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Periodic Atlas of the Metro scape: Planning for Our Aging Society

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Planning for Our Aging Society

by Alan DeLaTorre, Tomoko DeLaTorre, Margaret Neal, Paula Carder, Jenny Weinstein, Michael DeShane, and Keren Brown Wilson

No other force is likely to shape the future of national economic health, public finances, and policymaking as the irreversible rate at which the world's population is aging.

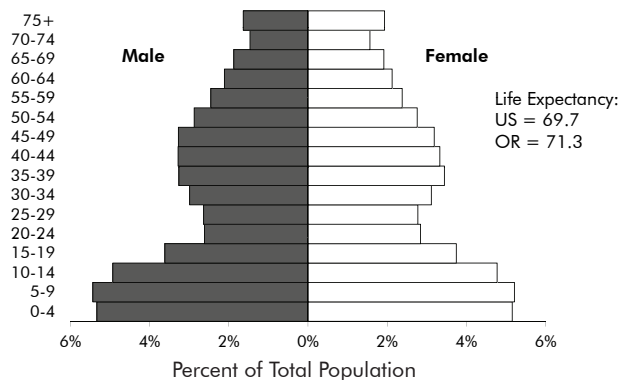
— Standard & Poor's, Global Aging 2010: An Irreversible Truth

In 2011, the oldest members of the Baby-Boom generation – those born in the U.S. between 1946 and 1964 – began turning 65. Boomers have been described as the “silver tsunami” and the “pig in a python” due to the disproportionate number of individuals born during this period.

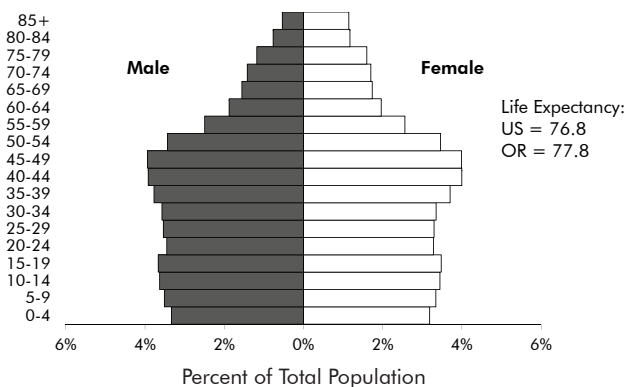
The population pyramids on this page reflect how the Boomers have affected and will impact the overall age structure in Oregon in the future. The graph on the top right shows how, in 1960 (15 years after the end of WWII and the approximate beginning of the “boom”), Boomers swelled the ranks of the youngest Oregonians. The middle graph (2000) shows how, 40 years later, the cohort has aged and created a bulge – the “pig” moving its way through the “python.” Looking ahead 40 more years, to 2040, we are able to see what demographers refer to as the “rectangularization” of the population pyramid, which has occurred primarily based on the fact that Oregon – as well as the U.S. as a whole and many other developed countries – has witnessed a shift from high birth and high mortality rates, to low birth (after 1964) and low mortality rates.

The fact that the U.S. is aging is not new; many headlines in 2011, while not heralding the coming of the Boomers, were related to the demographic phenomenon of population aging, including those concerning the government's failed efforts to find solutions to budget deficits, questions pertaining to the future solvency of Social Security, and the extended debate over our nation's health care system. The aging population presents both challenges and opportunities for our region, state, and country in the coming years. The challenge for leaders and policymakers now is to better understand the dynamics that we are facing and to develop appropriate policy responses.

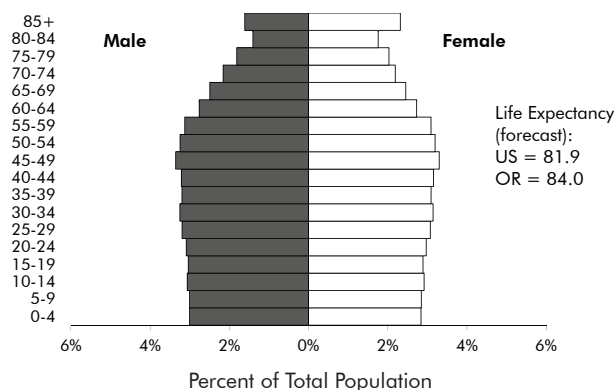
Oregon Population Distribution by Age and Sex, 1960



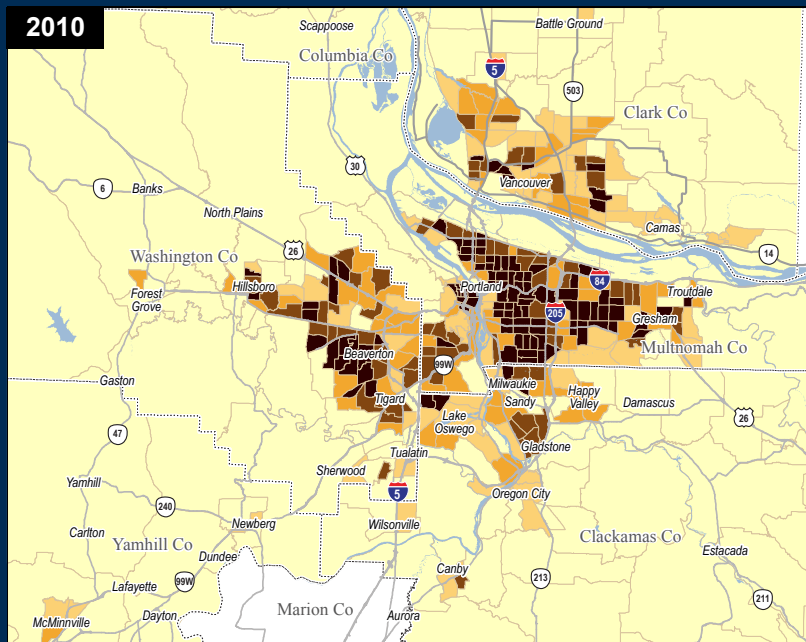
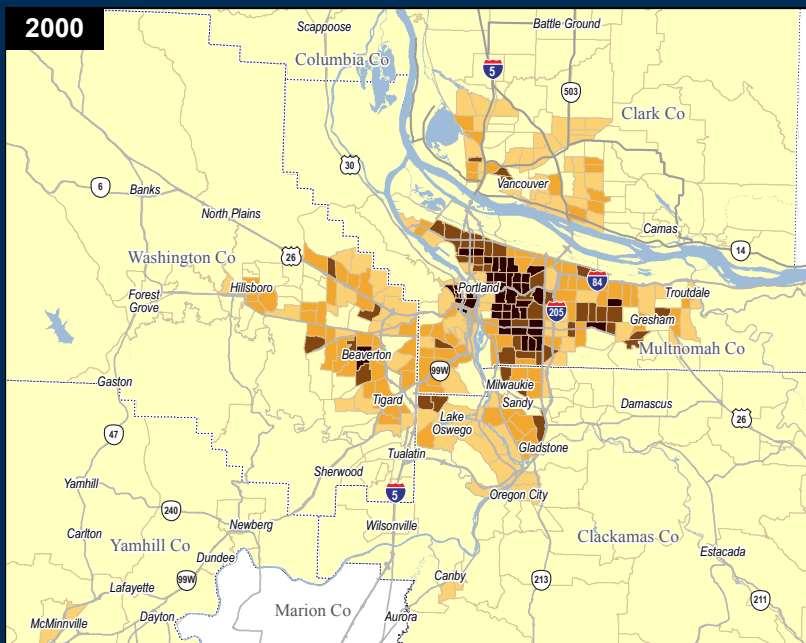
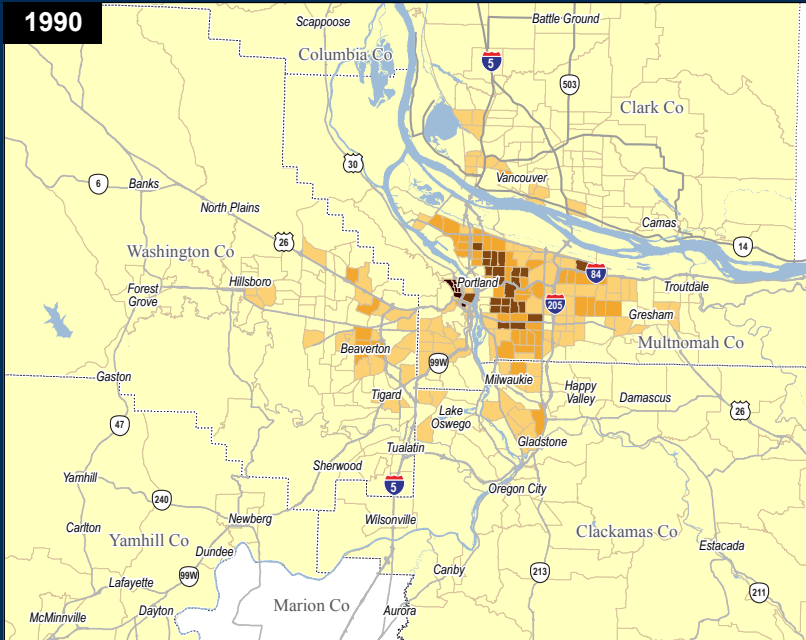
Oregon Population Distribution by Age and Sex, 2000



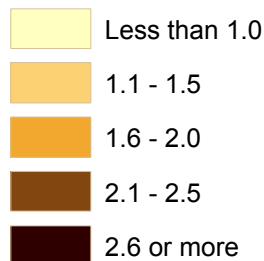
Oregon Population Distribution by Age and Sex, 2040



Persons Aged 45 to 65 per Acre by Census Tract



Persons Aged 45 to 65 per Acre by Census Tract



Source: U.S. Census

In 1990, the Boomer cohort had not yet turned 45. In 2000, approximately half of the cohort was in the 45-64 age range, and in 2010, the entire cohort was between 45 and 64 years of age. The density of those aged 45-64 in the Portland metropolitan region has grown each decade over the past 20 years; growth has occurred in urban cores and on the periphery of urban areas. As this cohort moves into the 65+ age category, systematic monitoring of population concentrations will allow for targeted planning and policy responses.

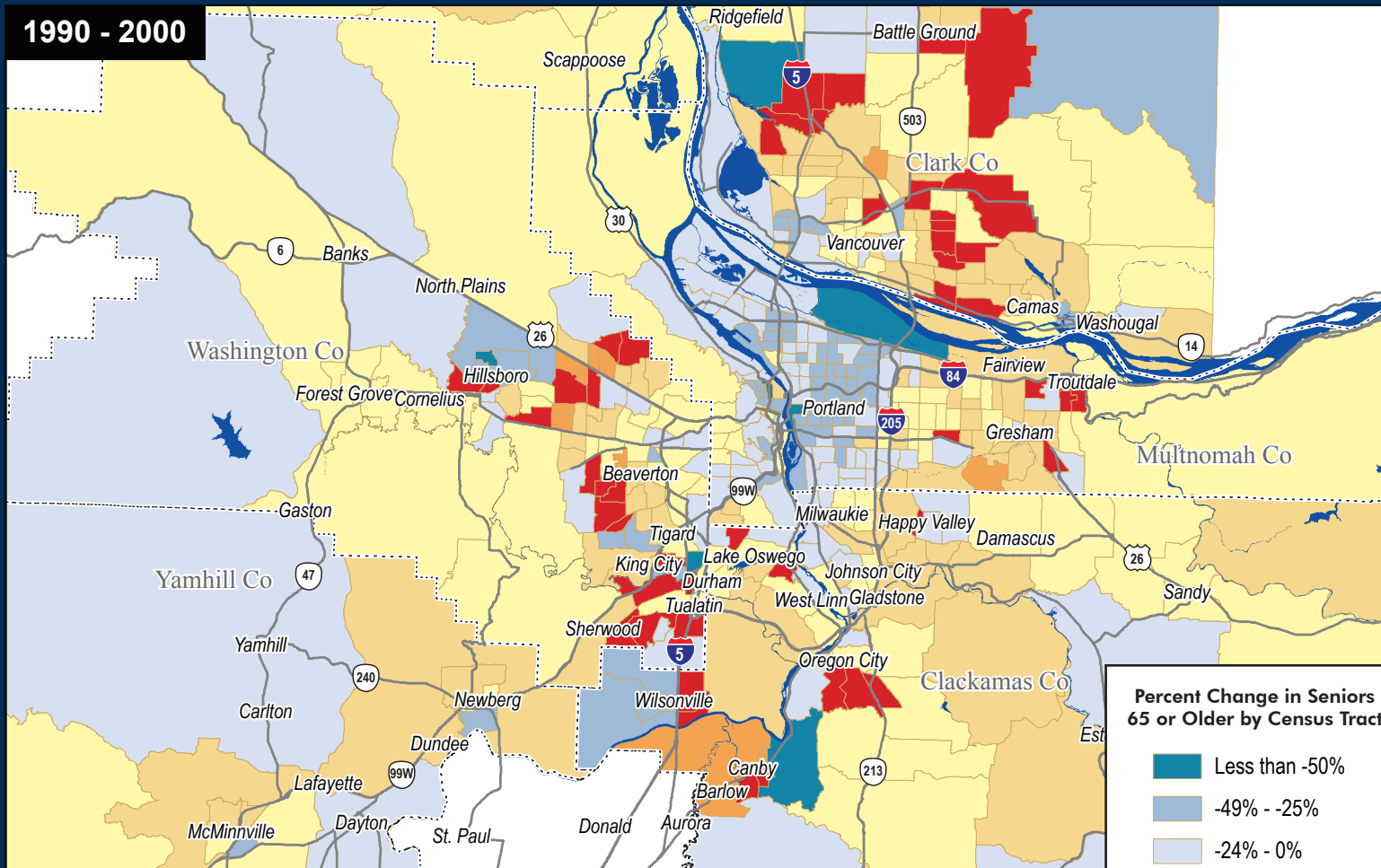
A snapshot of efforts in the region

The time to prepare for our aging population is now. Between 7,000 and 10,000 boomers will turn 65 each day for the next 18 years. Many will retire, although not as many as expected. Government programs will be strained. Employers will lose valuable skills and institutional knowledge. Individuals will look for meaningful ways in which to stay engaged. Although the local policy responses to population aging are still in the early stages, several efforts have been undertaken which are described below.

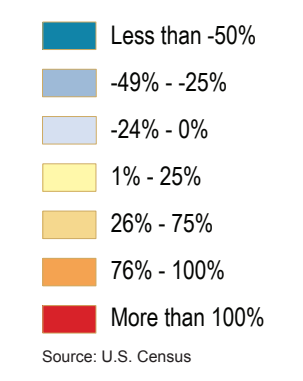
One organization that has been addressing these issues is Elders in Action, a non-profit group that strives to increase livability for those of all ages in the Tri-county region (Clackamas, Multnomah,

Percent Change in Seniors 65 or Older by Census Tract

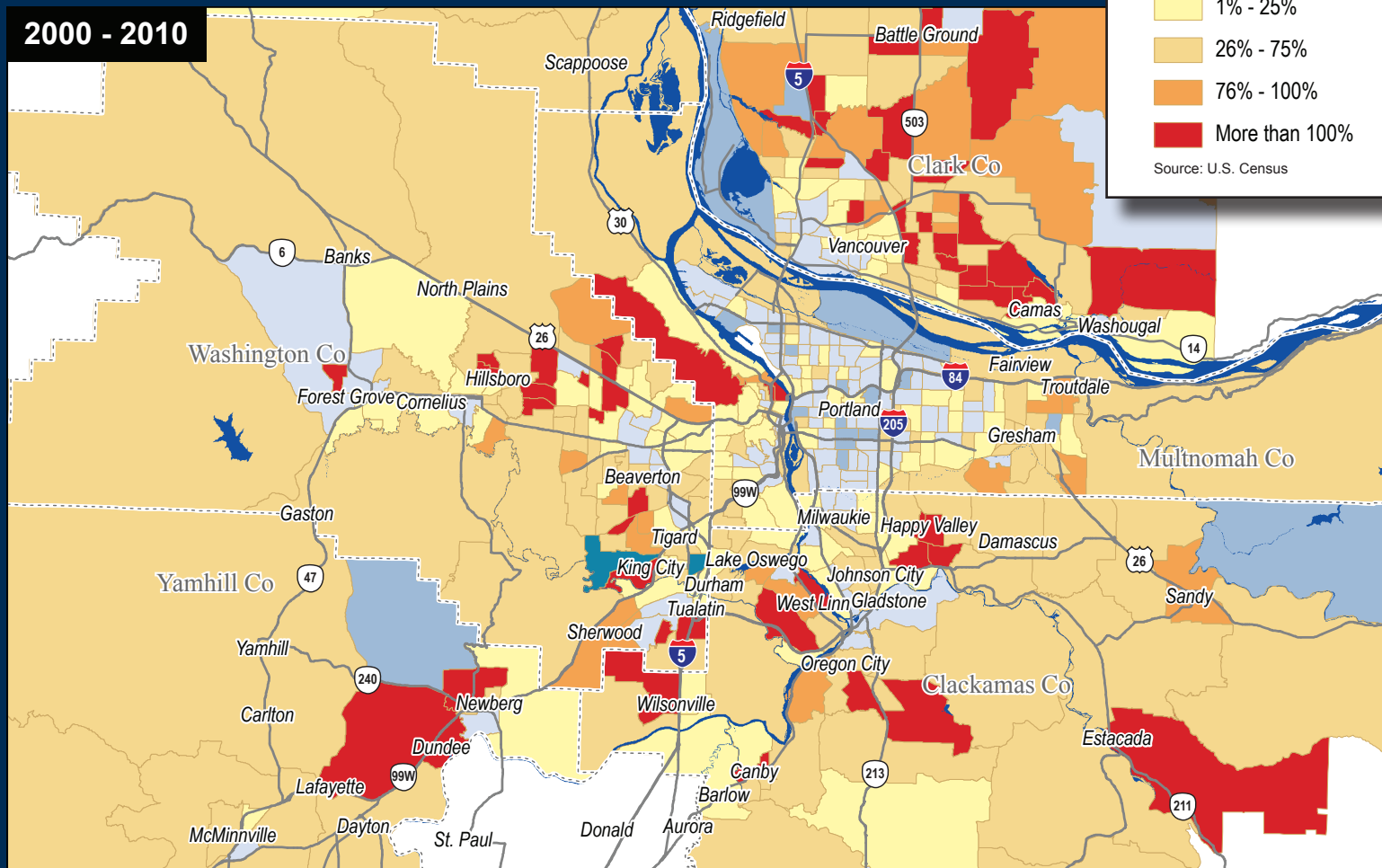
1990 - 2000



Percent Change in Seniors 65 or Older by Census Tract



2000 - 2010



The maps, at left, show the percentage changes that occurred by census tract in numbers of persons aged 65 and over from 1990-2000 and from 2000-2010. As part of PSU's 2006 report for Metro, *Age-Related Shifts in Housing and Transportation Demand*, the change between 1990 and 2000 map was produced. During the dissemination of findings, multiple community stakeholders requested that, when Census 2010 data were available, a comparable map be produced to identify changes that had occurred in the subsequent 10 years.

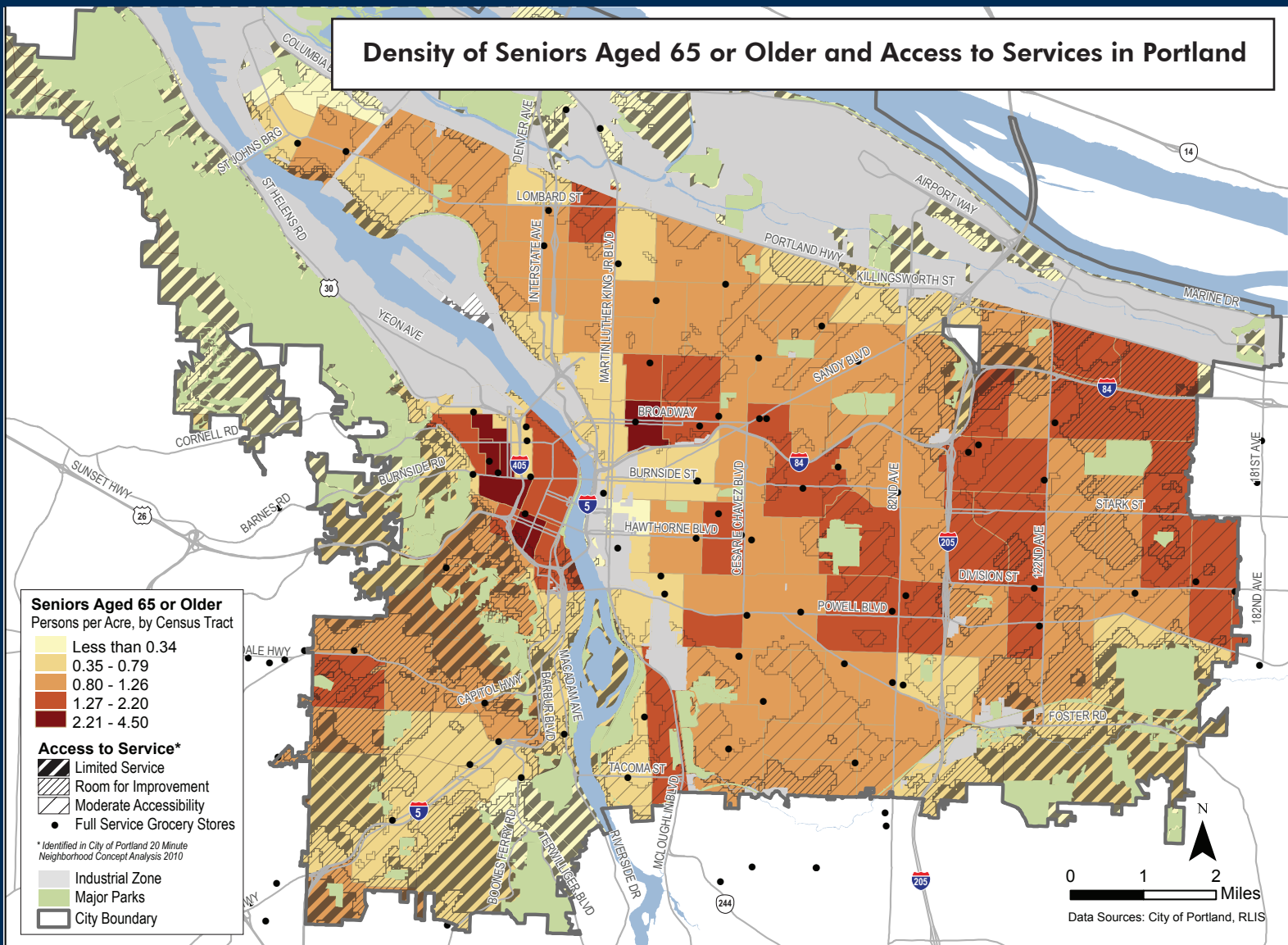
The 1990 to 2000 map highlights a drop in the proportion of older adults living in the core area of the Portland region and a growth in many periphery areas. It should be noted that the northern portion of downtown – this includes the Pearl District, which has seen a substantial number of new apartments and condominium growth since the 1990s – witnessed growth while other central areas declined in the proportion of those 65+. Although the change between 2000 and 2010 map shows continued growth on the periphery, it also highlights a reversal of trends in many census tracts in the core of the region where services are more prevalent (see page 18 for more details on services). It is also important to note that these maps do not distinguish between individuals who are aging in place and those who have moved into a census tract from somewhere else.

and Washington). In addition to organizing a citizens' advisory group that informs local government policy decisions, Elders in Action also administers an age- (or elder-) friendly business certification program that educates and helps businesses better serve customers. Older adult volunteers systematically evaluate aspects of access, layout, and customer service and then work with the business to make any needed changes. Businesses that undergo this process receive certification and are listed in a directory of other age-friendly businesses.

Government agencies have also begun focusing on the implications of population aging. In 2006, Metro funded a multidisciplinary project by Portland State University's (PSU) College of Urban and Public Affairs to examine age-related shifts in housing and transportation demand. That project informed modeling and forecasting efforts for the metropolitan area and fostered an early connection between municipal governments and PSU around the issue of planning for an aging society. The project's final report has been used by other governments, as well as non-profit agencies, in shaping projects and programs and has served as a launching point for further university partnerships with local government.

In late 2006, PSU's Institute on Aging (IOA) was approached by the World Health Organization (WHO) to participate in its global Age-Friendly Cities project. The project aimed at understanding the features of and barriers to age friendliness in the 33 cities in 22 countries that participated. Portland was the only U.S. city involved in the initial data collection effort for the first phase of this global project. In 2010, the WHO initiated its Global Network of Age-Friendly Cities, and Portland was accepted as one of just two U.S. cities (the other was New York) among the first group of six members. Portland was granted membership due to its participation in the original age-friendly cities project and due to the commitment of the Mayor, City Council, and the Bureau of Planning and Sustainability

Density of Seniors Aged 65 or Older and Access to Services in Portland



The City of Portland's Bureau of Planning and Sustainability has begun looking at access to services throughout the city in an effort to identify areas that are underserved. Among the services included in that mapping analysis are full-service grocery stores, parks, elementary schools, frequent-service transit stops, presence of sidewalks and intersections, and proximity to commercial services. In the above map, residential areas with high access to services are represented by an absence of cross-hatching; residential areas with moderate access, room for improvement, or limited service are denoted with increasingly dark cross-hatching. As the map highlights, the central core of the city has the best access to services, with the downtown area and central eastside areas showing the highest levels of access to services (i.e., no cross hatching).

In order to understand how the differences in access to services might impact older adults, the density

of persons aged 65 and older by census tract was added to the map. The downtown core (including inner southwest, northwest, and northeast) shows the highest concentration of older adults, as well as the best access to services. Moving away from the city center, however, we can see areas with limited access to services and, in certain areas, also high concentrations of older adults. Southwest Portland (not including downtown) has many areas that show room for improved access to services, although concentrations of older adults are not as high as in other areas of the city. East Portland, particularly beyond Interstate Highway 205 (which includes a considerable amount of post-WWII, automobile-oriented development), has the largest number of areas with both poor access to services and high concentrations of older adults. Additional analysis at the block level is needed to understand which neighborhood sub-areas are most impacted and need specific attention.

to collaborate, together with the IOA, to create an action plan for aging in the city. This plan includes developing indicators to be used to monitor success over time, and implementing changes aimed at creating a Portland for people of all ages and abilities. Guiding the work is the WHO's active aging framework, which focuses broadly on both the built and the social environment and includes eight domains: housing, transportation, outdoor spaces and buildings, social participation, respect and social inclusion, civic participation and employment, communication and information, and community support and health services.

Several county-led efforts have also emerged. Multnomah County's Task Force on Vital Aging was created in 2007 by the Multnomah County Board of Commissioners "to assess and identify new opportunities, best practices, barriers and recommendations for enhancing the independence, engagement, and contributions of older adults in Multnomah County and our region." Clackamas County's Social Services Division partnered with Oregon State University's Extension Service and AARP Oregon in 2011 to attempt to effect community change "by exploring aging-related issues and increasing and improving resources that will establish Clackamas County as an age-friendly place, a place for all ages." In Clark County, Washington, the Department of Community Planning, the Board of Clark County Commissioners, a 25-member task force, and engaged community stakeholders assessed the county's capacity to meet the needs of its growing number of older citizens and to connect the findings to long-range planning efforts. Washington County's Disability, Aging and Veteran Services is currently working with the Vision Action Network,

local communities, and the public, to write a three-year strategic plan that will improve service delivery systems in partnership with cities and stakeholders in order to meet the increasing needs of elders in the county.

In addition, last year the IOA at PSU undertook a statewide visioning effort, "Aging Matters in Oregon: Imagine the Possibilities in 2040," as part of an initiative funded by PSU alumni Drs. Michael DeShane and Keren Brown Wilson. This effort brought together about 75 thought leaders to explore innovative ideas for policies and services that will confront the realities of an aging society. Four invitational summits were convened. Participants included leaders in social services, education, economics, business, health care, research, policy, government, volunteerism, arts, community development, and long-term care and from urban and rural communities. They concluded that the "mental model" of aging must be changed from a focus on disability and loss to one that acknowledges and leverages the skills, knowledge, and contributions of older adults. They also agreed that intergenerational dialogue and exchange are needed concerning the meanings of age, aging, vitality, and frailty; that sustainable development policies and programs must address population aging; and that health, housing, and services should be integrated in novel ways.

Where do we go from here?

As our region ages, we have the opportunity to create a place that is more livable for people of all ages and abilities. For example, the WHO publication *Global Age-friendly Cities: A Guide* suggests strategies for creating cities that focus on enablement, not disablement, and are friendly to those of all ages, not just "elder-friendly." As we plan for our aging region, partner-

ships among government, educational and research institutions, and private and non-profit entities will be critical for achieving success. From the local to national levels, governments will undoubtedly face increasing pressure to provide adequate services and meet the demand for improved infrastructure. However, we must take advantage of the opportunities that accompany demographic changes, along with the challenges. Arriving at innovative solutions will require not only informed policy responses, but a shift in focus away from the increasing needs of older adults and toward the potential that they offer.

Oregon has long been seen as a pioneer and leader in home and community-based services for older adults. The economic downturn and limited public resources have taken their toll on this reputation in recent years. Many consider the growing numbers and proportions of older adults only as sources of further strain on existing public programs and services. In part, this response is due to our continued failure to find meaningful roles for older adults and to utilize their skills and talents. As the IOA's summits of thought leaders concluded, a new "mental model" is needed that acknowledges aging as the lifelong process that it is (we're all doing it, after all), and that actively engages people of all ages and abilities in planning for the age wave that is cresting as more and more Boomers reach the traditional age of retirement.

Local and regional governments should continue to partner with private and non-profit organizations in an attempt to explore the complexities of these demographic changes and to cultivate the human resources that they represent. At the federal level, we must explore the policy responses that have occurred through-

out the U.S., such as those highlighted in the recent AARP report *Aging in Place: A State Survey of Livability Policies and Practices*, as well as policies that address land use (e.g., transit-oriented development that provides appropriate housing with access to transportation and services); transportation (e.g., designing for a range of mobility options in urban and rural areas); and housing (e.g., creating affordable, accessible housing that promotes aging in community).

As our population ages, challenges and opportunities will continue to emerge. In order to navigate our way, we will need to make informed decisions based on research, community dialogue, and creative thinking.

The analysis in this article represents an effort to highlight the trends in state and regional population aging. As we move forward, this unprecedented, historic demographic transition begs several important questions:

- How can we best utilize the skills and talents of our region's older adults?
- What specific steps can be taken to assure the region's continued leadership in planning and governance?
- How can consideration of population aging, largely absent to date in discussions concerning the need for sustainable development and social equity, be incorporated into our planning efforts?
- How can the various local, regional and statewide planning efforts work together to assure that our communities are vibrant places for those of all ages and abilities?
- How do we monitor changes and trends over time; how will we know if we have been successful in creating livable communities and fostering a high quality of life? **M**