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# Supportive Communities, an Optimum Arrangement for the Older Population?

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*The preference of older people to stay in their own natural environment requires a reassessment of the approach in dealing with this population group. This exploratory study examines a program conducted in Israel called the "Supportive Community", that provides an emergency call service and other essential services at the homes of older people. A case study was performed in two such supportive communities. Interviews conducted with those who operate the programs and with its members seem to indicate that supportive communities provide a satisfactory solution to the needs of older people who continue to live in their natural environment. Many aspects have been addressed that may be considered in planning the physical environment of supportive communities.*

Key words: *aging, aging neighborhoods, supportive community*

## Introduction

A dramatic increase in life expectancy of people in Western society during the last decades (Brodesky et al., 2000) and the resulting age induced functional disabilities, coupled with a diminishing support of older people by their family, require that more attention be paid to the special needs of older people and their physical environment (Carp, 1994; Ward et al., 1988). Many modern senior-citizen homes and nursing homes have been built. Also, assisted living homes have been built, which appeal especially to middle class and upper middle class people who can afford to live there (Kunkel & Applebaum, 1992). To move to one of these institutions however, means leaving the living

environment to which the older person had become very much attached. If they stay in their homes, this may lead to physical aging and deterioration of the neighborhood. Physical aging of the neighborhood will affect both the quality of life of these older people as well as the urban fabric (Billig & Katz, 2003).

Recently, more and more older persons are being cared for at home, employing domestic aid. Such arrangements have become widely used because of the high cost of alternative arrangements, and because older people generally prefer to stay in their natural environment (Tinker, 1997; Laczako & Victor, 1991). A program called the "Supportive Community" has been operating during the past two decades in 88 places in Israel, and is one of recent initiatives in the search of ways of caring for the elderly by the community.

This study will deal both with the well being of the older person and with the prevention of urban deterioration. The study will examine desirable services the supportive community could provide. It will try to evaluate the adequacy of its physical environment for the aging population, and possible interactions between human aging and aging of the physical environment, based on an exploratory study conducted in two supportive communities in Israel.

### Human Aging

The rapid increase of the older population is a relatively new phenomenon that began to occur during the second half of the 20<sup>th</sup> century, particularly in Western society. It was caused mainly by two recent developments: A dramatic reduction in birth rate, and developments in medical science that have significantly increased life expectancy. Men aged 65+ and women aged 60+ are commonly classified as older people. Their percentage in the population has been increasing continuously in recent years, particularly in Western countries. For instance, in Italy and Sweden people of 65+ account for 17% of the population, in the U.S.A. nearly 13%, and in Israel nearly 10% (Brodesky, Schnur & Beer, 2000).

Old age, and particularly older old age (75 and above), is generally characterized by an irreversible reduction in sensorial functioning, slower response of the neurological system and im-

pairment of the memory (Hultsch & Dixon, 1990). Physical ability is impaired and appearance degraded (Tabbarah et al., 2000) and the occurrence of incurable chronic diseases increases (Peek & Cowerd, 2000).

Hoglund (1985) emphasizes the importance to the community of the older person being independent, even if his functioning is somewhat impaired and he may need some help. Carp (1980) states that to be independent, the person must have easy access to various activities. For instance, older people of low income were deprived of medical care, because of their difficulty in using public transportation to get to the clinic (Rittner & Kirk, 1995).

### Aging of the Environment

The living environment is also subject to aging. Investigators who studied the development of the city and its neighborhoods have described a cyclic pattern of processes of urban development and decay. Causes for neighborhood deterioration may be physical, social, economic, municipal or legislative (Gale, 1990; Millard-Ball, 2002). Each of these could be a cause of decay, and could affect other causes as well.

Buildings of poor quality, inadequate maintenance and environmental problems may encourage negative migration from the neighborhood, while causing those who stay to become indifferent about care of their homes. When this happens, the more capable will leave while the economically weak will stay, lacking the means and ability to move elsewhere. The population remaining in the neighborhood will therefore mainly consist of the older and the poor. This will lead to neglect and deterioration of buildings. Local authorities or private investors motivated by short-term considerations will not invest in the maintenance or renewal of old neighborhoods to prevent further deterioration (Eres & Carmon, 1996).

"Aging enclaves" have been observed within cities in Israel and elsewhere. Elderly people tend to be concentrated in those enclaves, whereas the age distribution of the population in other areas of the city remains "young". The uneven distribution of the older population throughout the city is apparently due to internal migration, caused by a difference in attractiveness of certain

areas to residents of different age groups (Pertz, 1984). During the 1920's, the Chicago school had already recognized that the neighborhood affects the behavior of individuals. For instance, Park & Burgess (1929) and Faris & Durham (1939) claimed that living in neglected urban areas causes anonymity and excessive loneliness among residents. Social geriatricians and psychologists have pursued this ecologist's tradition, linking the physical characteristics of the immediate environment with other factors such as social interaction and support. For instance, Carp (1976, 1994), Kasl & Rosenfield (1980) and Lawton, Nehamov & Yeh (1980) have claimed that a better quality neighborhood would bring about increased social interaction. Schorr (1970) has proposed that home is an extension of the individual. If their residence is miserable, residents will become passive, pessimistic and cynical.

### The Older Person and his Neighborhood

Data on the boundaries of the older person's living environment may be obtained from studies of a person's "living space", and his ability and habits of using this space during the course of his life. This space is rather limited during childhood and old age. For older people, the relevant immediate environment is their neighborhood (Gonen, 1979).

Older people's satisfaction with the neighborhood depends on its esthetic quality of design, the personal security it provides, its attractiveness and its quietness (Jirovec et al., 1985). Ward et al., (1988), emphasized that the neighborhood is a context of great significance with regard to aging, and is of significance to their feeling of satisfaction. Limits of the older person's territory within the neighborhood are determined by several physical and social factors. The more suitable the environment, the larger the space he will be using.

A correlation was found to exist between a low level of education among older people, their social problems and the neighborhood in which they live. The prevailing atmosphere in deteriorating neighborhoods may cause older people to become distrustful, making it difficult for them to establish and maintain social relations (Krause, 1993). Physical obstacles in the neighborhood, such

as dark passages between buildings, broken stairs and distorted footpaths, may also hinder or deter older people from visiting each other (Caspi et al., 1987).

Carp's ecological approach considers physical and environmental conditions and social conditions to complement each other. The relationship between a person and his environment is therefore of importance. To adapt the environment to the needs of the older person, one must also consider the state of repair of the building's utility systems such as plumbing and electricity, as well as quality-of-life parameters of the neighborhood such as personal security, accessibility, and privacy (Carp, 1994).

### Care of Older People by the Community

Modern society provides several housing options for the older population: Institutions for long term care, such as nursing homes with departments for the physically impaired; assisted living homes for independent older people who prefer to manage their own households; or letting older people who cannot or do not want to leave their homes, to remain to live in their natural environment (Tinker, 1997; Laczko & Victor, 1991; Warren & Walker, 1991).

Contrary to the common perception, data available show that most of the older people in developed countries actually live in the community (95%), and only a minority (5%) in institutions. More and more people above 65 with chronic disabilities who require continuing care by nursing personnel, prefer to remain living in their natural environment (Kunkel & Appelbaum, 1992). Older people receiving care at home were found to be more satisfied than those receiving such care in institutions (Woodruff & Applebaum, 1996; Tinker, 1997).

"Naturally Occurring Retirement Communities" operate in the USA and in Singapore, and provide services to older people in neighborhoods in which a large proportion of the residents are over 60. These communities are formed by natural demographic processes and by the migration of older people to these neighborhoods. They vary in size, from a single apartment building to an entire neighborhood, and vary in the service packages provided, from basic to very extensive (Administration on Aging, 1995).

### The Supportive Communities in Israel

Supportive communities for older people began to operate in Israel more than ten years ago, and have since attained considerable momentum. At present there are about 88 such communities. Every supportive community cares for about 200 members who remain living at their home. Supportive communities have following staff members: A program manager, a personal support manager (male or female), and often also a social facilitator. The program manager is in charge of general management, guidance and training, and supervises the personal support manager's and the social facilitator's activities. The personal support manager is the key person in the program. He helps members to solve their day-to-day problems and is in current touch with all members of the supportive community, by mobile phone or by visiting them at home. When any special assistance is required, he will refer the member to the required person, e.g. the social worker. The social facilitator deals with organizing social activities and with recruiting and employing volunteers, who help with office work, keeping in touch with members and performing social activities. A 24 hours emergency call service is available, and every member has an emergency call button at his home. The emergency call service provides various medical services and minor home repairs. In case of illness, accompanied transportation is provided to the clinic or hospital and help is also provided in getting medications and in necessary shopping. Bathrooms in the homes of members are adapted for the safety of the older person. Some supportive communities have regular social activities at the social center. The supportive communities have been initiated by Eshel, an association for planning and development of services for the aged in Israel. They operate in cooperation with voluntary organizations, the government, local authorities and private enterprises. In their initial stage, Eshel subsidizes these programs, but these subsidies are gradually reduced to zero in course of the first three years (Thein, 2001).

### Objectives of the Study

The objectives of this exploratory study were in the first place, to evaluate the operation of the supportive community program

and its staff and the effectiveness achieved in satisfying the needs and expectations of the elderly. Secondly, to examine the impact on the older population, of the physical conditions of the environment.

## Methodology

### *Methodology of the study*

The exploratory study was performed in two out of the 88 supportive communities operating in Israel, one in Jerusalem and the other in Zefat. At first, the two supportive communities were explored by observing their buildings and homes, their immediate physical environment and the neighborhood in which they are located. Personal interviews<sup>1</sup> were then conducted with staff members, including the program managers, personal support managers, managers of the social centers, and the manager for program development at the Eshel organization. Subsequently, satisfactory functioning of the supportive community was gauged through personal interviews with older people. The persons interviewed were asked to answer a short list of structured questions about their demographic characteristics, and a number of open questions that enabled them to express their opinion about the supportive community, their attachment to the neighborhood, their degree of participation, and whether the physical condition of the neighborhood are adequate in view of their disabilities. Their replies were carefully recorded and interpreted as ethnographic descriptions.

### *The field of study in Jerusalem*

Jerusalem is a city with a population of 670,000, of which about 8.1% are elderly. The supportive community was established in a housing complex, originally built in 1952, on a 4.2 hectares (about 10 acres) site in the Kiriat Moshe neighborhood. It includes 17 multi-family buildings containing altogether 236 homes. Many are three story buildings, others are semi-detached. Most homes contain 1 ½ bedrooms, others 2 ½ bedrooms and some 3 bedrooms. Sizes of homes vary between 56 and 120 square meters (620 to 1330 sq. ft.). The original residents were middle to lower middle class, members of the Histadrut trade union, aged 30 to 40 at the



time they moved in, mostly married with one to three children. The residents were organized as a cooperative association, managed by a committee of volunteers. Common areas and public buildings were jointly owned.

In 1986, about 56% of all residents of the housing complex were older people. A program was established to provide supportive services for these older people, in the framework of a "supportive community." Retirees living in the housing complex and its near vicinity were offered to join the program and pay a membership fee. The program actually started in 1989 (Nir, 1994). By 2001 it had 200 members from 150 households. Initially, the program accepted only residents of the complex, but in the course of the following years people from the near vicinity were also accepted.

The Kiriath Moshe neighborhood is located close to a road with public transportation that provides convenient access to many services. Prices of homes in the neighborhood are relatively high, due to its location. A health care clinic and a dental surgery, a post office agency and several grocery stores have been operating for many years in the housing complex. In recent years however, the health care clinic and post office have moved elsewhere, and some of the grocery stores have closed down. A variety of social activities are being conducted at the social center located in the complex. For many residents, this social center is an important place of meeting and leisure activities, and also provides ready meals at a reasonable price.

#### *The field of study in Zefat*

Zefat is a relatively small town with a population of 26,000, of which 10.8% are elderly. Zefat was built on mountain slopes, is divided by its topography into separate neighborhoods and has many steep roads and stairways. Not all houses are accessible by car, causing difficulties to the physically impaired and the older people. The supportive community in Zefat started to operate in 2000. Its members are living spread across the entire town, and live in privately owned or public housing. Most buildings are old and neglected, four stories high, without an elevator. Most homes contain 1 ½ to 4 bedrooms. Most private houses are built on relatively large plots, rather isolated from neighboring houses, with many steps leading from the sidewalk to the entrance. Some

of the houses are small with 2 to 3 bedrooms, others have 4 bedrooms or more.

The Zefat supportive community consists of 200 members from 145 households, living in various parts of town. The personal support manager takes care of all 200 members, and therefore has to be of great "mobility" between different areas of town. His assistant is a social facilitator, who also provides personal support. The population of the supportive community in Zefat is very heterogeneous. Large socio-economic and cultural differences exist between members, who originate from countries in Asia, Africa, Europe, America, and the former Soviet Union. 23% were 71–75, and 45% were over 75. Some were independent, but most of them required assistance for mobility.

Five social centers with altogether 400 members,<sup>2</sup> are operated in different neighborhoods by the Zefat municipality, and provide social and cultural activities for the elderly.

#### *Characteristics of the sample population*

Characteristics of the sample population interviewed in Jerusalem were: 7 men and 18 women aged 76 to 93, their average age was 82. They have been living in the same housing complex for 7 and up to 50 years, 37 years on average. Twenty of those interviewed were members of the supportive community, but five were older persons living in the same building complex, who had decided not to join the program.<sup>3</sup> All regarded themselves as middle class.

Characteristics of the sample population interviewed in Zefat were: 10 men and 32 women aged 60 to 93, their average age was 79. Twelve were not members of the program. They have been living in Zefat for 5 and up to 40 years, 25 years on average. Most of those living in Zefat for less than 10 years were new immigrants from the former Soviet Union. They were of varying socio-economic background, some regarded themselves as lower class, some lower middle class, and some middle to upper middle class.

#### *Results of the Interviews*

Following is a summary of the findings of the interviews, illustrated by typical quotations:

*Neighborhood attachment*

In Jerusalem, the great majority of those interviewed preferred to stay living at home at their older age, because they like their home and its environment. They indicated a strong attachment to their neighborhood, mainly because of their memories of the past. For example, a lady of 87 said: *"I have been living in this neighborhood for 51 years, this is where I raised my children, and my husband died here. This is my place and I won't leave."* A man of 76 said: *"Relations between neighbors used to be very close, very special, everybody knew everybody. Today it's different, young people have moved in, people don't know each other any more. However, this is what I am used to, I am part of the neighborhood and maybe the neighborhood is part of me. It's difficult to say, but I can't just suddenly leave."* However, several of those interviewed said they would prefer to live in assisted living homes, but could not afford to do so.

In Zefat, almost all of those interviewed indicated a strong attachment to their living environment and no desire to leave. A woman of 82 said: *"I have been living in Zefat for more than 40 years. I will not leave my home for anything on earth. I am an artist. I have been painting in Zefat all my life. I have my studio attached to my home and that's my working environment."* Another woman of 75 said: *"I have been living in my home for 43 years. I feel happy in this neighborhood and don't want to leave."* A man of 90 told us he had left his home and went to live in a senior citizens home, but he could not get used to it. He decided to return home and joined the supportive community. Among those who want to leave, some expressed feelings of loneliness. Some mentioned the difficult physical conditions. *"Wherever I go there are steps. To me, every step is like climbing a mountain, I would leave if I could."*

*Functionality of the supportive community*

In Jerusalem, nearly half of those interviewed said the personal support manager's services were the most important advantage of the program, others said it was the sense of personal security and others mentioned the importance of social activities and opportunities to meet other people. The great majority of the people were satisfied with the personal support manager's activities: *"He solves all problems."* *"We don't have to hesitate at all before calling him. We just press the button or dial his mobile phone"*

number and there he arrives, even in the middle of the night." This in contrast to the deliberations older people often have, when having to ask for help from their own family. *"I don't want to trouble my family, I'd rather suffer."* Most members of the supportive community use the personal support manager's services. Several among them said they often require his help for a variety of things. Most said they would only request his help for repairs, for medical care or when having to use a ladder. Some said they did not require his help, although they regarded his availability to be very important. Some remarked that they are reluctant to trouble the personal support manager, except for very urgent or critical matters. *"You can't have 150 people on one person's back. I don't want to add more on top of his workload. I'd call him only for urgent medical needs"*.

In Zefat, those interviewed said their main reason for joining the supportive community was to be connected to the emergency call system. Almost all of them were very satisfied with the emergency call service, because of the sense of security it provides: *"What's most important is the feeling of security, the peace of mind of knowing you are not alone, that you can call for help any time and be sure they will come immediately. After having had a CVI, my husband is afraid to leave me alone at home."* Some complained it took a long time before the doctor arrives. The emergency button is not only for medical care: *"It could happen that while my husband is traveling abroad a water pipe would burst, or there could be an electrical power cut, but I can call the personal support manager."* Most of them emphasized the importance of the personal support manager's visits and their satisfaction with his functioning in general. Some emphasized his help in arranging things in town: *"I can't see very well, I am all alone and need some help to go shopping, to go to the bank or to see the doctor. The personal support manager will take me by car to those places and will buy my medications."* Others praised the personal support manager as a liaison with the establishment and as a social contact: *"The personal support manager helps us in writing letters to various authorities to obtain social security payments. He also visits us regularly, which is very good, I am glad when he comes."* On the other hand, some of those interviewed are reluctant to call the personal support manager, because of his heavy workload and would ask him to come only when necessary.

*Getting to the Social Center*

In Jerusalem, the supportive community contains a center for social activities for its members. The older people get there by themselves, but are provided with transportation to return home. Some members said they regularly visit the social center, they like being there and like the activities. One of them said: *"Having to go to the social center every Monday makes me get up early in the morning and shave, to look neat and respectable"*, and his wife added: *"If it weren't for that, he wouldn't have shaved."* Apartment buildings without elevators, distorted footpaths and many stairs in public areas, all severely inhibit older people's mobility. More and more people have stopped visiting the social center because of these difficulties, and are disappointed that there are no regular home visits to those who have difficulties leaving their home.

In Zefat, many members of the supportive community are of limited mobility and therefore cannot get to the social center, as described by a woman of 82: *"Once I had fractured my skull and once I had broken my leg. Taking a taxi won't help, because it's difficult for me to get from the road to the building, and the taxi driver won't help me to get there."* Another older person added: *"In Zefat you have stairs and dark alleys everywhere, older people cannot cope with these without help. The sidewalks are impossible. I fell on the sidewalk three times."* Zefat lacks provisions for accessibility by people with impaired mobility. A woman in a wheel chair complained: *"I can't get out of the house in a wheel chair. Wherever you go you've got steps and stairs on which you can't move in a wheel chair."* *"In the old part of town it's just terrible, there are no railings to the stairs, and no ramps."* Another woman explained that she used to go to the social center, but now it has become difficult for her to walk, so she has stopped going there. Independent older people also complained about accessibility problems: *"There are many potholes in the sidewalks and there aren't many footpaths you can easily walk on. At night I'm afraid to go out because we haven't got street lighting everywhere, and many lamps don't work."*

*The physical environment*

In Jerusalem, the supportive community has tried to adapt the environment to older people's special needs. The city council added 22 street lamps in the supportive community complex.

Railings have been installed along the footpaths between buildings and edges of footpaths have been marked with fluorescent paint. The footpaths are however made of rough concrete and are not level. Nearly all of those interviewed would not leave their homes in the afternoon or evening. A man of 78 said: *"They've marked sidewalks and footpaths, to make it easier for older people. They've even addend lighting, but not everywhere. However, many obstacles still remain. In any case, my friends and I keep on falling."*

In Zefat, the municipality has overhauled some streets, without sufficiently considering any special requirements for older people with impaired mobility. A woman of 79 said: *"Zefat is not for me because of all those stairs, holes and rubble. They've overhauled roads and resurfaced them with stones, but older people can't walk there. The stones are with gaps between them in which my walking cane gets stuck, and that's very dangerous."*

#### *Physical adaptation of the homes of the elderly*

In Jerusalem, attempts were made to adapt the homes of members of the supportive community to the needs of older people. Residents were encouraged to have handgrips fixed to the walls of their homes, at a nominal charge. However, only a few of them agreed to have this done, nor could they be convinced to have their bathtub replaced by a shower. One of them explained: *"Older people don't like any changes, even if they are to their own benefit."* Another woman described her difficulty as follows: *"I have been living on the third floor for years. I loved my home and I was used to the view that could be seen from there. When I got older, an apartment became available downstairs. My children had convinced me that since the building has no elevator, I should change my apartment for the one downstairs. I listened to them but I regret it now. Though this apartment is suitable for me, the view is not the same. I don't like this apartment."* The lack of an elevator in these buildings has caused many older people to remain "stuck" at home. One woman said she had not left her home for a year and a half.

The situation in Zefat was very similar. A woman of 84 living on the second floor said she hardly ever gets out of her home because of her difficulty in walking the stairs. However, older people of higher socio-economic status will be more inclined to adapt their homes. A woman of 68 living together with her

husband of 69 in a private house said: *"We have been living in this house for 30 years. This house hasn't really been built for older people. There are a lot of steps from the road to the entrance of the house. We are now building a railing along the stairs, someday we will need it."*

### *Neglect of buildings*

Since Kiriat Moshe is a middle class neighborhood in Jerusalem, the authorities would not allocate any funds for renewal of the supportive community's housing. The high cost, a reluctance to take on responsibility and the trouble involved deter members of the supportive community from refurbishing their buildings. Many said: *"We will leave this to our children."* As a result, appearance of the housing complex has been deteriorating from year to year. Some of those interviewed felt embarrassed. A woman of 70 said: *"Our housing complex doesn't look anymore as it used to, when buildings, staircases and yards were all nice and neat."*

In Zefat, new neighborhoods of small houses with gardens were built in the 1990s, attracting middle class young couples and families. This has led to aging of some of the older neighborhoods. A woman described this as follows: *"Because younger people have left the neighborhood, the neighborhood is now being neglected. The municipality does look after garbage collection, but has stopped spending any money on gardening."* Most buildings inhabited by older people are deteriorating because *"Older people won't refurbish the building in which they live. They are hardly able to cope with simple household tasks."*

## Discussion

### *Satisfaction with the functioning of the supportive community*

Since this study is of an exploratory nature based on only two out of 88 supportive communities operating in Israel and the number of persons interviewed was rather small, it would not be right to draw definite conclusions from its findings. Nevertheless, it appears from these limited findings that the supportive community does provide a satisfactory and affordable arrangement for older people, provided its physical environment is properly adapted. All in all, the supportive communities studied, both in Jerusalem and in Zefat, seem to be operating to the satisfaction of

a vast majority of their members, in spite of the great differences in characteristics of their populations and in their geographical and physical conditions. And, if it weren't for the services provided by the supportive community, many of the older people would have had to leave their natural environment and move into senior citizen homes or other institutions.

Of particular importance are the services provided by the personal support manager, who received a lot of praise by nearly all members interviewed. The personal support manager's services are crucial in enabling older persons to continue to live in their natural environment. He helps the older people in many matters, solves their technical and mobility problems and acts as a liaison with the authorities. He provides members with a sense of security, knowing that he can always be called upon, which is so extremely important to older people. In Zefat, where members of the supportive community are living all over town, the personal support manager's home visits, his help with mobility and doing errands in town, were of utmost importance. Some members will call the personal support manager more frequently than others. He therefore has to use his judgment and allocate his priorities as the case may be. 200 members seem to be about the maximum number of people he can handle, depending on their health condition. The best way to off-load the personal support manager somewhat should be to make more use of volunteers, particularly for home visits.

In Jerusalem, members who were independent enough to get to the social center were very much satisfied with its social activities. In Zefat, no regular social activities were possible within the framework of the supportive community because of the spread out location of its members.

### *The close physical environment*

Problems of the close physical environment are mainly concerned with the mobility of older people and their safety. Without adaptation of the physical environment, the older person's natural environment will gradually shrink. In Jerusalem, in spite of some improvements, walking the footpaths between buildings was still hazardous for older people. Absence of elevators has caused many older people to remain at home, or considerably



limited their going out. In Zefat, conditions of the physical environment were unsatisfactory for elderly people all over the town, particularly sidewalks and access paths between the sidewalk and the entrance to the homes of elderly people. Many people required the personal support manager's help in overcoming problems of accessibility.

The close physical environment should be improved to such a degree that people of impaired mobility should be able to walk there safely during the day and at night, or move about in their wheelchair, as the case may be. Multi-story buildings should be retrofitted with elevators, with internal or external elevator shafts. Such upgrades have been successfully performed in many building complexes in Israel, at a reasonably low cost, far less than the increase in real estate value of the upgraded homes. Also, adding benches and shaded corners along the footpaths, close to the buildings, could enable people with limited mobility to sit outside their house.

#### *Spread and layout of the supportive community*

Closer distances between the homes of members of the supportive community, and between these and the social center and public services, should improve the functioning of the supportive community. The personal support manager will have more time available for every member, it will be easier for older members to visit each other and the social center, to see the doctor or do their essential shopping. Also, closer distances will make it much more affordable to adapt the common physical environment to the needs of older people. Supportive communities should therefore be located in areas densely populated by older people, to achieve a membership of about 200 within a relatively small area. This is even more critical where the local topography makes adaptation of the physical environment very costly. Obviously, little can be done about already existing supportive communities in this respect.

A social center providing regular social activities is important. It will stimulate older people to get out of the house and enjoy social community life. Where possible, essential services should be relocated near to the older people's homes. Nearby public buildings and commercial areas should also be adapted to the needs of older people.

*Aging of the population and urban decline*

In general, studies dealing with older people do not refer to the effects of physical aging of the living environment, such as deterioration of buildings and the surrounding infrastructure, while studies of "neighborhood revitalization" (Gale, 1990, and others) do not refer to the inability of older people to take care of their environment and prevent its physical decay. The literature deals almost exclusively with physical decay of neighborhoods of low socio-economic class populations. However, aging urban enclaves may also be inhabited by middle-class older people. Due to older people's limitations, the physical environment of their neighborhood is bound to deteriorate, unless action is taken to prevent this. Neglect will cause devaluation of the real estate value, which initially might have been fairly high, thereby further accelerating the deterioration process. This in turn will vastly increase the cost of refurbishment in the future. A concentration of older people in areas of aging enclaves enables an integrated and cost effective response to their needs, which could be provided by means of supportive communities, and combined with improvement of the physical environment.

*Financing*

Although supportive communities are by far the least expensive solution for housing elderly people, they nevertheless require public funding. We thought to suggest the following approach for financing and managing the improvements: Since members of the supportive community will not initiate the required maintenance of buildings and adaptation of the physical environment, this will have to be done by the supportive community managers. In the case of publicly owned buildings, he would have to convince the authorities, in the interest of both maintaining the real estate value of the buildings and of social considerations of the well-being of the older population, to budget the cost of maintenance and adaptation of buildings. Where residents are the homeowners, the program manager would have to convince them that it is in their interest and that of their children to properly maintain and adapt their buildings. Since he would be managing these activities and arrange favorable bank loans for the residents, they would not have to bother about it. With regard to adaptation

of the physical environment, this would have to be funded by municipal or national authorities. A relatively small investment in current maintenance of buildings and public areas and adaptation of the physical environment to the needs of older people, could maintain the quality of life of the older population, while maintaining the real estate value of buildings and the status of the neighborhood in the urban fabric.

In a sense, such an approach would also be a repayment of a debt by the community to the older generation, by avoiding that law-abiding, tax-paying citizens, upon reaching old age, should suddenly find themselves living in unrespectable deteriorating neighborhoods, unsuitable for their needs.

### Conclusions

1. Supportive communities can provide a satisfactory solution to the needs of older people, while enabling them to continue living in their natural environment in safety and security, what most of them prefer. Their day-to-day needs are taken care of, social activities are available for independent older people, and home visits are arranged for those with impaired mobility. The personal support manager of the supportive community is the key-person in providing those essential services that enable the older person to continue to live in his natural environment.

2. It was found to be very important to include all aspects of the physical environment in planning the establishment, location and improvement of a supportive community. This implies adapting the close physical environment to provide safety and enable mobility and accessibility for physically impaired older people. It also implies a careful study of the location and layout of the supportive community and limiting its geographical spread, so that distances between buildings are short and an easily accessible social center and public facilities are available.

3. Establishing supportive communities in aging enclosures in cities, if combined with physical maintenance of their buildings and their public space, may well prevent deterioration of those neighborhoods and avoid a devaluation of their real estate, at a relatively low cost.

4. Since this paper presents the results of an exploratory study

only, based on a very limited sample size, it should be very desirable to conduct additional studies in other neighborhoods, to substantiate the above conclusions.

### Notes

1. See Carp, 1994, and La Gory et al., 1985, who emphasized the importance of personal interviews among population groups as compared with any other method of data collecting.
2. Source: E. Benjamin, Plan for Multi-Service Center for the Elderly, Zefat Municipality internal publ.
3. Many older people who had not joined the program could not be interviewed because of their physical condition.

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