

# Statewide Age-Friendly Initiatives: An Environmental Scan

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## Key Findings

- Using an environmental scan of all 50 states, we identified 33 statewide aging in place or age-friendly initiatives (policies, programs, or strategies that support the health, wellbeing, and independence of all people as they age) across 22 individual states.
- Of the 33 statewide initiatives, six focused explicitly on rural communities or included rural communities in one of the priority areas.
- Rural-specific focus areas included *Transportation* (n=3), *Provider Training and Education* (n=2), *Workforce Development* (n=1), *Dementia-Friendly* (n=1), and *Underserved Community* (n=1).

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## Purpose

The purpose of this policy brief is to identify the extent of statewide programs to support aging in place or age-friendly environments and, within those, to identify the extent to which such programs have an explicit rural focus.

## Background

Age-friendly initiatives are generally recognized as policies, programs, and strategies that support the health, wellbeing, and independence of all people as they age.<sup>1</sup> Beyond health care and long-term supports and services, these initiatives also incorporate social, economic, and environmental influences.<sup>1</sup> Typically, these initiatives have occurred at the local level but are becoming increasingly common at the state level, recognizing that this may help improve efficiencies and coordinated efforts to support older adults aging in place across the entire state.<sup>1-3</sup> This is of particular importance for rural communities as the share of older adults is increasing in rural areas faster than in urban areas, yet funding of and access to aging supports in rural areas may be more limited or disjointed.<sup>2,4,5</sup>

To further support the development of state-level age-friendly initiatives, several national organizations, including AARP and Trust for America's Health, are forming their own networks. The intention of these networks are two-fold. First, the networks help guide state stakeholders (e.g., government agencies or elected officials, public health departments, nonprofits, and other partner organizations) to design and implement initiatives.<sup>2,6</sup> Second, the networks build momentum and peer support as they navigate through this process.<sup>2,6</sup>

[In a complementary policy brief](#), we identified that the majority of older adults would prefer to stay in their own home as they age, but noted differences for how

they would like to receive in-home care by rurality, gender, and race and ethnicity.<sup>7</sup> This highlights the need to tailor policies and programs in order to support a diverse population of older adults in aging in place successfully. More information is needed on the prevalence of state-level initiatives to become age-friendly or to support aging in place, and the extent to which such initiatives specifically focus on the needs of older adults in rural areas.

## Methods

We conducted an environmental scan using Google to identify which states have initiatives that are easily discoverable. For each of the 50 U.S. states, we completed two separate searches using the state name, key words “aging in place” or “age friendly,” and the Boolean operator “AND.” For instance, searching Arizona entailed individual searches for “Arizona AND ‘aging in place’” or “Arizona AND ‘age friendly.’” Each statewide initiative that the search generated was documented in Excel. Occasionally, an initiative would populate via a press release or publication, but wouldn’t include the main URL. In those instances we would then search for that initiative by name.

Once we completed the two distinct searches for each state, we searched each initiative’s website and/or documentation to see if there was an explicit rural focus. First, we reviewed the website’s navigation bar to identify projects, publications, or webpages within the initiative that included “rural.” Second, we searched the website for mentions of “rural” by using a combination of the internal search bar and/or Control+F. The latter was also used in any downloadable documents that provided an in-depth overview of the initiative. All findings of “rural” were documented along with a brief description and any other focus areas within the same initiative. Lastly, the focus areas for both the rural-specific initiatives and the statewide initiatives were coded to identify larger themes.

The environmental scan was conducted October, 2020 – February, 2021.

## Findings

Cumulatively, we identified 33 statewide initiatives across 22 states, as of February 28, 2021. The majority of the states with any initiative had only one initiative (n=13), while the others had two (n=7) or three initiatives (n=2) and one initiative incorporated three neighboring states. (The tristate initiative was counted individually for each state.) Additionally, two nationwide networks were associated with several of the initiatives: AARP’s Network of Age Friendly States and Communities (n=6) and Trust for America’s Health Age Friendly Public Health Network (n=5). Specific states and their initiatives are listed in a companion brief, [Examples of Statewide Age-Friendly Initiatives](#).<sup>8</sup>

Of the statewide aging in place initiatives, 27 did not include an explicit rural focus. They did, however, represent broad area of foci, as shown in Table 1. *General Aging and Health* (n=6) and *Education/Resource Development* (n=6) were the most common foci with *Transportation* (n=4) and *Housing* (n=4) closely following.

**Table 1. Focus Areas of Statewide Initiatives without an Explicit Rural Focus**

Description	Quantity
<i>Initiatives without Explicit Rural Foci</i>	27
General Aging and Health	6
Education/Resource Development	6
Transportation	4
Housing	4
Caregiving	3
Dementia-Friendly	3
Health and Social Services	3
Inclusion and Equity	2
Other	2

*Note: Initiatives included multiple focus areas so total to more than 27.*

Across the 33 statewide initiatives, six had an explicit rural focus (see Table 2). The specific foci of these initiatives varied, with some specifying a general focus on rural communities and/or underserved communities and with other states designating a specific substantive area for their rural work (e.g., transportation, provider training, workforce development).

**Table 2. Statewide Initiatives with Explicit Rural Foci**

Description	Quantity
<i>Initiatives with Explicit Rural Foci</i>	6
Transportation	3
Provider Training and Education	2
Workforce Development	1
Dementia-Friendly	1
Underserved Community	1

*Note: Initiatives included multiple focus areas so total to more than 6.*

## Discussion

In this environmental scan, we found that nearly half of all states have some statewide initiative to support age-friendly environments or aging in place programming. Such initiatives are reflective of the aging population and older adults' preference to remain in their homes and communities as they age.<sup>7</sup> Of the 22 states with such initiatives, six had an explicit focus on rural populations. These states varied in size and proportion of their rural populations and were dispersed across the U.S. More information is available on these in a companion policy brief, [Examples of Statewide Age-Friendly Initiatives](#).

These findings are likely not exhaustive of statewide initiatives focused on supporting aging and older adults. Rather, these are the initiatives that are easily identifiable. Discoverability is an important asset in any program or policy, but can be especially critical for novel strategies in advancing population health. Additional work is needed at the state, regional, and federal levels to ensure that programs to support older adults aging in place are available and equitably distributed. This is especially important for rural areas, where older adults are disproportionately likely to live and where access to health care and supportive services is more limited.<sup>4,5</sup> Statewide initiatives have the potential to ensure that resources are distributed equitably across populations, rather than limited to individual communities with the resources to devote to such programming.<sup>3</sup>

## Conclusion

The challenges of supporting aging adults and improving access to health care and social, economic, and environmental resources are deeply intertwined, particularly in rural areas. Statewide age-friendly initiatives offer an opportunity to develop comprehensive plans to address these challenges while simultaneously creating efficient, coordinated, and equitable use of resources when done thoughtfully.<sup>3</sup>

Going forward, additional efforts are needed at the federal and state level to ensure that all older adults are supported in aging in place and that all communities are “age friendly,” allowing individuals to live there regardless of age, health and functional status, and access to resources. This environmental scan identified numerous statewide programs, but also room for growth in ensuring access to such programs in every state, and particular attention to the needs of rural residents and the unique challenges and opportunities involved with aging in rural areas.

## References

1. Greenfield EA. (2018). Age-friendly initiatives, social inequalities, and spatial justice. *Hastings Cent Rep.* 48:3, S41-S45. doi: 10.1002/hast.912
2. AARP Livable Communities. (n.d.) AARP Network of Age-Friendly States and Communities. Retrieved from <https://www.aarp.org/livable-communities/network-age-friendly-communities/> Last accessed 26 May 2021
3. The SCAN Foundation. (2020). Building a Master Plan for Aging: Key Elements from States Planning for an Aging Population. Retrieved from <https://www.thescanfoundation.org/publications/building-a-master-plan-for-aging-key-elements-from-states-planning-for-an-aging-population/> Last accessed 6 May 2021.
4. Tuttle C, Tanem J, Lahr M, Schroeder J, Tuttle MS, & Henning-Smith C. (2020). Rural-Urban EDifferences among Older Adults. University of Minnesota Rural Health Research Center Chartbook. Retrieved from <https://rhrc.umn.edu/publication/rural-urban-differences-among-older-adults/> Last accessed 26 May 2021.
5. Probst J and Jones K. (2016). Looking Ahead: Rural-Urban Differences in Anticipated Need for Aging-Related Assistance. Retrieved from <https://www.ruralhealthresearch.org/publications/1044> Last accessed 26 May 2021.
6. Trust for America's Health. (n.d.) Age-Friendly Public Health Systems. Retrieved from <https://www.ruralhealthresearch.org/publications/1044> Last accessed 7 May 2021.
7. Henning-Smith C, Mulcahy J, Lahr M, & Tanem J. (2021). Preferences for Long-Term Care Arrangements among Rural and Urban Older Adults. University of Minnesota Rural Health Research Center Policy Brief Retrieved from <https://rhrc.umn.edu/publication/preferences-for-long-term-care-arrangements-among-rural-and-urban-older-adults/> Last accessed 26 May 2021.
8. Tanem J, Henning-Smith C, & Lahr M. (2021). Examples of Statewide Age-Friendly Initiatives. University of Minnesota Rural Health Research Center. Retrieved from: <https://rhrc.umn.edu/publication/examples-of-statewide-age-friendly-initiatives/> Last accessed 30 July 2021.

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