



(REVIEW ARTICLE)



Promoting healthy aging: A review of community-based interventions to support active aging and independence

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Abstract

Background: The global population is aging rapidly, with the number of people aged 60 and above projected to reach 2.1 billion by 2050. This demographic shift presents both challenges and opportunities for public health systems, particularly in promoting healthy aging and supporting older adults to live independently. Community-based interventions have become a key strategy for improving health, functional ability, and quality of life among older adults especially as many prefer to age in place.

Objective: The review aims to synthesize current evidence on community-based interventions that promote healthy aging and support independence among older adults. It identifies the types of interventions implemented, assesses their effectiveness, and highlights key factors contributing to their successful implementation.

Methods: A literature search was conducted across multiple databases using Boolean operators to combine keywords such as “healthy aging,” “older adults,” “community-based,” and “independence.” Fifty articles were initially screened by title and abstract. Of these, thirty-two full-text studies were reviewed, and twenty-six met the inclusion criteria. Only English-language studies were included, with no date restrictions applied.

Results: The review identified categories of community-based interventions and emphasized the importance of effective implementation. Physical activity programs consistently demonstrated improvements in mobility, strength, and fall prevention among older adults. Successful implementation was influenced by factors including adequate funding, staff training, cultural relevance, and community engagement. The findings highlight significant policy implications that require coordinated efforts among local governments, healthcare systems, and community organizations to create supportive environments that enable aging in place.

Conclusions: Community-based interventions are effective in promoting healthy aging and supporting older adults' independence, especially when interventions are multi-faceted and locally structured. To ensure sustainable impact, policies must prioritize cross-sector collaboration, secure adequate funding, and promote equitable access. Future efforts should focus on integrating technology and developing scalable strategies, especially for implementation in low-resource settings.

Keywords: Aging; Older people; Healthy aging; Community interventions; Policy; Strategies; Plans

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1. Introduction

By 2050, the global population aged 60 and over is projected to reach 2.1 billion, doubling from 2020 figures and marking one of the most significant demographic shifts in human history¹. This unprecedented aging trend presents both opportunities and challenges for healthcare systems, communities, and societies. While increased longevity reflects progress in medical care, public health, and living standards, it also calls for innovative strategies to ensure that these added years are lived healthy with dignity, and independence.

Older adults often receive lower quality care compared to other age groups. They frequently present with vague, non-specific, or atypical symptoms such as confusion, falls, or immobility, which can lead to nonchalant or dismissive attitudes from healthcare providers²⁹.

Population aging poses significant challenges to economic growth, with its impact becoming increasingly evident in many industrialized nations. Key consequences include labor shortages, rising healthcare costs, greater public spending, and potential shifts in savings and investment patterns². In regions such as North America, Western Europe, and Japan, where aging is occurring at an unprecedented pace, policymakers face a complex set of interrelated challenges³.

These challenges span across socio-economic (e.g., reduced workforce participation, growing demand for elder care services), and health domains (e.g., increased prevalence of chronic diseases), all of which require coordinated and forward-thinking policy responses².

These issues could significantly undermine the high living standards currently enjoyed in many advanced economies. In response, developed countries are exploring innovative policy approaches to mitigate the economic impact of aging. Strategies include extending the retirement age, promoting active aging, and investing in healthcare and automation to sustain productivity and economic stability.³⁰

Healthy aging, as defined by the World Health Organization (WHO), is "the process of developing and maintaining the functional ability that enables well-being in older age." This definition shifts the focus from disease prevention to preserving functional capacity across four key domains: mobility, vitality, psychological well-being, and social connections. To further promote a positive experience of aging, the WHO introduced the concept of active aging, defined as "the process of optimizing opportunities for health, participation, and security to enhance quality of life as people age."³¹



Figure 1 The WHO active aging model

The WHO Active Aging model (Figure 1) aims to promote the physical, social, and mental well-being of older adults, while also supporting their continued participation in society. Unlike concepts such as healthy aging or successful aging,

which primarily emphasize clinical or medical outcomes, or productive aging, which centers on economic contribution regardless of health status, active aging encompasses both individual and community-level actions. This inclusive approach reflects a more holistic understanding of aging and the diverse factors that contribute to quality of life in later years⁴.

The growing aging population places increasing pressure on health systems, as more older adults experience chronic illnesses, reduced mobility, and express a strong preference to age at home³². Community-based interventions provide effective solutions by promoting health, fostering independence, and strengthening social support. These approaches directly address key challenges of aging and help older adults remain active, engaged, and connected within their communities³³.

Community-based interventions, therefore, represent systematic efforts to enhance key domains of healthy aging through locally delivered programs, services, and environmental modifications that enable older adults to remain active and independent within their familiar social and physical environments⁵.

Compared to institutional care, community-based approaches offer significant advantages, particularly in the context of the rapidly changing demographics and evolving needs of the aging population. A holistic framework of community-based practitioners working directly with older adults in addition to traditional medication research provides a better foundation for delivering appropriate health care services to the aging population⁶.

These services may include personal care, mobility assistance, mental health support, physiotherapy, opportunities for socialization, and respite care. Community-based approaches also offer cost-effective benefits. According to the American Association of Retired Persons (AARP), 77% of adults over age 50 preferred to age in place as of 2021⁷. Aging in place refers to the preference of older adults to remain in their own homes and communities as they grow older, rather than relocating to nursing homes or institutional care facilities. This approach offers several advantages, including increased autonomy, a sense of familiarity, and stronger social connections through proximity to friends, neighbors, and community services⁷.

Aging in place is often more cost-effective than institutional care and may reduce the risk of healthcare-associated infections commonly seen in long-term care facilities. Although most older adults prefer to remain in their own homes as they age, doing so safely and with dignity requires strong sustained support from the surrounding community⁷.

In 2020, the World Health Organization (WHO) and the United Nations launched *The Decade of Healthy Aging (2021–2030)* strategy, providing a global roadmap to improve the lives of older people, their families, and the communities in which they live.³⁴ This initiative calls for “concerted, catalytic, and collaborative action” to support healthy aging worldwide. Its key action areas align closely with community-based interventions, highlighting their central role in achieving global healthy aging goals³⁵.

This review aims to synthesize current evidence on community-based interventions designed to promote healthy aging and support independence among older adults living in community settings. Specifically, the review seeks to:

- Identify and describe the various community-based programs that support healthy aging
- Examine the effectiveness of these interventions in improving health and independence outcomes for older adults
- Analyze the key factors contributing to the success and sustainability of these programs
- Highlight gaps where further research and program development are needed

2. Methods

A narrative review approach was employed to synthesize evidence from diverse sources on aging and community-based interventions. The review followed a structured methodology to capture the range of studies globally. Databases searched included PubMed, Lancet, Cochrane Library, PLoS ONE, Global Health, and Scopus.

Keywords were formulated using Boolean operators to combine terms such as:

- ("healthy aging" OR "active aging" OR "successful aging")
- AND ("older adults" OR "elderly" OR "seniors" OR "aging population")
- AND ("community intervention" OR "community-based" OR "local intervention" OR "community program")

- AND ("independence" OR "quality of life" OR "functional status" OR "well-being")
- Fifty articles were screened by title and abstract. Of these, thirty-two full-text studies were reviewed, and twenty-six met the inclusion criteria. Only English-language studies were included, with no date restrictions.

3. Community-Based Interventions

Community-based interventions for healthy aging encompass a wide range of programs and services aimed at helping older adults maintain health, independence, and quality of life within their familiar community settings (Table 1). Among these, physical activity programs have proven especially effective, with evidence indicating improvements in physical activity levels, fall prevention, intrinsic capacity, functional ability, and overall quality of life⁸.

Exercise is a key component of healthy aging, contributing to pain prevention and improvements in cognitive function. Programs such as walking and routine aerobic exercise have shown positive outcomes; however, many older adults do not meet the recommended weekly activity levels. While counseling can enhance engagement, the focus should remain on accessible, community-based exercise opportunities⁹.

Evidence from systematic reviews shows that resistance training and nutritional support through meal programs significantly improve muscle strength. Additionally, supervised multimodal exercises and whole-body vibration have been effective in enhancing balance and reducing risk¹⁰. Beyond physical interventions, community-based mental health programs including support groups, social skills training, creative arts, and educational or leisure activities address the psychological and social dimensions of healthy aging¹¹.

Social engagement interventions address the issue of social isolation, a key factor affecting both mental and physical health in older adults. Befriending programs and social clubs have demonstrated measurable improvements in patient-reported outcomes and life satisfaction²³. Volunteer opportunities offer dual benefits of fostering social connection while promoting a sense of purpose and community contribution, both of which are essential to successful aging²⁴.

Health education and screening programs focus on empowering older adults with the knowledge and skills needed to manage chronic conditions and adopt health-promoting behaviors (Table 1). Interventions grounded in person-centered, holistic care are essential for enabling individuals to harness their intrinsic resources in managing chronic illness. The Body Knowledge Program (BKP) exemplifies such an approach, supporting older adults in taking greater autonomy over their health²⁵.

Home safety modifications reduce fall risk and boost older adults' confidence in daily activities²⁶. Transportation services are critical for promoting community participation and healthcare access, especially in rural settings. Community-based health promotion efforts must also address ethnic and socioeconomic disparities, particularly in underserved areas¹². Increasingly, technology is being integrated into interventions to enhance accessibility and engagement in active aging¹³.

Rural and regional community-based exercise programs effectively improve physical and functional health in older adults. However, challenges such as gender imbalance and geographic barriers persist¹⁴. Successful interventions are typically locally delivered, culturally appropriate, and tailored to support aging populations in staying active and engaged within their communities.

Table 1 Community-Based Intervention Categories, Components and Outcomes

S/N	Intervention Category	Components	Outcomes
1	Physical Activity Programs	Exercise classes and walking groups	Physical function, mobility and balance
2	Social Engagement	Social clubs, volunteering and intergenerational programs	Social isolation and mental health
3	Nutritional Support	Meal programs and nutritional education	Nutritional status and overall health
4	Health Education	Chronic disease management, preventive health screenings and health promotion workshops	Health knowledge and self-care

5	Environmental Modifications	Home safety, transportation, accessibility, age-friendly community initiatives and fall prevention programs	Safety and independence
6	Multi-component Program	Combined physical, social and educational elements	Multiple domains

3.1. Effectiveness of Interventions

Evidence reveals that community-based interventions effectively promote healthy aging across physical, mental, and social domains. Physical activity programs improve activity levels, prevent falls, and enhance functional ability and quality of life. Non-exercise interventions yield significant improvements in mental health, social connectedness, and overall quality of life. However, evaluations have largely focused on physical and functional outcomes, with nearly 90% of studies emphasizing these measures¹⁵.

The greatest improvements are seen with resistance training, meditative movement, and exercise-based active video games. Other approaches, such as aerobic exercise, combined aerobic and resistance training, mind-body practices, and dance also enhance muscle strength¹⁶. Physical activity is consistently linked to better wellbeing in older adults, though effectiveness may vary by socioeconomic status. Those with lower socioeconomic status are less likely to be active and may benefit from tailored interventions¹⁷.

Nutritional programs have proven effective, with vitamin D supplementation significantly reducing falls and fractures. Other interventions such as prescribed supplements and organizational meal programs have improved energy and protein intake, leading to positive weight outcomes. Benefits have also been observed among older adults at risk of malnutrition and those with dementia²⁸.

Home safety educational applications effectively reduce accident risks and enhance preventive care management among older adults. Mobile-based tools can also lessen the burden on healthcare systems while improving health outcomes²⁷.

3.2. Implementation Factors

The success of community-based healthy aging interventions depends on factors that influence their adoption, sustainability, and impact. Common barriers include limited funding, weak community engagement, and inadequate staff capacity. Programs with sufficient funding and strong support from local authorities are generally more effective¹⁸.

Additional challenges include staff shortages, limited expertise, and unstable program environments.

Key facilitators include consistent communication between researchers and service providers, community involvement, and strong inter-organizational collaboration. A persistent gap between health promotion services and older adults, often due to perceptions of inaccessibility or irrelevance highlights the need for culturally tailored, inclusive program designs²⁹.

Successful implementation requires addressing multiple levels of influence, individual acceptance, organizational capacity, community readiness, and policy support, while prioritizing equity for disadvantaged populations who often face greater barriers to access and participation. Gender inequality further exacerbates these disparities, with older women frequently experiencing economic insecurity, limited healthcare access, heavier caregiving burdens, and greater risks of mental health issues and elder abuse, all of which impact their quality of life³⁶.

4. Discussion

This review highlights the strong potential of community-based interventions in promoting healthy aging. Physical activity programs consistently improve function, balance, and quality of life. Mental health strategies, such as befriending, support groups, and creative arts effectively reduce isolation and depression. Multicomponent interventions addressing physical, social, and cognitive needs yield the most impactful outcomes.

Common success factors across interventions include the integration of physical, social, and digital components, which enhance effectiveness compared to single-focus approaches. Strong community partnerships, adequate funding, and well-trained staff are also critical. Culturally adapted programs that reflect ethnic and socioeconomic diversity tend to

achieve higher acceptance and impact, highlighting the importance of community engagement in design and implementation.

Evidence shows that community-based interventions are especially effective for older adults who remain socially connected but are beginning to experience early functional decline. Tailored approaches are essential for addressing the unique needs of diverse ethnic and socioeconomic groups, with disadvantaged populations showing significant gains when interventions are contextually adapted. Older adults in rural and regional areas also benefit greatly from physical activity programs, likely due to limited access to other health and wellness resources

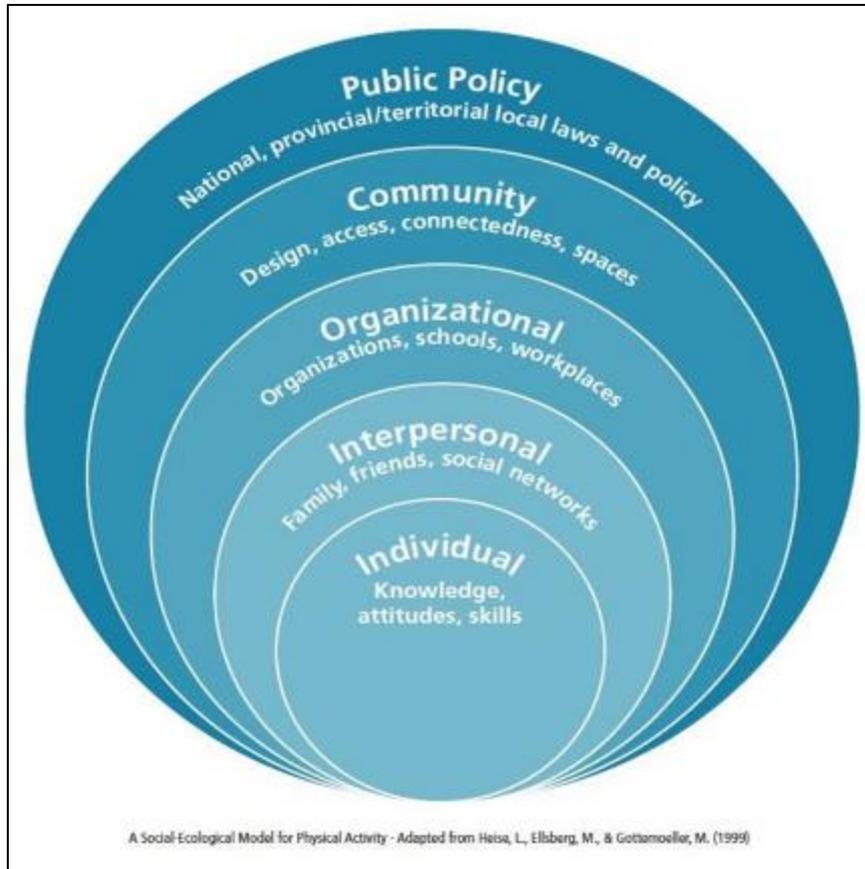


Figure 2 Social ecological model adapted from Heise 1998

The social ecological model provides a useful framework for understanding the multi-level influences on healthy aging interventions (Figure 2). It highlights that successful aging results from the interaction of individual, interpersonal, organizational, community, and policy factors. Community-based interventions addressing multiple levels of this model tend to be more effective, as they can simultaneously target behavior change, social support, organizational capacity, and environmental adaptations²²

Findings from the Social Ecological Model emphasized the importance of leveraging multiple levels of influence to effectively engage older adults participating in the Supplemental Nutrition Assistance Program (SNAP) ²⁰.

The Age-Friendly Communities framework (Figure 3), developed by the World Health Organization, provides a comprehensive approach to healthy aging by addressing eight key domains including outdoor spaces and buildings, transportation, housing, social participation, respect and social inclusion, civic participation and employment, communication and information, community support and health services.

This framework has gained international recognition, with communities worldwide adopting age-friendly principles to guide healthy aging initiatives. It emphasizes both internal and external responsibility for cross-sector change, requiring coordinated efforts among multiple stakeholders. Together, these elements support the development of holistic, community-driven, and sustainable interventions.



Figure 3 Age Friendly Community Framework, World Health Organization, 2007

4.1. Policy Implications

Local governments are essential to the success of community-based healthy aging interventions. As more older adults choose to age in place, communities must strengthen support systems that are currently lacking¹⁸. Local authorities should lead cross-sector collaboration, allocate resources, and address not only healthcare and infrastructure but also social determinants such as poverty, isolation, and service access.

Integrating healthcare with community support offers promise but remains underdeveloped. New care models are needed to connect clinical services with community resources, ensuring older adults, families, and caregivers are actively involved in planning and policymaking.

Securing sustainable funding remains a persistent challenge for community-based healthy aging programs¹⁸. Successful initiatives often depend on blended financing models that combine public, private, and community-based resources, supported by strong partnerships among healthcare systems, government agencies, and local organizations. Demonstrating clear outcomes, such as reduced healthcare utilization and enhanced quality of life is critical to attracting and maintaining long-term investment.

Future Directions

Emerging intervention models hold promises for addressing current limitations in community-based approaches to healthy aging. Opportunities for technological integration continue to grow, with tools such as artificial intelligence, wearable devices, and smart home technologies offering new ways to enhance service delivery and support independent living.^{13,21}

The COVID-19 pandemic accelerated the adoption of digital health solutions, creating new opportunities for technology-enhanced community interventions. However, successful integration depends on addressing key factors such as usability, accessibility, and digital equity to ensure inclusive and effective implementation for all older adults.

The future of community-based healthy aging interventions lies in approaches that are integrated, technology-enhanced, and community-driven, reflecting the multifaceted nature of aging well. Achieving success will depend on sustained commitment from diverse stakeholders, adequate funding, and ongoing innovation in both intervention design and delivery strategies.

Limitations

The heterogeneity of intervention types and outcome measures limit direct comparisons of effectiveness. Additionally, a narrative review does not offer the same level of bias assessment as systematic reviews, and publication bias may have favored studies with positive findings.

5. Conclusion

Community-based interventions offer a promising pathway to promote healthy aging and support independence among older adults. Evidence indicates that multi-component programs, particularly those combining physical activity, social engagement, and health education are the most effective in improving health outcomes and enhancing quality of life for community dwelling older adults. Physical activity initiatives and mental health interventions, especially those aimed at reducing social isolation, consistently demonstrate positive results across diverse populations and settings⁸.

The success of these interventions hinges on several critical factors, including adequate funding, strong community partnerships, comprehensive staff training, and culturally responsive program design. Policy action is needed at multiple levels, with coordinated efforts from local governments, healthcare systems, and community organizations to build supportive environments that enable aging in place.

Nevertheless, challenges remain. Limited resources, workforce capacity gaps, barriers to community engagement, and difficulties with technology adoption continue to hinder widespread implementation¹³. Future research should prioritize long-term effectiveness, cost-efficiency, and strategies to reach underserved populations. As the field evolves, sustained innovation and the involvement of older adults in intervention design will be essential for developing scalable and impactful solutions.

Compliance with ethical standards

Disclosure of conflict of interest

Authors declare no competing interests.

Authors Contributions

DD, JM and TK conceptualized the review. JM conducted the literature search, screened and synthesized the data and developed the draft manuscript with support from TK, MS, RR. DD provided guidance and reviewed all manuscript drafts. All authors reviewed and approved the final manuscript for submission.

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