

# Local governments and aging policies: An analysis of municipalities in the region of Madrid

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## Abstract

Local governments are increasing their efforts to provide services to older adults ranging from health and care for dependents to leisure and cultural activities. Despite the widespread adoption of the active aging paradigm, the intensity of the aging process and the capacity and preferences of local governments to address the consequences of aging are not uniformly distributed. This study examines variations in local government responses to aging based on a survey conducted between October 2018 and February 2019 among government officials and political representatives in municipalities in the Community of Madrid with a population exceeding 10,000 inhabitants. A descriptive exploration of the survey responses suggests variability in local governments' approach to aging, which is associated with factors such as the concentration of older adults in the municipality and differences in available income levels. In municipalities that prioritize resource-intensive policies, such as health care and programs targeting poverty and the prevention of social exclusion, there is a higher concentration of older adults and lower levels of available income. Conversely, wealthier municipalities tend to focus on policies aimed at promoting leisure and culture. This divergence in local policy responses highlights the heterogeneity within the active aging paradigm. Furthermore, it provides a nuanced understanding of how these policies can be adapted and responsive to the specific needs of each municipality.

**Keywords:** active aging; local government; political strategies; resource-intensive policies

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**Resumen.** *Gobiernos locales y políticas de envejecimiento: un análisis de los municipios de la Comunidad de Madrid*

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Los gobiernos locales redoblan sus esfuerzos para ofrecer a las personas mayores servicios que van desde la sanidad y la atención a las personas dependientes hasta el ocio y las actividades culturales. A pesar de que el paradigma del envejecimiento activo está muy extendido, la intensidad del proceso de envejecimiento y la capacidad y las preferencias de los gobiernos locales para hacer frente a las consecuencias del envejecimiento no se distribuyen de manera uniforme. Este estudio explora las diferencias en las respuestas de los gobiernos locales al envejecimiento a partir de una encuesta realizada al personal funcionario y a las personas con cargos de representación política en municipios de la Comunidad de Madrid con una población superior a 10.000 habitantes entre octubre de 2018 y febrero de 2019. Una exploración descriptiva de las respuestas sugiere que existe una variabilidad en la respuesta de los gobiernos locales asociada a factores como la concentración de personas mayores en el municipio y las diferencias en los niveles de ingresos disponibles. En aquellos municipios que priorizan políticas intensivas en recursos (atención sanitaria, programas de prevención de la pobreza y la exclusión social), se observa una mayor concentración de personas mayores y niveles más bajos de ingresos disponibles. Por el contrario, los municipios más prósperos tienden a centrarse en políticas destinadas a promover el ocio y la cultura. Esta divergencia en las respuestas políticas locales resalta la heterogeneidad dentro del paradigma de envejecimiento activo. Además, proporcionan una comprensión más matizada de cómo estas políticas pueden adaptarse y responder a las necesidades específicas de cada municipio.

**Palabras clave:** envejecimiento activo; gobierno local; estrategias políticas; políticas intensivas en recursos

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### Summary

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## 1. Introduction

Population aging is a global phenomenon that has profound implications for societies, economies, and social policies. Multiple estimates highlight the considerable projected increase in the older population worldwide, indicating an ongoing demographic transition toward an aging society. According to projections provided by the United Nations (2020a), the proportion of older adults within the global population is anticipated to rise from 9.3 percent in 2020 to 16.0 percent by 2050. Within this global context, Spain stands out as one of the countries facing a particularly high proportion of older adults. Spain is the only European country among the top 10 nations projected to experience the largest increase in the share of older adults by 2050, with an increase of 17.2 percentage points between 2019 and 2050 (United Nations, 2020b). By 2050, it is estimated that up to 37% of the Spanish population will be aged 65 and older (United Nations, 2020b). The rapid pace of this aging

trend in the Spanish context is remarkable considering that the proportion of individuals aged 65 and over was 16% in 2001 and increased to 21% in 2020 (Eurostat, n.d.-a).

In addition to these demographic trends, it is essential to consider the transformation of household structures since changes in household composition have important implications for the provision of social support and the intergenerational dynamics within societies. For example, in the year 2016, approximately two-thirds of European households consisted of one or two individuals, indicating a shift towards smaller household sizes (Eurostat, n.d.-b). This trend has been particularly evident in Spain, where the prevalence of one or two-person households increased from 60.1% to 63.7% between 2007 and 2016 (Eurostat, 2019). On the other hand, households consisting of older men aged 65 years and over increased by 58.6% between 2009 and 2022 while the increase was 22.6% for women in that age group (Eurostat, n.d.-b). This scenario indicates a reduction in the traditional family unit as a natural setting for fostering intergenerational solidarity and facilitating the exchange of benefits that complement welfare services. These demographic and societal transformations, characterized by population aging, present significant challenges to aging policies.

The aging process is not uniform but rather influenced by contextual factors. While general demographic trends may suggest commonalities and the portrayal of the older age group as a homogeneous entity facing shared challenges, it is important to recognize that aging is a societal situation contingent upon various contextual factors. Consequently, differences within the older adult group are linked to factors such as social position, status, lifestyle habits, generational disparities, and individual life experiences (Sánchez Vera, 1992). Furthermore, the socio-productive context (Minoldo & Peláez, 2017) and the family circle, including the availability of informal care (Berjano Peirats, 2005; Alustiza Galarza & Pérez Díaz, 2010; Ortega-Camarero et al., 2021), contribute to the variations observed within this population.

This analysis focuses on one of the intervening variables in the aging process, namely aging policies. Aging policy encompasses a wide range of initiatives aimed at addressing the challenges associated with aging. These policy actions have been characterized by various terms that are often used interchangeably, such as successful aging, active aging, healthy aging, productive aging, competent aging, or aging in place (Deeming, 2009; Barret & McGoldrick, 2013; Foster & Walker, 2014; Naughton et al., 2021). In general terms, in the much-reported process of aging, governmental and non-governmental bodies have sponsored the development of programs based on the common idea of providing tools to smooth the transition between the different life stages. Although these concepts share the common aim of preventing discrimination or the limitation of individual choice because of age, the policy actions tackle different types of risk related to aging (retirement, health, social exclusion, etc.). In addition, the cost of implementation or the group of beneficiaries of each of the policy measures differ, so it is necessary to explore what factors

may motivate a government's choice of one or another type of measure. The objective of this analysis is to explore the diversity of aging policy measures and the factors that drive the measures at the local level of government.

The term *active aging* has gained momentum to describe a comprehensive program of political actions based on the understanding of aging as a process that does not compromise the full engagement of individuals in all dimensions of life in society (economy activity, political participation, or social relations). In general terms, the engagement of individuals in society is largely dependent on their role in the labor market and the interplay between economic and demographic variables. In this regard, the empirical evidence on the impact of aging on the economy is not straightforward. Empirical research has estimated that a 10% growth in the 60 and over group decreases growth in gross domestic product per capita by 5.5% (Maestas et al., 2016). This effect does not occur through a reduction in labor force participation but mainly due to a decline in productivity. However, this issue remains contentious, since other analyses have questioned the effect of aging on productivity because today's older adults present high educational levels (Bosworth et al., 2016) or countries undergoing aging processes experience a rapid adaptation to automation technologies (Acemoglu & Restrepo, 2017). Other studies have stressed the absence of a linear relationship between aging and productivity (Feyrer, 2007; 2008). Finally, some recent studies have underlined the impact of policies and practices in organizations that enable gaining an advantage from a greater diversity in workforce age (Gahan et al., 2017; North, 2019).

Due to the lack of conclusive empirical evidence about the effect of aging on the economy and society, the debate is largely based on the expectations and understandings of political actors on aging. In this regard, the European Commission coined the term *silver economy* to promote a supportive policy environment for the development of services related to older adults' well-being (Active and Assisted Living Joint program, eHealth Action Plan, European Innovation Partnership on Active and Healthy Aging, among others). The process of aging is presented as an opportunity for economic growth and new jobs in sectors associated to services for older adults (independent living and smart homes, cultural activities, health and well-being, tourism, robotics, etc.).

Consequently, the aging process essentially leads to a policy debate on what priorities and actions should be part of the aging policy agenda in a context where empirical support for the relationship between aging and other socioeconomic variables is lacking. In this regard, the concepts of *active aging* and the *silver economy* constitute a general framework that includes diverse types of policies (transportation, housing, social participation, social inclusion, communication and information services, community support and health services, outdoor spaces and buildings, etc.). This wide range and heterogeneity of policies related to older adults make it difficult to classify them according to a single parameter such as the regulatory–redistributive scope or the concentrated–diffuse distribution of costs and benefits in a given policy area. Due to this complexity, a common response to aging by governments may not be a

likely outcome. On the contrary, governments may have different preferences and implement policy programs depending on economic factors, social demands, or their political preferences regarding the cost and beneficiaries of each program. Furthermore, governments may have different incentives since aging is more intense in certain territories (e.g., ensuring a balance between the costs associated with social welfare programs and the imperative of long-term fiscal sustainability; including aging-related issues in political agendas depending on electoral dynamics; designing tailor made policies depending on the demographic composition and geographic distribution of older adults groups, ensuring a targeting approach). Moreover, not all levels of government are equally equipped to develop aging policies due to the availability (or lack) of economic resources or the intensity of other social demands.

In this context, local governments are often responsible for implementing the bulk of the aging policy areas from transportation and housing to health and care services (Lehning & Greenfield, 2017; Egea-de Haro, 2020; Domínguez Martín, 2021; Menec & Brown, 2022; Russell et al., 2022). This broad scope of local action contrasts with the lower level of economic resources that municipalities have compared to state or regional levels of government. Rural and remote communities, for instance, lack resources and infrastructure to tackle the increasing number of actions under the aging policy framework (Menec et al., 2015). In contrast, some factors facilitate the development of age-friendly initiatives. These include the population density of older cohorts, the contribution of social and civic organization networks, partnership and advocate coalitions between different actors such as children, adults with disabilities, and LGBT persons (Fitzgerald & Caro, 2014); local experts, advocacy groups, and researchers (Hinrichsen et al., 2010); lifelong communities (Keyes et al., 2014); planning agency staff and local elected officials (Neal et al., 2014); research centers (Ozanne et al., 2014); and the integration of the vision for older adults in public management (Keyes & Benavides, 2020).

In contrast to empirical analyses of the effect of aging on the socioeconomic system, much less attention has been paid to the factors explaining governments' choices over aging policies. The purpose of this analysis is to fill this gap with empirical research on 21 municipalities in the Spanish region of Madrid. Based on data gathered from questionnaires answered by public officials in charge of aging policy, the analysis explores the impact of social demand and economic constraints on aging policy choices. The aim of this paper is not only to examine variations in aging policies across municipalities, but also to explore the underlying reasons behind these differences. By investigating whether there is convergence or divergence in the implementation of aging policies despite the shared objective of promoting active aging, a comprehensive understanding can be gained regarding the factors that shape local policy approaches.

The paper is structured as follows. Section 2 proposes an original classification of aging policies according to two dimensions. First, the intensity-resources dimension classifies aging policies according to the level of resources required to be implemented (i.e., public expenditure and personnel). Second,

the beneficiaries dimension represents whether the policies implemented have an impact solely on the older adult group or have a broader effect on other age groups. Bearing in mind the policy alternatives, this section of the paper also explores the driving factors explaining public policy choices. In this line, large older adult groups with a low level of economic resources may require resource-intensive policies (i.e., health and care services), whereas more well-off older adults could demand leisure and culture activities more often. Section 3 describes the sample of municipalities analyzed. These municipalities present differences in two aspects: the size of the older adult group and the level of disposable per capita income. These economic and demographic characteristics of the municipalities are used to identify incentives that may lead to two different patterns in the implementation of aging policy at the local level (i.e., the responsiveness and strategic hypotheses). Section 4 presents the results of the empirical analysis on local governments' preferences and allocation of economic resources between aging policies. A discussion of the convergence and divergence patterns in aging policy choices across municipalities is contained in section 5. Finally, section 6 summarizes the conclusions of the study.

## 2. A typology of aging policies

The political response to aging is largely framed on the concept of active aging. The active aging paradigm is aimed at maintaining older adults as integral and productive members of their communities. Therefore, the active aging policy framework presents a broad scope of programs and actions beyond health and care issues to activities related to culture, leisure, and the promotion of social and political participation in the community where seniors live.

Due to the holistic nature of the concepts used in the field (active aging, aging in place, age-friendly communities), the conceptual framework of aging policy is in a process of constant transformation, and recently the World Health Organization (WHO) has framed such initiatives under the label *active and healthy aging* (Bousquet et al., 2015). This naming debate is also fueled by the increasing heterogeneity of the political actions that may fit under the different denominations. Bélanger et al. (2017) identify two approaches regarding active aging: the multidimensional concept proposed by the WHO – which encompasses physical, mental, and social functions influenced by gender, culture, and various determinants – and the perspective proposed by Fernández-Ballesteros et al. (2013) in psychology, which emphasizes a low probability of illness and disability, high physical fitness, high cognitive functioning, positive mood, stress coping, and engagement with life. Bowling and Dieppe's (2005) analysis underscores the policy implications arising from a comprehensive understanding of the concept of successful aging. Notably, biomedical research has expanded its purview to encompass the examination of biological pathways leading to unsuccessful aging, including factors such as impaired mental and physical functioning, as well as immunological and

genetic markers. However, prevailing policy emphasis remains on disease prevention and health promotion as means to attain successful aging. In line with this discussion, the research conducted by Depp and Jeste (2006) highlights that, despite the presence of diverse definitions, a significant proportion of older individuals, approximately one-third, are classified as aging successfully. Notably, these definitions predominantly emphasize the absence of disability while giving relatively less consideration to psychosocial variables (Depp & Jeste, 2006).

The WHO established the agenda for promoting age-friendly communities, serving as a pivotal initiative in advancing aging policy frameworks (WHO, 2007). This commitment aligns with the broader efforts within the United Nations (UN) framework, as evidenced by the recent proclamation of a UN Decade of Healthy Ageing (2021–2030) during the UN General Assembly in December 2020. These initiatives collectively contribute to the comprehensive endeavor of enhancing the well-being and quality of life for older adults globally. Based on the general framework established by the WHO initiatives, Table 1 attempts to provide a schematic representation of the most relevant areas within aging policy. The table serves as a comprehensive overview, cap-

**Table 1.** Typology of public policies on aging

Policy area	Standards/minimum requirements
Transportation & housing	Affordability, specialized services, priority seating, reliability, and frequency, affordability of residential alternatives, community integration, public housing, participation in urban planning
Social participation	Addressing isolation and fostering community integration; engage and influence discussions on health and well-being; range of events and activities; leisure, social, cultural, and spiritual activities
Respect and social inclusion	Public images of aging, access to public, voluntary and private services and events by economically disadvantaged older people, gender equality, intergenerational and family interaction through educational and intergenerational activities
Civic participation and employment	Legislation and policy prevent discrimination on the basis of age, part-time or seasonal opportunities, training opportunities
Communication and information	Oral communication (public meeting), “one-stop” information center
Community support and health services	Location accessibility of health centers, home care services, person-centered, integrated care and primary health services, information about health system
Environment, outdoor spaces and building	Green spaces and walkways, pedestrian facilities, separate cycle paths, elevators and ramps

Source: Authors' own elaboration based on WHO data (2007; 2020).



turing the key domains and components that are crucial for addressing the challenges and promoting the well-being of older adults.

However, this extensive list of policies affecting the older adult group presents notable heterogeneity. To comprehensively analyze the heterogeneity of aging policies, the following analysis will be divided into two subsections. The first subsection will focus on a classification of aging policies based on two key dimensions: the scope of the policy in terms of its intended beneficiaries and the corresponding resource consumption. This classification framework will allow for a nuanced understanding of the various types of aging policies and their implications.

The second subsection will explore the impact of these different policies and present a scheme of incentives that drive government engagement in each type of policy. This section will examine the outcomes and effects of diverse aging policies, assessing their effectiveness and exploring the motivating factors behind their implementation. By exploring the incentives associated with each policy type, this subsection aims to shed light on the underlying drivers and considerations that shape policy choices in the realm of aging.

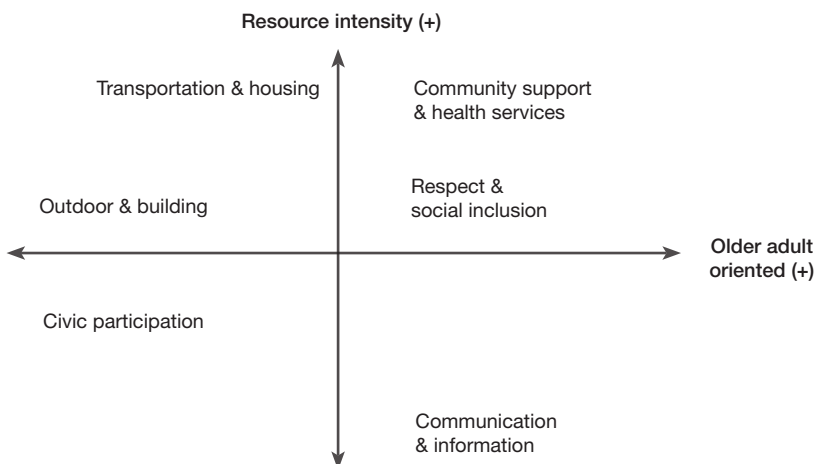
### *2.1. Criteria for categorizing aging policies*

The extensive list of policies affecting the older adult group in Table 1 on different grounds that can be systematized in two dimensions. The first dimension concerns whether the policy is resource-intensive, that is, whether the implementation of the policy requires a high level of public resources such as budget and staff. The second dimension captures whether the policy only has an impact on older adults or a more widespread effect on other age groups. This two-dimensional scheme is based on the driving factors at play when governments decide on specific policy actions to be implemented.

Figure 1 depicts the previous typology of public policies on aging in terms of the two dimensions, where the vertical axis represents whether the policy is more or less resource-intensive while the horizontal axis represents whether the policy affects only older adults or has a more general effect on other age groups. According to these dimensions, we can argue that political actions included in transportation, housing, community support, and health services areas may be considered as resource-intensive policies. The provision of these policies requires greater investments and maintenance costs than other policy areas such as communication, social participation, or leisure activities. The objectives of these latter policies may also be implemented through legal reforms (prevention of discrimination based on age or the promotion of part-time or seasonal economic activities for older adults through fiscal incentives). In addition, some of the actions of these less resource-intensive policies may be partially or totally financed by users of the services (e.g., leisure and cultural activities). In general terms, the development of aging programs linked to participation and active aging is usually less resource-intensive than those associated with core social policy programs such as health care and dependence programs.



Figure 1. Classification of aging policies



Source: Authors' own elaboration based on WHO data (2007; 2020).

The second dimension to classify aging policies relates to the target group. In some cases, aging policies may have a wider target group than the older age group. This is the case with transportation, outdoor spaces and construction, or social participation. For example, promoting the social participation of older people seeks to improve the quality of life of all generations by fostering intergenerational effects (Kaplan et al., 2017). The same can be said of the programs to improve transport systems or environmental protection.

## 2.2. Outcomes of aging policies: explaining local government choices

The previous classification of aging policies calls for a deeper analysis as to what extent governments implement the different types of policies. From a theoretical perspective, governments may prefer to implement policies that are less resource-intensive but benefit the larger population. This strategy would lead governments to minimize the costs and to maximize the potential beneficiaries of the programs implemented. A theoretical perspective supporting this argument is the principle of utility maximization, which suggests that governments aim to maximize overall societal well-being with limited resources. By implementing policies that have a broad impact on the larger population, governments can achieve greater utility by improving the well-being of a larger number of individuals. Moreover, from a political standpoint, the implementation of policies that confer benefits upon the broader population can prove advantageous for governments in terms of garnering public support and bolstering their legitimacy. Policies that address the needs and concerns of a substantial segment of the popu-

lation are more inclined to elicit public approval and contribute to the maintenance of political stability.

However, governments face different scenarios in terms of both the demand for aging policies and the capacity to implement the different types of aging policies. For example, wealthier individuals may prefer private providers of aging services to a large extent so as not to increase the tax burden but gain access to programs and services according to their needs and preferences. Under such circumstances, the strategic behavior of local governments leads them to prefer policies associated with social participation and active aging activities because of their lower cost and larger group of beneficiaries.

Nevertheless, the focus on less resource-intensive policies may be compromised in cases where individuals are less well-off and have less opportunity to obtain costly older adult-oriented services from the market. Furthermore, a low level of individual income may overlap with municipalities with a low level of economic resources to implement aging policies. Under these circumstances, local governments may choose to not pursue a strategic behavior but adopt a more responsive approach by focusing on policies that meet the needs of individuals, despite being resource-intensive (i.e., health assistance, technical support in housing, daycare centers, or community support to prevent social exclusion, including economic allowances). According to this responsiveness hypothesis, governments' response to aging leads them to promote resource-intensive policies in cases of low individual income. In addition, a potentially large number of beneficiaries of the policy may counterbalance the larger investment and reduce the unitary cost in the provision of social services.

### *2.3. Aging policies at the interplay of state, regional, and local governments*

The local context may be suitable to test the previous hypotheses because local governments are on the front line of receiving social demands concerning the different types of aging policies. Second, the limitation of economic resources in the municipalities may force local governments to discriminate and choose the type of aging policy that better align with their interests.

In Spain, the competences of municipalities are set out under Law 7/1985 of 2 April 1985 regulating the Bases of Local Government (LBLEG hereafter). Municipalities have different competences depending on their population (Article 26 of the LBLEG). In addition to those listed in the LBLEG, municipalities may assume other competences as delegated by the regional government or for which local governments demonstrate that the regional level does not provide services and without compromising financial stability (Navarro & Velasco, 2016).

Aging policy is not listed as a competence as such in the LBLEG, and the heterogeneity of actions targeting older adults may involve the concurrent competences of all levels of governments. More specifically, policy measures on aging mainly fall under the scope of social services. Within the scope of state competences, the aging policy framework is linked to the pension sys-

tem, while competences in the field of social services are concentrated in the regional governments. However, regional governments have developed their competences unevenly with regard to the recognition of subjective rights in the field of social services as well as with regard to the guarantees for the effective receipt of social benefits. In this context, the competence of local governments, modulated by regional laws, is the assessment of situations of social need, as well as the immediate attention to people in a situation or at risk of social exclusion. In the region of Madrid, the framework of the LBLG is further implemented through Law 11/3003 of 27 March 2003 on Social Services of the Community of Madrid, which extends the competences initially recognized in the LBLG to the municipalities in the field of social services (Article 46 establishes, for example, municipalities' competences, regardless of their population, to address situations of dependency, promote the autonomy of older adults or provide economic benefits in cases of social emergency). In any case, and beyond the formal distribution of competences, local governments constitute the immediate level of the public administration to which individuals turn to for the provision of social services. In view of the above, it is justified to examine what the municipalities actually do and not only the formal distribution of competences.

In this framework, at the state level, the National Strategy for Active Aging 2018–2021 was approved in 2017. One of the main features of this strategy is the alignment with other reforms already underway, such as delaying the retirement age. This measure is understood from a positive perspective and linked to improved working conditions for older adults and the extension of their working life. Strategic plans have also been adopted at the regional level in relation to aging policy, although the emphasis is on welfare policy measures and the promotion of leisure and culture among older adults. This is the case of the Strategy for the Care of Older Adults in the Community of Madrid 2017–2021. This strategy was also approved in 2017 by the regional government. Despite differences in the role of economic and social aspects in the policy for older adults, both national and regional strategies focus primarily on objectives as guidelines for action, rather than on setting binding standards. Therefore, governments must weigh and decide what measures should be prioritized in relation to the aging policy. The rest of the paper explores the differences and similarities of the specific actions adopted at the local level by municipalities in the Community of Madrid.

### 3. Methods

#### *3.1. Data and sample*

The region of Madrid comprises 179 municipalities; 85% of which have a population of fewer than 5,000 inhabitants. In contrast, 94% of the population is concentrated in municipalities with a population larger than 10,000 inhabitants. In the Community of Madrid, the group of people over 65 years of age

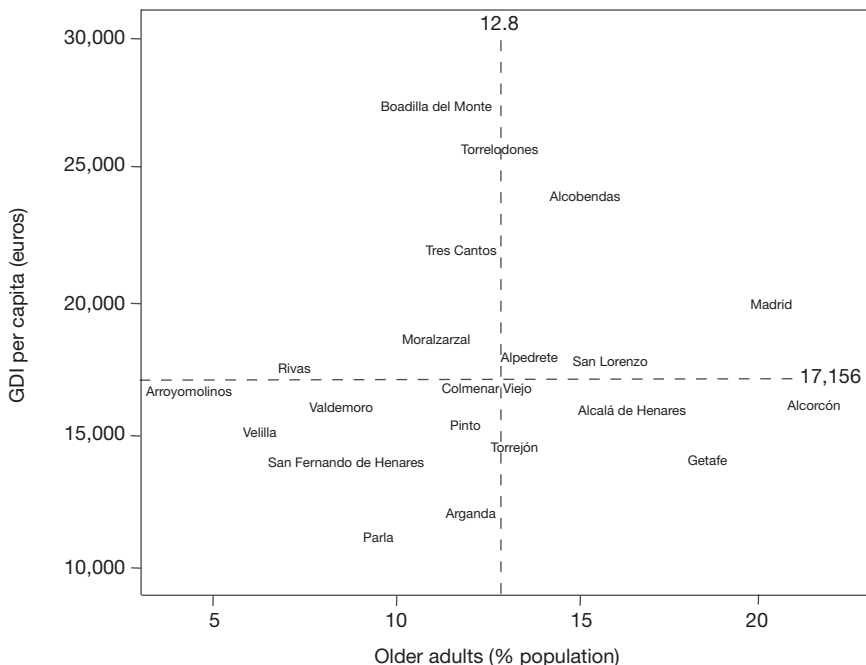
represented, on average, 17% of the population of all municipalities in 2017. Notwithstanding, population aging does not occur with the same intensity in the different geographical areas of the Community of Madrid, as a larger group of older adults live in the municipality of Madrid (20%) and in the municipalities of the Sierra Norte (17%) and Sierra Sur (19%). These differences justify the case under study as it raises the question of whether the response to the challenge of aging is the same among the different municipalities.

The data on the characteristics of aging policy are derived from a survey designed and implemented by the Institute of Local Government and Law at the Autonomous University of Madrid. The questionnaire was divided into five main sections in relation to aging policy (i.e., objectives and planning, budget and financial issues, political areas and actions, decision making, and evaluation). These sections aimed to cover both substantive and formal aspects related to aging policy at the local level of government. For the purposes of this article, questions relating to the objectives, actions, and resources allocated to policy for older people have been selected as indicated in each of the tables contained in the empirical analysis of the paper. The questionnaire was submitted to 50 municipalities with a population higher than 10,000 inhabitants due to the aforementioned distribution of the population and the competences of municipalities. As for the former and in accordance with the legal framework set out in the LBLG, only municipalities with a population of more than 20,000 inhabitants have the obligation to provide public services for people in a situation or at risk of social exclusion. Consequently, these municipalities would be expected to have a very clearly defined policy for older adults.

The survey was conducted among public officials and political representatives in charge of aging policy in large municipalities between October 2018 and February 2019. Data were collected from 21 municipalities (42% response rate). These municipalities differ in terms of the two main variables of the study (i.e., the size of the older adult group and levels of income per capita). Figure 2 represents the classification of municipalities considering the average of the 51 largest municipalities by population (dashed line). The sample is representative of the different scenarios in which local governments must develop aging policy in terms of both demographic and economic dimensions. The sample includes municipalities with large populations and a high population density (three of them have more than 5,000 inhabitants per km<sup>2</sup>: Madrid, Alcorcón, and Parla) along with less populated municipalities with a low population density (seven of the municipalities have a density of less than 1,000 inhabitants per km<sup>2</sup> while the rest have a density of 1,000–4,000 inhabitants per km<sup>2</sup>). This selection of municipalities allows controlling for the potential effect of the size and the competences allocated to the municipality.

The horizontal axis represents the size of the older adult group, that is, the percentage of seniors (over 65 years of age) in each municipality. The vertical axis measures the level of individual gross disposable income (GDI). This indicator represents the average available income after the payment of direct taxes and compulsory social security contributions and accounting for

Figure 2. Economic and demographic characteristics of the municipalities



Source: Authors' own elaboration.

transfers received from other levels of government. This indicator correlates significantly with local governments' expenditure. This observation indicates that an upward trend in per capita public expenditure by local governments is associated with a concomitant increase in the GDI. As a result, GDI can be effectively utilized as a viable to capture the economic limitations that local governments encounter when formulating their policy agenda pertaining to population aging, particularly with regard to their per capita expenditure (Navarro et al., 2017).

### 3.2. Design analysis

The analysis first maps the preferences of local governments regarding priorities in aging policy and then explores the relationship between the specific measures implemented and the socioeconomic characteristics of municipalities. In both cases, the differences and similarities between municipalities are addressed by analyzing the average values in the two main variables included in the analysis: the size of the older adult group and the GDI per capita. The size of the older adult group is measured as the percentage of the population aged 65 and older at the local level in 2017 (Madrid Institute of Statistics, Almudena

database). The year 2017 was chosen as the period of analysis as it immediately precedes the field research and predates the COVID-19 pandemic. As for the variable *GDI*, the average for the period 2013–2016 is calculated from official data (Madrid Institute of Statistics, Almudena database on statistics on local government). The analysis is descriptive rather than explanatory, as the main purpose is to identify whether there is convergence or divergence in aging programs between local governments.

The collected data include a vast array of aging programs covering the different types of policies under the active aging agenda. In this sense, the set of local programs analyzed was divided into five main categories corresponding to the aggregation of the policies represented in Table 1 based on the common elements regarding the use of resources and policy beneficiaries. The five categories are (1) assistance services and dependency (i.e., community support and health services such as daycare centers, health care services, and housing assistance); (2) active aging (social participation and communication and information such as the promotion of culture and leisure activities and the promotion of healthy life programs); (3) participation (civic participation such as the promotion of intergenerational relations or volunteer work); (4) prevention of social exclusion (fight against poverty, protection of vulnerable groups); and (5) infrastructure (outdoor and building, accessibility plans, public transport, housing, and environment). Respondents were asked about a number of specific measures that fell into each of five categories.

The implementation of programs corresponding to three of the categories analyzed (i.e., assistance services and dependency, attention to vulnerable groups in a situation of social exclusion, and infrastructures) requires large economic resources (daycare centers, health assistance, housing technical support, programs to prevent social exclusion, among others). On the other hand, the inner core of active aging programs encompasses less resource-intensive policy actions (i.e., promotion of healthy life, leisure, cultural and sport activities, promotion of associations and collaborative activities among older adults, participation in decision-making processes or consultative bodies, among others).

The aging policy categories included in the analysis differ in terms of the scope of the group of beneficiaries. In this regard, the policies analyzed range from older adult-centered programs (assistance services and prevention of social exclusion) to policy programs with a larger group of potential beneficiaries (infrastructure, environmental protection, and social participation). The survey asked public officials about the priorities and the allocation of resources across the previous categories.

## 4. Results

### 4.1. Priorities on aging policy

Regarding local governments' preferences on aging policy, Table 2 shows the economic and demographic characteristics of the municipalities according to

**Table 2.** Local governments' preferences on aging policy. Average levels of percentages of older adults and local GDI among selected municipalities

Category	Older adults (%)	GDI per capita (euros)
Assistance services and dependency (8)	13.3	15,538
Active aging (13)	12.6	17,919
Participation (12)	11.7	17,139
Social exclusion (14)	12.8	17,190
Infrastructure (2)	11.2	16,580

Note. Question 1. Could you indicate what have been the three priority objectives of municipal actions in the area of older people during the current legislature? Mark only three options. Number of municipalities according to first-ranked priority shown in parentheses.

Source: Authors' own elaboration.

types of aging policy. The municipalities are grouped depending on the policy category identified as their main priority. The average for both indicators (i.e., GDI and size of the older adult group) corresponds to each group of municipalities based on their ranked preferences.

The results show how the preferences of local governments differ in terms of their priorities for the aging policy agenda. Regarding both ends of the resource-intensive axis (dependency versus active aging policies), local governments that prioritize assistance services and dependency programs have a larger 65 and older population (13.3%) than municipalities whose main priority is an active aging program (12.6%). The differences are larger between local governments selecting social participation programs (11.7%) or infrastructure (11.2%) as their main priority.

When considering economic resources, the pattern diverges between municipalities. Municipalities that have assistance services and dependency programs as their main priority present a lower GDI (€5,538 on average) than those promoting an active aging program (€7,919). However, this pattern is not found in the case of programs for the prevention of social exclusion. The average GDI of municipalities that prioritize these types of programs is higher than for the group of municipalities that prioritize assistance services to older adults and dependency programs.

The results also indicate that municipalities have priorities that do not necessarily correspond to the formal distribution of competences. In this regard, the priority of most municipalities (14) is to attend to situations of social exclusion. However, in accordance with the LBLG, only municipalities with more than 20,000 inhabitants have the obligation to evaluate and report situations of social need and provide immediate assistance to people in a situation or at risk of social exclusion. A possible explanation for this discrepancy is that municipalities are better positioned to understand the needs of their communities than the central government. As a result, they may prioritize issues that are not explicitly mandated by the LBLG but are nonetheless critical to ensure the well-being of their residents.



#### 4.2. Allocation of resources on aging policy actions

Despite the broad content of the aging policy agenda, the survey results stress the fact that local aging programs are mainly financed from resources in the municipalities analyzed (Table 3). Indeed, own resources account more than 75% of the total economic resources for implementing aging policy in the bulk of municipalities (57% of cases). Other sources of funding for older adult programs come from third administrations' financial transfers, as well as fees and charges in the provision of public services. The percentage of financial transfers accounts for less than 25% in 81% of the municipalities analyzed. Finally, 20 out of 21 municipalities indicate that less than 25% of the funds for aging policy programs is obtained from fees or charges for services (Table 3).

These limited financial resources and the growing number of actions under the aging policy compel municipalities to choose between which programs to distribute to and on which to concentrate economic resources. The analysis, therefore, explores the extent to which the preferences discussed above are aligned with the distribution of economic resources among older adult policy programs. In this regard, Table 4 shows the percentages of economic resources allocated to different aging policy programs. The data are divided into four categories: protection in dependency situations, promoting active aging initiatives and participation, actions against social exclusion, and equipment and infrastructure. Each category is divided into four subcategories based on the percentage of budget allocation. The analysis indicates differences in the allocation of economic resources to older adult programs in relation to the demographic and economic characteristics of municipalities (i.e., the average size of the older adult group in the municipality along with the GDI level).

The results suggest that the larger the group of older adults, the more economic resources local governments allocate to resource-intensive aging

**Table 3.** Financing sources for aging programs

Source	Percentage over total funds on aging policy	Number of municipalities (% total)
Municipality's	< 25%	2 (9.5%)
Own economic resources	≥ 25% – < 50%	1 (4.8%)
	≥ 50% – < 75%	6 (28.6%)
	≥ 75% – 100%	12 (57.1%)
	≥ 25% – < 50%	17 (81.0%)
Other administrations' Transfers	≥ 50% – < 75%	2 (9.5%)
	≥ 75% – 100%	1 (4.8%)
	≥ 25% – < 50%	1 (4.8%)
	< 25%	20 (95.2%)
Users	< 25%	20 (95.2%)
	≥ 25% – < 50%	1 (4.8%)

Note: Question 7. Could you indicate, in order of highest to lowest, the source of economic resources for financing aging programs?

Source: Authors' own elaboration.

programs. For instance, local governments allocating 75% or more of their economic resources to the protection of individuals in dependency situations or actions preventing social exclusion correspond to municipalities with a large older adult group (21% on average). On the other hand, municipalities that allocate the bulk of their economic resources to active aging programs have a lower percentage of older adults (13%). This may indicate that local governments of municipalities with relatively smaller older adult groups focus on active aging initiatives and participation.

In addition, Table 4 also shows how municipalities focusing on resource-intensive programs (i.e., dependency and social exclusion) correspond to municipalities with a lower GDI (€15,718). Finally, a different pattern emerges when considering municipalities that allocate the bulk of their resources to active aging programs. The highest concentration of financial resources in active aging programs (over 75% of the aging policy budget) is located in municipalities with a higher level of GDI than in municipalities focusing on resource-intensive programs. The municipalities allocating less than 25% of the local budget to actions against social exclusion or the protection of persons in a dependency situation present lower level of GDI per capita (€15,718). On the other hand, municipalities that invest a larger portion of their budget in social exclusion and dependency programs tend to have a higher percentage of older adults in their population. For example, in municipalities that spend over 75% of their budget on social exclusion and dependency programs, the older adult group represents 21% of the population. We find that municipalities reporting expenditure higher than 75% on

**Table 4.** Economic resource allocation in aging programs

Category	Aging budget allocation	Older adults (%)	GDI per capita (euro)	Number of municipalities (% total)
Protection in dependency situations (daycare centers, home care and technical assistance, implementation of dependency laws, etc.)	< 25%	11.4	18,435	11 (52%)
	≥ 25% – < 50%	12.6	17,485	8 (38%)
	≥ 50% – < 75%	20.5	20,612	1 (5%)
	≥ 75% – 100%	21.5	15,718	1 (5%)
Promoting active aging initiatives and participation (leisure and sport activities, formative courses on health issues, promotion of physical activity, etc.)	< 25%	12	16,819	9 (43%)
	≥ 25% – < 50%	13.9	19,312	6 (29%)
	≥ 50% – < 75%	13.3	16,834	3 (14%)
	≥ 75% – 100%	13	19,024	3 (14%)
Actions against situations of social exclusion (poverty, social isolation, gender discrimination, etc.)	< 25%	12.1	19,017	13 (62%)
	≥ 25% – < 50%	13.9	15,161	3 (14%)
	≥ 50% – < 75%	11.4	13,518	1 (5%)
	≥ 75% – 100%	21.5	15,718	1 (5%)
Equipment and infrastructure (accessibility, outdoor spaces, etc.)	< 25%	12	18,573	15 (71%)
	≥ 25% – < 50%	17.3	14,891	3 (14%)

Source: Authors' own elaboration based on local aging policy survey.

dependency and social exclusion programs correspond to those that report a budget allocation for aging people higher than 75% from their own resources. This suggests that municipalities prioritize spending on dependency and social exclusion programs when facing the worst scenario of limited resources and an aging population.

## 5. Discussion

There are different scenarios where local governments operate in designing the aging policy agenda. The first scenario comprises municipalities with low GDI and large older adult groups. This is the most demanding scenario for local governments, since the two factors associated with the demand for aging services overlap. First, local governments face an increasing demand for aging policy due to the relative size of the older adult group. Second, the low level of GDI makes individuals largely dependent on public policies, especially on more resource-intensive programs (health and prevention of social exclusion). Finally, local governments have potentially fewer economic resources to implement aging policies. In this scenario, a so-called responsiveness hypothesis suggests that local governments respond to social demand by implementing resource-intensive aging programs.

The opposite scenario is found in municipalities where the level of economic resources is high and the older adult group is smaller in comparison to other cohorts. In this scenario, a so-called strategic hypothesis may be at work. According to this hypothesis, local governments would be more prone to implement less resource-intensive programs (e.g., cultural and leisure activities, social participation) that would have a broader impact on age groups other than older adults.

In general terms, the survey results confirm that preference for active aging programs is more frequent in wealthier municipalities. On the contrary, assistance services and dependency programs are ranked first in municipalities with large older adult groups and low GDI levels. These results are in line with the responsiveness hypothesis by which low GDI municipalities with larger older adult groups respond with policies covering the most basic social needs (i.e., assistance and dependency programs), whereas high-GDI municipalities are more prone to implement active aging programs.

However, this pattern is not found in the case of older adult programs targeting social exclusion. The average GDI of municipalities that prioritize programs of this type is higher than for the group of municipalities that prioritize assistance services to the older adult group and dependency programs. This result can be explained by the fact that the policy of preventing situations of social exclusion has traditionally been one of the responsibilities of local governments. In this sense, the priority for developing actions in this category is less dependent on the particular economic or demographic circumstances affecting the municipalities. Moreover, the task of evaluating situations of social need and immediate attention for individuals in a situa-

tion or at risk of social exclusion is a competence that must be assumed by municipalities with a population of more than 20,000 inhabitants.

The results obtained for policy priorities line up with the findings in terms of the allocation of economic resources to the different aging programs. The results suggest that the larger the older adult group, the more effort local governments spend on programs related to resource-intensive aging. The results also reveal that in the most demanding scenario for developing aging policy programs (i.e., large older adult groups and low GDI levels), local governments allocate the bulk of economic resources to attend to basic social needs though assistance services (i.e., dependency programs and actions to prevent social exclusion of the most vulnerable groups). These findings also empirically support the significance of public policies as an intervening variable that influences the impact on older adults of the immediate socioeconomic and personal context.

The results of this analysis can be better interpreted through the lens of “aging in place,” defined as the ability to live in one’s own home and community safely, independently and comfortably, regardless of age, income, or ability level (Centers for Disease Control and Prevention, 2013). Research on aging in place highlights that enabling older adults to remain in their homes depends on nurturing social ties and neighborhood support that may be disrupted by community change over time. Several studies have highlighted the dynamic nature of the places where aging occurs, underscoring key factors that can disrupt aging in place. Gardner (2011) found that informal social networks and community structures based on interdependence, not just independence, are key to quality of life for older adults aging in place. Using longitudinal data, Lewis and Buffel (2020) revealed how personal life events and shifting community contexts influence place attachment. More recently, Buffel et al. (2023) analyzed the impact of COVID-19 and found that older adults are disproportionately affected by pre-existing inequalities which are further amplified. Overall, this research emphasizes how spatial, socioeconomic, and health factors intersect to shape exclusion risks, thus requiring interventions targeting individual and area disadvantage to support aging in place.

Therefore, the main challenge to aging in place is not static but derives from the evolving community contexts that can disrupt critical networks and affect the quality of life and capacity for aging in place among older adults. The findings of the present analysis reinforce the need for targeted interventions to counterbalance the socioeconomic difficulties faced by older age groups. Rather than a one-size-fits-all aging policy, programs should address how changes in specific neighborhoods undermine social engagement and inclusion. Providing support that offsets community dynamics threatening aging in place will require a detailed understanding of local contexts. In this regard, aging policies must consider how places of aging transform to hinder or promote the goals of aging in place.

The relevance of the above results is further underscored by the fact that aging policy is mainly financed from municipalities’ own resources. This

dependency on their own resources for developing aging policy along with the expansive nature of the programs under the aging policy agenda force local governments to clearly identify their priorities and implement programs according to their specific demographic and economic circumstances. These circumstances are not homogeneous across municipalities. Therefore, the political response by local governments does not necessarily converge on active aging programs as a priority. Unfortunately, the potential disparities that can arise among older adult groups across municipalities are not always adequately acknowledged in the strategies implemented by regional governments. For example, in the monitoring report of the care strategy for older adults in the Community of Madrid, there is a notable absence of references to variations in aging policies at the local level or the need to design specific actions and programs that promote equal access to benefits for all older adults (Comunidad de Madrid, 2021).

Nevertheless, the similarities and differences analyzed in aging policy must be addressed within the limitations of the analysis. First, due to the limited number of cases, we have used a descriptive rather than explanatory analysis. Second, the sample of cases analyzed covers municipalities with over 10,000 inhabitants and rural areas are underrepresented. Moreover, the limited number of cases prevents further analyses considering population size. This may affect the results, since large older adult groups are concentrated in rural areas. Third, empirical results help to inform variations in resource allocations among municipalities, although differences between groups are not measured statistically to confirm a causal relationship. Finally, further insights on the implementation of aging policy at the local level would have required the evolution of preferences over a longer period of time. This last aspect is even more relevant considering possible alterations caused by the recent COVID-19 pandemic and which has altered the execution of a large part of the planned actions and programs (Comunidad de Madrid, 2021). Finally, other variables relevant for explaining local government choices regarding aging policy, such as the ideological stance of political parties, are not included in this study due to limitations in the research design. Specifically, the results of the 2015 elections relevant for this analysis of 2019 survey data present a complex scenario with new parties and electoral lists coming into power, which prevents introducing a variable about political ideology. Without a longer time horizon to examine changes, comparisons based on ruling political parties in the cross-sectional data are problematic. While political ideology may be an important explanatory factor, adequately measuring its influence would require a research design focused specifically on this variable, with a time series tracking impacts over a longer period. The influence of political ideology and party characteristics remains a limitation of this cross-sectional study that future research should address with an expanded longitudinal perspective. Despite the limitations, the analysis suggests a rewarding strategy in further exploring the heterogeneity of aging policy and the elaboration of testable hypotheses based on the socio-economic characteristics of the municipalities.

## 6. Conclusions

Despite the widespread use of terms such as active and health aging, the analysis has shown the diversity of preferences and allocation of economic resources among various aging programs at the local level. These differences between municipalities are, in some cases, at work in municipalities with differences in both economic and demographic characteristics. Based on survey data of local public officials responsible for aging policy between October 2018 and February 2019, the results suggest that local governments in municipalities with high levels of GDI are more prone to implement active aging programs (i.e., leisure and cultural activities, social participation). In contrast, local governments prefer more resource-intensive programs (health and care services, dependency programs, prevention of social exclusion) in municipalities presenting low levels of disposable income. This focus on dependency policies and care services is stronger in municipalities where both low levels of GDI and high levels of aging overlap. The differences found between municipalities point to a high level of responsiveness from local governments that react according to social needs. This is particularly important in the context of an aging population, where the demand for social care services is likely to increase.

The analysis has also shown the dependence of municipalities on their own resources for financing older adult programs. This circumstance, together with the aforementioned correlations, suggests a challenging scenario for implementing aging policy in municipalities where the highest level of social demands is concentrated (i.e., municipalities with large older adult groups and low levels of disposable income). These municipalities concentrate economic resources in resource-intensive aging programs (assistance services, dependency programs, and actions to prevent social exclusion of the most vulnerable groups). This suggests that municipalities prioritize spending on dependency and social exclusion programs when facing the worst scenario of limited resources and an aging population. These findings highlight the need for local governments to balance competing demands for limited resources and allocate resources in a way that best serves the needs of their residents.

The diversity of political responses defies the understanding of the active aging approach as a unified policy stance at the local level. Ultimately, the results suggest a divergence in local policy responses that are driven mostly by the levels of GDI and the size of the older adult groups. This scenario has two implications. On the one hand, the provision of public services is not uniform throughout the territory. This implies that older adults in different regions or across municipalities in the same region may have access to different types and levels of public services depending on the local policies and priorities. On the other hand, higher levels of government have the responsibility to compensate or seek a balance between the different programs included in the concept of active aging. This means that national or regional governments should be aware of the diversity of local policies and ensure that all older adults have access to a basic level of services, regardless of where they live.

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