



**pennsylvania**  
DEPARTMENT OF AGING



# PENNSYLVANIA Master Plan for Older Adults

A 10-year strategic plan designed to help transform the infrastructure and coordination of services for Pennsylvania's older adults.

Reference Document

# Introduction to this Reference Document

On May 25, the Governor signed [Executive Order 2023-09](#) directing the Pennsylvania Department of Aging to lead the Master Plan for Older Adults (MPOA). This MPOA and other such efforts are 10-year state-led, stakeholder-driven strategic planning engagements designed to help states transform the infrastructure and coordination of services for their older adult and disabled populations. MPOAs 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. That examination may include, but is not limited to, health, transportation, housing, community living, workforce, nutrition, home and community-based services, and specific projects such as age-friendly communities. Five states — California, Colorado, Texas, Minnesota, and Massachusetts — have fully developed and started implementing their MPOAs. Eleven additional states have either started or have begun the process of starting an MPOA. Pennsylvania will likely be the twelfth state to join this effort.

The purpose of this document is to introduce the MPOA, offer background on the initiative, and to invite stakeholders to contribute comments and recommendations for the plan's priority goals, objectives, and initiatives to support the highest quality of life for older adults and individuals with disabilities. We are asking any interested party responding to this request to structure their submission according to the World Health Organization's eight domains for livability, adapted for the United States by AARP:

**Social Participation:** This topic focuses on access to public events and social isolation. Public events are activities that are open to the community for the purpose of entertainment or socializing. Social isolation and loneliness are major factors that affect health and well-being.

**Civic Participation and Employment:** This topic focuses on opportunities to engage in meaningful service in the community as a paid or non-paid member of an organization or the community.

- *What kind of volunteering or work opportunities would you like to see or are missing in your community?*
- *What do you think communities can do to make volunteering or work opportunities more accessible to older people and people with disabilities?*
- *What are the main barriers older people and people with disabilities face in working or volunteering?*

**Communication and Information:** This topic focuses on the accessibility and availability of timely, clear information for many tasks, such as accessing community services or obtaining health care.

- *What sources do you go to for getting the information you need? What about during emergencies?*
- *Is this information easy to access and easy to understand?*

# Introduction to this Discussion Document

**Outdoor Spaces and Buildings:** This topic focuses on outdoor spaces including sidewalks, streets, state and local parks, and green spaces as well as buildings you may need to access for services or shopping.

- *Are you comfortable in public spaces, like a park or shopping area?*
- *Is it enjoyable to walk in your neighborhood?*

**Housing:** This topic refers to living spaces that are safe and affordable and provide essential services when properly maintained. As peoples' health changes, their needs for housing may also change. Some people may need to consider moving to a new home or a different community.

- *How difficult is it to find housing in your community that meets your needs?*
- *What special challenges, if any, do older people or people with disabilities face in finding appropriate housing?*
- *How difficult is it for someone to modify their housing to improve accessibility or safety?*

- *Due to your health, do you think you might want to move to a different home or community at some point?*

**Transportation:** The topic considers the full range of ways people get around, from walking to personal vehicles to purchased private or public services.

- *How easy is it for you to get around your community? Can someone without a car get to places they need to go?*
- *Do you feel safe walking, crossing at corners, or cycling on streets?*

## Health Services and Community

**Supports:** This topic considers how medical, long-term care, and behavioral support needs can be met with a wide variety of services. These include services from health care professionals as well as long-term care services that allow a person with chronic conditions to live well at home.

- *Are health and long-term care services available in your community?*
- *Are caregiver support programs available for people with long term care needs?*

**Respect and Social Inclusion:** This topic considers community belonging or access to an environment that encourages respect in treatment and interactions, intergenerational activities, and involvement by residents of all ages, abilities and incomes.

- *Does your community encourage respect for all persons, regardless of age, ability, or income?*
- *Are there opportunities to interact with people who are different from you?*

Stakeholders may use the following electronic form to submit their responses at [www.aging.pa.gov/MasterPlan](http://www.aging.pa.gov/MasterPlan). In addition, responses may be emailed to [AgingPlan@pa.gov](mailto:AgingPlan@pa.gov) and mailed to the following address:

Pennsylvania Department of Aging  
c/o Master Plan  
555 Walnut Street, 5th Floor  
Harrisburg, PA 17101

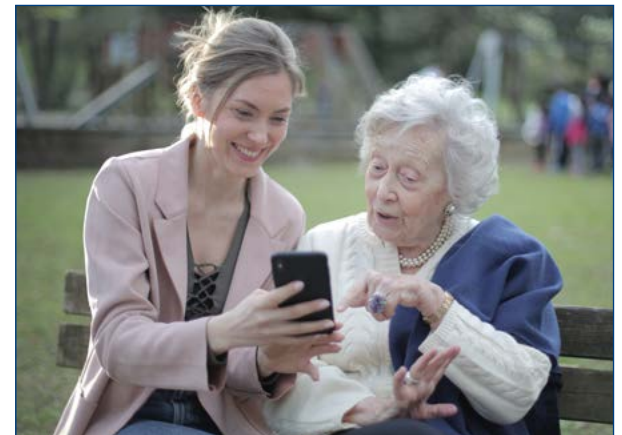
# Why is Pennsylvania Considering a Master Plan for Older Adults

The large and rapidly growing population of older adults and individuals with disabilities in Pennsylvania provides a unique opportunity to create and implement a plan that will make our Commonwealth age- and disability-friendly. The MPOA will provide a roadmap for public and private entities to prepare the state for the projected demographic changes while ensuring the older adult population can age joyfully with respect and dignity.

The growth rate of Pennsylvania's older adult population age 65 and over is more than 20 times higher than the growth rate of the state's general population. Pennsylvania is ranked fifth among the fifty states by the sheer size of its elderly population (3.4 million). In addition, Pennsylvania has one of the largest populations for individuals with expressed disabilities at 11% compared to other states. Lastly, Pennsylvania spends about \$41.5 billion per year, or up to 37% of the state's healthcare spending, on older adults and individuals with disabilities.

As the older adult population grows, it is also becoming incredibly diverse – geographically, racially, and socio-

economically. These diverse, growing populations will contribute to the Commonwealth in limitless ways and should be provided the resources they need to age the way they envision. To support the identification of goals, program and policy objectives, and strategies of the MPOA, Pennsylvania will gather input from stakeholders interested in contributing to the discussion and the development of the plan. Input will allow Pennsylvanians to express how they want to experience the aging process and what a positive older adult experience would mean at the individual level. This may include which services, institutions, programs, and environmental components are needed to meet their vision of a positive older adult experience. Input will be gathered through a statewide needs assessment, surveys, roundtable discussions, release of white papers for public comment and response, documentation of in-person “listening sessions,” qualitative interviews, and focus groups. Targeted workgroups that include representative stakeholders will develop recommendation reports based on this data collection process.



## Pennsylvania's Approach to Development

In January of 2023, Governor Josh Shapiro assumed office, and, as part of his first budget address, he introduced the initiative of developing a Master Plan for Older Adults and directed the appointed Secretary of Aging and his staff to lead this project. The [Executive Order 2023-09](#) codified the project by directing the Department of Aging to lead the plan development, agencies under the Governor's jurisdiction to support it, and the Pennsylvania Long-term Care Council to serve as a steering committee. Governor Shapiro also set a deadline for the MPOA's completion on or by February 1, 2024, ahead of his next budget address.

The Department of Aging (PDA) began this effort immediately. Pennsylvania's MPOA efforts are following the guidelines set by the Center for Health Care Strategies (CHCS) toolkit and adhere to the recommendations of the SCAN Foundation and AARP in the following ways:

- A team comprised of PDA staff, other Commonwealth agency staff, and consultants are supporting the effort. This team has developed a communication strategy and timeline events related to stakeholder and media engagement and outreach, plan development, and ongoing monitoring.
- PDA, through academic and community partners including the University of Pittsburgh, is issuing a needs assessment to fully document the baseline for older adult and disability services, infrastructure, and programming and to identify clear gaps or barriers that may need to be addressed by the plan. The needs assessment will include a randomized, representative sample of



older adults and older adults with disabilities to present a more objective understanding of perspectives and barriers related to older adult quality of life. The survey will also be distributed to community partners and their networks to broaden the understanding of perceived barriers to older adults in accessing services and infrastructure.

- The direct stakeholder engagement for the development of this plan involves outreach and requests for input from an individual or group engaged with or affected by older adult and disability-related services, programs, and infrastructure. The eight AARP domains will help stakeholders specify their input and comments into the process; however, these categories are not intended to limit any information of ideas provided by stakeholder groups.

## Pennsylvania's Approach to Development (con't)

Outreach will include but not be limited to:

1. The scheduling and presentation of the in-person and virtual “listening sessions” representing every county in the Commonwealth and facilitated by the 52 Area Agencies on Aging and the regional Centers for Independent Living to gather information locally and as representatively as possible.
  2. The aggregation of data collected through the needs assessment and stakeholder engagement process to identify priorities to be included in the plan.
  3. The use of this aggregated data by the Long-term Care Council serving as the Master Plan steering committee supported by subject matter experts from government agencies, community-based organizations, associations, or other sources to articulate what will be included in the final plan.
- The development and publication of the MPOA that identify and help visualize goals, objectives, and initiatives; identify “quick wins” and more aspirational goals; develop a process of plan accountability that includes plan measurement against goals and an ongoing monitoring process; and the development of a public-facing, accessible, and transparent reporting platform to demonstrate how well the Commonwealth is performing against Master Plan goals and objectives.

Non-public stakeholder groups and categories that will be part of the outreach and engagement for the plan are listed on



the next page. Public groups will include Pennsylvania county and local government, members of the Pennsylvania General Assembly and their staff, members of the executive branch of Pennsylvania state government and state-adjacent agencies and federal partners such as the Administration on Community Living and the Centers for Medicare and Medicaid Services.

## MPOA Non-Public Stakeholder Groups and Categories

- Older Pennsylvanians and Pennsylvanians with Disabilities
- Care partners and Caregivers
- Area Agencies on Aging
- Centers for Independent Living
- Veterans
- Direct care workers and their advocates
- Community-based organizations
- Faith-based organizations
- Advocates working with older adults and individuals with disabilities
- Health care, Behavioral Health, and LTSS service providers
- Media
- Law enforcement Representatives
- Navigators
- Technology-sector organizations
- Housing and transportation entities
- Educational institutions
- Livable community experts including those focused on aging in place
- Civil rights and racial justice groups
- Large and small employers and businesses
- Food and nutrition providers
- Exercise and engagement groups
- Groups connected to the Arts
- Bar Associations
- Financial Institutions
- Retirement and Long-term Planning Entities
- Casinos and other gaming institutions

# Core Tenets

This MPOA will be a stakeholder lead effort. While no preconceived goals, objectives, or initiatives are part of this MPOA, the stakeholder engagement process will be framed using the following core tenets, which will guide the outreach efforts:



## Transparency and inclusion

involving significant stakeholder and public-facing engagement as well as a strong communication plan.



## Embed diversity, equity, and inclusion in all phases of development

addressing disparities and promoting equity and inclusion regardless of a person's age, gender and gender expression, sexual orientation, race, color, religion, national origin, disability, veteran status, economic insecurity, geographic disparity, and other marginalized populations not yet identified.



## Principles of person-centered planning

valuing older Pennsylvanians and Pennsylvanians with disabilities holistically with careful consideration to each person's unique needs and preferences.



## Creation of a living document

that will evolve through the 10 years of the plan based on the changing needs and preferences of older Pennsylvanians and Pennsylvanians with Disabilities and on emergent events.



## A reframe of how we think about, talk about and value older adults and people with disabilities

to recognize the momentum, experience, longevity, economic contributions, and wisdom of older adults and people with disabilities and how these individuals add energy, vitality, and possibility to Pennsylvania.



# Framework

The MPOA will also be using the framework developed by the World Health Organization (WHO) and adapted for the United States by AARP to support the advancement of livable communities. This framework includes eight domains of livability to assess the characteristics of a community or state that make it more acceptable to the 60+ population (with benefits for all residents). The availability and quality of the following domains are known to improve quality of life older adults in communities across the world.



## 1 Outdoor Spaces and Buildings

This includes outdoor spaces and buildings where people can gather, such as parks, sidewalks, safe streets, outdoor seating and accessible buildings.

## 5 Respect and Social Inclusion

Respect and social inclusion focus on a sense of belonging for older adults in their communities through gatherings and activities that may be intergenerational, diverse, and inclusive.



## 2 Transportation Options

Transportation options to older adults including those for non-drivers to be able to access to services, places and people.



## 6 Civic Participation

Civic participation and employment focus on supports that enable work, volunteerism, active engagement, and older adult empowerment.

## 3 Housing

Housing that is appropriately designed or modified and affordable: Housing considers the ability of older adults to age in their current homes or communities for as long as possible and considers the availability, affordability, and accessibility of housing options in a community and the Commonwealth.

## 7 Communication and Information

Communication and information consider how older adults may be able to access the information they need through a variety of channels and to reach even those who may not be tech-savvy or use a smart phone.



## 4 Social Participation

Social participation focuses primarily on the prevention of isolation and loneliness in part through the availability of accessible, affordable, and fun social activities.

## 8 Community and Health Services

Community and health services for older adults considers how to make these services accessible in their communities and affordable.

## MPOA Background

State initiatives for the development of 10-year strategic plans focused on older adults and individuals with disabilities are relatively recent in their origins. The SCAN Foundation, a California-based independent non-profit organization created by a consortium of health plans to promote and advance system transformation and improvement for the benefit of older adults, is credited for first advocating the need for states to develop these plans. In 2013, SCAN began to advocate to California policymakers that states should be motivated to develop a plan that addresses the needs of growing populations of older adults that are more racially and ethnically diverse, living longer with less access to unpaid caregivers, and facing significant challenges in their community to age in place. They saw the Master Plan as a “blueprint that: a) includes planning for 10 or more years; b) is often led by a governor with other executive and legislative leaders; and c) is developed to guide the restructuring of state and local policy, programs, and funding toward aging well in the community.” (Scan Foundation, 2020). SCAN was able to effectively lobby with California Governor Gavin Newsom

to sign an executive order to authorize the state to develop the plan, and California published this plan in January 2021. The California Master Plan for Aging and its supporting documents may be found here at [mpa.aging.ca.gov](http://mpa.aging.ca.gov).

Because of the success of their efforts in California, SCAN provided funding to the Center for Health Care Strategies (CHCS), a Washington D.C.-based national firm that specializes in policy and program development for older adults and individuals with disabilities, to develop a toolkit for any state to replicate the process California used to develop its Master Plan. CHCS’s toolkit positions that a MPOA, which they call a multisector plan, “requires a cross-sector, state-led process that brings together stakeholders to outline a clear framework for addressing the needs of older adults, people with disabilities, and caregivers, for ten years or more.” The toolkit, published in 2022, included recommendations for MPOA core tenants and identified nine best practices. The nine best practices can be found on the next page.

## CHCS Toolkit Recommendations – Three Core Tenets for MPOA Development

Promote transparency and inclusion at all stages of MPOA development. This includes the use of public-facing, accessible meetings for stakeholders, using translation services including sign language interpretation to make meeting understandable for all, and developing a communication plan that will include regularly scheduled updates on MPOA progress.



Embed equity in all stages of development: This includes the use of demographic and assessment data to identify potential trends related to older adult and disability needs and preferences, the creation of a workgroup to review MPOA activities with an equity lens, and solicit feedback and expertise that is representative and knowledgeable about economically, socially, and geographically marginalized communities.



Incorporate the principle of person-centered planning: The engagement and thinking about older adults and people with disabilities holistically and the focus on each person’s unique needs and preferences while correcting for existing program and service silos that serve as barriers to person-centeredness.



# CHCS Toolkit Recommendations – Nine Best Practices for MPOA Development

**1** Empower an MPOA leader who has the skills to work across sectors and silos: this individual, a project manager for the MPOA, would be a Medicaid or Unit on Aging director, a cabinet-level appointee designated for this purpose, or a consultant with significant state experience.

**2** Assemble a team with skills to develop the MPOA: representative skills include communications, policy, data, stakeholder-engagement, meeting facilitation, scheduling, and web or graphic design capabilities.

**3** Build on existing state planning efforts for older adults and people with disabilities. Review past 4-year plans required by the federal government or other relevant strategic plans to determine what has been considered in the past, what has been successfully implemented, and what changes were addressed.

**4** Gather input from people living and working in the state: this involves people living and working in the state including but definitely not limited to older adults and individuals with disabilities, community-based organizations (CBOs), older adult and disability advocacy organizations, local and county older adult service agencies, health care and long-term services and supports (LTSS) providers and advocates, large industries and companies, and individuals of all ages and abilities.

**5** Engage deeply with a broad coalition of stakeholders. The broad coalition would include but extent far beyond older adults and individuals with disabilities and may also include technology-sector organizations, housing and transportation agencies and companies, educational institutions at all levels, climate advocates with an interest in livable communities, civil rights and racial justice groups, and large and small employers.



**6** Involve executive and legislative branches of government in developing the MPOA: this involves the engagement of all levels of government including local, county, state agency, state legislative, and federal partners and supports the outreach and engagement of a broad coalition of stakeholders.

**7** Create effective stakeholder advisory committees and subcommittees: these advisory committees will serve as an ongoing link between the individuals developing the MPOA and the broader stakeholder community and offer recommendations for what should be part of the final plan.

**8** Leverage data to inform MPOA goals and initiatives: to support a plan that is evidence-based, baseline state- and national-level data can help inform the MPOA's primary focus areas and set the stage for evaluation and identification of opportunities for improvement.

**9** Write and publish a plan that includes “quick wins,” aspirational goals, accountability, and resources for implementation: the final plan to be published should include actionable and measurable goals and initiatives that support ongoing engagement, a set of shorter-term achievable initiatives and longer-term aspirational goals, a plan for ongoing accountability for those goals, and a plan for its ongoing evaluation.

# Consider the Requirements to Join AARP’s Network of Age-Friendly States and Communities

Both the Scan Foundation and CHCS recommend, in addition to the development of a baseline needs assessment for the evaluation and identification of opportunities for improvement to support older adult and disability quality of life, that states engaging in an MPOA consider the requirements for joining the AARP Network of Age-Friendly States and Communities. AARP is a national nonprofit interest group that focuses on issues and policies affecting individuals over the age of 50. AARP’s Network of Age-Friendly States and Communities is a designation they developed to support local, regional, and state governments as they prepare for the nation’s changing demographics. The designation provides a framework that equips leaders and residents with resources, according to AARP, “for assessing the needs of older adults [and individuals with disabilities] related to housing and transportation options, access to key services [such as health care and LTSS], and opportunities to participate in communities.” The eight domains they recommend, as developed by the WHO, provide a focus for research and stakeholder discussion are noted in Figure 1.

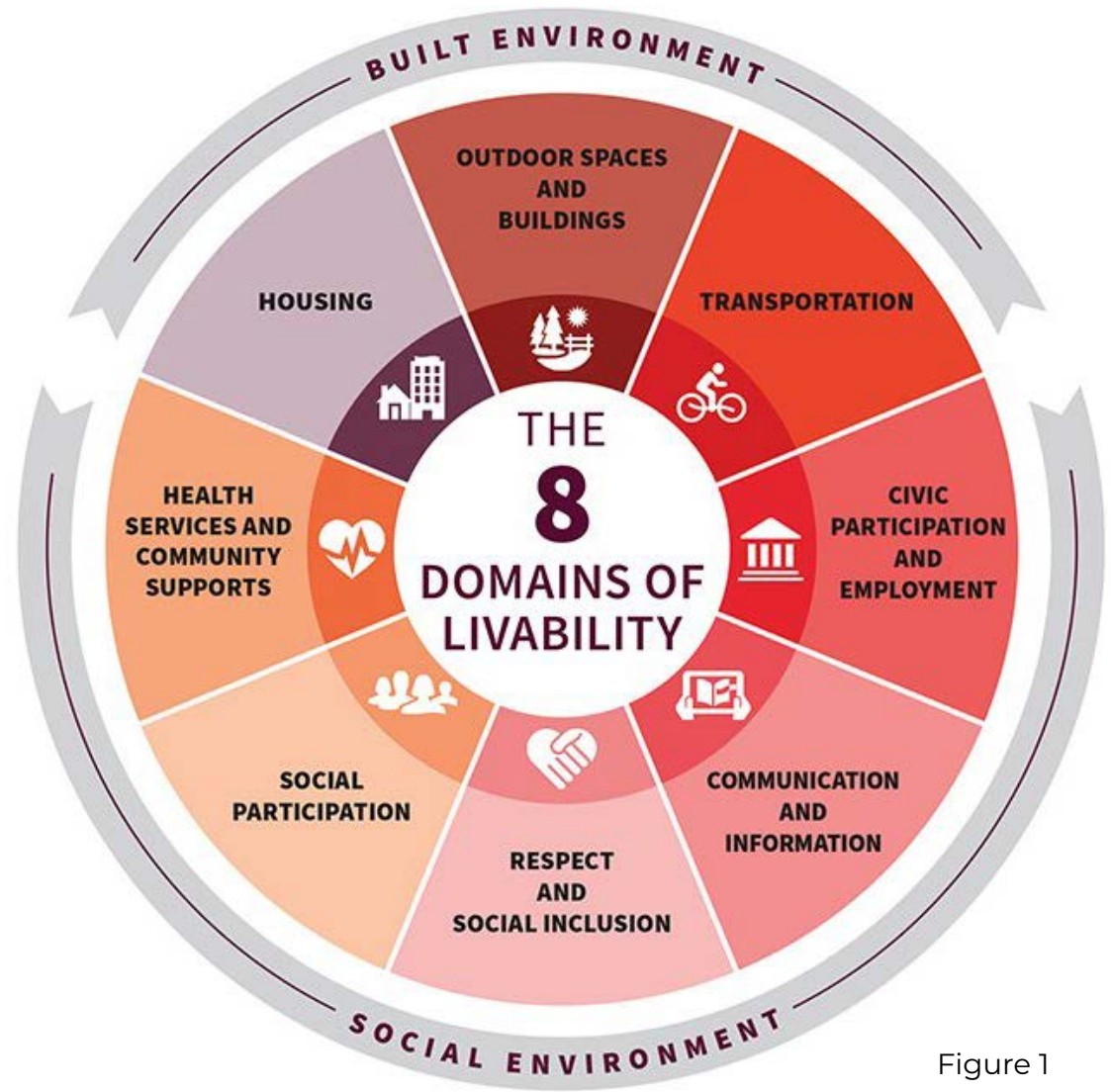


Figure 1