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The Age-Friendly Community Movement in Maine

by Patricia Oh

Patricia Oh describes how age-friendly communities can provide residents of all ages what they need and want from their communities. She presents the broad guidelines for the integrated community planning necessary to create environments that support optimal aging and gives examples from places in Maine that are adopting the age-friendly community approach.

Towns and cities in Maine are grappling with the need to include an aging population in their plans for economic and community development. Maine, with a median age of 44.2, is the oldest state in the United States. Between 2010 and 2014, the population younger than age 60 fell by 3.5 percent while the population over 60 grew by 12.9 percent. In about 100 Maine communities, more than half the population is over age 50.¹ Mainers want to age in place, to grow older in their own home in the community where they have meaningful social, cultural, and familial connections. The growing number of older residents in Maine cities and towns is not a blip on the demographic radar but a trend that will continue for several decades. The aging population presents both challenges and opportunities for municipalities that want to foster vital community and economic development.

Inadequate transportation and the lack of accessible affordable housing are frequently discussed as key barriers to aging in Maine. Although there are challenges, the shifting demographic also brings opportunities for community and economic development. On average, about 25.6 percent of residents in Maine's communities are aged 60 or older. Older residents often prefer to shop locally rather than to travel for goods and services, which boosts the local economy. Many municipalities enjoy the benefits of a high rate of civic engagement by their older residents. Maine's older population makes a significant contribution to the economic vitality of the places where they live and are actively engaged in making their communities better places for all ages.

One way for municipalities to maximize the contribution of an aging population to community and

economic development is to adopt an age-friendly-community approach. Age-friendly communities (1) provide health, recreational, and socialization opportunities; (2) encourage civic engagement; (3) improve accessibility of the built environment; and (4) increase access to services that help older residents to meet basic needs (WHO 2007). Towns and cities lose when they do not have the infrastructure necessary for people of all ages and abilities to volunteer, participate in local decision making, and contribute to the local economy. Traditional city planning has focused on the built environment and not on social inclusion, civic engagement, social participation, support services, and access to information and communication technology—all of which are essential for people to thrive in their community (Peter Morelli personal communication). The movement to create age-friendly communities engages policymakers, service providers, and local organizations in planning that will provide what residents of all ages and abilities need and want in their communities.

BACKGROUND: FORMAL AGE-FRIENDLY COMMUNITY NETWORKS

In 2010, the World Health Organization (WHO) launched the WHO-Global Network of Age-Friendly Cities and Communities (WHO-GNAFCC). The initiative encourages municipalities to make changes in the built and social environments that affect the health and well-being of community-dwelling older adults (WHO 2007). Beside recognition for cities and towns that commit to making age-friendly changes, WHO-GNAFCC provides an Internet-based platform

for municipalities around the world to share ideas. In 2012, AARP joined the WHO-GNAFCC as a country affiliate and launched the AARP-Network of Age-Friendly Communities (AARP-NAFC) (Whitman 2013). AARP provides networking opportunities with other municipalities in the United States that have made a similar commitment to becoming more age-friendly, technical support, and information about resources and funding opportunities (Whitman 2013). Municipalities that join the AARP-NAFC are automatically eligible to join the WHO-GNAFCC. However, it is not required that communities join both networks.

In 2013, Lori Parham, executive director of AARP Maine, began talking with cities and towns about joining the AARP-NAFC. Funding from the John T. Gorman foundation allowed AARP to offer technical and financial support to municipalities. Joining the WHO-GNAFCC or the AARP-NAFC is simple and free. All that is initially required is a short application and a letter of support for the application from the mayor or chair of the select board. Within the first 24 months, new members complete a needs assessment to identify the strengths and weaknesses of the community for aging in place. An advisory board is formed that works with the municipality to create an action plan reflecting local priorities and community capacity. The advisory board often includes local service providers, advocates, older residents, and representatives of municipal government. As changes are implemented, members of the AARP and WHO networks agree to a continuous cycle of evaluation to ensure that emerging priorities and preferences are addressed by the municipality.

Bowdoinham, in June 2014, became the first community in Maine to join the WHO-GNAFCC. Portland, in August 2014, was the first to join the AARP-NAFC. Since then four cities and towns—Bethel, Ellsworth, Kennebunk, and Paris—have joined the AARP-NAFC. The WHO and AARP networks recognize that each community is unique and depends on local officials and residents to create an action plan that is grounded in community goals and a realistic assessment of available financial and human resources. The city of Portland faces different challenges and has different assets to meet its age-friendly goals than does the town of Bethel, with 2,603 residents.

Joining the WHO or AARP network provides a jurisdiction with national and international recognition for its commitment to making age-friendly changes. Members have access to evidence-based guidelines to

assess the age-friendliness of the community, to inform how identified changes can be implemented, and to develop measures of success. Members do not get a list of features that must be found in a place for it to be age-friendly because WHO and AARP know that, for an age-friendly initiative to be sustainable, it must be based on the character of the local community, build on the success of existing programs, and include a realistic appraisal of the human and economic resources available to make programs and policies successful.

PLANNING FOR ALL AGES AND STAGES

Planning for an aging population is complicated because not all older adults are alike—they do not have the same physical abilities or access to social and economic resources (Kaye and Harvey 2014). Age-friendly communities provide social, economic, and recreational resources for healthy, affluent recent retirees as well as for frail adults and those with fewer resources. Changes that make it easier for older adults to age in the community are good for people of all ages. The same wide path that accommodates a wheelchair or walker encourages a young parent to visit the park with a stroller. An intergenerational community gardening project is as attractive to young families as it is to older residents. Parham (personal communication) explains the emphasis on developing communities for all ages: “An intergenerational community is not just one where many generations live. It is a community where individuals of all ages are an integral and valued part of the community.”

EIGHT DOMAINS: BUILDING ON COMMUNITY STRENGTHS

The room is packed when the Maine Council on Aging convenes the annual Maine Aging Summit, which brings representatives of age-friendly initiatives from around the state to meet with advocates, politicians, and community members interested in making age-friendly changes. Maine has an impressive number of community-based and regional programs to support aging in place. Age-friendly community planning does not replace existing programs. WHO developed a list of eight broad domains that provide a structure for city planners to work with advocates, service providers, and local residents to create an action plan that not only addresses the most talked-about problems, programs, and policies that are already in place, but expands

planning to include areas that may not have been considered. The eight domains are

1. **Outdoor spaces and buildings.** Are public spaces safe and accessible to residents of all ages and abilities?
2. **Transportation.** Are there transportation alternatives for people who no longer choose to drive or who are no longer able to drive?
3. **Housing.** Does your community have housing options for people who are down-sizing or who need a more supportive environment? Do residents have access to home modification programs?
4. **Social participation.** Do older residents have access to social and recreational opportunities? Are there opportunities for older residents to visit cultural facilities and participate in cultural events?
5. **Respect and social inclusion.** Do older people feel respected and socially included in the life of the community?
6. **Civic participation and employment.** Are older adults who want or need to work for money able to find local jobs? What proportion of older adults regularly volunteer in the community? Do older residents participate in local decision making?
7. **Communication and information.** Are local sources of information available that address health concerns and service needs? Is information available in print and electronically?
8. **Community support and health services.** Are formal (public or private) home care services available? Are wellness programs available to promote optimal aging?

Some communities add disaster planning and/or food security as additional domains.

The eight domains provide broad guidelines for municipal officials to implement the integrated community planning necessary to create environments that support optimal aging. Because the domains cover diverse aspects of the social and built environments, the approach emphasizes collaboration. Departments within

a jurisdiction must work together to write building and zoning codes that support aging in place and provide social and recreational opportunities for older residents of all abilities. Collaboration builds on successful programs and implements new services that will improve the age friendliness of the community. It also facilitates the exchange of information between stakeholders, establishes shared goals, and builds community support for the initiative.

Several municipalities in Maine—not only members of the WHO-GNAFCC or AARP-NAFC—have addressed the eight domains of livability. Bath Housing Authority partnered with Habitat for Humanity 7 Rivers to create the Community Aging in Place initiative, which provides basic home modifications and simple home repairs that allow lower-income older residents to lengthen the time they can remain safely in their own homes.² Bangor made changes in its outdoor spaces (e.g., adding sidewalk benches in areas frequented by older residents; increasing the length of pedestrian cross signals) that encourage older residents to remain active in the community (Sprague 2015). The Bucksport Bay Thriving in Place Partnership added a transportation program, fitness center, and lifelong learning opportunities to the programs and services available through the Bucksport Area Senior Citizen Center (Bradney 2015). The additions, building on the services and programs already in place in Bucksport, increase the health and well-being of older residents. Using the eight domains of livability to guide age-friendly community planning by municipalities within and outside the WHO or AARP network ensures that municipalities will address a wide spectrum of factors in the built and social environment that affect older residents.

JOINING A NETWORK: SIZE AND FINANCIAL COST

Joining a network is not limited to large municipalities. Age-friendly approaches are easily adaptable to communities of all sizes and all budgets. While a small town may not have the resources to build supportive housing, it may develop a handyperson network of volunteers willing to do simple home-maintenance chores and provide information about home modification and simple devices that can make everyday chores easier. Residents in a large metropolitan area may identify the need for longer pedestrian cross walk times to

allow frail residents to cross busy streets safely, while residents in a suburb may identify the need for more designated accessible parking in the downtown shopping area. Changes in zoning to allow accessory dwelling units can benefit older residents in jurisdictions of all sizes. Age-friendly changes do not have to be expensive to improve the health and well-being of older residents.

Since joining the WHO-GNAFCC, Bowdoinham has addressed the eight domains of livability without receiving money from the town. Bowdoinham's Advisory Committee on Aging (ACOA) worked with other local institutions and volunteers to add social, recreational, and lifelong-learning programs, start a senior center, establish an annual aging well(ness) fair, organize a handyperson brigade to help older residents with simple home repairs, and create a display of simple devices that can make everyday life in the home and automobile easier for people living with arthritis, a mobility limitation, or with a sight or hearing impairment. ACOA also worked with the town to increase accessibility to public buildings and town-wide events. In 2014, Bowdoinham was one of 15 jurisdictions worldwide to receive a \$5,000 grant from WHO to pilot *Measuring the Age-friendliness of Cities: A Guide to Using Core Indicators*. Money not used for the pilot became ACOA's first operating budget. In 2015, ACOA received a small grant from AARP to work with the Bowdoinham Public Library to increase its age-friendliness. Communities do not need to be wealthy or large to benefit from joining the WHO or AARP network. In an era of tight municipal budgets, it is important to recognize the power of low-cost and no-cost approaches to age-friendly community development.

CONCLUSION

Developing cities and towns that are appealing to all generations is an important goal for community and economic development. Municipalities that want to be known as good places for people to grow up will also need to create optimum built and social environments that make the community a good place to grow old. Joining the AARP-NAFC and/or WHO-GNAFCC is one way for communities of all sizes and with different access to human and financial resources to structure planning for an aging population that is based on the preferences and needs of older residents, reflects the character of the community, and builds on existing programs and policies. 🐟

ENDNOTES

1. Population statistics are available from the U.S. Census Bureau's American FactFinder website: <http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>. Annual Estimates of the Resident Population for Selected Age Groups by Sex for the United States, States, Counties, and Puerto Rico and Municipios: April 1, 2010 to July 1, 2014, 2014 Population Estimates, Table PEPAGE SEX, Maine.
2. More information is available on the Bath Housing Authority website: <http://www.bathhousing.org/programs/community-aging-in-place-cap/>

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