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Creating an Aging-Friendly Environment

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Good morning. Some time ago, I was speaking about health and aging to an audience in Lexington, Kentucky. When I finished my remarks, a woman raised her hand and asked me this question: “Do you know that women live longer than men?”

I told her that I did, and she said, “Well, what are you going to do about it?”

Even if I could do something about it—which I can’t—the fact is, both men and women are living longer. For the first time in history, long life isn’t a rarity. Two-thirds of all the people who ever reached the age of 65 are alive today. What’s more, 65 isn’t even old anymore — most of us can count on another 18 years or so after that, and more than half of us will live past 90. The fastest growing segment of the population is those 85 and older.

Just think about that for a moment. That has real significance for all of us. In 1900, average life expectancy was 47, by 1950 it had reached 68. And today, it’s 78 at birth, 83 at age 65, and if you make it to age 75, you can expect to live about 12 more years. If you’re 50 years old, you have half of your adult life in front of you.

We have a tremendous opportunity that most of our ancestors never had. We have a “longevity bonus” of years—most of them spent in relatively good health—to enjoy life, to help our families and others, to pursue a cause or a purpose that we believe in, to make our communities, our country—and our world—better for everyone. It’s a great gift...a tremendous opportunity.

Combine that with the power of numbers—the 78 million boomer generation now ranges in age from 43 to 61—with more than half of them being over 50—and that gives us real power to change society. All we have to seize the opportunities to do it.

One of those opportunities is to make our communities more livable. There is no one formula for what makes a community livable, but it surely has common elements, including affordable and appropriate housing, an array of options for mobility, and community services.

Why is that important? More Americans want to “age in place,” that is, to remain in their own homes and familiar environment as they get older. They want independence in their daily lives, and what they fear the most is losing their independence and mobility.

At the same time, as Americans age and boomers swell the ranks of the older population, they will demand more services in their communities to help them maintain their independence. Changes in their environment—personal and public—will be needed to allow them to function with as much independence as possible. In other words, we need to create an environment that makes it easier for people to remain independent and to engage in civic and social life as they get older.

This is a tremendous challenge. As Richard Hobbs, of the American Institute of Architects, wrote, “The impact of the aging population on markets, employers, and culture cannot be overstated. Just as the baby boom flooded maternity wards, ignited school construction, and made ‘youth’ the cultural icon of the 1950s, ‘60s, and 70s, the ‘senior boom’ of this century will shape the 2010s, ‘20s, and ‘30s.”

Given what we know about boomers’ wants and needs—and those of their older brothers and sisters—creating an aging-friendly environment begins with the home. Last year, when the American Institute of Architects did their survey about trends in home design, the hot topic wasn’t the rediscovery of urban living or the resurgence of a particular architectural style. It was how to design for independence in old age.

AARP has for years been asking older men and women where they want to live as they age. Every time we ask, between 85 and 90 percent tell us the same thing: “In my home.” They do not want to live with relatives, or anywhere else.

People want to stay at home for many reasons—familiarity with the neighborhood and the neighbors, closeness to family, a sense of place and security, convenience, a feeling of continuity and roots under the same roof, and many memories.

People have their own reasons that may be personal or particular, like the way the sun fills the kitchen on a winter day. There is no denying the power of “my home.” I know my wife and I feel that way. And we have an extra incentive—our son, daughter-in-law and two grandsons live right next door.

The second reason that aging at home—and living independently—will continue to be the choice of the majority of older people is because we now have the capability to make it possible for people to continue to live in their own homes for a long, long time.

But we need to make it happen. Because today, many older people—and I am not just talking about very old people, but also middle-aged in many cases—find insurmountable barriers to staying in their own homes.

Last October, my first book was published. It's called *50+: Igniting a Revolution to Reinvent America*. It's an optimistic look at how an aging America can and will become a better America. And in the chapter on livable communities, I tell the story of Lizbeth Chapman.

At 57, Lizbeth had the rest of her life all figured out. She was a successful one-woman public-relations firm, working from her home in Boston. She used email to stay in touch with her clients, which meant she had the freedom to do business just about anywhere on Earth. She found her future in a charming, 55-year-old cottage in the seaside town of Wellfleet, Massachusetts. Lizbeth packed up her computer and moved to Cape Cod, planning to ease back on her workload gradually and stay in the cottage after she retired.

She had a wonderful plan—until, shortly after moving, she broke her ankle and had to be fitted with a non-walking cast. For the next three months, the house, in her words, "became a prison."

Her wheelchair was too big for the doors and could barely squeeze through the halls. She couldn't get into the five-foot-square bathroom, much less turn around to get out. Outside, the wheelchair sank in the gravel driveway, making it impossible for her to navigate between her car and house.

And even if she could somehow force the wheel chair to move, she still encountered three steps up to the front door. Stuck in her chair and trapped inside her home, she had to hire help just to cook a meal—nearly everything in her kitchen was beyond her reach. Often, lights were left burning all night because the switches were so hard to reach.

With a lot of help from friends, Lizbeth Chapman muddled along until her ankle healed. But the frustrating experience made her realize that her cottage might well be unlivable as she aged. What to do?

She was lucky. She had the time and money to make the place work for her. In 2005, five years after the broken ankle fractured her sense of self-sufficiency, workers tore down the cottage and built a new Greek Revival-style house designed for easy living. Lizbeth and her architect focused on ways to ensure that she could stay put, no matter how her physical capabilities changed in succeeding years.

"Decisions I made will allow me to live here for the rest of my life," she now says. The one-level house has extra-wide halls and doors, an outsized walk-in bathtub, lever-action door handles, lots of open space, easily reachable kitchen appliances, and a paved path to her car.

Her only regret is that she didn't think of all this when she was planning her move to the cottage hideaway. She now knows that her fifties weren't too soon to visualize what her future needs might be.

But Lizbeth Chapman is hardly unique. Millions of people fail to consider how their housing needs might change, and suddenly find themselves in the wrong place at the wrong time. The solution is to plan ahead and, if necessary, make your house physically friendly. Every year at our annual AARP member event, we have just such a house and a similarly designed mobile home on our convention floor. I really enjoy going through them and seeing how cleverly they fit anyone's needs.

As you know, physically friendly housing does not have to mean retirement communities. That is what some people want, but many others look for generational integration, rather than separating into groups based on age.

As a nation, we should strive to make homes and communities truly livable for people of all ages and all levels of physical ability. After all, we are dealing with a normal and inevitable transition from mid-life to later stages. This does not need to mean separation.

Now, let's imagine that we have all found a way to buy and/or modify our homes and those of our parents for age-friendly living. We all know that living the good life as we age means more than having a smartly designed and constructed roof over our heads. We also need mobility outside our homes. We have to be able to get out and around and to stay connected to our communities. And that is one of the toughest obstacles to building livable communities.

So much of our personal independence derives from our ability to move freely around our communities. America has often been called an automobile society, and it's largely true. To find yourself, for whatever reason, cut off from mainstream mobility, no longer part of America's freewheeling ease, is especially frustrating — and age-ifying — because, in the United States, there's usually no getting from here to there without a car.

If we can't get to our jobs or volunteer activities...if we can't visit friends, go walking or go to religious services, or run down to the hardware store...if we can't get to the dentist, the hospital, the supermarket, or our jobs on our own, our lives become hostage to the convenience of those we must rely on to transport us. Our cherished quality of life is diminished along with a vital piece of our independence.

A couple of years ago, we collaborated with the Surface Transportation Policy Project and produced a report called, “Aging Americans: Stranded Without Options.” That gloomy title says plenty.

General Motors used to have a very catchy slogan: “It’s not just your car, it’s your freedom.” To a suburbanized society that slogan rang true. It still does. As we know, America is largely suburbanized. And there are parts of cities—Washington is one of them—where you might as well be living in the suburbs.

The old so-called “street car suburbs”—like Brookline outside of Boston or Chevy Chase outside Washington—developed along the old trolley lines. They also developed as neighborhoods or small towns. They were not purely residential. They had their own drugstores and markets and the other services you’d expect in a real neighborhood—all within walking distance.

The modern suburb developed after World War Two, and what prompted it was driving. Unlike the streetcar, the automobile could go anywhere—and thus so could the new houses. As the population grew—it has just about doubled since the then—developers built vast tracts of houses with no commercial centers, often no sidewalks, and, when they could, as much land around each house as possible. There was nothing to walk to.

Americans took to the suburbs and their cars. Want a quart of milk? Get in the car. Going to school? Get in the car. Want to see the doctor? Get in the car. We got used to getting into the car.

But as people age, they tend to drive less, or not at all. So how do they connect with society? In many cases, they don't. They become isolated, often depressed. The "Stranded Without Options" report found that over half of non-drivers 65+ stay at home on any given day because they have no transportation.

Many live in areas without sidewalks. They are more likely to be injured by car when they walk than younger people, and many—in the suburbs and particularly rural areas—have no public transportation nearby.

This problem is even more difficult than it sounds. Sitting at home, often alone, compromises physical health. Isolation can cause depression and, can lead to alcohol or drug abuse. We are not talking only about inconvenience—though that is bad enough. We are talking about the loss of belonging, we are talking about marginalization, we are talking about physical and mental deterioration.

One of our AARP board members, Dr. Byron Thames, tells of a nurse who retired at 62. She and her 65-year-old husband moved to what they thought was their ideal retirement home in an idyllic little town with just one traffic light.

It was charming, quiet, and—unbeknownst to them—a threat to their mobility. The woman had a touch of arthritis, nothing serious, and her husband had some macular degeneration, but could still drive — a necessity for reaching the closest commercial center, and doctor, eight miles away.

Within two years, though, ideal and idyllic were trumped by isolation. He had to stop driving, and she was having a hard time getting in and out of the car. Far away from family and friends, they had no recreation, no social life, and no way even to get to the grocery store.

Byron and his wife, Judy, visited their friends on weekends and brought groceries, but the shut-ins had to make do without any extras between visits. The nurse began to put on weight, worsening her arthritis. Her husband went from having a couple of drinks before dinner to frequent cocktails throughout the day. The couple ended up having to sell their house and move to a town with buses, taxis, and easy access to physicians, stores, and other necessities.

That's what happens when a community is not "livable." But when it is, small town life can be exactly what Byron's friends had hoped for. I remember a high school reunion my wife, Fran, attended a few years ago in Missoula, Montana. Most of her classmates who had moved away—many to California—declared that they wanted to come home to Missoula to live at some point. And I can see why...it's a wonderful town.

We did a feature in our magazine where we identified the best places in America to retire. And one of the most desirable retirement communities in America was Iowa City, Iowa. It has a great university, a top flight medical center, a first class educational system, cultural and leisure opportunities and the services important to the health and welfare of the citizens. And equally important, they're all easily accessible to the people who live there.

Mobility is essential to independent living. A truly livable community must afford as much mobility to older persons as possible. This is not an easy task or a cheap one—but neither was building the transcontinental railroad or the Interstate highway system.

The first step is to help people to continue to drive safely for as long as they can. I'm proud to say that AARP's Driver Safety Program has helped some nine million of our members stay on the road longer. Better signage on roads, special turn lanes, and general traffic calming measures would keep even more older people in their cars.

We can also expand bus routes. We can reroute buses during non-rush hours through communities where people live. We can create more bus stops so people need not walk too far. We can build shelters and resting places along the way. We can develop and support shuttle bus services—both public and private—for older people.

What I have just suggested is a little like retrofitting an older house. We have to live with the houses and the transit systems and the roads we have. But let me say again: we also must face the facts and learn from them.

We must insist—that the new communities that are built will be truly livable. They must accommodate people as they age, they must not sprawl and leave people dependent on cars for everything they need. New and rebuilt communities need accessible public transit, they must have important, accessible services nearby, and must also contain affordable housing as well as market-price housing.

Let me offer you just one example. Several years ago, the King Farm in Rockville, Maryland, just outside of Washington, D.C., was sold by the family. The developers decided— perhaps with some pressure from the city and the county—to build a town, not a suburban tract. They built the houses close together, put in wide sidewalks, reserved large areas for parks and commons, and created a commercial core with a market, offices, restaurants, and a recreation center.

The King Farm development does several wonderful things at once. First, it avoids sprawl — no house sits on five or ten acres of land. Sidewalks encourage people to walk—which keeps people physically active and makes it possible for people who do not drive to get around. There is a free shuttle bus to take people to the commercial center and the nearby subway stop. Public buses run through the community. So, it is not shut off from the rest of the world, it is not a car culture suburb, and it encourages sociability.

King Farm was not built with older people in mind. But it serves them well. To have such livable communities, we need public policy that recognizes their importance. We need private developers to realize that making real communities that are livable, rather than sterile tracts, is good business. And we need citizens to become involved in helping to make their communities more livable.

Building livable communities is a high priority for us at AARP. We see it as a tremendous opportunity for our members and for the nation. We issued a report to the nation in 2005 on *Livable Communities: Creating Environments for Successful Aging* as part of our AARP Beyond 50 series. And we routinely testify before Congress on housing, transportation and other livable community issues.

But, we're doing more than advocating for livable communities, we're helping to build them. Our idea is that attractive model livable communities will entice other cities and towns to follow suit—all across the country.

Last fall, I was in Hartford, Connecticut where we announced with our partner, Rebuilding Together, that Asylum Hill, one of that city's most historic and architecturally striking neighborhoods—and now, sadly, one of its poorest—would be one of our model communities. We're working to turn Asylum Hill from a neighborhood in distress to a model livable community where people of all ages can live safely and independently and take part in community life. It will be an attractive model for other neighborhoods.

Our other model towns include Burlington, Vermont; Traverse City, Michigan; and El Paso, Texas. In making these communities more livable for older residents, we will be promoting livable communities for all—across the nation.

Building livable communities does not happen overnight. It's up to all of us to work at it to make it happen. We are making progress. But we still have a long way to go. Yet, I'm optimistic because more and more people are discovering that aging isn't someone else's issue; it's everyone's issue.

The investment we make in building livable communities and creating aging-friendly environments is well worth our time, energy and resources. For in the end, by building livable communities where we live—community by community—we will make our national community a far better place for everyone, and in the process, create a society in which everyone can age with dignity and purpose.

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