AOTA’s Societal Statement on Livable Communities

Livability has been defined as “the sum of the factors that add up to a community’s quality of life—including the built and natural environments, economic prosperity, social stability and equity, educational opportunity, and cultural, entertainment and recreation possibilities” (Partners for Livable Communities, n.d., para. 1). Livable communities support quality of life for older adults (Kochera & Bright, 2005; Kochera, Straight, & Guterbock, 2005), health for disadvantaged populations (Miller, Pollack, & Williams, 2011), youth development (Miller et al., 2011), and participation of people with disabilities (Oberlink, 2005). The National Council on Disability’s report on Livable Communities for Adults with Disabilities (2004) states that a livable community

• Provides affordable, appropriate, accessible housing;
• Ensures accessible, affordable, reliable, safe transportation;
• Adjusts the physical environment for inclusiveness and accessibility;
• Provides work, volunteer, and education opportunities;
• Ensures access to key health and support services; and
• Encourages participation in civic, cultural, social, and recreational activities. (p. 8)

Healthy People 2020 emphasizes the importance of livable communities in its goals for social determinants of health to “create social and physical environments that promote good health for all,” physical activity to “improve health, fitness, and quality of life through daily physical activity,” and disability and health to “promote the health and well-being of people with disabilities” (U.S. Department of Health and Human Services, 2012). The proposed characteristics of livable communities are also similar to the World Health Organization’s (WHO’s; 2007) age-friendly cities and the Centers for Disease Control and Prevention’s (CDC’s; 2015) healthy communities. Age-friendly cities are characterized by features of the physical and social environment (Lui, Everingham, Warburton, Cuthill, & Bartlett, 2009), including outdoor spaces and buildings, transportation systems, housing, social participation activities, respect and social inclusion, civic participation and employment, communication and information, and community and health services (AARP, n.d.; Menec, Means, Keating, Parkhurst, & Eales, 2011; Plouffe, & Kalache, 2010; WHO, 2007). Healthy communities are designed to promote physical activity, safety, good nutrition, social connectedness, and environmental health (CDC, 2015).

Occupational therapy practitioners are committed to creating livable communities that support full participation in everyday life by people of all ages and ability levels. The development of livable communities requires involvement of community members; health, social services, and education professionals; policymakers and planners; designers and architects; and contractors. Occupational therapy practitioners have extensive knowledge of aging, health conditions, disabilities, and at-risk populations, as well as the features of the physical and social environment that support or limit full participation. Occupational therapy practitioners work with individuals and organizations to evaluate barriers in the environment that contribute to health inequities and diminished quality of life; design and modify home and community environments; and create opportunities for engagement in meaningful physical, social, vocational, and cultural activities.
References


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