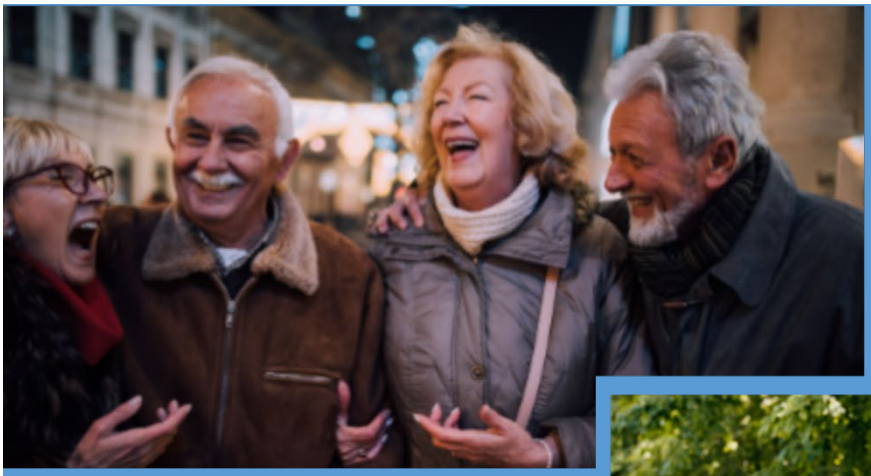

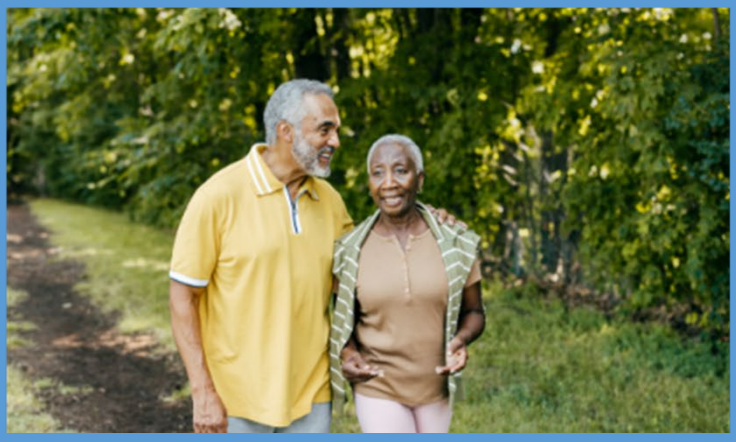

AGING IN THE UNITED STATES: A STRATEGIC FRAMEWORK FOR A NATIONAL PLAN ON AGING

THE INTERAGENCY COORDINATING COMMITTEE ON HEALTHY AGING AND AGE-FRIENDLY COMMUNITIES

CHAIRED BY THE ADMINISTRATION FOR COMMUNITY LIVING

REPORT TO CONGRESS

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PREFACE

Today, more than 55 million people living in the United States are 65 years old or older. They represent over 16 percent of our country's population, and their numbers will continue to grow rapidly over the next thirty years. This demographic trend is mirrored around the globe and, for the first time in history, older adults outnumber children and youth in many countries. In addition, people are living longer – between 2022 and 2040, the number of people who are 85 or older will more than double.

This trend gives us much to celebrate, as older adults contribute to our society in countless ways. Older adults provide wisdom, perspective, and experience to society. They form the backbone of many community programs that depend upon volunteers, accounting for nearly one-third of the total volunteer hours served in the U.S. in 2021. They care for grandchildren, in many cases making it possible for the children's parents to work, and provide the support that others depend upon to continue to live independently. They are mentors and advisors, and so much more.

Older adults also contribute significantly to our economy – nearly 20 percent of people 65 and older are employed – and the fastest growing segment of the U.S. workforce is people who are between 65 and 74.

At the same time, the aging of our population will create challenges. For example, nearly three-quarters of Americans will need some type of assistance from caregivers to age in their communities. The demand for that assistance, which already far exceeds the capacity of our systems to provide it, will only continue to grow as the number of older adults increases.

With thoughtful, intentional planning and action – at and across every level of government; across industry, philanthropy, and academia; and in partnership with older adults – we can address these challenges. We can improve the aging experience for the older adults of today and tomorrow and create age-friendly communities that appreciate the contributions of older adults, sustain health and well-being at all ages, recognize and support family caregivers, and value and reward the work of the professionals who provide in-home and community-based care.

This work has already begun. Several states are implementing robust plans that engage the public and private sectors in preparing for the future of aging, and a number of others have begun developing similar plans. Many countries and world leaders are embarking on the same journey. Each is considering the societal-level opportunities and challenges related to aging and establishing policies and practices to respond to our shifting demographics.

In the U.S., the Interagency Coordinating Committee on Healthy Aging and Age-Friendly Communities (ICC) is leading this charge. Authorized by the Older Americans Act (OAA) and first funded in fiscal year 2023, the ICC is charged with fostering federal interagency collaboration to develop a national set of recommendations on key aging issues.

The first step in this process is the creation of a Strategic Framework for a National Plan on Aging (Strategic Framework) – a vision-setting document to raise awareness of key aging issues and outline goals for supporting the health and well-being of older adults. The Strategic Framework also seeks to break the patterns of ageism and ableism that serve as preventable barriers to older adults thriving in their communities. It is intended to spark dialogue and innovation and provide a foundation for developing a national plan on aging for systems change to ensure that all Americans can age well and thrive throughout their lives.

PURPOSE, BACKGROUND, AND LOOKING FORWARD

Purpose

This report outlines the approach our nation will take to prepare for the future. It is the initial step in the development of a national plan on aging to improve the experience of aging in America.

The Strategic Framework captures the opportunities and challenges created by the aging of our population and defines aspirational goals and objectives for addressing key aging issues. It seeks to build momentum for and awareness of federal efforts that maximize the independence, well-being, and health of older adults. It considers the many factors that influence the aging experience, as well as things all people need as they age, such as affordable and accessible housing, aligned health care and supportive services, accessible communities, age-friendly workplaces, and sufficient, high-quality long-term services and supports (institutional and community-based care). It recognizes progress toward increasing access to these and other basic requirements, including through programs and services authorized by the OAA, the Bipartisan Infrastructure Law, American Rescue Plan, and the Inflation Reduction Act. It also highlights the critical role of Medicare, Medicaid, and Social Security in supporting older adult health, independence, and economic security.

The Strategic Framework lays the groundwork for a coordinated effort – across the private and public sectors and in partnership with older adults, family caregivers, the aging services network, and other stakeholders – to create a national set of recommendations for advancing healthy aging and age-friendly communities. The national plan on aging will advance best practices for service delivery, support development and strengthening of partnerships within and across sectors, identify and propose solutions for removing barriers to health and independence for older adults, and more.

Background

Section 203(c) of the Older Americans Act of 1965 (Pub. L. 89–73, as amended through Pub. L. 116–131, enacted March 25, 2020) authorized the creation of the Interagency Coordinating Committee on Healthy Aging and Age-Friendly Communities (ICC) to foster coordination across the federal government on core aging issues. The Secretary of the Department of Health and Human Services delegated authority to oversee and administer ICC operations to the Assistant Secretary for Aging and Administrator of the Administration for Community Living (ACL).

The ICC was funded for the first time in fiscal year 2023, and the inaugural appropriation included two specific areas of focus for the ICC. First, it directed the ICC to outline the strategic direction for the 2025 White House Conference on Aging, the decennial forum at which the President, Congress, state governors, tribal leaders, federal agencies, the aging services network, and advocates meet to plan aging policy for the nation. Second, recognizing the significant human, system, and fiscal impact of falls among older adults, it established falls prevention as an area of focus for the ICC. The Strategic Framework includes a deeper exploration of the impact of falls, as well as promising practices supported by the federal government to reduce fall risk and incidence.

ACL has convened leaders and experts across 16 federal agencies and departments to develop this Strategic Framework. The promise embedded in this Strategic Framework, however, extends beyond government coordination. Its vision, values, goals, and actions are intended to create and strengthen cross-sector partnerships and for the betterment of older adults nationwide.

ACL is thankful for the many public servants who have contributed their time and expertise to the development of this Strategic Framework. See the appendix for a list of these individuals engaged in this body of work and future ICC efforts.

Looking Forward

The Strategic Framework is intentionally aspirational and high-level. Its aim is to inspire dialogue across generations; at the local, state, and federal levels; and across sectors about what it would take to turn its vision, values, and goals into reality.

The success of the ICC, and the development of the national plan on aging, depends upon engagement from stakeholders representing multiple sectors – particularly older adults themselves, whose accounts of the opportunities and challenges they have faced will be crucial. In the coming months, the ICC will engage with people across the nation to explore the opportunities and issues touched upon in the Strategic Framework.

That outreach will inform the development of a national plan on aging that is rooted in a commitment to person-centeredness, inclusion, respect, and collaboration.

VISION

Our vision is an America that values older adults, embraces aging, and recognizes that all people have the right to live with dignity, make their own choices, and participate fully in society. We want to be a nation that prioritizes independence, inclusion, well-being, and health across the lifespan.

In any collective endeavor, clarity of purpose is critical. To identify and harness the opportunities and respond to key challenges of an aging society, it is vital to have a common starting point and idea of success. The vision for this Strategic Framework is described below.

Today's older adults are the most unique, heterogeneous generation yet in our nation's history. They represent the fullness of the human experience and are dismantling outdated aging stereotypes with each passing day. Older Americans today are living longer, working longer, and leading more engaged, purposeful, and health-conscious lives than ever before. They care for themselves and remain caring partners for family members young and old, friends, neighbors, and those in their communities. By and large, today's older adults live in the community – outside of institutions – in the place they call home. They continue contributing to social good through paid work, volunteerism, intergenerational exchange, and participation in civic causes. They take part in their local, state, national, and global economies – both as consumers and investors. Perhaps most importantly, today's older adults are carving a new path of possibility that will shape aging for future generations.

A critical factor shaping this perspective on aging is the sheer volume of older adults who fall within this demographic. Notably, the population of Americans aged 65 and above will grow from 17 percent in 2020 to 22 percent by 2035 and about one-quarter of older adults are members of racial or ethnic minority populations. Nearly 105,000 Americans aged 100 and above are alive today – more than triple the amount in 1980. Several significant and interconnected forces have fueled this substantial population shift: the increase in birth rate between 1946 and 1964, advances in individual and societal health and wellness, medical advances that allow individuals to live longer, and dramatic leaps in technology development and adoption.

While many are thriving and living well beyond what in prior generations seemed possible, large numbers of older adults, including those aging with and into disability, face formidable, often preventable challenges across all aspects of daily life. For example, nearly one-quarter of older adults living in the community report having fair or poor health. In addition, almost 8 million older adults live at or near the poverty level, with the highest rates among older Hispanic women living alone. At least 10 percent of older adults will experience some form of elder abuse each year. Individuals may also face chronic illnesses and negative aspects of aging, including ageism, increased loneliness, and decreased mobility.

Life expectancy for people aging with a disability is also approaching that of the general population due to advances in science, technology, and social support. Longer life expectancies of older adults have contributed to higher incidence of disability with age. People aging with and into disabilities both face similar disparities and often need similar services and supports to live independently as they age.

These statistics highlight the complexity and diversity of today's older adult population, describe some of the difficulties facing those who age with and into disability, and suggest the interrelated nature of challenges and potential solutions. All older adults bring a wealth of experience, knowledge, and fortitude that must be prioritized when addressing key challenges and opportunities addressed by this Strategic Framework.

For our vision of a transformed aging America to be realized, older adults, regardless of their level of need for support, must have the opportunity to live well and with purpose in the place they call home. They should be valued, have meaningful connections to family, significant others, and friends of their choosing across generations, have consistent access to nourishing food, safe and affordable transportation, and housing in alignment with their daily living needs, experience person-centered health care and other needed services, continue to have paid, meaningful employment if they wish, and engage in real-world and technological connectivity with their community and the larger world.

CROSS-CUTTING VALUES

Four cross-cutting values inform the Strategic Framework. These values serve as the foundation for the ICC's collective effort and will guide subsequent efforts and the development of a national plan on aging.

Person-Centeredness

The preferences, needs, and voices of older adults drive the services and supports that enable them to live the lives they want.

Person-centeredness sees the individual first in the here and now – and then considers familial, health, and social factors that may be affecting that individual's current situation. It focuses on the goals and desires of the individual. This value is critical for all aging Americans – particularly those living with physical, cognitive, or behavioral health needs – to ensure their voices are heard, goals are achieved, and choices are honored.

Inclusion

All people regardless of age, disability, or life experience, should be able to live independently and participate fully in their communities.

Aging adults from all backgrounds and life experiences – including those with the greatest economic and social needs – deserve to have meaningful avenues to engage in any life pursuit, be united in intergenerational community at the highest level of their desire, and live free from constraint. Everyone triumphs when all are involved and valued.

Respect

All people have the right to live their lives with dignity and respect, free from abuse of any kind.

Aging adults deserve to be seen, heard, acknowledged, and recognized for who they are and their own life path. Personal and community safety – whether it be physical, emotional, psychological, or financial – is a hallmark of civil society and fosters integrity across the life span.

Collaboration and Innovation

All sectors should work together to streamline access to programs; avoid duplicative work and efficiently leverage resources; share lessons learned; and develop new, effective approaches to meeting the needs of older adults.

All private and public sectors with service touchpoints with older adults, adults aging with a disability, and family caregivers are vital to creating and implementing meaningful solutions to pressing issues. Effective partnership across these sectors and directly with older adults will accelerate the timely realization of the vision for Aging in the United States.

FOUR DOMAINS OVERVIEW

To drive progress towards our vision, the ICC has set four overarching domains to address key aging issues based upon the authorizing language in the OAA. These domains are core to the foundation of the Strategic Framework and reflect the priorities of existing plans on aging, including state multisector plans on aging. These domains will guide the development of a national plan on aging, which will also allow us to benchmark progress in these areas:

- Age-Friendly Communities
- Coordinated Housing and Supportive Services
- Increased Access to Long-Term Services and Supports
- Aligned Health Care and Supportive Services

We encourage all sectors of American society, communities, and individuals to join us in considering the steps they can take to advance our vision of an America that values older adults, embraces aging, and recognizes that all people have the right to live with dignity, make their own choices, and participate fully in society.

Aging is a dynamic process and the domains and key focus areas outlined throughout the Strategic Framework are often interconnected and interrelated. The ICC values input and feedback as our nation deepens commitment and coordination across these domains to make the vision of success a reality.

COMMUNITY ENGAGEMENT

National Plan on Aging Community Engagement Collaborative

The ICC works with a collaborative of nonprofit, non-partisan foundations that focus on improving the well-being of older adults to ensure that the perspectives of older adults and community partners inform future recommendations and actions that build from this Strategic Framework. The National Plan on Aging Community Engagement Collaborative (Collaborative) includes The SCAN Foundation, The John A. Hartford Foundation, and West Health.

The Collaborative's support focuses specifically on elevating the voices of older adults with the greatest economic and social needs, leveraging the insight and expertise of community stakeholders, and building on momentum for coordinated efforts at the global, federal, state, and local levels to foster multisector plans for aging well. Five key actions are part of this effort and described below: stakeholder interviews, consumer engagement sessions, polling with a nationally representative sample of the general population of the United States, and stakeholder engagement.

Stakeholder Interviews

Through the Collaborative's support, over 30 interviews were conducted with community partners and leaders in the aging services community about the need for a national plan on aging. Several themes and recommendations emerged from the interviews, including the following:

- Actively engage and solicit feedback from older adults and caregivers, particularly those with the greatest economic and greatest social need, and those likely involved in future implementation efforts;
- Leverage the ICC effort to increase visibility of aging issues widely and the range of needs and preferences as people age;
- Develop a messaging campaign to ensure aspirations in the Strategic Framework are operationalized and live beyond the publishing of a report;
- Provide flexible consistency for national goals and objectives that encourage innovation and serve as a guidepost for what local communities can accomplish; and
- Ensure that products from this effort can adapt to evolving needs and recommendations.

The ICC considered how to create an aspirational Strategic Framework that provides all sectors and levels of government the flexibility necessary to create goals and actions that align with their unique needs and opportunities. As this Strategic Framework will inform a future national plan on aging with specific recommendations, commitments, and implementation paths, the ICC will work across sectors, with state and community leaders and consumers, to ensure all have ownership in making the vision a reality.

Listening Sessions and National Input

The ICC will work in partnership with the Collaborative to conduct a series of virtual and in-person listening sessions to ensure that perspectives of older adults, particularly those with the greatest economic and social needs, are captured and reflected in future recommendations and implementation plans. The initial in-person listening sessions will compensate older adult participants for offering their time, expertise, and guidance.

The qualitative information gleaned from the listening sessions will be augmented with quantitative data through a poll with a nationally representative sample of the US general population. The poll is aligned to the topics included in the Strategic Framework.

Stakeholder Engagement

The ICC will seek feedback on the strategic framework from a broad array of stakeholders in collaboration with federal agencies, associations, and other partners. This will include engagement to understand opportunities and barriers associated with making the strategic framework a reality and to ensure that a national plan on aging is informed by comprehensive input and diverse perspectives. The ICC will also encourage partners to consider multisector recommendations and actions consistent with the Strategic Framework for application in their communities and networks.

BUILDING UPON MOMENTUM: LOCAL, STATE, FEDERAL, GLOBAL EFFORTS

The ICC reviewed efforts at the local, state, federal, and global levels to promote healthy aging and age-friendly communities to inform the Strategic Framework and build upon current momentum.

At the local level, the aging and disability networks of Area Agencies on Aging (AAAs), Aging and Disability Resource Centers (ADRCs), Centers for Independent Living (CILs), and other community-based organizations (CBOs) support older adults as they age via the OAA, other government-funded programs, and private funding sources. As a requirement of the OAA, AAA's develop Area Plans on Aging, and State Units on Aging (SUAs) develop State Plans on Aging. These Plans are informed by engagement with older adults, particularly those with the greatest social and economic need, and share key objectives to inform and achieve local, state, and federal actions.

Many states, often with bipartisan support, are also developing Multisector Plans for Aging (MPAs), which are multi-year blueprints for restructuring state and local policies to collaboratively address the needs of older-adult populations with a wide range of cross-sector input.

As of May 2024, thirteen states are in early stages of developing an MPA, four had legislation or an executive order to develop an MPA, and seven states had developed MPAs in varying stages of implementation. In some of these seven states, a few cities and/or counties are creating

companion MPAs and associated coordinating councils to address structural and policy changes that are tailored to local level needs. All seven states with developed MPAs include actions that align with the ICC's Four Domains, as discussed below.

Table 1 displays alignment of the seven state MPAs with the ICC domains and focus areas.

Table 1: State MPAs with Actions Related to ICC Domains

ICC Domain	Domain Focus Areas	Percent of MPAs with Aligning Actions
Domain 1: Age-Friendly Communities	Purpose and Engagement	100%
	Social Connection	100%
	Accessibility and Universal Design	86%
	Transportation	86%
	Economic and Financial Security	57%
	Employment	86%
	Age-Friendly Health Systems	29%
Domain 2: Coordinated Housing and Supportive Services	Housing Stability through Coordinated Services	57%
	Affordable Housing	86%
	Accessible Quality Housing	43%
	Homelessness Prevention	43%
Domain 3: Increased Access to Long-Term Services and Supports	Paid and Unpaid Caregivers	100%
	Whole-Person Health Financing	43%
	Elder Justice	100%
	Person-Centered Access System - "No Wrong Door" and Other Statewide Access Systems	100%
Domain 4: Aligned Health Care & Supportive Services	Benefits Access	71%
	Optimize Health, Well-Being, and Functioning	100%
	Aligning Health and Human Services	29%

At the national level, the ICC seeks to complement and further advancements made by current federal initiatives that address ICC domains and focus areas. For example, the Coordinating Council on Access and Mobility (CCAM) is a federal interagency council that works to coordinate funding and provide expertise on human services transportation. The U.S. Interagency Council on Homelessness (USICH) is comprised of 19 federal agencies that coordinate the federal response to homelessness. The U.S. Department of Health and Human Services (HHS) Call to Action on Addressing Health-Related Social Needs in Communities Across the Nation seeks to catalyze efforts at the community level to encourage partnerships across sectors. HHS also leads the implementation of the National Alzheimer's Project Act (NAPA) effort to coordinate research, accelerate treatment development, improve early diagnosis and coordination of care, reduce health disparities, and advance international efforts. Additionally, the National Strategy

to Support Family Caregivers, led by ACL, includes nearly 350 actions the federal government can take to support family caregivers.

At the global level, the work by the ICC builds on HHS collaboration with international planning efforts on the future of aging and aligns with two well-known documents spanning healthy aging and age-friendly communities. The U.S. National Academy of Medicine's Global Roadmap for Healthy Longevity focuses on the longevity dividend (i.e., work, volunteering, and education), social infrastructure, physical environment, and health systems, with a set of overarching principles and long-term goals to promote healthy aging. Similarly, the UN Decade of Healthy Ageing: Plan of Action sets out guiding principles and areas for actions on changing how we think, feel, and act towards age and aging; ensuring that communities foster the abilities of older people; delivering person-centered, integrated care and primary health services responsive to older people; and providing access to long-term care. Relatedly, AARP's Database of Action Plans on Aging currently has an analysis of 50 action plans for healthy aging from around the world, which can help inform our future efforts.

The ICC seeks to build upon this momentum by developing solutions for healthy aging. The Strategic Framework details the federal government's goals for each domain, includes key focus area action statements that convey potential pathways for progress, and elevates some current efforts. The goals and action statements are intended to be broadly applicable to all levels of government and partners.

DOMAIN 1: AGE-FRIENDLY COMMUNITIES

***Goal:* All older adults live in communities that respect and include them and are designed to encourage health, well-being, engagement, and connection.**

Background

Promoting communities that are responsive to the needs, values, and preferences of older adults requires an understanding of aging as a process shaped by individuals interacting with their environment. People of all ages benefit when they live in places that are designed to encourage health, well-being, engagement, and connection. Organizations, including the John A. Hartford Foundation, Age-Friendly Institute, AARP, and the World Health Organization, determined that age-friendly communities are responsive, healthful, equitable, engaging, active, and respectful. Age-friendly communities also have a high rate of perceived safety among residents, which promotes positive mental health.

Today, there are global, federal, state, and local efforts underway to achieve the goal of building communities that respect and include older adults and are designed to encourage residents' health, well-being, engagement, and connection. For example, many state MPAs are working towards this goal. Examples include:

- Establish age-friendly standards and designations in various sectors (e.g., healthcare, urban planning, community spaces).
- Scale flexible work and education models and prevent age discrimination in the workplace to increase inclusion, supportive policies, and promote intergenerational exchange.
- Enhance lifelong learning and volunteer programs and link engagement to relevant community priorities.

The ICC will consider federal recommendations and actions to expand upon existing efforts and to innovatively address opportunities for growth related to the development and maintenance of age-friendly communities.

Purpose and Engagement

Focus Area Action Statement: Coordinate across sectors to cultivate opportunities for all older adults to participate in their communities in meaningful ways that align with their individual goals.

Purpose and engagement are essential to an age-friendly community in which older adults feel valued and connected, experience meaningful community involvement, and have reduced feelings of isolation and loneliness. Volunteering, social activities, and life-long learning are linked to improved physical and cognitive health by encouraging active participation and mental stimulation. Age-friendly communities that prioritize the involvement of older adults not only enhance their lives, but also promote inclusivity, social cohesion, and intergenerational relationships, ultimately creating vibrant and supportive environments for all residents and citizens.

Sense of purpose in life has been shown to decrease with older age. Retiring, losing a spouse, and experiencing chronic conditions also contribute to a decreased sense of purpose. This can lead to negative health outcomes, including depression, anxiety, and suicidal ideation/suicide. Older adults may experience barriers to purpose and engagement due to lack of or inability to access meaningful physical or virtual opportunities through employment, volunteerism, or mentoring. In addition, their communities may not be conducive to establishing and maintaining social connections or to participation in activities involving community service, exercise, culture, or the arts. Thus, many older adults may struggle to experience the power of purpose and its relationship to community engagement.

The federal government is currently coordinating across sectors to cultivate opportunities for all older adults to participate in their communities in meaningful ways that align with their individual goals. Examples include the following:

- Creating volunteer opportunities through AmeriCorps Seniors Programs. AmeriCorps Seniors awards grants to local community organizations who create and match older adults with impactful volunteer opportunities:
    - The Foster Grandparent Program connects older adults to young people to support healthy futures and successes through mentorship and tutoring;

    - The Retired and Senior Volunteer Program connects older adults with volunteer opportunities that align with their interests and the needs of a community, such as addressing food insecurity or transportation needs; and,
    - The Senior Companion Program connects older adults with other older adults to provide peer-to-peer companionship, and assistance with daily living tasks. In addition, volunteers also provide respite services for caregivers.
- Supporting cross-sector arts and culture collaborations between the White House Domestic Policy Council and the National Endowment for the Arts, which highlights older adults' increased purpose through participation in the arts.
- The Federal Transit Administration supports mobility management programs that connect older adults to coordinated transportation services that align with their individual needs.

Social Connection

Focus Area Action Statement: Facilitate opportunities for the development and maintenance of quality social networks and relationships for all older adults.

An age-friendly community facilitates social connection, a critical component of health, well-being, and quality of life for all individuals. Social connection refers to the degree to which individuals or groups have both the objective and subjective number, quality, and diversity of relationships to meet their functional needs. The three vital conditions for an individual's social connection are structure, function, and quality of relationships and social interactions. Social connection promotes positive health outcomes for individuals through biological, psychological, and behavioral processes. Socially connected, age-friendly communities may reduce adverse individual health outcomes for older adults that lead to morbidity and premature mortality, such as heart disease, stroke, and diabetes.

Social connections contribute to positive health benefits, but many older adults face barriers to developing and maintaining quality social networks and relationships. Ageism, for example, can prohibit social connection, because older adults may feel that they are not valued members of their communities and be less likely to participate in community events as a result. The adverse impact of ageism on social connection can be exacerbated by death or lost connections with family members and friends or significant transitions, including retirement, caregiving, or one's own health changes such as loss of mobility, hearing, or vision. Furthermore, access to opportunities that support the development and maintenance of quality social connection and relationships may be limited due to barriers in the "built environment," such as infrastructure, limited transportation options, unsafe neighborhoods, or inaccessible technology solutions.

As a result, many older adults are socially isolated, which often coincides with anxiety and depression and has the same adverse impact on health as smoking 15 cigarettes a day. Barriers faced by older adults are often preventable and addressable, such as increasing social connections by communities creating inclusive social support programs and events. It is

imperative that these opportunities also address participation barriers in the built environment that may occur in existing infrastructure, transportation, and technology access.

The federal government is currently facilitating opportunities for the development and maintenance of quality social networks and relationships for all older adults. Examples include the following:

- HHS formally recognizes social isolation and loneliness as a public health crisis and epidemic in the United States. The Surgeon General released a Framework for a National Strategy to Advance Social Connection which calls for action to propel the critical work of strengthening social connection and community.
- ACL is implementing the Commit to Connect Initiative to advance social connection programs for older adults and people with disabilities and to build capacity for aging and disability network to deliver and monitor interventions; and
- The Bipartisan Infrastructure Law advances provisions to support accessible public transportation options for older adults and to expand broadband access into rural and low-income communities which will support virtual connections.

Accessibility and Universal Design

Focus Area Action Statement: Prioritize activity-friendly and inclusive environments that support all older adults in participating in everyday activities through community-engaged design and implementation.

Universal design plays a pivotal role in fostering age-friendly communities for older adults by supporting accessible, inclusive, and usable environments that allow individuals of all ages and abilities to participate fully in community life. By creating environments that can be used effectively by everyone, regardless of physical, sensory, or cognitive limitations, older adults can engage in social, familial, and interpersonal relationships and productive activities in more meaningful and convenient ways.

Environments that implement universal design and accessibility principles can support reductions in health services utilization and negative health outcomes such as depression, isolation, loneliness, and older adult falls. Additionally, designing walkable communities can improve safety and social cohesion and make behaviors like physical activity that improve physical and mental health easier and more accessible for people of all ages.

Incorporating universal design in the built environment requires not only consideration of the holistic needs of individuals and their lived experiences, but also of the spaces commonly used within a community. For example, the universal design process accounts for accessibility of transportation, public buildings, gathering spaces, parks, and commercial facilities. Universal design in the built environment also accounts for individuals who use assistive technology, including physical ramps and cognitive supports. In addition, universal design in the digital environment promotes accessible technology, including access to broadband and usability for individuals of all ages. Planning for potential environmental factors in context of the built

environment, such as excessive heat or cold, hurricanes, wildfires, and pollution, can increase individual and community resilience to environmental disruptions.

Yet, for many older adults, the built environment can be a barrier to participating in everyday activities and achieving positive health outcomes. For example, a study focused on the impact of built environments on cognitive health noted older adults' negative perception of environment accessibility can result in decreased physical activity leading to increased fragility, social isolation, and additional negative health outcomes. The study also found that neighborhoods lacking core health and well-being services (e.g., pharmacies, supermarkets) and characterized as "commercially declined" (e.g., preponderance of fast food) can diminish the health of older adults. Finally, the barriers within built environments are often preventable and addressable through thoughtful applications of universal design principles. This includes the active engagement of older adults in the design and implementation processes.

The federal government is currently supporting activity-friendly and inclusive environments that support all older adults in participating in everyday activities through community-engaged design and implementation. Examples include the following:

- Updates to Section 504 of the Rehabilitation Act regulations to protect people with disabilities of all ages against discrimination;
- The Americans with Disabilities Act (ADA) focuses on re-development of both built and digital environments, requires that physical spaces, including public places, commercial and government facilities, and digital spaces provide the same access to all individuals, including older adults;
- The Bipartisan Infrastructure Act and the CCAM promotes cross-sector efforts to advance universal design through accessible transportation initiatives; and,
- The Physical Activity Guidelines for Americans Midcourse Report: Implementation Strategies for Older Adults identify implementation strategies such as creating accessible built environments to help older adults be physically active and support fall prevention efforts.

Transportation

Focus Area Action Statement: Collaborate to improve transportation availability and affordability to support older adults in safely accessing everyday destinations and in maintaining their independence.

Safe, affordable, and accessible transportation is an essential component of an age-friendly community. Transportation can maintain and increase overall quality of life by allowing older adults to maintain their independence and foster connection to programs, services, community activities, and support systems. Transportation encompasses driving, ridesharing, public transit, walking, wheeling, biking, and using mobility devices. When discussing the importance of transportation, we are referring to all aspects of transportation, including first mile and last mile, and the relationship between transportation and the built environment, such as roads and walkways.

Many older adults choose not to or become unable to drive as they age. Without reliable or safe transportation alternatives, this can limit their freedom, decrease independence, and increase social isolation. Additionally, an estimated 25.5 million Americans report experiencing travel-limiting disabilities and many older adults confront a variety of barriers to transportation. Some examples of transportation barriers include transferring to and from vehicles, steps and stairs, limited access to accessible vehicles, wheelchair access and storage, lack of accessible parking spaces, limited time to cross streets, and inaccessible transportation program websites and apps.

Effective transportation systems and thoughtful community development must go hand-in hand. When considering improvements to both the built environment and transportation infrastructure, safety is a major concern for many older adults. The ability to travel by foot, wheelchair, bike, or mobility scooter to nearby destinations requires safe pedestrian paths, including sidewalks that are well-paved and wide enough for large wheelchairs, pedestrian-friendly, and a travel route that is fully ADA-accessible from beginning to end.

The federal government is currently improving transportation availability and affordability to support older adults in safely accessing everyday destinations through several pathways. Examples include the following:

- The CCAM is a federal interagency council of 29 agencies within 11 federal departments that coordinates funding and provides expertise on human services transportation with a particular focus on people with disabilities, older adults, and individuals of low income.
- The Bipartisan Infrastructure Law, which provides public transportation funding to the U.S. Department of Transportation and the Federal Transit Administration (FTA), supports several programs that have a particular focus on older adults. These include:
    - The All-Stations Accessibility Program provides funding to areas of all population sizes to make accessible public transit rail stations that pre-date the ADA and remain inaccessible to individuals with disabilities, which may include older adults.
    - The Enhanced Mobility of Seniors and Individuals with Disabilities formula program aims to improve mobility for older adults and individuals with disabilities by removing barriers to transportation service and expanding transportation options.
    - The Innovative Coordinated Access and Mobility pilot program funds projects that improve the coordination of transportation services and non-emergency medical transportation services for older adults, as well as individuals with disabilities and individuals of low income.
- The FTA and ACL's National Aging and Disability Transportation Center (NADTC) promotes the accessibility and availability of transportation options for older adults, people with disabilities, and their caregivers.

Economic & Financial Security

Focus Area Action Statement: Promoting economic stability for all older adults by building financial knowledge and streamlining access to benefits and services.

Economic stability provides the foundation necessary for older adults to thrive. It enables older adults to meet basic expenses, receive assistance, if needed, to plan and manage income and savings effectively, and to benefit from a stable and equitable system of supports and protections to achieve and maintain economic well-being. People with economic and financial security are shown to have better health, longer lifespans, and less morbidity relative to those living in poverty. Federal entitlements, like Social Security and Medicare, serve as effective tools for fostering economic and financial stability. Social Security benefits for example, lift more than 16.5 million adults 65 and older above the federal poverty line. In addition, Supplemental Security Income provides monthly assistance to older adults with little income and assets. These entitlements support economic and financial stability and promote dignity, independence, and well-being.

Yet for many older adults, limited retirement savings and lack of pension security, increasing home ownership taxes, and rising cost of living (e.g., housing, health care, and nutritious food) pose significant challenges to economic stability. An estimated 1 in 3 older adults are financially insecure or live at or below 200 percent of the federal poverty level and struggle to pay rent and utilities, buy groceries, and pay for medications. These figures are even starker for Black and Hispanic older adults and more than 1 in 2 have incomes below 200 percent of the federal poverty level. Further, older women, particularly women of color, receive nearly $10,000 less annually in retirement savings than older men due to lower lifetime earnings, time taken off work for unpaid family caregiving, occupational segregation into lower wage work, and other factors. Older adults with high medical costs who do not meet Medicaid eligibility requirements may eventually "spenddown" their income and assets and become Medicaid eligible.

Many older adults also face preventable barriers, including lack of awareness of available supports, cumbersome application processes, and discrimination in accessing and enrolling in vital entitlements and safety net programs that promote their economic stability. Further, lack of financial literacy and access to suitable financial services further exacerbate the potential for economic insecurity among older adults.

The federal government is currently promoting economic stability for all older adults by building financial knowledge and streamlining access to benefits and services. Examples include the following:

- The Inflation Reduction Act (IRA) supports economic security among older adults by expanding the low-income subsidy program under Medicare Part D to 150% of the federal poverty level, reducing drug plan premiums and plan deductibles to $0, and reducing cost sharing for prescriptions. As a result of the IRA, insulin costs are capped at $35 for a month's supply of each covered insulin product and, beginning in 2025, annual out-of-pocket costs will be capped at $2,000 for people with Medicare Part D. The IRA also lowers the cost of more than 40 prescription drugs available through Medicare Part

B. An estimated 763,700 people with Medicare use one or more of these drugs annually and individuals may save between $1 and $3,575 per average dose of medication as a result.

- Several federal agencies, including ACL, the Office of Management and Budget, the Consumer Financial Protection Bureau, and the Social Security Administration are collaborating on an initiative to support financial and health care planning by older adults as they approach retirement age.
- Creating opportunities for cross-enrollment for eligible individuals in Social Security and the Supplemental Nutrition Assistance Program to reduce the burden on older adults in applying for critical benefits that promote their economic security.

Employment

Focus Area Action Statement: Expand employment opportunities that recognize the expertise of all older workers by promoting work environments that are safe, flexible, accessible, and promote intergenerational exchange.

Employment for older adults holds several benefits beyond financial stability. It fosters a sense of purpose, social connection, and continued intellectual engagement, contributing significantly to overall well-being. Older adults bring valuable skills, experience, and perspective to the workforce, enriching workplaces, driving innovation, and promoting intergenerational exchange. Remaining employed allows older adults to stay connected to their communities and sustain financial independence. Further, as our demographic shifts, older adults who remain in the workforce can reduce potential labor and skill shortages in the future. Many older adults may be able to remain in the workforce for longer if a workplace affords flexible employment opportunities and environments.

Older adults face various challenges in securing and maintaining employment, including limited access to job opportunities and updated skill requirements where additional training may be necessary. Ageism remains prevalent in many workplaces, resulting in discriminatory practices and limited opportunities for older workers to advance in their careers that may be particularly pronounced among workers who seek to return to the workforce after an absence. In addition, an older adult may be absent from the workplace due to caregiving, which can be further complicated if a workplace does not allow for part-time work or does not offer health benefits. Further, workplace conditions may accelerate retirement timelines due to health-related concerns.

The federal government is currently expanding employment opportunities that recognize the expertise of older workers. Examples include the following:

- The Age Discrimination in Employment Act protects older adults from discrimination, prohibiting age discrimination against people who are 40 or older. The Equal Employment Opportunity Commission (EEOC) Strategic Enforcement Plan for 2024-2028 highlights age discrimination as a priority enforcement area.
- The Department of Labor's (DOL) Employment and Training Administration's Senior Community Service Employment Program, authorized by the OAA, provides work

experiences for low-income unemployed older adults at nonprofit and public facilities where they can provide community service, including schools, hospitals, day care centers, and senior/community centers.

- ACL's Pension Counseling and Information program funds regional projects covering 31 states to assist older adults in accessing information about their retirement benefits and helps them negotiate with former employers or pension plans for due compensation. Pension Counseling projects also provide indirect services to tens of thousands of older adults and their families through information sharing, hosting websites, and conducting outreach, education, and awareness efforts.
- The Centers for Disease Control and Prevention's (CDC) National Institute for Occupational Safety and Health's National Center for Productive Aging and Work promotes lifelong well-being for workers and encourages a productive aging workforce and age-friendly workplaces.

Age-Friendly Health Systems

Focus Area Action Statement: Ensure providers coordinate across sectors to support the whole health care needs of older adults, with a focus on individual strengths, needs, and outcomes.

Age-Friendly Health Systems (AFHS) ensure that older adults can receive comprehensive and integrative care that is rooted in their individual strengths, needs, and desired whole health outcomes. When implemented effectively, AFHS improve health outcomes, strengthen support networks, and increase collaboration and coordination across and among health systems and community-based providers sectors to ensure older adults have all they need to achieve health and life goals. Implementation projects show that successful adoption of the AFHS Framework resulted in increased screening for cognitive aptitude, depression, and fall risk, medication management, and communication between providers and people receiving care and caregivers.

Age-Friendly Health Systems are guided by the evidence-based AFHS Framework that provides care to older adults by focusing on the "4Ms:"

- What **M**atters: Address what matters most to each older adult's unique health goals and circumstances.
- **M**edication: Use medications that does not interfere with the other 3Ms.
- **M**entation: Prevent, identify, treat, and manage dementia, depression, and delirium.
- **M**obility: Promote opportunities for older adults to participate in daily movement.

The federal government is currently working to support providers in coordinating across sectors to support the whole health care needs of older adults, with a focus on individual strengths, needs, and desired outcomes. Examples include the following:

- Launching the Department of Veterans Affairs (VA) Age-Friendly Health Systems Initiative, an extension of the AFHS movement and initiative by the John A. Hartford Foundation and the Institute for Healthcare Improvement (IHI), to improve care for older veterans by implementing the 4Ms in all VA care settings.

- Implementing the Geriatrics Workforce Enhancement Program (GWEP), administered by the Health Resources and Services Administration (HRSA) and authorized by Sections 753(a), and 865 of the Public Health Service (PHS) Act (42 U.S.C. § 294c(a) and 298). GWEP aims to educate and train health care and supportive care workforces that maximize patient and family engagement to address care gaps and improve health outcomes for older adults by integrating geriatrics with primary care and other appropriate specialties using the AFHS Framework.
- The Substance Abuse and Mental Health Administration's (SAMHSA) E4 Center of Excellence for Behavioral Health Disparities in Aging adapted the 4Ms to apply to behavioral health clinicians with little to no training in working with older adults. The E4 Center engages, educates, and empowers health care providers and community organizes to advance equity in behavioral health care for older adults by providing technical assistance and implementation resources focused on behavioral health, among other strategies.
- Through environmental scans, a stakeholder roundtable, and learning collaborative, the Agency for Healthcare Research and Quality's (AHRQ) Person-Centered Care Planning for Persons with Multiple Chronic Conditions initiative is identifying innovative, feasible approaches to implementation and scaling of person-centered care planning to address physical, behavioral health and social needs as an integral component of routine practice.
- Developing, piloting, and disseminating an eCare Plan to support longitudinal comprehensive care planning for older adults and people living multiple chronic conditions, a joint initiative of AHRQ and the National Institute of Diabetes and Digestive and Kidney Diseases. The eCare Plan includes clinician-facing and patient/caregiver facing apps to facilitate shared care planning that integrates medical information, health-related social needs, patient-reported outcomes including functional status, and patient goals.

DOMAIN 2: COORDINATED HOUSING AND SUPPORTIVE SERVICES

[Goal] All older adults have access to housing and the services they need to maintain their independence at home and thrive in their community.

Background

Nearly all older adults want to remain in their homes as they age. Accessible, stable, and affordable housing is essential for people to age in place in their communities. Communities that are age-friendly and support healthy aging must offer a range of housing options across the lifespan, regardless of income and functional ability. Stable housing often requires a

continuum of services to support older adults with daily living needs so they can live well and safely in communities and avoid unnecessary hospitalizations and long-term nursing home care.

The federal government has multiple affordable housing programs for older adults as well as policies to ensure fair access to housing. Yet, many older adults struggle to find and/or maintain affordable, accessible, and quality housing that allows them to age in place. One in six older adults are severely cost burdened, paying more than 50% of their income on housing. In 2023, no state had an adequate supply of affordable rental housing for the lowest income renters. In addition, many middle-income older adults with multiple chronic conditions will not be able to afford the housing and services they need to remain independent. Addressing the housing crisis for older adults requires coordination across federal, state, and local government agencies and public and private partnerships to ensure more streamlined access to housing and services and an adequate supply of affordable housing.

Currently, the aging and disability networks provide a spectrum of housing-related services and supports at the local level such as home modifications and repairs, navigating housing options, resolving landlord/tenant issues, and homelessness or eviction prevention services. States are addressing significant housing needs through strategies in their MPAs, including fair housing laws, zoning for the expansion of accessory dwellings units, age- and dementia-friendly design requirements, broadband, technology, and digital skills training access, and property tax and renter relief programs. Ongoing coordination across all levels of government and community stakeholders will be critical to address the existing and future housing needs along with services needed to age in place.

Housing Stability through Coordinated Services

Focus Area Action Statement: Foster federal, state, and local collaboration to improve access to housing assistance and related services to help older adults remain stably housed, live independently, and thrive in their communities.

Studies over the past 30 years consistently show that 90 percent of older adults want to remain in their homes as they age. As people grow older, they often experience changes in physical and/or cognitive abilities that can impact their ability to live independently. Getting help with activities of daily living often allows aging adults to remain living in their desired home in the community – even those with substantial daily needs, such as help with dressing and eating. For others, daily living assistance to age well in the community comes through a continuum of services that might include personal care, nutrition support, and transportation.

Many providers of affordable and accessible housing work with community-based organizations to help aging adults – particularly those at risk for homelessness – to obtain services to live in the community. Coordination between housing assistance and wrap-around supportive services helps individuals transition from homelessness, exit or avoid institutional settings, and live in the community. Without these supports, individuals often have no choice but to live in facilities, like nursing homes and homeless shelters, which are often not accessible or equipped to meet daily living needs, or on the streets. Effective approaches to stable housing with services increase dignity and independence and can also prevent the cost of unnecessary nursing home

care and other avoidable health care utilization. The Support and Services at Home model has been found to decrease emergency department visits and the total cost of health care among lower income older adults.

The federal government is currently investing in several initiatives to support housing stability among older adults through coordinated services. Examples include:

- ACL, in partnership with other HHS agencies and the Department of Housing and Urban Development (HUD), is leading the Housing and Services Resource Center to support housing stability. This cross-departmental effort is coordinating federal and state programs that support access to housing and services to meet individual needs.
- As part of the Resource Center, the Housing and Service Partnership Accelerator helps states advance development and implementation of innovative housing-related supports and services for Medicaid-eligible people with disabilities and older adults who are experiencing or at risk of homelessness or institutionalization.
- The Centers for Medicare & Medicaid Services (CMS) is providing guidance to states on how they can address housing needs by providing housing related-supports and services through Medicaid under a variety of authorities, including:
    - Sec. 1115 demonstration authority allows states to cover up to six months of temporary housing or rental payments for individuals transitioning out of institutional care or congregate settings, as well as individuals who are homeless, at risk of homelessness, or transitioning out of an emergency shelter. As of November 2023, CMS has approved section 1115 demonstration projects that cover certain evidence-based housing services in seven States.
- HUD and CDC are working to identify strategies that support aging in the community including evidence-informed approaches to coordinate health, wellness and supportive services in affordable housing.
- HUD and HHS are working to identify strategies to increase capacity for bundled housing and housing-related services through a variety of federal funding streams.

Affordable Housing

Focus Area Action Statement: Increase the supply of accessible, affordable rental and homeownership opportunities for older adults by expanding and streamlining federal, state, and local funding, policy, and cross-sector partnerships.

In the U.S., the demographics are rapidly shifting towards an aging population, emphasizing the critical necessity of affordable housing tailored to the needs of older adults. Nationally, there is a shortage of more than 7.3 million affordable housing units for extremely low-income individuals. The number of older households with moderate and severe cost burdens has been increasing for more than two decades, with nearly 11.2 million older adults paying 30 percent or more of their income on housing. Of the existing affordable housing, there is a lack of service-enriched, accessible, and safe options. The number of older adult renters has continued

to rise for the past two decades and is expected to double to 12.9 million by 2040. Housing costs impact how much older adults, especially those with fixed incomes, can spend on other necessities such as food and health care.

Multiple systemic barriers limit development of new affordable housing that could include older adults. These include state and local zoning and land use policies, particularly in urban and suburban regions, as well as state priorities for use of federal housing resources and credits. For example, only seven states set-aside a portion of their federal housing credits for affordable senior housing while 37 states award points to housing development projects that specifically serve older adults.

The federal government is investing in several initiatives to further progress on affordable housing with direct benefit to older adults. Examples include:

- HUD's Section 202 Supportive Housing for the Elderly Program expands the supply of affordable housing with supportive services and rental assistance for older adults with very low incomes.
- HUD's Pathways to Removing Obstacles to Housing (PRO Housing) program provides funding to communities for planning and policy activities to allow for higher-density zoning and rezoning for multifamily and mixed-use housing, streamlining affordable housing development, and reducing requirements related to parking and other land use restrictions.
- The Treasury Department's Low-income Housing Tax Credit (LIHTC) program is the largest source of affordable housing financing and is responsible for most of the affordable housing built or preserved in the U.S. today. Administered at the state level by housing finance agencies, these resources are allocated through a competitive process whereby states can identify priorities and selection criteria.

Accessible Quality Housing

Focus Area Action Statement: Improve opportunities for older adults to have access to and maintain accessible, quality housing across their lifespan that is healthy, safe, and climate resilient.

All housing should be safe and healthy and should meet the needs of all individuals, regardless of age or ability. Almost 20 percent of U.S. households include someone with accessibility needs, yet 40 percent of these households are aging in homes that are not fully accessible. In addition, only 10 percent of American homes are "aging ready", and older adults and their caregivers bear most of the financial responsibility for home modifications. Existing housing stock is also aging, which compromises quality and safety. Poor-quality housing is associated with numerous negative health outcomes. Older adults are particularly impacted by weather-related disasters. While federal, state and local programs exist to fund home modifications and support access to assistive technology, funding is limited, and each home modification program has its own eligibility criteria and application process, highlighting the need for coordination across programs to streamline access.

Interrelated with physical accessibility is broadband internet access, which is recognized as a "super" determinant of health. However, many living in affordable housing lack high-speed internet connections and/or digital literacy skills. Access to affordable and stable internet is necessary to participate in all aspects of the modern digital economy. This includes access to educational opportunities, social engagement, and virtual health care services that can mitigate transportation barriers and help delay transitions to institutional care.

The federal government is currently taking significant action to address both improving physical housing assets and digital inclusion for older adults. Examples include:

- Several federal programs enable home modifications to make homes more accessible. Medicaid Home and Community Based Services (HCBS) programs in some states pay for some home modifications and Medicare Advantage plans can provide non-primarily health related supplemental benefits for individuals who are chronically ill, including structural improvements to the home. HUD also offers grants through the Older Adult Home Modification Grant Program.
- HUD's Green and Resilient Retrofit Program (GRRP) funds projects that improve efficiency, sustainability, and climate resilience of eligible HUD-assisted multifamily properties.
- Several efforts are focusing on ways to increase the health and safety of older adults in their own homes: Department of Energy's Weatherization Assistance Program, HUD's Healthy Homes Program, the Department of Agriculture's Housing Programs, and ACL's Falls Prevention Programs.
- Multiple efforts are championing the development of the digital "three-legged stool" – affordable internet access, technology, and digital skills. Programs and laws include the Broadband Equity, Access, and Deployment Program, HUD's ConnectHomeUSA program and the Digital Equity Act.
- States are also supporting work to improve access to assistive technology and services, including smart home implementation, through the State Grants for Assistive Technology Program.

Preventing and Addressing Homelessness

Focus Area Action Statement: Prevent homelessness among older adults by fostering intentional coordination across federal, state, and community levels.

Older adults are the fastest-growing age group of those experiencing homelessness, comprising nearly half of the homeless population. The number of older adults experiencing homelessness is forecasted to triple between 2017 and 2030. Housing loss has many complex triggers, and addressing the crisis requires coordination across all levels of government, sectors, and programs. Given its complexity, methods to prevent homelessness often necessitate an individualized, multifactorial approach to solutions.

Some solutions to prevent homelessness include: eviction prevention counseling; increased access to Social Security disability benefits; legal assistance; tenancy sustaining services (e.g., shallow rent subsidies, emergency rental assistance); preventing foreclosures through property tax credits or housing counseling; and addressing functional, behavioral health, and health care needs. Housing First is an additional approach that provides housing with minimal barriers, such as treatment preconditions or behavioral contingencies. Local aging and disability network providers (e.g., AAAs, Centers for Independent Living, and Aging and Disability Resource Centers) may be familiar with community resources and partner with health care entities to meet the needs of older adults at risk of and experiencing homelessness. In cases where cross-sector partnerships have not been developed, the networks should prioritize developing such relationships in order to provide appropriate service referrals. The networks also play an important role in eviction prevention and protecting the legal rights of older adults by connecting them to legal assistance programs and Protection and Advocacy supports in times of crisis. Additionally, HUD's Continuum of Care Program promotes a community-wide commitment to ending homelessness; provides funding for rehousing; and promotes access to and effective utilization of mainstream programs by people experiencing homelessness.

The federal government is currently engaged in multiple cross-agency and cross-level initiatives to address homelessness among older adults. Examples include:

- The USICH, made up of 19 federal agencies, coordinates the federal response to homelessness with an aim to create a national partnership at every level of government and with the private sector to reduce and end homelessness. USICH is developing a Homelessness Prevention Network to bring communities together and work across systems to address homelessness.
- To support Veterans experiencing homelessness, the HUD-Veterans Affairs Supportive Housing (HUD-VASH) Program combines HUD's Housing Choice Voucher (HCV) rental assistance for homeless Veterans with case management and clinical services provided by the VA. HUD-VASH has partnered with VA's Geriatric and Extended Care (GEC) programs to increase access to geriatric services for homeless and formerly homeless Veterans through GEC's community care programs. In addition, HUD-VASH has established a focus on increasing the use of HUD's Special Housing Types, as well as expanding the use of project-based voucher developments paired with enhanced site-based clinical care by the VA to facilitate Veteran's ability to age in place.
- The Homeless and Housing Resource Center (HHRC), funded by SAMHSA, supports health and housing professionals by providing training on models that serve individuals who are at risk of or experiencing homelessness with a serious mental illness (SMI) and/or serious emotional disturbance (SED), substance use disorders (SUD), and/or co-occurring disorders (COD).
- HUD's Emergency Housing Vouchers and Stability Vouchers Programs provided local Public Housing Authorities with a combined 74,000 new vouchers to assist individuals and families who are experiencing homelessness or at risk of homelessness.
- HUD's Housing Opportunities for Persons with AIDS (HOPWA) program provides housing and support to individuals with low income who are living with HIV/AIDS. HOPWA

provides housing through partnerships with nonprofit organizations and housing agencies, which supports individuals to access comprehensive healthcare and adhere to HIV treatment.

DOMAIN 3: INCREASED ACCESS TO LONG-TERM SERVICES AND SUPPORTS

***[Goal]* All older adults can easily access affordable, high-quality services and supports that promote their independence and goals.**

Background

Most Americans underestimate the future risk of developing a disability and needing long-term services and supports (LTSS). Over half (56%) of Americans turning 65 in 2022 will develop a disability serious enough to require LTSS, although many will need assistance for fewer than three years. About one in five of all adults (22%), however, will have a disability lasting for more than five years. These older adults and their family caregivers need to be able to easily access affordable, high-quality services and supports that promote their independence and goals.

There are many preventable barriers to LTSS access, including not knowing where to go for help, confusion about eligibility criteria and processes, limited access to services, not getting the follow-up support needed so care is coordinated, and denial of services. A combination of direct care professionals and over 53 million unpaid family caregivers provide LTSS in the home and community. The COVID-19 Public Health Emergency put a spotlight on the increasing challenges of accessing LTSS and exacerbated long-standing strains on paid and unpaid caregivers.

Today, more than three-quarters of HCBS providers turn down referrals because they are unable to hire and retain staff. These pressures, in turn, affect family caregivers who must take on even more – and ever more complex – caregiving responsibilities. When caregivers become overwhelmed and can no longer provide support, particularly if care recipients have a significant decline in functioning (e.g., advanced dementia, repeated falls with injury), care recipients often find themselves unable to remain in the place they call home, struggle to find the right mix of services, and can spend significant private and public resources to get needed care. The impact of institutionalization or removal from the home on the person and the caregiver(s) can be profound, including individuals losing their homes, independence, and community connections. They can find themselves with no choice but to live in nursing homes or other congregate settings, which may exhaust personal and familial assets and is often paid for by public programs.

Older adults and their caregivers also often serve as their own care navigators, lost in a disjointed network of programs and services. This can result in missed benefits, duplicative processes, lack of awareness of community options, caregiver burnout, and unnecessary or premature entry into a nursing facility or other congregate care. Without action now, the

already fragile LTSS system will deteriorate, undermining the ability of older adults to live in the community and putting them at risk poorer physical and mental health, earlier decline and suicidal thoughts, and higher costs of care for individuals. Access to LTSS is dependent on coordinated person-centered systems that are highly visible, trusted, equitable, safe, and unbiased. The systems must adequately support and strengthen the paid and unpaid caregiving workforce. Without these components, community living is not possible.

Paid and Unpaid Caregiving

Focus Area Action Statement: Build on existing momentum to support a well-trained, well-paid LTSS workforce, enhance collaboration between paid and unpaid caregivers, with the goal of promoting the needs of caregivers, those receiving care and their families.

Family caregivers provide the majority of LTSS for most older adults with daily living needs. These individuals include family members, friends, neighbors, and others who have significant relationships with the person who needs support. They are a highly diverse group who range across ages, geographies, and experiences with providing personal care. While family caregiving roles and responsibilities may come naturally to some, many tasks associated with today's family caregiving require a level of competency that requires hands-on experience and/or training. Just as these caregivers provide support to others, they often need their own emotional, mental, and physical support to allow continuation of this critical relationship role.

The ability of family caregivers to support older adults is often directly affected by the availability of services and supports provided by paid direct care workers (DCWs). Low wages, lack of benefits, limited opportunities for career growth, and other factors have resulted in a long-standing shortage of these critical professionals. By 2030, more than a million new DCWs will be needed—putting more demands on an already over-stretched workforce. The critically needed expansion of this workforce will not happen without significant changes in how they are recruited, trained, paid, promoted, and supported.

The federal government is currently investing in initiatives to support paid and unpaid caregivers. Examples include the following:

- The 2022 National Strategy to Support Family Caregivers was developed jointly by the advisory councils created by the RAISE Family Caregiving Act and the Supporting Grandparents Raising Grandchildren Act, with extensive input from the public. The strategy provides 345 federal actions submitted by federal agencies as commitments to support the development and implementation of the National Strategy. Sample actions include:
    - Annual updates from the Behavioral Risk Factor Surveillance System's (BRFSS) Caregiver module by the CDC.
    - The VA Caregivers' Support Program development of a needs assessment for providers to identify and bridge gaps in existing services and resources.
    - The Assistant Secretary for Planning and Evaluation's (ASPE) assessment of the future risk of disability on a population level and how that affects needs for support, family caregiving, and paid LTSS.

- The DOL Women's Bureau efforts to equip low-paid and otherwise marginalized women workers, including employed family caregivers, with education and awareness about gender-based violence and harassment in the workplace.
- The Family Caregiver Initiative: Advancing Aging Network Capacity to Support Family, Kinship and Tribal Caregivers is also a direct result of the National Strategy.
- Starting in 2024, Medicare is paying for several services that may support community living including social determinants of health risk assessments, caregiver training, community health integration services, and principal illness navigation services, for certain people with Medicare.

- In response to President Biden's Executive Order on Increasing Access to High-Quality Care and Supporting Caregivers, HHS and DOL partnered to identify policy research questions, analyze existing data sources, and gather input from home and community-based services providers, workers, consumers, and researchers. The recommendations, issued by HHS and DOL, identify opportunities for government and non-government entities to build data infrastructure to inform federal and state policies that strengthen the HCBS workforce, which is disproportionately made up of women, persons of color, and immigrants with little or no formal education beyond high school.
- ACL's DCW Strategies Center builds upon ongoing collaboration between ACL, DOL, CMS, and ASPE. The DCW Strategies Center provides technical assistance to states and service providers and facilitates collaboration with stakeholders to improve the recruitment, retention, training, and professional development of members of the direct care workforce. Twenty states have been selected to participate in technical assistance programs offered by the DCW Strategies Center to help states strengthen their systems for recruiting, retaining, and developing direct care workers. Further, 25 stakeholders, primarily people who have been direct care professionals, received HCBS, or both, will serve on the inaugural advisory committee of the DCW Strategies Center.
- CMS, together with ACL, and the Veterans Health Administration (VHA), are actively pursuing the No Wrong Door (NWD) initiative to support states as they develop coordinated systems for LTSS access. The VA is investing $32 million per year in disability and aging organizations within the NWD infrastructure to support Veterans with disabilities who need LTSS.
- Within Medicaid, the Money Follows the Person (MFP) program enables states to rebalance their LTSS systems from institutional to community-based care, enhancing access to home and community-based services for older adults and people with disabilities. In addition, CMS released new guidance on worker registries to improve access to qualified health workers for individuals receiving Medicaid services.
- The AHRQ Evidence-Based Practice Center Program is developing a Technical Brief that will provide an evidence map of service categories of HCBS, effectiveness of these interventions for specific conditions, and quality measures relevant to HCBS and also

identifies gaps in the evidence base. This work will help inform policy development by ACL and CMS.

Whole Person Health Financing

Focus Area Action Statement: Build upon existing efforts to promote coordination across health systems, improved access to Medicaid LTSS for people who are eligible, as well as state-based innovations that facilitate financing and programs.

LTSS are financed through a variety of public and private sources. Public programs, which pay for approximately 71 percent of LTSS spending, have a wide range of eligibility requirements, and none are designed to cover the full range of supports desired by individuals with substantial daily living needs. Within private LTSS funding, the largest contribution comes from individual out-of-pocket spending (14 percent in 2021). Private insurance, as well as other private resources, comprise the remaining 15 percent. To access LTSS, most older adults coordinate across a variety of health care financing options, including Medicare, Medicaid, and other public and private funding, that have different rules and requirements for coverage. This complex process can be burdensome on individuals seeking care and result in individuals not receiving the care they need. Improved coordination among health care payers and providers could increase access to care and improve continuity of services needed for community independence.

Medicaid is the largest single payer of LTSS for older adults and persons with disabilities. It covers LTSS for individuals who meet state and federal financial and functional eligibility requirements. Medicare, unlike Medicaid, is not intended to be a primary funding source for LTSS. It only covers time-limited skilled nursing care in a nursing facility, or limited home health care for defined periods for people who are homebound and need skilled services. The OAA funds some services and supports such as nutrition, transportation, and chore services, on a limited basis. While some people may purchase long-term care insurance, the cost may be prohibitive for many people. Most people therefore fund LTSS through private resources and reliance on family supports. Given the high cost of LTSS, many people who are not initially eligible for Medicaid meet the financial eligibility requirements after exhausting their income and, in most states, their assets, to pay for the services they need.

There are several current federal and state government efforts to advance LTSS options among older adults. Examples include the following:

- The American Rescue Plan Act invested $37 billion to expand and strengthen Medicaid-funded HCBS for millions of older adults and people with disabilities in all 50 states.
- CMS recently issued new regulations to strengthen Medicaid-funded HCBS. The *Ensuring Access to Medicaid Services* rule includes important new requirements related to strengthening the direct care workforce, increasing access to HCBS, improving health and safety protections, and more.
- ACL and the VA are collaborating on advancing person-centered and consumer-controlled care through the Veteran-Directed Care (VDC) program. The VA is investing

$32 million per year in disability and aging organizations within the NWD infrastructure to support LTSS for Veterans with disabilities.

- The OAA is a major vehicle for the organization and delivery of social and nutrition services and is a key component of LTSS in the community for older adults and their caregivers.
- Many states use their Medicaid waiver authorities (e.g., 1915(c), 1115 demonstrations) to expand financial eligibility for LTSS in the home and community and there are patchworks of local, state, and federal programs that provide LTSS to older adults that are not Medicaid-eligible.
- States are exploring innovative approaches to financing some LTSS:
    - Washington State is addressing their residents' need for LTSS by providing working adults long term care insurance through a shared fund accessible to those who have contributed through state payroll taxes.
    - Colorado's MPA includes coordinating with private sector and community-based organizations to identify funding to blend with state dollars for a study examining the feasibility of a public long-term care insurance benefit funded through a payroll deduction.
    - California's legislature established a Long Term Care Insurance Task Force to explore the feasibility of developing and implementing a culturally competent statewide insurance program for LTSS.

Elder Justice

Focus Area Action Statement: Promote the rights of older adults, including those who need LTSS, and prevent adult maltreatment.

Elder justice is critical to ensuring that all people have the right to live with dignity, make their own choices, and participate fully in society. This includes older adults who need LTSS. When older people are denied access to the services and supports to which they are entitled, they require legal and other assistance and advocacy to help them get the services and to prevent unnecessary institutionalization. Adult maltreatment is associated with significant harm to physical and mental health, as well as financial losses. Older adults and adults with disabilities may also experience deteriorated family relationships, diminished autonomy, and institutionalization, all of which can impact quality of life. Studies have found that at least one in ten community-dwelling older adults experienced some form of abuse or potential neglect in the prior year. Coordinated access to LTSS can both help identify and prevent adult maltreatment and be a response to assist victims of adult maltreatment.

Federal efforts are currently championing elder justice. Examples include the following:

- ACL funds multiple OAA programs and leads coordination activities associated with addressing elder mistreatment.
    - Adult protective services (APS) programs receive and respond to reports of adult maltreatment and self-neglect and work closely with adults and a wide variety of allied professionals to maximize safety and independence and provide a range of

services to those they serve. ACL has recently issued the first federal regulations to codify and clarify a set of mandatory minimum national standards to ensure uniformity across APS programs and to promote high quality service delivery.

  - Direct legal assistance to older people who are denied access to LTSS.
  - Long term care ombudsman programs that protect the rights of residents living in facility settings and assist older people with returning to community settings.
  - Protection and Advocacy programs and CILs also assist individuals access LTSS in the community and transition of people from institutional settings to the community.
  - The Elder Justice Coordinating Council (EJCC) coordinates federal activities related to elder abuse, neglect, and exploitation to better serve victims of maltreatment and hold perpetrators accountable.

- SAMHSA's Protection and Advocacy for Individuals with Mental Illness (PAIMI) program also funds Protection and Advocacy programs that protect and advocate for the rights of adults, including older adults, with SMI.
- Numerous federal agencies and departments have programs to address fraud and scams that target older people, including ACL's Senior Medicare Patrol (SMP) program, the Federal Trade Commission (FTC), and the Department of Justice's (DOJ) Elder Justice Initiative.

Person-Centered Access System - "No Wrong Door" and Other Statewide Access Systems

Focus Area Action Statement: Build upon and advance outreach, information and referral, assistance, and person-centered planning through federal and state collaboration including optimal IT infrastructure, workforce development, and public awareness that seek to expand upon existing efforts to promote approaches to LTSS that take into consideration the goals, preferences, and needs of the person.

A recent survey showed that selecting a long-term care service or provider caused significant anxiety and frustration in older adults. Few said they felt confident, at peace, or happy while making a choice. Older adults and people with disabilities often need multiple services and supports before they can exercise their right to community living. Assistance in navigating options is not widely available for all people in need, and that is especially harmful in times of crisis. Too often people are making critical decisions about community living or institutional care without having full information and access to all the supports that are available, although Medicare provides some resources.

The federal government is working to create a more person-centered, easily accessed system of care so older adults can find and receive LTSS in a timely manner. Examples include the following.

- ACL leads a national Eldercare Locator to provide connections to local-based services that support healthy aging at home through its toll-free phone number, website, and email. ACL also leads the Disability Information and Access Line (DIAL) to help people with disabilities get connected to information about local community resources that support independent living.
- ACL, CMS, and the VA invest in the NWD system to improve access to LTSS by addressing the complex set of barriers people face. NWD systems empower individuals to make informed decisions, to exercise control over their LTSS needs, and to achieve their personal goals and preferences regardless of age, income, or disability. The NWD system may be accessed through community-based organizations, such as AAAs, ADRCs, and CILs to facilitate autonomy and independence.
- SAMHSA's 988 Suicide and Crisis Lifeline offers 24/7 call, text and chat access to trained crisis counselors who can help people experiencing suicidal, substance use, and/or mental health crisis, or any other kind of emotional distress. People can also call, text, or chat 988 if they are worried about a loved one who may need crisis support.

DOMAIN 4: ALIGNED HEALTH CARE AND SUPPORTIVE SERVICES

[Goal] All older adults maximize their health and reduce preventable disease and injury through comprehensive care that includes health and social services in the home or in the community.

Background

As we age, health care and social support needs continue to grow. However, older adults often face fragmented health and supportive services delivery systems without sufficient alignment between and across various providers to share relevant information, facilitate access to needed services, and coordinate care across delivery settings. While the United States spends more on health care than any other developed country, older adults do not always experience positive health outcomes from this level of investment. Also, there is growing recognition of relationship between non-health care factors, such as physical activity, nutrition, and lived environment, and individuals' actual and self-reported health, facets that the OAA has been addressing for decades.

The OAA and the ICC envision a nation where all older adults can achieve "the best possible physical and mental health." By working together at the federal, state, and local levels to better align health care and supportive services, such as nutrition, transportation, and legal assistance, across private and public sectors, older adults can realize improved health and well-being across the lifespan.

States are addressing health care and supportive services alignment, including through their MPAs. Some examples include:

- Testing innovative and promising models that address health-related social needs that impact aging and commit to service and system integration.
- Expanding adoption of high-value, age-conscious care models and accreditations, such as geriatric emergency departments and geriatric surgery verification.
- Increasing access to prevention programs and developing culturally competent public health educational tools and services to reduce some of the greatest and most inequitable health disparities.

The ICC will consider federal recommendations and actions to expand upon existing efforts and to innovatively address opportunities for growth related to this goal statement for better alignment between health care and supportive services.

Benefits Access

Focus Area Action Statement: Increase timely access to benefits by enhancing affordability, availability, and awareness through increased coordination across governmental agencies and community-based organizations.

Meaningful access to healthcare and supportive services for older adults is vital to ensuring their ability to age well in the community. Social care and financial assistance programs, through federal, state, and local pathways can provide crucial support to cover medical expenses, receive LTSS, access transportation, and connect with other essential services. When older adults from all backgrounds and life experiences gain timely and simplified access to these benefits, their health, well-being, and independence improves, promoting quality of life while reducing the need for costly and at times inappropriate and unwanted institutional care.

Ensuring access to service coordination, navigation assistance, and supportive resources is essential for empowering older adults to access the range of services available to them. However, numerous barriers exist. Nearly 14 million adults age 60 and older qualify for the Supplemental Nutrition Assistance Program (SNAP) yet have not enrolled. Medicare beneficiaries with limited incomes can save more than $2,000 per year through the Medicare Savings Programs that provide cost-sharing support. However, more than 3 million older adults are eligible but not enrolled, leaving up to $6 billion in unused benefits each year. These and other benefits are often unused due to lack of awareness, application difficulty, technological and/or language barriers, and limited mobility or transportation options. Additionally, social and cultural factors, such as mistrust of government agencies or cultural beliefs about accepting aid, can also pose barriers to benefits access.

The federal government is currently leading efforts to improve access to existing benefits and resources for older adults. Examples include the following:

- AAAs, State Health Insurance Assistance Programs (SHIPs), and online services such as BenefitsCheckUp perform assessments for older adults to identify which federal, state

and local programs can assist them with various needs (e.g., food, health care, housing, legal support, transportation, utility costs).

- CMS is working to streamline access to the Medicare Savings Program (MSP) that will increase the number of older adults enrolled in the program, which helps to reduce beneficiary costs.

Optimize Health, Well-Being, and Functioning

Focus Area Action Statement: Promote and increase utilization of services, programs, and supports to maximize the physical and behavioral health of older adults.

Public health programs that promote the physical, behavioral, social, and functional health and well-being of older adults have been shown to improve their overall quality of life and reduce the health and economic costs on health care systems and caregivers. To maximize the impact of disease prevention and health promotion interventions among older adults, programs must be accessible, affordable, person-centered, address existing health and functional issues, and reduce preventable disease and injury, such as older adult falls. Person-centered care – providing older adults the ability to direct care in a way that prioritizes their personal goals – fosters a sense of empowerment and fulfillment, enabling them to actively engage in their communities and pursue meaningful activities. Federal, state, and local organizations and health care systems that broadly promote optimal nutrition, physical activity, and behavioral health and prevent disease and disability facilitate the ability of older adults to age well in the community, foster more inclusive and supportive connections, and advance their quality of life.

However, several barriers prevent older adults from accessing needed services. They may not be aware of what health improvement programs exist in their local communities. They may learn about a program model in another geographic area and do not know where to find access in their own community. They may have difficulty understanding and navigating the intricacies within and between various programs. They may have questions about eligibility criteria and do not know where to reach out for assistance. Even if they find a program in their community that could meet their needs, transportation barriers and/or limited program scheduling may keep older adults away.

The federal government is currently involved in several efforts to optimize health, wellness, and functioning among older adults through cross-department partnerships and investments in local communities. Examples include the following:

- Through its Aging and Disability Networks, ACL offers a wide range of local-based resources to help older adults, people with disabilities, families, caregivers, and communities.
- ACL administers a range of OAA-supported programs for improved nutrition, physical activity, support brain health, chronic disease management, and well-being.
    - Senior nutrition programs provide over 200 million healthy, nutritious meals to older adults at home or in their local communities.

    - Alzheimer's Disease Programs Initiative brings dementia-focused services to individuals with Alzheimer's disease and related dementias (ADRD) and their caregivers.
    - National dissemination of Chronic Disease Self-Management Education (CDSME) programs proven to help older adults better manage chronic conditions such as diabetes, heart disease, arthritis, chronic pain, and depression.
- Both CDC and ACL collaborate on several national and community-oriented programs, such as efforts to reduce falls and fall related injuries, promote vaccine access and increase vaccinations among older adults and people with disabilities, and empower those with and at risk for chronic disease – particularly individuals with diabetes.
- The Office of Disease Prevention and Health Promotion (ODPHP), Office of the Assistant Secretary for Health (OASH) within HHS leads Healthy People 2030 initiative that uses population-level data and extensive subject matter expertise to help public health offices promote positive health outcomes in states and local communities.
- SAMHSA funds the Center of Excellence for Behavioral Health in Nursing Facilities, which helps nursing facilities improve the quality of life and care provided for residents who are experiencing a variety of behavioral health conditions.
- AHRQ has resources to optimize health, wellness, and functioning among older adults. For example, the Opioids in Older Adults Compendium is a change package that supports efforts by primary care practices and healthcare systems to improve opioid medication management and prevent opioid misuse and opioid use disorder in older adults in primary care. The Compendium offers key activities with tools and resources that practices and systems can use in their improvement efforts.

Align Health and Human Services

Focus Area Action Statement: Improve seamless coordination of services that address health-related social needs through multi-sector partnerships inclusive of health care, community organizations, and individuals with lived experience.

Health-related social needs (HRSN) are an individual's unmet needs and experience of adverse social and financial conditions that contribute to poor health outcomes. Examples of HRSN include poor nutrition, financial insecurity, housing instability, pollution, limited English proficiency, and lack of transportation. These needs can exacerbate health conditions and negatively impact access to care, leading to worse health outcomes and perpetuating health inequities, particularly for older adults and people with disabilities in historically underserved communities.

There is growing recognition by healthcare systems that HRSN have a significant impact on the health, well-being, and healthcare utilization of older adults. However, addressing these needs is often beyond the ability of healthcare systems and requires their awareness of and collaboration with community-based human service organizations.

Several federal efforts are currently engaged in these system transformation efforts to elevate awareness of health-related social needs and this relationship to improving health equity and wellness among aging Americans. Examples include the following:

- The White House's U.S. Playbook to Address Social Determinants of Health and the HHS Call to Action: Addressing Health-Related Social Needs in Communities Across the Nation identify organizations such as care hubs that are designed to manage partnerships across sectors to improve the health and well-being of individuals and communities. Both ACL and CDC support the development and enhancement of hubs, through infrastructure funding and a national technical assistance initiative.
- CMS recently released new guidance to assist state Medicaid agencies in addressing the health-related social needs of Medicaid enrollees, such as supporting improvements in data sharing, screenings, and coverage of relevant interventions.
- CMS, through the 2024 Medicare Physician Fee Schedule, provides new billing codes to reimburse providers for a range of activities to address the health-related social needs.

SETTING THE STAGE FOR A NATIONAL MOVEMENT

Aging in the United States: A Strategic Framework for a National Plan on Aging is intended to spark dialogue and consideration at the community, state, and federal level about how we can leverage our collective strengths across the private and public sectors to make our inclusive vision for aging in America a reality. It will take all of us working together with a shared purpose to build a national movement that inspires tangible actions and makes a difference. Communities that value the preferences, needs, and voices of older adults support all people, regardless of age, disability, or life experience in living independently and participating fully in all aspects of their lives. These communities promote the concept that all people have the right to live their lives with dignity and respect and free from abuse of any kind.

Achieving the goals outlined in this document will require collaboration and innovation as these strategies are intersectional and interconnected. This Strategic Framework is a critical tool for advancing this collective effort and expanding upon local and state efforts to plan for a rapidly aging demographic. It is part of broader and sustained effort, supported by the ICC and the National Plan on Aging Community Engagement Collaborative, that builds upon the existing momentum surrounding state efforts on MPAs.

We encourage all readers of this Strategic Framework to remain engaged in this work to transform our aging future and to consider which strategies to pursue that will allow for the greatest impact. Please participate and follow the ICC's continued work on the ICC website.

APPENDIX A: SPOTLIGHT ON FALLS AMONG OLDER ADULTS AND PEOPLE WITH DISABILITIES

The ICC has outlined four Domains (Coordinated Housing and Supportive Services; Aligned Health Care and Supportive Services; Age-Friendly Communities; and Increased Access to Long-Term Services and Supports) to foster coordination across the federal government to advance its vision for aging in America. Falls prevention is a key area of focus for the ICC and is an issue that requires an intersectional, interagency, and multi-sector approach. This Spotlight on Falls Among Older Adults and People with Disabilities provides a deeper exploration of the prevalence and impact of falls, as well as promising practices supported by the federal government to reduce fall risk and mitigate injury from falls.

As the leading cause of fatal and nonfatal injuries among older adults falls have a widespread and serious impact on an individual's health and independence. One-quarter of older adults report falling each year and one in five falls cause a serious injury, such as broken bones or head trauma. Each year, an estimated 3 million older adults are treated in emergency departments for fall-related injuries with more than 800,000 individuals being hospitalized post-fall. Older adult falls cost an estimated $50 billion annually, with nearly three quarters of this amount paid by Medicare and Medicaid. Although often underreported, self-reported rates of falls and falls related injuries among adults with disabilities aged 45 to 59 are even higher than those reported by people aged 60 and over. Substance use, including alcohol use, can also increase an older adult's risk of falls. Individuals who have fallen report being afraid of falling again, which can lead to a reduction in everyday activities. This, in turn, contributes to an individual becoming physically weaker and, ultimately, at a greater likelihood of a future fall.

Fortunately, many falls are preventable through risk screening and interventions that focus on balance exercises and physical strength training, medication management, and home and community environment modifications. Moreover, active engagement with healthcare providers and family caregivers can help identify and address falls risk factors.

Ultimately fall prevention and injury mitigation from a fall is addressable through interventions across each of the four Domains. The federal government, with the Administration for Community Living (ACL) leading various strategic investments and collaborative partnerships, is currently advancing multiple efforts to elevate fall prevention and fall risk reduction. Examples include the following:

ACL-Led Initiatives:

- ACL's Older Americans Act (OAA)-funded networks have reached over 4.2 million older adults in local communities with health promotion programs, including a variety of multifactorial falls prevention programs.
- Using community-oriented competitive grants, ACL has supported more than 8,000 falls prevention workshops held in every region of the country. These workshops include evidence-based programs such as *A Matter of Balance*, *Stepping On*, and *Tai Ji Quan: Moving for Better Balance*. These programs have both reduced falls and/or falls risk

factors among older adults while documenting the potential for health system cost savings and positive return on investment.

- ACL funds a National Falls Prevention Resource Center to disseminate falls prevention and reduction information and programing to local communities that directly empowers older adults and people with disabilities.
- ACL's University Centers for Excellence in Development Disabilities create tailored resources and provide training on falls prevention and fall risk reduction strategies geared toward younger adults with disabilities.
- ACL's National Institute on Disability, Independent Living and Rehabilitation Research (NIDILRR) funds research on understanding, preventing, and responding to falls among people with disabilities.
- NIDILRR also operates the Home Usability Program that helps people with disabilities identify problems in their environment that can lead to falls and make changes to increase accessibility.
- ACL launched the Research, Demonstration, and Evaluation Center for the Aging Network ("ACL Innovation Lab") in late 2023. The ACL Innovation Lab will expand the knowledge base, reach, and relevance of falls prevention practices in diverse communities.

Action by Other Federal Agencies:

- The Centers for Disease Control and Prevention developed the Stopping Elderly Accidents, Deaths, and Injuries (STEADI) Initiative to help reduce fall risk among older adults by providing training and resources to healthcare providers.
- Through the Housing and Services Resource Center, the Department of Housing and Urban Development collaborates with ACL to foster engagement between the housing sector and community-based aging and disability services that promotes access to affordable, accessible housing, and critical services. The Center has extensive resources that address universal design through home assessment, modification, repair, and assistive technology for a variety of audiences.
- The Centers for Medicare & Medicaid Services requires states that contract with Medicaid managed care plans and coordinated delivery systems for long-term services and supports (LTSS) use a standardized set of eight quality measures to ensure eligible individuals have optimum care experiences. One of the eight Medicaid LTSS measures is for Screening, Risk Assessment, and Plan of Care to Prevent Future Falls.
- The Agency for Healthcare Research and Quality has developed a broad set of tools, training, and research for clinicians on methods to help prevent older adult falls during care delivered in hospitals and nursing facilities.

- The Office of the Assistant Secretary for Health and Centers for Disease Control and Prevention work to understand the prevalence and impact of falls while promoting clinical-community connections that address them.
- The Office of the Assistant Secretary for Health's Office of Disease Prevention and Health Promotion tracks the incidence of fall-related deaths among older adults as part of the Healthy People 2030 objectives.

Leveraging the breadth and depth of public investment in data, knowledge, and program experience, the ICC will develop specific recommendations and action areas to further advance falls prevention and fall risk reduction across federal, state, and local levels.