



WHAT WE HEARD:

Initial Feedback on The Strategic Framework for a National Plan on Aging

Developed by the Administration for Community Living
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INTRODUCTION

There are over 80 million adults ages 60 and older living in the United States. They represent nearly a [quarter of our population](#) and their numbers will continue growing rapidly in the coming years. The number of people aging with disabilities also continues to increase. This trend gives us much to celebrate, as older adults contribute to our society in countless ways, and our country is stronger when everyone is included and can contribute their talents. But this growth in demographics also will create challenges. For example, [nearly three-quarters of Americans will need some type of assistance from caregivers to age in their communities](#). Demand for that assistance, which already far exceeds the capacity of our systems, [will only continue to grow as the number of older adults increase](#).

With thoughtful, intentional cross-sector planning and action we can address these challenges and improve the aging experience. We can create age-friendly communities that appreciate the contributions of older adults, sustain health and well-being at all ages and for people of all abilities, recognize and support family caregivers, and value and reward the work of the professionals who provide in-home and community-based care.

That work is well underway. A number of states are developing – or implementing – robust plans that engage the public and private sectors in preparing for the future of aging. And at the national level, the [Interagency Coordinating Committee \(ICC\) on Healthy Aging and Age-Friendly Communities](#) is leading a similar charge, leveraging the momentum within and across states.

As a first step, the ICC developed [Aging in the United States: A Strategic Framework for a National Plan on Aging](#), which 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 that value and truly include older adults. The national plan on aging will advance best practices for service delivery, support development and strengthening of partnerships within and across sectors, identify solutions for removing barriers to health and independence for older adults, and more.

ABOUT THE ICC

Led by the Administration for Community Living, the Interagency Coordinating Committee on Healthy Aging and Age-Friendly Communities was established under the Older Americans Act to foster coordination across the federal government and to develop a national set of recommendations.

Since May of 2024, the ICC – with significant support from the National Plan on Aging Community Engagement Collaborative (a partnership between [West Health](#), [The SCAN](#)

[Foundation](#), and [The John A. Hartford Foundation](#)) has focused on gathering feedback on the Strategic Framework and other input to ensure the national plan focuses on the most important issues and addresses them in a way that will meet the needs of older adults. Input has been collected from a wide variety of people and organizations, from communities across the country. Most importantly, we have heard from older adults from all walks of life. People have shared their thoughts through in-person and virtual events, a national poll conducted through Gallup, and an online portal.

The Administration for Community Living created this report to share what we have heard so far. It describes some of the common themes that are beginning to emerge from the experiences, insights and recommendations that have been shared, with a goal of sparking ongoing discussion. It includes input on factors that influence the aging experience, 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.

For example, many people talked about how difficult it can be to find and access affordable housing and the services available to support them in living independently. They also talked about the need for greater protections from fraud and abuse, increased support to be financially secure, and education on how to navigate technology in an increasingly modern world. The importance of social connection –and services that support it – also was raised by people from a wide variety of backgrounds.

"A national plan on aging will create a brighter future for us to be able to stay active and feel valued as we age."

- Listening Session Participant

We also received a number of comments, particularly from organizations that focus on aging and/or public health, emphasizing the importance of addressing the factors that contribute to health and wellness in older age – such as access to health care, financial security, and stable housing – must be addressed throughout life. They noted that health disparities that exist earlier in life due to unmet needs continue– and compound – in older age.

Commenters also consistently highlighted the importance of existing services and supports such as those supported by the Older Americans Act and implemented by the national aging services network. They emphasized the need to ensure that the national plan on aging leverages, rather than replicates, this infrastructure. However, commenters also noted that demand for these programs far exceeds capacity, and we received a number of suggestions for expanding scope, capacity and/or eligibility requirements of existing programs (particularly Medicare and Medicaid). Some commenters also emphasized the need to ensure that the quality of programs and the services are not sacrificed in the interest of expansion. For example, it is imperative to preserve and strengthen requirements for person-centered approaches (meaning that the services a person receives are tailored to their needs and preferences – as defined by them). Similarly, some organizations that serve older adults and people with disabilities raised concerns about privatization of service delivery as a means of increasing availability, noting that profit-driven

considerations can result in people who need services most being least able to receive them. In addition, many commenters noted that effectively leveraging existing resources will require significant improvement in the technological infrastructure.

Some community partners encouraged the ICC to develop tools that integrate data sets to help us understand the needs of older adults and to identify trends in issues affecting aging. They also emphasized the need to use data to measure the impact of the eventual national plan on aging.

ABOUT MEDICARE AND MEDICAID:

Medicare is health insurance for people who are 65 or older, as well as some younger people with disabilities, end-stage renal disease, or ALS (Lou Gehrig's disease). The program helps with the cost of health care, but it doesn't cover all medical expenses. Medicare pays for outpatient and inpatient care and drugs. Beneficiaries can choose to receive their benefits through traditional federally administered Medicare or through a private plan. Medicare does not cover long-term care, such as extended stays in a nursing home or assisted living facility, or many of the services people need to live independently in their communities.

Medicaid provides health insurance to people with low incomes. It is administered by states, in accordance with federal requirements. It is funded jointly by states and the federal government. Available services and eligibility requirements vary from state to state. Medicaid offers benefits that Medicare doesn't normally cover, like nursing home care and personal care services.

Strategic Framework and Need for a National Plan on Aging

In addition to comments on specific issues which are organized in this report along the lines of the Strategic Framework's four domains (each of which addresses a subset of key aging issues), many people also shared their thoughts on the need for a national plan on aging, the approach we have taken to develop it, and the proposed structure of the national plan that was described in the Strategic Framework. Several themes emerged. For example, many people expressed appreciation for the:

Positive framing of aging: A consistent thread throughout the Strategic Framework and the input we have received is the importance of focusing on the value older adults bring to society and the broad benefits to people of all ages that come from inclusive, accessible communities. In addition, many people suggested utilizing resources like the [Reframing Aging Communications Strategy](#) developed by the Frameworks Institute and the National Center to Reframe Aging to foster a more welcoming environment for older adults.

Forward-thinking approach: Many people shared that they are happy to see the development of a plan – now – for meeting the needs of our aging population, instead of reactive tactics – later – to address problems that could have been avoided.

Alignment with state efforts: Commentors stressed the need for the national plan on aging to build upon the work states have done to create multi-sector plans on aging, as well as existing initiatives like the National Strategy to Support Family Caregivers and the work of the Elder Justice Coordinating Council.

Interagency Collaboration: Commentors were pleased by the number of agencies participating in the ICC. They also encouraged the ICC to cultivate shared ownership of the national plan on aging across different agencies.

Inclusive process: Many people noted the importance of ensuring the national plan on aging reflects the input of people from all corners of America. We received many positive comments on the ICC’s efforts to include a diverse group of people in the initial feedback sessions, as well as recommendations for outreach to specific subsets of older adults, such as tribal elders, people who are aging with intellectual or developmental disabilities, grandparents raising grandchildren, incarcerated older adults, older adults with behavioral health conditions, and older adults from sexual and gender minority groups to ensure the national plan addresses their unique needs.

Finally, some people expressed skepticism about the feasibility of implementing a national plan without dedicated funding and resources. Many would like to see more detail about the actionable steps toward creating a national plan, as well as improved coordination across existing federal efforts. Overall, however, feedback on the Strategic Framework was positive, and the level and enthusiasm of the response received reflect the high and growing interest in a coordinated, comprehensive national plan for supporting healthy aging and developing age-friendly communities.

It is important to note that this report is a snapshot in time – it primarily reflects input received through September 15, 2024 – and it is only the beginning. We are committed to ensuring that older adults and community partners are engaged throughout the process of developing the national plan on aging. We are continuing to receive comments, and we are continuing to create opportunities for people to tell us what they believe are the greatest needs and the actions they think would help address them. As more data is received, the deeper analysis needed to inform sound recommendations will be possible.

WHO WE HEARD FROM

We received input from older adults and more than 2,000 adults representing a national cross-section of adults aged 18-50 (whose input closely mirrored what we heard from older adults). We also heard from a wide variety of organizations with interests related to aging and/or older adults including:

- Organizations in the national aging services network:
 - State aging agencies.
 - Directors of the programs for American Indian, Alaska Native, and Native Hawaiian older adults funded by Title VI of the Older Americans Act.
 - Community-based organizations that provide services for older adults and the state and national associations that represent them, and advocacy groups.
- Organizations that provide services for people with disabilities and disability advocacy organizations.
- National and state health care agencies and organizations that represent them.
- Health care providers and the associations that represent them.
- Foundations and other philanthropic organizations.
- Academic and research institutions.

A complete list of organizations that provided input can be found in Appendix A.

While efforts have been made to include a wide variety of voices, this report should not be construed as representative of any given demographic group or geographic representation.

A Note About Language

In this report, we refer to the above organizations collectively as **“community partners.”**

“Older adults” and **“older people”** are used to refer to people who are 60 years old or older, whose input was not provided on behalf of an organization.

HOW WE GATHERED INPUT

On May 3, 2024, 73 older adults participated in a listening session at the Deanwood Community Center in Washington, D.C. to share their experiences with 11 of the 16 federal partners of the ICC, national and local community partners, and the Community Engagement Collaborative. This session set the stage for gathering additional feedback through:

- Additional in-person listening sessions with older adults in Charleroi, PA, Dallas, TX, and Mobile, AL. These sessions intentionally included people representing populations with the greatest economic and social needs. Independent facilitators led participants through a process that focused on the life experiences of participants.
- Multi-sector roundtables about the strategic framework with community partners in Pennsylvania, Texas, and Alabama (in conjunction with the listening sessions).
- National Gallup poll of 2,180 people representative of U.S. adults aged 18 and older in all 50 states and the District of Columbia.
- Listening sessions conducted by community partners.
- An [online portal](#).
- In-person and virtual listening sessions with national aging organizations and their members including Meals on Wheels; the Massachusetts Healthy Aging Collaborative; National Association of Nutrition and Aging Services; Village to Village; USAging; ADvancing States; the Long-Term Quality Alliance; the Leadership Council of Aging Organizations; and directors of the programs for American Indian, Alaska Native, and Native Hawaiian older adults funded by Title VI of the Older Americans Act.

These opportunities – which were instrumental to ensuring the work of the ICC and the national plan on aging effectively address the issues most important to older adults – were made possible by the Community Engagement Collaborative.

The Collaborative was created by three organizations that support improving care for older adults and that have been key leaders at the state level in promoting multisector plans for aging: The John A. Hartford Foundation, The SCAN Foundation, and West Health. The ICC is grateful for their critical support.



A group of participants with their facilitator at a listening session.

DOMAIN-SPECIFIC FEEDBACK

The Strategic Framework was organized around four overarching domains, based upon the language in the Older Americans Act that authorized the Interagency Coordinating Committee, as well as the priorities of existing plans on aging. Within each domain, the Strategic Framework addressed a number of specific issues or “focus areas.” The input we received is organized to align with that structure; however, we understand that the domains and their focus areas are interconnected. When a critical need is unmet, both the root causes and impacts often span across domains and addressing them effectively often requires cross-sector solutions. Recognizing this, some commentors recommended elevating a few issues as we develop the national plan on aging; we have included that feedback within the discussion of the focus areas below.

Some comments we received included references to federal programs and terms that are used commonly by aging services providers that may not be familiar to all readers. To ensure clear understanding of the ideas and recommendations we received, we have added descriptive language in italics to the first mention of the program or term.

Domain 1: Age-Friendly Communities

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

Transportation

One of the most commonly cited barriers to living independently and remaining connected to the community was lack of accessible and affordable transportation, particularly for older adults who live in rural and tribal areas. Many older adults shared that transportation options are inconvenient, inaccessible, and logistically challenging, and some noted that transportation available to them felt unsafe (particularly for those who are blind, have reduced vision, or have limited mobility). Housing that is not located near stores and services can make the lack of transportation options a daily challenge, and older adults consistently noted that lack of transportation keeps them from accessing health care services and participating in meaningful activities.

In addition, older adults may not have access to, or feel comfortable using, virtual platforms to access public transportation and ride-sharing applications, or to learn about available transportation options in their communities. Reliance on family members, friends and neighbors for rides can increase concerns about being a burden, which in turn can stifle older adults’ ability to fully advocate for their needs. The result is a diminished

“There is no public transportation (where I live). There are no taxis, nothing. So, if you can’t ride the bus, then what are you supposed to do?”

- Listening Session Participant

sense of agency and connection, a reluctance to give up driving (even when medically advised), and a deep sense of loss if they do stop driving.

What people said would help:

- Transportation programs that provide options for older adults to use and access information over the phone, in-person, or with the support of a provider may help ensure all older adults can access available transportation services.
- Increasing accessibility of transportation options (such as wheelchair access)
- Consulting both transportation experts and people who rely on public transportation, especially older adults, people with disabilities and caregivers, when developing public transportation routes or planning services to support older adults.
- Health insurers offering convenient transportation to medical appointments and locations that are key to supporting independence and engagement, such as grocery stores, church and senior centers.
(For example, Medicare and Medicaid both can provide emergency and non-emergency medical transportation.)
- Deeply subsidized or free access to public transportation for older adults.
- Support for the development and maintenance of safe and accessible pedestrian paths to local resources, such as senior centers, grocery stores, and recreational opportunities.

Economic and Financial Security

Older adults shared that rising health care costs are making it more and more difficult to cover other basic expenses, such as food and utilities. (*See also: Domain 4: Aligned Healthcare and Supportive Services*). Both older adults and community partners noted that increases in Social Security income do not keep pace with inflation and often are negated by reductions in supplemental nutrition assistance program allocations or increases in Medicare premiums, resulting in reduced spending power. Forced to choose between basic necessities, many older adults sacrifice on buying food, leaving many food insecure and/or malnourished. Community partners also shared concerns about the future of Social Security.

We also heard that the costs of serving as a family caregiver creates financial challenges for many older adults. This includes current costs incurred by older adults who are actively serving as a caregiver for another, but it also includes costs incurred earlier in life that reduced resources available in older age. For example, a person who leaves the workforce – temporarily or permanently – to care for aging parents or a child with a disability reaches retirement age with lower lifetime earnings and Social Security contributions, and often lower retirement savings, than they otherwise would have had.

What people said would help:

- Policies and programs that enable payment of family caregivers alleviate some of the financial challenges of caring for a loved one. Similarly, awarding Social Security credit for caregiving would mitigate some of the impact for those who leave the workforce to provide care.
- Reducing the costs associated with home energy bills, energy crises, weatherization, and minor energy-related home repairs by increasing support for the Low-Income Home Energy Assistance Program (LIHEAP). *(LIHEAP provides federally funded assistance to pay for some of these services for low-income older adults.)*
- Increasing support for, and access to, supplemental nutrition assistance programs and congregate and home-delivered meals programs, such as those provided through the Older Americans Act, can help older adults stretch their budgets by reducing their need to purchase food.
- Ensuring the continued solvency and adequacy of Social Security is critical as most older adults rely upon social security for at least half of their income.
- Increasing Supplemental Security Income benefits for older adults with high housing costs and those receiving supplemental nutrition assistance program (SNAP) benefits by excluding subsidies such as housing assistance when calculating in-kind support and maintenance to determine benefit amounts.
- Ensuring that benefits like Social Security and SNAP increase at the same rate as inflation.
- Supporting older adults in planning for retirement, including by ensuring that all workers have access to payroll deduction retirement savings programs like 401ks, sharing best practices and tips for approaching retirement, and offering guidance to workers seeking information about their existing pensions through the pension registry.
- Lowering the cost of prescription medications.

Note: Because the root causes and the impact of financial and economic insecurity span multiple domains, many organizations suggested that this focus area be elevated in the national plan.

Social Connection and Purpose

Both older adults and community partners talked about the importance of staying connected and engaged in the community. In addition to preventing social isolation and loneliness (and the associated impact on health), social connections also help older adults feel safe in their homes and communities.

Older adults expressed a desire to remain active, but they also shared a number of preventable barriers they encounter. These included inaccessible spaces, feeling like older people aren't really welcome, limited community events (particularly since the COVID-19 pandemic) and a lack of culturally appropriate activities.

Overall, older adults expressed a desire for deeper interpersonal, familial, and community connections as well as increased opportunities to volunteer and contribute their time, energy, and experience to their community. Input from community partners reinforced this need. Older adults told us that community centers, senior centers, libraries, and social groups that provide spaces for learning, recreation, leisure and engagement help combat isolation and loneliness, but both they and community partners noted that some senior centers lack sufficient funding to offer the breadth of activities and programs older people need to thrive. Older adults also need and wish for intergenerational relationships and activities but noted that these can be harder to come by.

Older adults also talked about ways they stay connected by helping others. For example, some who had figured out how to access the services and supports they need reported spending a good deal of time helping their friends and relatives navigate community services and resources and even Medicare options.

What people said would help:

- Expanding intergenerational programs like AmeriCorps Seniors Foster Grandparents program (*which connects older adults with youth to benefit both*).
- Making it easier for older adults to engage in community events and activities by increasing accessibility of the physical infrastructure and availability of transportation.
- Integrating training of older adults as volunteers throughout aging network and other community-based programs.
- Increasing support for multi-purpose senior centers, intergenerational community centers, libraries, as well as programs that promote life-long learning and creativity.
- Expanding availability of companion care, including through Medicaid. (*Companion care provides older adults with intellectual engagement, social support, and assistance with day-to-day tasks like cooking and grocery shopping. In contrast to personal care aides or home health aides, companions do not provide health care or personal care like bathing and grooming.*)

Accessibility and Universal Design

Older adults highlighted the need for walkable communities where they can access care, services, and community connection without driving or needing transportation services. Community partners noted the multiple dimensions of a community's infrastructure that factor into an older adult's ability to get out of their house safely and easily and participate in their communities. They indicated a need for both features that represent smaller investments, such as accessible pedestrian signals, as well as larger scale approaches, such as community-wide walkability initiatives and universal design for all housing, retail, and public spaces. Both older adults and community partners also described a lack of digital accessibility and barriers to online access for older adults. For example, in 2021, more than 40% of older adults did not

have access to broadband, and this was particularly pronounced among low-income older adults and those living in rural and frontier communities.

What people said would help:

- Expanding implementation of Complete Streets. *(Complete Streets is an approach to planning, designing, building, operating, and maintaining streets that enables safe access for all people who need to use them, including pedestrians, bicyclists, motorists and transit riders of all ages and abilities. In addition to improving access to community resources for people of all ages and abilities and reducing injuries and fatalities from pedestrians being hit by cars, the approach also can reduce injuries due to falls.)*
- Creating safe and accessible outdoor spaces and organizing nature-based activities like gardening clubs or nature walks.
- Partnering with community organizations to provide transportation and support for outings to local parks and green spaces.
- Developing the urban canopy to help reduce the impact of extreme heat on older adults.
- Ensuring that all older adults, including those in rural and frontier areas, have access to broadband, building upon the investments made through the Affordable Connectivity Program. *(The ACP was a Federal Communications Commission program that offered a monthly discount on broadband services. Nearly half of ACP participants were over the age of 50, and nearly three-quarters of those rely upon internet service to access healthcare. The program ended in June of 2024 due to a lack of funding.)*
- Promoting digital inclusivity by providing accessible devices, programs and training for older adults, in community spaces, including senior centers and libraries.

Employment

Many older adults indicated a need to continue working in order to cover their daily living expenses and stave off what they described as an “inevitable crunch” that will come from living on a fixed income primarily coming from Social Security. Others expressed that they wanted to keep working but felt pushed out of the workforce or could not find opportunities that seemed to fit their skills, interests, and capacity. Online recruiting and application systems also create barriers for older adults who want to work.

Organizations noted many benefits to facilitating continued employment of older adults, but also barriers to doing so. These include the stereotypes society holds of an older adult’s skills and abilities and misperceptions about productivity, a lack of

“I live in a small community. There's no job opportunities available. If you wanted to work, you couldn't. You go in and you put in applications. Why would they want to hire someone in their 70s when they could hire someone in their teens and 20s, you know? And so you don't get the shot..”

- Listening Session Participant

training programs to assist older adults in “retooling,” and a lack of awareness by employers of how to accommodate older workers.

What people said would help:

- Establishing programs that allow retired employees to return to work part time at agencies, including government agencies.
- Supporting programs that help older adults grow their entrepreneurial skills to start new businesses, “retool” their expertise, knowledge and skills into new lines of employment, and participate in apprenticeship programs.
- Increasing access to job search counseling and assistance.
- Supporting minimum wage increases across the nation in the Senior Community Service Employment Program, and expanding and clarifying eligibility requirements. *(Authorized by the Older Americans Act, SCSEP provides training for low-income, unemployed older adults. Participants also have access to employment assistance through American Job Centers.)*
- Raising awareness of the Age Discrimination in Employment Act and enforcing its prohibition of discrimination against older adults in any aspect of employment, including hiring, firing/layoff, pay, assignments, promotions, training, benefits, and any other term or condition of employment.

Safety

Though not explicitly established as a focus area in the Strategic Framework, overall safety emerged as a concern for many older adults. Neighborhood crime, coupled with an increased sense of physical vulnerability make many older adults feel wary and unsafe in local public spaces and even in their own homes.

Older adults also shared that they didn’t feel as safe as they once did because they do not know their neighbors. Some older adults in rural areas expressed reticence in moving to more densely populated areas with greater access to services and support due to perceptions of less safety in denser neighborhoods. Older adults noted the need for access to security equipment, home monitoring, and emergency alerts.

What people said would help

- Develop intergenerational initiatives to foster connections and community between older adults and their neighbors.
- Design public spaces to include safe walking paths and sufficient lighting, including well-lit parks.
- Provide training for older adults on using technology for safety, such as smartphones and home security systems.
- Training for law enforcement and district attorneys on how to interact with older adults and respond to their needs appropriately. For example, allowing older adults to provide formal, sworn testimony immediately after a crime, versus months later when a trial might take place, will allow for better recollection of the events as well as reduced stress of reliving the crime.
- Offer counseling and support groups to address fears and anxiety related to safety concerns.

Falls Prevention

In the Strategic Framework, falls prevention was addressed in a separate appendix; we have incorporated it here because many of the comments we received fit well with the other issues addressed in this domain. However, as the number one cause of injury – and injury-related deaths – among older adults, falls are a universally critical aging issue. The causes and impact of falls span multiple domains, and effective prevention strategies also must be integrated across domains.

Each year, approximately [one-quarter of older adults report experiencing a fall](#), and one in five of these falls results in serious injuries such as fractures or head trauma. Comments received from both older adults and community partners emphasized the need for housing modifications and community designs that reduce fall risks.

Both older adults and community partners noted the importance of education about fall risks and prevention strategies. Older adults noted that falls were a significant concern within their community and that many older adults feared that a fall may result in increased support needs. Many older adults expressed the need for more formal and accessible fall prevention programs and some older adults with vision loss noted the need for these programs to address the specific challenges faced by their community.

A number of people said that it is difficult to find professional services for home modifications, such as installing railings, non-slip surfaces, or other fall-prevention aids, and that paying for this work is often out of reach for older adults with fixed incomes. Some older adults noted that even though they lived in housing designated for older adults, their home still lacked railings, grab bars, and other fall prevention design elements. Multi-level homes, in particular, were cited as challenging, with stairs to bedrooms or laundry facilities presenting significant risks.

“I like to stay active and I do this to prevent risk of disease and injury. To help keep me safe and healthy in my home, I have also attended Matter of Balance, which is focused on falls prevention.”

- Listening Session Participant

What people said would help

- Expanding the availability of programs that have been proven to prevent falls, such as “A Matter of Balance” and other programs provided through the Older Americans Act.
- Increasing education on falls risk and prevention with a particular focus on reaching older adults who may not fully understand their susceptibility to falls.
- Increasing availability of assessments for low vision and increasing access to orientation and mobility training. (*Orientation and mobility training helps blind people and people with low vision learn to move around safely and independently, and assistive devices.*)
- Expanding home-modification programs like those supported by the Older Americans Act Title-III funding and the aging network. The CAPABLE program was noted as a strong model. (*CAPABLE integrates services from an occupational therapist, a registered nurse, and a handy worker who work*

together with the older adult to set goals and direct action plans that change behaviors to improve health, independence, and safety. Participants learn new skills, exercises, and how to work with additional tools/equipment/home modifications to improve function and safety. CAPABLE focuses on prevention and problem-solving, building skills that participants can use in the future.)

- Incentivizing developers to include accessibility features in their plans – especially in housing that is purpose-built for older adults.

Domain 2: Coordinated Housing and Supportive Services

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

Affordable and Accessible Housing Options

Older adults told us that available housing is often unaffordable and/or lacks features older adults require, such as ramps, grab bars, railings, and lifts. Community partners emphasized that the lack of accessible, affordable housing is often the most significant barrier to aging in place and is a leading cause of the growing older adult homelessness population. We also heard that housing for older adults sometimes lacked space to house additional people, such as younger family members cared for by the older resident or caregivers for the older adults themselves.

Community partners shared concerns about both affordability and accessibility, noting that existing programs to offset housing costs are not available to everyone who needs assistance, there is a significant and growing gap between inventory of affordable, accessible housing units and the number of people who need them, and difficulties people face in securing modifications to their homes to age in place.

What people said would help:

- Revising or eliminating restrictive local zoning laws that limit alternative housing options, like tiny homes on family properties, providing older adults with greater flexibility in their living arrangements.
- Expanding HUD's Section 202 Supportive Housing for the Elderly Program to enable access to affordable housing for a growing number of lower income older adults who are at risk of homelessness. *(The program provides capital advances to finance the construction, rehabilitation or acquisition with or without rehabilitation of structures that will serve as supportive housing for very low-income elderly persons, including the frail elderly, and provides rent subsidies for the projects to help make them affordable.)*
- Creating HUD special purpose vouchers for older adults to support the rapidly rising population of older adults experiencing homelessness.

- Creating and/or expanding national or regional databases of available units across the thousands of properties participating in [HUD's Multifamily Housing programs](#) to assist older adults in finding available housing.
- Expanding home modification programs through funding and community partnerships like those supported by the Older Americans Act Title-III funding and the aging network.
- Offering tax credits to support home modifications that make houses more accessible.
- Incentivizing the development of accessible, open plan, and single level housing through city ordinances or tax incentives. For example, states could prioritize these features in their criteria for selecting projects for the Low-Income Housing Tax Credits program. *(Through the LIHTC program, state housing finance agencies allocate federal tax credits to developers for the construction or rehabilitation of affordable housing projects).*
- Supporting adoption of integrated technologies in older adults' homes, such as smart home devices, telehealth, and remote monitoring systems so they seamlessly work together to enhance older adults' ability to live independently.
- Adding internet service to the utilities included in housing costs for the purposes of federal rental assistance to enable connectivity and use of internet-enabled supports for community living for lower income older adults.

Integration of Affordable, Accessible Housing with Supportive Services

Older adults shared that people often need assistance with housekeeping and home maintenance, as well as home health aides and personal care assistants, if they want to remain in their homes as they age, but these often are out of reach due to cost. Community partners added that integrating these services with services that help people find, secure and maintain housing is an effective way to help people live in the community and avoid more costly care in a nursing home or similar facility. Community partners also shared that expanding mobile health services and providing services that prepare older adults for emergencies (including those caused by extreme weather) may help people live independently longer. Community partners also noted challenges with pest infestations in some tribal housing areas as well as low-income housing complexes and a lack of funding to pay for eradication services.

What people said would help:

- Making it easier for older adults to use the equity in their homes to pay for services and other expenses through home equity conversion mortgages.
- Expanding opportunities for older adults to share their homes with compatible older adults.
- Supporting older adults in forming local co-operatives to affordably obtain the services they need to live in the community.

- Embedding the CAPABLE program, or similar service coordination, in affordable housing support programs. *(CAPABLE: Community Aging in Place Advancing Better Living for Elders is a person-directed program that helps older adults continue living in their own homes by integrating services from an occupational therapist, a registered nurse, and a handy worker who work together with the older adult to set goals and actions to improve health, safety and independence. Service coordination can help people overcome barriers to accessing services and can have a significant impact on health outcomes, housing stability, and overall well-being.)*



Domain 3: Increased Access to Long-Term Services and Supports

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

Information and Streamlining Access

Older adults shared frustration with both the complexity of navigating the systems that provide long-term services and support and the administrative burden of applying for services. Specifically, they shared that they often do not know where to go to figure out what is available to them and expressed the need for comprehensive, one-stop information centers to support older adults and their caregivers. Older adults and community partners both shared that clearer, simpler information and less cumbersome application processes are needed. They also shared that programs intended to help people navigate these systems (and their healthcare options) are not available to everyone who needs them because demand is far greater than program capacity. Some also noted that tribes and tribal members face additional challenges finding resources. Additionally, older adults and community partners noted the importance of trusted sources of information and guidance. Community partners also shared that outdated and incompatible information technology systems often prevent service coordination and sharing of information.

What people said would help:

- Using all public communication channels and leveraging partnerships to make people aware of the services and supports available to them as they age. This could include things like offering information-based events at senior centers and community centers, raising awareness of centralized phone numbers like 211 and 311, and utilizing trusted public officials, including elected representatives, to share important information.
- Advancing the “no wrong door” approach and incorporating modern technology into the system to streamline and simplify access to services and supports. *(In “No Wrong Door” systems, multiple state and community agencies coordinate to ensure that regardless of which agency people contact for help, they can access information and one-on-one counseling – tailored to their individual needs – about the options available for services and supports at home and in their communities.)*
- Increasing availability of counseling, person-centered planning and navigation services for older adults by expanding Medicaid administrative claiming for these activities in aging and disability resource centers and State Health Insurance and Assistance Programs.
- Supporting modernization of the technology infrastructure for the aging services network, including state aging agencies, to enable access to and coordination of services.

Affordability

A frequently cited concern from older adults and those who serve them is affordability of long-term services and supports, including for middle-income people who do not currently qualify for public benefits but who do not have the resources to cover the costs of long-term care. Sometimes referred to as “the forgotten middle,” they are at risk of “spending down” all their assets if they need more intensive care and supports, ultimately becoming eligible for Medicaid and other assistance. Older adults shared that in-home care, assisted living, and nursing homes are financially inaccessible for most older adults. There is a strong desire for more affordable options and/or financial assistance. Community partners expressed the need for sufficient and comprehensive funding for long-term services and supports, including support for caregivers.

In addition, community partners noted that older adults may make decisions about their living situations based upon affordability considerations rather than alignment with their needs and wants. For example, some older adults have no option other than moving to long-term care facilities because of the “institutional bias” in Medicaid. *(States are required to provide nursing home care to Medicaid beneficiaries with needs that meet requirements. In contrast, states have the option, but not a requirement, to provide home and community-based services, and there often are long wait lists to receive these services.)*

What people said would help

- Expanding eligibility for Medicaid to serve more lower income older adults.
- Creating more robust financial support for caregiving.
- Making home and community-based services a mandatory Medicaid benefit for older adults in need of long-term services and supports.
- Strengthening home health services and long-term services and supports under Medicare. Specifically, improving access to existing services, expanding service options, and increasing outreach and education to ensure beneficiaries are aware of what is available to them.
- Expanding PACE to make it affordably available to people who do not qualify for Medicaid. *(PACE stands for “Program of All-Inclusive Care for the Elderly.” PACE is a combined Medicare and Medicaid program that helps older adults continue living in the community instead of moving to nursing homes or other facilities. PACE provides all care and services covered by Medicare and Medicaid, as well as additional medically necessary care and services – it combines medical, social, and long-term care services and prescription drug coverage. Not all states offer PACE, however.)*
- Exploring additional funding mechanisms for long-term care, including through Medicare.
- Expanding buy-in options for home and community-based services through Medicaid for those who might not meet traditional eligibility criteria for Medicaid.

Availability

Along with affordability, many older adults and those who serve them shared that the support needed is simply unavailable due to workforce shortages, rising costs and, in some areas, providers' geographic limitations and lack of transportation. As a result, they are concerned about burdening family members, who fill the gaps of needed support. They also shared that when care is available, older adults often experience unreliability, negligence, and a lack of accountability. In addition, some older adults shared that it can be particularly difficult to find care providers who understand and can meet their cultural needs, such as dietary preferences (or religious dietary requirements) and religious and holiday traditions and understand their life experiences. Some also noted that tribes and tribal members face a lack of cultural understanding in some nursing homes. Ideally, older adults would prefer to receive support from people they trust, from within their communities.

Community partners shared significant concerns related to the direct care workforce crisis and indicated a need for workforce development initiatives aimed at increasing the supply and training of direct care providers.

What people said would help:

- Providing incentives, fair and competitive pay, and better working conditions to attract more direct care professionals.
- Expanding self-directed programs, including those that allow for care recipients to pay their family caregivers. This would help alleviate the strain of the workforce shortage and provide people who need support more flexibility, choice and control over their care.
- Increasing the pool of professionals who provide in-home care and support by increasing caps on employment-based visa categories for direct care workers, creating additional opportunities for international students to work off campus, and similar options for expanding access to visas for this critical workforce.
- Expanding the use registries through which older adults can find direct care providers, including those with knowledge of their cultural needs and preferences.

Caregiver Support

Family caregivers provide the overwhelming majority of long-term care in the United States. When they do not have the support they need, including training for the tasks they perform and opportunities for rest and self-care, their own health, well-being and quality of life suffer – a point we heard from both older adults and community partners. We also heard comments about the need for compensation, improved training, and expanded respite services for caregivers.

Many older adults told us they are caring for spouses, parents, and children at home or in long-term care facilities (such as nursing homes), often at significant financial cost and demands on their time, which can limit their social engagement and ability to care for their own needs. Many older adults pointed out the uneven distribution of caregiving responsibilities,

highlighting that the responsibility disproportionately falls on women. As described in the *Economic and Financial Security focus area under Domain 1: Age-Friendly Communities*, older adults also shared that their resources are more limited if they served as a caregiver earlier in life; some left the workforce temporarily, some retired earlier than they had planned, and others may have worked fewer hours or prioritized flexibility over higher wages, all of which translate into lower lifetime earnings and typically, lower retirement savings.

Community partners shared the difficulties in caring for a loved one with complex conditions and significant support needs, including but not limited to, Alzheimer's Disease and related dementias. Family caregivers often lack access to training on meeting the specific needs of their loved one, particularly when the person they care for has more significant support needs. Community partners also noted additional support needs for grandparents raising grandchildren, including tribal elders.

What people said would help:

- Building on and implementing the recommendations outlined in the National Family Caregiver Strategy. (*The strategy was developed with extensive input from family caregivers, the people they support and other stakeholders, and includes nearly 500 actions that can be adopted at every level of government and across the public and private sectors to ensure that family caregivers have the resources they need to maintain their own health, well-being, and financial security.*)
- Expanding paid caregiving support, including respite care, through insurance plans and public programs.
- Offering stipends, tax credits and Social Security credits to family caregivers. For example, providing state or federal tax credits for working caregivers or supporting proposals to provide Social Security credit for individuals who leave the workforce to care for a loved one to avoid jeopardizing their own retirement security.
- Expanding the availability of programs, including through Medicaid, that pay family caregivers for the support they provide.
- Increasing family caregivers' awareness of financial, service and training resources available to them through education and outreach.
- Streamlining and coordinating services to reduce the number of assessments that caregivers must complete to receive services like respite care. Caregivers – similar to many care recipients themselves– often have to “tell their story” to multiple people, multiple times in order to apply for or receive needed services, compounding the strain they experience.

Elder Justice

Older adults told us that they expect to be able to live independently and with full access to community life without fear of abuse or exploitation. However, many also shared stories of fraud and abuse that friends and neighbors have experienced. Both they and community partners noted a lack of awareness of resources to prevent abuse and neglect and highlighted the need for communities to stay connected to older adults to prevent their isolation and the

associated increased risk of abuse. Both indicated a need for educational programs that inform older adults about online fraud and scams, as well as a need for increased protections against scams, financial abuse, and exploitation in general.

Community partners expressed a need to promote elder rights, focusing on prevention and response to elder abuse and neglect, particularly in disproportionately impacted areas, including American Indian, Alaska Native and Native Hawaiian communities. In addition, noting its cross-domain implications, many community partners shared that upholding the rights of older adults to live in the community, with dignity and without fear of abuse or neglect, is a core underpinning of aging well and recommended elevating this policy area in the national plan on aging.

What people said would help

- Building on and implementing the recommendations developed by the Elder Justice Coordinating Council, which would improve response, awareness, and prevention of elder abuse, neglect, and exploitation.
- Increasing access to quality, person-centered legal assistance for older adults in greatest economic and social need.
- Identifying and investing in alternatives to guardianship for older adults, such as supported decision-making, delegating health care or financial decision-making, or court orders that allow for a specific action but do not necessarily continue over time.
- Increasing community capacity to prevent abuse, neglect and exploitation and, when it occurs, providing support that prevents its recurrence. For example, increasing capacity of services such as respite for stressed family caregivers, friendly check-ins of isolated older adults, and financial resources to meet basic needs of the whole family including nutrition, housing and health care.
- Increasing the capacity of adult protective services and increasing public awareness of how to report suspected maltreatment.
- Retaining the set-aside for tribal APS (*Adult Protective Services*) funding. (*States and tribes receive funding for APS through formula grants from the Administration for Community Living. Authorized by the Elder Justice Act in 2010, the program was added to ACL's annual appropriation in fiscal year 2023.*)
- Addressing upstream causes of abuse, neglect and exploitation, such as housing insecurity, isolation and financial insecurity.
- Supporting the State Long-Term Care Ombudsman program. (*State Long-Term Care (LTC) Ombudsman programs work to resolve problems related to the health, safety, welfare, and rights of people who live in LTC facilities, such as nursing homes, board and care and assisted living facilities, and other residential care communities. They also assist people who want to move from LTC facilities to homes in the community. Ombudsman programs promote policies and consumer protections to improve long-term services and supports at the facility, local, state, and national levels.*)



Domain 4: Aligned Healthcare and Supportive Services

Goal Statement: *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.*

Health Care Access

Older adults shared significant challenges in receiving timely health care in a way that works for them. As a result, they often forgo routine and preventive services and experience more disruptive acute episodes later. For example, many noted that they often lack a ride to medical appointments, dialysis, or other specialty services which significantly reduces the likelihood that they will receive that service. These issues are compounded for older adults living in rural and hard to reach areas, who shared that they lack access to health care services in their community and surrounding areas.

Older adults and community partners also noted that older adults who are blind, low vision, or deaf or who have other sensory disabilities experience unique difficulty in accessing health care services. Some noted that lack of Medicare coverage for corrective hearing devices makes them unaffordable.

In addition, older adults shared difficulties navigating health insurance. Many are not sure what benefits they qualify for, and others noted that unanswered calls and long waiting lists make benefits inaccessible even when they are eligible. They also shared that the onslaught of Medicare Advantage plan solicitations muddies their ability to assess information sources to make secure and sound healthcare decisions. These issues are compounded for people with limited English proficiency.

What people said would help

- Increasing the use of telehealth, mobile health services, and transportation to serve hard to reach populations.
- Ensuring accommodations for sensory limitations, such as vision and hearing loss.
- Blindness sensitivity training for health care and support service providers.
- Increasing access to affordable hearing assistance devices.
- Increasing access to benefits counselors, whether publicly or privately secured, to support older adults in making informed choices about their healthcare options.
- Increasing availability of health education and health care information in multiple languages and multiple formats.

“I hate Medicare [Advantage] solicitations. I wish they would all stop. It's so confusing. I have a friend (whose) mother is in the first stages of dementia. They called her and almost got her to change over everything over the telephone. And then she wouldn't have had the medical care that she needed.”

- Listening Session Participant

- Increasing the number of community health workers, particularly in disadvantaged communities, such as tribal areas.
- Expanding the use of mobile health clinics to provide health care services, including dental care, to older adults in hard-to-reach areas, including tribal communities.

Healthcare Coverage and Affordability

Older adults and community partners shared concerns about the financial burden of healthcare, even when enrolled in public programs like Medicare and Medicaid. Older adults shared that out-of-pocket expenses associated with prescriptions and co-pays present significant challenges. Both older adults and community partners said that many older adults lack the resources needed to cover regular, ongoing, and unexpected expenses. Gaps in coverage for vision, dental, and hearing services were highlighted specifically, and many noted that coverage for these services is a necessary basic requirement of healthcare. In addition, some commentors noted that many of the more than 12 million older adults who are eligible for both Medicare and Medicaid may not know what services are covered by each program or how to coordinate coverage.

What people said would help

- Supporting older adults in navigating their health plan and provider options, including those that integrate care for those eligible for both Medicare and Medicaid, such as Special Needs Plans and Programs of All-Inclusive Care for the Elderly, which provide comprehensive medical and social services to older adults who live in the community. *(Special Needs Plans include care coordination services and tailor their benefits, provider choices, and lists of covered drugs to best meet the specific needs of the groups they serve. PACE is described under the Affordability focus area of the Domain 3: Increased access to LTSS of this report.)*
- Leveraging technology to increase the number of older adults that can be served by the State Health Insurance and Assistance Program *(which helps Medicare beneficiaries determine which plan options best meet their needs).*
- Modernizing Medicare to include full coverage for dental, vision and hearing services for all beneficiaries enrolled in Medicare Parts A and B.

Behavioral Health Support

Older adults and community partners told us that mental health challenges, particularly depression, are significant issues for older adults. Older adults added that their symptoms or conditions were exacerbated by isolation and community partners commented on alarming rates of suicide among older adults and indicated that substance use disorders are also a significant concern. Older adults expressed a desire for better access to mental health services tailored to the specific emotional and psychological challenges they face at the same time as other physical and cognitive conditions. A lack of culturally appropriate care and the need to address behavioral health disparities among older adults in greatest economic and social need was elevated by all groups.

What people said would help

- Raising awareness among primary care clinicians of prevalence and symptoms of – and treatment for – behavioral health conditions in older adults to increase the number of older adults who receive treatment and support for these conditions alongside their physical health care.
- Expanding the use of telehealth for behavioral health services for older adults living in rural and remote areas.
- Promoting replication of models that integrate primary and behavioral health care for older adults.
- Increasing awareness of the high rates of suicide in older adults and expand preventive efforts at the community level in order to reduce the number of older adults who die by suicide.
- Increasing availability of evidence-based programs that address behavioral health, such as the PEARLS program, which has been proven to reduce depression symptoms and improve quality of life for older adults.

Geriatric Expertise and Workforce Capacity

The complexity of older adult health requires specific expertise to be treated effectively across all settings including emergency departments, hospitals, primary care, in-home services and palliative/hospice care. However, there is a shortage of current and future geriatricians in the U.S., a gap that will be exacerbated by the growth in the population of older adults. Older adults and family caregivers shared frustration with the lack of geriatric expertise in primary and specialty health care providers. Older adults noted long waiting times to see geriatricians, and when appointments are available, they often see a different doctor every visit.

Community partners voiced significant concerns regarding the little geriatric training provided to the overall health care workforce and the shortage of geriatricians. Community partners also noted a need for more research focusing on older adult health care needs and appropriate treatments. In addition, community partners indicated that the national plan on aging should include specific recommendations for improving assisted living and nursing facility quality.

What people said would help

- Increasing the number of people who can participate in the Geriatrics Workforce Enhancement Program, which integrates geriatrics and primary care, and the Geriatrics Academic Career Awards Program, which supports the career development of junior faculty as academic geriatricians or academic geriatrics specialists. *(Both programs are funded by the U.S. Health Resources and Services Administration).*
- Incentivizing careers in geriatrics through payment reform, loan forgiveness, and increasing knowledge across the health care system about working with older adults.
- Prioritizing consistent appointments between a trusted clinician and older adult, as older adults who have clinicians they know and trust are more likely to accept their recommendations and referrals.

Health Promotion and Preventative Health Care

Older adults and community partners emphasized the importance of services that promote healthy aging and chronic disease management. Evidence-based programs, fitness opportunities, and health promotion initiatives were frequently cited as critical for maintaining independence, managing chronic conditions, and improving overall well-being. Congregate meals at senior centers were praised as a gateway to broader community engagement, encouraging participation in classes and social activities that enhance overall well-being.

Comments from older adults and community partners highlighted the necessity of expanding access to self-management education, exercise programs, and preventative care. For instance, older adults shared their reliance on fitness classes, senior centers, and recreational activities as pivotal for their physical and social health, but many face transportation challenges, limited funding for senior centers, and other significant obstacles to accessing these resources. Community partners also emphasized the importance of prevention to maintain brain health and avoid institutional care, as well as the role that Medicare and Medicaid could play to advance disease prevention and wellness.

This area focus overlaps significantly with the *Economic and Financial Security focus area under Domain 1: Age Friendly Communities*. Older adults reported challenges in accessing nutritious food and noted that they often reduced their food spending during financial hardship, which increases risk of malnutrition and related negative health effects. Several comments revealed that increases in Social Security Income sometimes disqualified older adults from programs like SNAP or local food banks.

What people said would help

- Insurance coverage (including Medicare and Medicaid coverage) for preventative health services such as fitness programs, chronic disease management workshops, and vision, dental, and hearing screening and care.
- Increasing access to exercise and recreational opportunities, including through grants for expansion or creation of exercise classes, recreational therapy, and wellness programs.
- Simplifying access to programs for health promotion and chronic disease management including expanding community health worker programs to bridge gaps.
- Encouraging the integration of health promotion, disease prevention, and management strategies into care plans for older adults.

“I am motivated to continually look after my health, and I especially enjoy the physical fitness activities that the Center offers. I look forward every week to attend a “Bootcamp” class on Tuesday mornings, and I notice how much stronger I am because of attending. I also attend Kick Boxing, Chair Yoga, as well as Get Up, Sit Down exercises.”

- Listening Session Participant

- Developing and funding transportation initiatives that enable older adults, particularly in rural or remote areas, to attend health promotion activities, medical appointments, and social engagements.
- Raising income limits for programs like SNAP to reduce food insecurity.

Fragmentation of Health Care and Supportive Services

Older adults expressed frustration and stress in trying to understand what health care services are available and the need to coordinate their care across multiple providers. This was highlighted as a particular challenge for older adults who do not have a family caregiver or friend assisting them. Older adults who felt that they had figured out how to navigate the system became self-appointed navigators for their friends. Community partners noted the absence of the family caregiver in care teams and the need to address all aspects of an older adult's health and well-being in a holistic and culturally competent manner.

Community partners also emphasized a need for better alignment between healthcare and supportive services to ensure that holistic health needs (described as physical, behavioral, and brain health needs) are met alongside social and economic support. That need also was reflected in comments from older adults, many of whom praised the Village Movement as a model that should be more widely replicated across the country. *(The Village Movement began in 1999 with a group of older adults that wanted to live in their own homes while staying engaged in social activities within their neighborhood. Villages are neighborhood-based organizations governed by their members. Volunteers and paid staff provide support for older adults and connections to affordable services, which can include things like transportation services, health and wellness programs, home-repairs, and more. They also connect members to each other; members support each other in a variety of ways, such as cooking meals for neighbors who are sick.)*

What people said would help

- Replicating proven models of integrating health care, supportive services, housing and resources that address health-related social needs, such as villages and community care hubs. *(Community care hubs are community-based organizations (CBOs) – often area agencies on aging or aging and disability resource centers – that serve as the lead entity for a network of other CBOs that work together provide supportive services that help people live in the community. Community care hubs operate an overarching infrastructure to support the CBO network in partnering with health care organizations to address the holistic needs of each person they serve. For example, hubs typically provide centralized administrative functions and a single point of contact to facilitate contracting between health care organizations and the network of CBOs. Community care hubs also facilitate coordination between networks, such as the aging services network that provides Older Americans Act services and the Village to Village Network that supports Villages across the country.)*
- Ensuring inclusion of family caregivers in the health care team (while protecting the privacy rights of the person receiving care).

NEXT STEPS

The promise embedded in the Strategic Framework extends beyond government coordination. The framework's vision, values, goals, and actions are intended to create and strengthen cross-sector partnerships and for the betterment of the lives of older adults nationwide. To support development of a national plan on aging that will make a true difference in the lives of older adults, ACL and our ICC partners, with support from the Community Engagement Collaborative, will:

- Continue to solicit input from older adults and community partners. Outreach efforts will focus on reaching more older adults, communities, and service/advocacy leaders, particularly people in greatest economic and social need and people from populations who are underrepresented in the input we have received thus far.
- Continue to build and strengthen partnerships, collaboration and coordination at – and across – community, state, and federal levels to harness the power of our collective strengths and resources.
- With input from older adults and community partners, develop recommendations for actions and policies to address the focus areas and key issues within each domain.

How you can help

Achieving the 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 will require action from all of us. Right now, we need your help to ensure that the national plan on aging includes the voices of older adults from all walks of life and community partners from all sectors. Here's what you can do:

- **Share the Strategic Framework** with older adults, family caregivers, and organizations that serve older adults.
- **Collect input from older adults, including tribal elders** in your community. We need their input about what matters and what would make a difference in their lives. The National Plan on Aging Community Engagement Collaborative and ACL developed a [Community Engagement Toolkit](#) to help you collect and share feedback from older adults about what matters to them as they age. The toolkit includes:
 - A fact sheet that explains the national plan on aging.
 - Plain-language discussion prompts, worksheets, notetaking, forms, and background related to the key aging issues addressed by the Strategic Framework.
 - Instructions and tips for summarizing and submitting feedback.

The toolkit also includes engagement strategies to help organizations build on programming, outreach, and advocacy efforts to address critical issues for older adults across the country.

Appendix A: Organizations That Shared Input

A wide variety of organizations with interests related to aging and/or older adults shared input. These included:

- Organizations in the national aging services network, such as state aging agencies, directors of the programs for American Indian, Alaska Native, and Native Hawaiian older adults funded by Title VI of the Older Americans Act, community-based organizations that provide services for older adults and the state and national associations that represent them, and advocacy groups.
- Organizations that provide services for people with disabilities and disability advocacy organizations.
- National and state health care agencies, and organizations that represent them.
- Health care providers and the associations that represent them.
- Foundations and other philanthropic organizations.
- Academic and research institutions.

A [complete list of organizations](#) that provided feedback is available on the ICC website.