

Advancing an Age-Friendly Public Health System

May 2019

Cultivating Collaborations

*A Case Study of the Successful
Partnership Between Public
Health and the Aging Sector in
Los Angeles*



The John A. Hartford Foundation
Dedicated to Improving the Care of Older Adults



Advancing an Age-Friendly Public Health System

The Trust for America's Health (TFAH) is funded by The John A. Hartford Foundation (JAHF) to advance a *Framework for an Age-Friendly Public Health System*, with the long-term goal of engaging public health departments nationwide to adopt approaches that work with health systems and community partners to improve care for older adults. This case study highlights the approach taken by the City and County of Los Angeles to integrate public health and elder services to support the health and well-being of the state's older adults.

The John A. Hartford Foundation, based in New York City, is a private, nonpartisan, national philanthropy dedicated to improving the care of older adults. The leader in the field of aging and health, the Foundation has three areas of emphasis: creating age-friendly health systems, supporting family caregivers, and improving serious illness and end-of-life care.

Trust for America's Health (TFAH) is a non-profit, non-partisan organization dedicated to saving lives by protecting the health of every community and working to make illness and injury prevention a national priority. TFAH reports on and recommends evidence-based programs and policies that make prevention and health equity foundational to health and community systems at all levels of society.

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A Case Study of the Successful Partnership Between Public Health and the Aging Sector in LA

Executive Summary

Recognizing the challenges—as well as opportunities—our nation will be facing in the coming years with the growing population of adults ages 65 and older, Trust for America’s Health is committed to identifying places that are creating the conditions for older adults to live healthfully, independently, productively, and with dignity. Los Angeles is such a place. The creation of the Los Angeles Alliance for Community Health and Aging (LAACHA) is an example of how the public health and aging sectors can collaborate to identify needs and challenges, coordinate supports and services, and leverage funding and other resources to best serve the health and social needs of LA’s older adults. This case study explores the creation of LAACHA and examines the roles it plays in improving older adult health in Los Angeles. Highlights of LAACHA’s success include:

- Recognizing the diversity of a community’s older adult population and identifying their unique needs;
- Cultivating relationships to effect policy and systems change;
- Identifying key stakeholders and leveraging their expertise to expand capacity for delivery of programs and services; and
- Building leadership capacity to sustain the infrastructure and collaboration through political and fiscal challenges.

A Demographic Shift

Due to a combination of factors, including improvements in health and longevity, the aging of the baby boomer generation, and declining fertility rates, older adults are the fastest growing demographic of the U.S. population. In 2015, 45 million adults were aged 65 years and older; by 2050, that number is expected to reach 80 million, representing 20 percent of the total U.S. population.¹ In Los Angeles County, the population age 65 and older is projected to double in size to 2.2 million by the year 2030.²

Along with these shifting demographics and increased life expectancy come new opportunities and challenges to ensuring that our health, social, and community systems are prepared to meet the needs of older adults. All sectors (health care, justice, government, business, etc.) should be engaged in promoting healthy aging, but public health – in particular – has a distinct role to play to ensure that older adults experience an improved quality of life for as long as possible. With a

focus on ensuring health, racial, and gender equity, and a history of strong partnerships with the communities they serve, public health departments are uniquely poised to convene key stakeholders from multiple sectors and help coordinate existing services and structures that can collaborate to improve health and well-being at the individual, community and population health level.

What is Healthy Aging?

Healthy aging encompasses a holistic approach, ensuring longer and healthier lives, and may be defined as: 1) promoting health, preventing injury and managing chronic conditions; 2) optimizing physical, cognitive and mental health; and 3) facilitating social engagement. Healthy aging is an adaptive process in response to the challenges that can occur as we age, and a proactive process to reduce the likelihood, intensity, or impact of future challenges, such as disease, disability, social isolation and loneliness. It calls for maximizing physical, mental, emotional, and social well-being, while recognizing that aging is often accompanied by chronic illnesses and functional limitations, including the exacerbation of lifelong conditions. “Age friendly” communities promote policies, infrastructure and other opportunities which support the health and well-being of its residents as they age. While the public health sector addresses these and other components of health at the population level using a health equity lens, based on race, ethnicity, gender, zip code and economic inequalities, there has been less of a focus on older adults as a distinct population.

The Role of Public Health in Promoting the Health and Well-being of Older Adults

In 2017, Trust for America’s Health (TFAH), in partnership with The John A. Hartford Foundation, held a convening called [*A Public Health Framework to Support the Improvement of the Health and Well-being of Older Adults*](#). National, state, and local public health officials; aging experts, advocates, and service providers; and healthcare officials came together to discuss how public health could contribute to an “age-friendly” society and improve the health and well-being of older adults living in the United States. The result was a *Framework for an Age-Friendly Public Health System* that includes five potential roles for public health in the healthy aging effort:

- 1. Connecting and convening multiple sectors and professions that provide the supports, services, and infrastructure to promote healthy aging;**
- 2. Coordinating existing supports and services to avoid duplication of efforts, identify gaps, and increase access to services and supports;**

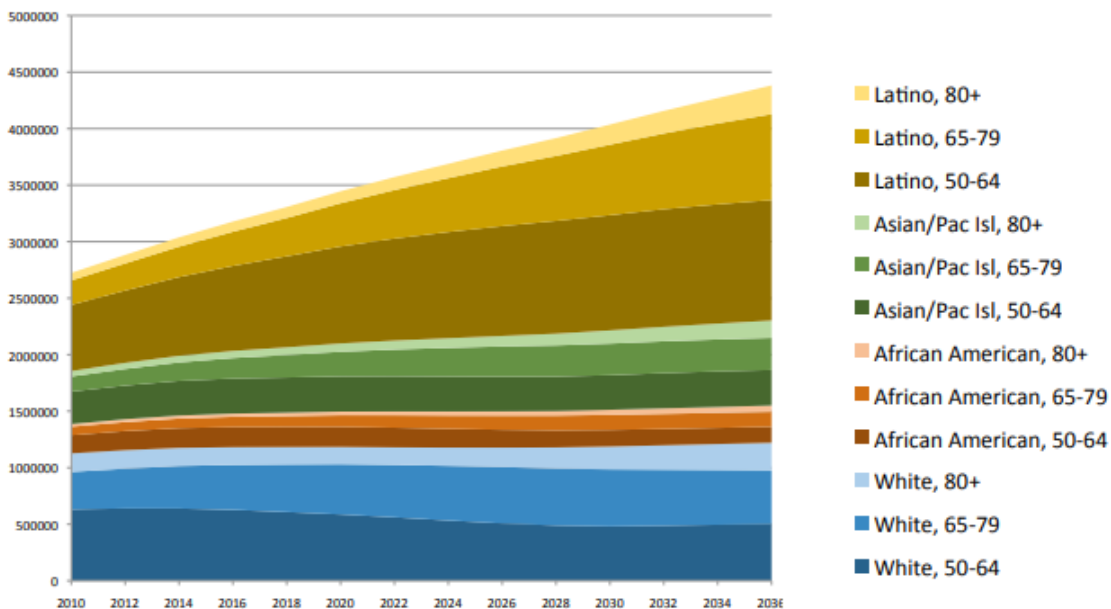
- 3. Collecting data to assess community health status (including inequities) and aging population needs to inform the development of interventions;**
- 4. Conducting, communicating, and disseminating research findings and best practices to support healthy aging; and**
- 5. Complementing and supplementing existing supports and services, particularly in terms of integrating clinical and population health approaches.**

The *Framework* outlines how public health can, in collaboration with aging services and other stakeholders, address the challenges and opportunities of an aging society. Not every community will have the capacity to fulfill all these roles, and some roles are already being filled by other entities. Advancing the public health sector's involvement in healthy aging needs to be guided by, and in partnership with, existing efforts. Furthermore, public health organizations may lack sufficient capacity to undertake such activities; they will need to carefully and strategically determine how to build leadership and expertise and where to focus and leverage their limited resources (e.g., braiding and blending current streams of funding for public health activities). The emerging challenges associated with an aging population in the context of serious fiscal limitations within our communities means that we must find or develop efficient models of supports and services that align with the *Framework's* approach. Los Angeles provides just such a model.

The Los Angeles Model of Partnering for Healthy Aging

Los Angeles County is one of the largest and most diverse counties in the United States, with over 10 million people, comprised of 88 cities and two islands, and encompassing over 500 square miles. Approximately half of Los Angeles County adults are foreign born, and 60 percent of this population does not consider English their primary language at home. From 2010 to 2017, the percentage of adults age 65 and older in Los Angeles County has increased from 10.9 percent to 13.2 percent of the total population, approximately 1.34 million older adults.³ Population projections demonstrate that Los Angeles's older adult population is expected to grow at an accelerated rate – from 2010 to 2020, the size of the population age 65 and older will grow by 43%.⁴

Projected Population by Ethnicity and Age Group, LA County



Source: Los Angeles Healthy Aging Report 2015. Los Angeles, CA: USC Edward R. Roybal Institute on Aging; 2015. http://roybal.usc.edu/wp-content/uploads/2016/04/USC_Roybal-LA_HealthyAging.pdf. Accessed October 12, 2018

With this projected growth comes an increasingly diverse population – the population of older adults (age 50 or older) that are Latino is estimated to nearly double by the year 2036, and the population of Asian older adults is also steadily growing. The figure above demonstrates this projected growth in diversity.⁴ Given the compounding effects of economic, social and health inequities, older adults of color in Los Angeles often face greater challenges to optimal aging. When it comes to health and disease, older adults in Los Angeles confront challenges in finding and accessing culturally appropriate and community responsive care.

Ongoing health inequities in Los Angeles County among the older population reflect racial and ethnic disparities, which in turn reflect current and past social and economic conditions as well as individual behaviors and genetics. In 2012, 25 percent of Latinos over age 50 reported having diabetes, nearly double the rate of their white counterparts (13 percent). Sixty-two percent of African Americans and 52 percent of Latinos over age 50 reported a diagnosis of hypertension, compared to 46 percent of Asian and white older adults.⁵ As of 2015, 21 percent of adults aged 65 and older reported a diabetes diagnosis, 54 percent were diagnosed with hypertension, 9 percent were diagnosed with depression and 20 percent were obese based on self-reported height and weight.⁶ These rates of disease indicate an urgent need for culturally informed, community-based prevention efforts and interventions to improve quality of life and health for older adults.

Understanding the need to bring together partners across different sectors to both leverage resources and elevate aging issues within the scope of a public health response, Ellen Eidem, Director of the Office of Women’s Health (OWH) at the Los Angeles County Department of Public Health (DPH), and Laura Trejo, General Manager at the City of Los Angeles Department of Aging (LADOA), along with other key aging leaders in Los Angeles, such as Partners in Care Foundation (CEO June Simmons) and the Los Angeles County Department of Workforce Development, Aging and Community Services (WDACS, Director Cynthia Banks), came together to form the Los Angeles Alliance for Community Health and Aging (LAACHA). LAACHA is a multi-sector, multi-agency, strategic alliance designed to increase the reach of effective, evidence-based community health interventions that address chronic diseases, caregiving and falls prevention, using a self-management model.⁷

LAACHA’s Steering Committee leadership is comprised of the City of Los Angeles Department of Aging (LADOA), the County of Los Angeles Departments of Workforce Development, Aging, and Community Services (WDACS), Mental Health (DMH), Health Services (DHS) and Public Health (DPH), and two community-based organizations, Partners in Care Foundation and Wise and Healthy Aging. These members, along with a membership of almost 100 public, private, and community-based organizations, collaborate, share resources and leverage professional networks to promote community-based healthy aging programs and initiatives in Los Angeles County. Utilizing a collective strategy approach, LAACHA aims to increase collaborations, reduce program silos, ensure cultural responsiveness and leverage finite resources to improve population health and health outcomes in the community for aging adults.

How the Los Angeles Model Advances and Aligns with the *Framework*

1. Connecting and convening

Healthy aging requires the active contribution of a variety of stakeholders. Indeed, many different organizations and professionals are working to support healthy aging and public health can help to connect and convene the multiple sectors and professions that provide the supports, services, policies and infrastructure to promote healthy aging. – ***The Framework***

Robust efforts in addressing aging and older adult needs in Los Angeles have existed for decades, spearheaded by the LADOA, and WDACS, and their respective Area Agencies on Aging. Many of these efforts have been focused on service delivery and meeting individual needs of older adults. One of the first key elements to enhancing the public health approach to healthy aging in the County was the identification of aging as a key women’s health and public health issue. The over 400 leaders and aging sector stakeholders who participated in the 2007 Women’s Health Policy Summit identified healthy aging as an important and timely public health and women’s health issue to address at the City and County level. As a result, OWH

created a Healthy Aging workgroup and began to reach out to the aging experts in Los Angeles. OWH consulted with Laura Trejo, who has worked in public health for over 30 years and has nurtured relationships with community leaders and policymakers at all levels. Trejo's role as a key partner and expert in advancing public health engagement in healthy aging was crucial in initiating collaboration. These efforts demonstrated the importance of breaking down silos and partnering across sectors to identify and address the needs of older adults through the nexus of healthy aging and women's health, and on a broader, public health level.

Eidem's invitation to Trejo to guide the Healthy Aging post-summit workgroup, as an outcome of the 2007 Summit, would later lead to the formation of LAACHA. Trejo's LADOA and Simmons' Partners in Care Foundation joined OWH in organizing several Healthy Aging dialogues from 2010-2012 during which the shifting demographics of aging and community approaches to healthy aging to women's health and public health leaders became a focus. The dialogues then honed-in on community-based models for improving the health outcomes and quality of life of older adults as well as individuals with or at-risk of chronic disease. Evidence-based and evidence-informed programs (EBPs) had been provided by many community-based organizations but were siloed and needed to be better coordinated across the County.

These discussions, that eventually included other key aging experts in Los Angeles County, resulted in the idea to form an organization to address the importance and expansion of evidence-based health promotion programs (EBPs), which are community-based self-management programs for older adults. The effort drew upon the expertise of additional stakeholders, such as: Kaiser Permanente, which offered leadership training on addressing aging and chronic disease management; the Partners in Care Foundation, which is dedicated to providing EBPs and whose mission is to shape the health system by implementing community-based care and self-management; and WDACS, which represented the County's Area Agency on Aging. These leaders would come to form the LAACHA Steering Committee, and together, the team identified additional public and private partners, who would become the initial LAACHA membership. The Steering Committee became the infrastructure for LAACHA and the network officially launched during the 2013 Healthy Aging dialogue, when the vision of LAACHA was articulated to conference attendees, with an invitation to join.

The ongoing success of LAACHA is attributable to the commitment of these accomplished leaders who meet at least quarterly in-person to oversee operational decisions and address City and County community aging issues. LAACHA membership is open to all stakeholders with an interest in networking and partnering with other members to promote health equity for older adult residents, especially those at-risk, marginalized, or who are caregivers in the City and County of Los Angeles. LAACHA's main focus remains the scale-up and promotion of EBPs on chronic disease management, caregiving, and fall prevention in the County.

2. Coordinating existing supports and services

Aging professionals and organizations, including Area Agencies on Aging (AAAs), are working to avoid duplication of efforts, reduce unmet need for supports, and maximize the efficient use of existing resources. A second possible role for public health, therefore, is to coordinate existing supports and services to increase access, reduce redundancies and ensure that older adults are not overlooked in any other public health programming or research. – *The Framework*

Los Angeles' existing efforts to improve the health and quality of lives of older adults have been spearheaded by the LADOA and WDACS. These two entities serve as Los Angeles' Area Agencies on Aging and are key allies for public health efforts on aging. The City of Los Angeles' Department of Aging was established in 1973 in response to the 1963 Older American's Act, and offers services and resources to the city's older adult population and their caregivers. Trejo's department actively engages the community through its Advisory Council of Aging and many community-based events for older adults. WDACS, led by Cynthia Banks, serves as the County complement to Trejo's department, striving to connect communities through partner-driven services and initiatives that improve quality of life for all ages. Collectively, these agencies have cultivated a vast network of partnerships throughout the City and County of Los Angeles, partnering on different initiatives, workshops and conferences and exploration of grant opportunities.

The promotion of EBPs as a community-based intervention to improving health provided OWH (as an entity within DPH) an optimal opportunity to contribute to the existing fabric of aging efforts and avoid duplication. Given that the resources for providing EBPs are in the community, OWH found their role often to be the connector and convener of community partner agencies. LAACHA has a broad commitment to aging with a specific focus on EBPs. The variety of expertise that the coalition's member agencies offer reflects a collective, cohesive effort to better address a multitude of aging issues. These issues can include multiple co-occurring factors such as chronic disease, mental health issues, substance abuse, social isolation and loneliness, food insecurity, housing instability, and poverty. Through member meetings, newsletters, and topic specific workshops, the goals are to: (1) collaboratively engage cross-sector leaders to prioritize community health needs and identify existing aging efforts; (2) promote concrete ways to improve quality of life and health outcomes for those with or at-risk for chronic disease, such as through the promotion and support of evidence-based and evidence-informed practices; and (3) provide opportunities for member organizations to network, gain knowledge and new skills, and develop and leverage solutions to the issues faced by our aging population.

Both the City and County of Los Angeles have worked collaboratively to address the needs of older adults throughout Los Angeles County, and more recently, setting a new precedent by implementing aspirational initiatives which bring together significant expertise and resources to

supporting an aging population. Both LAACHA and DPH participate in the broader City and County initiative, Purposeful Aging Los Angeles (PALA), whose new 2018 strategic plan, in part aims to “scale-up implementation of proven, community-based (as well as evidence-based) health promotion and disease prevention interventions”.⁸ Another fruitful collaboration is with the Los Angeles County Health Agency (Los Angeles County Departments of Health Services, Mental Health and Public Health) Geriatric Workgroup, an interdepartmental-led group focused on expanding and improving service delivery of older adults accessing care within the County system, whose current focus is to increase the depth, breadth, and numbers of the health care, public health and social services provider workforce that has expertise in, and contributes to, healthy aging issues. Its goal is to increase the capacity and extent of resources available to an aging population.

3. Collecting data

An important role of public health is to gather, analyze and disseminate demographic and health information. These core public health activities can call attention to the needs and assets of a community’s aging population, inform the development of interventions and help set goals (and define measures) for health improvement. The Behavioral Risk Factor Surveillance System (BRFSS) administered by the Centers for Disease Control and Prevention (CDC) includes two modules that states have the option of using to assess and track two issues crucial to the health and well-being of older adults: the cognitive decline module and the caregiver module. – ***The Framework***

When OWH (representing DPH) entered the aging arena, it was important to do an environmental scan that helped to identify current stakeholders, their activities, the existing state of resources and potential experts and partners. This analysis allowed OWH to connect with the key aging leaders within Los Angeles County, providing a solid foundation for the formation of LAACHA. Once the Alliance was formed, the Steering Committee conducted a needs assessment (2014-2015) of member organizations, focused on what EBPs were being provided, to which populations, in which languages, and asked what programs they wanted to add, what assistance was needed, and which agencies would be able to provide support to other agencies. About 65 percent of LAACHA member agencies responded to the survey, representing over 400 trained leaders. About a third of respondents represented community-based organizations. Of the organizations surveyed, about a quarter of them provided EBPs and were willing to assist other agencies in implementation, another quarter of responses indicated that member organizations provided EBPs but needed support in expanding efforts. Forty percent of surveyed member organizations did not provide EBPs but wanted to support LAACHA’s mission in expanding EBPs in other ways, (i.e. research, referrals, providing space for programming). About 10 percent responded they did not provide EBPs but would like to start offering them. Furthering

culturally and linguistically appropriate EBPs and interventions was a common theme. These findings further demonstrated the need for entities, such as LAACHA, to leverage our collective efforts supporting existing community interventions to improve health across the County.

OWH closely collaborates with the Office of Senior Health, also within DPH, to elevate aging issues at a departmental level. The Office of Senior Health provides research and policy development, supports policy and system changes in health and social services, with a specific focus on chronic and social conditions. The City and County Area Agencies on Aging realigned their contracting practices to ensure better integration of EBPs and the City of Los Angeles was among the first jurisdictions in the state to select EBP as a condition for program funding. In addition, the Offices of Women's and Senior Health have published a series of health briefs and reports to disseminate data and policy recommendations about aging to broader stakeholder audiences, on topics such as women's wellness across the lifespan,⁹ data snapshots of factors that impact women transitioning through midlife,¹⁰ and general health topics that affect older adult women.¹¹

In addition, OWH highlights and analyzes population health data in its *Los Angeles County Women's Health Indicators Report*, a triannual publication which collates data, by race/ethnicity and poverty level, from a variety of national, state and local level data sources. In the 2013 edition of this report, OWH dedicated a section to health indicators related to women across the lifespan, demonstrating the impact of aging and equity on women's health in the County.¹² OWH released its 4th edition of the report in 2017.¹³ Data on older adults was culled from this edition and released separately in the form of an infographic, *Healthy Aging Among LA County Women*,¹⁴ highlighting the need for more culturally diverse services, due to an ethnically diverse aging population, increased diversity in the health care workforce, and the need for more culturally responsive chronic disease prevention management programs. Data informing this infographic was in part obtained from DPH's *Los Angeles County Health Survey (LACHS)*, a population-based telephone survey that provides information concerning the health of Los Angeles County residents. LACHS data is used for assessing health-related needs of the population, for program planning, evaluation and policy development. These collective efforts from both the Offices of Women's and Senior Health reflect the responsibility DPH has towards sharing and disseminating data to inform stakeholders, such as the members of LAACHA, for future planning and decision making.

4. Conducting, communicating, disseminating research/best practices

Public health researchers, policymakers, and practitioners can play key roles in supporting healthy aging by conducting, communicating (including marketing of EBPs in a way that resonates with intended audiences), and disseminating research findings and best practices to

empower individuals to engage in healthy behaviors, support the provision of effective services, and contribute to the creation of safe and healthy community environments. – ***The Framework***

The promotion and scaling up of both evidence-based and evidence-informed programs is a primary purpose of LAACHA. When considering the roles of public health, and particularly the role of the community in impacting health outcomes and quality of life, the Steering Committee leaders recognized that a multi-sector approach was necessary, and that they would have to ensure that the programs they promoted were evidence-based. These leaders were able to demonstrate not only their expertise and unique perspectives on aging, but also the value of collaboration, such as supporting programs, creating new linkages and providing a forum for partnership building.

Since its formation in 2013, LAACHA joined OWH in spearheading a series of annual healthy aging conferences, aimed to re-shape and elevate aging issues to a wider, public health stakeholder audience. LAACHA also hosts an annual membership meeting, held jointly during the aging conferences, providing members the opportunity to network, build capacity and showcase best or promising practices related to chronic disease, aging, and the impact of the demographic shift on the individual, community and society. Previous conference topics ranged from exploring the value and impact of working across the lifespan, to the cultural exploration of aging and generations. In the Spring of 2018, OWH and LAACHA organized the 12th annual Healthy Aging conference, sponsored by the Archstone Foundation and the American Association of Retired Persons (AARP). This conference had a unique focus around cultivating resilience at the individual, community and societal levels, as well as a focus on the intersection of mental health and aging.

5. Complementing and supplementing existing supports

The fifth possible role for public health is complementing and supplementing existing supports and services, particularly in terms of integrating clinical and population health approaches. Existing public health programs address a wide range of health issues, from infectious disease to chronic disease; from education campaigns that reach the general public to targeted and focused home visits by educators; from the enforcement of environmental regulations addressing long-term health risks like clean air and water to the response to rare and catastrophic events. Furthermore, public health is focused on the entire life course, providing programs and policies such as maternal and child health, workplace safety, and tobacco-free initiatives, that ultimately support healthy aging later in life. Each of these current activities could be assessed to determine if they are adequately meeting the needs of older adults and, when not, modified to better do so. – ***The Framework***

To avoid duplicating programs and services that already exist in Los Angeles County's aging community, LAACHA strives to promote complementary healthy aging programming. The role of public health in convening and connecting multi-level stakeholders to enhance and expand these community-based programs results in strong partnerships with communities and empowerment of individuals, ultimately improving overall community health and well-being. DPH is also internally exploring the intersection of public health issues (such as immunizations, transportation, and oral health) and the needs of an aging population.

LAACHA's leadership and membership represents a breadth and depth of content expertise, each bringing to the table a different perspective and approach to aging. LAACHA recognizes and respects the agencies, community-based organizations and non-profits that have been, and continue to be, engaged in developing and offering programs and other key services that address the health and well-being of older adults and thus support building a collective vision for healthy aging in Los Angeles. Understanding that health promotion and improvement often occurs outside of clinical and other medical settings, focusing on evidence-based and evidence-informed practices provides a unique and powerful intersection for aging, public health and women's health to improve the quality of life, health outcomes, and ultimately population health.

Recognizing the inherent challenges of a large governmental body seeking and implementing smaller grants, the City of Los Angeles, Department of Aging (LADOA) requested and received the City's support to set up a not-for-profit foundation that would support and enhance its work. The Los Angeles Foundation on Aging, an independent not-for-profit, was established in 2006 to coordinate small grant applications through collaborative partnerships like LAACHA by submitting applications, then receiving and dispersing funds to partner organizations best situated to expand existing services and support new and innovative programs.

LAACHA's Steering Committee member organizations also collectively fund a dedicated LAACHA manager to oversee the day-to-day administration and member engagement of the Alliance. LAACHA Steering Committee members routinely evaluate and share funding opportunities with member organizations to enhance their capacity building and service delivery. LAACHA receives in-kind support, as well as direct financial support from Steering Committee members and foundations and leverages resources from community partners and member organizations to enhance sustainability.

Through the collaborative partnership with the City and County Area Agencies on Aging, DPH has been able to leverage millions of dollars in investments in health prevention and promotion, and management of chronic conditions. For example, in collaboration with Dr. Kaiser, LA City developed a six-part television series (using their *Aging Well in LA* public access TV show) to promote engagement in EBPs available throughout the Aging Network.¹⁵ In collaboration with

Microsoft corporation and St. Barnabas Senior Services, LA City used exergaming paired with EBP to engage older adults in improving their health through their Wellness Clubs.¹⁶

Conclusion

Cultivating the relationships that make LAACHA successful and sustainable requires leadership, commitment, and a long-term perspective. The results, according to both Trejo and Eidem, are worth it. The structure of LAACHA has changed somewhat over the course of five years (shifting internal infrastructure of workgroups and committees), and although some members and agencies have come and gone, its continuance and sustainability is a tribute to the investment of both time and resources of the lead organizations. Due to the shared commitment of the Alliance's leaders, LAACHA now has a full-time project manager, funded by DPH as well as LAACHA Steering Committee member agencies, who oversees daily operations to strengthen its infrastructure, coordinate strategic efforts and engage members. The goal is to ensure a public health focus on healthy aging, as well as an aging and life course focus within the public health arena.

Since 2013, LAACHA has engaged over 160 individuals from 96 partner organizations. LAACHA member organizations have: implemented 12 different evidence-based programs that address healthy living, self-management of chronic diseases, fall prevention and caregiver education and support; provided training for hundreds of lay leaders, impacting the lives of thousands of individuals, and brought healthy aging issues to the forefront to broader stakeholders and the public health community.

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