

AGING IN URBAN COMMUNITIES, NEIGHBORHOOD SENIOR ATTACHMENT AND
YOUTH OFFENDING: NEW ROLES AND NEW GOALS

Tara L. Hobson-Prater

Submitted to the faculty of the University Graduate School
in partial fulfillment of the requirements
for the degree
Master of Arts
in the Department of Sociology,
Indiana University

September 2011

Accepted by the Faculty of Indiana University, in partial fulfillment of the requirements for the degree of Master of Arts.

Tamara G.J. Leech, Ph.D., Chair

Lynn M. Pike, Ph.D.

Master's Thesis
Committee

Neale R. Chumbler, Ph.D.

ACKNOWLEDGEMENTS

I would like to thank my thesis committee, Lynn Pike, Neale Chumbler, and Tamara Leech for their support and assistance during this project. I had a wonderful time getting to know all of you and greatly appreciate the unique characteristics and expertise that you each brought to my project. Lynn and Neale, your encouragement and support throughout my time in graduate school were pivotal to my success. Tamara, I am not sure that I can say “thank you” enough for everything. You are an amazing researcher, a wonderful teacher, and one of the most knowledgeable individuals I have ever met. I don’t think I could have ever done any of this without you. If it were not for the opportunity to work with you and have you as my mentor, I don’t know that I would have realized my potential in the field of sociology or my passion for research.

Thank you to Anne Mitchell and Linda Haas, for being there to talk to and laugh with. Although you were not members of my thesis committee, you were two critical members of my support system that helped me along the way. You were always willing to listen to me, share your own experiences, and to give me a hug when I needed it.

I would like to thank Mr. Edrose Potts for introducing me to Indianapolis and helping me to see how one person can truly make a difference for their neighborhood and all of the people who live there. You are a one of kind and a man who I admire for your incredible drive and will. Thank you for sharing your stories, knowledge, and wisdom with me. You have changed the way that I engage in my own neighborhood and have forever changed the way that I view the responsibility that I have to my community.

Finally, I would like to thank Kris for always telling me to keep going and for supporting my decision to take this path and helping me along the way. You are my partner and best friend.

ABSTRACT

Tara L. Hobson-Prater

AGING IN URBAN COMMUNITIES, NEIGHBORHOOD SENIOR ATTACHMENT AND YOUTH OFFENDING: NEW ROLES AND NEW GOALS

Relationships among neighbors contribute to the well-being and outcomes of all who live within a neighborhood. Existing literature provides us with a wealth of information on individual seniors' isolation but does not seem to consider how neighborhood factors add to the attachment of seniors. Given the increasing number of seniors in our society who have the ability to remain living in their neighborhoods as they age, this study focuses on understanding neighborhood attachment to seniors living in the community. Furthermore, emphasis was placed on the potential impact that senior attachment could have on youth as one subset life stage who reside in a neighborhood. This thesis describes the characteristics of neighborhoods that foster low, normal, and high levels of senior attachment in urban areas and explore the relationship this attachment has to neighborhood youth outcomes. This research opens the door for other scholars to begin to place greater emphasis on the understanding of neighborhood dynamics, intergenerational ties to seniors, and the well being of residents across the life course.

Tamara G.J. Leech, Ph.D., Chair

TABLE OF CONTENTS

| | |
|---------------------------------------|----|
| Introduction | 1 |
| Literature Review | 3 |
| Social Ties in Older Adulthood | 3 |
| Neighborhoods and Seniors' Well Being | 7 |
| Seniors and Neighborhood Well Being | 11 |
| Current Study | 14 |
| Methods | 15 |
| Data | 15 |
| Measures | 16 |
| Analytic Strategy | 20 |
| Results | 21 |
| Descriptive Results | 21 |
| Analytic Results | 22 |
| Discussion | 26 |
| Limitations | 33 |
| Conclusions | 35 |
| Appendix | 38 |
| Resources | 42 |
| Curriculum Vitae | |

Introduction

The frequency that people interact with their neighbors, the intimacy of their relationships, and the variety of neighboring actions that occur in a community are widely studied in the field of sociology (Sampson, Morenoff & Gannon-Rowley 2002). These interactions are often referred to as social ties. As such, social ties have become a central focus not only of academic research but also of applied intervention programs (Pillemer 2000) because social ties are important in understanding how people experience, build, and generate support systems. In essence, the stronger the ties the better the mental (Kawachi & Berkman 2001) and physical health (Berkman 1984) of residents, as well as access to occupations and other word of mouth resources (Lin & Dumin 1986) shared among neighbors, increased place attachment to the actual area (Altman & Lowe 1992), broadened social and economic investment (Sampson 1988), and lower rates of crime and deviant behavior (Sampson & Groves 1989).

McPherson (2006) finds that the ties which bind individuals to their neighbors and community, in general, are decreasing. People are disengaging from their communities by spending less time socializing within their neighborhoods and more time socializing within formal organizations or in isolation (Putnam 1995). The participation in formal organizations is encouraging people to focus on forms of social interaction which involve fewer people and are more individualized (Putnam 1995).

Currently, much of the concern about isolation and limited interaction revolves around youth (e.g. we are all familiar with the effects of "bowling alone" being extended to the situation of youth in "Bowling for Columbine."). As a result, youth are being encouraged to spend a significant amount of their time participating in organized programming like the Boys and Girls Club. Although isolation and limited interactions are important to youth, the social processes are a concern to people at any age.

Therefore, the level at which one is integrated or how one is socially situated becomes a fundamental aspect of the aging process.

Lowenthal (1964) suggests that social ties are especially important for people as they enter older age groups. The number of people aging in place in their communities instead of going into institutionalized living is increasing dramatically (Tang 2008, Burr, Mutchler & Warren, 2005), and biological family ties are stretching both spatially and socially. So, older people are left to rely on the resources they have around them.

Although we often think of the institutionalized resources like doctors, care assistants, and transportation services that are found in proximity to our homes, our neighbors also provide social support through relational ties.

When seniors experience social interactions or support from their neighbors, they are experiencing high levels of neighborhood senior attachment. This study seeks to describe the characteristics of neighborhoods that foster high levels of senior attachment. With social ties contributing to many aspects of day-to-day life in urban neighborhoods, a clearer picture of the distinctive aspects which aid in attachment in the later years of life will be crucial to further understanding the neighborhood experience.

People are becoming more reliant upon the smaller group of core contacts to assist them. Since most residential areas consist of people of various ages, being integrated with one's neighbors becomes a crucial aspect of personal social groups for individuals across the life course (Campbell 1992). Thus the interactions that occur among neighbors become vital to our understanding of how neighborhoods contribute to personal and group outcomes.

Literature Review

Social Ties in Older Adulthood

Social interactions are incredibly important for many older adults. The majority of research on social ties among seniors focuses on loss of social support, loss of a spouse, and loneliness (Wenger 1996, Tomaka et al. 2006). Reduced social interactions in the midst of the later phases in life have been associated with lower self-rated health (Subramanian 2006), increased mental illness (Lowenthal 1964), loss of institutional and social resources (Ward 1985; Krause 2006), poorer quality of life (Victor, C., S. Scrambler, et al. 2000), and increased crime and victimization (Antunes 1977). However when seniors remain socially connected, they are more likely to take care of their own health care needs (Cohen, Teresi&Holmes 1985), are less likely to become institutionalized (Antonucci 1990), and even have greater odds of an increased life span (Tucker 1999).

Thus, social isolation becomes an important concept for understanding the health and well being of seniors. In academic literature there are many definitions for social isolation, with the most common and simply stated being, “a state to which there is minimal contact with other people” (Wenger et al. 1996). The idea of social isolation reaches back to Durkheim’s *Suicide*, which established occurrences of suicide varied based on the integration of group to which an individual was a part of. According to Durkheim (1951), individuals are integrated into society through two avenues: attachment and regulation. For Durkheim, these two avenues influence suicide rates because they concern how people are socially connected with others and with society.

Attachment considers the involvement that an individual has in maintaining ties with other members of society and regulation refers to the way in which society’s beliefs, values, and norms contribute to an individual’s behavior (Durkheim 1951).

Attachment is expressive in the way that it forms through affectionate ties. People are socially connected to others and thus they are less likely to experience negative outcomes; their ties provide a support system that protects them from such experiences. Regulation, like attachment, also provides a support system but this support system is created in the moral realm and comes through the form of external societal constraints or institutions; tying individuals together through shared beliefs.

These ties are often associated with positive outcomes like improved individual health (Kawachi 1999) and information or resource sharing (Granovetter 1973). The reduction of social ties impacts access to social resources and the social constraints that we experience are affected because they are based on social norms and social roles (Cohen, Underwood & Gottlieb). As people become aware of gaps in societal integration, they begin to view social interactions differently and are more likely to disengage from the rest of society (Pillemer 2000). In this way, regulation can impact individuals' well being, but the existing sociological literature suggests that attachment is the more powerful aspect of social integration.

Individuals who are more attached to local networks are more likely to remain connected with society. Having more friends and family relationships and involvement in community groups and other social organizations, contributes to experiencing the lowest levels of social isolation (Wenger 1996). Those known to experience increased attachment often have societal roles that contribute to their level of interaction such as married women, individuals in a family unit, and people experiencing high SES (Campbell & Lee 1997). In general, women are socialized to value social interactions more and to place more emphasis on maintaining expressive relationships (Rosenthal 1985). When people are involved in a family unit as parents they are in a role which forces interaction with other adults and to foster relationships which revolve around

children (Danigelis& Pope 1979; Fischer 1982). Likewise, those who are experiencing high SES are more likely to be involved in social activities and interactions (Campbell & Lee 1992). Due to their high SES and the value placed on SES by society (Campbell & Lee 1992), these people are also more likely to be seen as desirable by others in terms of friendships and associations.

In the U.S., the social construction of the aging process—including changes in the aforementioned roles—often leads to decreases in levels of attachment as we age. Rosow (1967) noted that seniors experience the loss of social roles and group attachment and argued the nature of these losses were more socially constructed than resulting from the health or economic well-being of an aging individual. An earlier study by Parsons in 1942 found that seniors in the United States face extreme social isolation more than seniors in any other country and that the social isolation of seniors reduced community ties and increased tensions between life stages. Aging individuals lose ties when their children no longer require as much care, marry, and move out to begin their own family units and when they retire, leaving the workforce and ultimately experience decreased interactions that occurred in the work place (Parsons 1942). Thus for seniors, the changes in their social roles coupled with the reduction in social interactions and reduced opportunities to create ties greatly impact the attachment of seniors within the rest of society (Victor 2000).

More recent literature reveals that the importance of attachment increases with age, but the effects of aging (those occurring naturally with aging and socially) cause the social circle of seniors to be reduced. Victor (2000) states there are four main ways in which seniors can experience social isolation: peer group isolation, generation contrasted isolation, age-related isolation, and preceding cohort isolation and that only the first has really been researched concerning aging. Following Victor's suggestion,

most studies do attribute the phenomenon to events that occur among seniors as a peer group. Circumstances most noted are retirement, when people leave the workforce and do not have the same connections with others as they would when working (Parsons 1942), the loss of family and friends due to death and children aging (Victor, C., S. Scambler et al. 2000), and living alone in a single-person household (Wenger et al. 1996); all of which are substantial events marked by the aging process.

This is also a time when many seniors face economic hardship as they experience reduced earning, greater health care costs, decreases in their health status and experience fewer disability free years of life (Campbell & Lee 1992). Because of changes in their social roles—largely role exit—seniors do not have the opportunity to interact with others to form ties as easily as those in other life stages (McPherson 2006) who are more attached to society. Overall, during a stage of the life course when relationships and social ties with others might benefit seniors the most, they are experiencing a reduction in the strength of their social attachment (Victor 2000; Pillemer 2000; Parsons 1942; Rosow 1967).

Neighborhoods and Seniors' Well Being

With all of the literature that exists on both senior attachment and interactions between neighbors, it is surprising that there is little information about how neighborhood social characteristics affect seniors' well being. Neighborhood characteristics have long been known to affect residents' well being. Neighborhood context affects social factors such as level of educational attainment (Garner & Raudenbush 1991), access to adequate housing and public services (Skogan 1990), occurrences of crime and delinquency (Shaw & McKay 1942; Bursik 1993; Sampson, Raudenbush & Earls 1997) individual physical (Kawach 2003) and mental health (Leventhal & Brooks-Gunn 2000; Cohen et al. 2003). Furthermore, the neighborhood environment specifically impacts youth through parental involvement (Lareau 1989) and parenting strategies (Jarret 1997), and child and youth outcomes (Leventhal & Brooks-Gunn 2000; Leventhal & Brooks-Gunn 2003; Lee 2002; Browning, Leventhal & Brooks-Gunn 2004). Although we can see how the neighborhood influences residents and that youth are impacted in specific ways, seniors are also impacted by the environment in which they live.

Given the increasing number of baby boomers choosing to age in place, we can expect that seniors will continue to have a growing presence in many urban neighborhoods (Tang 2008; Burr, Mutchler & Warren, 2005). Seniors will only thrive in urban neighborhoods that have a built environment and social environment that meets their unique circumstances. Age affects the way that neighborhood space is used, and what institutional and social support systems locate near certain areas. Therefore, the physical characteristics of a neighborhood also become important to seniors. Due to factors associated with aging, seniors become more reliant on community resources (Subramanian 2006). For seniors, the perceived quality of a neighborhood is a key

determinate in their interactions outside of their home. Perceived quality of neighborhood determines whether or not residents engage in outside activities like exercising (Cagney et. al 2009). Seniors often find themselves more confined to their neighborhood and block (Ward 1985), making their ability to get outside and be mobile critical to their health.

Yet, when seniors are fearful of crime or perceive other negative neighborhood aspects, then they will not go outside to reap the physical and social benefits of neighborhood interaction. Those in their senior years are often thought to be more fearful of crime and other neighborhood conditions than younger individuals (Lebowitz, 1975). Due to this type of perception, seniors may try to limit their interactions with people outside of their age group. In a 1985 study of metropolitan seniors, Ward found that many seniors' peer groups consisted of people of the same age, a factor found to be caused by the residential concentration of seniors in urban areas. It is important to note that Ward found that feelings towards quality of life, well-being, and feelings of neighborhood quality were not linked to the age concentration for the respondents in this study (1985); which seems to suggest that seniors do not necessarily benefit from living with and interacting with only other seniors. Those living in areas that lack young people might benefit from diversity in neighborhood age structure because it encourages more available public space, a greater existence of institutions, and supports health promotion (Cagney 2006).

Due to factors associated with aging, seniors often become more reliant on community resources (Subramanian 2006). The availability of resources and services that impact overall well being often depends on neighborhood socioeconomic conditions, physical neighborhood conditions, and their effects on levels of attachment between residents (Glass 2003). Neighborhoods with higher levels of SES have greater

access to desirable resources (Cagney et al. 2009) such as stores, restaurants, public transportation, and medical facilities (Carp & Carp 1982). Those with lower levels of SES tend to be associated with less stability (Sampson et al. 2002). However Cagney et al. (2009) finds that the association between SES and disorder is greater than SES and cohesion. Neighborhoods which experience disorder are those in which negatively viewed behaviors or actions occur. Actions like crime, vandalism, run down or abandoned houses/buildings, drug trade, or even people who loiter in public spaces or gather at particular homes and businesses are behaviors that often represent disorder to both neighborhood outsiders and insiders (Ross & Jang 2000). These behaviors make people feel uncomfortable and often limit the interactions that they choose to have outside of their homes. Alternatively, social cohesion exists in neighborhoods when residents have positive exchanges with one another and networks based on these relationships or ties that are formed among neighbors. Social cohesion acts as a resource by providing people with mutual support, trusting relationships with one another, information exchanges, and various other ties or bond-based actions. According to Cagney's (2006) findings, then, seniors living in high SES neighborhoods would have greater access to formal resources and attachment.

Therefore, seniors remaining in low SES neighborhoods may rely on and benefit from the willingness of their neighbors to act as resources (Krause 2006; Glass 2003), especially if they do not have access to formal resources. Formal resources may be more likely to locate in areas where people will consume their goods (i.e. a large concentration of seniors) (Logan & Molotch 1987). However, access to these types of resources depends upon the ability of seniors to pay for them. Seniors often experience a decrease in earned income when they retire and because neighborhoods with high dependency ratios have a decreased ability to purchase goods (due to residents being

financially stretched); paying for such goods and services can be difficult after retirement. Resources that tend to target seniors are often geared towards personal health and these items have high costs overall. In these situations, neighbors become important in that they provide informal, attachment based resources such as social interactions, checking in on elderly neighbors, picking up items at the grocery, and talking walks with seniors.

Seniors and Neighborhood Well Being

Seniors should not be viewed as those who are simply reliant upon their neighbors and neighborhoods for resources, they also have agency over the neighborhood characteristics and their neighbors' well being. Seniors spend more time in their neighborhood than younger adults (Krause 2006) and therefore may have a greater ability to make an impact on their community. Two theoretical concepts important to relationships between seniors and others living in their neighborhood are intergenerational closure and intergenerational solidarity. First, Coleman's (1988) intergenerational closure theory helps us to better understand how neighborhood adults organize around the young people who they know. Traditionally, intergenerational closure was thought to occur when parents know their children's friends' parents (Coleman 1988). In this type of situation, the parents form strong ties around their children, with potential benefits to both parties. If and when this intergenerational closure does not happen, then young people have fewer caring adults acting collectively on their behalf and for their benefit. When a neighborhood has available senior residents who are aware of the local youth and the local parents, they can participate in these behaviors, too. Therefore, especially in neighborhoods with concentrated disadvantage and/or lots of single moms, seniors' potential role in intergenerational closure becomes pivotal to the neighborhood well being.

Intergenerational solidarity was developed in 1976 by Bengston, Olander, and Haddad as a multi dimensional construct between aging parents and their adult children. In more recent years, the concept has evolved to be defined as social cohesion or integration among generations (Bengston&Oyama 2007). It acts as a channel through which knowledge and culture can be shared and transferred between those of various ages (Bengston&Oyama 2007). Intergenerational solidarity can be positive or negative

in that although it exists in relationships through closeness and bonds, it can also exist in relationships through conflict or friction (Bengtson & Oyama 2007). So, when intergenerational solidarity is based on positive attachment, it benefits neighbors similarly to intergenerational closure in that more neighborhood adults become familiar with youth and familiar with one another. Thus intergenerational relationships are important for neighborhood outcomes, especially those specific to youth.

The willingness of neighborhood adults to act and intervene in problematic community issues has been linked to many neighborhood and individual-level outcomes. This body of research focuses on a wide range of youth developmental outcomes related to participation in risky behavior and involvement in violent crime (Browning, C.R., T. Leventhal, and J. Brooks-Gunn, 2004; Sampson, R., S. Raudenbush, and F. Earls, 1997; Bandura, 1997; Ramirez-Valles, 1998). For example, in neighborhoods with high levels of adult neighborhood attachment and engagement, teenage girls were found to have had first intercourse at a later age than in neighborhoods reporting lower rates of the same behaviors (Browning, Leventhal & Brooks-Gunn 2005). The effects even extend to obesity, such that adolescents living in neighborhoods with high levels of adult attachment and engagement were also associated with lower body mass indices (Cohen, Finch, Bower & Sastry 2006).

Therefore, one population that might be affected by the neighborhood attachment of seniors as a subgroup of adults is the youth population. The lack of social attachment of seniors translates into decreased social and community ties that promote higher levels of collective action. Sampson (1999) acknowledges that intergenerational ties are important in order for youth to benefit from the attachment of neighbors. Cagney and Browning et al. (2005), have called for more attention to the aging population, the willingness to intervene and organize for the better good, and the social

context. More recently, Mazzerolle (2010) found that older people are more likely to report high levels of this group level behavior to act for others through attachment on behalf of the neighborhood, an indication of the impact that seniors can make on collective action.

Based on the previous section of the literature review, the importance of neighborhood attachment to senior well being is clearly evident. However, the aforementioned studies indicate that integration of the senior population into neighborhoods can also lead to positive outcomes for other life stage populations, especially youth. Because social attachment plays a role in the size, density, accessibility, and reciprocity of social ties (Victor 2000) it is important to understand how social integration affects seniors and how seniors also ultimately affect neighborhood outcomes.

The Current Study

The extant literature provides us with a wealth of information on individual seniors' isolation but does not seem to consider how neighborhood factors add to the attachment of seniors. Furthermore, neighbors' attachment to seniors living in their community and the potential impact that senior attachment can have on those in other stages who reside in a neighborhood has been understudied. Here, I seek to describe neighborhoods with high senior attachment in hopes of stemming a larger body of research on neighborhood dynamics, intergenerational ties to seniors, and the well being of residents across the life course.

This study aims to describe the characteristics of neighborhoods that foster high levels of senior attachment in urban areas and to explore whether this attachment is related to neighborhood youth outcomes. Specifically, I aim to answer the following questions:

1. What types of neighborhoods have high senior attachment? Here I explore the typical neighborhood demographic characteristics such as median household income, homeownership, homes with children or seniors, senior disability, etc. to see what distinctive features are found in areas with high senior attachment.
2. Is neighborhood senior attachment related to youth outcomes? Here I investigate the three primary youth offense charges—felonies, misdemeanors, and status offenses— to explore how these charges occur in areas with high senior attachment.

Methods

Data

The data used in this descriptive study were collected in October and November of 2009 as part of a pilot study about public safety concerns and collective efficacy in one geographic area in Indianapolis. This project focused on life stage specific collective efficacy; therefore the data set represents a sample of census block groups that were stratified by both the percentage of residents age 65 and older and the racial concentration (Black/White) of residents. This focus made these data ideal for describing neighborhood characteristics in areas with senior attachment.

In total, 603 residents (a 65% response rate) residing in 92 census block groups participated in the study. This comes to about two to nine respondents being represented from each block group. Using random digit dialing, the Survey Research Center at Indiana University-Purdue University Indianapolis contacted residents to solicit participation. Once agreeing to participate, respondents spent between 10 and 15 minutes answering 50 questions. Of the 50 questions, 44 questions asked respondents about the interactions between themselves and their neighbors while six questions asked respondents personal characteristics. For their time, those sharing their experiences were compensated with a \$5.00 gift card.

Individual responses were collapsed together and combined in each block group to create a sample of 92 neighborhoods. To create my final data base, individual's responses were combined with 2000 census information on census block groups and 2008 juvenile charge data from the Marion County Superior Court. The additional data from the census and Marion County Superior Court were needed in order to properly describe youth offending across levels of senior attachment.

Measures

Senior Attachment. This variable was structured to reflect senior attachment similarly to youth attachment. The Project on Human Development in Chicago Neighborhoods (PHDCN) is a study that has been replicated a number of times and included in many other studies (Sampson, Raudenbush, and Earls 1997) concerning neighborhood level outcomes, especially youth outcomes. The PHDCN is frequently used in research studies measuring collective efficacy and has become the most dominant mechanism to proximate group level interactions. Because the questions in the Project of Life Stage Specific Collect Efficacy are based on those from the PHDCN, they reflect this same level of accurate measurement for gaining insight on neighborhood social processes but are written to reflect neighborhoods willingness to intervene on behalf of seniors. Although the Life Stage Specific Collective Efficacy dataset was built to measure collective action with seniors in mind, it also included willingness to intervene for youth. In addition, validity of the senior attachment scale was insured when collective efficacy scholars were asked to review the Life Stage Specific Collective Efficacy instrument and provide feedback on the structure and wording of questions in relation to actions towards seniors.

In order to create my independent variable, senior attachment, multiple responses to survey questions were combined to create a scale. First and foremost, it was critical to guarantee reliability in my scale (Santos 1999) and to ensure that the items that I believed would indicate senior attachment did in fact measure this concept. According to Santos (1999), Cronbach's Alpha is a common reliability test used with indexes when trying to determine the variation in the basic concept that is trying to be measured. Although lower limits can sometimes be used, for my study, I wanted a score of at least 0.7 (the most accepted coefficient to show reliability) (Nunnaly 1978). The following

four questions in which participants answered on a 5-point likert scale to indicate agreement were used in creating my senior attachment scale:

- The specific block that I live on is a close-knit block.
- People on this block check in on elderly neighbors during extreme weather (for example floods, blizzards, and heat waves).
- I have an elder in this neighborhood who I go to for advice.
- Someone on this block has shared knowledge or stories about the neighborhood's history with me.

And the likelihood (also on a 5-point likert scale) of the following two questions:

- If someone was walking with crutches or a cane, a neighbor would stop traffic for him to cross the street safely?
- If a neighbor were losing her eyesight, how likely it is that a neighbor would offer to read the newspaper to her?

In my first analysis, the Cronbach's Alpha had a score of 0.69. However, the Cronbach's Alpha if deleted indicated that if I dropped one item, "Someone on this block had shared knowledge or stories about the neighborhoods history with me," my scale would be a better reflection of the concept "senior attachment." After deleting this item, my final scale had a Cronbach's Alpha of 0.70. Characteristics of individual questions pertaining to scale can be seen in Table 2.

After creating the scale for senior attachment, I wanted to create a variable consisting of levels of attachment. It was essential to establish levels of neighborhood senior attachment and to not simply leave the variable continuous because I wanted to create a clearer and more manageable variable to work with. We often think in terms of whether or not something is "normal," "typical," or "average" and I knew that some neighborhoods would have a level of attachment that was pretty standard while others

would have less or more and leaving the variable continuous would not allow to easily or clearly make the distinction. To create levels of senior attachment, I divided the 92 neighborhoods into three categories representing low senior attachment, normal senior attachment, and high senior attachment using percentile cutoffs at the lowest 25% the middle 50% and the highest 25%.

General Neighborhood Characteristics. In this study to describe the neighborhood characteristics that are associated with high levels of senior attachment, I chose a number of common neighborhood characteristics that could possibly impact senior attachment. Percent homeowners, renters, those over age 60, households with children under age 18, female headed households, and neighborhood racial heterogeneity were discrete, continuous variables. Median household income and the total number of disabilities experienced by those aged 65 and older were continuous variables.

Youth Outcomes. For the second aim of my thesis, youth felonies, misdemeanors, and status offenses were described across levels of senior attachment. First, it is important to distinguish the difference in the severities of these criminal charges. Status offenses are characterized as crimes of age. These are things that when committed by a minor are a crime but when committed by someone of age, are not a crime. For instance things like breaking curfew, drinking, and smoking cigarettes are status offenses. Misdemeanors are crimes which are less severe than felonies but more severe than status offenses; they typically are punished by a fine or less than one year in jail. Felonies are severe crimes in which the perpetrator usually spends time in prison. Although originally continuous variables, because a number of neighborhoods had experienced zero charges, it was best to turn status offenses, misdemeanors, and

felonies into three categorical variables where neighborhoods either experienced at least one charge or had no charge.

Youth Attachment (control variable). Collective efficacy as a form of youth attachment has become a powerful force in research on neighborhood level youth outcomes. People are often willing to intervene on the behalf of youth and participate in the social control of youth to try and protect their neighborhoods from crime and juvenile delinquency. In order for me to see if senior attachment was playing a role in neighborhood youth outcomes in a distinctive manner separate from that of neighbors simply controlling youth behavior, I needed to control for youth attachment. The following three questions in which participants answered on a 5-point likert scale to indicate agreement were used in creating my youth attachment scale:

- You can count on adults on this block to make sure that children are safe and don't get into trouble.
- Parents on this block generally know each other.
- Adults in this neighborhood know who the local children are.

Like the senior attachment scale, it was important to make sure that the scale has reliability. This scale is build upon a scale (consisting of more items) used by the Project on Human Development in Chicago Neighborhoods (PHDCN). The PHDCN is a study that has been replicated a number of times and included in many other studies (Sampson, Raudenbush, and Earls 1997). After creating the scale for youth attachment, I wanted to create a variable consisting of levels of attachment. I did this by dividing the 92 neighborhoods into two groups, the half with the lowest scores and the half with the highest scores.

Analytic Strategy

Two statistical tests Analysis of Variance (ANOVA) and Chi-square—were used in this thesis to analyze the results to the two specific aims of this thesis. ANOVA was used to see if certain levels of neighborhood senior attachment vary by different neighborhood characteristics. ANOVA determined if the means of these groups were the same or different. Since ANOVA tests only indicate significance among mean groups and not pairs (and I distinguished 3 levels of senior attachment), it was important to employ a post hoc test. In this analysis, Bonferoni was the chosen method of post hoc testing. Bonferroni is used when performing multiple means tests at one time because it allows for many comparison tests to occur while keeping the confidence interval consistently maintained.

I address the second aim of my thesis—to describe youth criminal charges across levels of senior attachment—by examining whether or not there was a relationship between the two variables. Both senior attachment and youth offenses were ordinal categorical variables so an expected frequency table was created to see the distribution of the cases for each variable. Then to see if there was reason to support the null hypothesis (no relationship between neighborhood senior attachment and youth offending) a Chi-square test was run.

Results

Descriptive Statistics

Table 1 shows the descriptive statistics detailing the characteristics of the 92 block groups making up the sample. Homeownership is relatively prevalent among neighborhoods in my sample, with 65% of residents being homeowners in the typical neighborhood. However, the variation between homeowners and renters greatly differs block by block with homeownerships being as low as 5% and as high as 98%. Other characteristics also show discrepancy such as median household income and race. The average median household income among neighborhoods was almost \$47,000; with residents at the lower end of the spectrum earning about \$9,700 and those at the higher end of the spectrum earning as much as \$140,000. Race varied among neighborhoods with the percentage of white individuals living in neighborhoods being 1% to 99% and the percentages of black individuals being 0% to 99%. The existence of variation in the sample leads me to believe that many different neighborhoods find representation in this study.

Most neighborhoods in the study are fairly diverse in age. In the average neighborhood, about 18% of its residents are over age 60, with a senior in about 29% of the homes. Many seniors experience disabilities. These disabilities are physical, mental, and sensory and include no longer being able to care for their self and being unable to leave one's home. The average neighborhood in my study with residents aged 65 and older had about 108 disabilities fitting the aforementioned description. Thirty percent of homes in these neighborhoods also have children under the age of 18. The diverse makeup of seniors and youth represented in the sample of neighborhoods used in this study provided the ability to capture the two populations within neighborhoods that this study was designed to address.

Analytic Results

Table 3 reports the ANOVA statistics central to specific aim one: to describe neighborhood characteristics across levels of neighborhood senior attachment. In total, three characteristics showed significant results. Based on these findings, it would seem as though there are certain neighborhood characteristics which have a statistically significant association to senior attachment based on their direction and strength. As median household income decreases neighborhood senior attachment increases. In areas where the percent of White residents decreases and the percentage of Black residents increases, the level of neighborhood senior attachment increases. These associations, based on their direction and strength are statistically significant in areas with high senior attachment but are not statistically significant among neighborhoods which experience low senior attachment or normal senior attachment.

First, neighborhoods with low neighborhood senior attachment have high median household income. In neighborhoods with low senior attachment the mean median household income is just over \$60,630. The areas in which there is high senior attachment have a mean median household income of just over \$41,176. Thus the trend is with just around a \$19,000 income differences, levels of neighborhood senior attachment differ.

The racial composition of the neighborhood, similar to the median household income of a neighborhood, is associated with average levels of senior attachment to neighborhoods. Those experiencing low neighborhood senior attachment are likely to be majority white (an average of almost 69%), while those neighborhoods with high senior attachment have a more heterogeneous racial make-up (44% white and 53% black). The percentage of single woman headed households also approached significance and the trend with this variable is that as the percentage of these

households rises within a neighborhood, the neighborhood senior attachment becomes stronger. These significant results indicate that the neighborhoods that would appear to be the most socioeconomically advantaged experience the lowest neighborhood level attachment to seniors.

None of the other neighborhood characteristic variables were significant in describing levels of neighborhood senior attachment. Although it would seem as though characteristics most closely relating to senior citizens such as percent of those age 60 and older living in a neighborhood, the percentage of homes with someone age 60 and older, and the total number of disabilities in a neighborhood experienced by someone age 65 and older would have provided some sort of statistically significant results, they did not. Furthermore, these results did not provide any identifiable trends that would lead me to believe that they help to describe levels of neighborhood senior attachment. Across levels of neighborhood senior attachment, the percentage of those aged 60 and over is between 16% and 18% meaning seniors are present in 28% to 31%. The mean of total disabilities for those aged 65 and up was the highest among neighborhoods with normal senior attachment at 126 disabilities.

Additional variables that do not contribute to describing levels of neighborhood senior attachment were home ownership and percentage of households with children under age 18. Home ownership was higher in neighborhoods that experienced lower neighborhood senior attachment and did trend downward the higher neighborhood senior attachment grew, but this trend was not in any way statistically significant. The percentage of children under age 18 in the home increased as levels of neighborhood senior attachment intensified but like homeownership, the trend was not statistically significant and did not approach significance.

Tables 4 and 5 present the results important to specific aim 2: to describe youth offending across levels of neighborhood senior attachment. Table 4 and Graph 1 display the descriptive characteristics of youth offending. Of the 92 neighborhoods making up the sample, 54.3% had experienced at least one status offense and 67.4% had experienced at least one felony charge. Misdemeanors occurred in 72.8% of neighborhoods and were the most frequent crime occurrence in a single neighborhood (67 charged) compared to status offenses (11 charged) and felonies (55 charged). The average neighborhood experiences far less crime in that the typical neighborhood in my sample experiences 5 felony charges, 6 misdemeanors, and 1 status charge.

In general, the first column of Table 5 indicates that higher neighborhood senior attachment the higher the rates of offending. Neighborhoods with high senior attachment who experience a status offense are nearly double that of neighborhoods which experience low senior attachment. The percentage of neighborhoods experiencing at least one misdemeanor charge in areas which have high senior attachment increases by one sixth over those with low senior attachment. The possibility of experiencing a felony is 50% higher when the level of neighborhood senior attachment is high compared to when it is low.

The only significant association between senior attachment and youth offending is found in areas that experience low youth attachment (Column three of Table 5). In fact, the percentage of neighborhoods experiencing at least one felony charge doubles when going from those with low neighborhood senior attachment to those with high senior attachment. When moving from low neighborhood senior attachment to normal levels of senior attachment, there is about a 34% increase in neighborhoods experiencing the most serious of crimes. When moving from normal levels of senior attachment to high levels of senior attachment, there is a 17% increase in

neighborhoods experiencing felonies. Therefore, the statistical significance of these results tells us that where there is low youth attachment, high senior attachment turns into more felonies.

Discussion

The results of this study leave us with important items to understand about levels of neighborhood senior attachment. Median household income and race had the strongest associations with neighborhood senior attachment. As median household income decreases neighborhood senior attachment increases. Neighborhoods that are majority Black experience higher levels of neighborhood senior attachment, while neighborhoods that are majority White experienced lower levels of neighborhood senior attachment. Therefore, I find that neighborhood senior attachment is influenced by the neighborhood conditions in which the attachment is formed. Neighborhood senior attachment also has an impact on neighborhood outcomes. Specific to youth outcomes, areas that experience low youth attachment but have high levels of senior attachment experience more felonies than other areas.

My original aim in this study was to describe neighborhoods in which I found high senior attachment. I was able to address this specific aim, and my results even allowed me to paint a clear picture of senior attachment according to three levels: high, normal, and low.

Where do seniors have typical levels of attachment to neighborhood?

Neighborhoods that experience normal senior attachment in my sample are middle class neighborhoods. On average, the median household income is nearing \$49,000 and the majority of residents are homeowners (65%). These neighborhoods are comprised of mostly White residents (59%) and have fewer Black residents (37%), but still a high prevalence of Black community members. Homes within these neighborhoods seem to have similar percentages of seniors (29%) and children (31%) living in the household.

Where do seniors have LOW levels of attachment to neighborhood?

In my dataset, neighborhoods with low senior attachment are also middle class neighborhoods. However, it is important to note that low levels of neighborhood senior attachment occur in neighborhoods which have significantly higher average incomes than the typical neighborhood in the study (\$60,630) and where the greatest percentages of residents own their homes (69%). These neighborhoods, like normal attachment neighborhoods, are majority White; however, the gap between racial majority (69%) and racial minority (28%) in these areas is larger than in any other senior attachment level. Again, the percentage of seniors in households (29%) is very similar to that of children under age 18 in households (28%). Only 5% of households are headed by single women. This combination of neighborhood characteristics suggests that neighborhoods which are considered the most stable or desirable based on socioeconomic characteristics have lower levels of senior attachment.

Where do seniors have HIGH levels of attachment to neighborhood?

In areas where the most senior attachment is experienced, the average median household income is the lowest (\$41,176) but is still considered to be in middle class standing. The percentage of homeowners (61%) is lower in neighborhoods with high senior attachment than in neighborhoods experiencing other levels of senior attachment. The racial majority of these neighborhoods is Black (53%). On average those who are White account for 44% of the residents living in these neighborhoods. The greatest percentages of female headed households (7.5%) are found in areas which experience high levels of senior attachment. The neighborhoods in this attachment level are also fairly diverse in age makeup with those age 60 and older living in almost the same percentage of homes (28%) as children under age 18 (31%). These characteristics

indicate that areas of high neighborhood senior attachment are found where signs of what is commonly labeled “concentrated disadvantage” are also found.

In summary, neighborhoods in my sample are middle class neighborhoods where the majority of residents own their homes. The areas are diverse both racially and in age make up. Although the neighborhoods in my sample are very similar, slight changes in the characteristics that describe them lend to neighborhood senior attachment differently. One possible cause for differences in levels of neighborhood senior attachment is the disconnect between formal and informal relationships and support. This thesis used informal attachment measures while most of the existing research studies done on seniors centers around institutional and formal support (Findlay 2003). Both forms of support are important for neighborhood outcomes and a fine balance between the two is necessary in order to promote outcomes that are important for everyone (Granovetter 1973).

With more support being funneled formally, factors of SES could also play a significant role in neighborhood senior attachment. In fact, because of the impact that income has on the formal supports that locate and operate in urban neighborhoods, senior attachment is becoming outsourced to organizations and intuitions like community centers, clubs, and other civic engagement programs by those who have a socioeconomic advantage. This would reflect similarly to the argument that Putnam (1995) was making about the changes society is experiencing in our social ties. These considerations offer one explanation for lower levels of senior attachment—essential informal social support—in high SES neighborhoods compared to low SES neighborhoods.

Further close analysis of the results related to specific aim one suggests that neighborhood characteristics fell into three categories: those which are directly related

to **being a senior citizen** (neighborhood percentage of senior citizens, percentage of homes with senior citizens, and the total number of disabilities experienced by those aged 65 and up), those which indicate **the normative story of middle class socialization or the American Dream** (percentage of families/children and percentage of homeowners), and those which indicate **concentrated disadvantage** (income, race, percentage of female headed households).

First, the senior variables—which I originally expected to provide a pivotal element to describing neighborhood levels of senior attachment—are surprisingly, not central to the story. Factors associated with aging like getting older, reduced social interactions, and declined health (physical and mental) are thought to be “part of the aging process” (Cumming et al. 1960). However, such changes impact the social and physical well being of seniors (Findlay 2003) and are noted to contributing to the reduction of attachment for seniors (Wenger et al. 1996). Based on the importance that age or life stage related characteristics play in existing studies concerning senior attachment and the senior experience, I expected that these characteristics specific to aging would play a significant role in describing levels of neighborhood senior attachment. Given that these characteristics were not statistically significant in the results of this thesis, it would seem as though characteristics specific to aging are not as important to understanding senior attachment as other social factors.

Likewise, characteristics which are typically thought to make a neighborhood “desirable” based on normative, middle class values are not associated with high levels of neighborhood senior attachment. There is a cultural or common belief about what makes a good neighborhood or place to live. The typical individual that is searching for a place to establish roots is looking for access to jobs, high-quality schools, resources related to goods and services, and hopes to live in an area where they will not be

exposed to crime (South & Crowder 1997). Although these items are often discussed as important to family and child outcomes, these items do not seem to apply in the same way or the situation of seniors' attachment to neighborhoods. Although the aforementioned neighborhood characteristics can be critical for the informal support of parents and children (Ceballo&McLoyd 2002), these characteristics do not lend the same to senior attachment based on the results of my thesis.

The American Dream is geared towards young families and youth outcomes (Bould 2003). Studies on desirable housing focus on the idea of nuclear families, homeownership, middle class values— but, do not include the idea of extended families or the inclusion of seniors in the household. Similarly, studies on neighborhoods and group level interactions—for example, the plethora of research on collective efficacy—also are youth oriented and tend to focus on the experience of the nuclear family.

Instead of characteristics relating directly to the aging process or those related to desirable neighborhoods and the American Dream, the neighborhood characteristics that matter most for neighborhood levels of senior attachment can be labeled concentrated disadvantage. The more the neighborhoods in my study reflected characteristics of concentrated disadvantage, the higher the level of neighborhood senior attachment. This finding is quite surprising given that in the literature on concentrated disadvantage it is depicted as having the opposite effect (especially pertaining to youth). Concentrated disadvantage is noted for adverse youth and neighborhood outcomes (Rankin &Quane 2002). The common story on concentrated disadvantage in the literature over the last several decades is that it can deter or limit cohesion, trust, and reciprocity. Thus, the picture of concentrated disadvantage is that it can create very dense ties, but that these ties can actually negatively impact the neighborhood and especially youth, when neighbors do not act to socially control youth

because of their dense ties (Morenoff et al. 2001; Patillo-McCoy 1999; Sampson, Raudenbush & Earls 1997; Wilson 1987). Concentrated disadvantage can limit or inhibit neighbors coming together and acting on behalf of their neighborhood and one another (Sampson, Raudenbush & Earls 1997). Thus, concentrated disadvantage is critical to the youth *and* neighborhood story when senior attachment is the highest.

These neighborhood level processes impact the outcomes for everyone living in a neighborhood. Because, neighborhoods can expect to become more and more diverse in age understanding how different life stage groups impact one another through neighborhood level processes is critical to neighborhood well being. Specific aim two of this thesis was to focus on the interaction between one neighborhood process—senior attachment—and one group outcome—youth juvenile offending—by describing youth criminal offense charges across levels of neighborhood senior attachment.

Overall, senior attachment was not related to rates of youth offending. The limited significant results related to specific aim 2 indicate that—only in neighborhoods with low levels of youth attachment—high levels of senior attachment are associated with more delinquent felonies. These results could indicate that where adults do not have close relationships with youth, seniors are more likely to intervene through institutionalized or formal avenues such as the police (rather than intervening informally through relationships directly with the youth or with their parents/caretakers). The information used to create my dataset comes from the actual youth offending charges that the neighborhoods in my sample experienced.

Furthermore, the association was only evident when regarding the most serious form of charges—felonies. In these types of areas, it is likely that seniors are experiencing the kind of fear of youth that Lebowitz (1975) discussed as limiting seniors interactions with others. When seniors fear youth and have peer groups which do not attach to

youth (Ward 1985) the most comfortable interaction with youth that seniors might have is that which is channeled through the police department (i.e. seniors call police to interact with youth “on their behalf” or “in their place”).

Part of what social control encompasses is that adults (including seniors) act on youth behavior to limit delinquency. Intergenerational relationships are thought to be critical to youth behavior. If we recognize that collective action becomes limited when neighbors are not interacting or are not socially connected to one another then we also have to recognize that neighborhood action is then channeled in a different direction. When seniors aren't informally supervising and intervening in youth behavior (e.g. addressing disrespect of adults, breaking up fights, etc.), then the other option is that they are doing this formally (calling the police, working with school officials, etc.). The focus or push then becomes less about ties between neighbors (seniors and youth or seniors and parents) and more about relationships with institutions.

This, again, reflects the information we know about the decline of social ties within neighborhoods (McPherson et al. 2006; Putnam 1995). Putnam (1995) finds that in general, neighbors—especially those in middle class areas—are starting to use police departments, courts, and other institutionalized organizations to address clashes with one another. High senior attachment does not reflect going to youth, parents, and care takers to address youth behavior. It instead might be reflecting the general trend of neighborhood engagement/civic action which is to use institutions instead of informal, neighborhood interaction.

Limitations

This thesis, like any research study is not free of limitations. First, although important to this specific study—as my ultimate goal is to use my thesis to help those living in Indianapolis’ urban areas better understand the neighborhood environment as it pertains to seniors and the ways in which intergenerational ties among seniors and youth lend to youth outcomes—my dataset represents one area of Indianapolis, Indiana. Therefore the findings of this thesis cannot be used to make inferences as to the greater general population.

There are also limitations on some of the variables which might have helped to describe neighborhood senior attachment. One variable, total disability among those aged 65+ might have been more important in telling the story of neighborhood senior attachment if it were not left in the raw numeric form. At best, this variable told us how many disabilities were found in the typical neighborhood for those ages 65 and up but future studies should use this as a percent of seniors in each neighborhood experiencing a disability. Another variable that could have helped to better describe neighborhood senior attachment would have been length of residence in one’s home or length of residence within the neighborhood. There are many neighborhoods included in this study that have a long history in Indianapolis and it is possible that residents in these areas could have lived in their home or in the area for a number of years. Length of residency can contribute not only to place attachment and how one interacts within their geographic location but also on the impact that they can make within their neighborhood. Length of residency could therefore impact neighborhood senior attachment—especially if multiple people in a geographic area are long time residents. Future studies will want to include length of residency as another possible variable that describes neighborhood senior attachment.

It is possible that because my thesis focuses on informal ties and the majority of existing literature focuses on the strength of ties formed through formal institutions or structures it could be viewed as a limitation. In the case of neighborhoods experiencing the highest level of senior attachment however, it seems there is likely benefit from strong and weak ties. With that said, although weak ties would connect or bridge the individual living in these areas to resources, strong ties would support more expressive acts (Granovetter 1983). These acts are which are more helping or assistive in nature—something that is beneficial to those across the life course.

Furthermore, because this was a descriptive study, it faces the general limitations of descriptive research. This study provides us with a story of neighborhood senior attachment and a portrayal of youth criminal acts across levels of neighborhood senior attachment. It has given us many of the pieces such as who, what, when, where, and how of the story. Because descriptive research does not provide us with causal information, it is lacking the why or the how come. With that said, descriptive research serves an academic purpose none the less. Actually... it serves a very important purpose in that descriptive research acts as a starting point— it is the ground work. Not only that, descriptive research helps to guide future research, something that for some of us is a very essential part of our job as sociologists.

Conclusion

Although a great deal of effort has been put forth by researchers to establish measurement techniques in which social processes are assessed in relation to neighborhood outcomes, it seems as though these have yet to emerge beyond neighborhood youth outcomes unless specifically relating to health (mental and physical) (Browning & Cagney 2002; Cohen & Finch 2006). We know, however, that the neighborhood environment (physical and social) contributes to many other neighborhood outcomes such as homicide, low birth weight, infant mortality, injury and crime (Sampson 2003). The aforementioned concept built around adult intervention and the willingness of adults to intervene for the common good combines to lend to a concept called collective efficacy.

The concept of collective efficacy is best described as the social cohesion and support that occurs among neighbors to reach group goals or outcomes (Bandura 1997). Central to the study of youth, collective efficacy is often portrayed as social control where neighbors are acting on issues like graffiti or fist fights (Sampson, Raudenbush & Earls 1997). According to Bandura, collective efficacy acts much like self or personal efficacy except it is at the group level, allowing members of a community to determine future events and the expectations that have for their neighborhood (Bandura 1997). But as we can infer, in its current state, collective efficacy is a concept that is deeply grounded in the idea of adults taking action towards youth behavior.

The results of my thesis indicate that in order to accurately measure and understand the impacts of neighborhood characteristics on senior attachment and intergenerational relationships, scholars should begin to develop an independent measure of collective efficacy structured more towards collective action in general. Alternatively, scholars interested in aging in place or seniors in urban environments

should develop a collective efficacy measure that specifically focuses on the collective action towards senior issues. Youth are not the only people who can benefit from the attachment of their neighborhood. Seniors can also greatly benefit from the attachment of their neighborhood and the social ties that are created among neighbors. Based on my findings, it seems as though there is a necessity in areas of concentrated disadvantage, places where seniors and youth might benefit from senior attachment the most.

Furthermore, the relationship can be reciprocal in the sense that people are giving and gaining resources through social ties. Although roles do change as we age and grow in life, these roles do not completely end once we reach our senior years. Seniors, perhaps due to their role changes, might have the ability to make the largest impact on youth and their communities as a whole. Seniors who interact through social ties are especially important in low income and predominately Black areas. As mentioned previously, seniors spend more time in their neighborhood than younger adults (Krause 2006); they have the ability then to become more familiar with their neighbors and act through intergenerational closure (Coleman 1988). Furthermore, seniors are becoming more important to youth outcomes in many urban areas because they are acting as primary caretakers. The number of grandparents raising their grandchildren is increasing (Fuller-Thomson, Minkler & Driver 1997); especially among the African American population (Fuller-Thomson & Minkler 2000). Therefore, in areas with high percentages of seniors raising their grandchildren, seniors will become pivotal for intergenerational closure. Seniors also make up the majority of homeowners, especially Black homeowners who are more likely to experience positive outcomes (health and financial) which lend to intergenerational mobility (Horton 1992).

This study has looked at the way in which neighborhood senior attachment could impact the outcomes of one other population—youth—however, it seems that seniors and neighborhood senior attachment could benefit others living in the neighborhood as well. Keep in mind that more and more individuals are entering their senior years because of the baby boom (Tang 2008; Burr, Mutchler & Warren, 2005). This massive increase in seniors aging in place will lead to a large, unattached population within neighborhoods if researchers and policy makers do not begin to address and understand senior isolation. To better understand how intergenerational relationships will frame and be framed by the neighborhood environment, more research studies will need to develop a broader measurement of collective efficacy. This information could be useful for policy makers and neighborhood organizations interested in devoting attention and resources to neighborhood relations with seniors.

Appendix

| Question | N | Mean | Range | Std. Dev. |
|---|----------|-------------|--------------|------------------|
| q. 4 The specific block that I live on is a close-knit block. | 92 | 2.46 | 3.00 | .627 |
| q. 10 People on this block check in on elderly neighbors during extreme weather. | 92 | 2.45 | 3.67 | .689 |
| q. 17 Someone on this block has shared knowledge or stories about the neighborhoods history with me. | 92 | 2.32 | 2.50 | .555 |
| q. 26 If someone was walking with crutches or a cane, a neighbor would stop traffic for him to cross the street safely. | 92 | 1.95 | 2.67 | .413 |
| q. 28 If a senior was losing her eyesight, how likely is it that a neighbor would offer to read a newspaper to her. | 92 | 2.71 | 3.67 | .702 |

Note: Cronbach's Alpha for 5 items = .70

| Characteristic | N | Range | Mean | Std. Dev. |
|---|----------|---------------|-------------|------------------|
| Total Disability 65+ | 92 | 0-536 | 108.35 | 94.409 |
| Percent Black | 92 | 0-99 | 39.07 | 34.215 |
| Percent White | 92 | 1-99 | 57.35 | 34.197 |
| Percent Female | 92 | .87-21.64 | 5.92 | 4.478 |
| Headed Household | | | | |
| Percent Homeowner | 92 | 2-98 | 64.97 | 25.326 |
| Percent Renting | 92 | 2-95 | 35.14 | 25.386 |
| Median Household Income | 92 | 9,595-140,450 | 49,622.11 | 24,626.870 |
| Percent Households with Children Under Age 18 | 92 | 11-61 | 30.11 | 10.927 |
| Percent Homes with Someone Age 60+ | 92 | 7-51 | 28.80 | 11.531 |
| Percent over 60 | 92 | 4-46 | 17.48 | 8.031 |

Table 3. Attachment and Neighborhood Characteristic Comparison

| | Low Attachment (n=22) | Normal Attachment (n=46) | High Attachment (n=24) | Group Variability |
|--|--------------------------|--------------------------------|------------------------------|----------------------|
| | M | M | M | F |
| Median Household Income 99' | 60,631a (34,079) | 48,764 (19,220) | 41,176b (20,605) | 3.867* |
| Percent over age 60 | 16.36 (5.64) | 17.92 (8.08) | 17.67 (8.03) | .282 |
| Percent Homes with Age 60+ | 28.68 (9.34) | 29.05 (11.56) | 28.42 (13.59) | .025 |
| Percent Households with Children Under Age 18 | 27.73 (9.85) | 30.70 (10.41) | 31.17 (12.83) | .697 |
| Percent Home Owner | 69.09 (23.61) | 65.04 (27.08) | 61.04 (23.69) | .575 |
| Percent Renting | 30.91 (23.61) | 34.96 (27.08) | 39.38 (23.87) | .636 |
| Female Headed Households | 4.64 (4.35) | 5.70 (4.22) | 7.52 (4.80) | 2.564 |
| Percent White | 69.45a (33.84) | 58.61 (31.76) | 43.83b (35.70) | 3.462* |
| Percent Black | 27.91a (33.68) | 37.35 (31.54) | 52.58b (36.52) | 3.253* |
| Total Disability Age 65+ | 88.45 (59.34) | 126.26 (114.99) | 92.25 (69.91) | 1.691 |

Note: Parenthesis represent standard deviation and *indicates significance at p<.05

Table 4. Descriptive Characteristics of Youth Offending

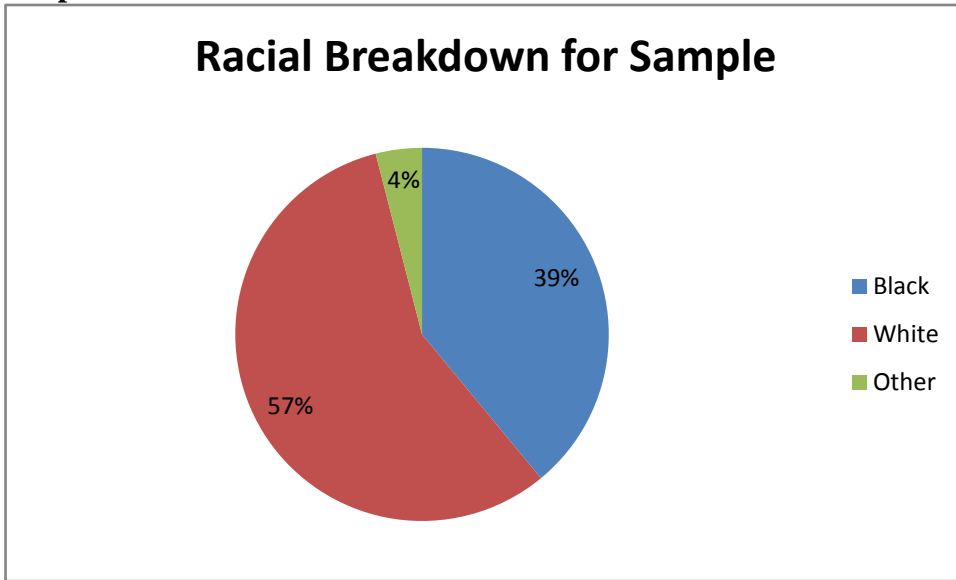
| | N | Range | Mean | Std. Deviation |
|---------------------------|----------|--------------|-------------|-----------------------|
| Felony Charges | 92 | 0-55 | 5.10 | 8.174 |
| Misdemeanor Charges | 92 | 0-67 | 6.48 | 10.351 |
| Status Offense Charges | 92 | 0-11 | 1.63 | 2.310 |

Table 5. Percent of Neighborhoods Experiencing Youth Delinquency by Level of Neighborhood Senior Attachment, Controlling for Level of Youth Attachment

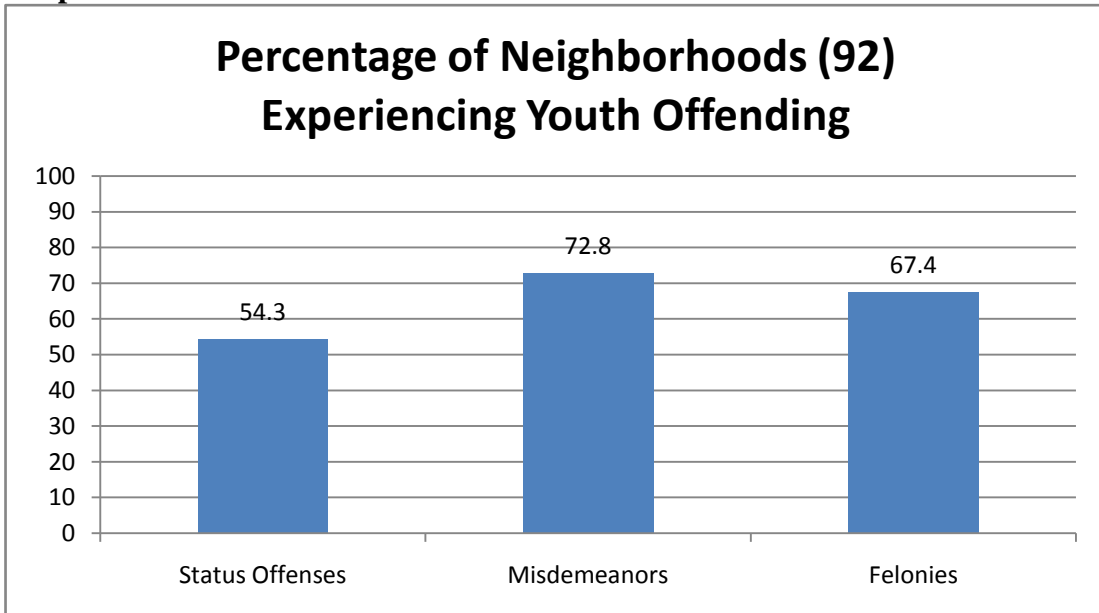
| | Senior Attachment Level | All Neighborhoods | | Neighborhoods with High Youth Attachment | | Neighborhoods with Low Youth Attachment | |
|-----------------|-------------------------|-------------------|------|--|------|---|-------|
| | | N | % | N | % | N | % |
| Felonies | Low | 11 | 50.0 | 5 | 83.3 | 6 | 35.7* |
| | Normal | 33 | 71.7 | 19 | 76.0 | 14 | 70.0* |
| | High | 18 | 75.0 | 11 | 68.8 | 7 | 87.5* |
| Misdemeanors | Low | 15 | 68.2 | 5 | 83.3 | 10 | 62.5 |
| | Normal | 33 | 71.7 | 20 | 80.0 | 13 | 65.0 |
| | High | 19 | 79.2 | 12 | 75.0 | 7 | 87.5 |
| Status Offenses | Low | 8 | 36.4 | 3 | 50.0 | 5 | 31.3 |
| | Normal | 27 | 58.7 | 15 | 60.0 | 12 | 60.0 |
| | High | 15 | 62.5 | 11 | 68.8 | 4 | 50.0 |

*Chi-square test indicate a significant difference across levels of senior attachment at p=.05 with df=2.

Graph 1.



Graph 2.



Resources

- Altman, I. and S. M. Low (1992). Place attachment, Plenum Press: New York.
- Antonucci, T. C. (1990). "Social supports and social relationships." Handbook of aging and the social sciences3: 205-226.
- Antunes, G. E., F. L. Cook, et al. (1977). "Patterns of personal crime against the elderly: Findings from a national survey." The Gerontologist17(4): 321.
- Bandura, A. (1997). "1. Exercise of personal and collective efficacy in changing societies." Self-efficacy in changing societies: 1.
- Bengtson, V. L. and P. S. Oyama (2007). Intergenerational solidarity: Strengthening economic and social ties.
- Berkman, L. F. (1984). "Assessing the physical health effects of social networks and social support." Annual Review of Public Health5(1): 413-432.
- Bould, S. (2003). "Caring neighborhoods." Journal of Family Issues24(4): 427.
- Browning, C. R. and K. A. Cagney (2002). "Neighborhood structural disadvantage, collective efficacy, and self-rated physical health in an urban setting." Journal of Health and Social Behavior43(4): 383-399.
- Browning, C. R., T. Leventhal, et al. (2004). "Neighborhood context and racial differences in early adolescent sexual activity." Demography41(4): 697-720.
- Browning, C. R., T. Leventhal, et al. (2005). "Sexual initiation in early adolescence: The nexus of parental and community control." American Sociological Review70(5): 758.
- Burr, J. A., J. E. Mutchler, et al. (2005). "State Commitment to Home and Community-Based Services." Journal of Aging & Social Policy17(1): 1-18.
- Bursik Robert, J. and H. G. Grasmick (1993). Neighborhoods and crime: The dimensions of effective community control.
- Cagney, K. A. (2006). "Neighborhood age structure and its implications for health." Journal of Urban Health83(5): 827-834.
- Cagney, K. A., C. R. Browning, et al. (2005). "Racial disparities in self-rated health at older ages: what difference does the neighborhood make?" The Journals of Gerontology Series B: Psychological Sciences and Social Sciences60(4): S181.

- Cagney, K. A., T. A. Glass, et al. (2009). "Neighborhood-Level Cohesion and Disorder: Measurement and Validation in Two Older Adult Urban Populations." The Journals of Gerontology Series B: Psychological Sciences and Social Sciences64(3): 415.
- Campbell, K. E. and B. A. Lee (1992). "Sources of Personal Neighbor Networks: Social, Integration, Need, or Time?" Social Forces70(4): 1077-1100.
- Cannuscio, C., J. Block, et al. (2003). "Social capital and successful aging: The role of senior housing." Annals of Internal Medicine139(5 Part 2): 395.
- Carp, F. M. and A. Carp (1982). "The ideal residential area." Research on Aging4(4): 411.
- Ceballo, R. and V. C. McLoyd (2002). "Social support and parenting in poor, dangerous neighborhoods." Child development73(4): 1310-1321.
- Cohen, C. I., J. Teresi, et al. (1985). "Social networks, stress, and physical health: A longitudinal study of an inner-city elderly population." Journal of Gerontology40(4): 478.
- Cohen, D. A., B. K. Finch, et al. (2006). "Collective efficacy and obesity: the potential influence of social factors on health." Social Science & Medicine62(3): 769-778.
- Cohen, D. A., K. Mason, et al. (2003). "Neighborhood physical conditions and health." American journal of public health93(3): 467.
- Cohen, S., B. H. Gottlieb, et al. (2000). "Social relationships and health." Social support measurement and intervention: A guide for health and social scientists: 3-25.
- Coleman, J. S. (1988). "Social capital in the creation of human capital." American journal of sociology94(1): 95-120.
- Cumming, E., L. R. Dean, et al. (1960). "Disengagement—A Tentative Theory of Aging." Sociometry23(1): 23-35.
- Durkheim, E., J. A. Spaulding, et al. (1997). Suicide: A study in sociology, Free Pr.
- Findlay, R. A. (2003). "Interventions to reduce social isolation amongst older people: where is the evidence?" Ageing & Society23(05): 647-658.
- Garner, C. L. and S. W. Raudenbush (1991). "Neighborhood effects on educational attainment: A multilevel analysis." Sociology of Education64(4): 251-262.
- Glass, T. A. and J. L. Balfour (2003). "Neighborhoods, aging, and functional limitations." Neighborhoods and health: 303-334.

- Granovetter, M. S. (1973). "The strength of weak ties." American journal of sociology78(6): 1360-1380.
- Jarrett, R. L. (1997). "African American family and parenting strategies in impoverished neighborhoods." Qualitative Sociology20(2): 275-288.
- Kawachi, I. and L. F. Berkman (2001). "Social ties and mental health." Journal of Urban Health78(3): 458-467.
- Kawachi, I., B. P. Kennedy, et al. (1999). "Social capital and self-rated health: a contextual analysis." American journal of public health89(8): 1187.
- Krause, N. (2006). "Neighborhood deterioration, social skills, and social relationships in late life." The International Journal of Aging and Human Development62(3): 185-207.
- Lareau, A. (1989). "Home advantage: Social class and parental involvement in elementary education." London: Falmer.
- Lin, N. and M. Dumin (1986). "Access to occupations through social ties* 1." Social networks8(4): 365-385.
- Lebowitz, B. D. (1975). "Age and fearfulness: Personal and situational factors." Journal of Gerontology30(6): 696.
- Lee, R. E. and C. Cubbin (2002). "Neighborhood context and youth cardiovascular health behaviors." American journal of public health92(3): 428.
- Leventhal, T. and J. Brooks-Gunn (2000). "The neighborhoods they live in: The effects of neighborhood residence on child and adolescent outcomes." Psychological Bulletin126(2): 309-337.
- Leventhal, T. and J. Brooks-Gunn (2003). "Moving to opportunity: an experimental study of neighborhood effects on mental health." American journal of public health93(9): 1576.
- Lowenthal, M. F. (1964). "Social isolation and mental illness in old age." American Sociological Review29(1): 54-70.
- Mazerolle, L., R. Wickes, et al. "Community Variations in Violence: The Role of Social Ties and Collective Efficacy in Comparative Context." Journal of Research in Crime and Delinquency47(1): 3.
- McPherson, M., L. Smith-Lovin, et al. (2006). "Social isolation in America: Changes in core discussion networks over two decades." American Sociological Review71(3): 353.

Morenoff, J. D., R. J. Sampson, et al. (2001). "Neighborhood inequality, collective efficacy, and the spatial dynamics of urban violence*." Criminology39(3): 517-558.

Parsons, T. (1942). "Age and sex in the social structure of the United States." American Sociological Review7(5): 604-616.

Pattillo-McCoy, M. (1999). *Black Picket Fences: Privilege and Peril in a Black Middle Class Neighborhood*, University of Chicago Press.

Pillemer, K. A. (2000). Social integration in the second half of life, Johns Hopkins Univ Pr.

Putnam, R. D. (1995). "Bowling alone: America's declining social capital." Journal of democracy6(1): 65-78.

Ramirez-Valles, J., M. A. Zimmerman, et al. (1998). "Sexual risk behavior among youth: Modeling the influence of prosocial activities and socioeconomic factors." Journal of health and social behavior: 237-253.

Rankin, B. H. and J. M. Quane (2002). "Social contexts and urban adolescent outcomes: The interrelated effects of neighborhoods, families, and peers on African-American youth." Social Problems49(1): 79-100.

Rosow, I. (1967). Social integration of the aged, Free Press New York.

Ross, C. E. and S. J. Jang (2000). "Neighborhood disorder, fear, and mistrust: The buffering role of social ties with neighbors." American Journal of Community Psychology28(4): 401-420.

Sampson, R. J. (1988). "Local friendship ties and community attachment in mass society: A multilevel systemic model." American Sociological Review53(5): 766-779.

Sampson, R. J. (1999). "What "community" supplies." Urban problems and community development: 241-292.

Sampson, R. J. (2003). "The neighborhood context of well-being." Perspectives in biology and Medicine46(3): S53-S64.

Sampson, R. J. and W. B. Groves (1989). "Community structure and crime: Testing social-disorganization theory." The American Journal of Sociology94(4): 774-802.

Sampson, R. J., J. D. Morenoff, et al. (2002). "Assessing" neighborhood effects": Social processes and new directions in research." Annual review of sociology: 443-479.

Sampson, R. J., S. W. Raudenbush, et al. (1997). "Neighborhoods and violent crime: A multilevel study of collective efficacy." Science277(5328): 918.

Shaw, C. and H. D. McKay (1942). *Delinquency and urban areas*, Chicago: University of Chicago Press.

Skogan, W. (1990). "Disorder and decline: Crime and the spiral of decay in American cities." New York: Free.

South, S. J. and K. D. Crowder (1997). "Escaping distressed neighborhoods: Individual, community, and metropolitan influences." The American Journal of Sociology102(4): 1040-1084.

Subramanian, S., L. Kubzansky, et al. (2006). "Neighborhood effects on the self-rated health of elders: uncovering the relative importance of structural and service-related neighborhood environments." The Journals of Gerontology Series B: Psychological Sciences and Social Sciences61(3): S153.

Tang, F. and J. G. Pickard (2008). "Aging in place or relocation: Perceived awareness of community-based long-term care and services." Journal of Housing for the Elderly22(4): 404-422.

Tomaka, J., S. Thompson, et al. (2006). "The relation of social isolation, loneliness, and social support to disease outcomes among the elderly." Journal of Aging and Health18(3): 359.

Tucker, J. S., J. E. Schwartz, et al. (1999). "Age-related changes in the associations of social network ties with mortality risk." Psychology and Aging14(4): 564-571.

Victor, C., S. Scambler, et al. (2000). "Being alone in later life: loneliness, social isolation and living alone." Reviews in Clinical Gerontology10(04): 407-417.

Ward, R. A. (1985). "Informal networks and well-being in later life: A research agenda." The Gerontologist25(1): 55.

Wenger, G. C., R. Davies, et al. (1996). "Social isolation and loneliness in old age: Review and model refinement." Ageing and Society16(03): 333-358.

Wilson, W. J. (1987). "The truly disadvantaged: The inner city, the underclass, and public policy." Chicago, London.

Zeldin, S. and D. Topitzes (2002). "Neighborhood experiences, community connection, and positive beliefs about adolescents among urban adults and youth." Journal of Community Psychology30(6): 647-669.

CURRICULUM VITAE

Tara L. Hobson-Prater

Education

IUPUI, Indianapolis, IN

Master of Arts September, 2011

Specialization: Urban Youth & Risk Behavior

IUPUI, Indianapolis, IN

Bachelor of Arts, May, 2009

Major: Sociology

Professional Experience

Aug 2010-

Research Methods Teaching Assistant, Department of Sociology, IUPUI

May 2011

As a teaching assistant I conducted discussions on both quantitative and qualitative methodological practices. I developed quizzes, create handouts over course material, assist in evaluating research proposals, and various other tasks assigned by course instructor.

Aug 2010-

Primary Investigator: Social Ties and Community Assets

Dec 2010

Broadway United Methodist Church, Indianapolis

As the primary investigator for the Social Ties and Community Assets Project at Broadway United Methodist I performed a mixed methods pilot study with a sample of 25 in the Mapleton Fall Creek Neighborhood.

June 2010-

Consultant: Senior Summit and Senior Concerns Roundtables

Dec 2010

Senior 1000 Coalition and INRC, Indianapolis

Working closely with another graduate student I collected data, wrote a report, and disseminated information regarding three senior areas of concern: public safety, aging in place, and health and wellness. We also conducted an exit survey of nearly 150 participants at the 1st Annual Senior Summit and provided feedback of program improvements and future directions.

May 2009-

Research Assistant, Institute for Research on Social Issues, IUPUI

Dec 2010

On this project I worked as the primary research assistant. I participated in every step of the research process from designing the survey instrument, selecting the sample, and compiling the research database.

Areas of Interest

- Adolescent Risk Behavior
- Urban Lifecourse
- Reciprocity in Urban Neighborhoods
- Race, Ethnic and Gender Contexts

Professional Affiliations

- American Sociological Association
- Urban Affairs Association
- Society for the Study of Social Problem

Honors, Awards, and Fellowships

- IU Graduate Travel Fellowship: \$800.00, IUPUI, 2011
- Educational Enhancement Grant: \$500.00, IUPUI, 2011
- Student Travel Grant Recipient: \$180.00, SSSP, 2010
- Educational Enhancement Grant: \$445.00, IUPUI, 2010
- IUPUI Bepko Mentor of the Year, 2008-2009
- IUPUI 21st Century Scholar Mentor of the Year, 2008-2009

University Involvement

- Vice President of the Graduate and Professional Student Government, IUPUI , 2010-2011
- Student Representative, IU Graduate Faculty Council, IU, 2010-2011
- Department of Sociology Graduate Mentor, IUPUI, 2010-2011
- Vice President of the Graduate Student Sociology Club, IUPUI, 2009-2010
- Graduate Student Organization Member, IUPUI, 2009-2010
- 21st Century Scholars Mentor, IUPUI, 2008-2009
- IUPUI 40th Anniversary Planning Committee Member, IUPUI, 2008-2009

Community Involvement

- Court Appointed Special Advocate Marion County, Indiana, 2009-2011
- Children's Bureau Family Support Center Volunteer, Indianapolis, 2008-2010
- Safe Kids Indiana Board Member, Indianapolis 2008-2009

Publications

Hobson-Prater, Tara. and Tamara Leech. 2011 "*The significance of race for neighborhood social cohesion: Perceived difficulty of collective action in majority black neighborhoods,*" The Journal of Sociology and Social Welfare. (Paper accepted for publication.)

Professional Presentations

Hobson-Prater, Tara. 2011. "*Aging in Urban Communities, Neighborhood Senior Attachment and Youth Offending: New Roles and New Goals.*" (Paper accepted for presentation.) Society for the Study of Social Problems Conference, Las Vegas, NV.

Hobson-Prater, Tara. 2011. "*Building on What's Already Here: Social Ties and Community Assets*" (Poster accepted for presentation.) Taylor Symposium, Indianapolis, IN.

Hobson-Prater, Tara and Tamara Leech. 2010. "*Collective Efficacy and Public Safety.*" Mid-North Public Safety Committee, Indianapolis, IN.

Hobson-Prater, Tara and Tamara Leech. 2010. "*Explaining Racial Differences in Levels of Instrumental Collective Efficacy.*" (Paper accepted for presentation.) Society for the Study of Social Problems Conference, Atlanta, GA.

Unpublished Work

Hobson-Prater, Tara. (September 2010) *"Aging in Place: Keeping Seniors in Their Homes and in Our Communities: A Roundtable Guide for Indianapolis Neighborhood Resource Center and the Senior 1000 Coalition."*

Leech, Tamara and Tara Hobson-Prater. (January 2010) *"Collective Efficacy and Youth & Elderly Issues: A Preliminary Report to the Mid-North Public Safety Committee."*

Working Papers

Hobson-Prater Tara and Tamara Leech. 2010. *"Neighbors' Generosity towards Youth: Combating the Desire for Social and Physical Distance"*.