

**HOUSING CHOICE FOR THE AGED  
AND AGE-SENSITIVE COMMUNITY PLANNING**

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Access to essential life services within the community can be a determining factor in whether an aged person can maintain independence in their living situation. The reduced mobility of an aged person may increase the difficulty of reaching services, whether by foot or by vehicle.

In this sense, a community may be structured, so as to have the effect of denying access to services for aged persons whether or not those persons may have a "disability." Addressing the service accessibility needs of the aged from a community planning perspective will become more important as the size of the aging population increases.

Existing policy discussions help to identify the need for age sensitive communities.<sup>1\</sup> One of the premier thinkers on community planning and the aged recently wrote:

It is the land use plan that has the greatest long-term implications in creating age-sensitive communities. Land use plans define the location of stores, churches, schools, and services; open space, parks, and other amenities; and housing alternatives. . .The proximity of housing to other land uses and the density of housing as it relates to the ability to provide transit and other services are important considerations.<sup>2\</sup>

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<sup>1\</sup> See e.g., Deborah Howe (1995). "Community Planning in an Aging Society," in *Expanding Housing Choices for Older People*, AARP: Washington D.C. (presenting "an illustrative list of the types of issues that merit consideration in the planning process," including: (a) to what extent can older adults maintain mobility when they can no longer drive; and (b) how will land use and development patterns affect the ability to provide services).

<sup>2\</sup> Howe, *ibid.*, at 16.

But it is not mere land use policy considerations that should lead a community to consider the age sensitivity of community plans. A Fair Housing "analysis of impediments" process, for example, is a comprehensive review of a jurisdiction's laws, regulations, and administrative policies, procedures, and practices affecting the location, availability, and accessibility of housing, as well as an assessment of conditions, both public and private, affecting fair housing choice. An analysis of impediments is not limited to the identification of actions purposefully meant or designed to disadvantage members of a protected class. Impediments also include, "policies, practices or procedures that appear neutral on their face, but which operate to deny or adversely affect the provision of housing to persons of a particular [protected class]."<sup>131</sup> Age is a protected class under fair housing laws.

Past analyses of factors affecting whether or not an aged person can (and should) continue to live-in-place most frequently have concentrated on attributes of the individual. Much of the work on supportive services that has been undertaken, for example, has focused attention on elders living in public housing. The research that has been performed shows the need for greater attention to the issues of access and mobility. It is, for example, estimated that nearly one-quarter of elderly residents in federally assisted housing need assistance with at least one activity of daily living (*e.g.*, bathing, shopping, transportation).<sup>141</sup>

In looking at the degree to which elders living in the study developments needed help with the activities of daily living, one study found that "transportation" and "shopping" were the two most frequently identified needs, with "getting out of the apartment" also amongst those most frequently mentioned.<sup>151</sup> As can be seen from the table below, problems involving mobility are the two most frequently mentioned; they represent three of the four most frequently mentioned, and four of the six most frequently mentioned problems.

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<sup>131</sup> Michael Sheehan and Roger Colton (1996). *Fair Housing Plan: Analysis of Impediments and Strategies to Address Them, Washington County (Oregon)*, Fisher, Sheehan and Colton, Public Finance and General Economics: Scappoose, OR.

<sup>141</sup> Struyk, R., Page, D. Newman, S., et al. (1989). *Providing Supportive Services to the Frail Elderly in Federally Assisted Housing*, Urban Institute Press: Washington D.C.

<sup>151</sup> William Holshouser and Faith Waltman (1988). *Aging in Place: The Demographics and Service Needs of Elders in Urban Public Housing*, Citizens Housing and Planning Association: Boston, MA.

Percent of Elders Needing Assistance with Daily Activities			
Rank	Problem	Managers (mean percent)	Service Providers (mean percent)
1	Transportation	34.6%	43.9%
2	Shopping	27.3%	28.8%
3	Cleaning or caring for unit	20.9%	27.8%
4	Social/recreational activities	17.6%	27.2%
5	Preparing meals	14.2%	20.9%
6	Getting out of the apartment	13.8%	13.6%

SOURCE: Holshouser and Waltman, at 63.

NOTES: Percent is proportion of respondents identifying this activity as a problem.

The creation of housing with supportive services is one outcome of this focus on the individual. The federal Congregate Housing and Services Program (CHSP), as well as the Supportive Services Program in Senior Housing, are efforts to address these individual needs for supportive services. While such supportive services may be possible and beneficial within an environment of senior public housing, they do not address the issue of keeping persons living independently in their homes in the first instance.

Moreover, they do not address the *community* attributes which affect that issue. These supportive services, in other words, take the structure of the community as "a given" and seek to increase the mobility of the individuals. As the population of the country becomes older, however, to provide such individual services may easily become impractical or prohibitively expensive. To plan for continued independent living for the aging, therefore, it is necessary now to begin looking at how, taking the decreased mobility of the aged as the "given," the communities themselves can be planned, changed or improved to improve accessibility to necessary life services.

The availability of essential life-services to the aged depends upon the ability of this population to gain transportation access to those services. Transportation involves one of several alternatives: walking, vehicles, or public transit. A person who can no longer walk a mile, for example, as well as a person who is only willing or able to drive close to home, has restricted choices in his or her supportive life services. If these persons are ultimately unable

to access those services (or unable to access those services with sufficient ease), they may well be forced to give up independent living altogether in search of housing where such services are provided or access facilitated.

From this perspective, accessibility is not simply a function of attributes of the individual, but is a function of attributes of the community as well. Persons who can no longer walk longer distances, or who are unable or unwilling to drive, may be able to function quite well if they live in a community with easy access to the supportive life services, but may be unable to live in a community without such access. The question of whether an aged person has adequate accessibility to essential life services cannot be answered in the abstract. The answer depends upon community-specific information. Communities have the ability to shape their own attributes through specific choices they can make.

Communities should consider their accessibility to aged persons whose transportation options have declined. A less accessible community can then decide whether to modify decisions on housing assistance, whether to allocate community development funds differently, whether to allocate transportation funding differently, whether to support or oppose branch bank closings, whether to support or oppose particular business location decisions, and the like.

Other specific community decisions can, and should, be based on such considerations as well.

The siting of mobile homes is one example of a community decision. Mobile homes (also known as manufactured homes) are generally considered to be "affordable housing," and are often used by seniors. If, however, mobile home parks are only sited on the edge of town, or in isolated areas, the homes may be affordable, but access to the essential life services discussed herein limited. A community response may be to site the park differently, to encourage the location of facilities to serve such parks, or to locate adequate transportation linkages.

Despite the extensive policy analysis to date on age sensitive communities, there remains a need to create specific analytic tools to be used in a community planning process. The need to use these tools might arise within the context of: (1) administering local government programs designed to promote specific types of development; (2) reviewing and approving/denying specific development proposals; (3) allocating state, local or federal community development funds; (4) planning and locating housing for the aged; (5) siting public facilities; and the like. This is certainly not a comprehensive list. It is intended to be illustrative.

In sum, access to essential life services within the community can be a determining factor in whether an aged person can maintain independence in his or her living situation. The reduced mobility of an aged person may increase the difficulty of reaching services, whether by foot or by vehicle. If services are not reasonably accessible, housing choices for aged persons will

be significantly restricted.

Addressing the service accessibility needs of the aged from a community planning perspective, rather than from the perspective of providing services on an individualized basis, will become more important as the size of the aging population increases. As the population of the country becomes older, providing individualized services may easily become impractical or prohibitively expensive. It is necessary now to begin looking at how, taking the decreased mobility of the aged as the "given," communities themselves can be planned, changed or improved to improve accessibility to necessary life services.