Is This a Good Place to Live?
Measuring Community Quality of Life for All Ages

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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.

The views expressed herein are for information, debate, and discussion and do not necessarily represent official policies of AARP.

2014-01
April 2014
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EXECUTIVE SUMMARY

What makes a community livable, and how can we measure it? These are key questions for both policy makers and advocates, but there is no universally accepted measure for evaluating community livability.

The AARP Public Policy Institute (PPI) is planning a set of livability reports and is developing an AARP-sponsored index to measure community livability across the United States. Lessons learned from that project have initially inspired the creation of two companion reports, “What Is Livable? Community Preferences of Older Adults” and “Is This a Good Place to Live? Measuring Community Quality of Life for All Ages.” The latter, which is this report, explores the meaning of livability, examines previous efforts to evaluate the livability of communities, and describes the PPI’s current work to quantify and compare livability, with a special focus on the preferences of the older population and the needs of people as they age.

Work on this initiative began with a review of previous AARP livability surveys and other efforts to measure livability. It continued with focus groups and a nationwide community livability survey that was specifically designed to uncover the diverse needs and wants of the older adult population. (For detailed results from the focus groups and surveys, see the companion report titled “What Is Livable?”)

Several approaches exist for measuring livability, including preference surveys, original data collection, multimethod case studies, Census Bureau studies, and online databases. Each of those sources is useful for investigating some part of community livability, but each methodology also has limitations. No one can provide all the data necessary to measure every element of a livable community, and researchers must understand that individuals perceive things differently from one another. Additionally, the preferences that people share tell only part of the story.

Previous work on measuring livability offered several lessons for designing the AARP index. That index will accomplish the following:

- Take the wide range of individual preferences into account.
- Include objective indicators to measure what a community looks like and how well it meets the varying needs of community members.
- Take into account policy interventions as a key indicator of a community’s potential to improve over time.

Several of our research findings provide lessons for development of a livability index:

- Individual preferences for livability include both issues that can be addressed by public policy and others that cannot.
- 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 may not change as a person ages, unless a major life change forces a new perspective.
From these findings, several implications evolve for an index that aims to measure livability. An index must achieve the following:

- Be relevant and useful to existing efforts to improve community livability.
- Incorporate the needs of older adults into a measure of general livability.
- Be useful for educating people about what they need as they age.
- Help policy makers, planners, and others better understand the needs of an aging population and the steps that can be taken to improve livability.
- Be relevant to all, no matter where they live, what their background may be, or what their income is.
- Acknowledge data limitations.

Those lessons are being applied to the development of AARP’s index to measure community livability, and they will be useful for any attempt to measure or understand community livability that is for people of all ages. Together, the measures will (a) help us build an index that will show how well a community is prepared for aging; (b) help us educate policy makers about how to improve the community; and (c) let individuals answer this question: “Is this a good place to live?”
INTRODUCTION

A livable community is one that is safe and secure, has affordable and appropriate housing and transportation options, and offers 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

AARP’s 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. Once defined, the larger challenge is to create livable communities, both in the places where people already live and in the process of when designing new communities.

AARP surveys consistently show that older adults overwhelmingly desire to age in their homes and communities. Many of them have worked hard to establish their homes and social connections: friendships have been established and memories have been made, community organizations have been joined, and local ties have increased over time. Moving is an undesirable choice for residents who do not want to leave their communities, particularly when that choice is forced because a home or neighborhood no longer meets their needs.

Staying in one’s home is not an ideal outcome for everyone, but policies and programs should recognize that general desire. Creating communities that support and enhance the lives of people who want to age in place is an important goal.

Homes and communities that are missing elements of livability need changes to ensure that they can meet the livability goals of residents. This paper examines issues related to livability and describes AARP’s strategy to create a “livability index” that will help us measure the degree to which a community is livable.

STRATEGIES FOR INCREASING LIVABILITY: SHORT- AND LONG-TERM SOLUTIONS

The baby-boom generation is aging and will shift the demographic mix in many communities over the coming decades. As recently as 2010, people ages 65 and older represented 13 percent of the population. But by 2030, those older adults will represent 20 percent of the population, more than doubling in number from 35 million to over 72 million.²

Many communities were developed without properly considering the wide range of needs faced by older adults and other populations, such as people with disabilities.³ That oversight leaves a gap between factors that allow people to live independently and the features and services of communities (such as transportation, shopping, recreation, and access to health care). In the long term, changes to the design of homes and communities can benefit all residents. Improved services can help “fill the gap” between the needs of the community members and the features their communities provide. To bridge the gap between the communities that exist today and the communities we need tomorrow, both short- and long-term solutions are needed.

Some communities with large older populations, forward-looking policy makers, or a combination of both have started to prepare themselves to serve everyone. One example is in Pima County, Arizona, which in 2002 adopted an Inclusive Home Design Ordinance that requires basic access (“visitability”) features be included in all new homes. However, most jurisdictions have not addressed the changing needs of aging residents. Communities that fail to plan ahead will not have an easy or relatively low-cost “fix” when the age boom hits.

Policy solutions and innovative programs can improve the way that existing neighborhoods and communities function to serve the diverse needs of residents. For example, a home-sharing program can connect older adults with helpers and can provide an option for those who can no longer function alone in homes that were not built for their needs. Supplemental transportation programs can compensate for either a community with a street design that prevents walking or a community with a layout that separates housing from shopping, recreation, and other services.

Today’s older adults need quick action to help them overcome the flaws in their communities. The next generation of older adults will benefit from policies enacted now that (a) expand the availability of housing built with universal design principles that will accommodate residents and visitors of varying physical abilities; (b) complete streets that serve all users regardless of mode of transportation; and (c) contain a range of other features that make our homes, streets, and communities work for all, regardless of physical ability, age, or income. The creation of affordable options for housing and

transportation may take years to develop and implement, but certain short-term actions can provide interim solutions.

Both the current conditions and the policies that can affect the future must be considered when one determines a community’s livability. For example, an individual may develop unanticipated needs after a job loss or a disability that prevents driving. The policy maker’s role is to address current needs, anticipate future needs, and coordinate the community’s responses accordingly.
Is This a Good Place to Live? Measuring Community Quality of Life for All Ages

**PRINCIPLES FOR CREATING LIVABLE COMMUNITIES**

AARP has developed and refined a set of livable community principles that serve as the foundation of our advocacy and policy agenda (see box 1). They are designed to guide policy makers who wish to ensure that their communities work for all. The principles appear in each edition of *The Policy Book: AARP Public Policies* and are divided into four distinct groups: general, land use, housing, and transportation. By adopting those principles and implementing the policies and practices that are based on them, communities can ensure that sufficient options exist to meet the needs of their population.4

**Principles from Other Organizations**

Other sets of principles have been developed by a range of organizations or groups of organizations. (The sets of principles are discussed in appendix A.) The commonalities between those sets of principles and the AARP principles reflect the fact that many policies that improve communities for older adults will also improve communities for people of all ages.

**World Health Organization Domains**

In 2011, AARP became the US affiliate for the Global Network of Age-Friendly Cities and Communities of WHO. Age-Friendly Cities and Communities is a voluntary international effort to help cities prepare for two global demographic trends: (a) the rapid aging of populations and (b) the increase in urbanization. The program targets the environmental, social, and economic factors that influence the health and well-being of older adults. In its affiliate role, AARP will help WHO identify American communities that qualify for membership in the network and will spread awareness of the need to better accommodate the needs and desires of increasingly older populations.

To join the network, communities must commit to continual improvement on a range of factors that improve quality of life for people of all ages. The program is intended to help cities and less populated communities become more supportive of older people by addressing their needs across eight distinct dimensions (or domains) of age-friendliness: the built environment, transportation, housing, social participation, respect and social inclusion, civic participation and employment, communication, and community support and health services.

The domains identified by WHO are remarkably similar to those community attributes previously identified by AARP. The first seven domains and attributes listed in table 1 match closely. Although the language for the final one in each column differs, the detailed descriptions in AARP’s *Livable Communities* and WHO’s Age-Friendly Cities and Communities literature generally align.

Together, those principles and domains identify key elements of community livability. The combined list represents the various dimensions that should be measured. The remaining question is how to evaluate livability.

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4 See http://www.aarp.org/policybook.
Box 1. AARP Livable Community Principles (Selected)

General Principles

- Create livable communities.*
- Improve health.
- Foster safety and personal security.
- Engage residents in community planning, and provide equal access to the decision-making process.
- Coordinate planning processes.
- Invest in existing communities.

Land-Use Principles

- Enhance access.
- Create communities with a strong sense of place.
- Promote mixed-use development.
- Foster lifelong learning opportunities.

Housing Principles

- Improve home design.
- Promote affordable housing options.
- Foster home- and community-based service delivery.

Transportation and Mobility Principles

- Create transportation options.
- Promote affordable transportation options.
- Ensure that the transportation system is accessible.
- Promote healthy communities through sustainable transportation infrastructure.
- Foster coordinated transportation services and assets.

* The principle of “Create livable communities” encourages policy makers to create communities that are safe and secure, that have affordable and appropriate housing and transportation options, and that have supportive community features and services. For the full definition, see appendix A.
### Table 1. Comparison of AARP Community Attributes and WHO Domains

<table>
<thead>
<tr>
<th>AARP Public Policy Institute’s Attributes from <em>Livable Communities: An Evaluation Guide</em></th>
<th>WHO Domains of Age-Friendly Cities and Communities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transportation</td>
<td>Transportation</td>
</tr>
<tr>
<td>Housing</td>
<td>Housing</td>
</tr>
<tr>
<td>A physical environment that fosters walking</td>
<td>Outdoor spaces and buildings</td>
</tr>
<tr>
<td>Care and support services</td>
<td>Community support and health services</td>
</tr>
<tr>
<td>Health services</td>
<td>Social participation</td>
</tr>
<tr>
<td>Engagement of residents in social life</td>
<td>Civic participation and employment</td>
</tr>
<tr>
<td>Engagement of residents in civic life</td>
<td>Communication and information</td>
</tr>
<tr>
<td>Safety and security</td>
<td>Respect and social inclusion</td>
</tr>
<tr>
<td>Recreation and cultural activities</td>
<td></td>
</tr>
<tr>
<td>Access to grocery stores and other shopping</td>
<td></td>
</tr>
</tbody>
</table>
There are several approaches to measuring livability objectively. They vary in several ways, including cost, feasibility on a national scale, and ability to focus on the needs of older adults.

### Preference Surveys

Numerous preference surveys have been conducted, including several sponsored by AARP. One AARP survey titled “Home and Community Preferences of the 45+ Population” was conducted in 2010 and measured the preferences of 1,616 people ages 45 and older. Although it asked about particular features in the home and community that support aging, it and other preference surveys are most useful for finding out what home and community features are important to individuals. Such surveys can uncover the preferences of respondents at a point in time. The composition of the sample (the types of individuals being surveyed) determines how well that survey captures the needs of the entire aging population.

The AARP Public Policy Institute (PPI) contracted in 2010 with the University of Vermont’s Transportation Research Center to synthesize data from 18 previous AARP livable community surveys that had been conducted between 2003 and 2010 and to rank community attributes by their stated importance. On the basis of this analysis, the center identified critical attributes in the determination of livability for older adults, for those who are in both urban and rural zip codes. A second phase of unpublished work included a literature review of high-ranking critical attributes and the identification of a preliminary set of broadly defined metrics and potential data sets. Both phases helped frame the thinking for the current index design. One drawback of the Phase 1 analysis was that it limited the ranked attributes to those included in the AARP surveys, which were not initially designed to accommodate broader analysis.

Building a livability index solely around individual preferences reported through AARP or other surveys would not be adequate. Most people do not seriously consider the degree to which their environment enables them to “age in place” until they are personally challenged by a disability or an age-based constraint. For example, most people will not plan for a time when they no longer drive until they must hang up the keys, despite the research evidence that many people will outlive their driving years. On average, people who live to age 70 will outlive their driving years by 7 (men) to 10 (women) years.

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Original Data Collection

In March 2013, the Stanford Center on Longevity and the MetLife Mature Market Institute released “Livable Community Indicators for Aging in Place,” an indicator system to measure “sustainable aging in place.” The indicators can be measured by local governments, and they cover housing options, accessibility to the community (transportation), and community supports and services. The indicators are useful for governments that want to measure the livability of their communities and can provide valuable community information. However, communities need to conduct independent local assessments and to collect their own data in order to use the indicators.

Multimethod Case Studies

Multimethod case studies can be the gold standard of measuring livability. It is possible to measure both local preferences and objective indicators by sending a team of researchers to conduct site visits, to collect original data, to interview residents about their preferences and observations, and to clarify what is on the ground in each community. Researchers sometimes take this approach, but it is often limited to a relatively small number of communities because of the high cost. Although it is by far the most thorough method, such an approach is not practical to implement nationwide.

Data Sources

Even if the approaches listed earlier can be specifically designed for measuring livability, they require far greater resources than might be required by using existing data sources. However, existing data sources are often not designed specifically for the purpose of measuring livability, so their utility may be limited.

Census Bureau Surveys. The American Community Survey replaced the Census Long Form and provides small-area information each year. Consequently, it can provide results for every community nationwide. Many questions focus on the home and certain characteristics of the people who live in that home. Most other federally funded surveys have limited usefulness for small geographic areas because of their small sample sizes, but they may be useful for measuring certain questions about community livability.

Online Databases. The Census Bureau is not the only source for data; many private companies have access to geocoded data that can measure a wide range of proximity-related data at every level of geography. Online users can find websites that measure the values and sale prices of homes in their neighborhoods, the walkability of their neighborhoods, the amount of crime in their regions, or the nearest bank or ATM. Proximity data are valuable (and are often costly), but they are rarely focused on community livability.
LESSONS FOR MEASUREMENT

The companion report titled “What Is Livable? Community Preferences of Older Adults” details PPI’s research for the livability index and lists several lessons for index development. Each of the lessons (summarized next) influences our design of the ideal livability index.

1. Individual definitions of “livability” can include issue areas that may or may not be addressed by public policy.
2. People and communities have differing perspectives. One type of community does not fit all.
3. Perceptions of a livable community are made when choosing housing, and they may not change as the person (and community) ages, unless a major life change occurs.

Together, those lessons combine with lessons from previous efforts to identify the challenges in building an index. Every effort is limited in key ways:

1. **Data are lacking to measure many elements of a livable community.**
   
   This limitation is not new to this type of effort: modeling requires data that are accurate, relevant, and current, but those data don’t exist across every element of a livable community. Any effort to measure livability must accept the inherent limitations of available data and must avoid biasing results. For example, it may be impossible to have a count of every home with a universal design feature or an up-to-date accounting of on-time service for every transportation option. The American Community Survey collects only certain data, and other national surveys are limited in scope or geographic coverage. Usually, data cannot be attributed to a small enough geographic area to be useful for measuring local livability. If specific data are available for smaller geographies, they are often not collected nationally, making comparison with other communities impossible.

   Transparency about what is (and is not) included in the index is an important consideration, and qualitative measures may be needed to complement the more quantitative measures that most researchers use for such projects on a national scale.

2. **Individuals perceive things differently.**
   
   Despite the efforts of researchers to use objective measures, individuals make their own determinations about what is desirable, and definitions about what is “livable” not only vary from person to person but also vary by life stage. The determination about what is “too far” or “too expensive” can change from person to person. Over time, those perceptions may fluctuate as an individual’s circumstances and experiences change. Moreover, a lack of knowledge about the features and services that exist in other communities can limit an individual’s ability to accurately rate his or her own community.

3. **Stated preferences tell only part of the story.**
   
   Preference surveys are common, but users of that method must compensate for several things:
a. An individual’s preferences can conflict: the same person may simultaneously want lower taxes and more government services. However, tradeoffs happen, and ideally an examination of preferences can take such an anomaly into account.

b. Focus groups interviewed for the Public Policy Institute’s livability index revealed that many people had given no previous thought to how well their homes and communities would support their aging. The degree to which their “top of mind” stated preferences reflect their actual preferences is unclear.

c. Long-term thinking about needs as we age is lacking. People who neither have a physical disability nor live with a person who has one may be unable to anticipate future needs. People may not recognize that steep stairways or the need to drive may become barriers. Yet if they acquire a physical disability, they will have to face the challenges presented by inaccessible housing or transportation.

d. People are adaptable. Those in the housing field have witnessed many people who “make do” in circumstances that are far from ideal. One benefit of a livable community is that it has features and services that anticipate those needs and can help people lead better lives. Individuals may be accustomed to “the way that things have always been” and may not know that better options exist.

(See appendix B for more about preferences.)

Any effort to measure livability must take such limitations into account.
OUR VISION FOR MEASURING LIVABILITY

Once we understand the opportunities, methods, and limitations for defining and measuring livability, the next step is to create an index (see figure 1). An ideal index must (a) reflect the preferences of a wide range of people as they age, (b) include objective indicators to measure what those people’s communities look like today, and (c) measure the potential for the communities to improve and do a better job of meeting needs in the future. Policy interventions that align with AARP principles will help ensure that communities are laying the groundwork to improve livability over the coming years.

Together, lessons from previous research make it clear that a complex design is needed for any livability index to give a reasonable score for livability across the United States. A livability index that measures the needs of older adults and people of other ages must (a) provide relevant information, (b) be transparent about what it does and does not cover, and (c) give an idea of livability both now and into the future. The lessons from previous work should be acknowledged as well, and their limitations must be addressed.

A livability index must accomplish the following:

1. **Be relevant to existing efforts to improve community livability.**
   The index must be relevant and useful to those who are familiar with existing efforts, including the AARP livable community principles, the sustainable community

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**Figure 1. Three Elements of a Livability Index for All Ages**

- **Policy Interventions**: Are steps being made to improve this place over the long term?
- **Individual Preferences**: What do people want?
- **Objective Indicators**: What does this community actually look like?
principles, the WHO domains of Age-Friendly Cities and Communities, and other efforts to ensure that communities are livable.

2. **Incorporate the needs of older adults into a measure of general livability.**
   Many older adults are concerned about general community issues, such as safety, government services, and even school quality. Those issues greatly overlap with issues of concern for the entire community. For maximum relevance, an index should be useful to areas with large numbers of older adults and areas that do not currently have high percentages of older adults.

3. **Be useful for educating people about their needs as they age.**
   Individuals don’t always make their choices about where to live as they age, and even when they do, they may not anticipate future needs. The index should help educate people about their future needs.

4. **Help policy makers, planners, and others better understand the needs of an aging population and the steps they can take to improve livability.**
   Knowledge about the policies, programs, and practices that make communities better for aging can help local officials and others understand and prepare for the aging of the population. Decision making that is based on inadequate information can lead to communities’ no longer being able to meet the needs of their residents.

5. **Be relevant to all, no matter where they live, their background, or their income.**
   Not every older adult has a physical disability or difficulty driving. Not all older adults have high incomes or savings. Additionally, not everyone lives downtown in a major city. Consequently, a one-size-fits-all approach will not be relevant to the entire population. An index that is usable at the individual level must acknowledge different needs and preferences.

6. **Acknowledge data limitations.**
   Quantitative data will not be available for every element of livability. An index must also be transparent about what it does and does not cover.

   As the AARP livability index is developed, our study of preferences will be combined with objective measures to understand what exists on the ground. Preferences and needs will be analyzed to understand the elements of livability (for a range of different circumstances) and will inform where a community stands today. Policy interventions will tell us whether a community is taking steps to prepare for the future. Together, those measures will help us build an index that will allow us to understand how well a community is prepared for aging, let policy makers know how to improve it, and let individuals answer this question: “Is this a good place to live?”

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8 See the AARP Public Policy Institute’s Middle Class Security Project for several papers that discuss the financial challenges facing the population age 50 and older, http://www.aarp.org/security.
This report has focused on the AARP livable community principles, but other sets of principles exist that are designed to help guide policy makers in creating and improving communities. This appendix discusses the AARP livable community principles and two other sets of principles.

Selected AARP Livable Community Principles

(Adapted from The Policy Book: AARP Public Policies, 2013–2014)\(^9\)

AARP General Livable Community Principles

*Create Livable Communities.* Features and services should be designed to enhance the ability of residents with diverse needs to remain independent and actively engaged in community life, including safe, appropriate, decent, affordable, and accessible housing as well as comprehensive mobility options that include alternatives to driving (through transportation design, zoning, walkable neighborhoods, and technology infrastructure).

*Improve Health.* Communities should provide access to healthy food options; opportunities for walking, biking, and exercise; and connections to health facilities and related services and supports, including home- and community-based supportive features and services.

*Foster Safety and Personal Security.* Governments should support and promote community safety and security initiatives that promote neighborhood cohesion and that maximize opportunities for residents to be active and engaged with neighbors, family, and friends.

*Engage Residents in Community Planning, and Provide Equal Access to the Decision-Making Process.* Communities should put in place structures that ensure that those decisions are made only with the active input of a wide cross section of community members, including representation of those who are unable to advocate on their own behalf. The costs and benefits of community decisions should be equitably shared within the community.

*Coordinate Planning Processes.* Community land-use, infrastructure, housing, transportation, supportive services, and community health care planning each play a part in creating livable communities and promoting successful aging in place. Planning processes and decisions that affect those policy areas should be developed in a way that reflects their interconnectedness.

*Invest in Existing Communities.* Investment in existing communities must be efficient and beneficial to those who desire to age in place. Development resources should be strengthened and directed toward existing communities and community revitalization, and economic development plans should include the needs of older adults.

\(^9\) For original text, see http://www.aarp.org/policybook, page 9.2.
AARP Land-Use Principles

**Enhance Access.** All communities should consider the connections among land-use, housing, and alternative transportation and mobility options. Communities should coordinate decisions in those areas to enhance residents’ independence and active engagement and to promote successful aging in place.

**Create Communities with a Strong Sense of Place.** The built environment should be in character with the natural environment and should respect community values. Valued historic and community resources should be preserved to create and reinvigorate intergenerational pride in the community and to help reverse patterns of decline.

**Promote Mixed-Use Development.** Land-use planning that connects residents to jobs, services, retail, recreation, and entertainment through an interconnected network of “complete streets” sustainably will increase transportation options and social interactions.

**Foster Lifelong Learning Opportunities.** Encouraging the intergenerational use of public facilities provides residents with lifelong learning opportunities that contribute to personal growth and economic productivity.

AARP Housing Principles

**Improve Home Design.** Communities should provide safe, decent, and accessible housing that promotes independence and aging in place through home modification and repair, appropriate design features in new and rehabilitated housing (through principles such as universal design, visitability, and energy efficiency), and use of innovative home products.

**Promote Affordable Housing Options.** Governments should ensure that land-use and other policies support the private and public sectors in providing a variety of housing sizes and types. They should also promote funding and policies for programs that lead to an adequate supply of affordable rental and ownership options that are integrated with the community to meet the needs of people of all ages, family compositions, and incomes.

**Foster Home- and Community-Based Service Delivery.** The delivery of home- and community-based supportive services that assist older people in maintaining independence and actively engaging in their community should be encouraged.

AARP Transportation and Mobility Principles

**Create Transportation Options.** All individuals should have a range of safe, accessible, dependable, and affordable transportation options, including alternatives to driving that enhance mobility, promote independence, facilitate employment opportunity, and foster social engagement.

**Promote Affordable Transportation Options.** Transit services should equitably connect people to jobs and services, including low- and moderate-income or older people, who may not have access to cars.
Ensure That the Transportation System Is Accessible. Travel infrastructure and facilities should accommodate older drivers’ and pedestrians’ needs and should enhance safety for all users across all modes of travel.

Promote Healthy Communities through Sustainable Transportation Infrastructure. Public health can be enhanced by coordinating transportation and land-use decisions to create communities where it is safe and convenient to replace trips in private vehicles with walking, bicycling, and using public transportation.

Foster Coordinated Transportation Services and Assets. The coordination of community transportation services and assets can improve the availability, quality, and efficient delivery of transportation services for all residents, in particular older adults, people with disabilities, and individuals with lower incomes.

Other Sets of Principles

One well-known and oft-used set is “10 Principles of Smart Growth” (see box A.1), which was developed by the 40 nonprofit and government organizations that make up the Smart Growth Network.

The federal Partnership for Sustainable Communities joined the Department of Housing and Urban Development, the Department of Transportation, and the Environmental Protection Agency to coordinate their activities to improve communities. Those agencies created the six principles shown in box A.2.

The two sets of principles are largely directed at development decisions and other actions at the state and local levels to ensure that communities are designed in a way

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Box A.1. 10 Principles of Smart Growth

1. Mix land uses.
2. Take advantage of compact building design.
3. Create a range of housing opportunities and choices.
4. Create walkable neighborhoods.
5. Foster distinctive, attractive communities with a strong sense of place.
6. Preserve open space, farmland, natural beauty, and critical environmental areas.
7. Strengthen and direct development toward existing communities.
8. Provide a variety of transportation choices.
9. Make development decisions predictable, fair, and cost-effective.
10. Encourage community and stakeholder collaboration in development decisions.

Box A.2. Principles of Sustainable Communities

1. Provide more transportation choices.
2. Promote equitable, affordable housing.
3. Enhance economic competitiveness.
4. Support existing communities.
5. Coordinate policies, and leverage investment.


that serves all. The overlap with the AARP principles should not be surprising: although AARP generally focuses on issues affecting the population ages 50 and older, the AARP principles are based on an understanding that a livable community must include support for people of all ages. The principles are intended to help shape policy and planning decisions, but they can also provide a basis for developing measures of livability. If a community can meet those objectives and can support community members regardless of age, income, level of physical ability, or cultural background, then that community is a “livable” one.
APPENDIX B. PREFERENCES

Many researchers rely on preferences for their measurements of livability (see figure B.1). To properly understand the role and limitations of preferences requires a deeper explanation.

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

Figure B.1. Conceptual Framework
Although an individual’s personal preferences are created by his or her unique combination of 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 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. The 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 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 can 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, effects of natural disasters, and other factors. The external mobility limiters can restrict the number of choices or can 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.10

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10 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.