



Article

Prioritizing Age-Friendly Domains for Transforming a Mid-Sized American City

Anthony A. Sterns ^{1,2,3,*} , Harvey L. Sterns ^{4,5} and Ann Walter ^{6,7}

¹ iRxReminder LLC, 1768 E. 25th St., Cleveland, OH 44114, USA

² Business Administration, School of Professional Studies, City University of New York, New York, NY 10001, USA

³ Management Information Systems, College of Business Administration, Kent State University, Kent, OH 44242, USA

⁴ Institute for Life-Span Development and Gerontology, Professor Emeritus, Department of Psychology, The University of Akron, Akron, OH 44325, USA; sternsh@uakron.edu

⁵ Department of Family and Community Medicine, Northeast Ohio Medical University (NEOMED), 4209 St. Rt. 44, P.O. Box 95, Rootstown, OH 44272, USA

⁶ Consortium of Eastern Ohio Master of Public Health Program, Cleveland State University, 2121 Euclid Ave, Cleveland, OH 44115, USA; a.m.walter@vikes.csuohio.edu

⁷ Medical Mutual of Ohio, 2060 E 9th Street, Cleveland, OH 44115, USA

* Correspondence: asterns@kent.edu; Tel.: +1-330-606-6675

Received: 30 October 2020; Accepted: 3 December 2020; Published: 6 December 2020



Abstract: In May 2019, the city of Akron in the state of Ohio was admitted into AARP's network of age friendly cities and communities. Akron has a long history of aging services initiative that date back to the 1970s. To provide direction for future aging initiatives, an assessment of Akron's current state was conducted in early 2020. A survey designed to capture information on the eight Age-friendly domains was designed and mailed to 3000 randomized individuals in Akron's ten political wards. A total of 656 individuals responded and returned the survey. Akron is rated good to excellent by older Akronites; people want to stay in their neighborhood and in their home. Most Akronites like and use their neighborhood parks, find their streets well-lit, and feel safe walking in their neighborhood. Most respondents rated transportation in Akron as good to very good, but they found sidewalks good to poor. There is a high level of access to social and educational activities and a substantial opportunity to include more people. About two-thirds of respondents participate in faith-based activities, volunteer, and participate in city-sponsored events. Loneliness is not or rarely a problem for three quarters of respondents. Around 56.5% of respondents indicated they disagree they are disconnected from the community. There is high level of access to the Internet and public WiFi in Akron and a substantial opportunity to include more people. Overall, Akron has benefitted from its historical efforts and has the opportunity to impact on more older adults as the older population grows.

Keywords: survey; questionnaire; age-friendly; age-friendly cities; older people; age-friendliness; use of technology

1. Introduction

Beginning in the early 1970s, Akron showed strong leadership and commitment to implementing policies and creating services that benefit older people. The Akron Metropolitan Housing Authority had already developed special housing for older adults. In 1974, the City of Akron created the Senior Citizen Commission to the Mayor and City Council. In addition, United Way took responsibility to oversee the development of the Area Agency on Aging with funding from the Older Americans Act.

These initiatives included establishing a planning process and funding for a three-county area, in which Akron was the largest city with a population approaching 300,000 at that time.

This led to the establishment of services for older adults using existing service providers with other providers added later. This included an information and referral agency, meals-on-wheels and congregate dining, geriatric clinics by the health department, city sponsored senior recreational centers, senior on-demand transportation services, and additional senior cost-supplemented housing. Further, a multi-purpose senior center was established as a cooperative effort between the Akron Metropolitan Housing Authority and the University of Akron with funding from the Area Agency on Aging, United Way and Summit County Welfare Department. The university also launched an AARP Institute of Lifelong Learning and free university-level credit education programming. Another agency created senior job training and job search support. The County of Summit created a response that led to the formation of a cooperative committee that then led to a Robert Wood Johnson Grant to develop a centralized computer allowing for coordinated assessment and services across over 30 agencies.

These services expanded and were maintained in spite of being constrained with a weakening regional economy and the decline in manufacturing for which Akron had become famous as the “rubber capital of the world.” Over time, political priorities and a population shrinking toward 200,000 persons led to a loss of the aggressive earlier support. Akron was not in a county that supported an aging services levy and over time United Way and foundations allocated less to aging services. The City of Akron for a number of years did not have an active Senior Citizen Commission. However, in recent years, the Akron Community Foundation has made aging a priority and has funded services planning research and programming.

In 2016, Mayor Daniel Horrigan was elected and supported the reactivation of the Senior Citizen Commission. As the commission assessed needs and wants of older adults, a series of community listening events was conducted. During 2017, there was discussion regarding the possibility of Akron becoming part of the age friendly cities initiative. With encouragement from Ohio AARP, the idea of formally applying was carefully considered. Support from the Director of the Institute for Life-Span Development and Gerontology, who also was chair of the Commission on Aging as well as the Dean of Arts and Sciences and later Interim President of the University of Akron, greatly facilitated moving forward. Direction Home Akron Canton Area Agency on Aging took major leadership responsibility. In February 2019, the application to join the AARP Network of Age Friendly Communities was submitted by Mayor Horrigan.

To focus on aging initiatives and blend them into the general initiatives to enhance the livability of the city of Akron, an effort to guide the next era of development was organized around the AARP network of Age Friendly Cities and Communities [1–3]. The first step in the process was the establishment of a core committee made up of the members of the Commission. The partners in this process include the City of Akron, Direction Home, Akron Canton Area Agency on Aging and Disabilities, the University of Akron, and the City of Akron Senior Citizens Commission to the Mayor and City Council. Members of the Commission on Aging make up the core committee for the Age Friendly Akron initiative. A broader membership of agencies and individuals, the Advisory Committee, was invited to advise the core committee. The development of the assessment involved this group. To guide policy and planning, an assessment of the current state of the City of Akron was planned.

2. Materials and Methods

The study was executed as a randomized cross-sectional study of older residents of the City of Akron. The survey was assembled and mailed through a fulfillment service to ensure the respondents anonymity was maintained. The survey was reviewed and the procedures approved by the University of Akron Institutional Review Board responsible for ethical treatment of human subjects research. Data entry and analysis were conducted by the research team.

2.1. Survey Participants

There were 3000 individuals over the age of 50 randomly selected from all 10 wards in the City of Akron. Surveys were mailed along with prepaid return envelopes. A total of 656 (21.9%) individuals responded and returned the survey. This was comparable to the response rates of Cleveland ($n = 283$, 28.3% return rate) and Columbus ($n = 346$, 23.1% return rate). [4,5]

Respondents were predominately female (62.7%), Caucasian (72.4%), and spoke English (87.8%). The age of respondents ranged 50–95 with an average age of 69.3 (s.d. 10) years of age. About two-fifths (40.1%) were married, a quarter divorced (23.9%), one fifth widowed (21.8%), and the remainder never married (14.2%). Respondents most often lived in a home they owned (76%), while others lived in a condominium (7%), a rented apartment (6%), a rented house (5%), a family member's house (2%), subsidized housing (2%), or institutionalized care or community living (2%).

2.2. Instrument

The committee utilized the framework established in the Global Age-friendly Cities Guide by the WHO [1], as well as the conceptual framework and required questions prescribed by the AARP Age-friendly cities and communities' guidebook [6]. The Age Friendly Akron survey looks at the eight proscribed domains of the Age-friendly cities and communities framework: (1) housing and neighborhoods; (2) outdoor spaces and buildings; (3) transportation and walkability; (4) arts, entertainment, and leisure; (5) respect and social inclusion; (6) civic participation and employment; (7) communication and information; and (8) health and wellness. Based on a gerontechnological focus within the committee, additional emphases on technology and health services availability were incorporated into the survey instrument. The importance of additional questions on access and adoption of technology were recently reported by Marston and van Hoof [7].

The Age-friendly Akron survey instrument is shared in Appendix A. The instrument was designed to provide a description of the state of the respondents in each of the eight domains. The core questions drew from the required guidelines of the program survey template [8] as well as drawing on other nearby cities in Ohio including Columbus, the State's capital in the center of the state; Cleveland, just north of Akron on the shores of Lake Erie; and Cincinnati, a city in the south of the state along the Ohio River and the border of the State of Kentucky [4,5,9].

Section 1 of the survey consisted of 12 questions on housing. Some questions had components that consisted of multiple aspects of living situations to consider and on which to report. The overall desire to live in their home, neighborhood, and in the City of Akron were assessed using five-point Likert scale questions.

Section 2 consisted of six multipart questions on outdoor spaces and accessibility. Questions asked respondents to describe the state of city infrastructure including evaluation of street lighting, sidewalk maintenance, walkability, and access to buildings and offices.

Section 3 of the survey consisted of nine questions focused on aspects of transportation and access to various kinds of alternative transportation modalities including walking. Several questions asked respondents to indicate all the transportation modalities they utilize, and the list included various on-demand services including SCAT (on demand paratransit), taxis, Uber/Lyft, and others. Several questions asked about weather's impact on transportation. The City of Akron experiences four distinct seasons; it is hot in the summer and has snow in the winter.

Section 4 of the survey consisted of six multipart questions on arts, leisure, and educational opportunities available to Akron residents. Most questions focused on usage of major facilities (museums, theaters, outdoor venues, and sports facilities) as well as various festival and educational opportunities available throughout the year.

Section 5 of the survey consisted of five questions on respect and social inclusion. These questions asked respondents to indicate the kinds and frequency of interactions they have and to rate the quality of those interactions. One multipart question asked for a rating of the perceived voice older persons have in the community.

Section 6 of the survey consisted of seven questions on civic participation and employment. Questions asked respondents about their employment status, participation in childcare and volunteering, and quantifying access to these opportunities. A question asking about experiences with agism related to employment is also in this section.

Section 7 of the survey consisted of seven questions on access to information and questions about access to and use of communication technologies that include telephony and Internet services. Questions in the section also assessed confidence in knowing how to obtain information on various services and awareness of specific programs designed to support the distribution of information and connect older persons with available services.

Section 8 of the survey consisted of 17 questions on health and wellness. The opening question asked the respondent to rate their overall health. Questions asked about access to grocery stores, medical and pharmacy services, and other health related services such as dentistry. Other questions focused on the use of and frequency of acute challenges related to health, food availability, medical services, and mental health. Several questions focused on loneliness and relationships with others in the respondent’s family and in the community. Several questions asked about the use of home modifications required to maintain independence.

A final section of the survey included nine demographic questions including gender, age, income, and marital status.

3. Results

As a first step in the analysis, the internal reliability of the domain-specific questions was examined. Questions with ordinal or quantitative responses in each domain were isolated and a Cronbach’s α was calculated for each. The results indicate moderate to high internal consistency within each of the domains (see Table 1). These results, in addition to the consistent approach across the other cities within the WHO and AARP Age-friendly communities provided confidence to examine the individual domains. For a complete list of the questions analyzed, see Appendix B, Table A1.

Table 1. Internal consistency measures of each survey domain.

Domain	Valid <i>n</i>	Cronbach’s α
Housing	568	0.672
Outdoor spaces	370	0.685
Transportation	175	0.804
Arts Entertainment and Leisure	627	0.838
Respect and Social Inclusion	569	0.692
Civic participation and employment	562	0.756
Communication	577	0.723
Health	291	0.690

3.1. Housing and Neighborhoods

Respondents rate the city of Akron positively with 88.7% reporting a good or better rating and 34.0% rating it as excellent or very good. Considering the respondents in terms of their average income, there are more favorable views in areas (mailing zip codes) with higher incomes. In the three lower income areas, unfavorable ratings are nearly twice as high (13% vs. 25%), but still a minority (see Figure 1 and Table 2).

Table 2. Ratings of the city of Akron as a place to live based ordered by average income per mailing zip codes. Zip codes are ordered highest income to lowest income and those with less than 8 responses were excluded from this analysis.

	44223	44303	44313	44302	44312	44301	44305	44310	44320	44314	44307	44306	44311	Total
Excellent or Very good	25%	34%	46%	36%	29%	44%	24%	26%	32%	29%	36%	33%	36%	34%
Good	63%	59%	51%	55%	60%	51%	65%	56%	54%	52%	54%	45%	45%	55%
Poor or Very poor	13%	7%	3%	9%	10%	5%	12%	18%	14%	19%	11%	23%	18%	11%
n size	8	29	105	11	58	39	68	57	72	48	28	40	11	574

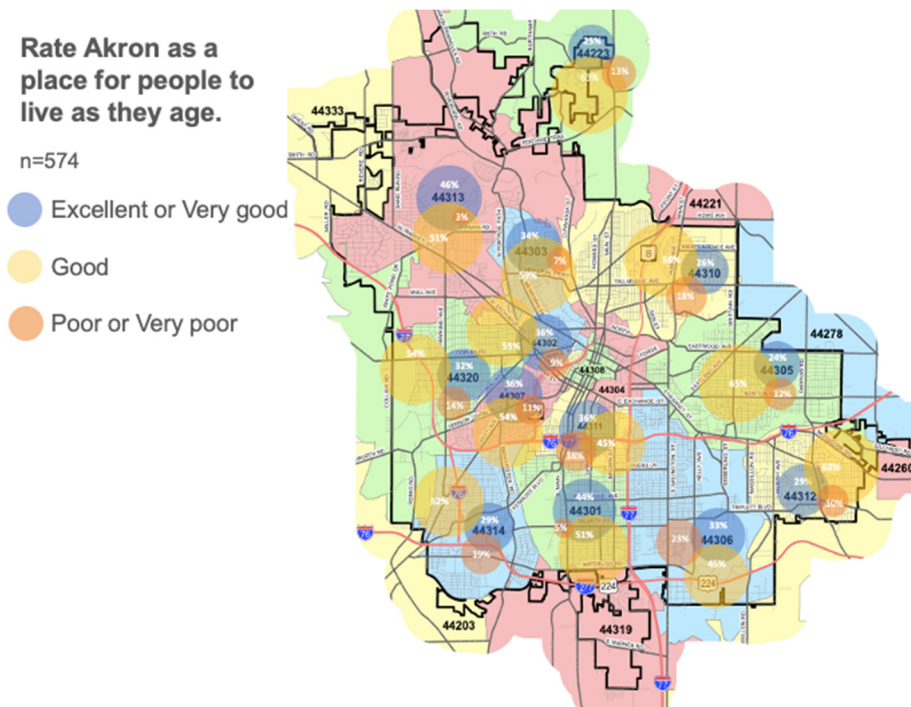


Figure 1. Ratings of the city of Akron as a place to live based on mailing zip codes.

Respondents indicated they most strongly want to remain in their homes and feel slightly less strongly about remaining in their neighborhoods and in the City of Akron. These feelings are stronger for the oldest respondents. (See Figure 2).

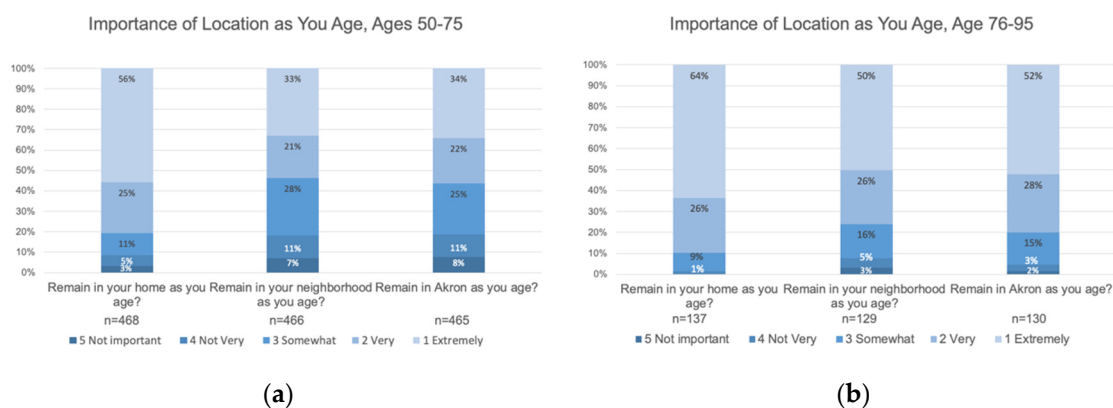


Figure 2. Respondents want most to remain in their homes, but they also want to remain in their neighborhoods and in the city of Akron: (a) the reported importance of aging in place for respondents aged 50–75; and (b) the reported importance of aging in place for respondents aged 76–95.

Several issues in the survey related to housing noted concerns either by absence (e.g., “don’t have access”) or uncertainty (e.g., “not sure”). These issues included access to affordable housing (29.4% not sure/15.9% no), pedestrian crossing timings (15.9% not sure/24.2% no), access to snow removal services (19.3% not sure/22.7% no), access to lawn services (19.0% not sure/25.5% no), well maintained sidewalks (5.9% not sure/48.8% no), and access to a reliable handyman (23.3% not sure/30.1% no). There were no geographic differences in the acceptability of sidewalks and concerns were citywide.

3.2. Outdoor Spaces and Buildings

Respondents indicated that public parks were extremely (43.0%) or very important (34.7%), and 74.0% of respondents indicated public parks in the neighborhood were good, very good, or excellent. About 9.8% indicated that parks in their neighborhood were poor, and 15.0% indicated they did not have them. Accessibility of outdoor spaces and buildings is summarized in Figure 3.

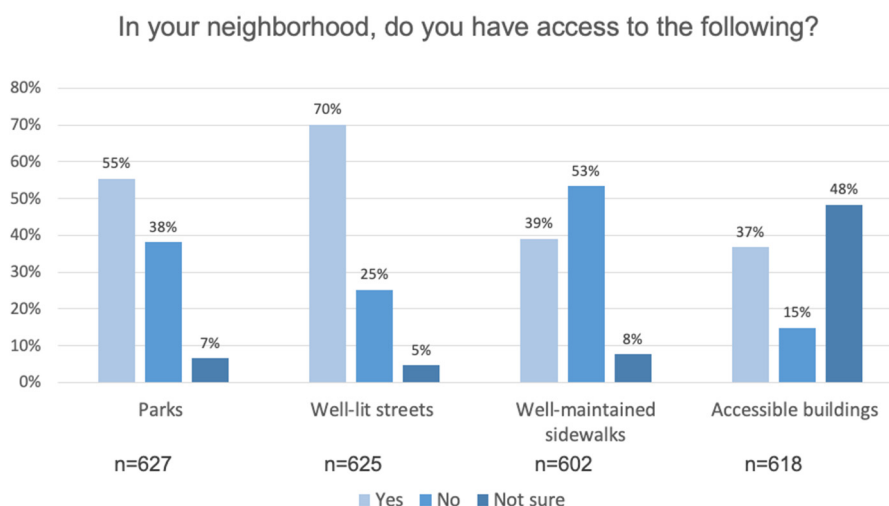


Figure 3. A majority of respondents indicated they have access to parks, well-lit streets, and accessible buildings. In contrast, access to well-maintained sidewalks was a concern.

Access to park benches (86.2%), a park with accessible trails (67.0%), pathways for bikes and people (70.1%), and parks that are maintained in the winter (79.0%) were all generally viewed as available for a majority of respondents.

Buildings were also viewed favorably with accessible front doors (81.4%), having automatic door openers (53.4%), and large enough restrooms (46.6%), all or most of the time.

3.3. Transportation and Walkability

Respondents indicated an overwhelmingly positive view of public transit in the city of Akron with more than half rating the transit system good (57.3%), very good (23.4%), or excellent (6.8%). Regardless of age, driving themselves was the most frequent mode (85.4%) and being driven the next most frequent mode (8.2%). There was a three-fold increase in those respondents reporting being driven for those 50–75 (5.3%) versus those 76–95 (16.5%) years of age (see Figure 4). As driving is the major mode of transit, it is positive that streets signs are perceived as legible (85.7%). Awareness of driver refresher courses, however, is low at only 13.5%.

Akron has both a public fixed route bus system and a dedicated on-demand bus service known as SCAT. Both services are utilized more by those 75 and under and by a very small percentage of older adults (5.2% combined).

The perceptions about public transit are overwhelmingly positive, although there is a substantial number of respondents indicating uncertainty or no opinion. Rating on access to transport for those with disabilities (61.3% yes/3.4% no/35.3% not sure) and access to reliable transit (71.5% yes/7.8% no/20.6% not sure) reflect this trend. Concerns are higher with respect to perceptions of lighting at public transit stops (34.6% all or most/65.4% some, few, or none), public transit stops having seating (25.5% all or most/74.5% some, few, or none), and public transit stops having shelters from the weather (21.5% all or most/79.6% some, few, or none).

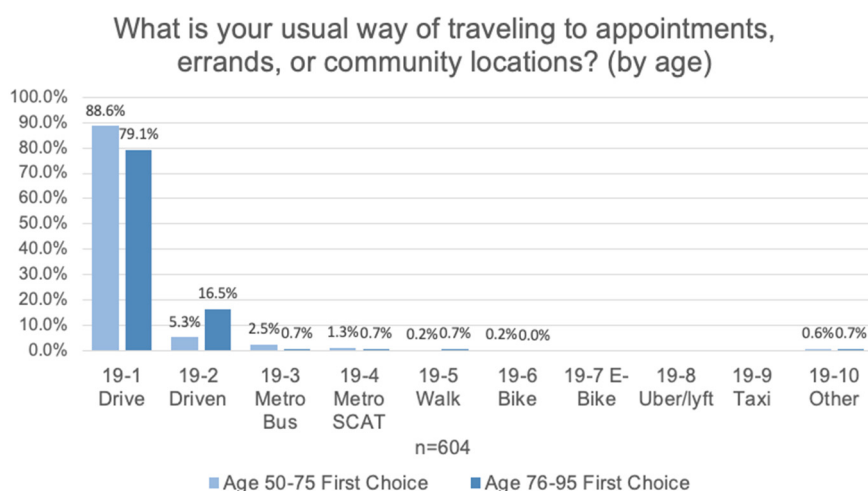


Figure 4. Respondents indicated that a vast majority of travel is done by driving themselves or being driven in a car. This is a low usage of standard public bus (Metro) and public on-demand services (SCAT) as well as walking.

3.4. Arts, Entertainment and Leisure

Akron has historically had a rich cultural environment with the University of Akron as its center with a strong art, dance, and theater program, as well as the Akron Symphony, professional and amateur dance companies, active music scene, numerous live theaters and outdoor concert venues, and a well-respected Museum of Art with a focus on modern works as well as an arts district and monthly art walk. Akron is also home to a downtown baseball stadium for the minor league baseball team as well as stadiums for the University of Akron football, baseball, basketball, and track and field teams. Crisscrossing Akron are the historical locks and canals of the Ohio and Erie Canals and the tow path trail, which connects with walking and bike paths that connect parks and greenspaces throughout the city and along the Cuyahoga River and Summit Lake. Akron is also home to the Akron Zoological Park, Stan Hywett Hall and Gardens, several historical cemeteries, and the Akron Toy Museum as well as many city-sponsored and neighborhood art, cultural, and music festivals throughout the year.

Respondents indicated they have access to social activities (70.3%), educational events (62.7%), and public events (78.9%) (see Figure 5).

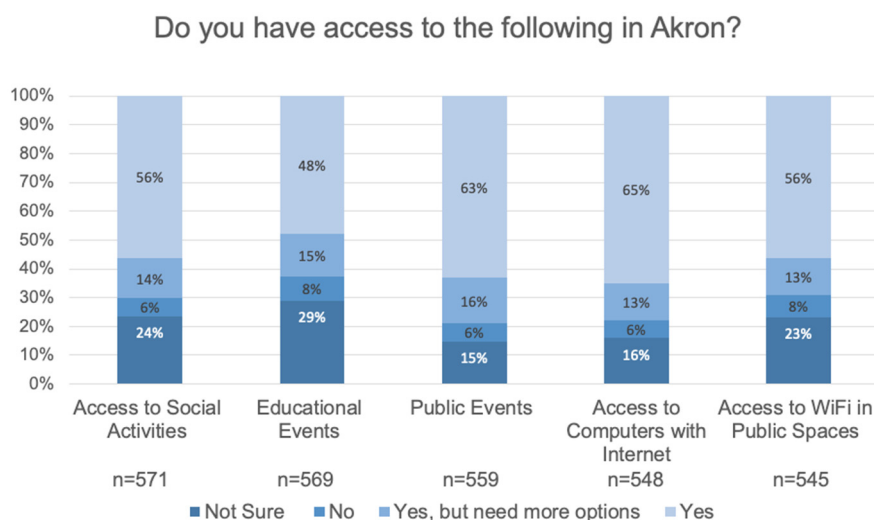


Figure 5. A summary of access social, educational and public events as well as access to computers and WiFi networks.

Questions about participation gauge usage rather than perceptions of access. Respondents were asked how often they participate in events with one quarter (26.6%) participating every other week or more, less than a fifth participating monthly (19.0%), and the remaining majority (54.5%) participating less than monthly (29.6%) or never (25.0%). However, there was an indication that more frequent participation was desired with a third of individuals (32.4%) wanting every other week or more, about a third (30%) wanting monthly event participation, and the remaining quarter interested in less than monthly participation (15.4%), or no participation at all (11.9%).

Respondents were asked if they participate in museums and the zoo. About half (50.2%) indicated yes, while about a sixth (17.3%) indicated they do not but would like too, nearly a quarter (23.8%) indicated they do not but had in the past, and the remainder do not participate and have no interest in doing so (8.6%). A similar pattern was found with live theater, with slightly more participation with city-sponsored events and slightly less participation in sporting events.

Questions were also asked about other activity interests. About half of respondents indicated participation in faith-based activities (50.8% yes/9.1% no but would like too), volunteer activities (34.7% yes/23.3% no, but would like too), and family gatherings (74.4% yes/7.3% no, but would like too).

Leisure activities also include continuing education and physical recreation participation. These appear to offer opportunities for capturing great interest from the community. Only 14.0% of respondents indicated they currently participate in continuing education opportunities, while 34.9% of respondents said they did not participate but would like too. With regard to physical recreation, a larger group (33.4%) indicated they do participate and a similar size group (34.4%) said they do not participate but would like too.

3.5. Respect and Social Inclusion

The degree of voice that older persons perceive in the community is an important measure of the respect they feel. Their wellbeing is also connected to the amount of social interaction they experience. These are the focus of the questions related to respect and social inclusion.

3.5.1. Community Interactions

Most (70.7%) older adults interact with friends and family on a daily basis and another 7.1% interact at least monthly. Only 3.1% report highly infrequent contact or have no friends and family. A majority of survey respondents report engaging with other age groups either daily (39.8%), weekly (25.6%), or every other week (8.7%). About one fifth engage with other age groups once per month (9.5%) or less than monthly (8.4%), with 8.4% indicating that they never do so.

About one third (32.0%) of respondents indicated that opinions of older people are valued, while half (50.3%) were not sure, and 17.7% indicated they did not think opinions were valued. Similarly, when respondents were asked if older people were respected by the community: 5.9% strongly agreed, 26.4% agreed, 44.8% were not sure, 20.2% disagreed, and 2.8% strongly disagreed. When respondents were asked if they feel disconnected from the community, a majority strongly disagreed (13.2%) or disagreed (43.3%) with the statement. One quarter (25.1%) of respondents were not sure if they felt disconnected, with 15.4% indicating they agree with feeling disconnected and 3.0% strongly agreeing (see Figure 6).

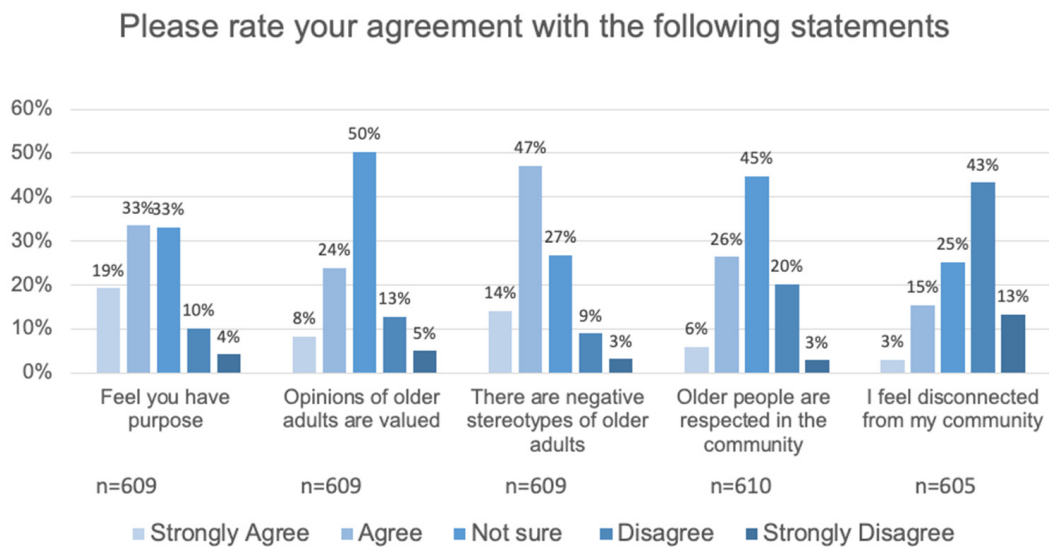


Figure 6. A majority of older adults report having purpose, while a minority indicate their opinions are valued and they are respected in the community. Encountering negative stereotypes of older adults as well as feeling disconnected are reported by a significant minority of respondents.

3.5.2. Purpose and Loneliness

Most respondents strongly agreed or agreed that they feel they have a purpose (52.7%), one third (33.2%) reported not being sure, and 14.1% disagreed or strongly disagreed. Feelings of loneliness are never (44.9%) or rarely (31.1%) experienced by most older adult respondents. However, feelings of loneliness are reported sometimes by about one fifth (21.3%) of respondents. Of most concern are the respondents who report loneliness is experienced most (1.1%) or all of the time (1.6%). Spearman’s rho shows a statistically significant correlation between feelings of purpose within a community and feelings of loneliness ($r_s[594] = -2.14, p < 0.001$). This correlation is significant but small (see Figure 7).

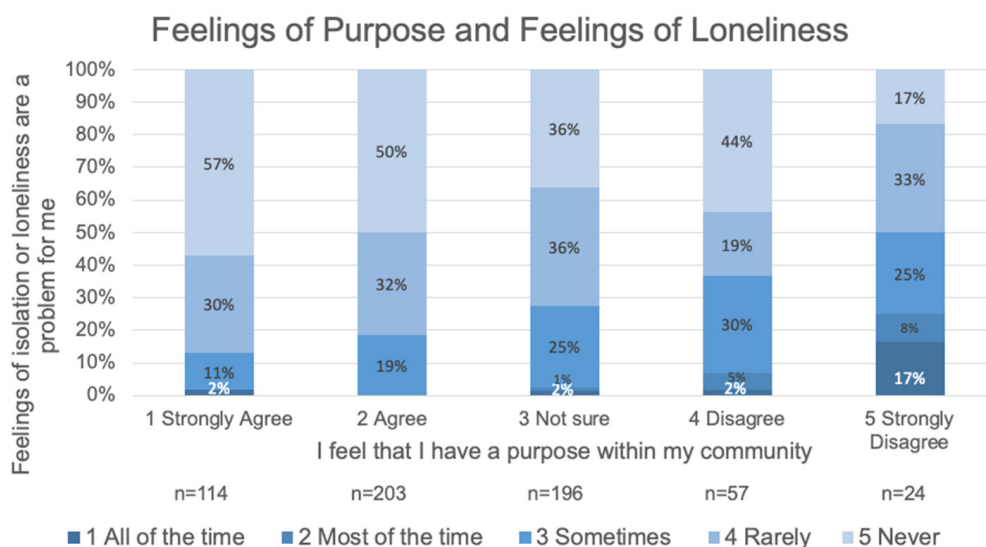


Figure 7. Feelings of purpose and loneliness of negatively related with greater purpose and less loneliness being the most reported state.

3.6. Civic Participation and Employment

About one fifth of respondents reported working full time (19.2%), with 4.8% working part-time, and 1.6% reported themselves as self-employed. When those reporting retired and working (8.2%) are added in, this is about one third of respondents. This is in line with the percentage of 50–67-year-olds who are below the standard retirement age to receive social security. Of those working, 11.0% indicated enjoying working, 9.0% indicated they could not afford to retire, 4.3% were working to maintain healthcare coverage, and 6.7% said they were not yet of retirement age.

There are a groups of respondents who reported themselves as unemployed and seeking work (1.6%), retired and seeking work (6.3%), and underemployed and seeking more work (0.16%). This would be about 50% higher than the unemployment rate for the City of Akron at the time of survey (4.0%) [10]. Some respondents reported providing unpaid childcare (8.2%) and unpaid eldercare (6.6%). Most respondents indicated they had adequate access to volunteer options but less indicated this for job opportunities, see Figure 8.

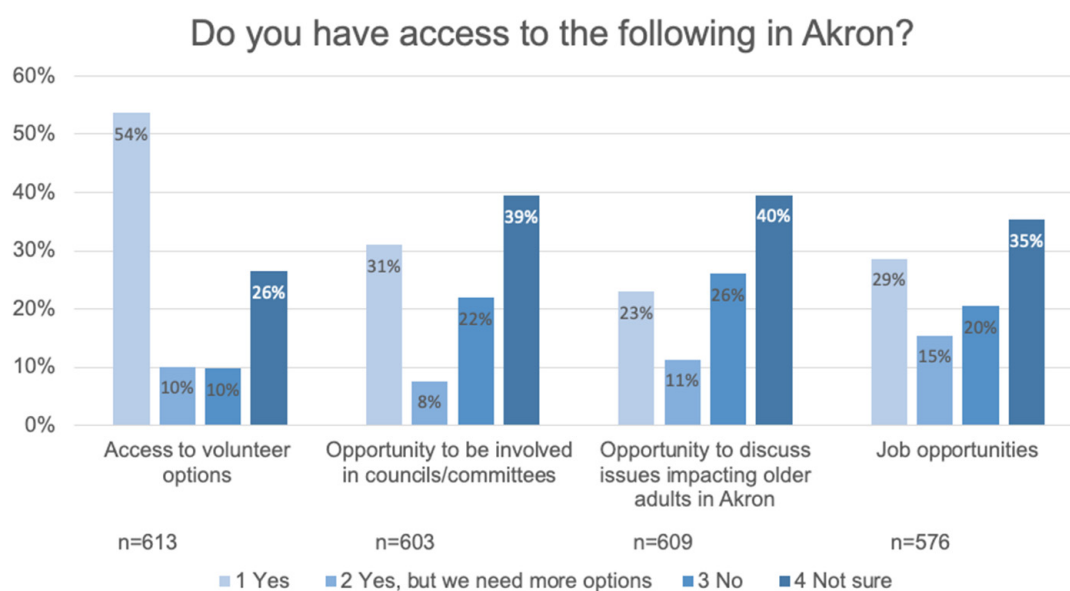


Figure 8. A majority of respondents had access to volunteer opportunities and opportunities to be involved in committees. Many respondents are not sure about various opportunities, which is an opportunity for improving awareness.

The majority of respondents (55.7%) reported being retired and not looking for work. Three quarters (73.3%) of respondents indicated they chose to retire, while the remainder (26.7%) reported they did not choose to retire.

3.7. Communication and Information

Finding information that is needed and being proactive about seeking information are reported by a large majority of respondents. Less than 5.7% of respondents indicated they were rarely or never able to do so and less than 8.1% were rarely or never proactive about doing so. When asked specifically about assistance with housing, 12.5% indicated they were always able to and 34.0% were able to find assistance most of the time. More concerning was that respondents reported they found assistance with housing sometimes (24.1%), rarely (14.0%), or never (15.3%). Similarly, when asked specifically about knowing where to go for assistance with healthcare, 25.2% of respondents always knew where to go and 38.6% knew where to go most of the time. However, 21.1% only knew where to get assistance with healthcare sometimes, 8.1% rarely, and 9.0% never.

For computers, the older the respondent, the less likely they were to have a computer with WiFi, see Figure 9. Respondents indicated most still have a landline, but a greater number have computers, a smartphone, and WiFi at home (see Figure A2 in Appendix C).

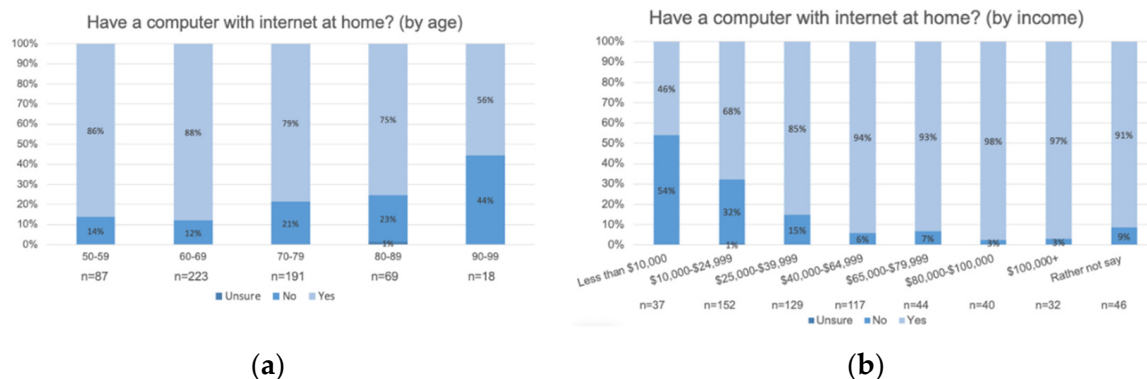


Figure 9. Respondents generally have computers with Internet in the city of Akron. Having a computer at home with Internet is: (a) negatively correlated with age ($r_s[588] = -0.135, p < 0.001$); and (b) positively correlated with income ($r_s[597] = 0.329, p < 0.001$).

3.8. Health and Wellness

The Health and wellness portion of the survey assessed not only respondents’ overall health and mental health, but also other factors that contribute to health outcomes such as food security, healthcare affordability, access to healthcare services and providers, and health insurance. Overall, 69.8% of respondents rated their overall health as very good or good, 24.2% responded with fair health, and 6.1% rated their health poor or very poor.

Additional insight into health can be gained by examining location; access to food, pharmacies, and fitness centers, and affordability. A decreasing number of respondents with very good and good health, and an increasing number of those with fair, poor, or very poor health is observed when zip codes are ordered by highest income to lowest income, as seen in Figure 10a. When asked, on average, how often respondents participate in physical activity, the majority of those who reported very good overall health exercise every day to several times per week (73.7%). A gradual decline is observed between frequency of exercise as overall health rating declines as well (see Figures A3 and A4 in Appendix C).

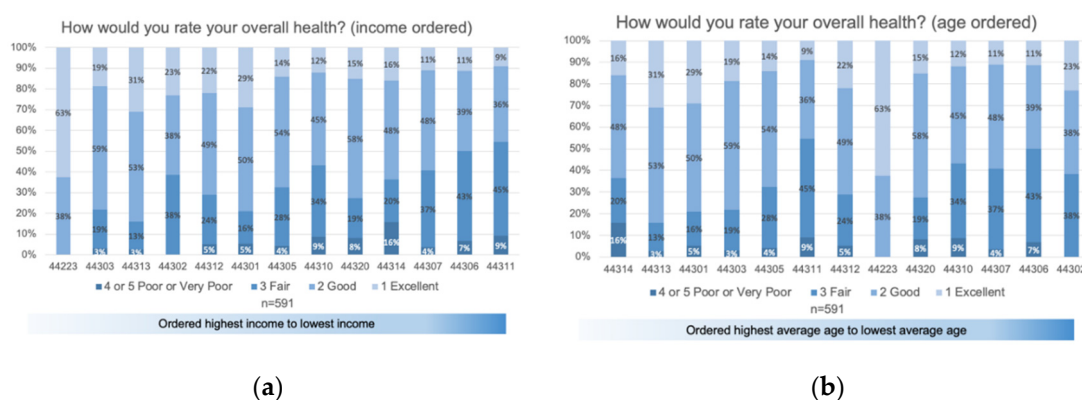


Figure 10. Respondents rate their overall current health status: (a) represents overall health ordered by zip code from highest to lowest incomes of the survey respondents; and (b) represents overall health ordered by highest average age to lowest average age of respondents. Zip codes with fewer than eight responses were excluded from this analysis.

Access to a full-service grocery, convenience store, and pharmacy in Akron was indicated by 87.1% or more of respondents in all three categories. The need for more options was highlighted in regard to Healthcare facilities and Urgent care centers (31.8% and 32.7% of respondents, respectively).

Affordability of medications, dentures, glasses/contacts, and hearing aids is considered vital to accessing these items and thereby maintaining low risk of other health issues related to medication adherence, falls, depression, nursing home stays, and dependence on family caregivers [11,12]. Generally, health insurance plans available to older adults including the federally funded Medicare plans for those 65 years and above or disabled do not cover dental, vision, and hearing; these items are often paid for out of pocket.

Seventy-eight percent or more of respondents indicated they can afford regular medications and glasses/contacts always or most of the time (88.2% medications, 77.6% glasses/contacts). Over 52.9% of respondents do not need dentures or hearing aids. Of those that do need these items, approximately 60% reported they could afford them always or most of the time (62.3% dentures, 59.1% hearing aids). See Figure 11.

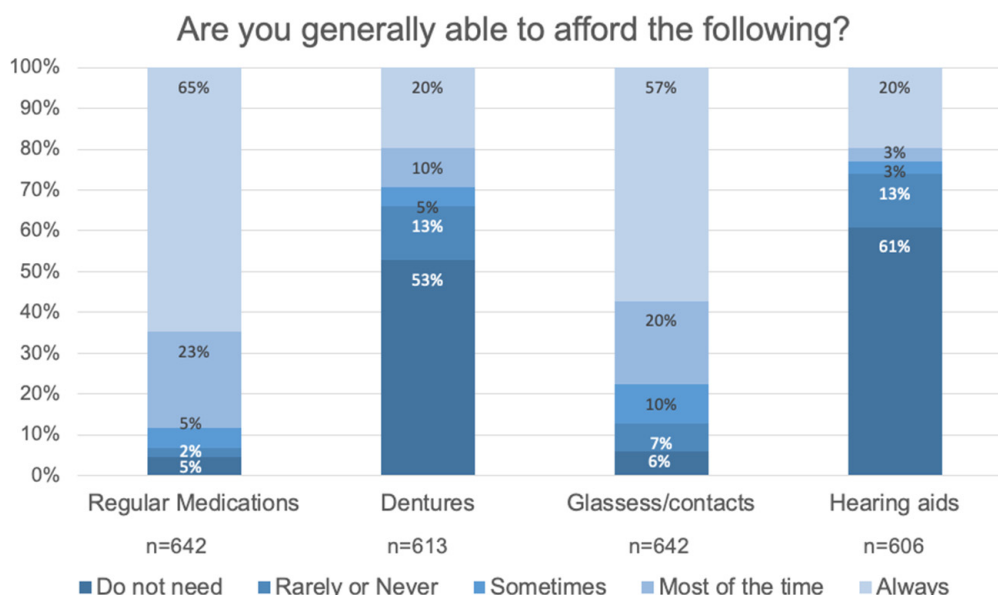


Figure 11. Affordability of regular medications, dentures, glasses/contacts, and hearing aids is reflected in this figure. The majority of respondents can afford regular medications and glasses/contacts always or most of the time. Around 60% of respondents do not need dentures (52.9%) or hearing aids (60.9%) currently.

4. Discussion

Over many years, the planning process of the Area Agency on Aging was the major source of information regarding service needs of older adults. This was an appropriate focus on individuals with greatest needs. In fact, a limitation of this study is that those most frail and living alone may have been the least likely to respond to the survey and may be under-represented. This is limitation is supported by the combined 4% reported to be living in supplemented housing and institutionalized care when we typically expect around 5% in US cities. We also see a comfortingly low level of reported frequent loneliness, although, again, this may be underreported.

However, the focus is not on those in greatest need, but to gather an assessment of the community as a whole from the perspective of the older members of the community. The Age-friendly City approach to looking at a community focusing on the eight domains gives the first multidimensional look at citizens over 50 and their self-reported assessment of the city. This is the first time that the city has been looked at in depth in terms of perceptions of positives and negatives by people ≥50.

The very process of designing and carrying out the survey and the analyses has provided important information for focusing on priorities and possible intervention strategies. This information was collected pre-COVID-19. To take recent experiences into account, focus groups will be conducted in each ward of the city to determine what additional issues need to be considered in planning and priority setting.

One of the key findings was that older adults feel they need to have greater involvement in decision making and their opinions need to be considered by community leadership [13]. This is important as individuals make the transition from work to retirement as evidenced by the survey illustrating a sizeable group participating in work at some level [14]. It also speaks to why the assessment process as a precursor to priority setting is so important. Taking the time to fully explore the results, to understand the heterogeneity of views, and only then engage committees to discuss priorities in each of the eight domains is an important part of the prescribed process [6].

Another key finding is that staying in one's home is a very high priority for Akron residents, higher than the national average for this item, typically 75% in the U.S. [15]. This also leads to a focus on the quality of the neighborhood on many dimensions such as safety, access to grocery shopping, access to health care, and the type of supports such as transportation and home services that are available [13]. Another limitation of the study is that it is apparent that not all areas of the city provide the same experience, and it is possible that those with the least positive experiences were less motivated to respond. However, there are sufficient indications that understanding how to intervene in selected areas with higher dissatisfaction rates will need to be determined.

Most important are the identification of gaps in needed services, need for alternative housing options, and the importance of having access to needed information for services when they become needed [16]. There are disparities that need to be focused on such as key sources of information for needed services. The results show that relatively few individuals were accessing the most helpful information sites and services. However, individuals felt that they were able to find information and felt that they were proactive when it is well known that individuals do not know what they need and only really look for information when there is a problem.

Another important area that was assessed is the quality of the living experience in terms of parks and recreations opportunities, opportunities to attend theater and concerts, attend sports events, engage in educational activities, and ability to have access to jobs and volunteer activities [17]. It becomes very important to carefully explore the areas that need to be addressed first.

To further support older adults in Akron aging in place, several community resources guides have been compiled, notably: the Senior Citizen Information Booklet, produced in Summit County and available online [18]; the Summit County Resource Guide, developed by Getting Wiser and Summit County 2-1-1 [19]; and the Akron Resource Directory, and online resources such as the 2-1-1 Summit County Resource Database.

Many agencies and resources referenced in these guides have found innovative ways to continue their work supporting older adults despite the COVID-19 pandemic. Programs offering minor home repairs at no cost such as Rebuilding Together of Northeast Ohio and Lift Up Ministries continue to provide valuable assistance with repairs around the home including roof/gutters, plumbing, electrical, porch stairs, and furnace. Although many adult day services have been temporarily suspended, organizations such as the Destination Home Akron Area Agency on Aging and Disabilities have been making telephonic wellness calls to residents they support. A plethora of meals programs, albeit with increased safety precautions, have continued their work delivering food to Akronites. In particular, Mobile Meals, Vantage Meals on Wheels, and others have been maintaining vital efforts in meal provision and delivery. As the city pivots to the future, it will be leveraging its strong, growth-ready programmatic infrastructure on which to build.

5. Conclusions

These results represent a summary of the first comprehensive assessment of the key domains of the City of Akron, a typical mid-sized American city, but unique in its history of efforts to provide comprehensive and wide-ranging services to older persons. The reported results document the rationale, tools, and comprehensive nature of the assessments of the Age-friendly cities and communities' domains. They also demonstrate the degree of detail assessed to capture the accessibility and support for functional aging that is the hallmark of the program's current approach.

The commitment to the Age-friendly cities and communities program represents a significant pivot in public policy for the City of Akron and Summit County, Ohio because it demonstrates a return to a unified effort of city government with regional aging services. This is particularly relevant because the City of Akron has a significant history of highly progressive aging services in its past, but a disjointed policy execution over the past two decades.

The analysis provides a comprehensive overview of the current state of each of the domains. It lays the groundwork for a discussion about community priorities. It allows a discussion that not only focuses on the requirements of those with the most need, which is of great importance, but also provides the opportunity to apply resources to improving the livability of the city. Thus, as the population continues growing older, more older adults are positioned to live independently and with greater life satisfaction.

As a summary of the current state of the domains in a typical mid-sized city, the results also provide a point of reference so that future assessments of other cities can make a comparison. Future research should be able to utilize studies such as these to test the accuracy of livability indices that are utilized to compare municipalities throughout the world.

Author Contributions: A.A.S. carried out the coding, labeling, and executed the principal analysis and manuscript generation. H.L.S. as Chair of the City of Akron Commission on Aging and Co-Chair of Age Friendly Akron accepted the role of overseeing the survey research aspects of the project. He contributed to survey design, coordinated research approval, coordinated with project partners, advisory committee and core committee, supervised data encoding, worked with the research team on data analyses and manuscript preparation. A.W. contributed the manuscript, provided a portion of the analysis, as well as developing the graphics and tables for the manuscript. All authors have read and agreed to the published version of the manuscript.

Funding: The survey research was funded by Ohio AARP with a match provided by The University of Akron and carried out by the Institute for Life-Span Development and Gerontology and the Ray C. Bliss Institute of Applied Politics.

Acknowledgments: We want to thank Briana Rummer, M.A. of the Bliss Institute of The University of Akron for her support of the project and for the data coding and input. We also want to thank Douglas Tayek, Associate State Director of Outreach of Ohio AARP for his guidance and support of the work.

Conflicts of Interest: The authors declare no conflict of interest.

Appendix A



We are conducting a survey of adults ages 50 and over to determine how *Age-Friendly* our Akron community is. Please take a moment to answer the following questions based on the neighborhood where you live. Responses will remain anonymous. If you have questions or need assistance with this survey, please contact Susan Sigmon at (330) 899-5206 or Harvey Sterns at (330) 328-0042. Surveys returned by January 31st will be entered into a drawing to receive a \$100 gift card.

Housing and Neighborhoods

1. How many years have you lived in Akron?

2. What is your current zip code?

3. What Akron neighborhood do you live in?

4. What does your current housing situation?

- Live alone
- Live with spouse
- Live with partner

- Live with family members
- Live with group

5. Where do you live? (Check best answer)

- Apartment
- Condo
- Subsidized housing
- Owned house
- Rented house
- Family member's home

- Senior living community
- Independent living
- Assisted living
- Nursing home
- Shared home
- Other: _____

6. Is your housing restricted to age 55+?

- Yes
- No

7. How important is it to you to...	Extremely	Very	Somewhat	Not very	Not important
Remain in your home as you age?					
Remain in your neighborhood as you age?					
Remain in Akron as you age?					

8. How would you rate Akron as a place for people to live as they age? (Please circle)

excellent very good good poor very poor

9. In your neighborhood, do you have access to the following (check or circle as appropriate):	Yes	Yes, but we need more options	No	Not sure
Affordable housing for older adults (active communities, assisted living, etc.)				
Pedestrian crossings with an adequate timed countdown				
Affordable seasonal services like snow removal				
Affordable seasonal services like lawn care				
Well-maintained sidewalks				
Reliable handymen				
Neighborhood watch programs				

10. Do you feel safe walking in your neighborhood? (Please circle)

very secure fairly secure unsure some concern very concerned

11. If you were to move, into which housing type would you consider moving?

(Select the five you'd most like; please rank 1 through 5)

- | | |
|---|--|
| <input type="checkbox"/> Apartment | <input type="checkbox"/> Senior living community |
| <input type="checkbox"/> Condo | <input type="checkbox"/> Independent living |
| <input type="checkbox"/> Low-income or subsidized housing | <input type="checkbox"/> Assisted living |
| <input type="checkbox"/> Owned house | <input type="checkbox"/> Nursing home |
| <input type="checkbox"/> Rented house | <input type="checkbox"/> Shared home |
| <input type="checkbox"/> Family member's home | Other: _____ |
| <input type="checkbox"/> Shared home | |

12. Is your top housing choice available in your neighborhood?

Yes No Unsure

Outdoor Spaces and Buildings

13. In your neighborhood, do you have access to the following:	Yes	No	Not sure
Well-maintained parks within walking distance of your home			
Well-lit streets			
Well-maintained sidewalks			
Easily accessible buildings for those with disabilities or those who require modifications			

21. In your neighborhood do you have access to the following (check or circle as appropriate):	Yes	Yes, but we need more options	No	Not sure
Special transportation for older adults and/or those with disabilities				
Reliable public transportation				
Legible street signs and street numbers				
Bike lanes for wheelchairs or bikes				

22. Are you aware of any driver education or refresher courses in your neighborhood or community?

Yes No

23. How do you rate the maintenance of the sidewalks in your neighborhood?

excellent very good good poor very poor

24. Do you face any barriers or issues listed below when traveling to an appointment, event, or community location? (Select all that apply)

- | | |
|---|--|
| <p><input type="checkbox"/> I have no problems getting around</p> <p><input type="checkbox"/> I do not drive</p> <p><input type="checkbox"/> I do not drive on highways</p> <p><input type="checkbox"/> I don't have others willing or able to take me</p> <p><input type="checkbox"/> I can't afford a car or car maintenance</p> <p><input type="checkbox"/> I don't feel safe walking</p> <p><input type="checkbox"/> Do not drive at night</p> <p><input type="checkbox"/> I have difficulties with parking</p> | <p><input type="checkbox"/> I can't afford public transportation</p> <p><input type="checkbox"/> There is no METRO bus to take me where I need to go</p> <p><input type="checkbox"/> I am unsure how to access or use METRO buses</p> <p><input type="checkbox"/> I have problems using METRO SCAT</p> <p><input type="checkbox"/> Trouble with medical transportation</p> <p><input type="checkbox"/> I need transportation 7 days a week</p> <p>Other: _____</p> |
|---|--|

25. Are you aware of travel training by METRO to better navigate public transportation?

Yes No

26. If yes, have you used this service?

Yes No

27. If you use public transportation, do most of the waiting areas at stops for public transportation in Akron include...	All	Most	Some	Few	None
Safe lighting?					
Seating?					
Shelter from weather?					

Arts, Entertainment, and Leisure

28. Do you have access to the following in Akron (circle or check as appropriate)	Yes	Yes, but we need more options	No	Not sure	Is this free?	
Social activities like book clubs, games, art activities, cultural events, etc					Yes	No
Educational events like art classes, gardening classes, or speakers					Yes	No
Public events					Yes	No
Access to computers with internet access					Yes	No
Access to Wi-Fi in public spaces					Yes	No

29. Do you participate in the following activities in Akron?	Yes	No but I would like to	No and I have no interest	No but I have in the past
Museums (Akron Art Museum, ArtsNow, Akron Zoo, Stan Hywet, etc.)				
Faith-based activities				
Volunteer opportunities				
Live theatre (Akron Civic, E.J. Thomas, Weathervane, etc.)				
City-sponsored events and concerts				
Sporting events (Rubber Ducks, UA sports, local school sports, etc)				
Family gatherings				
Continuing education classes				
Physical recreation (walking groups, yoga, etc)				

30. How often do you engage in social/community events in Akron?

- | | |
|--|---|
| <input type="checkbox"/> Every day to several times a week | <input type="checkbox"/> About once a month |
| <input type="checkbox"/> About once a week | <input type="checkbox"/> Less than once a month |
| <input type="checkbox"/> About once every other week | <input type="checkbox"/> Never |

31. How often do you want to engage in social or community events in Akron?

- | | |
|--|---|
| <input type="checkbox"/> Every day to several times a week | <input type="checkbox"/> About once a month |
| <input type="checkbox"/> About once a week | <input type="checkbox"/> Less than once a month |
| <input type="checkbox"/> About once every other week | <input type="checkbox"/> Never |

32. Is transportation a barrier to attending events?

- all the time most of the time sometimes rarely never

33. Are you aware of the different continuing education programs in Akron?

Yes No

Respect and Social Inclusion

34. How often do you interact with friends and family?

- | | |
|--|---|
| <input type="checkbox"/> Every day to several times a week | <input type="checkbox"/> Less than once a month |
| <input type="checkbox"/> About once a week | <input type="checkbox"/> Never |
| <input type="checkbox"/> About once every other week | <input type="checkbox"/> I don't have any friends or family |
| <input type="checkbox"/> About once a month | |

35. How often do you interact with other age groups?

- | | |
|--|---|
| <input type="checkbox"/> Every day to several times a week | <input type="checkbox"/> About once a month |
| <input type="checkbox"/> About once a week | <input type="checkbox"/> Less than once a month |
| <input type="checkbox"/> About once every other week | <input type="checkbox"/> Never |

36. Are feelings of isolation or loneliness a problem for you?

all the time most of the time sometimes rarely never

37. Please rate your agreement with the following statements.

	Strongly agree	Agree	Not sure	Disagree	Strongly disagree
I feel that I have a purpose within your community					
Opinions of older adults are valued by decision makers in Akron					
There are negative stereotypes about older adults					
Older people are valued and respected in the community					
I feel disconnected from my community					

38. If you agreed to any of these, why do you feel this way?

Civic Participation and Employment

39. What is your current employment status?

- Employed full-time
- Employed part-time
- Self-employed
- Retired and working
- Retired, not looking for work
- Other: _____
- Retired and seeking work
- Unemployed, seeking work
- Underemployed, seeking more work
- Enrolled in work training program

40. Do you provide unpaid child care?

- Yes
- No

41. Do you provide unpaid eldercare?

- Yes
- No

42. If you are retired, did you choose to retire?

- Yes
- No

43. If you are still working full-time, why? (Check all that apply)

- Enjoy working
- Cannot afford to retire
- Maintain healthcare coverage
- Not yet of retirement age
- Other: _____

44. Have you experienced ageism (discrimination based on a person's age) in the workplace?

- definitely yes
- yes
- unsure
- no
- definitely no

45. Do you have access to the following in Akron?

	Yes	Yes, but we need more options	No	Not Sure
A range of volunteer options				
Opportunities to be involved in councils and committees				
Opportunities to discuss issues impacting older adults in Akron				
Job opportunities				

Communication and Information

46. In general, are you able to find information on the services you need?

- all the time
- most of the time
- sometimes
- rarely
- never

47. Do you consider yourself proactive in seeking this information?

all the time most of the time sometimes rarely never

48. Do you know where to call to get assistance in choosing service options in areas such as housing?

all the time most of the time sometimes rarely never

49. Do you know where to call to get assistance in choosing service options in areas such as healthcare?

all the time most of the time sometimes rarely never

50. Do you have any of the following in your home:	Yes	No	Unsure
Landline phone			
Computer with internet			
Smartphone			
Wi-Fi			

51. What do you use to find and access community services?

(Please number the 5 most used; rank 1 through 5)

- | | |
|---|---|
| ___ Landline telephone | ___ Radio ads |
| ___ Mobile phone | ___ Place of worship |
| ___ Smartphone | ___ Senior center or other community agency |
| ___ Internet (websites, email) | ___ Word-of-mouth (friends, family, etc) |
| ___ Social media (twitter, facebook, etc) | ___ Flyers/bulletin board |
| ___ Libraries | ___ Community newspapers |
| ___ TV ads | |
| ___ Mail | |

52. Have you heard of the following information resources?	Yes	No	Use currently
Getting Wiser			
2-1-1			
Direction Home (Area Agency on Aging)			

Health and Wellness

53. How would you currently rate your overall health?

very good good fair poor very poor

54. In your community, do you have access to the following:	Yes	Yes, but we need more options	No	Not sure
A full-service grocery store (deli, bakery, produce)				
Farmer’s market				
Food pantry / bank				
Convenience store				
A pharmacy				
Home health services				
Fitness programs designed for older adults				
Fully accessible health service facilities		Yes No		
Urgent care		Yes No		

55. Within the past 12 months, have you worried whether food would run out before you could afford to buy more?

Always most of the time sometimes rarely never

56. If you used the food banks and/or pantries in Akron, how often do you have issues getting to them?

Always most of the time sometimes rarely never

57. How often do you experience feelings of sadness or worry?

___ Every day to several times a week ___ About once a month
 ___ About once a week ___ Less than once a month
 ___ About once every other week ___ Never

58. Are you aware of mental health services available in Akron?

Yes No Unsure

59. Do you have healthcare providers that accept your insurance	Yes	No
A primary physician		
A dentist		
An eye doctor		
An audiologist		

60. In general, do you have friends or family you can rely on if you have medical problems?

Always most of the time sometimes rarely never

61. Do you feel that you have access to adequate medical services?

Always most of the time sometimes rarely never

Handrails on stairs				
Adequate lighting				
Slide resistant floors				
Grab bars and other modifications for bathing/showering				
Easily accessible laundry				
Furniture arrangement to help prevent falls				
No-step entry to the home				

The following questions are for classification purposes only

Age _____
 Gender _____
 Sexual Orientation _____
 Zip Code _____
 Native Language _____

Race or ethnicity (please circle)

White/Caucasian
 Hispanic or Latino
 Black or African American
 Native American or American Indian
 Asian / Pacific Islander
 Other: _____

Marital Status (please circle)

Married
 Never married
 Separated
 Divorced
 Widowed

Education level (please circle)

Less than a high school diploma
 High school degree or equivalent
 Some college, no degree
 Associate degree
 Bachelor’s degree
 Master’s degree
 Professional degree
 Doctorate

Annual Income (please circle)

Less than \$10,000
 \$10,000 to \$24,999
 \$25,000 to \$39,999
 \$40,000 to \$64,999
 \$65,000 to \$79,999
 \$80,000 to \$100,000
 \$100,000 +
 Rather not say

Please give any additional comments on how Akron could become more age-friendly.

Appendix B

Table A1. Variables for each domain of the Cronbach’s alpha analysis.

Domain	Questions	Text	Scale	Valid #	Cronbach’s Alpha	If Item Deleted, Alpha Would be >0.7
Housing	7a	Remain in home	extremely -> not important	568	0.672	
	7b	Remain in neighborhood	extremely -> not important			
	7c	Remain in Akron	extremely -> not important			
Outdoor spaces	8	Rate Akron for adults as they age	excellent -> very poor	370	0.685	
	10	Feel safe walking in neighborhood	very secure -> very concerned			x
	14	How important to have public parks?	Extremely -> not important			x
	17	If parks, are they well maintained in the winter?	All the time -> never			
	18a	Do buildings in your neighborhood include accessible front doors?	Always -> Never			
	18b	automatic door openers	Always -> Never			
	18c	large enough restrooms	Always -> Never			
Transportation	20	Rate public transport in Akron?	Excellent -> very poor	175	0.804	
	23	Rate sidewalk maintenance	Excellent -> very poor			
	27a	If use public transport do the waiting areas have safe lighting?	All -> None			
	27b	seating?	All -> None			
	27c	shelter from weather?	All -> None			
Arts Entertainment and Leisure	30	How often engage in social/community events?	every day -> Never	627	0.838	
Respect and Social Inclusion	31	How often WANT to engage in social/community events?	Every day -> Never	569	0.692	
	36	Feelings of loneliness of isolation a problem?	All the time -> never			
Civic participation and employment	37a	Feel I have purpose	Strongly agree to disagree	562	0.756	
	37b	opinions of older adults are valued	Strongly agree to disagree			
	37c	negative stereotypes about older adults (recoded)	Strongly agree to disagree			x
	37d	older people are valued and respected in the community	Strongly agree to disagree			
	37e	feel disconnected from my community (recoded)	Strongly agree to disagree			
	45a	Do you have access to volunteer options	yes, yes but need more, no, not sure			
	45b	opportunity to be involved in councils or committees	yes, yes but need more, no, not sure			
	45c	discuss issues impacting older adults	yes, yes but need more, no, not sure			
Communication	45d	employment opportunities	yes, yes but need more, no, not sure	577	0.723	
	46	able to find info on services you need?	all the time -> never			
	47	consider yourself proactive?	all the time -> never			
	48	know where to call for housing help?	all the time -> never			
Health	49	know where to call for healthcare?	all the time -> never	291	0.69	
	53	Rate overall health?	very good to very poor			
	55	worried about food in past 12 mos.? (recode)	Always -> Never			
	56	If use foodbanks, see issues? (recode)	always -> Never			
	60	Have friends or family to rely on?	always -> Never			
	61	Access to adequate medical services?	always -> Never			
	64	can make an appt with doc when needed?	always -> Never			
	65	can make appt with dentist when needed?	always -> Never			
	67	how important to remain physically active?	extremely -> not important			x

Appendix C

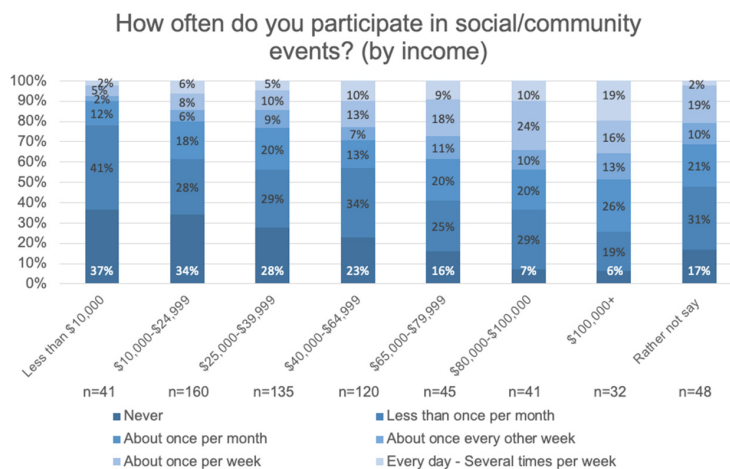


Figure A1. Income is positively related to the amount of activities in which older adults participate.

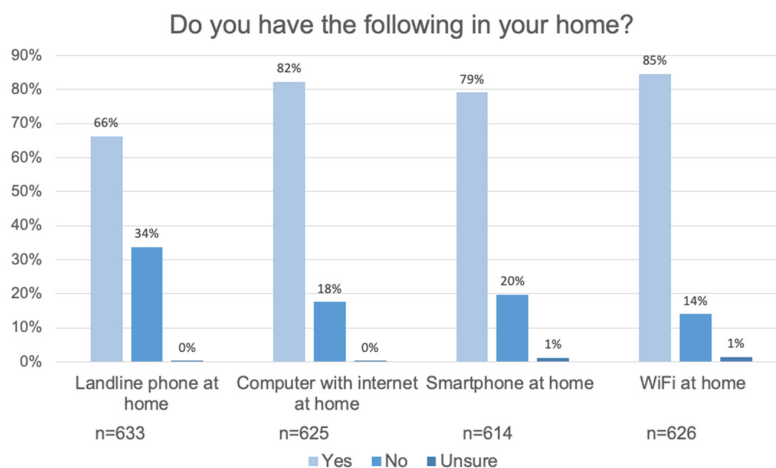


Figure A2. Respondents indicated that 66.9% have a land line telephone, 82.2% have a computer with Internet connection at home, 79.2% have a smartphone, and 84.5% have WiFi service at home.

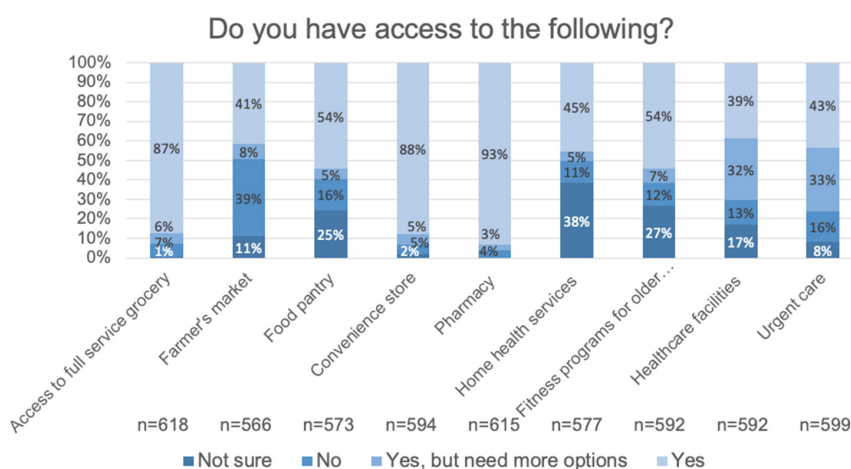


Figure A3. The majority of respondents indicated access to a full-service grocery, convenience store, or pharmacy. This figure represents' ability to access food, fitness, and healthcare centers in the Akron area.

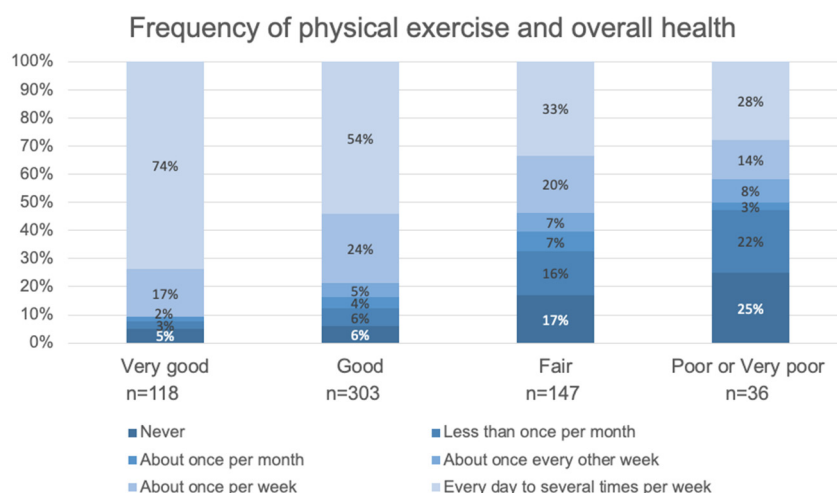


Figure A4. A relation is shown between overall health and frequency of physical exercise. Those respondents who are in very good health exercise the most. A gradual decline is observed in frequency of exercise among those who are in good, fair, poor, and very poor health.

Table A2. Survey population demographic information.

Demographic Characteristic	% (n)
Female	62.7% (384)
Male	37.3% (228)
Language:	
English	87.7% (575)
Other	1.8% (12)
Did not respond	10.5% (69)
Race/Ethnicity	
White/Caucasian	72.4% (446)
Hispanic or Latino	0.6% (4)
Black or African American	23.5% (145)
Native American/American Indian	0.8% (5)
Asian/Pacific Islander	0.8% (5)
Other	1.8% (11)
Marital Status	
Married	40.1% (248)
Never Married	14.2% (88)
Separated	0.6% (4)
Divorced	23.3% (144)
Widowed	21.8% (135)
Education level	
Less than high school diploma	4.1% (26)
High school degree or equivalent	23.2% (148)
Some college, no degree	27.8% (177)
Associate degree	9.1% (58)
Bachelor’s degree	17.9% (114)
Master’s degree	11.1% (71)
Professional degree	3.9% (25)
Doctorate	2.8% (18)
Annual income	
Less than \$10,000	6.6% (41)
\$10,000 to \$24,999	25.7% (160)
\$25,000 to \$39,999	21.7% (135)
\$40,000 to \$64,999	19.3% (120)
\$65,000 to \$79,999	7.2% (45)
\$80,000 to \$100,000	6.6% (41)
\$100,000+	5.1% (32)
Rather not say	7.7% (48)

References

1. World Health Organization. *Global Age-friendly Cities: A Guide*; World Health Organization: Geneva, Switzerland, 2007; ISBN 9789241547307.
2. Greenfield, E.A.; Oberlink, M.; Scharlach, A.E.; Neal, M.B.; Stafford, P.B. Age-friendly community initiatives: Conceptual issues and key questions. *Gerontologist* **2015**, *55*, 191–198. [[CrossRef](#)] [[PubMed](#)]
3. Plouffe, L.; Kalache, A. Towards global Age-friendly cities: Determining urban features that promote active aging. *J. Urban Health* **2010**, *87*, 33–739. [[CrossRef](#)] [[PubMed](#)]
4. Center for Community Solutions. *City of Cleveland, Age Friendly Community Assessment*; AARP: Washington, DC, USA, 2016.
5. AgeFriendlyColumbus.org. *Findings Report Age-Friendly Columbus*; AARP: Washington, DC, USA, 2017.
6. AARP. *AARP Roadmap to Livability Collection: Strategies and Solutions that Make a Community Great for People of All Ages*; AARP: Washington, DC, USA, 2018.
7. Marston, H.R.; van Hoof, J. “Who doesn’t think about technology when designing urban environments for older people?” A case study approach to a proposed extension of the WHO’s Age-friendly cities model. *Int. J. Environ. Res. Public Health* **2019**, *16*, 3525. [[CrossRef](#)] [[PubMed](#)]
8. AARP. *Age-Friendly Community Survey Template*; AARP: Washington, DC, USA, 2018.
9. City of Cincinnati Aging Office of Aging and Accessibility. *Membership Application to Join the AARP Age-Friendly Communities Program*; AARP: Washington, DC, USA, 2018. Available online: <https://www.aarp.org/content/dam/aarp/livable-communities/age-friendly-network/application-letters-resolutions/2018/OH-Cincinnati-Application-2018-Final.pdf> (accessed on 29 October 2020).
10. Bureau of Labor Statistics Data. Available online: https://data.bls.gov/timeseries/LAUMT391042000000003?amp%3Bdata_tool=XGtable (accessed on 29 October 2020).
11. Willink, A.; Shoen, C.; Davis, K. How Medicare Could Provide Dental, Vision, and Hearing Care for Beneficiaries. *Commonw. Fund* **2018**, *2018*, 1–12.
12. Neiman, A.B.; Ruppert, T.; Ho, M.; Garber, L.; Weidle, P.J.; Hong, Y.; George, M.G.; Thorpe, P.G. CDC Grand Rounds: Improving Medication Adherence for Chronic Disease Management—Innovations and Opportunities. *MMWR. Morb. Mortal. Wkly. Rep.* **2017**, *66*, 1248–1251. [[CrossRef](#)] [[PubMed](#)]
13. Morison, R.; Dychtwald, K. *What Retirees Want: A Holistic View of Life’s Third Age*; Wiley: Hoboken, NJ, USA, 2020.
14. Sterns, H.L.; Sterns, A.A. Aging and Approaches to Work. In *Handbook of Psychology and Work*; Blustein, D.L., Ed.; Oxford University Press: New York, NY, USA, 2013; pp. 160–184.
15. Binette, J.; Kerri, V. *Home and Community Preferences: A National Survey of Adults Age 18-Plus*; AARP Research: Washington, DC, USA, 2018. [[CrossRef](#)]
16. Papalia, D.E.; Sterns, H.L.; Feldman, R.D.; Camp, C.J. *Desarrollo Del Adulto Y Vejez. Spanish Edition*; McGraw Hill: Mexico City, Mexico, 2009.
17. Sterns, H.; McQuown, C. Age, Work and Retirement. In *Psychology of Aging: A Biopsychosocial Perspective*; Yochim, B.P., Woodhead, E.L., Eds.; Springer Publishing Company: New York, NY, USA, 2017.
18. Senior Citizens Information Booklet. Available online: https://www.akronohio.gov/cms/resource_library/files/a988fcf3c18b645a/senior_handbook.pdf (accessed on 29 October 2020).
19. Getting Wiser Summit County Resource Guide. Available online: <https://www.gettingwiser.org/news/getting-wiser-summit-county-resource-guide> (accessed on 29 October 2020).

Publisher’s Note: MDPI stays neutral with regard to jurisdictional claims in published maps and institutional affiliations.



© 2020 by the authors. Licensee MDPI, Basel, Switzerland. This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution (CC BY) license (<http://creativecommons.org/licenses/by/4.0/>).