Best Cities for Successful Aging

2014

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Introduction by Paul Irving

MILKEN INSTITUTE

Our Best Cities for Successful Aging initiative is about more than just rankings. It's about change. Changing policies and practices to promote healthy, productive, and purposeful aging requires transformative work and collaboration with a broad range of like-minded individuals and institutions. Many have helped. I'll recognize just a few of them here.

First, I want to thank my research colleagues, Anusuya Chatterjee and Jaque King, for their project design, research, analysis, and authorship of our "Best Cities for Successful Aging" report. Their work to improve aging lives is important and impactful. Thanks to Sindhu Kubendran for her valuable research assistance. Thanks to Zach Gassoumis, Caroline Cicero, and Mollie Grossman of the University of Southern California Davis School of Gerontology for their research support as well. My appreciation to Ross DeVol and Perry Wong, also of our research group, for their support of our Best Cities for Successful Aging work from our first conversations about the initiative.

Thanks to Conrad Kiechel, Jeff Monford, and Melody Yuan for their communication support, and the members of our executive staff, including Shantika Maharaj and Fran Campione, who provided valuable assistance in this effort. My appreciation to Rita Beamish for her skillful and insightful writing assistance, to Edward Silver for his sure editorial hand, and to Jane Lee for her creative design work. Our Best Cities for Successful Aging (http://successfulaging.milkeninstitute.org/) and Best Cities for Successful Aging Mayor's Pledge (http://successfulaging.milkeninstitute.org/mayors-pledge/) websites depend on the ideas and expertise of our information technology and creative services groups. And many others at the Institute help us advance this work in their own ways.

This year, we initiated our Mayor's Pledge project. We're gratified that so many forward-thinking mayors across the country have taken the Pledge. Thanks to Nichole Wright for her outreach efforts to mayors and city leaders, and to Kathleen Helppie-Shipley, Monique Midose, and Taylor Booth for their terrific work raising awareness and support for the Pledge.

Special appreciation to the extraordinary leaders who serve on our Best Cities for Successful Aging Advisory Committee (listed on Page 59). Their advice is invaluable, and their good work on behalf of older adults and others across the age spectrum inspires hope for a brighter future.

I want to acknowledge and express my deep gratitude and the appreciation of all involved to our Best Cities for Successful Aging supporters, the Robert Wood Johnson Foundation, AARP, and the Transamerica Institute for sharing their resources, insights, and ideas. We could not do this work without their assistance. Finally, let me recognize and thank the John Templeton Foundation for our continuing collaboration to elevate and enable beneficial purpose for older adults.

Paul Irving
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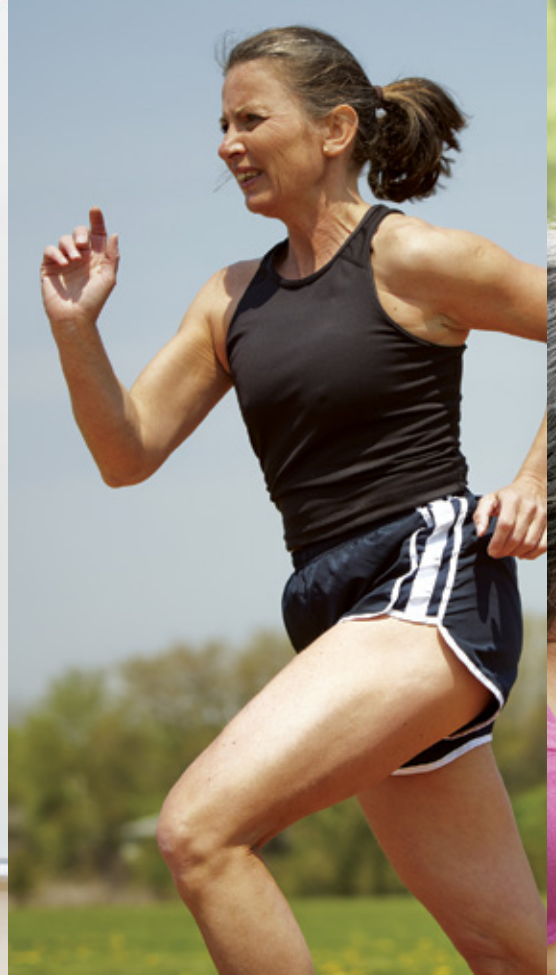
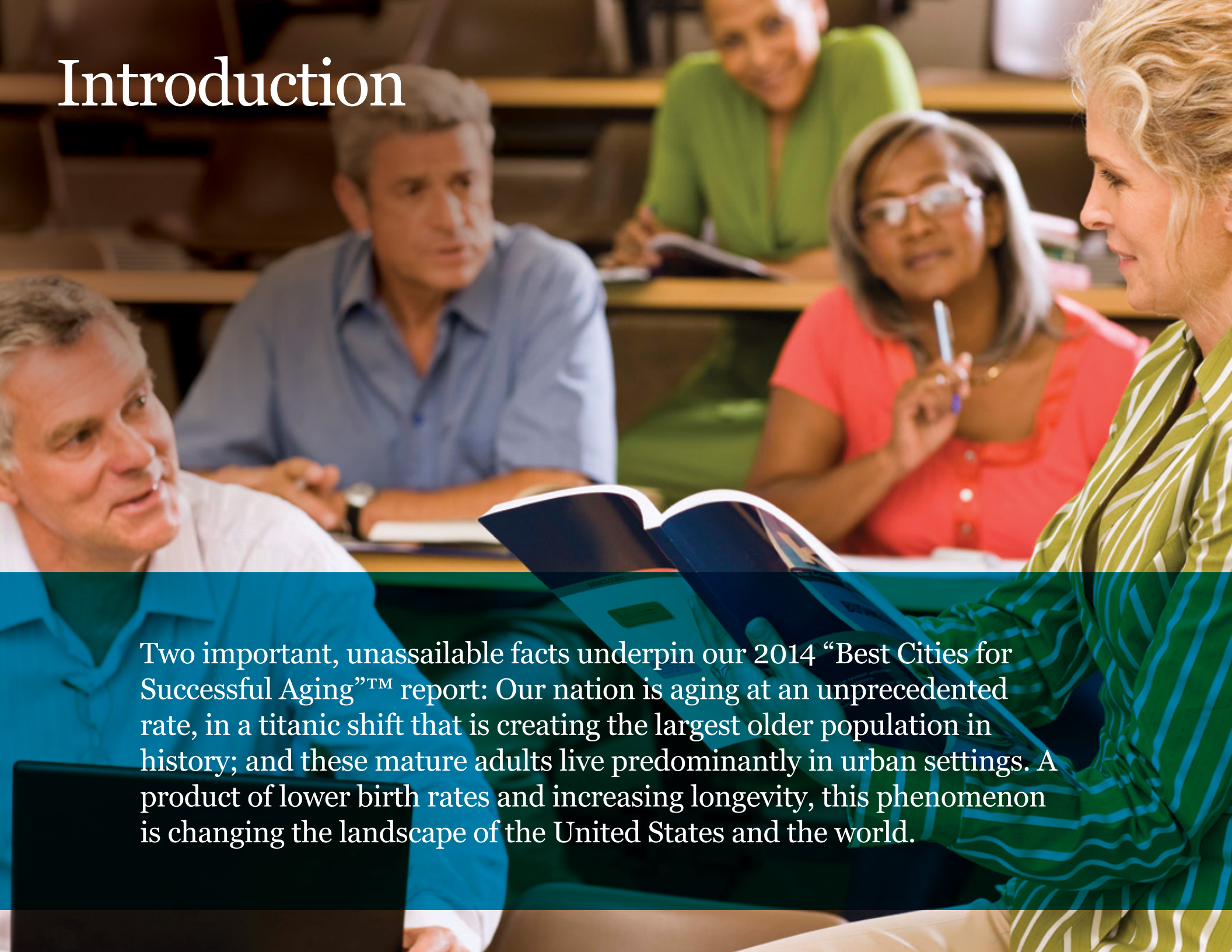


ABOUT THE MILKEN INSTITUTE

A nonprofit, nonpartisan think tank, the Milken Institute works to improve lives around the world by advancing innovative economic and policy solutions that create jobs, widen access to capital, and enhance health. We produce rigorous, independent research—and maximize its impact by convening global leaders from the worlds of business, policy, health, education, media, and philanthropy. By fostering collaboration between the public and private sectors, we transform great ideas into action.

Introduction



Two important, unassailable facts underpin our 2014 “Best Cities for Successful Aging”™ report: Our nation is aging at an unprecedented rate, in a titanic shift that is creating the largest older population in history; and these mature adults live predominantly in urban settings. A product of lower birth rates and increasing longevity, this phenomenon is changing the landscape of the United States and the world.

As a growing population of older adults emerges, timeworn notions of aging no longer fit. Older adults are staying in the workforce longer and anticipating more meaningful "golden years." New attitudes about work, health, housing, education, transportation, and other needs are evident. Millions of aging adults are upending convention, seeking to remain active and contributing members of their communities. A revolution in the "culture of aging" is underway.

Cities are on the frontlines of the challenges and opportunities that accompany this revolution. How U.S. cities and their leaders deal with these realities will affect not just the course of millions of individual lives, but more broadly our ability to build a better America.

With this second edition of the Milken Institute's "Best Cities for Successful Aging" report, we examine how metropolitan areas are stepping up to the challenge, and we rate and rank their capacity to enable people to age independently and productively, with security and good health.

NOT JUST ANOTHER TOP 10

With nearly 80 million American baby boomers facing the fulfillments and stresses of aging, there's no shortage of lists heralding "best" locations for older adults. There's a veritable universe of eye-catching honor rolls often based on some combination of factors such as mild weather and affordable living. However, they tend to include only subsets of the many factors that actually define such locations.

There is little question about where we want to age. The vast majority of older people—up to 90 percent, according to AARP's research—want to age in place and at home. The crucial question is how we want to spend those later years. To age in place successfully, older adults must enjoy environments that support health and productivity and the ability to live purposeful, contributing lives. With other challenges dominating policymaking at the national and state levels, urban leaders may offer America's best opportunity for positive change to facilitate vitality and engagement as we age.

The Milken Institute is proud to present our 2014 "Best Cities for Successful Aging," which updates and expands on our groundbreaking 2012 report. The report measures, compares, and ranks 352 U.S. metropolitan areas based on how well they enable older people to fulfill their potential, in their own lives as well as in their contributions to society and to others across the age spectrum.

MEASURING SUCCESS

We know that physical and social surroundings can support or inhibit health, engagement, productivity, and purpose as people age. "Best Cities" identifies age-friendly living environments that foster well-being, which in turn can mitigate age-associated decline.

MILLIONS OF AGING ADULTS ARE UPENDING CONVENTION, SEEKING TO REMAIN ACTIVE AND CONTRIBUTING MEMBERS OF THEIR COMMUNITIES.

Our methodology uses publicly available data on health care, wellness, living arrangements, transportation, financial characteristics, employment and educational opportunities, community engagement, and overall livability. The aim is to highlight and encourage best practices that enhance the lives of older people and the cities in which they live, and by extension improve the nation as a whole.

The report differs from other "best" rankings that tend to be based on opinion polls or narrow aspects of aging. Our data-driven, detailed approach provides a deeper level of analysis. Developed by our research staff with input from our

"Best Cities for Successful Aging" Advisory Committee, the report's rankings are based on a weighted, multidimensional methodology that examines a broad range of quality-of-life factors for older Americans.

To produce these evaluations, we looked at broad criteria that we believe define successful aging in the 21st century. Such criteria are commonly cited by academics and institutions that promote age-friendly communities:

- **Safe, affordable, and convenient environments.** We compiled statistics on cost of living, employment growth, jobless rates, income distribution, crime rates, alcoholism, and weather.

- **Health and happiness.** We looked at a range of factors, including the number of health professionals, hospital beds, long-term hospitals, and facilities with geriatric, Alzheimer's, dialysis, hospice, and rehabilitation services. We also examined hospital quality and affiliation with medical schools. To determine the general wellness of a community, we studied the rates of obesity, diabetes, Alzheimer's, smoking, and mental illness and looked at the availability of recreation and other healthy pursuits.

- **Financial security, including opportunities for work and entrepreneurship**. We examined each area's tax burden, small-business growth, poverty levels, and employment rates for those 65-plus, and the data on reverse mortgages. We reviewed employment opportunities and factors tied to encore careers.

- **Living options for mature residents.** We compiled statistics on the costs of homeownership and rental housing, nursing homes and quality nursing care, assisted living facilities, and home health-care providers.

- **Mobility and access to convenient transportation systems.** We studied commute times, fares, the use of and investment in transit for the public and for older residents specifically, and the number of grocery stores and other key retailers.

- **Beneficial engagement with families and communities, and physical, intellectual, and cultural enrichment.** We compiled statistics on volunteerism, and we reviewed indicators reflecting access to fitness and recreational facilities, training and education, enrichment programs focused on older adults, museums, cultural institutions, libraries, and YMCAs, as well as the proportion of the population that is 65 and older.

THE OVERALL RANKINGS ARE BASED ON 8 SUBCOMPONENTS:

BEST CITIES FOR SUCCESSFUL AGING DATA

Using this framework, our report ranks the 100 largest and 252 smaller metropolitan areas. The overall rankings are based on eight subcomponents: general indicators, health care, wellness, living arrangements, transportation/convenience, financial well-being, employment/education, and community engagement. Each subcomponent is based on multiple individual indicators—84 indicators in all.

The findings include three main rankings for each city: one for the aging population overall, one for people 65 to 79, and one for those 80 and older. The subindexes reflect the reality that people over 80 generally have different needs and priorities from their 65-year-old counterparts. These differences are factored into weighting the data for the two subgroups. For example, for those 80-plus, we give more weight to factors such as health care, while the subindex for those 65 to 79 focuses more on active lifestyles and economic opportunities.

EMERGING SOLUTIONS

Urban leaders know well the growth of "naturally occurring retirement communities," or NORCs, in their cities. In these neighborhoods, residents are aging in emerging communities that were not designed for the unique needs of older adults. The NORC phenomenon gives forward-thinking metropolitan leaders a ready-made opportunity to employ creative thinking—not patchwork efforts, but integrated approaches that encompass a range of services and infrastructure that can improve the lives of older residents.

Leaders across the country are actively developing exciting solutions and civic projects tailored to their aging populations. They are demonstrating that the narrative of aging doesn't simply have to be about the strains on social safety nets and health-care systems. Many of their approaches are outlined in this report, and we trust that other cities will take note of both successes and areas for improvement.

LEADERS ACROSS THE COUNTRY ARE ACTIVELY DEVELOPING EXCITING SOLUTIONS AND CIVIC PROJECTS TAILORED TO THEIR AGING POPULATIONS.

Policymakers also realize that cities benefit from the new longevity economy as businesses lean into the economic possibilities presented by the rapidly growing older cohort. The mature market has sparked countless innovations—from new approaches to financial services and wellness to health-care delivery and age-friendly housing and transportation systems; from lifelong learning and new work opportunities to aging-centered technologies and social networks, fashion, travel, and leisure.

Importantly, older adults have a depth of talent and experience to contribute in the workforce and intergenerational settings. Their perspective and purposeful engagement can enhance the lives of all through encore careers, civic engagement, and volunteer activities.

PROGRAMS WITH PURPOSE

The rankings in our "Best Cities for Successful Aging" report report are based on measureable data that apply across metropolitan areas. But not all innovations lend themselves to broad, data-based measurement. So our rankings may miss important programs that are making a difference, through creative nonprofit efforts or business models that promote successful

aging. Because they are not widespread enough to be included in our measurable data, our methodology does not include pilot and experimental programs that mayors may be spearheading in their own cities.

To take note of these successes, we have compiled a sampling of beneficial programs, highlighting examples of initiatives already in place. These efforts can be replicated in other cities, expanded for regional or national impact, or in the case of nationwide programs, supported and deepened for even greater effect. These Programs with Purpose represent just a fraction of the successful aging efforts being advanced nationwide.

We congratulate those involved in all such programs and the mayors who are fostering age-friendly policies and practices. Despite this momentum, however, we cannot ignore the fact that overall progress remains too slow. By 2040, 80 million Americans will be 65 and over, nearly double the number in 2010. Although the 21st century finds older people healthier and more vibrant than in generations past, outdated notions of aging still permeate our society. Dramatic culture change is needed. While we do not discount the challenges of aging, we must retire anachronistic expectations of decline and disengagement and recognize the potential for healthy, productive, and purposeful aging. The Milken Institute hopes this edition of "Best Cities" will spur action and a sense of urgency.

MAYOR'S PLEDGE

This urgency hands the nation's mayors a profound leadership opportunity. Cities are testing labs for social innovations, and mayors can launch ground-level programs in ways that states and the federal government often cannot.

Those actions will be relevant not just to today's demography. The age wave sweeping America and the world is no transitory trend. It will continue into the future and permanently shape and change cities. Older people will continue to expand their presence within the population, their longevity fueled by medical advances, improved nutrition, and better standards of living. The number and proportion of urban dwellers will rise in tandem. The World Health Organization projects that by 2030, about three of every five global inhabitants will live in cities, and a growing segment will be over age 60.

In this panorama, American mayors can lead the world. That is why we have issued a Best Cities for Successful Aging Mayor's Pledge in conjunction with this report. The age wave has no bias or boundaries, and this nonpartisan Pledge reaches across the political spectrum. With the Pledge, the Milken Institute and its Best Cities for Successful Aging Advisory Committee challenge mayors to unite in a commitment to make our cities better for older residents and in the process ensure a brighter future for all ages.

Mayors who sign the Pledge agree to make the well-being of older residents a priority of all municipal departments. They will work to improve safety, affordability, and access to health resources, employment, and educational opportunities, as well as housing and mobility options. Also of vital importance, they commit to enabling and promoting purposeful engagement by older residents in volunteerism, encore careers, and civic work that will strengthen cities overall and improve lives old and young.

We acknowledge and honor the forward-thinking mayors who have signed the Pledge. More are signing every day. We look forward to their achievements. Their ideas will open the door to solutions that can be scaled and replicated at the state, national, and global levels. And their leadership will inspire other policymakers to act.

ENCOURAGING CHANGE

The 2012 edition of "Best Cities for Successful Aging" received extraordinary attention from national and local media, city leaders and planners, and a wide range of stakeholders. This resonance demonstrated an awakening and a hunger for ideas and approaches to the challenges and opportunities posed by the

world's largest-ever population of older adults. While "Best Cities" focuses on the United States, the imperative to address the issues around aging is evident in consequential efforts across many borders, including the World Health Organization's Global Network of Age-Friendly Cities initiative. Recognizing the power of cities across the world to transform the landscape of aging, the WHO is encouraging them to tackle the demographic shift. We applaud the WHO and other organizations working to build global awareness and encourage action.

The publication of our inaugural "Best Cities for Successful Aging" report sparked many calls for a follow-up release. The Milken Institute's purpose in this second edition is to update and amplify that analysis and continue to spotlight the importance of local leadership in the drive for successful aging.

We hope that our rankings generate virtuous competition among cities and encourage improvement in the social structures that serve aging Americans. We seek to promote best practices and innovations that enable engagement. We intend to spark solutions-oriented dialogue among thought leaders, decision-makers, and stakeholders. We want to spread successful aging across America and the world. The humane values inherent in age-friendly communities afford people of all ages the chance to work, learn, prosper, and live with dignity and purpose. Guided by those values, we aspire to shape the future.

Paul Irving
Santa Monica, CA

INFOGRAPHICS AND DATA FOR EACH METRO AREA AS WELL AS TOOLS FOR POLICYMAKERS CAN BE FOUND AT

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What makes a great environment for people as they age? Sun Belt locales, for many the obvious contenders, are generally absent from our Top 20 large Best Cities for Successful Aging. To develop the rankings, we looked at eight categories that enhance opportunities for successful aging in place. The metro areas selected perform well in many of those broad categories, and common themes emerge in economic strength, an abundance of health services, an active lifestyle, opportunity for intellectual stimulation, and easy access to amenities. Even our Top 20 had room to improve in various categories, and we delved into the specifics to show their strengths and weaknesses. In the pages that follow, we highlight what each large metro does well, along with opportunities for improvement.

MADISON, WI

#1

#1
For ages 65-79

#3
For ages 80+

Home to the respected University of Wisconsin, Madison is a hub of innovation and intellectual stimulation. Economic growth gets a boost from UW's research needs, and quality health care is a big plus. Cultural amenities attract highbrows and regular folk alike, and Madisonians also enjoy the amenities of Chicago, just 150 miles away. Cost of living, high for the Midwest, remains an issue.

#23	General
#2	Health care
#21	Wellness
#43	Financial
#70	Living Arrangements
#9	Employment/Education
#11	Transportation
#4	Community Engagement

NAILED IT

Quality health care
- Thumbs up to all 11 hospitals from the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).
- Magnet hospitals and solid staffing pools: physicians, orthopedic surgeons, psychologists, and nurses. Ample continuing-care facilities.
- In-hospital specialty care, including geriatric, Alzheimer's and rehab facilities.
- Emergency-room waits: short.

Strong economic, educational environment
- High employment growth and low poverty rate for older adults.
- Low crime rate. Comparatively equitable income distribution.
- Quality education and intellectual engagement at the University of Wisconsin.

Healthy lifestyle choices
- Low rates of smoking, falls, and diabetes among older people. Byproduct: economic upside for the health-care system.
- Wide opportunity for physical activity; lots of commuting by foot.

Plentiful choices in culture, recreation
- Abundance of recreational and fitness facilities and YMCAs.
- Plenty of libraries, museums, and movie theaters.

NEEDS WORK

Pricey living, unhealthy habits
- Expensive living, including cost of inpatient care. Too few dialysis centers and MRI clinics.
- Too many fast food outlets, too much sugary drink consumption, not enough fruits and vegetables in older people's diets.
- Not enough grocery stores for convenience of older adults.

OMAHA-COUNCIL BLUFFS, NE-IA

#2

#3 For ages 65-79

#5 For ages 80+

#18	General
#5	Health care
#33	Wellness
#37	Financial
#35	Living Arrangements
#2	Employment/Education
#64	Transportation
#1	Community Engagement

With five Fortune 500 companies calling it home, Greater Omaha generally enjoys financial well-being, low-cost living, and abundant professional opportunities. An emerging health-care hub, the area still suffers from unhealthy lifestyles, and safety is an issue.

NAILED IT

Work opportunities, convenient living
- Low jobless rate overall, high employment among mature adults.
- Reasonable cost of living.
- Short-ish commute times. Easy access to grocery and convenience stores.

Health care in abundance. Opportunities for engagement
- Plenty of health-care facilities and professionals in most areas.
- Hospitals affiliated with med schools. Translation: state-of-the-art medical technologies and innovation.
- Recreation, volunteerism, and YMCAs available for older people.

NEEDS WORK

Safety risk and unhealthy behavior
- High crime rate and binge drinking: safety worries.
- Too much smoking and sugary beverage consumption, leading to chronic disease risk.

Specialty health care and connectivity
- Lack of long-term hospitals, dialysis centers, and MRI clinics.
- Insufficient transportation for special needs.

PROVO-OREM, UT

#3

#2 For ages 65-79

#1 For ages 80+

Mayor's Pledge

#1	General
#69	Health care
#2	Wellness
#17	Financial
#10	Living Arrangements
#16	Employment/Education
#9	Transportation
#16	Community Engagement

Provo has drawn many older residents in recent years. Slowed economic growth bumped it from its top spot in our 2012 ranking. But its healthy, engaged lifestyles and safe environment shine.

NAILED IT

Healthy, active lifestyle
- Low smoking and binge drinking rates.
- Fewest diabetes cases among the 100 large metros.
- Fridges of older adults stocked with fruits and veggies.
- Low rate of injuries caused by falls.

Learning, enrichment in vibrant economy
- High employment growth, but lower rank than in our 2012 results.
- Top of the list in per-capita college enrollment. Community college availability per capita: strong performance.

Safety, security, and sense of community
- Crime: Police sirens refreshingly rare.
- Volunteerism rates: one of the top areas for giving back.

NEEDS WORK

Economic challenges
- Expensive place to live.
- Need for growth in small business and financial infrastructure.

Shortage of specialty health-care services and professionals
- Lack of hospitals with Alzheimer's care, MRI clinics, etc.
- Too few doctors and nurses.

BOSTON-CAMBRIDGE-NEWTON, MA-NH

#4

#4
For ages 65-79

#2
For ages 80+

Mayor's Pledge

#7	General
#4	Health care
#6	Wellness
#60	Financial
#92	Living Arrangements
#14	Employment/Education
#2	Transportation
#28	Community Engagement

Few can match the Greater Boston area's cachet when it comes to innovation, education, and endless choices for culture vultures. Still, rising costs tarnish this home to more than 100 colleges and universities.

NAILED IT

Abundant quality health and wellness options

- Lots of doctors, physical therapists, nurses, psychologists, and orthopedic surgeons.
- Med school-affiliated hospitals boasting innovation and cutting-edge technology.
- Quality nursing homes.
- Nutritious dietary habits in older population. Opportunities for active lifestyle.

Careers and convenience

- Lots of 65+ employed adults.
- Vibrant intellectual environment with many universities.
- High use of public transport. Ample special-needs transportation.

NEEDS WORK

Big-city blues

- High cost of living and wide income disparity.
- Notorious commute times.
- Long ER waits—bring a book.
- Pricey health care. High fall rate in older population may boost medical bills.

SALT LAKE CITY, UT

#5

#5
For ages 65-79

#6
For ages 80+

Mayor's Pledge

#39	General
#12	Health care
#13	Wellness
#2	Financial
#55	Living Arrangements
#7	Employment/Education
#22	Transportation
#20	Community Engagement

Although Utah's capital is economically solid, with adequate financial infrastructure and a well-educated citizenry, older adults are not strangers to financial distress. Fast food is too prevalent, but healthy lifestyles and smart eating choices help thwart diet-related disease.

NAILED IT

Solid financial infrastructure, vibrant economy

- Strong financial base. High volume of bank deposits.
- High employment in older population. Many community college offerings for retraining.

Access to conveniences and healthy living

- Banks, groceries accessible to older adults.
- Active lives and nutritious diets among older population. Sugary soft drinks—no thanks.

Abundant health-care support

- High density of home-health care providers and caregivers.
- Affordable assisted living and nursing facilities.

NEEDS WORK

Living environment, convenience, and amenities

- Lack of special-needs transportation and funding for community programs and services geared to older residents.
- Little evidence of housing that meets aging residents' needs. Few households with 65+ residents.
- High dollar total of reverse mortgages by older homeowners: financial vulnerability.

JACKSON, MS

#6

#8 For ages 65-79

#11 For ages 80+

#79	General
#1	Health care
#99	Wellness
#31	Financial
#46	Living Arrangements
#5	Employment/Education
#84	Transportation
#7	Community Engagement

Jackson boasts a large pool of health-care providers, but unhealthy lifestyles foreshadow a future need for more quality care. The University of Mississippi anchors higher learning opportunities, but arts and recreation options are limited.

NAILED IT

Lots of health-care providers

- Abundant hospital and nursing beds, orthopedic surgeons, nurses, caregivers, and dialysis centers.
- Relatively affordable hospitalization and assisted living costs.

Economic and intellectual opportunity

- High rate of job opportunities for older adults.
- Easy living: high income growth and low tax burden.
- Higher-learning institutions, intellectual stimulation, and retraining opportunities.

NEEDS WORK

Quality of health care

- Few Magnet hospitals or hospitals with the JCAHO stamp of approval.
- Access to care impeded by long waiting time in the ER.

Transportation issues

- Public funding available for more senior transport, but low ridership.
- Danger on the roadways—high rates of car crashes.

DES MOINES-WEST DES MOINES, IA

#7

#7 For ages 65-79

#7 For ages 80+

#15	General
#20	Health care
#23	Wellness
#22	Financial
#16	Living Arrangements
#12	Employment/Education
#55	Transportation
#2	Community Engagement

Des Moines' thriving economy, inexpensive living, ample health care and cultural and community offerings make an attractive package. For people who need specialty care, however, problems may arise in quality and availability of options.

NAILED IT

Availability of care

- Ready availability of geriatric, Alzheimer's, hospice, and rehab services.
- Relatively inexpensive nursing and assisted-living facilities.
- Low numbers that ease pressure on the health-care system: rates of falls, mental distress, and diabetes patients

Employment base

- Strong job growth, including for older adults.
- Livability lures: equitable income distribution and inexpensive health care.
- Quick commutes to work. Grocery availability in neighborhoods of older residents.

Cultural, educational, and community engagement

- Iowa's cultural center: ample museums and other arts venues.
- Active volunteer scene for older adults. Substantial public funding for senior programs.

NEEDS WORK

Lack of quality and specialty health care

- Affordable care, but lack of Magnet and JCAHO-accredited hospitals.
- Not enough long-term hospitals, orthopedic surgeons and MRI/diagnostic facilities.
- Caregivers in short supply.

TOLEDO, OH

#8

#13
For ages 65-79

#9
For ages 80+

Mayor's Pledge

#47	General
#18	Health care
#54	Wellness
#5	Financial
#4	Living Arrangements
#28	Employment/Education
#36	Transportation
#22	Community Engagement

Toledo boasts safety, affordability, ample recreational facilities, and quality hospitals. Finding work or launching a business, however, can be difficult in the local economic environment. Health issues may weaken the workforce.

NAILED IT

Affordable and quality health care
- Inexpensive nursing rooms and adult day services. Adequate nursing and hospital facilities.
- Stamp of approval from the JCAHO: 13 accredited hospitals.

Active living and enrichment opportunities
- Many golf courses, parks, and other recreational settings.
- Adequate fitness centers, YMCAs, and libraries.
- Reasonable public transportation fare for older adults. Short commute times.

NEEDS WORK

Unhealthy behavior and chronic diseases
- High obesity and smoking rates along with prevalence of diabetes.
- Too much sugary drink consumption at home. Too many fast food outlets. Increased risks of obesity and chronic disease.

Lack of specialty health-care facilities
- Need for more hospice and MRI facilities and hospitals with Alzheimer's units.

AUSTIN-ROUND ROCK, TX

#9

#9
For ages 65-79

#17
For ages 80+

Mayor's Pledge

#36	General
#53	Health care
#10	Wellness
#1	Financial
#43	Living Arrangements
#22	Employment/Education
#80	Transportation
#53	Community Engagement

Home to the University of Texas, Austin-Round Rock hums with educational enrichment. A high-tech hub with a robust economy, it enjoys a multicultural environment and a vibrant music and arts scene, but needs more specialty health-care services.

NAILED IT

Robust economy and opportunities for aging residents
- Help wanted: Job growth among the highest for large metro areas.
- Small business opportunities. Low tax burden for residents.
- Strong growth in sectors with jobs for older people.

Infrastructure access and affordability
- No need to drive: low fares for well-used public transportation.
- Short ER wait times.
- Inexpensive adult day-care and nursing rooms.
- Abundance of caregivers and home health-care providers.

Health and happiness
- Little obesity among seniors and low overall smoking rate.
- A happy place: low levels of mental distress.

NEEDS WORK

Quality health care and specialty services
- Lack of hospitals with Alzheimer's units.
- Need for more med school-affiliated hospitals.
- High rates of falls among older people: not enough preventive infrastructure or orthopedic surgeons.

Inconvenience for aging residents
- Too few grocers where older people live.
- Insufficient special transportation services for older people.

BRIDGEPORT-STAMFORD-NORWALK, CT

#10

#14 For ages 65-79

#16 For ages 80+

Mayor's Pledge

#14	General
#48	Health care
#1	Wellness
#54	Financial
#100	Living Arrangements
#19	Employment/Education
#39	Transportation
#23	Community Engagement

This Connecticut metro area is among the safest places to live and has educated residents and a range of artistic and cultural offerings. While residents are active and healthy, expensive housing ranks the area dead last for living arrangements.

NAILED IT

Wellness and healthy living

- Low rates of mental distress, obesity, smoking, and diabetes.
- Sufficient numbers of quality nursing homes and home health-care providers.
- Convenient living enhanced by arts, recreation and availability of grocery and convenience stores.

Economic and personal well-being

- Employment of older people: ranked near top among 100 large metros.
- Low rates of crime and car-crash fatalities. Many community colleges.
- Low levels of poverty among adults 65+.

NEEDS WORK

Financial woes

- High tax burden, low income growth, and a high level of reverse mortgage debt raise concerns about financial stability
- Steep house and rental prices. Costly nursing homes and continuing-care facilities.
- Not enough hospital beds and specialty care.

DENVER-AURORA-LAKEWOOD, CO

#11

#15 For ages 65-79

#21 For ages 80+

Mayor's Pledge

#42	General
#36	Health care
#3	Wellness
#10	Financial
#67	Living Arrangements
#21	Employment/Education
#35	Transportation
#52	Community Engagement

This region's central location makes it a hub for coast-to-coast travel and commerce. A health-conscious locale, it enjoys good health care, but lags somewhat in specialty care. Its young, educated workforce and strong job market imply long-term growth.

NAILED IT

Quality Health care

- JCAHO-accredited hospitals. Many Magnet hospitals and quality nursing homes.
- Hospitals with hospice and continuing care units.
- Many psychologists, physical therapists, and home health-care providers.

Neighborhood benefits

- Groceries and banks located close to neighborhoods.
- Low incidence of fatal car crashes. High rates of public transportation use.
- Healthy behaviors and activities among residents.
- Physically active older adults who eat fruits and veggies.
- Low number of obesity and diabetes cases.

Strong financial infrastructure

- Strong, young workforce: tax-revenue flow.
- Sufficient number of financial institutions and hefty accumulation of capital gains.
- High income growth.

NEEDS WORK

Wallet issues and neighborhood activities

- High cost of living. Binge drinking.
- Need for more groceries and convenience stores, although many older residents live near grocers.
- Lack of recreational facilities such as golf courses and YMCAs.
- Need for hospitals with geriatric services, rehabilitation facilities, and dialysis clinics.
- Steep fares for public transportation but high ridership.

URBAN HONOLULU, HI

#12

#6
For ages 65-79

#14
For ages 80+

Mayor's Pledge

#17	General
#49	Health care
#28	Wellness
#94	Financial
#98	Living Arrangements
#1	Employment/Education
#3	Transportation
#32	Community Engagement

This tourist hotspot boasts ample economic opportunities and outdoor pleasures, but life amid the palm trees can cost, especially at quality nursing facilities and hospitals. Special needs transport is adequate, but work commutes are time-consuming and transit fares steep.

NAILED IT

Favorable economy for older residents

- Low unemployment. Ample service sector jobs.
- Relatively low poverty and less income inequality.
- Opportunities for career education and higher learning.

Quality of care and healthy aloha living

- Fit and breathing freely: low levels of obesity among older adults. Relatively few smokers.
- University-affiliated hospitals and quality nursing homes.
- High life expectancy at age 65, implying superior quality of life.
- Many walk-to-work commuters. Adequate special-needs transportation.

NEEDS WORK

Sluggish entrepreneurship and pricey living

- Small business growth—limited. Capital gains—limited.
- High rents and expensive services, including adult day care and assisted living.
- Limited availability of nursing rooms.

Specialized health-care facilities and services

- Scarcity of caregivers and fitness facilities.
- Strong need for Alzheimer's units and MRI clinics.

SYRACUSE, NY

#13

#11
For ages 65-79

#19
For ages 80+

Mayor's Pledge

#77	General
#29	Health care
#31	Wellness
#44	Financial
#85	Living Arrangements
#6	Employment/Education
#4	Transportation
#15	Community Engagement

Located in reach of other Upstate New York cities, Syracuse enjoys low living costs, relatively safe neighborhoods, and easy commutes, along with strong college enrollment. A soft economy raises questions about future financial conditions.

NAILED IT

Livability and neighborhoods

- Low cost of living. Low rates of fatal car crashes.
- Plentiful grocery stores, libraries, museums, and other venues for gathering.
- Walkable neighborhoods. Reasonable commute times.

Access, convenience and health care

- Adequate special needs transport and substantial investment in transportation.
- Abundance of doctors, hospitals with rehab facilities, physical therapists, psychologists, and MRI clinics.
- Continued innovation spurred by medical schools.

NEEDS WORK

Living arrangements and access to care

- High price tag for nursing homes as well as continuing-care and assisted-living facilities.
- Insufficient specialty care for Alzheimer's patients, dialysis centers.
- Long waits in the emergency room.

NEW YORK-NEWARK-JERSEY CITY, NY-NJ-PA

#14

#10 For ages 65-79

#4 For ages 80+

Mayor's Pledge

#20	General
#44	Health care
#30	Wellness
#86	Financial
#96	Living Arrangements
#27	Employment/Education
#1	Transportation
#55	Community Engagement

Hub of literacy, culture, and entertainment, this storied region boasts convenience for transportation and easy shopping access. The nation's largest metropolis and financial capital, however, is no stranger to troubles, including the 2008 financial meltdown.

NAILED IT

Connectivity, enrichment and everything else

- Transportation for all: No. 1 in passenger trips per capita.
- World-renowned culture, with famous museums, arts and entertainment venues, and more.
- Easy access to grocery, convenience stores.

Job opportunities

- Enhanced employment prospects for older adults thanks to relatively large service sector.
- Strong financial base. Highly ranked in bank deposits per capita.

Quality care and health-conscious environment

- Many JCAHO-accredited hospitals. Latest technology, thanks in part to medical school-affiliated hospitals.
- Fit, not fat: Obesity among the 65+ population near bottom on 100 large-metros list.

NEEDS WORK

High costs, long waits

- Expensive cost of living and considerable tax burden.
- Ample public transportation tempered by high fares and significant commute times.
- ER wait times: long.

LITTLE ROCK-NORTH LITTLE ROCK-CONWAY, AR

#15

#20 For ages 65-79

#23 For ages 80+

Mayor's Pledge

#84	General
#3	Health care
#83	Wellness
#42	Financial
#7	Living Arrangements
#25	Employment/Education
#74	Transportation
#72	Community Engagement

Home to University of Arkansas and its medical school, Little Rock boasts great health care, special needs transportation, and affordable living. Marring its allure: inactivity and unhealthy eating, which breed chronic disease, and crime and auto fatalities.

NAILED IT

Affordable health care

- Lots of hospital beds and specialty care—geriatric, rehabilitation, and Alzheimer's.
- Inexpensive inpatient care and assisted living.
- Large pool of physicians, nurses, and orthopedic surgeons.

Community and economic factors

- Low tax burden, low unemployment among older residents, and stable small business cluster.
- Readily available special-needs transportation. Reasonable commute times.
- Relatively large service sector: opportunities for older adults to find work.

NEEDS WORK

Threats to health and well-being

- High crime and car fatality rates.
- Limited supply of continuing-care facilities.
- Few YMCAs, dampening community engagement.
- Lack of physical activity and high soda consumption at home. High obesity and diabetes rates.

MINNEAPOLIS-ST. PAUL-BLOOMINGTON, MN-WI

#16

#18 For ages 65-79

#13 For ages 80+

#12	General
#37	Health care
#14	Wellness
#80	Financial
#54	Living Arrangements
#24	Employment/Education
#31	Transportation
#9	Community Engagement

Green space, plentiful recreation facilities and a robust environment for businesses and professionals bolster quality of life in the Minneapolis area. Lack of income growth and low entrepreneurial activity are concerns.

NAILED IT

Access to care
- Short emergency room waits.
- Sufficient hospice and rehabs at hospitals.
- Ranked 25 out of 100 large metros for hospitals with medical school affiliations.

Transportation and special needs living arrangements
- Substantial investment in public transportation. Low fares.
- High ranking for special needs transportation.
- Abundance of quality nursing homes, continuing-care facilities and home health-care providers.

NEEDS WORK

Convenience and long-term care
- Too few convenience stores
- Lack of grocers in neighborhoods where older residents live.
- Insufficient hospital long-term care and MRI clinics.

Financial concerns
- High tax burden
- Income growth below median for 100 large metros.
- Small-business growth needed.

SAN FRANCISCO-OAKLAND-HAYWARD, CA

#17

#16 For ages 65-79

#8 For ages 80+

Mayor's Pledge

#6	General
#68	Health care
#4	Wellness
#59	Financial
#91	Living Arrangements
#26	Employment/Education
#5	Transportation
#65	Community Engagement

A mild climate, picturesque landscapes, and lively atmosphere make life appealing in the metro by the Bay. High-tech, public transit, and active lifestyles boost the allure. The downside: Hefty demands on wallets, bank accounts, and credit cards.

NAILED IT

Entrepreneurial activities and quality learning environment
- Strong financial health. Flourishing small business atmosphere.
- Young, educated workforce. Translation: steady tax revenue.
- Large array of higher education options and opportunities for intellectual stimulation. High enrollment in the region's many colleges and universities.
- Outdoor living and cultural marketplace: plenty of recreation, fitness, and arts venues.

Health-conscious, connected residents
- Thumbs up for smoking and obesity rates among the lowest in top 20 large metros.
- Produce-laden, health-conscious food choices among older people.
- Frequent use of public transportation. Grocery stores near neighborhoods.

NEEDS WORK

Expensive living
- Sky-high housing. Affordability of homes ranked 98 of 100 large metros, and rental costs rank 96.
- Pricey fares on public transportation.
- Heavy tax burden.

Inequality and a dearth of specialty care
- Sluggish job growth: Not all share the wealth.
- Insufficient long-term, rehab, and geriatric facilities.

SPRINGFIELD, MA

#18

#17
For ages 65-79

#35
For ages 80+

Mayor's Pledge

#53	General
#35	Health care
#42	Wellness
#69	Financial
#87	Living Arrangements
#4	Employment/Education
#18	Transportation
#5	Community Engagement

Often overshadowed by heavyweights Boston and New York, Springfield offers many cultural and outdoor activities. University of Massachusetts, Amherst, and other institutions offer education and enrichment choices. Good news for older workers: Growth expected in health and educational services.

NAILED IT

Health-care availability
- Plenty of hospital beds, and long-term, rehab, and geriatric units.
- Ample number of psychologists.

Enrichment
- Many libraries, community colleges, and universities for intellectual enrichment
- Bountiful opportunities for social engagement.

Bright Future
- Employment growth: ranked 25 among 100 large metros.
- Strong capital gains.

NEEDS WORK

Need more specialty care
- Lack of Alzheimer's units, dialysis centers, and MRI clinics: ranked near bottom among 100 large metros.
- High incidence of mental distress, despite availability of psychologists.
- High fall rate among older people.

Financial hurdles
- High tax burden.
- Need for small business growth.
- Need for additional financial institutions.

CLEVELAND-ELYRIA, OH

#19

#24
For ages 65-79

#10
For ages 80+

#19	General
#10	Health care
#68	Wellness
#78	Financial
#15	Living Arrangements
#38	Employment/Education
#29	Transportation
#36	Community Engagement

Beyond quality health care and the renowned Cleveland Clinic, this region offers low living and business costs and educational opportunity. Income disparity is a concern, however, and job prospects for older people need improvement.

NAILED IT

Quality care
- Top-notch JCAHO-accredited and Magnet hospitals, with specialty care for Alzheimer's, geriatrics, and hospice.
- ER wait times: short.
- Large pool of orthopedic surgeons, nurses, and dialysis centers.

Reasonably priced and convenient living
- Relatively low cost of living, and reasonably priced adult day services.
- Day-to-day ease: ample grocers and special needs transportation.
- Learning and employment options through community colleges and universities.
- Low dollar total of reverse mortgages.

NEEDS WORK

Unhealthy lifestyle
- Smoking rate consistently high among older people.
- Too much soda consumption.

Financial stability lags
- Inequality in income distribution.
- Too few young workers, raising concern about future tax revenue
- Low capital gains: a negative for financial health.

WASHINGTON-ARLINGTON-ALEXANDRIA, DC-VA-MD-WV

#20

#11
For ages 65-79

#18
For ages 80+

Mayor's Pledge

#9	General
#59	Health care
#29	Wellness
#73	Financial
#99	Living Arrangements
#3	Employment/Education
#8	Transportation
#70	Community Engagement

The nation's capital metro area is a prime locale for older adults seeking employment, education, or satisfying volunteer opportunities. Neighborhoods are mostly safe and well-served by public transport, but living here is pricey

NAILED IT

Job opportunities

- Highest ranked among the 100 large metros for employment of mature workers.
- Dominant service sector, suggesting good chances for older people to find jobs.

Excellent connectivity

- Sound transportation system with the third-highest volume of passenger trips among large metros.
- Many educational institutions offering retraining and interesting coursework.
- Volunteerism opportunities at museums and other stimulating venues.

Solid financial base and entrepreneurial activity

- Young workforce: revenue flowing in.
- High bank deposits and small business growth: financial stability.

NEEDS WORK

High costs and hassles

- Long emergency room waits.
- Beltway woes: extended commute times.
- Pricey homes, rents, assisted care, and transit fares.
- High tax burden.

The Top 20 small Best Cities for Successful Aging weather some of the nation's frostiest winters—not exactly the ideal for golden-years living. But these metro areas compensate for chilly weather by shining in categories that make them inviting places to age in place. As with our Top 20 large metros, the smaller locales perform strongly on many criteria conducive to healthy, purposeful aging, including a wealth of health-care assets; robust economic, employment, and entrepreneurial environments; and strong educational resources. In the pages that follow, we identify what these smaller metro areas do well, along with opportunities for improvement.

IOWA CITY, IA

#1

#1
For ages 65-79

#1
For ages 80+

With a top-notch health-care system, a strong economy, and low unemployment, Iowa City, home to the University of Iowa, is an attractive option for encore careers and those seeking good health services. Chronic disease rates are low with residents making healthy lifestyle choices. A caveat to the upbeat economic picture: The area may be pricing itself beyond the reach of many older people.

#24	General
#1	Health care
#32	Wellness
#46	Financial
#106	Living Arrangements
#16	Employment/Education
#5	Transportation
#44	Community Engagement

Mayor's Pledge

NAILED IT

Outstanding health system
- Lots of health-care professionals—doctors, orthopedic surgeons, nurses, and physical therapists.
- Sufficient availability of specialty-care hospitals to accommodate older adults, including long-term hospitals, geriatric and hospice services, and Alzheimer's units.
- Easy on the wallet: some of the lowest health-care expenses per inpatient day.

Transportation solutions and solid economy
- No freeway blues: one of the highest public transportation riderships among 252 small metro areas.
- Frequent use of alternative transportation and walk-to-work commutes.
- Intergenerational workforce: high overall job growth and low unemployment, with many working older adults.
- High availability of learning opportunities and high college enrollment rates.

Emphasis on health and wellness
- Hold the fries: fewer fast food outlets per capita and low consumption of sugary drinks, possibly a factor in limited prevalence of diabetes.
- Healthier living: relatively low obesity rates.

NEEDS WORK

Affordability concerns and difficult living arrangements
- Save up: high cost of living. Expensive houses and rents.
- Need for more home health-care service providers and caregivers for older adults.
- Risk of isolation: few older people living in family households.
- Low crime rate, but beware the highway: fatal crashes relatively high.

Financial woes
- Need for more banks and other financial institutions for a growing population.
- High tax burden, low capital gains receipts.

SIOUX FALLS, SD

#2
For ages 65-79

#2
For ages 80+

Mayor's Pledge

#31	General
#5	Health care
#47	Wellness
#1	Financial
#107	Living Arrangements
#37	Employment/Education
#95	Transportation
#4	Community Engagement

Continued expansion of its health-care system positions Sioux Falls to meet its growing population's demand for services. Cultural attractions are a draw, but housing may not be affordable for older residents.

NAILED IT

Strong financial base and health-care availability

- Highest amount of bank deposits per capita among 252 small metros. Many financial institutions in the community.
- Substantial income growth over the last five years.
- Price and convenience of care: among the lowest inpatient costs. Short emergency room waits.
- Large pool of doctors and nurses.
- Abundant hospitals providing specialty services, such as geriatric, hospice, and rehabilitation

Cultural and community engagement

- That's entertainment: numerous cultural attractions such as museums and movie theaters.
- State funding for agencies to develop community services and keep older adults engaged.
- Giving back: high volunteerism. Older people active in communities.

NEEDS WORK

Affordability hardship

- Housing prices above the median for small metros: possible economic difficulty for older residents.
- High price tag for adult day services.

Amenities unused, inaccessible

- Substantial state investment in senior transportation but low annual ridership.
- Shortage of grocery stores and other conveniences for a growing population.

COLUMBIA, MO

#3
For ages 65-79

#4
For ages 80+

Mayor's Pledge

#135	General
#3	Health care
#39	Wellness
#13	Financial
#57	Living Arrangements
#12	Employment/Education
#44	Transportation
#150	Community Engagement

Columbia, home to the University of Missouri, offers educational opportunities and a strong health-care system. Consumer-driven industries are propelling economic growth and unemployment. Downside: long waits in the ER.

NAILED IT

Abundance of health services and professionals

- First-place ranking for hospitals with rehab facilities. Good availability of hospitals with geriatric and other specialty services.
- Strong health-care force, with an abundance of doctors, nurses, and orthopedic surgeons.

Expanding economic and educational opportunities

- Professional potential: many 65+ people employed, with job opportunities for older adults expanding in leisure and hospitality services. Strong overall employment growth.
- Hitting the books: high college enrollment.

Strong financial standing

- Tax coffers boosted by young workforce.
- Stable growth in small business sector for past five years.

NEEDS WORK

Limited community engagement and access to conveniences

- Few arts and recreational services available to mature residents.
- Few grocers in older adults' neighborhoods.

Affordability and safety issues, and a widening income gap

- Ranked 186 of 252 small metros for affordable cost of living.
- Safety concerns: high crime and fatal car-crash rates.
- Haves and have-nots: substantial income inequality.

BISMARCK, ND

#4

#4
For ages 65-79

#7
For ages 80+

#11	General
#10	Health care
#49	Wellness
#11	Financial
#127	Living Arrangements
#5	Employment/Education
#140	Transportation
#19	Community Engagement

Enjoying North Dakota's oil boom, the capital region has seen service-sector growth. Low unemployment and robust economic opportunity bode well for encore careers. Lack of specialty care hospitals dents the appeal.

NAILED IT

Booming economy and solid financial base

- Lowest unemployment among small metro areas and one of the strongest economies.
- Strong employment opportunity for older adults: high growth in leisure and hospitality industries.
- Among the top small cities for income growth over the last five years.
- Lots of banks and financial institutions, and high deposit rates: potentially helping secure the financial future for older people.

Quality, efficient health care

- Large cohort of health-care professionals, such as nurses and physical therapists.
- Excellent quality of care, with med school-affiliated hospitals and highly rated nursing homes.
- Efficiency: shorter ER waits than the average small metro.

NEEDS WORK

Transit hitch, inconvenience issues

- Get on board: state invests in public transportation, but low ridership.
- Few grocery stores and other conveniences: poor access for older people.

Housing affordability and shortage of health providers

- Pricey housing. Among cities with highest cost for adult day services.
- Shortage of home health-care services and caregivers.

RAPID CITY, SD

#5

#8
For ages 65-79

#13
For ages 80+

Mayor's Pledge

#62	General
#23	Health care
#108	Wellness
#6	Financial
#147	Living Arrangements
#11	Employment/Education
#141	Transportation
#1	Community Engagement

Recreational and cultural lures—don't miss the downtown City of Presidents—combine with a strong economy to boost Rapid City's appeal. Concerns include unhealthy eating, meager access to conveniences, and a lack of home health-care providers, caregivers, and nursing beds.

NAILED IT

Strong, stable economy for encore careers

- Unemployment rate for adults 65+ among the lowest of small metro areas.
- Flourishing small businesses. Steady income growth over the past five years.

Cultural activities and community engagement

- Let's play: plenty of recreational activities. State investment in community services aimed at engaging older residents.
- High rates of volunteerism: older people active in the community.

NEEDS WORK

Unhealthy behaviors and lack of specialty care

- Poor choices: too many fast food outlets and too many sugary drinks guzzled.
- High rates of Alzheimer's disease but no hospitals with Alzheimer's units.
- Help needed: among the smallest pools of home health-care providers and few continuing-care facilities.

Inadequate access to conveniences

- Long distance to grocery stores for many older people, as well as a shortage of such outlets and other conveniences.
- Low ridership on public transportation.

AMES, IA

#6

#6
For ages 65-79

#3
For ages 80+

#5	General
#75	Health care
#45	Wellness
#37	Financial
#111	Living Arrangements
#29	Employment/Education
#2	Transportation
#24	Community Engagement

Hosting the Big 12 campus of Iowa State University, Ames residents enjoy a strong town-gown connection. Learning opportunities, low unemployment, and an expanding economy characterize this Hawkeye state metro. But growing demand requires more specialty health care.

NAILED IT

Strong economy and learning environment

- One of the lowest overall unemployment rates, with little poverty among adults 65+.
- Highest college enrollment among small cities.
- Above small metro median in income growth.

Transportation options

- No. 1 spot: highest annual ridership on public transportation.
- Short commute times. Many people walk to work.

Safe neighborhoods

- Gold star for road safety: fewest fatal car crashes per capita.
- Evening strolls: relatively low crime rates.

NEEDS WORK

Insufficient health-care services for an aging population

- Few top-rated nursing homes. Lack of Magnet-accredited hospitals.
- Short supply of home health providers and specialty care hospitals to meet older patients' needs.

ROCHESTER, MN

#7

#21
For ages 65-79

#5
For ages 80+

Mayor's Pledge

#17	General
#2	Health care
#15	Wellness
#229	Financial
#179	Living Arrangements
#94	Employment/Education
#103	Transportation
#23	Community Engagement

Known for the Mayo Clinic, which anchors its quality health care, Rochester boasts an expanding economy and growing pool of medical professionals and care options. But job opportunities for older people are stagnant and living options are costly.

NAILED IT

Abundant health-care providers and specialty services

- Large pool of doctors, nurses, orthopedic surgeons, and physical therapists.
- Hospitals with Alzheimer's units and top-rated nursing homes.
- Abundance of hospital beds.

Healthy lifestyle

- Quality of life: favorable life expectancy trends for 65-year-olds compared to other small metro areas.
- Health consciousness: few fast food outlets per capita. Lower than average obesity rates.

Equitable economy and safe neighborhoods

- Low income disparity and unemployment.
- Among the lowest rates of crime and fatal car crashes in small metro regions.

NEEDS WORK

Financial challenges

- One of the highest tax burdens among small metro regions.
- Sluggish entrepreneurial activity: few small businesses in expansion mode.
- Slow growth in leisure, hospitality, and other sectors.

Expensive living options for mature residents

- High price tag for semiprivate nursing rooms and adult day services.
- Shortage of top-rated nursing homes.
- High cost of living.

ANN ARBOR, MI

#8

#10 For ages 65-79

#8 For ages 80+

Mayor's Pledge

#159	General
#4	Health care
#58	Wellness
#140	Financial
#204	Living Arrangements
#39	Employment/Education
#7	Transportation
#137	Community Engagement

A Big Ten college town, courtesy of powerhouse University of Michigan, Ann Arbor provides ample opportunity for intellectual pursuits, along with quality health services and excellent transportation. Affordability and income inequality test its appeal for older people.

NAILED IT

Quality health care and smart lifestyles

- Large pool of doctors, nurses, physical therapists, orthopedic surgeons, and psychologists.
- Thumbs up from the JCAHO for all hospitals. Several med school-affiliated hospitals.
- Hospitals with specialty-care units for Alzheimer's and hospice needs.
- Sufficient numbers of fitness facilities.
- Slimming down: low obesity rates.

Good mix of transportation options

- One of the top rates of public transportation use among small metro areas.
- Many walk-to-work commuters.

NEEDS WORK

Affordability

- Sticker shock: high house prices and apartment rents.
- Expensive assisted living and adult day services.

Income disparity and financial woes

- Worsening income inequality.
- Persistent sluggish growth in income.
- High tax burden.

CHEYENNE, WY

#9

#7 For ages 65-79

#22 For ages 80+

#82	General
#60	Health care
#154	Wellness
#2	Financial
#171	Living Arrangements
#13	Employment/Education
#87	Transportation
#30	Community Engagement

A defense and energy hub, Cheyenne is enjoying a firm financial base and an economic upswing. Employment and income growth enhance financial security for older adults, but access to conveniences is a problem.

NAILED IT

Strengthening economy and financial base

- Good income growth.
- Among the highest small-business growth rankings for small metro areas.
- Low poverty levels for older people.
- Many job opportunities for mature residents. Low unemployment rate.
- Highest capital gains of the 252 small metros

NEEDS WORK

Unhealthy behaviors and lack of services

- Too much fast food. Too few fitness facilities.
- Shortage of home health service providers and caregivers.
- Few continuing-care facilities to meet the needs of an aging population.

FARGO, ND-MN

#10

#13
For ages 65-79

#9
For ages 80+

Mayor's Pledge

#15	General
#26	Health care
#41	Wellness
#90	Financial
#129	Living Arrangements
#24	Employment/Education
#33	Transportation
#9	Community Engagement

Fargo sparkles with one of the fastest-growing job markets among small metro areas. Home to North Dakota State University, museums, and theaters, the city provides ample engagement opportunities for older people. But specialty care is limited.

NAILED IT

Strong economy
- High overall employment growth. Low jobless rates.
- Many older residents employed.
- Good small-business growth, among the highest for small metros.

Cultural activities and volunteer opportunities
- Cultural enrichment: abundance of cultural and recreational activities such as museums, theaters, and YMCAs.
- Strong funding from the states of North Dakota and Minnesota for community services aimed at the aging population.
- Engagement: volunteerism and community involvement by older residents.

NEEDS WORK

Limited living options for mature adults
- Few older residents living in family households, potentially leading to loneliness.
- High cost of adult day services.
- Would benefit from a larger pool of home health-care providers and caregivers.

MIDLAND, TX

#11

#9
For ages 65-79

#6
For ages 80+

#1	General
#147	Health care
#85	Wellness
#3	Financial
#98	Living Arrangements
#41	Employment/Education
#246	Transportation
#164	Community Engagement

An oil and natural gas stronghold, Midland boasts low unemployment and high-octane economic growth. Many older people are entering the workforce. Although living is affordable, transportation and specialty health-care options lag.

NAILED IT

Growing economy and encore career opportunities
- Expanding economy. Highest employment growth among 252 small metros.
- Unemployment rates among the lowest.
- Job opportunities: many employed adults 65+.
- High small-business growth.
- One of the highest five-year income growth trends. Numerous banks and financial institutions.

Affordable living options
- Affordability for older residents: among lowest in small metro cost of living.
- Reasonably priced nursing rooms and adult day services.

NEEDS WORK

Too few transportation options and conveniences
- Lagging investment in transportation. Shortage of grocers and conveniences.
- Few walking commuters.

Lack of quality care
- No specialty care hospitals that include services such as long-term, Alzheimer's, and hospice units.
- No Magnet-accredited hospitals.

GAINESVILLE, FL

#12

#11 For ages 65-79

#10 For ages 80+

#80	General
#6	Health care
#136	Wellness
#38	Financial
#198	Living Arrangements
#27	Employment/Education
#10	Transportation
#239	Community Engagement

Older Gainesville residents benefit from thriving health-care and transit networks. The University of Florida, home of the Gators, drives much of the economy, employment, and medical care. A cultural dearth and unhealthy diets detract from livability.

NAILED IT

Quality care, abundance of health professionals

- Lots of doctors, nurses, physical therapists, and orthopedic surgeons.
- JCAHO accreditation for all hospitals. Some hospitals with Magnet accreditation and med-school affiliation.

Stable economic environment and intellectual appetite

- Relatively large service sector: job opportunities for older adults.
- Large pool of young workers. Result: stable flow of tax revenue.
- Strong college enrollment and learning opportunities.

NEEDS WORK

Few cultural and engagement opportunities

- Arts and recreational activities in short supply.
- Low volunteer rates: potentially weak community engagement among older residents.

Healthy habits

- Poor diet choices: fast food everywhere, sugary drinks popular

LINCOLN, NE

#13

#12 For ages 65-79

#14 For ages 80+

Mayor's Pledge

#26	General
#87	Health care
#88	Wellness
#4	Financial
#80	Living Arrangements
#44	Employment/Education
#63	Transportation
#48	Community Engagement

The Nebraska capital's economy is steadily expanding, surpassing many cities in recovering from the Great Recession. Job opportunities are picking up for mature workers, but health-care services don't quite meet demand as the aging population rises.

NAILED IT

Job market and financial stability

- Stable small business growth
- One of the lowest unemployment rates for small cities, with strong job growth.
- Many 65+ adults in the workforce.
- Relatively few older residents living in poverty.
- Low level of reverse-mortgage debt.

NEEDS WORK

Health services not up to par

- Need for more specialty-care facilities such as hospitals with rehabilitation, Alzheimer's units, and hospice services.
- Few hospitals with JCAHO accreditation.
- Longer ER wait times than average for small metros.

Neighborhood and health concerns

- High crime, but low rates of car-crash deaths.
- Abundant fast food outlets. Too much consumption of sugary soda.

LUBBOCK, TX

#14

#14
For ages 65-79

#12
For ages 80+

#34	General
#33	Health care
#137	Wellness
#18	Financial
#9	Living Arrangements
#22	Employment/Education
#72	Transportation
#215	Community Engagement

The West Texas oil industry is fueling economic expansion and employment, including opportunities for older residents. Affordable real estate and inexpensive services are draws, but too few cultural offerings and unhealthy diets mar the appeal.

NAILED IT

Affordable living, convenient transportation

- Low cost of living. Comparatively affordable nursing rooms and adult day services.
- Short average commute times.
- Substantial ridership on public transit.

Stabilizing economy

- Improved employment growth over the last five years.
- High percentage of employed older adults.

NEEDS WORK

Lack of community services and healthful living

- Need for more YMCAs, public libraries, and recreational facilities. Shortage of fitness centers.
- Low rates of volunteering. Older people not actively engaged.
- Too many fast food sellers.

MORGANTOWN, WV

#15

#20
For ages 65-79

#16
For ages 80+

Mayor's Pledge

#88	General
#8	Health care
#150	Wellness
#47	Financial
#143	Living Arrangements
#40	Employment/Education
#49	Transportation
#57	Community Engagement

A college town with an excellent health-care system and low hospital costs, Morgantown is plagued by high reverse-mortgage debt and a dearth of financial institutions. West Virginia University helps propel economic growth, and employment is steadily improving.

NAILED IT

Strength in health care

- Large pool of doctors, orthopedic surgeons, and nurses.
- Affordable care: low cost per day for inpatients. Plenty of hospital beds.
- Nursing excellence: many Magnet-accredited hospitals.

Steady economy and active learning environment

- Lower unemployment for older workers than small metro average.
- High enrollment at West Virginia University.
- Rapid employment growth over last five years.

NEEDS WORK

Lifestyle choices

- High rates of obesity and diabetes.
- Unhealthy eating: fast food and sugary drinks in abundance.

Neighborhood concerns

- Restricted affordability: steep housing prices and a widening income gap.
- Crime rates low but neighborhoods plagued by fatal traffic accidents.

MISSOULA, MT

#16

#17
For ages 65-79

#34
For ages 80+

Mayor's Pledge

#222	General
#28	Health care
#22	Wellness
#34	Financial
#187	Living Arrangements
#38	Employment/Education
#20	Transportation
#6	Community Engagement

Surrounded by mountain ranges, rivers, and lush parkland, Missoula promotes healthy, active living. Cultural amenities enrich residents and tourists alike. But it's expensive to live here, and the level of reverse-mortgage debt is worrisome.

NAILED IT

Cultural enrichment and economic opportunity

- Into the arts: numerous cultural facilities, museums, and theaters.
- State support: one of the highest funding rates for community services.
- Giving back: high volunteerism and community engagement among older people.
- Many employed seniors, with a large service sector generating jobs.

Healthy, active lifestyles

- Outdoor life: one of the lowest obesity and diabetes rates among small metro regions.
- Activity encouraged: many fitness centers.

NEEDS WORK

Affordability and safety concerns

- High cost of living, partly due to rising housing prices.
- Relatively high crime.
- Pricey adult day services.

ITHACA, NY

#17

#5
For ages 65-79

#27
For ages 80+

Mayor's Pledge

#196	General
#115	Health care
#24	Wellness
#45	Financial
#237	Living Arrangements
#1	Employment/Education
#1	Transportation
#163	Community Engagement

A premier U.S. college town, Ithaca enjoys a scenic locale—motto, "Ithaca Is Gorges"—with healthy outdoor pursuits, snowy winters notwithstanding. Economic growth and education are pluses, but housing is costly, and older residents don't frequently engage with the community.

NAILED IT

Booming economy, employment opportunities for older population

- Ample job opportunities for mature workers, with a high percentage employed. Low overall unemployment.
- One of the highest college enrollment rates among small metro regions.
- Ranked 13 in employment growth among small metros.

Healthy and car-free

- Plenty of fitness centers. Obesity rates down.
- Many walk-to-work and public-transit commuters.
- Neighborhood availability of grocery stores and other conveniences.

NEEDS WORK

High costs and low community engagement

- Pricey living, thanks to expensive real estate and high rents.
- Expensive arrangements for older people: some of the most costly nursing rooms, assisted living, and adult day services.
- Low volunteerism among older residents.

BILLINGS, MT

#18

#26 For ages 65-79

#30 For ages 80+

Mayor's Pledge

#87	General
#24	Health care
#81	Wellness
#41	Financial
#149	Living Arrangements
#28	Employment/Education
#171	Transportation
#5	Community Engagement

Not far from Yellowstone National Park, Billings features stunning Big Sky Country landscapes and an oil-fueled economy. Health-care systems are prepping for an aging population, but limited use of public transportation translates to limited mobility and access.

NAILED IT

Employment opportunities and services for mature residents

- One of the lowest older-adult unemployment rates.
- Investment by state government in community services and programs oriented to aging residents.
- Plenty of recreational activities and facilities.

Quality health care

- Hospitals that provide geriatric and hospice services.
- Hospitals recognized for nursing excellence and Magnet accreditation.
- Waiting time in the ER: relatively short.
- Affordable hospitals, low per-day inpatient cost.

NEEDS WORK

Accessibility, convenience, and cost

- Low ridership on public transportation.
- Too few grocery stores and other conveniences. Locations too far from older residents.
- High cost for adult day services.
- Few nursing homes with five-star rating.

ABILENE, TX

#19

#15 For ages 65-79

#21 For ages 80+

#22	General
#48	Health care
#145	Wellness
#26	Financial
#35	Living Arrangements
#6	Employment/Education
#172	Transportation
#94	Community Engagement

Driven by energy and oil, Abilene offers a strong economy and job opportunities for older people. Expanding supplies of health-care services and specialty-care housing aid an aging population, but unhealthy behaviors and high chronic disease rates are problematic.

NAILED IT

Strong economic comeback

- Unemployment among older people: one of the lowest rates for small metro regions.
- A large service sector, helping to power the economy for older adults.

Abundant services

- Lots of nursing beds and home health-care providers.
- Affordable nursing rooms and adult day services.
- Sufficient number of hospitals with specialty care such as geriatric and rehabilitation services.

NEEDS WORK

Unhealthy living

- High obesity and escalating diabetes.
- Fast-food dining: a plethora of outlets.
- Life expectancy at 65: one of the worst rankings among the cities.

Inconvenience

- Low ridership on, and low investment in, public transportation.
- Need for more grocery stores and conveniences in proximity to older people.

CASPER, WY

#20

#16
For ages 65-79

#37
For ages 80+

Mayor's Pledge

#30	General
#66	Health care
#98	Wellness
#9	Financial
#192	Living Arrangements
#10	Employment/Education
#228	Transportation
#21	Community Engagement

Poised for strong job growth and powered by the energy industry, Casper is making a strong comeback economically. Many adults 65 and older are employed. Access to transportation and conveniences needs to improve, along with health care for older residents.

NAILED IT

Economic resurgence, stable financial base

- High proportion of employed older residents, and low unemployment overall.
- Financial security: income growth steady for past five years.
- Stable financial base. High bank deposits.

Public support, affordable living options

- Strong state investment in community services and public transportation.
- Cost of living among the lowest for small metros.

NEEDS WORK

Shortcomings in transportation and health services

- Weak ridership on public transit despite state investment.
- Lack of grocery stores and conveniences near older people's residences.
- Few top-rated nursing homes.
- High cost for nursing rooms, assisted living, and adult day services.

Programs with Purpose

Across America, older adults are finding ways to successfully age in place and engage with their communities, often with the support of public and private initiatives. Purpose-driven programs ranging from intergenerational tutoring and foster grandparenting to coordinated care services are up and running in cities large and small. These projects have emerged from the foresight of innovative policymakers, organizations, and individuals.

The initiatives listed here highlight just a sampling of what can be accomplished with fresh ideas and focused implementation. The Milken Institute applauds these programs. We believe they will inspire others to think and act creatively to promote, expand, and spread successful and purposeful aging.

AGE-FRIENDLY NYC'S AGING IMPROVEMENT DISTRICTS

"People have said this is a lifesaver," says Caitlyn Smith, strategic assistance coordinator for Age-Friendly NYC. A seemingly mundane street feature, the humble bench, is key to helping older adults get out to walk, shop, and socialize, Smith says. Age-Friendly NYC is a project of the mayor's office, the City Council, and the New York Academy of Medicine. The need for more benches emerged in consultation with residents of the East Harlem Aging Improvement District, the first of four NYC districts emphasizing older adults' needs. Harlem's bench program was so popular that it blossomed citywide. The goal: 1,500 benches by 2015. Another winner was senior hours at community pools, an option replicated at 16 pools where more than 1,000 seniors swim. The city plans 10 additional special aging districts in the coming year, with residents suggesting age-friendly features, from lighting to computer classes, to be implemented by public agencies and businesses.

www.nyam.org/agefriendlynyc/initiatives/current/aging-improvement-districts.html

DUET

Joan could use a friendly visitor, and Roger would like someone to accompany him grocery shopping. Judy needs a ride every Monday. People who are willing to help a neighbor out in the Greater Phoenix area can see who's in need by simply clicking the interactive map on the website of Duet, a nonprofit that helps older people live independently at home. Volunteers provide free, one-on-one support in the form of check-in calls and visits, computer assistance, light home repairs, help with paperwork, and transportation to medical appointments and other destinations. Volunteers are screened by Duet, which also supports people caring for their grandchildren. The interfaith organization, founded by Rev. Dr. Dosia Carlson and the Church of the Beatitudes in 1981, helped 756 homebound neighbors last year. Volunteers provided more than 8,300 rides to health and social services.

http://duetaz.org/index.php/giving/map/

ELDERS SHARE THE ARTS

They all have stories to tell, and the older adults in this program share their stories through art: vivid paintings of home, photographic reflections on the water in Maine and Amsterdam, an essay on a childhood friend, collages reflecting rich lives. Through Elders Share the Arts, founded in 1979 by Susan Perlstein, seniors give creative voice to their experiences. The New York City nonprofit enlists professional artists to teach writing, photography, theater, visual arts, and more. In senior centers and residences and other community settings, they help older adults explore their identities, then share a bit of themselves through performance, exhibits, and writing. A talented and popular group of ESTA storytellers, the Pearls of Wisdom, regularly performs in schools and community settings, showcasing their personal narratives. These performances link generations, as do ESTA's programs that bring schoolchildren and older adults together for art projects.

http://www.estanyc.org/

EngAGE

A newfound knack for painting, a rekindled talent for acting, the discovery of tai chi: EngAGE provides lifelong learning that inspires residents of affordable senior housing communities in Southern California and Oregon. Residential facilities hire EngAGE to offer arts and wellness classes, which are designed like college courses and taught by professionals. Whether jamming in a jazz group, producing theater, or creating visual artworks, the older students prove that creativity and learning know no age barriers. Established in 1999, EngAGE serves 6,000 people at 33 senior-living locations, demonstrating the endless possibilities for reinvention. At EngAGE's flagship program, the Burbank Senior Arts Colony, residents share their talents with a new generation of artists through an exchange with the Burbank Unified School District. Whatever creative passion these older adults pursue, their classes frequently culminate in a performance or exhibition. It's showtime!

www.engagedaging.org

EXPERIENCE CORPS

AARP's popular volunteer tutor program offers something for everyone: a helping hand for classroom teachers, new purpose for retirees, and reading skills for school kids. These skills come with a bonus in the form of caring adults in the students' lives. With the help of 2,100 volunteers, Experience Corps is helping to create positive learning environments in 22 U.S. cities. AARP provides training for the volunteers, who are then matched with academically struggling children. In the course of these relationships, the tutors' commitment and mentoring offer reliable support for the students, who are generally from low-income homes. Frequently, the volunteers end up providing a grandparent-type presence for the children as well, and they build a bridge between schools and their communities. As for results, research finds that students who worked with Experience Corps' tutors showed significantly more progress in comprehension and grade-level reading skills than their peers.

www.aarp.org/experience-corps/our-impact/

FAMILY FRIENDS, TEMPLE UNIVERSITY INTERGENERATIONAL CENTER

Families with children or caregivers who have special needs, such as autism, cerebral palsy, or emotional trauma, face stress that can seem overwhelming and isolating. Family Friends, an initiative of the Intergenerational Center at Temple University, steps in to help ease the burden, training volunteers 55 and older and pairing them with families in Philadelphia. Volunteers provide a variety of services, from errands to homework help and reading to children. They accompany kids and family members on field trips to museums, amusement parks, the zoo, and other fun destinations. With continuous visits and mentorship from volunteers as children grow, lasting friendships also grow. The program also helps people connect to social services and aids older people who are raising their grandchildren.

http://www.templeigc.org/family-friends/what-we-do

GRANDPARENTS PARK

Humble in size and basic in amenities, Grandparents Park filled a gap in a Wichita, Kan., neighborhood. It offers a gathering and recreation site, especially for older adults and their grandchildren. The park, which grew out of community meetings about improving the neighborhood, seemed a natural fit. Older residents needed an outdoor recreation option when they cared for young grandkids. Local officials agreed that a pair of city-owned vacant lots offered a solution, and they donated the property. Seed money from AARP Kansas made it possible to install a walking path and exercise station geared to older people. Landscaping was added along with a drinking fountain, benches, and playground equipment, and the city handles maintenance. Today, the park's unquantifiable value is seen in a walking group, kids at play, and intergenerational hobnobbing.

HOPE MEADOWS

Foster children at Hope Meadows enjoy more than a new home and adoptive family. They find new "grandparents" and a nurturing community designed to help them grow in a stable, loving environment. Hope Meadows is a five-block neighborhood on a former military base in Rantoul, Ill., run by the nonprofit Generations of Hope. It provides a support network for foster families and engages retirees who seek new purpose in their lives. Older people volunteer with kids and in community efforts, and pay reduced rent. They typically forge deep bonds with the families. The families pledge to foster and adopt at least three children in return for free housing and a stipend to stay home with them. The community, founded by Ph.D. researcher Brenda Eheart, has facilitated 71 adoptions in 20 years. Volunteers have logged more than 176,800 hours since 1999.

http://www.generationsofhope.org/about/

INDEPENDENT TRANSPORTATION NETWORK

Donating time and effort to drive housebound seniors can be rewarding in itself, but a nonprofit started in Portland, Maine, adds a bonus for the volunteers. Driving for the Independent Transportation Network, they can accrue credits toward their own future transit needs or rides for family and low-income seniors. The 24-hour organization operates on a membership basis and also uses some paid drivers. It grew from founder Katherine Freund's desire to keep unsafe drivers off the road after an 84-year-old motorist struck her toddler son during the 1980s. From Portland, ITN has spread to 25 cities, serving people 65+ as well as the visually impaired. Riders pay a modest fee, with an average fare of $11. They are guaranteed reliable service with a door-to-door escort and assistance, and may enjoy lasting friendships with drivers, who are often retirees themselves.

http://www.itnamerica.org/what-we-do/our-services/faq#itn

OASIS' CATCH HEALTHY HABITS

"The sooner we get these kids moving, the better." That's Evelyn Gillespie, a retired schoolteacher who these days can be found with children jumping through hoops—literally—and leading them in other lively games. She and her sister, Rose, also a retired teacher, are volunteers with Catch Healthy Habits, a program of the St. Louis-based Oasis Institute. Devoted to fighting the obesity epidemic, Catch uses teams of volunteers age 50 and older to teach healthy habits to low-income kids in afterschool and summer programs. Each session involves fun exercise, healthy snacks, and a lesson in nutrition. Today, Catch has 1,100 volunteers working in 21 cities nationwide. Since 2011, it has served more than 13,000 K-5 children. Best of all: proven intergenerational results. Not only do the kids get healthier, the volunteers improve their own nutrition and fitness as well.

http://www.programsforelderly.com/health-active-generations-oasis.php

OSHER LIFELONG LEARNING INSTITUTES

If, as Henry Ford said, "the greatest thing in life is to keep your brain young," there's no question that the University of Utah is on to something great. One locale of the Osher Lifelong Learning Institutes, the U of U offers its mature students an array of noncredit, no-exam courses: "Nuclear Physics" taught by a retired nuclear physicist; "Great Poetry," "History of Iran," "Romantic Composers," "History of Rock and Roll," "iPad Basics and Beyond." Exercise, wine, drawing, constitutional issues, and more topics fill out a slate of intellectually stimulating courses. With grants from the Bernard Osher Foundation, 119 colleges and universities now have established Lifelong Learning Institutes, all geared to adults over 50. Many courses are taught by volunteers, emeritus professors, and retiree experts, and in contrast to many degree-oriented continuing ed programs, they are designed for personal enrichment and the joy of learning.

http://www.osherfoundation.org/index.php?olli

https://continue.utah.edu/osher

PACE, PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY

It's no secret that aging at home can be difficult. The complexities of finding and plugging into health and social services alone can stymie one's independence. The Program of All-inclusive Care for the Elderly is helping people meet this challenge in 105 communities in 31 states. PACE features interdisciplinary professional teams who coordinate support at home and in the community. Building on a San Francisco program launched in 1979, PACE has become a Medicare- and Medicaid-funded option for people age 55 and older who are nursing-home eligible. Care plans are individualized, with PACE providing such necessities as medication, doctors, transportation, and home care. The program also may provide needed services beyond what Medicare and Medicaid cover. Local PACE programs are sponsored by a range of community organizations, including health centers, hospices, and hospitals.

http://www.medicare.gov/your-medicare-costs/help-paying-costs/pace/pace.html;

http://www.onlok.org/

SENIORS4KIDS

The oldest Americans speak out on behalf of the youngest — that's the theme behind the Seniors4Kids program. The group partners with state and local organizations to advocate for early childhood education and other policies that benefit children. Volunteers age 50 and older are recruited locally and through the national organization to publish opinion articles and letters to the editor, contact state legislators, and take part in national and grassroots campaigns for children's issues. Seniors4Kids has worked in numerous state-based networks, including a recent successful campaign in Kentucky to expand child-care assistance for families, sustaining child-care centers that boost school preparedness. The organization, which has recruited more than 1,500 grassroots volunteers, launched a campaign that attracts prominent people, including Kentucky First Lady Jane Beshear and renowned pediatrician T. Berry Brazelton, to support its goals.

www.seniors4kids.org

WORKFORCE ACADEMY FOR YOUTH, SAN DIEGO COUNTY

Foster youth are often at their most vulnerable when they "age out" of the system. It's the time when they begin to grapple with adult responsibilities such as managing bank accounts and applying for college and jobs. In San Diego County, volunteers over age 50 serve as Life Skills Coaches, helping young people navigate their new lives through the county's Workforce Academy for Youth. The eight-year-old program hires and trains foster youth, ages 17 to 21, as six-month interns in county agencies—ranging from land-use positions to jobs in criminal justice and animal control—to prepare them for public sector jobs and encourage them to go to college. Frequently, Life Skills Coaches have backgrounds in fields the interns hope to enter. They provide career insight and enrichment opportunities as well as advice on workplace behavior, job interviews, housing, fulfilling responsibilities, and other issues crucial to self-sufficiency.

http://livewellsd.org/news/workforce-academy-for-youth-program-brings-hope-and-support-to-foster-youth/

Best Cities for Successful Aging

Mayor's Pledge

Creating cities for successful aging requires commitment from both the public and private sectors, and no one is better positioned to lead this crucial movement than the nation's mayors. Cities are incubators for innovation, with the potential to transform the landscape to meet the challenges and maximize the opportunities of an aging population. As older residents concentrate in urban areas, mayors' frontline experience has prepared them to champion a new model of healthy, productive, and purposeful aging. In addition to improving infrastructure for an aging population, mayors can take the lead in opening pathways for older people to apply their wisdom, knowledge, and experience to strengthen our cities and improve lives across the age spectrum.

This year, members of the Milken Institute's Best Cities for Successful Aging Advisory Committee challenged mayors to sign the Best Cities for Successful Aging Mayor's Pledge. The Pledge unites city leaders around a commitment to enhance aging lives and enable older adults to contribute to our cities and a better future for all ages.

We celebrate the forward-thinking mayors who have signed the Pledge and whose names are listed here. More mayors are signing the Pledge every day, and they will be listed on our Best Cities for Successful Aging website at http://successfulaging.milkeninstitute.org/mayors-pledge/. We look forward to following their progress, and we are confident that their leadership will inspire other policymakers and officials as our nation and world embrace a changing demographic future.

HAS YOUR MAYOR SIGNED THE PLEDGE?

Visit http://successfulaging.milkeninstitute.org/mayors-pledge/ for the latest list.

MILKEN INSTITUTE

Best Cities for Successful Aging

Dear Mayor,

As members of the Milken Institute's Best Cities for Successful Aging Advisory Committee, we're asking for your pledge to improve the lives of older people. In cities across America and the world, a massive demographic shift is posing unique challenges and opportunities. We share the Institute's goal: *to make our cities work better for older residents*. To accomplish this goal, significant change is needed. Mayors stand at the forefront, working to improve conditions for older adults that will lead to a brighter future for all ages.

In 2012, the Institute, a nonpartisan, nonprofit think tank, first issued its groundbreaking, data-based "Best Cities for Successful Aging" report. In conjunction with the publication of the next edition of BCSA this fall, the Institute will recognize and publicly highlight mayors who are leading the way to better lives for their aging populations and demonstrating their commitment to positive change by signing the Best Cities for Successful Aging Pledge.

Best Cities for Successful Aging (BCSA) measures, compares and ranks U.S. metropolitan areas for their capacity to enable successful aging. The BCSA methodology makes use of publicly available data on health care, wellness, living arrangements, transportation and convenience, financial characteristics, employment and educational opportunities, and community engagement.

The first edition of BCSA received extraordinary attention from national and local media, city leaders and planners, and a wide range of other stakeholders. Regularly cited in major outlets such as PBS *NewsHour*, *Forbes* magazine, CBS, NBC, CNN, the *Los Angeles Times*, *USA Today,* and Yahoo, BCSA was called "an invaluable resource for Americans" by the *Wall Street Journal*. BCSA helped communities focus on successful aging, which has led media, stakeholder groups, and elected officials to call for release of the next edition. We expect even greater visibility for BCSA 2014.

The Institute is not alone in seeking progress on this issue. Recognizing the power of cities to change the landscape of aging, the World Health Organization's Global Network of Age-Friendly Cities and Communities aims to transform cities as they prepare for an aging population. Both nationally and globally, cities are in the spotlight.

Beyond making our cities work for an aging population, enhanced health and well-being mean that *older adults should have the opportunity to work for our cities*. Older residents can improve the lives of all generations through volunteer activity and encore careers across the government, nonprofit and private sectors.

We respectfully ask you to sign the Best Cities for Successful Aging Pledge, and we look forward to celebrating your commitment to making your city an even better city for successful aging.

Thank you,

Laura Carstensen	***Ken Dychtwald***	***Michael Hodin***	***Jay Schnitzer***
Henry Cisneros	***Marc Freedman***	***Sherry Lansing***	***Roney Slater***
Pinchas Cohen	***Linda Fried***	***Freda Lewis-Hall***	***Fernando Torres-Gil***
Catherine Collinson	***Lynn Goldman***	***Robert H. McNulty***	***Andrew von Eschenbach***
Joseph Coughlin	***Jody Heymann***	***Philip Pizzo***	***Paul Irving***

TO MAKE OUR CITY WORK FOR OLDER ADULTS, I WILL TAKE STEPS TO:

Ensure that the well-being of our aging population is addressed by each department, agency and division in our city government.

Make our city safe, affordable and comfortable for our older residents.

Provide older adults access to resources promoting health and wellness.

Support employment, entrepreneurship, education and other services to make our older residents more financially secure.

Offer housing options that suit the varied needs of our older population.

Improve access to transportation and mobility options for our older adults.

I PLEDGE

TO PROVIDE OPPORTUNITIES FOR OLDER ADULTS TO WORK FOR OUR CITY, I WILL:

Promote the engagement of older residents in volunteer and paid roles that serve the needs of our city and its residents.

Call upon higher education and workforce development programs to help older adults refresh their skills, train, and transition to a new stage of work focused on strengthening our city.

Recognize older residents as an asset for our city and celebrate their contributions to improving lives for all generations.

Mayors Who Have Signed the Pledge

Akron, OH
Donald Plusquellic

Allentown, PA
Edwin Pawlowski

Anchorage, AK
Dan Sullivan

Ann Arbor, MI
John Hieftje

Apache Junction, AZ
John Insalaco

Arlington, VA
Jay Fisette

Atlanta, GA
Kasim Reed

Aurora, CO
Stephen D. Hogan

Austin, TX
Lee Leffingwell

Bangor, ME
Benjamin Sprague

Barnstable-Hyannis, MA
Tom Lynch

Baton Rouge, LA
Melvin L. Holden

Battle Creek, MI
Dave Walters

Billings, MT
Thomas Hanel

Blacksburg, VA
Ron Rordam

Bloomington, IL
Tari Renner

Bloomington, IN
Mark Kruzan

Boise, ID
David Bieter

Boston, MA
Martin Walsh

Bremerton, WA
Patty Lent

Bridgeport, CT
Bill Finch

Buffalo, NY
Byron W. Brown

Burlington, NC
Ronnie K. Wall

Canton, OH
William J. Healy II

Casper, WY
Paul Meyer

Cedar Rapids, IA
Ron Corbett

Charleston, SC
Joseph Riley

Charlottesville, VA
Satyendra Huja

Chicago, IL
Rahm Emanuel

Cleveland, TN
Tom Rowland

Columbia, SC
Steve Benjamin

Columbia, MO
Robert McDavid

Columbus, OH
Michael Coleman

Colville, WA
Deborah Rarrick

Cumberland, MD
Brian Grim

Dalton, GA
George Sadosuk

Dayton, OH
Nan Whaley

Deltona, FL
John Masiarczyk

Denver, CO
Michael B. Hancock

Dover, DE
Robin Christianson

Dubuque, IA
Roy Buol

Duluth, MN
Don Ness

Durham, NC
William Bell

Eugene, OR
Kitty Piercy

Evanston, IL
Elizabeth Tisdahl

Fargo, ND
Dennis Walaker

Fayetteville, AR
Lioneld Jordan

Flint, MI
Dayne Walling

Gainesville, GA
C. Danny Dunagan

Grand Forks, ND
Michael R. Brown

Greeley, CO
Thomas E. Norton

Greenville, SC
Knox White

Hagerstown, MD
David Gysberts

Harrisburg, PA
Eric Papenfuse

Hartford, CT
Pedro Segarra

Hattiesburg, MS
Johnny Dupree

Hinesville, GA
James Thomas, Jr.

Honolulu, HI
Kirk Caldwell

Hot Springs, AK
Ruth Carney

Houston, TX
Anise Parker

Iowa City, IA
Matt Hayek

Irvine, CA
Steven Choi

Issaquah, WA
Fred Butler

Ithaca, NY
Svante Myrick

Jackson, TN
Jerry Gist

Jersey City, NJ
Steven Fulop

Johnstown, PA
Frank Janakovic

Jonesboro, AR
Harrold Perrin

Kansas City, MO
Sly James

Kennewick, WA
Steve Young

Kirkland, WA
Amy Walen

Lafayette, IN
Tony Roswarski

Lancaster, PA
Rick Gray

Lansing, MI
Virg Bernero

Las Cruces, NM
Ken Miyagishima

Las Vegas, NV
Carolyn Goodman

Lebanon, PA
Sherry Capello

Lexington, KY
Jim Gray

Lincoln, NE
Chris Buetler

Litchfield Park, AZ
Thomas L. Schoaf

Little Rock, AR
Mark Stodola

Los Angeles, CA
Eric Garcetti

Louisville, KY
Greg Fischer

Macon, GA
Robert A.B. Reichert

Marcus, WA
Fran Bolt

Memphis, TN
A.C. Wharton

Missoula, MT
John Engen

Morgantown, WV
Jennifer Selin

Muskegon, MI
Steve Gawron

Myrtle Beach, SC
John Rhodes

Nashua, NH
Donnalee Lozeau

Newark, NJ
Ras Baraka

New York City, NY
Bill de Blasio

Ocala, FL
Reuben Kent Guinn

Philadelphia, PA
Michael Nutter

Phoenix, AZ
Greg Stanton

Pittsburgh, PA
Willliam Peduto

Portland, ME
Michael Brennan

Portland, OR
Charlie Hales

Providence, RI
Angel Taveras

Provo, UT
John Curtis

Rapid City, SD
Sam Kooiker

Renton, WA
Denis Law

Richmond, VA
Dwight Clinton Jones

Riverside, CA
Rusty Bailey

Roanoke, VA
David Bowers

Rochester, MN
Ardell Brede

Rochester, NY
Lovely Warren

St. Cloud, MN
David Kleis

Salinas, CA
Joe Gunter

Salt Lake City, UT
Ralph Becker

San Antonio, TX
Ivy Taylor

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Edwin Lee

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Sheboygan, WI
Michael Vandersteen

Sioux Falls, SD
Mike Huether

Springfield, MA
Domenic Sarno

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Christine Lundberg

State College, PA
Elizabeth Goreham

St. Louis, MO
Francis Slay

St. Petersburg, FL
Rick Kriseman

Sumter, SC
Joseph McElveen

Syracuse, NY
Stephanie Miner

Toledo, OH
D. Michael Collins

Torrance, CA
Patrick J. Furey

Tualatin, OR
Lou Ogden

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Jonathan Rosthschild

Utica, NY
Robert M. Palmieri

Valdosta, GA
John Gayle

Virginia Beach, VA
William D. Sessoms, Jr.

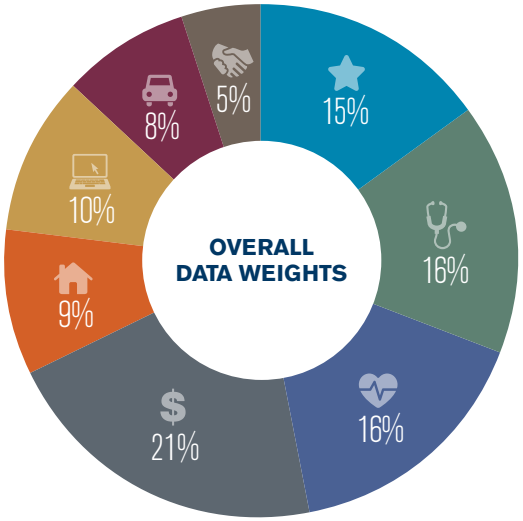
Washington, D.C.
Vincent Gray

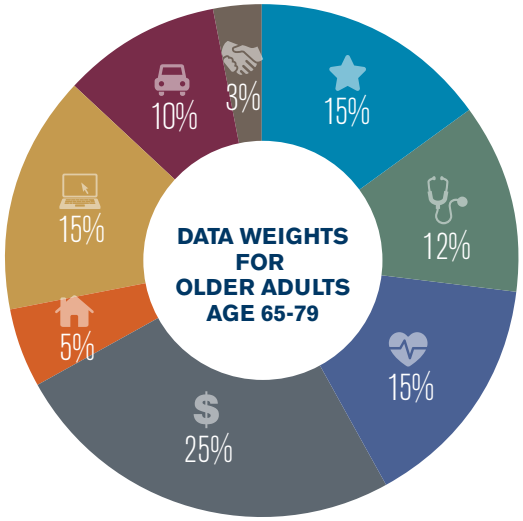
Wichita, KS
Carl Brewer

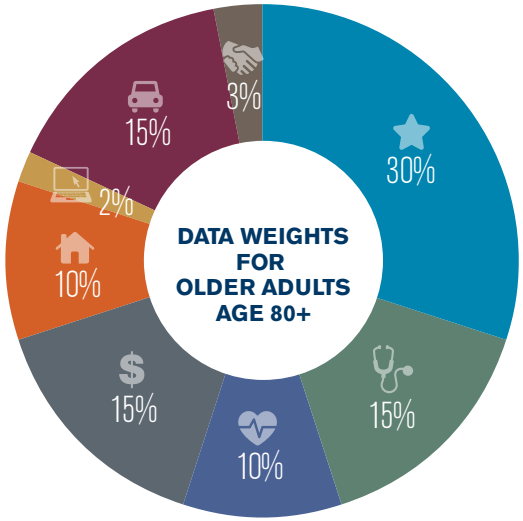
Winston-Salem, NC
Allen Joines

York, PA
C. Kim Bracey

Methodology







- General
- Health care
- Wellness
- Financial
- Living Arrangements
- Employment/Education
- Transportation/Convenience
- Community Engagement

The 2014 "Best Cities for Successful Aging" report builds and expands on the 2012 index methodology. The two are not very different; however, comparisons should be made with caution. In this section, we focus on some of the major differences between the two, and provide a full list of indicators and their respective weights.

FIND THE REPORT AT
successfulaging.milkeninstitute.org

The overall composite rankings for 2014 "Best Cities for Successful Aging" are based on the same eight subcomponents that were scored in 2012: general indicators, health care; wellness; living arrangements; transportation/convenience; financial well-being; employment/education; and community engagement. Each subcomponent is scored according to multiple individual indicators. Across all eight, we used 84 individual indicators, up from 78 in the 2012 report.

In 2013 the Office of Management and Budget, which derives its population estimates using Census Bureau data, published updates to its geographic delineations of metropolitan and micropolitan areas. (The former surround urban areas of more than 50,000; the latter include urban areas of more than 10,000 but less than 50,000; both statistical areas include at least one county or equivalent entity.) While the OMB specifies that there are 381 Metropolitan Statistical Areas (MSAs), we adjusted the list of metros. Using the same list of 359 metros from the 2012 "Best Cities for Successful Aging" report, we adjusted to 352 metros to follow the latest metro definitions. This is the result of several metropolitan areas changing definition to become micropolitans, and a few aggregating into a neighboring metro. For example, the New York-Newark-Jersey City, NY-NJ-PA metropolitan area, the largest in the U.S., now includes Poughkeepsie-Newburgh-Middletown. Our 2014 index does not include the OMB's newly added metropolitan areas, due to data limitations.

DETERMINING WEIGHTS FOR THE OVERALL COMPOSITE INDEX

The overall weights used for each of the eight subcomponents are very close to those of the 2012 version, with some adjustments.

We used factor analysis to determine the relationships between indicators within each of the eight subcomponents to generate standardized regression coefficients. Standardized regression estimates were further used to develop weights for each indicator. In order to smooth the weights for use in this index, we averaged the newly generated weights with the weights from the 2012 index.

To create the overall composite index, we again used factor analysis to identify the indictors that contributed the most to each of the eight subcomponents. We used regression analysis with the chosen indicators to measure the relationship with the percentage of population age 65 and older. The 2014 overall weights were created by adjusting the weights used in the 2012 index in accordance to the ordinal ranking of standardized coefficients from this regression.

DATA CREATION AND RESOLVING DATA ISSUES

This index uses publicly available data at the metropolitan statistical area (MSA) level. When only county-level data were available for indicators, we aggregated the data to the MSA level. This methodology involves the creation of some new indicators, and presents some challenges that we addressed in the following ways:

Changes in indicators The 2014 "Best Cities for Successful Aging" features some new indicators; we removed the indicator Medicaid eligibility from the wellness subcomponent and transferred a few other indicators from one subcomponent to another. This implies that the weighting of each subcomponent in calculating its overall score will now be slightly different. As such, we modified the average weight, calculating from weights in the 2012 index and the original subcomponent factor analysis, to reflect the ordinal rankings of the new indicators.

Missing/inadequate data Several subcomponents did not have data available for all indicators, or only provided state-level estimates. This updated index follows a similar approach as the 2012 index by splitting up the 100 large metros, and the remaining (252) small metros. For some indicators, data was only available for the large metros, and we were not able to include the indicator for the small metros. In some cases, we developed proxy measures, such as shift shares or averages of close proximity MSAs, depending on applicability of the specific indicator.

Using state-level data Some indicators, however, use state-level estimates since data were not available at the metropolitan level. For example, state and local tax burden per capita is available at the state level, and each metro within the same state is assigned the corresponding state value. In cases where a metro is situated in more than one state, these values were aggregated accordingly.

GENERAL INDICATORS

Americans of all ages are interested in the cost of living, neighborhood safety, the economy, and weather as measures of the livability of a community. In order to provide the most comprehensive measurement of a community's overall livability, we maintained the same indicators as we used in the 2012 index. Older Americans want safe, affordable, vibrant communities that can best enable successful aging in place. As such, we captured the following indicators to measure the overall livability of metros.

Indicator	Methodology	Year	Weights*	
			100 large	252 small
Cost of living	Median housing price/per capita personal income; divided by corresponding U.S. value **The lowest value receives a score of 100** *Data sources: National Association of Realtors, Bureau of Economic Analysis, Moody's Analytics*	2012	0.118	0.119
Crime rate	Violent and property crimes per 100,000 population **The lowest value receives a score of 100** *Data sources: Federal Bureau of Investigation, Illinois State Police Department*	2012	0.124	0.110
% binge drinkers**	Men (at least 5 drinks), women (at least 4 drinks) **The lowest value receives a score of 100** *Data sources: Centers for Disease Control and Prevention, Milken Institute*	2011	0.060	-
Employment growth	Indexed growth (2007-2012) **The highest value receives a score of 100** *Data sources: Bureau of Labor Statistics, Moody's Analytics*	2007; 2012	0.118	0.131
Unemployment rate	**The lowest value receives a score of 100** *Data sources: Bureau of Labor Statistics, Moody's Analytics*	2012	0.139	0.162
Income distribution	Gini coefficient **The lowest value receives a score of 100** *Data sources: Census Bureau, Moody's Analytics*	2012	0.053	0.059
Weather	Composite score using heating degree days, cooling degree days, humidity, sunshine, and snowfall/sleet **The highest value receives a score of 100** *Data sources: Department of Energy, National Oceanic and Atmospheric Administration, Milken Institute*	2009	0.261	0.367
Fatal car crashes	Number of crashes involving a fatality, per capita **The lowest value receives a score of 100** *Data source: National Highway Traffic Safety Administration*	2012	0.126	0.052

* Figures may not add up to 1 due to rounding.
** Used only for large metros.

HEALTH-CARE INDICATORS

Access to health care, and the quality of that health care, are growing concerns, particularly for older adults. One measure of quality of care is whether health services are delivered in a timely and efficient manner. The Centers for Medicare and Medicaid Services provides information on hospital providers and the length of time patients spend in emergency departments before being seen by a health professional. We include average ER wait times (in minutes) as a new indicator that measures quality of care.

Quality of care differs slightly in the updated index also due to fluctuation in some individual indicators. For example, the percentage of magnet hospitals in a metro may change because hospitals are reviewed every few years to maintain accreditation. Hospitals must meet the highest standards in nursing excellence to maintain magnet accreditation. While we are using the latest data available, some hospitals may be under review for various accreditations, thus affecting their standing in the quality-of-care indicators.

Indicator	Methodology	Year	Weights*	
			100 large	252 small
Number of doctors	Normalized by composite score from average per capita and per population 65+ calculations. **The highest value receives a score of 100** *Data source: Department of Health and Human Services*	2011	0.096	0.106
Number of hospital beds	Normalized by composite score from average per capita and per population 65+ calculations. **The highest value receives a score of 100** *Data source: Department of Health and Human Services*	2010	0.144	0.155
Number of long-term hospitals	Normalized by composite score from average per capita and per population 65+ calculations. **The highest value receives a score of 100** *Data source: Department of Health and Human Services*	2010	0.018	0.033
Number of hospitals with geriatric services	Normalized by composite score from average per capita and per population 65+ calculations. **The highest value receives a score of 100** *Data source: Department of Health and Human Services*	2010	0.085	0.078
Number of hospitals with rehabilitation services	Normalized by composite score from average per capita and per population 65+ calculations. **The highest value receives a score of 100** *Data source: Department of Health and Human Services*	2010	0.055	0.072
Number of hospitals with Alzheimer's units	Normalized by composite score from average per capita and per population 65+ calculations. **The highest value receives a score of 100** *Data source: Department of Health and Human Services*	2010	0.016	0.036
Number of hospitals with hospice services	Normalized by composite score from average per capita and per population 65+ calculations. **The highest value receives a score of 100** *Data source: Department of Health and Human Services*	2010	0.022	0.036
Number of orthopedic surgeons	Normalized by composite score from average per capita and per population 65+ calculations. **The highest value receives a score of 100** *Data source: Department of Health and Human Services*	2011	0.065	0.066
Number of psychologists	Normalized by composite score from average per capita and per population 65+ calculations. **The highest value receives a score of 100.** *Data sources: Bureau of Labor Statistics, Department of Health and Human Services, Milken Institute*	2013	0.030	0.026
Number of dialysis centers**	Normalized by composite score from average per capita and per population 65+ calculations, NAICS code 621492. **The highest value receives a score of 100.** *Data sources: Census Bureau, city websites*	2012	0.041	-
Number of medical and diagnostic centers (including X-ray, MRI, and ultrasound imaging)**	Normalized by composite score from average per capita and per population 65+ calculations, NAICS code 6215 **The highest value receives a score of 100.** *Data source: Census Bureau*	2012	0.027	-
Number of nurses	Normalized by composite score from average per capita and per population 65+ calculations. **The highest value receives a score of 100** *Data sources: Bureau of Labor Statistics, Milken Institute*	2013	0.148	0.154
Number of physical therapists	Normalized by composite score from average per capita and per population 65+ calculations. **The highest value receives a score of 100** *Data source: Department of Health and Human Services*	2009	0.031	0.045
Expenses per inpatient day	Average expenses per inpatient day divided by U.S. value (state-level data) **The lowest value receives a score of 100.** *Data source: Kaiser Family Foundation*	2011	0.046	0.032
% of hospitals with JCAHO accreditation	**The highest value receives a score of 100** *Data source: Department of Health and Human Services*	2010	0.054	0.050
% of hospitals with medical school affiliation	**The highest value receives a score of 100** *Data source: Department of Health and Human Services*	2010	0.033	0.034
% of magnet hospitals	**The highest value receives a score of 100** *Data source: American Nurses Credentialing Center*	2014	0.047	0.046
ER wait time***	Average time spent before being seen by a healthcare professional, divided by U.S. value. **The lowest value receives a score of 100** *Data sources: Centers for Medicare and Medicaid Services, Milken Institute*	2012	0.040	0.030

* Figures may not add up to 1 due to rounding.
** Used only for large metros.
*** New indicator.

WELLNESS INDICATORS

A healthy lifestyle is key to maintaining high quality of life, especially for older individuals. Exercising regularly, eating fruits and vegetables, and consuming drinks that contain less sugar are just a few examples of ways older adults can maintain their health, be less likely to suffer chronic disease, and enhance their overall well-being. In order to capture the latest data, we expanded our definition of soda consumption to "sugary drink consumption." This includes the consumption of non-alcoholic carbonated beverages (both diet and non-diet) and noncarbonated caloric beverages.

A diet rich in fruits and vegetables has been shown to reduce the risk of chronic disease and cancer. The Centers for Disease Control and Prevention reports that adults age 65 and older eat more (five or more daily) fruits and vegetables than do other age groups. To capture healthy eating, we added an indicator that measures the percentage of adults 65 and older who eat at least two or more fruits daily and/or three or more vegetables daily.

Overall obesity rates can affect health outcomes of a metro area, but we also wanted to include obesity rates specifically for adults age 65 and older. Because of data limitations, we were only able to include this indicator for the top 100 large metros. Similarly, smoking rates have a great impact on the health and health-care costs of a metro area. Even though many older smokers have kicked the habit, the CDC reports that more than 8 percent of adults age 65 and older are still smoking nationwide. We have added an indicator, the percentage of adults age 65 and older who currently smoke, in order to capture smoking rates among older adults.

For older adults, falls can be quite dangerous and are reported as the leading cause of injury death. In fact, each year, one of three adults 65 and older suffers from a fall, and these falls can lead to hip fractures and head traumas. To address this concern, we included the percentage of adults age 65 and older who have a fall that results in injury for the top 100 large metros.

Indicator	Methodology	Year	Weights*	
			100 large	252 small
Medicare enrollment	Number enrolled in Medicare divided by population 65+ **The highest value receives a score of 100** *Data sources: Department of Health and Human Services, Centers for Medicare and Medicaid Services*	2010	0.068	0.108
Obesity rate	Per capita. **The lowest value receives a score of 100** Data source: Centers for Disease Control and Prevention	2010	0.134	0.139
Obesity rate, population 65+* **	**The lowest value receives a score of 100** *Data source: Centers for Disease Control and Prevention*	2010	0.008	-
Smoking rate **	% of adults who smoke every day **The lowest value receives a score of 100** *Data source: Centers for Disease Control and Prevention*	2012	0.040	-
Smoking rate, population 65+* **	% of adults 65 and older who currently smoke **The lowest value receives a score of 100** *Data source: Centers for Disease Control and Prevention*	2010	0.024	-
Diabetes rate	Normalized by composite score from average per capita and per population 65+ calculations. **The lowest value receives a score of 100** *Data source: Centers for Disease Control and Prevention*	2010	0.050	0.080
Alzheimer's cases	Per population 65+. **The lowest value receives a score of 100** *Data sources: Alzheimer's Association, Milken Institute*	2014	0.045	0.062
Number of caregivers	Normalized by composite score from average per capita and per population 65+ calculations. **The highest value receives a score of 100** *Data source: AARP*	2009	0.031	0.060
Life expectancy at 65	Divided by corresponding U.S. value **The highest value receives a score of 100** *Data sources: Centers for Disease Control and Prevention, Milken Institute*	2010	0.122	0.164
% of seniors with frequent mental distress **	**The lowest value receives a score of 100** *Data source: Centers for Disease Control and Prevention*	2010	0.054	-
% of seniors with no physical activity **	**The lowest value receives a score of 100** *Data source: Centers for Disease Control and Prevention*	2010	0.064	-
Number of fitness and recreational sports centers	Per capita, NAICS code: 71394 **The highest value receives a score of 100** *Data source: Census Bureau*	2011	0.092	0.101
Number of fast-food outlets	Per 1,000 population **The lowest value receives a score of 100** *Data source: Department of Agriculture*	2011	0.074	0.094
Sugary drink consumption	Consumption at home, gallons per capita **The lowest value receives a score of 100** *Data source: Department of Agriculture*	2010	0.054	0.084
Number of golf courses, ski resorts, marinas, bowling alleys, etc.	Normalized by composite score from average per capita and per population 65+ calculations, NAICS codes: 71391, 71392, 71393, 71395 **The highest value receives a score of 100** *Data source: Census Bureau*	2011	0.062	0.108
% of seniors who had a fall that resulted in injury* **	**The lowest value receives a score of 100** *Data source: Centers for Disease Control and Prevention*	2010	0.023	-
% of seniors consuming fruits and vegetables daily* **	% of adults 65+ eating three or more vegetables and/or two or more fruits daily **The highest value receives a score of 100** *Data Source: Centers for Disease Control and Prevention*	2011	0.053	-

* Figures may not add up to 1 due to rounding.
** Used only for large metros.
*** New indicator.

FINANCIAL INDICATORS

Financial security is a growing concern for older individuals, especially as living costs may rise. We included the same indicators as the 2012 index because they provide the most comprehensive measurement of financial well-being across all metros. A few indicators now have updated methodologies.

State and local taxes can have substantial impacts on the financial burden of older adults, and these policies can vary widely each year. In order to simplify the method, we did not measure tax burdens in relation to the personal income of each metro. Since state and local taxes can include taxes beyond personal income tax, we made this indicator more comprehensive in scope, and applied the state and local taxes to each metro within the same state. Metros that fell into more than one state were adjusted accordingly.

Older adults with substantial financial stress may seek out reverse mortgages to alleviate some of the burden. The Federal Housing Administration leads the Home Equity Conversion Mortgage (HECM) program, which is the only government-insured reverse mortgage program. The Joint Center for Housing Studies reports that in recent years, a growing number of older Americans have begun using reverse mortgage loans to pay off other debts, a practice that can prove more of a burden for low-income seniors. Because this indicator is monthly data and can vary greatly depending on the month of data, we used a three-month average (January–March, 2014) to smooth the estimates.

Indicator	Methodology	Year	Weights*	
			100 large	252 small
Number of banks, financial institutions, etc.	Per capita, NAICS codes: 522 and 523 **The highest value receives a score of 100** *Data source: Census Bureau*	2012	0.070	0.065
Total bank deposits	Per capita, divided by corresponding U.S. value **The highest value receives a score of 100** *Data source: Federal Deposit Insurance Corp.*	2012	0.051	0.070
Tax burden	State and local taxes paid, per capita (state-level data); divided by corresponding U.S. value **The lowest value receives a score of 100** *Data source: Tax Foundation*	2010	0.186	0.165
Dependency ratio	Population (<18 and 65+) divided by population 18-64 **The lowst value receives a score of 100** *Data source: Census Bureau*	2012	0.057	0.084
Indexed growth of small businesses	Indexed growth of number of businesses (<50 employees), divided by corresponding U.S. value **The highest value receives a score of 100** *Data sources: Census Bureau, Moody's Analytics*	2006; 2011	0.213	0.173
% of 65+ population below poverty line	**The lowest value receives a score of 100** *Data source: Census Bureau*	2012	0.071	0.088
Capital gains as % of adjusted gross income	Net capital gains divided by adjusted gross income (state-level data) **The highest value receives a score of 100** *Data source: Internal Revenue Service*	2011	0.120	0.117
Income growth	Indexed income growth (2005-2010), divided by corresponding U.S. value **The highest value receives a score of 100** *Data sources: Bureau of Economic Analysis, Moody's Analytics*	2007; 2012	0.122	0.133
Amount of reverse mortgages	Initial principal limit/population 65+, divided by corresponding U.S. value. 3-month averages (January-March) **The lowest value receives a score of 100** *Data sources: Department of Housing and Urban Development, Milken Institute*	2014	0.111	0.105

* Figures may not add up to 1 due to rounding.
** Used only for large metros.
*** New indicator.

LIVING ARRANGEMENTS INDICATORS

This year we moved the percentage of seniors living in family households into the living arrangements subcomponent from wellness, because it more closely describes the living situation of older adults. This indicator differs from the percentage of households with residents age 65 and older because it specifies the household type as being a "family household." For example, older residents could be living with their children, grandchildren, spouses, etc.

The Metlife Mature Market Institute provides data for a few of our living arrangement indicators, including the cost of semiprivate nursing rooms and cost of assisted living. In addition to including these indicators again, we have added a new indicator, the cost of adult day services. Adult day service centers provide older adults with health, social, and therapeutic activities. These centers may be connected to a nursing home or assisted-living community, or they may be freestanding facilities. Older adults have the ability to better age in place when they are able to access recreational, health-care, and rehabilitation services.

Indicator	Methodology	Year	Weights*	
			100 large	252 small
Median house price	Divided by corresponding U.S. value **The lowest value receives a score of 100** *Data sources: National Association of Realtors, Moody's Analytics*	2012	0.136	0.145
Median rental price	Divided by corresponding U.S. value **The lowest value receives a score of 100** *Data source: Census Bureau*	2012	0.173	0.211
% of households with residents 65+	**The highest value receives a score of 100** *Data source: Census Bureau*	2012	0.055	0.041
Number of nursing beds	Per population 65+ **The highest value receives a score of 100** *Data sources: Kaiser Family Foundation, Census Bureau, Milken Institute*	2011	0.038	0.059
Cost of semiprivate nursing room	Average daily cost, divided by corresponding U.S. value (state-level data) **The lowest value receives a score of 100** *Data source: Metlife Mature Market Institute*	2012	0.142	0.119
Home health-care service providers	Per population 65+, NAICS code: 6216 **The highest value receives a score of 100** *Data sources: Bureau of Labor Statistics, Moody's Analytics*	2012	0.095	0.094
Cost of adult day services* **	Average daily cost, divided by corresponding U.S. value (state-level data) **The lowest value receives a score of 100** *Data source: Metlife Mature Market Institute*	2012	0.050	0.110
% of seniors living in family households* **	**The highest value receives a score of 100** *Data source: Census Bureau* This indicator moved from Wellness	2012	0.090	0.050
Continuing-care facilities	Number of facilities per population 65+, NAICS code: 62331 **The highest value receives a score of 100** *Data source: Census Bureau*	2011	0.038	0.064
Cost of assisted living	Average monthly cost, divided by corresponding U.S. value (state-level data) **The lowest value receives a score of 100** *Data source: Metlife Mature Market Institute*	2012	0.091	0.045
Nursing home rating	Percent with 5-star rating **The highest value receives a score of 100** *Data source: Centers for Medicare and Medicaid Services*	2011	0.092	0.063

* Figures may not add up to 1 due to rounding.
** Used only for large metros.
*** New indicator.

EMPLOYMENT/EDUCATION INDICATORS

A growing number of older adults are forgoing traditional retirement and embarking on second, or encore, careers. In fact, about 6 percent to 9.5 percent of 44- to 70-year-olds have already started second careers, and many more are interested in starting an encore career. For many, there are substantial rewards in working or continuing education throughout the later years, including financial benefits, staying engaged in the community, and fulfilling long-held passions.

The 2014 "Best Cities for Successful Aging" index maintains the same indicators as the 2012 index, with an improved methodology in two main areas. The percentages of both 65-and-older employment and unemployment statistics have been updated. In 2012 there were no data available for these indicators at the metro level, and the indicators were created using state-level employment estimates (for adults 65 and older) combined with shift shares of metro-level data for overall employment and unemployment. Using the latest data available, we now have access to these indicators at the metro level through the Census Bureau's American Community Survey (ACS). ACS employment data differ from those in the Bureau of Labor Statistics because the questionnaires and collection methods differ between the surveys used, so caution should be exercised when making comparisons between the rankings for 65-and-older employment and unemployment of this index and those in the 2012 index.

Indicator	Methodology	Year	Weights*	
			100 large	252 small
Percent of 65+ employed	Divided by corresponding U.S. value **The highest value receives a score of 100** *Data sources: Census Bureau, Moody's Analytics, Milken Institute*	2012	0.217	0.284
65+ unemployment rate	**The lowest value receives a score of 100** *Data sources: Census Bureau, Moody's Analytics, Milken Institute*	2012	0.193	0.194
Employment growth (health, education, leisure, and hospitality)	Indexed growth, 2007-2012, divided by corresponding U.S. value NAICS codes: 61, 62, 71 **The highest value receives a score of 100** *Data sources: Bureau of Labor Statistics, Moody's Analytics*	2007; 2012	0.091	0.168
Output of service sector/ manufacturing	Divided by corresponding U.S. value **The highest value receives a score of 100** *Data sources: Bureau of Economic Analysis, Moody's Analytics*	2012	0.124	0.135
College enrollment	Per capita **The highest value receives a score of 100** *Data source: Census Bureau*	2012	0.176	0.219
Number of community colleges**	**The highest value receives a score of 100** *Data sources: Census Bureau, city websites*	2012	0.140	-
Number of universities**	Per 100,000 population **The highest value receives a score of 100** *Data source: Census Bureau*	2011	0.058	-

* Figures may not add up to 1 due to rounding.
** Used only for large metros.
*** New indicator.

TRANSPORTATION/CONVENIENCE INDICATORS

Mobility and access to transportation are key factors in the livability of a community. Older adults want to remain independent for as long as possible, and transportation options provide not only mobility, but opportunities to engage in their communities.

This category has been updated. It now includes the percentage of commuters who walk to work, which was previously in the wellness subcomponent. The ability to walk to work provides a way to measure the walkability of a community, which can also encourage more mobility. We also modified a previous indicator that measured the percentage of households within one mile from grocery stores. Because our index focuses on factors specific to older adults, this indicator was replaced with a variable that measures the percentage of older adults who are within one mile of grocery stores.

It is also important to have services available to those who may have physical or other limitations that restrict mobility. As such, we added an indicator, special needs transportation, for the large 100 metros. This variable includes services that provide special needs transportation to the sick, elderly, or handicapped, and includes services that offer specially equipped vehicles to provide transportation. It does not include ambulance transport.

In order to capture state investment in transportation programs for seniors, we updated the latest data for Section 5310 funding. This funding was established in 1975 to provide funds to states for helping private nonprofit organizations serve the needs of elderly and disabled people. Funded projects are required to provide public transit to these population groups.

Indicator	Methodology	Year	Weights*	
			100 large	252 small
Average commute time to work	**The lowest value receives a score of 100** *Data source: Census Bureau*	2012	0.142	0.122
Number of passenger trips	Composite score from average per capita and per population 65+ calculations **The highest value receives a score of 100** *Data sources: American Public Transportation Association, Milken Institute*	2011	0.270	0.180
Mean fare in public transport**	Discounted fare for seniors or disabled **The lowest value receives a score of 100** *Data sources: American Public Transportation Association, city websites*	2011	0.030	-
Investment in public/senior transportation	Section 5310 state spending per 65+ population, divided by corresponding U.S. value **The highest value receives a score of 100** *Data sources: Federal Transit Administration, Census Bureau*	2012	0.041	0.070
Number of grocery, convenient stores, etc.	Per capita, NAICS codes: 4451, 4461, 8123 **The lowest value receives a score of 100** *Data source: Census Bureau*	2012	0.146	0.238
% seniors near grocery***	Percent nearer than one mile, divided by corresponding U.S. value **The highest value receives a score of 100** *Data source: Department of Agriculture* This indicator replaces % of households near grocery	2010	0.120	0.210
% of commuters who walk to work	**The highest value receives a score of 100** *Data source: Census Bureau* This indicator moved from Wellness	2012	0.150	0.180
Special needs transportation***	Composite score from average per capita and per population 65+ calculations, NAICS code: 485991 **The highest value receives a score of 100** *Data source: Census Bureau*	2012	0.100	-

* Figures may not add up to 1 due to rounding.
** Used only for large metros.
*** New indicator.

COMMUNITY ENGAGEMENT INDICATORS

Both accessibility of recreation and a community's cultural activities are important because they help older adults remain active and avoid isolation. We kept the same group of indicators as the initial index, with a few differences in the methodologies used. We updated the number of arts, entertainment, and recreational facilities to include movie theaters. We removed golf courses, ski resorts, marinas, and bowling alleys, as these were included in the wellness category.

We maintained the senior volunteer rates to be consistent with estimates from the Corp. for National and Community Service, and updated the method to include the latest definition, which gives three-year pooled estimates of older adult volunteers by state. Metros falling in more than one state were aggregated accordingly.

Indicator	Methodology	Year	Weights*	
			100 large	252 small
Percent of population 65+	**The highest value receives a score of 100** *Data source: Census Bureau*	2012	0.100	0.150
Number of arts, entertainment, and recreational facilities	Museums, movie theaters, dance companies, gambling halls, amusement parks, etc. Composite score from average per capita and per population 65+ calculations **The highest value receives a score of 100** *Data source: Census Bureau*	2012	0.170	0.268
Senior volunteer rates	Number of 65+ volunteers divided by population 65+ (state-level data) **The highest value receives a score of 100** *Data sources: Corporation for National & Community Service, Milken Institute*	2012	0.240	0.236
Number of public libraries	Composite score from average per capita and per population 65+ calculations **The highest value receives a score of 100** *Data source: Institute of Museum and Library Services*	2012	0.219	0.098
Number of YMCAs	Composite score from average per capita and per population 65+ calculations **The highest value receives a score of 100** *Data sources: Dun & Bradstreet, YMCA*	2014	0.112	0.069
Funding for seniors	State funding (Title III) for seniors per population 65+, divided by U.S. value **The highest value receives a score of 100** *Data source: Administration on Aging*	2012	0.160	0.180

* Figures may not add up to 1 due to rounding.
** Used only for large metros.
*** New indicator.

Rankings for All Metros

100 LARGE METRO RANKINGS

Updated Census Names	Overall Rank	65-79 Rank	80+ Rank*
Akron, OH	39	48	33
Albany-Schenectady-Troy, NY	28	21	30
Albuquerque, NM	67	66	79
Allentown-Bethlehem-Easton, PA-NJ	89	91	82
Atlanta-Sandy Springs-Roswell, GA	83	80	78
Augusta-Richmond County, GA-SC	52	62	61
Austin-Round Rock, TX	9	9	17
Bakersfield, CA	98	98	98
Baltimore-Columbia-Towson, MD	55	56	57
Baton Rouge, LA	69	70	72
Birmingham-Hoover, AL	45	64	51
Boise City, ID	22	29	20
Boston-Cambridge-Newton, MA-NH	4	4	2
Bridgeport-Stamford-Norwalk, CT	10	14	16
Buffalo-Cheektowaga-Niagara Falls, NY	44	37	37
Cape Coral-Fort Myers, FL	93	93	93
Charleston-North Charleston, SC	36	42	46
Charlotte-Concord-Gastonia, NC-SC	78	78	84
Chattanooga, TN-GA	81	81	85
Chicago-Naperville-Elgin, IL-IN-WI	64	58	52
Cincinnati, OH-KY-IN	43	50	56
Cleveland-Elyria, OH	19	24	10
Colorado Springs, CO	49	30	73

Updated Census Names	Overall Rank	65-79 Rank	80+ Rank*
Columbia, SC	63	60	75
Columbus, OH	46	41	54
Dallas-Fort Worth-Arlington, TX	40	36	48
Dayton, OH	32	40	37
Deltona-Daytona Beach-Ormond Beach, FL	96	96	95
Denver-Aurora-Lakewood, CO	11	15	21
Des Moines-West Des Moines, IA	7	7	7
Detroit-Warren-Dearborn, MI	80	88	58
El Paso, TX	61	69	49
Fresno, CA	95	94	97
Grand Rapids-Wyoming, MI	70	75	67
Greensboro-High Point, NC	88	90	91
Greenville-Anderson-Mauldin, SC	84	84	87
Harrisburg-Carlisle, PA	31	32	40
Hartford-West Hartford-East Hartford, CT	41	46	55
Houston-The Woodlands-Sugar Land, TX	42	38	49
Indianapolis-Carmel-Anderson, IN	49	57	62
Jackson, MS	6	8	11
Jacksonville, FL	71	71	71
Kansas City, MO-KS	26	31	44
Knoxville, TN	73	72	76
Lakeland-Winter Haven, FL	97	99	99
Las Vegas-Henderson-Paradise, NV	94	92	94

100 LARGE METRO RANKINGS

Updated Census Names	Overall Rank	65-79 Rank	80+ Rank*
Little Rock-North Little Rock-Conway, AR	15	20	23
Los Angeles-Long Beach-Anaheim, CA	66	47	22
Louisville/Jefferson County, KY-IN	59	73	69
Madison, WI	1	1	3
McAllen-Edinburg-Mission, TX	59	65	58
Memphis, TN-MS-AR	82	83	81
Miami-Fort Lauderdale-West Palm Beach, FL	76	66	77
Milwaukee-Waukesha-West Allis, WI	29	35	34
Minneapolis-St. Paul-Bloomington, MN-WI	16	18	13
Nashville-Davidson--Murfreesboro--Franklin, TN	23	28	39
New Haven-Milford, CT	72	74	70
New Orleans-Metairie, LA	38	52	26
New York-Newark-Jersey City, NY-NJ-PA	14	10	4
North Port-Sarasota-Bradenton, FL	91	89	88
Ogden-Clearfield, UT	35	19	31
Oklahoma City, OK	25	22	27
Omaha-Council Bluffs, NE-IA	2	3	5
Orlando-Kissimmee-Sanford, FL	85	79	92
Oxnard-Thousand Oaks-Ventura, CA	77	61	42
Palm Bay-Melbourne-Titusville, FL	92	95	90
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	57	55	42
Phoenix-Mesa-Scottsdale, AZ	90	87	89
Pittsburgh, PA	21	25	15
Portland-Vancouver-Hillsboro, OR-WA	34	33	25
Providence-Warwick, RI-MA	75	76	74
Provo-Orem, UT	3	2	1
Raleigh, NC	56	45	66

Updated Census Names	Overall Rank	65-79 Rank	80+ Rank*
Richmond, VA	33	27	36
Riverside-San Bernardino-Ontario, CA	99	97	96
Rochester, NY	24	26	28
Sacramento--Roseville--Arden-Arcade, CA	87	85	80
Salt Lake City, UT	5	5	6
San Antonio-New Braunfels, TX	54	44	63
San Diego-Carlsbad, CA	37	23	12
San Francisco-Oakland-Hayward, CA	17	16	8
San Jose-Sunnyvale-Santa Clara, CA	65	54	47
Scranton--Wilkes-Barre--Hazleton, PA	58	59	52
Seattle-Tacoma-Bellevue, WA	48	43	32
Spokane-Spokane Valley, WA	51	51	64
Springfield, MA	18	17	35
St. Louis, MO-IL	30	34	45
Stockton-Lodi, CA	100	100	100
Syracuse, NY	13	11	19
Tampa-St. Petersburg-Clearwater, FL	86	86	83
Toledo, OH	8	13	9
Tucson, AZ	47	48	23
Tulsa, OK	62	68	65
Urban Honolulu, HI	12	6	14
Virginia Beach-Norfolk-Newport News, VA-NC	74	63	68
Washington-Arlington-Alexandria, DC-VA-MD-WV	20	11	18
Wichita, KS	27	39	41
Winston-Salem, NC	79	82	85
Worcester, MA-CT	52	53	29
Youngstown-Warren-Boardman, OH-PA	68	77	60

252 SMALL METRO RANKINGS

Updated Census Names	Overall Rank	65-79 Rank	80+ Rank*
Abilene, TX	19	15	21
Albany, GA	141	148	99
Alexandria, LA	54	72	35
Altoona, PA	83	121	53
Amarillo, TX	63	70	56
Ames, IA	6	6	3
Anchorage, AK	44	33	156
Ann Arbor, MI	8	10	8
Anniston-Oxford-Jacksonville, AL	160	185	120
Appleton, WI	114	137	86
Asheville, NC	175	192	175
Athens-Clarke County, GA	29	25	26
Atlantic City-Hammonton, NJ	227	204	250
Auburn-Opelika, AL	79	61	121
Bangor, ME	128	115	136
Barnstable Town, MA	109	95	155
Battle Creek, MI	197	219	167
Bay City, MI	210	221	149
Beaumont-Port Arthur, TX	205	208	189
Bellingham, WA	177	171	187
Bend-Redmond, OR	182	191	203
Billings, MT	18	26	30
Binghamton, NY	207	195	211
Bismarck, ND	4	4	7
Blacksburg-Christiansburg-Radford, VA	81	65	94
Bloomington, IL	66	53	89
Bloomington, IN	80	63	133

Updated Census Names	Overall Rank	65-79 Rank	80+ Rank*
Boulder, CO	26	24	69
Bowling Green, KY	48	36	51
Bremerton-Silverdale, WA	219	215	226
Brownsville-Harlingen, TX	144	177	113
Brunswick, GA	183	170	183
Burlington, NC	239	236	235
Burlington-South Burlington, VT	23	28	38
Canton-Massillon, OH	127	122	132
Carson City, NV	69	77	52
Casper, WY	20	16	37
Cedar Rapids, IA	67	80	85
Champaign-Urbana, IL	41	32	46
Charleston, WV	108	116	105
Charlottesville, VA	22	18	18
Cheyenne, WY	9	7	22
Chico, CA	218	201	216
Clarksville, TN-KY	179	152	191
Cleveland, TN	222	227	194
Coeur d'Alene, ID	119	123	171
College Station-Bryan, TX	33	29	43
Columbia, MO	3	3	4
Columbus, GA-AL	142	135	128
Columbus, IN	172	160	176
Corpus Christi, TX	121	110	110
Corvallis, OR	39	26	67
Crestview-Fort Walton Beach-Destin, FL	200	169	205
Cumberland, MD-WV	176	211	145

252 SMALL METRO RANKINGS

Updated Census Names	Overall Rank	65-79 Rank	80+ Rank*
Dalton, GA	245	242	242
Danville, IL	111	175	74
Davenport-Moline-Rock Island, IA-IL	93	90	108
Decatur, AL	130	125	118
Decatur, IL	53	60	60
Dothan, AL	92	127	54
Dover, DE	230	220	240
Dubuque, IA	25	40	15
Duluth, MN-WI	88	127	114
Durham-Chapel Hill, NC	41	39	39
Eau Claire, WI	45	62	49
El Centro, CA	153	139	61
Elizabethtown-Fort Knox, KY	74	66	71
Elkhart-Goshen, IN	235	233	238
Elmira, NY	191	206	172
Erie, PA	195	200	196
Eugene, OR	196	167	198
Evansville, IN-KY	68	75	66
Fairbanks, AK	115	101	227
Fargo, ND-MN	10	13	9
Farmington, NM	169	146	214
Fayetteville, NC	216	213	197
Fayetteville-Springdale-Rogers, AR-MO	116	91	123
Flagstaff, AZ	73	57	129
Flint, MI	187	193	179
Florence, SC	102	132	95
Fond du Lac, WI	183	210	147

Updated Census Names	Overall Rank	65-79 Rank	80+ Rank*
Fort Collins, CO	62	44	122
Fort Smith, AR-OK	152	168	116
Fort Wayne, IN	138	151	144
Gadsden, AL	156	197	102
Gainesville, FL	12	11	10
Gainesville, GA	202	216	177
Glens Falls, NY	147	136	153
Goldsboro, NC	215	222	202
Grand Forks, ND-MN	21	22	31
Grand Junction, CO	154	164	182
Great Falls, MT	27	34	42
Greeley, CO	189	180	222
Green Bay, WI	165	174	167
Greenville, NC	52	59	48
Gulfport-Biloxi-Pascagoula, MS	167	155	159
Hagerstown-Martinsburg, MD-WV	236	243	230
Hanford-Corcoran, CA	221	205	208
Harrisonburg, VA	103	78	71
Hattiesburg, MS	37	35	28
Hickory-Lenoir-Morganton, NC	225	234	215
Hinesville, GA	201	195	173
Hot Springs, AR	70	84	101
Houma-Thibodaux, LA	122	99	97
Huntington-Ashland, WV-KY-OH	166	188	174
Huntsville, AL	124	104	125
Idaho Falls, ID	148	153	134
Iowa City, IA	1	1	1

252 SMALL METRO RANKINGS

Updated Census Names	Overall Rank	65-79 Rank	80+ Rank*
Ithaca, NY	17	5	27
Jackson, MI	228	230	225
Jackson, TN	78	87	77
Jacksonville, NC	220	198	190
Janesville-Beloit, WI	224	234	236
Jefferson City, MO	58	72	58
Johnson City, TN	84	113	81
Johnstown, PA	145	172	103
Jonesboro, AR	101	119	62
Joplin, MO	112	117	112
Kalamazoo-Portage, MI	149	157	149
Kankakee, IL	107	118	140
Kennewick-Richland, WA	188	172	194
Killeen-Temple, TX	55	64	46
Kingsport-Bristol-Bristol, TN-VA	171	186	160
Kingston, NY	202	179	228
Kokomo, IN	136	129	124
La Crosse-Onalaska, WI-MN	39	46	40
Lafayette, LA	61	37	57
Lafayette-West Lafayette, IN	137	83	170
Lake Charles, LA	131	133	83
Lancaster, PA	180	165	152
Lansing-East Lansing, MI	158	134	139
Laredo, TX	57	55	55
Las Cruces, NM	140	120	143
Lawrence, KS	30	19	70
Lawton, OK	72	92	50

Updated Census Names	Overall Rank	65-79 Rank	80+ Rank*
Lebanon, PA	125	131	106
Lewiston, ID-WA	100	129	110
Lewiston-Auburn, ME	162	145	161
Lexington-Fayette, KY	50	45	59
Lima, OH	98	141	92
Lincoln, NE	13	12	14
Logan, UT-ID	47	38	44
Longview, TX	82	81	87
Longview, WA	250	251	251
Lubbock, TX	14	14	12
Lynchburg, VA	85	93	65
Macon, GA	120	112	98
Madera, CA	246	245	223
Manchester-Nashua, NH	117	96	119
Mansfield, OH	213	225	210
Medford, OR	194	189	164
Merced, CA	248	244	246
Michigan City-La Porte, IN	241	246	248
Midland, TX	11	9	6
Missoula, MT	16	17	34
Mobile, AL	172	193	158
Modesto, CA	249	248	239
Monroe, LA	122	125	107
Monroe, MI	185	163	229
Montgomery, AL	157	159	145
Morgantown, WV	15	20	16
Morristown, TN	240	239	243

252 SMALL METRO RANKINGS

Updated Census Names	Overall Rank	65-79 Rank	80+ Rank*
Mount Vernon-Anacortes, WA	209	217	231
Muncie, IN	133	105	138
Muskegon, MI	244	249	246
Myrtle Beach-Conway-North Myrtle Beach, SC-NC	223	212	241
Napa, CA	49	55	23
Naples-Immokalee-Marco Island, FL	168	141	185
Niles-Benton Harbor, MI	214	226	217
Norwich-New London, CT	180	161	208
Ocala, FL	237	236	204
Ocean City, NJ	205	181	245
Odessa, TX	28	30	17
Olympia-Tumwater, WA	186	165	201
Oshkosh-Neenah, WI	149	183	127
Owensboro, KY	113	106	82
Panama City, FL	142	102	163
Parkersburg-Vienna, WV	46	67	45
Pensacola-Ferry Pass-Brent, FL	193	182	200
Peoria, IL	145	156	142
Pine Bluff, AR	190	199	157
Pittsfield, MA	90	94	109
Pocatello, ID	86	88	141
Port St. Lucie, FL	212	209	206
Portland-South Portland, ME	135	103	165
Prescott, AZ	226	223	217
Pueblo, CO	139	153	154
Punta Gorda, FL	151	149	126
Racine, WI	161	177	180

Updated Census Names	Overall Rank	65-79 Rank	80+ Rank*
Rapid City, SD	5	8	13
Reading, PA	217	218	224
Redding, CA	242	239	234
Reno, NV	96	85	130
Roanoke, VA	128	143	76
Rochester, MN	7	21	5
Rockford, IL	192	202	207
Rocky Mount, NC	234	238	220
Rome, GA	64	98	41
Saginaw, MI	105	140	68
Salem, OR	207	203	212
Salinas, CA	199	176	187
Salisbury, MD-DE	243	228	244
San Angelo, TX	24	31	11
San Luis Obispo-Paso Robles-Arroyo Grande, CA	87	76	71
Santa Cruz-Watsonville, CA	134	71	161
Santa Fe, NM	76	54	148
Santa Maria-Santa Barbara, CA	71	48	33
Santa Rosa, CA	170	146	137
Savannah, GA	126	114	104
Sheboygan, WI	132	138	114
Sherman-Denison, TX	65	82	64
Shreveport-Bossier City, LA	88	100	84
Sioux City, IA-NE-SD	51	47	62
Sioux Falls, SD	2	2	2
South Bend-Mishawaka, IN-MI	197	190	212
Spartanburg, SC	204	214	199

252 SMALL METRO RANKINGS

Updated Census Names	Overall Rank	65-79 Rank	80+ Rank*
Springfield, IL	56	58	91
Springfield, MO	109	107	130
Springfield, OH	231	241	219
St. Cloud, MN	31	43	36
St. George, UT	159	150	169
St. Joseph, MO-KS	59	51	88
State College, PA	34	23	25
Sumter, SC	118	79	166
Tallahassee, FL	97	69	135
Terre Haute, IN	174	187	184
Texarkana, TX-AR	91	97	92
Topeka, KS	60	68	78
Trenton, NJ	104	89	100
Tuscaloosa, AL	75	86	79
Tyler, TX	43	50	32
Utica-Rome, NY	178	184	181
Valdosta, GA	77	74	75
Vallejo-Fairfield, CA	232	224	221

Updated Census Names	Overall Rank	65-79 Rank	80+ Rank*
Victoria, TX	32	52	19
Vineland-Bridgeton, NJ	252	252	252
Visalia-Porterville, CA	238	231	233
Waco, TX	99	108	90
Warner Robins, GA	233	232	193
Waterloo-Cedar Falls, IA	35	41	24
Wausau, WI	94	109	117
Weirton-Steubenville, WV-OH	95	123	80
Wenatchee, WA	163	162	186
Wheeling, WV-OH	38	49	28
Wichita Falls, TX	35	42	20
Williamsport, PA	105	111	96
Wilmington, NC	155	144	178
Winchester, VA-WV	164	158	151
Yakima, WA	229	229	237
York-Hanover, PA	211	207	192
Yuba City, CA	247	247	232
Yuma, AZ	251	250	249

Best Cities for Successful Aging

Advisory Committee

With areas of expertise related to aging

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Professor of Psychology and Fairleigh S. Dickinson Jr. Professor in Public Policy, Stanford University; Founding Director, Stanford Center on Longevity

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About the Authors

Anusuya Chatterjee is a senior economist and associate director of research at the Milken Institute. Her expertise is in measuring broader economic impacts of health and longevity-related issues. She has led the research efforts on some of the Milken Institute's highest-profile publications on the economics of chronic disease prevention and management, obesity, investment in medical technologies, and aging. Chatterjee created the influential Milken Institute Best Cities for Successful Aging Index. She also co-authored a chapter in the recently published book, *The Upside of Aging*.

Chatterjee's opinion articles have been published in news outlets such as *Forbes* magazine and the *San Diego Union-Tribun*e, and she is frequently quoted as an expert in mainstream media. Her work has been cited by PBS, the *Wall Street Journal*, CNN, CBS, the *Huffington Post*, the *Los Angeles Times*, and many other outlets. Her prior experience includes a tenure track academic position. Chatterjee received a Ph.D. in economics from the State University of New York, Albany; a master's degree from the Delhi School of Economics; and a bachelor's degree from Jadavpur University in India.

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Paul Irving is president of the Milken Institute. His work to improve aging lives is regularly featured in outlets such as PBS, *Forbes*, CBS, NBC, Reuters, CNN, Yahoo, the *Los Angeles Times*, *USA Today*, and the *Wall Street Journal*, and was recognized when he received the 2014 Janet L. Witkin Award from Affordable Living for the Aging. Irving developed the Institute's Best Cities for Successful Aging initiative, authored the John Templeton Foundation-funded report "Aging and Beneficial Purpose in the 21st Century — The New Longevity Dividend" and co-authored the Ford Foundation-funded report "Expanding the Market for Community Investment in the United States." His book, "*The Upside of Aging — How Long Life Is Changing the World of Health, Work, Innovation, Policy, and Purpose*," was published in 2014 by John Wiley & Sons. Irving frequently speaks at business, policy, and academic events about the changing culture of aging; health, productivity, and purpose for older adults; and innovation and opportunity in the longevity economy.

Irving was previously an advanced leadership fellow at Harvard University and chairman and CEO of Manatt, Phelps & Phillips, LLP, a national law and consulting firm. Irving represented leading companies and investors in mergers and acquisitions, capital market transactions, and a wide range of business and financial industry regulatory matters. He serves on the boards of East West Bancorp, Inc., and Encore.org, the Dean's Council of the Milken Institute School of Public Health at the George Washington University, the Board of Counselors of the USC Davis School of Gerontology, the Advisory Board of the Stanford University Distinguished Careers Institute, and the National Advisory Board on Aging of Partners for Livable Communities. Irving earlier taught at Loyola Law School, Los Angeles, where he received the Board of Governors Award for outstanding contributions to society and the law.

INFOGRAPHICS AND DATA FOR EACH METRO AREA AS WELL AS TOOLS FOR POLICYMAKERS CAN BE FOUND AT

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