State Plan on Aging Guidance for BRIC States
February 2022

INTRODUCTION AND PURPOSE

The Supporting Older Americans Act of 2020 reauthorized the Older Americans Act of 1965 for the years 2020-2024 with the recognition that the COVID-19 pandemic has caused significant disruptions to programs and program operations for the aging network. The Supporting Older Americans Act of 2020 places an emphasis on addressing the impacts of social isolation, malnutrition, and other key priorities such as caregiving.

This guidance document is a compilation of information, resources, and suggestions to support BRIC states achieve the outcome of partnering with your state agency on aging to develop or revise your State Plan on Aging. We recognize that each state may be in a different stage of development and implementation with respect to the aging plan and existing relationships/partnerships with the state agency on aging may vary. This is not an exhaustive resource and will be updated as needed.

This document is structured to reflect the sections included in a typical state aging plan– Background Section and Strategies/Action Plan, and select requirements for state aging plans from the Administration for Community Living (See https://acl.gov/about-acl/administration-aging-program-instructions).

BACKGROUND SECTION

1. **Consider including distinct definitions related to BRIC such as social connectedness, isolation, loneliness, food and nutrition security, safe physical activity access and health equity, among others. The following definitions are taken from the BRIC Key Terms and Definitions document. Keep in mind that each state might have a different working definition of these terms.**
    o   **Social connectedness** is the degree to which individuals or groups of individuals have and perceive a desired number, quality, and diversity of relationships that create a sense of belonging and being cared for, valued, and supported.[1]
    o   **Social connectedness** also has a community component, involving community trust, and where structures, policies and relationships connect residents to key services, resources, and inclusive spaces. It is important for individuals to feel represented and welcomed in their community.[2]
    o   **Social Isolation** is an objective measure of the lack of social meaningful relationships, both interpersonally and within a community.[2] Social isolation can lead to feelings of loneliness when someone perceives that their social needs are not met by the quantity and, especially, the quality of their social relationships.[3]
    o   **Loneliness** is the subjective feeling of being alone, even if you are surrounded by people.

- o **Social well-being** is the strength of a person's relationships and social networks. It is strongly linked to social inclusion and a sense of belonging.[2]
- o **Food and Nutrition security** is a situation that exists when all people, at all times, have physical, social, and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life.[4]
- o **Safe Physical Activity Access** is a situation that exists when all people regardless of age, race, education, socioeconomic status, sexual orientation and geographic location have access to safe and convenient opportunities to be physically active.[5]
- o **Health Equity** is achieved when every person has the opportunity to attain his/her full health potential, and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances.[6]

2. **Consider adding data (county, state and national level) to the background section to demonstrate the impact of social isolation/loneliness, poor food and nutrition security, and lack of physical activity access on health.**

Social Connectedness Data
- o [America's Health Rankings. 2021 Senior Report](#) [7]
  - ▪ [America's Health Rankings. 201 Senior Report - Public Health Impact: Social Support and Engagement State Data](#)
- o Social connectedness is an important determinant of mental, emotional, and physical health and serves as a key protective factor in reducing the health risks associated with social isolation and loneliness.[8]
  - ▪ 3 out of 10 adults in the U.S., aged 45 and older, feel lonely.
  - ▪ 1 out of 4 adults in the U.S., aged 65 and older, feel socially isolated.
- o Social isolation carries a 29% increased risk for mortality, which exceeds the risk of obesity and several other risk factors.[9]
- o For other background information on social connectedness and health, see [Social isolation and loneliness in older adults: Opportunities for the healthcare system](#)[9]

Food and Nutrition Security Data
- o [America's Health Rankings. 2021 Senior Report](#): [Food Insecurity](#)[7]
- o Other resources containing food and nutrition security data at state and national level
  - ▪ Feeding America's [State of Senior Hunger in America in 2019](#) (released in Aug 2021)
  - ▪ USDA's [Household Food Security in the United States in 2020](#) - In 2020, more than 2.8 million food-insecure households included an adult age 65 or older and nearly 1.3 million (or 8.3 percent) were food insecure and 531,000 (or 3.4 percent) struggled with very low food security.[10]

Physical Activity Access Data
- o [America's Health Rankings. 2021 Senior Report](#) – [Physical Inactivity](#)[7]
- o [Centers for Disease Control and Prevention. Physical Activity is Essential to Healthy Aging.](#)
  - ▪ Importance of Physical Activity - As an older adult, regular physical activity is one of the most important things you can do for your health. It can prevent many of the health problems that seem to come with age. It also helps your muscles grow stronger so you can keep doing your day-to-day activities without becoming dependent on others.

- [Centers for Disease Control and Prevention. Physical Activity. Why It Matters.](#)
  - Only half of adults get the physical activity they need to help reduce and prevent chronic diseases.
  - Getting enough physical activity could prevent 1 in 10 premature deaths, $177 billion in annual health care costs are associated with inadequate physical activity.
- Greater amounts of physical activity are associated with a reduced risk of cognitive decline and dementia, including Alzheimer's disease.[11]

Health Equity Data
- To advance health equity, encourage state aging partners to disaggregate data by relevant dimensions such as ethnicity, demographics, socioeconomic or geographical factors in order to identify differences between different population subgroups. Disaggregated data provide evidence on who is being left behind and informs equity-oriented policies, programs and practices.

3. **Consider listing the populations at increased risk of social isolation and loneliness, poor food and nutrition security, and lack of safe physical activity access and evaluate how your state is currently working to support these populations.**
   - Older Adults (>45)
   - Youth/Young adults (16-24)
   - Those experiencing inequities such as racism, including Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders
   - Victims of violence and abuse
   - Marginalized populations
   - Immigrants including refugees
   - Persons with limited English proficiency
   - Members of non-Christian religions
   - Lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons
   - Persons with disabilities
   - Persons who live in rural areas

STRATEGIES/ACTION PLAN SECTION

4. **Consider addressing the social determinants of health that also impact social connectedness, food and security and safe physical activity access.**
   - Housing, transportation, food, education, employment, access to healthcare, access to broadband internet, neighborhood safety, etc.
   - Resources:
     - US Dept of Health and Human Services, National Institute on Aging: [Understand health disparities related to aging and develop strategies to improve the health status of older adults in diverse populations](#)
     - AARP Foundation: [Social Determinants of Health and the Aging Population](#)

5. **Consider recommending new and/or existing data and data collection efforts to begin understanding where issues exist and to measure progress over time.**

For all BRIC strategies:

- o Consider which communities/populations should be prioritized, such as older adults >45, LGBTQ+, marginalized groups, etc.
- o Make efforts to engage community members at every level of state of research and evaluation efforts/community based participatory research
- o Look at what data already exists: Local and/or state-wide census data, nutrition program/food bank participation, physical activity/community center program participation, any survey data collected from primary care physician visits (screening for loneliness/isolation) or studies from local and state-wide college systems
- o Ask how might social connectedness data collection be incorporated into existing programming focused on nutrition or physical activity (e.g., Senior Farmers Market Nutrition Program, home-delivered meals, senior congregate meals, evidence-based physical activity programming offered in-person or online)?
- o Identify other potential in-state data sources for active transportation among older adults (walking, bicycling transit use), e.g., walk/bike advocacy groups, planning commissions, councils of government
- o Use data from state and county level Behavioral Risk Factor Surveillance System (BRFSS) fruit/vegetable consumption and physical activity patterns for older adults, and county health rankings that incorporate health equity
- o Social Isolation/Loneliness: Ask what are the existing primary data collection methods, and what are some possible tools to use such as the UCLA Three-item Loneliness scale or AARP survey to assess Loneliness and Social Connections among Adults Age 45 and Older
- o Nutritional Risk Assessment Tool (commonly used in aging programs)
- o Implement these Data-driven Approaches to Achieving Health Equity

6. **Consider reviewing/following the lead of other national/demonstration efforts that are robust and successful.**
   - o Foundation for Social Connection: Fostering evidence-based solutions for social connection.
   - o Coalition to End Social Isolation and Loneliness: Engaging diverse stakeholders, increasing public awareness, promoting innovating research, and advocating for policy change that combats the adverse consequences of social isolation and loneliness and advances approaches that improve to social connectedness.
   - o Togetherness Hub: Provides a global platform, structure and tools for empowering individuals and initiatives to most effectively collaborate towards a more connected society.
   - o ACL Nutrition and Aging Resource Center: Building the capacity of senior nutrition programs and related success stories.
   - o AARP Livable Communities: Supporting the efforts of neighborhoods, towns, cities and rural areas to be great places for people of all ages. https://www.aarp.org/livable-communities
   - o N4A's USAging and Engaged Initiative: Best practices for helping older adults stay socially engaged. https://www.usaging.org

- o America Walks: Advancing safe, equitable, accessible and enjoyable places to walk and move by giving people and communities the resources to effectively advocate for change. https://americawalks.org
- o Physical Activity Alliance: Focusing on the policies and systems that help make the active choice the easy choice. https://paamovewithus.org

7. Consider including specific strategies, especially policy, systems and environmental change approaches to support social connectedness, food and nutrition security, and safe physical activity access in your state. Health equity can be embedded throughout.

See Appendix for sample language from various State Plans on Aging.

All BRIC Strategies
- o AARP's American Rescue Plan Act Report and Toolkit includes examples of strategies that could be included in a state plan on aging.
- o Participate and join state and local coalitions related to health, social connectedness, healthy aging and other issues relevant to healthy aging
- o Distribute and train local communities on AARP Living Communities, Aging in Place – A Toolkit for Local Governments.

Social Connectedness

   Strategy Examples:

- o Survey Area Agencies on Aging (AAA) to assess the needs of their population, existing resources, etc.
- o Work with AAAs to administer UCLA Loneliness scale through its various programs and touch points.
- o Gather feedback from older adults in the community to identify what support they want and resources they may need. Are they aware of the existing programs and resources that are available? Do they have access to them?
- o Program example: The Foster Grandparent Program provides qualified volunteers to agencies and organizations for the dual purpose of engaging persons 60 or older, with various incomes, in volunteer service to meet critical community needs and to provide a high-quality volunteer experience that will enrich the lives of the volunteers.
- o Deepen connections and referral pathways between healthcare providers, state and local aging agencies and other social services to develop a system that supports social prescribing. Social prescribing (also referred to as a community referral) is about helping people find ways to improve their health and wellbeing by referring and connecting them with what is going on in their local area while meeting their social, emotional and physical needs.
- o Partner with state and local governments to support investments in the physical, social and digital infrastructure which enables everyone to live in more connected communities
- o Integrate social connectedness into existing goals/strategies regarding the implementation and effectiveness of nutrition and/or physical activity programs.
- o Encourage all communities to join AARP Livable Communities Network

Food and Nutrition Security

Strategy Examples:

- o Work with the Department of Human Services (DHS), AAAs, Aging Network service providers, and local public health departments to expand the Senior Farmers' Market Nutrition Program (SFMNP) in additional counties throughout the state. (Could also integrate administration of UCLA Social Connectedness survey).
- o Work with AARP and others to promote state level policies to ensure Older Americans have access to food assistance programs.
- o Promote/support the adoption of CDC's Food Service Guidelines and healthy food procurement for congregate/home delivered meals, while addressing challenges to congregate meals as a result of COVID-19.
- o Work with your state and local Charitable Food System to support food access for older adults.

Physical Activity Access

Strategy Examples (adapted from CDC's Division of Nutrition, Physical Activity, and Obesity's – State Physical Activity and Nutrition Implementation Guide)

- o Collaborate with partners to connect sidewalks, paths, bicycle routes, public transit with homes, early care and education, schools, worksites, parks, or recreation centers through implementing master plans and land use interventions. Establish new or improved pedestrian, bicycle, or transit transportation systems (i.e., activity-friendly routes) that are combined with new or improved land use or environmental design (i.e., connecting everyday destinations).
- o Participate in and contribute to cross-sectoral coalition(s) that includes partners representing transportation, planning, housing, business and economic development, community organizing, education, and parks/recreation.
- o Create interdepartmental Memoranda of Understanding (MOUs) or Interagency Agreements (IAGs) with other key departments such as transportation, housing, public health, to formalize the aging agency relationship and identify topics/ projects, communication channels, and opportunities for collaboration.
- o Work with Metropolitan Planning Organizations (MPOs) and Rural Planning Organizations (RPOs) to integrate health/healthy aging considerations into project scoring criteria so that projects with non-motorized transportation components get more weight, especially in high-need areas.
- o Promote state level policies that can enhance local efforts to adopt or improve policies to create activity-friendly communities, such as state level policies on Complete Streets or Safe Routes.
- o Establish or update the State Pedestrian and Bicycle Master Plan and identify opportunities for enhancing local plans.
- o Create a voluntary transportation program
- o Leverage federal transportation funding
- o Consider emerging ideas such as ride-sharing services

Health Equity

    Strategy Examples:

- Incorporate strategies from the following equity and aging resources:
  - [Cooperative Extension's National Framework for Health Equity and Well-Being](#), aimed at improving population health and achieving health equity through a focus on three core themes-health equity, SDOH, and working through coalitions to increase community health assets.
  - Association of State and Territorial Health Officials' [Issue Brief - State Strategies for Promoting Healthy Aging for All](#).
  - National Academy for State Health Policy Toolkit: [State Strategies to Support Older Adults Aging in Place in Rural Areas](#) for example increase services that help people remain in their homes by expanding and professionalizing the caregiver workforce, improving transportation access and services.
- Designing strategies based on community-defined needs and involvement leads to greater success
- Use pilot programs to field test strategies that enable states to gather data for building the case for wide-scale implementation and improve operations before expansion
- Use of technology to address social determinants of health

8. **Consider highlighting any of your state's programming that focuses on supporting social connectedness, food and nutrition security, and safe physical activity access or advancing equity among older adults.**

9. **Consider listing the existing AAA's, non-profits, and other partner organizations that may be involved with supporting healthy aging through social connectedness, food and nutrition security, and safe physical activity access in your state.**

Examples of Existing Organizations

- AARP, Administration for Community Living, Foundation for Social Connection, Mental Health America, YMCAs, places of worship, State Department of Human Services, State Department of Public Health, Food Banks, State and local chapters of [National Association for the Advancement of Colored People](#) or [League of United Latin American Citizens](#), planning commissions/councils of government.

Appendix: Sample Language for State Plans on Aging

Illinois State Plan on Aging, 2020-2024

COVID-19 has also brought to the forefront the negative impact of social isolation and loneliness older adults experience. They are missing the camaraderie and interaction that they previously experienced at adult day services and senior centers. The pandemic has made it even more difficult for family members to provide support; older children live far away and those who live in multi-generational households are worried about the risk of contracting the virus. This has further highlighted the need for innovative approaches, including expanded access to technology for staying connected but also to ensure access to essential healthcare.

Strategy 2.1k: Create a workgroup consisting of the IDoA, AAAs, nutrition providers, and older adults (including people who are underrepresented in nutrition programs) to assess: 1) feasibility of providing meal choices; 2) feasibility of providing more than one 8 dietary option; 3) strategies for implementation; and 4) outcomes of providing choice (e.g. increased participation/meal counts, increased satisfaction with food, increased voluntary contribution, reduced inequities in participation, etc.). *Possible to add a social connectedness component to this strategy/incorporate into the workgroup?*

Objective 2.7: Explore the expansion of new Age-Friendly Communities throughout the State. *Possible to add social connectedness component to the age-friendly community definition?*

Objective 2.8: Expand programming to reduce social isolation and loneliness.

Strategy 2.8a: Provide training and education opportunities to AAAs, CCUs and other Aging Network partners to become educated for signs of social isolation and loneliness.

Strategy 2.8b: Work with AAAs to implement the UCLA loneliness scale.

Strategy 2.8c: Research and monitor best practices to guide implementation of programming to reduce isolation and loneliness.

Strategy 2.8d: Work with academic partner to evaluate social isolation and loneliness data collected from evidenced-based programs.

Strategy 2.8e: Investigate availability of funding from Illinois Broadband Council for internet and WIFI.

Strategy 2.8f: Work with AAAs to maintain and expand programs to reduce social isolation and loneliness, such as volunteers and senior calling programs.

Outcomes for Objective 2.8:
- Number of training opportunities for AAAs and partners on social isolation and loneliness.
- Percentage of AAAs using UCLA loneliness scale.
- Increased funding for broadband internet and WIFI for older adults.
- Number of new programs initiated to reduce social isolation and loneliness.

Objective 2.9: Integrate into healthcare and other services the provision and connection to services for older adults to meet their social needs.

Objective 4.2: Expand awareness and enhance understanding of serving older adults who are Lesbian, Gay, Bi-Sexual, or Transgender (LGBT).

Strategy 4.2a: Conduct LGBT trainings provided by SAGE within the next year to both IdoA staff and all our provider agencies, AAAs and other Aging Network providers.

Strategy 4.2b: Provide ongoing training to Senior HelpLine staff about culturally appropriate practices and revise the intake process to collect LGBT demographics.

Strategy 4.2c: Provide targeted outreach and communication materials that are LGBT affirming across IdoA, with specific focus on reducing social isolation and reaching people with dementia.

Missouri's State Plan on Aging, 2020-2023

By surveying the eligible populations to determine their needs and desires, the AAAs can assist the senior centers throughout the state with developing new options for meal programs and services to increase participation at the centers. Increasing participation at the local centers will increase food security for those attending and provide social opportunities to reduce isolation and loneliness.

The AAAs will assist the local senior centers in surveying the eligible populations in their PSA to determine their needs and desires, with particular emphasis on the priority populations, in an effort to increase participation. The surveys will determine desired social and volunteer opportunities, menu options and other needs of the eligible population to help modernize senior centers and increase participation. This could include the use of alternative sites such as Aging Ahead's Choices Program. This program utilizes the St. Louis County Library, Frick's Grocery Stores and the Gateway YMCA as locations to reach additional older adults in locations where they naturally congregate to provide the same resources as their traditional senior centers.

Congregate meals at senior centers not only serve the function of providing for the nutritional needs of the participants, but they also provide a social experience and a chance to educate the individuals regarding healthy and safe living.

Social and volunteer opportunities were identified as a need by many of the populations surveyed during the planning for the State Plan on Aging. Loneliness in older adults has recently been shown to lead to decreases in physical health, mental well-being and overall quality of life.

According to a meta-analytic review on loneliness and social isolation as risk factors for mortality, "The risk associated with social isolation and loneliness is comparable with well-established risk factors for mortality, including those identified by the U.S. Department of Health and Human Services (physical activity, obesity, substance abuse, responsible sexual behavior, mental health, injury and violence, environmental quality, immunization, and access to health care…" Missouri ranked 32nd in the 2018 American Health Rankings for Risk of Social Isolation

By surveying the eligible populations to determine their needs and desires, the AAAs can assist the senior centers throughout the state with developing new options for meal programs and services to increase participation at the centers. Increasing participation at the local centers will increase food security for those attending and provide social opportunities to reduce isolation and loneliness.

Create and expand the appeal and social engagement opportunities at senior centers to reduce social isolation and loneliness.

By June 30, 2022, the AAAs will develop social opportunities desired by the priority and eligible populations in their PSA in order to increase participation and decrease social isolation and loneliness.

Goal One: Strengthen aging network's capacity, promote innovation and best practices, and build efficiencies to respond to the growing and diversifying aging population.

Objective #1: Leverage technology to improve quality and efficiency of aging services network.

Strategy 1. Enhance user and consumer experience by creating efficiencies through technology.

Actions:
1. Use E-grants technology to allow grant applications to be accepted electronically
2. Enroll PDA & have AAAs enroll with one of PA health information exchanges
3. Develop & launch public-facing report of need self-reporting tool on PDA website

Strategy 2. Explore and develop avenues to use virtual programming to serve more people, including those who are isolated.

Actions:
1. Implement any possible technology recommendations of the PA Council on Aging as part of their research on social isolation.

Objective #2: Increase the Department's capacity to serve older adults through strategic and meaningful partnerships and collaborations."

Strategy 1. Expand partnerships and enhance existing collaborations to grow the aging network's capacity to deliver services.

Strategy 2. Build and strengthen partnerships with organizations representing diverse or isolated older adults (culture/race/ethnicity/LGBTQ/disability/rural) to conduct more effective outreach in these communities.

Objective #3: Ensure OAA programs are reaching diverse, LEP and socially isolated older adults, including LGBT older adults & those living with a disability

Strategy 1. Improve marketing and outreach materials directed at underserved communities.

Strategy 2. Drive program engagement efforts to include diverse, LEP, socially isolated and LGBT older adults, veterans & older adults living with a disability.

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