Atlanta Regional Commission

2026-2031

LIVE BEYOND EXPECTATIONS REGIONAL STRATEGIC PLAN

ONE great REGION

August 2026

Atlanta Regional Commission Strategic Framework

VISION

ONE **great** REGION

MISSION

Foster thriving communities for all within the Atlanta region through collaborative, data-informed planning and investments.

VALUES

Excellence | Integrity | Equity

GOALS

- **Healthy, safe, livable communities** in the Atlanta Metro area.
- **Strategic investments** in people, infrastructure, mobility, and preserving natural resources.
- Regional services delivered with **operational excellence** and **efficiency**.
- **Diverse stakeholders engage** and take a regional approach to solve local issues.
- **A competitive economy** that is inclusive, innovative, and resilient.

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Executive Summary

In 2019, the Atlanta Regional Commission (ARC) Board approved the Live Beyond Expectations (LBE) 2020-2025 regional plan. This strategic framework aimed to (re)direct initiatives within ARC, particularly the Aging and Independence Services (A&IS) department, that could influence both the length and quality of life at the local level. The original plan acknowledged the roles that upstream drivers like geography, infrastructure, environment, and socioeconomic status play in an individual's health outcomes. It also explored the geographic patterns of different life expectancies across the Atlanta region.

The Live Beyond Expectations Regional Strategic Plan 2026-2031 (LBE 26) expands this work, engaging deeply with focus neighborhoods to better understand solutions and supports that can improve the health and well-being of residents, especially those who are older and/or living with disabilities. LBE 26 begins as the Atlanta Regional Commission kicks off implementation of its Age-Friendly Action Plan, informed heavily by *Live Beyond Expectations 2020-2025* (LBE 20). ARC's Age-Friendly framework reflects its regional scope and leverages the agency's county partnerships. LBE is distinct in its local approach, where impacts of regional and county level drivers are sometimes most clearly understood.

LBE reinforces ARC's investments in neighborhoods where both health outcomes and opportunities for economic mobility have historically been lowest. The 2020 framework highlighted some of the largest disparities in the region, including a 24-year difference in life expectancy between census tracts where residents have the highest life expectancy at 87 years and the lowest life expectancy at 63 years. Census tracts are the smallest geographic area at which life expectancy data is available, and while they do not mimic existing neighborhoods or represent cohesive communities, they do provide a meaningful approach to understanding local-level impacts. Recognizing that life expectancy is shaped by numerous and complex factors, the report concluded that a long-term, interdisciplinary approach, rooted in data, is the region's greatest hope for overcoming this lifespan gap.

Quality and length of life are multigenerational trends that are unlikely to be fully reversed in just six years. This report documents the progress achieved as of 2025 and highlights the effectiveness of a place-based strategy in addressing the vital conditions for well-being. It remains true that the agency has a deep reserve of resources, including research and data analysis and community planning in transportation, housing, arts, and employment sectors, along with deeply committed community partners and a federal mandate to plan, advocate, and provide services for older adults, prioritizing those with the greatest social and economic needs. ARC is committed to working toward the goal that everyone, regardless of their location, can age well in a supportive community. In LBE 26, ARC will continue to develop innovative approaches to disrupting long-standing differences across the region, remaining focused on supporting healthy, safe, and livable communities.

Guided by ARC's mission to foster thriving communities for all within the Atlanta region through collaborative, data-informed planning and investments, the Live Beyond Expectations (LBE) 2026-2031 Strategic Framework seeks to understand and address variables that impact holistic health and wellness outcomes. The plan includes eight aims:

- Communicate recommendations from LBE 2020-2025 broadly throughout the region
- Develop new metrics for understanding health and wellness impacts
- Describe and record the conditions in each focus tract and more broadly
- Identify which LBE 2020-2025 objectives should continue
- Identify and work to solve obstacles to completing LBE 2020-2025 objectives
- Determine new objectives shaped by communities
- Identify an accountability framework
- Prioritize updated objectives using data, expertise, and community input

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This framework is contestualized within ARC's Strategic Goals. This effort, spearheaded by the Aging & Independence Services Department, which functions as the region's Area Agency on Aging, applies to the 10-county AAA service area: Cherokee, Clayton, Cobb, DeKalb, Douglas, Fayette, Fulton, Gwinnett, Henry, and Rockdale.

Background: Live Beyond Expectations 2020-2025

For the duration of the previous iteration of LBE, ARC, working closely with a steering committee composed of internal and external members, sought to pursue its objectives creatively. At times, this work was highly experimental. Measuring the effect of local changes on life expectancy takes decades. The shifting landscape of public health throughout the plan's timeframe, including the COVID-19 pandemic, exacerbated these challenges. Nonetheless, ARC made progress toward accomplishing the objectives outlined in the plan. This section highlights the achievements and efforts made toward each goal, as well as the opportunities for continuation identified for the LBE 2026-2031 period.

Inventory Key Areas of Focus

Strategies

- Identification of low-life expectancy (LLE) census tracts using the U.S. Small Area Life Expectancy Estimates Project in each county[1]
- Production of County Snapshots, which compared vital conditions in the lowest and highest life expectancy tracts in each county
- Focus groups held with residents of each Low-Life Expectancy (LLE) census tract, lasting 120 minutes and facilitated in a community resource center within or near the census tract or on Zoom to maximize accessibility
- Prioritization events where larger groups of residents were asked to prioritize and contextualize the focus group findings at community events located within or near the census tract
- Stakeholder feedback where service providers, elected officials, healthcare professionals, and other related parties were asked to provide context and direction to the prioritization and focus group efforts
- Life expectancy tracker where quantitative variables from the American Community Survey and the Metro Atlanta Speaks Survey were continually monitored and updated yearly

Live Beyond Expectations Top Issues

Cherokee Affordable Housing, Increased Transportation Options

Clayton Affordable Housing, Safety*

Cobb Youth Activities, Community Activities, Walkability**

DeKalb Affordable Housing, Road Maintenance

Douglas Affordable Fresh Food, Community Activities

Fayette Affordable Fresh Food, Walkability, Community Programming**

Fulton Affordable Housing, Homelessness Resource

Gwinnett Affordable Housing, Affordable Healthcare

Henry Affordable Housing, Increased Transportation

Rockdale Youth activities, Increased Communication and Resources

*Those voting for safety in Clayton expressed that this was due to a lack of community spaces and programming for youth, so it's been coded alongside services
**Third issue only denoted if there was a tie or a very close count between second and third place

[1] See "Zooming in on the 10 Counties" *County Snapshots*, *https://atlantaregional.org/what-we-do/aging-services-and-resources/aging-health-planning/live-beyond-expectations-strategic-plan-2020-2025/*.

Achievements

These efforts produced data that is both quantitatively and qualitatively rich, shedding light on the experiences and conditions of LLE areas. Between each phase of community engagement, this project involved many more participants than previous efforts to gather public input within A&IS. The team held over 30 events over two years to sustain this dedicated inquiry, with some events drawing several hundred residents. In each census tract, the findings became clearer at each stage, providing reassurance that the research was uncovering genuine patterns and helping to focus the team's efforts on actionable goals.

Across each county, the specific focuses varied slightly.[2] However, throughout the region, housing, transportation, and community programming consistently emerged as the top concerns for participants.

Opportunities for Continuation

In the coming years, this work can be further improved through ongoing efforts to listen, translate, and investigate resources, concerns, and disparities in LLE census tracts. Although this process was thorough, it is now several years old. More opportunities for iterative feedback beyond the initial phases will allow ARC to continue developing targeted interventions. Focus groups with more experienced facilitators and additional resources for transcription and analysis will yield more rigorous results, supported by staff expansion and strategic partnerships established since the first rounds. Additionally, there will be opportunities to incorporate holistic health and wellness measures into other engagement efforts,such as the annual Metro Atlanta Speaks survey. Greater alignment, reflection, and repetition will benefit the next chapter of this plan.

Enhance Existing Partnerships and Expand Engagement with New Partners

Strategies

- Partnered with service providers in each LLE tract to identify residents for focus groups in 2022
- Facilitated a webinar for local elected officials in 2022, sharing the findings of focus groups in the LLE area
- Updated county snapshots to include learnings from community engagement
- Held quarterly steering committee meetings with stakeholders from across the region to provide input on plan execution
- Hosted Live Beyond Expectations Summit in May 2025, inviting service providers, municipal staff, and local elected officials to a day-long program of sharing information and resources, discussion, and planning exercises

[2] See "Zooming in on the 10 Counties" *County Snapshots*, *https://atlantaregional.org/what-we-do/aging-services-and-resources/aging-health-planning/live-beyond-expectations-strategic-plan-2020-2025/*

- Achieved designation as an Age-Friendly region in July 2024, partnering with AARP to bolster planning efforts for older adults, and including LBE as the strategic frame for adopting Age-Friendly Communities in the Region
- Launched a mini-grant program in 2024-2025, providing 50 organizations with $3,000 to pilot or expand place-based initiatives in LLE communities
- Created a video tool to explain the work that the AAA does to a general audience in 2025

Achievements

These efforts successfully integrated LBE into broader planning initiatives and fostered strong relationships. By building relationships early through focus groups, the rollout of the later mini-grant program was successful, attracting many applicants aligned with LBE's goals. The LBE summit attracted representatives from every county within the AAA service area. The Age-Friendly designation served as a meaningful recognition of the region's progress in becoming a place where all older adults can age well.

Opportunities for Continuation

This work will continue as the team builds new relationships and maintains existing partnerships. Opportunities to strengthen these relationships through mechanisms such as newsletters, more formal gatherings, and repeated, structured engagement will support these efforts, expand outreach and increase understanding of the conditions that promote healthy aging.

Increase Awareness of Disparities in Life Expectancy and the Factors that Drive Them

Strategies

- Participated in existing information-sharing collaboratives at the local and county level by attending sessions focused on health equity and presenting regular updates on LBE
- Presented to individual internal and external partners upon invitation, including the ARC Community Planner's Academy, Atlanta Legal Aid, various county commissions and boards of health, Piedmont Health Systems, and professional organizations such as the Georgia Gerontology Society, the Southeastern Association of Area Agencies on Aging, and the Southern Gerontology Society
- Held LBE Summit in May 2025, sharing findings and opportunities for intervention
- Analyzed client data for aging services and incorporated findings into the technical assistance and quality monitoring process
- Provided input to internal ARC departments and workgroups, using LBE learnings to inform engagement with other ARC planning processes such as Developments of Regional Impact, Climate Connections Workgroup, the Regional Development Plan, Human Services, and Transportation, and GA Commute Options

Achievements

By collaborating with a diverse network of partners, the team was able to leverage informal relationships to connect with new partners beyond their initial reach. Presentations were consistently well-received and often prompted requests for further engagement or additional resources.

In reviewing client access served by ARC-funded providers, the team noted an average 17% rise in clients benefiting from ARC aging services grants in LLE areas across the region. In 2024, older adults in LLE areas were twice as likely to receive services compared to older adults throughout the entire region.

Opportunities for Continuation

The consistently positive feedback regarding speaking engagements and slide decks that the team received shows the value of continuing these efforts. Due to the five-year timeframe, anecdotal successes could not be thoroughly evaluated, providing an opportunity for further analysis. Additionally, different types of partners may be attracted to specific explanations or data that others might not, leading to varying understandings or limited awareness. Ongoing research can explore these questions, and future studies can build on this work by including more systematic follow-ups and further examining the results.

Marshal Resources to Address Disparities

Strategies

- 2022-2023 External education and non-monetary support for projects, including:
  - Colocation of Fayette Health Clinic in the LLE tract by the Fayette County Board of Health.
  - Good Samaritan Health Clinics in Fulton LLE tract.
  - Mercer Health Equity Navigator outreach in Henry and Fayette LLE tracts.
  - Scholarships for after-school programs in Cobb LLE tract by the Community Foundation for Greater Atlanta, connecting them to eligible providers.
  - Senior-focused community events in DeKalb LLE tract with DeKalb Human Services.
  - Support for DeKalb Health and Housing Collaborative launch with DeKalb Human Services.
  - Incorporation of LLE tract partners into the Advisory Committee on Aging through citizen member participation
- 2025-2026 Mini-Grant Programs
  - These programs were highly flexible, targeted grants of up to $3,000 that funded projects in LLE communities aimed at piloting or expanding access to a program that addresses one of the needs identified through our community engagement. This initiative supported 50 organizations across more than 40 projects. This report will highlight three case studies to showcase the breadth of this work.
    - AID Atlanta: Member Emergency Assistance Fund

> *This grant allowed us to provide critical resources that directly address transportation and food insecurity—two barriers that often prevent individuals from accessing HIV essential services.*

    - Foodwell Alliance

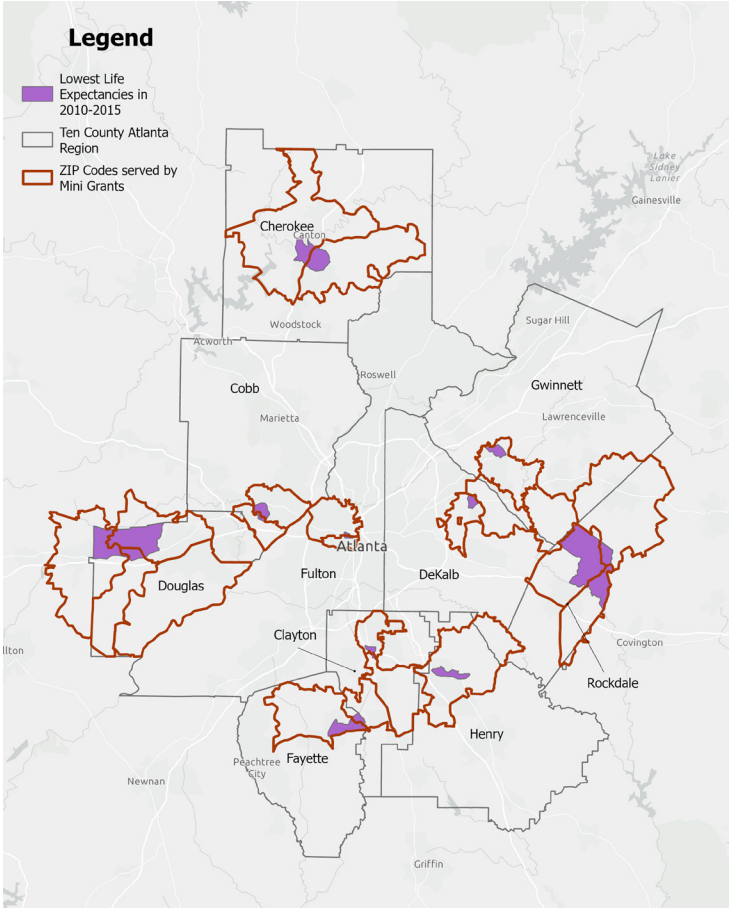
> *For this specific mini-grant project, we addressed the need for long-term access to fresh, locally grown produce by planting a new orchard in the garden at Pat Maxwell's Place. Pat Maxwell's is a restaurant located at 2710 Jefferson Street, Austell, GA 30168, in a neighborhood identified by ARC as experiencing extreme health disparities. It is also located within an EPA-IRA Disadvantaged Community. Once fruit begins producing for an average orchard, the orchard has the potential to provide 9,800 annual servings of fruits, nuts, and berries grown without artificial pesticides or fertilizers (economic value of $8,000+ annually). Over a 20-year period, this equates to 212,281 servings, with an economic value exceeding $150,000.*

    - NETWorks Cooperative Ministry

> NETWorks Cooperative Ministry provided $3,000 in emergency rental assistance to stabilize housing for five individuals experiencing homelessness or housing insecurity within the 30087 ZIP code. This included three women over the age of 60 who formed a shared living arrangement, and a single grandmother over 60 caring for her dependent grandchild with developmental disabilities.

Figure 1. Low-Life Expectancy Tracts

A map of the Atlanta region that shows where the mini-grant programs occurred (red outline) and where the LLE tracts are (shaded purple).



The mini-grant cycles provided funding opportunities for community initiatives that typically wouldn't receive support through ARC's traditional, often larger grant processes. These mini-grants impacted neighborhood-level programs by offering funding of $3,000 or less for initiatives within LLE communities. ARC estimates that over 2,000 residents in LLE communities received direct services such as food deliveries, transportation assistance, utility bill or rent relief, health workshops, or free community programming. This work was highly adaptable and directly responded to the priorities residents identified during ARC's community engagement. Besides the material benefits, these partnerships played a key role in increasing ARC's visibility among smaller community-based organizations, positioning the agency as a connector in tangible improvements to people's lives.

As LBE 2020-2025 came to a conclusion, AARP Georgia named ARC as an Age-Friendly Region. Reflecting the agency's dedication to ensuring all residents of the Atlanta Region live healthy lives, the program provides resources to help participants plan and develop initiatives supporting the 8 Domains of Livability: outdoor spaces and buildings; transportation; housing; social participation; respect and social inclusion; work and civic engagement; communication and information; and community and health services. LBE serves as the

strategic approach used to create *ARC's Age-Friendly Action Plan*, offering a unique framework to incorporate Age-Friendly concepts that align with the region's specific focus on serving those most in need, so that all residents can thrive.

Points for Continuation

As mentioned earlier, ARC aims to develop more thorough follow-up and evaluation processes for non-monetary projects. Often, ARC provided educational resources on an issue and learned about a resulting project. However, the agency did not always have sufficient information to confirm causation or determine how much our efforts contributed compared to other factors. Additionally, the agency hopes to keep increasing focus on specific neighborhoods, maintaining its emphasis on micro-place-based approaches. This can be challenging at times because most organizations serve larger areas, such as county-wide boards. Communicating the importance of neighborhood-level efforts in these broader contexts can be difficult. Nevertheless, ARC has successfully partnered with county and regional entities before and looks forward to expanding these collaborations. Since being recognized as an Age-Friendly region, the LBE process has integrated AARP's framework as a valuable guide for understanding vital conditions. Expanding partnerships and funding opportunities will open new possibilities for the next phase of this plan.

Over the last six years, the ARC team has experimented with various approaches to intervene on variables that impact life expectancy at the census tract level. Although not all of these efforts were equally successful, they offer valuable lessons on how future initiatives can continue to serve those in the greatest socioeconomic need, as required by the Older Americans Act. Moving forward, ARC will continue to utilize data-driven approaches to understanding vital conditions across the region. In LBE 2026-2031, there will be renewed attention to health geographies in metro Atlanta, grounded in the robust community engagement, innovative interventions, and

Implications and Recommendations for Partners

Data gathered during the 2020-2025 timeframe of Live Beyond Expectations yielded implications for community leaders in the Atlanta region. By reviewing this information with key stakeholders, including the Atlanta Regional Commission Board, the Advisory Committee on Aging, and the Lifelong Communities Steering Committee, the strategic plan development team gathered recommendations. Intended for municipal, county, and other policymakers and partners seeking to advance the goals of Live Beyond Expectations, these recommendations address the three areas of opportunity most frequently cited during LBE 20 engagements: transportation, housing, and community supports.

Transportation

Design, build, and maintain transportation infrastructure, emphasizing active transportation, that responds to community needs.[3]

Engage Community Members

Include members of the disability and aging communities in transportation planning to ensure appropriate and effective transportation options and solutions. Work with all residents to understand transportation culture and share new possibilities.

Research and Identify Geographic Areas of Need

Identify geographic areas that lack transportation options for older adults and people living with disabilities. Prioritize these areas for transportation solutions identified in partnership with the community, which may include reviewing destinations and routes.

Expand and improve active transportation and transit infrastructure

Specific recommendations include improving lighting, seating, and shelter at transit stops; offering amenities such as restrooms and trash cans at transit stops and along trails; providing and maintaining quality sidewalks, paths, and trails; increasing ADA accessibility; expanding communication and training about available options; and offering discount fares for residents for whom transit fares are a hardship. Leverage technology to support these efforts, including trip planning and fare payment. Participate in cross jurisdictional planning efforts and service coordination.

Expand transportation options

Provide expanded transportation options such as volunteer driver programs, voucher programs, ride-hailing services, special shuttles to destinations frequented by older adults, and safe, publicly supported bike share systems with accessible and inclusive options like electric assist bikes (E-bikes), handcycles, and adult tricycles (trikes). Leverage technology to meet these goals. Increase funding for transportation options for older adults and people living with disabilities.

[3] See *CDC recommendations for improving health through transportation policy:* https://stacks.cdc.gov/view/cdc/21751 and *ARC Transportation Policy Brief:* https://cdn.atlantaregional.org/wp-content/uploads/arc-policybriefing-agingtransportation-1.pdf

Housing

Create housing supports for older persons in the community, which may attract residents of all ages.[4]

Engage community members

Include members of the disability and aging communities in housing policy making and zoning processes to ensure appropriate and effective housing options and solutions. Work with all residents to understand housing needs and preferences. Develop and communicate creative solutions and strategies, such as cooperative, multigenerational, and cohousing models, to developers and other housing stakeholders.

Encourage a mix of housing types at a variety of sizes and price points

Implement zoning that allows for a diversity of housing types, such as cohousing, multigenerational households, secondary units on one property, micro-units, and pocket neighborhoods, near the services that enable people to remain independent and provide opportunities for downsizing without leaving the community.

Support older adults remaining in their homes

Reduce the cost burden of home modifications through mechanisms such as tax expenditures, deferred loans, or grant programs. Decrease the tax burden for low-income older people through property tax credits/exemptions.

Increase the supply of affordable, accessible housing

Offer incentives to build or rehabilitate diverse housing, such as townhouses or small cottages on lesser lot sizes, near essential services. Provide data and education to encourage landlords to accept vouchers. Encourage a percentage of new housing developments to include affordable units.

Community Supports

Develop physical and social infrastructure that bolsters assets and ensures livable communities for all while strengthening social ties.[5]

Engage community members

Include residents of all ages and members of the disability and aging communities in particular, to ensure a variety of perspectives are represented in decision-making processes. Leverage community advisory boards to broadly share information about services and amenities. Encourage pre-retirement residents to plan for the future.

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[4] See *ARC Housing Policy Briefs:* https://atlantaregional.org/what-we-do/aging-services-and-resources/aging-health-planning/aging-and-independence-policy-briefings/

[5] See *AARP Livable Communities:* https://www.aarp.org/livable-communities/

Build and maintain physical infrastructure that incorporates healthy community design elements

Include street pattern design and connectivity in planning; support safe pedestrian and bicycle infrastructure; expand public transit infrastructure and access; modify zoning and land use policies to support lifelong communities.

Create and sustain strong social infrastructure

Bolster community connectivity, strengthening resident ties with one another and with and between social institutions. Host events like neighbor meet-ups and support groups like walking clubs, intentionally connecting residents of different generations with initiatives that encourage residents to share their experiences of history and culture. Formalize volunteer groups to provide structural and social supports.

Tailor Recommendations to the Community

ARC recognizes the wide variety of local circumstances that exist throughout the region. While the three priority areas of transportation, housing, and community-level supports emerged consistently across the region, the mechanisms to address these focus areas need to be tailored to specific communities. In the next five-year strategic plan cycle, the Lifelong Communities team aims to work with community partners to understand how recommendations can most effectively be applied in different county, municipal, and neighborhood contexts to achieve favorable outcomes for all residents of the region.

Additionally, within ARC, these recommendations will be elevated throughout the agency, so that plans such as the *Coordinated Human Services Transportation Plan* and the *Regional Development Plan* and signature programs including the *Livable Centers Initiative*, the *Community Development Assistance Program*, and the *Regional Housing Strategy* include implications from LBE. With these and other programs, ARC seeks to increase economic opportunity for residents throughout the region, leading to decreases in geographic inequality and increases in economic security.

Finally, in its role as Area Agency on Aging for the region, ARC performs advocacy around issues relevant for aging and living with disabilities in the Atlanta metro. ARC will continue to advocate for funding for supports for these groups, relying on community experts to inform how such advocacy can be most effective.

Setting the Context for Continuation

Scholarship demonstrates the relationships between social, economic, environmental, and infrastructural conditions that combine to create geographic health inequalities like those LBE aims to address. The Atlanta region includes dense urban centers, rapidly transforming inner suburbs, and semi-rural communities, each shaped by different histories of investment, exclusion, transportation access, and demographic change. These forces structure access to the conditions that allow older adults to age in place: transportation, safe affordable housing, health care, technology amenities, social cohesion, and safe neighborhoods. Geographic patterns also demonstrate the relationship between health and economic status, as drivers of both domains overlap and outcomes correlate. Census tract–level measures offer the most micro-level geographic illustration of where needs are most concentrated.

Measuring Impact

In LBE 2020-2025, ARC used life expectancy (LE) as the metric to identify inequities for LBE. While LE remains an important variable for understanding health, the USA LEEP dataset has not been updated since 2015. This measure was recent enough to serve as a touchpoint for LBE 20 but holds less utility over a decade later. As the agency transitions to LBE 2026, Years of Potential Life Lost (YPLL), available annually from OASIS, offers a logical and current variable to supplement LE. YPLL captures premature mortality (deaths before age 75), illustrating the burden of preventable loss across neighborhoods. Because it is updated frequently, accessible to a wide range of audiences, and correlated with socioeconomic opportunity and environmental exposures, YPLL allows ARC to continue its life-expectancy work while increasing precision, timeliness, and usability. Finally, the same structural conditions that impact life expectancy, such as socioeconomic status, environmental exposure, racial segregation, chronic disease prevalence, and health care access, also impact YPLL, making it a clear proxy for understanding health inequality in the region.

Research demonstrates the relationship between neighborhood socioeconomic metrics and life expectancy. Researchers have used the Child Opportunity Index to illustrate that children living in low-opportunity census tracts experience lower life expectancy than those in high-opportunity neighborhoods, suggesting that neighborhood-level interventions are an effective strategy to address geographic health inequity.[6] During the COVID-19 pandemic, life expectancy decreased more for residents in lower-income census tracts than for those in higher-income census tracts, highlighting the current necessity of neighborhood-level interventions.[7] Scholars have used census-tract level indices like the Area Deprivation Index (ADI)[8] and the Index of Concentration at the Extremes (ICE)[9] to understand the geographic patterns of health inequality. This scholarship demonstrates the ongoing necessity of tract-level analysis and suggests the timely relevance of local supports related to both drivers of health and economic mobility to improve community outcomes.

Social scientists have explored this relationship more deeply, demonstrating that area-based measures of social risk more effectively predict health outcomes than other social variables, including across demographic groups.[10] This finding increases the urgency of location-based interventions; if where one lives predicts one's health outcomes more than individual factors, it follows that area-level supports will be more effective. In the Atlanta region, COVID-19 illustrated the potentially devastating relationship between geography and health: researchers found that people living in neighborhoods with more social vulnerability were more likely both to catch and to die from the virus.[11] Recent research has also shown that access to resources remains unequal throughout the Atlanta region, showing the ongoing importance of the LBE approach to understanding

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[6] Shanahan, K. H., Subramanian, S. V., Burdick, K. J., Monuteaux, M. C., Lee, L. K., & Fleegler, E. W. (2022). Association of Neighborhood Conditions and Resources for Children With Life Expectancy at Birth in the US. *JAMA Network Open, 5(10), e2235912.* https://doi.org/10.1001/jamanetworkopen.2022.35912

[7] Schwandt, H., Currie, J., von Wachter, T., Kowarski, J., Chapman, D., & Woolf, S. H. (2022). Changes in the Relationship Between Income and Life Expectancy Before and During the COVID-19 Pandemic, California, 2015-2021. *JAMA, 328(4), 360–366.* https://doi.org/10.1001/jama.2022.10952

[8] Kind, A. J. H., & Buckingham, W. R. (2018). Making Neighborhood-Disadvantage Metrics Accessible—The Neighborhood Atlas. *New England Journal of Medicine, 378(26), 2456–2458.* https://doi.org/10.1056/NEJMp1802313

[9] Krieger, N., Waterman, P. D., Spasojevic, J., Li, W., Maduro, G., & Van Wye, G. (2016). Public Health Monitoring of Privilege and Deprivation With the Index of Concentration at the Extremes. *American Journal of Public Health, 106(2), 256–263.* https://doi.org/10.2105/AJPH.2015.302955

[10] Limburg, A., Rehkopf, D. H., Gladish, N., Phillips, R. L., & Udalova, V. (2025). Validating 8 Area-Based Measures of Social Risk for Predicting Health and Mortality. *JAMA Health Forum, 6(8), e252669.* https://doi.org/10.1001/jamahealthforum.2025.2669

[11] Doraivelu, K., Williams, S., Hazell, M., Smith, S., Chamberlain, A. T., Gandhi, N. R., Shah, N. S., & Patel, S. A. (2025). The Dynamic Impact of Community Social Vulnerability on COVID-19 Outcomes: A Census Tract-level Analysis of Fulton County, Georgia. *Clinical Infectious Diseases, 81(2), 231–238.* https://doi.org/10.1093/cid/ciaf177

neighborhood-level needs.[12] County-level metrics fail to clearly demonstrate the variation in conditions and experiences that exist at the tract level. Thus, the LBE approach remains relevant to understanding relationships between social conditions and health outcomes.

Given these trends in scholarship and the operational needs of LBE 2026, Years of Potential Life Lost (YPLL) offers clear advantages as ARC moves into the next phase of the strategic plan. Like life expectancy (LE), YPLL captures premature mortality, serving as a sensitive marker of structural inequity and preventable loss. The measure correlates strongly with chronic disease prevalence, environmental exposures, and social factors related to health outcomes. The metric offers clarity to policymakers, partners, and the public due to its intuitive meaning. Finally, YPLL preserves continuity with ARC's earlier life expectancy work, as like LE, it measures mortality, with the advantage that YPLL explicitly highlights magnitude of loss.

When Life Expectancy estimates have been updated, ARC will integrate LE with YPLL for the most complete and current understanding of geographic health inequality. This will complement the agency's work illuminating the landscape of opportunity for economic mobility throughout the region. YPLL points to some relationships between health and economic factors, as premature mortality reduces household economic security, disrupts caregiving, and limits upward mobility. YPLL also positions ARC to identify the neighborhoods facing the largest preventable losses and to focus Empowerline and Age-Friendly efforts in these areas.

Economic Mobility and Security

The relationship between social determinants of health and the drivers of economic mobility reinforces ARC's commitment to using both frames for understanding geographic inequity. The U.S. Department of Health and Human Services (HHS) identifies economic stability as one of the domains of social determinants of health.[13] Scholarship on economic mobility shows that other drivers overlap as well. In addition to economic inequality, Chetty identifies segregation, school quality, family structure, and social capital as the five strongest correlates of economic mobility.[14] These parallel the domains of social determinants of health identified by HHS: education access and quality mirrors school quality; social and community context align with family structure and social capital; neighborhood and built environment includes segregation and elements of social capital. The only social driver of health domain HHS identifies without a parallel economic driver is health care access and quality. LBE remains relevant not only to support the mission of the Aging and Independence Services Department of ARC, but also to support the agency's broader goals of strengthening opportunities for economic mobility in the region.

Environmental Impacts

Differences in the built environment and infrastructure between census tracts explain some of the inequities revealed in tract-level research. Historic planning and policy decisions continue to play out in the built environment, and now interact with modern pressures, such as climate change, to create a new set of

[12] Pooley, K. (2024). Who Has Access to Atlanta's Geography of Opportunity? *Atlanta Studies.* https://atlantastudies.org/2024/05/02/who-has-access-to-atlantas-geography-of-opportunity/

[13] *Social Determinants of Health—Healthy People 2030 | odphp.health.gov.* https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health

[14] Raj Chetty & Gregory Bruich. (2019). *Using Big Data to Solve Economic and Social Problems. Harvard University.* https://opportunityinsights.org/wp-content/uploads/2019/05/Lecture-2-neighborhood-effects-1.pdf

challenges to health equity. Heat vulnerability varies at the local level, complicating health disparities.[15] Additionally, as adverse climate events increase, experts recognize the compounding relationship between environmental and social vulnerability.[16] Like LBE, these projects use census-tract measures to understand geographic differences. Infrastructure shapes places, as well. In addition to measuring environmental differences at the tract level, researchers use tract-based metrics to better understand infrastructure, such as transportation,[17] demonstrating that neighborhood differences emerge from a complex interaction of social and environmental factors.

Tract-level discrepancies continue to reflect health differences in population-level outcomes, as well as those related to vulnerabilities such as chronic disease prevalence. These burdens connect to life expectancy and YPLL. Researchers have synthesized multiple data sources to understand specific disease prevalence, such as COPD, at the tract level, showing that tracts with high chronic disease burdens also exhibit higher socioeconomic instability and disability prevalence.[18] Health conditions relate to environmental conditions in supportive ways, as well. In Atlanta, researchers found a positive relationship between neighborhood factors participants rated as desirable, such as activity with neighbors, and cardiovascular health for Black residents,[19] demonstrating the protective factor local conditions can offer. These findings reinforce the relevance of the LBE framework. In the Atlanta region, social and health factors like aging, race, and disability often intersect with geography, necessitating a complex approach to analysis, led by community members who understand both local assets and appropriate methods for understanding local variables.

Emerging research suggests that lived experiences also serve as measurable determinants of health. For example, access to nature has a protective effect on health: people who spend more time in nature are less likely to experience negative health outcomes. Access to nature is impacted by both geographic and social variables, and long-term exposure to nature and safe outdoor environments predicts adult engagement in outdoor activities and emotional well-being.[20] Thus, planners and practitioners can bolster health outcomes by creating equitable access to greenspace. Tools such as the *City of Atlanta Parks and Recreation Equity Data Tool* exemplify how cities can use local data to improve health outcomes and equity over time.[21] Incorporating these indicators into tract-level analyses strengthens equity planning by capturing dimensions of health often missed by quantitative datasets alone.

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[15] Manware, M., Dubrow, R., Carrión, D., Ma, Y., & Chen, K. (2022). Residential and Race/Ethnicity Disparities in Heat Vulnerability in the United States. *GeoHealth, 6(12), e2022GH000695.* https://doi.org/10.1029/2022GH000695

[16] Mohai, P., & Lee, C. (2025). Cumulative Environmental Burdens and Vulnerable Populations: Taking into Account the Intensity and Count of Burdens in Environmental Justice Analyses. *Environmental Research Letters*. https://doi.org/10.1088/1748-9326/ae2c0d

[17] Owen, A., & Levinson, D. (2012, November 1). *Access to destinations: Annual accessibility measure for the Twin Cities Metropolitan Region*. https://rosap.ntl.bts.gov

[18] Carlson, S. A., Watson, K. B., Rockhill, S., Wang, Y., Pankowska, M. M., & Greenlund, K. J. (2023). Linking Local-Level Chronic Disease and Social Vulnerability Measures to Inform Planning Efforts: A COPD Example. *Preventing Chronic Disease*, 20, E76. https://doi.org/10.5888/pcd20.230025

[19] Islam, S. J., Kim, J. H., Baltrus, P., Topel, M. L., Liu, C., Ko, Y.-A., Mujahid, M. S., Vaccarino, V., Sims, M., Mubasher, M., Khan, A., Ejaz, K., Searles, C., Dunbar, S., Pemu, P., Taylor, H. A., Quyyumi, A. A., & Lewis, T. T. (2022). Neighborhood characteristics and ideal cardiovascular health among Black adults: Results from the Morehouse-Emory Cardiovascular (MECA) Center for Health Equity. *Annals of Epidemiology*, 65, 120.e1-120.e10. https://doi.org/10.1016/j.annepidem.2020.11.009

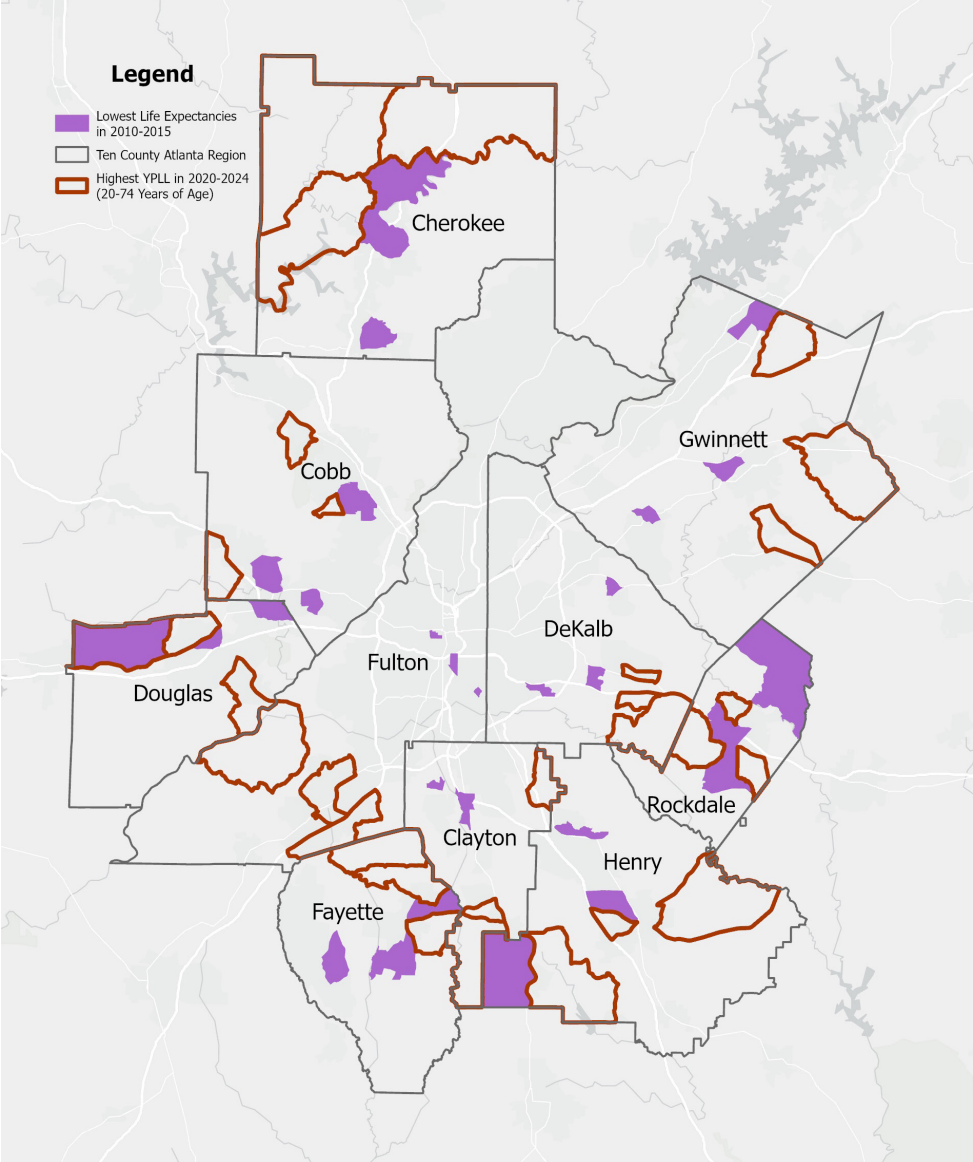
[20] Tomasso, L. P., Laurent, J. G. C., Chen, J. T., & Spengler, J. D. (2022). Implications of disparities in social and built environment antecedents to adult nature engagement. *PLOS ONE*, 17(9), e0274948. https://doi.org/10.1371/journal.pone.0274948

[21] Spratling, D., & Sebag, G. (2021). City of Atlanta Parks and Recreation Equity Data Tool: A Decision-Making Tool for Prioritizing Parks, Recreation Centers, and Neighborhoods with the Greatest Need. *Journal of Healthy Eating and Active Living, 1(4), 247–259.*

Supporting Communities with Greatest Social and Economic Need

Recent scholarship demonstrates the ongoing relevance of addressing place-based inequality, highlights the factors that continue to perpetuate it, and suggests interventions and solutions. Pursuant to the Older Americans Act, Area Agencies on Aging (AAA) are compelled to prioritize services and resources first for those residents with highest socioeconomic needs. LBE offers an evidence-based approach to fulfilling this mandate while addressing place-based inequality. While ARC has taken strides to improve conditions throughout the region, with programs like the Livable Centers Initiative (LCI) and the Community Development Assistance Program (CDAP) improving community environments throughout the area, evidence shows there is still much to be done. The Live Beyond Expectations framework will support the agency in delivering service and supports to those areas of the region where they are most needed. ARC remains committed to creating communities where all residents can have long, healthy lives.

Figure 2. Low-Life Expectancy Tracts from LBE 20 with Current High YPLL Tracts

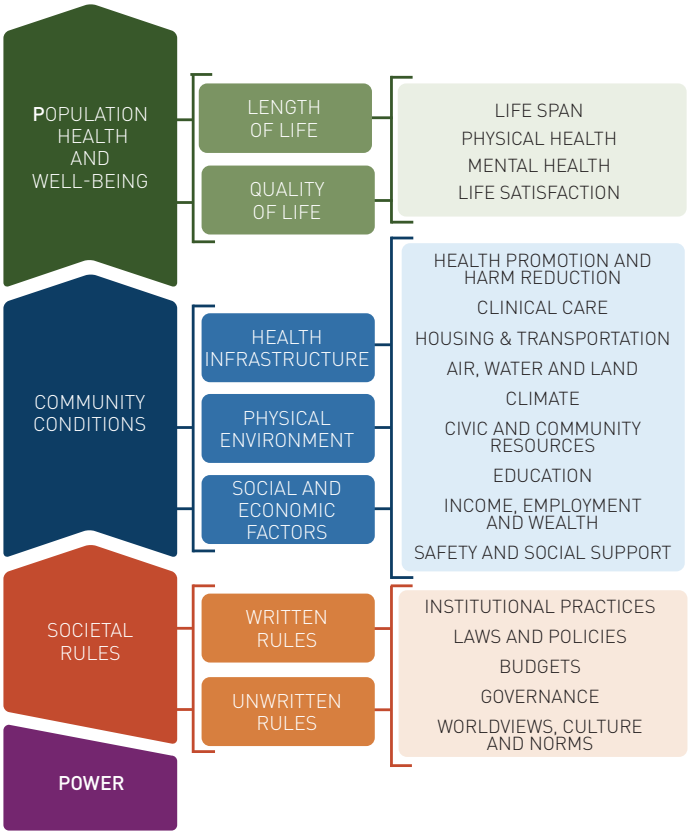


Renewed Vision: Live Beyond Expectations 2026-2031

When ARC launched the Live Beyond Expectations Strategic Plan in 2020, the agency recognized the work of promoting equitable life expectancy outcomes throughout the region would take longer than five years. Geographic health inequities and the mechanisms that created and perpetuate them result from centuries of policy and practice that communities in the United States have only begun to untangle effectively during the last century. This is a lifetime's work. Nonetheless, despite impactful and unpredictable challenges, including the global COVID-19 pandemic, ARC has made significant strides to understand the landscape of health inequality throughout the Atlanta region, and to take tangible steps to address related issues and promote positive change.

ARC is eager to continue this work. Rather than leaving the Live Beyond Expectations vision to conduct a completely new strategic planning process, the agency chose to evaluate the accomplishments and activities of the previous five years to inform a Strategic Plan Update. COVID-19 created unprecedented challenges and social shifts, with impacts still being felt throughout the world, including impacts to outcomes related to LBE. ARC seeks to revitalize and renew this work, having evaluated the progress of LBE 20, and aims to deepen and extend the commitment to LBE in a new strategic plan cycle.

Figure 3. 2025 University of Wisconsin Population Health Institute Model of Health



This work recognizes that a variety of conditions impact one's length and quality of life, many of which are out of an individual's control. ARC has utilized innovative public health, gerontology, and demographic data to understand which vital conditions need attention. See the Model of Health graphic for some of the factors ARC will be monitoring most closely in the coming years

ARC engaged in a multi-pronged approach to reviewing LBE 2020-2025 and defining the goals of LBE 2026. First, the agency examined outcomes of LBE 2020-2025, defined above. Additionally, staff continued engaging with residents and communities throughout the region to ascertain needs and priorities related to the vital conditions of thriving throughout the region. These activities included agency-wide initiatives such as the ***Metro Atlanta Speaks*** survey, partnering across departments to conduct community engagement activities, and stakeholder interviews. ARC expanded the Live Beyond Expectations Steering Committee to a new Lifelong Communities Steering Committee,

concurrently revitalizing the Lifelong Communities name for the team supporting Live Beyond Expectations and Age-Friendly Communities programming. The Steering Committee offered feedback throughout the Strategic Plan Update process and will continue to shape the direction of LBE. Finally, ARC reviewed scholarly and industry sources to understand the landscape of health inequality, and to identify responses and approaches that fit the Atlanta region.

LBE crosses disciplines and geographies to integrate a variety of subject matter areas. Thus, the program provides an opportunity for ARC's extensive network of partners and regional experts to share knowledge and co-create innovative programs that address social realities that reach beyond people who are currently aging or living with disability in metro Atlanta. The agency recognizes the ubiquitous impacts of social drivers of health and other structural forces that create health inequalities and aims to promote the complex architecture of improvements ARC is uniquely suited to envision and implement, helping residents of all ages and communities thrive.

2026-2031 Aims

To continue the Live Beyond Expectations strategic plan effectively, ARC aims to achieve eight objectives:

Communicate recommendations from LBE 2020-2025 broadly throughout the region

Description

ARC will leverage its role as a convener and its experience providing resources to share the implications and recommendations from LBE 2020-2025.

Tactics

- Maintain and expand Lifelong Communities Steering Committee, and continue to review recommendations with new information and under evolving regional circumstances
- Create and update policy briefs on relevant topics
- Continue to participate in local community engagement activities, learning from community members and sharing ARC expertise and Empowerline supports and services
- Convene regional stakeholders such as elected officials, non-profit and business leaders, community champions, scholars, and representatives from community-serving organizations to exchange ideas and collaborate on solutions
- Expand the Lifelong Communities communication strategy to leverage existing ARC channels to more effectively share recommendations with relevant audiences

Develop new metrics for understanding health impacts throughout the region

Description

ARC will identify and validate new indicators that reflect current neighborhood level health conditions, align with regional priorities, and elevate community expertise. This includes exploring Years of Potential Life Lost (YPLL) as a core metric to expand the use of Life expectancy estimates derived from 2010 United States Census and 2015 American Community Survey data during LBE 2020-2025. [22]

Tactics

- Identify census-tract level variables that capture current health inequities and can be updated regularly.
- Compare U.S. Small-area Life Expectancy Estimates Project (USALEEP) 23 life expectancy estimates with Years of Potential Life Lost (YPLL) to understand strengths and limitations of each measure.
- Conduct community engagement sessions to determine which indicators residents believe best reflect local realities.
- Align selected metrics with administrative and funding priorities to ensure longterm sustainability.
- Develop a methodology for ongoing metric updates to maintain continuity across planning cycles.

Describe and record the conditions in each focus tract and more broadly

Description

ARC will expand its research and engagement to better understand social, economic, and environmental conditions influencing health at both county and census-tract levels, incorporating lessons from 2020–2025 and current data.

Tactics

- Produce county level snapshots using 2025 data as a baseline for deeper exploration.
- Conduct field research and community engagement to capture tract-level nuances and lived experiences.
- Document community identified issues (e.g., housing affordability, landlord practices, zoning constraints).
- Analyze how major social forces—such as COVID-19—have affected communities differently across the region.
- Begin to create a regional conditions database integrating quantitative data with qualitative community insights.

[22] National Center for Health Statistics. 2018. U.S. Small-Area Life Expectancy Estimates Project: Methodology and Results Summary. 181. Series 2. Hyattsville, MD. *https://www.cdc.gov/nchs/data/series/sr_02/sr02_181.pdf*.

Identify which LBE 2020-2025 objectives should continue

Description

LBE 2026 introduces a structured process for reviewing past objectives, assessing progress, and determining which goals remain relevant based on community priorities and Steering Committee guidance.

Tactics

- Conduct annual reviews of LBE objectives to assess continued relevance.
- Engage residents to validate which goals still reflect community hopes and needs.
- Activate the Lifelong Communities Steering Committee to integrate Age-Friendly and LBE priorities.
- Document community feedback and Steering Committee recommendations to guide plan updates.
- Publish an annual report that summarizes findings and decisions.

Identify and work to solve obstacles to completing LBE 20 objectives

Description

ARC will investigate barriers that hinder access to vital conditions for thriving and identify protective community assets. This includes understanding obstacles that affected LBE 20 and anticipating those that may impact LBE 2026.

Tactics

- Conduct community engaged research to identify barriers to health equity at the tract level.
- Identify community assets that mitigate negative conditions and support resilience.
- Provide technical assistance, coalition building support, and connections to funding opportunities to address barriers.
- Collaborate with residents to design new strategies for capacity building and community power development.
- Track and evaluate persistent obstacles to inform future planning cycles.

Determine new objectives shaped by communities

Description

ARC will work with community members to refine or expand the four original LBE objectives, ensuring that new goals reflect lived experience, emerging needs, and opportunities for action.

Tactics

- Facilitate community events to evaluate the relevance of the original four objectives.
- Gather resident generated ideas for new or expanded focus areas.
- Identify specific actions ARC can support to advance community defined priorities, including helping communities access resources.
- Integrate stakeholder and partner feedback to ensure feasibility and alignment.
- Produce a revised set of LBE objectives grounded in community leadership.

Identify an accountability framework

Description

ARC will identify internal and external accountability partners responsible for implementing each objective, ensuring that every initiative has a designated stakeholder lead.

Tactics

- Document existing partners from LBE 2020-2025 and identify opportunities to expand collaboration.
- Assign accountable entities for each initiative, including ARC departments and external organizations.
- Support aligned initiatives through mini-grants, technical assistance, communications, identification of relevant opportunities, publications, and/or events.
- Share regional success stories to highlight effective partnerships and encourage replication.
- Develop an accountability matrix linking objectives, actions, and responsible parties.

Prioritize ARC objectives using data, expertise, and community input

Description

This prioritization process acknowledges that health equity is deeply connected to social and economic conditions, including the ability of families to achieve economic security and mobility. By centering community leadership and recognizing structural barriers, ARC aims to ensure that prioritized objectives reflect both immediate needs and long-term opportunities for thriving.

Tactics

- Combine quantitative data and qualitative community insights to rank objectives based on their potential to improve health, wellbeing, economic security, and overall quality of life.
- Apply an equity-centered lens that recognizes how structural conditions shape both health outcomes and economic opportunities for families.
- Incorporate indicators related to economic mobility, such as access to stable employment, affordable housing, transportation, and childcare, when assessing community priorities.
- Engage diverse residents to validate prioritization decisions and ensure transparency in how objectives are selected.
- Use community engaged research methods to identify assets, barriers, and emerging needs that should influence prioritization.
- Maintain an iterative prioritization process that evolves with changing community conditions and continues to elevate resident leadership.

Community Partners

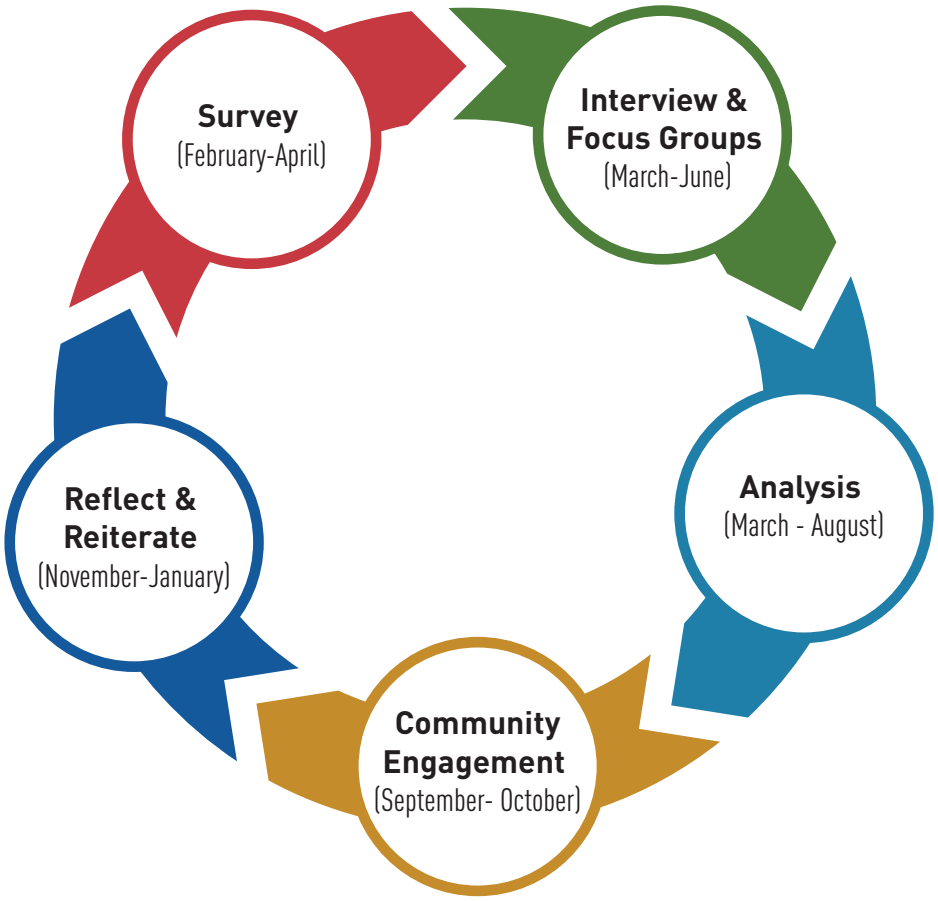
Throughout this work, ARC has collaborated with a broad network of partners. Though it is impossible to name all of these entities, there are several broad categories of stakeholders that are worth examining briefly within this framework document.

- County-level collaboratives & information sharing networks
- Individual resident champions
- Religious institutions
- Aging provider network
- Regional planning entities
- Municipal governments & elected officials
- Lifelong Communities Steering Committee

Each of these groups holds varied interests and influences, emphasizing the importance of engaging across sectors to develop priorities and strategies. In the next iteration of LBE, the team will continue to work with these groups while remaining flexible and open to further partnerships.

Research and Engagement Plan

Figure 4. ARC Lifelong Communities Annual Research and Engagement Cycle



To facilitate its commitment to community engaged research, ARC aims to complete an annual research cycle for each of the five years of the plan:

February – April: ARC will deliver an online survey specifically focused on issues relevant to livable communities. Informed by AARP's Age-Friendly Communities Livable Communities Survey, this survey will offer the opportunity to quantitatively assess resident experiences specific to aging in the Atlanta region.

March – June: ARC will conduct interviews and focus groups with members of LLE communities to understand conditions within these areas and to more deeply investigate the processes and experiences of health inequities in the region. Survey results will inform qualitative analysis, and results from this phase of the cycle will provide preliminary evidence to identify plan objectives.

March – August: Analysis of survey results, focus groups, and interviews will be completed during this phase of the research cycle. These results will inform community engagement activities ARC will conduct each fall.

September – October: ARC will present results from spring research activities to residents in creative engagement community events. The aim of these events is to affirm and prioritize plan objectives and offer nuances insights for the final phase of the research cycle, reflection and reiteration. Not only will ARC interrogate its findings in this phase, but also staff will question methods to ensure ongoing integrity of the LBE approach.

November – January: Staff will analyze findings from Community Engagement and will synthesize all input and feedback to inform ongoing LBE initiatives. Results from each year will inform the next annual iteration of the research cycle.

ARC recognizes this cycle is ambitious. The aims to be reflexive and community engaged require the ongoing, accountable feedback mechanisms provided by this plan. The approach seeks not to be comprehensive each year, but to encourage deep engagement. ARC does not aim to conduct qualitative research and community engagement in each county each year. Instead, the agency will target two counties per year for focused engagement, cycling through all ten counties across the five-year plan term. The quantitative survey, a less resource-intensive tool, will offer a mechanism for engaging with residents and stakeholders from the entire region on an annual basis.

In addition to performing this annual research, ARC will continue to monitor scholarly research related to aging from fields including gerontology, urban studies, and public health. Staff will also continue to seek evidence and experience from peer cities and other applied programs and plans, connecting residents to resources from a variety of sectors and geographies. Community engagement and research activities will elicit plan goals that the team will execute in alignment with the research cycle schedule. Finally, the team will continue building coalitions across disciplines and areas of the region, building capacity for communities and creating a network of resources to support thriving while aging for residents throughout the region.

Conclusion

Over the last 6 years, ARC has employed a variety of strategies to improve vital conditions across the region. Enhancing the existing network of partners in this work, embarking on years of robust community engagement, and deploying a variety of innovative pilot projects has prepared the agency to renew its focus with efficiency and accuracy. In LBE 2026-2031, the team will employ new data sources and a more defined research structure at the onset to accelerate this work. ARC recognizes that building one great region where all can live long, healthy lives is generational work, and this framework allows the agency to scale what was successful in the previous iteration while continuing to innovate.

Data and strategies from LBE 2020-2025 will continue to inform this work, as examined heavily in the Background section. Lessons on effective community engagement strategies and strong relationships carry forward. The priorities identified in each low-life expectancy community will remain present in this work, and the place-based focus will continue. It will be important for ARC to demonstrate its commitment to long-term investment in the communities it has been cultivating relationships in for 6 years. The agency intends to use this time to build a more robust picture of health equity in the Atlanta region without discarding the valuable work that has already been done.

While retaining the lessons learned in the previous iteration, new data sources and expanded methods will be utilized. In addition to maintaining its outreach, service, and community engagement, ARC is committed to rigorous research and scholarly review to most efficiently direct its resources. Adding Years of Potential Life Lost (YPLL) to measure LBE impact offers a current picture of lifespan in the region, while a reflexive research process provides a framework for intentional and sustained engagement. YPLL also allows ARC to more clearly understand the links between health equity and economic vitality and mobility in the region. LBE strengthens ARC's long-term investments in neighborhoods where both health outcomes and opportunities for economic mobility have historically been lowest. In LBE 2026-2031, ARC will continue to hone innovative strategies for disrupting long-standing differences across the region, remaining focused on what fosters healthy, safe, and livable communities.

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