

S.3827 and a Systematic Review of State-Level Multisector Plans for Aging: How Incorporating Volunteer Caregiving Can Mitigate Service Gaps

INQUIRY: The Journal of Health Care Organization, Provision, and Financing
Volume 61: 1–6
© The Author(s) 2024
Article reuse guidelines:
sagepub.com/journals-permissions
DOI: 10.1177/00469580241285166
journals.sagepub.com/home/inq



Ronald W. Berkowsky, PhD¹ , Blake Adams, BS¹,
Robyn Villa, BS¹, and Tammy I. Glenn, MBA²

Abstract

Recognizing the growing need to establish and enhance the necessary service infrastructure to better address the diverse needs of a rapidly aging US population, S.3827 (ie, Strategic Plan for Aging Act) seeks to provide federal support for the creation and implementation of Multisector Plans for Aging (MPAs). Passage of S.3827 can motivate states to strategically plan for a growing elder cohort, as only 8 states currently have developed and are implementing their own MPAs. In this policy brief, we detail the benefits of developing and implementing an MPA at the state level as well as the broad benefits of passing S.3827. We also conduct a systematic review of the 8 MPAs which have been developed and are currently being implemented, focusing on areas of significant overlap (eg, support for paid formal caregiving and support for informal family caregivers) and potential gaps. We conclude with a review of the volunteer caregiving movement and a discussion on how incorporating volunteer caregiving into an MPA can address local elder needs and mitigate service gaps, particularly among older adults who lack access to formal paid caregivers or informal family caregivers. Should S.3827 pass, we argue that state legislatures and stakeholders in eldercare should seriously consider incorporating the volunteer caregiving model into their strategic plans for aging.

Keywords

older adults, multisector plan for aging, master plan on aging, volunteer caregiving, aging in place

What do we already know about this topic?

S.3827 (ie, the Strategic Plan for Aging Act) was proposed in 2024 and would provide federal support for individual US states to develop a multisector plan for aging to address the diverse needs of the aging population; to date, however, S.3827 has been referred to committee, and only 8 US states have current multisector plans that have been developed and implemented.

How does your research contribute to the field?

This work reviews currently developed and implemented state-level multisector plans for aging to identify areas of commonality, identifying a noticeable gap across such plans as it relates to the incorporation of the volunteer caregiving model (a model which can help alleviate the increasing burden placed on paid formal caregivers and informal family caregivers).

What are your research's implications toward theory, practice, or policy?

This work provides an argument not only for the passage of S.3827 (which would provide support for US states to develop a multisector plan for aging) but also for the incorporation of the volunteer caregiving model into these plans (which can ultimately enhance eldercare across the US).

The Strategic Plan for Aging Act (S.3827)

Recognizing the growing need to establish and enhance the necessary service infrastructure to address the diverse needs of a rapidly aging US population, Senator Kirsten E.

Gillibrand introduced S.3827 (ie, Strategic Plan for Aging Act) to the 118th Congress (along with co-sponsor Robert P. Casey, Jr.) on February 28th, 2024.¹ The bill, which has since been referred to the Committee on Health, Education, Labor, and Pensions, seeks to “. . . amend the Older Americans Act of 1965 to require the Assistant Secretary for Aging to award



Creative Commons Non Commercial CC BY-NC: This article is distributed under the terms of the Creative Commons Attribution-NonCommercial 4.0 License (<https://creativecommons.org/licenses/by-nc/4.0/>) which permits non-commercial use, reproduction and distribution of the work without further permission provided the original work is attributed as specified on the SAGE and Open Access pages (<https://us.sagepub.com/en-us/nam/open-access-at-sage>).

grants to States, Indian tribes, and tribal organizations to create or implement Multisector Plans for Aging and Aging with a Disability, and for other purposes.”² Multisector plans for aging (MPAs, or master plans on aging) provide state-level frameworks to coordinate services using evidence-based data to address the needs of older residents and their caregivers. Stakeholders in elder services recognize the value of multisector collaborations, as previous research has shown that these partnerships can help reduce health care utilization and cost among older residents³; in particular, cross-sector collaborations led by area agencies on aging (AAAs) have been shown to reduce avoidable nursing home use.⁴

MPAs have demonstrated a myriad of anticipated (eg, raising awareness about local aging issues, creating gerontology-focused partnerships across industries) and unanticipated (eg, creating a plan to mitigate elder service budget and funding issues, establishing crisis management protocols) benefits⁵; however, while several states are in the process of developing (or in some cases, like Minnesota, revising) an MPA, only 8 have fully developed and are currently implementing an MPA.^{6,7} Theoretically, S.3827 would support state-level development and implementation of MPAs through grants administered through Older Americans Act funding, thus assuring that all states are adequately preparing to support an increasingly large elder cohort and those that care for them.

A Review of Current Multisector Plans for Aging

As tracked by the clearinghouse Multisector Plan for Aging (<https://live-mpa-00.pantheon.site.io/>), while 16 states have committed to developing or revising an MPA only 8 states have fully developed and are currently implementing them as of August 2024.⁷ We conducted a systematic review of these MPAs⁸⁻¹⁵ (see Table 1) to identify commonalities and potential gaps. We focus only on state-level MPAs as localized plans tend to map onto state-level priorities. Expectedly, MPAs emphasized the necessity of cross-sector collaboration (eg, healthcare, social services, housing, transportation, etc.) to holistically address aging needs. Other areas of commonality included focus on health-promotion programs (eg, enhancing physical activity and nutrition), promoting financial security by increasing access and affordability of services and by combating elder abuse, reducing social isolation, and addressing the specific needs of historically-minoritized elder sub-groups. Finally, a prominent theme across MPAs

was the prioritization of enhancing supports and services to allow older residents to successfully age in place. In this regard, heavy emphasis across all MPAs was placed on strengthening caregiving either through workforce development (ie, increasing the number of paid formal caregivers) or through bolstering networks to support informal family caregivers. While enhancing caregiver support is crucial, we argue that additional emphasis should be placed on a unique but long-established alternative caregiving model.

The Volunteer Caregiving Model

Volunteer caregiving refers to a model of care wherein essential, non-medical services are provided to independently-living older adults and those with disabilities by community volunteers; this model is viewed as a viable alternative for those who cannot afford paid formal caregiving services or who lack the necessary family support system for services like transportation to medical appointments, shopping assistance, assistance with household chores, and socialization.¹⁶ The model’s origins can be traced to pilot projects initiated in 1984 funded by the Robert Wood Johnson Foundation.¹⁷ Today, the National Volunteer Caregiving Network (NVCN) oversees and manages a coalition of volunteer caregiving organizations across the US, estimating that over 1000 organizations are currently providing care to 500 000+ older adults and people with disabilities¹⁸; while little research has examined the broad efficacy and impacts of these programs, it was previously estimated that up to 70% of volunteer caregiving organizations were the only programs offering such services in their region at no-cost to older adults.¹⁹ Studies investigating the impacts of the model at individual sites have shown broad benefits both to care recipients and to volunteers.²⁰

Given the continued shortage of formal paid caregivers and the expected increase in burden on informal family caregivers,²¹ coordinated implementation of the volunteer caregiving model in community settings can help assure that older adults receive support to age in place. However, in our systematic review, only Colorado (re: increasing mobility via volunteer-led transport services) and Vermont (re: volunteers to administer respite care in support of family caregivers) addressed volunteer caregiving in any capacity; and, while these MPAs address volunteer-based programs, neither mention *volunteer caregiving* by name, nor do they mention the volunteer caregiving model. Other MPAs (eg, California, Texas) address volunteerism more broadly, but typically in

¹California State University Channel Islands, Camarillo, CA, USA

²National Volunteer Caregiving Network, Ventura, CA, USA

Received 26 June 2024; revised 28 August 2024; revised manuscript accepted 3 September 2024

Corresponding Author:

Ronald W. Berkowsky, California State University Channel Islands, 1 University Dr, Camarillo, CA 93012, USA.

Email: ronald.berkowsky@csuci.edu

Table I. Review of Developed and Currently Implemented State-Level Multisector Plans for Aging in the US.

State	Release	Goals/Priorities ^a	Description ^b
California	2021	<i>Housing for All Ages and Stages</i> <i>Health Reimagined</i> <i>Inclusion & Equity, Not Isolation</i>	<p>"We will live where we choose as we age in communities that are age-, disability-, and dementia-friendly and climate- and disaster-ready."</p> <p>"We will have access to the services we need to live at home in our communities and to optimize our health and quality of life."</p> <p>"We will have lifelong learning opportunities for work, volunteering, engagement, and leadership and will be protected from isolation, discrimination, abuse, neglect, and exploitation."</p>
Colorado	2020	<i>Caring That Works</i> <i>Affording Aging</i> <i>Goal 1</i> <i>Goal 2</i> <i>Goal 3</i> <i>Goal 4</i> <i>Goal 5</i> <i>Goal 6</i> <i>Goal 7</i> <i>Goal 8</i> <i>Community</i>	<p>"We will be prepared for and supported through the rewards and challenges of caring for aging loved ones."</p> <p>"We will have economic security for as long as we live."</p> <p>"Older Coloradans will be able to live and fully participate in their communities of choice for as long as possible."</p> <p>"Older Coloradans will be able to stay engaged in the labor force and volunteer sector for as long as they want or need."</p> <p>"Older Coloradans and their families will be more financially secure and prepared to meet the challenges of aging."</p> <p>"Coloradans will be prepared for the challenges of caring for an aging loved one and will be able to do so without endangering their own health or well-being or the health and well-being of the recipient of care."</p> <p>"There will be enough skilled, educated and trained workers, paid commensurate to their abilities and training, to meet the needs of the employers and industries serving Colorado's growing older adult population."</p> <p>"Older Coloradans will stay healthier longer through access to quality and affordable person-centered care that aligns with their preferences and values."</p> <p>"All levels of government will meet their commitments to support older Coloradans and their families."</p> <p>"Colorado will empower and protect older adults from abuse, neglect, and exploitation."</p> <p>"Deepen and strengthen age and dementia friendly efforts to be inclusive of all communities and populations."</p> <p>"Communicate information in an accessible and user-friendly manner to residents, organizations, and municipalities."</p>
Massachusetts	2019	<i>Information and Communication</i> <i>Reframing</i> <i>Policy and Practice</i> <i>Economic Security</i> <i>Sustainability</i>	<p>"Change the conversation about aging from a 'challenge' to an 'asset,' increase literacy about issues related to aging, and eliminate ageist images and expressions in language across social, print, and other media."</p> <p>"Encourage the adoption of age-friendly policies and practices in all sectors."</p> <p>"Take specific actions to improve economic security of older adults and caregivers."</p> <p>"Leverage existing structures to sustainably guide and support the work of Age-Friendly Massachusetts and partner initiatives."</p>
Oklahoma ^c	2024	<i>Availability and Affordability of</i> <i>Services, Programs, and Resources</i> <i>Accountability, Coordination and Fiscal</i> <i>Transparency</i> <i>Housing</i> <i>Transportation</i> <i>Age-Friendly Communities</i> <i>Culture Change and Education</i> <i>Wellness</i> <i>Social Connection</i> <i>Unpaid Caregivers</i> <i>Workforce</i>	<p>(1) "Oklahomans have services, resources, and support available when needed" and (2) "Oklahoma's No Wrong Door system makes it easy for older adults to find and receive services, resources and support they need, including Person-Centered Options Counseling."</p> <p>(3) "Oklahomans receive quality services as a result of fiscal accountability and transparency" and (4) "Organizations serving older Oklahomans work together to share data, align resources, and coordinate the use of public funding."</p> <p>(5) "Oklahomans have safe, accessible and affordable housing options across their lifespan."</p> <p>(6) "Oklahoma's transportation services are safe, reliable, affordable, available and designed to meet the needs of older adults."</p> <p>(7) "Oklahoma champions age-friendly communities and opportunities for residents to participate in their local communities."</p> <p>(8) "Oklahomans have a positive and realistic understanding of aging that empowers them to prepare for future stages of life."</p> <p>(9) "Oklahomans are healthy and empowered, with high quality of life outcomes."</p> <p>(10) "Oklahomans experience a sense of community across generations and opportunities for social and civic engagement."</p> <p>(11) "Oklahoma caregivers are valued and have the resources and support needed to provide quality care."</p> <p>(12) "Oklahomans have opportunities to remain engaged in the workforce for as long as they choose" and (13) "Oklahoma's health, behavioral health and social services workforce is able to provide quality services that consider the strengths and needs of older adults."</p>

(continued)

Table I. (continued)

State	Release	Goals/Priorities ^a	Description ^b
Pennsylvania	2024	Unlocking Access	"We will design and offer equitable, affordable, and available options and opportunities that older adults may choose from for healthy and engaged lives, regardless of ability; socioeconomic status; racial, ethnic, linguistic, or cultural backgrounds; or geographical location."
		Aging in Community	"We will remediate barriers that prevent older adults from remaining in their own homes, maintaining familiar surroundings, staying connected to their communities, and living in secure dwellings."
		Gateways to Independence	"We will promote unhindered mobility by designing transportation systems that allow older adults' safe, convenient, and autonomous use of transportation services."
		Caregiver Supports Education & Navigation	"We will build a comprehensive catalogue of supports and enhancements that provide caregivers with help at home, respite, training, and navigation tools."
Texas	2023 ^d	Older Adults ^e	"We will lead a coordinated network of community and partners to raise public awareness of services for older adults, provide information that reaches everyone and is understandable by all, ensure timely and streamlined connection to assistance with any need, and resolve the challenging problems that older adults face in their daily lives."
		Informal Caregivers	Priority areas identified by older adults in Texas emphasized strategies to support physical health, support access to social engagement opportunities, and strategies to support services in the community.
		Service Providers	Priority areas identified by informal caregivers in Texas emphasized strategies to support mental health, support physical health, and mitigate negative impacts related to work strains and related issues.
		Age-Friendly Ecosystems	Priority areas identified by service providers in Texas emphasized strategies to support collaboration and coordination, address older adults isolation, and address older adult food insecurity.
Utah	2024 ^f	Live Well Everyday	Staging Successful Aging: "Utah adults benefit from age-friendly principles in our communities of living, education, health care, workplace, and public health that improve the quality of life and the aging experience for all."
		Affordable Aging	Sustaining Health and Wellness: "Utah adults access services and resources that optimize our quality of life by caring for our physical, mental, and social well-being and establishing healthy lifestyles toward a successful aging experience."
		Plan for Life	Financial Sufficiency: "Utah adults work, save, manage, and protect their assets and resources, free from exploitation and ageism, to sustain economic viability for life."
		Networks of Care	Personal Empowerment: "Utah adults live self-determined lives with dignity, autonomy, competence, and freedom from social isolation."
Vermont	2022	Embrace Technology	Support Systems: "Utah adults access education, resources and support services to better serve those for whom they care and to preserve their own well-being."
		Goal 1	Educated Aging: "Utah adults are empowered through technology and safe device utilization to make informed choices on issues that impact the way we age."
		Goal 2	"Promote the health, safety, and well-being of older Vermonters" through enhanced information and referral assistance, case management, nutrition, family caregiving support, and elder justice.
		Goal 3	"Ensure that Vermont's OAA programs are inclusive of all older Vermonters" through initiatives strengthening state response to elder trauma and mental health issues and through initiatives designed to determine needs for aging sub-groups including LGBTQ+, Abenaki, BIPOC, and New Americans.
			"Bolster the recognition and support of all caregivers including unpaid caregivers" by increasing awareness of the needs of family caregivers, providing support to older adults raising children (ie, "grandparents raising grandchildren"), and by bolstering family caregiver support.

Note. Data current as of August 2024.

^aAs there is no current standard for identifying goals/priorities in an MPA, those listed in this column match the naming convention used in that state's MPA.

^bIn most instances, direct text from the state's MPA is quoted in this column unless the direct quote would make the table unnecessarily detailed and long; in those instances (eg, Oklahoma), a summary was written.

^cOklahoma's MPA is structured such that priority areas are identified along with goals (numbered 1-13) which address these areas. To better reflect this structure, the Description column includes the goals (as numbered in the MPA) associated with the identified priority areas.

^dTexas has required, per executive order, the creation and updating of a strategic plan for aging every 2 years since 2005. The current plan was released in 2023 and refers to priorities for the 2024 to 2025 period.

^eThe Texas 2024 to 2025 MPA categorizes its priorities based on input from applicable stakeholders (per data collected in 2021); for ease of interpretation, we followed a similar format in presenting their focus areas.

^fWhile the Utah MPA was reviewed and endorsed by the governor in March 2024, and steps have been taken to implement the MPA, only a draft version is publicly available - thus the final version may have variations then what is listed here.

reference to providing resources and services to enhance elder residents' ability to volunteer in the community.

We contend that volunteer caregiving, if successfully incorporated into an MPA, can help mitigate issues related to elder service gaps. However, those potentially incorporating volunteer caregiving into state-level MPAs will need to be cognizant of the challenges agencies and nonprofits face in volunteer management including (but not limited to): issues related to recruitment and retention, providing adequate training and supervision of volunteers (as well as to staff managing said volunteers), attaining adequate legal and liability protections, and matching volunteers with assignments.²² This final point is particularly crucial in volunteer caregiving, given the model's focus on matching a volunteer's skills with an elder in need of specific types of assistance or support.

To address these challenges, state-level policymakers could consider programs which incentivize volunteerism through tax deductions and/or reimbursement for volunteers (eg, mileage and other out-of-pocket expenses) and through tax incentives to donors which can motivate additional philanthropy and funding for volunteer caregiving organizations. Additional consideration can also be devoted to promoting existing governmental channels which help foster a culture of volunteerism in the US (eg, the Retired Senior Volunteer Program, or RSVP). Finally, policymakers could consider allowing volunteer caregiving nonprofits to apply for grants historically restricted to organizations providing paid care services, or could designate funds specifically for volunteer organizations serving elders (although the volunteer caregiving model is noteworthy for its distinct lack of reliance on direct governmental funds).

Conclusion and a Call to Action

Passage of S.3827 can help provide the necessary motivation and resources to prepare the US for a rapidly aging population and assure the diverse needs of all older adults and their caregivers are adequately met regardless of where they reside. Eight states have currently developed and implemented an MPA and provide a framework which can be utilized by other areas in the process of drafting their own MPAs. Given the impact and value of caregivers (paid or otherwise), it is important to incorporate caregiving into an MPA with emphasis on strategies maximizing care (both of the care recipient and the caregiver) and sustainability. To conclude, we argue that drafters of MPAs should be cognizant and mindful of the work volunteer caregiving organizations have done across the US for several decades, and that a comprehensive plan for aging at the state-level would benefit from incorporating the insights, expertise, and labor of these organizations. The volunteer caregiving model can fulfill service gaps and promote a more age-friendly US.

Acknowledgments

N/A

Author Contributions

Authors Berkowsky, Adams, and Villa were primarily responsible for collecting and systematically reviewing the data on which this policy brief is based on; these authors were also responsible for drafting the manuscript text. Author Glenn was primarily responsible for the conceptualization of this project and reviewed/edited the manuscript draft prior to submission.

Data Availability

N/A

Declaration of Conflicting Interests

The author(s) declared the following potential conflicts of interest with respect to the research, authorship, and/or publication of this article: The fourth author (Tammy I. Glenn) serves as the Executive Director of the National Volunteer Caregiving Network. The remaining authors have no conflicts of interest to declare.

Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

Ethical Approval

This policy brief does not involve research or data collection on human subjects or animals, and the work described did not involve the collection of data that might require informed consent from subjects. Review by an ethics committee was not required.

ORCID iD

Ronald W. Berkowsky  <https://orcid.org/0000-0002-1238-0640>

References

1. West Health Policy Center. Gillibrand, Casey introduce landmark strategic plan for aging act. March, 2024. Accessed June 7, 2024. <https://multisectorplanforaging.org/newsletter/gillibrand-casey-introduce-landmark-strategic-plan-for-aging-act/>
2. Strategic Plan for Aging Act, S 3827, 118th Cong, 2024.
3. Brewster AL, Brault MA, Tan AX, Curry LA, Bradley EH. Patterns of collaboration among health care and social services providers in communities with lower health care utilization and costs. *Health Serv Res.* 2018;53(Suppl 1):2892-2909.
4. Brewster AL, Kunkel S, Straker J, Curry LA. Cross-sectoral partnerships by area agencies on aging: Associations with health care use and spending. *Health Aff.* 2018;37(1):15-21.
5. The Center for Health Care Strategies. The Unexpected benefits of a state multisector plan for aging: Lessons from California. April, 2022. Accessed June 7, 2024. <https://www.chcs.org/resource/the-unexpected-benefits-of-a-state-masterplan-for-aging-lessons-from-california/>
6. West Health Policy Center. Disrupting the status quo: Master plan for aging. Accessed June 14, 2024. <https://westhealth.org/initiatives/master-plan-for-aging/>
7. Multisector Plan for Aging. Every state needs a multisector plan for aging (MPA) to ensure that all Americans have access to coordinated care and support services that enable them to age with health, dignity and connection. Accessed August 18, 2024. <https://live-mpa-00.pantheonsite.io/>

8. California Department of Aging. Master plan for aging. January, 2021. Accessed June 7, 2024. <https://www.aging.ca.gov/download.ashx?IE0rcNUV0zYXf9JtT7jkAg%3d%3d>
9. Hughes J. 2020 Strategic action plan on aging. *Colorado Strategic Action Planning Group on Aging*. November 2020. Accessed June 7, 2024. <https://agingstrategy.colorado.gov/2020-strategic-action-plan-on-aging>
10. Executive Office of Elder Affairs. ReIMagine aging: planning together to create an age-friendly future for Massachusetts. Massachusetts Executive Office of Health and Human Services. January, 2019. Accessed June 7, 2024. <https://www.mass.gov/doc/age-friendly-ma-draft-action-plan-january-2019/download>
11. Oklahoma Human Services. Aging our way: Oklahoma's multisector plan on aging. June, 2024. Accessed August 18, 2024. <https://oklahoma.gov/content/dam/ok/en/okdhs/documents/okdhs-pdf-library/community-living-aging-and-protective-services/MPA%20Plan.pdf>
12. Pennsylvania Department of Aging. Aging our way, PA: a plan for lifelong independence. May 2024. Accessed June 7, 2024. <https://www.aging.pa.gov/publications/MasterPlan/Pages/default.aspx>
13. Texas Health and Human Services Commission. Aging Texas well strategic plan for 2024-2025. Texas Health and Human Services. October 2023. Accessed June 7, 2024. <https://www.hhs.texas.gov/sites/default/files/documents/aging-texas-well-strategic-plan-2024-25.pdf>
14. Utah Commission on Aging. Utah for all ages: a master plan for aging in Utah. March 2024. Access June 7, 2024. https://ucoa.utah.edu/_resources/documents/utah-stateplan-7-watermark.pdf
15. Department of Disabilities, Aging & Independent Living. Vermont state plan on aging: FFY 2023-2026. Vermont Agency on Human Services. October 2022. Accessed June 7, 2024. https://asd.vermont.gov/sites/asd/files/documents/Vermont_State_Plan_On_Aging_REVISED_2023_2026.pdf
16. Rowe L. Faith in action: Caregiving help for neighbors in need. *Generations*. 2003;27(4):89-90.
17. Jellinek P. Faith in action: Building capacity for interfaith volunteer caregiving. *Health Aff*. 2001;20(3):273-278.
18. National Volunteer Caregiving Network. About NVCN. Accessed June 25, 2024. <https://nvcnetwork.org/wp/index.php/about-the-nvcn/>
19. Leviton LC, Herrera C, Pepper SK, Fishman N, Racine DP. Faith in action: capacity and sustainability of volunteer organizations. *Eval Program Plann*. 2006;29(2):201-207.
20. Luna B, Forbes C, Morris B, Rosales S, Berkowsky R. Evaluation of volunteer care recipient and caregiver experiences in Ventura County. *CBR@CSUCI* (in press).
21. Strommen J, Fuller H, Sanders GF, Elliott DM. Challenges faced by family caregivers: Multiple perspectives on eldercare. *J Appl Gerontol*. 2020;39(4):347-356.
22. Knepper H, D'Agostino M, Levine H. Volunteer management practices during challenging economic times. *J Public Manage Soc Policy*. 2015;20(2):211-230.