

How State Plans on Aging and Multisector Plans for Aging Align to Serve Older Adults

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States plan for the needs of their older adult populations in a variety of ways. Some of this planning is required to obtain federal or state funding for certain aging programs, such as through State Plans on Aging (SPAs). Other plans, such as Multisector Plans for Aging (MPAs), are voluntary, state-initiated, and cross-sector. Several states have contemplated alignment of these two plans and are working to ensure that both plans complement and build on each other.



States are already planning for their older adult populations via SPAs and are using their SPAs as a springboard for MPA development.

As the aging population rapidly grows and becomes more diverse, state planning efforts should apply best practices to be responsive to the evolving population needs as we all age. Alignment of SPAs with MPAs is one such strategy. Aging today looks vastly different than it did in previous generations, with many older adults working, volunteering, and contributing to their communities well into their later years. As the face of aging changes, it's important that communities across the U.S. not only plan for the needs of older adults, but also strategize how to harness the wisdom, experiences, and talents of older adults as critical resources for their communities.

Differences between SPAs and MPAs

Since the passage of the Older Americans Act (OAA) in 1965, states are required to submit SPAs to the Department of Health and Human Services (HHS) Administration for Community Living (ACL) to draw down funding for aging programs and services. SPAs typically cover two, three, or four years and must account for how states will use the funding to meet the needs of their aging population, in accordance with the requirements of the OAA. Development and implementation of SPAs are the responsibility of the State Unit on Aging (SUA), designated agencies responsible for overseeing OAA funding and programs. SPAs have historically focused on OAA funded programs and services but have evolved over the decades to adjust to the changing environment. For example, after the incidence of the COVID-19 pandemic, ACL added a special topic area focused on COVID-19 that states must address in their SPAs. While the intent of the SPA has remained the same, the required content has changed to be responsive to the needs of the older adult population.

An MPA is a unique tool that states can use to transform how we think about and plan for an aging population. MPAs span 10 or more years and include funding and programming to support aging well. These plans bring together state and local government, the private sector, and philanthropy to implement strategies and cultivate partnerships that promote healthy aging for all, improve service infrastructure, and prepare the state for demographic changes. Additionally, MPAs bring together often siloed, but similarly focused, state activities under one vision to support aging well. MPAs include cross-cutting themes such as developing cross-sector collaborations, utilizing person-centered planning, engaging deeply with communities and stakeholders, embedding equity throughout the plan, and applying an aging lens across the lifespan. MPA development and implementation are typically led by a state agency — identified through an executive order, legislation, or other decree — that then works across multiple agencies and sectors.

States create SPAs as required by the Older American's Act to draw down federal funding for specific aging programs.

MPAs are blueprints that bring together different sectors to prepare for the aging population.

What is a Multisector Plan for Aging?

An MPA is a roadmap that states can use to transform the coordination of services for older adults, people with disabilities, and caregivers. Key components of an MPA include:



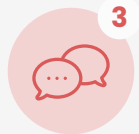
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State-Led: An MPA can be authorized through legislation, a governor's executive order, or a more informal decree/declaration.



2

Cross-Agency Development and Accountability: While an MPA is usually led by one agency or department (often the unit on aging) the development of the MPA and its implementation are typically done with input, leadership, and accountability from various departments and agencies across state government. The legislative branch of government is often also engaged in the process.



3

Stakeholder and Consumer Engagement: An MPA is developed and implemented with broad stakeholder engagement, including input from aging/disability stakeholder as well as stakeholders who may not traditionally focus on aging. Including nontraditional partners ensures that the MPA incorporates a range of perspectives and helps partners see themselves reflected in the plan. It also includes direct feedback from consumers.



4

Broad Focus on Aging Throughout the Lifespan: An MPA is not just for people who are currently older. It addresses all people who are aging, including caregivers, people with disabilities, direct care workers, young people planning for retirement, and employers who are looking to retain and attract older workers. Messaging doesn't "other" older adults; it promotes the message that "we are all aging."



5

Data Driven: An MPA uses data and evidence in the development phase to identify areas of unmet need and initiatives that the state can consider. It also uses data to demonstrate and measure progress through implementation.



6

Living Document: An MPA is not 'one and done.' Once it is developed, the expectation is that it will be refreshed every one or two years, and that the state will continue to be accountable to stakeholders for progress reports and measurement of the goals.

Aligning SPAs and MPAs

SPAs and MPAs complement each other in many ways. Both plans are informed by data, including hearing from older adults and stakeholders about their wants and needs, and involve planning for the changing needs everyone has as they age. They can be used to address topics such as health equity, affordable housing, and combatting social isolation, to name a few. Additionally, both plans can be used to plan for sustainable improvements in aging services and supports. This table highlights key areas of overlap between SPA and MPA and illustrates how the SPA can be used as a jumping off point for MPA development.

Characteristics	MPA	SPA
Shared focus areas, objectives, goals, and initiatives	X	X
Utilize stakeholder engagement	X	X
Data-informed	X	X
Shared staff working on the plans	X	X
Voluntary	X	
Required		X
Flexible	X	
Prescriptive		X
Cross-sector	X	
Primarily aging-network focused		X

Many states are evaluating how both plans and the plans' processes can be used to further the goals of each. This is important for ensuring the efforts of both plans reinforce each other and are not contradictory. The experiences of states who have aligned both plans can serve as examples for others contemplating alignment. The following details four opportunities states have used to align or integrate the two plans.

Coordinating Focus Areas, Goals, Objectives, and Initiatives

States are aligning their SPA and MPA through the content of each plan: the focus areas, goals, objectives, and initiatives. While the SPA has specific focus areas states are required to include in the plan, the MPA provides more flexibility for states to direct its focus. Because the MPA is broader, SPA content can be incorporated into MPA goals, objectives, or initiatives focused on aging programs and services. The SPA also supports incorporating local goals and initiatives into the broader MPA, due to the SPA's requirements around including area plans from Area Agencies on Aging (AAAs). MPA content can be aligned with specific focus areas of the SPA, such as caregiving. Several states have structured both plans to ensure the goals and objectives of each complement each other. This allows for greater accountability and efficiency and enables progress to be made on both plans.

STATE EXAMPLES

- In Texas, both plans include an objective on increasing family caregiver awareness of and access to services.
- Similarly, Vermont has aligned their plans via focus areas, with family caregiver support being a central component of both plans.
- In North Carolina, both plans prioritize Adult Protective Services, housing, caregiving, and workforce development. The strategies under those goals in the SPA are specifically tailored to the work the SUA is currently leading, while the recommendations related to those topics in the MPA adopt a broader, whole-of-government approach.
- Maryland has taken a different approach and integrated the two plans into one. They are planning to make the SPA the first four years of their MPA, focused on OAA-specific, short-term goals, and the last six years of the MPA will reflect mid-term and long-term goals beyond OAA requirements.

Leveraging Stakeholder Engagement and Feedback from Older Adults

Stakeholder engagement is an essential component of both SPAs and MPAs. As part of the new OAA rule, states must have regular mechanisms in place to gather feedback from older adults, family caregivers, and service providers as part of the SPA process. For MPAs, stakeholder engagement occurs throughout development and implementation and is key to ensuring plans are person-centered and reflective of the needs and preferences of older adults. Stakeholder engagement presents an inherent opportunity to align SPAs and MPAs and can be leveraged to serve both plans.

STATE EXAMPLES

- Pennsylvania was able to use over 20,000 comments gathered through their SPA stakeholder engagement to help inform their MPA. They also partnered with their AAAs to host listening sessions in every county and used the feedback gleaned from the sessions to inform both plans.
- As North Carolina embarked on developing their MPA, they found that many of the stakeholders engaged in workgroups for the SPA were also a natural fit for workgroups for the MPA. The shared stakeholders helped add another layer of alignment between their plans.

Using Data to Inform Goals and Track Progress

An important element to any strategic planning process will be the use of data. It can inform goal development and show progress on implementation. Data supports both planning processes by presenting demographic shifts, displaying gaps in services, and highlighting the needs of historically marginalized populations. Data can also be used to show the many contributions of older adults. For example, [AARP's longevity economy](#) work shows the monetary value of societal contributions from older adults volunteering and caregiving. Finally, state and national data can help develop baselines to benchmark progress on key areas of focus. States are required to conduct needs assessments as part of the SPA process and to document how data were used to guide plan development. Because of this, some states are utilizing the same data sources to inform development for both plans.

STATE EXAMPLES

- In Texas, data from a survey of older adults, family caregivers, and the aging services network that was conducted to inform the MPA was shared with SUA staff to help inform the next SPA.
- Similarly, Vermont has used SPA needs assessment data to inform their MPA development process and is using additional data gathered for the MPA for its next SPA.
- In Maryland, staff are analyzing a variety of data sources to inform their combined plan, including all 19 AAAs four-year Area Plans, State Health Improvement Plan data, a caregiver survey, America's Health Rankings, and AARP's LTSS Scorecard, to name a few.
- North Carolina conducted listening sessions for the SPA and a needs assessment aimed at pursuing an age-friendly designation. The gaps identified in these assessments highlighted the need for more input from historically marginalized older adult populations, leading to additional focus groups for the MPA.

Sharing Staff

Whether due to agency structure, limited budgets, or strategic direction, some states have the same staff working on both plans. This enables better coordination between plans.

STATE EXAMPLES

- The North Carolina SUA has a dedicated Planning Section team that supports both plans, fostering better coordination and leveraging insights to ensure that initiatives are mutually supportive.
- Texas is currently developing its next SPA, and staff working on both the SPA and MPA have formed a project team to advise on SPA development.
- In Maryland, staff determined the need to integrate the planning functions for their combined plan and reorganized the team working on the plan to allow for a project-based approach with the same team members.

Challenges to Alignment

Differing Scopes and Timelines

While the plans can complement each other in many ways, there are still challenges to aligning them. Several states expressed that differing scopes and timelines between the two plans have presented challenges to full alignment. The SPA is shorter-term and specifically focused on existing OAA programs and service delivery, whereas the MPA has a broader scope encompassing services across sectors and plans for older adults' needs today and in the future. Additionally, SPAs must be informed by AAA area plans, which could also create timeline challenges for alignment.

Need for Clear Communication

States also expressed a need to be intentional in communicating the differences between each plan to avoid stakeholder confusion. To help clarify the distinctions of both plans, Pennsylvania created a two-pager highlighting the key differences of each plan and uses it as a tool to educate stakeholders. In North Carolina, staff have engaged in numerous community and state-level presentations to illuminate the differences between their SPA and MPA. They also use [bi-monthly newsletters](#) to keep stakeholders informed on the MPA process and as an avenue to further illustrate the differences between each plan.

While aligning MPAs and SPAs may create efficiencies, they are equally important in fulfilling their distinct purposes.

More Attention to MPAs

Another challenge is the perception that more excitement and attention is being given to MPAs than to SPAs. The concern is that all the attention and resources being devoted to MPAs may take away focus from SPAs and therefore impact progress made on implementation of the SPAs. To help ensure continued focus and momentum on their SPA, North Carolina staff have incorporated strategies from the SPA into their own annual work plans. The state also tracks quarterly progress and releases annual progress reports to maintain accountability and transparency in its SPA efforts with partners. In Maryland, SUA staff are working closely with the Governor's Office of

Performance Improvement to ensure the plan's goals align with the goals and recommendations of the Governor's State Plan. In aligning these goals, they are helping create accountability for implementation and encourage collaboration across state agencies.

Conclusion

As more older adults remain active participants in their communities, it is essential to plan strategically for their needs while leveraging their strengths. SPAs and MPAs are two critical tools for this planning, each serving distinct yet complementary roles. The alignment of these plans through shared goals, stakeholder engagement, data, and staff coordination has proven beneficial in several states, demonstrating that collaboration between SPAs and MPAs can lead to more effective and age-inclusive strategies. This integrated approach ensures that the immediate needs of older adults are met and sets the stage for long-term, sustainable improvements in aging services and supports. As the face of aging continues to evolve, so too must the strategies for serving older adults and ensuring that their invaluable role is recognized in their communities.

By aligning SPAs and MPAs, states can create a cohesive approach that enhances accountability, maximizes resources, and addresses the unique needs of their aging populations.