

Anchored Yet Displaced: Affordable Housing and Aging in a Gentrifying Place

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ABSTRACT

In an era of urban gentrification and rising economic inequality, how can policies better address the needs of older city residents who wish to age in place? Drawing on qualitative data from in-depth interviews and participant observation, as well as US census data from 2010 to 2020, this study explores the perceptions and experiences of older adult residents of two affordable housing complexes in the Manhattan borough of New York City. These residents have aged in place while their surrounding community has grown wealthier and, in some respects, younger. While benefiting from housing security and numerous on-site services targeting the aged-in population, the residents nonetheless experience feelings of alienation and estrangement as their surrounding community undergoes physical, social, and cultural changes. This paper theorizes aging in place as an ongoing process of social integration and meaning making to explore issues of identity, housing, and community and to consider how policy can better address the needs of older adults aging within rapidly gentrifying urban contexts.

Keywords: Aging, Aging in Place, Gentrification, Displacement

Anclados pero desplazados: vivienda asequible y envejecimiento en un lugar en proceso de gentrificación

RESUMEN

En una era de gentrificación urbana y creciente desigualdad económica, ¿cómo pueden las políticas abordar mejor las necesidades de los residentes mayores de la ciudad que desean envejecer en el lugar? Basándose en datos cualitativos de entrevistas en profundidad y observación participante, así como datos del censo de EE. UU. de 2010 a 2020, este estudio explora las percepciones y experiencias

de los adultos mayores residentes de dos complejos de viviendas asequibles en el distrito de Manhattan de la ciudad de Nueva York. Estos residentes han envejecido en el lugar mientras que la comunidad que los rodea se ha vuelto más rica y, en algunos aspectos, más joven. Si bien se benefician de la seguridad de la vivienda y numerosos servicios en el lugar dirigidos a la población de edad avanzada, los residentes experimentan sentimientos de alienación y extrañamiento a medida que la comunidad que los rodea experimenta cambios físicos, sociales y culturales. Este documento teoriza el envejecimiento en el lugar como un proceso continuo de integración social y creación de significado para explorar cuestiones de identidad, vivienda y comunidad y considerar cómo las políticas pueden abordar mejor las necesidades de los adultos mayores que envejecen dentro de contextos urbanos que se están gentrificando rápidamente.

Palabras clave: Envejecimiento, Envejecimiento en el lugar, Gentrificación, Desplazamiento

安置却又流离失所：绅士化地区的可负担住房与养老

摘要

在城市绅士化和经济不平等加剧的时代，政策如何能更好地满足希望就地养老的老年城市居民的需求？基于从深度访谈和参与者观察中得出的定性数据以及2010至2020年美国人口普查数据，本研究探究了纽约市曼哈顿区两个可负担住房小区的老年居民的感知和经历。这些居民就地养老，同时其周边社区变得更加富有，并且在某些方面变得更为年轻。虽然受益于住房保障和针对老年人口的众多现场服务，但随着周边社区经历物理变化、社会变化和文化变化，老年居民仍然感到被疏远。本文将就地养老理论化为一个持续的社会融合和意义创造的过程，用于探究认同、住房和社区问题，并衡量了政策如何能在迅速绅士化的城市情境中更好地满足老年人的养老需求。

关键词：老龄化，就地养老，绅士化，搬迁

Aging in Place

Defined as “the ability to live in one’s own home and community safely, independently, and comfortably, regardless of age, income, or ability level” (CDC, 2017), “aging in place” is popular concept among policymakers and older adults alike. Under ideal circumstances, remaining in one’s home is associated with myriad benefits related to individual well-being, including higher levels of independence and autonomy, feelings of attachment, security, and belonging, and continued connections to social support (Lawler, 2001). Aging in place typically costs less than retirement communities or nursing homes, making it appealing to both individuals and policymakers (Thorslund & Silverstein, 2009)

In his extensive research on aging and place, Rowles (Rowles, 1983, 1990; Rowles & Ravdal, 2002) has developed the concept of “place attachment,” a bond developed over time that leads to feelings of “insideness” on physical, social, and autobiographical dimensions of place. Our sense of being in place—especially our sense of feeling in the *right* place—is a blend of action (our routine ways of moving and interacting in a space), knowledge (what we intimately know about a place and the meanings we ascribe to it), and emotion (our feelings about a place, positive and negative). Place attachment is self-affirming in conscious and pre-conscious ways. Attachments increase self-esteem and enhance feelings of security and belonging (Wiles et al., 2012). Place attachment may also enhance resilience

in the face of developmental challenges in the later stages of life: “As older adults engage in the process of life review, places that have been ascribed personal meaning help them link life course events together and integrate sense of self in old age” (Rowles, 1983).

Staying in place, however, is not a panacea to the challenges of aging. Age-related changes in individuals may alter their experience of their environment, while changes in the environment may create new challenges for individuals. Research like that of Oswald et al. (2011) has advanced empirical understandings of the person-environment exchange by exploring multiple dimensions of environments (e.g., the physical and social aspects of neighborhoods) and exploring objective and *subjective* experiences of older adults in relation to important developmental outcomes like independence, identity, and well-being.

In a similar vein, Rosenwohl-Mack et al (2020) Embase, PsycINFO, CINAHL, Web of Science, Sociological Abstracts developed a “Dynamic-Tension” model from a meta-analysis of qualitative studies on experiences of aging in place. In this model, “agency” is continuously balanced with “threats” on dimensions of identity, place, and connectedness. Those aging in place seek to maintain a positive sense of self (*identity*) both by continuing valued roles and responsibilities and by successfully altering their mindsets to accommodate changing circumstances. *Place* refers to both homes and the surrounding environs. These spaces have literal aspects

and metaphorical ones, like the comfort of daily routines or fond memories of hosting family gatherings and raising children. *Connectedness* refers to positive social connections, such as regular contact with family, participation in productive activities (whether paid or unpaid), and being integrated into various social circles and community. Importantly, this model recognizes that aging in place can be experienced as a choice enabled by resources (agency) or an imposition because of restrictions (threats).

Those aging in place want control over their circumstances—a sense of agency—especially in large decisions like where to live. On each dimension, the aging individual may find that they are well resourced, leading to positive feelings of agency, belongingness, and attachment. At the same time, there are always potential threats that might undermine agency and lead to feelings of uncertainty, dislocation, and isolation. People and places are always changing, leading to a constantly shifting balance of agency and threats. To date, research has mostly focused on changing individuals rather than changing places.

Gentrification

Gentrification is one of many ways that aging people may find their environments changing. Caused by an influx of wealthier people into an existing urban area, gentrification in the United States often includes demographic shifts toward whiter, more highly educated residents who live in

smaller households (Le Gates, 1986; Lees et al., 2008). Existing residential areas are renovated to maximize rental value or converted from rental to owner-occupied units. Former industrial areas are redeveloped into high-end housing or mixed-use commercial-residential districts (Freeman & Braconi, 2004). Gentrification is often associated with the displacement of existing residents, especially those who are marginalized economically, socially, and politically (Lees et al., 2008; Schlichtman et al., 2018).

Among those at risk of gentrification-induced displacement are older adults. The work of Henig (1981) and Singelakis (1990) have empirically documented the risk of involuntary relocation older adults face because of gentrification. Inner city areas typically have high concentrations of older adults, especially economically vulnerable ones who, if forced to relocate, have limited options for new housing. Older adults typically live on fixed incomes, and compared to their younger peers spend a higher proportion of their income on housing, making forced relocation a particularly serious threat. In addition to examining migration patterns and housing costs, Singelakis (1990) administered a questionnaire in senior centers in a heavily gentrifying area. A striking 65.5% of those surveyed said, if forced to relocate, they did not know where they would go, while 7% said they would be homeless. To date, most research has focused on older adults' risk of displacement, rather than on the outcomes and experiences of older adults who remain in place.

The changes caused by gentrification likely present both challenges and benefits to those who age in place. On one hand, lower crime rates and improved maintenance of property and infrastructure are obvious benefits that would allow older adults greater mobility and increased access to community resources. Rising property values would benefit homeowners, who gain equity. On the other hand, rising costs of goods and services would strain already tight budgets, as would rising rents for non-homeowners. Out-migration would disrupt community ambience, important social connections, and routine neighborly interactions. Other changes are less easily categorized as cost or benefit. New residents bring their own cultural affiliations, worldviews, habits, and preferences (Atkinson, 2015). Established residents could welcome such changes, or find them economically, socially, and culturally marginalizing.

Some studies have explored the costs and benefits to older adults of remaining in a gentrifying place. Smith et al. (2018), for example, examined the effects of gentrification on older adults' self-reported mental and physical health. They found that economically vulnerable adults in gentrifying areas reported better health than those living in low-income areas, but both high income and economically vulnerable older adults in gentrifying areas reported higher rates of anxiety and depression than those in more affluent areas. Overall, the authors conclude, their mixed results point to the importance of more research on older adults and gentrifica-

tion that attends to both individual and community levels.

The voices and experiences of those aging in gentrifying places are seldom included in research. A notable exception is Buffel and Phillipson's (2019) qualitative study of older adults aging in a gentrifying neighborhood of Manchester, England. The study included focus groups and in-depth interviews, and a compelling "peer-research" approach that empowered local older adults to collect the data themselves. Some responding residents expressed unease and a sense of loss at the neighborhood changes, while others showed enthusiastic commitment to the neighborhood in its new state. Some welcomed the changes: new residents brought new ideas, resources, and amenities that benefited everyone, they believed. While the researchers uncovered "exclusionary pressures" experienced by the older adults in the community, they also identified "strategies of control," or small, agentic ways that older residents responded the changes.

In another study highlighting the views and experiences of older adults in a gentrifying Manchester, Lewis and Buffel (2020) challenge the assumption that aging in place leads to increased attachment and feelings of security and belonging. The two neighborhoods they studied over four years were undergoing significant "urban regeneration." One respondent found his changed community "unfamiliar and threatening" (p. 6), especially in the context of his declining health, while another felt dislocated by the physical and social changes around

her home, where she had lived for more than forty years and hoped to stay. Yet another remained quite happy, despite the changes around her and in her own life. Her long-lasting and robust social networks supported her family connections and community involvement, providing a model for the kind of resilience and *reintegration* into place older adults likely need as they age in (changing) places.

People and places are mutually constitutive, as place is a “multi-layered, dynamic, historically and spatially contextualized process that both shapes and is shaped by the lives and experiences of older people” (Andrews et al., 2007, p. 158). In this sense, aging in place is characterized by individuals’ ongoing adaptation, reintegration, and meaning making. Identities, personal and communal, are forged from these interactions of person and environment, of self and society. In this paper I heed the call to highlight the perspectives and experiences of those aging in gentrifying places. Drawing on observation and interview data, I specifically explore the effects of gentrification on residents in two fixed income communities embedded in larger, gentrifying areas of Midtown Manhattan. I employ Rosenwohl-Mack’s Dynamic-Tension model of aging in place to discuss the perpetual balancing of agency and threats in relation to place, connectedness, and identity. How can policy help older adults remain agentic and well-resourced as they age in their chosen, changing communities? From the perspectives and experiences of the residents themselves, what seems to be working, and what is not?

Study Methods, Participants, and Location

The research presented here comes from a larger project on social networks and aging in apartment communities with high numbers of adults 65 years and older. I received Institutional Review Board (IRB) approval to collect ethnographic data in two residential complexes known to have unusually high numbers of long-term residents who had aged in place. I aimed to use a cultural and organizational lens to explore issues of community and connection among these older adult residents. In the original project, I asked: How do social networks and social support facilitate healthy aging? How do older adults get connected and stay connected as they age in place? And what neighborhood and community features might shape social connection in ways that enhance successful aging? Gentrification and the many ways it had shaped the neighborhoods studied emerged as a consistent, dominant theme in the data collected.

In total I conducted over 70 hours of observation in these communities, conducted 36 formal one-to-one interviews, and had many other informal conversations in hallways, on benches, and while walking around outside. I interviewed and observed 18 “primary” study participants (see Table 1 for demographic characteristics of primary participants) and collected detailed data on their social connectedness, participation in social and pro-

ductive activities, their perceived social support, and the ways they understood friendship, family, and aging. Through observation I explored how their day-to-day experiences took shape in relation to their social networks and within their larger residential communities. These primary participants had lived in the community for at least 10 years and as long as 41 years, with an average of 23.5 years. They were on average 75 years old, and about half were college graduates. About six of the participants were poor or working class, based on their employment during their prime working years and based on their financial security in retirement. The remaining 12 were a middle- to upper-middle-class mix of professionals, skilled technicians, and artists/performers.

I assessed the economic status of participants based on self-reported financial stability and on their responses to questions about their retirement savings and reliance on government benefits, namely Social Security and Medicaid. I also analyzed their narratives of aging in place for examples of freedom and constraint. How had they decided to age in place, and to what extent were their choices constrained? If residents indicated they were financially stable, not reliant on Social Security for most of their retirement income, and could afford to live out retirement elsewhere, I categorized them as “economically advantaged” (four participants). If residents reported financial stability, yet this stability relied on either Social Security or the affordable living provided by the community, I categorized them as “economically secure” (eight partic-

ipants). Residents in this category typically indicated that they could afford to retire to places less expensive than New York. Lastly, I categorized as “economically vulnerable” those residents who reported they relied heavily on Social Security and/or Medicaid benefits and could not afford to live elsewhere, either in New York or beyond (six participants). These residents did not perceive viable alternatives to aging in place.

I also interviewed and spent time with “secondary participants,” or individuals who primary participants identified as key sources of companionship and support—integral parts of their social network. These respondents were typically friends of a primary participant, although I also spoke to family members, neighbors, and occasionally community personnel, such as security guards, door persons, and supers. Lastly, I interviewed and observed a range of key community members in both locations, especially those who served as “hubs” of social connection, whether because of formal positions (social workers or directors of service centers) or informal ones (a social doyenne or prominent *bon vivant*).

Both complexes were originally conceived as Midtown Manhattan slum clearance initiatives—urban redevelopment designed to anchor the revitalization of derelict neighborhoods. In the beginning, both complexes existed alongside abandoned industrial spaces, tenement housing, and drug- and sex-related crime. This unsavory and not-so-distant past has been mythologized today, with vestiges of the areas’

industrial grit preserved as fashionable brick facades for multimillion dollar condo buildings, historic architectural details in pricey retail and office space, and the infrastructure undergirding architecturally innovative green spaces. Redevelopment occurred over decades, especially since the 1980s and 1990s, as zoning changes ushered in private market investment capital and while nationwide social trends elevated the status of center-city living. In recent years, demand across the country has grown for walkable neighborhoods with good access to jobs and public transit (Plan, 2021). Violent crime in cities, which peaked nationwide in the late 1980s, has seen a precipitous decline, especially in New York, where the homicide rate fell by 75% in the years from 1990 to 2000 (Thompson, 2021). Safer and more desirable, the neighborhoods studied here saw an influx of new residents and sharply rising rents. New residential construction has targeted higher income professionals, and apartments formerly designated affordable housing have been released, once vacant, from the rent-regulated market, causing out-migration of many low- to middle-income residents.

“Complex A” (see Table 2) is a federally subsidized, rent-regulated (Section 8) complex originally built with city, state, and federal funds. The majority of units are restricted by income, with the remainder allocated to the elderly and to residents of the local neighborhood. “Complex B” is a moderate income, limited equity housing cooperative that, through numerous state and city subsidies and decades of renewed

tax abatements, provides affordable housing for its low to middle income shareholder-residents. Apartments are bought and sold within a regulated system, limiting equity and ensuring long-term affordability for future owners. As strategies of urban renewal, both complexes have achieved their original goals of providing affordable housing while anchoring the regeneration of derelict districts. Many residents have aged in place. Complex B has official NORC (Naturally Occurring Retirement Community) status, though both meet the threshold of having more than 45% of heads of household over 60 years old and both complexes now have on-site social services to address the needs of the high number of older adult residents.

The data presented in Table 2 is based on the Census Bureau’s 2020 Decennial Census and the 2020 American Community Survey (U.S. Census Bureau, 2022). While the two complexes are both in Midtown Manhattan, they are located in distinct census tracts and neighborhoods. I therefore provide data on each complex’s surrounding neighborhood. Because some demographic information on residents of these complexes is not publicly available (household income, for example), I rely on Census data at its most granular level—city blocks—allowing a workable approximation of this information for both complexes. A quick glance reveals significant differences between the complexes and the areas surrounding them. For example, both complexes have two to three times the number of adults aged 65 and over. Median house-

hold incomes in both complexes are less than half that of the surrounding area, likely a reflection of the higher number of retirees and the income-restrictions imposed on residents. The proportion of residents who identify as white is 5-10% higher in the complexes than in the surrounding areas, while the complexes have significantly smaller proportions of residents who identify as Asian. The neighborhoods around each complex have median household incomes \$10,000 and \$22,000 higher than the Manhattan average.

While both neighborhoods have undergone thorough gentrification, more recent years have seen wealth continue to grow. According to the Urban Displacement Project (2021), a research and action group that aims to understand gentrification and displacement, both residential complexes studied are embedded in larger communities characterized by “advanced gentrification,” where a “massive outflux” of the low-income population has coincided with an influx of middle- and high-income residents. Drawing on Census Bureau data from the Decennial Census (1990, 2000, and 2010) and the Census Bureau’s American Community Survey (2012-2016), the UDP’s analyses show significant increases in average household income and rising numbers of residents with college degrees. While these areas had rent increases in the 1990s at or below average for the metropolitan region, more recent years have seen rent increases at double the average. From 2000 to 2016, median rent in these areas doubled, rising from around \$1,000 a month to \$2,000 and above.

All of these residents are, in a sense, gentrifiers themselves, as they live in housing projects that were designed as “slum clearance” in the 1960s and 1970s. The original residents of the complexes, like other *early gentrifiers*, moved into disinvested neighborhoods and formed part of a critical mass of incoming residents that prompted significant social, cultural, economic, and political changes (Schlichtman et al., 2018). In this sense, the perspectives and experiences of contemporary gentrification I highlight below cannot be separated from historical forces and macro-level processes such as deindustrialization, suburbanization, capital mobility, and growing inequality, both nationally and globally (Schlichtman et al., 2018).

I employ Rosenwohl-Mack’s Dynamic-Tension model of aging in place to examine residents’ experiences of gentrification. In the first section below, I outline some of the ways that policies and programs are helping anchor these older adults in their homes and communities, giving them resources on dimensions of place, connectedness, and identity to successfully age in place. I then discuss how the needs of the residents could be better addressed.

Anchored: Perceived Support and Resources for Aging in Place

A majority of the residents in the study had lived in New York City or its suburbs since birth. They had experienced firsthand the restless tides of immigration, cultural

change, and commercial development that continually regenerate the city. Many of their autobiographies of place begin in the 1970s and 1980s, when deindustrialization and out-migration to the suburbs nearly bankrupted the city. The crack cocaine epidemic led to surging crime rates and violent neighborhoods, and the HIV/AIDS epidemic hobbled the vibrant gay community. Affordable housing policies had allowed the respondents to remain in a city that had proved tumultuous and challenging. The respondents overwhelmingly valued their identities as New Yorkers and took pride that they had been long-term residents through some of the city's hardest years, as this 84-year-old male resident of 40 years explains:

When everyone was leaving, we stayed. They thought we were crazy. Everyone moving to New Jersey and my family [to Long Island]. But for a certain kind of person, OK, this is where you wanted to be. In the city, here and in the downtown areas with all the artists and the theater people and even the junkies and street people. That was New York, and it was tough, and we loved it! Living in this building was such a gift for us.

He and others had forged identities in the city, and their memories of bygone places and people added vibrant dimension to their experience of place, illustrating Rowle's (1983) concept of "autobiographical insideness."

Because I was interested in the process of aging in place, I asked residents for the stories of how they came to be in these particular places. Without specifically mentioning gentrification, several residents recounted being young and financially strapped. Their decisions to live in these places were often *monetary*, but also *practical*, as they valued center city living, and *aesthetic*, as they valued the turn-of-the-century, low-rise architecture that gave their neighborhoods character (Schlichtman et al., 2018). Indeed, the somewhat brutalist, modern design of both complexes allowed residents to have it both ways: inside they enjoyed spacious apartments, wide hallways, and working elevators, but outside and mere steps away from busy avenues they could stroll down treelined streets with unbroken rows of well-maintained brick and brownstone buildings. They also enjoyed easy access to cultural amenities, like bars, restaurants, and theaters, and public amenities, like transportation hubs.

The residents drew distinctions, if often implicit, between the gentrification occurring in the past versus now. They did not see their role in past gentrification as problematic, and almost none mentioned those displaced by the construction of their complexes decades ago. (In fact, two respondents stated that the opening of their complexes had enhanced poor residents' housing opportunities.) The longer-term residents described neighborhoods that were once dysfunctional and derelict becoming stable, prosperous, and livable: "Nobody chose to live here back then," an 82-year-

old woman quipped. “This [complex] was the first nice place to live. We were like settlers in the Wild West.”

For many of the residents I spoke with, the stories of “old New York” were part of their identities as aging New Yorkers, and they took pride in the length and endurance of their residency. Without explicitly mentioning gentrification, residents often expressed a distinct pride at having lived through the economic doldrums of 1970s New York, with its drugs, street crime, and litter-strewn subways. They expressed pride at having moved into depressed areas (albeit into nice complexes) when so many had fled to the racially homogenous suburbs. Indeed, at the heart of their identities and sense of being anchored in place was often a distinct cultural authenticity they felt *as New Yorkers*.

Despite enormous neighborhood change, the established social structure of these buildings provided a stability that residents used as a resource, both instrumentally and symbolically. The 82-year-old resident quoted above saw intrinsic value in having a core of residents who remain in place:

Resident: So many of us were here in the neighborhood, before [this complex] was built.

Interviewer: And many of you have lived here since it opened?

Resident: Oh yeah, from beginning to end! There are a lot of us old timers still around, you can see that. It’s like they can’t get rid of us. And why would they want to? Without us everything

is new, it doesn’t have the same meaning.

Especially in contexts of change, residents took pride in having been around for a long time. As this this respondent pointed out, she was already middle aged by the time her complex opened, and she had spent nearly two decades working and living in the neighborhood before she moved in. As her quote demonstrates, some residents positioned their longevity as a bulwark against change. New is not always better, this resident implies.

Talking with residents in their homes allowed me to see how personally anchored they were in these spaces and to see how dynamically interrelated physical objects and place are with one’s sense of self. The residents connected physical places with valued roles and identities. A 78-year-old resident led me down the hall to her cluttered art studio, where paintings and canvases topped over each other and containers of all forms organized a seemingly endless array of brushes, papers, and crumpled tubes of paint. Another showed me her piano and reminisced about giving lessons to children for many years and, more recently, practicing for a singing performance she was giving as part of a performing arts event for community members. A 77-year-old gay man came to life as he showed me pictures around his apartment: two best friends posing on a neighborhood stoop forty years ago; a large group of friends gathered at a late-night Broadway restaurant after seeing another friend perform in a show; himself, in one picture, pointing

to the sign of a gay bar, a hot spot he frequented in the early 1980s. While these places are gone or significantly changed today, they nonetheless exist as part of his identity, imbuing his sense of place with emotional depth and nostalgic familiarity—a personal and positive *sense of home*.

Affordable housing polices in combination with on-site aging services benefited these older adults in myriad ways, enhancing their feelings of security and stability as they aged in a changing and challenging city. It is difficult to overstate how fortunate the respondents felt to have stable and affordable housing in their retirement years. They, like most older people, were typically on limited, fixed incomes, and had to think carefully about expenses. Budgeting in later life requires complex calculations—predictions about the length of one's life and future health needs, etc.—a math that befuddles even many financial advisors. Certainty about housing alleviated substantial stress. As a 70-year-old male resident explains, it was like a gift:

It's like winning the lottery! It really is. I know I can stay here, for as long as I want, and I can afford it. It's been such a gift, it truly has. And you can see everybody else is the same—we're *all* getting old here.

Indeed, many residents were aging in place at both complexes—with one having 53% of heads of households over 60-years-old and the other with around 70% over 60. Residents repeatedly stat-

ed how lucky they were to live affordably, especially in New York. Regulated, affordable housing protected these older adults from the sharp increases in rent and property values that had come with gentrification. Most were certain they would be priced out of the private rental market in their neighborhoods. As a 72-year-old male resident said, "I've had friends around here for years, and they've had to move—rents go up and up—and move again, and now they're gone, had to move away." "We would all be priced out," a 68-year-old male said, before adding, "We are the working- and middle-class core of this neighborhood. Have you seen the cost of apartments around here?" These residents felt fortunate not to have to worry about the inexorable rise of rent or capricious landlords. They did not have to worry about searching for new, affordable apartments, possibly in unfamiliar neighborhoods or outside the city. They recognized New York as a special yet deeply unaffordable place where they were lucky to live.

Living in apartment buildings also meant these older adults did not have to worry about large houses to clean and upkeep or yards to be maintained, like their suburban peers. Their modest apartments, which ranged from large studios to two-bedrooms, posed few threats to their ability to age in place. As a 20-year female resident said, "It's perfect—just the right size for me. I used to think, wouldn't it be nice to have a yard? But I don't anymore." Repairs were quickly taken care of by competent maintenance workers, further avoiding stress. More than one res-

ident noted how quickly snow and ice were cleared in the winter, something I had noted in my observations and had also confirmed in a discussion with a community leader. Treating slippery sidewalks was of paramount importance, given the high number of older residents in the complex.

Physical ability was on the minds of many residents as they pondered aging in place, and they were overwhelmingly appreciative of initiatives to ensure their buildings were safe, clean, and, unlike so much of New York's physical infrastructure, accessible. Hallways were wide, public areas uncluttered, and the elevators worked. "This is a good place to grow old," a woman told me in a casual conversation outside. "Just look at all of us!" Her point was well taken. On a cloudy and colorless late winter day, the public areas were populated by older adults, many with telltale signs of declining physical ability: uneven gaits, canes and walkers, or home health aides at their sides. The buildings and grounds presented few obstacles, or the types of "environmental press" (Lawton, 1983) that might discourage those with physical limitations from leaving their apartments. While the complexes were built before the passage of the Americans with Disabilities Act in 1990, they had both been updated in many ways with aging residents in mind.

With an aging body and a disability stemming from early childhood, an 83-year-old female resident of over 30 years used an electric wheelchair, but she had few problems navigating her apartment, or the hallway, eleva-

tor, and sidewalks that connected her to the wider neighborhood. She noted, "I could only live so many places, with this [wheelchair], but I have no problems here." While the subway was prohibitively difficult to access, she liked the buses that ran frequently along the avenues, and she found the bus drivers and passengers accommodating and friendly.

Even younger respondents without physical limitations recognized these positive benefits of the physical environment around them. "I'll be able to grow old here, God willing," a 66-year-old man said. "I don't have any problems now, but you don't know, down the road. I'll be thankful I'm here," a woman told me while chatting in a lobby. I heard about these feelings of security many times over, often in conjunction with appreciation for the affordability of living in these two complexes. As one resident explained, "Living in a walkup only works for so long." Indeed, many apartments in the area did not have elevators, and those that did tended to be significantly more expensive to live in.

A government grant in the NORC-designated complex was funding modifications to apartments to help residents age in place. Experts with training in environmental gerontology and occupational therapy conducted audits of older residents' apartments, then worked with maintenance crews and contractors to make modifications. Doorways were widened and easy-open doors installed to accommodate residents and their walkers and wheel-

chairs. Updated hardware was installed on kitchen and bathroom cabinets so that weakened or arthritic hands could operate them more easily. Grab bars and slip-resistant flooring were installed in bathrooms—a common site of falls—and new lighting was comprehensive, consistent, and not glaring. One woman said, “I feel very safe in my home, and that’s something—I’m 86.” Another reported, “My son doesn’t worry about me as much, especially about falling. I thought my home was safe, but it’s now even better. Thank goodness for the men who came and did the work.” Just as minds were put at ease by affordable, predictable housing costs, minds were also put at ease knowing that these complexes could accommodate the future uncertainties of aging bodies.

With so many residents aging in place, social connections had been cultivated over years and even decades. Ethnographic observations allowed me to see these connections firsthand: residents being greeted personally by the host at a local diner, the convivial nature of a regular bridge game, greetings, and brief chats with passersby in hallways or while sitting outside. Residents all knew one another and engaged in the kind of “neighboring” and reciprocal connections that prove to be valuable resources to support health and well-being while aging in place. Residents also knew the staff in their buildings, such as cleaning and maintenance workers, security guards, and doormen. The importance of such connections became especially clear one day when an older resident suffering from dementia went missing. Her alarmed fam-

ily contacted the building staff—not the police—and she was located by a maintenance worker who escorted her back to her apartment. Both complexes had a strong sense of community, of being places where people knew, respected, and helped each other.

The NORC-designated complex had a vast array of programs, activities, and classes aimed at bringing people together and enabling health and well-being on multiple dimensions. With little contact with his family of origin, no children, and few close friends, an 82-year-old man had nearly all of his multidimensional needs—nutritional, medical, psychological, and social—met by the senior services center located on the ground floor of a nearby building. As a kind of “one-stop-shop,” with nearly a dozen social workers who coordinate care for hundreds of seniors, the center connected individuals to each other and to important resources that help promote successful aging and independent living. Indeed, without the center, it is unclear how this resident would survive. Almost all of his network ties went directly through the center in one way or another. Clearly heeding calls for older adults to maintain social connections and engagement, both complexes had services and programs that aimed to foster community and social engagement.

I also heard striking stories of volunteer work and organizing in the larger neighborhood and city. One resident had volunteered for over 20 years at a nearby senior center, serving meals and teaching classes to a diverse group of

seniors whose health and housing were often less stable than his. Another resident, an 87-year-old woman, recollected volunteering at the height of the HIV/AIDS crisis. Thirty years on, her details are vivid, revealing aspects of how her identity have been shaped by connections to the neighborhood and city:

It was a beautiful community, just full of love and creativity. And then ... We all knew someone who was dying. It was once a month, sometimes more, for a while. You'd see men on the street, people from around the neighborhood that you recognize, and you'd see... that they were sick. And then one day, you don't see them anymore. And so, I volunteered and answered calls, just horrible calls, from men, estranged from their families, or not able to reach out to them, who needed help. They needed to see a doctor, they couldn't get in to a doctor, or their doctor wouldn't see them. They needed housing or medicine, or food—just food! It really was a community of people who came together, to help these men, when no others would.

She continued to volunteer until she was physically unable, delivering meals to aged-in residents and helping to plan social events to bring older adults together. Her storytelling reveals the importance of volunteering to her life and the way connectedness grounds person to place.

Displaced: Perceived Threats and Restrictions to Aging in Place

While affordable housing and aging-related services had shielded them from many of the negative aspects of gentrification, in other ways long-term residents were not protected and experienced a diminished sense of control over their circumstances, especially in terms of their identification and engagement with the wider communities around their complexes. They were frustrated by rising costs of goods and services, lack of opportunities for volunteering and work, and the dearth of meaningful intergenerational mixing.

The upscaling of both neighborhoods had left many long-term residents feeling economically and culturally sidelined. After spending considerable time in both areas, it was clear that shops and restaurants increasingly catered to a new set of residents and visitors: “Everything is for young people, with money, and tourists!” one resident said. Both neighborhoods featured lively restaurant and bar scenes, with many of these places new and ostensibly upmarket. Affluent consumers had copious choices among specialty shops, bakeries, and a full range of fitness studios and gyms. Apartments and condominiums were aggressively marketed on the sides of bus stops and buildings as “luxe,” “luxury,” “modern,” and “premier.” A typical advertisement boasted of a “boutique collection of residences” with “hotel-inspired ame-

nities” like concierge service, fitness center, outdoor terraces, and lounges for work and study. An accompanying picture showed a stylishly designed and spacious apartment, lit by a wall of windows, while another showed a large outdoor terrace decorated with chunky cushioned outdoor furniture and potted trees.

Changes in the availability and cost of food undermined feelings of control and well-being among residents. Daily groceries, especially, came up repeatedly in interviews, which is unsurprising given that acquiring food is one of the most important and regular tasks of life. The comments by a 77-year-old resident were typical:

The grocery store just gets more expensive. And they’ve changed the store. It’s more expensive now and they changed the layout, and you can see that different people shop there now. They redesigned that whole section with the fruits and vegetables and the cheeses, with more expensive items, and only so they could charge more for everything. And they stopped selling a lot of the brands I used to buy, like my bread and my frozen food, so I have to go somewhere else.

The more technologically savvy residents had begun shopping online, alleviating some of the stress of acquiring basic goods and familiar brands. Most of the older, long-term residents I encountered, however, relied on more traditional methods: rolling carts or

wheeled bags, phone orders for grocery delivery (provided by one store in each neighborhood, for a fee), or the help of friends and neighbors. They wondered why the food was so expensive, and they wondered why the city could not do more to ensure a wider range of options.

Food is a window into the residents’ anxieties about economic and cultural dislocation. Beyond a necessity, food is imbued with social and cultural significance. Our food beliefs and practices connect us to others and can be a touchstone for cultural identity. Any disruption in one’s food routines—stores or restaurants closing, changes in stock and layout, rising prices—can undermine one’s sense control and threaten valued parts of identity, as seen in this quote from a 76-year-old woman who had lived in her complex for nearly 40 years:

Everything in the neighborhood has changed, and a lot of it’s good. But you look around at the shops, and they’re not for daily life, are they? They’re for eating out, or buying expensive gifts, or going to bars—all the new bars! Every other store is a bar or a restaurant. It feels like it’s not my neighborhood anymore. It’s like normal people, people like us don’t live here anymore.

Her sentiments relate to both economic strain and a sense of cultural dislocation. The place she had called home for so many years had changed considerably, diminishing her sense of familiarity and continuity but also, in more

complicated ways, undermining her sense of belonging and connectedness.

The revived economy of the broader area of midtown Manhattan had also increased the number of pedestrians and vehicles, not to mention bikes and pedicabs—all hazards that could potentially undermine older residents' feelings and security and efficacy outside of their buildings. While one complex is located in a more congested area, both are located amidst busy avenue thoroughfares, and residents spoke regularly of traffic safety concerns. These dangers were immediately clear whenever I walked with residents outside. Foot traffic on sidewalks moved fast, especially on the avenues during busy morning and evening hours when a frenetic, purposeful pace seemed standard. Walking uptown a few blocks with an 82-year-old man during the evening rush, I grew steadily more aware of our slow pace and the wide space we occupied walking side to side. Foot traffic streamed in both directions, with impatient pedestrians leaping around us. In just a few blocks we dodged sidewalk café tables, open cellar doors accepting food deliveries, and tourists stopping to read menus. While cross walks provided enough time even for slow walkers like us, backed up traffic and pushy drivers edging into their turns made crossing feel decidedly perilous. Impatient pedestrians surged forward against crosswalks, whenever there was a gap in traffic. In many places sidewalks were crumbling, had chunks missing, or were uneven. Adding to the chaos was the noise—a cacophony of car horns, sirens, and engines. “You

venture out at your own risk!” one resident warned. Another asked, “How do more people not die?” A 92-year-old woman who walked sturdily yet slowly with a cane complained that “People are very impatient. And I don't mean to age stereotype, because that goes both ways, but young people are very impatient on the sidewalks. It's unnecessary, and it's dangerous!”

A common topic of conversation among of long-term residents was a lack of community engagement *outside* of their housing complexes. Somewhat paradoxically, the NORC-designated complex had been so successful in creating community *within*, that some older residents worried about becoming further disconnected from the wider community, especially after its significant demographic and cultural changes. One resident noted that the complex was a vibrant and wonderful place to live, yet: “We are like an island here at [the complex]. So many of our needs are taken care of, quite nicely I might add. But there is an element of . . . isolation, of a kind. I don't think that's inevitable as we age.” Another quipped, “We're at risk of becoming an old folks' home! We get older and they get younger.” Residents I spoke with wanted more engagement with the community around them, even if it was getting younger.

Remarkably, an entirely new neighborhood called Hudson Yards was being constructed at the time of the study on the far west side of Manhattan, adjacent to the ones profiled here. Built partially on top of working railyards, this new neighborhood of

gleaming glass towers and “luxe” residences also included vast amounts of space for corporate offices and a 7-story, 750,000 square foot retail mall (described in promotional material as “luxury shopping”). The new towers, some among the highest in the city, loomed over the view from a 75-year-old resident’s apartment. “It’s like something out of Dubai,” she said gloomily. It was startling to peer out her window and imagine that just three years earlier, none of these towers had existed and that an entirely neighborhood could be constructed from nothing. “Who lives there?” she asked. “I wonder, what do they do? Where do they come from? It’s a lot of [pause] not knowing.” I probed her to further articulate her discomfort, and she explained that she worried her complex, with so many older, long-term New Yorkers on fixed incomes, was becoming a “community island” disconnected to the area outside, economically and otherwise. Her sense that city planners had failed to take into account the needs and experiences of older residents was echoed by others: “What’s it got to do with us? Nothing!” one man said. Another resident, a 70-year-old community government representative, lamented the lack of power older city residents had in planning:

Development is not undertaken with our needs in mind. What will we do with a new mall, or more luxury condominiums? We are fortunate to get help from the city, to fund services and programs, but we want to be a part of things outside. We want to thrive and work and volunteer, and so

on—contribute to our communities and be productive.

These types of sentiments reflect the varied and complicated ways that gentrification was constantly affecting the balance of agency to threats in the process of aging in place.

It seemed unlikely that long-term residents of both complexes would have many social ties to those working and living in the new neighborhood. While most had experienced negative disruptions to their social networks as friends were forced to move by rising rents, such disruptions had been gradual, over a span of decades as gentrification incrementally brought in more wealth and drove population shifts. The new neighborhood marked alarming and rapid changes unlike those before, epitomizing an outside world that increasingly seemed literally and symbolically disconnected from residents’ lives.

Discussion and Conclusion

With the population of older adults rising nearly the world over, aging in place has garnered a large amount of attention as a strategy for promoting successful aging and saving costs, especially compared to institutional settings. For individuals, aging in place may enable them to maintain independence, perhaps in a cherished home, while also staying connected to friends, family, and community. Yet the research presented here and elsewhere shows the need for a critical and informed perspective on aging in place. First, some

older adults may not experience aging in place as a choice, but rather as an outcome of constraint and lack of viable alternatives. Second, places, as well as individuals, change over time. The “Dynamic Tension” model utilized here captures aging in place as an active, dynamic process that depends on the right balance of agency to threats on dimensions of place, connectedness, and identity (Rosenwohl-Mack et al., 2020).

Gentrifying neighborhoods highlight the need to account for change when designing policies to support those aging in place. Undoubtedly, gentrification brought benefits to these neighborhoods, especially in terms of safety, cleanliness, and overall status and appeal. And yet there were downsides for long-term, fixed-income residents. In addition to housing, costs had increased significantly. Affordable groceries and household goods were harder to get, and construction, traffic, and other hazards presented obstacles to navigating neighborhood streets and sidewalks. Moreover, demographic shifts and new development left these residents feeling economically and culturally isolated.

Affordable housing was hugely beneficial to these older adults as they aged in place. Having solved the problem of housing gave them a sense of control and accomplishment that is difficult to overstate. They enjoyed the privacy and familiarity of their homes and desired to continue living in them. Remaining in place also made practical sense, as their housing was safe and affordable and proved amenable to

age-related declines in health. An array of aging services affirmed residents’ identities as older adults and provided them with resources to stave off threats to their ability to connect with others, to maintain valued roles and activities, and to simply stay put in the homes they knew and loved.

As proud, long-term New Yorkers, they took pleasure in their housing. While the city changed around them and presented ongoing challenges to residents of all ages, they were firmly anchored in their homes and able to “make it” in a challenging city. The nature of the two complexes seemed to buffet the residents against the rapid changes in the surrounding neighborhoods, giving them a sense of stability and security, especially in the face of gentrification and steeply rising costs of living for most city-dwellers. They were so deeply anchored in their buildings, communities, and the larger myth of New York, it was hard for them to imagine living elsewhere, even as they imagined changes ahead as they aged. Being so firmly anchored, especially by affordable housing policies and on-site aging services, enhanced their feelings of security, stability, and independence, arguably making them more resilient in the face of change.

At the same time, their feelings of dislocation and estrangement related to gentrification reveal the costs of aging-in-place programs and services that fail to recognize neighborhoods and communities as crucial to healthy aging and independent living. As one resident quoted above complained, she

did not know where she lived anymore. The neighborhood was becoming unrecognizable because of the economic, social, and cultural changes spurred by gentrification. While thankful for her “community island” that sustained her, she increasingly felt like a tourist—curiously observant yet detached—when she ventured out. Her sense of “not knowing” who the people were around her left her feeling sad and displaced.

New development, especially the proliferation of multimillion dollar residences, had come to symbolize for the residents troubling aspects of New York City in the 21st century: extreme economic inequality, the outsize power of private investment in city planning, and the threat to local community posed by generic chains and seemingly unbridled luxury residential development. While the new neighborhood bills itself as “the cultural center of Manhattan’s new West Side” and as a “template for the future of cities” (*Live, Shop, Work & Dine in New York | Hudson Yards*, 2021), it was hard to imagine a commercial and residential development less relevant to the needs of the older adults I spent time with. This irony was all the greater given the development’s proximity and massive scale.

Residents’ concerns about economic and cultural dislocation raised important questions about gentrification and the needs of the aging in place population: besides affordable housing, what other policies could promote older residents’ well-being in the face of these changes? How would the city’s approach to redevelopment look differ-

ently if the needs of older residents were truly prioritized? And how could policy promote integration across age lines and better connect older adults to their communities?

The UN’s Plan of Action on Aging (*Madrid International Plan of Action on Aging*, 2002) provides guidance on how these questions might be answered. Perhaps most importantly, the plan of action calls on governments to support age-integration in communities. Truly supporting multigenerational, multicultural communities requires intentional and sustained investment in local infrastructure. While the goal of multigenerational communities is laudable in and of itself, there are clear benefits in terms of more equitable access to important resources such as food, healthcare, housing, and employment and the myriad benefits to self and society that come from keeping older adults active, engaged, and healthy.

Naturally Occurring Retirement Communities present an intrinsic conundrum apparent in the perspectives of the residents profiled here: the same high concentration of older adults that allows for the efficient provision of age-related services also promotes the age segregation many lamented. NORCs have earned their central role in efforts to promote successful aging in place, but we would be wise to include efforts to promote age-integration—both within and beyond these communities. Programs to keep residents active, engaged, and healthy do not need to be age restricted—at least not all of them. A fruitful area of research

could investigate which programs are most effective when age-restricted and how, more generally, to balance specific objectives for serving the aging population with the goal of age-integration.

There are useful models already in existence for the types of housing policies that could promote age-integrated communities. Large residential developments in cities like New York are often required to provide affordable housing for low-to middle income residents. Tax abatements and other incentives could similarly be tied to the provision of a certain number of units for older residents. Conversely, NORC's could intentionally recruit younger residents to balance out the population. Analyses of age structures at the community level could guide policy makers as they implement age-integration policies.

Local government could also be more aggressive in ensuring access to affordable food and other basic necessities. Strategic partnerships and zoning policies could ensure that the retail landscape in a neighborhood addresses the needs of all residents, especially those aging in place. Input from aging community members could be formally mandated to ensure their voices are heard in important decisions related to such zoning and redevelopment. New York City's FRESH Program (Food Retail Expansion to Support Health) has shown success in addressing the "food deserts" often found in economically distressed communities and could serve as a model for how tax incentives,

re-zoning, and streamlined government access for key businesses could make communities more retail-friendly for older residents (*Healthy Food Access*, 2022).

Government agencies and non-governmental organizations could sponsor intergenerational activities in neighborhoods, and could also create programs aimed at fostering opportunities for older residents to work or volunteer. In conjunction with campaigns to raise awareness of older adults' value and productivity, such programs could meaningfully address the feelings of disconnection and lack of purpose many residents in this study felt, especially in the areas outside their complexes.

For the older adults in this study, housing policies have made aging in place appealingly affordable, even amidst a rising economic tide of gentrification engulfing their larger community. From their perspectives, affordable housing policies have gifted them with security as they advance in age, have helped to cultivate an immediate environment enriched by social ties and opportunities for engagement, and have also enabled the efficient provision of many services typical of ("naturally occurring") retirement communities. At the same time, zoning changes and an infusion of private market investment capital have combined with "back to the city" social trends to elevate the status of center city living and to dramatically gentrify their larger community. Residents are left feeling anchored yet simultaneously displaced.

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APPENDIX A: Table 1

Table 1: Characteristics of Primary Participants	
Median Age	74.5
Sex	
Male	5
Female	13
Race/Ethnicity	
Hispanic	3
White	11
Black	2
Asian	1
Mixed	0
Other	1
Education Level	
>HS ¹	1
HS ²	5
HS+ ³	3
College ⁴	9
Primary Occupation⁵	
Professional/Technical	12
Manual/Service	6
Economic Security	
Advantaged	4
Secure	8
Vulnerable	6
Mean Length of Residence	23.5 Years

¹Did not finish high school; ²High school graduate; ³Some study or degree post high school;

⁴College graduate (BA or higher); ⁵Primary employment before retirement

APPENDIX B: Table 2

Table 2: Characteristics of Complexes and Neighborhoods					
	Complex A	Neigh. A	Complex B	Neigh. B	Manhattan
Age					
Senior ¹	27.60%	8.85%	39.35%	14%	14.4%
Older Adult ²	53.70%	36.20%	31.70%	34.8%	30.8%
Young Adult ³	5.20%	45.60%	16.80%	38.3%	35.4%
College ⁴	2.67%	3.35%	3.84%	3.1%	4.72%
Child ⁵	10.80%	6.02%	6.735%	9.81%	14.6%
Median Income⁶	\$31,600	\$85,500	\$45,750	\$98,100	\$75,500
Race/Ethnicity					
<i>Hispanic</i>	16.80%	18.40%	18.60%	17.20%	23.80%
<i>White</i>	63.50%	49.50%	60.40%	55.70%	46.80%
<i>Black</i>	5.90%	7.00%	7.20%	6.90%	11.80%
<i>Asian</i>	8.40%	20.20%	8.20%	15.00%	13.00%
<i>Mixed</i>	4.40%	4.00%	4.00%	4.10%	3.70%
<i>Other</i>	1.00%	.90%	1.60%	1.10%	1.00%

¹65+; ²40-64; ³22-39; ⁴18-21; ⁵0-17; ⁶2020, Household