

Livable Communities for Older People

By Andrew Kochera and Kim Bright

How older people interact with their environment can have important consequences not only for their personal independence, but also for their ability to remain socially active and connected to the people around them. Poorly designed housing, inadequate sidewalks, limited mobility options, and few supportive services can make it difficult for people to remain active and engaged with friends, family, and neighbors. Conversely, a community that has incorporated design elements and opportunities for socialization can remain both vibrant and stable as a whole and supportive and enriching for the individual residents.

To the extent that the elements of a place work well together, it can be described as a “livable community.” Though specific definitions vary somewhat depending on the audience and the context (American Institute of Architects, 2005; National Council on Disability, 2001; Partners for Livable Communities, 2001), it can be said that a livable community has affordable and appropriate housing, supportive community features and services, and adequate mobility options. Together, these elements facilitate personal independence and the engagement of residents in civic and social life.

*Independence, services,
and connection.*

The importance of a livable community in promoting physical independence for older people has already been established (AARP, 2003). For instance, universal design, in

the home—with features accessible for people of varying needs and abilities—can help older people conduct everyday activities as their needs change. A variety of mobility options (in addition to driving) such as ride-sharing, walking, and public transportation helps older people to keep appointments and provides important access to shopping and health services. And, although less research has been conducted about this aspect, livable communities are also recognized as important for connecting people to one another. That is, quality of life for many people includes opportunities for socializing, volunteering, engaging in religious and political activities, and providing and receiving informal support among neighbors and friends.

In an effort to explore the complex relationship between community features and the participation of residents in social and civic activities, AARP’s Public Policy Institute conducted a survey called *Beyond 50.05* during the summer of 2004 (AARP, 2005). The researchers posed a series of questions regarding home and other

elements of the community to a group of more than one thousand respondents age 50 and older. The survey also included an extensive set of questions on activities and the participants' perceptions of their own well-being. Many of those measures were adopted from the literature on "successful aging" and were supplemented with additional information about volunteerism, participation in social activities, political involvement, and the like (Phelan et al., 2004).

HOUSE AND HOME

The physical aspects of one's home are an important element of the livable community for many reasons. It is a setting that must be safe and secure and also is where people frequently interact with friends and neighbors, and it is the point at which people plan and prepare for social activities elsewhere. Consequently, a mismatch between home features and the needs of a resident can lead to a variety of problems. For instance, poorly designed or dimly lit stairs can make it difficult to navigate the home and can lead to anxiety about carrying out everyday tasks. Steps at the entrance to the home that are difficult to navigate can be a barrier to getting out and enjoying the yard or neighborhood, where many informal relationships among neighbors occur. A poorly designed bathroom not only compromises personal independence, it can also discourage older people from participating in social events for which they would feel the need to go through a routine of grooming and "becoming presentable." Such issues are part of a larger context in which the home is not merely a safe environment that helps people remain physically independent, but also a pleasant environment that is conducive for positive behaviors and outcomes for residents.

The AARP Beyond 50.05 survey examined this relationship in detail. The survey asked respondents to evaluate their home for a number of specific features (e.g., lever door handles, nonslip floors, no-step entrance) and then were asked whether their home would meet their physical needs as they grew older. In all, half of respondents said that their home would meet their physical needs "very well" as they grew older. The remaining respondents characterized their situation less positively, reporting the home would

meet their physical needs as they grew older "somewhat well," "not well," or "not well at all."

Surprisingly, there was little difference between the responses of those who reported one or more disabilities, using the questions from the Decennial Census (Census Bureau, 2005), and those who reported no disability. Only among one of the lower ratings was there a statistically significant difference—12 percent of respondents with a disability reported that their home would meet their physical needs "not too well" compared to 5 percent of respondents who did not report the presence of a disability. But overall, the differences were less than expected. There are several possible explanations. For example, both groups might be equally unclear about what would be required for a home to meet their future needs. Another possibility is that traditional measures of disability are not fully sufficient to explain the mismatch between personal needs and the environment.

But for many of the respondents, perceptions of the home as inadequate for future needs were correlated with higher measures of isolation and a greater desire to leave the home and or community in which the person was presently living (implying an adverse effect on community stability). For instance, residents who said their home would not meet their physical needs well (that is, "not well" or "not well at all") were less likely than other respondents to agree that they wanted to remain in their current home as long as possible—62 percent, compared to 87 percent of those who said their home would meet their needs "somewhat" or "very well." Those less positive about their homes were also likely to know fewer neighbors on a first-name basis (a median of nine for those who said their home met their needs, compared to six for those who said their home did not).

In fact, those who said their homes would not meet their physical needs scored lower on a variety of measures that may be regarded as important for successful aging. For example, they were less likely to be able to meet some of their needs and all of their wants (77 percent versus 94 percent of the group who said their home would meet their needs), less likely to feel able to make choices that affect how they age (79 percent versus 92 percent), less likely to

report a high quality of life (78 percent versus 90 percent). And, perhaps most disturbing, they were nearly twice as likely to report feeling frequently isolated from other people (36 percent versus 19 percent). In fact, 8 percent of respondents who said their home would not meet their physical needs did not know *any* neighbors on a first-name basis, compared to 3 percent of survey respondents who said their home would meet their needs “somewhat” or “very well.”

How well older people are able to interact with others is part of the larger debate about connectedness to community. There is some concern that the habits of modern America have led to a decline in community engagement (Putnam, 2002), and it is useful to examine the role of home and community in that context.

Using various measures from the Beyond 50.05 survey, a person’s degree of engagement with community can be summarized by a Community Engagement Index. This index was constructed based on responses to a range of questions, including feelings about community, knowing neighbors on a first-name basis, frequency of conversations with neighbors, frequency of visiting neighbors’ homes, count of organizational memberships, involvement in volunteer and charitable work, and various forms of local involvement and political participation. The index was divided into three ranges—“high engagement” (over 21 on the index), “moderate engagement” (11 to 21), and “low engagement” (under 11). The mean score was 16.1. There was a modest decline for the oldest age group identified in the survey. Twenty-four percent of those age 50 and older were “highly engaged,” compared to 18 percent of those age 75 and older.

Given the significant differences in outcomes described earlier, it is not surprising that people living in homes that they said would not meet their needs as they grew older were more likely to have a low score on the summary Community Engagement Index. Thirty-seven percent of respondents who said their home would not meet their needs well as they grew older had “low engagement,” compared to 21 percent among those who said their home would meet their needs “somewhat” or “very well.” These results support the hypothesis that poor home

design can make it difficult to gain access to and enjoy, or in some cases to even be aware of, what the community has to offer.

SURROUNDING COMMUNITY

Similar results are found when the view is expanded to the surrounding community. Respondents graded their community on a range of twenty-three features, using a familiar grading scale of A (excellent) to F (failure). These features included such diverse community elements as safe neighborhoods, places for older people to socialize, accessible buildings and facilities, sidewalks leading to places where the respondent might like to go, convenient shopping opportunities, affordable housing options, community services that support personal independence, dependable public transportation, and transportation alternatives for people with disabilities or health problems.

The basic results were mixed. Although many residents gave high grades to their communities for a variety of features, a substantial number gave Ds or Fs. For instance, more than a quarter of respondents gave their communities poor grades (D or F) for features like dependable public transportation, nearby drugstores or grocery stores, entertainment opportunities, sidewalks going where residents wanted to go. More than one in five gave his or her community a D or F for providing a hospital in the community, an adequate supply of affordable housing, or a variety of housing options for people with different physical abilities. Only 7 percent of respondents gave their communities a D or F for “having safe neighborhoods.”

Not surprisingly, suburban residents gave poor grades more frequently than did residents in urban areas for a number of key features. More than a quarter of residents in the outer suburbs gave their communities a poor grade for “offering dependable public transportation,” compared to only 14 percent of urban residents. Residents of outer suburbs were more likely than urban residents to give a poor grade for “having a drugstore within a half-mile of home” (27 percent versus 19 percent), “having a grocery store within a half-mile of your home” (28 percent versus 18 percent), “having a hospital in the community” (25 percent versus 8 per-

cent), and “having convenient places for public events and meetings” (20 percent versus 11 percent). These results highlight an important consequence of modern growth patterns. And it is worth noting that aging baby boomers will be the first group of older people to reside largely in such settings.

Analysis of the survey data shows that residents with less positive perceptions of their community (as measured by the grades they assigned their community) was correlated to lower levels of community engagement (as measured by the previously mentioned index). Residents who gave their community an average grade of “A” scored an average of 18 on the index, whereas those who gave their community a D/F grade had an average score of 12 on the index. Those who gave their community an average grade of “A” were more likely than those who gave their community a “D/F” to agree that they feel “involved with the world and people around me” (92 percent versus 65 percent), have a “high quality of life” (95 percent versus 71 percent), are able to “pursue interests and hobbies.” Notably, those who gave their community an average grade of D/F were much more likely to “frequently feel isolated from other people” than those who gave their community an “A” (33 percent versus 9 percent). Thus, whether the measure is some form of connectedness to community, or another general quality-of-life indicator, there is compelling reason to believe that the features of a community do matter for individual outcomes.

SERVICES

One determinant of an individual’s ability to remain independent and engaged in the community is the availability of supportive services. Supportive services may include assistance with activities of daily living (e.g., walking, dressing, bathing, eating) and assistance with instrumental activities of daily living (e.g., preparing meals, grocery shopping, taking medicine, money management) (Schafer, 1999). And, as Kathryn Lawler (2001) noted, “inappropriate support, either too much or too little, can undermine and hinder the efforts of individuals to remain functionally independent, can shorten the length of their independent lives and severely cripple

their ability to contribute to the social, civic and economic well-being of their communities.”

Although older people overwhelmingly want to live in their own homes and communities as they age, this preference cannot be realized if the community does not offer adequate supportive services. If an older person’s supportive services needs are not being met, that individual’s independence will be compromised and he or she may need to move out of the community, move in with a family member, or select a formal service-delivery environment. Many consider older people to be the most stable forces in a community. Therefore, when an older person must move out of a community in search of more adequate and affordable services, in addition to the loss of independence that the individual suffers, the community also suffers (Lawler, 2001).

CONCLUSION

Positive outcomes for older people include more than physical independence. They include the ability of older people to function and remain active in their setting of choice and to continue to enjoy their desired level of support from and interaction with other people. In this context, homes, neighborhoods, and mobility options all play a key role in how residents invest themselves in the community around them. Yet research suggests that our communities are not always designed to provide the elements that people need to remain active and socially connected throughout the lifespan.

There are many ways that policy can support livable communities. For instance, programs that promote a variety of affordable housing options (including home repair) enable individuals to remain in the communities to which they have long-term attachments. At the same time, zoning, industry standards, and other incentives for good home design enhance quality of life by enabling individuals to enjoy the full use of their residence as they age. Transportation and mobility options have a profound impact on the lifestyles of older Americans. Of course, most people in the United States drive to get where they want to go. However, among those individuals who do not drive, whether by choice or necessity, options like well designed,

destination oriented-sidewalks or public transportation can contribute to personal independence and quality of life. ☺

Andrew Kochera, M.A., is senior policy advisor, AARP, Washington, D.C., and Kim Bright, M.P.P., is policy research analyst, both at the Public Policy Institute, AARP, Washington, D.C.

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