UNIVERSAL VILLAGE:
LIVABLE COMMUNITIES
IN THE 21ST CENTURY
JUNE 15, 2005 | WASHINGTON, DC

CONFERENCE PROCEEDINGS

AARP® Global Aging Program
WE HAVE TO LOOK ACROSS BORDERS AND AROUND THE WORLD FOR GOOD IDEAS AND PRACTICES...THE MORE WE SHARE OUR EXPERIENCES, THE BETTER STRATEGIES WE WILL DEVELOP.

BILL NOVELLI,
AARP CEO
# Table of Contents

- Executive Summary .................................................. 3
- Livable Communities as an AARP Priority .................. 9
- Livable Communities: Affecting Change Through Government Action .... 17
- Best Practices: Livable Communities Around the World .......... 25
- Keynote Address ...................................................... 35
- Designing the Livable Communities of the 21st Century ........ 41
NANCY LEAMOND, GROUP EXECUTIVE OFFICER, AARP SOCIAL IMPACT, GIVES AN OVERVIEW OF PUBLIC POLICY CHALLENGES TO CREATING LIVABLE COMMUNITIES.
Most people around the world want to live in their own homes and communities as they age. However, there are a number of housing and transportation barriers that take choice away, making it difficult or impossible for older people to remain independent and involved in society. The AARP Global Aging Program facilitates understanding and dialogue around the global aging agenda by convening and participating in international social and economic policy debates worldwide. The Universal Village conference provided an opportunity to bring together local housing and transportation authorities, planners, community groups, researchers, and others to discuss how older people can be enabled to remain independent in their own communities by asking:

- How can government action bring about change?
- What are examples of best practices in housing, mobility, and design?
- What is the design of a livable community in the 21st century?

In order for communities to be truly livable, appropriate and affordable housing, adequate options for mobility and community features and services that can facilitate personal independence and continued engagement in civic and social life are required. It is a priority to put in place structures and policies that allow the population to age in place.

Accessible home design should be addressed before stand-alone homes or multi-unit buildings are built. Both the private and public sector should not merely retrofit homes, but design and build homes that meet new specifications capable of serving homeowners for a lifetime. Services should also be provided in the home to allow independence for older people.

In Sweden and the Netherlands, the governments have moved to add a component to their eldercare programs that is based on home care. The number of institutional long-term care facility beds are decreasing in both countries while, at the same time, resources for home care is increasing. Today, and even more in the future, care for older people will be provided in the home, while institutional care will be reserved only for the very seriously ill.

Transportation is a critical link between individuals and their communities and is essential for independence. Having affordable, easy-to-use, and flexible transportation options is, therefore, a necessity. If individuals are not allotted the tools to make them more mobile, they will pay the price of isolation, which can lead to poor physical and mental health.

For communities to truly be livable, they need various forms of transportation. This is of particular significance for cultures that are reliant on the automobile. Public transportation, including buses, trains, light rail, and taxis, should be readily available. Specialized transportation for individuals with varying functional capabilities can make the crucial difference in living independently and being integrated in community life or becoming increasingly isolated. A culture of biking and walking should be commonplace and sidewalks and paths should be available.
Design is the component that links the different aspects of the livable community together. Creating good design can enhance the overall livability and accessibility of a community leading to greater independence in later life. However, designing for all is not always an easy task. Designers must either utilize tools that intentionally disable them, or tap people with disabilities for product input.

As the world ages, product research and development monies are going more into creating universally designed products, rather than products geared to a specific age group. Examples of these innovations are as complex as the new Phoenix light rail system, or as simple as a band-aid that only requires one hand to apply.

Universal Village: Livable Communities in the 21st Century highlighted that whether in developed or developing nations, the key to independence in later years includes having appropriate housing, a variety of transportation options, and products that allow people to live in their homes, and in their communities with greater comfort and ease of mobility. Government also has an important responsibility in creating livable communities. While national efforts are integral to formulating effective policies, the greatest role will be played by local authorities and community partners.
YOSHIHKO KAWAUCHI, PRESIDENT OF ACCESS PROJECT, JAPAN, ANSWERS QUESTIONS ON ACCESSIBILITY ISSUES IN JAPANESE TRANSPORTATION.
LIVABLE COMMUNITIES AS AN AARP Priority
BILL NOVELLI, CHIEF EXECUTIVE OFFICER, AARP, SPEAKS ON LIVABLE COMMUNITIES AS A PRIORITY FOR AARP.
LIVABLE COMMUNITIES AS AN AARP PRIORITY

WILLIAM D. NOVELLI, CHIEF EXECUTIVE OFFICER, AARP

Good morning. It is wonderful that we are all here today to talk about livable communities in the 21st century. Thanks to all of you for bringing your talent and experience to this important gathering.

Now, think about powerful words and phrases. How about “my home”? These two simple words may be the most emotionally charged phrase that we ever say — with the possible exception of “I love you.” Our homes are part of our identities: they are property, certainly, but they are also zones of comfort and security.

They carry memories, hold our possessions, and give us a sense of place and of belonging. Our homes are our keys to personal independence and engagement in community life. And they are the settings for socializing with family, friends, and neighbors.

It is hardly surprising that, year after year, when we at AARP ask older people where they want to live as they age, they say, “In my home.” They do not want to live with relatives, in a nursing home, or an assisted living facility. My home is the preference of nearly 90 percent of older people. It makes sense.

Yet there are daunting barriers for aging at home for many men and women. The house or apartment itself may be one of them. Mobility — that is to say, transportation and other means of getting around — can also be a problem.

We are concerned about this for obvious reasons. If the barriers prove to be insurmountable, then the choice of staying at home is taken away. An older person’s independence and participation in society are also compromised—and in some cases made impossible. What do we do to counter this?

Our response is to create what we call livable communities. In May, we released a report to the nation on Livable Communities: Creating Environments for Successful Aging as part of our AARP Beyond 50 series. 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. All of these features combine to make it easier for people to remain independent and to engage in civic and social life as they get older. And perhaps most important of all, such a community does not depend on driving a car. I’ll get back to that point, but let me talk about housing first.

No matter where you live in the world, if you look at houses and apartments built today, it’s quite obvious that they are in many ways superior to houses built a generation ago, let alone a century ago. They have greater amenities, they benefit from better materials, and they are safer. But there is one area in which they are no better than houses built in the 1950s or even the 1850s. They do not accommodate people as they age. That might have been all right 100 years ago when average life expectancy was 50. But today it’s nearly 80 — and gaining all the time. So, this makes no sense at all.
If you are building a new house or apartment building, it does make sense — starting with the blueprints — to build in “universal design” features: that is, certain features that benefit people of all ages. These include elements such as: at least one entry without a step, doorways wide enough to permit a wheelchair to pass through, and one complete bathroom on the first floor, again with a wide door.

This is not expensive, if it’s part of the design in the first place. Retrofitting is much more expensive. But, of course, retrofitting is really the only option for older houses. For example, adding a ramp makes it easier for the wheelchair or the baby stroller to get into the house. Better lighting in stairwells and grab bars in bathtubs also can help an older person remain in his or her home.

But retrofitting has its limitations. As I said, it can be expensive — and often beyond the means of older people living on fixed incomes. Moreover, there are some problems that cannot be overcome no matter how much money is spent — short of gutting the house and starting all over.

Older people in houses that cannot be made to accommodate them have to move — and often their choices are severely limited because housing is expensive and the stock of affordable housing is shrinking, not growing.

We have to face these facts. We have to admit that we cannot retrofit the entire housing stock in the United States and everywhere else. But we can learn from the past. And one way to do it, as I said, is to design houses that are adaptable, that can accommodate people of all ages — and especially people as they age.

The marketplace may be catching up with this idea. Earlier this month, the American Institute of Architects held their annual convention in Las Vegas. In 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.

America’s 76 million baby boomers, who have a long history of getting their way, are getting on in years. The youngest have passed 40, and the oldest are just about to turn 60. By this time next month, half of them will have turned 50. Not that long ago, a 50-year-old person taking out a 30-year mortgage would be called an optimist. But today, that person would be called a realist. If they want to buy a new house — and many of them are because they can afford it — they are beginning to insist on the kind of design that will let them stay where they are as they age.

But markets are messy, even if they are, as economists like to say, ultimately efficient. There is a need for public policy in housing design. In Japan, for example, the Construction Ministry officially recommends design guidelines for housing to accommodate people as they age — and Japan is aging faster than most nations. Those guidelines are linked to government housing loan programs, so the policy recommendation has some teeth.
In Italy, the National Program for Housing enables some city councils to promote urban regeneration and housing renovation, thus avoiding sprawl while keeping neighborhoods intact. There are some municipalities and counties in the US where some of the features of universal design I described are required in publicly supported housing.

These are different approaches — and they show that we can all learn from one another. Nations, states, provinces, regions, cities, and villages all need to develop policies or guidelines about residential construction that will enable people to stay in their homes if that is what they want.

If we are going to increase the stock of affordable houses and apartments, we will need vigorous public policy. Some cities require developers to set aside a certain number of units in condominiums or rental apartment buildings at below-market rates. Others link the right to build an expensive office building to development of affordable housing elsewhere in the city.

Clearly, policies of this nature must be fair. Developers are not philanthropists, but they know a good deal when they see it. They get to build their profitable building on your terms, and we get some affordable housing. And maybe they get a tax break or at least a gold star. Public policy can get the market moving without choking off its creativity and profitability.

Let me offer you just one example — that demonstrates that some private developers understand what makes a community livable. This will also lead to the subject of mobility.

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 — especially in overcoming problems of mobility. Mobility is as serious a concern for older people as housing. A truly livable community should accommodate the mobility needs of people of all ages.

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, obviously, 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 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. Many older people still drive.

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. That’s good.

But what happens when people are no longer able to drive or don’t feel comfortable driving? A little over a year ago, we collaborated with the Surface Transportation Policy Project and produced a report called “Aging Americans: Stranded Without Options.” That gloomy title says plenty.

A few years back, General Motors had 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. But as people age, they tend to drive less or not at all.

So how do they connect with society? How do they get to the doctor, to houses of worship, to the grocery store, to see their friends? 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.

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

We can 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 must also 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 services nearby; and they must also contain affordable housing as well as market-price housing.

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 have to look across borders and around the world for good ideas and practices. That’s why we’re all here today. No one has a monopoly on good ideas. The more we share our experiences, the better strategies we will develop. And the more we will succeed at making market forces and public policies more responsive to investment in livable communities.

It’s not going to happen otherwise. It’s up to all of us. And we are making progress. But we still have a long way to go. It is our hope that this conference and others will identify best practices, spur innovation, lead to the development of more livable communities, and ultimately, help us create societies in which everyone ages with dignity and purpose.
LIVABLE COMMUNITIES:
AFFECTING CHANGE THROUGH

Government Action
BRITT MARI HELLNER, Ph.D., SENIOR RESEARCHER AT THE NATIONAL BOARD OF HEALTH AND WELFARE’S UNIT FOR ELDER CARE, SWEDEN, DISCUSSES POLICIES PROMOTING AGING IN PLACE.
PUBLIC POLICY CHALLENGES TO CREATING LIVABLE COMMUNITIES

NANCY A. LEAMOND, GROUP EXECUTIVE OFFICER, SOCIAL IMPACT, AARP, UNITED STATES

The Demographic Challenge

According to Nancy A. LeaMond, Group Executive Officer for Social Impact, AARP, “What we have is a kind of perfect aging population storm with several forces converging — a low birth rate; the aging of the boomers, our largest generation; and scientific and medical progress that promises unprecedented longevity in the 21st century.”

In 2000, there were 35 million Americans age 65 and older. According to recent Census Bureau projections, that number will more than double to 71 million by 2030, when one in every five Americans will be at least 65.

Ms. LeaMond explained that, “At AARP, we talk about our vision of a society where everyone ages with dignity and purpose. Of course, that means pensions, retirement security, and affordable health care. But what could be less dignified than the inability to get into your house because you can’t climb stairs? And what happens to your sense of purpose if you can’t drive and have no easy way to get to the doctor, the grocery store, to church, or just to a friend’s house?”

Livable Community Solutions Working in the US

Vermont has a Home Accessibility Program that helps pay for home modifications for people who have disabilities. It also has a Visitability Law, becoming the first state to mandate basic accessibility features for one- to three-bedroom housing units built on speculation.

The state of Georgia has an EasyLiving Home Program, which AARP had a hand in developing. It is a certification program that encourages builders to design single-family homes and townhomes with “easy living” features — for example, one step-less entrance into the house, wide doorways, at least one accessible toilet on the main floor.

In Oregon, a group of activists has begun an Elder Friendly Business Certification Program. Older volunteers shop at local retail outlets to determine whether the shopping environment is “elder friendly.” Is the lighting good enough? Are the print sizes on restaurant menus large enough? Businesses that meet the test get certification and a window decal that indicates their commitment to older shoppers. Aging organizations in other cities have now started similar programs.
In Missouri, the Older Adults Transportation Service (or OATS) provides door-to-door car service at no cost to older people and those with disadvantages. Receiving funding from a variety of government sources, OATS is an ambitious program, with hundreds of employees and a strong volunteer network serving 87 counties across more than 50,000 square miles. Its fleet of more than 600 vehicles made 1.6 million one-way trips in 2004.

In Friendship Heights, Maryland, a small village where half the residents are over 50, a bus takes residents to and from stores and the medical building. The community center includes a full education and recreation program geared to keep older residents active and engaged. The village has been recognized for its disability access and its park renovations to upgrade lighting and eliminate tripping hazards. There’s also a partnership with nearby Suburban Hospital that includes free weekly blood pressure checks and periodic health screenings.

These examples are considered noteworthy because they are the exception rather than the rule. “Overall, our failure to address the livability issue threatens our ability to age successfully as a society in the coming decades,” said Ms. LeaMond.

Creating livable communities is not a simple challenge to overcome. “It’s not just a matter of a little more innovation here, and a little more money there,” according to Ms. LeaMond. “What’s required is a wholesale change in the culture, an overhaul in the way we think about our homes and our environment.” She explained that it’s easy to point the finger at politicians and policymakers as persistently high property taxes are just one example of something that prevents Americans from staying in their homes as they grow older.

**Policy Challenges and Successes in Transportation**

Transportation is another livability challenge that is getting less attention than it should. The 1991 passage of the Intermodal Surface Transportation Efficiency Act — or ISTEA, as it’s known — was a positive step. For the first time, citizens were empowered to make decisions about local transportation funding participation with environmental impact and other community concerns.

Still, transportation policy remains focused overwhelmingly on the construction and maintenance of roads to accommodate the automobile — a policy that is a response to social behavior. Americans are crazy about their cars, not just as practical tools but as status symbols and fashion statements. But if transportation vision doesn’t include buses, rail, walkability, bicycles, and more, what’s going to happen when millions of baby boomers begin outliving their ability to drive by a decade or more?

At its core, livability is about preserving those values that have always been central to the American way of life — independence, self-determination, dignity, and choice. Building livable communities to accommodate an aging population is a practical goal, but it’s also a moral imperative for a society committed to empowering its people and safeguarding their freedom.
POLICIES PROMOTING AGING IN PLACE IN SWEDEN: HOME CARE AROUND THE CLOCK

BRITT MARI HELLNER, Ph.D., SENIOR RESEARCHER,
NATIONAL BOARD OF HEALTH AND WELFARE, SWEDEN

The dream for most Swedes when they get older is to be able to live independently, and for a large number that also means on the countryside, in a red cottage, far from grocery stores, and without access to public transportation.

The Swedish Parliament, according to Britt Mari Hellner, Ph.D., Senior Researcher, from the Unit for Elder Care at the National Board of Health and Welfare in Sweden, has agreed on national policy goals for older people. Among these are that older people should be able to live an active life and be in a position to make decisions about their everyday lives. They should be able to grow old in security and retain their independence. They should be treated with respect and have access to good health care and social services. In essence, they should age in place.

According to Dr. Hellner, “There are basic requirements for aging in place. Among these are modern dwellings, financial security, access to basic services, a social network, and good health care. Even if you live in a modern and comfortable apartment, you may be imprisoned in your home if there is no elevator.”

Sweden has a well developed system for long-term care, in which no one is excluded. The fee an individual pays is very modest and related to one’s income, which means that even those with small pensions can afford help — either through institutional care or home care.

Home-based care in Sweden includes a broad set of services, including home help (domestic chores and personal care), meal delivery, home nursing care, assistive devices, day care, the installation of security alarms, transportation services, necessary housing adaptations, handyman services, snow removal, gardening, and preventive home visits in some municipalities. It also includes important support and relief care for volunteer care providers.

However, according to Dr. Hellner, “The public system cannot cover all needs, and nonprofit organizations play an important role offering activities and support to increase life quality.” Various preventive and health promoting activities, such as informal sports and exercise clubs, are also organized by nonprofit organizations. The work of the nonprofit organizations also plays an important role helping people form and expand social networks. As a result of these and other measures, more people are moving away from institutional care to home care.
“How do we explain the trend toward home care and away from institutional care in view of these costs,” asked Dr. Hellner. Home care is cheaper on the average, it is flexible and it is available now, with no large investments required by the state. There will always be the need for institutional care, but people should be able to live in their own home as long as possible.

RAISING AWARENESS: ACCESSIBILITY ISSUES IN JAPAN’S PUBLIC TRANSPORTATION SYSTEM

YOSHIHIKO KAWAUCHI, PRESIDENT, ACCESS PROJECT, JAPAN

Birth rates continue to decline in Japan. On average, a Japanese woman will have only 1.29 children during a lifetime. In fact, the Japanese population will actually begin to decrease beginning in 2007. Japan also has the longest life expectancy in the world. In the year 2000, men on average were living to the age of 77. Women were living to the age of 84. By 2050, life expectancy for men will be at least 80 years for men and 89 years for women.

The reliance on public transportation in Japan highlights the critical need to make it accessible. Japan’s approach to transportation accessibility policy is that the federal government designs basic regulations and laws. However, it is the obligation of the public transportation operators to see that these standards are met. “Since 2000, we have seen the operators make necessary adjustments in their new and existing facilities to meet the newly established guidelines,” stated Dr. Yoshihiko Kawauchi, President of the Access Project, Japan. It is the role of local governments to meet the national standards and promote concentrated and integrated accessibility measures in “improvement priority areas.”

Defining improvement priority areas was a key feature of the transportation accessibility law. These areas consist of stations handling at least 5,000 passengers a day and the area surrounding these stations. Hospitals and nursing homes close to the station are included within the improvement priority area. The local government can define a designated route between the station and the facility, which must meet the accessibility standards. There are more than 10,000 public transportation facilities in Japan today. About 2,700 facilities handle at least 5,000 passengers a day and are responsible for 90 percent of all passengers.

Key goals for stations, airports, and bus and ferry terminals include installing elevators and ramps, guiding strips for people with visual impairment, as well as accessible restrooms. Additionally, 30 percent of all trains (or 15,000 of 51,000) have to be accessible. All 60,000 buses have to be accessible by 2015. Thirty percent of all buses have to be low-floored and accessible. At least 50 percent of all ferries (550) have to be accessible. And, finally, 40 percent of all passenger airplanes (180) have to be accessible.
According to Dr. Kawauchi, “To date, only 20 percent of these facilities have established improvement priority areas, so we have some way to go.” However, already over 44 percent of targeted facilities in Japan have been equipped with elevators and ramps. A good percentage of bus and ferry terminals and airports have been retro-fitted to meet the new guidelines.

QUESTION & ANSWER SUMMARY

The question and answer session following the panelist presentations revolved largely around the issue of bringing best practices from overseas to the United States. It was noted that, although there is growing awareness around the issue of livable communities in the US, it is still a tortuously difficult debate. Progress is likely being hampered both by constituencies who currently operate eldercare facilities that have great political power in this country, as well as a lack of imagination on the part of American citizens and leaders.

What is needed is a movement that incorporates not only traditional stakeholders but also others as well. There needs to be clarity about what makes a community livable, which is not just a function of what is good for older adults. This is an area where participants agreed AARP needs to put substantial time, energy, and organization.
BEST PRACTICES: LIVABLE COMMUNITIES

Around the World
CGB “KIT” MITCHELL, Ph.D., COUNCIL MEMBER, INSTITUTION OF HIGHWAYS AND TRANSPORTATION, UNITED KINGDOM, DISCUSSES EUROPEAN TRANSPORTATION.
“Independent mobility is essential for a high quality of life,” according to CGB “Kit” Mitchell, Ph.D. In developed countries, the automobile has become the principal means of independent mobility. However, those people over the age of 60 tend to make fewer trips as car drivers; the trips they make tend to be shorter; and they avoid stressful conditions, such as night driving, highways, and congested areas.

In the US, about 90 percent of all journeys are made by cars, vans, and SUVs. The largest numbers of trips made by car are made by drivers, closely followed by passengers. A far smaller percentage of journeys, about 8 percent, are made by foot, and local public transit is almost non-existent.

Around 10 percent of all trips in the US are made by non-car means and the great majority of those are walking trips. Car dependency causes problems for those who don’t have a car or who have to give up driving. However, according to Dr. Mitchell, “It doesn’t have to be this way.”

In Europe, non-car transport, such as walking, provides independent mobility into older age. In the Netherlands, most journeys are made by people in their middle age. But a relatively small portion of these are car driver trips. There is much more walking than in the US, much more bicycling, and much more use of local transit. However, like the US, the major part of the reduction in journeys in older age is in car driver trips. According to Dr. Mitchell, this is true of every single country he has studied.

In Britain, men drive cars, tend not to travel as car passengers, and walk much more than in the US. The number of walking trips actually increases as men retire in their late 60s and their use of buses increases through their 70s. British women ride much more as car passengers, walk a little more than men, and use buses more than men. In the UK, roughly 40-60 percent of all trips are made without the car after age 60.

Dr. Mitchell believes that, “Pedestrian infrastructure is at the heart of mobility and livable communities.” Sidewalks must be wide enough, well-surfaced, have wrapped curbs, and be throughout residential areas. There must be resting places, too. And, wider sidewalks allow for bicycle, scooter, or electric wheelchair use.
Much can be done to improve the convenience of walking and the safety of pedestrians. Reducing traffic speeds is fundamental, as is reducing traffic volumes in areas where there are lots of pedestrians. Throughout Europe, there is a steady trend toward giving priority in town center streets to pedestrians. In the city of York, there are areas that are open to vehicles only in the early morning so that they may service shops, and the rest of the time they are open only to people. There are areas in Barcelona where vehicles have access through side routes, but the main areas are open only to people. This trend of giving pedestrian priority in shopping areas is now spreading to residential areas where winding, narrow routing is used to keep car speeds down.

Safe pedestrian routes need safe pedestrian crossings. By building pedestrian crossings beyond parked cars, pedestrians can see cars approaching. Building crosswalks to the level of sidewalks can force cars to slow down as they approach the pedestrian crossing. Speed bumps can also slow traffic at pedestrian crossings. Techniques that force vehicles to divert sideways at crossings can be used. Also, building medians creates a safe stopping place for pedestrians.

**Accessible Mass Transportation**

Buses were made more accessible across Europe in the 80s for people with some mobility impairments. There were more handrails, low stairs, clear signs, and lots of color contrasts. Sweden went even further with retractable steps and a system of handrails. Since the early 90s, low-floor buses became the norm across Europe and they make using the bus easier for everyone.

Finally, taxis are an important part of public transport. In Europe, almost all areas have taxi service. In Britain, London-style taxis have been made wheelchair accessible since 1990. Taxis in many areas are provided with subsidies for particular groups of users with disabilities.

Concluding, Dr. Mitchell pointed out that, “European experience shows that a combination of good pedestrian infrastructure, transit that’s easy to use, service routes, and taxis allow older people to remain mobile and independent, at least in urban and suburban areas, in their own livable communities.”

**CHALLENGES IN DEVELOPING COUNTRIES: A POLICY FRAMEWORK FOR URBAN DEVELOPMENT AND HOUSING**

**SELMAN ERGÜDEN, CHIEF OF THE HOUSING POLICY AND DEVELOPMENT SECTION IN SHELTER BRANCH, GLOBAL DIVISION OF UNITED NATIONS HUMAN SETTLEMENTS PROGRAMME (UN-HABITAT)**

Broadening the definition of livable communities to extend outside of the developed nations to the developing ones, Selman Ergüden, Chief of the Housing Policy and Development Section in Shelter Branch, Global Division of United Nations Human Settlements Programme (UN-HABITAT), focused on accelerated urbanism. He specifically focused on the living and housing
conditions in the context of the UN’s Millennium Development Goals (MDGs), a policy framework for action with a major focus on the needs of older people.

In discussing the accelerating process of urbanization and the considerable challenge of creating more livable communities in developing countries, Mr. Erguden offered a statistical assessment of the current living situation. Out of approximately 600 million older people in the world today, 370 million are in the developing countries. In the five decades ahead, the number of people over 60 in developing nations will multiply nine times, and the share living in urban areas will increase by 16 times. In 2001, 924 million people, or about 32 percent of the global urban population, lived in slums primarily in developing countries, where they accounted for a full 43 percent of the urban populations. Sub-Saharan Africa had the largest proportion of its urban populations — 72 percent — living in slums. By 2020, the total global population of human beings living in slums is expected to reach more than 1.6 billion.

A major focus of the MDGs is the needs of older people and their role in urban development and governance. Local authorities should establish a mission statement, clearly expressing the roles and responsibilities for older people. With public participation of older people, local authorities may learn how to plan for their needs with a focus on physical, institutional, and systemic barriers. Policy and program alternatives are then developed to meet identified needs.

One example of this framework and process at work is in the Coalition of Services of Elderly (COSE) in the Philippines. COSE has established a set of objectives and activities appropriate to the area’s unique needs. With the help of the UN, the people have set up a successful health program addressing specific local needs. In neighborhoods where COSE is active, living conditions have improved. COSE’s activities include broader local involvement in advocacy and in organizing and tapping the potential of older people to affect policy formulation and implementation.

Principal concepts underlying this framework are the promotion of active aging, as well as aging in place. These basic principals are at work in all UN programs and initiatives.

Mr. Erguden explained, “In advising and facilitating the improvement of housing and living conditions, we encourage and provide incentives to older people to continue sharing their family dwellings and maintain their traditional roles as members and leaders of families.” The UN urges younger family members to respect their elders and share their homes with them. The UN also explains to local governments the advantages of providing legal land tenure, security of occupancy, and encourages them to prevent illegal evictions, particularly of squatters. It is crucial to assure people’s right to choose where they want to live and to provide sites at affordable costs with low interest loans to purchase building materials. Housing that is accessible, affordable, constructed of durable materials, with adequate indoor and outdoor spaces, and with basic sanitary facilities, including water, sewage, and solid waste disposal is a central feature of this program.
A key to achieving these goals is effectively organizing older people so they can actively join in building and maintaining their dwellings with the help of their families and neighbors. For those unable to remain in family households, alternative facilities must be made available, such as assisted living schemes, group homes with shared facilities, and congregate homes in areas with accessible social and community services. Another crucial element of improving housing for older people is simply assuring that they have a voice in processes related to managing their living conditions. This involves the empowerment of community organizations in housing improvement and development activities, as well as encouraging NGOs, citizen-based organizations, and public-private sector cooperation in local housing development initiatives.

UN-HABITAT priorities related to the Madrid Plan and the UN’s Millennium Development Goals include ensuring enabling and supportive local community environments for older people. The specific housing and living environment objectives include the promotion of aging in place, individual preference, and affordable housing options for older people. UN-HABITAT is working toward a clear and measurable improvement in housing and environmental design to promote independent living, taking into account the needs of older people, and in particular those with disabilities. This includes improved availability of accessible and affordable transportation for older people.

INTEGRATED NEIGHBORHOOD SERVICES IN THE NETHERLANDS: MAKING THE NEIGHBORHOOD A PLACE TO STAY

DANIËLLE HARKES, EXECUTIVE MANAGER, EXPERTISE CENTRE ON HOUSING AND CARE, THE NETHERLANDS

“The Dutch Experience
In the Netherlands, the percentage of older people will increase dramatically over the coming decades, according to Daniëlle Harkes, Executive Manager of the Expertise Centre on Housing and Care, the Netherlands, with 23 percent of the current population older than 65, and growing to 35 percent in 2030.

In today’s Holland, a high percentage of Dutch older adults live in nursing or residential homes. However, this trend is changing. The government has been encouraging older adults to be self-sufficient, urging them to continue living in their own homes. This is due primarily to the high costs associated with institutional homes. Roughly 95 percent of the population lives in normal housing (e.g., free-standing home, condominium, apartment), two percent lives in a supportive environment (e.g., supportive housing, assisted living), and one to two percent lives in a 24-hour care scenario (e.g., nursing home, hospital).”
of the population lives in normal housing (e.g., free-standing home, condominium, apartment),
two percent lives in a supportive environment (e.g., supportive housing, assisted living), and one
to two percent lives in a 24-hour care scenario (e.g., nursing home, hospital).

Older people and those with disabilities in the Netherlands agree with the government initiative,
wanting to live in their own homes and neighborhoods as long as possible. But to remain part
of society, to be able to live comfortably and enjoy a good quality of life, neighborhoods have to
be suitable for older people and those with disabilities. The *woonzorgzone*, or the integration of
neighborhood services, is facilitating this type of living.

**The Development of the Woonzorgzone**

The last five years have seen a radical change in care for older adults in the region of Friesland.
When the local care home needed refurbishment, the then-acting manager, Foeke de Jong,
chose a different approach. He believed care did not belong in a nursing or residential home
and that older people should keep their place in the village community. Mr. de Jong found sup-
port in the municipal government, housing corporations, welfare organizations, the home care
organization, nursing homes, and the older people of Friesland. A new organization was found-
ed that is dedicated to the integration of living, welfare, and care for the area of Trynwalden.

The old residential home was torn down. In its stead a hundred new apartments were built.
They were equipped with the latest technologies and offered accommodation to those older
people who preferred sheltered housing to living at home. Care and service are supplied, not
only to the residents who live in sheltered housing but also to those that live throughout
the area.

The seven villages in Trynwalden are served by five multidisciplinary teams, each of which offers
its services in the homes of clients throughout the day. Each team is made up of home help,
home care, nurses, and social workers. A physiotherapist, general practitioner, even a spiritual
counselor and a clergyman are on call. Brokers in housing, welfare, and care help older “clients”
and their families get services to suit their needs. The service center is the beating heart of the
area. Many activities take place there; many services are offered, including a restaurant, a phar-
armacy, a childcare facility, a library. It is important that the services and activities are available to
all citizens, not just to older adults. The social services center is for the good of the entire village
community and promotes the integration of older adults into that community.

**Neighborhood Services Become the Norm**

This woonzorgone model is widely imitated across the Netherlands. This illustrates the change
in perception that has taken place. Government policy is aimed at changing institutional care to
home care. Although the main motivation for the government is cost savings, a changing view
of older people has also played a large role in this cultural shift.

According to Ms. Harkes, “The concept of ‘integrated neighborhood services’ is based on the
following principles:

- Those who need extra care and services have the same rights as other citizens;
Those with disabilities should be able to use ordinary services as much as possible. The special services they bring into the community may likewise be used by other citizens as well. This stimulates integration and upgrades the level of services available to all residents; and

- If housing and welfare services are well looked after and, if people have accessible homes and can remain part of a community, there will be less demand for institutional care.”

Another aspect of a suitable neighborhood is the larger living environment. These integrated neighborhood services projects are now being developed in approximately 60 neighborhoods and cities all over the Netherlands. Each is specially designed to meet local needs. Several major projects have already been realized, most notably IJburg in Amsterdam, a newly built neighborhood on islands in the IJ-lake, Moerwijk in The Hague, and Trynwâlden in Friesland.

The majority of the projects are currently under development. Creating integrated services for older people and those with disabilities is not easy. Many actors with different roles must work together, and budgets must be in place. The Dutch health care and welfare systems are changing from being centrally coordinated and controlled by the government to a market-based system. This change has stimulated more competition than cooperation among companies. The housing, care, and welfare sectors have traditionally not been well integrated, and it will take time for these new partners to learn to work together.

Still the approach remains incredibly popular in the Netherlands, primarily because it is a community model that serves the interests of all citizens. It is a user-oriented approach, which is transforming the neighborhoods into livable communities for all.

QUESTION & ANSWER SUMMARY

Discussion revolved around specifics of implementing in the United States measures that have been in place in the other countries. The ongoing emphasis placed on spending for automotive infrastructure was highlighted as the primary obstacle to larger scale improvements in US transportation systems. This can be seen in current federal, state, and local energy and transportation bills and budgets.
DANIELLE HARKES, EXECUTIVE MANAGER, EXPERTISE CENTRE ON HOUSING AND CARE, THE NETHERLANDS, DISCUSSES SOCIAL SERVICES.
Keynote Address
THE HONORABLE GORDON CAMPBELL, PREMIER OF BRITISH COLUMBIA, CANADA, GIVES THE KEYNOTE ADDRESS AT THE LIVABLE COMMUNITIES LUNCHEON.
It’s always interesting for me when I come to these events because I think sometimes we talk about these issues in the third person, and for me at least, the challenges that we face are for us to look out ten years to determine where we want to go; what we want to do; what are the values that we want to reflect; and recognize that at the end of the day all of those goals and objectives are in our hands. They’re not in somebody else’s hands, they’re in our hands. It’s what we do that makes the difference. It’s how we feel and how we take those feelings and insure them that it makes a difference. And it’s important for us to think, to actually say to ourselves: what do we really see? What is the world really telling us? What are our lives really telling us? We have to figure out what’s important. What’s important is how we live in aging societies. The world is an aging society, and you know what? We should all remember this: aging is good. We shouldn’t think of aging as something that is one of “these” problems.

We have to now look at the world we live in and recognize this one fundamentally incontrovertible fact: it’s different. Our families are different. Our neighborhoods have got to be different, our cities, the way we respond, and the programs we have have got to be different. They are going to change, and change is going to be a part of all of our lives. Because we should know, and I think you do know, because you’ve talked about it this morning and you’ve all been fully involved in this, that those changes are sometimes resistant or often times are resistant. There is nothing more powerful than the status quo and the interesting thing is that the status quo is aging, if you think about it.

We have to change the way we think about things and where we go. Because we know that over all the statistics in British Columbia — British Columbians over 60 years of age will increase. That demographic will increase two times as fast as the general population in the next 25 years. It will increase 20 times faster than the population under 25 years of age. That’s a big change. As we look at the programs that we depend on, and we try and create for people, we have to know that the support for those programs is going to change as well. Today in British Columbia in our province alone, the age group between 15 and 24, those young people entering the workforce, is actually smaller than those who are getting ready to leave the workforce. It’s going to continue to get small. There are 20 percent more 15–24 year olds today than there will be in 20 years. There will be 25 percent more people over 60 in 20 years in British Columbia than there are today. So we have to change the way we think. So what have we done? The first thing I think that we all have to do is that we have to
stop thinking about this outside group called seniors, and we have to think of ourselves. We have to think of what we need, what our families need, what our communities need, so they can be whole.

We talk about walking, we talk about cycling, we talk about mobility — the best mobility, the healthiest mobility, is walking. We don’t build neighborhoods to encourage walking at least in most places in North America. We encourage neighborhoods to encourage driving. What if we start to think of neighborhoods as kind of village centers?

A lot of the mobility issues that you’re talking about, we’re dealing with in Vancouver. Every time we improve a road, we improve a sidewalk. When we think about mobility, we think of how people with sight impairment might deal with it. We have a public transportation system that encourages more mobility. All of those things are critically important.

One of the cornerstones in our quality of life is a sense of community, and a sense of community is by definition as a sense of safety — a safety that there are other people who are looking out for you as your needs change, and as the services you may require change. But the most important thing we can think of as we think of our aging population is to remember that we are thinking about ourselves. So as we pursue our public goals and our public objectives, remember this: what’s best for you?

What would you like your community, your town, your city, your state, your province, and your country to be like? What are the values that you would like to be living in, so that you can live the healthiest, the fullest, and the most complete life possible as you go through the third half of your life. This is a time when opportunities should open up, this is a time when things should not be closing down, you should be reaching out, and you can reach out. By being here today and sharing your ideas, by learning from one another — you are reaching out. Let’s keep reaching; let’s reach to build better communities for everyone who lives in those communities; and let’s celebrate the fact that we’re aging, we’re getting stronger, and we’re getting smarter.
CONFERENCE ATTENDEES WANDER THROUGH THE LIVABLE COMMUNITIES EXHIBIT AFTER THE CONFERENCE.
DESIGNING THE LIVABLE COMMUNITIES OF THE 21st Century
PATRICIA MOORE, PRESIDENT, MOORE DESIGN ASSOCIATES, UNITED STATES, GIVES HER PRESENTATION ON TRANSPORTATION DESIGN.
TRANSPORTATION DESIGN

PATRICIA MOORE, PRESIDENT, MOORE DESIGN ASSOCIATES, UNITED STATES

Becoming Older

Twenty-six years ago, Patricia Moore was 26 years old living as someone who was 85. In her introductory remarks, she described the challenges older people face in a world that is not designed for them. She shared her personal stories of not being able to get up and down stairs, having difficulty hailing a taxicab, being treated as a second-class citizen, and truly incapacitating herself so she could live as an older person.

In an experiment, she altered herself with prosthetics. She was temporarily blinded and physically disabled to move like a woman who was 60 years older than she was. Ms. Moore could not open her pocketbook quickly like she used to, and explained, “It took forever, as measured by the sighs and groans of clerks wanting you to ‘get the damn thing open.’ ”

Patricia Moore never intended to be old before her time. According to her, it happened as a direct result of the failure of design at one of the largest design offices of that time, Raymond Lowey. Raymond Lowey was responsible for designing everything from NASA, to transportation, to things as simple as cutlery and clothing. Her education as a designer had taught her to be a caretaker, and to ensure that no one was left behind. However, as Ms. Moore explained, “In meeting after meeting, day after day, I was reminded that we don’t design for ‘those people.’ ”

By becoming one of “those people,” and after visiting more than 116 cities over the course of four years, she was able to come back as the youngest elder in the world. Patricia Moore explained, “I resolved to spend the rest of my career making sure that, one day, we don’t have to have conferences like this. That, one day, the principle of designing for everybody won’t even be an option, no longer an afterthought.”

Transportation Design

Addressing the issue of accessible transportation is an urgent priority, because already the issues of baby boomers and their parents are not being addressed worldwide. Transportation — getting from point A to point B, whether or not you’re able to put one foot in front of another — is a matter of expanding the definition of the norm. This has become the challenge of our time.

According to Ms. Moore, “If we don’t start talking about meeting the needs of all ages and designing for all abilities inclusively, instead of separating ourselves into these disparate market segments — I can tell you from a marketing standpoint, at least in North America, we will fail.”
abilities inclusively, instead of separating ourselves into these disparate market segments — I can tell you from a marketing standpoint, at least in North America, we will fail.” She explained that better products are the solution.

Ms. Moore and her team are due to open the first light rail mass transit system in Arizona. She designed this system and the prototype vehicle is now ready and waiting in Osaka, Japan. The process utilized for this project is something called lifespan design. The project did not begin with the engineers or accountants — it began with a community. Her team brought in a large group of individuals who guided every aspect of design even before creation began. This team has created the most accessible vehicle available in the United States.

According to Patricia Moore, “We must always remember to be that family, that community, as we embrace all people of all ages and all abilities through the course of our work and our lives. And so, let’s make for the pathways. Let’s stop talking about roadblocks. Let’s keep it positive and proactive.”

INCLUSIVE DESIGN

JULIA CASSIM, RESEARCH FELLOW, HELEN HAMLYN RESEARCH CENTRE, UNITED KINGDOM

The Hamlyn Research Centre at the Royal College of Art in Great Britain is a post-graduate school of art and design. Its key goal is to put the user at the center of the design process. According to Julia Cassim, Research Fellow at the Helen Hamlyn Research Centre, United Kingdom, “This doesn’t only mean older users or disabled users, but all those marginalized by the failure of design to understand their needs.”

Ms. Cassim explained that there is no difference between the terms “inclusive design” and “universal design.” It’s merely a difference of terminology and emphasis. In the UK and Europe, the term “inclusive” is preferred to describe the process by which we arrive at better design rather than the term “universal.” According to Ms. Cassim, “Nothing in life is universal, least of all design, even good design.”

Aesthetics and accessibility can co-exist. Through several projects, she planned to illustrate that this is perfectly possible if three simple rules are observed. First, go back to principles that aesthetics and accessibility can co-exist. Second, expand the scenario for whatever it is that is being designed. And, third, and most important, ensure the needs, but also the aspirations, of all those who are most effected by the failure of design are understood.

Ms. Cassim runs a program called Inclusive Business RCA and the DBA Inclusive Design Challenge. The aim of both is to transfer knowledge to designers who are often very fearful of engaging with older people or those with disabilities. It is also used to show how older people or those with disabilities can be included in the design process as partners and not as late validation for something already completed. It’s a competition run over the course of five months in which disabled users are partnered with design teams to develop mainstream products. It is done because disabled people are, according to Ms. Cassim, “wonderful, lateral thinkers and fantastic...
product analysts.” People with disabilities are extremely inspirational to designers, because, like them, they think outside the box out of necessity.

2004’s winner was a redesign of the band aid. Input from product users showed that people were not so concerned about the sterility of the product, and they accepted that it wasn’t 100 percent sterile. But when applying the band aid, the user is one-handed. Users would attempt to stem the blood with one hand and rip open the packaging with teeth. The designers simply eliminated the secondary packaging. It changed the way the user interacts with the product and is very simple to apply, according to Ms. Cassim.

There was a 24-hour challenge this year on the theme of transportation as part of this year’s Inclusive Design Challenge, “Include.” Five teams worked through the night and the winner, AIG, emerged with a product called “Babel Fish.” Babel Fish is a wearable device that gives sonic cues to the major features of large transportation termini and is linked to a real-time system by a cell phone. Ms. Cassim explained that, “This 24-hour challenge, which was a new departure for us, brought into question the notion that inclusive design is somehow by necessity a tortuous, long process.”

Legislation is a major driver towards inclusive design across the globe. There is also the reality of changing demographics. People are living longer and working longer out of necessity. This is due, according to Ms. Cassim, to poor pension systems, higher divorce rates, and a new phenomenon called a “KIPPER,” which refers to Kids in Parents’ Pockets Eroding Retirement Savings. Ms. Cassim explained that it has become a real issue in the UK where further education is no longer state funded.

Despite that, the 45- to 69-year-olds have the highest disposable income. According to the Guardian newspaper, it’s a Golden Age to be rich, fit, frisky, and 60. In Western Europe in the past 20 years, spending by those over 50 has increased three times faster than those under 50. However, marketers have yet to take notice, because only five percent of marketing focus is targeted at the 50+.

There is a blindness to older people that is based on negative stereotypes. The Hamlyn Research Centre has begun to use the term “Yo-Yo” to describe the 50+. The term illustrates that the 50+ generation is both young and old at the same time. The Yo-Yo’s are young in terms of mentality, but older in terms of their physical state. Ms. Cassim cited Mick Jagger as an example of Yo-Yo. He’s different than his parents’ generation, because he is product and technology literate. He also has enormous purchasing power.

“The reality is,” according to Ms. Cassim, “whether you are Mick Jagger, Madonna, or someone like me, we are aging creatures, undergoing sensory and physical changes to our eyes, our ears, our mobility, our cognition, and our dexterity.”
dexterity. We need products that are mainstream in appeal and have the inbuilt functionality that we crave, but lack the stigma that products for older or disabled special needs products have or bring with them.”

THE NETHERLANDS: COMMUNITY DESIGN INNOVATIONS

WIM BAKKER, MANAGER FOR RESEARCH AND DEVELOPMENT FOR WOONZORG NEDERLAND

Background on the Netherlands, the People, and their Preferences

The Netherlands is a relatively small country, with 16 million people, less than half the total membership of AARP according to Wim Bakker, Manager for Research and Development for Woonzorg Nederland. The population is increasingly concentrated in urban areas, though there remain many scattered, less densely populated rural areas as well. Mr. Bakker explained, “It is often said that one characteristic of the Dutch people is a powerful sense of solidarity and community, and so it would seem to make sense that we have constructed a strong, supportive welfare state.” A strong sense of individual rights and freedoms and open-mindedness are also parts of Dutch society. However, there are social problems, including the challenges of coping with an aging population.

The Woonzorg Nederland, the National Senior Housing Corporation, has been the largest provider of accommodations and services for older adults in the Netherlands for the past 50 years. There are facilities and services in 250 cities and towns throughout the nation. Woonzorg provides a wide variety of housing options — from independent living, to group housing, to nursing homes.

The Dutch people tend to be extremely independent while, at the same time, deeply rooted in their own communities. It is for this reason that Dutch older adults are intent on remaining integrated within their surrounding communities rather than segregated out into old-age institutions during their later years.

Mr. Bakker explained, “We are seeing a growing distinction between those over 55, which is generally seen as the third life phase, and those over 75, which is regarded as the double life phase — during which time an entirely new set of needs arise.” The Dutch refer to this as the “double graying” phenomenon. Other issues are coming up too, like earlier retirement, which occurs between 59 and 62. It has raised questions regarding the financing of the national health care and pension systems.
Senior Housing in the Netherlands

Roughly 600,000 older adults are using professional home care. Volunteer supported by family and friends accounts for approximately four times that of professional services.

About seven percent of those over 65 are in homes for older adults. Roughly three percent of those over 65 are in sheltered housing. Woonzorg has approximately 1,300 homes for older adults, which services over 110,000 clients. These are in addition to 330 nursing homes, which service about 56,000 clients.

In the Netherlands, there are about 6.5 million apartments and homes. Approximately 2.4 million of these are managed by organizations operating on a local or regional level. In 1901, the Dutch Law on Housing was passed, guaranteeing every Dutchman the right to shelter. If a person is unable to provide for himself, the government will provide it for him. However, in 2005, there was a shortage of housing for Dutch older adults, which caused challenges for service providers like Woonzorg.

Projects of Woonzorg Nederlands

The Croissant
The Croissant is a housing project in The Hague, which offers local residents a way to continue living independently in the center of the city. The building, which includes 162 rental apartments and 60 condominiums is near museums, concert halls, theaters, restaurants, cinemas, shopping malls, and railway stations. Below the building is a parking garage, which holds 160 vehicles. The Croissant has a manager and housekeeper, a central meeting room for use by residents, laundry facilities, and guestrooms.

The Archipel
A different type of housing facility can be found in The Archipel in Almere. It is an example of “integrated neighborhood services.” This set of facilities includes 40 apartments for independent living, 31 “care-apartments,” as well as six group homes for residents with dementia. In addition, there is a room for social activities, a restaurant, Internet café, and a health center staffed by a doctor and physiotherapist. The hospital is available for short stays to the people in the surrounding area. The Archipel has come to play an important role in improving the overall “livability” of the surrounding area.

Leo Polakhuis
The Leo Polakhuis facility in Amsterdam is a national pilot project that embodies another innovative set of solutions appropriate to the specific, expressed needs of the local older population. This facility includes 72 independent-living, rental apartments, a group home for 130 individuals, a nursing home for 30 individuals, and group apartments for up to six people with dementia. The dementia care facility was carefully designed to maximize quality of life and to create a homelike living situation. Leo Polakhuis was designed with resident needs and requests in mind to maximize independence, social “living circles,” and the highest possible quality care and support.
Harenkarspel
The Harenkarspel project involved building and adapting five separate, smaller “nodal” facilities in five different villages with no more than 450 to 500 inhabitants. This was the first project in the Netherlands to establish separating housing and care in this type of multi-nodal setting in a rural area. This was an “extreme make-over” that took existing housing and retro-fitted facilities to suit the actual needs and demands of local citizens.

Mr. Bakker closed by explaining that Woonzorg is committed to housing solutions that respect the very specific, expressed needs and aspirations of the local older individuals the organization tries to serve. In each of these projects, Woonzorg combines the necessary and needed functions that serve the individuals that will live in the housing, as well as in the community.

QUESTION & ANSWER SUMMARY
Following the presentations, questions were posed to Ms. Cassim regarding the nature of the design studies program in which she is involved at The Royal College of Art, as well as the future and ongoing role of inclusive design in meeting the broader needs of the world’s aging population. Ms. Cassim expressed optimism that such programs would eventually proliferate more broadly throughout Europe, Asia, and North America as marketers slowly awaken to the new realities of the growing and increasingly affluent aging populations. Mr. Bakker was asked for his views on importing his organization’s expertise and experience in the Netherlands into other markets, such as North America. Like Ms. Cassim, Mr. Bakker responded that corporations and marketers will eventually wake to the new opportunities and imperatives associated with ongoing demographic shifts.