5 Social Connection and Community Support

Communities across the country face the challenge of helping their growing older populations live independently but without becoming isolated. With most older adults living in single-family homes in outlying areas, this support involves providing a broad mix of transportation and health care options, access to shopping and community amenities such as safe pedestrian pathways, and local supportive services. These same features can also help older adults engage with and contribute to their communities, bringing personal fulfillment, enhanced health, and benefit to others.

THE IMPORTANCE OF COMMUNITY CONNECTION

The ability to connect with people and places is critical to the overall well-being of older adults. Access to social networks and to religious or other institutions helps to lower the risk of isolation, while access to amenities, health care, supportive services, and retail stores enhances their ability to remain independent.

Communities benefit as well from the engagement of their older populations. As neighbors, they add vibrancy to their neighborhoods; indeed, the Demand Institute reports that households aged 65 and over interact with neighbors more than any other age group. As volunteers, older adults serve as mentors, coaches, and companions to their peers, sharing their professional knowledge and skills. At the same time, volunteering provides older adults a sense of purpose and accomplishment, increases life satisfaction, and is associated with better physical and cognitive health (Grimm et al. 2007).

However, older adults' independence and engagement depend upon the communities where they live—including the supportive programs and services they offer their older populations; their retail, health, and recreational amenities; and their transportation networks.

## GEOGRAPHIC CONCENTRATIONS OF OLDER ADULTS

The 50-and-over population is growing rapidly both across the United States and within specific communities. In 1990, there were just 156 counties (5 percent of US counties) where older adults made up 40 percent or more of the population. By 2010, however, that number had multiplied to 1,031 (33 percent of total counties), reflecting the localized effects of the overall population shift toward older ages **(Figure 20).** At the same time, the number of counties where the 50-and-over age group represents half or more of the population jumped from 8 to 113.

Nearly half of households aged 50 and over make their homes in the suburbs and exurbs of metropolitan areas. The remaining half are evenly divided between core cities and rural communities. Across regions, older adults in the Northeast are more concentrated in suburban areas, in the Midwest and South in non-metropolitan areas, and in the West in central cities **(Figure 21).**

FIGURE 20

In a Growing Number of Communities, More than 40 Percent of Residents Are Already Aged 50 and Over

Number of Counties

Share of County Population Aged 50 and Over (Percent)

● 1990 ● 2010
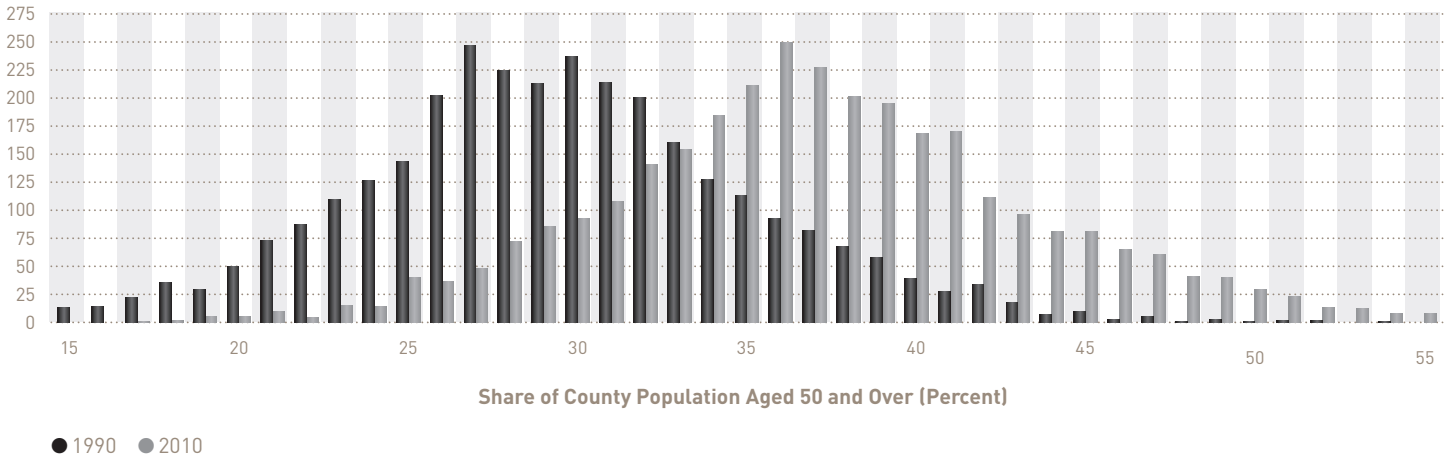
Note: For display purposes, data are truncated to exclude a small number of counties with 50-and-over population shares below 15 percent and above 55 percent.
Source: US Census Bureau, Decennial Censuses.

Meanwhile, older adult households with low incomes are more likely to live in central cities or in non-metro areas, while those with high incomes are more concentrated in suburbs. Still, older low-income households are found in all types of communities: 40 percent of older households earning less than $15,000 per year live in suburbs, 32 percent in central cities, and 28 percent in non-metro communities. As a result, meeting the housing-related needs of older low-income populations is a widespread challenge.

CHALLENGES OF CAR-CENTRIC LIVING

The car-centric nature of many suburbs and rural areas makes it difficult for those who do not or cannot drive to remain active outside the home. Indeed, driving is the most common mode of travel to retail shops and other services in suburbs, exurbs, and rural areas. A recent Demand Institute survey indicates that only 16 percent of respondents aged 65 and over lived within walking distance of grocery stores and 7 percent within walking distance of other types of shops. Other services and amenities are likely to be at even greater distances.

Most older adults do drive. In a 2009 AARP telephone survey of 1,000 adults aged 50 and over, some 93 percent of men and 87 percent of women stated that they drove cars or other motor vehicles, and more than half of drivers drove daily. Yet 61 percent limited their driving to certain hours of the day, and around 21 percent stated that they frequently or occasionally miss out on activities they like to do because of driving limitations.

Moreover, car ownership becomes less likely with age. About 24 percent of households aged 80 and over in 2009 were carless, compared with just 9 percent of households aged 65–79. According to

FIGURE 21

Most Older Adults Live in Suburban Communities

Distribution of Households Aged 50 and Over (Percent)

● Central City ● Suburb ● Non-Metro
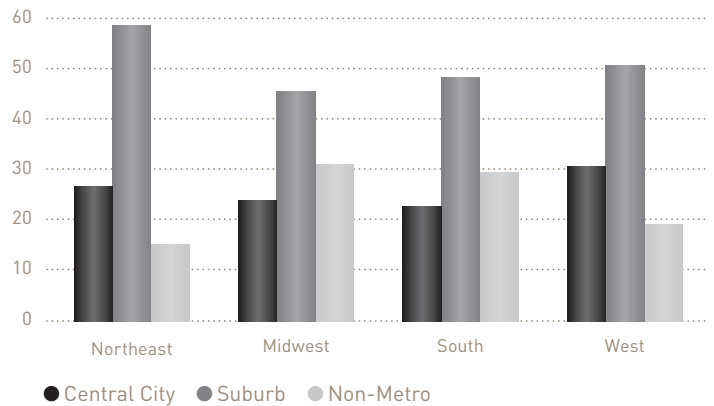
Source: JCHS tabulations of US Department of Housing and Urban Development, 2011 American Housing Survey.

the AARP survey, aside from driving themselves, the next-most common form of transportation for older adults—particularly female and lower-income respondents—was riding with friends or family members (Keenan 2010b).

Car ownership can also be costly. Transportation for America estimated that average car ownership and driving costs in 2011 equaled roughly half of the incomes of households aged 62 and

over earning $15,700 per year, and 78 percent of the incomes of those earning $10,500 or at the poverty line (DeGood 2011).

AVAILABILITY OF OTHER TRAVEL OPTIONS

About 52 percent of older adult households report having public transportation services in their areas. Minority households aged 50 and over are much more likely to live near transit than same-age white households, largely because they are more likely to live in core cities where public transportation is concentrated. About three-quarters (73 percent) of older renters also have transit services available.

Yet living near transit does not mean that older adults are well served. The 2009 AARP survey results indicate that of the 42 percent of respondents that had public transportation within a 10-minute walk, the vast majority said they had not used the service in the previous two months. If older adults consider trains or buses (or the routes to access them) unsafe, inconvenient, expensive, or inaccessible, they are less likely to take advantage of the services.

Paratransit services offer accessible rides to people with disabilities, but only serve a limited share of those in need. Public paratransit, mandated under the Americans with Disabilities Act (ADA), is only required to serve passengers living within three-quarters of a mile of a transit agency's fixed route and limits use to those unable to navigate transit or the route to a transit stop. While fares are subsidized for riders, the cost of a one-way trip for providers averaged $35 in 2011 (Rosenbloom 2013).

FIGURE 22

Without Cars or Nearby Transit, Increasing Shares of Older Adults in Outlying Areas Are at Risk of Isolation

Share of Households With No Car or Access to Transit by Age Group (Percent)

● Central City ● Suburb ○ Non-Metro
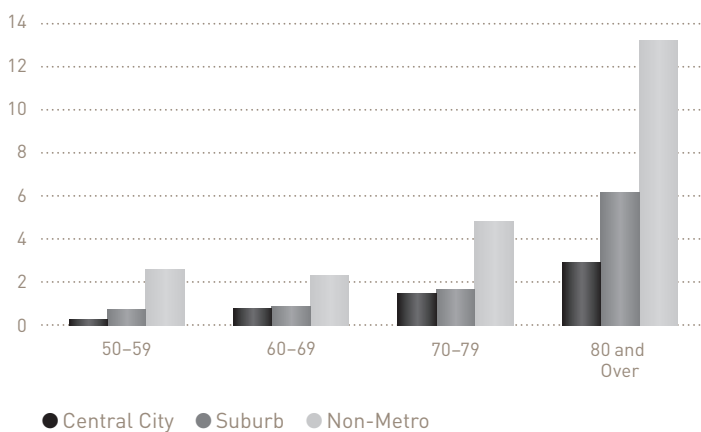
Note: Transit access is defined as having public transportation available in the area.
Source: JCHS tabulations of US Department of Housing and Urban Development, 2009 American Housing Survey

Residents of rural communities face particularly great challenges connecting with transit. According to the 2009 American Housing Survey, just one in five older households in rural areas had public transit available. Combining car ownership and access to transit, those aged 80 and over residing in non-metro areas were likely to have access to neither **(Figure 22).** Services may not even exist, or if they do, they may operate with less frequency than urban transit, with some running on demand only. And specialized services, such as paratransit, are only available where there are regular transit services. Moreover, the low-density development and lack of pedestrian infrastructure in rural areas often make walking difficult.

Walking is only an option for older adults who are physically able, have nearby destinations, and have safe pedestrian pathways. But even if retail and services are within walking distance, the quality of the pedestrian experience can influence whether individuals will make the trip. Sidewalks in good repair, clear pedestrian crossings, good lighting, buffers between moving cars and sidewalks, and benches positioned along the way improve the ability of older adults to walk to destinations and stay physically active. Infrastructure conditions also affect safety. The Department of Transportation (2014) reports that adult pedestrian fatalities increase with age beginning at age 45, with the rate for adults 65 and over higher than for all other age groups and disproportionate to the size of the 65-and-over population.

Older adults' own interests in transit and walkable communities vary. The Demand Institute survey indicates that households aged 65 and over are the least likely of all age groups surveyed to want amenities and services within walking distance. Meanwhile, a 2014 AARP report found that the most desired amenities 50-and-over adults want within one-quarter mile of home are bus stops, groceries, pharmacies, and parks (Harrell et al. 2014b). For their part, non-drivers, persons with disabilities, and lower-income individuals are more likely to prefer proximity to services, transportation, and other amenities.

That report notes, however, that as driving status, physical ability, and income changes, these preferences are likely to shift—and sometimes quickly. As a result, older adults may suddenly find themselves in communities that no longer fit their evolving needs. Even in densely populated areas with a range of nearby amenities, the lack of safe, suitable pedestrian and transportation options can prevent full engagement with the community.

SERVICES TO SUPPORT AGING IN COMMUNITY

In addition to infrastructure that enables older adults to remain connected with their communities, the availability of supportive services is critical. Senior centers are one such resource. According to the National Council on Aging, 1.0 million adults visit one of the approximately 11,400 senior centers in the United States every day to take advantage of health and wellness programs, recreational opportunities, counseling on public benefits, or referrals to other service providers. Given

that half of the visitors live alone, these centers provide vital social interaction that can enhance physical and emotional well-being.

Senior centers are among the community service providers supported by the Older Americans Act. The OAA provides funding through the Department of Health and Human Services to state and area agencies on aging, with each state's share based on its population aged 60 and over. According to AARP, OAA funding reaches about 11 million older adults, including 3 million who regularly receive services such as in-home care, adult day care, meals, transportation, and support for family care providers (Fox-Graje and Ujvari 2014).

The menu of services offered by the Denver Regional Council of Governments' (DRCOG) Area Agency on Aging illustrates the range of activities of area agencies. In addition to connecting older adults and those with disabilities to resources and services, DRCOG offers counseling and case management services, partners with local hospitals and community services providers on a Community-Based Care Transitions Program, and provides a long-term care ombudsman to monitor nursing and assisted living facilities and assist residents of those homes. In addition, its Boomer Bond initiative, developed with the support of AARP-Colorado and other stakeholders, is helping local governments throughout the region create age-friendly physical and social environments. The Boomer Bond Assessment tool aids communities in evaluating existing resources, programs, and infrastructure; a companion toolkit of best practices is currently being developed and will be available by the end of 2014.

The availability of community services can make the difference between aging in place or moving to an institution. Analysis by Mathematica Policy Research indicates that while the population served by OAA funding is at high risk of nursing home admission, more than 85 percent of recipients of case management, meal delivery, transportation, or homemaker services were able to remain in their homes (Altshuler and Schimmel 2010). This diversion from institutional care fulfills the desire of most older adults to live independently, improves health outcomes, and saves tens of thousands of Medicaid dollars per person (Viveiros and Brennan 2014).

Despite their success, the already limited funding for these programs is in jeopardy. Under sequestration, OAA programs had to cut more than 5 percent of their budgets in 2013, forcing agencies across the country to curtail services and reduce staffing. A National Association of Area Agencies on Aging (n4a) survey conducted later in 2013 found that the vast majority of respondents reported reduced capacity to meet local demand, cuts to programs (most often to nutrition and meal services, transportation, and caregiver support), and a high level of concern about the ability of their clients to remain in their communities. While about three-fifths of responding agencies found some additional funding from other sources, only one-fifth of those able to obtain supplementary funding were able to make up for these federal cuts, and a large majority expected these short-term funds to be unavailable again in the future.

Even without spending cuts, community services for older adults in rural areas are severely limited. Health facilities, community centers, and other services can be as far as 100 miles away. The relocation of services only exacerbates the problem, with many senior centers, banks, supermarkets, and health clinics moving to larger communities (Kerschner 2006). As the population in rural areas declines, service availability also decreases. Indeed, an n4a survey of local governments in 2011 found that areas with smaller populations were likely to have few, if any, services for older adults.

POLICIES AND PROGRAMS TO ENHANCE CONNECTIVITY
State and local governments, along with regional organizations, are taking a variety of steps to improve the livability of their communities, as well as the availability of services and opportunities for connection for their older adult populations.

Promoting Livability and Age-Friendly Initiatives
"Lifelong communities" are meant to appeal to, and work for, all people regardless of age. Such initiatives may focus on transportation and housing choice, walkability, safety, engagement of residents, and access to recreational, educational, and other opportunities and services that enhance quality of life. Many of the goals of lifelong or age-friendly communities are consistent with those of the livability policies pursued by a host of organizations, including the World Health Organization's Global Network of Age-Friendly Cities and Communities and AARP (the US affiliate of the Global Network), among others. The Partnership for Sustainable Communities—a joint program of the US Department of Transportation, Environmental Protection Agency, and Department of Housing and Urban Development—also supports livability efforts at the local and regional levels with grants and other assistance.

The Atlanta Regional Commission's Lifelong Communities (LLC) program is a good example of an age-friendly initiative. LLC works to promote a range of housing types for people of all ages; amenities that support health; transportation options for those who do not drive; pedestrian-friendly infrastructure; and local access to services and shopping. The program also provides information on best practices and resource toolkits to help local communities support aging in place, and has developed templates for local governments to set standards in line with these goals. The Atlanta Regional Commission is also working with the Metropolitan Atlanta Rapid Transit Authority (MARTA) to manage and fund projects that improve transportation for older adults, low-income individuals, and people with disabilities.

Other cities have also made progress in creating an age-friendly urban environment. Two cities that have won awards from the Environmental Protection Agency for planning that focuses on

active aging and smart growth are Charlotte, North Carolina and Philadelphia, Pennsylvania.

The City of Charlotte and Mecklenburg County in North Carolina adopted a comprehensive set of recommendations to make the built environment more supportive of older adults. In keeping with this effort, Charlotte revamped its street design guidelines to increase the size and readability of signage, add crossing medians, and provide longer crossing lanes (Benfield 2011).

In Pennsylvania, the Philadelphia Corporation for Aging is collaborating with a broad group of private, nonprofit, and government agencies to create a blueprint for an age-friendly city. Among their projects are a list of parks suitable for older adults, promotion of accessory dwelling units (ADUs)—smaller, more affordable apartments attached to single-family homes—in the city's new zoning code, redesign of bus shelters, and improved access to fresh foods from community gardens and urban farms (Benfield 2011).

Arlington, Virginia, has developed a number of walkable, mixed-use neighborhoods near subway stations, which also function as hubs for local bus transfers. A 2006 study by the Northern Virginia Transportation Commission found that the presence of more transportation options in these neighborhoods enabled residents aged 65 and over to be more mobile than their suburban counterparts in Northern Virginia. In fact, their transit trips outnumbered those of older suburban residents by four to one.

Encouraging Broader Housing Choice
Communities can adapt zoning regulations to encourage production of alternative types of housing that provide more choices and meet the specific needs and preferences of older adults. Foster City, California, offers a senior housing overlay district to facilitate construction of affordable rentals for older adults in high-density locations. Meanwhile, Howard County, Maryland, has designated a district that permits construction of age-restricted housing and institutional and cultural facilities serving the older population.

Zoning changes can also be used to encourage mixed-use developments, where retail and services are close to or integrated with housing, reducing the need for residents to drive. Adding housing near transit or in existing retail districts such as suburban downtowns can also capitalize on these resources. And states like Colorado, Massachusetts, Mississippi, Missouri, Oregon, Texas, and Utah provide incentives in their LIHTC allocation plans for developers to increase the supply of affordable housing near transit (Magliozzi 2011).

Allowing construction of accessory dwelling units provides several potential benefits to older homeowners, including an income stream or a place to house caregivers. Another promising approach is to add smaller, denser, and more affordable units as infill in areas where single-family homes predominate, potentially enabling more older adults to remain in their communities.

Finally, cohousing is an increasingly popular option for those seeking communal settings and some support outside of institutional living, but may require zoning changes or special approvals. Cohousing communities enable older adults to live independently but still enjoy the benefits of companionship, community interaction, and peer support. Cohousing residents usually form and manage their own communities, and often provide care to one another by sharing tasks such as shopping, meal preparation, and housework. The communities themselves offer common areas, universal design features, and may include housing for on-site caregivers for residents requiring more intensive support.

Improving Transportation Options
Communities and service providers in urban, suburban, and rural areas face different challenges in adapting their transportation systems to the needs of residents. Among a wide range of livability initiatives, Age-Friendly NYC—a partnership of New York City's Mayor's Office, City Council, and New York Academy of Medicine—has developed one of the country's most innovative and successful urban programs. The city has partnered with a car company to develop an accessible taxi and launched a dispatch program that matches the taxis to customers; provides school buses to senior centers and buildings that house large concentrations of older adults for trips to supermarkets, farmers' markets, and cultural and recreational activities; and operates a pilot program offering heavily subsidized taxi fare cards for older adults and people with disabilities living in areas with limited public transit. In addition, New York City has enhanced public transportation access and overall walkability by installing new bus shelters and benches, improving elevator and escalator service at subway stations, installing countdown clocks at crosswalks with longer cross times, and expanding sidewalks in intersections identified as particularly hazardous for older residents.

Smaller cities are also augmenting their public transit systems with programs specifically for older adults and those with disabilities. The Ride paratransit program in Greater Boston, for example, offers door-to-door service across nearly 700 miles and 60 communities. The Independent Transportation Network (ITN) in Portland, Maine, is a private nonprofit that provides rides to older adults through a combination of paid and volunteer drivers (Holbrook 2012). As members of ITN, community residents aged 65 and over or with visual impairments can access rides around the clock. ITN's national service, ITN America, provides community-based transportation to older adults in 25 locations across the country.

In more remote areas, transit providers have improved the cost-efficiency of their services by maximizing resources and coordinating efforts. For instance, Southern Nevada Transit Coalition's nonprofit Silver Rider program offers transportation to both older adults and other residents in rural Nevada. Services include fixed-route buses, paratransit, and on-demand rides, with a particular focus on providing access to services in surrounding communities and bordering states. Shared-ride programs for trips to medical appointments and shops often originate at group housing

complexes, helping to keep fares low. The coalition also uses its vehicles to deliver Meals on Wheels (Dauenhauer 2013).

Improving the Pedestrian Experience
To improve public safety for pedestrians, communities can employ universal design to enhance accessibility on sidewalks and in street crossings. Features may include curb ramps and pathways usable by strollers or wheelchairs, buffers between cars and sidewalks, resting spots and "refuge medians" in the middle of wide street crossings, and improved lighting and signage. Complete Streets initiatives seek to ensure that walking and bicycling are fully integrated into the transportation network and promote many of the same safety features. According to Smart Growth America, as of the end of 2013, over 600 regional and local jurisdictions and 27 states had adopted Complete Streets policies or made written commitments to do so.

Delivering Services Where People Live
Naturally occurring retirement communities, or NORCs, are neighborhoods or apartments where the majority of adults are aged 50 and older, thus providing opportunities for social interaction among peers and efficient delivery of services that support independent living. NORCs may also be intentionally age-restricted communities. The Housing for Older Persons Act amends fair housing law to allow some developments to require that either at least one person per unit must be aged 55 and over or all occupants of the property must be aged 62 and over. According to the American Housing Survey, these communities provided housing for about 2.2 million households with heads aged 55 and over in 2001 and about 3.0 million in 2011. Residents are evenly split between renters (1.6 million) and owner-occupants (1.4 million). A substantial share of older homeowners in age-restricted communities (25 percent) lives in mobile homes. In all, about one in five older renters and just one in 22 older homeowners live in age-restricted housing.

Given their concentrations of older residents, NORCs are logical locations for programs that provide or coordinate in-home services. For example, a large multifamily building occupied primarily by older adults might set up a variety of services—including education, recreation, transportation, health care, and housekeeping—for older populations of varying income levels. Funding may come from a combination of public and private sources. While some staff are paid, NORCs depend largely on volunteers, including older adults themselves (Greenfield et al. 2012b).

One early example is Penn South, a co-operative housing development in New York City. While not built as an age-restricted community, most residents were in their 60s by the mid-1980s and wanted to age in place. The NORC Supportive Services Program was launched in 1986 to enable tenants to remain safely in their homes, and today works with a number of public and nonprofit partners to provide a range of social, health, and other services.

A related concept is the village, a service delivery model established in Boston's Beacon Hill neighborhood in 2001. Villages are typically self-governing organizations, funded primarily by membership fees, that coordinate or provide a variety of services for older residents. Villages tend to serve higher-income households. While they may receive donations, government grants are minimal. As of 2012, there were about 85 village initiatives in the United States, with many more in development (Greenfield et al. 2012a).