly community model. A few of our focus groups, for example, expressed their fear of problems with theft, rowdy and noisy parties, and alcohol/drug use among the younger residents of their housing complexes and a consequent desire for age segregated (subsidized) housing. They also remarked on the many benefits of senior centers, which by definition cater largely to older adults. These comments do not reflect hostility to intergenerational relationships per se, but they suggest that livability from

a senior's point of view might feature segregation from (or at least protection from) the younger cohorts within the community.

Theme B. Structural Constraints

The remaining three questions -- 4, 5, and 6, are grouped under a general heading of "structural constraints." These questions concern how age-friendly initiatives deal with the inevitable limitations in resources and their capacity to enlarge them. Under conditions of resource scarcity, possible options are to target the most-needy elderly rather than all older adults and to motivate individuals within communities to change rather than overhauling entire service delivery systems.

Question 4. *How to pay for age friendliness?*

Documentation by a community of its level of age-friendliness almost invariably becomes an account of the inadequate resources of its residents and of the community itself. In Rhode Island's self-study, shortcomings in services combined with exorbitant costs for consumers were reported across the myriad indicators of age-friendliness. We learned that funding for information and referral services, senior centers, caregiver support programs, transportation, and the workforce serving older adults was inadequate (even dwindling) while the costs of housing, home and community based services, medicine, and health care were more than consumers could afford. To remedy these gaps would require major revamping of government programs at the federal (e.g. Social Security, Medicare, Older Americans Act), state (e.g. Medicaid) and local levels along with interventions in the private sector (e.g. the profit margins on pharmaceuticals).

The ability to either compensate for resource deficits or tackle an extensive retooling of the aging network of benefits and services is well beyond the capacity of most age-friendly initiatives, which typically operate on a shoestring budget. While a wide variety of funding sources such as philanthropic foundations or advocacy organizations may jumpstart age-friendly initiatives, ultimately their continuation has relied predominantly on support from the government or private sectors, the very mega-structures they are trying to transform. The lack of resources and the inadequate capacity of

partners devising age-friendly solutions to bring them to fruition are the most frequently cited obstacles in case studies of age-friendly initiatives (cf. Menec et al. 2014; Ozanne, Biggs and Kurowski 2014).

Faced with a paucity of resources and the unlikelihood of obtaining additional revenue, age-friendly initiatives have developed strategic plans centered on incremental modifications to existing projects, insertions of age-friendly elements into ventures not yet initiated and relatively low cost actions that may rely on volunteers. The incrementalist strategy acknowledges that significant enlargement of programs and services is not realistic; instead, existing resources must be leveraged to accomplish more through better coordination across sectors and payment streams. Illustrative of the incrementalist strategy is the most recent strategic plan for the Atlanta regional Commission (2015), which emphasizes improvements in quality over quantity of service by increasing flexibility and accountability, reducing administrative expenses, and harnessing the power of technology.

The strategy of capitalizing on opportunities to inject an age-friendly orientation during enactment of formalized community changes—such as those in zoning, the design of public infrastructure, or budget proposals-- was embodied in Portland's age-friendly work. DeLaTorre (2014), the researcher spearheading this seminal age-friendly initiative, describes how proponents for age friendliness hitched their agenda to policy decisions on issues that were not age-specific, such as the need for sustainable and affordable housing, resulting in successful age friendly outcomes. Age-Friendly Philadelphia similarly utilized the intersection of interests between aging advocates and other community activists, supporting, for example, zoning changes that could accomplish the duals goals of economic development (that pleased urban or regional planners) and increases in Accessory Dwelling Units and "visitable" homes that satisfied older adults wanting to age in place (Glicksman and Ring 2016). Policies regarding public parks, community gardens and food deserts were also infused with age-friendly elements.

The third strategy minimizes the costs of age-friendly innovation by activities that function largely through unpaid volunteers. In Virginia, for instance, one of the six recommended actions for promoting aging in place involved a Time Bank, which would be a registry of documented reciprocal services exchanged among neighbors (Aging in Place Leadership Team 2015). A Time Bank has also been introduced in New York along with other relatively inexpensive innovations (Age Friendly NYC 2013) such as the Success Mentor Initiative in which older adults mentor chronically absent students. Maine (John T. Gorman Foundation 2013) has a variety of volunteer-based projects in which volunteers grow food for seniors, run senior centers or provide companionship for isolated elders. Some of the recommendations of our focus groups similarly involved volunteers or repurposing existing resources, such as using school buses during off hours to transport seniors.

Question 5. *Targeting the aged overall or the needy aged in particular?*

An offshoot of the dilemma of scarce resources is determining whether interventions should be geared to the "Fortunate Majority" or the "Frail Fraction." On the one hand, innovations that are needs-blind can invest larger constituencies of older adults in their implementation. On the other hand, since neither the level of need nor access to services is evenly distributed across age, race, social class, and gender, targeting innovations to those most in need can help reduce inequalities in growing old. A downside of focusing on the most vulnerable old adults is that it conveys a homogenized image of older adults as dependent, passive users of services and benefits (cf. Oudshoorn, Neven, and Stienstra 2016).

The scholarship on age friendliness is not very informative on this quandary except to suggest that the older adult participants should steer the decision, assuming that the fortunate and frail are equally represented on age-friendly task forces. The Aging in Community Subcommittee in Rhode Island did not formally address the issue of whether to concentrate its efforts on the most at-risk older adults facing the greatest challenges or not. Arguably it may have inadvertently done so in its recommendations to pursue increases of state funding for public programs that serve the elderly.

Question 6. *Changing people or places?*

Age friendliness has its roots in the ecological theories of aging which posit that optimal "person-environment fit" depends on both customizing environments to

accommodate older adults and the agency of older adults themselves to better adapt to their environments. The corollary of these theories is that ameliorative changes in the environment are insufficient without simultaneously bolstering the physical, psychological, cognitive and social health of older adults with low levels of competency on these dimensions and motivating them as individuals to proactively overcome the challenges of their environment, including their own negative attitudes towards it (Wahl, Iwarsson and Oswald 2012). Strategies to accomplish the latter coincide with the "active aging" philosophy (cf. Teater 2016) advanced by international organizations like the WHO, a stance which views older adults as autonomous actors controlling their own lifestyles. Critics of the "active aging" imperative (cf. Mendes 2013) claim that it coerces older adults to feel compelled to correct their unhealthy lifestyles and narrows their individual choices to those of greatest utility for the environment. As Calasanti (2016: 1099) argues "Emphasis on individual control justifies ageism. If one can avoid disease, maintain physical and mental function and stay socially engaged, and yet is not doing so, then exclusion is justified." In its most benign form, active aging encourages older adults to engage in activities, such as completion of smoking cessation programs, to improve their own well-being and comply with the prohibitions of smoking in their environment. In its most destructive form, according to Mendes (2013), active aging legitimizes communities and governments to abdicate their obligations to the older population, who are then held accountable by their individual actions for the quality of their later lives.

The bulk of recommendations from our strategic plan in Rhode Island were devoted to changes within the community and by the government which would permit maximum individual lifestyle choices, not circumscribe them. Simultaneously in the city of Providence, a broad coalition of stakeholders had begun consideration of the design of interconnected community hubs to advance age-friendly mobility systems, access to healthy food, and intergenerational activities. However, in the interim since the strategic plan was drafted, we have realized that more resources are potentially available to encourage older adults to adjust their behavior than to radically transform the setting in which the behavior occurs. The Healthy Living Center of Excellence in Massachusetts, also funded by a 2016 grant from the Tufts Health Plan Foundation, exemplifies endorsement

by a funding agency for age friendliness accomplished via change at the level of the individual. The Center supports evidence-based educational programs that promote healthy aging by older adults learning how and why to adopt more healthful behaviors. Several of these programs are currently offered at Rhode Island senior centers in collaboration with the Department of Health and the Subcommittee report recommends they be expanded. Likewise, prompted by the prospects of funding, the Rhode Island team sought funding for integration of behavioral health services for older adults within senior housing or a senior center for older adult experiencing difficulties such as depression, anxiety, unresolved conflicts with other residents or family members, substance use disorder problems, issues related to the death of relatives and friends and difficulties caused by frailty and immobility.[3] Thus, we anticipate that piecemeal efforts to nurture the adjustment of older adults to their environment may prove easier to accomplish than metamorphoses to accommodate the environment to older adults.

DISCUSSION AND IMPLICATIONS

In this paper, we have asserted that choices made in age-friendly projects commonly invoke unintentional decision-making more than mindful adherence to a set of beliefs and priorities. In our presentation of six sets of binary choices on which initiatives are grounded, albeit inadvertently, we have culled, from the extensive literature and reflections on our own experiences, the following conclusions:

1. Framed as improving lives across the lifespan, "livability" initiatives might more effectively garner the broader community's attention than "age-friendly" ones would, with benefits perceived to be reaped across generations. The desired environmental transformations may need to be demonstrated to overlap substantially, or at least be compatible with those that are valued by the community at large, in order for age friendliness to flourish.

2. The paradigm shift of justification for age friendliness from "need" to "investment" can

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[3] Older adults in focus groups seemed committed to changing their behavior in order to maintain their health; they credited senior centers with helping them achieve their goal of a healthy lifestyle through the exercise classes, yoga, meditation, Tai Chi, nutrition education and other health promotion programs they offered.

moderate the negative depiction of older adults as an inconvenient drain on community resources. Support of the investment position involves both assembling the facts and figures which confirm that older adults are assets to a community and calculating the predicted savings accruing from retention of older adults within its borders. Communities must be persuaded that older adults credibly are a crucial part of their future, not remnants of their past. This shift in perspective could, in turn. spur seismic changes in attitudes towards the old.

3. There is more consensus that the interests of older adults should guide age-friendly work than agreement on how this can be achieved so that the work proceeds efficiently and effectively. Furthermore, the salient concerns of older adults--the changes in their environment they would prioritize—may diverge from mainstream age-friendly principles. Those engaged in age-friendly work need to eventually decide if the preferences of older adults should take precedence over those of others.

4. The limitations in resources to accomplish age friendliness can be overcome by a focus on incremental modifications to existing projects, insertions of age-friendly elements into ventures not yet initiated, and relatively low cost actions that rely on volunteers. Executing projects that bring immediate, tangible impacts can help build public will and attract funding.

5. Age-friendly efforts have to consciously grapple with the diversity of the aged population, recognizing that improvements for older adults will not automatically counteract the disadvantage stemming from other social categorizations, such as race, class, and gender.

6. Building age friendliness hinges on a two-pronged strategy of   a) individual older adults taking steps to increase their well-being and   b) communities addressing social and environmental factors that promote healthy aging. In theory the two parts should operate in concert, but in practice, influencing the behavior of individual older adults may be the more attainable outcome.

7. Although deliberate consideration of these issues in the development of future age-friendly efforts will not reduce the complexity of the process, it may lead to clarification of the values and goals underpinning the proposed plans that are created. Moreover, their examination can form the foundation of lessons learned from initiatives that have successfully built age-friendly community.

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APPENDIX

Recommended Strategies to Promote Aging in Community (Aging in Community Legislative Subcommittee 2016b)

COMMUNICATION AND INFORMATION

1. Create an interactive web site for THE POINT.

2. Enact a specific ADRC enabling statute with a state appropriation.

3. Co-locate staff from the Department of Human Services long term care eligibility offices in THE POINT programs.

4. Provide Options Counseling staff with permissions to access to Medicaid client information (with client approval).

TRANSPORTATION

1. Retain free bus fare program or alternate way to provide no-cost rides through vouchers or other means for low-income elders and persons with disabilities.

2. Conduct a comprehensive senior transportation/ mobility study including review of options such as Uber for seniors and use of school buses when not in use.

3. Seek consumer input and satisfaction data on LogistiCare performance.

4. Promote volunteer transportation services.

5. Create transportation locator website.

ECONOMIC SECURITY

1. Improve benefits counseling.

2. Expand Medicare Premium Savings Program.

3. Standardize Medicaid eligibility.

4. Index the state Supplemental Security Income (SSI) benefits.

5. Support new research on Rhode Island Elder Income Security.

6. Promote financial planning and services programs for seniors.

7. Promote retirement savings accounts.

COMMUNITY AND SOCIAL ENGAGEMENT

1. Restore senior center funding to FY2006 levels.

2. Create formula-based funding program for local senior services based on population of older persons in a community.

3. Encourage senior centers that receive state grants to offer, or to coordinate with, the Health Department to offer, health promotion activities.

4. Identify ways for more persons without transportation to access senior center services. Promote inter-generational programming at senior centers and in community recreation programs.

5. Use community-level data to plan programs and senior services.

6. Support SERVE RI Volunteer Plan.

FOOD SECURITY AND NUTRITION

1. Analyze strategies for transporting more seniors to the state's meal sites.

2. Target SNAP outreach to areas with greatest number of low-income seniors.

3. Continue efforts to bring more fresh foods to homebound seniors via mobile food vans and to access food pantries.

4. Continue to improve participant satisfaction with food served in nutrition programs.

HOUSING

1. Improve access to affordable housing opportunities through centralized housing locator.

2. Increase awareness of available municipal property tax credits for seniors, veterans and persons with disabilities and the state Property Tax Relief Circuit Breaker program.

3. Develop innovative models of community care and supportive housing including universal design that fit the needs of aging adults.

4. Provide funding and training to support the role of resident services coordinators.

5. Encourage development of alternative housing options such as co-housing and accessory dwellings.

6. Promote "Village" type community programs.

7. Create or identify funds to offer low-interest loans or tax credits for costs of home modifications.

8. Require 24-hour security/surveillance staff in elderly housing.

9. Consider policy change to allow subsidized housing just for older adults.

SUPPORTS TO STAY AT HOME

1. Increase home care provider rates in state supported programs.

2. Expand Co-Pay program hours for home care and days of adult day service.

3. Expedite eligibility for home and community-based services.

4. Explore ways to offer affordable homemaker and home repair/maintenance services.

5. Promote in-home medical visits for frail elders with complex needs.

6. Promote telehealth technology.

7. Increase funding for Elder Respite.

8. Develop and offer hands-on caregiver training programs including for those caring for persons with behavioral health issues.

9. Expand Temporary Caregiver Insurance law from four to six weeks.

10. Promote telephone reassurance services.

HEALTHCARE ACCESS

1. Promote continuing education for primary care practitioners in geriatric-competent care.

2. Support development of a state strategic plan for Elder Behavioral Health underway by the Department of Behavioral Health, Developmental Disabilities and Hospitals' work group.

3. Develop plan to better address oral health needs of low-income older population

OPEN/PUBLIC SPACES AND PUBLIC BUILDINGS

1. Continue the implementation of Complete Streets by Rhode Island Department of Transportation

2. Encourage municipalities to create local Age-friendly volunteer committees

3. Encourage municipal Land Trusts and Conservation Commissions to create maps of places appropriate for older adults to walk, exercise and enjoy recreation and leisure

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