

**The Impact of Community Based Organizations: The Age-Friendly Effect**

by

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## **The Impact of Community Based Organizations: The Age-Friendly Effect**

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University of Pittsburgh, 2020

### **Abstract**

**Introduction:** In the United States, the population aged 65 and older number 49.2 million representing 15.2% of the population in 2016 (1). By 2050, it is anticipated that Americans aged 65 or older will number nearly 89 million people making up 22% of the population, nearly double the number of older adults in the United States in 2013 (9). In April 2015, Southwestern Pennsylvania Partnership for Aging (SWPPA) developed a project proposal (“Create an Age-Inclusive Ecosystem in Pittsburgh”) in response to the area’s aging population and the large number of people with disabilities living in the region.

**Methods:** An evaluation was completed in Spring and Summer 2019 by a graduate student evaluator in the Graduate School of Public Health at the University of Pittsburgh and a faculty member in the Evaluation Institute at the University of Pittsburgh’s Graduate School of Public Health, based on the quantitative data collected from participant organizations and process measures included in the Partner Tracking Tool. The tracking tool was created by Age-Friendly Greater Pittsburgh (AFGP) to track progress made on the 30 action items created in their action plan.

**Results:** Program Year 2 of the Age Friendly Greater Pittsburgh Initiative has maintained momentum since Year 1. AFGP identified that during Year 2 they planned to continue implementing action items from Year 1 while also launching several new action items. At the

end of July 2019, AFGP had begun implementing 26 of the 30 action items. The result of the work over the first two years of implementation should certainly be considered significant.

However, there are still action items that remain untouched or at the nascent stages. To maintain the progress and continue growth it will be crucial that continuing funding must be obtained.

The interviews revealed themes surrounding positive communication among work groups, increased media attention surrounding Age-Friendly, and positive support from Age-Friendly leaders. To maintain the progress and continue growth it will be crucial that continuing funding must be obtained.

**Statement of Public Health:** As public health professionals, it is our duty to promote the health of all individuals, especially those within the aging population.

**Conclusion:** With the definite and continuous increase of older adults in our nation, it is crucial that we grow and improve to make living life more comfortable for people of all ages. This Age-Friendly model provides a checklist for cities and communities to follow to make their neighborhoods more inclusive for all ages.

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## Preface

I would like to thank the many people who have aided my growth as a public health professional. First, I would like to extend my deepest gratitude to the faculty at the Graduate School of Public Health for providing me with exceptional coursework, guidance and support as I pursued my MPH. I would like to thank my advisor, Dr. Thistle Elias, for spending countless hours mentoring me and guiding me through my graduate experience. This thesis would not have been written if it was not for her guidance and expertise. I would also like to thank Dr. Elizabeth Felter who served as my practicum advisor and a member of my thesis committee. I will be forever grateful for willingness to work with me and meet with me countless times throughout this process. To Dr. Bonnie Jin, a member of my thesis committee, I will be forever grateful for your willingness to sit on my committee and work with me throughout this process. To Dr. Martha Terry, for being a constant source of inspiration and support for me during my graduate experience. In addition, I am very appreciative of the additional faculty I have had the pleasure of learning from and the entire BCHS department for providing wonderful examples of public health professionals.

Second, I would like to recognize the Age-Friendly Greater Pittsburgh team, but especially the work of Laura Poskin and Cassandra Masters. Their hard work and dedication to the Age-Friendly agenda is a true inspiration and I had the absolute pleasure working with them and for them over the last year. I hope this thesis rightfully displays the incredible work done by Age-Friendly Greater Pittsburgh.

Additionally, I am so beyond grateful for the community created at the Graduate School of Public Health. To my classmates, I have never been so inspired and challenged by a group of

individuals, I hope I can make you all proud. To Sejal Mistry and Darien Beall, I cannot thank them enough for their friendship this last semester. They both were a constant source of light and support. To my dear friends, Hannah Kupets and Kathleen Shedlock, you were my support team throughout the last two years. I would not be here today without the love and encouragement they have supplied me with. I am so grateful to have gained two lifelong friends.

To say that I would not be here today without the unwavering support of my friends and family is an understatement. To my Beaver Bagel Family (Jessica, Annie, Amanda, Samantha, and Jason), that for you providing a loving escape from the stress of school. This degree belongs as much to all of you. I am forever grateful for your understanding and love over the last two years. To my John Carroll Family (Andy, Megan, Stephanie, and Maria) I would not have taken a leap of faith and applied for graduate school if it was not for your endless love and support. To my Cleveland sisters (Celia, Maggie, Kelsey, Kailynn, and Mackenzye) thank you for adding so much joy to my life. And of course to both my Arcadia Family, who helped shape me into the woman I am today, and my CTP Family, for giving me a space to always be my truest self. I would not be here without any of you.

Finally, to Brontë Lucci for believing in me more than I believe in myself. I love you. And to my family. Mom, Dad, Alayna, Uncle Rick, and Aunt Judy, I hope I can make you proud. I love you all and am so grateful for all you do for me. I am forever indebted to all of you for your endless support of my wild dreams. To all of those I love who have passed away, this is truly for you, your legacies motivate me each and every day. Thank you.

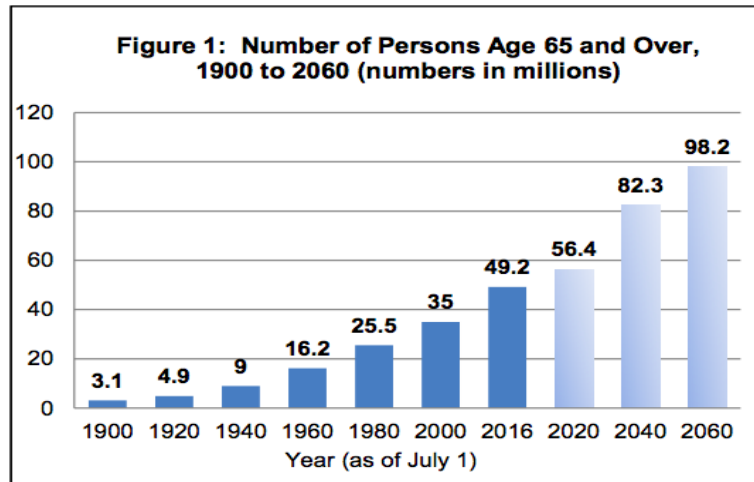
## 1.0 Introduction

In the United States, the population aged 65 and older numbered 49.2 million and represented about 16% of the population in 2017 (1). By 2050, it is anticipated that Americans aged 65 or older will number nearly 89 million people, or more than double the number of older adults in the United States in 2013 (9). According to the CDCs most recent report on aging in America, two realities are driving the rapid aging of the U.S. population: Americans are living longer lives than in previous decades and there are proportionately more older adults than in previous generations. In 2006, the WHO initiated a program specifically targeting the health of urban residents aged 60 years and older, linking the challenges of urbanization and aging. This collaborative program aimed to identify which features of the built and social urban environment are essential in creating sustainable and supportive environments for older residents. This culminated in the publication of the Age-Friendly city guide in 2006. The development of Age-Friendly cities and communities has become an important area of work in the fields of public health, aging and public policy. After attending an aging conference hosted by the World Health Organization (WHO), members of Southwestern Pennsylvania Partnership for Aging (SWPPA) embarked on a process to make Pittsburgh a more Age-Friendly city. They began by using SWPPA resources to make small changes within the city by advocating alongside AARP until they were able to developed a project proposal (“Create an Age-Inclusive Ecosystem in Pittsburgh”) in response to the area’s aging population and the large number of people with disabilities living in the region in April 2015. SWPPA acted as an accelerator in promoting a collaborative effort to establish an age-inclusive ecosystem within the city.

## 2.0 Background

### 2.1 The State of Aging

In the United States, the population aged 65 and older numbered 49.2 million and represented 15.2% of the population in 2016 (1) (16). Since 1900, the percentage of Americans aged 65 and over has more than tripled and the older population grows increasingly older. In 2016, the 65-74 age group (28.6 million) was more than 13 times larger than in 1900 (2,186,767); the 75-84 group (14.2 million) was more than 18 times larger (771,369), and the 85+ group (6.4 million) was 52 times larger (122,362) (1) (16). The current growth in the number and proportion of older adults in the United States is unprecedented in our nation's history. By 2050, it is anticipated that Americans aged 65 or older will number nearly 89 million people, or more than double the number of older adults in the United States in 2013 (9) (16) (Figure 1).



Note: Increments in years are uneven. Lighter bars indicate projections.  
Source: U.S. Census Bureau, Population Estimates and Projections.

Figure 1 Number of Persons Age 65 and Over

According to the CDC's most recent report on aging in America, two realities are driving the rapid aging of the U.S. population: Americans are living longer lives than in previous decades and there are proportionately more older adults than in previous generations. Many Americans are now living into their 70s, 80s, and beyond. The leading edge of the baby boomers reached age 65 in 2011, launching an unparalleled phenomenon in the United States. Since January 1, 2011, and each and every day for the next 20 years, roughly 10,000 Americans will celebrate their 65th birthdays (2). In 2030, when the last baby boomer turns 65, the demographic landscape of our nation will have changed significantly. One of every five Americans—about 72 million people—will be an older adult (9).

During the twentieth century, effective public health strategies and advances in medical treatment contributed to a dramatic increase in average life expectancy in the United States. The 30-year gain in life expectancy within the span of a century had never before been achieved. Many of the diseases that claimed our ancestors are no longer the threats they once were. However, other diseases have continued to be leading causes of death every year since 1900. By 1910, heart disease became the leading cause of death nearly every year. Heart disease and cancer pose the greatest risk as people age, as do other chronic diseases and conditions, such as stroke, chronic lower respiratory diseases, Alzheimer's disease, and diabetes (9).

The burden of chronic disease encompasses a much broader spectrum of negative health outcomes than just death. As adults begin to age, they are at a great risk of suffering from isolation and loneliness for a multitude of reasons. The burden of chronic disease may make it harder for older adults to physically leave their homes and as adults age they may lose contact with family, friends and loved ones due to distance or death. This may force older adults to shelter in their homes alone, with little to no contact with the outside world. This can then

become potentially dangerous for aging adults and lead to increased levels of stress and anxiety. It is crucial we intervene in this stage to encourage emotional interaction for aging adults (7).

## **2.2 Community Based Organizations (CBOs)**

The not-for-profit sector, including community-based organizations (CBOs), have played pivotal roles in providing health services, especially to seniors. Understanding the nature and roles of CBOs in health provision is important to understanding the possibilities for Age-Friendly Cities According to the U.S. Department of Health and Human Services, a community based-organization is “a public or private nonprofit organization that is representative of a community or a significant segment of a community and works to meet community needs” (18). CBOs have become an integral player in community networks that have formed to address complex health issues. According to research, health care is undergoing a drastic shift. At one time, health care was a system of experts each isolated in their own practice silos. However, today health care is quickly becoming a system of diverse organizations, occupying both the public and private sectors, each attempting to integrate social determinants of health and health equity with medical indicators to shape health care (12) (6). It is now clearly understood that health, especially poor health, is influenced by many factors, not just ones that can be dealt with medically. Health care is much stronger when it is multisystemic and promotes collaboration across systems (12). CBOs are working together towards a common goal to increase communities’ capacity to meet social needs. The goal is to encourage community members to advocate for themselves. CBOs work to bring diverse groups of resources together to address issues that otherwise, could not be completed alone (12). Health promotion is focusing greatly

on community partnership efforts to target both individuals and communities at risk (8). Many researchers believe that solutions for problems that affect whole communities should rest in the hand of community members because they have unique insight into how their communities' function (8). This is where CBOs come in.

CBOs are important for several reasons. First, organizations can enable individuals to become involved in advocating for their own health and wellness. Second, organizations can demonstrate and develop widespread public support and engagement within health and quality of care. And third, organizations can maximize the power individuals have in determining their own health, wellness, and quality of care (8). Health promotion practice has focused recently on community partnership efforts using multiple interventions to target both individuals and at-risk communities. Health educators are concerned that interventions directed at individual behaviors alone, without also influencing the social, cultural, economic, and political levels that shape behavior, do not have as great an impact on health status (8). Community organizations can influence these other factors of health by working closely in the community and gaining a better understanding of community needs.

CBOs can also be key health educators within communities. A study conducted by Josea Kramer and colleagues utilized CBOs to educate seniors about fall prevention outside of nursing homes. The study utilized senior centers as educational platforms for older adults living outside of nursing homes and assisted living centers (4) (14). Health organizations utilized CBOs to reach a population of aging adults that are often forgotten. The increasing focus on community in health promotion is due to the growing recognition that behavior is greatly influenced by the environment in which we live, so it is crucial that those who work within the community aid in making health promotion decisions (11).

CBOs work to strengthen a community's capacity to improve their own care through intervention and advocacy (6). They serve as key stakeholders within health care, allowing individuals to advocate for their communities when it matters most (19) and can provide numerous programs and services to members in their communities by providing networking and developing partnerships between the community and other health service organizations (18). Additionally, community organizations provide key networking and developing partnerships throughout the health system in both urban and rural settings (19). CBOs allow for resource sharing among communities and health care systems due to the deep understanding and connection they share with the communities they work within (19).

Researchers believe that the utilization of CBOs can fill the gaps between research and practice that is often seen when translating knowledge from controlled intervention settings to general population settings (17). CBOs can be used as vital channels for disseminating health promotion given their tremendous influence on the public's health. In addition, they are key players in conducting health outreach among underserved populations and can serve as an efficient channel of program delivery as they understand the needs of their communities and may reach them with greater sensitivity to local cultures and constraints (17).

### **2.3 CBOs and the Aging Population: Age-Friendly Cities**

To support governments in developing and strengthening health and social policies in an ageing world, the World Health Organization (WHO) released a Policy Framework on Active Aging in 2002. Active aging policy is defined as “optimizing opportunities for health, participation and security in order to enhance quality of life as people age.” The active ageing

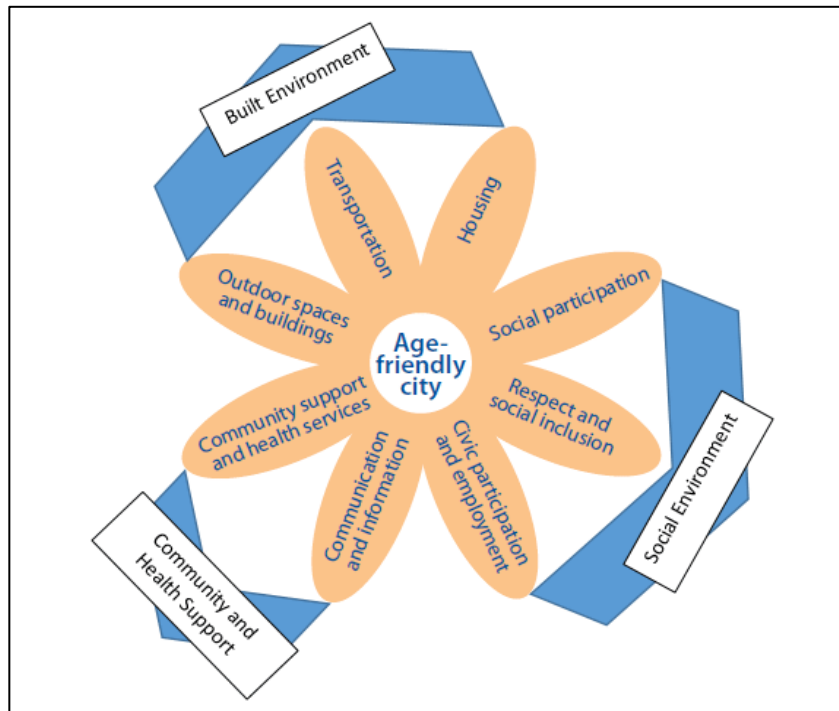


approach is grounded in the UN-recognized principles of independence, participation, dignity, care and self-fulfillment. It acknowledges the importance of gender, earlier life experiences, and culture on how individuals age. It takes into account the biological, psychological, behavioral, economic, social and environmental factors that operate over the course of a person's life to determine health and well-being in later years (18).

The Active Ageing Framework (Figure 2) has been used by WHO as a basis for developing guidelines to make front-line primary health care services more “Age-Friendly” – that is, more accessible and responsive to the specific needs of older persons. Developing Age-Friendly cities and communities has become a key part of policies aimed at improving the quality of life of older people in urban areas. The World Health Organization has been especially important in driving the “Age-Friendly” agenda, notably through its global network of Age-Friendly cities and communities. Despite the expansion and achievements of the network, challenges remain in responding to the growth of inequality and the impact of economic austerity on aging policies (7).

In 2006, the WHO initiated a program specifically targeting the health of urban residents aged 60 years and older, linking the challenges of urbanization and aging. This collaborative program aimed to identify which features of the built and social urban environment are essential in creating sustainable and supportive environments for older residents. This culminated in the publication of the Age-Friendly city guide in 2006. The development of Age-Friendly cities and communities has become an important area of work in the fields of public health, ageing and public policy. This development reflects several larger trends including the complexity of demographic change and the recognition of the role of the environment in healthy aging (15).

An Age-Friendly city offers a supportive environment that enables residents to grow older actively within their families, neighborhoods, and civil society and offers extensive opportunities for their participation in the community. An Age-Friendly community can be defined as “a place where older people are actively involved, valued, and supported with infrastructure and services that effectively accommodate their needs” (10). An Age-Friendly community benefits more than just the aging population. Improving air and water quality protects growing children and older persons with environmental sensitivities. Secure neighborhoods are safer for children, youth, and older adults. Barrier-free buildings and streets enhance the mobility and independence of both younger and older persons with disabilities, new mothers, and many others. The whole community benefits from the participation of older persons in volunteer or paid work and civic activities. Finally, the local economy benefits from the patronage of older adult consumers (18).



**Figure 2. Age-Friendly Environments, World Health Organization**

## 2.4 Aging in Pittsburgh

In the next two decades, the number of residents ages 65 and older will increase by 40% in Southwestern Pennsylvania (3). Meeting the needs of an older population certainly comes with challenges, but as more of our residents live longer, our region has a new, growing resource—people with buying power, career expertise, lived experience, and diverse skills and interests (3).

Demography of aging in Allegheny County has three distinct phases: the rise in the elderly population in the 1980s, the decline of peoples over the age of 65 and increase of younger peoples, and another growth phase. Phase one was the rise in the elderly population brought about by the out-migration of younger working-age cohorts during the 1980s. As overall population levels declined, the proportion of the population made up of older age cohorts increased to 18% from 12.5% in the mid-1990s, making the County one of the oldest in the nation. In phase two (1995-2010), both the number and proportion of persons 65 and over declined even though the rest of the nation was experiencing an increase, this was due to the Baby Boomers and Generation X just beginning to age. We are now in another growth phase. The proportion of elderly is expected to increase to nearly 22 % of the population by 2030. By 2040 the proportion of elderly in both Allegheny County and the United States will stabilize with a comparable 21% of the population age 65 and over (2) (Figure 3).

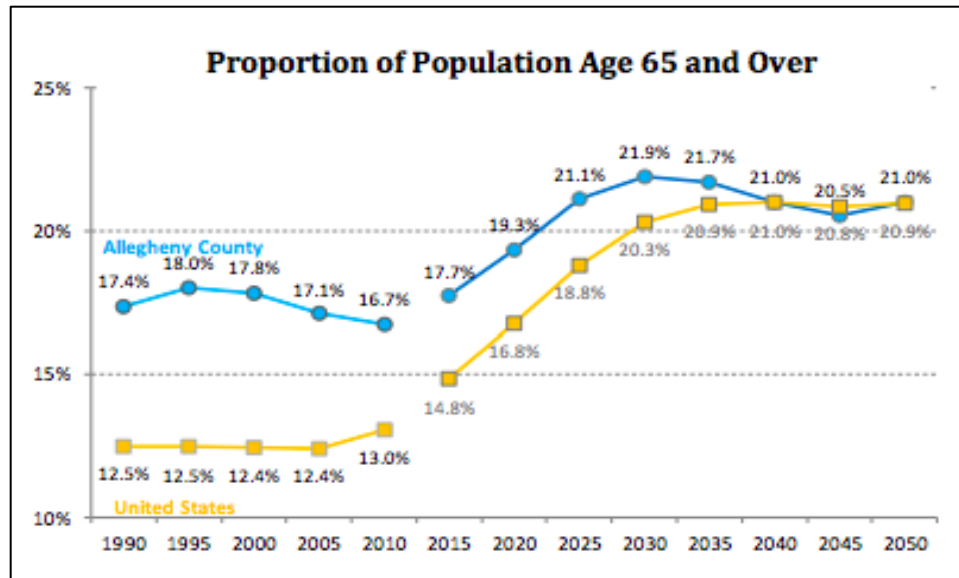


Figure 3. Proportion of Population Age 65 and Over

## 2.5 Age-Friendly Greater Pittsburgh

In April 2015, Southwestern Pennsylvania Partnership for Aging (SWPPA) developed a project proposal (“Create an Age-Inclusive Ecosystem in Pittsburgh”) in response to the area’s aging population and the large number of people with disabilities living in the region. SWPPA served as an accelerator in promoting a collaborative effort to establish an age-inclusive ecosystem within the city by generating the first Age-Friendly programming. The primary goal was to align this mission with existing national and global initiatives by joining the World Health Organization’s (18) Global Age-Friendly Cities and Communities Network and the AARP domestic network.

The stated goal of AFGP is to make Pittsburgh and all of Allegheny County a more age-inclusive and respectful place to live for all its residents: older residents, those living with disability and the general population. The collaborative focuses on housing, transit and street

safety, public parks and green spaces, community engagement, multigenerational activities, arts and entertainment, technology, work, volunteerism, and play. With these in mind, AFGP centered their Action Plan around 3 main themes: Access, Connection, and Innovation. Within these three areas, AFGP identified 30 Action Items that the Leadership Circle deemed would improve the livability of Allegheny County. The 30 Action Items, developed by a group of more than 800 individuals during public community meetings, were designed to help make the city of Pittsburgh and the surrounding area a healthier and more livable place for all. The movement was created through the passion and collaboration of local leaders, businesses, organizations, and residents of all ages. The main goal was to align AFGP with existing national and global initiatives by joining the World Health Organization's Global Age-Friendly Cities and Communities Network and the AARP domestic network (3).

## **3.0 Methods**

### **3.1 Evaluation**

An evaluation of Year 2 of AFGP implementation was completed in Spring and Summer 2019 by this graduate student evaluator in the Graduate School of Public Health at the University of Pittsburgh and a faculty member in the Evaluation Institute at the University of Pittsburgh's Graduate School of Public Health, based on the quantitative data collected from participant organizations and process measures included in the Partner Tracking Tool. The Partner Tracking Tool was created in the evaluation of Year 1 of Age-Friendly Greater Pittsburgh Implementation to track progress made on the 30 action items created in their action plan. It was created by a collaborative team of Age-Friendly leaders and the University of Pittsburgh's evaluation team. In addition, the evaluators attended Champion Meetings and interviewed key staff of AFGP and partner organizations.

This evaluation follows the report format suggested in the AARP Evaluation Guide; findings related to program outputs and outcomes were organized by themes and are presented in the next section. This evaluation report was focused on Implementation Phase Year 2, July 2018 to July 2019. The evaluation considers implementation activities and the use of SMART (specific, measurable, achievable, realistic, and timely goals) Goals throughout Year 2 and the sustainability of the program goals in the following years. The evaluation focused on 14 of the 30 action items that experienced the most movement in the last implementation year. The additional 16 items were analyzed for the evaluation as well, but to a lesser degree.

This evaluation was used for quality improvement within the organization, in addition to funder request. The evaluation explored the work that was done on the 14 notable action items in extensive detail utilizing SMART goals that were created by the Age-Friendly work groups and comparing those goals to what was accomplished over the last implementation year. In tandem with the evaluation, the author attended multiple events hosted by Age-Friendly and leadership meetings with the Age-Friendly Greater Pittsburgh Leadership Circle.

### **3.2 Interviews**

The author, conducting her practicum as the student evaluator, conducted one-on-one, semi-structured interviews with key members of four different organizations within the Greater Pittsburgh Area (South Western Pennsylvania Partnership on Aging, ACCESS, Wesley Family Services, and United Way of Pittsburgh). Most interviews lasted approximately one hour and were conducted in-person, one interview was conducted with a pair and lasted an hour and a half, and one interview was conducted over the phone. The interviews were conducted for Age-Friendly Greater Pittsburgh personnel as a quality improvement tool. The interviews aimed to explore common themes among work group leaders about the progress Age-Friendly had made over the first few years of implementation. An interview guide was developed with questions about participants' experience working with CBOs, the impact they believe their organizations have on the community, and possible improvements that could be made within their organizations. Interviews were recorded and transcribed and data collected from the interviews was utilized for both the evaluation and internal quality improvement. Sample of interview questions:

- What do you do outside of Age-Friendly Greater Pittsburgh (AFGP)?
- When did you start working with AFGP?
- What interested you in working with AFGP?
- What work have you done with AFGP?
- What has your experience been like working with AFGP?
- Have you seen AFGPs presence grow within the city?
- What work do you think still needs to be done with this population?



## 4.0 Limitations

This thesis is based on data about AFGP that was from AFGP membership, including a small interview sample. Many other Age-Friendly cities operate differently than Pittsburgh's does, which could change the impact these Age-Friendly guidelines have on other cities.

In addition, the number of interviewees informing this work is too small to represent the diverse range of perspectives individuals likely hold about AFGP. Not all interviews were conducted in the same manner, (individual versus paired) which could impact how the interview data was captured. AFGP runs solely on grant funding from one organization which makes funding stream limited and requires most of AFGP work group partners to operate as volunteers. Additionally, there was limited application of SMART objectives among the work groups as well as inconsistent use of SMART objectives making data collection inconsistent. Finally, the AFGP director was on maternity leave throughout the majority of the evaluation which left evaluation responsibility with the AFGP fellow.

## 5.0 Findings

### 5.1 Evaluation and Secondary Analysis

The Year 1 implementation phase was highly successful for the organization. There were many highlights throughout the first implementation year, including hosting their first 5 performances of “The Crossings”, passing into policy the complete streets advocacy campaign, hosting multiple speakers bureau events, creating and hosting three “Arts for All” events, and launching Dementia-Friendly Pittsburgh and reaching over 180 participants.

Program Year 2 of the Age-Friendly Greater Pittsburgh Initiative has maintained momentum since Year 1. AFGP planned during Year 2 to continue implementing action items from Year 1 while also launching several new action items. At the end of July 2019, AFGP had begun implementing 26 of the 30 action items. The result of the work over the first two years of implementation will be detailed below.

Although many programs have seen notable success within the last year, there were 14 ‘Action Items’ that saw the biggest growth or most movement. (Table 1).

**Table 1. Age-Friendly Greater Pittsburgh 14 Notable Action Items**

<b>Action Item</b>	<b>Action Plan Goal</b>
The Crossings and Complete Streets (#1 and #3)	Build visibility and change policies in favor of crosswalk safety AND Align with the Complete Streets movement to increase safety, equity, and comfort among people of all generations
Ride Concierge (#7)	Develop an online concierge tool for riders to find transportation options that match their specific profile and fit their preferences
Speakers Bureau (#10)	Assemble a multigenerational, multicultural Age-Friendly Greater Pittsburgh Speakers Bureau to educate various stakeholders and the press
Sensitivity on the Bus (#11)	Launch an awareness campaign to improve sensitivity and build empathy among drivers and passengers

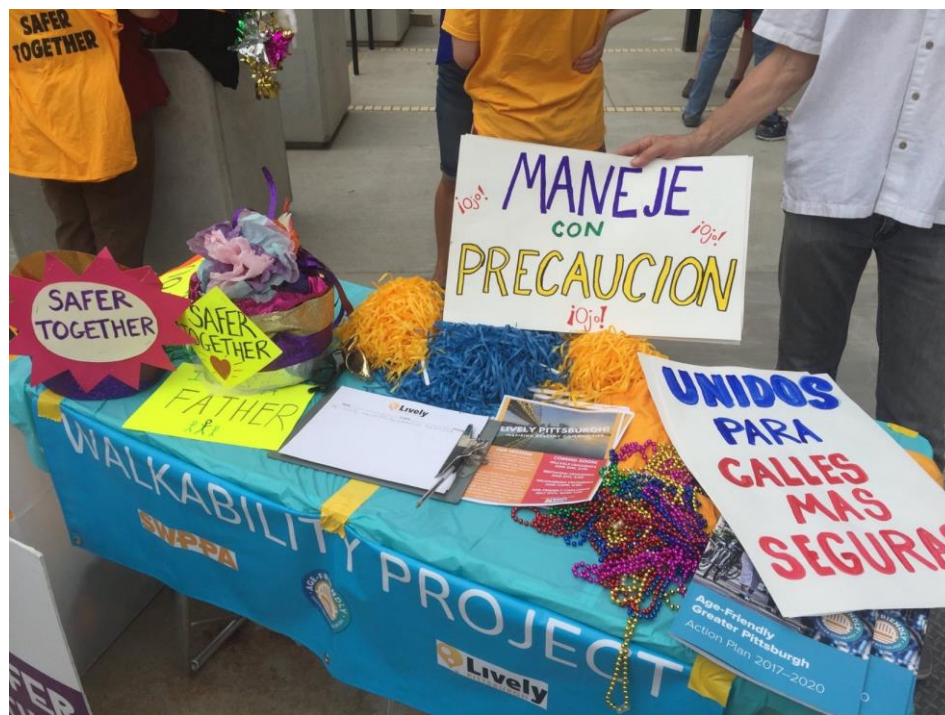
**Table 1 Continued**

Isolation and Loneliness (#12)	Develop a series of Op-Eds and public service announcements about the dangers of social isolation and loneliness and the power of relationships, using AARP’s #Connect2Affect campaign as a model
Parks Reimagined and Virtual Senior Academy (#14 and #27)	#14 Offer senior-friendly programming in highly visible, public spaces, like the region’s parks. Empower older adults to serve as Park Ambassadors to help motivate fellow seniors to get active #27 Offer online, interactive classes through the use of video conferencing technology
Centers for More than Seniors (#15)	Expand the reach of senior center activity to find and include people of all ages
Welcoming Committees (#18)	Develop neighborhood ambassador programs to connect newcomers and legacy residents
Dementia-Friendly Conversations and Trainings (#21 and 22)	#21 To build a dementia-friendly community, ignited conversation and creative engagement among family members, friends and people living with Alzheimer's disease #22 Train health professionals, community organizations, and families about ways to interact and communicate with people living with dementia, expand the reach of these dementia-friendly messages to new people and policymakers
New Housing Solutions (#23)	Explore options for progressive housing solutions, such as home-sharing and intergenerational housing. Also identify mechanisms to encourage and incentivize developers to use universal design elements in newly proposed housing units
Intergenerational Tech Training and Virtual Senior Academy (#25 and #27)	#25 Increase access to technology through tech training, particularly in-person, one-on-one opportunities. Tap into Pittsburgh’s growing tech community for volunteers, many of whom may be younger and/or new to the region #27 Offer online, interactive classes through the use of video conferencing technology

Action Item #1 “The Crossings” worked collaboratively with Item #3 “Complete Streets Advocacy.” “The Crossings” is a pop-up activity bringing increased visibility to busy intersections that are dangerous for non-motorists. Within Implementation Phase Year 1, “The Crossings,” hosted by Lively Pittsburgh, held five events in five different neighborhoods. They continued this movement into Year 2 hosting 2 additional pop-up performances engaging with over 130 students, parents, teachers, and community members within the area. Due to the success

of “The Crossings” advocacy over the last two years, intersection changes were proposed and implemented in three of the five communities where events were hosted: Bloomfield, Lawrenceville, and Millvale.

During Year 2, “The Crossings” worked in tandem with “Complete Streets Advocacy” to implement these intersection changes. The City of Pittsburgh allocated \$455,000 in the 2019 capital budget to two of the intersections where performances of “The Crossings” had been held in Year 1. As follow-up from proposed changes in Summer ‘18, Mayor's Chief of Staff reported the following: 6 police motorcycles enforcing intersection traffic lights, 27 traffic stops for red light violations and 20 citations issued on 9/28/18, and Millvale Borough adopted Complete Streets resolution as result of community event with 30 Millvale residents in September 2018. In addition, “Complete Streets Advocacy” also utilized data from multiple pop-up events to propose the painting of crosswalks and other pedestrian enhancements within Bloomfield. (Figure 4).



**Figure 4. The Crossing Events**

**Photo Approval from Age-Friendly Greater Pittsburgh**

Item #7, “Online Concierge for Ride Options”, was run in collaboration with ACCESS, a Pittsburgh-based coordinated, shared-ride paratransit service, and Wesley Family Services, a support services center. AFGP created a Transportation Work Group, composed of members from ACCESS and Wesley Family Services. The Transportation Work Group worked on many of the Action items that fell under the “Access” Focus Areas of transportation and navigation, but by far their biggest project was the online concierge tool they created called A to B. The goal of this Action Item was to develop an online tool for riders to find transportation options that match their specific profile and fit their preferences. Throughout Year 1, the Transportation Work Group surveyed individuals and gathered potential partners for the project, but the bulk of their work fell into Year 2. The tool was officially launched on July 1, 2019 and met with a wave of excitement and positivity. Within the first few months of launch, participants have been utilizing the tool daily and the Transportation Work Group has been conversing with ride sharing organizations to continue to add additional ride options for clients. Action Item #7 was spearheaded by the executive director of ACCESS Transportation Systems and a representative of Wesley Family Services. Both expressed during an interview with the evaluators their appreciation of AFGP, particularly the ability to collaborate with a multitude of individuals in the Pittsburgh Area with the desire to make Pittsburgh a more age-inclusive city. Furthermore, they stated that the mindset among the work groups created through AFGP is positive, with a shared desire for follow through and success among their projects. Finally, they explained that AFGP has created an environment where teams are encouraged to think of new and exciting ideas and then given the tools to collaborate and complete projects that may have never been completed otherwise. Comments like these were also heard during the Leadership Circle

meetings and reflect positively on the ongoing collaborations between disparate organizations.  
(Figure 5)



**Figure 5. A to B Transportation Options Logo**

**Photo approval from Age-Friendly Greater Pittsburgh**

Action Item #10 is “Speakers Bureau.” The intention of this Item is to have a trained group of individuals at the ready to share their experiences with AFGP and their work with older adults. This gives AFGP the representation at events and in the media required to push AFGP outside of Allegheny County and highlight the exceptional work being done within the organization. The speakers would help debunk myths and change attitudes about aging. No formal training has occurred, but prominent community leaders and individuals have spoken for the initiative. These individuals also act as advocates within the political world to aide in the passing of bills and laws that would benefit the aging population. They advocate for these things at political press briefings and legislative briefings. Within Year 1, seven prominent community leaders represented the initiative.

At the start of Year 2, AFGP hosted two additional Legislative Briefings, both amassing over 60 attendees with at least 10 elected officials present at each. They also participated in at least two conferences connecting with 90 people at one session during the American Society of

Aging Conference and 167 people at the SWPPA Annual Conference. Staff held three breakfast series in three counties in the region reaching 30 individuals and hosted a Bus Operator Training for 29 new bus operators (in collaboration with Action Item #11).

Action Item #11, “Sensitivity on the Bus”, was launched to create an awareness campaign to improve sensitivity and build empathy among bus drivers and passengers, improving the experiences for passengers of all ages and abilities. During Implementation Year 1, the Transportation Work Group launched a photoshoot campaign designed to increase sensitivity toward older adults boarding and riding city buses. The Pittsburgh Police Chief volunteered to take the photographs of older adult bus riders. The Port Authority Service Department used these photographs and rider feedback to create presentation materials to educate operators on what they can do to help older adults board transit. Throughout Implementation Year 2, the Transportation Work Group held multiple Port Authority Trainings with a total of 29 operators trained. As a result of these trainings, community members attended a Policy Hearing with PA Representative Sara Innamorato.

Action Item #12, “Campaign to Combat Isolation and Loneliness”, was created to develop a series of Op-Eds and public service announcements about the dangers of social isolation and loneliness and the power of relationships, using AARP’s #Connect2Affect campaign as a model. The #Connect2Affect campaign was created through AARP to create a network of resources that meets the needs of anyone who is isolated or lonely, and that helps build the social connections older adults need to thrive.

Throughout Year 1, AFGP hosted two talks on social isolation, utilizing #Connect2Affect as a partner, but with the start of Year 2, AFGP took on a bigger role in eliminating social isolation. In December 2018, AFGP launched #CoffeeConnectPGH, a program that connects

older adults with other community members through social interaction at local coffee shops in Pittsburgh neighborhoods. The first #CoffeeConnectPGH reached an estimated 50 customers on Day 1 and approximately 250 customers over the course of the next few days. Other deliverables included the creation and dissemination of a #CoffeeConnectPGH video, three additional events, and a news feature on Pittsburgh news channel WPXI. #CoffeeConnectPGH enjoyed a successful start in Year 2. (Figure 6)



**Figure 6. # Coffee Connect PGH Event**

**Photo Approval from Age-Friendly Greater Pittsburgh**

Action Item #14 “Parks Reimagined” worked in collaboration with item #27 “Virtual Senior Academy.” The goal of “Parks Reimagined” goal is to offer senior-friendly programming in highly visible, public spaces, like the region’s parks and to empower older adults to serve as Park Ambassadors to help motivate fellow seniors to get active. During Implementation Year 1, “Parks Reimagined” obtained an Age-Friendly Challenge Grant and added additional seating and shaded options for more accessible seating options at the Bloomfield Farmers Market. “Virtual



Senior Academy's" main goal is to offer online, interactive classes through the use of video conferencing technology. Throughout Year 2, "Parks Reimagined" and "Virtual Senior Academy" worked closely together to create and host Venture Outdoors classes on the Virtual Senior Academy Platform. Throughout the year, they hosted five classes including a virtual tour of the Venture Outdoors activities, a series on "Women in Nature" and "Women on the Water" with a total of 60 participants among the courses. Some activities included virtual hikes, virtual walking tours of Pittsburgh Parks, and other virtual outdoor activities.

Action Item #15 is "Centers for More than Seniors." The goal of this item is to expand the reach of senior center activity to find and include people of all ages. Throughout Year 1, "Centers for More than Seniors" hosted multiple events throughout the Pittsburgh area including dance classes, yoga classes, and a Family Fall Festival. At the start of Year 2, they were awarded an AARP Livable Community Challenge Grant (\$11,600) to complete Color Beechview, an art installation at the Beechview Healthy Active Living Center. "Centers for More than Seniors" hosted two notable events; Color Beechview and Around the Table South. Color Beechview was an event that encouraged residents to participate in a community-led public art creation and installment process for the local Healthy Active Living Center. The project fused technology and art together, and the final product was installed on the front of the Center. Color Beechview was created in partnership with Lively Pittsburgh, City of Pittsburgh Citiparks, and City of Pittsburgh's Public Art and Civic Design Division. Around the Table South was a weeklong event hosted by Jefferson Regional Foundation and Jefferson Community Collaborative. Community members and organizations were encouraged to host a meal and conversation revolving around community and empowerment and development.

The goal of Action Item #18, “Welcoming Committees”, is to develop neighborhood ambassador programs to connect newcomers and legacy residents. “Welcoming Committees” was on track to begin work at the start of Implementation Year 2. Led by Change Agency’s All for All in partnership with the Bhutanese Community Association of Pittsburgh, “Welcoming Committees” was successful in creating an intergenerational and multicultural dinner series that connected over seventy individuals within Allegheny County. Post event, AFGP was able to collect survey data with a 100% response rate. The survey overviewed the experiences at the multicultural dinner series that was hosted.

Action Items #21 “Dementia-Friendly Conversations” and Item #22 “Dementia-Friendly Training.” have been led by the Dementia-Friendly Work Group and aspire to make all communities across Pittsburgh more aware of and accommodating to the issues facing both those with dementia and their caregivers. The Dementia-Friendly Work Group made progress throughout Implementation Year 1 and 2.

Dementia-Friendly Work Group Partners:

- Alzheimer's Association of Greater Pennsylvania
- Presbyterian Senior Care Network
- Arden Courts, Dementia by Day LLC.
- Fine Arts Miracles Inc.
- AARP Pennsylvania
- Senator John Heinz History Center
- Jewish Healthcare Foundation
- Aging Institute of UPMC Senior Services
- UPMC Health Plan

- University of Pittsburgh
- Pennsylvania Department of Education

One of the main goals of the Dementia-Friendly Work Group and the Age-Friendly leadership team was to establish the work group as a recognized Dementia-Friendly initiative, which they accomplished in October of 2018 making Pittsburgh a designated Dementia-Friendly City. A Dementia-Friendly community is a village, town, city or county that is informed, safe and respectful of individuals with the disease, their families and caregivers and provides supportive options that foster quality of life. Joining DFA means a community is engaging in a process to become more Dementia-Friendly.

Since this designation, the Dementia-Friendly Work Group has spent the year training over 200 Dementia Friends and over 40 Dementia Champions. They also hosted a Dementia-Friendly Faith-Based Breakfast series which saw over 50 attendees. (Figure 7)



**Figure 7. Dementia-Friendly Faith-based Conversations Breakfast Series**

**Photo approval from Cassandra Masters and Adrianna Gradisek**

Action Item #23, “New Housing Solutions”, aims to explore options for progressive housing solutions, such as home-sharing and intergenerational housing and to also identify

mechanisms to encourage and incentivize developers to use universal design elements in newly proposed housing units. “New Housing Solutions” was set to begin at the start of Year 2. During the beginning of Year 2 AFGP created a Housing Work Group to begin work on the item.

Action Items #25 “Intergenerational Tech Training” and #27 “Virtual Senior Academy” work together to increase access to technology through tech training (particularly in-person) and provide one-on-one opportunities by tapping into Pittsburgh’s growing tech community for volunteers, many of whom may be younger and/or new to the region. Throughout Year 2 “Virtual Senior Academy” in collaboration with other Age-Friendly work groups offered 256+ online classes reaching over 1,265 participants in 97 unique zip codes and has trained over 60 facilitators.

The AFGP initiative is composed of community organizations, professional leaders, and government officials. At the end of Year 2, the collaborative has expanded its firm foundation within the community. This evaluation identified numerous strengths including:

- Strong and committed advisory board which meets frequently and oversees the whole initiative;
- Shared leadership in tasks and in facilitation of work groups;
- Successful engagement of stakeholders who bring diverse perspectives to the various topics;
- Continued participation of organizations and people throughout the meetings, showing interest and commitment with the initiative;
- Commitment to evaluation;

AFGP strengths this evaluation identified in the Year 1 Implementation Phase include:

- Innovative programs supplementing the initial efforts of the AFGP Action Plan;

- Strong local media coverage of activities;
- Strong social media campaign engaging community residents of all ages on various platforms;
- Strong government support across the region; buy-in from local policymakers;
- Adequate process-oriented measures established;
- Connecting to other Age-Friendly communities for information sharing and potential collaboration.
- Sustainable programming highlighted from Year 1 to Year 2;
- Successful implementation of new Action Items in accordance with the Action Plan
- Use of Pittsburgh tech and tech training opportunities;
- Development of SMART Goals and continued integration of process evaluation to identify and achieve goals;
- Encouraging collaboration across groups for greater impact.

Additional, though lesser, progress has been made within other Action Items (Table 2).

**Table 2. Additional Action Items Progress**

<b>Action Item</b>	<b>Progress Made</b>
Action Item #2: Walkability Studies	#2: pathVu app launched
Action Item #4: Creative, Far-Reaching Transit	#4: Travelers Aid Project
Action Item #5: Housing Assessment and Mapping	#5: Action Housing staffer working on geomapping
Action Item #6: Health Promotion Expansion	#6: work done through STEADI 2018, A Matter of Balance, AgeWell Pittsburgh, and Better Choices, Better Health
Action Item #8: Connecting Referral Services	#8: Worked closely with Housing Work Group and Creative Housing Solutions

**Table 2 Continued**

Action Item #9: Murals to Help Caregivers	#9: In total, 13 portraits completed for Age-Friendly Challenge Project
Action Item #13: Arts for All	#13: 7 events held through 2018, worked closely with Color Beechview
Action Item #16: Gardening for Good	#16: One tree per child (planted over 130 trees)
Action Item #17: Solidarity Discussions	#17: Aging Your Way Workshop
Action Item #24: The Job Search, Redefined	#24: Make it Work, Literature review started
Action Item #28: Intergenerational Tech Support	#28: Worked closely with Action Items #14, 25, and 27
Action Item #30: Bye Week Back Home	#30: Worked closely with Action Items #11, 12, and 27

## **5.2 Interviews and Secondary Analysis**

To further engage with the larger Age-Friendly team, this student researcher reached out to work group leaders to gage their opinions on the Age-Friendly movement in Pittsburgh. The interview data was utilized by Age-Friendly leaders to improve how they work with their team members and community organizations. Some common themes that were explored surrounded positive communication among work groups, increased media attention surrounding Age-Friendly, and positive support from Age-Friendly leaders. Interviewees also expressed their desire for greater communication across different work groups within Age-Friendly and greater communication about Age-Friendly events happening outside of their own work groups. In addition, interviewees expressed that the spirit of Pittsburgh drew them to working with Age-Friendly. They believed that the connection that Pittsburgh communities share would be a crucial piece in allowing the Age-Friendly movement to grow within the city.

**Work done with Age-Friendly:**

Overall, each of the interviewees has been a part of Age-Friendly since its planning phase. Many of them worked with older adults prior to their work with Age-Friendly, which led to their interest in working with the Age-Friendly project specifically. Each interviewee played a crucial role in leading work groups throughout the implementation year. The majority of the interviewees were leaders on projects for the notable action items over the last implementation year. Throughout the interviews, the interviewees expressed the work they hope to accomplish over the next few implementation years, expressing hope in greater planning and brainstorming sessions within and across the work groups.

**Experience working with Age-Friendly:**

Interviewees overwhelmingly expressed the positive experience they have had working with Age-Friendly. They described the experience as empowering and felt they were able to begin to make positive change within the city. The interviewees also expressed the consistent collaboration present among the work groups. Each work group

**Communication and engagement efforts:**

When speaking on how Age-Friendly has improved their community engagement efforts, the interviewees overwhelmingly expressed the growth they have seen with Age-Friendly's presence within communities. However, some interviewees expressed concern with how well Age-Friendly can manage anymore growth. All interviewees expressed a desire to see Age-Friendly find more funding sources so they will be able to fully staff the project outside of the workgroups. With this, it is believed that managing communication, marketing, and growth will improve exponentially. Interviewees all expressed that they would like to see Age-Friendly's

name recognition grow with the next implementation year. Event recognition is positive, but name recognition is still lacking.

**Future work:**

Interviewees were asked what work they believe still needs to be done in the world of aging and all interviewees stressed the importance of advocacy and culture change. They believe that Age-Friendly Greater Pittsburgh continues to reinforce the already positive groundwork they have laid, but to make this work sustainable, advocacy and a general culture shift is crucial. They hope that Age-Friendly can focus on this shift within the next grant cycle. In addition, interviewees expressed that the next key step in Age-Friendly’s path is to obtain additional funding. With additional funding Age-Friendly can grow in additional ways, focusing on marketing and engagement, among other things. (Table 3).

**Table 3. Interview Themes and Representative Quotes**

<b>Theme</b>	<b>Representative Quotes</b>
<b>Experience working with Age-Friendly:</b>	<i>“It’s something – you can really begin to see the small changes within the community – the changes that come immediately post project”</i>
	<i>“Everyone wants to actually work on things, when someone says they will do something, they do it – follow through is high.”</i>
	<i>“We actually have a lot of fun, but it’s because we can have fun, because work is actually getting done.”</i>
<b>Communication and engagement efforts:</b>	<i>“The presence is growing in the city but we still need to work on how to migrate the learning – how do we keep growing outward?”</i>
	<i>“People are recognizing our events. Coffee Connect has name recognition. It’s very exciting to see”</i>
	<i>“I know we are making a difference when I notice people including aging without being asked.”</i>



**Table 3 Continued**

<b>Future work</b>	<i>“Our work will be done when everyone sees themselves in Age-Friendly. That’s the goal, we want everyone to see themselves somewhere in Age-Friendly.”</i>
	<i>“There is a beauty in intergenerational relationships. We want that to be the norm – we want to change the culture for good.”</i>
	<i>“Advocacy. We can do more advocacy, we can break down barriers.”</i>

## 6.0 Discussion

According to research done by Age-Friendly Greater Pittsburgh, in the next two decades, the number of residents ages 65 and older will increase by 40% in Southwestern Pennsylvania (1). Meeting the needs of an older population certainly comes with challenges, but as more residents live longer lives, it means the region has a new, growing resource—people with buying power, career expertise, lived experience, and diverse skills and interests (3). Over three years of Age-Friendly Greater Pittsburgh’s implementation, they have made significant progress within the City of Pittsburgh. They have engaged with over 100 organizations within the Greater Pittsburgh Area to make improvements for the community of Pittsburgh as a whole for over ten years, and they have made countless media appearances over the last year.

Age-Friendly Greater Pittsburgh (AFGP) is one of many Age-Friendly cities across the United States, but AFGP operates differently than many of its sister organizations. Many of the other Age-Friendly cities operate as stand-alone organizations planning, organizing, and hosting programs and events as Age-Friendly. AFGP, however, is not run like a self-contained organization. AFGP operates out of United Way of Southwestern Pennsylvania in Pittsburgh and is staffed by a director and a fellow. AFGP then utilizes other organizations in the city to plan, organize, and host programs and events. Each of these organizations is represented on the AFGP Leadership Circle. Senior members of each organization are also given additional roles within AFGP as work group leaders. This then allows one organization to work with AFGP to plan programs and events in collaboration with other organizations, and doubles the amount of resources and connections available. Because AFGP is run so differently, it is harder to compare

to other Age-Friendly Cities, but what the AFGP model provides is an alternative structure that has proven successful.

AFGP is successful for a few key reasons. To begin with, AFGP has been resilient throughout times of shifting needs and the movement of an Age-Friendly City is sustainable. Key leaders in Pittsburgh identified a problem, Allegheny County was aging faster than other counties in the US and there was a lack of sufficient infrastructure to support this rapidly aging population. Once they identified this problem they began working to make change within the city, and they continued to work for positive change until they could create AFGP, they remained steadfast in their mission. Once a plan was put in place, officials worked to ensure the plan was sustainable. City leaders created events that are able to continue with the help of AFGP, ensured resources have remained available, and the changes they have made within the city are sustainable and replicable.

Next, the AFGP mission is twofold. First and foremost, they want to improve the quality of life for the aging population in Pittsburgh. In addition, they also want to foster intergenerational relationships, in turn making the city more livable for everyone. AFGP has implemented multiple initiatives to improve the quality of life of aging Pittsburgh residents. They have worked to improve sidewalk and street quality during their advocacy events, The Crossings, and they have made transportation more accessible with the launch of the app A to B transportation portal and Sensitivity on the Bus trainings (3). They also work to combat isolation often faced by aging adults who may have a harder time leaving their homes through the work of the Virtual Senior Academy (3). All of these events have helped to improve quality of life for aging adults within Allegheny County. But AFGP has also fostered intergenerational relationships within the city through events like #CoffeeConnectPGH and the Tech Buddies

program. These events have helped bridge the generational gap often felt between Millennials and the Baby Boomers. In fact, through their work, AFGP has concluded that Baby Boomers and Millennials have a lot in common when it comes to how they want to live. 72% of Boomers and 54% of Millennials would trade a shorter commute for a smaller home. 52% of Boomers and 55% of Millennials want public transportation options. 49% of Boomers and 62% of Millennials want proximity to shops, offices, and restaurants (3). AFGP is working to provide intergenerational conversations to improve the quality of life for everyone within the City of Pittsburgh.

Additionally, AFGP seeks collaboration in everything they do, and they seek immense community input and mobilization. AFGP operates as a collaboration. They collaborate with city leaders, businesses, and other organizations to implement positive changes within the city. The Age-Friendly Greater Pittsburgh Action Plan is the culmination of nearly two years of community participation and planning. For the first two years, AFGP worked with local city leaders as well as countless community members. They engaged 147 unique stakeholders from 84 organizations attended at least one Age-Friendly Champions session or work group session, and connected with more than 90 residents participated in seven Aging Your Way workshops and one summit. AFGP also surveyed and workshopped feedback from 500 people aged 50 and older (30).

Finally, AFGP has utilized community members from the very beginning. Community members helped shape the types of programs Age-Friendly offers as well as serve as leaders within Age-Friendly. Community members were welcomed and encouraged within the AFGP Leadership Circle. Community members readily shared ideas within the Leadership Circle that are often implemented within AFGP. Community members organized a ramp crawl around

Oakland to encourage restaurant and business owners to ensure that their buildings were handicap accessible, and provided resources to businesses that were not in compliance.

Community members have also served as major advocates for AFGP within the city.

Age-Friendly has successfully implemented positive and sustainable programming with very little marketing and public messaging. Greater social media presence and more strategic marketing could make Age-Friendly a more recognizable name. AFGP has easily made programs recognizable but many people are still unaware of Age-Friendly as a movement. In their next grant cycle, Age-Friendly leadership is determined to push initiatives further into Allegheny County, and into neighboring counties like Beaver and Lawrence Counties. Without much name recognition, Age-Friendly must rely on programming to begin to expand awareness of the movement. AFGP has begun to host events each month that encourage intergenerational relationships, such as #CoffeeConnectPGH, Dementia-Friendly trainings and programs, A to B app launch and Sensitivity on the Bus trainings (3).

As one example, the #CoffeeConnectPGH program is likely one of the most replicable and scalable programs from the initiative that can be implemented in other counties throughout the region, and eventually other parts of Pennsylvania. According to the President and CEO of Presbyterian SeniorCare Network, an important goal of AFGP going forward is creating tangible deliverables that can create cultural change and engage more communities and populations within Pennsylvania (AFGP). #CoffeeConnectPGH contributes to this mission because in addition to being fairly easy to replicate, it presents an innovative and welcoming way to engage communities and make them aware of what it means to be an Age-Friendly community.

In addition, the Sensitivity on the Bus trainings hosted in collaboration between AFGP and the Allegheny County Transit Authority and the launch of the A to B transportation app were

two important AFGP programs that addressed the connection between aging and disability. Both of these programs work with transportation options to make transportation more accessible for every community member in the City of Pittsburgh, but especially those community members who may have a harder time with transportation in the city. Sensitivity on the Bus trained Port Authority bus drivers on how to properly operate the bus system when coming in contact with an individual who may use a wheelchair, crutch or any other type of walking assistance. A to B allows individuals to see every transportation option available to them to get them where they need to go.

Both of these programs are beneficial to the aging population who may need greater assistance getting around as they age. But these programs can also be extremely beneficial for and utilized by individuals with disabilities. Although, there are still AFGP Action Items that remain untouched or in the nascent stages. To maintain the progress and continue growth it will be crucial that continued and additional sources of funding be obtained. It is also important that Age-Friendly officials consider the number of Action Items they propose for the coming grant cycle and the timeline for implementation to determine what can be accomplished.

The Age-Friendly guidelines for cities work very well, not just in Pittsburgh, but in countless other cities across the world. Following this template can make communities more livable for everyone, especially their older generations (1). These strategies have greatly helped combat isolation often felt by seniors in communities. AFGP has given older adults a new seat at the table in that they now are participating members of society for much longer (1). AFGP has fostered intergenerational relationships within communities and throughout cities (3). However, many questions remain. Can this template be used for other areas of growth? Could we make all cities more inclusive by implementing these strategies? If cities were given the guidelines to

make their communities more inclusive would we see cities making positive changes that impact residents who live on the margins? Could we create guidelines like Age-Friendly's for immigration, homelessness, and racism?

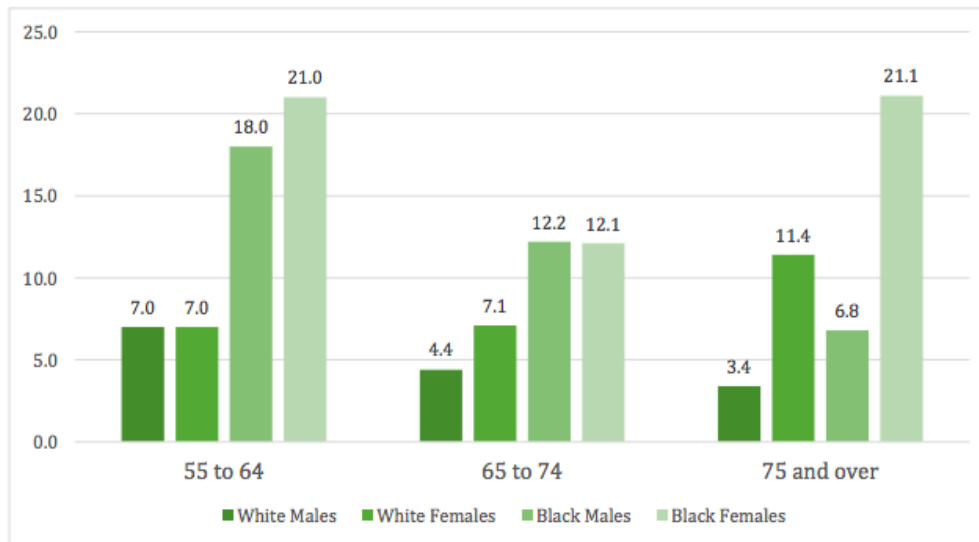
Age-Friendly cities should just be the beginning. Take for example the #CoffeeConnectPGH event. It encourages intergenerational conversation in a positive space, a coffee shop. What if this program were modified to allow for conversation among people from different backgrounds, like the neighborhood of Beechview in Pittsburgh. Beechview has one of the highest populations of Latinos in Pittsburgh, some of whom have recently immigrated to the US. What if a Coffee Connect event were planned in Beechview to encourage conversation between lifelong Pittsburgh community members and Latino individuals who recently moved to Pittsburgh? Or if this model were used in cities with even higher populations of immigrants to encourage conversation between community members to allow them to see how much they have in common, and to allow all individuals to feel a part of their community.

When the challenges of aging are addressed it is hard to overlook the topic of gentrification. Gentrification is very simply defined by Merriam-Webster as “the process of improving a house or district so that it conforms to middle-class standards” (20). But gentrification is a much more complex issue than the general improvement of physical communities. According to research done in 2019 by the National Community Reinvestment Coalition (NCRC) gentrification is a powerful force for economic change within cities, but it is often accompanied by extreme and unnecessary cultural displacement (NCRC). While gentrification has the potential to increase property value in areas suffering from prolonged disinvestment, it also results in rising rents, home and property values. As these rising costs reduce the supply of affordable housing, existing residents, who are often black or Hispanic and

of older generations, are displaced. This prevents them from benefiting from the economic growth and greater availability of services that come with increased investment. Gentrification presents a challenge to communities that are trying to achieve economic revitalization without the disruption that comes with displacement (21).

The same study conducted by NCRC determined that Pittsburgh is the eighth most gentrified city in America. Despite its smaller size, gentrification rates in Pittsburgh are on par with bigger cities like San Francisco and Austin. The authors attribute this to the fast rate that Pittsburgh is growing. Pittsburgh has seen an influx of younger generations over the last ten years coming to Pittsburgh for both work and education, attributing to gentrification within the city (21). The neighborhoods that saw the greatest gentrification and subsequent displacement of older adults were Deutschtown, Bloomfield, and Lawrenceville, whereas neighborhoods like Downtown, the Mexican War Streets, and Upper St. Clair saw gentrification and subsequent black displacement (21). Researchers have overwhelmingly concluded that racial and ethnic minorities have worse health outcomes overall compared to their white counterparts (5). This is true in Pittsburgh (21). And with the ever quickening pace Pittsburgh is growing, we begin to see gentrification pushing our minority populations further out in the margins (2) (Figure 8). It is crucial that we utilize resources like AFGP to address these inequities head on. According to NCRC, with the next round of census data, we have the potential to see more of the impact that gentrification is having on our city, the opportunity to do more research surrounding this problem in Pittsburgh (21). It is important that AFGP consider working more intentionally with minority racial and ethnic groups in the city to understand the problems they face and work with them to fix those problems.





SOURCE: AMERICAN COMMUNITY SURVEY 5-YEAR (2008-2012) ESTIMATES

**Figure 8. Poverty Rates in Allegheny County**

As AFGP plans and grows into the future, one of their goals is to expand into other areas outside of Allegheny County. This could be done through the replication of already implemented programs. AFGP has pieces of its model that are extremely replicable, like their collaboration with other organizations. But it is really their programming that is replicable and easily translatable to other counties around Pittsburgh. #CoffeeConnectPGH could easily be hosted in other coffee shops in other counties. Sensitivity on the Bus trainings could be offered and held at other Transit Authorities in other counties. Other counties could be given access to the Virtual Senior Academy. AFGP has a really great chance of expanding their work and their name into other counties by first replicating programs they have already created in Pittsburgh. In order to truly translate the whole movement, it could be beneficial for AFGP to operate as a stand alone organization.

## 7.0 Conclusions

It should be noted that over the life of this initiative, AFGP has accomplished a great deal of work, but much work remains to fulfill the goal of making Pittsburgh and Allegheny County truly Age-Friendly. AFGP has succeeded in creating sustainable programming among numerous items within their 30 item Action Plan but they can continue to grow that programming.

Pittsburgh has a unique blend of young and old, and as Pittsburgh continues to grow we potentially risk losing much of Pittsburgh's rich history, along with its life-long residents. With the help of the Age-Friendly movement, we can continue to grow as a city and a community while still paying homage to our history and roots. As a lifelong Pittsburgh resident, I am both excited and sad to see the ever changing nature of our city. I want Pittsburgh to grow and develop, but not at the cost of its deep history and native residents.

As we begin to focus more on intergenerational relationships within the city, we ask for input from Generation Z, Millennials, Generation X, and Baby Boomers, allowing everyone to sit at the table, to contribute to the growth of Pittsburgh. It won't be hard because Age-Friendly Greater Pittsburgh has already started the charge, it is now our job to continue it. The time is now to tap into this resource by coming together and ensuring continued opportunities for all (AFGP).

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