Illinois Multisector Plan for Aging



EngAging Illinois

A Comprehensive Plan for Living Well

IDoA
Illinois Department on Aging

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A Message from the Governor



Our state now has a Multisector Plan for Aging that will help ensure that in the Land of Lincoln, all of us, at every stage of getting older, can live dignified, engaged, productive, and meaningful lives.

EngAging Illinois embodies this through the engagement and thoughtful input of hundreds of people, a diverse set of voices, representing the best of Illinois. My thanks go out to every one of them. I would like to extend special appreciation to Department on Aging Director Mary Killough and her team, who took the lead in creating the bold plan that I envisioned when I signed Executive Order 2024-02 to establish a Multisector Plan for Aging. They harnessed the full range of expertise necessary to produce a blueprint reflecting the priorities of the people we serve and the role that state government should play in creating an age-friendly Illinois that other states will admire – and can emulate.

For too long, the conventional wisdom has been that the government's role in caring for an aging population is simply protecting them from illness and harm. This is important, and we must address persistent economic and health disparities that shorten the life expectancies of people living in some urban and rural areas. This view, however, is incomplete.

The Multisector Plan for Aging sets out a range of policies and actions – in community development, health, housing, financial services, and work, among other areas – that should encourage all of us to continue to contribute for longer than ever as entrepreneurs and educators, civic volunteers and faith leaders, mentors, caregivers, and grandparents. We have much wisdom, experience, and energy to give back to our families, our communities, and our great state.

This Plan depends on, and is enriched by, healthy doses of cross-agency and cross-sector collaboration, harnessing the assets of Illinois' world class academic institutions, philanthropy, community-based organizations, and businesses.

We all want to be part of a thriving, multigenerational society. **EngAging Illinois** is a smart and strong step in that direction.

JB Pritzker
Governor of Illinois

A Message from the

Director of the Illinois Department on Aging



EngAging Illinois: A Comprehensive Plan for Living Well speaks loud and clear, to policymakers and the public alike, that older adults, all of us as we age, are a priority here in the State of Illinois.

This comprehensive plan arrives right on time. Not only is the number of older adults increasing faster than ever, the needs and preferences of older adults are changing and growing more complex. There are far too many long-standing inequities and service gaps preventing many of us from living with a sense of security and optimism as we get older. It is time to roll up our sleeves, do the hard and necessary work of expanding services where possible and innovating where needed. **EngAging Illinois** represents a bold first step and a blueprint for action.

While responsible for the Plan's development, the Illinois Department on Aging cannot achieve the milestones set forth in the Plan on its own. As in all times of our lives, we have multiple, interconnected concerns and interests as we age. Physical and mental health, financial security, housing, transportation, caregiving, connections to family, to friends and community – all of these are essential parts of living well as we get older.

This Multisector Plan, therefore, seeks to produce more intentional and sustained connections and collaborations between and among more than two dozen state agencies, as well as a similarly diverse set of nonprofit organizations, foundations, and businesses. It is about all of us, working together to create a state full of age-friendly cities, towns, and communities.

In this moment deep cuts to Medicaid and the programs governed by the Older Americans Act may have created a sense of fear and confusion for those who care about aging. These challenges, while sobering, cannot dissuade us from reimagining a much better future. Let's embrace the ideas and actions in **EngAging Illinois** and work together to better the lives of everyone in our state as we age.

Mary Killough
Director, Illinois Department on Aging

A Call to Action & Engagement



From Michelle Hoersch, Chief Planning Officer
Multisector Plan for Aging

The future of aging in Illinois starts now – and it starts with you.

EngAging Illinois is not simply a plan; it is a promise we make to ourselves, our parents, our children, and every generation that follows. This is not a distant challenge. It is an immediate opportunity to reimagine what it means to age well and then act accordingly.

Every sector, every community, every individual has a stake in this transformation. Whether you are a healthcare provider adapting to serve an aging population, a local official planning age-friendly infrastructure, a business leader recognizing the value of experienced workers, a neighbor looking out for older people nearby, a caregiver, or an older adult charting your course for the decades ahead – your engagement is essential.

The thriving, multi-generational society we are building is not only about adding years to life; it is about adding life to years. When we make Illinois an exceptional place to grow older, we make it better for everyone. This collective action is our social responsibility.

Together, we will make Illinois the gold standard for aging well in America.

Here's How You Can Act Today

Everyone will benefit from **EngAging Illinois**. Therefore, everyone has a role to play in translating the Plan into real progress. In addition to the work of state agencies, we can all find ways to support making the Plan's priorities, strategies, and actions become reality.

- **All of us** can advocate for age-friendly policies in our workplaces, towns, and the General Assembly. Challenge ageist attitudes wherever we encounter them. Support caregivers, both paid and unpaid, who form the backbone of our care systems. Connect with your local Area Agency on Aging to get involved with community programs. Engage with the **EngAging Illinois** initiative, become an ambassador, track our progress, and contribute your ideas, talents, energy, and leadership.



- **Elected officials** can review the Plan, and its funding strategies, for legislative ideas that will help transform the lives of older constituents. We also hope they will speak up publicly on behalf of these ideas to raise awareness of both the opportunities and challenges that the aging of our population presents.
- **Local governments** can use the community assessments and other tools and resources to ensure their city, town, township or village is paying sufficient attention to older citizens and providing age-friendly services and infrastructure that enable all of us to live well as we get older.
- **Service providers and community-based organizations** will play an essential role in many of the priorities and other exciting actions in the Plan, from piloting new affordable housing models to implementing age-friendly programs.
- **Foundations and other philanthropic organizations** can identify the strategies and actions in the Plan that align with their funding priorities and offer expertise and financial support to create public-private partnerships that extend government investment in age-positive policies.
- **Businesses** can create vibrant, supportive multi-generational workplaces, employ older workers, extend support to employees who are caregivers, and ensure their businesses, services, and products are accessible and attractive to people of all ages.
- **Caregivers** can access the services and respite essential to maintaining their own health and well-being so they can live and age well while they provide daily support for friends, families, and clients.
- **Older adults** can take the lead in advocating for **EngAging Illinois'** priorities with federal, state, and local elected officials, participate in the initiative's Action Groups, and continue, where possible, to contribute ideas, talents, and leadership on a whole range of efforts (in this plan and beyond) that make Illinois an even better place to live for this generation and for generations to come.

EngAging Illinois is for all of us–and will take all of us to succeed.

EngAging Illinois

An Executive Summary



Everyone plays a role in making Illinois an exceptional place to live, work, support family, and grow older. Aging well – living well – is about all of us.

The Illinois Department on Aging, in collaboration with a wide range of public and private partners, has developed **EngAging Illinois: A Comprehensive Plan for Living Well**. The Plan establishes policy and programmatic priorities to ensure our state, counties, cities, and towns are great places to grow up AND grow older. It will help all of us – no matter where we live, how much we earn, what we believe, who we love, our abilities, or what we look like – to live well and age with a sense of security and possibility.

With a fundamental concern for equity, inclusion, and accessibility, **EngAging Illinois** describes strategies to improve and transform services, policies, and programs critical to all of us as we get older. It reframes the way we think about aging and recognizes the important value of older adults' experiences, insights, and contributions.

The Plan is organized around four key Focus Areas (See page 10):

- Creating Livable and Connected Communities
- Ensuring Health for All Ages
- Investing in Caregivers
- Affording Aging

Creating EngAging Illinois

In August 2024, Governor JB Pritzker signed an Executive Order establishing a cross-sector planning process to create a strategic blueprint to address the needs of older adults, people with disabilities, and caregivers over the next decade. He charged a Chief Planning Officer, with support from the Illinois Department on Aging, led by Director Mary Killough, to drive this effort with the participation of 15 state agencies, and a 25-member Community Advisory Council. These groups have included partners with a wide range of expertise in areas from housing and transportation to health, homelessness, and economic development. Input from these talented leaders was complemented by a series of nine public engagement sessions, including hundreds of people from communities around the state. Illinois is among the first wave of U.S. states to develop this type of inclusive and holistic strategy. This comprehensive planning process, and now this Plan, will generate new initiatives, align and coordinate resources, and set out ways to measure progress through 2036.

Looking ahead

Translating this bold Plan into action will take time. In Appendix A there are short-term (1-3 years), mid-term (4-6 years), and long-term (7-10 years) Actions. They will require the energetic and engaged participation of Illinois' Area Agencies on Aging, the state's Aging Network, all levels of government, the business community, educational institutions, health and social service providers, philanthropy, and crucially, community leaders and the people of Illinois. We all have a role to play.

EngAging Illinois is both ambitious and realistic. It serves as a meaningful roadmap for the future. Over time, this Plan will evolve to incorporate new opportunities based on developments in scientific research, advances in technology, and program innovations. Together, we will make Illinois the best state in the country to live well as we age.



Four Focus Areas

The Plan includes a series of goals, strategies, and actions around these four critical areas:

1. Creating Livable and Connected Communities

Developing people-centered, physical, and social infrastructure including:

- Aging in community
- Housing stability and security
- Transportation that meets the needs of individuals in their communities
- Social connection and community engagement
- Digital inclusion and technology

2. Ensuring Health for All Ages

Helping all Illinois residents to remain healthy and independent throughout the lifespan by:

- Delivering highly coordinated care and services
- Ensuring access to culturally attuned, high-quality healthcare
- Expanding the recruitment, training, retention, and quality of the healthcare workforce
- Increasing attention to the "4Ms" of age-friendly care—What Matters, Medication, Mentation, and Mobility
- Building awareness, knowledge, and skills about aging
- Supporting and expanding the Brain Health initiative launched by the Illinois Department of Public Health to facilitate Illinois becoming the most brain healthy state in the nation.

3. Investing in Caregivers

Addressing the challenges facing both unpaid and paid caregivers by:

- Increasing caregiver outreach and awareness
- Advancing partnerships, collaboration, and engagement
- Strengthening services and support for caregivers
- Improving financial and workplace security for caregivers
- Expanding data, research, and evidence-based practices
- Ensuring recruitment and retention strategies support a robust paid caregiver workforce that is qualified and supported

4. Affording Aging

Working to guarantee that older adults and people with disabilities have:

- Economic security and financial health
- Safe, livable, accessible, and affordable housing opportunities
- Access to long-term care support
- Freedom from fraud, neglect, exploitation, and elder abuse
- Estate planning resources

EngAging Illinois: Ten Priorities

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EngAging Illinois is an ambitious Plan with four areas of focus and dozens of strategies and action steps. In the next 10 years we will endeavor to make progress on all of them, but these are the top priorities. (For details, please see Appendix A.)

- **EngAge Central: The Illinois Aging Resource Center**
  Create a comprehensive website (See Special Initiatives, page 28) built from existing information and efforts to increase awareness of, access to, and utilization of the meaningful resources, programs, services, and benefits that help Illinoisans age in place and in community.
- **Illinois as an Age-Friendly State**
  Pursue statewide age-friendly designation and provide implementation support, including guidance on equity and inclusion, toolkits, and design guides for accessible public spaces, community checklists, and case studies to increase the number of age-and dementia-friendly communities.
- **New Housing Models to Increase Affordable and Accessible Housing**
  Partner with a variety of sectors to create new housing models and expand affordable and accessible housing for people of all ages.
- **The Needs of Older Adults in the Blue-Ribbon Commission on Transportation Infrastructure**
  Ensure the Blue-Ribbon Commission on Transportation Infrastructure implementation efforts address the specific transportation needs of older adults and builds on efforts to improve mobility and expand transportation access for the state's aging population.
- **Healthy Illinois 2028**
  Promote the goals and programs of Healthy Illinois 2028, the statewide initiative to facilitate health improvement and advance health equity, as well as Illinois Department of Public Health efforts around brain health, falls prevention, and substance use.
- **Training on Geriatrics and Age-Related Topics into Healthcare Workforce**
  Integrate geriatrics and age-related topics into all Illinois residency, health professions training, and certificate programs.
- **Statewide Caregiver Awareness Campaign**
  Develop and launch a statewide comprehensive caregiver awareness campaign to help caregivers of all ages self-identify and access support through EngAge Central.
- **Financial Education, Understanding Eligibility, and Access to Supports**
  Help individuals understand their eligibility for — and access — supports through development of a streamlined application for Illinois benefit programs and provide financial education tools to increase financial literacy.
- **Home and Community-Based Services Modernization**
  Improve cost efficiency and better align these services with the needs and preferences of older adults and people with disabilities. (See Special Initiatives, page 28.)
- **Statewide Academic Collaborative on Aging**
  Create this Collaborative (See Special Initiatives, page 29) to facilitate partnerships and collaborative research, education, and support for policies, programs, and services and workforce development that foster positive aging.

Bringing Aging and Older Adults to the Forefront



All of us are aging, all the time. As we get older ourselves, or watch others close to us as they age, we soon realize we have many of the same fundamental needs in later life that we have always had: Good health supported by high-quality care, from the healthcare system as well as our caregivers. Financial security. A safe and affordable place to live. Reliable transportation. Nutritious food to eat. A meaningful sense of engagement, connection, and purpose. All of these are essential to our well-being as individuals, and they underpin a well-functioning society for people of all ages, and particularly older people.

The purpose of **EngAging Illinois**, the State's Multisector Plan for Aging, during the next decade, therefore, is not only to enhance the state's commitment to the needs of all older adults, the fastest-growing part of our population. It is also to identify innovative ways to engage and support all of us as we get older, so we can continue to be important contributors to our families and communities, and continue to live with joy, passion, and purpose. The Plan outlines opportunities to reduce if not eliminate many of the inequities that have held back too many Illinoisans throughout our increasingly longer lives.

EngAging Illinois will help strengthen cross-governmental relationships and build resilience by elevating common goals across agencies and sectors and identifying opportunities to streamline efforts and resources. The collaboration and community engagement established through the Plan represent crucially important assets that should help Illinois plan for and respond to external policy and funding changes that affect vital services and programs critical to Illinois as more of us live longer.

Aging by the numbers

Declaring new aspirations and higher expectations for all of us as we age is vital at a time when Illinois is part of the biggest demographic shift in American history – one that brings both challenges and opportunities for our communities.

All Baby Boomers will be 65 or older at the start of the next decade. Starting in 2035 the population over 65 will outnumber those younger than 18 for the foreseeable future. Americans turning 65 this year have an average life expectancy of 84 years. People 85 and older are already the fastest growing portion of the population.[1] In Illinois, those older than 65 surpassed 2 million for the first time in 2020 and accounted for 16% of the population. That population is projected to surge 40% by 2035 – to nearly 2.9 million or 22% of all Illinoisans.[2]

That means the state's current median age of 39 years and five months, already nearly five years older than in 2000, will continue to rise.[3]

A focus on the opportunities for older adults, for all of us

The State Plan on Aging, produced by the Illinois Department on Aging every three years in compliance with the federal Older Americans Act, focuses primarily on addressing the needs of older adults with long-term care supports and services, principally connected to nutrition, health care, and home and community based services. While planning in these areas is vital, in recent years more states have begun working from the theory that an inclusive, age-friendly society requires all government agencies and all sectors – from transportation and housing agencies to utility and labor regulators to cultural and educational institutions – to take into account the unique needs of older people.

Developing a Multisector Plan for Aging embraces this paradigm shift. California was the first to release such a plan, in 2021, and Illinois is now part of the first wave of states to create and implement such plans. **EngAging Illinois** is a guide to re-imagining aging and re-energizing our State by taking a comprehensive approach to setting age-forward policies in every corner of the State, from the smallest townships to the largest cities, in county governments to the General Assembly in Springfield to virtually every state agency office.

Undergirding this Plan is a central concern for aging equity, inclusion, and accessibility. Not only is the size of Illinois' population of older adults increasing, so too is its diversity. Older women, people of color, members of the LGBTQIA+ community, people with disabilities, individuals who are justice-involved, rural and lower income Illinoisans all have spent a lifetime struggling against intersecting systems of oppression such as racism, gender discrimination, homophobia, transphobia, xenophobia, ageism, and ableism. The impacts of these social determinants of health accumulate over the life course resulting in growing financial, health, and social inequities in Illinois and throughout the United States.



Available data show that by the time individuals reach older ages, disparities in many key indicators of healthy aging are striking. For example:

- Rates of loneliness during old age are highest among those with the lowest incomes.[4]
- Rates of almost every highly prevalent age-related disease and disability – from arthritis to dementia – are highest among Illinois' Black, Latine, rural, and low-income older adults.[5]
- LGBTQIA+ older adults in Illinois have more functional limitations and experience worse self-rated health and more frequent poor mental health days,[6] linked to discrimination and lack of affirming care.
- Nearly 1 in 4 unpaid caregivers in Illinois are depressed and report poor health (compared to 1 in 7 non-caregivers), and the majority of these caregivers are women.[7]
- Approximately 1 in 5 Black older adults in Illinois live at or below poverty level, compared to 1 in 13 White older adults.[8]

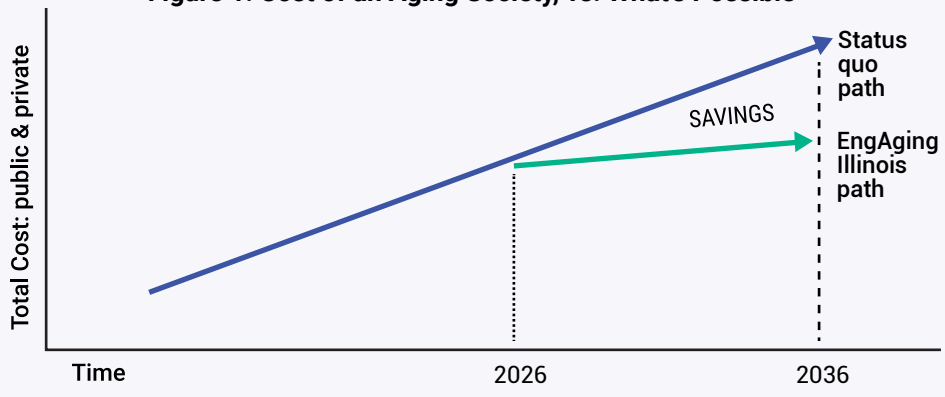
What these and other data tell us is that too many of us are battling for our health and a basic sense of security, while striving to live with dignity, purpose, and joy as we age. The comprehensive set of strategies in **EngAging Illinois** seeks to acknowledge and take meaningful steps to redress these disparities.

Investing in older adults, investing in Illinois

A growing body of research makes clear that the benefits of investing in aging and aging equity, as this Multisector Plan recommends, far exceed the costs. Research teams from organizations as diverse as the Organization for Economic Co-operation and Development, McKinsey & Co., and ADvancing States, as well as various academic and public health experts, all see a measurable return on investment (ROI) from a range of interventions. Their studies show that improving non-emergency transportation,[9] increasing access to nutritious food,[10] increasing vaccination rates,[11] reducing social isolation,[12] reducing preventable falls,[13] increasing in-home services relative to nursing home reliance,[14] raising caregiver wages,[15] expanding home modifications that permit aging in place,[16] and expanding the number of age-friendly communities[17] – all generated $2-6 in value for each dollar spent.

Figure 1 conveys this key point.

Figure 1. Cost of an Aging Society, vs. What's Possible



If Illinois' aging population and support programs continue along the current status quo trajectory, costs will rise – for public and private payers alike – far more than necessary. Unmet need will inexorably increase as well. But if we invest wisely in the proven programs recommended in this Plan, more needs will be met, more people will age with dignity at home and outside institutional care, and the total savings generated from the high ROI interventions included in Appendix A could help fund those that also add value but may not completely pay for themselves. During the next 10 years, we will spend more, but we will spend more wisely and generate far more human and economic value in doing so.

In this way, **EngAging Illinois** will help our state realize a longevity dividend – the benefits to our economy and society that can result as more of us live longer. With thoughtful planning and appropriate support, many more of us can live well as we age and contribute as consumers, employers, employees, mentors, friends, caregivers and linchpins of stable families and communities. When this happens, we all enjoy the advantages of the new longevity. We also refute ageism, that is, discrimination against older people due to negative and inaccurate stereotypes, which has for too long diminished all our lives and devalued our contributions as we get older.

Carrying out this Multisector Plan during the coming decade will help us all live better as we age, reordering how our government and the private sector think, in time for a new generation to prepare with confidence for lives even longer and fuller than the generation before.

Our Vision and Values

This Multisector Plan for Aging was written to realize a vision of Illinois as a state where:

- All people, of all ages, are confident they can **age well throughout their lives**.
- Older adults can live and age well while remaining in their **homes and communities of choice**.
- Both **paid and unpaid caregiving are well-supported** and beneficial for both the caregivers and the people for whom they are caring.
- The implications for **older adults** are considered **every time** a local, regional, or statewide policy or program is drafted or implemented.

This plan was also written with these four core principles front of mind:

- Bettering the lives of all of us as we age is essential to **improving equity and expanding inclusion**.
- Considering everyone throughout the **life course** is crucial, because we are each getting older all the time, and multigenerational solidarity is central to societal progress.
- **Remaking the workforce**, with special attention to caregiving but including health and social service delivery of all kinds, is paramount to meeting not only this generation of older people's needs, but the next.
- **Allowing people to remain in their own communities** for as long as they like – through person-centered planning – recognizes older people's autonomy and is at the heart of maintaining and strengthening an age-friendly Illinois.

Building a Comprehensive, Multisector Plan



The path toward **EngAging Illinois** began in 2021, when the Health & Medicine Policy Research Group (HMPRG), a think tank in Chicago championing health equity, with support from the Chicago-based RRF Foundation for Aging and the Chicago Community Trust, launched *Illinois Aging Together*, a coalition to spur the development of a multisector plan for our state.

This effort rallied support from hundreds of organizations and individuals from a wide variety of sectors, including many Area Agencies on Aging and partners from the aging and disability services network. A series of roundtable discussions in 2023 galvanized a shared belief in the benefits of a plan that asks almost every arm of local and state government to take an active role in helping older Illinoisans, their caregivers, and all of us as we age – improving equity and age-friendliness by modifying policies across the spectrum, from housing and transportation to financial protection and workforce development.

The momentum led Governor JB Pritzker to sign Executive Order 2024-02 on August 13, 2024. It called for the completion of a Multisector Plan for Aging by December 31, 2025, mandating "a comprehensive strategic plan that includes measurable outcomes for calendar years 2026 through 2036 with the goal of strengthening Illinois as an aging-friendly state." The order said the Plan could recommend actions that would:

- Address age-related demographic changes and their impact.
- Strengthen care infrastructure and support caregivers.
- Improve the quality, accessibility, and availability of long-term services and supports to better enable older persons to remain in their homes and communities.
- Protect financial security and prevent fraud and financial exploitation.
- Expand access to technology and bridge the digital divide.
- Advance health equity in the context of aging.



The order established two entities to undertake the work:

- An Interagency Task Force, with representatives from 15 state agencies, to help coordinate the Plan's goals and recommendations.
- A Community Advisory Council of 25 people appointed by the Governor to reflect the State's geographic, racial, cultural, and socioeconomic diversity.

Moving the Planning Ahead

Serena Worthington of RRF Foundation for Aging served as the interim Multisector Plan for Aging Ambassador, leading the initial planning phases and working with the Interagency Task Force and Community Advisory Council, co-chaired by Mary O'Donnell, President and CEO of RRF. In June 2025, the Illinois Department on Aging (IDoA) hired Michelle Hoersch, who previously directed the Midwest regional Office on Women's Health, part of the U.S. Department of Health and Human Services, as the Chief Planning Officer in the Illinois Department on Aging to lead the Multisector Plan for Aging effort.

The Institute for Research on Race and Public Policy (IRRPP) at the University of Illinois Chicago (UIC), headed by Director Amanda Lewis, and Associate Director Iván Arenas, played a pivotal role as a research partner in the planning. IRRPP is known for its work to increase society's understanding of the root causes of racial and ethnic inequality and to provide the public, organizers, practitioners, and policymakers with research-based policy solutions. Their insights were essential.

The UIC Division of Community Health Sciences in the School of Public Health provided the expertise of Professor and Division Director Ben Shaw and Associate Professor Uchechi Mitchell to establish key baseline data and identify metrics to measure outcomes from the MPA implementation.

The perspective of Michael Gelder was also crucial to the process. He has spent more than four decades working to improve access, quality, and affordability of health and community-based long-term care for underserved populations. His deep experience in the field of aging has included work with the *Illinois Aging Together* coalition and HMPRG, and notably his tenure as Deputy Director of the Illinois Department on Aging. His “long view” on the MPA was invaluable.

Listening In

The Interagency Task Force and the Community Advisory Council conducted several meetings, including three joint public gatherings. IDoA and HMPRG convened nine public engagement sessions in August and September 2025 to solicit additional input on challenges facing older adults, discuss regional-specific needs and ideas, and hear from members of the public, older persons, caregivers, direct service providers, and policy advocates, with an emphasis on underrepresented and rural communities. Three of these sessions were virtual; the others were held in Springfield, Chicago, Carbondale, East St. Louis, Lansing, and Rockford.



Participants highlighted many common challenges and opportunities across the state, often emphasizing the need for improved public transportation, more affordable and accessible housing, improved caregiver support, expanded community engagement and social connection opportunities, better access to technology, equitable health care for marginalized communities, increased attention paid to the "forgotten middle" and those in need of more supports, and easier access to food and financial security to ensure Illinoisans can age well.

Four Focus Areas

This sustained, statewide listening process generated a rough consensus on four key areas on which the Multisector Plan should focus, as well as several hundred ideas for strategies and actions. These four focus areas are:

- **Creating Livable and Connected Communities**
  Through the grassroots efforts of the Area Agencies on Aging, 180 communities in Illinois are currently recognized as "Age-Friendly," while 48 are also recognized as "Dementia Friendly." Designation as an age-friendly community ensures leaders, residents, health care providers, business owners, and others are committed to age-friendly and equitable community development, focusing on improving housing, transportation, social connection, and technology inclusion for older people and people with disabilities. Recognized by AARP and the World Health Organization, local Age-Friendly efforts are a precursor to earning a state Age-Friendly designation for Illinois. As part of this effort, we will provide tools and supports to communities of all sizes (counties, cities, villages, and/or townships), as well as health systems and universities, to help them take on their own efforts to ensure all of Illinois is a great place to grow up and grow older.
- **Ensuring Health for All Ages**
  Work in this area will reduce disparities and create more equitable access to high quality coordinated health care and long-term services and supports that respond to the unique needs of older adults and people with disabilities. At the same time, these efforts will also promote public and community health initiatives that improve brain health, encourage exercise, aid nutrition, help with stress management and management of chronic diseases, improve sleep, and expand social connections – all pillars of a healthy life at any age.
- **Investing in Caregivers**
  Informal, unpaid, family care partners and professional direct care workers play essential roles in helping many of us live more fully in our homes and communities of choice as we get older. Enriching this support system and building on existing investments – such as IDoA's Caregiver Portal, the development of a direct care workforce core curriculum to span across many of the state's Medicaid Waiver Programs, and increasing respite services provided under the umbrella of the Area Agencies on Aging and the Department of Human Services – is a priority not only in Illinois but throughout the nation.

- **Affording Aging**
  Affordability is a concern for most of us, no matter our age. Flexible, appropriate work opportunities for older people and people with disabilities and greater financial literacy can help. Strengthening our social and financial programs and supports, particularly ensuring that we can all access the benefits that are already available, will allow more of us to live with a sense of economic security and dignity.

With these four focus areas identified, individuals including Task Force and Community Advisory Council members, as well as other subject matter experts, came together to form workgroups for each area. These groups worked carefully to review the wide range of strategies and actions that had been proposed, including those lifted up during the public engagement sessions. Their work prioritizing and synthesizing this staggering breadth of ideas, as well as identifying three, cross-cutting initiatives, follows.

Aging in All Policies

EngAging Illinois encourages all who formulate local, regional, and statewide policies to consider the implications for older adults. This effort will engage a wide range of state agencies, many of which had representation on the Interagency Task Force including:

- Illinois Board of Higher Education
- Capital Development Board
- Community College Board
- Department on Aging
- Department of Agriculture
- Department of Commerce and Economic Opportunity
- Department of Corrections
- Department of Employment Security
- Department of Financial & Professional Regulation
- Department of Healthcare and Family Services
- Department of Human Rights
- Department of Human Services
- Department of Innovation and Technology
- Department of Insurance
- Department of Labor
- Department of Natural Resources
- Department of Public Health
- Department of Revenue
- Department of Transportation
- Illinois Department of Veterans Affairs
- Illinois Guardianship & Advocacy Commission
- Illinois Housing Development Authority
- Illinois State Police
- Office of the Attorney General
- Office to Prevent and End Homelessness
- Office of the Secretary of State
- Office of the State Ombudsman
- Office of the State Treasurer
- State Board of Education

To this end, **EngAging Illinois** will develop user-friendly guidance encouraging all government agencies to consider the needs of an aging population in their policymaking, including, where appropriate, an Aging Impact Statement describing how new policies will affect older adults.

1

FOCUS AREA 1

Creating Livable and Connected Communities

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Age-friendly environments enable people to stay active, connected, and able to contribute to the economic, social, and cultural life of their communities. Where we live has a great deal to do with how well we age. High-quality and affordable housing, accessible transportation, welcoming public settings, activities where we can connect with others of all ages, and an equitable technological infrastructure linking all of us to information and resources – are all pillars of these kinds of life-affirming communities. Together, they represent a set of necessary, integrated benefits not only for older people but also for people of all ages and abilities.

Of course, one size does not fit all, and there are significant disparities among Illinois counties, cities, townships, villages, and communities. Life expectancy varies widely, more to do with our ZIP code than our genetic code. As *Illinois Aging Together* reported, there are 21 Illinois counties where life expectancy in some communities is less than 70 years while in other counties, often just miles away, life expectancy exceeds 90. Supportive, inclusive, and equitable community development can begin to redress these complex, multi-faceted challenges.



Strategies

For a full description of these strategies, associated actions, outcomes, and metrics, please see Appendix A.1.

- Enable aging in place across all community contexts by integrating local and statewide efforts to ensure Illinois communities are physically, socially, and institutionally age- and dementia-friendly.
- Work to ensure older adults can age safely and comfortably in their communities through a coordinated approach that expands affordable and accessible (including wheelchair accessible) housing (including independent, temporary, and supportive), integrates services, and builds local capacity for age-friendly planning and design.
- Seek to expand equitable rural, suburban, urban, and regional transit access for older adults and individuals with disabilities; establish a State Interagency Transportation Coordination Commission; and enhance and sustain a skilled, inclusive public transportation workforce to improve mobility and service equity for people of all ages.
- Educate older adults, people with disabilities, care partners, and providers on the benefits of social engagement and increase their awareness of and access to social connection opportunities (in person and virtual), particularly in underserved communities.
- Close the digital divide, expand access to broadband for older adults and people with disabilities, and increase digital literacy.

1

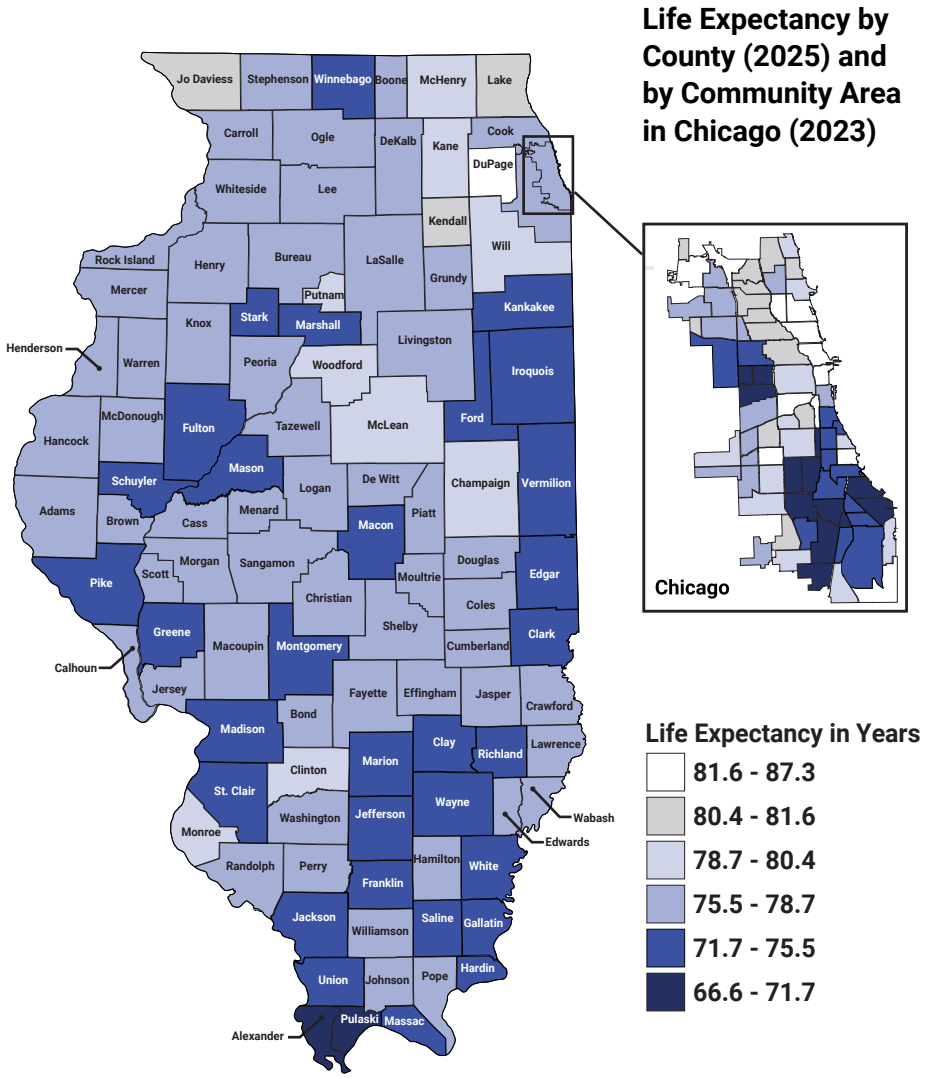
FOCUS AREA 1

Illinois scores 52 out of 100 on the AARP Livability Index™ and has significant disparities in housing, transportation, social connection, and technology access, particularly for older adults and people with disabilities.

What We'll Measure

- AARP Livability Index Score for Illinois
- Percentage of older adults experiencing housing cost burden and homelessness
- Percentage of older adults who report a lack of reliable transportation
- Percentage of older adults who report feeling lonely
- Percentage of older adults living in households with broadband internet

Illinois by the Numbers



2

FOCUS AREA 2

Ensuring Health for All Ages

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Health and well-being are central concerns for all of us as we get older. Our physical health is important to our ability to continue to work, live active and meaningful lives, and make contributions to our families, communities, and state. Our mental and behavioral health, along with our sense of purpose and joy, provides the impetus to pursue a range of opportunities and respond to challenges when they occur. Of course, a concern for good health does not simply start at age 60 or 65. Some of us encounter health challenges and disabilities much younger, and all of us can benefit from healthy lifestyle choices no matter our age.

Much of our health depends on the health of the environments in which we live and the supports available to us, and the data show where investments can have the greatest impact. In 2024, the U.S. Department of Health and Human Services ranked Illinois 27th among the states in the health of its 65+ population. It ranked among the top 10 in the share of people describing their health as fair or better, engaged in volunteerism, having access to SNAP benefits, and low rate of suicide. But the state ranked in the bottom 10 for health care costs, obesity, nursing home quality, fruit and vegetable consumption, and air pollution exposure.[18]

Beyond these numbers, significant health disparities persist across our state. Inequities in outcomes are prevalent for older African American, Latine, Native American, LGBTQIA+, and rural people with chronic diseases such as heart disease, cancer, and diabetes. Social determinants of health linked to living conditions and resources – including transportation, education, and the impacts of systemic injustice and violence – are key drivers of these inequities.[19]

This Focus Area seeks to confront these challenges by:

- Maximizing independent, high-quality years of life by delivering timely and culturally attuned healthcare, preventive care, and long-term services and supports throughout the lifespan.
- Providing highly coordinated care and services to individuals and caregivers by increasing collaboration and communication among facilities and people providing health, medical, social, veteran, and community services and supports.



In 2024, Illinois ranked 27th among the states in the health of our 65+ population, and older adults of color, those living in rural IL counties, LGBTQIA+ older adults, older renters, and older adults of lower socioeconomic status have significantly lower self-rated health than others.

FOCUS AREA 2

Strategies

For a full description of these strategies, associated actions, outcomes, and metrics, please see Appendix A.2.

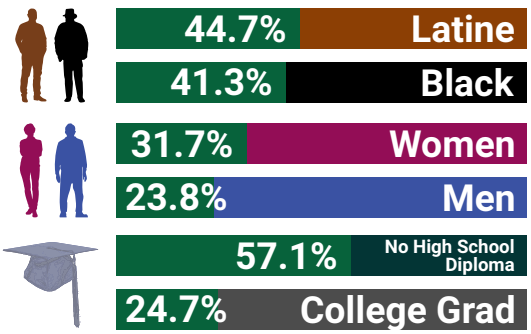
- Deliver highly coordinated care and services to individuals and caregivers by increasing collaboration and communication among health, social, and community long-term care services and supports organizations and providers.
- Ensure equitable, disability-inclusive, and affordable access to culturally attuned, high-quality healthcare as we age.
- Create seamless, person-centered, culturally attuned, trauma-informed care service navigation to meet the short- and long-term care needs of all of us as we age.
- Expand the recruitment, training, retention, and quality of a diverse health workforce (including the geriatrics workforce) and augment the training of health and social service providers who interface with older adults and people with disabilities with knowledge and skills to address common conditions impacting older adults.
- Increase attention to the "4Ms" of age-friendly care – What Matters, Medication, Mentation, and Mobility – and increase the number of health care settings with trained staff and that receive designation in this model.
- Build the general population's awareness, knowledge, and skills about aging, the importance of early- and mid-life health, and the resources available to support people across the lifespan.
- Support and expand the Brain Health Project launched by the Illinois Department of Public Health and enable Illinois to become the most brain healthy state in the nation.

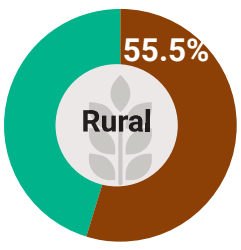
What We'll Measure

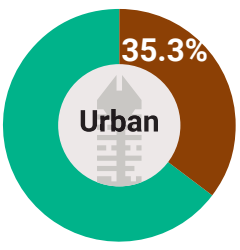
- Life expectancy at birth and at age 65
- Percentage of older adults reporting good or excellent self-rated health
- Prevalence of specific chronic conditions and functional limitations among all adults in general and/or older adults specifically
- Rate of preventable hospitalizations among older adults per 100,000 Medicare beneficiaries
- Number of geriatric clinicians per 100,000 older adults

Illinois by the Numbers

In 2023, stress levels were highest among Latine and Black older adults, women compared to men, and those with less than a high school education compared to a college graduate.







Older Illinoisans living in rural counties had higher rates of disability compared to those in urban counties.

3

FOCUS AREA 3

Investing in Caregivers

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Caregivers of all ages are the backbone of Illinois' long-term care system. More than 2.2 million Illinoisans – more than three quarters of whom are women — provide unpaid care to aging loved ones, individuals with disabilities, and others in need. They represent almost one quarter of all adults in the state. On average, family caregivers are 49 years old and care for someone who is 66. Many caregivers (57%) work, and one in five provide 40 or more hours of care a week.[20] Caregiving can be a positive experience, but for many it often comes at a cost. Family or volunteer caregivers report higher levels of stress, depression, and chronic health conditions than the general population.

At the same time, paid caregivers – direct care workers, home care aides, home health aides, certified nursing assistants, and personal attendants – deliver essential frontline care but often work part-time, are paid low wages, receive limited benefits, and face excessive workloads. This leads to high turnover. According to PHI, a national advocate for the direct care workforce, in Illinois 89% of these caregivers are women, 58% are people of color, and 21% are immigrants.[21] Given the challenges of their work and the limited salaries, 36% of this workforce lives in or near poverty (defined as having household income less than 200% of the federal poverty level), and 49% rely on public assistance programs to make ends meet.[22]

To address these challenges, Illinois' Multisector Plan is aligning with national best practices, recommendations from family caregivers, as well as leaders in the caregiver services network, and the recommendations of the federal RAISE Family Caregiving Advisory Council. This Focus Area outlines six statewide strategies, which should be implemented using accessible and culturally responsive tools.

Strategies

For a full description of these strategies, associated actions, outcomes, and metrics, please see Appendix A.3.

- Help all Illinois caregivers recognize their vital caregiving role, stay connected to ongoing support, and raise awareness among the public and employers about the essential contributions and challenges of caregivers.
- Expand the number of people and processes necessary to support caregivers.
- Expand access to programs, services, supports, and products for all caregivers to meet specific family caregiver needs, and increase availability of paid caregivers.
- Reduce financial challenges associated with unpaid caregiving, particularly for lower- and middle-income caregivers.
- Promote research, identification, and adoption of evidence-based practices in caregiver support.
- Develop recruitment and retention measures to ensure a robust paid caregiver workforce that is qualified and supported.



3

FOCUS AREA 3

What We'll Measure

- Percentage of individuals aged 15+ who reported providing unpaid care or assistance to an older adult
- Prevalence of select chronic conditions (e.g., hypertension, diabetes, arthritis, etc.) among individuals caring for an older adult
- Percentage of caregivers of older adults reporting fair, good, or excellent self-rated health
- Percentage of caregivers who report experiencing mental distress and/or being diagnosed with depression
- Number of personal care and home health aides per 1,000 older adults

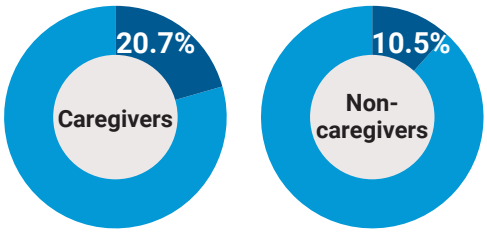
Currently 16.5% of Illinoisans provide unpaid care to an older adult and paid direct care workers in the state have lower average hourly wages than other comparable entry-level jobs.

Illinois by the Numbers

23% of adults, or almost 1 in 4, were caregivers for a family member or friend in 2025.

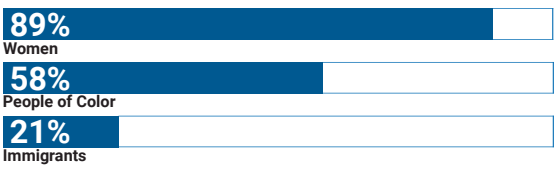


That translates to over 2.2 million adults.



Caregivers in 2021 were twice as more likely to report at least 1 poor physical or mental health day in the previous 2 weeks compared to non-caregivers.

89% of paid caregivers in Illinois were women in 2023, 58% were people of color, and 21% were immigrants.



4

FOCUS AREA 4

Affording Aging

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Financial security in later life represents one of the most pressing challenges facing individuals and families today. As we live longer and basic living costs outpace inflation, affording aging has become more complex. The traditional three-legged stool of retirement income – Social Security, employer pensions, and personal savings – has weakened dramatically, with fewer workers given defined benefit pensions and greater responsibility placed on individuals to fund their own retirement. Meanwhile, the costs associated with aging extend far beyond daily living expenses to encompass healthcare, long-term care, housing modifications, and support services. For many people, the cost of living continues to outpace wages and opportunities to build assets during working years.

Over 15 years, Illinois has seen a striking 82% increase in the number of older adults living in poverty – going from 157,250 in 2008 to 286,453 in 2023. Stated differently, 7.23% of Illinois' older adults were living in poverty compared to 9.82% in 2023.[23] This trend requires coordinated and sustained action to ensure all of us can live with independence, dignity, and respect as we get older. The impact of not-so-long-ago policies and practices that discriminated against marginalized communities – in employment, housing, banking, and more – further complicates financial security in later life, often leading to higher rates of housing, food, and health insecurity for women, people of color, Indigenous people, and people in the LGBTQIA+ community.

This Focus Area seeks to ensure that all older adults and people with disabilities have:

- **Economic security and financial health.**
- **Opportunities for safe, accessible, and affordable housing.**
- **Access to long-term care support.**
- **Freedom from fraud, neglect, exploitation, and abuse.**
- **Estate planning resources.**

Note: Housing is a crucial aspect to affording aging. For details on affordable, accessible, and quality housing, please see Focus Area 1: Creating Livable and Connected Communities.

One in ten older Illinoisans live at or below the poverty level, and access to financial assets is widely disparate among Black, White, Latine, and Asian older adults.



4

FOCUS AREA 4

Strategies

For a full description of these strategies, associated actions, outcomes, and metrics, please see Appendix A.4.

- Develop and roll out a cross-sector awareness campaign to inform Illinoisans of existing state, federal, and local programs and services.
- Create and disseminate a statewide financial education plan to increase financial literacy, retirement planning education, and financial exploitation and scam awareness across generations.
- Ensure older worker and disability protections and remove barriers to workforce participation.
- Reduce hidden poverty by increasing affordability and access to basic necessities – food, healthcare, home care, and transportation.
- Explore policies that address structural drivers of economic insecurity and inequities across racial groups.

What We'll Measure

- Percentage of older adults living in poverty at a specific time point and over time
- Percentage of older adults who own a home with a mortgage or free and clear
- Percentage of older adults experiencing food insecurity
- Percentage of older adults without retirement income other than Social Security
- Median financial loss due to fraud by age group

Illinois by the Numbers

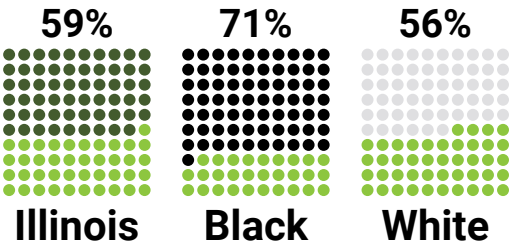
In 2023, 1 in 10 older adults lived in poverty



Poverty rates were 2.5 times higher among Black compared to White older adults



The percentage of older adults who did not have retirement income and among older Black and White residents



Special Initiatives



In addition to the four Focus Areas, **EngAging Illinois** will pursue three cross-cutting, special initiatives in order to provide necessary infrastructure and additional support for the Plan's implementation.

Initiative 1 | EngAge Central: The Illinois Aging Resource Center

A key feature of **EngAging Illinois** will be an online portal built on existing efforts to increase awareness of, access to, and utilization of the meaningful resources, programs, services, and benefits that help older Illinoisans age in place and in community. It will also provide support for family caregivers. EngAge Central will expand on the work of the Area Agencies on Aging, the Illinois Department of Human Services, and the Illinois Department on Aging (IDoA) Bridging Aging and Disability initiative; the partnership between IDoA and the Illinois Department of Veterans Affairs to connect older veterans to services; the collaboration between IDoA and the Illinois Department of Corrections to assist older adults leaving jails, prisons, and detention centers; and the planning for the IDoA Caregiver Portal.

EngAge Central will:

- Develop a repository of federal, state, and local benefits searchable by locality.
- Use a "No Wrong Door" approach by cross-training employees of state agencies, local partners, helplines, and 211 Illinois, so everyone in the state can always connect with a knowledgeable agent who can assess and refer to appropriate programs, services, and benefits.
- Collect and analyze phone call and website data to determine trends in frequently requested resources and areas of unmet need.
- Use data to determine need for awareness campaigns, new services, demonstrations projects, and other pilot projects.

Initiative 2 | Modernize Home and Community-Based Services: Comprehensive Data Infrastructure and Service Delivery Transformation

This initiative will explore opportunities to modernize Home and Community-Based Services (HCBS) to improve cost efficiency and better align these services with the needs and preferences of older adults and people with disabilities. It will use evidence-based instruments and leverage enhanced federal funding mechanisms to strengthen the overall long-term services and supports (LTSS) infrastructure. This multi-faceted approach aims to create a more responsive, sustainable, and person-centered service delivery model.

The modernization will:

- Evaluate the current HCBS assessment tool and explore implementation of a different tool (or suite of tools) with established reliability and validity, in order to better identify client needs, improve care planning, and provide for service refinement.
- Ensure maximization of Medicaid Administrative Claiming with the goal of increasing federal matching funds for programs that currently rely on unmatched state funding.
- Invest in cross-agency information technology infrastructure that allows for comprehensive, person-centered care coordination and service delivery.



Initiative 3 | Statewide Academic Collaborative on Aging

EngAging Illinois will facilitate the development of an Academic Collaborative on Aging, a vehicle for universities, colleges, and community colleges across Illinois to voluntarily participate and have opportunities for partnerships and collaborative research, education, enhanced workforce training, and support for policies, programs, and services that foster positive aging.

Participants from across all disciplines will gather and share information on current research projects about aging, older adults, and disability, and help inform the work of the Multisector Plan.

The Collaborative may focus work to:

- Set best practices for improving care and services in health and social services.
- Develop strategies for workforce development and career pipelines.
- Provide continuing education.
- Develop cross-sector professional training by embedding information on aging into curricula across all disciplines such as urban planning and architecture.
- Translate research into programs, policy, and best practices.
- Share care and service models and curricula.
- Engage older adults in programs, education, and employment training and retraining.
- Establish age-friendly institutions and systems.
- Create engagement opportunities with student populations and older adult services.
- Expand age-related degree programs at colleges and universities.

From Planning to Implementation



The publication of **EngAging Illinois** is not the end of the work to create an Illinois that is a great place for everyone to grow up and grow old. It is the beginning of an effort to translate the comprehensive Plan's goals, strategies, and actions into reality. This will be an ongoing, decade-long effort that will engage Illinoisans of all ages and abilities – particularly older people, elected officials, state agencies, local governments, health and social services providers, community-based organizations, philanthropic groups, businesses, and employers. And while this document lays out a promising and detailed blueprint, it will inevitably grow, adapt, and innovate in response to evolving realities over time.

EngAging Illinois will help strengthen cross-governmental relationships and build resilience by elevating common goals across agencies and sectors and identifying opportunities to streamline efforts and resources. The collaboration and community engagement established through the planning process represent crucially important assets that should help Illinois prepare for and respond to external policy and funding changes that affect vital services and programs critical to Illinois as more of us live longer.

The Plan in Action

The implementation of the Multisector Plan for Aging will be governed by a new, formally established EngAging Illinois Commission consisting of representatives from state agencies aligned with the work of the MPA and members external to state government. The Commission's diverse membership will include people with various subject matter expertise and lived experience, with particular attention to ensuring members reflect the geographic, racial, cultural, and socioeconomic diversity of Illinois. The Commission will be chaired by the MPA Chief Planning Officer, convene at least four times a year, and produce an annual progress report. The Plan will be updated every three years.

The Chief Planning Officer will also assemble Action Groups for each of the four Focus Areas and the three Special Initiatives. These Action Groups will include broad representation from the EngAging Illinois Commission, local government officials, Aging Network partners, nonprofit organizations, philanthropic organizations, service providers, and businesses that care about and care for all of us as we get older. The Chief Planning Officer will also partner across state agencies to ensure that older adults' interests are represented on boards, commissions, and task forces in agencies throughout Illinois government.

The strategies and actions presented here serve as a roadmap for these Action Groups, which will have several responsibilities, including:

- Building awareness of the Multisector Plan.
- Meeting regularly to drive and review progress.
- Engaging needed collaborators to move the work forward.
- Ensuring, where appropriate, that issues critical to older adults are considered by the General Assembly and county and local governments.

The Academic Collaborative (Special Initiative 3) may engage with the Action Groups by performing policy and service analysis and conducting research that can build support for existing and new projects.

All this work will be documented on an **EngAging Illinois** website, and eventually on EngAge Central, providing annual progress reports on our efforts and how this work is making a difference in visible, measurable ways. It will demonstrate how our work is improving the lives of older people from Rockford to Peoria to East St. Louis, from the rural heartland Downstate to the urban and suburban neighborhoods of Chicagoland. The new site will also feature data dashboards that help us track economic and other disparities and identify trends over time in the health and wellbeing of older adults. That data will inform updates to the Plan every three years to reflect findings, successes, and any new areas to address or revisit. This commitment to gathering and monitoring data will be at the center of the implementation of **EngAging Illinois**.

Innovation in a Challenging Fiscal Environment

At the time of publishing this Multisector Plan for Aging, we are navigating unprecedented cuts to Medicaid and other federal funding and serious budget constraints in our state. We acknowledge that many of the efforts included in this Plan require an infusion of resources and will not be able to be funded immediately. That said, we expect to make significant short-term progress in these critical areas:

- We will develop and launch EngAge Central, a centralized online hub for resources and service navigation, which will make it easier for older adults, caregivers, and health and social service providers to identify and access services and resources.
- The Department of Commerce and Economic Opportunity's (DCEO) Rebuild Downtowns and Main Streets initiative will help fund the modernization of public infrastructure, and align and coordinate funding across state agencies to support equitable, age-friendly community development. This will produce improved public spaces, revitalized downtown and commercial areas, enhanced local connectivity, and improved overall livability for all residents including older adults. DCEO's forthcoming Pharmacy Support Program, a partnership with the Illinois Retail Merchants Association, will provide financial support to independent and small-chain retail pharmacies and help ensure Illinois residents have equitable access to prescription drugs.

- A number of short-term actions will benefit unpaid and paid caregivers. Coordinating caregiver supports and systems in home and community-based services (HCBS) will result in veteran services and the Area Agencies on Aging better meeting the needs of caregivers. Developing a shared core training curriculum for direct care workers who provide care across waivers will allow the state to reduce training costs while increasing the number of direct care workers both attracted to and retained in home and community-based services.
- Conducting a statewide baseline assessment (through the AARP's Livability Index or similar methods) of Illinois communities will provide data to improve programs across all sectors and better focus on areas of greatest need. Key dimensions of this data gathering, which will attend to inequities across groups (gender, race, LGBTQIA+, disability, rural/urban), will include statistics on housing, community development, infrastructure, public spaces, health, social engagement, and economic opportunity.
- The Plan's short-term housing actions will help bridge efforts across agencies and systems. Decision makers will gain a clearer understanding of where gaps and inequities exist in housing investments for older adults, leading to more targeted resource allocation. And older adults in Illinois will benefit from having access to a broader range of and improved pathways to affordable, accessible, and appropriate housing options.
- The Academic Collaborative on Aging will help accelerate the translation of research into program, practice, policy, and workforce training curricula resulting in improved care, services, and a workforce better equipped to meet the needs of our diverse aging population, including individuals with disabilities.



Appendix A.1

Focus Area: Creating Livable and Connected Communities

Where Illinois Stands

The AARP Livability Index™ rates the livability of communities based on the services and amenities available to residents.[24] Scores range from 1 to 100, with 100 representing the highest levels of livability. The livability score for Illinois is 52, which is among the top half of states in the U.S. and comparable to neighboring midwestern states like Indiana, Wisconsin, and Michigan. The livability scores for Chicago and Springfield are 54 and 60, respectively.[25]

Regarding housing, more than one-third of older adults experience housing cost burden (i.e., spend more than 30% of their monthly income on housing costs). Transportation challenges exist particularly in rural areas with respect to crossing geographic boundaries. Further, nearly 18% of Black homeowners with a mortgage spend more than 50% of their income on housing compared to 9% of White homeowners and 12% of Latine homeowners.[26] In 2024, Illinois had more homeless households than Indiana, Michigan, and Wisconsin combined (this is true when looking at all ages), and more than twice as many homeless older adults than Indiana, Michigan, Minnesota, or Wisconsin.[27]

Creating connected communities requires access to reliable transportation and broadband infrastructure to support online engagement. Transportation challenges exist particularly in rural areas with respect to crossing geographic boundaries. Further, more than 110,000 Latine older adults (20%) report having difficulties accessing reliable transportation for appointments, meetings, and getting to places.[28] Access to reliable transportation is an issue that came up repeatedly in our focus groups and engagement sessions and is a point of focus of the MPA, including ensuring that the work of the Blue-Ribbon Commission on Transportation Infrastructure addresses the unique transportation needs of older adults.

Recent estimates from the U.S. Census suggest that approximately one-third of Illinois' older adults live alone.[29] A similar percentage reports feeling lonely.[30] The prevalence of loneliness is highest among older Asian/Asian Americans (50.1%), individuals with household incomes less than $25,000 (53.9%), and individuals with less than a high school education (51.6%).[31]

In today's digital age, online social engagement has become an important means of addressing loneliness and social isolation. The internet is also an important tool for sharing health information and accessing care (e.g., through telehealth). Most households in Illinois with at least one older adult have broadband internet (80%) at rates comparable to other Midwestern states.[32] However, only 68% of older adults with household incomes less than $25,000 have broadband internet compared to 86% of older adults with household incomes of $100,000 or more.[33]

What We'll Measure

- AARP Livability Index Score for Illinois
- Percentage of older adults experiencing housing cost burden and homelessness

- Percentage of older adults who report a lack of reliable transportation
- Percentage of older adults who report feeling lonely
- Percentage of older adults living in households with broadband internet

Strategy 1: Aging in Community

Enable aging in place across all community contexts by integrating local and statewide efforts to ensure Illinois communities are physically, socially, and institutionally age- and dementia-friendly.

Actions

- Embed an aging focus into the state's ongoing efforts to promote equity and inclusion in all aspects of life ensuring accumulated disparities that compound over a lifetime are acknowledged and addressed. **(Short-term)**
- Conduct statewide baseline assessment (e.g., AARP's Livability Index) of Illinois communities across key dimensions such as housing, neighborhood, transportation, environment, health, engagement, and opportunity, including data points for geography (urban/suburban/rural) and demographic groups, attending to inequities across groups (race, LGBTQIA+, disability) to promote investment in built environment and public infrastructure improvements for aging in place. **(Short-term)**
- Promote local government participation in grant programs such as DCEO's Rebuild Downtowns & Main Streets, which helps fund the modernization of public infrastructure, and align and coordinate funding across state agencies to support equitable community development including exploring a coordinated funding application that combines housing, transportation, and other age-friendly infrastructure into combined community grants. **(Short-term)**
- Facilitate greater access to assistive and/or smart technology and services for Illinoisans of all ages with disabilities and health conditions, especially Deaf, Blind, DeafBlind, Hard of Hearing and Late-Deafened (DDBHHLD) individuals, individuals with intellectual and/or developmental disabilities, or those who speak languages other than English. **(Short-term)**
- Support investment in technologies that can bridge communication barriers, such as Instant Language Assistant (ILA) Pros for state agencies, local agencies, and nonprofits to facilitate a standardized communication needs assessment and improved care planning. **(Mid-term)**
- Explore statewide infrastructure improvement opportunities focused on age-friendly, climate-resilient design of public spaces: for example, sidewalk accessibility, curb cuts, adequate lighting and seating in parks, green infrastructure for stormwater management and cooling, accessible bathrooms, and water fountains. Prioritize investment in communities scoring low on the baseline assessment in coordination with disability- and public health-focused agencies and advocates. **(Mid-term)**
- Work to ensure that individuals who are under guardianship, but receive multiple services or resources from public agencies, receive the support needed as they age. **(Mid-term)**
- Support Naturally Occurring Retirement Community (NORC) development to strengthen community hubs as centers for connection and services. Identify and support NORCs by layering services, infrastructure improvements, and community programming into existing neighborhoods. Promote the expansion and modernization of senior centers, libraries, parks, and community facilities, with particular attention to communities lacking services and infrastructure. **(Long-term)**

- Support individuals who are aging in prison by 1) collaboratively informing development of residential units that are specific to individuals with dementia or in need of palliative care and long-term care and other aging-related high needs, and by 2) training security and nonmedical staff on how to work with individuals with dementia. **(Long-term)**
- Establish Illinois as an Age-Friendly state by creating a statewide age-friendly designation and providing implementation support, including guidance on equity and inclusion, toolkits and design guides for accessible public spaces (including sidewalks, parks, benches with backs, sensory-friendly spaces), community audit checklists, and case studies to increase the number of local cities, townships, communities, health systems, and universities to become livable, age-friendly, and/or dementia friendly. **(Long-term)**

Strategy 2: Housing Stability and Security

Seek to ensure older adults can age safely and comfortably in their communities through a coordinated approach that expands affordable and accessible (including wheelchair accessible) housing (including independent, temporary, and supportive), integrates services, and builds local capacity for age-friendly planning and design.

Actions

- Survey state agencies on their program investments for housing and housing services for older adults, across demographic groupings, the income spectrum, and geographic zones (urban/suburban/rural) to develop an inventory of state and local housing programs, policies, and investments affecting older adults to identify gaps, inequities across groups (race/LGBTQIA+/disability/justice-involvement), and regional priorities. **(Short-term)**
- Build upon ILHousingSearch.org to include housing resources for older adults that provides choice, affordability, and community. Promote expansion of inclusive housing options – including affordable, accessible, and intergenerational developments – across all regions and with particular attention to addressing systemic inequities in housing. **(Short-term)**
- Leverage participation in the Housing Task Force (mandated by the Comprehensive Housing Planning Act), to advocate for prioritization of and focus on affordable housing that is targeted to the unique needs of older residents and addresses systemic inequity in home ownership. **(Short-term)**
- Leverage membership on the Interagency Task Force on Homelessness and coordinate with the Illinois Office to Prevent and End Homelessness to prioritize strategies that address the rising number of unhoused older adults. **(Short-term)**
- Initiate collaboration with the Illinois Municipal League to create toolkits for units of local government and private developers while exploring creative opportunities to incentivize affordable and accessible housing developments (e.g., zoning reform, low-interest loans, tax credits, streamlined approvals, and seed funding for innovative developments). **(Short-term)**
- Engage and partner with units of local government, private developers, and mission-driven organizations to pilot new housing models and expand affordable and accessible housing, prioritizing middle housing models (e.g., duplexes, fourplexes, cottage clusters, intergenerational) that are affordable, naturally age-friendly, and accessible. **(Mid-term)**
- Promote investment to expand home modification programs (such as installation of grab bars, stair lifts, walk-in showers, and ramp installations), assistive technology, and remote supports (e.g., through deferred loans) to support aging in place, reduce fall risk, and increase independence within the home environment. **(Mid-term)**

Strategy 3: Transportation that Meets the Needs of Individuals in their Communities

Seek to expand equitable rural, suburban, urban, and regional transit access for older adults and individuals with disabilities; establish a State Interagency Transportation Coordination Commission; and enhance and sustain a skilled, inclusive public transportation workforce to improve mobility and service equity for people of all ages.

Actions

- Ensure the work of the Blue-Ribbon Commission on Transportation Infrastructure encompasses the unique transportation needs of older adults and utilize the final report (scheduled to be released to the Illinois General Assembly in January 2026) as a resource for shaping transportation and workforce needs to ensure that mobility and access are addressed for the state's aging population. **(Short-term)**
- Identify service gaps and barriers by drawing on existing assessments of transportation access barriers for older adults and people with disabilities, attending to inequities across groups (race/LGBTQIA+/immigration status), and work to expand rural, suburban, urban, and regional transit access for older adults and individuals with disabilities and their caregivers. **(Short-term)**
- Encourage participation in the Coordinating Council on Access and Mobility (CCAM) program to improve knowledge-sharing, identify service gaps and deserts, and strengthen communication across human and public service sectors. This includes engagement from IDOT, IDHS, HFS, the Secretary of State, Area Agencies on Aging, regional transit authorities, regional planning organizations, managed care organizations (MCOs), and human service providers to build a unified voice and advance shared goals. **(Short-term)**
- Work with the Secretary of State's office to support older persons in driving, safe driving, and resources that could support older people's travel. **(Short-term)**
- Explore, research, and consider Medicaid coverage of ride-sharing options for non-emergency medical appointments. **(Mid-term)**
- Explore opportunities for cross-training and cross-agency driving to fill gaps, such as school bus drivers who might take a shift driving a transit bus between morning and afternoon bus routes. **(Mid-term)**
- Work to establish metrics to track improvements in service coverage, reliability, and user satisfaction among older adults and people with disabilities. **(Mid-term)**
- Streamline the certification process required for public transportation providers to deliver rides for Medicaid and MCOs. **(Long-term)**

Strategy 4: Social Connection and Community Engagement

Educate older adults, people with disabilities, care partners, and providers on the benefits of social engagement and increase awareness and access to social connection opportunities (in person and virtual), particularly in underserved communities.

Actions

- Conduct an environmental scan of available community programs that foster social connection opportunities to identify gaps in services, with particular attention to inequities in services for underserved populations and geographic zones. **(Short-term)**
- Increase awareness and access to community programs at the municipal and nonprofit level that offer social connection opportunities such as community college classes, wellness classes, or engagement with the arts. **(Short-term)**

- Explore integrating social connection screening and prescriptions for social connection during Medicare and Medicaid wellness visits (e.g., a social referral to connect aging adults and people with disabilities to community engagement opportunities and social programs such as art or wellness classes tailored to each Illinois region.) **(Short-term)**
- Engage Illinois teaching artists to lead ongoing arts learning opportunities in a variety of settings (e.g., senior centers, libraries, community centers, churches) for older adults and help create opportunities for older adults to teach the arts to others of all ages. **(Short-term)**
- Identify and help replicate and scale initiatives that foster intergenerational relationships, connecting younger adults with older adults to combat ageism and promote social engagement. **(Mid-term)**
- Work across state and local agencies, nonprofits, faith-based organizations and libraries to help people remain connected with their communities, continue learning, and maximize volunteer opportunities for older persons. **(Mid-term)**

Strategy 5: Digital Inclusion & Technology

Close the digital divide, expand access to broadband for older adults and people with disabilities, and increase digital literacy.

Actions

- Conduct a statewide environmental scan and develop an inventory of resources on digital literacy and broadband access at the state/county levels, including public/private resources available to older adults and people with disabilities, and advance Department of Commerce and Economic Opportunity (DCEO) broadband initiatives to expand access for all older adults. **(Short-term)**
- Expand education materials focused on older persons identifying and protecting themselves from digital fraud and scams. **(Mid-term)**
- Collaborate with libraries and educational partners to deliver accessible digital literacy training to older adults and people with disabilities, including those who are incarcerated, taking into account technical support and training needs. **(Mid-term)**
- Explore piloting statewide intergenerational and peer digital literacy opportunities for older adults. **(Mid-term)**

Appendix A.2

Focus Area: Ensuring Health for All Ages

Where Illinois Stands

In 2021, life expectancy at birth in Illinois was 77.1 years overall (74.2 for men, 80.0 for women). Life expectancy at age 65 in Illinois was 18.6 overall, 17.1 for men and 19.9 for women, ranking 23rd, 24th and 22nd among all 50 states and the District of Columbia.[34] While length of life is an important indicator of health, the quality of the years lived must be considered as well. Recent estimates show that three in four older Illinoisans rate their health as good or excellent. However, older adults of color, those living in rural counties, LGBTQIA+ older adults, older renters, and older adults of lower socioeconomic status have significantly lower self-rated health than others.[35] The lower reports of self-rated health among marginalized older populations likely reflects the greater disease burden they bear. For instance, 1 in 7 older Illinoisans have been diagnosed with depression and the highest rates are seen among American Indians/Alaska Natives, women, renters, and low-income populations.[36] Additionally, 59.1% of older Illinoisans report being diagnosed with high blood pressure, with the highest rates among Black (76.0%) and low-income (70.4%) older adults, and half of all older adults in the state, report having arthritis. Rates are highest among older American Indian/Alaska Native populations (75.8%) compared to White (50.4%) and Asian/Asian American (46.3%) older adults.[37]

Having a sufficient number of geriatricians and a regular source of care is necessary for preventing the onset and progression of these chronic conditions. Illinois has 32 family medicine and internal medicine geriatricians and nurse practitioners per 100,000 older adults.[38] The average rate in the United States is 40 geriatricians per 100,000 older adults, and the highest-ranking state is Rhode Island with 74 geriatricians per 100,000 older adults. However, disparities exist such that only 87.7% and 86.4% of older Latine and American Indian/Alaskan Native older adults have a regular health care provider compared to 95.5% of White older adults.[39] Lower income and older adults with less than a high school education are also significantly less likely to have a regular source of care compared to higher income and higher educated older adults. These data highlight the need to create health care spaces that are culturally competent and free from discrimination. Lacking a consistent place to access care may contribute to unnecessary hospitalizations if health conditions are not detected and addressed early enough. Currently Illinois is among the bottom ten of all 50 states in its rate of preventable hospitalizations among older adults (ranked 41 of 50 states). The rate in Illinois is 1,766 per 100,000 Medicare beneficiaries, while the rate in the U.S. overall and in the top state, Colorado, respectively, are 1,477 per 100,000 and 766 per 100,000 beneficiaries.[40]

What We'll Measure

- Life expectancy at birth and at age 65
- Percentage of older adults reporting good or excellent self-rated health
- Prevalence of specific chronic conditions and functional limitations among all adults in general and/or older adults specifically
- Rate of preventable hospitalizations among older adults per 100,000 Medicare beneficiaries
- Number of geriatric clinicians per 100,000 older adults

Strategy 1: Care Coordination

Deliver highly coordinated care and services to individuals and caregivers by increasing collaboration and communication among health, social, and community long-term care services and supports organizations and providers.

Actions

- Encourage the adoption of alternatives to the full revocation of rights for adults with age-related disabilities such as power of attorney, supported decision-making, etc. **(Short-term)**
- Explore and promote best practices and procedures for transitions between care settings and providers and involve caregivers in the process. **(Mid-term)**
- Promote expansion of the Program of All-Inclusive Care for the Elderly (PACE) program, offering comprehensive health services for older adults living in the community who would otherwise qualify to live in a nursing facility, to all regions of Illinois. **(Mid-term)**
- Support individuals who are aging in prison by collaboratively working to develop residential units that are specific to individuals with dementia or in need of palliative care and long-term care and other aging-related high needs, and training security and nonmedical staff on how to work with individuals with dementia. **(Long-term)**
- Facilitate integrated, statewide referrals and bidirectional communication and service coordination among health, mental health, community (long-term care services and supports) and public health providers, including for those returning to the community from incarceration and explore the feasibility and interoperability of secure data sharing of health records across all care settings, respecting privacy laws. **(Long-term)**

Strategy 2: Access to Care

Ensure equitable, disability-inclusive, and affordable access to culturally attuned, high-quality healthcare as we age.

Actions

- Explore the expansion of services provided by Veteran Service Officers into non-VA facilities. **(Short-term)**
- Evaluate and if needed, update the various State Bills of Rights to ensure the rights and protections of older adults are clearly enumerated, with a special focus on older adult populations that are historically underserved and/or marginalized. **(Short-term)**
- Support goal-oriented care (e.g., healthcare power of attorney, financial power of attorney, Physician Orders for Life-Sustaining Treatment (POLST), and advanced directives) as tools to minimize the need for more intensive-use strategies, such as plenary guardianship. **(Short-term)**
- Increase availability and use of care delivery options including community venues for service delivery (e.g., pharmacies, mobile vans, community faith partners) and telehealth to connect older adults with health services. **(Mid-term)**
- Expand equitable access to health promotion opportunities, including programs focused on exercise, social engagement, healthy food, and cognitive stimulation activities for healthier brains and dementia prevention, particularly within marginalized populations. **(Mid-term)**
- Explore funding, coverage and access to routine and preventive health services in addition to behavioral health, and chronic disease management. **(Mid-term)**

- Build upon existing efforts to improve skilled nursing facility quality through enforcement of state and federal regulations, use of staffing ratios, career development and mentorship programs for certified nursing assistants, and strengthening the partnership between public health and the State Ombudsman. **(Mid-term)**
- Address disparities in care access and quality for underserved populations across groups (race/LGBTQIA+/ disability/justice-involvement) and geographic zones (urban/suburban/rural). **(Long-term)**
- Use shared, evidence-based models to track health needs, including brain health, chronic conditions, and social supports. **(Long-term)**
- Coordinate the provision of hospice and palliative care in home and community-based service programs. **(Long-term)**
- Work to expand affordable health coverage for all older adults, including mid-income ("forgotten middle") groups through expanded eligibility and innovative financing. **(Long-term)**

Strategy 3: Service Navigation

Create seamless, person-centered, culturally attuned, trauma-informed care service navigation to meet the short- and long-term care needs of all of us as we age.

Actions:

- Develop EngAge Central to serve as a centralized hub for resources and service navigation. (See Special Initiatives) **(Short-term)**
- Promote development of comprehensive, cross-agency referrals for streamlined service access. **(Short-term)**
- Expand use of Community Health Workers to deliver culturally and linguistically appropriate navigation support. **(Mid-term)**
- Ensure access to personal health information through online portals, apps, and hotlines including user training or professional navigation assistance. **(Mid-term)**
- Combat ageism and ableism in healthcare and work to coordinate and align disability and aging services. **(Long-term)**

Strategy 4: Healthcare Workforce

Expand the recruitment, training, retention, and quality of a diverse health care workforce (including the geriatrics workforce) and augment the training of health and social service providers who interface with older adults and people with disabilities with knowledge and skills to address common conditions impacting older adults.

Actions:

- Promote geriatrics careers for students from diverse backgrounds at all levels (high school to medical school), prioritizing recruitment from diverse and underrepresented groups, especially rural communities by offering tuition reimbursement, higher wages, and other financial incentives. **(Short-term)**
- Increase training in geriatrics and aging and disability for all healthcare and aging service providers including topics of anti-ageism, anti-racism, LGBTQIA, caregiver communication, and motivational interviewing skills through online, in-person and hybrid training formats. **(Mid-term)**

- Integrate geriatrics and age-related topics (like dementia, behavioral care, falls prevention, social isolation, medication management, and nutrition) into all residency and certificate programs and advocate for more geriatrics-related residency and fellowship positions nationally. Explore restoration of longer geriatrics fellowship programs to support research. **(Mid-term)**
- Support the expansion of Community Health Worker programs focused on geriatrics, with required aging certification. **(Mid-term)**
- Support retiring healthcare workers who wish to pursue part-time work helping to educate and train new healthcare workers, such as in nursing, where there is a shortage of faculty and preceptors. **(Mid-term)**

Strategy 5: The 4Ms of Age-Friendly Care

Increase attention to the "4Ms" of age-friendly care — What Matters, Medication, Mentation, and Mobility – and increase the number of health care settings that are trained and receive designation in this model.

Actions:

- Support 4Ms education across sectors and in the community so adults of all ages can attend to their own health and advocate for appropriate care in health systems. **(Mid-term)**
- Explore implementation of the 4Ms-Behavioral Health across mental health care settings. **(Mid-term)**

Strategy 6: Healthy Aging

Build the general population's awareness, knowledge, and skills about aging, the importance of early- and mid-life health, and the resources available to support people across the lifespan.

Actions:

- Increase statewide visibility of the Aging Network and its senior centers, adult day programs, and senior housing to connect Illinoisans with supports and services and partner with age-friendly and dementia-friendly communities on broader wellness initiatives. **(Short-term)**
- Expand access to multi-lingual, evidence-based health education and skills training in a variety of settings, methods, and community locations tailored to specific cultural and literacy needs. **(Short-term)**
- Support, promote, and expand existing public health and prevention efforts including:
  - IDPH's Healthy Illinois 2028, multi-faceted Dementia Program, Illinois Breast and Cervical Cancer Program, and Wise Women initiative, as well as ongoing substance use, vaccine education, and suicide prevention efforts.
  - The Illinois Falls Prevention Coalition, an active multi-sector collaboration including state agencies IDoA and IDPH along with AAAs, Care Coordination Units, local public health departments, hospitals, universities, fire departments, older adults and more. **(Short to Mid-term)**
- Explore methods to recruit and train volunteers to assist with home tasks, deliver meals, transportation, friendly visiting, or provide dementia caregiver respite. **(Mid-term)**
- Expand intergenerational programs to build empathy and caregiving skills across the lifespan. **(Mid-term)**

Strategy 7: Brain Health

Support and expand the Brain Health Project launched by the Illinois Department of Public Health and enable Illinois to become the most brain healthy state in the U.S.

Actions:

- Identify, convene and facilitate collaboration between partners interested in brain health including advocacy organizations, academia, health and social service providers, local governments, and all who are committed to improving and preserving brain health and cognition. **(Short-term)**
- Collaborate with and align efforts with the IDPH State Dementia Program and the State of Illinois Alzheimer's Disease Plan. **(Short-term)**
- Promote public education and increase awareness of brain health information and resources. **(Short-term)**
- Promote brain health education for health, social service, and other service delivery providers including caregivers, Community Health Workers, and those in training to enter or reenter the workforce. **(Mid-term)**
- Promote the development of Memory Cafés and other innovative approaches to support brain health and cognition. **(Mid-term)**
- Work to translate existing research into policy, programs, and practice. (See Special Initiative 3) **(Long-term)**

Appendix A.3

Focus Area: Investing in Caregivers

Where Illinois Stands

More than 2.2 million Illinoisans provide unpaid, regular care for a family member or friend.[41] Among this group, 14.6% are aged 15+ and provide unpaid care to an older adult aged 65+.[42] Rates of major chronic conditions (e.g., hypertension, heart disease, etc.) are comparable for Illinois caregivers and non-caregivers, with two exceptions: caregivers are 1.6 and 1.25 times more likely to have asthma and arthritis compared to non-caregivers. Additionally, Illinois caregivers are more likely to report poor self-rated health than non-caregivers (20.3% compared to 14.3%, respectively) and 1 in 5 caregivers report experiencing mental distress.[43] The prevalence of depression among Illinois caregivers is 23.7% compared to 14.6% among non-caregivers.[44]

Regarding paid caregivers, Illinois has 48 home health care workers per 1,000 older adults (ranked 21 of 50 states). The average for the U.S. is 62 home health care workers per 1,000 older adults, and the highest-ranking state is New York at 156 home health care workers per 1,000 older adults.[45] With older adults projected to make up nearly a quarter of Illinois' total population by 2035,[46] growing and investing in a highly trained and adequately compensated caregiving workforce is critical to addressing their health and social needs. Currently, direct care workers in the state have lower average hourly wages than comparable entry-level jobs, and Illinois ranks among the bottom half of states (28) in providing competitive wages.[47]

What We'll Measure

- Percentage of individuals aged 15+ who reported providing unpaid care or assistance to an older adult
- Prevalence of select chronic conditions (e.g., hypertension, diabetes, arthritis, etc.) among individuals caring for an older adult
- Percentage of caregivers of older adults reporting fair, good, or excellent self-rated health
- Percentage of caregivers who report experiencing mental distress and/or being diagnosed with depression
- Number of personal care and home health aides per 1,000 older adults

Strategy 1: Caregiver Outreach and Awareness

Help all Illinois caregivers recognize their vital caregiving role, stay connected to ongoing support, and raise awareness among the public and employers about the essential contributions and challenges of caregivers.

Actions

- Develop EngAge Central (See Special Initiatives, Page 28) as a user-friendly hub of resources including but not limited to an evidence-based assessment tool, caregiver resources including support groups and online webinars, Area Agencies on Aging resource database, and educator resources. **(Short-term)**

- Work to develop and launch a statewide comprehensive caregiver awareness campaign using storytelling, data, and culturally responsive messaging to help caregivers of all ages self-identify and access support through EngAge Central. **(Short-term)**

Strategy 2: Caregiver Infrastructure

Expand the number of people and processes necessary to support caregivers.

Actions

- Align cross-agency efforts and ensure Illinois' participation in national caregiver initiatives and funding opportunities. Leverage state and federal resources to blend and braid state and federal funding to expand and better coordinate support for Illinois caregivers in alignment with the federal RAISE Family Caregivers Act. **(Short-term)**
- Explore the establishment of a statewide Caregiver Advisory Council that reflects geographic, racial, ethnic, and LGBTQIA+ diversity, includes representation across all income levels and age groups – including the growing population of youth caregivers – to ensure meaningful caregiver engagement and the development of person-centered services that are responsive to all communities. **(Short-term)**
- Improve partnerships and efficiencies across all levels of government, healthcare systems, and community organizations to promote caregiver best practices in the aging, disability, and veterans' services networks, and paid caregiving organizations. **(Long-term)**
- Explore innovative models that encourage and connect caregivers. **(Long-term)**

Strategy 3: Services and Supports for Caregivers

Expand access to programs, services, supports, and products for all caregivers to meet specific family caregiver needs, and increase availability of paid caregivers.

Actions

- Explore options to fund and strengthen the Illinois Family Caregiver Act, passed in 2004, which aligns with federal Older Americans Act funding. **(Short-term)**
- Strengthen the Illinois CARE Act through new provisions such as adding oversight and accountability measures to ensure unpaid family caregivers and family of choice caregivers are included in care plans and/or discharge plans at the consent of the care recipient. **(Short-term)**
- Work with academic partners to develop a respite curriculum for nursing students and launch a pilot to pair nursing students with caregivers in need of respite. **(Short-term)**
- Enhance coordination among Home and Community-Based Services (HCBS), veterans' services, and Area Agencies on Aging services to provide better coordinated and accessible caregiver support to meet growing caregiver needs. **(Short-term)**
- Work to expand and align training, compensation, education, counseling, benefits, and support for all caregivers. **(Mid-term)**
- Improve partnerships and communication between caregivers and healthcare providers, including doctors, hospitals, social workers, nurses, rehabilitation facilities, physical therapy providers, and long-term care facilities. **(Mid-term)**

- Improve framework coordination, outreach, and expansion for caregiver support across multiple state agencies like respite care services, HCBS, volunteer programs, legal and guardianship supports for families (e.g., special needs trusts, wills, ABLE accounts, supported decision-making.) **(Long-term)**

Strategy 4: Financial and Workplace Security for Caregivers

Reduce financial challenges associated with unpaid caregiving, particularly for lower- and middle-income caregivers.

Actions

- Explore opportunities to recognize or exempt caregivers from negative or unintentional impacts of changes in federal work requirements for programs like SNAP and Medicaid. **(Short-term)**
- Create opportunities for individuals subject to the recently enacted federal work requirements to maintain Medicaid eligibility (paid direct care workers and individuals between the ages of 18 and 64) for volunteer service, paid work opportunities, or a combination of both. **(Short-term)**
- Promote current paid leave policies and conduct research into the feasibility of paid family and medical leave programs, including funding models to ensure that employee caregiving responsibilities are recognized. **(Short-term)**
- Expand financial planning education, access to basic legal services, and resources for caregivers through state agencies and employers. **(Short-term)**
- Encourage employers, including the State of Illinois, to adopt caregiver-friendly workplace practices such as supportive human resources policies and services, caregiver toolkits, flexible schedules, Employee Resource Groups, and access to caregiver navigation services. **(Mid-term)**
- Explore ways to support unpaid caregivers who are self-employed, part-time, or working informal gig jobs as they are often excluded from employer-based benefits. **(Mid-term)**
- Identify ways to better support direct care workers (e.g., providing respite, in-home care, and transportation assistance) independently hired by older adults and family caregivers to determine ways to support them in the health care system, with particular attention to racialized caregiving inequities. **(Long-term)**

Strategy 5: Data, Research and Evidence-Based Practices

Promote research, identification, and adoption of evidence-based practices in caregiver support.

Actions

- Explore methods to expand, manage, collect, and analyze statewide caregiver data, disaggregated by race, region, and caregiving type to track needs and outcomes to facilitate measuring, demonstrating, and communicating the impact and return on investment (ROI) of caregiver services compared to more costly facility costs. **(Short-term)**
- Work to standardize evaluation and reporting tools across state agencies and partners to strengthen evidence-based practices along with increasing transparency by publishing publicly available and disaggregated caregiver data to inform policy and program design. Ensure data collection captures diverse caregiver experiences including race, ethnicity, age, geography, income, location of caregiving and caregiving type. **(Mid-term)**
- Work toward continued funding of the Behavioral Risk Factor Surveillance System (BRFSS) caregiving module with the Centers for Disease Control as a pilot program. Engage the Illinois Department of Public Health to share a summary brief for public dissemination. **(Long-term)**

Strategy 6: Paid Caregiver Support

Develop recruitment and retention measures to ensure a robust paid caregiver workforce that is qualified and supported.

Actions

- Develop a core training curriculum for direct care workers that transfers from employer to employer and equips workers to provide care across waiver populations. **(Short-term)**
- Establish a direct care worker or community healthcare worker credential that could be referenced within waivers including specialized training to continue career growth and development of career ladders. **(Short-term)**
- Ensure payment rates for home and community-based service providers are competitive to attract and retain paid caregivers. **(Short-term)**
- Explore financial relief programs at the federal and state levels to help build financial security for homecare and adult day center workers**. (Mid-term)**
- Collaborate with community colleges and nursing schools to create curricula and clinical opportunities that cultivate career pathways to home and community-based services. **(Mid-term)**

Appendix A.4

Focus Area: Affording Aging

Where Illinois Stands

One in ten older Illinoisans live at or below the poverty level. Poverty rates are 2.5 times higher among Black compared to White older adults (21.0% versus 7.8%, respectively).[48] Additionally, the percentage of older adults who do not have retirement income is 59% for Illinois and ranges from 71% among older Black Illinoisans to 56% among older White Illinoisans.[49] Older women are also less likely to have retirement income compared to older men in Illinois. Having other financial assets to rely on, including the equity in one's home, may help mitigate financial strains. Among Illinoisans aged 50+, 83.8% are homeowners and 15.2% are renters. Of the nearly 3.3 million homeowners aged 50+, 74% are White, 10.1% are Latine, 8.4% are Black, and 5.4% are Asian. The homeownership rate is 1.4 times higher in White compared to Black older populations. This disparity decreases slightly among adults 65+ to a relative difference of 1.32.[50]

Regarding food security, approximately 10% of older Illinoisans report at least sometimes not having enough food to eat or money to buy more food. Latine and Black older adults were nearly 6 and 4 times more likely than White older adults to report experiencing an insufficient amount of food (32.3% of Latine and 19.9% of Black older adults compared to 5.2% of White older adults, respectively).[51]

Lastly, the ability to afford aging is hindered by the high rates of fraud and other forms of financial exploitation among older adults. Although total fraud losses were highest among adults 60-69 (~ $39 million), the median amount lost was highest for adults aged 80+ ($1,800) followed by those aged 70-79 ($1,000).[52]

What We'll Measure

- Percentage of older adults living in poverty at a specific time point and over time
- Percentage of older adults who own a home with a mortgage or free and clear
- Percentage of older adults experiencing food insecurity
- Percentage of older adults without retirement income other than Social Security
- Median financial loss due to fraud by age group

Strategy 1: Resource Awareness

Develop and roll-out a cross-sector awareness campaign to inform Illinoisans of existing state, federal, and local programs and services.

Actions

- Ensure EngAge Central includes existing state, federal, and local programs and services with website links, contact information, and brochures (as applicable) that help with affording aging and include these resources in an awareness campaign. **(Short-term)**

- Compile and analyze call and website data to determine trends in frequently requested resources and areas of unmet need, paying particular attention to inequities across groups (race/LGBTQIA+/disability) and geographic zones (urban/suburban/rural). **(Short-term)**
- Identify resources that have exclusions for people with criminal histories and explore opportunities to change exclusions in policy where practical. **(Short-term)**
- Coordinate with the Illinois Department of Corrections to explore pathways from incarceration to community-based services and public benefit programs, including methods to assess and enroll individuals pre-release and at Parole Offices and Adult Transition Centers, so resources are in place upon release. **(Mid-term)**
- Develop and conduct an annual cross-agency training on aging programs, services, and resources available to the public through each state agency including IDoA partners, Illinois Municipal League, rural partners, Illinois Association of Community Action Agencies, and University of Illinois Extension. **(Mid-term)**

Strategy 2: Financial Education

Develop and disseminate a statewide financial education plan to increase financial literacy, retirement planning education, and financial exploitation and scam awareness across generations.

Actions

- Explore establishment of a statewide coalition to develop a coordinated effort for financial literacy. **(Short-term)**
- Work to identify or develop financial education tools that are targeted for different generations, geographies, and incomes, inclusive of disabilities and learning styles, to increase financial literacy. Topics should include basic banking tools, retirement planning education and tools, investing, estate and advanced care planning, insurance products including Long-Term Care (LTC) insurance, as well as scam and financial exploitation awareness and where to go for help. **(Short-term)**
- Explore pursuing legislation to require mandated reporting by all staff at financial institutions and provide the authority to implement holds on suspicious transactions, and increase accountability and prosecution of persons who perpetrate scams and financial exploitation against older adults. **(Short-term)**
- Promote increased participation in the Illinois Secure Choice Program and the Illinois Savings Plan. **(Mid-term)**
- Promote increased participation in Long Term Care (LTC) insurance plans. Consider incentives for companies that offer LTC insurance as a benefit for employees to purchase, as they do short-term or long-term disability insurance. **(Long-term)**
- Explore the possibility of establishing a Roth Individual Retirement Account for graduating high school seniors. **(Long-term)**

Strategy 3: Workforce Access and Participation

Ensure older worker and disability protections and remove barriers to workforce participation.

Actions

- Work to identify and eliminate/reduce barriers or disincentives to older adults and people with disabilities who want and/or need to work, using current peer reviewed literature and public comments from town halls or a survey of employers. **(Short-term)**

- Explore the development of an Older Worker Campaign to encourage employers to hire older workers and people with disabilities and establish anti-ageist, anti-ableist policies in the workplace. Develop a "Know Your Rights" campaign for older workers and family caregivers. **(Mid-term)**
- Explore the development of a state paid benefit program for all workers working in Illinois (since FMLA is unpaid leave and this would allow workers on FMLA to also receive a paid benefit). **(Long-term)**
    - Identify other state paid leave benefits programs and consider which options for paid leave benefit models could work for Illinois.

Strategy 4: Access to Basic Necessities

Reduce hidden poverty (i.e., situations in which people earn above the official poverty line but still struggle to afford necessities, or where the experience of poverty is masked by other factors like social isolation) by increasing affordability and access to basic necessities – food, healthcare, home care, and transportation.

Actions

- Promote increased utilization of Medicare Savings Programs and Extra Help. **(Short-term)**
- Promote increased awareness of food bank delivery programs. **(Short-term)**
- Promote increased awareness of the Illinois Department of Commerce and Economic Opportunity (DCEO) Illinois Grocery Initiative, which helps local governments address inadequate access to fresh foods, especially in food deserts. **(Short-term)**
- Promote participation in DCEO's forthcoming Pharmacy Support Program. In partnership with the Illinois Retail Merchants Association, this program will provide financial support to retail pharmacies and help ensure Illinois residents have equitable access to prescription drugs. **(Short-term)**
- Work to ensure older adults exiting the Illinois Department of Corrections are connected to benefit, entitlement, and other programs. **(Short-term)**
- Promote increased awareness and usage of public transportation ride free programs and license plate renewal discount programs (Benefit Access Program). **(Short-term)**
- Explore the development of a streamlined or universal application for Illinois benefit programs to maximize enrollment in Medicaid, SNAP, property tax relief, Benefits Access Program, and other programs with eligibility determined at the state level. Expand education and support with enrollment and paperwork on all relevant programs. **(Mid-term)**
- Work to increase the number of participating hospitals and the number of participants, specifically older people, eligible for the Medical Debt Pilot Program. **(Mid-term)**

Strategy 5: Economic Security

Explore policies that address structural drivers of economic insecurity and inequities across racial groups.

Actions

Consider policies and programs such as baby bonds, guaranteed basic income, and other forms of support to reduce racial wealth gaps in order to ensure that all Illinoisans have economic security and financial health as they age. **(Long-term)**

Appendix B

Workgroup Members

Creating Livable and Connected Communities

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Amy Brennan
Mattie Bryant
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Teresa Davis
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Bill Casper
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Appendix B

Investing in Caregivers

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Appendix C

Glossary of Acronyms

- 4Ms: What Matters, Medication, Mentation, and Mobility
- AAA: Area Agency on Aging
- ABLE: Achieving a Better Life Experience Act of 2014
- ACL: Administration for Community Living
- ACS: American Community Survey
- ADU: Additional Dwelling Units
- BRFSS: Behavioral Risk Factor Surveillance System
- CAPABLE: Community Aging in Place Advancing Better Living for Elders
- CARE Act- Illinois Caregiver Advise, Record and Enable Act
- CCP: Community Care Program
- CDC: Centers for Disease Control
- CMS: Centers for Medicare & Medicaid Services
- CNA: Certified Nursing Assistant
- DCEO: Illinois Department of Commerce and Economic Opportunity
- FHAA: Fair Housing Amendments Act of 1988
- FMLA: Family and Medical Leave Act of 1993
- HCBS: Home and Community-Based Services
- HFS: Illinois Department of Healthcare and Family Services
- HMPRG: Health & Medicine Policy Research Group
- IACAA: Illinois Association of Community Action Agencies
- IDoA: Illinois Department on Aging
- IDOC: Illinois Department of Corrections
- IDHS: Illinois Department of Human Services
- IDOT: Illinois Department of Transportation
- IDPH: Illinois Department of Public Health
- IITAA: Illinois Information Technology Accessibility Act
- ILA: Instant Language Assistant

Appendix C

- ILGA: Illinois General Assembly
- IRA: Individual Retirement Account
- IRRPP: Institute for Research on Race and Public Policy
- LIHTC: Low-Income Housing Tax Credit
- LTC: Long-Term Care
- LTSS: Long-term Services and Supports
- MPA: Multisector Plan for Aging
- NORC: Naturally Occurring Retirement Community
- PACE: Program of All-Inclusive Care for the Elderly
- PHI: Paraprofessional Healthcare Institute
- POLST: Physician Orders for Life-Sustaining Treatment
- RAISE: Recognize, Assist, Include, Support and Engage Family Caregivers Act
- ROI: Return on investment
- RRF: RRF Foundation for Aging
- SNAP: Supplemental Nutrition Assistance Program
- UIC: University of Illinois at Chicago

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