

Running Head: BUILDING COMMUNITIES' AGING CIVIC CAPITAL

Building Aging Civic Capital: Lessons from AARP's Age-friendly Communities

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Executive Summary

The world's population is aging. AARP's Network of Age-friendly States and Communities helps communities throughout the United States build their capacity to support their aging populations. The National Civic League—an organization that works to enhance communities' capacity to use inclusive civic engagement to solve problems—is interested in how it might leverage AARP's network to enhance civic engagement as a component of age-friendliness. In particular, the League is interested in how it might contribute to the age-friendly work already being done in age-friendly communities (AFCs) throughout the United States.

This study analyzes the Age-friendly Action Plans (AFAPs) of 50 AFCs with a modified version of the League's Civic Index (CI) called the Aging Civic Index (ACI). Just as the Civic Index measures a community's civic capital, the Aging Civic Index measures a community's aging civic capital (ACC). The study attempts to answer the following questions: First, to what extent do age-friendly communities demonstrate the components of ACC? Second, which communities are demonstrating strong ACC and which communities are struggling? Finally, does a community's total population or population over 65 correlate with its level of ACC?

The study deciphered three areas in which AFCs can improve by identifying the measures of ACC least present in the AFAPs. These areas are integrating a social equity lens, addressing social isolation, and combating ageist assumptions. The study also found that a community's population size is positively correlated with its level of ACC. These findings helped to form the following recommendations for the League as it seeks a partnership with AARP or individual AFCs:

Recommendation 1: Assist AFCs in Applying a Social Equity Lens to AFAPs

Recommendation 2: Assist AFCs in Combating Ageism through Inclusive Civic Engagement

Recommendation 3: Assist AFCs in Targeting Older Adults at Risk of Social Isolation

Recommendation 4: Target Small to Medium-Sized AFCs

Recommendation 5: Assist AFCs in Integrating Best Practices

Recommendation 6: Assist AFCs to Continue to Capitalize on Strengths

AFCs are at the forefront of the national response to an aging populace. The National Civic League can help these communities and others capitalize on their strengths, build upon their weaknesses, and work to make every community a place where residents of all ages can thrive.

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Building Aging Civic Capital: Lessons from AARP's Age-friendly Communities

The world is aging. In the United States, it is projected that by 2035, older people will outnumber young people for the first time in U.S. history (U.S. Census Bureau, 2018). Due to massive urbanization, local communities will feel much of the strain—and bear much of the burden—for meeting the needs of an aging population (WHO, 2007). As local governments work to build the social, political, and physical infrastructure necessary to support an aging populace, local leaders from all sectors are increasingly seeing an aging population as both a challenge and an opportunity.

One answer to the problem of population aging is WHO's Global Age-friendly Cities and Communities and its U.S. affiliate, AARP's Network of Age-friendly States and Communities. AARP's network of Age-friendly Communities (AFCs) provides resources to local governments for responding positively to their aging constituents. Since its inception in 2006, five states, one territory, and 421 local communities have joined AARP's network. By joining, these communities demonstrate a commitment to supporting people of all ages in living long, healthy, and productive lives.

The National Civic League

The client, the National Civic League, is a national organization that inspires, supports, and celebrates inclusive civic engagement. The League defines *inclusive civic engagement* as a process “where everyone has a place at the table to define, direct, and implement public services and amenities” (National Civic League, 2019). The League's work can be divided into three categories: on-site technical assistance, in which the League's staff work directly with local administrators to conduct inclusive civic engagement with residents; research and publications, including the national public affairs journal, the *National Civic Review*, and an online storehouse

of promising practices called the “Promising Practices Database;” and the All-America City Awards, the League’s flagship program that celebrates excellence in inclusive civic engagement across the U.S. The League’s current areas of focus are racial equity, health equity, and sustainability. The League does not currently assist communities in addressing problems related to aging, yet it is exploring the possibility of expanding its work into this arena.

The purpose of this paper is to explore how the League may help AFCs utilize inclusive civic engagement to solve problems related to aging. First, the literature review examines topics related to inclusive civic engagement and aging. Next, the researcher analyzes AFCs’ current work around aging using their Age-friendly Action Plans (AFAP). The paper concludes with a discussion and recommendations for the League as it pursues partnerships with AFCs and expands its inclusive civic engagement work to include issues related to aging.

Literature Review

An Aging Population

The world’s population is rapidly aging. WHO (2007) estimates that the number of people aged 60 and over as a proportion of the world’s population will double from 11 percent in 2006 to 22 percent by 2050. Further, the U.S. Census Bureau (2018) estimates that by the year 2035, the number of older adults will outweigh children in the U.S. Population aging is, in part, a product of successful human development over the last century that includes critical gains in public health, standards of living, and technological and economic development.

Older people provide many benefits to society. As stated in the United Nations’ Brasilia Declaration (2007), “Healthy older people are a resource for their families, their communities and the economy” (p. 2). They can contribute to their communities through paid and unpaid work, contribute to public life through participation in civic organizations, and can provide

counsel and care to people of all ages. Given the right tools and support, older people can continue to be productive and valuable members of their neighborhoods, communities and countries.

Active Aging

There have been many responses from the government, nonprofit, and private sectors to ensure that an aging population is able to stay independent and healthy, as well as to ensure that communities have the resources to respond to the problems posed by aging. WHO utilizes the term *active aging* to refer to “the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age” (WHO, 2007, p. 5). WHO’s framework for active aging aids communities nationwide in creating policies, services, structures, and supports to ensure that cities are supportive and sustainable environments for older adults.

A similar concept to active aging is *productive aging* (Gonzales et. al., 2015). Productive aging promotes the economic contribution of older adults, whether through paid or unpaid work. Productive aging is defined as “any activity by an older individual that produces a good or service for society” (Gonzalez et al., 2015, p. 253). These activities can include but are not limited to paid employment, caregiving, volunteering, or participating in civic organizations. Various types of civic engagement, particularly volunteering, have been linked to positive effects for older individuals, including better health, increased social capital, and less social isolation (Kaskie et al., 2008; Gonzalez et al., 2015; Batista and Cruz-Ledon, 2008). Thus, proponents of productive aging argue that it is beneficial both to society as a whole as well as to older individuals themselves.¹

Civic Engagement as a Productive Role for Older Adults

¹ The terms “active aging” and “productive aging” will be used interchangeably for the remainder of this paper.

In the realm of active aging, civic engagement has surfaced as a particularly beneficial role for older Americans. *Civic engagement* refers to “citizen action that has public consequence for communities and the polity” (McBride, 2006, p. 66). Civic engagement can be separated into two spheres: social and political. *Social engagement* refers to actions that socially connect individuals and can include volunteering, caregiving, or participation in community events (Wuthnow, 1991). On the other hand, *political engagement* refers to behaviors that connect individuals to formal political structures that influence the legislative, electoral, or judicial process at the local, state, or national levels (McBride, 2006). One of the most common political engagement activities is voting. Other political engagement activities can include participation in a political organization or membership on a governmental board or advisory council.

Civic engagement, in both its social and political forms, can be particularly beneficial to communities and older adults themselves. First, civic engagement is inherently participatory and may serve as an antidote to loneliness or isolation, a growing public health concern among older adults. Social isolation is associated with a number of negative health outcomes, including increased mortality, poor self-rated physical health, increased susceptibility to dementia, and earlier onset of disabilities (Dickens et. al., 2011). Current estimates indicate that isolation could impact up to 17 percent of Americans aged 50 and over (AARP Foundation, 2012). Because civic engagement necessitates participation with other people, organizations, and structures, fostering it may be one way for cities and communities to respond to the increasing problem of isolation among older adults.

Second, civic engagement taps into the political, social, and economic resources of older adults. Boggs, Rocco, and Spangler (1995) suggest that “by the time many individuals retire, they have acquired a sufficient amount of knowledge, skill, and time that would allow them to

make a greater commitment...to an organization that has a direct impact on local communities” (p. 369). Particularly because older adults will soon make up the majority of the U.S. population, ensuring they have opportunities to contribute to their local communities becomes not just a moral venture, but a mutually beneficial political and economic strategy.

WHO's Global Network of Age-Friendly Cities

WHO has been a leader in promoting productive aging policies, particularly at the local level. WHO's Global Age-Friendly Cities Guide, published in 2007, is a culmination of a global project to determine best policies and practices for creating local age-friendly environments. A total of 35 cities from all continents participated in the project leading up to the guide, and 33 of those cities participated in focus groups (WHO, 2007, p. 7). WHO used a “bottom-up participatory approach” that allowed older adults to analyze and express their situations in order to form the makeup of the guide. The project sought the first-hand experiences of older people and asked questions like, “What are the age-friendly features of the city you live in? What problems do you encounter? What is missing from the city that would enhance your health, participation, and security?” (WHO, 2007).

Ultimately, WHO settled on eight focus areas: transportation; outdoor spaces and buildings; community support and health services; communication and information; civic participation and employment; respect and social inclusion; and social participation. WHO advises communities to use the guide in conjunction with local engagement and feedback efforts to determine the needs and experiences of each community's particular aging population.

AARP Network of Age-friendly States and Communities

The AARP Network of Age-friendly States and Communities is the United States' affiliate of WHO's Global Network of Age-friendly Cities and Communities. AARP works with

local officials and partner organizations to help communities become AFCs and members of AARP's network. Membership in the network provides local leaders access to age-friendly resources and support from AARP's state chapters. Often times, designation as an AFC leads to the development of an Age-friendly Action Plan (AFAP) that is developed with input from the community's older adults.

The AFAP often includes the following sections: Introduction and background information, including the community's population and demographic information; description of community input, surveys, focus groups, or other forms of community engagement used to inform the plan; chapters separated by the community's age-friendly goals; and a conclusion with concrete action steps.

Civic Capital and the Civic Index

The National Civic League developed the Civic Index (CI) in 1987 to measure a community's civic capital. The term *civic capital* (CC) refers to the “formal and informal relationships, networks, and capacities that communities use to make decisions and solve problems” (National Civic League, 2019). In other words, a community's civic capital is measured in that community's capacity to use inclusive civic engagement—whether through informal connections between government and community groups or through formal engagement strategies like community dialogues, focus groups, and surveys—to define and solve problems.

There are seven components of civic capital: Shared Vision and Values; Engaged Residents; Inclusive Community Leadership; Collaborative Institutions; Embracing Diversity and Equity; Authentic Communication; and Culture of Engagement. An overview of the CI is available in Appendix A.

Aging Civic Capital and the Aging Civic Index

The researcher used CC and CI to develop the concept of *aging civic capital* and the Aging Civic Index. Aging civic capital (ACC) refers to a community's capacity to use inclusive civic engagement to define and solve problems related to aging. Like the original CI's relationship to CC, the Aging Civic Index (ACI) is intended as a tool for communities to measure their ACC. The fundamental components are the same as the original CI, yet various measures—as detailed in Appendix B—are adjusted to reflect a communities' inclusive engagement of its older adult population. The ACI includes components split into 13 measures: leadership, contributions, diverse leadership, leadership opportunities, collaboration, equity in service, barriers to participation, communication strategies, social isolation, communication needs, continued engagement, diversity in engagement, and shared vision.

Critical Perspectives of Active Aging

The productive and active aging movements, including WHO and AARP's networks of age-friendly communities, have largely been met with excitement and acceptance by cross-sector leaders. Some have even seen productive aging as the “golden nugget,” the perfect solution to one of the world's most pressing challenges (Kaskie et al., 2008). However, these movements have not escaped criticism, particularly in regards to two issues: diversity and inclusion and ageist attitudes.

Diversity and Inclusion.

Many of the critiques of active aging, particularly regarding civic engagement, center on diversity and inclusion. McBride (2006) notes that, while civic engagement may enhance the lives of many older adults, access to opportunities can be limited. For example, among older adults who were registered to vote in the November 2004 election but did not vote, people over 65 were most likely to state that voting was inaccessible to them due to illness or disability

(McBride, 2006). This suggests that older adults with disabilities or illnesses may be restricted from political engagement and other forms of civic engagement.

Further, active aging may not take into account differences in older adults' histories, identities, and experiences, particularly along lines of gender, race or ethnicity, and socioeconomic status. For example, Tang (2005) found that, among older adults who volunteer, low-income older people of color are less likely to be represented. In terms of leadership, older adults of color have less representation on nonprofit boards and volunteer organizations than white boomers (McBride, 2006). This implies that volunteer opportunities may exclude or not be accessible to low-income older adults or older adults of color. Additionally, McBride (2006) argues that low-income or low-wealth older adults may be forced to remain employed longer or provide unpaid caregiving to their parents to compensate for lower wages and less benefits—preventing them from civically engaging in other ways.

Ageist Assumptions.

The second major critique of the age-friendly movement is that the movement itself purports and maintains ageist assumptions. The view that an aging population is a “challenge” that must be addressed may imply that aging is a negative identity with negative consequences for the self and society (Black and Lipscomb, 2017). Further, the assumption that older adults are not already fully utilizing their capacity to engage in their communities may lean on the ageist stereotypes that older adults are “powerless” and “useless” (Levy and MacDonald, 2016). Finally, insisting that older adults be “helped” through age-friendly policies and programs may reinforce the stereotype that older adults are dependent on governments and incapable of self-efficacy in the first place. By instituting programs to serve older adults, governments may be promoting paternalistic attitudes.

Methodology

Research Questions

The League is interested in exploring how inclusive civic engagement can be used by AFCs to improve their age-friendly programs and policies. Thus, this study explores the following questions: First, to what extent do AFCs demonstrate the components of ACC? Second, which communities are demonstrating significant ACC and which communities are struggling? Finally, does a community's total population or proportion of the population over 65 correlate with its ACC?

Research Design

The research questions are addressed by analyzing a sample of AFCs' AFAPs that are available on AARP's website. The AFAPs were analyzed for the extent to which communities exhibit ACC. Using qualitative coding methods, the researcher analyzed 50 AFAPs with a scoring rubric developed from the ACI.

ACC Scoring Rubric.

The researcher developed a scoring rubric based on the ACI. The rubric is split into 7 components with 13 measures. The researcher analyzed each AFAP and assigned the community a score of "does not meet expectations," "meets expectations," and "exceeds expectations" for each measure in the rubric. The scores "does not meet expectations," "meets expectations," and "exceeds expectations" are assigned scores of "0," "1," and "2," respectively. The complete scoring rubric is available in Appendix C.

The score of "does not meet expectations" denotes two things: the plan does not explicitly state the measure nor presents evidence of programs or policies to address the measure. The score of "meets expectations" signifies that the plan does not explicitly state the measure but

presents evidence of one program or policy to address the measure. The score of “exceeds expectations” signifies that the plan both explicitly states the measure and includes multiple actions for addressing the measure.

For example, Champaign-Urbana, Illinois' AFAP received a score of “exceeds expectations” for both measures of *embracing diversity and equity*, the fourth component of ACC. For the first measure, *equity in service*, Champaign-Urbana's plan received a score of “2” because it explicitly states the need to provide services and engagement opportunities equitably to older adults of all backgrounds. The plan states the following as its goal: “Explore and support the development of regular Age Friendly social events in locations that reach our diverse population” (Age-friendly Champaign-Urbana, 2019, p. 23). The plan also provides multiple actions to realize this goal, such as hosting outreach events in immigrant communities and hosting community events “where people across demographic groups feel welcome to enjoy the [community's] educational and cultural offerings” (Age-friendly Champaign-Urbana, 2019, p. 25).

Sampling Method.

The researcher collected primary data using a combination of convenience sampling and purposive sampling. Convenience sampling is often used when available data is limited and a researcher must take “what's available” (Nishishiba et al., 2014, p. 83). AARP lists AFCs on its website, but only a portion of AFCs have an attached AFAP. The researcher did not pursue other avenues for retrieving AFAPs to ensure that all AFAPs analyzed were endorsed by AARP. The researcher's sample, then, was limited to the amount of AFAPs available on AARP's website.

The researcher also used a purposive sampling method. Purposive sampling “selects the sample by targeting particular categories of interest within the population” (Nishishiba et al.,

2014, p. 84). Among the available AFAPs, the researcher narrowed the sample by selecting communities that joined AARP's network before 2016. The researcher did this to increase the likelihood that communities have had time to implement their AFAPs. Future research can utilize the results of this study to measure a community's progress over time. In particular, future research may compare a community's AFAP with the community's actual programs and policies implemented after the AFAPs publication. Such an analysis can shed light on communities' capacity to realize the goals within their plans.

The sample includes 50 communities. It includes 41 cities, 8 counties, and one region of two towns.² The average population is 392,716. The average proportion of adults over age 65 is 15.3 percent. The largest community in the sample is Philadelphia, Pennsylvania with a population of 1,584,138. The smallest community is Bethel, Maine with a population of 2,615. The community with the highest proportion of adults over 65 years is Sarasota County, Florida with 36.7 percent. The community with the lowest proportion of adults over 65 years is Austin, Texas with 8.4 percent. A list of sample communities is available in Appendix D.

Data Analysis

The researcher coded each community's AFAP using the ACI. After AFAPs were coded and scored according to the ACC rubric, the data were analyzed in four parts. First, the researcher calculated an ACC Index score for each measure of ACC. Second, the researcher calculated the distribution of the number of cities that scored "does not meet expectations," "meets expectations," and "exceeds expectations" for all measures of ACC. Third, the researcher calculated the total ACC score for each community. Finally, the researcher used the

² Champaign-Urbana are considered "twin cities" and are often grouped together. They are also home to the University of Illinois at Urbana-Champaign.

communities' ACC scores to test two hypotheses: first, whether ACC score is correlated with total population; second, whether ACC score is correlated with proportion of the population over 65 years old.

ACC Index.

The researcher developed the ACC Index to calculate an ACC Index score for each measure. The ACC Index denotes an ACC measure's strength across all communities. The total possible ACC Index score is equivalent to every community scoring "exceeds expectations" for that measure. The formula for the ACC Index is the following:

$$\text{Index} = 0 [\text{\# of cities scoring 0}] + 1 [\text{\# of cities scoring 1}] + 2 [\text{\# of cities scoring 2}]$$

The researcher also calculated the distribution of the number of cities that scored "does not meet expectations," "meets expectations," or "exceeds expectations" for each measure.

ACC Score.

The researcher calculated an ACC score for each community that represents its commitment to ACC as demonstrated in the community's AFAP. A community's ACC score is calculated by summing the scores for all ACC measures:

$$\begin{aligned} \text{ACC Score} = & [\text{Measure 1 Score}] + [\text{Measure 2 Score}] + [\text{Measure 3 Score}] + \\ & [\text{Measure 4 Score}] + [\text{Measure 5 Score}] + [\text{Measure 6 Score}] + [\text{Measure 7 Score}] + \\ & [\text{Measure 8 Score}] + [\text{Measure 9 Score}] + [\text{Measure 10 Score}] + [\text{Measure 11 Score}] + \\ & [\text{Measure 12 Score}] + [\text{Measure 13 Score}] \end{aligned}$$

The total possible ACC score denotes an action plan that received a score of “exceeds expectations” for all measures. The total possible ACC score for a community is 26.

After calculating ACC scores for each community, the researcher tested whether there is a statistically significant relationship between a community's ACC score and that community's total population. The researcher used a natural logarithm transformation for total population to reduce skewness and ran a bivariate regression and t-test to test the relationship. The t-test compared the means between two groups: communities with populations above 350,000 and communities with populations below 350,000. The researcher also used a bivariate regression to test whether there is a statistically significant relationship between a community's ACC score and that community's proportion of the population over 65 years old.

Validity and Reliability

Validity and reliability in the research design ensure that the results acquired by the research are both true and generalizable to the National Civic League, AFCs, and other communities that wish to be age-friendly.

Validity is split into two components: external validity and internal validity. *External validity* is defined as “the extent to which the result of a given research can be applied to draw a conclusion about the population of interest” (Nishishiba et al., 2014, p. 346). *Internal validity* is defined as “the extent to which the research design accurately demonstrates the causal relationship between the variables and is not a reflection of a fault in the research design” (Nishishiba et al., 2014, p. 347).

This research demonstrates moderate external validity. The unit of analysis is a community's AFAP. AFAPs provide insight into a community's programs and policies because they are detailed descriptions of a community's intentions for action. However, because they are

only plans for the future and do not represent a community's actual actions, external validity is necessarily limited.

This research design demonstrates moderate to strong internal validity. The research attempts to measure a community's aging civic capital, a concept developed by the researcher using the League's Civic Index for measuring a community's overall civic capital. The League's CI was developed in 1986 and has been used since then to build communities' capacity to engage residents. Since the researcher's index for measuring aging civic capital was developed directly from the League's Civic Index, it adequately measures a community's capacity to engage older adults.

One potential threat to the research design's internal validity is the nuance necessary within the ACI to account for vulnerable older adults whose capacity to be civically engaged may be limited. Further research around engaging much older adults or adults with disabilities-as well as revisions to the ACI-can improve upon this weakness to internal validity.

The reliability of a research design is defined as "whether a particular technique, applied repeatedly to the same object yields the same result each time" (Babbie, 2001, p.140). This research design has strong reliability because the rubric in Appendix C standardizes the researcher's analysis of AFAPs. However, qualitative coding is inherently subjective, and depending on the researcher, findings can differ. A test to determine inter-coder reliability could enhance the reliability of the research design.

Results

ACC Index Scores

The ACC Index shows the measures' strengths across all ACC cities. Each measure had a total possible ACC Index score of 100. Figure 1 and Figure 2 summarize the results for ACC Index scores.

Figure 1: ACC Index

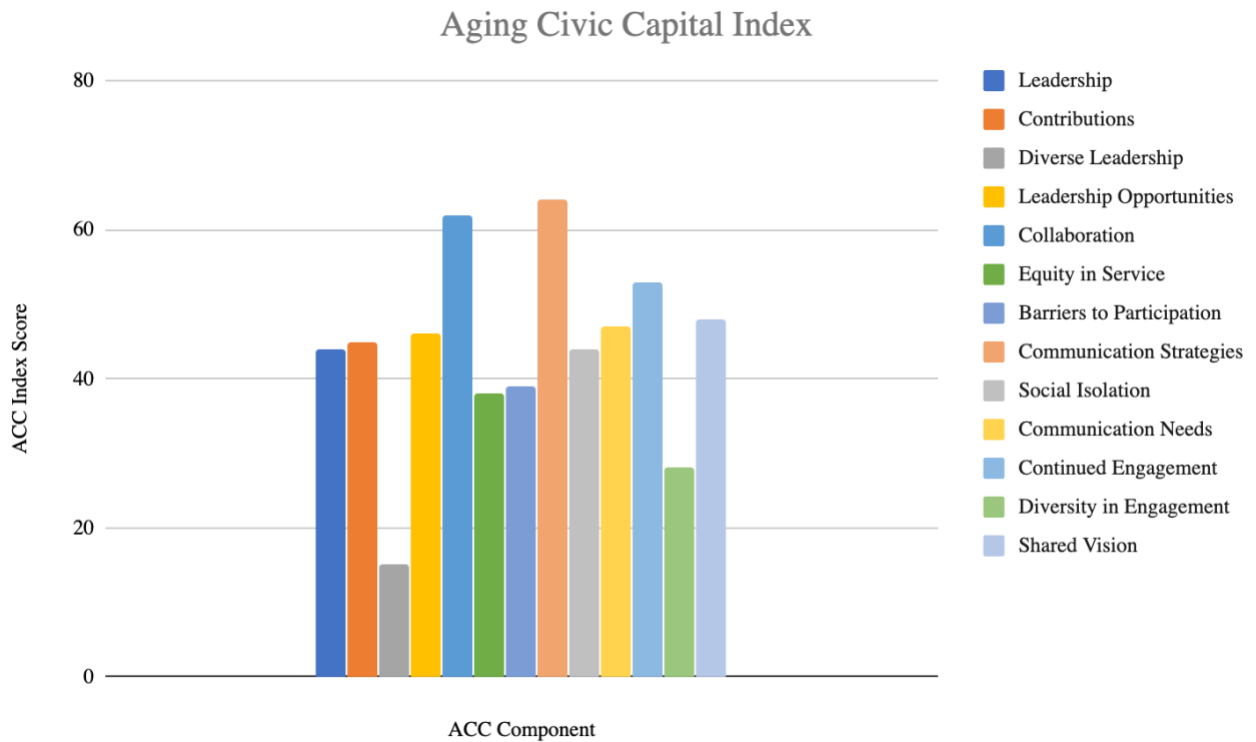


Table 2: ACC Index Scores in Ascending Order

ACC Component	ACC Index Score	Total Possible Score
Diverse Leadership	15	100
Diversity in Engagement	28	100
Equity in Service	38	100
Barriers to Participation	39	100
Leadership	44	100
Social Isolation	44	100
Contributions	45	100
Leadership Opportunities	46	100
Communication Needs	47	100
Shared Vision	48	100
Continued Engagement	53	100
Collaboration	62	100
Communication Strategies	64	100

ACC Index scores ranged from 15 to 64 with a mean score of 44.1. The measures with scores below the mean were *diverse leadership* (15), *diversity in engagement* (28), *equity in service* (38), and *barriers to participation* (39). Measures with scores above the mean were *contributions* (45), *leadership opportunities* (46), *communication needs* (47), *shared vision* (48), *continued engagement* (53), *collaboration* (62), and *communication strategies* (64). Components with scores right at the mean were *leadership* (44) and *social isolation* (44).

Distribution of Number of Cities by ACC Measure

This study also considered the distribution of cities that scored “does not meet expectations,” “meets expectations,” and “exceeds expectations” for each measure of ACC. A summary table of the distributions for each measure is available in Appendix E.

Seven measures had the majority of cities score “does not meet expectations”: *diverse leadership*, *equity in service*, *barriers to participation*, *social isolation*, *communication needs*,

diversity in engagement, and *shared vision*. The distribution of number of cities for those measures can be seen in Figures 3-12.

Figure 3: Diverse Leadership

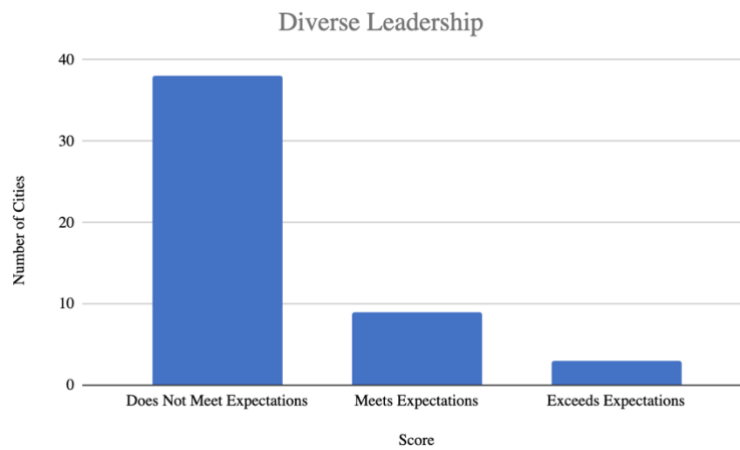


Figure 4: Equity in Service



Figure 5: Barriers to Participation

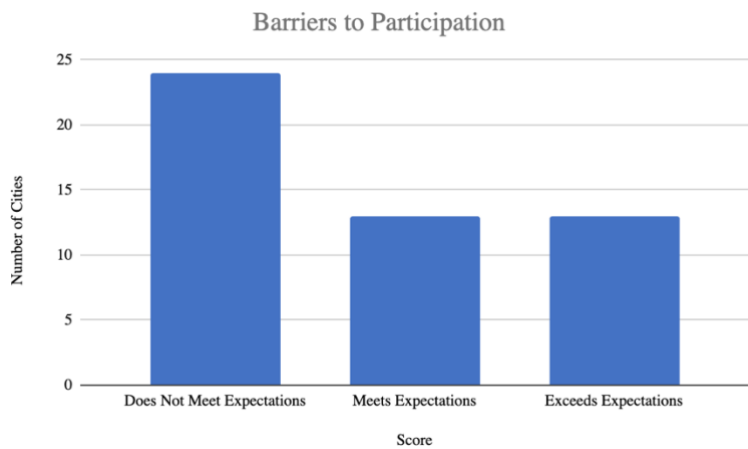


Figure 6: Social Isolation

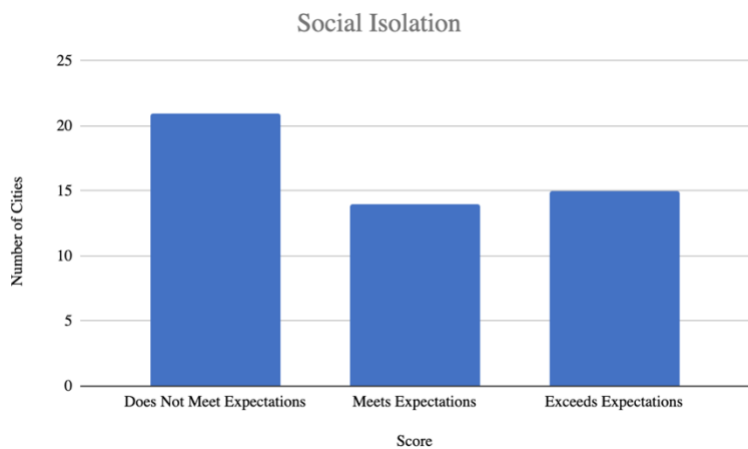


Figure 7: Communication Needs

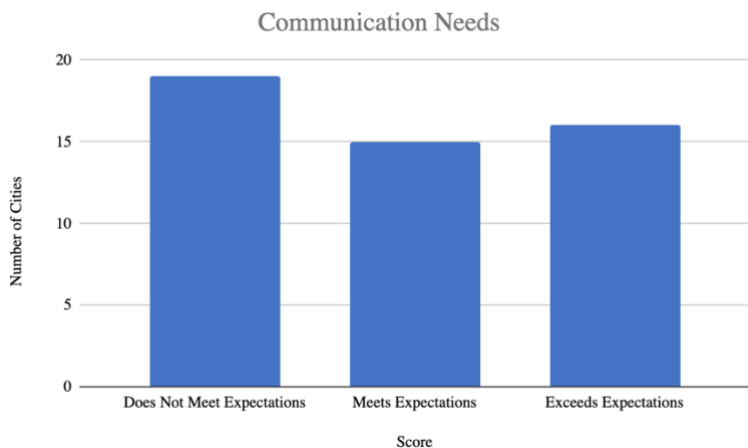
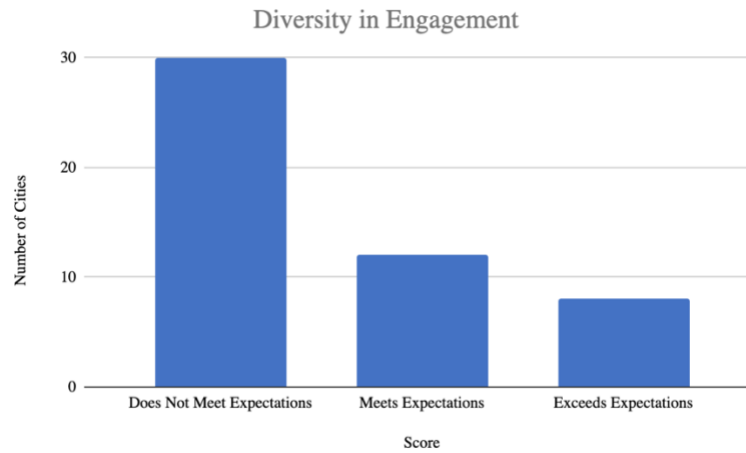
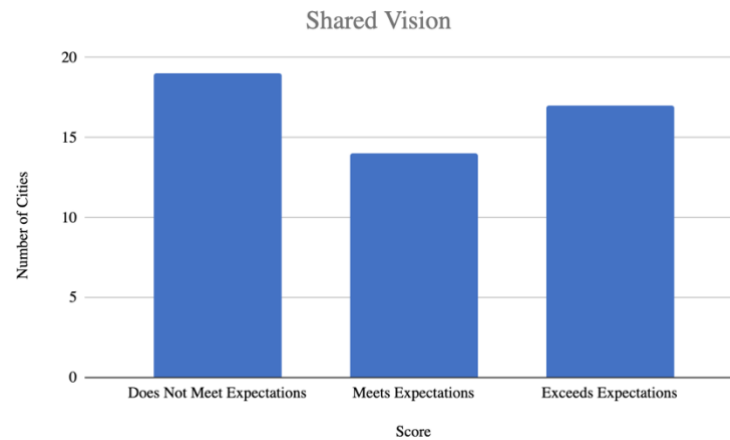


Figure 8: Diversity in Engagement*Figure 9: Shared Vision*

Three measures had the majority of cities score “meets expectations”: *leadership*, *contributions*, and *continued engagement*. Those results can be found in Figures 10-12.

Figure 10: Leadership

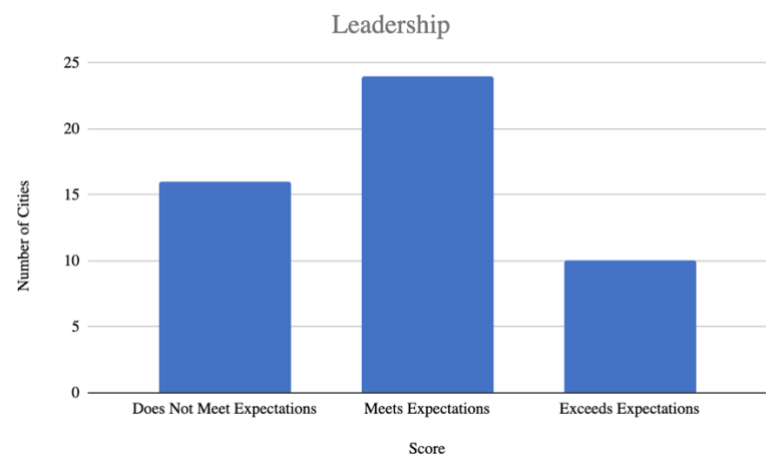


Figure 11: Contributions

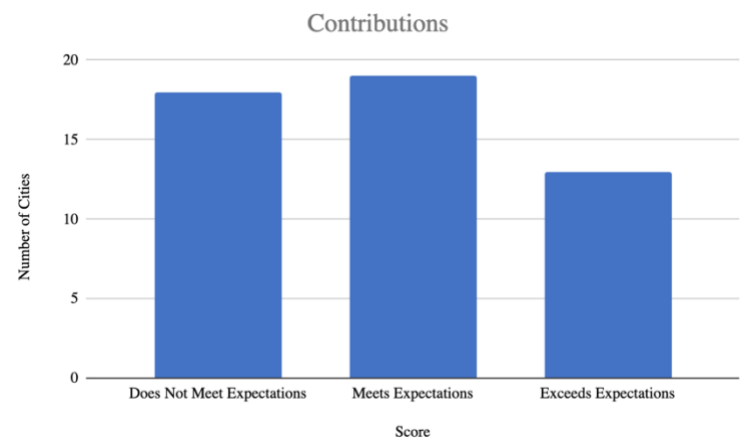
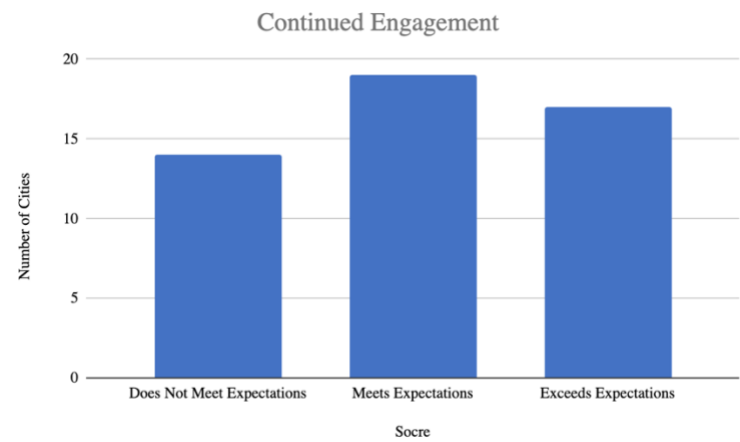


Figure 12: Continued Engagement

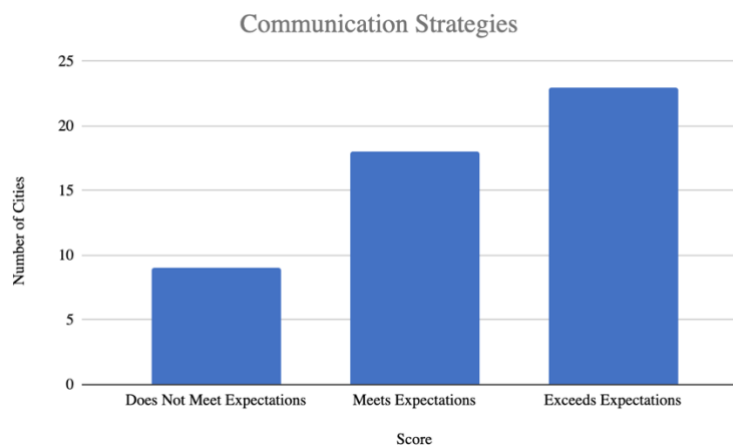


Two measures had the majority of cities score “exceeds expectations”: *collaboration* and *communication strategies*. Those results can be found in Figures 13-14.

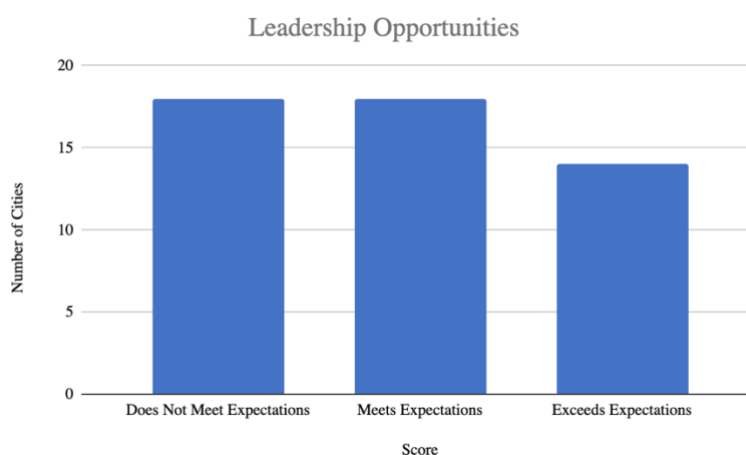
Figure 13: Collaboration



Figure 14: Communication Strategies



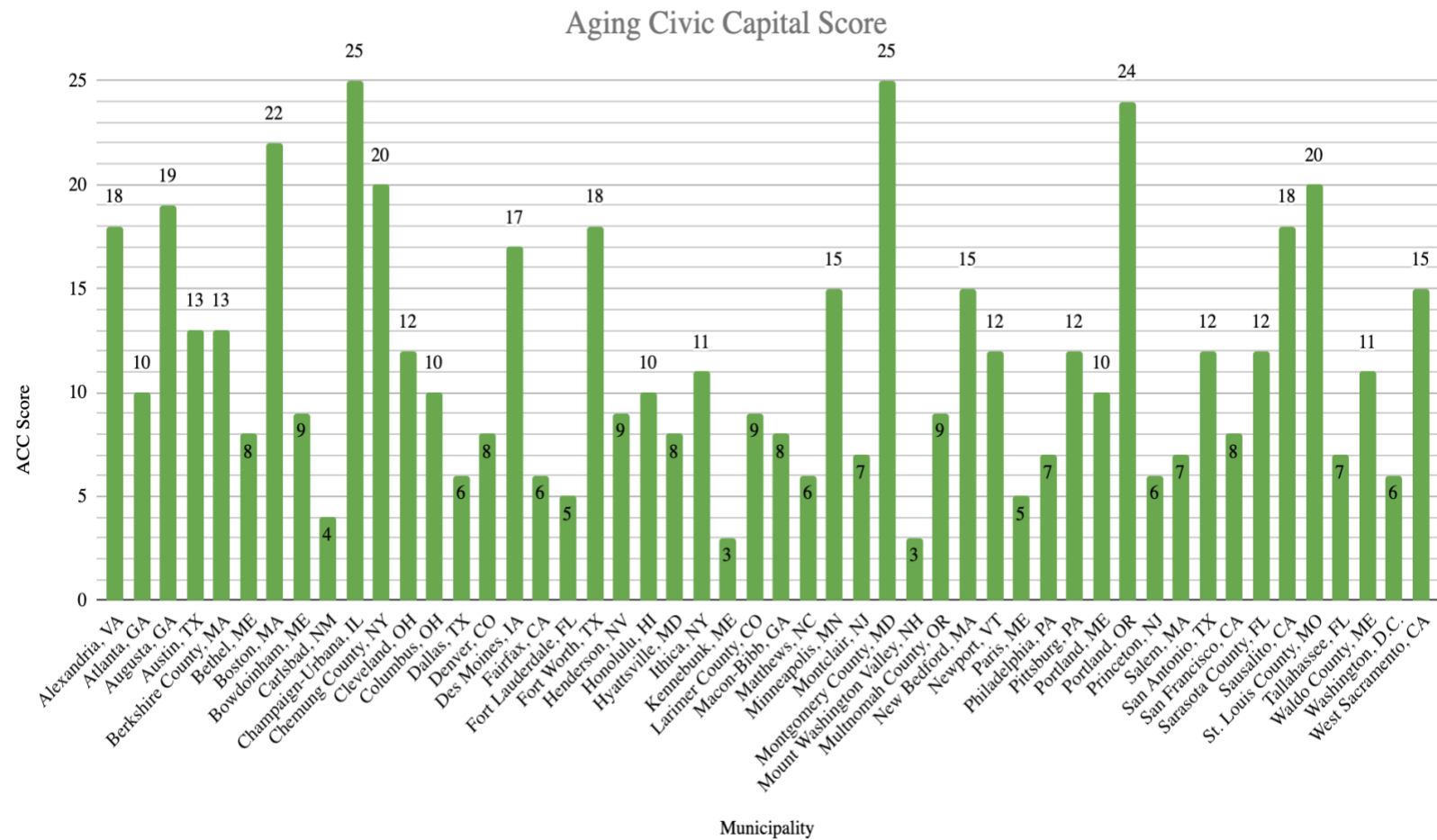
One measure, *leadership opportunities*, had an equal number of cities scoring “does not meet expectations” and “meets expectations.” The distribution for that measure can be found in Figure 15.

Figure 15: Leadership Opportunities

Aging Civic Capital Score

Each municipality in the sample was assigned an ACC Score. The highest possible ACC score for a single municipality is 26 (if the municipality scored “exceeds expectations” on all 13 measures.) The highest ACC score in the sample was 25 and achieved by Montgomery County, Maryland, and Champaign-Urbana, Illinois. The lowest ACC score was 3, achieved by Kennebunk, Maine. Figure 16 shows the ACC score for all communities in the sample, and summary tables of each community’s scores are available in Appendices D and E.

Figure 16: ACC Scores for Sample Communities



ACC Score and Total Population

The researcher conducted a bivariate regression analysis to test whether there is a statistically significant relationship between a community's total population and its ACC score. The results for the bivariate regression analysis between total population (transformed to log population) and ACC score are presented in Figure 17.

Figure 17: Bivariate Regression Analysis Results

SUMMARY OUTPUT

<i>Regression Statistics</i>	
Multiple R	0.30102534
R Square	0.09061625
Adjusted R Square	0.07167076
Standard Error	5.58160823
Observations	50

ANOVA

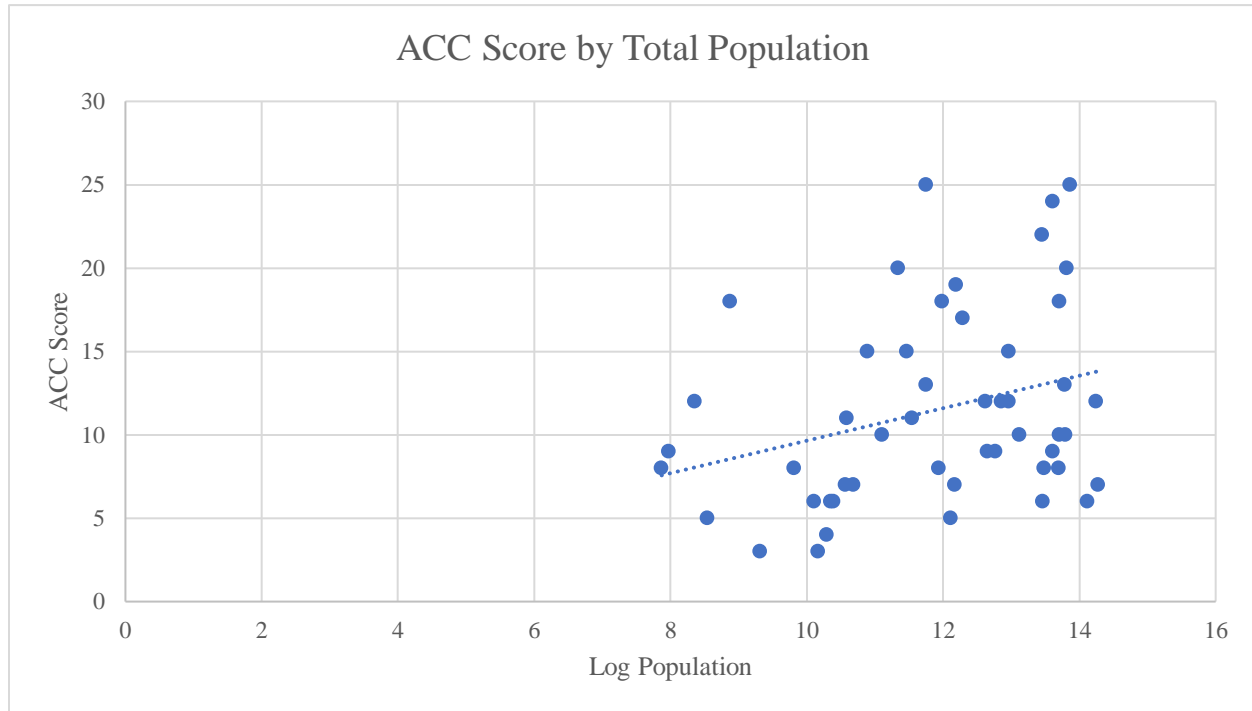
	<i>df</i>	<i>SS</i>	<i>MS</i>	<i>F</i>	<i>Significance F</i>
Regression	1	149.011179	149.011179	4.78299746	0.03364683
Residual	48	1495.40882	31.1543504		
Total	49	1644.42			

	<i>Coefficients</i>	<i>Standard Error</i>	<i>t Stat</i>	<i>P-value</i>	<i>Lower 95%</i>	<i>Upper 95%</i>	<i>Lower 95.0%</i>	<i>Upper 95.0%</i>
Intercept	-0.0961633	5.34264393	-0.0179992	0.9857141	-10.838269	10.6459423	-10.838269	10.6459423
LOG POP	0.97451252	0.44559196	2.18700651	0.03364683	0.07858983	1.8704352	0.07858983	1.8704352

The results of the regression analysis demonstrate that there is a positive correlation between total population and ACC score. These results are statistically significant with a p-value of 0.03.

A scatter plot with a linear regression line is presented in Figure 18.

Figure 18: Regression Analysis Scatter Plot with Trendline



The researcher ran a t-test to compare the ACC scores of smaller cities with the ACC scores of larger cities. The results of the t-test were not statistically significant. These results can be found in Appendix H.

ACC Score and Population Over 65

The researcher ran a bivariate regression to test the relationship between communities' proportion of the population over 65 and ACC scores. The results demonstrated a negative correlation between percent of population over 65 and ACC score, but the results were not statistically significant with a p-value of 0.23. These results are available in Appendix I.

Discussion and Recommendations

Based on these analyses, this study has identified three primary areas for improvement for AFCs: applying a social equity lens, combating ageism, and targeting older adults at risk of social isolation. This study recommends that the League approach AARP and AFCs with the commitment to increase communities' ACC in these areas. It also recommends that the League target small to medium-sized AFCs, assist AFCs in integrating best practices, and help AFCs continue to capitalize on their strengths.

Recommendation 1: Apply a Social Equity Lens to AFAPs

According to the ACC Index, the four measures with the lowest scores across all cities were *diverse leadership*, *diversity in engagement*, *equity in service*, and *barriers to participation*. The first two refer to what extent communities are engaging and supporting the leadership of older adults from historically marginalized backgrounds. The second two refer to how equitably programs are administered to adults of diverse backgrounds and whether communities are working to remove barriers to participation for these adults. Low scores on these measures implies that AFCs can benefit from a social equity lens in their age-friendly work.

It is important to consider social equity in age-friendly programs and policies. Social equity differs from equality: equality refers to *sameness*-that policy and programs are delivered equally without regard to race, gender, socioeconomic status, LGBTQ status, or any other characteristic or identity. Social equity, on the other hand, refers to *fairness* and is linked to the notion of justice for past or present marginalization. Social equity has become increasingly important to public administrators. According to Guy and McCandless (2012), social equity is “central to the field” of public administration and “dangles the promise of a fair and just society” (p. 226).

Social equity asks public administrators to consider two questions. First, how do past (or present) injustices to some groups—including women, people of color, low-income individuals, LGBTQ individuals, individuals with disabilities, and others—impact their social, political, or economic circumstances today? For example, how does the exclusion of women from paid work impact their socioeconomic status in later life? Or, how has discrimination affected the quality of housing, schools, and economic opportunities in neighborhoods of color?

Second, social equity asks public administrators to consider whether policies are designed to be administered *equally* or *equitably*. Because past injustices have the ability to continue to impact groups today, administrators should consider adjusting programs and policies to meet the specific needs of historically disadvantaged groups. In the words of Frederickson (2005), “It is time for public administrators of all kinds to ask the so-called second question. The first question is whether an existing public program or proposed program is effective or good. The second question is...For whom is this program effective or good? (p. 35). Likewise, administrators can ask of age friendly programs, “Do these programs reach and serve all older adults, including older adults that are low income, people of color, LGBTQ, and others?”

A social equity lens can be applied to any program or policy to determine where it can be strengthened to meet the needs of diverse or historically disenfranchised groups. Age-friendly policies, like all public policy, should be adjusted to take older adults' diverse histories, experiences, and identities in mind. This is because older adults in the U.S., like any generation, represent a diverse cohort along lines of race, ethnicity, immigration status, LGBTQ status, socioeconomic status, and others.

Recommendation 2: Combat Ageism through Inclusive Civic Engagement

The League defines inclusive civic engagement as a process “where everyone has a place at the table to define, direct, and implement public services and amenities” (National Civic League, 2019). Inclusive civic engagement is one form of participatory decision-making, which Kettl (2015) defines as a process in which programs and policies are informed by “those who will be affected by the decisions” (p. 276). In the context of age-friendly work, it is important to consider the role civic engagement can play in combating ageism and reaffirming the social, political, and economic value of older adults.

Three measures of ACC that scored low-to-moderate on the ACC Index are related to building lasting cultures of engagement among older adults: *leadership*, *contributions*, and *leadership opportunities*. *Leadership* and *leadership opportunities* refer to communities that promote older adults' leadership in age-friendly work and offer leadership roles on boards, commissions, and other community positions. *Contributions* refers to the extent to which AFAPs recognize older adults for their strengths and contributions rather than solely for their weaknesses and needs.

These measures reflect an opportunity for AFCs to combat ageism by countering the ageist assumptions that older adults are “powerless,” “needy,” or “strains on society.” By encouraging civic participation, community leadership, and explicitly stating the contributions older adults make to their communities, AFCs can combat ageist stereotypes in their AFAPs. They can also ensure, through age-friendly policies and programs, that older adults are indeed civically powerful, contributing to their communities, and economically, socially, or politically productive. The League can help AFCs reflect this commitment in their AFAPs as well as help them design engagement programs and empower older adults to become community leaders.

Recommendation 3: Target Older Adults at Risk of Social Isolation

There is much research on the deleterious effects of social isolation, and it is clear that AFCs can do much more to reach older adults at risk of social isolation. Social isolation is correlated with numerous adverse health outcomes, including higher mortality and increased risk of heart disease and diabetes (Cornwell and Waite, 2009). There is also evidence that social isolation is a particular problem for baby boomers (those born 1946-1964) compared to other generations (Courtin and Knapp, 2017).

The results of this study suggest that AFCs can do much more to reach older adults at risk of social isolation. Out of a possible score of 100, the AFAPs reviewed in this study scored a 44 on the ACC Index on the measure related to isolation-lower than seven other measures. Further, the majority of communities scored “does not meet expectations” on the social isolation measure: 42 percent scored “does not meet expectations” compared to 28 percent that scored “meets expectations” and 30 percent that scored “exceeds expectations.” The League can help AFCs design programs specifically targeted at older adults at risk of social isolation.

Recommendation 4: Target Small to Medium-Sized Communities

The results of the regression analysis between total population and ACC score demonstrates that larger cities may have better capability to produce AFAPs that reflect more aspects of ACC. This is likely because larger cities often have larger tax bases, more resources, and greater administrative capacity. Two of the three cities with the highest ACC scores had populations over 650,000. The one exception, Champaign-Urbana, Illinois, has a population of 127,000. However, Champaign-Urbana is home to a large research university, the University of Illinois at Urbana-Champaign, and municipalities like these can often make up for their smaller populations with the resources available from the university.

The results of the regression analysis between percent of the population over 65 and ACC score were not statistically significant. This suggests that communities with a higher percentage of older adults are not doing any better or worse on their AFAPs than other communities.

Although the results did not demonstrate a statistically significant relationship, the League may nonetheless target communities with a high proportion of older adults because these communities may feel the largest strain from an aging population.

Recommendation 5: Integrate Best Practices

The League can assist AFCs by helping them write their AFAPs to reflect best practices in ACC. Depending on the extent of assistance, the League may also help AFCs conduct outreach and develop civic engagement programs for older adults. Some best practices for integrating a social equity lens, countering ageism, and addressing social isolation are available in high-scoring communities' AFAPs. Best practices from the three communities with the highest ACC scores—Montgomery County, Maryland, Champaign-Urbana, Illinois, and Portland, Oregon, are discussed below.

Integrating a Social Equity Lens.

In the beginning of the AFAP, the majority of AFCs present population statistics that include the proportion of the population over 65. However, some AFCs go beyond the basic population description to include details about the diversity of the community's older adults population. In Montgomery County, Maryland's AFAP, there are detailed descriptions of the older adult population that includes a "Senior Vulnerability Index" that considers older adults' race, socioeconomic status, disability, and housing burden (Montgomery County, 2016). The AFAP consistently stresses the strengths found within the community's diversity, as well as the challenges it presents to administrators. The AFAP includes details of the community's

multilingual surveys and focus groups and specific efforts to reach older adults that speak a language other than English at home.

Similarly, Portland, Oregon's AFAP explicitly addresses the need to "remove barriers and conditions that prevent minority, low-income, limited English proficiency and other disadvantaged groups from receiving access, participation, and benefits from City and County programs, services, and activities" (Age-friendly Portland Advisory Council, 2013). The city includes a plan to collaborate with the Portland Office of Equity and Human Rights and the Multnomah County Office of Diversity and Equity to integrate a social equity lens into age-friendly programs.

Figure 19: An Example of Social Equity Lens in Community Programming. Source: Montgomery County, Maryland

PRIORITY	YEAR ONE	YEAR TWO	YEAR THREE
Cultural Diversity	<ul style="list-style-type: none"> Launch a pilot multicultural community program to identify group leadership and provide guidance as appropriate to one ethnic group—and to identify facilities that can host the group (ex: North Potomac). (REC, CEC, IMPACT, Faith Community) Identify communication leadership to assist in disseminating information to limited English proficiency community. (PIO, CEC) Develop senior handbook (initially in English, for future translation in other languages). (PIO, CEC) 	<ul style="list-style-type: none"> Launch a multicultural community program to identify group leadership and provide guidance as appropriate to a second ethnic group—and to identify facilities that can host the group. (REC, CEC, IMPACT, Faith Community) Identify communication leadership to assist in disseminating information to a second limited English proficiency community. (PIO, CEC) Translate Senior Handbook in two non-English languages. (PIO, CEC) 	<ul style="list-style-type: none"> Launch a multicultural community program to identify group leadership and provide guidance as appropriate to a third ethnic group—and to identify facilities that can host the group. Also capture lessons learned from past three years. (REC, CEC, IMPACT, Faith Community) Identify communication leadership to assist in disseminating information to third limited English proficiency community. (PIO, CEC) Translate Senior Handbook into three additional non-English languages. (PIO, CEC)


Countering Ageism.

Champaign-Urbana's Letter from the Mayor included in the beginning of the AFAP is an excellent example of language AFCs can use to highlight the strengths and contributions of older adults. The Mayor writes:

In Champaign-Urbana, older adults are mentors, civic leaders, artists, business owners, activists, theatergoers, stewards of public health, workers, volunteers, and more. They support our local businesses, enliven our public spaces, and serve a vital role as part of the civic fabric that leads to our community's consistent recognition as one of the most livable places in the United States. (Age-friendly Champaign-Urbana, 2019).

Here, the mayor is highlighting the contributions older adults make to their communities, countering the notion that older adults are "helpless," "needy," or a drain on resources.

Similarly, Montgomery County, Maryland's AFAP stresses the social, political, and economic contributions of older adults. The plan states, "Older people lend ongoing expertise and enthusiasm for hard work, provide positive economic impact through their consumerism and contributions to our economy, and actively engage in the volunteer, civic, and political life of our area" (Montgomery County, 2016, p. 4). Notably, the plan states that "the goal is to balance the need to promote vital aging and protect the vulnerable aged" (Montgomery County, 2016, p.10).



We are committed to fighting ageism by working with, rather than for, older adults, to acknowledging the value older residents bring to our community, and to focusing on meeting the special needs of diverse populations. We will work to increase the availability of people who can be reached for help when needed, assuring the overall feeling of safety for older adults.

Figure 20: An Example of a Statement that Counters Ageism. Source: Champaign-Urbana, Illinois

Addressing Social Isolation.

Portland and Champaign-Urbana's AFAPs both explicitly address social isolation. Portland notes, "It is critical to identify real opportunities to integrate aging Portlanders into activities and communities in a meaningful way...to stem social isolation" (Age-friendly Portland Advisory Council, 2013, p. 17). Further, Champaign Urbana notes the increased likelihood for low-income older adults to experience social isolation and includes plans for reaching that portion of the population. An example of actions to address social isolation is presented in Figure 21.

Figure 21: An Example of Addressing Social Isolation. Source: Portland, Oregon

Action Item 4.1 – Reduce Social Isolation among Older Adults: Social isolation and disengagement from social interaction can be harmful to people of any age, but older adults and people with disabilities are particularly vulnerable to the effects of isolation.

- ✓ Implement housing policies, services provisions, and community-generated approaches to ensure that those of all ages and abilities remain connected and thriving in their communities.
- ✓ Foster the ability of older adults to contribute to communities through new and existing programs (e.g., AARP Experience Corps, Encore Fellows, Boomers and Babies, and RSVP Senior Corps).



Credit: Bridge Meadows

Potential Partners: Multnomah County Aging and Disability Services, Office of Equity and Human Rights, AARP Oregon, Elders in Action, Encore Fellows program, Senior Corps, other nonprofit and faith-based communities

Recommendation 6: Continue to Capitalize on Strengths

AFCs demonstrated a significant commitment to two measures: *shared vision* and *continued engagement*. *Shared vision* scored higher than nine other measures, and the majority

of cities in the sample scored “meets expectations” for *continued engagement*. These measures reflect a community-wide commitment to incorporating age-friendly policies into the community’s wider planning efforts as well as continuing the original engagement processes that informed the AFAP. Thus, AFCs, in general, reflect a commitment to long-term age-friendly policies that are integrated into the greater civic fabric of the community.

AFCs also demonstrate a strong commitment to multi-sector collaboration and diverse communication strategies with high scores on *collaboration* and *communication strategies*. These two strengths should continue to be honed, as collaboration across the public, nonprofit, and private sectors is increasingly being recognized as beneficial for public policy and administration (Birkland, 2011). Likewise, a wide range of communication strategies to reach older adults may be one of the linchpins for cultivating ACC, as engaging older adults often starts with effectively reaching them.

Limitations and Future Research

This study was informed by a review of the literature around aging, civic engagement, and AARP’s Age-friendly States and Communities. A key limitation of this study is that it analyzes action plans, rather than policies and programs already implemented in AFCs. Action plans can provide much insight into a community’s values and priorities. Yet, because they are blueprints for action rather than action itself, there may be considerable discrepancy between what communities actually do and what communities include in their action plans.

Another limitation lends itself to important future research. This study includes the ACC scores for all the cities included in the sample as well as an analysis of the correlation between ACC score and population. However, the study does not consider correlations between ACC score and a community’s other characteristics, such as urban versus rural, population

demographics, or number of older adults that are low-income, women, people of color, LGBTQ, or others. The League may benefit from future research that seeks to discover correlations between a community's ACC score and that community's characteristics.

Conclusion

This study shows that there are a multitude of responses to an aging population at the local level. In many ways, WHO and AARP are leaders in helping communities become places where people can be active, productive, healthy, and socially connected their entire lives. Though their work is valuable, it is not without its limitations. AFCs, as well as other communities looking to become better communities to age, can benefit from the National Civic League's assistance and resources, particularly in areas related to social equity, ageism, and social isolation. The League can use the many tools already within its possession to assist communities in using inclusive civic engagement to solve problems related to aging. In other words, the League can help communities truly become age-friendly.

Appendix A: Civic Capital and The Civic Index



Source: National Civic League, Civic Index: 14th Edition, 2019.

Appendix B: Aging Civic Index

Component 1: Engaged Residents
Older adults play an active role in shaping decisions and civic affairs.
<i>Measure 1: Leadership</i>
Leadership of older adults is encouraged and their input is valued.
<i>Measure 2: Contributions</i>
Older adults are recognized for their contributions and strengths rather than their weaknesses or challenges.
Component 2: Inclusive Community Leadership
The community actively cultivates and supports older adult leaders from diverse backgrounds and with diverse perspectives.
<i>Measure 1: Diverse Leadership</i>
Governments and institutions encourage and support older adult leaders of diverse backgrounds, including but not limited to race or ethnicity, income or socioeconomic status, language or country of origin, LGBTQ status, gender, physical or cognitive disability, and age group.
<i>Measure 2: Leadership Opportunities</i>
Communities offer many opportunities for leadership roles and developments for older adults, including positions on boards, commissions, and other community positions.
Component 3: Collaborative Institutions
There is regular collaboration among the government, business, nonprofit and other sectors, as well as structures in place that facilitate such collaboration.
<i>Measure 1: Collaboration</i>
Programs, policies, and practices around aging include collaboration from government, business, nonprofit, and other sectors.
Component 4: Embracing Diversity and Equity
The community recognizes and celebrates the diversity among older adults and strives for equity in services, support, and engagement.
<i>Measure 1: Equity in Service</i>
Services and opportunities are provided equitably to all older adults and take into account differences in identity, background, physical ability, and socioeconomic status.
<i>Measure 2: Barriers to Participation</i>
Local governments and institutions consider how identity or circumstances (e.g. race or ethnicity, income or socioeconomic status, language or country of origin, LGBTQ status, gender, physical or cognitive disability, age group) intersect with age to create barriers to participation or engagement.
Component 5: Authentic Communication
The community has credible civic-minded sources of information presented in a way that older residents can use.
<i>Measure 1: Communication Strategies</i>
Communities use various communication strategies to reach older adults, such as print, television, and targeted community events.
<i>Measure 2: Social Isolation</i>
Local governments and organizations make a concerted effort to reach older adults at risk of social isolation.
<i>Measure 3: Communication Needs</i>
Information is presented in ways that meets older residents' needs (e.g. larger text, different languages, culturally-appropriate presentation).
Component 6: Culture of Engagement

Involvement by older residents in every aspect of civic affairs is part of the local culture-an expectation, not an afterthought.
<i>Measure 1: Continued Engagement</i>
Engagement of older adults is more than presenting information or having people respond to a survey (though both are important). Instead, communities listen to, and learn from, older residents in ongoing conversations and leverage those insights to shape the way programs are designed, administered, and executed.
<i>Measure 2: Diversity in Engagement</i>
Local governments and organizations make an extra effort to ensure that older adults from traditionally underrepresented groups are engaged and part of decision-making. Whenever possible, older adults that are most affected by problems are engaged in crafting solutions.
Component 7: Shared Vision and Values
Older adults contribute to the community's shared vision and values.
<i>Measure 1: Shared Vision</i>
Older adults contribute to and are included in the community's shared vision.

Appendix C: Aging Civic Capital Rubric

Aging Civic Capital Rubric			
	Does Not Meet Expectations (0)	Meets Expectations (1)	Exceeds Expectations (2)
Engaged Residents			
Leadership of older adults is encouraged and their input is valued.	Does not state the value of older adult leadership; Does not include evidence of older adults' input in formulating the plan.	Does not state the value of older adult leadership. Includes evidence of older adults' input in formulating the plan;	States the value of older adult leadership; Includes multiple pieces of evidence of older adults' input in formulating the plan.
Older adults are recognized for their contributions and strengths rather than their weaknesses or challenges.	Does not state that older adults should be recognized for their strengths or contributions; Does not include any policies or programs that utilize the strengths or skills of older adults.	Does not state that older adults should be recognized for their strengths or contributions; Includes policies or programs that utilize the strengths and skills of older adults.	States that older adults should be valued for contributions and strengths; Includes multiple policies and programs that utilize the strengths and skills of older adults.
Inclusive Community Leadership			
Governments and institutions encourage and support older adult leaders of diverse backgrounds.	Does not state the importance of supporting older adult leaders from diverse backgrounds; Does not include any policies or practices that support diverse older adult leadership.	Does not state the importance of supporting older adult leaders from diverse backgrounds; Includes policies or practices that support diverse older adult leadership.	States a commitment to supporting older adult leaders from diverse backgrounds; Includes multiple policies and practices that support diverse older adult leadership.
Communities offer many opportunities for leadership roles and development for older adults, including positions on boards, commissions, and other community positions.	Does not state the importance of fostering older adult leadership; Does not include any leadership roles or leadership development opportunities for older adults.	Does not state the importance of fostering older adult leadership; Includes one leadership role or development opportunity for older adults.	States the importance of fostering older adult leadership; Includes multiple leadership roles and leadership development opportunities for older adults.
Collaborative Institutions			
Programs, policies, and practices around aging include collaboration from government, business, nonprofit, and other sectors.	Does not state a commitment to multi-sector collaboration; Does not include examples of multi-sector collaboration.	Does not state a commitment to multi-sector collaboration; Includes examples of multi-sector collaboration.	States a commitment to multi-sector collaboration; Includes examples of multi-sector collaboration.
Embracing Diversity and Equity			
Services and opportunities are provided equitably to all older adults.	Does not state a commitment to providing services and opportunities equitably; Does not include any policies or programs that are designed to reach diverse older adults.	Does not state a commitment to providing services and opportunities equitably; Includes policies or programs that are	States a commitment to providing services and opportunities equitably; Includes policies and programs that are designed to reach diverse older adults.

		designed to reach diverse older adults.	
Local governments and institutions consider how identity or circumstances intersect with age to create barriers to participation or engagement.	Does not state that existing programs may exclude some older adults; Does not include plans to increase access to existing programs.	Does not state that existing programs may exclude some older adults; Includes plans to increase access to existing programs.	States that existing programs may exclude some older adults; Includes plans to increase access to existing programs.
Authentic Communication			
Communities use various communication strategies to reach older adults, such as print, television, and targeted community events.	Does not state a commitment to using various communication strategies to reach older adults; Does not include communication strategies for reaching older adults.	Does not state a commitment to using various communication strategies to reach older adults; Includes communication strategies for reaching older adults.	States a commitment to using various communication strategies to reach older adults; Includes communication strategies for reaching older adults.
Local governments and organizations make a concerted effort to reach older adults at risk of social isolation.	Does not state a commitment to reaching older adults at risk of isolation; Does not include programs or policies that target older adults at risk of social isolation.	Does not state a commitment to reaching older adults at risk of isolation; Includes policies or programs that specifically targets older adults at risk of social isolation.	States a commitment to reaching older adults at risk of isolation; Includes policies or programs that specifically target older adults at risk of social isolation.
Information is presented in ways that meets older residents' needs.	Does not state a commitment to presenting information in ways that meet older adults' needs; Does not include any communications strategies that meet older adults' needs.	Does not state a commitment to presenting information in ways that meet older adults' needs; Includes communications strategies that meet older adults' needs.	State a commitment to presenting information in ways that meet older adults' needs; Includes communications strategies that meet older adults' needs.
Culture of Engagement			
Communities listen to, and learn from, older residents in ongoing conversations and leverage those insights to shape the way programs are designed, administered, and executed.	Does not state a commitment to engaging older adults in age-friendly policies or programs; Does not include evidence of older adults' input in forming the action plan.	Does not state a commitment to engaging older adults in age-friendly policies or programs; Includes evidence of older adults' input in forming the action plan.	State a commitment to engaging older adults in age-friendly policies and programs; Includes evidence of older adults' input in forming the action plan.
Local governments and organizations make an extra effort to ensure that older adults from traditionally underrepresented groups are engaged and part of decision-making.	Does not state a commitment to engaging older adults of diverse backgrounds; Does not include any programs or policies that were informed by diverse older adults' input.	Does not state a commitment to engaging older adults of diverse backgrounds; Includes programs and policies informed by diverse older adults' input.	States a commitment to engaging older adults of diverse backgrounds; Includes programs and policies informed by diverse older adults' input.
Shared Vision and Values			
Older adults contribute to and are included in the community's shared vision.	Does not state a commitment to integrating age-friendly plan into community's comprehensive plan; Does not incorporate age-friendly	Does not state a commitment to integrating age-friendly plan into community's comprehensive plan;	States a commitment to integrating age-friendly plan into community's comprehensive plan; Incorporates some age-

	programs or policies into general community programs or policies.	Incorporates some age-friendly policies and programs into general community programs and policies..	friendly policies and programs into general community programs and policies..
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Appendix D: Cities Included in the Sample

Municipality	Total Population (2018)	% Population Over 65 (2018)
Alexandria, VA	160,530	10.5
Atlanta, GA	498,044	11.3
Augusta, GA	196,939	12.8
Austin, TX	964,254	8.4
Berkshire County, MA	126,348	23.3
Bethel, ME	2,615	16.8
Boston, MA	694,583	11
Bowdoinham, ME	2,890	23.8
Carlsbad, NM	29,331	13.5
Champaign-Urbana, IL	127,000	8.7
Chemung County, NY	84,254	19
Cleveland, OH	383,793	13.3
Columbus, OH	892,533	9.8
Dallas, TX	1,345,047	9.8
Denver, CO	716,492	11.2
Des Moines, IA	216,853	11.7
Fairfax, CA	24,574	14.3
Fort Lauderdale, FL	182,595	16.7
Fort Worth, TX	895,008	9.3
Henderson, NV	310,390	18.6
Honolulu, HI	980,080	17.7
Hyattsville, MD	18,243	9.1
Ithaca, NY	102,793	14.5
Kennebunk, ME	11,111	31
Larimer County, CO	350,518	15.7
Macon-Bibb, GA	153,095	14.4
Matthews, NC	32,635	16.3
Minneapolis, MN	425,403	9.2
Montclair, NJ	38,676	12.1
Montgomery County, MD	1,052,567	15.5
Mount Washington Valley, NH	25,894	21.8
Multnomah County, OR	811,880	13.4
New Bedford, MA	95,315	15.1
Newport, VT	4,255	16
Paris, ME	5,119	21.6
Philadelphia, PA	1,584,138	12.9
Pittsburg, PA	301,048	14.2
Portland, ME	66,417	13.7

Portland, OR	811,880	12
Princeton, NJ	31,386	16.5
Salem, MA	43,559	14.5
San Antonio, TX	1,532,233	11.6
San Francisco, CA	883,305	14.9
Sarasota County, FL	426,718	36.7
Sausalito, CA	7,100	27
St. Louis County, MO	996,945	18.1
Tallahassee, FL	193,551	9.6
Waldo County, ME	39,694	22.5
Washington, D.C.	702,455	12.1
West Sacramento, CA	53,727	11.1

Appendix E: Distribution of Scores by Measure

Measure	# of Cities
Leadership	
Does Not Meet Expectations (0)	16
Meets Expectations (1)	24
Exceeds Expectations (2)	10
Contributions	
Does Not Meet Expectations (0)	18
Meets Expectations (1)	19
Exceeds Expectations (2)	13
Diverse Leadership	
Does Not Meet Expectations (0)	38
Meets Expectations (1)	9
Exceeds Expectations (2)	3
Leadership Opportunities	
Does Not Meet Expectations (0)	12
Meets Expectations (1)	14
Exceeds Expectations (2)	24
Collaboration	
Does Not Meet Expectations (0)	12
Meets Expectations (1)	14
Exceeds Expectations (2)	24
Equity in Service	
Does Not Meet Expectations (0)	24
Meets Expectations (1)	14
Exceeds Expectations (2)	12
Barriers to Participation	
Does Not Meet Expectations (0)	24
Meets Expectations (1)	13
Exceeds Expectations (2)	13
Communication Strategies	
Does Not Meet Expectations (0)	9
Meets Expectations (1)	18
Exceeds Expectations (2)	23
Social Isolation	
Does Not Meet Expectations (0)	21
Meets Expectations (1)	14
Exceeds Expectations (2)	15
Communication Needs	

Does Not Meet Expectations (0)	19
Meets Expectations (1)	15
Exceeds Expectations (2)	16
Continued Engagement	
Does Not Meet Expectations (0)	14
Meets Expectations (1)	19
Exceeds Expectations (2)	17
Diversity in Engagement	
Does Not Meet Expectations (0)	30
Meets Expectations (1)	12
Exceeds Expectations (2)	8
Shared Vision	
Does Not Meet Expectations (0)	19
Meets Expectations (1)	14
Exceeds Expectations (2)	17

Appendix F: ACC Score Summary Table

Municipality Name	Total Population	% Population Over 65	Engaged Residents	Inclusive Community Leadership	Collaborative Institutions	Embracing Diversity and Equity	Authentic Communication	Culture of Engagement	Shared Vision and Values	Overall Score
Total Possible Score			4	4	2	4	6	4	2	26
Alexandria, VA	160,530	10.5	1	2	0	4	6	3	2	18
Atlanta, GA	498,044	11.3	2	0	1	2	3	2	0	10
Augusta, GA	196,939	12.8	3	3	2	3	3	4	1	19
Austin, TX	964,254	8.4	2	1	1	2	4	1	2	13
Berkshire County, MA	126,348	23.3	3	2	2	1	3	1	1	13
Bethel, ME	2,615	16.8	1	2	1	0	3	1	0	8
Boston, MA	694,583	11	4	4	2	3	4	3	2	22
Bowdoinham, ME	2,890	23.8	2	1	1	0	4	0	1	9
Carlsbad, NM	29,331	13.5	0	0	1	0	1	1	1	4
Champaign-Urbana, IL	127,000	8.7	4	4	2	4	6	4	1	25
Chemung County, NY	84,254	19	4	1	2	4	3	4	2	20
Cleveland, OH	383,793	13.3	2	1	0	0	6	1	2	12
Columbus, OH	892,533	9.8	3	1	0	0	4	2	0	10
Dallas, TX	1,345,047	9.8	1	1	0	0	2	2	0	6
Denver, CO	716,492	11.2	1	0	2	2	2	0	1	8
Des Moines, IA	216,853	11.7	1	2	2	3	4	3	2	17
Fairfax, CA	24,574	14.3	1	0	0	1	3	1	0	6
Fort Lauderdale, FL	182,595	16.7	0	0	2	0	1	0	2	5
Fort Worth, TX	895,008	9.3	2	1	2	4	5	2	2	18
Henderson, NV	310,390	18.6	1	2	0	1	4	0	1	9
Honolulu, HI	980,080	17.7	1	1	2	1	3	1	1	10
Hyattsville, MD	18,243	9.1	0	0	0	2	6	0	0	8

Ithaca, NY	102,793	14.5	3	2	0	0	4	0	2	11
Kennebunk, ME	11,111	31	0	0	1	0	2	0	0	3
Larimer County, CO	350,518	15.7	4	0	2	0	2	1	0	9
Macon-Bibb, GA	153,095	14.4	2	1	2	0	2	1	0	8
Matthews, NC	32,635	16.3	1	1	0	0	0	2	2	6
Minneapolis, MN	425,403	9.2	3	2	1	4	0	3	2	15
Montclair, NJ	38,676	12.1	1	0	2	0	4	0	0	7
Montgomery County, MD	1,052,567	15.5	4	4	2	4	6	4	1	25
Mount Washington Valley, NH	25,894	21.8	1	0	0	0	2	0	0	3
Multnomah County, OR	811,880	13.4	0	1	0	4	0	3	1	9
New Bedford, MA	95,315	15.1	2	3	1	2	3	3	1	15
Newport, VT	4,255	16	1	1	2	0	6	2	0	12
Paris, ME	5,119	21.6	0	0	1	0	1	1	2	5
Philadelphia, PA	1,584,138	12.9	1	1	1	0	1	1	2	7
Pittsburg, PA	301,048	14.2	4	2	1	0	2	1	2	12
Portland, ME	66,417	13.7	2	2	0	0	4	2	0	10
Portland, OR	811,880	12	4	2	2	4	6	4	2	24
Princeton, NJ	31,386	16.5	0	0	1	0	1	3	1	6
Salem, MA	43,559	14.5	0	0	2	1	3	1	0	7
San Antonio, TX	1,532,233	11.6	2	1	2	4	0	1	2	12
San Francisco, CA	883,305	14.9	0	0	2	2	3	1	0	8
Sarasota County, FL	426,718	36.7	2	2	2	2	3	1	0	12
Sausalito, CA	7,100	27	4	2	2	1	5	3	1	18
St. Louis County, MO	996,945	18.1	4	2	2	4	3	3	2	20
Tallahassee, FL	193,551	9.6	1	0	2	0	4	0	0	7

Waldo County, ME	39,694	22.5	2	1	1	2	3	2	0	11
Washington, D.C.	702,455	12.1	0	0	2	4	0	0	0	6
West Sacramento, CA	53,727	11.1	2	2	1	2	5	2	1	15
Mean Score			1.78	1.22	1.24	1.54	3.1	1.62	0.96	11.46

Appendix G: ACC Score Summary Table—Meets Or Exceeds Expectations

Aging Civic Capital Score Summary Table-Meets or Exceeds Expectations													
	Measure 1	Measure 2	Measure 3	Measure 4	Measure 5	Measure 6	Measure 7	Measure 8	Measure 9	Measure 10	Measure 11	Measure 12	Measure 13
Alexandria, VA		X		X		X	X	X	X	X	X	X	X
Atlanta, GA	X	X			X	X	X	X		X	X	X	
Augusta, GA	X	X	X	X	X	X	X	X		X	X	X	X
Austin, TX	X	X		X	X	X	X	X		X	X		X
Berkshire County, MA	X	X		X	X	X		X	X		X		X
Bethel, ME	X			X	X			X	X	X	X		
Boston, MA	X	X	X	X	X	X	X	X		X	X	X	X
Bowdoinham, ME	X	X		X	X			X	X	X			X
Carlsbad, NM					X			X			X		X
Champaign-Urbana, IL	X	X	X	X	X	X	X	X	X	X	X	X	X
Chemung County, NY	X	X	X		X	X	X	X	X		X	X	X
Cleveland, OH	X	X		X				X	X	X	X		X
Columbus, OH	X	X		X				X	X	X	X		
Dallas, TX	X			X				X	X		X		
Denver, CO		X			X	X	X	X		X			X
Des Moines, IA	X			X	X	X	X	X	X	X	X	X	X
Fairfax, CA		X					X	X	X		X		
Fort Lauderdale, FL					X			X					X
Fort Worth, TX	X	X		X	X	X	X	X	X	X	X		X
Henderson, NV	X			X		X		X	X				X
Honolulu, HI	X			X	X	X		X	X	X		X	X
Hyattsville, MD						X	X	X	X	X			
Ithaca, NY	X	X	X	X				X		X			X
Kennebunk, ME					X			X	X				
Larimer County, CO	X	X			X			X		X	X		

[illegible]

Appendix H: Results of the T-tests

	<i>Pop Under 350,000</i>	<i>Pop Over 350,000</i>
Mean	10.68965517	12.52380952
Variance	32.22167488	35.06190476
Observations	29	21
Hypothesized Mean Difference	0	
df	42	
t Stat	-1.099912873	
P(T<=t) one-tail	0.138817357	
t Critical one-tail	1.681952357	
P(T<=t) two-tail	0.277634715	
t Critical two-tail	2.018081703	

	<i>Prop < 15</i>	<i>Prop > 15</i>
Mean	11.8	10.95
Variance	32.23448276	36.892105
Observations	30	20
Hypothesized Mean Difference	0	
df	39	
t Stat	0.497502572	
P(T<=t) one-tail	0.3108141	
t Critical one-tail	1.684875122	
P(T<=t) two-tail	0.621628201	
t Critical two-tail	2.02269092	

Appendix I: Bivariate Regression Results for Population 65 and Over

SUMMARY OUTPUT

<i>Regression Statistics</i>	
Multiple R	0.17414326
R Square	0.03032587
Adjusted R Square	0.01012433
Standard Error	5.76366406
Observations	50

<i>ANOVA</i>					
	<i>df</i>	<i>SS</i>	<i>MS</i>	<i>F</i>	<i>Significance F</i>
Regression	1	49.868475	49.868475	1.50116617	0.22647032
Residual	48	1594.55153	33.2198234		
Total	49	1644.42			

	<i>Coefficients</i>	<i>Standard Error</i>	<i>t Stat</i>	<i>P-value</i>	<i>Lower 95%</i>	<i>Upper 95%</i>	<i>Lower 95.0%</i>	<i>Upper 95.0%</i>
Intercept	14.135436	2.33080696	6.06461032	1.9976E-07	9.44903446	18.8218374	9.44903446	18.8218374
Pop 65+	-0.1749108	0.14275861	-1.2252209	0.22647032	-0.4619462	0.11212459	-0.4619462	0.11212459

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