Planning for the Aging Population: Rural Responses to the Challenge

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As the U.S. anticipates a rapid rise in older residents, municipalities of all sizes must prepare for their roles in meeting the needs of this group. This brief highlights a 2010 survey of more than 1,400 local governments across the country to learn how communities are responding, particularly in rural areas.

Overview

The U.S. population is aging. By 2030 nearly one-fifth of the population will be at least 65 years old. This aging trend represents an infusion of new talent and resources for community development. However, the trend also includes a striking rise in the "old" (aged 75-84) and the "oldest old" (aged 85+), who are more likely to need assistance. **Local governments across the country will experience new demands on services, as well as opportunities to utilize the time and talents of older residents.**

Changes in family structure and shifts in longevity, health care and pensions create new challenges for all communities. People are living longer and having fewer children, resulting in more need for care but fewer family options.[1] People are spending more of their lives in retirement, straining health and pension systems.[2] As lifespans extend, there will be more people with chronic physical conditions and cognitive impairment that require support.

Rural municipalities feel the demographic shift especially keenly. They are home to a higher proportion of seniors (Figure 1) and face greater challenges in serving older residents due to lower density and limited service infrastructure. Yet rural service levels are nearly on par with suburbs.

This brief analyzes recent survey data to explore how communities across the urban to rural spectrum are meeting the needs of older adults.

Methodology and Data

This report is based on 2010 survey data collected by the National Association of Area Agencies on Aging (n4a) with the International City/County Management Association (ICMA) in collaboration with the American Planning Association, the National League of Cities, the National Association of Counties, and Partners for Livable Communities. It expands on the earlier *Maturing of America* report[3] by focusing on differences across the rural to urban spectrum. More than 10,000 surveys were sent, 14% (1,459) responded, and 1,430 of these provided complete answers for our analysis. We supplement the survey data with demographic data from the 2010 U.S. Census and 2006-2010 American Community Survey.

We categorize municipalities according to metro status: metro core, suburban, and rural. Of the 1,430 municipalities in the

FIGURE 1

Proportion of Older Residents by Metro Status: Rural Areas Home to More Seniors
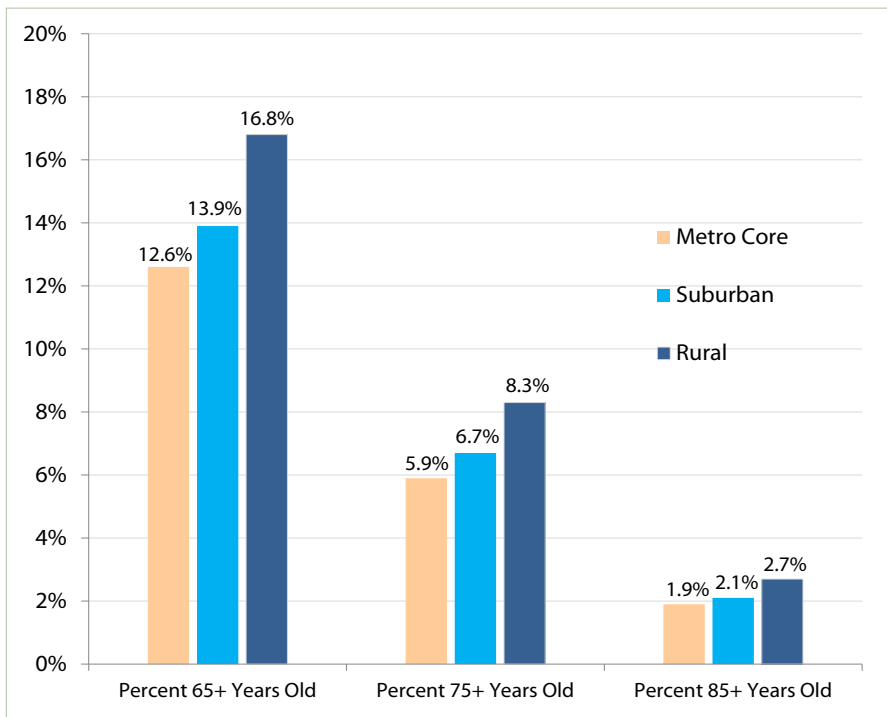
Source: 2010 U.S. Census population data for 1,430 Maturing of America survey respondents

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[1] National Institute on Aging. 2007. *Why Population Aging Matters: A Global Perspective*. Washington DC: U.S. Department of State.
[2] Ibid.
[3] The *Maturing of America* report was published in 2006 and 2011 to examine local governments'"age readiness" for both serving older residents and utilizing their talents and experience.

dataset, 538 (38%) are rural, 712 (50%), are suburban, and 180 (13%) are metro core.[4] Nearly two-thirds are municipalities with populations of 2,500 to 25,000.

The survey's two major sections cover services and planning. Under services, the bulk of the survey, 43 questions are organized into 10 categories – from health care to transportation to civic engagement.

Respondents were asked to indicate whether a service is available and which entities (local government, non-profit/faith-based organization, and/or for-profit entity) provide or fund it. We coded a service as "available" if a respondent indicated it is provided or funded within their municipality.

Painting the Rural Picture: Older, Poorer, and Farther Apart

Several factors combine to make serving older residents in rural communities more difficult.

Rural areas are home to a higher proportion of older residents. Young adults migrating to urban areas, as well as older people relocating to rural destinations, have resulted in the aging of the rural population at a pace that exceeds its urban counterparts.[5] Among the 1,430 municipalities in the dataset, residents 65 or older account for about 17% of the population in rural places, 14% in suburban places, and 13% in metro core places (Figure 1).

Income is lower and poverty is higher in rural communities. Census data reveal that average per capita income among respondent municipalities is $21,726 in rural places compared to $32,131 in suburbs and $26,744 in metro core places. Poverty rates are nearly 17% in rural areas, compared to 9% in suburbs and 15% in metro core places. Seniors' poverty rates specifically are higher in rural places as well – about 11% compared to 9% in metro core and 7% in suburban places.

Density is lower in rural places. Spatial dispersion makes it harder for older people with limited mobility to travel to services and social outings, and more expensive and challenging to bring services to seniors at home. Rural elders – who also are more likely to live alone – may become more physically and socially isolated as a result.

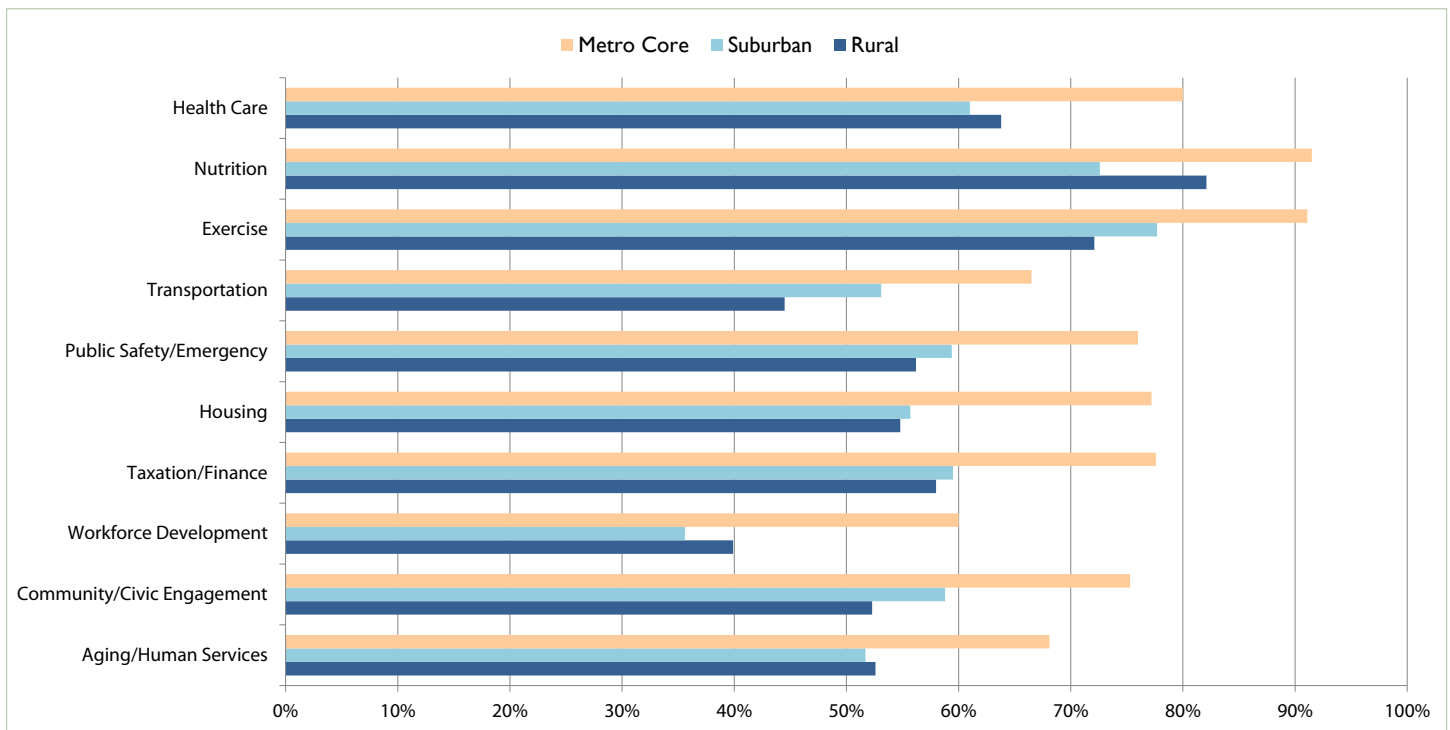## Services: Rural residents have less access to services than their metro counterparts.

Rural places provide fewer services than metro core places in every category, no exceptions (Figure 2). Of the 43 services included in the survey, on average 56% of them are available in rural places, compared to 75% in metro core and 58% in suburban places.

In four categories, however – health care, nutrition, workforce development, and aging/human services – rural places offer more services than suburban places. In the remaining six categories, rural areas offer

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[4] Note that metro core may refer to a city that has only 10,000 people but serves as the metropolitan core of a geographic region. Similarly, some rural places may be quite large (especially rural counties).
[5] Brown, David and Nina Glasgow. 2008. *Rural Retirement Migration*. Dordrecht: Springer.

FIGURE 2
Service Availability by Metro Status: Metro Core Leads in Every Category

(Average rates of availability in 10 service categories included in survey)

slightly lower levels of service. Rather than landing somewhere in the middle, suburban levels of service availability tend considerably closer to rural levels than those of metro core. However, suburban communities benefit from spillover of services in adjacent metro areas. This is not possible for most rural communities.

Who is providing services?

With a few exceptions, the same overall pattern holds for rural places as for metro core and suburban ones: **local governments provide the most services, nonprofits are a close second, and for-profit entities are a distant third.**

Local government and nonprofits each provide about one-third of services in rural areas, and for-profit entities provide 12% (not shown). Suburban rates are similar (36% local government, 31% nonprofit, and 13% for-profit). In metro core places, local government and nonprofits each provide about half of all services, while for-profit entities provide 18%. The lack of market provision increases demand on government and nonprofit providers.

Transportation

Whether older adults can age in place hinges largely on transportation. Can they reach the services available to them, get to a routine doctor's appointment, or attend a social event?

Older adults' diverse mobility needs present some of the most pressing challenges for rural communities, and transportation accounts for nearly a quarter of the survey's service questions.

No matter where they live, the coming generation of seniors is more automobile-reliant than ever before.[6] The percentage of licensed drivers over 70 years old in the U.S. rose from 66% in 1990 to 84% in 2009, a trend that will continue as boomers age.[7]

Most people will outlive their ability to drive, and many will face isolation when they can no longer get behind the wheel. Older adults in rural and suburban areas will feel this acutely as communities designed for the car offer few other transportation options.

Analysis reveals predictable discrepancies between

Image: Dan Burden

the availability of transportation services in rural and metro core places (Table 1). One-third of rural places, compared to three-quarters of metro core places, report having public transit available, and paratransit provision is only slightly higher at 43%. Suburban places fall somewhere in the middle.

Transportation services funded through the Older Americans Act are more consistently available. More than 80% of rural places offer transportation to and from medical appointments. Suburban rates are slightly lower (77%), while metro core rates are about 90%.

Mobility management – "person-centered counseling on transportation and alternatives to driving" – is least available overall (only 15% of rural places). Older driver safety training also is needed, but only a quarter of rural places, one-third of suburban places, and less than half of metro core places have such programs available.

Policy efforts to expand transportation options require urgent attention. Paratransit and dial-a-ride services can enhance older adults' mobility, but municipalities also must address issues such as road design and sidewalk systems to meet the needs of an aging population.

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[6] Rosenbloom, Sandra. 2003. *The Mobility Needs of Older Americans: Implications for Transportation Reauthorization*. Washington DC: The Brookings Institution Center on Urban and Metropolitan Policy.
[7] Federal Highway Administration. 2011. *Our Nation's Highways*. Washington DC: U.S. Department of Transportation.

TABLE 1

Transportation Services Availability								
	Public transit	**Paratransit** for older adults	**Transportation to and from health care**	**Mobility management**	**Older driver safety training**	**Door-to-door, door-through-door, and/or dial-a-ride** for older adults	**Road design and/or road signage** that meet the needs of older adults	**Sidewalk system** linking residences and services
Metro Core	74.4%	73.9%	90.0%	41.1%	46.7%	69.4%	47.2%	61.7%
Suburban	48.2%	55.9%	77.0%	22.3%	33.3%	57.4%	45.6%	63.3%
Rural	33.1%	42.6%	81.4%	14.9%	25.8%	45.2%	32.7%	49.4%

Housing

Many rural seniors eventually confront a housing gap and must choose between remaining in a home that no longer accommodates their needs or prematurely entering a nursing home.[8] The Housing Assistance Council reports that 89% of rural seniors own their own homes and that most of this housing is in reasonably good condition; however, rural housing stock is much older than urban housing and is overall more deficient.[9] Fewer rural seniors rent, but those that do are more likely to live in poverty and face greater housing challenges.[10]

Options can be scarce. Rural areas have fewer multi-family apartments. Assisted living facilities are limited and often costly.[11] Housing is usually located away from shops, services, and other community resources; and given the lack of transportation alternatives, seniors with limited mobility may be largely homebound, making successful aging in place more difficult. **But the majority of rural communities are providing housing supports to enable older adults to age in place.**

Modification of existing homes is available in more than 60% of rural places (Table 2), due in part to federal funding for such programs, especially for income-restricted individuals. Suburbs offer less subsidized housing than rural places, where higher poverty creates greater need for it. Targeted service delivery (such as trash collection or snow shoveling) is available in only a third of rural areas. Non-profit organizations are especially important in the provision of housing services.

Health Care

Seniors across the country face rising medical costs. Rural seniors suffer more chronic disease than their urban counterparts, have less supplemental health insurance, and typically must travel farther to receive care.[12,13] Many rural areas also increasingly face shortages of doctors and other health care workers and have access to less medical technology.[14] Recent state and federal health policy promotes more home health care to cut costs and reduce the time seniors spend in hospitals and nursing homes.

Image: John Moore

Our analysis indicates that on average two-thirds of rural places provide the five health care services included in the survey (health care services that meet a range of needs, prescription programs, wellness programs, preventive screenings, and immunizations), topping suburban places by four percentage points (not shown).

Health care services that meet a range of needs are offered in more than two-thirds of rural places (Table 2). As with housing, the role of nonprofits is very important in health care, but for-profit delivery is critical as well. For rural areas reliance on local government and for-profits is higher than for suburbs.

A complex topic, health care is closely linked to many interrelated factors and services that cannot all be

[8] Housing Assistance Council. 2011. Rural Seniors and Their Homes. Washington DC.
[9] Ibid
[10] Housing Assistance Council.2003. Rural Seniors and Their Homes. Washington DC.
[11] NCB Capital Impact, Vista Senior Living, and Robert Wood Johnson Foundation. 2007. *Assisted Living in Rural Markets*. Arlington, VA: NCB Capital Impact.
[12] Goins, R. Turner. 2004. *Plan of Action on Rural Aging: Findings from Six Demonstration Projects for Rural Older Adults*. Morgantown, WV: West Virginia University Center on Aging.
[13] Ham, Richard, R. Turner Goins, David K. Brown. 2003. *Best Practices in Service Delivery to the Rural Elderly: A Report to the Administration on Aging*. Morgantown, WV: West Virginia University Center on Aging.
[14] American Association of Medical Colleges. 2011. *Recent Studies and Reports on Physician Shortages in the U.S.* Washington DC.

TABLE 2

	Housing Services Availability												Health Care Services Availability			
	Services for **modification of existing homes** of older adults				Subsidized housing for older adults				Targeted service delivery (e.g. snow shovelingl)				Health care services that meet a range of needs			
	Available	LG	NPO	FP	Available	LG	NPO	FP	Available	LG	NPO	FP	Available	LG	NPO	FP
Metro Core	85.6%	49.4%	73.3%	23.9%	79.4%	58.9%	51.7%	21.7%	57.8%	28.9%	33.3%	11.1%	82.2%	54.4%	69.4%	55.0%
Suburban	62.4%	25.4%	47.9%	14.3%	52.0%	26.7%	34.1%	14.9%	44.0%	25.0%	21.5%	10.4%	60.1%	25.0%	36.5%	37.8%
Rural	61.5%	25.1%	46.5%	10.0%	61.2%	28.4%	34.9%	20.1%	34.4%	16.2%	17.8%	7.4%	68.2%	36.1%	35.1%	44.6%

Figures indicate overall availability ("Available"), then percent of places where a given service is provided/funded by local government ("LG"), nonprofit organization ("NPO"), or for-profit entity ("FP").

captured in the survey. The 2010 Affordable Care Act emphasizes prevention through attention to the impact of planning and community design on public health. Funding is available to help communities address broader physical design and service delivery beyond traditional medical services. This creates the opportunity for communities to address the needs of elders in innovative and holistic ways.

Public Safety/Emergency Services

Many older people are increasingly vulnerable on two fronts. Elder abuse is a growing but often unrecognized problem.[15] Accurate statistics are difficult to get due to under-reporting, but an estimated 2% to 10% of adults over 65 suffer neglect, physical or emotional abuse, or financial exploitation at the hands of caregivers, especially family members.[16]

The growing number of extreme weather events also puts many older adults at risk. Heat waves, floods, hurricanes, and fires, among others, are a particular threat to older adults who rely on caregivers, have chronic illnesses, or are affected by cognitive, sensory or mobility impairment.[17]

About 60% of rural areas offer services to identify elder abuse and neglect, and 54% to prevent it (compared to around 80% for both in metro core places) (Table 3). The Administration on Aging in 1988 established the National Center on Elder Abuse, which provides resources to help make such services more widely available.

Almost half of rural areas reported having specialized training for public safety/emergency staff in dealing with older adults, compared to 71% of metro core places. Around two-thirds of both rural and suburban places reported knowing where older adults reside (so that services can be delivered in severe weather, for example) as well as having evacuation plans in place for older adults in the event of a natural disaster or other crisis (Table 3).

Aging and Human Services

This category reflects a range of services that help older adults age in place, extending the time they can live independently while reducing the cost burden of moving to an institutional setting. A widespread desire among older people to remain in their own homes,

Image: Corporation for National & Community Service

as well as government policy and funding, especially through the Older Americans Act, are driving a shift in this direction.

Older adults in rural places enter nursing homes at higher rates, younger ages, and with less impairment than their metro counterparts[18,19] and stand to benefit significantly from expanded in-home support services.

These options are increasing. Survey data find that **in-home support services – such as help with household chores – are available in more than three-quarters of rural places**, **exceeding suburban availability** by nearly 10 percentage points (Table 3).

In rural places both nonprofits (50%) and for-profits (38%) play considerably larger roles than local governments (28%) in providing in-home services, a pattern found in suburbs and metro places as well. Suburbs and metro core places also rely most on nonprofits, though for-profits play a larger role in all places than in most other services.

[15] Teaster PB, Dugar T, Mendiondo M, Abner EL, Cecil KA, Otto JM. The 2004 Survey of Adult Protective Services: Abuse of Adults 60 Years of Age and Older. National Center on Elder Abuse: Washington, DC.
[16] National Center on Elder Abuse. 2005. Fact Sheet: Elder Abuse Prevalence and Incidence. Washington DC
[17] Gibson, Mary Jo and Michelle Hayunga. 2005. *We Can Do Better: Lessons Learned from Protecting Older Persons in Disasters*. Washington DC: AARP.
[18] Ham et al. 2003
[19] Fitzgerald, Peter, Andy Coburn, Sharon Dwyer. 2011. Expanding Rural Elder Care Options: Models That Work. Portland, ME: Rural Long Term Care Workgroup

TABLE 3

	Public Safety/Emergency Service Availability				Aging and Human Services Availability				
	Elder abuse and neglect identification/ prevention	Specialized training for public safety and emergency staff in dealing with older adults	Knowledge of where older adults reside	Plans for evacuation of older adults in the event of a natural disaster or other crisis	In-home support services that enable older adults to live independently				Single-point entry model for services
					Available	LG	NPO	FP	
Metro core	81.7%/78.9%	71.7%	78.9%	78.3%	86.7%	48.3%	68.3%	48.9%	49.4%
Suburban	63.5%/58.3%	53.2%	62.4%	66.4%	68.8%	19.9%	49.4%	36.2%	34.6%
Rural	59.9% /54.1%	48.9%	62.6%	65.1%	77.9%	27.7%	50.0%	37.7%	27.3%

The Administration on Aging and Centers for Medicare and Medicaid are pushing a streamlined approach that offers a "one stop shop" for accessing services, but such systems take time to establish. Such single-point entry models for services are not widely available in rural places (27%), but rates are relatively low in suburban and metro core places as well (Table 3).

Exercise and Nutrition

Healthful food and adequate physical activity are critical to keeping all of us healthy and independent as we age. Investing in proper nutrition and exercise saves money by keeping older adults healthier and reducing the amount of care they need.

A 2012 study revealed that significantly more rural adults are obese (40%) than are urban adults (33%).[20] Further, boomers have the highest obesity rate of any age group, portending even higher obesity rates among seniors in coming decades.[21] Excessive weight gain can result from lack of physical activity and is linked to higher rates of many health conditions, such as heart disease, Type 2 diabetes, high blood pressure, certain cancers, and more.

Nearly two-thirds of rural places provide exercise classes tailored to specific health concerns (Table 4), relying on local government (32.9%), nonprofit organizations (34.6%), and for-profit organizations (26.6%) at similar levels for such services (not shown). More than 88% of metro core places and 69% of suburban places offer such exercise classes, with a similar distribution of service provision.

Hunger and food insecurity can jeopardize older adults' ability to get a diverse, nutritious diet. **Analysis shows that nutrition services are widely available, with over 80% of rural places offering congregate meals and in-home meal delivery** (Table 4). Rural places are close behind metro core places in providing congregate meals, while suburban places have the lowest rates. Rates of in-home meal delivery (aka "meals on wheels") are similar. Suburbs do least across the board.

Nutrition services account for one-third of the Older Americans Act budget, which helps explain the prevalence of these services across all places. Rural places look to both nonprofits (55%) and local government (47%) for nutrition services, while metro core and suburban places rely more on nonprofit providers (not shown).

Taxes, Income and Workforce Development

Lower incomes contribute to older adults' greater dependence on services. Local governments address this through tax breaks, help getting government assistance and workforce development.

Fifty percent of rural places offer property tax relief for older people on limited incomes, and 68% help them prepare their tax forms. This is similar for suburbs but higher in metro core places (62.8% for property tax relief and 85.6% for tax form assistance) (not shown).

Older adults are staying employed longer or are returning to the labor force to supplement their retirement incomes. Between 1977 and 2007, employment increased 101% for workers 65 and over, and 172% for workers 75 and older. [22] In 2010 more than 16% of adults 65 and older – and 7% of those 75 and older – nationwide were in the labor force either full- or part-time.
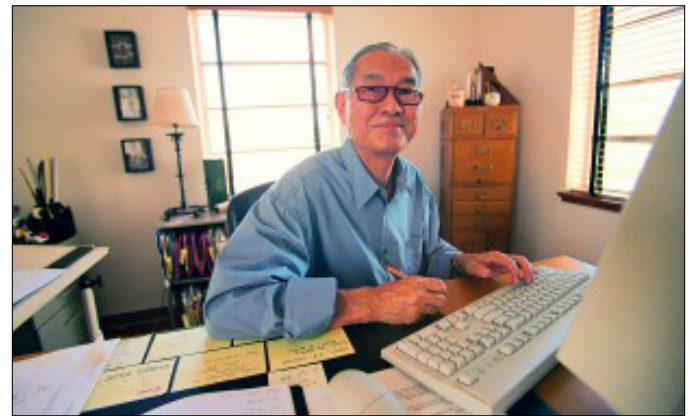

Image: BabyBoomers.com

Many older adults, especially women, immigrants and those in informal sector occupations, lack the 40 quarters of work needed to qualify for Social Security. Additional formal sector work in later years may help them qualify for Social Security benefits.

[20] Befort, C. A., Nazir, N. and Perri, M. G. 2012. Prevalence of Obesity Among Adults from Rural and Urban Areas of the United States: Findings From NHANES (2005-2008). *The Journal of Rural Health*. doi: 10.1111/j.1748-0361.2012.00411.x
[21] Sommers, Andrew. 2009. Obesity Among Older Americans. Congressional Research Service Report for Congress. Washington DC.
[22] U.S. Bureau of Labor Statistics. 2008. BLS Spotlight on Statistics: Older Workers. Washington D.C.

TABLE 4

	Exercise & Nutrition Services			Workforce Development Services		Community & Civic Engagement Services		
	Exercise classes tailored to specific health concerns	Congregate meals, such as lunch at a senior center	Meals delivered to homes	Workforce skills development targeting older adults	Employer engagement/ education re: the contributions and needs of older adults	Volunteer opportunities for older adults	Engagment of older adults in local planning/ decision-making process	Programs specificially developed to provide intergenerational activities
Metro core	88.3%	92.8%	91.7%	67.8%	52.2%	92.2%	76.7%	66.7%
Suburban	69.0%	77.2%	75.6%	39.7%	31.5%	77.2%	65.4%	44.1%
Rural	64.5%	88.1%	82.7%	44.8%	34.9%	73.4%	56.7%	34.8%

Workforce development services can help older adults reenter the labor force and supply critical skills to area employers. Less than half of rural places offer workforce skills development for older adults (Table 4), and only a third engage employers about the needs and contributions of older adults. Like metro core and suburban places, rural places look to nonprofits for most of these services (28.1%), while local government provides 14.7% (not shown).

Community & Civic Engagement

Social ties contribute significantly to an older person's mental and physical well-being. In fact, research shows that weak social connections are on par with smoking and alcohol consumption – and trump obesity and physical inactivity – as risk factors in mortality.[23]

As older adults confront major life changes like retirement, children moving away, the death of a spouse, or diminished independence, communities play important roles in keeping their social relationships strong and plentiful. This role can be direct – by offering classes at a senior center – and indirect, by providing transportation options that allow older people to get out and about.

Older adults' expertise and talents are an increasingly important resource for all communities. But how well do communities utilize these resources? Volunteer opportunities for older adults are available in around three-quarters of rural and suburban places, compared to 92% in metro core places (Table 4). More than half of rural places report engaging older adults in local planning and decision making processes, compared to two-thirds of suburban places and three-quarters of metro core places.

Rural places lag most in inter-generational programs, available in only a third of rural places but in 44% of suburbs and 66% of metro places. Opportunities exist for creative policies and programs that simultaneously serve children and seniors through shared services. For rural areas with limited facilities, co-locating services for children and older adults in schools can be an effective approach. **Multi-generational programming can strengthen community ties, improve inter-agency coordination, and stretch taxpayer dollars**.[24]

Land Use and Strategic Planning

Rural areas face land use and physical design challenges that make it harder for older adults to remain independent. Limited transit and housing options and physical disconnects between the two become barriers as we get older. New initiatives such as mixed use zoning, density bonuses, complete streets and universal design can help people age in place. [25,26]

The survey asked about land use planning and strategic planning and found that **rural places report land use planning at levels comparable to metro core places, but suburban places lead the way in this category** (Table 5).

Rural municipalities lag in planning for aging in place. Less than a third of rural places have zoning requirements that support aging in place, compared to 42% in metro core places and 49% in suburbs. Rural places stack up well with metro core places in "complete street" zoning requirements and building codes that incorporate universal design – although all numbers are below 50%. Suburban places top metro core and rural places in each of these areas.

[23] Holt-Lunstad, Julianne, Timothy Smith, J. Bradley Layton. 2010. Social Relationships and Mortality Risk: A Meta-analytic Review. PLoS Med 7(7): e1000316. doi:10.1371/journal.pmed.1000316

[24] Greenhouse, Esther, George Homsy and Mildred Warner. Multi-generational Community Planning: Linking the Needs of Children and Elders. 2010. Ithaca, NY: Cornell University.

[25] Farber, Nicholas, Doug Shinkle, et al. 2011. *Aging in Place: A State Survey of Livability and Policies and Practices*. Washington DC: AARP Public Policy Institute and National Conference of State Legislators.

[26] AARP Public Policy Institute. 2005. *Beyond 50.5: A Report to the Nation on Livable Communities – Creating Environments for Successful Aging*. Washington DC: AARP.

TABLE 5

	Land Use Planning: *Local government has in place...*			
	A master plan - a land use plan reflected in zoning and subdivision ordinances	Zoning requirements that support **aging in place**	Zoning requirements that support **"complete street"** design	Building codes that incorporate **universal design**
Metro core	56.1%	42.2%	49.4%	45.0%
Suburban	69.0%	48.9%	55.5%	54.9%
Rural	57.1%	31.4%	43.9%	44.1%

TABLE 6

	Strategic Planning: *Local government has in place...*								
	A **strategic plan** that specifically reflects the needs and potential contributions of older adults			A **comprehensive assessment** of the needs of older adults			A **process** that solicits input from older adults to identify their needs		
	Overall	Cities	Counties	Overall	Cities	Counties	Overall	Cities	Counties
Metro core	23.3%	13.9%	35.4%	25.0%	10.5%	38.0%	39.4%	22.4%	49.4%
Suburban	15.4%	15.7%	15.1%	14.9%	19.7%	14.2%	29.6%	39.7%	27.8%
Rural	13.4%	10.0%	16.1%	14.9%	8.2%	19.1%	22.5%	13.9%	27.4%

Few (15%) rural places have undertaken either a strategic plan or comprehensive assessment related to the needs of older adults (Table 6). Numbers are relatively low in suburban and metro core places, as well. The picture improves slightly when it comes to having a process in place for soliciting older adults' input related to their needs, with nearly 23% of rural places reporting that they do.

The three strategic planning questions reveal a pattern across cities and counties. **Counties typically do more strategic planning than cities – possibly because more planning capacity is found at the county level**. Rural and metro core counties are more likely than cities to report already having in place a plan, assessment or process related to older adults. In contrast, in suburban places cities are doing more than counties in all three categories. A challenge for the future is to increase strategic planning in cities in metro and rural areas as well.

Conclusion

Rural seniors and local governments that serve them face a web of interconnected challenges that will intensify in coming decades. This issue brief has outlined some of the challenges and responses of communities across the rural to urban spectrum.

Local governments that undertake strategic planning for older residents can better identify and address present and future challenges. Collaborative planning that engages other government agencies, nonprofit organizations, health care providers, the business community and other actors can lead to more streamlined, cost-efficient solutions.

Some rural areas may benefit from creating strategic partnerships with key stakeholders and/or regional service infrastructure that scales up services to gain efficiencies in both delivery and funding. This can also foster holistic planning that better coordinates closely linked services such as housing and transportation, or in-home services and health care.

The more than 600 Area Agencies on Aging around the country serve as on-the-ground informants and long-time planners for policies and programs that meet both the day-to-day and long-term needs of older adults. The Aging Innovations and Achievement Awards Program from the National Association of Area Agencies on Aging highlights innovative approaches being applied by its members that can serve as models for other communities.

Image: Esso Research

RESOURCES

The Maturing of America: Communities Moving Forward for an Aging Population. National Association of Area Agencies on Aging (n4a) (2011)

Aging Innovations and Achievements. National Association of Area Agencies on Aging (n4a)

Aging in Place: A State Survey of Livability and Policies and Practices. AARP Public Policy Institute and National Conference of State Legislators (2011)

Transportation: The Silent Need. Results of a National Survey of Area Agencies on Aging. National Center on Senior Transportation (2010)

Aging in Place, Stuck without Options: Fixing the Mobility Crisis Threatening the Baby Boom Generation. Transportation for America (2011)

Best Practices for Service Delivery to Rural Elderly: A Report to the Administration on Aging. West Virginia University Center on Aging (2003)

Identifying Vulnerable Older Adults and Legal Options for Increasing Their Protection During All-Hazards Emergencies: A Cross Sector-Guide for States and Communities. Centers for Disease Control and Prevention, U.S. Department of Health and Human Services (2012)

Reaching Across the Ages: An Action Agenda to Strengthen Communities through Intergenerational Shared Sites and Shared Resources. Generations United (2002)

Multi-generational Community Planning: Linking the Needs of Children and Elders. Cornell University and American Planning Association (2010)