LIVABLE FOR ALL AGES: EVALUATING PERCEPTIONS OF COMMUNITY IN AN INTERGENERATIONAL CONTEXT

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LIVABLE FOR ALL AGES: EVALUATING PERCEPTIONS OF COMMUNITY IN AN INTERGENERATIONAL CONTEXT

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A dissertation submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy in the College of Social Work at the University of Kentucky

By

David Lee Ferrell

Lexington, Kentucky

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ABSTRACT OF DISSERTATION

LIVABLE FOR ALL AGES: EVALUATING PERCEPTIONS OF COMMUNITY IN AN INTERGENERATIONAL CONTEXT

Aging-friendliness work uses a model of eight core domains to assess and achieve communities in which people are more equipped to age well, and remain in their community as they age. These domains are broken into the built environment (i.e., Housing, Transportation) and the social environment (i.e., Communication, Social Inclusion, Employment). This dissertation is centered on the efforts to make communities more aging-friendly, and focuses specifically on the Livable Lexington initiative. This dissertation utilized an exploratory study of a pre- and posttest evaluative design to pilot intergenerational discussion groups as a potential intervention. Intergenerational discussion groups were developed with the goal of changing community members’ perceptions of how aging-friendly their community is, and were a way of operationalizing Rawlsian concepts such as the Veil of Ignorance and Wide Reflective Equilibrium, with the end goal of Intergenerational Equity. The three outcome variables in the study were perceptions of 1) ability to age in place, with regard to domains, 2) overall aging-friendliness, and 3) ability to engage and participate in community activities (such as decision making). Recruited from an initial aging-friendly needs assessment developed by AARP, the intergenerational discussion groups (n = 40) exposed participants to an environment that allowed them to lead discussion around what would make their assigned core domains (i.e, housing, transportation, social inclusion, communication, employment, etc.) more aging-friendly. Participants in the discussion groups perceived a greater ability to age in place, with respect to the social environment (p < .001), as well as a greater ability to engage and participate in community activities (p < .001). Additionally, participants perceived their community as more aging-friendly after the intervention (p < .001). The participants, however, did not perceive a greater ability to age in place, with regard to the built environment (p < .001). Throughout the discussion, the results are tied back into the literature and theory, and reasons for the adverse result in the built environment are also discussed (while more time is often
necessary to notice changes in the built environment). Implications for this research, as well as future recommendations are discussed, as well.

Keywords: Intergenerational, Aging, Aging-Friendly, Veil of Ignorance, Wide Reflective Equilibrium

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March 23, 2018
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Chapter 1: Introduction

The focus of this dissertation is an exploratory pilot study that evaluates the efficacy of intergenerational discussion groups as an intervention to change perceptions of aging-friendliness in a community. The proposed intervention under study was created with the goal to improve perceptions of one’s capacity to age in place (and view of one’s community as aging-friendly). This exploratory research evaluated to what extent a potential intervention that provided opportunities for persons of all ages to participate in discussion groups about their community enhanced perceptions of aging-friendliness that minimized competition among generations and promoted engagement with one another.

Aging-friendly initiatives are designed to develop both the physical and social environments in a community so that persons of all ages can view their communities as places where they can age well. To achieve this, competition among generations for resources and decision-making power in a community need to be minimized, and the ways in which community planning can be more intergenerational optimized. Aging-friendly initiatives have long-term goals of promoting community engagement and inclusion, establishing communities that create the ability to age in place (overall livability), and cultivating the desire to age in place. Livable Lexington, which began around 2012 and is the context for this study, was formed to build an aging-friendly community in the Lexington and surrounding areas of Kentucky.

This exploratory, pilot study used a pre- and post-test evaluation design. The potential intervention, which is defined as participation in intergenerational discussion
groups and its interactive processes, is newly-developed – and thus little is known about its utility or effectiveness to improve perceptions of one’s 1) capacity to age in place or, 2) view of one’s community as aging-friendly. Although multiple terms were used in the literature as work in this area evolved, such as “livable communities” and “age-friendly,” the term “aging-friendly/aging-friendliness” will be the terms used to refer to the work under study in this dissertation. Analysis of pre- and post-test data collected from discussion group participants examined changes in participants’ perceptions of aging-friendliness in their community – Lexington, Kentucky.

PURPOSE OF THE STUDY

Aging-friendliness initiative work – a relatively new concept (circa 2007) – exists primarily in community work, technical reports, and strategic planning. Such work has been much less apparent in the literature. Much of the early literature in this area rests in the conceptualization of aging-friendliness, rather than applications and work done toward building aging-friendly communities. In this case, the application of aging-friendly concepts occurred as a potential intervention known as intergenerational discussion groups. The aim of this study is to examine how the work generated under aging-friendly initiatives (through the potential intervention) can promote improved perceptions of community, and quality of life in context of the community (as analyzed in a pre-/post-test evaluation).

This research explores the viability of an intervention known as intergenerational discussion groups used to enhance perceptions of aging-friendly living in the Lexington, Kentucky area. The process of these discussion groups, which embrace the concepts of
justice, intergenerational equity, and capability-building, was developed to maximize the achievement of initiative outcomes. The design of the intergeneration discussion groups used in this study is informed by the concept of Rawls’ (1993) Wide Reflective Equilibrium. The intervention is participant-led and closely connected to the World Café model that allows participants to steer the discussion freely (Burke & Sheldon, 2010). Study data includes that which were gathered in a longitudinal study centered on the Livable Lexington initiative. Analysis examined participants’ perceptions of: 1) individual capacity to age in place, 2) collective capacity to age in place (or community quality of life), and 3) the capacity to engage in community activities/decision-making before and after participation in the discussion groups.

There are five signature stages used to describe the process inherent in the Age-Friendly/Livable initiative and applied in the Living Lexington project. According to the AARP (2014) guide for cities entering the Age-Friendly Network, the first stage is the “getting started” or “pre-contemplation” stage, in which communities come together to learn about the initiative and decide their level of interest and commitment. The second stage (planning) can only begin once the highest elected official in the community has formally enrolled the community into the network. This stage typically begins with a survey or needs assessment of the community and concludes with policy and program planning to address needs that emerge. The third stage (implementation) focuses on enacting the policy and programming that is developed and enforced to meet the identified needs. The fourth stage evaluates how such products meet those needs in terms of livability for all ages. Finally, in the fifth-stage, the community commits to
networking and mentorship of other communities that are in early stages of the initiative (AARP, 2014).

What is the Problem?

The primary problem addressed by this research stems from how the idea of “aging in place” is conceptualized (or the context in which it is framed), as well as how persons perceive their own ability to do so. In traditional “aging in place” scholarship, researchers aim to be prescriptive in their attempt at defining and directing the process of “aging in place,” whilst not accounting for the perceptions and desires of people themselves. For example, ideas of “aging in place” (what it is, what is place, and whether it is a good thing) vary considerably from one another. However, it is more important that these individual perceptions and ideas of aging in place are preserved. The concept of aging in place carries different meanings to different people. When thinking of what it means to age well, while is less feasible to define or standardize what this means for all people, communities can work to empower their members to be able to age in place. Being able to age in place rests more in a person’s individual meanings attributed to aging in place, and whether or not their ability is fostered – thus assessing a community’s aging-friendliness (Scharlach, 2017).

Additionally, there is a disparity among different age groups when it comes to planning for aging, ideas of aging in place, and the amount of participation in community afforded to them. For example, in some communities, the old are favored over the young, whereas in others, youth is favored over age. Coined as generational warfare, generations of people often find themselves in competition with one another for power, decision-making, and inclusion across communities (Washington Post, 2015).
Communities are also at times designed to be exclusionary – for example, some communities are age-restrictive, which can maximize the benefits of the intended generations, while completely ignoring those of other generations (Trolander, 2011). For the purposes of this study, this is problematic in the extent to which one generation is favored or targeted in terms of benefits and the acquisition of resources. In many cases, these generations plan in a way that is self-serving, but not sustainable for other generations.

While there are actual differences among the generations, these differences are further reinforced through the labeling and characterization of these groups. There is an abundance of portrayals of this in academic literature, public policy making, and popular culture. Rather than what is found in a cohesive or intergenerational approach, Millennials, Generation X’ers, and Baby Boomers are often pitted against one another for power, decision-making, and inclusion. As members of these groups have knowledge of their age categories, they may approach age diversity as existing in an “us versus them” environment. Other times, persons may struggle with their own labels and respective identities, especially when they feel like the stereotypes do not accurately depict them. What results from this are often unfounded generalizations based on these age divisions (Ferrell, 2017).

Millennials and Baby Boomers (the “sandwiching” generations at present) are more often than not on the receiving end of such labeling and disparity. This middle generation shifts over time, as the dominant generation holds the jobs, holds elected office, and therefore holds the power. The sandwiched generation (in this case, Generation X) is found in the pivotal middle of the generational war. Jorgensen (2003)
posits that Generation X (as the sandwiched generation) is currently at the center of key
decision-making and policy planning, which place the likes of the Baby Boomers and
Millennials at their mercy. Glass (2007) suggests that, as the central generation of the
current era, Generation X is poised for maximal success, as it is at the center of decision-
making, in relation to its adjacent counterparts. Members of Generation X hold positions
of power and decision-making which allow for them to maximize their own benefits, just
as there was a time in which Baby Boomers dominated this political environment, and
Millennials will in the future.

In terms of the “Baby Boomers,” the rapidly increasing aging boom across the
nation has been noted for generating fear and uncertainty in how this country will deal
with such a demographic shift (Bode, de Ridder, & Bensing, 2006). The “boom” implies
a problem, or disaster of sorts. Coined by Maples (2002) as the “Silver Tsunami,” the
population shift triggered by the aging baby boomer generation has been referred to in the
literature as a serious “problem” or “threat” to the societal makeup (Knickman & Snell,
2002; Lutz, 2009). In facing this demographic shift, the United States has had to focus its
attention at both the social and individual levels to meet the various needs of older adults
(as well as the rest of society) in making communities more aging-friendly. This is
particularly a matter of concern as aging persons tend to have higher levels of stress and
inadequacy around their own ability to age and care for themselves and others, and those
who are outside of the “booming” generation fear a longer-term threat the boomers may
pose to programs (such as Social Security), policy, and infrastructure. Bode and
colleagues (2006) emphasized feelings of inadequacy, uncertainty, and worry in terms of
the aging process as well as a perceived sense of burden faced by people as they age.
In terms of Millennials, Paul (2016) noted a “problem” that the generation poses to society, and this is just a continuation of a conversation that has gone on for years. As will be discussed with reification, American society is even more focused on “controlling” or “compartmentalizing” Millennials through years of propaganda creating a threat or enemy to an aging society. Societies are more concerned with “dealing with” Millennials on a number of fronts, as Paul’s (2016) approach to higher education. This further disenfranchises the Millennial age group from key decision making and participation in their community and the greater society.

The problem, in short, is that people often feel limited in their capacity to age in place, the overall aging-friendliness of their community, and their ability to engage in and participate in community activities (such as decision-making). This is often due to their perceptions of the community, their role within the community, and their relationship with members of other generations within that community. Generations often fall into labeling in a manner that poses each generation (i.e., Millennials, Generation X, Baby Boomers) in terms of their threats to other generations (and their acquisition of resources). As the generations are poised in competition with one another for resources and power, planning is often done with only a portion of generations at the table – in a manner that plans for those who are able to participate, while not accounting for those who are left out.

What is the Solution?

Community planning needs to be more intergenerational in nature, and efforts to make the community more aging-friendly must be optimized. In order for this to be done, there needs to be an increase in understanding of (and empathy for) other
generations, specifically in terms of the value each hold in the community. This requires changing perceptions of self, others, and the environment (and the way in which these players contract with one another) in order to make the community more aging-friendly. One way through which this could be done is to create an environment that encourages intergenerational discussion about the community and the extent to which planning efforts benefit members of all persons who are aging.

One avenue through which perceptions of aging-friendliness could be impacted is participation in intergenerational discussion groups, which was examined as a potential intervention in a pilot study using an exploratory design and pre- and post-test evaluation. The intervention was informed by John Rawls’ (1971, 1993) concepts of veil of ignorance and wide reflective equilibrium, which stem from theories of distributive justice and justice as freedom. Additionally, the intervention utilizes the concept of intergenerational equity, which is a characteristic of processes and groups by which persons of different ages/generations are able to form and mutually benefit from a transactional relationship with one another.

As will be discussed with the work of John Rawls, justice occurs when freedom is afforded without infringing upon the freedom of another. In this case, when decision-making and policy implications favor one generation, they are often at the expense of another. As Generation X makes up the sandwiched generation (which can reap the rewards from either of its adjacent counterparts), freedom is often afforded that more explicitly favors the Baby Boomers or Millennials, at the expense of (or infringing upon) the freedom of the other.
Macnicol (2015) refers to the central concept of “all ages” as *Intergenerational Equity*. Although it is a newer concept in the literature, intergenerational equity refers to the fair and just allocation of resources and opportunity among the generations – specifically those that are viewed as competing with one another. According to Kennedy (2010) a truly aging-friendly community is one that is able to attract young people, while also being able to accommodate them as they age. The balance of age, or Intergenerational Equity, requires negotiating different needs and interests of various groups and responding to changing needs as community members move through the aging process. Thus, these perceptions of capacity for aging in place are mitigated through processes that allow for representation of all ages in community decision-making and planning.

**THE COMMUNITY OF INTEREST: LEXINGTON, KENTUCKY**

This dissertation focuses on the Age-friendly work conducted in Lexington, Kentucky. Lexington is in the heart of central Kentucky and is one of a handful of consolidated city-counties in Fayette County, Kentucky. Thus, much of the work done in this study refers to the community by its proper municipality title, Lexington-Fayette Urban County (LFUCG). According to the U.S. Census (2010), Lexington is the second largest city in the state of Kentucky, with 314,488 people. Additionally, Lexington fits the definition of a highly multigenerational community (Sharkey & Elwert, 2011) due to the fairly even distribution of persons across the generations (U.S. Census Bureau, 2010). For the purposes of this study, age is the only relevant statistic/variable captured by census data to be utilized.
Livable Lexington began as a formal initiative under the Age-Friendly network of Livable Communities in 2014, which followed preliminary work and community conversations. At the core of Livable Lexington was the executive committee, which comprised of the LFUCG Director of Aging Services, the Director of the Area Agency on Aging, the Community Outreach Coordinator for AARP Kentucky, and the Chairperson of the LFUCG Senior Services Commission. Once endorsed by Mayor Jim Gray, the highest elected official in the municipality, a thorough needs assessment – the Livable Lexington survey (n = 1047) – was conducted in September 2014 through October 2014. Data from Livable Lexington (2014) were used to develop model cases under each domain of livability, which provided direction in how to successfully achieve desired outcomes in each of the eight core domains. As an example, the model case for housing is as follows:

X Community has various housing options which are both affordable and accessible to its residents. The homes and properties are well-maintained, and have affordable utilities and upkeep services (such as home repair, lawn work, snow removal, etc.). The housing options for seniors afford them optimal mobility in the home with no-step entrances, wider doorways, and first floor bedrooms and bathrooms. Not only are the housing options for seniors in close proximity to neighborhoods in which their friends and relatives might choose to live, but they also provide ease of access to a variety of services, industry, and providers. Finally, there are safe housing options (in terms of the structure and the environment) for adults of varying age, income and ability levels. (Livable Lexington, 2014)

The model cases were used to urge AARP to provide more concrete examples (beyond ideals), and share them with communities as they make plans for each of the core domains in the late-planning/implementation stages of the initiative. The following example (again, in the domain of housing) comes from Portland, Oregon, one of the first cities to implement the AARP model:
With its age 65+ population expected to soar during the next two decades, the city of Portland, Oregon, has brought age-friendly concepts into its planning process. The city is prioritizing the creation of accessible housing that’s in close proximity to neighborhood hubs where existing services, transit and amenities make it easier for older people to live independently. (Turner, 2014, para. 10)

Livable Lexington (2014) quickly was established as a contributor to the sparse scholarship in the area of planning and implementation of Age-Friendly and Livable Communities work. In May 2015, the late-planning and implementation phases of Livable Lexington sparked a six-week process, known as the Livable Lexington Domain Enhancement Focus Groups (LLDEFG), referred to in this dissertation as intergenerational discussion groups. These intergenerational discussion groups consisted of 50% of attendees under the age 55 years and 50% over, and allowed for persons to interact in ways through which they would be exposed to both intergenerational exchange and policy and programmatic planning – each of which is located in the aging-friendly domain (i.e., Housing, Transportation, Communication, Social Inclusion, and Civic Engagement). The main premise behind the discussion groups was to move from the simple multigenerational groups (meaning, they are diverse in age) and toward engaged, intergenerational groups (meaning, the diversity of age is represented in their planning efforts).

In December 2015, a follow-up survey was administered to evaluate results of the work completed to that point. This survey captured only original survey participants, including those who participated in the intervention, in order to compare follow-up survey response with those collected in the initial needs assessment. This follow-up survey represents the post-test data used to evaluate the process of the intergenerational discussion groups.
SIGNIFICANCE OF THE STUDY

First, an evaluation of the potential intervention provides insight as to what degree members of the community changed in their perceptions of aging-friendliness in their community, specifically in individual capacity for aging in place, community quality of life, and engagement in community activities, following participation in the intergenerational discussion groups. This is important for examining whether the intervention was instrumental in increasing generational understanding of (and empathy for) one another when developing plan to make the community more aging-friendly. The process of intergenerational discussion groups was examined and discussed to assess to its potential contributions to achievement of long-term goals of livability, such as the capacity to age-in-place. Finally, this study examined the way in which persons perceive their community and give meaning to aging in place – which will be crucial information in describing how such definitions/perceptions change in relation to their interaction and engagement with their community. If the potential intervention is evaluated as successful, then it will have succeeded in instilling a level of understanding and empathy between the generations in a manner in which community planning could be done to benefit all who are aging. To that end, the process involved in the intergenerational discussion groups could be emulated to increase aging-friendliness in other communities.

The work done within Livable Lexington has revealed outputs (and goals) of aging-friendliness work, as seen in the achievement of overall livability, engagement and inclusion, and capacity for aging in place. Aging in place, however, goes beyond the ability to do so; it also pushes a community to become one in which people want to age in place. The social outputs of aging-friendliness are of great interest in that these can
inform the aims of planning efforts and the work necessary for communities to achieve in
dimensions that are unlike the physical, built environment (i.e., better sidewalks, more
time at traffic lights, etc.) and more abstract.

Moreover, these outputs (as reviewed in the literature review) are products that are achieved or developed through aging-friendliness work that contribute to sustained attempts at aging friendliness, and include perceptions of: 1) individual capability to age in place, 2) overall aging-friendliness, and 3) engagement/inclusion in community activities. These outputs also directly informed the process of the intergeneration discussion groups in that they focus on the balance between sense of place and belonging, expose persons to intergenerational exchange, and empower and promote the development of assets and capabilities in terms of policy and programmatic development. These outputs provide a consistent structure for which aging-friendly initiatives can structure their work around common goals.

OVERVIEW OF THE DISSERTATION

This dissertation follows a traditional five-chapter format, which is – according to Lyons and Doueck (2010) – the most feasible and appropriate. The literature review in Chapter 2 focuses on the utility of intergenerational planning, engagement and focus groups in community building, and, consequently, aging-friendliness work. Additionally, the concept of a social contract is explored, along with the theoretical influences of the conceptualization of this dissertation (veil of ignorance, wide reflective equilibrium and intergenerational equity), particularly in terms of the intergenerational discussion groups.
In Chapter 3, the methodology and exploratory design employed to study the potential intervention and its rationale are discussed. Study hypotheses are introduced and variables pertinent to the study operationalized, and the analytic plan described.

In Chapter 4, the results of four analyses that were conducted in relation to the study hypotheses are presented. The data analysis also examined a potential covariate as a bias in terms of a person’s openness to change. In Chapter 5, these results are discussed in relation to the literature and theoretical frameworks previously that informed this study. Chapter 5 also includes limitations of the study, the contribution this study makes in moving aging-friendly scholarship forward, and recommendations for future research.
Chapter 2: A Review of the Literature and Theoretical Frameworks Instrumental in Conceptualizing a Process of Intergenerational Discussion Groups

An extensive review of the literature was conducted to shed light on the ways in which aging-friendliness is conceptualized and planned for, as well as to inform the theoretical lens that further developed research questions. The outcomes of aging-friendliness were explored to inform the questions of interest for this study. This is crucial as the conceptualization of aging-friendly work is of little importance for informing continued work of such initiatives unless there is a level of effective implementation. Thus, it is important to identify aging-friendly work as a tangible process so that analysis can occur. Once this was established, the literature was reviewed regarding the call for implementation of the process of intergenerational discussion groups and its salience as an intervention.

The review of the literature includes that which is not explicitly related to community age-friendly work, but pertinent to similar community initiatives and the theoretical concepts of veil of ignorance, wide reflective equilibrium, and intergenerational equity. In this review of the literature, the scholarship is organized according to the micro, mezzo, and macro-level outputs of: 1) Sense of Place/Belonging as Community Identity (micro-intrapersonal), 2) Intergenerational Equity (mezzo-interpersonal), and 3) Asset Development (macro-institutional and societal). Additionally, each piece is connected to the theoretical constructs presented in Chapter 3.

Recent scholarship has explored efforts at identifying issues and working toward age-friendly goals in an intergenerational context. Buffel and Phillipson (2017) argued
that a great deal of progress toward age-friendly efforts was lost when members of other age cohorts (in their case, older adults) were not included in age-friendly planning. Bramlett (2017) furthers this conversation in that members of age cohorts or generations run the risk of becoming more siloed— or narrow-minded—in their beliefs or approaches to community when they are restricted to concentrations of their peers during planning. Rather, allowing for a more intergenerational approach to planning allows for all members of the community— regardless of age— to stay involved in their communities’ activities and decision-making processes (Levasseur, et al., 2017).

It should also be noted that all of the themes or outputs discussed and reviewed in the literature are examined in the frame of promoting long-term aging in place, as is prescribed in much of the literature. At the crux of aging-friendly initiatives, aging in place is the long-term goal or ideal of such work (AARP, 2014; Fitzgerald & Caro, 2014; WHO, 2007). Although its meaning varies depending upon the context in which “age in place” is discussed, it is (in the context of Age-Friendly and Livable Communities) important that communities promote policies, practices, and environments in which a person could age in place (in their community) for as long as they choose. (AARP, 2014; WHO, 2007). Thus, age-friendly and livable work is focused on the ability to age in place more than it is the action of aging in place because the latter can be influenced by constraints or conditions external to the communities themselves (e.g., moving to where the grandchildren are) (AARP, 2014, WHO, 2007). Therefore, the outputs discussed should be thought of as promoting long-term aging in place for those who wish to do so.

According to Levasseur and colleagues (2017), “aging in place” should be a notion in which persons should be able to enjoy safety, maintain health, and have the
ability to stay involved in their community. The focus is on the capacity to age in place, not the action of doing so (Levasseur, et al., 2017). Thus, aging in place should not be seen as an end result – either one did or did not – but whether one was able or had the option to do so. In some cases, remaining in a specific place – wherever that may be – may not be supportive of the person in aging well. Often times, persons will choose to age in place (or not) based on the opportunities for social connectivity they perceive and may wish to seek out. Whether or not social connectivity is important to the person may also influence his or her choice to “age in place” (Menec, 2017). This idea is consistent with the of Fellin (2001); person’s idea of aging in place should rest in his or her own perceptions, as well as the value he or she attributes to aging in place. Additionally, it is up to each individual to determine what that place may be (i.e., their home, their neighborhood, in an institution, etc.). While it is not important if the person actually remains in one place, it is important (for the purposes of this study) that the person perceived the ability to age in the place that they deem important. These ideas provide support for an intervention that allows participants a voice and acknowledges their wishes and input in planning.

BACKGROUND ON AGING-FRIENDLINESS WORK

Terms referencing work in this area are not consistent as they have evolved as the work has progressed. Predominant in research and literature about aging well is the concept of Aging-friendliness, or preceding terms of Age-Friendly/Livable Communities. Table 1 depicts an overview of prominent contributions referring to such work as “aging-friendly,” so as to maintain the target and purpose of age, while framing aging as a
process – for all those who are aging (Castle, et al., 2009; Lehning, 2010; Lehning, et al., 2009; Scharlach, 2009, 2012, 2017). For the purposes of this dissertation, “aging-friendly/aging-friendliness” will be used to refer to such work.

Table 2.1

<table>
<thead>
<tr>
<th>Researcher(s)</th>
<th>Year</th>
<th>Implications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Castle, et al</td>
<td>2009</td>
<td>Innovation is necessary in planning for long-term care; planning ahead crucial</td>
</tr>
<tr>
<td>Lehning, et al</td>
<td>2009</td>
<td>Aging-friendly communities result of dispersion of information among and between communities</td>
</tr>
<tr>
<td>Scharlach</td>
<td>2009</td>
<td>Promotes physical and social community supports for well-being throughout the life cycle</td>
</tr>
<tr>
<td>Lehning</td>
<td>2010</td>
<td>Policy is crucial for promoting aging-friendly communities; consideration for all ages</td>
</tr>
<tr>
<td>Scharlach</td>
<td>2012</td>
<td>Need to get away from age-restrictive language to age-integrative language</td>
</tr>
<tr>
<td>Scharlach</td>
<td>2017</td>
<td>Moving toward aging-friendly to show a process</td>
</tr>
</tbody>
</table>

The World Health Organization (WHO, 2007) developed a model for Age-Friendly communities that describes how to make communities more livable for persons of all ages to successfully age in place (Fitzgerald & Caro, 2014). The term “Livable” (meaning livable for all ages) was added to the framework when the American Association of Retired Persons (AARP) entered into a collaboration with WHO to work toward building an Age-Friendly network (AARP, 2014). Such a collaboration was a natural fit as AARP had considerably more resources in terms of communication, engagement, and outreach for the promotion of such an initiative (Fitzgerald & Caro, 2014; Spreitzer-Berent, 2012).

Work completed under the framework of age-friendly and livable communities stems from the theoretical underpinnings of aging-friendliness. The theory of aging-friendliness surfaced in the literature in a response to the frameworks of successful aging,
where scholars aimed to combat a notion of inevitable decline with opportunities for activity and productive engagement (Alley, Liebig, Pynoos, Banerjee, & Choi, 2007; Fried, Freedman, Endres, & Waskik, 1997). Later contributors in the development of aging-friendliness were successful in framing the theory as one that was a more communal and strengths-based view of aging (Scharlach, 2009; Shenfil, 2009).

Although aging-friendliness is the theoretical influence for work in this area, additional discussion of other theories that helped to shape this study will more comprehensively describe its theoretical lens.

**Development and Outcomes of Aging-Friendly Initiatives**

There are several characteristics or elements that should be in place during any efforts that operationalize aging-friendliness initiatives. First, it is important to enable community planning, collaboration, and advocacy to promote aging-in-place (Alley, Pynoos, Banerjee, & Choi, 2007; Castle, Ferguson, & Schulz, 2009; Scharlach, 2009). Alley and colleagues (2007) argue that it is important to “actively involve, value, and support older adults, both active and frail, with infrastructure and services that effectively accommodate their changing needs” (p. 1). As Shenfil (2009) contributed, an aging-friendly community is one in which senior involvement is valued and information and services are easily accessed. Finally, Lehning and colleagues (2010) emphasized the collaboration of various community stakeholders—such as academics, community members, advocacy groups, grassroots organizations, and local governments— for a multi-perspective approach in community planning.

Although writings in Age-Friendliness have largely emphasized how to age well, they have also highlighted a more communal and strengths-based conceptualization of
Aging-friendliness looks at how communities enable and promote the optimal (successful) progression of their citizens through life transitions. As research has evolved, it has become more important to view this work through an intergenerational lens, as a community that is aging-friendly should look at aging as a process, rather than a group of people. Aging-friendly initiatives work to make communities a place where people can age successfully (Scharlach & Lehning, 2013; Shenfil, 2009). It is important under the model of age-friendliness to utilize community planning, collaboration, and advocacy to promote age-in-place (Alley, et al., 2007; Castle, Ferguson, & Schulz, 2009; Scharlach, 2009; Scharlach, 2012)—the idea of ‘aging well’ could be thought of as more of a process than a state (Castle et al., 2009; Shenfil, 2009; Tang & Lee, 2011). Instead of approaching aging from a place of superiority and arrogance, scholars were able to view aging well as a more shared process of mutual determination. This allows for more autonomy and consent in the aging process and how one participates in it (Fried, et al., 1997; Klinefelter, 1984; Sullivan & Fisher, 1994).

Development from Age-Friendly and Livable Communities Work

Aging-friendliness (as a scholarly tradition) is applicable to the Age-Friendly and Livable Communities work. Scharlach (2009) argued for less emphasis on ideals and more emphasis on concrete constructs and subsequent conceptualizations. He also argued that a one-size-fits-all model or policy for Age-Friendliness will not work, as all communities differ substantially and should have the freedom to determine and develop their own livability. Subsequently, the model of Age-Friendly and Livable Communities is not an implemented policy, but rather a policy initiative or proto-policy—meaning that such models are not part of legislation but serve as mechanisms by which communities
may organize, develop, and implement policies. Such a model is more of a philosophy by which communities can develop policies and programs geared toward fostering and developing their own levels of livability and aging-in-place.

Aging-friendliness work has been consistent in conceptualizing core domain areas of community (see figure below).

**Figure 2.1**
*Core Domains of Focus for Aging-Friendly Communities Work*


Following the collaboration of AARP and WHO on Age-Friendly and Livable Communities, a formal definition of such communities that incorporated the eight-domain focus was developed:

A[n age-friendly or livable] community is one that is safe and secure, has affordable and appropriate diverse housing and transportation options, and supportive community features and services. Once in place, these resources enhance personal independence, allow residents to age in place, and foster residents’ engagement in the community’s civic, economic, and social life. (AARP, 2014, paragraphs 1-2)
An Age-Friendly or Livable Community is an achieved status that is renewed through continued efforts at sustaining livability for all ages and optimizing longer-term age-in-place (AARP, 2014; Harrell, Lynott, & Guzman, 2014; WHO, 2007). Using the model of eight core domains, communities would work to develop policies and programming in each domain to improve the holistic quality of life for all persons. There are eight domains in this model, but only the core domains of 1) Housing, 2) Transportation, 3) Respect and Social Inclusion, 4) Civic Participation and Employment, and 5) Communication and Information will be used in this study. The World Health Organization (2007) categorizes the domains of Housing and Transportation into the Built Environment (that which is physically constructed), while Civic Participation and Employment, Respect and Social Inclusion, and Communication and Information are categorized as the Social Environment.

CONCEPTUALIZATION OF VARIABLES

There are three sets of variables that are important to this study, which are outlined as micro-, mezzo-, and macro- according to the nature of their scope. First, a person’s own perception of his or her capability to age in place is viewed as a micro-level variable and is seen in the context of the person’s individual view of how the quality of individual domains of aging-friendliness allow for them to age in place. Second, a person’s perception of his or her ability to engage and participate in community activities and decision-making is seen as a mezzo-level variable, and stems from a person’s ability to understand and have empathy for others in community planning efforts. Finally, a person’s view of his or her community’s overall aging-friendliness is a macro-level
variable, and reflects the level at which the community planning represents and gives benefit to all who are aging in the community.

Micro-Level Perceptions of Capability to Age in Place

Through the micro-lens, sense of place and belonging (as they pertain to community identity) are informed in the literature as outputs in determining long-term livability and aging in place. Through the output of place and belonging, persons are able to identify with their community on a number of levels (Alley, Liebig, Pynoos, Bannerjee, & Choi, 2007; Nau, Patterson, & Anderson, 2013). Sense of place is indicative of a connection to a geographic location, whereas sense of belonging is more of a sense of being needed or feeling engaged in the community. At the intrapersonal level, sense of place and sense of belonging are crucial for buy-in to aging-friendliness work (Norstrand, et al., 2012).

In reference to the theories discussed later in this chapter, the freedom or ability to age in place is very dependent upon the capabilities or assets an individual has to do so (AARP, 2014; Bradley & Fitzgerald, 2013; Fitzgerald & Caro, 2014; Scharlach, 2009; WHO, 2007). These capabilities can be strengthened by developing and emphasizing the personhood of individuals in the community – those intrapersonal components of sense of place and sense of belonging. Thus, a person’s individual capabilities are enhanced through having the freedom to identify their own idea of aging in place, preservation of such meanings, and perceptions of improved capacity to do so.

According to Fellin (2001) a person who identifies with a Community of Interest or Identity often has the ability to age in place, but his or her commitment to doing so (at least the level of geographic location) may fluctuate as long as they can keep their social
engagement in interest or identity intact (Campbell, 2014; Glass, 2013; Ross, 2016). For example, one may be able to age in place, but may choose to move to be closer to children or grandchildren. Alternatively, one may be able to age in place, but a desire to age somewhere else does not necessarily preclude him or her from identities or interests that are held as important. Thus, while it may not be important (or feasible) to remain in “a place,” if artifacts embedded in the culture shape and define a person’s community, then the ability to age in place (regardless if they actually make the conscious choice to do so) may become more vital to fostering the person’s individual capabilities (Fellin, 2001; Sen, 2001; Scharlach & Lehning, 2015).

**Mezzo-Level Perceptions Engagement in Community Activities**

A sense of place has been viewed in the literature as combatting threats to active aging, such as isolation and disengagement. At the physical level (when thinking of place), those who have a greater sense of place or geographic commitment are less likely to feel isolated in their communities (Bradley & Fitzgerald, 2013; Scharlach, 2009). Although this cannot speak fully to individuals who may have less opportunities for interaction and socialization (such as in rural locations where social interactions may be few and far between), a sense of place can still serve as a protective factor from the feelings of isolation and loneliness – specifically when their connectedness is viewed within the context of the area, the land, or their home (Barusch, 2013; Bradley & Fitzgerald, 2013; Menec, Means, Keating, Parkhurst, & Eales, 2011; Nau, Patterson, & Anderson, 2013; Norstrad, Glicksman, Lubben, & Kleban, 2012; Parker et al., 2013).

Alternatively, a sense of belonging is more pertinent to how connected, engaged, needed, or involved a person might feel in their community. A sense of belonging helps
a person in many cases to structure their identity – specifically around the groups or communities with which they may choose to identify (Fellin, 2001). A person who feels a sense of belonging will feel more comfortable participating in their community, such as in Age-Friendly and Livable work (Alley, et al., 2007; Plouffe & Kalache, 2010; Shenfil, 2009). A sense of belonging suggests a mutual exchange between the person and the identity to which they choose to ascribe (i.e., “I am on the Homeowners Association, where I play an important role”). Such feelings of belonging counteract disengagement at the intrapersonal level, as the person can find more purpose and meaningful involvement in his or her community (Menec, 2003; Menec, Means, Keating, Parkhurst, & Eales, 2011).

Two similar and overlapping concepts regarding how living environments should be arranged address the need for accommodations to people at different stages in life development. The two share some features but also differ in important ways which expand upon and complement one another. In this study of community aging, views of the two theories include consideration of the ways in which they meet the goals of key justice theories. The concept of aging-friendliness is one that “supports the efforts of neighborhoods, towns and cities to become great places for people of all ages” (AARP, 2016, para. 1). Aging-friendliness work (in practice) has posed implementation problems due to a lack of clarity of what the concept means and what gains it might bring. In fact, analysis suggests there are three parts to consider with this concept, (1) who would benefit from Age-Friendly Living, (2) exactly what is the benefit to those persons, and (3) does the concept, if implemented, create any undue burdens on any segment of the population?
Macro-Level Perceptions of Aging Friendliness

The macro-level outputs are evaluated in terms of capacity and asset building in communities and persons in order to plan for aging in place. Policy and program development secures the rights of the people and the plans put into motion by those steering age-friendly and livable communities work (Cachadinha, 2012; Neal et al., 2014; Neal, DeLaTorre, & Carder, 2014; Shenfil, 2009). Policy and programmatic development is key to delivering tangible products and thereby escalating age friendly and livable initiatives to a point of sustainability and evaluation readiness. Communities are more likely to be able to present success in their age-friendly work if they can progress and implement changes in social and physical infrastructures (Scharlach, 2012; Scharlach & Lehning, 2013).

The macro-level represents the “bigger picture” of aging-friendliness work, and is associated with end-stage implementation and/or evaluation of such initiatives (AARP, 2014). While it is harder to measure and evaluate the macro-level outputs and their long-term impact immediately following implementation or in early evaluation stages, the process by which such outputs are promoted and assets are developed among the community and its people can be evaluated (AARP, 2014). This process can be seen in the ways through which the micro- and mezzo-level considerations can be theoretically joined to promote intergenerational equity and build capabilities and assets. One way to view this is through the intervention (intergenerational discussion groups), which has been discussed in Chapter 1 and is discussed further in Chapter 3 (Methodology). The process in which participants engage via intergenerational discussion groups can be viewed through the intergenerational component (and subsequent social exchange and
interdependent relationships) and through the development of planning (through policies and programs) via development of capabilities and community/personnel assets. Such a process could be very beneficial to planning for more aging-friendly communities.

As mentioned previously, aging-friendliness work has been connected to community quality of life and well-being, which speaks to an overall interaction between the person (or groups of people) and their community and how the community enables them to age well – and potentially in place (Scharlach, 2009; Scharlach, 2012). Communities that are aging-friendly are ones that enhance capacity of their members to age in place, find more opportunities for activity, and be more engaged in their community and with one another (Fitzgerald & Caro, 2014; Menec, Means, Keating, Parkhurst, & Eales, 2011; Scharlach, 2009; Scharlach, 2012). To that end, quality of life and well-being (at least in the context of the community) should be viewed as indirect-outcomes of aging-friendly initiatives.

**RAWLSIAN THEORY**

The aforementioned questions can be discussed different purviews of justice, such as the frameworks conceived by John Rawls (Rawlsian) and Amartya Sen (capabilities approach). John Rawls (1971) argued for a balance between liberty and equality, while posing principles in which persons could agree to acceptable terms under any hypothetical scenario. Rawls’ work primarily concerned the “who” in a scenario in which justice could be evaluated and optimized. Conversely, Amartya Sen (2001 was more concerned with the “how” or the ways in which one could benefit, and (if applicable) to what extent. Sen’s theoretical approach focused on “just” and “free”
societies as ones that promote and develop the capabilities of persons and the assets of communities. Sen’s capabilities approach is also an explicitly influential framework in much of the asset-based community development literature (Green & Goetting, 2010). While, both theoretical frameworks have utility in conceptualizing the outcomes of aging-friendliness, the proposed intervention (intergenerational discussion groups) is most in line with that of Rawlsian Theory.

The potential intervention of intergenerational discussion groups was informed primarily by Rawlsian theory. A Rawlsian approach to justice is concerned with two defining principles of justice, as well as a hypothetical lens with which the principles must be viewed and terms mutually acceptable (Follesdal & Pogge, 2005; Rawls, 1971). First, “each person is to have an equal right to the most extensive basic liberty compatible with a similar liberty for others” (Rawls, 1971, p. 53). These most basic liberties are not concerned with the goods that one can acquire, but rather the freedom to participate in one’s community and society, with minimal barriers to participation – not associated with one’s acquisition of resources, but rather the opportunity to acquire such resources. The second principle maintains that positions or offices in community and society must be open to everyone, and that although there will be inequalities in social and economic benefits, they must be constructed in such a way that the least-advantaged members of a society benefit (Rawls, 1971).

While the goal of this dissertation is not to test Rawlsian theory, it evaluates a potential intervention that operationalizes some Rawlsian concepts, including: the social contract, freedom, the veil of ignorance, and wide reflective equilibrium. The social contract and ideas of freedom are necessary for understanding the context/environment in
which the potential intervention exists, while the veil of ignorance and wide reflective equilibrium inform the manner in which the process of the potential intervention was designed and delivered.

**The Social Contract**

Key to Rawlsian theory is the concept of the social contract (Rawls, 1971). The notion of the social contract is crucial to the argument of distributive justice, in that, to a reasonable extent, any person would be able to participate in the social contract. Thus, the freedom to participate in the social contract would not be limited to any characteristics of the person (i.e., race, ethnicity, gender, socioeconomic status), but rather the equal chance by which persons would be selected. Additionally, Rawlsian theory is not concerned with the person’s actual participation in the social contract (e.g., whether or not they [chose] to participate), but rather if there were any barriers to participation. As long as each person, regardless of “defining” characteristics, is able to participate in the social contract, then justice can be optimized (Rawls, 1971).

The question that remains from Rawlsian stipulations is identifying the least-advantaged person – who is the least advantaged in a proto-policy, or policy initiative in which the only variable of interest is that of age? In an initiative such as one that promotes aging-friendliness, community living is optimized for persons of all ages if one age group or category is not to benefit more than another or at the expense of another (AARP, 2014; WHO, 2007). For example, several authors purport that aging-friendly initiatives struggle when they focus too heavily on one age group over another (Kaplan, Sanchez, & Bradley, 2015; Lehning, Scharlach, & Wolf, 2012; Neal & Wernher, 2014; Plouffe & Kalache, 2010; Vliet, 2011).
Freedom and Participation

The idea of “freedom” is also important when considering a Rawlsian lens of justice. Freedoms are indicators of justice, while resulting from one’s participation or membership in various institutions. According to Rawls (1971), justice does not occur when a greater good of freedom is gained at the expense of or loss of freedom of another. Thus, a justice-as-freedom model would suggest that something is just when the freedom of one is enabled without the loss of freedom or the infringement of freedom of another (Rawls, 1971). Considering this, an age-friendly community exists when the freedom of one age (or group based on age) whilst considering the freedom of other ages – and avoiding loss or infringement of such freedom. Thus, it is acceptable for one group (or generation) to benefit, as long as it is not at the expense of another group.

A notion of the least advantaged may also find some credence in the idea of “intergenerational warfare,” which explains how the generations are often in competition with one another over resources, recognition, and decision-making (North & Fiske, 2016; Segal, 2015). At face value, many of the policies and programs that are to the benefit of one generation may be seen as a detriment to another generation. Alternatively, recognition and decision-making are also characterized as resources (aside from the more obvious, monetary ones) – particularly in terms of the competition for such concepts (Bristow, 2015).

When in competition with one another, the generations attempt to label and ostracize one another in an effort to optimize their chances at securing resources. This may take place in popular discourse, such as labeling the “baby boomers,” the “millennials,” or the “gen Xers” – all of which have some negative meanings for the...
person whom are encapsulated within them. Further, the “Silver Tsunami” has been used to characterize the rapid demographic shift in this country, where there will be a greater number of older persons than younger persons. The term “tsunami” implies a disaster brought on by a generation (Smith & Turner, 2015; Stewart, Oliver, Cravens & Oishi, 2016).

Veil of Ignorance

Rawls expanded upon the social contract through a hypothetical mechanism for conceiving justice, known as the original position. In the concept of the original position, Rawls (1971) claims that all people should decide the principles of justice, liberty, and equality from behind a “veil of ignorance.” The veil of ignorance is a device that hypothetically blinds all people to any and all facts about themselves:

“No one knows his place in society, his class position or social status, nor does anyone know his fortune in the distribution of natural assets and abilities, his intelligence, strength, and the like. [The] parties do not know their conceptions of the good or their special psychological propensities. The principles of justice are chosen behind a veil of ignorance.” (Rawls, 1971, p. 1)

While using the veil of ignorance and casting aside details of oneself, Rawls claims that principles and policies would be developed that are deemed as fair to all. While one is unsure about who they would be in the scenario, they may still assume that they would be affected by the outcome of such principles (Rawls, 1971). Applying this concept to the planning for an aging-friendly community would mean that, to gather data, one would bring together persons of diverse age groups (or generations) to participate in community planning. In this community planning, the “justice” scenario would task the persons with comparing the implications for such planning among the ages, and whether such
implications and terms would be acceptable for the persons regardless of their age and the age of those for whom the planning exists.

A criticism of the veil of ignorance is that it is a hypothetical device for defining justice. There is minimal scholarship that has applied the concept of the original position and the veil of ignorance. However, work toward Intergenerational Equity provides an opportunity to apply the original position to promoting justice, liberty, and equality among competing generations (Macnicol, 2015; Bidadanure, 2016). Although it may not be completely plausible to ignore the facts of oneself in aging-friendly planning, the hypothetical ignorance could be appreciated in another fashion. In intergenerational discussion groups, persons of competing generations charged with contracting principles of justice would have to assume that they will progress through chronological, sequential life and age stages. Intergenerational Equity, a concept that is both Rawlsian in nature and influenced/inspired by Rawls, also requires a Rawlsian approach to conceiving justice (via the original position and veil of ignorance) in order for different generations to set aside competing to assert their own needs and instead act and plan in a manner that lifts the intergenerational community in their liberties and equality. The concept of an intergenerational discussion group helps to create an environment in which such benefits can be actualized.

**Wide Reflective Equilibrium**

It is important to note that there will be fundamental differences between the people who participate in the discussion groups, which may or may not be due to age. As discussed in the literature review, intergenerational discussion groups were successful in times when they were able to build consensus. Consensus refers to the level at which
people can agree and work with one another, but that does not mean compromising one’s own beliefs or identity. Rawls (1971) writes about overlapping consensus in his approach to promoting collective work in communities and examining the social contract and exchange. Overlapping consensus can occur despite considerable differences in opinion and ideology. Rather, members of these groups may be empowered to reach consensus and find agreement without losing sight of – nor being impeded by – important differences. The moments in which there is agreement is what is then referred to as consensus (Rawls, 1971; Rawls, 1993).

Wide reflective equilibrium should result from the process of intergenerational discussion groups – particularly in terms of how consensus is maintained. Wide reflective equilibrium is a product by which overlapping consensus is achieved via coherence or balance, and a process by which people are intentional in making mutual changes (or compromise) among principles/judgments that guide their lives. When thinking of overlapping consensus, the persons involved in the social contract must perceive that the end result is cohesive with their own views of morality or justice (Rawls, 1971).

Wide reflective equilibrium corrects for initial judgments that are the product of bias, historical context, and/or ideology. This process challenges (reminiscent of a veil of ignorance) people to reflect on all of the conditions in which they might conform, as well as the conditions in which others might be persuaded to conform, when thinking about how they might agree to terms, norms, or reach consensus in a group. To that end, wide reflective equilibrium emerges when a justice as fairness model is adapted, rather than one of utilitarianism (Rawls, 1971; Rawls, 1993).
INTERGENERATIONAL EQUITY

Intergenerational equity (i.e., through communication, social exchange, etc.) should be evaluated as a means for achieving aging-friendliness, and also used to inform the way in which intergenerational discussion groups should be developed as an intervention. Through the output of intergenerational equity, persons are able to view other generations as collaborators, rather than through an “us versus them” framework for the competition of resources. Fraser and Honneth (2003) argue that in order for such collaborations to occur, one person or group must be able to ‘recognize’ the other person(s) or group(s) as separate and unique and each generation needs to feel valued by the others, see value in other generations and advocate for liberties and equalities of all, irrespective of age—elements reflected in the concept of intergenerational equity (Kennedy, 2010; Macnicol, 2015; Oakes & Sheehan, 2014).

Intergenerational equity follows the micro-level products of sense of belonging/place, necessitating, gauging and instilling a sense of belonging/place before moving on to this next level. In order to foster an environment in which persons can promote intergenerational planning in their community, it is first important that they understand their place and role(s) in the community (Biggs & Carr, 2015; Krassioukova-Enns & Ringaert, 2012; Shenfil, 2009).

Intergenerational equity promotes active aging and opportunities for social participation, engagement, dignity, self-fulfillment, and self-determination (Aurand, Miles, & Usher, 2014; Davitt, Madigan, Rantz & Skemp, 2016; Milner & Milner, 2016). Intergenerational equity promotes opportunities for understanding and empathy among community members, which can assist in intergenerational exchange (Biggs & Carr,
2015; Oakes & Sheehan, 2014; Shenfil, 2009; Vliet, 2011). These elements are essential to encourage multi-generational work across households, neighborhoods, organizations, and communities, which in turn helps to build a community that is friendly for all persons to age in place and be active in their community (Kaplan, Sanchez, & Bradley, 2015; Leslie & Makela, 2008).

Intergenerational equity is also reliant upon social connectivity and civic participation. Social connectivity enables persons to feel more comfortable interacting with others in the community, referring back to feeling like one has a place or identity in the community (Alley et al., 2007; Smith et al., 2013). The more connected persons feel to their community (in terms of place and identity), the more connected they will feel to persons within the community and vice versa (Menec et al., 2011; Smith et al., 2013). Civic participation requires that attitudes be countered and challenged regarding the legacy of contributions and potential participation among the generations (Barusch, 2013; Black & Dobbs, 2008; Bookman, 2008; Davitt et al., 2016). Once this is accomplished, and persons can establish and develop their roles within the community in terms of civic and social engagement, personal capabilities and empowerment can be enhanced (John & Gunter, 2015). It is important that persons of all ages are actively involved, valued, and supported with meaningful spaces and activities for productive engagement, rather than experience siloed efforts that segregate community planning and parcel subsequent benefits.

Intergenerational Equity is achieved when these competing generations are afforded liberty and equality. Although the term of intergenerational equity may be “new,” what it assumes is something that has been integral in human history – propelling
issues due to age as a means of generational warfare (Macnicol, 2015). The question of determining the least-advantaged must be answered in the context of the community, and the environment to which liberties and equality are afforded to persons regardless of age (Oakes & Sheehan, 2014; Rawls, 1971).

At the same time, there really are differences among and between the generations. Numerous examples are illustrated in both the academic literature and in popular culture. Rather than relating to one another via a cohesive or intergenerational approach, generations of people are often pitted against one another in what the Washington Post (2015) coins as Generational Warfare. Generations of people (and the people within these cohorts) often find themselves in competition with one another for power, decision making, and inclusion at a variety of community fronts. Alternatively, such processes as those illustrated in intergenerational discussion groups can allow for empathy building, perceptions of increased capacity, and reduction of stereotypes and bias of those who are different (in this case, based on age) from one another (Carnesi, et al., 2014; Cook & Hoffman, 2012; Khan & Scott, 2009).

INTERGENERATIONAL DISCUSSION GROUPS

Intergenerational, or age-diverse groups, represent a novel approach or focus in this area of study as they have primarily been used in family studies work. The themes of value or “take-away” points from previous works employing intergenerational discussion groups include but are not limited to: respect among ages and a checks and balances, understanding of mutual benefit, and communal and collective identity. First, intergenerational discussion groups are helpful in instilling a respect for differing age
groups. Kaplan, Kiernan, and James (2006) explored the value of intergenerational discussion groups among and within family units, primarily pertaining to health practices. Although their groups were larger than is typical (4-8 families per group), Kaplan and colleagues (2006) found that the intergenerational approach allowed persons on respective sides of the generational gap to appreciate and understand (or gain empathy) for the experience of those within other generational categories. Cabrera and colleagues (2015) found that the intergenerational approach allowed families to better understand the experience of one another, specifically when working toward similar goals. Further, Edlefsen and colleagues (2008) found that the intergenerational discussion groups, when studying family health planning, allowed for families to plan for health in a way that was both mutually agreed-upon and beneficial among the ages.

Intergenerational discussion groups promote an environment in which persons can understand and identify the mutual benefit of bringing persons of all ages to the table in decision-making and planning. Carnesi and colleagues (2014) found that groups in which leadership is more multigenerational will garner the respect and following of persons in the planning, implementation, and long-lasting impact of social innovation and social change. Khan and Scott (2009) found that, even within professions or more siloed areas of interest/expertise, intergenerational discussion groups can shed light on unique experiences of the young, old, and middle-aged in terms of practices that may have grown, changed, or have been misinterpreted or mistranslated across the generations. These findings provide support for the use of this method in relation to ingraining a sense of well-being, life satisfaction, and productive engagement in community planning in relation to age-friendliness.
Intergenerational discussion groups have provided insight in shaping how persons view and develop what is meant by community. Communities may be characterized or influenced by age, but need not be defined by it (Siebler, 2016). Rather, intergenerational discussion groups are mechanisms by which views of community may be strengthened and qualified, where persons identify as a community regardless of age, and in a way that benefits all ages (Bathum, 2007). Collective identities should move beyond age constrictions and into a lens by which persons view their community for how it works for all persons (Bathum, 2007; Khan & Scott, 2009). Subsequently, people will feel more like they belong in the community, connected to its people, and committed to improve and enhance community life (Cook & Hoffman, 2012).

Finally, consensus-building is key to success and productivity in intergenerational or age-diverse groups. This approach to discussion groups allows for the needs, across generations, to be recognized (Kaczynski & Sharratt, 2010). Intergenerational, age-diverse groups have been effective when they are able to reach consensus, despite their differences (Khan & Scott, 2009; Siebler, 2016). Alternatively, such groups have experienced barriers to productivity and success when the people within them become stymied by differences due to age. Subsequently, the work of such groups is less well-received when it is framed in way that favors one generation over others (Bathum, 2007; Siebler, 2016).

While, the usefulness of intergenerational discussion groups is supported in the literature, there is little to no information or mention of its effectiveness in altering perceptions of participants. Similarly, these groups have not been used in the literature as an intervention in building aging-friendliness. This study explores the effectiveness of
such a process, and explores its utility as a potential intervention in changing perceptions about capability to age in place.

RESEARCH QUESTIONS

The purpose of this dissertation is to examine the following quantitative research questions, which have been developed within the context of intended outcomes of aging-friendliness work in the community.

Quantitative Research Questions

First, how do persons who participate in discussion groups focused on their community’s Physical and Social Environment change in their perception of a person’s capability to age in place? This question explored how the process of intergenerational discussion groups itself informs participants’ perceptions of specific areas (or core domains of a livable or age-friendly community). Reflecting back on the core domains of aging-friendliness, this breaks the domains into two groups (the built environment: transportation and housing; and social environment: social inclusion, communication, and employment) as recommended by the World Health Organization and AARP for their congruence with one another. Given the theory pertaining to the development of capabilities and the subsequent literature, these domain scores would be increased, contingent upon participants feeling as if they could have a hand in the improvement of such domains.

Second, to what extent do persons who participate in these intergenerational discussion groups change in their perception of justice pertaining to their overall capability to age in place? Rawlsian theory (1971) offers that, in terms of quality of life,
persons who are engaged in the social contract will have a higher quality of life if they knowingly felt they were able to participate in the social contract and in the planning of their community. A reflection on Rawlsian Theory suggests there could be congruence, but it would not be required, given a situation in which engagement and opportunity for participation are increased, but specific conditions are not improved.

Third, in what ways do persons who participate in these intergenerational discussion groups change in their perception of their ability to engage in and participate in community activities (i.e., decision making)? As the literature review displayed, persons who feel heard or included would have knowingly been included in the social contract. Engagement would be one way of measuring such participation in the social contract, both at the mezzo level and in their community at-large.

SUMMARY

In this chapter, the literature presented has informed the research questions and their place in understanding aging-friendliness work, as well as micro, mezzo, and macro-level outputs and considerations. The research supports a focus in which both the micro-level sense of place/belonging and the mezzo-level intergenerational equity may be infused for capacity-building of community members. Subsequently, the literature suggests that the combination of both levels of outputs would optimize an enhanced perception of capacity to age in place among community dwellers. The research questions developed from the theoretical and literature review were also introduced in this chapter.
Chapter 3: Methodology and Evaluation of Intergenerational Discussion Groups

OVERVIEW OF POTENTIAL INTERVENTION AND THEORETICAL SCOPE

This pilot study involves the evaluation of a planning initiative process as an intervention with the potential to change attitudes for participants discussing relevant issues in their community. As mentioned in the review of the literature (Chapter 2), intergenerational discussion groups have been supported as useful in the development of empathy, networking, and altering perceptions and bias; however, such a process has not been evaluated as an intervention. The focus of the potential intervention is on the process and discussion among and between the participants in the intergenerational discussion groups, and the extent to which discussion groups could change their perceptions about capacity to age in place, generally; more specifically, this study investigates pre-post changes in participants’ ratings of the overall aging-friendliness of their community, their ability to engage and be involved in the community, and changes in perceptions regarding the community’s physical and social environment. Participants in individual groups were able to share their work among the larger group in a manner such that changes in their perceptions were not limited to that of their assigned focus (i.e., if someone was assigned to Housing, they could still be involved in discussion pertinent to overall aging-friendliness – and the other domains – in the larger group discussion).

The process of intergenerational discussion groups stem from Rawlsian Theory and Intergenerational Equity. The concepts of freedom and the social contract represent the conditions or environment necessary for the intergenerational discussion groups to exist. The participants in the discussion groups, engaged with other members, meant that
they would see all of their group members as equal contactors, and that the freedoms they selected could not impose on the freedoms of other members in the group.

The concepts of the veil of ignorance, intergenerational equity, and wide reflective equilibrium were operationalized in the discussion group processes and guidelines throughout the curriculum. The veil of ignorance represented the intentional manner in which members did not know of their own position or standing (relative to the other group members) and could not think of the planning in terms of how only they would benefit. Similar to the veil of ignorance, people were specifically directed not to share outside experiences or roles that might influence undue bias or perceptions (Camerer, 2003; Rawls, 1971). Intergenerational equity took this one step further in that planning that was made in efforts to help someone who was over 55 must also consider the benefits and/or repercussions for one who was under 55, and vice versa. Finally, wide reflective equilibrium represented consensus building – or the way in which adjustments or compromises must be made to reflect the principles and judgements of the group as a whole. This was taken a step further when the individual domain groups came back into one overall group to discuss aging-friendliness – so that these planning discussions could reflect the group as a whole, regardless of one’s participation in a singular discussion group.

RESEARCH DESIGN

As mentioned previously, this exploratory pilot study uses quantitative data that was collected before and after the group discussions. The Livable Lexington survey/needs assessment served as the pretest for this study, and the Livable Lexington
follow-up served as the posttest. At all points in the data collection (pretest assessment, intergenerational discussion group intervention, and follow-up posttest), respondents to the initial Livable Lexington survey were given unique identifier codes that they used during any subsequent participation in the intervention and/or the follow-up survey. Thus, this study focuses on the process of intergenerational discussion groups (grounded in community-based research) and pre- and post-evaluation of the potential intervention on the perceptions of those who participated in them. The discussion groups were not employed as a possible intervention in its original use, but the needs assessment data provided an opportunity to explore the power of the discussion groups to change attitudes about selected aspects of aging in place in Lexington, Kentucky.

**Sampling Frame and Sampling Method**

The sampling frame came from the Livable Lexington survey (which has now been used as the pretest). The Livable Lexington survey ($n = 1047$) was launched in October 2014 as a needs assessment, and was also reported as a descriptive study of those interested in making Lexington more aging-friendly (AARP, 2014; Harrell, Lynott, & Guzman, 2014; Livable Lexington, 2014). Respondents to the pretest were recruited via email, press release, physical mailings, and social media, and they could access the pretest survey via a web address, which was fixed to disallow the submission of multiple surveys from an identical IP (Internet Protocol) address, or identifier. Paper copies of the pretest survey were also available. The majority of responses ($N = 903$) were via an online survey tool (Survey Monkey) and the remaining ($N = 144$) were completed on paper. In preparation for future engagement in the Livable Lexington initiative (e.g., in
the intergenerational discussion groups), respondents were invited to opt in (using information for their preferred contact method).

Following the administration and analysis of the Livable Lexington survey/needs assessment, the Livable Lexington executive committee (including the author) selected five domain areas for further action (based on determined need), which include: Housing, Transportation, Social Inclusion, Employment, and Communication. Four of these domain areas (Housing, Transportation, Communication, and Employment) were selected due to scores indicating a high level of need across the domain scales.

Although the domain of Social Inclusion was included for a total of 5 discussion groups, it is not examined in this study. This domain was not selected due to the executive committee’s concern with the poor operationalization of the concept in the needs assessment scale. While Social Inclusion score determined a low need for improvement, the items were not felt to truly capture the concept. Rather, the quantitative items focused almost solely on opportunities, affordability and convenience of leisure activities.

Survey respondents who opted in for future participation (N = 715) were pooled into a group to serve as the sampling frame. From this pool of potential participants, age was determined as the sorting criteria for sampling, so that each potential discussion group would have an equal number of participants who were under and over 55 years old. Additionally, the Livable Lexington executive committee wanted eight people to participate in each group. The sampling frame was divided into those over 55 and under 55, and randomly 20 people were randomly selected from each group, creating a total sample of 40 participants that were invited. All 40 original invitations were accepted,
and the participants were sorted into domain groups so that each group would have an
equal balance of participants from those under 55 and over 55 (i.e., Housing would have
four people over 55 and four people under 55). Participants were assured confidentiality
for their participation in the discussion groups, and any collected information that might
link an idea or a plan to an individual or group was de-identified. All sessions were audio
recorded, with permission of the participants, for quality assurance.

Finally, all those who participated in the intergenerational discussion groups \((N = 40)\) responded to the posttest evaluation. Participants in the intergenerational discussion
groups were given a selection ID, which could then link their pre- and posttest scores.
For the purposes of this dissertation research, only the pre- and posttest responses of the
participants in the potential intervention are included in analysis, as the goal is to evaluate
their changes in perception pre- and post-intervention.

**Instrumentation & Data Collection**

The Livable Lexington survey instrument, which was initially used as a needs
assessment, became the pretest for this exploratory study. The pretest instrument for the
Livable Lexington survey was a 55-item instrument modified from the standard needs
assessment template provided by AARP (Harrell, Lynott, & Guzman, 2014). See
Appendix A.

The posttest (originally called the Livable Lexington follow-up survey)
instrument featured a shorter, 20-item survey which was aimed at evaluating only a few
important concepts that the Livable Lexington initiative identified as targets or potential
outcomes of their work (and can be seen as the highlighted items in Appendix A). The
posttest was used for the purposes of this exploratory study to analyze the effects of the
intervention on the participants’ perception of change in 1) their own capability to age in place (in both the built and social environment), 2) overall aging-friendliness of their community, and 3) their ability to engage and participate in community activities. All those who participated in the intergenerational discussion groups (N = 40) responded. While this posttest was also shared with the larger sampling frame, only those who participated in the intervention will be included in the analysis.

Curriculum and Process of the Intergenerational Discussion Groups

The discussion groups began meeting in May 2015 and concluded in June 2015. There were four meetings of the discussion groups, and each domain group had two facilitators. In order to be as objective as possible in relation to the domain groups, the author removed himself from individual group facilitation and hired student facilitators for each domain group. Students were vetted and filtered based on their experience and understanding of working in groups and research methods (measured by their performance in courses or experiential learning pertaining to such topics), and were paired with a member of the Livable Lexington executive committee. All facilitators were trained on the model, discussion groups and community based research methodology, their specific roles and boundaries, and the protocol for keeping the groups consistent.

The intergenerational discussion groups maintained a process that focused on affording age-diverse pockets of the Lexington community more active contributors in making their community more livable for all ages, while giving nod to the intergenerational and capacity-building focus. This pilot study used a discussion group/cohort model grounded in community-based research. The goal of the original
project was to learn if the discussion groups promoted an environment in which persons could develop assets, programs, and policy change while in the intergenerational environment. The current study investigated whether participants’ perceptions of their capacity to age in place, overall community quality of life, and their capacity for engaging in community activities and decision-making were changed as a result of participation in the discussion groups.

Participants in the intergenerational discussion groups agreed to a four-session intensive process that would immerse them in intergenerational and capacity-building education. Appendix B details each session agenda. The curriculum of the training session (all materials can be found in Appendix C) included four key educational components: 1) intro to Age-Friendly and Livable Communities as well as Livable Lexington, 2) Group dynamics, 3) Intergenerational Communication and Exchange, and 4) Policy and Program development. Consent was obtained following this training and informational session, since no data had yet been collected from the participants and so that they could feel comfortable dropping out of further sessions if they no longer wished to participate.

Following the training and informational session, the participants were asked to give consent (consent form in Appendix D) to participate in the intergenerational discussion groups, to which all who were selected and trained (N = 40) continued. Sessions 2 and 3 consisted only of participant-led discussion around age-friendly planning around their selected domains. Facilitators were given lead-off questions (Appendix E) to spark conversation, but these questions did not have to be answered, and the discussion could deviate from these topics altogether, consistent with a World Café
process (Burke & Sheldon, 2010). Consistent with Rawls’ (1971) concept of the veil of ignorance and wide reflective equilibrium, participants were not informed of one another’s roles (in the community, external to the project) — and were encouraged not to disclose of their own—so as to control for any power dynamics or other confounds that might offset the balance that exists outside of age. Thus, if participants felt as if they were equally able to participate in the intergenerational groups, a certain degree of consensus and reflective equilibrium should be expected to occur (Rawls, 1971; Rawls, 1993).

HYPOTHESES

Four quantitative hypotheses have been conceptualized for this study.

Hypothesis 1A: Participants in discussion groups focused on their community’s Physical Environment will experience improved perceptions of their capability to age in place.

Hypothesis 1B: Participants in discussion groups focused on their community’s Social Environment will experience improved perceptions of their capability to age in place.

In both parts of the first hypothesis, it was predicted that participation in intergenerational discussion groups would result in improvements in participants’ perception of their own ability to age in place – in context of the domains of the Built and Social Environments. The Built Environment is comprised of Housing and Transportation, whereas the Social Environment is made up of Communication, Social Inclusion, and Employment. Participants’ initial domain scores on the Livable Lexington needs assessment survey were compared to those following the intervention.
Hypothesis 1A & B were tested using t-tests to compare the scores of the 40 participants’ pre- and post-participation in the intervention. It was predicted that the t-test would reveal higher average posttest scores (relative to their pretest scores) in the participants.

**Hypothesis 2: Participation in intergenerational discussion groups results in improvements in participants’ perceptions of overall aging-friendliness in their community.**

In the second hypothesis, it was predicted that those who participated in intergenerational discussion groups would also perceive an improvement of overall aging-friendliness in their community. It was hypothesized that this overall score would improve due to the process of the intergenerational discussion groups.

As seen in Hypothesis 1, Hypothesis 2 was analyzed using a t-test to compare the scores of the 40 participants’ pre- and post-participation in the intervention. It was predicted that the t-test would reveal higher scores for overall capability among the participants in the intervention to age in place. Although this could be viewed as repetitive of Hypothesis 1, there are two important points to be made here. First, this variable was not taken from a composite score derived from the different domains and, as such, is a unique item and free-standing variable for measure. For example, even though one’s capacity to aging in place may have been conceived as poor in the context of the Built Environment, the overall ability to age in place may have still been perceived as good. Second, Rawls (1971) argued that quality of life would improve in conditions presented by the intervention (and its explicit curriculum), irrespective of whether specific conditions actually have improved. Thus, this variable is important to this study,
particularly in the case that there is incongruence with the results for Hypothesis 1 and 2. As a cautionary remark, however, the ability to age in place does not simply determine that one will ever want to age in place – or that they should.

**Hypothesis 3: Participation in intergenerational discussion groups will result in improved perception of the ability to engage and participate in community activities.**

In the third hypothesis, it was predicted that those who participated in the intergenerational discussion groups would also feel more engaged and included in their community. This hypothesis was also tested with a t-test utilizing data from both the pre- and posttest instruments, pertaining to “how engaged” a person has felt in their community. Hypothesis 3 was formed and tested in order to possibly help explain the findings of Hypothesis 2, in that feelings of engagement/inclusion should be reflected in one’s overall quality of life/perceived livability.

**OPERATIONALIZATION OF VARIABLES**

Informed by the literature, there are four outcome variables of interest in this study that derived from the AARP instrument and the Livable Lexington initiative. These are the participants’ perceptions about their community relative to their: Built Environment (Physical Environment), the Social Environment, Community Engagement/Inclusion, and Overall Aging-Friendliness.

**The Built Environment**

The Built Environment is composed of two domains, Housing and Transportation, consistent with the WHO (2007) model. Each is a single-item in the pretests and
posttests. For Housing, participants were asked, “What grade would you give Lexington in its ability to housing needs?” For Transportation, participants were asked, “What grade would you give Lexington in its ability to provide quality transportation?”

Participants responded with a grade for each domain where 1 = poor, 2 = fair, 3 = good, 4 = very good, 5 = excellent. Combining both of these items created a surrogate for the community’s physical environment. Since each item contained the same five levels or grades, the possible range of scores for the composite variable became 2 (on the low end) to 10 (on the high end). For example, a respondent who graded the Housing domain with a “1” and the Transportation domain with a “1” would have given Lexington a grade of “poor” as can be seen in the conversion table below (Table 3.1).

<table>
<thead>
<tr>
<th>Score Range</th>
<th>Definition</th>
<th>Pretest N</th>
<th>Posttest N</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-2</td>
<td>Poor</td>
<td>6</td>
<td>14</td>
</tr>
<tr>
<td>3-4</td>
<td>Fair</td>
<td>17</td>
<td>20</td>
</tr>
<tr>
<td>5-6</td>
<td>Good</td>
<td>15</td>
<td>5</td>
</tr>
<tr>
<td>7-8</td>
<td>Very Good</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>9-10</td>
<td>Excellent</td>
<td>2</td>
<td>0</td>
</tr>
</tbody>
</table>

**Table 3.1**

*Values Associated with the Composite Variable Built Environment*

The Social Environment

The Social Environment measure was developed from a composite score for the Employment, Social Inclusion, and Communication domains, consistent with the WHO (2007) model, and based on the same grading scheme (1 = poor, 2 = fair, 3 = good, 4 =
very good, 5 = excellent) as described above. The question to measure perceptions about Employment was, “What grade would you give Lexington in its ability to provide job opportunities?” For Social Inclusion the question was, “What grade would you give for how engaged/included you feel in your community?” For the Communication domain, the question was, “What grade would you give Lexington in its ability to meet Communication and Information needs?”

Following the same scheme as used for the composite variable above, the grades given to each of the three questions expanded the range of scores for this composite variable from 3 to 15 as can be seen below.

The Social Environment measure was developed from a composite score for the Employment, Social Inclusion, and Communication domains, based on the grade (1 = poor, 2 = fair, 3 = good, 4 = very good, 5 = excellent) each participant attributed to each of the domains, respectively. When the three domains for Social Environment were combined, this composite score also had to be re-operationalized to fit a 15-point scoring range. Table 3.2 illustrates the operationalization of the composite score for Social Environment, as well as how intergenerational discussion group participants sorted into each level at the pre- and posttest.

<table>
<thead>
<tr>
<th>Score Range</th>
<th>Definition</th>
<th>Pretest N</th>
<th>Posttest N</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-3</td>
<td>Poor</td>
<td>8</td>
<td>1</td>
</tr>
<tr>
<td>4-6</td>
<td>Fair</td>
<td>10</td>
<td>6</td>
</tr>
<tr>
<td>7-9</td>
<td>Good</td>
<td>13</td>
<td>18</td>
</tr>
<tr>
<td>10-12</td>
<td>Very Good</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td>13-15</td>
<td>Excellent</td>
<td>2</td>
<td>5</td>
</tr>
</tbody>
</table>
Overall Aging-Friendliness

The final outcome variable in this study is the overall aging-friendliness one perceives in his or her community, which is macro in nature. This is an operationalization of Macnicol’s (2015) concept of Intergenerational Equity, in that differing generations should be able to find commonalities with one another, and plan for their community and aging in a way that is beneficial to a person, regardless of their age. Intergenerational equity is indicative of a community that is aging-friendly, in that the community reflects persons who are aging, and of all ages.

The single item variable is operationalized by answers to the participants’ overall perceived livability rating (overall aging-friendliness). This item is also a self-report rating that asks “how would you grade your community as a place for people to live as they age?” Once again, respondents could respond with a grade (1 = poor, 2 = fair, 3 = good, 4 = very good, 5 = excellent), and this was evaluated at both the pre- and posttest.

Engagement/Inclusion in Community Activities

Engagement is operationalized by the respondents’ attribution of grade to the question “What grade would you give for how engaged/included you feel in your community?” Similar to the previous variable, respondents could provide a grade (1 = poor, 2 = fair, 3 = good, 4 = very good, 5 = excellent) representing how engaged or included they felt in their community activities and decision making processes. This was measured on both pre- and posttest evaluations. This variable is an operationalization of Rawls’ (1993) concept of wide reflective equilibrium, in that people should be able to engage in the contracting of community activities pertaining to judgements and principles that guide
their lives. What results, then, should be reflective of adjustments and change (e.g., overlapping consensus) made to reflect the participation of all those involved (Rawls, 1993). One’s ability to engage and participate in community activities is taken as a mezzo-level outcome of aging-friendliness. The ability to participate in community activities and decision making allows for people to be more connected in the community and to one another.

**Ability to Age in Place**

Ability to age in place refers to one’s perception of his or her own ability to remain in his or her geographic area or community as an older adult. This perception will be inferred from participants’ responses to other questions and dimensions and is associated with the more micro-level outcomes of aging-friendliness. This concept is informed by Rawls’ (1971) writing about the veil of ignorance where everyone starts from the original position, and they are the basic players in the social contract. They do not get consumed in how their position will be relative to that of others – only that they must plan in a way that they would agree to – regardless of their position. The perceptions that one has about being able to age in place can be affected by a great number of variable and while there is no specific aging in place variable in this study, this topic as it related to findings in Chapter 4 will be discussed in Chapter 5.

**CONCLUDING METHODOLOGY LIMITATIONS & IMPLICATIONS**

The four stated hypotheses directly align with the conceived outcomes of aging-friendliness planning, particularly in terms of perceptions of capacity to age in place (both at the individual and overall, communal level) and to engage in community
activities and decision-making. Outcomes that are seen more in the long-term, such as policy and programmatic development, were not examined for this study. Rather, the study focused on the process by which persons are able to participate in policy and programmatic development through the intergenerational discussion groups.

The major limitations of this project’s methodology can be quickly summarized as falling in three major areas: representativeness, instrumentation, and its experimental nature. First, the pretest sample \((n = 1047)\) was lacking in representativeness of those who are ethnically diverse, those in lower-socio-economic groups, and those having less education. Gaps noted in the sample also informed strategies for participant recruitment in the future in order to gather a more representational sample.

Second, since this dissertation utilized data collected via an instrument the author did not develop, the dataset was limited to those questions (and the way in which they were asked) that were already established and collected. The author was able to provide feedback on the pretest but the desire to preserve consistency for the items on the pre- and posttests for comparative analysis limited the ability to make major revisions to the instrument.

Finally, this research did not utilize the gold standard, or experimental design, as there was no comparison group. This, however, was done for a number of reasons. Due to the timeline of the Livable Lexington work (and many community initiatives) it would have been detrimental to siphon off any person who had been engaged in the initiative (but not in the discussion groups) to form a comparison group. Given the levels of involvement from the community, Livable Lexington was engaged in many projects, making it unlikely that a group could be formed of people would have no involvement in
any related initiatives over the time of the intervention. The comparison group (those who completed a pretest and could have participated in the discussion groups but did not) was many times large than those involved in group discussion. Further, the nature (and goal) of the intergenerational discussion groups was to take a small sample of the larger community – thus creating a microcosm of the community.

This dissertation studied the role of capacity building and assets developed. Although it did not analyze the role of policies and programs developed as a result of Age-Friendly and Livable Communities work, an overview of the current focal points of the Livable Lexington initiative, which incorporated the policies and programs that have been initiated by community persons, is discussed in Chapter 5. An analysis of the impact and examination of the outcomes of such policies and programs will be more meaningful and feasible once said policies and programs have been in place and have had time to run their course.

The results (presented in Chapter 4) will serve to inform development and discussion to further understand how aging-friendliness may change in a community from involvement in discussion groups.
Chapter 4: Data Analysis and Results

Two sets of analyses were conducted for this exploratory study, including an overview of univariate statistics, as well as pre- and post-evaluation of the potential intervention of intergenerational discussion groups. The univariate statistics explore various demographics of the participants in the intergenerational discussion groups. The bivariate statistics explore the relationship between participation in this process, along with perceptions of capability with regard to: 1) societal aging in place (from both the perspective of the Built and Social environment), 2) overall aging in place, and 3) the capability to participate and engage in the community. For the purposes of this study, the Built Environment means all that civilization has constructed, and includes all participants in the Housing and Transportation groups. The Social Environment means all that society has created in the social contract, and includes all of the participants in the Social Inclusion, Employment, and Communication groups.

UNIVARIATE STATISTICS

First, univariate statistics were analyzed to provide an overall view of the study participants (see Table 4.1). Age category (over or under 55) is not included in the presentation of univariate statistics, as these groups are equal due to the nature of the study. Overall, these demographics are comparable to that of the larger data set at both pre- and posttest (including those who did not participate in the potential intervention. Individual demographics (sex, age) have also been provided for each domain grouping in Table 4.1. Desire to age in place was also included in this univariate analysis to examine
any potential pre-existing perceptions or bias. The primary sorting mechanisms of Built
and Social Environment groups are very similar to one another in terms of these
demographics.

Table 4.1
Descriptive Statistics for Overall Demographics of Participants in Intergenerational
Discussion Groups (N = 40) and per Domain Grouping

<table>
<thead>
<tr>
<th>Variable</th>
<th>Overall Sample (n = 40)</th>
<th>Typical Case</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>Mean = 48.88, SD = 19.12</td>
<td></td>
</tr>
<tr>
<td>Sex</td>
<td>Female (n = 25, 62.5%)</td>
<td></td>
</tr>
<tr>
<td>Desire to Age in Place (Pre)</td>
<td>Somewhat Important (n = 16, 40%)</td>
<td></td>
</tr>
<tr>
<td>Built Environment (n = 16)</td>
<td>Mean = 49.06, SD = 18.03</td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>Mean = 49.06, SD = 18.03</td>
<td></td>
</tr>
<tr>
<td>Sex</td>
<td>Female (n = 9, 56.25%)</td>
<td></td>
</tr>
<tr>
<td>Desire to Age in Place (Pre)</td>
<td>Somewhat Important (n = 6, 37.5%)</td>
<td></td>
</tr>
<tr>
<td>Social Environment (n = 24)</td>
<td>Mean = 48.75, SD = 20.04</td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>Mean = 48.75, SD = 20.04</td>
<td></td>
</tr>
<tr>
<td>Sex</td>
<td>Female (n = 16, 66.67%)</td>
<td></td>
</tr>
<tr>
<td>Desire to Age in Place (Pre)</td>
<td>Somewhat Important (n = 10, 41.7%)</td>
<td></td>
</tr>
<tr>
<td>Under 55 (n = 20)</td>
<td>Mean = 32.45, SD = 10.73</td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>Mean = 32.45, SD = 10.73</td>
<td></td>
</tr>
<tr>
<td>Sex</td>
<td>Female (n = 14, 70%)</td>
<td></td>
</tr>
<tr>
<td>Desire to Age in Place (Pre)</td>
<td>Not at all Important (n = 13, 65%)</td>
<td></td>
</tr>
<tr>
<td>Over 55 (n = 20)</td>
<td>Mean = 65.30, SD = 19.12</td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>Mean = 65.30, SD = 19.12</td>
<td></td>
</tr>
<tr>
<td>Sex</td>
<td>Female (n = 11, 55%)</td>
<td></td>
</tr>
<tr>
<td>Desire to Age in Place (Pre)</td>
<td>Somewhat Important (n = 11, 55%)</td>
<td></td>
</tr>
</tbody>
</table>

HYPOTHESIS TESTING AND RESULTS

For the bivariate analysis, the analyses were conducted with regard to three sets of
hypotheses focused on changes in perception of one’s capability to age in place. After
each analysis, a between-groups test was conducted on these changes to examine
differences based on the demographic of age, which is crucial in the model of Age-
Friendly/Livable Communities – in that benefits experienced/perceived by the older group (over 55) should not significantly vary from those under 55. Changes in perception of their capability to age in place should not vary by age.

Hypothesis 1

Hypothesis 1 had two parts:

**Hypothesis 1A: Participants in discussion groups focused on their community’s Physical Environment will experience improved perceptions of their own capability to age in place.**

**Hypothesis 1B: Participants in discussion groups focused on their community’s Social Environment will experience improved perceptions of their own capability to age in place.**

Both hypotheses were tested using a Paired Samples t-test, as the test analyzed the change in the participants’ perceptions of the Built and Social Environments measures from pre- to posttest. Pre- and posttest scores were analyzed for each domain grouping for all participants in the intergenerational discussion groups. Even though each participant was assigned to a specific group for a couple of sessions in the process, all participants were engaged in discussion pertinent to all of the domain groups, as well as how the groups overlap with one another.

As prescribed by the World Health Organization (2007), the core domains of aging-friendliness are grouped into the Built Environment and the Social Environment. According to Menec and colleagues (2011), these domain environments are grouped due to the congruence and connectivity of individual domains with one another. Additionally, it is important to group these domains in the context of the Built or Social
environment, in that a change in one aspect of one side of the environment will be in conjunction with change in others within that same environment (Menec, et al., 2011). This also allows for the flexibility seen in a World Café model, as it was likely that conversations surrounding one aspect of the social environment (social inclusion, for example) may have had to incorporate conversations about another aspect (i.e., communication), and such a grouping should allow for a more holistic view of these conversations around the Built and Social Environment, respectively (Burke & Sheldon, 2010; Menec, et al., 2011; The World Café, 2018). For the purposes of this study, the grouping model of Built and Social environments was followed based on the recommendations of the dissertation committee at the defense of the proposal.

The Built Environment included a composite score for both the Housing and Transportation domains, based on the grade (1 = poor, 2 = fair, 3 = good, 4 = very good, 5 = excellent) each participant attribute to each of the domains, respectively. When the Housing and Transportation domains were combined as a surrogate for the community’s physical environment, re-operationization of this variable took the AARP scale of “1 to 5” and multiplied it by 2 (to represent the 2 domains included) to fit a possible 10-point scoring range. For example, a participant could have responded with a score of “4 = very good” for Housing and “2 = fair” for Transportation, and they would have been coded as rating the Built Environment as “6,” which is defined as “Good.”

The Social Environment measure was developed from a composite score for the Employment, Social Inclusion, and Communication domains, based on the grade (1 = poor, 2 = fair, 3 = good, 4 = very good, 5 = excellent) each participant attributed to each of the domains, respectively. When the three domains for Social Environment were
combined, re-operation of this variable took the AARP scale of “1 to 5” and multiplied it by 3 (to represent the 3 domains included) to fit a 15-point scoring range. For example, a participant could have responded with a score of “4 = very good” for Social Inclusion, “3 = good” for Communication, and “2 = fair” for Employment, and they would have been coded as rating the Social Environment as “9,” which is defined as “Good.”

Table 4.2
Results of the T-Tests for Hypotheses 1A and 1B Regarding Changes in Perception of Built and Social Environment Domain Scores

<table>
<thead>
<tr>
<th>Domain Grouping</th>
<th>Pretest Mean</th>
<th>Posttest Mean</th>
<th>t Statistic</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Built Environment</td>
<td>2.08</td>
<td>1.70</td>
<td>4.050</td>
<td>p &lt; .001</td>
</tr>
<tr>
<td>(n = 40)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Environment</td>
<td>2.31</td>
<td>2.93</td>
<td>-5.178</td>
<td>p &lt; .001</td>
</tr>
<tr>
<td>(n = 40)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In Hypothesis 1A, it was predicted that participants in discussion groups focused on their community’s Built Environment would experience improved perceptions of their own capability to age in place. However, the mean score for Built Environment decreased from a pretest of 4.15 to a posttest of 3.40, and this difference was significant ($t = 4.050$, $p < .001$). The null hypothesis can be rejected; the results indicate that respondents’ perceptions about their physical community did not change for the positive and actually decreased. There is no support for Hypothesis 1A. A possible explanation will be explored in Chapter 5.

In Hypothesis 1B, it was predicted that participants in discussion groups focused on their community’s Social Environment would experience improved perceptions of their own capability to age in place. The mean score for Social Environment increased from a pretest of (6.92) to a posttest of 8.77, and this difference was significant ($t = 5.178$, $p < .001$).
5.178, p < .001). The null hypothesis can be rejected, and this result suggests support for Hypothesis 1B—that participants’ attitudes about aging in place did improve when the discussion was focused on the social environment.

Further, these perceived changes in both the Built and Social Environment were analyzed in the context of intergenerational equity. In order for this potential intervention to hold fidelity for a model of aging-friendly communities, changes in perception of capability to age in place should not vary by age (AARP, 2014; Macnicol, 2015; Scharlach, 2017; WHO, 2007). Thus, additional t-tests for independent samples were conducted to examine whether perspectives changed for those under and over age 55.

Table 4.3 illustrates the changes in perception experienced by both age groups, across both domain groupings. In the Built (physical) Environment, the changes experienced by the “Under 55” and “Over 55” age groups were not significantly different from one another (t = 0.535, p = .596). Nor were there group age differences in the Social Environment mean ratings when participants’ perspectives were examined by those “Under 55” and “Over 55.” That is, the two age groups were not significantly different from one another (t = -0.415, p = .680). This is discussed further with regard to its implications toward intergenerational equity in Chapter 5.

Table 4.3
Results of T-test Analyzing Differences in Changes in Perception of Built and Social Environments by Age Groups

<table>
<thead>
<tr>
<th>Domain Grouping</th>
<th>Age Grouping</th>
<th>Mean of Pre-Post Change</th>
<th>t Statistic</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Built Environment</td>
<td>Under 55</td>
<td>-0.650</td>
<td>0.535</td>
<td>0.596</td>
</tr>
<tr>
<td></td>
<td>Over 55</td>
<td>-0.850</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Environment</td>
<td>Under 55</td>
<td>1.700</td>
<td>-0.415</td>
<td>0.680</td>
</tr>
<tr>
<td></td>
<td>Over 55</td>
<td>2.000</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Hypothesis 2

Hypothesis 2 focused on the overall aging-friendliness (the ability to age well in their community):

**Hypothesis 2: Participation in intergenerational discussion groups results in increased perceptions of overall aging-friendliness in their community.**

Hypothesis 2 was analyzed using a Paired Samples t-test, as the test analyzed the change in the participants’ grade of the perceived overall aging-friendliness of their community from pre- to posttest. The participants graded their perception of overall aging-friendliness on a scale (1 = poor, 2 = fair, 3 = good, 4 = very good, 5 = excellent). Table 4.4 provides the results of the t-test conducted with regard to Hypothesis 2.

**Table 4.4**

*Results of the T-Test for Hypothesis 2 Regarding Changes in Perception of Overall Aging-Friendliness*

<table>
<thead>
<tr>
<th>Variable</th>
<th>Pretest Mean</th>
<th>Posttest Mean</th>
<th>t Statistic</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Aging-Friendliness</td>
<td>2.60</td>
<td>3.45</td>
<td>-5.667</td>
<td>p &lt; .001</td>
</tr>
</tbody>
</table>

Hypothesis 2 was analyzed using a Paired Samples t-test, as the test analyzed the change in the participants’ grade of the perceived overall aging-friendliness of their community from pre- to posttest. The participants graded their perception of overall aging-friendliness on a scale (1 = poor, 2 = fair, 3 = good, 4 = very good, 5 = excellent). Table 4.4 provides the results of the t-test conducted with regard to Hypothesis 2.

In Hypothesis 2, it was predicted that participation in intergenerational discussion groups would result in increased perceptions of the participants’ perception of overall aging-friendliness in their community, and this did, in fact, take place. The mean score for Overall Aging-Friendliness increased from a pretest of 2.60 to a posttest of 3.45, and this difference was significant ($t = -5.667$, $p < .001$). The null hypothesis can be rejected, and this result suggests support for Hypothesis 2.

Further, these perceived changes in overall aging-friendliness were analyzed in the context of intergenerational equity. In order for this intervention to hold fidelity to a
model of aging-friendly communities, the benefits experienced by the young should not be significantly different than those experienced by the old.

Table 4.5 illustrates the lack of positive changes in perception experienced by both age groups in the overall aging-friendliness variable. The changes experienced by the “Under 55” and “Over 55” age groups were not significantly different from one another ($t = 1.347, p = .186$). This is discussed further with regard to its implications toward intergenerational equity in Chapter 5.

Table 4.5

Results of T-test Analyzing Differences in Changes in Perception of Overall Aging-Friendliness Experienced by Age

<table>
<thead>
<tr>
<th>Variable</th>
<th>Age Grouping</th>
<th>Mean of Pre-Post Change</th>
<th>$t$ Statistic</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Aging-Friendliness</td>
<td></td>
<td></td>
<td>1.347</td>
<td>0.186</td>
</tr>
<tr>
<td></td>
<td>Under 55</td>
<td>1.050</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Over 55</td>
<td>0.650</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Hypothesis 3**

Hypothesis 3 focused on the participants’ engagement (their perceived engagement and inclusion in their community decision making):

**Hypothesis 3: Participation in intergenerational discussion groups will result in improved perception of the ability to engage and participate in community activities.**

Hypothesis 3 was analyzed using a Paired Samples t-test, as the computation analyzed the change in the participants’ grade of the perceived engagement from pre- to posttest. The participants graded community engagement/inclusion on a scale (1 = poor, 2 = fair, 3 = good, 4 = very good, 5 = excellent). Table 4.6 provides the results to the t-test conducted with regard to Hypothesis 3.
In Hypothesis 3, it was predicted that participation in intergenerational discussion groups would result in improved perception of ability to engage and participate in community activities and decision-making. The mean score for engagement/inclusion increased from a pretest of 2.75 to a posttest of 3.43, and this difference was significant \((t = -3.538, \ p < .001)\). The null hypothesis can be rejected, and this result suggests support for Hypothesis 3—that discussion groups did improve participants’ perception of community engagement and inclusion.

Finally, these perceived changes in the engagement/inclusion measure were analyzed in the context of intergenerational equity. In order for this intervention to hold fidelity to a model of aging-friendliness the benefits experienced by the younger participants should not be significantly different than those experienced by the older ones. Table 4.7 illustrates the changes in perception experienced by both age groups in the engagement/inclusion variable. The changes experienced by the “Under 55” and “Over 55” age groups were not significantly different from one another \((t = 0.389, \ p = .700)\). This is discussed further with regard to its implications toward intergenerational equity in Chapter 5.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Pretest Mean</th>
<th>Posttest Mean</th>
<th>(t) Statistic</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engagement/Inclusion ((n = 40))</td>
<td>2.75</td>
<td>3.43</td>
<td>-3.538</td>
<td>(p &lt; .001)</td>
</tr>
</tbody>
</table>
Table 4.7
Results of T-test Analyzing Differences in Changes in Perception of Engagement/Inclusion Experienced by Age

<table>
<thead>
<tr>
<th>Variable</th>
<th>Age Grouping</th>
<th>Mean of Pre-Post Change</th>
<th>t Statistic</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engagement/Inclusion</td>
<td>Under 55</td>
<td>0.750</td>
<td>0.389</td>
<td>0.700</td>
</tr>
<tr>
<td></td>
<td>Over 55</td>
<td>0.600</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

EXAMINATION OF POTENTIAL COVARIATE: DESIRE TO AGE IN PLACE

As mentioned previously, the desire to age in place was included in the univariate analysis to measure for any perceptions of bias (or openness to change) that participants may have had prior to the intervention. A one-way analysis of variance (ANOVA) was conducted to compare the effect of one’s desire to age in place on the changes in one’s perception (using pre-post change scores) of their own ability to age in place (in both contexts of the Built and Social Environment), the overall aging-friendliness of their community, and their ability to engage and participate in community activities. In each ANOVA, this was conducted for the three conditions of desire to age in place (not at all important, somewhat important, very important). Table 4.8 displays the results of the one way analyses of variance (ANOVA) run with the covariate on each variable.

Table 4.8
Results of the ANOVA Tests Analyzing Effects of a Potential Covariate (Desire to Age in Place) on the Results of the Outcome Variables

<table>
<thead>
<tr>
<th>Variable</th>
<th>df (Between Groups)</th>
<th>df (Within Groups)</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capability to Age in Place (Built Environment)</td>
<td>2</td>
<td>37</td>
<td>0.983</td>
<td>0.384</td>
</tr>
<tr>
<td>Capability to Age in Place (Social Environment)</td>
<td>2</td>
<td>37</td>
<td>1.147</td>
<td>0.329</td>
</tr>
<tr>
<td>Overall Aging-Friendliness</td>
<td>2</td>
<td>37</td>
<td>1.342</td>
<td>0.274</td>
</tr>
<tr>
<td>Ability to Engage and Participate in Community Activities</td>
<td>2</td>
<td>37</td>
<td>0.133</td>
<td>0.876</td>
</tr>
</tbody>
</table>
With regard to the results of Hypothesis 1A, there was not a significant effect of desire to age in place on the change in perception of capability to age in place (in the context of the built environment) at the p<.05 level for the three conditions [F(2,37) = 0.98, p = .384]. Regarding the results of Hypothesis 1B, there was not a significant effect of desire to age in place on the change in perception of capability to age in place (in the context of the social environment) at the p<.05 level for the three conditions [F(2,37) = 1.15, p = .329]. Regarding the results of Hypothesis 2, there was not a significant effect of desire to age in place on the change in perception of overall aging-friendliness in the community at the p<.05 level for the three conditions [F(2,37) = 1.34, p = .274]. Regarding the results of Hypothesis 3, there was not a significant effect of desire to age in place on the change in perception of ability to engage and participate in community activities at the p<.05 level for the three conditions [F(2,37) = 1.33, p = .876]. Given these results of the potential covariate, it should be assumed that the desire to age in place did not serve as a bias in how the person might benefit or change in their perceptions following their participation in the potential intervention.

SUMMARY

In this exploratory study, four hypotheses were analyzed in a pre- and post-test evaluation of a potential intervention of intergenerational discussion groups. Three of the four hypotheses (1B, 2, and 3) were supported by the analysis. In the analysis of Hypothesis 1B, participants in discussion groups focused on their community’s Social Environment, and experienced improved perceptions of their own capability to age in place. In the analysis of Hypothesis 2, participation in intergenerational discussion
groups results in improved perceptions of overall aging-friendliness in the community. In the analysis of Hypothesis 3, participation in intergenerational discussion groups results in improved perception of ability to engage and participate in community activities and decision-making.

One of the hypotheses, however, was not supported. In the analysis of Hypothesis 1A, participants in discussion groups focused on their community’s Built Environment, and while they experienced a change in perception of their own capability to age in place, this was not an improvement (as hypothesized). None of these results were significant effects resulting from the presence of a covariate (i.e., desire to age in place). These results, interpretations, and their implications are discussed further in Chapter 5.
Chapter 5: Discussion

This dissertation utilized an exploratory study of a potential intervention that placed persons in intergenerational discussion groups focused on building aging-friendly communities. The changes in the participants’ perceptions were measured using a pre- and posttest evaluation. Three of the four hypotheses (1B, 2, 3) were supported by the analysis. In the analysis of Hypothesis 1B, participants in discussion groups focused on their community’s Social Environment, and experienced improved perceptions of the social environment in terms of their own capability to age in place. In the analysis of Hypothesis 2, participation in intergenerational discussion groups resulted in improved perceptions of overall aging-friendliness in the community. In the analysis of Hypothesis 3, participation in intergenerational discussion groups resulted in improved perception of ability to engage and participate in community activities (i.e., decision making).

In the analysis of the first hypothesis (1A), participants in discussion groups focused on their community’s Built Environment experienced a change in perception of the built environment in terms of their ability to age in place, although this was not an improvement (as hypothesized). These participants experienced a worsened perception of capability to age in place, following their participation in the discussion groups. This result will be discussed further as it pertains to the Rawlsian Theory, models of aging-friendliness, and one’s own view of aging in place.

Additional analyses examined intergenerational equity in the discussion groups (i.e., the perceived changes experienced were not experienced significantly different in one age group or another). These analyses focused on the changes in perception (by age group) across the built environment, social environment, overall aging-friendliness, and
engagement/inclusion. The exploration of intergenerational equity in the discussion groups revealed that the changes in perception experienced by the younger (under 55) group were not significantly different from those of the older (over 55) group, and vice versa.

The analysis of desire to age in place was also explored in how it could bias participants from perceiving a greater ability to age in place, overall aging-friendliness in their community, or an ability to engage and participate in community activities and decision-making. One-way ANOVA tests revealed that the effects of desire to age in place on these changes in perception were not significant, and thus did not warrant its consideration as a covariate.

CONCLUSIONS

Consistencies with Literature and Theory

Overall, the findings of this research can be explained by the literature and theories provided in Chapter 2, and can provide further support of research regarding perceptions of capability in terms of building aging-friendliness and aging in place. In the literature, the emphasis on “age” may at times prove difficult for pushing a “for all ages” agenda that is paramount for aging-friendliness in its current form. The idea of such work being “intergenerational” is an important output or means for working toward age-friendly communities (Kennedy, 2010; Macnicol, 2015; Oakes & Sheehan, 2014). The intergenerational focus of the discussion groups was not only supported in the results, but was maintained in that the benefits perceived/experienced by one age group
were not significantly different than that of the other, nor did they operate in separate
directions.

In the discussion of the literature, outcomes of aging-friendliness work included
capacity for aging in place and engagement/inclusion, and were identified as intended
outcomes of the intergenerational discussion groups. In terms of engagement, persons
who participated in the discussion groups perceived improvement in their ability to
engage in community activities (including decision making). This extends beyond “being
invited” to a meeting, but rather reflects the active manner in which a person sees
himself/herself as being involved/included in the activity and decision-making in the
community (Menec, 2003; Menec, Means, Keating, Parkhurst, & Earles, 2011). It is the
perception that one is able to participate that allows for decision-making and meaningful
activities that improve their lives (Menec, 2003; Rawls, 1971; Sen, 2001; Scharlach,
2009). To that end, persons who participated in the intergenerational discussion
groups/process should also feel more comfortable participating in their community, and –
to some degree – have an increased sense of belonging (Alley, et al., 2007; Plouffe &
Kalache, 2010; Shenfil, 2009).

The idea of aging in place was further conceptualized in the discussion of relevant
theoretical frameworks. In terms of the justice-as-freedom model posed by Rawls
(1971), freedoms are at the core of the idea of capabilities explored in each analysis
reviewed in Chapter 4. Freedom is seen in perceptions of capability, primarily as
participants consider aging in place and their engagement in their community. In this
research, it was not specified what “aging in place” had to mean – in fact, it was
explicitly mentioned that one should not assume a particular meaning for “aging in
place.” Rather, each person has his/her own view of what “aging in place” means to them. In this context, freedom (e.g., capability) is most valued, and exists when 1) the person can preserve his/her own meaning of aging in place, and 2) his/her meaning does not infringe upon (or result in a loss) of another person’s meaning of the term (Levasseur, et al., 2017; Rawls, 1971).

The work of Fellin (2001) can further the position of preserving individual meanings associated with aging in place. According to Fellin (2001), one is able to identify his or her own sense of “community” based on a number of typologies, and a person has several communities that exist within these typologies. Similarly, this research maintained that each person could develop their own ideas of “aging in place,” specifically around the idea of “place.” Just as “community” may take on numerous meanings, this is also true of “place” – both should be seen as individual and situational. Whereas there was less importance placed on how individuals defined aging in place, their capability to age in place – as they defined it – was key. This should be considered – and will be discussed further – in future research recommendations.

The process of the intergenerational discussion groups had grounding in concepts, including Rawls’ (1971) Veil of Ignorance, that many struggle to achieve in an applied, non-hypothetical context. While it may be a stretch to imagine that all participants in the decision-making will not know who they are or how they are to benefit in a hypothetical sense, they were directed to come up with agreed-upon terms that could benefit anyone, regardless of their advantage or disadvantage (Rawls, 1971). In the case of the intergenerational discussion groups, advantage and disadvantage were viewed solely in the context of age – to which all age groups were represented. To that end, participants
in each discussion group modeled a Veil of Ignorance (in the absence of preconceptions and bias of one another) in their achievement of planning, as they had to plan for benefits for all ages – specifically, outside of their own.

In terms of engagement, the same idea of freedom rings true (Menec, 2017; Rawls, 1971). One person’s ability (or freedom) to participate in community activities (i.e., decision-making, planning, etc.) should exist without the cost of another person’s ability to participate. The process itself was a microcosm of the community, and while this was carried out in an ideal setting, is less than realistic (as it would be more difficult for everyone to “receive” the intervention). Consistent with Segal’s (2010) theory of Elite Power, decision-making is often made for the many only by a few. However, this study hopes to contribute to the literature showing that: 1) an intergenerational discussion process with community members can make persons feel more engaged/included in activities and decision-making, 2) such a process can inform and simultaneously give a voice to all those participating, and 3) foster an environment in which one’s capacity to age in place seems to be improved, for both those younger than and older than 55.

**Potential Explanation of Unexpected Results**

As mentioned previously, the results of Hypothesis 1A suggest that participation in the discussion groups focused on the Built Environment resulted in a worsened perception of capability to age in place. At face value, one could argue that this result is inconsistent with the literature and theoretical frameworks. However, the theoretical frameworks may offer support for why this result was observed. While the overall results of participation in groups focused on the Built Environment would suggest that the capability to age in place is not very good, this may be indicative of the limited time
available (practically speaking, e.g., in their lifetimes) to change the physical structures in
the community. The built (or constructed environment) is not often something that can
be changed, and it was not possible to change it during the time of – or immediately
following – the intervention (Hawkesworth, et al., 2018; Scharlach, 2017). Communities
use the social support structures to make improvements, even when the physical
environment cannot be easily changed (Scharlach, 2017; Tuckett, Banchoff, Winter, &
King, 2017). These changes made to develop aging-friendly communities are
incremental, so this should not be taken as a discouraging result (AARP, 2014; Bradley &
Fitzgerald, 2013).

Additionally, participation in the intergenerational discussion groups may have
made some realize that the conditions of the Built Environment were worse than they
had known. Green and Goetting (2010) suggest that recognition of deficits must come
before they can be improved, and that it may take additional time to identify
assets/resources for targeting issues pertinent to the Built Environment. Regardless,
Rawls (1971, 1993) would argue that this should not hinder such work in affording
capabilities and freedom. Rather, Rawlsian Theory would suggest that, although the
person might perceive individual characteristics of their community as “poor” or “bad,”
the overall condition (aiming toward Community Quality of Life) as “improving” if they
perceive that they have been allowed to participate in the community activities and
decision-making (Rawls, 1971; Rawls, 1993).
LIMITATIONS

There were a few limitations in this research from the standpoint of both conceptualization and methodology. Additionally, there are concerns about the nature of research embedded in community work. While these are limitations of the study, the scope by which they limit the research will be discussed.

Conceptual Limitations

In terms of conceptualization of the aging-friendly model, a goal of “aging in place” may be problematic in that it may not be best-suited for a person to “age in place” with regard to a prescribed idea of “place.” While the paradigm is such that the concept of “aging in place” is pushed quite frequently, researchers may be studying the desire or ability to “age in place” in error. While questions about the definition of place and successful aging were included in the pretest needs assessment (Livable Lexington survey), the jargon used in this line of questioning resulted in low rates/quality of responses and less meaningful analysis. Less emphasis should be focused on “do you want to age in place,” and more attention should be paid to “do you have the capability to make such a decision?” This line of questioning was not included in the Pre- and Posttests.

While this study does not attempt to define “aging in place,” it is clear that some people have a firm notion about where they may spend their retirement years but many others may not have any idea about their options. There are many variables that play a role into how one is able to or desires to age in place. The limitation around such a construct is also due to the ambiguity of operationalizing it. This is a major barrier in
reaching agreed-upon terms for “aging in place,” where the place refers, and how one achieves it – or if it is something that can/should be achieved.

The grouping of age is a limitation the potential intervention, as participants were grouped (as AARP preferred) into groups that were “over 55” and “under 55.” While this makes sense from looking at the primary target of AARP (those who are 55 and older), it is not truly intergenerational. Rather, it loses sight of the different generations included within both of these age groupings, and how the generations may also differ from one another in ways that are not captured by a simplified distinction of over-under 55.

**Methodological Limitations**

As mentioned in Chapter 3 (Methodology), the limitations of this research could be summarized primarily in terms of threats to internal validity (i.e., instrumentation, testing, etc.), threats to external validity (i.e., representativeness), and experimental nature (e.g., considerations for random assignment, comparison groups, etc.). In each category, these limitations are discussed, as well as ways in which such limitations could be reduced, remedied, and avoided in future research.

According to Royse (2011), threats to internal validity exist when they limit the ability to suggest that the changes in the dependent variable (or outcomes) are due to the independent variable (or the intervention). Some of these threats to internal validity include maturation, mortality, instrumentation, and testing. While maturation and mortality are not relevant limitations (no one dropped out, and there was not enough time for the process of aging to bias the results), one could argue that the posttest was conducted *too soon* after the intervention to measure whether or not a real change in perception did occur. The posttest was administered immediately following the final
session of the intergenerational discussion groups. While significant changes in perception were observed, it is possible that the results for Hypothesis 1A might be different if more time had occurred. Had the participants been given time to view actual change occur in their community, one could argue that their changes in perception might improve. This exists as a trade-off, however; while these results might have been more favorable, the ability to argue that such changes occurred due to the process itself would diminish, and would minimize the viability of the intergenerational discussion groups as an intervention. Rather, these changes in perception would be due to changes in the community (i.e., policy change, etc.) that occurred – and may or may not have been due to the process itself.

Testing may exist as a threat to the internal validity, as participants may have felt inclined to indicate higher scores on the posttest than on the pretest, given that 1) they had been exposed to the instrument once previously, and 2) they might feel pressured to answer in a more socially desirable way (Royse, 2011; Rubin & Babbie, 2007). One way that this could be remedied in future research would be to collect additional qualitative data, so that these changes in perception could be further elaborated. While there was significant quantitative data to suggest that these changes in perception indicated an improvement (in terms of capability to age in place), this could be strengthened by furthering the conversation – in asking “how so?”

Instrumentation also exists as a threat to the internal validity, as the wording, ordering, and numbering of items could impact a participant’s responses. The wording of items not only limits the participant’s ability to answer, but also limits what can be interpreted about those answers (Rubin & Babbie, 2007). Since this dissertation utilized
a prescribed instrument (via AARP) that the author did not develop and had little control in its modification, the dataset was limited – for the most part – to those questions and how they were worded. This was also limiting in terms of the scales that could be developed from the AARP instrument. There were no scales that assessed aging-friendliness at the domain level (or overall) – aside from assessing need.

Another limitation was found in the logic scheme of how the survey items were developed. There is a lack of balance in the AARP response scale, in that there were three ways to express a positive perception (Excellent, Very good, and Good), but only two negative ways (Fair and Poor). The pretest survey was also very time-intensive (in terms of the number of questions), which is an issue of internal consistency, and may have contributed to fatigue/mortality in the completion of the pretest, as well as follow-up in the posttest (Royse, 2011; Rubin & Babbie, 2007). When computing composite variables, this also resulted in a Built Environment variable that was lacking in terms of reliability. Additionally, there was no pre-existing evidence of the instrument being used in the literature, as much of the community work done toward a goal of aging-friendliness is not published in scholarly arenas.

Further, it is not possible to discuss the reliability or the validity of the variables drawn from the AARP study. At best, it could be said that they possess face and/or content validity.

This research could not attempt to define “aging in place” or what a person would define as “aging in place,” as it was not actually measured quantitatively in the AARP instrument. This could have helped the understanding of the phrase, as well as worked as more of a standard for what it means to “age in place.” Rather, this keeps the phrase as
more of a moving target; while the outcome of capability to age in place is clear, everyone is arguably at different places in how they define the term, as well as success in achieving it. To that end, the research prioritizes that each participant’s own idea is preserved, and that is valuable when maintaining the justice perspective.

While internal validity refers to the changes being due to the nature of relationships, external validity refers to how generalizable research can be – primarily due to the sample (Royse, 2011). As mentioned previously, the number of questions (55) – an issue of instrumentation – was something that potentially limited the sampling frame (those who could have been chosen) for the intergenerational discussion groups. The participants for this process were drawn solely from those who responded to and completed the pretest (given that they provided some method of contact at the end of the survey). There were more than 55 questions on the pretest (many of which had multiple parts), and this could have prevented a number persons from completing due to fatigue, potential technology glitches, or other situational issues.

Within the community itself, the sampling frame ($n = 1047$) was lacking in representing those who are ethnically diverse, those who do not speak English, those would have a lower socioeconomic status, those who are homeless, and those who potentially have less education. Thus, this further limited the sample (those who participated in the intergenerational discussion groups). Table 5.1 demonstrates some of these differences between those who could have participated compared to the overall population in Lexington. There are likely not many differences between those who participated in the discussion groups (in terms of their social class, race or ethnicity.
Those who participated (and the results) may not be representative of the overall population in Lexington (barring income, perhaps), but the data can describe those who did participate. While these gaps in recruitment would inform future research with the intervention, they do not cloud or diminish the representative nature of aging in the sample. The primary demographic of interest was age, and the sample is representative persons who are aging. While the pretest itself may not have been representative of age, the sampling method for the intergenerational discussion groups served to balance these groups equally.

Table 5.1
Comparisons of Livable Lexington Survey/Needs Assessment Respondents to General Population in Lexington, Kentucky

<table>
<thead>
<tr>
<th>Variable</th>
<th>Livable Lexington Survey</th>
<th>Lexington Census Data (2010)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Females (69%)</td>
<td>Females (50.8%)</td>
</tr>
<tr>
<td>Age</td>
<td>Largest group: 56-65 (24%)</td>
<td>56-65 make up only 10.8%</td>
</tr>
<tr>
<td>Race/Ethnicity</td>
<td>White (92.6%)</td>
<td>White (75.7%)</td>
</tr>
<tr>
<td>Income</td>
<td>Median group: $46k to $75k</td>
<td>Median: $50,661</td>
</tr>
</tbody>
</table>

Outside the Lexington community – or in terms of external validity/applicability to other communities – this research is limited in its more urban approach. This study drew upon a sample from an urban population, so its implications may or may not hold relevance for more rural community. This should warrant more research in smaller, rural communities, as there is less work being done in such places to improve aging-friendliness. The community most characteristic of a rural area in the AARP network is Berea, Kentucky, and it has been slower in its progress. Additionally, states that are more predominantly rural in the Midwest (i.e., Oklahoma, Nebraska, Kansas) have no formal initiatives aimed at building aging-friendly communities (AARP, 2018).
Finally, this research does not emulate experimental research (e.g., no comparison to those who did not participate in the discussion groups), this does exemplify quasi-experimental research. While there was no comparison group, there was random selection and assignment into the groups available (Rubin & Babbie, 2007). This was done intentionally, but also to extend the process to participants while not denying potential benefits to other community members with varied levels of engagement. For example, a person may not have been a participant in the discussion groups, but they also were not denied participation in other Livable Lexington opportunities to build their capability to age in place, or be involved in decision-making.

**Issues of Community-Based Research**

Finally, there are issues surrounding the idea of community-based research that pose limitations for this research. At the forefront of these issues, many of the persons included in the process of community-based research are *not* trained to do research. Rather, they may be novices in the research component of their field, as their work is tied more directly to practice (McHugh, Bilous, Grant & Hammersley, 2017; Wilson, Kenny & Dickson-Swift, 2018). This proved difficult in the development of the survey instruments, as what an agency or municipality might need to know could be different than that of a researcher, and is done often without the need to do detailed data analysis. Much of this work does not go beyond that of a “needs assessment,” which was the original goal of the Livable Lexington survey.

Community-based research can be limiting, and someone who is based more in community practice – but included in research – may not know about Institutional Review Boards, informed consent, and other policies crucial to ethical research when
they initiate research projects (Wilson, Kenny & Dickson-Swift, 2018). This was the case with aging-friendly efforts in Lexington. Although this was buffered through the academic partnerships, there is considerable backward work done in community based research to make the work stand legitimately in the scholarship.

Throughout this research, time had to be allowed to slow the project so that the process, the ethics, and the methods could be explained to those involved in the research. While this was time consuming, it was necessary that the community researchers were involved. According to McHugh and colleagues (2017), community-based research – or that which involves direct participation in the community – only is successful because of the community partners. Green and Goetting (2010) often refer to these community researchers (or partners) as the social and human capital needed to make this research happen. The community members are valuable assets in community-based research, and without their participation and inclusion, the research would be removed and siloed from that which is true of the community (McHugh, et al., 2017).

Keller and colleagues (2018) refer to data as a driving force for community-based research. In the case of aging-friendliness work, it is a lack of data that drives the need for such research. While there are barriers to doing community-based research, commitment to this research within the aging-friendly frameworks is crucial for success of these models, particularly in the stages of Planning and Implementation, as the community members are at the forefront of this process (AARP, 2014). Through obtaining the data from aging-friendly work, communities are able to share in “Connecting” phase – also contributing to the literature and pushing scholarship forward.
RECOMMENDATIONS FOR FUTURE RESEARCH

In terms of future research, there are several recommendations. First, researchers should work toward more clear and consistent naming conventions for Age-Friendly/Livable communities. Second, the idea of “aging in place” needs to be explored further in both conceptual and operational contexts, with more focus on capabilities. Finally, the work of this study and intervention should be conducted in other communities striving for a status of “age-friendly” or “livable” in order to streamline the process, but also in order to make comparisons and afford connections between communities.

First, researchers should work toward a more clear and consistent mechanism for naming and communicating about aging-friendliness work – specifically in the terminology. Consistent with Rawlsian Theory (1971), such nomenclature should follow suit in affording the most freedom to the people/communities represented by Age-Friendly/Livable Communities work, while not infringing upon the freedom of others. Whether the scholarship is pushed forward to support “Age-Friendly” or “Livable” – or something else – this needs to be made clearer and more consistent for future work. Aging-friendliness is one that lends itself more to the process of aging, rather than a focus on a particular group or developmental stage (Lehning, 2010; Scharlach, 2009, 2012, 2017).

Before I had conducted the research and analysis, I firmly believed that conventions for naming the initiative should shift away from “age-friendly” and progress into that which is “livable.” I viewed “age-friendly” as something that distanced generations of people from one another – placing an “us versus them” mentality. One of
the biggest take-away points from the conceptualization of this research is the need to move to “aging friendly.” There are many characteristics by which people may choose to identify (religion, race, ethnicity, class, ability, etc.), but none of these would be appropriate for such an initiative. “Religion-friendly” or “class-friendly” would insinuate a focus on religion and social class, respectively – and the groups by which people are markedly different. Age, however, is a unique term, as it is inclusive of all people. Age happens regardless of all of these other characteristics, but they are not lost when the focus is on age. Thus, what makes someone a worthy participant or beneficiary in an “aging friendly” community is not that they are aged, or that they belong to a particular group, but that they are aging – something with which all can identify.

Another primary recommendation for future research rests in the idea of “aging in place.” While the idea is discussed at great lengths in the literature, the lack of consensus (what is it vs. what is it not; what is place? how does one do it?; which place is important?; should it always be the goal?) speaks to the research that must develop and continue. Much like the work with Fellin (2001) in community definitions (and typologies for those definitions), it would be beneficial to study what persons define or mean by aging in place. A major component of this would also depend on how individuals define place. The scholarship of aging in place must be pushed forward, beyond a discussion of “it is good” and “it should be done.”

As examined in the analysis of the potential covariate, desire to age in place should not be seen as having a significant effect on whether a person has the capability to do so. There are many variables that may influence whether a person actually wants to age in place, and may be well-beyond what the person is able to do, or what the
community is able to do for them. Rather, this research was focused on how well one’s capability in their community was preserved and improved. Future research could expand on the desire to age in place, what factors influence a person’s desire to age in place, and how these weigh in on a person’s capacity and/or decision to age in place. For example, some of these factors may be out of necessity (proximity to family, etc.) and some may be out of preference (i.e., warmer climates, etc.). Much of this may also have to do with the level of choice a person has in whether or not they age in place – which is likely due to their economic status. While the sample in this study was not very diverse in terms of economic standing, a more representative sample should focus on the choice a person has – something that may not be available to everyone in different socio-economic groups (Marmot, 2004; Rawls, 1971).

Finally, in order for the process of intergenerational discussion groups to be viable as an intervention method, there needs to be more research conducted at the level at which this can exist as an intervention. If it is viable as an intervention, then participation should ensure improved perception of capability – with regard to aging in place and engagement. As the limitations have been discussed, so can they be remedied in future iterations of this intervention in other communities wanting to incorporate intergenerational transactions in their planning phase.

From a methodological standpoint, these communities can focus early on the pretest/needs assessment instruments they plan to use, and how to better construct and deliver them to optimize both internal and external validity, as well as a better quality of data. Reliable scales need to be developed that assess aging-friendliness among the domains with a high level of validity. When the intervention is implemented, researchers
can work more toward mitigating some of the concerns of implementing community-based research by recognizing the value of community researchers, and affording a greater level of training to them in consistent, ethical, and effective research. For an added perspective, researchers can utilize comparison groups (e.g., targeted, vulnerable, and marginalized groups) so that they may approach experimental design. Finally, there could be a number of follow-ups (beyond the first posttest) that could measure for longer-term and incremental changes – to remedy the results found in Hypothesis 1A. While the additional time could be useful in examining whether changes in perception really did occur, it would also be interesting to see if these observed changes hold over time (i.e., how do the changes in perception post-intervention compare to changes at multiple points of follow up?).

In future research, it would also be interesting to examine the intergenerational equity in the discussion groups, with regard to the process itself. For example, the data in this study can tell a story of how perceptions changed from pre- to posttest, but the study does not outline how and at what point these perceptions changed. In further research using these intergenerational discussion groups, since these sessions were recorded, future research could include analysis of the transcripts of the actual discussions so that we can learn more about key points, the process, and core elements. All of this can be done to examine the actual topics discussed in the groups, how the group changed in their perceptions, and what this process looked like in terms of its collective nature (i.e., did everyone change at once? Did certain aged persons change first? Did perceptions improve/worsen due to awareness? Etc.).
As the primary researcher of this study, the author is connected in several different communities interested in implementing a similar process of intergenerational discussion groups with their own constituents. The author has developed and delivered training materials, and the process of intergenerational discussion groups have been tailored and adapted to the needs of the various communities. For example, in 2017, St. Petersburg’s Age-Friendly initiative adapted this plan to launch discussion groups on all eight domains. In 2018, Age-Friendly Louisville adapted this process to conduct intergenerational discussion groups with four different groups of participants in four one-time sessions. In consistency with the AARP (2014) phase for building aging-friendliness of Connecting, there is considerable potential for continuing the research trajectory set forward by this process and furthering the knowledge gained from this potential intervention strategy, and collaborating with other communities in working towards a goal of being aging friendly.

While this intervention may be adopted in other communities, there are characteristics which are crucial to be upheld. These characteristics include: single domain focus per group, balanced intergenerational groups, and freedom of participants to guide and direct the discussion. Each group (regardless of how many different groups a person participates in) should begin with a single-domain focus, even if the community chooses different domains – or creates new ones. The discussion groups – while they may not be perfectly balanced – should have representation of multiple generations of people, so that the discussions in the groups can be reflective of the perceptions and benefits of varied ages. The groups should discourage over-sharing of a person’s role or status in the community, so as to control for any potential dynamics due to a difference in
perceived power between and among participants. Finally, all of these elements should exist in a manner that is similar to the World Café model – in that the conversations should only be led by the facilitators, but directed by the participants.

An appropriate research trajectory would follow the path of this intervention as it is developed and delivered across communities, and how these communities differ from and find commonality with one another in their approach, outputs, and outcomes. Thus, this research is no longer exploratory when several communities are able to facilitate these intergenerational discussion groups and see changes in perception of aging-friendliness among their participants. When a multitude of communities are using this intervention method, comparisons can be made, and inferences can be drawn about the applicability of intergenerational discussion groups toward building overall aging-friendliness.

**INCORPORATING CAPABILITIES APPROACHES**

The approaches focused on capabilities can be instrumental in pushing the process of intergenerational discussion groups forward as an intervention. The work of Amartya Sen (2001) would suggest that a major piece in the discussion of ‘aging well’ lies in the extent to which age populations have been deprived of capabilities, assets, and opportunities. For example, the core domains of aging-friendliness are not operational definitions of themselves – rather, they should be viewed as indicators of the justice afforded to people in community characterized by aging-friendliness. If persons are able to engage in the social contract in a way in which all would find the terms acceptable in terms of distributive justice, their capabilities will be enhanced. Thus, capabilities are
what allow for people to be engaged in their communities and foster environments in which they can both age in place and take ownership of their place in the community – defining the bounds and values of their community (Sen, 2001; Fellin, 2001).

In the view of Sen (2001) it is crucial that persons are allowed to participate in community activities, and actually do so, to enhance their capacity. Because of the opportunity afforded and the assets recognized under the age-friendly model, it is consistent with the Capabilities approach (Sen, 2001). The social model that is seen in Aging-Friendliness is one that allows for all strengths to be counted and appreciated, whereas more medical or age-restrictive approaches view this through a lens of “success” or “non-success” or “failure” to age well. The age friendly model was also constructed without losing some of the key features of successful aging, such as the balance between promoting activity while making peace with and allowing for disengagement (Havighurst, 1961; Menec, 2003).

**Blending Capabilities Approaches into Previous Theoretical Concepts**

Sen’s approach to capabilities can be viewed as complementary to the concepts presented in Rawlsian Theory and Intergenerational Equity, as they are concerned with adjoining pieces of policy initiatives, such as aging-friendly communities. As mentioned previously, Rawlsian theory is more concerned with the “who” in the justice equation, whereas a capabilities approach is more concerned with “how” a person benefits and to what extent, but it goes beyond this. Rawlsian theory is more concerned with the process by which justice is achieved and freedoms are afforded – which should be reflected in the outcomes. Alternatively, Sen’s theory of capabilities is more concerned with the outcomes of the work of policy and programming – which can be funneled back into the
process for sustainability. This relationship, however, is potentially of optimal pronunciation in the case of the aging-friendliness initiatives. Viewing these theoretical lenses as complementary can also be supported by Honneth’s (2012) concept of reification and his work with Fraser (2003) on recognition and redistribution as a focus for justice. Recognition and redistribution are two divergent concepts, and yet are overlapping constructions of justice. The convergence of these views of justice would offer a lens by which Rawlsian and Capabilities theories could be viewed in accordance of one another.

One way in which the theoretical offerings of Sen and Rawls may be viewed as complementary is by way of the goals of aging-friendliness work (identified in Chapter 2). While on one hand, a primary goal is to enhance livability, or the ability to age in place, another is to enhance the level at which persons are able to participate in the planning, development, and creation of such communities. The latter goal is indicative of the development of capabilities in community members (according to Sen), and is reflective of one’s ability to participate in the social contract (according to Rawls). According to Rawls (1971), if one perceives that they have had the ability to participate in the social contract (and thus feel engaged in their community and its efforts), they will perceive better outcomes as a result of the social contract. Much of this, however, is rooted in the choice that one may have to make such decisions, which stems more from a person’s status or standing in society (Marmot, 2004). Choice may also be relevant in terms of events that force a person to change their plans for aging or limit their choice – such as development in older adulthood. While choice (and the ability to have choice) is important, Rawls (1971) argues that one’s ability to participate in the social contract and
their experience supersedes the actual quality of life in the community, or whether the community became any more or less “livable.”

An analysis of aging-friendliness through the lens of reification and recognition would be limited without the contributions of Rawlsian Theory, capabilities, and intergenerational equity, in that one may view that recognition of one age category is often done in opposition to other generations (Fraser & Honneth, 2003). Rather, this should be viewed as an opportunity to blend Rawlsian and capabilities approaches to justice, in that the establishment/development of capabilities, in tandem with a realization of sameness yet individuality of one another, could be key in reducing the undue burdens of age. The issue of a generational gap, or the “us versus them” dilemma could be minimized in a manner in which members of differing age groups view one another as persons who, while having differing needs in the community as they age, also have similar goals and desires as they age and as they want to see for their community. If communities who implement a model while fostering such a way of thinking, differing age groups will find more common grounds on community issues.

**Application to a World Café Model**

Capabilities approaches lend themselves well to the concepts informing the World Café model, which was included in the process for the intergenerational discussion groups. The World Café method is characterized by a flexible environment in which the participants become the leaders and navigate the conversations. The goals in a World Café model are not predetermined, but only rest on the freedom of participants to direct the conversations, determine goals/needs, and develop solutions/plans (Burke & Sheldon, 2010; The World Café, 2018). Through such an approach, it is important that
participants not only perceive an invitation to participate, but are empowered to drive and
develop the outcomes. In this manner, empowerment refers to the capabilities people
possess or are afforded, and – more importantly – perceive that they have (Rawls, 1971,
1984; Sen, 2001). Central to the idea of outcomes are the assets that come from the
World Café model, whether they exist as policies, programs, or other structures (Green &
Goetting, 2010).

While it has been established that Livable Communities is a policy initiative (or a
mechanism by which programs are developed) rather than a policy or program in and of
itself, it is crucial that policies and/or programs be developed in order for continued
sustainability and success of aging-friendly work. Policies and programs must be
developed in a way that both capabilities and assets are enhanced while keeping in mind
the justice principles to promote such work. Thus, the process of intergenerational
discussion groups could be pushed forward as an intervention when it calls on
participants to identify, develop, and harness assets to contribute to aging-friendly
community planning.

IMPLICATIONS & IMPACT

The idea of “aging” or “aging in place” should not refer to where one will spend
the rest of – or end – his/her life, but where one would want to live… for now. “Aging in
place” is not something that is good or bad, or something that should be achieved.
Rather, one should be able to develop and maintain an idea of what it means to “age in
place” – it is up to the community to preserve it. As Sen (2001) reminds, capabilities
exist as freedom, and one’s capability to age in place (however it is defined) would

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remain as an ultimate freedom as one ages. The “place” might even change over time as one’s needs and values change – the community should then be accommodating to the person in making adjustments.

While it is not feasible to put all people in large cities and communities into these intergenerational discussion groups, these become a type of activity a community can support in order to promote aging-friendliness. The work done in the intergenerational discussion groups is a way in which the community and the people can be more connected, and the people of various ages can be more connected and in tune with the needs of one another. It is then hoped that the work that is accomplished in the intergenerational discussion groups – and their impact on perceptions, attitudes, etc. – will spread throughout the community. One question to consider is whether the intervention is truly an intervention for the participants of the intergenerational discussion groups, or for the community. Through the work of this dissertation, the answer would be both; while the immediate changes are seen in the participants, the community should also benefit in the long-term. The hope and the goal of the intergenerational discussion groups is that work toward building an aging-friendly community does not stop when the discussion groups have formally ended – that there is some momentum which can propel these participants into further engaging in their community and with others.

It is crucial that aging-friendliness work continues, that researchers and community members continue to work together, and the scholarship is pushed forward. This is not just a problem for social work; in fact, it may not be a problem that can be primarily addressed by social work. Rather, aging-friendliness work also depends on the contributions of gerontologists, city planners, community organizers, and other service
providers. While this work is broader than that which the field or discipline of social work can solve, it is important that social work remains at the table, and adds a valuable perspective in terms of thinking of social justice that is afforded to persons of all ages.

What is known about aging-friendliness work – particularly in terms of outcomes and long-term goals – is still somewhat unknown, but there is much to be learned. Just as each person is different in how he/she views community, so is each community and how they would approach such work. Each plan will continue to be different and, while it may not be beneficial to compare each one on a certain standard, evaluation can illustrate the ways in which each community is unique in working towards aging friendliness.

This research provides a context for which this aging-friendliness work (e.g., needs assessments, intergenerational discussion groups) can exist in a context that affords freedom, participation, and decision-making to persons of all ages. This exists in a manner in which an intergenerational, transactional approach affords freedom to persons of one age group, while not infringing upon the freedom of another. Through this research, it is clear that the invitation to participate is not enough. Rather, it is equally – if not more – important that community members perceive their own capability to participate in a community, its institutions, and decision-making. As the work of aging-friendly communities evolves, it is paramount that we 1) move away from participation or inclusion as something that is given – as it is more effective to do with than to do to or for persons in the community, and 2) move away from aging in place as something we should do and into something that we should be able to do.

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APPENDIX A: SURVEY INSTRUMENT

Original contains all items on Pre-Test

Items included on Post-Test highlighted in Yellow
Livable Lexington

You have been specially selected by the Livable Lexington initiative to take part in our interactive survey! Thank you for your willingness to participate in the 2014 Livable Lexington survey.

If you would like to fill out this survey online instead, please go to: https://www.surveymonkey.com/s/LivableLexington

The Livable Lexington initiative is sponsored by the Senior Services Commission of the Lexington-Fayette Urban County Government (LFUCG) and by AARP Kentucky.

A livable community is one that allows people of all ages to maintain independence and quality of life. Livable communities are safe and have mobility options for all residents. A livable community is reflected in the quality of open spaces, the design and accessibility of public buildings, the range and quality of housing options, and the availability of transportation for all residents. A livable community provides an array of employment options, quality and accessible health care, and a wide range of social opportunities for all ages. Finally, a livable community is a community of respect and inclusion that fosters civic and social participation through open communication and information. Through Livable Lexington, we want our city and county to become an even better place to live.

You can help in this process by completing the following questionnaire. Please answer all of the questions that you can. We encourage you to add your comments in the spaces provided, or at the end of the survey. Please note that the information you provide is confidential and will not be shared in any way that could lead to your identification. Please mail the completed surveys back to us at the Return Address: AARP Kentucky, 10401 Linn Station Road, Suite 121, Louisville, KY 40223.
1. How do you define your community? For example, the immediate area of your residence, neighborhood, faith or social community, city, or county. Please explain.

2. What is your 5-digit ZIP code?

3. How would you rate your community as a place for people to live as they age?
   - Excellent
   - Very Good
   - Good
   - Fair
   - Poor

4. How long have you lived in your current Zip Code?
   - 6 years or less
   - 6-16 years
   - 16-26 years
   - 26-36 years
   - 36-45 years
   - 46 years or more

5. If you are NOT a Lexington native, what made you move to the Lexington area?
6. What is your age?
- less than 25
- 26-35
- 36-45
- 45-55
- 55-65
- 65-75
- 75-85
- 85 or older

7. How important is it for you to remain in your community as you age?
- Very Important
- Somewhat Important
- Not at all Important

Why or Why not?
8. If you were to consider moving out of Lexington/Fayette County, would the following factors influence your decision to move?

<table>
<thead>
<tr>
<th>Factor</th>
<th>Yes</th>
<th>No</th>
<th>Not Sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>A different size home</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expense of maintaining your current home</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Your personal safety or security concerns</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to live independently as you age</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Better health care facilities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Being closer to family</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access to public transportation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Different climate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A lower cost of living</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Using the value of my home as retirement income</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Additional comments:

9. What would make your community more Livable?


10. How would you define "Successful Aging?"


11. How important is it for you to be able to live independently in your residence as you age?

- Extremely Important
- Very Important
- Somewhat Important
- Not at all Important

12. People sometimes make modifications to their home to allow them to stay there as they age. Do you think you will need to make the following changes to your home to enable you to stay there as you age?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Not Sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Install a ramp, chairlift or elevator, or wider doorways</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bathroom modifications such as grab bars, handrails, higher toilet or non-slip tile</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Add a bedroom, bathroom and kitchen on the first floor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Improve lighting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Install a medical emergency response system that notifies others in case of emergency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Providing Living Space for Caregivers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Changes to accommodate caring for someone with Dementia</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Additional comments:
13. How important do you think it is to have the following in your community?

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Very important</th>
<th>Somewhat important</th>
<th>Not at all important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trustworthy home repair contractors</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Well-maintained homes and properties</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A home repair service for low-income and older adults</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seasonal services for lawn work or snow removal for low-income and older adults</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Affordable housing for adults of varying income and ability levels</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Homes that have a no step entrance, wider doorways, grab bars in bathrooms, and first floor bedrooms and bathrooms</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safe housing</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

14. What from the Above List is most needed in your community?

15. What grade would you give Lexington in its ability to meet Housing needs?

- Excellent
- Very Good
- Good
- Fair
- Poor
## Livable Lexington

### Outdoor Spaces and Buildings

16. How important do you think it is to have the following in your community?

<table>
<thead>
<tr>
<th>Feature</th>
<th>Very Important</th>
<th>Somewhat Important</th>
<th>Not at all Important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Well-maintained and safe parks within walking distance of your home</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public parks with adequate seating</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sidewalks in good condition and accessible for wheelchairs and walkers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Well-maintained public buildings and facilities accessible to people of different physical/mental abilities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Separate pathways for bicyclists and pedestrians</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Well-maintained public restrooms accessible to people of different physical abilities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adequate lighting for pedestrians to be outside safely after dark</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adequate green space</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adequate and well designed signage to inform of traffic, construction, events, etc.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neighborhood Watch Program</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

17. What grade would you give Lexington in its ability to provide quality Outdoor Spaces and Buildings?

- [ ] Excellent
- [ ] Very Good
- [ ] Good
- [ ] Fair
- [ ] Poor
**Livable Lexington**

**Transportation and Streets**

18. How do you get around for shopping, visiting the doctor, running errands, or going to other places?

<table>
<thead>
<tr>
<th>Method</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drive Yourself</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use Lextran</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Walk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ride a Bicycle</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use Wheels Transportation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Take a Taxi/Cab</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use a special transportation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>service, such as one for</td>
<td></td>
<td></td>
</tr>
<tr>
<td>seniors or persons with</td>
<td></td>
<td></td>
</tr>
<tr>
<td>disabilities</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Additional comments:

---

19. How concerned are you concerned about your transportation needs when you are no longer able to drive?

- Very Concerned
- Somewhat Concerned
- Not At All Concerned
- I Have Not Given This Much Thought
### Livable Lexington

#### 20. How important do you think it is to have the following in your community?

<table>
<thead>
<tr>
<th>Aspect</th>
<th>Very Important</th>
<th>Somewhat Important</th>
<th>Not at all Important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accessible and convenient public transportation</td>
<td>O</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Affordable public transportation</td>
<td>O</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reliable public transportation</td>
<td>O</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safe public transportation stops or areas</td>
<td>O</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Special Transportation services for people with special needs and older adults</td>
<td>O</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Well-maintained streets</td>
<td>O</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Easy to read traffic signs</td>
<td>O</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enforced speed limits</td>
<td>O</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plenty of Public Parking</td>
<td>O</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Affordable public parking</td>
<td>O</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Well-lit, safe streets and intersections for all users (pedestrians, bicyclists, drivers)</td>
<td>O</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Audio/visual cues at pedestrian crossings</td>
<td>O</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enough time to cross at intersections</td>
<td>O</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Driver education/refresher courses</td>
<td>O</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 21. What grade would you give Lexington its ability to provide quality Transportation?

- [ ] Excellent
- [ ] Very Good
- [ ] Good
- [ ] Fair
- [ ] Poor
22. In general, when compared to others your age, how would you rate your health?
- [ ] Excellent
- [ ] Very Good
- [ ] Good
- [ ] Fair
- [ ] Poor

23. Do you engage in the following physical activities? (Select all that apply)
- [ ] Walking
- [ ] Running
- [ ] Biking
- [ ] Gardening/Yard Work
- [ ] Strength Training/Conditioning
- [ ] Yoga
- [ ] Tai Chi
- [ ] Swimming
- [ ] Zumba/Other Dancing Exercise

If not listed above, please describe:

24. Do you experience problems in accessing health care services?
- [ ] Physical Access (cannot get there)
- [ ] Economic Access (cannot afford it)
- [ ] Social/Other

If other, please explain.
### Livable Lexington

**25. How important do you think it is to have the following in your community?**

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Very Important</th>
<th>Somewhat Important</th>
<th>Not at all Important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and wellness programs and classes</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Conveniently located health and social services</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Conveniently located emergency services</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Information on local health and supportive services</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Qualified home care services including health, personal care and housekeeping</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Health care providers that take my form of payment</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>A variety of health care professionals including specialists</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Health care professionals who speak different languages</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Understandable/helpful local hospital/clinic answering services</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Accessible and affordable mental health services</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Disaster response plans specifically for older adults</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Accessible and affordable healthy foods</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Dementia education and awareness programs and activities</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Health professionals trained in dementia care</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

**26. What grade would you give Lexington in its ability to meet Health & Wellness needs?**

- Excellent
- Very Good
- Good
- Fair
- Poor
Livable Lexington

Social Participation, Inclusion and Education Opportunities

27. Do you feel socially accepted in your community?
   - Yes
   - No
   - Not sure
   - Why or why not?

28. How important is cost in your decision to participate in community activities?
   - Very important
   - Somewhat important
   - Not at all important

29. The Lexington community supports and values persons who work later in life.
   - Strongly Agree
   - Agree
   - Disagree
   - Strongly Disagree
   - Have no Opinion

30. The Lexington community supports and values persons who want to participate in ongoing educational opportunities
   - Strongly Agree
   - Agree
   - Disagree
   - Strongly Disagree
   - Have no Opinion
# Livable Lexington

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## 31. How important do you think it is to have the following in your community?

<table>
<thead>
<tr>
<th></th>
<th>Very important</th>
<th>Somewhat important</th>
<th>Not at all important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conveniently located venues for entertainment</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Activities specifically geared to older adults</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Activities that offer senior discounts</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Activities that are affordable to all residents</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Activities that involve both younger and older people</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Accurate and widely publicized information about social activities</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>A variety of cultural activities for diverse populations</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Local schools that involve older adults in events and activities</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Continuing education classes</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Social clubs such as book, gardening, craft or hobbies</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Extended hours of service and programs</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Coordination of services among organizations</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

## 32. What grade would you give Lexington in its ability to meet social participation, education, and inclusion needs?

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor
Volunteering and Civic Engagement

33. How important do you think it is to have the following in your community?

<table>
<thead>
<tr>
<th></th>
<th>Very Important</th>
<th>Somewhat Important</th>
<th>Not at all Important</th>
</tr>
</thead>
<tbody>
<tr>
<td>A range of volunteer activities</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Volunteer training opportunities</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Opportunities to participate in decision-making bodies (i.e. community councils or committees)</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Easy to find information on available local volunteer opportunities</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>A range of volunteer job opportunities</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

34. Of the above items, which is the most important to have in your community?

35. What grade would you give for how engaged/included you feel in your community?

- Excellent
- Very Good
- Good
- Fair
- Poor

36. How do you learn about available volunteer opportunities? (Select all that apply)

- Television
- Newspaper, Mailing, or Email
- Friends/Family
- Faith Community or Recreational Group
- Other
# Livable Lexington

## Job Opportunities

### 37. Which of the following best describes your current employment status?
- [ ] Self-employed, part-time
- [ ] Self-employed, full-time
- [ ] Employed, part-time
- [ ] Employed, full-time
- [ ] Unemployed, but looking for work
- [ ] Retired, still employed
- [ ] Retired, not working at all
- [ ] Not in labor force for other reasons

### 38. How important do you think it is to have the following in your community?

<table>
<thead>
<tr>
<th>A range of flexible job opportunities for older adults</th>
<th>Very important</th>
<th>Somewhat important</th>
<th>Not at all important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job training opportunities for older adults who want to learn new job skills within their job or get training in a different field of work</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Jobs that are adapted to meet the needs of older people and those with disabilities</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Self-employment options for older adults are available</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Positive attitudes toward older workers</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

### 39. What grade would you give Lexington in its ability to provide Job Opportunities?
- [ ] Excellent
- [ ] Very Good
- [ ] Good
- [ ] Fair
- [ ] Poor
40. Where would you turn if you, a family member, or a friend needed information about services for older adults (i.e. caregiving services, home delivered meals, home repair, medical transport, or social activities)?

41. How important do you think it is to have the following in your community?

<table>
<thead>
<tr>
<th>Access to community information through one central source</th>
<th>Very important</th>
<th>Somewhat important</th>
<th>Not at all important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clearly displayed printed community information with large lettering</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A place you can call for community information</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Free access to computers in public places</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community information that is delivered in person to people who may have difficulty or may not be able to leave their home</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community information that is available in a number of different languages</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Free access to Wi-Fi internet in public places</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

42. What grade would you give Lexington in its ability to meet Communication and Information needs?

- Excellent
- Very Good
- Good
- Fair
- Poor
About You

43. What is your sex?

- Male
- Female
- Trans Male
- Trans Female

If not represented, please describe how you identify:

44. What is your current relationship status? (Select all that apply)

- Married
- Civil Union
- Cohabitating (Living Together)
- Partnered
- Single
- Separated
- Divorced
- Widowed

If not represented, please describe how you identify:

45. Do you consider yourself to be:

- Heterosexual or straight
- Gay or lesbian
- Bisexual

If not represented, please describe how you identify:
46. Are you or your spouse/partner currently a member of AARP?

- Yes
- No
- Not sure

47. Besides you or your spouse/partner, do you have any of the following people currently living in your household?

<table>
<thead>
<tr>
<th>Category</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child/children under 18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child/children 18 or older</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child/children away from home part-time (i.e., college)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult relative or friend 18 or older</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If not listed, please describe:

48. Do you have pets?

- Yes
- No

49. Do you have a disability? (Please specify the nature of the disability)

50. What is your race and/or ethnicity? (Check one box only, please)

- White or Caucasian
- African American or African
- American Indian or Alaska Native
- Asian American or Asian
- Latino or Hispanic
- Middle Eastern
- Native Hawaiian or Other Pacific Islander

If not represented, please describe how you identify:
51. What is the highest level of education you have completed?

- K-12th grade (no diploma)
- High school graduate, GED or equivalent
- Post-high school education/training (no degree)
- 2-year college degree
- 4-year college degree
- Post-graduate study (no degree)
- Graduate or professional degree(s)

Other (please specify):

52. How often do you vote in local elections?

- Always
- Most of the time
- About half of the time
- Never

53. Do you use the Internet?

- Often
- Sometimes
- Rarely
- Never
54. What was your annual household income before taxes in 2013?
- Less than $10,000
- $10,000 to $25,999
- $26,000 to $45,999
- $46,000 to $74,999
- $75,000 to $99,999
- $100,000 to $149,999
- $150,000 or more

Other (please specify)

55. If you have other comments for the Livable Lexington Initiative, please provide those in the space below

THANK YOU!

The LFUCG Senior Services Commission, AARP Kentucky, your neighbors (who are also participating in the project), and all those involved in the Livable Lexington initiative (which now includes you!) is very grateful for your participation and cooperation in making Lexington more livable for all ages!

If you would like to be invited to our meetings and updated on our progress, please provide your contact information (either your email address or phone number) in the space provided. When you are finished, please mail the survey back to us by Tuesday December 16, 2014. Please address to the Return Address: AARP Kentucky, 10401 Linn Station Road, Suite 121, Louisville, KY 40223
APPENDIX B: INTERGENERATIONAL DISCUSSION GROUP AGENDAS

Livable Lexington Focus Groups
May 12th Agenda
4:30pm – Lexington Senior Center

4:30 – 5:00  -  Check-Ins

**********************************************************

Enjoy the food,
Compliments of AARP Kentucky

5:00 – 5:10  -  Welcome

******** Livable Lexington administrator
Lee Ferrell, discussion group facilitator

5:10 – 5:40  -  Introduction/Overview of the Focus Group Project
Lee Ferrell

5:40 – 5:55  -  Introduction to Group Dynamics Leaders

Housing – ******
Transportation – ******
Social Inclusion – ******
Employment – ******
Communication – ******

5:55 – 6:15  -  What is Lexington Doing Well?
Overall Discussion of the Domains
Policy and Program Development

6:15  -  Close of Session 1
The next session will be Tuesday, May 26th
We will meet briefly as a whole, but most of this meeting will be in groups
Livable Lexington Focus Groups
May 26th Agenda
4:30pm – Lexington Senior Center

4:30 – 5:00 - Check-Ins, Signing of Consent Forms

************

Enjoy the food,
Compliments of AARP Kentucky

5:00 – 5:15 - Welcome

*******, Livable Lexington administrator
Lee Ferrell, discussion group facilitator

5:15 – 5:20 - Domain Groups Placement and Explanation

Lee Ferrell

5:20 – 6:20 - Working in Domain Groups

Housing – ******
Transportation – ******
Social Inclusion – ******
Employment – ******
Communication – ******

Also during this time, we will come around and disperse some extra materials to assist in your group work.

Make sure that if your group needs to use any equipment (i.e., projector, computer), that you let your group leader of Lee Ferrell know by the end of Meeting 3 (June 9th) so that these items may be prepared for you.

6:15 - Close of Session 2

The next session will be Tuesday, June 9th
We will meet briefly as a whole, but most of this meeting will be in groups
Livable Lexington Focus Groups  
June 9th Agenda  
4:30pm – Lexington Senior Center

4:30 – 5:00  -  Check-Ins, Signing of Consent Forms

****************

Enjoy the food,  
Compliments of AARP Kentucky

5:00 – 5:15  -  Welcome

********, Livable Lexington administrator
Lee Ferrell, discussion group facilitator

5:15 – 5:20  -  Explanation of Implementation Strategies

Lee Ferrell

5:20 – 6:20  -  Working in Domain Groups

Housing – ******
Transportation – ******
Social Inclusion – ******
Employment – ******
Communication – ******

Also during this time, we will come around and disperse some extra materials to assist in your group work.

Make sure that if your group needs to use any equipment (i.e., projector, computer), that you let your group leader of Lee Ferrell know by the end of Meeting 3 (June 9th) so that these items may be prepared for you.

6:15  -  Close of Session 3

The next session will be Tuesday, June 16th
We will have a small amount of time for preparation, leading into group presentations.
Livable Lexington Focus Groups
June 16th Agenda
4:00pm – Lexington Senior Center

4:00 – 5:00 - Group Working Time, final Preparations

************

Enjoy the food,
Compliments of AARP Kentucky

5:00 – 5:15 - Welcome

*******, Livable Lexington administrator
Lee Ferrell, discussion group facilitator

5:15 – 6:30 - Domain Presentations

Housing – ******
Transportation – ******
Social Inclusion – ******
Employment – ******
Communication – ******

6:30 – 6:45 - Feedback from Executive Committee, Questions

6:45 - Announcement of winning plan(s), closing
APPENDIX C: TRAINING SESSION MATERIALS FOR INTERGENERATIONAL DISCUSSION GROUPS

Cover Letter

May 16, 2015

Dear Focus Group Participant:

Thank you for your willingness to participate in the Livable Lexington Domain Enhancement Project.

This project is part of the Livable Lexington Initiative, which seeks to make Lexington more age-friendly. You filled out the Livable Lexington survey in the Fall of 2014, which qualified you for inclusion in these focus groups.

You have been recruited from a pool of hundreds of potential participants. Not only is your participation very special to us, but it will be very important to your community as well!

In this project, you will (in your groups) develop answers to some of the difficulties faced by Lexingtonians in the areas of Housing, Transportation, Communication, Social Inclusion, and Employment. Prior to joining this project, you identified or agreed on a domain group in which you wished to participate.

The other materials in this packet will pertain to your specific domains, the layout of this project, and a consent form for your consideration.

Prior to your participation in these groups, you filled out a pretest, and you were given an ID number. At the end of this 4-session project, you will be given a similar posttest questionnaire. If you could please fill this out (only with your ID number) in the last session, it would be greatly appreciated. These ID numbers will be used only to keep your first-session and last-session surveys together – not to identify you in any way.

Again, we sincerely appreciate your participation. Let’s make more Lexington more Livable!

D. Lee Ferrell
Livable Lexington
What is a Livable Community?
Livable Lexington Focus Groups
May & June 2015

❖ A Livable Community is one that makes more efforts to be Age-Friendly.

❖ An Age-Friendly Community means that it works for people of all ages.

❖ Livable Communities were developed by the World Health Organization (WHO) in 2007 at the Council in Geneva, Switzerland

❖ AARP joined in the effort in 2012

❖ There are more than 25 states in the U.S. working toward Age-Friendly communities

❖ Lexington, Kentucky is the second community (out of 3) in Kentucky working toward Age-Friendly. It is the first to receive Age-Friendly designation by the World Health Organization.

❖ The other two communities in Kentucky are Bowling Green and Berea

❖ A Livable Community is one in which people are able and desire to Age in Place (or in their community)

❖ A Livable Community promotes the quality of Life in Eight Core Domain Areas:
  1. Housing
  2. Transportation
  3. Outdoor Spaces
  4. Social Participation
  5. Social Inclusion & Respect
  6. Civic Participation & Employment
  7. Communication & Information
  8. Health & Wellness
Livable Lexington Focus Groups

Eight Core Domains of Livable Communities

There are two categories of Core Domains; the **Built Environment** and the **Social Environment**.

1) The **Built Environment** includes **Housing, Transportation, and Outdoor Spaces**.

2) The **Social Environment** includes **Social Participation, Respect & Inclusion, Civic Participation & Employment, Communication, and Health & Wellness**.
Livable Lexington Focus Groups
Overview of Groups

Each of the Focus Groups have been carefully selected to fulfill two purposes.

1) The Group Members are committed to one core domain area.
2) The Group is Intergenerational (representative of Age)

The Domain Groups have been selected as 5 out of 8 of the domains that are part of the Age-Friendly Communities Initiative. These groups were selected based on failing grades from the Livable Lexington Survey.

Housing - 59 Points (D-F Range)
Although approaching a passing score, it is no surprise from the survey comments that Housing is a failing domain in the City of Lexington. Also, the lack of representation from the homeless population suggests that this domain could be worse than the grade reflects.
Your Group Leaders will be ********.

Transportation - 45 Points (F Range)
Receiving the lowest score, Transportation (combined with survey comments) is the undisputed overall failing domain in Lexington.
Your Group Leaders will be *****.

Employment - 49 Points (F Range)
Receiving the second-lowest score, Employment could be is a severe problem. Many people in Lexington are having an extremely difficult time finding gainful (or any) employment. This is not just a short-term event, but a chronic crisis for some.
Your Group Leaders will be ********.

Communication - 59 Points (D-F Range)
Communication is central to all of the domains. In fact, some of the domains might have improved, had the communication about services and resources been more prevalent.
Your Group Leaders will be ********

Social Inclusion - 87 Points (A-B Range)
Although Social Inclusion technically “passed” in terms of the Livable Lexington survey, there were troubling comments that revealed that many persons are dealing with issues pertaining to social isolation, exclusion, and safety. Also, those who feel the most excluded may not feel welcome enough to fill out surveys, attend community forums, etc.
Your Group Leaders will ********.
APPENDIX D: CONSENT FORM FOR INTERGENERATIONAL DISCUSSION GROUPS

Livable Lexington Action Research and Domain Enhancement Planning Consent Form

Focus Group Participant:

We are asking you to take part in a research study being done by D. Lee Ferrell at the University of Kentucky, College of Social Work. We are holding focus groups to learn more about how to make Lexington a more livable community for persons of all ages. We will be discussing ways (such as policy changes) in which Lexington could be made more “livable” in the areas of Housing, Transportation, Social Inclusion, Employment, and Communication. There will be three (3) follow-up meetings to focus more on these topics.

Although you will not get personal benefit from taking part in this research study, your responses may help us understand more about creating an Age-Friendly Lexington.

We hope to gain the participation from 40 people, so your answers are very important to us. Of course, you have a choice about whether or not to participate in focus groups and any of the activities.

We will ask you to participate in the discussion of questions as they are relevant to the group you have selected, and were subsequently assigned (i.e., Housing). Pending the consent of all group members, each sub-group will be audio recorded. If you or any member of your group does not consent to audio recording, the group session will not be audio recorded. At the beginning of the first meeting, we will ask you to complete a short, 1-page survey relevant to your focus group. We will ask you to complete the same survey at the end of the fourth meeting. Of course, you have a choice about whether or not to fill out these questionnaires. You are welcome to participate in the discussion, but you may skip any questions/topics you do not want to participate in. Sitting out from a particular discussion does not exclude you from participation in the overall project, if you still wish to do so.

You will not be paid for taking part in this study. However, we will provide food at each session in appreciation for your participation.

If you do not wish to participate, you are still welcome to be a member of the Livable Lexington Initiative. This is just a sub-project of the initiative, and we appreciate any and all participation.

There are no known risks to participating in this study. However, there may be discussion items that may bring up personal or sensitive feelings. There are no known discussion items that would explicitly provoke such feelings, but if this occurs and you feel uncomfortable, you may choose not to answer them.
Your participation and responses in this focus group project will be kept confidential to the extent allowed by law. When we write about the study you will not be identified.

If you have any questions about the study please feel free to ask; my contact information is given below. If you have complaints, suggestions, or questions about your rights as a research volunteer, contact the staff in the University of Kentucky Office of Research Integrity at 859-257-9428 or toll-free at 1-866-400-9428.

Thank you in advance for your assistance with this project.

Sincerely,

David Lee Ferrell
College of Social Work, University of Kentucky
PHONE: 740-352-7601
E-MAIL: davidleeferrell@uky.edu

(Please see back of this sheet to sign this consent letter)
Livable Lexington Action Research and Domain Enhancement Planning
Consent Form

Statement of Consent: I have read the above information, and have received answers to any questions I asked. I consent to take part in the study.

Your Signature ______________________________________ Date __________

Your Name (Printed) ________________________________

In Addition to Agreeing to Participate, I also consent to having the interview audio recorded (with no identifying information) for note taking purposes (after the notes are written, the audio files will be destroyed).

Your Signature ______________________________________ Date __________

Signature of Person Obtaining Consent

__________________________________ Date __________

Printed Name of Person Obtaining Consent

__________________________________ Date __________
APPENDIX E: LEAD-OFF QUESTIONS FOR FACILITATORS OF INTERGENERATIONAL DISCUSSION GROUPS

Livable Lexington Focus Groups
Session 2

The following questions are to be considered for discussion at Stage 2 of the Focus Groups Project. The Second Session of the Project is focused on identifying specific problems within your domain group. Please feel free to take notes on this guide inside and out of your session. You are welcome to bring notes for discussion during the Second Session.

1. What is the domain you have been assigned? What does this domain mean to you?

2. What is your group’s understanding of this domain? What would ideally be needed in order for Lexington to be considered “Livable” in these areas?

3. When looking through some of the information on these domains, what are some issues that come up? These can be major or minor – whatever the group would deem to be interesting, important, or worthy of attention.

4. What are additional barriers, issues, or problems in promoting a community that is livable for all ages?

5. How might the problems in this domain area affect or be affected by other domain areas?

6. What are some ways in which these problems or issues could be addressed?
Livable Lexington Focus Groups
Session 3

The goal of this session is to identify concrete and feasible goals or outcomes for addressing the issues you identified in Session 2. Your group should quickly decide upon one specific issue or group of issues you would like to target. The more focused your plan, the more understandable and feasible it will be. These are all pertaining to your core domain groups. The following questions should be discussed in your groups. Any other questions or comments are welcomed!

1. What are one or two concrete issues that your group would want to address that pertain to your core domain area?

2. What are the major goals to be accomplished? If these issues or problems were to be “solved,” what would a solution look like? For example, it is now safer to cross the street in ________ neighborhood.

3. What are some do-able solutions for addressing these issues? How do we get to the goals you suggested? For example, a traffic issue in a neighborhood might be solved by advocating for a greater number of stop signs, lights, etc. Think of this in more of a realistic sense than just a “big picture” or “big idea” type of way. What solutions could you see being put into place in six months’ time? In one year’s time?

4. Are there existing resources or assets in the community that could help Lexington reach some of these solutions? Can your group identify key groups, persons, agencies, etc. that would be able to assist in making such changes occur?

5. How would you measure the success of these solutions? What would you like to see change, and in what time frame?

6. Relating back to the core domains, how does your proposed solution make Lexington a more Livable Community in terms of your domain area? How does it make Lexington more livable for all ages?
REFERENCES


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David “Lee” Ferrell was born in Portsmouth, Ohio on November 16, 1987, where he attended Notre Dame Catholic High School.

Lee Ferrell attended Shawnee State University, where he received a Bachelor of Arts in Sociology in 2010. He also attended the University of Kentucky, where he received his Master of Social Work in 2013.

Lee maintained dual employment during his doctoral studies. He was employed by the University of Kentucky, both as an instructor in the College of Social Work, and as a graduate assistant in Transformative Learning. He also served in a lecturer role with the Department of Sociology, Social Work, and Criminology at Morehead State University.

Lee was accepted into the Phi Beta Kappa National Honor Society in his first year of doctoral studies (2013-2014). He was awarded several research grants through the University of Kentucky and AARP, where he enjoyed success in implementing intergenerational discussion groups in several communities. He was also nominated for the GADE Excellent Teaching Award in 2015.

Lee’s professional publications include:
