



Aging Summit

Summary Report

April 27, 2026

ADVANCING
STATES





Aging Summit

Readiness to

Meet the Moment

April 27, 2026

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Executive Summary

America is experiencing one of the most significant demographic transformations in its history. People are living longer, healthier lives and they are contributing to their families, communities, and the economy in new and meaningful ways. This longevity dividend presents an extraordinary opportunity to reimagine how we support health, independence, purpose, and quality of life across the lifespan.

At the same time, the nation must prepare for the realities of a rapidly aging population. Every day, approximately 10,000 Americans turn 65¹, a trend that will continue for years to come. By 2060, the population of older adults is projected to nearly double². More than 53 million Americans already serve as unpaid family caregivers³, and the direct care workforce that supports home and community-based services faces significant shortages⁴. The systems that support older adults—including Medicare, Medicaid, and the Older Americans Act—were designed more than 60 years ago for a very different demographic reality.

Recognizing both the opportunities and challenges ahead, ADVancing States convened the 2026 Aging Summit, bringing together more than 220 leaders from 42 states and territories, federal agencies, national organizations, health plans, academia, philanthropy, and the private sector. Participants were united by a shared goal: ensuring readiness to meet the needs and aspirations of today's and tomorrow's older adults.

Despite diverse perspectives and experiences, participants reached strong consensus on several priorities:

- Aging policy must evolve from a system that primarily responds to crises toward one that promotes prevention, wellness, and healthy aging throughout life.
- The direct care workforce and family caregivers must be strengthened through better training, support, career pathways, and respite services.
- Systems must become more integrated and person-centered, making it easier for individuals and families to navigate services and receive support when and where they need it.
- The network of supports designed to support older adults must leverage data, technology, and cross-sector partnerships to improve outcomes, demonstrate value, and support independence.

¹ [Aging | HHS.gov](#)

² [Demographic Turning Points for the United States: Population Projections for 2020 to 2060](#)

³ [Study Shows 1 in 5 Americans Provide Unpaid Family Care](#)

⁴ [Ongoing Impacts of the Pandemic on Medicaid Home & Community-Based Services \(HCBS\) Programs: Findings from a 50-State Survey | KFF](#)

A recurring theme throughout the Summit was that preparing for a longer-lived society is not solely the responsibility of aging agencies. Success will require collaboration across healthcare, housing, transportation, public health, education, business, and community organizations. Participants called for a whole-of-society approach that recognizes the value older adults bring to communities while ensuring systems are prepared to support changing needs.

The recommendations contained in this report provide a roadmap for action—ranging from practical near-term opportunities to longer-term system reforms. Together, they reflect a shared vision for creating systems that are proactive rather than reactive, integrated rather than fragmented, and person-centered rather than program-centered.

The message from Summit participants was clear: the demographic transformation is already underway. The opportunity before us is not simply to respond to aging, but to prepare for and benefit from a longer-lived society. By investing in prevention, strengthening workforce and caregiver supports, modernizing systems, and fostering collaboration across sectors, we can ensure that all people have the opportunity to age with health, independence, dignity, and purpose.

Why We Are Here: The Case for An Aging

Summit

America and the aging services network are at a pivotal moment in history. The demographic, fiscal, and workforce pressures facing aging and disability systems are not approaching - they are already here.

In April 2026, ADvancing States brought together national and state policymakers, leaders, and experts in aging for the Aging Summit. The Summit was designed to provide these leaders with the space to collectively look at what lies ahead, revisit previous assumptions, and, where necessary, pivot goals, plans, and efforts to meet the future.

The Summit convened these experts to coalesce around a shared mission of readiness. To learn from what has been established, identify what no longer works or is holding us back, and plan for where things need to change – so that individually and collectively we are ready to meet older Americans needs today and in the years ahead.

System Built for a Different Era

The last time the United States established a comprehensive vision for aging services was 1965, the year Medicare, Medicaid, and the Older Americans Act (OAA) were created. At that time, the average life expectancy in America was 70 years. Today, Americans routinely live into their late 70s, 80s, and beyond, with many requiring decades of support. The systems, processes and structures developed over 50 years ago are simply not designed for today's reality.

***We can't meet 21st century aging with a 1965 blueprint" Ursel McElroy,
ADvancing States Board President***

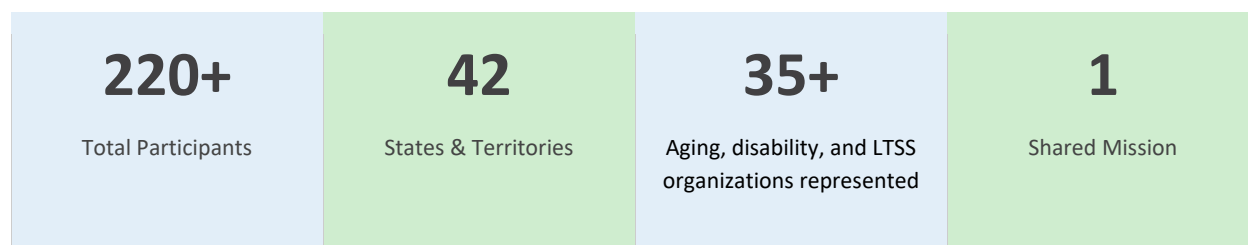
The Scale of the Shift

The demographic data framing the Summit emphasizes the importance and need for prompt, decisive actions:

- Ten thousand Americans turn 65 every single day, and this pace will continue for years to come.⁵
- The population of Americans aged 65 and older is projected to nearly double by 2060.⁶
- People with disabilities are living longer than ever, often aging into systems that were designed decades ago and were not built to serve them.
- Fifty-three million Americans are currently serving as unpaid family caregivers, and most of them are invisible to the policy systems meant to support them.⁷
- The direct care workforce is the core of home and community-based services (HCBS), yet it faces a shortage of hundreds of thousands of workers with no near-term solution in sight.⁸

These are not abstract thoughts. They are the daily operational realities of the State Unit on Aging directors, Medicaid directors, and aging network professionals attending the Aging Summit.

Who Participated



More than 200 leaders from across the aging, disability, and long-term services and supports system (LTSS), representing nearly every state and territory in the country, federal agencies, national associations, philanthropy, academia, managed care organizations, and advocacy groups gathered for the 2026 Aging Summit. The participants brought frontline program expertise, policy leadership, and cross-sector perspectives that informed the event’s discussions.

State and Federal Agency Leaders

⁵ [Aging | HHS.gov](#)

⁶ [Demographic Turning Points for the United States: Population Projections for 2020 to 2060](#)

⁷ [Study Shows 1 in 5 Americans Provide Unpaid Family Care](#)

⁸ [Ongoing Impacts of the Pandemic on Medicaid Home & Community-Based Services \(HCBS\) Programs: Findings from a 50-State Survey | KFF](#)

The largest group represented state aging, disability, and Medicaid agencies that make up the ADvancing States member network. State directors, commissioners, deputy secretaries, and program managers from 42 states and territories attended.⁹

Federal partners from the Administration for Community Living (ACL) and the Centers for Medicare & Medicaid Services (CMS) also participated, including senior leadership from ACL's Office of the Deputy Administrator and the CMS Medicaid Benefits and Health Programs Group.

National Associations and Advocacy Organizations

A strong contingent of national association leaders participated as invited guests, representing organizations whose work informs and intersects directly with state aging and disability systems:

- Association of State and Territorial Health Officials (ASTHO)
- American Network of Community Options and Resources (ANCOR)
- National Alliance for Caregiving (NAC)
- National Association of Medicaid Directors (NAMD)
- National Association of Nutrition and Aging Services Programs (NANASP)
- National Association of State Directors of Developmental Disabilities Services (NASDDDS)
- National Association of State Head Injury Administrators (NASHIA)
- National Association of State Mental Health Program Directors (NASMHPD)
- National Council on Aging (NCOA)
- USAging

Subject Matter Experts, Philanthropy, and Academia

The Summit also included researchers, policy experts, philanthropic leaders, and consultants whose work shapes the national aging landscape:

- Aging & Disability Health Policy Lab
- Bipartisan Policy Center
- George Washington University Hirsh Health Law and Policy Program
- Guidehouse
- Mathematica
- Mercer

⁹ States and territories attending the 2026 Agung Summit: Alabama, Alaska, American Samoa, Arizona, California, Colorado, Connecticut, Delaware, Florida, Georgia, Hawaii, Idaho, Illinois, Kansas, Kentucky, Louisiana, Maryland, Massachusetts, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Utah, Vermont, Washington, West Virginia, and Wisconsin

- Public Consulting Group
- The John A. Hartford Foundation
- Other policy and health advisory firms

Managed Care Organizations

Several managed care organizations with a growing role in delivering LTSS participated. This included Aetna/CVS, Centene, Elevance Health, Humana Healthy Horizons, Independent Living Systems, Molina Healthcare, and UnitedHealthcare Community & State.

Technology, Innovation, and Service Partners

A range of technology, data, and service delivery partners participated including organizations focused on fiscal intermediary services, care management technology, data analytics, electronic health records, and direct care workforce solutions. Among them were Acentra Health, FEI Systems, GT Independence, Maximus, Mon Ami, Public Partnerships LLC (PPL), Pulselight, and WellSky.

A Cross-Sector Room

The mix of participants—state agency directors alongside national association leaders, managed care executives, federal officials, and independent researchers — was intentional. ADvancing States designed the Aging Summit to create an environment that fostered cross-sector collaboration to generate innovative solutions for the aging network’s current and future challenges.

Opening the Day: Setting the Stage for the Future of Aging Services

The Summit was opened by Ursel McElroy, Board President of ADvancing States and Cabinet Director of the Ohio Department of Aging, with a keynote designed to ground participants in the scale of the challenge and direct their energy toward the opportunities within it. Her remarks framed the day's central focal point: Americans live longer, yet spend more years in less-than-good health. We can create a future where longer lives are not just about more years, but better years. We must take what we know - our insights, our data, our live experiences - and turn it into bold action **now**.

- Re-imagining care systems that are accessible, proactive, integrated, and audacious enough to pioneer innovative technology-enabled solutions.

- Leveraging cross-sectoral opportunities in the public, private, and social sectors has the potential to fortify and accelerate sustainable care systems that improve lives and strengthen communities.
- Regarding health as an investment and valuing the return on investing early as more than a metric, but proof that investing early pays off.

McElroy closed her remarks with a direct charge to the participants: 'We must reimagine and reinvent what it means to age in this country as a bold new design challenge. Because longer lives are not the problem - they are the opportunity.'

Aging Systems Today: Cross-Leadership Perspectives

Moderated by Rani Snyder, the President of The John A. Hartford Foundation, the first panel session followed the opening keynote and examined how aging and disability systems are currently structured, the pressures they face, and how states and their partners are adapting.

Panelists included:

- Mary Sowers, Executive Director of NASDDDS, who brought a national Intellectual and Developmental Disability (I/DD) and Medicaid HCBS perspective shaped by prior senior roles at CMS.
- Mary Lazare, Principal Deputy Administrator of the Administration for Community Living, who offered a federal vantage point on aging systems and cross-sector priorities.
- Nels Holmgren, ADvancing States Board Past President and Director of the Utah Division of Aging and Adult Services, who oversees the unique combination of OAA programs and Adult Protective Services..
- Bonnie Silva, ADvancing States Board Vice President and Director of the Colorado Office of Community Living, who began her career as a direct support professional before rising to lead LTSS policy covering all populations.
- Merrill Friedman, Regional Vice President for Inclusive Policy and Advocacy at Elevance Health, who made the case for person-centeredness as a health plan operating principle, not just a policy aspiration.

The panel addressed critical issues at the forefront of the Summit's agenda:

- What do aging and disability systems need for a more integrated approach?
- What does the health system understand about community-based supports that the policy world has been slow to grasp?
- How do you build a system that keeps older adults independent while also protecting vulnerable adults, and where do those goals create tension?

Silva's knowledge as a direct support professional drew particular attention. She described how frontline experience shapes policy decisions in ways that data alone cannot replicate, something she wishes more state directors had experienced firsthand before taking on

leadership roles. Friedman encouraged the room to hold health plans accountable not just as payers but as system actors, describing what it actually looks like to embed independent living philosophy and lived experience into a managed care organization's operations.

The panel closed with a direct question to all five speakers: *if you had to name the single biggest structural barrier — not a funding problem, but a design or governance problem — that is preventing aging systems from truly serving people well, what would it be?* The answers echoed themes that would recur throughout the day: the gaps between systems, the fragmentation of governance, and the difficulty of building accountability structures that follow the person rather than the program all pose significant barriers.

Tech-Enabled Care: Innovations Driving Independence

Moderated by April Young, Senior Managing Director of Strategic Initiatives at ADvancing States, the second panel was on technology and explored how assistive devices, remote monitoring, telehealth, artificial intelligence, and smart home solutions are transforming service delivery. Panelists included:

- Abby Gadbois, Associate Director of Policy for Complex Care, UnitedHealthcare Community and State, and member of the Expanding Technology Engagement Network who brought a managed care perspective.
- Anna Keith, Vice President of LTSS Product for Centene, who presented a national health plan perspective.
- Mary Killough, Director of the Illinois Department on Aging, who offered a state aging viewpoint.
- Jeremy Yale, Director for the Pennsylvania Bureau of Policy and Quality Management, who provided a developmental disability perspective.

Panelists thoughtfully considered:

- How stereotypes about older adults and technology create barriers to adoption and what it takes to overcome them
- The gap between what Medicaid and Medicare cover and the technological reality of what is available, and what policy changes are most urgent to close it
- How health plans track the ROI and efficacy of technology supports in HCBS, how to use data in creative ways, and how that data can help states make the case for expanded access
- What meaningful digital literacy education looks like for older adults and their caregivers, and who bears the cost of training
- The evolving role of AI in older adult day-to-day life and the issues participants are most eager to see it address

The session surfaced a recurring tension that would be revisited by participants throughout the day: technology holds genuine promise as a tool for independence and workforce extension, but it cannot substitute for human relationships, and equitable access requires deliberate policy investment.

Key Challenges Shaping the Future of Aging Policy

The third panel, moderated by Martha Roherty, ADvancing States Executive Director, convened a cross-sector panel of national leaders to explore the forces most likely to shape aging policy over the next decade. Panelist included:

- Gary Bacher, Chief Strategy Officer at the Center for Medicare and Medicaid Innovation (CMMI) and Director of the Medicare-Medicaid Coordination Office at CMS, who brought a federal innovation and value-based care perspective.
- Kate McEvoy, Executive Director of the National Association of Medicaid Directors (NAMD), who brought a state Medicaid and elder law perspective.
- Barbara Merrill, CEO of ANCOR, who represented the community-based provider and I/DD workforce perspective.
- Jason Resendez, President and CEO of the National Alliance for Caregiving, who offered a family caregiver and brain health lens.

The panel explored questions that would inform the afternoon's breakout session discussions:

- How do we finance a future-ready aging system when the current one is already fiscally strained?
- What does meaningful integration across aging, disability, health, and social services actually require beyond policy aspirations?
- As older adults and families increasingly expect more choice, more control, and more personalization, how are systems responding, and where are they falling short?

Participants left the morning with a clear charge: the ideas generated at the Aging Summit would be synthesized into a working document to brief legislators, align agency priorities, and inform what comes next. The following pages present that synthesis.

The Thread Running Through Every Discussion

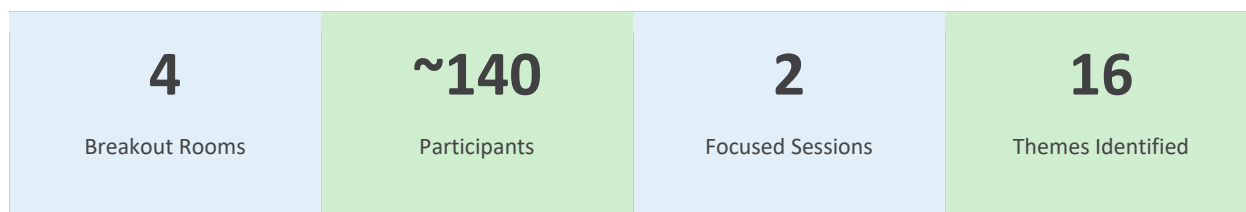
Whether the topic was technology, workforce, financing, or service navigation, one challenge connected every conversation - the gaps between Medicaid, the aging network, housing, and public health are where people fall through and lose access. **System integration is the defining design challenge of the next decade.**

Aging Summit Facilitated Discussion Summary

The afternoon of the Summit featured four parallel breakout rooms designed to be solution-focused discussions to address two key questions:

1. How do we support the growing number of older adults and help them maintain their health?
2. How do we help people age well? (upstream prevention and younger populations)

Each breakout room had approximately 36 participants and was guided by a facilitator. All facilitators used the same structured process for their breakout rooms that included: individual brainstorming, group review and identification of quick wins, planning and implementation discussion, and a dot vote to surface priorities. The breakout rooms discussed the first question and provided insights. After a short break, they reconvened to do the same practices for the second question. This section synthesizes the findings from all four breakout rooms into a combined summary.



Part 1: Supporting Older Adults Today

The first portion of the breakout sessions asked participants to focus on the current and near-term challenge: *how do we support the growing number of older adults and help them maintain their health?* Across all four breakout sessions, participants generated a wide range of ideas, grouped these into themes, and voted on priorities. The following presents the themes in combined form, drawing on insights and examples from all groups.

Workforce and Caregiver Supports

Workforce and caregiver support was the single most prominent theme, appearing as a top priority. Participants distinguished between two interconnected populations – the paid direct care workforce and family/unpaid caregivers.

Direct Care Workforce

Participants raised urgent concerns about recruitment, retention, and recognition of direct care workers (DCWs). Ideas included:

- Creating unified credentialing systems and career ladders to support professional development and worker satisfaction
- Offering government-subsidized healthcare plans and competitive wages for DCWs
- Developing trade school internships and new career pathways leading to caregiving professions
- Streamlining legal and immigration pathways for people seeking direct care work
- Developing data tools to demonstrate the return on investment (ROI) of the DCW workforce

Minnesota's small-employer caregiving toolkit¹⁰ (already adopted by at least two other states) was highlighted as a practical, replicable model.

Family and Unpaid Caregivers

Supporting family and unpaid caregivers received strong feasibility votes, suggesting participants see this as an area where action can happen in the near term. Ideas included:

- Leveraging state-provided retirement savings vehicles (e.g., 401(k)s) for unpaid caregivers
- Providing workplace accommodations for employees with caregiving responsibilities
- Expanding Medicaid coverage and reimbursement for caregiver training
- Encouraging employer-paid respite as a benefit, one of the least known but most valuable supports for avoiding worker burnout
- Expanding access to, and definitions of, respite care
- Identifying people in caregiving roles earlier, before they recognize themselves as caregivers

Pennsylvania's PA Care Kit¹¹ was highlighted as a strong model.

Housing

Access to affordable, accessible housing was a recurrent theme, with participants calling for a continuum of options that support aging-in-place, from independent living through skilled care. Ideas included:

- Expanding housing subsidies
- Building housing communities with wraparound supports
- Expanding accessory dwelling units (ADUs) by removing zoning barriers
- Developing shared housing models that connect older and younger adults

¹⁰ MN Board on Aging | [Beyond the Workday – Finding Balance for the Working Caregiver](#)

¹¹ PA CareKit | [Department of Aging | Commonwealth of Pennsylvania](#)

Notably, housing received strong impact votes but low feasibility votes, reflecting that participants see it as critically important but difficult to achieve in the short term.

Social Connection and Intergenerational Engagement

Addressing social isolation was identified as both a health issue and a systems failure. Ideas across the breakouts included:

- Creating community spaces like libraries, theaters, or restaurants that are designed with all ages and abilities in mind
- Offering virtual social connection programs for people with limited mobility
- Supporting intergenerational programming, such as combining childcare and adult day programs, youth volunteer programs supporting older adults, and senior center transformation into community hubs for all ages
- Using libraries, movie theaters, and congregate settings as extended community hubs for telehealth, childcare, and nutrition education

Social connection received strong feasibility votes, suggesting participants see this as an area ripe for near-term action.

Financing and Affordability of Long-Term Services and Supports

A recurring concern was the "forgotten middle"- e.g., adults who earn too much to qualify for Medicaid but lack sufficient resources to pay privately for care. Ideas to support the forgotten middle included:

- Offering cost-share and sliding-scale subsidies for assisted living for non-Medicaid-eligible adults
- Reforming Medicare and Medicaid to cover functional healthcare that addresses root causes rather than managing symptoms
- Eliminating restrictive Medicaid policies such as estate recovery and asset tests
- Increasing the Medicaid asset limit and the Social Security tax cap
- Growing the number of older adults served by the CAPABLE¹² model, a person-centered, home-based approach that integrates services from an occupational therapist, registered nurse, and handy worker to support an older adults' health, independence, and safety

¹² [CAPABLE National Center | Community Aging in Place | Advancing Better Living for Elders](#)

Arizona's Medicaid MCO community reinvestment policy and Aetna's community-driven social determinants approach were highlighted as funding innovation models.

Data, Technology, and Demonstrating Value

Breakout participants called for better use of existing data to demonstrate impact, target resources, and drive accountability. Ideas included:

- Building a composite measure from existing data to show the potential impact and cost-savings of aging services
- Empowering Area Agencies on Aging (AAAs) with real-time data dashboards to identify trends and demonstrate service value
- Creating an aging network outcomes scorecard with state and county-level data
- Using data-driven targeting to identify people with a risk of needing high-cost services to proactively provide them with preventive resources
- Coordinating data between assistive technology and aging programs to demonstrate need and risk factors
- Shifting from outputs tracking to meaningful outcomes by using data for contextual, actionable information

System Navigation and the No Wrong Door Model

Participants called for simpler, more integrated service delivery systems that meet people wherever they are. Participants explored the design of a successful statewide No Wrong Door (NWD) system, including:

- Establishing a statewide lead entity with broad reach and deep knowledge of delivery systems
- Offering a universal standardized assessment implemented across all NWD programs regardless of funding source
- Building Medicaid Administrative Claiming¹³ compatibility in assessment designs
- Leveraging federal governance grants to curate collaboration and avoid duplication across states

The Missouri University Center for Excellence in Developmental Disabilities (UCEDD) and Florida's Aging and Disability Resource Centers (ADRC) were highlighted as strong models. The breakout participants also called for leveraging trusted access points such as community health workers and aging navigators, streamlining eligibility, and improving options counseling and consumer education.

¹³ [Medicaid Administrative Claiming | Medicaid](#)

Partnerships and Cross-Sector Collaboration

Participants emphasized the need for deeper coordination between state agencies, healthcare systems, businesses, and community organizations. Ideas ranged from practical and near-term to structural including:

- Partnering with firefighters to provide information and referrals, home modifications, and other supports such as snow removal services
- Collaborating with large retail and/or social media companies on food access and education
- Improving coordination with departments of corrections to support justice-involved individuals
- Housing state Multisector Plans on Aging (MPAs) within governors' offices to ensure cross-agency authority
- Building credibility and stakeholder engagement in agency operations similar to Illinois's MPA governance model¹⁴ that includes governor-appointed advisory council members
- Establishing cross-sector partnership models like North Dakota's *Smart with My Money*¹⁵ financial planning resource and Virginia's *Senior Cool Care*¹⁶ energy assistance program

End of Life Care and Advance Planning

A theme surfaced that cut across the entire day - the urgent need to reframe death, dying, and end-of-life planning. Ideas included:

- Normalizing end-of-life issues upstream through community-level conversations like "Death Cafes"
- Training medical professionals in palliative care and honest patient communication about treatment options and end-of-life choices
- Standardizing palliative care practices nationally (unlike hospice, there is no palliative care fee schedule, and many state Medicaid programs do not cover it)
- Educating people about advance planning options including the role of death doulas

Participants asserted that without a social shift normalizing these conversations, people will continue to arrive at expensive end-of-life interventions without the quality-of-life benefits that earlier planning could have provided.

¹⁴ [Multisector Plan for Aging](#)

¹⁵ [Smart with My Money: Financial Wellness](#)

¹⁶ [Senior Cool Care - DARS](#)

Additional Part 1 Themes

- Quality: More robust quality reporting and alignment for HCBS
- Early Screening: Cognitive decline screenings, aging assessments in primary care, training eligibility workers to recognize cognitive symptoms (Arizona's statewide Alzheimer's and dementia plan¹)
- Eligibility Streamlining: Removing eligibility requirements for the 85+ population; presumptive HCBS eligibility
- Services and Service Models: Streamlining assistive technology processes; integrating community health workers into OAA and Medicaid programs

Quick Wins

Quick wins that could build interest in the LTSS system and help people prepare for aging related issues included:

- Enhance marketing and outreach efforts to create greater understanding of “aging well” concepts and the available LTSS by streaming state program information on smart TVs in relevant settings (e.g., doctors offices) and reorganizing agency websites to make them easier to navigate
- Make simple age-friendly community steps that encourage physical activity and social connections, such as repairing sidewalks and improving lighting to provide access and safety
- Provide training for professionals by offering classes at institutes of higher learning on aging health topics and develop educational bulletins targeted to provider networks

Part 2: Helping People Age Well

The second portion of the breakout sessions asked participants to think upstream to identify: *how do we help people age well?* A large portion of the discussions focused on the chronic conditions that drive the long-term care crisis and how we can intervene now to lessen their impacts in the future. The following themes emerged across all four breakout rooms.

Cultural and Societal Change

Participants identified the need for a broader cultural shift around aging (e.g., reducing ageism), normalizing planning for care, and reframing aging as an opportunity rather than decline or burden. Ideas included:

- Requiring education about aging in public schools
- Implementing media and marketing campaigns to shift cultural narratives, drawing lessons from the success of smoking cessation campaigns
- Employing strategies in the workplace to change perceptions of older adults
- Offering social media incentives to promote positive aging content targeting different age groups
- Teaching anti-ageism curriculum in high schools. For example, New York City's What is Aging¹⁷ media course encourages students to identify ageism in media and was highlighted as a model
- Combating misinformation related to aging and health at every level available

Participants in one breakout room noted that "everyone and no one" is responsible for cultural change.

Ownership must be distributed across government, communities, employers, and individuals.

Reframing Aging — Health, Wellness, and Prevention

Participants called for aging to be reframed through a health and wellness lens. Ideas included:

- Partnering with local colleges, trusted community leaders, and news media to shift public narratives about aging from decline and burden to opportunity
- Using social media to promote long-term care planning, advanced directives, and retirement savings
- Implementing age-friendly models in all state and local government agencies, regardless of their primary mission, including accessible paths, adult playgrounds, and the Village¹⁸ model
- Prioritizing age-inclusive and intergenerational community design

This theme connects explicitly to the end-of-life discussions in Part 1 and includes reframing life planning as a lifelong activity relevant to younger generations, not just people approaching old age.

Healthcare and Social Services Reform

Participants called for systemic changes that will focus on access, affordability, and prevention in healthcare. This was the highest impact-voted theme among participants. Ideas included:

¹⁷ [anti-ageism-campaign](#)

¹⁸ [Home - Village to Village Network, Inc.](#)

- Eliminating Medicaid benefits cliffs and disincentives to savings
- Reforming healthcare toward a wellness-focused, prevention-based model rather than reactive, illness-based care
- Incorporating wellness and prevention into healthcare provider education and training
- Using a "golden ticket" approach, which would allow Medicaid eligibility to trigger streamlined enrollment in other assistance programs
- Simplifying enrollment for Medicare Savings Programs¹⁹ and Extra Help
- Implementing broader social policy changes (e.g., paid family leave, universal healthcare, and universal basic income) with pilot programs and state models suggested as first steps

Cross-Agency and Cross-Sector Coordination

Participants consistently emphasized that healthy aging requires collaboration across systems that extend well beyond the traditional aging network. A top-voted idea was coordinating with other state-level cabinet agencies to discuss how aging impacts their areas of focus. Other ideas included:

- Structuring cross-agency planning for aging in all state government departments
- Creating a request for information (RFI) to understand what healthy aging looks like in communities nationwide, and pairing this with "matchmaking" between aging network organizations and local community partners
- Engaging state MPAs with explicit cross-functional initiatives
- Aligning state Medicaid agency contracts with dual-eligible special needs plans to prescribe specific supplemental benefits
- Using the Rural Health Transformation Program (RHTP)²⁰ as a time-sensitive opportunity for aging agencies to build collaboration with Medicaid and public health partners

Nutrition and Food Access

Nutrition emerged in Part 2 as a standalone priority across multiple rooms, reflecting broad recognition that food access is a fundamental determinant of healthy aging. Ideas included:

- Expanding the Senior²¹ and WIC²² Farmers Market Nutrition Programs to reach additional low-income populations
- Increasing access to nutritionists for meal planning and education
- Addressing food deserts through community gardens, school gardens, and local food access programs

¹⁹ [Medicare Savings Programs | Medicare](#)

²⁰ [Rural Health Transformation \(RHT\) Program | CMS](#)

²¹ [Senior Farmers Market Nutrition Program | Food and Nutrition Administration](#)

²² [WIC Farmers Market Nutrition Program | Food and Nutrition Administration](#)

- Implementing nutrition education campaigns²³ at meal sites and congregate settings
- Scaling nutrition interventions to the breadth and reach of school lunch programs, using them as an entry point for holistic needs assessment and referrals

Physical Fitness, Wellness, and Preventive Screenings

Participants called for broader, community-based infrastructures that encourage wellness across the lifespan. Ideas included:

- Supporting walkable community planning and universal design principles
- Reinstating physical education programs beginning in elementary school
- Partnering with YMCAs and community organizations for long-term wellness initiatives
- Incentivizing early diagnostic screenings and regular check-ins to intervene before crises occur
- Using technology-based health tracking as insurance incentives for healthy behaviors
- Increasing investment in falls prevention programs and wearable remote support technologies

Behavioral Health

Behavioral health prevention and access emerged as a Part 2 priority. Ideas included:

- Screening for adverse childhood experiences and trauma-informed care
- Including behavioral health in all insurance plans
- Implementing awareness campaigns about the importance of social connection and sleep as health factors
- Bringing behavioral health services to diverse settings (e.g., congregate and in-home) and improving provider training and payment incentives

Data-Driven Targeting and Program Investment

Participants emphasized the need to invest in what works and use data to find it. Key ideas included:

- Using data-driven targeting to engage populations with greatest unmet needs
- Investing in programs with proven ROI and expanding those that have shown effectiveness
- Tailoring programs to reflect community values, languages, and lived experiences to improve participation and long-term behavior change
- Using ROI data to motivate employers to encourage employees to engage in preventive health activities

²³ [Find an Evidence-Based Program | NCOA](#)

- Using emergency service response data (number of older adult calls, cost of response, etc.) as evidence to justify upstream investment

Additional Part 2 Themes

- Intergenerational Housing: Shared housing models connecting older and younger adults; multigenerational housing; addressing housing instability earlier through proactive interventions
- Advanced Planning and Financial Literacy: Building awareness and proactive planning for long-term care and end-of-life decisions, especially for younger populations; incentivizing insurance plans for prevention-focused behaviors
- Data Systems and Coordination: Using data to identify dual-eligible individuals in nursing facilities for faster community transitions; improving user-centered system design with a customer experience mindset
- Local Funding: Examples included Ohio's local levies for older adult services and state matching arrangements with designated local funding

Quick Wins

- Engage with hospital discharge planners to use referral links to recommend older adult activities and services, and use emergency service records to incentivize funding upstream programs
- Launch community partnership matchmaking efforts that connect aging network organizations with local community partners to identify and advance healthy aging initiatives
- Work with medical, nursing, and allied health training programs to incorporate healthy aging, prevention, and wellness concepts into existing curricula and continuing education offerings

Cross-Cutting Themes

The following themes emerged consistently across the day and all four breakout sessions, reflecting the strongest points of shared consensus among participants.

1. Prevention Over Reaction

Participants expressed a strong desire to shift from a crisis-response, treatment-based system to a proactive, prevention-focused approach. The chronic conditions and care needs of tomorrow's older adults are being formed today, and upstream investments in health, wellness, nutrition, and early screening are more compassionate and cost-effective than waiting until crisis strikes. Early screening and health prevention appeared as a cross-cutting theme across all groups.

2. Workforce Development and Caregiver Support

The direct care workforce and family/unpaid caregivers were identified as essential to the LTSS system but are under-supported. Themes of career ladders, competitive wages, training and credentialing, employer flexibility, and respite — both as a benefit for family caregivers and as a retention tool for paid workers — appeared across all four groups.

3. Cross-Sector Collaboration and Partnerships

Participants consistently called for deeper coordination between state agencies, federal partners, the healthcare system, businesses, academic, and community organizations. Positioning MPAs within governors' offices, leveraging the RHTP, and partnering with schools, libraries, employers, and media were all proposed as structural levers. Participants frequently noted that aging and disability needs are not the responsibility of aging agencies alone.

4. Data, Accountability, and Demonstrating Value

This theme encompassed real-time dashboards for AAAs, composite measures demonstrating aging service ROI, outcomes scorecards, and data-driven targeting of preventive resources. Participants called for a move from outputs to meaningful outcomes and insisted that data should be used as a tool for advocacy, planning, resource allocation, and accountability, not just reporting.

5. Societal and Cultural Change

Participants identified the need for broader cultural shifts: reducing ageism, normalizing aging and disability, reframing conversations around death and dying, and building public awareness of the realities of aging. Education in schools, workplaces, and communities was proposed as a vehicle for change, alongside media campaigns and intergenerational engagement.

6. Housing, Social Connection, and Built Environments

Affordable and accessible housing, intergenerational community design, and the built environment were raised across all breakout rooms. Social isolation was discussed as both a health issue and a systems failure that is addressable through community spaces, intergenerational programs, and intentional planning. Participants called for built environments that support access and aging across the lifespan, not just in old age.

7. Person-Centered, Integrated Systems

Participants called for simpler, more integrated service delivery. No Wrong Door systems, eligibility streamlining, service navigation, and person-centered systems design all pointed to the same goal: making it easier for people to find and access the right support at the right time, without having to navigate a fragmented and confusing network of programs and eligibility rules. Participants summarized the vision as a system that is proactive, community-based, integrated, preventive, and person-centered rather than reactive, institution-based, siloed, crisis-driven, and system-centered.

Summary of Recommendations

The table below distills key recommendations organized by theme with a suggested time horizon for action.

Time horizons: *Near-term = actionable within months with existing resources. Medium-term = requires planning, partnerships, or modest new investment. Long-term = requires systemic or legislative change.*

Theme	Key Recommendations	Time Horizon
PART 1: Supporting Older Adults Today		
Workforce & Caregiver Supports	<ul style="list-style-type: none"> • Create unified credentialing and career ladders for direct care workers • Establish employer-paid respite as a standard benefit • Expand workplace accommodations and financial supports for family caregivers • Launch caregiver outreach campaigns before people recognize themselves in that role 	<i>Near-term</i>
Housing	<ul style="list-style-type: none"> • Invest in a continuum of affordable, accessible housing options • Remove zoning barriers to ADUs • Develop shared housing models connecting older and younger adults 	<i>Long-term</i>
Social Connection	<ul style="list-style-type: none"> • Create or repurpose community spaces for older adult engagement • Expand virtual connection programs for people with limited mobility • Invest in intergenerational programming across community settings 	<i>Near-term</i>
Financing & Affordability of LTSS	<ul style="list-style-type: none"> • Develop cost-share/sliding-scale subsidies for people who fall outside Medicaid • Eliminate restrictive policies such as estate recovery and asset tests • Scale proven models like CAPABLE 	<i>Medium-term</i>
Data & Demonstrating Value	<ul style="list-style-type: none"> • Build a composite measure from existing data to show aging service ROI • Deploy real-time dashboards for Area Agencies on Aging • Create a public aging network outcomes scorecard • Use data-driven targeting to direct preventive resources to highest-risk individuals 	<i>Medium-term</i>

System Navigation & No Wrong Door	<ul style="list-style-type: none"> • Designate a statewide NWD lead entity with broad governance authority • Implement a universal standardized assessment across all NWD programs • Pursue federal governance grants to support NWD implementation 	<i>Medium-term</i>
Partnerships & Collaboration	<ul style="list-style-type: none"> • Position MPAs in governors' offices for long term sustainability • Build partnerships with firefighters, employers, libraries, and community organizations • Leverage the RHTP for aging-Medicaid collaboration 	<i>Near-term</i>
End of Life Care & Advance Planning	<ul style="list-style-type: none"> • Create community-level conversations normalizing end-of-life planning • Train medical professionals in palliative care and honest patient communication • Standardize palliative care practices and reimbursement nationally 	<i>Medium-term</i>
PART 2: Helping People Age Well		
Cultural & Societal Change	<ul style="list-style-type: none"> • Integrate aging education into public school curricula • Launch broad anti-ageism public awareness and media campaigns • Promote workplace strategies to shift perceptions of older adults 	<i>Medium-term</i>
Healthcare & Social Services Reform	<ul style="list-style-type: none"> • Reform healthcare toward prevention-based, wellness-focused models • Incorporate aging, wellness, and prevention into healthcare provider education • Simplify enrollment for Medicare Savings Programs and Extra Help • Pilot broader social policy changes: paid family leave, benefits cliff elimination 	<i>Long-term</i>
Cross-Agency Coordination	<ul style="list-style-type: none"> • Coordinate with all state cabinet agencies on how aging intersects their work • Issue an RFI on healthy aging and create community matchmaking infrastructure • Embed aging priorities in Medicare Advantage state plan agreements 	<i>Near-term</i>

Nutrition & Food Access	<ul style="list-style-type: none"> • Expand Farmers Market Nutrition Programs to broader low-income populations • Address food deserts through community gardens and local food access programs • Use nutrition programs as entry points for holistic needs assessment 	<i>Near-term</i>
Fitness, Wellness & Prevention	<ul style="list-style-type: none"> • Support walkable, universally designed community planning • Reinstate physical education beginning in elementary school • Invest in early diagnostic screenings and preventive check-ins • Expand falls prevention technology and wearable remote supports 	<i>Near-term</i>
Behavioral Health	<ul style="list-style-type: none"> • Screen for adverse childhood experiences and embed trauma-informed care • Include behavioral health in all insurance plans • Bring behavioral health services to congregated and in-home settings 	<i>Medium-term</i>
Data-Driven Investment	<ul style="list-style-type: none"> • Invest in programs with demonstrated ROI • Use data to target preventive resources to highest-need populations • Use emergency services data to justify upstream investment to funders 	<i>Near-term</i>
Intergenerational Communities & Housing	<ul style="list-style-type: none"> • Develop multigenerational housing and community living models • Invest in intergenerational programming and volunteer networks • Integrate caregiving education into high school curricula 	<i>Medium-term</i>

Closing the Day: Themes, Tensions, and What Comes Next

Kathy Greenlee, ADvancing States' Senior Director of Elder Justice Initiatives delivered the closing keynote, synthesizing what she heard across the Aging Summit presentations and breakout discussions into a set of clear, resonant themes. She began by referencing Director McElroy's opening remarks that highlighted the nation's demographic shift, strained systems, economic pressure, and technology challenges and opportunities, and the mission of the Summit – readiness to meet the moment.

- Integration is not optional anymore – it's mandatory. Siloed systems and disconnected programs are bad for people, payers, and providers. Lack of integration creates harmful outcomes. Disconnected programs are impossible for people to navigate. People in the breakout rooms reached clear consensus that system integration is the defining design challenge of the coming decade.
- We know how to support people to help them live the lives they want to live. The lack of an adequate number of direct care workers is the crisis behind every crisis. Whatever the topic, workforce came up. Solutions that don't account for who will do the work are solutions on paper only.
- In addition to supporting and developing a direct care workforce, we must continue to support caregivers. Fortunately, caregiving is getting more attention than ever before. Systems must build in support for caregivers, including training and respite.
- Prevention and wellness must become core infrastructure. Current financing structures reward intervention, not prevention; changing this framework is a generational policy project. Prevention must be integrated into workflows, into healthcare, and become a way of life.
- Technology is the underlay of integrated programs and is an essential aspect of supporting consumers and their families. Technology must also be deployed for program integrity and oversight.
- Person-centered is the floor, not the ceiling. Truly person-centered care requires systems flexible enough to respond to individual needs, not systems that slot people into pre-existing categories.
- States are ready to lead and need room to do it. The energy in the room is not waiting for permission from Washington; it is asking for the flexibility, peer networks, and technical resources to act.

Greenlee also named the tensions that surfaced but were not fully resolved: technology as empowerment versus technology as substitution; speed versus equity; federal alignment versus state flexibility; prevention investment versus near-term budget pressure. She framed these not as failures but as productive challenges, which is precisely the territory where the most important work lies.

Conclusion

The ideas generated throughout the Aging Summits breakout sessions represent a powerful convergence of expertise, urgency, and creativity from state aging and disability agency leaders. Despite different breakout room compositions and facilitation approaches, participants arrived at remarkably similar conclusions, reflecting a genuine consensus on avenues the aging network can take to ensure readiness to meet the needs of aging today and tomorrow.

Several overarching issues shaped the themes throughout the day: the pervasive negative impacts of ageism, limited public understanding of complex older adult needs, the absence of robust advance planning infrastructure, and systems that are currently organized around crisis response rather than prevention and early intervention.

Participants identified the urgency of preparing for a rapidly growing older adult population and the opportunity to reimagine aging systems in ways that are more proactive, person-centered, and community driven. They called for stronger workforce investments, integrated systems, cross-sector collaborations, cultural changes, and smarter use of data, along with a deeper commitment to upstream prevention that begins long before someone needs long-term care.

ADvancing States is committed to building on the momentum generated by the 2026 Aging Summit, including developing key recommendations for federal agencies to ensure alignment and support for shared goals.

Looking ahead, ADvancing States will host a convening in 2027, which will serve as a critical milestone to track progress and reinforce our collective commitment to improving outcomes for older adults.

The message from participants was clear:

The window to act is now, before the demographic wave fully arrives. The system can and must evolve, from reactive to proactive, from fragmented to integrated, from system-centered to person-centered. The ideas captured here will help shape ADvancing States' ongoing agenda for action.



ADVANCING STATES

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