

What Is Livable? Community Preferences of Older Adults

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Research Report

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AARP's Public Policy Institute informs and stimulates public debate on the issues we face as we age. Through research, analysis, and dialogue with the nation's leading experts, PPI promotes development of sound, creative policies to address our common need for economic security, health care, and quality of life.

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EXECUTIVE SUMMARY

What do we mean by the phrase “a livable community for all ages”? To answer that question, the AARP Public Policy Institute (PPI) is preparing a set of livability reports. Initially, PPI has prepared two companion reports: “Is This a Good Place to Live? Measuring Community Quality of Life for All Ages” and “What Is Livable? Community Preferences of Older Adults.” The latter, which is this report, explores the meaning of livability and describes lessons learned by PPI as part of its work to measure community livability. The goal of this work is to quantify the degree to which a community has the elements that are necessary to meet individual needs regardless of a person’s age, income, physical ability, ethnicity, and other factors.

Several approaches exist for measuring livability, including preference surveys, original data collection, multimethod case studies, Census Bureau studies, and online databases. Each of those methods is useful for investigating some part of community livability, but each methodology faces certain challenges. None can provide all of the data necessary to measure every element of a livable community. Researchers must understand that individuals perceive things different from one another, and blanket assumptions can be dangerous. Additionally, the preferences that people share tell only part of the story. More investigation is needed.

Thus, PPI is developing an AARP-sponsored, web-based index to measure community livability across the United States for people of all ages. Work on that initiative included focus groups and a nationwide community livability survey of more than 4,500 older adults. The focus groups and survey were specifically designed to investigate the diverse needs and wants of the older adult population and to support the development of an index to measure livability as we age. The design increased both the understanding of general preferences for livability and an understanding of how preferences differ within the general population of older adults.

KEY FINDINGS

To begin the process of developing this type of index, the staff of the AARP Public Policy Institute (PPI) developed a multipart study to understand preferences of the population ages 50 and over in general, as well as preferences among various subgroups.

- General findings about the population ages 50 and older:
 - Most members of the 50+ population want to age in their homes and communities.
 - The importance of proximity to community elements varies greatly.
 - Household income influences thoughts about the importance of local government spending priorities.
 - Increasing police presence and improving schools are key government services for most of the older adult population, but different groups rank other local actions in widely varying ways.
- Findings for subgroups within the population ages 50 and older:
 - There are modest racial and ethnic differences in priorities, but there are great differences in the places where different groups connect with community members.
 - Personal safety is more of a concern for family caregivers, for people with disabilities, for nondrivers, and for people with lower incomes.
 - Most nondrivers say they live in communities that are already pedestrian-friendly.
 - Specialized transportation and local government decision-making processes are important issues for people with disabilities and for family caregivers.
 - For renters, funding for affordable housing programs is the most important local government investment.

Research findings provided several lessons for developing a livability index:

- Individual definitions of “livability” can include issue areas that may or may not be addressed by public policy.
- People and communities have differing perspectives: one type of community does not fit all.
- Perceptions of a livable community are made when choosing housing, and they may not change as the person ages, unless a major life change forces a new perspective.

From the lessons learned, several implications evolve for an index that aims to measure livability. Those lessons will be applied to the development of AARP’s index, and they may be useful for any attempt to measure or understand community livability. This document’s companion report, “Is This a Good Place to Live? Measuring Community Quality of Life for All Ages,” details lessons for measuring livability.

INTRODUCTION

What is a “livable community”? That simple question has a surprisingly complex range of answers. People may look to their communities to fulfill their desire for affordability; choice of a particular type of home or neighborhood; safety; access to schools, jobs, shopping, recreation, and other amenities; and attractiveness. AARP has developed the following definition:

A livable community is one that is safe and secure, has affordable and appropriate housing and transportation options, and has supportive community features and services. Once in place, those resources enhance personal independence; allow residents to age in place; and foster residents' engagement in the community's civic, economic, and social life.¹

The definition describes communities that support the needs of all residents, regardless of age, physical ability, income, cultural background, race, or other factors. In many ways, it is an aspirational goal of communities to become as “livable” as they can. AARP conducted focus groups and a national survey to investigate individual preferences for community livability with two main goals. The first goal was to understand the general preferences for community livability for people ages 50 and older, and the second was to understand how those preferences differed *within* the diverse population of people ages 50 and older.

¹ “Livable Communities,” in *The Policy Book: AARP Public Policies, 2013–2014* (Washington, DC: AARP, 2013).

LIVABILITY INDEX FOCUS GROUPS AND NATIONAL SURVEY RESULTS

Overview of Methodology

To capture preferences accurately and to improve understanding of what a livability index should reflect, the AARP Public Policy Institute (PPI) developed and implemented a multipart study to examine the preferences of the population ages 50 and older, with a focus on the diverse needs of different types of people within that group. The methodology for understanding preferences and needs included three phases:

- The initial phase, conducted in December 2011, was a qualitative study in the form of focus groups.
- Results from the focus group informed a quantitative survey instrument, fielded by GfK (Knowledge Networks) between September 2012 and January 2013. That 20-minute survey was conducted using GfK's KnowledgePanel®, a probability-based web panel designed to be representative of the United States. As part of that effort, PPI surveyed more than 4,500 people ages 50 and older through a series of questions related to their preferred community characteristics. The large sample size enabled PPI to oversample certain underrepresented populations, such as nondrivers, racial and ethnic minority groups, households with people with disabilities (including people with disabilities, people who live with people with disabilities, and family caregivers), and people living in low-income households.²
- The final phase of the data collection included 80 in-depth interviews with participants from the quantitative survey.

Survey and Interview Highlights

The surveys and interviews contributed greatly to our understanding of how people ages 50 and older perceived livability. (See box 1 for “Survey Population Segments.”) Some livability concerns and preferences are broadly shared, whereas others are more important to particular segments of the population. Key findings are reported next.

Varying Importance of Livability Goals

Survey participants were asked to select 5 out of 10 local actions and to rank them in order of importance. The issues and services listed were displayed randomly and are listed in table 1 in order of preference by the national group.

² *People with disabilities* is defined as those who use a mobility device to get around or those who receive help with personal care activities. *Family caregivers* is defined as those who help someone who lives in their home with personal care activities (the caregiver may or may not be a relative). Although people with disabilities and family caregivers are distinct groups, they have been combined in our sample. When viewed together, they provide an understanding of the preferences of households that contain people with disabilities. Because the respondents in those categories were grouped together, results should be interpreted as reflecting the wants and needs of the households containing people with a disability, not either group of individuals.

Box 1. Survey Population Segments		
<p>Proximity to Amenities</p> <ul style="list-style-type: none"> Nearby seekers* Non-nearby seekers** 	<p>Gender</p> <ul style="list-style-type: none"> Male Female 	<p>Disability/Family Caregiver</p> <ul style="list-style-type: none"> Households with people with disabilities/family caregivers Households without people with disabilities/family caregivers
	<p>Household Income</p> <ul style="list-style-type: none"> People in households with incomes <ul style="list-style-type: none"> Under \$30,000 \$30,000–50,000 \$50,000–75,000 Over \$75,000 	
	<p>Metro Status</p> <ul style="list-style-type: none"> Metro area Nonmetro area 	<p>Race</p> <ul style="list-style-type: none"> White African American Hispanic/Latino Asian
	<p>Housing Tenure</p> <ul style="list-style-type: none"> Homeowners Renters 	
	<p>Driving Status</p> <ul style="list-style-type: none"> Drivers Nondrivers 	
<p>Source: Data from the unpublished information in "AARP Community Livability Preference Survey," Washington, DC, January 2013.</p> <p>* People with a preference for nearby amenities.</p> <p>** People without a preference for nearby amenities.</p>		

Table 1. Ranking of Local Actions—General Public

Actions	General Public
Increase police presence.	1
Improve schools.	2
Make streets pedestrian-friendly.	3
Provide transportation services for seniors and people with disabilities.	4
Build or upgrade parks.	5
Implement or increase funding for affordable housing programs.	6
Add more buses, light rail, or subway systems.	7
Implement or increase funding for home modifications for people with disabilities.	8
Invest in or build libraries.	9
Build more stores and shops.	10

Source: Data from the unpublished information in “AARP Community Livability Preference Survey,” Washington, DC, January 2013. Sample: Probability-based 50+ population (*n* = 893).

Overall, survey responses showed that “increase police presence” and “improve schools” ranked number one and number two, respectively—safe communities and good schools may be signals of a generally “good” community. Ensuring that streets are pedestrian-friendly ranked third, and providing specialized transportation ranked fourth.

As the earlier focus groups indicated, some similarities and differences existed among population groups. Appendix C identifies several segments of the population and how they ranked each of the factors.

The population segments in box 1 were applied throughout the survey, thereby allowing investigation of differences in perceptions of livability. Table 1 shows the general public’s ranking of the top 10 issues considered most important when seeking livability. (In appendix C, see table C.1 for a ranking of housing policy priorities by income groups, as well as tables C.2.a–C.2.c for rankings of the 10 local actions by various groups.) Some actions were important across the board—for instance, increasing police presence and improving schools were important for almost every group. Even there, differences appeared among groups—both were in the top three for every group except for those making less than \$30,000. Among the group with the lowest incomes, the top three priorities were increasing police presence, providing transportation services, and improving programs that would increase affordable housing.

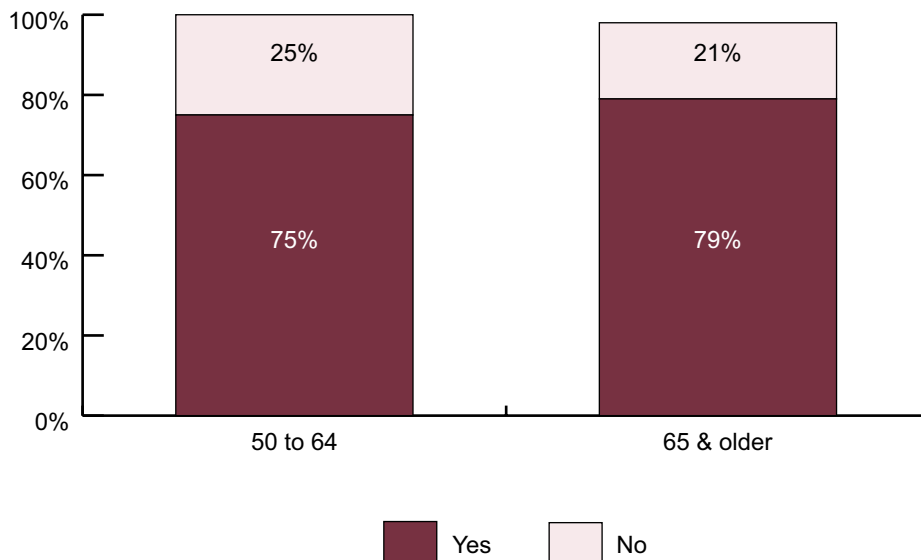
Income was not the only difference. Differences also appeared among racial and ethnic groups (discussed in detail later) and other populations. As an example, nondrivers ranked schools first, but they ranked specialized transportation second, and renters were the only group to put affordable housing first.

When one is forced to choose, differences among groups become clear—not everyone places the same value on the various elements of a livable community.³ Moreover, the rankings aligned with conclusions from focus groups. People ranked items that affected their lives and their personal perceptions of livability highly, but among groups of similar persons, common preferences emerged. (For additional data about community participation and the influences of local government, see appendix E for figures E.1, E.2.a, and E.2.b.)

Aging in Place

A clear majority of people ages 50 and older say they want to age in place.⁴ Adults ages 65 and older (compared with those ages 50 to 64) are more likely to say they want to age in their current home and community (87 percent v. 71 percent). A small proportion of adults ages 50 and older (17 percent) say they plan to move in the next three years. A new finding is that those who plan to move are more likely to be members of minority groups, to have low incomes, to be nondrivers, and to currently live in metropolitan areas. (See figures 1, 2, and 3.)

Figure 1. Have you thought about being able to live in your community as you age?



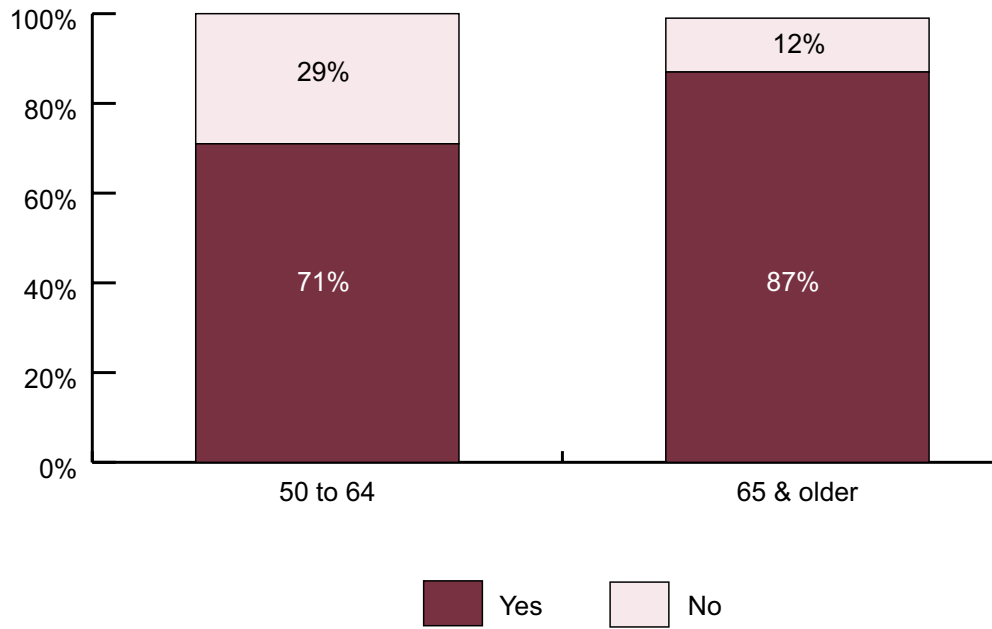
Sample: Probability-based 50+ population (n = 893).

Note: Totals may not add to 100% because of rounding or because respondents did not provide an answer.

³ Although appendix B shows racial and ethnic differences in income, metropolitan location, and other factors, those differences do not appear to explain all of the differences in responses between and among groups.

⁴ *Aging in place* refers to “the ability to live in one’s home and community safely, independently, and comfortably—regardless of age, income, or ability level.” See “Healthy Places Terminology,” Centers for Disease Control and Prevention, Atlanta, 2010, <http://www.cdc.gov/healthyplaces/terminology.htm>.

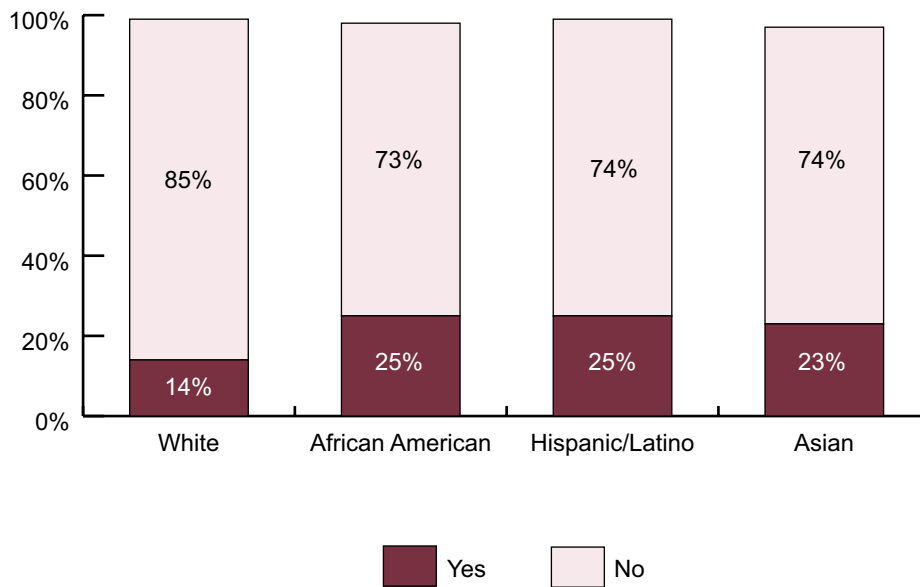
Figure 2. Do you want to live in your current community as you age?



Sample: Probability-based 50+ population ($n = 893$).

Note: Totals may not add to 100% because of rounding or because respondents did not provide an answer.

Figure 3. Do you plan on moving in the next three years?



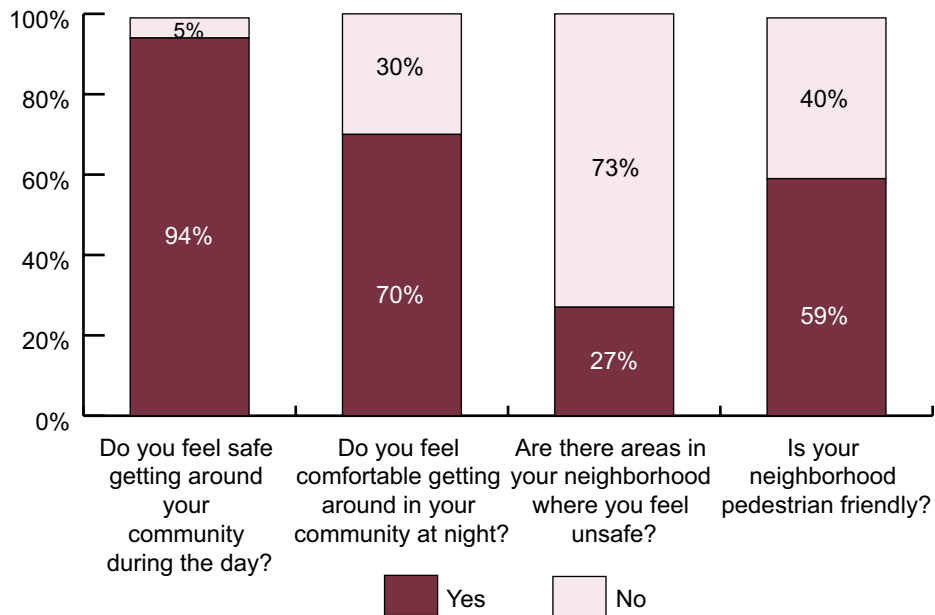
Samples: Probability-based 50+ white ($n = 692$); 50+ African American oversample ($n = 455$); Hispanic/Latino oversample ($n = 456$); Asian oversample ($n = 452$).

Note: Totals may not add to 100% because of rounding or because respondents did not provide an answer.

Personal Safety

Personal safety is of greater concern for family caregivers, people with disabilities, nondrivers, and people with lower incomes. When one measures level of concern about crime in the community, on a scale of 1 to 5—with 1 meaning very concerned about crime and 5 meaning not at all concerned—the average rating is about 3.57. That measure suggests that many are not too concerned about the level of crime in their neighborhood. Similarly, the vast majority of people (94 percent) say they feel safe getting around their community during the day, and 7 in 10 (70 percent) say they feel comfortable getting around their community at night. About one in four (27 percent) say there are areas in their community where they feel unsafe. (See figure 4.) Nondrivers, people with disabilities, and those with lower incomes are more likely to report that their community has areas where they feel unsafe and that they feel unsafe getting around their community during the day or at night.⁵ Generally, personal safety is more of a concern for family caregivers and people with disabilities, as well as nondrivers and people with lower incomes who may feel more vulnerable because of the unsafe neighborhoods, physical limitations, or other issues.

Figure 4. Do you feel safe in your community?



Sample: Probability-based 50+ population (n = 893).

Note: Totals may not add to 100% because of rounding or because respondents did not provide an answer.

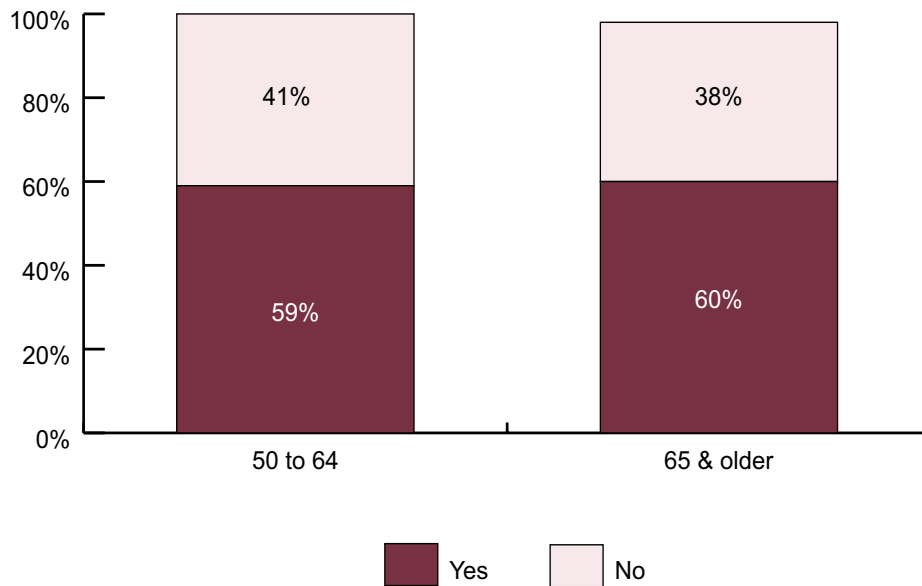
⁵ Nondrivers, those in households with people with disabilities (including family members who provide care for them), and those with lower incomes seem to perceive themselves as being more vulnerable. As nondriver status increases with increasing disability or lower incomes, people in those groups may be more dependent on public transportation and walking, thereby eliminating the safe feeling they would have from getting around in their locked personal automobile. They may also be more likely to live in neighborhoods that generally feel less safe than do others.

As mentioned earlier, providing streets that are more pedestrian-friendly is a high priority for many people. (See figure 5.) About 6 in 10 (59 percent) said they currently live in communities that have pedestrian-friendly streets. Interestingly, people who are over 65 were more likely than people 50 to 64 to say they currently live in pedestrian-friendly areas. Similarly, nondrivers and people who live in metropolitan areas were more likely to say they currently live in pedestrian-friendly neighborhoods.

Demographics, Local Actions, and Livability

There are some racial and ethnic differences in local actions, but great differences in the places where various groups connect with community members. As mentioned earlier and shown in table 1, priorities that rose to the top for the general public were (in order of importance) “increase police presence,” “improve schools,” “ensure pedestrian-friendly streets,” “provide transportation services for older adults and people with disabilities,” and “build or upgrade parks.” There are slight ranking differences based on race or ethnicity (see table C.2.a and its breakdowns by race in appendix C). Although the top two priorities remain the same for all races, respondents differ on the third priority ranking. African American and Latino respondents ranked “implement or increase funding for affordable housing programs” third, whereas Asian respondents ranked “add more buses, light rail, or subway systems” as the third priority. White respondents chose pedestrian-friendly streets. Those findings reflected the opinions that were shared in focus groups and interviews.

Figure 5. Is your neighborhood pedestrian-friendly?



Sample: Probability-based 50+ population (n = 893).

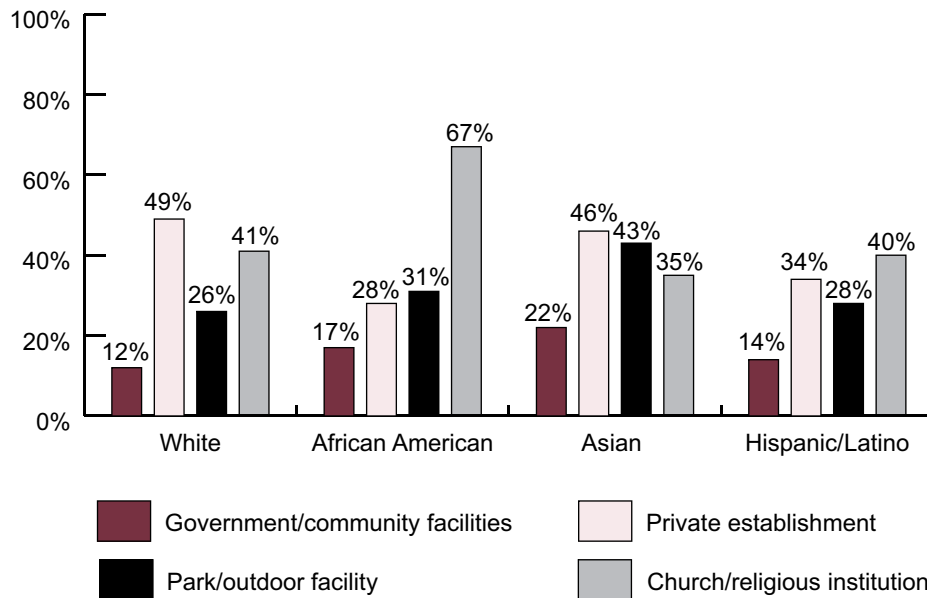
Note: Totals may not add to 100% because of rounding or because respondents did not provide an answer.

Some of the difference in ranking may be tied to income or location—white respondents’ incomes were higher than African American or Latino respondents, and they were more likely to live outside metropolitan areas. However, some differences are clearly cultural. People connect with one another differently: about *half* of white respondents (49 percent) connect with fellow community members at private establishments, but *fewer than 3 in 10* African Americans do (28 percent).⁶ Two-thirds of African American respondents (67 percent) connect at church—more than any other group.⁷ (See figures 6 and 7.)

Drivers and Nondrivers

Most nondrivers say they live in communities that are already pedestrian-friendly. Driver and nondriver survey respondents agree that improving schools should be the first priority; however, they disagree slightly on the order of the next two priorities.⁸ (Table 2 shows the top 10 priorities for both drivers and nondrivers.) Although increasing police presence is the second priority for drivers, “providing transportation services for older adults and people with disabilities” ranked second for the nondrivers. That difference is

Figure 6. Where do you connect and meet with fellow community members? (Race and Ethnicity)



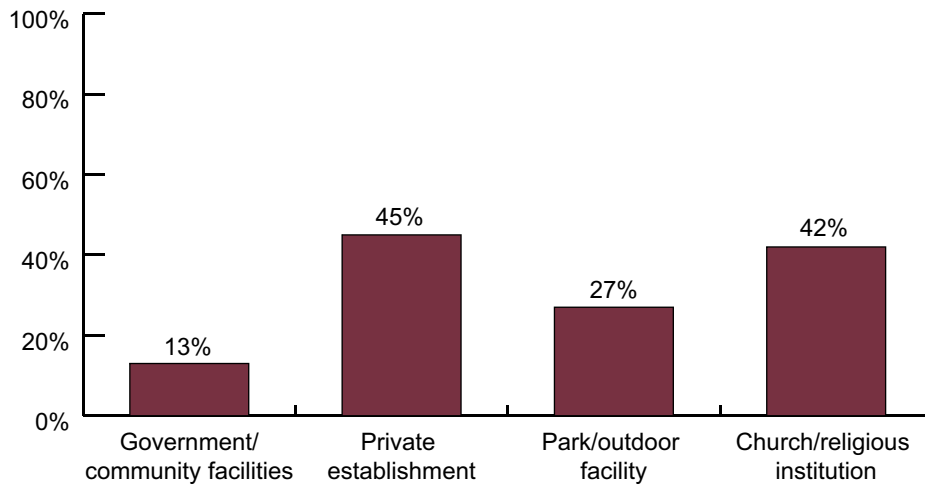
Samples: Probability-based 50+ white (n = 692); 50+ African American oversample (n = 455); Hispanic/Latino oversample (n = 456); Asian oversample (n = 452).

⁶ *Private establishments* includes diners, restaurants, taverns, bars, shopping malls, and other similar places.

⁷ *Church* includes all religious institutions.

⁸ That result differs slightly from the general population because of oversampling of nondrivers.

Figure 7. Where do you connect and meet with fellow community members? (General Population)



Sample: Probability-based 50+ population (*n* = 893).

Table 2. Ranking of Local Actions—Drivers and Nondrivers

Actions	General Public	Driver	Nondriver
Increase police presence.	1	2	3
Improve schools.	2	1	1
Make streets pedestrian-friendly.	3	4	6
Provide transportation services for seniors and people with disabilities.	4	3	2
Build or upgrade parks.	5	8	8
Implement or increase funding for affordable housing programs.	6	7	4
Add more buses, light rail, or subway systems.	7	5	5
Implement or increase funding for home modifications for people with disabilities.	8	6	7
Invest in or build libraries.	9	9	9
Build more stores and shops.	10	10	10

Sample: Probability-based 50+ population (*n* = 893).
 Full (probability-based and oversample): drivers (*n* = 3,683); nondrivers (*n* = 895).

not surprising. Interestingly, drivers ranked “making streets more pedestrian-friendly” in the top five priorities; however, that priority did not make the top five ranking for nondrivers (ranked sixth for nondrivers). Nondrivers were also more likely than drivers to say they currently live in a pedestrian-friendly neighborhood (67 percent v. 58 percent).⁹ That difference may help explain why this policy area did not rank as one of the five most important issues for local governments to tackle, because those who cannot drive (as a result of income, physical ability, or other reasons) are more likely to have chosen a location compatible with getting around on foot. In fact, the nation’s preeminent travel survey (the National Household Travel Survey) shows that 23 percent of trips taken by nondrivers ages 50 and older are on foot in contrast to only 9 percent by drivers of the same age group. Older nondrivers are also more likely to live in urban areas where sidewalk networks generally exist.¹⁰

Instead of more pedestrian-friendly streets, “implementing or increasing funding for affordable housing programs” was in the top five priorities for nondrivers, but not for drivers (ranked 7th for drivers). Similarly, that ranking difference coincides with the higher proportion of nondrivers (48 percent compared with 36 percent drivers) who said housing costs have a negative effect on their quality of life. That response is likely because of lower incomes among nondrivers ages 50 and older.¹¹

Households with People with Disabilities

Specialized transportation and local government decision-making processes are important issues for people in households with people with disabilities. Improving schools and increasing police presence were the top two local government priorities for both those in households that have people with disabilities (includes answers from those with disabilities and family caregivers) and those without disabilities (see table 3). *The third priority for those with disabilities was “providing transportation services for older adults and those with disabilities.” In contrast, that priority ranked 9 out of 10 for participants without disabilities.* Participants without disabilities ranked “make streets more pedestrian-friendly” third, whereas it was ranked fifth for people with disabilities. Adding more buses, light rail, or subway systems was the fifth most important policy priority for participants without disabilities; however, it was ranked seventh for participants with disabilities.

Although the differences between those demographic groups provide some insight on local priorities, the importance of local governance seems to be vital to people with disabilities and those family members who provide care. Participants with disabilities

⁹ In our interviews, level sidewalks and ramps were two features that garnered the most mentions for helping a user of a mobility device.

¹⁰ The AARP Public Policy Institute’s analysis of the “2009 National Household Travel Survey.” See also <http://www.aarp.org/research/ppi/liv-com2/resources/nhts-AARP-ppi-liv-com/>.

¹¹ The 2012 survey conducted by GfK for AARP shows a significantly higher percentage of older nondrivers (51 percent) having an annual household income of less than \$30,000 compared with that of older drivers (22 percent). That variation is further substantiated by evidence from the 2009 National Household Survey. The AARP Public Policy Institute calculated the median household income of older nondrivers (ages 65+) to be \$19,000 per year compared with \$36,000 for drivers.

Table 3. Ranking of Local Actions—Households with People with Disabilities and Family Caregivers

Actions	General Public	With Disability/ Family Caregiver	Without Disability/ Family Caregiver
Increase police presence.	1	1	2
Improve schools.	2	2	1
Make streets pedestrian-friendly.	3	5	3
Provide transportation services for seniors and people with disabilities.	4	3	4
Build or upgrade parks.	5	8	6
Implement or increase funding for affordable housing programs.	6	6	7
Add more buses, light rail, or subway systems.	7	7	5
Implement or increase funding for home modifications for people with disabilities.	8	4	9
Invest in or build libraries.	9	9	8
Build more stores and shops.	10	10	10

Sample: Probability-based 50+ population ($n = 893$).

Full (probability-based and oversample); people with disabilities/family caregivers ($n = 2,083$), people without disabilities/not family caregivers ($n = 2,513$).

and family caregivers are significantly more likely to say local governance plays a role in their decision to stay in or move to a community. (See figure 8.)¹²

Household Income

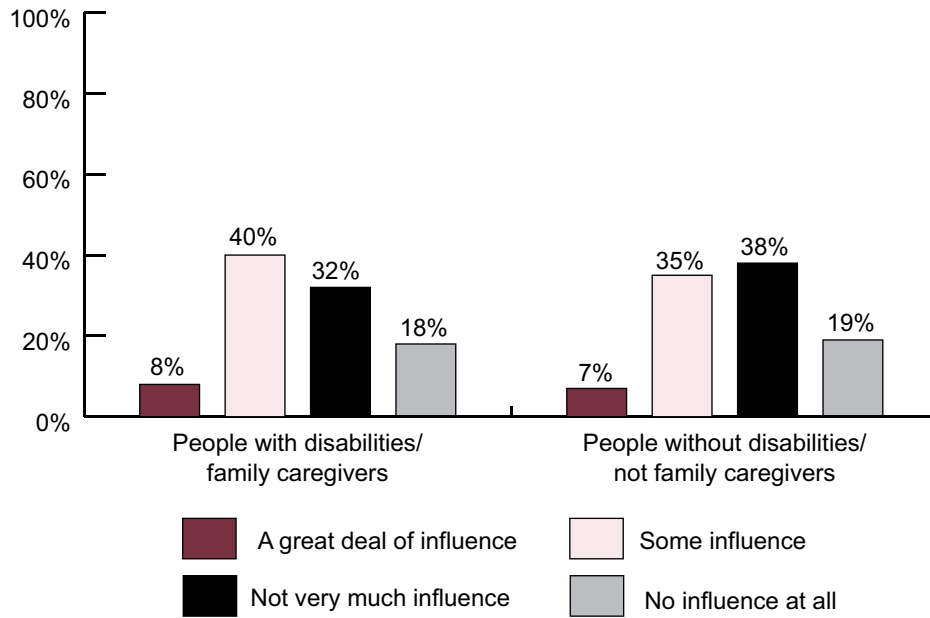
Household income will influence thoughts about the importance of local government spending priorities. Improving schools and increasing police presence were the top two local government priorities for all except the lowest income group (\$30,000 or less). For that group, the top two priorities were increasing police presence and providing transportation services for older adults and those with disabilities. For the lowest income group, the policy to improve schools ranked fourth.

A direct correlation exists between household income levels and ranking of policy priorities regarding funding for affordable housing and home modifications. As income levels increase, the ranking for housing-related funding priorities decreases. (In appendix C, see tables C.1 and C.2.c.)

Providing transportation services for older adults and those with disabilities ranked in the top five for all income groups, whereas making streets more pedestrian-friendly ranked in the top five for all except the lowest income group. The highest income group (\$75,000+) was the only segment to rank “build or upgrade parks” as one of the top five policy priorities for local governments.

¹² See appendix E for additional figures about local governance and households with people with disabilities and family caregivers.

Figure 8. How much does being able to participate in local government’s decision-making process influence your decision to move to a community? (Disabilities and Family Caregivers)



Sample: Full (probability-based and oversample); people with disabilities/family caregivers ($n = 2,083$); people without disabilities/not family caregivers ($n = 2,513$).

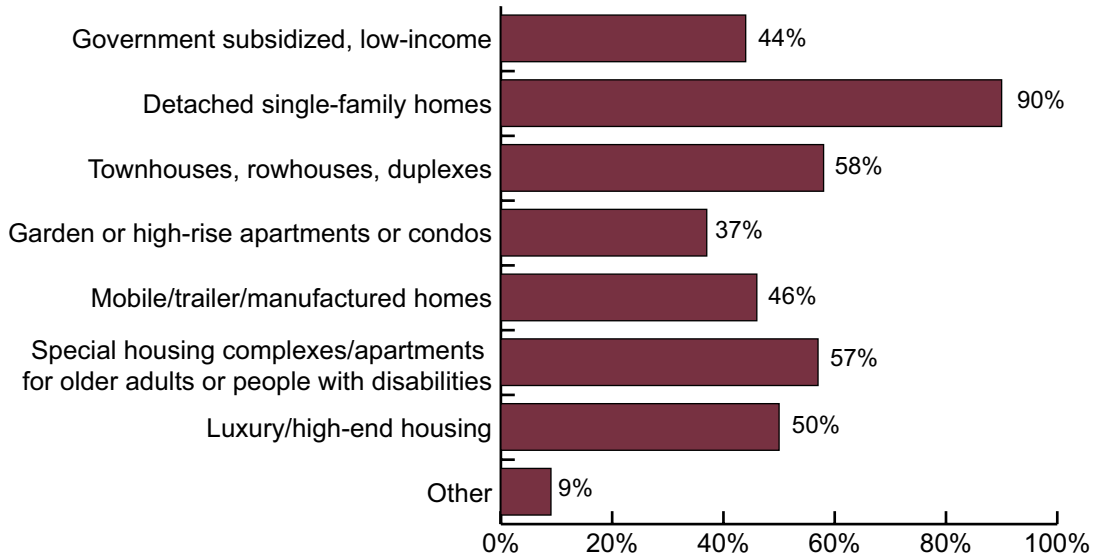
Housing

Participants were asked to indicate whether specific types of housing were available in their community (see figure 9). The vast majority (90 percent) of people said detached single-family homes were available in their community. About 6 in 10 (58 percent) said there were townhomes, a little more than half (57 percent) indicated there was some senior housing, and half (50 percent) said they had high-end luxury homes in their community. Only about 4 in 10 participants said there was low-income housing (44 percent) or manufactured housing (46 percent) in their community. A little more than one-third (37 percent) said there were garden apartments or high-rise apartments in their community. People who live in metropolitan statistical areas (MSAs) were more likely to report they had low-income or high-rise apartments in their community.¹³

For renters, funding for affordable housing programs is the most important local government investment (followed by increasing police presence and improving schools). Homeowners ranked improved schools and increased police presence as top priorities followed by providing transportation services for older adults and people with disabilities. (See table 4 for both homeowners and renters.) Although making streets more pedestrian-friendly was in the top five priorities for homeowners, it was ranked sixth for renters. Conversely, renters ranked adding more transportation services, such as buses

¹³ Metropolitan statistical areas are geographical regions that are economically integrated and usually comprise major cities and surrounding urban and suburban counties.

Figure 9. What types of homes are available in your community?



Sample: Probability-based 50+ population (n = 893).

Table 4. Ranking of Local Actions—Homeowners and Renters

Actions	General Public	Homeowners	Renters
Increase police presence.	1	2	2
Improve schools.	2	1	3
Make streets pedestrian friendly.	3	4	6
Provide transportation services for seniors and people with disabilities.	4	3	4
Build or upgrade parks.	5	7	9
Implement or increase funding for affordable housing programs.	6	8	1
Add more buses, light rail, or subway systems.	7	6	5
Implement or increase funding for home modifications for people with disabilities.	8	5	7
Invest in or build libraries.	9	9	8
Build more stores and shops.	10	10	10

Sample: Probability-based 50+ population (n = 893).

and light rail, in the top five; it was ranked sixth for homeowners. For homeowners, providing funding to assist with home modifications for those with disabilities was a top five priority. That priority was ranked seventh for renters.

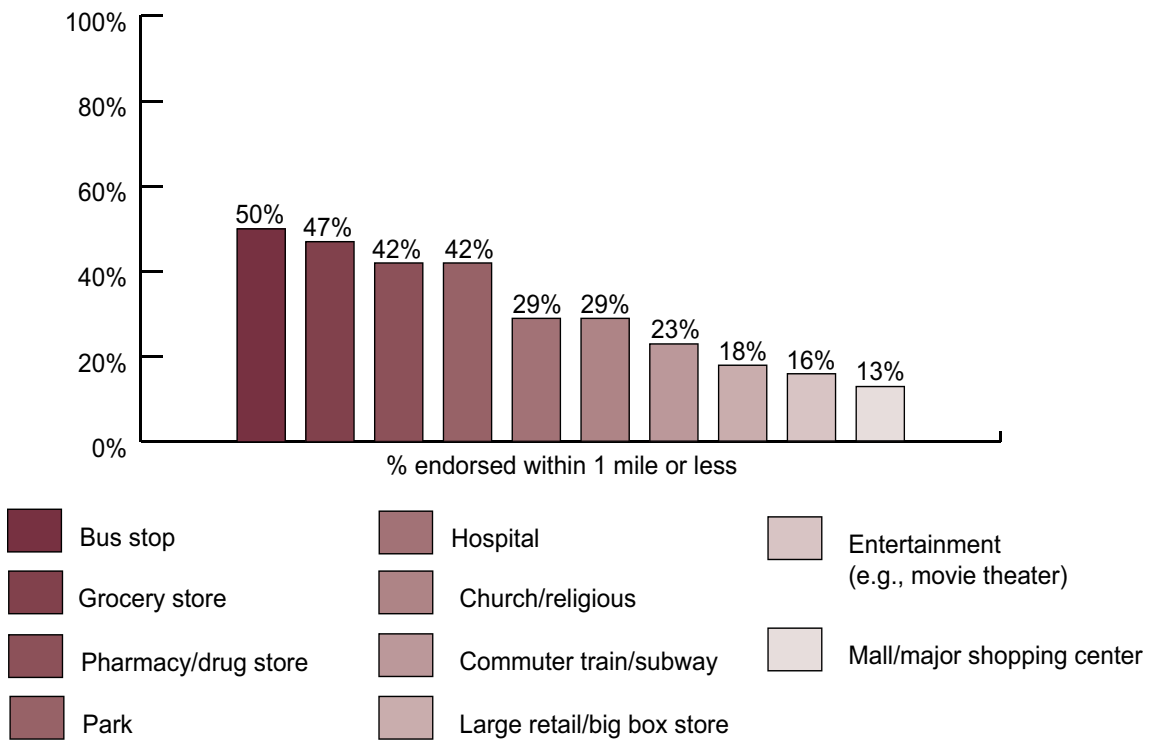
Proximity

To measure participants’ interest in having amenities nearby, researchers asked those participants to indicate the maximum distance from their home (¼ mile, ½ mile, 1 mile, 2 miles, 5 miles, 15 miles) that they would prefer to have 16 different amenities (such as grocery store, gas station, church, coffee shop, etc.). Participants considered 10 core amenities (including grocery store, pharmacy, park, hospital, etc.), as well as 6 randomly selected amenities (including bar or pub, dry cleaner, public library, fire station, etc.).

Figure 10 presents the percentage of the general population who indicated they would like to have the listed core amenity within 1 mile of their home. Of those core amenities, bus stops, grocery stores, pharmacies, and parks are highly desirable neighborhood amenities. Between 42 and 50 percent of the general population expressed a desire for those four amenities to be within 1 mile of home. In contrast, fewer than 30 percent of respondents indicated a desire to have the other six core amenities within 1 mile of home.

Those top four-ranked amenities were also reported as the most desired amenities to have within ¼ mile of respondents’ homes. In particular, respondents desire bus stops

Figure 10. What community amenities do you want close to home?



Sample: Probability-based 50+ population (n = 893).

located within ¼ mile of their home (30 percent). The next most popular amenities at the ¼ mile distance from home were grocery stores (12 percent) and parks (12 percent).

Additionally, survey participants were asked whether they would prefer (a) to drive to nearby amenities or (b) to be able to walk to nearby amenities. A “nearby seeker” variable was computed on the basis of the participant’s preference to drive or walk and on the number of amenities he or she said should be within 1 mile of home. Nearby seekers were those with preferences for nearby amenities and included participants who preferred to walk and who indicated a desire to have 8 or more of the top 16 amenities within 1 mile of home.¹⁴

When looking at local government priority preferences, nearby seekers ranked “adding more transportation options, such as buses and light rail,” as the most important priority followed by improving schools and increasing police presence. Non-nearby seekers ranked improving schools and increasing police presence as the first and second priority, respectively. For non-nearby seekers, the third priority was providing transportation services for older adults and those with disabilities followed by making streets more pedestrian-friendly (ranked fourth) and increasing funding for home modifications for people with disabilities (ranked fifth). Similarly, nearby seekers ranked providing transportation services for older adults fourth; however, they ranked increasing affordable housing programs fifth. Making streets more pedestrian-friendly did not rank in the top five priorities (ranked sixth) for nearby seekers. Perhaps, as we suggest with nondrivers, nearby seekers might already have chosen to live in communities that have a sufficient number of pedestrian-friendly streets and therefore find improving them to be of lower importance. (See table C.2.c in appendix C.)

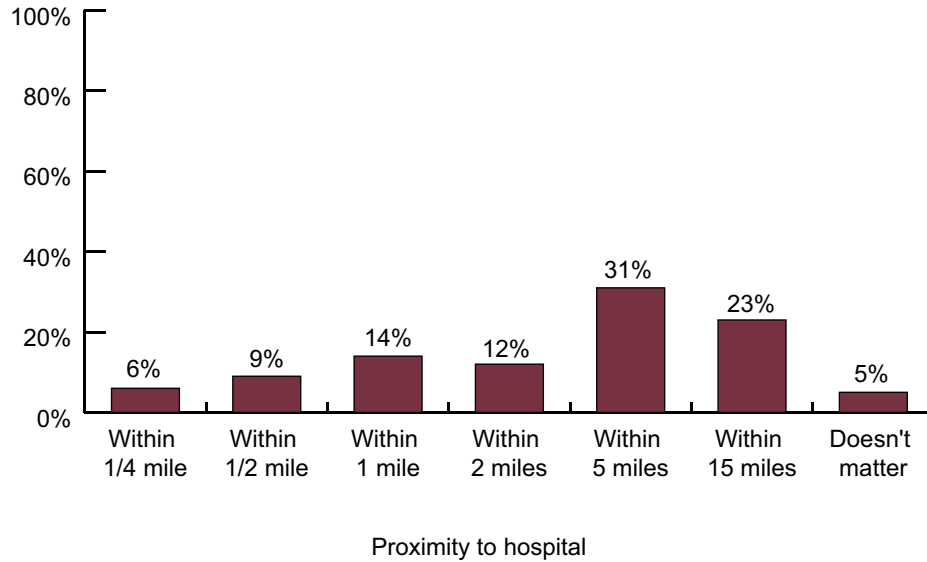
A major challenge with creating a livability index is how to weight the distance from a hospital. As shown in figure 11, access to medical facilities is important, but it is unclear whether access needs to be at a hospital or whether medical services need to be located in one’s neighborhood. The proximity measure included location of a hospital in the 10 core amenities measured. About one-quarter said a hospital should be either within 1 mile (14 percent) or 2 miles (12 percent) from home. Another 23 percent said a hospital about 15 miles from home would be ideal. Only 5 percent said it didn’t really matter how far a hospital was from home.

In a different set of questions, about half (49 percent) of the respondents said that ideally, it should take 5 to 15 minutes to reach a hospital for a non-life-threatening situation. Some may perceive hospitals to be a nuisance land use, possibly because of the likelihood of ambulance sirens nearby. Similarly, about half (49 percent) said it should take between 5 and 15 minutes to reach an urgent care clinic.

Low-income respondents (less than \$30,000 per year) wanted features and services such as grocery stores within a ¼ mile of home more often than did higher-income counterparts. Women were more likely than men to agree with the ¼ mile preference for local retail (see figure 12), people within metropolitan areas were more likely to

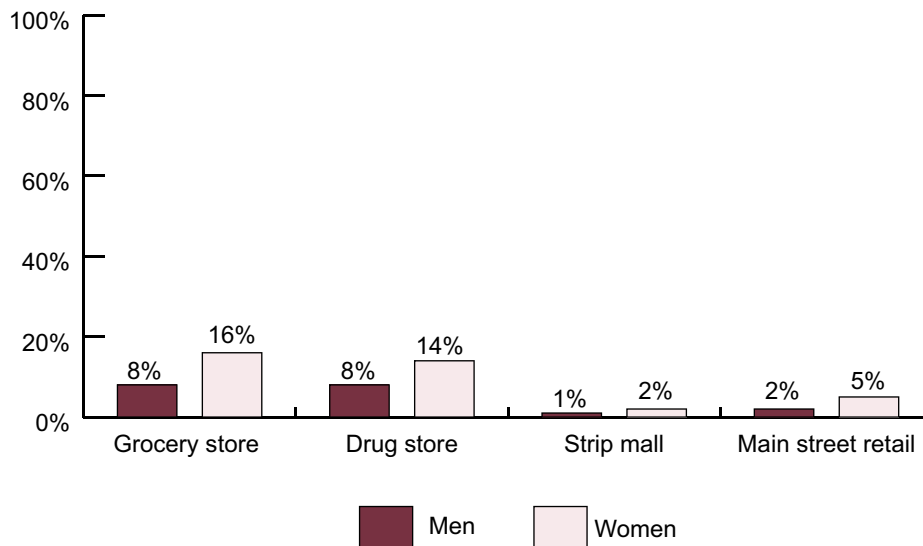
¹⁴ Some might also refer to people with such preferences as “urbanites” or “urban minded.” The term “nearby seeker” is used because its definition looks solely at preferences and not at the actual location choices of individuals. That distinction is important as an individual’s residential choices may not reflect his or her preferences for a variety of reasons. (See “Mobility Limiters” in appendix A.)

Figure 11. What is the preferred maximum distance to medical facilities?



Sample: Probability-based 50+ population ($n = 893$).
Survey question: What is the maximum distance you would prefer to have the following item from your home?

Figure 12. By gender, who prefers a maximum distance of 1/4 mile to local retail?



Sample: Probability-based 50+ population ($n = 893$).
Survey question: What is the maximum distance you would prefer to have the following item from your home?

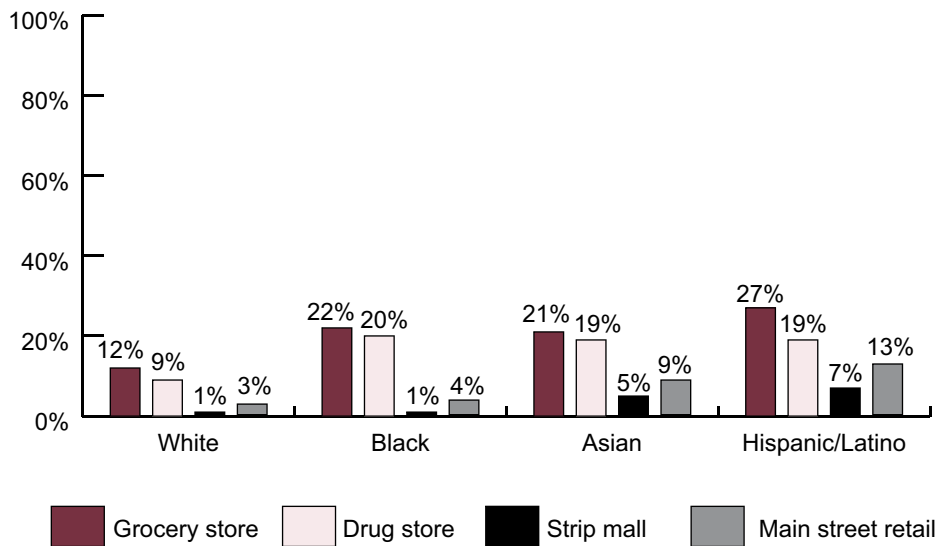
agree than those outside of metro areas, nondrivers were more likely to agree than those who drove, and people who had a disability or were family caregivers agreed as well. Whites were less likely than most other races and ethnicities to agree (see figure 13).¹⁵ Those portions of the population that prefer nearby services overlap to some degree, but the wants and needs clearly differ from preferences of other groups in the community. Situations evolve over a lifetime, and it is important to note that income, driver status, level of physical ability, and other factors can change with age. Although most of the respondents ages 50+ are not currently nondrivers or people with disabilities, many will one day find themselves with a different set of needs.

Community Cohesiveness and Livability

A rather intangible livability measure is community cohesion. To explore the concept of community cohesion, participants were asked about what community pride existed, where community members meet, and what the importance was of being involved in local government decision-making processes (see figure 14).

The majority of people feel there is a great deal (27 percent) of or some (54 percent) community pride and unity among their neighbors. Around 4 in 10 (41 percent) people said being able to participate in the local government decision-making process would have at least some influence on their decision to move to a community. Similarly, 6 in 10 (60 percent) said a local government’s reputation or local government’s politics would

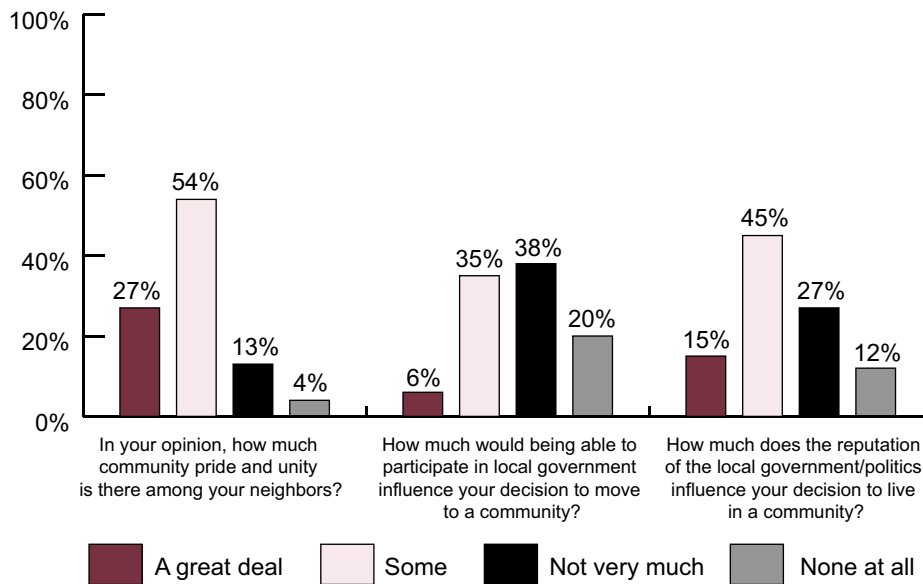
Figure 13. By race and ethnicity, who prefers a maximum distance of ¼ mile to local retail



Samples: Probability-based 50+ white (n = 692); 50+ African American oversample (n = 455); Hispanic/Latino oversample (n = 456); Asian oversample (n = 452).
 Survey question: What is the maximum distance you would prefer to have the following item from your home?

¹⁵ For a comparison of ¼- and ½-mile radii by gender, race or ethnicity, and age, see appendix E.

Figure 14. How important is community cohesiveness in making decisions about where to live?



Sample: Probability-based 50+ population (n = 893).

have a great deal or some influence on their decision to live in a community. However, quantifying the amount of community cohesion in a livability index is difficult.

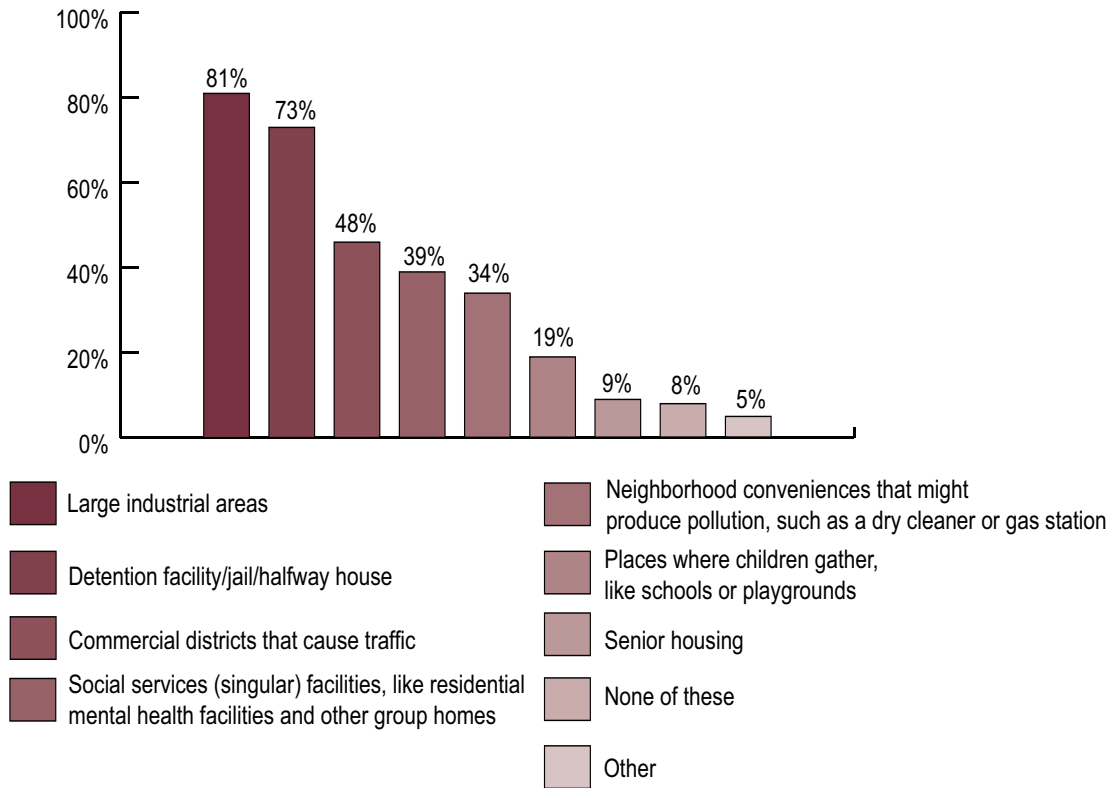
Disincentives or Features with Negative Effects

One important aspect of livability is how individuals feel about amenities, issues, or structures that might prevent them from moving into a community. Survey participants were provided with a list of possible disincentives and asked, “If you were selecting a home in a new community, which of the following, if any, would prevent you from moving to a home in that community?” (For more information, see figure 15.)

Large industrial areas and detention facilities are major disincentives for moving into a community, but reactions to other potential disincentives were more mixed. The majority of respondents indicated that large industrial areas, such as chemical manufacturing, pulp mill, landfill, and so forth (81 percent), and detention-related facilities—such as a detention center, jail, or halfway house (73 percent)—would prevent them from moving into a community. About half (46 percent) said a commercial district that might generate traffic from retail stores, restaurants, and other businesses would be a disincentive for moving into a community. Four in 10 (39 percent) indicated that they are less desirous of a community that has social service facilities, such as a group home or residential mental health facility. When looking at other businesses, only one-third (34 percent) said proximity to neighborhood conveniences that might produce pollution (such as a dry cleaner or gas station) might be a disincentive for moving into a community.

Fewer than one in five (19 percent) said places where children gather (like a school or day-care facility) would be a disincentive, and fewer than 1 in 10 (9 percent) said housing

Figure 15. What activities would prevent you from moving into a community?



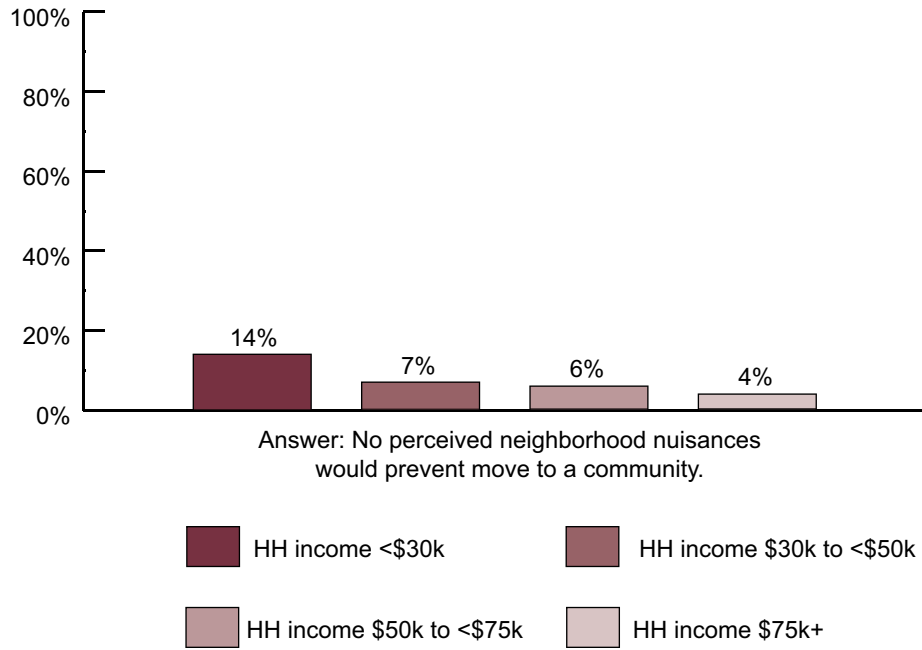
Sample: Probability-based 50+ population (n = 893).
 Survey question: Which of the following would prevent you from moving to a home in that community?

for older adults (like a retirement community or nursing home) would be a disincentive for moving into a community.

Respondents were also allowed to indicate that none of the items listed would be a disincentive for moving into a community. A higher proportion of lower-income respondents (household income of less than \$30,000) compared with respondents with higher incomes indicated that none of the items would prevent them from moving into a community (14 percent compared with between 4 percent and 7 percent for respondents with higher level incomes). (For income comparisons, see figure 16.) Similarly, a higher proportion of nondrivers compared with drivers indicated that none of the items would prevent them from moving into a community (12 percent v. 7 percent), and those in metropolitan areas are more likely to be dissuaded than are those who live in more rural “nonmetropolitan” areas (15 percent of those living outside of metropolitan areas said that none of the listed disincentives would prevent them from moving to a neighborhood, and only 6 percent within metropolitan areas said the same).¹⁶

¹⁶ See appendix E for figures about drivers and metropolitan areas.

Figure 16. Does income impact decisions to move to a community because of perceived neighborhood “nuisances”?



Note: HH = household.

Sample: Full (probability-based and oversample); household income <\$30,000 ($n = 1,254$); household income <\$30,000 to <\$50,000 ($n = 997$); household income \$50,000–\$75,000 ($n = 902$); household income \$75,000+ ($n = 1,434$).

Survey question: Which of the following would prevent you from moving to a home in that community?

LESSONS FOR MEASURING LIVABILITY

Several lessons for index development evolved from the research previously described, and many of those reinforced findings from previous research. Our focus groups with Alabamians and residents in the Chicago region and our in-depth interviews with our survey respondents provided insights that elucidate the findings. Each of the lessons (shown next) influenced the design of AARP’s ideal livability index.

- 1. Individual definitions of livability can include issue areas that may or may not be addressed by public policy.** When asked, “What is a livable community?” respondents offered a range of responses:

The first thing that I put down was safe or safety—a safe community. A pretty community. You like it. The terrain or the woods or whatever—you consider it beautiful.

—Alabama rural resident

You’ve heard the term “close-knit” community? I put that down—“close-knit.” Friendly people. People in a community who care about one another.

—Chicago resident

A place that you want to raise your children, places that have recreational facilities for your time off. Good neighborhoods that you feel safe in.

—Alabama rural resident

It sounds like a good place. A livable community—it’s a place where you raise your kids. Peaceful, nice neighbors—that kind of thing.

—Birmingham, Alabama, urban/suburban resident

Preferences for weather, terrain, friendliness of neighbors, and closeness to family cannot be affected by public policy, but safety, access to public transportation, recreational facilities, preservation of open space, and zoning for medical facilities can be.

- 2. People and communities have differing perspectives: one type of community does not fit all.** The “important” issues change according to location; income; whether someone with a disability lives in the household; whether the household is urban, suburban, or rural; whether someone drives; and what the racial or ethnic background is of respondents. For example, some of the answers to “What are important community characteristics?” include the following:

The area I live in, I like it. It’s pretty peaceful. We’ve got a parkway, and it’s got just about everything on the parkway that you could get downtown.

—Birmingham, Alabama, urban/suburban resident

I think Chicago is a very versatile city. It’s a beautiful city. There’s a lot to do, a lot to see in it. You can get just about anywhere in it on public transportation or driving on expressways. As far as shopping goes, you can get to just about any store fast. We have several malls in our area that accommodate us.

—Chicago urban resident

They have beautiful schools, great schools. It's nicely racially mixed. The property values are good. I feel very safe in my community. They have many events. I just love living here. It's close to downtown (Chicago)—16 minutes away from downtown. They just got through renovating Marion Street, and it's beautiful with all the lights and cobblestone streets. It's gorgeous. I love it.

—Chicago suburban resident

It's convenient to Birmingham. It's got great recreational facilities. The city does a good job with parks and walking trails. We've got a decent-sized mall. We've got good medical facilities—a lot of doctors for a town this size. The new interstate opening up is going to be a big asset: it took me less than an hour to get to Birmingham, so it has a lot of advantages.

—Alabama rural resident

Because people find a range of community characteristics to be important, “livable” has many individual definitions.

- 3. Perceptions of a livable community are made when choosing housing and may not change as the person ages, unless a major life change forces a new perspective.** Families that make their housing decisions when they have children can find themselves in the same community as they age. If a community has good schools and safe opportunities for children and a home becomes a place of fond memories, that location may seem livable even after the children have moved out and the needs of the older adult begin to change. The cul-de-sac design may have provided safety for the children years ago, but it may now contribute to isolation and limit the ability to get around if one can no longer drive. The respondents who considered the features that help one to age in place were often those who had or had developed some level of physical impairment or had lost the ability to drive (or lived with someone who had faced those challenges). That factor was true for most participants, from younger (closer to 50 years of age) homeowners in the Chicago region to 80-year-olds in Alabama. It was common to put off deciding how aging would affect one's life until some event forced one to think about it.

CONCLUSION

The lessons cause a challenge for researchers who seek to measure community livability: the preferences of older adults are complex, intertwined, and sometimes conflicting. As Peter Pan never aged, many people never expect to age until they one day find themselves no longer able to do things that they once did. The lessons from this research have several implications for efforts to measure community livability, and they are discussed in detail in the Public Policy Institute report titled “Is This a Good Place to Live? Measuring Community Quality of Life for All Ages.”

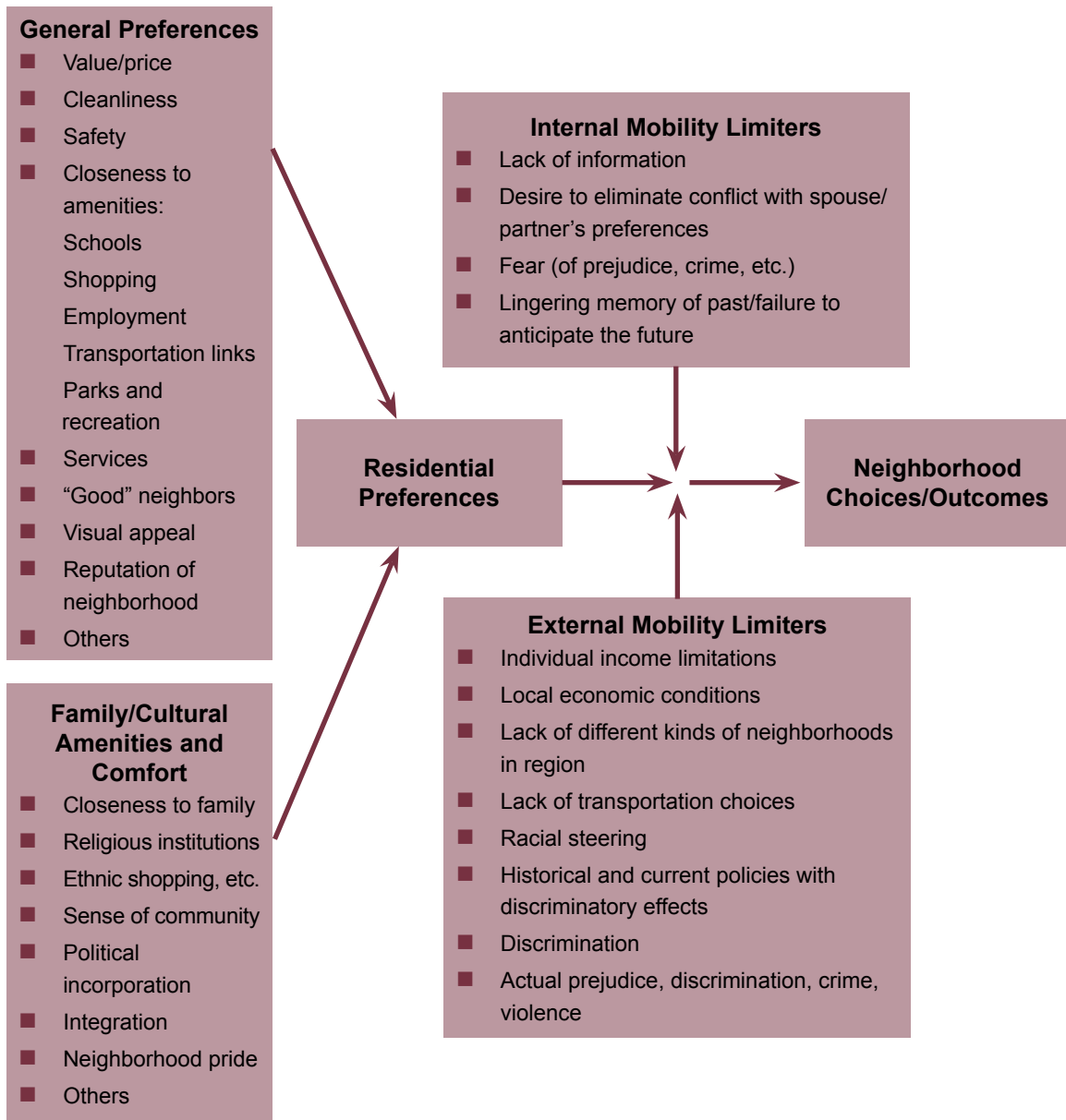
APPENDIXES

Appendix A. Preferences

Many researchers rely on preferences for their measurements of livability. To properly understand the role and limitations of preferences requires a deeper explanation.

The conceptual framework shown in figure A.1 models residential location decisions. In short, many elements go into stated preferences, and residential mobility limiters prevent those desires from being achieved.

Figure A.1. Conceptual Framework



Residential Mobility Limiters

Although an individual's personal preferences are created by his or her unique combination of the magnitude and direction of preferences, certain limits to mobility interact with preferences in ways that account for the differences between what an individual prefers and where that individual ends up living.

Those residential mobility limiters are grouped into two categories: internal and external. Internal mobility limiters are self-imposed constraints on choice and may affect that individual's perception of a particular neighborhood in ways contrary to that person's best interest. Those internal mobility limiters have the potential to interfere with an individual's own ability to find a neighborhood that meets his or her needs.

External mobility limiters are externally imposed constraints on choice. External mobility limiters also reduce an individual's ability to take advantage of other existing options. For example, the effect of actual discrimination, racial steering, and historical and current policies with discriminatory effects (such as redlining) can prevent someone from moving to a desired neighborhood. Additional external mobility limiters can best be described as regional limitations.

Additional external mobility limiters reduce the number of options, and they include (a) poor local economic conditions that prevent many from having the income necessary to purchase homes, (b) a lack of different kinds of neighborhoods, (c) a lack of transportation options, and (d) other differences that may exist in a particular region at a given point in time, including housing shortages, the effects of natural disasters, and other factors. External mobility limiters can restrict the number of choices or limit the ability to choose from among the available choices. A particular region may fail to benefit potential residents on any or all of those criteria and would thereby limit the ability of potential movers to find desirable neighborhoods.

People's stated preferences are not unassailable, because internal mobility limiters prevent individuals from knowing their "true" preferences. The external mobility limiters are issues that can be addressed by public policies that ensure that people can find what they want.

The framework and explanation are adapted from a framework originally developed for "Understanding Modern Segregation: Suburbanization and the Black Middle Class" by Rodney Harrell (PhD diss., University of Maryland, 2008). See that publication for a more detailed explanation.

Appendix B. Project Design

Methodology

The initial phase of the data collection was conducted in December 2011. That qualitative study, conducted by Turtle Bay Institute, Inc., included four 2-hour discussion groups with individuals ages 50 and older in the Chicago, Illinois, and Birmingham, Alabama, regions. Participants were from urban, suburban, and rural communities, with varying incomes and racial and ethnic backgrounds, as well as drivers, nondrivers, people with disabilities (including mobility limitations), family caregivers, retirees, and full-time and part-time workers.¹⁷ The main objectives of the initial phase were to accomplish the following:

- Explore participants' perceptions of livable communities now and as they age, as well as their definition of a "livable community."
- Elicit participants' definitions of a "livable community" with regard to the physical characteristics, the properties and services, and the options that it would offer (both now and as they age).
- Provide insight into how definitions of a livable community differ by individual according to his or her community location (i.e., metropolitan [urban and suburban] and nonmetropolitan [rural]).

The second phase of the data collection, the quantitative survey, was initially conducted by GfK (Knowledge Networks) from September 2012 through November 2012. Additional data were collected from December 2012 through January 2013 to increase oversamples of people with disabilities or family caregivers, nondrivers, and certain income groups. The total number of participants was 4,596. The 20-minute survey was conducted using a sample from KnowledgePanel®, a probability-based web panel designed to be representative of the United States. The survey included a general population sample of adults ages 50+, with oversamples of African Americans, Asians, Hispanics and Latinos, nondrivers, people with disabilities (or family caregivers), and low-income households.

A poststratification process was used for the general population sample, as well as each individual race and ethnicity sample. The poststratification process was applied to adjust for survey nonresponse as well as noncoverage or undersampling and oversampling resulting from the study-specific sample design. Demographic and geographic distributions for the noninstitutionalized, civilian population ages 18 and older from the most recent US Census Bureau Current Population Survey (CPS) were used as benchmarks in those adjustments.

The final phase of the public opinion data collection was a follow-up 30-minute in-depth interview with randomly selected quantitative survey participants. The 80 in-depth interviews were conducted via telephone in English by Woefel Research, Inc., in November 2012. The main purpose of the follow-up interviews was to give the participants an opportunity to reflect on the livability concepts explored in the quantitative survey.

¹⁷ Focus group demographics: age range 50 to 89; income range < \$23,000 to \$100,000+.

KnowledgePanel®

In a KnowledgePanel®, sample sources of deviation from an equal probability of selection design are corrected in the application of a base weight. A poststratification process was used to adjust for any survey nonresponse as well as any noncoverage or any undersampling and oversampling resulting from the study-specific sample design. Demographic and geographic distributions for the noninstitutionalized, civilian population ages 18 and older from the most recent CPS were used as benchmarks in the adjustment. The following benchmark distributions were used for the poststratification adjustment: gender, age, race/Hispanic ethnicity, education, household income, census region, metropolitan area, and Internet access.

Estimates

Probability-Based Sample—50+ General Population (n = 893)

The general 50+ population estimates in this report are from the probability-based sample. That sample was weighted using demographic and geographic distributions from the most recent CPS estimates of the noninstitutionalized, civilian population ages 18 and older. The following benchmark distributions were used for this poststratification adjustment: gender, age, race/Hispanic ethnicity, education, household income, census region, metropolitan area, and Internet access.

Race or Ethnicity 50+ Population Oversample¹⁸

- African American ($n = 455$); Hispanic or Latino ($n = 456$)
- Asian or Pacific Islander ($n = 452$)

The minority 50+ population estimates in this report are from the 50+ population race/ethnicity oversamples. Each individual race or ethnicity sample (African American, Hispanic or Latino, and Asian) was weighted using demographic and geographic distributions from the most recent CPS estimates of the noninstitutionalized, civilian population ages 18 and older within each race or ethnicity. The following benchmark distributions were used for this poststratification adjustment: gender, age, education, household income, census region, metropolitan area, and Internet access.

Other 50+ Population Oversample

Additional oversamples of various 50+ populations were obtained to enable in-depth analyses of the subpopulations. Estimates in this report for those subpopulations do not include poststratification adjustments. As such, comparisons within each oversampled population group may be made. Readers are cautioned not to draw comparisons across oversampled groups or the general public.

¹⁸ The sample sizes presented here are from the targeted race or ethnicity oversamples. The race or ethnicity estimates presented in this report are based on those oversamples. A follow-up data collection was conducted to garner oversamples for additional groups (i.e., low income, nondriver, people with disabilities and family caregivers, etc.). The final full sample counts for the race or ethnicity samples were African American ($n = 667$), Hispanic or Latino ($n = 542$), and Asian or Pacific Islander ($n = 463$).

- Income 50+ population oversample
 - Less than \$30,000 ($n = 1,254$)
 - \$75,000–\$99,999 ($n = 656$)
- Nondriver 50+ population oversample
 - Nondrivers ($n = 895$); includes nondriver with a disability ($n = 558$)
- Education 50+ population oversample
 - Less than high school diploma ($n = 321$)
- People with disabilities or family caregivers 50+ population oversample
 - Self-reported people with a disability: those who use a wheelchair, cane, walker, receive assistance with daily activities such as handling personal care, driving to places, cooking or cleaning because they are unable to do so ($n = 1,362$)
 - Self-reported family caregiver of a person with a disability (not with disability): family caregivers help someone who lives in their home with his or her personal care activities ($n = 722$)

NearbySeeker—Computed Variable

The NearbySeeker computed variable was determined by the respondents' preference to walk to amenities (versus drive) (Q25) and the number of amenities he or she said should be within 1 mile of his or her home (Q17). For the amenities part of the computed variable, we first determined the top amenities identified as ideal to have within 1 mile of home (16 out of 30 tested). A respondent was considered a nearby seeker if he or she indicated a preference for walking to amenities (Q25) and indicated a preference for having half or more of the top ranked amenities within 1 mile of home.

Note that not all respondents were shown all 16 of the top amenities, thus the total number of endorsed amenities to qualify varied by respondent. Estimates in this report for that subpopulation do not include poststratification adjustments. (See table B.1 for the sample demographics.)

Table B.1. Sample Demographics

	Total (n = 4,596) Percentage of the Sample
Gender	
Female	55
Male	45
Age	
50 to 64	59
65 and older	41
Race/Ethnicity	
African American	15
Asian/Pacific Islander	10
Hispanic/Latino	12
White	60
Marital Status	
Divorced/widowed/separated	27
Married	62
Single	11
Housing Type	
Apartment complex	16
Single-family detached	71
Townhouse/rowhouse/duplex	7
Own/Rent	
Own	77
Rent	21
Household Income	
Under \$30,000	27
\$30,000 to \$49,999	22
\$50,000 to \$74,999	20
\$75,000 or more	31
MSA/Non-MSA	
MSA	81
Non-MSA	13
Education	
Less than high school diploma/equivalent	7
High school graduate (or equivalent)	22
Some college (2-year degree or less)	33
College degree (4-year degree or postgraduate)	38
Employment	
Disabled	13
Employed	36
Retired	42
Unemployed	9

Table B.1. Sample Demographics

		Total (n = 4,596) Percentage of the Sample
Disability/Caregiver Status		
With disability	30	
Family caregiver	16	
Driver Status		
Nondriver (all)	19	
Nondriver with disability	12	

Note: Percentages may not total 100 because of rounding, nonresponse, or omitted categories. MSA = metropolitan statistical area.

Appendix C. Rankings of Housing Policies, Local Actions, and Population Segments

Respondents were asked to rank the importance of implementing or increasing funding for the programs shown in table C.1.

Table C.1. Ranking of Housing Policy Priorities by Income Level

Income Group	Affordable Housing Programs	Home Modifications for People with Disabilities
Overall	6	8
Less than \$30,000	3	5
\$30,000 to \$49,999	6	5
\$50,000 to \$74,999	7	6
\$75,000 and over	9	8

Sample: Full (probability-based and oversample); household income <\$30,000 (*n* = 1,254); household income <\$30,000 to <\$50,000 (*n* = 997); household income \$50,000–\$75,000 (*n* = 902); household income \$75,000+ (*n* = 1,434).

Tables C.2.a–C.2.c give additional information about rankings by various population segments.

**Table C.2.a. Ranking of Local Actions—
General Public, Plus Race or Ethnicity**

Actions	General Public	White	African-American	Hispanic/Latino	Asian
Increase police presence.	1	2	2	1	1
Improve schools.	2	1	1	2	2
Make streets pedestrian friendly.	3	3	6	5	4
Provide transportation services for seniors and people with disabilities.	4	4	4	4	5
Build or upgrade parks.	5	5	8	7	6
Implement or increase funding for affordable housing programs.	6	7	3	3	9
Add more buses, light rail, or subway systems.	7	6	5	6	3
Implement or increase funding for home modifications for people with disabilities.	8	9	7	8	7
Invest in or build libraries.	9	8	10	9	8
Build more stores and shops.	10	10	9	10	10

Sample: Probability-based 50+ population (*n* = 893) and probability-based 50+ white (*n* = 692); 50+ African American sample (*n* = 455); Hispanic/Latino oversample (*n* = 456); Asian oversample (*n* = 452).

**Table C.2.b. Ranking of Local Actions—
General Public, Plus Household Income**

Actions	General Public	<\$30k	\$30k to <\$50k	\$50k to <\$75k	\$75k+
Increase police presence.	1	1	1	2	2
Improve schools.	2	4	2	1	1
Make streets pedestrian friendly.	3	6	4	4	3
Provide transportation services for seniors and people with disabilities.	4	2	3	3	5
Build or upgrade parks.	5	8	8	8	4
Implement or increase funding for affordable housing programs.	6	3	6	7	9
Add more buses, light rail, or subway systems.	7	7	7	5	6
Implement or increase funding for home modifications for people with disabilities.	8	5	5	6	8
Invest in or build libraries.	9	9	9	9	7
Build more stores and shops.	10	10	10	10	10

Sample: Probability-based 50+ population ($n = 893$) and full (probability-based and oversample); household income <\$30,000 ($n = 1,254$); household income <\$30,000 to <\$50,000 ($n = 997$); household income \$50,000–\$75,000 ($n = 902$); household income \$75,000+ ($n = 1,434$).

**Table C.2.c. Ranking of Local Actions—
Nearby Seekers and Non-Nearby Seekers**

Actions	General Public	Nearby Seekers	Non-Nearby Seekers
Increase police presence.	1	3	2
Improve schools.	2	2	1
Make streets pedestrian friendly.	3	6	4
Provide transportation services for seniors and people with disabilities.	4	4	3
Build or upgrade parks.	5	8	7
Implement or increase funding for affordable housing programs.	6	5	6
Add more buses, light rail, or subway systems.	7	1	8
Implement or increase funding for home modifications for people with disabilities.	8	7	5
Invest in or build libraries.	9	9	9
Build more stores and shops.	10	10	10

Sample: Probability-based 50+ population (*n* = 893).

Appendix D. Summary of Livable Communities Index Qualitative Data Collection— In-Depth Interviews

- 80 participants (chosen from among quantitative survey respondents)
- 30-minute telephone interview
- November 2012

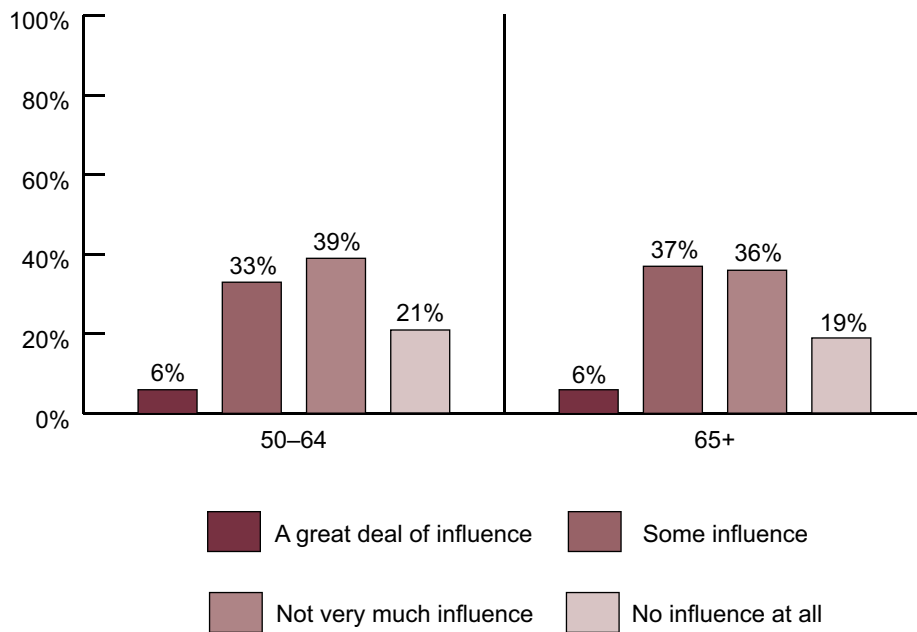
Major purpose: Gather additional data as participants reflect on the livability concepts that are being explored as part of the key findings

- After participants were asked to design the perfect community, their responses were categorized into the following broad areas: transportation, safety, location of services, parks and recreation, neighbors, and housing.
- The respondents mentioned seven main areas where changes would improve the neighborhood. Chief among them was transportation. Additional changes to improve the neighborhood included (a) enhance safety, (b) have better location of services (make them more accessible), (c) involve better upkeep of homes and general upkeep of neighborhood, and (d) increase or add parks and bike trails.
- Level sidewalks and ramps were the two features garnering the most mentions for helping a user of a mobility device. Additional features mentioned included curb cuts and low curbs, buses, accessible doors, specialized transportation, crosswalks, and elevators.
- The majority of respondents who currently drive said they believe they could live comfortably in their community even if they could no longer drive.
- Respondents who currently drive said if they were no longer able to drive and were to stay in their community, they would be concerned about the availability of transportation, the distances to services, and their personal safety.
- Respondents who do not drive mentioned a number of improvements to transportation that could help them get around better. The two most frequently cited improvements were shuttle service for seniors and more regular buses. Other suggestions included running public transportation on time, making bus service closer to the respondent (perhaps by adding more bus stops), making taxis more accessible, and adding bike access.
- Those respondents who said the community had “a lot or some” pride cited two major indicators: the neighbors and the fact that the property is well maintained and the community is clean.
- Respondents who said their community had “not very much” community pride or “none at all” cited primarily the fact that the community does not get together.
- Respondents who said they did not feel safe getting around in their community either by walking or using a mobility device said the main reasons were high crime, poor or no lighting, people loitering, no sidewalks, and poorly maintained sidewalks.

Appendix E. Additional Community Preference Survey Data Results

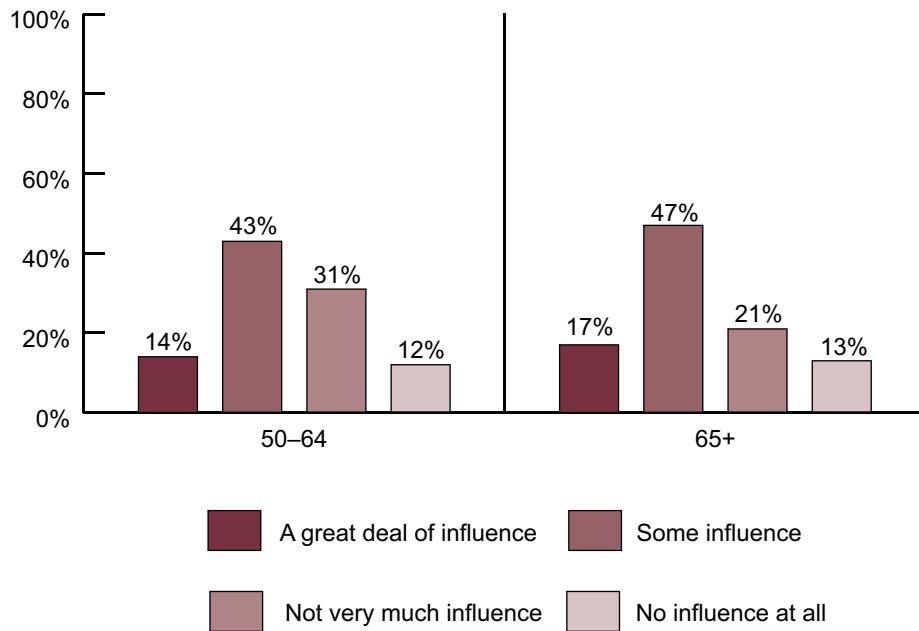
The following figures summarize the results of the qualitative data collection that were not shown in the main text.

Figure E.1. By age, how much does being able to participate in the local government decision-making process influence your decision to move to a community?



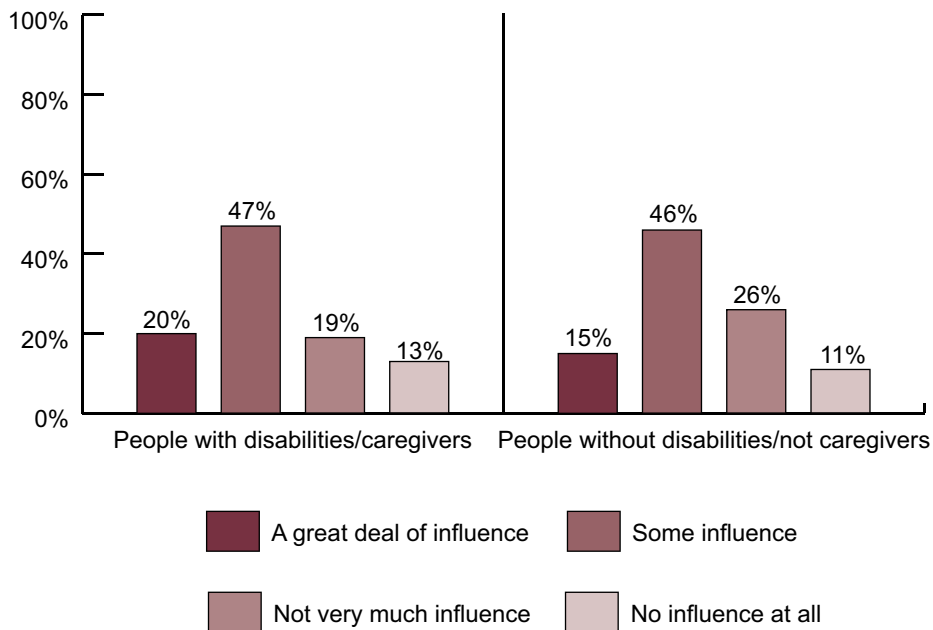
Sample: Probability-based 50+ population ($n = 893$).

Figure E.2.a. How much does the reputation of the local government or politics influence your decision to live in a community? (By age)



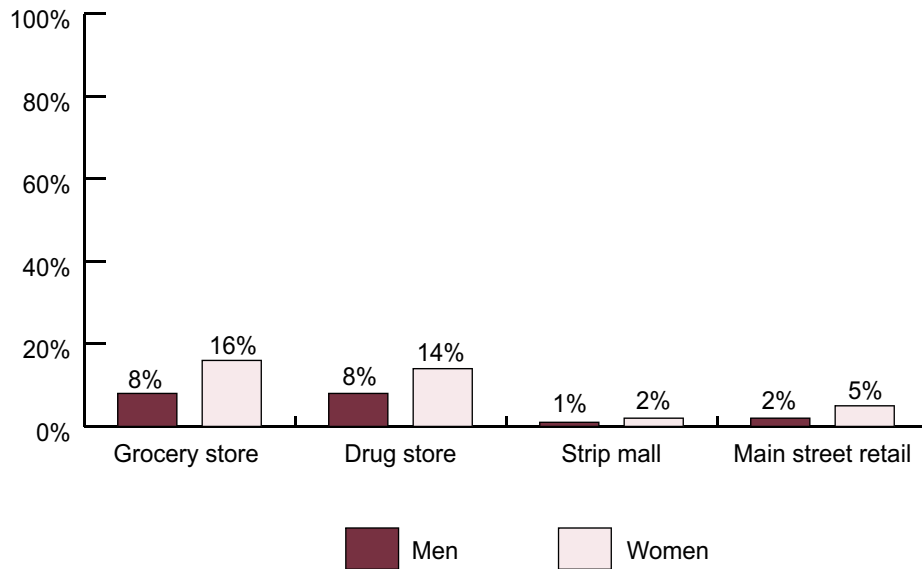
Sample: Probability-based 50+ population (n = 893).

Figure E.2.b. How much does the reputation of the local government or politics influence your decision to live in a community? (By households with people with disabilities)



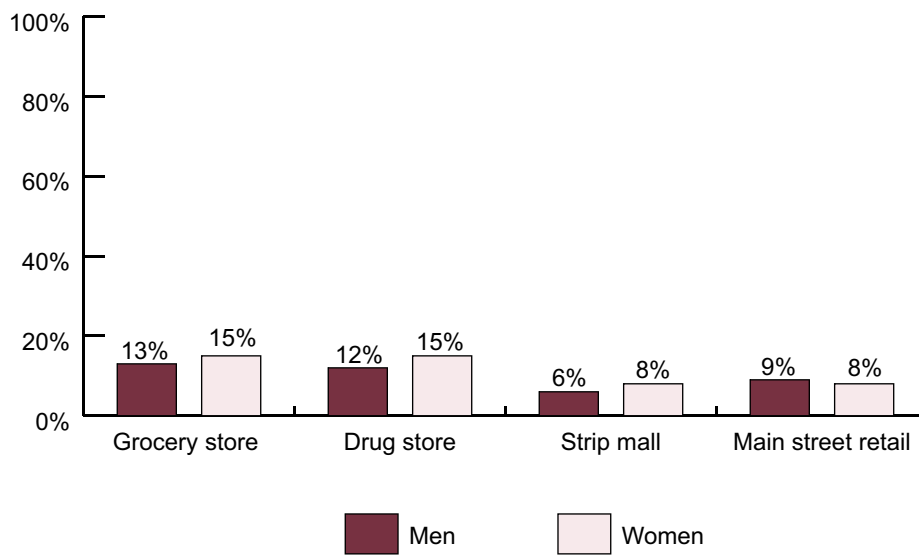
Sample: Full (probability-based and oversample); people in households with persons with disabilities (n = 2,083); people without disabilities/not caregivers (n = 2,513).

Figure E.3.a. By gender, who prefers a maximum distance of ¼ mile to local retail?



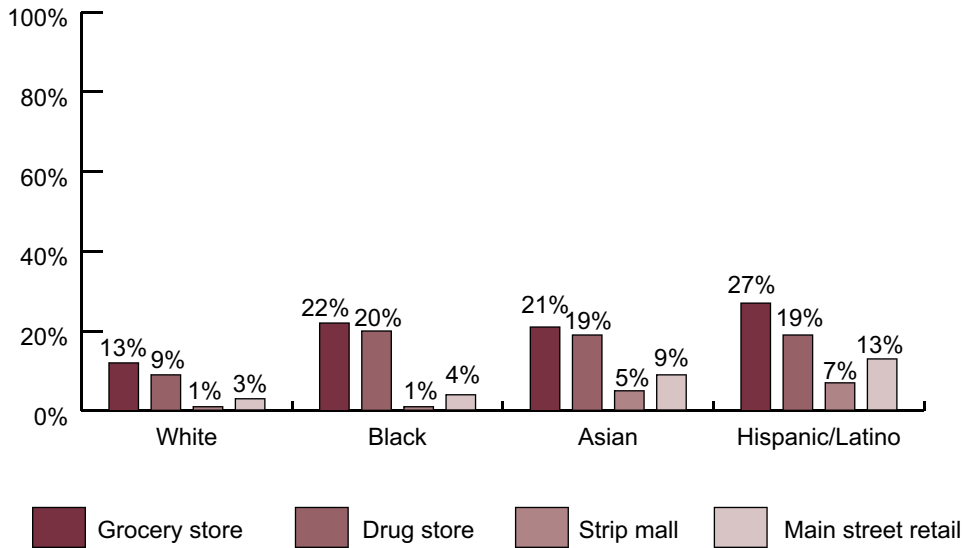
Sample: Probability-based 50+ population (*n* = 893).
Survey question: What is the maximum distance you would prefer to have the following item from your home?

Figure E.3.b. By gender, who prefers a maximum distance of ½ mile to local retail?



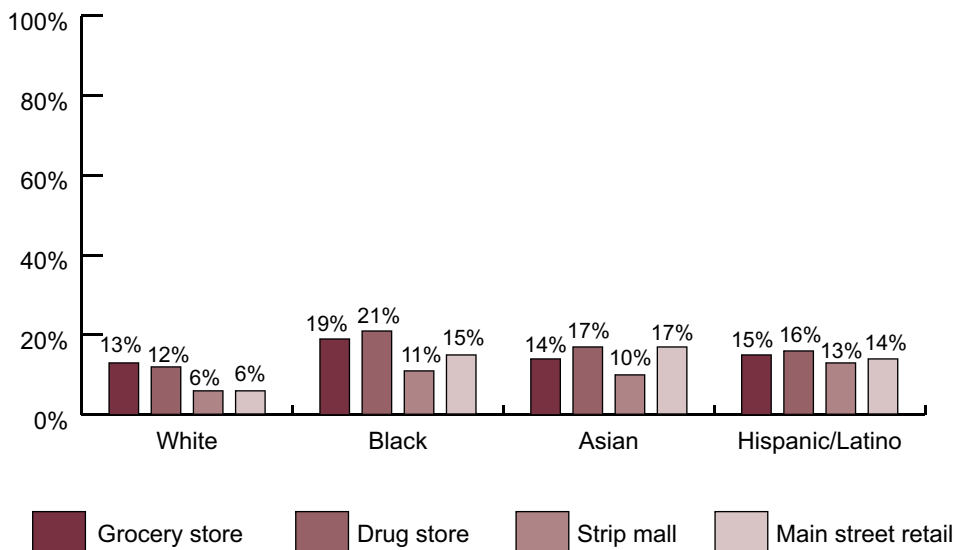
Sample: Probability-based 50+ population (*n* = 893).
Survey question: What is the maximum distance you would prefer to have the following item from your home?

Figure E.4.a. By race and ethnicity, who prefers a maximum distance of ¼ mile to local retail?



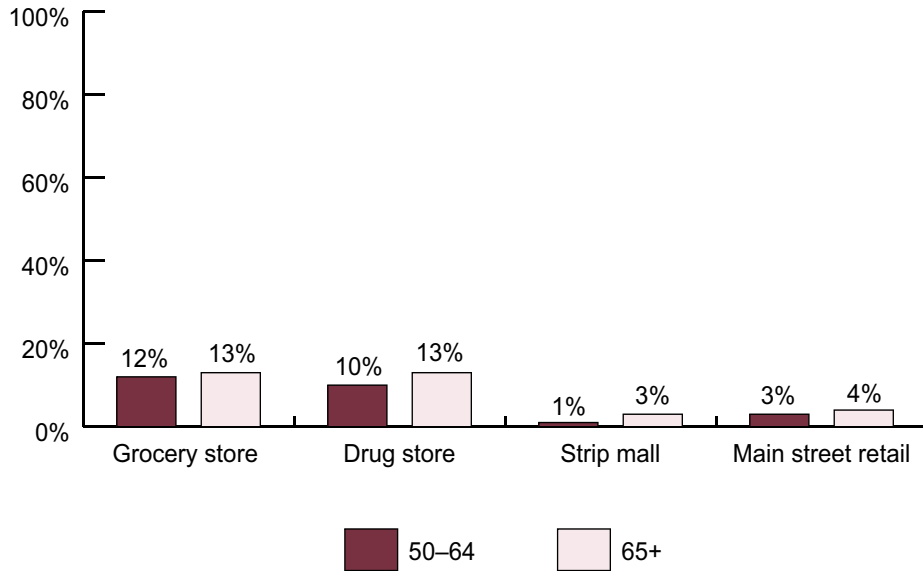
Samples: 50+ probability-based, white ($n = 692$); 50+ African-American oversample ($n = 455$); Hispanic/Latino oversample ($n = 456$); Asian oversample ($n = 452$).
 Survey question: What is the maximum distance you would prefer to have the following item from your home?

Figure E.4.b. By race and ethnicity, who prefers a maximum distance of ½ mile to local retail?



Samples: 50+ probability-based, white ($n = 692$); 50+ African-American oversample ($n = 455$); Hispanic/Latino oversample ($n = 456$); Asian oversample ($n = 452$).
 Survey question: What is the maximum distance you would prefer to have the following item from your home?

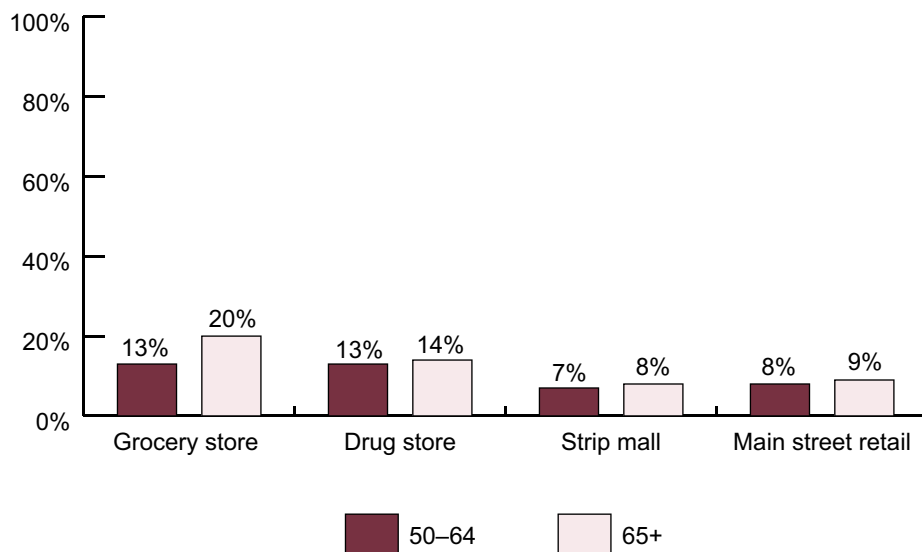
Figure E.5.a. By age, who prefers a maximum distance of 1/4 mile to local retail?



Sample: Probability-based 50+ population (n = 893).

Survey question: What is the maximum distance you would prefer to have the following item from your home?

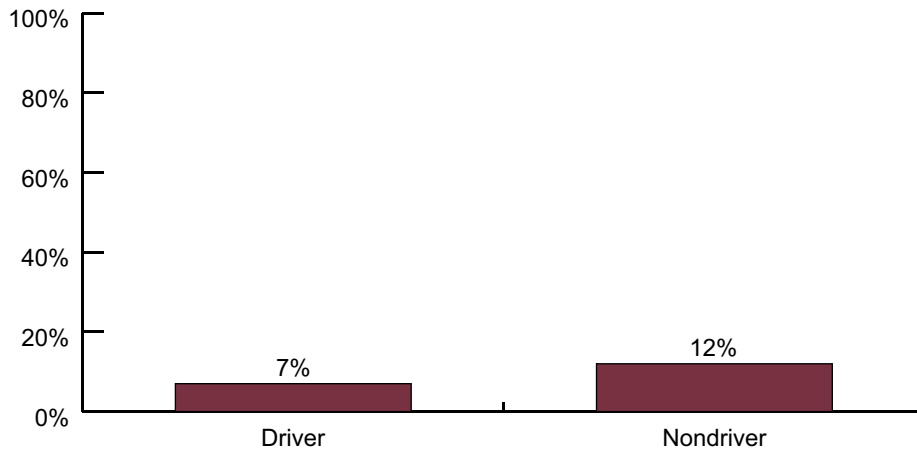
Figure E.5.b. By age, who prefers a maximum distance of 1/2 mile to local retail?



Sample: Probability-based 50+ population (n = 893).

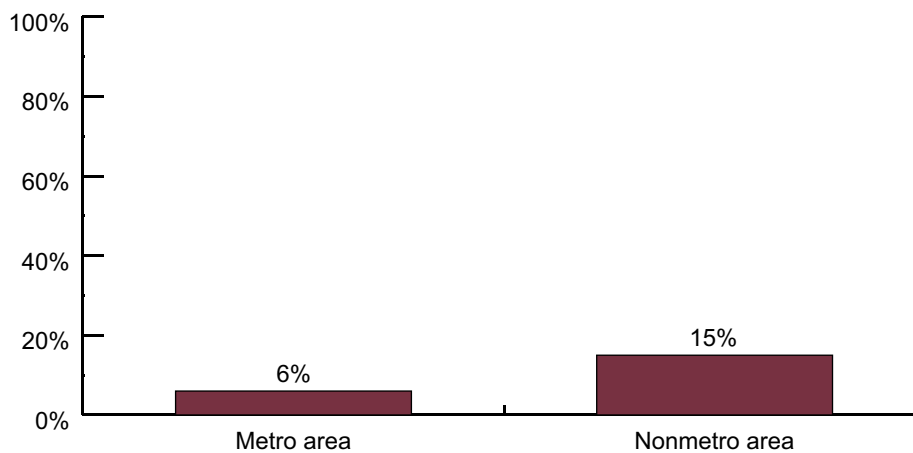
Survey question: What is the maximum distance you would prefer to have the following item from your home?

Figure E.6.a. Would perceived neighborhood “nuisances” prevent you from moving into a community? (Drivers)



Sample: Full (probability-based and oversample); drivers ($n = 3,683$), nondrivers ($n = 895$).
Survey question: Which of the following would prevent you from moving to a home in that community?

Figure E.6.b. Would perceived neighborhood “nuisances” prevent you from moving into a community? (Metro area)



Sample: Full (probability-based and oversample); metro ($n = 3,740$); nonmetro ($n = 604$).
Survey question: Which of the following would prevent you from moving to a home in that community?



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