

Age-Friendly Planning in Tompkins County:

Bridging the Rural-Urban Divide

A Report to the Tompkins County Age-Friendly Center for Excellence

Xue Zhang and Mildred E. Warner

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Xue Zhang
Post-Doctoral Associate
xz43@cornell.edu

Mildred E. Warner
Professor
mwarner@cornell.edu
Dept of City and Regional Planning and Dept. of Global Development
Cornell University, Ithaca, NY 14853

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Executive Summary

Problem: Most planning research focuses on the nature of the built environment (e.g. walkability, mixed-use) and how this can enhance physical activity and individual health. But these built environment recommendations are less applicable in rural communities.

Research Strategy: In this case study, we draw lessons from a healthy rural/urban county in New York State. In this collaborative, community-based research, we conducted a survey of all 16 municipalities in the county, reviewed all municipal plans and conducted interviews with 30 community stakeholders across a range of agencies.

Findings: We find nodal development, as an age-friendly development strategy, leaves much of the community unserved. Cross-agency collaboration brings built environment, planning, service delivery, and social engagement together to promote attention to health across rural and urban communities. We find giving attention to service provision and civic engagement is as important as the built environment in building a healthy place, especially in rural communities.

Takeaway for practice: Planners need to move beyond a primary focus on the physical built environment, and give comprehensive attention to service provision and civic participation to build a healthy community. Strategies include: encouraging different community stakeholders to participate in the planning process, improving delivery services for the rural community, and promoting cross-agency collaboration.

Introduction

What community features are important to promote healthy aging in place? The World Health Organization (WHO, 2020) articulates three aspects - physical environment, municipal services, and social environment - to keep people independent and living in good health. The United Nations Children's Emergency Fund's (UNICEF 2018) child-friendly city and AARP's (2021) livable community for all ages share similar healthy living domains, including built environment (neighborhood, housing, open space), services (health services, transportation, communication, and information), and social environment (civic engagement, inclusion, opportunity). Building a healthy community requires a multi-generational planning effort on built environment and services to provide a supportive community across the life span – for children, adults and seniors (Keyes et al., 2014; Warner, Homsy, & Morken, 2017; Warner & Zhang, 2019; Wang et al., 2020). However, a national survey of US communities in 2013 found planning departments are less likely than other community agencies to be engaged in cross-agency partnerships to serve the needs of children and seniors than other agencies, and only 52 percent of communities reported their comprehensive plans address the needs of children or seniors (Warner & Zhang 2019).

One of the challenges in linking planning, the built environment, and public health is the urban bias in most planning recommendations. Much research has focused on the nature of the built environment (e.g. walkability, mixed-use), and how this can enhance physical activity and individual health (Forsyth, 2019; Hunter et al., 2011 Pronk et al., 2020; Qiu & Zhu, 2021). But these built environment recommendations are less applicable in rural communities (Spivak, 2020). Health outcomes in rural communities show high rates of food insecurity, obesity, diabetes, and morbidity (University of Wisconsin Population Health Institute, 2021). Healthy

community design, to the extent that it focuses primarily on the built environment, suffers from an urban bias. This makes it hard for rural and suburban communities to address community design to promote health. This research challenges the urban bias in community design and argues for a greater role of planning in cross-agency collaboration to link the built environment, services and social engagement to promote public health. We present an in-depth case study of a healthy county in New York State, and give special attention to rural communities and the needs of children and seniors, as populations more dependent on community design to promote better health outcomes.

Factors related to building a healthy community

Neighborhood and the built environment are important social determinants of health (Forsyth, 2019; Pronk et al., 2020; WHO, 2020). Walkability and a mixed-used built environment are recommended planning actions in the public health field. Research shows that walkability and safety are associated with healthy aging (Glicksman et al., 2014; Sykes, & Robinson, 2014). People in those communities walk more and have lower body mass indices (Doyle, Kelly-Schwartz, Schlossberg, & Stockard, 2006) and report higher life satisfaction (Pfeiffer, Ehlenz, Andrade, Cloutier, & Larson, 2020).

The American Planning Association's Aging in Community Policy Guide (2014) focuses on mixed-use neighborhoods and walkability. The guide emphasizes land use and zoning codes should focus on mixed-use, connected neighborhoods and walkability to compensate for the decrease in mobility as people age (American Planning Association, 2014). Promoting a high-density built environment is also embedded in other planning guidelines, such as smart growth, nodal development and new urbanism (Duany, Plater-Zyberk, & Speck, 2000; Filion, 2009). However, the walkable, mixed-use design, as the core neighborhood feature, is not enough. A

study, which examined the 80 APA-designated Great Neighborhoods from 2007 to 2014, found that although these places had mixed-use and walkability, they lacked affordable housing, social diversity, and social inclusion (Talen, Menozzi, & Schaefer, 2015). A mixed-used nodal development strategy does not serve all communities. Access and affordability are one concern, but there is also the concern of how to serve more sparsely settled rural and suburban communities. What other strategies besides mixed-use nodal development can planners use?

Land use and design are only one part of building a healthy community. Services are also important. Transportation services are one of the four main foci in the age-friendly health system framework from the Institute for Healthcare Improvement (2019) to ensure the early, frequent, and safe mobility of older adults. A study in the Los Angeles area found that better and more accessible transit services are associated with less probability of being obese (Hu et al., 2014). Children are more likely to walk to school when streets have a ‘complete street’ design (Qiu & Zhu, 2021). Education access and quality is a main category of social determinants of health (Pronk et al., 2020) and schools can be an important partner in community planning efforts (McCoy & Vincent, 2007). Early childhood education is important to the physical and mental development of young children, and impacts their health as adults (U.S. Department of Health and Human Services, 2021), but access to child care is often lowest in poor communities (Covington, 2007). Nutrition services are especially important, and planners are giving more attention to access to healthy food (Kaufman, Pothukuchi, & Glosser, 2007).

The role of the social environment in public health has drawn increased interest in recent years. Research shows that people living in places with a better social environment, such as more social cohesion and social capital, can be more physically active, even when the built environment is not supportive, for example, when sidewalk infrastructure is poor (Adkins,

Makarewicz, Scanze, Ingram, & Luhr, 2017). The 2017 APA Health Policy Guide (APA 2017) recommends a “health in all policies” approach. The guide recommends planners move beyond the built environment to promote inter-sectoral collaboration and community engagement.

Civic engagement plays an important role in improving community health (Robert Wood Johnson Foundation, 2021). The active engagement of older adults and families with children in the planning process can help ensure community planning and services are more responsive to their needs (Lehning, 2014; Severcan, 2015; Warner & Rukus, 2013; Warner & Zhang, 2019), and this can result in better community health for seniors and children (Botchwey et al., 2019; Corburn, 2004; Warner, Xu, & Morken, 2017; Warner & Zhang, 2020a). AARP has developed livability indicators, based on WHO’s domains (housing, transportation, neighborhood, environment, civic engagement, opportunity, public health) (AARP, 2018). A national study of AARP’s indicators for all US counties found while urban communities rank higher on built environment and transportation, rural communities with better health outcomes are distinguished by higher levels of civic engagement (Zhang, Warner, & Wethington, 2020). Similar results are found for younger adults. A recent study using a national survey found civic engagement of young adults, including voting, volunteering, and activism, is associated with better physical health, mental health, and health behaviors in later adulthood (Ballard, Hoyt, & Pachucki, 2019). By including youth participation, communities can better address the social disparities of health (Botchwey, et al., 2019).

Rural challenges

Planning and zoning guidelines focused on promoting density are urban biased, and are difficult for rural communities to implement. A study using the AARP livability index shows that rural communities rank the lowest on community health in terms of health prevention, access, and

quality, as well as lack of mixed-use neighborhoods (Zhang et al., 2020). The low population density and lack of water and sewer infrastructure in rural communities makes nodal development and mixed-use neighborhoods harder to develop. Rural communities also may be more likely to push back against mixed-use development. Two national surveys show that community design promoting mixed-use and walkability is less supported by rural residents (Handy, Sallis, Weber, Maibach, & Hollander, 2008).

The social environment can substitute for the lack of accessible physical design in rural areas. Research shows that rural areas with more social capital, built by the social connections between people, have a lower mortality rate even in communities with economic and infrastructure disadvantages (Yang, Jensen, & Haran, 2011). This draws attention to the importance of developing ‘third places’ - churches, libraries, shops, and Post Offices. These institutions increase community cohesion, social capital, and economic wellbeing, and help people age in place (Cabras & Mount, 2017; Fong, Haslam, Cruwys, & Haslam, 2021). Civic engagement in the planning process also helps build social connections (Spivak, 2020).

Forsyth (2019) outlines that healthy city places are collaborative, age-friendly, and have a healthy built environment. Multi-sector collaboration links institutions, communities, and policies, and is an integral aspect of building a culture of health (Acosta et al., 2016; Robert Wood Johnson Foundation, 2021). For example, Silow-Carroll, Rodin, and Pham (2018) examined cross-agency collaboration efforts in six state initiatives, and conclude that children and youth with special health care needs and other vulnerable populations can be best served by collaboration between agencies, governments, and programs to address the social determinants of health. These cross-agency approaches are key to addressing the needs of both seniors and youth (Keyes et al., 2014; Warner & Zhang, 2020; Reece, 2021).

To better understand the links between the built environment, services, social engagement, and public health, we conducted an in-depth case study of a rural/urban county in New York State, which has better health outcomes than other counties in the state. We partnered with the Tompkins County Age Friendly Center for Excellence to build the research framework, review community plans, survey local government actions on planning for all ages, and interview community stakeholders. This community-based collaborative research examines factors related to this healthy community and identify areas for improvement. This community case study explores the extent to which community plans address the needs of children and seniors and how more cross-agency collaboration can be encouraged.

Study Site

Tompkins County is located in the western part of New York State with 102,649 population in 2019 (U.S. Census Bureau, 2021). The City of Ithaca is located at the center of Tompkins County, and has the most population and the highest population density (U.S. Census Bureau, 2021). The City of Ithaca is surrounded by nine suburban and rural townships. The population distribution shows a rural-urban divide, as almost half of the population is concentrated in the City of Ithaca and Town of Ithaca. The eight surrounding towns have a higher percentage of families with children (age under 18), and a higher percentage of older adults (age over 65). See Figure 1.

Figure 1 Tompkins County Demographic structure

Figure 1A Percent of population under 18

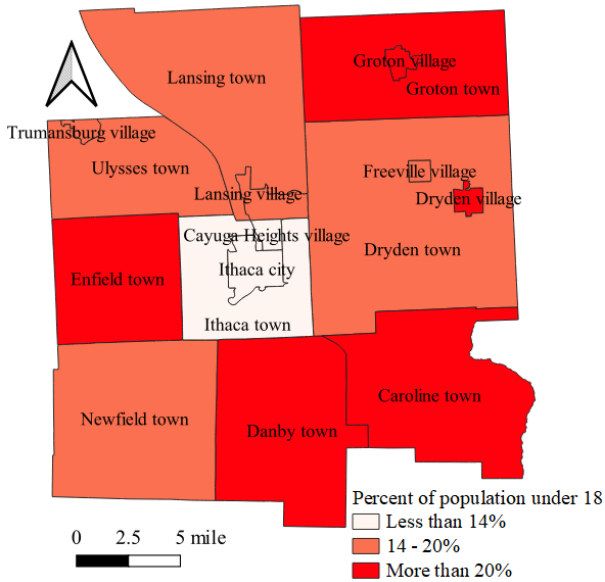
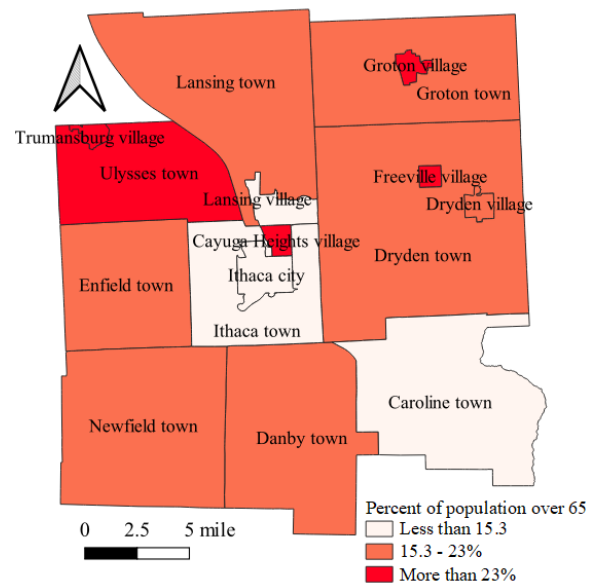


Figure 1B Percent of population over 65



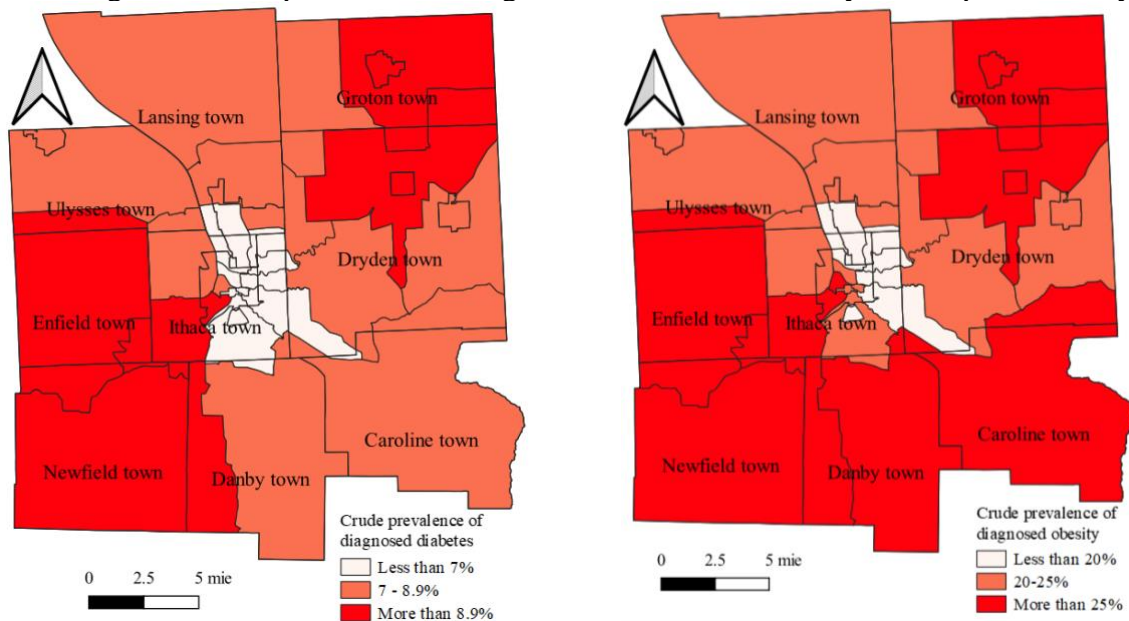
Data source: American Community Survey 2015-2019

Tompkins County is a well-resourced community, with two universities, a supportive local government, and a strong cadre of local social service agencies. Tompkins County is part of a broader statewide initiative, supported by New York State and the New York Academy of Medicine (NYAM), to promote age-friendly practices. Tompkins County has been a member of AARP's Network of Age-Friendly community since 2015 (Tompkins County Office for the Aging, 2016), and was awarded a grant by the Health Foundation of Western and Central New York to develop an Age-Friendly Center for Excellence (AFCE) in 2019. The AFCE established a task force of representatives from area social services agencies, university researchers and residents to guide its work. Our research was undertaken in collaboration with the AFCE task force. We attended their monthly meetings and conducted research based on their priorities.

Tompkins County residents present better health than most communities in New York State. Tompkins County ranked in the top 20% of all U.S. counties in 2010 and 2019 (NYS Health Foundation, 2019). In 2020, Tompkins County had the lowest percent of diabetes and

physically inactive persons among all the 62 counties in NYS (University of Wisconsin Population Health Institute, 2021). Tompkins County also has higher health provider rates in terms of primary care physicians, dentists, and mental health providers than the NY state average (University of Wisconsin Population Health Institute, 2021). However, Tompkins County still shows a rural-urban health disparity. The urban center (in white) presents a lower percent of diagnosed diabetes and obesity than the surrounding rural communities (Figure 2). The concerns raised about health for the outlying rural populations, especially older adults and families with children, form the focus of our research.

Figure 2 Crude prevalence of diagnosed diabetes and obesity in Tompkins County



Data source: CDC Local Data for Better Health, 2021

Method

This in-depth case study on Tompkins County, NY, and the 16 municipalities within the County, helps us explore the links between planning and design, built environment, community services, civic engagement, and cross-agency collaboration to build a healthy community. Our first challenge was to build a research framework with our partners. Through a series of task force

meetings, we brought the age-friendly domains in Tompkins County's age-friendly action plan (Tompkins County Office for the Aging, 2016) together with the domains for building a healthy and livable community from WHO (2020), UNICEF (2018), and AARP (2021). While the original Tompkins County plan was focused primarily on older adults, the AFCE task force decided to expand its focus to a multigenerational all ages framework. We grouped elements into three broad domains: land use, community, and services. Land use includes housing, neighborhood, built environment, open spaces, and recreation. Services include transportation, health services, education, and childcare. Community includes civic and social engagement, communication and information, respect, inclusion, and trust, business and work opportunities. While planning gives primary attention to land use, the AFCE task force wanted to give equal attention to community and services. Through our research we identified cross-agency collaboration as a missing domain in the WHO and UNICEF age-friendly frameworks. We put cross-agency collaboration at the center of the framework because it holds all the other domains together (Figure 3). This framework was adopted by the Tompkins County Age-Friendly Center for Excellence as its guiding framework.

Figure 3 Research and action framework



The study method involves four elements. First, we reviewed comprehensive plans for Tompkins County and 14 municipalities using the research framework (Figure 3, Table 1). The year and sources of county and municipalities comprehensive plan are shown in Table 1

Table 1 County & municipalities comprehensive plan

County & municipalities	Year	Source
Tompkins County	2015	https://www2.tompkinscountyny.gov/files2/planning/ComprehensivePlan/FINAL-March%2012-low%20res.pdf
City of Ithaca	2015	http://www.cityofithaca.org/DocumentCenter/View/4054/Plan-Ithaca?bidId=
Town of Ithaca	2014	https://docs.google.com/a/town.ithaca.ny.us/viewer?a=v&pid=sites&srcid=dG93bi5pdGhhY2EubnkudXN8cHJvdG90eXBIfGd4OjIyNGU5YmFIM2Q1M2ZIM2M
Village of Cayuga Heights	2014	http://www.cayuga-heights.ny.us/doc/finalcompplan140221.pdf
Town of Lansing	2018	https://www.lansingtown.com/planning-board/comprehensive-plan-2018
Village of Lansing	2004	https://www.vlansing.org/Reports/VillageofLansingComprehensivePlan_2004.pdf
Town of Dryden	2005	http://dryden.ny.us/wp-content/uploads/2018/03/Comp-Plan-Full-Final-Print-2005.pdf
Village of Freeville	2013	http://www.freevilleny.org/wp-content/uploads/2013/01/COMPREHENSIVE-PLAN-DRAFT-13.pdf
Town of Ulysses	2009	https://www.ulysses.ny.us/tou-comp-plan-2009.pdf
Village of Trumansburg	2008	https://static.flxwebsites.com/documents/CompPlan.pdf
Town & Village of Groton	2005	https://lfweb.tompkins-co.org/WebLink/DocView.aspx?id=4337&dbid=6&repo=Groton
Town of Newfield	2013	https://newfieldny.org/wp-content/uploads/government/planning-board/town-plan/131115_newfieldcompplan_final.pdf
Town of Enfield	2019	https://townofenfield.org/wp-content/uploads/2021/03/Town-of-Enfield-Comprehensive-Plan-2019.pdf
Town of Caroline	2006	http://www.townofcaroline.org/uploads/6/2/7/8/62781479/comprehensive-plan-2006.pdf
Town of Danby	2011	http://danbyny.org/Documents/CompPlan_Summary_20110902.pdf

Data source: authors collection

Then, we conducted 15 interviews with 30 community stakeholders from Tompkins County, City of Ithaca, 9 towns, and 1 village. The interviewees include 4 county officials (Tompkins County Office for Aging, Youth Bureau, Planning Department), 7 community

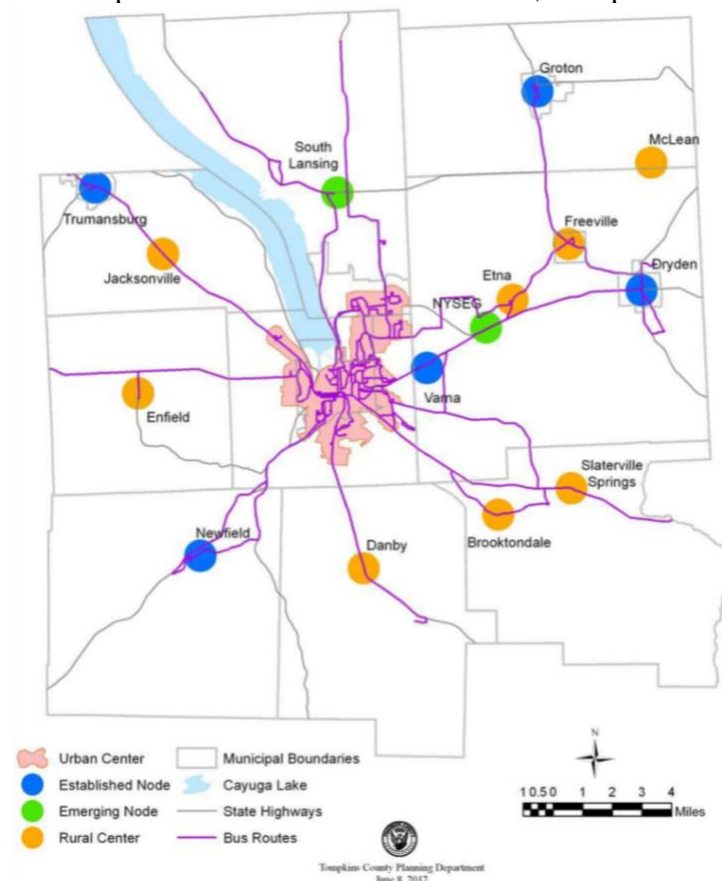
planning board members, 6 members from County Office of Aging advisory board, 4 town supervisors, 6 services providers (Cornell Cooperative Extension youth services, Youth commission, library, Family & Children's Service) and 3 other stakeholders (senior residents, gerontology expert). We sent our review of each town plan and the research framework to interviewees before the interviews, and asked questions related to age-friendly assets, challenges, and age-friendly practices. Interview questions are: 1) Do you have overall comments on the themes & issues addressed in the draft report? 2) Are there things that have changed since the plan was written? 3) What are the age friendly assets in your community? 4) What are the needs and challenges? 5) Are there are other age-friendly practices in your Town of which we should be aware? Third, we surveyed local government actions on age-friendly built environment, planning, engagement, and services. We received 15 survey responses, including Tompkins County, the City of Ithaca, all 9 towns, and 4 of the 6 villages. Finally, we analyzed the importance of cross-agency collaboration in response to community and public health needs during the COVID-19 pandemic. The comprehensive plan review, interviews and survey analysis provide insights into how local governments can promote more livable communities for all residents. This collaborative research included a series of community training workshops and resulted in the adoption of a broader framework for the county's age-friendly initiatives.

Planning and land use: building density through nodal development

Tompkins County's comprehensive plan uses the nodal development approach to promote denser development to build a healthy community. The latest county comprehensive plan emphasizes the important role of the physical built environment in healthy living, including street walkability, parks and recreation, and mixed land use (Tompkins County Planning Department, 2015). The nodal development strategy promotes dense development in four focus areas: urban

centers, established nodes, emerging nodes, and rural centers (Figure 4). The nodes normally have a variety of housing types, high population density, and water and sewer infrastructure to support denser development (Tompkins County Planning Department, 2015). The development focus areas are located in the center of Tompkins County (City of Ithaca and parts of Ithaca town), villages, rural hamlets, and near bus routes (Figure 4).

Figure 4 Development Nodes and Transit Routes, Tompkins County, NY



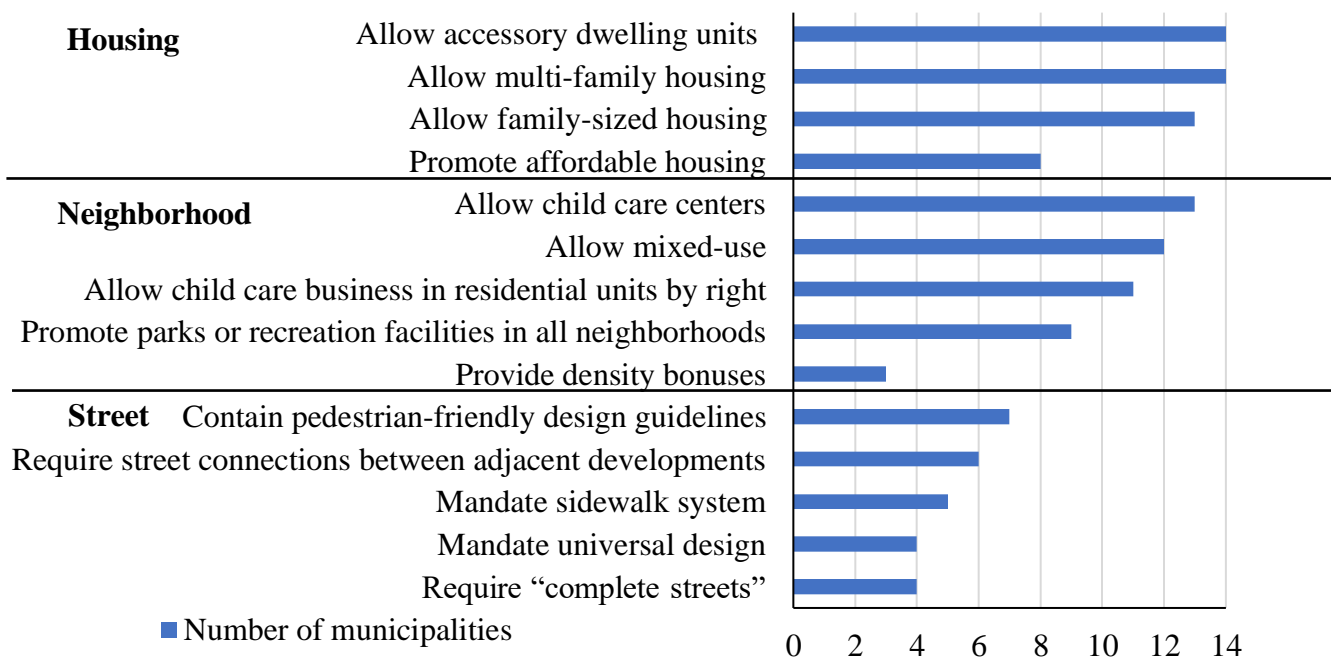
Data source: Tompkins County Planning Department (2015)

The idea of increasing density is embedded in most municipalities' plans. For example, the Town of Ithaca requires new development to take the form of traditional neighborhood development to promote mixed-use and complete streets (Town of Ithaca Planning Department, 2014). Rural towns plans also focus on building density in hamlets, promoting senior housing and affordable housing, and preserving natural amenities to help people age in place and attract

older in-migrants.

In New York State, land use planning authority is vested at the City, Town and Village level. Community planning boards are volunteer, and paid planners are only found in the county and the more urbanized towns - Ithaca and Lansing. Although Tompkins County does not have zoning authority, the county planning department provides training and technical support to the volunteer planning departments in the surrounding towns. Survey responses from these jurisdictions show that mixed-use neighborhood is the most common neighborhood feature (Figure 5). Survey results show most municipalities have adopted some zoning codes which pay attention to the needs of children and seniors, for example, all municipalities allow accessory dwelling units and multi-family housing in some portion of the community (Figure 5). Also, most communities allow childcare centers and childcare businesses in residential zones (Figure 5).

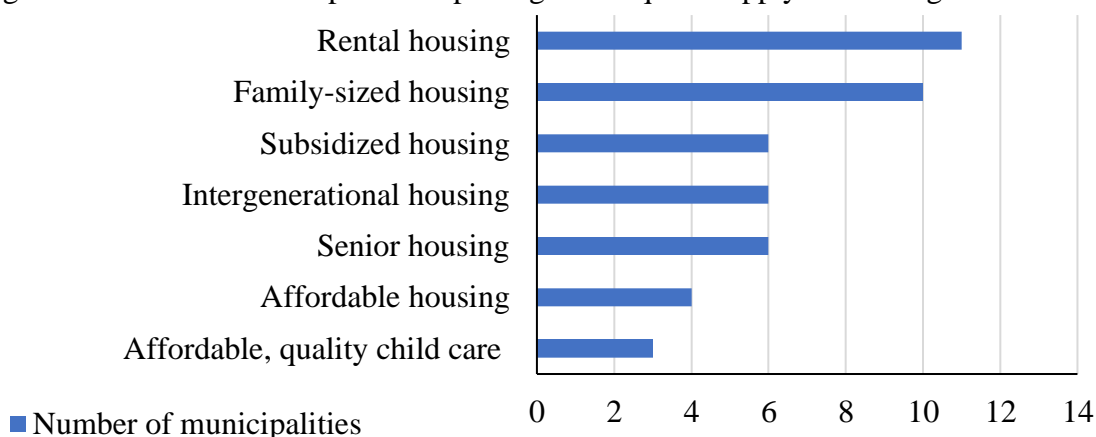
Figure 5 Number of municipalities reporting zoning codes covering at least some (>1%) of community



Data source: Planning for all ages survey, 2020, 14 municipalities responding (the City of Ithaca, all of the 9 towns and 4 villages except the Village of Lansing and the Village of Dryden)

Housing is a priority in many of the comprehensive plans in Tompkins County. Many municipalities' comprehensive plans mention the increasing demand for different housing options. Survey results show that most communities have an adequate supply of rental and family-sized housing, but fewer communities reported an adequate supply of affordable housing (Figure 6).

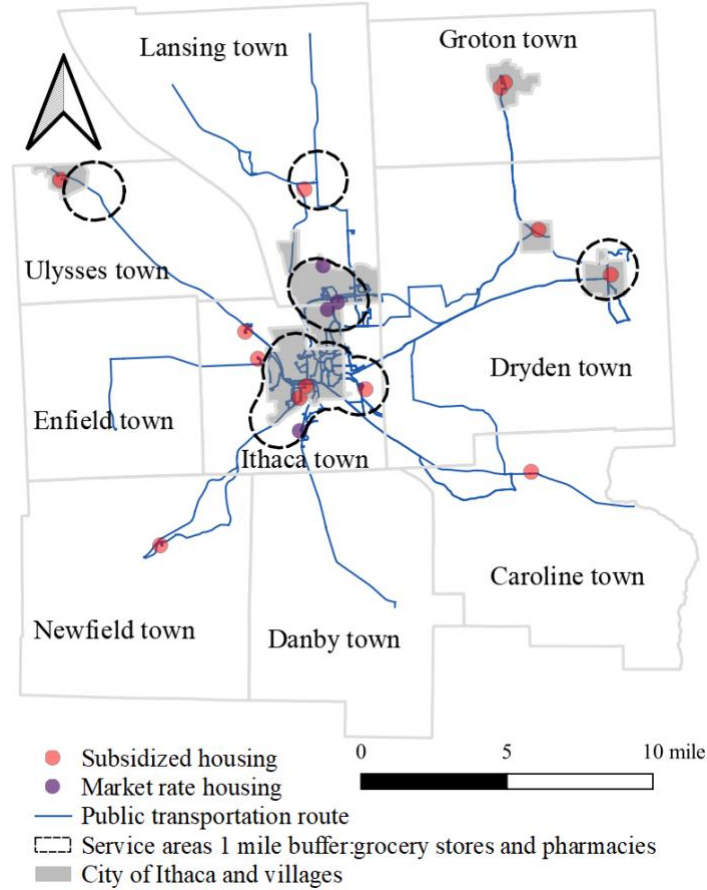
Figure 6 Number of municipalities reporting an adequate supply of housing and childcare



Data source: Planning for all ages survey, 2020, 14 municipalities responding (the City of Ithaca, all of the 9 towns and 4 villages except the Village of Lansing and the Village of Dryden)

Senior housing and subsidized housing are found in urban centers and established nodes (Figure 7). However, the built environment map in Figure 7 shows the mismatch between subsidized senior housing and services. We calculated a one-mile buffer around pharmacy and grocery services, and found only Ithaca, Lansing, Dryden and Trumansburg have essential services. Interviews with rural town planners confirmed that rural hamlets and villages, which once served as a center for services when subsidized senior housing was built there, no longer have these essential services (Groton, Freeville, McLean, Slaterville Springs, Newfield). These rural centers have been hollowed out, as services have centralized in the main urban centers of the county.

Figure 7 Senior housing and service area buffer



Data source: author analysis

Our analysis of comprehensive plans found that more plans focused more on land use than on service provision. Survey results show that about two thirds of comprehensive plans specifically addressed the needs of children or seniors. During our interviews with town planning board members, many acknowledged community organizations and services, but did not actively collaborate with them in the context of planning for the future. Public services are usually funded by the state or county to local nonprofits, and these, along with most market-based services are concentrated in the urban center. Figure 7 shows that the service areas for pharmacies and grocery stores are concentrated in the urban centers and established nodes. Market rate senior housing also is concentrated in the main urban centers, Ithaca and Lansing, where services are most widely available. However, more services are needed in the surrounding towns, as those

towns have a higher percentage of families with children, and a higher percentage of older adults. National research has found that when seniors are included in the planning process this can stimulate a market-based service response (Warner et al., 2017).

Nodal development creates development opportunities and challenges for rural communities. Rural municipalities in Tompkins County use nodal development tools to bring the age-friendly benefits of denser urban spaces into a rural context. Villages and hamlets are the focal nodes in rural communities with the most age-friendly features. For example, the Town of Ulysses aims to locate high-density housing, like apartments and senior housing complexes in the nodal hamlet where residents will have access to services, employment, and public transportation. Hamlets and denser development clusters are important to rural age-friendly communities because they are places where land use and services can be more closely integrated. However, our interviews with rural planning board members found that people see rural hamlets primarily as a place to live, and they are looking for rural features such as large open spaces rather than a dense neighborhood. Survey results also show that zoning codes in rural towns do not give much attention to street walkability. About half of the rural towns do not mandate sidewalk systems, require complete streets, or mandate universal design to increase physical access for people with limited mobility. This may be due to a limited street grid and the existence of major thoroughfares cutting through the villages. Such highways are controlled by the State, not the local government. This shows the limits of applying nodal, mixed-use planning in a rural setting.

Services: accessibility is the key

The Tompkins County AFCE task force was primarily composed of social service representatives and they were surprised to find that town plans largely did not reference services

or the needs of children or seniors. While the nodal development strategy attempts to build density and provide a variety of services in development focus areas, this creates challenges for building a healthy rural community. Our maps (Figure 7) showing the gaps between senior housing and service locations, and the inadequacies of transit routes, drew the AFCE task force's attention and raised concerns about accessibility in rural communities. While specific actions were found in the transportation, library and social service sectors, the planning department had no initiatives to address concerns regarding access to services.

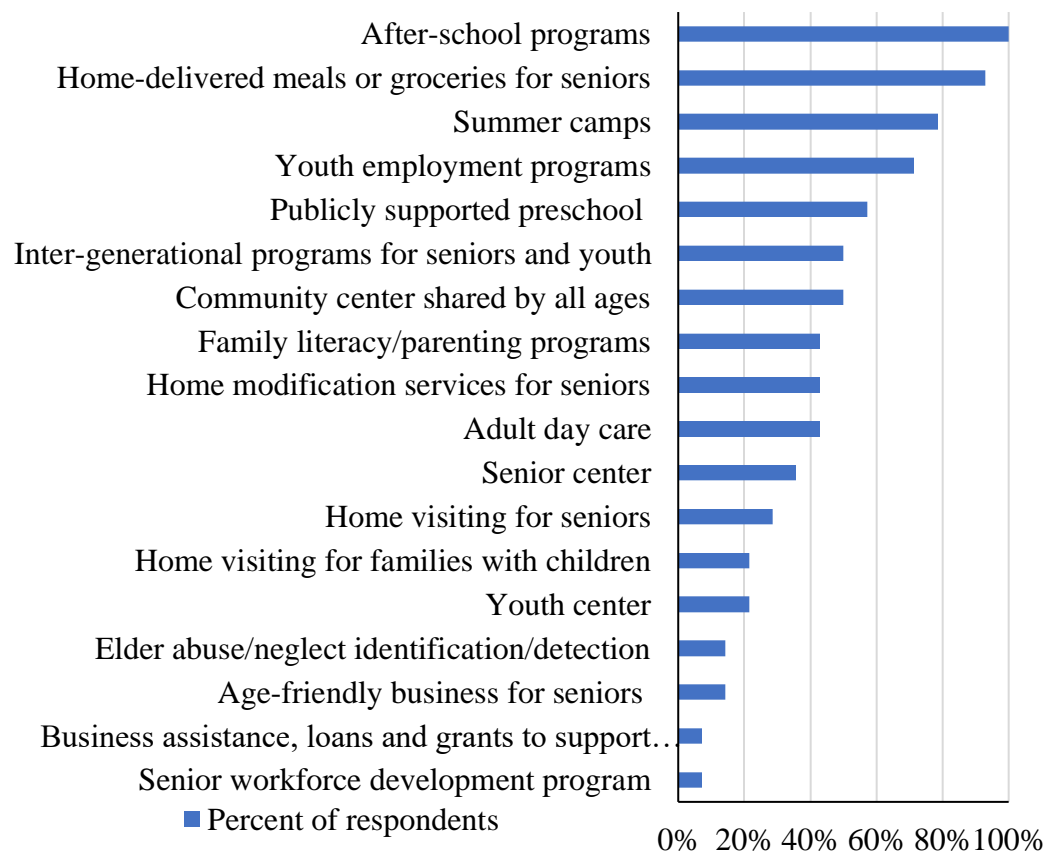
Tompkins County attempts to address these service gaps by trying to improve the transportation system. In denser urban centers, residents are more likely to be able to walk, bike, or have access to reliable and consistent public transportation to get to the doctor or buy groceries. However, in rural communities, using public transportation is challenging due to less frequent schedules (focused on commuters only in the morning and evening), proximity to the nearest bus stop, and lack of infrastructure to support walking and biking. The AFCE task force studied bus stops and senior housing and found lack of sidewalks and sheltered bus stops with places to sit.

Tompkins County has a volunteer run paratransit service (Gadabout) for older and disabled residents to access doctor offices and shopping centers. The public transit system contracts with Gadabout to provide ADA paratransit service. At the municipal level, towns have added bike racks at bus stops, and built park-and-ride lots to make public transit more accessible. Some rural towns collaborate with villages to expand sidewalk connectivity.

The survey results shows that all communities have access to home-delivered meals for seniors (Figure 8), provided by a countywide nonprofit, FoodNet – Meals on Wheels. During COVID-19 use of delivery services like Instacart and Ithaca To Go expanded and some

pharmacies instituted delivery, but these services do not reach most rural areas. Our research helped the task force identify the need for a market-based delivery system to fill the service gaps. We recommended that economic development representatives be added to the AFCE task force. We reached out to the Planning Department about this concern and they indicated their age-friendly strategy was focused on nodal development, and the lack of services near housing was an historical reality that they could not address.

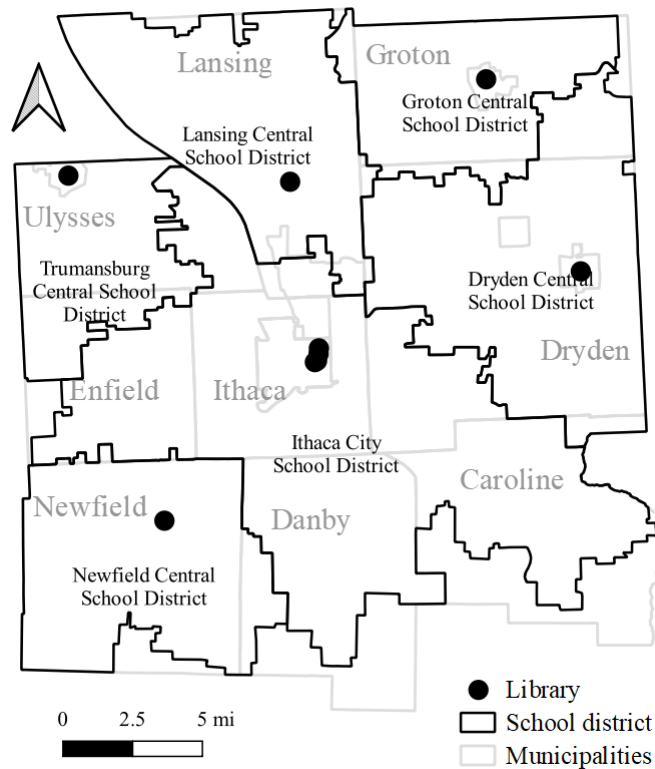
Figure 8 Available facilities, services, or programs in the community



Data source: Planning for all ages survey, 2020, 14 municipalities responding (the City of Ithaca, all of the 9 towns and 4 villages except the Village of Lansing and the Village of Dryden)

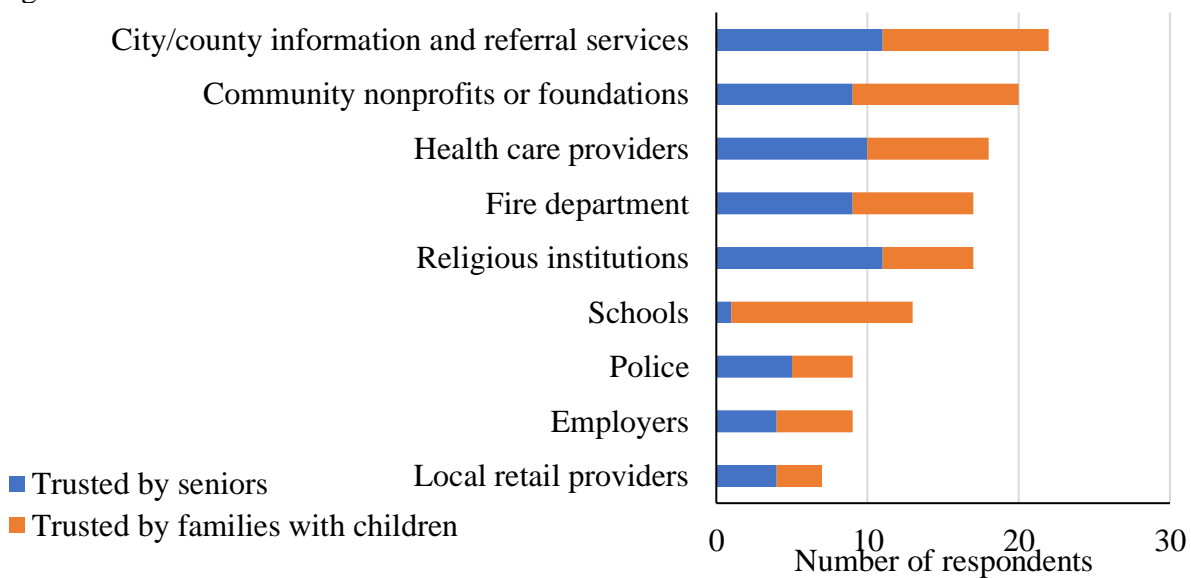
Our research identified the important role played by school districts and libraries in delivering information and services, especially in rural communities. Tompkins County has six separate school districts and six libraries (1 county run, and 5 run by rural towns) (Figure 9).

Figure 9 Tompkins county school district and libraries



Survey results show that schools are the most trusted institutions for families with children in Tompkins County (Figure 10). All municipalities have after-school programs, and most have summer programs. About half of the public schools provide childcare services and child nutrition for evenings/weekends or summer. Interviews in rural communities confirm that the school bus is the only form of transit linking town to village centers. During COVID-19, school buses were used to help deliver food in rural communities. While rural school districts cooperate closely with rural towns and share facilities with the broader community, the Ithaca School District covers parts of six rural towns and coordination is less strong. Interviews showed problems accessing school facilities for community use in the consolidated Ithaca City School District.

Figure 10 Institutions that seniors and families with children trust for information about services



Data source: Planning for all ages survey, 2020, 14 municipalities responding (the City of Ithaca, all of the 9 towns and 4 villages except the Village of Lansing and the Village of Dryden)

Libraries are one of the most active institutions in rural communities. They view their mandate broadly – beyond books and summer reading programs, to afterschool programs, nutrition access, internet services, job training and providing meeting spaces for the community. An interview with the executive director from the Finger Lakes Library System, which helps coordinate resource sharing across all the libraries, described libraries as 'yes' organizations which build partnerships to address a wide range of community needs, especially for children and seniors.

Community: The social layer matters

Opportunities for civic participation and engagement are one of the domains in the UNICEF (2018) and WHO (2020) frameworks and an important part of the Tompkins Age-friendly action plan (Tompkins County Office for the Aging, 2016). The AFCE task force, led by the County Office for the Aging, held monthly meetings throughout 2020 to involve residents, scholars, and directors of the human services agencies (Human Services Coalition, Health Planning Council,

Child Development Council, Youth Bureau, Finger Lakes Independence Center) to address age-friendly issues. The monthly meetings discussed age-friendly best practices, the need for more age-friendly businesses, concerns with racial equity and emergency preparedness, and ways to address social isolation and service access, especially during COVID-19.

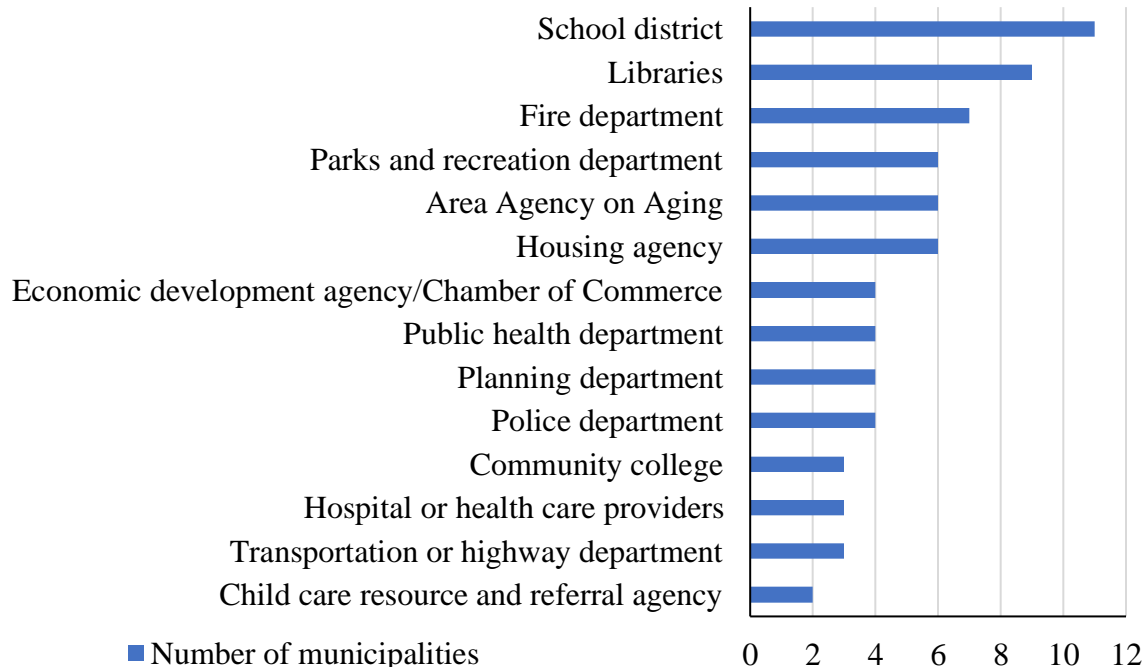
In spring 2021 the AFCE task force held a series of community training workshops online on topics related to age-friendly communities (Tompkins County AFCE, 2021). These included planning, zoning, housing development, service delivery and frameworks for community health and wellness. Representatives from New York State's Age-Friendly initiative emphasized smart growth as the primary strategy. We challenged that narrow focus and emphasized the importance of services and social engagement as well. Our survey results found that across all municipalities seniors are very engaged in planning for their needs, especially in rural communities. This is why the training workshops were geared to community members, as well as agency representatives. The series of four workshops attracted a range of community members and linked planning, service delivery, social engagement and public health.

Volunteerism plays an important role in building a healthy community in Tompkins County, not only for community planning, but also for other services. Most villages and rural towns rely on volunteer fire departments to provide fire protection, emergency medical assistance, and rescue services. In contrast to the City of Ithaca, which has a professional fire department, rural municipalities rely heavily on local volunteers, as rural municipalities often have limited staff. Rural fire departments were often described as the key social network for the rural community – providing information and events to build community cohesion, in addition to fire and rescue services. Interviews show that volunteers help run emergency food distribution programs and emergency medical services in rural communities.

Cross-agency collaboration: the missing domain

Our research for the AFCE task force identified the important role cross-agency collaboration plays in Tompkins County to provide health services, recreation services, and link children and seniors with and other age-friendly services and programs. The Tompkins County plan emphasizes cross-agency collaboration among the County Health Department, Social Services Department, Planning Department, Transportation Department, Office for the Aging, and Youth Bureau (Tompkins County Planning Department, 2015), but the Planning Department is less engaged in these collaborations than other county departments. Only four communities reported collaborations with the planning department to address the needs of children or seniors (Figure 11). By contrast, libraries, schools, recreation departments and the Offices for the Aging were reported as collaborators by most survey respondents (Figure 11).

Figure 11 Institutions engaged in the cross-agency partnership to service children or seniors

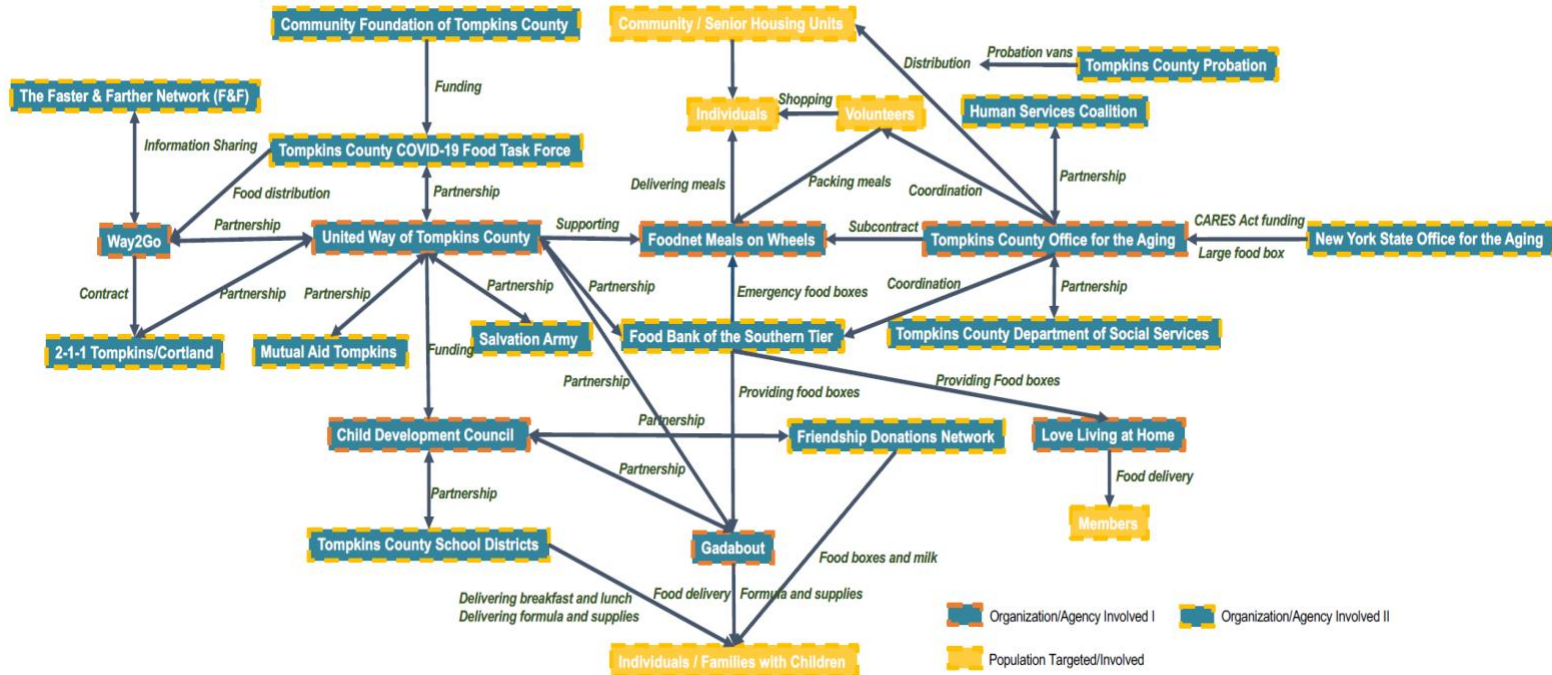


Data source: Planning for all ages survey, 2020, 14 municipalities responding (the City of Ithaca, all of the 9 towns and 4 villages except the Village of Lansing and the Village of Dryden)

The County government created the County Office for the Aging and the County Youth Bureau to help ensure more programs for families with children and older adults are available across all jurisdictions in the county. These are not consolidated service providers, but rather networks that facilitate collaboration across social service agencies and local governments. Their existence helped position the community to respond quickly to the COVID-19 pandemic.

To address food insecurity across the county, a local network between schools, food banks, FoodNet – Meals on Wheels, the United Way, the County Office for the Aging, Gadabout-Paratransit and the Child Development Council quickly came together at the beginning of the pandemic (March and April 2020) to deliver meals, baby formula, and supplies to families with children and seniors. The cross-agency partnership pushed through functional silos, and used new approaches to finance, technology, volunteerism, and transportation to meet the health needs of those most vulnerable in the county. These community organizations modified service design (e.g using paratransit and school buses to deliver food and supplies to families, in addition to transporting seniors and children to services), and broadened collaboration to a wider array of agencies. See Figure 12. One of the challenges during the lock down in the early weeks of COVID-19 in spring 2020 was that many volunteers were seniors and most at risk of infection. By collaborating across agencies, they were able ensure food access for seniors and families with children. Our team interviewed all the participants and wrote the best practices report, published by the AFCE task force (Xu, 2020) and shared via ZOOM meetings with other agencies across the county.

Figure 12 Cross agency collaboration in response to food insecurity (Xu, 2020, p. 12)



The Tompkins County Office for the Aging (COFA) played an important role in the cross-agency partnership, working with the United Way, which also provided funding, and coordinating with the Human Service Coalition 211 program for information. COFA contracted with FoodNet Meals on Wheels to provide meals to home bound seniors and the Food Bank of the Southern Tier for food pantries. All the area pantries collaborated, and Gadabout (the paratransit provider) and school buses helped with food delivery. In this way they were able to support the diverse needs of older adults and families with children. They also used internet technology to help overcome the isolation of seniors and they developed a list of volunteers for grocery shopping. The strong prior cross-agency collaboration built by COFA, made it easier for a broader network to come together to increase community resilience during the early weeks of the COVID-19 pandemic. The delivery system built during COVID could create new opportunities for future service delivery. “As long as we can coordinate those food deliveries with rider pickups, I foresee us continuing to provide food service delivery,” noted the director

of Gadabout, the paratransit provider.

Another important example of cross-agency collaboration is the Tompkins County Youth Bureau. The County Youth Bureau is an inter-municipality recreation partnership, which helps coordinate youth recreation programs with all outlying towns. The coordinated, but decentralized program model of the County Youth Bureau offers a network approach to coordinate services but keeps decision making control at the local level. Youth recreation programming in rural municipalities is given funding support from the Tompkins County Youth Bureau, but budget and program administration are handled at the town level. Our survey results show that all the rural towns have recreation programs, and this is due in part to funding and support from the inter-municipal recreation partnership. Interviews show that recreation programs play an important role in bringing children and seniors together, and building an inclusive community.

Typically rural communities coordinate with their school district to reach participants and access gyms and playgrounds. Schools are a critical part of a rural community's identity and often the only high quality public building in town. Recreation programs are usually run by parent volunteers. For rural towns with co-located school districts, coordination is seamless. But the rural towns served by the consolidated Ithaca City School District (Figure 9) face problems reaching the youth from their community with information and accessing school facilities for programs. The consolidated Ithaca City School District is a large bureaucracy and Town level access to the schools is limited. While consolidated school districts may be able to offer higher quality educational services to youth, their ability to coordinate with their distinct local communities, especially the rural ones, is more limited (Lyson 2002). An interview with a Youth Development Coordinator makes this point.

“Schools are really kind of a key point for the community and often bring a lot of that sense of community to those areas that are often very small and lack a lot of

resources... We often see the community use the school facilities for a number of different things, whether it's a summer camp, an adult basketball league or whatever. I think there's a close connection between school districts in their communities. You see that's a little bit different in the city because they're larger. But you definitely see that in the more rural areas, that the school is often the center of the community.”

While cross-agency collaboration is key, our research suggests consolidation is not the answer to building an age-friendly community. Consolidated services tend to concentrate services in the center and do a poorer job of reaching outlying communities. The difference between the consolidated Ithaca City School District and the decentralized but coordinated programs of the Tompkins County Youth Bureau illustrate this point.

Cross-agency collaboration helps improve services in rural areas and makes up for the lack of built environment features conducive to health. For example, in the rural town of Ulysses, the Town board collaborates with the recreation board, the Village of Trumansburg, and the school district to coordinate across policies – for health, youth recreation and town planning. The collaboration encourages intergenerational programming in the rural town and has articulated a town/village plan to extend walking and bike paths to increase access to the grocery store, especially for senior housing.

Across the county, our survey results show that libraries, schools and fire departments are key collaborators in rural communities to serve children or seniors. As one interviewee noted, “What is a silo in a rural town?” Schools, fire departments and libraries take on a broader service remit in rural towns. In the absence of other social service agencies, these institutions play an out-sized role. Interviewees noted that “schools are a central part of my community,” “fire departments regularly hold community events,” and “libraries are one of the few institutions that serves from birth to death – rarely do you have places that serve that range.”

Conclusion

In this study, we collaborated with the Tompkins County Age-Friendly Center for Excellence to identify key factors that differentiate a more healthy community. Together we developed a research and action framework (Figure 3) to analyze land use, services and community factors related to a healthy community. Our research collaboration found that while planning and zoning help promote denser nodal development, service delivery is needed to fill the gaps in the built environment, especially for rural communities, and social engagement helps community leaders hear local needs, and cross-agency collaboration holds those domains together. While the Healthy Communities Policy Guide (APA 2017) recommends planners engage in more inter-sectoral collaborations, we find planning is still focused primarily on land use, housing and transportation. These foci alone are not sufficient to build a healthy community. This is especially true for rural communities which face challenges in building a mixed-use built environment.

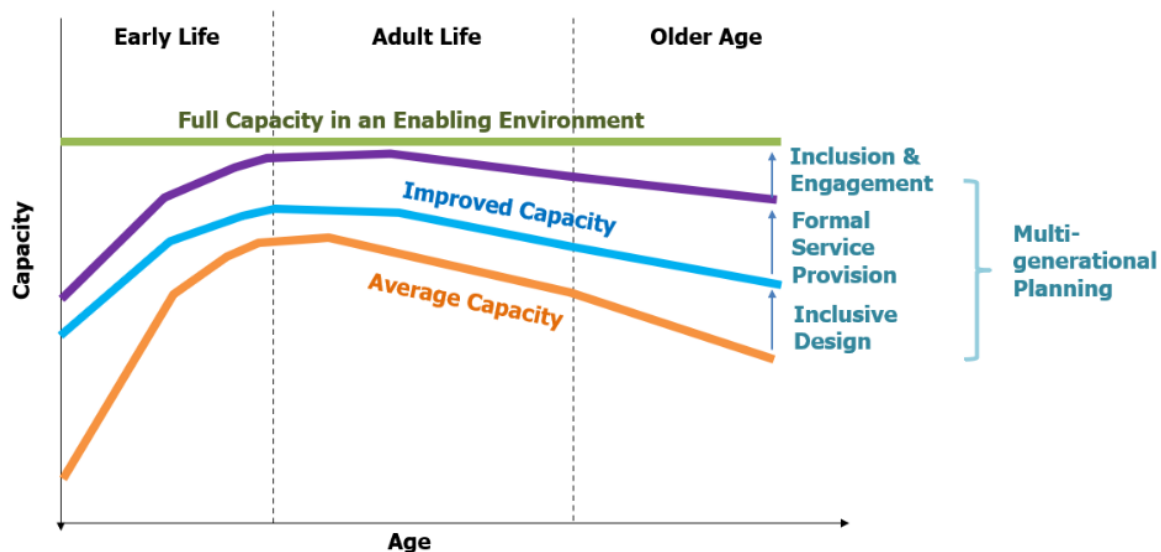
Lessons drawn from Tompkins County show the need for planners to address services, civic engagement and volunteerism to build a healthy community for all ages. Tompkins County Office for the Aging and the AFCE task force demonstrate how to encourage cross-agency collaboration to promote a healthy community. While such collaboration is strong among social service agencies, the challenge is how to get planners to the table. Collaboration on recreation programs between the county and town governments has built a supportive network to improve access to services and enhance a sense of community. Strong cross-agency collaboration helped the community be more resilient during the COVID-19 public health crisis, and ensure nutrition and health services to meet the needs of families with children and older adults. These collaborative approaches have proven critical elsewhere in the country as well (Shi et al., 2020).

The health policy frameworks from the Robert Wood John Foundation (2021) and the National Institute of Minority Health and Health Disparities (2018) both point to the need to link program and policy design with community participation to build a culture of health and address social disparities. While limitations in the built environment in rural areas are exacerbated by a lack of service availability, our case study shows that a high level of cross-agency collaboration helps explain why Tompkins County has better health outcomes overall. One specific aspect of overcoming silos illustrated in our research is the role of institutions like libraries, school districts and fire departments in rural communities. They often serve as a hub for information, and a space for community programming and community events. Despite limited resources, libraries take the lead in addressing unmet needs and reaching out to different community programs. School districts act as a hub for youth programming and a facility for broader community activities. Fire departments provide networking and space for community events. But how do we get planning departments out of their silos (focused on land use, housing and transportation) to broaden their focus to other elements of an age-friendly paradigm? National research has found that planning, zoning and service provision are more responsive in communities which engage families with children and seniors in the planning process (Warner & Rukus 2014; Warner et al.,2017; & and Zhang 2019).

To create a culture of health, planners need to dynamically link the needs of individuals and families, with institutions and service providers, and local government to build a healthy place for all (Warner & Zhang, 2020a). This case study shows the important role of cross-agency collaboration and civic engagement as complements to the physical planning process. Cross-agency collaboration is a missing domain in the WHO, UNICEF and AARP frameworks, and planning is an important but often missing actor in community collaborations for public health.

Prior planning research (Warner et al., 2017) has adapted the WHO functionality curve (Kalache & Kickbush, 1997) to show how it can be extended to address the needs of children, not just seniors. Services can help address limitations in the physical environment, especially for children and seniors in rural areas, and help communities build an enabling environment for all ages. We update this model to show the importance of civic engagement and inclusion, as an additional social layer (Figure 13). Planners often focus too much on the physical layer, but our case study shows the critical importance of the social layer – not just for service provision but for engagement and cross-agency collaboration.

Figure 13 Comprehensive Model for a Healthy Community



Through community-based research, we have articulated a comprehensive framework for planning to promote age-friendly communities and build a culture of health. While the APA Aging in Community Policy Guide (2014) gives primary emphasis to housing, land use and transportation, we find that a primary focus on mixed use nodal development and walkability is not enough. What can communities do when inclusive physical design is beyond reach? Our research finds service delivery and civic engagement can help build a more enabling environment. This is especially important in rural communities to help people age in place. The

APA Healthy Communities Policy Guide (APA 2017) emphasizes the need for inter-sectoral collaborations. Our case study illustrates the need for planners to move beyond a primary focus on planning for the built environment, and give comprehensive attention to services and participation. We show how cross-agency collaboration holds these layers together and challenge planning agencies to reach beyond their traditional domains of housing, transportation and land use, to engage more broadly in community collaborations to build a culture of health.

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