

SYSTEMATIC REVIEW **OPEN ACCESS**

# The Development, Implementation and/or Sustainability of Age-Friendly Cities and Communities Programmes: Findings From an Umbrella Review

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## ABSTRACT

**Aim:** To examine the evidence from systematic reviews on the development, implementation, and/or sustainability of age-friendly cities and communities programmes.

**Design:** This review was informed by the Joanna Briggs Institute umbrella review methodology.

**Methods:** Critical appraisal, data extraction, and synthesis were carried out according to the Joanna Briggs protocol for undertaking umbrella reviews.

**Data Sources:** An extensive CINAHL, MEDLINE, PsychINFO, PubMed and Scopus search was conducted for literature published from January 2007 to July 2024. Finalised search terms included 'age-friendly', 'age-friendly cities and communities' 'systematic review', meta-analysis', 'integrative review', 'narrative review', 'scoping review', 'rapid review' and 'scientometric review' in combination with index terms were utilised to locate relevant literature.

**Results:** Ten reviews were included comprising 4 scoping reviews, 1 interpretive review, 1 integrative review, 2 systematic reviews, 1 rapid review and 1 structured literature review. Synthesised findings were presented under the categories of 'Development'; 'Implementation'; and 'Sustainability'.

**Conclusion:** The findings are relevant to policy, practice and research. Longitudinal and evaluation research is needed to determine the long-term sustainability of AFCC programmes. More evidence is required on the success of programmes in marginalised communities and low to middle-income countries. Designing appropriate environments for ageing in place has far-reaching implications for the health and well-being of communities, especially our oldest citizens. This is particularly salient in this time of unprecedented population ageing. Nurses must have an in-depth understanding of the broader determinants of health, including ensuring environments are fit for purpose and meet the needs of older communities.

**Implications for the Profession and/or Patient Care:** Understanding the importance of ensuring our cities and communities are age-friendly will positively influence the health and social care provided by nurses to older adults.

**Reporting Method:** The Preferred Reporting Items for Systematic Reviews and Meta-Analyse checklist were used to report the screening process.

**Patient or Public Contribution:** There was no patient or public contribution to this umbrella review.

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## 1 | Introduction

The Global Network of Age-friendly Cities and Communities membership has steadily increased since it was established in 2010. Over 1700 communities within 60 countries have established age-friendly programmes indicating that increasingly more cities and communities are committed to becoming better places to grow older in (World Health Organisation [WHO] 2023). The AFCC movement evolved from the 2007 launch of *Global age-friendly cities: A guide* which was designed to meet the diverse needs of older people by promoting their well-being and ensuring cities and communities are safe and inclusive. AFCC are distinguished by eight domains which include outdoor spaces and buildings, transportation, housing, social participation, respect and inclusion, civic participation and employment, communication and information, and community support and health services (WHO 2007).

In 2020, the United Nations General Assembly declared 2021–2030 the Decade of Healthy Ageing. Embedded within this initiative is recognising the importance of developing AFCC that promotes well-being in older citizens (WHO 2020). Following this, in 2023, the WHO released the *National programmes for age-friendly cities and communities: A guide* that supports policy makers and stakeholders to develop and progress AFCC programmes. The main beneficiaries of any AFCC initiatives are older adults themselves (WHO 2023).

The history and development of AFCC is well documented. The pioneer work from *The Global age-friendly cities: A guide* was developed in 2007 with participation of 33 cities in 23 countries (WHO 2007). Incorporating a bottom-up approach, the development process engaged older adults throughout, from sharing community experiences to aiding in data analysis, ultimately shaping the AFCC policy framework. This process recognised older people's significant contributions to their families, communities, and economies (WHO 2007). This is further endorsed by the United Nations, who support the empowerment of older people through recognising the importance of their contributions to society through genuine and meaningful participation in decision-making that ultimately and positively impacts well-being.

It has been well recognised that successful implementation of age-friendly initiatives requires functioning relationships between older people, local and national government. This has been referred to in the literature as a 'bottom-up' and 'top-down' approach to the planning, development, and implementation phases of AFCC programmes (Neville et al. 2021). Moreover, one key implementation challenge for AFCC is the lack of both outcome and process evaluations.

Sustainability is also important to the continued success of AFCC programmes. However, its value within the AFCC framework has often been overlooked, with reports that once initial funding is exhausted the AFCC initiative falls into abeyance. Despite being

integral to AFCC's development and implementation, sustainability serves a distinct purpose in ensuring the successful continuation of AFCC programmes. Key components to sustaining AFCC programmes include volunteer capacity, funding, robust evaluation processes, linking age-friendliness to sustainable development, public awareness, and commitment (Menec et al. 2022).

Central to any AFCC programme is its contribution in promoting healthy ageing, which is facilitated by accessible healthcare services including long-term care. Older people are significant consumers of nursing services across all health settings and should receive care that supports well-being and the ability to stay living in their community of choice. This requires nurses to provide holistic and culturally competent care that transcends the physical needs of older people to incorporate the psychological, emotional, spiritual, socio-cultural, and environmental aspects (Neville et al. 2019). To do this successfully, nurses must understand the importance of ensuring our communities are age-friendly (Neville 2020). As numerous reviews on age-friendly related topics have been undertaken since the AFCC movement began in 2007, we deemed it appropriate that a synthesis of reviews, also known as an umbrella review, be undertaken. This will provide nurses with a synthesised overview of AFCC.

## 2 | Review Aim

This umbrella review examined the evidence from systematic reviews on the development, implementation, and/or sustainability of AFCC programmes. The synthesised findings provide evidence to inform future AFCC programme policy, practice, and initiatives.

## 3 | Methods

The review was conducted utilising the Joanna Briggs Institute (JBI) (2014) methodology for undertaking umbrella reviews. An umbrella review synthesises evidence from existing published reviews on a particular topic, in this case, AFCC, and is undertaken when addressing issues that are broad in scope as well as highlighting inconsistent or conflicting views on the topic (Wiechula et al. 2016).

The Preferred Reporting Items for Systematic Reviews and Meta-Analyses 2020 checklist was used to report the screening process (Page et al. 2021) (File S1). This study was registered with the International Prospective Register of Systematic Reviews (PROSPERO; CRD42023413096).

### 3.1 | Inclusion Criteria

To ensure the eligibility of relevant literature, specific inclusion criteria were employed during the screening and review processes as follows:

## Summary

- Provides a synthesis of the key issues impacting on the development, implementation and/or sustainability of age-friendly cities and communities programmes.
- Authentic and genuine engagement of a diverse range of older adults when planning and implementing age-friendly initiatives is integral to the long-term sustainability of these programmes.
- Serves as a reminder of the importance of ensuring our communities are appropriate places for older adults to age in.

- Scoping, integrative, narrative, scientometric, rapid and systematic reviews, as well as meta-analyses published in English in quality-assured journals.
- Reviews published since 2007, the date when the WHO AFCC movement began.
- Reviews focused on the development, implementation, and/or sustainability of age-friendly programmes.

## 3.2 | Search Strategy

Studies were eligible if they met the inclusion criteria. A preliminary trial search of the databases was completed by ML and discussed with two other members of the research team (SN, SAN) to produce a finalised set of keywords. The finalised search terms included: age-friendly, age-friendly cities and communities, systematic review, meta-analysis, integrative review, narrative review, scoping review, rapid review, and scientometric review. A range of truncations, as well as variances in spelling and terminology, were taken into consideration. A research librarian assisted with refining the research strategy.

The databases accessed using the finalised search terms included CINAHL, MEDLINE, PsycINFO, PubMed, and Scopus. Other sources included the JBI Database of Systematic Reviews and Implementation Reports. Database searches were conducted on January 25, 2023, May 25, 2023, and then the same search was repeated on July 1, 2024, in the same databases to update the search. Additionally, manually combing the reference lists of retrieved artefacts was undertaken to identify reviews that may not have been captured by the initial search completed in this process.

## 3.3 | Search Outcome

Following the final search, all identified citations ( $N=122$ ) were exported into the EndNote library and duplicates ( $n=42$ ) were removed. Two independent reviewers screened the title and abstract ( $n=80$ ) against the inclusion criteria, and 56 were excluded at this stage of the process. A full-text examination of the 24 reviews deemed as meeting the inclusion criteria was undertaken, resulting in a further 14 being excluded and 10 meeting the inclusion criteria. Consensus was reached at each stage of the process, and any discrepancies were ratified by a third independent

reviewer. The search results and the study inclusion process are presented in the PRISMA flow diagram Figure 1.

## 3.4 | Assessment of Methodological Quality

Keeping with the JBI protocol for undertaking umbrella reviews, the JBI critical appraisal checklist was used to independently assess, by two reviewers, the methodological quality of the 10 reviews chosen for inclusion. The checklist consists of 11 questions scored against 4 criteria (yes, no, unclear, not applicable), indicating the methodological quality of the review articles. Two independent reviewers undertook the critical appraisal for each of the 10 reviews. A third reviewer checked any differences and/or discrepancies, and a discussion between all team members occurred until a consensus was reached.

## 3.5 | Data Extraction

Data were extracted from the final set of included reviews utilising the JBI data extraction tool by the first author and independently checked by another member of the research team. The data extracted included information about (1) review type; (2) review objectives; (3) number of included studies; (4) characteristics of the included studies; (5) range in years and region/country of included studies; (6) major findings relating to the development, implementation, and/or sustainability of age-friendly programmes. These are presented in Table 1.

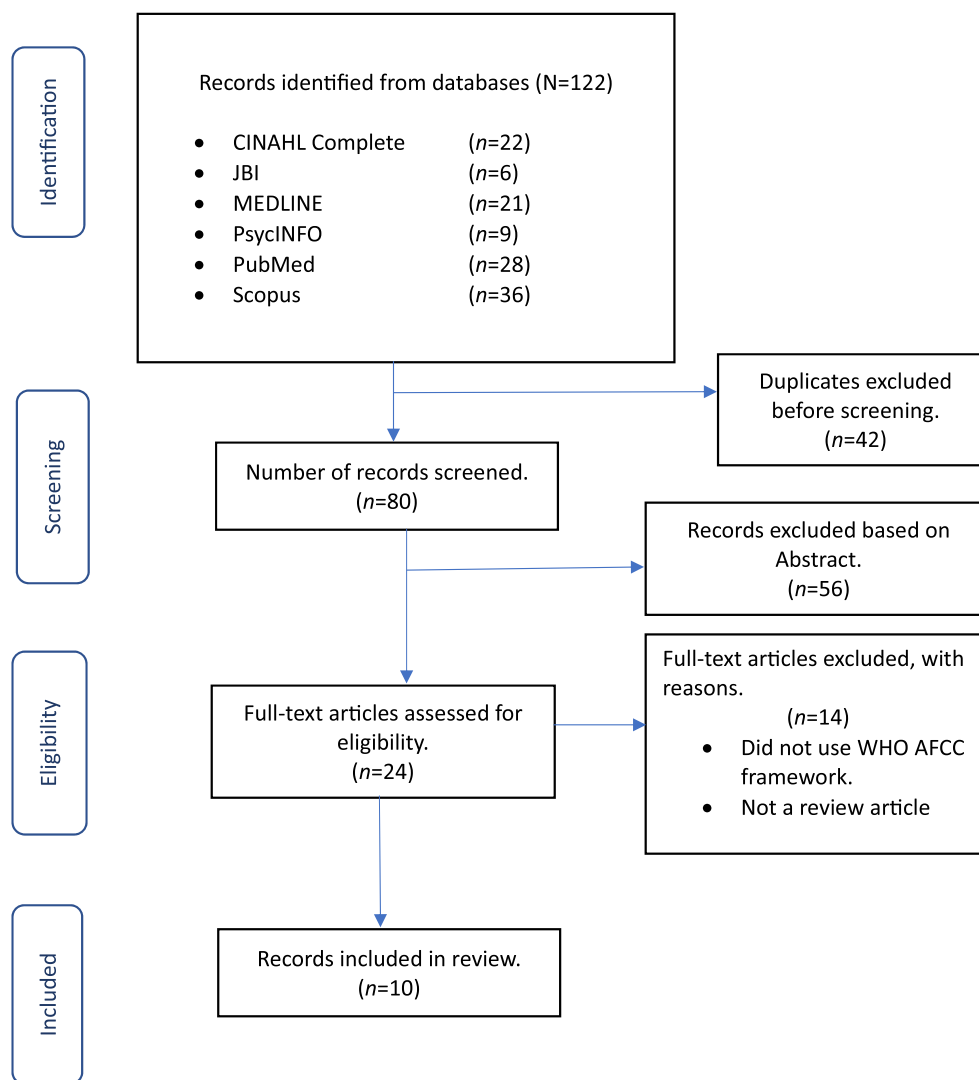
## 3.6 | Data Synthesis

The key findings from each review were then examined for similarities and sorted into categories. These categories were then synthesised and grouped to identify key factors in developing, implementing, and/or sustaining age-friendly programmes. This process was completed by the team leader (SN). All aspects of the data synthesis process were discussed and agreed to by all members of the research team.

## 4 | Results

All of the 10 reviews included were published in quality-assured academic journals and comprised 4 scoping reviews (Liebzeit et al. 2023; Montayre et al. 2022; Syed et al. 2017; Wood et al. 2022), 1 interpretive review (Menec and Brown 2022), 1 integrative review (Neville et al. 2016), 2 systematic reviews (Sanchez-Gonzalez et al. 2020; Torku et al. 2021), 1 rapid review (Sixsmith et al. 2023) and 1 structured literature review (Steels 2015). There was representation from a wide range of geographical settings (the Americas, Asia, Australia, Europe, Middle East, New Zealand and Scandinavia). The 10 reviews included studies focused on both urban and rural contexts, with a predominance of urban environments.

The reviews included were of moderate to high quality, with 6 of the reviews meeting all the quality indicators. The main quality issue identified is related to the reporting of the critical appraisal process. Of these reviews, most did not clearly articulate the



**FIGURE 1** | PRISMA diagram for umbrella review.

criteria used to undertake the critical appraisal process, as well as whether 2 reviewers independently engaged in assessing the quality of the manuscript. The key factors identified in the data are presented under the main headings of development, implementation, and sustainability.

## 4.1 | Development

### 4.1.1 | The WHO Age-Friendly Cities and Communities Framework

All included reviews utilised the WHO AFCC framework either in the conceptual design of the review (Liebzeit et al. 2023; Menec and Brown 2022; Montayre et al. 2022; Neville et al. 2016; Sanchez-Gonzalez et al. 2020; Steels 2015; Torku et al. 2021) or to frame the results (Sixsmith et al. 2023; Syed et al. 2017; Wood et al. 2022). In a review of rural and remote initiatives aimed at improving well-being of older adults, Montayre et al. (2022) found the age-friendly framework was not explicitly utilised to guide implementation. However, outcomes of interventions in the reviewed studies could be mapped onto the eight domains of the age-friendly framework. A variety of conceptual

or theoretical approaches were identified, including ecological theory (Menec and Brown 2022; Neville et al. 2016; Steels et al. 2015), ecosystems (Liebzeit et al. 2023; Sixsmith et al. 2023), place integration theory (Neville et al. 2016) and active and healthy ageing (Liebzeit et al. 2023; Wood et al. 2022). Age-friendly ecosystems were a way to view the multi-layered dimensions of the framework that drew on Lawton and Nahemow's ecological theory of ageing and Bronfenbrenner's ecological systems approach (Sixsmith et al. 2023).

All reviews emphasised the holistic and/or multi-dimensional nature of the age-friendly framework. Liebzeit et al. (2023) pointed out the heterogeneous scope of age-friendly systems from community settings to acute care as seen in the 4Ms framework for age-friendly health care. Their review identified the unifying effect of the framework with the underlying focus on active ageing. Syed et al. (2017) identified conceptual challenges in the way the physical and social environment of the age-friendly framework overlap concluding that this provided both a strength and a contention. For example, the complex interrelationship between transport and social participation. Menec and Brown (2022) highlighted the importance of having a united vision for age-friendliness which was facilitated by promoting

**TABLE 1** | Summary and characteristics of the eight included reviews.

Author, review typology	Objectives	Number and characteristics of studies	Range (years) and region/country of included studies	Major findings relating to development, implementation and/or sustainability of age-friendly programmes
Liebzeit et al. (2023) Scoping Review	(1) Map state of the science of age-friendly systems (2) Analyse strengths, weakness, opportunities, and threats of age-friendly system implementation, and (3) Make person, practice, and policy-level recommendations	69 studies Quantitative ( <i>n</i> = 24) Qualitative ( <i>n</i> = 25) Mixed methods ( <i>n</i> = 10) Implementation ( <i>n</i> = 10)	No range in years determined in inclusion criteria America ( <i>n</i> = 23), Canada ( <i>n</i> = 13), China ( <i>n</i> = 7), Netherlands ( <i>n</i> = 7) and Australia ( <i>n</i> = 5), Ireland ( <i>n</i> = 1), Taiwan ( <i>n</i> = 1), Romania ( <i>n</i> = 1), Turkey ( <i>n</i> = 1), UK ( <i>n</i> = 2), Iran ( <i>n</i> = 2), NZ ( <i>n</i> = 1), South Korea ( <i>n</i> = 3), Japan ( <i>n</i> = 1) and multiple countries ( <i>n</i> = 1)	1: Limited data on outcomes relevant to organisations, e.g., return on investment and healthcare utilisation 2: Strengths—age-friendly systems positively impact on the built environment 3: Weaknesses—age-friendly systems reliance on trained volunteers and staff, communication, and teamwork 4: System-level threats include community and health system barriers, and challenges in poor/developing areas
Menec and Brown (2022) Interpretive Review	Examine empirical evidence of the factors that facilitate or hinder the implementation of AFCC initiatives	13 studies Qualitative ( <i>n</i> = 10), Mixed methods ( <i>n</i> = 2), Policy documents ( <i>n</i> = 1)	January 2007, to January 2018 Australia ( <i>n</i> = 4), Taiwan, Hong Kong ( <i>n</i> = 1), Belgium ( <i>n</i> = 1) and Canada ( <i>n</i> = 7)	1: Enablers—multilevel leadership, common vision, effective governance and management, and diverse partnerships 2: Processes—sustainable funding, integrating AFCC initiatives into all strategies, building on existing resources, raising awareness of AFCC and garnering community support 3: Contextual factors. Favourable political and policy context; rural/urban distinction and economic environment
Montayre et al. (2022) Scoping review	Locate available evidence of interventions, strategies, and programs implemented in rural and remote areas to create age-friendly communities	219 studies RCT ( <i>n</i> = 22) Quasi-experimental ( <i>n</i> = 37) Qualitative, Qualitative, mixed methods ( <i>n</i> = 44) Grey literature ( <i>n</i> = 116)	January 2010 to March 2021 Americas ( <i>n</i> = 54), Western Pacific ( <i>n</i> = 24), Europe ( <i>n</i> = 12), Southeast Asia ( <i>n</i> = 10), Africa ( <i>n</i> = 2), Eastern Mediterranean ( <i>n</i> = 1)	1. Interventions with older people as participants, e.g., health promotion and physical activity programmes 2. Relevance to the WHO age-friendly cities framework domains. All projects could be mapped to one or more AFCC domains 3. Rural and remote contexts. Justifications for implementing age-friendly initiatives provided 4. Non-evaluated programs and community initiatives. A number of initiatives were not formally evaluated

(Continues)

TABLE 1 | (Continued)

Author, review typology	Objectives	Number and characteristics of studies	Range (years) and region/country of included studies	Major findings relating to development, implementation and/or sustainability of age-friendly programmes
Neville et al. (2016) Integrative review	To identify the theories and concepts related to building age-friendly rural communities	9 studies Quantitative ( <i>n</i> = 3) Qualitative ( <i>n</i> = 6)	January 2007 to December 2014 Ireland, Northern Ireland ( <i>n</i> = 1), Canada ( <i>n</i> = 8)	<ol style="list-style-type: none"> <li>Theoretically, all projects could be mapped to the age-friendly concept</li> <li>Geographical and demographic characteristics impacted on the ability for communities to be age-friendly</li> <li>Top-down and bottom-up approach, involvement of older people important.</li> <li>Sustainability and capacity of communities to support age-friendly initiatives.</li> <li>Age-friendly initiatives should be formally evaluated and researched</li> </ol>
Sanchez-Gonzalez et al. (2020) Systematic review	To identify empirical evidence re AFCC interventions that promote active and healthy ageing	11 studies Quantitative ( <i>n</i> = 3) Qualitative ( <i>n</i> = 2) Mixed methods ( <i>n</i> = 6)	January 2007 to March 2020 Hong Kong ( <i>n</i> = 2), Australia ( <i>n</i> = 3), Canada ( <i>n</i> = 2), Thailand ( <i>n</i> = 1), Taiwan ( <i>n</i> = 1), Sweden ( <i>n</i> = 1), UK ( <i>n</i> = 1)	<ol style="list-style-type: none"> <li>Predominance of uncontrolled interventions</li> <li>Environmental interventions mainly focused on reducing risk and modifying environmental settings</li> <li>Psychological interventions prioritised social strategies</li> <li>Interventions were more effective in certain age-friendly domains e.g., transport and housing</li> </ol>
Sixsmith et al. (2023) Rapid review	To identify how age-friendly ecosystems have emerged and developed and identify factors supporting effective community participation among older adults to enhance health and well-being	14 studies Review ( <i>n</i> = 5) Constructive research method ( <i>n</i> = 1) Conceptual model ( <i>n</i> = 2) Mapping study ( <i>n</i> = 1) Reflection ( <i>n</i> = 1) Ethnography ( <i>n</i> = 1) Retrospective study ( <i>n</i> = 1) Secondary analysis ( <i>n</i> = 1) Editorial ( <i>n</i> = 1)	June 2021 to June 2023 America ( <i>n</i> = 5), Brazil ( <i>n</i> = 2), Canada ( <i>n</i> = 1), Iran ( <i>n</i> = 1), Ireland ( <i>n</i> = 1), Korea ( <i>n</i> = 1), Netherlands ( <i>n</i> = 1), Portugal ( <i>n</i> = 1) and UK ( <i>n</i> = 1)	<ol style="list-style-type: none"> <li>Age-friendly ecosystems that aim to promote community participation are characterised by the provision of accessible and inclusive physical environments, availability of supportive social networks and services, and the creation of opportunities for meaningful engagement in community life</li> <li>Important to recognise the diverse needs and preferences of older adults and their involvement in the design and implementation of age-friendly ecosystems</li> <li>Policy and practice implications include the need to develop interventions tailored to specific needs of older adults that promote community participation as a means of enhancing health and well-being</li> </ol>

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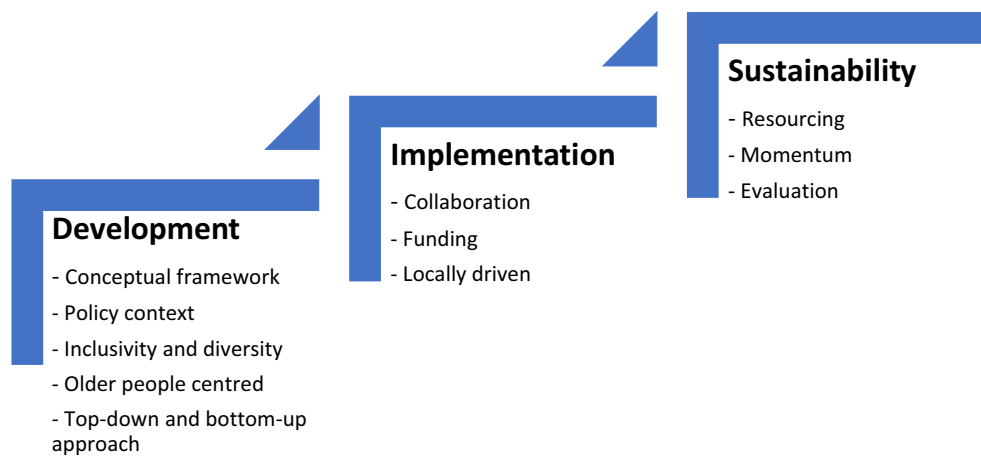
TABLE 1 | (Continued)

Author, review typology	Objectives	Number and characteristics of studies	Range (years) and region/country of included studies	Major findings relating to development, implementation and/or sustainability of age-friendly programmes
Steels (2015) Structured literature review	To examine the current evidence of approaches and interventions used to create age-friendly cities and communities identified in recent research and practice	64 studies Type of reviews not identified	January 2009 to September 2014 Individual countries not listed but mention is made of global, New Zealand, Canada, U.S.A. U.K.	<ol style="list-style-type: none"> <li>1. Different terminologies used to describe and define age-friendly communities</li> <li>2. Research focused on urban setting in developed countries. Lack of an age-friendly framework for use in developing countries</li> <li>3. Importance of an interconnected physical and social environment</li> <li>4. Age-friendly initiatives characterised by intersectoral collaborations and political commitment</li> <li>5. Cultural and socioeconomic influences can influence the success of age-friendly interventions in low- and middle-income countries</li> <li>6. Evaluation of age-friendly policies and interventions needed</li> </ol>
Syed et al. (2017) Scoping review	To map current knowledge on social isolation and loneliness in urban-dwelling Chinese older adults in Canada and other Western societies to AFCC domains	19 studies Quantitative ( $n = 12$ ) Qualitative ( $n = 5$ ) Mixed methods ( $n = 2$ )	1985 to 2017 Canada ( $n = 10$ ), United States ( $n = 8$ ) and Australia ( $n = 1$ )	<ol style="list-style-type: none"> <li>1. All studies could be mapped to the AFCC domains</li> <li>2. Strained relationships with adult children had a negative impact and adult children are the most common source of social support</li> <li>3. Affiliations with traditional Chinese cultural values important</li> <li>4. Older Chinese women living alone and the oldest-old are particularly vulnerable to social isolation and loneliness</li> <li>5. Focus on achieving long-term sustainability and the ability to address local social issues</li> <li>6. A variety of research designs needed to explore linkages between social isolation and loneliness and age-friendly initiatives, particularly in CALD communities</li> </ol>

(Continues)

TABLE 1 | (Continued)

Author, review typology	Objectives	Number and characteristics of studies	Range (years) and region/country of included studies	Major findings relating to development, implementation and/or sustainability of age-friendly programmes
Torku et al. (2021) Systematic review	To identify the barriers that hinder the implementation of age-friendly initiatives in smart cities	39 studies Type of reviews not identified	No range in years determined in inclusion criteria Included regions and countries where studies were undertaken not provided	<ol style="list-style-type: none"> <li>Physical barriers/environmental characteristics. An age-friendly smart city should meet the needs of the ageing population residing in the physical space and promote community engagement</li> <li>Technological barriers. If smart technologies are not carefully assessed and implemented in smart cities, they may pose challenges and hindrance to older adults' participation in daily life</li> <li>Social barriers. Smart cities need to address social network deficits and meet the diverse needs of older adults</li> <li>Financial barriers. Economic austerity has been identified as a major barrier to developing age-friendly initiatives</li> <li>Political barriers. Creating an age-friendly city is a multi-sectoral challenge, AFCC policies need to be aligned across all sectors in a way that is supportive of the AFCC indicators</li> </ol>
Wood et al. (2022) Scoping review	To investigate the urban barriers and facilitators identified through citizen science and other participatory approaches associated with active and healthy ageing.	23 studies Citizen science approaches ( $n=2$ ) Participatory approaches ( $n=17$ ) Co-creation approaches ( $n=2$ ) Ethnographic approach ( $n=1$ ) Photo elicitation ( $n=1$ )	No range in years determined in inclusion criteria UK ( $n=6$ ), Canada ( $n=5$ ), Canada/USA ( $n=1$ ), USA ( $n=3$ ), Australia ( $n=2$ ), Hong Kong ( $n=2$ ), Netherlands ( $n=1$ ), Sweden ( $n=1$ ), New Zealand ( $n=1$ ) and Finland ( $n=1$ )	<ol style="list-style-type: none"> <li>Eight themes related to urban environment barriers to active and healthy ageing were identified: accessibility, physical environment, transportation, affordability, social isolation and exclusion, community support, barriers for migrants and cross-cultural communities and safety and security</li> <li>Five themes relating to urban environmental facilitators were identified by residents to be positively associated with active and healthy ageing: community support, physical environment, social activities and participation, transportation and housing</li> <li>The combined 13 themes identified above in points 1 and 2, aligned with the WHO AFCC checklist</li> </ol>



awareness of the WHO AFCC framework in gaining public support and buy-in. There was risk of interrupting the holistic integrity of the framework when governments ‘cherry-picked’ and promoted individual aspects of the AFCC framework without understanding the inherent strength associated with the interrelatedness of the framework (Menec and Brown 2022). Similarly, Sanchez-Gonzalez et al. (2020) suggested a lack of consensus on the conceptual and methodological positioning of the age-friendly framework could have an impact on the overall effectiveness of initiatives. The structured approach the WHO AFCC framework provided to developing age-friendly programmes was viewed as an inherent strength (Sixsmith et al. 2023).

#### 4.1.2 | Policy Context

Population ageing and geographical changes underpinned the global and national political context in the included reviews. Specific factors identified were increasing longevity (Sanchez-Gonzalez et al. 2020), increased urbanisation (Sixsmith et al. 2023; Steels 2015; Torku et al. 2021; Wood et al. 2022), complexity of urban environments in promoting well-being and older people’s contributions (Steels 2015; Wood et al. 2022), and the limitations in evidence on age-friendly capacity in rural and remote communities (Liebzeit et al. 2023; Montayre et al. 2022; Neville et al. 2016). The policy context was relevant across development, implementation, and sustainability of age-friendly programmes and initiatives. For example, the need for political will and commitment from central governments to support the development of national age-friendly programmes was considered essential for translating programmes into action and to sustain momentum (Menec and Brown 2022; Sixsmith et al. 2023). A shared vision was important during the development of age-friendly programmes to inspire multi-level leadership to regional and local government levels. The top-down leadership commitment from all levels of government needed multi-sectoral and multi-stakeholder support (Neville et al. 2016; Menec and Brown 2022; Sixsmith et al. 2023; Syed et al. 2017). Political commitment was essential for the development of age-friendly programmes and initiatives and to progress from development to implementation (Menec and Brown 2022; Sixsmith et al. 2023). Change of government and resetting priorities could threaten the momentum resulting from tension between different political goals and interests (Menec and Brown 2022).

#### 4.1.3 | Inclusivity and Diversity

How the diversity of the older adult population was captured in the development of age-friendly initiatives was identified. Existing structures and inequities should be examined when planning age-friendly endeavours (Sanchez-Gonzalez et al. 2020; Sixsmith et al. 2023; Wood et al. 2022). This included establishing early in the development stage who would benefit from initiatives and who would be excluded. For example, initiatives may be preferential for specific groups and, by default, exclude others (Menec and Brown 2022). Development, implementation, and sustainability of age-friendly programmes were more challenging in fragmented communities with diverse needs (Montayre et al. 2022). Notwithstanding, the design of programmes should have equity at the forefront (Sixsmith et al. 2023). For example, considering the needs of minority groups, LGBTQ communities, diverse ethnic, migrant, cross-cultural communities, refugees, and older adults on the margins of society would encourage social engagement and meaningful contribution to society (Liebzeit et al. 2023; Sanchez-Gonzalez et al. 2020; Steels 2015; Syed et al. 2017; Torku et al. 2021; Wood et al. 2022). There was a need to ensure specific cultural differences were considered in the development stage to suit specific populations (Wood et al. 2022). The age-friendly framework, with its holistic approach, was useful to frame social isolation and loneliness. Yet, there were questions about how the age-friendly framework could be adapted to issues of increasing urban complexity such as immigration, ethnic enclaves, refugees, and increasing poverty and homelessness (Syed et al. 2017). There were implications for how age-friendly programmes were developed in collectivist versus individualistic societies. For example, a greater emphasis on the top-down leadership from government-led initiatives may suit collectivist more than individualistic societies (Torku et al. 2021). Sixsmith et al. (2023) cautioned against age silos and framing older adults as a homogenous group, both of which could promote stigmatisation and marginalisation of older adults. For example, there was a risk of excluding those of advanced age, who constitute the fastest growing sub-group within older adulthood, with an emphasis on active ageing (Sanchez-Gonzalez et al. 2020). There were social and environmental risks that could impact, for example, social isolation, abandonment, and inaccessibility of public services and spaces (Sanchez-Gonzalez et al. 2020; Sixsmith et al. 2023; Wood et al. 2022).

#### 4.1.4 | Older People at the Centre

Most reviews identified the important role older people have in the development of age-friendly programmes and initiatives. Older people should be engaged as leaders in setting priorities related to their unique needs (Liebzeit et al. 2023; Menec and Brown 2022; Montayre et al. 2022; Neville et al. 2016; Sanchez-Gonzalez et al. 2020; Sixsmith et al. 2023; Steels 2015; Torku et al. 2021; Wood et al. 2022). This included developing an action plan within age-friendly programmes that represented the priorities of older adults; their active participation increased the chance of successful implementation and sustainability (Menec and Brown 2022; Torku et al. 2021). Conversely, success could be compromised by the limited involvement of older adults in the identification of needs and solutions or their differing knowledge and experience levels (Sanchez-Gonzalez et al. 2020). Sometimes the narrative of involving older people in community-level development was used for political gain rather than as genuine collaboration (Menec and Brown 2022; Sanchez-Gonzalez et al. 2020). Participation should ideally be extended to co-creation methodologies and methods (Liebzeit et al. 2023), for example, Citizen Science, a 'by the people approach' where older people actively participate in data collection, analysis and dissemination of research results (Wood et al. 2022). Tackling ageism was necessary as age-based discrimination was a barrier to developing age-friendly initiatives. Where necessary the debate should be redirected towards inclusion (Sanchez-Gonzalez et al. 2020) or seeking legal measures to protect older peoples' rights (Torku et al. 2021). Addressing ageism included countering the dependency narrative and highlighting the active role older people play in place-making in their communities (Montayre et al. 2022; Torku et al. 2021).

#### 4.1.5 | Local Level Versus National Level Development

Having the right balance between top-down (policy-driven) and bottom-up (local input) involvement was important for planning and developing age-friendly programmes and initiatives. The bottom-up approach was necessary to establish what mattered to individual older people and their groups (Sixsmith et al. 2023; Wood et al. 2022). Likewise, assessing the readiness of organisations to adapt and change to the needs and priorities of the ageing population had to be considered (Liebzeit et al. 2023). As already mentioned, fostering the contribution of older people was central to a bottom-up approach (Menec and Brown 2022; Montayre et al. 2022; Neville et al. 2016; Sixsmith et al. 2023). Local 'champions' were important for rallying support at the local level. On the contrary, reliance on specific people could threaten programmes and initiatives (Liebzeit et al. 2023; Menec and Brown 2022). A no 'one-size-fits-all' situation existed in the bottom-up approach due to heterogeneous local structures (Liebzeit et al. 2023). It was important to harness the local strengths and capabilities (Montayre et al. 2022). Development should involve identifying agendas and programmes with common or shared goals. For example, the age-friendly movement shares goals with 'smart' urban design in improving the accessibility of the physical environment and encouraging people's participation in civic society (Torku et al. 2021). Likewise, there were benefits to all ages in fostering intergenerational activities (Liebzeit et al. 2023). Local government responsibilities did not

always extend to all domains of age-friendly initiatives; for example, health services were often under the jurisdiction of regional or central government (Menec and Brown 2022). Therefore, development depended on matching the approach to the local context (Torku et al. 2021). Age-friendly development has mostly been studied in non-institutional contexts. Broader contexts for age-friendly systems need to be considered at the local level; for example, institutional settings and the different levels of health-care (Liebzeit et al. 2023; Sanchez-Gonzalez et al. 2020).

## 4.2 | Implementation

### 4.2.1 | Collaboration

Once age-friendly programmes and initiatives were developed, successful implementation required ongoing collaboration across diverse partnerships including multiple government departments, non-government organisations (NGO), the private sector, researchers, global organisations, that is, WHO and UN and local community stakeholders (Liebzeit et al. 2023; Menec and Brown 2022; Neville et al. 2016; Sanchez-Gonzalez et al. 2020; Sixsmith et al. 2023; Syed et al. 2017; Wood et al. 2022). Successful implementation of initiatives was linked to central government policies focused on collaboration across multiple policy domains and relevant organisations. Yet success was contingent on the extent to which policies mandated collaboration between government and non-government organisations (Syed et al. 2017). Eliminating silos within the government could address national priorities, for example, public transport, housing, social welfare, finance and immigration (Neville et al. 2016; Sixsmith et al. 2023; Syed et al. 2017). Barriers to effective collaboration included competing interests, tension between government departments, funding constraints at central and local levels and conflict in leadership at the local level (Menec and Brown 2022). It was important to ensure age-friendly steering committees had clear roles and responsibilities, especially between the committee members and staff (Menec and Brown 2022).

### 4.2.2 | Funding

To move from programme development to implementation, funding was crucial (Liebzeit et al. 2023; Menec and Brown 2022; Montayre et al. 2022; Neville et al. 2016; Sanchez-Gonzalez et al. 2020; Sixsmith et al. 2023; Syed et al. 2017; Torku et al. 2021; Wood et al. 2022). Fiscal constraints were a constant threat to the implementation of initiatives (Syed et al. 2017). There were concerns about the unequal progress of age-friendliness in developing countries that lacked the financial capacity to implement age-friendly programmes (Sanchez-Gonzalez et al. 2020) or where the financial commitment was inadequate (Syed et al. 2017). With scarce resources, it was important to consider what existing structures and resources could be utilised or adapted, for example, modifying and regenerating existing neighbourhoods. However, there were implications for older adults ageing in place from regeneration; that is, gentrification could result in the exclusion of long-term residents and loss of social connectedness and cohesion (Wood et al. 2022). Notwithstanding, it was prudent to assess how action plans

could be entrenched in local services and integrated with other strategies (Menec and Brown 2022) and alignment with the UN Sustainable Development Goals.

#### 4.2.3 | Locally Driven

While it was important to have national and local government commitment and support, equally, successful implementation relied on community buy-in and ongoing involvement (Menec and Brown 2022; Sanchez-Gonzalez et al. 2020; Steels 2015). Although initiatives needed to address age-friendliness, they needed to be contextual and relevant to the diverse needs of communities (Wood et al. 2022). Local knowledge and skills were important for embedding initiatives at the community level. To be effective, initiatives needed to be designed for the local situation and supported by older people who spend time in their local communities. For example, attachment to place and insider knowledge were important community strengths that could drive implementation (Sanchez-Gonzalez et al. 2020). This should involve empowering older people in the local community to ensure their priorities are being addressed (Neville et al. 2016; Sanchez-Gonzalez et al. 2020; Sixsmith et al. 2023; Syed et al. 2017). Local community champions were important for the ongoing promotion of the age-friendly approach, driving enthusiasm and keeping momentum (Menec and Brown 2022). It was strongly recommended that both top-down and bottom-up approaches were harmonious. Although locally driven, ongoing political commitment and support were crucial factors during implementation (Menec and Brown 2022). Rural communities were often at a disadvantage in implementing age-friendly initiatives due to population size, changing demographics from outmigration of younger people, lack of local infrastructure to support implementation, and tighter fiscal conditions (Liebzeit et al. 2023; Menec and Brown 2022; Neville et al. 2016). On the contrary, rural characteristics such as the degree of rurality and ageing demographic could both help and hinder age-friendliness. For example, remote communities with a high percentage of older adults could be more cohesive and supportive, while others had difficulty with access to essential services (Liebzeit et al. 2023; Menec and Brown 2022; Montayre et al. 2022; Neville et al. 2016).

### 4.3 | Sustainability

#### 4.3.1 | Resourcing

Ongoing funding was crucial to the sustainability of age-friendly programmes and initiatives (Liebzeit et al. 2023; Neville et al. 2016; Sanchez-Gonzalez et al. 2020; Sixsmith et al. 2023; Steels 2015; Torku et al. 2021; Syed et al. 2017). While political commitment to funding age-friendly programmes was fundamental to long-term sustainability, it was important to secure funding at the regional level for local initiatives (Neville et al. 2016). Sustainability was threatened when financial grants ended (Liebzeit et al. 2023; Menec and Brown 2022). Finding creative solutions, for example, embedding or partnering with other environmental plans and services could improve sustainability (Liebzeit et al. 2023; Torku et al. 2021). Factors that threatened sustained funding included austerity of public

spending, lack of evidence on financial incentives, and cost of ongoing skills training to support initiatives (Sanchez-Gonzalez et al. 2020). Low-resourced countries struggled to sustain funding long-term (Liebzeit et al. 2023). Rural communities had more difficulty sustaining age-friendly initiatives and services for older people (Liebzeit et al. 2023). Although sustainability is multifactorial, sharing services and resources between communities as part of local initiatives has been successful in some rural settings (Neville et al. 2016). To ensure continuity of funding, it was important to establish a return on investment or cost savings (Liebzeit et al. 2023). More evidence on how initiatives impacted the lives of diverse older people was required to justify initiatives and drive momentum to support sustainability, for example, tracking long-term outcomes with longitudinal studies (Wood et al. 2022).

### 4.4 | Momentum

It was important to maintain the momentum of age-friendly initiatives upholding the shared vision established in the development stage. This included ongoing promotion and sustained collective commitment from all levels of government, community stakeholders, and older people (Sanchez-Gonzalez et al. 2020). Volunteer capacity needed to be considered especially in small rural communities. Volunteer burnout could threaten the sustainability of programmes. Therefore, succession planning should be embedded in age-friendly planning to ensure sustainability (Neville et al. 2016). Lack of public awareness could limit the success of initiatives that could be considered age-friendly. For example, the role of neighbours in the design and success of interventions (Sanchez-Gonzalez et al. 2020). Community dynamics could affect sustainability (Sanchez-Gonzalez et al. 2020). A strong sense of community and harnessing existing strengths were important factors for sustainability (Liebzeit et al. 2023; Menec and Brown 2022; Montayre et al. 2022). Continuous improvement of age-friendliness with monitoring and regular assessments, supported by community-led decision making, led to improved sustainability (Sanchez-Gonzalez et al. 2020).

#### 4.4.1 | Evaluation of Outcomes

Sustainability relied on evidence that showed outcomes and impact of initiatives. However, there was a lack of evaluation research to show the impact of age-friendly initiatives on the lives of older people (Liebzeit et al. 2023; Montayre et al. 2022; Menec and Brown 2022; Neville et al. 2016; Sanchez-Gonzalez et al. 2020; Sixsmith et al. 2023; Steels 2015; Syed et al. 2017; Torku et al. 2021; Wood et al. 2022). Further, it was important to demonstrate a return on investment to sustain a commitment to funding (Liebzeit et al. 2023). The challenges of gaining evidence from hard-to-reach groups such as older adults who were mentally unwell, homeless, living in poverty, dealing with substance abuse, and victims of elder abuse were highlighted (Syed et al. 2017). Likewise, perspectives and experiences of older adults with physical and cognitive disabilities and advanced age were needed (Sanchez-Gonzalez et al. 2020). Ideally, evidence should come from multiple sources across and within communities to assess outcomes (Syed et al. 2017).

Interdisciplinary research that included environmental gerontology, health and social sciences, engineering, geography, and environmental sciences was required (Sanchez-Gonzalez et al. 2020). Evaluation across the age-friendly domains has shown improvement in transportation, housing, social participation, and inclusion. Conversely, outcomes for health, both physical and psychological, have been less favourable (Sanchez-Gonzalez et al. 2020). Likewise, longitudinal research is needed to measure the effectiveness of age-friendly initiatives over time (Neville et al. 2016; Sanchez-Gonzalez et al. 2020; Sixsmith et al. 2023; Wood et al. 2022) including outcomes for social isolation and loneliness over time (Syed et al. 2017). Standardised tools and checklists focused on healthy and active ageing were useful in the suite of methods to measure age-friendly outcomes and to support sustainability (Menec and Brown 2022; Neville et al. 2016; Sanchez-Gonzalez et al. 2020; Sixsmith et al. 2023; Steels 2015). Additionally, qualitative and mixed method studies from diverse groups and contexts were imperative to ensure evidence included the nuanced perspectives of older adults' interaction with their environment (Menec and Brown 2022; Neville et al. 2016; Sanchez-Gonzalez et al. 2020; Syed et al. 2017; Wood et al. 2022). More evidence was required on how gender, ethnicity, and diverse backgrounds and their intersections influenced age-friendly outcomes (Neville et al. 2016; Sixsmith et al. 2023; Syed et al. 2017). Co-production and co-creation methods should be woven into the research design (Wood et al. 2022). Finally, more evidence from rural and remote contexts was needed in developing impactful age-friendly programmes, considering that population ageing was occurring fastest in rural areas in many countries (Liebzeit et al. 2023; Montayre et al. 2022; Neville et al. 2016; Sanchez-Gonzalez et al. 2020; Steels 2015). Community size, degree of rurality, and proximity to urban centres needed to be considered (Sanchez-Gonzalez et al. 2020). There was also a marked lack of evidence from developing and low-income countries that were starting to address the reality of ageing populations (Steels 2015; Torku et al. 2021). Linking evaluation research to the UN Sustainable Development Goals was a way countries could support the development, implementation, and sustainability of age-friendly programmes (Sanchez-Gonzalez et al. 2020).

## 5 | Discussion

This umbrella review synthesised the findings from 10 reviews on the development, implementation and sustainability of age-friendly programmes and initiatives. Population ageing has become a political priority in the developed world over the last two decades and is now being recognised as an important issue for many developing countries (WHO 2020). The complexity and diversity of urban environments and heterogeneity of older adults ageing in place has highlighted the importance of carefully considering who would benefit most from age-friendly programmes. Marginalised older adults were often overlooked during the development stage. Factors that prohibited implementation were lack of central government mandate and 'buy-in', a siloed approach to policy portfolios, change in government and leadership, and lack of funding. Although developing countries are beginning to instigate policies that address their ageing population, little is known about the impact of age-friendly programmes on collectivist cultures. The AFCC

conceptual framework provides a holistic model that can be used across political portfolios. A lack of evidence on the effectiveness of age-friendliness related to older adults' well-being and cost-effectiveness has an impact on the sustainability of age-friendly programmes.

### 5.1 | Implications for Policy

The global policy context provided direction and impetus for developing age-friendly programmes. Recognition of the ageing population at a national government level was important to ensure high-level policy commitment and funding. Commitment from all levels of government towards a shared vision of age-friendliness was central to developing effective age-friendly programmes. Addressing siloed government departments, where services for older adults are typically governed by a separate portfolio, would facilitate a more creative approach to older adults' needs and aspirations when developing, implementing, and sustaining age-friendly programmes. For example, capitalising on synergies with Smart Cities could address some of the barriers to implementing AFCC initiatives (Torku et al. 2021).

The similarities between the age-friendly agenda and sustainability and climate change policy have been recently emphasised (Dabelko-Schoeny et al. 2024). It can be argued that both policy areas share the same need for a coordinated and integrated policy response, especially related to the physical environment, transportation, housing, economic development, and education. Although governments have recognised the benefit of collaboration across boundaries in the climate change arena, issues related to population ageing have largely remained siloed (Keyes et al. 2022). Horizontal collaboration across government departments in the development and implementation of age-friendly programmes may offer improved sustainability of programmes, particularly when there is a change of government and leadership (Pope et al. 2024).

### 5.2 | Implications for Practice

The findings of this review emphasise the active involvement of older adults at the grassroots level as being essential to the successful development and implementation of age-friendly programmes. Incorporating older adults' goals and aspirations in the development stage of age-friendly initiatives has shown to improve sustainability and increase the likelihood that the desired outcomes were older adult-centred rather than politically motivated. Older adults were well placed to identify local priorities and how initiatives might work at the local community level. Their knowledge of local communities and commitment to improving their neighbourhood environment provides a solid foundation for age-friendly programmes and initiatives. Including aged residential care as an extension of the community should lessen the segregation of older adults and involve them more fully in community development (Sanchez-Gonzalez et al. 2020).

Having age-friendly 'champions' who represent local older adults, as well as formal age-friendly steering groups enhanced development and implementation. Several factors were found to

interfere with the ongoing participation of older adults in age-friendly programmes including lack of volunteer capacity and variable skills expertise. Volunteer capacity was identified as problematic, especially for rural communities and was linked to a lack of sustained funding and volunteer burnout. Older adults were keen to upskill and be part of participatory and co-creation research. Therefore, to ensure all older adults had opportunities to be included in age-friendly programmes and to address the barriers to inclusion of diverse groups of older adults in planning age-friendly initiatives, there needed to be equitable access to upskilling, resources and assistive technologies (Sanchez-Gonzalez et al. 2020).

Multi-stakeholder collaborations and partnerships across government departments, NGOs and the private sector were crucial to developing, implementing and sustaining age-friendly programmes and initiatives. This included having a multi-level commitment to the age-friendly agenda and funding to maintain the momentum of programmes. Top-down commitment and funding support for age-friendly programmes were essential to sustainability. This includes ensuring a return on investment and that resource utilisation is managed efficiently (Liebzeit et al. 2023). At the community level, participatory research and co-creation where older adults were actively engaged in research design and methods to plan age-friendly programmes were identified as the gold standard (Menec and Brown 2022). This inclusive approach required coordination and commitment across multiple health, well-being and environmental disciplines. Moreover, there is a need to recognise older adults as a heterogeneous group and to address both covert and overt discriminatory practices that are endemic within Western communities (Kagan 2024). Doing so will positively influence the political will of local and central governments and their commitment to ensuring our communities are appropriate places for older adults to age in.

### 5.3 | Future Research

The review identified several avenues for future research on the development, implementation, and sustainability of age-friendly programmes. Most notable was the lack of longitudinal evaluation research to measure and qualify the impact of age-friendly programmes on older adults' well-being over time (Menec and Brown 2022; Montayre et al. 2022; Neville et al. 2016; Sanchez-Gonzalez et al. 2020; Steels 2015). This had implications for sustainability as continuity of commitment and funding relied on empirical evidence. However, reliable and meaningful outcome measures that could be compared across diverse environments were recognised as being needed (Neville et al. 2016; Sixsmith et al. 2023; Steels 2015). The importance of designing urban environments to meet the needs and aspirations of older adults was identified as central to age-friendly programmes, yet little is known about the views and perspectives of diverse groups of older adults ageing in place in their communities (Menec and Brown 2022; Neville et al. 2016; Syed et al. 2017; Wood et al. 2022). For example, more nuanced understanding was required of the cultural and socioeconomic influences in low-income countries where there were fewer resources to implement and sustain age-friendly programmes (Steels 2015). Likewise, there were gaps in how different environmental

contexts impacted age-friendliness, such as seasonal weather changes and climate changes (Steels 2015). Qualitative and mixed methods studies would provide more nuanced data on the experience of diverse groups of older people, complementing the cross-sectional survey data commonly collected for assessing age-friendliness (Syed et al. 2017).

Current research is heavily focused on urban settings with very limited attention to rural and remote communities. Evidence of successful AFCC interventions and programmes implemented outside urban areas (rural, remote, sub-urban) could offer useful insights into community dynamics, as well as existing family and other support systems, particularly from collectivist cultures in close-knit settings. Barriers to age-friendliness faced by culturally and linguistically diverse and other minority groups also require further exploration (Wood et al. 2022). Finally, few AFCC studies have been undertaken in low and middle-income countries and this is an important and significant gap that needs to be addressed.

### 5.4 | Limitations

Undertaking an umbrella review is still a relatively new methodology and, as such, three main limitations have been identified. The first is the distance from the original study findings, which were not directly utilised in the analysis presented in the current review. Secondly, while undertaking an umbrella review requires demonstrating a robust, comprehensive and auditable process, there remains a reliance on the quality of the interpretations of the researchers undertaking the original studies. Thirdly, this review only incorporated literature where extant reviews were readily available via library database searches. This potentially excluded other relevant reviews from non-English language sources or those from developing countries.

## 6 | Conclusion

This umbrella review has synthesised reviews undertaken on the development, implementation, and sustainability of AFCC research. The findings are highly relevant to policymakers, practitioners from a range of professional practice disciplines, and researchers. Longitudinal and evaluation research is required to determine the long-term sustainability of AFCC programmes. More evidence is also required on the success of programmes in marginalised communities and low-to middle-income countries. Designing appropriate environments for ageing in place has far-reaching implications for the health and well-being of communities, especially for oldest citizens. This is particularly salient in this time of unprecedented population ageing. Nurses should have an understanding of the broader determinants of health, including ensuring the physical and social environments where older adults age in are fit for purpose.

### Author Contributions

**S. Neville:** conceptualisation, data analysis, project administration, writing of manuscript. **S. Napier:** conceptualisation, data analysis, writing of manuscript. **J. Montayre:** data checking, review and editing manuscript. **M. Silulu:** conceptualisation, data collection, data

analysis, resources, writing of manuscript. **E. Tautolo:** conceptualisation, review and editing manuscript.

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## Conflicts of Interest

The authors declare no conflicts of interest.

## Data Availability Statement

The data supporting the findings of this umbrella review are available on request from the corresponding author.

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## Supporting Information

Additional supporting information can be found online in the Supporting Information section.