Aging in Place

America’s aging population continues to grow thanks to advancements in medicine and public health. Adults over 65 now represent approximately 12 percent of the population, a number that is expected to increase to approximately 20 percent by 2030. Research shows that most seniors prefer to stay in their homes and communities instead of being displaced later in life. However, changing healthcare needs, loss of mobility, financial concerns, home maintenance, and increasing property taxes present significant impediments to older adults’ desire to age in place.

Aging in place emphasizes adapting the home environment and coordinating critical supportive services so that older adults can stay in their homes and communities. Aging in place programs help cities and counties avoid the high costs of overly intensive care and allow older adults to continue to contribute to and benefit from the social, civic, and economic life of the community.

Collaboration is an important component of any community-based strategy that helps potentially vulnerable older adults remain independent and age in place. Many successful aging in place programs exemplify cross-sector partnerships and take a health in all policies approach.

Possible Aging in Place Program Partners

- Schools
- Civic associations
- Local healthcare and social service providers
- Transportation providers
- Community housing and development groups
- Local governments

Community Innovations for Aging in Place

In 2006, Congress reauthorized HHS’ Community Innovations for Aging in Place Initiative (CIAIP) in the Older Americans Act. This program helps communities enable older adults to keep their independence and age in place. Under this initiative, the Administration on Aging provides grant funding to communities to help them identify barriers to independence and aging in place. The program collaborates with community organizations to help identify innovative ways to provide and link older individuals to comprehensive and coordinated health and social services programs to help them age in place.

Health and social services considered critical to aging in place include: healthcare management, evidence-based disease prevention and health promotion services, and services that provide opportunities for education, socialization, recreation, and civic engagement.

Key Components to Aging in Place

- Housing and healthcare options for individuals at varying income levels.
- Flexible services tailored to individuals’ needs.
- Affordable service delivery that utilizes the collective purchasing power of an organized community of older adults.
- Mixed-generation communities that maximize older adults’ capacity for self-help and community contribution (e.g., trading childcare support for rides to doctors’ appointments).
- Communities that are more accessible and livable.
Successful projects are able to establish partnerships with local entities like aging and disability resource centers, area agencies on aging, health and social service providers, housing entities, community development organizations, philanthropic organizations, and foundations. Below are some examples of these successes.

**Mt. Sanford Tribal Consortium, Alaska**

Through a strategic partnership between the Alaska Native Tribal Health Consortium, University of Alaska, Alaska Department of Health and Human Services’ Division of Senior and Disability Services, and regional providers, the CIAIP Aging in Place grant helped establish an Aging in Place program in two rural villages that acted as a model for future programs in other villages in Alaska.

The Alaska Native Aging in Place Pilot Project served native elders aged 65 and older within the federally-recognized Cheesh’na (based in Chistochina, Alaska) and Mensata Lake (based in Mensata, Alaska) tribes, with the goal of developing a cost-effective, village-based model that enables native elders to remain in their homes and villages during their remaining years of life. Specific objectives included collaborating with strategic partners to develop a village-based program, implementing and evaluating services, and disseminating process and outcome data and lessons learned to provide a model that can be adapted by other rural villages.

This pilot program helped support the older adult population by providing mental fitness, exercise, and nutrition workshops for native elders, and educating caregivers. The program also facilitated activities aimed to preserve the communities’ cultural traditions, which are at risk of disappearing.

**Lifelong Mableton, Georgia**

Mableton is a diverse community located near Atlanta with a large senior population (approximately 20%). In 2009, through a grant from the HHS Administration on Aging, the Atlanta Regional Commission launched Lifelong Mableton, a program that aimed to transform the town into a healthy community that supports residents as they age. To make Mableton a more livable community, the program addressed the physical needs of older adults and mitigated barriers that prevent aging in place.

Lifelong Mableton helped develop productive, nontraditional partnerships with a diverse group of local to sponsor nutrition and preventive health classes for the community and helped promote community ownership and sustainability through education, outreach, coaching, and leadership-building.

Residents were able to participate in the creation of the Mableton SmartCode, which encourages growth and development in the town using development guidelines that enhance the walkability of the community, including local destinations, green space, and housing options. Community residents also launched both a seasonal farmers market that caters to older adults and an intergenerational community garden to provide access to fresh produce, social opportunities, and help build a sense of place and belonging in Mableton.

**Partners for Livable Communities: City Leaders Institute**

The MetLife Foundation funded the Partners for Livable Communities program to implement the MetLife City Leaders Institute on Aging in Place. The City Leaders Institute focuses on the assets, needs, and attributes of the older adult population and works with local leaders to establish a local aging in place goal, engage a broad array of civic players, and raise awareness of the importance of embracing the growing older population. Ten communities from across the country have been working to meet these goals through innovative projects that may be replicated one day in other jurisdictions.
**Design for Aging**

The American Institute of Architects’ Design for Aging Knowledge Community (DFA), which has emerged in major metropolitan areas across the country, aims to foster design innovation and disseminate knowledge necessary to enhance the built environment and quality of life for an aging society. This includes relevant research on characteristics, planning, and costs associated with innovative design for aging. In addition, DFA provides outcome data on the value of these design solutions and environments.

DFA chapters are active in Seattle, Washington, D.C., Honolulu, Kansas City, Missouri, Boston, New York, San Francisco, Iowa, Chicago, St. Louis, Baltimore, and Philadelphia.

**Incorporating Universal Design**

There is also a growing trend to apply universal design when remodeling or constructing new homes to allow seniors and persons with disabilities to more comfortably remain in their own homes. In general, the approach follows seven principles and features such components as wide doorways and hallways, no-step entries, and single stories. The American Association of Retired Persons and the National Association of Home Builders provide Livable Communities awards to builders and communities who create homes that are environmentally friendly, lower maintenance and adaptable with minimal disruption and expense.

One of the first Livable Communities awardees was Daybreak, a Portland, Oregon intergenerational cohousing development that features homes with stepless entries, lever-style door handles, and durable flooring that’s stroller- and wheelchair-friendly. The common space has a kitchen and eating area, playroom, laundry facilities, indoor bike parking, and space for activities such as yoga and crafts. This type of community is becoming more and more popular as builders and architects strive to support older adults and persons with disabilities who want to remain in their current homes.

**Additional Resources**

- American Institute of Architects Design for Aging Review
- Naturally Occurring Retirement Communities (NORC): A Blueprint for Action
- Village to Village Network

This resource was developed thanks to support from CDC’s Cooperative Agreement Number EH11-1110. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of CDC.


