Center for Health Care Strategies

Developing a Multisector Plan for Aging

By Carrie Graham and Amy Hoffmaster, Center for Health Care Strategies

TAKEAWAYS

- A multisector plan for aging (MPA) is a cross-sector, state-led strategic planning resource that can help states transform the infrastructure and coordination of services for their rapidly aging population, as well as people with disabilities.

- After a state has secured authorization for an MPA — through a governor's executive order or legislation — the next step is to develop the MPA.

- This tool outlines core tenets to guide an MPA development process and best practices for cross-sector MPA development. State examples are included throughout to provide tangible illustrations of the process.

A multisector plan for aging (MPA)[*] creates a valuable roadmap that can help states transform the infrastructure and coordination of services for rapidly aging populations and people with disabilities. Developing an MPA 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 10 years or more.

The first critical step in building an MPA is securing authorization to develop it — either through a governor's executive order or legislation. Once a state has buy-in and authorization for an MPA, state leaders, advocates, and industry leaders need to collaborate to develop the MPA.

This tool is designed to help states coordinate a comprehensive, inclusive, and transparent process for developing an MPA. It outlines three core tenets essential to successful MPA development, as well as nine recommended best practices for the development process. Examples and lessons from states that have created MPAs are included to provide tangible ground-level suggestions and details.

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[*] Multisector plan for aging is an umbrella term for a state-led, multi-year planning process that convenes cross-sector stakeholders to collaboratively address the needs of older adults and people with disabilities. States use a variety of names for these plans (e.g., master plans, strategic plans, and aging-well plans) but all have the same broad goals.

For each state, the development process will look unique, based on varying levels of existing aging planning initiatives; state priorities, leadership, and culture; government structures; and philanthropic partnerships. Each stage of the MPA development process may also take different amounts of time to complete. States can customize the suggestions in this tool to structure a successful MPA development approach that meets their state's distinct needs and priorities.

BENEFITS OF DEVELOPING A MULTISECTOR PLAN FOR AGING

Although developing an MPA requires dedicated upfront time and effort, the payoff is long-lasting, culminating in a comprehensive plan that spans up to 10 years. Key long-term benefits include:

- Building relationships between the state and diverse stakeholders to identify shared values, mutual goals, and opportunities.
- Promoting equity and combating bias and discrimination through policy and funding priorities.
- Raising awareness for the public and for policymakers about how aging policy impacts people at all stages of life.
- Building bridges within local and statewide government agencies and departments that impact older adults and people with disabilities.
- Creating academic, research, philanthropic, and other public/private partnerships that bring aging, disability, and gerontology experts to the forefront of policy influence.
- Incorporating an aging lens across local and state priorities beyond traditional health care and community services.

See *Getting Started with a Multisector Plan for Aging* for more benefits and practical steps for gaining buy-in and encouraging an executive order or legislation to begin the MPA process.

Three Core Tenets for MPA Development

While this tool describes specific steps in MPA development, there are three core tenets that span all steps in the process. These include focuses on **transparency and inclusion**, **equity**, and **person-centered planning**.

1. Promote transparency and inclusion at all stages of MPA development.

It is important to have a transparent and inclusive process during all stages of MPA development. Doing so will foster greater trust and buy-in to support the creation and implementation of the MPA and will also encourage broad stakeholder involvement. Actions to promote transparency and inclusion include:

- **Mandate public-facing, accessible meetings** that encourage attendance in-person, by telephone, and online. Ensure that meetings are accessible and in Americans with Disability Act compliant locations. Allow ample opportunities for community members to provide input. Offer multiple modalities to access post-meeting transcripts, notes, and reports.

- **Make meetings understandable for all**, including sign language interpretation, closed captioning, and language translation. Provide technology to ensure that those attending virtually can provide public comment — and do so in ways other than spoken English.

- **Develop a communications plan** to provide regularly scheduled interim updates to the public on the MPA's development. Publicly report all polling and survey results as well as outcomes of community engagement events. Provide public summaries of subcommittee progress and recommendations throughout the development process. Offer communications in multiple formats, including online; by telephone and mail; via television, radio, newspaper, and social media; and in person at publicly accessible locations. Ensure all communications are user-friendly and available in multiple languages, including sign language. Consider building a website as one component of your communications plan.

Example: California published a progress report with an update on their MPA development. They also published an e-newsletter to share updates and announce engagement opportunities.

2. Embed equity into all stages of development.

An intentional focus on equity should be a core tenet of developing your MPA. At the outset, clearly identify how your MPA will address disparities and promote equity in your state related to race, gender, marital status, socioeconomic status, and more. Because people's later years in life are significantly impacted by the cumulative lifetime impacts of discrimination, an MPA must recognize and address those burdens. Actions to embed equity into MPA development include:

- **Ground your work in data**. Study your state's demographic data to identify current and future trends in the aging and disabled populations. Examine existing research and evidence to ensure your MPA's initiatives will address existing disparities and inequities. Create metrics to track your MPA's impact on equity.

- **Create an equity workgroup** to review MPA activities with an equity lens. Invite subject-matter experts and leaders from a range of backgrounds, including leaders in the community and non-governmental agencies. Ensure this workgroup has the power to make recommendations and decisions.

- **Solicit feedback and expertise** from representatives of economically, socially, and geographically marginalized communities in your state. Involve community leaders on your committees and ensure they have equal input into your MPA. Choose community members who:

  - Have a deep personal understanding of and commitment to aging and disability issues;

  - Have experience working on committees or commissions, are thoughtful around power dynamics, and have been involved in efforts focused on collaboration and building bridges;

  - Represent diverse communities encompassing varying racial, ethnic, religious, and linguistic backgrounds; geographies; tribes; veteran status; gender identities; and sexual orientations; and

  - Represent the constituencies that your MPA will serve, including people with disabilities, people who use long-term services and supports (LTSS) and other public programs, caregivers, and people from communities that have been economically and socially marginalized.

Example: California formed an Equity Workgroup as part of their MPA development process. The workgroup developed a set of guiding recommendations and an equity tool to help ensure that the final MPA was developed with an equity lens.

RESOURCES TO HELP EMBED EQUITY IN MPA PLANNING

Following are resource links to help stakeholders embed equity in MPA planning, including tools, publications, and organizations focused on addressing disparities and inequities in aging:

- Diverse Elders Coalition
- National Resource Center on LGBT Aging
- Justice in Aging
- The National Caucus & Center on Black Aging
- Voices of Equity in Planning *(American Planning Association)*
- Rural Aging in Place Toolkit *(Rural Health Information Hub)*

- An Intersectional Approach to Services and Care for LGBT Elders *(National Resource Center on LGBT Aging)*
- Strengthen Your State and Local Aging Plan: A Practical Guide for Expanding the Inclusion of LGBT Older Adults *(National Resource Center on LGBT Aging)*
- Equity in Aging Resource Center *(California Department of Aging)*
- California for ALL Anti-Ageism Resources *(California Department of Aging)*

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3. Incorporate the principle of person-centered planning.

It is common in state government for various agencies to have "jurisdiction" over specific populations and/or services. For example, in the aging context, when an older adult needs health care, the Medicaid agency may be involved. However, when that person needs home- and community-based services, that may fall to the Department of Social Services. If they need Older American's Act services, such as information and referrals, that falls under the Unit on Aging. Or if they need behavioral health services, that might be the responsibility of an entirely different agency. This too often results in siloed, fragmented care for the individual.

In the context of developing an MPA, "person-centered planning" involves thinking of older adults and people with disabilities holistically, with the onus on the state to accommodate each person's unique needs rather than the person having to navigate the many state agency silos.

Example: States can incorporate establishment of a No Wrong Door system into their MPA, which provides a one-stop coordination system that allows individuals to access a broad array of services and information from several agencies in one place.

Nine Best Practices for Developing an MPA

1. Empower an MPA leader who has the skills to work across sectors and silos.

No matter how your state's MPA was authorized, it will need a dedicated leader to successfully guide the development process. Selecting this leader is a critical decision. It could be your state's Medicaid or Unit on Aging director, a cabinet-level appointee designated for this purpose, or a consultant with significant state experience.

Whoever is chosen needs to be an "insider" in state government, sensitive to your state's politics, committed to breaking down the often long-established silos in state government, and possess the leadership skills and relationships to work across agencies. This person should be committed to and experienced in meaningful consumer engagement — and should have the confidence to lead with transparency. Subject-matter expertise in aging can be helpful in a leader, but not necessary, as subcommittees, stakeholders, and consumers can provide this knowledge.

Examples

- In **Massachusetts**, Robin Lipson, Deputy Secretary of the state's Executive Office of Elder Affairs leads their statewide aging planning efforts. She has 40 years of experience working at the intersection of health care strategy, policy, and implementation. She has served in leadership roles in the public, not-for-profit, and private sectors, including as Deputy Director of the Massachusetts Medicaid Program as well as the first-ever Vice President of Strategic Planning for Blue Cross and Blue Shield of Massachusetts.

- In **California**, Kim McCoy Wade began the MPA development process as she took on the new role as director of the Department of Aging, focusing the process on transforming the department and ensuring that it developed the capacity to lead future implementation. She previously led California's Supplemental Nutrition Assistance Program where she worked across siloed agencies to achieve program goals.

2. Assemble a team with the skills to develop an MPA.

It is important to assemble an MPA development team of staff and consultants with a variety of skills. These skills should include expertise in communications, policy, data, and consumer-engagement; meeting planning and facilitation abilities; administrative scheduling background; and website and graphic design capacity. The team can include state employees as well as outside contractors and vendors. Include team members who represent your state's racial, gender, age, geographic, and linguistic diversity.

Incorporating external consultants into your MPA team can provide advantages. Consultants can contribute expertise in the skills listed above and can offer subject-matter expertise related to aging services, geriatrics, housing, transportation, health care, rehabilitation, disability services, and more. Consultants who are well connected with the different aging sectors, such as health care, social services, and academia, can act as a bridge between state staff and external stakeholders.

Assembling an MPA development team requires resources. These can be gleaned from the state budget, philanthropic partners, in-kind contributions, and/or public-private partnerships.

Examples

- A coalition of eight **California** foundations funded consultant support to develop the MPA. Gerontologists and advocates donated in-kind time to participate on committees.

- The state of **Vermont** budgeted a half-time state employee for MPA development. In addition, MPA-related needs assessment activities are supported through Vermont Department of Health funding from a Centers for Disease Control and Prevention Health Equity grant.

- **California's** Data Dashboard for Aging was created through a public private partnership between West Health Institute, which provided in kind staffing support for data visualization; the California Department of Public Health, which added the dashboard to their existing Let's Get Healthy website; and a data consultant, funded by foundation partners.

3. Build on existing state planning efforts for older adults and people with disabilities.

Your state may have existing planning efforts that impact aging individuals and people with disabilities. An MPA should build on existing efforts, bolstering opportunities for success of existing programs and the overall MPA. Begin the MPA development process by understanding the existing framework of aging initiatives in the state and inviting the leaders of those efforts to the table.

- **Put out a broad call** to state agencies and community-led efforts to understand the existing foundation of aging-related planning in your state. It's important to understand the experiences of past and current government and community-driven efforts, to support local efforts in the future, and to eliminate common barriers for communities.

- **Document past and current initiatives** in your state — mapping state, regional, and local efforts — and ensure that your MPA builds on these rather than replicating them.

- **Engage the stakeholders** who are leading other planning efforts and include them in your MPA development. This could include reaching out to Olmstead Committees and LTSS reform groups. Meet with leaders of these efforts to learn about their experiences, lessons, current statuses of their projects, and recommendations for proceeding.

- **Leverage and align with federal efforts** to ensure that your MPA has its finger on the pulse of potential opportunities and challenges of new federal legislation, funding, and regulatory changes. Examples to explore include the American Rescue Plan Act, No Wrong Door, Elder Justice Act, and COVID-19 relief funding.

Existing age-related initiatives that can be leveraged include:

- **State Plans on Aging**. Federal requirements mandate that states submit a State Plan on Aging every four years to the Administration for Community Living. This requirement is tied to the Older Americans Act, which authorizes federal funding for programs. These plans, which are typically developed by each state's Unit on Aging, can be used as a foundation when developing an MPA.

- **Age-Friendly Initiatives**. AARP's Age-Friendly Network is a collective of states and jurisdictions (e.g., cities, counties) that are committed to actively working to make their communities a great place to live for people of all ages. States already working toward Age-Friendly goals can use these efforts to advocate for a broader MPA process. The development process of an MPA can also be used toward becoming an Age-Friendly state.

- **Age-Friendly Health Systems**. The Institute for Healthcare Improvement, the American Hospital Association, and the Catholic Health Association of the United States, with support from The John A. Hartford Foundation, created the Age-Friendly Health Systems Framework to improve the quality of care older adults receive. To achieve recognition as an Age-Friendly Health System, providers must demonstrate their ability to implement the 4M Framework (What Matters, Medication, Mentation, and Mobility). States developing an MPA can engage with hospitals, nursing homes, and other providers with the Age-Friendly Health System designation to guide decisions about improving the delivery system for older adults.

- **Dementia-Friendly Communities**. The Alzheimer's Association and other advocates for individuals with dementia endorse Dementia-Friendly Communities, a planning process that helps communities take steps to be more inclusive for people with Alzheimer's disease or related dementias.

- **Olmstead Plans**. The U.S. Supreme Court's 1999 landmark decision in Olmstead v. L.C. (Olmstead) found that unjustified segregation of people with disabilities is a form of unlawful discrimination under the Americans with Disabilities Act. The federal government oversees state efforts to comply with the Olmstead Act, with states periodically required to update their Olmstead Plans to support people living in the community. Stakeholders who sit on existing Olmstead Stakeholder Advisory Committees should be included in MPA development efforts.

- **LTSS Reform**. Several states have recently undertaken major efforts to restructure LTSS systems to rebalance services to create more home- and community-based options, reduce fragmentation and duplication, and integrate care. This includes development of a No-Wrong Door system, which is a one-stop coordination system that allows individuals to access a broad array of services and information from several agencies in one place. Many of these efforts may have existing stakeholder advisory groups that can be engaged in MPA development.

- **Local, County, or State Aging Commissions**. Aging commissions serve as the primary advisory bodies on matters that impact older adults at local, county, and state levels. These trusted advisors are well-versed in the key aging challenges and activities in their communities. An MPA can build on the historic work that these commissions have performed and use their findings and efforts as a starting point to understanding the needs and current landscape of aging individuals in their state.

- **Direct Care Workforce Commissions**. Some states, such as **Michigan**, have direct care workforce commissions that actively advise their state in helping to address the direct care workforce shortage. Given that many initiatives in the MPA will be directly affected by workforce shortages, it is imperative to include these efforts in MPA development.

Examples

- **Minnesota** is leveraging the State Plan on Aging stakeholder engagement process for planning its Minnesota 2030 initiative. Minnesota's 2030 initiative includes a Gubernatorial Executive Order to establish the Governor's Council on an Age-Friendly Minnesota.

- **California**'s MPA planning team partnered with the Governor's Task Force on Alzheimer's Prevention, Preparedness, and Path Forward to ensure recommendations were aligned across the initiatives.

4. Gather input from people living and working in your state.

During the MPA "getting started" phase, states ideally engaged people living and working in their state to establish their support for an MPA. It is important to continue to engage and gather detailed input from community members throughout your development process. This will help to ensure that the goals and initiatives incorporated into the MPA reflect what is meaningful to people living in your state.

Prioritize 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. It is also critical to ensure that diverse groups, including people of color, tribal communities, veterans, immigrants, the LGBTQ+ community, and other distinct groups in the state have a strong voice in the MPA.

One approach to successful consumer engagement is for the MPA team to work closely with community-based organizations (CBOs) that are already engaged with the groups listed above. These community groups can help identify and organize events and encourage individual feedback. Potential partners that can help the state engage with a variety of individuals include:

- **Community-based organizations**, such as faith-based organizations, community centers, public libraries, volunteer and humanitarian service organizations, colleges and universities, village model programs, senior centers, and caregiver support organizations.

- **Aging and disability advocacy organizations**, such as the Long Term Care Ombudsman, state chapters of AARP, Disability Rights, the Alzheimer's Association, and Centers for Independent Living.

- **Local and county aging services agencies**, such as Area Agencies on Aging, Aging and Disability Resource Centers, private social services organization (e.g., Catholic Charities, Jewish Family Services), and care management organizations. Be sure to engage organizations that are serving diverse populations in your state.

- **Health care providers**, such as Age Friendly Health Systems, federally qualified health centers, and community clinics.

- **LTSS providers**, such as Programs of All-Inclusive Care for the Elderly (PACE), nursing homes, assisted living and adult day health care programs, home health agencies, congregate meal sites, Meals on Wheels, and senior transportation services.

- **Large industries or companies** in your state that work closely with their retirees and/or pensioners.

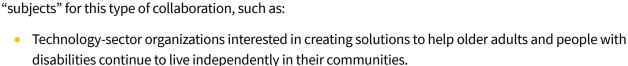Strategies for engaging community members include:

- **Hold in-person "listening sessions,"** which are often most accessible and successful when the MPA leader and team attend in person rather than requiring individuals to travel to the state capital. Collaborate with CBOs to determine where to hold events, who to invite, and how to extend invitations.

- **Host webinars or conference calls** to discuss MPA development. Ensure that there are accessible online and telephone options for joining. This type of meeting can also be a way to engage a broader group of stakeholders who may have limited transportation options and/or be limited by geographic distances or mobility issues.

- **Use a polling firm** to conduct targeted polling or focus groups of older adults and people with disabilities to better understand their needs and priorities for an MPA.

- **Field online surveys** to older adults, people with disabilities, and caregivers. Work with CBOs to help distribute and disseminate the survey links. Surveys should be translated and adapted to meet the language and cultural needs of key populations in your state.

- **Host roundtable discussions** in partnership with state or local representatives to engage with their constituents and local leaders.

Examples

- In **California**, the California Health Care Foundation recently funded "Listening to Black Californians," a three-part study with interviews, focus groups, and a statewide survey of Black Californians regarding their experiences and preferences for health care. Purposeful Aging Los Angeles fielded a multilingual survey to inform their city's age-friendly action plan recommendations.

- **Colorado** hosted regional Conversations on Aging throughout the state as a community-based public engagement strategy to inform the Strategic Action Planning Group on Aging's 2018 Plan. These interactive conversations included older adults, families, caregivers, and stakeholders affiliated with the aging network.

- **California's** MPA team gathered community member and public input through legislator-hosted community roundtables, Webinar Wednesdays, an Equity in Aging Town Hall, and a COVID-19 Impacts and Recommendations Survey.

5. Engage deeply with a broad coalition of stakeholders.

An MPA is for all people who are aging in your state, not just those who are currently considered "older." As such, it is critical to involve a broad stakeholder coalition when developing an MPA. This broad coalition can involve aging, disability, and advocacy organizations such as direct care workers, unions, health care providers, and CBOs serving older adults and people with disabilities — including those with intellectual and developmental disabilities. It should also include stakeholders and industries that may not be usual "subjects" for this type of collaboration, such as:

- Technology-sector organizations interested in creating solutions to help older adults and people with disabilities continue to live independently in their communities.

- Housing and transportation companies that provide services for people of all ages.

- Educational institutions of all levels, including K-12 schools interested in inter-generational models that bring children and older adults together — and community college and universities that offer health or gerontology-focused degrees or courses to educate and prepare adults for retirement.

- Climate advocates with interest in livable communities and alternatives to cars.

- Civil rights and racial justice groups with expertise on multi-generational families.

- Companies and industries that are large employers in your state and want to support employees who are acting as caregivers and/or planning for retirement.

Examples

- The Health Foundation for Western & Central New York is hosting a campaign asking stakeholders to pledge support to the **New York** MPA, called We Stand with Seniors New York.

- **California** held a Together we EngAGE public campaign encouraging stakeholders and organizations to submit letters describing their priority topics and issues recommended for the state's MPA. California's Director on Aging participated in private sector forums during their MPA development process to discuss approaches to address isolation during COVID-19 as well as delivery, funding of LTSS, and financial and retirement security for older Californians.

- Disability Rights California developed key principles to guide its participation in the **California** MPA Stakeholder Advisory Committee with a focus on promoting access for all people with disabilities.

6. Involve executive and legislative branches of government in developing your MPA.

One of the hallmarks of an MPA is that it focuses on more than just one program, one funding stream, and one age group. Ideally, an MPA addresses all people in your state who are aging — including young adults planning for retirement, caregivers, direct care workers, older adults, and people aging with disabilities. To make sure your MPA reaches each of those audiences, it is important to engage government agencies and departments across multiple sectors and branches.

Within the executive branch, departments to involve that focus specifically on aging include Departments of Health, Departments of Aging, Medicaid Agencies, and Departments of Social Services. It is also critically important to involve executive branch agencies that are not traditionally specifically focused on aging, including:

DEPARTMENT	FOCUS
Labor	Direct care workforce and employment for older adults and individuals with disabilities
Transportation	Accessible transportation
Housing	Affordable and accessible housing options
Insurance	Retirement planning or pensions
Technology	Equitable broadband access
Emergency Services	Protection of higher-risk older adults and individuals with disabilities from increasing extreme weather disasters
Corrections	Resources for housing, health care, and employment of older adults and people with disabilities transitioning back into communities post incarceration

The person and team leading your MPA development should implement a strategy to create and strengthen relationships with colleagues in the departments listed above. One way to do this is to develop cabinet-level workgroups for department and agency leaders to join and/or co-chair. When finalizing your MPA, ensure that different departments and agencies are listed as co-leads for initiatives that fall within their jurisdiction. This will ensure ownership and accountability — and provide credit where it is due. These opportunities can also provide and encourage cross-division collaboration throughout your MPA development process.

In addition, engagement between executive and state legislative branches is key because many of the initiatives in your MPA may need legislation to be implemented. Strategies to ensure engagement with legislators include:

- **Engage state legislative committees** focused on aging, disability, housing, and health care throughout your MPA development process. Ask them to attend, present at, or co-host MPA meetings. Consider an affinity caucus for aging to convene legislators across committees.

- **Identify legislative champions** who have expressed interest in issues of aging and disabilities or have caregiving experience.

- **Invite legislators to consumer engagement events** such as listening sessions and stakeholder meetings. Ask them to engage their constituents in town hall meetings about aging.

- **Provide regular updates to state legislative leaders** on your process, progress, budget, and key milestones.

Examples

- **Colorado's** Strategic Action Plan on Aging planning group included representation from state departments and local leaders, including commissioners and mayors.

- **California's** MPA Cabinet Work Group consisted of all cabinet departments[†] and executive offices, meeting throughout the MPA process to consider public and stakeholder input and provide expertise and strategic direction to the Governor.

- **California** Assembly Member Adrin Nazarian and Chair of the Assembly Aging and Long-Term Care committee participated in several MPA events to express his support and engage constituents in the MPA development.

- The **California** MPA identifies the lead agency for each initiative included under its five bold goals, including the Business, Consumer Services and Housing Agency; State Transportation Agency; Health and Human Services; Natural Resources Agency; and others.

[†] The cabinet workgroup included the Transportation Agency; Department of Corrections and Rehabilitation; Environmental Protection Agency; Department of Finance, Health and Human Services Agency; Department of Food and Agriculture; Labor and Workforce Development Agency; Department of Food and Agriculture; Labor and Workforce Development Agency; Natural Resources Agency; Department of Veterans Affairs; and Business, Consumer Services, and Housing Agency.

7. Create effective stakeholder advisory committees and subcommittees.

State leaders, cabinet-level appointees, or a consultant with significant state experience typically manage the development of an MPA. However, a stakeholder advisory committee and subcommittees can serve as important advisors to the state, act as an ongoing link between the community and government officials, and most importantly, be well-positioned to draft recommendations and reports that inform the MPA.

One recommendation is to create a Stakeholder Advisory Committee (SAC) that is tasked with chairing several subcommittees. These subcommittees can conduct focused deep dives and make recommendations to the SAC on topics that are important to the state — such as housing, rural aging, LTSS, and equity. The SAC can also be tasked with creating a final report for the governor with recommendations on the MPA.

Embed equity into the creation of the subcommittees and committees, keeping in mind who is at the table and how power dynamics are addressed. Ensure that a diverse range of stakeholders is involved in developing your MPA (see the core tenet on equity, page 3, for tips). Consider including participation from organizations, such as academic institutions, that can bring in-kind support to the MPA development process.

Examples

- The **Massachusetts** Governor's Council to Address Aging created workgroups oriented to specific issues, such as transportation and housing, that informed the council's final recommendations. Workgroups included representatives from the public, private, and non-profit sectors and represented a wide variety of stakeholders from academia, aging services, the business community, housing providers, philanthropy, technology vendors, universities, state-agency employees, local councils on aging, senior living centers, industry, and transportation.

- When the Aging **Texas** Well Initiative was formally established, it created the Aging Texas Well Advisory Committee. This committee represents older adults, family caregivers, members of their Area Agency on Aging, members of their Aging and Disability Resource Centers, and other service providers and advocacy organizations.

- **California's** MPA committees included a Stakeholder Advisory Committee, Long-Term Services and Supports Subcommittee , Research Subcommittee, and Equity Work Group.

8. Leverage data to inform MPA goals and initiatives.

The MPA should be an evidence-based and data-led plan. In the MPA "getting started" phase, data are used to describe information about the state's aging population to build buy-in for the need for an MPA. In the development stage, research, data, and evidence can inform the initiatives, solutions, and direction that will be outlined in the plan. Baseline state- or national-level data can help inform your MPA's primary focus areas and set the stage for evaluation and opportunities for improvement.

Opportunities to use data while developing your MPA include:

- **Form a data and research subcommittee** that includes data scientists and researchers from state agencies and academic institutions who can be thought partners on data sources, reports, and aging projections.

- **Conduct an analysis of various datasets available in your state** and identify evidence that support specific initiatives that are being considered for inclusion in the MPA. Look beyond the State Unit on Aging to other agencies (e.g., housing, transportation, labor, public health, social services) that may collect data related to aging individuals, caregivers, and people with disabilities.

- **Create a data dictionary** to organize datasets.

- **Identify data gaps** where current data are not available or are missing important variables related to unmet needs, disability, service use, race, ethnicity, language, geography, or sexual orientation and gender identity that could help your state project future needs. Filling identified data gaps can be an important priority to embed into your MPA.

- **Create an evidence-based dashboard** to track MPA progress. These data can also be used to identify metrics for assessing the effectiveness of policy and program actions established through MPA recommendations.

- **Break down and disaggregate data**, when possible, to measure outcomes by race, gender, disability, and other metrics. This enables more impactful data analysis including intersectionality (such as race and gender identity) and smaller ranges (i.e., not simply one age category over age 65).

Examples

- In **Massachusetts**, the Governor's Council to Address Aging hosted subject-matter expert panel sessions to delve into key issues and data related to creating a more age-friendly state. Panels focused on age-friendly communities, economic security, housing and services, transportation, and family caregiving. Insights were used to inform the Initial Council Blueprint.

- **California's** MPA research subcommittee included academics and researchers from across multiple public and private universities and research institutions. This subcommittee provided examples of research and data sources, and also contributed research findings and data sources in the areas of racial disparities, health equity, homelessness, LTSS, transportation, and more. The MPA research subcommittee also set priorities for a Data Dashboard for Aging.

- In **New York**, the New York Academy of Medicine created an interactive data visualization tool, leveraging local data to understand the current and future needs related to aging adults in the state.

9. Write a plan that includes "quick wins," aspirational goals, accountability, and resources for implementation.

Once consumer and stakeholder input has been synthesized and the stakeholder committees have submitted their recommendations to the governor or legislature, it is time to write your state's plan. States can draft an MPA with any number of goals and initiatives and organize it by themes deemed important by consumers and stakeholders. Tips for maximizing the structure of and communicating your MPA are listed below.

Create a structure for your MPA

- **Define your MPA's mission, vision, and values**. This is a critical step for creating your document's actual goals and strategies. See Massachusetts' vision and goals as an example.

- **Identify a small set of high-level goals**. Narrow your state's priorities into no more than five measurable goals that capture your MPA's highest priorities and serve as key themes to organize initiatives. See California's 5 Bold Goals as an example.

- **Start with a set of shorter-term achievable initiatives**. These should be clear and concise — and have a measurable target or outcome that can be achieved in one to two years. Initiatives that can be "quick wins" can help gain and maintain momentum and enthusiasm for your MPA.

- **Create a set of longer-term aspirational initiatives**. These are areas that the state, stakeholders, and consumers agree are the right goals, but there is less certainty about available funding, the details of implementation, or even consistent leadership at the governor's level. These aspirational initiatives, set with a timeline of five to 10 years, can give clear direction to the state but may be less specific and include room for more detail to be added over time.

Build in accountability and responsibility

- **Make your MPA evidence based**. When possible, include citations or links to evidence or examples that support the efficacy and feasibility of a specific initiative. Create goals linked to existing evidence.

- **Collaborate with other agencies and departments to frame each goal and initiative that falls within their jurisdiction**. Assign one or more "lead" agencies or departments to each stated initiative and include them in refining the initiatives. Accountability for implementation is an important way to ensure that the MPA does not just "sit on a shelf."

- **Highlight existing initiatives**. Every goal or initiative in the MPA does not need to be new. Use your MPA to elevate ongoing efforts and renew commitments that other agencies and departments have already made. This will also help with recognition and coordination across initiatives.

Promote your plan

- **Make the plan accessible**. Post your MPA in an easy-to-find location on your state's website and encourage partners to distribute information to their stakeholders. Ensure your MPA has been professionally translated and culturally adapted into all languages that are commonly spoken in your state. Make sure the document is accessible to people using screen readers and other accessibility devices.

- **Create a public reporting schedule**. Designate dates to publicly report your progress and/or the goals you have met. These dates can also be used to pivot, react to changed circumstances, and make the necessary modifications to ensure your MPA is a living document that does not become outdated. See examples of California's six-month MPA progress report and first year annual report.

- **Continue to solicit feedback**. Invite regular feedback and public comment on your plan to ensure that it stays relevant. Commit to ensuring that the MPA is a living document that can be updated throughout its 10+ years as a strategic blueprint.

- **Promote local MPA implementation**. State MPAs should create frameworks to help local communities, counties, and municipalities implement their own locally focused MPA that outline regional details in addition to addressing goals and initiatives that the state government will implement. Consider creating a Local MPA Playbook as an addendum to your MPA to create awareness and momentum for local action.

As feasible, continue with your state's MPA initiatives, even if funding for implementation is not immediately available. Inclusion of unfunded initiatives in your MPA will lay the groundwork for quick action when funding becomes available in the future — including through budget windfalls, federal funding streams, or grant opportunities. It is not necessary to exclude an initiative due to a lack of immediate funding, and inclusion allows for funders and stakeholders to quickly engage in these initiatives when funding becomes available.

Every state's MPA will look different. MPAs should reflect input from consumers and stakeholders as well as their governor's and legislature's priorities. State examples of MPAs and other similar comprehensive aging plans include the Age-Friendly Massachusetts Action Plan, California's Master Plan for Aging, and Colorado's Strategic Action Plan on Aging.

Conclusion

The MPA development process will be unique in each state and will depend on the priorities, existing foundation, and stakeholders involved. This tool outlines best practices that can help guide states in their MPA development process — one that is intended to be collaborative and comprehensive, and that honors and elevates the needs of aging individuals, people with disabilities, and caregivers. Embedding the core tenets of equity, transparency, and person-centeredness throughout MPA development will help to ensure stakeholder buy-in and trust in an MPA that serves the needs of diverse communities in the state.

Once MPA development is complete, the state must commit to implementation. This includes reporting on progress for short-term goals and updating goals and priorities as needed. Local communities should also be engaged in implementation and can tailor the state MPA for their needs. The MPA is a living document that continues to be updated as the needs and priorities of the state and its community members change. The time and effort spent in development and implementation can benefit the state and its community members for many years to come.