A Qualitative Study of African American Elders' Housing in Relation to their

Well-being

A dissertation

SUBMITTED TO THE FACULTY OF

UNIVERSTY OF MINNESOTA

BY

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IN PARTIAL FULFILLMENT OF THE REQUIREMENTS

FOR THE DEGREE OF

DOCTOR OF PHILOSOPHY

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May 2017

Acknowledgements

It takes a village to complete a PhD and I could not have done it without the hundreds of people who encouraged me along the way.

Without the steadfast support of my husband, Shawn, I would never have been able to complete a PhD while working fulltime and raising a family. I look forward to a life together without post-secondary education! Thank you to my parents, Dave and Barb, for instilling in me the value of hard work and the desire to do what I can to make the world a better place. To my sister, Gretchen, for filling in for me as a parent and my brother, Jon, for always being positive that I could do this.

To the Episcopal Homes staff, Nancy Galas, Gino Nelson, Vanne Owens Hayes, Beverly Probst, and Stearline Rucker, my sincere gratitude for connecting me with the amazing people who participated in my research.

Thank you to the University of Minnesota faculty who served as dissertation committee members and provided guidance and critical review throughout the process, Dr. Marilyn Bruin, Dr. Lois Cutler, Dr. B. Jan McCulloch, Lin Nelson-Mayson, and Dr. Becky Yust.

To my supervisor, Joseph Favour, Department of Landscape Architecture, for supporting me as a student and employee. I consider you an ex officio committee member for pushing and supporting me to finish.

To the rest of my colleagues in the Department of Landscape Architecture, the College of Design, as well as other professional colleagues, friends, and family members who supported, encouraged, and helped me with writing and scholarly conversations— thank you! You know who you are.

Dedication

This dissertation is dedicated to the 17 incredible African American elders who placed their trust in me to accurately share narratives of their remarkable lives. I am truly humbled for this great honor.

To my children, Logan and Jackson, I know you gained an appreciation of hard work and perseverance as you watched your mom struggle with frustration and fear, but saw me press on when quitting would have been so much easier. Your unwavering and always upbeat, "you can do this mom," helped me get through my most challenging moments.

Abstract

The primary focus of this exploratory study was to determine how the interaction of human characteristics and the physical and social environment characteristics of home affect well-being among African American elders. An Ecological Model of Aging was used to investigate this issue and included components of the physical and social environments and demographics of the sample. Physical environment characteristics investigated included housing type, housing tenure, and neighborhood. Social environment characteristics investigated included sense of community, place attachment, and safety. Typically, these characteristics are defined by the perspective of the dominant group of people who are studied. Minority groups' perspectives are not often represented in research literature, given ancillary attention, or interpreted/misinterpreted by well-informed and well-intentioned individuals who may lack race consciousness or understanding of institutional racism.

To resolve this issue, a qualitative research study was completed using data collected from 17 African American adults aged 65 years and older who live in non-institutionalized, community-based housing in Twin Cities area of Minnesota. Physical environment findings indicate housing type and tenure have a strong influence on African American elders' overall well-being. Social environment findings suggest participants' sense of place and where they live deeply impact their identity and satisfaction. It was also determined that there is

interaction between the physical and social environments, which supports the Ecological Model of Aging. The socioeconomic status and security of a safe, decent, and affordable home, in a supportive and amenity-rich community, were also found to influence participants' well-being.

Ancillary to the study's findings, this research also demonstrates the importance of race-centered research, suggesting racism be appropriately included as a form of environmental press in the Ecological Model of Aging theoretical framework. This study's findings further suggest that to reduce disparities, researchers and policy decision makers must understand aspirations, needs, and challenges of African Americans and recognize the critical role of the homeplace in buffering the negative effects of racism, and, for those who are African American and poor, to buffer the negative effects of racism *and* poverty.

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Chapter 1: INTRODUCTION

Aging in place is the aspiration of the majority of elders (AARP, 2010; Haber, 2009; Kahana, Lovegreen, Kahana, & Kahana, 2003; Lee, 2008; Soldo,1985). For most Americans, this means they can grow older in a familiar environment. They can live independently in a place they call home rather than moving to an institutional environment, such as assisted living or a nursing home.

What defines home is unique to each individual. In general, home is the environment where most people express a sense of control, mastery, and familiarity (Caouette, 2005; Kontos, 1998; Lawton, 1990b; Sixsmith,1990). As individuals experience changes in physical, (i.e., mobility), and cognitive abilities, the activities of daily living (ADL) increasingly become limited to the near environment (Baltes, Freund, & Horgas, 1999; Nygren et al., 2007). Therefore, with aging, the physical environment increases in its influence over people's health and well-being. It is the physical environment that presents obstacles or enhancements for ADL especially as related to people's housing type, (e.g., single-family house, multi-family house), and tenure, (e.g., rented or owned home). Further, social environment characteristics such as the psychological bond and place attachment to home increases in importance. Socially, the home holds memories of raising children, long-lasting neighborhood friendships, and birthday and holiday celebrations, all of which can contribute to people's satisfaction, place attachment, and identity.

Understanding the fit among people's personal characteristics or competencies, their abilities to live in their physical homes, and their satisfaction with their social environment has increased in importance as the concept of aging in place has become the accepted housing norm associated with aging (Koncelik, 2003). Furthermore, Battisto (2004) affirmed that physically modifying or socially adapting a person's home to meet environmental deficits to accommodate physical and cognitive changes associated with aging, are important predictors of quality of life (Lawton, 1997; Struyk & Katsura, 1987) and maintaining independence (Soldo, 1985). Therefore, the physical and social environments, once again, seem to be related to people's well-being in their homes.

Research Problem

Most research on aging in place and the meaning of home defines these terms and their conditions by the perspective of the dominant group of persons who have been studied. Minority groups are often excluded from research literature or given ancillary attention in research on housing and aging. Although senior housing developments for low-income households are often populated by minority individuals, there is little research-based evidence of their concerns about how their homes enhance or hinder their health and well-being.

For example, African Americans are underrepresented in gerontological research (Dressel, Minkler, & Yen, 1997; Stanford, 1991). Housing research specifically aimed at the housing needs and preferences of African Americans tends to be descriptive rather than explanatory (Jagun, Brown, Milburn, & Gary,

1990). Further, existing research is focused on African Americans in institutionalized or public housing (Brown, 1995). There is very little research on independent renters and homeowners.

Additionally, much of the research on African Americans focuses on pathology, which further reinforces stereotypes and myths about rather than the assets and strengths of African Americans (Blake & Darling, 2000; Stanford, 1991). The term "double jeopardy" was coined by Dowd and Bengtson (1978) to describe being negatively stereotyped for being both "old and Black." For many African Americans, these characteristics have negatively influenced their quality of life due to a lifetime of racism, poverty, and poor health (Williams, Yu, Jackson, & Anderson, 1997). However, many African American elders persevere and overcome both poverty and poor health to live satisfying lives. In 2008, 60% of African American elders had high school degrees compared to only 9% in 1970; 20% of African American elders lived in poverty, down significantly from 48% in 1968 (Federal Interagency Forum on Aging-Related Statistics, 2012). These data also show that African American elders are becoming healthier. Since 1960, African American males' life expectancy increased by 2.6 years and African American female's life expectancy increased by 3.6 years. Ninety-six percent of African American elders reported they had a reliable source of health care (Administration on Aging, 2010[1]). The pervasiveness of societal racism and White domination of minority groups persists despite increases of African

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1 The 2010 data have been replaced online with 2014 data that no longer include these statistics

Americans who acquire advanced post-secondary degrees, homeownership, executive corporate positions, and successful stable self-employment (Boutte & Jackson, 2014; Feagin & Sikes, 1994; Hochschild,1996).

However, descriptions of the lived experiences of the African American middle-class are conspicuously missing from research studies and the resulting literature. Despite indicators of lessening achievement gaps, the influence of a lifetime of racism for older African Americans continues to be an important predictor of well-being. Furthermore, the influence of the physical and social environments, as well as personal characteristics of African American elders, needs to be further explored to inform housing decision-makers of the characteristics that hinder or enhance African Americans' well-being.

Purpose

The primary focus of this exploratory study was to determine how the interaction of human characteristics and the physical and social environment characteristics of home affect well-being among African American elders.

A qualitative approach was used to collect and analyze data from adults aged 65 and older residing in non-institutionalized, community-based housing in the Twin Cities area of Minnesota. The findings will contribute to the understanding of African American housing experiences as related to their well-being. African American community-dwelling elders have a broad range of unique experiences that can inform policy, programming, and the design of homes and inclusive community environments that support well-being.

Chapter 2: REVIEW OF LITERATURE

A review of literature was conducted to identify variables and inform the design of this study. Literature is discussed that provides a background for the study by first reviewing key characteristics, attributes, and health of older people in general, then specifically of African Americans. Next, literature related to the physical environment was explored including research about people's housing type, tenure options, and neighborhood. The third topic of the literature review relates to the largest component of the study, the social environment. This section includes research on residential satisfaction, socioeconomic conditions, place attachment, and issues such as security and independence. These issues all provide a context for understanding the influence of housing on African American elders' well-being. Finally, the Ecological Model of Aging, the theoretical framework that guided this research is also presented.

Review of Elders' Characteristics

It is important to briefly review some of the characteristics of elders as they age, specifically as related to housing. A review of some negative perceptions and how their health is affected follows.

Key Characteristics and Attributes of Elders Related to Housing

Society has viewed older adults as frail, needy, and in particular, disabled (Kane, Priester, & Neumann, 2007). However, there is evidence of a shift from a "helping" paradigm for the frail to an "empowerment" paradigm of capitalizing on the strengths and assets of elders, i.e., aged 65 years and older (Haber, 2009). Still, negative perceptions of older adults' abilities remain. A review of several of

these negative perceptions indicates there is an influence on elder's housing opportunities and decisions.

Denial about aging. The Pew Research Center (Taylor, Morin, Parker, Cohn, & Wang, 2009) found that children of aging parents reported that their parents had more problems handling their personal affairs than the parents reported. In an AARP (an association of people over 50 years of age) survey, 89% of adults age 50 and over reported a preference to stay and age in their current homes, yet only half felt their homes would accommodate them as they got older (ARRP, 2010). The denial and lack of planning for diminishing abilities may be why a crisis, such as a fall or a trip to the emergency room, often precipitates older adults moving to a more accommodating and supportive residential environment. In a qualitative study, Liken (2001) was guided by crisis theory to conduct in-depth interviews with 20 family caregivers who had recently moved a family member with Alzheimer's Disease to an assisted living facility (ALF). Only 5 of 20 caregivers reported they had been planning for and anticipating that a move of their family member to a more accommodating environment would be necessary. Furthermore, 13 of the 20 caregivers reported that an unanticipated accident or a fall of their family member initiated the move to an ALF. They found that often the unanticipated crisis was due to denial of earlier warning signs and that denial was a coping mechanism for both the elders and their adult children.

Fear of loss of independence. One reason that people deny the signs of aging is fear of the loss of independence that accompanies getting older. Loss of

independence is feared more than nursing home placement or even death

(Thomas & Blanchard, 2009). Across cultures, a great deal of value is placed on

independence, which might seem inconsistent with the fact that close, socio-

emotional relations are also strongly valued. But, these two things often coexist.

In the Rural Older Woman's Project, Shenk (1998) built on the literature of

Beaver (1986) and Salber (1983) and conducted research with women living in

poverty in central Minnesota. Her findings demonstrated that for older, low-

income, rural women, a high cultural value is placed on being married. When

these women speak of living independently or valuing independence, they are

referring to independence as a *household* unit, not as an individual separate from

their spouse. This strong value of household independence is highly influenced

by a close network of family, friends, and community members whom they

depend on for emotional and physical support. But, there is strong resistance to

formal supports that would undermine the household unit's independence.

In contrast, the value placed on independence in aging populations can

threaten safety and contribute to isolation and depression if not balanced with

appropriate supports. Research indicates vulnerable or low-income older adults

would benefit from moving to a more supportive environment (Golant, 2008).

Stigma and ageism. American culture places great importance on youth,

independence, and contributions to society; all of which are problematic to

growing old (Sokolovsky, 1990). Cruikshank (2003) reminds us that "the aging

process is made special by fear, denial, and the belief that it is a problem or a

disease, all attitudes that are culturally determined" (p. 203). There is a stigma

attached to moving from the housing norm of independent living to alternative,

supportive, institutionalized housing (Morris & Winter, 1978; Rowles,1994) fed by

elders' fear and denial. In addition, older adults are also often stigmatized as

incompetent (Groger, 1995) and dependent (Kane, Lum, Cutler, Degenholtz, &

Yu, 2007), and this stigmatization results in discrimination and a loss of status.

Their findings demonstrated dominant cultural values among younger American

generations tend to be discriminatory toward the elderly and contribute to

ageism.

Ageism can be seen as a process of systematic stereotyping of and

discrimination against people because they are old, just as racism and

sexism accomplishes this for skin color and gender. "Old people are

categorized as senile, rigid in thought and manner, old-fashioned in

morality and skill…ageism allows the younger generations to see older

people as different from themselves, thus they subtly cease to identify with

their elders as human beings" (Butler, 1975, p. 35).

It is not only younger generations that are responsible for ageism. Older

adults who are healthy can also exhibit ageism when they do not want to interact

with less healthy individuals, such as older adults with dementia (Dobbs et al.,

2008; Schwarz & Brent, 1999).

Independent living. Fear, denial, the stigma of aging, and the stigma of

having to move to more supportive housing, often make older adults want to

remain in independent living situations longer than is safe or practical. However,

the literature reveals independent living does have a positive impact on quality of

life.

The perception of independence and autonomy that the home environment provides are important determinants of quality of life for older adults (Black, Dobbs, & Young, 2012; Cutler, 2007; Lawton, 1990a; Lovering, 1990; Regnier, Hamilton, & Yatabe, 1995; Schwarz & Brent, 1999). The significance of a person's home environment and their personal objects, tends to increase as people age; being in this familiar environment establishes a sense of well-being and control (Lawton, 1990b; Oswald, Jopp, Rott, & Wahl, 2010). Without personal control, physical and psychosocial well-being may decline (Bowling, Fleissig, & Gabriel, 2003; Lawton, 1990b; Schulz & Heckhausen, 1998).

Having independent mobility - for most this means being able to drive a car - is also an important form of personal control for many older adults. Depression and decreased activities out of the home have been found to occur in older adults who can no longer drive. These were found to be an independent risk factor for long-term care placement even when controlling for functional status (Freeman, Gange, Munoz & West, 2006).

Health of Older Persons as Related to Housing

A relationship exists between functional health status and the ability of older people to remain living independently (Safran-Norton, 2010).

Chronic health conditions. Americans are living longer; yet more are living with chronic diseases. The Federal Interagency Forum on Aging-Related Statistics (2012) reports that chronic diseases such as heart disease, stroke, cancer, and diabetes are among the most common and costly health conditions.

Further, that six of the seven leading causes of death among older Americans are chronic diseases, with heart disease and cancer as the top two causes. They report chronic disease not only contributed to declines in functioning, but may impede living independently.

Activities of daily living. Activities of daily living (ADL) include basic activities such as eating, dressing, and toileting. Instrumental activities of daily living (IADL) include activities such as cooking and paying bills (Lawton, 1990a). The Federal Interagency Forum on Aging-Related Statistics (2012), reported in 2009 that approximately 41% of people age 65 and older enrolled in Medicare listed at least one functional limitation - 12% had difficulty performing one or more (IADLs); approximately 25% had difficulty with at least one ADL.

The ability to perform ADLs has a dramatic impact on peoples' desires and abilities to remain living independently (Black et al., 2012). A physical and/or cognitive decline can infringe on a person's ability to perform ADLs and can heighten the risk of falling, forgetting to turn off the stove, or forgetting to take necessary medications. Not being able to perform ADLs is one of the strongest predictors of nursing home placement (Miller & Weissert, 2000).

Performing home maintenance. Even if older adults can still perform their normal ADLs, they may be unable to continue to perform larger, more complex projects, such as home and yard maintenance. In a study of independently-living adults (Fausset, Kelly, Rogers, & Fisk, 2011), it was found that 70% of participants reported difficulty completing cleaning-related or outdoor-related home maintenance tasks. The solution for over 50% of the

participants was to outsource the work. However, this puts undue stress on low-income families who cannot afford to hire out the work (Golant, 2008).

Physical Housing Environment

In addition to elders' perceptions about aging, independence, the ability to perform ADLs, and whether or not elders can rely on others for tasks they can no longer complete, different housing types and tenure influence housing decisions and expectations as aging occurs. The literature suggested housing options available typically depend on how much one can afford, satisfaction with current housing, and the ability to remain living independently. The physical environment of housing for elderly includes a variety of components. Housing type will be discussed, followed by housing tenure, that is, whether people own or rent their housing. Finally, a brief review of the physical neighborhood will be discussed as a component of the physical environment.

Continuum of Housing Options

Housing types are varied and include single family, detached dwellings; smaller and larger, multi-family attached units; and many types in-between. People may start out in one type or another and move among them throughout their lives from birth to death. The ability to live in specific housing types is often based on socioeconomic status (Morris & Winter, 1978) and the ability to remain living independently (Lawton & Nehemow, 1973; Pynoos & Nishita, 2009). In 2030, the older population is projected to be twice the number it was in 2000, increasing from 35 million to 72 million and accounting for nearly 20 percent of the total U.S. population (Federal Interagency Forum on Aging-Related Statistics,

2012). This dramatic increase in the number of older people is already impacting housing options and will impact policies for caring for older adults.

For people as they age, they may move from independent living to assisted living facility (ALF), to dependent care or nursing homes (Morris & Winter, 1978). Most older adults want to remain living where they are (AARP, 2010; Haber, 2009; Kahana et al., 2003; Lee, 2008; Soldo, 1985). For those able to remain living independently, congregate housing types, such as attached townhomes or apartment buildings specific to elders, are an attractive option for those wishing to no longer do single-family home maintenance while maintaining homeownership (Fausset et al., 2011; Pynoos, Cicero, & Nishita, 2010). Rental subsidy programs, such as the HUD 202 senior housing program, allow low-income elders to live independently in affordable housing designed for the physical needs of elders.

It is important to understand how all housing options for older adults may provide alternatives to independent living; independent living is valued above other types of living situations. However, care models that provide medical and social services at home may be gaining popularity as elders live longer. Caring for elders in their home has been found to help control long-term care costs (Batavia, 2001; Black et al., 2012; Pande, Laditka, Laditka & Davis, 2007), although low-income elders who cannot afford to stay where they are often more to a skilled nursing facility for cost, even if they do not need that level of care (Pynoos & Nishita, 2009).

There have been improvements in skilled nursing facilities with the movement from a medical model to a more personalized and individualized focus of care (Kane et al., 2007) and the prevalence of ALFs and retirement communities. Residents coined "active older adults" may choose ALFs because of opportunities for social engagement and leisure in a congregate living setting (Horowitz & Vanner, 2010; Oswald & Rowles, 2006; Sugihara & Evans, 2000). ALFs are an attractive option for active older adults needing to move from independent living because it provides the most home-like, residential setting, assistance with health care needs, and strives to preserve independence (Belsky, 1990; Brandi, Kelley-Gillespie, Liese, & Farley, 2003; Cho, Cook, & Bruin, 2012; Cutler, 2007; Oswald & Rowles, 2006; Schwarz & Brent, 1999; Scott-Webber & Koebel, 2001). In addition, adult day care may be a means of "mediating aging in place" (Cutchin, 2003, p. 1077) for frail elderly who wish to remain at home, but their caregivers need a break from providing around-the-clock care for their loved one.

Housing Tenure: Homeownership as Status

Housing tenure is the mode of holding or possessing housing and the most common forms are to own or rent (Morris & Winter, 1978). Home ownership and renting are discussed as they are the forms of housing tenure identified in this study. Homeownership is the tenure norm in the United States; which for centuries was unattainable to African Americans because of mortgage and other real estate discrimination (Morris & Winter, 1978).

Aspirations of homeownership and aesthetics of an imagined middle-class neighborhood are hallmarks of White dominated, middle-class, normalized ideals (Elwood, Lawson, & Nowak, 2015). Tenure, quality, and housing expenditure norms are related to class and income (i.e., socioeconomic status) with lower-income groups unable to achieve their housing aspirations due to more constraints that limit their housing choices to less than the norm (Morris & Winter; 1978; Rossi, 1955). There is evidence that suggests placing a strong value in the rights and benefits of homeownership strengthens the ideology of a capitalist, individual society, and politicizing housing as a commercially valued good to be traded (Zavisca & Gerber, 2016).

The commoditizing of housing is not limited to homeownership and persists among low-income rental opportunities too. Co-ops in their intent from the view of the colonized culture was to give low-income people a form of homeownership to provide individual and economic status (Clark, 1993). As Lipsitz (2006) rigorously and systematically addresses, Whiteness is a socially constructed ideal built on a history of slavery and segregation that controls the distribution of wealth and power. Homeownership continues to be a key marker of individual social and economic achievement (Rohe & Watson, 2007) and disparities between Whites and minorities remains (Di, 2007).

Much of the dominant cultural literature reduced housing to a commodity and ignored the psychosocial benefits (Pattillo, 2013 as cited by Zavisca & Gerber, 2016). As presented in the review of literature, housing provides not only economic benefits but numerous psychosocial benefits that contribute to well-

being. The upwardly mobile Black middle-class who adopt the dominant (White) cultural value of capitalistic pursuits remain rooted in their cultural identity, but not without conflict (Johnson, 2014). Deci and Ryan (2000) articulate this conflict:

> …there is considerable variability in the values and goals held in different cultures, suggesting that some of the avenues to basic need satisfaction may differ widely from culture to culture. For example, in a collectivist culture, people may resonate to group norms so acting in accord with them might lead them to experience relatedness and autonomy insofar as they have fully internalized the collectivist values of their culture. By contrast, in an individualistic culture, acting in accord with a group norm might be experienced as conformity or compliance and thus as a threat to autonomy rather than an expression of it, so behaviors that conform to group norms could have a different meaning and impact. (p. 246)

Homeownership is a deeply entrenched American tenure value and relates to why homeowners have been found to have greater housing satisfaction and overall well-being than renters (Morris & Winter; 1978, Rossi, 1955).Tenure, structure type, neighborhood, and space conditions are elements of housing quality, and possession of high-quality housing is one of the ways households demonstrated their status within society (Morris & Winter, 1978).

Social Environment and Housing Related to Elder Persons

The review of literature underscores the importance of the social environment as a determinant of residential satisfaction and overall well-being. In the discussion of the social environment, a relationship is evident between well-being and health. A continuum of 'lack of disease' is more than health, it is well-being. This becomes more evident in the following discussion. A brief discussion of home as sanctuary and security is also included.

Health and Well-Being

Social determinants of health are the recognition that health is influenced by much more than biomedical and behavioral risk factors and moves us from an illness model to the promotion of a holistic sense of well-being (Raphael, 2004). It evolved as a term to include how foundations in the social environment such as housing, education, social acceptance, employment, and income promote or impede our well-being (Tarlov, 1996).

Social determinants of health are the physical, social, and personal resources to be able to identify and achieve personal aspirations, satisfy needs, and cope with the environment (Raphael, 2004). In the United States, the U.S. Centers for Disease Control and Prevention's (2016a) Healthy People 2020 initiative organized the social determinants of health around five key place-based domains: (1) economic stability, (2) education, (3) health and health care, (4) neighborhood and built environment, and (5) social and community context. In addition, it recognized that powerful, complex relationships exist between health and biology, genetics, individual behavior, and between health and health services, socioeconomic status, the physical environment, discrimination, racism, literacy levels, and legislative policies. These factors, which influence an individual's or population's health, are known as *determinants of health* (U.S. Centers for Disease Control and Prevention, 2016b). Finally, Healthy People 2020 recognized that to create effective programs, we must work collaboratively across sectors to address the unique needs of our community (US. Centers for Disease Control and Prevention, 2016c).

There is more evidence to support the growing conclusion that housing is related to well-being and health care (Brennan, 2016). Environmental justice movements have been linked to broader urban issues such as planning and public health (Anguelovski, 2013) and referred to as spatial justice (Soja, 2009). Spatial justice is said to only occur if both the psychological and physical health of the community are considered and advocates in the community help shape needs and demands (Anguelovski, 2013).

This tie between the social environment of justice and the physical environment of home is more clear in recent research. Anguelovski (2013) found that when participants are in their newly designed environmental spaces, they are removed from daily stresses; they can express themselves freely without the control of dominant groups; and they receive support to confront difficult situations. "Through their projects, neighborhood leaders and community organizations also (re)develop and strengthen a shared identity for residents" (p. 11).

Guided by a rigorous review of the literature linking social capital and health inequities, Macinko and Starfield (2001) suggested health and social science researchers work together to expound the conceptualization and measures of social capital to enhance equity in health and other social outcomes.

Housing security. People's satisfaction with their housing is directly linked with knowledge of consistent shelter and agency (Parkinson & Nelson, 2003; Pocock & Masterman-Smith, 2006; Skobba, 2016; Zavisca & Gerber, 2016). Housing security has been considered a pre-requisite for good health,

stable employment, and efficient daily functioning (Henwood, Cabassa, Craig, & Padgett, 2013 as cited by Cox, Henwood, Wenzel, & Rice, 2016).The link between inadequate housing and poor health is also well documented (Anguelovski, 2013). Although many studies have focused on physical health impacts of unhealthy housing, there is a growing body of literature on psychological health impacts of housing insecurity.

The link between negative emotional impacts of stress due to unaffordable housing costs and the threat of foreclosure or eviction has been documented (Ross, 2009). Housing displacement due to natural disasters and the devastating toll (Manzo, 2008; Sufiyan, 2014) and even voluntary relocation have also been found to have negative psychological implications. Government programs have assisted low-income families in relocating to places with more economic and social opportunities, but many experienced emotional loss and loss of social capital by leaving behind their social networks and became isolated in unfamiliar communities (Chapple & Goetz, 2011; Goetz, 2013; Manzo, 2008).

Influence of Neighborhood

Neighborhood is important in promoting social interaction among older adults. Having a strong sense of community (Putnam, 1993) might mean that neighbors check on an older adult if they notice something unusual about their routine; pick up their mail when they are out of town; or a teenager mows an older adult's lawn or helps with yard work. Building on existing community resources is an effective means to reducing social isolation, for those who may not have strong social networks (Findlay, 2003; Seeman, Bruce, & McAvay,

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1996; Unger, McAvay, Bruce, & Berkman, 1999). Neighborhood and community play a significant role in older adults' desire to live independently (Black et al., 2012; Haber, 2009; Kanana et al., 2003; Lee, 2008; Oswald et al., 2010; Scharlach, Graham, & Lehning, 2011; Soldo, 1985). Keith, Fry, and Ikels (1990), in their cultural research on successful aging, recognized the importance of community context for successful aging and well-being. They reported community characteristics that included system level characteristics, such as the rate of social change or the degree of social differentiation, as well as the internal mechanisms of cultural values, peer networks, and resources, influenced residential satisfaction. They found when there is a high rate of social change and mobility in the neighborhood, this negatively impacts the well-being of aged community members. This notion is supported in the housing literature (Agnitsch, Flora & Ryan, 2006; Hwang & Ziebarth, 2006; Kim & Lee, 2008; Lee & Parrot, 2010; & Niemeyer et al., 2006).

Home as sanctuary. A review of the literature revealed that home can be viewed as a place to rest, renew, and spend quality time with family and friends without the intrusion of others. Moore (1984, as cited in Jones, 2000) highlights that most people value home as a place of sanctuary or a place to safely retreat. Home as an escape from the outside world is linked to U.S. constitutional rights of privacy and the power to restrict access to others entering our home, which further legitimized the home as a place of individual sanctuary that transcends race, class, and age (McClain, 1995).

Most people tend to live in homogeneous communities where their neighbors look like them, creating racialized home spaces (Collins, 2001). Collins notes that because racialized home spaces of all sorts are coded as private spaces, homes serve as sanctuaries for family members, "surrounded by individuals who seemingly share similar objectives, these homes represent idealized, privatized spaces where members can feel at ease" (2001, p.17).

African American Perspectives on Home

A thorough review of the literature revealed the majority of existing studies regarding the relationship between home, community, and well-being may not be responsive to realities of marginalized groups. The next section summarizes previous literature specific to African Americans and the physical and social environments.

Race consciousness. Andersen (1983) laments that numerous researchers follow an "add-and-stir" approach in which marginalized populations are simply added to the sample group without considering how questions framing their inquiry may not be responsive to realities of marginalized groups. A thorough review of the literature revealed a gap in the previous literature discussing the fit between older adults and their residential environments, as it may not be framed to be responsive to realities of African Americans.

A race conscience approach to inquiry may serve as a guide to appropriately frame research inquiry of residential decisions and realities of African American elders. Race consciousness is as an appreciation of the sociopolitical and historical actions built on slavery, colonization, and oppression

that created the social construction of what race means, and recognizes disparities in opportunities between Whites and non-Whites (Delgago & Stefancic, 2000; Watts, 2003).

A widely-used race conscious theory is Critical Race Theory (CRT). CRT views that racism is so entrenched in the fabric of American society that most people see racism as natural and normal (Delgado & Stefancic, 2000). Critical race scholars call to attention overt racism where Whites believe people of color are not entitled to the same rights or lack an understanding of their White privilege and out of ignorance assume people of color have the same entitlements as White people (Barnes, 1989; hooks, 1992; Delgado & Stefancic, 2000; Fields, 2001; Ladson-Billings, 1998; Saloojee & Laidlaw Foundation, 2003).

CRT has been used as a framework to understand, and work to remove, racial disparities in fields of education (Capper, 2015) and health care—nursing in particular—as a tool to explain and reduce health disparities (Rajaram & Bockrath, 2015) and to move from deficit thinking to celebrating the empowering potential of communities of color cultures (Yasso, 2005). However, a review of housing and gerontological literature reveals the use of CRT as a framework to understand housing disparities is limited.

Housing discrimination. The Fair Housing Act of 1968 was enacted to stop the process of "redlining;" a term coined for the red line drawn on a map where lenders would not make Federal Housing Administration (FHA)-insured mortgages in certain communities due to their racial and/or ethnic make-up. With

the passing of this act, more African Americans were eligible for FHA financing, but unfair lending practices remained. The Community Reinvestment Act of 1977, requiring banks to have the same lending practices in all communities, furthered regulations to end mortgage discrimination. As such, homeownership opportunities for most African Americans have only been available for the last 50 years and contribute to disparities in wealth (Di, 2007; Faber & Ellen, 2016; Masnick, 2002). Research suggests wealth disparities and discrimination also persist with AFL choice, opportunities, and satisfaction for African American (Park et al., 2013).

Health disparities due to discrimination. Many African American elders today are living satisfying lives with better health, less poverty, and longer life expectancy (Administration on Aging, 2010). Older African Americans who were "trailblazers" in White-collar employment and higher-education faced discrimination, tokenism, and additional race-related stress, but research reports this helped them achieve a greater sense of resiliency, and, in turn, greater well-being (Baldwin, Jackson, Okoh, & Cannon, 2010). However, White domination persists despite the increasing number of African Americans who acquire advanced post-secondary degrees, homeownership, executive corporate positions, and successful stable self-employment (Boutte & Jackson, 2014; Feagin & Sikes, 1994; Hochschild, 1996). A body of research suggests the negative health effects attributed to racism factors into why health disparities remain.

African Americans have a disproportionate amount of stress-related health disparities compared to the White population, which have been attributed to coping with racial discrimination (Baldwin et al., 2010; Woods-Giscombé & Gaylord, 2014). Racial discrimination has been described as a chronic health stressor (Corral & Landrine, 2012), and the stress lies from living with both overt and perceived discrimination and physiological responses to this stress and its negative mental health outcomes (Mays, Cochran, & Barnes, 2007). In fact, race related stress has been described as contributing to more stress than other stressful life events (Baldwin et al., 2010).

Identity disassociation and acculturation. Due to institutionalized racism in housing, education, and employment, minorities are not given equitable access to achieving the same opportunities for upward mobility and financial success as Caucasians, which limits their individual agency (Lipsitz, 2006). However, the collective actions of marginalized groups have strengthened their political, economic, and social power to effect change, to work to reduce oppression, and in turn reduce social exclusion (Viswanathan, 2014), but tensions between identity disassociation and acculturation remain (Feagin & Sikes, 1994; Johnson 2014).

Feagin and Sikes (1994) interviewed 204 Black professionals about their lived experiences as members of the Black middle-class. They found middle-class Blacks felt an overwhelming sense of responsibility to those who have not had access to the same opportunities, yet struggled with balancing the dissociation from the collective Black poor and their own acculturation to a White,

middle-class. Johnson (2014) extracted the notion further in her work with poor urban Blacks who attended predominantly White, prestigious universities. In her attempt to understand the residential mobility patterns of upwardly mobile, college-educated Blacks, she interpreted three approaches to residential choice: the homecomer, role model, and individualist. She found the homecomer lived in predominantly poor and Black communities, either the one they previously lived in or one similar, with a sense of moral responsibility to directly serve the collective interest of Blacks. Homecomers had strong ties to their low-income communities, whereas, the role modeler tends to live in middle-class neighborhoods, but visit friends and family in their old communities often. Role modelers see themselves as helping the Black collective by donating money or serving with organizations that support the urban poor, as well as using their voice in voting power or other political action. They serve as role models for the "legitimate" way to get ahead through hard work and education. Lastly, she found individualists lived in predominantly White, middle-class communities and have little community ties in either their current or former community. Individualists exhibited little to no place attachment and typically only associated with others also of middle-class status. She found the individualists had more dissociation with urban Black culture while the role models had greater acculturation of White, middle-class values. In the end, she found that all three residential mobility approaches wrestled with the temporal tensions between a sense of belonging and being socially isolated by both Blacks and Whites and their poor and middle-class communities.

Place attachment. Attachment to place is established through the formation of a sense of belonging developed through accumulation of physical and social experiences over a lifetime to form a sense of personal identity and eases adjustments made in older age (Rowles,1987). The literature suggests older adults develop a strong sense of place attachment to their private home environments largely due to the feeling they can maintain control over their home environment, whereas they have less control over public and neighborhood places (Rubinstein & Parmelee,1992).

Sense of place gives meaning to people's lives; connects them with others; shapes their identities, sense of self, and agency (Liaschenko, 1994 as cited by Eyles & Williams, 2008). Further, place attachment is related to well-being (Eyles & Williams, 2008). Place is a fundamental ontological structure (Carstensen & Mikels, 2005; Manzo, 2008; Relph, 2008). Giddens (1991) described ontological security as the ability to have continuity and trust in the world around you. Home has been found to function as a secure base in a threatening world where households are free to be themselves in "the deepest psychological sense" (Saunders, p. 361, 1990). Homeowners have been found to have a greater sense of ontological security than renters in large part due to a greater sense of control and the ability to retreat from the rest of the world in their own home (Hiscock, Kearns, MacIntyre, & Ellaway, 2001).

Having trust in the world around us is also consistent with the concept of locus of control. Locus of control is an individual's view of whether they have influence over their environment or if their environment influences them (Rotter,

1966). Locus of control can explain neighborhood satisfaction, where feeling safe and having friends in the community are highly valued (Bruin & Cook, 1997).

Residential Satisfaction as it Contributes to Well-being

There is an abundance of research on the importance of residential satisfaction and factors that predict and/or influence satisfaction (Carswell, Yust, & Turcotte, 2013). Residential satisfaction is linked to overall life satisfaction (Bowling & Iliffe, 2011; Bruin & Cook, 1997; Hwang & Ziebarth, 2006; Lee, Parrott & Ahn, 2014; Morris & Winter, 1978) especially for older adults (Black et al., 2012; Cutler, 2007; Oswald et al., 2010; Lawton, 1990a; Lawton, 1990b; Lovering, 1990; Regnier et al., 1995; Schwarz & Brent, 1999). The review of literature presents evidence of the importance of a fit between personal competencies and the residential environment to facilitate a sense of belonging, control, independence, and other psychosocial benefits that influence overall life satisfaction and well-being.

Kahana, Lovegren, Kahana, and Kahana (2003) were interested in the impact of housing and neighborhood satisfaction for older adults aging in place. They developed a model conceptualizing how personal characteristics, environment characteristics, and the fit between, influence residential satisfaction and psychological well-being. In contrast, James III and Sweaney (2010) found that housing dissatisfaction contributed to cognitive decline in older adults. Evidence suggests that housing satisfaction does more than *influence* life satisfaction; it *leads* to life satisfaction (Wadley, 2010).

It has been argued that as people age, they tend to focus on positive events in their lives and place greater value on emotionally meaningful goals that tend to be about being socially connected and having a meaningful life (Carstensen & Mikels, 2005). Wadley states, "the pursuit and attainment of meaningful relationships, personal growth and community contributions are more closely aligned with competence, autonomy and relatedness, which promote the deeper sense of well-being" (2010, p.17). This deeper sense of well-being can be defined as eudemonic well-being; the feeling of being a functioning person within society (Deci & Ryan, 2000). To this end, the literature presented that residential environments play a critical role in achievement of a deeper sense of well-being and suggest social relationships and individual psychological self-fulfillment may outweigh material and economic benefits. This evidence then raises the question of which characteristic of the physical and social environments influence elders' well-being? Or, is it the characteristics of elders, themselves?

Homeplace as "life's anchor." Findings from literature confirmed that people's satisfaction with residential environments contributes to their well-being with many psychological, material, and economic benefits for individuals and communities. Findings also supported home as a place of individual sanctuary that transcends race, class, and age (McClain,1995).

The literature underscored the residential environment as a major contributor to achieving eudemonic well-being, i.e., the feeling of being a functioning person within society (Wadley, 2010). In contrast, researchers found housing insecurity from substandard housing has negative physical health

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impacts (Anguelovski, 2013) and damaging psychological health effects from foreclosure (Ross, 2009), disaster displacement (Manzo, 2008; Sufiyan, 2014), and voluntary displacement (Chapple & Goetz, 2011; Goetz, 2013; Manzo, 2008). For minority groups, White oppression and discrimination persist, but the cumulative and historical cultural memory of place promoted a positive sense of self and well-being in later life despite lifelong racial injustices (Taylor, 2001). Research that integrates the concept of the homeplace, a physical and social place that holds important meaning for African American households, may provide a synthesis of the literature presented framed within society realities of marginalized groups.

hooks (1992) describes the homeplace as a private place for African Americans to be free from White oppression that transcends residential tenure or type. She illuminates the importance of the daily domestic life and its social processes as a haven for African Americans. She lamented that the homeplace is a physical place to facilitate the psychological benefits of empowerment, cultural identity, safety, and renewal of self; without a stable homeplace, families are left yearning for the security of home and the political and psychosocial security the homeplace provided.

The sense of not having a secure homeplace is linked to psychological trauma and negative health impacts, just as having a stable homeplace is linked to a strong sense of overall well-being (Burton, Winn, Stevenson, & Clark, 2004; hooks, 1992; Leung & Takeuchi, 2011). The homeplace has been described as a

necessity for African American families to flourish, it's their 'life's anchor' (Burton et al., 2004, p. 405).

The notion of the homeplace can be used as a framework to understand residential environments and linkages to well-being among African American elders. Further, it can be framed in the historical, political, and cultural consciousness needed for understanding the lived experiences of African Americans.

Collective place attachment. The literature review revealed conflicts in self-identity for African Americans, in particular those from the middle-class, creating tensions between individual versus collective agency, as well as tensions between social exclusion and inclusion. The need to belong is a fundamental human motivation (Baumeister & Leary, 1995). Taylor (2001) found a strong connection between place attachment, the need to belong, and well-being in a qualitative study with older African Americans in the Midwestern United States. For the African Americans in the study who lived most of their lives in forced segregation, the strong family and community ties helped them develop a sense of belonging in a familiar environment. Their cumulative and historical cultural memories of place promoted a positive sense of self and well-being in later life despite lifelong racial injustices.

Relph describes a scale of place attachment that ranges from "rootedness" to "placelessness," and that an authentic sense of place can be achieved through developing a sense of belonging to place, whereas an inauthentic sense of place develops if a meaningful relationship with the

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environment cannot be achieved (1976). This is consistent with the findings of

Leavitt and Saegert (1990), who in their work with low-income African American

communities, suggest that a positive identification with place can only occur

when individuals have some level of control over what happens in their

environment, and that this positive place identification is derived from memories

of the past and a collective vision of the future created through social ties and

neighborhood activities. They found that "hope and segregation, based on racial

discrimination, absence of economic choice, attachment to friends and

neighbors, and determination to survive" (Leavitt & Saegert, 1990, p. 145) all

played a role in place attachment. Related, Clark's (1993) research with co-op

residents found that the low-income, female, Black residents viewed their home

as a collective environment where the group had freedom from the fear of

displacement, a sense of permanence, the ability to make collective decision-

making, all while strengthening social ties and providing resistance to oppressive

systems of power. These findings are consistent with Kogl (2008) who argues

that empowerment and a sense of collective control over place among

marginalized groups provided the opportunity to transform not just their space,

but to transform them to recognize they do have power and efficacy.

     Social capital of minority groups. The literature presented suggests

place attachment among marginalized groups is fostered in large part through

social relations. These relationships form social capital. Social capital is an

individual's, or community's, network of relationships available to them for

success and includes two forms, bonding and bridging (Agnitsch et al., 2006).

Bonding capital is a strong sense of kinship among homogeneous groups and is said to assist communities to "get by." Bridging capital has weaker ties among heterogeneous groups to connect them to resources to help groups "get ahead" (de Souza Briggs, 1998; Gittell & Vidal, 1998 as cited by Agnitsch et al., 2006).

A volume dedicated to recognizing and celebrating the social capital of poor communities and communities of color (Saegart, Thompson, & Warren, 2001) offers further insight on the importance of social capital for marginalized groups. They suggest urban minority communities might have more social capital than White communities, but because White communities had stronger financial capital and stronger public institutions, like schools, their social capital is reinforced by these greater resources that marginalized communities do not have. As such, marginalized communities had greater reliance on extended family, social services, and community organizations (like church) to succeed, and many did not use formal supports outside of their community. As a result, poor and minority groups often are rich in bonding capital but lack bridging capital due in large part to social isolation and a lack of trust of outsiders, which in turn, further strengthens their bonding capital as a marginalized group (Agnitsch et al., 2006; Warren, Thompson, & Saegert, 2001).

Research suggested families remain in low-income communities because they don't have the financial choice to move to a more desirable community (Brown & King, 2005). However, other research points to middle-income Blacks who have the financial resources to move to predominantly White communities with better resources, but choose to stay for social reasons and to avoid isolation

and hostility among Whites (Feagin & Sikes, 1994; Saegart et al., 2001). Their research found maintaining social connections and a sense of belonging outweighed moving to communities with better services. Their findings underscored the positive benefits of strong social capital that persist in low-income communities despite financial disinvestment.

Theoretical Models Explored

Inter-Group Contact Theory

The review of literature highlighted research findings of both social exclusion and inclusion attributed to race and poverty. In recent decades, more people of minority race have moved to suburban communities accounting for most of the population gains between 1990 and 2000 in 65 of the nation's 102 metropolitan areas (Masnick, 2002). In 1964, only 18 percent of Whites claimed to have a friend who was Black; and in the 1990s, 86 percent said they did, while 87 percent of Blacks reported having White friends (Thernstrom & Thernstrom, 1998). A theory that may aid in our understanding of issues of social inclusion and exclusion among racial groups when integrated is Intergroup Contact Theory.

Intergroup contact theory, developed by Allport (1954), states that prejudice is lessened when groups come in contact with one another, such as being spatially integrated in a neighborhood, if they have the following conditions: 1) equal status of the groups; 2) the groups share common goals; 3) the groups are in cooperation; and 4) the groups are amicable to authorities, laws, or customs. Studies built upon Allport's foundation have similar findings.

Researchers conducted a meta-analysis of 515 participants found intergroup contact could still reduce prejudice even when all four of the positive factors were not present. In addition, intergroup contact fostered other positive factors such as increased trust, forgiveness, empathy, and reduced anxiety towards the group (Pettigrew, Tropp, Wagner, & Christ, 2011). Their findings also demonstrated that if contact is perceived as threatening and is not voluntary, prejudice will not decrease and may increase. Christ et al. (2014) from their five cross-sectional and two longitudinal large-scale surveys in Europe and South Africa, found that even if individuals do not have direct contact with other group members, but their neighbors have positive attitudes and relationships with other group members, it positively influences their own perceptions. If the neighborhood has more tolerant social norms and values diversity, the positive effects are even larger. These findings demonstrate where people live does matter, and prejudice is reduced at both the micro- and macro-level if there is spatial integration, and even more so if the groups have equal status and share the same values.

Allport's theory may shed light on why programs to deconcentrate poverty, reduce segregation, and provide low-income families with access to neighborhoods with more economic resources, have mixed results. Poor Black people do not have equal status with the White middle-class, and the theory would suggest prejudice is not lessened and, in fact, is likely increased when spatially integrated.

Previous spatial integration studies found positive relationships were developed between the groups, and prejudice was lessened among spatially integrated Black and White public housing residents (Wilner, Walkley & Cook, 1961) and among elderly Black and White subsidized housing residents (Nahemow & Lawton, 1975). The perceived social distance between groups was lessened because of common characteristics they share of being low-income and living in the same subsidized housing. The foundations of Intergroup Contact Theory may aid in understanding why housing segregation persists.

Person, Environment Fit

The fit between persons and the built (or physical) and social environments is important to understanding housing needs for older adults; particularly due to changing physical and cognitive competencies that are a natural part of aging and/or from the onset of pathology. A thorough review of the literature revealed scholars who have studied the relationship between older adults and their housing and community often ground their research in concepts of explaining how the person, the environment, and the fit between the two, contribute to quality of life, residential satisfaction, and overall well-being.

The importance of the interaction between people and their environments (P-E) was first discussed in detail by social psychologist Kurt Lewin (1952). Lewin stated behavior is a function of people and their environment or "life space." Lewin used P-E fit as an important framework for understanding numerous environmental phenomena from schools to jobs to housing.

Gerontological P-E fit includes the human organisms' abilities or competencies, i.e., of the older person, in addition to other life domains as concepts for the "P" in P-E fit. The home and neighborhood environment, in particular the near environment, are physical, (PE) and pyscho-social environment (SE) and the concepts that comprise the "E" in P-E fit. A hallmark of gerontological P-E fit is the understanding of the need to facilitate adaptations by persons with lessening competencies to their environment or to modify the environment to the needs of persons to help re-create the fit. Lawton and Nehemow (1973), Kahana (1982), and Carp and Carp (1984) are important contributors to gerontological P-E fit (Cvitkovich & Wister, 2001). Layering a gerontological context to P-E fit helps to further define the physical and social environment for elders by framing physical environmental features that support living as independently as possible given declining competencies, such as homes without stairs, and features of the social environment, such as feeling a sense of safety and security, from living in a familiar environment.

The Ecological Model of Aging

The Ecological Model of Aging is a conceptual framework born out of P-E fit. The model focuses on the competence of older persons (P) to meet his/her environmental demand (E). It was originally developed as a framework for understanding and evaluating needs of institutionalized older adults who were frail and needed support with their ADLs (Cvitkovich & Wister, 2001). This model has been widely used with research on community-dwelling adults such as those who wish to age in place in independent living situations. It also has been used

as a framework to support a medical model of patient-centered care with the intent of providing a more "home-like" setting in the physical environment and quality of life as a social environment goal. At its core, the model purports that as older adults decline in their physical and cognitive (personal) competencies, their environment should be modified to adapt to their changing needs. The environment "presses" (Murray, 1938) to create a response by the individual. Environmental press is evaluated by each individual to be positive or negative, objective (stairs in the home) or subjective (neighborhood quality), and can change over time as individuals change (Lawton & Nehemow, 1973). There is much overlap among environmental press domains, but generally placed in two categories; the physical characteristics of the home and neighborhood and the social characteristics of the home and neighborhood.

To achieve the best fit between persons and their home environments, the Ecological Model of Aging implies home environments must include both objective and subjective elements of home. Objective housing is an evaluation of conditions of the physical environment with an emphasis on environmental barriers (Lawton, 1998). Subjective housing and perceived housing have been used interchangeably in the literature, and perceived housing has been defined as the "the totality of subjective phenomena of experiences and symbolic representations related to living at home" (Oswald et al., 2006, p. 188).

To achieve the best fit between a person and their neighborhood as a social environment, the Ecological Model of Aging indicates the neighborhood should be safe, familiar, promote autonomy and choice; at best, it should be a

stimulating environment that is socially rewarding and does not threaten the

competence of individuals, in particular their autonomy (Lawton, 1989).

The premise of the Ecological Model of Aging is the need to modify the

physical environment, or make adaptations to behaviors of the frail, which is a

role of the social environment. These must be done while balancing safety and

personal care with autonomy (with privacy being a key indicator of autonomy)

and competence. The higher people's competencies, the better they can manage

within the environments.

P-E fit has been linked to improved quality of life. Lawton defines quality of

life as "the multi-dimensional evaluation, by both intrapersonal and social-

normative criteria, of the person-environment system of the individual" (Lawton,

p. 6, 1991). Lawton stressed that two objective and two subjective components

should be examined for an inclusive view of quality of life. The objective

measures include behavioral competence and environmental quality; the

subjective measures include domain-specific perceived quality of life and general

psychological well-being (Lawton, 1997).

Conceptual model. Many authors reference the Ecological Model of

Aging in their studies while others use the term P-E fit. Both terms have been

used interchangeably in the study of the residential environment of older adults

(Slaug, Schilling, Iwarsson, & Carlsson, 2011), and this research also uses the

terms interchangeably.

Figure 1 is a conceptual model of the Ecological Model of Aging guiding

this research. The model shows the three major components of this study, the

physical environment, the social environment, and characteristics of people who are studied. All three components may interact to influence people's well-being, two of them might interact, or a single component might influence the outcome, i.e., well-being. As shown in the model, the human competencies identified as age, gender, race, socioeconomic status, health status, and psychosocial characteristics can directly affect well-being as shown by the arrow from human characteristics to well-being. In fact, each of the three components might have the ability to affect well-being. Or, human characteristics and the physical environment might interact together to contribute to well-being, still yet the interaction of physical environmental factors with social environment factors may lead to a greater sense of well-being. An example to illustrate the interaction between all three factors is the sense of personal safety. An elder who has mobility issues (PC) may feel less safe in their home, but modifying their home's design features to install grab bars in the bathroom (PE) lessens this fear. But, her neighbors stop by to check on her (SE) if her lights are not on in the morning. Both the grab bars (PE) and neighbors (SE) are needed to instill in her a sense of personal safety.
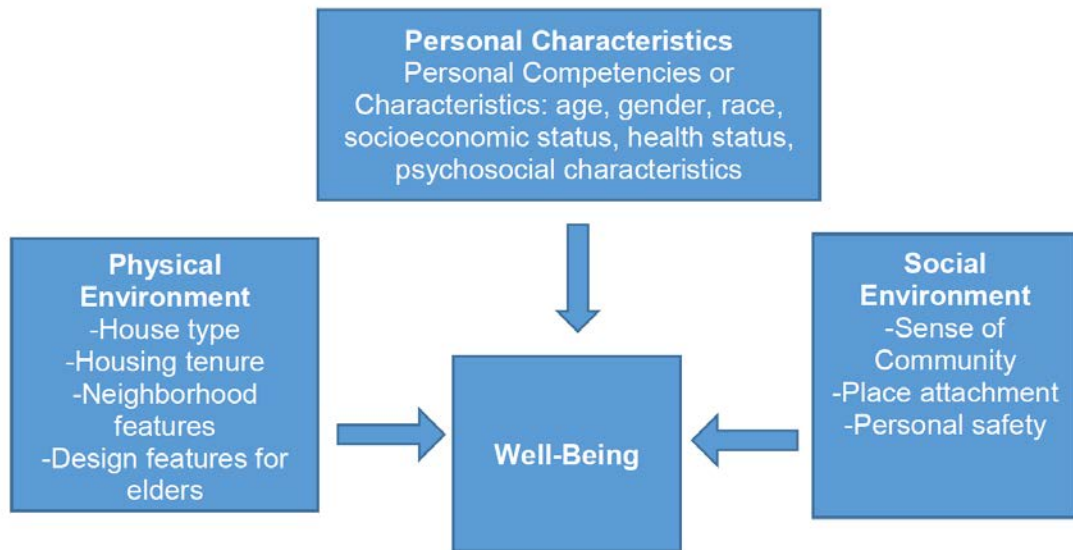
Figure 1. Ecological Model of Aging: Conceptual Model for this Study

Conclusion

Overall, literature suggests that physical and social environments are critically related to people's health and well-being. It also seems that minority groups, such as African Americans, specifically elderly African Americans, are faced with many personal characteristics or competencies that affect their housing decisions and, in turn, their health and well-being. Research suggests that direct acknowledgement of racism and its effects on African American elders are lacking as a focal point in housing research. Findings also revealed although Person-Environment fit (P-E fit) is a well-established theoretical framework in gerontology, there is little research that applied P-E fit for African American elders as related to their housing, which provides for their well-being. It is the

intention of this research study to qualitatively explore these issues to reframe

the dominant discourse to represent a minority population.

Chapter 3: METHODOLOGY

The primary focus of this exploratory study was to determine if there are

human attributes and physical and social environment characteristics of housing

that affect well-being among African American elders. Primary data were

collected through one-on-one interviews and analyzed by qualitative research

methods to describe the experiences of African American elders 65 years of age

and older in relation to their housing. Quantitative methods were used to

summarize the primary demographic, measurable characteristics of the

participants, and secondary data.

First, this chapter will address the philosophical orientations and

assumptions of the qualitative approach and describe the analyses of primary

and secondary quantitative data and operationalization of the conceptual

research model. It will also describe sample selection and characteristics, data

collection instruments, analysis procedures, and verification strategies. The

research design ensured the rigor and trustworthiness of the study.

Philosophical Orientation

Several philosophical orientations or world views were identified as

influencing the development of research questions and analyses. Brief

summaries of Social Constructionism and Transformative-Emancipation follow

with explanations of how the researcher recognized their influence on the

research design.

Social Constructivism

Social Constructivism research follows the assumptions of social

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constructivism, which underscores that the subjective meaning of lived

experiences is formed through social interaction with others. Social

constructivists seek to understand the world through the complex and varied

meanings of experience and processes of interactions among individuals

(Creswell, 2007). A constructivist approach is deliberate because of the

emphasis on how power, disparities, and differences frame both the researcher's

and participants' experiences (Charmaz, 2011).

Related to a Social Constructivist assumption is the Transformative-

Emancipatory Paradigm. Researchers with this approach believe that power and

social relations underpin knowledge structure and marginalize specific cultural

groups (Mertens, 2003). In addition, Critical Race theoretical perspective was

used to intentionally recognize and value counter narratives to emancipate

voices of the infrequently heard and accepted (Milner, 2007). These approaches

advocate social justice; they served to prioritize and accept the voices of

participants, in this case African American elders, as they inform understanding

of research questions.

These philosophies were used during this study to recognize White

privilege and internal biases. Further, it must be noted that the process of

discussing race relations, discrimination, and overt and institutionalized racism is

a difficult, uncomfortable, and intimidating process. However, without openly

discussing race, findings would be lacking and could not be used to disrupt

oppression (Boutte & Jackson, 2014).

An analysis field log was kept by the researcher to document her own growth, mistakes, reflections, and transformation particularly related to philosophical orientations. She developed a deeper understanding of using her position of White privilege to address issues of inequity and reflected on strategies to ensure that participants' voices were honestly represented. Through continual reexamination of the research process and interpretation through lenses of social constructivism and transformative-emancipatory paradigms, the researcher focused on participants' voices and on sharing their experiences.

Research Method

A generic qualitative approach was used to collect and analyze data in this study. It is defined by flexibility and iteration rather than an explicit or established set of philosophical assumptions from a single qualitative orientation (Caelli, Ray, & Mill, 2003). To frame the study, the qualitative approach drew on concepts, models, and theories from gerontology, housing, and policy to provide a deep understanding of the meaning African American elder participants place on well-being in the context of their own attributes and physical and social environments. The flexibility and iteration of a generic approach fit with the transformative-emancipatory orientation to avoid the portrayal of marginalized groups as deficient (Mertens, 2003).

Objective, valid, and reliable survey data that describe participants and their community contexts were valued in this study. Combining quantitative and qualitative methods meant the study was not restricted by one philosophical lens (Caelli et al., 2003) or lost information by rigidly following one specific approach

(Bloomberg & Volpe, 2008). By combining methods, a more complete understanding of African American elders' experiences in relation to aging, housing, and well-being were provided.

The Sample

Sample selection and recruitment. Participants were recruited through their trusted advisors from churches, libraries, senior centers, and other agencies that serve African American elders. Fliers placed in these locations and given to the trusted advisors informed participants how to volunteer for the interview, and the researcher's contact information was given. Participants had a choice of receiving a $20 gift card or having an anonymous donation made in their honor to a community group. A script was read to potential participants to explain the purpose of the research, build rapport with the participants, confirm they meet the age and ethnicity protocol, live in the Minneapolis/St. Paul seven-county metro area, and allow for stratification by current housing situations.

Approval from the University of Minnesota's Institutional Review Board (IRB) was given prior to conducting interviews. Participants were provided informed consent; they knew they could stop the interview at any time and were assured that their information would be kept confidential. Participants will not be named, and no personal characteristics can be connected to any participant in the final report.

Sample description. The sample participants were older adults aged 65 and older who live in the seven-county Minneapolis/St. Paul Metropolitan Statistical Area and who self-identify as African American. Two key reasons this

research focuses on African American elders are 1) because African Americans are a group underrepresented in the housing literature (British Society of Gerontology. Conference, & Tester, 2001) and gerontological research studies (Shellman, 2004; Yancey, Ortega, & Kumanyika, 2006; McDougall, Holston, & Wilke, 2001), and 2) because the transformative-emancipatory paradigm was used to give voice to an oppressed or underrepresented group.

The sample included 17 African American elders stratified by housing situation. A large sample size was not intended as the goal of the qualitative interview was to elicit rich, detailed descriptions from participants and not to generalize to the greater population.

Housing types included renters of market rate housing not specific for older adults, low-income renters of HUD 202 senior housing, market-rate renters, and homeowners. All participants self-identified as African American and were 65 years of age or older living in the Minneapolis-St. Paul seven-county metropolitan area.

American Housing Survey. Housing and neighborhood satisfaction, housing and neighborhood characteristics, mobility, tenure, affordability, and demographic characteristics are evidenced in the literature as predictors of housing behaviors and residential satisfaction. Residential satisfaction has been found to increase well-being by enhancing positive features of the physical and social environment (White & Schollaert,1993). Prior to qualitative data collection, demographic characteristics of African American elders, 65 years of age and older, in the context of their housing and neighborhood characteristics were

reviewed. The AHS was reviewed to identify if any patterns emerged among demographic, housing and neighborhood characteristics. Many of the data collected by AHS are not relevant to this study, but it proved useful in guiding some of the demographic questions and initial data analysis. Data from the 2007 Minneapolis/St. Paul metropolitan sample of the American Housing Survey (AHS) (U.S. Census Bureau, 2007) were examined (see Table 1). Data from 2007 were the most recent data available at the time the interviewers were to begin.

Table 2: Selected 2007 AHS Variables for Adults 65 Years of Age and Older

Demographic Characteristics	White	Black	Other Race(s)
n = 352	n = 330	n = 13	n = 9
Median Age	75.5	71	75
Median Annual Income	$30,000	$39,420	$24,500
Percent Married	42%	23%	67%
Percent Female	62%	46%	33%
Education			
High School Graduate or Less	44%	54%	44%
Some College	19%	0%	33%
College Graduate	37%	46%	22%

Table 3: Selected 2007 AHS Variables for Adults 65 Years of Age and Older (Continued)

Housing and Neighborhood Characteristics	White	Black	Other Race(s)
n = 352	n = 330	n = 13	n = 9
Housing Rated as Adequate	98%	92%	89%
Serious Crime in Last 12 Months	12%	42%	13%
Rating of Neighborhood as a Place to Live			
(scale of 1-10 with 10 being the highest)	9	9	9.5
Median Monthly Housing Costs	$611	$722	$732
Median Square Footage of Home	1775	1700	1750
Lives in Age Restricted Development	2%	17%	13%
	n = 60	n = 2	n = 1
Repeat Homebuyer (owned home before)	1	1	1
	n = 182	n = 4	n = 3
Lives in First Home Purchased	25%	33%	25%
	n = 62	n = 2	n = 1
Median Market Value of Home	$230,000	$214,000	$230,000
	n = 253	n = 6	n = 5

Interview instrument. The interview questions (see Appendix A) were

designed to stimulate broad responses about participants' attributes, their

physical environments, and their social environments. Questions were also included to delve into physical or social barriers as described in the conceptual framework of person, environment fit (P-E fit), which guided this research. The questions were refined through peer debriefing and pilot tested.

To provide a robust description of African American elders and their housing situations, interviews were combined with a questionnaire, which was designed to obtain descriptive data of African American elders. The questionnaire was pilot tested and modified. It was given to participants following the interview as participants are more likely to share information with the researcher after developing trust and rapport (Russell, 2002).

Data collection protocol. For data collection, the researcher met with each participant at a location of their choice including their home, public space in their apartment, restaurant, or place of business. All participants were asked the same questions, and the researcher probed for additional details when necessary and let participants talk as long as they wanted. The interview data were recorded and transcribed to enable multiple reviews.

Qualitative Data Analysis

This research follows a directed content analysis, which is used when the description of a phenomenon is guided by a theory, yet underdeveloped for the population of interest. With this type of design, key concepts, or variables, and their relationships are predetermined from theory to develop the initial coding scheme and operational definitions of categories (Hsieh & Shannon, 2005).

Following a directed content analysis approach, the researcher read through all transcripts and highlighted all text that appeared to describe African American elders' attributes and experiences with their physical or social environments as related to housing and well-being. Next, the researcher coded highlighted passages related to categories of participant characteristics and physical and social environmental resources and barriers to reflect the P-E fit. The highlighted passages and quotations were organized into a matrix that fit the theoretical concepts by narrative text. Additional concepts that emerged as contradictions or exceptions to the theoretical framework were given codes and categorized and organized into a second matrix. Next, subcategories were developed from these codes. Concepts were identified, defined, and supported with selected quotations to convey the essence of the data.

Finally, similar codes were grouped to develop themes. Codes and themes consistent with P-E fit, such as relationships between participants and environments and well-being; those inconsistent with the conceptual framework were noted to identify concepts and relationships that may elaborate the framework. The researcher looked for themes within each interview question and for themes across all questions. Furthermore, an active search for disconfirming evidence (Erickson, 1986) was used by reviewing text for exceptional cases and quotes that contradict identified themes and evaluating the percent of supporting versus non-supporting codes for each participant and the sample (Hsieh & Shannon, 2005).

Validation of Trustworthiness

A widely-accepted validation strategy in qualitative inquiry is the "trustworthiness" standard developed by Guba and Lincoln (1988). The next section will describe how the research was designed to ensure trustworthiness.

Credibility. Credibility is a criterion for understanding whether the researcher accurately represents participants' experiences in the analysis. The first strategy to credibility is to keep biases in check or bracketed during data collection and analysis. By continually reviewing self-identified biases, the researcher consciously focuses on describing and summarizing participants' experiences in their own voices by using their words.

Lincoln and Guba (1985) suggest the researcher keep an "audit trail" over the course of the project. The audit trail is a detailed field log of impressions and self-reflection before, during, and after each interview; after listening to recordings; and after reading each transcription. This type of log was kept for this study. The log detailed how ideas for themes evolved, as well as why potential codes and themes were discredited. This detailed audit trail helps to demonstrate procedures and coding schemes that were used consistently and provided evidence for ways biases were kept in check.

Member checking. Member checking is a process of following up with participants to help ensure that their experiences are adequately represented in the data interpretation. Creswell (2009) encourages member checking of interpreted data, such as themes and patterns that emerge from data, and not member checking of actual transcripts. Carlson (2010) found having participants

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review actual transcripts could make participants uncertain, embarrassed, and no longer willing to participate; especially if reading the transcript highlights any poor grammar, if they have trouble reading due to diminishing eye sight, etc. She suggests pre-determining the use of narratives in the final report and informing participants of how their narratives will be used. This is consistent with Creswell's (1998) suggestion to let members approve their narratives once they are in a rough draft and then again in the final draft. For this research, participants were informed during the interview that the researcher will follow up with them to check the accuracy of themes that emerge from their narratives and to confirm narrative quotes included in the final report support themes. Drafts of themes with participants' own quotes supporting the theme were mailed to participants for their review with space on the draft document for each participant to comment on the accuracy of the interpretation.

Peer Debriefing. The researcher met with the academic advisor as a method of triangulation to look for variation in analysis of data and to seek alternative views of interpretations to keep biases in check. Peer debriefing took place during data collection, analysis, interpretation, and synthesis.

Data Analysis. During the interview, notes on significant statements made by the participant were written. Significant statements included comments that followed the Ecology of Aging Model, words that the participant frequently used, as well as words or statements the researcher found surprising or interesting. As the researcher completed more interviews, initial patterns and codes did emerge and notes were taken to reflect this. Finally, after each

interview, the researcher reviewed notes taken during the interview and reflected

on what the major conversation points were and wrote a short summary of the

interview in a field log as well as any other information that was impactful to the

researcher.

Audio recordings from each interview were uploaded to secure cloud

storage for the professional, experienced, transcriptionist to access. The

transcriptionist transcribed the audio recordings verbatim and included other thick

description such as [pause], [laughs], and [claps hands] in the transcript. After

receiving each transcript, the researcher reviewed the audio recording along with

the transcript to check for accuracy and to fill in any inaudible segments. If the

researcher could not identify the inaudible segment it was left in the transcript as

[inaudible] with the recorded time.

Direct Content Analysis. To begin data analysis, the researcher printed

a paper copy of the transcript and began reviewing it for words or statements

consistent with the Ecological Model of Aging and circled exact words in the

transcript or hand wrote in the margins. For example, if participants expressed

the ability to maintain a fit between themselves and their environments, the

researcher circled the entire statement and wrote "Fit" in the margins of the

transcript.

Open coding. After reviewing the transcript for statements consistent with

the conceptual framework, the researcher read through each transcript and

circled words that frequently appeared. At that stage, the researcher used exact

words used by the participants as codes, a process known as open coding

(Patton, 1990). For example, many low-income participants expressed having a

sense of peace in their lives, and this theme quickly emerged as evidenced by

the frequency of the word and was not guided by the theoretical framework. One

participant used "peace" 12 times during the conversation and others three to

four times. At that point in time, the researcher was just beginning to understand

that "peace" may be a pattern emerging. This initial "marking up" of transcripts

provides a record of the researcher's initial sense of data and may continue to

hold up as important as the researcher gets deeper into the analysis (Bloomberg

& Volpe, 2008).

     Synthesis of data. For the next stage of analysis, the researcher began

to synthesize data by trying to make sense of, and integrate, what people were

saying (Bloomberg & Volpe, 2008). To aid in labeling patterns with potential

themes, the researcher used a qualitative software analysis package,

Hyperresearch®, developed by Researchware, Inc (2013). Hyperresearch does

not analyze data; the researcher still must select specific text and create labels

for the text. The researcher found this software package to help with efficiency

and ease in categorizing data.

     Memoing journal and diagramming. The researcher referred to her

memoing journal to review initial codes used, and how they evolved into different

codes as further interviews and deeper analysis occurred. This reflective and

iterative analysis allowed for documentation of codes for each participant and

then comparison of codes for all participants in relation to themes. In addition,

diagramming was used to "visually try out" relationships (Finfgeld-Connett, 2014)

among patterns, codes, and findings in relation to one another and the conceptual framework. These processes allowed a cumulative process of summative findings to emerge (Birks, Chapman, & Francis, 2008; Corbin &Strauss, 2008 as cited by Finfgeld-Connett, 2014) and to document data analysis decisions (Corbin & Strauss, 2008; Lempert, 2007 as cited by Finfgeld-Connett, 2014).

Categorizing data. After codes were merged to develop themes, a rough draft of findings was developed, and participant quotes were categorized under themes. Participant numbers were assigned based on the interview order and were kept with each quote until the final edit. This aided in data analysis and pattern discernment. After looking at each transcript multiple times, additional quotations emerged as fitting the theme just as strongly as the original "strong" quotes did. This further strengthened the researcher's support of the finding.

Limitations

A directed content analysis approach has numerous strengths, but an inherent limitation of any approach guided by theory is bias. Bias comes from the researcher's tendency to identify data that will likely be supportive versus non-supportive of concepts from the theoretical framework. Further, there is the potential to overemphasize these same concepts.

The audit trail process and peer debriefing were designed to minimize the influence of these limitations. Furthermore, employing an active search for disconfirming evidence and descriptively reporting the percent of supporting versus non-supporting codes for each participant and the sample assisted the

researcher in bracketing biases. As a housing expert who has spent the last 20

years promoting benefits of homeownership and quality, affordable, rental

housing, the researcher was diligent in bracketing her biases by looking for

contrary evidence, conducting peer debriefing, and using the literature to support

findings on the relationship between of housing and well-being. Chapter 4 will

provide a look at findings from these data collection and analysis methods.

Chapter 4: FINDINGS

The primary focus of this exploratory study was to determine how the interaction of human characteristics and the physical and social environment characteristics of home affect well-being among African American elders. Using the Ecological Model of Aging and through the lens of the Person-Environment Fit framework, interview narratives from 17 African American elders between the ages of 65 and 84 were systematically and rigorously analyzed. Participants' demographic characteristics and housing characteristics were recorded through an interviewer-administered questionnaire. The questionnaire did not originally include a question about participants' education, however, the majority of respondents chose to identify their level of education during interviews. Therefore, these data were included and reported in Table 2. This research used qualitative analytic strategies to identify influences of the physical environment, social environment, and human attributes on African American elders' well-being.

Overall the social environment (SE) fit between African American elders and their physical environment (PE) of home was overwhelmingly the most influential predictor of individual well-being (WB). Findings provide a better understanding of how African American elders evaluated their residential satisfaction (SE) pertaining to their neighborhood conditions (PE), needs (SE), and their ability to secure and maintain housing (PE). Findings of this study highlight relationships between human characteristics (HC), i.e., achieving housing norms and past residential experiences; their physical environment, i.e.,

housing and neighborhood conditions; and their social environment, i.e., interpersonal relationships that influence residential satisfaction. These factors were shown to relate to African American elders' well-being and support the conceptual model proposed in Chapter 3, although it will be revised as shown in Chapter 5 to better reflect findings.

This chapter presents findings about participants' characteristics and their physical and social environments as related to their well-being. Findings are organized into representative factors that emerged from interviews. Participant characteristics include demographic characteristics, socioeconomic status, health status, and psychosocial characteristics. Physical environment factors include housing tenure, housing type, neighborhood features, and design features for elders. Social environment factors include personal safety, sense of community, and place attachment. Evidence of physical and social person-environment fit and instances of a lack of fit are described. Finally, outliers and exceptions are revealed to be inclusive of findings. Each factor is discussed and supported with participant quotes.

Findings have implications for families, property managers, housing providers, and policy makers.

Participants' Characteristics

Demographic characteristics provided a context to understand participants and helped identify their attributes related to housing and well-being. It was found that socioeconomic status, health status, and psychosocial characteristics are factors to be considered as related to their housing and well-being.

Homeowners reported their health to be better on average than non-homeowners. Homeowners had more education and were more likely to be married than non-homeowners. No relationship between the age of participants and health status was evident. These findings show a positive relationship between health and education and ownership, but none with age and ownership.

Table 2. Participant Housing Type, Tenure, and Demographics

Housing Type	Home-ownership Status	Age	Gender	Marital Status	Education Level	Self-Rated Health Status
Condominium	Homeowner	73	Female	Divorced	Bachelor's	3.5
Single-Family	Homeowner	68	Female	Divorced & Widowed	Master's	3.5
Single-Family	Homeowner	72	Female	Divorced	Some Doctoral	3.5
Single-Family	Homeowner	65	Male	Divorced & Remarried	Bachelor's	4
Single-Family	Homeowner	66	Male	Married	Some Doctoral	4
Single-Family	Homeowner	80	Male	Married	PhD	4
Single-Family	Homeowner	76	Male	Divorced, Living with Partner	Some college	2.5
HUD 202	No	68	Female	Separated	Did not disclose	1.5
HUD 202	Owned Home Previously	84	Female	Widowed	Did not disclose	1.5
HUD 202	No	67	Female	Never Married	Did not disclose	3
HUD 202	Owned Home Previously	68	Female	Widowed	Some college	3
HUD 202	Owned Home Previously	69	Male	Divorced	High School	3
HUD 202	Owned Home Previously	80	Female	Divorced	Some college	3
Market Rate Senior Rental	Owned Home Previously	79	Female	Widowed	Did not disclose	2.5

Table 2. Participant Housing Type, Tenure, and Demographics (Continued)

Housing Type	Home-ownership Status	Age	Gender	Marital Status	Education Level	Self-Rated Health Status
Market Rate Senior Rental	Owned Home Previously	68	Female	Divorced & Widowed	GED	4+
Market Rate Rental	No	70	Male	Never Married	Did not disclose	2
Market Rate Rental	Owned Home Previously	70	Male	Divorced	Bachelor's	2

Relationship between Housing and Well-being

The theme of social fit continued as a prominent theme in relation to participants' health status and well-being. Emotional health emerged as being more important than physical health. Even those living with co-morbidities or mobility concerns reported a strong sense of emotional well-being. This section describes salient findings that related to participants' mental and physical health, followed by discussion of relationships between self-reported health status and demographic characteristics.

Definition of Home

First, participants were asked to define home so findings could be related to the same meaning of home. Participants defined home broadly but generally as their own private space. Their definitions seemed to set up the HC, PE, and SE as related to their well-being (WB).

The benefits of home ranged from home as a physical space providing the basic need for shelter (PE), home facilitating a strong sense of belonging and acceptance (SE), and home as an autonomous place (SE) where one can retreat

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from the rest of the world. Participants who were adequately housed had a high level of residential satisfaction (SE) and readily shared how their home and neighborhood (PE) contributed to their sense of well-being (WB). In addition to basic housing needs being met, the social benefits of home had a dramatic impact on their well-being and sense of self. For those who were not adequately housed their basic need for shelter was met, but they lacked social benefits of home and a strong sense of well-being.

Psychosocial health status

Participants readily shared that their home environments played a strong role in their mental health and, in turn, their emotional well-being.

Peace. The majority of HUD 202 participants described a sense of peace, satisfaction, and self-actualization realized as elders. When asked what they liked best about their current home, they most often mentioned a sense of peace. They commented:

> *I'm at peace living here…it's one of the best moves I've ever made for myself.*

> *It's peaceful to me....I'm 84. And I never dreamed [of] the peace…I had to get used to it.*

> *...All I want right now is peace of mind and respect, and I'm fine. So I don't have a lot of overall expectations because, if I die tomorrow, my life has been fulfilled. I have a beautiful family…I've worked a long time, I've been around the world. What else can you ask? Now I'm in peace.*

> *I'm happy here. For the first time in my life, I am happy. It's taken 80 years.*

HUD 202 participants didn't achieve a sense of peace in their lives until they reached their older years. Many felt they wouldn't have achieved this peace without their current home environment. In contrast, homeowners shared stories of growing up with a high level of well-being and maintaining it, thanks in part to the stability of homeownership:

> I grew up — I was thinking about this not long ago and I don't remember exactly why I was thinking about it — but both of my grandparents owned their home, and I don't know how they came about to own their home, but both of my grandparents owned their home. My parents owned their home that we grew up with. The house we grew up in, the lot that the house was built on, it was 90 feet across and 120 feet deep, with a big pecan tree. So that, for me, it has always been peace. So I don't use the word I'm at peace, because I had never had to worry about the landlord putting us out. I didn't have to worry about all the trials and tribulations that people who live in rental properties have to put up with just to live.
>
> …so much of decisions that you make in your life have to do with your own experiences and things that happened to you in childhood. His parents died when he was young. So he didn't have the benefit of a stable home with parents, so he didn't want that to happen to us. So we have a house.

Importance of Exercise. Participants who found exercise to be important rated their health status higher than those who did not. Comments included both exercise as a preventative measure as well as a strategy to deal with chronic health problems. The importance of exercise was a common theme across all housing types with the exception of the previously homeless veterans who had numerous physical ailments. A market-rate renter shared:

> I do a lot of supplements, I get my little hand weights out in the morning and I walk a lot to keep myself kind of agile, you know, as much as I can. So that's kind of my thing.

Several homeowners discussed:

…because it's all on one level. In a way, that's been a detriment because climbing stairs is good for you. It's made me lazy, really, because I don't have to climb stairs except when I'm at the Y, or unless I contrive something myself wherein I have to climb stairs.

I use my steps as exercise. I go up and down and I count how many times, sometimes, I go up and down the steps. I have a treadmill at home so it depends how many times I've gone up and down the steps how long I'm going to stay on the treadmill. [Laughs.] Yes, I've done exercise on my steps so I count it kind of like a gym. I have a pull-up upstairs in the hallway; I have a step box at home because I used to teach aerobics; I'm a certified instructor.

Today is not the typical simply because I haven't been to the gym as often lately as I should've been because I've been taking care of my daughter. But going to the gym is like medicine for me, and so I have not been seeing to my exercises that I'm supposed to do, according to my neurologist. So for that reason I have an appointment this afternoon with a neurologist because I am having so back problems, and that's because I haven't been taking my medicine — the gym.

A HUD 202 participant said:

I do have some health problems. I walk every day. I walk — know where Sears is at? I walk there, to Sears — that's the truth — I walk to Sears, I turn around and I come back. That's a long walk.

Participants shared that they had co-morbidities and took medications for

their chronic illnesses, yet maintained a positive outlook:

I've got fibromyalgia, I'm a diabetic, I'm tired all the time. I've got ninety thousand things and I've just had my shoulder replaced a few months ago, so today I'm pretty good. [Laughs.] Surprise surprise…. My health has influenced my taking care of myself because I now have to have a PCA.

I have heart irregularities that are controlled by medicine right now, and other things that aren't related to exercise and all of that, like heart attacks are; I have sudden cardiac arrest, which is; if you're

ever given a choice between heart attack and sudden cardiac arrest, take the heart attack. You know? [Laughs.]

I take one pill a day for thyroid, so for right now, no high blood pressure — thank God — no diabetes, what else is there? No heart trouble that I'm aware of.

Overwhelmingly participants viewed their lives to be positive with only one outlier. Even the two men who were previously homeless due to drug abuse had a positive outlook on their future, happy they are no longer homeless, and happy to be away from the harmful intent of others. A woman who had also been homeless and with addiction issues expressed that she is not just happy, but thriving. Only one participant had a more negative outlook on life. She had lived in public housing her entire life until moving to HUD 202 housing several years ago. She also rated her health status among the lowest and commented, *"right about here. Going, declining fast."* Her comments were typically pessimistic, for example:

I grew up here in St. Paul; I left when I was 18; I stayed gone for 26 years; and I came back to help my mother with my grandmother; and I'm stuck. I didn't get back out….I've got one daughter that's homeless but she can't, you know, be here. And like I got a granddaughter coming in from out of town. Because it used to be, you know, you could always go to grandma's house. But in places like this they make it where your kids can't come to grandma's house, you know. They put those restrictions on you. I don't think that's fair because it's kinda punishing you for being disabled, or for being old, or being on Social Security, you know.

In summary, the participants' narratives revealed their emotional health (HC) benefited from their physical (PE) and social environments (SE) of home despite chronic health conditions and limited income (HC).

Housing Affordability

Overwhelmingly, all participants regardless of tenure type or economic status expressed that they are living within their means, and most felt their overall financial life was acceptable or satisfactory. The majority of homeowners have lived in their current home for 30 or more years. Most have paid off their primary mortgage and carry a small amount of mortgage debt primarily for tax benefits or due to financing substantial home modifications. In addition to having little to no mortgage on their home, homeowners had the financial means to hire out for services that they may need help with or no longer wanted to do:

> *An elder living alone, even though I'm in my own home, I have to contract with various people. I have a contract with the man that does my driveway, I have a long driveway. I have a woman that comes in and does my cleaning for me. I have a handyman that will come in and change lightbulbs or fix whatever needs to be fixed, you know.*

> *There's a lot of modifications with senior outreach things; people come and do your grass, do your snow; if I wanted that I could get that for very cheap. I pay the agency $15, $20, and they would do maybe $50-60-70 worth of work. I just donate to the agency and the agency would pay the rest of the total. If I wanted to lock into something like that, that's always available to me.*

Of the six HUD 202 residents, four were previous homeowners and two have never been homeowners. The majority moved to HUD 202 housing for financial reasons either because homeownership was too expensive on one income and/or a fixed income or to receive or maintain a rental subsidy. The majority of participants expressed satisfaction with their finances even if limited:

> *Because I'm living in subsidized housing, that makes a tremendous difference. But now, I buy what I need, not what I want.*

I just think like we need more of it [senior housing] and it needs to be affordable, where people can, you know, that are on Social Security can afford it.

I manage my money. I don't get a whole lot but I manage it pretty good, and I'm not gonna be broke…I saved and I managed my money. Even right now, it means that I — 'cause I'm on a fixed income, know what I mean? — and I'm not gonna waste it. I thank God we got subsidized rent.

I budget and live according to income without any stress or anything on my part…Some time, believe it or not, as little money as I have I feel rich.

A previous homeless man receiving General Assistance (GA) and

Veteran's Affairs (VA) benefits shared that his current housing was affordable:

The reason I probably just really haven't went forward is it's a little more spendy, with more money, you know, and I just didn't really need all that much space. I was kind of waiting to see if he had something like an efficiency. I don't really need a huge; on the budget, on the what's that called? The money that I get is not that much. Rent, I think, was $650; I only get $720, so why go from $425, you see what I'm saying?

Two of the HUD 202 residents described concerns with income scarcity

but had a sense of relief due to living in a rent-controlled property. When asked

to rate her satisfaction with her finances a resident shared:

Zero. I don't have none. I'm on the bottom of the totem pole right now, and I can't; like, almost forced because they wouldn't give me disability but then I couldn't work, so I had to go out early at 62, so I got the low end of the totem pole and now I'm stuck on that, you know. So, what I mean, without being in a housing situation like this, I don't know what I would do because I wouldn't be able to; the little bit of money I get, I mean, it just barely; you know, I barely get through, get over.

The other resident expressed the importance of affordable housing on a fixed income in retirement:

> *I retired in 2010 and I still miss my weekly paycheck. It's like you're always pinching pennies and I've never had to do that.*

In conclusion, several participants are adjusting to living on a fixed income but all expressed living within their financial means with the majority being very satisfied with their financial situation and housing affordability.

Physical Environment

Housing Tenure and Housing Type

Housing researchers and theorists have long recognized the correlation between housing tenure, housing type, residential satisfaction, and socioeconomic status. This was true among the African American elders in this study as well. Differences were noted between those who rented a home and those who remained homeowners. The majority of participants have owned a home in their lifetime with only 3 of the 17 participants never having been a homeowner.

Patterns, characteristics, and most important emergent themes from participants' descriptions, as they related to home, community, and well-being as they aged, were similar for the majority of participants. However, overarching and strongest differences in lived experiences were expressed as differences in economic status. This implies a relationship between housing tenure and economic status.

Attractive and Senior-Friendly

When asked to describe their home and what they liked best about their home, participants who live in HUD 202 affordable senior multi-family housing were very satisfied with their living situation and most often spoke of the importance of their relationship with their property manager and the community they are located in above physical characteristics of their home. But when specifically discussing their home, or unit, the most salient theme was that their home was well designed to meet physical needs (SE) of seniors (PC), was attractive (SE) and affordable (PC), but didn't look like affordable housing (PE). All expressed a certain level of surprise that their homes do not fit stereotypes of low-income, senior housing, which appears unattractive and to be of low quality. These findings confirm the relationship of PC to SE and PE, all of which positively influence their well-being. Examples of their responses follow.

> *…provide everything they feel that would make a senior comfortable; the activities, the housing, and if you need anything fixed it's done directly, you don't have to wait*

> *[The homes are] very comfortable and convenient. And the ones that need handicap equipment, they can get it….And you can see how beautiful they are*

> *The peace and quiet, and the comfort; and they're just so cute. They're really cute and homey, and that's what I like about that. I like that.*

> *I like the home because I moved in it brand new. This is the first house I've had that's brand new. I've had other homes but…and it's in the community that I grew up in so I know many people in the area. I like it because it's local and convenient.*

> *Very comfortable, well situated, very good location. Attractive, very attractive. Everyone who comes here, that's the first thing that they notice, how that it looks kind of like; I've had people say this looks*

like a four star hotel. And like I say, we're very comfortable and the residents are very nice.

Quiet. I like quietness. I just like it. There isn't nothing I can really say; I'm happy. If you're not happy where you're at or where you're working at, you're in bad shape, you know what I'm sayin'? I had many jobs I don't work, well, I wasn't happy but I had a family and that's what I had to take care of. I had two houses in my lifetime. But I like it here; that's all I can say. I love it…. And build them like you build the rest of them; nice. Don't build them raggedy or any kind of way because you're in the city. Make them nice, too; just like this one.

Other PE factors made a difference to participants' well-being. Several participants remarked on light and being outdoors as important:

I don't have a lot of windows like I used to have, and that would be my emotional health. I had lots and lots of windows at my other place; cut down those windows by, I think I have like two; there's a bedroom, and there is the sliding glass door. So with our Minnesota winters, that's not a lot of light, and I love the light. The other place had like seven windows; window above my sink in the kitchen, and you know, all that. It could be gloomy. I try to turn on everything and when I wake up in the morning, all the blinds are open, and all that stuff so that that light can get in. I think it's essential that we have light. Artificial light doesn't get it for me. So I find other things to do so that I don't concentrate on that lack of light; if I concentrate on it I go stir crazy.

…being able to sit out for long periods of time and enjoy the scenery, but also take in fresh air… it is a difference when you have lived all your life in a single dwelling. For me, it would be hard for me to envision; this is my vision; and you know I can see why; I mean right now, if I was in a wheelchair, somebody could roll me out, I can look out over a golf course; I can sit out and have fresh air.

Housing as Shelter

Homeowners and those living in multi-family, HUD 202, senior housing expressed a great deal of housing satisfaction (SE) and shared how their home environment contributes to social benefits of self (SE). In contrast, two previously

homeless veterans did not experience a high level of housing satisfaction and shared that their home provides them with the very basic need of shelter from elements with little to no social benefits mentioned.

> *It needs some help, you know; the carpets need to be shampooed, to say the least, because there's just; but at least it seems to be rat and roach free so I mean, you know, I can live with the rest.*
>
> *…and the home is nice because the oven works, the refrigerator.*
>
> *What do I like best about it? It's got a door. [Laughs.] That's about it. I'd like to move somewhere else. I don't like this collective living arrangement that you get involved in, you know. I mean, it's better than a shelter.*

Their housing satisfaction was related to having their very basic housing needs met. Differences in housing security and belonging were clearly evident and aligned by housing tenure and type. In this finding, a positive relationship was seen between the PE and SE as they relate to WB.

Neighborhood

Participants were asked to describe their neighborhood and what they like best about their neighborhood. Most participants described geographic neighborhood characteristics related to physical space and boundaries as well as social community characteristics not constrained by physical boundaries. In other words, neighborhood had physical and social elements not bound by space. When asked to describe their *home* many described their *neighborhood* before being prompted by the researcher to specifically describe their neighborhood. For homeowners and previously homeless veterans, PE factors were more aligned with physical neighborhood characteristics yet some were interrelated with social

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aspects. For the majority of those living in HUD 202 housing, the most salient

themes were aligned with *community* characteristics rather than *neighborhood*.

Amenity-Rich Neighborhood. When asked what they like best about the

neighborhood, the majority of homeowners valued their neighborhood most for its

amenities. Amenities included being close to parks, restaurants, and

transportation.

> *…it's easy to get to from either city; it's near the major freeways; and it's near the largest, most popular shopping center. And it's near my doctor; all of my medical; I'm only five minutes or less from my dentist; about five minutes from my physician, my podiatrist; so I like all of that.*

> *What I like best about my neighborhood is that it's quiet. And people are; I see families walking. Oh, they are sidewalks; so they're out walking their dogs; they're walking pushing strollers; and we greet each other and we say hi. I like that. I don't know the people personally, except for a couple of them, and it's just nice to have; it feels safe.*

> *…it's centrally located. It's easy to get to the airport; easy to get downtown. We have restaurants [name of block omitted], and banks. It's just; I just like it; it's very community and I like that. I like being able to see people that I know and recognize. Might not know much about them, but I know them when I see them and I like that. That's what a neighborhood [is].*

> *I like its location. That's the best thing, that's why I chose it. I'm not a suburban; although as a kid I lived in the city for a short time. By the time I was 13 or 14, my Dad had bought some land and moved us out of the city of Memphis, back to what was then kind of a country, suburban thing. Never my style. It's too dark at night and there are little things that make noise. I'm an urban person. I like ambulances and fire trucks….I like the amount of vitality in the neighborhood. My neighbor and I, we retired within six months of each other. We were talking about the turnover in the building and she said oh, it is so good, all those young people who've moved here from New York and places, that work at Target. She said it's so great because they're in the building and they bring new energy to the building. I never thought about it because I wasn't in the*

building a lot. She said you're going to notice the building's going to be different….whatever's downtown I have access to it.

Narratives revealed neighborhood (PE) factors related to SE. They found location (PE) and safety (SE) to be influential factors that affect their well-being.

Social Environment

Autonomy, Calm Retreat, and Pride

Homeowners interviewed shared that their owner-occupied home serves as a retreat from the rest of the world and a place to be autonomous. Those who own single-family dwelling units strongly value that it is their own space; it is their own space that many own "free and clear" of a mortgage, creating a strong sense of financial control. Further, it is their own space where landlords can't dictate or control the rental amount or availability of improvements. It is a place independent of shared walls, and they have their own outdoor space to enjoy exclusively for just their family and friends.

Home is an autonomous place where they can retreat from the rest of the world. There is also a sense of calm that overcomes homeowners as they move about their house or invite others into their house. There is pride in ownership.

What drives a person to independent living? The home gives and, by the sheer definition of independent, it means it gives me a place to cut myself off from all the rest of this bullshit around me which can be called work, and social, and community. I can shut the door and do whatever I want, right? And I have a true retreat. An apartment or condominium really doesn't give, right, because even though I can be in here I know there's someone on the other side of that wall — who I like very much — but I don't want to deal.

...I want to diminish the time I have to worry about my living arrangement. Even though I have managed that all alone, but, as I get older, the one thing that I'd like to do is not have to worry about a bad landlord.

…it is a difference when you have lived all your life in a single dwelling. For me, it would be hard for me to envision; this is my vision; and you know I can see why; I mean right now, if I was in a wheelchair, somebody could roll me out, I can look out over a golf course; I can sit out and have fresh air.

I like the comfort of living in a home without the pressure of conforming to apartment standards and dorm standards, or whatever; but there is that sense of being in control. This is my house, this is what I want to do; I don't like the kitchen? I'll change the kitchen. There are good and bad things to it. When things go wrong I can't call the landlord, but I like it being my home.

Now this is my greatest fear is that I become physically incapacitated and may have to move back to where my family is, or where my daughter is, because I don't want to give up my independence. That's who I am. And I've always been a person that liked togetherness. I like social events, but I like alone time, too. So I cherish that, that I have the luxury of having that kind of time by myself with my own thoughts, doing as I please. It is a luxury….

It's a place of rest and most people come in, they feel welcome; they feel like if they have high stress, their energy level goes down. They become more harmonious…. But in my house, I pray a lot now and I always have a continuous white candle burning in my house so I mean, I use a lot of lavender, like with the lavender baths; vanilla, aroma scents in the house. So that definitely adds a lot of calm; there's no stress in my house.

I say we are truly living the American dream, and it's quite lovely.

I like best about my home… I have a big yard; I have about a third of an acre all together. And I have a big yard and I can do a lot of entertaining. My home is conducive to entertaining my family and friends, which I do a lot of. I have all the family dinners. And I have what I call gatherings of friends. So that's what I like about my home.

I live in a home with my significant other and my 17-year-old son. Private home… What I like best about my home? Comfort, I guess,

that's what I like. Got lots of room for everybody….Physical space, I can have my own bedroom if I like, plenty of space there. Nice living room, a lot of closet space, and garage place to hang out and do my thing in the garage. We have separate garages; two two-and-a-half car garages. It's just physically really, really comfortable.

*What I liked best [about your home], well, what I like best is it's mine. That is, it's ours and not the bank's; it's **ours**.*

Whereas the thing I worry most about that would drive me to change is some change in that I don't have control; some political kinds of stuff that comes in and causes a big change in the neighborhood.

I don't need loans and I don't need favors. We're self-contained here. We're fortunate; well, not fortunate, we've worked very hard. I mean, my wife and I have worked very well together, going in the same direction, and it's worked out very well…Yes, life is wonderful. I thank my lucky stars every day. One, that I'm healthy; and wealthy; and I have a lovely wife. [Laughs.]

My daughter sometimes with her friends likes to flaunt this thing. "I've never been a renter," she says that, which is true. When she graduated from college she stayed at home; and a year later when I sold the house I had enough money to help her make a down payment on a little townhouse, and that's what she lived in. I've always been a homeowner, she said, I've never been a renter.

Of the seven homeowners, six lived in single-family homes, and one sold her single-family home in preparation for retirement and currently owns a condominium in a high-rise in the urban core. She also expressed the autonomy homeownership provides, but enjoys the social benefits of living in shared housing:

But I had had my time; I had had a roommate, we shared space together; I don't know, I kind of like that. I think that's my selfishness part of me, that I like that, I kind of like that space. I like the social but I like to be able to go to my own space.

In conclusion, the homeowners held a great deal of pride (SE) in ownership (PE) and their home provides them with an abundance of social benefits (SE) in addition to material benefits and basic shelter (PE). Overall, the level of autonomy (SE) that homeownership (PE) provides was the most salient theme from our homeowners.

Importance of Person-Centered Property Managers.

Though having a well-designed, attractive, and affordable private apartment or unit was important for HUD 202 participants, the most important factor for their overall well-being as it relates to their home environment was developing and maintaining a positive relationship with their property manager. This is a direct relationship between housing tenure, i.e., rental property, and social environment influencing their sense of belonging.

Residents from all three HUD 202 properties strongly valued their reciprocal relationship with their property manager and the staff. For instance,

I love living here. . . [manager's name omitted] is the best resident manager ever. She's always willing to help anybody; no prejudice; she's just a beautiful person every day, every year.

The most important thing to me is the staff and how you're treated by staff. . . . people here's really interested in your welfare and your care and help, and all of that. [The Property Manager] is the greatest; she really is. . . You don't find many apartment managers like that.

The fact that they're [the staff] interested in us, that makes a big difference.
I'm comfortable here, it's a beautiful place…the best resident manager anybody would have. She's an understanding person, and you can feel the love from her. Honestly, she gives you a hug and it means so much; that's the kind of person she is; anybody approach her. . . . she's just precious to me because …[there are] some places where people don't have patience with a lot of people

when…they have to deal with different situations. But whatever situation, [it] never changes her.

The most important thing to me is the staff and how you're treated by staff. . . people here's really interested in your welfare and your care and help, and all of that. [The Property Manager] is the greatest; she really is. . . You don't find many apartment managers like that.

Yes, I really like living here. I love my apartment … the staff here are just beautiful people. And they make it nice; wanting to live here. They're just always there for you.

The analysis of data suggests that this positive reciprocal relationship participants have with their property manager was exclusive to HUD 202 participants and not found among other participants. In fact, participants who are renters (PE) of non-senior housing had the opposite relationship with their landlords (SE):

Sometimes he's a good guy and I don't want to call him a slumlord, but you know, at the same time, with seven other units; I don't know how long he's had this unit but I can see where it needs work, you see.

I know how you can get all the ice and snow off; all you have to do is use the stuff that's available in the local hardware store and all the ice will disappear. But unfortunately, my landlady, she has not shown that expertise, and she's from Minnesota. I know she know how to get rid of that ice. So it's not something that can't be helped, it's just something that she neglected to do. You understand what I'm saying?

A former homeowner living in market-rate, senior housing expressed a positive professional relationship with her property manager, but not a fulfilling, personal relationship as HUD 202 participants expressed:

Well, you know, what would help is if they would talk to us. Communication is a big thing and you need to have constructive and positive criticism, and be able to discuss it together. I know the people that I've been here so long they all know me, and I feel very comfortable in telling them; I say, Shirley, this is what I can see. I didn't say anything about the light switch because I didn't even realize it until I moved in, and that weekend, I went to wash my hair and I go, where is the outlet for my dryer? I couldn't even find it! I turned around and looked, there it is against the wall as you're going out. I said, no wonder I couldn't find it. [Laughs.] So here goes the extension cord and all this stuff. But I found that if you just give constructive criticism, in most cases, and just be; don't be harsh, just tell it straight, it usually works out okay for me.

Researcher: I imagine they've enjoyed having you around; you're a good tenant.

Oh, yeah, they tell me that all the time. They go, how's my favorite tenant, they'll go like that; we'll laugh. And I said; I told [another resident], soon as I go out that door, she gon' call me a name…

A participant who lives in senior housing and serves as a property

manager shared:

The dependency factor can come in and so what we urge here is do as much independently as you can. We sometimes get people with personal problems, they'll come into the office with like she's rolling her eyes at me, or she won't talk to me. I'm like, that sounds like a personal problem; you handle your social things yourself. And most times it works. We go against that dependency thing.

However, she also shared that she is very attached to the residents:

I thought I better move to a more progressive, upwardly mobile senior area. Well, that didn't happen. And trust me, when you start really caring about people, separating yourself from them is sometimes not an option. I could be happy somewhere separated, but then all of my causes and all of my things that I'm passionate about, what am I gonna do with them then? If I'm going to help people, then people are people; to help the people that I serve, you stay put. And that's where I am with that.

In conclusion, the importance of having a property manager that cares about her residents was found to be exclusive for HUD 202 participants. The positive and supportive social environment (SE) created from the compassionate staff had a strong impact on their well-being (WB).

Fit Between Person and Environment

Using the Ecological Model of Aging conceptual framework, themes related to the P-E fit of the home and the neighborhood were reviewed. Further, patterns that suggested how well-being or aging related to or influenced environmental fit were reviewed.

How participants' homes and neighborhoods—their home environment—accommodated or were adjusted to accommodate their physical needs was certainly apparent in participant narratives. However, physical fit and mobility were not the most salient themes for participants in relation to the Ecological Model of Aging. As already discussed, the social fit of their home environment was of greater importance to participants.

Social Fit of the Home

From their own words when describing characteristics of their home and neighborhood, the social fit (SE) of their home environment is more important than the physical fit (PE). Two HUD 202 participants, ages 68 and 84, talked of their homes being well-designed for physical needs of seniors throughout the interview. But, when asked what they would want to tell people who are designing housing for older adults, they expressed attributes associated with the

social fit of their homes such as comfort, convenience, meeting needs, and not

only physical design characteristics:

> *I would tell them that having a comfortable place, convenient place, a place where they feel comfortable, caretakers that show concern and listen to them, and in general when you do that, I think you can feel they need to have activities where they can participate in. We have a lot of activities here.*

> *I would tell them get in a place where they would feel really comfortable, and that, you know, met their needs. And the most important thing to me is the staff and how you're treated by staff. Tell them to get in a place where you have, you know, people there's really interested in your welfare and your care and help, and all of that. This is what I like about this place, they really care about the residents.*

Physical Fit of the Home

The majority of participants made conscious proactive decisions to modify

their home environment to meet changing physical needs. They achieved a

physical fit either by making modifications to their homes or by moving to a senior

property that had an already established physical fit for older adults. Those who

lived in *non-senior* housing did not feel their housing met their aging physical

needs.

Making adjustments to achieve a physical fit. Participants were

proactive in making adjustments to their homes to physically fit their needs:

> *An elder living alone, even though I'm in my own home, I have to contract with various people. I have a contract with the man that does my driveway, I have a long driveway. I have a woman that comes in and does my cleaning for me. I have a handyman that will come in and change lightbulbs or fix whatever needs to be fixed, you know.*

> *There's a lot of modifications with senior outreach things; people come and do your grass, do your snow; if I wanted that I could get that for very cheap. I pay the agency $15, $20, and they would do*

maybe $50-60-70 worth of work. I just donate to the agency and the agency would pay the rest of the total. If I wanted to lock into something like that, that's always available to me.

No, not really. We've been here long enough to do all the things that we wanted to do and needed to do, so. You know, it's that old houses, old people, and old cars, there's always something to do. So you know there's always; our house is actually quite lovely but we've done a lot of work.

I go to my daughter's but I love my house. People always ask me why you are still [doing?] the job uptown? Well, I'm still healthy. I have a connection here, I have lots of friends here. If my health declines, I have a room at my daughter's house so I have a place to stay…my daughter is looking out for her mama, she's already making plans that she knows she's gotta take care of me. I mean, it's not left on her but she's taken on that responsibility.

I got divorced, my daughter finished college, and my sister married. That left me in a huge house that I no longer needed and I decided for my own convenience, I was sort of preparing for retirement, in a manner of speaking. I was moving downtown and my thought at the time was, number one, I would have access to all kinds of things available to me in the city; food, my doctors, primarily…So that's my reasoning, you know, I'm thinking I'll have easy access to medical care, it's all on one level, I will have the security of being able to go on trips and not have to worry about security. I just wouldn't have to worry about a lot of stuff. I was trying to simplify my life 20 years ago and that's why I'm here; that's why I've been here for 20 years. And now, of course, some of my friends who are still living in their homes and who have medical issues now are saying they're sorry they didn't move because they are like captured in their homes now. They're feeling the need to renovate, and make changes, redecorate; I'm in the processing of redecorating for my last time.

You mask the things that you are doing to adjust to the age. It is separate in your mind; disability housing and gerontological housing, right, allow for additions of changes. So don't find the — your example is perfect there — try to keep pushing to the sweet spot, as opposed to caring for every possible problem an older person would have because of two things: it's not going to push a person, and you don't want the constant reminders. Constant reminders do one of two things; they're demeaning, or disheartening; and screw it, I'm old, I give up. The other side of this is they're insulting. I don't; what do you think I am, doing that?

…there's nothing here that either one of us by ourselves can't handle. The only reason we would move is actually if we chose to move that I can think of that would force us to leave. I mean, sickness, illness, none of that would ever be a factor because this is our house. Economics will never be a factor.

Several participants reported that they are conscious that their homes have a direct benefit on their level of physical activity.

…because it's all on one level. In a way, that's been a detriment because climbing stairs is good for you. It's made me lazy, really, because I don't have to climb stairs except when I'm at the Y, or unless I contrive something myself wherein I have to climb stairs.

I use my steps as exercise. I go up and down and I count how many times, sometimes, I go up and down the steps. I have a treadmill at home so it depends how many times I've gone up and down the steps how long I'm going to stay on the treadmill. [Laughs.] Yes, I've done exercise on my steps so I count it kind of like a gym. I have a pull-up upstairs in the hallway; I have a step box at home because I used to teach aerobics; I'm a certified instructor.

HUD 202 elders described their homes as well-designed to meet their physical needs. Complaints were minimal; common complaints were about a lack of storage and the desire for a walk-in bathtub, but no complaints about meeting physical needs of older adults.

[The homes are] very comfortable and convenient. And the ones that need handicap equipment, they can get it….And you can see how beautiful they are.

I get around really good in my apartment….The way they're made everything is directed towards the needs that you might have.

I think for the better because I can get around… So here we've had exercise classes; we have a walking class; they've brought in nutritionists; they've brought in blood pressure people. I mean, they

brought in everything to help us with all that. So they keep us moving. It's up to us to do it, but at least they're putting it there where we can say yes or no.

HUD 202 participants expressed no safety concerns with their homes. Both participants who lived in senior housing, but were not in HUD 202 communities, expressed concerns that their senior buildings were not well-designed for safety:

…is supposed to be senior but it really isn't, to some points. For example, they renovated this apartment before I moved here to the second floor but the light switches in the bathroom are on the wall opposite the sink and the mirror, okay? So I'm thinking, now how am I supposed to use my hair dryer if it's in the back of me? What am I; and it's [laughs]; and also like the cabinets in the kitchen, they're up very high, like the top shelves; and for seniors, it should be a little lower because seniors shouldn't be climbing up on ladders and step stools.

…took away the pool because that would've been kind of like a hazard for seniors. But there have been so many additions that have happened; we've got handrails now and we've got the things that are necessary for older people now, and for safety.

In addition, several participants commented on the importance of designing homes for the physical needs of older adults while maintaining attractive features:

…tell me about an able-bodied person who doesn't like and expect curb cut….one time I opened the [car] door and it was the first time I had noticed there's a light on the edge of the door that comes on when the door opens. When you close the door, it's behind you, you seldom; it's daytime, you're not going to look at; but one night I opened it and I thought what a wonderful design and safety issue because it makes the door visible. It's a safety issue but it's not a flashing light, it's not a bulbous add-on or something like that, it's just nice design. So that's the simple answer to your question. Figure out needs, you know; figure out desires, and you may be

able to put in more desires than you thought if you give it to a real design person.

Make the bathrooms handicapped accessible, that's a big thing because in a condo like the one I'm living in, you don't want it too institutional because of the dead core [sic]. But you have to have it convenient and safe for you if you plan to live in it. That's a big thing now that I'm thinking about, because this whole redecorating thing, I think about how much money do I want invest in the bathrooms because this building I live in, it was the first one they built downtown when they were trying to clean up Loring Park 25, almost 30 years ago. And so they didn't put the best accoutrements in there; they didn't put high end things in there. So most people have invested money in changing their apartments and having them being more attractive.

To conclude, the majority of participants were aware of the importance of their home being designed to meet physical needs of older adults. Participants revealed physical design elements that compensate for declining competencies to foster a feeling of safety.

No Fit between Person and Physical Home Environment

The market-rate renters included in the study had limited resources to be able to make a conscious decision to move to housing specifically designed for older adults. With limited financial means, those choosing to share a bedroom with a roommate stressed the importance of it being located in a neighborhood where they felt safe. It was evident from their comments that the physical environment of their current homes did not fit their physical needs:

Stairs. I need to be in a different living arrangement. One level, you know; something; I'm looking to expand because it's crowded, like I said, where I'm at right now. But you have to crawl before you walk, as they say, so it was [getting] my foot in the door; and I think probably because some decisions that I have made is why I'm still in the situation. In fact, I know that for a fact, so I'm looking to broaden my horizons, so to speak.

Physical aspects of my home is it's not designed to accommodate me. I'm on a walker 'cause I got [inaudible] because my knee, and my back is all messed up, and it's not designed to accommodate me. So I have lots of problems in being mobile; my mobility is kind of; it's stressed out. I don't get around too good.

Well, stairs and the fact that there's snow on the ground, and there's ice around there, and you know, and all; so you got to take a cab and stuff. Since I lived in Minnesota a long time, I expect it, but they don't remove that. I know how you can get all the ice and snow off; all you have to do is use the stuff that's available in the local hardware store and all the ice will disappear. But unfortunately, my landlady, she has not shown that expertise, and she's from Minnesota. I know she know how to get rid of that ice. So it's not something that can't be helped, it's just something that she neglected to do.

I want to be in an assisted living situation, okay? Yeah, I thought about that; I thought about it when I moved in.

Researcher: What about assisted living is appealing to you?
I don't know; it sounds like something interesting. I don't know what they give opportunity with assisted living but it sounds interesting. I need some assistance in my living situation, okay? I got a PCA, he does the best he can; clean up my house, something like that, but I need some assistance in the other things that's involved like the house, and the walkways, and get to the bus stop, and all that kind of stuff. I think in assisted living situation, they take care of that. So that's what I need.

….the accommodations I got here are not designed to deal with people in my particular situation. The bed, the kitchen, the walkways, the stairs and stuff, you know, to get around you have to pull yourself up and that's not a big deal for some people who can walk down the steps….I used to be able to do that, jump from step to step; but I can't do that no more.

The previously homeless veterans reported the lowest self-reported health scores and shared that they had mobility issues. They were well aware that their housing did not accommodate their physical and mobility needs. With their limited financial resources, affordability and a safe neighborhood were more

important to them than having an accessible unit even though they expressed a great need for it.

Unexpected Findings

This next section describes findings that were unexpected. They include the desire for better communication of resources available to seniors, a strong feeling of advocacy for marginalized groups, and the importance of remaining independent, which was not as strong as the literature suggests.

Knowledge of Available Resources

Across all housing situations, participants expressed the need for better outreach and communication about housing and other options for seniors. Many HUD 202 participants expressed the need to not only build more affordable housing in the urban core but that much more could be done to communicate the availability of this type of housing option:

> *I ain't never heard of it, 'cause it's church owned, right? So they should let more people know. I wish the waiting list wasn't so long but I understand about a waiting list because once — tell you about how good a place this is — once you move in here, people don't move out. …like I say, I wish they would make it known and build more, get more places. I mean, build more in the city instead of way out.*

Housing professionals know how difficult it can be to reach out to all community members with appropriate housing information. An interesting finding was the knowledge of available resources among war veterans. Several homeowners are also war veterans and had knowledge of numerous resources

available to them as veterans. When asked if the time came when he could no

longer remain living at home, one participant said,

> *I'd just have to let the VA come and take care of me. Yeah. Since I'm a veteran I'd just say hey, come and get me. Come and get me, I'm ready.*

However, the two previously homeless veterans lacked even a general

knowledge of numerous resources available to them as war veterans. Another

participant, who is also an advocate for low-income African American elders,

shared the following insight:

> *If you don't go to where they are to hear, you never hear about it. You're not gonna get it on the radio; you're not gonna get it in the newspaper; and you're not gonna read — I shouldn't say stereotype — but if it's hidden and buried you're not gonna know about it. So the agencies that get them from the public health background, we have to deal with anybody that comes into the system. They should be; and that's what I'm working on with these [inaudible] committees I'm on. If only they had a central phone [thing?] for people to call, that you don't get the runaround that you gotta spend six hours on the phone to get transportation. You know, something that should be easy to access, so it's like 2-1-1, or whatever it is; like a centralized phone that you could get the resources that you need by making one phone call.*

Even homeowners who said they would never move from their single-

family home expressed a need for better communication for resources available

to seniors to successfully age in place. One participant said it best:

> *Again, they're not issues that need to be dealt with right this moment. I think if I were trying to be super realistic, expialidocious — no, sorry [laughs] — it would be; being able to take advantage of people telling you exactly what the steps are going to be in with having failure and dealing with things…You, as the individual there do not recognize the decline. And you are constantly making natural, little adjustments. And after a while, it's not a problem because I've solved that, you know? I can take the thing to grip, and I can grab it and I can't pick it up, but I can pull it to my leg, that lets me get it enough that I can go down and reach. So what's the*

problem? You don't recognize that as a decline. No, I'm dealing
with it. So if there were a way….as I say, as a society, to prepare
people for various transitions. We know it as older people, simply
because we recognize little things. Oh my God, this is what my
mother did and I'm doing it; I understand now why she did it but I
said I would never be there.

Advocacy

Homeowners had achieved a strong level of individual psychological and

financial autonomy and control. They used their success to provide aid and

advocacy to people of color and other marginalized groups. Most homeowners

serve on boards of directors for agencies that serve people of color or volunteer.

…the difference is we're starting to do our own research, instead of
being researched…I'm doing some research now around people
who are marginalized in the African American community,
regarding their sense of values and the past, and seeing
themselves as community educators. Anyway, we're doing our own
research. So research is important and we're trying to educate our
people to understand we need to know about one another, and we
need to know trends, we need to know these things as we look
back. Sankofa is that mythical bird that — you've probably seen it
— it is looking; the body is moving forward as it looks back. It
stands for you have to know where you've come from in order to
know where you're going. So that's why a lot of the stories now are
being written and told by African American people because it's time
we do our own research.

I just got asked to be on the Committee on Aging…So I just thought
how it was all coming together, like on purpose; to me, this is my
purpose, how can we make it better for seniors in [her city]? And for
me, personally, people of color. So many of them are losing their
homes, having to move out; Alzheimer's, dementia; so however
else I can get this information out.

Independence

Participants valued their independence but not as are heavily as predicted

by the Ecological Model of Aging and the gerontology literature. Participants

were generally healthy and living independently, which could explain why independence did not emerge as a theme. They shared:

I relish being alone. I thrive on being alone. I am independent and I don't want anybody asking me anything like where are you going, what you do? When are the dishes going to be washed or when is my laundry going to get done? I don't like that. I do it in my time. I might be different; I don't know.

I have moved quite a bit and I really like now that I'm settled. If I go again, it will be like to a nursing home, probably, but I don't anticipate moving into another home. I've had those experiences, so it' wonderful to have your own place, to be independent in that realm, but I'm retired now, so I'm just gonna lay back and enjoy it. I liked my independence because where I came from—I came from a small town—they didn't have city buses, you had to depend on people for rides to work and to the grocery store, and just to get around. And here, you have the bus service. I never rode a city bus until I came here, and it was an experience. But it gives you, you have so much independence. When I want to go I just jump on the bus and go where I want to go.

[When discussing how satisfied she is with the amount she has in savings] …where if I need it I can get it without bothering my family. This keeps me independent. When you get a small income you have to budget and I like to stay independent. I don't like to depend on my kids financially because they have to live too.

But, if they could not physically care for themselves and had to give up their independence and be at peace with it, two men shared:

I would have to be a burden on [his partner] and the children; and I'd just have to let the VA come and take care of me. Yeah. Since I'm a veteran I'd just say hey, come and get me. Come and get me, I'm ready.

If I became incapable of managing in my home; I mean, if I; the home I'm in does not have real wide doorways for a wheelchair; there would have to be too much construction around making it accessible. So that would necessitate me having to move, if there

was some physical [aspect], you know, that I couldn't overcome; if I needed a wheelchair. A walker I could probably manage but, yeah.

Summary of Findings

It was evident in talking with participants that their homes and communities have a strong impact on their overall well-being and in defining who they are. Clearly, how we relate to our place matters. The relationship between place (PE) and well-being certainly included attributes of health status (HC), but social environment (SE) factors as related to place were just as important. Participants' voices demonstrate that their sense of place and where they live deeply impact their identities, sense of self, and how they view the world. These are all social environment factors found to be related to their physical environment and influence their well-being. Findings suggest the importance of the home environment as not just a physical place that is affordable and builds wealth, but also a social space that allows for African American elders to feel a sense of belonging, empowerment, and peace all within a social environment where home may be the only space where they can truly feel safe, rooted, and renewed.

Chapter 5: INTERPRETATIONS

The purpose of this study was to determine how the interaction of human characteristics and the physical and social environment characteristics of home affect well-being among African American elders. This chapter presents connections between this study's findings and relevant literature presented in Chapter 2.

Interpreting findings involves deep analysis to read through and beyond findings to integrate complex and detailed individual stories into collective stories that add to understandings of social phenomena (Bloomberg & Volpe, 2008). Therefore, interpretations align with, but go well beyond, describing disparate themes. It is the responsibility of the researcher to explain the process of connecting themes to arrive at greater meaning (Bloomberg & Volpe, 2008; Corbin & Strauss, 2008; Creswell, 2007).

This chapter begins with an interpretative analysis of the study's key findings organized by factors regarding housing and well-being that appear in the literature. The discussion is framed by what is known from previous research, and implications seek to augment current understanding of the relationship between housing, the physical environment, the social environment, and the well-being of African American elders.

The research question was guided by the Ecological Model of Aging theoretical framework. The framework emphasizes the importance of maintaining a fit between the personal competencies of an individual and their physical and social environments as they age. Reviewing each story with the framework as a

guide, the social fit of homeplace was significant for participants. Examples of control, empowerment, autonomy, inclusion, a sense of belonging, feeling safe and secure, being at peace, and an overall sense of life satisfaction emerged. Participants' narratives told the story of place having deep meaning and influencing self-identity. This research adds a new dimension of understanding that suggests participants have more than just residential satisfaction, but deep social benefits derived from their homeplace that overshadow material and physical benefits. This is similar to what Burton et al., (2004), hooks (1992), and Leung and Takeuchi (2011) found in their scholarship with African American households.

The physical and social environments emerged as factors related to African American elders' well-being. Specifically, economic status, health, and the security of ownership of an affordable house, in a supportive and amenity-rich neighborhood are important indicators of well-being. In this chapter, the importance of housing and neighborhood to psychological well-being, which ultimately feeds into overall well-being is discussed. Highlighted is that housing security and housing satisfaction are critical components of achieving well-being among African American elders.

Next, the need to expand Person-Environment Fit theories to be race conscience of wants, needs, and behaviors of African Americans and to not perpetuate myths, stereotypes, and oppression is discussed. Findings suggest the importance of achieving fit within the social environment is of greater importance than the fit with the physical environment. In addition, factors

expected to be of importance, but did not emerge, or were not as significant as predicted, are presented. Finally, factors related to design, policy, and practice are discussed.

Participant Characteristics Interpretation

Health Status, Safety, and Housing Tenure

The homeowners in this study ranked their health status higher than the majority of the renters, many of whom had a personal care assistant (PCA). Health status did not correlate with age among participants. Participants disclosed having co-morbidities, but co-morbidities were not always consistent with the ranking of their health. Health and well-being comments were closely aligned with economic status with only one exception.

Lower-income participants rated their health status lower than homeowners, which can be interpreted to mean they have less access to resources than higher income participants. Issues such as quality and affordable health insurance, healthy foods, and quality health care as well as ability to cope with stress of discrimination for being both Black and poor.

The previously homeless both ranked their health status as poor and expressed living in fear for their safety for most of their lives as a factor. Research says (Adams & Serpe, 2000) fear of crime is a chronic stressor. Several HUD 202 participants expressed feeling safe in their homes, but not out in the neighborhood, whereas others expressed finally feeling safe since moving to HUD 202. No clear patterns related to safety concerns emerged among HUD

202 participants. None of the homeowners mentioned any worries related to their safety or crime.

Physical Environment Interpretation

Homeownership as a Commodity, Dominant Group Symbol

Participants' voices demonstrate that owning a home contributes more to their well-being due to the autonomy that comes with it. This was more important than the status symbol of home ownership, which can be a White race success marker.

For HUD 202 participants, the sense of neighborhood, belonging, and empowerment were overshadowed by the economic benefits of a rental subsidy.

Researchers should not assume African American elders value the individualist, capitalist norms of home ownership as a marker of success in the same way the dominant group does. This research recognizes housing is being interpreted as much more than an individualist, commodity of economic value, but a place that offers social and psychosocial value.

Social Environment Interpretation

Psychological Benefits of Home and Community

A deeper analysis of findings suggests social and psychological domains may be of greater importance than physical and material domains of house, neighborhood as related to well-being of the African Americans elders interviewed. Empowerment, control over the environment and achieving a sense of belonging, overshadowed housing affordability, design amenities, and home equity, although the latter were still important. Housing security coupled with

house and neighborhood attributes highly influenced participants' ontological security and are central to their well-being.

All participants shared the common theme of psychological well-being strongly related to housing security. Differences in the scale of well-being and housing security emerged by housing type and economic status.

Home attachment. A key finding was the role of the house as both a physical and social domain that fosters a sense of belonging, as a space to escape from and resist oppression, a place of great autonomy and empowerment, a place free from harmful others, and a place of retreat to rest and renew. The role of house and neighborhood in the daily lives and well-being of participants ranged from the basic need of shelter and safety to home as a place to be autonomous and free from discrimination. When considering all findings as a whole to begin to arrive at deeper meaning, it was evident that both the physical home and neighborhood characteristics held deep meaning for participants. The physical environment has a strong influence on their lives and, subsequently, their well-being. It was also evident that social characteristics related to social dynamics of the physical environment were even more significant. Place truly matters. From participants' voices, place played a significant role in their lives. To hear numerous participants say they are finally at peace in their lives in large part because of their current home, or the strong sense of satisfaction with having their own home to enjoy with friends and family detached from the world outside, the physical home foster important and powerful social dynamics of well-being.

Sense of belonging. Those living in HUD 202 senior rental housing spoke of how much they valued and respected their property managers. The residents felt the property managers genuinely cared about them and they are not seen as just tenants, but important human beings. Their houses provided a sense of belonging and inclusion that they didn't have in the past. Feeling valued and included coupled with housing security helped them to achieve their sense of peace. The need to belong is a fundamental human motivation that African Americans don't always achieve because of discrimination and exclusion. In this sense, it's easy to see why achieving this basic fundamental need overshadows affordability and good design.

Empowerment. Homeowners were empowered. A notion that has been widely accepted in the field of housing is low-income families, due to limited resources, do not have as many housing choices as families with higher incomes. It is acknowledged that this lack of housing choice diminishes their sense of empowerment (Brown & King, 2005). The narrative of HUD 202 participants in this study did not support this notion. Leavitt and Saegert (1990) suggest that housing organizations and other service providers need to understand the total lives of people and to have empowerment as a real goal for their residents. The previously homeless were not empowered.

Homeplace as a refuge from discrimination. As shared in the findings, homeowners were powerfully attached to their single-family homes with many seeming to value the control and autonomy they felt with owning it outright. This was important as they did not have to contend with a landlord's rules and did not

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have to share walls with other residents. In addition, having their own yard to spend time with friends and family for relaxation was of great importance along with the pride of having their own space. Further, participants described being friendly with their neighbors, most of whom are White, but being satisfied with those relationships remaining at a distance. African American participants who lived in predominantly White communities for many decades strongly value having their own single-family home and outdoor space as a sanctuary. The notion and universal desire to see home as a sanctuary in which to retreat from the outside world transcends race, class, and age.

Most people tend to live in homogeneous communities where their neighbors look like them (Collins, 2001), creating racialized home spaces. But some participants do not look like most homeowners around them, and they made a point of disclosing this fact. For these participants, home serves as a sanctuary from discrimination and gives them the ability to literally shut the door and escape from the outside world. The notion of "keeping their distance" is to protect themselves from the constant reminder of White oppression (hooks, 1992).

As shared in Chapter 4, several participants specifically used the word discrimination, but most used other language related to exclusion or unfriendliness. These terms were also interpreted as discrimination. Using other attributes to describe discrimination is not uncommon among the African American population (Corral & Landrine, 2012). Participant comments included:

I feel blessed because you know, 84 years ago, and like I say, living in the South, you go through a lot of things and things get better and better. And you accept them, so I feel blessed.

…gives me a place to cut myself off from all the rest of this bullshit around me, which can be called work, and social, and community.

[When asked directly about racial discrimination], *I haven't had any real ugly experiences in my life. I hear people with other stories and I know the reality of their stories, but my own personal experience has been quite wonderful, actually. Most people I've met invite me into their lives rather than exclude me from their lives so I don't have any horror stories.*

You [referencing the researcher] *are to be an ally and an advocate because your people have to do their; you have to do your own work around these issues. Just like I have to go back to my people and we have to do our work; more research on ourselves. But you're learning a lot that you can carry on and help other people out of their ignorance that look like you. [Laughs.]*

For African Americans, the sanctuary of owning their own single-family home fosters a physical and social environment free from discrimination and White oppression. This seems to be unique to homeowners in the study. It was not the same prominence of home as sanctuary from discrimination with those who did not own their own single-family home. Here is further evidence that there is a strong relationship between housing tenue (PE) and well-being. In fact, it helps to actually create well-being via social environment factors such as safety, security, autonomy, and refuge from discrimination.

The home facilitating ontological security. Research findings related to feeling safe, having a sense of belonging, being empowered, and having autonomy over the environment; is supported by ontological security; having trust in the world around you, discussed in Chapter 2. The connection between place,

identity, health, and well-being was certainly evident in participants' narratives. Those who were adequately housed identified a greater level of ontological security, and place greatly influenced their lives and well-being.

Homeowners expressed an abundance of ontological security derived in large part from their home environment and their individual sense of agency (individual power or influence), autonomy, and control. HUD 202 participants expressed a strong level of ontological security but less so from an individual sense of agency, autonomy, and control and more from a sense of communal or group membership.

HUD 202 participants strongly value community and a sense of empowerment through bonds of a collective struggle of a marginalized group with a lifetime of discrimination and lack of control with property managers. Achieving housing security in old age greatly increased their locus of control and in turn their sense of empowerment.

In contrast to homeowners and HUD 202 renters, the previously homeless war veterans did not articulate any form of ontological security. A look at Maslow's Hierarchy of Needs shows that food, clothing, and shelter are people's basic needs. The veterans lived without the basic need of shelter for many years while homeless. One cannot move along the hierarchy of needs if not able to satisfy this basic need (Maslow, 1943).

In conclusion, participants who were adequately housed and had a level of housing security, derived a great deal of ontological security from their home.

Those with housing insecurity were thankful to have a roof over their heads and are not in a place to yet imagine ontological security.

Residential Satisfaction

Participants who had housing security expressed a large degree of residential satisfaction. Their narratives suggest their overall satisfaction with their lives is influenced by their residential satisfaction. Even with stories of discrimination, poverty, death, and ill health, participants seemed very satisfied with their lives with a strong level of ontological security. In this case, it seems that social environment factors of satisfaction and security are inter-related, therefore, relationships can occur within an environment, between or among its factors.

It was found that those who were satisfied with finally living in a safe neighborhood were pleased with having a housing unit that was free from pests although they lacked autonomy and relatedness. Those who had not been treated with respect by property managers and fellow residents until their current housing situation, achieved a great sense of housing satisfaction with well-designed, affordable housing, located in their desired neighborhood, where they could relate to fellow African Americans and other low-income families. Whereas, participants who have the freedom and choice to own and maintain their home, obtain a great sense of housing satisfaction due to this autonomy.

In conclusion, psychosocial benefits of residential satisfaction, such as sense of peace and ontological security, were more important than economic or physical environmental characteristics, or at least more discussed.

Identity Disassociation and Acculturation

Although homeowners demonstrated a large degree of individual autonomy and success over their life span with a level of acceptance among the dominant culture; the majority expressed close ties with institutions in predominantly Black communities, such as church, school, or non-profit organizations and/or are on the board of directors for organizations that serve people of color and other marginalized groups. In the findings chapter, this theme was described as advocacy. This can be further defined as the use of individual autonomy and power among the African American middle-class to benefit the collective whole of African Americans against oppression, as prior research suggests.

The Ecological Model of Aging

As discussed in the Methods chapter, open coding was used for much of the initial analysis to let participants' true voices be heard and to not force a fit with the conceptual framework. However, although weak, tenets of the Ecological Model of Aging continued to align with the findings. It seems that tenets of the theory persisted as findings were aligned with the Ecological Model of Aging, but were incongruent. It could be interpreted that the lack of race consciousness in the model contributed to the incongruence.

Race Consciousness

This research employs race consciousness in place of CRT as race consciousness can be viewed as an axiom that should pervade our view of reality and not be limited to a theoretical framework. A lack of race

consciousness in the Ecological Model of Aging assumes competencies and sense of autonomy, control, empowerment, and inclusion that older adults might begin to lose in old age. These are often due to declining physical, social, and political resources that were entitlements African Americans might not have had to begin with or had to work hard to achieve while many Whites take for granted.

Discrimination as a form of environment press. To reiterate, the Ecological Model of Aging states that the environment "presses" to create a response by the individual. Press is evaluated by each individual to be positive or negative, objective or subjective, and can change over time as the individual changes. The next section describes how findings support expanding the theoretical framework to include racism as a form of environmental press.

When evaluating participants' sense of competency, relatedness, autonomy, and control in relation to their home, their narratives did not portray any loss of physical and cognitive competences that were only beginning to infringe on these basic psychological needs in old age. In fact, their narratives told the story of finally achieving a sense of belonging, but not until old age, largely due to the inclusive social environment of their current home. In addition, the autonomy and control with owning their own home and the ability to shut the front door to block out the daily oppression and exclusion of racism is an incredibly powerful benefit of homeownership, which White homeowners take for granted because they will never experience it. The theory assumes these basic psychological needs are entitlements that need to be held onto. Whereas, with an understanding of race consciousness, it is not the loss of physical and

cognitive decline that may diminish these rights, but racism, that reminds participants they were never their rights to begin with or rights they needed to work diligently to achieve. Yet, with the help of their home, they achieved these psychological needs, and in fact, are thriving.

There were instances of control not well explained by the model, as the model focuses on the loss of functional status as a determinant of loss of control. Participants were very healthy, and a loss of functional status was not infringing on their feeling of control, yet a strong desire to maintain control persisted in their narratives. Control was a highly important psychological domain for homeowners, and all cherished their sense of control. In their narratives, they described never wanting to contend with landlord rules, the instability of rental payment increases, and joy in inviting friends and family to the privacy of their own homes and yards. As discussed in detail, the home provides a safe place for African Americans to be themselves and renew themselves outside of the watchful eye of White oppression and dominance. This finding is another example to suggest a race conscious version of the Ecological Model of Aging to include racism as an environmental presser.

Two residents described a feeling of lack of control due to income and occupancy rules of the HUD 202 program. One felt like she could not "be grandma" because her grandchildren can only stay with her for a certain length of time. The other arranged a social activity with fellow residents to raise funds for building functions and was informed by management it was not allowed. These

findings are consistent with evidence that low-income persons have less control over their lives because they have less choice.

The previously homeless veterans described little sense of control because they both lived with roommates in co-housing situations. Roommates who make a mess and do not clean up after themselves were a major problem. In addition, a lack of preventative maintenance by their "slum lord" also filled them with a sense of little control over their home environment.

Safety, privacy, autonomy, control, and competence were certainly psychological domains that participants discussed, but not for the reasons the Ecological Model of Aging would suggest. The framework is implicit that physical and cognitive decline due to normal aging, that disease reduces competencies, and that modifications to a person's environment, or their behaviors, can optimize their diminished competencies. It was evident that racial discrimination is a form of environmental press and that the home plays a significant role as a buffer to racial discrimination and supporting the many competencies of African American elders. The Ecological Model of Aging must recognize racial discrimination as an environmental presser to be suitable as a model to explain the needs, wants, and behaviors of African American elders.

Social Fit of Neighborhood. Tenets of the Ecological Model of Aging were pervasive in participants' narratives and interpretations of findings, but were incongruent. Throughout this research, the importance of the social environment towards the well-being of African American elders has been highlighted. Findings are supported by the model, but research argues the social environment of the

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neighborhood contributes to well-being more strongly for African Americans than the model would suggest. The next section describes how this conclusion was reached.

To achieve the best fit between a person (PC) and their neighborhood (PE) as a sociocultural domain, the Ecological Model of Aging implies that the neighborhood should be safe, familiar, and promote autonomy and choice; at best it should be a stimulating environment that is socially rewarding and does not threaten the competence of the individual, in particular their autonomy (Lawton, 1995). The findings of this study found the Ecological Model of Aging to be correct in this assertion. These domains permeate participants' narratives and for those with high levels of autonomy, choice, and, competence indicates a strong fit between themselves and their environments. Where the framework falls short is in the lack of race consciousness. It can be argued that the framework must recognize racial discrimination as an environmental stressor and the home as an environmental press buffer to achieve and maintain fit and to create a stimulating environment that is socially rewarding and does not threaten the competence of the individual, in particular their autonomy.

Homeowners who shared their narratives had a great deal of autonomy. What seems to be the greatest contributor to their autonomy in regards to the research questions is having a single-family home (PE: housing type) that they have much control over (PE: housing tenure/ownership + SE: autonomy/control). When evaluating their narratives with the lens of autonomy of their neighborhood, it emerged that homeowners are friendly with their neighbors and are

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comfortable with the relationship remaining at a distance. Being one of the first African American families to live in a predominantly White neighborhood, keeping a social distance from their White neighbors can be interpreted as a 'press' coping mechanism to deal with racial discrimination. Homeowners expressed a lesser degree of social fit within their neighborhood than the HUD 202 participants, who lived in a lower-income and diverse community and value living with others like themselves. Yet, homeowners strongly valued the neighborhood retaining its socioeconomic homogeneity and single-family dwelling units as the housing norm as the neighborhood had increased in its racial and ethnic diversity. The research suggests they have a strong fit with the income and tenure norms of the neighborhood conflicting with being one of a few racial and ethnic minorities in the neighborhood. To this end, socio-cultural features of the neighborhood do not seem to provide homeowners with an optimal level of competence. When evaluating the domains of environmental fit, it can be concluded that the social fit of the neighborhood had the least contribution to their well-being and may, in fact, be of detriment to their competence because of racism.

As previously discussed, homeowners hold a great deal of individual agency due in large part to their economic status. HUD 202 participants have lived a lifetime of stress and discrimination due to being both poor and Black. They feel a strong sense of belonging and relatedness being in a neighborhood with others like them and not feeling socially isolated. After years of poor

treatment by landlords, having a person-centered property manager who cares for their well-being increased this sense of belonging and personal agency.

The two previously homeless veterans both expressed that living in a neighborhood free of crime and drugs was very important to their well-being. They remarked they are no longer afraid they will be "knocked in the head" when getting their mail or going out after dark. The ability to feel safe in their neighborhood is a key component of the Ecological Model of Aging. Not feeling safe is a negative social environmental presser that decreases fit, which leads to decreased competence and well-being.

As was shown throughout this research study, the social fit of participants' home environment in tandem with their community environment—their home—emerged as the most significant domain that contributed to their well-being. Findings and the researcher's interpretations suggest that home plays an even larger role in enabling the well-being of African American elders than the dominant cultural views would suggest.

Re-Interpretation of the Conceptual Model

Racism was not a SE factor in the original model guiding this research, but emerged as a new factor found in this study. As stated in Chapter 1, despite indicators of lessening achievement gaps, the influence of a lifetime of racism for older African Americans continues to be an important predictor of well-being. This research sought to understand the influence of the physical and social environments, as well as personal characteristics of African American elders, to inform housing decision-makers of the characteristics that hinder or

enhance African Americans' well-being. Findings revealed racism is a SE factor to be considered as a form of environmental press in the Ecological Model of Aging. Therefore, the revised conceptual model is as shown in Figure 2.
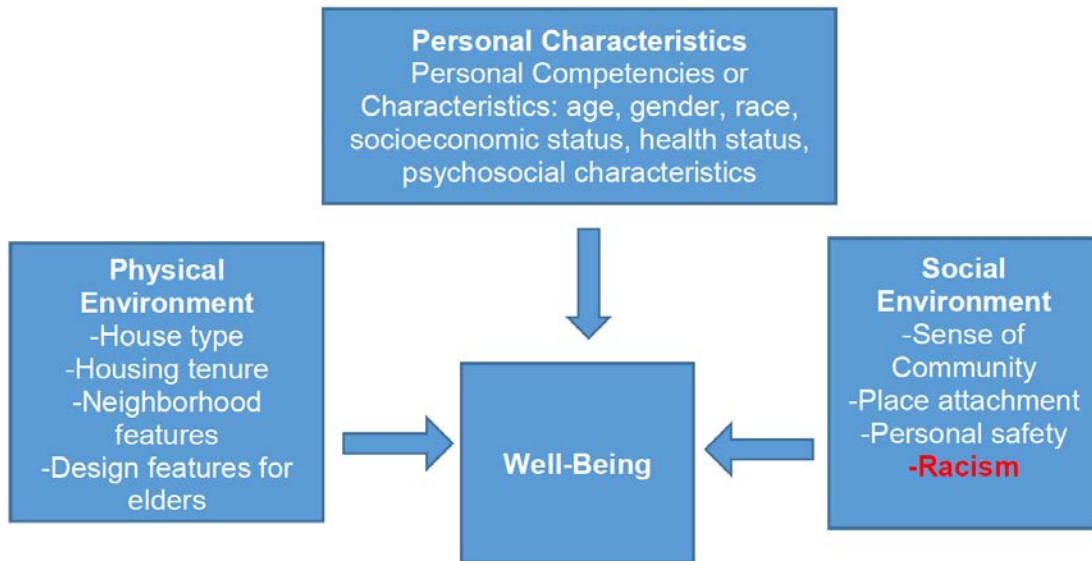
Figure 2. Ecological Model of Aging: Revised Conceptual Model for this Study based on Findings

Additional Interpretations

Interpretation is deep analysis to read through and beyond findings to integrate complex and detailed individual stories into collective stories that add understandings of social phenomena. This next section describes additional interpretations of participants' collective stories that add to the understanding of the role of home and community in the lives of participants.

Aging in Place

As noted in the Review of Literature, the majority of Americans want to age in place. This research found that with the exception of one, these African American elders who are homeowners wanted to age in place in their owner-

occupied home and many have maintained their current home for upwards of 40 years. Low-income elders with housing security wanted to age in place in their community and with the housing security of the HUD 202 senior housing program, most remarked with humor they were not leaving until they died. From their narratives, they remarked more about their neighborhood attachment drawing them to stay or to move back home in old age, but once they moved into their beautiful, well-designed homes, they certainly want to age in place in their current housing situation. Many had a history of moving from unit to unit but retained the stability of neighborhood support that fostered their desire to age in place in their community.

An unanticipated finding was that three of six HUD 202 participants were previous homeowners. All shared that they moved from their tenured homes because they could no longer afford the monthly payments or maintenance costs due to income reduction by divorce or retirement. They lamented that they missed the autonomy of having their own homes, but to no longer have that financial stress was more important. This is consistent with research that suggests aging in place among lower income families puts undo stress on the families due to unmet medical care and housing repairs, which in turn negatively impacts the neighborhood.

The previously homeless veterans had a long history of homelessness or frequent moves. One stated he was married and owned a home in the suburbs but lost it all to drugs and alcohol. His wish was to move to assisted living but he recognized it is an unlikely goal due to his low-income status. The other

participant said he would like to live alone in a mobile home in the country but had no plans for achieving his wish. Neither had an attachment to place, and neither expressed a desire to age in place. To conclude, the desire to, ability to, and reasons to age in place, differed by both housing type and economic status.

Designing for Older Adults

Although it didn't emerge as a major finding, participants expressed greater need for design and planning that supports older adults. Most were proactive for planning for aging, had the financial means to do so, and a certain level of knowledge on needs and resources available to older adults; but remarked that resources are hard to find or that it's difficult to know who to trust. All participants expressed the need for better communication of resources available for seniors. Without putting it in to exact words, most expressed the need for Universal Design; that environments are designed to be accessed, understood, and used to the greatest extent possible by everyone (Center for Excellence in Universal Design, 2014). They also stated a need for skilled professionals to assist elders ranging from how to find affordable senior rentals to hiring a contractor skilled in universal design or the needs of older adults.

Independence

Maintaining independence in old age did not emerge as a theme among participants. This might be attributed to the fact that participants are healthy, mobile, and living in independent housing. Autonomy, control, and privacy certainly emerged as markers of independence, as well as, maintaining financial independence. But concerns about losing their independence to no longer be

able to live independently from physical and cognitive decline were minimal. No patterns by gender, age, housing type, or economic status were evident.

In addition, findings were mixed related to adaptations in environment or behaviors if they were no longer able to live independently. Some remarked they would move in with their children, while others said they would not want to be a burden on their family and would move to a more supportive environment. Others would not even entertain the possibility they would need help living independently even when prompted a second or third time by the researcher. The latter group is consistent with research that concludes most Americans are in denial about aging. But, overall it was found that African American elders were not in denial about aging, but planning for it and truly enjoying life in old age.

Conclusion

The link between housing security and well-being and how critical the social environment is to achieving housing satisfaction, and in turn life satisfaction, is evident from the personal narratives of participants. Autonomy, relatedness, and competence are basic psychological needs that are critical to well-being. The home plays a significant in role in creating an environment for African Americans to be free from the oppression of discrimination. Those with housing security have a safe and private space to thrive; those with housing insecurity may constantly yearn for this safe haven. Those with housing security are healthy and have greater well-being.

This research contributes to the housing discourse by highlighting the role of the home in the lives of African Americans and linking it with the larger body of

housing security literature. Findings from this research add to the strong

foundation displaying the critical importance of the social environment to people's

well-being. This work establishes that the social environment may have more

importance for African Americans than current research would suggest. At its

core, this research demonstrated the importance of race-centered research

studies. Related, findings help to underscore the importance in understanding

and valuing social determinants of health for our overall well-being, in particular

racism as a decisive form of social exclusion that is a detriment to the well-being

of marginalized communities.

CHAPTER 6: CONCLUSIONS AND RECOMMENDATIONS

The primary focus of this exploratory study was to determine how the interaction of human characteristics and the physical and social environment characteristics of home affect well-being among African American elders. The physical and social environments emerged as critically important in predicting self-identity, which emerged as an important influencer of well-being. An important finding was that the home environment is more than just physical shelter and more than a means to build wealth. The African American elders in this study described home as a psychosocial space that allows for African American elders to feel a sense of belonging, empowerment, and peace, often time describing home as the only space where they truly felt safe, rooted, and renewed.

This chapter contains conclusions based on findings. Conclusions are presented separately from interpretations as conclusions consider broader issues and make new connections among ideas to further expand the significance of the findings (Bloomberg & Volpe, 2008). This discussion is framed by previous research. The implications of this research seek to augment current understanding of the home and neighborhood needs of African American elders and add to the discourse on the importance of home as a place of refuge for African Americans. Discussion then offers considerations for policy and theory development by elaborating on previous research of social determinants on health as critical components of well-being of marginalized groups. Next, in investigating the resident-staff relationship for community-dwelling older adults,

an argument is presented to employ intergroup contact theory as a lens to understanding housing integration, and theory testing is recommended to expand the Ecological Model of Aging to include racism as a form of environmental press. Lastly, reflections are presented.

Connections to Previous Research

A qualitative approach collected and analyzed data from African American adults aged 65 and older residing in non-institutionalized, community-based housing to further understand their housing experiences as related to their well-being that can inform policy, programming, and the design of homes and inclusive community environments. The research questions guiding this study were largely satisfied by the findings presented in Chapter 4. The findings also supported previous literature presented in Chapter 2. In this chapter, unique contributions from this research, specifically its contribution to the body of knowledge regarding the importance of the home for African American families, are summarized.

The Home as a Refuge

Research findings highlight the critical importance of the home as an anchor and place of refuge that fosters well-being of African American elders. This finding is consistent with previous scholarship suggesting home is a necessity for African American families to flourish and may be the only place they have as a refuge from discrimination and social exclusion (Burton et al., 2004; Feagin & Sikes, 1994; hooks, 1992). Interpretations of findings suggest the stability and foundation of the home may be a stronger contributor to well-being

for African Americans than it is for other population groups. Findings also suggest that the role of home differs by economic status, housing tenure, and type. Previously homeless renters had only their basic housing needs met, whereas homeowners had a strong sense of overall well-being they attribute in part from the material and social benefits of their home. Further qualitative research with a larger sample of African Americans is needed, as well as with indigenous groups and other people of color, within the framework of the majority population, to elaborate or disprove this interpretation.

Considerations for Policy and Theory

Conclusions drawn from findings in this research are aligned with previous literature that found the social environment may have a more significant role in the lives of marginalized groups than for dominant groups (Agnitsch et al., 2006; Saegart et al., 2001). Three areas that warrant future study are discussed next.

Social Determinants of Health

Social determinants of health are the physical, social, and personal resources to be able to identify and achieve personal aspirations, satisfy needs, and cope with the environment (Raphael, 2004). Research findings confirm that affordable, safe, appropriate housing is a basic necessity. Furthermore, findings suggest importance of the social environment to leverage benefits of the built and material environment for the overall well-being of African American elders. Prior research suggests spatial justice only occurs when both the psychological and physical health of the community are considered (Anguelovski, 2013).

Results from this study identified the need for more research-based evidence for involving housing and health. Professionals across these sectors need evidence on needs and preferences of marginalized community residents to advocate and help shape policy, housing, and programs. Solid evidence and dynamic theoretical frameworks are imperative to ensure that both psychological and physical health needs of all community residents are met, in order to achieve healthy communities for all. Furthermore, findings suggest that dominant cultural values defining a healthy community need to be challenged, examined, and disseminated further.

Model for HUD 202

Among HUD 202 participants in this research, the resident-to-staff relationship was one of the strongest influences on well-being and neighborhood attachment. Participants residing in housing developed specifically for older adults, the affordability of that housing, and the caring, humanistic property managers, was consistently articulated by participants and credited as critical to achieving well-being. For participants who found themselves currently unable financially to maintain homeownership, or without the financial resources to access benefits of homeownership, they consistently mentioned the positive relationship with a property manager. All HUD 202 participants interviewed lived in communities owned and managed by the same non-profit company. Although the study had a very limited sample size and the qualitative nature of the data and analysis limits the transferability of the findings, evidence emerged suggesting property managers and owner's mission to enrich life and build

community was achieved. There simply seems to be a lack of research on the resident-to-staff relationship for community-dwelling older adults, particularly in measuring how people of color benefit from the resident- to-staff relationship.

Inter-Group Contact Theory

Inter-Group Contact Theory expresses that prejudice is lessened when groups come in contact with one another, such as being spatially integrated in a neighborhood, if the groups have equal status and share the same values (Allport, 1954). The homeowners in this study are educated, middle-class, professionals of the same economic status as their neighbors, acculturated to dominant values of neighborhood amenities, appear to share tenure status with their neighbors, experience little to no prejudice from their neighbors, and have maintained a strong level of residential satisfaction. The same can be said for HUD 202 participants who are spatially integrated with equal status and values of their fellow low-income neighbors. The theory suggests perceived social distance between groups is lessened because of the common characteristic they share of based on income, wealth, and housing tenure. In contrast, Inter-Group Contact Theory proposes that prejudice is not lessened and, in fact, is likely increased when groups with unequal status are spatially integrated. This notion may shed light on why programs to deconcentrate poverty and reduce segregation to provide low-income families with access to neighborhoods with more economic resources, have not been successful. Findings from this research, that residents of HUD 202 housing developed in historically diverse neighborhood were highly satisfied, supports application of the theoretical framework on positive spatial

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integration in developing senior housing that led to positive spatial integration. The foundations of Inter-Group Contact Theory aid in the understanding of why housing segregation persists and warrants further exploration.

Ecological Model of Aging

The research questions, analysis, and interpretations in this study were guided by the Ecological Model of Aging conceptual framework. This framework implies that as older adults experience change in their physical and cognitive (personal) competencies, their environment can be modified to adapt the level of environmental press and to their changing needs and competencies change (Lawton & Nehemow, 1973; Murray, 1938) and create unique response from residents. Environmental press is evaluated by each individual objectively and subjectively, and change over time as the individual changes (Lawton &Nehemow, 1973). Participants' narratives, findings, and interpretations were strongly linked with concepts in the framework and suggested outcomes. However, basic assumptions were not adequate in explaining the link between the home (PE) and the well-being of participants. Perhaps the lack of race consciousness in the Ecological Model of Aging made the framework influence the relationships between personal competencies, environment, and well-being for African American elders. Perhaps racism can be included in the model as a form of press. This research serves as impetus for further research testing and elaborating the model by including racism as a form of environmental press.

Reflections

This dissertation research contributes to the larger body of housing research by documenting experiences of African Americans elders related to physical and social environments and their well-being. Findings inform the continuing development of ethically and culturally appropriate research, policy, and practice. The dominant discourse has often given ancillary attention to needs and preferences of community-dwelling African American elders. The discourse cited in media and used to develop policy and programs often marginalizes African American elders (Blake & Darling, 2000; Stanford, 1991). The purpose of this research was to use African American elders' personal and unique stories to accurately describe the experiences of African Americans. Findings in this research challenge the dominant views and the interests of privileged individuals who restrict access to resources and power for African Americans and contradict several myths and stereotypes. This research also tested theory to suggest revisions to theoretical frameworks used in housing studies and gerontology.

The research process developed the cultural competency of the researcher, a member of the dominant group, with an affinity to understand housing and service needs of all elders. The researcher gained an understanding of the need for dominant voices to pay close attention when sharing the voices of marginalized groups and, most importantly, how to ensure their lived experiences are accurately portrayed. Efforts such as ensuring credibility through member checks, the bracketing of the researcher's bias, and incorporating the literature from scholars of color is critical in interpreting and developing interpretation.

Through the research process, one-on-one interviews, reaffirming interpretations through interviewees' member checks, and continually exploring themes in relation to historical and emerging literature, the researcher devoted critical attention to the role of power, oppression, and social exclusion, as well as, issues of representation, social criticism, and the need to challenge assumptions. The researcher is confident that the collaborations between trusted allies and members of marginalized groups influences the analysis and interpretation of participants' experiences. Further, it emphasized the value of housing that influences a sense of empowerment and liberation from social exclusion and isolation that transcends shelter benefits and encourages self-fulfillment and security among elders. This study inspired the researcher to continue exploring questions about how housing can and should be developed to be inclusive and supportive of all individuals as they age.

Conclusion

To reduce disparities, researchers and policy decision makers must understand the aspirations, needs, and challenges of African Americans and to recognize and celebrate the critical role of the home in buffering negative effects of racism. To improve the lives of aging African Americans living in poverty, housing development and programs, especially when combined with empathetic property managers, can buffer the negative effects of racism *and* poverty.

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Appendix A. Interview Questions

Interview Questions

_____

Question 1. Describe your current housing. Describe the neighborhood.

Question 2. What do you like best about your home? Neighborhood?

Question 3. Can you talk about any barriers, hassles, nuisances, etc. in your home?

Question 4. What could help remove those difficulties? Or help you deal with the issues?

Question 5. Have you thought about moving? Do you think it's likely you will ever move?

Question 6. What would motivate that [moving]? What would have to change?

Question 7. Say to the Respondent: (show ladder on card), "Here is a picture of a ladder. Suppose we say that the top of the ladder (pointing) represents the best possible health for you and the bottom (pointing) represents the worst possible health for you. Where on the ladder (moving finger up and down the ladder) do you feel you are the *present* time?"

_____ **(Code step on ladder)**

Is today a typical day?____ Better than usual? __ Worse than usual____

Question 8. How has your home influenced your health? [Is it getting easier or move difficult to move around your house and take care of yourself? Why?]

Question 9. If you could talk to someone who is planning housing for older adults, what would you want to tell them?

Question 10. Beginning with yourself, describe the members of your household.

Household Members	**Age**	**Gender** (*circle male or female*)	**What race do you consider yourself and your household members?**
Yourself		M F	
		M F	
		M F	
		M F	
		M F	
		M F	
		M F	

What is your marital status? Check answer that best applied.
_____married
_____re-married
_____separated
_____divorced _____ (# of years divorced)
_____widowed _____(# of years widowed)
_____never married
_____living with a partner/friend
_____other, please specify_____

How many children do you have?

Where do your children live?

Zip code _____

Which best describes the home? **Check one**.
_____single family house
_____duplex, triplex or townhouse
_____an apartment building
_____senior apartment housing

How many bedrooms do you have in your home?
_____ one bedroom   _____ two bedrooms
_____ three bedrooms   _____ four or more bedrooms

How many bathrooms do you have in your home?   _____number of
bathrooms

When did you move into your present home? _____years ago

Do you own or rent your home? _____own   rent

Do you have a mortgage or your home ? _____no _____yes

Do you have a reverse mortgage? _____no _____yes

For the next question, indicate how important the item is to you by responding
with a value with 1- not important, 2- somewhat important, 3- important, 4- very
important.

My financial situation.   1   2   3   4

For the following questions please respond with the number on the scale that
best indicates how satisfied you are with each area of your life at the present
time. 1- very dissatisfied, 2- dissatisfied, 3-somewhat dissatisfied, 4- neither
satisfied nor dissatisfied, 5- somewhat satisfied, 6- satisfied, 7-very satisfied

Your household income.   1   2   3   4   5   6   7

Your ability to pay monthly   1   2   3   4   5   6   7
expenses
The amount of money you have 1   2   3   4   5   6   7

In savings

Your financial security   1   2   3   4   5   6   7

Is there anything else you would like to share about where you live and where you plan to live in the future?
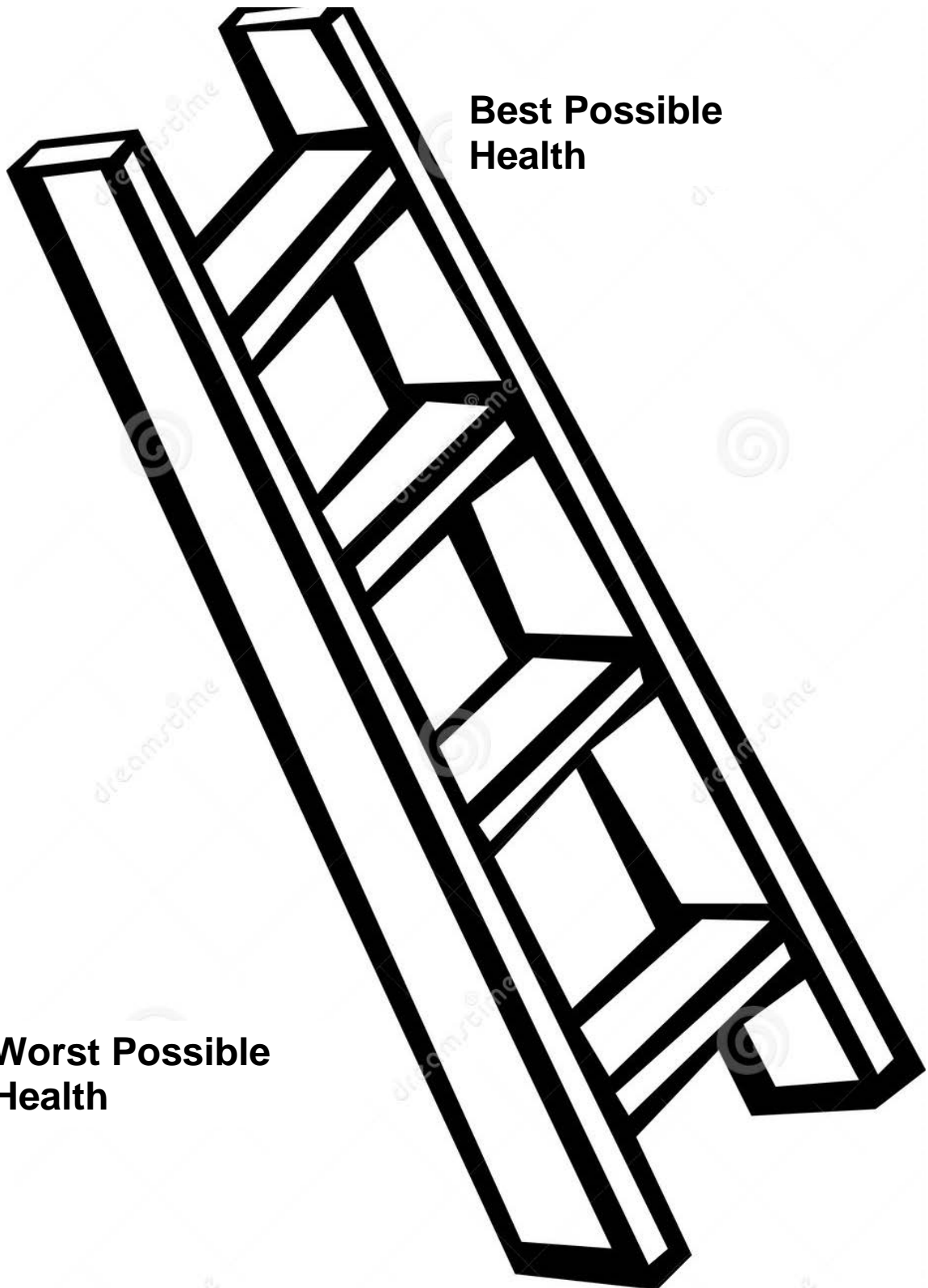
Best Possible Health

Worst Possible Health