

FOCUS AREA 2

Ensuring Health for All Ages



Health and well-being are central concerns for all of us as we get older. Our physical health is important to our ability to continue to work, live active and meaningful lives, and make contributions to our families, communities, and state. Our mental and behavioral health, along with our sense of purpose and joy, provides the impetus to pursue a range of opportunities and respond to challenges when they occur. Of course, a concern for good health does not simply start at age 60 or 65. Some of us encounter health challenges and disabilities much younger, and all of us can benefit from healthy lifestyle choices no matter our age.

Much of our health depends on the health of the environments in which we live and the supports available to us, and the data show where investments can have the greatest impact. In 2024, the U.S. Department of Health and Human Services ranked Illinois 27th among the states in the health of its 65+ population. It ranked among the top 10 in the share of people describing their health as fair or better, engaged in volunteerism, having access to SNAP benefits, and low rate of suicide. But the state ranked in the bottom 10 for health care costs, obesity, nursing home quality, fruit and vegetable consumption, and air pollution exposure.

Beyond these numbers, significant health disparities persist across our state. Inequities in outcomes are prevalent for older African American, Latine, Native American, LGBTQIA+, and rural people with chronic diseases such as heart disease, cancer, and diabetes. Social determinants of health linked to living conditions and resources – including transportation, education, and the impacts of systemic injustice and violence – are key drivers of these inequities.

This Focus Area seeks to confront these challenges by:

- Maximizing independent, high-quality years of life by delivering timely and culturally attuned healthcare, preventive care, and long-term services and supports throughout the lifespan.
- Providing highly coordinated care and services to individuals and caregivers by increasing collaboration and communication among facilities and people providing health, medical, social, veteran, and community services and supports.



In 2024, Illinois ranked 27th among the states in the health of our 65+ population, and older adults of color, those living in rural IL counties, LGBTQIA+ older adults, older renters, and older adults of lower socioeconomic status have significantly lower self-rated health than others.

FOCUS AREA 2

Strategies

For a full description of these strategies, associated actions, outcomes, and metrics, please see Appendix A.2.

- Deliver highly coordinated care and services to individuals and caregivers by increasing collaboration and communication among health, social, and community long-term care services and supports organizations and providers.
- Ensure equitable, disability-inclusive, and affordable access to culturally attuned, high-quality healthcare as we age.
- Create seamless, person-centered, culturally attuned, trauma-informed care service navigation to meet the short- and long-term care needs of all of us as we age.
- Expand the recruitment, training, retention, and quality of a diverse health workforce (including the geriatrics workforce) and augment the training of health and social service providers who interface with older adults and people with disabilities with knowledge and skills to address common conditions impacting older adults.
- Increase attention to the “4Ms” of age-friendly care – What Matters, Medication, Mentation, and Mobility – and increase the number of health care settings with trained staff and that receive designation in this model.
- Build the general population’s awareness, knowledge, and skills about aging, the importance of early- and mid-life health, and the resources available to support people across the lifespan.
- Support and expand the Brain Health Project launched by the Illinois Department of Public Health and enable Illinois to become the most brain healthy state in the nation.

What We'll Measure

- Life expectancy at birth and at age 65
- Percentage of older adults reporting good or excellent self-rated health
- Prevalence of specific chronic conditions and functional limitations among all adults in general and/or older adults specifically
- Rate of preventable hospitalizations among older adults per 100,000 Medicare beneficiaries
- Number of geriatric clinicians per 100,000 older adults

Illinois by the Numbers

In 2023, stress levels were highest among Latine and Black older adults, women compared to men, and those with less than a high school education compared to a college graduate.



44.7% Latine

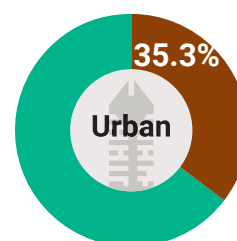
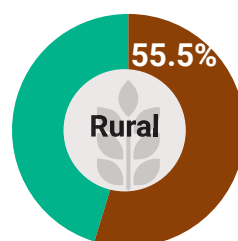
41.3% Black

31.7% Women

23.8% Men

57.1% No High School Diploma

24.7% College Grad



Older Illinoisans living in rural counties had higher rates of disability compared to those in urban counties.

Appendix A.2

Focus Area: Ensuring Health for All Ages

Where Illinois Stands

In 2021, life expectancy at birth in Illinois was 77.1 years overall (74.2 for men, 80.0 for women). Life expectancy at age 65 in Illinois was 18.6 overall, 17.1 for men and 19.9 for women, ranking 23rd, 24th and 22nd among all 50 states and the District of Columbia. While length of life is an important indicator of health, the quality of the years lived must be considered as well. Recent estimates show that three in four older Illinoisans rate their health as good or excellent. However, older adults of color, those living in rural counties, LGBTQIA+ older adults, older renters, and older adults of lower socioeconomic status have significantly lower self-rated health than others. The lower reports of self-rated health among marginalized older populations likely reflects the greater disease burden they bear. For instance, 1 in 7 older Illinoisans have been diagnosed with depression and the highest rates are seen among American Indians/Alaska Natives, women, renters, and low-income populations. Additionally, 59.1% of older Illinoisans report being diagnosed with high blood pressure, with the highest rates among Black (76.0%) and low-income (70.4%) older adults, and half of all older adults in the state, report having arthritis. Rates are highest among older American Indian/Alaska Native populations (75.8%) compared to White (50.4%) and Asian/Asian American (46.3%) older adults.

Having a sufficient number of geriatricians and a regular source of care is necessary for preventing the onset and progression of these chronic conditions. Illinois has 32 family medicine and internal medicine geriatricians and nurse practitioners per 100,000 older adults. The average rate in the United States is 40 geriatricians per 100,000 older adults, and the highest-ranking state is Rhode Island with 74 geriatricians per 100,000 older adults. However, disparities exist such that only 87.7% and 86.4% of older Latine and American Indian/Alaskan Native older adults have a regular health care provider compared to 95.5% of White older adults. Lower income and older adults with less than a high school education are also significantly less likely to have a regular source of care compared to higher income and higher educated older adults. These data highlight the need to create health care spaces that are culturally competent and free from discrimination. Lacking a consistent place to access care may contribute to unnecessary hospitalizations if health conditions are not detected and addressed early enough. Currently Illinois is among the bottom ten of all 50 states in its rate of preventable hospitalizations among older adults (ranked 41 of 50 states). The rate in Illinois is 1,766 per 100,000 Medicare beneficiaries, while the rate in the U.S. overall and in the top state, Colorado, respectively, are 1,477 per 100,000 and 766 per 100,000 beneficiaries.

What We'll Measure

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Strategy 1: Care Coordination

Deliver highly coordinated care and services to individuals and caregivers by increasing collaboration and communication among health, social, and community long-term care services and supports organizations and providers.

Actions

- Encourage the adoption of alternatives to the full revocation of rights for adults with age-related disabilities such as power of attorney, supported decision-making, etc. **(Short-term)**
- Explore and promote best practices and procedures for transitions between care settings and providers and involve caregivers in the process. **(Mid-term)**
- Promote expansion of the Program of All-Inclusive Care for the Elderly (PACE) program, offering comprehensive health services for older adults living in the community who would otherwise qualify to live in a nursing facility, to all regions of Illinois. **(Mid-term)**
- Support individuals who are aging in prison by collaboratively working to develop residential units that are specific to individuals with dementia or in need of palliative care and long-term care and other aging-related high needs, and training security and nonmedical staff on how to work with individuals with dementia. **(Long-term)**
- Facilitate integrated, statewide referrals and bidirectional communication and service coordination among health, mental health, community (long-term care services and supports) and public health providers, including for those returning to the community from incarceration and explore the feasibility and interoperability of secure data sharing of health records across all care settings, respecting privacy laws. **(Long-term)**

Strategy 2: Access to Care

Ensure equitable, disability-inclusive, and affordable access to culturally attuned, high-quality healthcare as we age.

Actions

- Explore the expansion of services provided by Veteran Service Officers into non-VA facilities. **(Short-term)**
- Evaluate and if needed, update the various State Bills of Rights to ensure the rights and protections of older adults are clearly enumerated, with a special focus on older adult populations that are historically underserved and/or marginalized. **(Short-term)**
- Support goal-oriented care (e.g., healthcare power of attorney, financial power of attorney, Physician Orders for Life-Sustaining Treatment (POLST), and advanced directives) as tools to minimize the need for more intensive-use strategies, such as plenary guardianship. **(Short-term)**
- Increase availability and use of care delivery options including community venues for service delivery (e.g., pharmacies, mobile vans, community faith partners) and telehealth to connect older adults with health services. **(Mid-term)**
- Expand equitable access to health promotion opportunities, including programs focused on exercise, social engagement, healthy food, and cognitive stimulation activities for healthier brains and dementia prevention, particularly within marginalized populations. **(Mid-term)**
- Explore funding, coverage and access to routine and preventive health services in addition to behavioral health, and chronic disease management. **(Mid-term)**

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- Build upon existing efforts to improve skilled nursing facility quality through enforcement of state and federal regulations, use of staffing ratios, career development and mentorship programs for certified nursing assistants, and strengthening the partnership between public health and the State Ombudsman. **(Mid-term)**
- Address disparities in care access and quality for underserved populations across groups (race/LGBTQIA+/disability/justice-involvement) and geographic zones (urban/suburban/rural). **(Long-term)**
- Use shared, evidence-based models to track health needs, including brain health, chronic conditions, and social supports. **(Long-term)**
- Coordinate the provision of hospice and palliative care in home and community-based service programs. **(Long-term)**
- Work to expand affordable health coverage for all older adults, including mid-income (“forgotten middle”) groups through expanded eligibility and innovative financing. **(Long-term)**

Strategy 3: Service Navigation

Create seamless, person-centered, culturally attuned, trauma-informed care service navigation to meet the short- and long-term care needs of all of us as we age.

Actions:

- Develop EngAge Central to serve as a centralized hub for resources and service navigation. (See Special Initiatives) **(Short-term)**
- Promote development of comprehensive, cross-agency referrals for streamlined service access. **(Short-term)**
- Expand use of Community Health Workers to deliver culturally and linguistically appropriate navigation support. **(Mid-term)**
- Ensure access to personal health information through online portals, apps, and hotlines including user training or professional navigation assistance. **(Mid-term)**
- Combat ageism and ableism in healthcare and work to coordinate and align disability and aging services. **(Long-term)**

Strategy 4: Healthcare Workforce

Expand the recruitment, training, retention, and quality of a diverse health care workforce (including the geriatrics workforce) and augment the training of health and social service providers who interface with older adults and people with disabilities with knowledge and skills to address common conditions impacting older adults.

Actions:

- Promote geriatrics careers for students from diverse backgrounds at all levels (high school to medical school), prioritizing recruitment from diverse and underrepresented groups, especially rural communities by offering tuition reimbursement, higher wages, and other financial incentives. **(Short-term)**
- Increase training in geriatrics and aging and disability for all healthcare and aging service providers including topics of anti-ageism, anti-racism, LGBTQIA, caregiver communication, and motivational interviewing skills through online, in-person and hybrid training formats. **(Mid-term)**

Appendix A.2

- Integrate geriatrics and age-related topics (like dementia, behavioral care, falls prevention, social isolation, medication management, and nutrition) into all residency and certificate programs and advocate for more geriatrics-related residency and fellowship positions nationally. Explore restoration of longer geriatrics fellowship programs to support research. **(Mid-term)**
- Support the expansion of Community Health Worker programs focused on geriatrics, with required aging certification. **(Mid-term)**
- Support retiring healthcare workers who wish to pursue part-time work helping to educate and train new healthcare workers, such as in nursing, where there is a shortage of faculty and preceptors. **(Mid-term)**

Strategy 5: The 4Ms of Age-Friendly Care

Increase attention to the “4Ms” of age-friendly care — What Matters, Medication, Mentation, and Mobility – and increase the number of health care settings that are trained and receive designation in this model.

Actions:

- Support 4Ms education across sectors and in the community so adults of all ages can attend to their own health and advocate for appropriate care in health systems. **(Mid-term)**
- Explore implementation of the [4Ms-Behavioral Health](#) across mental health care settings. **(Mid-term)**

Strategy 6: Healthy Aging

Build the general population's awareness, knowledge, and skills about aging, the importance of early- and mid-life health, and the resources available to support people across the lifespan.

Actions:

- Increase statewide visibility of the Aging Network and its senior centers, adult day programs, and senior housing to connect Illinoisans with supports and services and partner with age-friendly and dementia-friendly communities on broader wellness initiatives. **(Short-term)**
- Expand access to multi-lingual, evidence-based health education and skills training in a variety of settings, methods, and community locations tailored to specific cultural and literacy needs. **(Short-term)**
- Support, promote, and expand existing public health and prevention efforts including:
 - IDPH's Healthy Illinois 2028, multi-faceted Dementia Program, Illinois Breast and Cervical Cancer Program, and Wise Women initiative, as well as ongoing substance use, vaccine education, and suicide prevention efforts.
 - The Illinois Falls Prevention Coalition, an active multi-sector collaboration including state agencies IDoA and IDPH along with AAAs, Care Coordination Units, local public health departments, hospitals, universities, fire departments, older adults and more. **(Short to Mid-term)**
- Explore methods to recruit and train volunteers to assist with home tasks, deliver meals, transportation, friendly visiting, or provide dementia caregiver respite. **(Mid-term)**
- Expand intergenerational programs to build empathy and caregiving skills across the lifespan. **(Mid-term)**

Strategy 7: Brain Health

Support and expand the Brain Health Project launched by the Illinois Department of Public Health and enable Illinois to become the most brain healthy state in the U.S.

Actions:

- Identify, convene and facilitate collaboration between partners interested in brain health including advocacy organizations, academia, health and social service providers, local governments, and all who are committed to improving and preserving brain health and cognition. **(Short-term)**
- Collaborate with and align efforts with the IDPH State Dementia Program and the State of Illinois Alzheimer's Disease Plan. **(Short-term)**
- Promote public education and increase awareness of brain health information and resources. **(Short-term)**
- Promote brain health education for health, social service, and other service delivery providers including caregivers, Community Health Workers, and those in training to enter or reenter the workforce. **(Mid-term)**
- Promote the development of Memory Cafés and other innovative approaches to support brain health and cognition. **(Mid-term)**
- Work to translate existing research into policy, programs, and practice. (See Special Initiative 3) **(Long-term)**

**Citations can be found on page 54 of the full Plan.*