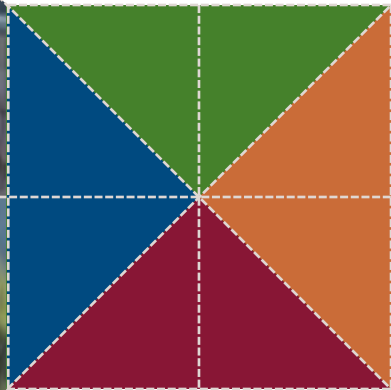


# beyond **50.05**

A Report to the Nation on  
**Livable Communities:**  
Creating Environments  
for Successful Aging



# beyond 50.05

## A Report to the Nation on Livable Communities: Creating Environments for Successful Aging

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# Contents

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4	Executive Summary	
6	Purpose and Scope of the Report	
6	Methodology	
7	Key Findings and Recommendations	
7	Community Engagement Matters	
8	Home and Community Features Matter	
10	Transportation and Mobility Matter	
<hr/>		
13	<b>Section I. Introduction</b>	
16	What Is a Livable Community?	
16	What Is Community Engagement?	
17	What Is a Community?	
17	Successful Aging	
17	Organization of the Report	
18	Methodology	
<hr/>		
20	<b>Section II. Community Engagement</b>	
22	Why Community Engagement Is Important to Older Adults	
23	Why Community Engagement Is Important to Society	
24	The Ways Older Adults Engage with Their Community	
24	Community Attachment	
28	Neighboring and Informal Assistance	
28	Relationships with Neighbors	
29	Receiving Informal Support	
30	Providing Informal Support	
31	Organizational Memberships	
32	Volunteering	
38	Charitable Giving	
38	Involvement in Community Affairs and Local Political Participation	
40	Putting It All Together: The Index of Community Engagement	
44	Conclusion	
<hr/>		
47	<b>Section III. The Home and Community Features in the Livable Community</b>	
49	Types of Homes	
52	Home Design	
52	Impact of Home Design on Independence, Engagement, and Successful Aging	
55	Home Modification, Universal Design, and Visitability	
<hr/>		
	<b>Section III. The Home and Community Features in the Livable Community, cont'd.</b>	
56	The Government Role	
57	Role of Housing Wealth	
58	Housing Affordability	
58	How Affordability Relates to Independence and Community Attachment	
58	The Gap between Need and Availability	
60	The Government Role	
61	Appropriateness of Community for Aging in Place	
64	The Government Role	
66	The Decision to Move	
69	Disability: A Mismatch between the Environment and the Individual	
70	Age-Restricted and Naturally Occurring Retirement Communities: Two More Ways to Age in Place	
72	Conclusion	
<hr/>		
74	<b>Section IV. Transportation and Mobility</b>	
76	Driving: A Key or Barrier to Independence?	
77	Community Travel of Nondrivers	
79	Alternatives to Cars	
81	Challenges to Community Mobility	
83	Successful Aging and Transportation	
83	Overcoming Challenges to Mobility	
84	Usable Transportation Systems, Customer-Friendly Operations	
88	Impact of Land-Use Decisions on Availability of Transportation Options	
88	Conclusion	
<hr/>		
91	<b>Section V. Recommendations</b>	
92	Community Recommendations: A Six-Point Call to Action	
<hr/>		
94	<b>Appendices</b>	
94	Appendix 1: Community Checklist	
95	Appendix 2: Survey Methodology	
97	Endnotes	

# Figures

26 **Figure 1** Community Attachment Has Changed Little in Eight Years

31 **Figure 2** Most Persons 50 and Older Belong to at Least One Organization

34 **Figure 3** Nearly Half of Persons 50 and Older Volunteer for a Religious Organization

36 **Figure 4** Persons 50 and Older Volunteer for Altruistic and Personal Reasons

48 **Figure 5** Vast Majority of People Age 50 and Older Want to Remain in Their Current Residence

49 **Figure 6** Most Persons Age 50 and Older Live in Single Family Homes

53 **Figure 7** A Majority of Adults 50 and Older Live Outside Urban Areas

53 **Figure 8** Most Homes of Persons 50 and Older Have Some Features That Support Living Independently as They Age

54 **Figure 9** Persons 50 and Older Whose Home Is Able to Meet Their Needs “Very” or “Somewhat Well” as They Grow Older Score Better on Several Successful Aging Measures

59 **Figure 10** Housing is the Largest Expense Category for Persons Age 45 and Older

59 **Figure 11** Despite Variation Among States, the Share of Households 50 and Older with a Housing Cost Burden is Substantial in Every State

62 **Figure 12** Low Grades Are Common Among Several Community Features

63 **Figure 13** Lower Community Grades Are Associated with Lower Levels of Community Engagement

65 **Figure 14** Poor Community Grades Are Associated with Lower Levels of Successful Aging

66 **Figure 15** Reasons for Moving Vary by Age

69 **Figure 16** Reasons for Choosing a Neighborhood Vary by Age

71 **Figure 17** Reasons for Choice of Home Are Fairly Consistent by Age

76 **Figure 18** Adults 50 and Older Make Fewer Passenger and Work-Related Trips

77 **Figure 19** Most Persons 50 and Older Are Drivers but Driving Decreases After 75

78 **Figure 20** Nondrivers Make Less Than Half as Many Daily Trips as Drivers

79 **Figure 21** Nondrivers, Especially those 75 and Older, Make Most of Their Trips as Passengers in Automobiles

80 **Figure 22** Nondrivers Miss Doing Something They Wanted to Do Much More Often Than Drivers

81 **Figure 23** Only for Medical and Dental Visits Do Nondrivers Age 50 and Older Make as Many Trips as Drivers

83 **Figure 24** Drivers Score Higher Than Nondrivers on Many Indicators of Successful Aging

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# Tables

- 25 **Table 1** Most Persons Age 50 and Older Feel Attached to Their Communities
- 27 **Table 2** Successful Aging and Community Attachment Are Strongly Linked
- 29 **Table 3** Most Persons 50 and Older Have Frequent Contact with Neighbors
- 33 **Table 4** Successful Aging and Organizational Membership Are Strongly Linked
- 37 **Table 5** Volunteering for Organizations Is Linked to Successful Aging
- 42 **Table 6** Community Engagement Index Profile
- 44 **Table 7** Successful Aging and Community Engagement Are Strongly Linked



## Executive Summary

As we grow older, will our community be ready for us? This question is important for all of us, regardless of whether we live in a city, a suburb, a small town, or out in the country. And it is particularly relevant for those persons age 50 and older who are planning for (or have already entered) retirement or who are facing the challenges to independence and quality of life that often accompany aging. Yet, people seldom discuss livability until it has become obvious that the community in which they live does not meet their needs. By that time, it may be difficult to make needed changes, such as moving elsewhere, making home modifications, or influencing the way the community develops around them.

The potential for community features to influence positive outcomes for older persons will become increasingly important in the coming decades. Between 2005 and 2020, for instance, the U.S. Census Bureau estimates that the population of persons age 50 to 64 will increase by 21 percent and the population age 65 and older by 33 percent. By comparison, the population under age 50 will only increase by four percent.<sup>1</sup>

Yet despite the needs of an aging population, we often limit our view of—and concern about—communities to topics of economic growth, or sprawl, or the allocation of scarce

resources. Certainly, all of these elements are critical factors in the way a community grows, adapts to changing needs, and remains vibrant. *But there is another way to view how communities should grow and change, and that is from a personal level, how the physical and social environments can promote independence among individuals and strengthen the civic and social ties among them.* It is in this context that we speak of a “livable community.”

**A livable community is one that has affordable and appropriate housing, supportive community features and services, and adequate mobility options, which together facilitate personal independence and the engagement of residents in civic and social life.**



This report explores the connections between a livable community and community engagement among its residents and shows how both affect the “successful aging” of its residents. In recent years, the concept of successful aging has been heavily influenced by the MacArthur Foundation Study of Successful Aging (and articulated in the related publication, *Successful Aging*), which defines the term as “the ability to maintain three key behaviors or characteristics: low risk of disease and disease-related disability; high mental and physical function; and active engagement with life.”<sup>2</sup> The advantage of this view is that it recognizes that successful aging is more than simply a matter of health or disability. Rather, it goes further to recognize outcomes for people; successful aging comprises what people actually do and their satisfaction with life. From this perspective, active community engagement is a critical component of successful aging.

There are many ways to promote livability. For instance, homes that are affordable enable individuals to remain in the communities to which they have long-term attachments. At the same time, good home design, founded on ease of use and accessibility, enhances quality of life by enabling individuals to enjoy the full use of their residence as they age. Community features and services play their own prominent role. In addition to these home and community features, 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 walking or public transportation can contribute to personal independence and quality of life.

One of the most important aspects of a livable community is the high level of engagement of its residents, ranging from participation in social activities and relationships, to volunteering, to civic participation in community planning and the political process. We highlight community engagement as a distinct characteristic of the livable community because it furthers our understanding of successful aging outcomes for people. Independence for older persons does not mean that they live in isolation but, rather, that they are able 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. The community can promote and benefit from a high level of participation of its residents.



## Purpose and Scope of the Report

The purpose of this report is to articulate a vision of livable communities for persons of all ages, and particularly for people age 50 and older. Specifically, it:

- ◆ explores how people age 50 and older can continue to be independent and able to exercise choice and control in ways that are beneficial to and affordable for them and society;
- ◆ demonstrates the connections among community engagement, housing, transportation, and successful aging;
- ◆ highlights the consequences of community features that fail to account for the diversity of, and continual change in, residents' needs; and
- ◆ illustrates how persons age 50 and older contribute to, and benefit from, well-designed communities that promote community engagement.

The report concludes with six major recommendations for social change, followed by a set of policy implications that can help the nation move toward the goal of livable communities for persons of all ages and abilities.

## Methodology

Many of the findings of this report are based on existing research or on special analysis of existing government data such as the American Housing Survey and the National Household Travel Survey. Some of the most intriguing findings are based on the Beyond 50.05 survey, conducted in 2004 for AARP by the Roper Public Affairs & Media group of NOP World. This unique research demonstrates the relationships among the features of homes, communities, transportation, mobility, and the ability of people to age successfully and enjoy high levels of community engagement. Among the benefits of this research was the ability to develop scales for two key concepts, community attachment and community engagement. The Community Attachment Index, which measures ties to neighbors and community, is drawn from questions about knowing neighbors by name, perceptions of community, and desire to remain in the same community. There is also a Community Engagement Index that provides a summary measure across a range of activities that actively engage a person in the community around him or her, including volunteering, visiting neighbors, working on local issues, political participation, etc. In addition, the survey includes numerous questions that capture various elements of *successful aging*, a term





found in gerontology literature that encompasses a wide variety of self-perceptions and outcomes among older persons.

## Key Findings and Recommendations

While there are any number of ways of distilling research on livable communities and the outcomes experienced by individuals as they age, it is useful to begin with an overview of the importance of community engagement. Following this is a discussion of how the home, community features and services, and transportation and mobility options facilitate community engagement and influence the livability of a community.

### Community Engagement Matters

- ◆ **Community attachment is linked to successful aging.** Older adults who are very attached to their local community, based on the Community Attachment Index, are much more likely to agree with statements that positively describe their sense of self-control, their success in dealing with aging, their life satisfaction, and their quality of life. For example, nearly nine of 10 of the “strongly attached” respondents strongly agree that they are satisfied with life most of the time, compared to only 52 percent of those who are classified as “not very attached.”
- ◆ **Organizational membership is high and can influence volunteerism.** The survey also shows a very high level of organizational membership among mid-life and older Americans: four in five persons age 50 and older reported membership in organizations of various kinds. More than half of respondents reported membership in religious organizations. Belonging to an organization is related to volunteering: more than two of three Americans 50 and older volunteered at least some of their time for an organized group in the last 12 months.
- ◆ **There is some decrease in the percent volunteering after mid-life.** Volunteering rates hold steady through age 65 but then decline among older age groups. But when persons 65 and older do choose to volunteer, they give more hours than do younger adults.
- ◆ **The Community Engagement Index is a powerful means of distilling various elements of community engagement.** The majority of Americans age 50 and older (55%) are moderately engaged in their community, as measured by the Community Engagement Index. Twenty-three percent are highly engaged in their community, and another 23 percent have a low level of engagement. The Community Engagement Index is based on the Community Attachment Index and other important



community measures, including visitation of neighbors, organizational memberships, volunteering, charitable giving, and involvement in community affairs, including local political participation.

- ◆ There is a small but significant decline in community engagement among higher age brackets. For instance, 24 percent of adults age 50 to 64 are highly engaged, compared to 18 percent of those 75 and older.
- ◆ Gender, too, has a small but significant effect, with women more likely than men to fall in the “moderate engagement” category (58% versus 50%).
- ◆ Homeowners and renters differ substantially in their level of community engagement. Thirty-eight percent of renters fall in the low-engagement group, compared to only 20 percent of those who own their own homes.
- ◆ Community engagement also varies by religious involvement. Nearly half (49%) of those adults age 50 and older who rarely attend religious services (that is, attend once a year or less) have low community engagement. Only 12 percent of those who go more than once a month are in that category.
- ◆ A person’s health status and disability status are strongly associated with community engagement, and it is clearly

more difficult to remain strongly engaged with the community when one does not drive. Only 6 percent of nondrivers have high engagement, compared to 25 percent of those who drive.

- ◆ Among adults age 50 and older, highly engaged persons are more likely than those with low engagement to strongly agree with the statements related to successful aging. Differences are particularly notable for such statements as “I have a high quality of life,” and “I have been able to influence others’ lives in positive ways.”

#### **Recommendation**

Communities should encourage community engagement by facilitating various forms of social involvement, such as organizational membership and volunteering, and should actively solicit the contributions of persons of all ages and abilities in community decision making.

#### **Home and Community Features Matter**

- ◆ **Many persons age 50 and older report that they live in homes that will not meet their physical needs well as they grow older.** Approximately half of the Beyond 50.05 survey respondents said their home either would not, or would only “somewhat,” meet their physical needs well as they grow older. Residents whose homes would not meet their physical needs well were



less likely to view their home and community favorably and were also less likely to be engaged with their community.

- ◆ **Whether homes meet the physical needs of individuals well may affect the stability of the community.** For instance, residents whose homes do not meet their physical needs well as they grow older were less likely to want to remain in their current home as long as possible (62% versus 95%). In addition, they were less likely to report wanting to live in the same community in five years and were less likely to socialize with neighbors at home.
- ◆ **Whether the home meets the physical needs of individuals well may affect successful aging outcomes.** For instance, residents whose homes do not meet their physical needs well as they grow older were more likely to report that they “frequently feel isolated” (36% versus 19%).
- ◆ **Relatively few persons age 50 and older wish to move, and when they do move, they frequently maintain established community ties.** Census Bureau reports show that only about five percent of persons age 55 and older move in a given year, and around half of those choose to remain in the same county. Among those age 50 to 64 who had moved in the past year, the top three identified reasons were: “Wanted new or better home/apartment” (20%), “Wanted to own, not rent” (10%), and “New job or job transfer” (8%).

But reasons related to health became increasingly important for older age groups. For instance, among movers age 75 and older, the top identified reason was “Health reasons” (18%), followed by “Wanted new or better home/apartment” (11%), and “Wanted cheaper housing” (9%).

In addition, persons age 50 and older frequently pursue social relationships or proximity to family when they choose which community to move to. Among householders age 50 to 64 who moved in the past five years, the most frequently reason cited for their choice of new neighborhood was “Looks/design of the neighborhood” (31%), followed by “Convenience to friends and relatives” (24%) and “House was most important consideration” (23%). But as the age of the householder increased, increasing importance was placed on “Convenience to friends and relatives.”

- ◆ **Unaffordable housing can make it difficult for older persons to remain in their community.** On average, housing costs represent approximately one-third of out-of-pocket expenditures for householders age 45 and older, making it the single largest expenditure category for this age group. For many older households, out-of-pocket expenditures are considerably higher. In 2002 and 2003, 27 percent of households headed by someone age 50 or older experienced a “housing cost burden,” defined by the Department of



Housing and Urban Development as payments toward housing that total more than 30 percent of gross household income. Older residents who can no longer afford their housing costs must make a choice between moving, which, depending on distance, can mean breaking important social ties and losing informal support, or reducing crucial everyday expenditures, such as those for transportation and health care.

- ◆ **Negative perceptions about community features are linked to lower levels of community engagement and lower indicators of successful aging.** As a part of the Beyond 50.05 survey, respondents were asked to grade a variety of features in their community. Respondents who gave an average grade of D or F for the features of their community scored significantly lower on the Community Engagement Index than did those who gave their community an average grade of A or B. Nearly 90 percent of respondents who gave their community an average grade of A agreed that they were able to pursue their interests and hobbies, compared to 73 percent of those who gave their community a poor grade. Poor community features are also associated with lower levels of successful aging. Ninety-five percent of those who gave their community an average grade of A agreed

that they had a high quality of life, compared to 71 percent of those who gave their community a poor grade. In addition, only 9 percent of people who gave their community an average grade of A said they frequently feel isolated from other people, while 33 percent of people who gave their community a poor grade agreed that they frequently felt isolated.

### **Recommendations**

Communities should promote design and modification of homes to meet the physical needs of older individuals.

Communities should encourage stability by ensuring an adequate supply of diverse and affordable housing environments.

Communities should promote community features expressly intended to enhance safety and inclusiveness for persons of all ages and abilities.

### **Transportation and Mobility Matter**

Transportation is the means by which people connect to or stay connected to the goods, services, and social opportunities of the communities in which they live.

- ◆ **For most individuals age 50 and older, transportation means driving themselves.** Americans of all ages, including those age 50 and older, rely on privately owned vehicles for transportation. Nine of 10 trips made by individuals 50 and older are



made in a privately owned vehicle as a driver or as a passenger. Individuals who do drive are far more likely than those who do not to be engaged with their community, indicate successful aging, and have high levels of mobility.

- ◆ **Individuals age 50 and older who do not drive have significantly lower levels of mobility than do those who do drive.** Nondrivers age 50 and older make less than half the number of trips made by drivers and are six times as likely as drivers to frequently or occasionally miss doing something they would like to do because they have no transportation. Riding with someone else is the most common means of transportation for nondrivers.
- ◆ **One of eight persons age 50 and older and one of five persons age 65 and older do not drive.** Nondrivers are much more likely to be women, African American or Hispanic, not employed, less educated, low income, not living with a spouse or partner, living in an urban area, in fair or poor health, or reporting a disability.
- ◆ **Health and disability affect whether individuals drive.** Three-quarters of persons age 50 and older with a long-lasting condition that limits one or more basic physical activities drive, compared with more than nine of 10 persons without such a disability. The same proportion is seen for health; individuals with excellent or good

health are much more likely to drive than are individuals with fair or poor health.

- ◆ **Mobility options allow nondrivers age 50 and older to stay connected to their communities.** Mobility options include walking, public transportation, taxis, and human services transportation. Walking accounts for more than three-quarters of all trips not made by personal vehicle among persons age 50 and older.
- ◆ **Although persons age 50 and older use public transportation for a very small portion of their trips, this option is important for those who use it.** For nondrivers age 50 and older, one in six medical/dental trips is made by public transportation, 11 times the rate for drivers.

#### **Recommendations**

Communities should facilitate driving by older individuals by improving the travel environment, supporting driver education, and promoting safe driving throughout the life span.

Communities should take positive steps to enhance mobility options, including public transportation, walking and bicycling, and specialized transportation for individuals with varied functional capabilities and preferences.



This report explores how the traditional principles of livable communities, particularly home and community design and mobility options, affect the community engagement of its residents, and how community engagement is interconnected with independence to maintain quality of life for residents of all ages and abilities.



# I.

## Introduction

As you grow older, will your community be livable for you? This question is important for everyone, whether you live in the country, a small town, suburbia, or a city. And it is particularly relevant for those persons age 50 and older who are planning for (or have already entered) retirement or who are facing the challenges to independence and quality of life that often accompany aging. Yet, people seldom discuss livability until it has become obvious that the community in which they live does not meet their needs. By that time, it may be difficult to make needed changes, such as moving elsewhere, making home modifications, or influencing the way the community develops around them.

One way to view community is by its capacity to enable persons of all ages and abilities to remain functionally independent, yet involved with the society around them. This involvement can take the form of social activities, informal support to and from friends and neighbors, volunteering, and a number of other activities that link people to one another. In this view, the goal of a community is to promote independence, choice, and control for the individual throughout the life span in a way that maintains quality of life and social and civic opportunity.

In addition, a community that is able to attract and retain a wide range of people, with varied ages, abilities, and interests, is a community that enjoys a high quality of life among its residents. It benefits from a range of talents for employment as well as for volunteerism. And it enjoys a range of shopping and services that enhances a variety of economic opportunities and provides for a diverse tax base.

This publication examines the linkage between livable communities and aging. This report explores how the traditional principles of livable communities, particularly home and community design and mobility options, affect the community engagement of its residents, and how community engagement is interconnected with independence to maintain quality of life for residents of all ages and abilities. While livable communities have value for residents of all ages and abilities, this report focuses on the changing needs of an aging population. Livable communities are good for everyone, but especially for older Americans, whose incidence of disability increases with age and who are more likely than past generations were to have an older parent for whom they provide care and companionship. This report explores livable communities in the context of community engagement, and these concepts relate to independence, quality of life, and other elements that help older persons “age successfully.”



This publication is a part of AARP’s ongoing effort to promote and expand livable communities for older adults. AARP developed *Livable Communities: An Evaluation Guide* in 1999 to help older community volunteers, advocates, and community planners identify housing, transportation, walkability, recreation, and other needs in their community. AARP is publishing a new expanded guide in spring 2005. In addition, AARP’s *Beyond 50.03* addressed independent living and disability and included a special section on the physical environment that set forth a number of principles for livable communities. AARP recently developed its social impact agenda, which explicitly includes Livable Communities, drawing and expanding on AARP’s long-established experience in housing and mobility options. This current publication is part of AARP’s effort to join the cross-generational movement toward livable communities, an effort that will benefit persons age 50 and older as well as younger generations, all of whom ultimately will benefit from living in such communities.



## Livable Communities and Community Engagement: Evolving Concepts

The concept of a livable community has evolved over the past several decades, with a range of definitions that reflects a diversity of viewpoints. The term goes back at least as far as the 1970s, when groups such as the Partners for Livable Spaces<sup>3</sup> used it broadly to encompass environment, quality of life, economic opportunity, jobs, etc. In the realm of urban planning during the 1990s, the term became increasingly associated with the Smart Growth movement. From this perspective, a livable community incorporates mixed-use development, exhibits a compact development pattern, minimizes highly dispersed development patterns (“sprawl”), provides transportation choices, and makes efficient use of scarce resources and existing infrastructure. In recent years, the term evolved further to include additional principles that are now generally held to be important elements of livable communities. These include community design for safety and security, community design for active lifestyles (e.g., walking and exercise), and greater public participation in the planning process.

One of the most notable efforts to incorporate diverse principles occurred in 1991, when the Local Government Commission convened a group of prominent architects who were at the core of modern ideas in sustainable design and New Urbanism (a movement characterized by a return to mixed residential and retail, walkable streetscapes, and many elements of classic “small town” design). The resulting “Ahwahnee”<sup>4</sup> principles included important elements of walkability, diverse housing options, transportation options, and parks and civic facilities; they were originally geared to an audience of local officials and planners. Many of those principles are now embraced equally by advocates for residents, who also recognize the contribution of these principles to quality of life.

Many other groups have incorporated and expanded these principles, directly or indirectly, into their work, including the American Institute of Architects Center for Communities by Design, the American Planning Association, Partners for Livable Communities, the U.S. Environmental Protection Agency, and Congress for the New Urbanism. The AdvantAge Initiative,

within the Center for Home Care Policy and Research, has applied a range of livability principles to the needs of older adults; the Initiative works closely with a number of communities to help evaluate their needs through data collection and helps facilitate the development of action plans. The National Council on Disability (NCD) recently issued a report on livable communities, with special attention to the need for appropriate housing, transportation, supportive services, and other community elements for adults with disabilities.<sup>5</sup>

While groups such as the AdvantAge Initiative and NCD have included elements of community engagement in their work, there have been separate but related explorations of the importance of community engagement to the social and political life of the community. For instance, the Harvard School of Public Health and the MetLife Foundation Initiative recently published *Reinventing Aging: Baby Boomers and Civic Engagement*, which found that baby boomers have the potential to become a “social resource of unprecedented proportions by actively participating in the life of their communities.”<sup>6</sup> The report’s major recommendations revolved around volunteerism and the critical role of communities and organizations in creating opportunities for persons in mid-life and later to contribute their time and experience for society’s betterment—while at the same time providing volunteers themselves with important roles that help productive aging. Another report from Civic Ventures, *Life Planning for the 3rd Age*, also describes methods and opportunities to expand the contributions of older Americans in their communities.<sup>7</sup>

## What Is a Livable Community?

Of course, individuals vary in their vision of what constitutes a high quality of life and what would make their community a livable one. For the purposes of this report, *a livable community is one that has affordable and appropriate housing, supportive community features and services, and adequate mobility options, which together facilitate personal independence and the engagement of residents in civic and social life.* For example, how people interact and engage with their community is intertwined with the homes in which they live and how they get around. With these elements, a livable community is ultimately inclusive of residents of all abilities, supporting independence, choice, and control for all.

## What Is Community Engagement?

*Community engagement comprises a wide range of activities, including social encounters with neighbors, volunteering, and participation in community planning and political activities, all of which link a person with his or her community.*

Community engagement includes all community-based aspects of organized civic life as well as informal relationships that bind people to those who live nearby. For some individuals, community engagement may involve a significant psychosocial aspect, affecting their sense of identity and involving emotions such as pride and even love of a place. This report pays special attention to the ways in which a livable community both promotes and benefits from the community engagement of its residents.



## Community engagement is multifaceted and includes:

- ◆ attachment to place and sentiments of community attachment;
- ◆ social activities with friends and kin from the local area;
- ◆ relationships with neighbors and informal help;
- ◆ local organizational membership and activity;
- ◆ volunteering;
- ◆ charitable giving at the local level; and
- ◆ interest and participation in community affairs and issues.

## What Is a Community?

There are many ways to view “community.” For purposes of this report, a community is *local*: it is an identifiable place made up of the people, houses, and physical and social infrastructure in a local geographic area. To be sure, there are other concepts of community. However, this report restricts itself to a community defined as “people living within a specific area, sharing common ties, and interacting with one another.”<sup>8</sup> Communities have geographic boundaries, although these boundaries are not always distinct or agreed on. It is especially important to keep the geographic element of community in mind when considering policies and programs that might encourage or strengthen people’s community engagement. By this definition, community programs—even if national in their reach—must have a local focus.

## Successful Aging

This report explores the connections between a livable community and community engagement among its residents and shows how both affect the “successful aging” of its residents. The concept of successful aging comes from the literature on gerontology and can be used in various ways to track the well-being of older persons.

In recent years, the concept has been heavily influenced by the MacArthur Foundation Study of Successful Aging (and articulated in the

related publication, *Successful Aging*), which defines the term as “the ability to maintain three key behaviors or characteristics: low risk of disease and disease-related disability; high mental and physical function; and active engagement with life.”<sup>9</sup> The advantage of this view is that it recognizes that successful aging is more than simply a matter of health or disability. Rather, it goes further to recognize outcomes for people; successful aging comprises what people actually do and their satisfaction with life. From this perspective, active community engagement is a critical component of successful aging.

## Organization of the Report

This report is divided into five sections. This introduction provides an overview of the issues, the factors that contribute to a livable community, and a discussion of the concept of successful aging that is used in this report. Next is the core of the report, organized into three major sections. The first provides a scan of what is known about community engagement in terms of how persons age 50 and older choose to spend their time, their levels of participation in the community, whether this participation has been stable or changing over time, and what is known about the positive influence of community engagement for the participating individual and for the community as a whole. The next section explores the role of the home in enabling residents to participate in community life and to remain physically and economically independent. This section also discusses how neighborhood and community features relate to residents’ opportunities for community engagement. Following this is a section that explores the role of transportation and mobility options as the link between home and such community-based activities as shopping, socializing, and political involvement. The final section ties together the key themes and findings of this report and offers recommendations for assuring that America’s communities are livable.

## Methodology

This report incorporates a variety of research information, ranging from large, publicly available surveys to smaller surveys focused on particular elements of livable communities. The most current data available are used throughout this report, and, where possible, trends are reported. Data are generally presented for all persons age 50 and older, except in those instances (noted in the text) where there were limitations in what information was available or where other age analysis was more appropriate for the particular point being made. Where appropriate and available, analysis is presented for persons age 50 and older and for ages 50 to 64, 65 to 74, and 75 and over. The term *older person* appears in various places in the report, and usually refers to persons age 65 and older; accompanying text clarifies the specific age group referred to wherever that term appears.

The major publicly available data sources used in this report are the 2003 American Housing Survey (jointly conducted by the U.S. Department of Housing and Urban Development and the U.S. Census Bureau), 2001 Survey of Income and Program Participation (U.S. Census Bureau), and the 2001 National Household Travel Survey (U.S. Department of Transportation).

In addition, original survey research was conducted for this report in 2004, by the Roper Public Affairs & Media group of NOP World, to focus attention on and provide detail about issues of aging and livable communities. This new survey, much of which updates a 1996 AARP survey, allows comparisons with those results from eight years earlier.<sup>10</sup> But the new survey also provides an opportunity to explore engagement specifically in the context of home and community and with a number of self-reported measures of successful aging. In both surveys, respondents were directed to view a community as their “area of the city, metro area, or county, just around where you live.”<sup>11</sup>

To identify which measures of successful aging should be included in this report, the authors drew heavily from a recent scan of the

gerontology literature<sup>12</sup> and adapted those concepts for use in the current survey in the context of livable community. But it is important to note that, while the term *successful aging* is useful in studying populations, it does not necessarily imply that a particular individual scoring low on specific criteria has a low quality of life or is “aging unsuccessfully.” For this reason, the measures of successful aging are aggregated and analyzed for older persons as a group as well as for various subpopulations.

### **The measures of successful aging in this report include:**

- ◆ presence of friends and family who provide support;
- ◆ involvement with the world and other people;
- ◆ ability to make choices about things that affect how one ages;
- ◆ ability to adjust to changes related to aging;
- ◆ ability to care for oneself;
- ◆ capacity to influence others’ lives in positive ways;
- ◆ ability to cope with challenges of later years;
- ◆ optimism about future finances;
- ◆ ability to pursue hobbies and interests;
- ◆ general quality of life;
- ◆ ability to meet all needs and some wants; and
- ◆ rarely or never feeling isolated.

### **For community engagement, measures in this report include:**

- ◆ membership in formal organizations and measures of a person’s level of activity in those organizations in which the person is most active;
- ◆ volunteer activities on behalf of organizations, such as charities, schools, hospitals, religious organizations, and civic groups;
- ◆ what people do when they volunteer;
- ◆ motivations for volunteering with and recruitment to volunteer projects;



- ◆ informal help that people give to others;
- ◆ political participation at the local or community level, including voting and working with others to solve local problems;
- ◆ involvement in a variety of activities, including social activities that tie people to other members of their community; and
- ◆ indicators of community attachment, such as knowing neighbors by name, whether a person plans to be living in the same local area 5 years from now, and whether a person expresses a desire to be more involved in the local community.

The survey also included key information about the demographic background and household situation of each respondent, including income, education, race, etc. Resident characteristics such as home-ownership, length of local residence, and the urban, suburban, or rural character of the residential location are collected as well. Respondents were also asked to grade a variety of community features such as shopping, recreation, services, neighborhood safety, accessible building design, and places for socializing and recreation.

Among the benefits of this new survey was the ability to develop scales for two

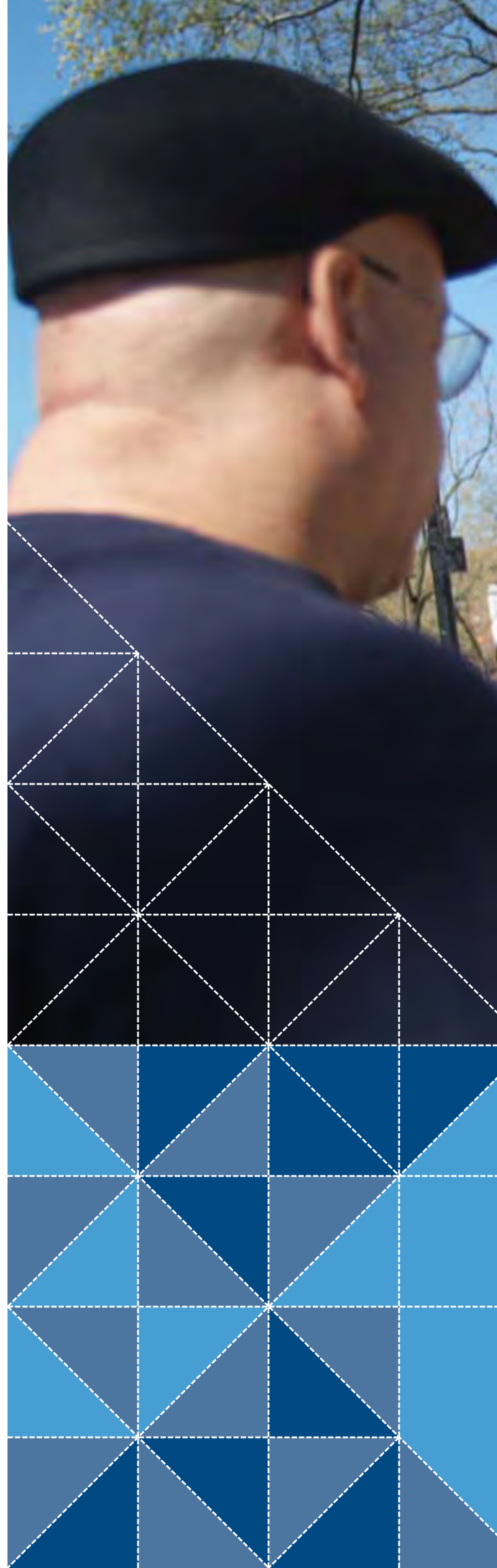
key concepts. The first, the Community Attachment Index, is made up of the elements of community attachment (e.g., having conversations with neighbors, knowing neighbors on a first-name basis, desire to remain in the same community 5 years in the future). The second is the Community Engagement Index, which includes all of the broad elements of community engagement (e.g., the Community Attachment Index, organizational membership, volunteer activities, involvement in local issues and neighborhood problems).

These survey results are based on 1,005 phone interviews conducted in the summer of 2004 among a nationally representative sample of Americans age 50 and older. Results are presented throughout this publication. For convenience, this survey is simply referred to as the “Beyond 50.05 survey.” Other survey resources used in this report are referred to by name. But whatever the source of the data, the results have been statistically weighted to represent the nation’s population of persons age 50 and older. All tabulations have been tested for statistical significance, including (where identified in text) the use of statistical modeling to account for the additional influence of other variables.<sup>13</sup>

# II.

## Community Engagement

One defining characteristic of a livable community is the high level of engagement of its residents with one another and with the life of the community itself. Homes, neighborhoods, and transportation facilitate this interaction and affect how people of every age make economic, social, and emotional investments in their communities. At the same time, the community benefits from the engagement of individuals and their investments of time and interest in community activities and affairs. And loss of this engagement may result in significant economic and psychosocial costs to individuals and their communities.





One of the most important aspects of a livable community is the high level of engagement of its residents, ranging from participation in social activities and relationships, to volunteering, to civic participation in community planning and the political process.

Community engagement is important for people of all ages, but it is particularly so for those whose lives are changing as a result of children moving away from home, retirement, loss of spouse, or providing personal care for a family member. Community engagement, as this report shows, is a primary contributor to successful aging by significantly influencing the health and well-being of adults as they age.

As discussed in Section I, community engagement is defined as involvement in a range of activities and relationships that link a person with his or her community, including community attachment, neighboring and informal assistance, organizational memberships, volunteering, charitable giving, and involvement in community affairs, which also encompasses local political participation. This section presents evidence on the extent of each of these forms of engagement among persons age 50 and older. This section also notes the various other characteristics (such as income and education) to which they are related, and their relationships to successful aging. Before reviewing this evidence, this section considers some of the reasons why community engagement is important.

## Why Community Engagement Is Important to Older Adults

Although involvement in the community is important for individuals of all ages, there is reason to believe that it is especially critical for older adults. There are at least five reasons why this is so.

First, gerontologists generally recognize that as people enter late life they often experience significant role loss. For example, retirement typically signals the loss of work-related roles, children grow up and leave home to start families of their own, and spouses and close friends may pass away. In addition, the norms, social expectations, and obligations encountered in late life are not clearly specified. As a result, some older people feel they lack direction and purpose. Community engagement has potential for involving older adults in meaningful, defined social roles. A small but growing literature suggests that finding a sense of meaning and

purpose is a critical determinant of health and well-being in late life.<sup>14</sup>

Second, the role losses associated with aging signify a loss of social ties and social support. If some social ties and social support are lost as people grow older, community engagement helps provide new ones. Neighbors interact with and help their neighbors; volunteers develop friendships with fellow volunteers. Research has shown that continuing to develop and maintain social ties is associated with better physical and mental health among people of all ages. Conversely, social isolation has clear negative effects, especially on older adults. Individuals likely to fare best as they age are those who have a high level of activity and social involvement in middle age and continue to be socially engaged throughout late life.<sup>15</sup> There is considerable reason to believe that community engagement provides an important avenue for successful aging.

...social and intellectual stimulation associated with all forms of community engagement may help counteract one of the most pressing problems facing our aging population—cognitive decline.

Third, community engagement may enhance self-esteem and sense of personal control. A vast literature indicates the critical connection among self-esteem, personal control, and better physical and mental health across the life course. Volunteer activities and informal helping may be especially important in this regard. Helping other people, and seeing them derive benefit, makes the helpers feel good about themselves because they are doing something worthwhile for people in need. In addition, helping others, and seeing this assistance bring about significant change in the lives of those who are needy, should strengthen the helpers' feelings of personal control or mastery—the conviction that the





environment is responsive to their efforts to change it.<sup>16</sup> Community engagement provides one important avenue to achieving self-esteem and sense of personal control.

A fourth benefit is that helping others is likely to generate a range of positive emotions, such as pride and a sense of satisfaction. Research convincingly demonstrates that positive emotions tend to bolster and enhance immune functioning.<sup>17</sup> It is possible to help others without engaging with individuals in the community, but informal helping at the community level can be important in generating positive emotions.

A fifth and final benefit is that the social and intellectual stimulation associated with all forms of community engagement may help counteract one of the most pressing problems facing our aging population—cognitive decline. Research indicates that cognitive functioning declines steadily with advancing age. In fact, by age 75 nearly one in four older people suffers from mild cognitive impairment.<sup>18</sup> However, further research indicates that social involvement and cognitive stimulation may help offset these problems.<sup>19</sup> Community engagement can be beneficial by providing the kind of social stimulation needed to help keep cognitive skills sharp in late life.

To summarize, community engagement is especially important for older adults because it can result in useful and well-defined roles that provide meaning and a sense of purpose, enhance their feelings of self-worth and mastery, involve them in relationships that can offer them social support, trigger a flow of positive emotions, and provide a source of cognitive stimulation. For all of these reasons, community engagement is important to successful aging and is a vital component of livable communities for older adults. These are just the benefits to the individual who is engaged; community engagement brings clear benefits to the community and the larger society as well.

### Why Community Engagement Is Important to Society

Robert Putnam and others have used the broad term *social capital* to encompass social involvement, community engagement, and civic involvement.<sup>20</sup> It has been demonstrated that social capital is linked to economic prosperity, community viability, and individual mental and physical health.<sup>21</sup> Shifting the focus to the level of the community or neighborhood itself, there is strong evidence that in those places where

residents identify with the area and are active in maintaining a local group life, the quality of life is enhanced for most residents as well. Strong communities have lower rates of crime, better-maintained homes, and more civil behavior in public places. Health and mental health outcomes are correlated with neighborhood characteristics that influence community engagement.<sup>22</sup> Strong communities are better able to articulate and protect their interests by exercising influence over the decisions of government authorities that might affect them. It is important to note that neighborhood poverty is only loosely associated with community engagement and neighborhood social capital, as many low-income areas maintain strong community ties and institutions, just as some wealthy people live in areas where the sense of community is weak.

Without community engagement, it would be far more difficult to maintain orderly, secure environments in which diverse people can lead healthy, successful lives.<sup>23</sup> A wide

range of social problems has been shown to be correlated with the absence of social capital at the neighborhood level, as measured by residents' sense of social control or accountability to others in the neighborhood.<sup>24</sup> This is why programs aimed at alleviating social problems so often are planned and implemented at a local or community level.

## The Ways Older Adults Engage with Their Community

The following parts of this section discuss the various components of community engagement: community attachment, neighboring and informal assistance, organizational memberships, volunteering, charitable giving, and involvement in community affairs, including local political participation.<sup>25</sup>

### Community Attachment

A key component of community engagement is *community attachment*. Some individuals are



strongly attached to the local areas where they live, while others are not. This attachment can be measured by actual social ties to others in the neighborhood and by sentiments, identification, and feelings about the community. At the heart of the notion of community attachment is the idea that people often make investments in their communities. These investments can be economic (such as buying a home or establishing a local business), social (as in building friendships with neighbors), or psychological (as in developing emotional concern about how the community appears). A person's community attachment grows as his or her local investments deepen. Not all residents make these investments, however, and some in fact may become detached or disinvested from their community over time.

Older adults are likely to have rather strong attachments to place, in part because their investments have built up the longer they have lived in their community.<sup>26</sup> Gerontological research has demonstrated the stresses that

arise when older persons make the transition from living independently (in a home and community to which they may be attached) to a retirement community.<sup>27</sup>

The Beyond 50.05 survey documents the continued pervasiveness of identification with local community in America, as seen in Table 1. When adults age 50 and older in the national survey were asked if they would like to be living in the same area 5 years from now, 83 percent said yes. Eighty-five percent have talked with a neighbor in the past 3 months, and 63 percent know six or more of their neighbors on a first-name basis. Seventeen percent said they would like to be more involved in their area, and only 12 percent endorsed the negative statement that they felt nothing in common with people in their area.

The seven indicators listed in Table 1 can be used to compute a simple community attachment score, on a scale of 0 to 7 (see "The Index of Community Attachment" on page 26). A person who scores 0 to 2 on the index is "not very attached," a score of 3 to 5 means the

**TABLE 1: Most Persons Age 50 and Older Feel Attached to Their Communities**

Percent of respondents who ...	Adults 50 and Older	50 to 64	65 to 74	75 and Older
... define their "community" as a place, town, city, or community area	55%	55%	54%	58%
... would like to be living in the same local community five years from now	83	79	88	89
... had a conversation with any neighbor in the past three months	85	84	87	84
... know 6 to 9 neighbors on a first-name basis	15	15	17	15
... know 10 or more neighbors	48	47	47	53
... would like to be more involved in their local community	17	17	19	13
... feel something in common with people in the local community*	64	65	67	56
Average score on index based on 7 items above	4.4	4.3	4.5	4.4

N=1005

Source: AARP/Roper Public Affairs & Media group of NOP World, Beyond 50.05 Survey, 2004

\*Percent who answered "Doesn't sound at all like me" in response to the statement: "I feel little or nothing in common with the people in my local community."

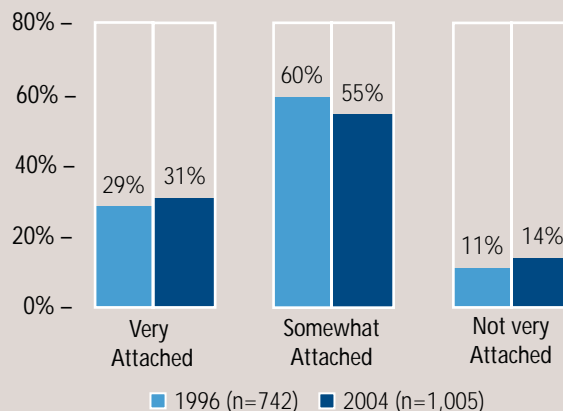
person is “somewhat attached,” and a score of 6 or 7 indicates a person who is “very attached” to his or her community.<sup>28</sup>

As seen in Figure 1, there was no significant change in community attachment levels for the 50 and older population over an 8-year period.<sup>29</sup> The average score for adults age 50 and older in 1996 was 4.5, compared to an average score of 4.4 in 2004.

Homeownership is closely linked to community attachment (28% of renters are not very attached to their communities, compared to just 11% of owners). Attachment is also linked to length of local residence. Married people report substantially higher levels of community attachment than those who are not married, and levels are higher for those with school-age children in the household. Community attachment is linked to some degree to the type of area in which a person lives. Even though urban areas are more likely to be walkable and to have transportation options, the highest levels of community attachment are reported in rural

areas. Small towns are next, then suburbs; urban areas have the lowest levels of attachment. This pattern reflects differences in “localism” between small towns and big cities, differences that have been the subject of

FIGURE 1: Community Attachment Has Changed Little in Eight Years



Source: AARP/Roper Public Affairs & Media group of NOP World, Beyond 50.05 Survey, 2004

## The Index of Community Attachment

An index of community attachment was computed by assigning a survey respondent one point for each of the following responses:

- ◆ When asked what would come to mind if asked about “your community,” respondent mentions a place, town, city, or community area.
- ◆ Would like to be living in the same local community five years from now.
- ◆ Has had a conversation with a neighbor in the past three months.
- ◆ Knows six to nine neighbors on a first-name basis.
- ◆ Knows 10 or more neighbors on a first-name basis.
- ◆ Says that the statement, “I would like to be more involved in my local community,” sounds “a lot like something you would say.”
- ◆ Says that the statement, “I feel like I have little or nothing in common with the people in my local community” sounds “not at all like something you would say.”

The index has a range of 0 to 7. Respondents were grouped by their index scores as follows:

- ◆ 6 to 7 = “very attached”
- ◆ 3 to 5 = “somewhat attached”
- ◆ 0 to 2 = “not very attached”

The mean score on the Community Attachment Index in 2004 is 4.4.

sociological interest for over a century.<sup>30</sup> There is a strong connection between attending religious services and having community attachment, with those attending services more frequently reporting higher attachment.<sup>31</sup> There are also significant differences according to levels of education and income, but many people with lower incomes or less education do have strong attachments to their neighborhoods.

Findings such as these shed some light on why community attachment increases with age over most of the life course. Older adults are more likely than are young adults to be homeowners,<sup>32</sup> more likely to have lived in their community for a long time, more likely to attend religious services, more likely to read the newspaper daily, and more likely than the very young adults to be married.<sup>33</sup>

It is not surprising that community attachment is predictive of other forms of community engagement. A 1997 AARP study showed that community attachment is a significant predictor (with other variables

controlled) of membership in organizations, volunteering, and local political participation.<sup>34</sup> That study also demonstrated the special role of community attachment in helping to equalize engagement across American society. While education and income are important factors for some of the types of engagement discussed later in this section, community attachment is nearly as common among persons with less education and lower incomes as it is among the well educated and the well off. Community attachment empowers and mobilizes those who are economically less advantaged, thus bringing many into effective engagement with civic life.

A small number of studies link community attachment to indicators of physical and mental health and well-being of older adults. For example, lack of community attachment is associated with depression and with increased death from coronary disease.<sup>35</sup> These associations with health are seen in the Beyond 50.05 survey as well, which finds that 33 percent of those who report themselves to

**TABLE 2: Successful Aging and Community Attachment Are Strongly Linked**

(Percent who "strongly agree" with statement on successful aging)

Percent who strongly agree ...	Level of Community Attachment		
	Very Attached	Somewhat Attached	Not Very Attached
I am satisfied with my life the majority of the time.	88%	75%	52%
I am able to make choices about things that affect how I age.	79	66	55
I am able to adjust to changes that are related to aging.	69	59	47
I am able to take care of myself.	93	88	79
I have been able to influence others' lives in positive ways.	72	56	37
I will be able to cope with the challenges of my later years.	72	59	50
I feel optimistic about my finances as I grow older.	62	49	35
I have a high quality of life.	78	67	44
I am able to meet all of my needs and some of my wants.	76	67	45

N=1,005

Source: AARP/Roper Public Affairs & Media group of NOP World, Beyond 50.05 Survey, 2004.



be in excellent or good health are “very attached” to their communities, compared to 22 percent of those in fair or poor health who are “very attached” to their communities.

The Beyond 50.05 survey provides strong evidence that community attachment can affect successful aging. As seen in Table 2 on page 27, older adults who are very attached to their local communities are much more likely to agree with statements that positively describe their sense of self-control, their success in dealing with aging, their life satisfaction, and their quality of life.<sup>36</sup>

For example, 88 percent of the “very attached” strongly agree that they are satisfied with life most of the time, compared to only 52 percent of those classified as “not very attached.” These differences remain significant for each of the items when statistical controls are applied for other variables that might predict successful aging.<sup>37</sup> Those who have strong community attachment are considerably more likely to indicate, through endorsement of these statements, that they are aging successfully.

### **Neighboring and Informal Assistance**

A person’s community engagement is built in part on relationships with neighbors and on exchanges of informal help with others in the community. The Community Attachment Index includes information on how many neighbors a person knows by name, but

relations with neighbors go far beyond a friendly greeting on the street. Neighboring ties, receiving informal help from neighbors, and providing help in return are part of what makes a community livable.

### ***Relationships with Neighbors***

People maintain a good deal of informal contact with others. Much of this informal contact occurs with neighbors; that is, with people who live in close geographic proximity. The role of the “neighbor” is a special one, clearly distinguished from the role of “friend.” The neighbor is a person trusted to watch out for one’s home and person, to take in the newspaper or packages when one is away, to call if a pet or child strays from the yard. Two people can be very good neighbors without actually being friends, knowing each other well, or having very much in common. Many good neighbors rarely or never enter each other’s homes. Social theorists and social researchers have demonstrated the importance of such casual acquaintanceships for maintaining order, safety, and desirable social behavior in the neighborhood.<sup>38</sup> In short, neighboring is an important form of community engagement and is critical to sustaining livable communities.

Overall, contact with neighbors is quite common among people age 50 and older. The Beyond 50.05 survey shows that 85 percent of persons 50 and older had a conversation with a neighbor—beyond just saying hello—in the past three months. Nearly half of respondents

**TABLE 3: Most Persons 50 and Older Have Frequent Contact with Neighbors**

	50 to 64	65 to 74	75 and older
Had a conversation with any neighbors in past 3 months	84%	87%	84%
Had a conversation with any neighbors in past week	68	75	74
Knows no neighbors on first-name basis	3	1	5
Knows 1 or 2 neighbors	10	5	6
Knows 3 to 5 neighbors	24	29	18
Knows 6 to 9 neighbors	15	17	15
Knows 10 or more neighbors	47	47	53
Visits with neighbors about once a month	12	8	9
Visits with neighbors a few times per month	9	11	12
Visits with neighbors about once a week	16	19	13
Visits with neighbors a few times per week	22	23	14
Visits with neighbors once a day	6	11	9
Visits with neighbors several times a day	2	4	11

N=1 005

Source: AARP/Roper Public Affairs and Media group of NOP World, Beyond 50.05 Survey, 2004.

Q.11 In the past 3 months, have you had a conversation with any of your neighbors, either in person or on the telephone—beyond just saying hello?

Q.13 About how many neighbors do you know on a first-name basis?

Q.14 About how often do you visit your neighbors, or do your neighbors visit you?

Would you say several times a day, about once a day, several times a week, about once a week, several times a month, about once a month, once every couple of months, or less often?

knew 10 or more neighbors on a first-name basis, and another 15 percent knew six to nine neighbors. Only 3 percent knew none of their neighbors. In addition, contact with neighbors plays an increasingly important role among older age groups. Among those age 50 to 64, 68 percent conversed with a neighbor in the past week, compared to 75 percent of those age 65 to 74 and 74 percent of those age 75 and older. About half of people age 50 or older say they visit with neighbors at least once a week (see Table 3).

The Beyond 50.05 survey suggests that older adults know more of their neighbors when the area where they live is a naturally occurring retirement community (NORC) (see Section 3 for further discussion of NORCs). Fifty-six percent of those 50 and older who live in such communities know 10 or more of their neighbors, compared to 44 percent of those who live in other areas.

### ***Receiving Informal Support***

People receive three basic kinds of informal assistance from others. First, they receive emotional support, such as expressions of interest, caring, love, and concern. Second, people receive tangible or instrumental support from their social network members. This may include help with transportation or household chores. Third, people receive informational assistance from others they know. For example, a social network member may give an older adult the name of a physician who is especially recommended.<sup>39</sup> Of course, much of this support comes from family members in the immediate household, but the focus here is on assistance provided by unpaid persons outside the household. Research has shown that help from neighbors tends to be more tangible or instrumental than is support received from friends.<sup>40</sup>



The nature of informal contact changes as people grow older. They maintain a smaller but more intimate set of ties with people who continue to provide the things they need.<sup>41</sup> As a result, social networks get smaller, but the amount of assistance that older people receive remains fairly constant.

Informal support from a person's social network is associated with better physical and mental health. Research reveals that older people who received assistance from members of their social network were less likely to die over a 13-year study, when compared to older people who received less help from the people they knew.<sup>42</sup>

There are several reasons why support from social network members appears to exert a beneficial effect on the health and psychological well-being of older people. Receiving assistance from others appears to bolster and maintain self-esteem and feelings of personal control among older people. Moreover, assistance received from others helps older people deal more effectively with stressful life events such as economic difficulties or the death of a loved one.<sup>43</sup> In addition, there is the element of companionship, that is, interaction that is undertaken purely for the sake of enjoyment.<sup>44</sup> Instead of focusing on crises or

stressors, this type of assistance is concerned with things like sharing dreams, hopes, interests, and ambitions as well as private jokes and personal stories from the past. Research reveals that the presence of companions also serves to bolster feelings of well-being in late life.<sup>45</sup> The older person who finds companionship or informal help from others in the community thus is benefited in multiple ways.

### ***Providing Informal Support***

Older people who help others tend to enjoy better physical and mental health than do those who are less involved in helping the people they know informally.<sup>46</sup> Further, some research has shown that providing informal assistance has a more beneficial effect on the psychological well-being of the provider than does giving support through a formal volunteer organization.<sup>47</sup>

A previous AARP study found that in 1996, 86 percent of all adults reported having helped someone for an hour or more in the past 12 months.<sup>48</sup> This percentage was lower, however, for those 50 and older and declined to 73 percent of those age 66 to 75 and 65 percent of those age 76 and older. In contrast, help given to neighbors (as opposed to household members or other acquaintances) rose



slightly with age in that survey. Research has shown that a good deal of this help involves providing emotional assistance,<sup>49</sup> and that women provide and receive more informal social support than men do.<sup>50</sup>

Research shows that there may be limits to the benefits of providing support to others.<sup>51</sup> It is clear, however, that the livable community benefits adults age 50 and older not only by providing sources of informal support, but also by providing connections that make it easier to become an informal helper.

### Organizational Memberships

Commentators from Alexis de Tocqueville onward have argued that the strength of the U.S. democracy depends in part on the existence of a rich network of private, voluntary organizations that can mediate between the individual citizen and the government.<sup>52</sup>

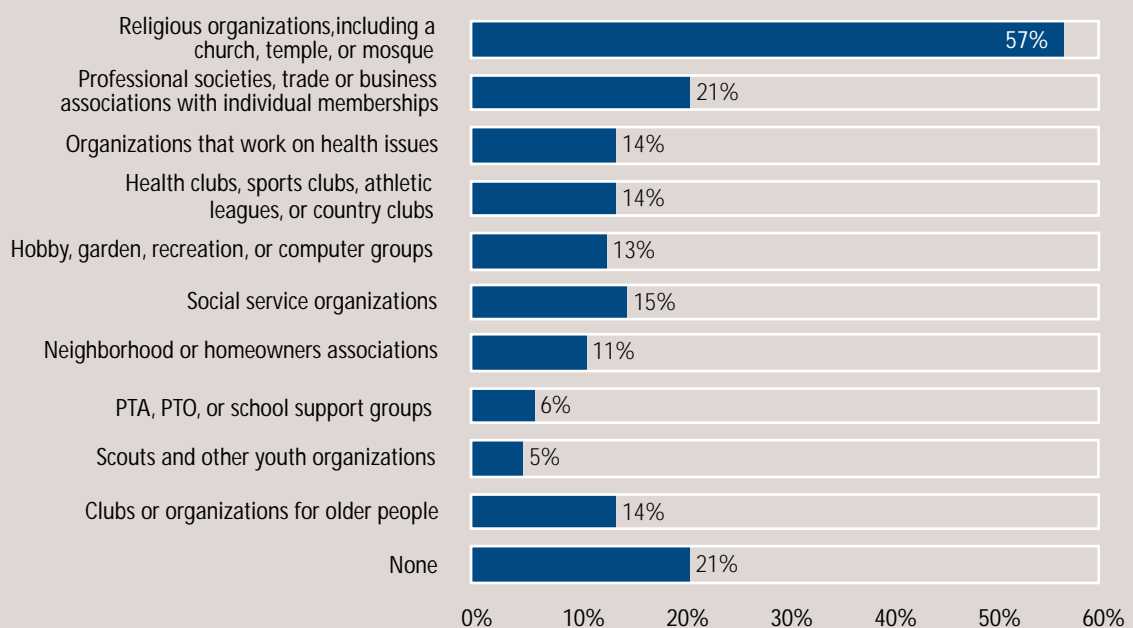
The Beyond 50.05 survey shows a very high level of organizational membership among Americans: only 21 percent of people age 50 and older reported no memberships at all. Religious organizations are far and away the most common type of organizational

membership, with 57 percent of American adults age 50 and older saying they belong to a religious organization. Professional or trade organizations claim 21 percent of people age 50 and older as members, and a fair number of persons 50 and older belong to social service organizations, neighborhood/homeowner associations, and other groups (see Figure 2).

Ten membership categories were identified in the Beyond 50.05 survey, with 25 percent of persons age 50 and older belonging to more than one, and 14 percent belonging to three or more. Persons over 50, particularly those age 75 and older, are especially likely to belong to religious organizations.

Education is strongly linked to organizational membership. There is a nearly linear relationship between education and the number of organizational memberships, ranging from an average of 1.2 memberships for persons with an elementary school education only, to membership in 10.5 separate organizations for those possessing a doctoral degree.<sup>53</sup> A study of the rural elderly found them especially likely to experience a decline in their memberships with aging if they have less education.<sup>54</sup>

FIGURE 2: Most Persons 50 and Older Belong to at Least One Organization



N=1005

Source: AARP/Roper Public Affairs & Media group of NOP World, Beyond 50.05 Survey, 2004 Q18b. Which of these types of organizations are you a member of, if any?

Men and women belong to somewhat different types of organizations. The Beyond 50.05 survey reports more memberships in religious organizations for women 50 and older, but more memberships in each type of nonreligious organization for men. The result is that men report, on average, somewhat more types of membership than women do (1.9 membership types for men, compared to 1.5 for women).

African Americans have slightly lower rates of membership than whites do, but earlier research showed these differences to be a direct function of differences in education and income between the two groups.<sup>55</sup> The Beyond 50.05 survey found that a much smaller percentage of Hispanics belong to one or more organizations (55%, compared to 89% for the sample as a whole).<sup>56</sup> This large difference is attributed only partially to income and education differences between Hispanics and others; it is not clear what other factors are at work.

It is well known that organizational membership is strongly linked to political participation. Participation in politics is substantially more likely among those who belong to at least one organization and more likely still among those who belong to several organizations, are active members, or belong to groups that discuss political issues.<sup>57</sup> These relationships have been elaborated on in more recent research showing that organizational involvement teaches people civic skills.<sup>58</sup> And in the Beyond 50.05 survey, 76 percent of those who belong to three or more types of organizations say they always vote in local elections, compared to 44 percent of those who do not belong to any of the organization types listed in the survey.

Several studies have shown organizational membership to be positively correlated with the well-being and life satisfaction of older persons. A study of African American women in Detroit showed that membership and leadership in organizations predicted “perceived control,” a concept that combines people’s sense of control over their personal life with their perceived influence in organizations, the neighborhood, and beyond.<sup>59</sup> Other studies have related organizational membership to

life satisfaction<sup>60</sup> and have found that life satisfaction was correlated with voluntary organization membership in a sample of retired government employees.<sup>61</sup> Other studies link organizational membership to indicators of physical and mental health.<sup>62</sup>

The Beyond 50.05 survey shows that organizational membership is linked to key indicators of successful aging (see Table 4). For example, of those who belong to three or more types of organizations, 86 percent strongly agree that they are satisfied with their life most of the time, compared to 62 percent of those who do not belong to any organizations. There are significant differences by organizational membership among eight of the nine items in Table 4 (the one exception is the ability to adjust to changes). These differences remain significant for seven of the items when statistical controls are applied for other variables that might predict successful aging.<sup>63</sup>

### Volunteering

One of the most important types of community engagement in the livable community is volunteering: people working without pay, through organizations, to help others in need or to enhance community life.<sup>64</sup> Without volunteers, the nation would lose a major source of effort for every sort of charitable purpose. A large part of the nation’s volunteer workforce is made up of adults age 50 and older. The volunteer activities of older adults are important not only because of their value to those who receive the services, but also because volunteering is beneficial to the older volunteers themselves. In fact, as seen below, volunteering has a favorable effect on the health of older adults.

It is difficult to know precisely how many adults in the United States are actively engaged in volunteer activities. National surveys vary widely in their estimates of the number of volunteers, primarily because of differences in how volunteering is defined. The Beyond 50.05 survey found that 68 percent of Americans age 50 and older volunteered at least some of their time for an organized group in the last 12 months. AARP’s 1997 report, *Maintaining America’s Social Fabric*, found that 44 percent of adult Americans said they volunteered at

least some of their time in the last 12 months, but the question focused only on charitable, civic, or helping organizations.<sup>66</sup> A 2000 Harvard University survey found that just over 50 percent of adults of all ages had volunteered in the past year,<sup>67</sup> and most estimates fall between 40 percent and 60 percent of adults volunteering.<sup>68</sup>

Estimates are higher when volunteering is defined to include both formal activities through organizations and informal helping of others.<sup>69</sup> Estimates are lower if volunteering is restricted to organizational work that directly helps others and higher if volunteering includes general activities in membership groups.

TABLE 4: Successful Aging and Organizational Membership Are Strongly Linked

Percent who "Strongly Agree" ...	Number of Organization Types		
	None	1 to 2	3 or more
I am satisfied with my life the majority of the time.	62%	78%	86%
I am able to make choices about things that affect how I age.	60	68	77
I am able to adjust to changes that are related to aging.	55	62	62
I am able to take care of myself.	83	89	92
I have been able to influence others' lives in positive ways.	37	60	77
I will be able to cope with the challenges of my later years.	52	64	68
I feel optimistic about my finances as I grow older.	42	53	57
I have a high quality of life.	50	70	80
I am able to meet all of my needs and some of my wants.	53	69	76

N=1,005

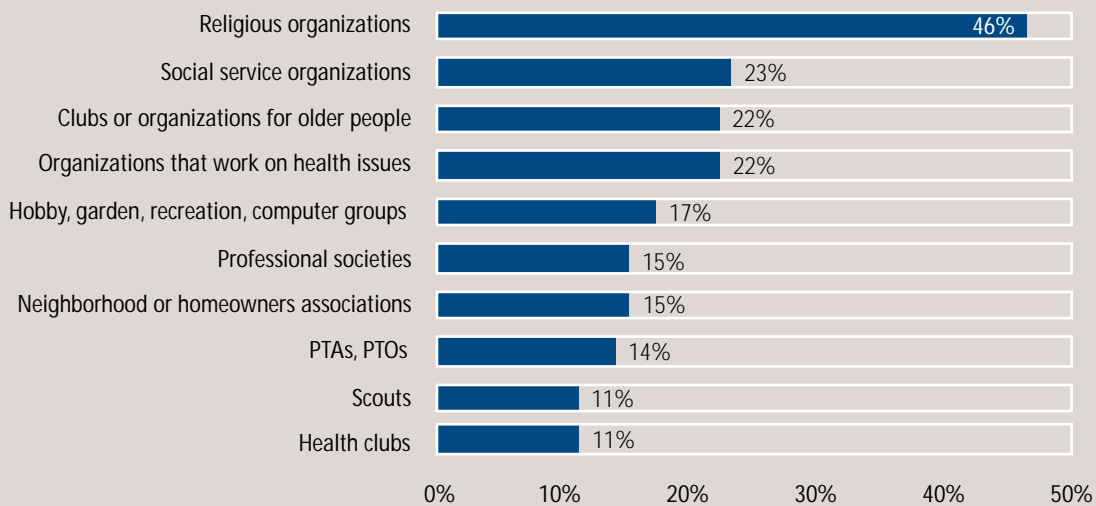
Source: AARP/Roper Public Affairs & Media group of NOP World, Beyond 50.05 Survey, 2004.

### Senior Corps<sup>65</sup>

Senior Corps is a network of programs that tap the experience, skills, and talents of older citizens to meet community challenges. Through the organization's three programs (Foster Grandparents, Senior Companions, and the Retired and Senior Volunteer Program), more than half a million Americans age 55 and older assist local nonprofits, public agencies, and faith-based organizations in carrying out their missions. Taken together, these programs engage more than two million Americans of all ages and backgrounds in service each year. Senior Corps is part of the USA Freedom Corps, which is administered by the Corporation for National and Community Service.

An example of the type of projects Senior Corps volunteers engage in is Imperial Valley Foster Grandparents. Eight Foster Grandparents in two teams of four mentor youth incarcerated at Juvenile Hall in Imperial County, California. After being sent to Juvenile Hall for a variety of reasons, including committing assault and burglary, the youth receive mentoring and tutoring services four hours per week.

FIGURE 3: Nearly Half of Persons 50 and Older Volunteer for a Religious Organization



N=1005

Source: AARP/Roper Public Affairs & Media group of NOP World, Beyond 50.05 Survey, 2004 Q18. First, have you volunteered for any \_\_\_\_\_ (insert group type) in the past 12 months?

Volunteerism peaks among middle-age adults, many of whom volunteer in organizations related to their children’s school or other activities. There is some fall-off in the proportion volunteering after mid-life. Volunteering rates hold steady through age 65, but then decline for older age groups.<sup>70</sup>

With regard to the number of organizations older people volunteer for, the Beyond 50.05 survey shows that 25 percent of those age 50 to 64 say they volunteer for four or more types of organizations, compared to 18 percent of those age 65 to 74 and 15 percent of those age 75 and older. Those age 50 to 64 volunteer for an average of 2.1 organizations, those age 65 to 74 volunteer for 1.8 organizations, and those age 75 and older volunteer for 1.6 organizations.

When older adults do choose to volunteer, they give more hours than younger adults do.<sup>71</sup> For instance, a recent Bureau of Labor Statistics report showed that volunteers age 65 and older gave a median of 96 hours during the year, compared to 52 hours for all age groups.<sup>72</sup> In the Beyond 50.05 survey, adults age 50 and older reported an average of 10.5 hours per month spent volunteering.<sup>73, 74</sup>

The Beyond 50.05 survey asked adults age 50 and older which types of organizations

they had volunteered for (see Figure 3). Religious organizations were mentioned most frequently, by a two-to-one margin over any other specific type of group. Nearly half of adults age 50 and older volunteered time in a religious organization, such as a church, temple, or mosque, in the past 12 months. The next most popular types of groups were those that serve specific social causes: social service organizations, organizations that work on health issues or fight disease, and organizations for older people.

When asked in the Beyond 50.05 survey about the types of activities they perform as a volunteer, adults age 50 and older most often mentioned fund raising (19%), organizing events (16%), and making telephone calls (13%). Twelve percent reported doing each of the following: delivering, preparing, or serving meals; staffing or helping out at events; and driving or providing transportation to people. Those age 65 and older were less likely to report they did fund raising or organized events.

As noted above, a large number of people who volunteer do so for religious organizations. The Beyond 50.05 survey shows that 32 percent of volunteers 50 and older say that “most” or



“nearly all” of their time as volunteers is sponsored or organized by religious organizations. Research consistently shows that older people are more religious than are younger adults.<sup>75</sup> People who regularly attend religious services are much more likely to be volunteers than those who do not.<sup>76</sup> In the Beyond 50.05 survey, those who attend religious services weekly reported 13 hours a month of volunteer activity, compared to six hours a month for those who never attend.

Those who are more educated and have higher incomes are substantially more likely to volunteer.<sup>77</sup> According to the Beyond 50.05 survey, adults age 50 or older with a college degree reported 15 hours per month of volunteering, compared to nine hours per month among those with a high school diploma or less.

There are some ethnic and racial differences in volunteering patterns. African Americans are

more likely to do their volunteering through a religious organization and are more involved than others in informal helping outside of organizations. The Beyond 50.05 survey found a significantly lower percentage of volunteers among Hispanic adults age 50 and older.

There are also significant differences in volunteering across levels of community attachment. In the Beyond 50.05 survey, 82 percent of those who scored high (“very attached”) on the Index of Community Attachment had volunteered, compared to 38 percent of those who scored low (“not very attached”). Those “very attached” to the local community average 14 hours a month volunteering, in contrast to just four hours a month for those with little attachment.

The Beyond 50.05 survey asked those older adults who had volunteered to say which of several possible motivating factors were “very important” to their decision to

volunteer (see Figure 4). Their reasons are both altruistic and personal. Most said they “wanted to help other people” (78% said it was a “very important” reason). Six of 10 (62%) said they wanted to “make the community a better place to live.” But they are equally likely to cite personal reasons: “I enjoyed the activity” (66%) and “I wanted to be with people I enjoy” (62%). Women are especially likely to say they volunteer to help others, and African Americans are particularly likely to volunteer to improve their communities.

People who are involved in volunteer work enjoy better mental health than do individuals who do no volunteer work. A 2003 study found that, among adults age 65 and older, those who do volunteer exhibit fewer symptoms of depression. This was especially so for those who were volunteering in religious organizations and for those who kept volunteering over a number of years.<sup>78</sup> Other research has linked volunteering to happiness and life satisfaction.<sup>79</sup>

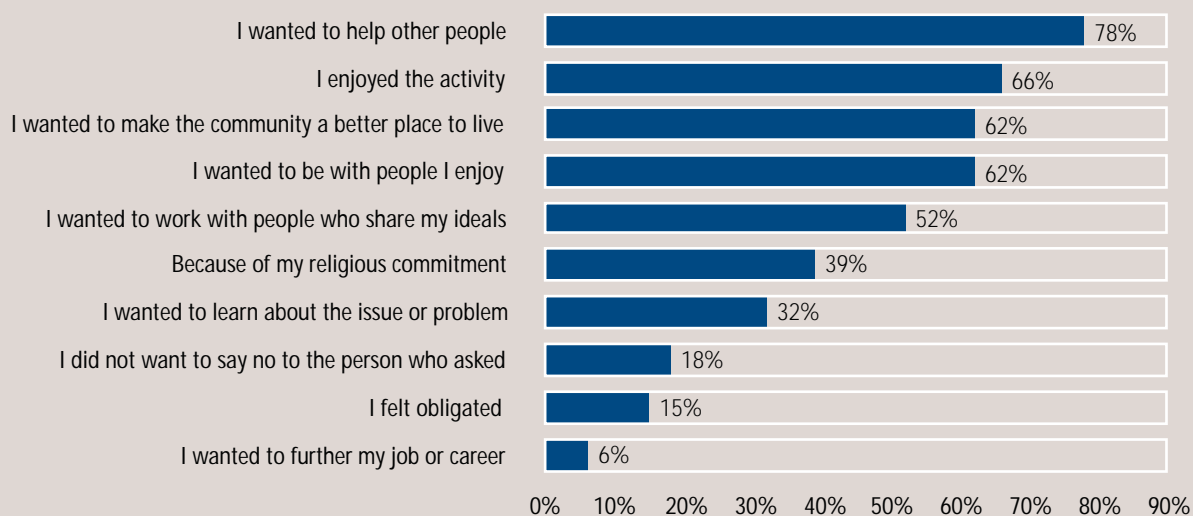
Research has also linked volunteering with physical health. Of course, people in poor health are less likely to volunteer in the first

place,<sup>80</sup> but research using data gathered over time has looked at the changing outcomes among initially healthy people who did and did not volunteer. The research showed that those who did volunteer work were less likely to die over an eight-year follow-up period than were older individuals who did not do volunteer work.<sup>81</sup> Health outcomes are most evident among people who otherwise are relatively isolated socially, suggesting that volunteering has the power to offset the negative effects of social isolation on longevity.<sup>82</sup>

Volunteering has the potential to raise self-esteem, increase contact with others, reinforce a person’s sense of control, give enhanced meaning to a person’s life, stimulate cognitive activity, and generate a flow of positive emotions. Each of these effects can be a contributor to the positive health outcomes cited above.

The Beyond 50.05 survey confirms the strong link between volunteering and indicators of successful aging (see Table 5). Each of the nine indicators listed in the table is significantly correlated with the number of organizations for which a person volunteers.

FIGURE 4: Persons 50 and Older Volunteer for Altruistic and Personal Reasons



N=716 (Among those who spend some time volunteering per month)

Source: AARP/Roper Public Affairs & Media group of NOP World, Beyond 50.05 Survey, 2004

Q24. Please think about the last time you decided to take on a volunteer assignment. I'm going to read you a list of reasons people give us for volunteering. Please tell me if each of these reasons was very important, somewhat important, or not very important in your decision to volunteer: The first/next reason is...

TABLE 5: Volunteering for Organizations Is Linked to Successful Aging

	Number of Organizations Volunteered for		
	None	1 to 3	4 or more
I am satisfied with my life the majority of the time.	62%	81%	84%
I am able to make choices about things that affect how I age.	62	67	79
I am able to adjust to changes that are related to aging.	54	61	68
I am able to take care of myself.	82	89	95
I have been able to influence others' lives in positive ways.	42	60	80
I will be able to cope with my challenges of my later years.	53	66	68
I have a high quality of life.	51	71	84
I am able to meet all of my needs and some of my wants.	55	70	77
I frequently feel isolated from other people.	11	8	3

N=1005

Source: AARP/Roper Public Affairs & Media group of NOP World, Beyond 50.05 Survey, 2004.

### Experience Corps<sup>83</sup>

Experience Corps offers opportunities for community service to Americans age 55 and older. The goal of Experience Corps is to solve serious social problems such as literacy. Today, more than 1,500 Corps members serve as tutors and mentors to children in urban public schools and after-school programs, where they help teach children to read and develop the confidence and skills to succeed in school and in life. Experience Corps research suggests that the work of the Corps heightens student academic performance, helps schools and youth-serving organizations become more successful, strengthens ties between these institutions and their surrounding neighborhoods, and enhances the well-being of the volunteers. Experience Corps, a signature program of Civic Ventures, is located in 13 cities across the United States. For example, since 1998, 100 Experience Corps volunteers in Baltimore have served 860 students in grades K–3.

### Louisville, Kentucky

In Louisville, Kentucky, the Jefferson County School Board operates senior centers at four schools.<sup>84, 85</sup> For instance, older volunteers at the Pleasure Ridge Park High School tutor classes, chaperone school dances, participate in field trips, provide library assistance, and are even able to audit some classes. The school cafeteria offers meals to older persons, and student volunteers deliver meals to homebound older persons in the community. The senior centers also offer eye screenings, recreational and social activities, counseling, etc. Intergenerational settings like these help to foster rewarding relationships between older persons and youth. Schools can be a useful setting for intergenerational opportunities, but there are many other potential settings as well, ranging from community gymnasiums and libraries to clubhouses and community theater.

For example, 77 percent of those who volunteer for four or more organizations agree strongly that they are able to meet all of their needs and some of their wants, compared to only 55 percent of those who do not volunteer for any organizations. When statistical controls are applied for other variables that might predict successful aging, these differences remain significant for eight of the nine items (all except the ability to adjust to changes).<sup>86</sup> Volunteering clearly contributes to the chances that a person age 50 or older will age successfully.

### Charitable Giving

Charitable giving is roughly twice as common among Americans as it is among citizens of other countries.<sup>87</sup> People over age 50 are especially active as charitable donors. The Beyond 50.05 survey shows that 74 percent of adults age 50 or older had contributed money to a church, synagogue, mosque or other place of worship in the previous 12 months, and 69 percent had contributed money to some other charitable organization, for an overall total of 89 percent who had made some type of money contribution. The proportion of adults age 50 and older who make donations to their place of worship is uniform across education and income categories, but the proportion that donates to nonreligious groups increases with more education and higher income.

The amounts people 50 and older donate are substantial, and (as with volunteer activity) religious organizations are an important focus for their philanthropy. In the Beyond 50.05 survey, the median yearly amount donated by people age 50 and older who are donors was \$588 to a place of worship and \$212 to other charitable organizations. The amounts that people report donating increase markedly with education and income; however, the *proportion* of income that people donate does not change significantly with income level.<sup>88</sup>

Robert Putnam has pointed out that “by far the most consistent predictor of giving time and money is involvement in community life.”<sup>89</sup> In the Beyond 50.05 survey, 81 percent of those who were “very attached” to their community have donated to a nonreligious organization, compared to only 48 percent of those who were “not very attached.”

Philanthropy is also tied closely to organizational membership. In the Beyond 50.05 survey, 92 percent of those who belong to one or more organizations had given to charity, compared to 77 percent of those who belonged to no organizations.<sup>90</sup> A 1996 national survey showed that members of religious and secular organizations devoted a higher percentage of their income to charity than did nonmembers, with members of secular organizations donating the most.<sup>91</sup>

### Involvement in Community Affairs and Local Political Participation

Other important aspects of community engagement are individuals’ degree of interest in community problems and local affairs and their actual political activity at the local level, including voting in local elections and working with others to solve community problems. Like other forms of community engagement, interest in local affairs and local political participation vary widely across individuals and communities.

It is well known that older adults are highly likely to vote in elections, but other forms of political participation actually vary in curvilinear fashion over the life course.<sup>92</sup> Participation rises rapidly in the years from youth to early middle age, whether measured in terms of voting or by broader measures that include a variety of forms of participation. Participation stays at a high level among those in late middle age and then falls off measurably past the age of 65 or 70, although voting itself stays at a high level well past those ages.

In the Beyond 50.05 survey, 61 percent of adults age 50 and older reported that they always vote in local elections. Among those age 50 to 64, 56 percent always vote, compared to 66 percent of those 65 and older.

AARP’s 1997 survey report, *Maintaining America’s Social Fabric*, showed that some aspects of interest and involvement in community affairs are as high—or even higher—among those age 70 and older as they are among those age 50 to 69, while other aspects are not.<sup>93</sup> The picture that emerged in that survey was one of continued but more limited engagement after age 70. Interest in



political affairs, especially at the national level, remained high, and those 70 and older continued to read print media and to view locally originated television news. But interest in local affairs receded in this age group, as did discussion of local affairs. These diverging levels of interest were then reflected in the political actions of the 70-and-older age group: the proportion of people in this age group who were highly active in electoral politics and party committees stayed at the same level as those in younger age groups, but the proportion of those active in community affairs or working on community problems with others fell off appreciably after age 70. Nevertheless, participation in the act of voting was highest among those age 70 and older, even for local elections.<sup>94</sup>

Research suggests that the pattern of higher voting activity among older persons is attributable to several factors: higher levels of community attachment among older persons<sup>95</sup>; more regular church attendance; slight increases in strength of political party attachments; changes in people's views of the responsiveness of government; and—most important—higher levels of “civic competence,” a concept that encompasses both political knowledge and habits of acquiring political

information (for example, reading the newspaper regularly).<sup>96</sup> A careful study of a large cohort of older adults, followed over time, found a pattern of continued activity in relatively passive or less-demanding activities as adults grew older (following politics, political knowledge, ideological sophistication in understanding the two parties) as well as high levels of voter participation and financial donations to political campaigns.<sup>97</sup> In contrast, there was a decrease after age 65 in more demanding activities, such as working with others to solve community problems, attending political meetings, and actively trying to influence others.

A few studies have suggested that there are positive effects of political involvement on life satisfaction and related emotional states.<sup>98</sup> Some studies see increased self-efficacy as a product of political participation.<sup>99</sup> But whatever the psychological effects of voting and community political involvement may be for the individual, they are vital to the strength of democratic institutions generally and to the livability of any community. Voting and involvement in community affairs are the tools for direct empowerment and for group influence over government. Wherever

Photo: AP/Wide World Photos





older adults are more involved in community affairs, local decision makers are more likely to serve their needs and interests by working to create communities that are livable for persons of every age.

### Putting It All Together: The Index of Community Engagement

Up to this point, the components of community engagement and their relationship to successful aging have been examined separately. The relationships between community engagement and successful aging are even clearer when the various components of community engagement are summarized into a single measure of individuals' overall engagement with the community.

A person's degree of engagement with the community can be summarized by a Community Engagement Index that scores responses to 19 questions on the Beyond 50.05 survey. These questions measure each component of community engagement: community attachment, neighboring relationships, organizational memberships, volunteering, charitable giving, and involve-

ment in community affairs, including local political participation (see "The Community Engagement Index" on page 41).

Together these questions form a statistically reliable measure of community engagement.<sup>100</sup> To facilitate analysis, respondents in the national sample of adults age 50 and older can be grouped into those with "high engagement" (over 21 on the index), "moderate engagement" (scoring 11 to 21), and "low engagement" (those who scored below 11). These groupings put just over half of the respondents in the middle category, with the others split evenly between the high-engagement and low-engagement groups.

As can be seen in Table 6 on page 42, there is a small but significant decline in community engagement among the oldest age groups. For instance, 24 percent of adults age 50 to 64 are highly engaged, compared to 18 percent of those age 75 and older. However, the 65 to 74 age group accounts for a smaller proportion of low-engagement individuals than does either of the other age groupings. Gender, too, has a small but significant effect, with women more likely than men to fall into the "moderate engagement" category.

## The Community Engagement Index

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This index was created by scoring 19 items from the Beyond 50.05 survey instrument that measure the several aspects of community engagement: community attachment, neighboring relationships, organizational memberships, volunteering, charitable giving, and involvement in community affairs, including local political participation. The items and their scoring are:

- ◆ The Community Attachment Index, described earlier in this section, is based on the answers to six questions measuring feelings about the community and how many neighbors the respondent knows by name. Scores ranged from zero to seven on the index.
- ◆ Recent conversation with a neighbor: Two points if respondent had a conversation in the past week; one point if in the past three months; zero points otherwise.
- ◆ How often respondent visits with neighbors: scored on a seven-point scale from seven for “several times a day” to zero for “less often than once every few months”; these scores were then divided by three before combining them into the index.
- ◆ Count of how many types of organizations respondent belongs to. Scores ranged from zero to 10 types and were divided by two before combining into the index.
- ◆ How often respondent talks with other members of the organization in which he or she is most active. Scored on the same zero-to-seven scale as visiting with neighbors, then divided by four.
- ◆ How involved respondent feels these days in “volunteer work and charity work for which you are not paid.” Two points if “very involved,” one if “somewhat involved,” zero if “not really involved.”
- ◆ Count of how many types of organizations respondent has volunteered for. Scores ranged from zero to 10 and were divided by two.
- ◆ Average hours per month spent on volunteering. Scored in five categories, from zero (for no hours) to five (for 50 or more hours per month). These codes were divided by two before they were combined into the index.
- ◆ A point is added to the index if the respondent has contributed money to a religious organization in the past 12 months.
- ◆ Another point is added if the respondent has contributed money to a nonreligious organization.
- ◆ How involved respondent feels these days in “working on local issues and neighborhood problems.” Scored from zero to two, as with involvement in volunteer work.
- ◆ How involved respondent feels these days in “political activities related to the political parties, candidates, or election campaigns.” Scored from zero to two, as above.
- ◆ Frequency of voting in local elections, scored from zero for “never vote” to four for “always vote in local elections.”

A statistical analysis shows the index to have a high level of internal reliability, with scores distributed across the population in a pattern similar to a “normal curve.”

Scores on the index ranged from zero to 32.75. The mean score on the Community Engagement Index in 2004 was 16.1. Respondents were grouped by their index scores as follows:

- ◆ low engagement (zero to 10), which includes 22.4 percent of respondents;
- ◆ moderate engagement (11 to 21), which includes 54.6 percent of respondents; and
- ◆ high engagement (over 21), which includes 22.9 percent of respondents.

**TABLE 6: Community Engagement Index Profile**

	Level of Community Engagement		
	High	Moderate	Low
All adults 50 and older	23%	55%	23%
50 to 64 years old	24	51	24
65 to 74 years old	23	60	17
75 and older	18	57	24
Male	26	50	24
Female	21	58	21
Owns home	24	57	20
Rents	17	44	39
High school grad or less	14	58	28
Some college	26	54	20
College grad or more	41	48	11
Living with spouse/partner	26	55	19
Not living with spouse/partner	14	54	31
Employed	26	52	22
Retired	24	58	18
Other	10	50	40
Attends religious services more than once per month	29	59	12
Attends up to once per month	19	60	21
Attends once a year or more	9	41	49
Excellent/good health	26	55	19
Fair/poor health	13	54	34
Disabled	19	52	29
Not disabled	26	56	18
Drive themselves	25	55	20
Do not drive	6	51	43
African-American	13	64	23
Caucasian	22	56	22
Hispanic	8	44	49
Median household income	\$49K	\$44K	\$32K

N=1005

Note: Numbers may not add to 100 due to rounding.

Source: AARP/Roper Public Affairs & Media group of NOP World, Beyond 50.05 Survey, 2004.

Although community engagement varies little with length of residence in a particular local community, homeowners and renters differ substantially in their level of community engagement. Thirty-nine percent of renters fall in the low-engagement group, compared to only 20 percent of those who own their own homes. This reinforces the notion of community engagement as representing a form of social investment in one's local area.

Those who currently live with a spouse or partner are more likely to be engaged with their communities. Twenty-six percent of these individuals are in the high-engagement group, compared to only 14 percent of those without a spouse or partner. As was suggested above in the discussion of volunteering, having a job tends to encourage community engagement (rather than pulling a person away from such involvements due to a lack of free time). The highest levels of community engagement are

seen among those who are employed, with retirees following closely behind. Those who are unemployed or are not in the labor force (homemakers, students) are far more likely to have a low engagement level.

There are notable differences in community engagement among different levels of religious involvement. Nearly half (49%) of those adults age 50 and older who rarely attend religious services (that is, attend once a year or less) have low community engagement, but only 12 percent of those who go more than once a month are in the low-engagement category.

A person's health and disability status are strongly associated with community engagement, and it is clearly difficult to remain strongly engaged with the community when one does not drive. Only six percent of nondrivers have high engagement, compared to 25 percent of drivers.



Table 7 shows the differences in successful aging outcomes by level of community engagement. Each of the nine indicators in the table is strongly related to community engagement. For all but one of the indicators (ability to adjust to changes related to aging), high-engagement adults age 50 and older are more likely to strongly agree with the statement than are those who are moderately engaged. Those low in engagement are least likely to strongly agree with each of the statements. The differences on these indicators are particularly notable for “I have a high quality of life” and “I have been able to influence others’ lives in positive ways,” where the proportion who strongly agree is nearly 40 percentage points lower for the low-engagement group than it is for the high-engagement group. A multivariate analysis of the items shows that community engagement remains significantly correlated with each of the successful-aging indicators when other factors are statistically controlled.<sup>101</sup>

## Conclusion

Community engagement, which encompasses community attachment, neighboring and informal help, organizational memberships, volunteering, charitable giving, and involvement in community affairs, including local political participation, is a key feature of the livable community.

**There is considerable evidence that links community engagement to longevity, physical health, life satisfaction, and other indicators of psychological well-being of older adults.**

The data reviewed in this chapter have made it clear that most adults age 50 and older are engaged with the life of their communities in many ways. There is considerable evidence

**TABLE 7: Successful Aging and Community Engagement Are Strongly Linked**

(Percent who “strongly agree” with statement on successful aging)

Percent who strongly agree . . .	Level of Community Engagement		
	High Engagement	Moderate Engagement	Low Engagement
I am satisfied with my life the majority of the time.	87%	79%	56%
I am able to make choices about things that affect how I age.	80	70	56
I am able to adjust to changes that are related to aging.	64	64	51
I am able to take care of myself.	95	88	81
I have been able to influence others’ lives in positive ways.	81	60	41
I will be able to cope with the challenges of my later years.	73	68	54
I feel optimistic about my finances as I grow older.	63	53	38
I have a high quality of life.	85	69	46
I am able to meet all of my needs and some of my wants.	78	71	48

N=1,005

Source: AARP/Roper Public Affairs & Media group of NOP World, Beyond 50.05 Survey, 2004.



that links community engagement to longevity, physical health, life satisfaction, and other indicators of psychological well-being of older adults. There are clear theoretical reasons to expect such linkages, and these are borne out in published research studies as well as in the data collected in the Beyond 50.05 survey. Older adults who are not engaged with the life of their communities are at risk for the adverse consequences associated with social isolation. The Beyond 50.05 survey shows how strongly community engagement is linked to successful aging.

The studies reviewed in this chapter deal primarily with data about individuals, showing that those older adults who are communally engaged tend to fare better in a variety of ways. Communities vary, however, just as individuals do. Some communities are more clearly defined, more tightly interconnected, and more politically active than others. Neighborhoods and communities have a life cycle of their own and can grow or decline in strength and viability as their populations

mature, change, or turn over. For every community in decline, another emerges somewhere else where attachment and engagement are strong and on the rise. While these changes result in part from unplanned economic, demographic, or social forces, it is clear that well-designed policies can generate and maintain increased levels of engagement at the local level. It follows that policies aimed at fostering community engagement need to work at both individual and community levels if they are to be effective.

Strong, viable neighborhoods and communities can be found in many parts of large cities as well as in small towns and in rural and suburban areas. Such neighborhoods are not limited to those populated by the well educated and well off, but, instead, are found at every level of education and income. Therefore, policies that are able to increase community engagement hold significant promise for bringing successful aging to older adults who are economically disadvantaged.



The home is a key to personal independence and engagement in community life. It is where residents prepare to conduct their lives in the surrounding community, and it is a setting for socializing with family, friends, and neighbors.





# III.

## The Home and Community Features in the Livable Community

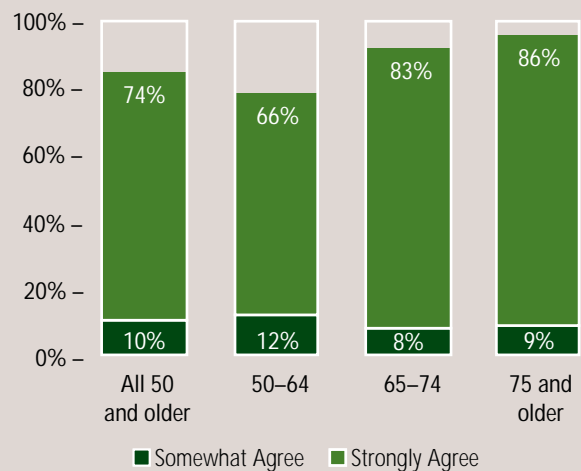
It has often been said, “Home is where the heart is.” People form long-lasting attachments to their homes, as well as to their communities, and these attachments become the focus of sentiments and memories. Yet, these attachments are more than just emotional; they are the result of knowledge and experience with the services and features that the home and community offer. Attachments also arise from the network of neighbors, friends, and family who provide an important social context for persons as they age, and who may provide important informal support with a number of activities that help older persons remain active and independent in their community.



It is not surprising, therefore, that community attachment is highest for those who have lived in their communities the longest (see Section II). In fact, people age 50 and older strongly and overwhelmingly express interest in remaining in their homes for as long as possible, and this desire rises by age group (see Figure 5).

There are several ways in which the home is a key to personal independence and engagement in community life. Home design, for instance, can affect how an individual is able to conduct everyday activities, ranging from personal care to hobbies and household chores. It is where residents prepare to conduct their lives in the surrounding community, and it is a setting for socializing with family, friends, and neighbors. Further, the affordability of the home influences how residents, especially those with low or moderate incomes, are able to continue living and participating in the community in which they have established social and economic ties. Under the right circumstances, the home as a financial asset can even be tapped to fund supportive services, finance home modification, or supplement monthly income.

FIGURE 5: Vast Majority of People Age 50 and Older Want to Remain in Their Current Residence



N=1005

Note: Not shown are those who disagreed or expressed no opinion.

Source: AARP/Roper Public Affairs & Media group of NOP World, Beyond 50.05 Survey, 2004

Q8. Now I'd like to ask a question about your home.

Please tell me whether you agree or disagree with the following statement: "What I'd really like to do is stay in my current residence for as long as possible."

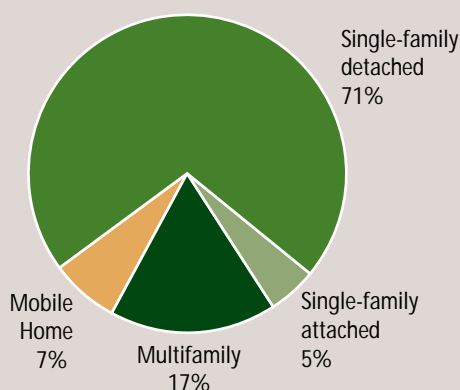
All of these facets are integral to residents' ability to remain independent in the community of their choice and to enjoy their

quality of life and continued engagement in that community.

Yet, a number of factors threaten the ability of residents to enjoy the benefits and full use of their homes. This is true for persons of all ages, but it may become more pronounced as people age. Some of these influences were summarized in a 2004 study by the Harvard Joint Center for Housing Studies:

“The Nation’s 35.6 million seniors aged 65 and older face a quadruple threat. First, many have inadequate incomes to pay for housing costs. Second, mounting healthcare needs compete with other basic expenditures. Third, most live in single family homes that require maintenance and that are expensive for

FIGURE 6: Most Persons Age 50 and Older Live in Single Family Homes



Source: AARP analysis of Census Bureau’s 2003 American Housing Survey

caregivers to reach because they are geographically dispersed. And fourth, many have physical limitations or cognitive impairments that must be addressed by in-home care or structural modification. In the 2000 Census, for example, 9.5 million seniors reported a physical disability and 3.6 million reported a mental disability.”<sup>102</sup>

Home and community features and social and civic life are strongly linked with one another. Features and services in the home and community affect residents’ ability to participate politically and socially, and their

participation (or their absence) influences how that community changes over time. For example, neighbors who band together are able to influence how a local government responds to their needs, and neighborhood associations can provide opportunities for neighbors to meet socially and to establish rules and procedures for use of common areas (and even architectural standards and design review). In the larger community, land use and zoning decisions not only affect housing stock, but they also have implications for how readily residents can use their community’s features. For instance, sprawl and segregation of residential and commercial areas can make it difficult to get places. Neighborhoods without safe, well-designed sidewalks can affect the ability of people to leave their homes on errands and to interact with neighbors. The availability of supportive services influences not only whether a person can remain in the community, but also the types of activities that person can engage in. Community safety influences property values and personal security as well as the activities that residents are willing to conduct, especially in the evening.

### Types of Homes

According to the U.S. Census Bureau, in 2003 approximately 106 million homes (including single-family dwellings, apartments, etc.) were occupied year-round as primary residences.<sup>103</sup> Another 15 million homes were vacant or were used as second homes. Most of these approximately 121 million homes were built to general construction and safety standards that do not specifically address the housing needs of an aging population.

The great majority of people age 50 and older live in single-family homes (Figure 6). Most of these are freestanding, or “detached,” but many are attached units such as duplexes and townhomes. A relatively small number (usually in age-restricted communities) may have features, such as grab bars, that meet the needs of older persons. As a consequence of federal requirements, multifamily dwellings such as condominiums and apartments are more likely to have features that make it easier

to age in place.<sup>104</sup> Mobile homes (aka manufactured homes) differ from conventional single-family homes in that they are built in a factory in accordance with federal construction standards and transported to the site on a permanent chassis. However, these standards do not include design requirements to meet the needs of an aging population.

Relatively few of these conventional housing types are designed specifically for the needs of an aging society, though (as this section shows) there is clearly a role for universal design and home modification. Additionally, a number of other housing arrangements are well-suited to older persons, including services-oriented housing in which group meals are available but may not be mandatory or where rooms may be private or have dual occupants. Some of the housing arrangements may be counted by government surveys as separate housing units and some as something else, such as group quarters, or possibly not measured at all. These additional housing arrangements include:

**Accessory dwelling units (ADUs)**—independent housing units created within single-family homes or an attached or separate cottage on the lots of such homes. ADUs enable a household to provide informal support to an older family member or friend, while allowing that older individual the privacy of separate living quarters. They can also

assist homeowners (including older homeowners) in maintaining their independence by providing additional income to offset property taxes and the costs of home maintenance and repair.

**Congregate housing**—typically an apartment building for people living independently who want common “hospitality” services, such as one or more meals a day or light housekeeping. There may also be arranged social activities. Congregate housing does not generally provide personal or health care.

**Assisted living residences**—group residences providing personal care to residents who need assistance with daily activities, such as bathing, dressing, taking medication, and preparing meals. Assisted living residences generally are licensed by the state, but they are not nursing homes, and they typically house residents in apartments or private rooms with central dining facilities and activity rooms.

**Continuing care retirement communities (CCRCs)**—residential settings that provide shelter, social activities, and, as needed, health care and support services. They are usually campus-like complexes with most residents living in private apartment units, with an assisted living building and skilled nursing services for those residents who need more assistance. This type of community allows persons to retain

## Shared Housing

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Shared housing is an arrangement in which two or more unrelated individuals share a home or apartment. Persons may wish to share housing with another individual to split the costs of housing and other living expenses, to assist one another with chores or personal needs, or for companionship. According to the Beyond 50.05 survey, seven percent of respondents age 50 and older said that “[sharing] your home with others—whether to help with finances, provide companionship, or any other reason” was “very appealing,” and another 20 percent found the idea “somewhat appealing.” Those with a household income under \$50,000 were more likely to find the idea very or somewhat appealing than were those with a household income of \$50,000 or more.

their ties to a specific place and to the co-residents whom they know, even when it means moving to a different type of unit.

The importance of having services available for persons as they age or develop disabilities cannot be overstated. The demand for institutional care has remained relatively stagnant as awareness of and desire for community-based services, such as home care and assisted living, has grown. The trend toward home- and community-based services is likely to continue as communities respond to market forces and public policies that are shifting away from the nursing home model. One of the key benefits of services-oriented housing such as congregate care and assisted living is that these settings often offer opportunities for social engagement among residents. Many of these facilities offer

meeting rooms, organized recreation, and transportation to nearby shopping or services. For instance, nearly all assisted living facilities offer some type of social and recreation activities, and more than 90 percent offer group outings and transportation to stores.<sup>105</sup> Whether these settings are available and affordable in the same community in which the resident lived previously, and to which the resident has long-established ties, can help determine how successfully older persons are able to transition to their new settings.

As one takes a broader view, homes form into neighborhoods and neighborhoods into surrounding communities. There are a variety of ways to describe communities. For instance, according to the 2003 American Housing Survey, 74 percent of households age 50 and older now live outside of a “city” and are





dispersed in suburbs, small towns, and rural areas. This figure was based on formal determinations by Census Bureau personnel regarding geographic location and population density. But in the survey conducted for Beyond 50.05, respondents were given a different method of describing their community, with six major options from which to choose (see Figure 7). No attempts were made to impose a definition of, for instance, a small town or suburban area, so some respondents may have described themselves as living in a small town, even though that town might be regarded by others as being part of a larger metropolitan area. Nonetheless, the responses do shed light on the variety of communities in which people live and imply a range of densities. These, in turn, can imply a variety of opportunities and challenges. Tightly knit, small-town communities or some rural areas may have long-standing traditions and familiarity. On the other hand, population dispersion in rural and suburban areas can make it difficult to ensure that an aging population has ready access to essential goods, services, and facilities.

## Home Design

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### **Impact of Home Design on Independence, Engagement, and Successful Aging**

Having homes that are well designed for people of varying ages and abilities is an important goal. From an individual perspective, such homes enhance the quality of life for individuals by enabling them to enjoy the full use of their home, thereby maintaining personal independence. In addition, a well-designed home is important to residents who wish to prepare for everyday activities outside the home. Appropriate design is even instrumental for hosting guests with different ages and abilities. And from society's point of view, well-designed homes are one component of a strategy to enable residents to remain in their communities (with or without home-based services) and out of more expensive and sometimes less appealing settings such as nursing homes.

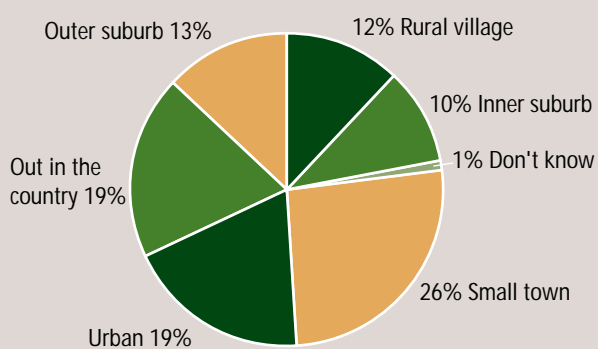
The Beyond 50.05 survey collected information on key design features found in the homes of residents age 50 and older (see Figure 8). Both a full bath and a bedroom on the main level were fairly common and were

reported by 85 percent and 81 percent of respondents, respectively. These features are no longer limited to apartments and ranch-style homes; they have become more common in newer, multistory homes as well. Nonslip

floor surfaces were reported by 60 percent. However, only about a third reported having wider than standard doorways or an entrance without steps, and only about a quarter reported having lever-action door handles.<sup>106</sup>

As a follow-up to this question on home features, survey respondents were asked, “How well do you think your home is able to meet your physical needs as you grow older?” About half the respondents viewed their home quite positively; 51 percent indicated that their home is able to meet their needs “very well” as they grow older. But another 37 percent indicated that their home is able to meet those needs only “somewhat well,” and 12 percent said their home is able to meet their physical needs “not well” or “not well at all.” Respondents who reported a disability were somewhat less likely to report that their home was able to meet their physical needs “very” or “somewhat well” as they grow older (84 percent, compared to 90 percent of those not reporting a disability). White respondents were more likely to report that their home was able to meet their physical needs “well” or “somewhat well” (89%) than were African American respondents (78%) and Hispanic respondents (64%). There

FIGURE 7: A Majority of Adults 50 and Older Live Outside Urban Areas



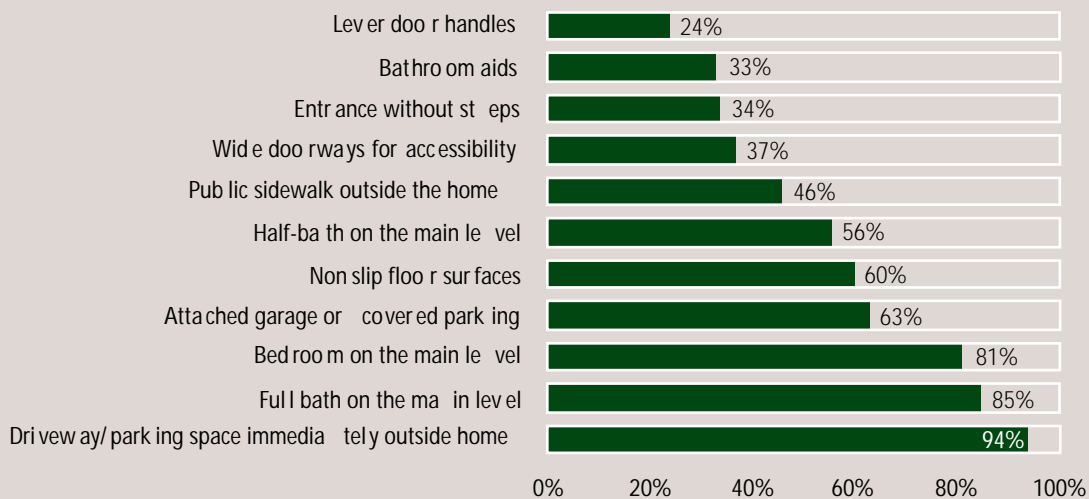
N=1005

Source: AARP/Roper Public Affairs & Media group of NOP World, Beyond 50.05 Survey, 2004

Q4. Would you describe the area where you live as...

1) an urban area (like a city) 2) a suburban area [inner suburb/outer suburb] 3) a small town 4) a rural village 5) or out in the country 6) Don't know, can't say

FIGURE 8: Most Homes of Persons 50 and Older Have Some Features That Support Living Independently as They Age



N=1005

Source: AARP/Roper Public Affairs & Media group of NOP World, Beyond 50.05 Survey, 2004

Q45. Does your current home have...

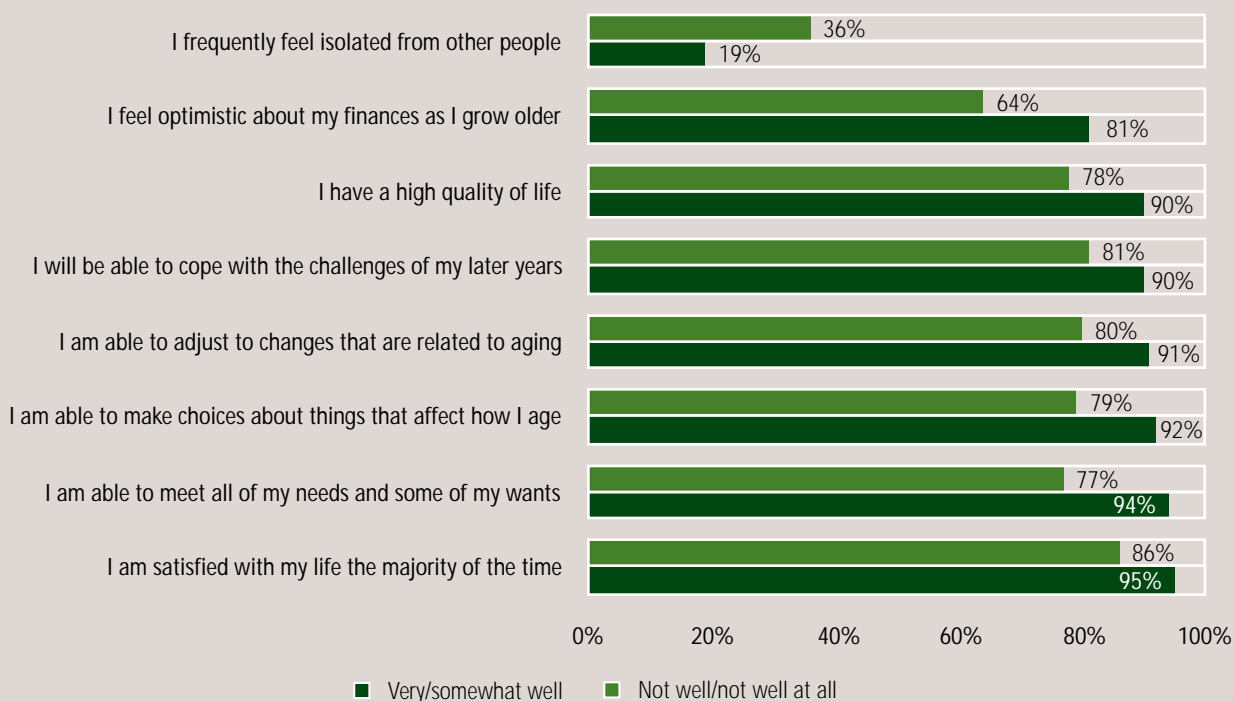
were no consistent differences according to income, nor significant differences by gender.

The consequences of having a home that may not meet the needs of its residents age 50 and older are illustrated by a number of key indicators from the Beyond 50.05 survey. For instance, residents who felt their home would not meet their physical needs (that is, “not well” or “not well at all”) were less likely than were 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 felt their home would meet their needs “somewhat” or “very well.” Furthermore, residents who felt their home would not meet their physical needs were less likely to want to live in the same community five years later (65% versus 85%). They were also likely to know fewer neighbors on a first-name basis (a median of nine for those whose homes met their needs, compared to six for those whose

homes did not). What was disturbing was that eight percent of respondents who felt 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 felt their home would meet their needs “somewhat” or “very well.”

When asked to grade their communities on a variety of characteristics—neighborhood safety, well-designed and well-maintained streets, convenient places for public events and meetings, having a place where older people can socialize, etc.—respondents who felt their home is able to meet their physical needs as they grow older were more likely to give an “A” or a “B” than were those living in homes that did not suit their needs. It is not surprising, therefore, that residents who felt their home would not meet their needs well were more likely to have low scores on the Community Engagement Index.<sup>107</sup> For instance, 37 percent of respondents whose

FIGURE 9: Persons 50 and Older Whose Home Is Able to Meet Their Needs “Very” or “Somewhat Well” as They Grow Older Score Better on Several Successful Aging Measures



N=1005

Source: AARP/Roper Public Affairs & Media group of NOP World, Beyond 50.05 survey, 2004

Q46. Considering the items we just covered, how well do you think your home is able to meet your physical needs as you grow older?

Q40. Please tell me whether you agree or disagree with the following statements...



homes would not meet their needs well as they grow older had a low score on the Community Engagement Index, compared to 21 percent of those who felt their home would meet their needs “somewhat” or “very well.” Part of the explanation may be that poor home design can make it difficult to access and enjoy, or even be aware of, what the community has to offer. For instance, difficulty in getting around the home may make it difficult to prepare for getting out into the community, and poor home design can make it difficult for people even to get outside (e.g., an uncovered porch in winter leads to ice and snow problems, steep steps at the front door make it difficult to navigate, etc.).



Photo: Chamberlain Photography

Finally, people age 50 and older who said they live in a home that is not able to meet their physical needs as they age scored lower on several key indicators of successful aging (Figure 9). Ninety percent or more of those who said their home was able to meet their needs “somewhat well” or “very well” as they age agreed with most of these indicators. Perhaps most disturbing, residents age 50 and older whose homes would not meet their physical needs as they grow older are almost twice as likely to feel isolated (36% versus 19%).

Notably, these results generally do not depend on whether the respondent reported some type of disability,<sup>108</sup> although respon-

dents who reported a disability also scored lower on certain measures of successful aging and community engagement (see page 69 for further discussion of disability).

### Home Modification, Universal Design, and Visitability

There are two main ways to change the housing stock to address the needs of an aging population—home modification and improved new-home design. Modification of existing homes is important, because as described earlier, persons age 50 and older generally want to remain in their current homes as long as possible.

Cost is a major barrier to home modification for many residents. In fact, in AARP’s Beyond 50.03 survey of persons age 50 and older with disabilities, cost was the primary reason respondents did not make the home improvements they felt they needed to age in place.<sup>109</sup> Other reasons included inability to do the work themselves, uncertainty about selecting a contractor, and uncertainty about the exact changes needed. These findings highlight the importance of community services that can help link residents to information about financing options, contractors, and architectural options.

While home modification is critical for those who do not wish to move from their existing homes, a recent Brookings Institution report shows that almost 60 million more housing units will be needed by the year 2030 to serve the nation’s growing population and to replace some of the nation’s aging housing stock.<sup>110, 111</sup> This wave of new housing will have to serve the future needs of residents of varying ages and with varying abilities for several decades, including those who gradually age in place. The opportunity this new construction represents is significant, because it is easier and more cost effective in the long run to apply accessible design principles to houses when they are being built rather than trying to retrofit or modify them later. One way to make the home more accessible is through “universal design,” which is generally defined as including those features that enable persons of all ages and abilities to enjoy a product. In the context of housing,

## EasyLiving Home™

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In Georgia, a coalition of homebuilders and advocates (including AARP) developed an EasyLiving Home™ program with certain criteria similar to the visitability standard. The features are marketed as very low-cost and highly desired amenities. The marketing experience has been positive thus far, and more than 130 homes have been built by more than 20 participating builders, with several hundred more homes in various stages of development. The features provide:

- ◆ Easy Access—a step-free entrance with a threshold not more than one-half inch rise from a driveway, sidewalk, or other firm route into the main floor;
- ◆ Easy Passage—a minimum of 32 inches of clear passage space for every interior passage door on the main floor (including bathrooms) and the exterior door to the step-free entrance; and
- ◆ Easy Use—no less than one bedroom, a kitchen, some entertainment area, and at least one full bathroom with designated maneuvering space, all on the main floor.

universal design features typically include lever faucets and door handles, roll-under sinks in kitchens and bathrooms, some 28-inch-high countertops with contrasting color borders, doors offering at least 32 inches of clear passage space, adequate maneuvering space in kitchens and bath,<sup>112</sup> grab bars, a roll-in shower with handheld adjustable shower head, switches/outlets/thermostats between 15 inches and 48 inches from the floor, and a whole range of other features. Yet there is no single agreed-on standard set of features that constitute universal design.

Another strategy for incorporating accessible design features in new homes is through “visitability.” Visitability is a much more modest set of features for the main level of a home. The concept of visitability was pioneered by Concrete Change, a Georgia advocacy group that publicized how difficult it is for many persons with disabilities to socialize with their friends and neighbors because other people’s homes are inaccessible. Barriers, such as steps leading to every entrance to the home, unintentionally but effectively prevent social engagement among friends, families, and neighbors. In addition to accommodating visitors, visitability features improve the long-term independence of the residents themselves, who may face changing needs as a result of aging or other factors. Visitability features generally call for at least

one zero-step entrance and 32 inches of clear passage on all interior doors of the main level, as well as a half- or full-bathroom on the main level. Some ordinances have been expanded to include reinforced bathroom walls, to allow adding grab bars easily, if needed, and electrical controls between 15 inches and 48 inches from the floor.

### The Government Role

State and local governments can play an important role in promoting good design for residents with a variety of needs by enacting architectural requirements or economic incentives for builders, developers, and homeowners. For instance, the state of Florida has long required at least a 29-inch door opening for at least one residential bathroom in the home; although this is now considered modest, the requirement foresaw the need to assure basic accessibility.<sup>113</sup> Pima County, Arizona, and Bolingbrook, Illinois, have the most expansive visitability laws to date, requiring a zero-step entrance, wide interior doors, and several other access features in all new single-family homes. Together, Pima County and Bolingbrook now account for more than 10,000 visitable homes.<sup>114</sup> Other states and local areas have chosen to make visitability a requirement for housing that is subsidized through state or local funds.<sup>115</sup> In addition, Georgia offers a tax credit to persons

with disabilities for including certain features in a new home (such as a no-step entrance and reinforced bathroom walls) or in the retrofit of an existing home. Virginia offers a tax credit to anyone, regardless of disability, for similar features that are retrofit to an existing home.

The federal government also plays a role. In 1999, the U.S. Supreme Court issued the “Olmstead decision,”<sup>116</sup> requiring states to administer services, programs, and activities for persons with disabilities “in the most integrated setting appropriate”; that is, through more accessible community-based services. States are now implementing strategies to help persons of all ages with disabilities live in communities rather than in institutions.

The Olmstead decision has prompted new efforts to make homes more accessible. The U.S. Department of Labor recently announced grants for home modification, citing their usefulness in meeting the goals of the Olmstead decision. And at least four states (Indiana, New Hampshire, North Dakota, and Washington) include some funding for home modifications as part of their response to Olmstead.<sup>117</sup> Additional states may provide funding for home modifications as well through their consumer-directed care, nursing home transition, or other programs developed in response to Olmstead.

### **Role of Housing Wealth**

One option for many older Americans is to fund home modification using existing home equity. In 2003, 80 percent of

## **Accessible Design in the United Kingdom**

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Many countries have adopted at the national level various accessibility requirements for new housing, but these requirements typically are intended for new multifamily buildings. Countries with multifamily accessibility policies include the United States, Italy, Netherlands, Denmark, France, Spain, Greece, and Sweden.

The UK is unique in the scope of its national standards. In March 1998, a British mandate was passed that led to revision of the existing accessibility requirements under Part M of the national construction standards. Previously, this section of the regulations dealt with accessibility in residential buildings specifically intended for persons with disabilities. The mandate, however, required a basic set of accessibility features in all residential homes, including single-family homes, regardless of the needs of the occupants. The new requirements were intended to “allow people to be able to invite persons with disabilities to visit them in their own homes, and for homeowners to be able to remain in their own homes longer as they become less mobile as they get older.”<sup>118</sup>

The new requirements are a significant departure from traditional voluntary methods of promoting accessibility features. The regulations affect essentially all of the housing units built annually in the UK, although a waiver for some requirements may be granted based on lot topography. The new requirements apply to all new homes in the UK for which construction began on or after October 25, 1999.

Broadly, the requirements of the new Part M are:

- ◆ a level entry to the principal entrance;
- ◆ an entrance door wide enough to allow wheelchair access;
- ◆ wide hallways;
- ◆ a bathroom on the entrance level or first habitable story;
- ◆ raised electrical outlets and lowered light switches; and
- ◆ depending on topography, a level or gently sloping approach from the parking space to the dwelling.

householders age 50 and above owned their homes, up from 76 percent in 1985. Among owners 50 and older, 63 percent owned their homes “free and clear” of debt in 2003, while many others owed modest amounts relative to the value of their homes. The median net worth of owner households age 50 or older in 2001 was approximately \$148,000, including home equity, but net worth was only \$31,000 when home equity was excluded.<sup>119</sup> This funding source can be especially important for low-income owner households, for whom there may be virtually no assets other than the house.

Of course, home equity is useful not just for home modification and repair. It is also a resource for possible medical emergencies, supportive services, and other basic needs. Thus, it can significantly influence the options available to older persons to age in place or to move to another setting as they grow older (e.g., a new house, an assisted living residence). But by implication, disparities in homeownership (particularly among minorities and poor-to-modest-income households) can lead to disparities in wealth accumulation, which, in turn, can lead to differences in what options are available to maintain independence in the community. Despite rising homeownership rates among minorities over the past decade, significant gaps remain. For instance, the homeownership rate for non-Hispanic white householders in 2004 was 76 percent, compared to 49 percent for African American householders and 48 percent for Hispanic or Latino householders.<sup>120</sup>

For those who wish to remain in their homes, tapping into home equity can be expensive, depending on the interest rate and various fees associated with a loan. One risk is that ongoing repayment of a traditional loan may be high in relation to the modest incomes of many retired owners. A growing alternative is to use a reverse mortgage, which is a loan against the home that is not paid back until the borrower leaves the home. Thus, there is no monthly repayment. The use of reverse mortgage funds is flexible; they may be received as a line of credit, lump sum, or monthly payment to the homeowner.<sup>121</sup> Reverse

mortgages generally require the borrower to be age 62 or older, with little or no existing debt on the home. Because it is a loan, funds from a reverse mortgage are not taxed as income. On the other hand, origination fees and closing costs can be higher than for a traditional home equity loan.

## Housing Affordability

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### How Affordability Relates to Independence and Community Attachment

According to the Beyond 50.05 survey, more than 85 percent of respondents earning less than \$20,000 a year agree or strongly agree with the statement, “What I’d really like to do is stay in my current residence as long as possible.” This percentage is slightly larger than that reported by respondents earning more than \$50,000 per year (76%). Yet, persons with relatively low incomes (and persons on fixed incomes) are most vulnerable to increasing home costs and may have difficulty remaining in the community to which they may have long-established ties in the face of rising housing costs.

The problem is that residents who can no longer afford their housing costs must either move, which, depending on distance, can mean breaking important social ties and informal support, or reduce crucial everyday expenditures, such as those for transportation and health care. Those who are still in the workforce may have to work longer hours to make ends meet, thereby spending less time socializing with friends and neighbors, volunteering in the community, etc. Even when older persons are not affected directly, the lack of affordable housing can lead to a shortage of younger workers and immigrants, who form the bulk of personal care and supportive services employees.

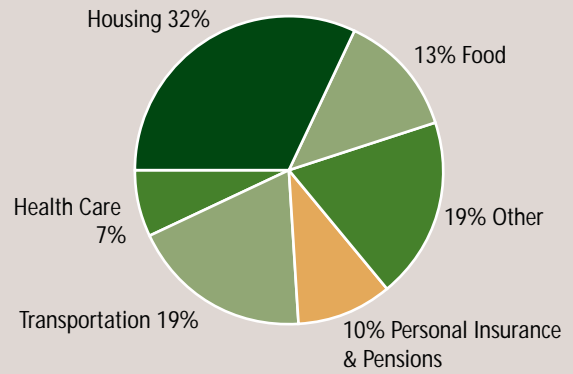
### The Gap between Need and Availability

The Bureau of Labor Statistics’ Consumer Expenditure Survey shows that housing costs represent approximately one-third of out-of-pocket expenditures for householders age 45 and older, making them the single largest expenditure category (see Figure 10).<sup>122, 123</sup> For many older households, out-of-pocket

expenditures are considerably higher. In 2002 and 2003, for instance, the Census Bureau's American Community Survey indicates that 27 percent of households headed by someone age 50 or older experienced a "housing cost burden," defined by the U.S. Department of Housing and Urban Development as payments toward housing that total more than 30 percent of gross household income.<sup>124, 125</sup> Though some states have higher housing cost burdens than others, the share of households headed by someone age 50 or older with a housing cost burden is substantial in every state (see Figure 11).

Renters are more likely than are owners to be cost burdened. Among renters age 50 and older, the American Community Survey shows that nearly half pay more than 30 percent of their incomes for gross rent,<sup>126</sup> including 24 percent who pay 50 percent or more of their incomes toward gross rent. It is disturbing that the oldest renters experience the severest cost

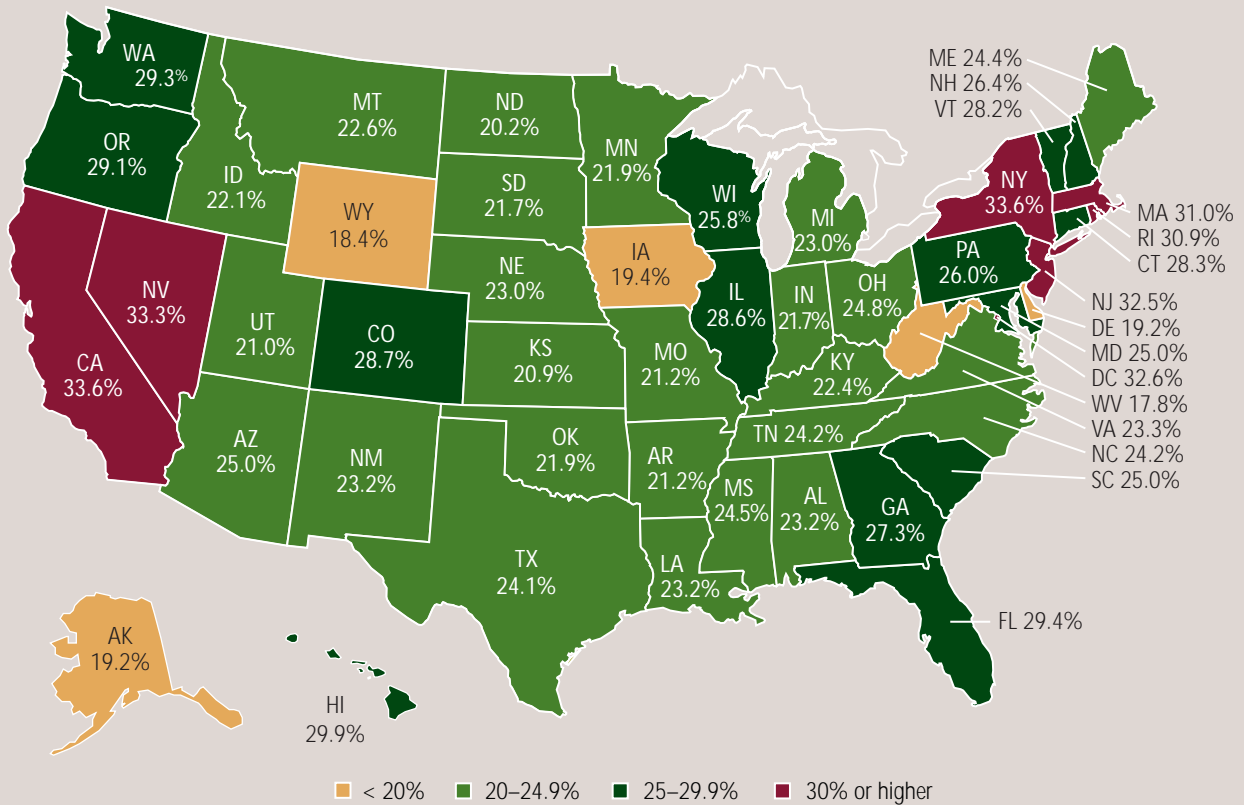
FIGURE 10: Housing is the Largest Expense Category for Persons Age 45 and Older



Source: AARP Analysis of Bureau of Labor Statistics Consumer Expenditure Survey, 2001

burdens; 32 percent of renter households age 50 to 64 are paying more than 30 percent of income toward gross rent, while 54 percent

FIGURE 11: Despite Variation Among States, the Share of Households 50 and Older with a Housing Cost Burden is Substantial in Every State\*



\*Paying more than 30 percent of income toward housing expenses  
 Source: AARP analysis of the Census Bureau's 2002 and 2003 American Communities Survey



of renter households age 85 and older are experiencing this cost burden.

The shortage of rental housing was a major highlight of a 2002 congressional housing commission report, *A Quiet Crisis in America*,<sup>127</sup> which found that persons age 65 and older receiving some form of rental assistance were outnumbered by those with unmet housing needs (those who had a serious housing cost problem or whose unit had severe physical problems) by a factor of six. And an AARP report on Section 202 Housing (a subsidy program tailored specifically to very-low-income, older renters) found that there were nine applicants waiting for each vacancy that occurred in a given year.<sup>128</sup> Clearly, the need for affordable housing solutions for older renters is critical.

Despite the fact that most homeowners age 50 and older either own their home free and clear or have a relatively low mortgage balance, more than one of every five homeowners age 50 and older pays more than 30 percent of income for housing-related costs. The problem is that housing costs go far beyond the monthly mortgage payment to include the cost of utilities, insurance, property taxes, maintenance and repair, and modifications to maintain independence. Yet, despite well-documented problems, many communities are struggling to protect and expand their stock of affordable housing for persons of all ages.

### **The Government Role**

Federal, state, and local governments have used a variety of methods to promote affordable rental housing; often, these methods reflect the changing political philosophies over the past 60 years. For instance, in the 1930s, public housing was the key federal program for rental housing. In the 1950s and 1960s, the federal government promoted subsidized mortgages for private developers to build or rehabilitate multifamily housing for low- and moderate-income families. In the 1970s and 1980s, direct rental assistance to low-income tenants (via “certificates” or “vouchers”) became the dominant philosophy. In the 1990s, low-income housing tax credits and block grants to state and local governments became the primary tools.

Today’s subsidized rental housing is a patchwork of disparate programs, which creates problems in coordinating housing policy for diverse needs. For instance, many properties that serve older persons are experiencing a growing need for supportive services as the residents age, but delivery of those services varies from program to program. On the other hand, the advantage to different approaches has been the involvement of a wide variety of entities (including federal, state, and local governments, nonprofit groups, and for-profit developers), each of which brings different resources and expertise to the field of affordable housing.

## Today's subsidized rental housing is a patchwork of disparate programs, which creates problems in coordinating housing policy for diverse needs.

Improving the affordability of owned housing is also a priority, though many of the tools (such as first-time-owner tax breaks and rebates and efforts to reduce down payments) are geared toward young households, especially low-income and minority households that have traditionally lacked sufficient access to quality loan products. A number of other strategies have focused on those persons with low or moderate incomes who own their homes but have difficulty with maintenance and upkeep, utilities, or property taxes (especially in markets with rising property values and assessments). Federal and local programs have been developed to assist with weatherization and heating/cooling costs, and federal block grants are available to communities to use for home modification and repair. In addition, many states offer property tax reductions or deferrals to older low-income homeowners. Nonetheless, as with rental programs, the availability of funding and options has been insufficient in many communities to meet the need.

## Appropriateness of Community for Aging in Place

Given that most persons age 50 and older prefer to remain in place, it is useful to explore how well communities are able to serve the needs of these residents. Traditional measures of community features are often expressed in the negative, for example, from the perspective of crime, litter, noise, etc. Such characteristics can play important roles in quality of life and can affect how appealing residents find the prospect of going out and interacting with the surrounding community. Viewed from this perspective, most communities appear to score well. The Census Bureau's 2003 American Housing Survey shows that, among householders age 50 and older, around 9 percent indicated that street noise/traffic was bothersome. Despite popular perceptions about crime, only 7 percent indicated that neighborhood crime was bothersome. Litter was a problem for only 2 percent, and a number of other problem areas were identified only occasionally. The American Housing Survey included only a few indicators of neighborhood opportunities. Among the findings were that 19 percent of householders age 50 and older were dissatisfied with their shopping opportunities.

The Beyond 50.05 survey took a different approach, asking respondents to grade their communities on a variety of features and opportunities, on a scale of A (excellent) to F (failure). The 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, etc. 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 persons with different physical abilities. Similar to the findings in the 2003 American Housing Survey, only 7 percent of respondents gave their

communities a D or F for “having safe neighborhoods”<sup>129</sup> (see Figure 12).

However, such an overview disguises important and substantial disparities among respondents. For instance, 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 were urban residents to give a poor grade for “having a drugstore within a half-mile of home” (27% versus 19%), “having a grocery store within a half-mile of

**FIGURE 12: Low Grades Are Common Among Several Community Features**  
Percent Reporting D or F



N=1005

Source: AARP/Roper Public Affairs & Media group of NOP World, Beyond 50.05 Survey, 2004

Q42. For each of the following characteristics, please grade your local community as an A, B, C, D or F, where A is excellent and F is failure. A grade of D or F was considered to be a low grade.



your home” (28% versus 18%), “having a hospital in the community” (25% versus 8%), and “having convenient places for public events and meetings” (20% versus 11%). Such results help to highlight some of the consequences of suburban land growth patterns and to shed light on why so many suburban households have become reliant on automobiles to get places (see Section IV).

There were also notable differences according to the respondent’s income. It is not surprising that respondents with incomes under \$20,000 were more likely than were those earning \$50,000 or more to give poor grades to their communities for “having good job opportunities” (40% versus 27%). But the same respondents were also more likely to give poor grades concerning opportunities for community engagement. Twenty-two percent of respondents with incomes under \$20,000 gave their communities a poor grade for “connecting older and younger people in the community,” compared to 14 percent of those with incomes of \$50,000 or more. Twenty-six percent of respondents with incomes under

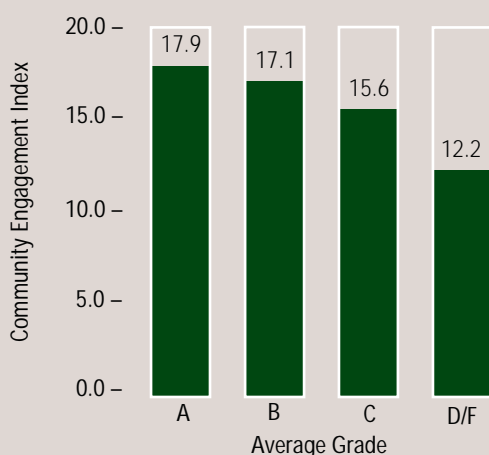
\$20,000 gave their communities a poor grade for “having convenient places for public events and meetings,” compared to 11 percent of those with incomes of \$50,000 or more. And respondents earning less than \$20,000 were more likely than were their higher-income peers to give poor grades to the community for “having or offering opportunities for volunteering” (19% versus 5%).

Finally, there were differences by race and Hispanic origin as well, and the results were mixed. For instance, 36 percent of white respondents gave their communities a poor grade for “having a drugstore within a half-mile of home,” compared to only 23 percent of African Americans and 10 percent of Hispanics. Similar results were found for questions about convenient grocery stores, having sidewalks going where the respondent wished to go, and having dependable public transportation. On the other hand, African Americans were more likely than either whites or Hispanics to give poor grades to their community for connecting older and younger people, having affordable shopping, and having a variety of housing options for persons with different physical abilities.

The impact of community features on community engagement is substantial. As part of the Beyond 50.05 survey analysis, researchers averaged grades for the various community features to create a “summary grade” for that respondent’s community. Respondents with a lower overall grade for their communities also had lower scores on the Community Engagement Index,<sup>130</sup> and those with less-positive perceptions of community features also had lower levels of community engagement (see Figure 13).

For instance, residents who gave an average grade of D or F for the features of their communities had an average Community Engagement Index of 12.2, compared to an index of more than 17 for those who gave their communities an average grade of A or B.<sup>131</sup>

FIGURE 13: Lower Community Grades Are Associated with Lower Levels of Community Engagement



N=1005

Note: Highest value of the Community Index among survey respondents was 32.75

Source: AARP/Roper Public Affairs & Media group of NOP World, Beyond 50.05 Survey, 2004

Poor community features are also associated with lower levels of successful aging (Figure 14). For instance, 96 percent of respondents who gave their communities an average grade of A agreed that they were satisfied with life a majority of the time, compared to 83 percent of those who gave their communities a poor grade of D or F. Ninety-five percent of those who gave their communities an average grade of A agreed that they had a high quality of life, compared to 71 percent of those who gave their communities a poor grade. And whereas only 9 percent of people who gave their communities an average grade of A said they frequently feel isolated from other people, 33 percent of people who gave their communities a poor grade agreed that they frequently felt isolated.

### **The Government Role**

Although persons age 50 and older overwhelmingly want to remain in their current homes and communities, the above statistics show that the use and enjoyment of those communities is sometimes limited. But state and local governments can have an enormous impact on a community through a variety of policies, including zoning and land use.

Mixed land use and density, a prominent feature of many livable communities, refers to locating a variety of housing, recreation, services, and retail within convenient proximity to one another or within a single development. Many traditional suburban landscapes are characterized by segregated land use as a result of local zoning decisions—with shopping and services in one area, single-family housing in another, and multifamily rental housing concentrated elsewhere, often with poor, if any, connections among them. Such community design can make it difficult, especially for older persons or persons with disabilities, to get to places, undertake basic activities, and enjoy the opportunities of community life. And low density, a classic problem in rural areas but also in many sprawling suburbs, can make it difficult to form a critical mass of persons for localized supportive services (such as home care).

Even within residential settings, there is often segmentation of housing types. Many communities are hesitant to allow multifamily dwellings, out of concerns about crime, traffic, school overcrowding, and the effect on property values. Some communities restrict

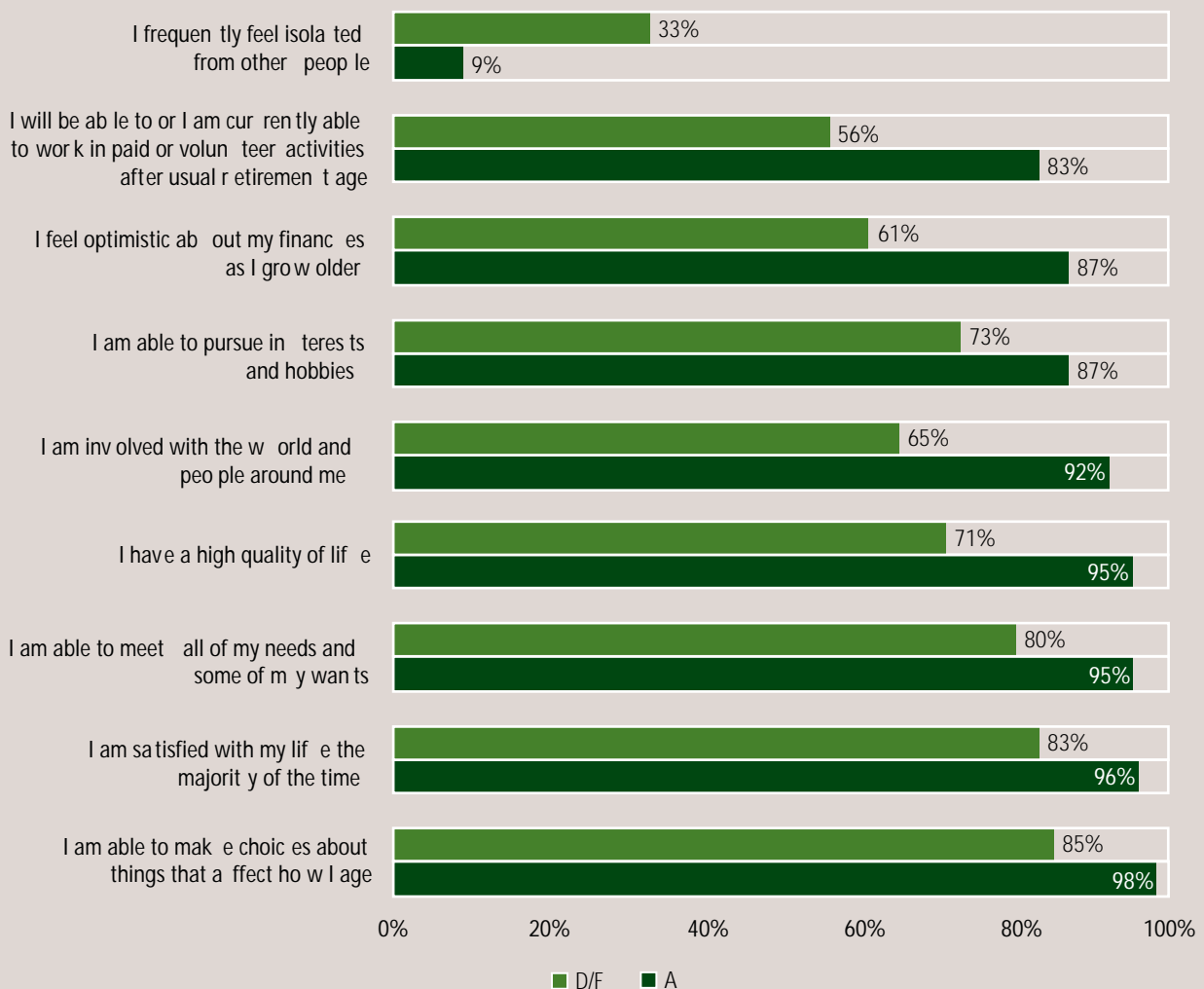


residential development to large lots in an effort to attract affluent residents; others oppose accessory dwelling units (e.g., apartments above garages, mother-in-law units) out of concern for architectural impact on the neighborhood, increased density, or stigma against renters in a single-family neighborhood. Such planning decisions can have the unintended consequence of making it difficult for people to remain in their communities when their income or other needs change.

Promoting compact mixed-use development around commuter rail stations

and other public transit centers can help residents benefit from affordable transportation and access to shopping and services. Well-designed, transit-oriented developments are pedestrian friendly, contain a mix of uses, have a variety of housing options, and frequently become vibrant community focal points. In some cases, it is even possible for residents to qualify for a flexible, low-down-payment mortgage because of lower transportation expenses.<sup>132</sup> Section IV addresses some of these issues in more detail.

FIGURE 14: Poor Community Grades Are Associated with Lower Levels of Successful Aging



N=1005

Source: AARP/Robert Public Affairs & Media group of NOP World, Beyond 50.05 Survey, 2004

Q46. Considering the items we just covered, how well do you think your home is able to meet your physical needs as you grow older?

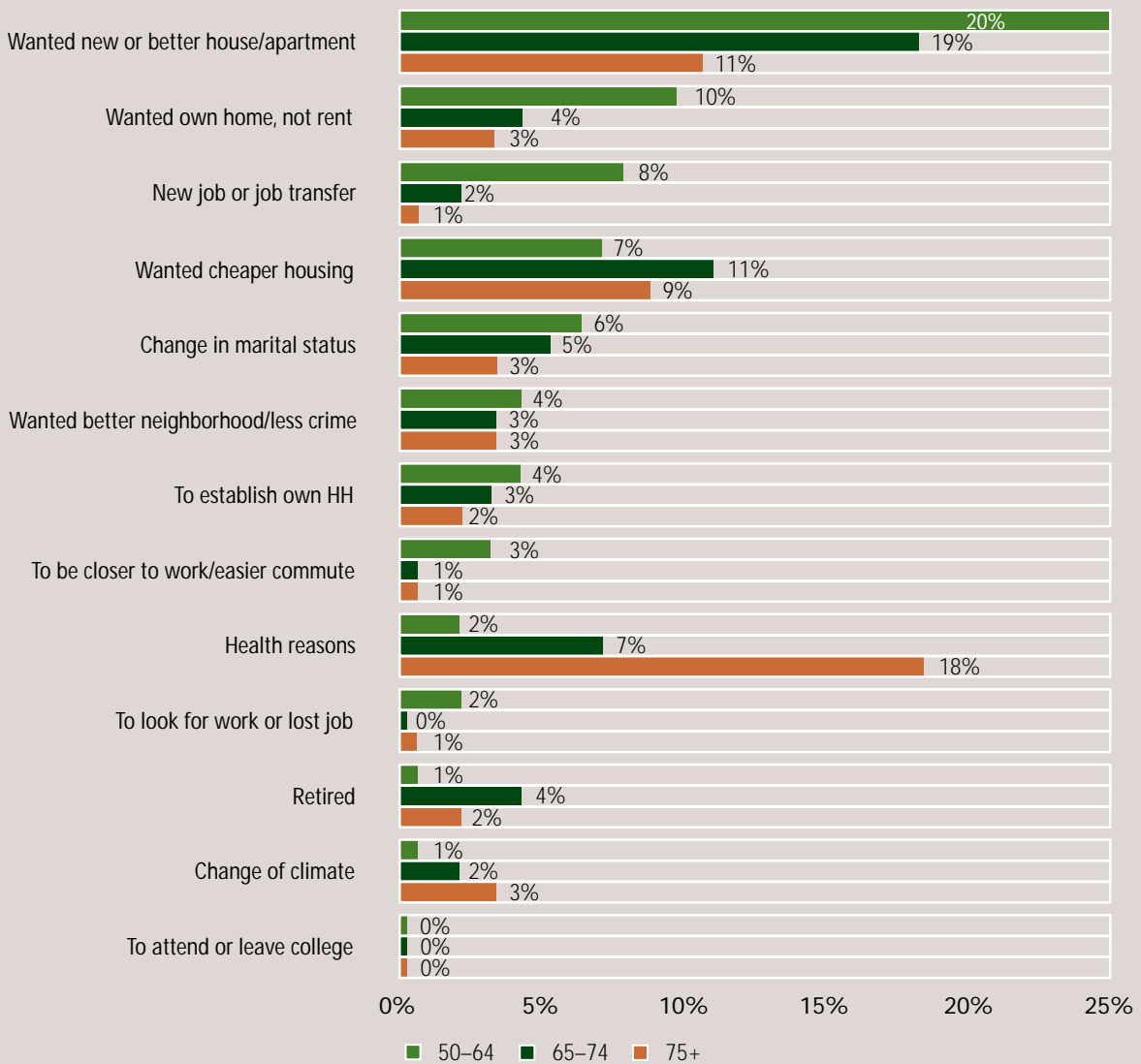
Q40. Please tell me whether you agree or disagree with the following statement...

## The Decision to Move

Despite perceptions of a wave of retirees downsizing and moving to retirement villas in Sunbelt states, the evidence is overwhelming that relatively few persons age 50 and older wish to move. In fact, a recent Census Bureau report<sup>133</sup> shows that only about 5 percent of persons age 55 and older move in a given year, compared to 17 percent of those under age 55. This rate declines from 6 percent of those age 55 to 64 to 4 percent for people age 85 and older. Overall, among those age 55 and older who do move, half remain in the same county.

It is easy to understand why most people age 50 and older prefer to age in place. Over time, people form attachments to their homes and communities for personal and practical reasons. Their homes and communities can form the basis for positive life experiences and memories, sentiments that remain strong even if the home and community no longer meet the needs of the person living there. In addition, over time people become familiar with what their communities have to offer in terms of shopping, recreation, social services, and opportunities for social interaction. This

FIGURE 15: Reasons for Moving Vary by Age



Source: AARP analysis of the Census Bureau's Current Population Survey, combined 2003 and 2004 panels  
 Note: Unspecified "other" reasons not shown

knowledge is important for independence. Moving, on the other hand, may entail a lengthy period of relearning what the new community has to offer. Moving may also mean breaking ties with the formal and informal network of support (e.g., friends, family, and neighbors) that exists in the old community. Therefore, enabling the majority of older persons who prefer to remain in their homes to do so is a major goal, or, if this is not desired or practical, providing alternative housing options in the same community is an important priority.

Of course, some older residents do move, either because they want to do so or need to do so. There are a host of reasons for moving, many of which are collected in survey data. For instance, Census Bureau data<sup>134</sup> indicate that persons age 50 to 64 who do move are primarily pursuing better housing and job opportunities. Among those who had moved in the past year, the top three identified reasons were “Wanted new or better home/apartment” (20%), followed by “Wanted to own, not rent” (10%) and “New job or job transfer” (8%).

### Moving to the Sunbelt

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Although persons age 50 and older move relatively infrequently and generally stay in the same areas when they do move, those who move out of state frequently move to Sunbelt states.<sup>138</sup> Between 1995 and 2000, for instance, more than 1.2 million people age 50 and older moved to Sunbelt states from other regions of the United States. Such moves over distance are not taken lightly; they frequently mean less contact with family and friends from their previous community. Such ties can be important for an aging population, especially when personal needs change and the new residents have not yet formed as many ties in their new community. In fact, tabulations from the Census Bureau’s 2000 Decennial Census<sup>139</sup> are suggestive of a phenomenon of “reverse migration,” in which some older persons return to their home state when their needs change. For instance, although more than 98,000 people age 50 and older moved from New England to the Sunbelt between 1995 and 2000, compared to only around 29,000 moving in the opposite direction, there were notable differences between these groups. Those who moved from the Sunbelt to New England had a disability rate of 39 percent, compared to a disability rate of 25 percent for those moving in the opposite direction.

### Communities for a Lifetime

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Acknowledging the importance of designing communities that meet the needs of persons of all ages and abilities, Florida has developed a program, called “Communities for a Lifetime.” Since 2000, more than 70 local jurisdictions in the state have participated in the program, which is designed to provide technical assistance and statewide coordination of resources and programs. One key element of the program is developing tools for self-assessment and identifying areas for improvement in those jurisdictions. The self-assessment includes eight broad areas: physical spaces (including housing), transportation, land use, community development, health, education, cultural, and social opportunities. Once important needs have been identified, the initiative provides participating jurisdictions with “information and technical assistance to plan and implement community modifications, services, and resources addressing issues in the self-assessment.”<sup>140</sup> Through the state’s Department of Elder Affairs, the program also publicizes special events and best practices, provides recognition awards, hosts training opportunities, and helps coordinate state efforts.

But the key priorities for those age 65 and older who move are somewhat different, with a greater emphasis on housing affordability and health reasons, though the desire for better housing is still substantial. For instance, among movers age 65 to 74, the top three identified reasons for moving were “Wanted new or better home/apartment” (19%), “Wanted cheaper housing” (11%), and “Health reasons” (7%). Among movers 75 and older, the top identified reason was “Health reasons” (18%), followed by “Wanted new or better home/apartment” (11%) and “Wanted cheaper housing” (9%). Figure 15 on page 66 shows additional detail.

In other words, the oldest movers are more likely to move in response to changing health, and less because they want another unit with different amenities. Exploring the reasons why persons age 50 and older move helps us to understand the decision to move, but not necessarily the decision about where to go. A different Census Bureau survey, also conducted in 2003, explores that decision in more detail.<sup>135</sup> It is not surprising that persons

age 50 and older are frequently pursuing social relationships or proximity to family when they choose which community to move to. Among householders age 50 to 64 who moved in the past five years, the most frequently cited reasons for their choice of new neighborhood were “Looks/design of the neighborhood” (31%), “Convenient to friends and relatives” (24%), and “House was most important consideration” (23%). But as the age of the householder increased, these choices diverged considerably, with increasing importance placed on “Convenient to friends and relatives.” Indeed, for the 75 and older group, “Convenient to friends and relatives” was by far the most frequently cited reason (see Figure 16).

As far as the choice of the home itself, the leading reasons among householders age 50 and older were “Room layout/design” (32%), “Financial reasons” (28%), and size (25%). As Figure 17 on page 71 illustrates, these results are fairly consistent by age.

Despite anecdotal evidence in some areas that older persons are returning to central



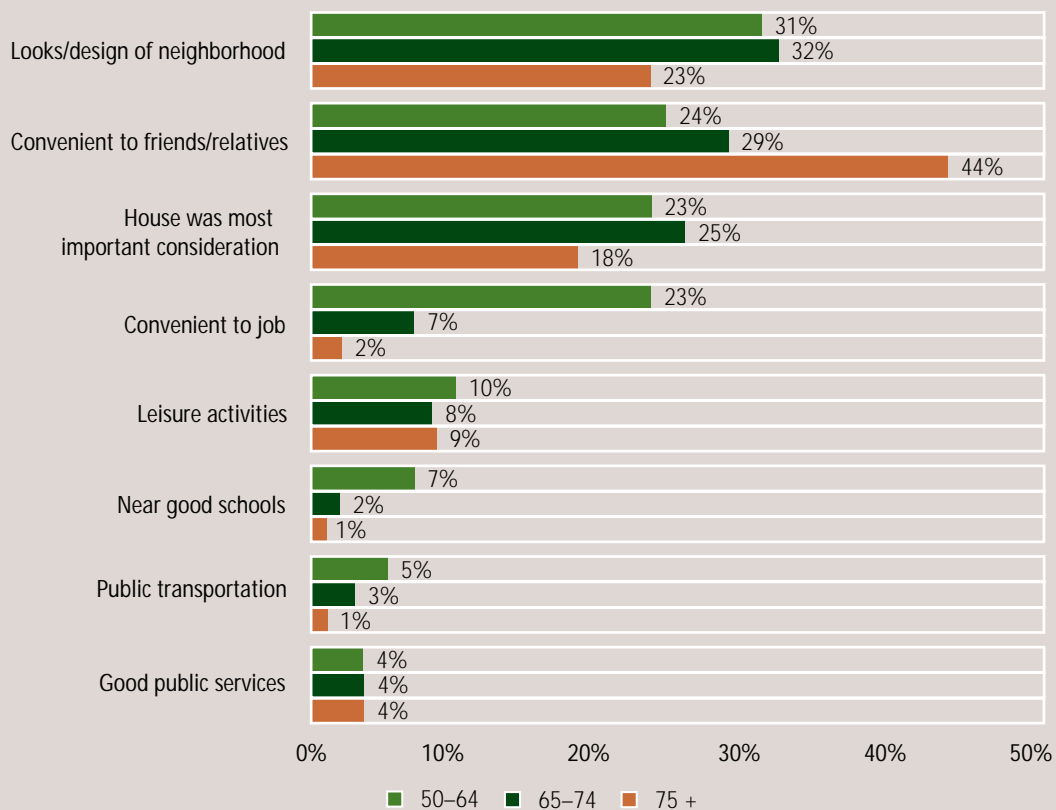
cities, it is clear at a national level that movers age 50 and older are overwhelmingly going to the suburbs, even though suburbs are generally less likely to have public transportation, nearby shopping and recreation (especially within walking distance), and easily accessible services. Suburbs are particularly familiar to baby boomers, who are less likely than previous generations to have lived in an urban or rural area.<sup>136</sup> In fact, were it not for immigrants from outside the United States, most central cities would be losing population. Domestically, there is net migration out of central cities among all age groups. Between 2002 and 2003, the net loss of people age 45 and older in the nation's central cities exceeded 400,000.<sup>137</sup> Such mobility patterns underline the importance of suburban design that promotes mixed use, walkable, accessible neighborhoods and suburban revitalization.

## Disability: A Mismatch between the Environment and the Individual

Disability is sometimes viewed as a personal characteristic, but in the context of livable communities, it is more useful to view disability as the interaction between people and their environment. In this light, the disability does not lie exclusively with the individual, but rather with the design of the home and community and the accessibility of basic services that enable people to have their needs met and remain independent.

While it is important to note that many persons age 50 and older with disabilities do not experience problems in achieving their goals (such as socializing, pursuing employment, remaining in the community of their choice) and maintaining independence, a disproportionate share have not been able to meet their goals and needs. Consequently, persons

FIGURE 16: Reasons for Choosing a Neighborhood Vary by Age



Source: AARP analysis of US Census Bureau's American Housing Survey 2003  
 Not shown are unidentified reasons categorized as "Other"

age 50 and older who experience some level of disability<sup>141</sup> are less likely to score well on a range of measures related to successful aging collected in the Beyond 50.05 survey. For instance, persons age 50 and older with a disability are less likely to strongly agree or somewhat agree that they “have a high quality of life” (79% of respondents with a disability, versus 94% of other respondents), “will be able to work in paid or volunteer activities after retirement” (56% versus 85%), “are involved in the world around me” (77% versus 90%), and “are able to pursue interests and hobbies” (78% versus 92%). And persons age 50 and older with a disability are twice as likely as those without a disability to report feeling isolated from other people (30% versus 15%).

It is not surprising that disability is linked to somewhat lower ratings of community. Thus, a key issue is how communities are able to meet the needs of persons with a variety of abilities. Persons with a disability were less likely than were respondents without disabilities to give their communities a good grade (A or B) for “having convenient places for public events and meetings” (55% versus 64%), “having accessible public buildings and facilities” (55% versus 65%), “having well designed and maintained streets” (55% versus 69%), and “having or offering opportunities for volunteering” (58% versus 70%).

Further, although persons with a disability are more likely to have some home features tailored to meet their needs, they are nonetheless somewhat less likely to want to live in the same communities in 5 years (78% versus 86%). In addition, persons with a disability spend a median of 2 hours a day away from home, compared to around 7 hours a day for persons who do not report a disability.

All of these indicators reinforce the importance of designing homes and communities that are able to serve residents with a variety of needs and abilities. Outmoded design archetypes, building standards, and narrowly focused zoning provisions often sustain the mismatch between many residents and their environments.

## Age-Restricted and Naturally Occurring Retirement Communities: Two More Ways to Age in Place

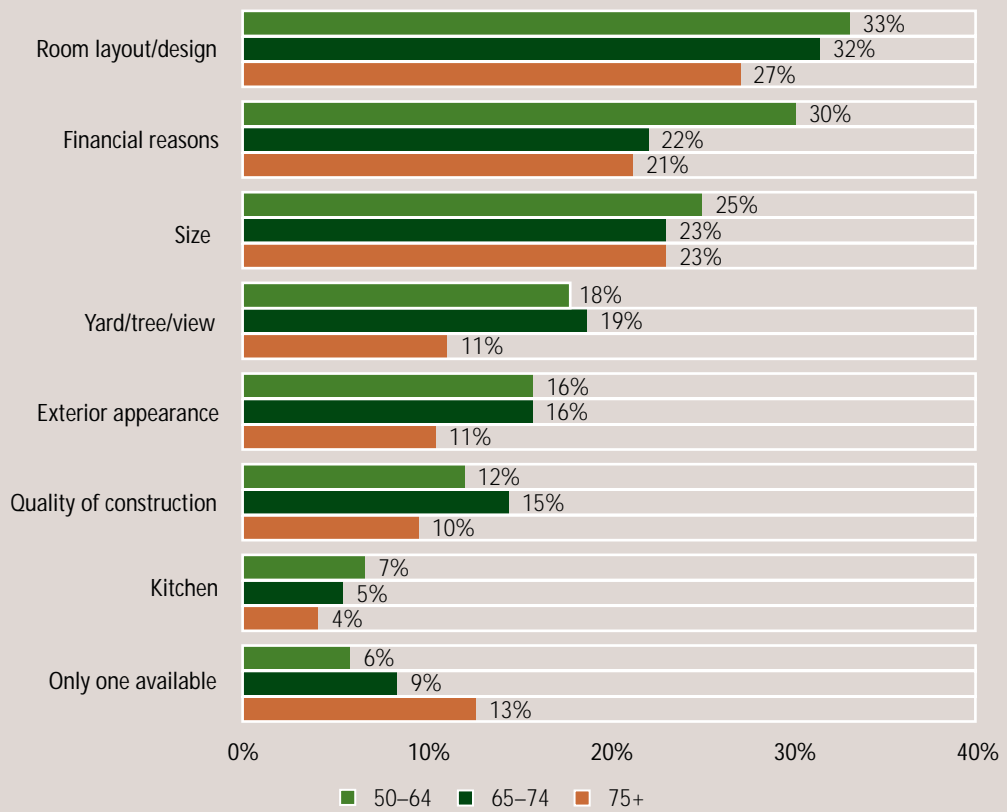
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While most persons age 50 and older live in mixed-age neighborhoods, many others live in neighborhoods in which most or all of the residents are age 55 or older.<sup>142</sup> This sometimes occurs by design, as with neighborhoods or condominium properties where a developer intended residents to be retired or approaching retirement and designed amenities with that in mind. It may also occur in long-established neighborhoods, where low turnover of households has led to most residents aging in place, eventually becoming a neighborhood consisting mostly of older neighbors who have known one another for many years.

Housing developments that were built primarily for older persons may or may not be explicitly age-restricted. For instance, some resort communities were designed for and have a particular appeal to retirees, but they also serve some younger residents. Other communities are explicitly age-restricted, and new residents are accepted on the basis of whether they are age 55 or 62 or older, consistent with certain state and federal fair housing laws.<sup>143</sup> Though such communities have existed for years, notable growth occurred after passage of a federal law in 1996 that removed the requirement that such a community offer “significant facilities and services” to residents. Indeed, many of these new developments offer a wide range of amenities that appeal to active retirees, but many have few or no services or design elements related to long-term independence. As of 2003, 6 percent of households age 55 or older (approximately 2.4 million households) lived in age-restricted communities, with owners and renters about evenly split.<sup>144</sup> Such communities are more common in the South and West.<sup>145</sup> According to an industry survey of homeowners in age-restricted communities, the top three reasons for choosing to live in such a community were “easier living” (68%), “quieter neighborhoods” (61%), and “maintenance costs included in fees” (60%).



FIGURE 17: Reasons for Choice of Home Are Fairly Consistent by Age



Source: AARP analysis of US Census Bureau's American Housing Survey 2003  
 Not shown are unidentified reasons categorized as "Other"



As for community attributes, “community clubhouse,” “proximity to shopping,” and “planned social activities” topped the list, with slightly over 50 percent of responders choosing each of these reasons.<sup>146</sup> Thus, it appears that many such communities are able to market amenities that include places for recreation and meetings and promote engagement through social activities.

In contrast to age-restricted communities, *naturally occurring retirement communities* (NORCs) are those that were built many decades ago and originally served a mix of families and young households.<sup>147</sup> Over time, longtime residents grow older, and fewer young families move in. Except for age composition, there may be few other defining characteristics of NORCs. They are frequently urban, but they are also found in the suburbs. Many rural areas also have NORCs for reasons similar to urban areas, but also because of the migration of younger workers as rural job opportunities shifted elsewhere.

A NORC can be a building or buildings (e.g., a block of apartments or condominiums), a single-family neighborhood, or even a section of a neighborhood. The difficulty in describing the geographic boundary of a NORC frequently makes it difficult to estimate how

many residents live in them. In AARP’s Beyond 50.05 survey, respondents indicated whether most people age 50 and older in their community had lived there for many years, and whether the majority of neighbors were age 55 or older (respondents in age-restricted communities were excluded). Measured this way, about 36 percent of respondents could be viewed as living in NORCs, but this is a much higher proportion than some other surveys estimate,<sup>148</sup> perhaps because respondents were only describing immediate neighbors in the AARP survey. Such residents were somewhat more likely to wish to remain in their current residences for as long as possible, were more likely to meet with neighbors in a community setting (such as a store, church, or restaurant), and knew slightly more neighbors on a first-name basis. But in addition to these social opportunities, NORCs could offer community services relatively economically to a potentially dense population of users.

## Conclusion

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Housing plays a unique role in the life of Americans, including those who are age 50 or older. It serves as shelter and provides a sense of comfort and security, and it provides a measure of wealth to the approximately 80

## Linking Housing and Services to NORCs

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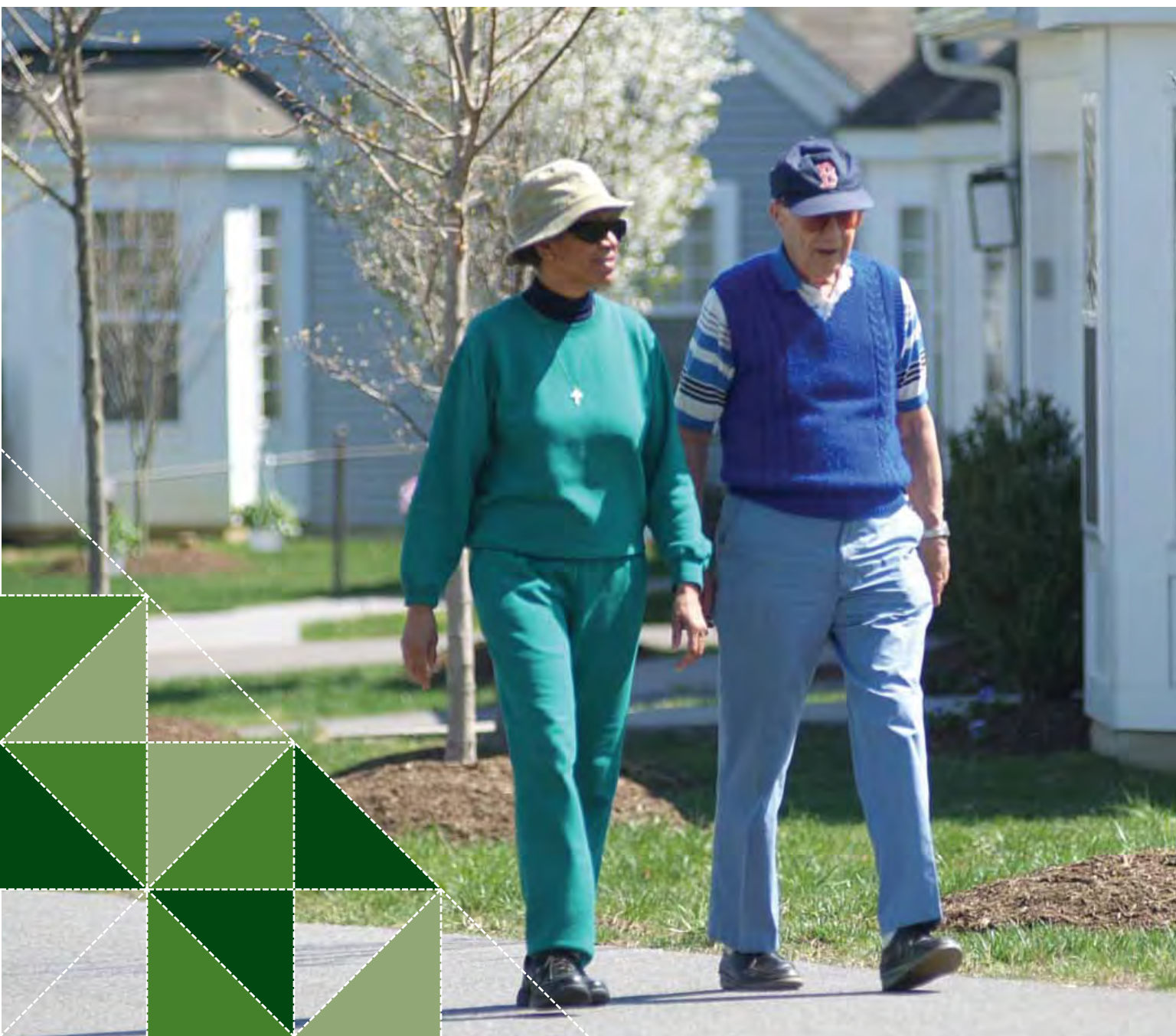
One of the most interesting efforts to provide supportive services to older persons living in NORCs was highlighted by *A Quiet Crisis in America*.<sup>149</sup> In 1985, Penn South, a New York City cooperative housing development with nearly 3,000 units and more than 6,000 residents, found that more than 75 percent of its residents were age 60 or older. Many of these residents were experiencing life changes as a result of aging and financial challenges in meeting their housing and service needs. The cooperative decided to set up a committee, which formed partnerships with several public and nonprofit agencies. This soon led to the establishment of a nonprofit corporation, Penn South Social Services, Inc., to coordinate financial and policy matters with the external partners. The success of this effort became a model for NORCs elsewhere, and in 1994, New York state passed a statute that recognized and provided support for such programs. This legislation, which helped to coordinate social services and housing resources, was soon followed by similar local legislation in New York City. These programs are public-private partnerships, funded through a network of government agencies and with matching funds from charitable service and housing organizations. According to the UJA-Federation of New York, there are now 29 NORC programs in New York City alone.<sup>150</sup>

percent of Americans 50 and older who own their homes. Housing options and design figure prominently in a resident's quality of life and can influence the ability of a resident to age in place and remain independent.

Evidence has shown that most people age 50 and older want to remain in their own homes and communities. But to meet this goal, homes and communities need to be able to support independent living and healthy aging. Too often, homes and communities are not able to do so for a large segment of the 50 and older population.

There are significant interactions between the characteristics of the home and community and the social and civic engagement that residents are able to benefit from and contribute to. Residents of homes that are

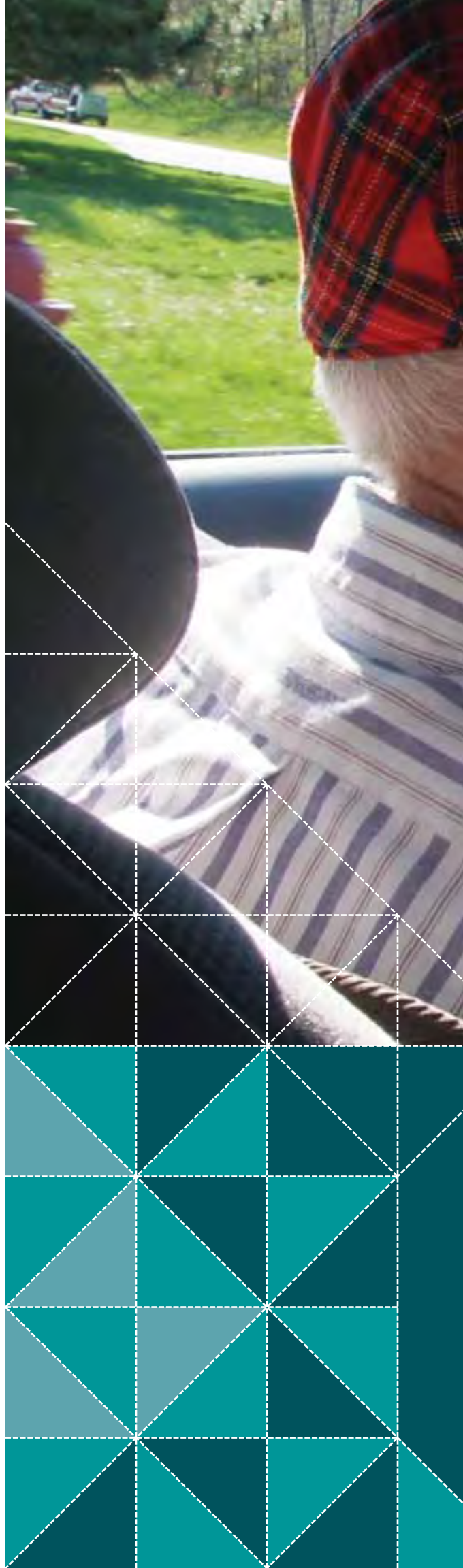
well designed for their needs, as well as residents who live in communities with a range of well-designed features and services, are much more likely to be socially involved and active in their communities. But there are frequently barriers to developing new housing options or enjoying the full use of existing housing. Solving those problems will require the involvement of individuals, families, the private sector, and government.



# IV.

## Transportation and Mobility

The livability of a community depends in part on multiple mobility options that allow residents of all ages and abilities to connect with their communities. Having transportation options contributes to maintaining independence and to people feeling they have control over their own lives. Individuals who engage in the civic and social life of their communities are happier and healthier; transportation is the means by which they physically reach other people and activities in their communities.





Transportation that connects individuals to the goods, services, and social opportunities of the community contributes to successful aging. It connects the home with community activities and social opportunities. People who do not have transportation options to meet their individual needs cannot easily contribute to their communities as volunteers or advocates.

Older Americans use transportation in their everyday lives in much the same way younger Americans do—they make daily trips to shop, to do family chores, to visit with family and friends, to go to work, to socialize, to give rides to others, to obtain medical and dental care. It is not surprising that older Americans make fewer passenger trips (trips made for the purpose of giving someone else a ride) and work-related trips than do mid-life Americans, as they are less likely to have children living at home and are more likely to be retired. All other trip purposes<sup>151</sup> are roughly in the same proportion (see Figure 18).

In large part these trips are made by car, although by age 75, both the number of trips made and the number of individuals who drive decline significantly. Age-related functional limitations that impede use of transportation options limit community engagement and successful aging.

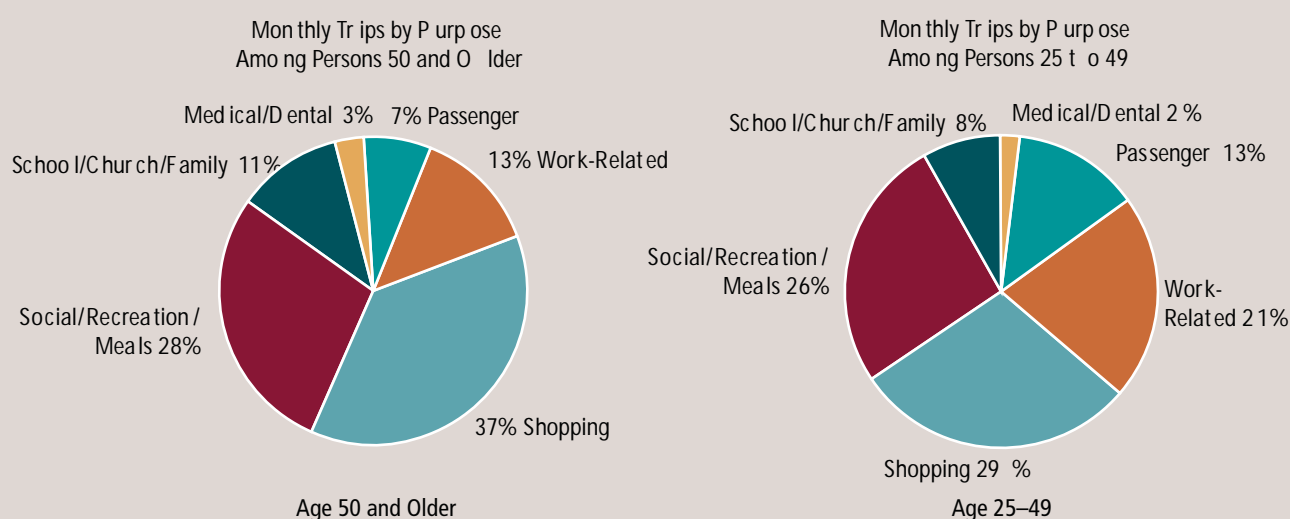
The transportation mode that individuals age 50 and older use has a strong influence on how much they get around and what they do when they travel. Health, disability, where people live, and income also influence levels of mobility.

## Driving: A Key or Barrier to Independence?

Individuals of all ages desire independence, choice, and control over their lives. Individuals 50 and older, like persons of all ages, see driving as assuring independence and freedom.<sup>152</sup> Indeed, getting a license to drive is a rite of passage into adulthood, a ticket to freedom. The Beyond 50.05 survey shows that drivers rarely or never miss something they would like to do because they do not have transportation. According to the National Household Travel Survey, in 2001, approximately seven of eight adults age 50 and older were drivers, although those age 75 and older are significantly less likely to drive<sup>153</sup> (see Figure 19).

It is not surprising that persons age 50 and older make most of their trips in personal vehicles; they make nine of every 10 trips in a privately owned vehicle, whether as a passenger or as a driver (see Figure 19). Drivers age 50 and older make approximately 115 trips per month by car (or van, sport utility vehicle, or other privately owned vehicle). The greatest proportion of these trips is for shopping, followed by socializing and working.<sup>154</sup>

FIGURE 18: Adults 50 and Older Make Fewer Passenger and Work-Related Trips



Source: AARP Public Policy Institute analysis of the National Household Travel Survey, 2001

Note: Purposes cannot be attributed to all trips. To avoid a trip-chaining bias, trips coded "return to work" and "home," as well as "other," "don't know," "refused," and "not ascertained," are not included.

According to the Beyond 50.05 survey, 76 percent of persons age 50 and older with a long-lasting condition that limits one or more basic physical activities drive, compared with 93 percent of persons without such a disability. The same proportion is seen for health: 76 percent of people age 50 and older who rate their health as fair or poor drive, compared with 93 percent of those who rate their health as good or excellent. Among all drivers, those with disabilities and those in poor health spend the least amount of time away from home. This is true for those drivers age 50 to 74 as well as for those 75 and older.<sup>155</sup>

While persons with disabilities are less likely to drive, among those who do drive, about half drive every day, and more than nine in 10 drive at least once a week. Nonetheless, one-third of older drivers with disabilities have difficulty going out alone (compared to two-thirds of nondrivers with disabilities), and half say that having more accessible public transportation would improve their quality of life.<sup>156</sup>

If not driving themselves, older persons are more likely to be passengers in a private motor vehicle than to use any other transportation option. This is particularly true for persons age 75 and older.<sup>157</sup> According to the Beyond 50.05 survey, about two-thirds of drivers expect to get rides from friends or

family members if they can no longer drive. However, many who do get rides say they dislike the sense of dependency that comes with getting a ride.<sup>158</sup>

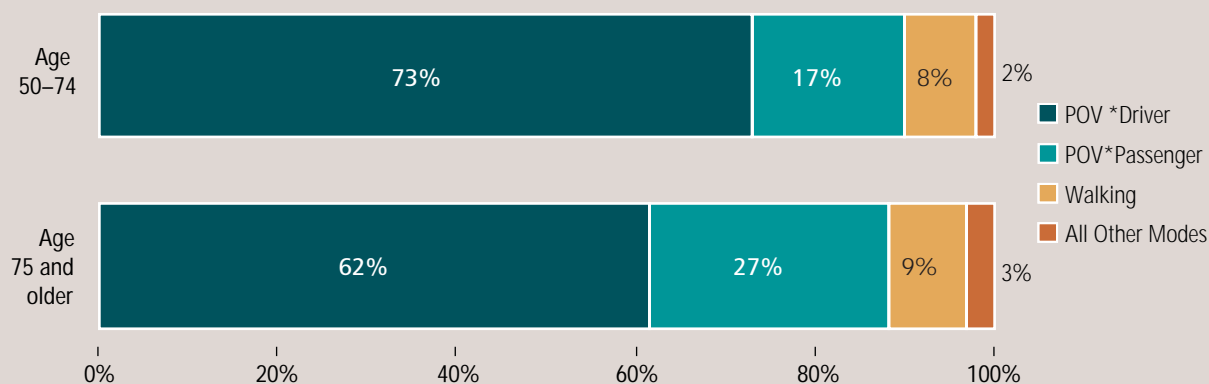
### Community Travel of Nondrivers

One of eight persons age 50 and older, and one of five persons 65 and older, does not drive. Analysis of the Beyond 50.05 survey indicates that individuals age 50 and older are much less likely to be drivers if they are:

- ◆ 65 or older,
- ◆ women,
- ◆ African American or Hispanic,
- ◆ not employed,
- ◆ less educated (have never attended college),
- ◆ low income (under \$20,000 per year),
- ◆ not living with a spouse or partner,
- ◆ living in an urban area,
- ◆ in fair or poor health, or disabled.<sup>159</sup>

Among persons 50 and older, nondrivers are much more limited in their mobility than are drivers and make less than half the number of trips drivers make. Gender and advancing age make a difference: compared to women, men experience a larger drop in trip-making due to nondriving, as do persons 75 and

FIGURE 19: Most Persons 50 and Older Are Drivers but Driving Decreases After 75



\*POV = privately operated vehicle.

Source: AARP Public Policy Institute analysis of the National Household Travel Survey, 2001

older, compared to those age 50 to 74 (see Figure 20). About half of nondrivers report that they have a medical condition that makes traveling difficult.<sup>160</sup>

Although women age 50 and older are about 2.5 times as likely to be nondrivers as men are, nondriving women have somewhat higher levels of mobility as they grow older

than do nondriving men of the same age. Female nondrivers age 75 and older make an average of 1.5 trips per day, compared to 1.3 trips for male nondrivers.<sup>161</sup>

For persons age 50 and older who do not drive themselves, riding with someone else is the most common method of travel. Advanced age makes a difference among nondrivers, with

FIGURE 20: Nondrivers Make Less Than Half as Many Daily Trips as Drivers





nondrivers age 75 and older making a higher proportion of their trips as passengers than do nondrivers age 50 to 74, as seen in Figure 21.<sup>162</sup> For nondrivers, family and friends, caregivers, and volunteers are the most likely source of transportation.

According to the Beyond 50.05 survey, individuals who live in urban areas are more likely to be nondrivers and to have access to transportation resources that nondrivers in rural areas typically do not have. Persons age 50 and older living in urban and suburban areas make more daily trips, with those in urban areas making more trips by foot and public transportation than do individuals in suburban areas. In addition, persons with disabilities in urban areas are more likely to make more trips because public transportation agencies must accommodate individuals with disabilities under the Americans with Disabilities Act (ADA). Nondrivers are about four times more likely than drivers making nondriving trips to use public transportation. Many of these public transportation trips by nondrivers are for life-sustaining purposes such as working, grocery shopping, and going to the doctor.<sup>163</sup>

Nondrivers face severe restrictions in their daily activities. They are six times as likely as drivers to frequently or occasionally miss doing something they would like to do because they do not have transportation

(see Figure 22 on page 80). In addition, analysis of the Beyond 50.05 survey has shown that nondrivers age 50 and older are much more likely than drivers to spend no time away from home.

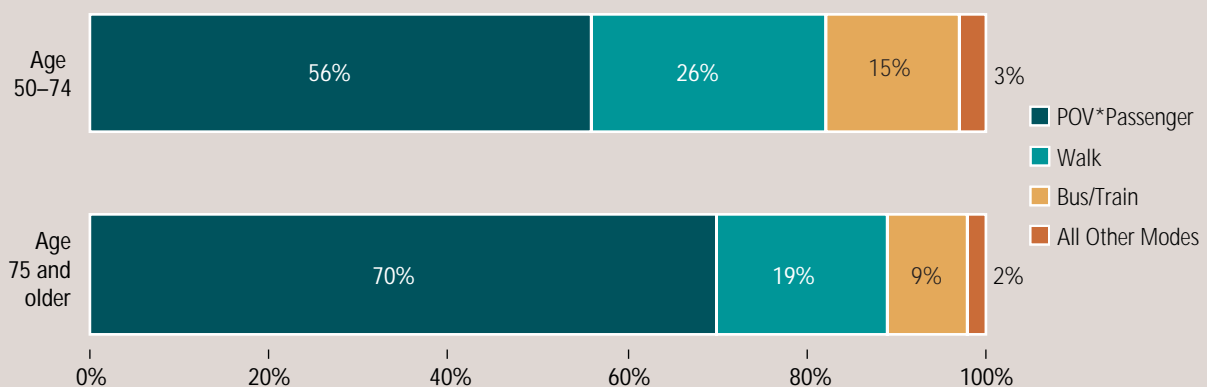
There are significant differences in the types of trips made by drivers and nondrivers. As seen in Figure 23 on page 81, nondrivers age 50 and older make just as many medical and dental trips as drivers do; make just under half the number of shopping, social/recreational/meals, and school/family/church trips as drivers do; and make many fewer work-related and passenger trips (trips made for the purpose of giving another person a ride).

### Alternatives to Cars

Although cars and other private motorized vehicles are the predominant travel mode, other types of transportation contribute as well to the mobility of persons age 50 and older. Indeed, individuals who use a combination of modes have higher levels of mobility than do those individuals who rely on a single mode.<sup>164</sup>

**Walking**—Individuals age 50 and older who combine driving and walking make the most trips in a week.<sup>165</sup> This may be in part because being able to drive and walk is associated with better health, and better health results in more activity. Individuals 50 and older make more than

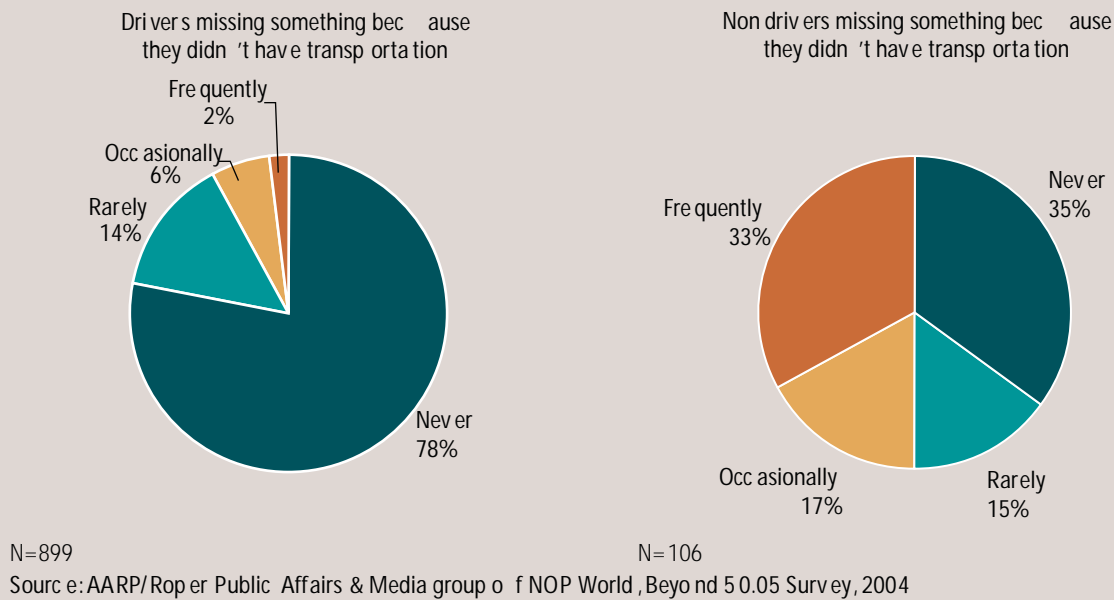
FIGURE 21: Nondrivers, Especially Those 75 and Older, Make Most of Their Trips as Passengers in Automobiles



\*POV = privately operated vehicle.

Source: AARP Public Policy Institute analysis of the National Household Travel Survey, 2001

FIGURE 22: Nondrivers Miss Doing Something They Wanted to Do Much More Often Than Drivers



three-quarters of all trips not made by personal vehicle on foot (an average of nine walking trips per month). Walking can serve as a mobility option or as an inexpensive or cost-free recreational activity. It is not surprising that nondrivers and people without medical conditions that make travel difficult make more walking trips than do drivers and people with medical conditions.<sup>166</sup>

**Public Transportation**—Public transportation is a crucial source of mobility for those who do not drive. Nondrivers age 50 or older, for example, make nearly one in six medical/dental trips by public transportation, 11 times the rate for drivers. However, traditional public transportation is not an option for everyone. Age has a strong impact on use of public transportation, as do health and disability. One in three persons age 75 and older has a medical condition that restricts his or her ability to travel, and one-sixth of these individuals say that their medical conditions limit use of public transportation.<sup>167</sup> Complementary paratransit (demand-responsive transportation service operating within

three-quarters of a mile of fixed bus routes) under the ADA may serve the needs of many of these individuals. The ADA requires public transit agencies to provide complementary paratransit to individuals of all ages who have a functional impairment that prevents them from reaching or using fixed-route buses.

**Specialized Transportation**—Specialized transportation, usually in vans operated by human service agencies and nonprofits, provides door-to-door transportation (paratransit). In addition, many public transportation agencies, such as in Los Angeles, contract with taxis to provide complementary paratransit to accommodate persons with disabilities under the ADA. Although this resource is crucial to those who use it, only a very small percentage of all trips made by all individuals age 65 and older are made by these special-purpose vans or in contracted taxi service. This may be due in part to concerns about service quality or because many individuals obtain rides from friends or family members.

**Taxis**—Private taxis also provide door-to-door transportation and are likely to be

available whenever the individual needs a ride, even on short notice. However, older persons view this option as too costly to use except for occasional or very short trips.

Individuals, whether drivers or nondrivers, can use alternatives to cars most readily when there is a good “fit” between the traveler and the entire system of mobility options. For example, people are likely to use transit if it is perceived as clean and safe; where there are safe and well-maintained sidewalks, shelters, and places for individuals to rest on the way to and at the bus stop; and when routes connect desired destinations. This high level of connectivity promotes mobility, whether that connectivity is provided by streets, sidewalks, trails, or bicycle paths.

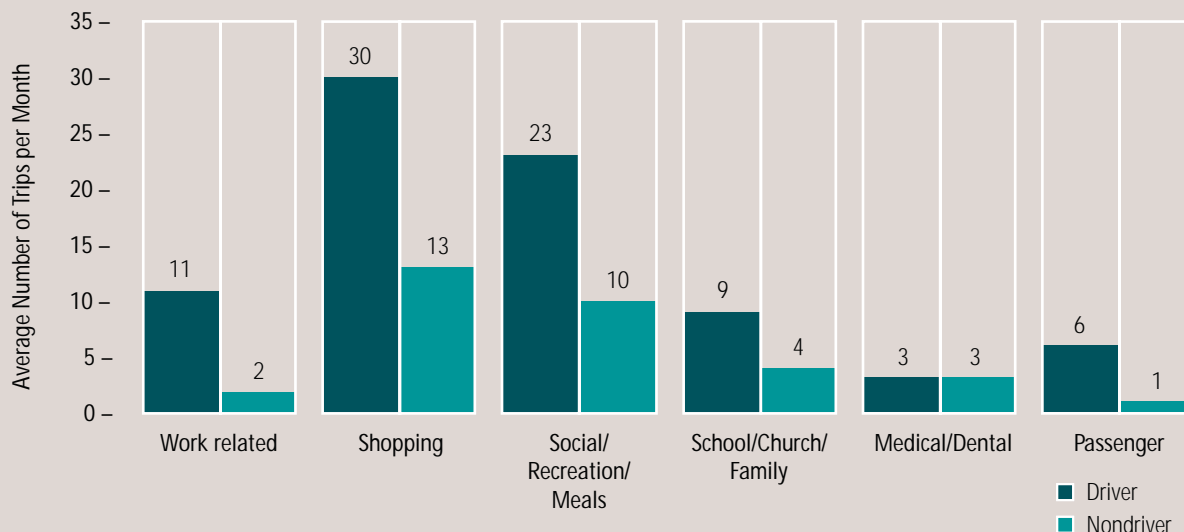
### Challenges to Community Mobility

There are many barriers to using various transportation options. The basic barrier to using public transportation is its unavailability. Public transportation in many rural and suburban areas where most older individuals live is either very limited or nonexistent. The majority (60%) of respondents in the Beyond 50.05 survey do not have public transportation

within a 10-minute walk of their homes. Even where it does exist, an urban public transportation system is likely to have been designed and operated originally to meet the needs of commuters and may not serve the needs of individuals who want to travel in off-peak hours or to non-work-related sites.

In addition, the physical form of a community may not sustain traditional mass transit options. Outer suburbs, for example, are generally too low in population density to make operating large buses economically feasible. Many individuals age 50 and older have lived most of their lives in suburbs that developed after World War II and were designed to accommodate cars. Homes and areas for shopping and services are often widely separated, there are often no sidewalks, and in many suburbs, single-family detached homes sit on relatively large lots. Furthermore, road design, such as cul-de-sacs, can impede connectivity and make it economically and operationally inefficient even for vans or small buses to travel in neighborhoods. Individuals who have grown up in these communities are less likely to have used alternatives to cars than

FIGURE 23: Only for Medical and Dental Visits Do Nondrivers Age 50 and Older Make as Many Trips as Drivers



Note: Purposes cannot be attributed to all daily trips. In addition, the “return” portion of a trip is not included such as “return home” or “return to work.” Trips coded as “other,” “don’t know,” “refused,” and “not ascertained,” are not included.

Source: AARP Public Policy Institute analysis of the National Household Travel Survey, 2001

are individuals who live in urban areas, which may be another barrier to the use of public transportation.

Other barriers to older individuals' use of existing options may include personal preference, usability, or lack of affordability. Emotional preference for the car is strong and is linked to independence and self-reliance.<sup>168</sup> At the same time, despite progress made since adoption of the Americans with Disabilities Act, local public transportation systems may not accommodate individuals with functional limitations that do not qualify an individual for ADA transportation.<sup>169</sup> Although publicly funded services are sometimes an option, these human service agencies and nonprofit organizations typically only provide transportation services that relate to achieving their specific goals, such as transportation to nutrition sites, and then only to their own clients. Finally, as noted earlier, individuals age 50 and older perceive cost as the primary problem associated with taxis.<sup>170</sup>

There are also many challenges to walkability. Sidewalks often are not available, but even where they do exist, they may not encourage walking. Barriers may be created by what is adjacent to the sidewalk, the

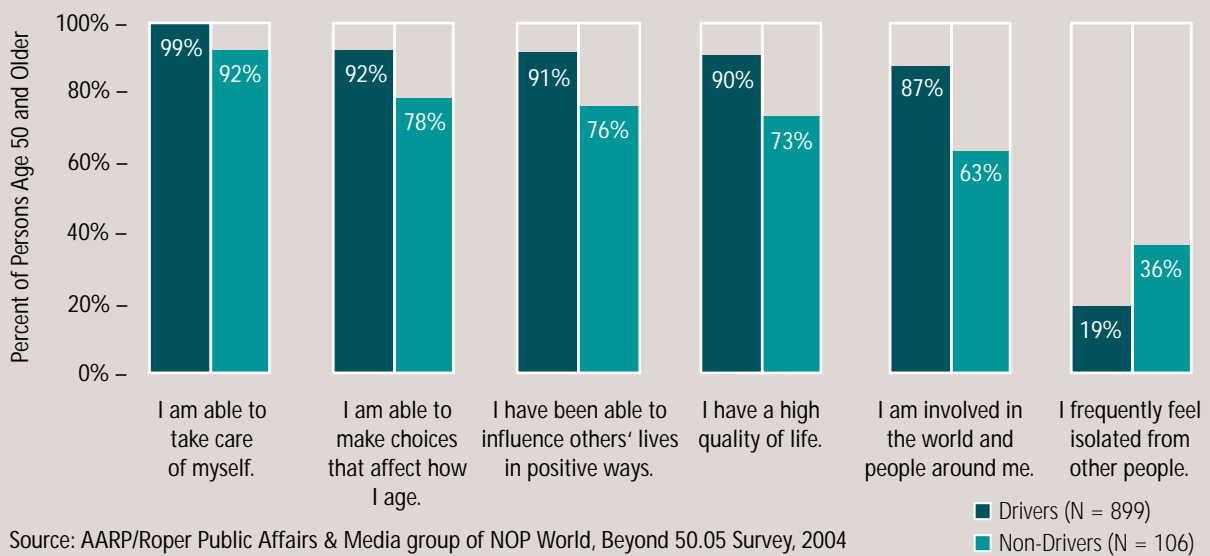
experience of walking in the local area, and what the sidewalks connect to. Ease and safety of walking may be issues for the traveler.

Driving also poses challenges for older persons. Although driving oneself is the most common transportation option for staying connected to the community, as people age, their risk of fatality or serious injury in a car crash increases. Although drivers age 55 and older are involved in fewer accidents per licensed driver than are drivers in all younger age groups, after age 65 they have an increased risk *per mile driven* of being involved in an accident. If they are in an accident, they are much more likely to die than are younger individuals.<sup>171</sup> Many older individuals protect themselves by regulating their own driving; they do not drive at night, in poor weather, or during peak travel hours.

Parking is another driving challenge. There may not be enough parking, or parking may be too far away from destinations in urban areas to meet the needs of older persons with functional impairments. The design of parking lots may create safety risks for drivers of all ages, particularly for older ones. In addition, often there is not enough parking



FIGURE 24: Drivers Score Higher Than Nondrivers on Many Indicators of Successful Aging



for individuals with disabilities (handicapped parking), even if minimum legal requirements under the ADA are met.

### Successful Aging and Transportation

When people can get where they want or need to go, they are more likely to be attached to their community and are also more likely to age successfully. The Beyond 50.05 survey shows a strong connection between driving and successful aging; drivers age 50 and older were significantly more likely to agree or strongly agree with statements related to successful aging than were nondrivers 50 and older (see Figure 24).

The Beyond 50.05 survey also demonstrates the role that driving plays in enabling older persons to socialize and to engage in activities that support their communities. Drivers age 50 and older are more likely than are nondrivers to spend time in community activities such as working, volunteering, political activities, seeing friends, and sharing hobbies with people outside their families. They also have higher scores on both the Community Engagement Index and the Community Attachment Index.

### Overcoming Challenges to Mobility

In a country where people of all ages and abilities depend on privately operated vehicles, individuals need to drive for as long as they can do so safely. Older drivers may be able to extend their safe driving years by taking steps to accommodate or overcome age-related changes that may affect their driving capacity. For most individuals these steps could include regularly self-assessing their own capacity and perhaps attending a driver-refresher course. Recognizing and addressing age-related changes in vision is an important first step for many older individuals. Maintaining quick reflexes and flexibility by keeping fit and physically active may also benefit driving capabilities. Therapeutic interventions, including cognitive training, may be available from certified driving rehabilitation specialists (CDRS). These professionals can assist individuals who have suffered an acute episode that has resulted in loss of driving capacity. With recognition of the need for mechanisms to extend the safe driving years, there is increasing demand for CDRS services, although currently there are only about 300 of these professionals throughout the United States.



Modification of the travel environment to accommodate age-related changes in physical functioning can promote continued driving. With improved road layout and design, lighting, and the design and placement of signs, increasing numbers of older drivers can continue driving safely.<sup>172</sup>

Planning and retrofitting the travel environment for an aging population can improve safety and mobility for individuals of all ages. For example, calming traffic with narrow streets or medians both slows traffic and helps to create a pedestrian area attractive for walking. Making streets that connect with each other and with desired destinations can facilitate access to friends and neighbors, as well as goods and services, throughout an individual's life.

A further challenge to driving safely for older drivers may be found in the design of cars. Car manufacturers can contribute to the safety of older drivers by planning for the needs and abilities of older drivers in designing vehicles and adopting new technologies.

Currently, an increasing number of cars have built-in technology that may require multitasking that can overburden the older driver who is not as familiar as younger drivers with such innovations. For example, cars may come equipped with global positioning systems (GPS) for navigation or with built-in, hands-free cellular phones. In addition, many

cars are designed to attract younger buyers and may not accommodate the physical changes that often accompany aging, such as reduced flexibility.

### Usable Transportation Systems, Customer-Friendly Operations

Not everyone will be able or want to keep driving through his or her later years. Dependence on privately owned vehicles has driven the sprawling development patterns that are predominant in America at the same time as it has increased the risk of immobility for individuals who must stop driving. Research suggests that a 75-year-old woman today is likely to experience 10 years of nondriving and a 75-year-old man, six years.<sup>174</sup> With the aging of the Baby Boom Generation, the number of nondrivers is likely to grow rapidly.<sup>175</sup> Today there are approximately 4.5 million nondrivers over the age of 75, a number that is likely to grow by more than 30 percent, to about six million in 2020.

A livable community has transportation options that meet a range of diverse needs for nondrivers and drivers who are limiting their driving or would prefer not to drive. Young people (under 25), older people, and people with low incomes are among those most likely not to have the car as a real mobility option. These individuals need to engage in both life-sustaining activities, such as grocery shopping

## Achieving Safety and Connectivity

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Safety and connectivity can happen in new developments as well as old towns and cities. In King Farm, a 1990s community development in Rockville, Maryland, a traditional grid pattern of complete streets (sidewalks along every street, bordering every block) connects residents to one another and to recreational areas, shops, medical services, and restaurants. The speed limits on neighborhood streets are low, there are frequent stop signs, and most streets are just wide enough for on-street parallel parking and one lane of traffic each way. Boulevards for traffic through the development are wide, but traffic lights provide for safe crossing at points where residential areas meet commercial ones. In addition, garages are behind residences so driveways do not cross sidewalks.

## Technology: Solution or Challenge?

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Working with the global auto industry, MIT's Department of Aeronautics and Astronautics, Harvard Medical School, Ben Gurion University in Israel, and MIT's Department of Electrical Engineering and Computer Science, the Massachusetts Institute of Technology's AgeLab is conducting extensive research on using new technologies to assist individuals to overcome age-related physical and mental challenges to safe driving. Work underway in 2005 includes how to adapt new technologies to the driving task of an operator age 50 and older.<sup>173</sup>

and getting to medical services, and activities that contribute to a good quality of life, such as social activities, community events, and entertainment, all of which are related to successful aging.<sup>176</sup>

As the demand for transportation alternatives grows, public transportation that is usable by all could increasingly become an important mobility resource. However, older adults want their transportation to be "affordable, accessible, adaptable, available, and acceptable."<sup>177</sup> While Americans of all ages expect the comfort and convenience of the private vehicle, it would be prohibitively expensive, with either private or public funds, for every nondriver to have a private vehicle and driver. About 85 percent of nondrivers age 50 and older say that they do not have a medical condition that limits transit use. This suggests that conventional public

transportation could be an option for many. Whether older individuals use it may depend on whether it is customer-friendly and designed and operated in a way that meets their needs.

In some places, public transportation providers have developed and implemented services that respond to transport preferences that cross generations. For example, small, low-floor buses that travel between residential areas and retail and service centers on a flexible schedule meet the needs of older and younger nondrivers alike; they are as easy to use for an older person with difficulties walking as they are for a parent with a child in a stroller. Low-floor bus routes that connect retail and services with neighborhoods and provide frequent service hold added promise for individuals who may otherwise be isolated at home.

## One Stop for All Ages

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The city of Phoenix, Arizona, built Central Station to address the transportation needs of its residents of all ages. Central Station is the one-stop location for transportation solutions. Customers can purchase tickets, find information on paratransit service and reduced fares, have a photo ID taken, and get Valley Metro bus route and schedule information there. Central Station serves as the hub for the public transportation provider, Valley Metro; offers 12 local bus routes and Dial-a-Ride; and is within walking distance to the Copper Square DASH, which provides service to downtown Phoenix and the state capitol. Central Station has public restrooms, play space for children, trees for shade, and 500 feet of sheltered colonnade with evaporation-cooled waiting areas for Phoenix's hot summer months.<sup>178</sup>



## Rural Public Transportation

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Yates Dial-A-Ride is a public demand-responsive transportation provider established in August 1976 by Yates Township in Lake County, a rural section of Michigan. Over the years, Yates Dial-A-Ride has grown to provide transportation services to three adjacent townships. In addition to its public demand-responsive service, Yates Dial-A-Ride contracts with area human service agencies, including the Senior Center, and provides essential transportation for its residents with disabilities. A measure of its success with local residents was their approval in November 2004 of a tax measure for funding the service in a 56 percent to 44 percent vote.<sup>179</sup>



In other places, particularly low-density rural areas, public transportation is entirely demand-responsive. These services are sometimes called “dial-a-ride.” Typically, individuals call ahead to schedule rides on small buses or vans, although computer scheduling is making it increasingly possible to get service without a prescheduled ride. Some of these public demand-responsive services also provide transportation for human service agency clients, which results in economic benefits for both the public transportation agency and the human service agencies.

The current ADA option required by law for eligible riders is a “curb-to-curb” paratransit service that must operate within areas along fixed bus routes and pick up riders with disabilities at their curbs. These services are part of the public transportation service, although many public transportation providers contract with private van or taxi operators to provide them. At the discretion of the transportation provider, ADA service may be door-to-door (rather than curb-to-curb), and many jurisdictions offer ADA service that goes beyond the narrow fixed-route corridor required by ADA regulations. Research suggests that close to half of ADA-eligible paratransit riders are age 65 and older.<sup>180</sup>

Volunteer transportation is an important mobility option for individuals who need personal assistance. These volunteers may be

associated with human service agencies, nonprofit service or religious organizations, or through local government initiatives. They typically provide a high-quality service that is very attentive to the needs of the individual rider. For example, volunteers help riders get into their homes, service well above that required of paratransit by the ADA. Although volunteers may be an important source of drivers for older adults with frailties, concerns about cost of insurance and liability may impede the development of programs involving volunteer drivers.

**While well-run and customer-friendly public transportation, including ADA paratransit, could meet the needs of many older nondrivers, many other individuals may need more assistance than these public services can provide.**

In an increasing number of places, and with the encouragement of metropolitan planning organizations, human service organizations are coordinating their transportation offerings with one another to use their limited resources more efficiently. The most efficient model of coordination appears to be human service

### Volunteer Drivers for Any Purpose

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PasRide in Pasadena, California, is an example of a rider-friendly transportation program that relies on volunteer drivers. To allow older adults to remain independent and engaged, in the PasRide model, riders recruit their own drivers. The sponsoring agency (such as an area agency on aging or a public transit agency) gives the rider money to reimburse the driver for transportation costs. There are no insurance or liability issues for either the driver or the sponsoring agency as the driver’s relationship to the rider is the same as if he or she was giving a ride to a friend or relative. Rides can be used for any purpose. PasRide “can be adapted as a stand-alone program, it can be integrated into an existing volunteer aging service program, or it can be incorporated into a public or paratransit service.”<sup>181</sup>

providers coordinating with public transportation providers, thereby combining human services expertise in serving clients with public transportation's expertise in systems operation.

As discussed earlier, transportation provided by families and friends is the most used option for individuals who do not or cannot drive themselves. Transportation is the first and most frequent service provided by family caregivers.<sup>182</sup> This informal resource is crucial to the mobility of older Americans, particularly those who are the frailest. But transportation is also a burden for families and friends, resulting in lost work time and heightened caregiver stress. A livable community could assist families who are providing transportation by assuring that there are publicly available alternatives to supplement their efforts. The private sector can also help; for example, grocery stores, pharmacies, and restaurants can provide delivery services.

### Impact of Land-Use Decisions on Availability of Transportation Options

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How communities decide to use the land within their jurisdictions has an important impact on the availability of mobility options. Land-use decisions determine the design of communities: location, density, mix of use can all encourage or impede mobility. Zoning decisions that keep shopping and services separate from residential development have resulted in suburbs designed for automobile, not pedestrian, use. Urban areas or inner suburbs where there is mixed retail, service, and residential use and high population density support a broad range of transportation options; high density and short distances make mass transit economically feasible. On the other hand, low-density land use such as is found in outer suburbs and rural areas may only support small dial-a-ride services (demand-responsive) or public transit within small areas of population concentration.

As noted earlier, public transportation is not available to the majority of individuals age 50 and older. In suburbia and rural areas, nondrivers must rely on purpose-limited human service transportation, volunteers, or friends and family for rides. Whether they are drivers or nondrivers, individuals 50 and older who live in high-density urban areas make more trips in a week than do individuals 50 and older who live in lower-density areas. In high-population density urban areas, individuals age 65 and older are likely to take many more trips than are those living in low-population density areas.<sup>183</sup>

Land-use decisions also have an impact on whether a place is walkable. High density and mixed use support walkability, which provides opportunities for healthy exercise as well as for independent access to community life. According to analysis of the Beyond 50.05 survey, 53 percent of individuals say they do not have a sidewalk outside their home, and 35 percent give their communities low grades for having walking and bike trails within a half-mile. Fewer than one in 10 drivers says that he or she would walk to get around if driving were no longer an option.

### Conclusion

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Transportation that connects individuals to the goods, services, and social opportunities of the community contributes to successful aging. It connects the home with community activities and social opportunities. People who do not have transportation options to meet their individual needs cannot easily contribute to their communities as volunteers or advocates, and they are less satisfied with their communities and their lives. A livable community provides a transportation system with a range of services operated to support the involvement of all its residents.



Photo: Bruce Weller

### The Swedish Model

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Sweden assumes that “no community can be fully served with a single transportation Model.”<sup>184</sup> The urban transportation model consists of traditional fixed-route service, service routes, and Special Transportation Service (STS) service routes that use smaller, low-floor buses and connect residential areas directly with commercial areas and health facilities. They are targeted to riders who otherwise would not use public transportation because of frailty or physical challenges. STS serves individuals with severe disabilities who require door-to-door transportation services and more personal assistance. Most STS riders are age 65 and older. Almost all STS vehicles are taxis.

### Walkability in Copenhagen

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Over the last 40 years, Copenhagen has worked steadily to improve the quality of life in its urban core. Forty years ago, Copenhagen’s main street was turned into a pedestrian thoroughfare. Since then, city planners have taken numerous small steps to transform the city from a car-oriented place to a people-friendly one. “In Copenhagen, we have pioneered a method of systematically studying and recording people in the city,” says Jan Gehl, a Danish architect and co-author of *Public Spaces–Public Life*, a study of what makes the city’s urban spaces work. “After twenty years of research, we’ve been able to prove that these steps have created four times more public life.” Among the 10 steps that Copenhagen has taken to reach this goal are converting streets into pedestrian thoroughfares, reducing traffic and parking gradually, and making the cityscape usable in all seasons.<sup>185</sup>



The vision of a livable community is more than a goal; it is also a call to boomers and their parents to become involved in their community as well as to public officials to seek out residents when planning and making change.



# V.

## Recommendations

Unless America makes a commitment to livable communities, baby boomers and other persons of a range of ages and with a variety of abilities will find it difficult to age successfully and remain engaged with their communities. The shortage of affordable and well-designed housing, mobility options, and opportunities for community engagement make it difficult for persons to maintain independence and a high quality of life. On the other hand, those communities that design for livability empower their residents to remain independent and engaged, and offer a better quality of life.

This design does not come about by accident; it must be carefully considered, promoted, and supported. At every level of government, appropriate actions are needed to promote communities' livability. And an integral part of successful community planning is the active solicitation and participation of older Americans. The vision of a livable community is more than a goal; it is also a call to boomers and their parents to become involved in their community as well as to public officials to seek out residents when planning and making change.

### Community Recommendations: A Six-Point Call to Action

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This research report has shown that livable communities are vital to the successful aging of people age 50 and older. To promote this livability and the active engagement of residents, AARP encourages government and the private sector to respond to a Six-Point Call to Action. AARP believes that this action agenda can help focus attention on community needs for persons of all ages and abilities. AARP also recognizes that many groups can contribute additional ideas to promote livable communities, and that the policy implications listed within each action item are just first steps toward achieving those goals.

1. Communities should encourage community engagement by facilitating various forms of social involvement, such as organizational membership and volunteering, and should actively solicit the contributions of persons of all ages and abilities in community decision making.

#### **Policy Implications**

- ◆ Localities should evaluate the inventory of settings for social involvement (e.g., public spaces in town centers, libraries, community and recreation centers, people-oriented parks and plazas) and should expand the supply and improve the design of settings as appropriate.
- ◆ Localities and nongovernment organizations should create and expand opportunities for volunteerism and community service.

- ◆ Localities should promote activities such as farmers' markets, walking groups, etc., that support residents' interaction.
- ◆ States and localities, including regional planning organizations, should enhance opportunities for citizen participation in planning meetings and other decision-making processes.

2. Communities should promote the design and modification of homes that meet the physical needs of older individuals.

#### **Policy Implications**

- ◆ States and localities should promote universal design and visitability through incentives to both the public and private sectors and encourage private partnerships to explore new and innovative approaches to home design.
- ◆ Communities should develop a clearing-house through their area agencies on aging, community services departments, or centers for independent living for information on suitable home modifications, potential funding sources, and finding a licensed, qualified remodeler.

3. Communities should encourage stability by ensuring an adequate supply of diverse and affordable housing environments.

#### **Policy Implications**

- ◆ All levels of government should contribute to adequate funding for a range of affordable housing options, including those with services.
- ◆ States and local jurisdictions should include the housing needs of low-income and older people and people with disabilities in state and local development strategies.
- ◆ Localities should review local plans and zoning requirements periodically to assess their impact on the availability of affordable and diverse housing options for older people.
- ◆ Localities should remove zoning barriers to such housing alternatives as accessory apartments and shared housing.

4. Communities should promote community features expressly intended to enhance safety and inclusiveness for persons of all ages and abilities.

**Policy Implications**

- ◆ Localities should carefully consider efficient mixed-use development to reduce distances between residences, shopping sites, recreation, health care facilities, and other community features. Zoning requirements should be reviewed in this context.
- ◆ Localities should work with citizens and neighborhood groups to promote and improve safety and security.
- ◆ Localities should adequately fund programs and incentives to promote the availability of community-based services (such as home care) to persons of limited means. In addition, they should coordinate service activities with other programs (e.g., by coordinating with area agencies on aging to provide common space in subsidized housing developments for service coordinators or group meals).

5. Communities should facilitate driving by older individuals by improving the travel environment, supporting driver education, and promoting safe driving throughout the life span.

**Policy Implications**

- ◆ State and local areas should evaluate existing streets and roads, and plan for new ones, in accordance with design developed to promote safe driving for older drivers.
- ◆ Federal, state, and local jurisdictions, as well as private entities such as insurance companies, should offer incentives for individuals to take driver education courses.

6. Communities should take positive steps to enhance mobility options, including public transportation, walking and bicycling, and specialized transportation for individuals with varied functional capabilities and preferences.

**Policy Implications**

- ◆ State and local areas should work to expand transportation choices and evaluate the impact of state and local regulations and land-use policy on transportation systems.
- ◆ State and local jurisdictions should create or adapt complete public transportation systems designed to meet the needs and preferences of diverse community residents, and communities should coordinate all agencies with an interest in transportation and the infrastructure that supports transportation.
- ◆ State and local jurisdictions should design and retrofit the travel environment for walking and bicycling for safety, connectivity, and accessibility.
- ◆ States and local jurisdictions should include transportation needs of people with low incomes, older people, and people with disabilities in state and local development strategies and should actively involve citizens in long- and short-range planning.
- ◆ State and local areas should promote a range of affordable transportation and mobility options that meet diverse needs and preferences.
- ◆ Transportation providers should be encouraged to market their services to older residents, and private retailers and medical providers should be encouraged to help arrange for transportation service for older customers.

# Appendices

## Appendix 1: Community Checklist

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Consider the local community in which you live. For some people, this might mean the town or village in which they live, or it could be their neighborhood. For other people, it could be their subdivision or development. That is, consider your local area of the city, metro area, or county, just around where you live.

1. Does your community have well-run community centers, recreation centers, parks, and other places where older people can socialize?
2. Does your community have convenient places for you to participate in public meetings and events?
3. Are there ample opportunities to become a volunteer in your community?
4. Does your community have dependable public transportation that you would use to get to the places you would like to go?
5. Does your neighborhood have safe, well-designed sidewalks that can take you where you want to go (e.g., to a nearby grocery or drugstore)?
6. Does your community have roads designed for safe driving, with clear and unambiguous signage, traffic stops, and pedestrian crosswalks?
7. If you have difficulty walking or driving, are there other safe and convenient transportation options available to you, such as rides from friends or family or public transportation?
8. Is security and safety a concern in your community?
9. If you wanted or needed to leave your current home, could you find affordable housing options elsewhere in your community?
10. If you had difficulty walking around or performing a physical activity, is your home designed in a way that would allow you to complete your daily tasks?



## Appendix 2: Survey Methodology

The following notes on methodology come from Roper Public Affairs, NOP World, from its contractor's report, "Beyond 50.05: Civic Involvement in America," August 2004. A copy of the survey report and annotated questionnaire are available upon request from Public Policy Institute, Independent Living/Long-Term Care Team, AARP, 601 E Street NW, Washington, DC 20049.

### Questionnaire Design

The questionnaire builds on the 1996 AARP Civic Involvement study and includes many of the questions from that earlier study. New questions were added to elicit new insights into livable communities and how they foster social involvement and community attachment.

### Field Method

The survey was conducted by telephone, between June 3, 2004, and July 11, 2004, using Roper's computer-assisted telephone interviewing (CATI) system.

Interviews were conducted by NOP's telephone interviewers in centralized telephone facilities. All interviewers assigned to the study received special study-specific training for this assignment and were monitored throughout the interviewing period.

Interviews for the Hispanic oversample were conducted at bilingual phone centers where respondents could answer the survey in either Spanish or English.

### Sample Design

The survey was conducted among a nationally representative sample of 1,005 people, age 50 or older.

Hispanic and African American oversamples were also included to yield a total, when combined with those from the general sample, of 252 African American and 246 Hispanic interviews.

### Sampling Households

Random-digit-dialing (RDD) procedures were used to select a nationally representative sample (excluding Alaska and Hawaii) of households that were screened to identify people age 50 and over.

### Margin of Sampling Error

The sampling error for the general population is +/- 3 percentage points at the 95 percent confidence level. For the African American and Hispanic oversamples, the margin of error is +/- 6 points at the 95 percent confidence level.

### Weighting

Weighting targets were applied to the data to ensure that the sample reflects census projections for adults age 50 or older by age within sex and region criteria. Separate weighting targets were applied to the African American and Hispanic oversamples to ensure that the samples reflect census estimates for these populations by age within sex and region.

## Sample Demography

	Total N (un-weighted)	Un-weighted %	Weighted %
<b>Age</b>			
50–64	558	56	57
65–74	250	25	24
75+	197	20	18
<b>Gender</b>			
Male	348	35	45
Female	657	65	55
<b>Employment</b>			
Employed	423	42	41
Unemployed	115	11	13
Retired	465	46	45
Disabled	377	38	42
<b>Education</b>			
High school grad or less	358	36	59
Trade/technical/vocational training	39	4	2
Some college	241	24	14
College grad or more	365	36	24
<b>Living Arrangements</b>			
With spouse or partner	611	61	71
Not living with spouse or partner	385	38	28
<b>Marital Status</b>			
Married	781	78	81
Separated	76	8	7
Divorced	228	23	21
Widowed	202	20	16
<b>Adults in Household</b>			
One	336	33	24
Two or more	664	66	76
<b>Children Under 18 in Household</b>			
Yes	108	11	11
No	896	89	89
<b>Race/Ethnicity</b>			
White (non-Hispanic)	861	86	84
African American (non-Hispanic)	49	5	5
Hispanic	41	4	5
Other	50	5	6
<b>Household Income</b>			
Under \$20K	176	18	19
\$20K–under \$50K	317	32	35
\$50K or more	322	32	28

## Endnotes

- 1 In raw numbers, it is projected that between 2005 and 2020 the population under age 50 will grow from approximately 208 million to 218 million, the population age 50–64 will grow from 50 million to 63 million, and the population age 65 and older will grow from 37 million to 55 million. Source: U.S. Census Bureau, “U.S. Interim Projections by Age, Sex, Race, and Hispanic Origin,” March 18, 2004, available at: [www.census.gov/ipc/www/usinterimproj](http://www.census.gov/ipc/www/usinterimproj).
- 2 Rowe, J.W., and Kahn, R.L., *Successful Aging* (New York: Random House Large Print, 1998), p. 53.
- 3 Later to become Partners for Livable Communities.
- 4 Named for the site at which the principals were first introduced to a conference of local elected officials in 1991—the Ahwahnee Hotel in Yosemite.
- 5 National Council on Disability, *Livable Communities for Adults with Disabilities* (Washington, DC: National Council on Disability, 2004), [www.ncd.gov/newsroom/publications/2004/publications.htm](http://www.ncd.gov/newsroom/publications/2004/publications.htm).
- 6 Harvard School Of Public Health–MetLife Foundation, *Reinventing Aging: Baby Boomers and Civic Engagement* (Boston: Harvard School of Public Health, 2004), p. 5.
- 7 Newhouse, M., and Goggin, J., *Life Planning for the 3rd Age* (San Francisco: Civic Ventures, 2004), [www.civicventures.org/80.html](http://www.civicventures.org/80.html).
- 8 Lyon, L., *The Community in Urban Society* (Chicago: Dorsey Press, 1987), pp. 5–6.
- 9 Rowe, J.W., and Kahn, R.L., *Successful Aging* (New York: Random House Large Print, 1998), p. 53.
- 10 Guterbock, T.M., and Fries, J.C., *Maintaining America’s Social Fabric: The AARP Survey of Civic Involvement* (Washington, DC: AARP, 1997).
- 11 This definition was presented to respondents so that their subsequent answers would be consistent with the view of community used in this report.
- 12 Phelan et al. conducted a scan of gerontology literature for successful aging concepts and then surveyed persons age 65 and older on whether they agreed those concepts were important. Their major findings were that 90 percent of respondents had thought about aging successfully, and that 13 of 20 attributes common in the literature were viewed by respondents as important to successful aging. Many of those general attributes are presented below in the Beyond 50.05 survey, along with additional measures that are specific to the subjects of community and community engagement. Source: Phelan, E., Anderson, L., Lacroix, A., and Larson, E., “Older Adults’ Views of Successful Aging—How Do They Compare with Researchers’ Definitions?” *Journal of the American Geriatrics Society*, Vol. 52, No. 2 (February 2004), pp. 211–216.
- 13 Results are tested at the 5 percent significance level. The general form of the multivariate test controlled for age, rural/urban residence, income, education, gender, ethnicity, race, presence of a spouse, self-reported health status, and disability status.
- 14 Wong, P.T.P., and Fry, P.S., “The Human Quest for Meaning: A Handbook of Psychological Research and Clinical Applications,” *Personality and Clinical Psychology* (Mahwah, NJ: Lawrence Erlbaum, 1998).
- 15 Maddox, G., and Eisdorfer, C., “Some Correlates of Activity and Morale Among the Elderly,” *Social Forces*, Vol. 40, No. 3 (1962), pp. 254–260.
- 16 Reissman, F., “The Helper Principle,” *Social Work*, Vol. 10 (1965), pp. 27–32.
- 17 Ryff, C.D., and Singer, B., “Middle Age and Well-being,” *Encyclopedia of Mental Health* (San Diego: Academic Press, 1998), pp. 707–719.
- 18 George, L.K., Landerman, R., Blazer, D.G., and Anthony, J.C. “Cognitive Impairment.” In *Psychiatric Disorders in America: The Epidemiologic Catchment Area Study*. Edited by L.N. Robins and D. A. Reiger, (New York: Free Press, 1991), pp. 291–327.
- 19 Scarmeas, N., Levy, G., et al. “Influence of Leisure Activity on the Incidence of

- Alzheimer's Disease." *Neurology*, Vol. 57 (2001), pp. 2236–2242.
- 20 Each of these concepts overlaps partially with the others. Social involvement is broader than community engagement because it can include ties to persons within the household as well as ties with others beyond the bounds of the local, geographic community. Civic engagement is also broader in the sense that people may belong to organizations or become involved in political or civic activities that are regional, national, or international in scope. Community engagement, as defined here, includes only those social ties and civic memberships and activities that are local in nature. In addition, community engagement encompasses elements that are neither social involvement nor civic engagement, namely, the feelings and attitudes that are psychosocial components of "community attachment."
- 21 Putnam, R.D., *Bowling Alone: The Collapse and Revival of American Community* (New York: Simon and Schuster, 2002).
- 22 Krause, N. "Neighborhoods, health, and well-being in late life." *Annual Review of Gerontology and Geriatrics*. Vol. 23 (2003), pp. 223–249.
- 23 Janowitz, M., *The Last Half Century: Societal Change and Politics in America* (Chicago: University of Chicago Press, 1978).
- 24 Sampson, R.J., Morenoff, J.D., and Earls, F. "Beyond Social Capital: Spatial Dynamics of Collective Efficacy for Children." *American Sociological Review*, Vol. 64, No. 5 (1999), pp. 633–660.
- 25 It is the local aspects of organizational memberships, volunteering, and charitable giving that are most relevant to the concepts of community engagement and livable communities. However, the available data do not clearly distinguish local from nonlocal aspects of these concepts. Because the great majority of each of these is locally based or enacted, this report does not attempt to separate local from nonlocal components of membership, volunteering, or charitable giving.
- 26 The psychological literature uses the term, "place attachment," which emphasizes the attitudinal and emotional aspects of the community attachment concept. See: Cutchin, M.P., "Deweyan Integration: Moving Beyond Place Attachment in Elderly Migration Theory," *International Journal of Aging & Human Development*, Vol. 52, No. 1 (2001), pp. 29–44; Norris-Baker, C., and Scheidt, R.J., "Place Attachment among Older Residents of a 'Ghost Town': A Transactional Approach." In R.I. Selby and K.H. Anthony (eds.), *Coming of Age* (Manhattan, KS: EDRA, 1990), pp. 333–342; Norris-Baker, C., and Scheidt, R.J., "From 'Our Town' to 'Ghost Town'?: The Changing Context of Home for Rural Elders," *International Journal of Aging & Human Development*, Vol. 38, No. 3 (1994), pp. 181–202; Rowles, G.D., "Place Attachment among Small Town Elderly," *Journal of Rural Community Psychology*, Vol. 11, No. 1 (1990), pp. 103–120; Rowles, G.D., "Evolving Images of Place in Aging and Aging in Place." In D. Shenk and W.A. Achenbaum (eds.), *Changing Perceptions of Aging and the Aged* (Lexington, KY: University of Kentucky Press, 1994), pp. 115–125; Rubinstein, R.L., and Parmelee, P., *Attachment to Place and the Representation of the Life Course by the Elderly*, Vol. 12 (Philadelphia, PA: Kluwer Academic/Plenum Publishers, 1992); Swenson, M.M., "The Meaning of Home to Five Elderly Women," *Health Care for Women International*, Vol. 19, No. 5 (1998), pp. 381–393.
- 27 Similar issues arise when a person moves to a nursing home. In that transition, loss of community is exacerbated by the simultaneous loss of independence that such a move entails.
- 28 These cut-points yield 14 percent "not very attached," 55 percent "somewhat attached," and 31 percent "very attached" in the Beyond 50.05 general-population sample.
- 29 Guterbock, T.M., and Fries, J.C., *Maintaining America's Social Fabric: The AARP Survey of Civic Involvement* (Washington, DC: AARP, 1997).
- 30 Early sociologists tended to exaggerate the importance of this "rural-urban

- continuum.” For a review, see Lyon, Larry, *The Community in Urban Society* (Chicago: Dorsey Press, 1987).
- 31 Liu, Q.A., Ryan, V., Aurbach, H., and Besser, T., “The Influence of Local Church Participation on Rural Community Attachment,” *Rural Sociology*, Vol. 63, No. 3 (1998), pp. 432–450.
  - 32 U.S. Census Bureau data show that in 2004, homeownership rates among individuals age 35 and under was 43.1 percent; 35 to 44 was 69.2; 45 to 54 was 77.2; 55 to 64 was 81.7; and for age 65 and older, 81.1. (U.S. Census Bureau, *Housing Vacancies and Homeownership Annual Statistics*, 2004, available at: [www.census.gov/hhes/www/housing/hvs/hvs.html](http://www.census.gov/hhes/www/housing/hvs/hvs.html)).
  - 33 Research focused on the community attachment of the elderly has highlighted some other predictors of community attachment. Design features of housing for the elderly are linked to community attachment: Sugihara, S., and Evans, G.W., “Place Attachment and Social Support at Continuing Care Retirement Communities,” *Environment & Behavior*, Vol. 32, No. 3 (2000), pp. 400–409; Zaff, J., and Devlin, A.S., “Sense of Community in Housing for the Elderly,” *Journal of Community Psychology*, Vol. 26, No. 4 (1998), pp. 381–397; Seniors who moved into Senior Citizen Apartments in Canada were found to be separated more often from their adult children by long distances, which caused them to see their children less often than independently living seniors did (Smith, G.C., “Geographic Separation and Patterns of Social Interaction Between Residents of Senior Citizen Apartment Buildings and Their Adult Children,” *Canadian Geography*, Vol. 42, No. 2 [1998], pp. 145–158); Reitzes, D.C., and Reitzes, D.C., “Metro Seniors in Action: A Case Study of a Citywide Senior Organization,” *The Gerontologist*, Vol. 31, No. 2 (1991), pp. 256–263, report stronger levels of community attachment to their lower-income Chicago neighborhood among elders who became involved in an activist group than among nonmembers. And another study of inner-city older adults found a stronger sense of community and stronger neighborhood social ties among those who made use of outdoor green spaces (Kweon, B., Sullivan, W.C., and Wiley, A.R., “Green Common Spaces and the Social Integration of Inner-City Older Adults,” *Environment & Behavior*, Vol. 30, No. 6 [1998], pp. 832–858).
  - 34 Guterbock, T.M., and Fries, J.C., *Maintaining America’s Social Fabric: The AARP Survey of Civic Involvement* (Washington, DC: AARP, 1997).
  - 35 Lasker, J.N., Egolf, B.P., and Wolf, S., “Community Social-Change and Mortality,” *Social Science and Medicine*, Vol. 39, No. 1 (1994), pp. 53–62, suggest that loss of community attachment increased risk of death from coronary heart disease in one Pennsylvania town with strong Italian traditions; Rennemark, M., and Hagberg, B., “Gender Specific Associations Between Social Network and Health Behavior in Old Age,” *Aging & Mental Health*, Vol. 3, No. 4 (1984), pp. 320–327, show that characteristics of an elder’s social network predict health behaviors and symptoms, but with different patterns of effect for men and women. O’Brien, D.J., Hassinger, E.W., and Dershem, L., “Community Attachment and Depression among Residents in Two Rural Midwestern Communities,” *Rural Sociology*, Vol. 59, No. 2 (1994), pp. 255–265, link lack of community attachment with symptoms of depression in two rural midwestern communities. Evans, G.W., Kantrowitz, E., and Eshelman, P., “Housing Quality and Psychological Well-being Among the Elderly Population,” *Journals of Gerontology Series B Psychological Sciences & Social Sciences*, Vol. 57B, No. 4 (2002), pp. 381–383, find that the link between housing quality and positive affect in the elderly is mediated by place attachment. Seeman, T.E., “Promoting Effects of Friends and Family on Health Outcomes in Older Adults,” *American Journal of Health Promotion*, Vol. 14, No. 6 (2000), pp. 362–370, review the effects on health and aging of social networks, socioeconomic status, and community characteristics, including the social characteristics of the community.

- Carp, F.M., "Living Environments of Older Adults." In E.M. Baines (ed.), *Perspectives on Gerontological Nursing* (Beverly Hills, CA: Sage Publications, 1991), pp. 185–197. Cookman, C.A., "Older People and Attachment to Things, Places, Pets, and Ideas," *The Journal of Nursing Scholarship*, Vol. 28, No. 3 (1995), pp. 227–231, emphasizes the importance of attachment for the well-being of the elderly.
- 36 This table and others in this chapter exclude five of the questions about successful aging because they are themselves measures of social involvement, community engagement, or civic involvement. For example, there is a strong correlation of the community engagement index with agreement that "I am involved with the world and people around me," but it would be fallacious to offer this as evidence linking community engagement with successful aging more generally.
- 37 The multivariate tests controlled for age, rural/urban residence, income, education, gender, ethnicity, race, self-reported health status, and disability status. For each of the nine items included in Table 2, the Community Attachment Index score significantly predicted the proportion giving a "strongly agree" response, with the other variables controlled in a logistic regression analysis. Five items in the successful-aging battery of questions are excluded from the table and the analysis because they could be taken to be direct measures of social involvement, community attachment, or civic engagement.
- 38 Jacobs, Jane, *The Death and Life of Great American Cities* (New York: Random House, 1961); Sampson, R.J., Morenoff, J.D., and Gannon-Rowley, T., "Assessing 'Neighborhood Effects': Social Processes and New Directions in Research," *Annual Review of Sociology*, Vol. 28 (2002), pp. 443–478; Putnam, *Bowling Alone* (2000), chap. 18.
- 39 Schaefer C., Coyne J., Lazarus R., "The Health-Related Functions of Social Support," *Journal of Behavioral Medicine*, Vol. 4, No. 4 (1981), pp. 381–406.
- 40 Wenger, C.G., "Elderly Caretakers: The Need for Appropriate Intervention," *Ageing and Society*, Vol. 10, No. 2 (June 1990), pp. 197–219.
- 41 Carstensen, L.L., "Social and Emotional Patterns in Adulthood: Support for Socioemotional Selectivity Theory," *Psychology and Aging*, Vol. 7 (1992), pp. 331–338.
- 42 Berkman, L., and Glass, T., "Social Integration, Social Networks, Social Support, and Health." In L. Berkman and I. Kawachi, *Social Epidemiology* (New York: Oxford University Press, 2000) for a recent review of this literature; Arling, G., "The Elderly Widow and Her Family, Neighbors and Friends," *Journal of Marriage and the Family*, Vol. 38, No. 4 (1976), pp. 757–768; Balaswamy, S., and Richardson, V.E., "The Cumulative Effects of Life Event, Personal and Social Resources on Subjective Well-Being of Elderly Widowers," *International Journal of Aging & Human Development*, Vol. 53, No. 4 (2001), pp. 311–327.; Mullins, L.C., Johnson, D.P., and Andersson, L., "Loneliness of the Elderly: The Impact of Family and Friends," *Journal of Social Behavior and Personality*, Vol. 2, No. 2 (1987), pp. 225–238; Stephens, R.C., Blau, Z.S., Oser, G.T., and Millar, M.D., "Aging, Social Support Systems, and Social Policy," *Journal of Gerontological Social Work* (1978); Stoller, E.P., "Self-Assessments of Health by the Elderly: The Impact of Informal Assistance," *Health and Social Behavior*, Vol. 25 (1984), pp. 260–270.
- 43 Krause, N., "Social support," *Handbook of Aging and the Social Sciences*, In R.H. Binstock and L.K. George (eds.), (San Diego: Academic Press, 2001), pp. 272–294.
- 44 Rook, K.S., "Social Support versus Companionship: Effects on Life Stress, Loneliness, and Evaluations by Others," *Journal of Personality and Social Psychology*, Vol. 52 (1987), pp. 1132–1147.
- 45 Time spent with companions is considered a form of social involvement, but counts as community engagement only if the companion is a friend outside the household.
- 46 Krause, N., "Social Support." In Robert H. Binstock (ed.), *Handbook of Aging and the Social Sciences*, 5th Ed. (San Diego: Academic Press, 2001), pp. 272–294.

- 47 Krause, N., Herzog, A., and Baker, E., "Providing Support to Others and Well-being in Later Life," *Journal of Gerontology*, Vol. 47 (1992), pp. 300–311.
- 48 Guterbock, T.M., and Fries, J.C., *Maintaining America's Social Fabric: The AARP Survey of Civic Involvement* (Washington, DC: AARP, 1997).
- 49 Antonucci, T.C., and Akiyama, H., "Social Networks in Adult Life and a Preliminary Examination of the Convoy Model," *Journal of Gerontology*, Vol. 42, No. 5 (1987), pp. 519–527.
- 50 Antonucci, T.C., "Social Supports and Social Relationships." In R.H. Binstock and L.K. George (eds.), *Handbook of Aging and Social Sciences*, 3rd Ed., (San Diego: Academic Press, 1990), pp 205–226.
- 51 Initially, helping others more is associated with greater feelings of personal control. However, beyond a certain threshold point, additional increments in assistance are associated with diminished feelings of control. See Krause, N., "Understanding the Stress Process: Linking Social Support with Locus of Control Beliefs," *Journal of Gerontology*, Vol. 42 (1987), pp. 589–593.
- 52 de Tocqueville, A., *Democracy in America*, trans. H.C. Mansfield and D. Winthrop (Chicago: University of Chicago Press, 2000).
- 53 Guterbock, T.M., and Fries, J.C., *Maintaining America's Social Fabric: The AARP Survey of Civic Involvement* (Washington, DC: AARP, 1997).
- 54 Cerhan, J.R., and Wallace, R.B., "Predictors of Decline in Social Relationships in the Rural Elderly," *American Journal of Epidemiology*, Vol. 137, No. 8 (1993), pp. 870–880.
- 55 Guterbock, T.M., and Fries, J.C., *Maintaining America's Social Fabric: The AARP Survey of Civic Involvement* (Washington, DC: AARP, 1997).
- 56 The survey included a scientifically drawn random oversample of Hispanic adults age 50 and older. The total membership counts in the 2004 survey are lower than those found in the 1996 survey because a shorter list of organizations was used in 2004, and the list was partially contingent on an earlier list of organizations for which people volunteer.
- 57 Nie, N.H., and Verba, S., *Participation in America* (Chicago: University of Chicago Press, 1972), ch. 6.
- 58 Verba, S., Schlozman, K., and Brady, H., *Voice and Equality: Civic Voluntarism in American Politics* (Cambridge, MA: Harvard University Press, 1995).
- 59 Becker, A.B., "Perceived Control as a Partial Measure of Empowerment: Conceptualization, Predictors, and Health Effects," *Dissertation Abstracts International: Section B: The Sciences & Engineering*, 61(2-B) (2000), p. 809.
- 60 Cutler, N.E., "Voluntary Association Participation and Life Satisfaction: Replication, Revision, and Extension," *International Journal of Aging & Human Development*, Vol. 14, No. 2 (1981), pp. 127–137.
- 61 Mishra, S., "Leisure Activities and Life Satisfaction in Old Age: A Case Study of Retired Government Employees Living in Urban Areas," *Activities, Adaptation & Aging*, Vol. 16, No. 4 (1992), pp. 7–26.
- 62 One study shows that voluntary organization membership reduces depressive symptoms across all ages from 22 to 89 (Rietschlin, J., "Voluntary Association Membership and Psychological Distress," *Journal of Health and Social Behavior*, Vol. 39, No. 4, [1998], pp. 348–355). Voluntary organizations appear to have stress-buffering effects and make a unique contribution to stress reduction when related variables are controlled; Welsh, W.M., "Linking Aging, Gender, and Activism: Political Involvement and Women's Late Life Well-being," *Dissertation Abstracts International: Section B: The Sciences & Engineering*, 59(10-B) (1999), p. 5610, finds an exploratory study that reveals in women over 60 high levels of voluntary involvement allow women to savor positive outcomes; Tucker, J.S., Schwartz, J.E., Clark, K.M., and Friedman, H.S., "Age-related Changes in the Associations of Social Network Ties with Mortality Risk," *Social Psychology and Aging*, Vol. 14, No. 4 (1999) pp. 564–571, reports a long-term longitudinal study on mortality risk and network ties that finds that organizational memberships

- lower mortality risks for both genders; Young, F.W., and Glasgow, N., “Voluntary Social Participation and Health,” *Research on Aging*, Vol. 20, No. 3 (1998), pp. 339–362, reviews literature on voluntary social participation and health, and the authors find that formal social participation affects mortality, net of social ties. Distinguishing between memberships that are expressive and those that are instrumental (that is, membership in organizations like labor unions and professional associations that advance tangible interests of their members), they find that instrumental memberships predict perceived health for both men and women, while expressive memberships predict perceived health for women only.
- 63 The exceptions: “able to adjust to changes” and “able to take care of myself.” The multivariate tests controlled for age, rural/urban residence, income, education, gender, ethnicity, race, self-reported health status, and disability status. For seven of the nine items included in Table 4, the number of memberships (logged) significantly predicted the proportion giving a “strongly agree” response, with the other variables controlled in a logistic regression analysis. Five items in the successful-aging battery of questions are excluded from the table and the analysis because they could be taken to be direct measures of community engagement.
- 64 Nonorganizational volunteering is not included here.
- 65 For more information, see [www.seniorcorps.org](http://www.seniorcorps.org).
- 66 Guterbock, T.M., and Fries, J.C., *Maintaining America's Social Fabric: The AARP Survey of Civic Involvement* (Washington, DC: AARP, 1997).
- 67 Social Capital Community Benchmark Survey, The Saguaro Seminar on Civic Engagement in America, John F. Kennedy School of Government, Harvard University (2000).
- 68 Prisuta, R., “Enhancing Volunteerism among Aging Boomers,” *Reinventing Aging: Baby Boomers and Civic Engagement*, (Boston: Harvard School of Public Health, 2004), pp. 47–89.
- 69 Toppe, C., and Kirsch, A. *Giving and Volunteering in the United States, 2001* (Washington, DC: Westat, Inc., and Independent Sector, 2002).
- 70 Prisuta, R., “Enhancing Volunteerism among Aging Boomers,” *Reinventing Aging: Baby Boomers and Civic Engagement* (Boston: Harvard School of Public Health, 2004); see also U.S. Department of Labor, Bureau of Labor Statistics, 2004 CPS supplement, *Volunteering in the United States 2004*, available at: [www.bls.gov/cps](http://www.bls.gov/cps).
- 71 Ibid, Prisuta.
- 72 U.S. Bureau of Labor Statistics, *Volunteering in the United States, 2004*, available at: [www.bls.gov/news.release/volun.toc.htm](http://www.bls.gov/news.release/volun.toc.htm).
- 73 Unfortunately, because we lack surveys on this topic taken over a long period with consistent methods, the available data do not give a clear picture of any trend, up or down, in the amount of volunteering done by older adults. See Prisuta, R., “Enhancing Volunteerism among Aging Boomers,” *Reinventing Aging: Baby Boomers and Civic Engagement* (Boston: Harvard School of Public Health, 2004).
- 74 The 1999 Independent Sector survey on giving and volunteering showed that seniors were volunteering at a higher rate than ever before. In 1998, 48 percent of persons age 55 and older volunteered at least once a year, a four-point increase in percentage terms since 1995; see the biennial series, Independent Sector, *Giving and Volunteering in the United States: Findings from a National Survey* (Washington, DC: Independent Sector, 1998 onward). Later surveys by Independent Sector found lower percentages, but used a different methodology. Putnam, *Bowling Alone* (2000, pp. 129–130) reports substantial increases in the amount of volunteering among the oldest age groups between 1975 and 1998.
- 75 Wink, P., and Dillon, M., “Religious Involvement and Health Outcomes in Late Adulthood: Findings from a Longitudinal Study of Women and Men.” In T.G. Plante and A.C. Sherman (eds.), *Faith and Health: Psychological*



- Perspectives*, pp. 75–106 (New York: Guilford Press, 2001).
- 76 This holds true for volunteering for most types of nonreligious organizations as well as for volunteering for religious organizations.
- 77 Prisuta, R., “Enhancing Volunteerism among Aging Boomers,” *Reinventing Aging: Baby Boomers and Civic Engagement* (Boston: Harvard School of Public Health, 2004) pp. 47–89; Guterbock, T.M., and Fries, J.C., *Maintaining America’s Social Fabric: The AARP Survey of Civic Involvement* (Washington, DC: AARP, 1997).
- 78 Musick, M., and Wilson, J., “Volunteering and Depression: The Role of Psychological and Social Resources in Different Age Groups.” *Social Science and Medicine*, Vol. 56, No. 2 (2003), pp. 259–269.
- 79 Thoits, P., and Hewitt, L., “Volunteer Work and Social Well-being,” *Journal of Health and Social Behavior*, Vol. 48 (2001), pp. 174–187.
- 80 Prisuta, R., “Enhancing Volunteerism among Aging Boomers,” *Reinventing Aging: Baby Boomers and Civic Engagement* (Boston: Harvard School of Public Health, 2004), pp. 47–89.
- 81 Musick, M.A., Herzog, A., and House, J.S., “Volunteering and Mortality Among Older Adults: Findings from a National Sample,” *Journals of Gerontology Series B-Psychological Sciences & Social Sciences*, Vol. 54B, No. 3 (1999), pp. S173–S180.
- 82 Another study that shows the link between volunteering and mortality finds that this effect of volunteering is especially evident among people who are more involved in religion; see: Oman, D., Thoresen, C. E., and McMahon, K., “Volunteerism and Mortality Among the Community-Dwelling Elderly,” *Journal of Health Psychology*, Vol. 4, No. 3 (1999), pp. 301–316.
- 83 For more information, see [www.experiencecorps.org](http://www.experiencecorps.org).
- 84 For more information, see [www.loukymetro.org/Department/HumanServices/nutrition.asp](http://www.loukymetro.org/Department/HumanServices/nutrition.asp).
- 85 See also: Sullivan, K., *Catching the Age Wave: Building Schools with Senior Citizens in Mind* (Washington, DC: National Clearinghouse for Educational Facilities, 2002), available at: [www.edfacilities.org/pubs/agewave.html](http://www.edfacilities.org/pubs/agewave.html).
- 86 The multivariate tests were the same as those described in note 63 for organizational membership, with the logged number of organizations for which a person volunteered used as a predictor instead of memberships.
- 87 Putnam, *Bowling Alone* (2000), p.118.
- 88 Largely because poor people who are religious give substantial fractions of their income to their places of worship; *ibid.*, p. 119.
- 89 *Ibid.*, p. 119
- 90 Similar results are found in the 1996 Independent Sector survey; Independent Sector, *Giving and Volunteering* (1996).
- 91 *Ibid.*
- 92 See Verba, S., and Nie, N., *Participation in America* (Chicago: University of Chicago Press, 1972), chap. 9; Strate, J.M., Parrish, C.J., Elder, C.D., and Ford, C., “Life Span Civic Development and Voting Participation,” *The American Political Science Review*, Vol. 83, No. 2 (1989), pp. 443–464.
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- 94 *Ibid.* (special tabulations).
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- 100 A reliability analysis of the items (the Community Attachment Index score and 13 other items) yields a Chronbach's alpha score of .81. The distribution of scores approximates a normal curve centered on a mean value of 16.1.
- 101 The multivariate tests controlled for age, rural/urban residence, income, education, homeownership, gender, presence of a spouse, ethnicity, race, self-reported health status, and disability status. For the nine items included in Table 7, the Community Engagement Index significantly predicted the proportion giving a "strongly agree" response, with the other variables controlled in a logistic regression analysis. Five items in the successful-aging battery of questions are excluded from the table and the analysis because they could be taken to be direct measures of community engagement.
- 102 Joint Center for Housing Studies of Harvard University, *State of the Nation's Housing: 2004* (Cambridge, MA: Joint Center for Housing Studies of Harvard University, 2004).
- 103 A housing unit, by the Census Bureau definition, is a house, apartment, group of rooms, or single room occupied or intended for occupancy as "separate living quarters"; that is, in which people live and can eat separately from other residents and have direct access to their unit from a common hall or outdoors. See Census Bureau Current Housing Reports, H150 series.
- 104 The Fair Housing Act, as amended in 1988, requires seven basic elements in multifamily buildings built after March 13, 1991, and that have four or more housing units: an accessible building entrance on an accessible route; accessible common and public use areas; doors that are usable by a person in a wheelchair; an accessible route into and through the dwelling unit; accessible light switches, electrical outlets, thermostats, and other environmental; reinforced walls in bathrooms for later installation of grab bars; and kitchens and bathrooms that are maneuverable by someone using a wheelchair. If there is no elevator, then only ground floor units must comply.
- 105 National Center for Assisted Living, *Facts and Trends 2001* (Washington, DC: National Center for Assisted Living, 2001).
- 106 These results are generally consistent with an AARP's 2003 report, *These Four Walls*. That study, based on a survey of respondents age 45 and older, found that 85 percent reported having a full bath on the main level, 83 percent reported a bedroom on the main level, 54 percent reported nonslip floor surfaces, and 37 percent reported an entrance without steps (Washington, DC: AARP, 2003).
- 107 See Section II for a detailed discussion of this index.
- 108 A statistical model (logit) was used to control for a variety of characteristics, such as disability, presence of a spouse, urban/suburban/rural, gender, etc.
- 109 AARP, *Beyond 50.03: A Report to the Nation on Independent Living and Disability* (Washington, DC: AARP, 2003).
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- 111 By comparison, the nation's housing stock was around 119 million in 2001 (U.S. Census Bureau, Current Housing Report, H150/01). The Brookings report cited in the text estimates that about 20 million of those units would be replaced by 2030, and there would be a net addition of around 40 million, to total 60 million units of new residential construction.
- 112 A 36- by 36-inch maneuvering space is frequently recommended as a minimum, based on Fair Housing Accessibility Guidelines (see, for instance, a summary

- at Center for Inclusive Design & Environmental Access, University at Buffalo, available at: [www.ap.buffalo.edu/idea/special\\_interest/FHAG/FHAG1.html](http://www.ap.buffalo.edu/idea/special_interest/FHAG/FHAG1.html)).
- 113 Accessibility is a general concept for providing features that allow access into and within the home and ease of use for the features of the home. Universal Design and Visitability features are types of accessibility.
- 114 Additional information, including the text of these ordinances, can be found at <http://www.concretechange.org/>.
- 115 Including Georgia, Minnesota, and Texas.
- 116 *Olmsted v. L.C. and E.W.* (98-536) 527 U.S. 581 (1999).
- 117 Iowa's Olmstead Real Choices Consumer Task Force, *A Best Practices Sampler, 2003*, available at: [www.olmsteadrealchoicesia.org/Materials/PromPract03.pdf](http://www.olmsteadrealchoicesia.org/Materials/PromPract03.pdf).
- 118 Construction Minister Nick Raynsford, as reported UK Department of the Environment, Transport, and the Regions, "Better Access Planned for New Homes," press release, March 1998.
- 119 U.S. Census Bureau, "2001 Survey of Income and Program Participation, Topical Module Wave 3," generated by AARP, using public use microdata, available at: <http://dataferrett.census.gov/TheDataWeb/index.html>, (2004).
- 120 U.S. Census Bureau, *Housing Vacancies and Homeownership Annual Statistics, 2004*, available at: [www.census.gov/hhes/www/housing/hvs/hvs.html](http://www.census.gov/hhes/www/housing/hvs/hvs.html).
- 121 As of publication, the credit line option is not available in Texas.
- 122 Bureau of Labor Statistics, "2001 Consumer Expenditure Survey" (2003) generated by AARP, using public use microdata, available at: [www.bls.gov/cex/home.htm#products](http://www.bls.gov/cex/home.htm#products).
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- 124 U.S. Census Bureau, "American Community Survey, 2002 and 2003 data" (2004) generated by AARP, using public use microdata, available at: [www.census.gov/acs/www/](http://www.census.gov/acs/www/).
- 125 In the *American Communities Survey*, housing costs for owners are defined as "sum of payments for mortgages, deeds of trust, contracts to purchase, or similar debts on the property (including payments for the first mortgage, second mortgages, and home equity loans); real estate taxes; fire, hazard, and flood insurance on the property; utilities (electricity, gas, and water and sewer); and fuels (oil, coal, kerosene, wood, etc.). It also includes, where appropriate, the monthly condominium fee for condominiums and mobile home costs (installment loan payments, personal property taxes, site rent, registration fees, and license fees) for mobile homes." For renters, housing costs are based on gross rent: "Gross rent is the contract rent plus the estimated average monthly cost of utilities (electricity, gas, and water and sewer) and fuels (oil, coal, kerosene, wood, etc.) if these are paid for by the renter (or paid for the renter by someone else)." U.S. Census Bureau, *American Community Survey-Subject Definitions*, available at: [www.census.gov/acs/www/UseData/Def.htm](http://www.census.gov/acs/www/UseData/Def.htm).
- 126 Ibid.
- 127 Commission on Affordable Housing and Health Facility Needs for Seniors in the 21st Century, *A Quiet Crisis in America* (Washington, DC: Commission on Affordable Housing and Health Facility Needs for Seniors in the 21st Century, June 2004).
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- 130 See Section II for a detailed discussion of this index.
- 131 Scores on the index ranged from 0 to 32.75; see Section II for more information.

- 132 Fannie Mae, for instance, has established a “Smart Commute Initiative” mortgage product. For discussion see: [www.efanniemae.com/hcd/single\\_family/mortgage\\_products/smartcommute.html](http://www.efanniemae.com/hcd/single_family/mortgage_products/smartcommute.html).
- 133 U.S. Census Bureau, Current Population Survey, 2003 Annual Social and Economic Supplement, printed in *Geographical Mobility 2002 to 2003*, P20-549, March 2004.
- 134 U.S. Census Bureau, “Current Population Survey, March Supplements, 2002 and 2003” (2004) generated by AARP, using public use microdata, available at: <http://dataferrett.census.gov/TheDataWeb/index.html>.
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- 137 U.S. Census Bureau, “Geographic Mobility: 2003, Detailed Tables for P20-549, Table 22” (March 2004), available at: [www.census.gov/population/www/socdemo/migrate.html](http://www.census.gov/population/www/socdemo/migrate.html).
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- 142 Age 55 is used because this is the bound created for most age-restricted communities under the 1988 amendments to the Fair Housing Act.
- 143 Housing developments may be designated for older persons if they are intended for and occupied exclusively by persons age 62 or older, or intended for persons 55 and older where at least 80 percent of the units are occupied by persons age 55 or older (Fair Housing Act as amended; see, for instance, [www.usdoj.gov/crt/housing/title8.htm](http://www.usdoj.gov/crt/housing/title8.htm)).
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- 145 In terms of age-restricted communities, around 6 percent of residents age 65 and older in the Northeast and Midwest live in an age-restricted community, compared to eight percent in the South and 11 percent in the West.
- 146 NAHB Research Center, *National Older Adult Housing Survey Summary of Findings* (Upper Marlborough, MD: NAHB Research Center, December 2002).
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- 152 Coughlin, Joseph, *Transportation and Older Persons: Perceptions and Preferences* (Washington DC: AARP Public Policy Institute, 2001), p. 5.
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- 155 The Beyond 50.05 survey underestimates the number of nondrivers, but the difference between persons with and without disabilities is still informative.
- 156 AARP/Harris Interactive Survey of Persons 50 and Older with Disabilities, September 2002.
- 157 U.S. Department of Transportation, “2001 National Household Travel Survey” (2004), generated by AARP Public Policy Institute, using public use microdata, available at: [http://nhts.ornl.gov/2001/html\\_files/download\\_directory.shtml](http://nhts.ornl.gov/2001/html_files/download_directory.shtml).
- 158 Ritter, A., Straight, A., and Evans, E., *Understanding Senior Transportation: Report and Analysis of a Survey of Consumers Age 50+* (Washington DC: AARP Public Policy Institute, 2002).
- 159 Based on statistical multivariate analysis. All factors listed here, except gender, are statistically significant in this survey. There is a substantial difference in driver status by gender in the survey responses, but it is not significant by itself. However, gender is a statistically significant factor in NHTS, and the NOP data are consistent with a substantially higher likelihood of nondriving among women than among men. We theorize that the underreporting of nondrivers in the NOP survey disproportionately affects women.
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- 162 Ibid.
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- 167 Ibid.
- 168 Coughlin, Joseph, *Transportation and Older Persons: Perceptions and Preferences*, (Washington DC: AARP Public Policy Institute, 2001), p. 5.
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- 172 Staplin, L., Lococo, K., Byington, S., and Harkey, D., *Highway Design Handbook for Older Drivers and Pedestrians* (Washington DC: Federal Highway Administration, U.S. Department of Transportation, 2001.)
- 173 For further information, see [www.mit.edu/agelab](http://www.mit.edu/agelab).
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- 178 See <http://phoenix.gov/PUBTRANS/cntrlstn.html>.
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- 181 Beverly Foundation and AAA Foundation for Traffic Safety, *Supplemental Transportation Programs for Seniors* (Washington, DC, and Pasadena, CA, 2004) p. 46.
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- 184 Stahl, Agneta, “Getting the Right Balance.” Delivered at the proceedings of All Aboard: The Case for Accessible Buses, May 6–8, 1998, Liverpool, UK.
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