Moving Illinois Toward Aging Equity

Policy Background and Recommendations for Executive Order 2024 02: To Establish a Multi-sector Plan for Aging

Health & Medicine Policy Research Group | Chicago, Illinois
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How to use this Document

The main audience for this guide is staff within the Illinois Department on Aging, including the Chief Planning Officer, members of the Interagency Task Force on the Multi-Sector Plan for Aging, and members of the Multi-Sector Plan for Aging Community Advisory Council.

While each section has significant value, we believe the section that may provide the most support to the planning process may be Section 2.4, which provides a non-exhaustive list of issues that a multi-sector plan for aging likely will address. Health & Medicine looks forward to partnering with IDoA on implementation, and we offer this guide to help the planning process succeed.

About Us

Health & Medicine

Health & Medicine is a Chicago-based non-profit working to improve the health of all people in Illinois by promoting health equity. Founded in 1981, it was formed as an action-oriented policy center—nimble, independent, and focused on regional health issues. Health & Medicine's mission is to promote social justice and challenge inequities in health and health care. It conducts research, educates, and collaborates with other groups to advocate for policies and health systems that improve the health of all people. Health & Medicine has successfully developed health policy recommendations and implementation strategies for different public and private entities, to become the region's "honest broker" on healthcare policy matters.

Illinois Aging Together

Illinois Aging Together is a statewide movement for aging equity. Launched by Health & Medicine Policy Research Group in 2021, the campaign seeks to have Illinois' state government develop a multi-sector plan for aging equity. The campaign also promotes aging equity more broadly, including using positive narratives related to aging, that highlight the value, meaning, and purpose of aging and older persons.

Acknowledgment

Health & Medicine launched the Illinois Aging Together campaign in 2021 in significant part to advocate that Illinois government develop a multi-sector plan for aging. The campaign has 180+ supporting organizations for this plan and other related goals. Health & Medicine staff have engaged hundreds of individuals over the course of the campaign and the organization and staff are grateful for both the support and insights offered by those who have joined this effort and provided their input to shape the campaign. This document has been developed in significant part by collecting the stories, details of problems and challenges, and ideas for solutions that have been shared over the course of the Illinois Aging Together campaign. Also, several members of the Illinois Aging Together Campaign Advisory Committee provided detailed feedback on this document. This has been a team effort, benefiting greatly from the wisdom of the group. We look forward to our team continuing to help advance the multi-sector plan for aging development process.

Part 1: Background Information

Section 1.1: Introduction & History

The aging of our population is currently the dominant demographic shift for Illinois' population. This monumental shift, already underway and expected to continue over the next couple of decades, will have enormous impact across our state and will change the needs of and resources available, both for older persons and the rest of the population. At the same time that our population is aging, the population of older persons is also becoming more diverse. Given systemic and persistent oppression in the US—racism, class inequity, gender inequities, discrimination against LGBTQ people, ableism, and ageism, as examples—the increased diversity in our population means even more older persons have unmet needs. Agencies all across Illinois State Government have critical roles to play in supporting healthy and equitable aging for all Illinoisans.

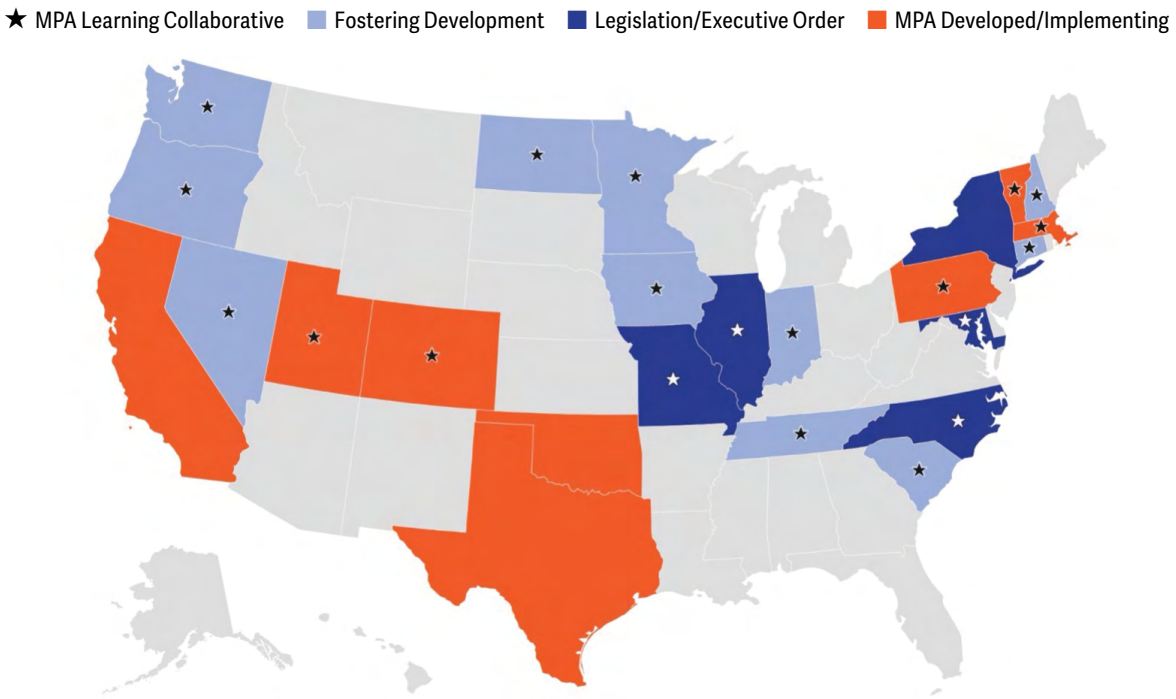
We are all aging, all of the time, and virtually all of us care about—and many provide care to—older persons; so, we all have a vested interest in moving toward aging equity. Further, as our population gets older, to successfully provide services to all, every agency of our government and sector of our economy must grapple with both what that means for its work and how each can support this change in our population such that all Illinoisans live better, more fulfilling lives. Of course, people do not experience life through one sector nor does any single government agency provide for all of their public services. Rather, we rely upon many sectors and many government agencies to meet the full array of needs.

A multi-sector plan for aging equity will help Illinois agencies better serve older persons, caregivers, and all of us as we age. Such a plan will ultimately need to lead to material improvement in the aging and caregiving experiences of millions of Illinoisans and advance us toward aging equity.

About multi-sector plans for aging:

Over the last few years, there has been a national trend of state governments developing multi-sector plans for aging. In Illinois, we seek to ensure our plan is equity-focused, and have thus included that focus in the name: We endeavor to develop a multi-sector plan for aging equity. Across several states, including California, Colorado, and Massachusetts, **multi-sector plans for aging** (MPAs) have been developed. A map of the status of MPAs across the US is available here[1] and has been reproduced below. In Illinois, the Illinois Aging Together statewide movement for aging equity was launched in 2021 and is led by Health & Medicine Policy Research Group. Since then, more than 180 organizations have signed on to support this statewide movement for aging equity.

MPA Activity Across States



This map is reproduced with permission from West Health and the Center for Health Care Strategies. Available at: multisectorplanforaging.org.

What is "equity" in this context?

Equity can be understood as both an outcome and a process. The City of Chicago's Office of Equity and Racial Justice conducted deep community engagement to develop the following definition (available here):

"As an outcome, equity results in fair and just access to opportunity and resources that provide everyone the ability to thrive. Acknowledging the present and historical inequality that persist in our society, equity is a future state we strive to create where identity and social status no longer predestine life outcomes.

As a process, equity requires a new way of doing business: one that (1) prioritizes access and opportunities for groups who have the greatest need; (2) methodically evaluates benefits and burdens produced by seemingly neutral systems and practices; and (3) engages those most impacted by the problems we seek to address as experts in their own experiences, strategists in co-creating solutions, and evaluators of success."

As a 10+ year blueprint for restructuring state and local policies and convening a wide range of institutions, organizations, and individuals working across many sectors, and to collaboratively address the needs of populations of older persons, a multi-sector plan for aging equity is designed to create a coordinated system of high-quality care and support services that promote healthy aging, independent living, and social engagement.[2]

According to West Health:

"An MPA is a 10+ year blueprint for restructuring state and local policies and convening a wide range of cross-sector stakeholders to collaboratively address the needs of older-adult populations." A multi-sector plan for aging should also take into account issues pertaining to caregiving and thus, caregivers, some of whom are older persons themselves. Caregiving, whether paid or unpaid, is essential to people aging well; given the difficulty that often accompanies caregiving, having sufficient supports for caregivers is critical.

MPAs are designed to create a coordinated system of high-quality care and support services that promote healthy aging, independent living, and social engagement, while also addressing issues related to healthcare, housing, transportation, and other social determinants of health.[2]

Recommendation

Illinois can set a new precedent: Health & Medicine strongly recommends that Illinois set a new precedent and example for others by becoming the first state to explicitly develop a **multi-sector plan for aging equity,** and to include and equity focus from the very start. While Executive Order 2024 02 makes the case for equity being a focus, this could be strengthened by including aging equity in the name of the initiative, as a consistent reminder of this focus.

Key Context: Illinois' population is aging. According to the Illinois Department on Aging (IDoA), from 2000 to 2020, Illinois' population of people aged 60+ increased from roughly 2 million people to more than 3 million people in 2020. By 2030, another roughly 600,000 people aged 60+ will be added to this group. In the span of 30 years, that's a roughly 80% increase in Illinois' older person population. In addition to the needs of older persons, there is also an

increasing share of Illinois' economy being driven by this trend, in terms of changes in the needs for caregivers, housing, recreation, and shifts in taxation, with wide-ranging challenges expected. This also means a large number of families are also adjusting to having more older persons in their lives—and with that comes new needs and expectations. A multi-sector plan for aging equity will enable Illinois to better prepare for this ongoing trend and establish that our state values older persons and equitable aging for all people.

IDoA is Illinois' state unit on aging, as mandated by the federal Older Americans Act (OAA). Under the OAA, IDoA designated 13 Area Agencies on Aging (AAA's) 13 Planning and Service Areas[3] to serve as local planning, advocacy and coordinating agencies and distribute OAA and state funding. IDOA also oversees the Community Care Program and with support from AAA's the Adult Protective Services Program. Together, IDoA and the AAAs provide an enormous amount of support to older persons, their families, and caregivers.

Current aging-related planning: The Older Americans Act requires states to submit a State Plan on Aging to the Federal Administration for Community Living (ACL) every three years. This plan primarily focuses on how IDoA, as the designated state unit on aging, will implement and use the Older American Act dollars to serve older persons in Illinois. ACL requires that the state plan build upon the extensive plans of each AAA. While the current plan is expansive, it does not provide planning for supporting older adults from the perspective of other agencies, nor a way for braided services of multiple agencies can support older persons.

Additionally, every three years, each of Illinois' 13 Area Agencies on Aging covering the 13 Planning and Service Areas[4] are required to develop Area Plans on Aging based on assessments conducted on their service areas.

The need for a multi-sector plan for aging equity: While the aging sector does its own planning, older persons need support in other areas that are largely outside of IDoA's purview and responsibility, such as housing, health care, behavioral health care, transportation, social connection needs, and legal and financial services. IDoA and AAAs have a strong sense of what is needed to support older persons and caregivers, but often lack the authority to make changes that would address these needs. With a large and growing population of older persons—a trend that will have wide-ranging ramifications for our economy and society—a multi-sector plan for aging equity is essential.

Section 1.2: Helpful Perspectives for a Multi-sector Plan for Aging Equity

Below are some useful perspectives and information that will help ensure successful development and implementation of a multi-sector plan for aging equity.

Ensure an equity focus

Why do we recommend that equity be an explicit focus of Illinois' MPA? Why should Illinois develop a multi-sector plan for aging equity? For one thing, inequities persist across our society. Systems such as racism, class inequity, ageism, heterosexism, gender inequities, and others, discussed herein, cause both health inequities and aging inequities. Experiences of oppression shape the way we age, our relative health, and our physical, financial, and social resources. The experiences we have across our life course shape what kind of older adulthood we might have and even if we will make it to older adulthood. Health inequities can be thought of as aging inequities because they shape people's chances to enjoy older adulthood in good health, or not—and whether or not they even live to an old age.

Importantly, other states pursuing MPAs may follow Illinois' example. In conversations with a national nonprofit focused on aging that was involved with planning in California, the Illinois Aging Together campaign was lauded for including an aging equity focus from the start. They noted that in California, it was added after planning had begun, and it was more difficult to do since it was not considered and built into the process from the start. An equity focus would help Illinois to better reduce aging inequities and respond to the aforementioned systemic oppressions. Further, Illinois could serve as a national example as the first multi-sector plan for aging with an explicit equity focus from the start.

The life-course perspective

We are all aging, all of the time. When we reach an arbitrary age such as 65, we do not suddenly age; rather, we have been aging throughout life. A life-course perspective on aging emphasizes that we are aging throughout our lives and that the experiences we have from early on throughout life shape our life trajectories and opportunities. The experiences we each have of our homes, neighborhoods, schools, nutrition, employment, transportation, health care, and many other factors all shape both what kind of opportunities we will have throughout life as well as what kind of older adulthood we might expect.

We might consider the 30-, 40-, or 50-year-old as a future older person. For example, successful retirement financial planning typically starts years if not decades before retirement age. Thus,

aspects that reduce income (e.g., low wages, discrimination in employment, or caregiving responsibilities that conflict with work) or increase costs (e.g., high costs of education, health care, and housing) in earlier decades of life can have vast ripple effects as people are less able to earn and save or invest enough for current and future needs. As another example, younger adults are often in the role of caregiving, with the experience shaping their own aging, as they may, for example, miss out on work, lose sleep, or become injured due to their caregiving. So, a multi-sector plan for aging equity should include a life-course perspective, considering how to help people both provide care and age well throughout life.

Aging-in Place and Age-Friendly Communities

Two additional important approaches to aging that will need to be addressed in Illinois' multi-sector plan for aging equity are: aging-in-place and age-friendly communities. The term, "aging-in-place," has grown in use since the 1980s.[5] Aging-in-place is a concept focused on the idea of people continuing to live and age in their homes and communities of choice rather than being expected to move to a nursing home, skilled nursing facility, or other institution. The concept includes the idea that community services and supports enable people to continue to age in their homes and communities of choice.

Relatedly, in 2005, the World Health Organization launched its Age-Friendly Cities initiative, with many cities around the world since then earning designation.[6] The initiative is called the WHO Global Network for Age-friendly Cities and Communities. Additionally, AARP, including its Illinois affiliate, AARP-Illinois, also has an age-friendly initiative, called the *AARP Network of Age-Friendly States and Communities*.[7] Both the World Health Organization and AARP provide resources for communities seeking to move toward age-friendly status.

The Illinois Aging Network

Illinois has a network of providers who support older persons and to some degree, caregivers and families who are supporting older persons. Referred to as the Illinois Aging Network, it includes the Illinois Department on Aging, Area Agencies on Aging, and Case Coordination Units, which perform assessments and develop care plans for those enrolled in the Community Care Program. As the multi-sector planning effort gets underway in Illinois, the expertise of the Illinois Aging Network should be sought and included, both in terms of what they provide and areas of need they know about but that are outside of their purview. By the same token, since this is a *multi-sector* plan for aging equity, we want to ensure that all other sectors and government agencies are fully engaged in this planning effort.

Additional resources for starting the multi-sector plan for aging equity process

The Center for Health Care Strategies, which has coordinated a national learning collaborative focused on multi-sector plans for aging and been a champion of such planning nationwide, has developed many relevant resources, a selection of which are here:

9 Best Practices for Developing a Multi-Sector Plan for Aging.

Developing a Multisector Plan for Aging

The Unexpected Benefits of a State Multisector Plan for Aging: Lessons from California

Section 1.3: Applying Public Health Approaches to Planning

Public health approaches can help support a successful planning process for a Multi-sector Plan for Aging Equity. Below are brief descriptions of two frameworks or models that may help: the *social determinants of health framework* and the *social ecological model.* Both of these conceptual frames can help the MPA Task Force and MPA Community Advisory Council to understand the context, including policies, systems, infrastructure, built environments, economics, and relationships that support or fail to support people's aging well and in the settings of their choice. This context can help the committee to consider the types of changes that could help move Illinois toward aging equity.

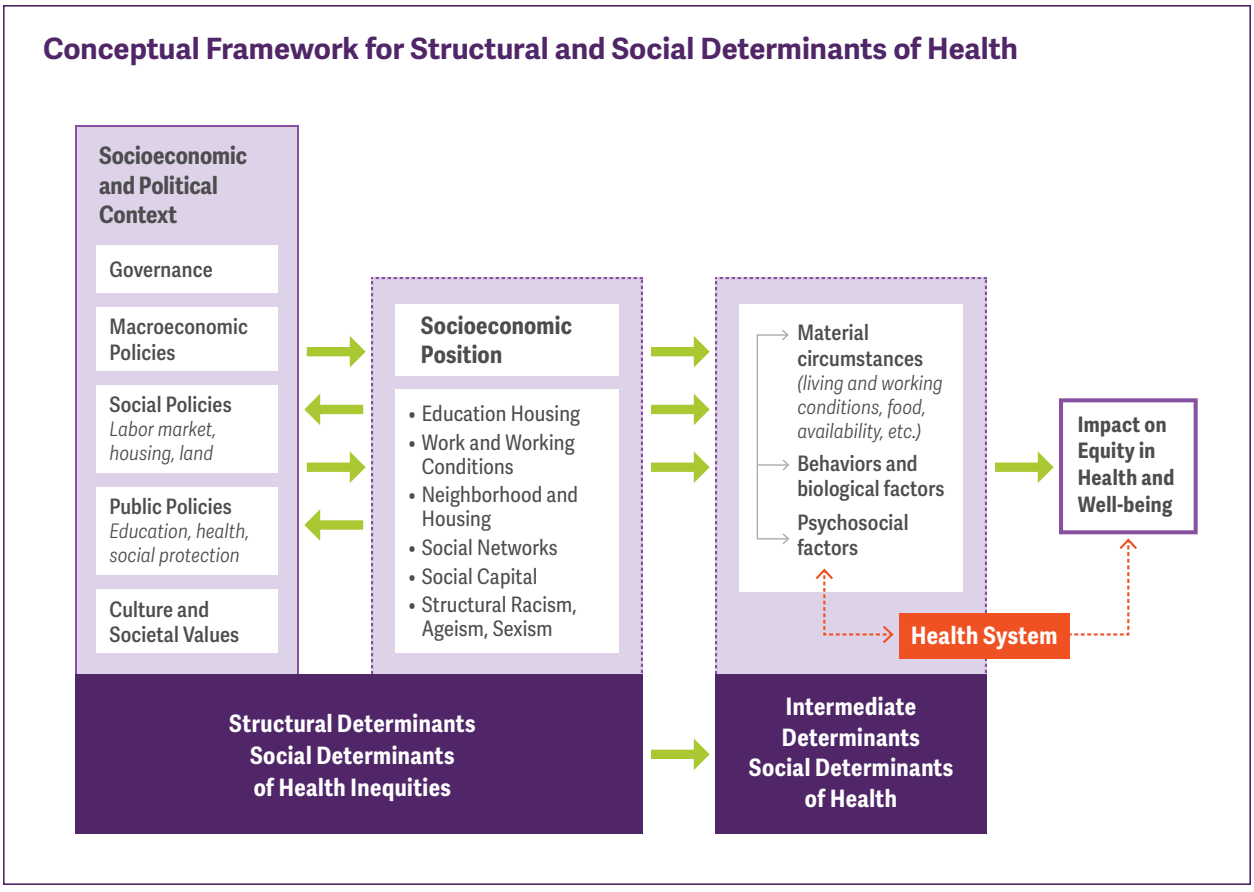
Social determinants of health and structural inequities

The social determinants of health are the conditions in the environments in which people live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life protective factors, risks, and outcomes.[8] These are widely understood to be the material living circumstances in which people live and age including, as examples, the affordability, availability, and quality of such items as food, transportation, housing, and working conditions. Critically, social determinants of health are shaped by the distribution of money, power, and resources in a society. Everyone experiences social determinants of health in some way—and each person or family's experience is largely shaped by how much money, power, and other resources they have. In the social determinants of health model depicted below, social determinants of health are represented on the righthand side.

The quality and distribution of social determinants of health are shaped by **structural inequities** (sometimes referred to as **structural determinants** or **social determinants of health inequities**), which shape the distribution of money, power, and resources across and among societies. In

the social determinants of health framework depicted below, structural determinants are represented on the lefthand side. On the far left, governance, policies, and both cultural and societal values are depicted as factors that shape (in the middle section) socioeconomic position, education, work and working conditions, neighborhood and housing conditions, social networks and social capital, and the relative experiences of structural racism, ageism, sexism, and other systemic oppressions not listed in the model.

The essential point of this model is that life circumstances, chances for good or poor health, health risks, and opportunities are shaped by policies and structures, including value systems, and systemic oppression, which all shape the distribution of factors that shape our opportunities for health. For a multi-sector plan for aging equity, consideration of how policies, value systems, and conditions in various settings can be made to be more equitable—and supportive of both aging and caregiving—is essential to both aging equity and health equity.



Source: Adapted from *A conceptual framework for action on the social determinants of health,* Solar and Irwin, 2010.

Social-ecological model

Another useful framework is the social-ecological model, which suggests that an individual's health and well-being are shaped at different levels of influence: individual, interpersonal, organizational, community, and public policy. These five levels are described further below. These levels are interrelated, influence one another, and interact to shape health outcomes.[9,10]

Individual: This level includes knowledge, attitudes, and skills, as well as biology and personal attributes.

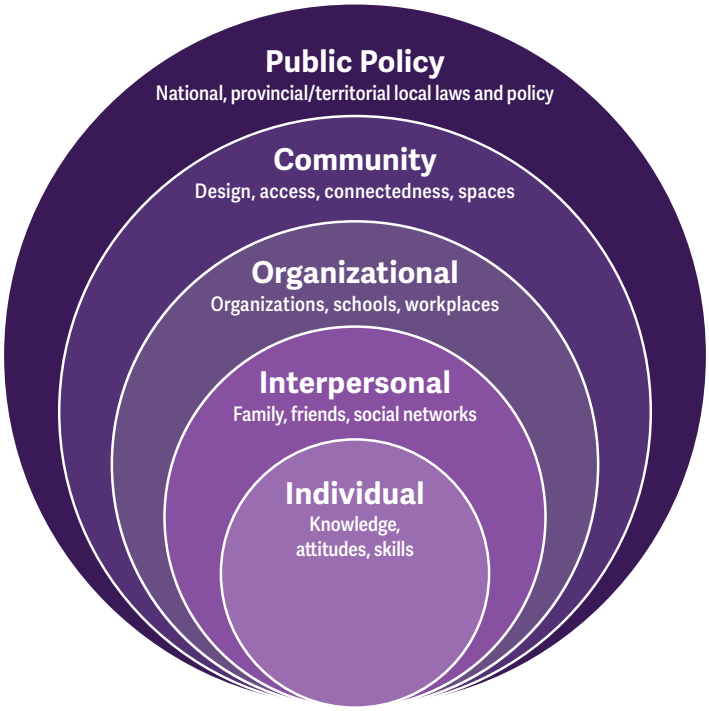
Interpersonal: This level includes closest contacts, such as family, friends, and close contacts.

Organizational: This level focuses on organizations that people belong to and interact with, including workplaces, schools, clubs, or places of worship.

Community: This level covers the design, accessibility, resource availability, connectedness, and qualities of different spaces people use and inhabit.

Public policy: This level encompasses the laws and policies at various levels of government that shape our circumstances.

A Social-Ecological Model for Physical Activity



Source: Adapted from Heise, L., Ellsberg, M., & Gottemoeller, M. (1999)

Section 1.4: Topical Lessons from Roundtables

2022 Roundtables

Health & Medicine's Illinois Aging Together campaign hosted 80+ roundtable listening sessions from Fall 2021 through Spring 2022. Sessions were promoted and hosted to reach people and organizations in each of the 13 Planning and Service Areas. During each session, participants were invited to share their thoughts on assets and challenges in their community that could impact aging. Participants included older adults, people working in the aging field, and people working in other sectors. Notes were collected during each session, later categorized, and analyzed.

Across sessions and all 13 regions, 8 common categories emerged , with some positive and negative aspects noted: transportation, technology, housing, income, workforce, rural areas, aging in place, and places of worship. Each region had a different experience with these themes. Regardless of whether the experience was positive or negative, roundtable participants repeatedly referenced these factors as having affected their quality of life.

These points are shared for background for committee members to orient them to some of the issues a multi-sector plan for aging equity can help to address.

Themes, perceptions, and salient anecdotes from the qualitative data gathered

Transportation:

- There is inadequate transportation for older adults, and many services only provide it for doctor appointments.
- There is a need for transportation services that will wait for people in wheelchairs to finish their errands, especially if it is a short one; otherwise, they are left waiting for long periods to be taken back home.
- Inequities in transportation within rural communities are substantial. There are already limited resources, and older adults often can't access them.
- Bright spot: Some rural communities have found some solutions to meet their needs. For example, a few nonprofit groups have come together in Monticello; the Youth in Action group has volunteer drivers for seniors' appointments.

Technology:

- Technology can provide a connection to friends, loved ones, and services. For some, it was helpful during pandemic isolation.
- As many families become more geographically distant, isolation for older adults becomes a major concern. Many people don't have access to technology that can ease keeping in touch. Further, technology has become a vital tool to reduce social isolation even where geographic distance is not a factor due to mobility and transportation barriers that prevent face to face connection for many older Illinoisans.
- Learning how to use technological devices can be challenging for those who do gain access to technology (e.g., smartphones, tablets, or personal computers). There is also the challenge of affording connectivity (e.g., cell phone and internet service bills).

Housing:

- There is a need for more no-step entry homes, single-story homes, and housing stock of diverse sizes for people who need to downsize or upsize as their needs and the size of their family unit changes.
- There are insufficient numbers of trades workers and maintenance workers to remodel and repair homes to keep them safe and suitable for people's changing needs across the life course, especially in rural areas.
- The housing market is increasingly difficult to navigate and can be turbulent. Many young families and young people can't or report they can't buy homes, which impacts work, starting families, and fiscal planning. Part of the issue may be that many older people are trying to downsize to what were previously considered "starter homes" while millennials are ready to buy these homes, and many have been upsized over time via renovations.
- The lack of sufficient affordable housing is a major concern.

Issues pertinent to being low-income:

- Participants working in the aging sector noted an increase in older adults experiencing acute financial stress and being under or at the poverty line. Some older adults attributed this to their longevity, which some may not have anticipated.
- Some noted that current older persons have experienced a world where women could not have bank accounts or lines of credit in their own names until the last few decades, robbing many older women of all opportunities to control their finances and save for retirement.
- It is extremely difficult to keep up with such changes as health care insurance, financial planning, and retirement planning to maintain enough wealth to last you through your older years.
- Structural barriers to building generational wealth, including policies such as Medicaid estate recovery, contribute to financial distress

Workforce:

- Employers of agencies serving older adults expressed frustration regarding not getting a lot of applicants when jobs are posted, taking months to hire, and inability to retain staff.
- Workers from the health care, behavioral health care, long-term care, and aging sectors expressed frustration about low pay. For example, one participant noted: "I could make more flipping burgers at Wendy's and I also wouldn't have to deal with how emotionally and physically hard being a nurse at a facility is."
- Participants from parts of Southern Illinois said that they had a particularly hard time attracting and maintaining a workforce because of their rurality.

Issues pertinent to rural areas:

- Many people stay in their hometowns as they age into older adulthood because they know the people and understand the processes of that town, so they avoid moving somewhere that may have better infrastructure and resources. Many doubt their ability to learn how things work in those places and to form new friendships.
- Some participants in Southern Illinois reported having to drive out of their county, up to an hour away, to receive dental care or other services.
- In times of inclement weather, rural residents can become stranded because roads and passes being flooded, built infrastructure hasn't been maintained well, or there are insufficient services to help with access.
- It is difficult to attract young people and a workforce to rural communities because of stereotypes, a relative lack of professional growth opportunities, and a lack of investment in community assets that allow young families to thrive in a community (such as quality schools, stores, housing stock, and diverse workplaces).

Issues related to aging-in-place:

- Home services were cut for an extended amount of time during COVID, and homemaker services are key to helping older adults remain independent at home. Most people want to age in their homes and communities.
- Health insurance—especially Medicare Advantage plans—are very hard to work with, particularly concerning home care.
- People raised the concerns of older persons with Medicare not receiving care from a home care worker for months or receiving only one-time care instead of consistent care.
- Many adult day services have closed, without alternatives being put in place.

- LGBTQ older adults fear how they may be treated in long-term care facilities or by home care workers because of their identity. Some report feeling pressured to "go back into the closet" to keep themselves safe and still receive the care they need and to live where they want to live. These concerns are even greater in rural areas.

Places of worship:

- Places of worship have been filling the gaps that other service organizations used to or could cover, such as transportation, grocery shopping, and socialization, particularly in rural areas and poorer areas.
- LGBTQ residents in the regions that depend a lot on churches or other places of worship for aid reported resenting that they have to rely on a religious institution that might not respect their identity or keep them safe.
- Participants who used some faith-based services reported that many of their services, such as transportation, are volunteer-based, and volunteers pre-COVID were usually older adults. During COVID, and since, older adults are volunteering less, and thus, the faith-based programs haven't gotten back to full capacity.

2023 Roundtables

In addition to the 2022 roundtables, Health & Medicine staff working on the Illinois Aging Together campaign held six virtual and in-person roundtable discussions in the summer and fall of 2023 with community groups that represent people often underrepresented in aging-policy-focused discussions. These roundtables were made possible through technical assistance funding from the Center for Health Care Strategies, which has been hosting a national learning collaborative on multi-sector planning for aging efforts around the US. The technical assistance funds were offered to both the nonprofit partner organizations supporting our efforts and to the roundtable participants as stipends to honor their time and for sharing their lived experiences. We worked with partners to conduct specific engagement, hoping to get insight and perspective and form new relationships. The organizations that we partnered with were Access Living, Southsiders Organized for Unity and Liberation, Pride Action Tank (2 roundtables), Hanul Family Alliance, and Telpochcalli Community Education Project. At each session, participants shared their personal experiences and ideas for what aging equity would look like to them.

The main themes recurring from these 6 roundtable discussions were:

- More people are experiencing increased feelings of loneliness and have greater needs for social activities in their communities.
- Some participants shared that they or people who they know have worsening depression as support systems have gotten smaller because of friends passing away or family moving away.
- Almost all the groups mentioned issues with affordable and accessible housing as their mobility needs change.
- Caregiving support is a major unmet need for many. In some cases, people who already had some form of caregiving reported either needing more hours and not being able to get it or that their caregivers were not able to fully meet their needs. In other cases, people were concerned because they thought about the future and wondered how they would get the support they need since they don't have close family or friends.
- Finances remain a major concern, including not wanting to be a financial burden on their family as they age.

Section 1.5: Guidance from Other States

As noted before, many other states either have developed or are currently developing multi-sector plans for aging. Below are highlights from these efforts in California, Massachusetts, and North Carolina, shared as examples of how this work is playing out in other states.

California

In 2019, after the Governor of California signed an Executive Order establishing a "master plan for aging" planning process, The Cabinet Work Group (which represents all 10 Cabinet departments and other Executive offices) was formed and met throughout the MPA process. The Stakeholder Advisory Committee (SAC) was created and included several sub-committees. It included 78 members from local government, healthcare providers, health plans, employers, community-based organizations, academia, researchers, and consumers. (2024).[11]

The *Together We EngAGE* campaign collected input from the public and stakeholders early on through roundtables, open meetings, and surveys. Over 1000 public comments and 200 formal recommendations from organizations were submitted for the MPA. In October 2020 the Stakeholder Advisory Committee (along with sub-committees and the Equity Work Group) submitted their recommendations just over a year after the Executive Order was signed. The Governor of California released the Master Plan for Aging in January of 2021 with 5 main

goals and 200 initiatives along with an implementation tracker so that all residents could keep track of the plan's progress.[12]

Massachusetts

The Governor signed an Executive Order in April of 2017, and a council was formed to advise the Governor and form a plan to make Massachusetts an age-friendly state. During the first year, the council held in-person meetings, led listening sessions across the state, and developed a web portal for public input. They heard from over 500 individuals and organizations across the state. They then drafted an initial blueprint of what an age-friendly Massachusetts would look like and the work it would take to get there.

During the second and third years, workgroups were formed with each taking on a different focus (Housing, Transportation, Caregiving, Employment, and Innovation/Technology). The workgroups submitted reports with recommendations to the council and in January 2019 the state released the Age-Friendly Massachusetts Action Plan which included 6 goals and 8 values that encompassed the 28 recommendations and 67 action items from the workgroups. There are yearly progress reports on the Age-Friendly Massachusetts Action Plan released by the Executive Office of Elder Affairs (ReiMAgine Aging). In year four, a podcast was launched that highlighted local efforts that make Massachusetts a great place to grow older. There have been over 200 cities in Massachusetts designated as age-friendly.[13]

North Carolina

North Carolina began the work toward developing an MPA in 2022. Some of the state's early activities included collecting over 3000 surveys and conducting 9 listening sessions with residents aged 45+. The Governor of North Carolina signed an Executive Order in May of 2023. The planning initiative that followed is known as "All Ages, All Stages NC: A Roadmap to Aging and Living Well." A summit was held to kick off the planning and to call on stakeholders to join the advisory group and/or the steering committee.

In September of 2023 workgroups were developed which then divided into subgroups who worked on developing objectives and reviewed existing aging initiatives. In the same month, focus groups were held with the purpose of hearing from those who were underrepresented in the initial survey. From March-April 2024 the workgroups met to draft objectives and provide input. The steering committee then presented the draft to the Governor's Advisory Council on Aging. A final report with the recommendations will be posted to the public soon.[14]

Part 2: Implementation

Section 2.1: Recommendations for the MPA Task Force and MPA Community Advisory Council

Vision

We envision Illinois as a place where people of all ages can age well throughout life, where older persons can live and age well in their homes and communities of choice, and that both paid and unpaid caregiving is well-supported and beneficial for both caregivers and older persons.

Guiding principles for the MPA Task Force and MPA Community Advisory Council

We share these as recommended principles that the MPA Task Force and MPA Community Advisory Council can apply to discussions and decisions to develop a multi-sector plan for aging equity in Illinois:

1. Advance aging equity across the entire life course.
2. Support the practice of cultural humility and cultural responsiveness with inclusive policies, programs, and services.
3. Be language-inclusive to reach and support older persons and caregivers who primarily read and speak languages other than English.
4. Support trauma-informed and person-centered systems.
5. Seek to understand and be responsive to the experiences of older Illinoisans, caregivers, and future older Illinoisans of diverse backgrounds.
6. Recognize the impact of historical and contemporary oppressions on aging throughout life.
7. Support equity and accessibility of policies, programs, services, and resources for Illinoisans statewide.
8. Harness and include the power of experience and knowledge of older persons from diverse backgrounds.
9. Provide opportunities for improved policies, programs, and services that better support current and future older Illinoisans and caregivers.
10. Assure person-centered services and programs.

Section 2.2: Community Engagement

Robust community engagement is a necessity for a successful multi-sector plan for aging equity to be developed, implemented and to lead to material improvements for older Illinoisans, caregivers, families, and indeed, all of us as we age. In addition to the MPA Community Advisory Committee, we recommend engagement with the broader general public and a focus on hearing from older persons and caregivers. Likewise, focus should be given to seek input and guidance from communities who are often excluded from aging-related policy and planning conversations, including Black, Latine, Asian, Native American, immigrant, LGBTQ+, disabled, and any group that experiences marginalization.

Some steps we recommend to IDoA and the Chief Planning Officer:

a) Consider expanding the MPA Community Advisory Board in consideration of recommendations found in Section 2.3, found below.
b) Develop a webpage on IDoA's parent site for all materials pertaining to the development of Illinois' multi-sector plan for aging equity development, including a public timeline and details about upcoming meetings, hearings, opportunities for public comment, and milestones.
c) Develop an online portal for submissions of problems and recommendations for the multi-sector plan for aging equity to address, with explicit deadlines for different kinds of feedback.
d) Ensure accessibility of meetings in terms of geographic reach, engaging people with disabilities, and engaging people who speak different languages.

Engaging disabled people in the multi-sector planning process

Regarding the disabled community, there is a huge opportunity to align the needs of older persons and people with disabilities, some of which overlap.

The needs of an aging population without disabilities often intersect with those of younger individuals with disabilities. Both groups may require similar support services to manage their respective health challenges. Understanding and addressing these overlapping needs is crucial for providing comprehensive care and improving the quality of life for all affected individuals.

Individuals with disabilities often exhibit age-related infirmities at an earlier age than the general population. This includes a notably higher risk of Alzheimer's Disease in individuals with Down Syndrome Additionally, people with disabilities are more susceptible to various other age-related

diseases and conditions which can significantly impact their overall health and quality of life as they age. Proactive intervention and preventive care play a vital role in managing these health challenges for individuals with disabilities, just as they do for seniors.

Additionally, the demands on aging caregivers who care for someone with a disability are substantial. These caregivers often face physical, emotional, and financial challenges as they provide continuous support. Ensuring that caregivers receive adequate resources, respite care, and support services is essential to maintain their well-being and sustain the quality of care they provide.

Despite often having shorter lifespans, many people with disabilities are increasingly aging into older adulthood. As we age, many people develop disabilities. Indeed, it has been said that unless one is very lucky or very unlucky, in all likelihood most of us will be disabled at some point in our lives. So, both from an engagement perspective and topical planning perspective, the needs of both people with disabilities of aging into older adulthood and those of older persons who develop disabilities later in life should be considered.

Section 2.3: Committee Membership Recommendations

Below are recommendations for seeking to make the MPA Community Advisory Council membership as diverse, equitable, and inclusive and to gather the essential expertise needed to inform Illinois' multi-sector plan for aging equity.

The Aging Equity Advisory Committee and the Subcommittees should reflect the geographic diversity of the State and include members who represent:

- The rural, suburban, and urban areas of the State, as well as the northern, central, and southern regions of the State.
- The Aging Equity Committee subcommittees should be inclusive and consist of members who reflect a diversity of age, gender, ability, race, cultural, socioeconomic, and national backgrounds.
- The Aging Equity Advisory Committee should include Illinois residents aged 60 or older who represent urban, suburban, and rural areas of the State.

Aging Equity Advisory Committee membership recommendations:

> **Recommendation:** Health & Medicine recommends that IDoA expand the MPA Community Advisory Council beyond the 25 listed in the executive order to ensure a wide array of experts are engaged.

To develop a strong plan, it is essential that robust public engagement with a variety of experiences and expertise be included as advisors. This will also help with building support for the planning process and implementation. While the below list may seem daunting, this would still be smaller than California's advisory committee of 78 individuals, and North Carolina's, which started with 200 individuals before breaking into subgroups. Similarly, in Illinois, members could also be engaged in subcommittees formed to look at particular issue areas.

Below are the recommended membership categories and numbers of people to fill each role:

a. 2 members of the general public with personal experience of aging and relevant services in Illinois
b. 2 members of the general public with personal experience as people with disabilities
c. 2 Representatives from the Area Agencies on Aging
d. 2 Representatives from Case Coordination Units
e. 2 Representatives of relevant labor unions
f. 2 members of the Illinois Long-term Care Ombudsman Program
g. 2 members of statewide aging-focused organizations
h. 2 members of unions representing home care workers
i. 2 members with extensive professional knowledge of home and community-based services for older Illinoisans
j. 2 members with extensive professional knowledge of community-based services provided under the Older Americans Act
k. 2 members with extensive professional knowledge of health policy
l. 2 members with extensive professional knowledge of geriatric or palliative medicine
m. 2 members with extensive professional knowledge of health systems.
n. 2 members with extensive professional knowledge of affordable accessible housing
o. 2 members with extensive professional knowledge about nursing homes
p. 2 members with extensive professional knowledge of transportation
q. 2 members with extensive professional knowledge of public health
r. 2 members who are health insurance policy advocates with extensive professional knowledge of Medicare and Medicaid

s. 2 members with extensive professional knowledge about the criminal-legal system and aging
t. 2 members with extensive professional knowledge about caregiving
u. 2 members with extensive professional knowledge of dementia
v. 2 members with extensive professional knowledge of age-friendly communities
w. 2 members from the Senate, both major parties represented, one appointed by the President of the Senate, and one appointed by the Minority Leader of the Senate
x. 2 members from the House of Representatives, both major parties represented, one appointed by the Speaker of the House of Representatives, and one appointed by the Minority Leader of the House of Representatives

Section 2.4: Areas to be Addressed by Illinois' Multi-sector Planning for Aging Process

The list of topic areas below is not designed to be exhaustive of the issues the planning committee may choose to address. These brief summaries are derived from conversations, research, and engagement that the Illinois Aging Together team at Health & Medicine Policy Research Group has done over the last few years, setting the foundation for Illinois' aging equity plan.

Age-friendly communities and state: Develop and provide support for localities in becoming age-friendly communities, and work to make Illinois as age-friendly a state as it can be.

Awareness and engagement with Illinois' aging network: Grow Illinoisans' awareness and use of the Aging Network, including Area Agencies on Aging, the Community Care Program, and the many other services available to older persons and caregivers, including paid and unpaid family caregivers.

Behavioral health: Increase awareness of the impact of adverse childhood experiences on lifespan and quality of life. Decrease stigma associated with seeking care for mental health or cognitive health concerns. Respond to the opioid epidemic and substance use disorders, which also affect older persons. Respond to the prevalence of problem gambling among some older persons. Support systems across sectors providing trauma-informed care and services, with appropriate training and changes to systems and policies.

Carceral-system-involved older persons: Provide enhanced re-entry support for older persons who are leaving prison or jail, such as enrollment in public benefits, housing support, employment services, and counseling.

Caregiving: Protect employment for family caregivers and provide workplace flexibilities that support caregiving. Provide special outreach to grandparents raising grandchildren. Increase visibility of community-based services such that caregivers know where to turn, while increasing availability of such programming as adult day services. Strengthen supports for unpaid caregivers, including increasing awareness of the benefits of caregiver contracts for family caregiving. Increase training and education for caregiving. Increase respite services for caregivers and their families and increase public awareness of available support. Notably, many family caregivers are themselves older adults, many of whom may need to balance work, childrearing, and adult caregiving. Black, Latine, and immigrant women in particular are overrepresented in the caregiving workforce, and systemic oppressions against these groups must be taken into account and counteracted when considering working conditions and pay.

Climate emergency: Plan for growing the growing threats to older persons posed by the climate emergency.

Community health workers: Ensure Illinois has community health workers in key roles to support older persons and caregivers in navigating: health insurance, public benefits, plans for future healthcare decisions, housing, food, transportation, and other social determinants of health.

Community services: Ensure community services are person-centered, advance peer support networks, and support lifelong learning. Improve green space access and physical activity opportunities. Increase the number of age-friendly communities and dementia-friendly communities.

Current aging-related plans: Consider existing planning, such as the State Plan on Aging, Area Plans on Aging, the State of Illinois Alzheimer's Disease Plan, age-friendly community plans, and other local and state plans related to aging, as well as the State Health Improvement Plan.

Dementia-friendly: Support communities in becoming dementia-friendly, providing essential support to both people living with Alzheimer's and related dementias and their families and caregivers, including individuals with intellectual and developmental disabilities who are often more likely to experience Alzheimer's or dementia symptoms earlier in the lifespan.

Economic security: Support financial literacy, financial planning, retirement planning, and end-of-life financial planning to aid both successful retirement and intergenerational

wealth transfer. Increase availability and awareness of the Money Management program. Unfortunately, many are not in a position to retire and may need supports to be able to work full-time or part-time. Others may need support with retirement planning and portfolio management.

Education and career change: Ensure sufficient opportunities for lifelong learning and encore careers for older persons. Retirement is a time when many wish to pursue educational interests or to shift to a different kind of work, whether consulting within their field, or a different field altogether.

Elder abuse, neglect, and fraud: Develop new and strengthen existing strategies, such as the Adult Protective Services Program, to respond to physical, mental, emotional, and sexual abuse of older persons. Develop stronger safeguards against financial fraud and scams committed against older persons.

Food security: Seek to add more dollars for nutrition services such as congregate, restaurant, and home-delivered meals to help reduce malnutrition, social isolation, and loneliness. Increase enrollment of older persons in the Supplemental Nutritional Assistance Program (SNAP). Ensure nutrition services have culturally appropriate food (e.g., Kosher, Halal, vegetarian, vegan) available.

Geriatric health care education and training: Work with universities and community colleges to develop and provide opportunities for geriatric care education and training that are commensurate with the need. Develop continuing education opportunities to further develop workforce skills related to care for older persons. Address barriers to geriatric health education, including a lack of nurse educators, a lack of nursing practicum placement positions, and the high costs of education and training for students.

Health care access: Increase access and reduce cost of primary care, behavioral, neurological, oral, and audiological healthcare, and prescriptions, across the state. Institute geriatric, primary palliative care, and dementia education requirements for all healthcare providers. Ensure older persons' right to self-determination is respected and upheld. Increase the number of Illinoisans with advance care directives and Physician Order for Life Sustaining Treatment (POLST).

Health care and aging cross-sector collaboration: Promote collaboration across Illinois' Aging Network and health care providers to maximize efficiency, effectiveness, and coordination of care for older persons.

Hospice and palliative care: Ensure that older persons and caregivers are educated about hospice and palliative care options and that there are sufficient protections and regulations in the industry.

Hospitality, recreation, and tourism: Support the growth of tourism, recreation, and hospitality geared toward older persons. Support the ability of older persons who live in Illinois and those who are visiting the state to access and take advantage of such opportunities.

Housing and community spaces: Increase the availability of housing that is accessible, affordable, safe, healthy, and equitable, including more intergenerational housing. Support home modification to support accessibility. Grow the number of Auxiliary Dwelling Units (ADU) as options for multi-generational-family-living and -caregiving. Support community spaces that co-locate public amenities (such as public libraries) with affordable multi-generational housing.

Intellectual and Developmental Disabilities: Ensure Illinois addresses the unique needs and impacts of aging for individuals with intellectual and developmental disabilities, recognizing that the effects of aging often occur earlier in the lifespan compared to the general population.

Intergenerational relationships: Connect older persons with schools, public libraries, youth centers, and youth clubs to develop meaningful intergenerational programs as well as mentoring and coaching opportunities. Increase opportunities to educate young and middle-aged adults about resources for family members and friends who are older adults.

Legal assistance: Ensure legal assistance is available for older persons to:

- Uphold protections for older persons and persons with disabilities from abuse, neglect, and domestic violence
- Decrease housing inequities for older persons through support of fair housing and tenant rights
- Increase rates of and maintain individuals' enrollment in public benefits to which they are entitled
- Increase support for immigrants and undocumented immigrant older persons
- Increase older parents'/guardians' knowledge of and access to special needs trusts for adult children with disabilities

Loneliness and social isolation: Develop new programming and multi-sector strategies to take on the large challenge of loneliness and social isolation and the associated mental and physical health challenges.

Messaging and narratives about aging: Using public events, education, and reports, change the negative public narratives regarding aging to support pro-aging themes and an aging equity focus, reframing aging in positive terms of value, meaning, and purpose. Promote narratives that demonstrate the importance of both paid and unpaid caregiving.

Outdoor activities, including exercise, camping, hiking, hunting, and fishing: Provide ample and accessible opportunities for older persons to hike, camp, hunt, fish, exercise, and enjoy the outdoors. Ensure aging services and information are embedded in these outdoor activities.

Private and public long-term care, services, and supports: Several issues pertain to private and public long-term care, services, and supports:

- Increase opportunities for all older people and people with disabilities to live in the least restrictive environment through supportive community-based long-term services and supports that ensure individuals can age-in-place.
- Increase available 1915c Medicaid-waiver for Elderly, Community Care Program (CCP), allowable services and service hours to prevent unnecessary nursing home placement and provide person-centered care.
- Allow persons 60 years of age and older with a qualifying disability to benefit from the range of necessary home and community-based services provided through the Disability Medicaid-waiver program through the Department of Rehabilitative Services (DORS).
- Increase affordable options for quality long term care.
- Ensure residents of nursing facilities, assisted living facilities, supportive living facilities, and other senior housing feel safe and supported
- Continue to work to prevent abuse and neglect of older persons and adults with disabilities through Adult Protective Services and ombudsman services
- Develop supports necessary to reduce the use of psychotropics for persons with dementia in long-term care settings by increasing education about interventions for behavior related to dementia for all staff in long term care settings
- Support room occupancy reform in nursing facilities to limit the number of stranger roommates
- Ensure success of the Program of All-Inclusive Care for the Elderly (PACE), which is managed by HFS and "...is designed to offer comprehensive health services for seniors living in the community who would otherwise qualify to live in a nursing facility. PACE creates a new model of community-based, comprehensive care in Illinois that will give seniors an additional choice in how they access health care as needs change with age, allowing more seniors to continue living at home safely, for longer." More information is available here.

Public health and health equity: Support the Illinois Department of Public Health's (IDPH) and Illinois local health departments' (LHDs) engagement with the Aging Network to better support healthy aging and to address health and aging inequities. Support IDPH's and LHDs' inclusion of aging issues in their community health needs assessments and community health improvement plans, and promote public awareness campaigns focusing on aging issues (e.g. in-home fall prevention).

Recognize and counteract ageism as a systemic inequity: Ageism is prejudice or discrimination on the grounds of a person's age. Ageism is systemic in that many systems—such as health care, housing, transportation, and employment—are regularly set up in such a way that older persons cannot fully enjoy these the same as many younger people can, based in significant part on a lesser value being placed on older persons.

Recognize and counteract systemic inequities as causes of health and aging inequities: Historical and contemporary oppressions of all types shape our aging throughout life. Oppression shapes the chances people have to even reach older adulthood and what quality of life we will all have if and when we get there.

State and local tax base changes: Anticipate and plan for changes to state and local tax revenues due to changes in income, property, and other tax bases as Illinois' population ages.

Technology and broadband services: Increase older persons' access to technology and devices to improve connections to reduce social isolation and feelings of loneliness. Ensure all communities have access to broadband. Seek innovative applications of technology to problems related to transportation, caregiving, healthcare, housing, socialization, and other basic supports and needs.

Transportation services and infrastructure: Increase the availability of accessible and affordable transportation services, especially tailored to the needs of older persons and people with disabilities being able to travel efficiently and free of impediments. Improve connectivity and smooth transitions between transportation networks at the borders of transportation service areas.

Volunteerism: Volunteering has multiple benefits for individuals, families, communities, and our entire society. Volunteerism allows people to continue to give back and contribute to their communities while also maintaining physical and social activity, building relationships and a greater sense of belonging. Making volunteerism easier for older persons needs to be a priority.

Workforce: Improve recruitment, retention, recognition, and career pathways for workers in gerontological careers across all health careers, including physicians, nurses, and homecare workers. Increase pay rates for homecare workers. Beyond gerontology, increase the number of tradespeople and housing development professionals who are aware of and bring expertise to address home modification and other the housing-related needs of older persons.

Section 2.5: Policy Objectives

Below are objectives that the Illinois Multi-Sector Plan for Aging Equity should help Illinois to meet.

a. Address the long-term effects of the demographic shift on Illinois residents, State government, and the private sector.
b. Strengthen and improve service infrastructure for and the quality, staffing, accessibility, and availability of long-term services and supports to better enable older persons and people with disabilities to remain in their homes and communities according to their wishes (to age-in-place).
c. Make Illinois an age-friendly state and support localities seeking to become age-friendly places.
d. Enhance access to services and public education on opportunities, challenges, resources, and topics for older Illinoisans, their families, and caregivers.
e. Improve caregiver supports and mitigate both the financial and nonfinancial impacts of caregiving on older persons, their families, caregivers, businesses, and the State.
f. Improve financial security and retirement preparation for the older person population, which needs to happen well before older adulthood.
g. Improve the accessibility and sustainability of healthy, safe, affordable, accessible, and non-segregated housing
h. Improve the accessibility and sustainability of affordable transportation services.
i. Reduce administrative and service delivery costs of public and private long-term services and supports while improving service quality.
j. Make necessary administrative and regulatory reforms to more cost-effectively organize State agencies to implement statewide programs and services.
k. Develop potentially helpful legislative ideas for consideration by the General Assembly needed to implement the Aging Equity Committee's recommendations and achieve its stated goals.
l. Develop potentially helpful regulatory and administrative changes to be offered to the Governor's Office and State departments for implementation of the Aging Equity Committee 's recommendations and achievement of its stated goals.
m. Name and encourage private sector actions for quality long-term care, services, and supports that are accessible, equitable, and meet cultural and linguistic needs
n. Name and encourage actions to extend and improve other services and supports that would support individuals' abilities to age-in-place and remain in their homes and communities for as long as possible
o. Name and encourage actions to support health equity as it relates to advancing aging equity.
p. Develop projections on the economic, fiscal, and population impacts of implementing or not implementing the recommendations.

Appendices

Appendix A: Glossary

The below definitions are meant to support the use of relevant terms by planning committee and advisory committee members.

Ableism is defined as discrimination in favor of able-bodied people.

Ageism is defined as prejudice or discrimination on the grounds of a person's age.

Aging equity is defined as both an outcome and a process. As an outcome it means, aging equity is achieved when every person can attain their full potential across the life course without disadvantage because of social position or other socially and structurally determined circumstances. As a process, aging equity is a process of assurance of the conditions of optimal aging for all people which requires at least 3 things: 1) valuing all individuals and populations equally; 2) recognizing and rectifying historical injustices; and 3) and providing resources according to need. Aging inequities will be eliminated when aging equity is achieved.

Caregiver is defined as someone caring for a spouse or parent, an extended family member, or even a friend or neighbor. A caregiver provides help with transportation to medical appointments, purchasing or organizing medications, monitoring a person's medical condition, communicating with health care professionals, advocating on a person's behalf with providers or agencies, and assisting a person with getting in and out of bed or a chair, getting dressed, bathing or showering, grocery or other shopping, housework, preparing meals, and managing finances.

Class inequity is defined as relations of power among networked and organized social groups that direct society's major institutions (such as corporations and government authorities), material resources, and investments. "Class inequity" or "classism" is the systematic oppression of subordinated class groups, held in place by attitudes that rank people according to economic status, family lineage, job status, level of education, and other divisions.

Cultural humility is defined as an approach to healthcare and other services that incorporates a lifelong commitment to self-evaluation and self-critique, to redressing the power imbalances between the providers and institutions and their patients or clients and to developing mutually beneficial and non-paternalistic clinical, service-based, and advocacy partnerships with communities on behalf of individuals and defined populations.

Cultural responsiveness is defined as a strengths-based approach to serving others rooted in respect and appreciation for the role of culture in a person's understanding and development, taking into account each person's strengths, abilities, experiences, and interests as developed within the person's family and culture.

Genderism is defined as the systematic belief that people need to conform to their gender assigned at birth in a gender-binary system that includes only female and male.

Health equity: is defined as both an outcome and a process. As an outcome: *health equity* is achieved when every person can attain their full health potential without disadvantage because of social position or other socially determined circumstances. As a process: *health equity* is a process of assurance of the conditions of optimal health for all people which requires at least three things: 1) valuing all individuals and populations equally; 2) recognizing and rectifying historical injustices and 3) providing resources according to need. Health inequities will be eliminated when health equity is achieved.[15]

Historical and contemporary racism is defined as a system of structuring opportunity and assigning value based on phenotype ("race"), that unfairly disadvantages some individuals and communities, unfairly advantages other individuals and communities, and saps the strength of the whole society through the waste of human resources.

Homophobia is defined as dislike of or prejudice against people who are LGBTQ+.

Life course perspective is defined as an approach that examines an individual's life history and investigates, for example, how early events influenced future decisions and events. It is focused on the relationship between individuals and the socioeconomic and historical context of their lives. A life course is defined as "a sequence of socially defined events and roles that the individual enacts over time".

Multisector plan for aging equity is defined as a 10+ year blueprint for restructuring state and local policies and convening a wide range of cross-sector stakeholders to collaboratively address the needs of older-adult populations. Multi-sector plans for aging equity are designed to create a coordinated system of high-quality care and support services that promote healthy aging, independent living, social engagement, and health and social equity, while also addressing issues related to healthcare, housing, transportation, and other social determinants of health.

Older adults or **older persons** are defined as persons 60 years of age or older.

Sexism is defined as prejudice or discrimination based on sex, especially discrimination against women, behavior, conditions, or attitudes that foster stereotypes of social roles based on sex.

Social determinants of health is defined as the conditions in which people are born, grow, live, work, and age. These circumstances are shaped by the distribution of money, power, and resources.[16]

Structural inequities is defined as the institutional and systemic drivers, such as, racism, sexism, classism, ableism, xenophobia, and homophobia, that make people's various identities (race and ethnicity, gender, employment status, socioeconomic status, disability status, immigration status, geography, and more) salient to the fair distribution of health opportunities and outcomes.[17]

Transphobia is defined as dislike of or prejudice against transgender or transsexual people.

Trauma-informed systems is defined as systems that: 1) realize the widespread impact of trauma and understand potential paths for recovery; 2) recognize signs and symptoms of trauma in clients, families, staff, and others involved with the system; 3) respond by fully integrating knowledge about trauma into policies, procedures, and practices; and 4) seek to actively resist re-traumatization.

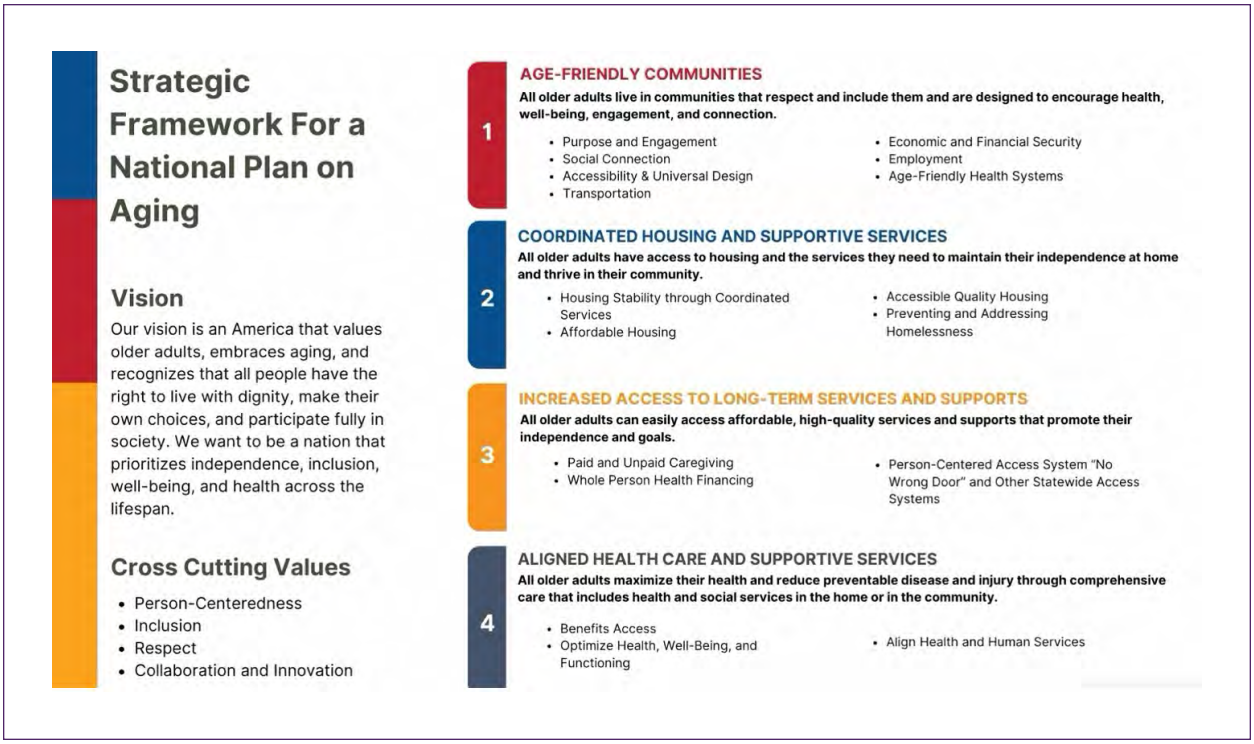
Xenophobia is defined as dislike of or prejudice against people from other countries.

Appendix B: A Strategic Framework for a National Plan on Aging

In May 2024, the Administration for Community Living (ACL), part of the US Department of Health and Human Services, and which administers Older American Act dollars, published, Aging in the United States, Strategic Framework for a National Plan on Aging. This report to Congress provides detail on the work ACL and other Federal agencies have done thus far on a Federal version of a multi-sector plan for aging. This framework lays out four domains for an eventual plan: 1) age-friendly communities; 2) coordinated housing and supportive services; 3) increased access to long-term services and supports; and 4) aligned health care and supportive services. Each domain has several sub-topics listed within them, and these are shown in the screenshot below.[18]

Illinois state government might consider using parts or all of this framework for developing its plan.

This screenshot is from a webinar that announced the Strategic Framework for a National Plan on Aging.[19]



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