Creating Healthy Communities for an Aging Population

A report of a Joint Rural Health Advisory Committee and State Community Health Services Advisory Committee Work Group

May 2006

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Executive Summary

Background
This report was prepared by the Creating Healthy Communities for An Aging Population Work Group, which was convened by the Minnesota Department of Health Rural Health Advisory Committee (RHAC) and the State Community Health Services Advisory Committee (SCHSAC).

The work group used a broad-based framework to discuss healthy aging and to identify recommendations with potential to address the issues associated with an aging population, particularly personal and population health needs for aging seniors.

A Working Definition and Framework for Healthy Aging
A review of the current literature led to adoption of a working definition and framework to guide deliberations. A definition of "healthy aging," developed by the West Virginia Rural Healthy Aging Network, was adapted for use in Minnesota.

> *Healthy aging is the development and maintenance of optimal mental, social and physical well-being and function in older adults. This is most likely to be achieved when communities are safe, promote health and well-being, and use health services and community programs to prevent or minimize disease.*

A framework was identified that includes four components: (1) Addressing Basic Needs (2) Optimizing Health and Well-being (3) Promoting Social/Civic Engagement and (4) Supporting Independence (modified from the AdvantAge Initiative).

Recommendations
The following recommendations are intended to guide future work by RHAC, SCHSAC, and other stakeholders:

1. Develop a community-based self assessment and planning process, with follow-through and maintenance, which will guide the creation of healthy and elder-friendly communities in Minnesota.
2. Improve transportation options for elders by identifying barriers, gaps and assets and by implementing collaborative efforts on the local, regional and state levels.
3. Support the use of technology for care delivery, access to information, opportunities to participate in the community, and targeted services that focus on an aging population.
4. Support infrastructures that provide education and tools for health promotion, self-responsibility for health promotion and maintenance, and disease self-management that are understandable, culturally appropriate and competent.
5. Broaden retirement planning and education to encourage people to take responsibility (early and seriously) to save and use available resources wisely.
6. Address and catalogue mental health needs of the aging population on local, state and national levels.
7. Develop elder-friendly and caregiver education regarding available resources and how to access them using common language and terminology.
8. Enhance and promote a community culture that supports people as they age and recognizes them as an asset.

Creating Healthy Communities for an Aging Population

Overview

Minnesotans are living longer, healthier lives and enjoying greater prosperity than ever before. As the baby boomers continue to age and the aging population grows larger and more diverse, policymakers, researchers and local community leaders will need to make decisions that support the health and well-being of older Minnesotans.

Demographics of Aging
Between now and 2030, the percentage of Minnesota's population age 65 and older will grow from 12.1 (in 2000) to 23 percent of the state's total population. Between 2030 and 2050, dramatic growth will occur in the 85+ age group as the last of the baby boomers turns 85. This process is accelerating in parts of rural Minnesota, especially the southwest and west central regions, where more than 20 percent of the population is already 65 or older (see Appendix D1, Demographics of An Aging Population.)

Minnesota is not alone in facing a demographic shift to an older population. In Italy, Spain and Japan one person out of three is already 65 years or over. In the coming decades, global aging will subject nations around the world to extraordinary social, economic and political challenges.

Perhaps the greatest challenge to the United States will be providing adequate, appropriate and affordable health care. In 2003, nearly 36 million people age 65 and over lived in the United States, accounting for about 12 percent of the total population. This number is projected to grow to 87 million by 2050, or about 25 percent of the total U.S. population. Providing health care for an aging population will be costly, require an adequate health care workforce, and compete with other challenges such as accessible transportation and housing for an aging population.

Purpose and Charge of the Work Group
On November 9-10, 2005, the Rural Health Advisory Committee (RHAC) and the State Community Health Services Advisory Committee (SCHSAC) convened a work group comprised of advisory committee representatives, content experts and concerned citizens. (See Appendix A for list of members.) The purpose of this work group was to develop a set of recommendations for addressing personal and population health needs for Minnesota's aging population. The work group's charge was to:

A) Adopt a working definition and framework for healthy aging that is useful for work group members and citizens from diverse perspectives.

B) Identify areas of high need that are also of high enough interest in communities to stimulate action.

C) Based on this information, develop recommendations that will guide further actions of RHAC, SCHSAC and other stakeholders.

A. Definition and Framework for Healthy Aging

Definition of Healthy Aging
A basic definition of "healthy aging" was adapted to use as a starting point for discussion. (See Appendix B: Working Definition and Framework for Healthy Aging.)

> *"Healthy aging is the development and maintenance of optimal mental, social, and physical well-being and function in older adults. This will most likely be achieved when communities are safe, promote health and well-being and use health services and community programs to prevent or minimize disease."*
>
> West Virginia Rural Healthy Aging Network

Group members made one change to the West Virginia definition, deciding to place the word "mental" before "social" and "physical" because one's mental health is critical to both social and physical well-being.

Broad Terminology for Aging
The work group discussed definitions of several terms related to healthy aging and agreed to use and interpret terms broadly. Included was a discussion of semantics about age groups and terms such as "young-old" (defined as people who are age 65 to 74), "old-old" (age 75 to 84) and "oldest-old" (age 85 plus). The group agreed these descriptors and others may not always apply to individuals, can have negative connotations, and can be inaccurate in a modern context. The rapidly changing dynamics of aging will require new terminology that is genuinely useful.

Guiding Principles
Principles were developed to complement the working definition and framework for healthy aging. These principles include:

- Respecting Minnesota's growing cultural diversity and including minority population viewpoints in conversations about Minnesota's aging population.
- Recognizing that health has many dimensions and is manifest through the interrelationship of mental, social and physical components.
- Appreciating the social determinants of health that affect people as they age including socioeconomic status, physical and social environments, and social stressors such as discrimination and ageism.

Four Dimensions of a Healthy Aging Community
A framework for creating healthy communities for an aging population was adapted from The AdvantAge Initiative. (See Appendix B: Working Definition and Framework for Healthy Aging.) Work group members synthesized these ideas into four dimensions. In this framework, a healthy aging community is one that is:

1. Addressing Basic Needs
2. Optimizing Health and Well-being
3. Promoting Social and Civic Engagement
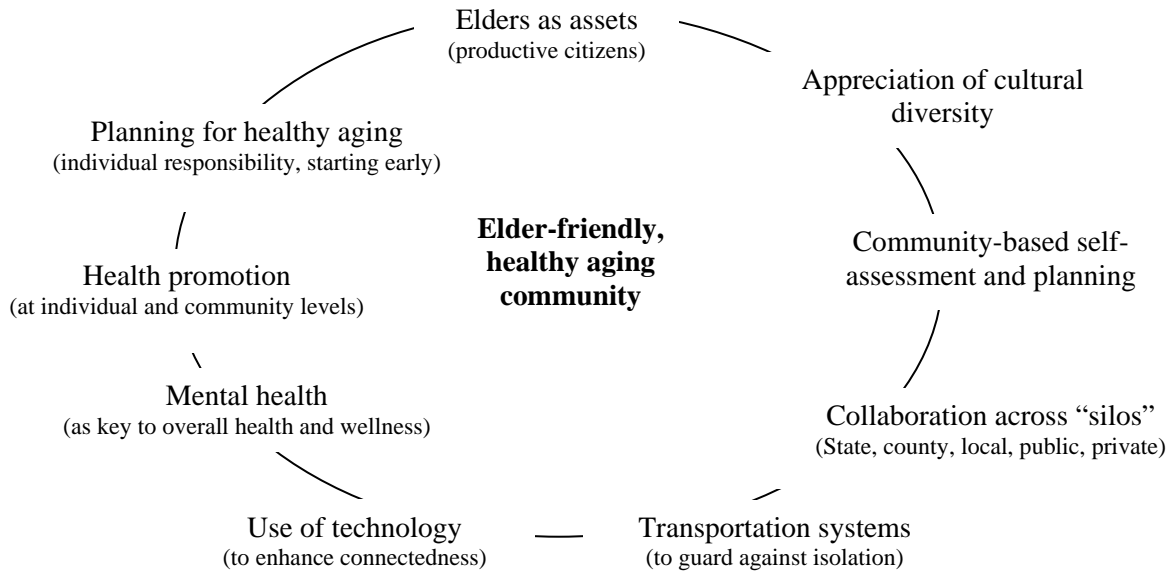4. Supporting Independence.

Work group members further developed each of these dimensions:

1. **Addressing basic needs** of an aging population is no different than addressing basic needs of any population. An elder-friendly community strives to provide appropriate and safe housing, access to basic services and goods, transportation, and accessible health services. Additional concepts such as resource allocation, use of technology to support basic needs, protection from exploitation, affordable food, land use and planning, and cultural and/or linguistic appropriate services were noted as important additions to the framework.

2. **Optimizing health and well-being** for healthy aging requires community supports ranging from preventive services to appropriate and affordable health care. A healthy aging community encourages people to live healthy and active lives, supports and values caregivers, and maintains a health care infrastructure able to serve the needs of elders. Additional concepts such as the importance of disease prevention through physical activity and nutrition, coordination of health resources and related information, and technology as an emerging support for health services were added to this component of the framework.

3. **Promoting social and civic engagement** is key to maintaining connections between elders and their surrounding community. An elder-friendly community provides opportunities for involvement in arts and recreation, employment, continuing education, church and civic organizations and volunteerism. Additional concepts such as valuing the wisdom and contributions of elders, leading civic change, and encouraging intergenerational and intercultural exchanges were included in the framework.

4. **Supporting independence** for elderly residents provides a structure for "aging in place" or the idea that elders should have the option to remain in their own homes, societies and environments as long as possible to avoid or reduce the need for institutional arrangements. Support services such as home care, transportation, chore services and assistance for families and caregivers are essential for maintaining independence. Additional issues such as grandparents raising grandchildren and individuals planning to meet their own financial and health needs were discussed as important in looking at independence.

B. Areas for Action

Work group members were asked to look at the problems, gaps and challenges in building healthy communities for elders and identify those areas where they felt energy existed for addressing the issues. The following represents the discussion regarding the common themes that emerged to support the four dimensions of healthy aging.

A constellation of common themes for supporting healthy aging in communities

Elders as assets
(productive citizens)

Appreciation of cultural
diversity

Planning for healthy aging
(individual responsibility, starting early)

**Elder-friendly,
healthy aging
community**

Community-based self-
assessment and planning

Health promotion
(at individual and community levels)

Mental health
(as key to overall health and wellness)

Collaboration across "silos"
(State, county, local, public, private)

Use of technology
(to enhance connectedness)

Transportation systems
(to guard against isolation)

Elders as Assets
Too often, discussions about communities and the aging population focus on the use of resources rather than on the value older people bring to the community. A key challenge is learning to harness the time, talent and wisdom of the older generation—to provide new and expanded opportunities for meaningful participation. Productive engagement of all citizens contributes to their mental and physical health while enhancing communities' health and prosperity.

Cultural Diversity
Minnesota's population is becoming more and more diverse adding richness and variety to the state. Demographic data indicate that minority populations are expected to increase faster than the white population. Urban, suburban and rural areas of Minnesota will all experience substantial increases in minority populations. Immigration and the globalization of the economy will increase Minnesotans' exposure to a variety of cultural influences. Work group members stressed the importance of culturally competent services and resources to meet the needs of diverse aging populations. Community education to increase understanding and appreciation of the assets a diverse population brings also contributes to developing healthy communities for the aging.

Data Collection, Community-based Self-assessment and Planning
A thorough understanding of communities, including assets and challenges to healthy aging, is necessary for progress to occur and be sustained. The work group identified several existing approaches to community assessment using ongoing data collection to understand demographic and population needs. Community assessments that include objective and subjective information help to

identify what services are available as well as create awareness and suitability of services. Community assessments need to include both formal systems, such as health care services and elder-friendly services, and informal assets, such as the physical environment (e.g., parks and walkways), businesses, faith communities, volunteers, families and neighbors. Planning that includes significant community participation should lead to the identification of actual needs and potential solutions to address those needs.

Collaboration at the State, Local, Public and Private Levels
An increased emphasis on healthy aging – ensuring that elders maintain optimal health status and quality of life in their later years – must become a priority at both the state and local levels. Collaboration is needed not only across government levels but also between nonprofit and private groups who have similar interests and are serving similar populations. The work group members believed that progress has been hindered by a fragmented approach to aging services. They advocated for more collaboration among state and local level programs in both the public and private sectors.

The health needs of the aging population go well beyond the provision of health care services to include housing, transportation, environment, social services, finances, education, employment, technology and other issues. Integrating improvement efforts at all levels and across sectors will provide a more cohesive and comprehensive system for healthy aging.

Transportation
Transportation was identified as one of the biggest problem areas for ensuring the best quality of life in a healthy aging community. As people age, isolation becomes a growing problem, and access and mobility become increasingly critical needs. The work group noted that rural areas have limited public transportation and rely heavily on a number of systems that are not necessarily coordinated. Urban and suburban workgroup members noted that they might have more transportation options, but these systems are underutilized because of service limitations or because people are not aware of them. Financial and regulatory barriers, both real and perceived, also limit transportation options.

The work group discussed the need to look for creative solutions such as pedestrian-friendly design, improved street signs and lighting, and mass transit systems. One member suggested using already established school bus networks to help meet the transportation needs of the elderly. Not only would this use a system already in place, but offer the opportunity for inter-generational activities. Additional solutions are needed to increase coordination across state and county lines.

Use of Technology
Technology can enhance connectedness and reduce isolation. The need for communities to develop technology in a number of areas was identified as a significant factor in creating healthy communities for an aging population. Areas for action include electronic health records, telehealth and safety and quality innovations. Broadly, the group discussed the need for high-speed internet connectivity in all communities and noted that gaps exist in rural areas. Connectivity and interoperability between systems is needed. For example, an electronic health record should be available at hospitals, clinics, home care agencies and larger health systems. Additional efforts are required to connect the formal health care system with informal health care allies such as parish nurses and discharge planners. The group noted that efforts are currently underway in the state in some of these areas, especially pointing to the E-health initiative through the Minnesota Department of Health.

Health Promotion
Effective health promotion addresses individual behavior as well as community support systems and environmental conditions that will support healthy choices for adults. Healthy aging requires people to take personal responsibility for their health by taking advantage of opportunities for physical activity and good nutrition. Connections with people and opportunities to challenge the mind also contribute to a healthy aging process. Communities can mobilize their assets to encourage people to live well while identifying and breaking down barriers to healthy living.

Mental Health
Mental health was described as an overlooked but pivotal issue. The work group emphasized that mental health is crucial to overall health and social connectedness. Not only are resources for the treatment of mental health conditions scarce, but the stigma attached to mental health issues often keeps it a hidden issue. A special emphasis was placed on the mental health needs of Minnesota's culturally diverse elders—a population even less likely to be served.

Mental health goes beyond being free of mental illness symptoms to include vital participation with family, friends and the community. Loneliness, isolation, chronic diseases, and dealing with loss can limit contact and erode mental healthiness. Some of the other elder-friendly community themes described here, such as transportation and use of technology and tapping into the elderly as assets can enhance mental health and help a person participate in the community.

Planning for Healthy Aging
A strong theme developed in the area of individual responsibility to plan for health and financial needs. Planning for healthy aging and retirement needs to begin early in life. Minnesotans often start to plan too late or fail to commit sufficient resources to meet their health and financial needs for the future. Communities that support their aging population provide a variety of resources and incentives for people to plan for a healthy, secure retirement. For example, communities can offer increased awareness and decision-making services, workplace and faith-based education, and adult education. Retirement education and planning could also be included in K-12 school curriculums.

C. Recommendations

The recommendations from the work group are intended to convey high-level direction for future work by the Rural Health Advisory Committee, the State Community Health Services Advisory Committee, members of the work group and other stakeholders. Recommendations are focused in three areas:
- Public and private policymakers at a statewide level, e.g., state agencies, health plans, the legislature and businesses;
- Community leaders in city and county governments, local agencies, and local business and civic organizations, and
- Individuals and families.

The recommendations are listed in rank order of need and interest for action.

1. **Develop a community-based self assessment and planning process, with follow-through and maintenance, to guide the creation of healthy and elder-friendly communities in Minnesota.**
   State:
   - Develop tools for community-based self assessment and planning activities that support elders and healthy aging.
   - Catalogue needs and resources.

   Community:
   - Conduct assessments addressing health, environment, business and a range of criteria that promote healthy aging.
   - Mobilize public and private interests to support community-based self assessment and planning processes.

   Individual/family:
   - Promote and support individual civic and community engagement to ensure the development and use of the community-based self-assessment and planning process.

2. **Improve transportation options for elders by identifying barriers, gaps, and assets and by implementing collaborative efforts at local, regional and state levels.**
   State:
   - Support a multi-agency effort to address transportation issues by involving a variety of stakeholders including the Minnesota Departments of Human Services, Health, Transportation and others.
   - Identify differences in transportation needs across Minnesota.

   Community:
   - Create local and regional task forces to assess and address transportation issues and include health care providers in the effort.
   - Coordinate health care appointments and transportation.
   - Link public, private, and volunteer partners to coordinate local transportation options.

   Individual/family:
   - Participate in volunteer activities to provide transportation and in community efforts to develop transportation plans.

3. **Support the use of technology for care delivery, access to information, opportunities to participate in the community, and targeted services that focus on an aging population.**
   State:
   - Develop policies and funding to ensure affordable Internet access to all communities.
   - Support funding for innovations including electronic health records, medical records, telehealth and other technologies.
   - Develop policies that ensure interoperability of these systems.

   Community:
   - Collaborate to ensure that information is accessible across providers and settings including hospitals, clinics, nursing homes, other health care providers, and appropriate informal systems of care.
   - Include technology in community planning such as building wireless access in community centers and creating building codes that support a technology infrastructure.
   - Provide training in community settings for elders on the Internet and other technology.

   Individual/family:
   - Seek education and training on the use of new technologies.

4. **Support infrastructures that provide education and tools for health promotion, self-responsibility for health promotion and maintenance, and disease self-management that are understandable, culturally appropriate and competent.**
   State:
   - Collaborate on a state level to identify usable evidence-based tools.
   - Create a statewide resource center for dissemination of tools, promising practices and other health promotion, health maintenance and disease self-management resources.
   - Support and fund innovative projects and programs that encompass culturally appropriate and competent programming.
   - Create a comprehensive information collection and reporting system on racial and ethnic data using state resources including the Minnesota Departments of Health and Human Services.

   Community:
   - Collaborate on a community level among public health, health care providers and health care services.
   - Distribute culturally appropriate community-wide information on health and health promotion activities.
   - Coordinate health and social services across agencies on city, county and regional levels.
   - Collect county or regional data on the health status of elders, including elders from multi-cultural populations.

   Individual/family:
   - Promote personal and family education to make responsible life choices targeting all ages.

5. **Broaden retirement planning and education to encourage people to take responsibility (early and seriously) to save and use available resources wisely.**
   State:
   - Develop policies that encourage early retirement planning.

   Community:
   - Offer education and planning resources through schools, libraries and community centers.

Individual/family:

- Begin comprehensive healthy aging and retirement planning early.

6. **Address and catalogue mental health needs of the aging population on local, state and national levels.**
    State and Community:

    - Focus efforts on the most common mental health diagnoses found in the elderly.
    - Prevent isolation and loneliness with early interventions.
    - Promote meaningful participation in the community.
    - Use evidence-based practice to screen for and treat mental conditions.
    - Promote routine screening through primary care and community health programs.

7. **Develop elder-friendly and caregiver education regarding available resources and how to access them using common language and terminology.**
    State:

    - Promote the development of central resources.
    - Improve existing healthy aging resources such as www.minnesotahelp.info.
    - Ensure that resources are culturally appropriate and competent by addressing the needs of a multicultural population.

    Community:

    - Catalogue local and regional resources on a systematic and periodic basis in conjunction with the state.
    - Promote the use of existing resources such as the Senior Linkage Line and single source help-lines (e.g., 211 – United Way).

8. **Enhance and promote a community culture that supports people as they age and recognizes them as an asset.**
    State, Community and Individual/family:

    - Promote elder friendly communities by encouraging and recognizing communities that support their populations across the lifespan.
    - Develop and support employment and volunteer policies and practices that provide flexibility for older workers and volunteers to continue to contribute to the community.

Summary

Healthy aging is a lifelong concept that encompasses the mental, social and physical well-being of people and communities. Healthy communities address basic needs, promote optimal health and well-being, foster civic and social engagement and support the independence of the elderly. To accomplish this, a broad-based, collaborative approach is required of policymakers, service providers, businesses, civic and faith-based organizations, individuals and families.

Creating Healthy Communities for an Aging Population

Appendix A: Work Group Membership

Bev Wangerin   McLeod County Commissioner, Work Group Chair

Nita Aasen   Public Health Nursing Director, Nicollet County Public Health

Bev Bales   Douglas County Commissioner

Roger Banks   Research & Policy Analyst, Council on Black Minnesotans

Ray Christensen   Higher Education Rep. and RHAC Chair, UMD, Medical School,
                          Duluth

Maddy Forsberg   Consumer, RHAC and Director, Southwest Area Agency on Aging,
                          Slayton

Hal Freshley   Planning Director, Aging and Adult Services, DHS

Tom Gossett   Associate Director, Elderberry Institute, St. Paul

Candy Hanson   Adult Services Supervisor, Chisago County CHS/PHN Service

Kay Keimig   Public Health Nursing Director, Mille Lacs County CHS/PHN Service

Patti Martin   Long Term Care Program Supervisor, Carlton County Public Health

Cristina Martinez   Hispanic Health Network, Minneapolis

Malcolm Mitchell   Executive Director, Elderberry Institute, St. Paul

Margaret Moss   Minnesota Board on Aging and Assistant Professor, School of Nursing,
                          University of Minnesota

Christine Mueller   Associate Professor, School of Nursing, University of Minnesota

Lavonne Schlieman   Consumer Representative, RHAC, Holloway

Nancy Stratman   Long Term Care Rep., RHAC and Nursing Home Administrator,
                          Willmar

Cindy Urbaniak	Public Health Nursing Director, Kittson Memorial Home Healthcare
Connie Waldera	Public Health Nurse, Washington County Department of Public Health and Environment
Amy Wilde	Meeker County Commissioner
Carol Woolverton	Assistant Commissioner, Community & Family Health Division, MDH
Gaoly Yang	Program Officer, Metropolitan Area Agency on Aging

MDH STAFF

Linda Norlander	Office of Rural Health and Primary Care, MDH (Project co-coordinator)
Lee Kingsbury	Office of Public Health Practice, MDH (Project co-coordinator)
C.J. Peek	Work group process facilitator
Lynne Markus	Office of Public Health Practice, MDH
Sue Strohschein	Office of Public Health Practice, MDH
Pam York	Health Promotion Chronic Disease, MDH
Mark Schoenbaum	Director, Office of Rural Health & Primary Care, MDH
Angie Sechler	Office of Rural Health and Primary Care, MDH
Kristen Tharaldson	Office of Rural Health and Primary Care, MDH
Tamie Rogers	Office of Rural Health and Primary Care, MDH

Appendix B: Working Definition and Framework for Healthy Aging

Working definition of healthy aging

Healthy aging is the development and maintenance of optimal mental, social and physical well-being and function in older adults. This will most likely be achieved when communities are safe, promote health and well-being and use health services and community programs to prevent or minimize disease.   (Adapted from WV Rural Healthy Aging Network, West Virginia University Center on Aging: www.hsc.wvu.edu/coa/rhan/)

Framework of components
(Adapted from The AdvantAge Initiative, http://www.vnsny.org/advantage)

1. Addressing Basic Needs

The basic needs of the aging population are the same as the basic needs of any population—food, shelter, safety and transportation. For the aging population it means a community that can offer:

- Appropriate and affordable housing
- A safe home and community, protection from fraud and exploitation
- Access to necessities such as shopping and pharmacy
- Transportation, including public and volunteer options
- Accessible health care and medical facilities and services
- Access to updated technology such as high-speed internet
- Culturally and linguistically appropriate services

2. Optimizing Health and Well-being

Access to appropriate and affordable health care is a high priority of older Americans. Healthy aging communities ensure that:

- People are encouraged to live healthy and active lives
- Prevention and nutrition services are supported
- A health care infrastructure is supported including hospitals, clinics, long term care, home care and hospice
- Health services are well coordinated
- Health professionals are in adequate supply and skilled to meet the needs of older adults
- Community and provider systems are in place to manage chronic conditions
- Caregivers—family and volunteer—are valued & supported.
                    (Adapted from "Aging Friendly Communities" Nebraska Cooperative Extension HE Form 536.)

An elder-friendly community

3. Promoting Social/Civic Engagement

Connectedness to family, friends and community is one of the social determinants of health. Healthy aging communities value the wisdom and contribution of elders and provide opportunities to be involved through:

- Arts and recreation
- Age-friendly employment
- Educational opportunities
- Caregiver support
- Volunteer opportunities and
- Church and spiritual support activities.

4. Supporting Independence for Elderly

Independence includes the ability to live at home or "age in place." Healthy communities:

- Support systems and services that include home care, chore services and accessible transportation.
- Support family, volunteers and informal caregivers
- Encourage personal responsibility for health and financial needs

(Adapted from "A Report to the Nation on Livable Communities: Creating Environments for Successful Aging" AARP: http://assets.aarp.org/rgcenter/il/beyond_50_communities.pdf)

Appendix C: Web Links to Other Work Group Resources

Definition of Healthy Aging
West Virginia Rural Healthy Aging Network: www.hsc.wvu.edu/coa/rhan/

Framework for Healthy Aging
AdvantAge Initiative website: http://www.vnsny.org/advantage

Various community assessment tools

MN Board on Aging, 2001
"Is Our Community Senior Ready?"
http://www.mnaging.org/pdf/MediaBlitzQuestionnaire.pdf

Elderberry Institute, 2004
"Is My Community Elder Friendly?"
http://www.elderberry.org/content/Documents/ElderFriendlyCommunitySurvey081605.doc

Vital Aging Network, 2004
"Community Assets for Vital Aging: Questionnaire"
http://www.van.umn.edu/advocate/pdf/questionnaire.pdf

Park Nicollet Institute, 2004
"A Survey of Adults 65 Years and Older in St. Louis Park"
(This page lists several NORC assessments - click on "Minneapolis - Survey of...")
http://www.norcs.org/content_display.html?ArticleID=160845

AARP Public Policy Institute, 2005
"Livable Communities: An Evaluation Guide"
(Warning - large file size - 162 page document)
http://assets.aarp.org/rgcenter/il/d18311_communities.pdf

Cuyahoga County Planning Commission in partnership with The Cleveland Foundation, 2004
"Guide to Elder-friendly Community Building"
http://www.successfulaging.org/images/Guide_to_EFC_Building.doc

Appendix D: Healthy Aging Fact Sheets

D1: Demographics of an Aging Population

D2: Healthy Aging and Chronic Disease

D3: Healthy Aging Communities

D4: Healthy Aging Community Models

D5: Healthy Aging Communities: Local Public Health Role