

**Perceived Neighborhood Safety Differences for White and African
American Elderly Residents in the City of St. Louis, Missouri**

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Abstract

Data utilized from a 2001 survey conducted of 602 elderly St. Louis City residents examine the factors influencing perceived neighborhood safety. The data demonstrates that race, ethnicity, gender, social connectedness, self-reported health, and access to transportation play a role in how an individual perceives the safety of their neighborhood. When perceived neighborhood safety is considered for Whites and African Americans separately, it is shown that a difference exists in the level of perceived safety between these groups.

Key Words: access to transportation, older adults, perceived safety, public policy, race, elderly and gerontology

Introduction

Government officials are expected to be concerned about the safety of their constituents, and policy agendas are replete with programs demonstrating this concern. The aging population is rapidly growing in both numbers and influence, thusly increasing the level of initiatives aimed toward benefiting them directly. Worldwide in 2006, 688 million persons were above the age of 60, with that number expected to grow to 1.9 billion in 2050 (Lunenfeld, 2008). In the United States persons over the age of 65 numbered more than 36 million in 2005 (about one in every eight citizens) representing more than twelve percent of the U.S. population ("A profile of older Americans," 2006); and the 75 year old and older population is the most rapidly increasing age group in the country (Greenberg, 2009). By the year 2030 older adults will number more than 70 million U.S. citizens, more than twice their number in 2000 ("A profile of older Americans," 2006).

Fear of victimization and perceived neighborhood safety are abstract but very real dimensions that affect the public health and well-being of older adults. Prior research has demonstrated that the elderly were more fearful of crime than younger persons (Shields, King, Fulks, & Fallon, 2002). This relationship between age and fear of crime is seemingly paradoxical as the elderly tend to be least often victimized (La Grange & Ferraro, 1987; Ollenburger, 1981). For example, persons age 65 years and older are victims of violent crime at a rate of 2 per 1,000 compared to 53 per 1,000 for persons 16-19 years of age; and, 0.7 per 1,000 for robbery compared to 6.4 per 1,000 for those 20-24 year of age ("Sourcebook of criminal justice statistics," 1996). Elderly African Americans are more likely to be actual victims of crime than whites (Joseph, 1997). However, the fear of crime is much more complex than victimization and the actual rate of crime (Baba & Austin, 1989), thus suggesting further examination of other potential variables.

Variables which may influence the perception of safety include race, gender, education level, home ownership, automobile ownership, social networks, noise level of the neighborhood, crime to others in the neighborhood, vandalism, abandoned houses, cleanliness of the neighborhood, and alcohol and drug use among neighborhood residents (La Grange, Ferraro, & Supancic, 1992; Lewis & Salem, 1981). These neighborhood stressors are among the leading variables that influence health and quality of life (Schieman, 2009). The fear of crime can lead to social deterioration in a neighborhood, and that in turn leads to increased social isolation among residents and eventually an increase in crime itself (Wilson & Kelling, 1982). Policy makers need to consider how these variables influence the perception of safety when addressing the needs of this constituency and not just the actual rate of victimization.

Many policy interventions are designed to bring about real decreases in crime and to make residents safer. With forethought and creativity, certain planning and design interventions can help block opportunities for crime before they initiate (Poyner, 1983). For example, neighborhoods that have been designed to encourage pedestrian traffic, through accessible destinations and street connectivity, increase citizen surveillance and influence safety (Foster & Giles-Corti, 2008; Jacobs, 1992). Community policing efforts are often intended to manage perceived neighborhood safety as much as they are to manage actual crime in the neighborhood (Kerley & Benson, 2000; Sparrow, Moore, & Kennedy, 1990).

Administrators who are concerned about safety realize that it is not only the measurable, tangible crime in neighborhoods that is at issue, but also the perception of crime, which determines individual behavior and the well-being of residents. The police combat not only the crime itself, but also the fear of crime (Shields et al., 2002). Aging individuals in relatively low crime neighborhoods can still perceive themselves to be unsafe, and this perception affects how elderly residents think, behave, vote, spend money, and their overall health regardless of the actually level of victimization.

Determining the level of influence of any single variable in affecting perceived neighborhood safety remains difficult due to the complex environment in which the elderly live. Multiple factors are influencing perceived neighborhood safety, which are in the forefront when investing significant resources in managing both crime and the fear of crime in neighborhoods. Are issues of social connectedness at play when considering perceived neighborhood safety? What about an individual's health and his or her mobility in and out of the neighborhood? Without analyzing the relative effects of variables on perceived neighborhood safety, policy makers may find themselves misallocating money and resources at an issue without a clear

understanding of the underlying variables related to this negative perception of neighborhood safety.

This paper examines data from the metropolitan St. Louis area in an attempt to contribute to the existing literature concerning which variables are strongly correlated with perceived neighborhood safety in elderly city residents. Additionally, we will examine how the race of city residents affects the level of perceived safety of their neighborhood. Other considerations include the ability for residents to travel locally on their own without the need of assistance as well as broader travel autonomy or self-sufficiency.

Max Weber discussed social stratification where status groups are based on economic power (Lenski, 1984). Society has developed social classes to which resources are not equitably distributed. By developing diverse policies aimed at different racial groups policy makers will be less likely to design a single policy that provides a greater benefit to a neighborhood of higher social status (generally white) than to a primarily minority neighborhood.

Literature Review

Recent research has challenged the findings that the elderly possess a higher fear of crime (McCoy, Woolredge, Cullen, Dubeck, & Browning, 1996). Some studies have concluded that younger persons actually have a greater fear of crime than the elderly (Ferraro, 1995); and the elderly are less likely to become victims of a crime (Ferraro, 1995).

Conversely, some studies have demonstrated that the elderly feel more physically vulnerable than most other groups (Clemente & Kleinman, 1976; Foster & Giles-Corti, 2008). This fear may also compel the elderly to remain isolated within their residence, as persons who are fearful alter their behavior and limit social contact. This increases social isolation, which

may amplify psychological distress (Ross, 1993). Prior research has suggested that safety concerns have limited the physical activity of the elderly (Foster & Giles-Corti, 2008; Piro, Oyvind, & Claussen, 2006).

One study by Clark et al. of persons 65 years old and older residing in New Haven, Connecticut focused on the relationship between perceived neighborhood safety and incident mobility disability. Incident mobility disability is a persistent limitation of freedom of movement, such as difficulty walking, can no longer walk, or encounter problems climbing stairs (Brach, Studenski, Perera, VanSwearingen, & Newman, 2007; Clark et al., 2009; Koster et al., 2005; Lang, Llewellyn, Langa, Wallace, & Melzer, 2008). The authors concluded that an increased perception of safety hazards increased the risk of incident mobility disability for the elderly at retirement age (age 65 to 74), particularly among those classified as low-income (Clark et al., 2009).

One study centered in Bogota, Columbia concluded that variables such as street noise, safety of public areas, and street crossings were significantly associated with negative health-related quality of life issues in the elderly (Parra et al., 2010). Although results from this study are consistent with other studies citing noise, crime, and vehicle congestion as variables negatively correlated with the overall well-being of the elderly, it should be noted that 528 deaths of persons over the age of 50 were the result of violent causes, with 34 percent of those from traffic accidents (Parra et al., 2010). This raises concerns that the fear of safety in this population may be the result of a fear for safety related to traffic accidents rather than criminal activity.

Racial composition of neighborhoods has been shown to have a significant effect on one's neighborhood evaluation (St. John & Bates, 1990). Race has been demonstrated as an independent predictor of perceived neighborhood safety apart from income and other variables

(Kerley & Benson, 2000; Schieman, 2009), suggesting that the fear of victimization can be “ethnically or racially coded,” and that minority members of a community may experience fears of victimization more acutely than those not in the minority (Chiricos, McEntire, & Gertz, 2001). For example, white homeowners are more likely than African American renters to rate their neighborhood as excellent (Baba & Austin, 1989).

Increased neighborhood heterogeneity has been related to negative perceptions of neighborhood safety in white residents, while it has no effect on minority women’s perceptions of safety (Barlas & Farrie, 2006). Related research supports this interpretation of race as a strong predictor of perceived neighborhood safety while also citing income as a strong independent predictor for perceived neighborhood safety irrespective of race (Parkes, Kearns, & Atkinson, 2002).

It has been demonstrated that urban elderly residents have a higher fear of crime than elderly persons who reside in rural areas. A study published in 2002 by Shields et al., consisting of 301 elderly residents in Northwest Ohio indicated that rural elderly residents lacked a perception that they would become victims of crime. This can partially be explained by the fact that rural persons reside in areas with lower overall crime rates than those in urban areas, they tend to not live alone, and they do not typically rely as heavily on public transportation, which can increase one’s vulnerability to becoming a victim of crime (Shields et al., 2002).

Regardless of the lack of a consensus in the literature, an increasing examination of the elderly population has been undertaken concerning perceptions of safety within their own neighborhood because it does represent a significant social problem (Shields et al., 2002). Examining the perception of safety in the elderly population is imperative due to the fact that the elderly are more likely to spend more time in their own neighborhoods due to a lack of social

support or transportation resources, and thusly may be more negatively affected by their environment (La Gory & Fitzpatrick, 1992).

Methodology

This study utilizes data that were collected during a 2001 survey delivered to 602 elderly St. Louis City residents by the Midwest Center for Policy Research and Evaluation at St. Louis University. A team of trained, multi-racial facilitators administered the survey primarily face-to-face (a small number of interviews were conducted via telephone to participants who were not physically able to speak to the interviewer in person) to a sample of the elderly population in St. Louis between the ages of 60 and 100. All survey facilitators were trained to record participant responses similarly to ensure commonality and increase validity in the use of the available answers.

The initial use of these data were undertaken on behalf of a St. Louis city agency. This report, titled *Planning to meet the future needs of St. Louis' elderly residents*, was designed to study, evaluate, and otherwise examine the provision of services to the city's elderly populations (Cummings & Marske, 2003). The authors designed a multi-stage and stratified sampling formula to compile a population of elderly residents in which to randomly sample.

“In the first stage, the city was divided into geographic areas according to racial composition. Because the city is highly segregated, it was possible to target its northern and central sections as primarily African American and its southern sections as primarily white. The racial compositions of the city's neighborhoods were determined according to 1990 census information. In the second stage of the sampling design, the city's predominately white and African American communities and neighborhoods were stratified by zip codes. Within the black and white geographic areas, several zip codes were selected that best matched the socioeconomic and other demographic characteristics of the citywide elderly population. This procedure corresponds to the selection of various bellwether precincts in voting studies. The selection of bellwether zip

codes made it possible to focus on areas that most accurately represented the characteristics of the city's overall elderly population.

In the final stage of the sampling strategy, a geographic and spatial analysis of the social service agencies located in the bellwether zip codes was conducted. Multiple lists of clients were obtained from the agencies serving the elderly in the various geographic areas targeted. This procedure also made it possible to contact a wide range of individuals and organizations in order to generate lists of elderly residents as possible candidates for interviewing as well as for serving as a site in which to conduct interviews" (Cummings & Marske, 2003).

For purposes of this study, the small population of Bosnian participants (16 individuals) was grouped with the white population. Although, St. Louis contains a high proportion of Bosnian refugee immigrants (Matsuo, Tomazic, Karamelic, Cheah, & Poljarevic, 2008), the focus of this study is on race rather than ethnicity. The resultant population being considered consists of the following groups: White (n= 295), African American (n= 290), Asian/Pacific Islander (n=14), Refused (n=2), and Don't Know (n=1). The above sample accurately reflects the proportion of racial groups actually appearing in St. Louis' general population (Cummings & Marske, 2003).

This dataset was used to examine how socioeconomic, racial, and environmental factors contribute to the perception of safety for the elderly within their neighborhood. For the sake of this study, perceived safety (the fear of crime) has been defined as an emotional response of dread or anxiety to crime or symbols that a person associates with crime (Ferraro, 1995). These defining traits are common across geography and time and share a consistent concept of what it means for a neighborhood to be "safe." The perception of safety scale was constructed based on responses from five questions: "my neighborhood is a safe place to live," "I feel safe when I am home alone at night," "I feel safe being out in my neighborhood alone during the day," "if someone stopped me at night to ask directions, I would probably stop to speak to them," and

“police frequently patrol this neighborhood.” Participant’s responses to these questions were categorized into the following four possible outcomes: tends to agree; tends to disagree; don’t know/not sure; refused.

These five questions were grouped together to form a five-question interval scale of dichotomous variables, with an affirmative answer for each question being assigned a value of one and all other values a zero. The resulting scale ranges from zero to five. A participant answering all five questions in the affirmative would be assigned a scale score of five and would be identified as experiencing a higher perceived neighborhood safety than someone who did not answer all of the questions in the affirmative. The total number of survey respondents (N) for this scale is 602, with a mean scale score of 2.92 and a standard deviation of 1.45.

The population surveyed for this study was analyzed specifically for this one-time event, and that same group cannot be surveyed again, nor are there resources available to deliver the same survey to another equivalent group. A Cronbach’s Alpha test (0.718) of the participants’ responses to the five questions shows that those questions do measure a single unidimensional construct.

Within the survey, nineteen questions address the real and perceived feelings experienced by the participants concerning level of depression. These include hopefulness of the future, feelings of insignificance, fearfulness, bouts of crying, depression, etc. The possible answer to each question was either “yes” or “no.” Each “yes” answer indicated a feeling of low self-worth or depression, while each “no” answer indicated a high feeling of mental well-being. Two questions from the original survey (50 and 54) were worded in a manner that an answer of “yes” indicated a high feeling of mental well-being. These two questions were recoded to be consistent with the remaining seventeen. The answers to these nineteen questions were totaled and grouped

in categories of not depressed, mild depression, moderate depression, or severe depression. A participant was classified not depressed if they answered “yes” 0-4 times, mild depression 5-9 times, moderate depression 10-14, or severe depression 15-19 times. Responses to these questions assist in analyzing participants’ level of depression. This scale is similar to Geriatric Depression Scale-15 (GDS-15). The GDS-15 is an instrument used to screen for depression in later in life (Almeida & Almeida, 1999).

Variables

Table 1 Mean and Standard Deviation				
Variable	Measure	Mean	Std. Deviation	N
Perceived Safety	1-5 scale, 1= least safe	2.92	1.46	602
Annual Household Income	10 income groups	3.69	2.26	538
Education	8 education groups	3.52	1.34	543
Age	years	75.85	8.27	595
Race	0= non-white 1= white	0.50	0.50	585
Gender	0= female 1= male	0.32	0.47	601
Homeowner	0= no 1= yes	0.57	0.50	573
General Health (self-reported)	1-5 scale, 1= poor	3.11	0.87	532
Car Owner	0= no 1= yes	0.50	0.50	597
Transportation Self-Sufficiency	0= not self-sufficient 1= self-sufficient	0.72	0.45	570
Living With Others	0=living alone 1= living w/others	0.44	0.50	581
Participation in Senior Programs	0=no 1= yes	0.38	0.49	585
Depression (self-reported)	1-4 scale, 1= not depressed	1.47	0.74	602

To determine which characteristics of a population influence perceived neighborhood safety, twelve independent variables were chosen for examination, as seen in Table 1. While income, education, age, race, gender and other basic demographic variables were examined in this study, home and car ownership were also considered as a potential predictor of perceived neighborhood safety. These variables were considered when investigating whether those who possess financial resources to own their home and/or car may prove to be more likely to choose

neighborhoods that foster a greater sense of perceived neighborhood safety, while also imbuing the residents with a greater sense of empowerment in their choice of neighborhoods.

The transportation self-sufficiency variable was extracted from a single question in the survey that asked participants if they required any help with their transportation needs.

Transportation autonomy, consisting of those who do not require assistance to travel, whether by private car or public transportation, may lead to a greater sense of personal empowerment and control of their environment, thereby leading to greater perceived neighborhood safety. An individual who has ready access to and the confidence and ability to use public transportation, would feel a greater sense of self-empowerment, feel less trapped in his/her neighborhood, and would therefore likely experience a greater sense of perceived neighborhood safety.

Social connectedness was also examined through the inclusion of two connectedness variables: “lives with others” and “participates in senior programs.” Analysis of these variables is meant to determine if those who have others living close to them and those who are actively engaged in programs with others benefit from a heightened sense of personal safety in their own homes.

Lastly, this study examined perceived neighborhood safety in light of general health as reported by the respondents themselves. This general health dimension was examined for two reasons. First, it was important to consider the health of the participants to ensure that other measures, such as transportation self-sufficiency, were operating as veiled proxy measures for basic health of the participant. Also, considering the health of the participants is important due to the fact that physical health, or the lack thereof, is a strong predictor of mental health, and a strong direct correlation between reported physical health and perceived neighborhood safety

could indicate that solely concentrating on the environment alone cannot solve issues of perceived neighborhood safety.

Results

Examining the zero order correlations (Table 2) between the twelve independent variables and the dependent perceived neighborhood safety variable, we can see that some strong correlations exist where expected, while correlations are conspicuously absent elsewhere. With respect to the dependent variable, income ($r = 0.36$) and race ($r = 0.34$) demonstrate the strongest correlations with perceived neighborhood safety.

Self-reported depression was also observed to be inversely correlated with perceived neighborhood safety for all elderly residents ($r = -0.24$). Depression is one of the most frequently occurring psychiatric syndromes among older adults (Berger, Small, Forsell, Winblad, & Backman, 1998). One study has placed the number of persons over 65 living with depression at just over 11% (Copeland et al., 1987). Depression in the elderly can lead to an increased sense of isolation and can exist along with other physical medical conditions (Almeida & Almeida, 1999).

Transportation self-sufficiency is also seen to be correlated with perceived neighborhood safety ($r = .21$). This lack of transportation self-sufficiency can lead to social isolation which has been previously related to a fear of crime (Lewis & Salem, 1981).

Strong correlations are also evident between income and education ($r = 0.40$) and race and income ($r = 0.42$). This is not surprising due to the fact that prior studies have demonstrated the positive relationship between income and education (Benzeval, Taylor, & Judge, 2000; Case, Fertig, & Paxson, 2005; Cohen, Steuerle, & Carasso, 2001) and the inverse relationship with

minority groups and income (Bane & Ellwood, 1986; Cohen et al., 2001; Doyle, Harmon, & Walker, 2007; Kessler & Neighbors, 1986).

Income is also correlated with self-reported general health ($r = .24$). This supports prior studies that have demonstrated the association between income with adverse health conditions (Benzeval et al., 2000; Flores, Bauchner, Feinstein, & Nguyen, 1999; Ollenburger, 1981), thus contributing to social disadvantages and lower quality of life issues, which may lead to stressors that lead to feelings of fear in one's neighborhood.

Table 2
Zero Order Correlations

	Y ¹	X ¹	X ²	X ³	X ⁴	X ⁵	X ⁶	X ⁷	X ⁸	X ⁹	X ¹⁰	X ¹¹	X ¹²
Y ¹ Perceived Safety	1.000												
X ¹ Annual Household Income	.358**	1.000											
X ² Education	.128**	.398**	1.000										
X ³ Age	.059	-.059	-.126**	1.000									
X ⁴ Race	.341**	.415**	.131**	.163**	1.000								
X ⁵ Gender	.034	.110*	.033	-.107**	-.205**	1.000							
X ⁶ Homeowner	.211**	.408**	.212**	-.007	.024	.056	1.000						
X ⁷ General Health (self-reported)	.149**	.236**	.162**	-.055	.037	.060	.213**	1.000					
X ⁸ Car Owner	.235**	.441**	.283**	-.129**	.089*	.159**	.391**	.174**	1.000				
X ⁹ Transportation Self-Sufficiency	.206**	.294**	.118**	-.109**	.099*	.043	.192**	.121**	.379**	1.000			
X ¹⁰ Living With Others	.083*	.302**	.119**	-.096*	-.068	.236**	.328**	.163**	.220**	.142**	1.000		
X ¹¹ Participates in Senior Programs	-.042	-.054	.000	.141**	-.011	-.106*	-.023	.003	-.056	-.038	-.097*	1.000	
X ¹² Depression (self-reported)	-.242**	-.191**	-.081	-.102*	-.144	-.014	-.157**	-.231**	-.169**	-.174**	-.089*	.076	1.00

** . Correlation is significant at the 0.01 level (2-tailed)

* . Correlation is significant at the 0.05 level (2-tailed)

When perceived neighborhood safety is considered for whites and African Americans, separately, it is demonstrated that differences exist between groups, as indicated in Table 3. On a scale ranging from zero to five, whites show a mean score of 3.41 for perceived neighborhood

safety, placing them well above the midpoint. African Americans show a mean score of 2.92, notably less than the mean score for whites, yet still above the midpoint of the scale. The distribution of whites for the perceived neighborhood safety scale shows a standard deviation of 1.22, while the distribution for African Americans is 1.51. An independent-samples t-test was conducted to compare the effect of race on elderly resident’s perception of safety within their neighborhood. There is a significant difference in the perception of safety in an elderly person’s neighborhood between white (M = 3.41, SD = 1.22) and African American (M = 2.41, SD = 1.51) residents [t (583) = -8.77, p = 0.000]. This demonstrates that elderly whites feel considerably safer than elderly African Americans within their own neighborhoods in St Louis.

	White			Black			Total		
	Mean	Std Dev.	N	Mean	Std Dev.	N	Mean	Std Dev.	N
Perceived Safety	3.41	1.22	295	2.41	1.51	290	2.92	1.46	585
Standard error	.071			.089			.060		
T-statistic	47.91			27.15			48.27		

When an ordinary least squares (OLS) regression was performed, the number of cases was reduced from the original 602 participants to 414. Table 4 displays that income, gender, and self-reported level of depression all showed as being significant to at least the 0.05 level. Race ($\beta = .278$, $p < .001$) was the strongest single predictor of perceived neighborhood safety in the analysis, trailed by income ($\beta = .153$, $p < .05$) and self-reported depression ($\beta = -.135$, $p < .01$) for both groups combined. Our model uses twelve independent variables to explain 25 percent of the variance shown in perceived neighborhood safety for these elderly residents ($R^2 = 0.25$).

However, this linear regression for the population of whites and African Americans together failed to provide the level of detail necessary for an exhaustive analysis of the factors

driving perceived neighborhood safety for these participants. When similar linear regressions were performed on the white and African American populations separately, several important variances emerged between how the chosen variables influence perceived neighborhood safety.

When controlling for race, income is a noteworthy predictor of perceived neighborhood safety for African Americans ($\beta = .167, p < .05$). The influence of annual household income on perceived neighborhood safety is not as strong for white elderly residents ($\beta = .078$) and not at a statistically significant level. These results suggest that perceived neighborhood safety of African Americans is more strongly influenced by changes in income than for whites.

	Standard Regression Coefficient (β)		
	White	Black	All
Race			.278***
Annual Household Income	0.078	0.167*	0.153*
Education	0.046	-0.108	-0.036
Age	0.019	0.036	0.030
Gender	0.152*	0.064	0.118*
Homeowner	0.239**	-0.075	0.040
General Health (self-reported)	0.096*	0.107	0.090
Car Owner	0.060	0.076	0.051
Transportation Self-Sufficiency	-0.058	0.179*	0.087
Living With Others	-0.083	0.026	-0.031
Participation in Senior Programs	-0.045	0.029	-0.014
Depression (self-reported)	-.185**	-.136	-.135**
R^2	0.22	0.15	0.25

* $p < 0.05$
 ** $p < 0.01$
 *** $p < 0.001$

One noteworthy finding in this analysis is the effect that elderly resident's self-reported level of depression has on their perceived neighborhood safety ($\beta = -.135, p < .01$). For whites, level of depression is seen as a strong predictor of perceived neighborhood safety ($\beta = -.185, p < .01$), in contrast to a β value of $-.136$ (not statistically significant) for African Americans.

When examined as a whole, the selected twelve independent variables account for twenty-two percent of the variance in perceived neighborhood safety for white elderly residents ($R^2 = .22$), and fifteen percent of the variance for elderly African Americans ($R^2 = .15$).

Conclusions

This study aids in demonstrating the differences in perceived neighborhood safety for elderly whites and African American residents. Key variables influencing perceived neighborhood safety for whites include homeownership, self-reported level of depression, and self-reported general health. Variables that most strongly influence the perceived safety level for African Americans include transportation self-sufficiency, income, self-reported level of depression, education, and self-reported general health.

Transportation self-sufficiency, income, and age are shown to have little impact on white elderly resident's perception of their neighborhood safety, while the elderly resident's home ownership status, gender, level of depression, and general health are strong predictive factors. But most of these same variables, which are predictive of perceived neighborhood safety in whites, are not significant predictive factors for perceived neighborhood safety for African Americans. Home ownership and gender are not strongly correlated to perceived neighborhood safety for African Americans, with perceived safety for African Americans instead being influenced primarily by transportation self-sufficiency and income.

The implications of such findings on housing, neighborhood policing and public transportation policies are noteworthy due to the fact that policy makers may need to begin viewing policy discussions about perceived neighborhood safety through a racial conceptual lens

instead of operating under the assumption that an intervention will apply equally to all neighborhoods.

In predominantly white neighborhoods homeownership is the single strongest predictor of perceived neighborhood safety for elderly residents. Policies that focus on encouraging and/or allowing elderly residents to remain in their homes and continue to be part of the community may increase the sense of neighborhood safety. Prior studies have observed the positive relationship between home ownership and perception of safety (Austin, Furr, & Spine, 2002). Homeownership has been associated with a place of refuge from danger and feelings of increased autonomy (Atkinson & Blandy, 2007). Homeownership has also been correlated with a greater level of resident participation in neighborhood watch groups and other neighborhood organizations (Sharp, 2008). Activities such as these by other neighborhood residents can aid in establishing an overall feeling of greater neighborhood safety regardless of whether crime actually decreases.

These findings also suggest that in predominantly African American neighborhoods implementing gender and health specific programs would not prove effective in improving perceived neighborhood safety since neither of these variables can be considered strong predictors of perceived neighborhood safety. Data implies that, within African American communities, improving the economic status of residents in the neighborhood will in turn improve the perceived neighborhood safety of the residents. Ameliorating one's low economic status is difficult due to the complex nature of variables that contribute to low income. Numerous studies have demonstrated the value of education and earning potential (James, Alsalam, Conaty, & To, 1989; Morgan & David, 1963). However, allocating resources to provide career training or other educational funding opportunities to this elderly population will not provide long-term

positive results due to the advanced age of the residents. Such initiatives would benefit younger populations, which would subsequently produce long-term benefits to the community. In the current economic climate and with a greater number of entities competing for a shrinking amount of funds, establishing new entitlement programs for the elderly would cost a large sum of political capital. Furthermore, the flight of upwardly mobile elderly residents with the resources to relocate from these communities will continue to exasperate this already disconcerting situation. For these reasons, policies directed at increasing the economic status of these communities in the short-term are not recommended.

One positive recommendation to be drawn from this study is that perceived neighborhood safety in predominantly African American neighborhoods can be improved by increasing both the quality and access to transportation resources for elderly residents. This analysis suggests that taking steps to foster greater transportation self-sufficiency among elderly urban city neighborhood residents could lead to a greater sense of perceived neighborhood safety. Altering or adding bus routes or implementing city-run shuttle services could enable more elderly residents to travel autonomously on daily errands and could contribute directly to those residents experiencing a greater sense of safety in their neighborhoods.

An additional recommendation is for leaders within African American communities to reach out to existing agencies, political representatives, and the community members of all ages and begin building relationships that will lead to collaborative programs to improve the perceived neighborhood safety of the residents. Low-cost programs in minority neighborhoods, such as neighborhood watch programs and volunteer community transportation services will not only increase the perception of safety but also demonstrate a willingness of the community to improve from within. These actions may lead to greater visibility from local agencies dedicated

to elderly issues, more political involvement from elected representatives, and decreasing the cost of political capital needed to implement more high-priced initiatives.

This study has also demonstrated that participation in senior programs does little to influence the perception of neighborhood safety. This may be due to the fact that few elderly African Americans utilize community facilities (Carlton-LaNey, 1991; Richardson, 1992) thus potentially furthering the feeling of isolation. Prior studies have also demonstrated that elderly African Americans fail to utilize these services due to a lack of knowledge of their existence, a sense of embarrassment in seeking out these services, or skepticism about the programs due to a lack of cultural context for African Americans (Carlton-LaNey, 1991; Husaini, Moore, & Castor, 1991; Richardson, 1992; Wallace, 1990)

When policy makers attempt to influence perceived neighborhood safety, they must abandon a one-size-fits-all approach to perceived safety policy interventions, focusing instead on the demographic make-up of the neighborhood being targeted so that program implementation and maintenance can maximize limited resources and expand both perceived and real neighborhood safety.

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