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An Investigation of Age-friendly Cities in the United States

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Abstract:

The population is aging at an unprecedented rate worldwide, especially in the United States. This will put increased strain on fundamental parts of society such as health care and social safety nets. Thus, changes will need to be made to existing structures to accommodate the demographic shift while also meeting the needs of an aging population. Cities worldwide have already started age-friendly initiatives in partnership with the World Health Organization in effort to make their city more accessible for all ages. The purpose of this study was to explore age-friendly initiatives in the United States and to learn more about how these initiatives are structured and operated. To explore this research aim, in-depth interviews were conducted with leaders of five different age-friendly programs. The findings from this study indicate there are many ways to structure an age-friendly initiative based upon the strengths of the local community and the needs of the older adults in the city. Stable and increased investments are needed to continue expanding age-friendly work, which was made especially clear throughout the COVID-19 pandemic.

Introduction:

In 2018, people over 65 represented 16% of the United States population, and demographic trends suggest our population will continue to age in the coming decades with over 1 in 5 Americans expected to be over 65 in 2040 (Administration for Community Living, 2020). To meet the need of a global aging population, in 2006, the World Health Organization (WHO) started a collaborative research project with 33 cities to evaluate challenges in the urban environment related to aging. This project, titled the WHO Global Age-friendly Cities Guide, defined terms like active aging, highlighted recurring issues described by older adults, and presented traits of ideal age-friendly cities (World Health Organization, 2007). The WHO continued to emphasize the need for age-friendly urban environments by creating the Global Network for Age-friendly Cities and Communities (The Network) in 2010. While joining this network does not come with any funding, it does offer prospective cities a blueprint on how to start the process to becoming more age-friendly. The WHO Global Age-friendly Cities Guide and Global Network for Age-friendly Cities and Communities were utilized heavily in the

research and analysis of this project, because of the standardized process for joining the Global Network for Age-friendly Cities and Communities.

Age-friendly programs differ not only in their emphasis and structure based on their overall financial and political investment but also due to the physical and social needs of older adults in these cities while still maintaining the same overall goals: to make their city or community more age-friendly. This study aims to observe and discuss different methods of implementing age-friendly programs in a sample of cities across the United States. Age-friendly programs often collect feedback from the community members affected by their projects through the entire process of planning, implementation, and fulfillment of ideas, however, there is a lack of academic and targeted research in this field that looks at the specific effects of age-friendly programs and how they are run in the United States. The WHO has created a checklist of characteristics of age-friendly cities to help identify and target needs, but studies that look at how age-friendly programs are operated from the micro-individual level to the macro-organizational level are few. This research intends to fill these gaps by examining age-friendly programs in cities in a sample in the United States and ask city representatives how their age-friendly programs are managed and the challenges they face.

Background:

The population worldwide is aging at an unprecedented rate. Due to the aging of large generational cohorts, specifically the Baby Boomers, and increased life expectancy, there are more older adults living today than at any other time in history. Other countries have been forced to acknowledge this demographic shift already and have had to take steps to accommodate this

new challenge. Japan's population has started to decline and 1 in every 4 people in Japan are over the age of 65 already. In the United States, it is projected that adults over the age of 65 will make up a greater percentage of the population than children under 18 years of age for the first time. By 2060, there will only be 2.5 working age adults for every older person using Social Security (Vespa, 2018). This demographic shift will place a greater strain on our resources and social safety nets. Simultaneously, there is also an increasing urbanization movement. It is projected that by 2030, around two-thirds of the global population will reside in a city with over 25% of the urban population over the age of 60 years (Buffel, Phillipson, & Scharf, 2012). Changes will need to be made to cities in order to accommodate the shifting population and the unique needs of older people.

Aging populations are not a problem as long as older adults are treated as partners in the process of transforming cities into age-friendly communities. Older adults have experiences, knowledge, and capabilities that are valuable to society and should not be treated as a burdensome population. Aging is an unavoidable process that everyone must go through, so it is in the best interest of every individual to make all parts of society age friendly. The WHO places an emphasis on universal healthy aging which is defined as “the process of developing and maintaining the functional ability that enables wellbeing in older age” (World Health Organization, 2016). Functional ability combines the effects of an individual's physical and mental capabilities with their relevant environmental factors. For healthy aging to be attainable, physical and social environments must be conducive to people of all ages (World Health Organization, 2016). To affect these processes, action must be taken at every level of society from the macro level to the micro level.

Methods:

The WHO Global Network for Age-friendly Cities and Communities database was used to identify United States cities that were members of this initiative. For this study, cities were selected to obtain responses from urban centers in different regions of the country as well as from different sizes of cities and communities. Once potential cities were selected, time was spent exploring their individual initiatives, most commonly through their websites. The online presence of the age-friendly projects was used to find contact information of program leaders and to evaluate the scope of each city's initiative. Five or six prospective cities were reached out to at a time with a request for interview with eleven total contact emails were sent in total.

Once a response was received, a date and time was scheduled for an interview either over Zoom or phone. Time was then taken to read through the strategic plan of the individual city and to review any updates or reports that were associated with their age-friendly initiative. A specific focus was placed on the city's plan regarding the eight domains of livability described by the WHO and where the city's initiative emphasis was placed. This allowed more informed and targeted questions to be generated along with questions that were asked in all of interviews conducted to aid with consistency of coding responses. The general questions were designed to obtain more in-depth answers about the history, current work, and future direction of the city or region's project than what was found through their websites by asking questions like "What was the motivating factor to start this project?" or "How do you communicate changes or achievements to the public?" A complete list of the general questions used to guide each interview can be found in the Appendix (p.18). Responses were received and interviews were conducted with representatives from the age-friendly initiatives in Miami-Dade County, Florida, Columbus, Ohio, Grand Rapids, Michigan, Portland, Oregon, and Des Moines, Iowa. Interviews

lasted between 45 minutes to an hour and were recorded with permission of the city's representative to ease coding. Following the interviews, responses were coded based on common themes to ease interpretation of the results.

Results:

Recurring themes of structures and investment were common throughout all the interviews. It became clear that there is a wide variety of structural organizations involved in different age-friendly initiatives. Each city customizes their program to best fit their needs while accomplishing similar age-friendly goals. A need for greater investment was another recurring theme in the interviews with city representatives. Progress is slow, and a lot of work needs to be done to constantly make cities more age-friendly, so increased buy-in and funding is always at a premium. Specific results related to each theme are discussed in greater detail below.

Structure:

Having a single organization act as the leader for the age-friendly initiative is important for maximum efficiency and to help with the organization of the project. However, the different resources and needs in each city has influenced which type of organization lead the city's age-friendly initiative.

Portland, Oregon was the only United States city of the original 33 participants in the WHO's Global Age-friendly Cities Guide project. The research for the study was conducted by Portland State University's (PSU) Institute on Aging and naturally led PSU to start as the lead coordinating organization for Portland's initial age-friendly initiative. The initial focus on aging populations and increasing urbanization was described as largely academic in nature until the

development of The Network in 2010. Due to the early adaptation of an age-friendly program and the research generated through the WHO partnership, Portland became a model for other cities around the United States who have developed their own age-friendly initiatives. The city of Portland began funding the project through PSU in 2015 before fully taking the lead on the project in 2019. In the interview with Portland's representative, it was noted that there were positives and negatives that had to be managed with both situations. External organizations, especially those like PSU, are able to generate and understand knowledge about aging, but the city is needed on some level to implement significant and lasting changes through development and enactment of relevant policy. However, with the city of Portland leading the age-friendly initiative, it has become exponentially more challenging to conduct research on the topic. It is important to note that these are not the only organizations who participate and influence the work of the age-friendly project in Portland, Oregon. Organizations like AARP Oregon, Multnomah county, and various other organizations including local residents are key parts of the daily functions of the initiative as well as in the planning and implementation of policy.

Similar to the beginnings of the initiative in Portland, Columbus, Ohio's initiative has become tightly linked to The Ohio State University as it has progressed over the years. When the age-friendly initiative began in Columbus in 2016, the Mid-Ohio Regional Planning Commission was the chief organization for the first two years. However, Age-friendly Columbus and Franklin County were transferred to The Ohio State University (OSU) College of Social Work in 2018. The current initiative through OSU is completely funded through soft money, like grant dollars. Even with the uncertain funding, the age-friendly initiative was able to pilot programs for or achieve 46 of their 54 originally planned Action Steps in the first three years of the project. In addition to this accomplishment, they were also able to add other projects that were not

originally listed in their Action Plan. This success has required Age-friendly Columbus to “partner and collaborate with anyone willing” to get their plans accomplished.

Separately from Columbus and Portland, Miami-Dade County’s leadership has come largely from a non-profit organization. Miami-Dade County’s age-friendly program started through the Health Foundation of South Florida in 2012 before joining The Network. After three years, the project was transferred to Urban Health Partnerships (UHP). UHP is currently responsible for the coordination and funding of Age-friendly Miami-Dade County Initiative, however, seven other organizations, including AARP, local Area Agency on Aging (AAA), Health Foundation of South Florida, Miami-Dade County, Florida Department of Health’s Miami-Dade office, Miami-Dade Transportation Planning, and United Way, contribute to the initiative through the collective impact framework. There is strong cooperation between the groups; they believe that they can do more collectively than they could ever accomplish on their own.

The Age-friendly Grand Rapids initiative is led by the city of Grand Rapids, Michigan and has been since its creation in 2016. The city does partner with numerous other organizations like AARP, AAA of West Michigan, and other individual local communities in Western Michigan. Due to the smaller size of the city, there is a greater reliance on the other external organizations to help accomplish goals and actions in the community. Des Moines, Iowa is a similarly sized city as Grand Rapids, but Age-friendly Greater Des Moines has utilized AARP Iowa as their coordinating organization. AARP Iowa also formed strong partnerships with Aging Resources of Central Iowa, Des Moines University, the city of Des Moines. This partnership has allowed the greater reach and targeted resources of AARP Iowa to further age-friendly practices in Des Moines.

Investment:

Age-friendly work is a relatively new concept, and there is an overall lack of research and emphasis in this area. A recurring theme through all the interviews was the need for greater investment in each city's programs. This was especially noticeable in places where the city was the leader of their age-friendly program. City budgets are stretched thin, and the COVID-19 pandemic compounded many programs' financial difficulties. Prior to the COVID-19 pandemic, Grand Rapids had two part-time employees working on Age-friendly Grand Rapids. However, these employees have seen their hours cut in half since that time. Portland has one full-time employee working on the initiative. These cities do have other partnering organizations that contribute work to the initiative, but nonetheless, they do not have large departments within the city that work solely on the age-friendly programs.

Age-friendly initiatives run by organizations other than the city make it more challenging to quantify how many hours or people work on the project due to the broader scale of these organizations. However, Columbus has two full-time employees for the age-friendly initiative and a director of research on faculty at OSU. The age-friendly initiative in Columbus is entirely funded through grant money, so the program does not have the constant guarantee of a stable source of funding. The initiative makes frequent use of master's and PhD students' work at the College of Social Work to further the program. All of the age-friendly initiatives studied have many people from contributing organizations and the community that collaborate in the implementation and planning of projects in addition to their full-time employees. Individual, temporary working groups composed of mixtures of organization affiliates and community advocates are commonly used to accomplish individual projects in Columbus.

Age-friendly initiatives often compete with numerous other valuable programs for funding and investments. There is also a constant need for increased funding due to the growing population of older adults in many cities. Many of the cities included in this study have found value in blending the utilitarian age-friendly practices with other priorities like disability, social equity, or racial equity to increase the attractiveness of plans. Interviewees were proud to report that elected and non-elected community leaders have quickly recognized the importance for age-friendly work and are supportive overall. However, even if the value of age-friendly initiatives is acknowledged, cities occasionally run into hurdles. For instance, one of Miami-Dade County's goals is to help all 34 municipalities in their county take the necessary steps to join The Network and become age-friendly communities. This is a challenge because some of the smaller cities in the county only have three or four staff members for the whole city. So far, 10 out of 34 municipalities have joined The Network. Part of Age-friendly Miami's job in these communities is to show they do not have to do extra work; they just have to slightly change how they think about their policies and actions to become more age-friendly.

COVID-19 Pandemic:

The interviews for this study were conducted while the COVID-19 pandemic was still ongoing, but every age-friendly initiative detailed how their face-to-face programs were shut down and were just recently resuming with some restrictions. The pandemic and economic struggle has affected everyone in the communities sampled, including these programs. The employees of the Grand Rapids initiative had their hours cut in half, and added to this, their employees had newfound struggles of meeting and working remotely. At the time of the interview, the staff members had not been able to meet in person with each other or community members for over ten months. Other programs had to immediately stop their plans and

programming and pivot to providing completely different types of services. For example, programs have had to learn on the fly how to hold all-online events while also performing community outreach over the internet. Programs had to constantly try to fill needs of local older adults through a variety of challenges including bridging the digital divide, bringing technology to areas that did not have adequate access, health care, housing, food insecurity, or social isolation.

The pandemic has brought to light many negative stereotypes about older adults due to older populations being at high risk for severe COVID-19 cases. Programs reported a need to challenge these age-related stereotypes and educate the public. Moreover, the COVID-19 pandemic has given momentum to the idea that age-friendly work should be a priority even among the increased attention to problems of social equity and racial equity. These issues do not need to be separated or competitors because there are aspects of social equity and racial equity in age-friendly work especially through the lens of the life course perspective. In fact, Portland noticed the need for American Sign Language interpreters or other communication channels for visually impaired individuals during the frequent press conferences to transmit accurate and important information to as many people as possible. This is just one example of how policies targeted at helping disabled communities are also age-friendly and can play a crucial role in improving the lives of older adults.

Discussion:

The population is aging in the United States and worldwide. It is projected that by 2060, 23.4% of the population in the United States will be 65 years old or older (Vespa, 2018). It is

also predicted that the number of people aged 85 or older will increase from 6.5 million people to 14 million people by the year 2040 in the United States (Administration for Community Aging, 2020). With these rapidly changing demographics, changes will need to be made to accommodate the needs of this new, aged population. The WHO has provided a template for how to create more age-friendly cities and many counties, cities, and communities have joined and started their own age-friendly initiatives. These pledges show a commitment and understanding of aging as a process that affects everyone, so it is in the best interest of everyone to make environments more livable.

Although the cities highlighted in this study are illustrative of the various ways that age-friendly initiatives can be structured, this sample is not exhaustive. For example, New York City formed Age-friendly NYC in 2007 through a collaboration between the New York Academy of Medicine, the Mayor's Office, and the New York City Council. These organizations then collaborated to choose the Age-friendly NYC Commission in 2010, and New York City was named the first age-friendly city by the WHO under their Global Network for Age Friendly Cities and communities (Age-friendly NYC, 2017). Each city must use the assets of its own community to build the best age-friendly program through collaboration. These strong assets vary by city and may include the local government, non-profits organizations, academic communities, medical communities, or other private organizations.

The importance of having a strong structure was most clearly told in the interview with the representative from Des Moines. The progress of Age-friendly DSM was greatly slowed down in 2018 when the State Director of AARP Iowa retired, the project head at Des Moines University left the position, and the local Area Agency on Aging was struck by budget cuts. This led to an essential pause on new actions which has continued through much of the COVID-19

pandemic. Continuity is important, as too much change at once can lead to pauses in new age-friendly work.

The needs of the population also determine the direction the various initiatives take with their action plan and can influence the structure of the organizations. Columbus' age-friendly initiative was motivated by a 2014 report by the Kirwan Institute which concluded:

The biggest challenges this community faces with regard to caring for the aging are (1) the lack of awareness and connection to existing systems and supports; (2) the lack of coordination among many existing programs and resources; and (3) the fact that we tend to age differently based on our demographics, environment, formative experiences, and lifestyle (Martin et al., 2014, pp. 8).

In the same report, a 20-year life expectancy difference was found across ZIP Codes in Franklin County, Ohio. These findings provided a clear direction for what was needed in the area before community surveys were even conducted. Cities also place an emphasis on different domains of livability. The eight domains that cities can focus on to create a more age-friendly environment declared by the WHO are communication, outdoor spaces and buildings, transportation, housing, civic participation and employment, respect and social inclusion, community support and health services, and respect and social inclusion (WHO, 2007). Some age-friendly programs found that their community was already stronger in some areas compared to others, which allowed them to place an emphasis on the weaker areas. This emphasis has an effect on how a specific age-friendly initiative is structured and run.

Prior studies have also looked at the intersectional role of the structural organization and the implementation of different policy goals of age-friendly organizations. One of these studies described a spectrum of age-friendly community discourse that each city falls on (Liu et al., 2009). The vertical axis of the spectrum is divided between stressing the quality of the social environment and emphasizing the physical infrastructure and services provided. The horizontal

axis is divided between top-down governance and bottom-up governance. The top-down approaches focus more on the role of local authorities and governments in implementing and accomplishing age-friendly guidelines, while the bottom-up approaches focus on community empowerment and cultivation to achieve changes that are driven by local older people (Liu et al., 2009). There are no cities that occupy any of the extremes on this spectrum, and programs will often move on the spectrum over time. Many of the age-friendly initiatives viewed in this study placed a strong emphasis on community engagement and making sure the actions taken would be beneficial and meet the specific needs of the community they were designed to serve. As an example, walking audits with local older adults were common to help determine needs in specific areas of the community. This bottom-up approach seeks to incorporate views and best practices from the people it directly affects to achieve greater buy in from the community and guarantee the success of the project.

In the Miami-Dade County interview, it was emphasized that cities in the county do not have to do extra work when creating age-friendly policies, they merely have to adopt a slightly alternate point of view to consider the needs of older adults. This sentiment was mirrored in other interviews, and the 80 Cities organization was mentioned. Overall, 80 Cities operates under the premise that if spaces in cities are created to be accessible for an eight-year-old and an 80-year-old, these spaces will be inclusive for all people who call that city home. This organization started in Toronto, Canada and has worked with over 350 communities worldwide to promote age-friendly, accessible environments. This is just one organization in operation with the goal of promoting age-friendly ideas in areas where implementation is difficult (80 Cities, 2021).

The full effects of the COVID-19 pandemic cannot be fully understood at this time as it is still ongoing. However, this study does occupy a unique space in terms of current age-friendly research due to its timing. The pandemic demonstrated the need for greater investment in age-friendly work because of the increased risk for severe disease in older adults. More stable funding is also important, as the age-friendly initiatives which rely on city funding faced greater difficulty in operating their normal programming during the pandemic. Despite challenges faced, the age-friendly initiatives in this study were flexible in addressing new needs throughout the pandemic. Though they had their ongoing plans paused temporarily, this led them to meet and collaborate in new ways. Future research will be able to view how age-friendly initiatives are able to restart their normal programming more fully after the COVID-19 pandemic. It may also be helpful to keep some of the programming and activities that were initially put in place for the COVID-19 pandemic because they were successful in helping older adults. For instance, having online options for community events can be more inclusive for older adults facing illness or disability. The interviews conducted for this study were completed at the beginning of the vaccination distribution process, so this study was unable to evaluate whether and how the age-friendly initiatives were involved in the process. This is a topic for further research in the future along with other consequences of the pandemic, as it is impossible to view any concrete results while the pandemic is still ongoing. These programs will likely change and develop more after the conclusion of the COVID-19 pandemic, so further research will be valuable to fully understand the lasting impact of the pandemic on age-friendly work.

Conclusion:

The structure of age-friendly initiatives differ greatly between cities based on the strengths and weaknesses of the cities. Initiatives have slightly different priorities determined through community need. Investment is a constant need, and more could always be done to further age-friendly work. The COVID-19 pandemic demonstrated the need for greater investment in older adults and age-friendly work. This study was limited in its scope by time constraints and the number of responses received. Though it is not a comprehensive analysis of all age-friendly programs in the United States, this work is an important step in better understanding age-friendly initiatives in cities in the United States. Nonetheless, this research should be constantly done as age-friendly programs change and develop.

In the Portland interview, it was noted that there was a disconnect between the county and the city. Programs like the Veteran's Association and disability programs were run through the county; however, the age-friendly initiative was run through the city of Portland. This left areas where stronger collaboration was needed to make sure services were able to get to every individual that needed them. Effective communication and collaboration between departments is imperative currently because there is no overarching federal or state organizations that oversee aging or age-friendly issues. Multiple interviewees stressed how the pandemic and its effects have shown there needs to be a stronger emphasis on age-friendly work. There is a strong argument that this needs to be done at an even broader scale than city investments. State governments, and even the federal government, should see the need for immediate age-friendly work and take steps to implement these ideas and practices nationwide. A prior study argues for more longitudinal and experimental research on age-friendly cities because urban areas are constantly changing (Noordzij et al., 2019). These longer term studies are key to understanding

the effects of the life course perspective on different areas in the city. This study concludes by proposing two questions for these future research studies involving the interaction between the life-course of individuals, the history of the urban areas, and the outcomes of these interactions on health of older adults (Noordzij et al., 2019). These questions could not be explored in this study due to time constraints but are important questions for the future.

The representative from Des Moines articulated it was their long term goal to become an age-friendly region by first expanding their focus to the suburbs of Des Moines, and the representative from Miami-Dade County detailed their plan to make every municipality in the county age-friendly. Age-friendly work has largely been confined to urban areas, but 22.9% of older adults live in rural areas (Smith & Trevelyan, 2019). There is a large portion of the population that is not receiving benefits from these age-friendly programs. Rural areas come with completely different difficulties and needs in the implementation of age-friendly policies, and this area of research has been largely unexplored. Rural communities would also benefit from broader investment from federal or state level age-friendly programs. Therefore, future work should explore best practices for inclusive age-friendly plans and policies in rural areas where many of the structural necessities are not already in place. In sum, current age-friendly programs in the United States have made great strides in helping accommodate the needs of our aging population, however, as we look toward the future, the continuation of this work will be imperative to continue to understand and help improve the dynamic and ever changing needs of our aging population.

Appendix:

General Questions from Interviews:

What was the motivating factor to start this project?

When starting the project, where did you look for examples to help guide your program? Were there any specific cities or other programs you looked to for a blueprint? What other tools did you use to help guide you?

Approximately how many people are working on the Age-Friendly initiative?

How do you communicate changes or achievements to the public?

How do you get feedback from the community?

What are some challenges that the COVID-19 pandemic has presented for your project and its progress?

What are some of the non-COVID-19 related challenges you have faced while trying to make the community more age-friendly?

What is one of the accomplishments you are most proud of?

What is the future direction for the project?

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