



DRAFT Iowa State Plan on Aging

Federal Fiscal Years 2026 – 2029

For Public Comment: Executive Summary, Context, and Draft Goals/Draft Objectives

Public Hearing: March 26, 2025, at 10:00 a.m. Visit website for virtual link at:

<https://hhs.iowa.gov/aging-services>



Health and Human Services

Division of Aging and Disability Services

Executive Summary

Aging and Disability Services (ADS), is a division within Iowa's Department of Health and Human Services, houses the State Unit on Aging and Older Americans Act (OAA) services. The State Unit on Aging's alignment with Iowa HHS in 2023 brought significant opportunities for collaboration and coordination with multiple programs and initiatives connected to Iowa's older population. In addition to the Older Americans Act services, the Aging and Disability Services division includes Aging and Disability Resource Center services, Adult Protective Services, Disability Services, Medicaid Fee for Service Case Management, Office of Public Guardian, and Preadmission Screening and Resident Review (PASRR). Together, we work to achieve our vision to maximize independence of aging Iowans and Iowans with disabilities. Our core values are person first, collaboration, compassion, reliability, knowledge, and excellence.

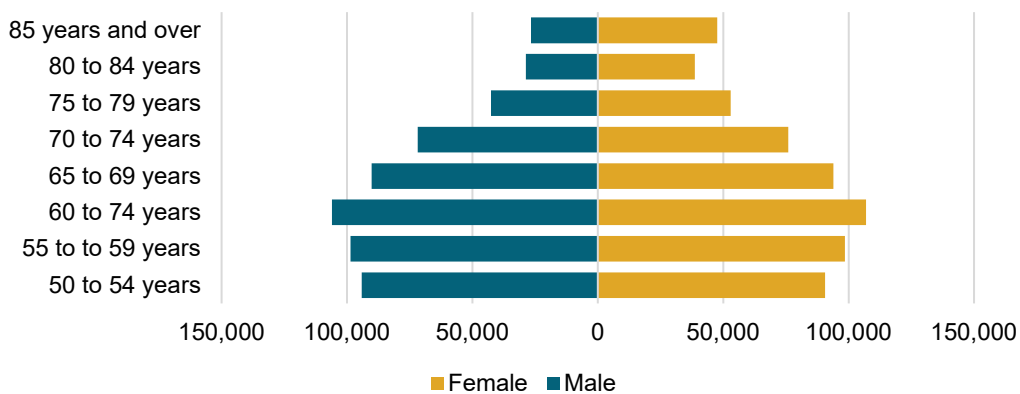
IOWA'S OLDER POPULATION BY THE NUMBERS

The estimated number of Iowans aged 60 years and over is 810,697, or 25 percent of Iowa's total population in 2023.¹ Iowa ranks 6th in the nation for the percentage of persons aged 85 years and over. The percentage of adults aged 65 years and over living in metro areas has increased by 8.4 percent and 5.5 percent in non-metro areas between 2013 – 2023.² In 2022, 32 percent of Iowans aged 65 and over lived in these five counties: Polk, Linn, Scott, Black Hawk, and Johnson.³ However, the rural areas continue to have a higher percentage of older adults than Iowa's metropolitan areas (see Table 1). The number of males and females ages 50+ is relatively the same ratio until age 75 where females begin to outpace the number of males (see Chart 1).³ An estimated 26.7 percent of people aged 60 years and over in 2023 report having a disability¹ compared to the state's average percentage of 13.2 percent across all the civilian, noninstitutionalized population in 2023 with a reported disability.¹

Table 1: Percentage of Population Living in Metro, Micro, and Rural by Age

	Age 0-24	Age 25-44	Age 45-64	Age 65+
Metro Central	34.3%	27.0%	22.7%	16.0%
Metro Outlying	30.7%	24.0%	25.4%	19.96%
Micropolitan	31.2%	23.4%	24.4%	20.9%
Rural	30.9%	22.2%	24.5%	22.5%
U.S.	30.9%	26.9%	24.6%	17.7%

Chart 1: Iowa Population Aged 50 years and over by Age and Sex
S0101 | 2023 ACS 5-Year Subject Tables



Iowa's older population and demographic statistics have not changed significantly in the past four years. However, the assessments conducted by the State Unit on Aging, Area Agencies on Aging, and other partners and feedback provided by individuals accessing services and service providers demonstrate that changes have occurred in the needs of older Iowans and in the challenges faced by the Aging Network with increasing costs, fewer providers, and more complex health concerns as the main drivers.

NEEDS OF OLDER IOWANS AND CAREGIVERS

Meeting the needs of older Iowans and family caregivers has become more complex and requires additional time and resources to address. Area Agencies on Aging (AAA) find themselves tackling issues such as malnutrition, housing insecurity, and lack of in-home supports when helping individuals navigate services. Prioritizing services for individuals in greatest need and implementing wait lists for services is increasingly common. When local services such as homemaker, personal care, or respite care are not available older adults and family caregivers needs go unmet. The following provides an overview on key need areas of older Iowans and family caregivers including 1) access to services and supports, 2) health and wellness, and 3) at-risk for institutionalization.

Access to Services and Supports

The best-case scenario is that all older adults and their family caregivers create a long-term care plan to assist with aging in place for as long as possible. Unfortunately, it often takes a crisis for individuals and concerned family/neighbors/friends to reach out for assistance. Feedback from older Iowans and caregivers has shown difficulty in accessing services and supports in Iowa, with confusion about eligibility criteria and how to apply for assistance, limited access to services in rural areas, and lack of follow-up to support recovery after a hospitalization. Older adults and caregivers need objective navigation and person-centered service coordination to be able to easily access short- and long-term services and supports (STSS, LTSS) that promote health and independence.

Iowa has three main call centers that connect Iowans to local health and human services providers to assist with meeting their needs: 211 Iowa, Iowa Compass, and ADRC call centers. A call center that provides more general and anonymous assistance is 211 Iowa. In 2024, over 11,800 older adults received information and referral services.⁴ The most frequently recorded topics reported by 211 Iowa for older adults were related to housing, income support/assistance, individuals/family support, utilities, and transportation (see Table 2).

Table 2: 211 Iowa Top 10 Topics

1.	Housing
2.	Income Support / Assistance
3.	Individual / Family Support
4.	Utilities
5.	Transportation
6.	Health Care
7.	Food and Meals
8.	Legal, Consumer, Public Safety
9.	Information Services
10.	Clothing/Personal/Household Items

Iowa Compass also connects people with disabilities and complex health-related needs to services and supports. Top service requests include assistive technology equipment loan, semi-independent living residences for adults with disabilities, rent payment assistance, and assistive technology equipment sales.⁵

When an individual connects with an AAA for help, the AAA engages in an interactive conversation to fully understand a person’s requests and tailor referrals to local community services, other public support programs, additional OAA services, and more. In SFY 2024, nearly 17 thousand individuals received this information and assistance service. The most frequently discussed topics during these contacts were related to access to food, Medicaid/Medicare, financial assistance, housing, homemaker, transportation, and caregiver supports (see Table 3).⁶ In SFY 2024, the most frequently discussed topics for older adults needing OAA legal assistance included housing, income, other/miscellaneous, health care, defense of guardianship/protective services, and abuse/neglect.

Table 3: OAA Top 10 Topics

1.	Meals or Food Assistance
2.	Medicaid
3.	Emergency Financial Assistance
4.	Family Caregiver Support
5.	Medicare
6.	Homemaker Services
7.	Assisted Transportation
8.	Long-Term Care & Skilled Nursing
9.	Housing Assistance
10.	Caregiver Education

Individuals who call an AAA for help are referred for additional services as needed and appropriate. For example, if person requests assistance that is beyond what information and assistance can provide, they are referred to receive Aging and Disability Resources Center (ADRC) options counseling. Options counseling offers an in-home visit, a detailed assessment of need, and the option to create a person-centered care plan. If an individual has more complex needs that require on-going assistance, they are referred for case management services. This service provides a monthly check-in, a person-centered care plan, and long-term assistance.

Table 4: Percentage of OAA consumers also enrolled in an additional OAA service.

	Information and Assistance	Options Counseling	Case Management
Nutrition Education	10.4%	19.3%	24.1%
Home Delivered Nutrition	9.8%	26.6%	34.7%
Congregate Nutrition	5.4%	5.1%	9.2%
Material Aid: Other	4.9%	5.4%	19.2%
Homemaker	2.4%	15.6%	47.3%
Emergency Response System	1.0%	5.9%	28.20%

The percentage of consumers that receive additional ADRC services typically increases when the level of care needs increase (see Table 4).⁶ In most cases an older adult only needs one or two in-home supports to meet their health and independent living needs. Receiving meals at a community meal site or a home delivered meal decreases the risk of experiencing food insecurity, malnutrition, and loneliness. A ride to a doctor's office following a hospitalization can decrease the risk of a readmission.

Health and Wellness

Chronic Diseases

Chronic diseases are the leading cause of death and disability for adults. At least 6 in 10 adults have at least one chronic disease, and 4 in 10 have two or more. Conditions such as heart disease, cancer, diabetes, obesity, and arthritis are impacted by our health behaviors. Physical in-activity, lack of fruit and vegetable consumption, or excessive alcohol use contribute to prevalence of chronic diseases in lowans (see Table 5).

Table 5: Key Health Indicators for Persons 65+

	Iowa	U.S.
Obesity ⁷	34.8%	30.2%
Physical in-activity ³	32.6%	32.0%
Rate of Suicide per 100,000 persons aged 75 to 84 years ⁸	24.0	19.4
Depression ³	12.3%	14.7%
Excessive drinking ³	7.4%	6.9%
Frequent mental health distress ³	6.9%	8.7%
Fruit and vegetable consumption ³	5.9%	7.3%
Food Insecurity for persons ages 60+ ⁹	5.7%	8.7%
Access to Geriatrician (practitioners per 100,000 adults aged 65 year and over) ¹⁰	23.20	38.00

Social Determinates of Health (SDOH)

The ability to make healthy choices are impacted by the conditions in which one lives, works, and plays. SDOH such as social and economic factors, where someone lives, and access to quality health care also contribute to an older adults' health and wellbeing. Iowa HHS implements a Social Determinants of Health Survey with individuals enrolled in Medicaid. In 2024 Q4 there were 3,204 individuals

aged 65+ who completed the survey. The family needs reported most often is for transportation, followed by dental care, and then food (see Table 6). The main reasons cited for not being unable to have access to transportation when needed was due to not having a personal vehicle, followed by car broke down, and then the person who usually takes them was unavailable.

Table 6: Family Needs of SDOH Survey Respondents 65+ (2024 Qtr4; N=410)

Question: In the past year have you or your family members you live with been unable to get any of the following when it was really needed? Check all that apply.

Transportation	51.4%
Dental Care	30.0%
Food	23.8%
Eye Care	16.0%
Clothing	13.6%
Phone	12.1%
Medical Care	10.7%
Mental Health	8.6%

The Aging Network offers a variety of evidence-based health promotion classes to help increase mobility and prevent the number of unintentional fall related injuries. Classes such as Tai Chi, water aerobics, Stepping On, and more are offered to older adults to help increase their physical activity. By end of year 2024, AAAs served 555 individuals with Evidence-Based Health Promotion classes and 5,524 individuals with Non-Evidence Based Health Promotion. Congregate dining and home delivered meals ensure older lowans have access to regular nutritious meals to reduce food insecurity and prevent malnutrition. By end of SFY 2024, AAAs served over 15,000 older adults with close to 700,000 meals at congregate dining sites and over 9,600 older adults with nearly 1.2M home-delivered meals.⁶

At-Risk for Institutionalization

The landscape of Iowa is aging and will continue to increase in the percentage of older adults ages 60 and over in the next coming decade. This will only increase the service gap for in-home supports as the demand for personal care and homemaker services already out paces the capacity to meet in-home care needs. Another concerning issue to explore is why Iowa has a high percentage of nursing home residents with low care needs 14.8% vs. the U.S. average of 8.9%.¹¹ Listed below are four critical factors that contribute to older adults being at-risk for institutionalization.

- Housing Insecure/Unhoused – The percentage of Iowans ages 65 and over who live in a cost burdened household or pay 30 percent or more of their household income in housing costs is 21.5 percent for those with a mortgage and 50.8 percent for those who are renting.^{12,13} In SFY 2024, **AAAs provided 3,064 older adults with 16,488 hours of options counseling and 956 older adults with 12,005 hours of case management to support their health and independence.⁶ 982 older adults also received material aid to support rent deposits, utilities, and other identified housing and service needs.**
- Transition Supports – Of preventable hospitalizations, Iowa has a rate of 1,177 discharges per 100,000 Medicare beneficiaries ages 65-74 vs. U.S. rate of 1,452.²³ Iowa has a rate of 39.0 home health care workers per 1,000 adult age 65+ vs. U.S. rate of 61.0.²³ In SFY 2024, **AAAs received 2,196 IRTC referrals and admitted 43% or 969 consumers in SFY 2024.⁶**
- Elder Rights/Abuse Prevention – Abuse and neglect can have serious physical and psychological effects on older adults. Survivors report higher rates of depression and social withdrawal, leading to increased hospitalization and premature death.¹⁴ Of individuals 65+ receiving enrolled in Iowa Medicaid, 5.4 percent reported they sometimes, fairly often or frequently feel unsafe in their neighborhood and 2.4% have been afraid of their partner or ex-partner.¹⁵ In SFY 2024, **AAAs provided elder abuse prevention and awareness services assist with keeping 832 older adults safe.⁶**
- Caregiver Support – An American Association of Retired Persons (AARP) study found 84% of survey respondents said that caregiving had a moderate or high impact on the stress they feel daily. 27% percent of working caregivers said they ultimately had to shift from full-time to part-time work or reduce their hours.¹⁶ In SFY 2024, **AAAs provided caregiver supportive services to 4,467 informal caregivers.⁶**

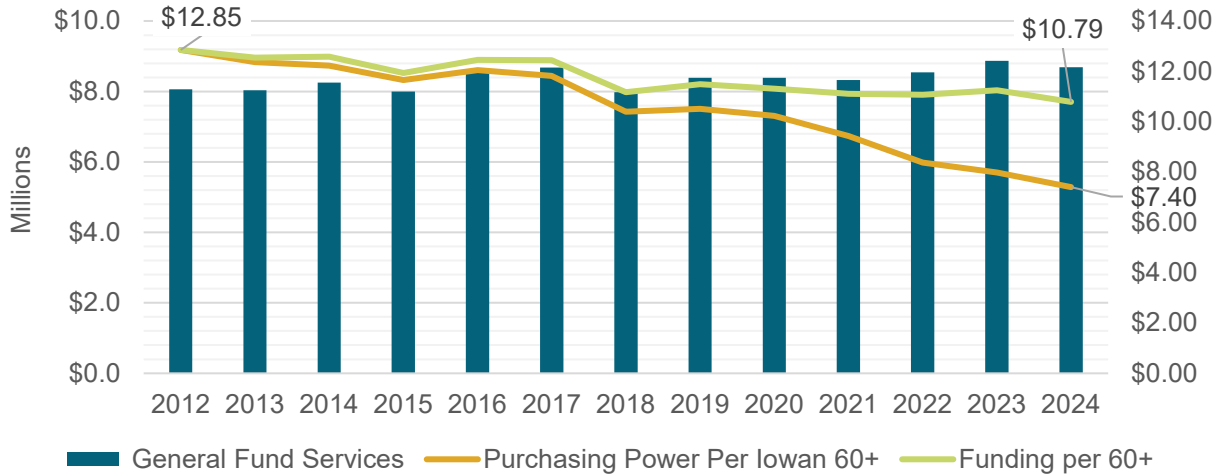
STATE OF THE AGING NETWORK

The average life expectancy in Iowa is 78.1 years compared to U.S. of 77.6 years.¹⁷ Qualitative and quantitative assessments demonstrate that the Aging Network is reaching those who are at greatest economic need and greatest social need as defined in the Act. Over the past four years, the AAAs developed new and innovative strategies to streamline service delivery and work closely with providers and partner agencies to coordinate services.

Challenges

The AAAs rose to the challenges presented by the COVID-19 pandemic. They quickly altered service delivery by shifting from congregate settings to one-on-one and home delivered services. As the pandemic protocols lifted, the AAAs turned to innovative services to connect older individuals to local restaurants – which benefitted both the consumer and the local restaurants still recovering from the disruption. The AAAs also connected with individuals whose needs were more complex.

Chart 2: State General Fund History



With the Older Americans Act American Recue Plan Act funds fully expended and funding returned to pre-pandemic levels, the Aging Network is again pivoting to meets the needs with available resources. While the funding of General Fund Services increased slightly between 2012 to 2024, the purchasing power and funding per older adult ages 60+ has decreased over time (see Chart 2). AAAs took the necessary action to initiate wait lists for congregate meals, home delivered meal, transportation, personal care, homemaker, respite services, and more as they worked to align service delivery with available resources. The increasing costs, loss of providers, and implementation of wait lists underscores the importance of coordination and collaboration among state and local partners through a robust Aging and Disability Resource Center network, internal connections with Iowa HHS partners, and interagency collaboration.

Fragmentation

In FFY 2024, the U.S. Government Accountability Office completed a study to review potential duplication between programs authorized under the OAA and federal programs authorized under other laws. The study found that OAA services “overlap with 36 other federal programs but to not duplicate the social services and assistance they provide to older adults.”¹⁸ The recommendation is for OAA funded services to coordinate efforts with other federally funded programs that service older adults to prevent duplication.

LAYING THE FOUNDATION FOR THE FUTURE

In 2020, sixty-seven counties had at least 20 percent of residents that were age 65 or over with the number of such counties projected to increase to eighty counties in 2060.¹⁹ ADS is working in concert with HHS partners to assess current and future needs of older lowans and to develop our four-year State Plan on Aging, the next five-year State Health Improvement Plan and a ten-year Multisector Plan on Aging. These collaborative efforts bring together multiple divisions, state agencies, and community partners to develop common goals for how we can address aging issues and leverage and maximize resources.

State Plan on Aging Goals and Objectives

Below are four main goals that will be implemented in FFY 2026 - 2029 to address the needs of older adults and informal caregivers. The goals were developed based on existing and emerging needs, area plans, target population demographics, the Administration for Community Living required topic areas, input from stakeholders and partners, and ADS's strategic vision and core values. ADS will accomplish these main goals and objectives in partnership with AAAs, HHS divisions and other state agencies, Tribal communities, community partners, and other ADS collaborative efforts.

GOAL 1: MAXIMIZE INDEPENDENCE

Desired Long-term Outcome: Older adults have access to high quality, equitable and person-centered services that maximize independence, community integration, and self-sufficiency.

GOAL 2: IMPROVE HEALTH AND WELLNESS

Desired Long-term Outcome: Older adults are empowered to utilize programs that improve their health and wellness.

GOAL 3: IMPROVE SAFETY AND QUALITY OF LIFE

Desired Long-term Outcome: Older adults are safe from all forms of mistreatment and are empowered to improve their quality of life.

GOAL 4: STAY ENGAGED AND SUPPORTED OBJECTIVES

Desired Long-term Outcome: Older adults are supported by formal and informal caregivers of their choice and have social connections within their communities.

Context

Individuals in Greatest Need

With the anticipated changes due to spend down of the of American Rescue Plan Act funds, ADS worked with AAAs for more than a year on identifying and assessing populations in greatest economic need and greatest social need. Technical assistance began with guidance on conducting a needs assessment for their new SFY 2026-2029 Area Plan. ADS also shared the Final Rule 45 CFR 1321 definitions for greatest economic need and greatest social need populations in October 2023.

ADS identified common risk factors that contribute to negative outcomes including 1) institutional placement of residents with low-care needs, 2) age or impairment related health conditions, 3) barriers to accessing services, 4) food insecurity/unhoused and 5) social isolation. These findings were discussed with AAAs and were used to assess and identify strategies and outcomes to address greatest economic need and/or greatest social need as defined by the following in order of precedence: (1) statute; (2) executive order; (3) program regulations; (4) 2 Code of Federal Regulations (CFR) Part 200 as codified by HHS at 45 CFR, Part 75, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards; (5) agency policies; and (6) any additional terms and conditions identified in the department's notice of award.

Conditions Impacting Older Iowans

Below is a summary of conditions impacting older Iowans ability to maintain or optimize their health and independence as they age.

Poverty and Low-income

In 2023, the estimated number of Iowans aged 60 years and over living below the Federal Poverty Level (FPL) is 9.4 percent compared to 11.3 percent for all Iowans. An additional 36 percent of older adults aged 65 years and over are considered low-income or have a household income that is between 100 - 300 percent of the FPL., which translates to an individual household income of \$15,650 to \$46,950.²⁰ Thirty-one percent of households with adults aged 60 years and over were employed.¹ The majority of older Iowans receive Social Security retirement income and just over half receive other retirement income. A much smaller number of older households receive Supplemental Security Income, cash public assistance income, or Food Stamp/SNAP benefits. Service data shows that the AAAs are reaching those individuals who have financial needs.

Of OAA consumers who received at least one service and for whom poverty status was determined, nearly 23 percent were at or below the federal poverty level (FPL) in SFY 2024.⁶ AAAs provided application assistance and referrals to older adults who need additional resources to prevent institutionalization, housing insecurity, or homelessness. Services range from finding affordable housing options, applying for rent assistance, offering limited assistance with rent deposits, and receiving additional in-home supports to help maintain independence and level of care needs. Both income and resource limits for public benefits are not uniform; however, many set income limits at 150% FPL (or \$22,590 for an individual). The majority of older Iowans who are accessing AAA services are not likely to be eligible for other public benefits. While evaluating income information is an important measure of potential need, it is worth noting that resources such as pensions, annuities, and property beyond primary residence can disqualify an individual with low income from benefits programs. Providing OAA services to older Iowans and caregivers who may not be currently eligible for public assistance or require limited assistance can prevent or slow reliance on increased public assistance.

Disabilities and Health Conditions

Over one-quarter of Iowans over the age of 60 reported having a disability.¹ That percentage increases to 42 percent for adults aged 75+.²¹ There are 29 counties in Iowa reporting at least 30 percent or more of their population aged 60 years and over with a disability. The most prevalent disability is difficulty with ambulation or mobility, followed by hearing difficulty, and then independent living difficulty. While it is not unusual to acquire an impairment that requires supports and services to maintain or retain their independence, “a national report shows many will need assistance for fewer than three years.”²² Of OAA consumers receiving a registered service, 19 percent reported two or more limitations with activities of daily (ADLs) living such as bathing, eating, getting dressed, toileting, and getting out of a bed or chair and/or instrumental activities of daily living (IADLs) such as managing finances, transportation, meal preparation,

house cleaning, managing medications. etc. The connection with in-homes supports increases as the Below is a more detailed view ADL/IADL limitations by OAA service.

Table 6: OAA Consumers with ADLs/IADLs by Most Utilized Registered Service

OAA Service	0 ADLs / 0 IADLs limitations	1 IADL/ 0 ADLs limitations	2+ ADLs / 2+ IADLs limitations	2+ IADLs / 0 ADLs limitations
Total	7,177	2,326	4,201	5,574
Home Delivered Nutrition	998	529	2,205	2,755
Congregate Nutrition	4020	688	451	962
Transportation	607	783	354	849
Assisted Transportation	166	153	167	313
Homemaker	13	48	413	379
Personal Care	3	1	163	37
Chore Services	84	31	30	73
Emergency Response System	14	14	123	98

Social Isolation

Iowa ranks 9th in the Nation for the percentage of adults aged 65 years and over that are considered at-risk for social isolation.²³ Loneliness and social isolation increase the risk for premature death by 26% and 29% respectively.²⁴ In addition, poor or insufficient social connection is associated with increased risk of disease, including a 29% increased risk of heart disease and a 32% increased risk of stroke, with increased risk for anxiety, depression, and dementia.^{25,26} Risk factors for social isolation include: living in poverty; living alone; being divorced, separated, or widowed; having never married; having a disability; and having an independent living difficulty.²⁷

Malnourished and Food Insecure

Nearly 6 percent of Iowans ages 60 years and over who are living with food insecurity in Iowa.⁹ A report from Feeding America found that older adults with a disability had food insecurity rates over twice the rate of older adults without a disability.⁹ “As an older adults age, they may develop disabilities and other health problems that can make accessing groceries and cooking more difficult.”²⁸ In Iowa, 89 out of 99 counties have areas identified as having low food access and approximately 238,290 Iowans are food insecure.²⁹ Iowa ranks as the 7th worst state in the nation for Supplemental Nutrition Assistance Program (SNAP) reach of older adults ages 60 and over with less than 50% of eligible persons receiving food assistance versus the U.S. average of 81 percent.²³ The economic burden of disease-associated malnutrition in older adults in Iowa is estimated to cost 25 - 49 million dollars annually.³⁰ Malnutrition also leads to more complications, falls and higher 30-day hospital readmission rates.

Unhoused and Housing Insecure

The percentage of Iowans ages 60 and over who live in a cost burdened household or pay 30 percent or more of their household income in housing costs is 20.7 percent for those with a mortgage and 50.2 percent for those who are renting.¹ Providing services to older Iowans who

are unhoused can be challenging to navigate. An unhoused older adult may not have access to their own phone which makes providing follow up difficult and sometimes impossible. When an unhoused person contacts an AAA, the main priority is making sure they are safe and have access to shelter. If older adults are unable to secure a shelter stay for that night hotel vouchers are used short-term until they can connect with one of Iowa's coordinated entry points. In a 2024 Iowa homeless point-in-time count, a total of 2,631 persons in Iowa were found as homeless on any given day. Of that total 17% or 443 unhoused individuals were aged 55 years and over.³¹

The best way to serve older Iowans with complex needs is to make sure they are connected to the appropriate supports to keep them from becoming unhoused or housing insecure. There are 17 coordinated entry regions across Iowa. Persons who are unhoused or housing insecure are referred to these entry points to coordinate housing and services. There are also specific services offered to unhoused veterans and persons with a criminal history to remove barriers that may be preventing them from attaining permanent housing. Some AAAs offer targeted case management to serve rural older adults with complex needs who are at risk of institutionalization or becoming homeless. Early intervention can ensure consumers remain in secure housing and are connected to community resources to promote independence.

Transition Supports

Falls are the leading cause of injury-related death among Iowa adults aged 65 or older. In 2023, there were 30,995 fall related injury Emergency Department visits for persons aged 65 years and 6,591 fall related injuries that resulted in a hospitalization.³² Of preventable hospitalizations, Iowa has a rate of 1,177 discharges per 100,000 Medicare beneficiaries ages 65-74 vs. U.S. rate of 1,452.²³ Iowa has a rate of 39.0 home health care workers per 1,000 adult age 65+ vs. U.S. rate of 61.0.²³ The Aging Network offers a transitions care called Iowa Return to Community (IRTC) program. Within this service, an older adult in need of assistance to connect to in-home supports are referred to their local AAA. The AAA then reaches out and offers assistance to ensure they successfully transition from the health facility back home with the right level of support to help with their recovery. In SFY 2024, AAAs received 2,196 IRTC referrals and admitted 43% or 969 consumers.⁶

Elder Rights and Abuse Prevention

While pre-pandemic sources estimated approximately one in 10 adults age 70+ have experienced some form of elder abuse,³³ a more recent study found that 1 in 5 older adults reported elder abuse during the COVID-19 pandemic.³⁴ Another study estimated that only 1 in 24 cases are reported to authorities.³⁵ Abuse and neglect can have serious physical and psychological effects on older adults. Survivors report higher rates of depression and social withdrawal, leading to increased hospitalization and premature death.³⁶ Common characteristics of perpetrators are that they are female, someone the older adult knows, and between the ages of 18 to 59 years. Caregiver strain and lack of support in providing care for an older adults can impact the occurrence of abuse.

Listed below are key services Iowa HHS provides to help keep older adults safe from abuse.

Dependent Adult Protective Services – receives reports of abuse, neglect, and exploitation of dependent adults. Concerns of possible abuse are evaluated or assessed by HHS.

Office of Public Guardian – Assists Iowans who are not capable of making their own decisions about legal, financial, or health matters.

Legal Services Developer – Increases awareness of and access to least-restrictive alternatives to guardianship, conservatorship or more restrictive fiduciary proceedings, such as supported decision making; provides technical legal assistance, provides resources for legal assistance, and provides estate planning tools and resources.

Abuse Prevention, Awareness, and Outreach – Focuses on the prevention, intervention, detection and reporting of adult abuse, neglect and financial exploitation. In SFY 2024 AAAs provided elder abuse prevention and awareness services to 832 individuals.⁶

Office of Long-Term Care Ombudsman (OSLTCO) – Protects the rights of individuals residing in long-term care facilities, including nursing facilities, assisted living programs, residential care facilities and elder group homes, and educates, empowers and advocates for Medicaid managed care members living in a long-term care facility or enrolled in one or more of Iowa's Home and Community-Based Services (HCBS) waiver. In FFY 2023, the OSLTCO received 1,148 complaints and closed 690 cases, reflecting increases from the previous year in both complaints (11.67%) and cases (14.62%).³⁷ The most common complaint categories for both nursing facilities and residential care communities are Care, Autonomy/Choice and Rights, Financial and Property, and Admissions/Transfers/Discharges/Evictions.

Caregiver Challenges

The AARP Public Policy Institute estimates there are 330,000 family caregivers in Iowa who deliver 310 million hours of unpaid family care with an economic value of \$16.80 per hour at total estimated economic value of \$5.2 billion in Iowa.³⁸ Family caregivers provide a variety of tasks depending on their recipient's care needs. Tasks can include helping with activities of daily living (ADLs), such as eating, walking, getting dressed, bathing and using the toilet; helping with instrumental activities of daily living (IADLs), such as housework, cooking, transportation, and managing finances; and assisting with more complex care needs such as medication management and recovery from a hospitalization. The pandemic spurred further social isolation and risk of loneliness for family caregivers. Significantly more caregivers reported severe loneliness and social isolation in the pandemic.³⁹ Family caregivers who did not have strong social support networks pre-pandemic struggled even more to maintain connections.⁴⁰

Iowa ranks 27th in the nation for the number of home health care workers per 1,000 population ages 65 and over with a rate of 39.0 vs. an average U.S. rate of 61.0.²³ In 2022, the entry level wage for a home health and personal care aid was \$11.45 with an experience hourly wage of \$15.62.⁴¹ This wage is below the estimated \$20.89 living wage needed for one adult working with no children and \$19.98 estimated living wage needed to help cover the cost of two adults

working and their child’s minimum basic needs while still being self-sufficient.⁴² Addressing Direct Care Workforce shortages is an elevated issue to be addressed within Iowa’s Multisector Plan for Aging. ADS will lead efforts to bring state agencies, community partners, and people with lived experience together to create a long-term strategic plan on how to ensure Iowa has the Direct Care Workforce needed to provide essential in-home care services to Iowans older adults and people with disabilities.

Emergency Preparedness

The National Institute on Aging states, “while everyone is at risk during a natural weather-related disaster or similar emergency, older adults can be especially vulnerable during these challenging times. Being prepared in advance can literally mean the difference between survival and death, particularly for those who may have special medical or mobility needs.” In 2024, Iowa experienced 14 state disaster proclamations and three presidentially declared disasters related to severe storms, flooding and tornadoes. All six AAAs had counties that were impacted in their planning and service regions. When a disaster occurs, ADS notifies the impacted AAA(s) and offers additional support as needed. Resources on how to apply for State and Federal disaster assistance are also shared. Refer to **Attachment B: “Information Requirements”** for details on additional state assurances regarding emergency coordination and planning efforts.

METHODOLOGY: DEVELOPING STATE PLAN GOALS AND OBJECTIVES

ADS engaged in a year-long assessment process that involved research, data analysis from multiple, reliable data sources, stakeholder feedback, and partner engagement to develop the context information provided above and the goals and strategies identified in this plan. Those efforts are summarized here. Additional information is available in attachments to this plan.

Internal SUA and AAA Scan

On October 12, 2022, ADS held a facilitated session with all six AAA directors and key program staff to identify issues and priorities that are most critical to Iowans as they age. The findings from the discussion would then be used as an initial guide for developing a Multisector Plan on Aging and State Plan on Aging. AAA elevated concerns include 1) access to services, 2) affordability of services, 3) social isolation/social supports in community, 4) funding, 5) skilled workforce, 6) competing priorities, and 7) coordination of services. Recommendations AAAs identified for strengthening communities and the ADRC/No Wrong Door system include 1) better coordination of statewide services/closed loop referrals, 2) age- and dementia-friendly communities, 3) sustainable and flexible funding, and 4) better communication across the ADRC/NWD system.

In 2023, ADS implemented an environmental scan of ADS and AAAs to identify needs, inform goals, develop objectives, strategies, and measures to define how ADS will fulfill its vision to maximize independence of aging Iowans, support caregivers, and its core values of person first, collaboration, compassion, reliability, knowledge, excellence. As a part of the internal review

process ADS assessed the current State Plan and Areas Plans to identify common needs and service gaps. Each strategy was assessed to determine what had been accomplished and what needed to carry forward within the new State Plan.

As a part of the external review process ADS assessed state evaluations, plans, and data reports to identify populations in greatest economic need and greatest social need, underserved areas, unmet needs, service needs and gaps, and emerging trends within Iowa's aging and disability network and long-term services and supports system. A list of specific documents used to help shape the State Plan is located within **Attachment F**.

AAAs also conducted regional community needs assessments using demographic data, OAA service usage data, community surveys, participant feedback, and discussions with local advisory boards, community stakeholders, service providers, OAA consumers, and target populations. ADS provided technical assistance throughout the 2024 calendar year to ensure AAAs were well equipped and supported in implementing a community needs assessment. AAAs were required to use assessment findings to identify unmet needs for populations of greatest economic need and greatest social need to address within their Area Plans.

The State Plan goals and objectives were used to develop a template for AAAs to complete their Area Plans on Aging. The template provided lists of options for AAAs to select the statewide objectives, strategies, target populations, and measures their agency most closely aligned with based on their community needs assessment findings. AAAs then submitted a draft of their Area Plan narratives to help further refine the strategies listed for each of the State Plan objectives.

ADS shared the State Plan goals and objectives with AAAs, other HHS divisions, state agencies, and community partners to further integrate and align our work with existing efforts. A summary of the State Plan was posted for public comment 30 days prior to holding a public hearing. The public was given the opportunity to submit comments using a written form via email or mail, and/or by attending the virtual public hearing. A complete draft was reviewed by a select group of stakeholders and HHS/ADS management.

Multisector Plan for Aging Assessment

Iowa is in the process of developing a Multisector Plan for Aging (MPA) as a part of the IA SAIL: Iowa Solutions for Aging with Independence and Longevity project. A Multisector Plan for Aging (MPA), including Aging with Disabilities is a cross-sector, state-led strategic planning resource to help improve the infrastructure and coordination of services for Iowa's aging population as well as people with disabilities. IA SAIL brings together government agencies, community partners, and nonprofits to plan for and address aging issues. The Iowa MPA mission is *to understand, plan for and address aging issues across multiple sectors and systems, and to ensure everyone has access to person-centered services and supports needed to age well within their community of choice*. The Iowa MPA vision is *All persons in Iowa age with*

independence and health across their lifespans. Please refer to **Attachment F** for information on the MPA community engagement process and a list of partners.

The ten most frequently shared issues across all community engagement strategies are listed below. Iowa HHS has elevated these areas of focus for further study and will provide the foundation for developing Iowa's first Multisector Plan for Aging.

- **Access to Health and Community Based Services (HCBS)** – Access to services that allow people to stay in their homes or community settings for as long as possible.
- **Informal Caregiver Support** – Connecting to information and resources to help with mental, physical, and financial stressors of informal caregiving.
- **Direct Care Professionals** – Concerns about the Direct Care Professional workforce shortage and low pay/benefits.
- **Coordination of Services and Person-centered Services** – Removing barriers to navigating system of services. Also includes training, education, and opportunities for incorporating person-centered strategies into service delivery.
- **Health Equity** – Includes concerns about language competency, understanding and respecting cultural values, and access to health care for underserved populations.
- **Paying for Services** – Paying for doctors, dentists, mental health care, and other medical services, prescriptions, long-term care, and some medical bills.
- **Transportation** – Availability of community transportation options in rural areas, safe driving, making vehicle modifications to support drivers and passengers with disabilities, transportation to healthcare appointments, and community events and social engagements.
- **Affordable and Accessible Housing** – Accessibility and affordability of housing options for independent living.
- **Social Isolation** – Identifying at-risk persons for social isolation and offering meaningful interventions.
- **Quality of Care** – Assess for and continue to improve the quality of care provided in both public and private sectors.

Connections to Other State Plan

Once the MPA focus areas had been identified, ADS began to align and integrate MPA efforts with existing State plans to identify opportunities to enhance and expand current efforts. An existing State plan with multiple connection points was Healthy Iowans State Health Assessment/State Health Improvement Plan (SHA/SHIP) efforts. The 2021 – 2022 State Health Assessment had identified seven overarching health disparities that can impact the health and wellbeing of Iowans including: Access to Care, Economic Stability & Income, Housing, Mental Health & Mental Disorders, Active Living & Eating, Substance Use, and Cancer. The 2023 - 2027 State Health Improvement Plan itself is focused on addressing 1) Access to Care related

to Behavioral Health and 2) Active Living and Healthy Eating related to food insecurity and increasing physical activity.

After identifying our common goals, we developed an integrated framework to guide our work moving forward. Below is crosswalk on how Iowa’s SHA/SHIP, MPA and State Plan on Aging goals align. Moving forward, three SHIP/MPA workgroups will be formed to further develop action plans on our common goals to support and enhance our collective efforts.

Crosswalk of Common State Plan Goals

State Health Assessment (SHA)	State Health Improvement Plan (SHIP)	Multisector Plan on Aging (MPA)	State Plan on Aging (SPA)
State Health Assessment Priority: Access to Care	Improve access to inclusive behavioral health services in Iowa Strengthen Iowa’s behavioral health system by increasing available resources and capacity	MPA Goal: Increase the number of available and inclusive health and human services MPA Focus Area 1 & 2: Access to HCBS/Person-Centered Services MPA Focus Area 3: Direct Care Professionals Support MPA Focus Area 4: Health Equity MPA Focus Area 5: Quality of Care	Maximize Independence - Older adults have access to high quality, equitable and person-centered services that maximize independence, community integration and self-sufficiency
State Health Assessment Priority: Economic Stability and Income/ Housing	No current goals identified	MPA Goal: Increase the number of affordable and accessible housing and transportation options MPA Focus Area 6: Paying for Services MPA Focus Area 7: Affordable and Accessible Housing MPA Focus Area 8: Affordable and Accessible Transportation	No current goals identified
State Health Assessment Priority: Mental Health and Mental Disorders	No current goals identified.	MPA Goal: Increase community connections and support of socially isolated individuals and family caregivers MPA Focus Area 9: Social Isolation MPA Focus Area 10: Unpaid Caregiver Support	Stay Engaged and Supported - Older adults are supported by formal and informal caregivers of their choice and have social connections within their communities
State Health Assessment Priority: Active Living and Healthy Eating	Reduce barriers to affordable, nutritious foods for all people in Iowa. Increase engagement in active living among all people in Iowa.	No current goals identified.	Improve Health and Wellness - Older adults are empowered to utilize programs that improve their health and wellness.

Draft Goals and Draft Objectives

GOAL 1: MAXIMIZE INDEPENDENCE

Desired Long-term Outcome: Older adults have access to high quality, equitable and person-centered services that maximize independence, community integration, and self-sufficiency.

- Objective 1.1: The Aging Network provides objective decision-making information and person-centered service navigation.
- Objective 1.2: Older adults receive person-centered care coordination to reduce risk of institutionalization and homelessness.

GOAL 2: IMPROVE HEALTH AND WELLNESS

Desired Long-term Outcome: Older adults are empowered to utilize programs that improve their health and wellness.

- Objective 2.1: Older adults make healthy lifestyle choices to reduce risk of chronic diseases and fall injuries.
- Objective 2.2: Older lowans at-risk for malnutrition or food insecurity have access to nutritious food.
- Objective 2.3: Older adults receive transitional care from hospital to home to reduce risk of readmission or institutionalization.

GOAL 3: IMPROVE SAFETY AND QUALITY OF LIFE

Desired Long-term Outcome: Older adults are safe from all forms of mistreatment and are empowered to improve their quality of life.

- Objective: 3.1: Older adults prepare for emergencies and are safe from abuse.
- Objective 3.2: Older adults access legal assistance and Ombudsman service to advocate for their rights.

GOAL 4: STAY ENGAGED AND SUPPORTED OBJECTIVES

Desired Long-term Outcome: Older adults are supported by formal and informal caregivers of their choice and have social connections within their communities.

- Objective 4.1: Older adults participate in social engagement opportunities to reduce loneliness and prevent social isolation.
- Objective 4.2: Caregivers receive supportive services to reduce risk of stress, depression, and financial cost burden.
- Objective 4.3: Age-Friendly and Dementia Capable communities support older adults as they age in place.

¹ U.S. Census Bureau. 2023: American Community Survey 1-Year Estimates. Table S0102 | Population 60 Years and Over in the United States: Iowa.

-
- ² Iowa State University Extension and Outreach. Rural Iowa at a Glance: 2024 Edition. Found on the Internet at: https://smalltowns.soc.iastate.edu/wp-content/uploads/sites/504/2024/11/SOC-3104A_2024.pdf
- ³ State Data Center of Iowa. Older Iowans: 2024. Found on the Internet at: <https://www.iowadatacenter.org/application/files/5617/1639/8138/OlderIowans2024.pdf>
- ⁴ 211 Iowa Impact Dashboard. Found on the Internet at: <https://211iowa.org/impact-dashboards/>
- ⁵ Iowa COMPASS Top Service Requests. January – February 2025. Found on the Internet at: https://search.iowacompass.org/topservices.aspx?_gl=1*di6z1d*_ga*NjA0MjQ1MzlyLjE3MzIxNjcwNzA.*_ga_7331KDTQ0K*MTc0MTIwMjIxNS40LjEuMTc0MTIwMjI0MS4wLjAuMA..
- ⁶ SFY 2024 WellSky aggregate consumer data
- ⁷ Behavioral Risk Factor Surveillance System. 2024. Found on the Internet at: <https://www.iowadatacenter.org/application/files/5617/1639/8138/OlderIowans2024.pdf>
<https://www.cdc.gov/brfss/index.html>
- ⁸ CDC WONDER Online Database, Underlying Cause of Death, Multiple Cause of Death files.2024. Found on the Internet at: <https://wonder.cdc.gov/mcd.html>
- ⁹ Feeding America. The State of Senior Hunger in America. <https://www.feedingamerica.org/research/senior-hunger-research/senior>
- ¹⁰ U.S. HHS, Centers for Medicare & Medicaid Services, National Plan and Provider Enumeration System, September. 2024. Found on the Internet at: <https://www.cms.gov/medicare/regulations-guidance/administrative-simplification/enumeration-reports>
- ¹¹ Brown University, Shaping Long-Term Care in America Project. Low-Care Needs Nursing Home Residents. 2021. Found on Internet at: <https://itcfocus.org/>
- ¹² U.S. Census Bureau. 2023: American Community Survey 1-Year Estimates. Table B25093 | Age of Household by Selected Monthly Owner Costs as a Percentage of Household Income in the Past 12 Months: Iowa.
- ¹³ U.S. Census Bureau. 2023: American Community Survey 1-Year Estimates. Table B25072 | Age of Household by Gross Rent as a Percentage of Household Income in the Past 12 Months: Iowa.
- ¹⁴ ACL. Elder Abuse: A public health issue that affects us all. June 15, 2018. Found on the Internet at: <https://acl.gov/news-and-events/acl-blog/elder-abuse-public-health-issue-affects-all-us-0>
- ¹⁵ Social Determinants of Health (SDOH) All Questions Summary. Iowa HHS Agency Dashboards. Found on the Internet at: https://hhs.iowa.gov/dashboard_welcome#social-determinants-of-health-sdoh
- ¹⁶ Horovitz, B. AARP and S&P Caregiver Survey. 2024. Found on the Internet at: <https://www.aarp.org/caregiving/life-balance/info-2024/working-caregivers-report.html>
- ¹⁷ HHS System Snapshot. State of Iowa. Life Expectancy: County Health Rankings, 2024. Found on the Internet at: <https://hhs.iowa.gov/initiatives/system-alignment/hhs-system-county-snapshots>
- ¹⁸ United State Government Accountability Office. Report to Congressional Requesters GAO-25-109020. January 2025. Found on the Internet at: https://files.gao.gov/reports/GAO-25-107020/index.html?_gl=1*1vgs4d2*_ga*MjA5NjgwNjk4NC4xNzZMzUzMTY4*_ga_V393SNS3SR*MTczODA4MTkyNi4zLjAuMTczODA4MTkyNi4wLjAuMA..
- ¹⁹ 2020 Decennial Census & Woods & Poole Economics, Inc. 2023. Found on the Internet at: <https://www.iowadatacenter.org/application/files/5617/1639/8138/OlderIowans2024.pdf>
- ²⁰ U.S. Census Bureau. 2023: American Community Survey 1-year estimates. Table B17024 | Age by Ratio of Income to Poverty Level in the Past 12 Months.
- ²¹ U.S. Census Bureau. 2023: American Community Survey 1-Year Estimates. Table B18101 | Sex by Age by Disability Status: Iowa.
- ²² May 2024 Report to Congress. Aging in the United States: A Strategic Framework for a National Plan on Aging. Found on the Internet at: <https://acl.gov/sites/default/files/ICC-Aging/StrategicFramework-NationalPlanOnAging-2024.pdf>
- ²³ 2024 Senior Report. America's Health Rankings. Found on the Internet at: https://assets.americashealthrankings.org/app/uploads/ahr_2024seniorreport-statesummaries_all.pdf
- ²⁴ Holt-Lunstad J, Smith TB, Baker M, Harris T, Stephenson D. Loneliness and social isolation as risk factors for mortality: a metaanalytic review. *Perspect Psychol Sci.* 2015;10(2):227-237.
- ²⁵ Lazzari C, Rabottini M. COVID-19, loneliness, social isolation and risk of dementia in older people: a systematic review and meta-analysis of the relevant literature. *Int J Psychiatry Clin Pract.* 2021:1-12

-
- ²⁶ Penninkilampi R, Casey AN, Singh MF, Brodaty H. The Association between Social Engagement, Loneliness, and Risk of Dementia: A Systematic Review and Meta-Analysis. *J Alzheimers Dis*. 2018;66(4):1619-1633.
- ²⁷ 2024 Iowa Risk of Social Isolation by County. America's Health Rankings. Found on the Internet at: https://assets.americashealthrankings.org/app/uploads/rosi2024_all.pdf
- ²⁸ Maresova, P., Javanmardi, E., Barakovic, S., Husic, J. B., Tomson, S., Krejcar, O., & Kuca, K. (2019). Consequences of chronic diseases and other limitations associated with old age—A scoping review. *BMC Public Health*, 19(1), 1431
- ²⁹ Healthy Iowans: Iowa's State Health Assessment. June 2022. Found on the Internet: <https://publications.iowa.gov/41180/1/SHA2021.pdf>
- ³⁰ Scott Goates, Kristy Du, Carol A. Braunschweig, Mary Beth Arensberg Economic Burden of Disease-Associated Malnutrition at the State Level. September 2016. Found on the Internet at: <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0161833#abstract0>
- ³¹ Annual Homeless Assessment Report. Office of Policy Development and Research (PD&R). 2024. Found on the Internet at: <https://www.huduser.gov/portal/datasets/ahar/2024-ahar-part-1-pit-estimates-of-homelessness-in-the-us.html>
- ³² Iowa Health & Human Services. Fall-related Injuries Data. 2023. Found on the Internet at: <https://hhs.iowa.gov/data/health/injuries/fall-related-injuries-data#fall-related-injury-deaths-data-visualization>
- ³³ Rosay, A. B., & Mulford, C. F. Prevalence estimates and correlates of elder abuse in the United States: The national intimate partner and sexual violence survey. *Journal of elder abuse & neglect*. January 2017. Found on the Internet at <https://nij.ojp.gov/library/publications/prevalence-estimates-and-correlates-elder-abuse-united-states-national-0>
- ³⁴ Chang, E. & Levy, B. High Prevalence of Elder Abuse During the COVID-19 Pandemic: Risk and Resilience Factors. *American Journal of Geriatric Psychiatry*. January 2021. Found on the Internet at <https://pubmed.ncbi.nlm.nih.gov/33518464/>
- ³⁵ Storey, J. E. Risk factors for elder abuse and neglect: A review of the literature. *Aggression and Violent Behavior*. January-February 2020. Found on the Internet at <https://www.sciencedirect.com/science/article/abs/pii/S1359178918303471?via%3Dihub>
- ³⁶ ACL. Elder Abuse: A public health issue that affects us all. June 15, 2018. Found on the Internet at: <https://acl.gov/news-and-events/acl-blog/elder-abuse-public-health-issue-affects-all-us-0>
- ³⁷ Van Pelt, A. Office of the State Long-term Care Ombudsman: FFY 2023 Annual Report. Found on the Internet at: <https://www.legis.iowa.gov/docs/publications/DF/1518521.pdf>
- ³⁸ Reinhard S., Caldera S, Houser A., Choiula R. Valuing the Invaluable: 2023 Update Strengthening Supports for Family Caregivers. March 2023. AARP Public Policy Institute. Found on the Internet at: <https://www.aarp.org/content/dam/aarp/ppi/2023/3/valuing-the-invaluable-2023-update.doi.10.26419-2Fppi.00082.006.pdf>
- ³⁹ Grycuk, E., Y. Chen, A. Almirall-Sanchez, D. Higgins, M. Galvin, J. Kane, I. Kinchin, et al. "Care Burden, Loneliness, and Social Isolation in Caregivers of People with Physical and Brain Health Conditions in English-Speaking Regions: Before and During the Covid-19 Pandemic. *International Journal of Geriatric Psychiatry*, 37(6)." *International Journal of Geriatric Psychiatry* 37, no. 6 (2022): 1–13
- ⁴⁰ Bristol, Alycia A., Aaron C. Mata, Melody Mickens, Kara B. Dassel, Lee Ellington, Debra Scammon, Amber Thompson, et al. "“You Feel Very Isolated”: Effects of Covid-19 Pandemic on Caregiver Social Connections." *Gerontology & Geriatric Medicine* 7 (2021): 1–8.
- ⁴¹ Iowa Caregivers 2024. Direct Care Worker Age Issue Brief. Found on the Internet at: <https://static1.squarespace.com/static/6223f619b156ac7d4e06dbba/t/676f1766b5a05d5188600fb7/1735333734802/DCW-wage-fact-sheet-JAN2025-electronic.pdf>
- ⁴² Amy K. Glasmeier, "Living Wage Calculator," Massachusetts Institute of Technology, 2024. Accessed on February 14, 2024 from <https://livingwage.mit.edu/states/19>.