INTRODUCTION

Theorizing and Practicing Age-Friendly Development

Philip B. Stafford

Background

In his president's message to prospective attendees of the twelfth annual International Federation on Ageing (IFA) conference held in Hyderabad, India, Dr. K. R. Gangadharan quotes Klauss Schwab, founder and executive chairman of the World Economic Forum: "Ageing is widely seen as one of the most significant risks to global prosperity in the decades ahead because of its potentially profound economic, social, and political implications. Global ageing, in developed and developing countries alike, will dramatically alter the way that societies and economies work."

The World Heath Organization (WHO) reports that from 2000 to 2050, the proportion of the world's population over sixty years will have doubled from 11 percent to 22 percent. The number of people aged sixty years and over is expected to increase from 605 million to 2 billion over the same period. In so-called developed countries, the size of the elderly population has already surpassed that of the twelve to twenty-four age group. Eighty percent of older people will live in low- and middle-income countries. Chile, China, and the Islamic Republic of Iran will have a greater proportion of older people than will the United States of America. The number of older people in Africa will grow from 54 million to 213 million (World Economic Forum 2012).

At the global level, there are two factors that, combined, have led to the current demographic shift: declining birth rates and increased life expectancy. Across the world, from 1970 to 2013, the average number of children per woman declined from 4.7 to 2.5. While in Europe and North America fertility is approaching no net replacement, significant drops have been recorded also in Asia and in Latin America and the Caribbean, with a

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reduction of 5.4 to 2.2 in the former and 5.3 to 2.2 in the latter (Population Reference Bureau 2014).

The trends with life expectancy are also truly global and not restricted to the developed world. Global life expectancy increased by about six years from 1990 to 2013. In Japan, average age at death in 1990 was seventy-three years. By 2013 it had climbed to eighty-one, leading the planet. These gains, worldwide, are attributable to significant drops in deaths caused by several major diseases: diarrheal diseases, neonatal diseases, lower respiratory infections, cardiovascular diseases, and cancers (WHO 2005).

At the local level there is another reason that communities grow older—perhaps just as significant. It is the combined phenomenon of a growing population of elders and the out-migration of the young. According to the United Nations, 3.2 percent of the world's population are international migrants (232 million individuals). Of these, 30 percent are below the age of thirty. In addition, another 740 million young people migrate within their own national borders. In either case, young people are leaving their home communities (whether urban or rural), and older people are left behind, creating "naturally occurring retirement communities" (NORCs). The true impact of this global phenomenon has been inadequately studied, and it would be premature to define the elders as "abandoned," since young people experiencing success in migration may very well be channeling resources back to their home communities. In 2013, an estimated $414 billion in remittances flowed back to developing countries, in some cases representing a significant portion of GDP (WHO 2013).

In the United States, mayors and other public officials in rural and small-town communities regularly cite the outflow of youth as a major threat to the basic fabric of their communities. As Carr and Kefalas (2009) note, "This so-called rural 'brain drain' isn't a new phenomenon, but by the twenty-first century the shortage of young people has reached a tipping point, and its consequences are more severe now than ever before. Simply put, many small towns are mere years away from extinction, while others limp along in a weakened and disabled state."

The cost of addressing the demographic change is often characterized as a potentially catastrophic "silver tsunami" that will overwhelm world economies. The demographics of aging are undeniable and possibly world-changing. Whether this change is for the good or instead portends a looming catastrophe is a subject of current debate. Klauss Schwab, echoing many world leaders, notes that the lack of institutionalized pension systems is a chief barrier to the well-being of elders, especially in light of changing family patterns and the loss of traditional supports. The Melbourne Mercer Global Pension Index uses three subindices—adequacy, sustainability, and integrity—to measure retirement income systems against more than forty

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indicators. The 2012 report viewed eighteen systems, twelve of which scored average or below with respect to their long-term and, in four cases, short-term sustainability. All were cases of developed countries. In the developing world, government pension systems are either scant or nonexistent. Two strategies are presented to address the coming needs, including greater levels of funding (doubtful for many nations) and the extension of working years by individuals. The latter provides reason for some optimism as long as health as well can be extended in time.

The cost of health care is typically cited as the second major challenge associated with the demographic revolution. Only in Western Europe, North America, and Australia (with small exceptions) does general government expenditure as a percentage of overall expenditure reach 15 percent. In much of the world, expenditures are far less, as little as 5 percent in parts of Central Africa and South Asia (WHO 2013b).

With respect to health-care expenditures it is important to note that already, even in the poorest countries, the biggest killers are not communicable disease, but heart disease, stroke, and chronic lung disease, while the greatest causes of disability are visual impairment, dementia, hearing loss, and osteoarthritis (WHO 2005) The WHO reports that "from a projected total of 58 million deaths from all causes in 2005, it is estimated that chronic diseases will account for 35 million, which is double the number of deaths from all infectious diseases (including HIV/AIDS, tuberculosis and malaria), maternal and perinatal conditions, and nutritional deficiencies combined." Moreover, 80 percent of worldwide deaths from noninfectious diseases occur in low- and middle-income countries (WHO 2010). In much of Africa, more than 30 percent of females age eighteen and above experience raised blood pressure. In North America, Europe, Russia, and much of South America, more than 60 percent of adult males are overweight (body mass greater than 25 kg/m^2). In Russia and much of South Asia, tobacco use rates exceed 36 percent. Moreover, tobacco use is shifting from developed countries to the developing world. In the twenty-first century, there will be one billion tobacco-related deaths, with 70 percent from the developing world and 30 percent developed—a complete reversal of twentieth-century rates. In 2005, 61 percent of fifty-eight million deaths worldwide were attributed to chronic diseases such as cardiovascular diseases, diabetes, and chronic respiratory diseases (WHO 2005).

Unhealthy diet, physical inactivity, and tobacco use are key factors in the development of chronic disease. The treatment of intermediate risk factors such as prediabetes, hypertension, and obesity will require mobilizing primary care resources in the developing world. This will be extremely costly. However, given that these intermediate risk factors are preventable through primary prevention, it is quite clear that public health, not biomedicine, is

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the way out of the silver tsunami. Focusing on the development of healthy *environments*, including age-friendly ones, is the path to take.

From the Individual to the Social

Focusing on environments for aging presents its own set of challenges. The dominant discourse on healthy aging, modeled after Western biomedicine, is about individual aging bodies and not communities or environments. Individual lifestyle and personal responsibility are offered as the ticket to "successful aging."

In their critique of the lifestyle discourse in American culture, Howell and Ingham (2001) quote former surgeon general Louis Sullivan on how to improve the nation's health: "First, personal responsibility, which is to say responsibility and enlightened behavior by each and every individual, truly is the key to good health." In talking of the disparity of health between "those of lower socio-economic status," the "disadvantaged," and the "poor of society" Sullivan continued:

> If we are to extend the benefits of good health to all of our people, it is crucial that we build in our most vulnerable populations what I have called a "culture of character," which is to say a culture, or a way of thinking and being, that actively promotes responsible behavior and the adoption of lifestyles that are maximally conducive to good health. This is "prevention" in the broadest sense.

The notion that health is primarily an issue of personal responsibility has clearly fueled the explosion of commercial attention to what is called "lifestyle." Howell and Ingham (2001) attribute the development of the lifestyle craze to a changing relationship among labor, capital, and government introduced during the Reagan years, changes favoring capital, of course. They describe the transformation of "public issues into personal troubles and problems of lifestyle" (331) and the redefinition of illness, health care, and unemployment as private issues of character (330). As the call for personal responsibility became ubiquitous, there arose a rich opportunity for the corporatization of wellness and the commodification of the body. Public governance became operative through the virtual redefinition of the self (after Foucault 1973). Given its numbers, it was no coincidence that the exploding baby boom generation became a prime target for the commodification of the self.

One could argue that the movement away from care and cure to illness prevention represents a step toward awareness of the environmental determinants of health, and indeed it does. Yet, the medical model has its own

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approach to prevention and, as above, still involves intervention at the level of the individual. Hartman-Stein, Potkanowicz, and Bierman (2003) provide an exemplary review of the many regimens available to be adopted by older adults:

> The news for the baby boomer generation is indeed positive regarding their upcoming late life years. Behaviors, thinking patterns, and emotional and spiritual lifestyles in middle age, factors over which individuals have significant control, have much more impact on health and satisfaction in the seventh and eighth decade of life than was once believed possible. Successful or healthy aging is a goal within reasonable reach.

While personal behavior and health care have been demonstrated to play a role in population health, the contribution is moderate but not dominant. Environmental factors, broadly defined, play the major role in community health. It can be argued that investing in environmental interventions should be at least on par with the huge investments made in medical care and personal wellness.

Since the publication of Lawton and Nahemow's seminal article on "person-environment relationships" (1973) a thriving subfield within gerotology (environmental gerontology) has amassed an impressive literature on the influence of environmental factors on health and well-being in later life. It is well beyond the scope of this introduction (and the knowledge of its author) to adequately portray the history and current state of the art in environmental gerontology, which itself found earlier roots in Kurt Lewin's theory of behavior, where $B = f(P,E)$—behavior is a function of the person in his or her environment (1936).

In 2003, Hans-Werner Wahl and Gerald D. Weisman authored a major review of the field of environmental gerontology, tracing its roots and summarizing its successes and limitations at the beginning of the new millennium (Wahl and Wiesman, 2003). They characterize the field as pluralistic, gently pointing to the fuzzy nature of essential definitions such as environment itself and the paradox of attempting to evaluate the influences of environment without accommodating subjective, psychological processes such as cognition, perception, and affect. They note that much of the research to that point focused on housing—the home environment, planned residential environments and institutions. Researchers often focused on relocation and transitions across those boundaries as a methodological tool to illuminate the impact of these environments on behavior. Of course, much of the empirical research was motivated by a goal of improving practice—designing new or sustaining current environments that support well-being, leaving behind the goal of developing a solid and agreed-upon theoretical base to guide the effort.

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Since the 2003 summary, the field of environmental gerontology has benefited from an explosion of research in the field of public health. Research on the relationships between the built environment and such outcomes as obesity, reductions in pedestrian and motorist mortality, nutritional status, mental health, perceptions of safety, diabetes, chronic obstructive pulmonary disease (COPD), asthma, and many other health- and mental-health-related outcomes has filled multiple journals in public health and related fields. The weight of this research effort has resulted in the popular claim that the most prominent determinant of health in the United States is nothing less than one's zip code. While often targeted to non-elderly populations, such research has stimulated and informed its application to the field of environmental gerontology.

It is perhaps not surprising that the more recent focus on these obdurate realities of the built environment has moved environmental gerontology away from its roots in social psychology and behavioral outcomes toward a political economy model of explanation. This is in part likely due to an increasing call for attention to structural forces that transcend individual psychology—forces defined by race, income, and, more recently, globalism, migration, and forced relocation. It is notable that the age-friendly movement has experienced this same tension and that some of the more recent critiques of the age-friendly movement echo the tension seen in the broader field of environmental gerontology. Chapters in this volume contribute to the resolution of some of these tensions through critique and through offering suggestions for change. It is perhaps appropriate to begin with a brief review of just what the age-friendly movement is all about.

The Age-Friendly Community Movement

Shifting focus from the individual to the matrix of community, the age-friendly community movement is rapidly growing throughout the world under such rubrics as elder-friendly communities, communities for all ages, and, here, age-friendly communities (after the WHO nomenclature), examples of which are found in this volume. The explosion of interest in age-friendly communities is reflected in the very recent appearance of peer-reviewed articles and book-length treatments (Buffel, Handler, and Phillipson 2018; Moulaert and Garon 2016; Scharlach and Lehning 2016; Greenfield et al. 2015) and specific research articles that attempt to describe and assess the attributes of success, when found.

While the elements of an age-friendly community are stated in various ways, the first comprehensive model was developed as the AdvantAge Initiative (see https://apps.vnsny.org/advantage/), a nationwide community

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planning and development project of the Center for Home Care Policy and Research (Feldman and Oberlink 2003). The AdvantAge Initiative organizes the elements of an "age-friendly" community into four domains, as illustrated in figure 6.1. An age-friendly community:

- Adresses basic needs
- Optimizes physical and mental health and well-being
- Promotes social and civic engagement
- Maximizes independence for the frail and people with disabilities

The domains themselves were derived from a series of focus group discussions with elders and community leaders in four diverse U.S. communities. Each domain, as pictured in chapter 6, includes several subsidiary "dimensions," and the dimensions further subsume thirty-three "indicators" of an age-friendly community that are measured through random telephone surveys and employed as data for citizen participation planning efforts. The survey has been conducted in over sixty-three U.S. communities and neighborhoods and with a national sample, providing a wealth of comparative data that enables communities to "benchmark" themselves against others and establish their own goals and objectives. A valuable case study of the employment of the AdvantAge Initiative model is provided in chapter 6, authored by Mia R. Oberlink and Barbara S. Davis. Other descriptive articles have demonstrated its use in other communities in the United States (Hanson and Emlet 2006; Oberlink and Stafford 2009).

On a more global basis, the United Nations has also shifted focus to the environmental aspects of aging. It declared 1999 as International Year of Older Persons: Towards a Society for All Ages, and since that time, it has organized international conferences and research initiatives designed to increase the quality of elder environments in both rural communities and urban areas in support of "active aging." The Madrid International Action Plan on Aging 2002 recommended "creating enabling and supportive environments" as a key focus area, and this is currently being implemented through the World Health Organization Age-Friendly Cities initiative. A framework similar to the Advantage Initiative identifies *eight* domains around which participating communities can assess their needs and organize work (WHO 2007).

The WHO has used this framework to develop a "certification" program that incentivizes communities around the world to plan age-friendly development. As of 2018, the website for the WHO Global Network of Age-Friendly Cities and Communities reports the involvement of "541 cities and communities in 37 countries, covering over 179 million people worldwide" (WHO 2007).

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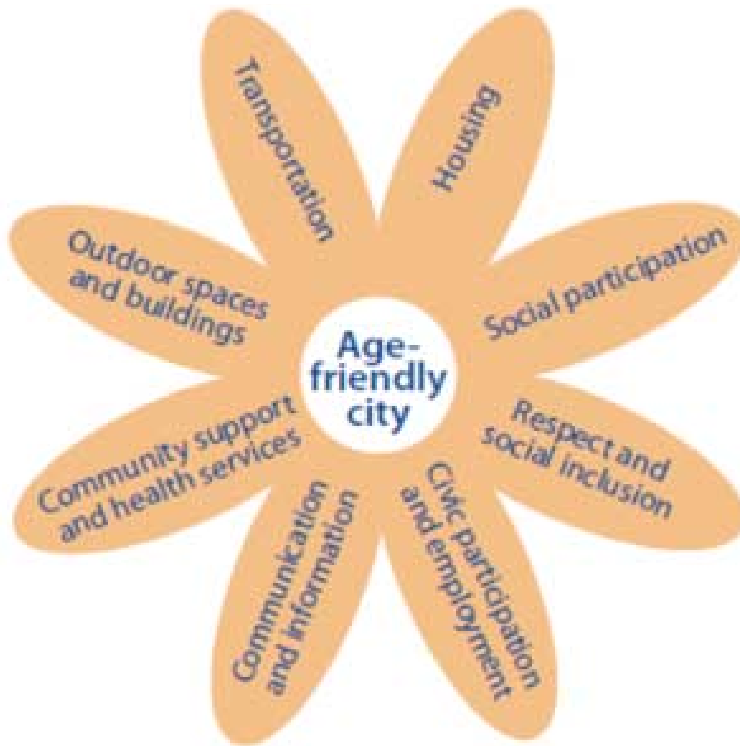

FIGURE 0.1. The WHO age-friendly cities and communities domains (source: WHO)

In 2013 the WHO program arrived on the shores of the United States as the first major city sought certification and developed a comprehensive age-friendly community plan—Portland, Oregon (Portland State University 2013). Subsequent to the acceptance of the WHO program in Portland and then New York City, AARP (American Association of Retired Persons), the largest organization of and for older adults in the world, with a membership of over thirty-seven million, formally adopted the WHO framework and offered support to U.S. communities that sought to participate in the certification process. By 2016, three dozen U.S. towns and cities were seeking certification. By December of 2018, this number had grown to two hundred. This AARP initiative aligned well with the organization's major commitment to broader issues of livability.

The AARP website has become a rich resource of research publications, planning guidelines, policy recommendations, and links to funding sources sponsored by the organization. In a major livable communities project, AARP spent several years developing the Livability Index, a massive database on selected indicators that enables communities (down to the level

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of the household address) to score themselves across a set of key factors. An overall score can be provided, as can scores in specific areas of focus, including housing, neighborhood, transportation, environment, health, engagement, and opportunity—areas that have a major impact on the quality of life for older adults (any age, actually) (AARP 2015).

In the United States, other major national organizations have taken up this age-friendly community approach with enthusiasm. The National Association of Area Agencies on Aging (2007; with partners) produced the *Blueprint for Action: Developing a Livable Community for All Ages* and piloted age-friendly work in six towns and cities from 2013 through 2014 (https://www.n4a.org/livablecommunities). The Environmental Protection Agency (EPA) ramped up its efforts to help create age-friendly communities through its initiative entitled Building Healthy Communities for Active Aging, though the program has faltered under the current administration. In addition, the Centers for Disease Control (CDC) has developed a focus on healthy environments for aging, with special emphasis on the built environment and public health, tying research, policy, and practice recommendations to the National Prevention Strategy—the surgeon general's commitment to health for all ages and groups (CDC 2011). Grantmakers in Aging, the lead organization for philanthropy in the field of aging, organized Community AGEnda, a three-year national demonstration project in five sites to assist communities with becoming good places to grow up and grow old. The project developed a wide range of tools and resources to help other communities in their age-friendly work (Grantmakers in Aging 2015). The formerly titled Administration on Aging (now part of the Administration for Community Living of Health and Human Services) developed a three-year national aging-in-place demonstration entitled Community Innovations for Aging in Place (2009–12), supporting fourteen diverse communities to create plans and action steps targeting aging-in-place goals (Community Innovations for Aging in Place 2012).

The True Value of the Age-Friendly Community Movement

It seems clear to me that the most valuable contribution of the age-friendly movement, and the encompassing work in evironmental gerontology, can be the radical transformation of the fundamental model of healthy and "successful" aging itself—a critical repositioning of aging as primarily a cultural, not a physical phenomenon. Even dementia is subject to such a critical turn in scholarship (Stafford 1991, 1992). It moves the discourse away from the focus on individual aging bodies and personal responsibility and toward a model that integrates aging and community.

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Wendell Berry (2002) offers a useful framework for rethinking the notion of health in such fundamental terms: "To be healthy is literally to be whole. . . . Our sense of wholeness is not just the completeness in ourselves but also is the sense of belonging to others and to our place. . . . I believe that the community, in the fullest sense: a place and all its creatures . . . is the smallest unit of health and that to speak of the health of an isolated individual is a contradiction in terms." Zachary Benedict returns to this theme in chapter 10.

In suggesting that community is the smallest unit of health, we are drawn to an entirely new model of health in old age, one organized around the notion of the age-friendly community. In short, aging (and disability) is not about the body nor about chronological age, rather about place and relationships. It is timely to assess the current state of the age-friendly community movement to see if it does, indeed, part company with the dominant cultural discourse around healthy aging. Ordering and labeling the chapters in this volume was a difficult task, as several themes, challenges, critiques, and suggestions cut across the entire set. Tine Buffel, Chris Phillipson, and Sharon A. Baggett address social iniquities and the political economy. Birgit Wolter, Buffel, and Phillipson discuss urbanism and address the issues surrounding diversity in the everyday life of elders. Zachary Benedict and Nanami Suzuki explore rural aging. Suzanne H. Crowhurst Lennard, Corita Brown, Nancy Henkin, Emi Kiyota, Kristin Bodiford, Arthur Namara, and Luke Nchichupa all address intergenerational design and community development. Alan DeLaTorre, Baggett, and Benedict describe the role of municipal planning for age-friendly communities. Benedict and Nanami Suzuki explore the economic development implications of age-friendly communities. Bodiford, Namara, and Nchichupa provide an outstanding example of participatory research and community development for health and well-being in intergenerational communities. Finally, Marian Barnes tackles the major challenge of the movement—redefining healthy aging as a social phenomenon.

Sharon Baggett has asked of the age-friendly community movement, "Is it a movement?"—a very valid question. While this book does not adequately address the true scope of the work, it seems clear that if it is to be a movement, it must be based on solid theory and manifested in creative, participatory, and structural change. The authors of this volume move us in that direction in very effective ways. There is little discussion of livability, which risks touching on well-being as lifestyle, and a good deal of discussion about the generational structure of society and local communities, cultural difference, income disparities, social justice, urban planning, and communities that have been left behind. That sets an important tone for the movement as it goes forward.

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References

AARP. 2015. "AARP Livability Index." Accessed 19 February 2018. https://www.livabilityindex.aarp.org.

Ball, M. Scott. 2012. *Livable Communities for Aging Populations: Urban Design for Longevity.* Hoboken, NJ: Wiley.

Berry, Wendell. 2002. "Health is Membership." In *The Art of the Commonplace,* 146. New York: Counterpoint.

Buffel, Tine, Sophie Handler, and Christopher Phillipson. 2018. *Age-Friendly Cities and Communities: A Global Perspective.* Bristol: Policy Press.

Carr, Patrick J., and Maria J. Kefalas. 2009. *Hollowing Out the Middle: The Rural Brain Drain and What It Means for America.* Boston: Beacon Press.

CDC (Centers for Disease Control and Prevention). 2011. "National Prevention Strategy." Accessed 2 September 2018. https://www.surgeongeneral.gov/priorities/prevention/strategy/index.html.

Community Innovations for Aging in Place. 2012. Accessed 19 February 2018. http://www.ciaip.org.

Feldman, Penny H., and Mia Oberlink. 2003. "The AdvantAge Initiative: Developing Community Indicators to Promote the Health and Well-Being of Older People." *Family and Community Health* 26(4): 268–74.

Foucault, Michel. 1973. *The Birth of the Clinic: An Archaeology of Medical Perception.* London: Tavistock.

Golant, Stephen M. 2014. *Age-Friendly Communities: Are We Expecting Too Much?* IRPP Insight 5. Montreal: Institute for Research on Public Policy.

Grantmakers in Aging. 2015. Community AGEnda. https://www.giaging.org/initiatives/age-friendly/.

Greenfield, Emily, Mia Oberlink, Andrew E. Scharlach, Margaret B. Neal, and Philip B. Stafford. 2015. "Age-Friendly Community Initiatives: Conceptual Issues and Key Questions." *Gerontologist* 55(2): 191–98. /https://doi.org/10.1093/geront/gnv005.

Hanson, David, and Charles A. Emlet. 2006. "Assessing a Community's Elder-Friendli-

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http://berghahnbooks.com/title/StaffordGlobal

ness: A Case Example of the AdvantAge Initiative." *Family and Community Health* 29(4): 266–78.

Hartman-Stein, Paula E., Edward S. Potkanowicz, and Jeanette S. Bierman. 2003. "Behavioral Determinants of Health Aging: Good News for the Baby Boomer Generation." *Online Journal of Issues in Nursing* 8(2): manuscript 5. Accessed 19 February 2018. www.nursingworld.org/ojin/topic21/tpc21_5.htm.

Howell, Jeremy, and Alan Ingham. 2001. "From Social Problem to Personal Issue: The Language of Lifestyle." *Cultural Studies* 15(2): 326–351.

Lawton, M. Powell, and Lucille Nahemow. 1973. "Towards an Ecological Theory of Adaptation and Aging." *Environmental Design Research* 1(1): 32.

Lewin, Kurt. 1936. *Principles of Topological Psychology.* New York: McGraw-Hill.

Moulaert, Thibauld, and Suzanne Garon, eds. 2016. *Age-Friendly Cities and Communities in International Comparison.* New York: Springer.

National Association of Area Agencies on Aging. 2007. *Blueprint for Action: Developing a Livable Community for all Ages.* https://www.n4a.org/files/07-116-N4A-Blueprint4ActionWCovers.pdf.

Oberlink, Mia, and Philip B. Stafford. 2009. "The Indiana AdvantAge Initiative: Measuring Community Elder-Friendliness and Planning for the Future." *Generations* 2: 91–94.

Population Reference Bureau. 2014. *Total Fertility Rates Have Declined in All Regions 1970–2013.* Population Reference Bureau. http://www.prb.org/Publications/Datasheets/2014/2014-world-population-data sheet/data-sheet.aspx.

Portland State University. 2013. *Action Plan for an Age-Friendly Portland.* Portland, OR: Portland State University. Accessed 19 February 2018. https://www.pdx.edu/ioa/sites/www.pdx.edu.ioa/files/Age-Friendly percent20Portland percent20Action percent20Plan percent2010-8-13_0.pdf.

Scharlach, Andrew E., and Amanda Lehning. 2016. *Creating Aging Friendly Communities.* New York: Oxford.

Stafford, Philip B. 1991. "The Social Construction of Alzheimer's Disease." In *Bio-Semiotics: The Semiotic Web,* ed. Thomas A. Sebeok, 393–406. Berlin: Mouton de Gruyter.

———. 1992. "The Nature and Culture of Alzheimer's Disease." *Semiotica* 92: 167–76.

Wahl, Hans-Werner, and Gerald D. Weisman. 2003. "Environmental Gerontology at the Beginning of the New Millennium: Reflections on Its Historical, Empirical, and Theoretical Development." *Gerontologist* 43(5): 616–27.

WHO (World Health Organization). 2005. *Preventing Chronic Diseases: A Vital Investment.* WHO Global Report. Accessed 19 February 2018. http://www.who.int/chp/chronic_disease_report/en/.

———. 2007. *Global Age-Friendly Cities: A Guide.* Accessed 19 February 2018. https://extranet.who.int/agefriendlyworld/.

———. 2013a. *World Youth Report: Youth and Migration.* Accessed 14 July 2018. http://www.unworldyouthreport.org/images/docs/fullreport.pdf.

———. 2013b. *World Health Statistics.* WHO Global Health Observatory. Accessed February 2018. http://www.who.int/gho/publications/world_health_statistics/2013/en.

World Economic Forum. 2012. *Global Population Ageing: Peril or Promise?* Accessed 19 February 2018. https://www.weforum.org/reports/global-population-ageing-peril-or-promise.

PART I

Equity and Sustainability

PART I ADDRESSES ONE OF the major criticisms of the age-friendly movement—that it falls short in addressing the political and economic conditions that favor the privileged position of certain segments of the older adult population and fails to benefit those challenged by lower incomes and other associated forms of difference such as race, ethnicity, gender, and geography.

We start with the big picture. Tine Buffel and Chris Phillipson (chapter 1) ground an understanding of the age-friendly movement within the broadest context of global changes affecting not only older adults but multiple populations. Moreover, they trace the influence of these forces (migration, crime, industrialization and deindustrialization, disinvestment in certain urban spaces, privatization of public space, and others) to the neighborhood level. They surface and reveal the structural inequities particularly burdensome on elderly individuals and groups—inequities not typically addressed through soft, more passive calls for livability that fall short in the face of austerity-driven policies. While acknowledging the pertinence and contributions of environmental gerontology as a platform for age-friendly research, they argue for a more effective extension of the research into policy and action.

This necessary linkage between theory and action is well demonstrated by Sharon A. Baggett (chapter 2), who seeks to embed age-friendly work within the broader context of theories of urban change. She extends Buffel's and Phillipson's focus on the "right to the city" and reviews significant traditions in urban studies such as the just city, urban citizenship, and models of community change such as exemplified by the Industrial Areas Foundation. While she is not reliant on environmental gerontology as a theoretical platform, she, refreshingly, uses the concept of urban citizenship to develop a practical outcome of municipal policy influence actually led by older adults and people with disabilities in alliance. Moreover, she does not assume that without "training," any group of citizens can effec-

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tively mount a social change effort. She describes a project developed with Jennie Todd that equips older adults with a knowledge base that elevates their capacity to converse with planning technocrats, city leaders, and the general public. Moreover, she effectively demonstrates the power of identifying the common strengths and challenges faced not only by older adults but by another marginalized group—people with developmental and cognitive disabilities. With this, Baggett and Todd provide an innovative model for an alliance between elders and people with disabilities, a major limitation of current advocacy efforts in both aging and disability silos.

Insofar as both chapters 1 and 2 emphasize the importance of access to public spaces as a matter of social justice and equity, in chapter 3 Suzanne H. Crowhurst Lennard provides a practical segue into the manner in which the design of those spaces can, in fact, lead to improvements in the quality of social life and mental health of both older adults and children. She provides a comprehensive overview of the genius of public spaces in old world cities, where plazas, piazzas, squares, and parks support a rich and vibrant social life across generational differences. Moreover, she provides an incisive critique of public spaces (if they exist at all) in a post-automobile, privatized world.

Alan DeLaTorre (chapter 4) extends the discussion of equity by building a bridge to the sustainable development movement, which, within the field of planning, is more pervasive than the age-friendly thread. He argues that attention to issues across the life span has not been a prime feature of the sustainable development movement, but that doing just that—incorporating an age-friendly approach—will strengthen the sustainability movement itself. He demonstrates how the use of green building technologies, durable materials, and accessibility and affordability features of housing for seniors is a central value totally aligned with the movement toward more sustainable communities. In his research he documents this blind spot in the sustainability movement and, as a positive contribution, describes the work in Portland, Oregon, meant to integrate these two major movements through public policy. If the age-friendly movement is to gain traction within the much larger field of urban planning and design, the Portland initiative points to the necessary elements.

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