

Reconnecting Planning to Health: The Multigenerational Approach

By (Sylvia) Xiaomeng Li

Department of City and Regional Planning, Cornell University

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In the face of skyrocketing health care costs and the worrying health status of the US population, it is time to reconsider planning as an effective tool to tackle health challenges. Among various initiatives to reconnect planning to health promotion, multigenerational planning is a promising approach.

KEY POINT #1: Multigenerational Planning Promotes Health for All

The U.S. spends over two times more on health care per person than most developed countries in the world (OECD 2012), taking up over 17 percent of GDP (PBS 2012). Yet Americans are suffering from obesity and chronic health problems. Urban planning is partially responsible. Despite its historic alliance with public health promotion during the era of industrialization, **many planning conventions today are exacerbating our health crisis.** Many cities and communities are planned in a way that eats up people's leisure time, discourages physical activity, creates food deserts, causes isolation, and increases stress levels.

With health care costs skyrocketing and health conditions far from ideal, it is time to reconnect planning to where it came from. Now that research and successful practices have revived the association between good planning and better health (Engelke et al 2003; Frank et al 2004; APA 2011), planners are once again equipped with the perspective necessary to tackle 21st century health problems such as obesity, chronic diseases and stress. Among various initiatives to reconnect planning to health promotion, multigenerational planning is a promising approach.

Multigenerational planning is an approach that creates an enabling environment and support system for people of all ages. Although seniors and children are more vulnerable and more susceptible to certain health conditions, incorporating their needs in planning will actually benefit all.

Fact #1: More people suffer from physical difficulty than we believe.

- 37.4 million (16.2%) adults have some levels of physical functioning difficulty
- 73.7 million (32.8%) adults have at least one basic action difficulty or complex activity limitation

Source: CDC/NCHS (2011) *Health, United States, Table 54.*

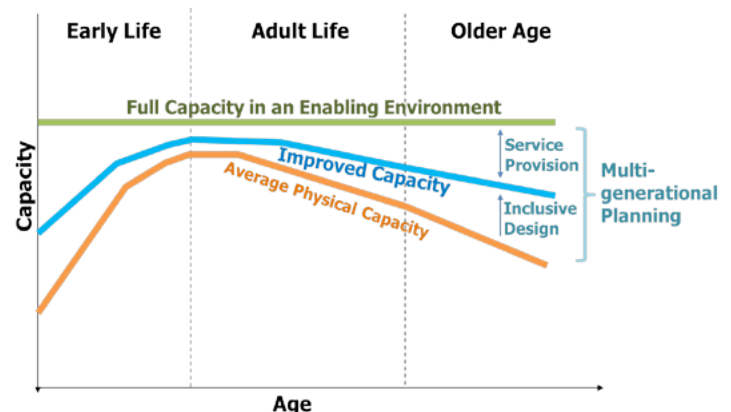
Fact #2: Childhood health problems have consequences across the lifespan.

- Environmental stimuli experienced in childhood have profound effects on adult health.
- Overweight in childhood/adolescence increases adult risk of morbidity and mortality from coronary heart disease, colorectal cancer, etc.
- Children with high levels of health risk factors tend to have high levels of disease as adults
- Risky behaviors during childhood and adolescence have cumulative effects on adult health status.

Source: Forrest and Riley (2004). *Health Aff:23 (5) 155-164*

The diagram below shows that communities can help people across the age spectrum maintain their full capacity through inclusive design and supportive services. **Communities can customize their approach to include different levels of improvements in physical design and service provision.** With more inclusive physical environments, communities will need to provide fewer additional services to ensure equity. **When communities lack adequate physical design, they can make up for it with accommodating services.**

A Framework for Multigenerational Planning: The link between design and services



Source: Warner et al. (2013), based in part on WHO (2007) functionality curve

Planning Across Generations project, directed by Mildred Warner, Professor of City and Regional Planning, Cornell University, Ithaca, NY. Supported in part by the USDA National Institute for Food and Agriculture research grant #2011-68006-30793. Additional issue briefs and case studies can be found at www.mildredwarner.org.

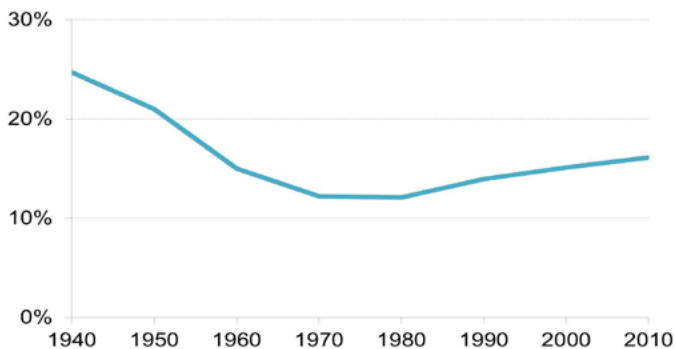
KEY POINT #2: Demographic Changes Call for a New Approach

Planning strategies need to respond to the changing types of residents and their needs (Myers 2013). The U.S. economic recession and complex demographic landscape give rise to diverse living arrangements and housing demands: e.g. seniors that are downsizing or moving in with their adult children, immigrant families that prefer multigenerational living, etc. (See *Overview: Demographics*). When cities, communities and homes are not planned to facilitate these changing needs, they may cause tension, stress and other health issues.

Change 1: The comeback of multigenerational living

As the diagram below shows, the share of people living in multigenerational households is on the rise (Pew Research Center 2010). These households are family households consisting of three or more generations.

Share of U.S. Population Living in Multigenerational Households: 1940-2008



Source: Pew Research Center (2010), based on U.S. Decennial Census data

A common form of multigenerational households is three generations under one roof: grandparents, their adult child and grandchildren. While seniors and children are likely to benefit from such living arrangements because of extra love and support (AARP 2010), heavier care giving responsibilities fall on the shoulders of the “sandwich generation”.

Multigenerational planning can help facilitate multigenerational households so that increased responsibility does not have to translate into increased stress levels for the “sandwich generation”.

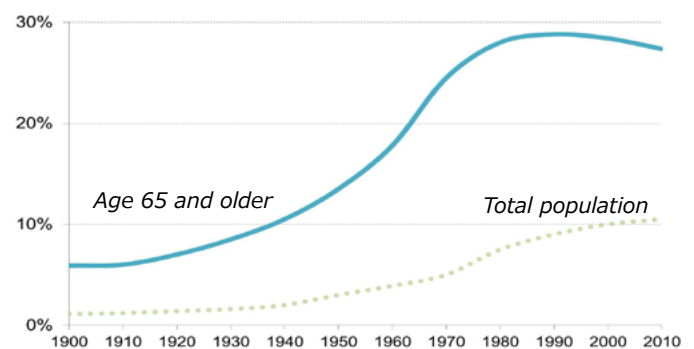
Such measures include:

- Creating housing options that accommodate multigenerational households;
- Creating inclusive built environments (e.g. safe and secure places, walkable communities, etc.) that promote independence of children and seniors;
- Providing supportive services to help shift some care giving burdens elsewhere (e.g. co-located child care and elder care).

Change 2: Many seniors are still living alone

Even though multigenerational living is staging a comeback, a considerable share of seniors are still living alone (Pew Research Center 2010).

Share of U.S. Population Living Alone: 1900-2008



Source: Pew Research Center (2010), based on U.S. Decennial Census data

Lone seniors suffer from various kinds of challenges as they age. They may experience financial struggles (Berkman and Kaplan 2012), physical difficulties, and have a higher risk of tripping and falling. They are also more likely to report poorer health, less happiness, depression, loneliness, and need for help (Pew Research Institute 2009).

Seniors can overcome challenges of aging and still enjoy being independent with the help of multigenerational planning:

- Inclusive environments that reduce the physical difficulty that seniors typically experience (e.g. adequate seating and restrooms in the public space, affordable and accessible services, connected transportation, etc.);
- Affordable alternatives to living alone (e.g. accessory apartments, co-housing, [green houses](#)),
- Supportive services;
- Intergenerational programs that provide opportunities for seniors to help and be helped.

Research Express: Rewards of multigenerational living

According to AARP (Fleck 2010; Ramnarace 2011), children who grow up close to their grandparents are likely to feel more rooted and loved. Multigenerational living also helps parents with care giving for both the young and the old. Grandchildren as young as 7 are being relied upon to “watch Grandma” and take some of the physical and financial strain off the primary caregivers, i.e. their parents. Intergenerational caregiving also builds confidence and empathy in children.

KEY POINT #3: Age Diverse Communities Promote Well-being Multi-dimensionally

Age diverse communities have many health promoting attributes that assist people in making healthier choices where they live, learn, work, and play.

(1) Inclusive physical environment is enabling

Physical inactivity is one of the three major health risk factors (WHO 2009). Many Americans of all ages do not get recommended levels of exercise. An inclusive environment would enable people of all ages to enjoy outdoor activities without concern for safety or falls. Furthermore, when children and seniors have improved independent mobility, their care givers (i.e. the “sandwich generation”) are less burdened and stressed, and will have more time to engage in health-benefiting activities themselves. Enabling design creates inclusive environments.

Enabling Design as a missing variable in public health

Contributed by [Esther Greenhouse](#)

Enabling Design keeps the focus on the goal--to enable via design choices. This is a missing variable in public health: the ability to walk enabled by smooth sidewalks, plenty of benches, good street lighting, and longer cross times; the ability to live in one’s home of choice across the lifespan enabled by a zero-step entry, wider doorways and hallways, a bedroom and bathroom on the main floor, and a zero-step shower.

These features both within the home and out in the community enable people using bicycles, strollers, shopping carts, wheelchairs, carrying babies or packages to independently and safely navigate their environment. The greater extent to which we keep people functioning safely and independently, the lower the costs to society due to health benefits from walking, decreased falls, and greater ability to live independently. Zoning which promotes enabling design, visitability, accessory dwelling units and complete streets help make this a reality.

Example 1: Curb cuts also benefit non-wheelchair users.



Example 2: A zero-step entry is like a curb-cut for the house: it enables all.



Example 3: Disabling design vs. Enabling design



(2) Intergenerational programs promote physical, emotional and social well-being

Multigenerational communities provide everybody - young and old - the opportunity to become a resource for others; the action of helping others has positive health benefits.

Active seniors who do voluntary work show improvements in mental and physical health, delays of age-related health problems, higher self-esteem and more connectivity with other people compared to other people of the same age (Fried et al 2004). Adolescents who volunteer do better in school, feel more positive about themselves and are less likely to have risky behaviors (Moore and Allen 1996).

Therefore, planners can mobilize children, teenagers and active seniors as resources for each other. By pairing up different age groups according to their complementary needs and capacity, positive health impacts occur.

For example, to prevent seniors from being isolated, they can serve as quality and loving care-givers and mentors for children and teenagers, which would in turn ensure healthy development of the younger generation. With this system of social support, the “sandwich generation” would be more likely to have less care giving burden on their shoulders.

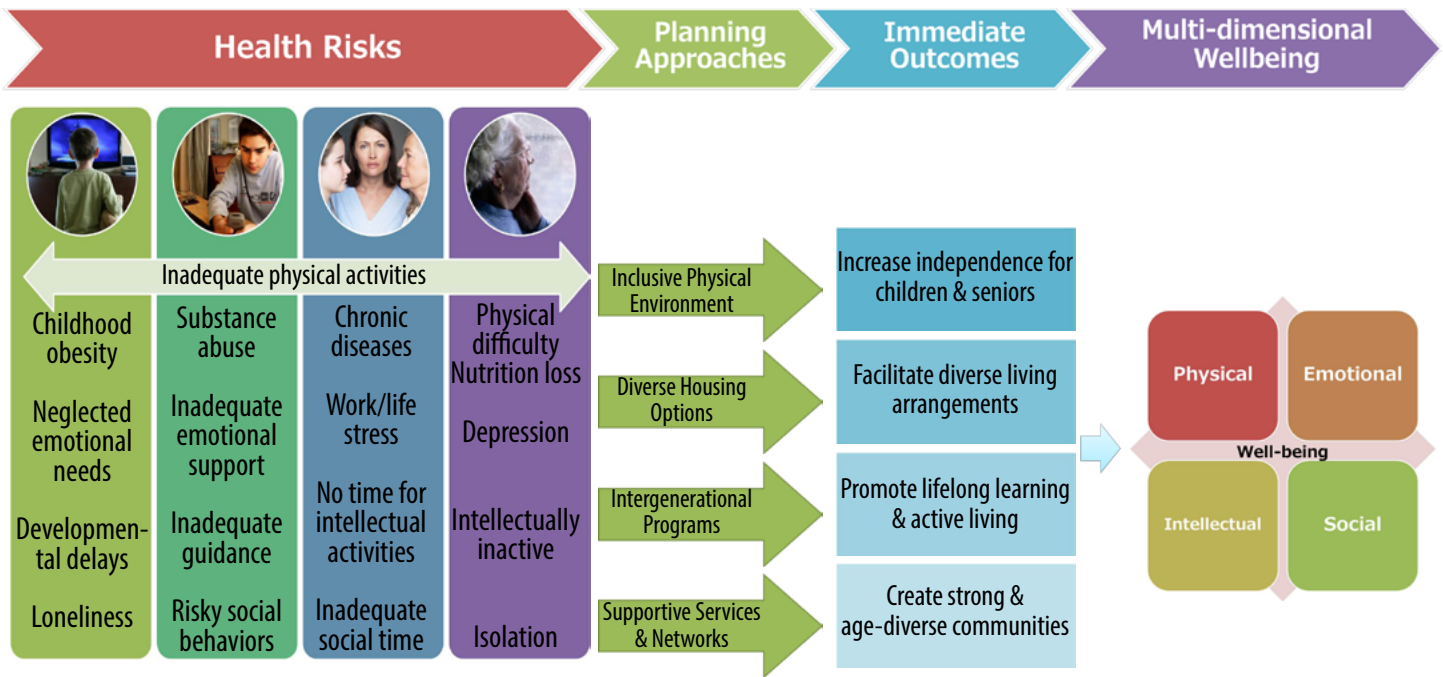
(3) Diverse neighborhoods enhance independence

An age-diverse community is more likely to take advantage of neighbor-watch, because children, working adults and seniors live by different and complementary routines. Accompanied with the right physical design, this will create safer communities where children and seniors can engage in outdoor activities independently.

Independence itself has a positive effect on well-being. Allowing children to demonstrate agency and engage in independent activities within age-appropriate boundaries is essential for their development (Woolcock and Steele 2008). For seniors, maintaining independence promotes a sense of achievement that generates a greater sense of self-worth and well-being.

How to fill the TIME GAP?

School finishes at 3p.m. But working parents normally cannot be home until about 6p.m. This time gap can be filled with intergenerational senior-youth-child programs that are mutually beneficial.



KEY POINT #4: New Funding & Resources for Communities

Many health-related grant requirements and initiatives align well with the principles of multigenerational planning. Therefore, they bring new financial resources and professional toolkits to planners in communities.

(1) Funding to build healthier communities

- [CDC Community Transformation Grants \(CTG\)](#) supports state and local governments, NGOs, and communities to invest in health;
- [CDC Healthy Communities Program](#) funds communities to develop and implement health promoting strategies and provides tools and resources for action;
- [Partners for Livable Communities](#) offers awards programs to livable communities;
- [HUD-DOT-EPA Partnership for Sustainable Communities](#) offers funding opportunities to help communities realize their own visions for creating livable, walkable, sustainable and health promoting environments.

(For details, see *Issue Brief: Funding*)

(2) Affordable Care Act bring opportunities for partnerships

The 2010 Affordable Care Act requires non-profit hospitals to provide “community benefits” beyond medical services. These benefits include economic development, coalition building, workforce development, and environmental improvements (Cunningham 2013). The following examples illustrate the potential of community-hospital partnerships.

Example 1: In 2007, University Hospitals, Cleveland Clinic and other community partners embarked on a comprehensive program to build community wealth. The effort included employing their purchasing power to help develop a network of green, local worker-owned cooperative businesses to supply the area’s large nonprofits.

Example 2: Indianapolis’ Community Health Network focused its community benefit program on safe and clean streets. It developed a comprehensive program aimed at street cleanups and safety and improving family economic and food security. It also helped launch a community supported agriculture program, a new food cooperative, efforts to rehabilitate local housing, and a matched-savings account program to help residents build assets.

Example 3: Baltimore’s Bon Secours Health System concluded that the leading community health priorities involved issues such as getting rid of rats, cleaning up trash and providing affordable housing. It worked in partnership with residents, developed more than 650 units of affordable housing, and cleaned up and converted more than 640 vacant lots into green spaces.

Hospitals in many other cities are considering strategies based on the Cleveland model, including Pittsburgh, Atlanta, and Washington, D.C.

Source: Alperovitz and Zuckerman (2013)

KEY POINT #5: The Multigenerational Approach is Efficient and Effective.

In addition to its commitment to health equity, multigenerational planning is supported by strong economic imperatives (Warner and Baran-Rees 2012). It encourages the discovery of common needs and potentials: sharing services and resources (see issue brief on *Informal Networks*), sharing sites (see Issue briefs on *Joint Use*, *Joint Design for Schoolyards and Joint Design for School Buildings*), and sharing an inclusive environment. By bringing all community members together - including youth and seniors - planners are able to address needs and allocate resources across generations. (See Issue Brief: *Communication*)

By dismantling age and agency silos, communities which engage in multigenerational planning are able to promote health and well-being equitably and efficiently.

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