

Mobilizing a Community to Develop a Comprehensive Master Aging Plan

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ABSTRACT

Approximately 48 million older adults, aged 65+, live in the United States and this number is expected to double in the next 40 years. In response, cities and states are creating policies and programs to support older adults and the overall experience of aging. Yet there is a lack of input from older adults about which policies and programs actually meet their needs. This case example provides information about how one community in North Carolina (NC) engaged older adults in development of their community's Master Aging Plan (MAP). These MAP efforts were guided by the World Health Organization's age-friendly framework. Community members and key stakeholders participated in an assessment of community assets and needs through surveys ($n=860$), focus groups ($n=13$, with 63 participants), and key stakeholder interviews ($n=34$). A comprehensive list of community needs and assets was created from the assessment and organized using the age-friendly framework. To endorse or refine findings and establish priorities, community members provided additional input during two community-wide listening sessions. Armed with findings from the assessment, community members, organizational leaders, and governmental stakeholders came together in workgroups around each domain of the age-friendly framework to create Orange County's Master Aging Plan. Orange County, NC's experience with collaborative community engagement can serve as a guide for other communities seeking to involve community members in development of their own Master Aging Plan. Policy implications include incentive mechanisms to encourage age-friendly community planning and broad engagement of both community members and leaders.

Keywords: community planning, community engagement, age-friendly, cities

Movilización de una comunidad para desarrollar un plan maestro integral para el envejecimiento

RESUMEN

Aproximadamente 48 millones de adultos mayores, mayores de 65 años, viven en los Estados Unidos y se espera que este número se duplique en los próximos 40 años. En respuesta, las ciudades y los estados están creando políticas y programas para apoyar a los

adultos mayores y la experiencia general del envejecimiento. Sin embargo, hay una falta de aportes de los adultos mayores sobre qué políticas y programas realmente satisfacen sus necesidades. Este ejemplo de caso proporciona información sobre cómo una comunidad en Carolina del Norte (NC) involucró a los adultos mayores en el desarrollo del Plan Maestro para el Envejecimiento (MAP) de su comunidad. Estos esfuerzos de MAP fueron guiados por el marco amigable con las personas mayores de la Organización Mundial de la Salud. Los miembros de la comunidad y las partes interesadas clave participaron en una evaluación de los bienes y necesidades de la comunidad a través de encuestas (n=860), grupos focales (n=13, con 63 participantes) y entrevistas con partes interesadas clave (n=34). A partir de la evaluación se creó una lista completa de las necesidades y los recursos de la comunidad, que se organizó utilizando el marco adaptado a las personas mayores. Para respaldar o refinar los hallazgos y establecer prioridades, los miembros de la comunidad brindaron información adicional durante dos sesiones de escucha en toda la comunidad. Armados con los hallazgos de la evaluación, los miembros de la comunidad, los líderes organizacionales y las partes interesadas gubernamentales se reunieron en grupos de trabajo en torno a cada dominio del marco amigable con las personas mayores para crear el Plan Maestro para el Envejecimiento del Condado de Orange. La experiencia del Condado de Orange, NC con la participación comunitaria colaborativa puede servir como guía para otras comunidades que buscan involucrar a los miembros de la comunidad en el desarrollo de su propio Plan Maestro para el Envejecimiento. Las implicaciones políticas incluyen mecanismos de incentivos para fomentar la planificación comunitaria adaptada a las personas mayores y una amplia participación tanto de los miembros como de los líderes de la comunidad.

Palabras clave: planificación comunitaria, participación comunitaria, amigable con los mayores, ciudades

动员社区发展全面的重要老龄化计划

摘要

美国约有4800万65岁以上的老年人，这一数字预计将在未来40年翻一番。作为响应，城市和州正在制定政策和计划，以支持老年人和整体的老龄化体验。不过，老年人很少表达哪

些政策和计划真正满足其需求。本案例描述了北卡罗来纳州 (NC) 的一个社区如何让老年人参与制定社区的重要老龄化计划 (MAP)。这些MAP工作以世界卫生组织的老年友好型框架为指导。社区成员和关键利益攸关方通过参与调查 (n=860)、焦点小组 (n=13, 共63名参与者) 和关键利益攸关方访谈 (n=34), 评估了社区资产和需求。根据评估创建了一份全面的社区需求和资产清单, 并使用老年友好框架对清单加以组织。为了认可或完善调查结果并确定优先事项, 社区成员在两次社区聆听会议期间提供了额外的意见。借助评估结果, 社区成员、组织领导和政府利益攸关方建立工作组, 围绕老年友好框架的每个领域制定橙县重要老龄化计划。北卡罗来纳州橙县在协作式社区参与方面的经验可为其他社区提供参考, 帮助后者动员社区成员参与制定重要老龄化计划。政策影响包括用于鼓励老年友好型社区规划的激励机制, 以及社区成员和领导者的广泛参与。

关键词: 社区规划, 社区参与, 老年友好, 城市

Introduction

Over 52 million older adults, age 65 and older, live in the United States and population growth for older adults is more rapid than for any other age group (U.S. Census Bureau, 2019). Aging of the Baby Boomer generation (individuals born between 1946 and 1964) is spurring this growth, and by 2030, 1 of every 5 individuals in the United States will be older adults (Vespa, 2018). Creating age-friendly communities that are accessible, well-designed, and provide a wide range of services is essential to meet the current and future needs of older adults (Ball & Lawler, 2014; Van Hoof et al., 2018). Age-friendly cities and communities enhance general well-being, improve quality of life, and foster

a sense of belonging not just for older adults, but for people of all ages (Menec et al., 2011; Neiboer & Cramm, 2018). To support communities in becoming more age-friendly, the World Health Organization (WHO, 2007) developed an age-friendly framework that identifies eight domains, across social environments, physical infrastructures, and essential services, that influence livability and quality of life for older adults (Figure 1).

AARP is the U.S. affiliate of the WHO age-friendly initiative and supports a Network of Age-Friendly States and Communities in the United States. Communities that join this network have access to technical assistance provided by AARP and connections to other member communities for sharing experiences, providing feedback, and

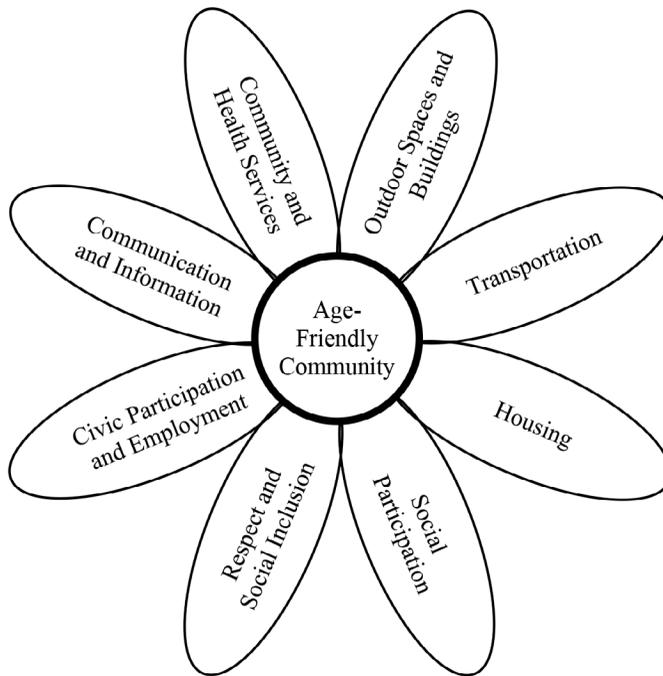


Figure 1. Eight domains of age-friendly communities identified by the World Health Organization (WHO, 2007).

sharing best practices (AARP, 2020). As members of the AARP age-friendly network, communities develop action plans that articulate strategic policies and community services agendas that will make communities more age-friendly. Development of action plans occurs over four phases: assessment, planning, implementation, and evaluation (AARP, 2020). Although the age-friendly framework provides a comprehensive overview of domains to focus on, it does not provide specific guidance on tailoring and adapting plans to the local community (Lehning & Greenfield, 2017; Plouffe et al., 2016).

To develop community-specific age-friendly plans, engagement of community members and stakeholders across sectors is needed. A recent review

of 98 age-friendly community publications concluded that taking a mix of “bottom-up” and “top-down” approaches to age-friendly community planning is more successful as this allows planners to simultaneously consider community needs and available resources (Torku, Chan, & Yung, 2020). Age-friendly community planning also needs to balance immediate needs with longer-term preventative and systemic policy changes that thoughtfully examine narratives that perpetuate ageism (Foster & Walker, 2015). Multi-stakeholder engagement requires time and resources, leading some communities to create policies and programs to support aging and older adults without feedback from the very individuals they serve (Lehning et al., 2017; Murtagh et al., 2021).

Here, we present an example of how one community broadly engaged older adults and stakeholders in co-designing its age-friendly action plan for the community. Orange County, NC's approach to engaging older adults and forging partnerships between public, private, and non-profit organizations can serve as a guide for other communities seeking to engage multi-stakeholders to develop their own age-friendly community plans.

Conceptual Model: WHO's Age-Friendly Framework

WHO's age-friendly framework can serve as a guide for assessing the current age-friendly condition of cities and communities as well as a tool to organize and document progress towards becoming an age-friendly community. The age-friendly framework is process-oriented and was developed as a tool to provide cities and communities with a list of specific areas of focus that are important for maximizing independence and active aging opportunities for all (WHO, 2007). The age-friendly framework was developed using a bottom-up approach; older adults from all continents participated in discussion groups where they described their aging experiences along with barriers and facilitators of active aging in their community. Following these discussions, the WHO identified eight age-friendly domains: outdoor spaces and buildings, transportation, housing, social participation, respect and social inclusion, civic participation and employment,

communication and information, and community and health services (Figure 1; WHO, 2007).

Orange County, NC's 2017-2022 Master Aging Plan

Orange County, NC has a 20-year history of developing 5-year Master Aging Plans (MAPs), the age-friendly community action plan for Orange County, NC. However, the 2017-2022 MAP was the first MAP developed as part of AARP's Network of Age-Friendly States and Communities and guided by the WHO age-friendly framework. As a result, the 2017-2022 Orange County MAP is steeped in the language and processes suggested by the WHO age-friendly framework. In this example, we provide details of our experience using the age-friendly framework for the *assessment* and *planning* phases. We also provide a brief overview of our experience with the *implementation* and *evaluation* phases.

Setting

In 2019, Orange County, NC had a total population of approximately 148,000, 13.4% of which are older adults (U.S. Census Bureau, 2020). By 2035, older adults are expected to make up 21% of the population (OSBM, 2021). Older adults in Orange County, NC are 84.2% White, 11.5% Black, 3.0% Asian and 2.2% Latino/a; however, residents from all age groups are more diverse (75.4% White, 11.4% Black, 7.8% Asian, and 8.4% Latino/a; U.S. Census Bureau, 2020). Thus, the older adult population is expected to become more diverse

over time. Orange County, NC has both urban and rural areas, with 68.0% of county residents residing in urban areas and 32.0% in rural parts of the county (U.S. Census Bureau, 2020).

Governance

Development of the Orange County MAP involved many players, including town government, community members, and stakeholders from across the community (Table 1). The Orange County Department on Aging is the organization charged with coordinating and facilitating the MAP process, which is inherently community driven. Funding received by the Orange County Department on Aging is unique in comparison to other communities in North Carolina. The Orange County Department on Aging is a county-level agency that receives direct appropriations from the county's budget and reports to the Orange County Board of County Commissioners, the county's elected governing body. Additional financial support for all phases of the MAP comes from a large charitable gift from a local non-profit. Advocacy for older adults across the county come, in part, from the Advisory Board on Aging, which acts as a liaison between Orange County residents, older adults, the Board of County Commissioners, and the Department on Aging. The Advisory Board on Aging advocates on behalf of older adults in the community, advising these entities on policies and practices that impact aging and older adults throughout the county. Community volunteers apply for positions on the Advisory Board on Aging and are appointed by County Commissioners.

Development of the 2017-2022 MAP used a combined "bottom-up" and "top-down" approach. This mixed approach allowed the Orange County Department on Aging to balance community priorities ("bottom-up") with organizational support and guidance for navigating systems ("top-down"). Community members were engaged throughout the MAP phases and organizational support was provided through a diverse and comprehensive network which included the (1) MAP Steering Committee, (2) MAP Leadership Committee, and (3) MAP Workgroups (Table 1). Additional details about the MAP development, including assessment tools, MAP development plans, and implementation and evaluation outcomes, are available at the Orange County Department on Aging's website (Orange County Department on Aging, 2021).

MAP Steering Committee

The MAP Steering Committee was charged with supporting the strategic vision of the MAP by providing resources and oversight of the MAP process. This committee was composed of 54 individuals, representing older adults, stakeholders, and leaders from across Orange County, NC, who represent older adult advocacy groups, county and town governments, major healthcare systems, faith-based organizations, and community-based organizations. At bi-annual meetings, organizational leaders learned about the MAP processes and results, celebrated successes toward accomplishing MAP goals, and committed, in writing, their personal and organizational resources to support the MAP.

Table 1. Roles and descriptions for organizations involved in the MAP process.

Organization	Role	Description
Orange County Board of County Commissioners	Approved the MAP	Counties in North Carolina are governed by an elected board of county commissioners. They adopt the annual county budget, regulate zoning outside of municipal boundaries, call for bond referenda, enter into contracts, etc.
Orange County Department on Aging	Charged with administrating the MAP process.	One-stop resources for older adults and caregivers. Provides leadership in planning and operating a system of integrated aging services through senior centers, serving as focal points for community, and delivering programs designed to maximize the health, well-being, community engagement, and independence of older adults at all functional levels.
Orange County Advisory Board on Aging	Provided feedback on the MAP process. Served as members of MAP Workgroups.	Charged with advising the Board of Commissioners and Department on Aging on delivery of services to Orange County's seniors. Act as a liaison between older residents and County government. Community volunteers apply and are appointed by the Board of County Commissioners.
MAP Steering Committee	Charged with providing resources, strategic vision, and oversight of the MAP process	Composed of leaders from county and town governments, major health care systems, faith-based organizations, community-based organizations, and older adult advocacy groups.
MAP Leadership Committee	Charged with guiding the MAP process (i.e., assessment, planning, implementation, and evaluation) and engaging and convening community members and stakeholders.	Leaders from Orange County Department on Aging and consultants and students from the Partnerships in Aging Program, Division of Occupational Science and Occupational Therapy, and other schools and departments at UNC-CH.
MAP Workgroups	<i>Planning phase:</i> Develop goals, objectives, strategies, and indicators within specific MAP domains. <i>Implementation & Evaluation phase:</i> Met quarterly to share information, collaborate, and report progress.	Led by members of the MAP Leadership Committee. Include members of the Advisory Board on Aging, community organizations, and community members. Organized by the age-friendly domains.

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Community members	<p><i>Assessment phase:</i> Participated in a survey and focus groups.</p> <p><i>Planning phase:</i> Participated in listening sessions, workgroups, and public comments.</p> <p><i>Implementation & Evaluation phase:</i> participated in workgroups.</p>	Older adults, caregivers, and other community members interested in engaging age-friendly community work.
Community organizations	<p><i>Assessment phase:</i> Leaders of organizations participated in key informant interviews.</p> <p><i>Planning, implementation & evaluation phases:</i> Served on MAP Steering Committee and Workgroups.</p>	Organizations across the county that provide a range of services to community members of all ages.

MAP Leadership Committee

The MAP Leadership Committee, comprised of Department on Aging staff, members of the Advisory Board on Aging, and a team of interdisciplinary consultants and students from the University of North Carolina at Chapel Hill (UNC-CH), was charged with engaging and convening older adult community members and stakeholders in all phases of the MAP process (i.e., assessment, planning, implementation, and evaluation). Oversight for the MAP Leadership Committee was provided by the MAP Steering Committee; additionally, the MAP Leadership Committee regularly reported to the Orange County Board of County Commissioners and the Advisory Board on Aging. The goal of these reports was to garner feedback, support, and buy-in throughout all phases of the MAP process.

Roles of the MAP Leadership Committee varied based on the specific needs during each phase of the MAP. During the assessment and planning phases, the primary roles for the MAP Leadership Committee were to (1) engage community members and stakeholders in assessment and prioritization of community needs, (2) organize findings according to age-friendly domains, (3) facilitate a collaborative process to develop the MAP strategic plan, and (4) document the process by writing the final MAP document. During the implementation and evaluation phases, the role of the MAP Leadership Committee shifted to facilitating, guiding, and supporting the work plans detailed in the MAP.

MAP Workgroups

MAP workgroups were active during the planning, implementation, and evaluation phases and were organized based on the domains of the age-friendly framework, e.g., housing, transportation, outdoor spaces, etc. Workgroup membership included older adult community members, representatives from community organizations, social service providers, and health care organizations. The specific activities and membership of workgroups varied based on the needs during each phase of the MAP process. During the planning phase, MAP Workgroups were made up of older adult community members, organizational leaders, and government officials. Each workgroup had 20-30 members. Workgroup members were responsible, collectively, for developing MAP goals, objectives, strategies, and indicators based on the community assessment findings. During the implementation and evaluation phases, MAP Workgroup membership shifted towards a greater number of community leaders and stakeholders and included 10-40 individuals per workgroup. However, older adult community members and Advisory Board on Aging representatives continued to participate. While membership of workgroups varied somewhat between the planning and implementation phases, a core group of key participants were involved in both to ensure consistency.

Phase 1 Activities: Assessment of Community Assets and Needs

The first phase focused on assessing community assets and needs. The community assessment process was developed by the MAP Leadership Committee and Advisory Board on Aging, refined with input from the MAP Steering Committee, and co-administered by Orange County's Department on Aging and UNC-CH's Partnerships in Aging Program. The community assessment included a (1) community-wide survey, (2) focus groups with community members, (3) key informant interviews with community stakeholders, and (4) community listening sessions. The MAP process was focused on developing a MAP for Orange County, NC, and not creating generalizable knowledge; thus, this project was not submitted for Institutional Review Board approval. We are presenting our experience with community engagement to help other communities develop a tailored MAP.

Survey

The survey was developed with consultation from the Odum Institute for Research in Social Science at UNC-CH to understand older adult community members' perspectives on aging. The survey, administered through Qualtrics (Provo, UT), included 21 statements about different aspects of aging that community members might be worried about (rated on a scale of "never," "rarely," "monthly," "weekly," and "daily") and

26 statements about how Orange County is doing to address specific issues important to aging (rated on a scale of “terrible,” “fair,” “okay,” “good,” “excellent,” and “not familiar with this”). The survey also contained basic demographic questions (i.e., age range, income range, employment status, caregiver status, zip code, home ownership, home type, and urban/rural location) and space for open ended comments. The full survey is available at the Orange County Department on Aging website (2021). Surveys were distributed electronically using local listservs (e.g., Orange County Department on Aging, county government employees), advertised in public locations (e.g., notice board at libraries, senior centers, community centers), and in the local senior newspaper. Paper copies of the survey were distributed at classes and events held at area senior and community centers (e.g., early voting, congregate meals). Individuals residing in Orange County were eligible to complete the survey. Orange County residency was assessed with a one question screener, “Are you a resident of Orange County, North Carolina?” Only respondents answering “yes” could complete the survey electronically or for those completing the survey on paper, only those answering “yes” had their responses entered into the electronic database.

Focus Groups

Thirteen focus groups were conducted with older adults in public spaces in both rural and urban areas of the county. The goals of these focus groups were to (1) understand community mem-

bers’ positive and negative experiences with aging, (2) identify current gaps in aging services within the county, and (3) gather ideas about what would make Orange County the ideal location for people of all ages to live (Orange County Department on Aging, 2021). Focus groups were advertised in the county’s senior newspaper and other local media sources, through flyers posted and distributed at public spaces where focus group were held, and through the Orange County Department on Aging’s email listserv. Eleven focus groups were conducted in English, one in Mandarin, and one in Spanish (Table 2). Field notes were taken at each location by a UNC graduate student or consultant. Immediately following each focus group, the note taker and facilitator reviewed and refined field notes and these notes were used for subsequent analysis.

Key Informant Interviews

Thirty-four key informants, representing 26 organizations across the county, were conducted by the Director of the Orange County Department on Aging (Orange County Department on Aging, 2021). Between one and three individuals participated in each interview and represented organizations from a variety of sectors (Table 2). The goals of the key informant interviews were to (1) provide an overview of the work and programming of Orange County Department on Aging, (2) identify areas of concern for the aging population and generate ideas for improvements from the perspective of the key stakeholders, and (3) generate buy-in, collaboration, and an understanding about how the

work of Orange County Department on Aging intersects with that of the stakeholders. Field notes, typically compiled by a UNC-CH graduate student, cap-

tured key concepts addressed in the meeting and these notes were used for analysis.

Table 2. Assessment of community assets and needs included a survey, focus groups, and key informant interviews.

Number of Respondents		Select Characteristics of Respondents	
Survey			
<i>n</i> =860 Orange County residents	Age	Under 60	32.0% (<i>n</i> =224)
		60+	68.0% (<i>n</i> =476)
<i>n</i> ≤700 completing demographic information	Income	under \$25k	14.1% (<i>n</i> =86)
		\$25k- \$50k	22.7% (<i>n</i> =139)
		\$50k- \$75k	19.5% (<i>n</i> =119)
		\$75k- \$100k	13.9% (<i>n</i> =85)
		\$100k- \$150k	15.7% (<i>n</i> =96)
		\$150k+	14.1% (<i>n</i> =86)
		Employment status*	Full-time
Part-time	<i>n</i> =108		
Looking for work	<i>n</i> =19		
Volunteer	<i>n</i> =71		
Retired/Not working	<i>n</i> =94		
Caregiver status	Yes	19.1% (<i>n</i> =127)	
	No	80.8% (<i>n</i> =535)	
Home Ownership	Own	81.8% (<i>n</i> =567)	
	Rent	13.0% (<i>n</i> =90)	
	Other	5.2% (<i>n</i> =36)	
Home type	Single family	78.1% (<i>n</i> =545)	
	Condominium	7.9% (<i>n</i> =55)	
	Apartment	7.0% (<i>n</i> =49)	
	Mobile home	1.43% (<i>n</i> =10)	
	Co-housing	1.0% (<i>n</i> =7)	
	Supported group home	0.7% (<i>n</i> =5)	
	Other	3.9% (<i>n</i> =27)	
Location	Urban	73.1% (<i>n</i> =507)	
	Rural	26.9% (<i>n</i> =187)	

Focus Groups		
<i>n</i> =13	Language each focus group was conducted	Mandarin (<i>n</i> =1)
63 total participants		Spanish (<i>n</i> =1)
		English (<i>n</i> =11)
	Location for each focus group	Urban (<i>n</i> =8)
		Rural (<i>n</i> =5)

Key Informant Interviews		
<i>n</i> =26 interviews	Organizations represented	Town government (<i>n</i> =3)
1-3 individuals in each interview, for a total of 34 key informants		County government (<i>n</i> =3)
		Regional government (<i>n</i> =1)
		Public service organizations (<i>n</i> =7)
		Older adult advocacy group (<i>n</i> =2)
		Health care organizations (<i>n</i> =4)
		Faith organization (<i>n</i> =1)
		Academic organizations (<i>n</i> =2)

* Employment status question was select all that apply, percentages are not reported

Community Listening Sessions

Findings from the community assessment were presented in two community listening sessions for member checking and to prioritize findings based on greatest needs. Over 100 community members and stakeholders participated in two community listening sessions, one in an urban area and one in a rural area of the county. Listening sessions were held to answer the following questions about the community assessment findings: (1) Did we get it right? (2) What is missing? and (3) What do you think the biggest priority is within each domain for Orange County residents? Listening sessions provided community members with an overview of the history of previous MAPs in the county, introduced the WHO's age-friend-

ly framework, and described how the community assessment was conducted and analyzed. Community members then broke into small groups where they were presented with community assessment findings, by domain. Each small group had a facilitator and scribe who were provided a facilitation guide and a structured template for taking notes. The community assessment results were presented on a storyboard and reviewed alongside the WHO Age-Friendly Communities Checklist. Following each 5-minute presentation, group members discussed what they thought was missing from the assessment findings and which issues they believed should be a top priority to address in the 2017-2022 MAP. After each 5-minute presentation, participants

were asked to independently identify the three most important issues. Scribes summarized the main discussion points and reported these notes back to the MAP Leadership Committee.

Data Analysis

Field notes from the focus groups and key informant interviews, along with responses to the open-ended survey questions were hand sorted using Excel and Word into each of the eight domains of the age-friendly framework. Sorted data were reviewed by at least two additional members of the MAP Leadership Committee until consensus was reached. Comments within each domain were summarized to capture the breadth of ideas for community improvement and general concerns about aging. Quantitative survey data were analyzed to identify (1) aging issues respondents were most worried about personally and (2) which aging issues and services respondents thought Orange County most needed to improve in the community. Responses were also summarized by demographic (i.e., age, rurality, income) to identify differences in responses based on these criteria. Findings from the community listening session were used to amend and prioritize the community assessment findings, which would support the planning phase of the MAP process.

Phase 1 Findings: Assessment of Community Assets and Needs

Findings from the assessment of community assets and needs was based on responses from a broadly distributed survey ($n=860$), focus groups ($n=13$ focus groups, $n=63$ total participants), and key informant interviews ($n=34$ individuals representing 26 agencies, Table 2). Characteristics of respondents are shown in Table 2. Findings from the community assessment represent community needs and assets identified and prioritized by community members. We present an overview of these findings below and have organized findings by the domains of the age-friendly framework.

Outdoor Spaces and Buildings

Safety and walkability of communities were primary concerns. Respondents recommended improvements and expansion of existing sidewalk infrastructure, adjustments to pedestrian crosswalks to provide additional time to cross, and creation of pedestrian priority zones with limited or no automobile traffic in central areas of the city. Increased use of existing community resources, like senior centers, community centers, and churches, was also recommended to provide additional senior programs at more convenient locations, particularly for residents in rural communities. Recommendations for additional community resources included creating outdoor gathering spaces, community gardens, and a new community pool.

Transportation

Transportation was a major area of concern expressed by the community. The most pressing concerns from community members were centered on three key areas: (1) general infrastructure improvements, (2) transportation access for rural residents, and (3) transportation access for those with limited physical mobility. To improve the transportation infrastructure, respondents recommended an increase in frequency of routes and longer hours of operation to allow seniors to participate in evening events at senior centers. Respondents indicated the current transportation system did not provide enough direct routes connecting seniors with resources like groceries, health care, and community activities. Medical transportation was identified as an asset, but community members desired more flexibility so other needs could be met at the same time (e.g., bathroom breaks, additional stops at grocery stores). Respondents described transportation options in the rural area of Orange County as having limited access to community resources like food, health care, libraries, and community centers. Additionally, rural residents stated transportation to and from senior or community centers took too much time, thus limiting the time to participate in programming. Finally, for individuals with limited mobility, buses were a less than optimal transportation solution and door-to-door service was preferred. However, respondents stated the cost of door-to-door options was prohibitive.

Housing

Housing was another major concern across the community and was seen as particularly challenging due to the wide range of desired housing models, affordability of housing, and lack of policies requiring livable design features in new construction. Respondents stated the available housing stock in Orange County did not match with their desired housing models; for example, homes with accessory dwelling units, homes less than 1,500 square feet, and single-story homes. Some respondents stated they wanted to live in urban walkable neighborhoods. However, they noted their incomes were not always enough to make these locations affordable. Additional financial challenges identified included gentrification, rising rents, and increased property taxes. Being able to maintain their home and/or yard was the second greatest concern, with 42.6% of older adult respondents stating they worry about this at least monthly. In addition to routine up-keep of homes, accessibility, and the paucity of people and policies to perform home modifications and repairs were noted as concerns. Particularly, respondents identified eligibility barriers, wait times, and complicated navigation of service delivery processes as challenges. Respondents suggested incorporating livable design into new construction and increasing access to home modifications and repairs for existing homes, particularly rentals, to enable individuals to remain in their homes as their needs change.

Social Participation

Social isolation, loneliness, and depression were concerns for many in Orange County, and 24.8% of older adults stated they worry at least monthly about becoming socially isolated. Respondents indicated social participation was directly related to transportation difficulties, since access to adequate, frequent, and efficient transportation is necessary for many to participate in events. Respondents desired changes to community programming and supports to make them more convenient, like offering these programs at more locations across the community closer to their home (e.g., churches, gyms, or dance halls) as opposed to a central location. Participation in evening events, like cultural events in the community, was a barrier for some as evening transportation options were more limited and some did not like driving after dark. Respondents recommended providing additional educational opportunities like senior specific classes taught by retired professors and language classes. Feedback on Senior Center programming indicated respondents wanted more day trips and more night programming to accommodate the schedules of seniors who had not yet retired and could not attend programming during the day.

Respect and Social Inclusion

Respondents indicated a desire for more intergenerational programs and social opportunities. Specific ideas included intergenerational gatherings where knowledge and advice can be passed between the generations, adopt-

a-grandchild/grandparent programs, and multigenerational housing. Seniors expressed a desire to volunteer in school programs and provide information about aging, health, and life skills. Interest in sharing knowledge with young adults in the community on topics like estate planning and retirement savings was also expressed.

Civic Participation and Employment

The specific needs of older adults in the workforce were a major concern for those who want or need to work. For some respondents, employment was not optional, as they did not have enough money saved for retirement. This was reflected in survey results, with 34.6% of older adult respondents stating they worry about running out of money at least monthly. Areas of concern in the employment domain included support for finding employment, fair compensation (i.e., living wage), advocacy to address age discrimination in hiring practices, and HR policies that provide support for caregivers. Respondents wanted more resources like senior specific career counseling, paid internships, and job fairs to help seniors locate employment. Respondents also provided specific recommendations about employment supports for caregivers, including dementia friendly business training for employers, caregiving respite outside of traditional 9-5 working hours, and changes to the Family Medical Leave Act that would support caregivers who were also employed.

Communication and Information

Survey respondents indicated they did not know about many of the aging services and programs offered in the community and felt information about events was not advertised widely. To improve communication, stakeholders and community members recommended a central location to find out about community resources, services, and programming, including services offered during emergencies; improved dissemination of information to non-English speakers; increased internet access in the rural parts of the county; and in-home training and technical assistance for using computers.

Community Support and Health Services

Community support and health services was a major area of concern. This was reflected in both the survey and qualitative results. Survey respondents indicated the topics that caused the most worry fell within this domain. Out of the ten statements respondents ranked as causing the most worry, seven were from this domain. Concerns voiced in the qualitative data mirrored this and identified several key topics: (1) long-term and mental health care options, (2) care coordination, (3) respite care, and (4) community support. Access to high quality, affordable long-term and in-home care was important to respondents and perceived as lacking in the community. Respondents also wanted to see expanded and improved mental health services available across the community, particularly for indi-

viduals with dementia, as well as more dementia friendly spaces within the community. Improvements in care coordination among health care providers as well as between providers and community support services was noted as important for respondents to manage their health. Respondents recommended expansion of respite care to provide additional options outside of standard business hours, allow for more flexible scheduling, and provide more affordable options.

Respondents also wanted to see improvements to community support services to support health care access and decision-making (e.g., providing community health care advocates for single older adults living in the community, volunteers to attend medical appointments when an additional support person is required to be there during the appointment). Suggestions for improvements to community support services included identifying central points of contact community members can turn to with needs, a community helpline for general concerns, organization of neighborhood point people to organize community responses and access to resources in emergencies or disasters. Finally, respondents indicated a need for additional community support services to improve access to healthy foods in rural areas and to identify people to help with routine home maintenance (e.g., changing a light bulb, replacing batteries in smoke detectors).

Phase II: Planning

MAP Planning Workgroups were established for each of the eight age-friendly domains. Workgroups membership ranged from 20-30 individuals and included (1) “top down” experts such as stakeholders from organizations that provide relevant services and resources, (2) “bottom up” experts such as older adult community members and at least one representative from the Advisory Board on Aging, and (3) at least one facilitator from the MAP Leadership Committee. Further support was provided to each workgroup by UNC-CH public health students.

To develop the draft MAP, workgroups followed a standardized five-meeting sequence (Table 3). The initial workgroup session focused on providing information about the community assessment and understanding relevant programs and services currently available in the community. Subsequent meetings systematically built upon this information to develop solutions with defined objectives, strategies, and indicators of success as well as identifying partners who will be responsible for implementing these solutions. To share information and encourage a collaborative writing process between community members and stakeholders, planning meetings included a mix of approaches such as presentations, small group discussions and activities, and homework assignments. The final output from each workgroup was an overarching goal for each domain with a concise list of

objectives for making Orange County more age-friendly, strategies for achieving the objectives, indicators of success, and names of organizations that were primarily responsible for implementation. These objectives, strategies, indicators, and designation of responsible organizations made up the MAP draft document (Figure 2).

Once the draft MAP document was complete, it was presented to community members, stakeholders, the MAP Steering Committee, and the Advisory Board on Aging for feedback. Community members were invited to provide input through seven public forums held across the county as well as a four-week open comment period during which the draft document was posted online for review and feedback. Comments and suggestions received from community members and stakeholders were incorporated to create the final 2017-2022 MAP document. The final 2017-2022 MAP document was compiled and edited by leaders from the Department on Aging with support from a multi-disciplinary team of UNC-CH students. This document was presented to the Orange County Board of County Commissioners, who unanimously accepted the 2017-2022 Orange County MAP (Blomberg et al., 2017).

Phase III: Implementation

Key structures supporting implementation of the MAP included the creation of MAP Implementation Workgroups, developing stan-

Table 3. Overview of the MAP workgroup process for development of the 2017-2022 MAP

Meeting number	Goal of meeting	Meeting activities	Meeting outcomes
Meeting 1. Where We've Been and Where We're Going	Listening and brainstorming	<ul style="list-style-type: none"> • Orientation to MAP workgroup process • Review MAP Assessment findings 	<ul style="list-style-type: none"> • Initial list of available programs and services in Orange County • Recommendations for expanding, improving, or protecting programs and services
Meeting 2. Barriers and Facilitators to Success	Lay the groundwork for informed solution recommendations	<ul style="list-style-type: none"> • Review recommendations from prior meeting • Identify possible barriers to expansion, improvement, protection, and implementation of recommendations 	<ul style="list-style-type: none"> • Robust list of programs and services available in Orange County • Suggestions for possible solutions to identified barriers (Problems/Solutions table)
Meeting 3. Focusing on Solutions	Capture all proposed solutions and add any missing information	<ul style="list-style-type: none"> • Review and update draft of Problems/Solutions table (compiled by UNC-CH student) 	<ul style="list-style-type: none"> • Finalize Problems/Solutions table
Meeting 4. Drilling Down to Objectives	Edit and evaluate draft Objectives & Strategies with a fine-tooth comb	<ul style="list-style-type: none"> • Draft list of Objectives & Strategies (compiled by UNC-CH student) • Following the meeting, workgroup members individually prioritized each objective and associated strategies 	<ul style="list-style-type: none"> • Final list of Objectives & Strategies that were feasible in the short to medium term, and phrased appropriately
Meeting 5. Finalizing Objectives and Strategies	Finalize Objectives & Strategies	<ul style="list-style-type: none"> • Review results of Prioritization Survey • Revision of Objectives & Strategies 	<ul style="list-style-type: none"> • Final draft of Objectives & Strategies to send to MAP Leadership Committee

standard processes for workgroups to follow, and appointing workgroup leaders for each domain. Workgroup leaders were responsible for *facilitating collaboration* and *sustaining momentum* to ensure MAP goals and objectives were met. To do this, workgroup lead-

ers held quarterly workgroup meetings that served to track progress towards MAP goals, provided opportunities for collaborative planning to reach MAP goals, and allowed workgroup members to support and provide technical assistance to one another. In addition to

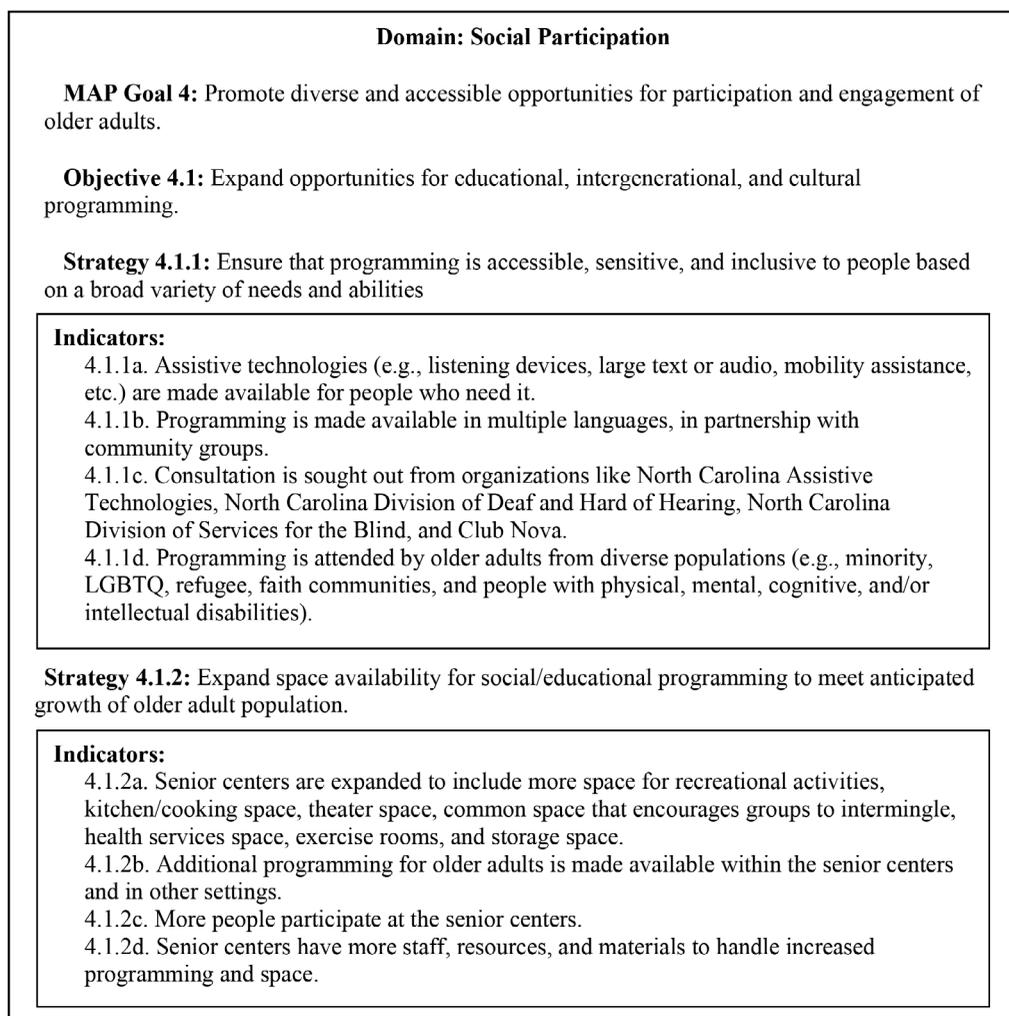


Figure 2. An excerpt of the final MAP showing the organization of this document, including overall goal of the domain, objectives, strategies, and indicators.

facilitating quarterly workgroup meetings, MAP workgroup leaders met as a team to support each other and plan for providing regular updates on the MAP process with stakeholders (e.g., MAP Steering Committee, Orange County Board of County Commissioners, and Advisory Board on Aging).

Seven workgroups, developed based on the age-friendly domains, were formed to guide and track implementation of the 2017-2022 MAP. The

domains of “social participation” and “respect and social inclusion” were combined because of overlap in stakeholders, the “housing” domain was divided into two sub-workgroups (one focused on home repair and modifications, and one focused on affordable housing priorities), and the domain “communication and information” was considered a cross-cutting theme and became the responsibility of all workgroups to explicitly address; the Communications

Manager at the Department on Aging served as the point person for this information. Workgroups were led by staff from the Department on Aging and consultants from UNC-CH's Partnerships in Aging Program.

Facilitating Collaboration

Workgroups met at least quarterly for ninety minutes. The goals of these meetings were to engage in projects and activities to reach MAP objectives, identify progress made on MAP goals, and to share information that facilitated collaboration across community organizations. In these meetings, workgroup members discussed MAP-related work conducted by their agency in the previous quarter, created collaborative plans to meet MAP objectives, learned something new relative to their age-friendly domain, and provided support to other community organizations. Community members helped ground discussions in everyday experiences, offered feedback on ideas, and identified issues important for further advocacy work. As a result, new partnerships and initiatives were forged between organizations that came together because of the MAP.

One Example of New Cross-Agency Partnerships Resulting from the MAP

Cross-agency partnerships forged during implementation of the 2017-2022 MAP had a major effect on the community. One example of partnership formation occurred through the launch of Orange County's Home Preservation Coalition, composed of a group of

stakeholders from the MAP home repair and modification sub-workgroup. This strategic MAP priority resulted directly from the community assessment findings of older adult concerns around home maintenance and difficulty finding and navigating help available in the community. Community member experience, highlighted by community outreach organizations, drove local agencies' identification of this strategic need and solution.

As part of the process, each partner organization described their scope of work, including services provided, policies, and population served, and eligibility criteria to facilitate identification of gaps and overlaps in service provision. As a result, members could (1) identify types of home repair cases best suited for their organization and (2) become more aware of services offered by others in the group. Organizations recognized that continued communication, collaboration, and data collection around homeowner needs and projects across the county would be beneficial. The group decided to shift to an ongoing coalition model and formed the Orange County Home Preservation Coalition led by the MAP Housing sub-workgroup leader, a community occupational therapist with the Orange County Department on Aging and UNC-CH's Division of Occupational Science and Occupational Therapy (Lavalley, 2020). Key goals of the coalition were to decrease redundancy and increase efficiency in the provision of home repair and modification services to older adult residents. While the Coalition was not built exclusively

to serve older adults, more than 80% of those served were over 60.

In addition to formally sharing information about home modification and repair projects and cases, the coalition sought funds to support their work through development of a database to track home preservation efforts in the county. The coalition received a capacity building grant from the Southeastern Energy Efficiency Alliance, enabling development of a database and other collaborative tools that facilitated referrals across organizations and connected clients to organizations that were most suited to meet their needs. In addition, these tools allowed the coalition to create the first and only aggregated data set related to home repair and modification services and homeowner outcomes across Orange County. This data is regularly used to inform policy development, support program development, and enable grant opportunities that facilitate access and affordability of home improvements for low-income residents of Orange County, with particular attention to older adults. Throughout, the coalition's structure and process facilitated inter-organizational partnerships that provided cost-effective, strategic, and comprehensive home improvement while supporting satisfactory wait times, safety, and home repair education for homeowners (Cooper, 2021).

Sustaining momentum

The MAP Leadership Committee met quarterly to discuss challenges and successes in each workgroup and support one another to overcome challenges.

Topics for support included providing ideas about how to facilitate large meetings, strategies for tracking the work of multiple partners, and ideas for connecting with additional partners, to name a few. The MAP Leadership Committee was also responsible for making formal presentations at the bi-annual MAP Steering Committee Meetings, Orange County Board of County Commissioners meetings, and monthly Advisory Board on Aging meetings.

Phase IV: Evaluation

To evaluate implementation of the MAP, Workgroup Leaders completed quarterly matrices, which used narrative summaries to describe progress made on each indicator. A UNC consultant was responsible for constructing the evaluation framework, inputting quarterly data, and writing the evaluation report. In addition to quarterly matrices, a 5-year planning tool was used to track progress on each indicator across each year. This tool was used to provide a snapshot illuminating indicators that had been addressed and those that still required work. Each matrix was publicly available on the Orange County Department on Aging website, and comments and participation from older adults in the community were encouraged through workgroup meetings and within individual programs (Orange County Department on Aging, 2021).

Discussion

This article provides details of how one community engaged older adult community members and stakeholders to develop a comprehensive MAP, guided by the age-friendly framework. Perspectives of older adults were particularly powerful and ensured MAP plans and activities authentically represented their ideas and needs throughout all MAP phases (i.e., assessment, planning, implementation, and evaluation). Public, private, and non-profit community organizations also supported MAP phases, and these community partnerships helped achieve MAP goals and streamlined workflow across organizations. Engagement of diverse community members and multisector stakeholders throughout all phases of age-friendly community planning is a challenge (WHO, 2018). Orange County's experience developing the 2017-2022 MAP can serve as an example for other communities seeking to engage older adults in development of their own comprehensive MAP.

In a review of the literature on age-friendly initiatives, there is consensus that age-friendly community planning should include bottom-up approaches, where the experiences of older adults are included and valued in the planning process (Lui et al., 2009). Further, engagement of older adult community members is a key driver for the development and implementation of age-friendly practices within communities (Greenfield & Reyes, 2020). Older adults enhance age-friendly community planning processes as they

bring a valuable familiarity of the community to the MAP process (Buffel, 2019). Additionally, older adults can directly benefit from engagement with the MAP, as participation may provide them with a productive outlet as they engage in efforts to make their community more age friendly (Buffel, 2019). In the case of Orange County, NC, it was important to the MAP Leadership Committee that older adults were involved at all stages, not only identifying community needs, but also developing and implementing solutions. Engagement of older adults provided important momentum for developing and setting the 2017-2022 MAP goals, and led to continued involvement from these individuals during subsequent phases to develop and implement solutions to meet MAP goals.

The MAP Leadership Committee was also intentional in their efforts to gain input from older adults who come from diverse racial and socio-economic backgrounds. Involving diverse community members, including individuals who have historically been marginalized within the community based on race, ethnicity, age, or ability, is important to understand the full scope of community needs and assets (Greenfield et al., 2022). We sought to reach diverse community members through multimodal assessment (survey, focus groups, interviews, and listening sessions) conducted in multiple languages and locations across the county, and engaging community members of all ages. While this level of intentionality is more resource-intensive, broad community engagement centers the perspectives of

older adults, brings greater awareness to the importance of age-friendly communities, and strengthens support for policies to overcome societal and structural biases against older adults (Lehning et al., 2007).

Prior research has shown the importance of buy-in from government and community organizations to support the development and sustainability of age-friendly initiatives within communities (Neville et al., 2016; Steels, 2015). Buy-in from government agencies can help set community-wide priorities that will encourage organizations across the community to engage in age-friendly initiatives (Greenfield et al., 2015; Spina & Menec, 2015; Steels 2015). As part of Orange County's MAP assessment phase, members of the Orange County Board of County Commissioners and local town governments participated in key stakeholder interviews. These interviews afforded opportunities to inform these individuals about and promote the importance of age-friendly communities and gain support from these government agencies and elected officials. Successful development of age-friendly communities relies on leadership and coordination from local governmental authorities (Lui et al., 2009). The acceptance of the final 2017-2022 MAP document by the Orange County Board of County Commissioners contributed to their future consideration of the MAP and age-friendly initiatives when enacting policies.

The engagement of community organizations in the development of

the MAP goals and objectives provided a foundation in which stakeholders could identify a role for their organization during the implementation phase. Coordinating services across community organizations is a barrier to creating age-friendly communities (Jeste et al., 2016). Strong local leadership and identifying champions within organizations that support age-friendly practices are important to gain support for collaboration between community organizations (Menac et al., 2015). In Orange County, NC, involvement of key stakeholders throughout the process was essential and was achieved by asking representatives from organizations, the Advisory Board on Aging, and older adult community members to serve on the MAP Steering Committee and on MAP Planning and Implementation Workgroups. This broad engagement across community organizations led to increased awareness about the work of each agency and resulted in the formation of new partnerships among organizations. Having older adult experiences drive the workgroups brought energy to the meetings and helped organizations understand what it was like to age in the community. While we provided the specific example of the development of the Orange County Home Preservation Coalition, workgroups members forged many other partnerships because of their participation in the MAP process.

Limitations and Strengths

One limitation of this case example is that the replicability of this approach in other communities could be limited. While this was the first Orange County

MAP developed using the age-friendly framework, this was not the first MAP developed in Orange County, NC. The experience of developing three prior MAPs likely made the process of using the age-friendly framework in Orange County easier than it might be for communities that have never created MAPs or other age-friendly community plans. However, communities looking to create their first MAPs or improve current MAPs can use this case as an example of potential methods for how to include a broad array of perspectives in the creation of MAPs to guide local policy and innovation.

Another reason that this approach may not apply to other communities is that Orange County Department on Aging is nested in a community with strong university support (e.g., personnel, interns, expertise) and community resources (e.g., volunteers, financial support). These resources greatly supported the MAP process and may not be available to other communities. However, these are resources communities may not have considered, and leveraging the expertise available (e.g., community organizations, professional societies, colleges, and universities) can facilitate higher levels of community engagement. Additionally, if communities are unable to conduct all parts of this process due to resources, it will still be beneficial to use some of these techniques to ensure that the perspectives of older adults are a central part of the process of prioritizing services and policy during community planning activities.

Another limitation of this MAP process is that in the community assessment phase we did not track engagement by race, ethnicity, or sexual orientation. Different populations within communities have different needs, making it essential that the voices of all members are included. We have begun planning for the 2022-2027 MAP and are collecting this demographic information to guide us during the assessment phase. We strongly recommend that other communities collect such demographic information in their assessment and look at findings based on this data to identify needs requiring directed or tailored program planning.

A strength of Orange County, NC's age-friendly initiative was the comprehensive assessment of community assets and needs of local older adults. Further, findings were presented back to the community for member checking, to find out if anything was missing, to see if the findings matched older adult community members' experiences, and to identify the highest priorities for the 2017-2022 MAP. A strong partnership between the Orange County Department on Aging and a variety of schools and programs at UNC-CH strengthened support for the development and implementation of the MAP. Additionally, long term relationships between Orange County Department on Aging and community organizations provided early buy-in from stakeholders, since many had the experience of working with Orange County Department on Aging in prior MAPs.

Another strength of the 2017-2022 MAP iteration was the seamless continuation of MAP planning workgroups into the implementation phase. Workgroup members were able to create the goals, strategies, objectives, and indicators making up the plan, and were then responsible for identifying missing partners and working collaboratively to ensure MAP goals were met. Adherence to the Plan was ensured through quarterly meetings where progress was tracked for each indicator using the workgroup matrix document. Community/Strategic plans should not just sit on a shelf. They should include mechanisms for action and accountability.

Policy Implications and Recommendations

Building an age-friendly community increases livability for all, not just older adults (Menec et al., 2011; Neiboer & Cramm, 2018). Given this broad applicability, combined with growth in older adult populations, state and federal governments would benefit from considering incentive mechanisms for community planning using an age-friendly framework. Incentive mechanisms could include financial support, a formal initiative such as becoming an affiliate of the AARP age-friendly network, and adapting the design and permitting codes to be more age-friendly. One potential source for incentives is federal funding provided to Area Agencies on Aging. At the local level, Area Agencies on Aging are already leveraging federal funds to promote age-friendly com-

munity efforts ([National Association of Area Agencies on Aging, 2017](#)). However, incentive mechanisms should maintain flexibility so local communities can tailor age-friendly plans to the needs and assets of their community. Importantly, planning should employ an equity approach that ensures reach into communities with fewer resources and/or greater needs so all can benefit from age-friendly communities.

Inherent in planning for age-friendly communities is involvement from older adults and leaders from local organizations and government agencies in the community. Combining the perspectives of older adults, who are experts in living in the community, with those from leaders, who are experts in the local systems, makes age-friendly planning more comprehensive and robust (Menec & Brown, 2018; Torqu et al., 2021). While this approach takes more time and effort, this intentionality is necessary for meaningful policy change. In addition, investing in seeing older adults as community resources builds community capacity to improve this work over time.

The age-friendly framework is particularly helpful in encouraging planners to look beyond the “usual suspects” of aging organizations in a community (Coyle et al., 2021). When working with organizations built around housing, transportation, and food, for example, aging leaders can promote the concept that improving the experience of aging improves the experience of living. Pulling together partners from the same area and engaging them in

strategic planning and implementation provides an opportunity for collaboration and partnership among organizations that might otherwise never cross paths. Infrastructure for collaboration and partnership among people and organizations on a micro-level should be encouraged and supported through policies and funding. The Orange County Home Preservation Coalition is just one example of how older adult perspectives were used to identify an important area for improvement in a community and, along the way, brought in external funding that increased community capacity.

Conclusion

Age-friendly communities can enhance well-being for people of all ages (Neiboer & Cramm, 2018). This case example describes Orange County's experience using WHO's age-friendly framework to develop their 5-year Master Aging Plan and provides an example of processes that can be used or adapted to other communities. Engaging older adults, community leaders, and policy makers in every phase of the process is essential to creating communities where people of all ages are supported and celebrated.

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