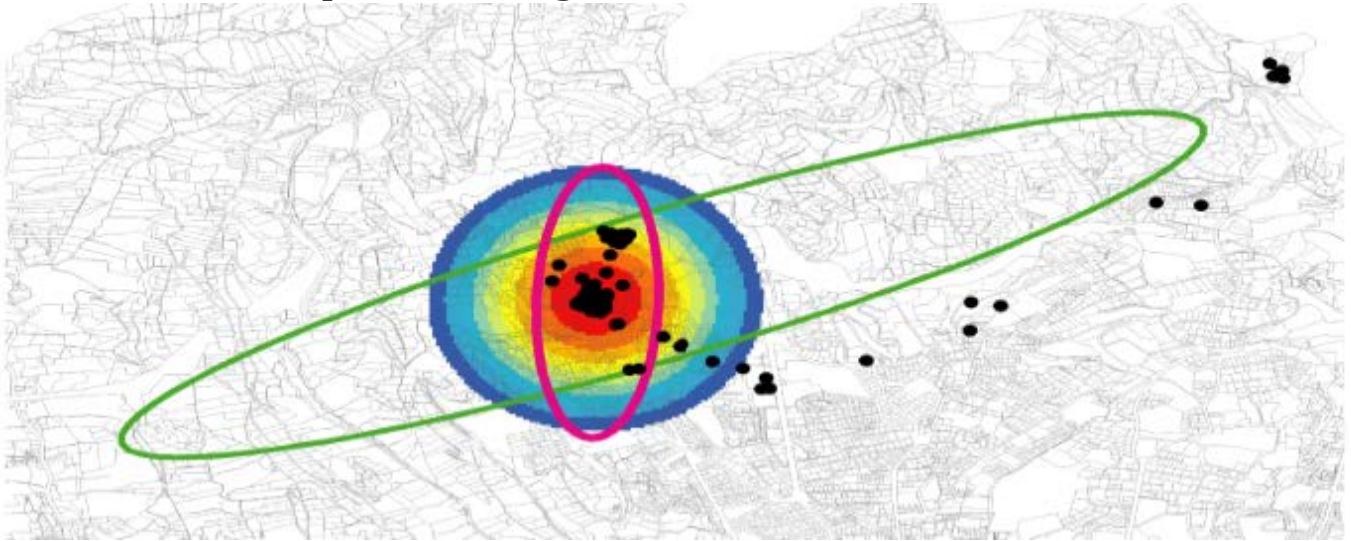


# Adapting cities to aging

Issues of development and governance



*Coordinated by Dr. Pierre-Marie Chapon*

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*Funded by the Center for Strategic Analysis (CAS)*



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## GENERAL INTRODUCTION

In 2000, almost 20% of Europe's population was age 65+. The number and percent of elderly will continue to grow globally through at least 2050. Some areas may see the number of people age 65+ double with the aging of the *Baby Boom* and following generation, and due to declining birthrates. In France, those age 75+ should represent, in 2050, 11.6 million people, and those age 85+ are expected to number 4.8 million, compared to 1.5 million today. The same trend is observed in Europe as a whole, with 17% of the population now age 65+.

Today many seniors and their families prefer to live at home, but the National Agency for Habitat (ANAH) estimated that nearly 2 million persons age 60+ would require an adaptation of their homes. Only 6% of the housing stock is currently adapted to the needs of the frail elderly (SHARE survey, 2006).

The question of the adaptation of housing has been addressed in various reports:

- Boulmier (2009) [1] advocates including "professionalizing" the interventions and occupations regarding adapted housing, fostering intergenerational habitats, and increasing funding.
- Franco (2010) [2], in the context of the mission of "living at home", advocates creating a new category of favorably-assessed housing in suitable environments
- The work of the Center for Strategic Analysis (2011) [3] included important work on adapted housing.

At the same time, the work of academics and planning agencies helped highlight the importance of comprehensively addressing the issue of seniors' housing sector, i.e., by integrating all other fields which can interact collaboratively, such as transportation and urban planning.

To grow old in one's home presupposes assured fluidity between three areas that are indisputably related: public space, including land owned by the city/community (urban planning, transportation, etc.); collective or shared space (common parts or common property) which belongs to the housing authorities, and; private space, i.e., housing. The adaptation of urban space to aging involves acting in multiple domains, including public transportation, roads, neighborhood design, and the location of activities and services. It raises questions of intergenerational cohabitation. The adaptation of urban areas is more difficult to define than the adaptation of housing, which essentially raises issues of ergonomics. It is in this context that the Center for Strategic Analysis funded a study that involves detailed analysis and an inventory for deepening the definition of what a city adapted to aging is and, under this definition, to provide recommendations for adapting urban areas in France. For this purpose, a multidisciplinary team was formed. It includes academics (University of Angers, University of Lyon 3 and Appalachian State University in the United States), the Belgian association "Living and Aging Together" (VVE), and the Gerontopole of the Region of the Loire. The project is coordinated by ICADE, a subsidiary of the Caisse des Dépôts et Consignations (CDC).

This report is published in the context of the release of the 17<sup>th</sup> report of the High Committee for Housing for the Disabled [4] (2012), which incorporates and complements the recommendations included in the report of Franco (2010), Broussy's report on "the adaptation of the aging society", which helped frame our problem, the work of Martine Pinville, representative from Charente, on "prevention and adaptation to aging in other countries", and finally the reflections of the "Promoting Age" Committee, chaired by Dr. Jean-Pierre Aquino.

The first part of the report (I) presents the issues and methods used around two main axes: development policies and governance. The second part (II) presents case studies in Europe and the United States that we deemed relevant. The third part (III) presents intriguing initiatives in France.

All observations allow for and lead to directly applicable recommendations (IV).

# I. ISSUES, CHALLENGES AND METHODS

Living in the city, one is able to access many resources concentrated in one place (housing, jobs, shops, services, equipment, etc.). The urban character resides in the ability to create value, share, and forge social bonds; that is to say, to live together and benefit from the possibilities generated by human settlements.

Thus the city is a mode of spatial organization that provides social ties and access to resources. Mobility facilitates the use of urban space.

Today's society attaches great importance to optimizing the use of time. Competition for prime urban space creates distance from those who have lower incomes or less interest in the place. "Mobility is the key to great urban equilibria" [5].

Loss of mobility among the elderly in an aging society like France now raises the question of accessibility in the city. We must consider the adaptation of the city and/or mobility to this sub-population.

Mobility depends on socio-economic factors related to land, income, and/or household composition. Land and property prices play a powerful role in the spread of housing development to peripheral locations, characterized by cheaper housing with a feeling of greater displacement. Urban sprawl, which dates from 1970, is linked to the single-family house and represents a rejection of inner cities' large, dense environments.

Developers are now encouraged to return to a more dense urban and mixed-use perspective, to encourage walking and "gentle" transport such as cycling, in accordance with the recommendations of the New Urbanism [6] in the United States [7]. The issue of seniors and accessibility is a challenge to envision the neighborhood as connecting all the functions of the city: shops, services, equipment, housing, development of public spaces, transportation, and pedestrian movement.

Compactness and density may be factors in creating a more sustainable city, and therefore a more adaptable city. Governments have an important role to play via their planning documents to ensure better accessibility throughout the urban area, including the local housing program (PLH), and adaptations of housing and urban transportation plans.

Until now the city has always been able to evolve according to the needs and aspirations of the population. Development and urban renewal have been made possible through technological developments. Today, demographics are changing and France must anticipate the aging of its population. The global context is changing: development is now focusing on sustainability. Today's city does not seem adapted to these demands. The solutions are to propose and implement changes consistent with the preferences of society.

## A) ISSUES HIGHLIGHTED

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Territory or space can be seen as a simple "container", i.e., a set of places where events occur [8], but also as an "abstract space of cooperation between various actors with a geographical base to generate specific resources and innovative solutions" [9]. Territories are the result of a story, often long, and are marked by developments made within them. These arrangements involve heavy investments and productive infrastructure - education, communication, and health - that will allow organizing the supply of productive activities, education, and different levels of care. One then finds that the territory is the product of special practices and the developer of ownership, both individual and collective. For example, according to Henrard [10], there are two functions of a territorial space in the field of health. They are:

- at the collective level, regulating the supply and demand for services and resource allocation decisions;
- at the individual level, needs assessment and the development and implementation of intervention plans.

Taking into account access to health services and the development of services that promote people's participation in social activities, the planning and use of space affect the quality of people's lives, including that of aging populations. Thus, the territory, based on the set of relations maintained by a society to meet the needs of its population, holds the greatest possible autonomy in terms of the organization and the supply of resources available in this space. These resources are not only the spatial organization of the supply of services, but also the distribution of actors in the territory.

Defining territories of relevant actions in the field of population aging is made difficult due to the multiplicity of stakeholders. This has significantly increased since decentralization laws, sometimes complicating the objectives of equalization and highlighting the competition between actors. Multiple issues surround the study of the connection of populations in territories. On the one hand users, meaning seniors, want to remain as long as possible in (and sometimes return to) the neighborhood where they have lived longest. This sense of territory in the sense of life space is a concept inspired by environmental psychology and defined at the level of individuals in their daily lives, but also by the social geography in the sense of territory lived and understood as a space of the practical experience of populations, in this case the daily life of the aging population [\[11\]](#). This area corresponds to the familiar daily space that each individual or group builds around his/its home, whether a single-family residence or collective dwelling. The urban, suburban or rural environment in which it is located differentially affects developments aimed to maintain elderly independence as long as possible.

Residential structures welcoming older people, at the end of the nineteenth century, were built outside cities solely for functional and financial reasons. Modern hospices have been developed to accommodate individuals that society did not know how to integrate. The scarcity and cost of land in major cities greatly contributed to this movement. A good reason could be the desire to provide a calmer and more pleasant living environment for the elderly.

Since the 1990s, housing dedicated to elderly people in France increased in various and diverse forms: residences with services, adapted housing, shared housing, but also "senior villages". These offerings meet a demand for accommodations between the home and the classic medical establishment or nursing home that serves an increasingly dependent population. These options provide a range of functional living environments promoting social participation of seniors.

We note that in 2005 one third of accommodations designated for seniors were at least 500 meters from shops and services, and that a quarter of them were not served by public transport [\[12\]](#). In addition, we note that currently the creation of residences for seniors requires no supplemental study. Most often, the location of residential facilities dedicated to seniors is based on land opportunity seized by private developers, public housing authorities, communities, and more rarely the elderly themselves. In the health and social context, the creation of medico-social institutions is governed by regional governmental plans, but they do not take into account development rates. The organization of first-line health activities, recreation activities, administrative resources, or procedures for traveling around the place chosen to develop the territory, is practically nonexistent. For example, some projects are developed in areas with no doctor, or no physicians older than 55, who may not be replaced for lack of a sufficient threshold of patients; beyond this, the issue of physician recruitment and their location will not be discussed in this report. The lack of adequate structures is likely to require residents who lose autonomy and require health care to relocate, sometimes on an emergency basis.



Specifically, the demographic context of population aging within developed and developing countries should lead to strengthening ties between health and social policies and land management. Indeed, the constraint of proximity, reinforced for these populations, must be taken into account. By combining scales of organization of health services and social services, considering "ways of living" for seniors (including both their lifestyle at home and in their immediate environment, and their needs for social participation), and examining the logic of both public and private accommodations for seniors, the questions of optimization of settlements and of organizational logic, and coordination of one with the other, can be asked.

The issue of population aging is increasingly taken into account in urban planning documents such as Management and Sustainable Development Plans, but too vaguely to really be able to respond to short, medium and long-term expectations and needs of the elderly [13] [14]. In addition, in most cases, stated intentions are not taken into account so as to be enforceable. Methods and tools to integrate the aging issues in urban planning documents are ad hoc initiatives, experiments conducted on the territories. These are unevenly shared nationally, and data are frequently examples from a particular local context. Much research and work in the field of accommodations dedicated to seniors report best practices or exemplary initiatives whose generalization is complicated by specific territorial traits and/or the role and the place of local actors.

Thus tools and methods currently available in these studies raise the question of their dissemination, the object being to enable the chain of actors involved from conception to the implementation of housing projects dedicated to older people to consider not only the construction itself but also its integration into the wider environment: how the building/land, and its footpaths, transportation, etc., are integrated with neighborhoods, shops and services.

How are the needs of seniors who reside and travel in these heterogeneous territories met? How can we organize and streamline the implementation of services and shops and then ensure the maintenance of quality homes?

Several works [15] [16] show that the daily mobility of elderly is correlated to the quality of the environment in which geographical aspects such as shopping, transport or sloped surfaces are fundamental elements. It follows an initial typology of an enabling environment for aging, that is to say, one that encourages people to leave their homes daily and be active, preventing isolation and other disorders (including falls):

- shops within 300 meters
- transit stop within 150 meters
- green spaces
- benches on pedestrian pathways

If people with disabilities represent 10% of the population, according to the HID survey conducted by INSEE in 2001, the 2008 survey of Handicap-Health shows that 16% of the population is affected by a perceived disability, identified or recognized, and that this percentage increases with age (for 75-84 years, about a third of people have a recognized disability). People who have difficulties moving, transferring, seeing or hearing, locating and orienting themselves in space, or who have difficulty communicating, require that society adapts and organizes itself in response their needs. In his thesis, Balteneck [17] ascertained that the level of stress varies throughout the urban environment, especially during road crossings. Communities should be encouraged to develop small improvements to make life easier for seniors. Roadways must also take "safety" into account because elderly pedestrians are extremely vulnerable (about 2 of every 3 pedestrians killed are age 65+).

The audit "Lyon, age-friendly city" [18] highlights particular points to work on.

## - Sidewalks

They polarize the attention of the elderly, in that they embody both a necessary outward space and a space of spontaneous socialization, but also a source of danger, potential or actual falls, theft, or accidents. Seniors recognized the efforts of the municipality to construct sidewalks, but stressed that sidewalk difficulties remain, related to the morphology of the city or the behavior of the inhabitants: dog excrement, illegal parking of vehicles, etc. In some cases, arrangements promote the mobility of some seniors, but jeopardize the mobility of others: "curb cuts", for example, are essential for those using a wheelchair, cane or walker, but they represent a danger to the visually impaired.

## - Intersections and crosswalks

As with sidewalks, the elderly appreciate but must navigate them, and they are a source of danger for those who have mobility problems. The antisocial behavior of motorists is regularly noted, as is the timing of lights to cross the street. The risk of falling is always present for older people, whatever the cause: poorly sealed pavement, unrepaired stairways, incomplete snow removal, etc. Falls have serious real and perceived consequences: to avoid the risk, these people are often forced or feel the need to stay at home, and can lose contact with the outside world. Safe space is necessary for reassurance.

## - Street furniture

Everywhere in the city, the furniture and other fixtures often a source of difficulty for the less mobile elderly: poles, chains, and advertising billboards are sometimes very troublesome, for example, for the passage of a wheelchair. Conversely, certain equipment deemed necessary is insufficient or inappropriate for seniors. This is the case of toilets or, even more significantly, benches. For the elderly, benches are very important to break up a long route, or just to sit or talk. But the bench must be considered in all respects: comfort, height, orientation (e.g., face-to-face rather than side-by-side), distribution throughout the area (places frequented by seniors), etc.

Martine Berger and colleagues in 2007 [\[19\]](#) investigated the aspirations of the inhabitants of houses in suburban areas according to their age and socio-professional category. They chose to illustrate, in this report, suburban Toulouse (peripheral to the city), because it is the second most significant in France after Caen. Residents age 55 to 90 in ninety urban households were interviewed, as well as thirty local agencies [\[20\]](#). The goal was to capture the value of suburban areas for those who live and grow old there.

The share of individual (single-family) houses in the accommodations for seniors is very important. In fact, two-thirds of pensioners and inactive elderly currently live in a detached house. Two-thirds of older households are in a rural or suburban area. Among people age 80+, 60% live in suburban houses and nearly half do not drive. In the suburban area of Toulouse, over 70% of households occupied by seniors are owned by them. The researchers found that people of modest means often live in areas far from the city center, less well served by public transport and services. In contrast, more affluent retirees often live in better equipped areas and are more likely to drive. This shows that social and spatial inequalities are interrelated.

A break occurs around age 75: before this age, people who move from a single-family home tend to find a similar one; after age 75, people are more likely to move into a rental apartment.

Suburban aging appears as marked by low residential mobility. Seniors of all ages seem attracted to rural communities or small towns (less than 20,000 population), and not cities. This is especially true for people under age 75; those age 75+ prefer urban communities. In medium-sized cities, the number of elderly remains almost constant. Cities occupying a center of agglomeration attract the oldest seniors, who seem to want to be close to amenities and services. There is a stability in the presence of older suburban elderly, which reflects a certain "anchor" in the territory of people own their houses and are also attached to the social environment.

Unlike an apartment, the "plasticity of the house" can be adapted to the needs of its occupants, such as living on one level or by reorganizing rooms. But the house is a place for family reunions, of transmission, of memory. It reflects well on its owner, due to the beauty of the owner's garden, and the social status and lifestyle acquired through it. It is the projection in space of the past life of the retiree. Each item tells a story. The idea of relocating from one's home is traumatic.

There is sociability and mutual assistance among neighbors. Associations and local events, such as a neighborhood meal, may encourage the adaptation of space by its occupants. This social life can be a motivation to stay in the neighborhood. In addition, the geographic proximity of the family, including children, is an important factor that can encourage staying in isolated rural housing or migrating to another suburban area closer to the city. It was found that the more wealthy people are, the more their vision of retirement is positive. Thus the people more prone to withdrawal and isolation are those who are financially and socially vulnerable.

In suburban Toulouse, a large number of older people own a car, a symbol of freedom and activity. Retired, they continue to drive and are "auto-mobile", with increased motivation because the car compensates in appearance for the disabilities of the body.

There are three experiences of the city:

### ***- The city contracts***

During this phase elders unconsciously adapt their lifestyle. They continue to drive, but more slowly and for shorter trips, and need help for long trips from family, friends or neighbors. They tend not to drive at night or in peak hours. But it is difficult to understand the transition between awareness and denial of aging, and of the loss of mobility, which is the next step. Age is not necessarily a determining factor when compared to individual's health, social life, or environment.

### ***- The city is fragmented***

This second step corresponds to a loss of autonomy and awareness of its limitations. It is accompanied by new social practices and the transformation of social and family ties. Older people limit their land use. They tend to prefer nearby activities, such as large shopping centers on the periphery which are accessible, air-conditioned and secure. Seniors prefer proximity and make the best use of the proximate area. They travel less far but are very active in the social life of their smaller territory.

### ***- The city by proxy***

For the very old or disabled, leaving is not possible. A garden, for people who have one, may be their only accessible outside place, and it takes on a particular importance. The act of getting out of the house eventually is no longer possible, unless accompanied. For people can't drive anymore, it can be traumatic. Everyday life is further reorganized in terms of proximity. But many people who can no longer drive no longer move around. The car is an object associated with functional independence and autonomy. Older people from modest backgrounds are more prone to fall when housebound. Any activity that becomes impossible, such as cleaning or garden maintenance, reflects a worsening self-image. Home ownership becomes a burden, too heavy a burden. Choosing to age in suburban areas is to retain the experience of "home". The importance of the private car for seniors in North America, but also for elderly French, cannot be overlooked. It must be remembered that the linkage of people to the city also varies depending on their experience, even if the city often reminds them of their youth with a certain nostalgia. Living in a house in a suburban area requires the deployment of a network of support: support from relatives, family and neighborhood; from home care; from accessible resources.

Suburban homes are a compromise between the city and the countryside for physically fit retirees, and are becoming better served by public transport and services. However, it is necessary to take into account the mobility of people, especially the less well-off, considering their pattern of land use and need for adapted housing. Mechanisms and processes in place do not coordinate well enough among themselves and do little to address outlying communities. In addition, there should be more focus on how to live and on the living environment, rather than just on housing itself.

It may be interesting to consider the role of suburban "centers", which create spatial configurations in order to create relationships between people. We can cite the example of Labarthe-sur-Lèze, a town located about twenty kilometers south of Toulouse, where such a place has been developed. It was connected to the central square of the village by a footpath, creating sociability, a development of nearby businesses, a suburban life.

Suburbanization in the 1970s allowed local services to develop, including activities for the inhabitants of these territories, adaptable to an aging population. It might be interesting to work on "a typology of the social environment" of independently-living seniors, considering their level of occupation, land use, and town. This could help understand the changing use of these spaces.

The research of Martine Berger and colleagues showed the importance of generation, of economic concerns, and of social status in thinking about the mobility, autonomy and geographical location of aging populations. The intervention of a mediator would bridge the gap between elders and government, which has not always been aware of the importance and needs of older people.

The quality of the territory can act preventively, but once problems have arisen, the quality of the environment has little influence; hence the urgency to act preventively. Thus indicators regarding the study of relevant initiatives in the adaptation of aging territories have been established. The methodology developed by the World Health Organization in the "age-friendly cities and communities" program is relevant and of interest.

## ***B) ORGANIZATION AND METHODOLOGICAL PRESENTATION OF THE REPORT***

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The many challenges posed by aging populations globally [\[21\]](#) have led to a proliferation of initiatives to adapt built and social environments. Awareness of demographic changes (older population growth and its accelerated pace, declining birth rates, migration, etc.) and their socio-economic impacts are the primary motivation for nations to initiate change. Several countries have policies to counter negative effects while advocating the introduction of incentives for active aging. This should encourage policy makers at different levels of government and business to offer more welcoming living conditions so as to stimulate the participation of seniors in all ways. The global context is not without effect on government decisions, and even more so when the warnings come from recognized institutions like the UN, WHO, the European Union (2012 is the Year of Active Aging and Intergenerational Solidarity), public health agencies, the International Federation on Ageing, academic institutions, institutes of statistics, etc.

### **1. ITEMS OF THE WORLD HEALTH ORGANIZATION (WHO)**

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A large multi-national study conducted by the WHO in 2006 and 2007 [\[22\]](#) helped identify the needs of seniors via identical data collection processes in 33 cities in 22 countries. This study has the merit of having identified a set of adaptations, springing from these cities, that can improve the adequacy of infrastructure and services without proposing a specific "implementation manual". The results, compared in the World Guide to

Age-Friendly Cities, address both the built environment and the social environment through eight fields of actions, or domains:

- outdoor spaces and buildings
- transport
- housing
- participation in the social fabric
- respect and social inclusion
- civic participation and employment
- communication and information
- community support and health services

These broad categories have remained the same for all international initiatives.

As part of our report, we have taken the themes that we have completed and arranged them in two broad categories:

- planning policies, which incorporate the themes of outdoor spaces and buildings, transportation, and housing
- governance, which incorporates elements related to collaboration, social inclusion, information and communication, and cooperation between actors.

## **2. JUSTIFICATION FOR THE CITIES STUDIED**

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The choice of cities was established on the basis of three programs and two institutions whose actions and objectives are to assess the adequacy of the organization of cities in integrating aging issues directly or indirectly:

- The "Access City Award" program

This European award, given for the second time in 2012, "recognizes and rewards cities with more than 500,000 inhabitants that take exemplary initiatives to improve accessibility in the urban environment. After a screening at the national level, a European jury of experts in accessibility and representatives of the European Commission and the European Disability Forum has selected a city winner, two finalists and four honorable mentions" [\[23\]](#). We selected several cities in this report that were winners or finalists in 2012 - Salzburg, Krakow, Ljubljana - to emphasize how their practices are relevant. It is interesting to note that we also chose Berlin and Nantes, which figure in the 2013 competition rankings, published December 3, 2012 during the completion of our work. (Berlin was the winner, and Nantes was a finalist.)

- The Urban II program:

We studied the outcome of this program, which was launched in 2000-2006 and intended for cities facing economic problems. Two areas particularly caught our attention:

- the implementation of integrated public transport systems
- the promotion of the concept of "urban governance"

After careful consideration, we have not chosen cities involved in the program, but the program's literature contributed to our thinking in terms of eventual recommendations.

- The Delphis Senior Services Habitat ® Program

Begun in 2005, this was the real first step in giving landlords tools to meet the needs of seniors and meet the demands of local and regional authorities in providing a strategic approach to aging:

- adaptation of buildings
- adaptation and strengthening of services
- working in partnership with service and home care stakeholders

This tool has served as a basis for global initiatives that more intensively integrate the problems of geographical environment that we study in this report: the charter "Rhône+, living at home" and "restricted housing" in Nantes.

- The Age Platform institution

Founded in 2001 and supported by the European Community Program for Employment and Social Solidarity (PROGRESS), AGE aims to bring the interests of older people to the EU level of concern and to improve cooperation between European organizations concerned with population aging, and at all levels (national, regional, local). Age Platform developed numerous innovations in Berlin and Copenhagen that we have studied in this report.

- The World Health Organization (WHO)

The "aging and quality of life" department that manages the WHO network of age-friendly cities and communities put us in connection with:

- AARP, a program in the United States, supplemented by a study trip to Washington with the help of our correspondent from Appalachian State University, Ed Rosenberg
- The Hong Kong Council of Social Service, some of whose activities are included in our report, thanks to our correspondent Grace Chan and our guide Robert Witos
- French cities that are members of the WHO network: Angers, Besançon, Carquefou, Dijon, Limonest, Lyon, Nice, Rennes and Quimper

Finally, other initiatives come from meetings and exchanges in the course of our work. Results of initiatives from the Region of the Loire, and especially from Nantes, come from experiences of the Gérontopôle of the Loire and the University of Nantes. In addition, the city of Rennes, a member of WHO, has initiated important work on urban planning, following the work of elected officials and technicians in the "mobility planning" working group, described in the report "Living at Home." [\[24\]](#)

All our references and correspondents are listed in Appendix 1.

### **3. METHODOLOGICAL LIMITATIONS**

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The choice of a city can be subject to criticism because the politico-social boundary of the city is not completely comparable between one country and another, and in almost all countries multiple political or administrative levels affect these same boundaries. From Belgium (Walloon Government) to Denmark, the delimitation of the exact role of city/province/region/state is very complex and sometimes difficult for local actors themselves. This results in a wide dispersion of information with levels, strata, and decision-making authority not fully transparent. The choice of one city per country is not easy either, because the local or regional initiatives in the field of aging are closely linked to the local context and do not reflect all components of a national or federal public policy. This implies large differences from one city to another, and, especially here, the fact that ultimately none of these cities by itself provides a set of measures to account for policy enforcement points.

The methodological requirement of an evaluation grid developed for this study from the items proposed by the World Health Organization is too systemic and, ultimately, inconsistent with the practical experiences of the land; good initiatives are not always included in one or several parts of the grid and not in the entirety. That is why we chose a presentation organized by theme, not by city; the results of this study serve as a catalog of best practices, strengthening the adequacy in a particular context - cultural, behavioral - rooted in local

practices presented in Part II (foreign experiences) and Part III (French experiences), in order to generate recommendations at the end of the report.

There remains a gap between the foreign part, which consists of a set of best practices in the form of a "catalog", and the French part, in which we focus much more on the cities studied. It includes best practices and initiatives in different categories. The comparison is facilitated by a common national context rather than foreign cities.

## II. CASE STUDIES ABROAD

Our choices were several cities in Europe (Figure 1) and America (Figure 2). We have chosen to present three cities (Krakow, Poland; Salzburg, Austria; Ljubljana, Slovenia) distinguished in 2012 by the jury of the Access City Award: Krakow was a finalist, Ljubljana earned a special mention for transport infrastructure and related items, and Salzburg was the winner.

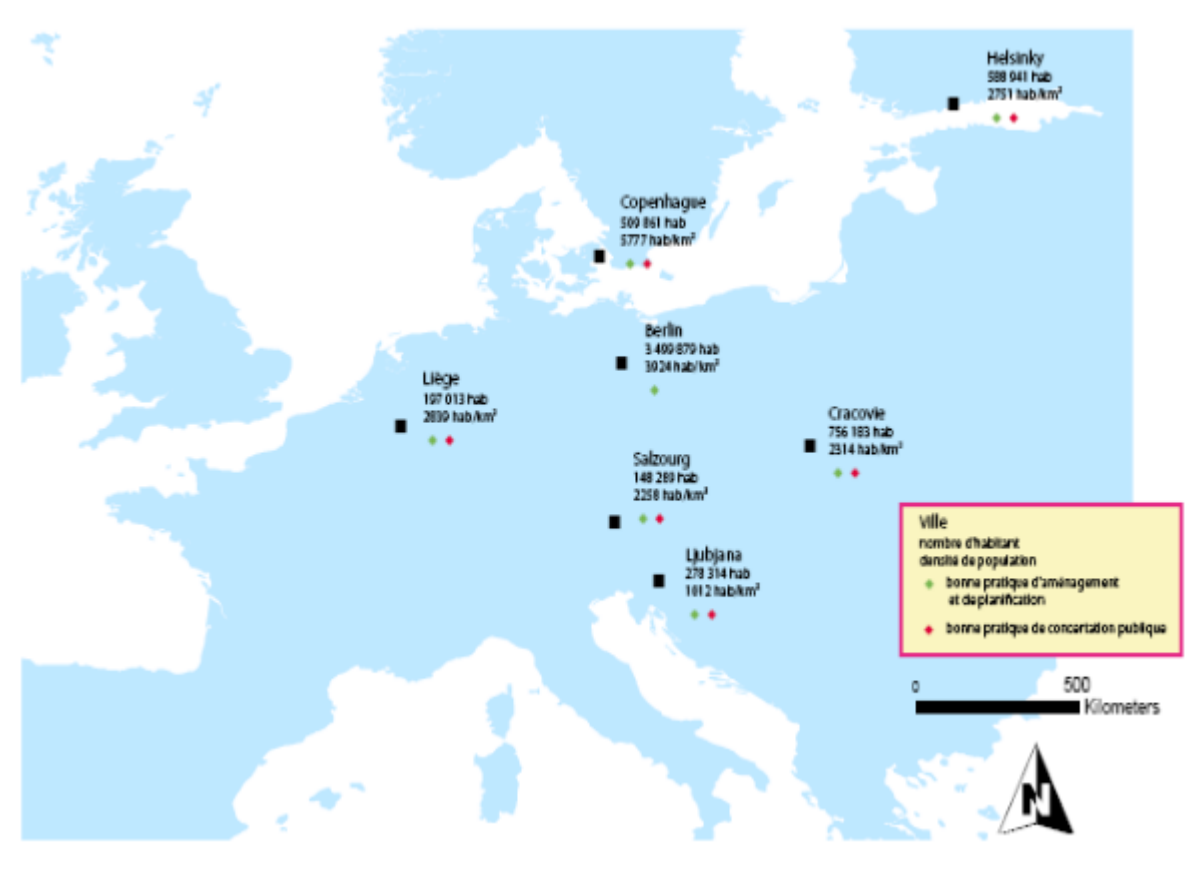


Figure 1: Map of European cities studied

We also provide some interesting examples in terms of adaptability from Berlin and Copenhagen, as well as from the city of Liege, Belgium, which is engaged in the ACCESSPLUS project. Finally, some initiatives from Helsinki, Finland are presented. A remark should be made concerning Finland. There is now one retiree in Finland for every four people of working age, yet we did not find many projects specifically for the elderly. Finland has chosen, instead, to emphasize attitude change. The first Senior Action Plan, from 1998 to 2002, focused on people age 45+; its purpose was to recognize that "experience is a national treasure." This is a preventive approach that relied on teamwork and training. The second Senior Action Plan, from 2003 to 2007,

focused on unskilled people age 30 to 54 and focused on the right to adult education (18 months of paid career training). Education and adaptability to jobs were privileged and had priority.

The United States (Figure 2) also caught our attention. In this country, two types of organizations work to maintain seniors at home and for the "well-being of aging in place", that is to say, in a community that provides support services to individuals as age brings new needs. The first type is associations; the second is government agencies (see Appendix).

The case of Portland (Oregon), the first American city in the "Senior-Friendly Cities and Communities" network, was notable for its reflection of a global level of planning.

The "Villages", which are self-managed, are financially independent and associate as a network; they caught our attention and are presented through an example from Washington, DC. Finally, we were interested in Macon-Bibb (Georgia) and the state of North Carolina regarding aspects of cooperation and governance.

We also wanted to present two interesting approaches in Hong Kong: a resource center for the elderly and an adapted transport system.

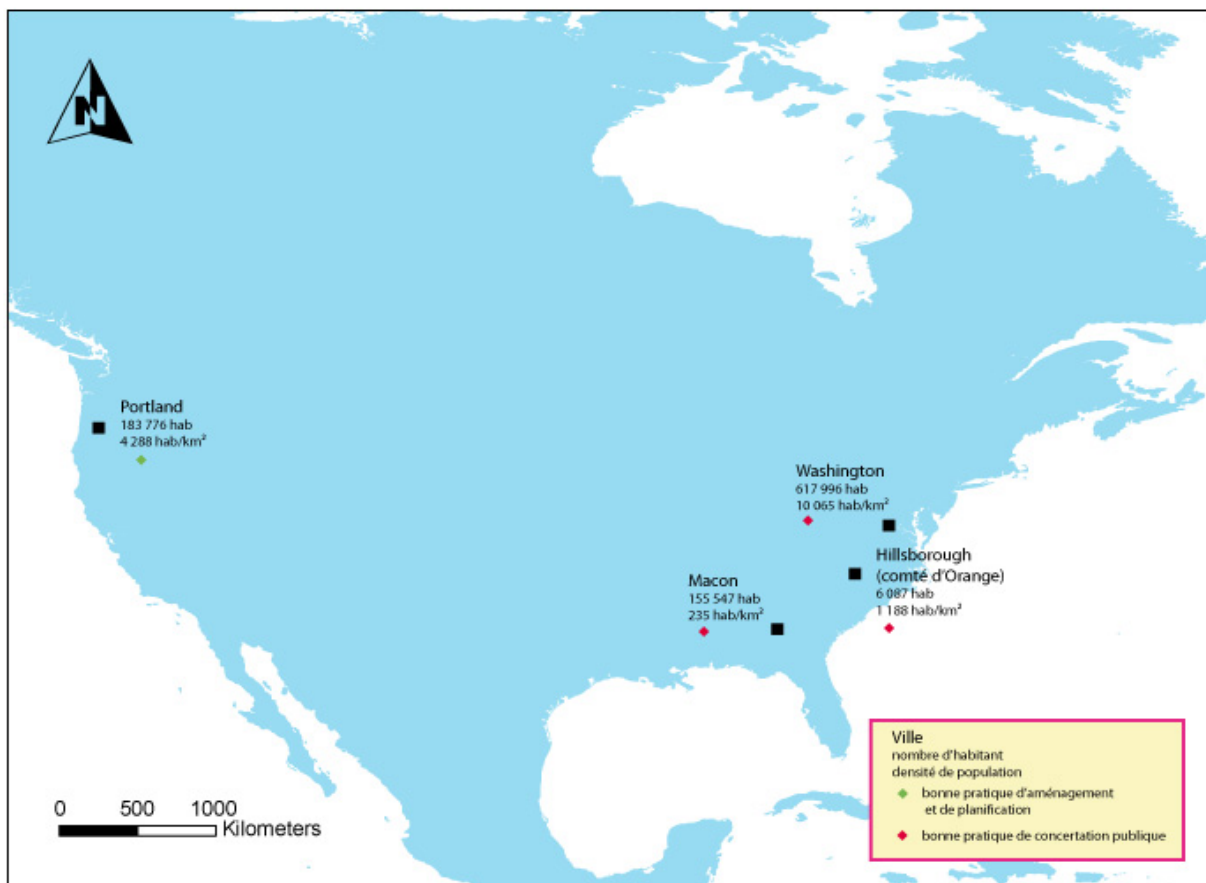


Figure 2: Map of U.S. cities studied



- [1] M. Boulmier, 2009 - The adaptation of the habitat to the challenge of demographic change: a project for the future, report submitted to Mr. Benoist Appared, Secretary of State for Housing and Planning.
- [2] A. Franco , 2010 - Report of the mission "To live at home", delivered to Mrs. Nora Berra, Secretary of State for Seniors, 95p.
- [3] CAS (2011): Adaptation of housing for aging and dependency, analysis note No. 245
- [4] High Committee for Disability Housing (2012): Habitat and aging: living at home but among others, 83p.
- [5] Marc WIEL, *Mobility shapes the City*, Seminar of the Body of Architect Councils, October 2002
- [6] The New Urbanism movement, in the 1980s, sought to break with the principles of the Charter of Athens and the modern movement. It wanted to return to a pedestrian-friendly development scale. Development criteria: pedestrian-accessible city centers, parks, shops and schools, a mix of housing types (apartments and houses) in the same neighborhood, a network that connects neighborhoods.
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- [18] Chapon, P.M., Felix-faure; 2010 - *Lyon, age-friendly* 100p., City of Lyon
- [19] Berger M., Rougé L., Thomann H., Thouzellier C.; 2010 - Aging at home: mobility and anchorages of the elderly in suburban spaces of metropolitan areas (Toulouse, Paris, Marseille), *Area, Population, Society*, No. 1, p53-67.
- [20] The municipalities studied by Martine Berger and colleagues are the following: Ramonville-Saint-Agne, a town near Toulouse, to the south-east, welcoming higher socio-professional categories, with a metro station; Villeneuve-Tolosane, a community near Toulouse, to the south-west, well equipped, Toulouse-accessible by bus, containing medium socio-professional categories; the Union, to the north, near Toulouse; Pinsaguel, south-west of Toulouse; Bessières, north-east of Toulouse, rather distant, with both an aging population and the arrival of suburban elderly, from modest socio-professional categories
- [21] WHO 2007 - World Guide to age-friendly cities, 86p.WHO
- [22]
- [23] [http://ec.europa.eu/justice/discrimination/disabilities/award/about-award/index\\_en.htm](http://ec.europa.eu/justice/discrimination/disabilities/award/about-award/index_en.htm)
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## **A) GOOD PRACTICES OF MANAGEMENT AND PLANNING**

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### **1. URBANISM AND PLANNING**

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#### **a) *Main principles of development in new areas***

In the new districts of the city of Copenhagen, one can discern several major design principles:

- to develop the city in the form of defined neighborhoods, with a functional center and having an average radius of 5 to 10 minutes' walk
- to make buildings with 5 to 6 floors to allow the creation of green spaces while maintaining a satisfactory average density
- to think in terms of adaptable housing design rather than "stigmatizing" a portion of the housing
- to use a grid composed of traditional types of streets, well-marked and with "islands" of appropriate size based on function: sidewalk, bike path, automobile lanes
- to design raised crosswalks, since they are safer and more accessible. In addition, they contribute to an overall reduction in vehicular speed.
- to integrate green spaces of different types and sizes (parks, larger or smaller squares)
- to locate transit stops in places easily accessible by foot and well protected from the weather

#### **b) *Strategic directions for a dynamic and sustainable city***

On the Pacific coast, Portland (Oregon, USA) is one of the two cities of the Portland-Vancouver metropolitan area. The city center is relatively young, with only 10% of its population age 65+. But there is a contrasting geographic distribution, as shown in Figure 3, with elderly "pockets" around the city center and in suburban neighborhoods. Although some indicators, such as average income and poverty rates, are not very positive, the city has a positive image overall thanks to the dynamism of its economy and services, as well as to the large number of universities and students. In addition, local political tradition is favorable to the intervention of local authorities in the planning and protection of the environment. The city is also renowned for its practice of direct democracy (local referendums) and participatory democracy (residents' committees on particular subjects). If the city center is less mature than the national average, the vast suburbs are starting to see an aging process that combines the "aging in place" population with the arrival of retirees attracted by the beautiful natural setting of this part of Oregon.

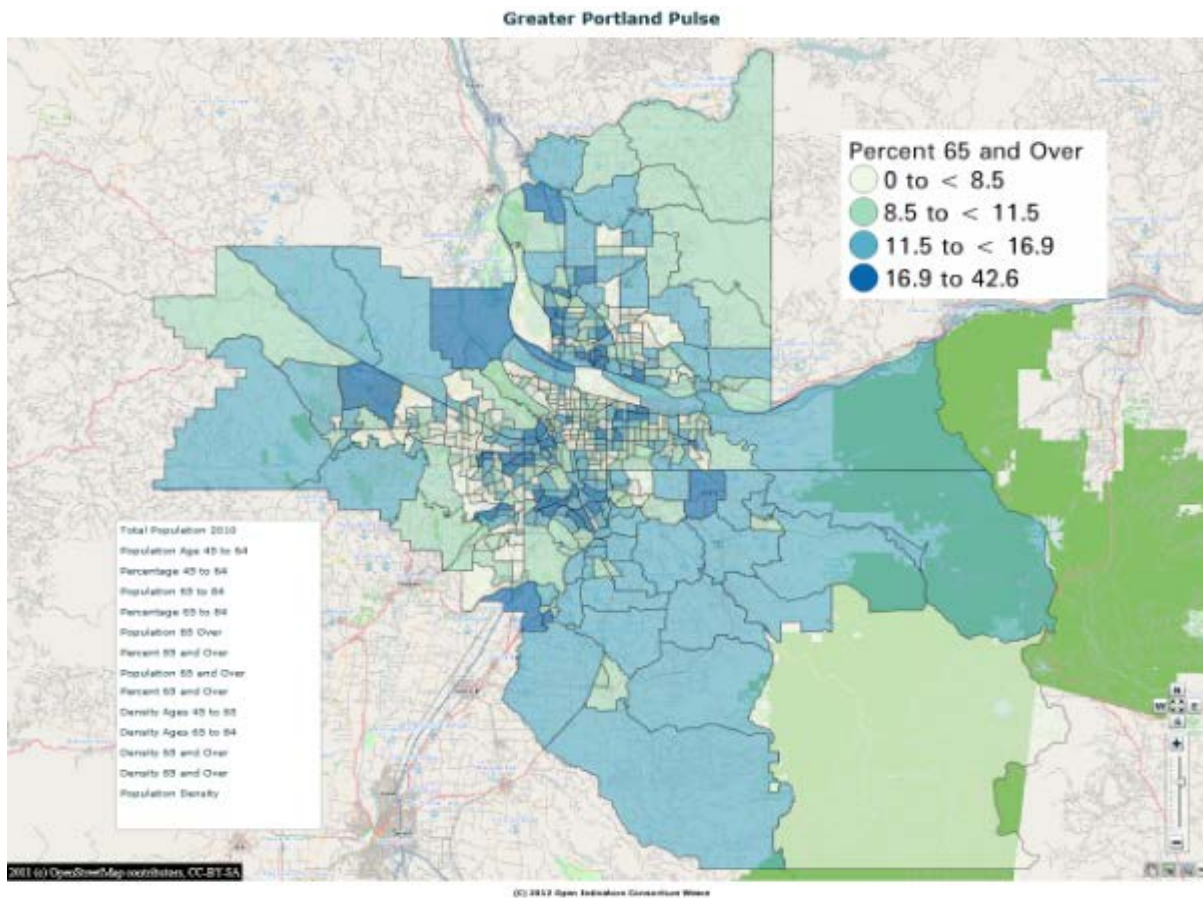


Figure 3: Spatial distribution people 65 years and over in the Portland urban area

Source: U.S. Census, 2010

In 2006, the WHO contacted the Institute on Aging at Portland State University to initiate a study of the adaptation of the city to future aging. The Institute agreed to launch this study despite the absence of any advance funding and a very tight schedule (one year). Two disciplines - management and gerontology - would develop an interesting study for students interested in employment in these areas. In 2006-2007, to identify indicators of current and prospective adaptation, students set up eight "focus groups" - qualitative samples of ten people each. These included three senior citizens, including one volunteer eldercare giver, four public and private officials for personal services, and business leaders. The students were mainly supervised by representatives of the American Association of Retired Persons (AARP [\[1\]](#)), and of market and social economy organizations. "Focus group" questions aimed at a better understanding of the daily lives of seniors by highlighting what they viewed in Portland as facilitators of their quality of life and what they viewed as obstacles to their well-being. In addition, students asked participants in the eight groups to produce proposals for improving the physical and social environment of the city.

The survey results were then synthesized and disseminated locally and nationally through AARP. They enriched the WHO "age-friendly" network's literature of indicators. They stressed the importance of accessibility for seniors, in regard to both transport and public buildings and businesses. They also emphasized the development of physically and economically accessible housing ("affordable housing"). The results also illustrate the need for active involvement of a society's senior citizens, an effective way to overcome ageist assumptions and provide increasing opportunities for employment and social roles. The survey also laid the groundwork for the creation of a partnership between the city of Portland, Portland State University, and the WHO. It was carried out in stages: the mayor first received the results, and then a municipal

commission was charged with going further into the results. In early 2010, Mayor Sam Adams accepted the proposal of the university that the city was a candidate for the label "age-friendly city." More concretely, students and professors were then invited to participate in work of the municipal commission to formulate Portland's urban planning proposal.

The "Portland Plan" should provide strategic direction with a horizon of 25 years to make Portland a "thriving and sustainable city". Regarding the population, the plan must make Portland "accessible to all generations." Portland was accepted in the first wave of cities supported by the WHO. The "Portland Plan" was approved in April 2012 by the Portland City Council. It includes a special section on aging and lists 10 actions to improve the lives of seniors. Housing, transportation, and training of employees and municipal officials are particularly highlighted.

The logic of the plan is not to introduce new regulations, but to encourage actions via recommendations and material incentives. For example, local tax deductions will be given to those who begin work on adapted housing, whether they are landlords or homeowners. The plan even considers complete exemptions if, in apartment buildings, a coherent set of features - widened halls, ramps, ground-floor units - is installed concurrently. In another area, more flexible planning regulations and lower property taxes should promote the development of collective and semi-collective housing for dependents persons and those at risk of dependence. Indeed, by 2030 the number of people age 65+ will have doubled in Portland, and adaptable housing will be a crucial issue. In the service and retail trade sectors, tax deductions encourage businesses to offer handicap access and devices for disabled clients. Similarly, the city will pay attention to pedestrian infrastructure, such as sidewalk access, increasing the number of public toilets, and extending the time for pedestrians to cross the streets.

Ultimately, the actions proposed by the "Portland Plan" are logically consistent with a public-private partnership. Indeed, it is because seniors represent a "sustainable" market that municipal projects can be achieved through the injection of money from companies (developers, transportation companies, businesses), and thus without significantly increasing the tax burden on citizens. Simultaneously, these projects should increase the number of jobs created by the senior market. Thus a virtuous cycle, leading to economic development and well-being for all, will lead to the generational equity sought by the city. This moral decision of the importance of seniors and their needs will resound throughout the social and cultural life of Portland and express an appreciation for their role in society. Thus, in the case of Portland, it is the people (university students, focus groups) who started a process of adaptation and prospective action regarding aging. Taken over by local government, it reflects citizens' initiative and entrepreneurship. It should, however, be noted that here, as elsewhere, we are still in the field of intentions and micro-initiatives. The plan's implementation will unfold in early 2013. Continual monitoring will be essential and should be made by an advisory committee including municipal authorities, universities, associations and service providers for the elderly.

### ***c) Controlled urban development***

In Finland there is a tradition of planning that facilitates a holistic view of the city and its development. However, the complexity of communication networks and dense urban concentration limit the options of city plans and force "vertical" choices, contrary to the aspirations of drivers and citizens. As one report of International Friendship Group of the Senate [\[2\]](#) stated, "Although this country is one of the OECD countries where income inequalities are less great, the recession of 1990-1993 painfully affected Finland. It weighs more heavily, despite the economic recovery, on some portions of the territory. Some pockets, especially in the north, have concentrated populations whose average age exceeds 50 years, without training and with long-term unemployment. They seem hardly absorbable." Reflection on sustainable development and the aging of the population permits reconsideration of new urban spaces.

Helsinki today is entering a new phase of historical development due to the release of land. The Kamppi district is an old bus station in the heart of the business center which is, in the 2000s, the largest construction project in the history of the country. The district's features (bus station, shopping center, offices, housing) are being developed for accessibility. Reduced mobility is at the heart of planning principles; for example, the Kalasatama area and its gardens are accessible for its 18,000 inhabitants via the subway, whose construction will continue until 2030. The petroleum port area of Laajasalo is also being converted, and a new luxury neighborhood will be built for 10,000 people. Note also that Helsinki is engaging in the world's first underground urban planning: the idea is to make life easier and more enjoyable on the surface. When the project is fully completed, automobile traffic, storage and heat production will be completely underground, benefitting of the quality of life for all on the surface [3]. Architectural and urban design are major concerns for the Finns because they think these play a fundamental role in the daily life of their society and greatly affect the quality of life. The Association of Finnish Architecture has an important place; it organizes competitions for the public and private sectors, in order to promote a high quality of life. For example, the new Espoo hospital project (in Greater Helsinki) resembles a campus, where people feel as if they were in their own homes.

#### ***d) A suitable proposal for the transportation network***

In Berlin, the VBB (Verkehrsverbund Berlin-Brandenburg) is often cited for its exemplary actions in district planning. Here one primary logic dominates: that all public spaces equally serve private traffic, public transport, and intra- and inter-urban travel. Examples are handrails at each station and in each public vehicle, Braille displays, use of colors to facilitate comprehension for people with different visual and cognitive disabilities, signs in each bus/tram/train/subway, training for all drivers, recruitment of caregiver-guides, and personalized intercom call service in every subway station (emergency call button differentiated from information button) and available for any need.

In Hong Kong, in addition to the dense network of subways, taxis, ferries and buses, there are green and red minibus services. Red minibuses have no set route, only a starting point and terminus. Passengers can get off wherever they want, unless prohibited. The route between these two points is at the discretion of the driver and generally depends on traffic. The green buses, on the other hand, have defined routes with designated stops. These minibuses hold up to 16 passengers. In 2012, 1270 red minibuses were in operation, and 363,000 passengers use this inexpensive, 24/7 mode of transport daily. Most minibuses are privately operated under contract with the agency in charge of transport.

The Hong Kong Council of Social Services is embarking on an ambitious program in the spirit of the global "age-friendly cities and communities" program. The plurality of actors is, perhaps paradoxically, an asset. Thus, the transport is organized between countless different managers (ferries, subways, trams, buses), and each actor must attract maximum customers. Most managers are innovative in making their offers attractive and safe. This competition is also found in the area where transport service providers understand that their clientele is aging, and adapt their offers accordingly. The objective of the Hong Kong Council of Social Services is to bring together stakeholders on the issue so as to evolve their vision and their actions more rapidly. Compared to other cities, Hong Kong has many management-based advantages that facilitate the daily lives of seniors: taxis are abundant and cheap, shops are open day and night, and the importance of the level of security is recognized, thereby limiting attacks.

## 2. HOUSING

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### a) *The adaptability of housing*

In Denmark, the state and localities have supported, for forty years, accommodations and the provision of goods and services to people age 65+, whether in businesses or at home. Family support of its older adults is seen as complementary to public intervention. "The system is based on universal and free public services, in consideration of a high level of taxation. In 1987, Denmark chose not to build new homes and embarked on a policy of rehabilitation and adapted housing to meet the needs of dependent people. Municipalities have the obligation of funding the work of adaptation or of offering suitable accommodation for people whose situation meets the eligibility criteria. The law abolished the distinction between establishment of homes for the elderly (EHPA) and home care, by introducing the concept of adapted housing in old age. Beginning in 1992, it is the Danish municipalities [4] that must carry out the mission of meeting the needs of older people: social services, home care, primary health care, and management, including long-term stays and habitat management for the elderly. But the cost of these measures is extremely high and new options are studied, reducing home support for the most dependent elderly and encouraging senior citizens to move to EHPA in such a way that they are able to find a facility and make this choice by themselves" [5].

In Copenhagen, the adaptation of housing remains the domain of families, and consulting programs are implemented only on architectural and technical issues (types of modifications and lists of suppliers), without financial aid or design assistance. Innovative forms of intermediate housing are the preference of the city today: "senior residences." These are two-room accommodations, fully accessible by walker or wheelchair, gathered in small buildings of 4 floors with elevator and planned access. These apartments are not equipped with remote monitoring or remote assistance but remain similar to the family environment of the older person. In addition, their proximity to a technical platform facilitates access to nursing care if necessary. There are currently 14 programs of "senior residences" just in Copenhagen, which pioneered the program in Denmark.

In Salzburg, Austria, issues related to housing and housing adaptation remain a private matter, not receiving aid or special grants. Aging is a part of social life and the policies for seniors naturally overlap social policies of the city. The question of suitable housing is central to the thinking of the new master plan of the city: building main routes dividing the territory into areas of just a few square kilometers, to offer the use of infrastructure and services needed for life's journeys, including specially adapted housing to combine offers of private rentals and public housing funded with support from the CPAS. But this issue is still under study and raises considerable controversy. The apartment is culturally considered to remain in the private domain; the hospital is under a commitment or contract with the State or the city.

In Liège, the Municipal Advisory Commission for Disabled Persons (CCCPH) is engaged in the promotion of adaptable housing, especially with the "AccessPlus" service established by the city and the CPAS. In addition, the CCCPH invests in the municipal plan to fight against poverty. It also participates in the organization of the "accessibility and architecture" contest during the annual "week of accessibility," and in the training of bus drivers to welcome and assist the disabled. The Municipal Advisory Commission for Older Persons (CCCPA) has more than 70 associations and specifically targets the elderly population. The AccessPlus service informs, guides and advises people with disabilities in all aspects of daily life, whether urban accessibility, access to employment, or access to culture. It has two agents plus a social worker to serve this population. AccessPlus also has an important role in the development of public and private buildings, as it will issue an administrative "notice of accessibility" for building permits and disseminates Walloon Code guidelines for land use, urban planning, cultural heritage and energy (CWATUPE). Regarding accessibility, this

document includes all the rules and guidelines for accessible housing: buildings, parking lots, walkways, doors, staircases, elevators, windows, toilets, bathrooms, showers, bedrooms, sidewalks.

Concerning adaptable housing, AccessPlus created an "adapted fit" model, with plans, technical notes and impact statements, to encourage architects, developers and planners to design housing taking into account the issue of adaptability.

### ***b) Group housing solutions and eco-homes***

Since 1995, there has been, in Berlin and elsewhere in Germany, an important development of community residences for people with Alzheimer's disease and related disorders. The 460 apartments of this type are found in conventional buildings and can each accommodate about 10 people. These arrangements are considered as conventional housing, with outpatient care provided by external services. An association or a private provider signs a lease for a large apartment. The individual rooms are rented to residents who are able to remain as long as they want in a protected environment. The services are provided by home care services; 40% are provided by non-profit associations and 60% by for-profit providers. Costs of daily life are shared among all residents. The total cost is about 3200 euros per month, which is about average in Germany, but the service is better than in conventional homes. These units are scattered throughout the city, mainly in Berlin, and are notable because they are a response to those who wish to remain living in their neighborhood. The location is chosen to be in a protected geographical environment and close to public transport. Nevertheless, the homes are not fully suitable. However, it is possible to receive an allocation for the modification of apartments, especially for health-related adaptations. For special needs housing, it should be noted that, as in France, public subsidies are low in Germany (maximum 2050 euros in Berlin) and relate only to the renovation of existing homes. Little new adapted housing has been built (beyond common accessibility criteria).

In Austria, the new concepts of care for dependents and the old-old place group cohabitation at the forefront because it is seen as adding to the quality of life. The pilot project at the Vogelweide retirement home, in the town of Wels, is an illustration. It is a congenial medical facility for 124 dependent persons, built to energy-efficient standards (excellent insulation, heat pumps and solar panels). Its rooms are grouped into units with a living room, a kitchen and a space for caregivers. Architecture, sustainable design and organization are carefully harmonized and mutually supportive to provide a better quality of life for residents. [\[6\]](#)

Denmark has a culture of congregate housing in the form of eco-villages built on two concepts: intergenerational interaction and ecology. It is in Denmark that "co-housing" started in the 1970s, the idea being to share spaces and activities. From the beginning it was multi-generational. Currently there are about 200 co-housing developments for seniors. Gyngemosegard is a good intergenerational example. At Munksoegaard [\[7\]](#), environmental activists have created a concentric eco-village. There are 100 houses, in 5 groups of 20 houses, each group having its "neighborhood house" or "clubhouse" for its common activities. Three groups are owned by the Roskilde Building Association, which rents to a group of young people, a group of seniors and a group for all ages. The emphasis is on advanced ecological development and community life, with everyone participating in some tasks.

## **3. ACCESSIBILITY**

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### ***a) Accessibility of the city***

In Copenhagen, accessibility is part of the city's urban development. One third of the city (more than 80 kilometers of streets and roads) is built to facilitate the harmonious presence of bikes (preferred way of travel), public transport, cars, and people with disabilities. 30% of daily trips in Copenhagen are by bike, and the municipality wants to increase this figure to 50%. Therefore the cycling network is impressive with, in places, trails wider than sidewalks, which has doubled usage. The other feature is the attention given to families. Thus arrangements must be made to combine a response to these two foci. All roads are very accessible and thus one of the most successful adaptations in Europe:

- wide and unencumbered sidewalks
- timed lights
- raised crosswalks: the curbs are not lowered as in France, but crosswalks are raised to the sidewalk level for better user comfort and vehicular speed control

The roads have not been built according to the specific needs of elderly and disabled people, but for the entire population. Thus they are adapted quite naturally to those with a walker (70,000 seniors have one). Paradoxically, the cycling routes can be dangerous for seniors because of the speed and the large number of bicycles.

The Polish city of Krakow benefitted from prior international initiatives to develop large-scale actions that can permanently change the face of the city. Participation in the 2012 Access City Award was a real lever for urban development and tourism. The brochure of the European Union [\[8\]](#) explains that each year Krakow attracts seven million tourists but that, because of its ancient streets and protected infrastructure, it could not be visited and enjoyed by all. The accessible tourism project, launched by local authorities in 2008, has helped thousands of people with disabilities enjoy a large part of the unique heritage of the city. The route of the Royal Road includes twelve models of famous monuments of the city for the visually impaired. A musical accompaniment with GPS was developed to describe them in several languages.

"The Austrian city of Salzburg won the 2012 Access City Award in the framework of the European Day of People with Disabilities for its longstanding commitment, its coherent approach, and the excellent results it has achieved to improve accessibility, to which people with disabilities have contributed directly" [\[9\]](#): a guide and tactile orientation for the blind and visually impaired; lifts, ramps and hearing equipment (magnetic induction loops) are routinely used to upgrade public buildings; sidewalks are lowered at intersections; and secure, accessible public washrooms have been installed. The brochure "Discovery Salzburg Without Barriers" lists places to visit, restaurants and hotels, and event locations that can be accessed by people with motor disabilities. The routes can also be traveled in a wheelchair.

### ***b) Accessible public buildings and transport for all***

Almost all Krakow buses are equipped with accessible low floors. By 2013, all trams will also be so equipped. In addition, a system of audio announcements of stops will be introduced in public transportation. "At the John Paul II Krakow-Balice International Airport, services are tailored to people with disabilities. They target mainly wheelchair users, who can follow passages marked in blue for access to reserved parking spaces and assistance offices, and have personal assistants at their disposal" [\[10\]](#). Unfettered public spaces are an



integral part of the project. Recent adjustments are characteristic of progress to make buildings and public spaces of the city more accessible. The European Union brochure reports that "colored blocks with embossed overlays indicate where the visually impaired can get off the sidewalk safely. The Krakow Sports Club is fully accessible, with entrances, lifts and adapted toilets. A dozen city halls and some 75 public buildings were rebuilt or reconfigured for easier access. The city promotes accessible construction via the 'Krakow Unhindered' architectural competition. In four years, hundreds of nominations have been received for city buildings divided into four categories: public service, housing, public spaces and historic monuments. More than 30 were distinguished, ranging from the sports center to the National Museum housed in the Cloth Hall" [\[11\]](#).

"Krakow can be proud of one of its innovative solutions in public transport - the 'Tele-Bus' service, which was launched in July 2007 in the framework of the European project CIVITAS CARAVEL . The idea behind this service is to provide a solution for people living in the suburbs or in areas where conventional transportation services are not as frequent because of the small population. With the 'Tele-Bus' service, residents have the opportunity to organize public transport demand on a specific day and time with a simple phone call" [\[12\]](#).

In Salzburg, special attention was paid to parking spaces reserved for the disabled. They were installed based on studies of movements of persons with each type of disability. "Disabled drivers can enter the old town. Non-driving elderly benefit from the new policy of public transport, with on-demand and outside-peak-hours bus service. The city subsidizes transportation of mobility-impaired people, who receive discounted monthly passes and taxi vouchers. Bus stops have been transformed and now include features easily identifiable by both the visually impaired (tactile features) and bus drivers. They stop to answer questions from users with disabilities and help them arrive safely." [\[13\]](#)

In Berlin, the BAIM program, implemented in 2005, was designed to allow disabled people plan their public transport using a computer or smartphone, based not only on facilities (e.g., elevators, escalators, access to trains), but also in terms of roads (e.g., sidewalks lowered, lack of sidewalks, handrails, information systems). All information is collected and analyzed by the teams in charge of the project. Current usage is measured at 3% of all users, representing 8 million trips. In 2009 BAIM opened the system to other populations, including the elderly. "Focus groups" were formed into three categories: 65 and older, 55-64 years, and under 55 years. BAIM maps now include more elements and are completely open, allowing each user with his smartphone to report in real time a broken elevator or a busy sidewalk. The goal is to generalize this mapping to the entire city of Berlin (not just roads linked directly to public transport). However, proponents face technical constraints because of the huge database required. Funded by the Ministry of Economy and Energy, and tested in Frankfurt-on-Main, this project could be a great advance because it allows each user to view, in real time, the optimal path from point A to point B.

In the city of Liège, the Communal Advisory Commission for Handicapped Persons (CCCPH, cited above) is interested in:

- bus accessibility for people with reduced mobility (8 lines equipped in 2012) [\[14\]](#), as well as the accessibility of the new Guillemins station, downtown, shopping centers and cultural complexes
- the development and location of parking spaces for disabled people (750 places in 2012)
- the installation of public toilets accessible to people with reduced mobility
- priorities for urban development: modified sidewalks, ramps, seats or benches for resting

## 4. TECHNOLOGY

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In Denmark, information technology and communication have been used since the early 2000s. Research has focused on solutions offered by the Internet and remote support/monitoring applications. An article on Themavision mentions a 2009 study by the Caisse des Dépôts, "Technologies of autonomy and home support: an international comparison." It "highlights three initiatives which show that Denmark has developed, since the early 2000s, tele-health solutions in response to the needs of the regions with aging populations. The country's geography, comprising a group of islands and peninsulas, certainly helped to accelerate innovation in this field" [\[15\]](#).

The same article describes the tele-health network that allows home monitoring of patients with respiratory or cardiac failure on the island of Funen, and a tele-monitoring system to reduce the risk of falling and to monitor blood pressure patients in another rural area; this study continued until the end of 2008. The University of Aarhus and the Aarhus Hospital (in Denmark's port city, on the Jutland peninsula) are collaborating on a tele-medicine project designed to monitor people with diabetes. A monthly consultation with a hospital-based doctor is organized by nurses at the patient's home via videophone. Implementation of a policy supporting aging is largely based on the work of an association of national dimension, the ÆLDRESAGEN-DaneAge. It has 542,000 members, comprising 10% of the national population, and includes 219 local committees. The goal of DaneAge is to promote the rights of older individuals and their active participation in society. In 2007, DaneAge joined the AARP Global Network as a founding member. In Copenhagen, as in other major cities in Denmark, this association supports the development of new technologies, training and education for seniors (e.g., for tablet computers or medical monitoring programs), but also advocates for seniors with industry and government in the search for new solutions.

In Slovenia, a clinic of the Institute of Rehabilitation in Ljubljana, a center helping enhance autonomy of elderly or disabled, opened in 2008. The IRIS Center (innovations and intelligent solutions for independent living) is an ultra-modern showcase for professionals and users. It provides, among other things, centralized control [\[16\]](#). In Finland, at the "Adult Education Centre" of Helsinki, 22% of students are age 65+. Seniors receive computer training in a tutoring system where the more advanced seniors help train beginners. To the east of Helsinki (Kontula) is a new retirement home for people with mental disabilities. It offers advanced technologies such as fingerprint recognition access, and "smart" carpets that can identify the person walking. Even the balconies are adapted and safe, to allow residents to be unattended so as to develop autonomy [\[17\]](#).

### ***B) GOOD PRACTICES OF CONSULTATION AND POLITICAL ORGANIZATION***

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#### **1. INITIATIVES OF CONSULTATION AND PARTICIPATORY DEMOCRACY**

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At the prospective conference, "Where the old will live in 2030", organized by the National Union of Health Networks and held in Paris in December 2010, Jean-Michel Caudron, an expert in gerontological engineering, described the initiative "Old Age and the Good Life" (Det gode ældreliv), conducted in Copenhagen since 2007, at the behest of municipality's health and social services. EPHA of Solund, with 425 residents, has been a research site since 2007. Eleven companies work with customers and employees to improve the quality of life of the elderly. Jean-Michel Caudron said that the project, which identified eight themes (including quality of

life, medication, work environment, and memory support), also identified avenues for innovation, development and testing of proposals, and prototypes and products in order to improve the quality of life for residents of Solund. The results of this are applicable locally, nationally, and even beyond Denmark [18].

In Krakow, the "Senior Task Force" (2007-2008) prepared senior volunteers to work in welfare associations. This aimed to integrate the oldest in society by giving them the opportunity to obtain a valuable complement to retirement, but also and above all to show their "social utility" in the society of tomorrow. Retirees are more and more numerous; helping them will become a fundamental support and will help them feel better integrated in a constantly changing society. In addition, younger seniors help their elders in their daily lives.

As part of "Helsinki World Design Capital 2012" year, students of Aalto University participated in the "365 well-being" project, which included 12 socio-medical projects. One of them, "Rethinking Villa Breda", allowed students to work with older people in a retirement home in Kauniainen. Villa Breda is a service center in the municipality of Kauniainen. New furniture is designed, tested and improved by several local and national industrial firms. User committees follow each line of service or product and collect the opinions of future users to help develop improved products. [19]

In Slovenia, home maintenance and support for frail elderly are largely provided and coordinated by quasi-governmental organizations, the most important being the MZU. The "Mestna Zveza Upokojencev Ljubljana" (Association of Retired Persons of Ljubljana) oversees municipal services; its action is significant, as it collects and communicates the needs and interests of older people in the central region of Slovenia, maintains dialogue with the government, and identifies major social issues on which it holds regular sessions of experts.

This association also directs advisory service centers and day activities for the elderly, allocates public housing, monitors the resources of the most vulnerable people, and decides to grant emergency relief. In 2011, for the first time, it partnered with the city regarding mobility and lack of access to outlying areas. Its role and engagement with services in the city helped Ljubljana obtain the Jury's special mention in the "Access City Award 2012".

A substantial project, "Starejši za starejše" (Old for Old), an exemplary initiative, is listed among the best practices guide for the European Charter of the rights and responsibilities of older people requiring care and long-term support (project EUSTaCEA, November 2010): "One of the main objectives of the local seniors' organizations (about 400) is to provide assistance to seniors in each neighborhood. The National Union of Organizations of Older Persons (ZDUS) supports the action of using 'the old for the old'. In the context of this initiative, seniors gather information on the living conditions of other seniors, and communicate them to local or national institutions. More than 230 local Slovenian organizations are involved in the project, mostly funded by the Ministry of Social Affairs." This federation relays and develops initiatives of the AGE platform. This grid shows the emergence of a united and responsible business model built on intergenerational linkages.

The University of Seniors [20] is an institution found throughout Slovenia, particularly in Ljubljana, where it has nearly 2000 elderly. Focus areas are varied: intergenerational solidarity education, workforce research, or activities that people age 65-75 can still perform to contribute to the social and economic development of their neighborhood. It can be a business sponsorship of hired youth (with an agreement for alternating training), participation in the activities of the neighborhood where they live, various forms of help and all forms of volunteering, but always with a presence in the neighborhood. The University of Seniors has an executive council with diverse representation that decides the broad guidelines in the context of the implementation of national priorities, such as the development of the Internet or learning foreign languages.

Each Salzburg project fits into an overall view of the city and its development. As described in the Access City Award 2012 brochure, the opinions of people with disabilities and their representative organizations have

allowed the city of Salzburg to know whether the measures it has taken are correct and efficient responses to the needs of users.

## **2. PREVENTION, INFORMATION AND COMMUNICATION**

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Hervé Lambert, during a conference on "spatial mobility" [21] held in Grenoble March 24-25, 2011, described a program offered since 2004 by the Salzburg public transport operator (StatdtBus), retiree user associations, and the city. It focuses on learning about public transport for the elderly [22]. "For the operator, the goal of this program is to keep seniors mobile, focusing on issues of physical confidence-building (how to get off safely, how to stand on the bus, etc.), behavior (the right to ask for a seat, etc.) or, to a lesser degree, usage (where to buy a ticket, how to identify the line, etc.). The operator and the city of Salzburg also want to reduce the number of accidents (predominantly falls) involving the elderly." Students help the elderly use municipal facilities, a good example of intergenerational cooperation. This example helps meet societal goals such as maintaining physical activity or a social life, with a view toward living independently as long as possible [23].

Many outreach initiatives are undertaken in Salzburg. Moreover, ongoing training is provided to students, teachers, trainees, bus drivers and airport staff to better understand the needs of people with disabilities. Videos and brochures are distributed in public places and schools, notably through the campaigns "To Live in Salzburg", "Young and Old, Let's Live Unfettered" and "Another Point of View."

The city of Helsinki offers services targeted particularly for the elderly and disabled, such as home care, assistance with moving, or various leisure activities. The city supports its seniors in finding suitable housing for each individual's needs. It also sets up "S-info" points that inform and assist the elderly in the search for solutions, free for all social services, including municipal services not provided by associations or private organizations. Outside business hours, the Social Emergency takes over to help individuals.

In 2005, a resource center for the elderly (Elderly Housing Society Resources Centre) was opened by the Hong Kong Housing Society. It is a free center, open 6 days per week, in which seniors can:

- assess their health through a course of about ten tests (cognitive tests, physical tests, heart rate) in the form of games using modern technologies, such as virtual reality or motion detection. The results of each test are recorded on an electronic chart, and center teams discuss results with the elderly in order to propose the most suitable solution;
- visit an adapted apartment, in which staff can demonstrate a wide selection of equipment or modifications. However, the focus is on technologies, and equipment is quite expensive;
- negotiate a course with many physical obstacles. The elderly person is attached to a winch system for safety and learns to make his/her way through the worst obstacles he/she may encounter in the street. The older person also learns, in this center activity, to use the safest shoes and avoid the hazards of everyday life.

Another aim is to reach private developers and planners, who are trained to use the safest surfaces or the best colors and font sizes, or install exercise stations targeted at seniors in parks. Thus the center fulfills its objective of information and advice, but also one of outreach aimed at all audiences: students (many visits are organized) and local authorities who, through such initiatives, become aware that it is necessary to engage in global action.

### **3. GOOD PRACTICES: SOLIDARITY, VOLUNTEERISM AND SELF-MANAGEMENT**

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North Carolina has the third highest rate of elderly immigration of all 50 states. Retirees are attracted by its climate, its services, its culture and the cost of living. The state's governor has asked each of the 50 state agencies to conduct a study to assess its ability to cope with a rapidly growing older population. The North Carolina Division of Aging and Adult Services (NCDAAS, which is North Carolina's State Unit on Aging under the Older Americans Act), allocates Administration on Aging (AOA) funds to the state's Area Agencies on Aging (AAAs), which focus on projects for this growing population and on project evaluation. The NCDAAS provides tools for community "age-friendly" assessments.

In North Carolina's Orange County, the Orange County Department of Aging has a budget of US\$ 1.4 million per year, of which less than half comes from the state of North Carolina, because Orange County is relatively wealthy and can afford to fund services for its seniors. Among the services offered to seniors are courses for which a financial contribution is requested from registrants to compensate teachers. The NCDAAS retains 20% of this money to help pay the fees for poorer people and to pay students doing their internship training (doctors, nurses, social workers). Thanks to the "Retired Senior Volunteer Program" (RSVP), NCDAAS has about 600 retired volunteers for its two centers.

**In addition, throughout North Carolina all high school students must perform 40 hours of community service before they can receive their degrees.**

#### **The Village to Village Network**

The concept of "Village" was born in Boston ten years ago, the idea being to have a holistic approach to aging and focus on remaining in one's home, which is the wish of 90% of Americans age 60+. The "Village Movement" advocates an innovative concept in which the inhabitants themselves form as a non-profit organization and can thus make decisions without the intervention of any local authority, unlike the national or local policies that regulate social services.

"NCB Capital Impact," an organization which lends to cooperatives and non-profit organizations, partnered with the Village Movement 2 years ago to create the Village Network, whose website ([www.Vtvnetwork.org](http://www.Vtvnetwork.org)) includes a list of all American Villages. The movement spread internationally, and there are projects in Australia, Canada, and the Netherlands. In total, around 90 villages have been created and 123 are in development. The "Village Movement" currently has 10,000 American members. Each Village is funded by membership dues, donations, and foundations, which sometimes subsidize the membership fee for low-income members. There is no governmental financing, and thus no direct requirement to meet governmental regulations or conditions.

Villages are found in urban, suburban and rural areas. Within the Village's geographical area, only those who have chosen to become members and who pay an annual fee can access services, which include:

- "Concierge" services provided by volunteers and businesses (goods or services), which grant discounts to members of the Village (errands, fitness programs, information)
- Health, wellness and prevention services
- Cultural and socialization activities and events

Home maintenance is one of the major concerns of the Villages, and one of the concierge services is home assessment and modification. Caregivers are available between 2 and 24 hours daily, at a rate 10-20% below the usual price. Discounts are given for geriatric services. Each village establishes its own criteria for determining when the member requires more support than the village can provide to maintain the member at home. In general, people with mild dementia can be helped, but not those with more advanced stages.

The annual fee varies among Villages, but the average is about US\$ 500 per person and US\$ 700 per couple. The annual budget of Beacon Hill Village (Boston) is about US\$ 400,000. The national average is US\$ 200,000. Revenues are used mainly to pay Village employees (typically between 1 and 4 people). It must be emphasized that volunteering is at the heart of the concept of the Village Movement, and we can say that without volunteers Villages could not survive. Many members themselves are involved in volunteering, as are their children, students, and churches.

Each village is governed by a Board of Directors, all of whom are village members. The Board appoints committees: planning, services, marketing, recruitment, education.

Villages are effective and offer excellent value for money considering all the services they offer; they also prevent or delay institutionalization. It is believed that the system also saves the government money by providing home support services that, otherwise, Medicare (health insurance for the elderly) or Medicaid (health insurance for the poorest) might have to pay for.

If a participant must leave the village, for instance, to move into residential long term care, he/she may continue to use the services of the Village, which will be provided on site. California is currently conducting a 2-year study to obtain data on the achievement of objectives. For cultural reasons, the concept is not necessarily transferable to all countries. Managers in the Netherlands, Canada and Australia are trying to retain the fundamental values of minimal government involvement, of members being responsible for their program, and of the heavy reliance on volunteers. It is still too early to say to what extent these values are acceptable outside the United States. In the United States, the average age of participants is 74 years, but many are in their fifties or sixties. These are "young seniors", healthy, active and independent. However, even if the Villages continue to recruit these age groups, the average age will increase over time, and there will be a need for more services. Costs will increase, and some may lack the means to join.

The Villages are interconnected, informally and formally, as the need to discuss problems and their solutions arises. The website offers a members-only forum. It also offers assessment tools, as well as advice for marketing, for recruitment of service providers, and for the development of rules and webinars (interactive online seminars).

The "Village to Village" network is collaborating with AARP's *"livable communities"* program in a study of the *"village movement"*.

Financial partner NCB has developed small nursing homes, each housing about a dozen residents, based on the *"Greenhouse Project"* model. At least one of these would be located in or near an existing village, to create a territory-based "continuum of care".

The concern is that people who want to create a Village underestimate the importance of the preparatory phase, the costs, and the resources that need to be mobilized. However, until now there have been only 3 failures.

(See the example of Washington, DC in Appendix 2)

In July 2012, the voters in rural Bibb County, in the state of Georgia in the United States, approved a merger of the city of Macon's municipal structures with those of the county to create the "consolidated" entity of Macon-Bibb. At the same time, local authorities announced that they were embarking on the process of acquiring an "age-friendly" designation from the WHO.

Macon-Bibb is located in central Georgia, in a traditionally rural area organized around a few small towns. Most of the economic activity exists within a network of small industrial enterprises and shops. An important military base south of Macon also contributes to the local economy. The population is predominantly African-American (67%) and is characterized by high rates of poverty (22% overall, and 30% in rural areas). The proportion of the population that is age 65+ is close to the national average. In contrast to Portland, the initiative to become "age-friendly" came from the top down - and is primarily from the perspective of the fight against poverty and its consequences for seniors. Indeed, the age-friendly initiative was proposed by the Georgia branch of AARP and speaks directly to the municipality.

For many years, AARP delivered programs in central Georgia: training for older drivers, assistance with tax returns and other official papers (there are still many illiterate elderly), and especially programs against hunger and food insecurity. In fact, according to a survey, 54% of seniors in central Georgia experienced food difficulties. More broadly, AARP operates in partnership with charitable organizations, a program called "12th and 12", which provides noon-time service - meals and information - year-round to those in need.

This was an AARP initiative. In April 2012 Macon-Bibb filed its application with the WHO network. For AARP directors, this application will expand and globalize regional efforts against elderly poverty and for social integration. If the city fails to find the volunteers needed to attain the project's certification, AARP is ready to provide its own volunteers. The program adopted the list of objectives proposed by the WHO, including affordable housing and transport, but is also committed to more locally-targeted needs. Promotion of digital technologies to overcome isolation, employability of older workers to improve their income, the development of home care services, and collective cultural activities (excursions, cinema etc.) are highlighted. Another original aspect of the project is that it is mainly the poorest neighborhoods, those in downtown Macon, with the least healthy environment, that are expected to benefit from future programs. The mayor follows this project and is currently trying to create a monitoring committee with citizen volunteers. This committee should propose improvements to be made by local authorities. Like AARP, Mayor Robert Reichert sees a livable community as a development goal.

The certification program unfolds in two stages: a two-year planning period followed by a three-year development and implementation period. A first meeting for volunteers was held in July 2012 at the Macon Chamber of Commerce. Many people volunteered, but more will be needed to complete the eight domains identified by AARP. (These are housing, transportation, social participation, respect and social inclusion, employment, communication and access to information, culture, and health.)

In August, AARP organized workshops open to all to discuss WHO indicators and procedures for project implementation. In Fall 2012, the Monitoring Committee of area residents should be created and will operate for the two-year planning period. The mayor has not yet addressed all issues completely, most notably regarding the financing plan. However, the improvement of public spaces and of comfort in the most dilapidated housing should not only benefit seniors but also make the area more attractive to all people, thus facilitating overall development.

As in Portland, but with more attention to the most vulnerable seniors, urban adaptation proposed by the WHO is a development tool for regions and urban societies. However, in this latter case, it is AARP, a powerful national association, that leads the project until the citizens groups are formed and the direction is assumed locally. The urban adaptation to aging is supplemental to the social dynamic.

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- [1] AARP is a non-partisan and non-profit organization whose goal is to help people age 50+ be independent and autonomous. AARP has more than 37 million members, and is found in all states (see Appendix).
- [2] *Account of the mission carried out in Finland by a delegation of the Senate's Finland-France Friendship group, 22 to 26 January 2001*  
[www.senat.fr/ga/ga34/ga310.htm](http://www.senat.fr/ga/ga34/ga310.htm)
- [3] [http://www.hel2.fi/ksv/julkaisut/esitteet/esite\\_2009-8\\_en.pdf](http://www.hel2.fi/ksv/julkaisut/esitteet/esite_2009-8_en.pdf)
- [4] Drees, Studies and Results, August 2009
- [5] [http://www.themavision.fr/cms/rw\\_263900/le-bien-etre-des-seniors-une-priorite-au-danemark-1ere-partie](http://www.themavision.fr/cms/rw_263900/le-bien-etre-des-seniors-une-priorite-au-danemark-1ere-partie)
- [6] <http://www.coolregion.info> (publications/file pilot building D34).
- [7] <http://www.munksoegaard.dk>
- [8] European Commission 2012 Access City Award, Luxembourg, Publications Office of the European Union, 24p.
- [9] Ibid
- [10] Ibid.
- [11] Ibid
- [12] <http://www.aeneas-project.eu/fr/?page=krakow>
- [13] ibid
- [14] [www.infotec.be](http://www.infotec.be)
- [15] [http://www.themavision.fr/cms/rw\\_263925/le-bien-etre-des-seniors-une-priorite-au-danemark-2eme-partie](http://www.themavision.fr/cms/rw_263925/le-bien-etre-des-seniors-une-priorite-au-danemark-2eme-partie)
- [16] <http://www.dom-iris.si/en/index.php?id=1> <http://www.bulletins-electroniques.com/actualites/53263.htm>
- [17] <http://wdchelsinki2012.fi/en/news/novel-housing-concepts-elderly-and-homeless>
- [18] <http://www.ouvivrevieuxen2030.com/#MT>
- [19] <http://365wellbeing.aalto.fi/category/the-projects/rethinking-villa-breda/>
- [20] <http://www.eu-seniorunion.info/fr/press/ESU-SI-No22-0811-fr.pdf>
- [21] 11th Symposium of the Working Group "Spatial Mobility and Social Fluidity" of the International Association of French Speaking Sociologists (AISLF)
- [22] <http://hal.archives-ouvertes.fr/docs/00/62/65/63/PDF/Lambert-MSFS2011.pdf>
- [23] Web: [www.stadtbus.at](http://www.stadtbus.at)



### III. CASE STUDY IN FRANCE

The notion of the city's adaptation to aging and its critical analysis invites us to investigate several French communities of different sizes and compositions. The goal is to get examples of successful and less successful adaptations, and to explain why these latter could not be implemented satisfactorily.

The quality of the home environment of older people is heterogeneous. It helps to maintain the autonomy of people in their living environment. This is also the meaning and the place given to the concept of "favorable environment" in the report "Living at Home in 2010", carried out by Nora Berra, then Secretary of State for Older Persons.

Within the same municipality, some geographical environments with shops, services, transport and public spaces are more favorably adapted than others in terms of allowing older residents to remain permanently in comfortable conditions and continue to participate in the life of the neighborhood and the city. "Home" includes, obviously, both the housing environment and the daily social integration of seniors.

These findings and initial definitions lead us to observe and analyze the environment of dedicated housing for the elderly in France. One of the areas chosen for conducting this comparison is the city of Rennes, a pioneer in developing areas favorable to aging. Other examples include the work of the Lyons planning agency and initiatives from the General Council of the Rhône.

#### **A mismatch between enabling elements and places where seniors live**

Whether urban, suburban or rural, all territories face the aging of the French population. Proximity to services, shops and green spaces in city centers is an advantage in maintaining the autonomy of aging populations.

However, the home environment of the elderly in rural areas varies considerably, depending on location. When the home is located close to the town center, facilities in favor of maintaining autonomy seem more adequate. The scarcity of services in rural and remote towns hinders access to health care, social activities, etc.

Between the city and the countryside, beginning in the 1960s, peri-urban areas developed for residential purposes and mainly for young households. Today these households have aged and comprise the majority of the population of these territories. As we have shown in citing the work of Martine Berger (pp.9 ff), the peri-urban areas, which can be defined as all areas beyond the suburbs, are characterized by lower residential densities than in the city center, the domination of the detached homes, a lower density of services and facilities, and the absence or scarcity of public transportation. According to INSEE, currently 60% of octogenarians live in detached homes and almost half of them are in "non-motorized" households, especially those of former employees and workers. The geographic environment is not ideal in these territories because of their special structure.

For physical, technical and/or economic reasons, it would be illusory to believe that it is possible to adapt all geographic environments to the needs of seniors. The many territorial levels and their respective powers, so characteristic of France, stress the need to act transversely across the fields of planning, urban planning, and organization of health and social services.

Local authorities do not have all the powers necessary to develop dedicated hosting for seniors in a supportive environment. This is particularly true in the field of health, where the Regional Health Agencies (ARS), administratively decentralized from the State, play the decisive role in the distribution of health service provision. Moreover, the actions of different territorial entities are implemented at scales and time frames distinct from each other. Health planning at the regional level, gerontological planning across “départements”, or even urban planning on an inter-community scale complicates the possibility of implementing coordinated action. In the absence of linkages between these institutions and dialogue about planning tools, coordination is not easy to implement. Even if they sometimes share common prerogatives, most often they seize areas of intervention that are not necessarily their areas of competence. However, if we consider the modes of living conducive to maintaining or developing autonomy in the elderly, it is essential to take a holistic approach that goes beyond housing in order to facilitate access to area resources (roads, transport, services and care).

### **The real challenge of territorial governance**

While the local area seems to be the most appropriate for developing the "living area" of seniors, there remains a problem of coordination between the State and its decentralized services and local authorities. If the importance of coordination between the planning tools at different territorial levels and time frames seems necessary to facilitate cross-disciplinary projects and coordination between actors, it remains complex to implement. In addition, it is important to emphasize here that these planning tools aim for a harmonization and leveling in support of elderly throughout all the territories. The risk is deviation from a focus on territories of life for seniors and thus, as a result, unsuitable options: in fact, on the ground, there is a superimposition of "zones" that are closer to areas of intervention, sometimes health-related, sometimes urban, etc., as areas for action included in a comprehensive approach. This is based on reducing compartmentalization of health, social, transport, and cultural sectors in favor of the concept of a suitable environment. This has become essential in enabling the elderly to exercise their citizenship in their living environment.

Today, this complete and comprehensive overlapping of action areas and local actors is far from being achieved in France. While the desire to maintain or improve the quality of local life of older people is recognized by all sectors (health, social, transport, housing), the transition to concerted action is rare. However, some sectors, such as housing or social, are quicker than others to grasp these issues. In this context, the creation of an age-friendly city seems to require:

- an understanding of the issues by all stakeholders
- consultation with the population and a vision shared by all elected officials and technicians, but also by other public and private stakeholders
- implementation that includes a practical assessment/evaluation

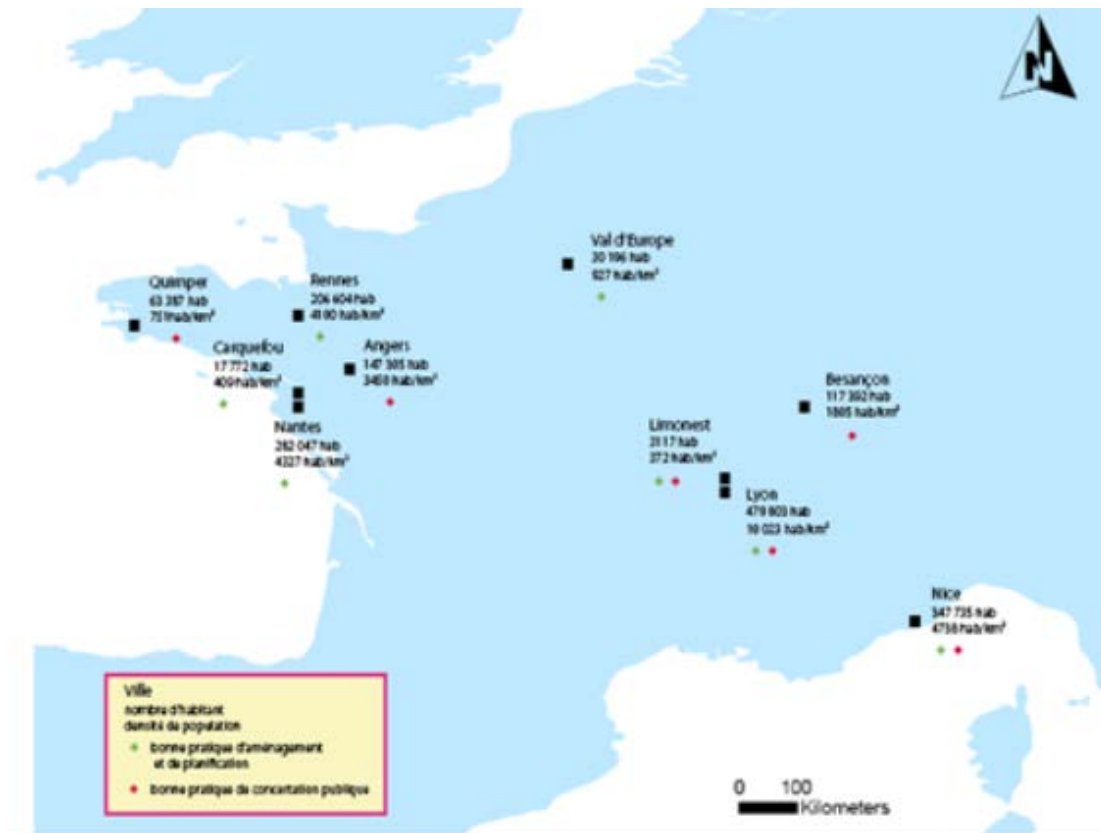


Figure 4: Map of French cities studied

## A) GOOD PRACTICES OF MANAGEMENT AND PLANNING

The conclusion is simple: the city in the 2000s does not address the same issues as 50 years ago. The Urban Solidarity and Renewal Act of 13 December 2000 seeks to take full measure of this with three main objectives:

- to fight against urban sprawl and the waste of space by promoting urban renewal
- to encourage - and sometimes force - the mixture of urban and social
- to implement a policy that shifts emphasis to sustainable development and quality of life (promoting public transport and “soft” modes of transport)

These elements were reinforced by the Grenelle I and II laws, which favor sustainable development. The question of the adaptation of this approach to the life to seniors plays out on multiple scales: the adaptation of housing, access to housing, access to public space. If the accessibility of housing and private spaces is already a focus of public policy, the adaptation of city to aging requires action on public space as well.

Accessibility constraints dictated by the law of 11 February 2005, and its applicable decrees on equal opportunities, aim to make transport facilities and roads amenable to people with reduced mobility (PRM), and therefore to the elderly. "The architectural provisions, facilities, and indoor and outdoor living quarters... of public buildings, facilities open to the public, and workplaces must be such that the premises and facilities are

accessible to all, including people with disabilities, regardless of the type of disability, including physical, sensory, cognitive, mental or psychological" (art. L. 111-7).

"The chain of moving about, which includes the built environment, roads, public space facilities, transport systems and interconnections, is organized to enable accessibility in its entirety to persons with disabilities or reduced mobility" (Article 45). To do this, public transport services must be accessible to people with disabilities and reduced mobility beginning in 2015. The appropriate authorities should develop a blueprint for accessibility. The law sets the programming and schedule for accessible transport services and defines the modes of accessibility for different types of transport.

However, designing environments conducive to aging involves the implementation of strong planning and urban planning policies. Since the work of the Foundation of France and the National Federation of Urban Planning Agencies (FNAU) in 2007, and some of the achievements in the area of Nancy (ZAC du Pulnoy) or, to a lesser extent, in the intergenerational district of Saint Apollinaire (21), the urban dimension has only recently been taken into account. The city of Rennes is a pioneer because of its actions on a large scale. We also chose to present the development of the town of Val d'Europe. If the improvements made do not explicitly include aging as a dominant axis, they are a good example of a more humane urban planning in which it is possible to consider active aging.

## **1. URBANISM AND PLANNING**

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### **a) *The example of the city of Rennes***

The city and the collection of communities of the Rennes metropolitan area have distinguished themselves for many years as leaders in the field of urbanism and planning. The Territorial Coherence Scheme (SCOT) and the Local Development Plan focus on sustainable development in many ways that anticipated those that we discuss here; Rennes is a city adapted and accessible for seniors. As part of its gerontological policy, and in the spirit of the "age-friendly city approach", Rennes wanted to develop regulations that would require operators (urban planners, property developers, landlords and managers...) to contribute to the achievement of a habitat favorable to aging.

These actions aim to determine favorable housing conditions for the elderly, to contribute to the development of urbanization that empowers autonomic solidarity among elderly people, and to integrate proposals or recommendations in urban planning documents. The city has adopted the general principle that the conditions favorable to aging are:

- Suitable accommodations (in a universal mode unrelated to age), complemented by social relationship supports and offers of specific services
- Accommodations integrated into an environment that allows easy access (ideally less than 200 meters) to nearby shops and services and public transit, via safe pathways (access, flat surfaces, adapted and well located benches, shelters, public toilets...)
- Integration into social life (most often at the neighborhood level, even "micro neighborhood", particularly for the old-old), to prevent isolation and withdrawal and promoting age diversity in a spirit of togetherness suitable for all generations. The practical implementation of these conditions requires agreement between decisions and actions among several political agencies and services in metropolitan Rennes.

## Perspectives and implementation

This approach is one of the three axes of the action plan titled "Rennes: age-friendly city", and meets several objectives (see Table 1):

- to formalize an "urbanism-aging" reference document, a compendium of actions that promote taking older persons into account
- to strengthen the coordination of different development policies, urban planning, residential relocation, and management of the older population
- to promote awareness of aging issues
- to contribute to diagnosis and guidance of framing documents
- to rely on urban planning documents and a plan to define concrete, prioritized proposals
- to develop a mapping of "favorable areas" to prioritize interventions

This approach develops in several complementary and interactive parts:

- identification of material that may be incorporated into planning documents (SCOT, PLH, PDU including PAVE, PLU...) and the ZAC. These elements appear in a table - internal for now - around three areas and three goals by domain, according to the relevant planning documents.
- Mobility, travel, transport: to make the city accessible and ensure the safety and comfort of travel, to offer favorably located public transport, and to provide specific "complementary" transport as needed
- shops, services and facilities: to favor proximity to shops and services, to offer shops and services tailored to the needs of residents, and to create spaces conducive to sociable meetings
- organization of urban space and programming: to promote social and generational interaction and education, to develop diverse urban and architectural forms and typologies, and to offer indoor and outdoor common areas

**REFERENTIEL CONDITIONS FAVORABLES AU VIEILLISSEMENT**

| Documents de<br>Planification<br><br>Objectifs<br>généraux                                     | SCoT : Schéma de Cohérence<br>Territoriale (dont PADD :<br>Projet D'aménagement et de<br>Développement Durable,<br>DOO : Document<br>d'Orientations et d'Objectifs)   | PLH :<br>Programme<br>Local de<br>l'Habitat | PDU : Plan de<br>Déplacement Urbain (dont<br>PAVE : Plan Accessibilité<br>Voirie et Espaces publics)                                                                                                                                                       | PLU : Plan Local<br>d'Urbanisme                                                                                                                                                                                                                                      | Projets urbains et ZAC : Zone<br>d'Aménagement Concerté<br>(études urbaines et outils<br>opérationnels)                                                                                                                                                                                                                                               |
|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1) Rendre accessible la ville et assurer la sécurité et le confort des déplacements            | - Mentionner cet objectif dans le PADD                                                                                                                                |                                             | - Dans le PAVE, identifier et développer les actions favorisant l'accessibilité pour les personnes à mobilité réduite (zones de circulation apaisée, transports, voirie, équipements).<br><br>- Obligation de rendre accessibles les transports en commun. | - Rappeler cet objectif général dans le PADD.<br>- Le décliner éventuellement dans une Orientation d'Aménagement et de Programmation (OAP) thématique<br>- Utiliser les dispositions réglementaires (cheminements à conserver, à créer... et emplacements réservés). | - Partage équilibré de la voirie, cheminements « chemins bleus », zones de rencontres.<br>- Circulation douce, sécurisée : zones 30.<br>- Mobilier urbain adapté (bancs, toilettes, abribus...)<br>- Prévoir 1 ou 2 places d'arrêt minute sur l'espace privé de l'immeuble.<br>- Faire le lien avec le Schéma Directeur d'Aménagement Lumière (SDAL). |
| 2) Mettre en cohérence l'offre de transports en commun et la localisation des zones favorables | - Privilégier voire prescrire la réalisation d'habitats adaptés dans les secteurs denses (ex : abords des haltes ferroviaires, arrêts de bus ou stations de métro...) |                                             | - Définir l'évolution de l'offre de transports dans les secteurs de forte densité.                                                                                                                                                                         | - Identifier les secteurs favorables<br>- Favoriser la densité et la mixité<br>- Utiliser des outils réglementaires (servitudes de localisation, règles de stationnement...)                                                                                         | - Intégrer l'offre de transport sur le plan de masse.<br>- Elaborer des parcours sécurisés et des cheminements jusqu'aux arrêts de bus ou stations de métro.                                                                                                                                                                                          |
| 3) Proposer une offre complémentaire spécifique de transports                                  |                                                                                                                                                                       |                                             | - Etudier la faisabilité, la viabilité de circuits adaptés, bien identifiés, permettant une souplesse d'utilisation (ex : parcs, marchés, maisons de retraite...).                                                                                         |                                                                                                                                                                                                                                                                      | - Identifier des circuits ou arrêts spécifiques (réguliers ou à des périodes précises).                                                                                                                                                                                                                                                               |

*Table 1: Framework of conditions favorable to aging*

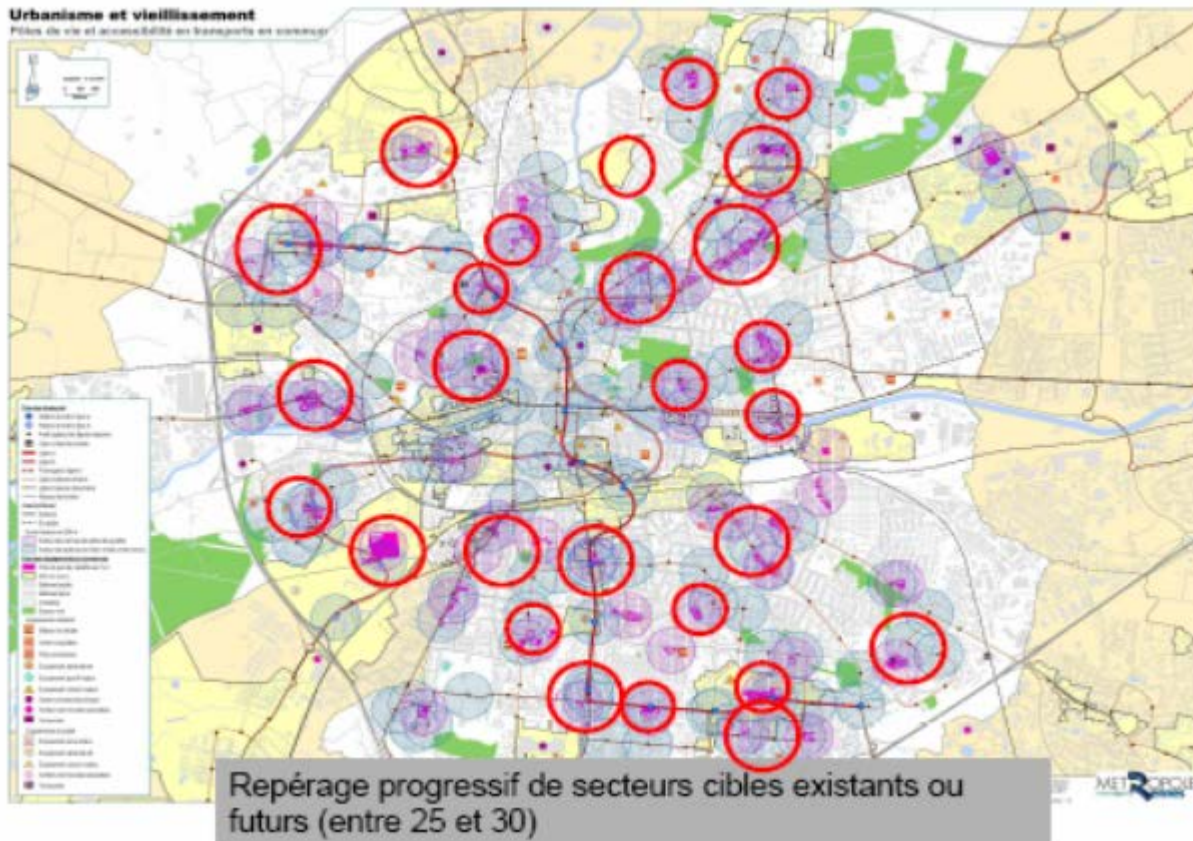


Figure 5: Map of favorable geographic areas of Rennes

Table 1 provides guidance and recommendations, but it does not provide all the details. It is intended to evolve and be adjusted. It is a tool box, a guide and a state of mind. As to the updated planning documents and urban projects, work and service groups affected by these updates must grasp the proposals in the table.

- The mapping of existing "favorable areas", or areas to be developed in connection with the overall approach of urban planning, has begun (see box)

It is, as a first step, an "X-ray" of the Rennes territory to identify sectors corresponding to the intersection, within a 200-meter radius, of neighborhood foci (nearby shops and services) and public transport around major subway and bus lines. The maps take into account public facilities, hospitals, clinics, homes for the elderly, parks and green spaces. In a second step, the identified sectors will be analyzed to identify:

- the potential for improving, through modification, existing social housing stock in connection with the identification of suitable adapted and non-adapted buildings, carried out by social backers (see box)
- implementation of new programs in facilities operations, on the one hand, and in diffuse sectors of potential urban renewal, on the other hand, with varying project dimensions, including the potential for the development of private park

## Trame fiche d'identité des secteurs favorables au vieillissement : analyse urbaine

### 1/ Données de cadrage

- Localisation
- Superficie

### 2/ Diagnostic

- Recensement de l'activité commerciale
- Recensement des modes de déplacement
- Structure socio-démographique des ménages
- Zonage au PLU

### 3/ Analyse morphologique de l'habitat

- Propriétaires fonciers
- Accessibilité des bâtiments

### 4/ Plan d'action opérationnel

- Projets sur le secteur en cours ou à venir
- Evaluation des possibilités de renouvellement urbain (construction neuve et réhabilitation)

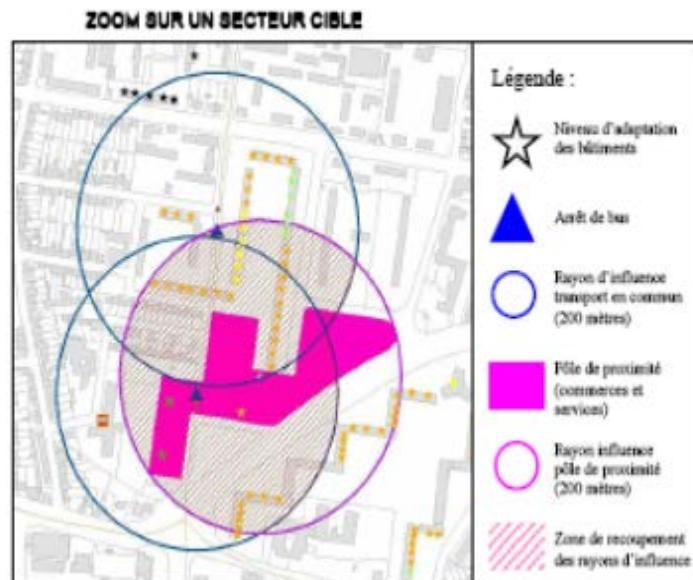


Figure 6: Example of a target area assessed as favorable

### - The ZAC experiment (Consultative Development Zone)

Without waiting for the development of planning documents (2013-2015), the approach will be applied in the ZAC Beauregard-Quincé in Autumn 2012. Several factors pose more questions and will be assessed before generalization: the operational and financial reality of plans for adapted multiple-unit housing, with or without creating common social areas (typically a room 20-30 m<sup>2</sup>) open to all residents of the program; the effect of construction on rental cost, terms and impact, on maintenance and management; the question of leadership and support of the residents. It is this arrangement that will be at the heart of future discussions among the promoter (social landlord a priori), the residents, and other actors in the neighborhood.

The Beauregard-Quincé ZAC site, about 27 hectares, accommodates about 1,800 host homes among about 5,000 homes across the entire Beauregard area, including the gateway to St. Malo, with a population of over 10,000, as well as other public facilities to be developed.

## Framework of favorable conditions for the implementation of housing suitable for older persons in metropolitan Rennes.

A general mapping identifies all favorable areas in the city of Rennes (Figure 6.1)





*Figure 6.1 Inventory of favorable sectors in Rennes*

From the sector inventory, 3 situations are possible and comprise the graphic images across the map:

- A map for the rehabilitation of existing social housing
- An inventory of diverse local areas favorable to aging
- An inventory of existing and future favorable sectors located in project sectors, and planned operations by the community through 2040

### **1 / The general mapping**

This map identifies areas conducive to housing development for the elderly in the city of Rennes which are at the intersection of neighborhood area (nearby shopping centers, both existing and under construction) and transport (major subway and bus lines) within 200 meters, or up to 300 meters depending on the situation.

During the cartography development, the need for a reconsideration of topography appeared. In fact, it allows the evaluation of the relevance of a 200-meter radius which, depending on the context and topography, can be adjusted and extended to 300 meters.

### **2 / Identity cards**

An identity card was produced and adjusted after experimentation in two sectors (Souvenir and Italie).

This was conducted as follows:

- Framework data (location, history)
- Diagnostic (commercial activities; travel [public transport with pedestrian links and paths of gentle topography])
- Socio-demographic household composition (INSEE data to IRIS)
- Area regulations (PLU zoning)

-Morphological analysis of the habitat (landowners, traditional/historical district and buildings, analysis of buildings' accessibility, renovation and/or rehabilitation projects, known future programming, programming under way, and programming implemented since 2010)



Figure 6.2 200 and 300 meter radii of the Lorient 2 sector in Rennes

This diagram allows a preliminary study evaluating and pin-pointing possibilities/opportunities for urban renewal:

- The potential for development of existing social housing through rehabilitation in connection with the identification of suitable buildings, adapted and non-adapted, directed by social landlords, as well as the potential for development of a private housing

- The creation of new programs in development operations on the one hand, and in the diffuse sectors for potential urban renewal on the other hand, with variable project dimensions

### 3 / Mapping housing rehabilitation opportunities in existing social housing

An analysis of the entire heritage of the 4 main Rennes social landlords, with an estimate for each building of its capacity to accommodate the elderly, was conducted between 2009 and 2010 by the Departement of Ille - et-Vilaine's Association of Organizations of Living Habitats (ADO 35).



Figure 6.3 Excerpts from the identity card of the Italie sector

Specifically, a state of the environment - accessibility and opportunities for improvement - has set an overall level of accessibility for each building. This overall level ranges as follows: suitable, moderately suitable, easily adaptable, not easily adaptable, not adaptable.

Landlord data have been geographically referenced and included in mapping favorable sectors. This linking of the social heritage and favorable sectors allows identifying T1, T2, and T3 accommodations as priority adaptations.

Since each favorable 200-meter sector does not have the same amount of buildings belonging to social landlords, a map of buildings potentially adaptable or under renovation/adaptation was performed.

Rehabilitation mapping possibilities in social housing is a tool that will be useful to landlords as well as the habitat service of metropolitan Rennes.

For landlords, the mapping will be a basic tool that will aid in the development of their strategic heritage plan (PSP). The PSP is a document that presents the heritage of the lessor and defines its strategy for new development and for the rehabilitation of existing structures. Inserted into these objectives, mapping makes apparent homes that have a priority need for a change in classification.

For example, for a dwelling located in a building classified "not easily adaptable", the work involved to make it "suitable" will be important (e.g., setting up an exterior ramp, or an elevator). Other units require only the establishment of a motorized door or interior handrails.

#### **4 / Mapping possibilities for new housing suited to aging**

This map identifies sectors that are conducive to aging, either created or impacted by urban development projects of greater or lesser magnitude. Mapping identifies areas of land that can be mobilized in varying amounts of time:

- Short-term (1 year) ZAC in the course of its duties

Either the age-friendly sector is affected by an urban planning operation in progress or is the subject of a reflective project within favorable areas (200 and 300 meters); or the age-friendly sector is located in diffuse sectors within favorable areas (200 and 300 meters).

- Medium term (5 years) for ZAC during programming
- Long-term (10 years) for ZAC or project sectors yet to come

Within the identified ZAC project areas, a collection of specifications will be imposed. It includes an intergenerational norm which will be presented in the same format as implemented in the PLU, but will doubtless be more substantial. Furthermore, within these sectors, a collection of specifications detailing the components of habitats favorable to aging will be required of operators.

#### **Mapping of diffuse sectors**

Ultimately, this mapping can be inserted into the Rennes PLU. It is proposed that each sector identified as age-friendly have an intergenerational constraint. This would be found in the PLU regulations which, under Article L123-1-5 of the urban development code, may "define, depending on local circumstances, the rules concerning the result and nature of authorized constructions" and "to delimit, in urban or urbanizing zones, the sectors in which, in the case of completing a housing program, a percentage of this program must be assigned to categories of housing that it defines in accordance with social mix objectives." In addition, according to Article

L123-2b, "In urban or urbanizing zones, the local plan may establish constraints, consisting of reserving slots for development in accordance with the objectives of social mix, of housing programs it defines."

This legal arsenal be usefully be incorporated into the next revision of the PLU. Oriented planning and programming (OAP) could also be expressed regarding the theme of aging. These may include information about planning, housing, transport and travel, as well as the characteristics of public spaces and roads (art. L123-1-4 of the Urban Planning Code), with a view toward facilitating elderly pedestrian traffic. The age diversity constraint could integrate, in the form of a percentage not yet determined, the location of age-friendly housing. This restriction would be imposed on each property developer (private or public) in the rehabilitation of existing social housing as well as during new construction projects.

### ***b) The example of Val d'Europe***

Val d'Europe is unique. It is the largest new town being built in France. It had nearly 30,000 residents in 2012 and should have 40,000 by 2030. Between its urbanization plan (placing the mall in the center) and its organization, Val d'Europe is a compelling case study. From 5,000 residents in 1989, Val d'Europe (built from the towns of Romainvilliers-Bailly, Coupvray, Chessy, Serris and Magny-Le-Vallee in the departement of Seine-et-Marne) grew to 24,000 inhabitants in 2008. The designers have created a dense city around the RER train station and a large shopping mall, located in the city center, which is also the main traffic artery. The mean Land Use Coefficient (COS) per plot is 1.5/1.8 for housing and 2 for offices. In addition, nearby shops are located on the two main squares, the Place d'Ariane, and the Place de Toscane.

Each neighborhood consists of a center comprised of a square or park, a combination of several activities (housing, work, leisure), and a network of interconnected streets. The sidewalks are wide and well lit. Social housing is scattered throughout all neighborhoods to encourage a true social mix - the rate exceeds 20%. Each residential area is located less than 500 meters' walk from the shopping mall and shops. In the most remote areas, shops and local services may be subsidized by the city, notably in Chessy. The network of public transport, in development, connects the ancient villages with the new center and major facilities. A nursing home and geriatric SSR are deliberately located in the heart of town, close to the mall, the Place de Toscane, and the new town hall of Serris. The nursing home organizes regular trips to the mall. In the coming years, the construction of housing suited to the needs of fragile seniors is planned in the heart of the neighborhoods.

The design of Val d'Europe is characterized by the creation of a circular boulevard connecting the old villages, the parks and the city center. At its heart, planners have put a shopping center - which runs along the TGV route - fully accessible for pedestrians and, as a pedestrian street, forming the backbone of the city, connecting different neighborhoods to each other. The overall plan includes the creation of a city "in the French style", with alignments of buildings no taller than 5 stories around plazas and squares. The buildings are all different but matched with each other to create a harmonious whole.

The town center consists of 4 districts: the train station (Parisian style), the north, the lake (Italian style), and the Park (English style). In 2006 Val d'Europe won the Charter Award, which rewards projects that best meet the principles of New Urbanism: "a city socially and functionally diverse, dense, on a pedestrian scale but accommodating the rational use of the car, made of differentiated neighborhoods, organized around a network of streets and welcoming squares, designed in line with the local cultural heritage." Val d'Europe is designed in accordance with three scales defined by the canons of the New Urbanism:

**The neighborhood:** This is an urbanized area with a balanced mix of activities and accommodations. Five parameters govern:

- existence of a center consisting of a square or park
- a maximum travel distance to meet daily needs (400 meters radius)
- the consolidation of several activities (housing, work, leisure)
- a network of interconnected streets
- priority given to public space

**The district:** a smaller area comprising only one type of activity (e.g., university campus, business area)

**The corridor:** it acts as a connector of and a separator between the different neighborhoods and districts.

Promoting diversity and higher residential density, the New Urbanism tends to reduce car use. Yet even if the main shopping center is fully accessible to pedestrians, as are the secondary centers, one can still get from one to the other only by car by bus. The district of Arlington is separated from its places of residence. The old villages are cut off from the city center and the Marne-la-Vallée-Chessy train station. Corridors are thus insufficient and sometimes non-existent. It would probably be more efficient to set up a network of major transport lines and ultimately connect the city center to the older villages by such an urban framework.

In Val d'Europe, the shopping center and its 118 shops have been developed, from the outset, to play the role of the main street of the city. The center serves as an urban and economic anchor. It employs many residents of Val d'Europe and attracts 16 million visitors each year. Centrality is a concentration and a strategic place of actors and activities. This concentration reduces travel time. Good accessibility from places of residence is thus essential. Population concentration permits social cohesion.

From the Val d'Europe project, a model of integrated communities can be developed that builds on a structure around an urban axis linked directly to a large metropolitan area by public transport (local and regional train), following the image of TOD (*Transit Oriented Development*) [\[1\]](#) initiated within the framework of sustainable regional development. At the center of the urban center, a small collection of shops and services are offered, some offices and tertiary activities as well as residences that act as an "urban switch".

These clusters contain several neighborhoods of 500-meter radius, fitted in their heart with local services and one or more public squares. These neighborhoods are connected to each other and to the center by pedestrian access and community transport. This planning model evokes the concept of the urban village, neighborhoods characterized by a mix of land use, housing diversity and density that decreases approaching the periphery. The integrated communities contain a limited number of residents.

## 2. HOUSING

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### a) *The example of the departement of the Rhône*

The approach of the departement of the Rhône, a first in France, is to get manufacturers to produce 20-25% of their housing as "adapted", in residential buildings under construction or rehabilitation (home ownership, private or public rental).

Launched in 2010, this set up a major program across the Rhône to develop a range of housing suitable for people with loss of autonomy or independence, and regardless of its origin (advanced age, disability, illness).

The idea is that housing based on "universal design" is accessible to all and can be adapted to changes in life. It should also allow people to anticipate their possible loss of autonomy.

Indeed, when a study shows that the number of people age 75+ will increase by 40% by 2020 in the département, and when aging or frail people express the wish to remain longer at home, policies need to be innovative. Already providing financial support for construction, for adaptation or rehabilitation of housing in the context of ADPA [2] and PCH [3], the département of the Rhône, which also provides additional aid to that provided by the National Housing Agency, has chosen to adopt an innovative policy.

In collaboration with the APICIL group, the incentive approach called "Rhône+, living at home" has already acquired twenty partners. The département is committed to publicize "Rhône+, living at home" and to mobilize the city halls that grant building permits in their communities. A recognition of "Rhône+", guaranteeing readability and traceability, will be issued respecting the specification of operations. In addition, the Rhône Centre for Information and Social Action (CRIAS To Live Better), a signatory association partner, has created a website to publicize the process [4].

Among the commitments to be met by manufacturers and developers are specifications for the adaptation of future housing. These include specifications that, annexed to the charter, are based on the accessibility standards of the law of 11 February 2005, and complement them with additional criteria, such as accessibility of building or location.

These homes must be located near a center of life and in a quality environment (public transport, shops and personal aid services). In addition, these adapted units are found in "ordinary" buildings. This is to promote diversity and intergenerational relationships.

The specification of charges provides three levels of adaptation (see Table 2):

- accessibility requirements from the act of 11 February 2005
- "basic suitable" housing
- "very suitable" housing

Examples of adaptation in housing:

- interior doors: for "basic suitable" housing, they should be sliding doors. For "very suitable" housing, they must be "automatic opening";
- bathroom shower: for "basic suitable" housing, it must have an extra-flat shower tray. For "very suitable" housing: it must be in the "Italian style";
- moreover, there are different types of adaptation in housing: window height, motorized shutters, balcony, and handrail without threshold.

By 2016, 69 operations (57 by the OPAC of the Rhône, the primary partner) including appropriate housing are already planned, for a total of 400 units in 40 municipalities of the Rhône. This year, 83 units will be delivered and awarded to persons who qualify under the charter, 166 will be delivered in 2013, and there should be a gradual increase in these constructions, an achievement that made the charter "Rhône +, Live at Home" a laureate of the "Living Together Today and Tomorrow" competition conducted by the Caisse des Dépôts, Agevillage.com, and Icade. The award ceremony took place during the 2011 mayors' exposition.

The surcharge for adaptations is supported by the developers, builders, and social landlords who are involved in the process. It is about 4,000-6,000 euros per unit.

|                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                    |
|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>Criteria and families</i> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <p><b>accessible housing</b> = application of the February 2005 law</p> <p><b>basic suitable housing</b> (including elements of the previous category)</p> <p><b>very suitable housing</b> (including elements of the two previous categories)</p> |
| Location                     | Surrounding area                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | not isolated and located in a town center or an active neighborhood                                                                                                                                                                                |
|                              | Context and environment of the building                                                                                                                                                                                                                                                                                                                                                                                                                                                     | near shopping areas of daily life (bakery, butcher, grocery, pharmacy, multiservice shopping, etc.) and conveniences                                                                                                                               |
|                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ease of access to various services promoting home care (medical or nursing services, paramedical assistance, personal care, delivering meals, visits, etc.)                                                                                        |
|                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | individual or group transport services or mobility assistance due to the territory                                                                                                                                                                 |
| External accessibility       | Outside Access                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | path around the house. Accessible paths (coating, slope, obstacles, location of street objects [poles, signs, etc.], sidewalks, etc.) with appropriate signage                                                                                     |
|                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | easy access to the outside: flat access to building, no stairs (gently sloped ramp)                                                                                                                                                                |
|                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | accessible and easy use of any type of residential annexes (garage, cellar, garden, terrace, balcony...).                                                                                                                                          |
|                              | Parking                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | parking in an adapted garage                                                                                                                                                                                                                       |
|                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | if in a parking garage, handicapped spaces near the entrance                                                                                                                                                                                       |
|                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | medical, specialized or emergency vehicle access                                                                                                                                                                                                   |
| Communications               | the right to fiber optic equipment to each unit. Required as of 1 January 2011 (Economic Modernization Act August 4, 2008) – pre-wired units                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                    |
|                              | High-speed fiber-optic electronic communications serving each unit. These lines connect each unit, with at least one line per unit and a connection point in the building, accessible and allowing access to multiple electronic communications networks. Each unit is equipped with an indoor installation so as to enable services to all main rooms. Decree No. 2009-52 (15 January 2009) on the installation of high-speed fiber-optic electronic communications lines in new buildings |                                                                                                                                                                                                                                                    |

**Table 2: selected specifications of the "Rhône+ Living at Home" charter**

**b) The example of the Lyon urban area**

In the Lyon region, the developer Icade is experimenting with a new form of shared habitat. The Bihome® concept designates an apartment with two independent but interconnected living units with two independent entries and two independent bathrooms and toilets. This type of habitat is intentionally flexible to promote adaptation depending on the lifestyle of its occupants. Bihome® is compatible with shared housing, a phenomenon that has been growing for several years. This property is intended to preserve the privacy and independence of each resident in the context of shared housing, including intergenerational relations. The construction of the first Bihome® apartments was launched in 2012, with homes in Lyon, Bron and Décines. Bihome® aims for such developments throughout France. [\[5\]](#)

### ***c) The example of the city of Nantes***

The city of Nantes has developed the "restricted housing" mechanism in 2009. This project, under development since 2008, aims to make 1,000 "restricted houses" in 2014. These dwellings are apartments of the Nantes Habitat rental office, targeted for independent seniors or those with some loss of autonomy, in all areas of the city. At the beginning of the project, the Nantes Department of Seniors and Nantes Habitat, the primary public landlord in the city, were trying to cope with the increasing need for suitable housing for the elderly in public housing and aging housing stock of social housing. In fact, the city of Nantes was experiencing an aging population that followed national trends. 10% of Nantes citizens were age 75+, and 3,500 were living in social housing, of whom 2,000 were having their assets managed by Nantes Habitat.

The political commitment of the city of Nantes to the elderly is based on the following strategic direction: "to promote the development of diversified solutions that meet the wishes of a large majority of seniors to age in place." In this context, the services of Nantes Habitat and the Directorate of Seniors in the city of Nantes will merge their respective knowledge of the elderly, their homes and their environment, to collaborate regarding their respective operations in order to implement an appropriate response to the needs of the population. "The idea is to create housing and differentially adapted services for housing for the dependent elderly and fully accessible housing: it is an adaptation of the home within social housing – a 'dedicated heritage' offer."

The adopted mechanism is based on a systematic offer of services of the Directorate of Seniors on the one hand and an offer of housing adaptations via Nantes Habitat. This "dual service offer" is the foundation of the system put in place for older people in social housing. Thus, the municipality and the Nantes social landlord make available, to low-income elderly, housing adapted to aging and partial loss of autonomy. This mechanism is called "restricted housing."

It should be noted first that the "restricted housing" mechanism is a combination of several pre-existing territorial arrangements in Nantes:

- rehabilitation of housing for elderly people by Nantes Habitat has existed since 1995. It is made at the request of tenants and discussed by a committee;
- social awareness and social services offered by the Directorate of Seniors have also existed for a long time.

In addition, the actions of the city of Nantes, like those of Nantes Habitat, are territorialized. Indeed, the organization chart of the Nantes Directorate for Seniors has a service called "home support and territorial development", which consists of a cluster of home services and territorial referents divided into 4 areas (North, South, East and West). These four territorial referents play a major role in restricted housing.

The organization of the Nantes Habitat social landlord consists of seven regional offices, in all districts of Nantes. Nantes Habitat neighborhood referents are associated with coordinators of the Directorate of Seniors to develop this mechanism. On the one hand, the Directorate wishes to inform low-income seniors that they can receive support services at home, which helps to reduce isolation. On the other hand, Nantes Habitat wants to renovate or rehabilitate its social housing by providing suitable housing dedicated to seniors, of whom a growing number live in old and/or large houses.

Finally, we note that the shared territory of the two organizations simplifies "restricted houses" implementation procedures. The agreement signed in 2008 between Nantes Habitat and the city of Nantes brought together the conditions for the production of social housing dedicated to aging populations. The originality of "restricted housing" is based on the articulation of social services of the city of Nantes, the abilities of Nantes Habitat, and consideration of the best environment for successful aging of older populations.



The offer of "restricted housing" is limited to 1,000 units in the city's neighborhoods. The distribution of the 1,000 units in the Nantes region is consistent with the number of people in the Nantes Habitat social housing stock. This quota is intended primarily for people age 65+. The quota will ensure good "restricted housing" management and a focus on aging people. The interest in not exceeding the threshold is to avoid concentration of seniors in a single building, which is fully accessible. Restricted housing units are located on the ground floor or the first floor (if the building has no elevator) of social housing stock (note that the ground floor is about 8 steps) and are located near adapted exteriors (parks, shops, utilities, transportation).

If the referents of Nantes Habitat have a detailed knowledge of the social housing stock, the quality of the habitat and the environment around the home, territorial referents of the Directorate for Seniors will have knowledge of aging people with modest incomes. This knowledge has led them to take into account the environment of the aging person in its entirety, from the home of the person to the range of services offered to meet autonomy needs as long as possible. The interaction of the living environment and the person enables identification of criteria for defining housing likely to qualify for "restricted housing":

- development of a person's home, its possible adaptation (bathroom fixtures at mid-height, electric shutters, etc.) and its location: on the ground floor, or the first floor of buildings without elevators;
- adaptation of the Nantes Habitat building (elevators and appropriate signage, safe entry way, safe areas [lighting, steps], suitably positioned mailboxes);
- the quality of the physical environment (presence of benches, car parking, clear and protected external walkways, close to public transport, shops, parks, meeting places; the stairwell should be accommodating, topography should not be too steep).

Beyond the quality of housing and its immediate environment, the "restricted housing" mechanism considers the older person's individual factors and, notably, the quality of the social environment to combat or prevent social isolation. For this, the plan is designed to take into account:

- the quality of the social environment (contacts, visits with neighbors, residents of the building, and those in the neighborhood, and social activities);
- assessment of needs and expectations of older people in social housing as well as the assessment of individual autonomy;
- information regarding home services provided by the Directorate of Seniors.

Thus a social monitoring is planned, characterized by the interaction between the person and his/her environment according to abilities, needs and expectations. This "restricted housing" corresponds to a standard of adaptation defined by the Nantes Habitat and the Directorate of Seniors. This standard is based on technical adjustments to the home (accessibility, electric shutters, walk-in shower, higher electric plugs, handrails...), and information about elderly services offered by the municipality in terms of safety and comfort that help in everyday life (home help, delivered meals, tele-care...) in the context of social support provided by the municipality.

At first, the territorial referents of the Directorate of Seniors are responsible for meeting social housing elderly in their homes to observe, evaluate and analyze the interaction between the person and the environment according to the criteria mentioned above.

The results of this "in the field" meeting are transmitted to the social landlord. This person arranges for any needed work on the home and its environment within the limits of "pack accessibility" and, as necessary, adaptations are totally or partially made.

The aim is to meet the needs of seniors on a case-by-case basis. Following the adaptations, a questionnaire is completed by the territorial referents of the Directorate of Seniors and sent to Nantes Habitat,

which enforces "restricted housing" requirements. When the residence is part of a current or future rehabilitation program, residents must wait until the designated time for implementing the program.

The success of the scheme is based on the organization and structure of territorial action between the Directorate of Seniors in the city of Nantes and the services of the social landlord Nantes Habitat. Currently most of the "restricted housing" units are not yet occupied by people age 65+. Therefore, this social housing rental offer dedicated to older persons is scalable and conditioned by the residential mobility of residents of Nantes Habitat social housing stock. Seniors in Nantes social housing stock are gradually becoming aware of the opportunities offered by the city to improve their living conditions. Applications are becoming more numerous.

To access "restricted housing," the tenant must be age 65+. If the person is the social landlord's tenant, he/she should contact the Directorate of Seniors in the city to be visited by a territorial referent who will evaluate the request. Either an adaptation of housing demand is transmitted to Nantes Habitat, or a request for transfer to a "restricted housing" unit, indicating the choice of neighborhood, is issued. If the elderly person is not a tenant of Nantes Habitat, he/she should contact the Directorate of Seniors in the city of Nantes, complete an application for social housing, and make a choice of neighborhood. Applications from first-time users of "restricted housing" are evaluated in the same way as transfer requests.

In 2010, 61% of admissions to restricted housing tenants came from Nantes Habitat, 8% came from other landlords, and 31% are first-time occupants. Between the meeting with the territorial referents, needs assessment, analysis of records and relocation, delays are becoming longer.

Ultimately "restricted housing" is based on three components: planning and development relating to restricted housing codes, assessment of viewpoints on everyday life and available services to cope with the loss of autonomy and, finally, a regular social monitoring which will continue the method of combining needs assessment of people and their interaction with the physical and social environment.

#### ***d) The example of the city of Angers***

The adapted housing issue, which has been addressed for several years, functions so as to:

- facilitate access to social housing through the "Adapted Home Welcome" plan that offers a personalized approach, allowing applicants to discuss the specific needs related to their difficulties and to send centralized and enriched information to landlords;
- generate awareness among social landlords and building professionals regarding the impact of home care for elderly or disabled people, train them to understand the needs and possible technical solutions, and engage them in a quality approach.

### **3. ACCESSIBILITY**

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#### ***a) The example of the city of Nice***

Nice, more than the rest of France, knows about population aging. It is more pronounced here than in the rest of France. The index of youth, 0.7 in the municipality, confirms the population aging trend and highlights that there are more elderly than young people in the city. Nice demographic data show an age structure which

exactly foreshadows that of France in 2020. This makes the municipality a model for the integration of older people in the urban life of a big city, and a test of national dimensions. Nice must successfully meet this challenge of aging.

Regarding urban planning and accessibility, since 2008 870 operations were completed regarding roads, traffic, public spaces, transportation or sanitation. Many streets were made accessible to pedestrians via an increase in the number of sidewalks and a system of traffic control. These improvements (renovation of sidewalks, addition of stair railings, changes in urban furniture [e.g., benches], creating bicycle paths) were complemented by the development of 427 crosswalks for people with reduced mobility (PMR), adapted sidewalks and bus bays, and 42 dedicated parking spaces.

Regarding transportation, the Nice CCAS offers seven seniors' minibuses. This service is intended for older users of activity clubs and CCAS residences, as well as associations and partner organizations in agreement with CCAS. The tram is fully accessible to disabled people, and three bus lines are similarly equipped. On these lines the stations closest to frequent destinations of disabled people are similarly equipped and have adapted sidewalks, but there is really no further urban plan for adapted accessibility.

Walking allows seniors to maintain their fitness. In order to encourage them to practice this health-promoting activity, the city of Nice has made a fitness course available via the Seniors, Health, Sport and Saint Roch (or 4S) project. This circuit, in the St Roch neighborhood, was especially designed to fit the needs of seniors who can also walk on safe pathways.

The choice of St Roch is not due to chance. This popular neighborhood, currently under renovation, groups together many home support services, a CLIC and a nursing home. It is served by tram, and the prevailing atmosphere promotes intergenerational relations. The fitness course is not reserved only for seniors; it is accessible to the public. People with disabilities have not been forgotten. The circuit is ideal for those in wheelchairs and those who are visually impaired. To encourage seniors to walk and, in general, get out of their residences, the project sponsors have provided individualized coaching. This service will be suggested for independent seniors who are prone to inactivity. An evaluation of the coaching and the new development will be made at the end of 2012. Officials will be able to analyze the differences between this area and others that have not yet benefited from such a program.

### ***b) The example of the city of Lyon***

The urban audit performed by the Lyon "Age Friendly Cities" program resulted in a municipal action plan implemented over three years. The absence of public benches was conspicuous among the items highlighted under the theme of "outdoor spaces and buildings". Far from being anecdotal, the presence of benches is a facilitating element for a fragile populace. Where should benches be located to best meet their needs? The city of Lyon has experimented, in the 3rd district, with travel routes discussed with the "Ageing Well in the Neighborhood" association, with the immediate effect of the creation of the first "sit-stand" in Lyon.

The technique of discussion of travel routes, commonly used in environmental psychology and sometimes referred to as the method of routes/travelers or itinerary method, has the goal of analyzing the act of crossing urban spaces, as in "on the way to doing", in order to collect "the point of view of the traveler on the move". If the method was conceptualized in France, at the CRESSON Research Laboratory (School of Architecture of Grenoble), it relies on the technique of "thinking aloud" developed by Alan Newell and Herbert Simon (1972) in the United States [\[6\]](#). For Lyon participants - twenty people of the 3rd district - several discussion sessions were organized by the association in the Saxe-Gambetta/Place Guichard neighborhood. The association sent the mayor findings of the pilot study with the relevant sites for "sit-stand" in accordance with needs identified during outings.

The first "sit-stands" are now implemented. However, the approach remains perfectible: usability of the chosen model does not seem optimal to users, and lack of training of technical staff in charge of the installation necessitated reworking, including correcting inadequate installation height. While some residents use it, the great majority of passersby don't know the real value of this urban installation. It is not uncommon to see an unintended use (including bike parking). The mayor is considering setting up clear signage and communications, both for potential users and the general public, before a possible deployment in other sectors.

## ***B) GOOD PRACTICES OF CONSULTATION AND POLITICAL ORGANIZATION***

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### **1. INITIATIVES OF CONSULTATION AND PARTICIPATORY DEMOCRACY**

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#### ***a) The example of the city of Angers***

The city of Angers has implemented a policy allowing all elected officials and technicians of the city to adopt the approach proposed by the World Health Organization. We present actions towards various delegations, technical services and the general public so that everyone understands the issues and the level of each. The approach taken with the management of the roads is particularly interesting.

For over 30 years, Angers has pursued a proactive policy for mobility-impaired people: to build a city with high ease of use. Even the term "people of reduced mobility" has a broader appeal than "disabled persons" because it includes the elderly, pregnant women, young children, people carrying heavy luggage, etc. A strong partnership was built over time with associations of people with disabilities, which raises and accompanies the reflections and initiatives implemented by municipal and community services.

Since 2007, participants from different municipal services (technical, cultural, general administration...) have met regularly to promote a cross-sector and inter-sector approach. This allows inclusion of the issue of accessibility in municipal projects, of communicating regarding the initiatives taken by the services, of organizing working groups on common issues, and of disseminating information. Another support is a resource team bringing together different areas of expertise. In addition, the city has developed, since 2006, a local council of people with disabilities. A "participatory" example, this brings together associations from all fields of disability and six persons elected by the City Council. The Council has released a guide entitled "To Live Together With or Without Disabilities". 50,000 copies were made.

Since 1998 the city has retained a psychologist who, at the direction of Public Health, provides home interventions for residents experiencing psychological distress. Situations are reported by families, social housing landlords, or guardians. The intervention is conducted in partnership with the Pass'Age program. With 13 years of experience, innovative solutions are proposed. Considerations are underway, notably regarding housing for people with psychological disabilities regardless of age.

For more than 20 years, Angers has promoted a gerontological policy affirming the place and role of retirees in the city. The city is committed to enable active, healthy aging, a major challenge for the future. It is due to this commitment and vision that, in 2010, Angers was recognized as a center of territorial excellence in the national competition among cities, "Seniors at the Heart of our Cities and our Territories."

The process of social needs analysis conducted by the Social and Gerontological Observatory of Angers allows the study and anticipation of emerging issues related to the needs of the elderly, particularly in terms of finances, independence, home care and quality of life. Elected officials, technicians and institutions and associations provide and develop new responses and adjustments to identified needs:

- by 2020, a 125% increase in those age 85+, and;
- a 43% increase in those age 60-74 years, and;
- an increase of 63% of dependent elderly are forecast for Angers.

Responding to changing social needs, local politics has brought gerontological structuring objectives to bear to promote an individualized and seamless approach and to improve the proximity of services to the elderly population.

Tools or preferred methods are:

- proximity (to be a territorial actor);
- innovation (experimentation and encouragement through calls for proposals);
- solidarity (caregiver support, volunteerism, solidarity initiatives);
- citizenship (promoting the social utility of retirees, social cohesion, and intergenerational and social diversity);
- facilitating the life course (homecare support, strengthening coordination mechanisms, development of a shared culture among health, social and medico-social actors);
- a quality approach (through constant concern for continuous improvement of service to the user).

Then, gradually, the local approach to aging has been brought to a comprehensive, decentralized approach: mobilization of all services and actors, not only social but in all thematic areas of local life -- housing, environment, culture...

In 1998, Mix'Âges was born, a local approach of meetings and debates during an annual festival which aims to provide a positive vision of age, to promote "living together" and solidarity, and to give seniors a place in the city. Then local engagement was confirmed, strengthened, and renewed in 2011 by integrating the "Age Friendly Cities" network of the World Health Organization.

Angers quickly decided, in the early 2000s, on a participatory and transversal approach providing a multidisciplinary and multifaceted examination of the challenges posed by an increasing elderly population. Angers was recognized, in 2004, for the "Social Innovation Award for Participatory Approaches". In 2012 the Angers CCAS began the "Age Friendly Cities" diagnostic phase, consisting of an inventory of existing places by time and reflection on everyday urban life with participants (neighborhoods councils, user committees, Social Life Council...) and volunteer "ambassadors" who contribute as full partners in all stages of the project. The fit and individualized response to the initiative of the CCAS is conceived in close collaboration with local stakeholders. Emerging from the call for 100 "To Grow and Age Together" projects, in 1998, there is now a network of 250 local partners who are committed to the Mix'Âges approach. Within the "Age Friendly Cities" framework, and in accordance with the Vancouver protocol, seniors, their families, service providers, and partners will be mobilized to comprehensively seize the issues of aging territories. For this, the neighborhood councils are already engaged.

## ***b) The example of the city of Besançon***

The city of Besançon is invested in the well-being of seniors: France's first CCAS, the creation of "age rendezvous" - unique in France – which annually gathers nearly 2,000 seniors in the city. We present the method of dialogue and social participation originally put in place by CCAS via the "age-friendly cities and communities" program.

Besançon has been committed, for many years and via multiple actions, in a real municipal politics of aging. Since 1950, the city has proactively supported plans to improve the lives of older people: home-delivered meals since 1953, adapted housing construction since 1964, and various home services (caregivers, therapists...).

Since 2004 Besançon has conducted an annual analysis of social needs (having dedicated several to focus on aging). This analysis, conducted by the Communal Centre for Social Action, allowed the city to identify new issues, drawing on the expertise of its services, dynamic mechanisms, and detailed knowledge of local actors.

The city aims to:

- combat isolation, which particularly affects the most vulnerable and frail elderly;
- change the view of age to allow all to maximize autonomy, and create conditions for the participation of retirees in the city;
- encourage intergenerational actions to support exchanges, meetings and debates between the various generations to overcome inter-generational withdrawal and tensions.

Thus, facing of the challenge of population aging, and with strong values of solidarity and civic involvement, Besançon has revisited its actions and gradually built a true municipal politics of aging that combines outreach, actions related to citizenship, the fight against isolation, and social development projects.

The approach is conducted in a sustainable way by the House of Seniors, the CLIC (Local Center for Information and Communication), and its dense partnership network with local actors. This structure is a mechanism for guidance and monitoring for all Besançon seniors and rests on three pillars: social, health and citizenship. It is certified by the departement of Doubs. Thus, in this place where aging at home is the primary purpose, people and projects come together regularly to make it possible to live this philosophy of intervention: "House of Seniors: a Place, Relationships!"

The dynamic of the city is expressed in the desire affirmed by Besançon's elected officials to have the aging of the social sector include all the services and fields of municipal competence. It is based on an inventory of actions undertaken in this area and an inventory of initiatives implemented in other areas, and may be revised across areas.

This continuous improvement, already installed in Besançon, mirrors that initiated through the "age-friendly city" network, and the city has strong motivation to adhere to it.

A number of actions have been implemented to support the audit conducted according to the "age-friendly cities and communities" framework:

- contact with Bisontins to identify their needs and ideas, and to inform them of the age-friendly Besançon approach: two public meetings were held in April and May 2012. They were followed by the establishment of working groups, each dedicated to the eight thematic approaches. To continue the

momentum of transversality mentioned above, these groups include Besançon volunteers, experts and referents of each municipal service in connection with the theme.

- meet the homebound public: civil service youth conducted hundreds of interviews with Besançon seniors in their homes (these persons were identified through the Attentiveness and Home Support Services network, CCAS Besançon)

- develop guiding orientations via a steering committee built on the desire of elected officials to engage stakeholders in the process. The steering committee validates the choices and priorities to be implemented, and is consistent with the transversality mentioned above. Reflection and implementation of communications based on the human vector optimizes legibility and visibility of the process of the Besançon age-friendly project. Thus members of working groups and partners are mobilized to publicize as many actions and projects as possible, whether in progress or already completed. Willingness to share and exchange experiences and good practices with other cities in the network is expressed by the active participation in the birth and implementation of the French age-friendly cities network, but also via subsequent relationships with cities like Angers, Rennes or Chateauroux, and more generally by being open to any request from municipalities seeking information and/or advice.

The major strategic directions and objectives should be determined by the first quarter of 2013. They will develop and implement an concrete action plan, as part of the daily lives of people and of services.

### c) *The example of the city of Rennes*

To carry out the approach outlined in the "Urban Planning" section, the Rennes actors are organized into working groups comprised of 60 participants.

- The "residents" group

These are volunteers from "Housing and Aging" citizen cafes (2010), of "Housing and Aging" citizens' meetings (April 2011), or groups of the Urban Audit (diagnostic phase using the age-friendly cities format). Thirty participants met twice in separate groups, then in a plenary session. Reflection and exchange of ideas focused on five themes, taking into account the proposals of citizen involvement: habitat and housing; travel, mobility, transport and parking; nearby shops and services; social life; and information.

- The "adapted habitat" group of the Committee of Observation of Dependence and Mediation (CODEM: a consultative and advisory body bringing together all gerontological actors).

This group, already in existence, composed of representatives of the elderly, medical professionals and social housing agencies, joined the Directorate of Social Housing of the City of Rennes and Habitat Service of Metropolitan Rennes. The group, in five phases, worked on five themes: adaptation of housing and habitat; energy cost reduction; diversity and intergenerational mix; new technologies; and relationships with organizations (EHPAD, day care).

- The "urban development planning" group

This three-part group is composed of professionals from services or missions and two partners: the Agency of Urban Planning and Inter-communal Development of Metropolitan Rennes, and the development company "Land and Development." Participants met eight times. The first three sessions included visits to Rennes to share and build a common culture. The remaining meetings were to work on themes: safe travel; transportation; parking; proximity of open spaces; nearby shops and local services; lighting. Intergroup meetings were held in March and June 2012. These allowed discussion of approaches and perspectives. It

was a convergence of ideas and proposals of the three working groups. The constructive involvement of residents who participated in this process and the will of some of them to continue such reflection with the city on these issues should be noted. The work of the three groups led to a 70-page report, including 16 detailed factsheets (beyond consideration for the planning documents) and more than 20 proposals; the main ones are presented later. The "urban planning development" group has worked in particular on a project repository: factors to be taken into account in planning documents, and a mapping project of "favorable areas" in the Rennes territory.

d) *The example of the town of Quimper*

In Quimper, an urban audit in the framework of the "age-friendly cities and communities" program was carried out by means of a drawing based on electoral lists.

In 2010, interest in the "age-friendly cities and communities" process was confirmed via the organization of a Forum of Solidarity in partnership with the community associative, which brought together 60 associations. This Forum was extended by "To Grow Old Together" workshops, organized in partnership with ODAS (Observatory of Decentralized Social Action). On February 2, 2010, the city of Quimper obtained from the Ministry of Health the "Aging and Living Well Together" designation. The "age-friendly city" project, initiated by the CCAS, organized a meeting on October 13, 2010 to present the approach to gerontological coordination partners. The project leader sought methodological and scientific support from researchers Françoise Le Borgne-Uguen and Simone Pennec of the Workshop for Sociological Research of UBO. These academics have collaborated with scientists Marie Beaulieu and Suzanne Garon, of the Research Center on Aging at the University of Sherbrooke, who are responsible for the scientific support of the age-friendly cities program across Quebec.

The need for a diverse population was highlighted, both in terms of age groups and socio-professional affiliations. In addition, the representativeness of the participating population of groups was investigated for two variables: gender and neighborhood. This resulted in the formation of differentiated age groups -- 60-74 years and 75+ years -- within four historic districts: downtown, Ergué-Armel, Penhars, and Kerfeunteun. Eight groups were formed -- two per neighborhood. Groups were built on the model of neighborhood councils, i.e., proceeding by drawing at random from the electoral rolls. To do this, the VADA team, in consultation with the city government's data processing unit, approved the criteria used for the draw:

- residential neighborhood;
- the two age groups (60-74, 75+);
- the ratio of three men to five women, representative of the composition of the population of Quimper.

It was decided to set up a master list of 60 people, and a secondary list.

In addition, two groups were formed across the city to take into account the diversity of socio-economic conditions in the population age 60+. The first group was composed of members of the University of Free Time, a group of individuals allegedly with high levels of social resources, and the second of users of CCAS, recipients of social assistance, with more modest levels of social resources.

A method of thematic analysis of data was used and implemented across all 13 focus groups (115 interviewees: 97 seniors, 2 female caregivers and 16 representatives of service providers). Each session was transcribed. The analysis was performed from the transcript of the tapes and notes taken during the meetings.

Two types of analysis were implemented:



- analysis of transversal themes: each retained analytical theme was the subject of a thematic classification within each group. This classification was put into perspective with all the data produced on the same theme by different groups. The discourses of the participants were classified into three points: the qualities, problems, and the proposals regarding these themes.
- an inter-thematic analysis within each group. This comparison allows identification of relevant thematic links in each focus group. They can be used in conjunction with the specific characteristic of this group (neighborhood, socio-professional category, service providers, caregivers) and its secondary characteristics (number of women and men, education level, health status, living alone or with another, residential neighborhood, age, owner/tenant).

## 2. GOOD COOPERATION AMONG THE ACTORS

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### a) *The example of the Bourgogne G érontopôle/Franche-Comté*

In the regions of Bourgogne and Franche-Comté, all actors regarding aging are combined in a non-profit organization: the Interregional Gerontology Cluster. It includes professional and non-professional gerontological actors who are committed to work in a multidisciplinary reflection on existing structures and, if necessary, new structures to improve the quality of life for seniors and contribute to the development of elder care. It meets all of the needs and expectations of seniors at home, in an institution or in a hospital.

The association aims to:

- contribute to the development of research and innovation in cross-disciplinary domains of the field of gerontology (nutrition, motor skills, home modification, geropsychiatry, e-health...), developing such work but also, in particular, the economic and social repercussions for the two regions
- develop training and transfer of skills to all stakeholders who support dependent elderly. It promotes synergies and coordination within the network of gerontological actors, proposing actions and studies for developing and pooling best practices in gerontological organizations as well as in home services for the elderly.

In this context, the PGI goal is the labeling, coordination and enhancement of such actions (project engineering, promotional activities, best practices pooling). This research, innovation and skills transfer, when they combine and rely on public structures, will be conducted primarily with the PGI evaluation frameworks in place and the Bourgogne and Franche-Comté Interregional Gerontology Cluster, where appropriate, in accordance with provisions governed by Consortium Agreements specific to each project.

Members are grouped into five “colleges” (collegial groups):

- college of the founders (college 1): members are signatories to the founding convention of the GIE Pôle de G érontologie Interrégional Bourgogne Franche-Comté prefiguration: the CARSAT, the University Hospitals of Dijon and Besançon, the universities of Bourgogne and Franche-Comté, the Pierre Pfitzenmeyer G érontopôle, and the Regional Institute of Aging
- the college of business (college 2): members are from industry or service

- college of actors in the care of the elderly (college 3): members are user organizations, patient organizations, health and medical-social institutions and their representative structures, and health professionals across their representative disciplines
- college of institutional actors (college 4): member institutions are linked to the gerontology sector
- college of communities (college 5): local authorities from the Bourgogne and Franche-Comté regions

The cities and urban communities of Dijon and Besançon collaborate and co-finance the project, which they supported from the outset. The implications are the dual competencies of economic attractiveness and the ability to better meet the challenges of aging in the nearby territories.

The PGI BFC has been distinguished by awards:

- Partnership Trophy for the year 2012, awarded by the Vitagora competition at the VII Congress of Taste-Nutrition-Health: "The Challenge of Aging Well" (March 2012)
- The 2012 Social Security Innovation Award "Risk Management and Prevention", Directorate of Social Security and National Union of Social Security Funds (March 2012)

#### ***b) The example of the Autonomy-Longevity Gérontopôle of the Region of the Loire***

The Autonomy-Longevity Gérontopôle of the Region of the Loire has implemented a range of territorial diagnostics through the analysis of practices and use, with a willingness to share data on health, social services, planning and environment, and then to propose hypotheses of evolution of territories in terms of needs and service offerings. The "Diagnostic for Territorial, Environmental and Longevity Action" (DATEL) is innovative and useful for territories [\[7\]](#). This designation is intended to highlight the need to establish an inventory, to produce a shared diagnosis for the implementation of a true program of action, and to focus proposals on the relevant territory.

The development of the DATEL method, currently being tested on a community near Angers, aims to develop longevity projection scenarios which will be discussed with stakeholders to target the greatest feasibility.

Three bodies will be established:

- a working group that performs the inventory and develops hypothetical models;
- a scientific committee which provides a critical oversight of the working group on scientific and technical issues;
- a steering committee, composed of both scientific committee members and resource persons from the territory, and elected or otherwise qualified persons, who provide strategic direction at different stages of the DATEL development.

In the diagnosis, one can distinguish:

- The state of geographical locations

This includes topographical description of the town in its distribution of habitat, but also communication channels or accessibility, distance to services, mobility and feelings of the residents. This inventory also includes profiles of medical and medico-social service professionals, with age of subjects of interventions and

foreseeable changes in the demographics of professional interventions in the territory. Population and the distribution of the elderly who use dependency-related allowances are described.

- The shared geographic diagnosis

It specifically takes into account the opinions of elected officials, health services actors (doctors, nurses, SSIAD), and social actors (e.g., ADMR, CCAS), but also of citizens through discussion groups operating under the principles learned from the methodology protocol of the Vancouver "Age-Friendly Cities" program. Thus it will consist of focus groups of seniors, caregivers and service providers.

At a time of redefinition of the role of institutions in charge of public policy, and of the emergence of new financial constraints as well as the reduction in access to credit, it is necessary to acquire the elements of decision-making so as to be able to devise and implement policies to support the growth of life expectancy of the population as well as for those living in fragile health or with loss of functional autonomy. The DATEL is an interesting methodological approach.

c) ***The example of the city of Nice***

In 2008, the city set up a "home" for seniors. It provides information and resources on health, housing, and social and cultural life. The ground floor houses the CLIC center and a point of information on associations. The floors are shared by various services: the SIAS, the EPHAD services, home support, the center for social relations, and the Department of Social Welfare and Health. In 2011 the General Council of the Alpes-Maritimes in Nice set up a departemental home for seniors that offers activities that involve them in social life. "The seniors, who worked in various professions, are willing and able to share their professional knowledge. To maintain the vitality of the elderly, to increase their participation in society and to remove intergenerational barriers are the main objectives of the European Year of Active Aging and Intergenerational Solidarity in 2012, and can be seen as anticipating the Departemental Home for Seniors [8].

A successful initiative, the CRONOSS 06 association, a gerontological network of the city of Nice, intervenes to take charge of medico-psycho-social coordination for seniors among different health and social stakeholders. This association works with the city's CCAS. This partnership has, among other things, helped create a shared medical-social folder and common operating software, a situation that deserves to be noted at the national level as exemplary and still very rare. The result is a pooling of resources to improve the quality of care and to meet the special needs of the elderly.

One of its actions is the LICORNE project, a pilot project at the national level, which combines public, private and voluntary partners, and is to lay the foundation for a medico-psycho-social "center" communicating between the different actors involved in the stages of senior care: hospitalization in a central hospital, discharge to home, another clinic or a nursing home, convalescence at a SSR, consultation, or accompaniment for personal care services. The purpose of this project is to bring together all the actors involved in the care of a patient, regardless of their functions, around the same shared patient. The LICORNE solution individually addresses each person with a strong need for support, care, assistance and security; thus it serves primarily the elderly and those receiving healthcare at home. The target market for the solution affects all relevant actors:

- the public health facilities, private and ESPIC, dealing with "home hospitalization";
- associations for dependent persons and coordinating their return home;

- providers of home services, such as home nursing, physiotherapists, occupational therapists, pharmacists, dieticians, opticians, speech therapists, podiatrists, audiologists, and psychomotor therapists; patients would benefit from complementary and organized services;
- collaboratives and insurance companies, which would provide services that reduce their customers' repayment or increase services available to them.

### **3. GOOD GOVERNANCE IN RURAL SETTINGS**

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#### **a) The example of the Limonest community**

The Limonest community is located on the outskirts of Lyon in the residential suburb of west Lyon. It consists of a central street, with shops and services, and outlying districts. It has about 3,000 inhabitants and an aging population. The municipality wanted to take the "age-friendly cities and communities" approach to accommodate the passage of seniors between autonomy and dependence. The urban audit recommended and provided a frame, a guideline, but it was not suitable for a village (3,300 inhabitants). The town has adapted the methodology, a first in France for a city of this size.

The appearance of a "street village" in scattered settlements, extended along a road, did not allow the constitution of groups by districts, and the proper context of life in small villages deserve reflection. Ties caused by the proximity of elected officials and the population in a small town are never negligible. It is, for instance, possible to select seniors to form working groups, as required in the protocol. The issue of lack of anonymity arises, since it is highly likely that people know each other.

The approach:

- the establishment of an individual questionnaire proved to be the safest way to work with the greatest number of people at low cost and guaranteeing anonymity;
- the drafting of the new questionnaire.

For simplicity, a practical questionnaire was developed, as readable and easy to understand as possible, regarding the daily concerns of seniors and taking into account the framework provided by the protocol. It included questions, mostly binary (yes or no answers), for the greatest possible completion rate. So that all could express themselves, a range of open-ended items was included, and seniors made much use of it. Analysis of the comments was large undertaking, for there were 205 open-ended responses from the 531 seniors surveyed in the town. The work was quite an inspiration and creator of social ties.

Among the projects was the creation, on February 21, 2011, of a Council of Elders with 19 members. It receives, at each meeting, a visit from an elected official or an official of one of the local services or association. As an advisory board, it works on the various themes of "To Live and Age Well Together", but it also brings its experience to projects initiated by the municipality. It first worked with a deputy of roads to solve a set of problems identified in the questionnaire responses and from small annoyances, ranging from walkways to sidewalk snow removal in the winter. The Council of Elders chose to create an information booklet listing all services for seniors. It worked on both the substance and form of the document. It also works on intergenerational relations and is involved with the leisure center in its actions as well as in intergenerational

activities with younger persons (heat wave plan, a "coffee pictures" photo story by teenagers during a meal for the elderly...). A study is underway to implement a transport service for the town. It is conducted jointly with the social affairs committee, studying solutions to reduce the isolation of some seniors, for example, with trips to the library or to shows. A training course for upgrading seniors' driving abilities was planned during the "blue week" this year.

There are other projects underway in Limonest:

- development of a "zone 30" in the center of the village to allow traffic calming and improved pedestrian circulation.
- creation, with Rhône OPAC, of a building comprising 17 "Rhône+ live at home" certified dwellings, equipped to allow seniors to continue living at home (some members of the council of elders discussed with OPAC proposed developments and the welcoming of new tenants). Several projects on independence exist in the town, but so far no developer offers suitable accommodations, so only a portion of potential purchasers are community seniors who sell their house so they can move closer to the central street.
- the work of a municipal council with the community's entire medical profession for the development of a medical center. This project was mentioned by some seniors in the questionnaire.

#### *b) The example of the Carquefou community*

Carquefou is a suburban municipality, with 74% of houses being single-family, located close to Nantes. In 2009 it had 18,242 inhabitants, of whom 1,922 were age 65+.

Faced with transportation issues related to specific peri-urban places and the discontinuation of a Nantes Métropole line, which managed all buses in the urban community, the Carquefou community set up an on-demand transport system (TAD) in September 2009. This service is managed by the municipal social action center of the city. It enables seniors living in subdivisions to access downtown, where they can get to a tram stop directly connected to Nantes. Targeted at people over 60 with mobility difficulties or with disabilities, the system operates on Tuesday mornings, Thursday mornings (market day) and Friday afternoons. Bookings can be made 48 hours in advance, allowing time to arrange the route. A contribution is required for each trip to maintain resources.

This service responds to a strong demand from the population, expressed in the Urban Audit conducted under the label "Aging Well, Living Together" and the "age-friendly cities and communities" program to which the municipality adheres. In the audit survey of 84 senior citizens, the public transport network was judged unsatisfactory for both schedules and routes. Given the success of the TAD, an additional half-day was begun in 2011, bringing TAD operations to four half-days a week. 62 people regularly use this transport, accounting for 737 trips in 2010, or about 14 per week. The purchase of the vehicle benefitted from a subsidy of 5000 euros from CARSAT (pension insurance and worker health fund) and 5000 euros from a foundation in concert with CCAS.

The right to transportation is registered under French law, in the 1982 Law of Domestic Transport (called LOTI). Sparsely-populated territories are delicate field of application under this law. In fact, regular public transport routes are not always appropriate: massification, a fundamental principle of these offers of transport, is not applicable because the population is too dispersed. Faced the challenges of sustainable development, transport policy is changing significantly. It is no longer to adapt supply to constantly fluctuating demand, but to

try to guide this demand toward appropriate, economical and environmentally friendly forms of mobility. The example of Carquefou is, from this point of view, an enlightening example.

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[1] Calthorpe, P. (1999) - *The Next American Metropoli: Ecology, Community, and the American Dream*. Princeton: Architectural Press

[2] Individualized Departmental Allocation for Autonomy

[3] Provision of disability compensation

[4] [www.habitat-fits-rhone.fr](http://www.habitat-fits-rhone.fr)

[5] <http://icade-bihome.fr/>

[6] Newell, A., Simon, H., 1972 - *Human problem solving*. Englewood Cliffs, NJ: Prentice Hall.

[7] Chapon PM, Pihet C, Jahan F, Michel B, Riobe AL, Merjagnan-Vilcocq C, Plard M, Berrut G. Diagnostic for action, territory, environment, longevity (Datel): a territorial diagnosis to build a common future with seniors *Geriatr Psychol Neuropsychiatr Vieil*2012; 10: 123-7

## IV. RECOMMENDATIONS

The issue of urban adaptation to aging is complex because it is not merely to implement best practices in a given territory but also to develop the means to structure and organize sustainability and adequate supplies of needed goods and services. "Age-friendly cities and communities" urban audits all point to the same needs in terms of accessibility, housing and transport, for example. While some recommendations, such as installing benches and wide sidewalks, are common sense, they are nonetheless anecdotal in relation to the immense task that must be addressed.

It does not suffice to define an environment conducive to aging. In 2010, the report "To Live at Home" had already recommended that the creation of suitable housing in the heart of welcoming environments be included in planning documents. As presented in the report, these recommendations have since been implemented in Rennes, which is so far the best French example in the field of urbanism and planning. Based on this example, but also in the charter "Rhône+ Live at Home" or the "restricted housing" of Nantes, several recommendations emerging from our work have immediate operational applicability. It appears from the case studies, including Copenhagen and Berlin, that one should move from a first step of accessibility, particularly based on motor impairments requiring use of a wheelchair, to a wider and more adaptable approach that includes taking into account the autonomous or semi-autonomous aging populations. When promoting adapted housing, it is not only accessible housing. More than an increasingly important norm, cannot the market also bring appropriate responses to Portland in the United States or Hong Kong, with developers seeking to offer their customers an optimal fit, perfectly adapted to meet their needs?

The concept of adaptability is even more important when the aging are concentrated mainly in peri-urban areas. As we have seen, it is complex to provide satisfactory answers in these diffuse territories; good practices that we have seen in Limonest or Carquefou, for example, provide only partial answers, given the stakes.

**The key to success lies above all in good governance within and between actors. This is by far the most important element for a successful paradigm shift. [\[1\]](#)**

Within municipalities, it is essential that all elected officials and, of course, all the technical services adopt a holistic approach. Moreover, among the ten French cities in the "age-friendly cities and communities" network, those that are active are those that truly succeeded in uniting all of their directorates and technicians around this approach. This is the case we presented regarding Angers, where all elected officials use "age-friendly cities and communities" paradigm, as have the managers of technical services since its inception. This greatly facilitates the implementation of the action plan.

In addition, municipalities should work with different partnerships: community councils, general councils, transport unions, gerontological advisors, and regional health agencies. Besides the fact that the partners have different powers, they have perspectives that may be both overlapping and conflicting, making true collaborative work particularly complex.

Yet "to adapt cities to aging" first requires implementing this cooperation within and between the different relevant actors, and considering the most appropriate scale of intervention between, on one hand, the area

over which health is organized and, on the other hand, the inter-communal structure on the basis of which planning documents and planning are developed. On this issue of governance, we provide more methodological and practical recommendations. At the state level, too, the approach must be inter-ministerial if it is to be successfully carried out.

## **Promote active aging**

Our study in the United States was enriched by learning about the solidarity found within the “Villages” network. These associations can meet a large portion of seniors' needs, particularly in suburban areas. This approach is particularly relevant because solutions are provided by seniors for seniors. Transposition to France is greatly complicated because of unrealistically high expectations elderly people hold of the authorities. To facilitate this shift, the leverage of participatory democracy and dialogue are fundamental. This is the challenge of "age-friendly cities and communities", a program based on doing with and for seniors. In America, at the national level, AARP plays a very important role in representing the interests of the elderly. The equivalent does not exist in such form in France. Although structures exist, their size and representativeness cannot carry enough weight to represent the interests of the elderly. The United States is also an excellent example of intergenerational solidarity. For instance, in the state of North Carolina, all high school students must complete 40 hours of community service prior to receiving their diploma. If such an adaptation seems impossible in France, the state should reconsider.

Three broad categories of recommendations emerged from the French, European and American experiences:

- 1. Geographic development integrating the consequences of massive population aging**
- 2. Coordinated governance between institutions and research on the most appropriate level of intervention**
- 3. To facilitate and develop intergenerational solidarity**

## **1. GEOGRAPHIC DEVELOPMENT INTEGRATING THE CONSEQUENCES OF MASSIVE POPULATION AGING**

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Since the work begun in 2007 by the Foundation of France and the National Federation of Planning Agencies (FNAU), the work of the Lyon planning agency, the report "To Live at Home" given to the Secretary of State for Seniors, Nora Berra in 2010, and the recent report of the High Committee for the Housing of Disadvantaged Persons appeared in 2012 on the theme of "Housing and Aging: Living at Home but Among Others," the consideration of aging through Local Housing Programs (PLH) has become a reality in communities. However, regardless of recommendations in the planning documents, operational responses remain under-developed. The example of Rennes Métropol, widely detailed in this report, is the most successful approach to date, placing at the heart of the debate the notion of a "favorable geographic environment" for aging.

In light of these factors, several directly applicable recommendations can be proposed. Most of these recommendations do not require legislative change, because the existing laws and policies, with sometimes a few adaptations, are sufficient.



**a) To identify "areas favorable to the reception of aging populations"**

A census should be taken of areas located within cities, at the intersection of neighborhood polarities (shopping center, or other existing and/or in-progress pole of proximity) and public transport (metro stops and major bus line stops) within 200 meters, or up to 300 meters depending on the situation.

In specific sectors:

- provide dedicated sites in the Local Urban Development Plans (PLU) to develop housing adapted to the frail elderly (under Article L123-2-b of the Town Planning Code);
- impose a quota regarding development of adapted housing, in the range of 20 to 25% (under Article 123-1-5 of the Town Planning Code);
- combine all resources of these areas in terms of adapting programs for the elderly by:
  - the allocation of grants from the National Agency for Housing Development (ANAH), increased concurrently with the aid of the CNAV ("habitat and environment"; CNAV document No. 47-2012), which may itself be increased. Conversely, a system of relocation assistance may be initiated to assist elderly in relocating from unfavorable geographical environments;
  - include these areas as priorities for the adaptation of PLH (Local Housing Programs) housing;
- encourage sectors to follow Development and Programming Guidelines (Article L123-1-4 of the urban planning code), including programs aimed at:
  - the installation of benches: to achieve the objectives of travel (to shops, services, transport), the presence of clean and accessible benches properly distributed according to territorial constraints;
  - the creation or adaptation of spaces: it is acceptable to think of using common space to ensure proximity, but we must think seriously about it. Taking into account the needs of seniors could be a criterion for selecting teams responsible for the creation or renovation of parks and public gardens;
  - the installation of public toilets;
  - road improvements: to develop sufficiently timed traffic crossing lights (or with a protected center island, to allow crossing in two stages), and safe pedestrian paths (while maintaining the presence of elevated walkways over the road);
- conversely, better support for the creation of senior villages, which are now only authorized by building permits without proper prospective study.

**b) To promote accessibility for frail people in Urban Travel Plans (PDU)**

The next generation of PDU should propose, on the subject of accessibility, recommendations more operational than at present. The 2005 law already requires cities to adhere to the PDU, the PMAV (Plan of Road Accessibility), and the PMAB (Plan of Built Environment Accessibility) for all municipalities of 5,000+

inhabitants belonging to the metropolitan area and with inter-communal accessibility commissions. These new fields of accessibility in mobility studies, not only mobility flow but also obstacles to mobility in the city, should also receive increased attention.

The census and subsequent planning for space, buildings, and public transport will take several years (3 years for development of PMAV and PMAB, 10 years to adapt the rolling stock). We must anticipate the overall aging of cities, including some areas where the development of public space will without doubt be the solution to greater mobility of the elderly. On this point, it is necessary to develop projections and scenarios on the scale of municipal or inter-municipal policies in order to alert the powers that be and get them to reserve some spaces to develop possible poles of proximity.

Consideration should also be given to intermediate solutions that can promote the mobility of seniors and, in general, all people with reduced mobility: solutions to waiting at roadways, or alternative solutions for the adaptation of public space. All public spaces, in fact, cannot be adapted (too great an incline, too narrow streets, historic space...). As mobility problems have appeared with age or disease, many solutions have emerged in recent years to overcome mobility difficulties. It is now an emerging market, whether for transport demand (as mentioned in the example Carquefou), support services for walking, shopping or even home deliveries. These should be developed in the medium term.

### ***c) To anticipate future needs in Territorial Coherence Schemes (SCOT)***

It is necessary to outline, through the SCOTs, the contours of a development of living areas that take into account the lifestyles of seniors, including a "polycentric" analysis [\[2\]](#). Indeed, the SCOTs often tend to propose strategies for territorial development based on the fact that the working population is increasingly mobile, accepting living in one town, working in another, and eating and playing in a third. This pattern of development ignores those with mobility difficulties. This polycentric development should not necessarily be articulated around areas of activities or commercial areas but around poles of proximity.

Covering a wide catchment area, the SCOT is the only document allowing an understanding of the problem of aging in a transversal manner regarding housing, mobility and services. With a proper diagnosis, it may consider a strategy of networking between health care facilities and residences for the elderly, defining links between regularly scheduled and on-demand transport services and, finally, considering the fairly precise provision of services offered to seniors by territory or by the type and level of services offered.

To this end, it is necessary to initiate a network of actors on a life course scale. During the development and monitoring of SCOT, a network of actors who do not always intervene in the same territory (urban, rural) or on the same scale (inter-community, community, neighborhood) can be organized to allow them to identify and improve the quality of service provided to seniors, and perhaps to consider better networking for more relevant proximate territories.

### ***d) To create a new category of social housing adapted for seniors***

This recommendation is not new; it can be found in the 2010 report "To Live at Home" and was included in the 2012 report of the High Committee for the Housing for Disadvantaged People. However, it is imperative that legislators can understand this, because:

- it meets a significant demand; witness the number of programs initiated by social landlords ("restricted housing" in Rennes or Nantes, for example), the incentives of regions such as the Rhône with the charter "Rhône+ Live at Home", or even private operators;
- supervision of this offer (limited number of homes to avoid the appearance of ghettos in sectors favorable to aging) would provide security for both the target population, which finds standardized, adapted residences regardless of the promoter, and public authorities whose allocations commissions are sometimes on the borderline of legality. This category of adapted housing for elderly citizens also promotes the life course of all generations within social housing.

Moreover, it should encourage private developers to make adapted housing as private property; help is not necessarily or primarily financial but rather an interface between developers and seniors searching for suitable housing.

## **2. COORDINATED GOVERNANCE BETWEEN INSTITUTIONS AND RESEARCH ON THE MOST APPROPRIATE LEVEL OF INTERVENTION**

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Within local communities, municipalities that succeed in changing their approach to aging through all-encompassing and sector-based thinking are those which managed to unite both the municipal team and technicians from all services. The urban audit, as proposed in the "age-friendly cities and communities" program supported by the World Health Organization (WHO), should be reinforced as a useful tool.

### ***a) To implement, at the national level, guidance and support for the "age-friendly cities and communities" program of the World Health Organization (WHO)***

An inter-ministerial delegate in charge of these issues, both as negotiator with cities but also interfacing among the various ministries and departments of the State, would make sense for strengthening transversal reflection on different scales.

### ***b) To organize transversal committees on aging in local communities***

These meetings bring together all of the elected assembly, but also the directors of services, to address, in a transversal manner, issues facing seniors in daily life in the following areas:

- spaces and the exteriors of buildings
- transport
- living environment
- respect and social inclusion
- culture and recreation

- communication and information
- inter- and intra-generational solidarity
- health services

Annually, all local governments could meet together with the goal of strengthening their transversal cooperation on these issues.

### ***c) "Territorial, Environment, and Longevity Actions" Diagnostic***

It may be advisable in the development of projects entailing long-term investment with local communities to integrate a prioritized projection of actions affecting the elderly.

This projection of policies will be based on a "territorial, environment, and longevity actions" diagnostic. It includes:

- a geographic, demographic, economic, social, health and medico-social inventory;
- a diagnostic shared with elected officials, representatives of associations and organizations, and representatives of the public to identify and prioritize action.

It could be the focus of a written report, including analysis of the feasibility and timing of the deployment of the various components of planned actions.

## **3. TO FACILITATE AND DEVELOP INTERGENERATIONAL SOLIDARITY**

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### ***a) Establish programs of "intergenerational solidarity" for young people between 18 and 25 years of age as a requirement for their degree***

This time commitment (on the order of thirty hours per year) would be fulfilled via associations, nursing homes, local hospitals or even CCAS, under the supervision of the schools. It would consist of predetermined missions of reducing the isolation of the elderly by providing them with a small amount of help with daily needs. In other cases, these hours could replace the hours of professionals, with the aim of strengthening social cohesion and awareness of intergenerational values, as developed jointly by the professionals and the schools.

### ***a) To facilitate the emergence of an association or an information and advocacy group for seniors, like AARP in the United States***

It would aim to centralize information, acting as a "one stop shop". It could also bring together local organizations to train volunteers and caregivers, and to supervise hours of "intergenerational solidarity". This

group would have goals such as to trace the needs of seniors, provide legal support, and present proposals to government and elected officials.

## V. Attachments

### 1. INTERVIEWS CONDUCTED FOR THE REPORT

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#### A) ABROAD

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##### Meetings in Washington, DC (4 and 5 October 2012)

AARP

Jeanne ANTHONY  
James MC SPADDEN

Village to Village Network

Natalie GALUCA  
Judy WILLETT

Dupont Circle Village

Bernice HUTCHINSON  
Iris MOLOTSKY

U.S. Senate Select Committee On Aging (SCOA)

Cara GOLDSTEIN

The National Association of Area Agencies On Aging (N4A)

Sandy MARKWOOD

Administration On Aging (AOA)

Marla BUSH  
Greg CASE

North Carolina Division Of Aging and Adult Services (NCDAAS)

Heather BURKHARDT

Orange Country, Department on Aging

Janice TYLER  
Mary FRASER

### **Meetings in Berlin (23 August 2012)**

Ministerium für Landwirtschaft Infrastruktur und des Landes  
Brandenburg

Stephanie HASSE  
Alexander PILZ

Famev

Klaus PAWLETKO

Tempelhof-Schöneberg

Ariane RAUSCH

With the support of Jean-Pierre BULTEZ (Ageplateform)  
Didier SAPY (FNAQPA) and Isabelle BARGES (Gerontim)

### **Meeting in Copenhagen (21 August 2012)**

National Federation of Housing Organizations in Denmark

Birgitte FAESTER

### **Meeting in Hong Kong (14 September 2012)**

HKCSS

Grace Chan

With the support of Robert Witos

### **World Health Organization (WHO)**

Department of Ageing and Life Course

Lisa WARTH

## ***B) FRANCE***

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### **Angers**

Virginia ENZA  
Bernard MABI

Project Officer, CCAS, Angers  
Director of CCAS, Angers

### **Besançon**

Solange JOLY

Councilor, City of Besançon

|                        |                                                   |
|------------------------|---------------------------------------------------|
| Patricia OLIVARES      | Technical Advisor, Besançon                       |
| Marie-Noëlle SCHOELLER | First Deputy Mayor, City of Besançon              |
| Virginia POUSSIER      | Responsible for social operations, CCAS, Besançon |

### **Carquefou**

|                    |              |
|--------------------|--------------|
| Aurélie BARTHELEMY | CCAS, Angers |
|--------------------|--------------|

### **Dijon**

|                         |                                                    |
|-------------------------|----------------------------------------------------|
| Pierre Olivier LEFEBVRE | Advisor to the Mayor, municipality of Dijon        |
| Françoise TENENBAUM     | Vice-President of the Regional Council of Burgundy |

### **Limonest**

|                  |                                                     |
|------------------|-----------------------------------------------------|
| Martine BEAUFILS | Deputy for Social Affairs, municipality of Limonest |
|------------------|-----------------------------------------------------|

### **Lyon**

|                  |                                      |
|------------------|--------------------------------------|
| Maud FELIX-FAURE | Project Officer, City of Lyon        |
| Pierre HEMON     | Deputy for the elderly, City of Lyon |

### **Nice**

|                  |                                        |
|------------------|----------------------------------------|
| Daniel BENCHIMOL | Deputy for Public Health, City of Nice |
| Olivier GUERIN   | Professor of Geriatrics                |
| Patrick MALEA    | Director of CNR Health                 |

### **Rennes**

|                   |                                           |
|-------------------|-------------------------------------------|
| Frédéric AUFRAY   | Research Officer, Rennes Métropole        |
| Vera BRIAND       | Deputy for the elderly, Rennes            |
| Laurence NNAZE    | Policy Officer, Rennes                    |
| Claudine PAILLARD | Director of Health and Solidarity, Rennes |

### **Quimper**

|               |                                         |
|---------------|-----------------------------------------|
| Roger GADONNA | Director of Coordination, CCAS, Quimper |
|---------------|-----------------------------------------|

### **Val d'Europe**

|             |                                                   |
|-------------|---------------------------------------------------|
| Lydia LARUE | Director of Urban Development, Euro Disney<br>SCA |
|-------------|---------------------------------------------------|

## **2. SENIOR-FRIENDLY POLICIES IN THE UNITED STATES: REPORT OF THE STUDY TOUR**

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In the United States, two types of organizations work for the maintenance of seniors at home in what can be called "Vital Aging at Home", that is to say, in a community that offers helping services to people gradually as aging brings new needs. The first is associations, the latter is government agencies.

At the federal level, the Ministry of Health (*Department of Health*) has a secretariat for the elderly (AOA: *Administration on Aging*) created by the Older American Act of 1965. At the state level are the SUA (*State Units on Aging*), funded by AOA, whose role is to protect the rights of seniors, their independence and their dignity. Each SUA oversees its AAAs (*Area Agencies on Aging*), which are agencies often serving multiple counties. There are 629 AAAs nationwide.

Associations also conduct all kinds of projects for the elderly. AARP, among its activities, set up a network of "*age-friendly cities*" and works in partnership with WHO. The "*Villages Network*", which is self-managed and financially independent, participates in this network.

This presentation is simplified. Indeed, there is interaction between these two types of organizations: AARP works with state units on aging, and also with the Villages Network.

These are the values that characterize their actions, at both the institutional and association levels:

### **Membership organizations:**

- **AARP**

AARP is a non-partisan and non-profit association whose goal is to help people age 50+ to be independent, freed from some life choices, for their own good and that of society as a whole. AARP has over 37 million members. It is found in all 50 states, the District of Columbia, the U.S. Virgin Islands and Puerto Rico. It is headed by a paid CEO and an unpaid president. The Board of Directors consists of 22 members, all volunteers. There are no quotas, but AARP tries to recruit persons belonging to ethnic or racial minorities, and some of them have ascended to the board. While AARP does not endorse any political party or candidate, it advocates for seniors on numerous issues, such as those that are part of the health care reform established by President Obama (Affordable Care Act). Within different states, AARP works with state units on aging (SUA), which are dedicated to older persons. It advocates for seniors at federal and state levels, and plays a role in education. AARP's role is as consultant and facilitator, but not as decision maker. For example, in Washington, DC, a project proposed in consultation with AARP must nonetheless be formally approved by the city council.

AARP focuses largely on the economic security of seniors, health care and personal assistance, and senior-friendly communities. On this last point, it emphasizes housing, transport, accessibility (including accessibility for disabled persons) and "visitability" (every house should have at least one entryway directly accessible without steps or stairs, doors wide enough for wheelchairs, and a bathroom on the main level).

AARP's area of intervention includes provision of information and advice, primarily through its website ([www.aarp.org](http://www.aarp.org)), supplying documentation and training materials (e.g., driving, fall prevention), and, finally, generating awareness in the economic sector (National Association of Homebuilders, manufacturers of various products, as well as consumer magazines), so that it has an understanding of the elderly and can develop appropriate products. Offered information includes literature on "age-friendliness" that can be used by local authorities (e.g., model legislation on "visitability").

AARP is the American partner of the World Health Organization's "Age Friendly Cities" network. Under the agreement between WHO and the AARP, AARP offices in each state work with local officials and partner organizations to help communities prepare to join the "Age-Friendly Cities" network. The senior-friendly network initiated by AARP International started in 6 states (and the District of Columbia, as of 3 October 2012), and includes a dozen cities/areas (e.g. Portland, Oregon; Des Moines, Iowa; Philadelphia, Pennsylvania; Macon-Bibb County, Georgia; Westchester County, New York). It should be noted that these are not only cities but can also be counties, or even just parts of cities.



AARP first conducts an inventory with its own tools, which include the eight domains of the WHO protocol. Focus groups, including service providers, local elected officials, local businesses (manufacturers and banks) and seniors are then implemented to identify needs. AARP next works with local leaders to develop programs specific to this environment. Needs may differ depending on the neighborhood or the city: pedestrian access, access to shops and transport, care services, or additional multilingual staff in service agencies.

AARP often starts work at the neighborhood level, as a pilot test, before expanding the program to other areas or the entire city.

As in the WHO protocol, cities have 2 years to implement their program and then 3 years to assess progress.

The "friend of elders" and similar projects are well established and "grassroots" or "bottom-up" – beginning with the older people themselves, in order to take into account their expressed needs.

## **Congressional committee**

- **The Senate Select Committee on Aging (SCOA)**

SCOA is a standing committee of the senate, but a "select" committee, and thus it does not have the power to propose legislation. Its role is to inform the public and other senators, conduct hearings on issues, and examine issues relating to the protection of seniors (discrimination, drug prices, etc.).

The themes on which it is currently working are unfair trade practices, treatment of Alzheimer's disease, dementia caregiver support, and protection against fraudulent practices in general and investment fraud in particular.

The SCOA meets with lobbyists and other advocates such as AARP, hospitals, insurance companies, medical device manufacturers, pharmaceutical companies, and real estate associations. All of these organizations discuss with the SCOA legislation they would like introduced in Congress, the consultations that they need, or letters of recommendation that SCOA can provide them regarding interactions with government agencies. For example, although Congress wanted mandatory criminal background checks for nursing homes employees, the long term care lobby opposed this, and the requirement has been relaxed in the law (*Affordable Care Act*). When members of the SCOA make recommendations, each must be aware of the interests of his/her state and the lobbying/advocacy groups they spoke with.

The SCOA chairperson decides which issues will be examined and schedules hearings. The SCOA has always been bipartisan, but current Congressional polarization makes it difficult to enact new laws. The underlying problem in all discussions is the opposition between the idea of a strong interventionist government, preferred by Democrats for the benefit of the nation, citizens and the elderly, and smaller federal government and relaxed business regulation, preferred by Republicans.

## **Agencies at the national level**

- **National Association of Area Agencies on Aging (N4A)**

In 1965 the Older American Act created the AOA (Administration on Aging), whose federal funding must be renewed at regular intervals by Congress. It allocates money to the states, through the SUAs (state units on aging), for their programs for the elderly. Each SUA provides funds to AAAs (area agencies on aging) for their projects and services. Each state determines its number of AAAs according to the size and geographic distribution of its older population. For example, the state of North Carolina has 16 AAAs, which together cover all of the state's 100 counties. Each county has an office that supervises and coordinates

activities and programs, and signs service contracts, with many services helping seniors to remain in their homes.

The N4A (National Association of Area Agencies on Aging) oversees and advocates for all AAAs. The N4A mission supports aging in place and in the community, but it also focuses on support across the life course. All the needs of the elderly must be taken into account so that "communities for a lifetime" can be developed. This is why AAA programs include nutrition, fitness, and even computer training. Volunteering is essential for programs such as Meals on Wheels (home-delivered meals for homebound seniors) or the Senior Companion Program ("young-old" trained volunteers helping frail or disabled elderly).

For 10 years the N4A has been promoting the development of *"lifelong communities"*. Following its 2006 study, which showed that only 50% of communities were preparing for an increase in the number of their elderly, the N4A published a guide identifying best practices; it has also supported pilot projects in 12 communities. However, another study, conducted in 2011, showed that progress was mainly due to volunteers, but that communities that had implemented actions had not concurrently developed sufficient volunteer pools. The N4A will therefore work more strongly with 6 communities, through forums and work groups of providers, elected officials, business representatives, and the elderly. The message it wants to convey is that the changes are not necessarily costly; churches can be involved and can offer services that often are free.

The N4A agenda advocates that communities take into account the ethnic and racial diversity of seniors. Eldercare is also a priority, and all eldercare programs should consider the cultural differences that affect what seniors want and what they are willing to accept.

There is much to do in the suburbs: renovations, improvements including information dissemination, modified public transport routes to meet the needs of seniors, minibuses, and free "ride services" in cars driven by volunteers. Suburbs should also use available land and make it easily accessible to create service centers (markets, medical centers, banks, hairdressers, etc.). When the land is not available, existing buildings or warehouses can be transformed.

In Atlanta, Georgia, the suburbs were transformed, modeled on the concept of the Village. The local community decided to focus on the "community for a lifetime" idea, and builders and contractors must adhere to these principles to be approved participants in the transition. Charlottesville, Virginia, is doing the same.

The services offered by the AAAs can delay or prevent entry into a long-term care institution. AAA services allow home support at a lower cost than that of a nursing home (about a third), and the "communities for a lifetime" cost is even less. Many politicians have not understood this, but the N4A continues to advocate that federal funding targeted for long-term care institutions be reallocated toward the development of *"livable communities"*.

- **The Administration on Aging (AOA)**

One of the barriers to home care is the terminology used (e.g., aging in place) because people do not see themselves as old. The term "community for a lifetime" focuses on life, not aging, and is thus preferable.

The AOA is a federal agency (at the national level) under the Department of Health and Human Services. The AOA finances innovative projects related to home care through a grant competition. It has funded 14 projects, in locations ranging from major cities like Atlanta to small rural communities in Alaska; it funds the training of caregivers to provide services for difficult tasks, assistance with activities of daily living (ADL and IADL), and medication management.

In Boston a grant was used to pay instructors to teach homeless elderly the basics of kitchen use and household management. Subsequently the homeless recidivism rate (rate of return to the street) diminished.

In Los Angeles there is a significant non-heterosexual population, and many such senior citizens do not dare use service providers for fear of sexual-orientation discrimination. An AOA grant funds educating of providers and raising public awareness, and also teaches seniors to access services. It has also been used to create centers for elderly LGBT (lesbians, gays, bisexuals and transsexuals), in which providers are encouraged to meet with this population to explain what they offer.

The AOA encourages "evidence-based" projects: projects that, based on prior studies, are likely to succeed.

As stated, the AOA channels funds to the SUAs (*State Units on Aging*). Each state's share of the total allocation is determined by the number of people age 60+. The allocation must be spent according to AOA requirements (e.g., for nutrition programs). There are some funds that each state spends at its discretion. Some states establish distribution guidelines, for example, between urban and rural areas.

The AOA finances the N4A and NASUAD (National Association of State Units on Aging and Disability) and works closely with them. For example, the AOA has sponsored N4A site visits, courses and workshops in which successful AAAs advise underperforming AAAs. In Mississippi, a state with limited financial resources, the AOA has provided training for state personnel and tips for finding funds. One of the AAA evaluation criteria is the ability to use a grant to leverage additional funds from communities or the federal government, for example, by showing that proposed projects will have multiple funding sources.

In the years to come, the AOA has many challenges: it needs to further study and understand existing services and facilitate access to them, develop one-stop shops for the elderly with easy access to all information, coordinate at different levels (local, state, federal), promote a more positive image of older persons, ensure that people prepare in advance for dependency, and address the growing needs of caregivers in institutions and at home.

### **Washington, DC: Dupont Circle Village**

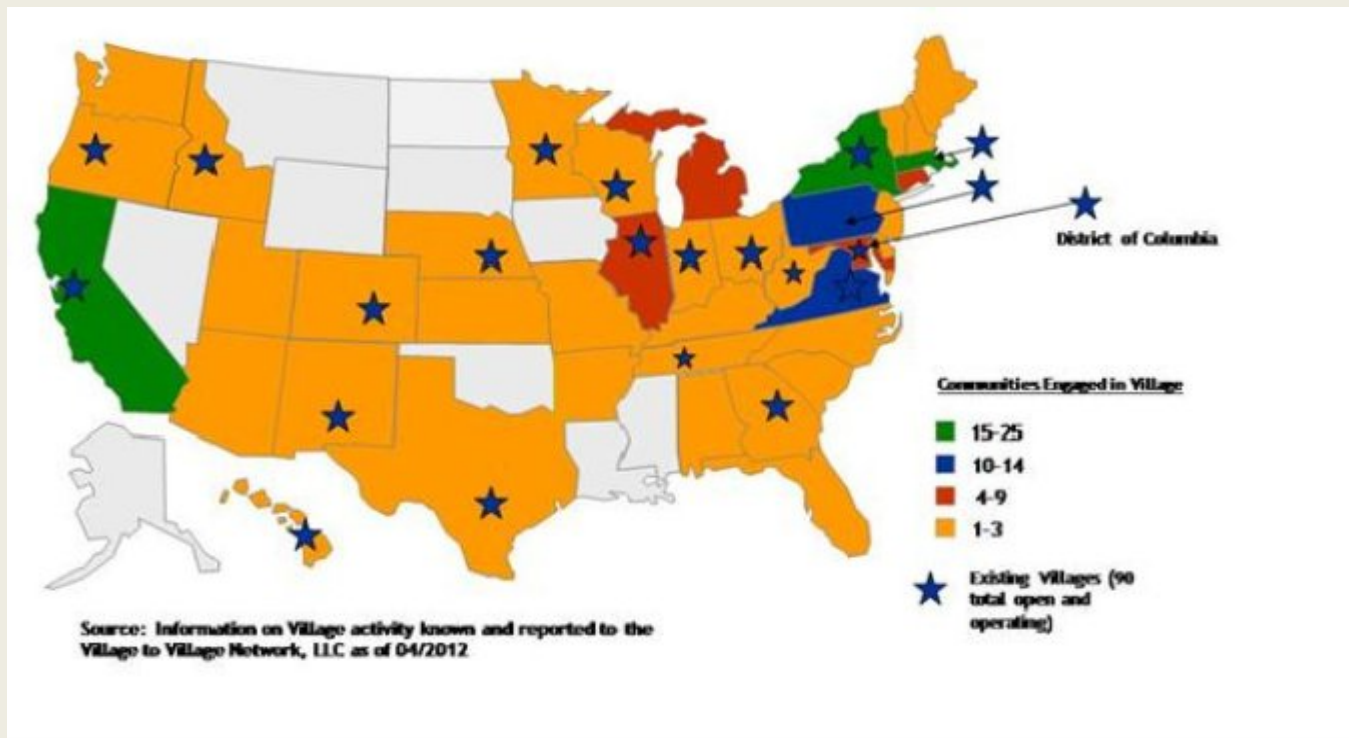
Without doubt, the hourglass image best characterizes the nation's capital. There are many well-off people, with above-average annual incomes (US\$ 58,000 vs. the national mean of US\$ 52,000), but at the same time poverty rates are close to 20%, compared to 13.5% for the rest of the country. The central districts are now rather WASP (White Anglo-Saxon Protestant), while nearby suburbs welcome ethnic minorities and the poor. The most distant, located in Virginia and Maryland, are those of the suburban middle class, and we find the same problem as that encountered in Orange County, North Carolina. The percentage of older people is two points lower than that of the United States, but it is higher in the city center.

Washington is a desirable city in which to live because of its original urban planning and the large amount of available services and facilities. It is more pedestrian friendly than other cities, mainly because of a good system of public transport.

It is therefore not surprising that the majority of older Washingtonians prefer to "age in place". It is on this last point that our field investigation is centered. How and with what means can we ensure successful aging in place in this city?

After meeting with AARP officials, we were directed to the "Village to Village Network", whose national headquarters is in Arlington, Virginia, a suburb of Washington. This association was created in the early 2000s by seniors wishing, like many Americans, to remain in their homes. This is a membership-based, non-profit, cooperative movement of American social life. It is not a funding agency, but a highly decentralized

organization where each "village" has considerable autonomy, including financial. Since they generally receive no government funding, the villages are thus relatively unconstrained by government regulations.



Map of the Village Network locations, 2012 (source: [www.vtvnetwork.org](http://www.vtvnetwork.org))

The first "village" was in the Beacon Hill area of Boston. The term "village" does not refer to a new or existing geographical reality. Instead, it is a concept describing the intention to live as a village, with dense social relations. Membership in the village is obviously centered on a place - a neighborhood, for example - but it goes beyond that; it is a membership organization with an annual fee of US\$ 400 to 500. Today, the association has over 10,000 members across the United States, and some villages are found in Canada, Australia, and the Netherlands.

Villages generally provide three types of services to members:

- Basic services: groceries, transport aid, support/services and information, and miscellaneous information about the neighborhood;
- Support programs for health and well-being (exercise, relaxation);
- Social interactions, with the goal of reducing isolation and ageist stereotypes.

Some of these services are not free, but membership in the village can yield discounts of 10% to 20%. Most are provided by the members themselves as volunteers. These volunteers can also be non-members, such as students, or students whose service is included in their curriculum, or even younger friends and neighbors. Most of these services can also be provided to members residing in long-term care facilities.

Without volunteers, the village movement, which receives no public funding, could not exist.

It is therefore an economic model that reduces public costs by using fewer public and commercial services. However, as dependence progresses, the village will increase its contributions to the older person's maintenance at home, which can ultimately produce social exclusion unless the number of "young-old"

members increases. It can be a solution. In addition, the villages are interconnected and share projects and joint activities; for example, in Washington, there is a regional villages meeting every three months.

In Washington, we met members of the Dupont Circle Village, in the city center, close to Connecticut Avenue. It is an affluent area, white (73%), with good incomes and a high proportion of college graduates (92% vs. 28% for the country). 35% of residents own their homes, less than the national average, but the majority of people age 65+ are homeowners, which makes them, given the location of the neighborhood and the real estate market, the neighborhood's leaders in terms of its history, culture and heritage.

Dupont Circle Village was founded in 2009 as "tax-exempt organization", and contributions are tax-deductible. The geographic boundaries are those of the "Dupont Circle, Connecticut Avenue" census tract, which counted 17,318 inhabitants in 2010. The Village has 125 members, most between 60 and 75 years old, and most with higher incomes - the average is US\$ 150,000 per household. This income derives primarily from Social Security, private pension funds, and earlier financial investments.

Village members are accustomed to using a computer; 96% of them own computers. Much information about the Village and its activities circulates via the Internet. The Village has a Facebook page and a Google group. It recently acquired space (two rooms plus a conference room) in a neighborhood "community center".

Annual membership is US\$ 500 for one person and US\$ 700 for a household. The average annual expenditure for services is US\$ 833 per person, for a total of more than US\$ 100,000. It would be impossible for the association to get such money through grants. Thus the revenue from memberships and donations is essential to sustaining the network. An analysis of the budget of the Village found that more than 60% comes from membership fees and 40% from donations, product sales (garage sales, food and drink sales, clothing sales, etc.) and other fundraising activities.

Based on interviews with members, Dupont Circle Village performs the following functions:

- Assurance of future assistance and services;
- Strong social interactions - one of the members even mentioned a "surrogate family";
- The provision of educational, cultural and civic activities;
- Specific information on local life and the quality of services; for example, medical and legal services.

The village is administered by a board of nine elected members. A director is hired and paid by the Village. The director is most often a social worker (in the American sense of the term).

The director's function is to facilitate, coordinate and develop activities for Village members. Volunteers are very much involved, and include 30% to 40% of the members. Moreover, members are constantly asked to donate time, even a small amount, as a volunteer. This has the additional benefit of engaging older Village members in an active social life.



*Dupont Circle Village Brochure Cover, 2012*

Members themselves define the objectives and benefits of the village. For the Dupont Circle Village, objectives are participation, autonomy ("empowerment"), dignity and choice. They think they, in particular, as well as the country, are in a difficult period.

The best response to provide in this case is to promote innovative ideas and experiences. That is what, for them, is the case of these "villages".

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[1] "10 proposals to adapt territories to demographic aging" coordinated by David Bensadon and Pierre-Marie Chapon, editions of Apil, 116p.

[2] Lyon Town Planning Agency (2012): White Paper: To renew the territorial engineering of aging, recommendations based on the scale of the urban area of Lyon