



AGE-FRIENDLY
KANSAS



Three-Year Action Plan

A Public Health Strategy Playbook

April 2026

Acknowledgments



Age-Friendly Kansas (AFK) was launched as part of the national [Age-Friendly Public Health Systems \(AFPHS\)](#) movement, a collaborative effort led by Trust for America's Health and The John A. Hartford Foundation, in partnership with the National Network of Public Health Institutes. The AFPHS movement is designed to more intentionally integrate public health into efforts to support healthy aging, public health agencies to address the needs of older adults across settings, promote independence and quality of life and establish healthy aging as a core public health function.

AFK is facilitated by **Emma Uridge, M.P.H., Analyst at the Kansas Health Institute**, who provided process facilitation, research support, and report preparation under the direction of the steering committee and advisory committee. AFK operates in partnership with the Kansas Department of Health and Environment, the Kansas Department for Aging and Disability Services and the Kansas Department for Children and Families, with continued support from national AFPHS and [Age-Friendly Ecosystem](#) (AFE) partners.

Steering Committee

This group provided oversight, direction and assistance with the planning, coordination and integration of the Age-Friendly Kansas (AFK) initiative across state agencies and partners from 2023-2026. Their guidance ensured alignment with existing state and local priorities and helped identify opportunities to strengthen cross-agency collaboration. Members are listed below in alphabetical order.

- **David Anderson** – *Previously Served as Commissioner, Aging Services Commission, Kansas Department for Aging and Disability Services (Retired)*
- **Chanda Gross** – *Research Analyst, Division of Healthcare Finance, Kansas Department of Health and Environment*
- **Yvonne Case** – *Director of Operations: Medicaid Division of Health Care Finance, Kansas Department of Health and Environment*
- **Chrisy Khatib** – *Deputy Director, Adult Protective Services, Kansas Department for Children and Families*
- **Lainey Faulkner** – *Director, Bureau of Health Promotion and Public Health Medicaid Liaison, Kansas Department of Health and Environment*
- **Kimberly Reynolds** – *Commissioner, Aging Services Commission, Kansas Department for Aging and Disability Services*
- **Derik Flerlage** – *Senior Deputy Division Director for Public Health, Kansas Department of Health and Environment*
- **Julie Sergeant** – *Previously Served as Deputy Bureau Director, Bureau of Health Promotion, Kansas Department of Health and Environment (Retired)*

Alignment Between the Age-Friendly Kansas Action Plan and Other State Activities

The AFK Action Plan is intentionally aligned with, and complementary to, the [Kansas State Plan on Aging \(2026-2029\)](#) and other state activities encouraging multi-sector collaboration in Kansas, including involvement in the [Multi-Sector Plan for Aging \(MPA\) Learning Collaborative](#).

The Kansas State Plan on Aging fulfills statutory requirements under the Older Americans Act and focuses primarily on service delivery, targeting and stewardship within the aging network, while the AFK Action Plan provides a public health-centered, ecosystem-level framework that aims to support and further reinforce the state plan's goals.

The state plan and future MPA also aims to place a strong focus on coordination among state agencies, AAAs and community providers, while AFK expands these efforts through its collaborative model to center public health.



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<https://www.khi.org/articles/age-friendly-kansas-three-year-action-plan>.

Advisory Committee

This group provided community insight, guidance and feedback to ensure the Age-Friendly Kansas initiative reflected the experiences and priorities of Kansans across sectors and regions. Members represented health care, aging services, academia, advocacy organizations and community-based programs.

Between 2024 and 2026, the following individuals contributed to building the Age-Friendly Kansas ecosystem, either through participation in advisory committee meetings, completion of early survey feedback that formed the initial list of strategies, or by providing targeted expertise to inform planning, outreach and implementation strategies supporting the launch of Age-Friendly Kansas. Individual names, titles and organizations were self-identified from members. Members are listed below in alphabetical order.

- **Dakota Alvarez**, *Registered Nurse*, Jewell County Health Department
- **Kari Baesel**, *50 Plus Manager*, Johnson County Park and Recreation District
- **Andrea Bozarth**, *Associate State Director for Outreach and Advocacy*, AARP Kansas
- **Kathy Brennon**, *Executive Director*, Southeast Kansas Area Agency on Aging
- **Adrienne Byrne**, *Health Director*, Sedgwick County Health Department
- **Mary Calhoun**, *Member*, Kansas Silver Haired Legislature; *Chair*, Nursing Scholarship Committee
- **Michelle Coats**, *Director of Mobility Management*, North Central Kansas Coordinated Transit District/Kansas Mobility Management
- **Desima Dawdy**, *Pilates Practitioner/Corrective Exercise Specialist*, Pilates Performance & Rehab
- **Dan Duling**, *School Partnerships and Outreach Facilitator*, Pittsburg State University Economic and Community Engagement
- **Melissa Dunn**, *Executive Assistant*, Kansas Medical Clinic
- **Jess Easterwood**, *Executive Director*, Larksfield Place Assisted Living
- **Jamie Gideon**, *Director of Government Relations*, Alzheimer's Association
- **Tori Gleason**, *Clinical Analyst*, LMH Health
- **Daniel Goodman**, *Executive Director*, Kansas Advocates for Better Care
- **Jacie Green**, *Senior Educator*, Wichita State University
- **Jackie Halbin**, *Director of Community Life and Wellness*, Lakeview Village
- **Jared Holroyd**, *Executive Director*, Kansas Pharmacists Association
- **Lorna Jarrett**, *Health Care Community Relations Director*, Unite KC
- **Linda Johnson**, *Retired Social Worker*
- **Lona Kelly**, *Director*, Harvey County Department on Aging
- **Peyton Kessler**, *Administrator*, Cherokee County Health Department
- **Jan Kimbrell**, *Volunteer for Senior Issues, Long-Term Care Ombudsman Volunteer*, Kansas Silver Haired Legislature PSA-8
- **Leslie Kraich**, *Project Coordinator*, Morton County Community Coalition
- **Birgit Lemke**, *Program Manager, Community Health Worker Section*, Kansas Department of Health and Environment
- **Teri Livengood**, *Program Manager*, Northeast Kansas Area Agency on Aging
- **Kelly G. Loeb**, *Community Engagement Coordinator*, KU Alzheimer's Disease Research Center
- **Erin Martinez**, *Associate Professor*, Kansas State University
- **Julia Meyer**, *Chair, Legislative Committee*, Johnson County Commission on Aging
- **Julie Miller**, *Educator*
- **Tamara Neff**, *Pilates Practitioner/Physical Therapist*, Pilates Performance and Rehabilitation
- **Michelle Niedens, L.S.C.S.W.**, *Director, Cognitive Care Network*, University of Kansas Alzheimer's Disease Research Center
- **Jackie Patterson**, *Director*, Osage County Health Department
- **Andrea Perdomo Morales**, *Program Officer*, REACH Healthcare Foundation
- **Jessie L. Piper**, *Assistant Professor*, Washburn University
- **Tyra Quintin**, *Healthy Aging Unit Manager*, Kansas Department of Health and Environment
- **Linda Redford**, *Professor Emerita*, University of Kansas Medical Center
- **Travis Rickford**, *Executive Director*, LiveWell Northwest Kansas
- **Charla Roberts**, *Administrator*, Evergreen Community of Johnson County
- **Tina Robinson**, *MDT Coordinator*, Kansas Office of the Attorney General
- **Nicole Rogers**, *Professor, Aging Studies*, Wichita State University
- **Sue Schuster**, *Regional Long-Term Care Ombudsman (Retired)*, Kansas Department for Aging and Disability Services
- **Stephanie Sherode**, *Financial Navigator*, Masonic Cancer Alliance
- **John P. Smith**, *Commissioner*, Johnson County Commission on Aging
- **Erin Steele**, *Owner/Operator and Nursing Supervisor*, Heritage Home, LLC
- **Alice Stoker**, *Business Office Manager*, Pioneer Ridge Health and Rehab
- **James Stowe**, *President and CEO*, Center for Practical Bioethics
- **Tim Swenson**, *Director of Nursing*, Village Manor, Abilene
- **Bessie L. Tolbert**, *Multidisciplinary Team Coordinator*, Kansas Office of the Attorney General
- **Tim Wholf**, *Director*, Johnson County Department of Aging and Human Services
- **Jean Wilms**, *Community Member*
- **Karen Wilson**, *Executive Director*, Northeast Kansas Area Agency on Aging
- **Donald Woodard**, *Chair Kansas Silver Haired Legislature, PSA #4; Commissioner*, Kansas Commission on Disability Concerns, and *Chair Shawnee County Advocacy on Aging*.

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Introduction

Kansas is well positioned to advance healthy aging as a core public health priority. As people age across the lifespan, maintaining independence, fostering social connection and ensuring equitable access to supportive services are essential to the health and well-being of all Kansans.

Launched in 2023, the Age-Friendly Kansas (AFK) initiative was formed through the national Age-Friendly Public Health Systems (AFPHS) initiative and the broader Age-Friendly Ecosystem (AFE) framework (see *Figure 1*). These frameworks were adopted to strengthen Kansas' capacity to plan for and respond to an aging population while recognizing that aging is not a distinct life stage, but a lifelong process shaped by social, economic and environmental conditions. AFK's work has demonstrated that age-friendly public health approaches are most effective when grounded in a life course perspective and situated within the aging ecosystem that supports health at every stage of life.

Figure 1. Age-Friendly Kansas Ecosystem Framework

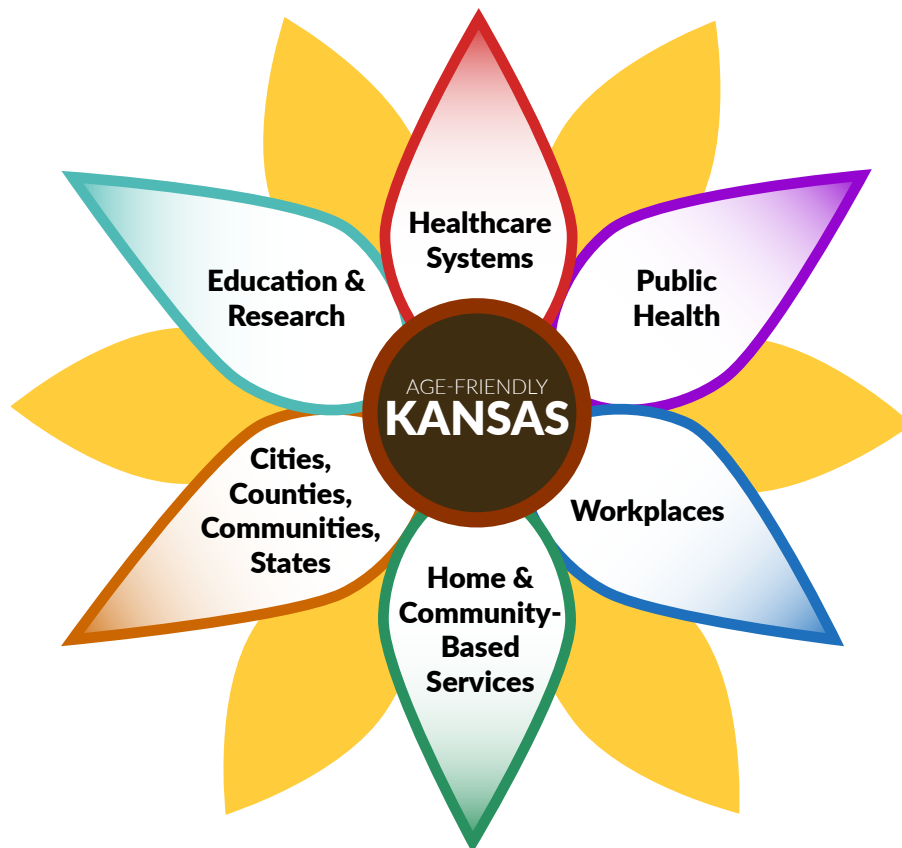


Figure Source: Kansas Health Institute, Age-Friendly Kansas framework adapted from the Age-Friendly Ecosystem Framework developed by Trust for America's Health (2024).

Public health can serve as *connectors and conveners* across the ecosystem to identify and embed healthy aging practices and age-friendly principles throughout Kansas communities, systems and sectors.

Guiding Question for Age-Friendly Kansas

How can a state-level, multi-agency, public health-centered ecosystem framework and team accelerate Kansas' readiness to support aging populations and promote age-friendly policies, systems and environments?

Public health's mission has long been to promote health and prevent disease across populations. As the U.S. population ages, it has become increasingly clear that many existing systems were not designed to fully support the health and well-being of older adults. Initiatives such as the AFPHS framework, led nationally by Trust for America's Health in partnership with The John A. Hartford Foundation and the National Network of Public Health Institutes, have emerged to help public health leaders reimagine aging as a core function of public health practice. However, to be truly age-friendly, systems must also embrace a life course perspective that promotes health, equity and opportunity from early life through older adulthood.

This action plan explores how integrating a life course perspective with the AFPHS framework deepens understanding of healthy aging and strengthens family and community well-being across generations. Ultimately, advancing age-friendly public health requires recognizing that aging begins at birth and that creating an age-friendly society depends on sustained investment in people and communities at every stage of life.

To operationalize this approach, AFK brings together state agencies, local health departments, universities,

health systems and community-based partners through an advisory committee and six domain-specific working groups, as well as a cross-cutting systems and collaboration group that focuses on key systems that influence health across the lifespan within these topic areas:

1. Public Health Initiatives
2. Health Care Access and Services
3. Health and Wellness
4. Housing and Community Development
5. Transportation
6. Workforce Development and Education Training

Each working group identified and refined strategies in alignment with the AFPHS "6 Cs" framework, Creating, Connecting, Coordinating, Collecting, Communicating and Complementing, to guide Kansas toward a coordinated, age-friendly ecosystem, guided and supported by public health. Each strategy was evaluated using a characterization rubric assessing feasibility, sustainability and potential for high or specific population impact. Each working group developed their own topic-specific strategies, and the advisory committee finalized strategies in this report to focus on cross-cutting themes and strategies that emerged across all groups.

Cross-cutting Themes and Strategies

- | | | |
|--|--|---|
| <ol style="list-style-type: none">1. Expand intergenerational and community-based programs and infrastructure to reduce social isolation, strengthen social connection and promote health and well-being across the lifespan. | <ol style="list-style-type: none">2. Facilitate social connection as a core public health function, recognizing that creating opportunities for belonging, civic engagement and interpersonal connection is essential to population health. | <ol style="list-style-type: none">3. Embed aging and lifespan considerations across state and local policies, systems and planning processes through an "Aging in All Policies" framework that supports participation, independence and well-being at every stage of life. |
|--|--|---|

Together, these efforts establish a more coordinated and inclusive statewide framework that recognizes aging as a lifelong process and positions healthy aging as a shared responsibility across systems and generations. Being age-friendly does not simply mean expanding services for older adults; it means intentionally designing policies, programs and environments that promote health, equity and opportunity at every age, while accounting for how experiences accumulate and shape health trajectories over time.

Age-Friendly Public Health

The public health system aims to improve population health through prevention and intervention and has a well-documented record of success in the United States. Over the last century, public health initiatives, including improved sanitation, tobacco control, vaccination against preventable diseases, motor vehicle safety and cardiovascular disease prevention¹, have contributed to substantial gains in health and longevity. As a result, Americans' life expectancy increased by 62.4 percent, from 47.3 years in 1900 to 76.8 years in 2000, with improvements observed across every stage of life.²

These national trends are reflected at the state level. In Kansas, life expectancy increased steadily for decades, consistent with broader public health advances, before declining during the COVID-19 pandemic. Life expectancy at birth declined from 78.2 years in 2019³ to 76.0 years in 2021, reflecting excess mortality associated with the COVID-19 pandemic and broader population health challenges.⁴ Based on the latest available Kansas data, life expectancy increased slightly to 76.5 years in 2022, indicating modest recovery but still remaining below pre-pandemic levels. Nationally, life expectancy for the U.S. population in 2022 was 77.5 years, an increase of 1.1 years from 2021, demonstrating a stronger rebound than observed in Kansas.

More recent estimates show continued improvement: In 2024, life expectancy at birth for the total U.S. population reached 79.0 years, up from 78.4 years in 2023.⁵ Together, these trends suggest that while both Kansas and the nation experienced pandemic-related declines, Kansas has recovered more slowly than the country overall. This slower recovery is occurring at a time when demographic pressures are intensifying. Longer lives bring both opportunity and responsibility. As Kansas' population of adults age 65 and older continues to grow, public health systems must continue evolving to support health and well-being across later life, particularly as many public health services and systems continue to operate under persistent funding constraints.⁶ Framing healthy aging as an investment rather than a cost is essential to this evolution. National modeling from the McKinsey

Health Institute suggests that for every \$1 invested in healthy aging, approximately \$3 may be returned to the economy through health care savings and broader economic gains. These findings suggest economic potential interventions supporting health, functional ability and social engagement can generate benefits that extend beyond individual well-being to strengthen economic and community resilience.⁷

This shift in framing reflects a broader evolution in public health priorities. Much of the 20th century public health infrastructure was built to reduce premature mortality, through infectious disease control, maternal and child health, sanitation, injury prevention and other population-level interventions.⁸ These efforts successfully extended life expectancy. Today, however, the challenge is different: shifting from adding years to life to adding life to years by maintaining functional ability, preventing chronic disease, supporting cognitive health and strengthening social connection in older age.⁹

In response, Trust for America's Health developed the Age-Friendly Public Health Systems 6Cs Framework (Figure 2) to delineate the ways public health can elevate healthy aging practices and principles and determine its role in the overall age-friendly ecosystem.

Figure 2. Age-Friendly Public Health Systems: The 6Cs Framework for Supporting Healthy Aging

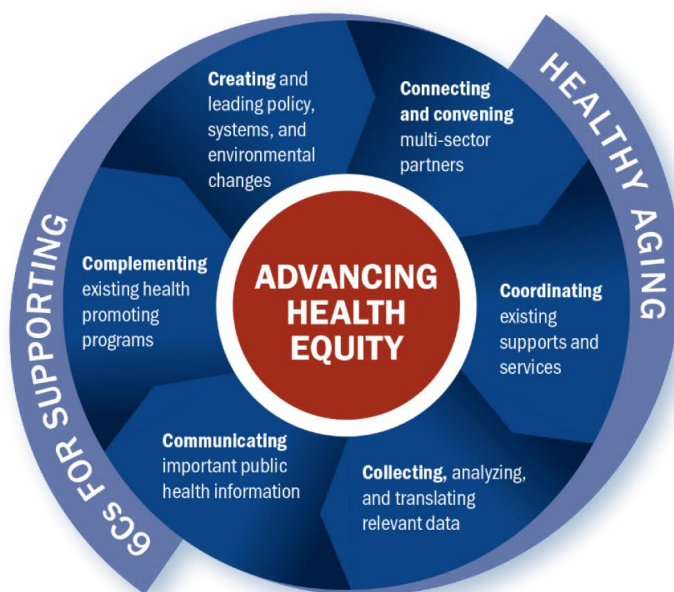


Figure Source: Trust for America's Health (2024).

Over the next 50 years, the population of adults age 65 and older is projected to increase by nearly a quarter (22.7 percent), the fastest growth of any age group.¹⁰ This shift presents an opportunity to proactively adapt systems and policies to assume longevity.

The Age-Friendly Kansas initiative was launched to position public health as a central strategic partner in responding and planning for this demographic transition. AFK adapts the Age-Friendly Public Health Systems and Age-Friendly Ecosystem frameworks to Kansas' state and local context, aiming to ensure that aging and longevity is considered across all areas of policy, planning, systems and service delivery.



Vision

The Age-Friendly Kansas initiative hopes to transform collected insights across the state into system-level improvements that enhance the health and quality of life for all aging Kansans.

To achieve this, AFK will bring together stakeholders, resources, research and expertise to create a statewide action plan that goes beyond raising awareness and drives real change toward making Kansas a more age-friendly state.



Mission

To unite aging, public health and community partners in embedding age-friendly principles into Kansas' systems, policies and environments, ensuring that all Kansans can live well, age well and remain engaged in their communities across the lifespan.

Convened by the Kansas Health Institute (KHI), in partnership with Kansas Department of Health and Environment, Kansas Department for Aging and Disability Services and Kansas Department for Children and Families, AFK convened a statewide advisory committee and seven working groups representing health, aging, transportation, workforce and community sectors. This collaborative, participatory structure ensured that the strategies developed were rooted in local context and aligned with state priorities.

Collaborative Framework and Methodology

AFK employed a participatory, qualitative approach in which each step built upon the previous one. This process enabled constant feedback loops on strategies to ensure they reflected shared priorities and real-world feasibility within the next one to three years.

State Agency Engagement and Leadership

Senior leadership from the Kansas Department for Aging and Disability Services (KDADS), Kansas Department of Health and Environment (KDHE) and Kansas Department for Children and Families (DCF) Adult Protective Services served as the AFK Steering Committee. The Steering Committee elevated state-level priorities, recruited agency participation, ensured alignment with agency mandates and provided feedback on working group strategies as the initiative progressed.

Advisory Committee and Capacity Building

The AFK advisory committee included multidisciplinary members representing public health, health care, aging services, academia, transportation, advocacy, research, community organizations and more. Early meetings served as capacity-building sessions to establish shared language, apply an ecosystem lens to strategies and learn from state and national experts in age-friendly systems.

When participants registered to join the group, they were asked to respond to a central research prompt:



*Using this definition of an Age-Friendly Ecosystem – ‘An Age-Friendly Ecosystem is a comprehensive and inclusive environment designed to support the well-being and quality of life for people of all ages, particularly older adults. This ecosystem integrates various sectors such as physical infrastructure, social services, health care and public health to create a supportive and accessible environment’ – **How can Kansas better support the health and wellness needs of its aging population?**”*

Responses from 56 individuals yielded 165 qualitative statements.

Synthesis and Strategy Development

Responses were first organized into broad topical areas, then grouped into categories and themes that emerged across statements. These were consolidated into overarching goals with supporting rationales and action steps, producing strategies for further refinement in working group sessions.

Working Groups and Cross-Sector Collaboration

Six domain-specific working groups, Public Health Initiatives, Health Care Access and Services, Health and Wellness, Housing and Community Development, Transportation, and Workforce Development and Education Training, were formed based on the initial topical areas identified and were charged with synthesizing strategies. A seventh working group, Systems and Collaboration, reviewed all proposed strategies through a cross-systems lens to assess whether they promoted collaboration or reinforced existing silos.

Advisory committee members self-selected groups based on expertise and interest. Each group met

through two facilitated sessions and ongoing online collaboration to develop, refine and present strategies. All-member advisory committee meetings reconvened the full network to share results, align priorities and identify cross-cutting themes across domains.

Age-Friendly Public Health Strategy Playbook

Final strategies were evaluated and expanded using a characterization tool (see [Appendix A](#)) to assess:

- Action steps and implementation readiness
- Ease of implementation and cost considerations
- Process, policy and system requirements
- Potential data sources to support strategy implementation, measure impact and progress, or serve as proxy indicators for emerging public health priorities.
- Lead organizations and cross-sector collaborators

Literature Review and Environmental Scan

The final list of cross-cutting strategies was evaluated via a limited scope literature review and a national environmental scan of existing policies and programs. These served as models and examples for strategies.

Age-Friendly Kansas

Key Themes and Strategy Playbooks

By the end of 2025, a clear consensus emerged across working group and advisory committee discussions: Creating truly age-friendly public health systems requires intentional coordination across generations, sectors and systems within the Age-Friendly Kansas Ecosystem. The group prioritized strategies to be worked on within the next one to three years. Advisory and steering committee members consistently emphasized that advancing age-friendly goals cannot be accomplished through a single program or agency. Instead, it requires a sustained, coordinated approach with one or more lead entities and multiple organizations working collaboratively.

Each strategy identifies Action Leads and Key Collaborators.



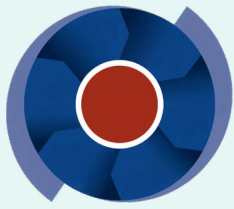
Action Leads are the organizations, agencies or entities best positioned to initiate, implement or advance the strategy within Kansas. In some cases, Action Leads may directly carry out the work; in others, they may coordinate, convene or provide guidance to support implementation across sectors.



Key Collaborators represent partners whose expertise, authority, community presence or programmatic role can meaningfully support implementation, alignment and sustainability.

Public health is uniquely positioned to lead this work by **connecting and convening partners across sectors**, drawing on expertise in prevention, population health and the study of the foundations of health and wellness, such as housing, transportation, education and community connection. By recognizing how these basic essentials shape health across the life course, public health systems can champion policies and partnerships that promote equitable aging, counter ageist narratives that harm health, strengthen community resilience and improve well-being for all Kansans.

The resulting **21 strategies** are the findings from these group discussions that aimed to inform future aging and public health work in Kansas.



Embedding Aging and Lifespan Perspectives Across Kansas Systems and Services

AFK seeks to embed aging considerations across all policy and planning processes through an “Aging in All Policies” approach. This approach ensures that decisions affecting communities, across sectors and systems, support people at every stage of the lifespan.

Policymakers can operationalize this perspective by routinely assessing how policies and investments, from transportation and housing to workforce development and economic planning, affect older adults’ access, safety, independence and ability to participate fully in community life. Practical frameworks can support this work by prompting agencies and communities to ask consistent, guiding questions, such as: Does this decision support people at every stage of life by enhancing opportunities to live, work and remain meaningfully engaged in their communities?

In parallel, organizations can revise language and communication practices to move away from deficit-based narratives about aging. Rather than framing aging as decline, Kansas partners can frame aging as an accumulation of experience, contribution and continuity. This reframing is grounded

in research on stereotype embodiment,¹¹ which describes how age-related stereotypes are internalized across the life course and can shape individuals’ beliefs, behaviors, health outcomes and willingness to seek support in later life. It also reflects evidence on structural ageism and cumulative disadvantage,¹² whereby long-standing social, economic and policy inequities compound over time to influence health, independence and access to resources in older adulthood. Together, this body of research suggests that positioning aging as a period of continued growth, capability and contribution, rather than decline, supports more inclusive policies, reduces stigma and isolation, and strengthens systems that promote health, dignity and well-being across the lifespan.

As an initial step, organizations can begin embedding these lifespan and aging perspectives into their policies and operations by pursuing age-friendly recognition within their respective sectors. This includes pathways for public health agencies, health care systems and universities. Several strategies specifically reference recognition frameworks for these sectors, although additional recognition models and sector-specific pathways may also be available.



Goal

Ensure a lifespan approach is integrated into all planning, policy, service delivery processes and education curricula, benefiting Kansans at every stage of life.

Apply an Aging in All Policies Approach

The Age-Friendly Kansas initiative and partners will develop an Aging in All Policies toolkit to help local and state policymakers apply the guiding question — “*Is this good for all ages across the lifespan?*” — in planning, budgeting and policy decisions to ensure age-inclusive and future-ready systems. Applying an Aging in All Policies approach can help policymakers consider how decisions across sectors — such as housing, transportation, workforce and economic development — affect people across the lifespan and support healthy aging.



Objective and Core Public Health Role (6C)

Integrate an Aging in All Policies/lifespan perspective in policy and planning.

Creating and Leading: Establish policies, systems and environmental changes that prioritize older adult health.



Action Steps

- Develop an Aging in All Policies toolkit, similar to the [HI-C: Health Impact Checklist](#), that includes guiding questions, policy review tools and examples of age-inclusive planning practices.
- Provide resources to policymakers, planning commissions and agencies on how to apply an aging lens in decision-making and planning processes.



Illustrative Monitoring Indicators

Inclusion of aging-related language in public plans, participation in age-friendly initiatives



Potential Sources

Kansas Public Health Collaborative Community Health Needs Assessment and Community Health Improvement Plan [Interactive Maps](#), publicly posted strategic plans, [AARP Livable Communities](#).



Action Leads

Age-Friendly Kansas initiative partners and the Kansas Health Institute



Key Collaborators

Academic institutions, advocacy organizations, Area Agencies on Aging, Kansas Legislative Research Department, Kansas Office of the Revisor of Statutes, Kansas Silver Haired Legislature, Kansas state agencies, local and state policymakers, local and statewide nonprofits, local health departments, planning commissions

Embed Aging Across Systems and Sectors

Local and state policymakers will embed aging considerations into strategic plans, workplace policies, educational curricula, housing and zoning ordinances and other policies to support longevity, accessibility and participation across the life course. Integrating aging considerations across sectors can help ensure that public systems – including housing, transportation, workforce and education – support independence, accessibility and engagement for people at all stages of life.



Objective and Core Public Health Role (6C)

Increase cross-sector aging integration

Creating and Leading: Establish policies, systems and environmental changes that prioritize older adult health.



Action Steps

- Promote integration of aging and lifespan considerations into state and local planning processes, including transportation plans, housing strategies, workforce development initiatives and community health improvement plans.
- Incorporate aging and lifespan perspectives into educational curricula and professional training programs.



Illustrative Monitoring Indicators

Inclusion of aging-related language in public plans (e.g., transportation, housing, workforce plans, health improvement plans), housing cost burden for adults age 65 and older, labor force participation for adults age 55 and older



Potential Sources

United States Census Bureau American Community Survey, U.S. Department of Housing and Urban Development Comprehensive Housing Affordability Strategy data, United States Bureau of Labor Statistics



Action Leads

Local governments, Kansas Department for Aging and Disability Services, Kansas Department of Health and Environment, Kansas Department of Commerce, Kansas Department of Transportation, Kansas Board of Regents, local health departments



Key Collaborators

Academic institutions, Community Care Network of Kansas, developers, employers and chambers of commerce, housing authorities, Kansas Association of Area Agencies on Aging and Disabilities, Kansas Association of Counties, Kansas Board of Regents, Kansas Department of Education, Kansas Health Care Association/Kansas Center for Assisted Living, Kansas Health Institute, Kansas Housing Resources Corporation, Kansas League of Municipalities, Kansas Public Transit Association, LeadingAge Kansas, Metropolitan Planning Organizations, planning commissions, University of Kansas Center for Public Partnerships and Research

Pursue AFPHS Recognition Through Self-Assessment and Partnership

State and local public health agencies will pursue Age-Friendly Public Health Systems (AFPHS) recognition by integrating aging considerations into core public health functions. This includes conducting organizational self-assessments using the AFPHS framework, embedding age-friendly principles across programs and organizational policies, strengthening partnerships with aging services, and using data to identify and address older adult health needs. Pursuing AFPHS recognition can help public health agencies systematically incorporate aging into assessment, policy development, communication and partnership activities that support healthy aging across communities.



Objective and Core Public Health Role (6C)

Increase AFPHS capacity

Creating and Leading: Establish policies, systems and environmental changes that prioritize older adult health.



Action Steps

- Conduct AFPHS organizational self-assessments to evaluate how aging considerations are integrated across public health functions.
- Develop and implement action plans that align with the AFPHS 6Cs framework.
- Strengthen partnerships between public health agencies and aging services organizations to support coordinated service delivery and community engagement.
- Apply for AFPHS recognition and share lessons learned to encourage adoption by additional public health agencies across Kansas.



Illustrative Monitoring Indicators

Number of AFPHS-recognized agencies and local health departments



Potential Sources

[Trust for America's Health AFPHS Recognition List](#)



Action Leads

Kansas Department of Health and Environment, Kansas Health Institute, Age-Friendly Kansas partners



Key Collaborators

Kansas Association of Local Health Departments, Kansas Public Health Collaborative, local health departments, Trust for America's Health

Pursue Age-Friendly Health Systems (4Ms)

Kansas 4M Geriatrics Workforce Enhancement Program (GWEP) is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS). The award provided 100% of total costs and totaled \$5 million with funding from July 1, 2024 through June 30, 2029. The contents are those of the author(s) and do not necessarily reflect the official views of, nor an endorsement by, HRSA, HHS or the U.S. Government. For more information visit [HRSA.gov](https://www.hrsa.gov).

Advance statewide integration of the Age-Friendly Health Systems framework (known as the 4Ms: What Matters, Medication, Mentation, and Mobility) through a reciprocal academic-community partnership that educates the health, social, and direct care workforce serving older adults and their care partners across the care continuum. The 4Ms provides a structured, evidence-based approach that aligns care with each older adults' goals and preferences; addresses key factors influencing health, safety, and quality of life; and strengthens care quality, coordination, and integration across healthcare sites, systems, and community organizations that support healthy aging.



Objective and Core Public Health Role (6C)

Integrate the 4Ms framework – What Matters, Medication, Mentation and Mobility – within and across Kansas healthcare sites, systems, and community organizations.

Creating and Leading: Establish policies, systems and environmental changes that prioritize older adult health.



Action Steps

- Promote awareness of the Age-Friendly Health Systems (4Ms) framework among healthcare sites, systems, and community organizations across Kansas.
- Educate the current health, social, and direct care workforce, faculty, preceptors, and students, to implement the 4Ms framework every time with all older adults.
- Build organizational capacity to incorporate the 4Ms into clinical workflows, care planning, and quality improvement initiatives.
- Support attainment of Age-Friendly Health Systems recognition through the Institute for Healthcare Improvement and Kansas 4M Geriatrics Workforce Education Center.



Illustrative Monitoring Indicators

Number of recognized Age-Friendly Health Systems sites.



Potential Sources

[Institute for Healthcare Improvement Age-Friendly Health Systems Recognition List](#), [Kansas 4M Geriatrics Workforce Education Program](#)



Action Leads

Kansas 4Ms



Key Collaborators

Kansas Hospital Association, Kansas Health Care Association/Kansas Center for Assisted Living, Kansas Association of Area Agencies on Aging and Disabilities, federally qualified health centers, critical access hospitals, academic medical centers, Kansas Department for Aging and Disability Services, Kansas Department of Health and Environment, Kansas Healthcare Collaborative

Develop Statewide Public Transportation Plan

The Kansas Department of Transportation will develop a strategic plan to establish a coordinated public transportation system that expands access across rural, frontier, suburban and urban Kansas. The plan will prioritize a life-course perspective, clearly delineating how transportation needs will be met across all age groups — including older adults, people with disabilities and low-income populations — and ensuring access to essential destinations such as health care, employment and grocery stores. Transportation is a key social determinant of health, and equitable and accessible mobility is critical to reducing health disparities, supporting independence and enabling aging in place. Kansas currently lacks a formal statewide public transportation plan, and existing efforts tend to focus on specific populations, leaving significant gaps — particularly in non-medical transportation.



Objective and Core Public Health Role (6C)

Establish a coordinated statewide transit framework.

Creating and Leading: Establish policies, systems and environmental changes that prioritize older adult health.



Action Steps

- Develop a statewide public transportation strategic plan that assesses transportation gaps and identifies opportunities to improve coordination across existing transit systems.
- Engage stakeholders — including transit providers, mobility managers, health care organizations and community groups — to identify transportation needs across Kansas communities.
- Prioritize transportation access to essential destinations such as health care facilities, grocery stores, employment centers and community services.
- Promote coordination across transportation providers and agencies to improve efficiency and expand non-medical transportation options across rural, suburban and urban areas



Illustrative Monitoring Indicators

Percentage of adults age 65 and older reporting transportation barriers (e.g., lack of vehicle access or difficulty accessing essential services)



Potential Sources

United States Census Bureau American Community Survey



Action Leads

Kansas Department of Transportation



Key Collaborators

Aging and Disability Resource Centers, Federal Highway Administration, K-State Extension, Kansas Association of Area Agencies on Aging and Disabilities, Kansas Department for Aging and Disability Services, Kansas Hospital Association, Kansas metropolitan planning organizations, Kansas mobility managers, Kansas Public Transit Association, local and state policymakers, local transit providers, regional transportation agencies

Conduct Policy and Communications Language Audits

Age-Friendly Kansas partners will develop materials and resources for state and local policymakers to conduct language audits across policies, reports, programs and systems to ensure inclusive, person-centered language that does not further stigmatize older adults. Adopters will avoid deficit-focused or dehumanizing terms such as “frail elderly,” “dependents” and phrases like “silver tsunami.” Additionally, public health professionals can avoid framing the growing aging population through “statistical panic,” where stakeholders use rising numbers of older adults primarily to signal urgency or strain — rather than framing longevity as an expected and largely positive outcome of public health progress that calls for thoughtful system adaptation.



Objective and Core Public Health Role (6C)

Promote inclusive, person-centered language.

Communicating: Share critical public health information, best practices and research findings



Action Steps

- Develop guidance and tools to help agencies and organizations conduct language audits of policies, reports and communications materials.
- Promote use of evidence-based framing guidance, such as resources from the National Center to Reframe Aging.
- Encourage state and local agencies to review and update public-facing materials to reflect inclusive, person-centered language.
- Share examples of revised policies, reports and communications that incorporate age-inclusive language.
- Reframe aging as an asset in public health communications by emphasizing resilience, wisdom, experience and the social and economic contributions of older Kansans.



Illustrative Monitoring Indicators

Inclusion of age-inclusive language in public plans, public availability of language guidance tools



Potential Sources

Kansas Public Health Collaborative Community Health Needs Assessment and Community Health Improvement Plan [Interactive Maps](#), publicly posted strategic plans, [National Center to Reframe Aging](#), [The World Health Organization Age-friendly Cities Framework](#)



Action Leads

Age-Friendly Kansas initiative partners, Kansas Health Institute



Key Collaborators

Advocacy organizations, Kansas Aging and Disability Resource Center, Kansas Disability Rights Center, Kansas Silver Haired Legislature, local health departments, researchers, state agencies

Build Local Health Department Capacity Through Alzheimer's and Dementia Care ECHO® Program

Local health departments will participate in the Alzheimer's and Dementia Care ECHO® Program, in partnership with the Kansas Department of Health and Environment and other collaborators, to build internal capacity to address aging-related issues within their communities and to elevate healthy aging as a core public health priority. Through structured learning and peer exchange, departments will strengthen their ability to support prevention, early identification of cognitive decline, caregiver support and community-based systems change related to Alzheimer's Disease and Related Dementias (ADRD). A key outcome of participation is progress toward, and potential achievement of, Age-Friendly Public Health Systems recognition.



Objective and Core Public Health Role (6C)

Strengthen public health capacity for Alzheimer's Disease and Related Dementias.

Communicating: Share critical public health information, best practices and research findings



Action Steps

- Recruit and support participation of local health departments in the Alzheimer's and Dementia Care ECHO® Program.
- Facilitate peer learning and knowledge exchange among participating departments on ADRD prevention, detection and caregiver support strategies.
- Leverage participation to advance progress toward Age-Friendly Public Health Systems recognition.



Illustrative Monitoring Indicators

Percentage of adults age 65 and older reporting subjective cognitive decline (Kansas Behavioral Risk Factor Surveillance System Cognitive Decline Module, self-reported worsening of confusion or memory loss)



Potential Sources

Kansas Behavioral Risk Factor Surveillance System Cognitive Decline Module



Action Leads

Kansas Department of Health and Environment Healthy Aging Unit



Key Collaborators

Kansas Alzheimer's Association, Kansas Association of Local Health Departments, Kansas Health Institute, local health departments

Address Elder Mistreatment as a Public Health Priority

Local and state public health agencies and partners will elevate elder mistreatment, including abuse, neglect, exploitation and self-neglect, as a public health priority by integrating it into public health surveillance, prevention and response efforts. This strategy recognizes elder mistreatment as closely linked to behavioral and mental health outcomes such as shame, embarrassment, trauma, social isolation, depression and anxiety, which often prevent disclosure and help-seeking.



Objective and Core Public Health Role (6C)

Elevate elder mistreatment as a cross-sector public health issue.

Complementing: Public health will complement existing health-promoting programs for older adults.



Action Steps

- Integrate elder mistreatment indicators into public health surveillance, assessment and prevention planning activities.
- Promote cross-sector collaboration among public health, Adult Protective Services, law enforcement, health care providers and financial institutions to improve detection and response.
- Provide workforce training for health care providers, public health staff and community partners on identifying and responding to elder mistreatment.
- Expand public education and prevention efforts using resources such as the [Elder Mistreatment Prevention Toolkit](#) for Public Health and screening tools.



Illustrative Monitoring Indicators

Adult Protective Services investigations and substantiated cases among adults age 60 and older (reported annually and disaggregated by age where available), financial exploitation reports affecting older adults, number of hospitals implementing standardized elder abuse screening protocols (e.g., National Center on Elder Abuse [Screening Tools for Healthcare Professionals](#)) as documented through public reporting or voluntary disclosure, number of multidisciplinary teams addressing vulnerable adults, convictions under [KSA 21-5417](#), consumer protection complaints from adults age 60 and older, adult care home mistreatment cases, number of certified community behavioral health clinics or community mental health centers with geriatric specialization (if publicly listed), availability of caregiver support groups statewide



Potential Sources

Kansas Department for Children and Families Adult Protective Services Kansas [Intake/Investigation Protection System reports](#), [National Adult Maltreatment Reporting System](#), Protect Vulnerable Adults from Financial Exploitation Act Reporting, Kansas Attorney General reports, Kansas Bureau of Investigation, Kansas Hospital Association (if publicly reported and available), National Center on Elder Abuse screening resources



Action Leads

Kansas Department of Health and Environment in partnership with Kansas Department for Children and Families Adult Protective Services



Key Collaborators

Academic and research partners, Aging and Disability Resource Centers, Area Agencies on Aging, county prosecutors and judicial districts, faith-based and community organizations serving older adults, Kansas Association of Chiefs of Police, Kansas Attorney General's Office Elder and Consumer Protection units, Kansas Bankers Association and credit unions, Kansas Behavioral Health Services, Kansas Bureau of Investigation, Kansas Department for Aging and Disability Services, Kansas Hospital Association and hospital systems, Kansas Sheriffs' Association, local health departments

Create Structured Opportunities for Older Adults to Participate in Policymaking

State and local policymakers will engage older adults directly in policy discussions on issues affecting multiple generations to ensure lived experience, intergenerational relevance and shared solutions are reflected in decision-making. Meaningful participation of older adults in policy processes can strengthen civic engagement, improve policy design and ensure that decisions reflect the experiences and priorities of communities across the lifespan.



Objective and Core Public Health Role (6C)

Increase meaningful participation of older adults who are directly impacted by policies in public decision-making processes.

Connecting and Convening: Bring together multisector partners to address the basic foundations of health for older adults.



Action Steps

- Create opportunities for older adults to participate in policy discussions through advisory boards, listening sessions, task forces and public engagement processes.
- Encourage public agencies and policymakers to include older adult representatives in planning and decision-making bodies.
- Partner with community organizations and aging services providers to recruit diverse older adult participants.
- Document and publicly share examples of older adult participation in policymaking and community engagement processes.



Illustrative Monitoring Indicators

Public documentation of older adult participation in policymaking processes as community members (e.g., public testimony, advisory board membership, listening sessions, task forces or community engagement processes), distinct from elected legislative roles; number of older adults serving in appointed advisory or planning roles; voter turnout among adults age 65 and older (contextual civic participation measure)



Potential Sources

Public meeting minutes and reports, advisory board membership lists, local and state government engagement documentation, United States Census Bureau voting and civic participation datasets



Action Leads

State and local policymakers



Key Collaborators

Academic and research partners, advocacy organizations, Area Agencies on Aging, civic engagement organizations, community-based organizations, Kansas Silver Haired Legislature, local governments, senior centers

Develop Aging-Focused Data Dashboard

State agency partners will establish a cross-agency data governance group to improve coordination across aging-related data systems. This group will identify and address fragmented or outdated data infrastructure, clarify statutory and regulatory constraints that limit responsible data sharing and develop consistent policies and protocols that protect privacy while enabling appropriate, person-centered use of data. In parallel, KDHE and partner agencies will identify and/or develop the resources needed to create a publicly accessible, aging-focused data dashboard – modeled after tools such as the [Aging in Florida Dashboard](#). The dashboard will consolidate key indicators across health outcomes, social and economic conditions, caregiving and other aging-related measures to support timely decision-making, planning and policy development across Kansas.



Objective and Core Public Health Role (6C)

Improve coordination and accessibility of aging data.

Collecting, Analyzing and Translating Data: Use data to inform community needs and guide interventions.



Action Steps

- Establish a cross-agency data governance group to coordinate aging-related data systems and policies across state agencies.
- Assess current aging-related data systems to identify fragmentation, duplication or infrastructure gaps.
- Develop policies and protocols that enable responsible data sharing while protecting privacy and complying with statutory requirements.
- Design and launch a publicly accessible aging-focused data dashboard consolidating health, social, economic and caregiving indicators relevant to aging in Kansas.



Illustrative Monitoring Indicators

Public establishment and maintenance of a statewide aging-focused data dashboard, regular publication of age-disaggregated indicators across health, social and economic domains



Potential Sources

Note: Until a centralized aging-focused dashboard is established, age-specific demographic, health and economic data can be accessed through existing publicly available sources such as the United States Census Bureau American Community Survey, Kansas Behavioral Risk Factor Surveillance System, [Kansas Health Matters](#), and [All Things Kansas](#).



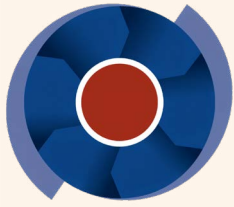
Action Leads

Shared collaboration between the Kansas Department of Health and Environment, Kansas Department for Aging and Disability Services and Kansas Department for Children and Family Services



Key Collaborators

All Things Kansas, Area Agencies on Aging, Kansas Health Institute, Kansas Health Matters, local health departments, University of Kansas



Intergenerational Connection as Community Infrastructure

Strengthening connections between younger and older Kansans is foundational to strong community ties. Intergenerational engagement and programming can reduce isolation, foster empathy and understanding, and build community capacity across the lifespan.¹³ However, research on social connection interventions indicates that even when standardized clinical measures do not show large shifts, older adults consistently report high levels of enjoyment, meaning and emotional satisfaction from structured engagement, conversation and relationship-centered activities.¹⁴ Evidence from social connection research helps explain why these approaches matter, even when traditional clinical metrics capture only part of their impact. Programs that include goal-directed activities, shared wisdom and reciprocal interaction tend to produce the strongest qualitative benefits for both younger and older participants.¹⁵ Taken together, this evidence highlights the importance of valuing intergenerational programs for their social and relational benefits, even when impacts are not fully captured by clinical measures.

This priority ultimately aims to embed intergenerational connection into the daily fabric of Kansas life, not as an event but as an expectation, and it reflects emerging evidence that frequent, reciprocal, structured interactions across generations strengthen social cohesion and provide protective effects for both youth and older adults. For all intergenerational programming strategies, older adults, including residents of adult care homes, should be actively engaged as leaders or co-leaders in both program design and facilitation.



Goal

Advance intergenerational approaches as a cross-sector strategy that increases meaningful, reciprocal interaction between younger and older Kansans, strengthening social cohesion, reducing isolation and informing community, organizational and policy-level solutions that benefit all generations.

Embed Intergenerational Activities into K-12 and Higher Education Curricula

Local school districts and higher education will embed intergenerational activities — such as life interviews and story-sharing — into K-12 and higher education curricula to reduce ageism and strengthen cross-generational connection. Higher education institutions may also support these efforts by aligning programs and campus practices with the principles of the [Age-Friendly University \(AFU\) Global Network](#), expanding lifelong learning opportunities and incorporating aging-related content across disciplines. Wichita State University, Kansas' first Age-Friendly University, can serve as an early example and resource for institutions exploring these approaches.



Objective and Core Public Health Role (6C)

Increase structured intergenerational activities in education systems.

Creating and Leading: Establish policies, systems and environmental changes that prioritize older adult health.



Action Steps

- Establish partnerships between schools, higher education institutions and aging-serving organizations to facilitate classroom participation by older adults.
- Pilot intergenerational learning projects such as storytelling initiatives, oral history interviews, mentorship opportunities and collaborative community projects.



Illustrative Monitoring Indicators

Inclusion of aging-related language in Community Health Assessments (CHAs), Community Health Improvement Plans (CHIPs) and strategic plans; measured change in student attitudes toward aging using validated scales of measurement; measured change in student attitudes toward aging on the Fraboni Scale of Ageism,¹⁶ Aging Semantic Differential¹⁷ or the Age Integration Scale¹⁸ (as administered during pre- and post-program participation and reported in publicly available summaries); county social association rate (historical baseline)



Potential Sources

Kansas Public Health Collaborative Community Health Needs Assessment and Community Health Improvement Plan [Interactive Maps](#), publicly posted strategic plans, public evaluation summaries, Kansas Behavioral Risk Factor Surveillance System social indicators, County Health Rankings and Roadmaps historical data.



Action Leads

Kansas State Department of Education, Kansas Office of Early Childhood, Kansas Board of Regents, Kansas Department of Health and Environment, Kansas Department for Aging and Disability Services, higher education institutions



Key Collaborators

Adult Care Homes and Assisted Living Facilities, Area Agencies on Aging, Foster Grandparents Program, Friends University, Kansas Adult Care Home Executives, Kansas Advocates for Better Care, libraries, public health, public libraries, nursing and social work programs, Wichita State University (Kansas's only recognized Age-Friendly University, can serve as champion)

Develop and Scale Co-Located Child and Elder Care Facilities

Developers and local policymakers should develop and/or scale co-located facilities that combine child care, schools and elder care — building on existing Kansas models — to promote intergenerational interaction and efficient use of community infrastructure. Co-located care models can strengthen social connection, support caregivers and families, and maximize the use of community facilities while fostering regular interaction between younger and older generations.



Objective and Core Public Health Role (6C)

Increase development of co-located child care and elder care facilities.

Creating and Leading: Establish policies, systems and environmental changes that prioritize older adult health.



Action Steps

- Identify and document existing Kansas co-located child care and elder care models (e.g., Logan Life Center, Sunflower Care Homes, Heritage Home) to inform replication and scaling efforts.
- Encourage local planning and zoning policies that support development of co-located child care and elder care facilities.
- Facilitate partnerships among child care providers, elder care providers, housing developers and community organizations to establish new co-located facilities.
- Provide [funding sources](#) and share best practices to support communities interested in implementing intergenerational care models.



Illustrative Monitoring Indicators

Prevalence of multigenerational households (as a proxy for intergenerational living arrangements), number of licensed co-located facilities (defined as child care and adult/elder care services operating at the same physical address), social association rate (baseline civic context)



Potential Sources

[Sharing Our Space: A Toolkit for Developing and Enhancing Intergenerational Shared Sites](#), United States Census Bureau American Community Survey, Kansas Department of Health and Environment Child Care Licensing Data, Kansas Department for Aging and Disability Services Adult Care Home Directory, County Health Rankings and Roadmaps historical data, Kansas Behavioral Risk Factor Surveillance System social indicators



Action Leads

City and county governments (planning and zoning authorities), Kansas Department of Health and Environment, Kansas Office of Early Childhood, economic development offices, local chambers of commerce



Key Collaborators

AARP Kansas, Area Agencies on Aging, community-based organizations and health coalitions, community development corporations, early adopters of intergenerational models of care (e.g., Logan Life Center, Sunflower Care Homes, Heritage Home), early childhood providers, Habitat for Humanity of Kansas, health care systems, higher education institutions, housing developers, Kansas Children's Cabinet and Trust Fund, Kansas Department for Aging and Disability Services, Kansas Department of Health and Environment, Kansas Children's Cabinet and Trust Fund, local adult care homes and assisted living facilities, local funders, local school districts, Office of Early Childhood, philanthropic organizations and foundations

Develop Intergenerational Housing and Infrastructure

Local communities can advance AARP Livable Communities approaches by supporting intergenerational housing and mixed-use development that enable aging in place across Kansas. In rural communities, the strategy primarily aims to address social isolation, economic decline and limited access to affordable, adaptable housing by strengthening local infrastructure and essential services. In urban communities, it prioritizes improving coordination across housing, health and social services and embedding wraparound supports into housing developments.



Objective and Core Public Health Role (6C)

Increase development of intergenerational and mixed-use housing models that support aging in place and strengthen community infrastructure across Kansas.

Creating and Leading: Establish policies, systems and environmental changes that prioritize older adult health.



Action Steps

- Encourage adoption of local planning and zoning policies that support intergenerational housing, mixed-use development and age-friendly community design.
- Promote partnerships among housing developers, local governments, health care providers and community organizations to integrate housing with health and social services.



Illustrative Monitoring Indicators

Prevalence of multigenerational households, availability of affordable housing units for older adults, number of communities participating in AARP Livable Communities or age-friendly community initiatives, housing cost burden among older adults, social association rate (baseline civic context)



Potential Sources

United States Census Bureau American Community Survey, AARP Livable Communities network participation data, U.S. Department of Housing and Urban Development housing data, Kansas Housing Resources Corporation reports, County Health Rankings and Roadmaps historical data



Action Leads

City and county governments (planning, zoning and housing authorities), Kansas Housing Resources Corporation, Kansas Department of Commerce, local economic development offices



Key Collaborators

AARP Kansas, Area Agencies on Aging, community-based organizations and health coalitions, community development corporations, Habitat for Humanity, health care systems, housing developers, Kansas Department for Aging and Disability Services, Kansas Department of Health and Environment, local governments, local housing authorities, nonprofit housing organizations

Integrate Peer- and Group-Based Models into Community Health Programming

When appropriate, public health and community-based organizations will implement intergenerational, small-group and peer-based approaches to community engagement when developing and implementing organizational work plans that emphasize shared activities and mutual support.



Objective and Core Public Health Role (6C)

Increase peer-supported community engagement.

Creating and Leading: Establish policies, systems and environmental changes that prioritize older adult health.



Action Steps

- Incorporate group-based engagement strategies into public health and community-based organizational work plans and program design.
- Evaluate program participation, satisfaction and social connection outcomes to inform continuous improvement and expansion of group-based models.



Illustrative Monitoring Indicators

Measured change in loneliness/social connectedness using validated instruments, such as the University of California at Los Angeles (UCLA) Loneliness Scale¹⁹ or the Lubben Social Network Scale (LSN-6),²⁰ as reported in publicly available program evaluations; adults age 65 and older living alone; social association rate



Potential Sources

United States Census Bureau American Community Survey, Kansas Behavioral Risk Factor Surveillance System social indicators, County Health Rankings and Roadmaps historical data



Action Leads

Local public health departments, community-based organizations, Kansas Parks and Recreation Association



Key Collaborators

Area Agencies on Aging, arts and recreation partners, community and senior centers, Kansas Creative Arts Industries Commission, local arts centers, public libraries, school districts, universities and researchers, Wichita State University WellREP Program (Kansas's only Age-Friendly University, can serve as champion), YMCA associations

Pilot Intergenerational Community Programs

Local school districts should launch low-barrier, activity-based intergenerational programs — such as drumming, art, gardening and shared physical activity — in schools and community-based settings, with older adults serving as facilitators or co-leaders. These programs can strengthen relationships between generations, promote social connection and provide accessible opportunities for engagement that support physical, emotional and social well-being.²¹



Objective and Core Public Health Role (6C)

Expand low-barrier intergenerational programs.

Connecting and Convening: Bring together multisector partners to address basic foundations for health for older adults.



Action Steps

- Pilot intergenerational activity programs in schools and community-based settings that emphasize accessible, low-cost participation.
- Engage older adult volunteers, community leaders and subject-matter experts to serve as facilitators or co-leaders of activities.
- Evaluate program outcomes, including participant satisfaction, social connectedness and changes in attitudes toward aging, to inform program expansion.



Illustrative Monitoring Indicators

Measured change in attitudes toward aging, measured change in social connectedness, social association rate (used as a county-level contextual indicator rather than a direct program measure)



Potential Sources

Public evaluation summaries using validated instruments, such as the Fraboni Scale of Ageism, Aging Semantic Differential, University of California at Los Angeles (UCLA) Loneliness Scale²² or Lubben Social Network Scale (LSN-6)²³; Kansas Behavioral Risk Factor Surveillance System social indicators; County Health Rankings and Roadmaps historical data



Action Leads

Kansas Department of Education, local school districts



Key Collaborators

Area Agencies on Aging, arts and cultural organizations, community-engaged scholars and researchers, Foster Grandparents Program, K-State Extension, local public health departments, local retiree associations, older adult volunteers, public libraries, youth-serving organizations

Recruit Older Adults into Mentorship and Advisory Roles Across Sectors

Employers across sectors should recruit older adults into mentorship, training and advisory roles before and after retirement to retain institutional knowledge and strengthen intergenerational workplaces. Engaging older adults in mentorship and advisory roles can support workforce development, strengthen knowledge transfer and promote continued economic and social participation among older adults.



Objective and Core Public Health Role (6C)

Increase workforce engagement among older adults

Connecting and Convening: Bring together multisector partners to address basic foundations for health for older adults.



Action Steps

- Encourage employers to develop mentorship, advisory and training roles that engage older workers and retirees.
- Promote age-friendly workplace practices that support flexible work arrangements, phased retirement and knowledge transfer opportunities.
- Facilitate partnerships between employers, workforce development organizations and educational institutions to connect older adults with mentorship opportunities.



Illustrative Monitoring Indicators

Labor force participation among adults age 55 and older and adults age 65 and older; number of employers participating in age-friendly employer initiatives (as publicly listed or voluntarily reported).



Potential Sources

United States Bureau of Labor Statistics, United States Census Bureau American Community Survey, AARP Employer Pledge Program Participation List, Age-Friendly Institute Certified Age-Friendly Employer List



Action Leads

Kansas Chamber of Commerce, local Kansas chambers of commerce



Key Collaborators

Age-friendly workplace initiatives, Area Agencies on Aging, civic and professional organizations, extension services, higher education institutions

Connect Older Adults and Youth Through Reciprocal Volunteer Outreach

Organizations can implement reciprocal intergenerational outreach programs that connect older adults with younger volunteers and community members through regular check-ins, shared activities and mutual support. These programs strengthen social connections while allowing both younger and older participants to provide assistance, companionship and community engagement opportunities.



Objective and Core Public Health Role (6C)

Reduce social isolation through reciprocal outreach.

Coordinating: Link existing services and supports to assist older adults, families and caregivers with navigation.



Action Steps

- Develop reciprocal outreach programs that connect older adults with youth, volunteers and community members for regular check-ins and shared activities.
- Partner with schools, extension programs and community organizations to recruit volunteers and participants.
- Coordinate outreach efforts through local public health departments, community-based organizations, senior centers and aging services organizations to ensure programs reach isolated older adults.
- Evaluate program outcomes related to loneliness, social connection and volunteer engagement to support program improvement and expansion.



Illustrative Monitoring Indicators

Adults age 65 and older living alone; measured change in loneliness or social connectedness among program participants, where publicly reported; volunteer participation among adults age 65 and older



Potential Sources

United States Census Bureau American Community Survey; public evaluation summaries using validated instruments, such as the University of California at Los Angeles (UCLA) Loneliness Scale²⁴ or Lubben Social Network Scale (LSN-6)²⁵; United States Census Bureau Current Population Survey Volunteer Supplement; AmeriCorps Civic Engagement and Volunteering Data; K-State Extension reporting



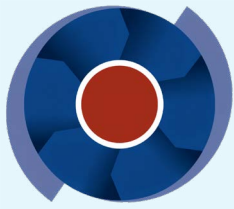
Action Leads

Local public health departments, Area Agencies on Aging, senior centers



Key Collaborators

4-H programs, health care and social service providers, K-State Extension, local faith-based organizations and charities, local school districts, local senior service providers, public libraries, senior centers, youth-serving organizations



Addressing Social Isolation and Building Social Connection as a Core Public Health Function

Reducing social isolation and promoting belonging has emerged as a top priority for public health. Isolation must be reframed and addressed as a public health issue, one that affects both physical and mental health and can be prevented through intentional policy, community supports and design.

This reframing of social isolation signals a shift from treating isolation as an individual condition to viewing facilitating social connection and involvement in communities as a public health function and an essential variable for lifelong health and community well-being.

This approach aligns with emerging national and global public health frameworks that indicate that loneliness and isolation cannot be addressed through individual interventions alone, but require coordinated, system-wide strategies embedded across public health and aging services, as well as within existing civic and community infrastructure.²⁶



Goal

Embed social connection into public health and community systems to improve well-being and reduce isolation across all generations.

Incorporate Civic and Social Connectedness Indicators into Public Health Planning

As social isolation and community connectedness are increasingly recognized as emerging public health priorities across the life course, civic connection is increasingly recognized as a factor associated with health and community belonging. KDHE and public health partners may consider available indicators related to social connectedness and civic engagement (e.g., volunteering, participation in community activities) as an indicator of community health and social connectedness. Embedding civic connection into routine public health programming can help address social isolation, strengthen community relationships and support population health across the life course. America's Health Rankings (AHR) now includes civic engagement indicators such as volunteerism and voter participation as measures associated with community health and well-being.



Objective and Core Public Health Role (6C)

Explore opportunities to incorporate civic connection into public health and community initiatives and consider indicators of social connectedness as part of broader community health assessment and planning.

Connecting and Convening: Bring together multisector partners to address basic foundations for health for older adults and **Collecting, Analyzing and Translating Data:** Use data to inform community needs and guide interventions.



Action Steps

- Encourage inclusion of civic connection initiatives within Community Health Assessments (CHAs), Community Health Improvement Plans (CHIPs) and local strategic plans.
- Highlight or share examples of locally implemented programs related to social support, civic participation or community connectedness (e.g., initiatives led by community-based organizations, senior centers, Area Agencies on Aging or Extension programs) that may help inform future programming.



Illustrative Monitoring Indicators

State-level indicators: Percentage reporting adequate social or emotional support age 65+ (Kansas Behavioral Risk Factor Surveillance System social support item; K-State Extension Volunteer participation rates age 65+)

County or local indicators: County Health Rankings & Roadmaps social association rate; Inclusion of civic engagement, social connectedness or social isolation priorities in Community Health Assessments (CHAs) and Community Health Improvement Plans (CHIPs)



Potential Sources

Kansas Behavioral Risk Factor Surveillance System (BRFSS); United States Census Bureau Current Population Survey (CPS) Volunteer Supplement; AmeriCorps Civic Engagement and Volunteering (CEV) Data; K-State Extension reporting; County Health Rankings & Roadmaps (CHR&R) historical data; Kansas Public Health Collaborative Community Health Needs Assessment and Community Health Improvement Plan Interactive Maps



Action Leads

Kansas Department of Health and Environment (KDHE); local policymakers and government officials; local health departments.



Key Collaborators

Area Agencies on Aging (AAAs), community-based nonprofits, community foundations, community health workers and the Kansas Community Health Worker Coalition, faith-based organizations, higher education public health programs, K-State Extension, Kansas Association of Counties, Kansas Department for Aging and Disability Services (KDADS), Kansas League of Municipalities, Kansas Parks and Recreation Association, Kansas Volunteer Commission (AmeriCorps Kansas), public libraries, researchers, senior centers, volunteer organizations, YMCA associations

Screen for Social Isolation Risk at Key Life Transitions Using Validated Tools

Health care and social service providers will use evidence-based tools such as the University of California at Los Angeles (UCLA) Loneliness Scale²⁷, during key life transitions — such as retirement, the death of a spouse, moving to an adult care home or senior living community, or becoming a caregiver — to identify individuals at risk for social isolation and connect them to appropriate supports. Screening during these transition points can help providers identify emerging risks for isolation and link individuals with community resources, social supports and services that promote health and well-being.



Objective and Core Public Health Role (6C)

Identify isolation risk during key life transitions.

Coordinating: Link existing services and supports to assist older adults, families and caregivers with navigation.



Action Steps

- Promote use of validated screening tools, such as the University of California at Los Angeles (UCLA) Loneliness Scale²⁸ or Lubben Social Network Scale (LSN-6)²⁹ within health care and social service settings.
- Incorporate social isolation screening into care transitions such as hospital discharge, retirement planning, caregiving transitions and relocation to senior housing or adult care homes.
- Develop referral pathways linking screening results to community-based programs and social supports that address isolation and promote social connection.



Illustrative Monitoring Indicators

Percentage of adults age 65 and older reporting adequate social or emotional support; adults age 65 and older living alone; measured change in loneliness among individuals screened and connected to services, where reported publicly.



Potential Sources

Kansas Behavioral Risk Factor Surveillance System; United States Census Bureau American Community Survey; public evaluation summaries using validated instruments, such as the University of California at Los Angeles (UCLA) Loneliness Scale or Lubben Social Network Scale (LSN-6)



Action Leads

Kansas Department for Aging and Disability Services, Kansas Department of Health and Environment



Key Collaborators

Area Agencies on Aging, Community Care Network of Kansas, community health workers, health care and social service providers and systems, Kansas Community Health Worker Coalition, Kansas Health Care Association/Kansas Center for Assisted Living, Kansas Hospital Association, LeadingAge Kansas, local health departments, local senior centers, PACE Kansas

Implement Outreach Materials Using Strengths-Based, Connection-Focused Language

Public health and health care providers will design and deliver outreach using strengths-based, connection-focused language rather than clinical terminology to reduce stigma and increase engagement among older adults and caregivers. Framing outreach around connection, purpose and community participation can help normalize conversations about social well-being while hopefully increasing participation in programs and services that support healthy aging.



Objective and Core Public Health Role (6C)

Increase engagement through strengths-based messaging.

Communicating: Share critical public health information, best practices and research findings.



Action Steps

- Review existing public health and health care outreach materials to identify language that may unintentionally stigmatize aging, loneliness or help-seeking.
- Develop and disseminate guidance on strengths-based, connection-focused communication approaches using resources such as the National Center to Reframe Aging toolkit.
- Train communications staff, community health workers and outreach partners on evidence-based framing strategies that emphasize connection, belonging and community participation.
- Update public-facing materials, campaigns and program messaging to reflect strengths-based language and promote participation in social and community activities.



Illustrative Monitoring Indicators

Percentage of adults age 65 and older reporting adequate social or emotional support, public documentation of language audits (e.g., publication of revised guidance or audit summaries), public availability of reframing tools



Potential Sources

Kansas Behavioral Risk Factor Surveillance System, National Center to Reframe Aging toolkit, AARP Language of Aging



Action Leads

Kansas Department for Aging and Disability Services, Kansas Department of Health and Environment, local health departments



Key Collaborators

AARP Kansas, communications partners, Community Care Network of Kansas, community-based nonprofits, community health workers, Kansas Health Care Association/Kansas Center for Assisted Living, Kansas Hospital Association, LeadingAge Kansas, libraries, local aging service providers, PACE Kansas, senior centers, senior living communities, volunteer organizations

Analyze and Share Age-Disaggregated Social Isolation Data

Kansas Department of Health and Environment will analyze age-disaggregated responses to the Kansas Behavioral Risk Factor Surveillance System (BRFSS) social determinants of health questions on social and emotional support and social isolation and share findings with relevant stakeholders to inform planning and action. Making age-stratified data more accessible can help policymakers, community organizations and public health agencies better understand patterns of social isolation and develop targeted interventions to improve social connection among older adults.



Objective and Core Public Health Role (6C)

Improve use of age-stratified data for planning.

Collecting, Analyzing and Translating Data: Use data to inform community needs and guide interventions.



Action Steps

- Analyze BRFSS data to produce age-disaggregated summaries related to social and emotional support and social isolation.
- Share findings with local health departments, policymakers and community organizations to inform planning and intervention design, where needed.
- Incorporate age-disaggregated data into community health assessments, community health improvement plans and other strategic planning processes.



Illustrative Monitoring Indicators

Percentage of adults age 65 and older reporting adequate social or emotional support, adults age 65 and older living alone



Potential Sources

Kansas Behavioral Risk Factor Surveillance System, United States Census Bureau American Community Survey



Action Leads

Kansas Department of Health and Environment



Key Collaborators

AARP Kansas, academic institutions, Area Agencies on Aging, community-based organizations, local and state policymakers, local health departments

Appendix A. Strategy Characterization Process and Playbook

The initial list of draft strategies was first characterized through an activity using the online software Padlet, an interactive platform where working group participants were able to contribute written feedback and thoughts on each strategy using a semi-structured, prompted conversation. Strategies were developed both during live meetings and independently by working group members. Participants received the high-level goal and accompanying strategy rationale describing how the goal would be achieved and were asked to further elaborate on these components and determine what key information was needed to advance each strategy. Conversation prompts varied by group, but each group evaluated strategies based on several key areas, including:

- Who is responsible for leading or contributing to the strategy?
- What assets, programs or policies can be leveraged or expanded?
- Where should the strategy be implemented (community, county, regional or state level)?
- When could implementation reasonably occur (short-term or long-term)?
- Why is the strategy important and what are the expected outcomes?

The meeting facilitator took notes directly in Padlet and used meeting transcripts to further characterize strategies after the activity ended and Padlets were closed to independent input. The facilitator then used the Age-Friendly Public Health Strategy Playbook template that follows.

Age-Friendly Public Health Strategy Playbook Template

Strategy Title

[Insert Strategy Title]

Description

[Provide a brief description of the strategy. Explain what the strategy intends to accomplish, how it will impact public health, and the context for implementation.]

Objective and Core Public Health Role (6C)

[State the specific objective the strategy is designed to achieve.]

Implementation Considerations

Policy and System Factors Affecting Implementation
[Which of the following may influence implementation?]

- Legislative action or statutory authority
- Federal policy or funding approval
- Regulatory or licensing requirements
- Interagency agreements or contracts
- Agency budget development processes

Grant or funding cycles
Data systems or information technology infrastructure
Workforce capacity or training needs

Monitoring and Governance

Illustrative Monitoring Indicators

Action Steps

[List the specific implementation steps required.]

Consider:

What policy, program or system changes are required?
What stakeholders must be engaged?
What timeline is realistic for implementation?

[Consider indicators that reflect changes in policies, programs, systems, participation or outcomes over time. Indicators may include implementation milestones, service utilization, population-level trends or evaluation measures.]

Potential Source(s)

Subpopulations Potentially Impacted

[Will this strategy significantly impact subpopulations? Where is the greatest need?]

Individuals with Dementia and Alzheimer's
Rural/Frontier communities
Urban communities
Limited English Proficient (LEP) persons
Low-income individuals
Individuals with intellectual or developmental disabilities or physical disabilities
Individuals with other disabilities (specify)
Family caregivers
Older adults living alone or socially isolated
Older adults in congregate settings (assisted living, nursing facilities, senior housing)
Veterans
Tribal communities / American Indian or Alaska Native populations
Immigrant or refugee communities
Individuals with behavioral health needs
Justice-involved individuals or citizens
Others:

[Identify publicly available or routinely collected data sources that can be used to monitor the indicators above. Consider state or local reports, surveillance systems, publicly posted plans, or evaluation summaries.]

Action Leads

[List the primary agencies or organizations responsible for leading implementation.]

Key Collaborators

[List supporting partners, institutions or stakeholders involved in implementation.]

Appendix B: Endnotes

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