Fourth Review and Appraisal of the Implementation of the Madrid International Plan of Action on Ageing and its Regional Implementation Strategy (MIPAA/RIS) 2018-2022

United States of America

November 2021

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List of Abbreviations and Acronyms

AAA	Area Agencies on Aging
ACL	Administration for Community Living
AD	Alzheimer's disease
AD/ADRD	Alzheimer's disease-Related dementias
ADEA	Age Discrimination in Employment Act of 1967
ADPI	Alzheimer's Disease Program Initiative
AGID	AGing, Independence, and Disability (AGID) Program Data Portal
AHRQ	Agency for Healthcare Research and Quality
ARPA	American Rescue Plan Act
AoA	Administration on Aging
APS	adult protective services
BOLD	Building Our Largest Dementia (BOLD) Infrastructure for Alzheimer's Act
CDC	Centers for Disease Control and Prevention
CDSME	chronic disease self-management education
CFPB	Consumer Financial Protection Bureau
CMS	Centers for Medicare & Medicaid Services
CNA	certified nursing assistants
COVID-19	Coronavirus disease of 2019
DoJ	Department of Justice
DoL	Department of Labor
e-Care	electronic care
EEOC	Equal Employment Opportunity Commission
FBI	Federal Bureau of Investigation
FQHC	Federally Qualified Health Clinics
FTC	Federal Trade Commission
GWEP	Geriatrics Workforce Enhancement Program
HCBS	home and community-based services
HHS	Department of Health and Human Services
HRS	Health and Retirement Study
HRSA	Health Resources and Services Administration
HUD	Department of Housing and Urban Development
I/T/Us	Tribes, Tribal Organizations, and Urban Indian Organizations
IHS	Indian Health Service
IMPACT	IMbedded Pragmatic AD/ADRD Clinical Trials Collaboratory
IWISH	Integrated Wellness in Supportive Housing
LTCOPs	long-term care ombudsman programs
LTSS	long-term services and supports
MAOs	Medicare Advantage Organizations
MHPAEA	Mental Health Parity and Addiction Equity Act
MIPAA	Madrid International Plan of Action on Ageing
MIPAA/RIS	Madrid International Plan of Action on Ageing/Regional Implementation Strategy
NAMRS	National Adult Maltreatment Reporting System
NCHS	National Center for Health Statistics
NCEA	National Center on Elder Abuse
NCLER	National Center on Law and Elder Rights

NCOA	National Council on Aging
NIA	National Institute on Aging
NIH	National Institutes of Health
OAA	Older Americans Act
OAMHD	Older Adult Home Modification Program
OASH	Office of the Assistant Secretary for Health
ODPHP	Office of Disease Prevention and Health Promotion
OCR	Office for Civil Rights
OEWG-A	United Nations Open Ended Working Group on Ageing
PCAST	President's Council of Advisors on Science and Technology
PLWD	people living with dementia
PPHF	Prevention and Public Health Fund
PROMISE	Promoting Readiness of Minors in Supplemental Security Income
RAISE	Recognize, Assist, Include, Support, & Engage (RAISE) Family Caregivers Act
RETAIN	Retaining Employment and Talent After Injury/Illness Network
RFOA	Reasonable Factors Other Than Age
RIS	Regional Implementation Strategy
RSS	ride share services
RWHAP	The Ryan White HIV/AIDS Program
SAMHSA	Substance Abuse and Mental Health Services
SARs	Suspicious Activity Reports
SDGs	Sustainable Development Goals
SDoH	social determinants of health
SEC	Securities and Exchange Commission
SECURE	Setting Every Community Up for Retirement Enhancement (SECURE) Act
SGRG	Supporting Grandparents Raising Grandchildren (SGRG) Act
SSA	Social Security Administration
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Income
STEADI	Stopping Elderly Accidents, Deaths & Injuries
SUA	State Units on Aging
UNECE	United Nations Economic Commission for Europe
UNITE	Uniting Nursing Homes in Tribal Excellence
U.S.	United States
USD	United States dollar
WEAAD	World Elder Abuse Awareness Day
WIOA	Workforce Innovation and Opportunity Act
WHO	World Health Organization

Executive Summary

This report immediately follows the 2017 U.S. country report for the Madrid International Plan of Action on Ageing (MIPAA)/Regional Implementation Strategy (RIS) – or MIPAA/RIS – and provides an overview of case studies, current or past funding opportunity announcements, initiatives, models, programs, research, reports, surveys, and other achievements – from more than a combined twenty governmental agencies, departments, and non-governmental organizations – that have taken place primarily between the years 2017 and 2021. In developing this report, qualitative and quantitative input was solicited and received from federal governmental agencies and departments as well as non-governmental organizations working to improve the health and well-being of caregivers, communities, families, and older adults through the provision of services and supports.

The focal point of older adults and aging within the U.S. Government continues to remain ACL. As the U.S. federal agency executing the aging-specific services and supports programs including the OAA, ACL maintains bi-directional communications with the national network of state units on aging (SUA), area agencies on aging (AAA), local service providers, and Tribal organizations, among other entities to ensure the needs of communities, families, older adults, and their caregivers are met. Moreover, ACL continues to conduct robust and broad outreach manifested by in-person and virtual community-and-site visits, listening sessions, roundtables, and stakeholder convenings to share guidance and policy as well as to ensure the input of stakeholder and agency beneficiaries is incorporated into the agency's workstreams. In the sections that follow, we bulletize a few of the major achievements since the year 2017 as well as highlight opportunities for further development in the coming years.

Major Achievements Since the Year 2017:

- ☑ The *Recognize, Assist, Include, Support, & Engage (RAISE) Family Caregivers Act of 2017* established the *Family Caregiving Advisory Council* to advise, provide recommendations, and identify best practices on recognizing and support family caregivers. The *Supporting Grandparents Raising Grandchildren (SGRG) Act of 2018* established the Advisory Council to support grandparents and other kin caregivers raising children, including grandchildren to identify, promote, coordinate, and disseminate information, resources, and the best practices available to help grandparents and other older relatives to meet the needs of the children in their care while maintaining their own physical and mental health and emotional well-being. In its initial report to the U.S. Congress, the *Family Caregiving Advisory Council* adopted twenty-six recommendations for improving how family caregivers are recognized and support. Similarly, the *Advisory Council to Support Grandparents Raising Grandchildren* initial report adopted twenty-two recommendations to advance change and improve supports to Kinship Families and Grandfamilies of all ages.
- ☑ The *Elder Abuse Prevention and Prosecution Act of 2017* is the first federal legislation aimed at improving the criminal justice response to elder abuse, and includes provisions for increasing data collection and information sharing of abuse and fraud cases, increasing training of federal prosecutors and investigators, and establishing at least one Assistant United States Attorney as an elder justice coordinator in each federal judicial court. This effort complements work made possible by the passage of the *Elder Justice Act of 2010* as part of the *Patient Protection and Affordable Care Act*.
- ☑ In December 2018, the U.S. Congress passed the *Building Our Largest Dementia (BOLD) Infrastructure for Alzheimer's Act* into law creating a uniform national public health infrastructure with a focus on issues such as increasing early detection and diagnosis, risk reduction, prevention of avoidable hospitalizations, and supporting dementia caregiving.
- ☑ In March 2020, the OAA – the U.S. national strategy and plan of action for aging – was reauthorized through fiscal year 2024 by the U.S. Congressional passage of the *Supporting Older Americans Act of 2020.* Among other provisions, the 2020 reauthorization included provisions to remove barriers to boost capacity building and business acumen of the national aging network.

☑ In August 2020, the 5th iteration of the *Healthy People Initiative: Healthy People 2030* was released. As the U.S. roadmap for health promotion and disease prevention, *Healthy People* provides 10-year measurable objectives with targets for completion by the year 2030. *Healthy People 2030* builds upon the efforts of *Healthy People 2020* and maintains specific objectives addressing the health and well-being of older adults.

☑ In December 2020, *The Dietary Guidelines for Americans, 2020-2025* provides national nutrition guidance by life stage for the first time, including focused guidance for older adults. Promoting healthy dietary patterns is critical in older adulthood due to changing dietary needs, increased risk of malnutrition, changes in bone and muscle mass, and a higher prevalence of chronic disease. This effort complements the *Physical Activity Guidelines for Americans (2nd Edition)* published by HHS – in the year 2018 – with the goal of helping people live healthier lives through increased physical activity.

Areas for Further Development in the Future:

☑ Demographic trends, population estimates, and population projections underscore a growing and increasingly diverse and heterogenous, aging population within in the U.S. With increasing numbers of older adults in the years to come, there will be an accompanying rise in the services and support needs for this population. Critically, as older adults express a universal desire to remain in their homes and communities, the provision of care will in-part rest on family caregivers and local service providers.

☑ While great progress – including recent U.S. Congressional legislation to support family caregivers (e.g., *RAISE* and *SGRG*) – has been made, it remains essential to expand the capacity of community-based services and supports. This is especially critical as many local service providers and community-based organizations adjusted their service and support delivery formats to a virtual environment due to Coronavirus disease of 2019 (COVID-19) related public health measures including social distancing.

☑ COVID-19 has accelerated health inequities (e.g., access to-and-utilization of health care services and the use of digital health services and tools) experienced by older adults especially for those individuals from traditionally underserved (e.g., low-income, Medicaid-eligible, individuals residing in rural or frontier geographic areas, and members of racial and ethnic minority populations) population segments. As such, it is paramount that programs, services, supports, tools, and technologies are developed and deployed in ways that address issues of accessibility, affordability, awareness, and utilization and therein minimize the impacts inequities (e.g. widening the digital divide) have on overall older adult health and well-being.

Part I: General Information

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United States of America

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The *Older Americans Act* of 1965 (OAA) forms the framework of the United States of America's (hereafter referred to as United States or U.S.) national strategy and plan of action for aging. The OAA has been authorized in the years 2006, 2016, and most recently in the year 2020 by the U.S. Congress.[1] This original legislation established authority for grants to states for community planning and social services, research, and development, and personnel training in the field of aging. The law also established the Administration on Aging (AoA) – an office within the Administration for Community Living (ACL), an operating division of the U.S. Department of Health and Human Services (HHS) – to administer the newly created grant programs and to serve as the federal focal point on matters concerning older persons. The OAA is a major vehicle for the organization and delivery of social and nutrition services to older individuals and their caregivers. It authorizes a wide array of service programs through a national network of SUAs, AAAs, local service providers, Tribal organizations, and a Native Hawaiian organization representing hundreds of tribes. More information about aging-specific programs, authorizing statutes, or the OAA, can be found by visiting the ACL government agency webpage.[2]

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[1] https://www.congress.gov/bill/116th-congress/house-bill/4334/text.

[2] https://acl.gov/; https://acl.gov/about-acl/authorizing-statutes/older-americans-act.

1. National Ageing Situation

Largely mirroring global demographic trends, population estimates, and population projections, the U.S. continues to be shaped by the growing share of its older adult population segment. Conclusions, data, and insights discussed below is supported by findings and information found in the *2020 Profile of Older Americans*[3] – a report prepared by the AoA.

In the year 2019, there were 54.1 million individuals age 65 and older marking a 14.4 million (or 36%) increase in the number of older adults when compared to the year 2009. Moreover, by the year 2040, there is projected to be 80.8 million older persons age 65 years and older, marking a more than doubling of the number of older persons reported for the year 2000. Further underscoring the rising share in the U.S. older adult population, by the year 2040, 21.6% of the population is expected to comprise of individuals age 65 years and older, compared to 16% of the population share for the year 2019.

Older adults also represent an increasingly diverse and heterogenous segment of the overall U.S. population. In the year 2019, 30 million women and 24.1 million men were age 65 years and older with 12.9 million individuals (or 24% of older adults) representing racial and ethnic minority populations (i.e., African American (not Hispanic), Asian American (not Hispanic), American Indian and Alaska Native (not Hispanic), Hispanic, and Native Hawaiian/Pacific Islander (not Hispanic)). Moreover – by the year 2040 – the percentage of older adults in the U.S. from racial and ethnic minority populations is projected to increase to 34%.

With regards to marital status and living arrangements, in the year 2020, 61% of adults age 65 years and older (73% of older adult men and 50% of older adult women) were living with a spouse (including partner) and about 27% (or 14.7 million) of all older adults living in the community lived alone (5 million men, 9.7 million women). When compared to those older adults residing in communities, a smaller number of older adults (1.2 million) age 65 years or older residing in nursing homes in the year 2019. Turning to overall health and well-being, in the year 2019, the leading chronic conditions for adults age 65 and older included arthritis, physician-diagnosed and undiagnosed diabetes, any form of cancer, and coronary heart disease among other conditions. In the same year, 19% of adults age 65 years and older reported either being unable to function at all or having trouble with at least one of six functioning domains including high percentage of reported trouble with mobility (walking or climbing stairs), hearing (despite the use of hearing aids), and cognition (learning and remembering).

The COVID-19 pandemic has had profound impacts on the overall health and well-being of older adults. Between March and April 2020, the unemployment rate rose from 3.7% to 15.6% for adults age 65 years and older. Additionally, older adults experienced declines in mental health with increases in symptoms of anxiety or depression. Available data from Medicare beneficiaries reveals declines in well-being with 21% reporting feeling *lonely or sad* (25% women, 14% men), 15% reporting feeling *less financially secure* (16% women, 13% men), and 38% reporting feeling *less socially connected to family and friends* (42% women, 33% men).

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[3] https://acl.gov/aging-and-disability-in-america/data-and-research/profile-older-americans.

2. Methods

In addition to the 2012[4] and 2017[5] U.S. MIPAA/RIS country reports submitted to the United Nations Economic Commission for Europe (UNECE) – serving as reference and consultation documents – quantitative and qualitative data and information to inform this report was sought and input obtained from more than a combined twenty federal government department and agencies as well as nongovernmental organizations listed below:

<u>**U.S. Governmental Departments and Agencies (in alphabetical order)**</u>
- ❖ Consumer Financial Protection Bureau
- ❖ Department of Health and Human Services
    - ☑ Administration for Community Living
    - ☑ Agency for Healthcare Research and Quality
    - ☑ Centers for Disease Control and Prevention
    - ☑ Centers for Medicare & Medicaid Services
    - ☑ Health Resources and Services Administration
    - ☑ Indian Health Service
    - ☑ National Institutes of Health
    - ☑ Office of the Assistant Secretary for Health
    - ☑ Office for Civil Rights
    - ☑ Substance Abuse and Mental Health Services
- ❖ Department of Housing and Urban Development
- ❖ Department of Justice
- ❖ Department of Labor
- ❖ Equal Employment Opportunity Commission
- ❖ Social Security Administration

<u>**Nongovernmental Organizations (in alphabetical order)**</u>
- ❖ AARP
- ❖ The International Federation on Ageing
- ❖ The International Network for the Prevention of Elder Abuse
- ❖ The John A. Hartford Foundation
- ❖ The National Council on Aging

<u>**Brief Note and Disclaimer**</u>
We are thankful to the many staff and personnel from the listed agencies, departments, and organizations who provided content for this review and appraisal report. While attempts were made to make this review and appraisal report as comprehensive as possible, there may be case studies, current or past funding opportunities, initiatives, models, programs, research, reports, surveys, or other items that were not captured and consequently missing or absent from this report. The contents and conclusions in this report *do not necessarily represent the views* of HHS, other U.S. governmental agencies and departments mentioned in this report, or non-governmental organizations mentioned in this report. Readers of this report *should not* interpret any statement in this report as an official position of HHS or the U.S. Government.

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[4] https://unece.org/DAM/pau/age/country_rpts/USA_report.pdf.

[5] https://unece.org/DAM/pau/age/country_rpts/2017/USA_report.pdf.

Part II: National Actions and Progress in Implementation of MIPAA/RIS and the 2017 Lisbon Ministerial Declaration Goals

1. Recognizing the Potential of Older Persons

1.1. **What has been done to empower individuals to realize their potential for physical, mental, and social well-being throughout their lives** and to participate in and contribute to society according to their capacities, needs, and desires, **along the RIS commitments 1,2,8,9, and 10 and the goals of the Lisbon Ministerial Declaration?**

For each sub-section that follows, discussed is relevant work – primarily between the years of 2017 and 2021 – that is either completed, being conducted, supported, or in some instances forthcoming by U.S. governmental departments and agencies as well as nongovernmental organizations. Where possible, supporting information is provided – via footnote – should readers wish to learn more about the discussed work.

❖ **Developing and implementing socially responsible and future-oriented economic and financial strategies:**

☑ The U.S. Securities and Exchange Commission (SEC) regularly discusses with broker-dealers, other regulators, and senior advocates – including medical professionals – the possibility of cognitive impairment affecting their customers, to help them better manage and address their customers' needs. In March 2018, the *International Organization of Securities Commissions* published a *Senior Investor Vulnerability* report[6] that examined the vulnerability of aging populations to financial fraud and other risks and identified sound practices for protecting these populations. The SEC, the Commodity Futures Trading Commission, and the Financial Industry Regulatory Authority contributed to this report.

☑ In the year 2018, ACL established the *Strengthening the Financial Literacy & Preparedness of Family Caregivers Program*, awarding a 3-year, $750,000 (United States dollar or USD) cooperative agreement[7] to support the identification of gaps, development and testing of new tools, materials and approaches for improving and strengthening the financial literacy and preparedness of family caregivers.

☑ The Consumer Financial Protection Bureau (CFPB) helps older adults avoid the devastating effects of financial fraud and abuse. The agency continues to provide information via the *Money Smart for Older Adults*[8] initiative – in collaboration with the Federal Deposit Insurance Corporation – and through its *Preventing Elder Financial Abuse*[9] guide for nursing homes and assisted living communities. Collectively, these initiatives include guides and other resources to provide older consumers and their families, friends, caregivers, and service providers with information on preventing and responding to elder financial fraud and exploitation.

☑ In the year 2020, the National Institute on Aging (NIA) – a division of the National Institutes of Health (NIH) – collaborated with ACL to issue a small business

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[6] https://www.iosco.org/library/pubdocs/pdf/IOSCOPD595.pdf.

[7] https://acl.gov/grants/strengthening-financial-literacy-preparedness-family-caregivers-0.

[8] https://www.consumerfinance.gov/consumer-tools/educator-tools/resources-for-older-adults/protecting-against-fraud/.

[9] https://files.consumerfinance.gov/f/documents/cfpb_preventing-elder-financial-abuse_staff-guide.pdf.

innovation research funding opportunity announcement[10] –*Development of Cost-Effective and Customizable Training and Education Platforms for AD/ADRD Caregivers that Focus on Addressing Financial Management and Legal Planning* – that addresses the fundamental need for the development of technologies that enhance caregiver training and address the financial and legal aspects of caregiving. NIA and ACL published this funding opportunity to encourage and fund research and development of technology and tools for the currently under-developed market serving caregivers and their family members suffering from Alzheimer's disease (AD) and Alzheimer's disease-related dementias (AD/ADRD). In their collaboration, NIA and ACL seek to stimulate research and development of technology and tools that adapt to a range of levels of expertise/experience, specific care demands, and needs of family caregivers.

☑ The National Council on Aging (NCOA) created customized financial and health insurance (Medicare) planning with connections to counseling, benefits enrollment (when appropriate), and services that are tailored to older adults via validated standards of excellence. These tools (e.g., NCOA's *Age Well Planner*[11]) – among other available tools – allow older adults to better plan for their financial futures. NCOA also provided real-time access to benefits programs based on personal profiles. Nearly 10 million individuals have discovered $40.9 billion (USD) via *BenefitsCheckUp*[12] service.

❖ **Fostering effective consultations with, and involvement of, older persons and their representatives at the national, regional, and local levels in designing policies:**

☑ Provisions of the OAA to protect vulnerable older adults include two components: the *Prevention of Elder Abuse and Neglect Program,*[13] from ACL provides formula grants – non-competitive awards based on a predetermined formula – to states for elder abuse prevention and intervention activities, including public awareness of elder abuse. The OAA also provides funding for the operation of the *Long-Term Care Ombudsman Programs (LTCOPs)*.[14] *LTCOPs* seeks to address concerns about the health safety, welfare, and rights of residents in long-term care facilities – nursing homes, assisted living and similar residential care settings – and serves as an information resource to residents, their families and facility staff. Through this funding process, ACL supports state and local elder abuse prevention coalitions and multi-disciplinary teams, coordinates activities with state and local adult protective services programs and other professionals who work to address issues of elder abuse and elder justice.

☑ The *RAISE Act of 2017 (Public Law 115-119),*[15] called for the establishment of the *Family Caregiving Advisory Council*[16] to advise and provide recommendations, including identified best practices, to the Secretary of the HHS on recognizing and supporting family caregivers. With the passage of the *SGRG Act*[17] in January 2018, the U.S. Congress authorized the establishment of a council (*The Advisory Council*)[18]

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[10] https://grants.nih.gov/grants/guide/rfa-files/RFA-AG-21-025.html.

[11] https://www.ncoa.org/age-well-planner.

[12] https://www.benefitscheckup.org/about-us/.

[13] https://acl.gov/programs/elder-justice/prevention-elder-abuse-neglect-and-exploitation.

[14] https://acl.gov/programs/Protecting-Rights-and-Preventing-Abuse/Long-term-Care-Ombudsman-Program.

[15] https://acl.gov/sites/default/files/about-acl/2018-10/PLAW-115publ119%20-%20RAISE.pdf.

[16] https://acl.gov/programs/support-caregivers/raise-family-caregiving-advisory-council.

[17] https://acl.gov/sites/default/files/about-acl/2018-10/BILLS-115s1091enr%20-%20SGRG.pdf.

[18] https://acl.gov/programs/support-caregivers/supporting-grandparents-raising-grandchildren-0.

to support grandparents and other kin caregivers who are raising children, including grandchildren. *The Advisory Council* objective was to identify, promote, coordinate, and disseminate information, resources, and the best practices available to help grandparents and other older relatives meet the needs of the children in their care while maintaining their own physical and mental health and emotional well-being. In its initial report to the U.S. Congress, the *Family Caregiving Advisory Council* adopted twenty-six recommendations for improving how family caregivers are recognized and support. Similarly, the *Advisory Council to Support Grandparents Raising Grandchildren* initial report adopted twenty-two recommendations to advance change and improve supports to Kinship Families and Grandfamilies of all ages.[19]

☑ In the year 2018, the HHS Office of Disease Prevention and Health Promotion (ODPHP)[20] – an office created in 1976 to lead disease prevention and health promotion and part of the Office of the Assistant Secretary for Health (OASH) – joined the American College of Preventive Medicine to host the *Second Healthy Aging Summit*. This international meeting brought together policymakers, researchers, clinicians, educators, and public health practitioners to explore the science of healthy aging, identify knowledge gaps, promote the role of prevention and preventive services in improving quality of life in later years, and mobilize action to improve the delivery of care for those aging in place or in transition. The *Second Healthy Aging Summit* had significant representation from academia, healthcare, the private sector, the WHO, and the U.S. Government.

☑ In September 2021, ODPHP joined Trust for America's Health to host the *Healthy Aging Symposium*.[21] Attended live by more than 1,600 attendees participating over two days, the *Healthy Aging Symposium* connected policymakers, researchers, academics, and professionals from various sectors to the latest science, best practices, and innovative solutions to addressing health and well-being of older adults. The *Healthy Aging Symposium* highlighted multisector collaboration to address the social determinants of health (SDoH), eliminate disparities, and achieve health equity. The *Healthy Aging Symposium* also featured lessons learned from the COVID-19 pandemic for long-term recovery and resilience.

☑ The forthcoming *2022 National Family Caregiving Strategy* will contain specific actions that can be taken at the federal, state and community levels as well as by the health and long-term support sectors, employers, communities of faith and others to better support family caregivers of all backgrounds and experiences. Both the *Family Caregiving Advisory Council* and the *Advisory Council to Support Grandparents Raising Grandchildren* are heavily inclusive of family caregivers and grandparent and kinship caregivers, respectively. The real-life experiences and insights of these individuals has proven key to developing recommendations that are grounded in real concerns and understanding of the changes that are needed.

❖ **Promoting a positive image of older persons, acknowledging their contributions to society:**

☑ The *Reframing Aging Initiative*[22] is a long-term social change endeavor designed to improve the public's understanding of what aging means and the many ways that

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[19] https://acl.gov/sites/default/files/RAISE-Initial%20Report%20To%20Congress%202021_Final.pdf; https://acl.gov/sites/default/files/programs/2020-12/SGRG%20Recommendations%20Final%20Web.pdf.

[20] https://health.gov/about-odphp.

[21] https://health.gov/news/202109/healthy-aging-symposium-sessions-now-available-demand.

[22] https://www.reframingaging.org/.

older people contribute to our society. This greater understanding will counter ageism and guide our nation's approach to ensuring supportive policies and programs for us all as we move through the life course.

☑ *Skilled, Long-Term Framing: Building Capacity to Communicate about Nursing Homes*[23] – a new project propelled by the COVID-19 pandemic – employs *Reframing Aging* principles to develop a powerful communications strategy to help stakeholders articulate a vision for nursing home care that is more effective, inclusive, and equitable for residents and staff.

☑ The *Convergence Dialogue on Reimagining Care for Older Adults*[24] assesses the perspectives, values, and vision of key and diverse stakeholders to create a plan for public support of consensus-based recommendations to reimagine the care of older adults in nursing homes and the range of settings they call home.

❖ **Fostering work and volunteering of younger and older persons in inter-generational settings:**

☑ At the beginning of the year 2017 – in an ongoing effort to focus on engaging older adults – ACL funded *engAGED: The National Resource Center for Engaging Older Adults*.[25] This resource center represents a national effort to increase the social engagement of older adults, people with disabilities and caregivers by expanding and enhancing aging organizations' capacity to offer social engagement programs and activities. *engAGED* identifies and disseminates information about emerging trends and best practices and develops social engagement resources and replication strategies that the U.S. national aging network can customize for use in their communities.

☑ Americorps – a U.S. federal government agency – houses the *AmeriCorps Seniors Foster Grandparent Program,*[26] which provides opportunities for individuals age 55 years and older to serve as a volunteer mentor to younger adults in the community. Additionally, the *AmeriCorps Seniors Senior Companion Program*[27] provides opportunities for individuals age 55 years and older to serve as friends and companions to older neighbors by providing assistances and friendships facing difficulties with completing activities of daily living (e.g., grocery shopping or paying bills). Both programs report better health and longevity outcomes for those participating older adult volunteers.

☑ Through the *Employer Pledge Program*,[28] AARP works with companies to educate them on the value of older workers and a multigenerational workforce. Employers can participate in quarterly webinars covering topics including how to support caregivers in your workforce and how to build and manage multigenerational teams. Additionally, the *AARP Foundation Experience Corps*[29] is an intergenerational volunteer-based tutoring and literacy program that utilizes highly trained volunteers age 50 years and over to help struggling students become great readers.

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[23] https://www.johnahartford.org/grants-strategy/skilled-long-term-framing-building-capacity-to-communicate-about-nursing-homes.

[24] https://convergencepolicy.org/wp-content/uploads/2021/09/Convergence-Dialogue-on-Reimagining-Care-for-Older-Adults-Issue-Framing-Paper.v1.Frazier.Edited.pdf.

[25] https://www.engagingolderadults.org/.

[26] https://americorps.gov/serve/fit-finder/americorps-seniors-foster-grandparent-program.

[27] https://americorps.gov/serve/fit-finder/americorps-seniors-senior-companion-program.

[28] https://campaigns.aarp.org/employer-pledge-program/.

[29] https://www.aarp.org/experience-corps/.

☑ Encore.org has formed a partnership with *Federally Qualified Health Clinics (FQHCs)*[30] – community-based health providers receiving funds from the Health Resources and Services Administration (HRSA) to provide primary care services in underserved areas – and Americorps Seniors to develop the *Encore Intergenerational Vaccine Corps*.[31] Through this program, COVID-19 vaccinations are delivered to those individuals in underserved settings in the Northern California region of the U.S. This is in part accomplished through recruitment of retired medical professionals and volunteers across the lifespan.

☑ The Brookdale Institute for Healthy Aging[32] in New York City is collaborating with the Center for Workforce Inclusion[33] to develop policy, advance research, and elevate the national discussion on older workers, particularly low-income older workers. Additionally, the Brookdale Institute for Healthy Aging and LiveON NY[34] have come up with 9 actionable areas with associated recommendations taking into consideration the needs and experiences of marginalized older adults.

☑ In January 2020, Generations United and the Leading Age LTSS Center at the University of Massachusetts Boston released a program implementation toolkit – *Connecting Generations in Senior Housing*[35] – designed to aid senior housing organizations plan and implement intergenerational programs that engage residents and young persons in communities.

❖ **Encouraging businesses, non-profit organizations and public enterprises to involve older persons as consumers in the planning and design of goods and services:**

☑ In March 2016, The President's Council of Advisors on Science and Technology (PCAST) released a report – *Independence, Technology, and Connection in Older Age*[36] – providing a set of cross-cutting recommendations including a recommendation (*Recommendation 11*) calling for relevant stakeholders to come together to improve product design for older adults' needs via design guidelines for packaging, products, tools, and technologies. This same report also called for the creation of a task force (*Recommendation 1*) to identify technologies to support an aging population. This task force published its report in March 2019[37] with user adoption and universal design principles recognized as a cross-cutting issue inherent in all tools, technologies, and services designed for the older adult population.

❖ **Ensuring that older persons can attain and maintain their highest possible level of health and functional capacity by supporting the development of age-friendly environments and housing:**

☑ In the year 2016, the Centers for Medicare & Medicaid Services (CMS) Office of Minority Health released *The Mapping Medicare Disparities Tool*.[38] Serving as an

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[30] https://www.hrsa.gov/opa/eligibility-and-registration/health-centers/fqhc/index.html.

[31] https://encore.org/vaccine-corps/.

[32] https://brookdale.org/.

[33] https://www.centerforworkforceinclusion.org/.

[34] https://www.liveon-ny.org/.

[35] https://www.giaging.org/documents/Intergenerational-Toolkit-Senior-Housing.pdf.

[36] https://obamawhitehouse.archives.gov/sites/default/files/microsites/ostp/PCAST/pcast_independence_tech__aging_report_final_0.pdf.

[37] https://www.nia.nih.gov/news/new-report-emerging-technologies-help-older-americans-maintain-independence.

[38] https://www.cms.gov/About-CMS/Agency-Information/OMH/OMH-Mapping-Medicare-Disparities.

interactive visualization tool centered around a state and county-level map of the U.S., users can easily identify the geographic disparities in utilization and outcome measures in the Medicare population which includes people who are 65 years or older, certain younger people with disabilities, and people with end-stage renal disease.

☑ In the year 2017, the Department of Housing and Urban Development (HUD) launched the *Integrated Wellness in Supportive Housing (IWISH)* model of service delivery.[39] The model leverages HUD's properties as a platform for the coordination and delivery of services to better address the health and supportive service needs of older residents. The IWISH model funds a full-time Resident Wellness Director and part-time Wellness Nurse to work in 40 HUD-assisted housing developments that either predominantly or exclusively serve households headed by people aged 62 years or older. The Resident Wellness Director and Wellness Nurse proactively engage with residents and implement a formal strategy for coordinating services to help meet residents' health and wellness needs.

☑ In the year 2018, ACL funded *The Promoting Aging in Place by Enhancing Access to Home Modifications* project,[40] with the goal of maximizing older adults' ability to "age-in-place" by increasing the availability and awareness of home modification. Additionally, ACL supported the development of *The Home Modification Information Network*,[41] a state-by-state inventory designed to provide details about each state's home modification policies, funding sources, and programs, has been a key outcome of the project. Through the *Home Modification for the Aging Network Training Program*, a 6-week training session that was provided to SUA, AAAs, and Tribal organizations to learn about innovative home modification programs, strategies, and evidence- based approaches. Consumer fact sheets and videos educating the public about the benefits of home modification are currently being developed.

☑ In January 2021, the CMS Office of Minority Health released an updated progress report[42] on CMS's past five years of work on the *CMS Equity Plan for Medicare*.[43] This progress report describes ways CMS has demonstrated progress on the *Path to Equity between 2015 and 2021*, including increasing understanding and awareness of disparities, developing and disseminating solutions to achieve health equity, and implementing sustainable actions to achieve health equity.

☑ In August 2021, HUD made available a $30 million (USD) grant for *the Older Adult Home Modification Program (OAHMP)*.[44] HUD expects to make approximately 30 awards from the funds available under this notice of funding availability. The overall purpose of OAHMP is to assist experienced nonprofit organizations, state and local governments, and public housing authorities in undertaking comprehensive programs that make safety and functional home modifications and limited repairs to meet the needs of low-income elderly homeowners. The goal of the home modification program is to enable low-income elderly persons to remain in their homes through low-cost, low barrier, high impact home modifications to reduce older adults' risk of falling, improve general safety, increase accessibility, and to improve their functional abilities in their home. This will enable older adults to

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[39] https://www.huduser.gov/portal/sites/default/files/pdf/IWISH_FirstInterimReport.pdf.

[40] https://homemods.org/acl/.

[41] https://homemods.org/acl/hmin/.

[42] https://www.cms.gov/files/document/paving-way-equity-cms-omh-progress-report.pdf.

[43] https://www.cms.gov/About-CMS/Agency-Information/OMH/equity-initiatives/equity-plan.

[44] https://www.hud.gov/press/press_releases_media_advisories/HUD_No_21_119.

remain in their homes, that is, to "age in place," rather than move to nursing homes or other assisted care facilities.

☑ For the first time since the year 2012 – in the years 2020 and 2021 respectively – HUD awarded nearly $200 million (USD)[45] in housing assistance through its *Section 202 Supportive Housing for the Elderly Program*.[46] This program builds new units of affordable housing and subsidizes the rents of very low-income persons aged 62 and older. The *Section 202 Program* requires owners to provide supportive services that help residents age in place. The has been awarded to non-profit entities for over 2,000 new affordable rental units for seniors.

☑ HRSA's *Geriatrics Workforce Enhancement Program (GWEP)*[47] is providing the primary care workforce – which includes older adults and their families and caregivers – with the knowledge and skills to promote age-friendly health systems and dementia-friendly communities and address the SDoH. Additional COVID-19 funding was provided through the GWEPs to promote telehealth services. Older adults received training and equipment to improve access to health care providers during the COVID-19 pandemic. As a result of these services, access to health care continued without unnecessary exposure to persons who potentially had active COVID-19 infections. Older adults' access to health care providers was improved because access to transportation was no longer a barrier to care.

☑ The Substance Abuse and Mental Health Services Administration (SAMHSA) established the *Engage, Educate, Empower for Equity: E4 Center of Excellence for Behavioral Health Disparities in Aging*.[48] The mission of the *E4 Center* is to engage, empower, and educate health care providers and community-based organizations for equity in behavioral health for older adults and their families. The *E4 center* will achieve this through the provision of education, implementation resources, and technical assistance regarding mental health, substance use, and their intersection with physical health.

☑ The Department of Labor (DoL) interprets and enforces the *Mental Health Parity and Addiction Equity Act (MHPAEA)*[49] which covers issues related to mental health and substance use disorder treatment. *MHPAEA* aims to ensure that group health plans and insurance companies that provide mental health or substance use disorder benefits do not impose stricter limitations on those benefits than on medical or surgical benefits. The DoL enforces *MHPAEA* by targeting and conducting investigations of employee benefits plans and service providers, including insurance companies. Investigators identify and evaluate potential violations and work to obtain voluntary compliance and full correction.

☑ *Age-Friendly Health Systems*[50] is an initiative of The John A. Hartford Foundation and Institute for Healthcare Improvement in partnership with the American Hospital Association and Catholic Health Association of the United States. Implementation of *Age-Friendly Health Systems* and the *4Ms Framework* (*What Matters*, *Medication*, *Mentation and Mobility*) supports care that aligns with *What Matters* to the older adult which not only frames but fundamentally supports older adults' dignity and health equity, and the basic human rights of autonomy, self-determination, and participation in society. The *4Ms Framework* – as a set of

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[45] https://www.hud.gov/press/press_releases_media_advisories/HUD_No_20_020; https://www.hud.gov/press/press_releases_media_advisories/HUD_No_21_156.

[46] https://www.hud.gov/program_offices/housing/mfh/progdesc/eld202.

[47] https://www.hrsa.gov/grants/find-funding/hrsa-19-008.

[48] https://www.samhsa.gov/behavioral-health-disparities-in-aging.

[49] https://www.dol.gov/general/topic/health-plans/mental.

[50] http://www.ihi.org/Engage/Initiatives/Age-Friendly-Health-Systems/Pages/default.aspx.

assessments and actions – support improved outcomes including improvements in function, decrease in falls, decrease in delirium, and increase in satisfaction, all supporting older adults' dignity, independence, and autonomy. This effort fosters the reliable implementation of evidence-based care that meets the unique needs of older adults. More than 2,000 health settings and health systems have implemented the work to date.

☑ AARP is a leader in the age-friendly environments movement with nearly 600 state, city, and town members of its *Network of Age-Friendly States and Communities*,[51] representing over 100 million individuals. Through its global *Equity by Design Initiative*,[52] AARP has driven leaders in the built environment sectors (e.g., city planners, architects, and developers) in the U.S. and in more than 25 countries to incorporate an age-friendly and equity lens in conducted work.

☑ Through a new collaboration with the National Association of Realtors, AARP is integrating its *Livability Index*[53] into the National Association Realtors property resource and mobile application platforms to enable more efficient identification of housing prospects.

☑ The International Federation on Ageing maintains an *Age-Friendly Innovation Exchange,*[54] chronicling age-friendly environment projects and serves as a virtual vehicle to showcase and stimulate the grown of age-friendly environments. For example, the forthcoming issue of the newsletter will address *Incorporating Voice of Older People*.

1.2. Please also reflect on your **country's participation in the relevant global/UN-wide campaigns:**

1.2.1. *Does your country take part in a Global Campaign to Combat Ageism led by the World Health Organization? Do the activities in your country contribute to the endeavours of this WHO-led campaign? Which ones? Did your participation in the campaign contribute to the implementation of the MIPAA/RIS in your country?* ***Which measures have been set in this context?***

The U.S. recognizes the efforts, framework, and suggested actions outlined in the *WHO Global Report on Ageism[55]* and associated *Global Campaign to Combat Ageism*.[56] Below we highlight a few of the efforts undertaken that align with the suggested actions, recommendations, and strategies proposed to combat ageism.

☑ The *World Elder Abuse Awareness Day (WEAAD)* was launched on June 15, 2006 by the International Network for the Prevention of Elder Abuse and the WHO. *The WEEAD Committee[57]* is a joint effort of federal agencies led by ACL, and includes the Department of Justice (DoJ), the Social Security Administration (SSA), and the SEC along with ACL's *National Center on Elder Abuse (NCEA)*. Through the *NCEA WEAAD microsite*,[58] action steps are provided to curtail the impact of elder abuse and the

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[51] https://www.aarp.org/livable-communities/network-age-friendly-communities/.

[52] https://www.aarpinternational.org/resources/equity-by-design.

[53] https://livabilityindex.aarp.org/.

[54] https://ifa.ngo/projects-age-friendly-environments-innovation-exchange/.

[55] https://www.who.int/publications/i/item/9789240016866.

[56] https://www.who.int/publications/m/item/global-campaign-to-combat-ageism-toolkit.

[57] https://eldermistreatment.usc.edu/weaad-home/about/.

[58] https://eldermistreatment.usc.edu/weaad-home/take-action/.

pervasiveness of ageism. Suggested actions include engaging older people, empowering communities, speaking out, and involving youth to raise awareness on the signs of elder abuse.

☑ The *Reframing Aging Initiative* commenced in the year 2012 with the goal of combatting negative public perception of aging and addressing this goal by providing technical assistance, workshops and presentations, and access to experts who review communication materials and suggest ways to improve messages to counter ageism.

☑ In October 2021, Kaiser Family Foundation's Kaiser Health News and The John A. Hartford Foundation held a 90-min virtual panel conversation[59] -- *Confronting Ageism in Health Care: A Conversation for Patients, Caregivers, and Clinicians* – on ageism in health care, providing a venue to share perspectives, guidance, and insights on ways to address ageist perceptions and practices in health care systems.

1.2.2. *Does your country take part in the* **United Nations Open-ended Working Group on Ageing (OEWG-A)** *for the purpose of strengthening the protection of the human rights of older persons? Do the activities in your country contribute to the endeavors of the OEWG-A? Which ones? Do national policies ensure protection of the human rights of older people in your country?* **Do you see any legal gaps?**

The U.S. has participated in the *United Nations Open-Ended Working Group on Ageing (OEWG-A)* for the purpose of strengthening the protection of the human rights of older persons. Activities in the U.S. certainly contribute to the endeavors of the *OEWG-A*. For example, federal legislation (e.g., *The Elder Justice Act of 2010* and *The Elder Abuse Prevention and Prosecution Act of 2017*)[60] passed by the U.S. Congress has strengthened the protection of older persons by increasing data collection, information, and dissemination efforts on the issues of abuse and fraud, increasing training of the justice workforce, and coordinating federal efforts to combat elder abuse and promote elder justice research and innovation.

1.3. Highlight in a nutshell the **most important policy achievement during the last 20 years** to contribute to empowering individuals to realize their potential for physical, mental and social well-being throughout their lives and to participate in and contribute to society. **Give some examples how thinking, feeling and dealing with ageing has changed during the last 20 years** and give some recommendations for future action (what is planned/needs to be done) to avoid ageism.

☑ Launched in the year 1990 and last reauthorized in the year 2009, *The HRSA's Ryan White HIV/AIDS Program (RWHAP)*[61] provides a comprehensive system of HIV primary medical care, essential support services, and medications for low-income people with HIV. The program funds grant to states, cities, counties, and local community-based organizations to provide care and treatment services to people with HIV to improve health outcomes and reduce HIV transmission. More than half of people with diagnosed HIV in the U.S. receive services through the RWHAP each year with nearly half of those program participants aged 50 years of age or older. The RWHAP funds 28 different medical and support services including outpatient ambulatory health services, oral health services, medical case management,

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[59] https://www.kff.org/other/event/confronting-ageism-in-health-care-a-conversation-for-patients-caregivers-and-clinicians/.

[60] https://sgp.fas.org/crs/misc/R43707.pdf; https://www.congress.gov/bill/115th-congress/senate-bill/178.

[61] https://hab.hrsa.gov/.

medical transportation, food bank/home delivered meals, and emergency financial assistance.

☑ With Congressional authorization of the *National Family Caregiver Support Program in the year 2000*,[62] ACL began its recognition of the key role played by informal caregivers, largely women, in caring for persons across the lifespan. Through this program, the U.S. federal government and its state and local government entities have provided key supports and services to keep caregivers supported and their care receivers safe in their home and out of the more costly institutional care.

☑ From the year 2003, ACL has been steadily moving towards wider implementation of disease prevention and health promotion programs based on scientific evidence and demonstrated to improve the health of older adults. The fiscal year 2012 Congressional appropriations law included – for the first time – an evidence-based requirement related to Title III-D funds.[63] In response to this new requirement, ACL developed an evidence-based definition to assist states in developing their own Title III-D guidance. As a consequence, ACL has expanded the availability of evidence-based health promotion and disease prevention programs across the nation through the *Prevention and Public Health Fund* (PPHF*) Chronic Disease Self-Management Education (CDSME)*[64] and *Falls Prevention Programs*,[65] and *Older Americans Act Health Promotion and Disease Prevention Program*.[66]

☑ In September 2011, the Indian Health Service (IHS) entered into a memorandum of understanding with CMS and ACL to foster joint activity between ACL, IHS and CMS to engage with IHS direct service providers, Tribes, Tribal Organizations, and Urban Indian Organizations (I/T/Us) to expand the development and delivery of long-term services and supports (LTSS) through technical assistance in the implementation of the relevant provisions of the *Patient Protection and Affordable Care Act*[67] and the *Indian Health Care Improvement Act*.[68] This partnership sought to develop a comprehensive approach to providing technical assistance related to LTSS to IHS, Tribal, and Urban Indian Organizations.

☑ The passage and implementation of the *RAISE Family Caregivers Act of 2017* called for the establishment of a *Family Caregiving Advisory Council* to advise and provide recommendations, including identified best practices, to the Secretary of the U.S. HHS on recognizing and supporting family caregivers. The Council recently released its initial report to Congress, which will be followed by a national strategy for federal, state, and local governments, as well as the private sector.

☑ The OAA – last reauthorized in the year 2020 – supports implementation of *the Older Americans Act Nutrition Programs,*[69] which broadly supports senior nutrition programs that reduce hunger, food insecurity, and malnutrition, promote socialization, and promote the health and well-being of older adults. In federal fiscal year 2018,[70] a total of 73.6 million congregate meals were served to nearly 1.5 million meal participants, and a total of 147.0 million home-delivered meals were provided to over 892,000 meal participants. These meals often provide at least half

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[62] https://acl.gov/programs/support-caregivers/national-family-caregiver-support-program.

[63] https://acl.gov/programs/health-wellness/disease-prevention; https://www.usaging.org/healthyaging.

[64] https://acl.gov/programs/health-wellness/chronic-disease-self-management-education-programs.

[65] https://acl.gov/programs/health-wellness/falls-prevention.

[66] https://acl.gov/programs/health-wellness/disease-prevention.

[67] https://www.healthcare.gov/glossary/patient-protection-and-affordable-care-act/.

[68] https://www.ihs.gov/ihcia/.

[69] https://acl.gov/programs/health-wellness/nutrition-services.

[70] https://crsreports.congress.gov/product/pdf/IF/IF10633.

of the total food for the day for these vulnerable individuals and enable them to continue to live healthier, more independent lives in their homes and communities.

A 2018 survey conducted by the AARP found that 3 in 5 workers aged 45 years and older had seen or experienced age discrimination in the workplace, and three-quarters blamed age discrimination for their lack of confidence in being able to find a new job.[71] Introduced legislation – the *Protecting Older Workers Against Discrimination Act*[72] – would potentially strengthen protections in the *Age Discrimination in Employment Act (ADEA)*[73] by permitting plaintiffs to sue for age discrimination even if age was not a but for cause of the challenged employment decision. Additional pending legislation – the *Protect Older Job Applicants Act*[74] – would potentially reinforce and expand the rights of older workers.

2. Encouraging Longer Working Life and Ability to Work

2.1. Which measures have been implemented **to recognizing the potential embedded in the employment of older workers and developing labour market strategies** to promote maximum participation opportunities for workers of all ages **along the RIS commitments 3, 4, 5, 6, 8 and 10 and the goals of the Lisbon Declaration?**

For each sub-section that follows, discussed is relevant work – primarily between the years of 2017 and 2021 – that is either completed, being conducted, supported, or in some instance's forthcoming by U.S. governmental departments and agencies as well as nongovernmental organizations. Where possible, supporting information is provided – via footnote – should readers wish to learn more about the discussed work.

❖ **Promoting lifelong learning opportunities:**

☑ The *Age-Friendly University Global Network*[75] – maintained within the Gerontological Society of America by its Association of Gerontology in Higher Education Group – consists of institutions of higher educations around the globe who have endorsed age-friendly principles and committed to becoming more age-friendly in their programs and policies as well as to promote lifelong learning.

☑ In June 2018, the National Resource Center for Osher Lifelong Learning Institutes released the *Lifelong Learning Institute Directory,*[76] cataloguing more than 400 programs throughout the U.S. touching on the topics of older adult education, learning in retirement, and lifelong learning. Additionally, in January 2021, ACL's *engAGED* resource center organized a webinar – *Providing Unique Lifelong Learning Opportunities During COVID-19*[77] – to highlight lifelong opportunities from organizations for older adults.

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[71] https://www.aarp.org/content/dam/aarp/research/surveys_statistics/econ/2018/value-of-experience-age-discrimination-highlights.doi.10.26419-2Fres.00177.002.pdf.

[72] https://edlabor.house.gov/imo/media/doc/Fact%20Sheet%20-%20POWADA.pdf.

[73] https://www.eeoc.gov/statutes/age-discrimination-employment-act-1967.

[74] https://www.cbo.gov/publication/57445#:~:text=Summary-,H.R.,on%20the%20basis%20of%20age.

[75] https://www.geron.org/programs-services/education-center/age-friendly-university-afu-global-network.

[76] http://nrc.sps.northwestern.edu/wp-content/uploads/2017/12/A-Directory-of-Lifelong-Learning-Institutes.pdf.

[77] https://www.engagingolderadults.org/external-resources.

☑ In September 2021, *AARP launched the Skills Builder for Work*,[78] an online learning platform where individuals can take courses and earn certificates in a wide variety of areas of study. The platform also offers free courses in the *Microsoft Office Suite*, *Mastering Remote Work* and *Enhancing Personal Creativity*.

❖ **Fight unemployment at all ages, reducing financial inequalities and poverty, taking up measures to reduce the gender pay gap:**

☑ The DoL *Senior Community Service Employment Program (SCSEP)*,[79] is a key feature in U.S. efforts to support low-income older workers, who are most likely to need supports to enter or re-enter the workforce. *SCSEP* is community service and work-based job training program for older Americans. Authorized by the OAA, the *SCSEP* program provides training for low-income, unemployed seniors. Participants also have access to employment assistance through *American Job Centers*,[80] locations that provide access to all workers for a range of employment, education, and supportive services. Specifically, *SCSEP* participants gain work experience in a variety of community service activities at non-profit and public facilities, including schools, hospitals, day-care centers, and senior centers. The program provides over 40 million community service hours to public and non-profit agencies, allowing them to enhance and provide needed services. Participants work an average of 20 hours a week and are paid the highest of federal, state or local minimum wage. This training serves as a bridge to unsubsidized employment opportunities for participants. Participants must be at least 55, unemployed, and have a family income of no more than 125% of the federal poverty level. Enrollment priority is given to veterans and qualified spouses, then to individuals who are over 65, have a disability, have low literacy skills or limited English proficiency, reside in a rural area, are homeless or at risk of homelessness, have low employment prospects, formerly incarcerated within the last five years, or have failed to find employment after using services through the *American Job Center* system. In March 2020, the U.S. Congress reauthorized the OAA to add formerly incarcerated individuals as a population that receives priority of services for enrollment in *SCSEP*. The new provisions also enable formerly incarcerated individuals to remain enrolled in the program for an additional twelve months beyond the standard durational limits.

☑ In December 2020, the CMS Office of Minority Health released an issue brief[81] – *Improving Health Care for Adults with Disabilities: An Overview of Federal Data Sources* – outlining data sources that health care organizations and researchers can use to better understand the impact that SDoH (e.g., unemployment, transportation, and housing) have on people with disabilities. It also provides data sources and examples of how data is useful in identifying opportunities for quality improvement in health care.

☑ The *ADEA*, 29 U.S.C. § 621 et seq., prohibits age discrimination against workers 40 and older. It applies to all aspects of employment, including hiring, firing, pay, job assignments, promotions, layoff, training, fringe benefits, and any other term, condition, or privilege of employment. It forbids employers from imposing maximum hiring or mandatory retirement ages in the vast majority of

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[78] https://www.aarp.org/work/skills-builder/?CMP=RDRCT-DSM-WORKJOBS-083121.

[79] https://www.dol.gov/agencies/eta/seniors.

[80] https://www.careeronestop.org/LocalHelp/AmericanJobCenters/find-american-job-centers.aspx.

[81] https://www.cms.gov/files/document/federaldatadisability508.pdf.

circumstances.[82] The Equal Employment Opportunity Commission (EEOC) enforces the *ADEA*.[83] In the year 2017, the EEOC's presidentially appointed Chair released a report – *The State of Age Discrimination and Older Workers in the U.S. 50 years After the Age Discrimination Employment Act (ADEA)*[84] – which detailed the history of age discrimination enforcement, highlighted scientific research establishing that age is not a predictor for ability, and outlined continued challenges faced by older workers and potential solutions. The EEOC receives charges of age discrimination from the public, investigates them, and assesses whether it believes that discrimination has occurred. If the EEOC finds that discrimination may have occurred, it attempts to settle or conciliate the charge between the employee and employer. If it is not successful, the EEOC may file a lawsuit to protect the rights of individuals and the interests of the public. In cases where the EEOC chooses not to file a lawsuit, the charging party may pursue a lawsuit against their employer. Between the fiscal years 2017 and 2020 – 2021 data is not yet available – the EEOC received 65,043 charges alleging age discrimination, resolved 74,864 such charges, and recovered $319 million (USD) for the charging parties through settlements and other resolutions. The EEOC additionally recovered $33.3 million (USD) through lawsuits for individuals alleging age discrimination.

☑ One way that the EEOC protects the workplace rights of older workers and encourages their continuing participation in the workforce is through strategic use of litigation. Some of this work addresses systemic age discrimination to correct practices affecting a large number of people in one case. Examples of impactful age discrimination litigation since the year 2017 include the following: In March 2017, the EEOC settled a suit against a nationwide restaurant chain, alleging that its refusal to hire workers over 40 for front-of-the-house positions, for $12 million (USD) and the employer's agreement to establish a diversity director and increase its recruitment and hiring of workers over the age 40 years.[85] The EEOC also settled a claim concerning pension benefits that resulted in $5.4 million (USD) being distributed to over 2,000 older employees of a local government, after the EEOC had prevailed at trial and established that the pension plan was facially discriminatory by requiring older workers to overpay for their pensions.[86] In December 2020, the EEOC settled a lawsuit with a technology company that it alleged had targeted older workers for layoff because of their age, recovering $700,000 (USD) in lost wages for a group of workers and requiring the company to revise its layoff procedures.[87]

☑ The *Promoting Readiness of Minors in Supplemental Security Income (PROMISE)* program[88] is a joint initiative of the Department of Education, HHS, DoL, and SSA. This program was developed to foster improved health, education, and post-secondary outcomes for children ages 14-16 who receive *Supplemental Security Income (SSI)*, as well as their families. The Department of Education awarded cooperative agreements to States to implement PROMISE, and SSA is evaluating the project. The State projects included partnership among agencies; family services;

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[82] The law allows mandatory retirement in certain situations for police or firefighters, and also for narrowly defined "bona fide executives" and "high policymaking" officials. Employers also may contend that in certain positions, age is a *Bona Fide Occupational Qualification* exception. This exception is most often applied to public safety positions, such as pilots who under federal aviation rules may not operate a commercial passenger plane after age 65 years.

[83] https://www.eeoc.gov/age-discrimination.

[84] https://www.eeoc.gov/reports/state-age-discrimination-and-older-workers-us-50-years-after-age-discrimination-employment.

[85] https://www.eeoc.gov/newsroom/texas-roadhouse-pay-12-million-settle-eeoc-age-discrimination-lawsuit.

[86] https://www.eeoc.gov/newsroom/baltimore-county-will-pay-54-million-settle-long-running-eeoc-age-discrimination-lawsuit.

[87] https://www.eeoc.gov/newsroom/computer-science-corporation-pay-700000-settle-eeoc-age-discrimination-suit.

[88] https://www.ssa.gov/disabilityresearch/promise.htm; https://www2.ed.gov/about/inits/ed/promise/index.html#about.

and other services, including case management, benefits counseling, career and work-based learning experiences, and parent training and information. The States' implementation ended in the year 2019 and SSA's evaluation will conclude in the year 2022.

☑ AARP offers a *Job Board*[89] wherein users can filter searches not only by location or job, but also only see *Employer Pledge* signer posted jobs or jobs that specifically say they are looking to hire veterans.

☑ The AARP Foundation maintains a set or programs for older adults addressing the issues of housing,[90] hunger,[91] income,[92] and isolation.[93] Notable efforts include *Work for Yourself at 50+*,[94] a program providing free tools and resources to help older adults who want to become self-employed.

❖ **Encouraging employers to value the experience of, and to retain and hire, older workers:**

☑ The Employment and Training Administration – within the DoL – organizes the annual *National Employ Older Workers Week*,[95] taking place in the last full week of September (most recently in September 2021). The *National Employ Older Workers Week* seeks to increase awareness of the older adult worker and develop innovative strategies to tap into this workforce in addition to showcasing the SCSEP program.

☑ The AARP Foundation's *BACK TO WORK 50+ program*[96] partners with workforce service provides to strengthen the bridge between job candidates age 50 years and older and respected employers.

❖ **Providing incentives for longer working life opportunities and more flexible retirement choices:**

☑ From the year 2018, the SSA has effectuated new bilateral social security (or *totalization*) agreements with Brazil, Iceland, Slovenia, and Uruguay[97] adding to an already established network of bilateral Social Security agreements coordinating the SSA program with that of a foreign country. These *totalization agreements* are designed to: eliminate double social security taxation, help fill gaps in benefits protection for workers who have divided their careers between the United States and another country and permit unrestricted payment of benefits to residents of the two countries.

☑ The *Retaining Employment and Talent After Injury/Illness Network (RETAIN)* demonstration program[98] – a joint effort of the DoL and SSA – testing early interventions to help workers stay at work or return to work quickly after experiencing the onset of a work-threatening injury, illness, or disability. In Summer 2019, the DoL awarded Phase I grants to plan and pilot state demonstration

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[89] https://jobs.aarp.org/?cmp=RDRCT-77b03b4a-20200401.

[90] https://www.aarp.org/aarp-foundation/our-work/housing/?intcmp=FTR-LINKS-FOU-HOUSNG-EWHERE.

[91] https://www.aarp.org/aarp-foundation/our-work/.

[92] https://www.aarp.org/aarp-foundation/our-work/income/?intcmp=FTR-LINKS-FOU-INCOME-EWHERE.

[93] https://connect2affect.org/.

[94] https://workforyourself.aarpfoundation.org/.

[95] https://www.dol.gov/agencies/eta/seniors/national-employ-older-workers-week.

[96] https://www.aarp.org/aarp-foundation/our-work/income/back-to-work-50-plus/.

[97] https://www.ssa.gov/international/agreements_overview.html?tl=11; https://www.ssa.gov/policy/docs/ssb/v78n4/v78n4p1.html.

[98] https://www.ssa.gov/disabilityresearch/retain.htm

programs.[99] In Spring 2021, the DoL awarded Phase II grants to continue and expand pilot projects.[100] The policy goals of the *RETAIN* demonstration effort are to reduce long-term disability, including the need for work incentives including *The Social Security Disability Insurance (SSDI)* or *SSI* programs. These work incentives include several employment support provisions enabling beneficiaries to enter, re-enter, or stay in the workforce by protecting their eligibility for cash payments and health care until the beneficiaries achieve their goal(s).

☑ The U.S. Congressional passage of the *Setting Every Community Up for Retirement Enhancement (SECURE) Act of 2019,*[101] contains features that take into account the increasing longevity and extension of working lives. Among the changes introduced by *SECURE* includes a repeal of the maximum age for traditional individual retirement account contributions recognizing longer working lives as well as changes made increasing the age for the required minimum distributions – the minimum amounts that a retirement plan account owner must withdraw annually – for an individual retirement account ensuring individuals spend savings during the course of their lives.

☑ In the year 2020, the DoL implemented provisions of the *SECURE Act* related to lifetime income illustrations that must be included in workers' pension benefit statements, which will help workers better understand how the amount of money they have saved so far converts into an estimated monthly payment for the rest of their lives, and how this impacts their retirement planning.[102]

☑ In the year 2020, the DoL also implemented provisions of the *SECURE Act* related to *pooled employer plans*, which are a new type of plan that covers employees of multiple, unrelated employers. *Pooled employer plans* can offer employers, especially small employers, a workplace retirement savings option with reduced burdens and costs compared to sponsoring their own separate retirement plan.[103] The DoL also published – in the year 2019 – a final rule on a similar type of plan known as a *multiple employer retirement plan*.[104]

❖ **Planning and implementing pension reforms, that take into account the increasing longevity and the extension of working lives:**

☑ The Employment Benefits Security Administration – an agency within DoL – has taken several steps to increase user friendly online resources for pension beneficiaries, and to provide extensive compliance assistance for employers as well as compliance oversight. Recent efforts to ensure that workers have adequate savings and investments for retirement include the *Saving Matters*[105] retirement education campaign and the *Secure Your Financial*[106] toolkit for people with disabilities.

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[99] https://www.dol.gov/newsroom/releases/odep/odep20180926.

[100] https://www.dol.gov/newsroom/releases/odep/odep20210428.

[101] https://www.congress.gov/116/plaws/publ94/PLAW-116publ94.pdf#page=605.

[102] https://www.govinfo.gov/content/pkg/FR-2020-09-18/pdf/2020-17476.pdf; https://www.dol.gov/sites/dolgov/files/EBSA/about-ebsa/our-activities/resource-center/faqs/temporary-implementing-faqs-lifetime-income-interim-final-rule.pdf.

[103] https://www.govinfo.gov/content/pkg/FR-2020-11-16/pdf/2020-25170.pdf; https://www.govinfo.gov/content/pkg/FR-2020-06-18/pdf/2020-13142.pdf.

[104] https://www.govinfo.gov/content/pkg/FR-2019-07-31/pdf/2019-16074.pdf.

[105] https://www.savingmatters.dol.gov/.

[106] https://www.dol.gov/agencies/ebsa/secure-your-financial-future.

☑ In July 2021, DoL ensured the ensured the financial security of many pension beneficiaries with its announcement[107] of the Pension Benefit Guaranty Corporation's issuance of an interim final rule implementing *Special Financial Assistance[108]* to financially troubled multiemployer pension plans.

☑ In September 2021, DoL, HHS, the Department of Treasury, and the Office of Personnel Management jointly issued an interim final rule with comment period to continue implementation of the *No Surprises Act*,[109] a consumer protection law that helps curb the practice known as "surprise billing" for medical care. The interim final rule details the federal arbitration process – or the independent dispute resolution process as it's also known – that providers, facilities or providers of air ambulance services, and health plans or issuers will use to determine final payment beyond allowable patient cost-sharing for certain out-of-network healthcare services in situations where the *No Surprises Act* prohibits surprise billing. The rule also requires that certain providers and facilities provide a good faith estimate of the charges to uninsured (or self-pay) individuals so they can know what costs to expect when seeking healthcare.

❖ **Facilitating the reconciliation of employment and care work:**

☑ To help facilitate the reconciliation of employment and caregiving, the CFPB provides consumer with *Managing Someone Else's Money*[110] guides. These resources help financial caregivers understand their responsibilities and protect their loved ones from financial harm. In May 2021, the CFPB released the *Considering a Financial Caregiver[111]* guide. This resource helps individuals decide whether there is a need for an informal caregiver to help manage money on an as-needed basis, or a formal caregiver, established by a legal arrangement.

☑ HRSA's *Engage Leadership through Employment, Validation, and Advancing Transformation and Equity for people with HIV (ELEVATE)*[112] program, focuses on building organizational capacity to support the engagement, employment, and career advancement of people with lived experience, especially in agencies that primarily serve people with HIV. There is special emphasis on helping agencies learn how to identify, recruit, train, and support people with entry level positions. As a consequence of the *ELEVATE* training, people with HIV will serve as role models and mentor other people with HIV.

2.2. Which **special measures** did your country set to **close the gender pay and pension gap** as well as to take into account the **special situation of older women?**

☑ The *Title VII of the Civil Rights Act of 1964*, 42 U.S.C. § 2000e et seq.,[113] and the *Equal Pay Act of 1963*, 29 U.S.C. § 206 et seq.,[114] prohibit sex-based discrimination in pay for men and women in substantially equal jobs at the same workplace. These laws' coverage include all forms of pay, including salary, overtime pay,

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[107] https://www.dol.gov/newsroom/releases/ebsa/ebsa20210709.

[108] https://www.federalregister.gov/documents/2021/07/12/2021-14696/special-financial-assistance-by-pbgc.

[109] https://www.dol.gov/newsroom/releases/ebsa/ebsa20210930.

[110] https://www.consumerfinance.gov/consumer-tools/managing-someone-elses-money/.

[111] https://files.consumerfinance.gov/f/documents/cfpb_considering-a-financial-caregiver-know-your-options_guide_2021-05.pdf.

[112] https://targethiv.org/elevate.

[113] https://www.eeoc.gov/statutes/title-vii-civil-rights-act-1964.

[114] https://www.eeoc.gov/statutes/equal-pay-act-1963#:~:text=To%20prohibit%20discrimination%20on%20account,Equal%20Pay%20Act%20of%201963.%22.

bonuses, stock options, profit sharing, life insurance, vacation and holiday pay, allowances (such as for a car), travel reimbursement, and benefits such as pensions. The ADEA similarly prohibits age discrimination in pay. Under Title VII, courts have recognized "sex-plus" claims involving a subclass of women who have been subjected to discrimination, even if the evidence does not show that women as a whole have suffered from discrimination. Under this sex-plus theory, an employee could allege discrimination directed against older women with respect to pay or pension benefits. Claims of discrimination in pay or pension benefits can be raised with the EEOC as described above.

☑ ACL currently funds six regional *Pension Counseling Projects*[115] covering 30 states to assist older Americans in accessing information about their retirement benefits and to help them negotiate with former employers or pension plans. Additionally, ACL funds a pension rights technical assistance resource center to assist individuals in the remaining 20 states not served by the regional centers. For every federal dollar invested in the program, the *Pension Counseling and Information Project* has brought in a return of more than $9.00 (USD).

☑ The *National Resource Center for Women and Retirement*[116] was established through a cooperative agreement between AoA and the *Women's Institute for a Secure Retirement*[117] in the year 1998. *The National Resource Center for Women and Retirement* provides women with access to a one-stop gateway that integrates financial information and resources on retirement, health, and planning for long-term care. This project has made user-friendly financial education and retirement planning tools available to traditionally hard-to-reach women, including low-income women, women of color, women with limited English proficiency, rural, and other underserved women. Information is offered through financial and retirement planning programs, workshops tailored to meet women's special needs, and publications in hard copy and digital formats, including materials designed to identify and prevent fraud and financial exploitation of older persons.

☑ DOJ's *Office on Violence Against Women and Elder Justice Initiative*[118] worked together to support the *National Institute on Prosecuting Elder Abuse*[119] in federal fiscal year 2017. In doing so, they increased the number of prosecutors able to receive training on practical skills to enhance their ability to successfully prosecute elder abuse cases.

☑ The DoL has undertaken targeted outreach and education to ensure that traditionally underserved communities – especially women and members of racial and ethnic minority populations – have access to information on health, retirement, and other employee benefits. Recent efforts include a September 2019 publication of the *Women and Retirement Savings* brochure[120] and a September 2021 webcast entitled, *Helping Women Take the Mystery Out of Retirement Planning*.[121]

☑ The DoL has taken steps to promote the interests of vulnerable and older plan participants under the *Protecting Benefit Distributions* national project, including enforcement efforts related to missing participants.[122] Moreover – as shared in

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[115] https://acl.gov/programs/retirement-planning-support/pension-counseling-and-information-program.

[116] https://acl.gov/programs/retirement-planning-support/national-education-and-resource-center-women-and-retirement-0.

[117] https://wiserwomen.org/.

[118] https://www.justice.gov/ovw.

[119] https://www.justice.gov/elderjustice/event/2018-national-institute-prosecution-elder-abuse.

[120] https://www.dol.gov/sites/dolgov/files/EBSA/about-ebsa/our-activities/resource-center/publications/women-and-retirement-savings.pdf.

[121] https://www.dol.gov/sites/dolgov/files/EBSA/temporary-postings/helping-women-take-the-mystery-out-retirement-planning-webcast-national-09022021.pdf.

[122] https://www.dol.gov/agencies/ebsa/employers-and-advisers/plan-administration-and-compliance/retirement/missing-participants-guidance.

April 2021 – the DoL is continuing rulemaking efforts related to retirement investment advice helping to protect the retirement security of Americans across the lifespan.[123]

2.3. Highlight in a nutshell the **most important policy achievement during the last 20 years** in recognizing the potential embedded in the **employment of older workers and developing labour market strategies** to promote maximum participation opportunities for workers of all ages? Give some recommendations for future action (what is planned/needs to be done).

The passage of the *Workforce Innovation and Opportunity Act (WIOA)* legislation in the year 2014[124] strengthened and improved the U.S. public workforce system enabling Americans, including youth and those with significant barriers to employment, into high-quality jobs and careers. *WIOA* establishes a network of *American Job Centers* that make multiple education, training, and employment services available. Among these, the *WIOA Adult Program*[125] provides workforce services for eligible adults and helps employers meet their workforce needs and the *WIOA Dislocated Worker Program*[126] provides services to those workers who have lost their jobs as a result of an economic change or disaster. Both programs enable workers to obtain good jobs by providing them with job search assistance and training opportunities. The *Trade Adjustment Assistance Programs*[127] also offers a variety of benefits and reemployment services to help workers experiencing trade-related job loss prepare for and obtain suitable employment.

In the area of employment discrimination law, the most important development during the last twenty years arguably is the U.S. Supreme Court's decision in *Smith v. City of Jackson, 544 U.S. 228 (2005)*,[128] and the EEOC's subsequent regulatory changes. The *Smith decision* confirmed that "disparate impact" discrimination, involving facially neutral policies or practices that have a disproportionate effect on older workers, can be pursued under the ADEA. Where evidence, often statistical, reveals that a disparate impact exists, the employer will be liable unless it can establish that the policy or practice is a "reasonable factor other than age" (RFOA). EEOC regulations subsequently refined what could satisfy the RFOA defense.[129] This important step put employers on notice to consider not only whether their decisions are made with intent to disadvantage older workers, but also whether they inadvertently disfavor older workers.

3. Ensuring Ageing with Dignity

3.1. Which measures have been contributing to **protecting older persons' enjoyment of all human rights and dignity, promoting their autonomy, self-determination and participation in society**, and making sure that no law, policy or programme leaves room for discrimination of any kind **along RIS commitments 7, 8, 9 and 10 and the goals of the Lisbon Declaration?**

For each sub-section that follows, discussed is relevant work – primarily between the years of 2017 and 2021 – that is either completed, being conducted, supported, or in some instance's forthcoming

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[123] https://www.dol.gov/agencies/ebsa/about-ebsa/our-activities/resource-center/faqs/choosing-the-right-person-to-give-you-investment-advice; https://www.dol.gov/agencies/ebsa/about-ebsa/our-activities/resource-center/faqs/new-fiduciary-advice-exemption.

[124] https://www.dol.gov/agencies/eta/seniors/laws; https://www.congress.gov/113/bills/hr803/BILLS-113hr803enr.pdf.

[125] https://www.dol.gov/agencies/eta/workforce-investment/adult.

[126] https://www.dol.gov/agencies/eta/workforce-investment/dislocated-workers.

[127] https://www.dol.gov/general/topic/training/tradeact.

[128] https://www.law.cornell.edu/supct/html/03-1160.ZS.html.

[129] Differentiations Based on Reasonable Factors Other Than Age, 77 Fed. Reg. 19095 (codified at 29 C.F.R. § 1625).

by U.S. governmental departments and agencies as well as nongovernmental organizations. Where possible, supporting information is provided – via footnote – should readers wish to learn more about the discussed work.

❖ **Protecting older persons' enjoyment of all human rights and dignity, promoting their autonomy, self-determination and participating in society:**

☑ ACL's *NCEA* – in partnership with the FrameWorks Institute[130] – developed a communications strategy and toolkit that reimagines the cultural dialogue on elder abuse in the U.S., with the goal of improving the public's awareness of elder abuse, enhancing understanding of the underpinning issues, and elevating public exchange on the topic. The *Talking Elder Abuse Toolkit*[131] provides resources and tips, such as sample communications and social media content, graphics that illustrate the key concepts of the recommendations, and annotations that explain the framing strategies.

☑ Each year for *WEAAD* on June 15th, ACL in collaboration with a number of federal partners and resource centers – such as the *NCEA*, DoJ, SSA, and the SEC – plans, promotes, and collaborates on numerous public awareness efforts including educational webinars, blogs, and social media activities. Resources and information are made available through the *NCEA WEAAD microsite*.[132]

☑ In January 2018, ACL participated in AARP International's *United Nations Global Ageing Briefing Series*[133] on the margins of the *56th United Nations Commission for Social Development*. Providing the keynote address for the event, the ACL Administrator/Assistant Secretary for Aging spoke on the importance of focusing anti-poverty efforts on older adults, emphasizing the heightened vulnerability to elder abuse among older persons who are economically insecure.

☑ The HHS Office for Civil Rights (OCR) – among other federal civil rights agencies – enforces the *Age Discrimination Act of 1975*[134] and is the statutorily designated federal agency for coordinating all Federal agency activities under the *Age Act*. HHS OCR also enforces *Section 1557 of the Affordable Care Act*.[135] Both laws prohibit discrimination on the basis of age in programs that receive federal funds from HHS.

❖ **Supporting the necessary infrastructure and assistance to prevent all types of abuse and violence against older persons:**

☑ ACL supports state *Adult Protective Services (APS)* programs[136] by providing significant, on-going technical assistance to identify promising best practice, participating in national APS data collection efforts, conducting research, and evaluations to increase the knowledge base about effective APS practices. Through its APS programming, ACL encourages states to seek system transformations that reflect a "person-centered approach" (i.e., practices and services that are based on people's strengths, assets, goals, culture, and expectations, along with their needs) and that aim to improve the experiences, health, well-being, and outcomes of the

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[130] https://www.frameworksinstitute.org/.

[131] https://www.frameworksinstitute.org/toolkit/talking-elder-abuse/.

[132] https://eldermistreatment.usc.edu/weaad-home/.

[133] https://www.aarpinternational.org/initiatives/aarp-at-the-united-nations/2018-aarp-un-briefing-series.

[134] https://www.hhs.gov/civil-rights/for-individuals/age-discrimination/index.html.

[135] https://www.hhs.gov/civil-rights/for-individuals/section-1557/index.html.

[136] https://acl.gov/programs/elder-justice/supporting-adult-protective-services.

individuals served by APS. In January 2021 through the *Coronavirus Response and Relief Supplemental Appropriations Act of 2021 (*a component of the *Consolidated Appropriations Act of 2021)*,[137] ACL was able to make available first-time funding in the form of formula grants – under the *Elder Justice Act* – in the amount of approximately $94 million (USD) to States for enhancing APS as well as $4 million (USD) for *LTCOPs*.[138] Additionally, in September 2021, ACL awarded more than $85.4 million (USD)[139] – through funding made possible from the *American Rescue Plan Act (ARPA) of 2021*[140] – for 55 state and territorial APS programs. APS programs will use ARPA funding to provide emergency housing and other wrap-around services to empower clients to recover from maltreatment.

☑ In the year 2016, ACL facilitated the development of the first *National Voluntary Consensus Guidelines for State APS Systems (Guidelines),*[141] to assist states in developing efficient, effective *APS Systems*. Between the years 2018 and 2019, ACL facilitated the updates of the *Guidelines*, which incorporate information from new research and feedback from the field about effective APS practices and policies. Overall, the *Guidelines* are designed to provide APS Administrators with recommendations from the field about quality practice. The *APS Systems Guidelines* further inform ACL on many priority APS issues that it can then focus on through other programs.

☑ As part of the updating of the *National Voluntary Consensus Guidelines for State APS Systems*, ACL created a *Research Agenda for Adult Protective Service*,[142] which focuses exclusively on the practices, efficacy, and outcomes of APS. The goals of the *APS Research Agenda* are to provide guidance to researchers, APS programs, and funders to help move the field forward, to highlight research gaps to help inform the APS field, and, ultimately, to help build a cohesive body of evidence for the APS field.

☑ ACL further provides on-going, intensive technical assistance to state APS programs through the *National APS Technical Assistance Resource Center*.[143] The mission of the resource center is to support federal, state, and local partners' use of data and analytics, research and evaluation, and innovative practices and strategies to enhance the effectiveness of APS programs. It serves as a focal point for ACL's overall approach to leading the development of comprehensive APS systems.

☑ ACL's *Office of Elder Justice and Adult Protective Services*[144] awarded 17 *Elder Justice Innovation Grants* between the years 2016 and 2018. Funded recipients support efforts aimed at increasing knowledge about effective prevention and intervention of abuse, neglect, and exploitation of older adults, native elders, adults with disabilities, people who self-neglect, and guardianship abuse. ACL awards competitive grants under this program to develop and advance new knowledge about emerging issues related to elder justice. Funded projects are expected to contribute to the evidence base of knowledge and create materials and programs that can be replicated and/or disseminated. Highlights from this portfolio include the development of trauma informed approaches to elder abuse, a project which

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[137] https://home.treasury.gov/policy-issues/coronavirus/about-the-cares-act

[138] https://acl.gov/news-and-events/announcements/acl-issues-nutrition-awards-and-determines-process-distributing-funds.

[139] https://acl.gov/news-and-events/announcements/acl-awards-over-85-million-support-adult-protective-services-programs.

[140] https://www.congress.gov/bill/117th-congress/house-bill/1319/text.

[141] https://acl.gov/programs/elder-justice/final-voluntary-consensus-guidelines-state-aps-systems.

[142] https://acl.gov/programs/elder-justice/research-agenda-adult-protective-service-aps.

[143] https://apstarc.acl.gov/.

[144] https://elderjustice.acl.gov/.

documented the forensic center model of staffing APS cases in a multidisciplinary way.

☑ Launched in the year 2012, the Centers for Disease Control and Prevention (CDC) developed the *Stopping Elderly Accidents Deaths and Injuries or STEADI Initiative*[145] to encourage health care providers in all clinical settings to routinely screen their older patients age 65 years and older for fall risk. There are about 36 million falls each year – costing roughly $50 billion (USD) in medical expenses – yet, many of these falls could be prevented by screening for fall risk in a clinical setting, assessing which risk factors an older adult has, and intervening to reduce the identified risk using effective clinical and community strategies. CDC offers *STEADI* tools and resources to providers who work in both outpatient and inpatient settings as well as community pharmacists. Similar multifactorial approaches have reduced fall rates by 24%.[146]

☑ CDC's *Still Going Strong Awareness Campaign*[147] empowers older adults and their caregivers to take simple steps to help them maintain their independence and age without injury. *Still Going Strong* is a national campaign launched in May 2021 with focused ads in both metro and rural markets in four states: Maine, Oklahoma, Oregon, and Wisconsin. These states were selected for their incidence of older adult falls, fall injuries, motor vehicle crashes, and deaths caused by injuries. The campaign will have national reach through social media, media coverage, and partner efforts.

☑ Developed in the year 2019, CDC's *MyMobility Plan*[148] guides older adults on actions they can take to preserve their mobility as they age. The *MyMobility Plan* addresses falls and motor vehicle crashes, which are leading causes of injury and injury death for older adults. The plan consists of three components: *Myself*: describes how to stay independent by managing one's health and mobility, *MyHome*: offers a home safety checklist to help prevent falls, and *MyNeighborhood*: highlights how to stay mobile in one's community when driving may no longer be feasible. CDC is conducting a study to evaluate how well the *MyMobility Plan* addresses the needs of rural and tribal populations. The results of this study will inform an update to the *MyMobility Plan*, including the development of a separate version of the tool for use by older adults in tribal communities.

☑ CDC conducted a 3-year research project, *Barriers and Facilitators of Older Adult Use of Ride Share Services (RSS)*, to understand the potential for *RSS* to address unmet transportation needs of older adults. An environmental scan published in the year 2019,[149] found almost 1,000 *RSS* available to older adults in the U.S. These included both for-profit services – that primarily served people of all ages – and non-profit services that primarily served older adults or those with health condition such as poor vision. Available research[150] identified the desire to remain independent as the primary facilitator of *RSS* use. Barriers included safety concerns, affordability, technology, and a lack of *RSS* in the community. *RSS* are a promising transportation option for older adults, and there is a need to tailor these services to older adults' needs.

☑ The DoJ is committed to preventing elder abuse by raising awareness of elder abuse and financial scams among older adults and those around them. The *Elder Justice*

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[145] https://www.cdc.gov/steadi/index.html.

[146] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8095069/.

[147] https://www.cdc.gov/StillGoingStrong/.

[148] https://www.cdc.gov/transportationsafety/older_adult_drivers/mymobility/.

[149] https://reports.norc.org/white_paper/environmental-scan-of-ride-share-services-available-for-older-adults/.

[150] https://www.sciencedirect.com/science/article/abs/pii/S2214140521000852.

Website contains a *Senior Scam Alert section*,[151] identifying and describing the most common scams affecting older adults. The *Elder Justice Website* also hosts the *About Elder Abuse Page*,[152] describing stories and warning signs associated with elder abuse. And a guardianship page,[153] providing information and resources regarding abuse perpetrated by guardians. Many components within the Department, such as the Federal Bureau of Investigation (FBI) and U.S. Attorney's Offices, host or participate in numerous public outreach events[154] each year, both in the community and in nursing homes. Prevention is the best approach, but when that fails, the DoJ supports federal, state and local efforts to hold offenders accountable and assist in victim recovery.

☑ In the year 2018, The John A. Hartford Foundation funded the *Elder Mistreatment Emergency Department Care Model*.[155] The model – developed by a group of leading experts in the field of elder mistreatment – aims to ensure that older people seen in emergency rooms, including in hospitals with limited resources and expertise, will be assessed for potential mistreatment or self-neglect and receive appropriate treatment and referral. In addition to conducting a structured feasibility trial of the model, the project team prepared training materials and is developing future clinical leaders as this model is positioned for broad dissemination.

☑ In July 2019, CFPB released an update[156] to the *2016 CFPB Advisory and Recommendations[157]* for banks and banks and credit unions on how to prevent, recognize, report, and respond to elder financial exploitation. It reiterates key recommendations from the *2016 Advisory and Recommendations* regarding reporting because many financial institutions remain unsure of whether to report suspected financial exploitation due to privacy concerns. In addition, this update provides new information on reporting based on federal and state legislative changes.

☑ The NIA – a division of the NIH – produces online and print content on *Elder Abuse*[158] including in the year 2019, an infographic *Spotting the Signs of Elder Abuse*,[159] to educate the public and disseminate information about types of elder abuse, dealing with caregiver stress, and how to help. Additionally, NIA is currently supporting new research including: seeking development of evidence-based primary care screening tools and behavioral interventions to prevent abuse in at-risk older and vulnerable adults with mild cognitive impairment and AD/ADRD and their families,[160] inviting research on clinician screening tools for abuse and behavioral interventions for unhealthy caregiving relationships,[161] inviting research focused on social and other factors that render older adults vulnerable to financial exploitation and other forms of mistreatment and abuse,[162] and soliciting research

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[151] https://www.justice.gov/elderjustice/financial-exploitation.

[152] https://www.justice.gov/elderjustice/about-elder-abuse.

[153] https://www.justice.gov/elderjustice/guardianship.

[154] https://www.justice.gov/file/1443096/download.

[155] https://www.johnahartford.org/grants-strategy/national-collaboratory-to-address-elder-mistreatment-model-implementation.

[156] https://files.consumerfinance.gov/f/documents/cfpb_suspected-elder-financial-exploitation-financial-institutions_report.pdf.

[157] https://www.consumerfinance.gov/data-research/research-reports/recommendations-and-report-financial-institutions-preventing-and-responding-elder-financial-exploitation/.

[158] https://www.nia.nih.gov/health/elder-abuse.

[159] https://www.nia.nih.gov/health/infographics/spotting-signs-elder-abuse.

[160] https://grants.nih.gov/grants/guide/rfa-files/RFA-AG-22-024.html.

[161] https://grants.nih.gov/grants/guide/rfa-files/RFA-AG-22-020.html.

[162] https://grants.nih.gov/grants/guide/notice-files/NOT-AG-20-039.html.

on risk, protective, and resilience factors related to elder mistreatment and interventions to prevent or detect elder mistreatment in informal care settings for individuals with AD/ADRD.[163]

☑ Each year, it is an estimated that older adults lose approximately $3 billion (USD) to financial scams[164] with government imposter scams – or individuals claiming to be from the U.S. Government – ranking among the most prominent scam type targeting older adults. The SSA continues to implement a comprehensive anti-fraud public outreach and education campaign that focuses on prevention and early intervention to minimize harm to the public, particularly older people, and to maintain public trust in the agency. Specifically, the SSA uses digital and non-digital ways to reach people through TV and radio public service announcements, social media, blogs, newspaper articles, and information for people who call and visit SSA for help. SSA also engages with third-party organizations and with senior care facilities to help educate people under their care. SSA's scam education includes how to report scams and potential scams so SSA can investigate and act against fraudsters.

❖ **Fostering the development of innovative methods and services as well as user-and age-friendly technology and products:**

☑ In March 2019, the *Task Force on Research and Development for Technology to Support Aging Adults* – a task force of the Committee on Technology of the White House National Science and Technology Council – released *the Emerging Technologies to Support an Aging Population* roadmap report.[165] The report identifies a range of emerging technologies that have significant potential to assist older adults with successfully aging in place. Additionally, it provides recommendations for research and development that are required to develop key technology solutions over the coming decade.

☑ In October 2019, the Department of Transportation announced nearly $50 million (USD) to expand access to transportation for people with disabilities, older adults, and low-income individuals.[166] A component of this announcement was the *Mobility for All Pilot* program,[167] which sought to enhance mobility and access to public transportation for older adults, people with disabilities, and low-income individuals via innovative coordination of transportation strategies and partnerships.

☑ In the year 2019, the U.S. National Academy of Medicine unveiled *The Healthy Longevity Global Competition*.[168] The competition sought to stimulate innovative ideas to support healthy longevity and therein extending an individual's healthspan.

☑ In the year 2020, ACL – along with supporting partners at OASH, the Department of Veterans Affairs, the Federal Communications Commission, and the Consumer Technology Association Foundation – launched the *Mobilizing and Empowering the Nation and Technology to Address Loneliness & Social Isolation Health Innovation Challenge*.[169] The health innovation challenge sought to recognize user-friendly,

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[163] https://grants.nih.gov/grants/guide/notice-files/NOT-AG-18-057.html.

[164] https://www.fbi.gov/scams-and-safety/common-scams-and-crimes/elder-fraud; https://www.ncoa.org/article/top-10-financial-scams-targeting-seniors.

[165] https://trumpwhitehouse.archives.gov/wp-content/uploads/2019/03/Emerging-Tech-to-Support-Aging-2019.pdf.

[166] https://www.transportation.gov/briefing-room/us-transportation-secretary-elaine-l-chao-announces-nearly-50-million-improve-access.

[167] https://www.transit.dot.gov/funding/grants/grant-programs/mobility-all-pilot-program-grants.

[168] https://healthylongevitychallenge.org/about-us/.

[169] https://acl.gov/MENTAL.

scalable, and innovative ideas and solutions to combat social isolation and loneliness for older adults, people with disabilities, veterans, and people living in facilities and group homes.

☑ In November 2020, OASH in partnership with other federal agencies – the Division of Cardiovascular Sciences, National Heart, Lung, and Blood Institute (a division of the NIH), ACL, the Agency for Healthcare Research and Quality (AHRQ), the U.S. Department of Agriculture, the Federal Communications Commission, and the White House Office of Science and Technology Policy – released a request for information entitled, *Landscape Analysis to Leverage Novel Technologies for Chronic Disease Management for Aging Underserved Populations.*[170] This request for information sought to advance a comprehensive understanding from health systems, community based organizations, academic institutions, non-federal government agencies, innovators, entrepreneurs, non-profit organizations, and other relevant stakeholders regarding innovative solutions to chronic disease management leveraging novel technologies (e.g., artificial intelligence, biosensors, apps, remote monitoring) to optimize health and well-being of underserved, aging populations (e.g., low income, Medicaid-eligible, individuals residing in rural geographical areas).

☑ In October 2021, OASH, ACL, and the Centers for Medicare & Medicaid Innovation – housed within CMS – joint sponsored a webinar entitled, *Unleashing the Capabilities of Medicare Advantage Organizations (or MAOs) to Deliver Health Innovation for Older Adults in Underserved Settings*.[171] The webinar provided attendees an opportunity to advance understanding of the evidence and potential of technology-enabled services in improving access, quality, and outcomes of care, including, importantly for underserved populations and provided MAOs with insights more broadly on the challenges and solutions in design, implementation, and evaluation of innovative and technology-enabled services.

❖ **Raising quality standards for integrated social and long-term care and health services and continuously adapting the status, training and working conditions of professional care workers:**

☑ Joint efforts undertaken in the preceding five years by CMS, ACL, and *LTCOPs* and long-term care provider associations sought to reduce the misuse of antipsychotics in nursing homes, abuse prevention and dementia care training specifically for nursing home caregivers.

☑ In response to COVID-19, the *National Ombudsman Resource Center*[172] – an ACL funded grantee – created the *Understanding Trauma and Ensuring Person-Centered Care During the COVID-19 Pandemic* training series[173] for long-term care facility staff and a separate series for families.

☑ In February 2015, ACL published a final rule (45 CFR Part 1324)[174] to guide states in their implementation of the *State Long-Term Care Ombudsman Program*. ACL offered customized technical assistance to each state to assist in assuring

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[170] https://www.federalregister.gov/documents/2020/11/17/2020-25328/request-for-information-landscape-analysis-to-leverage-novel-technologies-for-chronic-disease; https://www.hhs.gov/blog/2021/02/03/hhs-leverages-public-feedback-advance-landscape-analysis-emerging-technologies-aging-underserved-populations.html; https://jamanetwork.com/journals/jama-health-forum/fullarticle/2778875; https://www.mobihealthnews.com/news/contributed-how-tech-driven-tools-can-change-senior-care.

[171] https://innovation.cms.gov/vbid-unleashing-maos-webinar.

[172] https://ltcombudsman.org/about.

[173] https://ltcombudsman.org/omb_support/COVID-19/training-series.

[174] https://ltcombudsman.org/library/fed_laws/ltcop-final-rule.

compliance. The implementation of this rule has strengthened the ability of Ombudsman programs to be effective problem-solvers for older adults and people with disabilities who live in our nation's long-term care facilities.

☑ The age-friendly health systems movement includes training the workforce[175] on the *4Ms Framework* (*What Matters*, *Medication*, *Mentation and Mobility*) which aligns the essential provision of evidence-based care across all health care settings, including long-term care, in order to reduce avoidable harms in each setting and those avoidable harms associated with transitions in care.

❖ **Supporting research on individual and population ageing processes to better address emerging needs in ageing societies:**

☑ The National Center for Health Statistics (NCHS) – an agency housed within the CDC – maintains and supports a set of survey and data collection systems,[176] including the *National Death Index*, the *National Health Interview Survey*, the *National Health and Nutrition Examination Survey*, the *National Hospital Ambulatory Medical Care Survey*, the *National Hospital Care Survey*, and the *National Study of Long-Term Care Providers Survey*, among other survey and data collection systems which collectively enable researchers and the public to advance understanding and address questions and topics of interest for the older adult population. The CDC also manages and maintains the *Behavioral Risk Factor Surveillance System[177]* which collects data from U.S. residents regarding their health-related risk behaviors, chronic health conditions, and the use of preventive services.

☑ NIA – a division of the NIH – supports the *Health and Retirement Study (HRS): Harmonized Cognitive Assessment Protocol Project*,[178] an innovative approach to assessing trends in cognitive function and aging in the U.S. and worldwide. The primary aim of the HRS, funded by NIA and the SSA, is to collect and distribute longitudinal multi-disciplinary data on a nationally representative sample of over 20,000 Americans over the age of 50 for research on aging.

☑ In the year 2019, the U.S. National Academy of Medicine launched *the Global Roadmap for Healthy Longevity[179]* – an international, independent, and multidisciplinary initiative to develop a comprehensive report assessing the challenges presented by population aging via evidence-based recommendations across three workstreams: *Social, Behavioral, and Environmental*, *Health Care Systems and Public Health*, and *Science and Technology*. ACL was a member of the 12-member international oversight board overseeing the roadmap development and providing strategic guidance.

☑ In February 2019, the CFPB released the *Suspicious Activity Reports on Elder Financial Exploitation: Issues and Trends* report,[180] summarizing key facts, trends, and patterns revealed in *Suspicious Activity Reports (SARs)* filed by banks, credit unions, casinos, and other financial services providers regarding suspected elder financial exploitation. CFPB analyzed 180,000 elder financial exploitation *SARs* filed with the *Financial Crimes Enforcement Network* between the years 2013 to 2017,

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[175] http://www.ihi.org/Engage/Initiatives/Age-Friendly-Health-Systems/Documents/IHIAgeFriendlyHealthSystems_GuidetoUsing4MsCare.pdf; http://www.ihi.org/Engage/Initiatives/Age-Friendly-Health-Systems/Documents/IHIAgeFriendlyHealthSystems_MeasuresGuide.pdf; https://www.aha.org/system/files/media/file/2020/08/value-initiative-issue-brief-10-creating-value-with-age-friendly-health-systems.pdf.

[176] https://www.cdc.gov/nchs/surveys.htm#tabs-1-1.

[177] https://www.cdc.gov/brfss/about/index.htm.

[178] https://www.nia.nih.gov/research/blog/2019/05/healthy-cognitive-aging-project-major-data-resource-cognitive-epidemiology.

[179] https://nam.edu/initiatives/grand-challenge-healthy-longevity/global-roadmap-for-healthy-longevity/.

[180] https://files.consumerfinance.gov/f/documents/cfpb_suspicious-activity-reports-elder-financial-exploitation_report.pdf.

involving more than $6 billion (USD). CFPB found that SAR filings on elder financial exploitation quadrupled between the years 2013 to 2017. The study also found that while financial institutions are increasingly filing elder financial exploitation SARs, fewer than one-third of those SARs specify that the financial institution reported the activity to adult protective services, law enforcement, or other authorities.

☑ In May 2020, CFPB issued the *Retirement Security and Financial Decision-making: Research Brief*,[181] summarizing the findings of a CFPB study addressing whether retired people had the income, savings, and/or non-housing assets to maintain the same level of spending for at least five consecutive years after retiring. The study helps identify ways to protect retirees from overspending their savings in early retirement.

☑ In the year 2020, the Federal Interagency Forum on Aging-Related Statistics (or Forum) – a collaboration of federal agencies producing or employing statistical data on the older adult population – released its *Older Americans 2020: Key Indicators Well-being* report.[182] This report seeks to provide readers a comprehensive understanding of the health and well-being of older adults. Complementing the Forum's efforts is ACL's *AGing, Independence, and Disability (AGID) Program Data Portal*.[183] *AGID* is an online query system that provide a single, user-friendly source for a variety of information on ACL supportive services and comprehensive systems of care for older adults, caregivers, and people with disabilities of all ages.

☑ In October 2021, ACL released a report on the 5th year of data collected by the *National Adult Maltreatment Reporting System (NAMRS)*.[184] *NAMRS* is the only initiative compiling comprehensive national data on the abuse, neglect, and exploitation of older adults and adults with disabilities as reported to state APS. More specifically, *NAMRS* collects quantitative and qualitative data on state APS practices and policies, and the result of investigations into the maltreatment of older adults and adults with disabilities.

❖ **Promoting the participation of both persons with dementia and/or mental and behavioural disorders and their informal carers in social and community life:**

☑ HRSA has supported the provision of community-based social, functional, and medical services to support continued independent living within the community. Presently, eight *FQHCs*, located in the states of California, Massachusetts, and North Carolina operate programs that utilize the *Program of All Inclusive Care for the Elderly* model.[185] Additionally, HRSA's *Access, Care, and Engagement Technical Assistance Center (or the ACE TA Center)*[186] builds the capacity of the community to navigate the changing health care landscape and help people with HIV to access and use their health coverage to improve health outcomes. The technical assistance center creates tools and resources for older adults with HIV – in the RWHAP – who are aging and their providers, which includes national and targeted training, and technical assistance strategies that considers topics such as healthy living, promoting research on managing co-morbidities, and how to access and pay for medications through Medicare.

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[181] https://files.consumerfinance.gov/f/documents/cfpb_retirement-security-financial-decision-making_research-brief.pdf.

[182] https://agingstats.gov/docs/LatestReport/OA20_508_10142020.pdf.

[183] https://agid.acl.gov/.

[184] https://acl.gov/news-and-events/announcements/acl-releases-fifth-year-data-national-adult-maltreatment-reporting.

[185] https://www.healthcenterinfo.org/details/?id=3087; https://www.caplink.org/component/tags/tag/program-of-all-inclusive-care-for-the-elderly-at-community-health-centers.

[186] https://targethiv.org/ace.

☑ In the year 2017, SAMHSA released *The Get Connected: Linking Older Adults with Resources on Medication, Alcohol, and Mental Health (2019 edition)*[187] toolkit – a result of public-private partnership – for organizations that provide services to older adults offering information and materials to help understanding the issues associated with substance misuse and mental illness in older adults.

☑ Through their *Alzheimer's Disease Programs Initiative (ADPI)*,[188] ACL provides resources to support dementia capable home and community-based services (HCBS) that allow people living with dementia (PLWD) and their caregivers to remain in their homes and communities for as long as possible. With ADPI funding state, community and tribal grantees design and deliver supportive service programs that meet the needs of the communities they serve and enhance the quality of life of program participants. ADPI grantees support community engagement of PLWD and caregivers through a variety evidence-based and evidence informed initiatives including, but not limited to the following[189]: *Care of Persons with Dementia in their Environment*, *Opening Minds Through Art*, *REACH Community*, and the *SAVVY Caregiver Program*. Grantees also support community engagement of PLWD and caregivers through other activities including *Memory Cafes*, *Dementia Friendly Community* activities, support groups and other targeted services and supports. Additionally, from the years 2014-2020 an informal landscape analysis revealed that ACL – through its *Alzheimer's Disease Programs* – supported 23 unique organizations – spanning 15 states in the U.S. – that have either planned or delivered awareness, education, or psychosocial services and activities to promote brain health.[190]

☑ In December 2018, the U.S. Congress passed the *BOLD Infrastructure for Alzheimer's Act* into law (P.L. 115-406),[191] amending the Public Health Service Act (Section 398A; 42 U.S.C. 280c-3-4).[192] *BOLD* seeks to create a uniform national public health infrastructure for dementia with a focus on issues such as increasing early detection and diagnosis, risk reduction, prevention of avoidable hospitalizations, and supporting dementia caregiving. The foundation of *BOLD* is the implementation of CDC's *Healthy Brain Initiative Road Map Series* which includes the *State and Lobal Public Health Partnerships to Address Dementia: The 2018-2023 Road Map*[193] and the *Road Map for Indian Country*.[194] The *Road Map* series provides actionable steps to promote brain health, address cognitive impairment, and address the needs of caregivers. Additionally, *BOLD* tasks the CDC with establishing *Alzheimer's and Related Dementias Public Health Centers of Excellence*, providing funds to support public health departments, and increasing data analysis and timely reporting. The three *BOLD Public Health Centers of Excellence*[195] recipients are working on identifying, translating and disseminating promising research findings and evidence-informed best practices that address SDoH and use a nationwide systematic public health uptake by state, local, tribal, and other public

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[187] https://store.samhsa.gov/product/Get-Connected-Linking-Older-Adults-with-Resources-on-Medication-Alcohol-and-Mental-Health-2019-Edition/SMA03-3824.

[188] https://acl.gov/programs/support-people-alzheimers-disease/support-people-dementia-including-alzheimers-disease.

[189] https://drexel.edu/cnhp/research/centers/agewell/Research-Studies/COPE/; https://scrippsoma.org/; https://www.ncoa.org/article/evidence-based-program-reach-community; https://pubmed.ncbi.nlm.nih.gov/24820315/.

[190] https://acl.gov/sites/default/files/common/Iyengar_Long_BrainHealth_IssueBrief_ACLAlzheimersDiseasePrograms_0.pdf.

[191] https://uscode.house.gov/statutes/pl/115/406.pdf.

[192] https://www.law.cornell.edu/uscode/text/42/280c-3.

[193] https://www.cdc.gov/aging/healthybrain/roadmap.htm.

[194] https://www.cdc.gov/aging/healthybrain/Indian-country-roadmap.html.

[195] https://www.cdc.gov/aging/funding/phc/index.html.

health programs in the areas of dementia risk reduction, early detection of dementia, and dementia caregiving. CDC's *Healthy Brain Initiative* improves understanding of brain health as a central part of public health practice. The initiative creates and supports partnerships, collects, and reports data, increases awareness of brain health, support populations with a high burden of AD/ADRD, and promotes the use of its *Road Map Series*.

☑ In the year 2019, NIA – a division of the NIH – funded a new effort called the *IMbedded Pragmatic AD/ADRD Clinical Trials Collaboratory (IMPACT)*[196] to meet the urgent public health need to deliver high-quality, evidence-based care to people living with dementias and their caregivers. Through this effort, researchers will develop and test care interventions in real-world settings such as hospitals, assisted living facilities, nursing homes, and adult day care centers. This project will bolster the nation's capacity to conduct pragmatic clinical trials of interventions, embedded within health care systems, for people living with dementia and their caregivers.

☑ AHRQ has developed an initiative to address opioid use, misuse, and abuse among older adults. Part of this initiative includes a 2020 technical brief,[197] providing a conceptual framework and map of the current evidence base to describe issues that are driving the current rise in opioid-related morbidity and mortality in older adults, and what evidence is needed to support effective interventions. In September 2019, AHRQ launched a 3-year pilot project[198] to assess and describe current perceptions of the challenges associated with managing opioid use and misuse in older adults, to create a compendium of tools, strategies, and approaches for managing opioid use and misuse in older adults in primary care settings, to support primary care practices in developing and testing innovative strategies, approaches, or tools for opioid management within the context of a facilitated Learning Collaborative, and to identify remaining evidence gaps and areas of needed research. In the year 2020, AHRQ awarded three grants to develop, implement, evaluate, and disseminate strategies to improve the management of opioid use, misuse, and opioid use disorder in older adults in primary care settings. The grants will use practice facilitation, academic detailing, clinical decision support, and *Project ECHO* modalities to support primary care clinicians in managing opioids among older adult patients.

☑ In the year 2021, AHRQ developed a research agenda[199] – *Transforming care for people with multiple chronic conditions: Agency for Healthcare Research and Quality's research agenda* – to improve the care of people living with multiple chronic conditions that includes the needs to integrate and align clinical and community services to optimize health and functional status and promote independence.[200]

☑ In federal fiscal year 2021, the IHS received funding to establish an *Alzheimer's Grant Program*.[201] The program further extends collaboration with Tribal and Urban partners to coordinate and coordinates closely with federal, state, and non-governmental efforts to address AD/ADRD among American Indians and Alaska Natives, leveraging all available resources. Funded entities will develop comprehensive and sustainable approaches to address AD/ADRD, including recognition, diagnosis, assessment, management, and support for caregivers, and

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[196] https://impactcollaboratory.org/overview/.

[197] https://effectivehealthcare.ahrq.gov/products/opioids-older-adults/report.

[198] https://www.ahrq.gov/opioids/health-systems-research.html.

[199] https://onlinelibrary.wiley.com/doi/10.1111/1475-6773.13863.

[200] https://www.ahrq.gov/news/blog/ahrqviews/index.html.

[201] https://www.ihs.gov/sites/dccs/themes/responsive2017/display_objects/documents/alzheimerstribalconsult041321.pdf.

will create best practice models for replication by others. The remaining funds will support these efforts with training and technical assistance in the detection, diagnosis, and management of dementia in primary care, support for caregivers, increased awareness and recognition of dementia in Tribal communities, and development of data resources using the clinical data available through the IHS.

☑ The *National Advisory Council* on *National Alzheimer's Project Act*[202] – charged the formation of a subcommittee to explore the development of a national goal to reduce the burden of risk factors to prevent or delay onset of ADRD. Subcommittee members represented varied areas of expertise, including research, public health, innovation, and clinical care. Additionally, *Subcommittee* members drew on 32 workgroup members with knowledge across dementia risk factors, from academia, clinical practice, policy, community-based health, and public health. Participants were from diverse racial, ethnic, and geographical backgrounds. A *Steering Committee* guided this work. More than 130 experts and organizations were invited to review this recommendation, and comments were received from 50 multidisciplinary experts on the final recommendation and strategies. The *National Advisory Council* voted unanimously to continue the subcommittee on risk reduction and that risk reduction of dementia should be added as a new, 6th goal of the plan as found in the 2021 proposed recommendations by the *Risk Reduction Subcommittee*.[203]

☑ In its initial report to the U.S. Congress,[204] the *Family Caregiving Advisory Council* adopted 26 recommendations[205] for improving how family caregivers are recognized and supported. Similarly, the *Advisory Council to Support Grandparents Raising Grandchildren's* initial Report to Congress – to be released in November 2021 – adopted 22 recommendations[206] to advance change and improve supports to Kinship Families and Grandfamilies of all ages. Together, these two sets of recommendations will serve as the foundation of a forthcoming *2022 National Family Caregiving Strategy*.

☑ AARP is represented on the *National Council for Dementia Friendly America*[207] and has helped to foster this initiative to create more dementia friendly communities since its inception. Most recently, AARP sponsored the creation of *the Dementia Friendly Community Evaluation Guide*,[208] a tool to evaluate and thus continue to improve the effectiveness of their dementia friendly community programs. Additionally, AARP's *Staying Sharp* program – informed by guidance from the AARP Global Council on Brain Health[209] – explores both lifestyle and various aspects of brain health.

[202] http://aspe.hhs.gov/collaborations-committees-advisory-groups/napa/napa-documents/napa-national-plans; http://aspe.hhs.gov/collaborations-committees-advisory-groups/napa/napa-advisory-council.

[203] https://aspe.hhs.gov/sites/default/files/2021-09/NAPA-2021-Risk-Reduction-Recommendations.pdf; https://aspe.hhs.gov/sites/default/files/2021-08/Mtg41-Slides6-Risk-Reduction.pdf.

[204] https://acl.gov/sites/default/files/RAISE-Initial%20Report%20To%20Congress%202021_Final.pdf.

[205] https://acl.gov/sites/default/files/RAISE_SGRG/RAISE%20RECOMMENDATIONS%20FINAL%20WEB.pdf.

[206] https://acl.gov/sites/default/files/programs/2020-12/SGRG%20Recommendations%20Final%20Web.pdf.

[207] https://www.dfamerica.org/.

[208] https://www.dfamerica.org/spotlight/2021/5/26/new-evaluation-guide-for-dfa-communities.

[209] https://www.aarp.org/health/brain-health/global-council-on-brain-health/.

❖ **Respecting the self-determination, independence and dignity of older persons, especially, but not limited to, towards the end of life:**

☑ In the year 2017, ACL published – and solicited public comments and feedback – on a set of *Draft Principles for a Person-Centered Approach to Serious or Advanced Illness*[210] developed in consultation with stakeholders from the aging and disability communities to guide work and enhance existing programs and services related to serious or advanced illness for older adults and people with disabilities.

☑ Legal assistance provided under the OAA is part of the essential core of ACL's legal assistance and elder rights programs. The legal services network can provide important assistance for older persons in accessing long-term care options and other community-based services. Legal services also protect older persons against direct challenges to their independence, choice, and financial security. In the year 2019, ACL funded – through *its Legal Assistance Enhancement Program*[211] – six legal assistance organizations to address gaps in access to legal assistance and strengthen programs serving older adults. Funded organizations address a diverse set of issues including the opioid epidemic, supporting grandparents raising grandchildren, utilizing technology to advance elder justice, Medical-Legal Partnerships, reaching under-served communities, and disaster recovery.

☑ The ACL-funded *National Center on Law and Elder Rights (NCLER)*[212] provides the legal services and aging and disability communities with the tools and resources they need to serve older adults with the greatest economic and social needs. A centralized, one-stop shop for legal assistance, *NCLER* provides Legal Training, Case Consultations, and Technical Assistance on Legal Systems Development.

☑ In September 2021,[213] ACL issued grants to the highest courts of 7 states to improve guardianship processes and procedures and ultimately improve the experiences of protected persons under guardianship and conservatorship, including ensuring that all less restrictive means are explored prior to pursuing guardianship, and that states begin fully tracking their guardianship cases to improve oversight.

3.2 Highlight in a nutshell the **most important achievement during the last 20 years to protecting older persons' enjoyment of all human rights** and to raising **quality standards for integrated social and long-term care** and health services as well as adapting the status, training and working conditions of professional care workers. Give some recommendations for future action (what is planned/needs to be done).

Passed in the year 2010, *The Elder Justice Act*[214] is the first comprehensive legislation to address the abuse, neglect, and exploitation of older adults at the federal level. The law authorized a variety of programs and initiatives to better coordinate federal responses to elder abuse, promote elder justice research and innovation, support *APS Systems*, and provide additional protections for residents of long-term care facilities. Furthermore, *The Elder Abuse Prevention and Prosecution Act of 2017,*[215] is the first federal legislation aimed at improving the criminal justice response to elder abuse, and includes provisions for increasing data collection and information sharing of abuse and fraud cases, increasing training of federal prosecutors and investigators, establishing at least one U.S. Assistant

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[210] https://ltcombudsman.org/uploads/files/support/acl-person-centered-principles.pdf.

[211] https://acl.gov/programs/legal-help/legal-assistance-enhancement-program.

[212] https://ncler.acl.gov/.

[213] https://acl.gov/news-and-events/announcements/new-elder-justice-grants-address-aps-training-guardianship-aps.

[214] https://sgp.fas.org/crs/misc/R43707.pdf.

[215] https://www.congress.gov/bill/115th-congress/senate-bill/178.

State Attorney as an elder justice coordinator in each of the federal judicial courts, creating an elder justice coordinator position in both the Federal Trade Commission (FTC) and the DoJ, and increasing penalties for criminals who target seniors. Future efforts to combat elder abuse should consider potentially fostering more enhanced and effective collaboration between APS and aging service network systems in the community.

Part III: Healthy and Active Ageing in a Sustainable World

1. Contributions of Ageing-Related Policies to the Implementation of the 2030 Agenda and its Sustainable Development Goals

   1.1. **<u>Has your country already submitted voluntary national report(s) (VNR) to the High-Level Political Forum (HLPF)</u>** on the implementation of the SDGs? Please briefly report on whether and how the **population ageing and older persons' issues were addressed** in your country's VNR(s).

   To our knowledge, the U.S. has not already submitted voluntary national reports to the high-level political form on the implementation of the sustainable development goals (SDGs).

   1.2. **<u>Within the national political planning are there any established links between ageing issues and the 2030 Agenda?</u>**

   Within the national political planning in the U.S., there are indeed established links between aging issues and the *2030 Agenda for Sustainable Development*. Of most relevance are **Goal 1** *(ending poverty in all its forms everywhere)*, **Goal 2** *(achieving zero hunger)*, and **Goal 3** *(ensuring good health and well-being at all ages)*.

   1.3. Given the information reported about the MIPAA/RIS implementation, **<u>what are the most relevant SDGs which could be nourished by current policy measures</u>** (specify which measures)? Were they or will they be included in your country's VNR(s)? Describe 1-3 good practice examples.

   Considering the information provided by the U.S. for Fourth Review and Appraisal of the Implementation of the MIPAA/RIS 2018-2022, of the 17 SDGs[216] – as found in the *2030 Agenda for Sustainable Development* – current policy measures have touchpoints with all of the SDGs. Specifically, the most relevant goals that can be nourished by current policy measures include the following: **Goal 1** *(ending poverty in all its forms everywhere)*, **Goal 2** *(achieving zero hunger)*, **Goal 3** *(ensuring good health and well-being at all ages)*, **Goal 10** *(reducing inequalities and ensuring no one is left behind)*, and **Goal 17** *(fostering strong global partnerships and cooperation)*.

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[216] https://www.un.org/sustainabledevelopment/sustainable-development-goals/.

2. Lessons Learnt from Managing the Consequences and Impacts for Older People in Emergency Situations: the COVID-19 Pandemic

2.1. How were older people affected by COVID-19 in your country? Was there a higher share of hospitalisation and rate of deaths among older people in 2020 than for population in general and in relation to previous long-term observations

Between January 2020 and December 31, 2020, there were 3,505,141 COVID-19 cases among individuals age 60 years or above, representing higher rates relative to individuals less than 60 years of age until mid-June 2020 (**see Figure 1**). (*Case line level data*, Accessed October 1, 2021).[217]
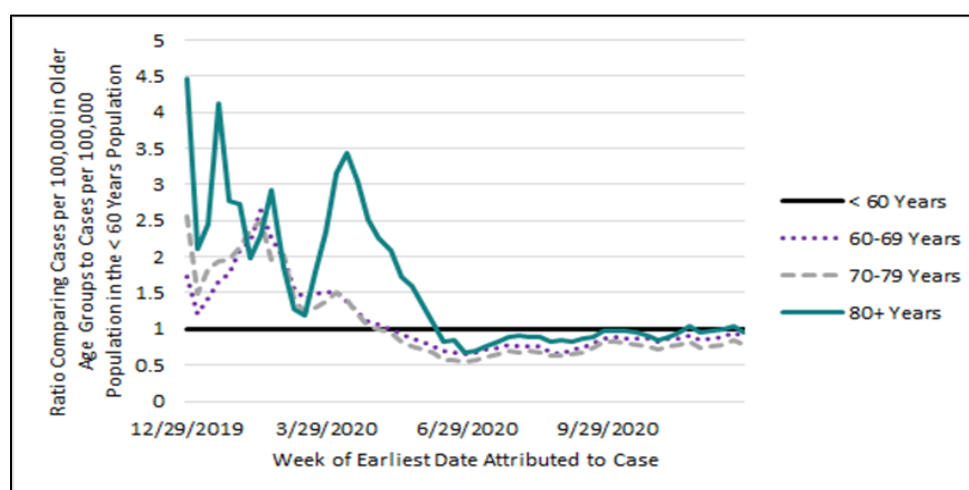
Figure 1: Rate ratios of weekly case rates per 100,000 in older adults in reference to persons less than 60 years old. *Data Source: Case level surveillance data, October 01, 2021. The CDC case level data capture about 86% of aggregate case surveillance data shared by public health jurisdictions with CDC; some jurisdictions have not reported consistently during all or part of this time frame. Case date is based on earliest of the clinical date (related to illness or specimen collection and chosen by a defined hierarchy) and the date received by CDC.* Age is missing for 0.6% of cases

Total Rates of New Hospital Admissions Between Age Groups:
Between August 1, 2020 through December 31, 2020, the highest cumulative rate of new hospital admissions (**see Figure 2**) occurred among persons 80 years and older with 1,682 new hospital admissions per 100,000 population, followed by persons 70-79 years old (1,037 hospital admissions per 100,000 population) and persons 60-69 years old (600 hospital admissions per 100,000). The next highest rate was among all ages with 357 cumulative new hospital admissions per 100,000 population in the year 2020, followed by persons 30-59 years old (254 per 100,000), persons 18-29 years old (91 per 100,000) and finally persons 0-17 years old (25 per 100,000).[218]

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[217] https://healthdata.gov/Hospital/COVID-19-Reported-Patient-Impact-and-Hospital-Capa/g62h-syeh. (accessed October 1, 2021).

[218] https://healthdata.gov/Hospital/COVID-19-Reported-Patient-Impact-and-Hospital-Capa/g62h-syeh. (accessed October 1, 2021).
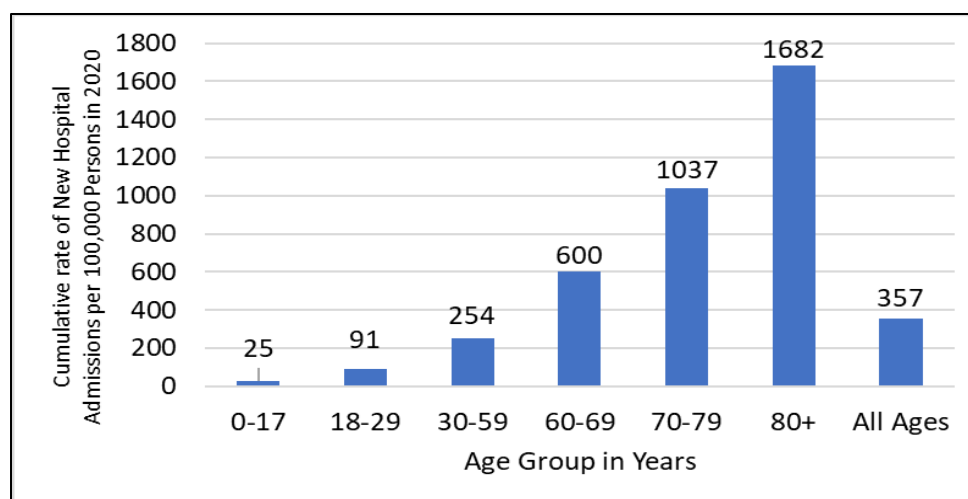
Figure 2: Cumulative new hospitalization rates per 100,000 persons between age groups, August 2020-December 2020. Data Source: *Unified Analytic Hospital data, COVID-19 Reported Patient Impact and Hospital Capacity by State Timeseries at healthdata.gov. All data are provisional. Data prior to August 2020 are unavailable.*

Rate Ratio Comparison (of New Hospitalizations) Between Age Groups:

Compared to rates of new hospitalizations per 100,000 (**see Figure 3**) persons under the age of 60 between August 1, 2020 through December 31, 2020, persons 60-69 years old had a 3.7 times higher rate of average weekly new hospital admissions, persons 70-79 years old had a 6.3 times higher rate of average weekly new hospital admissions, and persons 80 years and older had a 10.0 times higher rate of average weekly new hospital admissions in the year 2020.[219]
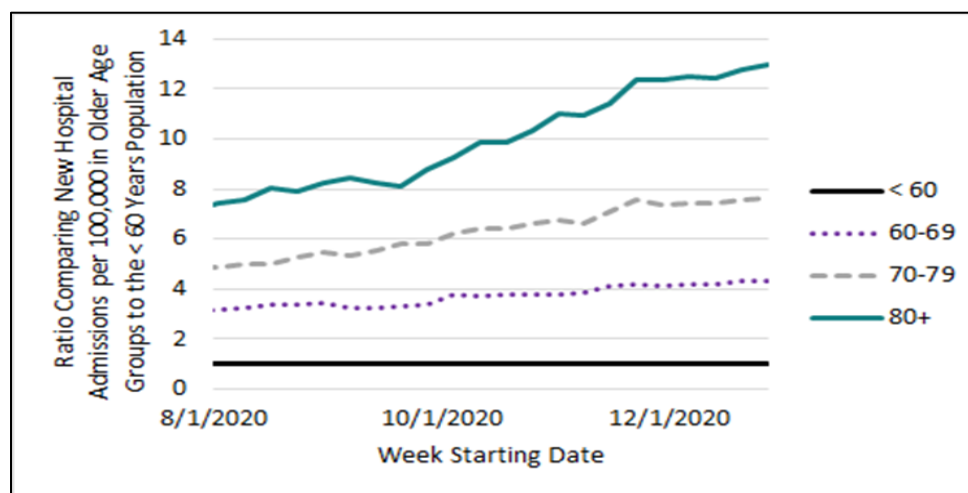

Figure 3: Rate ratios of weekly new hospital admission rates per 100,000 in older adults in reference to persons less than 60 years old. Data Source: *Unified Analytic Hospital data, COVID-19 Reported Patient Impact and Hospital Capacity by State Timeseries at healthdata.gov. All data are provisional. Data prior to August 2020 are unavailable.*

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[219] https://healthdata.gov/Hospital/COVID-19-Reported-Patient-Impact-and-Hospital-Capa/g62h-syeh. (accessed October 1, 2021).

Compared to rates of new hospitalizations per 100,000 (**see Figure 4**) persons between the ages of 18-29 between August 1, 2020 through December 31, 2020, persons 60-69 years old had a 6.1 times higher rate of average weekly new hospital admissions, persons 70-79 years old had a 10.4 times higher rate of average weekly new hospital admissions, and persons 80 years and older had an average 16.5 times higher rate of average weekly new hospital admissions in the year 2020.[220]
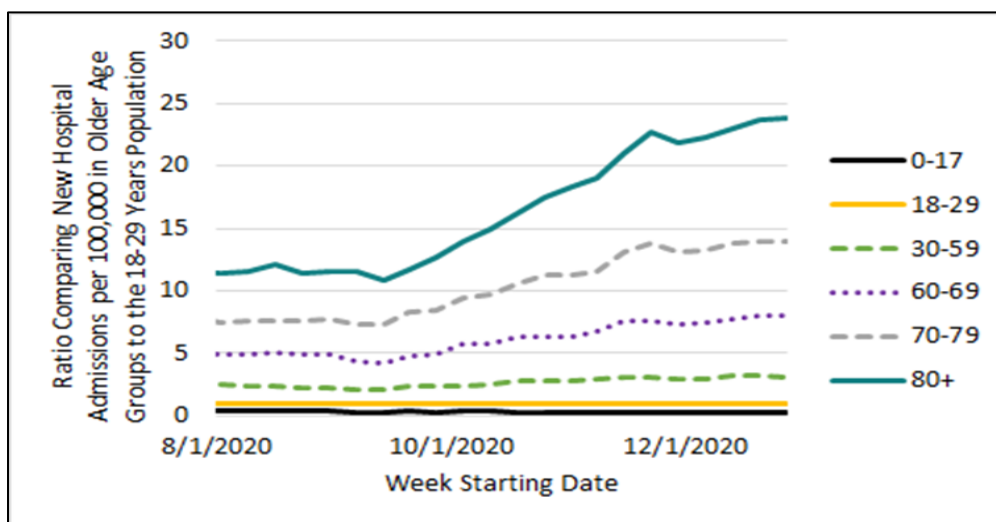

Figure 4: Rate ratios of weekly new hospital admission per 100,000 in older adults in reference to persons age 18-29 years old. Data Source: Unified Analytic Hospital Data, *COVID-19 Reported Patient Impact and Hospital Capacity by State Timeseries at healthdata.gov. All data are provisional. Unified Hospital Analytic data was consistently reported starting July 2020.*

Total Rates of Death Between Age Groups:
COVID-19 was the third leading cause of death in the year 2020 in the U.S. following heart disease and cancer[221] whereas in the year 2019, chronic lower respiratory disease followed heart disease and cancer among decedents age 65 years and older as indexed rate by death rate per 100,000 population.[222]

In the year 2020, the highest cumulative rate of deaths (**see Figure 5**) occurred among persons 85 years and older with 1,892 deaths per 100,000 population, followed by persons 75-84 years old (677 deaths per 100,000 population) and persons 65-74 years old (266 deaths per 100,000). The next highest rate was among all ages with 120 cumulative deaths per 100,000 population in the year 2020, followed by persons 50-64 years old (92 per 100,000), persons 40-49 years old (29 per 100,000), persons 30-39 years old (10 per 100,000), persons 18-29 years old (3 per 100,000) and finally persons 0-17 years old (0.3 per 100,000).

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[220] https://healthdata.gov/Hospital/COVID-19-Reported-Patient-Impact-and-Hospital-Capa/g62h-syeh. (accessed October 1, 2021).

[221] https://jamanetwork.com/journals/jama/fullarticle/2778234.

[222] https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html. (accessed October 12, 2021).
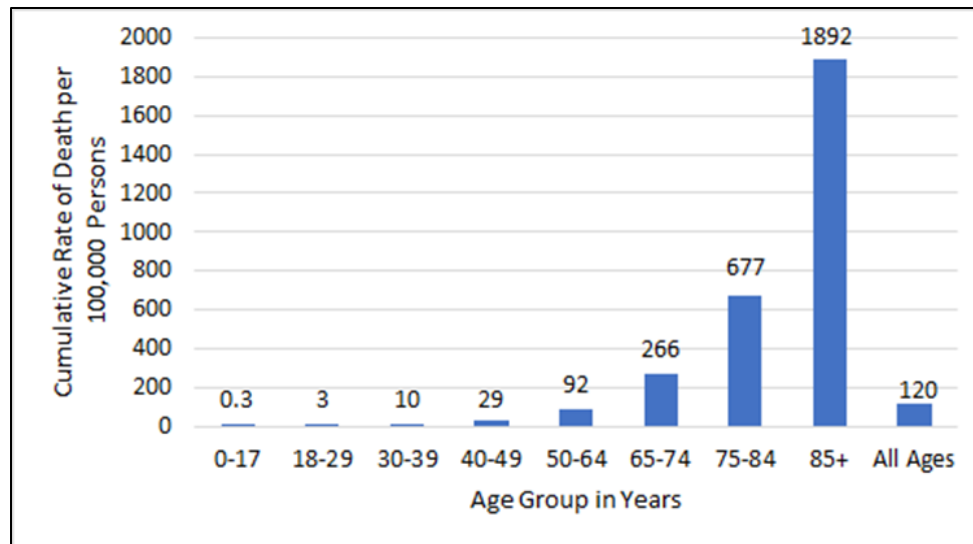
Figure 5: Cumulative rate of death per 100,000 persons by age groups in the year 2020. Data Source: *NCHS mortality surveillance, Provisional COVID-19 Deaths by HHS Region, Race, and Age, CDC, Released October 6, 2021.*[223] *All data are provisional.*

Rate Ratio Comparisons (of Death Rates) Between Age Groups:

Compared to death rates per 100,000 (**see Figure 6**) persons under the age of 65, persons 65-74 years old had a 10.6 times higher weekly average death rate, persons 75-84 years old had a 26.3 times higher weekly average death rate, and persons 85 years and older had an average 71.7 times higher weekly average death rate in the year 2020.
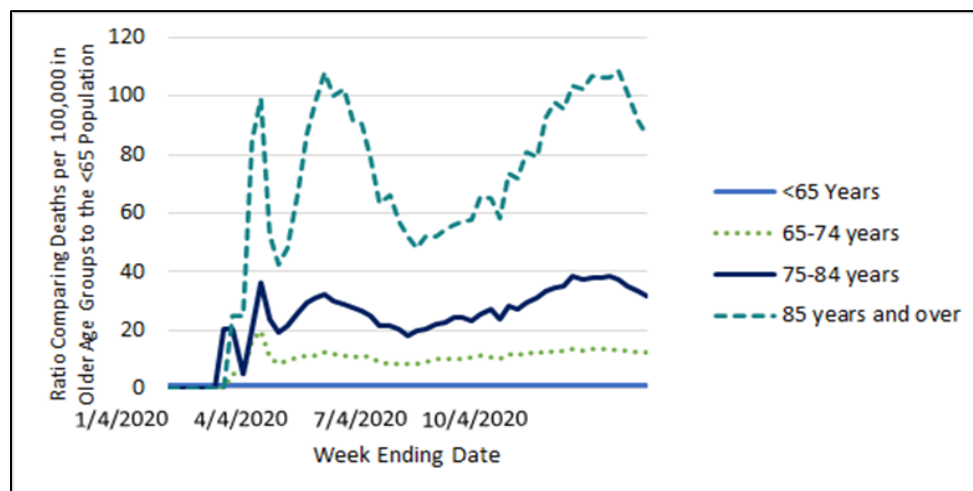

Figure 6: Rate ratios of weekly deaths per 100,000 in older adults in reference to persons under 65 years old. Data Source: *NCHS mortality surveillance, Provisional COVID-19 Deaths by HHS Region, Race, and Age, CDC, Released October 6, 2021.*[224] *All data are provisional.*

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[223] https://data.cdc.gov/NCHS/Provisional-COVID-19-Deaths-by-HHS-Region-Race-and/tpcp-uiv5. (accessed October 12, 2021).

[224] https://data.cdc.gov/NCHS/Provisional-COVID-19-Deaths-by-HHS-Region-Race-and/tpcp-uiv5.

Compared to death rates per 100,000 (**see Figure 7**) persons between the ages of 18-29, persons 65-74 years old had an average 93.8 times higher death rate, persons 75-84 years old had an average 236.0 times higher death rate, and persons 85 years and older had an average 655.1 times higher death rate in the year 2020.
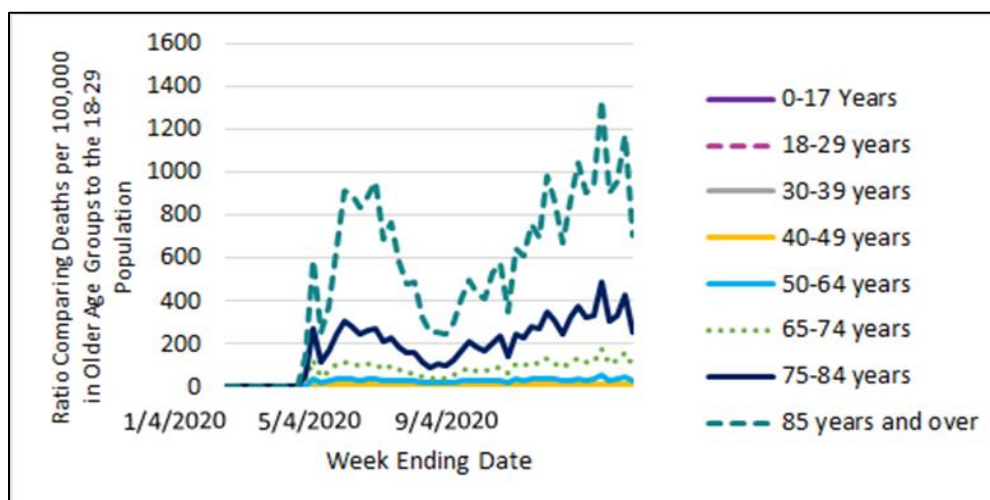

Figure 7: Rate ratios of weekly deaths per 100,000 in older adults in reference to persons 18-29 years old. *Data Source: NCHS mortality surveillance, Provisional COVID-19 Deaths by HHS Region, Race, and Age, CDC, Released October 6, 2021.[225] All data are provisional.*

2.2. **What has been done to ensure that difficult health-care decisions affecting older people are guided by a commitment to dignity and the right to health?** Please reflect on the recommendations of the Secretary-General's Policy Brief, when applicable, and briefly describe the main challenges and 3-5 good practices.

For this sub-section, discussed is relevant work – primarily between the years of 2020 and 2021 – that is either completed, being conducted, supported, or in some instance's forthcoming by the U.S. governmental departments and agencies as well as nongovernmental organizations. Where possible, supporting information is provided – via footnote – should readers wish to learn more about the discussed work. Moreover – as relevant to this sub-section – we have discussed relevant challenges and promising practices that have emerged.

☑ With rapid patient turnover and overwhelmed health care facilities, older patient populations did not always receive adequate medical care. Additionally, SDoH factors (e.g., environmental, or social factors) contributed to the high infection risk among older adults especially for those individuals residing in long-term care facilities. To address this, in September 2020, AHRQ established the *National Nursing Home COVID-19 Action Network*[226] in partnership with the University of New Mexico's ECHO Institute and the Institute for Healthcare Improvement. This network provided free training and mentorship to nursing homes across the country to increase the implementation of evidence-based infection prevention and safety practices to protect residents and staff. The 16-week curriculum was refined as new evidence emerged and the pandemic evolved. Curriculum topics included

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[225] https://data.cdc.gov/NCHS/Provisional-COVID-19-Deaths-by-HHS-Region-Race-and/tpcp-uiv5.

[226] https://www.ahrq.gov/news/newsroom/press-releases/covid-action-network.html.

Minimizing the Spread of COVID-19, *COVID-19 Testing*, *Managing Social Isolation during COVID-19, Promoting Safe Visitation*, etc. To allow nursing homes to further implement safety improvements and maintain engagement with peers and mentors, nursing homes had the option to continue participating in training sessions through August 2021. The *National Nursing Home COVID-19 Action Network* established 99 training centers, including leading academic medical centers, large health care delivery systems, and quality improvement organizations, across the U.S. These training centers provided small group training and mentorship to more than 9,000 nursing homes in all 50 states, the District of Columbia, and Puerto Rico.[227]

☑ The HHS OCR has been made aware of several challenges affecting older people during the COVID-19 public health emergency and has developed resources and has enforced civil rights laws to assist older patients and their companions.[228] This online resource provides information on the prohibition of the use of a patient's age and long-term life expectancy as a factor in the allocation and re-allocation of scarce medical resources (including ventilators), among other enforcement efforts.

☑ The DoJ has been at the forefront of the COVID-19 pandemic on two fronts. First, the DoJ's *National Nursing Home Initiative,*[229] pursues enforcement actions against nursing homes that provide grossly substandard care to its residents. Second, older Americans have been bombarded with COVID-19 scams that have evolved with the pandemic. At the beginning of the pandemic, each U.S. Attorney's Office appointed a coronavirus fraud coordinator to stem COVID-19-related fraud. In March 2021, the DoJ announced the *COVID-19 Fraud Sweep*,[230] reporting that the DoJ publicly charged 474 defendants with criminal offenses based on fraud schemes connected to the COVID-19 pandemic. Brought in 56 federal districts around the country, these cases involve attempts to obtain over $569 million (USD) from the U.S. government and unsuspecting individuals, including older Americans, through fraud.

☑ IHS and Tribal Health Programs leveraged the integration of public health and clinical services to deploy vaccines rapidly and in partnership with Tribal and community-based organizations, through both mass vaccination strategies and more targeted strategies for persons at higher risk due to age and/or comorbidities. Public Health Nursing and Community Health Representatives provided critical workforce for reaching medically vulnerable elders in their homes and continue to provide contact tracing and community outreach and education on vaccination, masking, and other mitigation measures.

2.3. What has been done to strengthen social inclusion and solidarity during physical distancing? Please reflect on the recommendations of the Secretary-General's Policy Brief, when applicable, and briefly describe the main challenges and 3-5 good practices.

For this sub-section, discussed is relevant work – primarily between the years of 2020 and 2021 – that is either completed, being conducted, supported, or in some instance's forthcoming by the U.S. governmental departments and agencies as well as nongovernmental organizations. Where possible, supporting information is provided – via footnote – should readers wish to learn more about the discussed work. Moreover – as relevant to this sub-section – we have discussed relevant challenges and promising practices that have emerged.

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[227] https://www.ahrq.gov/nursing-home/nursing-home-network.html.

[228] https://www.hhs.gov/civil-rights/for-providers/civil-rights-covid19/index.html.

[229] https://www.justice.gov/opa/pr/department-justice-launches-national-nursing-home-initiative.

[230] https://www.justice.gov/opa/pr/justice-department-takes-action-against-covid-19-fraud.

☑ The increased social isolation for many older adults and adults with disabilities resulting from COVID-19 raised concerns about the impact on the population served by APS programs. Available research[231] suggests that aging adults were particularly susceptible to COVID-19, and the social distancing requirements put into place in most jurisdictions across the country created increased dependency on others for completion of daily living activities, further increasing the vulnerability of APS populations.

☑ A review of data reported to ACL's *NAMRS[232]* indicated that there were no differences in the demographic characteristics of victims of maltreatment reported to APS during the early months of the pandemic in the year 2020. There was, however, a short-term increase in substantiation rates during the early months of the pandemic, potentially associated with an increased percentage of reports of self-neglect.

☑ The *LTCOPs* – programs operating under the authorization of the OAA and administer by ACL – ability to visit residents in facilities – nursing homes, assisted living and similar – was severely limited for six months during the initial outbreak of the pandemic. Ombudsman programs supported residents through virtual, outdoor and other means; however, there was a 23% decrease in total complaints in federal fiscal year 2020. Despite this decrease, complaints regarding access to visitors increased by 30% and physical abuse complaints increased by 65%. Residents reported to Ombudsmen that they experienced anxiety, depression, and feelings of isolation from the physical separation from family, loved ones and their neighbors and of the harm caused by the loss of shared meals and activities. Family members expressed concerns about lack of care and neglect as they observed their loved ones lose function from lack of stimulation and family support.

☑ As an emerging promising practice, many *LTCOPs* turned to social media to stay connected to residents and their families. Additionally, many programs offered weekly meetings to keep families informed and to answer questions. Ombudsman programs also supported residents and their families to engage with their elected officials to advocate for polices that supported the ability to have identified visitors (often called "essential caregivers") who could visit to provide emotional and physical support to their loved ones even when general visitation was restricted.

☑ In the year 2020, ACL launched the *Commit to Connect Campaign[233]* to tackle the issue of social isolation – amidst COVID-19 and beyond – bringing together a coalition of partners from across the federal government, the aging and disability networks, philanthropy, and industry. The campaign – a public-private partnership – seeks to: build a nationwide network of champions to collaborate on solutions to help reach more people, develop an online consumer-focused tool, or clearinghouse, that matches people who are socially isolated to customized suggestions for resources that can help them connect and engage, establish critical partnerships in communities and across all levels of government, and share successful initiatives that can be implemented in communities across the country.

☑ During the pandemic, HCBS providers were forced to shut down in-person service provision in March 2020. Caregivers and people living with dementia were disproportionately impacted by closures. Consequently, caregivers were left without respite from their full-time caregiving responsibilities leaving them isolated and alone, while PLWD were without much needed socialization and meaningful activities. With ACL funding, HCBS providers were able to pivot to provide modified

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[231] https://agsjournals.onlinelibrary.wiley.com/doi/10.1111/jgs.16496.

[232] https://acl.gov/programs/elder-justice/national-adult-maltreatment-reporting-system-namrs.

[233] https://acl.gov/CommitToConnect/about.

services by delivering activity packets to homes and creating on-line participation opportunities, as well as support and educations opportunities in on-line environments. Some communities were in the position to provide technology solutions to enable access and participation for PLWD and caregivers through loaning computer tablets equipped with "hot-spot" capability. HCBS providers were forces to get creative in their efforts to assess and support the needs of their clients turning to telehealth engagement, regular check in calls and even delivery of computer tablets to conduct geriatric assessments remotely.

☑ Many senior centers and other community-based organizations established virtual socialization programs during COVID-19 however faced challenges including educating older adults on the use of virtual platforms, accessibility of internet and associated hardware, and access to volunteers and required training and techniques. A few promising practices included training volunteers to identify declines in mental health and well-being, establishing senior centers "without walls", and employing technology to replace "face-to-face" socialization via tablet loaning programs and virtual assistant technology.

☑ In the year 2020 AHRQ's *National Nursing Home COVID-19 Action Network*[234] hosted weekly virtual training sessions facilitated by small multidisciplinary teams of subject matter and quality improvement experts. Sessions combined short lectures that provided immediately usable best practices with case-based group learning. Between sessions, a robust community of practice fostered peer-to-peer learning supported by additional expert consultation.

2.4. **What has been done to fully integrate a focus on older persons into the socioeconomic and humanitarian response to COVID-19?** Please reflect on the recommendations of the Secretary-General's Policy Brief, when applicable, and briefly describe the main challenges and 3-5 good practices.

For this sub-section, discussed is relevant work – primarily between the years of 2020 and 2021 – that is either completed, being conducted, supported, or in some instance's forthcoming by the U.S. governmental departments and agencies as well as nongovernmental organizations. Where possible, supporting information is provided – via footnote – should readers wish to learn more about the discussed work. Moreover – as relevant to this sub-section – we have discussed relevant challenges and promising practices that have emerged.

☑ Through a national training and technical assistance partnership with the *National Center for Equitable Care for Elders*,[235] HRSA has worked to address the physical and mental health effects of social isolation on community dwelling older adults, with a special focus on the changes in social networks and available supportive services due to pandemic restrictions.

☑ Additionally, HRSA's 48 *GWEP* programs – employing COVID-19 administrative supplemental funding – assisted with emergency and disaster preparedness, response, and recovery training in relation to the COVID-19 pandemic. Individual *GWEPs* assisted their existing primary care, academic, and community-based partners in developing a health care workforce that addressed the state and local, medical, and SDoH care needs of older adults in relation to COVID-19, across all health care settings. A portion of the *GWEPs* have received additional COVID-19 funding for workforce training in nursing homes delivering COVID-19 specific education and training to the nursing home workforce and nursing home residents

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[234] https://www.ahrq.gov/nursing-home/about/index.html.

[235] https://www.healthcenterinfo.org/details/?id=3014; https://ece.hsdm.harvard.edu/.

and their families and caregivers within the context of the age-friendly health systems framework.

☑ In August 2021, CFPB released fact sheets[236] describing the characteristics and circumstances of older adults struggling to make their mortgage payments in addition to providing an overview of the characteristics and circumstances of older adults struggling to make their rent payments. Additionally, during the years 2020 and 2021, CFPB provided consumers with up-to-date information and resources to protect and manage their finances during the pandemic. CFPB created a *central hub of information*[237] on COVID-19 with clear and concise videos on some of the more complicated topics, like housing insecurity and mortgage forbearance.

☑ Complementing efforts to support health care professionals, in the year 2021, AHRQ published *Invest in Trust: A Guide for Building COVID-19 Vaccine Trust Among Certified Nursing Assistants (CNAs)*[238] to help nursing home leaders build COVID-19 vaccine confidence among CNAs and overcome barriers to vaccination by applying insights from social, behavioral and cognitive science.

☑ To examine the issue of equitable COVID-19 vaccine distribution, in the year 2021, Trust for America's Health partnered with The John A. Hartford Foundation and Cambia Health Foundation to produce a report[239] – *Ensuring Access to COVID-19 Vaccines for Older Adults and People with Disabilities Who are Homebound* – exploring the challenges and informing subsequent policy and practice recommendations. Recommendations that arose from the report include: developing a standardized operational definition of people who are homebound, prioritizing the administration of the COVID-19 vaccine to people who are homebound, especially older adults and those with disabilities, and their caregivers, guaranteeing equitable vaccine access to homebound persons and ensure that none are under-served or overlooked due to race, ethnicity, age, socioeconomic status, urban or rural location, and leveraging all relationships to accomplish the reach to older people at home such as with public health, aging sector community-based organizations, emergency response teams, universities, home-based primary care providers.

☑ Between the years 2019 and 2021, ODPHP and ACL collaborated 4 *Regional Healthy Aging Workshops*[240] that connected state health officers and SUA directors to encourage collaboration and identify overlapping priorities action items. As the pandemic took hold, COVID-19 calls were conducted, prior to the regional workshops, to connect resources in the communities and share strategies to address the pandemic.

☑ A few of the promising practices that have emerged to fully integrate a focus on older persons into the socioeconomic and humanitarian response to COVID-19 include: engaging with trusted community leaders working within and around the Aging Network, places of worship, local food banks, senior centers, FQHCs, and health care providers, including primary care doctors and pharmacists, boosting technology accessibility to reach older adults, and crafting opportunities for conversations among different and diverse populations, leaders in various communities, and experts nationally can potentially allow for a deeper understanding of the unmet needs of communities.

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[236] https://files.consumerfinance.gov/f/documents/cfpb_older-homeowners-mortgage-payments-during-pandemic_data-highlight_2021-08.pdf; https://files.consumerfinance.gov/f/documents/cfpb_older-renters-struggling-rent-payments-during-pandemic_data-highlight_2021-08.pdf.

[237] https://www.consumerfinance.gov/coronavirus/.

[238] https://www.ahrq.gov/sites/default/files/wysiwyg/nursing-home/materials/invest-in-trust-guide.pdf.

[239] https://www.tfah.org/report-details/covid19-vaccine-access-older-adults-people-with-disabilities-homebound/.

[240] https://health.gov/sites/default/files/2021-09/ODPHP%20Healthy%20Aging%20Workshop%20Summary%20Report%20FINAL%20508c.pdf.

2.5. What has been done to expand participation by older persons, share good practices and harness knowledge and data? Please reflect on the recommendations of the Secretary-General's Policy Brief, when applicable, and briefly describe the main challenges and 3-5 good practices.

For this sub-section, discussed is relevant work – primarily between the years of 2020 and 2021 – that is either completed, being conducted, supported, or in some instance's forthcoming by the U.S. governmental departments and agencies as well as nongovernmental organizations. Where possible, supporting information is provided – via footnote – should readers wish to learn more about the discussed work. Moreover – as relevant to this sub-section – we have discussed relevant challenges and promising practices that have emerged.

☑ In the year 2018, the *Physical Activity Guidelines for Americans (2nd Edition)*[241] were published with the goal of helping people live healthier lives through increased physical activity. The *Move Your Way®[242]* promotion campaign for the guidelines – led by ODPHP – has collaborated with 10 local health departments and community organizations to pilot campaign implementation and evaluate the *Move Your Way Community Playbook*.

☑ In the year 2019, the AHRQ established a joint initiative[243] with the National Institute of Diabetes and Digestive and Kidney Diseases – a division of the NIH – and the Assistant Secretary for Planning and Evaluation to build data capacity for conducting pragmatic, patient-centered outcomes research by developing an interoperable electronic care (or *e-Care*) plans to facilitate aggregation and sharing of critical, patient-centered data across community, home, and clinic and research-based settings by extracting data from point-of-care health systems and allowing transfer of that data cross settings. E-care plans are information-technology enabled tools that support seamless care coordination, communication, and collaboration among members of the care team (i.e., caregivers, patients, and providers) to address the full spectrum of a patient's needs across all settings and over time.

☑ In the year 2020, the NIA – a division of the NIH – leveraged the previously established network of partnering health care systems – the *NIA IMPACT Collaboratory* – to enable research to quickly pivot and effectively respond to the coronavirus pandemic with new studies. Given its goal of finding novel ways to deliver high quality, evidence-based care to people living with dementia and their caregivers, the *Collaboratory's* infrastructure was primed and ready to rapidly support the development of and conduct studies to assess the pandemic's acute impact on older adults, particularly people living with dementia. One outcome was an analysis showing that cognitive impairment is linked to elevated death rates in nursing home residents with COVID-19.

☑ The *OAA Senior Nutrition Programs* and ACL's evidence-based disease prevention and health promotion programs provide to be creative, flexible, and resilient as they quickly, and successfully pivoted to different delivery models and formats in the wake of COVID-19. The *ACL CDSME and Falls Prevention Resource Centers* provided resources and support[244] for community-based organizations pivoting to remote delivery of evidence-based disease prevention and health promotion programs – delivery by phone, mailed toolkit, and/or via video conference. By

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[241] https://health.gov/sites/default/files/2019-09/Physical_Activity_Guidelines_2nd_edition.pdf.

[242] https://health.gov/our-work/nutrition-physical-activity/move-your-way-community-resources.

[243] https://ecareplan.ahrq.gov/.

[244] https://www.ncoa.org/article/tracking-health-promotion-program-guidance-during-covid-19.

January 2020, all of ACL's *PPHF CDSME* and *Falls* grantees were delivering at least one program in a remote format. There is an expectation that these remote programs will remain a part of the aging network toolbox into the future, alongside in-person program delivery.

☑ Since March 2020, the *Elder Justice Interagency Working Group* – a group made up of senior staff from federal departments and agencies who work on issues related to elder justice – has continued to meet and share information related to COVID-19, including COVID-19 scams and frauds, particularly those targeting older adults. ACL, CFPB, SSA and the FTC have coordinated on webinars for consumers and elder justice professionals to share information on scams and frauds.

☑ In the year 2021, AHRQ developed *The Resilience in Stressful Events (RISE) program,*[245] which provides peer assistance for health care workers who experience psychological effects after involvement in stressful adverse care events. This two-part virtual session presents RISE implementation education and orientation for staff to respond when peer support is needed. Additionally, AHRQ has contributed to the U.S. National Academy of Medicine efforts addressing clinician well-being and burnout.[246]

☑ The *Uniting Tribal Nursing Homes in Excellence Collaborative (UNITE)[247]* of Tribal LTSS programs, has been meeting regularly to share tactics and approaches to maintain the health of their residents and staff, and limit risk of exposure to COVID-19, and presented on the CMS, ACL, and IHS LTSS Webinar series hosted by the CMS Tribal LTSS Technical Assistance website.[248] UNITE is a collaborative of tribal nursing home stakeholders discussing best practices, promote evidence-based education and trainings, and work on quality improvement initiatives. IHS and Tribal contact tracers, public health nurses, and community health representatives have worked with families to protect elders with dementia living in multi-generational homes from exposure.

☑ In August 2020, ODPHP released the 5th iteration of the *Healthy People Initiative: Healthy People 2030*.[249] As the nation's roadmap for health promotion and disease prevention, Healthy People provides 10-year measurable objectives with targets for completion by the year 2030. *Healthy People 2030* builds upon the efforts of *Healthy People 2020* and maintains specific objectives addressing the health and well-being of older adults within several topic areas, including Older Adults and Dementias Including AD, and relevant health condition topic areas like Chronic Pain, Heart Disease and Stroke, Mental Health and Mental Disorders, and Osteoporosis. Thus far, *Healthy People 2030* has published population data for objectives, as available, online. More data will be added to the site as it becomes available throughout the decade.

☑ In December 2020, the U.S. Department of Agriculture and HHS partnered to jointly publish the *Dietary Guidelines for Americans, 2020-2025*.[250] These *Dietary Guidelines* provide national nutrition guidance by life stage for the first time, including focused guidance for older adults. Promoting healthy dietary patterns is critical in older adulthood due changing dietary needs, increased risk of malnutrition, changes in bone and muscle mass, and higher prevalence of chronic

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[245] https://psnet.ahrq.gov/issue/virtual-caring-caregiver-rise.

[246] https://www.ahrq.gov/news/blog/ahrqviews/caring-for-the-healers.html; https://nam.edu/burnout-among-health-care-professionals-a-call-to-explore-and-address-this-underrecognized-threat-to-safe-high-quality-care/.

[247] https://unitenatives.org/.

[248] https://www.cms.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIAN/LTSS-TA-Center.

[249] https://health.gov/healthypeople.

[250] https://www.dietaryguidelines.gov/sites/default/files/2021-03/Dietary_Guidelines_for_Americans-2020-2025.pdf.

> disease. Public health practitioners can use the *Dietary Guidelines* to promote healthy dietary patterns and support healthy aging in older adults.
> ☑ In federal fiscal year 2021, ACL administered an additional $1.7 billion (USD) in grant funding received through the *Consolidated Appropriations Act of 2021*[251] and *ARPA*. This COVID-19 supplemental funding aided states and tribes address critical unmet needs of older adults and people with disabilities caused by the pandemic, providing funding for nutrition and personal care services, programs to mitigate social isolation, and respite and other family caregiver supports for people living in the community, as well as increased long-term care ombudsman support for those in institutional care settings. In May 2021, these initiatives were highlighted in the Presidential *Proclamation on Older Americans*.[252]

3. Activities in Preparation and Implementation of the WHO Decade of Healthy Ageing 2020-2030

3.1. Is your country preparing (or already has) a **National Action Plan** (or similar) **for the implementation of the WHO Decade of Healthy Ageing 2020-2030?** If yes, please briefly describe main actions foreseen.

While there is no national action plan – or analogous plan – for the implementation of the *WHO Decade of Healthy Ageing 2020-2030* initiative, the OAA – the U.S. national strategy and plan of action for aging most recently reauthorized in the year 2020 – contains several elements that overlap with the areas for action (i.e. age-friendly environments, combatting ageism, integrated care, and long-term care) outlined in the *WHO Decade of Healthy Ageing 2020-2030* initiative. Highlighted below are some of the new, additional actions included in the 2020 reauthorization of the OAA.[253]

> ☑ Calls for the HHS Secretary – in collaboration with other federal officials – to establish an *Interagency Coordinating Committee on Healthy Aging and Age-Friendly Communities* developing a national set of recommendations to support older adults to "age-in-place" and address access to homelessness prevention services, preventive health care, long-term care supports, and HCBS.
> ☑ Reauthorized programs to combat elder abuse, neglect, and exploitation and updates elder justice activities to include community outreach and education that may potentially have impacts in raising awareness and education of the issue of ageism.
> ☑ Calls for greater coordination between state agencies and offices to ensure greater access to and acquisition of assistive technology in serving older individuals.

3.2. **Would your country agree to report on the implementation of the WHO Decade of Healthy Ageing 2020-2030** in the framework of the next national reviews and appraisals of MIPAA/RIS?

Yes, the U.S. agrees to report on the implementation of the *WHO Decade of Healthy Ageing 2020-2030* in the framework of the 2027 national review and appraisal of the MIPAA/RIS.

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[251] https://www.congress.gov/bill/116th-congress/house-bill/133/text.

[252] https://www.whitehouse.gov/briefing-room/presidential-actions/2021/05/03/a-proclamation-on-older-americans-month-2021/.

[253] https://acl.gov/sites/default/files/about-acl/2020-04/Older%20Americans%20Act%20Of%201965%20as%20amended%20by%20Public%20Law%20116-131%20on%203-25-2020.pdf.

Conclusions and Priorities for the Future

Over the past two decades, the U.S. has experienced an increase in the number and diversity of its older adult population. Accompanying an increase in the numbers of older adults will be a rise in the demand of services and supports to meet the needs of this increasingly heterogenous population with differential needs spanning age, functional ability, race, and ethnicity, as well as a host of other factors. In the U.S. – for over fifty years – the Social Security Act, Medicare, Medicaid, and the OAA have formed the bedrock of the service and support systems for older adults. This report provides an overview of achievements – between the years 2017 and 2021 – made possible by these four-and-other programs led by the U.S. Government and non-governmental organizations. Additionally, this report looks back over two decades to highlight achievements made – across a variety of areas – to advance the overall health and well-being of older adults.

The U.S. continues to maintain robust and productive relationships across the federal government and non-governmental sectors to ensure that input, feedback, and the lived experiences of caregivers, communities, families, older adults and people with disabilities are incorporated into strategic guidance and policy planning. This has led to remarkable progress and legislative achievements in the past five years and beyond that have: **(1)** supported family caregivers, **(2)** bolstered the service and support infrastructure for older adults as well as health systems, **(3)** boosted efforts to further combat elder abuse, and **(4)** recognized the potential of the older adult workforce. Specifically, with the passage of the *RAISE Family Caregivers Act of 2017* and the *SGRG Act of 2018*, a suite of best practices and resources will be identified with support marshaled for family caregivers and grandparents and other kin caregivers raising children. Helping to bolster the service and support infrastructure was the 2020 reauthorization of the OAA – the U.S. national strategy and plan of action for aging – and the *BOLD Infrastructure for Alzheimer's Act* in the year 2018 seeking to address AD via among other areas support early disease detection and diagnosis and promotion of risk reduction practices. Within the past decade, two landmark pieces of legislation – the *Elder Justice Act of 2010* and the *Elder Abuse Prevention and Prosecution Act of 2017* – have supported improvements in the criminal justice response and systems to address the issue of elder abuse. And, the passage of the *Workforce Innovation and Opportunity Act of 2014* strengthened and improved the U.S. public workforce system enabling Americans – including youth and those with significant barriers to employment – into high-quality jobs and careers.

Furthermore, the U.S. continues to combat the harmful impacts of ageism and age-discrimination by working with partners to: **(1)** improve societal perception of older adults, **(2)** cultivate intergenerational work-and-volunteer environments, **(3)** support the development and capacity of age-friendly cities and states, age-friendly health systems, and dementia friendly communities, **(4)** ensure emerging products, tools, and technologies are age-friendly, and **(5)** raise awareness, education, and associated services to address elder abuse.

Undoubtedly – in the U.S. and across the world – the COVID-19 pandemic has had significant impacts on every segment of society including the older adult population. From higher case counts and increased hospitalization and death rates to declines in mental well-being and an acceleration of health inequities, older adults – especially from traditionally underserved populations (e.g., low-income, Medicaid-eligible, individuals residing in rural and frontier geographical areas, and members of racial and ethnic minority populations) – were disproportionately impacted by COVID-19. While the pandemic has brought about a set of challenges, it has also provided an opportunity to identify best practices, develop novel approaches, and reinforce sustainable practices during the provision of services and supports for

communities, families, family caregivers, older adults, and people with disabilities. The U.S. federal government – along with government-funded organizations and partnering entities – stepped up to this challenge in many ways including: **(1)** formation of novel alliances to provide mentorship, technical assistance, and training to nursing homes and health care workers to increase evidence-based infection prevention and safety practices, **(2)** development of new tools and initiatives to protect older adults from the surge in attempted frauds and scam schemes that evolved during the pandemic, **(3)** delivery of vaccines to older adults in traditionally underserved communities through integration of public health and clinical services in partnership with community-based organizations, and **(4)** successful pivoting to alternative service delivery formats to provide evidence-based interventions for older adults and caregivers, socialization, and intergenerational programming among other services and supports.

While significant progress has been realized, there is still a great deal of work to be done in many areas to promote the functional independence and overall health and well-being to enable all older adults to continue to remain in their home and communities. This includes: **(1)** addressing inequities – in health care access, utilization of services, and uptake of digital health solutions and tools – disproportionally experienced by older adults in traditionally underserved communities, **(2)** working to continue the capacity and financial sustainability of HCBS for older adults, **(3)** catalyzing the expansion, dissemination, and development of health promotion and disease prevention, evidence-based interventions to improve functional independence, improve quality of life, increase choice, and maintain dignity for caregivers, older adults, and people disabilities, **(4)** building on the progress made – largely during the pandemic – in transitioning in-person evidence-based interventions to virtual delivery formats, **(5)** strengthening the services and systems in place to combat elder abuse, and **(6)** championing frameworks that combat ageism in society – especially in the workplace – including the age-friendly and dementia-friendly initiatives as well as those efforts to promote positive societal perceptions of aging, the older adult population, and the older adult workforce.