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Mapping collective action structures and activities in a rural age-friendly communities initiative

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Mapping Collective Action Structures and Activities in a Rural Age-Friendly Communities Initiative

By

Althea R. Pestine-Stevens

A Dissertation
Submitted to the University at Albany, State University of New York
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ABSTRACT

Age-Friendly Communities (AFC) initiatives convene stakeholders across sectors and service areas throughout a community to work together to improve the social and built environments for older persons living in the community. While the AFC movement has been active internationally for thirteen years, little is known about the mechanisms that drive this work and its successes. This study aims to uncover some of the key collective action processes and structures that comprise AFC work in a rural county in New York State, through a collaboration theory framework and a social network analysis design.

First, interviews were conducted in order to contextualize a social network analysis survey by identifying the key roles, relationships, collaboration activities, and characteristics at the heart of this initiative in this community. These components informed a survey designed to measure and map the extent of collaboration among stakeholders and are represented with social network analysis visualizations.

We find that local government agencies and large nonprofit organizations working in health and social services, as well as municipal government administrations, to be bridging organizations among the diversity of partners. In addition, there some evidence of the core collaboration activities of ‘communicating’ and ‘connecting.’ However, the initiative is currently experiencing a transition in which the future structure is uncertain due to turnover in leadership roles, lack of a backbone organization or intermediary, and resources to devote to its continuation.

Findings from this study will help inform the next phase of development as the community evaluates the impact that its Age-Friendly work has had on its residents
and provide guidance as more AFC initiatives move into their evaluation phase. The survey
developed in this study offers a new tool for measuring collaboration and for understanding the
relationships and interactions between and among AFC stakeholders. It is possible that this tool
can also be adapted for future studies longitudinally and across communities to illuminate the
interactions and patterns that occur throughout the course of an AFC initiative. Finally, by
identifying where the strengths in relationships between and among stakeholders lie, we can
better understand where resource investment might be the most helpful to support a rural
community as it strives to improve the health and quality of life for its elder residents and people
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Chapter 1: Introduction

As the proportion of the United States’ population who are 65 and older increases, services must be developed and adapted to support their needs. The U.S. Census Bureau estimates that by the year 2030, more than 20% of the country’s population will be over the age of 65, and the number of individuals 70 and older will more than double its 2012 numbers by 2060 (Ortman, Velkoff, & Hogan, 2014). In other words, a large cohort of individuals has begun to reach age 65, and older persons are continuing to live longer than previous generations.

Problem Statement

Adults born in 1964 and earlier largely expect to age in their homes and communities, often described as ‘aging in place.' Many of these persons have no financial plans for long-term care or other supportive services (AARP, 2000; Robison, Shugrue, Fortinsky, & Gruman, 2013; Wiles, Leibing, Guberman, Reeve, & Allen, 2012). Conventional models for serving older persons are likely to be inadequate to meet the needs of the increasing senior population. This is due to a variety of factors, both individual and systemic.

One of the foremost factors concerns the many co-occurring and complex needs that the most vulnerable older persons develop. These include multiple chronic illnesses, disabilities, and mental health disorders, which transcend the boundaries of professional specializations (Fried et al., 2004; Lee et al., 2001; Teri et al., 1999; Yancik et al., 2007).

---

1 The phrase ‘aging in place’ can also be used to describe people who are living in a facility that provides some level of care, such as assisted living or nursing, if they plan to stay there indeterminately (see Ball and colleagues’ 2004 study on ‘aging in place’ in an assisted living facility). However, for the purpose of this study, ‘aging in place’ refers to persons who live and participate in the general community, as per Wiles and colleagues’ (2012) paper on ‘community-dwelling’ older persons.
These complex needs are further compounded by systemic challenges to addressing them. Systemic challenges include policy territoriality, governmental roles, cutbacks in Federal spending, inadequate advocacy, and uncoordinated and inconsistent availability of health and social services (Lau, Scandrett, Jarzebowski, Holman, & Emanuel, 2007; Pynoos, Nishita, Cicero, & Caraviello, 1990). A systemic approach to addressing the many challenges that people face as they age is greatly needed. If these challenges are not addressed, then our society will have many older persons who will continue to experience preventable and costly health and quality of life declines. The Age-Friendly Communities movement is one types of aging-in-place (or ‘aging-friendly’) initiative that brings together individuals across sectors and professions with a community to develop a plan that will improve the social and built environments in which people live and age.

**Needs and Risks of Persons Aging in Place**

Older persons in general are at risk for experiencing adverse biopsychosocial health and quality of life outcomes when compared to their younger peers. Some of these health outcomes include chronic conditions such as diabetes, respiratory diseases, cancer, cardiovascular problems, arthritis, and hypertension; as well as functional limitations and impairments, such as incontinence, falls, and disability (Yancik et al., 2007).

Older persons are also at greater risk of experiencing social isolation, which is associated with a host of detrimental biopsychosocial outcomes. Psychological and cognitive outcomes of social isolation include loneliness, mental health, cognitive decline/dementia, and suicide (Ha & Ingersoll-Dayton, 2011; Nicholson, 2012; Nyqvist, Forsman, Giuntoli, & Cattan, 2012; Pettigrew & Roberts, 2008). Physiological health indicators include higher blood pressure, cardiovascular disease, stroke, mortality, falling, and likelihood of contracting the common cold, which can lead
to re-hospitalization and/or institutionalization in nursing homes (Berkman & Syme, 1979; Nicholson, 2012; Russell, Cutrona, De La Mora, & Wallace, 1997; Shankar, McMunn, Banks, & Steptoe, 2011).

Social isolation is also associated with negative behavioral health choices, such as inactivity/sedentary lifestyle, smoking, poor adherence to medical treatments, heavy drinking, and poor nutrition (Nicholson, 2012; Shankar et al., 2011). The adverse behaviors can be compounded by the emotional and physiological effects of social isolation to further isolate and decrease an older person’s health and quality of life.

Many aging-in-place initiatives focus on communities located in urban and suburban areas without focusing on older persons with low levels of financial means. However, older persons who experience financial instability and those who live in rural areas are at particular risk for adverse health and quality of life outcomes.

**Older persons with financial insecurity.** Older persons with lower incomes are likely to have chronic health problems, physical and cognitive impairments, and deficient housing (Golant, 2008). In addition to one’s personal financial security, the social geography of the neighborhood can also impact its age-friendliness. Older persons with financial insecurity are more likely to live in neighborhoods that are dilapidated with neighbors who are distrustful and socially isolated (Krause, 1993). Poverty, social exclusion, and social isolation are all interconnected.

Further investigations of older persons living in low-income neighborhoods reveal high levels of needs in terms of physical, mental, and social well-being and the impact of neighborhood community factors (Black, 2008; Clarke & Gallagher, 2013). Black (2008) used peer-interviews to study older persons with low income living in a Naturally Occurring
Retirement Community, and found evidence of physical health, mental health, social, and economic needs. Physical needs included high prevalence of arthritis and use of adaptive equipment, such as canes, walkers, glasses, and hearing aids. Mental health needs included high levels of stress and depression, more reported dissatisfaction with life, and poor self-rated health. Social needs included many older people living alone or identifying as a caregiver for another older person. Finally, economic needs included difficulty maintaining and/or adapting their homes. Younger-old persons in their sample were found to be helping out their peers regularly (positive social capital), while older-old persons were found to have more functional limitations, chronic conditions, use more adaptive equipment, and need more assistance with shopping, meal preparation, and transportation in order for them to remain independent.

Clarke and Gallagher (2013) focused their study on factors that inhibit frail older persons living in impoverished central Detroit from leaving their homes and participating in their communities. They found that persons with functional impairments such as mobility, vision, and difficulty with basic self-care activities were more likely to rarely leave their homes. However, when controlling for individual risk factors, environmental factors such as barriers in the home to entry/exit (for example, front porch safety or a working elevator), sidewalk quality, and proximity to public transportation stops significantly impacted whether or not a respondent left their home during the duration of the study. The built environments of the home and the neighborhood can impact the social connectedness and ability of older persons to access the things that they need in order to continue to live independently.

In addition to the challenges that low-income older persons may face when aging in place, there is some criticism that aging in place may not always be the best policy. Golant (2008) points out that many persons with low-incomes live in older homes that are difficult to
maintain and update, live in neighborhoods with many old homes, that they may dwell in homes that may be needed by younger families, and that while living in the community, they often rely on informal rather than supervised caregivers.

Their homes may be inadequate in that they are too large, resulting in high utility bills, in physical disrepair, with leaks and insulation problems, and technologically obsolete, with old appliances, plumbing, and heating systems. In addition to being costly and difficult to maintain, older homes with physical insufficiencies such as outdated equipment and interior inaccessibility make older people even more vulnerable to the impairments they are already likely to have, such as falls, allergies, and risk of contracting hypothermia (Golant, 2008). In the absence of reliable, reputable, and affordable help, attempting to perform maintenance work themselves could put them at further risk of accidents, such as falls and burns.

Further, issues with home maintenance often transcend the individual house and the neighborhood. When homes are not maintained, the value of the other homes in the neighborhood can also decrease, which can affect the “economic and social instability” of the neighborhood by decreasing the tax base and thus limit the funds for public works services and discourage businesses and housing developers from locating in the area (Golant, 2008, p. 385).

When the neighborhood declines as such – homes are not maintained, no businesses, etc. – crime, vandalism, and drug activity are more likely to occur. This decline in social capital of the neighborhood is associated with “poor physical and mental health of their older occupants” (Golant, 2008, p. 386). However, if the neighborhood does begin to improve, the older homeowners are often unable to keep up with rising taxes. They also might be the only household on the block that has not made significant improvements, which could impact the
neighborhood’s attempts to rejuvenate, because they lack the resources to make the necessary improvements to their properties.

In addition to housing, Golant (2008) also recommends considering caregiver implications when deciding whether to advocate for an aging in place policy. Many low-income older persons living at home rely on informal care provided by family members. While informal care can be a personal, inexpensive option, it is not without risk. First, informal care is not regulated, which can be harmful when caregivers have no experience with or training in dealing with specific challenges such as dementia. Caregivers themselves may experience physical challenges of aging or have little time due to their own employment demands. There is also no oversight for the case that the caregivers may be abusing the older persons for whom they care.

Further, caregivers are at risk for physical and mental health consequences, such as injury, depression, and substance abuse. They may not know of the available caregiving resources, or they might be stymied by the bureaucratic processes for obtaining these resources. The quality of informal care is not easily known, and older persons who are living in rural areas might have particular trouble finding reliable care.

While there are policies and programs that do help people to age in place by providing assistance with home maintenance and caregiving, there are likely to be situations where alternatives such as congregate living, downsizing, and renting out extra space in houses may be better decisions in terms of finances and quality of life (Golant, 2008). Full information about financial options must be made available, including the true cost of remaining at home to determine whether it is a better financial decision than selling and investing the profits, renting, downsizing, or moving in with family.
More research is needed in order to be able to compare the true costs of remaining at home that includes not only direct housing costs and Medicaid reimbursement for home-based care, but also the other programs and unpaid labor that older persons frequently rely on in order to remain at home, such as family caregivers. To illustrate, having a family member provide care for an older person might from one angle appear to be an inexpensive benefit to aging in place. However, policy should also consider the implications on the economy from such lost wages and career disruptions. It is possible that institutional care may in fact be a better financial arrangement for some people and families, when considering the macroeconomy and long-term issues. Other policies to consider include extending property tax cap programs to downsized houses and updating zoning and building codes to allow more shared housing, accessory units, and mixed-use properties in traditionally single-family zones areas.

**Older persons living in rural areas.** While many Age-Friendly Communities initiatives occur in rural communities, the movement arose out of studies of cities, and much of the research continues to focus on urban and suburban areas. However, aging in place in rural communities is associated with risks and systemic issues are even more pronounced than in urban or suburban areas. The social geography of a rural community with low population density and old infrastructure can make it more difficult to access needed services and social opportunities, which contributes to its residents’ experiences of social exclusion and social isolation. Some key issues that older persons living in rural areas face include housing, transportation, and access to healthcare, caregiving, and other support systems. High levels of financial needs often compound these challenges, as many rural dwellers worry about having sufficient funds to cover future bills (Bascu et al., 2012).
Housing is a particular concern for older persons living in rural areas. Rural areas tend to have limited options other than traditional, large houses that are far apart from neighbors. More affordable and appropriate housing for various levels of care needs are typically not available (Bascu et al., 2012; Spina & Menec, 2015). These large houses are often old and can be costly to maintain. The distances between houses and the challenges to their upkeep can be barriers to social participation. Additionally, falls, which are a major medical concern for older persons, seem to be highly prevalent in rural areas (Bascu et al., 2012). This elevated risk could be related to inappropriate housing availability: large houses with more stairways may offer more opportunity to fall.

Transportation is another issue of noteworthy concern for rural-dwelling older persons. People who live in rural areas typically rely on cars for transportation, with other options often limited to a few taxis that serve the area. Bus routes may not reach their residences and likely operate on very limited schedules. As a result, a sense of independence is closely tied to the ability to drive. Driving is also required for getting to health-related appointments, many of which are located in urban centers (Bascu et al., 2012; Spina & Menec, 2015). While rural areas seem to have closer knit communities with positive social interactions and close relationships, participating in the community is largely dependent on being able to drive (Bascu et al., 2012).

Access to healthcare, caregiving, and other systems of support can be challenging for rural-dwelling older persons. Rural areas often do not have enough healthcare providers, and residents must travel to other towns for specialized or intense care. This lack of local providers leads to older persons needing to leave their home communities when they are most vulnerable, as well as challenged to find adequate transportation to get there (Bascu et al., 2012; Spina & Menec, 2015).
Many older persons living in rural areas serve as caregivers for their spouses and other friends and family. However, these informal caregivers often do not have adequate support services available, such as respite care (Bascu et al., 2012). People in rural areas tend to rely on more informal rather than formal support systems, and many are unaware of formal care options available in their areas (Bascu et al., 2012).

The above listed areas of need are interrelated and likely compounding. For example, a rural-dwelling older person may fall and lose their ability to drive because of the injury. Due to lack of transportation options, they may become unable to access their community for social supports. This could lead to social isolation and depression, but since they are unable to drive, they cannot make it to an appointment with a mental health professional in the neighboring larger town or to their weekly luncheon with their friends.

It is then not surprising that older people living in rural areas experience high rates of poor health outcomes and health behaviors. These include poor mental and physical health, higher rates of functional disability and chronic illness, and a sedentary lifestyle (Bascu et al., 2012). Traditional health care systems alone are not adequate to address the needs of rural older persons and prevent further declines in health status and behavior. Experts recommend that aging-friendly policy in rural areas should also consider housing, transportation, and finance, along with other crucial components of the support systems upon which older persons dwelling in rural areas rely (Bascu et al., 2012).

Despite all of the risks described above, the social and physical environments in rural areas provide opportunities for residents to improve their wellness, perceptions of their community, and even directly impact health and well-being (Winterton et al., 2016). Some systemic factors that can help or hinder the development of an aging-friendly rural community
include community size, proximity to other communities, demographic composition, securing investment, leadership, and advocacy.

Smaller communities may offer few opportunities for social engagement, such as visits with friends and community events, and have low availability of goods and services. However, individuals who live in rural areas that are closer to larger towns and cities can utilize those town’s services, shopping, and entertainment amenities, as well as visit friends and family who live in those areas (Spina & Menec, 2015). Proximity to other communities of any size open a possibility of sharing services, such as hospitals and residential care facilities, so that each small community does not have to sustain each of these services alone (Spina & Menec, 2015).

The demographic composition of a rural area can also impact its aging-friendliness. Some communities are already elder-focused, and so aging-friendly initiatives may find that obtaining local support is easier than in communities that focus on young families or immigrants. However, a diversity of ages is important for community sustainability (Spina & Menec, 2015). Similarly, areas with more low-income seniors and available housing units that could be renovated may be more likely to secure investment funding for aging-friendly efforts (Spina & Menec, 2015). Investors are more likely to choose areas where they see economic sustainability beyond simply housing in the short-term. Thus, they look at areas where there are already other housing units or services and businesses catering to seniors that are likely to retain seniors and other persons as residents into the future (Spina & Menec, 2015). Governmental support at the local and state levels can also help to promote, prioritize, and to fund aging-friendly initiatives (Spina & Menec, 2015).
Taking into consideration the needs and resources of rural communities, Spina and Menec (2015) provide a model for how aging-friendly work in a community can help lead to improved outcomes for individuals and for the community as a whole. Making the rural community’s social and built environments more aging-friendly can impact community development and make it more a more competitive regional provider in age-specific services.

This development can lead to the generation of positive meanings and values for older persons living there. As a result of these positive meanings, older residents can increase their sense of place, attachment, and emotional ties to the place. At a community level, this can lead to less out-migration and more place-based integration, fostering a more stable and cohesive community.

However, some rural communities may just be too small or too remote to really support a comprehensive aging-friendly initiative, and may benefit more from targeted support and local initiatives (Spina & Menec, 2015). Some communities may be able to partner with nearby communities in a more efficient regional aging-friendly effort in which they share costs, resources and infrastructure (Spina & Menec, 2015).

**Addressing the Needs and Risks of Aging in Place**

Living and growing older in one’s home and community of choice can be a positive experience due to perceptions and feelings of attachment to place, connection, security, and familiarity (Wiles et al., 2012). However, many health and quality of life risks can be exacerbated by poor person-environment fit. This lack of fit can occur in each of the systems with which an older person interacts when aging in place - micro, mezzo, and macro – and lead to damaging health and safety conditions (Lau et al., 2007; Oswald, Jopp, Rott, & Wahl, 2010).
Lau et al. (2007) provide some suggestions for interventions within these systems that could reduce risk and harm for older persons. The micro level systems include primarily the biological and psychological characteristics of the individual, such as attitudes, health behaviors, illness, and mental health. Approaches to alleviate some of these challenges at the micro level involve education and training on safe practices for the older person and their caregivers. Mezzo level systems include older persons’ social networks, the structure of the home and the neighborhood, social services, and medical services. To improve older person’s interactions with these systems, the different institutions and sectors should strive to coordinate better. Macro level systems include economic, social, political, and natural.

Improvements in these systems involve focusing policies on institutionalizing health-related safety through leadership, incentives, mandates, and resources that develop a culture of aging-friendliness in which businesses and service providers are encouraged to provide appropriate, consistent, and sufficient home- and community-based services (Lau et al., 2007). The mezzo level (as laid out by Lau and colleagues) is particularly salient to Age-Friendly Communities initiatives, since the focus is on social and built environments in the home and community. These two sub-sets of the mezzo-level systems are further expounded below.

Home context. One environment crucial for the health and well-being of an older person is the home in which they live. While many older persons own their own houses, houses can be difficult for older persons to navigate because of the features of the home, such as stairs, as well as functional limitations, such as difficulty walking, arthritis, or joint/back problems (AARP, 2000). Older persons are concerned about maintaining and adapting their homes for accessibility for persons with disabilities, in terms of affordability, ability to provide care for loved ones, and finding reliable contractors or handymen to make these physical modifications (AARP, 2000).
However, current housing policies do little to support the home modifications or retrofitting adaptations that are necessary for persons to age successfully in them (Pynoos, Nishita, Cicero, & Caraviello, 2008). If they could get those housing modifications, many older persons believe that they would be able to remain in their homes for at least an additional ten years, rather than the frequent outcome of moving to higher levels of care (AARP, 2000; Pynoos et al., 2008).

Community context. As noted above, aging in place occurs in many environments, including physical, perceived (i.e. the resources that people believe to exist in the community, whether or not they actually exist), and social, both inside the home and outside in the community (Oswald et al., 2010). Each of these environments can impact health and quality of life outcomes.

Oswald et al. (2010) found that neighborhood quality, outdoor place attachment, and functional ability are positively associated with life satisfaction. However, they did not find statistically significant associations between the interior physical or social environments on well-being. Neighborhood quality was measured by an index score of seven items that asked about safety, noise, access to public transportation, access to shops/services, and proximity to medical care. Outdoor place attachment was measured by a one Likert-type question, functional ability was measured by proficiency in Activities of Daily Living, and life satisfaction was measured by a self-rated cognitive well-being scale. The nature of the positive association implies that the lack of these features of a high-quality neighborhood would co-occur with a low rating of life satisfaction. This finding indicates that while functional ability is important for well-being of older persons, even controlling for functional ability, living in a noisy, unsafe, neighborhood without access to medical care, transportation, and shopping is just as detrimental for an older person’s sense of life satisfaction.
The mechanisms by which neighborhood factors impact health for older persons are just beginning to be studied. Yen, Michael, and Perdue (2009) systematically reviewed the available literature and found mixed findings, limited associations, and insufficient quantitative studies looking at the same mechanisms, and so were unable to perform a meta-analysis. The variables that they did find included socioeconomic, racial, and demographic composition; perceived environment resources and problems; and the physical and social environments (Yen & Perdue, 2009).

In terms of socioeconomic composition, there is some evidence that living in a socioeconomically disadvantaged neighborhood is associated with poor health outcomes, such as functional limitation, self-rated health, cognitive ability, and loneliness. Possible mechanisms posited by which socioeconomic disadvantage impacts health are via psychological processes such as stress and lack of social support. Stress and limited social support networks that are common in poorer neighborhoods could be the mediating factors for why persons living in such neighborhoods experience adverse health outcomes.

In terms of racial composition, ethnic enclaves were found to be beneficial for Latinos’ mortality, depressive symptoms, and self-rated health. Inquiry into the demographic composition of a neighborhood found that areas with a higher density of older persons are associated with better mental health and fewer reports of poor health. These encouraging outcomes could be due to areas with more older persons receiving more targeted services. Perceived environment resources and problems were positively associated with self-rated health and symptoms, but no significant findings were found regarding healthy behaviors, such as physical activity.

However, the physical environment was found to be associated with healthy behaviors in that neighborhoods designed to be more accessible reported higher levels of walking. Finally,
studies on the social environment found limited associations with mortality, heart disease, self-reported health, mental health, physical function, and physical activity. More studies are needed to confirm the significance and directionality of the relationships between the social features of a community and the health outcomes of its residents. Recommendations include studies that are longitudinal, through the lifespan, utilize better definitions of community, and/or use community-based participatory action research methodologies (Yen et al., 2009).

**Community context: protective factors.** Despite evidence that many of the physical, emotional, and social challenges that older adults face stem from poor person-environment fit (Oswald et al., 2010; Scharlach & Lehning, 2016), communities continue to contain inadequate structures to meet the needs of the current and growing numbers of their older residents. Physical and social structures in the community can help provide a better environment for older adults to age in place. The World Health Organization investigated 35 cities around the world found that there are eight core domains of livability that indicate whether a community is “Age-Friendly” (Plouffe & Kalache, 2010):

- Outdoor spaces and buildings
- Transportation
- Housing
- Social participation
- Respect and social inclusion
- Civic participation and employment
- Communication and information
- Community support and health services

Within these domains, physical accessibility, proximity, security, affordability, and inclusiveness are all important (Plouffe & Kalache, 2010). Communities throughout the world have adopted strategies to improve their livability for older persons and persons of all ages using these domains as organizing principles.
Individuals and Communities: Collaboration as Intervention

The needs of older adults aging in place are clearly complex and cross multiple contexts and systems. There is emerging evidence that collaboration models and strategies can help reach such older consumers of services who are challenged by complex needs and who might be difficult to reach with conventional service delivery methods (Agranoff, 1991; Claiborne & Lawson, 2005; D’Amour, Ferrada-Videla, San Martin Rodriguez, & Beaulieu, 2005). These models include partnerships between agencies and organizations as well as collaborative relationships between and among individuals.

Recent, promising movements support community collective action to enhance the lives of older adults. Aging-in-place initiatives aim to provide a sense of independence, security, identity, caring relationships, and attachment among older adults dwelling in the community (Wiles et al., 2011). Many of the aging-in-place movements, particularly the ‘Age-Friendly’ initiative supported by the World Health Organization and AARP, utilize collective action to serve their consumers (Garon, Paris, Beaulieu, Veil, & Laliberté, 2014; Lehning, Scharlach, & Price Wolf, 2012).

However, these initiatives continue to confront many barriers. These barriers are attributed particularly to policies, the ways in which resources are disbursed and regulated, program silos, and uncertainty/risk regarding the behaviors and intentions of collaborators (i.e. will they act in the best interest of the group or themselves, should the two be at odds or need to be prioritized) (Firestone, Keyes, & Greenhouse, 2018; Scharlach & Lehning, 2016).

Despite the common use and reliance on collaborative relationships and partnerships in human services, little is known about how they help or hinder the health and quality of life for
older persons. In order to understand how they accomplish their goals, we must first understand how they form, develop over time, and function, in community contexts.
Chapter 2: Conceptual Framework

Age-Friendly Communities initiatives operate not only in aging services programs, but also across the many sectors and professions in the community. These initiatives are often described as collaborations. However, the literature on collaboration is often convoluted, and imprecision in the definitions of terminology and conceptual conflation are endemic. This chapter begins by defining key terms relating to collaboration as they are utilized throughout this study. Next, theoretical frameworks of collaboration across sectors and throughout the community are presented. Following this, the development of community-based aging services in the United States is framed. Finally, a case is made for this research study, based on gaps in knowledge.

Defining Collaboration Terminology

To begin to understand what a collaboration is, it is conceptualized as a type of collective impact initiative. Collective impact initiatives are described by Kania and Kramer (2011, p. 39):

“Long-term commitments by a group of important actors from different sectors to a common agenda for solving a specific social problem. Their actions are supported by a shared measurement system, mutually reinforcing activities, and ongoing communication, and are staffed by an independent backbone organization”

Collaboration is a type of collective action in which two or more autonomous, interdependent entities with their own competencies “organize and mobilize to purpose and obtain the results and benefits comprising the common agenda they develop,” intended to make changes that benefit individuals and communities (Claiborne & Lawson, 2005, p. 2). Collaboration can be studied as an intervention with processes and outcomes. As a type of collective action, key elements of a collaboration intervention include the actors, the social problem of interest to the group, measurement, activities, and outcomes.
There are many different types of collaborations, as categorized by who participates and who benefits. Two categories are particularly relevant to this study of an Age-Friendly Community initiative: cross-sector collaboration and community-wide collaboration. Cross-sector collaborations are a type of interorganizational collaboration that involves partners who serve different need or service areas (such as social services, healthcare, or education) across various sectors (i.e. public, private, and nonprofit). These partners work together towards a common goal.

Community-wide collaborations are a type of collaboration in which community members and service users are included, in addition to the other stakeholders listed for cross-sector collaborations. Including community members and service users is intended to provide more culturally competent services that meet the actual needs of the community, not only the needs perceived by service providers and government authorities (Claiborne & Lawson, 2005).

Partners refer to organizations, agencies, and businesses that are stakeholders who work together in a collaboration (Lawson, 2007). Individuals, on the other hand, are referred to as collaborators. Individual collaborators may represent organizations, agencies, and businesses, but also have their own perspectives, expertise, and experiences outside of their organizational affiliation.

Coalitions refer to “formal alliance[s] of organizations that come together to work for a common goal” (Butterfoss, 2007, p. 30). Coalitions can be collaborations working toward collective impact if they have adequate capacity given their stakeholders, relationships,
organizational structures, and the programs they support (Foster-Fishman, Berkowitz, Lounsbury, Jacobson, & Allen, 2001).

Despite the definitions of key terms related to collaboration presented above, definitional ambiguity remains throughout the literature and in practice. For example, Foster-Fishman et al. (2001) refer to a *coalition* as the main body that collaborates and use *collaboration* language in adjective forms. Claiborne and Lawson (2005), on the other hand, prefer to conceptualize *collaboration* as the primary entity or intervention, with a *coalition* as a group that might operate within the collaboration. Another example is with the stakeholder units: D’Amour et al. (2005) define *partnerships* as relationships between individual actors in collaboration activities. They arrived at this definition after reviewing studies of interprofessional collaboration in health services. Lawson and colleagues (2007), on the other hand, define *partnerships* as relationships between or among organizations. This definition arose from studying collaboration for education.

It seems likely that these definitions are tied to the areas of service being studied. The literature on collaboration in health services may have developed definitions with more nuanced differences than those arising from studies in education or services that use social orientations (as opposed to medical models used by healthcare organizations). Definitional consistency becomes even more so important when studying a cross-sector and community-wide collaboration (such as Age-Friendly Communities initiatives) that transcends service areas and sectors. However, in practice, these terms remain oft conflated. Each organization providing services has their own idea of what it means to collaborate, ranging from attending meetings together to fully integrating services. In some settings, “collaboration” may be used more as a “buzz-word” to
fulfill funding requirements or social norms, rather than reflecting formal, organized approaches to achieving collective impact.

**Theories of Collaboration**

Collaboration is a core component of Age-Friendly Community initiatives, which rely on community organizations, agencies, and individuals from different sectors and service areas coming together to improve the social and built environments (Garon et al., 2014; Greenfield, Oberlink, Scharlach, Neal, & Stafford, 2015). This section discusses the nature of collaboration. Theories of collaboration and how they function are described below, followed by two types of collaboration that are particularly salient to Age-Friendly Communities initiatives – cross-sector and communitywide.

Collaboration can be conceptualized as a type of collective action in which two or more autonomous, interdependent entities with their own competencies “organize and mobilize to purpose and obtain the results and benefits comprising the common agenda they develop” (Claiborne & Lawson, 2005, p. 2). This collaboration becomes its own entity. Claiborne and Lawson (2005) provide a list of features that serve as criteria that indicate whether a collaboration has developed:

- Develop equitable relations amid differences in their power and authority
- Negotiate their differences and resolve their conflicts
- Reinforce awareness that they fundamentally depend on each other
- Identify shared interests, responsibilities, and action-oriented theories
- Promote norms of reciprocity and trust
- Reconfigure and realign rules, roles, boundaries, governance systems, and jurisdictions
- Develop shared language
- Promote a collective identity
- Share resources
- Take into account salient features of the local context
• Pursue opportunities to develop joint accountability for results (Claiborne & Lawson, 2005, page 2)

**Types of collaboration.** Collaboration is likely to form when individual organizations or agencies are unable to meet the “co-occurring and interlocking human needs” of service recipients, or, in the case of Age-Friendly Communities, the social built environmental needs of older persons living in a community (Claiborne & Lawson, 2005, p. 1). Further, individuals may realize that they have a core dependence on each other and their affiliated organizations and agencies to achieve desired outcomes.

These relationships and activities are presented as a continuum that leads to collaboration, beginning with communication. Cross, Dickmann, Newman-Gonchar, and Fagan (2009) present a similar continuum that describes levels of linkage in a community-wide collaboration; these levels include networking, alliance, partnership, coalition, and collaboration. Thus, a collaboration generates a system itself that must be governed and held accountable for activities and results.

Since there are many complex factors that should be in place for a collaboration to successfully form and achieve collective impact, it logically follows that collaborations face many challenges. Some general challenges include the lack of orientation towards results, reluctance among collaborators to be held accountable for efficiency and effectiveness, and possible harmful side effects of the changes effected by collaborations (such as inefficiencies and performance gaps) (Claiborne & Lawson, 2005). These challenges are exacerbated by the complex, costly, and often inefficient nature of collaborations. To avoid these issues, recommendations include utilization of logic models and conceptualizations that are based in research evidence (Claiborne & Lawson, 2005).
Two types of collaboration systems emphasized by Claiborne and Lawson’s (2005) typology – interorganizational and community – are most prevalent in Age-Friendly Communities initiatives. They naturally integrate with Scharlach and Lehning’s (2016) typology of aging-friendly community change approaches, which involve community wide planning, cross-sector systems change, and consumer-driven support networks.

**Cross-sector collaborations.** Interorganizational collaborations involve formal agreements between organizations and agencies to work together towards a common goal. Cross-sector collaboration (“CSC”) is a type of interorganizational collaboration that involves partners that not only serve different need areas but also exist across various sectors. Sectors can include government, businesses, nonprofit agencies, foundations, faith-communities, and the general public (Bryson, Crosby, & Stone, 2006). Such partnerships may include the planning, funding, delivery, and access systems.

A CSC may seek to expand extant services and programs, develop new services or programs, or provide services or programs to a population that had been previously overlooked or under-served (Scharlach & Lehning, 2016). CSC might be sought as an approach to a public problem due to the realization that many public problems are interconnected and complex in terms of who is involved in, responsible for, and affected by them (Bryson et al., 2006). Thus, it follows that agencies from different service areas and sectors would work together to help their clients. Further, in a political climate in which citizens and elected officials may distrust

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ii In the cases in which CSCs include citizens, service users, and the general public, they might fall into Lawson’s (2004) category of collaboration: communitywide collaboration.
government and favor privatization, private sector businesses and nonprofits are even more likely to be the providers of services, rather than public human service agencies.

Bryson et al. (2006) provide a framework to understand the processes of CSCs based on their review of the theoretical and empirical literature. Key components of this process include initial agreements, building leadership, building legitimacy, building trust, managing conflict, and planning. These processes operate within the initial conditions and structures of the involved sectors, and are affected by their contingencies and constraints.

Initial agreements include formal, participatory activities. Examples include political mandates, commitment of resources, leadership designation, description of members, developing a structure for decision-making, and built-in flexibility for responding to changes or local conditions. These initial agreements benefit the CSC by supporting accountability to the team and commitment to a shared purpose. Including many parties in the initial agreements can enhance feelings of commitment to goal achievement and follow through with determined next steps.

When making decisions for the CSC, it is important to consider the power of each partner to advocate for their interests in the process. “Less powerful partners” may have difficulty advocating for themselves (Bryson et al., 2006, p. 47). Thus, strong leadership is essential to the operations of the CSC. This leadership can be both formal and informal. Key components include authority, vision, long-term commitment to the CSC, integrity, and relational or political skills. Good leadership can help to increase buy-in from partners. Two types of leaders are important: sponsors, or persons with prestige, authority, and access to resources; and champions, or persons who focus on keeping the CSC functioning and striving towards its goals. Leaders
must pay careful attention to power imbalances, being mindful so as not to privilege the more powerful partners and exclude the voices of the less powerful.

Next, legitimacy of the CSC should be sought. Legitimacy as a concept is derived from the literature on institutional theory. The goal of legitimacy is to establish the CSC as its own entity. This involves the CSC achieving a level of trust among stakeholders directly involved with the CSC as well as external persons and organizations (Bryson et al., 2006).

Building trust involves interpersonal behavior, confidence in the competence of the collaboration and expected outcomes of the CSC, and a common bond or sense of goodwill. This is an ongoing process. Activities to build trust in and of a CSC might include sharing information and knowledge; demonstrating competency, good intentions, and persistence; and ceasing to perform unilateral actions.

Despite efforts to build trust, conflict is likely to occur in any CSC. Sources of conflict may come from institutional differences among partners’ professions (such as medical versus social orientations to care) and sectors (such as nonprofit, for-profit, and governmental organizations, which have very different organizational structures). Examples include differing aims, expectations, views of strategies and tactics; protectionism of control over the work strategies and outcomes; and issues of power and status among organizations. In a later review study, Bryson, Crosby, & Stone (2015) classify these conflicts as tensions between autonomy and interdependence, stability and flexibility, inclusivity and efficiency, internal and external legitimacy, power imbalances, and multiple institutional logics. Developing systems to manage conflict is key to a successful CSC. However, Bryson et al. (2006, 2015) do not provide guidance on developing such systems.
In terms of planning, Bryson et al. (2006) suggest that both formal and emergent plans are important. CSCs should develop formal, clearly articulated missions, goals, objectives, roles, responsibilities, and phases or steps. These plans should be considered precursors to success. On the other hand, CSCs should make sure to include more flexible missions and goals that emerge over time. This may include growing or broadening the network if needed. These planning systems may be able to help build trust and manage conflict, as long as the CSC remains responsive to each individual participant in the collaboration. A CSC may be more successful if it builds upon each player’s competencies.

Scharlach and Lehning (2016) provide a conceptual frame that comprises a continuum of collaboration. This frame is borrowed from the field of child welfare and is used to understand the degrees of collaboration for cross-sector aging-friendly community services. This continuum includes competition, coexistence, communication (information sharing), cooperation (working together informally in some projects), coordination (adapting systems for mutual gain), collaboration, and integration (of programs and resources). The concept of ‘collaboration’ actually appears as one of the stages in the model, and not the most ‘collaborative’ option possible. Defined as “longer-term coordinated actions involving shared goals, resources, and actions,” collaboration can be accomplished by fully integrated services (Scharlach & Lehning, 2016, p. 164). It may then follow that systems integration fully actualized could be a more complete form of cross-sector collaboration.

Scharlach & Lehning (2016) review structures of CSCs that have been used in the field of community aging services (also referred to as ‘aging-friendly’ initiatives). They identify three critical conditions for CSCs to succeed (according to Hanleybrown, Kania, & Kramer, 2012): urgency, leadership, and resources. Urgency occurs when each partner simultaneously
experiences a threat or opportunity that drives them to collaborate. Then, a leader must build motivation and sustain participation. Finally, resources are provided that allow the CSC to “invest in planning and development activities, incentivize sustained participant involvement, and support new institutional structures” (Scharlach & Lehning, 2016, p. 166). The processes of CSCs are also impacted by systems of local politics and interpersonal relationships among collaborators.

Cross-sector collaborations have many potential benefits to both the partnering agencies/the partnership in general, and the individuals or communities receiving the services (Scharlach & Lehning, 2016). Benefits to the agencies or the CSC can include program efficiency, market penetration (that is, more service access and utilization by the target population), program responsiveness, and attracting new resources. Thus, more people may be able to be supported at lower costs with services better addressing their needs. Possible benefits to individuals and communities specific to community aging services include better efficacy of the services provided, increased satisfaction with services, decreased provider stress, decreased hospitalization duration, decreased inappropriate usage of emergency services, increased service access, improved emergency preparedness, improved accessibility of physical environments, and more supportive policies for well-being later in life (Scharlach & Lehning, 2016).

In community aging services, CSCs exist because of fragmentation, lack of coordination, and gaps in available services (Scharlach & Lehning, 2016). However, partnering across sectors can be challenging due to the siloed nature of many sectors. Entities in different sectors are likely to have different funding sources, policies, state/local programs, authorizations, and regulations. They are accountable to different criteria in order to receive their funding and provide services.
Bryson and colleagues (2006) categorize such challenges based on the type or function of the CSC, power issues, and competing institutional logic. In terms of the types and functions, CSCs striving for systems change can experience difficulty identifying and defining those systems’ problems and solutions. In order for these partnerships to sustain themselves, they must negotiate “through questions about the problem and creative solutions” (Bryson et al., 2006, p. 50). CSCs geared towards administrative activities, such as resource sharing, may find themselves prone to conflict. Finally, CSCs working on service delivery, including referrals, may be easier to sustain and experience more cooperation, particularly from front line staff. Thus, CSCs that work directly to advance systems and administrative activities may be prone to more conflict and challenges when it comes to sustainability of their work than CSCs working on service delivery.

Power imbalances can be a source of mistrust among CSC partners. Mistrust can be exacerbated by lack of agreement on shared purpose, loss of resources, change in demographics of clients served, scandals, political shifts, and changes in partner composition. In order to anticipate and alleviate power issues, strategic planning and scenario development are recommended. Additionally, competing institutional logic can cause disagreements between partners in different sectors. Areas where logic may differ include bureaucratic notions of control (i.e., regulated versus democratic) and participation.

In their follow-up review, Bryson et al. (2015) note that there is still much to be learned in terms of the systems involved in cross-sector collaborations. More research is needed in terms of learning about how broader environments, such as technical, institutional, and competing social fields (i.e. other social service areas) affect collaboration. Collaboration should be studied as “complex dynamic systems” (Bryson et al., 2015, p. 650) to see how managerial actions interact,
how processes and structures act over time, the effects of various internal and external contingencies, and how CSCs are affected by being embedded in or directly impacted by existing hierarchies.

One more approach to understanding potential costs and benefits of interorganizational collaborations is through the lens of resource dependency theory. According to Scharlach and Lehning (2016), the foundational article (Pfeffer & Salancik, 1978) explains that sharing resources can be both a boon and a threat to partnerships. On the positive side, partnering can help organizations who do not have access to adequate resources, accomplish their goals. Organizations can partner with other like-minded entities so that they are not competing for the same, limited resources. Such resources are not limited to monetary sources; they also include referrals, technical assistance, advocacy efforts, in-kind support, and endorsements.

On the other hand, sharing resources can affect the autonomy of an organization. This then impacts the “distribution of power and resource allocation” (Scharlach & Lehning, 2016, p. 165). Agencies who joined the partnership in order to benefit from shared resources may find themselves even less powerful if their partnership is not addressing issues of power. One proposed strategy to address these issues of power and resource imbalances is having an external entity, such as a governmental body, foundation, or private entity, manage the financial resources of the partnership.

Community collaborations. All of the above types of collaboration seek to make changes that benefit individuals and communities. The main difference in this conceptualization of community collaborations is the inclusion of community members and service users in order to provide more culturally competent services that meet the actual needs of the community
(Claiborne and Lawson, 2005). For example, a community collaboration may center around youth, elders, or families. They may also refer to themselves as a “Coalition.”

Recent aging-friendly initiatives that include community members in communitywide planning approaches have involved older adults primarily in the planning and assessment phases (Scharlach & Lehning, 2016). There are some more grassroots consumer-driven support network models of serving older persons in the community, such as Villages, which have involved older adults in many of the phases of the initiatives, including assessment, planning, and implementation (Scharlach & Lehning, 2016). Consumer-driven community development initiatives involve older adults and other community members throughout the entire process of the programs. They identify the needs and can also help implement changes in the community via peer support networks. These initiatives require many partners, substantial resources, and processes for leadership development (Scharlach & Lehning, 2016). Charismatic leaders frequently spearhead these efforts, but more resources and commitments from the communities are required for them to be sustained.

Community planning approaches to aging-friendly communities initiatives, on the other hand, tend to involve more of a ‘top-down’ approach, in that major decisions are made by higher level administrators, rather than the community members (Scharlach & Lehning, 2016). Many different stakeholders are convened in order to identify the key needs of the community, and then a data-driven plan is made to address those concerns. Primary examples of these initiatives are the World Health Organization’s Age-Friendly Cities and Communities project (AFCC) and its United States affiliate, AARP’s Livable Communities.

In AFCCs, a key stakeholder group convenes, which is typically facilitated by the local area agency on aging (often a local government office). Key stakeholders include neighborhood
associations, institutions of higher education, nonprofit organizations, community foundations, and older community residents. Many different service and policymaking/advocacy systems are represented, including housing, parks and recreation, roads and other physical infrastructures. Other key areas of focus include social engagement and inclusion, volunteering, and employment. Local government leaders, such as mayors, are sought-after champions. The stakeholders conduct an initial assessment of the status of the community based on eight domains of age-friendly communities that were established by the WHO. Next, they produce a 3-year plan of action. Then, they implement and evaluate.

Understanding how partnerships and collaborations work. Much of the inquiry into how involved parties adapt their activities while engaging in a collaboration has been theoretical in nature. It is theorized that collaboration affects roles, relationships, responsibilities, and accountabilities of each participant. Lawson (2004), D’Amour et al. (2004), and Getha-Taylor (2008) provide suggestions for changes in the activities of collaborators that could indicate collaboration is truly occurring.

Lawson (2004) suggests that there are some key activities that indicate the presence of collaboration. Some of these key activities include communicating, connecting, cooperating, consulting, coordinating, co-locating, community-building, contracting, conflict and conflict resolution mechanisms, enactment of supportive policies, trust, and changes in the functions of and operations of the involved organizations (rather than collaboration as a ‘side project’) (Lawson, 2004). Claiborne & Lawson’s (2005) criteria that identify when collaboration is evident can be used to identify the processes which have or have not yet occurred in a collaboration. These criteria were discussed in the systems section and include addressing issues of power and conflict; recognizing and identifying interdependence, shared interest, and
responsibilities; promoting a culture of trust and reciprocity; and developing systems of governance, with a shared language and collective identity.

D’Amour et al. (2004) add that simply putting people into a room together does not ensure that they will collaborate. In order for them to actually be considered to be collaborating, there must be activities related to sharing, a partnership relationship, interdependency, power, and a dynamic collaborative process. Sharing includes shared responsibilities, decision-making, philosophy towards care, values, data, planning and intervention, and professional perspectives. Partnership relationships (which in this case are intended to indicate individuals who are stakeholders collaborating in an interprofessional health services team, rather than as organizations) should be collegial, authentic/constructive, with open and honest communication, mutual trust and respect, with each partner aware of and valuing the contributions and perspectives of the others, and pursuing a set of common goals or outcomes.

In terms of interdependence, partners (i.e. individual stakeholders who collaborate) should recognize their reliance on each other due to their common desire to address clients’ needs, and develop a synergy in which the output of the group is greater than the sum of its parts. Shared power should emerge, where each partner simultaneously empowers the others based on knowledge and experience, rather than titles. Collaborative interaction is needed in order to “maintain actual and perceived symmetry in power relationships” (D’Amour et al., 2005, p. 119).

Collaboration is not a single event, but rather a dynamic process that is interactive, transforming, interpersonal, and can involve concrete steps or shared planning and intervention. In order to truly help the client, “the collaborative process requires that professional boundaries be transcended” (D’Amour et al., 2005, p. 119). Additionally, the service user should be included
in the collaboration. Their inclusion in the decision-making process is likely to be related to improved health outcomes and reduced power imbalances with professionals.

Specific workforce actions that are amenable to successful collaboration can be studied through a framework of ‘competencies.’ Competencies include the “traits, motives, and behaviors that influence performance” (Getha-Taylor, 2008, p. 107). Getha-Taylor (2008) interviewed public managers in order to determine important dimensions of collaboration. Interpersonal understanding (i.e., empathy), teamwork and cooperation (i.e., understanding motivations, inclusivity, altruism, and a collaborative approach to conflict resolution), and team leadership (i.e. bridging diversity and connecting efforts to larger outcomes) were found to be the three competencies that ‘successful collaborators’ were more statistically significantly likely to have than ‘average collaborators.’ Each of these sub-dimensions includes specific traits or attitudes that were developed based on a grounded theory approach to qualitative data coding.

Finally, accountabilities of a collaboration should be considered, both in terms of which stakeholders are responsible for what activities, and for the overall activities of the collaboration. It can be unclear to whom a collaboration is accountable, and for what (Bryson et al., 2006). In order to improve accountability, Bryson et al. (2006) recommend tracking inputs, processes, and outcomes, using “a variety of methods for gathering, interpreting, and using data,” and “a results management system that is built on strong relationships with key political and professional constituencies” (p. 52).

The relationships and activities of collaborators can indicate the degree to which collaboration is occurring. In addition to working together on the same goals, collaborators should develop a sense of trust and shared responsibility, accountability, and interdependence. There is some emerging evidence that certain individual traits correspond to a higher likelihood
of being a successful collaborator. Future studies may look at the possibility of measuring those
traits and using them to predict collaborative success. However, despite some evidence of the
roles, relationships, responsibilities, and accountabilities that are conducive to collaboration, it is
less known what factors may inhibit or promote these activities, and ways in which these
activities interact, inhibit, or build upon each other.

**Collaboration summary.** Collaborations for human services are complex, dynamic
systems that have the potential to improve service availability, accessibility, and outcomes
through collective action. Collaborations are likely to form due to recognized inefficiencies and
gaps in services for the complex needs of a population when professionals, agencies, or sectors
attempt to address an issue independently.

However, collaboration is not a panacea (Bryson et al., 2006; Claiborne & Lawson,
2005). Low resources, power disparities, lack of communication mechanisms, and competing
goals are some of the systemic challenges that collaborations may face.

Further, collaborations can appear to be intractable and without clear governance. To
address or prevent these issues, specific activities and relationships should be developed.
Particular attention should be paid to building trust and relationships between collaborators.

Nonetheless, collaboration in some cases can create more problems in unanticipated ways
(Bryson et al., 2006). In order to mitigate those problems, some suggest formalization of the
collaboration’s vision, mission, and strategies; developing mechanisms for conflict resolution;
and selecting an appropriate leader. Benefits from a collaboration can include increased
efficiency of and access to social services as well as improved satisfaction from both the service
users and providers.
Areas for further study of collaborations for human services in general include testing theoretical models, investigating the ways in which processes lead to outcomes, and developing tools for measuring specific traits that may indicate the status of a collaboration or its effectiveness. In terms of aging-friendly community initiatives, more knowledge is needed regarding how to disseminate best practices generated by researchers to collaborators on the ground.

Additionally, the role of the older adult or service user in the collaboration seems to be under-studied. Scharlach and Lehning (2016) describe some aging-friendly community development approaches, such as Villages, that include older adults in more phases of the initiative than other, more ‘top-down’ approaches. These initiatives recognize that the older adults are not merely users of social services, but are also integral members of the community who bring social capital and contribute to the collective efficacy of an initiative. More grassroots development of programs could help to better utilize the community’s resources, including social, physical, professional, or fiscal. Understanding the ways in which older adults can contribute to all phases of a collaboration, how their participation fits in with its processes and outcomes, and the changes to the systems and relationships within a collaboration would provide a richer understanding of how collaborations can enhance aging in place.

Age-Friendly Communities initiatives rely on collaboration between sectors (i.e. government, nonprofit, and business) as well as professions (e.g. health and social service providers, planners, community education, and more). The people and organizations that are involved in Age-Friendly work are the initiative’s key resource: these entities come together with their expertise and human capital to assess, plan, and implement activities to improve the social and built environments of their communities.
In order to better understand their processes and how they lead to individual- and community-level outcomes, collaborations can be studied as interventions (Claiborne & Lawson, 2005). Understanding both the processes and evaluating the outcomes of the collaborations are crucial for assessing whether they have achieved collaboration status and the desired impact to the targeted community. Common goals of collaborations are to improve services in terms of access, quality, efficiency, and effectiveness, and benefits of collaboration can include gains in effectiveness, efficiency, resource, legitimacy, and social development (Lawson, 2004).

For example, Lawson, Claiborne, Hardiman, Austin, and Surko (2007) studied five different community partnerships for youth. For each case study, they reported on outcomes related to structure and process, along with assessments of how well they achieved their intended outcomes and impact. Findings related to structure and process outcomes include evidence of partnerships reaching consensus on a vision and mission, inclusion and empowerment of partners, designating clear responsibilities and expectations, monitoring of and support for implementation, developing systems for communication and trust, gaining community buy-in, and capacity-building for implementation, evaluation, and advocacy (Lawson et al., 2007).

Reports on the intended outcomes include assessments of the partnership, opportunities it created in the community, increased engagement, organizational change, and policy change.

**Review of Relevant Policies and Initiatives**

Policies that aim to address the social needs of older adults in their communities exist at federal, state, and local levels. However, many of the state and local programs are at least partially funded by federal monies.

**Federal-level policies.** At the federal level, policy for older adults began with the Social Security Act of 1935, which viewed older adults as a homogenous population that needed
compassion due to their frailty, dependency, and poverty (Binstock, 1991). The Great Society of the 1960s and the New Federalism of the 1970s contributed to a political atmosphere in the US that encouraged expansion of social policies in general. The Older Americans Act (OAA) in 1965 drew national attention to the issues that people face as they get older and the lack of community-based social services (Binstock, 1991; Collelo & Napili, 2016). At its inception, the OAA focused on all persons aged 60 and older, regardless of income or wealth. Original services and programs fostered by the OAA included supportive services, congregate nutrition services, home-delivered meals, family caregiver support, community service employment, the Long-Term Care Ombudsman Program, and prevention of abuse, neglect, and exploitation (Collelo & Napili, 2016).

Since 1965, reauthorizations of OAA have added many programs, including those for state grants, research, demonstration projects, training, foster grandparents, retired senior volunteers (1960s); the establishment of local Area Agencies on Aging (AAAs), senior centers, and tribal organizations (1970s); programs targeted to help low-income minority older persons, private sector employment, Alzheimer’s patients and their families, in-home services, assistance for persons with special needs, health education and promotion, outreach for persons eligible for supplemental security income, Medicaid, and food stamp programs (1980s); elder rights and legal assistance, assistance with insurance and public benefits, assistance for caregivers (1990s); additional programs for individuals with limited English proficiency, assistance for persons at risk of institutional placement, and demonstration projects such as Naturally Occurring Retirement Communities (2000s) (Collelo & Napili, 2016).

OAA continues to be the primary funder of social services to older adults (Collelo & Napili, 2016). Funding for OAA peaked in 1981 and declined through the 1980s-1990s’ era of
devolution and downsizing of governmental agencies. However, much of the OAA’s service structure avoided elimination or being folded into a block grant in the Reagan era. Priorities in the 1980s included long-term care, advocacy, prevention, and collaboration between public, voluntary, and private sectors to provide services. It was expected that networks for prevention would be able to supplant the need for the volume of services that older adults require (Binstock, 1991). Currently, OAA programs are administered by the Administration on Aging (AOA), within the Administration on Community Living, which is under the Department of Health and Human Services.

Of key relevance is the establishment of local Area Agencies on Aging (AAAs), which are part of OAA’s Title II, and Title III programs and provide grants for state and community programs. AAAs “serve as local entities who, either directly or through contract with local service providers, oversee a comprehensive and coordinated service system for the delivery of social, nutrition, and long-term services and supports to older individuals” (Collelo & Napili, 2016, p. 6). However, they receive approximately 3% of the OAA’s budget. Title III receives the bulk of OAA’s budget, which in fiscal year 2018 is $1.19 billion out of the total $2.0 billion. Title III funds can be used to support congregate nutrition programs, supportive services, home-delivered nutrition, preventive services, family caregiver support services. In New York State, many AAAs are the county government’s Department on Aging.

Key limitations of OAA include the lack of funding and authority to support its ambitious social goals, and diffusion and fragmentation of the provision of services and programs.

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ii Source for Title III 2017 funding: https://www.acl.gov/sites/default/files/about-acl/2017-10/TitleIII-2017.pdf
(Binstock, 1991). For comparison, Medicare and Social Security funds in 1990 totaled $343.2 billion, while the budget for OAA was $1.25 billion. In 2017, the budget for OAA has decreased in terms of real dollars (that is, adjusted for inflation), at $2.0 billion. On the other hand, the 2017 Medicare budget alone has increased to $720.7 billioniv. In addition to insufficient resources to implement initiatives, limitations of the current policies that are barriers to policy adoption include lack of political leadership to champion initiatives and not enough capacity to sustain work long-term if policies are not institutionalized (Fitzgerald and Caro, 2014). In summary, there are very limited resources for Federal, State, and local community grants for programs to address social issues of aging, both in terms of funding and political support.

**State and local government programs.** Local governments have been providing services such as transportation, housing, meals on wheels, recreation, and consumer protection since the 1980’s (Keyes and Benavides, 2017). These local entities are also organized at the national level, through the National Association of Area Agencies on Aging and the National Council on Aging (which includes social service organizations and individual providers), and the National Association of State Units on Aging. Many of AARP’s Age-Friendly Communities initiatives are led by county government departments for aging services, many of which also happen to be local AAAs.

In New York the NYS Office for Aging (NYSOFA) oversees and funds the provision of programs and services for older adults. Key areas of funding priority include

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information/connection to services, health insurance, healthy living/preventive health care, long-term care, housing, employment/volunteering, consumer protection, and legal services.

**Aging-friendly movements and initiatives.** There are many types of local, community-based aging initiatives. Many of these can be classified into five different types of collaborations (Lehning et al., 2012). Communitywide planning initiatives, such as AdvantAge Initiative of the Visiting Nurse Service of New York, involves collaborators gathering information about their community under the guidance of the AdvantAge expertise, which is then used to develop programs. Consumer-driven support networks, such as Villages, are membership-driven and provide supports and services for their members, but do not engage in rigorous data collection to decide what those supports and services will be. Cross-sector systems change initiatives, such as Robert Wood Johnson’s Community Partnerships for Older Adults, use interorganizational collaboration to advance, for example, community education, enhance programs, services, infrastructure; older adults are highly involved. Residence-based support services are exemplified by Naturally Occurring Retirement Communities (NORCs). NORCs are designated neighborhoods that were not originally designed for older adults but which at least 50% of residents are now at least 60 years old. The program creates an agency to provide services/supports such as transportation, nutrition, socialization opportunities; council of leaders include older adults. Finally, single-sector services are initiatives with one issue focus, such as housing or transportation. Age-Friendly Cities and Communities are at the same time communitywide, consumer-driven, cross sectors, and residence-based, and many of their core areas of focus involve single-sector work.

**Age-Friendly Communities Initiatives.** Age-Friendly Cities and Communities, an initiative spearheaded by the World Health Organization worldwide and by AARP under the
names ‘Livable Communities’ and ‘Network of Age-Friendly Communities’ in the United States, comprises the types of initiatives listed above. For simplicity, this initiative will be universally referred to as ‘Age-Friendly Communities’ or ‘AFC’ for short, unless describing a specific event or activity that uses one of the other synonymous names.

The World Health Organization developed the AFCC movement on the premise that persons who are able to age ‘actively’ will have a better quality of life, be healthier, require fewer services, and live longer (Fitzgerald & Caro, 2014). Active aging is defined in terms of health, participation, and security (WHO, 2013). AFCCs aim to increase opportunities for these components of active aging through modifications to the social and physical environments (Fitzgerald & Caro, 2014).

A community is evaluated in terms of these environments in order to determine if it is considered to be ‘age-friendly.’ In order to determine what exactly these environments are, the WHO conducted focus groups with older adults of low- to middle-income levels, 250 caregivers, and 515 service providers in 33 cities around the world (Plouffe & Kalache, 2010). They found that the features of age-friendly cities could be categorized into eight domains: outdoor spaces and buildings, transportation, housing, social participation, respect and social inclusion, civic participation and employment, communication and information, and community support and health services. Additional characteristics found to be important globally were physical accessibility, service proximity, security, affordability, and inclusiveness. Based on these findings, the WHO developed a checklist of essential features for an age-friendly city as well as a guide describing those features in more detail, with recommendations for how to improve those features in one’s community (WHO, 2007). AFC initiatives addressing these issues have been in progress since 2006. As of 2018, there are AFC initiatives in more than 1,000 communities.
throughout 20 countries. Many of the guides for evaluating AFC initiatives were developed with cities in mind; however, in practice there are many rural communities participating in the AFC initiative.

As the affiliate agency overseeing AFC implementation in the United States, AARP has compiled a framework for AFC in the US. This framework consists of four steps to be completed in a five-year period: enrolling as a member of the Network of Age-Friendly Communities, gathering information and action planning based on that information, implementing the plan, and evaluating the work and progress\(^1\). One agency is designated as the leader of the initiative and can be the recipient of a small grant for operations; often this agency is the local Area Agency on Aging and/or the county government’s Department on Aging Action.

Planning and implementation are largely carried out by sub-committees for each domain that is being worked on, as well as a coalition and/or steering committee. Members of these committees include (but are not limited to) individuals from local governments, AARP staff, local business owners, social services providers (from the private, public, and non-profit sectors), consumers (that is, older adults residing in the community), local leadership such as mayors, and representatives of cultural centers such as libraries, museums, television shows, and community centers. AARP provides resources in the form of tools such as needs assessments and evaluation guides, detailed expert-written literature on each domain area, national database of a livability index, contacts with local and state offices and personnel for collaboration and consultation.

\(^1\)For more details, see https://www.aarp.org/livable-communities/network-age-friendly-communities/
While Age-Friendly Communities initiatives have undertaken many promising activities and important goals, they are not immune to criticism. While considering the successes of these networks, one must also examine whether they are “challenging social inequality, widening participation, coproducing age-friendly communities, codesigning age-friendly environments, encouraging multisectorial and multisciplinary collaboration, and integrating research with policy” (Buffel & Phillipson, 2018, p. 179-180). Particularly, AFCC initiatives must be aware of their propensity to inadvertently perpetuate social inequality through their goal of active aging and aging in place. Gender differences, financial resources, and ethnic groups as well as life events and cumulative (dis)advantage can greatly influence the ability of a person to age actively and in their community of choice. In terms of widening participation, attention should be given to see that the participants in the AFCC initiative are not only the people who are already involved in or receiving services for aging-related issues. People who have been traditionally marginalized (such as Black and minority ethnic groups, people in the LGBTQ communities, people with low incomes, migrants, refugees, and people living in impoverished areas) may not have their needs considered when AFCC programs are being designed. While these vulnerable populations are likely to have the most need for improvements to the social and built environments that Age-Friendly Communities initiatives can bring, lack of resources combined with a history of racism and other forms of prejudice can be barriers to the development of this movement which relies so greatly on collaboration between many different members of the community.

An additional consideration is whether the older persons who participate in AFC activities and whose needs are considered when designing programs are only those who are
healthy enough to be part of the process. Are the ‘unhealthy’ older people in the communities excluded from this process?

One final consideration is the nature of the AFC program itself. While AFC initiatives do come with some support from AARP, they do not receive significant financial resources. Thus, communities who do not have resources to invest in AFC work may not be able to take on its obligations at all. These resources include not only funding for personnel and programming, but also human capital. Since there are requirements for needs assessments, strategic and action planning, and evaluation, along with program design and implementation, communities who do not have personnel who are educated and trained to perform these functions may not be able to adequately implement AFC activities. Thus, areas with fewer financial resources and low education levels might not make as much progress in AFC work than their counterparts in well-resourced communities.

Social Network Analysis: Aging, Collaboration, and Methods

Social network analysis (SNA) has been used to study a variety of topics relating to both aging and collaboration, but only in a limited way to study collaboration in an Age-Friendly Community initiative. There are two primary types of SNA: whole networks, which look at the social structure of actors (‘nodes’) in a pre-defined network, and ego networks, which look at the series of relationships that branch out from a single node of interest (Marin & Wellman, 2011).

Social network analysis and collaboration. Social network analysis has been utilized to study collaboration primarily in the health care sector in Canada and the United States. Collaboration between provider agencies in diabetes treatment, obesity health promotion networks, and preventive health systems have been studied by surveying participating provider agencies (Barnes, MacLean, & Cousens, 2010; Contandriopoulos, Hanusaik, Maximova,
Paradis, & O’Loughlin, 2016; Provan, Harvey, & Guernsey de Zapien, 2005). Other studies look at interorganizational structure of healthy systems related to HIV/AIDS, mental health, child abuse, health/social well-being of elderly (i.e. delivery of primary care and care coordination), emergency preparedness and response, tobacco control, cancer support, health policy, and health promotion (Luke & Harris, 2007).

Both Contandriopoulous et al. (2016) and Barnes et al. (2010) modified Provan et al’s (2005) social network survey in order to be able to analyze collaborative relationships. This method has particular potential to be further modified to study the different ways in which agencies interact and collaborate in an Age-Friendly Community, pioneering the study of collaboration activities in an Age-Friendly Community initiative using social network analysis.

**Social network analysis and aging.** A majority of social network analysis studies on concepts related to aging have used an ‘ego’ perspective to explore the social connectedness of an individual older person (see Deindl, Brandt, & Hank, 2016; Shiovitz-Ezra & Litwin, 2015; Snow & Gordon, 1980). Whole network studies involving aging have explored topics related to urban planning, including access to public green spaces in Austria (Mueller, Klein, & Hof, 2017), walkability and the built environment (Khosravi & Tehrani, 2017; Walford, Phillips, Hockey, & Pratt, 2017), and access to preventive care facilities in Japan (Chen, Homma, & Iki, 2015). Many of these SNA studies pertaining to aging have occurred outside of the US.

Gudowsky, Sotoudeh, Capari, & Wilfing (2017) incorporated SNA into their process of setting the agenda for their Age-Friendly City initiative in Austria. They conducted semi-structured and group interviews to uncover the themes (through content analysis and feedback loops) of importance for the residents’ visions of what their city should look like.
Social network analysis, collaboration, and aging. One social network analysis study of collaboration in an Age-Friendly Communities initiative was found in the review of relevant literature. Garon, Paris, Beaulieu, Veil, and Laliberté (2014) included collaboration as one component of their evaluation of the implementation stage of two AFC initiatives in Canada. They surveyed the networks of these two cities at baseline and two years after the AFC initiative began. They present the social network data as general ties between actors, rather than multiple social network analyses for different types of collaboration activities. Their longitudinal methodology provided an opportunity to investigate network attributes that relate to sustainability of the social networks in the AFC.

They found that while both communities had strong initial networks, Community A saw a decline in its network size and ties at the two-year follow up, while Community B maintained or strengthened many of its ties. These trends in the network sizes and ties may possibly be attributed to heterogeneity of partnerships and/or financial and political resources. Community A, which relied on homogenous partnerships (i.e. intra-sector, intra-professional) saw a decline in its network size at the two-year follow-up, whereas Community B formed heterogenous collaborative partnerships strengthened its network (Garon et al., 2014). During the same time, Community A lost financial resources and political supports, whereas Community B utilized its network capacities to apply for outside grants.

Mixed methods for social network analysis. Rooted in both qualitative and quantitative research methods, there are merits and limitations of each approach to social network analysis (Edwards, 2010). Quantitative methods look at relationship patterns to reveal properties of network structure such as density, centrality, brokerage, closure, cores, cliques, and segregation. These patterns can illuminate flow, opportunities, and constraints of positions within the
network. The key strength of quantitative SNA is that it provides systematic and precise methods for mapping and measuring these aspects of social relations.

However, in their systematization of the relationships, quantitative SNA methods can be limited to over-simplifications and over-abstractions of the social context of the network. Qualitative methods for SNA look deeper into the human interactions within a network. These methods can be used to understand how these social ties develop over time; how they are constructed, reproduced, vary, and their dynamics; how they operate within a community’s culture, narrative, and context; and to uncover latent, weak, and emerging ties that can help understand how change occurs. Thus, qualitative SNA can be helpful for understanding the processes of a social network. However, a key limitation of qualitative SNA methods is they lack a “systematic way to record and present data and to unpack social structure” (Edwards, 2010, p. 5).

Utilizing a mix of qualitative and quantitative methods for social network analysis can enable the simultaneous study of a network as both process and structure (Edwards, 2010). While most mixed-methods SNA studies have been conducted in the business sector, some theoretical work has been started in sociology and anthropology, with emerging studies in sociology. Most of these are studies of ego, not whole networks. Types of mixed-methods SNA studies include using one part of the study (i.e. the quantitative or qualitative piece) to inform the design of the other, collecting and analyzing both sections concurrently to triangulate and verify findings, and deriving both the quantitative and qualitative analyses from qualitative methods of data collection. It is also possible to obtain quantitative data from qualitative sources, such as observations, interviews, narratives, and archives.
Currently, quantitative methods dominate the field of social network analysis. However, there is a push to return to its qualitative origins. Utilizing both together provides an opportunity to study structure and form of a network from an outsider perspective alongside the interactional processes which generate these structures, their content, and how collaborators perceive the network from an insider point of view (Edwards, 2010). Mixing methods can improve the explanatory power and generalizability of findings (Hollstein, 2010). Complementing each other, qualitative and quantitative methods for social network analysis provide an opportunity to understand the whole story of the relationships in a network.

Summary

Collaboration theory seeks to identify the ways in which individual collaborators and partnering organizations come together as an entity to collectively work toward a common goal. Studies on Age-Friendly Communities have mostly been descriptive of the needs of communities and the programs they have implemented, largely in urban areas. There are some emerging studies that utilize social network analysis to better understand the structures of partner relationships in a collaboration. While it is generally recognized that collaboration is a core component of Age-Friendly Community initiatives, little is known about how these collaborations develop, are structured, and operate. This study addresses these gaps by 1) expanding the use of social network analysis in the study of Age-Friendly Communities to include key collaboration criteria, activities, and relationships, 2) broadening the scope of Age-Friendly studies to address a rural community, and 3) unpacking the nature and structure of collaboration in an Age-Friendly Community - the ways in which community partners come together and what their relationships, interactions, and challenges are.
Chapter 3: Methodologies

Study Overview

Age-Friendly Community (AFC) initiatives are collaborations in which stakeholders across sectors and throughout the community come together to improve the social and built environments for residents who are aging. Age-Friendly Communities networks have been expanding at the national and international level, since their inception in 2006 (globally) and 2012 (nationally). However, little is known about the structure of these networks and the processes by which they operate that improve the quality of life for older persons.

Under the auspices of AARP, Age-Friendly Communities (used interchangeably with the term “Livable Communities”) in the US follow four stages of implementation: 1) Enrollment, 2) Information Gathering and Planning (i.e. needs assessment and action plan creation), 3) Implementing the Action Plan, and 4) Evaluation\(^\text{vi}\). Many AFC initiatives are still in the early stages of enrollment, assessment, action planning, and implementation; few AFCs have evaluated their processes and outcomes (Lehning & Greenfield, 2017). While AARP does provide a guide for evaluation, it is limited to general program evaluation tools and advice, rather than being a comprehensive tool specific to Age-Friendly Communities (Neal & Werhner, 2014). Additionally, much of the research that has been conducted has focused on urban areas.

This pilot case study explores the collaboration constructs that are present in an AFC in a county in rural New York State by first contextualizing the initiative in its community and then mapping out collaboration relationships and activities that have occurred. This study was

\(^{vi}\) For more details, see https://www.aarp.org/livable-communities/network-age-friendly-communities/
conducted in two phases. First, key stakeholders from the AFC Coalition (its leadership group) were interviewed in order to learn more about the specific processes, meaning, context, substantive programs, and changes in the community that have occurred throughout the course of the initiative. Then, findings from qualitative analysis of these interviews informed the development of a survey to measure and map collaboration using social network analysis.

**Research questions and hypotheses.** The following research questions are pursued in this study in order to situate, frame, and evaluate this Age-Friendly Community initiative as a collaboration. Questions one through four pertain to the first stage of data collection and analysis (qualitative interviews), and questions five through seven pertain to the second stage (social network analysis survey).

1. What are the roles, relationships, and collaboration activities that exist/occur in an age-friendly community, especially a rural community?
2. Where on a continuum of collaboration (Claiborne & Lawson, 2005) is an Age-Friendly Community, such as that being developed in the County, currently situated?
3. Are there some characteristics of the County (e.g. sectors, participants, processes) that are particularly amenable to collaboration?
4. Which relationships, between which sectors and professions, are viewed as most positively supporting an Age-Friendly Community initiative?
5. What is the structure of the network?
   - Where is there centrality, reciprocity, cliques, density, brokerage, closure, cores, and segregation?
   - Which sectors are more frequently identified as partners for collaboration activities?
6. Which collaboration activities are most and least commonly experienced?
7. Who are the key drivers of collaboration in the network?

**Role of the researcher.** Key stakeholders in the community were engaged with throughout this study in order to identify leaders and participants, develop the qualitative questionnaire, recruit survey participants, and provide feedback on the findings. In order to achieve buy-in for participation in these phases, the researcher also took on roles of evaluator, facilitator, advocate. From the beginning, this study was presented to the Coalition not only as a
research endeavor, but also as a developmental and utilization-focused evaluation that would provide them information to help them plan their next stages of the initiative. To illustrate, items were added to the survey at the request of the Coalition that would help them learn how their members felt about restructuring their leadership, thoughts on membership, and ideas for future projects.

The Coalition members identified early in the planning phases of this study that they perceived it to be at a transition point in terms of leadership; two of the most recent leaders and champions had left the initiative weeks before this study began and the void had not yet been filled. In the absence of local leadership, the researcher was invited to co-facilitate two Coalition meetings that were focused on research and evaluation. This level of participation in the Coalition’s activities may have impacted the actions that the Coalition choose to take moving forward, and the presence of the researcher may have influenced members’ decisions to participate in the study or even to continue to participate in the initiative.

Finally, the researcher’s connection to the initiative studied in the project cannot be wholly separated from the values implied from the initiative. The researcher was connected to the Coalition through AARP, which is an advocacy organization. Thus, there is likely to be a bias that the researcher believes that AFC work is good and beneficial to society, and that findings from the study may be used to promote the accomplishments of this work in order to expand its reach.

**Selection of the community.** The County was the first community in New York State and one of the first in the country to sign on as participants in the Livable Communities initiative in 2012. This county was recommended to the researcher by AARP as an exemplar. During the approximately eight years that the County had been recognized as an Age-Friendly Community,
they have moved through the initial phases of the initiative: enrollment, information gathering, action planning, and implementation. At the time of this study, they were in the process of developing their evaluation plan.

As the first community in New York State to reach this milestone, they have a unique opportunity to inform the types of evaluation that will be utilized elsewhere in the state and country. As an initiative largely dependent on collaborations to identify needs, develop and implement actions to meet those needs, and evaluate and sustain those actions, it is incumbent upon us to understand not only if the actions have accomplished their goals of making the community more Age-Friendly, but also to understand how this network is structured and operates. Knowing more about the actions, roles, and relationships crucial to the network help to identify the players in an AFCC that may drive its success, and which are critical to engage with when seeking to expand, replicate, and sustain an Age-Friendly Community.

**Community demographics.** This study was conducted in a rural county with an aging population and high rates of poverty. Census data from 2018 reveal that the county had a poverty rate of 15.3%, median income levels well below the state and national average, and a largely aging population\(^\text{vii}\). The population has been decreasing since the deindustrialization in the 1970’s, when manufacturing companies began to leave the area. While manufacturing remains one of the largest sectors for employment, prisons and healthcare institutions have arisen as main employers in the county.

\(^\text{vii}\) For more details, see [https://www.census.gov/quickfacts](https://www.census.gov/quickfacts)
Description of methodologies

Overview of methodologies. This study utilizes a two-stage mixed-methods social network analysis methodology. Social network analysis has foundations in both qualitative and quantitative methods, which can be employed complementarily in order to “both map and measure network properties and to explore issues relating to the construction, reproduction, variability, and dynamics of network ties, and crucially in most cases, the meaning that ties have for those involved” (Edwards, 2010, p. 6). Combined, the two approaches provide a more complete view of Age-Friendly Community’s network from both an insider and outsider perspective (Edwards, 2010).

The qualitative section of the study includes in-depth interviews with participants in the Age-Friendly County initiative and member-checking at Coalition meetings. The qualitative study preceded and informed the quantitative component: roles, interactions, and relationship are defined for the social network analysis survey based on themes found in the qualitative stage.

The quantitative section examines the whole network with the unit of analysis as the ties between actors in the network of the Age-Friendly County at one point in time. Types of ties include a variety of activities and relationships common to inter-sectoral and community-wide collaborations, including information sharing, resource sharing, joint projects, referrals, and contracts, along with other common activities and relationships derived from the content analysis of the qualitative portion of the study (Contandriopoulos et al., 2016; Milward, Provan, Fish, Isett, & Huang, 2010; Provan et al., 2005). The data on types of ties are analyzed using the software UCINET to create sociograms. These sociograms are analyzed to identify network properties such as density, centrality, brokerage, closure, cores, cliques, and segregation.
These sociograms are intended to be snapshots of the collaboration ties between the stakeholders currently involved in the AFC initiative.

The quantitative section is enhanced by the preceding qualitative section. Not only does it help to identify the relevant types of collaboration in the network, but it reveals the cultural context and appropriate language to use to describe those collaboration activities and roles (Edwards, 2010). It also gives the network members a chance to engage in the development of the study by providing feedback for the qualitative analysis and the survey design, rather than be passive participants in the research process. The qualitative phase of this study does more than just inform the development of the survey tool: its data uncovers detailed information about the types of collaboration activities that have occurred in this Age-Friendly Communities initiative.

**Population and sample description.** This study aimed to be a ‘whole network’ study, rather than an ‘ego network’ study, since there was a list of who had participated in the network. Participants in the network were defined as organizations, agencies, businesses, and individual unaffiliated volunteers who had signed on to the Age-Friendly County initiative. There were approximately 100 partners on the compiled list. Each participant in the network was contacted to be part of the sample for the quantitative portion of the study.

Using a mix of organizations and individuals as the population made the unit of analysis for this study complicated. In some cases, individuals from the organizations seemed to be the participants. In other cases, organizations as a whole identified as a participant and stakeholder, and they may have sent different individual representatives to various AFC functions throughout the duration of the initiative. For both the qualitative interviews and the social network analysis
survey, the individuals (who may be representing an organization, agency, or business) are considered to be the unit of analysis.

Key stakeholders included the individuals who established the initiative, currently in leadership positions, who participate in the active sub-committees, as well as more peripherally involved members who may have not attended a recent meeting or event or who may only have participated in one program or in one domain of Livability. To supplement the information gleaned directly from participants, archives of meetings and events were reviewed in order to trace the development of and changes to the network since its inception.

**Methodologies utilized in the qualitative interviews**

*Sampling and recruitment.* Recruitment for this study began with a presentation of the study at a Coalition meeting. Coalition members present were asked whether they thought that this study was a worthwhile endeavor for the Coalition, and unanimous consensus was achieved. In the next Coalition meeting, recruitment for the qualitative interviews began. Interested individuals were asked to fill out a brief form to indicate their degree of participation and availability to schedule an interview, and at the same time purposeful sampling was utilized to identify key informants who are leaders and active members of the Coalition. Two of the current leaders of the initiative helped to identify and contact these potential key informants.

Participants were recruited with an interest form that asked them to indicate which agency, organization, or business they represent on the coalition, how long they have participated, and their preferences for participating in an interview or focus group. Participants could submit the interest form directly or via email to the researcher or to the Coalition leadership. By collecting information on their participation in advance, it was possible to prioritize scheduling interviews with participants who represented diverse experiences with the Age-Friendly initiative. This
interest form can be found in Appendix C. Potential participants were recruited with the following sampling approach:

A total of 17 interest forms were collected from the approximately 20 participants in attendance as well as forms solicited by Coalition leadership to other participants who were not in attendance at that meeting. Of those forms, 11 individuals indicated that they would be interested in participating in one-on-one interviews only, four indicated that they would participate in a focus group or an interview, and one respondent indicated that they would only participate in a focus group. Due to lack of homogeneity among the respondents who were interested in a focus group and because of scheduling conflicts, it was determined that only one-on-one interviews would be conducted. As a result, one respondent declined to participate. An additional respondent declined to participate due to scheduling and the fact that another person from their place of work was participating instead.

Interviews were scheduled for three different periods (i.e. three different weeks in July and August) so that additional informants could be sought based on a snowball approach. Thus, interviews could be scheduled until saturation was met, based on principles of the constant comparison method of analysis (Glaser & Strauss, 1967). Individuals representing negative cases were sought for interviews, specifically members of the Age-Friendly Coalition who have not recently participated in the initiative or who have been peripherally involved. Including ‘negative’ cases in the sample helps to understand the themes that describe much of the active collaboration that occurs within the community (Creswell, 1998).

**Data collection and analysis.** Fifteen semi-structured qualitative interviews were conducted with 17 members of the Coalition; one interview included three respondents from the same agency. Interviews occurred in the respondent’s office (11), in an office made available by
the Department of Aging, which is where Coalition meetings are held, (3), and one interview was conducted via telephone (due to injury).

Qualitative data were analyzed using a grounded theory approach to discover the themes of collaboration, and content analysis helped to inform the SNA survey development. Interviews were audio-recorded and transcribed by the primary investigator. Data were analyzed via coding using Microsoft Excel.

Peer debriefing was utilized to improve face validity. A colleague of the researcher who also studies implementation of collaborations provided feedback on how the examples from the qualitative interviews represented different types of collaboration activities.

Member checking, via feedback from members of the Coalition, was conducted in order to improve internal validity. Findings from the qualitative interviews were presented to the Coalition prior to designing the SNA survey so that misrepresentations could be remedied and to increase the potential utility of the study findings for the Coalition’s future planning. It was important to not only address the research questions, but to also help the Coalition understand its accomplishments and to move forward with its goals. This study was designed to be utilization-focused and translatable for the people involved in the Age-Friendly work.

**Instrumentation.** The one-hour qualitative interviews were comprised of probes about the respondents’ general experiences with and perceptions of the Age-Friendly Coalition and its accomplishments, emphasizing the types, levels, and activities of collaboration that participants have experienced and/or witnessed. The interview guide can be found in Appendix A. The order of the questions was revised after about half of the interviews were completed in order to facilitate a more natural flow of conversation.
Methodologies utilized in the social network analysis survey.

**Sampling and recruitment.** All members of the Coalition were invited to participate in the survey. Whole-network studies usually do not sample, but rather aim to survey all members within a specified boundary in order to understand the relationships between each of the actors (Marsden, 2011). Since there were approximately 100 individuals and organizations who had signed on as members of the initiative, a census was considered feasible. However, many of these members may not have been active participants in the initiative during the time that this study was conducted, as indicated by the low response rate.

Recruitment was conducted primarily by the Coalition leadership. First, an email invitation with description of and link to the survey was sent to all members of the Coalition’s email list by the Coalition leadership. One week later, a follow-up email was sent by the same person to the same list. Following that email, a snowballing approach was used: a personal email was sent by either coalition leadership or the primary investigator to individuals and organizations selected as partners by survey respondents. It was hoped that by using this snowball method, a more complete network structure would be represented. Finally, one week later, a third email was sent to all email addresses on the Coalition’s list by Coalition leadership. The survey was open for respondent participation for a period of three weeks.

**Data collection and analysis methods.** Survey data were collected using Google Forms and stored in a Google Documents spreadsheet. Surveys were available for completion online, with an option to respond with the assistance of the researcher on the telephone. However, no respondents requested assistance. All surveys were completed online.

Data are displayed and analyzed via tables, charts, and sociograms using the software UCINET (Borgatti et al., 2002). Data were imported from the spreadsheet to matrices in
UCINET. It was intended that one-mode analysis would be conducted for each of the types of ties (i.e. collaboration activities and relationships) between nodes (i.e. partners). However, due to lack of an adequate sample size, the sociograms depicting the network for each collaboration activity are described qualitatively rather than mathematically.

**Instrumentation.** The survey instrument for the quantitative survey was developed based on Moreno’s (1953) sociometric test, and modified based on collaboration theory (Claiborne & Lawson, 2005; Kania & Kramer, 2011), prior social network studies of collaboration (Provan et al., 2004; Barnes et al., 2010), and community context, i.e. the activities and relationships revealed during the qualitative interviews, in order to address the research questions of this study (see Figure 1). Respondents were asked to select the partner organization (or individual volunteer) from a drop-down list with whom they have most closely worked on Age-Friendly goals and then respond to 14 questions that investigate the types of collaboration activities. The response choices were ‘yes,’ ‘no,’ and ‘don’t know.’ Respondents then were prompted to select another partner from the drop-down list and complete the 14 collaboration questions, which could be repeated up to ten times. The types of collaboration activities were coded into binary ‘yes/no’ responses for analysis.
The list of partner organizations was obtained from the publicly available AFC website.

The collaboration questions are presented below:

1. We receive information about programs, services, events, or best practices from them
2. We provide information about programs, services, events, or best practices to them
3. We share personnel with them
4. We share financial resources with them
5. We share data with them
6. We develop programs to serve our clients based on information received from them
7. We ask them for information about services that we do not provide
8. We refer clients to them
9. We plan to apply for grant or other funding with them in the future
10. We set new goals together
11. I or someone from my organization is on their board of directors
12. We speak or table at their events
13. We promote their events to our clients
14. They promote our events to their clients

These questions were designed to capture the presence of levels of collaboration from Claiborne & Lawson (2005) (i.e. communicating, connecting, cooperating, coordination and consulting, co-locating, community building, and contracting) while using the language and activities identified by Coalition members, to improve content validity. Other items were also included in the survey.

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as requested by the Coalition members. Responses to these items may be used by the Coalition to plan its next actions. The full survey questionnaire is found in Appendix B.

**Subject coordination and human subjects issues.** This study commenced after receiving approval from the University at Albany’s Institutional Review Board (IRB) for each stage of the data collection processes (see Appendix D). Participation in any component of the study was completely voluntary, and participants could choose to not answer a question or to withdraw from any part of the study at any time without any repercussion to their professional affiliations. It was anticipated that participating in this study would not cause any harm to participants. All participants were provided information about the study and how its findings would be used prior to their participation. All participants in the qualitative portion of the study were asked to sign consent forms, and participants in the survey were asked to acknowledge their consent prior to beginning the survey. In the one group interview, participants were asked to keep the responses of their peers confidential. Data were stored in a password-protected computer accessed only by the primary researcher.

**Description of Sample**

The sampling frame for both the qualitative interviews and the survey were in general the same population, and there was much overlap in the samples. Ten individuals were participants in both parts of the data collection. In addition, two organizations are represented in both parts of the study, but with different individuals responding to the survey than were interviewed. This could be because multiple individuals in the organization have been involved in the AFC initiative, or because there had been turnover in the position of the initial respondent.
Representatives from three organizations who did participate in the interviews did not respond to the survey. All three of these organizations were identified as key participants in the initiative by Coalition leadership, and the individuals at these organizations were reached out to for the survey. The reasons for nonparticipation in the survey among these individuals and organizations is not known. It is possible that the individuals did not have adequate internet access to receive the survey invitation, that they were too busy or out of the office during the survey response time frame, that the individuals interviewed are no longer involved in their organizations and did not leave forwarding information, or that they are no longer interested in the AFC initiative or this study.

Qualitative interviews. The 15 interviews included coalition members from various sectors, occupational sector or profession, and length of time participating in the initiative, as can be viewed in Table 1. Many different nonprofit organizations are represented, including those serving persons with disabilities, persons living in poverty, nature conservancy and education, libraries, senior advocacy and voluntarism, a Chamber of Commerce, a hospital, and a church. Businesses include an assisted-living center and a transportation agency. Local government includes one city’s mayor’s office and two county government human services offices. Additionally, two participants were independent volunteers who considered themselves to be private citizens. The primary occupational sector or profession associated with each interviewee is listed and is diverse, including aging services, community services, faith-based organizations, health services provision, local businesses, municipal governance, senior housing, social services, transportation, and voluntarism.
Length of time participating in the coalition ranged from six months to the very beginning of the initiative (about ten years). Additionally, six of the partners interviewed represented Age-Friendly Businesses and Organizations, as designated during the initiative (out of a total of 38 businesses and organizations that have achieved this designation).

For data collection and analysis, it was decided that the unit of analysis would be the individual person, rather than the business, organization, government agency, or independent volunteer represented in the interview. All individuals from participating organizations were invited to participate in an interview. As noted earlier, in one case, three individuals from the same organization participated in a single interview. However, in all other cases, only one individual from each organization participated.

**Social network analysis survey.** In total, 22 persons completed surveys. Five of those individuals were from the same organization. Since the data analysis methods could only support
one response from each organization, the response with the most partners selected was kept in the dataset, for a total of 18 responses included in the analysis. The sector and profession of respondents and their organizations was determined by the primary investigator. Half (nine out of 18) of the respondents represented nonprofit organizations, four were individual volunteers, three were from local government, and two from private, local businesses. The occupational sectors or professions represented by the respondents varied widely, with the most (four) each from social service agencies and volunteer (agencies or individuals). Most participants indicated that their organization had participated in the AFC initiative for two or more years, with about a third participating from between two to four years and half participating four years or more. Only two organizations represented were newer to the initiative, having participated for less than two years. Details are provided in Table 2.
Table 2: Description of Survey Sample

<table>
<thead>
<tr>
<th>Description of Sample</th>
<th>Number of Respondents</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sector of Respondents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nonprofit</td>
<td>9</td>
<td>50%</td>
</tr>
<tr>
<td>Private Businesses</td>
<td>2</td>
<td>11%</td>
</tr>
<tr>
<td>Local Government</td>
<td>3</td>
<td>17%</td>
</tr>
<tr>
<td>Individual Volunteers</td>
<td>4</td>
<td>22%</td>
</tr>
<tr>
<td>Occupational Sector of Respondents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aging Services</td>
<td>1</td>
<td>6%</td>
</tr>
<tr>
<td>Community Services</td>
<td>1</td>
<td>6%</td>
</tr>
<tr>
<td>Faith-Based Organization</td>
<td>1</td>
<td>6%</td>
</tr>
<tr>
<td>Health Services</td>
<td>2</td>
<td>11%</td>
</tr>
<tr>
<td>Local Business</td>
<td>1</td>
<td>6%</td>
</tr>
<tr>
<td>Municipal Government</td>
<td>1</td>
<td>6%</td>
</tr>
<tr>
<td>Senior Housing</td>
<td>2</td>
<td>11%</td>
</tr>
<tr>
<td>Social Services</td>
<td>4</td>
<td>22%</td>
</tr>
<tr>
<td>Transportation</td>
<td>1</td>
<td>6%</td>
</tr>
<tr>
<td>Volunteer</td>
<td>4</td>
<td>22%</td>
</tr>
<tr>
<td>Duration of Participation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than two years</td>
<td>2</td>
<td>11%</td>
</tr>
<tr>
<td>Two to four years</td>
<td>7</td>
<td>39%</td>
</tr>
<tr>
<td>Four years or more</td>
<td>9</td>
<td>50%</td>
</tr>
</tbody>
</table>

Since the contact list was not shared with the researcher, the degree to which the sample represents the sectors and occupational sectors of Coalition members is unknown. Thus, there is likely to be some bias in the responses, the degree and types of which are uncertain.

Additionally, attempts to recruit respondents with a snowball approach (i.e. to recruit respondents from organizations indicated by previous respondents as partners) were followed by limited response. In many cases, those in the snowball phase of outreach had already been sent a survey invitation and a personal follow-up. This extra step did not seem to induce participation. In other cases, the Coalition leadership no longer had contact information for the indicated partners due to turnover or the organization was no longer serving the community. Nonetheless,
it is estimated that survey invitations were sent to individuals at about 80 organizations, agencies, businesses, and individual volunteers, with a general response rate of 22.5%. However, many of the emails were “returned to sender” with no updated information provided.
Chapter 4: Findings from Qualitative Interviews

Findings from the qualitative interviews are presented in this chapter. First, a general overview of the key accomplishments of the initiative are described. Next, respondents’ depictions of collaboration and how it relates to their Age-Friendly work are investigated. Third, characteristics of the AFC collaborators, organizational partners, the Coalition as a unit, and the community are presented as they contribute to collaboration. Finally, the components of AFC are laid out in terms of roles, relationships, and activities, including how they were used to inform the social network analysis tool to measure the collaboration and display the networks of AFC partners.

Describing the Initiative

Interviewees were asked to describe the initiative in terms of their perception of the initiative’s development and accomplishments, how they and/or their organization first got involved, and why they continue to participate. From these questions, a narrative of the initiative began to emerge, as well as the forces driving its continuation.

Narrative of the initiative. Key activities and accomplishments were described that help to tell the story of the initiative. This is important because there was no single documentation that contained all the accomplishments of the initiative; rather, this information lies within the knowledge of the individual collaborators and partnering organizations. Additionally, many of the activities were not formally planned as part of the initiative. Some activities may occur informally, aided by the relationships built and resources shared while participating in AFC.
The chronologically prior but often cited first key activity of the initiative is known as the Community Empowerment project, which was coordinated by the County Department of Aging and Long-Term Care (DoA) in 2007-2008. During this project, community members attended events and participated in a needs assessment that was conducted by consultants with a small grant from the state. The community needs assessment then fed into the information gathering stage of Age-Friendly Communities, an initiative that was being developed by the World Health Organization globally and by AARP in the United States. Because they had already been working closely on similar domains of community need, this community became the first in the state and one of the first in the country to apply for and be selected as an Age-Friendly Community (AFC).

It was at this point that the “Coalition” became the primary group responsible for carrying out the mission of the AFC, with a sub-committee on communications working on some of the key identified needs. The Coalition activities were typically convened by and meetings held at the County Department of Aging and Long-Term Care (DoA), which was the local Area Agency on Aging. However, the DoA did not receive any funding for continued work on AFC. The director of the DoA and an individual from a local nonprofit organization were the informal organizers, conveners, and information gatherers throughout much of the initiative’s years of activity.

After being formally recognized by AARP as an Age-Friendly Community, the Coalition began to develop their Action Plan. While the Action Plan is officially the part of the information

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viii For more information, see https://aging.ny.gov/NYSOFA/Programs/Volunteer/CommEmpowerment.cfm
gathering and planning stage, many participants in this study described it as a key accomplishment of the Coalition and at times even synonymous with the initiative. This document was written by Coalition members who compiled all of the programs in the community that currently existed or were planned, organized by the Eight Domains of Livability.

However, this document transcended its original purpose. It became a critical resource to Age-Friendly partners, and interview respondents continue to refer to this document regarding the programs and services are available in the community. On multiple occasions, interviewees pulled out a hard copy of the Action Plan and pointed to it repeatedly, referring to it as “the Clearinghouse,” “the AFC,” and even as “the Bible.”

Other activities of the initiative include developing an Age-Friendly Businesses and Organizations designation and logo, a housing workgroup, and regular meetings. Some activities also occur that are less formally related to AFC, but transpired as a result of relationships formed or information learned at the Coalition meetings. While these examples of activities were not specifically discussed at Coalition meetings or in the Action Plan, they were nonetheless conducted by AFC participants and impacted by their involvement in the initiative. Some participants described speaking or “tabling” at partners’ events, which helped to spread information about the services and programs available in the community as well as foster a sense of community and common goals among different organizations. Participants also reported promoting each other’s events and programs, getting resources from partners to develop programs, and referring clients to AFC partners for appropriate services.

**How they first became involved.** In general, the persons interviewed were initially drawn to participate in the AFC initiative because they were asked to or because they saw some benefit to joining. When asked how they first became involved, respondents cited personal
invitation, organizational affiliation, seeing value in the initiative, and seeing how they could offer something of value to the initiative.

**Personal invitations.** Many respondents cited personal invitations as what initially brought them to coalition meetings. In particular, invitations from two key individuals were frequently mentioned, indicating that these two people were key drivers of engagement. When probed as to why the personal invitation inspired them to participate, some respondents said that it made them feel good simply to be asked. Neither of these two people were active in the initiative at the time of this study due to turnover and death.

**Organizational affiliation.** Some respondents indicated that they personally began participating in AFC because their predecessor at their place of employment passed it on to them as a job responsibility. This could indicate that there was some institutionalization of the affiliation with AFC at these organizations even as individuals at the table leave their current positions due to promotion or turnover. Other respondents indicated that they joined the AFC coalition because they were employed by or serve on the advisory board for the governmental agency that convened the meetings.

**Recognizing value in the initiative.** Many respondents saw a value in the initiative, which caused them to want to participate. One respondent said that their organization in general wants to join all collaboration opportunities, because they see collaboration as key to fulfilling their organization’s mission:

> “Working with other agencies, we can’t do all this by ourselves. We have to have partners. So we’re a good partner, we like to connect the dots, and work. We want to enhance, not recreate. If it’s something that we created, we look for other partners. If it’s something that’s already being done, we wanna partner with you. To work stronger together. If you look at our logo, which is our [sic] logo. If you look close, it’s people holding hands and arms, that’s what it is.” (representative from Nonprofit 5)
Other respondents joined because their own or their organization’s mission seemed compatible with that of AFC. One respondent said that because they primarily serve persons with disabilities, participating in AFC is “kind of a natural fit for us” (representative from Nonprofit 2). Other perceived values of joining the initiative include:

- Recognizing that they could learn from the coalition how to better serve their own clients and improve the quality of life of the many older persons living in their community
- Being present because they are part of the community (participating means that they are even more so part of the community)
- Taking an opportunity to improve the community that they have pride in
- Empowering the community through AFC work

**I could offer something.** Some respondents’ decisions to participate were influenced by the thought that they had something of value to offer to the initiative. Some individuals had specific skills that they could offer, such as problem-solving or reporting, while some individuals and organizations had community knowledge, in terms of current needs and history, that they could bring to the table. Other participants wanted to bring representation of their sector or service area, and still others reported having a general curiosity about the initiative.

**Forces driving continued collaborative work.** Interviewees were asked why they continued to participate in the initiative. In their responses, several forces that drive continued participation in the AFC initiative emerged. These include:

- Pride in community
- Longevity in community
- Dedication to improving community
- Shared vision with home agency, organization, or business
- Opportunity to learn about community needs and best practices for aging
- Desire to honor the legacy of an influential community member

These reasons provided for the continued participation reflected a deep connection with the community on a personal level. It seems that the Coalition members wanted very much to see the community thrive and were committed, both as individuals and as representatives of their
organizations, to see it through. These forces kept bringing stakeholders back to ‘the table,’ eager to work together to ameliorate a myriad of community challenges. In general, there seemed to be a general positive attitude among the people running the organizations, agencies, and businesses towards collaborating with each other. This sentiment may pre-date AFC, and/or may have strengthened during the initiative.

AFC as Collaboration

In general, respondents described the AFC initiative in terms of the people and processes that worked towards goals of improving the livability of the community. These people and organizations provide resources to the community: “I guess that’s part of what makes it an Age-Friendly Community, is having people and places where people can go for information resources” (representative from Nonprofit 2). When describing the Coalition, they emphasized the shared mission and commitment to improving the community:

“They’re a whole bunch of committed, community leaders and community people, that have a common goal. Everybody’s goal is to have the best community, not just for seniors, because if they’re going to benefit, everybody’s going to benefit, from all of the things that we’ve talked about. Buildings, grounds, outdoor spaces, housing, transportation, health, social inclusion, respect. Everybody is going to benefit.”

(representative from Business 2)

Rather than describing the initiative as a set of events or activities, respondents described it as a continual process with people who were committed to a set of shared goals.

Interviewees were further probed to describe the ways that they themselves have or worked together or have seen other stakeholders working together on Age-Friendly goals.

Wording of the prompts and order of the questions in the interview protocol were revised part-way through interviews because of reactions to the word ‘collaboration.’ In one case, towards the beginning of the interview, a respondent said that they would characterize their work with the
Coalition not as a collaboration but as meetings: “it’s really more of a meeting than a collaboration” (representative from Nonprofit 7). However, later in the interview, the same person used the word ‘collaboration’ twice to describe activities that they did as part of a Coalition sub-committee:

*Example 1:*

I: So you probably haven’t reached out to those people for other things, like [Person A] and [Person B]

R: No. yeah. no. not at all. Except for our collaborating on the housing committee

After pointing out that the respondent used the word ‘collaboration’ to describe something that they had done to work on Age-Friendly goals, the respondent was then probed to describe more activities that they may not have thought about as collaboration prior to this interview:

*Example 2:*

I: That was something you were doing for a [Nonprofit 7] program, or was it related to age friendly?

R: It was an Age-Friendly program that I was, it was a collaboration. Yeah, they asked me to come out and do some outreach, and that’s what I was doing. I made a pamphlet, super pamphlets for each area that was, that had specific interest. She gave me some information, I forget the name, it might have been another [name of individual person], I don’t remember. Like Tai Chi classes and art classes, in the specific areas. So I made up these location events at the different branches, and I brought that with me. And I left those behind, and I shared those kinds of things. So it was kind of a, it was a planned thing.

I: Cool, so you have done some collaboration stuff!

R: Yeah I suppose I have, but not face to face, it was just over the phone and then I showed up and then we did it.

I: Yeah, so things you might not think of when you first say the word. I need to think of better ways to say collaboration.
R: Yeah because I totally forgot about that until you said something, and then it started the ball rolling.

Not only did this respondent later use the word ‘collaboration,’ but their experience responding to the questions about activities that she had done changed her perception of the work that she had done. During the interview, this person reframed the way that they thought about the work that they had done. Participating in the interview may have influenced hers and other participants’ perceptions of the activities and successes of the initiative.

There was evidence of this change in perception in another interview: During the beginning of the meeting, one person described other more formal collaborations in the community with the term, such as describing how United Way has operated or an example of when this person ‘collaborated’ with an organization in the community to develop and implement a specific training program. They then went on to describe how attending an Age-Friendly conference (NYS) changed their perception of what it means to collaborate. This experience led to introspection and reframing in their mind of the concept:

“I had a whole different view of collaborations before I went to the conferences and actually started into this again. And there were, there were collaborations that were done…I was kind of hung up in the first step, which was just learning what everybody does, and just lining up the silos. And this is where we’re doing something similar to what you’re doing [studying collaboration]. I was thinking of collaboration as being well let’s the two of us develop a new project together. And I think both things did happen.”

(Volunteer 1)

Through their experiences with AFC and with this study, this participant began to recognize that the relationship-building, networking, and sharing of information on what they do is part of collaboration. This led to recognition of some of AFC’s successes that they had not considered before:

“It’s perhaps because I personally just have a get ‘er done attitude. When we say this is what we want, well how do we get it done, let’s just jump right in and do it, instead of
doing all of this ground work that has to happen. I think we’re a stronger community because of what we’ve done. I think activities are lined up now. And I think there always had been people from each of the agencies working together. But I think we formalized it. And we may, and then we set the stage for enlarging it. By formalizing it.” (Volunteer 1)

These examples of changes in perception of collaboration during the interview revealed that the research on collaboration is not always independent of the collaboration process. By bringing their attention to the collaboration aspects of their work and a new way to name what they are doing and seeing, AFC participants may change their attitudes towards and perhaps even their actions in the initiative.

In order to avoid connotations of ‘collaboration language’ and its possible impact on the way that questions were answered, language of ‘the table’ was employed in the latter interviews in place of ‘collaboration’. This shift in terminology provided a more practical and visual image to stimulate recollections of Coalition activities. The ‘table’ language seemed to work because the researcher had initially been introduced to the Coalition while they were all sitting around a large table in a meeting room. Interviewees could picture the Coalition members at the table and then think of AFC activities that had happened either ‘at the table’ or ‘beyond the table,’ i.e. at Coalition meetings or with AFC stakeholders but at other venues (such as at each other’s events, telephone calls, or other meetings).

**Stakeholder Characteristics that Contributed to Collaboration**

Interviewees were asked to describe the strengths that they thought they bring to ‘the table’ as collaborators in AFC, as well as strengths that they perceive other Coalition members to bring. Strengths were discussed in terms of individual skills, expertise from organizations, strengths of the Coalition itself, and community assets. These attributes combine to comprise the initiative strengths.
This study does not attempt to assess whether these strengths were caused directly by affiliation with AFC. Rather, by discussing which types of skills and expertise are present and perceived as important to Coalition members, we can begin to understand which types of individual, partner, Coalition, and community strengths are perceived to be crucial to AFC collaboration work.

**Characteristics of individuals.** Strengths of individual collaborators in the AFC initiative listed here are based on what respondents thought their own strengths and skills were, as well as what they thought that other individuals bring to ‘the table.’ These strengths have been organized into three categories: Personal characteristics and attributes, professional skills, and knowledge. These can be found in Table 3 below.

Personal characteristics and attributes refer to personality traits that individuals bring to their professional and collaborative work. For example, having participants who are empathetic, approachable, and natural at networking and connecting people to each other may help a collaboration recruit and retain new members or community partners, while having a collaborator who is organized or task-focused may help to keep things on track.

Next are the professional skills and knowledge, which refer to more work-related abilities and strengths, rather than personality traits. Many of the skills described have been used to a great extent in AFC work by Coalition leaders, such as community outreach, meeting facilitation. However, other skills described were skills that the individual has used at their current or previous job and could offer to the Coalition, but have not yet been utilized in that capacity. For example, two of the people interviewed previously worked for the local newspaper, which was defunct by the time of this study. The roles of these two individuals on the Coalition had primarily been to represent the non-profits work at that are AFC partners. However, they
mentioned that they do have skills from their previous careers, such as media relations, writing, editing, and social media. Thus, the professional skills listed in Table 3 represent not only the skills of individuals that have helped the Coalition to accomplish what it has already done, but also potential for future work.

Finally, individuals in the Coalition perceived themselves as having expertise and knowledge in areas relating to the Coalition’s work. Some individuals had been living in the community for a very long time, and thus have historical knowledge of neighborhoods, businesses, and the community in general. Others know a lot about what is currently going on around the community, in terms of resources available, programs already in place, and local policies. Finally, some individuals have subject-matter expertise, such as how to destigmatize aging and best practices in serving a community with many aging and/or disabled persons.
<table>
<thead>
<tr>
<th>Personal characteristics and attitudes</th>
<th>Professional skills</th>
<th>Knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Empathetic</td>
<td>Creative problem-solving</td>
<td>Resources available in the community</td>
</tr>
<tr>
<td>Persistent</td>
<td>Community education</td>
<td>Community programs</td>
</tr>
<tr>
<td>Available</td>
<td>Public speaking</td>
<td>Policies</td>
</tr>
<tr>
<td>Approachable</td>
<td>Program design and development</td>
<td>Knowledge of the specific population served</td>
</tr>
<tr>
<td>Good at observing and listening</td>
<td>Research</td>
<td>Historical knowledge of the community</td>
</tr>
<tr>
<td>Analytical</td>
<td>Media relations</td>
<td>Best practices in serving the specific community</td>
</tr>
<tr>
<td>Organized</td>
<td>Editing</td>
<td>Destigmatizing aging</td>
</tr>
<tr>
<td>Connector (of people)</td>
<td>Connected to many organizations in the community</td>
<td></td>
</tr>
<tr>
<td>Convener</td>
<td>Communications: Writing, reporting, social media/websites</td>
<td></td>
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<tr>
<td>Passion for community-involvement</td>
<td>Marketing</td>
<td></td>
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<tr>
<td>Go-getter attitude</td>
<td>Community outreach</td>
<td></td>
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<tr>
<td>Self-starter</td>
<td>Grant-writing</td>
<td></td>
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<tr>
<td>Task-oriented or task-focused</td>
<td>Support for program</td>
<td></td>
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<tr>
<td>Not shy about asking questions</td>
<td>Interpersonal conflict resolution</td>
<td></td>
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<tr>
<td>Having good or creative ideas</td>
<td>Inter-sector collaboration</td>
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<td></td>
<td>Discussion facilitation</td>
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<td></td>
<td>Community organizing</td>
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**Organizational expertise.** Individuals reported bringing their own skills and knowledge to the table, but also having the organizational knowledge and professional skills and capacities of the organizations, agencies, and businesses they represent at their disposal. Individual AFC participants can draw upon the strengths of their coworkers and organizations to access more knowledge and capabilities that can help to move AFC work forward.

For example, an individual Coalition member who worked at a disability services organization may have their own knowledge about how to best serve or advocate for persons
with disabilities in the community. However, their entire organization, including all of its employees, volunteers, and service recipients, has a wider variety and depth of knowledge in these areas and may have programs already in place with which the AFC can partner. Their organizations may also already have physical spaces that meet Age-Friendly guidelines, such as wheelchair and walker accessibility, and can host AFC events and serve as a role model to other organizations who wish to improve the Age-Friendliness of their spaces. They may also have infrastructures already in place to accomplish their own goals, such as program development and volunteer background checks, which can help to support the AFC initiative. The full list of organizational attributes discussed in the qualitative interviews is displayed in Table 4.

Table 4: Attributes of Partner Organizations and their other Employees

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Skills and Capacities</th>
<th>Physical Spaces</th>
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</thead>
<tbody>
<tr>
<td>“Expertise” in general</td>
<td>Policy advocacy</td>
<td>Facility that is Age-Friendly</td>
</tr>
<tr>
<td>Clinical knowledge</td>
<td>Client advocacy</td>
<td>Community spaces are</td>
</tr>
<tr>
<td>Knowledge of the population and what their clients need</td>
<td>“We get things done”</td>
<td>available to use for programs</td>
</tr>
<tr>
<td>How to eliminate barriers to accessibility</td>
<td>Desire and ability to work with other organizations:</td>
<td>Inviting atmosphere - warmth</td>
</tr>
<tr>
<td>Knowledge of what is available in the community</td>
<td>“We’re a good partner, we like to connect the dots”</td>
<td></td>
</tr>
<tr>
<td>Historical knowledge of AFC</td>
<td>Positive reputation and credibility in the community</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Institutionalization of Age-Friendly: Partnerships have persisted despite turnover at organizations</td>
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**Coalition strengths.** While the Coalition’s strengths are comprised of its parts – individual members and partner organizations - interviewees also described strengths that they perceived in the Coalition as a whole. One type of Coalition strength is the activity produced by the interactions between participants both at meetings and ‘beyond the table.’ From these
interactions, information was shared and generated, and problems were solved through working together. Additionally, identity as a collaboration was developed. The sharing of information and building of relationships generated an atmosphere of positivity and friendliness, which led to trust, and then more openness and likelihood to ask for help in the future. The representative makeup of the group, in terms of the variety of sectors and service areas represented, also strengthened the Coalition’s knowledge of the community and its needs, and its capacities to develop new approaches to serving them. Three of these Coalition strengths – information, representation, and collegiality – are further discussed below, along with perceived limitations of the Coalition.

Information. The Coalition as a unit was comprised of information that it gathered and generated. Additionally, Coalition meetings provided a space in which participants could share and receive information from each other. In terms of information gathering, the Action Plan was developed as part of the AFC initiative and provided a clearinghouse of the programs and services available. It was often cited by interviewees as valuable. Respondents described this document as helpful for referrals, viable, and a “wealth of information” (representative from Nonprofit 5). This item solidified what they already had and documented how much there is available in the community.

Coalition meetings were described as a forum in which information sharing happened. Providing an opportunity for Coalition members to share what they are working on was seen as helping with dissemination of the knowledge about what other organizations were doing, about which they might not otherwise be aware. According the a respondent from Nonprofit 3: “I really had no idea really what the department of aging had to offer in this county, and the other people at the table.”
The Coalition meetings were also seen as providing a space for creating dialogue about its activities and building relationships between stakeholders. According to one respondent, “Being together with other service providers sparks ideas. And sparks the coalitions that could happen. So I think that’s what makes the meetings important…It fosters communication, and then collaboration” (representative from Volunteer 1).

**Representation.** Respondents described the diversity of the Coalition partners and collaborators as a strength. According to one respondent, a good cross-section of the community was attained through comprehensive outreach: “they did a good job of getting everybody they could” (representative from Nonprofit 5). According to another respondent, the Coalition is “a good representation of many different walks of life in the community” (representative from Government 2). They cite the plethora of nonprofit organizations and municipal offices represented as evidence. In addition to the diversity of partners involved, respondents also alluded to the diversity of strengths of individual Coalition members.

While the perception of representation was generally positive, some respondents thought that some groups were under-represented. Specifically, they expressed that recruiting more older persons, persons with disabilities, and persons with low-incomes from the community to join the Coalition could provide more perspective for the Coalition that would help them to develop more relevant actions. Additionally, some interviewees expressed that they wished that small businesses and elected officials would participate more actively on the Coalition.

**Collegiality.** Respondents typically described their peer Coalition members positively and associated them with Coalition strengths. These peers were viewed as being committed to the community, dedicated to their work, client-oriented, and wanting to collaborate. Praise for their peers abounded:
“You have some committed people” (representative from Nonprofit 5)
“These are very dedicated people, and they are client-oriented” (Volunteer 1)
“I think everyone comes to the table here wanting to share, obviously to different
degrees, and wanting to work with everyone else” (Volunteer 1)
“They’re a great group. They’re all genuinely interested in everything that everyone
has to say, they want to help each other where they can, they want to foster
connections between each other” (representative from Nonprofit 4)
“It’s all people that want to make the community better” (representative from
Nonprofit 4)
“It sounds like everyone’s got their hearts in the right place, and they’re all really
striving in the same direction. So it’s kind of encouraging and inspiring”
(representative from Nonprofit 7)
“It all seems so positive. Everyone there is happy to be there, and interested in
carrying on a good idea” (representative from Nonprofit 7)
“I think everybody, they wouldn’t be wasting their time going to these meetings if
they didn’t have that passion. And purpose. To better our community.”
(representative from Business 2)

**Limitations.** Limitations to Coalition operations and success described related largely to
resources and structure. Time and funding were cited frequently as limitations: since there were
no people paid specifically for their work on AFC, their involvement was either completely
voluntary or on borrowed time from their employer. This meant that AFC work could only occur
when members found time to work on it, which led to AFC projects taking a long time to
complete. Lack of central leadership was also tied to the voluntary nature of participation and
was also cited as a limitation, along with the lack of succession planning as members move on to
new roles in their organizations, retire, or become deceased.

Despite limitations in the structure and resources of the Coalition and its Age-Friendly
work, in general interviewees did think that the work of the coalition was tied to improvements
in the community. In the words of Volunteer 1: “I think we’re a stronger community because of
what we’ve done. I think activities are lined up now, and I think there always had been people
from each of the agencies working together, but I think we formalized it.” The Coalition’s work
has helped to provide acknowledgement and recognition of the ways that organizations in the community have worked together, improved the coordination of their activities, and in some, though as of yet unmeasured way, impacted the community.

**Community assets.** The communities from which the Coalition draws participants and operate within also drive the AFC work. The initiative spans a county, and is thus comprised out of many sets of geographical communities from each town and rural area. Additionally, many of the interviewees and their organizations serve surrounding counties as well. Nonetheless, there was a general hub of programs in the town that is the county seat; most of the interviews were even held at respondents’ offices in the downtown area of that town. Typically, when referring to a ‘downtown’ or a ‘city,’ interviewees were describing that town. However, many of the assets of the county occurred throughout, such as wide service areas and natural areas.

Additionally, all of the assets described below exist despite blight that has overtaken some parts of the county since the 1970’s, when a major flood combined with the loss of many manufacturing jobs from the region led to population decline, building abandonment, and growing poverty. Nearly every interviewee described the “flood of ‘72” and its impact on the county. However, they all soon after continued on to describe the ways in which the communities were continuing to thrive. Attributes of the communities that were described as contributors to the success of the initiative included the general nature of residents, recreation and tourism opportunities, and social and economic projects underway (i.e. downtown revitalization projects and poverty reduction initiatives), and local businesses.

**The community members.** Having many community members who deeply care about improving the community benefitted the AFC work. According to one respondent, “I think one of our greatest natural resources are people who care about the community and want to do
something about it. You have a good idea, you have a good project? It will get done, and people will make it happen” (representative from Nonprofit 8). Additionally, the informal networks in this rural community were cited as key to publicity promotion: “Word of mouth is the best bond that you can have in this area” (representative from Nonprofit 8).

Recreation and tourism. The abundance of recreation and tourism in the community also provided opportunities for Age-Friendly work. These include natural resources such as lakes, hills, parks, and kayaking, along with Farmer’s Markets, local pride in a famous author who lived there, and proximity to popular tourist destinations and cities. For example, Senior Games programming is a month-long series of events that takes place yearly in one of the large parks, with over 400 participants. Additionally, a nonprofit organization coordinates and leads kayaking tours on the river for seniors. Seniors are encouraged to attend the farmer’s market, which is in the downtown area of the city that is the largest in the county, in the summer. The local government agency provides seniors with $20 worth of coupons to spend at the market each week. The farmer’s market becomes a central social and economic gathering place in which people from all walks of life spend time outdoors in the center of town together.

Economic and social projects. Other economic and social projects that were underway in the community were reported to complement AFC work. These included downtown Main Street revitalization and housing rehabilitation, new housing developments, a bicycle share program, rebuilding the local airport, a medical school moving into town, and creation of a Navigator position at the Department of Social Services that will locate navigators at various organizations in the county. In general, there was reported to be a “lot of great work taking place throughout the community” (representative from Government 2).
Local businesses. While many manufacturing businesses were described as having left the area during the last few decades, some remain located in the county, as well as other smaller local businesses. Respondents indicated that small family businesses seem to be committed to seeing the community do well.

One of the biggest projects undertaken by the Coalition was its Age-Friendly Businesses and Organizations designation program. The successes of this program have become integrated into part of the community. There were six respondents who represented businesses and organizations who received the designation. Successes that they described include:

- Getting publicity and do outreach by being known as a place that serve older clientele well, which encourages people to come in: “Let them know that we’re on their side” (representative from Nonprofit 7)
- Receiving designation affirms what they pride themselves in.
- Affirms what they pride themselves in
- Builds trust and sense of reliability

Summary of characteristics of the AFC initiative. There were many different stakeholders that comprised the AFC initiative: individuals who were on the Coalition, the other people and institutions at the organizations they represented, how they all came together as a Coalition, and how they were situated in and have an impact on the communities that they served. There were people who are collaborating, places for them to work together, and communities in which they operated. The next section explores the types of collaboration activities present among these stakeholders and in the community.

Collaboration Themes

Interviewees were asked to describe specific examples of AFC-related activities that they had done with other Coalition members as well as undertaking that they had seen other Coalition members do together. These activities could have been formally decided upon at the Coalition
table, or informally occurred during their workdays as a result of relationships developed by their participation in the initiative. These questions were meant to explore which types of collaborative activities were occurring, rather than to measure collaboration levels. However, these activities (and activities that they hope to develop) described seemed to fit within some of the activities and continuum levels described by Claiborne & Lawson (2005), in particular, communicating, connecting, consulting, and community building, with a desire for contracting.

Most prevalent collaboration activities: communicating and connecting. One of the most commonly described types of collaboration activity was sharing information, i.e. communicating. This sharing happened by promoting each other’s events via flyers, at the Coalition meetings directly, and outside of Coalition meetings by contacting each other directly. They described promoting programs and initiatives relevant to AFC goals with flyers from each other’s programs. These flyers were circulated widely among AFC partners. Partners provided digital flyers to the AFC convener (representative from Government 2), who then sent an email blast to all AFC participants. In this way, Government 2 acted as a connector. Paper flyers were also seen at nearly all partner offices visited. One respondent (representative from Business 1) described these flyers promoting each other’s events as an indicator of the flow and transparency of information within the initiative, as well as of the presence of collaboration:

I: What would you say is your general impression of how well the Age-Friendly County initiative functions as a collaboration?
R: Oh very well. Very well.
I: Is there an example of something that sticks out in your mind as being really good?
R: All this.
I: That whole stack of flyers and events?
R: The whole stack of flyers. This is what’s going on. The collaboration, the sharing of information. So I would say the transparency of information. The transparency of information. No one trying to outshine the other, just getting the word out there and working together I think is fabulous.

The eagerness to promote each other’s events and share information transparently might indicate a general attitude of collaboration rather than competition among partner organizations. If there were a lot of tension among partners, through for example turfism or competition for resources, these flyers might not be distributed so keenly. There might be more barriers and hold-ups, or even sabotage. Thus, evidence for collaboration might be found in the lack of hostile dynamics between partners.

**Collaboration activities occurring ‘at the table’: communicating, connecting, consulting, cooperating.** The Coalition meetings were described as places where communication and collaboration happened. Much of the AFC work was described in terms of happening “at the table.” In fact, as the course of interviews continued, the interviewer reworded the questions to refer to AFC Coalition work as “the table,” which spurred more conversation because it referred to a physical table in a room where these meetings took place. Additionally, the interviewer had attended the two most recent meetings; thus, respondents could connect to her through a mutual understanding of the setting by using this imagery.

Collaboration activities that occurred “at the table” primarily related to networking; sharing information about programs, events, and services on which they and their organizations were working; and some on-the-spot problem-solving. One respondent (representative from Nonprofit 4) described that a key component of the Coalition meetings had been the opportunity for each individual and organization present to share with the others what they were doing that pertains to Age-Friendly work:
R: As far as the Age-Friendly Coalition, I mean, their meetings have educational components and networking components as far as the group really shares about different initiatives that are going on at their different places in regards to Age Friendly.

I: So that sharing of information?

R: Yep. It definitely has that networking component to that group.

The “table” provided opportunities for general networking, information, and relationship-building, as well as some consulting and cooperating, in the forms of problem-solving and sharing of expertise. For example, at one Coalition meeting, one participant wanted to conduct a survey but did not have the adequate software or expertise. Another participant mentioned that they had worked with one of the individuals at the table to do a similar survey, and the connection was made between the two to develop and disseminate the survey together. Based on the list of skills and knowledge developed from interviewees’ descriptions of what they ‘bring to the table,’ it is likely that there is opportunity for more consulting within the initiative, or that it was even occurring but in ways that were not revealed during these interviews.

**From ‘the table’ to beyond: connecting.** The Coalition meetings provided a place and a convening of people in which they could share information about the programs and projects that partners were working on that relate to Age-Friendly goals. The Coalition meetings also helped participants network with each other, which meant that they could then share information with people with whom they met or networked at meetings when the need arose at their jobs. This led to connecting. The respondent from Government 4 provided an example of an instance when communicating led to connecting:

R: I think any time you can exchange information and learn about somebody else’s programs and services, you may not necessarily need that information then and there, but when you come back [to your home organization] and you share what you learned at a homeless coalition, or that you’re making a contact with somebody, it’s like I went to that homeless coalition and I made that contact with that [sic], who works for [Gov 1] on the
grants, and I was able to connect with her with our person who works on a lot of the grant programs, and get them talking. So we’re learning from each other. That’s invaluable.

I: So that’s what collaboration is. It’s not just going to the meeting

R: Right. It’s networking. It’s learning about this service or that program. And the next thing you know, you’re on somebody’s email list, and you’re routinely getting that information. And I could go 6 months and I’m not learning anything here, I’m not able to bring anything back to the table, but maybe in the 7th month I’m like ‘holy cow! We’re seeing the same trend, we’re seeing the same issue, we’ve got the same problem, we’ve got a mutual client.’ Or whatever information you just shared is really going to help me to be able to serve Joe Shmo in the community. So that’s invaluable. And that’s the whole collaboration: networking, coalition building. That is super important. Super important.

Not only was information directly shared at AFC events, but networks were formed and developed, which led increased capacity for participants to obtain information when the need arose. In these ways, communication paved the way for further collaboration, beyond ‘the table’ and out in the communities.

**Community building.** Volunteer 1 described how the relationships among different stakeholders at the Coalition table had also intermingled with other goals for the community:

“Being together with other service providers sparks ideas. And sparks the coalitions that could happen. So I think that’s what makes the meetings important…It fosters communication, and then collaboration” (Volunteer 1). This respondent described this concept in more detail below:

I: So it seems like there’s a lot of coalitions going on around town. And can you really distinguish what happens because it’s part of age friendly and what happens because of some other things?

R: It’s hard for me to say. Whether it’s happening because they meet and they see each other and they’re able to combine activities, or whether that was something that was happening before. I’m thinking about the Golden Sneaker thing, which is a scavenger hunt that’s held in parks. And [Government 3] collects sneakers which get spray-painted gold and put out in the park. And if you find one, then you turn it in and you get a chip for something or another. And so that encourages people to be out in the parks and exercising. Whether that happened prior to Age-Friendly, I don’t know. I really don’t know. But those two people could probably tell you that. I think, in my own thinking, is **that being together with other service providers sparks ideas. And sparks the**
coalitions that could happen. So I think that’s what makes the meetings important, being exposed to other people’s programs. Because the goals are all the same, you know both Parks and Health want a healthy populace. And they’re doing it in two different ways, but they can combine and come up with another way.

I: So being at that table together…

R: I think it fosters communication, and then collaboration. I do. I wasn’t sure in the beginning when I first thought about this, but I do now. I think that’s.

I: So first you thought ‘we have to be sitting here and planning events’

R: I did. Sit down here and just start writing and planning events. But I think we needed the steps ahead of time to know what each group was doing. And toward a common goal. And then we could look at how could we, what hybrid activities can we do that will still meet that goal. And that also means that each sector, each partner, doesn’t have to have to shoulder the burden of the new activity by him or her self. They can combine and they’re only paying for half of whatever it is. And I think probably that’s another way to use grant money creatively too. If let’s say the health department has a grant for health, and recreation is willing to do something that meets that health need, that can fit in under the grant.

I: So you can learn more about that to make those possible connections before applying.

R: I believe so. So it’s a benefit of that.

In this passage, the respondent described how different sectors and organizations have connected through Age-Friendly or other collaborative work, which has led to community building. They learned that they share similar goals in the work they do at their own organizations. This recognition of their interdependence has led to a more coordinated effort to reach their collective goals.

Other descriptions of community building indicate that while AFC partners have recognized that they do have similar goals, they do not yet have clear plans for working together to reach those goals. While there is some foundation for community building in the trust and the strength of the relationships among stakeholders, the community building has not yet completely occurred. As the respondent from Nonprofit 4 described:
I: So, do you have a general impression of how well the group functions as a Coalition or as a collaboration?

R: I mean as far as collaborating, they’re all wonderful. They’re a great group. They’re all genuinely interested in everything that everyone has to say, they want to help each other where they can, they want to foster connections between each other. It’s a good group of people. it’s a busy group of people – they’ve all got a million other things to do. But as far as that, it’s a good, and you definitely have some people who have been on that group for a long time and have not come to a meeting in I don’t even know how long for some of them. So there could be some sort of clean up on that end. But as far as the core group that’s there, it’s all people that want to make the community better, it’s all people with the right motivation, it’s all people who collaborate well. I guess it’s just a question of what do they want to do with that.

While community building activities may not yet have achieve an advanced level, participating in the Coalition did seem to have helped members realize that they were working towards similar goals. The Action Plan contained information regarding programs that were already occurring in the community, as well as goals for future programs. Most of the interviewees discussed the Action Plan in terms of how they benefited from how well this document pulled together the activities that were already occurring in the community (no evidence was provided regarding whether goals had been subsequently worked toward or achieved). Gathering this information into one document in itself was valuable to the community. According to the respondent from Nonprofit 4:

From my perspective, that report [the Action Plan document] that came at the end there, it was all things, as far as I could tell and I could be wrong, but it was all things that organizations were doing anyway, like as part of their own missions they’re already in the community doing these things. So like for example, that report included information on different trail expansions around here, and different things with crosswalks and things that happened to make accessibility. Those are things that the [sic] department, which is upstairs here, does anyway as part of their what they do in the community, as part of their mission, as part of what they do as their organization.
The Action Plan document provided a way for Coalition members to realize that they had a shared mission with other AFC participants and the initiative itself. This compatibility of missions represented a foundation upon which to build collaboration.

The theme of having a shared mission arose in other interviews. For example, the representative from Government 1 said:

I: I always want to know what’s really a collaboration and what’s just people sitting at a meeting. What do you think is the added, what really makes this be a collaboration that actually is more than just…

R3: I just think that we just, we all have the same mission, the same goals, and that’s why it’s more of a collaboration. Everybody takes a little bit out of what everybody else has to say and tries to mold our community. It’s not just a city or a town.

The concept of having a shared mission and goals is present in an abstract sense. However, it is unclear as to whether there is evidence that innovations in services or practices have occurred as a result via intervention logic or organizational structures. The respondent from Government 2 alluded to the presence of a common goal being a good first step, but needing to take more action in order to achieve and sustain a collaboration:

“You have to have a common goal. You have to have a common mission. And I think that’s what we need for Age-Friendly to continue to survive or thrive or to grow or to be sustainable, is you’ve gotta have a common element. And I think, and maybe I’m going out on a limb, but I’m thinking maybe that in part is what the Age-Friendly communications committee was looking to do was to find the common thread. And I think that is the basis of it, with the Age-Friendly Business and Organizations designation, that should be a common thread.”

While many interviewees stated that they believed there was a common mission or goal that guided their work, the work of their organizations, and the AFC initiative, there was little evidence that these missions and goals had translated into distinct aims or strategies which would indicate a strong level of community building.
Nonetheless, there is some evidence of emergent community building; specifically, a collective identity as an Age-Friendly Community. Receiving the designation at the beginning of the initiative was a key step towards building a collective identity: “Just getting, being one of the first ones to be actually designated as an Age-Friendly Community, shows a significant accomplishment” (representative from Government 1). As the initiative progressed, it brought an awareness of the issues faced by persons who are aging in the community, thus setting the stage for future work.

The Age-Friendly Businesses and Organizations designation program had been a conduit for spreading awareness in the community. The respondent from Nonprofit 2 described this awareness:

I: What’s your general impression of how well the Age-Friendly initiative functions together as a collaboration?

R: I think based on a lot of positive things over the years from what I understand. I think it’s awareness too, it’s not just too that these businesses and organizations have become certified as Age-Friendly, but along the way we’ve kind of brought awareness to the importance of building an age friendly community and having accessible public places and accommodations. So I think it’s awareness too.

Based on these statements, the Age-Friendly designation program had not only helped local businesses and organizations to improve their physical spaces and programs for easier access by older people, but it had also helped to promote the Age-Friendly work. By placing their certifications and stickers in prominent places of their businesses, this program had brought the importance of Age-Friendly spaces to the general public’s attention. However, the Coalition members expressed that they did not have data on the successes and impact of this program on the general community and on the businesses and organizations. They also did not have
resources to conduct follow-up visits after designated is awarded, and they would like to be able to evaluate this program in the future.

**Co-locating.** One of the “companion-c words” of collaboration (Claiborne & Lawson, 2005), *co-locating*, was discussed only once throughout the interviews. The respondent from Nonprofit 5 described a Navigator program that had recently been implemented in which three employees from the County’s Department of Social Services were housed at nonprofit organizations in the community, mostly related to housing. This program was funded by a grant from the state, not directly by the Age-Friendly initiative, but nevertheless was directly related to one of the core domains of livability: housing. The interviewee was optimistic for and excited about this program.

**Collaboration criteria with opportunities for improvement.** In general, most respondents expressed a wish for more action to be taken by the Coalition and the Age-Friendly initiative in general. They seemed to desire more *community building* in terms of consensus on strategies and mobilization for action, and *contracting* in terms of specific accountabilities and responsibilities. The respondent from Nonprofit 5 described these desires:

> “It’s getting into some specifics of what do you want to do and how to get there, instead of having just a meeting. We know that there’s challenges. We know everybody’s experiencing some stuff. But we need to just say ‘okay, so, there’s gotta be something that can be done. What is it?’”

According to this respondent, the Coalition would already have agreed on what the challenges are in the community and now needs to take the next steps towards designing ways to mitigate those challenges. The respondent from Nonprofit 3 agreed that a clearer focus on action and tangible goals are needed in order for collaboration to occur:
I: So in your opinion, just in general, not necessarily just about this Coalition, but other ones that you’re on: what makes things an actual collaboration, rather than just going to a meeting with people?

R: Um, having something to work towards together. I feel like having a project or actions to do. Because I know the other coalition that I'm on that’s kind of in a transition, they lost member, they had less and less members involved and they used to put on a big health fair at the mall. And then last year it was down to just a few members organizing it. So this year they decided to not do that, and now they’re in this kind of transition period. And not having that, like that was their main focus was organizing that health fair. So not having that main goal seems to have everybody kind of differing, they have differing opinions on what needs to happen. And less focus, I guess.

Another respondent reported thinking that the Coalition was ready to take the next steps towards action at the time of this study, but that there were complicating factors that need to be resolved first, particularly interorganizational politics and lack of funding:

“The collaboration is great. I guess the challenge is doing something about it. Collaborating and coming up with the ideas or collaborating, there’s too many groups doing the same thing, they don’t know about each other, let’s join forces to save money. And then the politics that get in the way. I mean, there’s been times where we’re sitting and we’re talking about what needs to be done and what programs we want to do and how great that would be, when I know the municipality has already made up its mind and nothing else is going to change. Or you can’t do this because so and so who is in power says ‘no,’ or it’s not going to make them look good. I hate the politics that get involved. So that’s always an issue in the collaboration. I think that’s about it.” (Nonprofit 8)

“There’s collaboration in that we’re talking about it, and we want to make it happen, but there isn’t collaboration to make it happen, to get the funding and the people to make it happen.” (Nonprofit 8)

This respondent described the collaboration of the Coalition from two different perspectives. The first is how well they all get along and communicate, which they described in a very positive way, similar to others’ statements about friendliness and collegiality of the Coalition members. However, they also seem to have another perspective of collaboration, which is activities undertaken together. While they did not perceive a barrier to the first type of collaboration, there were some barriers described to ‘getting things done,’ including resources, leadership, and
politics. In order to truly move into being a collaboration, the issues of politics and division of responsibilities need to occur:

I: “What makes something actually a collaboration and not just a meeting?

R: That (a) You know what your goal is. You’re all on that same page. And you put aside the politics, the egos, who’s gonna get credit for it. And always looks at who or what are we trying to help, and always keep that in mind, and have those people there that we can talk to. So I think, to me collaboration is sit down and talking is a start, but the other part of the collaboration would be we need ten grand to do this, one of the members of that committee works on the bank, the bank ponies up the money.” (Nonprofit 8)

Despite the lack of action planning and strategizing described by many interviewees, there was a general desire to work together on actions as much as possible in the future. While some of the representatives from nonprofit organizations alluded to some issues with power and turfism with municipal governments, they did express a general attitude of wanting to collaborate and not compete with other organizations and businesses for initiatives that improve the community. In the words of the respondent from Nonprofit 5: “We partner with everybody. Everybody that wants to partner with us. We don’t do with the competition.”

**Roles, Relationships, and Activities: Items for the Survey**

Interviewees were asked to describe the types of roles and activities that they perceive to be important to Age-Friendly work. Through responses to these questions, we can begin to see the types of relationships and interactions that comprise collaboration.

**Roles.** Interviewees were asked to describe their roles, those of their organizations, and their collaborators and partners in terms of the strengths that they bring to the table and the activities that they have undertaken related to AFC. There were not formalized positions in the Coalition except for general membership and sub-committee membership. Rather, active roles organically developed out of either necessity or interest.
There were many individual roles in the AFC initiative that were described that represented individual and organizational skills, attitudes, and knowledge. The individual roles described by respondents included what they had perceived themselves and others having contributed to the initiative at any point during its history. The descriptions of these roles inform the types and levels of collaboration occurring, and inform the language that would most resonate with potential survey respondents. Roles described include:

- Activator
- Advisor
- Advocate (individuals)
- Advocate (systems)
- Age-Friendly historian
- Analyzer
- Community educator
- Community historian
- Community outreach
- Connector
- Convener
- Creative problem-solver
- Dialogue facilitator
- Energizer
- Expert - advocacy
- Expert - best practices in aging and accessibility services
- Expert - clinical knowledge
- Expert - community assets and available services
- Expert - population and their needs
- Expert - reporting skills
- Funder
- Grant-writer
- Host
- Implementor
- Information disseminator
- Information organizer and synthesizer
- Inspirer
- Liaison to businesses/orgs in the community
- Meeting facilitator
- Networker
- Observer
While there were a myriad of roles filled by various participants in the AFC initiative, the Coalition’s leadership was experiencing a transition at the time of this study. Much of the leadership and organization roles had, up until the point of these interviews, been assumed by the agency designated as the coordinator by AARP and by an individual from a volunteer-focused nonprofit organization who had a high level of personal interest in the initiative. However, as noted earlier, both of these individuals who had driven much of the work through convening, communicating, and advocating, had recently left the initiative, due to the retirement of one person and the sudden passing away of the other. As a result, the many of leadership roles were described as in transition, and interviewees expressed uncertainty regarding the transition of the structure of the Coalition and who would step into these leadership roles.

When asked what traits they would want to see in the next Coalition leaders, responses emphasized passion, time, and facilitation skills. The respondent from Nonprofit 2 summarizes what they would like to see in their leaders:

I: Are there certain I guess activities or certain traits or attributes that would need to be there?

R: I guess just need someone who takes a leadership role. Someone who’s really passionate about it. Someone who has the time to organize the meetings on a regular basis. And kind of set the direction for the group. So we need to kind of, I think there’s a little bit of a leadership vacuum with [sic] no longer part of it. That will be a challenge.
I: Yeah [sic] has big shoes to fill, lots of shoes to fill.

R: Yeah. And I know she’s got her hands full with her regular job. So this is almost, it’s a big commitment I think to kind of take on a leadership role for the Age-Friendly Coalition.

It seems that the next priorities of the Coalition will be to revisit how they want the Coalition to be structured in terms of leadership roles. This desire for focus is further evidenced by the request from the Coalition to the researcher for the survey data collection phase to include some questions about how respondents would like to see the Coalition restructured and what roles they might be willing to take on. In this way, this study was intended spur the next phase of strategic planning for the AFC initiative.

**Activities.** During interviews, respondents were asked about the activities and accomplishments of their AFC work. This sparked conversation, stimulated their memories of all that they have done, and seemed to help them feel proud of their work in the initiative. This was important particularly since the initiative’s momentum had been slow at times. Two primary categories of activities related to collaborative Age-Friendly work arose from the responses to interview questions. These categories included activities occurring at ‘the table’ (at Coalition meetings) and activities occurring ‘beyond the table’ (with Coalition partners but not at meetings).

**At the table.** Some collaboration activities occurred directly at the Age-Friendly Coalition meetings. These meetings provided an opportunity to develop a group identity. This identity is described by respondents as a process that is still occurring, rather than as an achievement they have reached: “there’s still a lot of identity debate that’s still going on even this many years into it” (Nonprofit 4); “initiatives like this take tons of time to get off the ground and get rolling and
to find an identity, and sometimes they never find it.” Having regular, face-to-face meetings provided a venue for identity-making.

Networking was frequently mentioned as a collaboration activity that happened at the table. Attending meetings in-person provided an opportunity to build relationships with knowledgeable, connected, and influential people and organizations in the community. At these meetings, participants learned about community needs and resources available in the community. They had opportunities to promote their own or their organization’s events and share their knowledge. They also conceived, developed, and discussed some AFC activities together at meetings, such as the Age-Friendly Businesses and Organizations designation, the Action Plan, and social media marketing. However, much of the work for these projects was done in sub-committees or by individual Coalition members on their own time.

An added benefit of attending Coalition meetings was when influential, powerful people in the community attended. According to the representative from Government 3, “I find that valuable that there’s, whenever you have the ability to get in front of a legislator, for me, I think that’s really important. And [the mayor] comes and he provides information, he listens to what we’re saying.” Participants consider the Coalition meetings to be a place in which they can be heard by powerful, influential people in the community. Interviewees generally wished that more local legislators would attend meetings.

**Beyond the table.** Participants in the Coalition also reported collaborating with each other outside of formal AFC meetings or activities. It is not possible to discern how many of these collaboration activities would have occurred regardless of Coalition affiliation or the extent to which relationships have been built or strengthened as a result of participation in the initiative.
Nonetheless, they are still collaboration activities in which AFC participants have engaged that relate to AFC goals.

Two examples of speaking or tabling at a partner’s event were described: Nonprofit 6 hosted a communitywide event and invited Nonprofit 2 and other community organizations to set up informational tables and speak briefly at the podium about services that they offer. In the second example, Nonprofit 7 was asked by another partner to develop a presentation and pamphlets about the programs and services they offer. In addition to requesting programs and inviting speakers, Coalition members have promoted each other’s events, developed programs to serve clients based on informational resources received from partners, improved quality of client referrals based on personal connections made and information learned about available services, and learned about and sat on additional coalitions in the community to increase community impact.

While no evidence that partners have applied for funding together was uncovered during these interviews (which would indicate a high level of collaboration), one interviewee did mention that they had asked a partner to write a letter of support for a grant application. These types of relationships and activities can contribute to future-oriented relationship-building, in which connectivity helps to develop future programming, including applying for funding opportunities together.
Chapter 5: Survey Findings

Findings from the social network analysis survey are presented in this chapter. First, the social networks are described in terms of which organizations were selected as ‘partners’ in the initiative by survey respondents. Next, the responses to questions about collaboration activities are summarized. Finally, the collaboration activities within the social networks are displayed and described.

Quantitative analyses of the social networks were not undertaken due to the incomplete dataset. This is because the data insufficiently represent the whole network, and thus inferences would be constrained by what is likely a biased sample. Some hypothesized reasons for the sample being biased include:

- The person responding needs to have time at their job to respond. If their job has too many demands on their time or if the organization or individual has not prioritized Age-Friendly or collaborative work, then they may be less likely to take the time from their other tasks to complete the survey.
- Organizations in more remote areas may not have had adequate access to internet and as a result may not have received the email invitation to complete the survey or been able to complete the survey online. Lack of internet access and remote, rural location can also impede capacity to collaborate. In order to prevent a lack of internet from affecting the ability to complete the survey, an option to complete it on the telephone with the researcher was offered. However, the invitation was still sent out only via email because it was the only mode of communication available to Coalition leadership who did the recruitment. No individual requested to complete the survey via telephone.
- The survey invitations were sent out by an email address associated with a local government office. It is possible that a mistrust of government might impact both the likelihood of responding to the survey and the ways in which an individual or organization collaborates as a partner.
- On the other hand, the individuals who did respond are more likely to be actively engaged in the work of the initiative and may, as a result, provide positively-biased responses to the survey questions regarding collaboration and Age-Friendly activities.
Despite the lack of an unbiased, representative sample, the responses to the survey questions yield some interesting findings that reveal some of the collaborative processes of the AFC initiative.

**Partner Selection**

Respondents were provided with a list of partner agencies, organizations, and businesses and were asked to select from this list one to ten of these partners with whom they work on Age-Friendly goals. Most (14 respondents) selected one partner, two respondents selected two partners, and two respondents selected ten partners. However, one of the respondents who selected ten partners had duplicate information for two of the partners, so it was recoded to nine. There were a total of 37 partnership relationships indicated; i.e., 18 respondents indicated a total of 37 partners. Among these 37 partnerships indicated include 21 unique partners, meaning that only one respondent selected them as a partner. The average number of partners selected was 2.06, with a standard deviation of 2.73.

**Sector.** The researcher categorized each indicated partner by sector: government, nonprofit, business, and independent volunteer. Partner selections by sector are presented in Table 5. Local government agencies constituted the sector most commonly designated as a partner (n=19), followed by nonprofit organizations (n=16). Businesses were selected twice, and individual volunteers were not selected at all as partners. In terms of unique partner organizations, while local government agencies were selected as partners 19 times, there were only six unique agencies selected. That is, six different agencies were designated as partners for a total of 19 times, with among these six being selected by multiple respondents. While 13 different nonprofit organizations were indicated as partners, each was indicated by only one or
two respondents. Similarly, the two businesses indicated as partners were each only indicated by one respondent. On the other hand, a smaller number (six) of government agencies were indicated as partners, but some of those agencies were indicated by many respondents. This phenomenon is illustrated by the directionality of the relationships in the sociograms later in this chapter.

Table 5: Sectors of Partners

<table>
<thead>
<tr>
<th>Sector of Partners</th>
<th>Total Indicated</th>
<th>Total - Unique Partners</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Percent</td>
<td>Percent</td>
</tr>
<tr>
<td>Nonprofit</td>
<td>16</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>43%</td>
<td>62%</td>
</tr>
<tr>
<td>Private Businesses</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>5%</td>
<td>10%</td>
</tr>
<tr>
<td>Local Government</td>
<td>19</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>51%</td>
<td>29%</td>
</tr>
<tr>
<td>Individual Volunteers</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Service area. The researcher also categorized partners by the primary service area of the organization, which can be seen in Table 6. The service areas of the partner organizations selected were more varied than the sectors, indicating a diversity of relationships. There were more health services and social services organizations selected as partners than any other service area: five different health services and four different social services partners were selected. Aging services tied with health services for the most partnership relationships indicated (9), even though there were only two unique organizations indicated. While aging services were considered to be partners by many people, there were not many different organizations in the aging services field. These partners in the aging field may be central drivers of the initiative, but lack breadth – it appears that there are a few organizations that are doing a lot of the work related to aging in the community. There may also simply not be many aging services providers in the community.
area, which could be due to the rurality of this county. On the other hand, data from the respondents indicate that the partners in social and health services have fewer connections to other partners but have more involvement in terms of the number of different organizations participating as partners in the AFC initiative. In other words, there are a lot of health and social services providers represented on the Coalition, but they do not seem to be as connected to other stakeholders as the aging services providers are. They may be more tangentially involved in this initiative, which would be logical considering that the aging community is only one of the populations that they serve.

*Table 6: Service Area of Partners*

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Total Indicated</th>
<th>Percent</th>
<th>Total - Unique Partners</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aging Services</td>
<td>9</td>
<td>24%</td>
<td>2</td>
<td>10%</td>
</tr>
<tr>
<td>Community Services</td>
<td>3</td>
<td>8%</td>
<td>3</td>
<td>14%</td>
</tr>
<tr>
<td>Faith-Based Organization</td>
<td>0</td>
<td>0%</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Health Services</td>
<td>9</td>
<td>24%</td>
<td>5</td>
<td>24%</td>
</tr>
<tr>
<td>Local Business</td>
<td>1</td>
<td>3%</td>
<td>1</td>
<td>5%</td>
</tr>
<tr>
<td>Municipal Government</td>
<td>5</td>
<td>14%</td>
<td>2</td>
<td>10%</td>
</tr>
<tr>
<td>Senior Housing</td>
<td>1</td>
<td>3%</td>
<td>1</td>
<td>5%</td>
</tr>
<tr>
<td>Social Services</td>
<td>6</td>
<td>16%</td>
<td>4</td>
<td>19%</td>
</tr>
<tr>
<td>Transportation</td>
<td>1</td>
<td>3%</td>
<td>1</td>
<td>5%</td>
</tr>
<tr>
<td>Volunteer Organization</td>
<td>2</td>
<td>5%</td>
<td>2</td>
<td>10%</td>
</tr>
</tbody>
</table>
Collaboration activities

Respondents selected from the list of 14 collaboration activities in which they engage with each of their selected partners. Figure 2 displays a graph of the distribution of the number of collaboration activities indicated for each partnership, which appears to be a fairly normal or symmetric statistical distribution. On average (mean), 7.32 activities were indicated, with a standard deviation of 3.09. The smallest of number of activities indicated was zero\textsuperscript{ix}, and the highest was 14. Since there is no comparison or prior use of this survey tool, it is unknown as to whether these numbers of ties are high or low. Since this is a pilot study, these numbers can inform future studies in rural areas as the beginning of a baseline for comparison.

\textit{Figure 2: Number of Collaboration Ties per Partnership}

\textsuperscript{ix} One respondent did not select any collaboration activities from the list for one partner, and they did not provide any information regarding any alternative activities with which they engage with that partner.
Collaboration activities: types of ties. Certain types of collaboration activities and relationships were very commonly selected, while others were more rare. Table 7 presents the responses to these questions regarding each type of collaboration activity. Information sharing activities were the most frequently indicated (providing/receiving information, promoting events), while resource-sharing and action-planning were less frequent (we share data with them, we share financial resources, we share personnel; we set new goals together, we plan to apply for grants or other funding with them in the future).

Respondents were most uncertain (22% reported “don’t know”) of whether their indicated partner promotes the respondent’s events to the partner’s clients. Respondents also indicated uncertainty (16% “don’t know”) as to whether they plan to apply for a grant or funding with the partner, if someone from their organization is on the partner’s board of directors (11% “don’t know”), and if they share data (11% “don’t know”).

Further analysis focuses on the number of “yes” responses to each question, effectively combining the “no” and “don’t know” responses into one negative indicator, binary to the “yes” response. Percentages of “yes” responses to each collaboration question can be seen in Figure 3, below.
### Table 7: Responses to Collaboration Questions

<table>
<thead>
<tr>
<th>Collaboration Question</th>
<th>Number of &quot;Yes&quot;</th>
<th>Number of &quot;No&quot;</th>
<th>Number of &quot;Don't Know&quot;</th>
<th>Percent of &quot;Yes&quot;</th>
<th>Percent of &quot;No&quot;</th>
<th>Percent of &quot;Don't Know&quot;</th>
<th>Percent of &quot;No&quot; or &quot;Don't Know&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>I or someone from my organization is on their board of directors</td>
<td>3</td>
<td>30</td>
<td>4</td>
<td>8%</td>
<td>81%</td>
<td>11%</td>
<td>92%</td>
</tr>
<tr>
<td>We share personnel with them</td>
<td>5</td>
<td>30</td>
<td>2</td>
<td>14%</td>
<td>81%</td>
<td>5%</td>
<td>86%</td>
</tr>
<tr>
<td>We plan to apply for grant or other funding with them in the future</td>
<td>5</td>
<td>26</td>
<td>6</td>
<td>14%</td>
<td>70%</td>
<td>16%</td>
<td>86%</td>
</tr>
<tr>
<td>We share financial resources with them</td>
<td>7</td>
<td>29</td>
<td>1</td>
<td>19%</td>
<td>78%</td>
<td>3%</td>
<td>81%</td>
</tr>
<tr>
<td>We set new goals together</td>
<td>15</td>
<td>21</td>
<td>1</td>
<td>41%</td>
<td>57%</td>
<td>3%</td>
<td>59%</td>
</tr>
<tr>
<td>We speak or table at their events</td>
<td>15</td>
<td>20</td>
<td>2</td>
<td>41%</td>
<td>54%</td>
<td>5%</td>
<td>59%</td>
</tr>
<tr>
<td>We share data with them</td>
<td>16</td>
<td>17</td>
<td>4</td>
<td>43%</td>
<td>46%</td>
<td>11%</td>
<td>57%</td>
</tr>
<tr>
<td>They promote our events to their clients</td>
<td>23</td>
<td>6</td>
<td>8</td>
<td>62%</td>
<td>16%</td>
<td>22%</td>
<td>38%</td>
</tr>
<tr>
<td>We develop programs to serve our clients based on information received from them</td>
<td>25</td>
<td>12</td>
<td>0</td>
<td>68%</td>
<td>32%</td>
<td>0%</td>
<td>32%</td>
</tr>
<tr>
<td>We promote their events to our clients</td>
<td>30</td>
<td>5</td>
<td>2</td>
<td>81%</td>
<td>14%</td>
<td>5%</td>
<td>19%</td>
</tr>
<tr>
<td>We receive information about programs, services, events, or best practices from them</td>
<td>31</td>
<td>6</td>
<td>0</td>
<td>84%</td>
<td>16%</td>
<td>0%</td>
<td>16%</td>
</tr>
<tr>
<td>We ask them for information about services that we do not provide</td>
<td>31</td>
<td>5</td>
<td>1</td>
<td>84%</td>
<td>14%</td>
<td>3%</td>
<td>16%</td>
</tr>
<tr>
<td>We refer clients to them</td>
<td>31</td>
<td>5</td>
<td>1</td>
<td>84%</td>
<td>14%</td>
<td>3%</td>
<td>16%</td>
</tr>
<tr>
<td>We provide information about programs, services, events, or best practices to them</td>
<td>34</td>
<td>2</td>
<td>1</td>
<td>92%</td>
<td>5%</td>
<td>3%</td>
<td>8%</td>
</tr>
</tbody>
</table>
Social Networks

For the social network analysis, each partner and respondent was assigned an identifier based on sector. These identifiers are unrelated to those used in the presentation of the qualitative interview findings, but are used consistently within the social network analysis findings. That is, the respondent “Nonprofit 2” in this section does not necessarily correspond to the respondent from “Nonprofit 2” in the previous chapter, but is the same partner in this chapter whether as a respondent or an indicated partner.

Sociograms of the networks are displayed and described below for general partner selection, each collaboration activity, and by an index of the total number of collaboration
activities indicated (Figures 4-19). Figure 5 displays an index of the number of collaboration activities selected, which is represented by the thickness of the lines and the size of the arrowheads. Nodes represent both the respondents to the survey and their indicated partners. Nodes are square if they represent a survey respondent and circle if they represent a partner that did not respond to the survey. Node color indicates the service area of the partner, as described in the legend for each figure.

**General network.** The sociograms of partner selection show the general network of the community initiative, based on each individual’s responses to the survey. This display is also the maximum number of ties that could be present in any of the collaboration activity graphs, since a respondent had to first indicate a partner relationship and then respond to collaboration activity question for each partner selected. Figure 4 displays the network based on partners indicated by the survey.
Figure 4: Partner Selections
Figure 5: Collaboration Index

Sociogram 16: Collaboration Index
Based on the sociogram of the general network (Figure 4), there are two quite apparent central nodes: Local Government 1 and Nonprofit 3. These were the two respondents who selected nine and ten partners, respectively. As such, it logically follows that they would have the most ties. However, since directionality is indicated by the arrows, we can see that the Local Government 1 was also selected as a partner many times, while Nonprofit 3 was not. Thus, Nonprofit 3’s subgraph resembles a “star,” in that all nodes tie to one central node and nowhere else (Butts, 2018), but this cannot necessarily be attributed to a true star-shaped network due to issues with nonresponse. Nonetheless, the organizations that the representative from Nonprofit 3 indicated as partners do have a path or semipath connection to each other through Nonprofit 3, which could imply networking capacity. Additionally, Nonprofit 3 does have connections to many other nonprofit organizations who did not respond to the survey, indicating that they may be a good community connection to those not as actively participating in Coalition activities. Additionally, Local Government 6 seems to be a connector between volunteers, Nonprofit 3’s network of nonprofits, and Local Government 1’s central location and corresponding ties. Local Government 6 is a mayor’s office: city government may be a key connector between different sectors. However, since they did not respond to the survey, we have limited information about their networks. Another connector is Local Government 2, which connects Nonprofit 2 and Business 1 to the Nonprofit 3 “star.”

Nonprofit organizations are plentiful as represented by both the respondents and as indicated partners, with 20 different organizations represented in the survey. However, these organizations seem to have limited connections - typically only about one each. In the case that there are some pathways that link multiple organizations indirectly to each other. For example, Volunteer 1 is connected to Nonprofit 7, which is connected to Local Government 1. These
semipaths are weak rather than recursive, because there is not reciprocity in the paths. This apparent weakness could be because the paths are indeed weak (as is likely with example provided above), but this is not truly known because of the lack of data from many of the indicated partners.

**Collaboration networks.** The sociograms represented in Figures 6 to 19 each represent an aspect of a core collaboration. Due to the insufficient sample size and the early stage of development of this survey tool involving unknown validity and reliability of its measures, inferences are not made at this point about the extent to which the index represents collaboration strength. Sociograms are presented in the order in which they correspond to collaboration activities, but are numbered in the order in which they appeared in the survey.

**Communicating.** The communication questions refer to whether respondents receive or provide information about their programs, services, events, or best practices to/from their indicated partners. These sociograms resemble the general partner selection sociogram (Figure 4), which indicates strong evidence of communicating, at least in terms of receiving and providing information about programs, services, events, and best practices.

The “providing information” (Figure 7) sociogram has only one isolate, which is an individual volunteer. It is possible that this individual does not feel that they are in the role of being an information provider. That same volunteer is also an isolate for receiving information (Figure 6), along with another volunteer, one local government office, and two nonprofit organizations.

While information flow seems to be strong in this network, there are nonetheless some partners who perceive themselves to be left out of receiving information from their partners,
despite providing their own information to others. The transfer of information might in this way be one-sided rather than reciprocal, or have gaps rather than flow completely through to each member of the network.
Figure 6: We Receive Information about Programs, Services, Events, or Best Practices from our Partner

Sociogram 2: Collaboration Question 1: We receive information about programs, services, events, or best practices from them
Figure 7: We Provide Information about Programs, Services, Events, or Best Practices to our Partner

Sociogram 3: Collaboration Question 2: We provide information about programs, services, events, or best practices to them
**Connecting.** Connecting is measured here by whether respondents report that they or their organization refers clients to their selected partner and whether they promote each other’s events to their clients. Client referral is represented by almost every possible tie on Figure 8 except for three of the individual volunteers, one nonprofit (respondent), and one local government agency (non-respondent). The responses are similar for Figure 9, which asks if the respondent promotes the partner’s events to their own clients. The lack of individual volunteers engaging in referrals and promotion makes sense because they are not affiliated with an organization that would have clients. However, respondents indicated that they thought that their partners were promoting their (respondent’s) events to their (partner’s) clients only moderately, and it is only the respondents connected to Local Government 1 and Nonprofit 3 who responded positively to this question. There are three arrows pointing toward Local Government 1, three arrows pointing to Local Government 2, two arrows to Local Government 7, two arrows to Nonprofit 2, and two arrows to Nonprofit 6, indicating that these agencies are perceived as promoters of partner’s events. All of the partners who are perceived to promote each other’s events are in the aging services, health services, and social service areas.
Figure 8: We Refer Clients to this Partner
Figure 9: We Promote our Partner’s Events to our Clients

Sociogram 14: Collaboration Question 13: We promote their events to our clients
Figure 10: They Promote our Events to their Clients

Sociogram 15: Collaboration Question 14: They promote our events to their clients
**Cooperating.** The ‘cooperating’ activity most often revealed in the qualitative interviews comprises partners speaking or hosting a table at each other’s events. As seen in Figure 11, in the surveys, most of the cooperating relationships reported were among either Local Government 1 or Nonprofit 3 and other nonprofit organizations, with one tie with another local government agency and another with a business. It seems that much of the speaking and tabling occurs at the programs and events hosted by Local Government 1 (aging), Local Government 2 (health), Nonprofit 2 (health), and Nonprofit 6 (social services). This indicates that government and health and social services nonprofit organizations are the ones that might be hosting the most collaborative, interdisciplinary, or the biggest events.
Figure 11: We Speak or Table at our Partner’s Events
Consulting. Consulting is represented in the survey by whether respondents ask their partner(s) for information about services that they do not provide, and if respondents develop programs based on information learned from their AFC partner(s). Both of these sociograms show many ties, indicating that consulting is a strong collaboration activity in the AFC network. Figure 13, which depicts whether they ask their partner(s) for information, has slightly fewer ties than Figure 12, which portrays whether they use information received from partners. These sociograms indicate that AFC partners may be less likely to actively seek out advice, but if advice is provided, they are likely to incorporate it into their provision of services.
Sociogram 7: Collaboration Question 6: We develop programs to serve our clients based on information received from them.
Figure 13: We Ask our Partner for Information about Services that we do not Provide

Sociogram 8: Collaboration Question 7: We ask them for information about services that we do not provide
**Coordinating.** Coordinating was measured in the survey in terms of data sharing (Figure 14) and setting new goals together (Figure 15). In the sociograms, there are many ties for data sharing and a bit fewer for goal-setting. Both are moderately represented in these graphics, which indicates a moderate presence of coordinating activities. For goal setting, most of the collaborative activity occurred between Local Government 1 and other partners (nonprofit organizations, individual volunteers, and other local government agencies), and between Nonprofit 3 and other nonprofit organizations. However, the exact nature of the data sharing and goal setting is not known in detail. For example, the data do not specify if they actually merge their datasets or provide an overview upon request, or whether they talk about goals in general or work on concrete plans to achieve and evaluate their goal attainment.
Figure 14: We Share Data with our Partner

Figure 15: Collaboration Question 5; We share data with them

Sociogram 6: Collaboration Question 5; We share data with them
Figure 15: We Set New Goals with this Partner
**Co-locating.** Co-location comprises the sharing of personnel in Figure 16. The survey responses suggest that co-locating is sparse: there are four ties and one semi-pathway. In two cases, a respondent from a nonprofit organization (3 and 4) indicated that they share personnel with another nonprofit organization (14 and 12, non-respondents). In the semi-pathway, the respondents from both Nonprofit 1 and Nonprofit 6 indicated that they share personnel with Local Government 1, and the respondent from Local Government 1 indicated reciprocity with Nonprofit 6. Both Nonprofits 1 and 6 are social service organizations, and the local government with which they share personnel is an aging services provider.
Figure 16: We Share Personnel with our Partner

Sociogram 4: Collaboration Question 3: We share personnel with them

Key to Nodes:
- Respondent
- Non-respondent
Community building. Community building is defined in this study as serving on each other’s board of directors. While not a perfect measure of community building, this was the activity that was most often indicated in the qualitative interviews relating to social integration, interdependency, and mutual interests/goals (Claiborne & Lawson, 2005). This activity was cited infrequently by the survey respondents, which can be seen in Figure 17: Someone from Nonprofit 3 is on Nonprofit 20’s board, someone from Nonprofit 1 is on Local Government 1’s board, and someone from Local Government 1 is on Nonprofit 6’s board. There is some evidence that community building is present, as measured by board of director’s membership, but there is also much room for growth in this area.
Figure 17: I or Someone from my Organization is on this Partner's Board of Directors
Contracting. Contracting was measured in the survey by the presence of sharing financial resources and planning in the future to apply for grants or other funding. Both of these sociograms depict few ties. In both sociograms, there is one reciprocal relationship, which is between Nonprofit 6 and Local Government 1. In the Sharing Financial Resources sociogram (Figure 18), there is one set of relationships that is a star in shape: Nonprofit 3 is connected to Local Government 6, Business 3, and Nonprofit 18. However, none of these relationships are reciprocal, based on survey data. It seems unlikely that one organization would think that they are sharing financial resources with another organization, but the other organization does not think that they share funds. However, the true nature of the reciprocity of these relationships is unknown because none of the vertices tied to Nonprofit 3 were survey respondents. This display of financial resource-sharing is interesting because all of the ties are inter-sectoral, and most are among organizations with different services areas. Sharing financial resources across sectors requires coordinating structures to be in place in that organization and implies that common goals and concrete actions have been agreed upon. If Nonprofit 3, a social services organization, is sharing financial resources with a municipal government office, a local business, and a housing organization, then this organization may have the systems and capacity to connect and coordinate more collaboration activities.

The sociogram depicting whether organizations plan to apply for grants or funding together in the future (Figure 19) is similar in visual appearance to that of sharing financial resources (Figure 18), and also displays few but diverse ties between sectors and service areas. While there is not a lot of evidence of contracting activities in this study, the little evidence that there is shows inter-sectoral and inter-professional collaboration. These tendencies to inter-
sectoral and inter-professional resource-sharing may have arisen out of the need to diversify funding or because there are more opportunities for these types of collaboration. For example, a nonprofit organization and a business might view sharing resources as collaborating, whereas two businesses may not seek to share resources because they consider each other to be competitors.

The lack of contracting relationships with stakeholders in the same sectors and/or service areas reflects a lack of mutual financial endeavors within nonprofit organizations, governmental agencies, and businesses. This could be due to turfism, competitive (rather than collaborative) relationships, and/or the general scarcity of resources available in an impoverished rural area. However, there was evidence of cooperating among nonprofit organizations. Perhaps the relationships among nonprofit organizations are at the point in which representatives will attend each other’s events and even speak at their partner’s event, but based on the survey respondents, they are not yet ready to commit to a more formal or intense relationship in which they share resources and develop new programs with shared funding mechanisms. On the other hand, leadership at these organizations may not perceive that they have the opportunities or capacities to engage in this level of collaboration.
Figure 18: We Share Financial Resources with our Partner
Sociogram 10: Collaboration Question 9: We plan to apply for grant or other funding with them in the future.
Summary

This pilot study explores using social network analysis to investigate collaboration activities and relationships in an Age-Friendly Community. This study used qualitative interview findings to inform a survey of the social networks of collaboration activities as perceived by the respondents. These activities are depicted in sociograms. The responses to survey questions reveals that among respondents, some collaboration activities are present, including communicating, connecting, and consulting. Other collaboration activities have occurred among fewer of the partner relationships. These include contracting, co-locating, coordinating, and community building. Findings from this social network analysis suggest that government agencies and nonprofit organizations working in the health, aging, and social service arenas seem to be the most active partners in this initiative. Further, they serve as connectors between and among other organizations, businesses, government agencies, and individual volunteers. It is possible that these ‘connecting’ or ‘bridging’ organizations have some structures in place that could support further collaboration work in this Age-Friendly Community initiative.
Chapter 6: Discussion and Implications
While this community initiative does exhibit some of the building blocks and characteristics of collaboration, findings from the study suggest that it has not yet developed and integrated the leadership processes and systems needed to function fully as a collaboration. In this chapter, the degree of collaboration present in the Age-Friendly Community is assessed based on the analyses of the qualitative interviews and the social network analysis survey, and the degree to which the two phases of the studies support each other. Next, limitations to the study design and findings are discussed. Finally, some recommendations for future study and implications for policy, research, and practice are provided.

Collaboration assessment
The collaboration assessment in this section addresses the research questions for this study:

8. What are the roles, relationships, and collaboration activities that exist/occur in this age-friendly community, especially a rural community?
9. Where on a continuum of collaboration (Claiborne & Lawson, 2005) is this Age-Friendly Community, such as that being developed in The County, currently situated?
10. Are there some characteristics of The County (e.g., sectors, participants, processes) that are particularly amenable to collaboration?
11. Which relationships, between which sectors and professions, are viewed as most positively supporting an Age-Friendly Community initiative?
12. What is the structure of the network?
   o Where is there centrality, reciprocity, cliques, density, brokerage, closure, cores, and segregation?
   o Which sectors are more frequently identified as partners for collaboration activities?
13. Which collaboration activities are most and least commonly experienced?
14. Who are the key drivers of collaboration in the network?

The levels of collaboration achieved by the AFC initiative are examined through narratives of collaboration activities and relationships portrayed in the qualitative interviews as well as by the social network analysis survey. The qualitative interviews informed the development of the social network survey by illuminating the roles, relationships, and collaboration activities in the
rural Age-Friendly Community, and also provided poignant illustrations of collaboration (or lack of collaboration), community characteristics, and key drivers of Age-Friendly work. The second phase of the study, i.e. the social network analysis survey, measured the types of collaboration achieved in the initiative and provided visual depictions of the structure of the Coalition’s network, including maps of relationships and which organizations may be bridges or connectors within the network.

In this section, an overall assessment of the levels and types of collaboration achieved by this community initiative is discussed, as supported (or not) by data from both phases of the study. Analyzing the findings from both of these phases of the study together provides an opportunity to improve the validity of the findings through triangulation of data, as well as rich stories and details that are complemented by concrete measures.

Additionally, some elements of collaboration theory from Claiborne and Lawson (2005) and other models are discussed in order to better contextualize this AFC initiative within a collaboration framework. Some areas recommended for improvements are also discussed: conflict resolution mechanisms, organizational structures, urgency, leadership, and resources.

**Age-Friendly Communities on a collaboration continuum.** In order to locate this Age-Friendly Community initiative on a collaboration continuum, the strength of the evidence for these themes as portrayed in the qualitative interviews are examined (Table 9), and responses to survey questions organized by collaboration theme (Table 8) and also are examined. This assessment explores using a possible tool for locating other Age-Friendly Communities initiatives on a collaboration continuum as well as a point-in-time network depiction of collaboration in this particular community’s initiative.
Table 8: Responses to Survey Questions Organized By Collaboration Themes

<table>
<thead>
<tr>
<th>Survey Question</th>
<th>Companion &quot;C-Word&quot;</th>
<th>Number of &quot;Yes&quot; Responses</th>
<th>Percentage of &quot;Yes&quot; Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>We receive information about programs, services, events, or best practices from them</td>
<td>Communicating</td>
<td>31</td>
<td>84%</td>
</tr>
<tr>
<td>We provide information about programs, services, events, or best practices to them</td>
<td>Communicating</td>
<td>34</td>
<td>92%</td>
</tr>
<tr>
<td>We refer clients to them</td>
<td>Connecting</td>
<td>31</td>
<td>84%</td>
</tr>
<tr>
<td>We promote their events to our clients</td>
<td>Connecting</td>
<td>30</td>
<td>81%</td>
</tr>
<tr>
<td>They promote our events to their clients</td>
<td>Connecting</td>
<td>23</td>
<td>62%</td>
</tr>
<tr>
<td>We speak or table at their events</td>
<td>Cooperating</td>
<td>15</td>
<td>41%</td>
</tr>
<tr>
<td>We develop programs to serve our clients based on information received from them</td>
<td>Consulting</td>
<td>25</td>
<td>68%</td>
</tr>
<tr>
<td>We ask them for information about services that we do not provide</td>
<td>Consulting</td>
<td>31</td>
<td>84%</td>
</tr>
<tr>
<td>We share data with them</td>
<td>Coordinating</td>
<td>16</td>
<td>43%</td>
</tr>
<tr>
<td>We set new goals together</td>
<td>Coordinating</td>
<td>15</td>
<td>41%</td>
</tr>
<tr>
<td>We share personnel with them</td>
<td>Co-locating</td>
<td>5</td>
<td>14%</td>
</tr>
<tr>
<td>I or someone from my organization is on their board of directors</td>
<td>Community Building</td>
<td>3</td>
<td>8%</td>
</tr>
<tr>
<td>We share financial resources with them</td>
<td>Contracting</td>
<td>7</td>
<td>19%</td>
</tr>
<tr>
<td>We plan to apply for grant or other funding with them in the future</td>
<td>Contracting</td>
<td>5</td>
<td>14%</td>
</tr>
</tbody>
</table>

Table 9: Strength of Evidence for Collaboration Levels

<table>
<thead>
<tr>
<th>Companion &quot;C-Word&quot;</th>
<th>Evidence in Interviews</th>
<th>Evidence in Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicating</td>
<td>Moderate</td>
<td>Strong</td>
</tr>
<tr>
<td>Connecting</td>
<td>Strong</td>
<td>Strong</td>
</tr>
<tr>
<td>Cooperating</td>
<td>Emergent</td>
<td>Moderate</td>
</tr>
<tr>
<td>Consulting</td>
<td>Emergent</td>
<td>Strong</td>
</tr>
<tr>
<td>Coordinating</td>
<td>Emergent</td>
<td>Moderate</td>
</tr>
<tr>
<td>Co-Locating</td>
<td>Emergent</td>
<td>Emergent</td>
</tr>
<tr>
<td>Community Building</td>
<td>Emergent</td>
<td>Emergent</td>
</tr>
<tr>
<td>Contracting</td>
<td>Emergent</td>
<td>Emergent</td>
</tr>
</tbody>
</table>

**Companion “C-Words”**. The companion “C-Words” represent a developmental progression of phases of collaboration activities (Claiborne & Lawson, 2005). Though not all collaborations move linearly from one phase to another, each phase does represent more complex
and embedded relationships and structures within the collaboration. The AFC initiative’s collaboration phases are evaluated here in the order of complexity suggested by Claiborne and Lawson (2005).

Responses to the survey’s collaboration questions sorted by companion “C-Words” are found in Table 8. In Table 9, the strength of the evidence for the presence of Companion “C-Words” in both phases of the study are displayed. For the qualitative phase, strength was determined based on the level of detail and quantity of examples provided that relate to the collaboration theme. For the evidence from the survey, evidence was considered “strong” if the average percentage of “yes” responses for the corresponding questions was 75% or higher, “moderate” if the average percentage of “yes” responses were between 25% and 75%, and “emergent” if the average percentage of “yes” responses was less than 25%.

Based on these benchmarks, the findings regarding Companion “C-Words” are moderately corroborated by the qualitative and quantitative phases of the study. This indicates some degree of reliability and validity between the two modes of inquiry.

In both exploratory research phases, Communicating and Connecting were frequently described or indicated, and Co-locating and Contracting had weaker but not non-existent evidence. It seems that the Coalition has made some progress with Communicating and Connecting. However, the evidence for Communicating was assessed as only moderate and not strong in the interviews, because while communication actions were frequently described by respondents, these actions were primarily occurring only at Coalition meetings or stemming from one key organization sending email blasts to the entire Coalition. Coalition members did not report having easy access to back-and-forth communication with the group outside of Coalition meetings. Communications did not strongly meet the criteria of being continuous and ongoing.
(Kania & Kramer, 2011), or having developed formal systems and structures for sharing information (Claiborne & Lawson, 2005).

The Coalition’s next strongest collaboration activities, which have much room for improvement, are Cooperating, Consulting, and Coordinating. After working on those areas, the Coalition may be ready to advance to activities related to Co-locating, Community Building, and Contracting. The progression is not likely to be linear, and elements of all of the Collaboration phases may be present or develop throughout the process.

There is only one case in which evidence was “emergent” in the interviews but “strong” in the survey: Consulting. In the qualitative interviews, respondents were asked and probed about specific instances in which they had worked with or learned from a partner in the AFC initiative. However, while interviewees generally thought that they had worked well with their partners, they had difficulty describing specific instances in which they had engaged in these ways. In the surveys, on the other hand, they were asked more specifically about whether they had asked for information or developed programs based on information received from a partner that they had already specified. Perhaps the more concrete nature of the survey questions sparked their memories about their previous interactions with their partners. Additionally, since a majority of the survey respondents selected only one partner, they may have picked a partner with whom they work very closely and thus are more likely to consult with regularly. The degree to which they consult with any other member of the Coalition is unknown. Further research is needed in order to understand why the evidence on Consulting varies to such a great extent in the two phases of this study. This could improve the validity of the survey measurement tool.

There are three cases in which there is “emergent” evidence for a Companion “C-Word” in one phase of the study but “moderate” in the other: Cooperating and Coordinating, which are
stronger in the survey, and Community Building, which is stronger in the interviews. For Cooperating, there was only one item on the survey: “We speak or table at their events.” Similar to the discrepancies in Consulting, respondents to the survey may have been able to think more concretely about one specific partner, with whom they may have had a very close working relationship, and so were more likely to respond positively to the item on the survey than when asked about Cooperating in general, in the qualitative interviews.

For Coordinating, the survey items asked whether they share data and set new goals with their selected partner. The responses to these questions were 43% and 41% “Yes,” respectively, which are on the low end of this study’s cutoff for “moderate.” In the interviews, on the other hand, mission compatibility and shared goals seemed to be more endured. However, there was little talk about division of labor or joint decision-making mechanisms, which are activities that Claiborne & Lawson (2005) suggest represent the collaboration activities related to Coordinating. It is possible that the meaning of “setting new goals together” for the survey respondents may not reflect the way in which Claiborne and Lawson (2005) intended it be operationalized. This could explain the discrepancy in evidence found in the two phases of research.

One question was asked in the survey to understand the social integration mechanisms of Community Building. The survey item “I or someone from my organization is on their board of directors” was chosen because serving on each other’s boards was described in the interviews, so the researcher knew that there was some evidence of this activity occurring, and because it represented social trust, norms of reciprocity, and supportive settings for interactions. However, the low rate of “Yes” responses indicates that perhaps there was not as much evidence of Community Building as we thought there would be, or that this question was not adequate for
capturing the extent of this phenomenon. Serving on a board of directors is also a position of power, and achievement of that position might not in reality represent interdependencies, but instead reveal politics and hierarchies of the community.

**Continuum of collaboration for aging-friendly community initiatives.**

Scharlach and Lehning (2016) describe a continuum of collaboration for aging-friendly community initiatives that are cross-sector collaborations, based on Kania and Kramer’s (2011) framework. This continuum overlaps with Claiborne and Lawson’s (2005) model and is worth revisiting here. The points on the continuum are as follows:

- Competition
- Coexistence
- Communication (i.e. information sharing)
- Cooperation (i.e. working together informally in some projects)
- Coordination (adapting systems for mutual gain)
- Collaboration (“longer-term coordinated actions involving shared goals, resources, and actions”, page 164)
- Integration (of programs and resources)

Based on this continuum and in light of the evidence for the Companion “C-Words” discussed above, it seems that this AFC initiative has surpassed competition and achieved some degrees of “coexistence,” “communication,” and “cooperation.” One might conclude that they should next work towards “coordination,” “collaboration,” and “integration.”

As previously described, “communication” was achieved by the Coalition by in three primary ways. First, its creation of the Action Plan provided information about Age-Friendly programs and services available in the community. Second, Coalition members had opportunities to share updates about their programs at Coalition meetings. Finally, information was communicated to Coalition members via email reminders and flyers sent from Coalition leadership to its participants. Nonetheless, Communication remained one-sided. Much of the
communicating in this initiative stemmed from emails and flyers, sharing at Coalition meetings, and the published Action Plan, with few (if any) opportunities for on-going discussion outside of the quarterly Coalition meetings.

“Cooperation” was evident in programs such as developing and implementing the Age-Friendly Businesses and Organizations designation program and in occasions where partners spoke or “tabled” at each other’s events. Coordination, on the other hand, is not yet evident, according to Scharlach and Lehning’s (2016) model: there was little said about systems change as a result of this initiative. Collaboration in Scharlach and Lehning’s (2016) model is presented as a long-term commitment to achieving shared goals using shared resources. Addressing issues of systems and structures (as described in the following section) may help to move this initiative further so that it could be seen as a strong “Collaboration.”

**Missing elements of collaboration.** Other theories of collaboration and collective action presented in chapter two present lenses through which some of the successes and deficits of collaboration in this Age-Friendly Community can be illuminated. Elements from these theories that are discussed here include conflict resolution mechanisms (Claiborne & Lawson, 2005; Bryson et al., 2006); urgency, leadership, and resources (Hanleybrown et al., 2012); organizational structures (Kania & Kramer, 2011), and leadership and process for collaboration (Chrislip & Larsen, 1993).

**Conflict resolution mechanisms.** In addition to providing a theory of collaboration and its phases in the form of the Companion “C-Words,” Claiborne and Lawson (2005) present a model for collaboration in which these collaboration phases are mediated and moderated by conflict resolution and power negotiation mechanisms in order to achieve collaboration benchmarks and outcomes. Through these mechanisms, partners can resolve turf issues, facilitate
norms of reciprocity, develop rules, roles, responsibilities, and accountabilities, and provide linkages, cultural brokers and boundary spanners. These are seen to improve collaboration (Claiborne & Lawson, 2005). Conflict is likely to occur in any collaboration, as described in chapter two, due to partners’ differences in aims, expectations, strategies and tactics, protectionism, and issues of power and status (Bryson et al., 2006).

Issues of conflict were rarely discussed in the qualitative interviews and consequently were not probed about in the survey. However, this does not prove that no conflict exists. Perhaps the questions asked in the interviews were not adequate, or the interviewees did not feel comfortable responding in detail, fearing that their descriptions might influence their relationships with AFC partners. The question asked in the qualitative interviews concerning conflict were:

What challenges have you had in collaborating with other partners?
   - Why do you think this happened?
   - Are there certain roles or activities that are more difficult to collaborate?
   - Are there certain sectors that are more challenging to work with?

Perhaps it would have been more fruitful to inquire about ways that the respondent had managed to work through a conflict, instead of inquiring about details of specific instances of conflict. This shift might have generated more useful information about mitigating conflict, rather than the specific instances of conflict.

**Urgency, leadership, and resources.** In addition to mechanisms facilitating collaboration, socio-political conditions can also drive successful collaborations. According to Hanleybrown et al. (2012), there are three critical conditions to successful cross-sector collaboration. These include urgency, leadership, and resources. Urgency typically necessitates some sort of threat or opportunity that sparks a need for collaboration. While the individual- and community-level risks
of not adequately meeting the needs of an aging population are apparent, it is not clear as to whether urgency is a strong motivator for this initiative. Since all members of the Coalition are voluntarily there (i.e. the Coalition neither receives nor provides funding to participants or programs), this collaboration relies on the value that the participating organizations, businesses, agencies, and individual community members perceive of the initiative.

In addition, outcome evaluation is not embedded in the AFC model except for the final stage. This presents a paradox: stakeholders and potential funders want to see the value of an initiative before investing resources, but it can be challenging to be able to relate the value of the Coalition and its activities without resources with which to conduct an evaluation. Similarly, employers may want to see concrete evidence of the value the initiative brings to the community before investing the time of their staff in AFC activities. While some staff representing organizations on the Coalition may be salaried and have more flexibility spending their time on job-related tasks, their employer still has to see value in the time spent on AFC activities among all of their other job needs competing for their time. As a result of these limitations, the Coalition has limited resources for planning and implementation. The resources that it does have, in this case, are individuals from the community and its organizations who envision a positive impact of the AFC initiative and who participate largely on their own time and without additional financial resources to support initiative activities.

The voluntary nature of Coalition membership means that other job-related tasks often take precedence over AFC work. As a result, some AFC activities may take a long time to move forward. Perhaps this lack of resources is a result of a perceived lack of urgency, or perhaps there simply are not enough resources available in the community, both in terms of personnel time and funding. Many Coalition members have jobs with heavy workloads or other volunteer or
personal responsibilities that compete for their time and that prohibit the collaborative Coalition work from being advanced.

Further, the current gap in the leadership of the initiative may be impeding participants’ ability to prioritize Age-Friendly work. However, in the past, leaders were effective at motivating and sustaining participation. The absence of leadership might explain the low levels of recent collaboration activities, the low response rate in this study, as well as lack of sufficient information on Coalition members (resulting in email requests not being delivered). The next phase of their work might warrant more attention to structure, grant seeking, and leadership development, potentially with dedicated funding for a paid facilitator and/or evaluator.

The survey for this study included some questions related to participants’ visions for the structure and leadership of the Coalition moving forward, and what roles they could see themselves and their organizations taking. Complete findings from this part of the survey can be found in Appendix D. Visions for the re-structuring, as found in the survey, were largely split between looking for funding for a paid position (41%), shared responsibilities among coalition members (32%), and forming a nonprofit organization (18%).

Respondents were also split regarding their perceptions of the need to recruit more members. Thirty-three percent indicated that new Coalition members should not be sought at this time but instead focus on re-structuring and re-visioning, while 29% thought the Coalition should recruit more community members, particularly older, poor, and/or disabled people, and 21% indicated that they would like to see more local businesses represented on the Coalition.

Survey respondents largely agreed that they would like to see the Coalition take on new projects (46% prefer selecting 3-5 projects from the action plan, and 27% prefer selecting a new project every year), and had many ideas for projects that they would like to see the Coalition
undertake. These ideas encompassed many areas of community improvement. Ideas for new projects in the community included building trails and accessible parks, hosting a resource fair, and improving the age-friendliness of public events in the County. Ideas for partnership projects included joining with other collaborations and coalitions in the community, creating an Age-Friendly community center with a local medical school, partnering with the Downtown Development project to incorporate the needs of older persons, and training local businesses on Age-Friendly practices. Projects intended to promote, advocate, and increase awareness of issues of aging in place in the County include outreach to elderly to educate them about the services available to them, spotlighting Age-Friendly Business and Organization designees to increase project visibility, general promotion of the Coalition’s activities, and advocating for policy that would support a comprehensive source for information about services available to older persons.

Survey respondents also had ideas for the role that they or their organization could take in enacting the project(s) they described, and only one respondent indicated that they would not have time to participate in a project. The roles described reflect many stages of program design and implementation, and reflect the strengths and skills discussed in chapter four. The roles described include planning, facilitating, identifying funding sources, grant-writing, organizing, networking, providing/organizing volunteer labor for events, research design and analysis, consulting for aging- and accessibility-related issues, promoting programs and events, public endorsement, public relations (i.e. media), and organizational development.

Based on the responses to the questions about ideas for projects and roles that individuals and organizations have the potential or capacity to take on, it does seem that there is some motivation and human resources to accomplish future Age-Friendly goals. However, many of the roles described are supportive – i.e., “promoting,” “assisting,” “endorsing,” and “helping” –
rather than administrative. Leadership roles and activities such as “planning,” “organizing,” and “facilitating” were listed less frequently. While no respondent indicated that they could see themselves taking ownership of the next project, most could envision some sort of role using their own strengths and the strengths of their organization. These strengths spanned many components of project design, implementation, promotion, and evaluation.

**Organizational structures.** Both interview and survey respondents indicated that they want to be doing more to support a shared mission of building an Age-Friendly Community, but interview and survey data reveal that the building blocks do not yet seem to be fully in place to support these actions. Kania and Kramer (2011) describe key organizational structures that support cross-sector collaborations in achieving collective impact. To begin with, there should be important and committed actors from different sectors and a common agenda to solve a social problem.

A strength of this AFC initiative is that there have been many different actors across sectors (i.e. government agencies, nonprofit organizations, businesses, and individual volunteers) and service areas (i.e. aging services, community services, faith-based organizations, health services, local businesses, municipal government, senior housing, social services, transportation, and volunteer organizations). These individuals and organizations have been committed enough to develop programs and continue to meet to discuss the Age-Friendliness of their community. Cross-sector collaborations are more likely to be effective in achieving collective action if they are working on “adaptive problems,” or societal problems, rather than technical problems (Kania & Kramer, 2011). This effectiveness in addressing adaptive rather than technical problems depends on innovation and a willingness to confront complex challenges with no simple solution, and with no singular authority or resources to make the needed changes. The premise is that
social problems are complex and multidetermined, and if sectors were to work independently, solutions would likely be fragmented or duplicated.

Based on these principles, Age-Friendly Communities Initiatives have potential to be rich opportunities for collective impact, utilizing cross-sector collaboration. However, Kania and Kramer (2011) suggest some key conditions for collective impact. These are:

- **Common agenda:** shared vision for change with a common understanding of problem, shared goals/objectives, and agreement on how is best to proceed
- **Mutually reinforcing activities:** coordinated efforts based on the agenda, which can be adjusted based on lessons learned
- **Shared measurement systems:** for accountability, continuous quality improvement, and to measure progress towards goals/objectives
- **Continuous communication:** to build trust, ensure the focus is on mutual objectives, and to create a common motivation
- **A backbone organization:** to guide the vision/strategy, facilitate effective dialogue, manage data collection and analysis, support community engagement, and develop effective communications

These conditions further illuminate some of the necessary conditions for a collaboration that has shared goals and supportive structures. A “common agenda,” for example, starts with a shared understanding of a problem facing the community, such as an aging population with inadequate community supports that meet the Domains of Livability. This agenda must also include goals, objectives, and an agreement on how to proceed, such as is evidenced by the Action Plan developed by the Coalition. However, after these actions are agreed upon, coordinated efforts with accountability and communication mechanisms should be initiated and revised as needed.

While there was some evidence of communication occurring in this study, it is unclear as to whether there were formal mechanisms for this to occur. Rather, it seemed that information flowed through a few key organizations or by word of mouth, and only from limited avenues. These methods of communication may be a function of the community’s rurality: face-to-face interactions may be “the way of the land.” Telephone and internet service is limited in many of
the more remote areas of the county. Thus, what might be considered “informal” or limited communication streams based on an urban-centric model might actually be a relatively sophisticated system in this community.

Evidence of mechanisms for accountability and measuring goal attainment pertaining to this initiative were found in the Action Plan document. However, they were not mentioned during the qualitative interviews. There is no evidence that goal attainment was ever measured. These gaps between stated goals and progress charting regarding outcomes sought may indicate that these systems for charting and evaluating progress are either absent or had not been prioritized. This lack of structured mechanisms for such goal-oriented accountability as a key collaboration component in the Coalition could relate to its current period of transition and corresponding gaps in leadership and resources. Based on interview responses, it seemed that much of the current motivation for participants to continue to attend meetings and to participate in this study seemed to be out of respect for the people who brought them into the AFC work who are no longer part of it, as well as the general knowledge of the compelling needs of the community that continues to age.

However, this type of motivation is unlikely to be sustainable. While the convening organization continues to send out communications and host Coalition meetings, there is no backbone organization supporting this initiative. The convening organization does not have the resources to provide staff time or funding for programs. Its own sustainability is a source of concern, given uncertainties in each election cycle. A backbone organization can perform administrative roles, such as the convening organization has historically done in this initiative (Zuckerman, 2016; Kania & Kramer, 2011), or can be more involved in driving the decision-making and coordination of collaboration work (Bryson et al., 2006). The presence of a strong
backbone organization in this initiative could greatly enhance the cohesiveness of the group and provide structure by which mechanisms for collaboration can be developed and housed. This backbone organization could be one of the organizations currently involved, in any sector. Perhaps an organization that is already central in the social network of the Coalition would be an ideal candidate, an organization that is already invested and has bought-in to the importance of the work.

If one of these organizations were to be selected, power structures and inclusionary practices must be adhered to so that certain partners are not left out and that relationships are empowering to the community as a whole. Another idea that was generated by the Coalition members was to create a nonprofit organization wholly devoted to housing the Age-Friendly Communities initiative in the County. This option could circumvent any hierarchical or power issues with the current relationships among organizations. However, it would be resource-intensive in a community that already struggles with having funding and personnel available for its current programs.

**Leadership and process of collaboration.** Interview respondents described the Coalition as being in a transition between leaders. They described a leadership ‘void’ at the time of the interviews, and no plan for which individuals or organizations would take over important roles for the Coalition. The survey asked respondents about how they would like to see the Coalition’s leadership restructured and where the initiative should be housed. While many (41%) respondents wanted to look for funding for a paid position, shared responsibilities among current Coalition members was also a popular option (32%), and a vocal minority wanted to form a new
nonprofit organization (18%)\textsuperscript{x}. No one option for restructuring leadership held the clear majority of survey responses, and the preceding and ensuing discussions of these options at Coalition meetings did not reach consensus. The Coalition seems to need some guidance for how to address its leadership ‘void.’ While this study did not have a high enough response rate to fully map what future directions compel the greatest interest, it nonetheless found several directions that need more exploration.

Chrislip and Larsen (1993)’s framework for developing a successful community collaboration with sustained momentum provides a guide for developing leadership for collaboration. By developing the processes and collaborative leadership skills intentionally, collaboration can build civic engagement in the community, or a ‘civic community’ that has the capacity to seek solutions to its challenges. Chrislip and Larsen (1993) provide criteria for successful collaboration, how to sustain momentum, and how to cultivate leadership skills.

Criteria for a successful collaboration. Criteria for a successful collaboration include:

- Good timing and clear need
- Strong stakeholder groups
- Broad-based involvement
- Credibility and openness of process
- Commitment/involvement of high-level, visible leaders
- Support or acquiescence of ‘established’ authorities or powers
- Overcoming mistrust and skepticism
- Strong leadership of the process
- Interim successes
- Shift to broader concerns

\textsuperscript{x} Though the survey data reflected that few Coalition members wanted to form a nonprofit organization to lead the AFC initiative, the respondents in favor were vocal during Coalition meetings. As a result, much of the time in the Coalition meetings spent discussing plans for restructuring leadership was focused on creating a nonprofit organization.
The Coalition seemed to have been formed out of the first criteria – good timing and clear need – as evidenced by its largely attended Community Empowerment Project, which led into the AFC initiative. Strong stakeholder groups and broad-based involvement seemed to be fairly strong, as evidenced by the diverse service areas and sectors represented. However, many survey and interview respondents indicated that they would like to see more older persons and persons with disabilities from the community involved in the initiative. While the exclusion of these vulnerable persons from the Coalition was likely unintentional, their absence evidences their lack of power (Chavis, 2001). The power in the Coalition is likely to reside with the organizations, sectors, and service areas most strongly represented on the Coalition (Chavis, 2001), which in this case are the nonprofits in the health and social services fields, as well as the government agencies working with aging and health.

While there did seem to be commitment and involvement of high-level, visible leaders, such as mayors and leaders of large nonprofit organizations, interview respondents questioned their levels of commitment and involvement. While they may have attended meetings on occasion, they did not take on leadership or funding roles. These stakeholders were likely to be those who wield power and authority in the community, by deciding which projects get priority for funding. It is unclear whether they have acquiesced their power by being members rather than leaders or instrumental supporters of the initiative, or that they simply have not shown strong support.

The credibility, openness, and leadership of the processes of the AFC initiative are also unclear. The Coalition did not seem to have formal processes for identifying and achieving goals and actions. While there were two individuals who convened and facilitated Coalition meetings,
these individuals did not have capacity for further organizing of AFC tasks. Individual Coalition members brought up issues at the quarterly Coalition meetings, but there was no standard process for addressing these issues. A sub-committee might be formed to explore options, develop, plan, and implement. Sub-committees will present their progress at Coalition meetings. The transparency of the activities of the sub-committees is limited by their opportunities to communicate with the Coalition.

Mistrust and skepticism do not seem to be issues for the Coalition, except for one description of some mistrust between city and county governments. The group seems to be close-knit, which might be a result of being located rural county and centered in a small city. Interview respondents reported growing up with their fellow Coalition members and having worked together on other community initiatives. They described having high levels of pride in the community and sadness to see it overcome by poverty and dilapidation.

Interim successes were celebrated with yearly award ceremonies held for businesses and organization receiving the Age-Friendly designation. However, since the Coalition had also focused largely on networking and raising awareness about issues regarding aging in place, there were not many other tangible successes to celebrate.

**Sustaining momentum.** Building trust, leadership for process, and pursuing the common purpose are needed to sustain momentum of a collaboration (Chrislip & Larsen 1993). Trust does not seem to have been an issue for this AFC initiative. Coalition members found common ground and built relationships through previously working together, personal connections unrelated to their work, and by the activities of the Community Empowerment project.
Leadership for process, on the other hand, does not seem to have been a priority for this AFC initiative. Safeguards for the process – inclusivity, consensus, and openness – do not seem to have occurred regularly. Facilitation of meetings and other interactions had not been strong. Quarterly meetings focused more on presenting information, rather than problem-solving and planning. Coalition members did not have opportunities to interact with the group outside of meetings. Sub-committees only reported to the larger group at quarterly meetings, rather than ongoing. Since meetings were quarterly, if a stakeholder had to miss a meeting due to scheduling conflict, they might not have the opportunity to address the group for six months.

**Pursuing the common goal.** Pursuing common goals requires a shift in perspective to realize that achieving the collaboration’s goals is good for each stakeholder as well. Moreover, for each stakeholder to assume responsibility for outcome success, there would need to be more evidence of a sense of a shared commitment and accountability for such goals. The common interest benefits everyone, even if a stakeholder’s individual projects do not get prioritized. For example, one participant may very strongly want to build a senior center at a new hospital being constructed in the community in order to increase social opportunities available and accessible in the community. However, the collaboration may decide that they prefer to accomplish this goal by renovating and repurposing a storefront on Main Street that has been vacant but already has accessible doorways and hallways.

This realization requires a shift in perspective from “they” to “us.” The shift can occur naturally, or be cultivated through building trust and strong process leadership. While there did not seem to be any challenges to the common interest of the initiative, interview respondents had different ideas regarding the identity of the Age-Friendly Community initiative. Some associated the AFC initiative with the Action Plan document, others considered the convening organization
and all of its activities to be the AFC initiative, and still others viewed the Age-Friendly Businesses and Organizations designation as the AFC initiative. Though conflicts about the goals of the initiative were not described, the lack of a common identity suggests that there was not a strong common goal and agreement on how to reach that goal.

**Collaboration conclusion.** While there is evidence that collaboration activities have occurred in this Age-Friendly Communities initiative, mainly communicating, connecting, and some consulting, community building, coordinating, and cooperating, contracting, and co-locating, there is room for growth. Networks can be optimized for collective impact. Some key areas for development in this AFC initiative include systems for conflict resolution, increased leadership development with a new structural organization (ideally from a backbone organization), mechanisms for goal planning and attainment (including joint accountability standards and systems), and obtaining resources that could facilitate progress on and evaluation of their goals to improve the social and built environment for persons aging in the community. These developments should build on the existing strengths and structures of the Coalition, including its diversity of stakeholder membership across sectors and service areas, plethora of skills and expertise, and general attitudes of wanting to work together to improve the community. Doing so will further the institutionalization of these values and practices in the partner organizations and the Coalition. The Coalition is at a crossroads, and seems to need to develop leadership, a strong backbone organization, funding, and ongoing progress charting in goals. At this key time of transition for the Coalition, it can position itself to develop these systems and structures that will help to sustain its initiative and progress as it sets and attempts to meet goals.
Implications

Findings from this study can inform subsequent research, policy, and practice of Age-Friendly Communities initiatives. This study presents a new tool that can be further honed and tested for measuring collaboration and Age-Friendly Communities networks over time. With this knowledge, funders and policymakers can better understand where resources may be most supportive of Age-Friendly Communities initiatives. Additionally, communities can anticipate challenges that they may experience when developing and planning for sustainability.

Implications for research.

Further utilization of the social network analysis tool. Following further development and testing, the survey tool developed in this study has potential to be used to measure collaboration in Age-Friendly Communities initiatives. It can be used to chart the progress of such initiatives in order to better understand what types of relationships and activities between which sectors and other stakeholders are more likely to yield sustainable practices in the community. As a social network analysis tool, the survey can be used to document collaboration over time as an initiative develops, and to identify structures that may be common to more successful initiatives, rural initiatives, and other groups of interest. The social network analysis tool can be used in rural communities to see if there are patterns or similarities among rural Age-Friendly Communities initiatives.

The survey questionnaire can also be further studied regarding its potential to measure levels of collaboration as an index. Factor analysis involving a more complete dataset may reveal underlying, latent variables such as building legitimacy, trust, and collaboration itself. This survey may prove to be a useful measurement tool for communitywide, cross-sector collaboration. Multi-level regression modeling by respondent and sector may reveal which
stakeholders are more likely to engage in certain types collaboration activities, further illuminating the key drivers of Age-Friendly collaboration work.

**Collaboration theory and Age-Friendly Communities initiatives.** This study presents some of the structures and processes that comprise how this Age-Friendly Communities initiative functioned. Many of the challenges expressed by study respondents confirm some elements of collaboration theory. For example, communication activities were the most frequently described collaboration activities in both the interviews and the survey. However, there were clear limitations to the way the communications operated, primarily in that they were mainly one-way or occurring only at Coalition meetings. Claiborne & Lawson describe communication as developing mechanisms for sharing information (Claiborne & Lawson, 2005). Chrislip and Larsen (1993), on the other hand, describe communication as a *prerequisite* for collaboration. This is consistent with Volunteer 1’s interview description of the value of attending Coalition meetings: “Being together with other service providers sparks ideas. And sparks the coalitions that could happen. So I think that’s what makes the meetings important…It fosters communication, and then collaboration.” The types of communication that have occurred in this initiative may be the precursors to collaboration, rather than indicative of the presence of collaboration.

Findings from this study also reveal that the language and definitions of collaboration concepts remain ambiguous and unclear in practice. Interview respondents reacted to the term “collaboration” in different ways. Some considered congenial rather than competitive relationships to be collaboration, while others considered the term to refer to jargon used by their employer. During some interviews, respondents’ perceptions of the term “collaboration” changed after the researcher pointed out that an activity that they had described might be considered a
collaboration. This change revealed that the research on collaboration is not always independent of the collaboration process. By bringing attention to the collaboration aspects of their work and a new way to name what they are doing and seeing, AFC participants may change their attitudes towards and perhaps even their actions in the initiative.

This study pilots the use of social network analysis to measure collaboration activities in an Age-Friendly Communities initiative. In the qualitative phase of the study, there was evidence of some strong and some emerging collaboration activities and relationships. Underlying these concepts were some building blocks for collaboration, such as trust and reciprocity, that may have been present in the community and exhibited among the stakeholders represented in this study before the initiative began. Further probing of these concepts, as well as respondents’ perceptions of the nature of collaboration, might yield a deeper understanding of collaboration in an Age-Friendly Community. Other topics to explore include how being an Age-Friendly Community Initiative in a rural community plays into the strengths and limitations of this initiative. For example, while social networks among the stakeholders may be very tightly knit, barriers such as transportation, housing, and shortages in providers may relate to profound challenges in fulfilling Age-Friendly ideals.

Another line of research for the future can include the effects of an all-volunteer group versus that with dedicated funding for programming and paid staff. It would be interesting to study how other communities experience these challenges and dynamics, particularly those communities that do have a backbone organization supporting much of the Age-Friendly initiative’s work.

The absence of outcome evaluation in this initiative yet the strong desire expressed by study participants for data supporting their work suggests that future studies can move towards
investigating outcomes, particularly in rural settings. Future studies can also look at whether these collaborations have addressed the fragmentation, lack of coordination, and gaps in available services that are the common reasons that cross-sector collaborations form (Scharlach and Lehning, 2016).

**Evaluating Age-Friendly Communities initiatives.** Future studies can also evaluate progress regarding the eight domains of an Age-Friendly Community. Some potential research questions include:

- Have opportunities for transportation, housing, outdoor spaces and buildings, social participation, respect and social inclusion, civic participation and employment, communication and information, and community support and health services increased?
- Are older persons more socially connected, healthier, and happier as a result of this initiative?

Some of these items are likely to be addressed by the Coalition in its next phase which may address evaluation. This phase may include examining how the Coalition it has met its goals in areas described in its Action Plan, what the current needs are in their community (including new needs that have arisen in the last years since they conducted a needs assessment), and plan new actions for addressing these needs.

**Age-Friendly rural communities.** Much of the research that led to the design of the Age-Friendly Communities global initiative was based on needs assessments of larger urban areas. However, this study was conducted in a rural county with an above-average poverty rate, low median income levels and a largely aging population. When compared to their peers in urban and suburban areas, persons aging in a rural community can face higher levels of need in arenas such as housing, transportation, healthcare, finances, caregiving, falls, social inclusion, support
systems, mental and physical health, functional disability, sedentary lifestyle, less use of preventative care, and chronic illness (Bascu et al., 2012; Spina & Menec, 2015). Buffel and Phillipson (2018) question whether AFC initiatives consider the needs of the most marginalized in a community, such as persons who experience poverty, health declines, and racial/ethnic minorities. Age-Friendly Communities’ initiatives provide very limited resources yet aim to enact many large-scale changes in the community. Communities without resources to invest in this initiative may not be able to fulfill AFC obligations.

It is possible that the networks and activities depicted in this study are sparser than expected because the resource limitations (and high levels of need) of the community were not addressed in the early stages of the initiative. It is also possible that the networks depicted in this study might be representative of this type of collaboration in a rural area, in which the few organizations that do exist are spread thinly in terms of obligations and resources. A county-level collective action strategy may not be sufficient for pursuing Age-Friendly goals. Perhaps a rural AFC initiative should be cross-county or regional. Many of the organizations represented by respondents in this study serve multiple counties and even cross state lines. If the social problems that the initiative intends to address are regional rather than local, then the solutions should also be regional (Chrislip & Larsen, 1993).

Many of the study respondents in this study also described other community coalitions and initiatives with which they were involved, many of which are related to but not solely focused on aging. These include poverty reduction, tobacco use reduction, obesity reduction, and housing development. In a rural community with low levels of resources but high levels of need, the Age-Friendly initiative might want to integrate with other community initiatives, rather than compete with them for personnel and financial resources.
Implications for policy. Aging-in-place initiatives seem to operate in an environment in which there is a policy deficit. This can be attributed to a variety of factors, including limited funding from the Federal government and other sources for grants for aging services. Further, the lack of sufficient models, such as a rural Age-Friendly initiative, may be compounded by the lack of political leadership to champion initiatives, and an insufficient capacity to sustain long-term work (Fitzgerald & Caro, 2014). Compared to systems that foster services for health care, such as Medicare and the Social Security Administration (SSI and SSDI), the Administration on Aging (AOA) is poorly funded, and as a result cannot support state and local programs (Binstock, 1991). The AOA also seems to have limited power, since it lacks authority to support its own social goals, and the services it does support are diffused and fragmented (Binstock, 1991). Nonetheless, the programs that the OAA does support can impact the social and built environment for persons aging in their communities. However, its limitations in funding and authority trickle down to the state and local level.

Findings from this and future studies can help to determine where resources should be devoted such that policy most effectively supports Age-Friendly work, and where challenges may be anticipated. This study further illuminates which sectors might be good candidates for housing Age-Friendly initiatives.

In the survey, aging services providers were most frequently cited as partners, but only two different aging services agencies and organizations were identified. It seems that this initiative greatly relies on these players. However, one must wonder if this reliance is sustainable, considering that there is a lot of turnover in these positions, that there is no designated funding for Age-Friendly activities in these positions, and given the possible instability in the future of these organizations and agencies. For example, the local government
agency in the aging services field can be disbanded at any time if the county executive decides to do so. These agencies and organizations themselves have sustainability concerns; let alone their worry about sustainability of the AFC initiative. Policies that might support funded mandates might help to better solidify funding for these organizations that are so crucial to Age-Friendly work, so that they can continue to do this work without worrying whether their organization will last another year.

In the survey, one question was asked about plans to apply for future funding. As seen in Figure 19, representatives from nonprofit organizations frequently indicated that they were looking to apply for grants in the future, and their selected partners are mostly local government. While this survey did not ask whether the respondents feel that they have the capacities to apply for grants, grant-writing skills development programs could be helpful so as to support these intentions. Since this study revealed a lack of organizational structure for the Age-Friendly initiative as well as the lack of a backbone organization, it is likely that additional supports may assist Age-Friendly Communities partners in putting together grant proposals and to think about where the grant programs might be housed (i.e. in the nonprofit organizations or in government agencies).

In general, there were many nonprofit organizations revealed to be active partners in the initiative; eight out of the fifteen interviews were with representatives from nonprofit organizations, and 20 of the 33 respondents and partners indicated in the survey were nonprofit organizations (there is some overlap between the samples from the two phases). However, it is revealed in the social network analysis that the nonprofit organizations are more disconnected from other partners than partners in local government. According to the respondents, it was revealed that the nonprofit organizations that are the most connected work in health and social
services, rather than housing, transportation, faith-based, or volunteer services. Perhaps they have more collaboration as measured by this study because their goals and scope of work align with the government agencies driving the initiative. These partners might be good bridging organizations for collaboration among the AFC partners.

**Implications for practice.** As more Age-Friendly Communities initiatives move into the Evaluation and Sustainability phases, findings from studies such as this pilot can help inform some of their evaluation design and sustainability planning. The exploratory study builds a beginning understanding of what a rural community might look like in terms of collaboration structures and its activities and relationships that drive the work. Moreover, the study offers some suggested variables for future outcome evaluation. Future studies can look at which relationships between stakeholders might need to be strengthened, and how prioritizing a backbone organization and other structural mechanisms (such as a facilitator) might help to improve the chances of sustaining this initiative after the initial phases of support lapse. However, more can also be probed regarding power in the existing hierarchical relationships. Who has the power, the city or the county government, or the large organizations that provide services? Should such power be leveraged, or should it be redistributed in favor of empowering other voices?

The study also provides some insights for how to approach collaboration work in a rural Age-Friendly Community. First of all, word of mouth is crucial for communicating information and for gathering support. Other technologies for communication, such as websites and social media, were not cited very frequently as modes of communication between stakeholders and also with the broader community. It may be the case that people in this community do not really trust some technologies for communication, that they are less likely to use them due to issues of
access, or just that the norms of the community involve word of mouth communication via face-to-face interactions or personalized phone calls.

Next, it seems that some organizations might be trusted as purveyors of information and knowledge about community needs. In practice, these trusted organizations should be identified, and their social capital should be utilized. Finally, participants in this study generally expressed a pride in their locale. This is an asset upon which rural age friendly work can build. If participants love their parks, then Age-Friendly events or programs can be accelerated in the parks. Or, a park revitalization project might ensue which engages the community and provides an accessible amenity.

Despite the length of time working together, this AFC initiative has much room to advance as a collaboration. As discussed earlier, Age-Friendly Communities initiatives require action plans. However, one can infer from this pilot study that action plans that lack implementation steps will be less effective tools. Thus, such action plans need to address the identified needs in the community, including who will be responsible and how progress will be measured. In practice, the action plan in this pilot study proved to be invaluable as a documentation of resources available in the community. Written with well-articulated goals, mission, and evaluation items, this document was used more for connecting and communicating, rather than for coordinating, other Companion “C-Words,” and establishing systems of governance, responsibility, and accountability. What this reveals, is that a comprehensive resource guide was very much needed and valued by people who work with issues relating to aging in place in this community. Other communities may similarly benefit from resources to develop a clearinghouse of information. However, it is clear from this study that Age-Friendly initiatives need to have more support in developing governance systems.
Limitations

This pilot study aimed to explore the collaboration activities and relationships that occur in an Age-Friendly Community initiative in a rural county in New York State. There are limitations to this study, both in methodology and interpretation of findings. Limitations are presented first for the qualitative interviews, then for the survey, and finally for the study in general.

Limitations in the qualitative interviews. The qualitative interviews were instrumental for learning about the activities of the initiative and informing the design of a network analysis tool. One of the key limiting factors in the qualitative interviews was the inability to interview some of the people who had been crucial to so much of the initiative’s development but are now deceased or retired. As a result, some important perspectives and potentially some activities are likely to be missing from this study. In some of these cases, the researcher was able to interview the successor to the position. While this means that the researcher was still able to obtain information from respondents about their organization’s participation in the initiative, it is very likely to be different from the information that the predecessor might have provided. Thus, an additional limitation to this study is the unit of analysis: can an individual be truly separated from the organization? Individuals bring their own perspectives, perceptions, skills, and knowledge to the table, but the organization also constitutes a collective that may be more diverse and thus generate other perspectives and expertise.

Another limitation to the qualitative interviews is that the researcher began this study with the notion that the Coalition members would have the same conceptualization of collaboration as each other and as the researcher. This notion was quickly discredited early in the interviews, and subsequent interview probes were modified to utilize terms such as “the
Coalition,” when referring to the core group of collaborators, and “at the table” and “away from the table,” when referring to activities respondents had observed or in which they had participated, instead of using the term “collaboration”. These modifications led to data being generated regarding collaboration roles, relationships, and activities. However, the modifications also represent a missed opportunity to probe more about what collaboration means to each individual and to the Coalition as a whole. Rather than defining collaboration in this limited way for them, an opportunity was missed in asking respondents to describe what collaboration meant to each of them. Doing so may have helped to better contextualize the findings as well as to begin to understand more about collaboration in a rural community initiative.

**Limitations in the survey.** Some of the limitations in the survey phase of this study include respondent bias, small sample size, and gaps in the collaboration questions asked. In order to keep the survey to a length respectful to the time of the respondents, questions about collaboration topics such as conflict resolution and management systems that did not arise during the interviews were not included in the survey. Additionally, certain questions might benefit from revision in order to more accurately reflect the collaboration concepts they are intended to measure. For example, the question about sharing data could be clarified so that all respondents are provided with a standard meaning for what sharing data is. It is possible that some respondents interpreted data sharing to mean that their databases were fully integrated, while others might consider sharing data to mean reading each other’s reports or responding to specific inquiries.

**Sample size and respondent bias.** Since about half of the social network data in the survey come from two respondents, there is likely to be a great deal of bias. A respondent’s answers to the series of items concerning collaboration activities for one partner might be similar
to the responses that they provide for other partners that they select. This is because that respondent might have a certain conception of what those items mean and how they choose to rate them. With a larger sample size that includes more respondents who select multiple partners, it might have been possible to use multi-level modeling techniques to compute the correlations between responses from the same individual and compensate for the biases. However, it is also possible that these responses are not biased and rather reflect that they were representing an organization that was more engaged and participated in more interactions than those represented by other respondents.

Most respondents only selected one partner. While it is possible that they only perceived having one partner with whom they work on Age-Friendly goals, it is also likely that the survey mechanisms deterred respondents from selecting multiple partners. This could be due to perceived tedium, or too long of a list of partners from which to select. In order to encourage selection of more partners, future studies should use survey software that has more sophisticated capacities for answer piping. With this tool, respondents would be able to select all of their partners on one page, and then the subsequent pages asking questions about collaboration activities would be pre-filled with the partners whom they had already selected. Additionally, the list of participants provided for selection was intended to be inclusive of all organizations, businesses, and agencies that had participated in the initiative at any time. Consequently, there were more than one hundred partners from which to select. Respondents may have been intimidated by the size of this list, and selected the first partner they recognized, rather than carefully reading through the whole list. The size of the list may have also contributed to having numerous partners that were only selected as a partner by one respondent. If respondents were only going to select one partner for the survey, regardless of how many stakeholders with which
they may have actually partnered, having a large list to choose from means that it is less likely that two respondents will select the same partner. Future studies might look at ways to reduce the list size.

The small sample size also means that many stakeholders are not represented in the survey. Organizations that were indicated as partners by survey respondents were contacted with a personal invitation to take the survey, but at the end of the data collection period, 15 out of the 33 organizations selected by respondents as partners did not have a representative complete the survey. Thus, inferences cannot be drawn from the study about the reciprocity of relationships. Additionally, there are likely to be ties in the network that are not represented by survey analysis or depicted in the sociograms.

There are many possible reasons for nonresponse. First of all, there had been turnover in many of the organizations that had participated in the initiative, and in some cases where the contact person had left the position, retired, or was deceased, no new person was designated as the contact for the AFC Coalition by the time that survey recruitment emails were sent. It is also possible that the organization no longer existed or that the position vacated by the previous participant remained unfilled.

Secondly, recruitment was conducted in a community-engaged way: invitations were sent by a Coalition member, who also graciously offered to help identify key persons and to send out reminders. However, follow-ups were limited to email reminders, and were sent by the Coalition member rather than the researcher. It was thought that having a trusted Coalition member distribute the surveys would lead to a higher response rate and facilitate ownership of the project. However, this approach to recruitment limited the mode of contact to email, whereas the response rate may have increased with telephone reminders. This may especially be the case in
areas in which individuals experience limited access to broadband internet service, such as in more remote rural areas.

Being unable to receive the email invitation and follow-ups as well as being unable to complete the survey online due to limited access to the internet not only lowers response rates, but it is likely that these same people experience disconnections in other ways. It would have been interesting to learn about how those living or working in the more remote rural areas experience collaboration and overcome barriers to participate in this initiative. However, these voices are not heard in this study. Further, nearly all of the interviews were conducted in stakeholders’ offices in the largest city in the county, and it is likely that the surveys were filled out also by people living and/or working in that city.

Another possible explanation for nonresponse that could result in biased accounts of collaboration activities involves time constraints. Some individuals may not have had time to complete the survey due to other job demands. One might question whether a possible respondent who could not spare the time to take this survey, would have had the time to be a fully engaged member of the Coalition. Such partners would have interesting perspectives to add to the data from the survey and interviews; ‘negative cases’ that provide information that strays from the dominant perspective can help to hone theory (Glaser & Strauss, 1967).

**Gaps in collaboration questions.** It is likely that the questions from this survey might have to be modified for appropriate use in different communities that have experienced different types of collaboration relationships and activities. Also, it is possible that these survey questions do not capture the full range of collaboration variables and should be modified in future studies. There are some key elements of collaboration that are missing from the survey that might have yielded interesting information. Questions on joint accountability and conflict management
would add to the survey’s capacity to gauge collaboration. However, activities related to these concepts did not arise during the interviews. Moreover, prior network analyses of collaboration did not assess them. Specifically, Barnes et al. (2010) asked questions about information, resources, marketing and fundraising; Provan & Sebastian (1998) looked at reciprocated referrals and case coordination between organizations that serve the same clients; and Contandriopolous et al. (2016) asked about resource sharing for joint projects, information sharing about health promotion actions, information sharing about strategic opportunities, and “other.” As a result, questions about joint accountability and conflict resolution mechanisms were not included in the survey for this study because of considerations about survey length, the unlikelihood that any responses would be selected due to the lack of discussion of these themes in the qualitative interviews, and lack of expressed interest by Coalition leadership. Future studies might want to modify or validate the survey questionnaire piloted in this study.

**Limitations of quantitative and mixed-methods social network analysis.** Quantitative social network analysis methods have limitations. Data quality can be impacted by a respondent’s memory or desire to present themselves favorably, by wording of questions in ways that do not accurately correspond to the ways that the respondents perceive or experience the concepts, and misinterpretation of questions (Marsden, 2011). Nonetheless, surveys for SNA have been found to have high levels of reliability and validity in measuring the phenomena they intend to measure (Marsden, 2011).

While utilizing a mixed-methods approach to social network analysis can help improve generalizability of findings (Hollstein, 2011), this study still looked at only one community as a cross-sectional case study. Findings might be contingent on specific characteristics or other
activities occurring in the community that are not uncovered by the study, reducing
generalizability to other implementations of Age-Friendly and Livability work.

**General limitations.** Overall limitations to this study include its cross-sectional nature
and issues with the unit of analysis. Due to both phases of data collection being cross-sectional, it
cannot be reasonably concluded that this study is representative of the entire AFC initiative and
their partner organizations. Moreover, issues with turnover, memory recall, and role changes
may also impede more inclusive responses and respondents. However, stakeholders represented
in both the surveys and the interviews comprise those with as much as ten years of participation,
as well as those with two to five years or less.

**Limitations to a cross-sectional study.** The cross-sectional nature of this exploratory
study represents this network at a point-in-time snapshot, whereas collaboration is a dynamic and
often cyclical process. Thus, it would be interesting to study the nature of this initiative, both in
terms of how it is defined and how the network is structured, at various stages.
Finally, a cross-sectional study cannot be used to determine causal relationships. That is, it
cannot be inferred from this study whether or to what extent participation in the Age-Friendly
Communities initiative helped to develop collaboration activities and relationships among the
stakeholders. This study did not attempt to assess whether these components were caused
directly by AFC affiliation. It is possible that all of the activities and relationships evidenced in
this study were already transpiring before the initiative began. In fact, it is possible that because
of these activities and relationships already occurring, the community was able to pursue the
AFC initiative. However, it is also possible that another factor entirely unrelated to the AFC
facilitated these relationships and activities.
Limitations of the unit of analysis. Issues pertaining to the unit of analysis stem from the challenge of how to capture organizational involvement and commitment separately from individual respondents, over time, and with turnover. In fact, other respondents from the same organization might have offered different views. Even though the queries probed AFC involvement through the entire span of the initiative, it is uncertain as to how much discrepancy in responses might be evident with different representation from the same organization. For example, for one year of the initiative, the Coalition’s main activity was developing the Age-Friendly Businesses and Organizations designation program. If the individual or their organization was not involved in the committee that was developing this program, then they were likely not engaging in many Coalition activities, except perhaps for attending quarterly meetings. However, by asking about participation throughout a ten-year duration, some respondents may have been more prepared and more knowledgeable about the activities of their organization than others. To illustrate, an individual working at a nonprofit organization may have been asked to take over the AFC responsibilities on the organization’s behalf following an abrupt departure of a predecessor. This may have occurred without receiving information about that predecessor’s prior involvement in the initiative.

Further, the individual’s engagement with and contributions to the initiative may be a function of their own personal goals and values, in spite of or in addition to those of their organization. For example, two of the individuals who were key drivers of the initiative, as described in the qualitative interviews (a previous director of a local government agency and a director of a nonprofit organization), devoted personal resources for the advancement of the initiative. While their affiliated organizations did support the values of the Age-Friendly
Community, these individuals spent time and energy beyond those provided by their employers to convene, promote, and work to help fulfill some of the goals of the Coalition.

Despite the many limitations of this study, it offers some insights into an area that has been only lighted studied previously – collaboration in a rural Age-Friendly Community initiative – and piloted a tool that can be further developed to better understand how this and other AFCs develop and sustain their initiatives. While it cannot be concluded that all Age-Friendly Community initiatives function with the same collaboration activities, relationships, and networks, this study provides a starting point for future comparison and longitudinal studies.

Conclusions

This Age-Friendly Community initiative has brought together stakeholders across sectors and from a wide variety of service areas to engage in many collaboration activities aimed towards improving the Age-Friendliness or Livability of a rural county. As one of the first communities in the country to be designated as an Age-Friendly Community and the first in the state, this community is considered by the movement to be an exemplar in identifying and addressing its needs of livability. As this and other communities move into the evaluation stage of the initiative, understanding how this initiative functions in this community helps to then study its impact. This study provided one framework and piloted a social network analysis tool for investigating how collaboration may function and drive such an initiative, which may help to better understand how to support the processes and structures that comprise Age-Friendly Communities work.

Though identified as an exemplar, this study reveals that this AFC initiative needs to develop more leadership and governance structures before it can be viewed as functioning as a collaboration. These governance structures include an intermediary, and facilitator, and a funder,
all of which are lacking in the current structure of the initiative. Additionally, participants in the initiative would like to see more coordinated actions. This community was initially supported financially by a grant from the State for its community empowerment project, and instrumentally by AARP. However, ongoing support structures are needed in order for it to continue to work towards improving the livability of the community. The foundations that this community has must be further developed so that it can continue to lead the way towards building and sustaining Age-Friendly Communities.
References


Appendix A: Qualitative Interview Guide

Intro:

Thank you for agreeing to participate in an interview for my study on Collaboration in Age-Friendly Chemung County. Your perspective is very important to understanding how communities work together to improve lives of older adults and people of all ages.

Before getting started, I would like to review the consent form [pass out and review highlights, particularly parts about audio-recording is to ensure accuracy and that you can pass on any question or opt out at any time].

[if focus group – discuss how everyone should keep confidential things that are said by there peers. Also please don’t interrupt, but feel free to disagree respectfully].

[collect consent form(s)] Great, now I’d like to get started by learning a little more about you and your work with Age-Friendly Chemung.

Intro Questions:

1. Tell me about some of the things you have done as part of the Livable/Age-Friendly Chemung initiative? [to get a general sense of roles, activities, level of commitment; will be probed later]

   a. [will know agency from info form, this is to get them to start talking]
      What sector(s) are you involved in?

      i. Examples to probe if needed: service provision, community member, education, faith-based organization, government, business

   b. Probes:
i. Who have you worked with? In what capacity? [note: we will only report responses by sector; we will not name specific people or organizations]

ii. What events, activities, changes to environments have you been involved with?

c. For Age-Friendly designated businesses and organizations: What does it mean for you/your affiliation to be 'age-friendly'? Can you give 1-2 examples?

2. What drew you in towards Age-Friendly [collaborative] work?
   a. examples to probe if needed: did you experience fragmentation, lack of coordination, gaps in services?

3. What are the things that you see happening with livability partners?
   a. What are some events, services, or changes in the community that you have seen happen?

Questions about roles, relationships, and activities:

4. Who are the key players?
   a. What types of things do they do?
   b. What would you say their roles are?
c. Why do you think that they are key to AFC?

d. Are there any other roles that you see as important to Livability work? Even roles that may not currently be represented.

5. In what ways do you see people collaborating for Age-Friendly work?

   a. What types of exchanges occur between people/agencies/orgs/businesses within the Livability initiative?

   b. Which exchanges do you participate in? Are there some that you wish you could do more or less of?
      i. Examples to probe if needed: do you share information? Plan events together?

   c. Are there some people or agencies that seem to be really successful at collaborating for Age-Friendly work? What about them do you think makes them successful – what do they do and how do they do it?

6. Can you describe an Age-Friendly Chemung activity that was successful? Why was it successful? [could be an activity they participated in or that they witnessed]

**Questions about their experience with AFC:**

7. What are some of the benefits you have experienced from participating?
8. What sorts of things have you provided to other partners/collaborators [ie reciprocity]? What have you brought to the table? What are your strengths as a partner?

9. What challenges have you had in collaborating with other partners?

   a. Why do you think this happened?
   b. Are there certain roles or activities that are more difficult to collaborate?
   c. Are there certain sectors that are more challenging to work with?

10. What is your general impression of how well the Age-Friendly Chemung initiative functions as a collaboration?

11. What challenges have you/your agency had in filling the age-friendly/livability mission?

Concluding questions:

12. Looking ahead, do you see yourself/your org maintaining the relationships you have made during this initiative? In the next year? 5 years? 20 years?
   a. If not, why? What resources would you need? What commitments?

13. Are there other people that you think we should talk to? Programs we should check out? Best burger in the county?
Appendix B: Survey Questionnaire

Age-Friendly County Survey

Thank you for your participation in Age-Friendly County. We are asking you to complete this survey to help us understand what the initiative has accomplished and visions for its future. Findings from this survey will be used to help the Age-Friendly County Coalition decide its next steps, and will also be used in a doctoral dissertation study. This survey should take about 20 minutes to complete.

There are four sections to this survey: The first section asks for some information about you, so that we have a good sense of which organizations are represented. The second section asks for your opinions on how Age-Friendly has benefited the community. The third section asks about your opinions on the next steps that the initiative should take. The final section asks about various types of activities that you have done with other partners at the Age-Friendly table.

Your participation is voluntary. Opting not to participate will not affect your relationship with Age-Friendly. While we hope that you will answer all question, you may choose to skip any question that you are not comfortable answering (if a question is marked as mandatory, you can select "don't know" or write in "skip"). While we do ask you to identify your name and the agency, organization, or business you affiliate with, this information will be used only for data management purposes, will be kept confidential, and no names of individuals or affiliations will be used in reports.

By selecting the "Continue to survey" option below, you consent to participate in this study. If you have any questions about this study or would prefer to complete this survey via telephone, please contact Althea Pestine-Stevens, althearps@gmail.com, 518-414-3056.

* Required

1. Would you like to participate in this survey? *
Mark only one oval.

Continue to survey

I do not wish to participate in this survey Stop filling out this form.

Section 1: Personal information

We ask that you list your name and select which agency, business, or organization you primarily affiliate with for age-friendly work. This information will be used only for data management, and neither your name nor your affiliation will appear in any reporting.

2. Name

３. Please select from the drop-down list which business, organization, or government agency you represent for age-friendly work. If you are a private citizen volunteer, then please select "private citizen volunteer." *

Mark only one oval.

Section 1: Personal information

4. About how long has your agency, business, or organization participated in Age-Friendly County? (If you are a private citizen, then please respond for your individual involvement) *

Mark only one oval.

Less than two years

2-4 years

Four years or more

Skip to question 8.

Section 1: Personal information
The following questions are for respondents who selected "private citizen/individual volunteer" in the previous question.

5. How did you initially get involved with Age-Friendly County?

6. Have you in the past been involved with an agency, business, or organization as part of the Age-Friendly Initiative? For example, did you retire from one of the agencies or serve on the board of an organization? Please select as many options as apply *

*Check all that apply.

Yes, I was involved with a government agency or office
Yes, I was involved with a business
Yes, I was involved with a nonprofit organization
No, my involvement with Age-Friendly County has always been as a private citizen/individual volunteer.

7. Which of the following Age-Friendly partners have you interacted with either directly on Age-Friendly goals or as a result of your participation in the initiative? For example, you may have learned that a partner at the Age-Friendly table had a skill or strength that could help you with your Age-Friendly work or with other service that you do. Please select as many of the following options that apply. *

*Check all that apply.

Skip to question 4.

**Section 2: Has Age-Friendly benefited the community?**

8. In what ways has the Age-Friendly initiative improved the lives of older adults living in County? Please describe your overall thoughts or provide an example. *
9. Who would you say most benefits from the activities of Age-Friendly County? *

Section 3: Visions for Age-Friendly County

The following questions ask for your opinions regarding the next steps for the initiative in terms of its structure and its goals.

10. There is general consensus that we cannot rely on one or two members of the coalition for leadership like we have in the past. What are your thoughts on how leadership should be structured moving forward? *

*Mark only one oval.

- Shared responsibilities among coalition members
- Look for funding for a paid position
- Hire 1-3 interns
- Form a nonprofit organization
- Other:

11. Do you think that we should recruit more members to join the coalition to round it out? Please select as many responses as applicable. *

*Check all that apply.

- Yes, we should recruit more local businesses
- Yes, we should recruit more community members (especially older, poor, and/or disabled)
- Yes, we should recruit more elected officials
- No, we should focus more on restructuring and re-visioning before we look at expanding
- Other:
12. Please describe in your own words what you think the vision of Age-Friendly should be *

13. What sort of project would you like to see Age-Friendly work on? *

*Mark only one oval.*

- We should take on a new project every year
- We should select 3-5 projects from the action plan to work on
- We should do mostly networking, rather than tangible projects
- Other:

14. Please describe one idea that you have for a project. *

15. What type of role could you see yourself or your agency/business/organization taking in that project that you just described? *

16. Which type(s) of direct approach(es) do you think the Age-Friendly Coalition should use to find out how well Age-Friendly has met the needs of people living in the community? Please select as many responses as applicable. *

*Check all that apply.*

- Interview community members
- Hold an event for community members
- Invite more community members to join the coalition
- Invite community members to form a sub-committee
- None, I do not think that we should ask the community members
- Other:

17. In your opinion, would you like to see us engaging more with local businesses? Please select as many responses as applicable. *
Check all that apply.

Yes, they should be at the coalition meetings
Yes, they could be funding our project ideas
Yes, they should have a sub-committee
Yes, we should continue to recruit businesses to be Age-Friendly designated
Yes, we should follow up with businesses that have already been Age-Friendly designated
Nothing, I think that what we are doing is sufficient
Other:

Section 4: Age-Friendly Activities

This section asks about ways in which you have interacted with partners for Age-Friendly activities. You will be asked to select the agency, business, or organization with whom you have worked most closely in the Age-Friendly initiative. Then, you will be asked a series of questions about the types of activities you have engaged in with them. You will then be asked to select another agency, business, or organization with whom you have interacted for Age-Friendly work and complete the same set of questions. You can complete this section up to 10 times with each entity you have worked with - please do as many as you can. Please read each question carefully and answer to the best of your ability.

18. Please select from the drop-down list the name of the agency, businesses, or organization with whom you have worked most closely on Age-Friendly goals. *

Mark only one oval.

19. For the entity you selected above, please respond to each statement from the perspective of your affiliation (i.e. your agency, business, organization, or if unaffiliated, yourself) and its work on Age-Friendly goals. *

Mark only one oval per row.

Options: Yes No Don't know
Questions:
We receive information about programs, services, events, or best practices from them
We provide information about programs, services, events, or best practices to them
We share personnel with them
We share financial resources with them
We share data with them
We develop programs to serve our clients based on information received from them
We ask them for information about services that we do not provide
We refer clients to them
We plan to apply for grant or other funding with them in the future
We set new goals together
I or someone from my organization is on their board of directors
We speak or table at their events We promote their events to our clients
They promote our events to their clients

20. **Would you like to add another partner?** *

*Mark only one oval.*

Yes
No *Skip to question 47.*

**Section 4: Age-Friendly Activities**

Partner 2

21. **Please select from the drop-down list the name of an agency, businesses, or organization with whom you have worked on Age-Friendly goals.** *
22. *repeat questions and response choices from Question 19

23. **Would you like to add another partner?** *

*Mark only one oval.*

Yes

No *Skip to question 47.*

24-46: Repeat questions 21-23 up to eight times

**Last page**

Thank you for taking the time to participate in this survey and for your work to make County age friendly. If you have any additional comments, please write them in the space below.

47. **Comments**
Appendix C: Interest Form for Qualitative Interviews

We want to hear from you about your experience participating in Age-Friendly! Althea Pestine-Stevens, a doctoral student at SUNY Albany’s School of Social Welfare, is conducting a study about collaboration in Age-Friendly Communities. If you are interested in being interviewed for this study, please write your information below and return directly or to apestine@albany.edu. Althea will then contact you to schedule based on the information provided. All interviews will be confidential, voluntary, and you can opt out at any time. Thank you!

Name: ________________________________

Best way to contact you:

Phone _____________________________

Email ______________________________

Are you interested in participating in: (please select all that apply)

☐ A one-on-one interview
☐ A focus group

Which dates do you have availability to schedule an interview or focus group? Please select all that apply.

☐ Wednesday, July 25
☐ July 30 – August 1 (Mon – Wed)
☐ August 8 – 10 (Wed – Fri)
☐ August 20 – 22 (Mon – Wed)

What is the affiliation by which you most closely work with Age-Friendly? Please check the box and provide the name when applicable.

☐ Agency __________________________
☐ Organization______________________ Age-Friendly Designated? Yes/No/Don’t Know
☐ Faith-based organization ___________________________
☐ Business __________________________ Age-Friendly Designated? Yes/No/Don't Know
☐ Volunteer __________________________
☐ Retired __________________________

Which sub-committee(s) have you been involved with? ________________________________

How long (approximately) have you been involved with Age-Friendly? _____________
Appendix D: Preliminary Findings from AFC Survey to Discuss with Coalition Leadership

Sample Description

Total number of responses: 22

Sector of Respondent

- Nonprofit Organization: 41%
- Local Government: 32%
- Independent Volunteer: 18%
- Business: 9%

Profession of Respondent or Organization

- Aging Services: 32%
- Community Services: 16%
- Social Services: 16%
- Volunteer: 16%
- Senior Housing: 8%
- Municipal Government: 4%
- Local Business: 4%
- Transportation: 4%
- Health Services: 8%
- Faith-Based Organization: 4%
Summaries of Responses to Questions

Question 1: In what ways has the Age-Friendly initiative improved the lives of older adults living in County?

Community benefits:

- improved quality of life
- easier to access services, businesses
- knowing that the community cares
- awareness of services available
- physical changes: curb cuts, walkways, parks

Benefits to our organizations:

- awareness to importance of accessibility
- brought together different organizations to improve coordination of efforts and services
- awareness of needs - transportation and walkability
- communication among participants: share information, events, programs, services available
- provide a space for community to work together
- innovative ways to help community
Businesses:

- gotten businesses to think about their how their physical locations and marketing affect older persons
- awareness of award from signage (businesses)

Question 2: Who would you say most benefits from the activities of Age-Friendly County?

- Older persons
- Persons with disabilities
- All residents
- Organizations that provide age-friendly services and activities
- The community
- But, we would like to see more evidence in order to make an “informed judgment”

Question 3: There is general consensus that we cannot rely on one or two members of the coalition for leadership like we have in the past. What are your thoughts on how leadership should be structured moving forward?

How to Restructure Leadership

- Look for funding for a paid position, 9, 41%
- Shared responsibilities among coalition members, 7, 32%
- Form a nonprofit organization, 4, 18%
- Other, 2, 9%

Other Responses:

- Combination of paid position and reforming as not for profit
- Have it as an add-on to another established organization

Comments:
- I think the engagement needs to be long-term, so I don't think interns alone would work. Perhaps some funding for a paid position (maybe part-time) to work with coalition members.
- Although it is important to continually revisit this question, in the past the consensus was that leadership would be shared among coalition members, with contributions based on the missions of the organizations each member represented and/or their personal interests. The Dept of Aging provided meeting reminders, facilitation, minutes and space and compiled information provided by members into the required reports. Subsequent meeting agendas were determined by the coalition at the end of each meeting.

Question 4: Do you think that we should recruit more members to join the coalition to round it out?

![Pie chart showing responses to Question 4]

- Yes, we should recruit more community members (especially older, poor, and/or disabled), 7, 29%
- Yes, we should recruit more local businesses, 5, 21%
- Other, 4, 17%
- No, we should focus more on restructuring and re-visioning before we look at expanding, 8, 33%

Other/Comments:

- Form sub-committees within the group to work on different goals.
- In the past, membership was discussed at each coalition and committee meeting, in an attempt to ensure appropriate representation, as membership and needs continually fluctuated to some degree.
- Not that familiar with current membership
- Really not sure, open for discussion
- I think we should focus on restructuring, then definitely recruit more community members (especially older, poor, and/or disabled)
Question 5: Please describe in your own words what you think the vision of Age-Friendly should be.

Question 6: What sort of project would you like to see Age-Friendly work on?

Other/Comments:

- We need to have some sort of community calendar that lists ALL activities available.
- A selected choice and see it through to the end.
- County should have one group that focuses all the other collaborative efforts in Chemug County. Age-Friendly could be that entity. There is a lot of duplication in efforts, particularly with regard to data collection. Many groups have similar goals and one group where people from the other collaborations get together could help to make sure everyone is going in the same direction and supporting the work of others, while also making sure we are not wasting efforts in duplication.
- Depends who is working on it and how much time they have, but a new project every year would be a good goal.
- I can see us taking on a project and also networking.

Question 7: Please describe one idea that you have for a project.

- Accessibility projects in public parks.
- Partner with Elmira Downtown Development to identify opportunities to improve the downtown experience for older residents; prioritize projects and select one or two that
can be part of the downtown revitalization effort. Start with a benchmark, implement a plan, measure results and evaluate the outcome.

- Awareness of C TRAN service and working with current partners to reach people who need information about using transit.
- I think we should spotlight the businesses that have been designated Age-Friendly, and what they have in place that earned the designation. It will help increase the project's visibility and get more businesses doing it.
- Create a Age Friendly Community Center in association with the Lake Erie College of Osteopathic Medicine LECOM
- Help service businesses set up training and educate the local population to the growing needs for coverage of at home aides in this area. Maybe approach BOCES about offering a class, both day and night training home care aides as well as the medical aides needed. Maybe even try to find donations or sponsoring for scholarships as well as looking into grants that could be used for this purpose.
- In the past, because coalition members were generally consumed by the missions of their organizations and the age-friendly plans that fell within the missions of their organization, the additional projects taken on by the coalition were limited to promotion (see communications plan) and the Age-Friendly Business and Organization Designation program.
- Policy change is best. I often hear the services are there people don't know about them. We need one go to place for information. Creation of a river walk/trail.
- Prioritizing age-friendly conveniences at public events, like preferred seating, transportation if necessary, plenty of accommodations for wheelchairs and walkers, etc.
- Host a resource fair to disseminate information with age friendly partners and invite the community, but focused on older adults.
- Find a way to reach out to the elderly that are alone, bring them out into the community to socialize.
- Uneven sidewalks throughout the community need to be fixed. That would be a great project, making the community more age friendly for people of all ages and abilities
- First, identifying all the existing community collaborations and inviting the leaders to a meeting to discuss how this could work.
- I am working with two ladies assembling a questionarie to make a decision to sell my home, downsize, stay home and hire help, or maybe move to assisted living.
- Development of a community center that serves the needs of everyone living in the county. It would be located in downtown Elmira and offer sites for agency representatives to meet with people, offering information about programs and helping people register. There would be a cafe atmosphere and services, with play areas for children to encourage intergenerational activities. Navigators and medical personnel could meet clients there.
- cleaning up the neighborhoods, decreasing welfare, fighting drug crime.
Question 8: What type of role could you see yourself or your agency/business/organization taking in that project that you just described?

- Planning, consulting, and volunteer labor.
- I could help with research and analysis.
- I supervise a mobility manager who could be involved in this type of project.
- I think the [Organization] could continue to promote to and involve the business community.
- Help to facilitate the project. Discuss this with [Health Organization A] and [Health Organization B]. Look at Funding Opportunities
- Organizing and networking
- Coalition member - promotion
- Assisting at events that fall under our responsibility.
- Being a resource for age friendly
- We are a home care agency and see this daily. Many of our lower income clients are missing socialization.
- Endorsing the project
- Public relations, media, volunteer organizing
- I have a good deal of experience in collaborations, grant writing, and am familiar with many community resources.
- Develop the questionnaire then get it distributed to seniors.
- Organizational design and development
- Supporting law and code enforcement and stronger laws to eliminate the blight we see.
- Open for discussion
- Not sure, this would take some time to figure out 1. where to physically have the calendar and 2. how to get the information from the various agencies and groups and 3. who would keep it up to date
- Don’t have time

Question 9: Which type(s) of direct approach(es) do you think the Age-Friendly Coalition should use to find out how well Age-Friendly has met the needs of people living in the community?
Question 10: In your opinion, would you like to see us engaging more with local businesses?

Please select as many responses as applicable.
Other:

- I am not aware of the current level of involvement.
- In the past, it was determined that most businesses do not have the resources to attend regular meetings and the business community was represented by the very active participation of the Chamber of Commerce. The Age-Friendly Designation was considered an appropriate and effective means to engage local businesses and I believe this could be expanded.
- They are busy - engage when there is a specific ask
- The Chamber can represent businesses on the coalition so they don't have to attend unless they have the time and interest.

Comments:

- We need to find out if the designation has been beneficial and if so how.
- Conduct follow-up effectiveness research with this group. Did Age-Friendly benefit in any way? How should we improve it?

Questions for Independent Volunteers:
1) How did you initially get involved with Age-Friendly County?
   - I was invited to participate.
   - My wife was invited to join
   - I served as the lead consultant for the Community Empowerment Project, which collected the ideas of citizens in 7/8 areas. These areas were almost identical to the domains identified by the WHO Age Friendly Initiative. Our Community Empowerment group easily morphed into AF. I have been involved ever since my lead consultancy service.

2) Have you in the past been involved with an agency, business, or organization as part of the Age-Friendly Initiative? For example, did you retire from one of the agencies or serve on the board of an organization? Please select as many options as apply
   - Yes, I was involved with a government agency or office
   - Yes, I was involved with a nonprofit organization
   - No, my involvement with Age-Friendly County has always been as a private citizen/individual volunteer.
   - No, my involvement with Age-Friendly County has always been as a private citizen/individual volunteer.

2) Which of the following Age-Friendly partners have you interacted with either directly on Age-Friendly goals or as a result of your participation in the initiative? For example, you may have learned that a partner at the Age-Friendly table had a skill or strength that could help you with your Age-Friendly work or with other service that you do. Please select as many of the following options that apply.
   - [30 organizations selected]
   - [98 organizations selected]
   - [2 organizations selected]
   - [5 organizations selected]

General Comments:

- Thank you for gathering this information for us!!
- My answers are based on past involvement as I have not participated in the Age-Friendly initiative in the past year. I was the [sic] director during the first needs assessment, planning and evaluation cycle. It was very exciting to see so many enthusiastic people from so many sectors of the community come together to pursue this initiative. In this era of doing more with less, I think our success was due in large part to participants’ understanding that they weren’t expected to do more than what was appropriate for the mission of their organization and/or their personal interest and capacity. There were so many age-friendly-related efforts occurring in our community that our main focus was to stay abreast of the most pertinent efforts and determine any unmet needs/obstacles for which the coalition could help facilitate solutions. The Communications Plan and the Age-Friendly Designation program provided specific projects for those who were interested, which included an active and enthusiastic group of dedicated volunteers
(including both Age-Friendly Coalition members and past and current Dept of Aging Advisory Council members and volunteers), as well as employees from previously designated entities. Thank you for everything you are doing to make Chemung County more Age-Friendly!!!

- I love this community and want to bring back the days when it was safe, beautiful, engaging while going forward to attract our seniors to live and age gracefully here and not relocate elsewhere. We need to build up our community and instill the pride in all people who live here and hopefully make people want to stay here, come back here, live here and love our community!
- We partner with [sic] with our mobility management program. I could not find them on your drop down list.
- Thanks for including me.
- AF Chemung has developed a system for agencies to coordinate services for all our citizens. The next steps will utilize input from residents to expand the scope of AF action plans toward greater services and inclusion.