

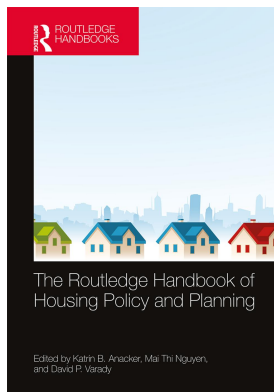
This article was downloaded by: 10.3.97.143

On: 07 Jun 2023

Access details: *subscription number*

Publisher: *Routledge*

Informa Ltd Registered in England and Wales Registered Number: 1072954 Registered office: 5 Howick Place, London SW1P 1WG, UK



The Routledge Handbook of Housing Policy and Planning

Katrin B. Anacker, Mai Thi Nguyen, David P. Varady

Connectivity as an Indicator of Older People's Housing Quality

Publication details

<https://www.routledgehandbooks.com/doi/10.4324/9781315642338-18>

Stephen M. Golant

Published online on: 12 Jul 2019

How to cite :- Stephen M. Golant. 12 Jul 2019, *Connectivity as an Indicator of Older People's Housing Quality from: The Routledge Handbook of Housing Policy and Planning* Routledge
Accessed on: 07 Jun 2023

<https://www.routledgehandbooks.com/doi/10.4324/9781315642338-18>

PLEASE SCROLL DOWN FOR DOCUMENT

Full terms and conditions of use: <https://www.routledgehandbooks.com/legal-notices/terms>

This Document PDF may be used for research, teaching and private study purposes. Any substantial or systematic reproductions, re-distribution, re-selling, loan or sub-licensing, systematic supply or distribution in any form to anyone is expressly forbidden.

The publisher does not give any warranty express or implied or make any representation that the contents will be complete or accurate or up to date. The publisher shall not be liable for an loss, actions, claims, proceedings, demand or costs or damages whatsoever or howsoever caused arising directly or indirectly in connection with or arising out of the use of this material.

17

CONNECTIVITY AS AN INDICATOR OF OLDER PEOPLE'S HOUSING QUALITY

Stephen M. Golant

Introduction

Why do some older people, typically age 60 or age 65 and older, have happier, healthier, more independent, and more engaged lives, that is, age more successfully than others? Their different life experiences, demographics, socioeconomic, and personalities obviously are crucial, but a large body of research emphasizes that the quality of their residential environments also helps to explain these variations (Golant 2015a). Older people age optimally when they occupy dwellings, neighborhoods, and communities with physical and social environments that are more compatible with their lifestyles and supportive of their mental and physical functioning (Golant 2015a). In these places, older people achieve “residential normalcy”; that is, they report having pleasurable, appealing, hassle-free, stimulating, and memorable housing experiences, and they also feel competent, in control, and empowered (Golant 2011, 2015b).

The majority of older people report having such favorable experiences in their current homes and apartments. Consequently, they prefer to age in these places and are “reluctant to move from familiar settings where they have strong emotional attachments and social ties” (Golant 2016, 43). This is the case even when they experience life-changing events such as retirement, the death of a spouse, or declines in their health.

Their residential relocation patterns appear consistent with these preferences. In the United States, older people, especially the 79 percent who are homeowners, move less frequently than any other age group. Over a one-year period (2015–2016), only 3.2 percent moved (1.6 percent of homeowners and 10 percent of renters). Moreover, almost 62 percent of these residential moves were within the same county (U.S. Bureau of the Census 2016).

Older people in the United States are especially reluctant to transition to any residential arrangement they perceive as having institutional qualities, such as nursing homes and other long-term care facilities. Consequently, 93 percent of older people (age 65 and older) now age in place in ordinary homes and apartments. Even 77 percent of those in their mid-80s or older remain in their communities (Federal Interagency Forum on Aging-Related Statistics 2016).

But these residential inertia preferences and behaviors do not always produce positive outcomes (Golant 2008). Based on professional assessments, a significant proportion of older people occupy inappropriate housing arrangements. Their dwellings are unaffordable, require multiple repairs, and have physical features (e.g., stairs, slippery and cluttered floors, high cupboard shelves, and absent grab bars) that are incompatible with their mobility limitations. They occupy physically inhospitable

and unsafe neighborhoods that are plagued with social disorders, such as crime, drug use, vandalism, and squatters (Kerr et al. 2012; Joint Center for Housing Studies of Harvard University 2013). These indicators suggest that when older people age in place, they do not necessarily age in the right places (Golant 2015a).

Unmet Connectivity Needs

This chapter focuses on older adults who have yet another category of housing-related problems. They have trouble accessing or connecting to activities, people, goods, services, and care in their communities. Consequently, they are not satisfying their obligatory needs for consumer items such as food, health, and long-term services and supports, or their discretionary wants for leisure and recreation, social relationships, religious attendance, and volunteering (Caro et al. 2010; Hayutin et al. 2010).

Residential normalcy is illusive when older people confront these connectivity barriers because they feel that their housing arrangements have split personalities. Although they still derive pleasure and enjoyment from their familiar physical and social surroundings, they feel incompetent and out of control because they cannot easily realize their everyday needs and wants (Golant 2015b).

Older people throughout the world confront these connectivity challenges. In its mission to transform cities globally into “age-friendly communities,” the World Health Organization (WHO) identifies connectivity as a key strategy to support the “active aging” of older people, enabling them to optimize their health, independence, social engagement, and security (Golant 2014). To promote and implement its age-friendly principles, the WHO offered interested communities an extensive set of planning guidelines (World Health Organization 2007).

The literature makes it clear that older people can rely on multiple connectivity strategies (Figure 17.1), each with advantages and disadvantages. This chapter reviews the relative merits of these alternatives, an analysis complicated by older people’s diverse lifestyles and capabilities and their occupancy of places with different connectivity opportunities.

Driving Everywhere: Is Connecting Really a Problem?

Auto Driving Dominates Despite Risks

The majority of older people rely on auto transportation. In the United States, about 82 percent of those age 65 and over had driver licenses in 2013 (National Center for Statistics and Analysis 2015), and they made more than 90 percent of their trips by car (Rosenbloom 2013).

However, auto transportation is less available to some groups of older people. Women are less likely to drive than men mainly because they never learned earlier in their lives, although this gender gap will narrow as the later-born baby boomer women enter old age. Women who live alone, especially in their 80s, however, are particularly dependent on others for their travel needs, and they typically have lower incomes, often making the operation of a car financially prohibitive (Rosenbloom 2013).

Racial and ethnic older minorities (e.g., Blacks, Asians, and Hispanics), especially recent immigrants to the U.S. and those with lower incomes, are also more likely to be carless (Rosenbloom 2013). This is especially troublesome because the older immigrant population (mainly Hispanics and Asians)—both current residents and new arrivals—will constitute a higher share of the future U.S. old (Federal Interagency Forum on Aging-Related Statistics 2016).

Persons at higher chronological ages (80s and older) make fewer trips by car and are more likely to travel as passengers (Turcotte 2012), because they have physical and cognitive impairments that make driving impossible, difficult, or more dangerous (American Association of State Highway and

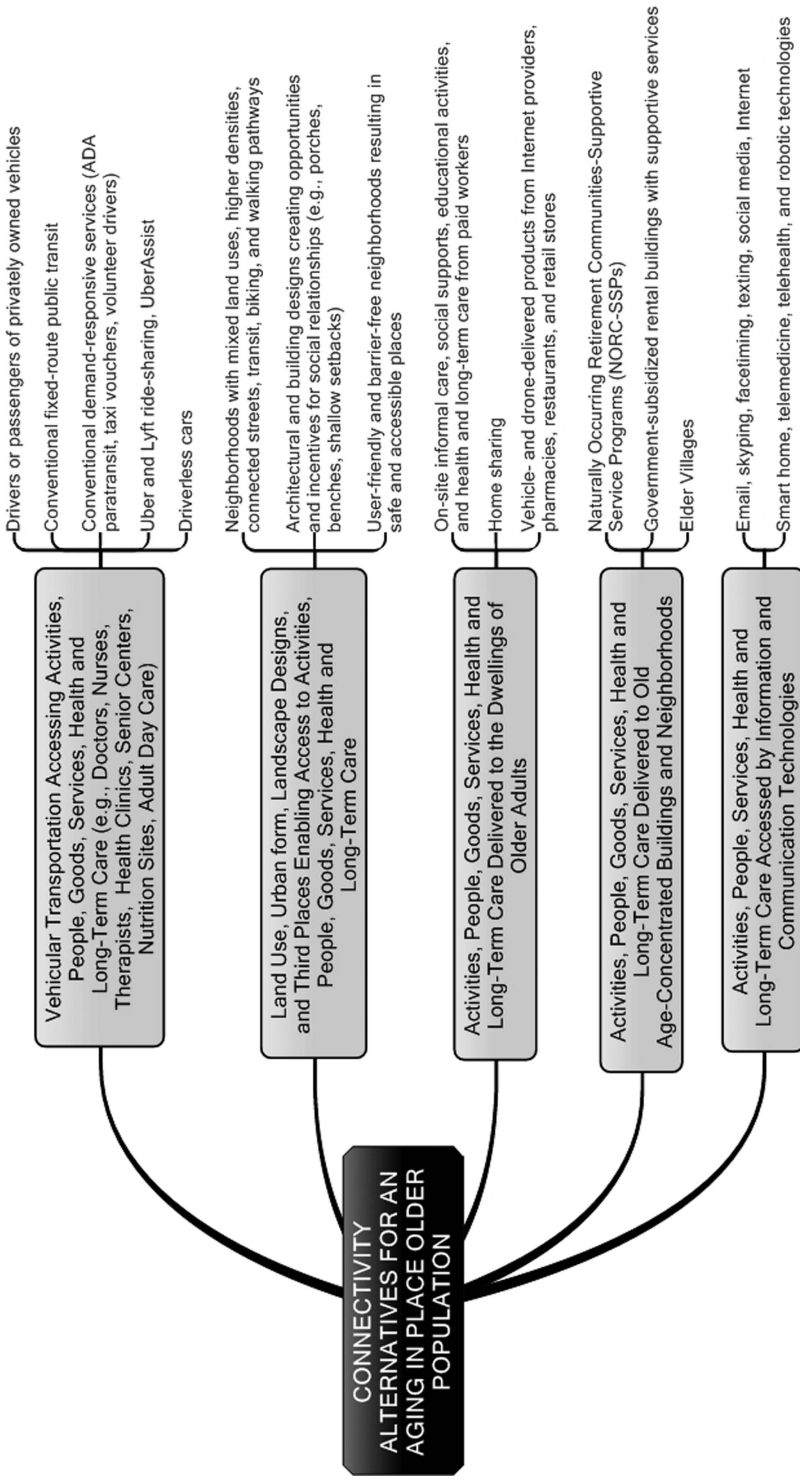


Figure 17.1 Connectivity Options for the Older Population Aging in Place.

Source: author.

Transportation Officials 2012). Although 80 percent of those ages 85 and older make over 80 percent of their trips by car, over half of their trips are as passengers (Turcotte 2012).

However, older people with declines in their cognitive, sensory, and motor capacities do not necessarily stop driving. Very frail older people can operate a car even though they have difficulties walking or using public transit (Gwyther and Holland 2012; Haustein and Siren 2014). They cope by self-regulating their driving behaviors (Kostyniuk and Molnar 2008). They go only to familiar destinations, during the daytime, at slower speeds, at less congested times, during favorable weather conditions, and on lower traffic volume routes (Alsnih and Hensher 2003; Dumbaugh 2008; Kim 2011).

Those who resist giving up driving—especially those over 80—are more involved in fatal crashes (controlling for miles driven) and generally are more seriously injured than younger populations (American Association of State Highway and Transportation Officials 2012; National Center for Statistics and Analysis 2015).

A very small share of older persons copes with these navigation issues by occupying active adult leisure-oriented communities where they reach their destinations by golf carts. Some states, like Florida, do not require a driver license to operate these vehicles (Simpson 2010).

The Disadvantaged Carless

Older people who cannot rely on auto transportation are typically more disadvantaged (Baily 2004). One study reported that they make “15 percent fewer trips to the doctor, 59 percent fewer trips to shop or eat out, and 65 percent fewer trips to visit friends and family, than drivers of the same age” (Transportation for America 2011, 3). Moreover, they feel less independent, more depressed, and less in control of their lives. They particularly feel guilty about having to rely on friends or family members to take them to their destinations (Dumbaugh 2008). That is why it is so debilitating for some women when their husbands die. They abruptly lose a person whom they depended on to take them everywhere (Haustein and Siren 2014; Lord et al. 2011).

The inability to reach destinations by driving is especially traumatic for older people, because the majority occupy places with relatively low population densities without public transit. In 2014, only 27 percent occupied the higher density central or core urban areas of U.S. metropolitan areas, while 53 percent lived outside of these locales, roughly referred to as suburban America. Another 20 percent lived in rural communities (U.S. Department of Health and Human Services 2015). Demographers predict that the share of older persons in these low-density locations will increase because of the aging in place of younger baby boomers already living in the suburbs and because more middle-aged and older residents move from urban cores to the suburbs than in the opposite direction. Only a relatively small share of older adults moves from suburban to downtown or nearby locations (Kotkin et al. 2015; Golant 2009).

More Optimistically: Safer and Driverless Cars

Yet, there are reasons for optimism. New auto technologies, such as lane departure warnings, collision warnings, and parking assist systems, are making driving easier, safer, and less limiting for older people with cognitive and physical deficits and at higher accident risk. As one report emphasizes, “Driver error is believed to be the main reason behind over 90% of all crashes” (Fagnant and Kockelman 2015, 169).

A more dramatic impact is promised by the advent of driverless cars—unquestionably a new travel paradigm. Private vehicle usage would become feasible even for the chronologically very old with questionable driver skills, greatly expanding their destination options without increasing their risk for accidents or injuries. Older persons would also benefit by the projected increase in more affordable (driverless) taxi transportation and on-demand ride-sharing programs. However, as true for any

innovation, some older persons will only be late adopters (Peek et al. 2014). They will be intimidated by the technological design features of driverless cars and fear giving up personal control of their driving experience. Others with more severe physical or cognitive limitations will be reluctant users because they will still require assistance getting in and out of these vehicles and fear traveling alone to their destinations.

Alternative Vehicle Alternatives

Conventional Fixed-Route Public Transit

When auto transportation is not feasible, public transportation is an obvious alternative. However, older people rely on transit for just over 1 percent of their trips, mainly in places with higher population densities. Most transit use is concentrated in the urban cores of a very few metropolitan areas—known as legacy cities—that include New York, Chicago, Philadelphia, San Francisco, Boston, and Washington, DC (Cox 2014). In other urban communities, older people generally have few transit routes within walking distance of their homes (Transportation for America 2011). Similarly, only about 14 percent of rural older Americans report they have transit service available within a half mile of their dwellings (American Association of State Highway and Transportation Officials 2012).

The same health problems and impairments that limit the driving of older people also restrict their use of public transit. The physically vulnerable especially have difficulties walking to a bus or subway stop. They will also restrict their usage because of route schedules that do not match their travel needs, long waiting times especially in bad weather, difficulties getting on and off vehicles and finding a seat, worries about being pushed and jostled, and concerns for their physical safety (e.g., from crime and disrespectful youth) (Golant 2015a).

Demand-Responsive Services

Demand-responsive vehicle alternatives (also known as dial-a-ride, supplemental transportation programs, paratransit) offering home-pickup services by van-like vehicles attempt to eliminate or at least minimize these transit problems. We can distinguish three categories of these services.

First, under the Americans with Disability Act (ADA), public transit operators must provide paratransit service to persons with disabilities—a substantial share are seniors—who would otherwise not be able to access the fixed route network (for example, walk to bus stops from their dwellings) (Rosenbloom 2003). But eligible older persons must be seriously disabled to use these services. These typically heavily subsidized programs are also extremely expensive for transit companies to operate (Rosenbloom 2013).

Second, home-to-destination van services offered by both private (including nonprofit) and public vendors are available for those elders who require access to specific destinations, such as medical appointments and community senior centers (e.g., offering congregate meal programs). Sometimes these services are made affordable to low-income older persons through federally funded programs such as the Older American's Act (Title III), Medicaid Waivers, the Department of Veteran Affairs, and the Department of Transportation's Federal Transit Administration (Kaye et al. 2010). However, the availability of these services differs widely because of the vagaries of state and local government funding and philanthropic support. Consequently, in many communities, especially in rural America, the demand for these services typically outstrips supply (Rosenbloom 2003).

Moreover, these alternatives are not without downsides. Older people must plan trips 24 hours in advance, and the alternatives often have limited geographic coverage (especially on nights and weekends) and are available only for certain categories of trips (e.g., to a doctor or a medical facility). Also, some older people attach a negative stigma to traveling in these vehicles because they “broadcast”

their vulnerabilities (Golant 2015a). Nonetheless, these alternatives unquestionably do offer a niche service to a small share of older consumers.

Taxis and, more recently, ride-sharing alternatives such as Uber and Lyft represent a third category of demand-responsive services. Their relatively high costs primarily restrict their use, but they do not suffer—at least to the same degree—from the aforementioned downsides. But not all these vehicles are able to accommodate disabled passengers, and some advocates worry about the absence of background checks of their drivers. Furthermore, the services offered by Uber and Lyft are usually unavailable to older persons without smartphones (to request these services). However, an increasing share of the future old are likely to use smartphones, and some local governments are making Uber services affordable to their lower-income older residents (Watkins 2015). Moreover, these companies are increasingly making their services available to disabled older persons such as in San Francisco, where some Uber drivers are trained to assist physically disabled seniors (Lien 2016). Additionally, older persons are benefiting from new communication platforms that are easier for them to use (Liepelt 2016).

Walking and Bicycling to Access Destinations

Walking or even bicycling to their destinations is another option for older persons. However, older people make less than 9 percent of their trips by walking (Rosenbloom 2003), a much smaller share than their European counterparts (Lynott et al. 2009). That is why many planning experts are critical of urban settlement patterns dominated by low-density, cul-de-sac neighborhoods that require Americans to drive rather than walk (or bicycle) to their destinations (Kotkin et al. 2015).

These concerns explain the call for new or redesigned places with higher density residential and nonresidential mixed land uses, and better connected pedestrian- or bicycle-friendly streets. These built environments are variously referred to as new urbanism, complete streets, or transit-oriented communities (when transit is also accessible by walking) (Steuteville 2002).

These places unquestionably make walking more feasible, especially when the pathways are smooth, flat, and well lit, have benches, are safely separated from traffic, and are free of crime. Because walking is a form of exercise, advocates also argue that older pedestrians receive collateral physical health benefits (Chaudhury et al. 2012; Winters et al. 2015).

Although older people do walk more in these neighborhoods, the causal relationship is unclear. These places may selectively attract older residents who are more motivated and able to walk (Rosso et al. 2011; Kerr et al. 2012). Moreover, there are few comparable studies of whether walking in traffic-free cul-de-sac neighborhoods (e.g., with pets) also yields health advantages.

Furthermore, however well designed these communities are, walking by older people is far from guaranteed. Some simply do not have the physical stamina to walk other than very short distances (Dumbaugh 2008). Others worry about falling, heavy traffic, poor weather, darkness, and carrying heavy parcels, especially when resting places are absent (Banister and Bowling 2004; Chaudhury et al. 2012; Turcotte 2012). Moreover, destinations such as doctors' offices or health centers are infrequently within walking distance.

These neighborhoods have other drawbacks, paradoxically because of their attractiveness to working aged populations. They have relatively high dwelling values and rents, making these neighborhoods unaffordable to lower-income older persons (Haughey and Sherriff 2010).

Activities, People, Goods, Services, Health, and Long-Term Care Delivered to the Dwellings of Older Adults

More than at any other time in history, older people have the ability to access products, services, activities, and people without leaving their dwellings. Traditionally, a small percentage of older

people have shared their households with family members who are willing to help them access groceries and other household items. These living arrangements also offer older people enjoyable *in-situ* social relationships that reduce their need to travel (Ward 2016). Although these living arrangements are less likely now than in the past, in 2015, 6 percent of the male population age 65 and over and 16 percent of older females lived with family members other than their spouses. However, the prevalence of home sharing with family members may well increase in the future, because of the aforementioned projected increase in the relative size of the Asian and Hispanic older populations. These ethnic groups have been far more likely than older non-Hispanic Whites to live in such shared households (Federal Interagency Forum on Aging-Related Statistics 2016).

Older persons can also share their dwellings with persons unrelated to them, sometimes unmarried partners, but also friends, who help each other out (e.g., the Golden Girls). Other times, they lease their accommodations to boarders and charge them a lower rent (and/or board) in return for receiving help to obtain their needed household items. In 2015, 3.7 percent of older men and 2.6 percent of older women were in these living arrangements (Federal Interagency Forum on Aging-Related Statistics 2016). Nonprofit charitable organizations in some U.S. cities assist with these home sharing arrangements (<http://nationalsharedhousing.org>), but commercial companies have also entered the market to help match seniors with boarders.

The physical accommodations of these arranged home sharers can vary. Some occupy a spare bedroom, but older persons risk interpersonal conflicts with their occupants and infringements on their privacy and lifestyles. Alternatively, they can occupy an accessory dwelling unit, typically a renovated garage or basement in a single-family dwelling with its own entrance, kitchen, bathroom, and living area (Golant 2015a). A very small share occupies a small, self-contained living unit on the side or the rear of the lot of an adult child's single-family unit. These structures are variously known as ECHO units or granny flats. However, zoning ordinances or neighborhood covenants may prevent older people or their family members who occupy single-family zoned neighborhood dwellings from introducing such multiple units (Wegmann 2015).

Such household sharing strategies have become less necessary as American society evolves into a full-fledged on-demand economy (Yoquinto and Coughlin 2015). There are now very few goods or products—from pharmacy items and prepared meals to paper towels—that cannot be delivered from either box stores or Internet providers. Consequently, older persons have fewer reasons to leave their dwellings. Moreover, receiving these items no longer carries any negative stigma as was once the case when such home deliveries were mainly used by the vulnerable and homebound or because they were funded by the government.

Older people with health problems or physical limitations also have more options to receive their acute care and long-term services and supports (LTSS) in their own homes (Kaye et al. 2010). Most of this assistance is provided by family members, the preeminent caregivers of older people (referred to as informal care), but this presumes that they live relatively close-by and are motivated and able to help. Paid workers supply a much smaller share of home-based assistance (referred to as formal care). These include professionals who make house calls, such as physicians, physician assistants, nurses, social workers, and occupational, physical, and speech therapists. Additionally, older people may hire direct care workers such as home health aides to perform labor-intensive and hands-on tasks such as lifting, carrying, and self-care (e.g., bathing, feeding, and toileting) (Stone and Harahan 2010). Many continuing care retirement communities (CCRCs) (now referred to as Life Plan communities) and assisted living properties also will deliver these health-related and independence-supporting services (once only available to their own occupants) to older people who live outside their facilities (Spellman and Townsley 2012).

Strong economic incentives have motivated the private sector to serve this highly lucrative elder consumer market. Additionally, in the United States, state governments now view programs that deliver services to the homes of their older poor constituents as less costly to offer than accommodating

them in the Medicaid beds of their nursing homes. And for health care administrators, these in-home services are effective preventive strategies that reduce hospitalization and emergency room costs, savings encouraged by the 2010 Affordable Care Act legislation in the United States.

However, these are not always perfect solutions. The quality of in-home care offered by both family members and paid workers can vary greatly. For example, studies report medication administration errors and even physical abuse by caregivers (National Consumer Voice for Quality Long-Term Care 2012). Furthermore and paradoxically, the introduction of equipment and services sometimes results in the dwellings of older people looking and functioning more like institutions than private residences—the very outcomes that aging-in-place solutions were designed to avoid (Gubrium 1973).

Additionally, middle-income older persons often are unable to benefit from in-home care. Their incomes make them ineligible for most public programs targeting the poor, but unlike higher-income groups, they cannot afford the home care offered by the more expensive private sector providers (Golant 2014).

Activities, People, Goods, Services, Health, and Long-Term Care Delivered to Old Age-Concentrated Buildings and Neighborhoods

The large building or neighborhood concentrations of older residents resulting from their collective aging-in-place behaviors also present important connectivity opportunities. These clusters or critical masses of older consumers offer private and public sector providers various organizational and financial incentives to deliver their services or products. For example, rather than delivering food services to older people dispersed across multiple neighborhoods, a vendor can make a single trip to a residential cluster of older occupants, thus saving both time and delivery costs. Similarly, a concentration of low-income vulnerable elders in a government-subsidized rental building is justification for management to hire an on-site social or health care worker who can see multiple clients in a relatively short time (Golant et al. 2010).

The assistance needs of the older occupants in some of these residential enclaves have motivated nonprofit organizations and housing providers to offer service-related programs sometimes supported by federal funding (such as from the Older Americans Act and Medicaid Waivers programs), charitable service organizations, corporations, and resident membership fees. One such community-based model initiated in the mid-1980s is the Naturally Occurring Retirement Community-Supportive Service Program (NORC-SSP) first developed within large apartment complexes in New York City, but now available throughout the United States (Greenfield et al. 2013; Vladeck 2008). Funded by a variety of governmental and nonprofit entities, the housing development and its moderate-income older residents partner with health and social service organizations to help them age in place (Scharlach and Lehning 2016). The NORC-SSP is staffed by social workers and nurses, and the residents are offered a coordinated set of on-site or delivered services that includes meals, health care, and long-term services and supports. The NORC-SSP is “based on the principles of senior empowerment and community building” (Scharlach and Lehning 2016, 174), and the older residents are encouraged (although not required) to participate in various recreation and socialization programs and to serve as volunteers. However, the long-term sustainability of this model is unclear because of the vagaries of federal funding and because the apartment residents are not always enthusiastic participants (Enguidanos et al. 2010). Some occupants are reluctant to receive assistance from any government program or to be stigmatized as vulnerable or needy older persons.

A second model is represented by Elder Villages. These resident-driven and self-governing neighborhood-based grassroots organizations are much less likely to depend on government funding or the participation of nonprofit social agencies. Rather, older residents in a neighborhood or building who opt to be members establish their own nonprofit association that hires professional staff and

recruits volunteers. Initiated 2001 in Boston (Beacon Hill Elder Village), such villages are growing in popularity throughout the United States. For an annual membership fee, they offer their predominantly middle-income occupants help with their grocery shopping, meal delivery, transportation, and preventive health needs. They screen possible vendors and providers and arrange for them to offer their products and services at a discounted rate. They also organize educational and recreational events for their residents.

However, to realize these connectivity benefits, older residents must subscribe to a “takes a village” service delivery model. That is, they must be willing to give up some of their self-reliant values and accept organized assistance in return for guarantees that they will have their unmet needs satisfied. The continued operation of these programs also depends on securing grants from private philanthropy and recruiting a sufficient number of volunteers. Also, to the disappointment of their members, these programs usually cannot guarantee the hands-on assistance required by physically or cognitively impaired older residents trying to age in place (Scharlach and Lehning 2016). Consequently, despite the growing popularity of these Elder Villages, their viability also remains uncertain (Scharlach and Lehning 2016).

Activities, People, Services, Health, and Long-Term Care Accessed by Information and Communication Technologies

Internet technologies have given older people seeking to age in place the ability to access and share “all types of interactive multimedia services with the capacity to transmit audio, video, and data” (Baker 2013, 1). In 2015, 58 percent of persons age 65 and older (and 50 percent of those 75 and older) reported using the Internet, up from 14 percent in 2000 (Perrin and Duggan 2015). These users can benefit from telecommuting employment and distance learning opportunities without leaving their dwellings or can serve as volunteers—such as helping younger children to read—without having to visit them in their homes or schools (Baker 2013). Those who feel comfortable using the Internet feel more secure knowing that their Social Security checks have been deposited directly into their bank accounts, and they can conduct most of their banking affairs online (Perrin and Duggan 2015), thereby avoiding potentially difficult or unsafe trips. It is also more likely that they can retrieve books from libraries, see movies, or listen to live symphonies in the comfort of their homes. Similarly, skyping and facetime make it easy for them to have video social interactions with family or friends.

Going forward, new information and communication technologies known as smart home, gerontechnology, telemedicine, and telehealth technologies (sometimes involving robotic devices taking on humanoid or pet-like appearances) hold tremendous promise as connectivity options. Wireless sensor technologies—installed in the home, worn or attached to individuals—can now monitor or track the physiological functions, health status, mobility, and activities of older persons that once required trips to a doctor or visits by social work or health care professionals. When observed measures, activities, or behaviors deviate from some designated norm, they trigger video-conferencing interventions, home visits by care providers or emergency responders (Lee and Coughlin 2015). Older people can now consult with care professionals located in a different county or state.

It is too soon to know how readily older people will accept these new technological strategies and how effectively they will substitute for traditional office-based approaches. What is certain, however, is that older people will have to make crucial trade-offs to receive their benefits. Loss of privacy (i.e., always being under surveillance) will be a pervasive concern. So too, will be the reduced probability of spontaneous social interactions in “third places” (that is, semipublic places) such as stores, banks, professional offices, and restaurants (Oldenburg 1999). Others will feel angst about absent face-to-face contacts or physical touching with family, friends, or professionals, all-too-frequent vulnerability reminders, and the need to give up personal information (Forlizzi et al. 2004). Five other factors will

also discourage their adoption. First, compared with the young, older people are less comfortable using new technologies; second, high speed broadband Internet is less available in some locations, such as rural counties; third, the equipment or services may be unaffordable to lower-income elders (Baker 2013); fourth, providers and consumers will have liability concerns (for errors or malfunctioning); and fifth, government programs and private insurance companies may be unwilling to cover (at least initially) the cost of buying or servicing these technologies (Lee and Coughlin 2015).

Conclusion

Aging-in-place older people experience various housing problems that make it difficult for them to achieve residential normalcy, that is, to occupy residential arrangements where they feel comfortable, competent, and in control of their lives and environments (Golant 2011, 2015b). This chapter discussed one category of problems arising from their difficulty to connect with people, goods, services, care, and activities.

Currently, older car drivers or passengers are the most advantaged when it comes to satisfying their needs and wants. Many older people who are able to walk to many of their destinations, share their homes, or occupy old age-concentrated residential enclaves also confront fewer connectivity challenges. However, these traditional accessibility approaches may become less important in a future society that routinely offers demand-responsive and ride-sharing alternatives such as Uber and Lyft, more available home- and digitally delivered products and services, and the promise of driverless cars and smart home technologies.

However, as is often true with the introduction of any new products and practices, there may be unintended and unfavorable consequences, that is, collateral damages (Golant 2015b). Older people will increasingly not require the on-site physical proximity of family members, friends, vendors, and care workers to receive their information, products, services, care, and even emotional supports. Consequently, and perhaps paradoxically, even as older people experience new and more effective ways to connect with everyone and everything, they will have to lose the positive experiences they enjoyed from their earlier face-to-face interpersonal relationships. The fear is that the most connected older people will also become the most socially isolated.

What this discussion makes abundantly clear is that there is currently no one-size-fits-all connectivity option that will enable all older adults to achieve their aging-in-place goals. Moreover, while even the most innovative strategies have advantages, they also have potential downsides. The diverse lifestyles and capabilities of older people will require both the private and public sectors to offer a variety of connectivity solutions if older individuals can live comfortable and competent lives in their current homes—and achieve residential normalcy.

References

- Alsni, Rahaf, and David A Hensher. 2003. "The Mobility and Accessibility Expectations of Seniors in an Aging Population." *Transportation Research Part A: Policy and Practice*, 37(10): 903–916.
- American Association of State Highway and Transportation Officials. 2012. *Keeping Baby Boomers Mobile: Preserving the Mobility and Safety of Older Americans*. Washington, DC: American Association of State Highway and Transportation Officials.
- Baily, Linda. 2004. *Aging Americans: Stranded without Options*. Washington, DC: Surface Transportation Policy Project.
- Baker, Christopher A. 2013. *A Connection for All Ages: Enabling the Benefits of High-Speed Internet Access for Older Adults*. Washington, DC: AARP Public Policy Institute.
- Banister, David, and Ann Bowling. 2004. "Quality of Life for the Elderly: The Transport Dimension." *Transport Policy*, 11(2): 105–115.
- Caro, Francis G., Jeffrey A. Burr, Eilon Caspi, and Jan E. Mutchler. 2010. "Motives that Bridge Diverse Activities of Older People." *Activities, Adaptation & Aging*, 34(2): 115–134.

- Chaudhury, Habib, Atiya Mahmood, Yvonne L. Michael, Michael Campo, and Kara Hay. 2012. "The Influence of Neighborhood Residential Density, Physical and Social Environments on Older Adults' Physical Activity: An Exploratory Study in Two Metropolitan Areas." *Journal of Aging Studies*, 26(1): 35–43.
- Cox, Wendell. 2014. "New York, Legacy Cities Dominate Transit Urban Core Gains." *Newgeography.com*.
- Dumbaugh, Eric. 2008. "Designing Communities to Enhance the Safety and Mobility of Older Adults: A Universal Approach." *Journal of Planning Literature*, 23(1): 17–36.
- Enguidanos, Susan, Jon Pynoos, Maria Siciliano, Laura Diepenbrock, and Susan Alexman. 2010. "Integrating Community Services within a Norc: The Park La Brea Experience." *Cityscape*, 12(2): 29–45.
- Fagnant, Daniel J., and Kara Kockelman. 2015. "Preparing a Nation for Autonomous Vehicles: Opportunities, Barriers and Policy Recommendations." *Transportation Research Part A: Policy and Practice*, 77: 167–181.
- Federal Interagency Forum on Aging-Related Statistics. 2016. *Older Americans 2016: Key Indicators of Well-Being, Federal Interagency Forum on Aging-Related Statistics*. Washington, DC: U.S. Government Printing Office.
- Forlizzi, Jodi, Carl DiSalvo, and Francine Gemperle. 2004. "Assistive Robotics and an Ecology of Elders Living Independently in Their Homes." *Human—Computer Interaction*, 19(1–2): 25–59.
- Golant, Stephen M. 2008. "Commentary: Irrational Exuberance for the Aging in Place of Vulnerable Low-Income Older Homeowners." *Journal of Aging and Social Policy*, 20(4): 379–97.
- Golant, Stephen M. 2009. "Aging in the American Suburbs." *Aging Well Magazine*.
- Golant, Stephen M. 2011. "The Quest for Residential Normalcy by Older Adults: Relocation but One Pathway." *Journal of Aging Studies*, 25(3): 193–205.
- Golant, Stephen M. 2014. *Age-Friendly Communities: Are We Expecting Too Much?, IRPP Insight*. Montreal: Institute for Research on Public Policy.
- Golant, Stephen M. 2015a. *Aging in the Right Place*. Baltimore, MD: Health Professions Press.
- Golant, Stephen M. 2015b. "Residential Normalcy and the Enriched Coping Repertoires of Successfully Aging Older Adults." *The Gerontologist*, 55(1): 70–82.
- Golant, Stephen M. 2016. "Should Older Americans Live in Places Segregated from the Young?" *CSA (Certified Senior Advisors) Journal*, 67(3): 42–45.
- Golant, Stephen M., Pamela Parsons, and Peter A. Boling. 2010. "Assessing the Quality of Care Found in Affordable Clustered Housing—Care Arrangements: Key to Informing Public Policy." *Cityscape*, 12(2): 5–28.
- Greenfield, Emily A., Andrew E. Scharlach, Amanda J. Lehning, Joan K. Davitt, and Carrie L. Graham. 2013. "A Tale of Two Community Initiatives for Promoting Aging in Place: Similarities and Differences in the National Implementation of NORC Programs and Villages." *The Gerontologist*, 53(6): 928–938.
- Gubrium, Jaber F. 1973. *The Myth of the Golden Years*. Springfield, NJ: Charles Thomas.
- Gwyther, Holly, and Carol Holland. 2012. "The Effect of Age, Gender and Attitudes on Self-Regulation in Driving." *Accident Analysis & Prevention*, 45: 19–28.
- Haughey, Rick, and Ryan Sherriff. 2010. *Challenges and Policy Options for Creating and Preserving Affordable Housing Near Transit and in Other Location-Efficient Areas*. Washington, DC: Center for Housing Policy.
- Haustein, Sonja, and Anu Siren. 2014. "Seniors' Unmet Mobility Needs—How Important Is a Driving Licence?" *Journal of Transport Geography*, 41: 45–52.
- Hayutin, Adele M., Miranda Dietz, and Lillian Mitchell. 2010. *New Realities of an Older America*. Stanford, CA: Stanford Center on Longevity.
- Joint Center for Housing Studies of Harvard University. 2013. *Housing America's Older Adults*. Cambridge, MA: Joint Center for Housing Studies of Harvard University.
- Kaye, H. Stephen, Charlene Harrington, and Mitchell P. LaPlante. 2010. "Long-Term Care: Who Gets It, Who Provides It, Who Pays, and How Much?" *Health Affairs*, 29(1): 11–21.
- Kerr, Jacqueline, Dori Rosenberg, and Lawrence Frank. 2012. "The Role of the Built Environment in Healthy Aging." *Journal of Planning Literature*, 27(1): 43–60.
- Kim, Sungyop. 2011. "Assessing Mobility in an Aging Society: Personal and Built Environment Factors Associated with Older People's Subjective Transportation Deficiency in the US." *Transportation Research Part F: Traffic Psychology and Behaviour*, 14(5): 422–429.
- Kostyniuk, Lidia P., and Lisa J. Molnar. 2008. "Self-Regulatory Driving Practices among Older Adults: Health, Age and Sex Effects." *Accident Analysis & Prevention*, 40(4): 1576–1580.
- Kotkin, J., W. Cox, M. Schill, and A. Modarres. 2015. *Building Cities for People*. Orange, CA: Chapman University Press.
- Lee, Chaiwoo, and Joseph F. Coughlin. 2015. "Perspective: Older Adults' Adoption of Technology: An Integrated Approach to Identifying Determinants and Barriers." *Journal of Product Innovation Management*, 32(5): 747–759.
- Lien, Tracy. 2016. "Uber App Will Come Pre-Installed on Grandpad Tablet for Seniors." *Los Angeles Times*, January 7.

- Liepelt, Kourtney. 2016. "Uber Tests New Platform with Canada Senior Living Pilot." *Senior Housing News*, August 25.
- Lord, Sébastien, Carole Després, and Thierry Ramadier. 2011. "When Mobility Makes Sense: A Qualitative and Longitudinal Study of the Daily Mobility of the Elderly." *Journal of Environmental Psychology*, 31(1): 52–61.
- Lynott, Jana J., Amanda Taylor, Hannah Twaddell, Jessica Hasse, Kristin Nelson, Jared Ulmer, Barbara McCann, Edward R. Stollof. 2009. *Planning Complete Streets for an Aging America*. Washington, DC: AARP Public Policy Institute.
- National Center for Statistics and Analysis. 2015. *Older Population: 2013 Data, Traffic Safety Facts, Report No. DOT HS 812 199*. Washington, DC: National Highway Traffic Safety Administration.
- National Consumer Voice for Quality Long-Term Care. 2012. *Consumer Perspectives on Quality Home Care*. Washington, DC: National Consumer Voice for Quality Long-Term Care.
- Oldenburg, Ray. 1999. *The Great Good Place: Cafes, Coffee Shops, Bookstores, Bars, Hair Salons, and Other Hangouts at the Heart of a Community*. Philadelphia, PA: Da Capo Press.
- Peek, Sebastiaan T. M., Eveline J. M. Wouters, Joost van Hoof, Katrien G. Luijkx, Hennie R. Boeije, and Hubertus J. M. Vrijhoef. 2014. "Factors Influencing Acceptance of Technology for Aging in Place: A Systematic Review." *International Journal of Medical Informatics*, 83(4): 235–248.
- Perrin, Andrew, and Maeve Duggan. 2015. *Americans' Internet Access: 2000–2015*. Washington, DC: Pew Research Center.
- Rosenbloom, Sandra. 2003. *The Mobility Needs of Older Americans: Implications for Transportation Reauthorization*. Washington, DC: The Brookings Institution.
- Rosenbloom, Sandra. 2013. *Roadblocks Ahead for Seniors Who Don't Drive, Innovation in Infrastructure*. Washington, DC: Urban Institute.
- Rosso, Andrea L, Amy H Auchincloss, and Yvonne L Michael. 2011. "The Urban Built Environment and Mobility in Older Adults: A Comprehensive Review." *Journal of Aging Research*, 2011: 1–10.
- Scharlach, Andrew E., and Amanda J. Lehning. 2016. *Creating Aging-Friendly Communities*. New York: Oxford University Press.
- Simpson, Deane. 2010. *Third Age Urbanism: Retirement Utopias of the Young-Old*. PhD diss., Swiss Federal Institute of Technology in Zurich (ETH Zurich), Switzerland.
- Spellman, Sarah, and Scott Townsley. 2012. *Continuing Care at Home: Evolution, Innovation, and Opportunity*. Minneapolis, MN: CliftonLarsonAllen.
- Steuteville, Robert. 2002. "The New Urbanism: An Alternative to Modern, Automobile-Oriented Planning and Development." *New Urban News*, July 25.
- Stone, Robyn, and Mary F. Harahan. 2010. "Improving the Long-Term Care Workforce Serving Older Adults." *Health Affairs*, 29(1): 109–115.
- Transportation for America. 2011. *Aging in Place, Stuck without Options*. Washington, DC: Transportation for America.
- Turcotte, Martin. 2012. "Profile of Seniors' Transportation Habits." *Canadian Social Trends*, 93: 1–16.
- U.S. Bureau of the Census. 2016. *Geographical Mobility: 2015 to 2016: Table 6*. Washington, DC: U.S. Bureau of the Census.
- U.S. Department of Health and Human Services, Administration on Aging. 2015. *A Profile of Older Americans, 2015*. Washington, DC: U.S. Department of Health and Human Services.
- Vladeck, Fredda. 2008. "Naturally Occurring Retirement Communities." *Designer Builder*, January/February: 43–47.
- Ward, Lisa. 2016. "Beyond Airbnb: Sharing Homes Offers Seniors Financial and Social Advantages." *Wall Street Journal*, September 11.
- Watkins, Morgan. 2015. "City Hopes to Use Uber to Give Rides to Seniors." *The Gainesville Sun*, June 4.
- Wegmann, Jake. 2015. *Financing Ancillary Apartments on Residential Properties: Challenges and Solutions*. Berkeley, CA: Institute of Governmental Studies.
- Winters, Meghan, Christine Voss, Maureen C. Ashe, Kaitlyn Gutteridge, Heather McKay, and Joanie Sims-Gould. 2015. "Where Do They Go and How Do They Get There? Older Adults' Travel Behaviour in a Highly Walkable Environment." *Social Science & Medicine*, 133: 304–312.
- World Health Organization. 2007. *Global Age-Friendly Cities: A Guide*. Geneva, Switzerland: World Health Organization.
- Yoquinto, Luke, and Joe F. Coughlin. 2015. "The On-Demand Economy: Changing the Way We Live as We Age." *The Washington Post*, December 14.