

Research Article

Responding to Local Needs by Mobilizing Community Assets: Age-Friendly Community Initiatives During the COVID-19 Pandemic

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Abstract

Background and Objectives: Age-friendly community initiatives (AFCIs) strive to make localities better for long and healthy lives by fostering improvements across social, physical, and service environments. Despite the heightened need for community supports during the coronavirus disease 2019 pandemic, very little research has addressed the work of AFCIs in the context of this crisis. We aimed to develop theory on how AFCI core teams have contributed to community responses during the pandemic, as well as what contexts have influenced the initiatives' ability to contribute.

Research Design and Methods: As part of a multiyear, community-partnered study on the development of philanthropically supported initiatives in northern New Jersey, we conducted qualitative interviews with 8 AFCI core teams during the winter of 2020–2021. The interviews focused on the leaders' efforts at that time, with probing questions concerning enabling factors for their community responses. We analyzed the data using an inductive coding process encompassing open, axial, and subcoding.

Results: The analysis indicated four distinct roles of AFC core groups: *good community partner*, *creator*, *advocate*, and *communications broker*. We further found that AFC leaders primarily drew on three types of capital—human, social, and tangible—to enact these roles, oftentimes in cumulative ways.

Discussion and Implications: We interpret our study's findings and their implications by integrating insights from theories of social impact. We further highlight the importance of continued research on community-centered approaches to promote aging in community during times of societal crisis, and otherwise.

Keywords: Age-friendly environments, Community development, Emergency preparedness/disaster response, Public health, Social work

Policy responses to address the needs of older adults during the coronavirus disease 2019 (COVID-19) pandemic largely focused on the delivery of health and social services within single sectors (e.g., primary care, skilled nursing; [Young et al., 2020](#)). An alternative, yet complementary, approach is reflected in community-centered responses ([Phillipson et al., 2021](#)). This approach recognizes ways in which communities (i.e., as both place-based entities

and as groups of people with shared affinity or identities) serve as “building blocks for health” ([South, 2015](#), p. 5). Community-centered approaches focus on objectives such as building a community's capacities to address social determinants of health; facilitating multisectoral collaboration; deepening access to community resources and information; and facilitating opportunities for civic participation as a means for promoting health.

This paper aims to advance understanding of community-centered, aging-focused responses to the COVID-19 pandemic by exploring the role of age-friendly community initiatives (AFCIs). AFCIs are “distinct and deliberate efforts across stakeholders from multiple sectors within a defined and typically local geographic area to make social and/or physical environments more conducive to older adults’ health, well-being, and ability to age in place and in the community” (Greenfield et al., 2015, p. 192). We drew on data from qualitative interviews conducted in the winter of 2020–2021 with leaders of eight established, grant-funded AFCIs in a northeast region of the United States. Our aim was to develop empirically grounded theory on how AFCIs have contributed to community-level responses to aging during the pandemic, as well as the contexts that facilitate their capacities to contribute. Such theory development is valuable both for further understanding AFCIs as a community-based social innovation for aging, as well as for advancing a gerontological knowledge base on community responses to societal crises.

Background on AFCIs

The global AFC movement broadly aspires to make place-based communities more responsive to long and healthy lives through improvements in the built (e.g., housing, outdoor spaces and buildings), social (e.g., civic participation), and service environments (e.g., community support and health services, transportation) of localities (Davern et al., 2020). This focus on optimizing community environments for aging is consistent with decades of research and theory development within environmental gerontology, which emphasizes the importance of place for experiences of later life (Wahl & Weisman, 2003). The movement’s focus on both physical and social aspects of communities is especially consistent with contemporary theorizing on “place” as people and groups in interactions with each other and with their physical settings over time (Moore, 2014).

Long-standing discourse on AFCIs characterizes them as social planning models, whereby “a variety of community stakeholders, including governments, neighborhood associations, social service providers, and residents, develop comprehensive proposals for action” (Scharlach & Lehning, 2016, p. 145). This approach to community change is reflected in the World Health Organization Cycle of Continuous Improvement (WHOCICI), which organizes work toward AFC goals under four phases: (a) Engage and Understand; (b) Plan; (c) Act; and (d) Measure (WHO, 2018). Greenfield and colleagues (2022) propose a community-building approach as complementary to the WHOCICI. Building from theory and research on comprehensive community initiatives (Chaskin, 2001), a community-building approach frames AFCIs as working to progressively enhance the ability of individuals, groups, and networks to mobilize resources toward age-friendly progress. This approach is resonant with an emerging literature

on key conditions for AFCI implementation, including the strategic facilitation of older adults’ engagement in the initiatives, the cultivation of partnerships across diverse multisectoral actors, and a focus on reframing society-wide views on aging and older adults (Rémillard-Boilard et al., 2021).

Literature Review on AFCIs During the COVID-19 Pandemic

Discourse on the work of AFCIs in response to the COVID-19 pandemic has been based largely on anecdotal descriptions and theoretical argumentation (e.g., AARP, 2020; Buffel et al., 2020; Coyle et al., 2021; Dabelko-Schoeny, 2022). As an example, AARP (2020) features community profiles that narrate specific activities among public and private entities as part of the AFC movement during the pandemic, such as the development of technology trainings for older residents, the conversion of congregate meal programs to home delivery, and community fundraising for local emergency funds.

To our knowledge, there have been only two examples of the use of formal empirical methods to explore the role of AFCIs during COVID-19. One was a national survey of communities that are members of the AARP Network of Age-Friendly States and Communities in July of 2020 (Arigoni, 2020), and the other was a telephone interview study with leaders of 71 AFCIs in Maine, also in the summer of 2020 (Oh et al., 2020). Both found that AFCIs were most active in efforts to address food security, information and communication, and social connections needs. AFCI leaders in the national survey emphasized prepandemic partnerships with diverse organizations, followed by volunteer support, as the key assets for their AFCI work during the COVID-19 pandemic. Themes from the interviews conducted in Maine further emphasized AFCI leaders’ connections with each other, the formation of new partnerships during the pandemic, heightened community engagement, and new funding sources as central to their pandemic response.

Focus of the Current Study

Our study aimed to advance understanding of the work of AFCIs during COVID-19. As opposed to focusing on the *what* of the initiatives’ involvement (e.g., *what* activities they engaged in, *what* areas of need they aimed to address, *what* partners they worked with), we sought to explore *how* AFCIs have been part of community-level responses. More specifically, we explored two research questions (RQs): (1) What are the ways in which AFCIs have contributed to community responses during the pandemic? and (2) What contexts have influenced the initiatives’ ability to contribute in those ways?

An age-friendly ecosystems perspective broadly guided our work. This perspective orients age-friendly community efforts as part of larger systems of other groups and

organizations—within and outside of a given locality—with potential to mobilize resources in response to population aging (Fulmer et al., 2020). Accordingly, our study was oriented to ways in which AFCIs respond to issues of aging during the pandemic in relationship to other community actors, as well as how the initiatives drew upon their own and others' assets.

Method

Study Design

This study emerged from a community-partnered research project on AFCIs in northern New Jersey ongoing since 2016. The parent study's primary purpose is to explore the development of AFCIs in this region over time as part of a grantmaking program of private philanthropy (see [Supplementary Material A](#) for information about the program, as well as a time line of the parent study's multiple waves of data collection and the researchers' involvement). The researchers have employed qualitative interviewing as the study's primary method, with the unit of analysis being each AFCI's core team. Core teams operate as a group of people who lead an AFCI on progress across multiple domains of livability, coordinate interorganizational partners and volunteers, and administer grant funding for the initiative.

Sample

Participants included the eight AFC core groups in northern New Jersey that were receiving support from the regional age-friendly grantmaking program since 2016. Five of the initiatives' core groups were within a nonprofit organization; two were within municipal government; and the other operated as a grassroots group with a fiduciary agent. Twenty-three individuals participated in the interviews of focus for this study (see *Data Collection* section). The majority were non-Hispanic White (83%) and female (83%). Approximately 40% of the participants were at least 60 years old, and 39% were employees of community-based nonprofit organizations, 26% were employees in the public sector, and 35% had other affiliations (e.g.,

community volunteer). [Table 1](#) provides a summary of the AFCIs' geographic communities, demonstrating their range in population size, age composition, median household income, racial/ethnic composition, and educational attainment. For more information about the geographic setting for each of the AFCI catchment areas, refer to the reports listed in [Supplementary Material A, Section A](#).

Data Collection

The current study uses data collected during the second wave of the COVID-19 pandemic in New Jersey (December 2020 to February 2021). The lead authors (A. Pestine-Stevens and E. A. Greenfield) conducted eight semistructured interviews via Zoom, which were 90–120 min in length and included two to four core team members each. As part of our long-term relationship with the core teams (see [Supplementary Material A, Section B](#)), we invited them to participate in an interview on how they have adapted their age-friendly community efforts in the context of COVID-19. The semistructured interview guide consisted of open-ended questions customized for each initiative, mostly addressing their work in response to the COVID-19 pandemic, including racial justice issues. The interview guide also included questions of relevance for the longitudinal parent study (e.g., long-term initiative sustainability). [Supplementary Material B](#) includes additional information on how we developed the interview guides for each initiative, as well as sample questions.

The study received approval from the Institutional Review Board at Rutgers, The State University of New Jersey, prior to data collection. At the beginning of each interview, participants received information regarding their rights as voluntary participants and assurances regarding the confidentiality of their interview data. Informed consent was obtained from each individual participant.

Data Analysis

All interviews were audio-recorded, transcribed, and imported into software for analysis (NVivo 12). We wrote analytic memos and debriefed as a research team after each

Table 1. Summary of Select Demographic Characteristics of the Geographic Catchment Areas for Eight Age-Friendly Community Initiatives (AFCIs) in Northern New Jersey

Demographic characteristic	Median	Mean	Minimum	Maximum
Number of residents	34,104	43,039	11,078	129,216
Median household income (in 2019 dollars)	\$111,147	\$114,007	\$48,407	\$184,355
Percentage of residents age 65 and older ^a	14.09	14.35	10.30	19.60
Percentage of residents non-Hispanic White ^a	53.14	51.85	12.20	79.1
Percentage of residents with a bachelor degree of higher	54	50	13.5	76.0

Notes: Data are from the 2015–2019 American Community Survey. Weighted sums were calculated for two of the AFCIs' catchment areas that encompassed more than one municipality.

^a2019 American Community Survey 5-year estimates.

interview session to facilitate the development of codes. We also maintained a running log of analytic decisions based on team meetings throughout all stages of the analysis. [Supplementary Appendices C–E](#) illustrate the three major iterations of the codebook for RQ1, and [Supplementary Appendices F–H](#) demonstrate the iterations for RQ2. The notes below each of these appendices summarize the substantive changes in codes from one iteration to the next.

Our formal coding began after we completed the interviews. Based on our memos, we developed a coding shell to begin organizing excerpts into preliminary themes for RQ1 ([Supplementary Material C](#)). Two authors (A. Pestine-Stevens and C. Scher) each were assigned transcripts and independently coded them into preliminary themes, meeting regularly to review excerpts and code definitions. For example, if the two coders felt a particular excerpt could fit into multiple codes, they discussed the excerpt with the third researcher and revised the code definitions to delineate concepts more clearly. Next, we reviewed excerpts under the initial thematic categories and conducted open coding to inductively develop subcategories (see column labeled “subcategories” within [Supplementary Material D](#)); this led to the second iteration of the codebook. We then independently subcoded excerpts within each of the primary themes. At this phase, we also moved some codes and excerpts originally interpreted under a preliminary theme to a different conceptual category. From this phase, we developed the final codebook for RQ1 ([Supplementary Material E](#)).

For RQ2, we began our formal analysis by writing a memo based on two of the transcripts. We purposely selected these two communities because of their differences from each other, with different auspice settings and community socioeconomic status. Through this memo, we (C. Scher and E. A. Greenfield) reflected on the question: “What strengths did the initiatives have that allowed them to play their roles during the pandemic?” From this memo, we created preliminary codes for RQ2, as illustrated in [Supplementary Material F](#). At that point, codes generally reflected the locus of assets (i.e., individuals, groups, and networks). We then coded all eight transcripts using these preliminary codes. Next, we generated subcodes that described the specific types of resource within each locus. All excerpts were coded using this second iteration of the codebook ([Supplementary Material G](#)). At this point in the analytic process, the research team recognized that the themes were consistent with existing theories about types of capital (see [Jackman, 2001](#)). Guided by this theorizing, we conducted axial coding. This iteration of the codebook was reorganized to include the type of capital as the thematic category, with subcodes that included both subtypes of that capital as well as the capital’s locus ([Supplementary Material H](#)). Furthermore, one of the thematic codes from RQ1 was refined such that we moved one of its subcodes to the RQ2 analysis (refer to notes in [Supplementary Appendices E and H](#)). Finally, we reviewed excerpts coded

as negative cases for both RQ1 and RQ2, incorporating them into relevant thematic codes and subcodes.

The researchers conducted a member check by distributing a draft of the manuscript with all participants to check the credibility of our findings. Four of the eight core teams responded, and each independently shared that the findings were reflective of what they perceived as their work during the COVID-19 pandemic.

Results

RQ1: How AFCIs Contributed to COVID-19 Community Responses

Our analysis yielded four themes to characterize how AFCIs contributed to community-level pandemic responses. Each theme reflects roles, or the actions of the AFC core teams in position to those of other community actors. [Table 2](#) presents definitions and illustrative cases with examples of associated practices. Throughout the below descriptions, we refer to the core teams’ involvement in community events, programs, and services (EPS). We conceptualize events as time-limited gatherings of people (e.g., organizing a one-time speaker); programs as reoccurring activities offered to individuals and groups (e.g., a weekly exercise class); and services as benefits targeted to individual clients (e.g., grocery delivery for individual residents).

Good community partner

The first theme, emergent across all eight interviews, was *good community partner*. This role involved core teams providing time-limited support for an EPS led by or “of” another community organization. Core groups primarily enacted this role by providing financial support (using the AFCI budget to help sponsor a partner’s event or pay for a tangible good), assisting with publicity (sharing information about another organization’s EPS through AFCI communications platforms), and offering instrumental support (contributing the time of core team members to help plan or implement a partner’s event).

Creator

Another theme from across all eight interviews was *creator*. Core teams acted as *creators* when they addressed a community need directly by developing a new EPS. In contrast to the role of *good community partner*, which focused on providing time-limited support for a partner’s EPS, *creating* involved developing an EPS that would not have existed without the core team directly garnering and deploying resources toward that aim. *Creating* occurred both with respect to EPS that were entirely planned and enacted by the core team alone, as well as EPS codeveloped by the core team and organizational partners. The initiatives’ *creations* often aimed to address service gaps resulting from or intensified by the pandemic, such as food distribution programs, racial justice events, and online social get-togethers and workshops.

Table 2. Four Themes on the Roles of Age-Friendly Community Initiatives (AFCIs) During the COVID-19 Pandemic

Theme	Description	Subthemes	Case examples
Good community partner	Provides time-limited financial, instrumental, or informational support for a community event, program, or service that other community organizations are leading	<ul style="list-style-type: none"> Provides funds for community events and programs Provides goods and services for community events and programs Shares information about community events and programs Connects older adults to community events and programs 	<p>Core team #6 used funds from their AFCL budget to provide lunch at a community event of a local civil rights organization. They also offered instrumental support to a local church by making food deliveries.</p> <p>Core team #8 offered support with publicity and promotion when they utilized their existing initiative newsletter and social media page to share information about several of their partners' food pantries. They also paid speaker fees for educational programming at a local senior center when the cost was outside of the center's budget. They also used their platforms (i.e., newsletter and social media) to promote these programs.</p> <p>To address food insecurity during the pandemic, core team #1 created an emergency food delivery package program to enhance the reach of a food pantry already established by their auspice organization. They also created a friendly-callers program to identify older adults in need of food or support services.</p> <p>To mitigate the social isolation of older adults, core team #7 partnered with the local library to create virtual programs and services to engage older adults. In one such program, the leaders of core team #7 and the library developed a 4-week program in which participants listened to and discussed podcasts together. To connect older adults with each other, core team #7 also created a monthly online get-together to foster social connectedness that involved games, raffle giveaways, educational programming, and other entertainment. Participants could access both programs via web-conferencing software.</p>
Creator	Addresses a community need directly by developing a new community event, program, or service—either on their own or in partnership with other community groups and organizations	(none)	<p>To address food insecurity during the pandemic, core team #1 created an emergency food delivery package program to enhance the reach of a food pantry already established by their auspice organization. They also created a friendly-callers program to identify older adults in need of food or support services.</p> <p>To mitigate the social isolation of older adults, core team #7 partnered with the local library to create virtual programs and services to engage older adults. In one such program, the leaders of core team #7 and the library developed a 4-week program in which participants listened to and discussed podcasts together. To connect older adults with each other, core team #7 also created a monthly online get-together to foster social connectedness that involved games, raffle giveaways, educational programming, and other entertainment. Participants could access both programs via web-conferencing software.</p>
Communications broker	Facilitates bidirectional and systematic exchanges of information across networks of community residents, partners, and state or regional entities	<ul style="list-style-type: none"> Gathers and disseminates information Participates in, or organizes, a multisectoral community committee 	<p>Core team #2 developed and administered an online survey to understand the needs that emerged during COVID-19. One of the core team members also was part of a local COVID-19 response team involving several community organizations and government agencies, which also provided information on community members in need of additional support. For example, when doing a contract tracing call with a community member, the team member learned that there were several community members without access to food. The core team members were able to share information with a local nonprofit organization, which then delivered food to the residents in need.</p> <p>Core team #5 developed a relationship with the municipal Senior Advisory Committee (SAC), a committee made up of older adult residents from the community. The initiative received suggestions from the SAC about what older adults needed in terms of activities and engagement opportunities. Core team #6 also asked the SAC to disseminate important information about community programs and COVID-19 to their networks (i.e., other community residents). As another example, core team #8 also participated in a countywide coalition of AFCIs to coordinate the COVID-19 response effort across multiple towns, including sharing vaccine information and providing ideas for programs that serve older adults during the pandemic.</p>

Table 2. Continued

Theme	Description	Subthemes	Case examples
Advocate	Encourages community partners to be inclusive and consider the needs of older adults in their COVID-19 responses	<p>Advocates for an improvement to an existing program or service</p> <p>Advocates for a new way that partners could be inclusive of older adults</p>	<p>A new grassroots nonprofit organization was established to provide nutrition to persons in the community during the pandemic. However, they struggled to efficiently distribute food throughout the community. Core group #7 suggested that they set up their hub in a part of town that would be more central and accessible to more of the older residents with food insecurity needs.</p> <p>When the municipal senior center halted their programming due to the COVID-19 pandemic, core team #3, along with the Senior Citizens Advisory Committee, advocated to the municipality to provide virtual exercise programming and technology training for older residents. They helped the municipality figure out how to use technology resources already in place for council meetings and adapt them for use in programming for older adults.</p>

Notes: COVID-19 = coronavirus disease 2019. Themes based on an iterative analysis of transcripts from qualitative interviews with philanthropically supported AFC core teams in northern New Jersey during the winter of 2020–2021.

Advocate

A third theme (identified within five of the eight interviews) addressed core teams as advocates, which involved their encouraging partners and networks to be more inclusive of older residents. Participants described their efforts to alert their partners during community meetings and one-on-one conversations that older adults could also benefit from the partners' EPS (in addition to, e.g., young families, who might have been the initial focal population). They also described helping partners to strategize on ways to enhance the reach of their EPS to older adults, such as by advocating that a service be in locations with large volumes of older adults in need or by demonstrating to a partner how they could incorporate more age-inclusive language in their promotional materials.

Communications broker

Finally, all eight core teams described acting as *communications brokers*, which involved facilitating bidirectional and systematic exchanges of information across networks of community residents, partners, and state or regional entities. The work of the *communications broker* went beyond the time-limited sharing of information about another organization's events or services (as reflected in *good community partner*). As *communications brokers*, participants described maintaining and leveraging communications platforms to gather and disseminate information across community members. Examples of communications platforms included creating and conducting surveys of older residents to assess their well-being during the pandemic, incorporating feedback mechanisms on community newsletters, and the core teams' participation in, or organizing of, multisectoral community committees that met regularly to share information and strategize around allocating resources in response to community needs.

RQ2: Contexts That Facilitate AFCIs' Contributions

Human capital

All participants described harnessing human capital among members of their core teams. Such characteristics included passions and perspectives (e.g., personal experiences that sensitized the AFC leaders to otherwise overlooked issues for older adults), as well as skills and expertise (e.g., knowledge of how to use virtual platforms to host public events). Many core team leaders also described the importance of their community expertise, or deep understanding of "how things work" in their geographic community. For example, core team #1 *created* an expanded food pantry during the pandemic as part of their nonprofit auspice organization, emphasizing the importance of their knowledge of community needs as well as the other organizations in the community:

I think it's because [name of AFCI] folks ... knew [name of community]. They knew where their need was and

were able to go to those partners that we knew would reach older adults or intergenerational families.

Beyond each core team member's individual skills and knowledge, participants further described how the structure of their teams provided enhanced human capital toward their pandemic responses. Some participants spoke about having the right mix of skills among team members that enabled their initiative to be flexible and responsive. As an example, core team #2 characterized one of their members as the health "guru," another as an expert in research and communications, another as the social worker, and another as the person with networks and connections throughout the community. They described how it was their coming together regularly as a group that enabled them to better serve their community through disseminating vaccine information to the public as well as activate their networks for food delivery partnerships.

Most of the core teams also described human capital available in their broader communities, especially in terms of the availability of volunteers to help run operations for EPS that they and their partners had *created* in response to the pandemic. However, core team #3 expressed that the volunteer pool was severely limited due to the volunteers being largely older residents, who paused their service because of heightened risk of contracting the virus. Another negative case regarding human capital was core team #4, which expressed their desire to *create* more EPS for the community and to be a *communications broker* by convening a multiorganizational committee and establishing an AFCI newsletter. However, a participant from this group expressed that their team did not have adequate "bandwidth" to accomplish these goals.

Social capital

All eight core teams described how aspects of their relationships with other community and regional entities facilitated their ability to respond to community needs. The most prevalent subtheme related to social capital was how participants leveraged their prepandemic networks. Participants collectively described the importance of their long-standing relationships with other community organizations, municipal leaders, and older residents at large to enable their work during the pandemic. For example, core teams described using e-newsletter distribution lists and social media accounts, which they had built steadily over the years prior, as ready platforms for reaching older residents during the pandemic. Core team #5 stated:

Our reach is at least 2,000 people ... between the mailed newsletter, the e-blast, dropping newsletters off at all of the senior apartment buildings, and more ... The town has asked us to spread the information to seniors ... They know that we can get it out. They know people will read it.

Another example of the core teams' social capital involved their connections with municipally authorized

Senior Advisory Committees (SACs). SACs were described as especially helpful structures to *advocate* to government leaders—both elected and professional—to allocate resources to older adults during the pandemic. Examples included the core groups working with SAC members to launch an advocacy campaign on property tax relief for older homeowners, as well as SAC members advocating to a local recreation department to offer online programming.

An additional type of social capital was an AFCI's status as a respected, trustworthy, and valued community resource. Some participants described how core team members had become the "go to" individuals for key municipal leaders regarding any aging-related need. Another core team attributed their success in *advocating* for an age-friendly community lens to the high esteem of one leader, described as a "very highly regarded, respected leader in the community."

Another subtheme related to social capital addressed local norms that reflected the culture of how community members work together. Several core team described their communities as ones wherein leaders of public agencies, private nonprofits, and voluntary groups have positive relationships with each other long predating the pandemic. Other participants discussed how the AFCI's presence over the years had led to an embeddedness of the values of age-friendliness in the community, which further influenced the immediate prioritization of aging-related challenges from the beginning of the pandemic. For example, when the researcher asked core team #5 why municipal leaders were so proactively oriented to the needs of older residents during the pandemic, they responded:

Because I really think that's where we are now. It made me stop and realize that we're at that level of recognition and age-friendliness, that as everything started going down, like, 'Okay, what do we do for the seniors?' ... At this point, it really is getting to be ingrained and just the way the [municipality] does things.

Finally, participants described their relationships with leaders of AFCIs in surrounding communities as an additional buoy for their work during the pandemic. Connected through an "alliance" facilitated by the philanthropic funders and the research team, participants described this network as providing social connections that enhanced their efforts during the pandemic. Examples included AFCIs across communities working together on drafting public statements about racial justice, connecting each other to regional partners, and generating ideas and best practices for EPS during the pandemic.

Tangible capital

Many of the core teams described tangible assets—encompassing physical and monetary resources—that they leveraged in response to the pandemic. In some cases, the tangible resource was located within the community. For

example, core team #2 was working on *creating* a service to transport older adults to vaccine appointments. This group identified that a local nonprofit organization had a van that could be useful toward these efforts: “We anticipated ... months ago what we had to do for transportation when vaccines arrived. Our team has been working together with [name of organization] to secure their van, have it socially distanced.”

Core teams also described using their initiative’s own tangible resources—largely monetary through grant funding. Participants frequently attributed the availability of these financial resources to the flexibility of the philanthropic grantmakers supporting the initiatives. For example, core team #8 worked with their partner organization to *create* a food pantry, explaining that they were able to use some of the AFCI’s grant funding to purchase specialized freezers, which they described as, “Amazing. It enables us to expand the type of food that we’re able to provide to residents.” Core teams also used their funding to be *good community partners*, such as by paying the exercise instructor for a partner’s Zoom fitness class when the fees were outside of the partner’s budget. Further, core teams used their funding as part of their *advocacy* for partners to provide programming for older adults. For example, core team #5 funded their own virtual social, educational, and recreational programming as a proof-of-concept to influence a municipal department to offer its programs digitally.

Cumulative capital

All eight core teams described ways in which multiple types of capital converged to position the AFCIs and their partners to respond to older adults in need. Participants narrated ways in which they simultaneously drew upon different types of capital—including skilled people, connected organizations, flexible funding, digital tools, and physical goods—to quickly accomplish goals during the pandemic. In many cases, participants described how they had cultivated these various types of resources over years before the pandemic, which positioned their initiatives to better respond to the volume and urgency of needs among older adults during the pandemic.

For example, core team #6 attributed their successes at *brokering communications* and sharing information as a *good community partner* to their initiative’s long-standing newsletter. Prior to the pandemic, the core team had developed and distributed the newsletter monthly. During the first wave of the pandemic, they sent daily newsletters, and multiple times per week since then. This core team already had the platform available (tangible capital), the skills to develop content (human capital), and the networks to distribute the resource (social capital). In their words:

Since (the newsletter) was in place before COVID and [name] is really good at this skill, information could get out really quickly ... The second thing that happened is people could then respond back and say, “Yes, I need

such and such,” or, “Yes, I am isolated” ... So, [name of core group leader] didn’t have to build a tool. It was well in place, and ... it just grew. The need was so much greater, and the capacity to use it was more needed.

Another example of cumulative capital is reflected in the case of core team #7, which developed virtual educational and social programming with the local library very quickly after the pandemic began. They described how their human capital (including the structure of their core team as well as skills of individual members), tangible resources, long-standing relationship with their partner, and their networks of presenters and older adults who might attend all enabled them to provide quality programming:

We’re nimble, we’re small. We have the means and the knowledge, the capability to do it. It just absolutely made sense for us to just do it. We didn’t have to ask anybody’s permission, which you have to sometimes do in bureaucratic systems. We just said, “We’re doing it.” We put it together on the fly, made a bunch of phone calls to get people to participate as presenters, as participants, and it just worked.

Discussion

This study aimed to address critical gaps in the literature at the intersection of research on aging during the COVID-19 pandemic and research on AFCIs. While prior work has described what AFCIs have done in response to older adults’ needs (AARP, 2020; Dabelko-Schoeny et al., 2022) or what they have the potential to do (Buffel et al., 2020), there has been less attention to understanding *how* they have worked to respond to the COVID-19 pandemic. Our findings help to address this gap. Below, we interpret our findings with respect to implications for understanding AFCIs as a community-centered response to aging in community, especially during times of societal crisis.

First, our analysis generated four primary themes regarding qualitatively distinct ways in which AFC core teams contribute to community-level pandemic responses relative to other local community actors (see Table 2). The role of *creator* is most consistent with anecdotal accounts of the value of AFCIs during the pandemic, with media reports offering examples of how initiatives *created* technology classes, food distribution programs, and online social events (e.g., AARP 2020). This role directly fits within long-standing paradigms for aging services in the United States, which predominantly has focused on issues of sufficient capacity and funding for increased service demands (Niles-Yokum & Wagner, 2018).

It is important to note, however, that the roles of *advocate*, *good community partner*, and *communications broker* might also be highly meaningful and important roles. Theorizing on “networked nonprofits” emphasizes the importance of community organizations that strategically and

deliberately amplify the work of others in their networks to achieve social impact (Wei-Skillern & Marciano, 2008). This focus on the interconnectedness of distinct organizations toward shared social causes is in contrast to more traditional benchmarks for the success of community organizations, such as organizational size and scope of services. Moreover, a “networked nonprofit” perspective emphasizes not only the importance of connections across community actors to achieve long-lasting and meaningful change, but also the importance of leadership within these networks to activate relationships, grow resources for the network, and enhance each other’s capacities to address multisectoral and systemic challenges. Therefore, according to this perspective, AFC leaders are not only those individuals and organizations to whom specific programmatic offerings can be directly attributed (as reflected in the role of *creator*), but also those who help activate resources throughout the community, such as by serving as a *good community partner*, *advocate*, and *communications broker*.

Furthermore, we found three primary types of capital that core group leaders described drawing upon to fulfill these roles during the pandemic, oftentimes in cumulative ways (see Table 3). Our results, indeed, reflect more readily apparent types of capital—that is, those that prior accounts of AFCIs have described, such as financial capital, interorganizational connections, volunteers, and committed champions (Pestine-Stevens & Greenfield, 2022; Russell et al., 2022). However, within the categories of social, tangible, and human capitals, we found perhaps more

overlooked types of assets that were also important. For example, social capital included norms on interorganizational collaboration, the reputation of the individuals in the core group and the initiative itself, and the importance of a community of practice among regional AFC leaders. Human capital referred to not only the core team members’ subject area expertise and technical skills, but also to their knowledge of the local landscape, passions and perspectives, and the synergies among different core team members. Tangible capital included not only philanthropic grant dollars that directly supported the operations of the AFCIs, but also supported the special projects of other organizations vis-à-vis the AFCIs’ financial contributions.

Our study’s identification of these more “unrealized” assets support investment in policies and practices that allow local leaders to systematically identify and cultivate a wide variety of resources as part of their AFCI strategies. In this sense, findings contribute to a growing body of evidence indicating the need for strategically resourcing age-friendly community leadership, coordination, and implementation (Russell et al., 2022; Woo & Choi, 2022). Such investments through social policy are likely especially important for realizing the benefits of AFCIs among communities underserved (Yarker & Buffel, 2022).

As a whole, our results suggest ways in which AFCIs potentially contribute to community resilience—a construct with increasing prominence in the field of disaster response—broadly defined as “the sustained ability of a community to withstand and recover from adversity,”

Table 3. Types of Capital That Age-Friendly Community Initiatives (AFCIs) Leverage in Their Response to the COVID-19 Pandemic

Theme	Description	Subthemes
Human capital	Skills and other characteristics of individuals who are ready to work on age-friendly COVID-19 responses	<ul style="list-style-type: none"> Passions and perspectives, including lived experience as an older resident in the community and personal interests Expertise and skills, including knowledge of the community Availability of volunteers ready to serve
Social capital	Relationships with other community and regional entities	<ul style="list-style-type: none"> The core team has connections within the community The core team’s auspice organization provides connections in the community Organizations in the community are connected and collaborative Presence of other coalitions and groups across the community Core teams are connected with other AFCI core teams in other communities
Tangible capital	Physical and monetary resources	<ul style="list-style-type: none"> The core team has a positive reputation in the community The community has physical resources that the core team can use The core team has monetary resources that they can use in their and for others’ COVID-19 responses
Cumulative capital	Different types of capital are accessed simultaneously and cultivated over time	Refer to text for integrative examples of this theme.

Notes: COVID-19 = coronavirus disease 2019. Themes based on an iterative analysis of transcripts from qualitative interviews with philanthropically supported AFC core teams in northern New Jersey during the winter of 2020–2021.

including hardship from economic stress, health pandemics, and disasters of the built and natural environments (Plough et al., 2013, p. 1190). Theorizing on community resilience emphasizes the importance of adaptive networks across “loosely coupled organizations” at the local level that signify not only the presence of resources, but also how organizations coordinate resources in dynamic ways, especially in the face of threat (Norris et al., 2008, p. 138).

Our findings suggest that AFCIs have potential to strengthen adaptive networks at the local level, especially for the benefit of older residents whose safety and well-being might be more dependent on what their localities do or do not provide. Results indicated the importance of resources among the AFCI core teams themselves, as well as the teams’ capacities to mobilize multiple types of capital across community networks as a whole. This finding is resonant with the idea that emergency preparedness involves not just traditional functions (such as training on planning and service delivery), but also longer-term leadership development, community engagement, and the intentional development of structures to connect diverse, multisectoral entities within communities (Williams et al., 2018).

Limitations

This study’s primary limitation is its inclusion of eight AFCIs in a specific sociopolitical and geographic context at a particular point in time. Although we achieved theoretical saturation with respect to the data available from our sample, we acknowledge that other themes and subthemes would likely emerge in studies conducted in other contexts. For example, AFCIs embedded in communities with more centralized government control might yield an additional theme of *director*, wherein municipally-embedded core teams would direct other community actors to engage in particular actions (rather than ask or encourage, as reflected in the role of *advocate* for the initiatives in our sample). We also note that our findings are from core team leaders of initiatives in northern New Jersey, comprising largely suburban municipalities in the greater New York metropolitan region. Some aspects of our study’s findings might be less relevant for initiatives in communities with sparser or other types of resources.

Furthermore, the initiatives in our study were receiving funding as part of a multiyear grantmaking program of private philanthropy and had a designated core team. Findings with respect to the role of AFCIs during COVID-19 might not apply to AFCIs with different leadership structures, such as an age-friendly committee under municipal government. Moreover, all the initiatives were several years into their development at the onset of the pandemic. Many AFCIs worldwide are in earlier stages of development and do not have a dedicated budget nor professional staff to systematically lead long-term and comprehensive community change

processes (Woo & Choi, 2022). Therefore, our findings are likely especially relevant for AFCIs that are established through formal administrative arrangements with at least some degree of professional staff.

Finally, our findings drew on the perspectives of the AFCI core team leaders alone. Triangulating results with data from other sources (e.g., surveys of residents, focus groups with community partners, observational studies) might have led to additional themes, as well as deeper understanding of the current themes. For example, while we asked questions regarding core teams’ efforts to address systemic racism in their communities, their responses may have been more limited given the relative racial homogeneity of the individuals in our sample when compared with the racial and socioeconomic composition of the communities. Persons with other intersectional identities, as well as with positions outside of the core teams, might have revealed different perspectives on the actions and impact of the AFCIs during the COVID-19 pandemic. Future studies with other designs, such as case study and cross-site surveys, are important for addressing research questions that follow from our study’s findings, such as how income inequality between communities and broader social policy might influence the role of AFCIs, and their capacity to enact these roles at the local level.

Conclusion

Calls for gerontological research on COVID-19 largely have emphasized understanding individual experiences of aging during the pandemic, the role of macrosocial structures (e.g., national health care policy, structural racism), and trends in population health (Resnick et al., 2021). Our study highlights the importance of attention to communities as a fundamental context for experiences of aging and social responses to aging, during a pandemic and in general. By exploring the work of AFCI core teams during the COVID-19 pandemic, this study contributes empirically grounded theory on the role of AFCIs within communities and their arguably unique interorganizational “space” in the field of aging and within society at large. Findings also help to advance theory on ways in which AFCIs can be designed and embedded within existing systems toward long-term community impact, a growing concern of the age-friendly movement as it enters its third decade (see Han et al., 2022, for further discussion). Continued scholarship at the intersections of research, theory, and practice is essential to understand, optimize, and sustain community-centered responses to population aging and issues of aging equity, both during times of social crisis and in the everyday.

Supplementary Material

Supplementary data are available at *The Gerontologist* online.

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Conflict of Interest

None declared.

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