
State of the States: Blueprints for Building Age-Friendly Futures

Policy Report

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Executive Summary

Mississippi's aging population growth mirrors national trends and suggests a need to establish equitable and sustainable age-friendly policies and programs. This report offers an overview of the best practices from age-friendly states, which can be adapted to meet unique challenges and opportunities for Mississippi's aging population. We highlight five age-friendly policy areas that can improve Mississippi's livability.

- **Aging in Place:** Best practices from California, Florida, and Massachusetts can be adapted to promote aging in place through structural changes to homes via universal design and home modifications, or through supportive housing programs and home care.
- **Cross-Sector Collaboration:** Michigan, Florida, and Washington provide strong examples of how collaboration can successfully occur across public health systems, housing, social services, and transportation. This multi-sector engagement helps to support the equity and sustainability of established programs.
- **Supporting Caregivers:** Mississippi age-friendly advocates currently aim to provide support for caregivers through the Mississippi Family Caregiver Coalition. New York and North Carolina provide additional solutions for consideration, such as financial and social support for paid and unpaid caregivers.
- **Transportation and Social Connections:** Investing in increasing equitable access to transportation is a priority for Maine, Michigan, and New Jersey, while community engagement has been an age-friendly focus for Colorado, Massachusetts, and Washington to reduce social isolation and promote the well-being of aging adults.
- **Equity:** States leading age-friendly equity initiatives, such as those addressing social identity-related disparities or rural or community challenges, include Maine, Minnesota, and California.

The Path Forward for Mississippi: Mississippi age-friendly advocates have begun to lay the foundation for establishing an age-friendly ecosystem through multisector collaboration, including joining the Age-Friendly Public Health Systems (AFPHS) network. Additionally, the AFFIRM (Age-Friendly Focused Information and Resource Maps) project provides our state with resource maps containing access to 2,853 age-friendly resources, such as senior centers, medical services, and other community supports. Next steps for accelerating Mississippi's age-friendly efforts are highlighted below.

- **Joining the AARP Network of Age-Friendly States** to receive support for establishing age-friendly initiatives.
- **Advancing aging-in-place initiatives** through universal design consideration and establishing multisector partnerships with healthcare and home services.
- **Expanding support to communities** for paid and unpaid caregivers, improving transportation access, and providing more community events for older adults.
- **Sustaining resource mapping and gap analysis** for Mississippi to ensure services meet the needs of the aging population across counties.

The goal of this report is to learn from the successes of age-friendly states and practices so that approaches can be adapted to Mississippi or other states. With the information detailed in this report, state leaders can create age-friendly policies that allow Mississippians to thrive in their homes and communities while creating a more inclusive and age-friendly Mississippi.



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Introduction

The aging population has experienced significant growth, with individuals aged 50 years or older representing 36% of the U.S. population. The number of older adults is expected to rise from 58 million to roughly 82.1 million by 2050 (Hartford Foundation, 2024; U.S. Census Bureau, 2023). Similarly, in Mississippi, 37% of the population is 50 years or older, while 18% are over age 65 (U.S. Census Bureau, 2023). The Mississippi population of those over 65 increased by 25.6% between 2012 and 2022, and by 2030 these numbers are expected to have increased by 39% (ACL, 2023). Thus, there is a pressing need to establish sustainable age-friendly practices and policies to support our aging population. Because age-friendly programs already exist, we can learn from their successes. This report distills those lessons to guide future age-friendly policies. While we intend for this report to be of benefit to advancing age-friendly practices in

Mississippi, it may also inform policymakers and stakeholders in other states about best practices for age-friendly policies and programs.

This report reflects a snapshot of U.S. age-friendly practices already in place or in development as of December 2024. A review of aging-related statistics, discussions of state-level age-friendly networks, and how the AFFIRM (Age-Friendly Focused Information and Resource Map) project is contributing toward offering information on services that can meet aging Mississippians' needs are discussed. Finally, concluding thoughts are offered to identify themes and practices used by age-friendly states, including what we can learn from various states' action plans to advance the future of age-friendly practices in Mississippi and across the country over time. By drawing these lessons together, this report offers stakeholders—especially policymakers and funding providers—a blueprint for investigating age-friendly initiatives.

Challenges Faced by U.S. Aging Adults



The rapid increase in older adults raises many social and economic concerns, such as how to effectively offer financial and housing security to aging adults, ensure preparedness of medical institutions and geriatric knowledge among care providers, and combat ageism and facilitate age-inclusive policies and practices across the nation. In 2022, 10.2% of adults over the age of 65 were living below the poverty line (\$14,040 for adults 65+ living alone and \$17,710 for a household of two persons 65+; Ochieng et al., 2024). However, this percentage increased to 14.2% (nearly 8.2 million older adults) when using the Supplemental Poverty Measure, which considers out-of-pocket medical expenses not recognized in the official poverty measure (Ochieng et al., 2024).

Additionally, while most adults 65 years or older (about 79% in 2021) are homeowners, this number is decreasing while the cost of rent is increasing (Fabina, 2024; JCHS, 2023). Nearly 11.2

million older adults (an all-time high) were cost-burdened due to housing expenses in 2021, meaning they spent more than 30% of their income on housing, and over half were spending more than 50% of their income on housing (JCHS, 2023). Black and Hispanic older adults, as well as older adults in rural areas, are disproportionately affected by housing inequities with higher rates of renters, lower home equity, and lower median household incomes (JCHS, 2023). Of those aged 75 years or older requiring long-term care (LTC), only 13% can afford assisted living (JCHS, 2023).

A study conducted by Age Wave (2024), in partnership with the John A. Hartford Foundation and The Harris Poll, found that 82% of older adults (65+) feel that the U.S. healthcare system is unprepared for the influx of older adults and their medical needs, and 52% reported difficulties with navigating the current healthcare system, indicating widespread

concern about systemic readiness. Furthermore, 68% of older adults face concerns over the affordability of long-term medical care. The adults surveyed also expressed a need for more qualified medical care providers. As the population of older adults increased by 60% between the years 2000 and 2020, the percentage of available geriatricians dropped by 28%, highlighting a growing shortage of specialists for older patients. Only 55% of respondents indicated that their healthcare provider evaluated their mobility and physical fitness, less than half (45%) reported being asked about their mental health, and even fewer (40%) reported that their healthcare provider routinely evaluated their cognitive functioning.

A 2023 University of Michigan National Poll on Healthy Aging (NPHA) found that one in three older adults (34%) between 50-80 years of age experienced loneliness and social isolation in the past year. Though this number is a substantial decrease from 56% reported in 2020 during the COVID pandemic, this percentage is greater than those who experienced social isolation in 2018 (27%). Additionally, the survey found that 37% of older adults felt a lack of companionship in the past year, and 33% had infrequent contact with people outside their home, both of which were higher percentages than in 2018 (Malani

et al., 2023). In 2022, while most adults over 65 reported living with a spouse, the percentage of adults between the ages of 65 and 74 who lived alone was 48%, and the percentage of adults over 75 who lived alone increased to 67%.

Compounding these isolation concerns, living arrangements show the percentage of women living alone also surpassed the percentage of men living alone in both age groups. In fact, of those aged 75 years or older, women (43%) were nearly twice as likely to live alone when compared with men (24%) (Hemez & Washington, 2024).

Most aging adults prefer to remain independent and reside in their homes and communities for as long as possible; in fact, according to the AARP (2021), 77% of adults over age 50 prefer to age-in-place if given the choice (Ratnayake et al., 2022). However, the ability to age in place is dependent upon many factors. The three primary features of accessible housing are single-floor living, no-step entries, and wide hallways and doorways. Unfortunately, less than 4% of U.S. homes offer these three features, indicating a critical shortage of suitable housing for older adults (Molinsky, 2023).

Aging adults also face transportation challenges, such as the cost of public transit and having to rely on caregivers

for rides. In fact, transportation-related challenges are commonly endorsed among older adults as barriers to attending social events, family gatherings, religious services, and healthcare appointments (Gimie et al., 2022).

Evidence of What Works: Age-Friendly Strategies and Partnerships

A synthesis of Age-Friendly Community Initiatives found that age-friendly programs and practices can help when met with support. Specifically, collaborative partnerships were key to the success and sustainability of short-term outcomes, such as partnerships and the development of action plans, while financial resources impacted the type of medium- and long-term outcomes that were implemented. Thus, as an example, in communities with fewer financial resources, events requiring fewer resources—social activities compared to housing changes, for example—were implemented. Social support in communities can improve belongingness, health, and quality of life. In fact, a review of age-friendly practices found that programs that prioritized social participation, transportation access, and inclusive partnerships often reported short-term improvements in community engagement and infrastructure, and in some cases, longer-term gains in older adults' health and well-being (Forsyth & Lyu, 2024).



Age-Friendly Networks and Eight Domains of Livability



As evidenced above, there is a clear necessity for addressing the needs of older adults in the U.S., and it is with these needs in mind that initiatives such as the AARP Age-Friendly Cities and Communities Network and the Age-Friendly Public Health Systems (AFPHS) have come to exist. The AARP addresses social determinants of health, including factors such as social support networks, neighborhoods, physical environments, socioeconomic and health statuses, education, appropriate and affordable housing, employment, and access to health care. To address these social determinants of health, the AARP specifically incorporates a “domains of livability” framework, which includes the

following eight domains: 1) **Outdoor Spaces and Buildings**, 2) **Transportation**, 3) **Housing**, 4) **Social Participation**, 5) **Respect and Social Inclusion**, 6) **Civic Participation and Employment** 7) **Communication and Information**, and 8) **Community Supports and Health Services**.

The Outdoor Spaces and Buildings domain focuses on the accessibility and safety of outdoor locations, such as parks and buildings open to people of all ages and abilities. The Transportation domain considers not only the availability of public transit, such as buses, shuttles, taxis, and ride-share services, to be of primary importance but also safe and accessible sidewalks and street crossings as well as dedicated bicycle lanes. The Housing domain seeks to promote safe, affordable, and accessible housing options as well as home modification services so that people can age in place and remain in their homes for longer. Social Participation promotes inclusive and accessible social activities and avenues for social engagement to reduce

feelings of loneliness and isolation. The Respect

and Social Inclusion domain encourages respect and inclusion among all members of a community, regardless of age and ability. Civic Participation and Employment seeks to support employment and volunteer opportunities for aging adults. The Communication and Information domain focuses on ensuring important information and avenues of communication are easily accessible. Lastly, the Community Supports and Health Services domain focuses on access to affordable, quality physical and mental healthcare services and other social support services, for example, Medicaid/Medicare offices, in-home non-medical care, and elder abuse prevention services.

The American Association of Retired Persons (AARP)'s Network

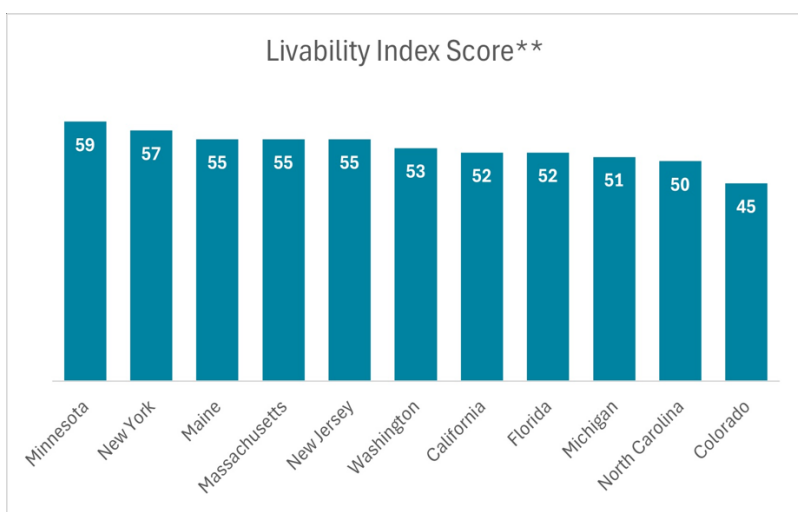
The AARP network recognizes states that adopt the broader Livable Communities Initiative, which aims to make the state

more livable for all people through enrollment in the AARP's network by the state's governor. The broader Livable Communities initiative mirrors the World Health Organization's 8 domains of their Age-Friendly Cities framework where it seeks to help places, including neighborhoods, towns, cities, and rural regions, become accessible to all ages. Once enrolled, the AARP's network will work with the state to conduct assessments and plan to identify areas in need of improvement, followed by an implementation phase, which consists of developing action plans for the primary areas of concern. The state's phases of work also include an evaluation phase, where initiatives are assessed for effectiveness (AARP, 2025).

The AARP joined the World Health Organization's Global Age-Friendly Cities and Communities (GNAFCC) initiative, which was established in 2010, and began the network in April of 2012, with early adopters including New York (2017), Massachusetts (2018), and then Colorado (2018). The AARP network now, consists of 12 states or community members that have joined from 2017 to present: New York (2017), Massachusetts (2018), Colorado (2018), the Virgin Islands (2019), Maine (2019), Florida (2019), Michigan (2019), California (2021), New Jersey (2021), Minnesota

(2022), North Carolina (2023), and Washington (2024). The AARP network strives to establish strong foundations that allow populations to age in place.

The AARP scores communities across the country on their “livability” and provides each state a Livability Index Score. These scores are based on the affordability and accessibility of housing, the security of neighborhoods and their proximity to important services, the safety and convenience of transportation options, whether the community has clean air and water, accessibility and quality of preventative medical care and other medical services, opportunities for civic and social involvement, and other available possibilities for inclusion (such as volunteer and employment opportunities). Scores range from 0 to 100, with 50 being the average score.



*Mississippi and the Virgin Islands do not have a score yet.

** The average score is 50.

Age-Friendly Public Health Systems (AFPHS)

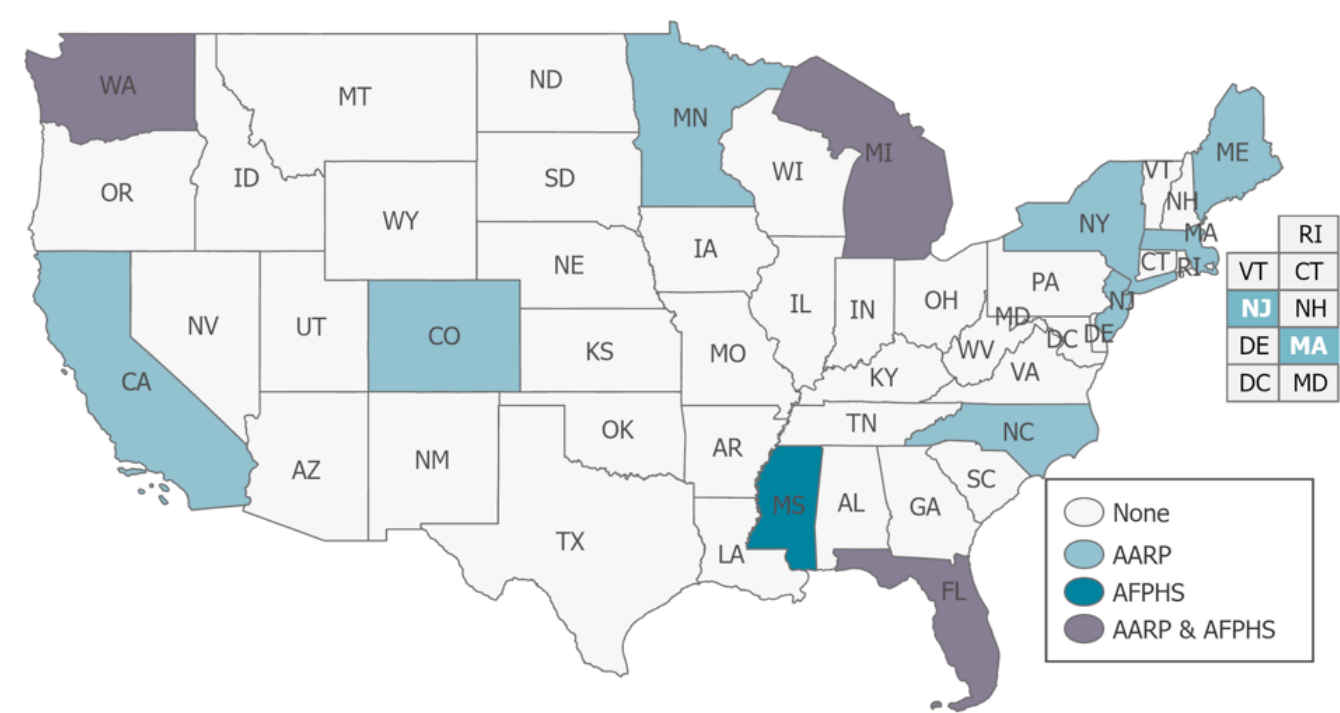
The AFPHS, facilitated by TFAH (Trust For America’s Health), began its first successful pilot study with Florida in 2018, and later selected the following three states for expansion: Michigan (2019), Mississippi (2020), and Washington (2020). The AFPHS network has similar goals of improving the health of all Americans by focusing on public health issues and policies in the areas of disease prevention, emergency preparedness, and health equity (AFPHS, 2025). AFPHS engages in research and advocacy and provides resources to policymakers to implement the needed changes for the public. This network bases its goals on the 6C Framework which includes the following: 1) Creating and leading policy, systems, and environmental changes, 2) Connecting and convening multi-sector partners 3) Coordinating existing supports and services, 4) Collecting, analyzing and translating relevant data, 5) Communicating important public health information, 6) Complementing existing

health promoting programs (AFPHS, 2025).

To incentivize adoption of the framework, TFAH offers an AFPHS Recognition Program whereby health departments, public health organizations, and individuals operating within the state’s action plan network can receive AFPHS recognition at three levels: Department of Health Recognition, a Public Health Organization Recognition, and an Individual AFPHS Champion recognition, the latter achieved by attending six monthly AFPHS trainings.

It is also noteworthy that Florida, Michigan, and Washington belong to both the AARP and AFPHS networks. All three states were first involved with AFPHS and later joined AARP’s network. Thus, in the following sections, we profile each state’s participation in age-friendly networks, highlight their major initiatives, and provide their AARP livability index scores. We begin with states engaged in both the AARP and AFPHS networks, followed by those involved in one network, concluding with Mississippi’s position and progress.

Policy Status by State, 2024



States Involved in AARP's and AFPHS's Networks

Florida

Florida first joined the AFPHS network in 2018 with a successful pilot study that involved cross-collaboration with 37 of Florida's 67 county health departments as they explored ways to expand their involvement in older adult health (TFAH, 2025). With funding from the John A. Hartford Foundation, these initial efforts to improve cross-collaboration, emergency preparedness, and the consequences of social isolation and loneliness in older adults, were made possible (TFAH, 2025). By April of 2019, Florida also joined the AARP network with support from Governor Ron DeSantis. At the time, Florida represented one of the largest states to join the AARP network.

The majority of Florida's age-friendly programs and activities center around promoting aging in place by educating builders and realtors on the importance of universal design while expanding housing services to older adults through legal protections and policy adaptations such as landlord-tenant laws and priorities for low-income housing (AARP,

2025). As a result of these efforts, Florida now offers a variety of housing options for older adults, such as active adult communities, assisted living facilities, and other affordable housing programs. Programs also assist older adults in modifying their homes to make them more accessible (Nautilus Senior Home Care, 2025).

For added support, a Medicaid program that is often referred to as the Long-Term Care Waiver is used to enroll ~76,469 people per year who would otherwise have to enroll in nursing homes for extended care (Florida Policy Institute, 2022). The Program of All-Inclusive Care (PACE) and Statewide Medicaid Managed Care Long-Term Care Program (SMMC LTC) also assist in identifying people eligible for Medicaid nursing home placement and provide long-term and acute care services in adult day health care settings. Information on these programs is also commonly found across Florida-based websites to assist caregivers. For example, Florida has a Senior Consulting Advisors' page that provides a multitude of resources on

aging in place (Florida Senior Consulting, 2024). Often, aging in place programs partner with human service organizations to assist with home repairs, modifications, or to provide other needed community services (Habitat for Humanity, 2025). Other programs include nutrition programs, such as the Adult Care Food Program funded by the U.S. Department of Agriculture (USDA) and Congregate Meal and Nutrition through the Area Agencies on Aging, Senior Community Service Employment Program, Bureau of Community and Support, Transportation through Medicaid services, Alzheimer's disease initiative, emergency home energy assistance for the elderly program, and disaster preparedness plans, as well as protection programs in place for scam and fraud awareness.

Florida has its own Livable Florida Action Plan that outlines a timeline of age-friendly activities and programs that Florida has engaged with from 1992 to 2021 with 2019 being the year that Florida was deemed the 4th age-friendly state. Within this report, several counties and places that were deemed "Livable" in Florida included places like Miami-Dade, Indian River, and Sarasota. Since 2021 and forward, efforts have been focused on aging in place initiatives and creating disaster guides for the aging

population. Florida's current livability index for 2024 was 52 which is just above average (AARP Livability Index, 2025). Florida's coordinated use of Medicaid waivers and universal design education demonstrates a replicable model for reducing institutionalism and promoting cost-effective, community-based aging solutions.

Michigan

Michigan joined the AARP Network of Age-Friendly States and Communities in October of 2019 with support from Governor Gretchen Whitmer, becoming the first state in the Midwestern U.S. and the sixth in the nation to join. The state's Age-Friendly Plan, a product of collaborative efforts between AARP and the Michigan Department of Health and Human Services' (MDHHS's) Behavioral and Physical Health and Aging Services Administration, focuses on six primary areas (Community and Information, Respect and Social Inclusion, Social Participation, Transportation, Community and Health Services, and Elder Abuse and Exploitation) and highlights the importance of ensuring Michigan residents can age safely while remaining in their homes and communities (AARP, 2025; MDHHS, 2025). Michigan also became a part of the Trust for America's Health (TFAH) Age-Friendly Public

Health System (AFPHS) network in 2019. TFAH has partnered with the Michigan Public Health Institute, assisted by funding from the Michigan Health Endowment Fund, to help coordinate and facilitate the state's AFPHS goals, which include developing a state-wide AFPHS 6Cs plan to guide public health policy and actions, and promote the health and well-being of older adults (AFPHS, 2025).

Michigan's action plan is a result of collaborative efforts between the Behavioral and Physical Health and Aging Services Administration (BPHASA), which is the state's designated State Unit on Aging (SUA), the AARP, and other local agencies. Their first goal seeks to broaden the reach of important information regarding aging network services and ensure that older adults and their caregivers can access quality information that is both linguistically accessible and culturally appropriate. The second goal seeks to promote resources providing transportation, technology support, and opportunities for social interaction. The third goal aims to expand virtual aging network services and support groups. The fourth goal focuses on ensuring older adults and caregivers have access to transportation services. The fifth goal seeks to increase the number and retention of qualified and multicultural direct-care providers.

The sixth and final goal seeks to prevent elder abuse and exploitation by leveraging services and resources to ensure older adults have the resources to make informed decisions regarding their health and ability to age in place. The AARP gives the state of Michigan a Livability Index Score of 51—just above average (AARP Livability Index, 2025). Michigan's dual-network membership and comprehensive planning illustrate how public health, and aging services can be integrated to advance health equity, workforce development, and elder safety statewide.

Washington

Joining the AARP network as the twelfth state in May of 2024 under Governor Jay Inslee, and the AFPHS network in 2020 with funding from the John A. Harford Foundation, Washington has a commitment under the Older Americans Act to create a state plan on aging to the U.S. Department of Health and Human Services Administration. Like other state initiatives, Washington took a research-based approach to accomplish their state plan. Specifically, a survey was conducted with older adults, their family members, service providers, and caregivers to assess the needs of older adults in the state of Washington. With responses from over 750 individuals, the

following top three concerns were raised: 1) the lack of affordable housing, 2) the lack of resources available for aging in place, and 3) financial insecurity concerns, which were later addressed by various programs and activities outlined in the state plan (Washington State Plan on Aging, 2023).

The current plan covers the timeframe of October 1, 2023, to September 20, 2027. In this plan, a state-wide framework for several programs and opportunities for adults age 50 and older and their caregivers is covered. The programs and activities largely aim to support decision-making of older adults through long-term services and support (Washington State Plan on Aging, 2023; Seattle Age Friendly). The five areas covered by the state's plan include: 1) Advancing equity, 2) COVID-19 recovery, 3) the Older Americans Act's Core Programs, 4) Building a Caregiving Infrastructure, and 5) Expanding access to home and community-based services. Age-friendly initiatives included activities like promoting walkable streets and housing options in Puyallup Seattle, Tacoma, Renton, and White Salmon; Puyallup's Public Library and Aging Resources Center and dementia friendly practices such as Art in the Park and Memory Loss Zoo Walks, in Eastsound, Spokane Area, and Seattle (AARP Livability Index, 2025).

The state also has the Washington State Council on Aging, which functions to advise the Governor, Secretary of the Department of Social and Health Services (DSHS), and Washington's State Unit on Aging and serves as an active advocacy group for older adults. Members are selected by the Governor, with one member appointed by the AAA Advisory Councils; however, the Governor cannot select more than five members as a goal to ensure broader representation from more rural areas (Washington State Plan on Aging, 2023). AARP scores the state of Washington a 53 on the Livability Index Score, which is just above the average score (AARP Livability Index, 2025). Washington's evidence-based planning approach and advocacy council structure offer a replicable governance model that emphasizes community input and geographic equity in aging policy.



States Involved in AARP's Network

New York

New York joined the AARP network in December of 2017 with support from Governor Andrew Cuomo to better prioritize health for older adults living in the state (AARP, 2025). To pursue age-friendly projects, the state seeks additional funding through the state's Long-term Care Council which requires that agencies consider healthy aging in policy related efforts with a special focus on transportation related issues. Stats suggest that within less than a quarter century, 1 in 5 New Yorkers will be at least 60 years old and discuss the needs to begin addressing these matters now. As such, the state passed the "year of the senior budget" in fiscal year 2018 and made strong investments in ensuring that aging residents can remain in the city or can age in place (NYC Department of Aging Report, 2017). As a total, funding for aging persons increased by more than 58% totaling to 82 million to fund case management services to improve aging in place, and provide better support for retirement communities, including features such as meal service or home delivered meals to older adults who are homebound.

Although New York officially joined the AARP network in 2017, initiatives to become an age-friendly state began much earlier. From 2008-2009, the state engaged with older adults in New York to conduct needs assessments and findings from these studies were used to establish evidence-based policies and practices that work for the state. From this research, 59 different initiatives were established to make NYC more age-friendly. Indeed, funds were spent toward some of the following as top priorities for the state: 1) addressing the home-care waitlist by providing housekeeping and in-home care (10.7 million), 2) adjusting rates for senior centers (10 million), 3) new programs to support caregivers of aging adults (4 million), 4) case management waitlist to provide care to seniors (1.2 million), and weekend meals to senior center participants (1.2 million).

The state additionally has a goal to support family caregivers, recognizing that approximately 1.3 million individuals are serving as unpaid caregivers for family members through the Neighborhood Safety Program that

was established in July 2014. The Department for the Aging (DFTA)'s Grandparent Resource Center is also made available for older adults who are caring for grandchildren or other family members. AARP scores the state of New York with a 57 on the Livability Index Score, which is above the average (AARP Livability Index, 2025). New York's early investment in caregiver and senior center support, coupled with legislative budget prioritization, positions it as a leader in proactive, scalable age-friendly funding strategies.

Massachusetts

Massachusetts became the second member of the AARP Age-Friendly Network when it joined in January of 2018 under Governor Charlie Baker. Joining the network was a way for the state to build upon its pre-existing Governor's Council to Address Aging in Massachusetts. Through collaborative efforts between AARP, the Governor's Council, the Massachusetts Department of Elder Affairs, and the Tufts Health Plan Foundation, the state aims to "amplify, align, and coordinate local, regional, and statewide efforts to create a welcoming and livable Commonwealth as residents grow up and grow older together" (ReiMAging Aging, 2019). Fifty-one of the state's municipalities are active Age-Friendly communities, 37 of which have

been designated as such by the AARP, two have been designated by the World Health Organization, and 74 municipalities are recognized as Age-Friendly Emerging cities and towns. As many as 138 of the state's municipalities have adopted Dementia-Friendly activities.

The state's action plan outlines six goals. First is a focus on community and strengthening age- and dementia-friendly efforts. The second goal focuses on information and communication—disseminating important information in an accessible and user-friendly way. The third goal focuses on combating ageism and reframing conversations about aging—aging as an asset rather than a challenge. The fourth goal encourages the adoption of age-friendly policies and practices across all sectors. The fifth goal seeks to improve economic security for both aging adults and caregivers. The sixth goal focuses on leveraging existing systems and structures for the sustainability of age-friendly initiatives. The Massachusetts Executive Office of Elder Affairs (EOEA) releases a progress report each year; however, in 2023, the EOEA released a podcast, "ReiMAging Aging," as the fourth-year progress report, which outlines state and local efforts to become more age-friendly but also dementia-friendly. The AARP gives the

state of Massachusetts a Livability index of 55, which is above the average score (AARP Livability Index, 2025).

Massachusetts demonstrates how multi-level municipal engagement, dementia-friendly planning, and sustained state leadership can institutionalize age-and ability-inclusive policy across sectors.

Colorado

The state of Colorado joined the AARP's age-friendly network in September of 2018 (AARP, 2025) with support from Governor John Hickenlooper. Based on a needs assessment conducted by the Bell Policy Center, Colorado residents suggested the following focus areas: workforce opportunities that leverage the skills of older adults, supporting unpaid caregivers, fostering a trained direct care workforce, developing sustainable finance streams, and protecting older adults from abuse and scams (Bell Policy Center, 2019). From this research, the state noted which type of priority policies should be developed in their 2020 Strategic Action Plan on Aging (Strategic Action Planning Group on Aging, 2020).

Since that time, Colorado has joined in several initiatives that provide a roadmap for stabilizing Colorado's personal care aid workforce through reforms to training programs, increasing wages, and creating

career advancement opportunities for older adults. These systems help Colorado meet the growing demand for long-term services and support for the aging population and associated home-based care needs. Some action plan items also included creating more green spaces and parks for community participation in exercise and social events, thereby improving health and decreasing social isolation (Colorado's Action Plan on Aging, 2020). Colorado's livability score is 45, which is just below the average score (AARP Livability Index, 2025). Colorado's workforce and home care reforms represent a data-informed model for stabilizing the long-term care infrastructure in states facing provider shortages.

U.S. Virgin Islands

In May of 2019, Governor Albert Bryan signed the Virgin Islands into the AARP network to improve the livability experiences of older adults aged 50 plus and their families. This territory focuses its age-friendly programs on housing needs, developing caregiving infrastructure, community engagement, such as volunteering, social inclusion, and combating the isolation experiences of older adults.

The Virgin Islands receives expert advice and guidance through national experts,

resources, and networks of communities engaged in best practices through AARP (AARP, 2025). Toward financial security related goals, the Virgin Islands have tax incentives, including a 90% reduction in income taxes and no estate taxes. Regarding outdoor space and buildings, the Virgin Islands are known for access to numerous beaches and outdoor parks. Although these are reasons people wish to retire here, the territory does have a high cost of living, experiences isolation in a remote area, and is prone to natural disasters, thus these are areas that the territory is working to address with guidance through AARP's network (AARP, 2025). At the time of writing the report, AARP did not provide a Livability Index Score for the U.S. Virgin Islands. The Virgin Islands' approach—blending tax incentives, outdoor accessibility, and targeted AARP guidance—demonstrates an adaptive strategy for isolated or disaster-prone jurisdictions.



Maine

Maine, according to the 2023 Profile of Older Americans report (2024), currently holds the highest proportion of adults over age 65 compared to all other U.S. states (ACL, 2024). Recognizing their increasing percentage of older adults, the state joined the AARP network in October 2019 with support from Governor Janet Mills, underscoring previous years' work in local age-friendly initiatives (AARP, 2025). In collaboration with local agencies, state Departments of Health and Human Services, the Office of Aging and Disability Services, Public Allies, the Department of Labor, the Department of Public Safety, the Department of Transportation, the Age-Friendly State Advisory Committee (AFSAC), and the Age-Friendly State Steering Committee (AFSSC), the state created the Age Friendly Maine: Connecting Across Generations action plan in 2020 (MDHHS, 2025). This action plan outlines goals and objectives in seven key areas: Respect, Equity, and Social Engagement; Accessible Communication and Information; Employment and Financial Security; Health Coverage, Health Care, Healthy Aging, and Supportive Services; Housing; Natural Resource Management, Outdoor Spaces, and Recreation; and Transportation.

To advance their first goal regarding respect, equity, and social engagement, the state considers determinants of health such as the role of rurality (as the most rural state in the U.S.) in isolation and access to resources while understanding that social isolation impacts health. Governor Mills, in 2019, also signed into law the Permanent Commission on the Status of Racial, Indigenous and Maine Tribal Populations to address disparities facing historically disadvantaged racial/ethnic, indigenous, and tribal populations (MDHHS, 2020). Addressing their second goal, the state seeks to raise awareness of existing programs and services and broaden the reach of important health information and information on available services. The state also seeks to expand broadband internet access. To address financial security and employment, efforts include providing free legal help for residents aged 60 and older through the Legal Services for the Elderly and disseminating information on Workplace Retirement Plans in Maine. Health and Support Service objectives include implementing provisions of the Made for Maine Health Coverage Act to extend and promote affordable healthcare coverage. The state is taking steps to expand affordable housing options that are more accessible to address housing needs. To address natural resource management and

outdoor recreation, objectives include evaluating and expanding accessibility of outdoor resources and recreational spaces and preserving natural resources such as land and fresh water. Working with the Maine Department of Transportation, strides have been made to provide information on available transportation options to address transportation needs. The state is also taking steps such as increasing support for Maine's volunteer driver network. The AARP gives the state of Maine a Livability Index Score of 55 which is above the average score (AARP Livability Index, 2025). Maine's cross-agency action plan integrates rural equity, housing, and environmental health, providing a strategic roadmap for aging policy in sparsely populated states.

California

Recognizing that about one-quarter of the state's population will be over age 60 by 2030, California joined the AARP network in March of 2021 with the support of Governor Gavin Newsom, making it the 9th state in the nation to join (California ALL, 2025). Local organizations and agencies are also playing a role in facilitating age-friendly action plans for cities within California such as the Center for Age Friendly Excellence (CAFE) and The Local Aging &

Disability Action Planning (LADAP). These collaborative efforts aim to expand affordable and accessible housing options and maximize access to healthcare services and community-based organizations (AARP, 2025).

California's Master Plan for Aging (MPA) emphasizes the importance of designing and developing communities that benefit residents of all ages and abilities across the life span. The action plan outlines five primary goals and 23 strategies for building a "California for All Ages by 2030" (AARP, 2025). The plan first highlights housing goals which include the need for producing a wider range of affordable housing options, creating policies which support equity for renters and owners, designing communities and neighborhoods with access to outdoor recreational space, and promoting the ability for residents to remain safe during natural or human-induced disasters. The second goal focuses on health and increasing the availability of non-medical home care providers, adult day services, affordable healthcare options (both in-home and in-clinic), skilled-nursing facilities, and memory-related care services. The third goal seeks to promote inclusion and equity while working to prevent the isolation of older adults. Specifically, this goal focuses on increasing the availability of work,

volunteer, and community engagement opportunities, increasing access to high-speed internet and digital technology support services, preventing elder abuse and exploitation. The fourth goal focuses on expanding virtual caregiver and telehealth services and providing both social and monetary support for caregivers who are caring for older adults as well as older adults caring for children. The fifth and final goal aims to provide economic security and stable housing options to older adults. California also recognizes disparities that racial and ethnic minorities face as well as gender and sexual minorities and so emphasizes the importance of tailoring services to these groups. AARP gives the state of California a Livability Index Score of 52, which is just above average score (AARP Livability Index, 2025). California's Master Plan for Aging advances an intersectional approach that combines housing, telehealth, and digital equity, offering a roadmap for large, diverse states.

New Jersey

In March of 2021, New Jersey Governor Phil Murphy signed an executive order for the Department of Human Services to create the Age-Friendly State Advisory Council and joined the AARP Age-Friendly network, becoming the eighth

state to join (AARP, 2025). In May of 2024, the New Jersey Department of Human Services (NJ DHS) released an Age-Friendly Blueprint outlining recommendations made by the NJ DHS, the Age-Friendly Advisory Council, and members of the public community (Department of Human Services, 2024). The overarching purpose of the blueprint is to create and facilitate pathways that enable older adults to remain in their homes and communities for as long as possible. This involves coordinated efforts from healthcare, housing, and transportation service providers to ensure these services are both physically and financially accessible.

The Age-Friendly Blueprint outlines recommendations in six areas: housing, health, transportation, socialization, employment, communication and outreach. Housing recommendations emphasize the potential for home modification programs to enable older adults to remain in their homes and offset placements of older adults in assisted living facilities. Healthcare recommendations include a focus on culturally responsive healthcare, monitoring and improving nursing facility quality, lowering out-of-pocket costs, and equity based on demographic data. Within the transportation domain, recommendations include ensuring that

new development projects, across the state, consider accessible walkways and integration with public transit services. Socialization goals aim to provide opportunities for intergenerational connection through activities such as community gardens and to increase awareness of existing social programs. Goals under the employment include providing training, skills development, and raising awareness of labor protections against ageism. Lastly, recommendations for community and outreach focus on closing the digital literacy gap, providing technology training, raising awareness of scams and fraud, and offering communications and information in multiple formats such as online, phone, mail, and in-person. The AARP gives the state of New Jersey a Livability Index Score of 55, which is above the average score (AARP Livability Index, 2025). New Jersey's age-friendly blueprint links urban planning, workforce protections, and fraud prevention, making it a comprehensive policy toolkit for aging in place.

Minnesota

In January of 2022, Minnesota joined the AARP's network with visions of establishing connected communities, establishing emergency preparedness, optimizing health and longevity for long-

term care, and establishing financial security and vitality. Governor Tim Waltz signed Executive Order 19-38 in 2019 to establish the Governor’s Council on Age-Friendly Minnesota. In 2020, a strategic planning directive focused on diversity, equity, and inclusion, and access for all aging adults while considering factors like low-income, race, veteran status, disabilities, LGBTQ+, Immigrants, limited language proficiencies, rural spaces, and those who identify as solo or without a family support system (Citizen’s Leage, 2019).

By 2021, the Minnesota legislature authorized the council to operate throughout the year of 2024 with 3.9 million appropriated for age-friendly grants and initiatives. The latter 2024 to 2027 state plan altered the original goals to more broadly fit within the Age-friendly framework of the eight domains to include the following goals: 1) advancing equity and eliminating disparities to empower rural communities, 2) aging in place as a possibility for all Minnesotans, 3) supporting caregiving infrastructure, 4) promoting healthy aging for all, and 5) dismantling ageism and promoting older adults’ rights (Minnesota State Plan on Aging, 2024). The AARP gives the state of Minnesota a Livability Index Score of 59, above average (AARP Livability Index,

2025). Minnesota’s emphasis on equity, aging-in-place, and rural empowerment offers a forward-thinking blueprint for inclusive state aging plans.



North Carolina

Although North Carolina is still in the process of creating a solidified Multisector Plan for Aging (MPA), they joined the AARP network in May of 2023 as the 11th member under Governor Roy Cooper with the goal of creating a system of high-quality support services while considering social determinants of health. While the state has outlined goals and objectives for reaching those goals, there are several steps that must be taken before they finalize their MPA, including involving the state’s government officials, all cabinet agencies, the Council of State Agencies, the North Carolina General Assembly, field experts within higher education, and grassroots initiatives.

They must also review and refine their goals and objectives to ensure their feasibility and establish priorities based on community needs assessments, goal impacts, and community and expert feedback (North Carolina MPA, 2024). As of now, the state's tentative action plan outlines four primary goals and five specific objectives under each goal. The first goal aims to ensure sustainable and sufficient financial support and foster personal growth and advancement. Key objectives under this goal involve promoting educational opportunities and advocating for age-inclusive work environments. The second goal is to increase accessibility to services that will optimize life expectancy and health quality, supported by specific objectives such as addressing affordability challenges of Long-Term Care. The third and fourth goals seek to provide support for caregivers and families of older adults and aid older individuals in remaining in their homes and communities as they age. These goals involve key objectives such as enhancing disaster preparedness as well as emergency management, expanding and strengthening transportation services, promoting digital literacy, encouraging multi-disciplinary dementia-care teams, and providing caregiver support. The AARP gives the state of North Carolina a Livability Index Score of 50, exactly the average (AARP

Livability Index, 2025). Though still in development, North Carolina's emphasis on stakeholder engagement, digital access, and disaster preparedness shows early alignment with scalable, multisector aging policy.

Together, these AARP Network member states demonstrate diverse but converging strategies for supporting aging populations. Across urban and rural regions, states are leveraging policy tools such as housing modifications, caregiver support programs, transportation infrastructure, and equity-focused planning. Many states prioritize aging-in-place, often combining legal protections with investments in home- and community-based services. States with strong cross-sector collaboration—like Massachusetts and Maine—show that aligning health, housing, and social services yields more sustainable and inclusive age-friendly initiatives. Livability Index Scores vary, but most AARP-aligned states score at or above the national average, suggesting measurable benefits of network participation. These findings underscore the importance of institutional buy-in, multi-agency partnerships, and consistent public investment for scaling age-friendly systems nationwide.

Mississippi's Position, Progress, and Future Directions

Current Position

Mississippi is the only state that is involved in only AFPHS's network. Other states that are a part of AARP and AFPHS include Florida, Michigan, and Washington. Mississippi, while not yet a member of the AARP Network and thus lacking a Livability Index Score, has made significant strides within the Age-Friendly Public Health Systems (AFPHS) network since joining in 2020. This section highlights the state's progress and plans to build a robust, multisector age-friendly infrastructure.

Becoming a member of the AFPHS network in 2020 and receiving funding from the John A. Hartford Foundation, Mississippi established an Age-Friendly Public Health Mississippi Work Plan which comprises six goals and strategies for achieving those goals. The six goals included the following: policy and systems change for older adults, collaborative efforts among stakeholders to address needs, coordinating among existing services to promote integrative care, conducting and disseminating



research findings, communicating important health information, and complementing existing health programs to better serve older adults (AFPHS, 2023).

Among the strategies provided per goal, some specific examples include a focus on aging in place strategies for communities (goal 1), efforts to increase the visibility of dementia-friendly movements (goal 2), establish an inventory of age-friendly resources (goal 3), conduct a gap analysis of what resources are missing (goal 4), develop messaging campaigns to improve visibility of healthy aging (goal 5), and

engage with faith communities across the state (goal 6). Per goals 3 and 4, our research project, [AFFIRM \(Age-Friendly Focused Information & Resource Maps\)](#) is currently addressing these goals by producing fact-checked and updated age-friendly resource maps for the state of Mississippi (AFFIRM, 2025).

Progress and Future Directions

Stakeholders of Mississippi are continually striving to further the age-friendly agenda by establishing new age-friendly programs and practices. To be recognized by the AARP network for its progress, the state of Mississippi will need to complete an application with the governor's authorization. In 2020, the Age-Friendly Mississippi Advocacy Committee was formed to advocate for Mississippi becoming a more age-friendly state. Specifically, a Grassroots approach is being taken by providing mayors with relevant information for their cities or towns regarding AARP's Livability index and approaches that can be taken to become established within the AARP's network. Furthermore, other steps that must be taken before Mississippi can be recognized by the AARP network involve the launch of the Mississippi Family Caregiver Coalition (taking place in January 2025), developing partnerships

with the Mississippi Emergency Management (MEMA) system, beginning collaborative efforts with Louisiana-Mississippi Geriatrics Workforce Enhancement Program (LAMS-GWEP), and continuing to attend the Annual Healthy Aging Summits (Blake-Washington, 2022). As noted earlier, partnerships, such as these are vital to the success of age-friendly programs (Forsyth & Lyu, 2024).

The Age-Friendly Mississippi Advisory Committee

In 2020, the Mississippi State Department of Health led the charge to adopt the Age-Friendly Public Health Systems (AFPHS, 2025a). Grassroots initiatives led to the establishment of the Age-Friendly Mississippi Advisory Committee and the 1st Annual Summit was developed and hosted in Jackson, Mississippi on August 30, 2024. The Age-Friendly Mississippi Advisory Committee includes other partners such as the Mississippi Public Health Association (MPHA), Area Agencies on Aging (AAA), AARP, and universities, such as Mississippi State University, University of Mississippi, and the University of Mississippi Medical Center, that are part of the Age-Friendly University Global Network, Age-Friendly

Public Health Systems (AFPHS), and the faith communities.

With the support of the John A. Hartford Foundation and Trust for America's Health, the Age-Friendly Mississippi Advisory Committee seeks to strengthen Mississippi's Age-Friendly Ecosystem to address health disparities among older Mississippians (AFPHS, 2025 b). This can be achieved through increased partnerships, including local and state legislative buy-in and national recognitions, such as that of the AARP Network of Age-Friendly States. Future directions include the development of a Multisector Plan for Aging (MPA, 2025), launching the Mississippi Family Caregiver Coalition, developing a partnership with Mississippi Emergency Management (MEMA), and increasing the number of training Healthy Aging Champions. There are currently 55 champions throughout the state of Mississippi who receive continual training. The Mississippi Advisory Committee also plans on pursuing a collaboration with the Louisiana-Mississippi Geriatrics Workforce Enhancement Program (LAMS-GWEP), which received another 5-year grant from the Health Resources and Services Administration (HRSA) and expanded the reach to Mississippi. In addition, we plan to continue hosting Annual Healthy

Aging Summits. Finally, age-friendly committee members intend on being more involved with the Mississippi State Health Assessment and Improvement Committee (SHAIC)'s Social Determinants of Health for older adults' initiatives (Uproot MS, 2025).



AFFIRM (Age-Friendly Focused Information & Resource Maps)

The project that funded the development of this policy report, [AFFIRM](#) seeks to establish several goals and objectives related to further establishing Mississippi as an age-friendly state. AFFIRM is

funded by the Assisted Community Living, the Department of Health & Human Services.

The primary goal of the project is to produce a website with age-friendly resource maps that link directly to services provided for older adults within the World Health Organization (WHO) age-friendly framework that covers the eight domains discussed previously. We reached this stage of development after conducting several needs assessments in our state through surveys (online and telephone), focus groups, and by conducting an environmental scan of the services available in Mississippi for aging adults. Thus, the design of these maps was informed, in part, by a web-based survey of 468 Mississippi caregivers to identify what their needs are related to resource mapping. Our analysis of this data revealed that caregivers prefer a mobile-first, user-friendly design for accessing information. Other preferred services addressed mobility, chronic illness, personal care, or memory support. Finally, we learned that community outreach should be involved to improve the visibility and usage of resource maps among caregivers in rural and underserved communities. We addressed this feedback through an iterative design process to improve the quality of resource maps and will

incorporate this feedback into our dissemination plan.

Additionally, by conducting a telephone survey of adults aged 50 years or older living in Mississippi, we learned how older adults seek health service information. The top three most used resources included their healthcare provider, then friends and family, followed by Internet search engines. Thus, through wide dissemination efforts, we perceive our resource maps can be made even more useful among older adults in Mississippi.

In addition to the surveys, we also learned valuable feedback through focus groups. Participants of focus groups echoed some of the age-friendly concerns, including: transportation services and implicit biases toward age, race, and disabilities. However, participants noted feeling comfortable with health literacy, where they could easily access information online using Google. Thus, the resource maps should assist with meeting these identified needs.

Finally, our environmental scan of resources resulted in 2,853 total age-friendly services being compiled and mapped on our website. Across the WHO domains, we compiled the

following resources: 1) Community Support and Health Services (n=2,223), 2) Outdoor Space and Buildings (n=33), 3) Civic Participation and Employment (n=181), 4) Communication and Information (n=102), 5) Housing (n=123), 6) Respect and Social Inclusion (n=18), 7) Social Participation (n=96), and 8) Transportation (n=77). We will sustain this effort at the Social Science Research Center by regularly checking that the age-friendly services are up to date and provide accurate information about the resources. Team members of the AFFIRM project will seek to secure future funding to maintain current and accurate resources as well as to expand the resources available to grandparent caregivers, combatting scam-related sources, and improving the social inclusion category of services by learning from other states' efforts, such as Washington's initiatives for services that

we might be able to integrate into our online resource maps.

Mississippi's involvement in the AFPHS network shows the power of grassroots momentum, interagency collaboration, and data-driven resource mapping in moving toward an age-friendly status. While not yet recognized by AARP, the state has laid a strong foundation through strategic planning, resource mapping via the AFFIRM project, and a growing network of trained aging champions. Ongoing coordination between public health, emergency management, caregivers, universities, and faith-based groups demonstrates how multisector engagement can drive systemic change. Mississippi's case highlights how state-level transformation can begin with localized innovation and be scaled upward through coalition-building and policy alignment.



Conclusion

When we consider the state of these states collectively, a set of common age-friendly initiatives emerge, including 1) aging in place through environmental design (California, Colorado, Florida, Massachusetts, New Jersey), 2) providing infrastructure and social support to paid and unpaid caregivers (Mississippi, New York, North Carolina, Washington), and 3) establishing workforce or other financial security initiatives for older adults (California, North Carolina, Virgin Islands). A secondary set of initiatives focuses on healthy aging-related concerns connected to 1) transportation (Maine, Michigan, New Jersey, New York, North Carolina) and 2) dementia care (Florida, Massachusetts).

Future endeavors may take into consideration the roles of respect and social inclusion, with the state of Washington serving as a leading example of these efforts. Other categories that could be strengthened within Mississippi included social participation and transportation. However, another primary area indicated by our web-based survey of older adults is to provide more information and resources for both paid and unpaid caregivers.

Thus, this should continue to be a priority area of expansion for our state.

This State of the States report provides an overview of current age-friendly practices and the lessons they offer. It gives stakeholders an opportunity to adopt new approaches and forge partnerships as we collectively build age-friendly futures. Policymakers can then use these insights to prioritize investments and policies that accelerate age-friendly efforts.



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