

## **ENVIRONMENTAL SATISFACTION AMONG THE BLACK ELDERLY IN SENIOR, HIGH-RISE APARTMENTS**

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### **Abstract**

*This study contrasts environmental satisfaction between black elderly in age-segregated, high-rise apartments and black elderly residing in the community. The representative sample consists of more than 644 black elderly residing in Nashville, Tennessee. The majority of both groups express high levels of satisfaction with their environment. Elderly in high-rise apartments are more likely to express concerns about privacy and police and fire protection. Elderly in high-rise apartments are also more likely to be dissatisfied with their health and income.*

### **Introduction**

More than 400,000 elderly individuals live in public housing apartments (U.S. Bureau of the Census, 1982). Research indicates that this group of elderly is more vulnerable to physical, mental, and social problems than are elderly in community housing. This study presents a comparative analysis of black elderly living in senior, high-rise apartments with a second group of black elderly living in the same southern, metropolitan area. Differences are examined in the areas of health and mental status, social support, life and environmental satisfaction, and community and neighborhood problems.

### **Literature Review**

Several recent studies document the problems faced by elderly persons who live in public housing. These findings reveal that elderly residents of public housing are more likely to be depressed than are elderly persons living in the community (Bojrab et al., 1988). It has also been noted that these elderly persons utilize health services at a higher rate and are at greater risk of nursing-home placement (Weinberger et al., 1986a, 1986b). A study commissioned by the Illinois Housing and Development Authority (Heuman, Patton, Gayda, Brigham, and Rollinson, 1987) reveals that one out of every eight senior citizens in subsidized, high-rise apartments is in immediate risk of nursing-home placement. Close to 20 percent of the residents in the Illinois study report having difficulty with housekeeping, and approximately one in ten report having difficulty with personal care and cooking. This study also reports that a significant portion of the residents with disabilities receive little or no assistance. Approximately one-third of the residents who experience difficulty in completing housekeeping tasks and one-fourth who experience difficulty in the areas of personal care and cooking are unable to get assistance.

The Illinois study (Heuman, et al., 1987) also indicates that among the "old old," the problems of completing daily activities are even more significant. More than one-third of those over 85 report having problems keeping house, while 21 percent and 16 percent, respectively, report difficulty with personal care and cooking. Among those who were both over 85 and Medicaid eligible, the findings were even more dramatic. More than 60 percent of this group experience problems in housekeeping, and the proportion of those experiencing problems in personal care and cooking is 52 percent and 45 percent, respectively. As the population of elderly in high-rise apartments grows older, this problem could reach crisis proportions.

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Lawton and his associates reveal that elderly individuals experience a decline in psychosocial functioning as they enter and adjust to public, senior housing (Lawton, Moss, and Grimes, 1985). These elderly have high, unmet social-service needs (Lawton, Greenbaum, and Liebowitz, 1980). The work of Lawton (1975, 1980), Thompson (1976), and Brody (1979) shows that housing has important implications for the delivery of health and social services.

Previous studies contrast black elderly in high-rise apartments and elderly living in the community on variables measuring psychological disorders (Husaini, Moore, and Castor, 1991) and functional ability (Moore, Linn, and Husaini, 1990). The findings of these studies indicate that individuals living in high-rise apartments experience greater levels of depression and other psychological disorders. It has also been revealed that black elderly living in high-rise apartments tend to be more disabled and have higher levels of unmet needs associated with disability than black elderly in the community.

**Environmental Satisfaction**

It is far beyond the scope of this investigation to provide a complete review of the literature on environmental satisfaction. However, Table 1 provides an index of findings that are particularly relevant to this study.

Table 1. Index of findings relevant to environmental satisfaction.

Most people are satisfied with their housing, even if it is substandard.	Campbell, 1981.
Housing satisfaction increases with age.	Campbell, Converse, and Rodgers, 1976.
Blacks tend to be less satisfied with their housing, neighborhoods, and communities than do whites.	Campbell, Converse, and Rodgers, 1976.
Renters tend to be less satisfied with their housing than owners.	Campbell, 1981.
Women and widows tend to be more concerned about the safety of their neighborhoods than men and married elderly.	Campbell, 1981.
Blacks and Southerners experience higher rates of dwelling deficiencies than do other racial groups or other sections of the country.	Struyk and Soldo, 1980; Struyk and Turner, 1983; Struyk, 1980.
Upkeep of the environment is an important factor in micro-neighborhood satisfaction.	Lansing, Marans, and Zehner, 1970.
Southerners are at least as satisfied with their environment as individuals from other regions and Southern blacks are as satisfied with their environments as other blacks.	Campbell, 1981.
Rural and small town residents are more satisfied with their environments than residents of larger metropolitan areas.	Campbell, 1981.
Housing, neighborhood, and community satisfaction are positively related to each other.	Campbell, 1981.

In the area of environmental satisfaction, urban, black elderly living in senior, high-rise apartments experience both positive and negative influences. Their status as urban, black renters would indicate low levels of satisfaction. However, their status as aged indicates higher levels of satisfaction. Because high-rise dwellers are more likely to be women and widows, one would expect higher levels of concern about safety. On the other hand, if senior apartments are maintained better than community dwellings, one could expect satisfaction to rise.

### **Relocation**

The relocation factor is an important concern in comparing elderly in senior, high-rise apartments with elderly in the community. Elderly individuals are not distributed randomly among various types of housing. Entering a senior, high-rise apartment means that one must be residentially mobile during old age. Only 5 percent of the elderly move during a given year (Myers, 1984; Zais and Struyk, 1982; Rossi, 1980) as opposed to 20 percent of the general population. Elderly who relocate are a self-selected minority. They differ from the general population of elderly in important ways. For example, two-thirds of the elderly own their own homes, whereas two-thirds of those who move during old age are renters (Myers, 1984). Elderly movers are also more likely to be divorced, widowed, or single and have fewer children.

It is, therefore, important to emphasize that the comparison of high-rise elderly to elderly in the community is done simply to contrast and highlight the special needs of the elderly living in high-rise apartments. Such comparisons do not permit causal connections. In short, these two groups of elderly are not only different in terms of environment; they are also different in terms of their demographic characteristics.

## **Methodology**

### **Sample**

The sample consisted of 644 black elderly living in the community either in unplanned, age-integrated housing or in planned, city-owned high-rises that specifically house the elderly. A multi-stage, random sampling procedure was used. This approach began by selecting the census tracts of Metropolitan Nashville with the largest percentages of black elderly. These census tracts were then arranged in a grid composed of population size and median income. Both of these factors had three levels (low, medium, and high), thus producing a grid with nine cells. Census tracts from each cell were randomly selected. In order to ensure adequate representation of the elderly living in subsidized housing for the elderly, a tenth cell composed of all subsidized high-rises from various census tracts was added to the sampling design. Because the study focused only on black elderly, those high-rise apartment buildings that had less than 10 black residents were excluded from the sampling frame. From the selected census tracts, blocks were randomly chosen, and each chosen block, as well as the high-rise, was individually mapped by the field staff to eliminate from the sampling frame those units that were either boarded or vacant. A list of randomly chosen houses and apartments was developed and, following the selection of a particular housing unit from the list, only one of the available elderly was randomly selected for the sample. Data were collected in 1987 from personal interviews with the selected elderly. Individual interviews lasted for approximately 75 minutes. Interviewers attended a three-day seminar on the administration of the questionnaire.

The sample included those living in age-integrated, community neighborhoods (55.4 percent) and those living in senior, high-rise apartments (44.6 percent). The sample had more females (70 percent) than males (30 percent), and only one-fourth of the sample was currently married. More than half (56 percent) of the sample lived alone, with more females (59 percent) than males (48 percent) living alone. The median education of the sample was below 11th grade (with no gender differences); and although the median income of the sample was slightly less than \$9,000, more than one-third of the sample had incomes of less than \$5,000. The median age was 70 with a range of 55 to 80.

The decision to limit the maximum age of the sample to 80 has important implications for this analysis. By limiting the sample to respondents between 55 and 80, we were able to minimize the age discrepancy between these groups, yet retain the advantages of randomized sampling procedures. The reader should note that in many cases the average age of high-rise residents was well above 80. Samples that were not age-limited would, therefore, yield groups that varied widely in age. This, in turn, would make it difficult to make contrasts between these two groups because of the physical effects due to the aging process. This analysis, in effect, contains the "younger half" of the black elderly population. It is acknowledged that this approach sacrifices the possibility of examining the overall high-rise population.

### **Concept Measurement**

Subjects were asked to rate the level of satisfaction in four areas. These areas are (a) family income, (b) social contacts, (c) leisure, and (d) health. Subjects were rated in each of these areas as unsatisfied, somewhat satisfied, or very satisfied.

Neighborhood and community problems were measured by questioning the subject about five areas of potential problems. These problems include (a) people not caring, (b) lack of privacy, (c) fear of crime, (d) fear of going out at night, and (e) inadequate fire and police protection. Subjects were asked to rate these problems as a major problem, a minor problem, or no problem.

Subjects were categorized as either living in a HUD-subsidized, high-rise apartment or in community housing. Community housing is any housing not classified as a HUD, high-rise apartment. No institutionalized elderly were included in this sample.

Community and neighborhood satisfaction were measured by three items. They were asked their level of satisfaction with the community, with the neighborhood, and with the services available in the community. Respondents rated themselves as unsatisfied, somewhat satisfied, or very satisfied.

### **Findings**

#### ***Demographic Characteristics***

Table 2 provides demographic data on selected variables for the group living in senior, high-rise apartments and the group living in the community. The mean age for the high-rise group was 71.14; the mean age for the group in community housing was 69.92 ( $f=5.07$ ,  $p<.05$ ). Although the difference in age was significant, it represented a difference of little more than one year. The data indicated no significant differences in the areas of gender and education. The high-rise group was significantly more likely to have less income and to be divorced, widowed, or single.

#### ***Community and Neighborhood Problems***

In the area of community and neighborhood problems only two items revealed significant differences between the high-rise and the community group. These items measured lack of privacy and inadequate police protection. Elderly living in high-rise apartments were more likely to rate both of these areas as either a major or minor problem. These data are shown in Table 3. However, in each of these areas more than three-fourths of the elderly in either group ranked the item as no problem. The areas that were viewed as most problematic by both the high-rise and the community group were items that related to personal safety. These items were fear of crime and fear of going out at night. Fifty-seven percent of the total group indicated that being afraid to go out at night as either a major or minor problem, and more than 55 percent indicated fear of crime was a major or minor problem. No significant differences were found between groups on these two items. The item that elicited the least concern was the item that addressed the issue of people not caring. More than 90 percent of the total sample rated this as "no problem," and no difference between groups was revealed.

Table 2. Demographic characteristics by housing type in percent.

Variables	High rise N=271	Community N=373
Sex		
Males	28.0	31.2
Females	72.0	68.8
Marital status*		
Married	9.2	38.6
Not married	90.8	61.4
Mean age*	71.1	69.9
Mean yrs. education	9.92	11.28
Income category		
less than \$5,000	64.2	31.3
\$5,000--\$9,000	23.3	30.4
\$9,000--\$13,000	5.7	15.0
\$13,000 and more	6.7	23.4

\* t-test or Chi-square significant at  $p < .05$ .

Table 3. Chi-square comparisons of selected measures of community problems among black elderly by housing type in percent.

Variable	High rise	Community	$\chi^2$
People not caring			
Major problem	3.4	1.8	2.90
Minor problem	10.3	7.7	
No problem	86.2	90.5	
	N=582	N=321	
Lack of privacy			
Major problem	5.4	3.4	20.90*
Minor problem	18.8	7.0	
No problem	75.9	89.6	
	N=584	N=323	
Fear of crime			
Major problem	19.6	17.8	5.59
Minor problem	30.2	22.7	
No problem	50.2	59.5	
	N=577	N=322	
Fear of going out at night			
Major problem	18.8	14.9	2.96
Minor problem	27.7	25.2	
No problem	53.5	59.9	
	N=582	N=322	
Inadequate police/fire protection			
Major problem	6.6	3.1	24.43*
Minor problem	16.6	5.5	
No problem	76.8	91.4	
	N=581	N=322	

\* Chi square values significant at  $p < .01$ .

### **Community and Neighborhood Satisfaction**

In the areas of general community and neighborhood satisfaction, only one significant difference between the community group and the high-rise group was found. The significant difference was found in the area of satisfaction with community services. High-rise elderly were significantly more satisfied with community services. These findings are shown in Table 4. However, interesting response patterns were revealed by the total sample. Just over 44 percent of the elderly respondents rated themselves as "very satisfied" with their community. Almost 90 percent of the total sample rated themselves as "very satisfied" with their neighborhood, and over 80 percent rated themselves as "very satisfied" with community services.

### **Selected Areas of Life Satisfaction**

Table 4. Chi-square comparisons of selected measures of neighborhood and community satisfaction among black elderly in percent and by housing type.

Variable	High rise	Community	$\chi^2$
<b>Community services</b>			
Unsatisfied	9.2	9.4	
Somewhat satisfied	2.7	14.3	23.77*
Very satisfied	88.1	76.3	
N=589	N=260	N=329	
<b>Neighborhood satisfaction</b>			
Unsatisfied	4.9	7.9	
Somewhat satisfied	3.4	4.2	2.49
Very satisfied	91.7	87.9	
N=595	N=265	N=330	
<b>Overall community satisfaction</b>			
Un satisfied	4.5	4.7	
Somewhat satisfied	50.2	51.3	.09
Very satisfied	45.3	44.1	
N=565	N=245	N=320	

\* Chi-square values significant at .01.

Significant differences were revealed in other areas of life satisfaction. These data are shown in Table 5. Elderly in high-rise apartments were significantly less satisfied with their family incomes than were black elderly living in the community. High-rise dwellers also revealed that they were significantly less satisfied with their social contacts than were community dwellers. However, it should be noted that in both groups more than 90 percent of the respondents revealed that they were very satisfied with social contacts. No significant differences were found in the areas of satisfaction with leisure. Those living in high-rise apartments, however, were significantly less satisfied with their health.

### **Discussion**

Before discussing demographic findings, the reader should be reminded that this analysis targets the "younger half" of the high-rise population. The finding that the high-rise group is only one year older than the community group represents an artificially low age difference. By restricting the variance of age the confounding effects of this factor are, at least in part, controlled. If the age range is not restricted, the average age of elderly individuals residing in high-rise apartments would possibly be better than the average age of those living in the community.

The analysis of community and neighborhood problems highlights both the similari-

ties and differences between high-rise dwellers and community dwellers. Both high-rise and community residents experience what might be best described as “lukewarm” overall community satisfaction. The vast majority of both groups believe that those who live nearby care for them. As one might expect, individuals in high-rise apartments are somewhat more likely to be concerned about lack of privacy. These differences are largely attributed to greater numbers of high-rise dwellers reporting this issue to be a minor problem. Only marginal differences are observed in the number of respondents who rated this issue as a major problem. This is an issue that is, intuitively, attributed to living in such close proximity to others. However, it does not seem to be an intense problem for either group.

Table 5. Chi-square comparisons of selected measures of life satisfaction among black elderly in percent by housing type.

Variable	High rise	Community	$\chi^2$
<b>Family income</b>			
Unsatisfied	29.3	19.9	7.29*
Somewhat satisfied	6.4	6.6	
Very satisfied	64.3	73.5	
	N=598	N=266	N=332
<b>Satisfaction with social contacts</b>			
Unsatisfied	4.6	1.5	6.56*
Somewhat satisfied	3.4	1.8	
Very satisfied	92.0	96.7	
	N=593	N=263	N=330
<b>Satisfaction with leisure</b>			
Unsatisfied	3.1	3.0	.49
Somewhat satisfied	7.3	8.8	
Very satisfied	87.7	88.1	
	N=590	N=262	N=328
<b>Satisfaction with health</b>			
Unsatisfied	25.3	15.8	9.88**
Somewhat satisfied	7.2	5.5	
Very satisfied	67.5	78.8	
	N=595	N=265	N=330

\* Chi-square values significant at .05.

\*\* Chi-square values significant at .01.

Community and high-rise residents share similar patterns in their response to community satisfaction variables. Both groups are “lukewarm” in overall community satisfaction. This contrasts with extremely high levels of satisfaction with neighborhood. The most interesting finding in this area is that elderly in high-rise apartments express significantly higher levels of satisfaction with community services. This may be due to the high-rise group being rather insulated from problems of trash pickup and other community services. However, this finding does not support an earlier study, which found that the high-rise group experienced higher levels of unmet needs in regard to completing activities of daily living (Moore et al., 1990). This may indicate that they do not hold the community responsible for problems that they experience due to the aging process.

High-rise dwellers are more likely to report lower levels of satisfaction with health and income, but it is health and income that are possible motivating factors to move into a high-rise apartment. The differences in income satisfaction pale in comparison to the actual differences in income. It is possible that the rent subsidy available to high-rise residents mediates the effect of income on satisfaction with income. Moreover, the notion that lower health status of high-rise residents reflects a possible self-selection factor is especially interesting. Lawton (1982) observes that habitat selection is a coping mechanism by which elderly individuals attempt to maximize person-environment fit. The finding that high-rise residents have similar levels of environmental satisfaction in many areas despite the fact that they experience lower levels of satisfaction with their health points to the success of this habitat-selection strategy. This point is underscored by other studies that point to the lower mental and physical status of elderly who reside in public high-rise apartments (Heuman et al., 1987; Husaini et al., 1991; Moore et al., 1990).

The notion of habitat selection as a coping mechanism is underscored in the analysis of satisfaction with social contacts. Although significant differences have been observed in satisfaction with social contacts, both groups indicate high levels of satisfaction in this area. This indicates that each setting provides adequate social opportunities.

In summary, the most notable finding of this study is that elderly in high-rise apartments share similar patterns of life and environmental satisfaction with elderly in the community. Differences that can be most readily attributed to the dwelling are the tendency of high-rise dwellers to be more concerned about police and fire services and the tendency of high-rise dwellers to be more concerned about privacy. The interpretation of these concerns is problematic. It is possible that these concerns are due to the fear of fires in multi-story structures and the social pressure of high population density. However, previous research indicates that the high-rise population is more anxious and experiences lower levels of subjective social support than the elderly in community housing (Husaini et al., 1991).

The data support the conclusions of Lawton (1982), who argues that habitat selection is an important coping mechanism that elderly individuals use to cope with age-related changes in physical functioning and social and financial resources. The policy implications of this conclusion are that elderly individuals should be provided with a broad range of housing options. Clearly, habitat selection is only effective as long as there are a variety of realistic housing options from which to choose. Providing such options should be the goal of housing policy for the aged. As our nation grows older, this will become an increasingly challenging policy concern.

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