Mapping the Components of Age-Friendly Communities for Aging in Place

Noorlailahusna Mohd Yusof[1]*, Suziana Mat Yasin[2]

[1]Faculty of Administrative Science and Policy Studies, UiTM Cawangan Kedah, Kampus Sungai Petani, Malaysia

[2]School of Social Sciences, Universiti Sains Malaysia, Pulau Pinang, Malaysia

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ABSTRACT

The study examines the multidimensional components that define age-friendly communities and their role in supporting aging in place. Drawing upon a synthesis of international literature and conceptual frameworks, it maps out the critical domains that contribute to the creation of environments where older adults can live independently, safely, and meaningfully. The study identifies four interrelated components that form the foundation of age-friendly communities: the built environment, community engagement, social support systems, and housing options. The built environment emphasizes accessibility, safety, and connectivity, enabling mobility and participation. Community engagement promotes inclusivity, social interaction, and a sense of belonging through active civic involvement and intergenerational connection. Social support systems provide essential health, emotional, and care services that enhance the well-being and resilience of older adults. Housing options highlight the importance of affordability, adaptability, and accessibility to accommodate diverse needs and life stages. Together, these elements demonstrate that the success of aging in place depends on the integration of physical infrastructure, social participation, and supportive policy frameworks. The conceptual mapping highlights the importance of cross-sector collaboration, community co-production, and technological innovation in strengthening age-friendly initiatives. By presenting a holistic synthesis of these components, this study offers insights for policymakers, urban planners, and community stakeholders in developing sustainable and inclusive environments that enable older adults to thrive in familiar settings, thereby fostering independence, dignity, and social inclusion throughout the ageing process.

Keywords: Aging in place; age-friendly communities; built environment; community engagement; social support systems

INTRODUCTION

Population aging has become one of the defining global demographic shifts of the 21st century, with profound implications for societies, economies, and built environments. The World Health Organization (WHO) projects that by 2050, one in six people in the world will be aged 65 years or older, marking a dramatic transformation in population structure and social dynamics. This demographic transition emphasizes the urgency of rethinking how communities are designed, organised, and supported to enable older adults to live independently, safely, and meaningfully within their familiar environments, a concept widely referred to as aging in place (Alley et al., 2007; Benefield & Holtzclaw, 2014). Broadly, aging in place represents not merely the physical act of remaining in one's home but also encompasses the social, psychological, and environmental conditions that foster autonomy, belonging, and well-being in later life (Grimmer et al., 2015; Vega & González, 2012).

Despite global advocacy for age-friendly cities and communities, many localities continue to face barriers in achieving these ideals. The growing heterogeneity of older populations, disparities in access to services, and limitations in urban infrastructure contribute to inequalities in aging experiences (Jeste et al., 2016; Van Dijk et al., 2015). Past research has identified critical components of age-friendly environments, including accessible housing, transportation, healthcare, safety, and social participation, as integral to supporting aging in place (Alley

et al., 2007; Chen et al., 2023; Finlay et al., 2021). Yet, these studies often treat these elements as discrete policy targets rather than interconnected systems that collectively shape older adults' lived experiences and capabilities (Campbell et al., 2021; Lipsitz, 2020).

While extensive literature has examined specific facilitators or barriers to aging in place, fewer studies have sought to conceptualize what constitutes an ideal community that holistically supports this process. Empirical investigations often focus on physical infrastructure or healthcare accessibility, overlooking the relational, psychological, and technological dimensions that sustain independence and participation (LaFave et al., 2021; Chum et al., 2022). This fragmented understanding limits the development of comprehensive frameworks and context-sensitive strategies for designing inclusive communities that align with older adults' aspirations and functional capacities. Hence, there is a pressing need to integrate multidisciplinary perspectives to identify the essential characteristics, enabling factors, and emerging innovations that define an ideal aging-in-place community.

This study aims to analyse the evolving concept of an ideal community for aging in place by synthesising diverse literature and mapping emerging themes across physical, social, and technological dimensions. Drawing upon the principles of the age-friendly cities framework and the capability approach, this paper develops a conceptual map that captures how resources, services, and environmental features interact to promote autonomy and well-being among older adults. The analysis explores three interrelated domains, (1) built environment and accessibility, (2) community support and participation, and (3) innovation and adaptive systems, thereby identifying critical gaps and opportunities for advancing theory and practice.

The contribution of this study lies in its integrative examination of aging-in-place communities through a systems-oriented lens that bridges infrastructure, service delivery, and psychosocial engagement. By elucidating the interdependence of environmental, social, and technological factors, this paper provides a conceptual foundation for policymakers, urban planners, and gerontologists to design inclusive, equitable, and resilient communities that empower older adults to age in place successfully.

Theoretical Framework

The concept of Age-Friendly Cities (AFCs) has emerged as a significant framework to address the challenges of population ageing and promote inclusive urban development. The term "age-friendly" refers to environments that actively support healthy ageing, enhance participation, and foster security among older adults (DeLange Martinez et al., 2020). It reflects an integrated approach to urban planning and policy that recognizes ageing as a lifelong process rather than a phase confined to later life. The fundamental goal of AFCs is to ensure that older adults can live safely, enjoy good health, and continue to participate fully in society. This vision aligns with global efforts to develop sustainable, inclusive, and equitable cities capable of accommodating the diverse needs of an ageing population (van Doorne & Meijering, 2025).

The World Health Organization (WHO) formally introduced the Age-Friendly Cities and Communities (AFCC) framework in 2007 as part of its Global Age-Friendly Cities initiative. The framework serves as a guide for governments and planners to assess and improve the age-friendliness of urban environments. It seeks to optimize opportunities for health, participation, and security to enhance quality of life as people age (Davern et al., 2020). The WHO's framework emphasizes the role of the built, social, and service environments in supporting older adults' independence and social inclusion. It has been widely adopted by cities worldwide, with applications ranging from large metropolitan areas to smaller municipalities. The model's strength lies in its holistic structure, addressing both the physical infrastructure and the social dimensions of ageing in place (Menec et al., 2011; Atkins, 2020).

At the core of the WHO's AFCC framework are eight interrelated domains: (1) outdoor spaces and buildings, (2) transportation, (3) housing, (4) social participation, (5) respect and social inclusion, (6) civic participation and employment, (7) communication and information, and (8) community support and health services (Davern et al., 2020). These domains collectively capture the key aspects of the urban environment that influence the well-being of older adults. For instance, accessible outdoor spaces and transport systems facilitate mobility and social engagement, while affordable and adaptable housing supports independent living (Urra-Uriarte et al.,

2024). Likewise, inclusive social and civic opportunities promote participation and respect for older people's contributions. The comprehensive nature of these domains enables policymakers to evaluate and improve urban settings through measurable indicators of age-friendliness (Siu, 2019).

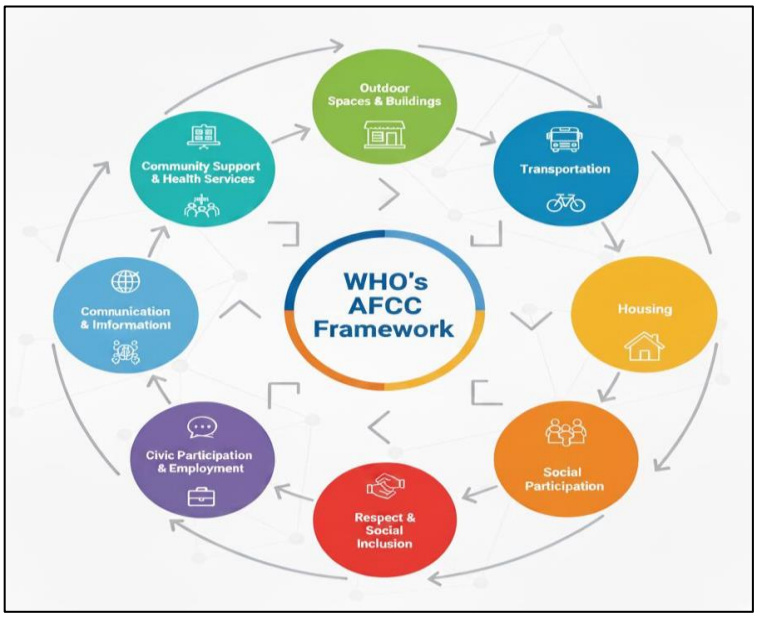

Fig. 1 WHO's AFCC Framework

The implementation of the AFCC framework varies significantly across cultural and geographical contexts. While some high-income countries have made substantial progress, developing nations often face barriers such as limited funding, insufficient public awareness, and fragmented governance (Thurairaj et al., 2025). For example, Annear and Hyde (2025) observed that New Zealand has made gradual progress toward AFC adoption, though sustainability and community engagement remain pressing issues. Furthermore, the framework has been critiqued for its limited inclusion of technological innovations, despite the growing importance of digital connectivity for older adults (Marston & Van Hoof, 2019; Reuter et al., 2020). Scholars have therefore recommended expanding the WHO model to incorporate digital tools that enhance communication, access to services, and civic participation among older residents.

Overall, the WHO's Age-Friendly Cities framework provides a comprehensive structure for creating inclusive environments that promote ageing in place and active participation. Its eight domains form the backbone of urban policies aimed at supporting older adults' well-being and independence. However, ongoing challenges, such as the need for measurable indicators, integration of digital technologies, and adaptation to diverse local contexts, necessitate continuous refinement of the framework. Effective implementation depends on collaborative governance, community participation, and evidence-based assessment tools such as the Age-Friendly Cities and Communities Questionnaire (AFCCQ) (Ivan et al., 2024). By addressing these challenges, cities can more effectively align their development agendas with the principles of healthy and sustainable ageing (Buitendijk et al., 2025).

METHODOLOGY

In this study the literature-mapping and synthesis stage was conducted using Scopus AI (Elsevier) to ensure a transparent, reproducible, and up-to-date identification and analysis of scholarship addressing what constitutes an ideal community for aging in place. The search was executed on 18 October 2025 using the following Boolean string supplied in the project brief:

("aging" OR "elderly" OR "senior") AND ("community" OR "neighborhood" OR "environment" OR "locale") AND ("characteristics" OR "features" OR "attributes" OR "qualities") AND ("aging in place" OR "independent living" OR "home care" OR "supportive housing") AND ("accessibility" OR "mobility" OR "transportation" OR "infrastructure") AND ("social support" OR "community services" OR "engagement" OR "interaction") AND

("healthcare" OR "wellness" OR "services" OR "resources").

The query was run within the Scopus AI interface and configured to return results from Scopus-indexed material published from 2013 through 2025. Document types were limited to peer-reviewed journal articles and review papers, and language was limited to English to preserve analytic consistency; conference papers, book chapters and grey literature were captured only where identified by Scopus AI as 'foundational documents' and retained for contextualization.

Conceptual Framework

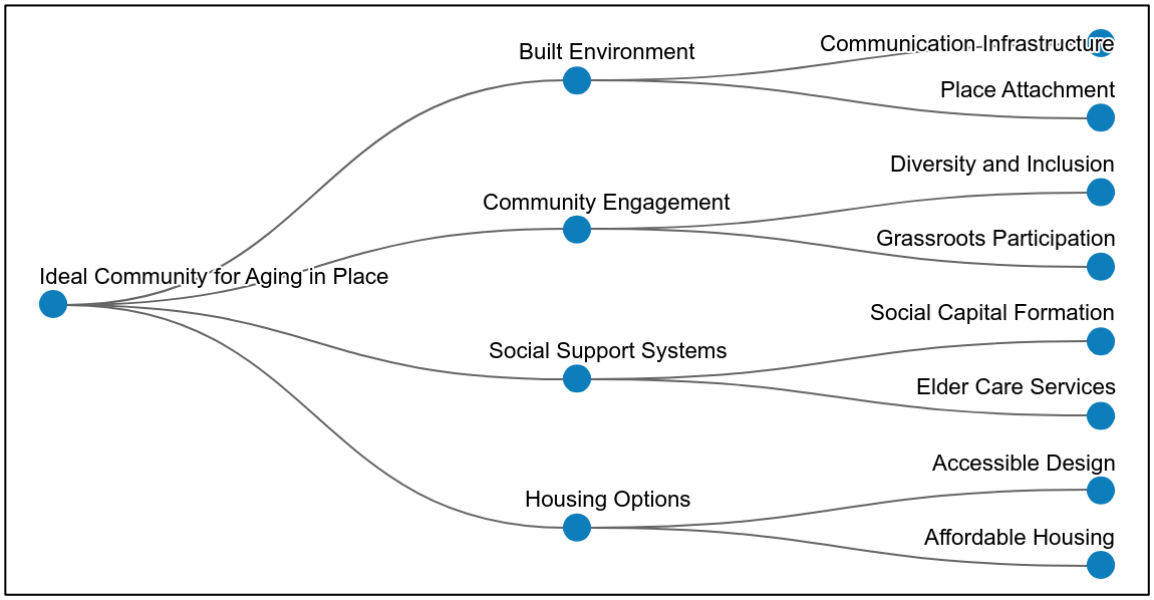

Fig. 2 Conceptual Framework

Figure 2 illustrates the conceptual framework of an ideal community for aging in place, emphasizing four key domains that collectively support the well-being and independence of older adults. The Built Environment highlights the importance of accessible design, effective communication infrastructure, and fostering place attachment to ensure safety and connectivity. Community Engagement focuses on promoting diversity, inclusion, and grassroots participation to strengthen belonging and active involvement. Social Support Systems encompass social capital formation and the provision of elder care services to enhance emotional, physical, and social support. Lastly, Housing Options underline the need for accessible and affordable housing to accommodate varying levels of ability and income. Together, these interconnected components form a holistic approach to creating communities where older adults can age comfortably, safely, and meaningfully in familiar surroundings.

RESULTS AND DISCUSSION

Collectively, these findings suggest that an ideal community for aging in place operates as a dynamic ecosystem, including balancing the built environment, social connections, healthcare infrastructure, and economic inclusion. The synthesis from Scopus AI (2025) highlights the shift from individual-centered interventions to community-level strategies that address systemic enablers and barriers. In essence, aging in place transcends the mere ability to remain in one's home; it reflects a multidimensional experience supported by a community that values accessibility, engagement, and human dignity. When these conditions converge, communities not only accommodate older adults but actively empower them to thrive within familiar environments across the life course.

A. Ideal community for aging in place and built environment

The built environment constitutes a foundational pillar of an ideal community that enables aging in place by shaping the opportunities and constraints for everyday mobility, social interaction, and access to services.

Empirical syntheses indicate that outdoor spaces and the spatial arrangement of buildings directly influence older adults' capacity to remain independent and engaged; features such as safe sidewalks, resting places, shelter, clear signage, and proximate community facilities encourage routine physical activity and social encounters that sustain health and well-being (Hallman et al., 2008). In this respect, the built environment is not a neutral backdrop but an active determinant of whether older people can continue to perform valued activities in familiar settings; therefore, evaluations of age-friendliness must centre on measurable environmental attributes as well as their functional effects on older residents' daily lives (Hallman et al., 2008).

A central and recurring theme is the primacy of walkability and accessibility: uninterrupted pedestrian routes, curb cuts, level pavements, ramps, tactile surfaces, and accessible public transport options reduce mobility barriers and extend older adults' spatial reach. Such design elements lower the physical and cognitive effort required to move through neighbourhoods, thereby reducing the risk of isolation and dependence on others for basic needs (Hallman et al., 2008). Moreover, accessible transport links act as a critical mediator between housing and essential services (healthcare, retail, social venues); when transport is reliable and senior-friendly, older people retain agency over their schedules and social networks, which in turn supports both physical health and psychological wellbeing. Where direct evidence is limited in the supplied abstracts, this causal linkage is reasonably inferred from studies that associate environmental accessibility with sustained community participation and lower rates of residential displacement (Hallman et al., 2008).

Beyond physical form, the psychosocial and cultural dimensions of place are essential for creating meaningful environments that older adults identify with and want to remain in. Participatory place-making approaches, including community mapping and co-design workshops with older residents, generate local knowledge about how spaces are used, perceived risks, and valued features. As a result, these approaches produce interventions that better align with lived experiences and cultural preferences (Fang et al., 2016). These methods reveal that seemingly minor attributes (views, seating orientation, opportunities for informal social exchange) can have outsized effects on attachment to place and perceived quality of life. Therefore, integrating participatory methods into built-environment planning not only improves technical accessibility but also nurtures a sense of ownership and belonging that underpins the desire to age in place (Fang et al., 2016).

Finally, an equitable and inclusive approach to design reframes aging in place as a universal concern rather than a niche agenda: design for dignity and respect should prevent segregation of older people and instead promote mixed-age, mixed-ability environments that serve diverse and socially disadvantaged groups as well as seniors (Rieh, 2023). Similarly, inclusive models, exemplified by proposals such as the 0–100 Care Community, emphasize a continuum of housing options, embedded care services, and public amenities that accommodate fluctuating needs without displacing residents or stigmatizing care recipients (Rieh, 2023). Practically, this means embedding affordability, adaptable housing standards, and integrated service nodes within neighbourhoods so that environmental interventions benefit the broadest possible constituency. Together, these physical, social, and equity considerations demonstrate that the built environment is both a vehicle and a constraint for aging in place: to be effective it must be accessible, co-created, and designed through an inclusive lens that anticipates changing needs across the life course.

B. Ideal community for aging in place and community engagement

Community engagement is a cornerstone of the ideal community for aging in place, serving as the social mechanism through which older adults maintain autonomy, connectedness, and purpose within their neighborhoods. Research highlights that effective engagement is achieved through community-based support models that integrate social participation and mutual aid, such as the Naturally Occurring Retirement Community (NORC) Supportive Service Programs and the Village model (Greenfield et al., 2012). These frameworks promote social cohesion by coordinating volunteerism, peer support, and service delivery at the local level, enabling older adults to live independently while benefiting from collective resources and shared responsibility. As LaFave, Szanton, and Gitlin (2021) observe, such innovations reflect a paradigm shift from institutional care to community empowerment, positioning the neighborhood as both a site of caregiving and a facilitator of social integration. This alignment between community engagement and environmental support structures transforms aging in place from a personal goal into a community-wide achievement.

Central to these models is the enhancement of social capital, which functions as both an outcome and a driver of successful community engagement. Eilers, Lucey, and Stein (2007) argue that strong social capital, which is manifested through trust, reciprocity, and shared norms, correlates positively with older adults' physical and psychological well-being. Social networks foster informal exchanges of assistance, information, and emotional support that compensate for declining personal capacities or limited access to formal services. In this way, social capital acts as an intangible yet essential infrastructure that complements the physical environment, strengthening resilience and mitigating social isolation. This interdependency suggests that the ideal community for aging in place cannot rely solely on physical design or policy frameworks; it must cultivate the relational qualities that sustain engagement and collective efficacy over time (Eilers et al., 2007).

Despite its benefits, community engagement is not uniformly accessible, as various barriers and facilitators shape older adults' participation. Gammonley, Kelly, and Purdie (2019) identify factors such as predisposing characteristics (e.g., health status, prior volunteering experience), enabling resources (e.g., transportation and communication access), and preventive health behaviors as predictors of engagement in community initiatives like the Village model. Similarly, Balog et al. (2024) highlight that empowerment in community participation depends on aligning opportunities with individuals' interests and abilities, while ensuring accessible information about local activities. Furthermore, these findings indicate that engagement is contingent upon both structural and psychological readiness, as older adults must perceive themselves as capable and valued contributors within their communities. Therefore, to foster sustainable participation, ideal communities must invest in inclusive communication channels, accessible meeting spaces, and programs that bridge generational and cultural divides, ensuring engagement remains equitable and meaningful across diverse populations (Balog et al., 2024).

Finally, broader aging-friendly community initiatives (AFCIs) reflect the evolving societal commitment to reframe aging not as decline, but as a valuable phase of civic participation and intergenerational solidarity. Lehning (2018) emphasizes that AFCIs aim to cultivate resilience by integrating older adults into local governance, volunteering, and planning processes, thereby transforming them from service recipients into active agents of community well-being. Such initiatives generate a dual benefit: they enhance older adults' sense of belonging and simultaneously strengthen community capacity to adapt to demographic change. In essence, community engagement within the ideal aging-in-place framework transcends participation alone, as it embodies co-production, empowerment, and inclusivity. The synergy between engagement, social capital, and supportive community models emphasizes that the "ideal" community is not predefined by infrastructure or demographics but is dynamically co-created through ongoing social interaction and shared purpose.

C. Ideal community for aging in place and *social support systems*

The findings reveal that an ideal community for aging in place is deeply intertwined with the presence of robust and accessible social support systems. Community-based programs such as the Naturally Occurring Retirement Community Supportive Service Programs (NORC) and Village models exemplify how structured social environments can enhance older adults' ability to live independently while remaining socially engaged. These models not only deliver essential services such as transportation and home maintenance but also cultivate social connectedness through relationship-building activities and shared governance (Greenfield et al., 2012). Similarly, LaFave et al. (2021) emphasize that innovations in aging in place are most effective when they integrate health promotion, community participation, and social relationship development, suggesting that the combination of tangible and emotional support strengthens older adults' sense of belonging and wellbeing.

Despite the potential of these community support models, challenges persist in ensuring equitable access to services. Sheppard et al. (2023) highlight significant barriers among older adults residing in social housing, where fragmented coordination between service providers limits their ability to access needed community resources. These barriers often stem from inadequate communication channels, limited awareness of available services, and structural inequities in resource distribution. As a result, even in communities that aspire to be age-friendly, the absence of cohesive service networks can impede older adults' capacity to age in place successfully. This finding underlines that accessibility and service integration are as vital as the existence of support systems themselves in determining the effectiveness of a community's age-friendly framework.

Furthermore, social support networks play a pivotal role in shaping older adults' expectations and experiences of aging in place. Tang and Lee (2011) demonstrate that expansive social networks, which include friends, neighbours, and community organizations, significantly enhance both psychological resilience and practical support for independent living. Communities that facilitate social participation and encourage intergenerational interaction can mitigate feelings of isolation while reinforcing mutual care practices. Strengthening information networks within communities also allows older adults to make informed decisions regarding health, safety, and housing, thereby fostering autonomy and empowerment. Consequently, an ideal community for aging in place must prioritise not only formal support mechanisms but also informal opportunities for sustained social engagement.

Finally, informal social support systems emerge as indispensable components of the ideal aging-in-place environment. Parrott et al. (2021) found that informal networks, encompassing family members, neighbours, faith-based groups, and volunteers, serve as crucial safety nets, particularly for low-income older adults who may lack access to formal support structures. These informal relationships foster trust, reciprocity, and emotional stability, compensating for institutional limitations. Collectively the integration of both formal and informal social support systems defines the essence of an ideal community for aging in place, one that enables older adults to maintain independence, social connection, and dignity within familiar environments. This synthesis underscores the need for policy and community design that balance structural service provision with community-driven social cohesion.

D. Ideal community for aging in place and *housing options*

The findings indicate that an ideal community for aging in place must offer diverse and adaptable housing options that align with older adults' changing needs, preferences, and capacities. Housing design and policy have evolved in response to demographic trends, legislation, and economic pressures, reshaping how communities accommodate older populations. Levine and Maisel (2010) highlight that universal design principles, which emphasise accessibility, safety, and adaptability, are central to developing residential environments that enable older adults to live independently and participate actively in community life. These design innovations ensure that housing environments not only accommodate physical limitations but also foster a sense of autonomy and dignity, which are critical dimensions of successful aging in place. Thus, an ideal aging-in-place community is one where housing infrastructure and design anticipate functional decline without compromising inclusivity or comfort.

Community-based housing models also play a significant role in shaping the ideal environment for aging in place. Chum et al. (2022) identify several innovative models, including Villages, Naturally Occurring Retirement Communities (NORCs), cohousing, and sheltered housing, which create opportunities for social engagement, health maintenance, and personal autonomy. These housing models integrate shared spaces and collective governance, enhancing older adults' sense of belonging and mutual responsibility. Importantly, such models blur the boundaries between independent and assisted living by embedding social care within the housing structure, thereby reducing reliance on institutional facilities. The presence of diverse housing types within one community, ranging from single-family homes to supported living arrangements, ensures that residents can remain within familiar environments as their needs evolve. This continuum of care within a shared community framework exemplifies a fundamental feature of an ideal aging-in-place ecosystem.

Affordability and equity are equally essential in determining how effectively housing options support aging in place. Golant (2008) discusses the development of affordable clustered housing-care models that combine shelter and long-term care for economically disadvantaged and frail older adults. These arrangements provide an integrated support system where residents benefit from cost efficiency, social companionship, and accessibility to care services. In this sense, affordability is not merely a financial concern but a determinant of social inclusion and wellbeing. The clustering of affordable housing and care units fosters informal social interaction, neighbourly support, and a sense of security-elements that are often absent in segregated institutional settings. Therefore, an ideal community for aging in place ensures that housing diversity extends across income levels, providing both affordable and quality options that uphold equity and inclusiveness in later life.

Moreover, senior co-housing communities demonstrate how collective living arrangements can address the psychosocial dimensions of aging in place. Jolanki and Vilkko (2015) found that senior co-housing encourages mutual support, friendship, and a strong sense of community, which in turn mitigate loneliness and promote emotional well-being. These settings encourage older adults to remain active contributors to communal life while maintaining privacy and independence. The sense of belonging cultivated in co-housing environments highlights the importance of social infrastructure in housing design. Ultimately, the synthesis of universal design, diverse housing models, affordability, and social connectedness defines the ideal community for aging in place. Such communities must go beyond providing accessible dwellings to cultivating integrated, inclusive, and socially enriching environments that allow older adults to thrive within the places they call home.

Emerging Themes

The results reveal several emerging themes that collectively illustrate the evolving dynamics of aging in place within contemporary societies. A consistent theme centers on the technological integration in aging-in-place, reflecting a sustained scholarly and policy emphasis on digital innovations that enhance independence, safety, and connectivity among older adults. Smart home systems, telehealth platforms, and wearable health monitoring devices have become indispensable tools in supporting elderly individuals who prefer to remain in their own homes. These technologies not only improve safety, for instance through fall detection and medication reminders, but also facilitate real-time health monitoring and remote consultations. Consequently, they help reduce hospital visits and promote autonomy among older adults (Peek et al., 2016; Marston et al., 2020). The integration of such technologies demonstrates a paradigm shift from reactive to proactive care, enabling early intervention and continuous support. Moreover, digital connectivity mitigates social isolation by facilitating virtual communication and community participation (Lee & Kim, 2019). Hence, technological integration represents a cornerstone of the ideal aging-in-place environment, contributing directly to enhanced well-being and sustained independence in later life.

A rising theme identified in recent scholarship is the increasing emphasis on community design and public spaces for elderly well-being. This reflects the growing understanding that built environments profoundly influence physical health, social participation, and psychological well-being among older populations. Urban planning that prioritizes accessibility, safety, and inclusivity can encourage outdoor physical activity and social interaction, both of which are vital for maintaining functional ability (Yung et al., 2016). Age-friendly public spaces, such as parks with accessible pathways, benches, and adequate lighting, support the World Health Organization's (WHO) framework for age-friendly cities that promote active aging through engagement with community environments. In addition, exposure to green and blue spaces, including natural landscapes and water bodies, has been linked to improved mental health and reduced stress among older adults (de Vries et al., 2013; Finlay et al., 2015). As such, the development of inclusive and restorative public environments represents a rising research and policy frontier that situates spatial design as a determinant of holistic elderly well-being.

Another rising theme involves the focus on socially sustainable housing for aging populations, which emphasizes the growing need for housing solutions that foster community, inclusivity, and intergenerational connection. Furthermore, research has demonstrated that socially sustainable housing models, such as cohousing, shared-living arrangements, and intergenerational housing, enhance social capital by promoting mutual assistance and collective decision-making (Glass, 2020; Labit & Dubost, 2016). These arrangements counteract loneliness and isolation while offering residents a sense of belonging and security. Importantly, socially sustainable housing integrates affordability with accessibility, ensuring that older adults from diverse socioeconomic backgrounds can live comfortably and independently (Buys et al., 2012). This perspective aligns with the principles of social sustainability, emphasizing the interdependence between housing design, social inclusion, and community engagement. The emphasis on housing as both a physical and social infrastructure suggests a growing recognition that an ideal community for aging in place must extend beyond individual dwellings to encompass the broader social fabric that sustains them.

Finally, a novel theme has emerged concerning inclusive practices for aging in place in underserved communities, highlighting equity and access as critical challenges within aging research and policy. Studies indicate that older adults in low-income or marginalized neighborhoods often face barriers to healthcare, safe housing, and community participation (Smith et al., 2023). Inclusive practices, including community health

worker (CHW) programs, localized service delivery, and environmental modifications, are increasingly being adopted to bridge these gaps. CHWs provide culturally sensitive, community-based health interventions that have been shown to improve chronic disease management and health outcomes among older adults in disadvantaged settings (Ingram et al., 2017). At the same time, targeted environmental interventions, such as improving walkability, home retrofitting, and transport accessibility, contribute to enhanced safety and comfort for older residents (Keall et al., 2015). This novel focus highlights the necessity of context-sensitive and equitable approaches that ensure aging in place is a universal right, not a privilege limited to resource-rich communities. Collectively, these themes demonstrate an expanding scholarly commitment to designing inclusive, technologically advanced, and socially cohesive communities that sustain aging in place as a multidimensional ideal.

CONCLUSION

The analysis affirms that an ideal community for aging in place is a dynamic ecosystem shaped by the interplay of physical, social, and policy dimensions. It goes beyond providing safe housing or healthcare access, it encompasses the creation of inclusive environments where older adults can maintain independence, social connection, and dignity. The built environment must ensure accessibility and safety, while community engagement fosters belonging and collective participation. Equally, robust social support systems and diverse, affordable housing options are essential to accommodate changing needs throughout the ageing process. The study also emphasizes the growing importance of technology and inclusive governance as tools for sustaining connectedness and equitable service delivery. Overall, this integrative model reinforces the notion that aging in place thrives not through isolated interventions but through the cohesive interaction of environment, community, and care systems that promote lifelong well-being.

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