Multisector Plan for Aging Background & Framework Research Outline

Introduction

The Multisector Plan for Aging (MPA), formerly known as Master Plan for Aging, is a general term for a state-led planning process that convenes multiple departments and agencies designed to foster cross-sector collaboration and improve the infrastructure and coordination of services for older adult and disabled populations. This term originated through the collaboration of a collective of organizations and funders that are working to mobilize financial, social, and intellectual capital and facilitate the development of state-led efforts to restructure state and local policies and convene a wide range of cross-sector stakeholders to collaboratively address the needs of older-adult populations. This collective includes the Center for Health Care Strategies (CHCS), the SCAN Foundation, West Health, the John A. Hartford Foundation, and others.

On May 25th, 2023, Governor Shapiro signed Executive Order 2023-09, directing the Pennsylvania Department of Aging (PDA) to lead the development of Pennsylvania's Master Plan for Older Adults (MPOA). This Executive Order also designated Pennsylvania's Long Term Care Council (LTCC) as the Steering Committee, supported by subject matter experts (SMEs) from state agencies under the governor's jurisdiction. This brief explores the MPA background and framework documents developed by CHCS, as well as specific strategic plans for improving aging services and infrastructure (MPAs) and supporting documents including annual reports, data reports, and other communication materials. This document is intended to articulate and communicate the MPA Framework for greater understanding among the Steering Committee to inform the development of Pennsylvania's MPOA. Further, this brief provides examples of how other states have developed and implemented their respective MPAs and identifies promising and best practices that can be translated into Pennsylvania's MPOA.

MPA Framework Tools

CHCS has been instrumental in developing a framework to launch, develop, and implement MPA efforts. This framework relies upon three primary tools to describe core tenets, articulate initiation strategies, and highlight best practices in developing and implementing an MPA. In utilizing these strategies, MPAs allow states to plan for the rapidly growing population of older adults and people with disabilities, as well as the various compounding demographic shifts like increasing racial and ethnic diversity, increasing rates of solo-aging, and greater longevity among the oldest of the cohort. MPAs consider the entirety of state, county, local and federal policies and programs, and private industry practices that directly or indirectly affect older adults and disabled residents. Several states are actively developing and implementing MPAs.

Core Tenets

Three Core Tenets for MPA Development is an MPA tool that describes the necessary principles that guide all steps of the development process: transparency and inclusion, equity, and person-centered planning.

Promote transparency and inclusion at all stages of MPA development. Including the various, diverse voices throughout the process fosters trust among a broad base of stakeholders that reflect the state. Stakeholders of all kinds should be able to obtain information and provide input regarding the plan, meaning that there should be various opportunities, through various modalities, that reach the breadth of geographies, abilities, languages, and cultures that represent the older adult population. This aspect should be incorporated into a formal communications plan to identify community outreach channels and publicly post general information and scheduling logistics. This communications strategy should include progress on data collection, data analysis, recommendation development, plan drafting, and of course, implementation monitoring.

Communications, including promotional materials, the final MPA, progress reports, newsletters, and any data interfaces, developed throughout should be user-friendly and accessible. This may mean that materials are available in multiple languages, presented in sign language, audio-narrated, and styled to be visually accessible. Communications should be disseminated through as many channels as possible and presented through any and all digital and print media forms.

Embed equity into all stages of development. Equity is a term that refers to fairness and justice that acknowledges and adjusts to imbalances that people face through systemic biases and discrimination. MPA development should not simply be passively accessible to all older adults. Inclusion should target the most marginalized and vulnerable subpopulations to address prevailing and intersecting disparities associated with race, gender, marital status, socioeconomic status, and more. This type of focus on recognizing and mitigating access barriers ensures that the MPA will work for those who have the greatest need and will benefit the most. Including equity-focused outreach, workgroups, feedback channels, initiatives, and outcomes in the MPA will ensure that this principle will evolve intention to impact.

Incorporate the principle of person-centered planning. The older adult should be at the center of MPA development in all aspects. The plan must seek input from those with lived experience as an older adult, caregiver, or person with a disability. The input, anecdotes and insights, should directly shape the goals, strategies, and initiatives that will produce actual improvement in the daily activities and experiences of these stakeholders. This principle also applies to the state agencies, private entities, local CBOs, and all other providers that must work as partners in infrastructure improvement, program planning, care coordination, and service delivery. This cooperation will allow for older adults to receive timely, quality assistance with *any* need rather than seeking assistance for *every* need within fractured systems, through distinct services or resources in separate jurisdictions. The outcome is a future system that ensures older adults heal and thrive holistically, and in the manner that they choose.

Launch and Development Strategies

CHCS developed two additional tools to improve MPA project initiation and development. *Getting Started with a Multisector Plan for Aging* is a foundational tool that defines an MPA, makes the case for the benefits and goals of such an effort, and outlines key strategies to initiate development, build support, and generate momentum for an MPA in their state among public and private, state-wide and local stakeholders. This tool is designed to help states achieve an executive order or legislation that calls for an MPA. CHCS published *Nine Best Practices for Developing an MPA* as a product (document and accompanying infographic) of the inaugural MPA Learning Collaborative that builds on the 8 initiation strategies.

The bullets below deepen and synthesize these initiation and development strategies, and incorporate additional strategic insight in developing an MPA from initiation to publication:

Advance the MPA through the work of a dedicated project leader, support team, and advocacy champions. MPA development efforts will need a dedicated leader to direct the project. The leader may be an agency head, cabinet-level appointee, consultant, or other project manager, but must have significant state experience. Political savvy, commitment to system transformation, leadership skills, and interagency relationships are valuable and imperative characteristics of an MPA project leader. The leader should maximize the contributions of the support team, advocacy champions, the steering committee, interagency workgroups, and stakeholders. A support team will be needed to compliment the skills of the project leader and share the considerable workload. The support team may include staff and consultants with expertise in

aging services, communications, policy, data, consumer engagement, facilitation, planning, and design. Advocacy champions are external to the project team but should commit staff time, resources, and energy, have existing relationships and tact, and coordinate efforts across additional stakeholders to build MPA support. Advocacy champions might be individuals from a key state agency, a legislator, a state association, a community organization, or a philanthropic organization.

Communicate strategically to gain broad support for an MPA. Tailored communication helps raise awareness of MPA efforts among distinct audiences. Many stakeholders will play a part in the development and implementation of an MPA, and it is necessary to engage each strategically. Paid and earned media, promotional materials, op-eds, and testimonial features may be effective means for communication. Previously scheduled and new major events may be identified as a component of the communications strategy to highlight the need and potential in developing and implementing an MPA. Messages should promote the needs, benefits, and tenets of the MPA:

- **Everyone is Aging**: An MPA prepares all of society, not just older adults, for the coming demographic shifts, including family caregivers, adults with disabilities, and soon-to-be older adults.
- **Inclusivity and Equity**: An MPA is conscious of the increasing diversity that many states are experiencing and addresses language and cultural barriers to services and promotes equity across and at the intersection of age, ability, race, class, gender identity, and sexual orientation.
- **Cross-Sector Planning and Implementation**: An MPA is intended to break down government silos and promote collaboration between public and private stakeholders, across state agencies, and among local partners.
- **Person-Centered:** An MPA puts the needs and desires of the individual at the center of the plan, prioritizing what matters most to the direct lives of older adults, people with disabilities, and caregivers.
- **Living Document:** An MPA sets a course for the next 10 years but is also adapts to prevailing external trends and forces and is updated on a regular basis to ensure its relevance to present tides.
- **Accountability to Implementation:** An MPA is a policy priority with a designated coordinator that maintains accountability among interagency partners, tracks data, monitors outcomes, and publicly reports progress.

Leverage public and private resources. Financial supports, both public and private, are necessary to launch and sustain MPA development. Funds may be utilized for staff of consultant support to prepare for MPA initiation or launch strategic communications, engaging stakeholders across the state, or dedicating time and effort to develop an MPA. Other stakeholders may not provide direct financial resources but may donate other resources such as time, subject matter expertise, communication channels, support, and research partnership.

Engage people, communities, organizations, and leaders. The Person-Centered and Equity Tenets are practiced (in part) by engaging and gathering detailed input and continuous feedback from stakeholders initially, through publication, and throughout the ten years of implementation. This engagement prioritizes the input of older adults, people with disabilities, caregivers, direct care workers, and younger adults who are planning for aging and retirement in the future, especially diverse groups, including people of color, veterans, immigrants, the LGBTQ+ community. Engagement may be conducted directly with individuals and communities, or through representative groups, local service delivery organizations, providers, all government agencies, and elected officials. Engagement may be facilitated through in person meetings and

events, virtual webinars, random sample or discretionary surveys, mail-in or digital forms, and subject-specific discussion sessions.

Create an effective steering committee, subcommittees, and interagency workgroups. Select a thoughtful roster of subject matter experts, community liaisons, stakeholder advocates, and government leaders to advise the MPA project leader and support team and provide recommendations and reports to inform the goals and initiatives of the MPA.

Leverage data to identify needs, inform initiatives, and establish metrics for success. Collecting, organizing, monitoring, and reporting meaningful data is key factor in projecting demographic trends, recognizing areas of need waitlist length, and demonstrating success and implementation. The MPA should identify data metrics to be collected from various stakeholders, organized onto a public-facing dashboard, and serve as a baseline for implementation of specific initiatives.

Build on existing age- and disability-related initiatives. An MPA should build upon existing age-related initiatives, strengthen collaboration among stakeholders, and elevate common goals. Engage state agencies serving older adults and people with disabilities. Many state agencies administer policies and programs that have direct and implicit impact on the lives of older adults, people with disabilities, and family caregivers. It is important to engage with each of these agencies to coordinate efforts, formalize collaborative partnerships, and align the execution of strategies in concert. An MPA should build on the foundation and renew support from stakeholders' efforts like state plans on aging, age-friendly initiatives, dementia-friendly communities, Olmstead planning, workforce planning, long-term services and supports (LTSS) reform, and local, regional, and state aging commissions. Many stakeholders will have in interest in improving the aging landscape. An MPA should convene these stakeholders to provide a diverse set of voices and endorse state and federal goals.

Structure the MPA to organize and achieve short-, mid-, and long-term initiatives, delegate accountability, and project implementation resources. Clearly articulate the MPA's mission, vision, and values that anchors communication, collaboration, and revision throughout the 10-year implementation period. Identify a small set of specific, measurable, achievable, relevant, and time-bound (SMART) goals that will prioritize and organize recommended strategies and initiatives. These goals should be aspirational, yet realistic. In cooperation with interagency partners, initiatives should be designated with short-, mid-, and long-term time sensitivity. Short-term initiatives are more readily achievable "quick wins" that can build momentum and enthusiasm for the MPA. Long-term initiatives are imperatives, but may require a more significant resources, thought, or interagency appetite. A single set of short-, mid-, and long-term initiatives may complement or supplement one another, or may be different approaches to achieve a single goal or strategy. Initiatives do not have to be new, rather they can elevate existing initiatives from other efforts and strategic plans and refocus collaboration.

Empower partners, raise awareness, and build capacity. Partners of all kinds should be integrated into the MPA and its's initiatives. State to local organizations should be able to connect their direct work to the initiatives, join in the vision for improved aging services infrastructure and coordination, and identify their role and responsibility in achieving that vision. Appoint an agency or other identified partner lead for each initiative. Promote the MPA through compelling storytelling and testimonials, emphasizing need and relevance. Develop a framework for parallel, local implementation of the MPA goals and initiatives. Provide opportunities to convene implementors to discuss their successes and challenges.

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State Case Studies

Several states are involved in planning for and executing aging service infrastructure and coordination change to varying degrees of sophistication and maturity. Plans are named and structured differently, the processes are led by various entities, and the efforts work to transform unique systems. Three leading states – **California**, **Colorado**, and **Massachusetts** – offer exemplary cases, models of practices, and lessons to learn in developing a new MPA. The following section considers states' process, plan, and implementation through documented goals, strategies, and initiatives, stakeholder engagement processes, communication tactics, and reports, and offers individual and comparative analyses. The section will present insights and inspiration to be applied to the development of a new, standalone MPA.

California

California published their *Master Plan for Aging* (2021) with the primary goal of creating a "California For All Ages" – an environment that allows Californians to live independently and actively within their communities, regardless of age or ability. This goal is rooted an acknowledgment of California's diverse population, which includes a substantial number of older adults from various ethnic backgrounds. The plan strives to cater to the unique needs of underserved populations and places a strong emphasis on diversity, equity, and inclusion. To achieve this, the plan introduces innovative concepts such as "Care Ecosystems" designed to provide person-centered care, recognizing that older adults have diverse and evolving needs. A central pillar of California's plan is its reliance on data-driven decision-making, informed by extensive research and input from stakeholders, including older adults, caregivers, and service providers. California openly acknowledges the challenges posed by an aging population, encompassing issues related to healthcare access, housing, and social isolation. California's plan is structured into 9 sections:

Message from the Governor: The message from Governor Newsom begins with an overview of trends in aging demographics and their cultural and economic impacts that introduces the MPA as a response to ensure the delivery of equal opportunities to CA's aging population. The message transitions to the impetus for the development of the MPA and recognition of how the COVID-19 pandemic magnified its importance and value. The message includes a very brief overview of the goals, a commitment to accountability and collaboration, and a qualification that it is a living document that will evolve as needs change.

Why a Master Plan: A similar, if not redundant, message the restates aging trends, highlights the EO, acknowledges the COVID-19 pandemic and its impacts, and a note that this plan is for blueprint for aging across the lifespan. This section includes a deeper dive into relevant demographic trends, including more statistics and visuals.

How we Got Here: An overview of the MPA development process, focusing on the types of engagement, guiding principles, and stakeholders that informed the MPA's goals, strategies, and initiatives.

5 Goals: This section introduces an overview of the goals, including a title, short aspirational narrative and target measure, and icon. Each goal is designated two pages of narrative that adds details to the themes within each goal, at times highlighting needs, barriers, and ideals. Each goal includes a link to a local model and a callout box with an illustrative quote from stakeholders and subject matter experts. This narrative includes a section for the strategies that support the goal with detail to illustrate how this goal will be furthered. The Five Bold Goals are:

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- **Housing for All Ages & Stages**: We will live where we choose as we age, in communities that are age-, disability-, and dementia-friendly and climate- and disaster-ready.
- **Health Reimagined:** We will have access to the care and services we need to optimize our health and quality of life and to continue to live where we choose.
- **Inclusion and Equity, Not Isolation:** We will have lifelong opportunities for work, volunteering, community engagement, and leadership and will be protected from isolation, discrimination, abuse, neglect, and exploitation.
- **Caregiving that Works:** We will be prepared for and supported through the rewards and challenges of caring for aging and disabled loved ones.
- **Affording Aging:** We will have economic security as long as we live.

From Planning to Implementation: This section outlines the commitment to implementing the MPA through actions steps, local guidance, progress measurement and reporting, and continued engagement with stakeholders, legislative leaders, and philanthropy. This section also lists the ongoing engagement activities, including specific committees and meetings.

MPA Initiatives for 2021-2022: A detailed list of the 132 initiatives and lead agency (with an acronym guide) for each strategy, including data indicators. Examples of initiatives include:

- 20. Explore targeting public and private park funds to age- and disability-friendly activities for all ages, including models such as slow streets, SMART parks, parklets for emerging placemaking, and more, in all areas of state
- 52. Continue to seek federal funding for a friendship warmline for older adults to address isolation and loneliness needs, and partner with state departments who host crisis lines and access lines
- 83. Develop plan to launch digital literacy support for older adults and for providers.
- 98. Build out No Wrong Door/"One Door" statewide for public information and assistance on aging, disability, and dementia, via upgraded web portal, statewide network of local ADRCs with shared training, tools, and technology, and continually improving cultural competency and language access.
- 100. Begin process for California to become an AARP-Certified Age-Friendly State within existing resources.

Resources: Endnotes of references used throughout the document, included as an emphasis of including research and data throughout the MPA

Acknowledgements: A brief thank you to the many stakeholders involved.

California has published several supplementary documents throughout the development, publication, and implementation processes. Prior to the writing of the MPA, *Knowing our History: Listening to Our Elders* (2020), was drafted by the former Department director and project consultant. This document provides a detailed history and timeline of the development of aging and disability services in California and includes recollections and testimonials from leaders and stakeholders involved in these efforts. As part of their commitment to transparency, California published the products of their steering committee work groups. The *MPA Long Term Services and Supports Subcommittee Stakeholder Report* (2020) offers recommendations for the MPA from the subcommittee focused on addressing the LTSS needs of older adults and people with disabilities. The *California Master Plan for Aging: Stakeholder Advisory Committee Final Report* (2020) offers

goals and priorities to inform the drafting of the final MPA. Finally, the *MPA Equity Work Group Equity Tool* (2020) was developed as a tool to guide the writers of the MPA to embed equity throughout the entire plan, as well as offer a glossary of important terms for consistent usage.

Following the release of the plan, California introduced several materials to track and report on the progress of MPA implementation. First, the Data Dashboard for Aging collects data from various agencies and organizes them into a single public platform. The Master Plan for Aging Implementation Tracker is an additional is another public-facing dashboard that translates those data points and metrics into progress of individual goals, strategies, and initiatives. In communicating this progress, California tracks and reports on MPA-related legislative wins as well as annual reports. *MPA Year One Annual Report* (2022) and *MPA Year Two Annual Report* (2023) each include an updated message from the governor, a report on continuous engagement and stakeholder committee updates, progress on major and minor achievements for each goal, and a list of priorities for the coming year. As part of the commitment to continuous stakeholder engagement and accountability, the Implementing the Master Plan for Aging in California Together (IMPACT) Stakeholder Committee publishes an annual review of the implementation progress. *IMPACT Committee Report: Master Plan for Aging's Year 1 In Review* (2022) and *IMPACT Committee Report: Master Plan for Aging's Year 2 In Review* (2023) offer recommendations and observations for improvement. Since the MPA is a living document, initiatives may be adjusted, removed, or added to the plan. *MPA 2023-2024 Initiatives* (2023) provides the most up-to-date version of each goal, strategy, and initiative. This also includes the lead agency and a designation of focus: deliver, analyze, or communicate.

- *Deliver* results with an emphasis on increasing the number of people reached and/or improving the quality of services provided – or both, noting that these initiatives are based on available resources and ongoing budget changes.
- *Analyze* data, policies, funding, and programs to drive system change.
- *Communicate* information and resources to the public with a renewed commitment to equity, language access, and disability access.

Colorado

Colorado began strategic planning for aging in 2015 based on a legislative charge from the Colorado House Assembly. The first Strategic Action Plan on Aging (SAPA) was published in 2016, with subsequent updates in 2018, 2019, and 2020. This analysis will focus on the most recent release of the plan, but will make references to preceding versions, as the work of the 2020 SAPA builds on the foundations of these efforts. Colorado prioritizes key areas such as enhancing healthcare access in rural and underserved regions, ensuring the availability of affordable housing options, and promoting social engagement. A central theme in this plan is the importance of integrated, person-centered care, coupled with a strong emphasis on community involvement. Colorado's approach centers on ensuring that older adults can maintain their dignity, independence, and a high quality of life as they age. Recognizing the unique needs of its aging population, especially those residing in rural areas, Colorado's plan also places a strong emphasis on data and research to inform its strategies, promoting evidence-based decision-making. Actively seeking input from stakeholders, including older adults and caregivers, is integral to Colorado's plan. Colorado's Plan is organized into 9 chapters, an appendix, and references:

Strategic Action Planning Group on Aging (SAPGA) Members: A list of steering committee members, their affiliation, and their purpose. This section also includes a callout for the directive legislation.

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Background and History: This section contextualizes the current plan within the broader historical and demographic context of aging in Colorado to help readers understand why the plan is necessary and describe how it builds on previous efforts. The section begins by introducing the confluence of factors such as the trend toward longer life expectancy, changing demographics, greater interest in person-centeredness and independence, that was previously hidden by the Baby Boom and is resulting in a more aged population. These factors led to the creation of the SAPGA as the steering committee and a mandate of this plan and its predecessors. The previous efforts yielded many lessons to be learned and highlighted areas for improvement upon developing this iteration. A previous version of their plan included a useful take on an age pyramid visual to illustrate the changing demographics.

A Vision for Colorado: This section articulates the vision for older Coloradans and the aspirational direction of the plan. This section also introduces the 8 goals that are used to organize the recommendations of the plan through a short, bulleted description. The goals are intended to chart a guide for policy that provide steps to achieve the vision. Each goal illustrates a future that will be actualized as a result of the execution of the plan. In the original document, recommendations for these goals were determined through a vetting process which included: review by privileged stakeholders, an specific criteria: a clear problem that needed to be addressed, a defined entity tasked to carry out the recommendation, a strong foundation of research or empirical evidence, a clear way to help seniors and the state address a vital issue or improve the quality of life in Colorado for the next 14 years and beyond, lay the groundwork for future work on aging issues, and build on the state's progress or work already underway. Recommendations were debated but ultimately included through consensus. The next five sections introduce categories of recommendations, pose the specific recommendation, and highlight impacted state agencies and departments.

Future of Aging Efforts in Colorado: This section outlines the first two recommendations that focus on establishing state-level authority to ensure the implementation of the plan and facilitate local and regional adoption and coordination of the plan. An example action step within these recommendations:

- Create age-friendly communities and fund Lifelong Colorado initiative

Older Coloradans and the COVID-19 Response: This section reviews the challenges and impacts of the pandemic, lessons learned, and the significance of adapting the plan to meet the crisis. This includes one extensive recommendation to leverage technology more effectively, fund local solutions, equitably engage stakeholders of all kinds, and become more prepared for emergencies.

Long-Term Services and Supports: This section outline the existing and needed services to ensure that help older adults with daily living, noting the need for equity in service availability across geography. The two recommendations included propose strategies to meet the healthcare and community support needs of the aging population. An example action step within these recommendations:

- Coordinate with private sector and community-based organizations to identify funding to blend with state dollars for an actuarial study examining the feasibility of a public long-term care insurance benefit funded through a payroll deduction that provides a dollar-limited benefit to assist with the costs associated with the full continuum of long-term services and support

Aging and the Workforce: This section focuses on addressing the role of aging trends on the workforce, both in terms of older adults and part of the workforce and of the shortages to provide aging services. The four recommendations propose solutions to build a multigenerational workforce and support older adults in

contributing to the workforce through respectful, flexible, and valuable opportunities. An example action step within these recommendations:

- Identify best practices and opportunities for implementing mentorships, including the older adult as mentor or mentee, thereby taking advantage of the multigenerational workforce.

Rural Transportation (Mobility Management and Local Coordination): This section focuses on the transportation and mobility barriers faced by older adults in rural areas. Using an Identified Transit Needs Map, the recommendations aim to enhance mobility options, reduce transportation-related barriers, and ensure that older adults can maintain independence and engage with their communities, despite residing in remote geographic areas. An example action steps within these recommendations:

- Evaluate regional feasibility and, if appropriate, identify funding opportunities for the implementation of consumer-directed and/ or consumer-choice transportation voucher programs.

Next Steps on the Path Forward: This section outlines an agenda that prioritizes collaboration, data-driven decision-making, advocacy, community engagement, and commitment to equity and inclusivity.

Massachusetts

Massachusetts draws from over a decade of experience in age- and dementia-friendly efforts, as well as extensive stakeholder input, to develop their plan, ReiMAgine Aging (2019). It prioritizes data-sharing, collaboration, and continuous feedback, while also emphasizing coordination, collaboration, and a commitment to community-based efforts. Massachusetts, in its quest to create age-friendly and dementia-friendly communities, highlights the significance of community involvement, engagement, and inclusivity. The plan prominently features AARP age-friendly community principles and recognizes the demographic shift in the state's aging population. It leverages the experiences and expertise of older adults as valuable resources and offers resources, tools, and support to local initiatives, emphasizing a community-led approach. Throughout the plan, local spotlights underscore Massachusetts' commitment to deepening age- and dementia-friendly efforts across all communities. Massachusetts' plan is organized into four sections and appendices:

Introduction Letter: The plan is introduced with a letter from Governor Baker to the director of AARP Massachusetts as a submission and commitment to creating an age-friendly Commonwealth of Pennsylvania. This letter highlights some of the additional outcomes of the plan development process and recognizes the preceding foundational work and organizations that supported the process. The letter spotlights local initiatives as part of this work and highlights their success and introduces the six goals of the plan. The letter closes with a commitment to monito the goals, track progress, and receive continuous feedback from stakeholders.

Planning Together to Create an Age-Friendly Future: This section describes the concept of “Age-Friendly” supported by efforts to become “Dementia Friendly” and presses the importance of realizing these concepts ad the state demographics shift toward and older population and greater incidence of dementia and Alzheimer’s-related diseases. This section underscores a simple but important statement – the time is now. In the context of Massachusetts, this plan builds on a rich history of age and dementia friendly movement efforts, illustrated through a timeline of milestones. This plan was developed as a renewed commitment to these efforts as recognized by governor in 2018. This section concludes with a clear delivery of the Mission and Vision. The plan aims *to amplify, align, and coordinate local, regional, and statewide efforts to create a*

welcoming and livable Commonwealth as residents grow up and grow older together. Further, *aging in Massachusetts is reimagined – the Commonwealth is an accountable partner in supporting communities, embedding aging in all policies, and empowering residents with opportunities to age meaningfully in the communities of their choice.*

Massachusetts Plan and Strategy to Become Age Friendly: Before introducing the specific goals of the plan, this section describes the development and stakeholder inclusion process that generated and substantiate the mission, vision, values, and included goals. Detailed snapshots and community highlights of the various inputs are included to exemplify the foundational work and credentials of development partners. This section includes a table that clearly defines that the plan is and that the plan is not, intended to further communicate the plan's purpose and role over the implementation period. The plan also commits to seven values:

- To honor and build on the priorities communities have already identified.
- To integrate initiatives and leverage existing work where possible.
- To emphasize access, equity, and inclusion in all elements of assessment, planning, and execution
- To embed the voice and perspective of residents and communities in all decisions and plans
- To facilitate collaboration at the state and community levels to identify barriers, address gaps and align resources.
- To share data, information, and resources and disseminate knowledge.
- To encourage advocacy, policy, and practices that embed aging within and across a broad range of issues and sectors.
- To leverage innovation and technology where possible.

Goals: The goals are intended to advance local and regional efforts in alignment with the eight domains of livability. The goals themselves, are intentionally cross-cutting to provide a statewide perspective and drive systems change, fill gaps, and amplify concurrent efforts. The six goals are:

- **Community**: Deepen and strengthen age- and dementia-friendly efforts to be inclusive of all communities and populations.
- **Information and Communication**: Communicate information in an accessible and user-friendly manner to residents, organizations, and municipalities.
- **Reframing**: Change the conversation about aging from a "challenge" to an "asset", increase literacy about issues related to aging, and eliminate ageist images and expressions in language across social, print, and other media.
- **Policy and Practice**: Encourage the adoption of age-friendly policies and practices in all sectors.
- **Economic Security**: Take specific actions to improve economic security of older adults and caregivers.
- **Sustainability**: Leverage existing structures to sustainably guide and support the work of Age-Friendly Massachusetts and partner initiatives

This section concludes the document with an iteration of the commitment to monitor, track, and adjust the plan based on continuous feedback.

Appendices: Appendix A includes an expanded and detailed table for each goal, strategies, action steps, time frame, accountability leads and collaborators, and key indicators for performance. Appendix B identifies partner organizations with a brief organization description. Appendix C is a glossary of terms and acronyms. Example action steps include:

- Develop an integrated age- and dementia-friendly toolkit
- Create an age-friendly designation placard for communities to display

- Create an interactive map for consumers to learn about local resources in their community
- Translate materials to languages other than English and in formats accessible for the blind and visually impaired and deaf and hard of hearing communities
- Promote the value of older workers through meetings with business leaders and distribution of educational materials

Since the release of ReiMAgine Aging in 2019, three subsequent, annual progress reports have been released in 2020, 2021, and 2022. These progress reports highlight the successes achieved over the past year, identify priorities for the next year, and adjust the goals, strategies, and initiatives based on the progress accomplished.

Comparison and Key Considerations

All three states share the common mission of creating age-friendly environments and ensuring dignity, independence, and inclusion for older adults. They prioritize key areas such as healthcare, housing, transportation, and social services. The goals included in all three plans are broad and intersect across multiple areas of focus. Data-driven decision-making and stakeholder involvement are central to their strategies. They acknowledge the challenges posed by aging populations and aim to provide comprehensive solutions.

California's plan is the most comprehensive and innovative, emphasizing LTSS systems change, diversity and equity. **California**'s plan places a strong focus on policy changes and legislative actions to support older adults. It aims to influence policy at the state level to create systemic change. **Colorado**'s plan places a strong focus on improving healthcare access in rural areas, catering to the unique needs of its population. **Massachusetts**' plan emphasizes community-led efforts and becoming dementia-friendly, recognizing the value of older adults as a resource.

While all three states share common goals, they have different emphases and strategies. Each state tailors its approach to meet the specific needs of its aging population and address unique challenges, making them valuable models for aging services nationwide.

All plans recognize the demographic shift towards an aging population and the need to address the challenges and opportunities associated with this trend. Each plan acknowledges the importance of healthcare access and the need for high-quality healthcare services, particularly for older adults. All three plans highlight housing as a common challenge and emphasize the need for affordable and accessible housing options for older residents. The plans recognize transportation as a critical factor in maintaining independence for older adults and stress the importance of accessible and safe transportation options. Each plan addresses social isolation and the importance of promoting social inclusion and community engagement among older adults. The plans acknowledge the role of caregivers and the need for caregiver support services, respite care, and training to assist them. They all emphasize the significance of community-led efforts and community involvement in creating age- and dementia-friendly environments. All plans express the importance of innovation, technology, and data-driven approaches to address aging-related challenges effectively. **Colorado**'s plan places a particular emphasis on embracing technology and innovation to enhance aging services, including telehealth and smart home technologies.

Multisector Plan for Aging Background & Framework Research Outline

Each plan is specific to its respective state, addressing unique geographic, demographic, and cultural considerations. The plans provide state-specific data, statistics, and projections related to aging populations, which vary among the states. While all plans propose strategies and recommendations, the specific policy approaches and funding mechanisms may differ based on each state's resources and priorities. **Massachusetts** explicitly highlights the aim to become Dementia-Friendly, while **California** and **Colorado** do not focus on dementia to the same extent in their plans. The plans share examples of community-led initiatives and successes unique to their respective states. The plans outline different governance structures and collaborative efforts specific to each state. Governance and collaborative efforts in these plans are characterized by multi-stakeholder advisory committees, cross-sector partnerships, data sharing, community engagement, and a strong focus on innovation and technology. Each state tailors its governance and collaboration approach to its unique demographic and policy landscape, emphasizing the importance of local involvement and inclusivity.

All three plans prioritize collaboration among various stakeholders, including state agencies, local governments, healthcare providers, nonprofit organizations, businesses, and community members. Collaboration is seen as essential for addressing the complex challenges associated with aging populations. Each plan highlights the importance of data-driven decision-making. They emphasize the need to gather and share data to assess the needs of older adults, track progress, and inform policy development. Community involvement is a recurring theme in all plans. Engaging with local communities and residents is considered critical for tailoring age-friendly solutions to specific regional needs and preferences. There is a shared commitment to inclusivity and equity. The plans recognize the importance of addressing disparities and ensuring that age-friendly initiatives benefit all residents, including underserved and diverse populations. Collaboration spans multiple sectors, such as healthcare, housing, transportation, technology, and social services. This cross-sector approach is seen as vital for providing holistic support to older adults.