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Livable Communities: Helping Older
Ohioans Live Independent and Fulfilling
Lives

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LIVABLE COMMUNITIES

HELPING OLDER OHIOANS LIVE INDEPENDENT AND FULFILLING LIVES



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BACKGROUND:

In many ways, the idea of a modern “livable community” marks a return to the villages across America some 200 years ago. They were mostly small towns sprouting up around a green, with the general store, church, public school, doctor, lawyer, blacksmith and villagers themselves scattered about in easy walking distance of all. People most often grew old in their own homes and participated in the community in their later years.

That description, reworked to accommodate changing times and technology, closely resembles the AARP’s definition of today’s livable community as “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 social and civic life.” In essence, the phrase, “livable community for people of all ages” defines itself: a community encouraging people of all ages, regardless of impairment or limitation, to access and participate in all that the community has to offer, and to live as independently and as fully and as meaningfully as possible.

LIVABLE COMMUNITIES: OVERVIEW

The concept of livable communities is related to similar initiatives - both for individual dwellings and community-wide - launched over the past 30 years or so (e.g., “universal design,” “smart growth,” and “aging in place”), and incorporates certain elements of all. The major components of livable communities - all of which should be preceded by the crucial modifier “accessible” - include: safety and security; housing; home modification and adaptive equipment & technology (e.g., ramps, handrails, easy access bathtubs); transportation; health care services; supportive in-home and community services; recreational, cultural, and lifelong learning, and employment/volunteer opportunities aimed at fully engaging the bodies, minds and spirits of older persons, ensuring that they are fully included in their communities and tapped as the vital resources that they are.



Universally designed homes are built without stairs.

Livable communities are especially relevant to older persons because the rate of disability increases dramatically with age. Research indicates that the percentage of older Ohioans with moderate to severe levels of disability increases from nearly one-fourth to more than one-half between ages 65 and 85. Livable communities will be increasingly discussed by social policy administrators and city planners in the next few decades, as the U.S. 65 and older population is expected to double from 35 million to roughly 70 million within the next 30 years. A major challenge for those interested in developing and residing in livable communities is the fragmented, diffuse nature of the components necessary for livable communities. Housing, transportation, social and health services are administrated by distinct entities of government and private enterprise, and it can be difficult to get the key individuals and groups working together in common interest. To date, most initiatives involve only one or two of the major components comprising the broader concept of a livable community. Putting all of the major pieces together will take time, planning, and collaboration and coordination among various government entities, social and health agencies, private-sector developers and other interested groups and individuals.

LIVABLE COMMUNITIES: KEY CONCEPTS

The idea of livable communities as a formal goal of social planners can be traced back at least as far as 1977, with the founding of Partners for Livable Communities, a non-profit organization “working to promote the livability of communities by promoting quality of life, economic development and social equity.” Concepts associated with Partners, such as affordable housing, accessible transportation systems and public safety, have been incorporated into the **aging in place** initiative. The ideas associated with aging in place are similar to those influencing livable communities: not having to move because of the impairments and circumstances related to aging. It is a slightly broader concept than livable communities, however, because it also encompasses living situations modeled in Naturally Occurring Retirement Communities (NORCs), housing complexes and areas that, though not intentionally designed for older persons, have ended up with or drawn an older population for any number of reasons, including livability. The practicality and desirability of aging in place gained favor among aging service administrators, providers and developers, and has increased in popularity among older persons over the past two decades.

Universal design has much in common with the livable community and aging in place initiatives. But, universal design is even more expansive a concept than livable communities and aging in place because it stresses equitable, accommodating and accessible use for people of all ages and impairments in the design of all things – from eating utensils to kitchen counters to wider hallways and more functional ramps to large type and increased contrast to assist the visually impaired. Examples of universal design include: ground-surface entrance ways; wide doors and hallways; large lever handles for opening doors; and audible cues synchronized with visual signals.



Studies have shown that people drive slower on treelined streets.

Smart Growth has been gaining prominence among city/village planners and developers since the 1970s. The goal is to concentrate growth and resources within a city or village and make the area an easier, more enjoyable place to live. Another important aspect is its emphasis on accessible public transportation systems, pedestrian and bicycle-friendly walkways and paths, and its accent on public safety. Smart Growth also promotes mixed-development land use, allowing leeway in normal zoning patterns to promote diverse housing, employment, shopping and cultural opportunities. This initiative further advocates the equitable distribution of costs and benefits associated with the development and improvement of communities, and seeks to preserve and cultivate natural (and cultural) resources.

The **sustainable environment** movement is geared toward promoting communities and surrounding areas that meet not just the present needs of residents, but the needs of residents in the future, as well. In short, a sustainable environment is one that looks to preserve and replenish resources so that future inhabitants will benefit from them as much as current ones. The concept gained international following in the 1980s and takes into account four major areas of sustainability: environmental; economic; social; and political. It advocates not just for a livable community, but a livable community that recycles its benefits for future generations.

Green Space refers to a tangential, but important, aspect of livable communities: the promotion, conservation, restoration and appreciation of open lands and public parks. Green Space is now the nation’s leading network of information and assistance for the improvement of all public parks and open spaces. Launched in 1996 as Urban Parks Forum, Green Space became a registered charity in 2005. It has a significant role in all of the diverse initiatives to make our communities and surrounding areas more livable, more functional and more beautiful.

GLOBAL LIVABLE COMMUNITIES



This graphic represents the eight topics that the World Health Organization used for discussion of “age-friendly cities,” analogous to the concept of “livable communities for people of all ages.” WHO’s report, “Global Age-Friendly Cities: A Guide,” synthesizes information from 135 focus groups representing 1,485 persons from 35 countries on all seven continents. Along with the basics, such as housing, health care and transportation, WHO also places emphasis on less tangible, but still crucial, aspects of age-friendly and livable communities, e.g.: “communication and information,” “respect and social inclusion,” and “civic participation.”

Noting that the world’s age 60-and-older population, as a percentage of overall population, is expected to double from 11 percent to 22 percent by 2050, the stated purpose of WHO’s guide “is to engage cities (around the world) to become more age-friendly so as to tap the potential that older people represent for humanity.”

OHIO INITIATIVES

AARP Ohio is in the first year of a two-year collaboration with three Ohio localities - the cities of Delaware, and Marietta, and Clermont County - to identify barriers to independent, engaged community living, and to recognize and promote factors conducive to livable communities. The three areas were selected for their “forward-looking” philosophies; recent livable community related projects; geographically and socio-economically diverse characteristics; “strong leadership among potential collaborative organizations;” and for having senior service levies in place. AARP is supporting the three communities with general population surveys to identify assets and prioritize challenges to livability and/or support for speakers and research coordination. More detailed information and reports on the collaboration should be available after the second year of the project is completed in late 2008.



Recreational opportunities are important to livable communities.

In Oxford, Ohio, the Knolls of Oxford, a Continuing Care Retirement Community, has made the community even more inviting through a cooperative agreement with Miami University allowing Knolls’ residents access to classes at Miami as well as other amenities and activities at the university, including its recreation and aquatic center, concerts, plays and sporting events. Such agreements between retirement communities and universities are becoming increasingly popular across the country.



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RECOMMENDATIONS

Both AARP and n4a, in conjunction with Partners for Livable Communities, have issued publications on livable communities and ways to create them effectively, incorporating all the components. Much more detailed information, including “best practices” and action steps, can be found in both publications. Basic recommendations include:

- ▶ **Health Care:** Ensure a full range of health care facilities, from nursing homes to hospitals to outpatient and specialty clinics, such as eye care, is accessible to people of all ages and impairment levels. Increase and expand preventive health measures, such as vaccinations and screenings.
- ▶ **Housing:** Institute and expand tax relief & assistance programs and alter zoning laws to ease the development of mixed-use land in which apartment-type living accommodations could be built near shopping areas, health-care facilities and recreation areas. Encourage “universal design” ramps, stairless entrances, rails safety bars, expanded hallways, and better lighting.
- ▶ **Transportation:** Emphasize the transportation/mobility needs of older persons and others with impairments. Ensure public transportation services – and special services for those with impairments – are linked to health care, shopping, cultural, educational and recreational destinations. Set up same-day scheduling.
- ▶ **Supportive Services:** Create a streamlined single point-of-entry for all services related to older persons.
- ▶ **Recreational/Cultural/Educational Opportunities:** Link transportation systems to recreational, cultural and educational activities. Create partnerships between aging-service agencies and recreational/cultural administrators.



Access to health care is a crucial feature of a livable community.

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