The background of the slide features a photograph of an elderly African American man with grey hair, wearing a blue and white striped button-down shirt and khaki pants, sitting on a couch. He is looking down at a young child, an African American boy with dark skin and hair, who is wearing a striped polo shirt. The child is looking up at the man with an open mouth, as if speaking or surprised. They are both looking at a large white sheet of paper or document that is partially visible in the foreground. The scene is set indoors, likely in a home or a community center, with a window and some furniture visible in the background.

FFY 2026-2029 Draft State Plan on Aging

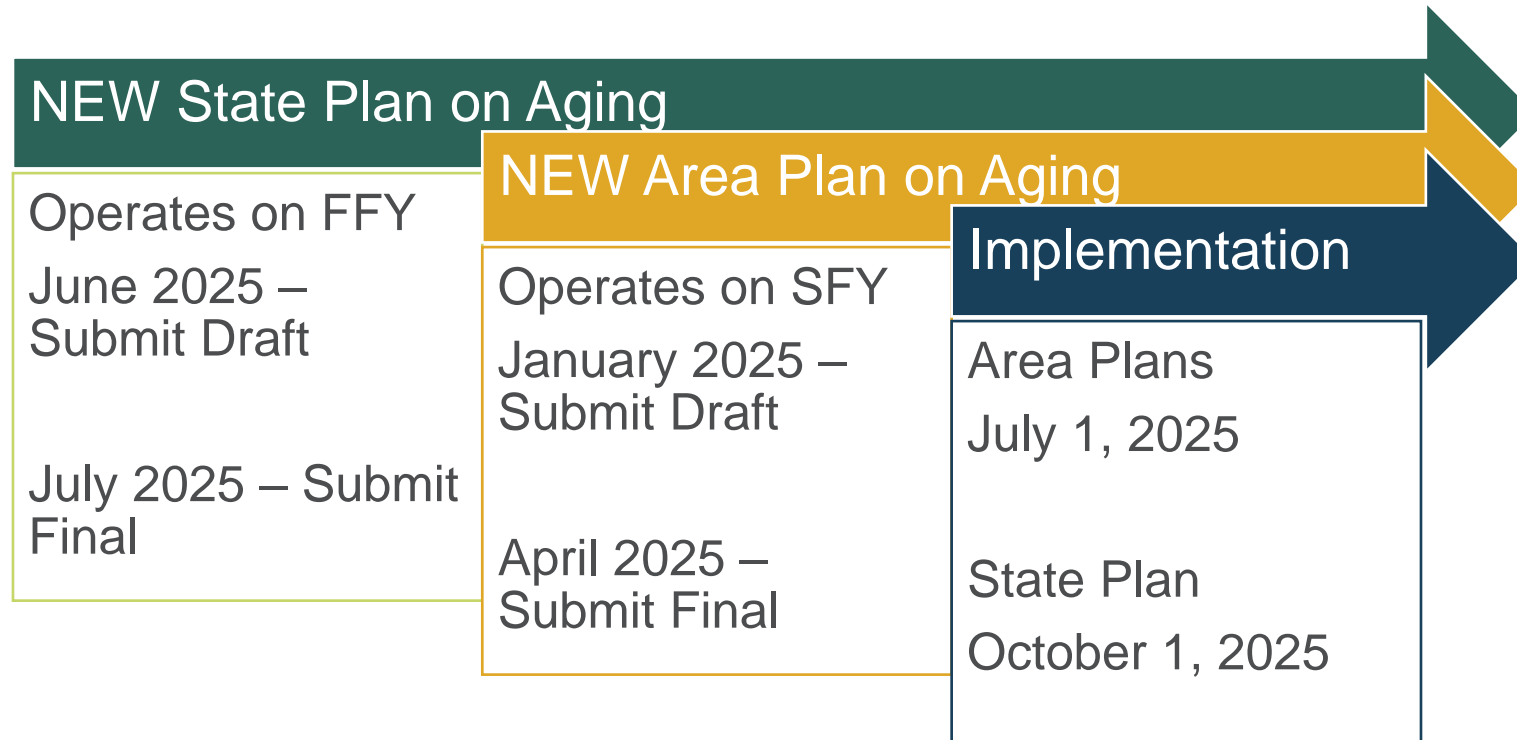
Eugenia Kendall, Coordinator
Aging and Disability Services

May 21, 2025



Health and
Human Services

State Plan Submission and Implementation Timeline



State Plan Requirements

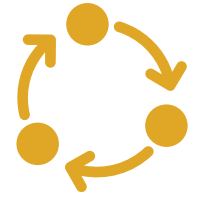
Federal: 45 CFR Part 1321 - Grants to State and Community Programs on Aging

- Subpart B State Agency Responsibilities
 - § 1321.33 Submission of the State plan or amendment to the Assistance Secretary for Aging for approval.
- Subpart C Area Agency Responsibilities
 - § 1321.65 Submission of an area plan and plan amendments to the State agency for approval.

State: Title VI Human Services, Chapter 231- Older Iowans

- 231.31 State Plan on Aging
 - Develop, and submit for approval, a multiyear state plan on aging. The state plan on aging shall meet all applicable federal requirements.
- 231.33 Area agencies on aging duties.
 - Develop and administer an approved area plan.

Requirement: Needs Assessment



Identify Priority Populations

OAA requires states and AAAs to conduct a comprehensive needs assessment to **identify** and **prioritize** services to older individuals and caregivers who are

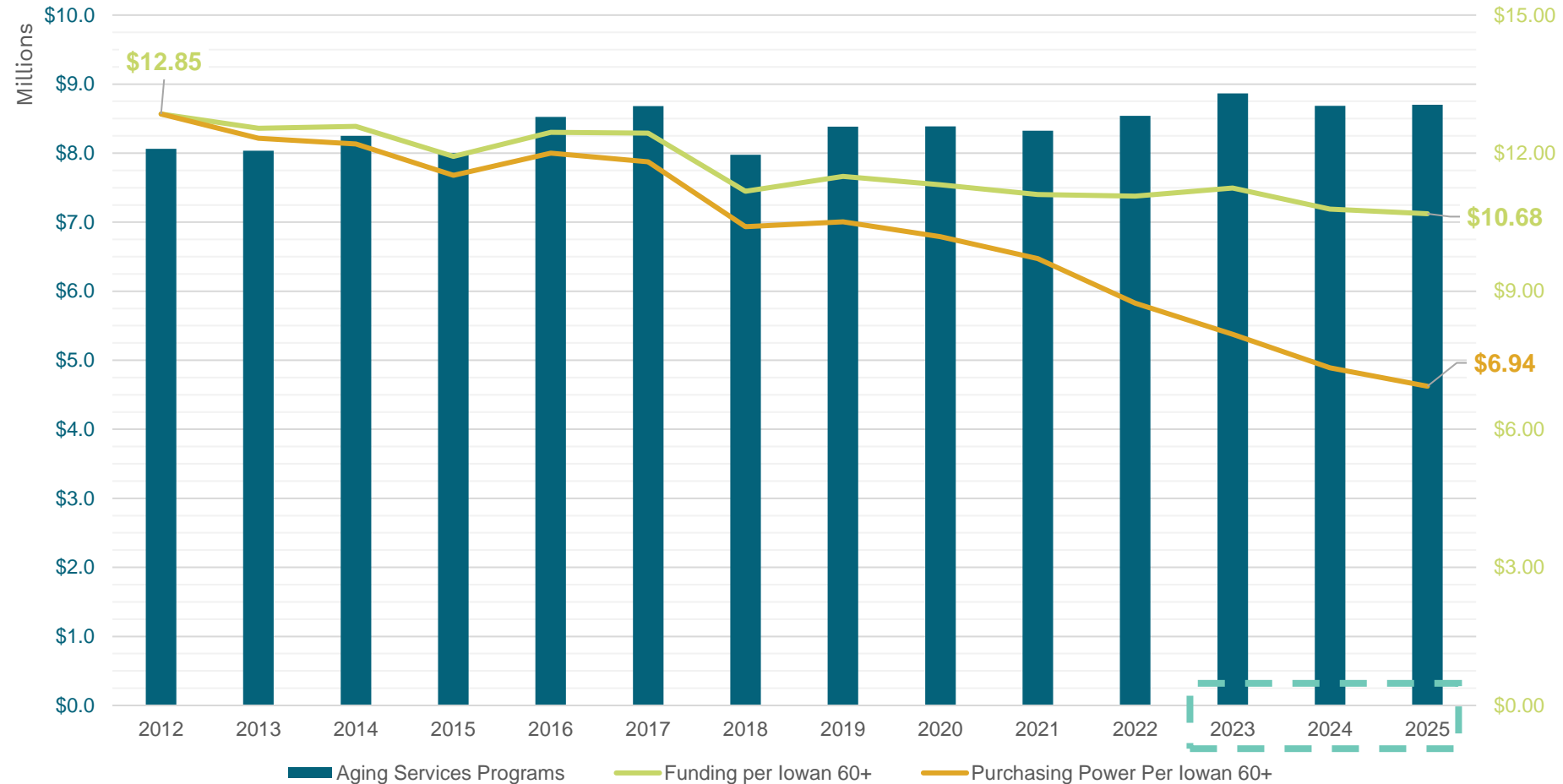
- greatest economic need,
- greatest social need, and
- At risk for institutional placement

ADS Assessment

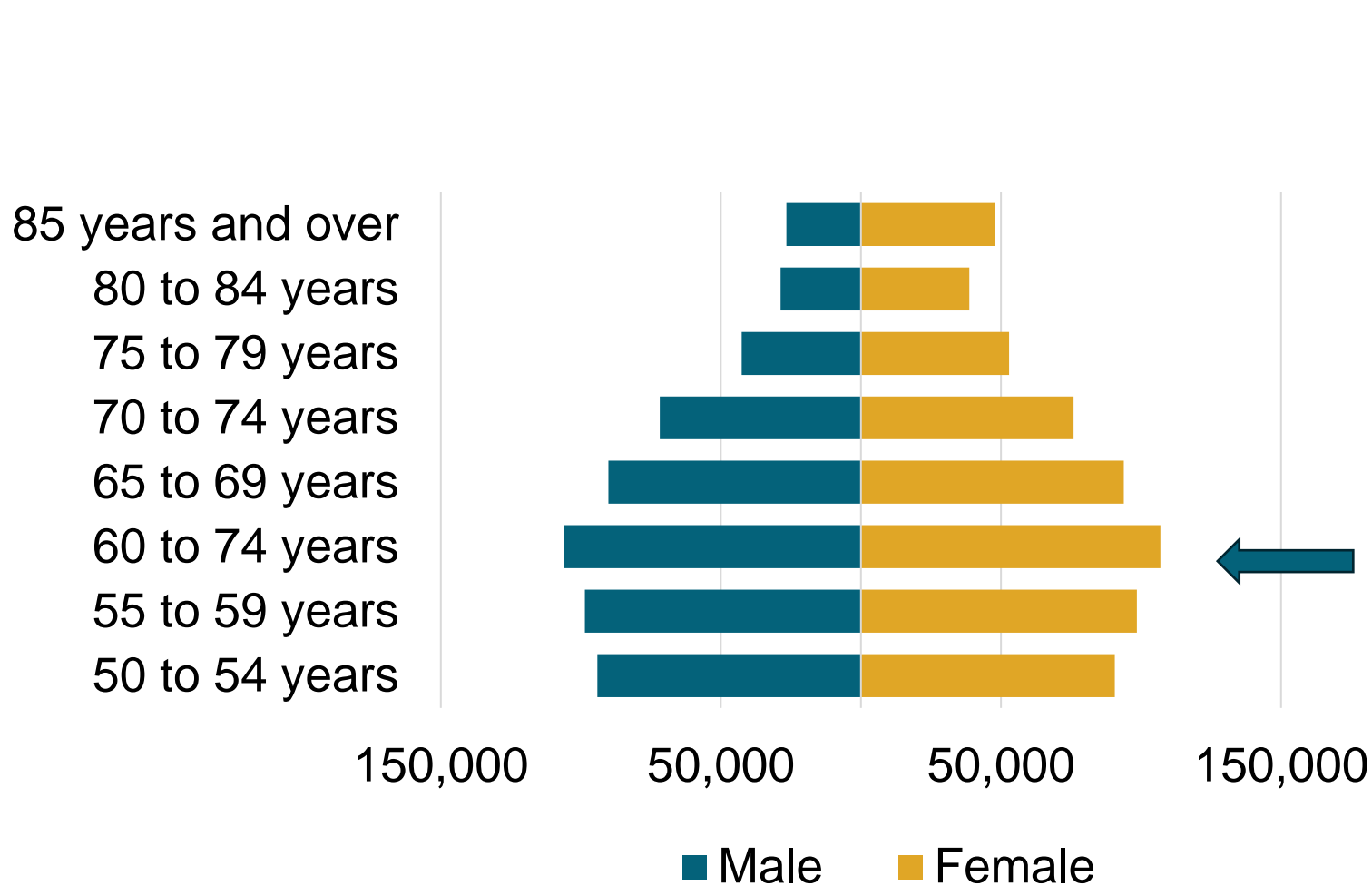
- Demographic data review
- Review of current and new needs and trends
- Explored opportunities for HHS Collaboration
- Drafted goals, objectives, strategies and measures
- Received public input through a required 30-day public comment period
- Participated in HHS process for plans

Aging Network Challenges: State Funds

Iowa General Fund History



Iowa's OAA Potential Population



810,697

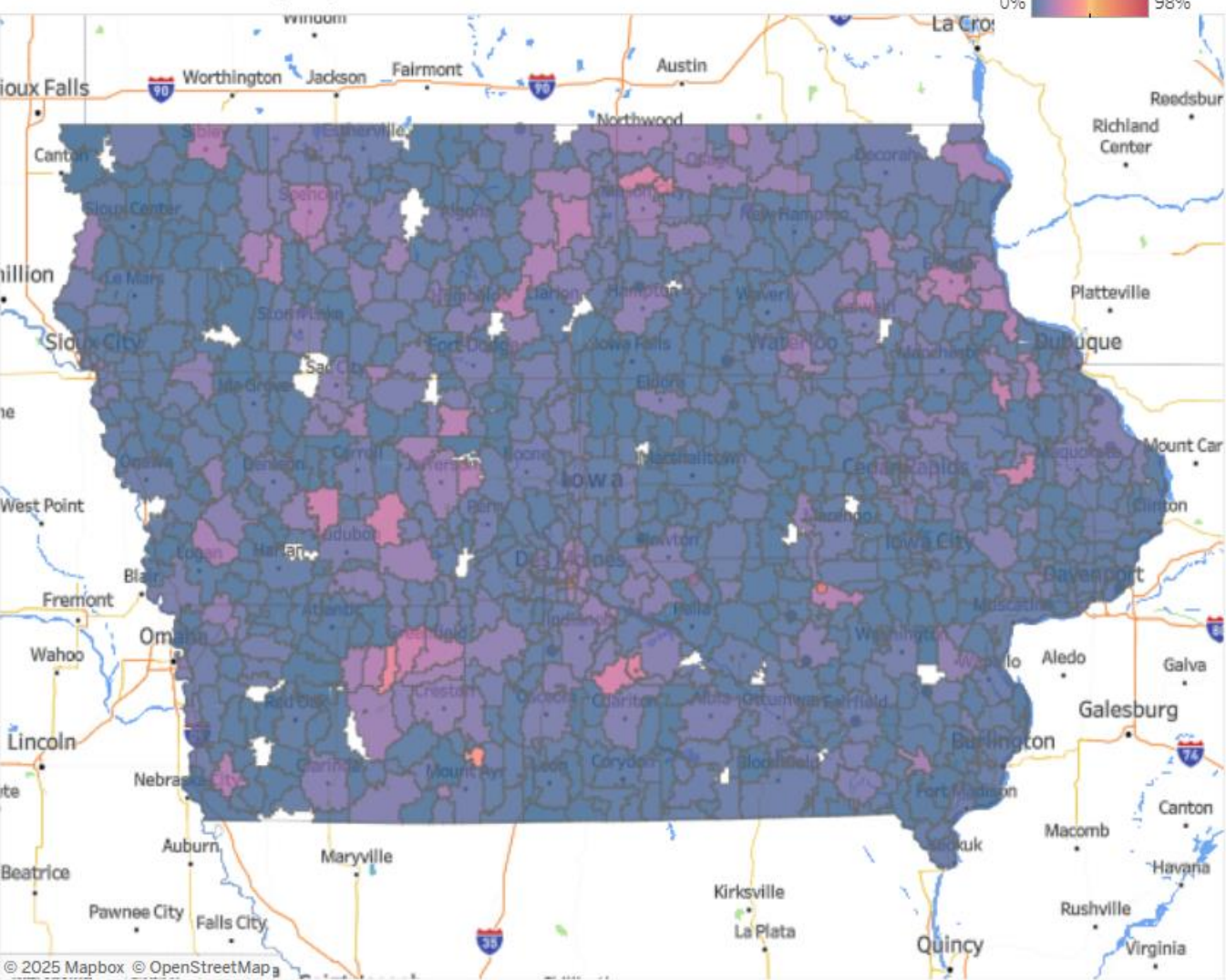
The estimated number of Iowans aged 60 years and over.

Iowa ranks sixth in the nation for the percentage of persons aged 85 years and over.

Increase in older adults' population = increased need for supportive services with little to no additional funding.

The Multisector Plan for Aging will be assessing for system level needs of aging Iowans for the coming decade.

SFY 2024 Services by Zip Code - All



Dashboard Explanation
This dashboard combines data on services provided in SFY 2024, retrieved from WellSky, with American Community Survey (2017-2021) 60+ population data. The heat map above shows zip codes where a larger percentage of the population was served as red. The 'Zip Code' and 'Service' filters are applied to all tables. 'Consumers by Zip Code' displays the number served compared to the total 60+ population based on the service selected. 'Consumers Served by Service' presents the number of consumers who received each type of service based on the zip codes selected. The tables on the right provide the demographic break down of those who received services, again reflecting the zip codes and services selected.

Consumers by Zip Code

Res Zip	Consumers Served	Total 60+ Population
50001	10	164
50002	28	344
50003	87	1,881
50005	3	283
50006	2	392
50007	8	135
50008	7	197
50009	331	3,933
50010	427	6,488
50011	3	
50013	1	0
50014	167	3,788
50020	7	438
50021	605	5,316
50022	54	2,449
50023	688	5,185
50025	73	899
50026	9	154
50027	1	111

Consumers Served by Service

Service	
Nutrition Education	15,940
Information & Assistance	15,919
Congregate Nutrition	14,879
Home Delivered Nutrition	9,596
Health Promotion: Non Evidence-Based	5,498
CG Information & Assistance	3,451
Transportation	3,321
Options Counseling	3,057
Information Provided	2,381
Homemaker	1,240
Assisted Transportation	1,148
Material Aid: Other	980
Case Management	948
EAPA Consultation	703
Material Aid: Consumable Supplies	649
CG Options Counseling	611
Health Promotion: Evidence-Based	551
EAPA Assessment & Intervention	425

Zip Code
(All)

Service
(All)

Age Group	
Under 60	3,858
60 - 74	20,206
75 - 84	13,895
85+	9,203
Missing	1,486
3	1

In Poverty	
Don't Know	7,625
No	28,241
Yes	12,820

Rural	
Yes	25,979
No	22,294
Don't Know	413

Primary Ethnic Group ..	
White	40,287
Missing	5,684
Black/African American	1,808
Asian	370
Other	310
American Indian/Native Ala...	183
Native Hawaiian/Other Pac...	43
African American/Black Ot...	1

Ethnicity	
Hispanic or Latino	775
Not Hispanic or Latino	41,174
Missing	6,737

Lives Alone	
Yes	17,420
No	13,076
Missing	18,190

Focused Aging Issues

CONDITIONS IMPACTING OLDER ADULTS

- Navigation of Services
- Poverty and Low-Income
- Disabilities and Health Conditions
- Social Isolation
- Malnourished and Food Insecure
- Emergency Preparedness

ACCESS TO SERVICES AND SUPPORTS

Iowa ranks 41st in the Nation receiving 55% progress towards a fully functional status within our Aging and Disability Resources Center System in 2024.

HEALTH AND WELLNESS

- ▶ Chronic Diseases
- ▶ Alzheimer's and Related Dementia
- ▶ Social Determinants of Health

AT-RISK OF INSTITUTIONALIZATION

Iowa ranks 36th in the Nation with 14.8% nursing home residents with low care needs vs. National average of 8.8%.

DRAFT FFY 2026-2029 State Plan on Aging Goals and Objectives

1

MAXIMIZE INDEPENDENCE

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

1.1: The Aging Network provides objective **decision-making information and person-centered service navigation**.

1.2 Older adults receive person-centered care coordination to **reduce risk of institutionalization and unhoused**.

2

IMPROVE HEALTH AND WELLNESS

Older adults are empowered to utilize programs that improve their health and wellness.

2.1: Older adults make healthy lifestyle choices to **reduce risk of chronic diseases and fall injuries**.

2.2: Older adults' access to nutritious food to **reduce risk of malnutrition and food insecurity**.

2.3: Older adults receive transitional care from hospital to home to **reduce hospital readmissions**.

3

IMPROVE SAFETY AND QUALITY OF LIFE

Older adults are safe from all forms of mistreatment and are empowered to improve their quality of life.

3.1: Older adults **prepare for emergencies and are safe from abuse**.

3.2: Older adults' access legal assistance and Ombudsman services to **advocate for their rights**.

4

STAY ENGAGED AND SUPPORTED

Older adults and caregivers are empowered to utilize programs that improve their health and wellness.

isolation.

4.2: Caregivers receive supportive services to **reduce risk of stress, depression, and financial cost burden**.

4.3: Age-Friendly and Dementia Capable communities **support older adults as they age in place**.

4.1: Older adults participate in social engagement opportunities to **reduce loneliness and prevent social**

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.

ADS Objective 1.1:
The Aging Network
provides objective
decision-making
information and
person-centered
service navigation.

AAA 1.1: Expand Aging & Disability Resource Center (ADRC) / No Wrong Door (NWD) partnerships to improve coordination of services for older adults and people with disabilities.

AAA 1.3: Develop a high quality, equitable, comprehensive, and coordinated system of long-term care that enables people with disabilities and older adults to receive long-term care in community-based settings.

ADS Objective 1.2:
Older adults receive
person-centered
care coordination to
reduce risk of
institutionalization
and homelessness.

AAA 1.2: Develop quality measures for providers in the Aging & Disability Network using person centered practices.

AAA 1.4: Increase the number of diverse and underserved older adults receiving care coordination to maximize independence in their community of choice.

GOAL 2: IMPROVE HEALTH AND WELLNESS

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

SUA Objective 2.1:
Older adults make healthy lifestyle choices to reduce risk of chronic diseases and fall injuries.

AAA 2.1: Increase availability and utilization of evidence-based classes offered to older adults to improve healthy lifestyle choices and overall health and wellness.

AAA 2.4: Reduce the risk of falls among older adults through education, awareness, and prevention.

AAA 2.5: Identify health equity barriers among diverse and underserved older adults and people with disabilities.

SUA Objective 2.2:
Older Iowans at-risk for malnutrition or food insecurity have access to nutritious food.

AAA 2.2: Increase older adults' access to high quality and person-centered nutrition services.

AAA 2.3: Connect older adults who are at risk for malnutrition and/or have high nutrition risk scores with meaningful interventions.

SUA Objective 2.3:
Older adults receive transitional care from hospital to home to reduce risk of readmission or institutionalization.

AAA 1.5: Increase community integration of older adults and people with disabilities through care transition supports from health facilities to community of choice.

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.

ADS Objective: 3.1:
Older adults prepare
for emergencies and
are safe from abuse.

AAA 3.1: Increase awareness, prevention, and reporting of elder abuse and dependent adult abuse.

AAA 3.3: Strengthen emergency preparedness among care recipients, caregivers, and providers.

ADS Objective 3.2:
Older adult access
legal assistance and
Ombudsman service to
advocate for their
rights.

AAA 3.2: Provide access to high-quality legal assistance for older adults.

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.

ADS Objective 4.1: Older adults participate in social engagement opportunities to reduce loneliness and prevent social isolation.

AAA 4.1: Increase social engagement opportunities for persons at risk for social isolation.

ADS Objective 4.2: Caregivers receive supportive services to reduce risk of stress, depression, and financial cost burden.

AAA 4.2: Ensure services and supports are available to informal caregivers in underserved areas.

AAA 4.3: Identify informal caregivers are experiencing or at risk for stress, depression, and financial cost burden due to their caregiver role.

ADS Objective 4.3: Age-Friendly and Dementia Capable communities support older adults as they age in place.

AAA 4.4: Strengthen and enhance the dementia capability of the aging and disability network.

Linkage to State Health Needs and Priorities

State Health Assessment (SHA)	State Health Improvement Plan (SHIP)	State Plan on Aging (SPA)
State Health Assessment Priority: Access to Care	<ul style="list-style-type: none"> • Improve access to behavioral health services for all people in Iowa • Strengthen Iowa's behavioral health system by increasing available resources and capacity 	Goal 1 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: Healthy Eating and Active Living	<ul style="list-style-type: none"> • Reduce barriers to affordable, nutritious foods for all people in Iowa • Increase engagement in active living among all people in Iowa 	Goal 2 Improve Health and Wellness - Older adults are empowered to utilize programs that improve their health and wellness.
State Health Assessment Priority: Mental Health and Mental Disorders	<ul style="list-style-type: none"> • Improve access to behavioral health services for all people in Iowa • Strengthen Iowa's behavioral health system by increasing available resources and capacity 	Goal 4 Stay Engaged and Supported - Older adults are supported by formal and informal caregivers of their choice and have social connections within their communities

Comments / Questions

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