



# AgingWell

CARE THAT  
EVOLVES AS WE DO



A photograph of an older man with glasses, wearing a light blue hoodie, working on a vintage orange car in a garage. He is using a yellow cloth to clean the engine area. The car's hood is open, and the engine is visible. The garage has wooden beams and various tools hanging on the wall. The text 'Aging Well' is overlaid in the top left corner, and the title 'Building Systems for Healthy Aging in Northern California' is in the center. The moderator and speaker names are listed on the left side.

**Aging Well**  
CARE THAT  
EVOLVES AS WE DO

# Building Systems for Healthy Aging in Northern California

**MODERATOR**

**Wynnelena Canio, MD**

**SPEAKERS**

**Sarita Mohanty, MD**

**Susan DeMarois**

**Faith Mitchell, PhD**

**Aana Brenman, MD**



# Morning Plenary Speakers



**Sarita A. Mohanty,  
MD, MPH, MBA**  
President and CEO,  
The SCAN Foundation



**Susan DeMarois**  
Director, California  
Department of  
Aging



**Faith Mitchell, PhD**  
Co-Chair of Age-  
Friendly Health  
Systems Advisory  
Committee, Institute  
for Healthcare  
Improvement and  
Institute Fellow, Urban  
Institute



**Aana Brenman, MD**  
Regional Medical  
Director for  
Geriatrics and  
Extended Care,  
Kaiser Permanente  
Northern California

October 7, 2025



# Building Systems for Healthy Aging in Northern California

## KP Aging Well Summit

Sarita A. Mohanty, President & CEO, The SCAN Foundation

# Healthy Aging: Why Now?



**By 2040,  
22% of Californians  
will be 65+**

**In 2020,  
only 14% were 65+**

# Healthy Aging: Why Now?



**Only 3% of older adults are expected to live in institutional settings.**

**The vast majority are expected to remain in their own homes.**

# Healthy Aging: Why Now?



**Among adults 80+...**

**1 in 3**

**will have difficulties staying in their homes without assistance**

**1 in 5**

**will have self-care limitations**

# Healthy Aging: Why Now?



- **Black Californians: Shortest life expectancy at 74.6 years**
- **Latino/x Californians: Higher rates of fair or poor health**
- **Asian Californians: Language and cultural barriers lead to underdiagnosis and treatment**

# We Must Listen First



# What We Hear Informs TSF Priorities for Healthy Aging

*We know older adults want and need better access to home and community care and supports, especially those from marginalized communities. We support that by:*

- 1 Advancing Long-Term Services and Supports**
- 2 Enabling Integration of Health & Social Supports**
- 3 Promoting Promising Models of Integrated Care for Dually Eligible Individuals**
- 4 Championing Multisector Plans for Aging**

# Work in Action: Lived experience research informed CMS Regulation

- **CMS cited a grantee's lived experience research** as a key input informing the agency's provisions for a 2026 MA rule
- This influenced decision to require a **single integrated ID card for dually eligible beneficiaries**, a policy that should reduce fragmentation and improve the experience of care

*"To our knowledge, our proposal represented the first time we proposed a Federal requirement for any integrated materials for any type of D-SNP."*



This document is scheduled to be published in the Federal Register on 04/15/2025 and available online at <https://federalregister.gov/d/2025-06008>, and on <https://govinfo.gov> (0-01-P)

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

42 CFR Parts 417, 422, 423, and 460

[CMS-4208-F]

RIN 0938-AV40

Medicare and Medicaid Programs; Contract Year 2026 Policy and Technical Changes to the Medicare Advantage Program, Medicare Prescription Drug Benefit Program, Medicare Cost Plan Program, and Programs of All-Inclusive Care for the Elderly

AGENCY: Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services (HHS).

ACTION: Final rule.

SUMMARY: This final rule revises the Medicare Advantage (Part C), Medicare Prescription Drug Benefit (Part D), Medicare cost plan, and Programs of All-Inclusive Care for the Elderly

# Work in Action: Lived experience informs broader policy approaches

## National Example

Health Affairs featured an Older Adult co-author from the People Say

- As part of the TSF funded Forefront Series, “Supplemental Benefits In Medicare Advantage,” **Health Affairs published the first ever article co-authored by an older adult**, who is part of the People Say.



## California Example

California Aging and Disability Lived Experience Advisory Board (AD-LEAB):

- The California Department of Aging (CDA) specifically requested support from the MPA Fund to create the AD-LEAB to center the lived experiences of older adults in MPA implementation.

# Work in Action: Elevating lived experience in CA gubernatorial race

**What:** Health Matters Forum, nonpartisan event

**Why:** Gives CA gubernatorial candidates the chance to hear from and respond to communities about what matters most for their health.

**When:** November 7, 2025, in the Inland Empire

<https://healthmattersforum.org/#event-details>



## Elevating priorities from the community

- Hosting local watch parties with ECO Groups and regional coalitions
- Designing engagement opportunities to share their ideas, preferences, and stories with candidates

## Takeaways

- By 2040, 22% of Californians will be 65+, highlighting the **need for stronger systems and services** to support healthy aging.
- Aging and health policies are most effective when **informed by older adults lived experiences**.

# THANK YOU

*Learn more:*

[www.thescanfoundation.org](http://www.thescanfoundation.org)

[www.thepeoplesay.org](http://www.thepeoplesay.org)

Sign up for email alerts at  
[www.TheSCANFoundation.org](http://www.TheSCANFoundation.org)

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# Health Reimagined: California's Master Plan for Aging

*Susan DeMarois, Director*

# A Local, Regional, State, & National Movement



# Not a Plan that Sits on a Shelf



# Master Plan for Aging: Five Bold Goals for 2030



**Goal 1:**  
Housing for All Ages  
and Stages



**Goal 2:**  
Health Reimagined



**Goal 3:**  
Inclusion and Equity,  
Not Isolation



**Goal 4:**  
Caregiving that Works



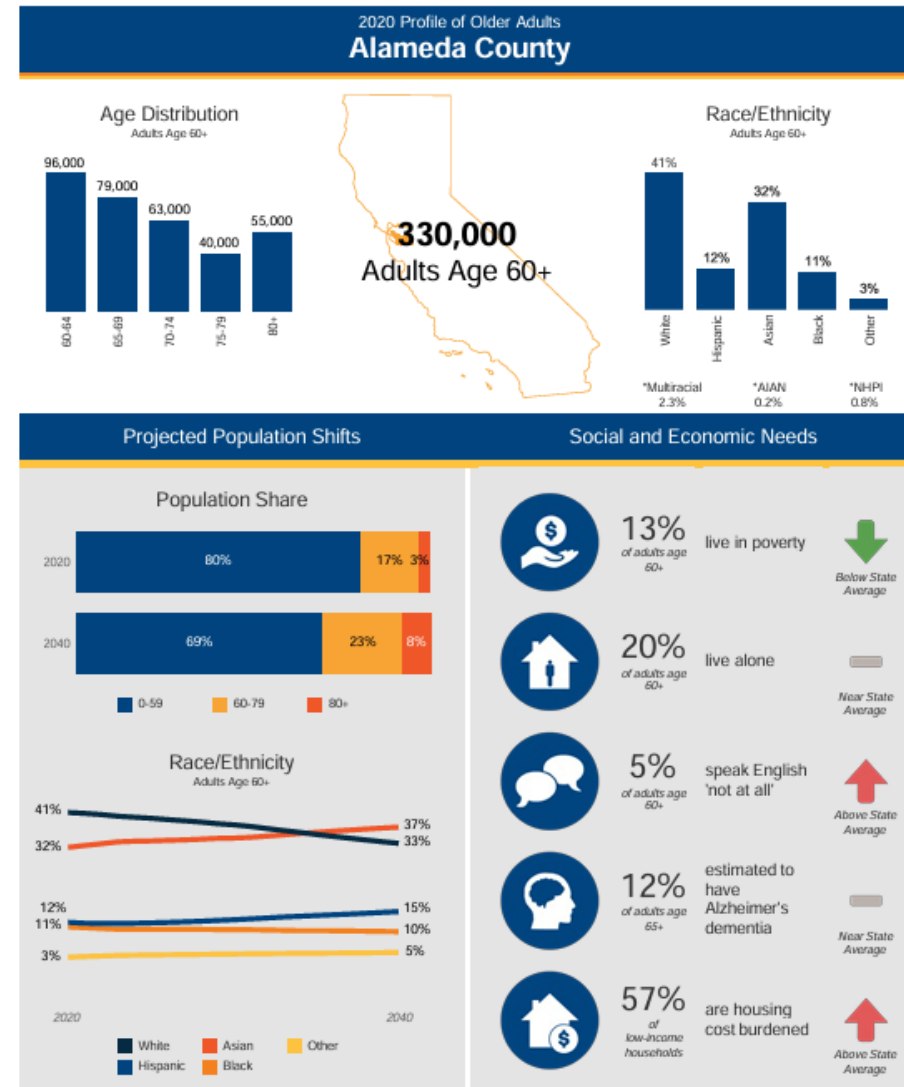
**Goal 5:**  
Affording Aging



# Measuring Progress: The MPA Data Dashboard

Visit the **MPA Data Dashboard** to follow the MPA's progress, as well as to explore aging and disability demographics, including data at the local level.

[mpa.aging.ca.gov/DashBoard/](http://mpa.aging.ca.gov/DashBoard/)





# We Invite you to EngAGE!



Subscribe to CDA & the Master Plan  
for Aging News and Events

# Age-Friendly Health Systems: Evidence-Based Care for All Older Adults

Dr. Faith Mitchell, PhD  
Co-Chair of the Age-Friendly Health Systems Advisory Committee  
Institute Fellow at the Urban Institute

[IHI.org/AgeFriendly](https://IHI.org/AgeFriendly)

Age-Friendly Health Systems is an initiative of The John A. Hartford Foundation and the Institute for Healthcare Improvement (IHI) in partnership with the American Hospital Association (AHA) and the Catholic Health Association of the United States (CHA).

# Age-Friendly Health System Mission

Build a movement so *all care* with older adults is equitable, **age-friendly care**:

- Guided by an essential set of evidence-based practices (4Ms);
- Causes no harms; and
- Is consistent with What Matters to the older adult and their caregivers.



The  
John A. Hartford  
Foundation



American Hospital  
Association®



CHA®  
Catholic Health Association  
of the United States



Institute for  
Healthcare  
Improvement

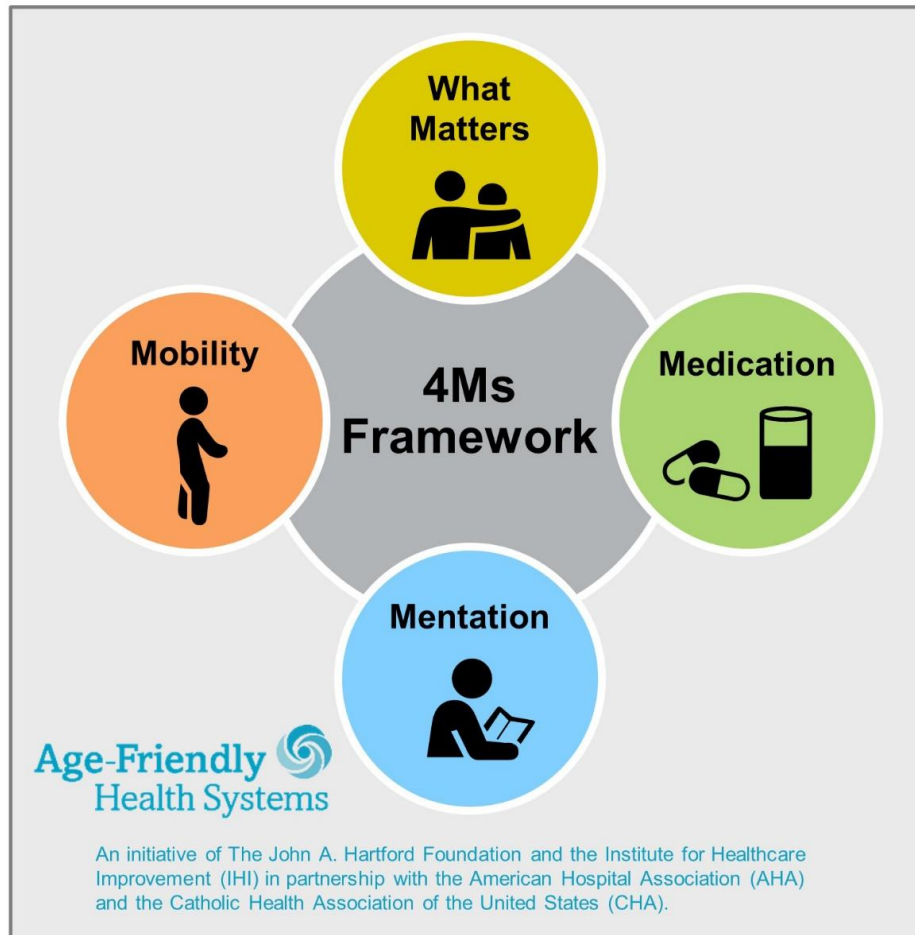


# The Age-Friendly Ecosystem

Sectors and Initiatives



# The 4Ms of Age-Friendly Care



For related work, this graphic may be used in its entirety without requesting permission.  
Graphic files and guidance at [ihi.org/AgeFriendly](http://ihi.org/AgeFriendly)

## What Matters

Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care.

## Medication

If medication is necessary, use Age-Friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care.

## Mentation

Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care.

## Mobility

Ensure that older adults move safely every day in order to maintain function and do What Matters.

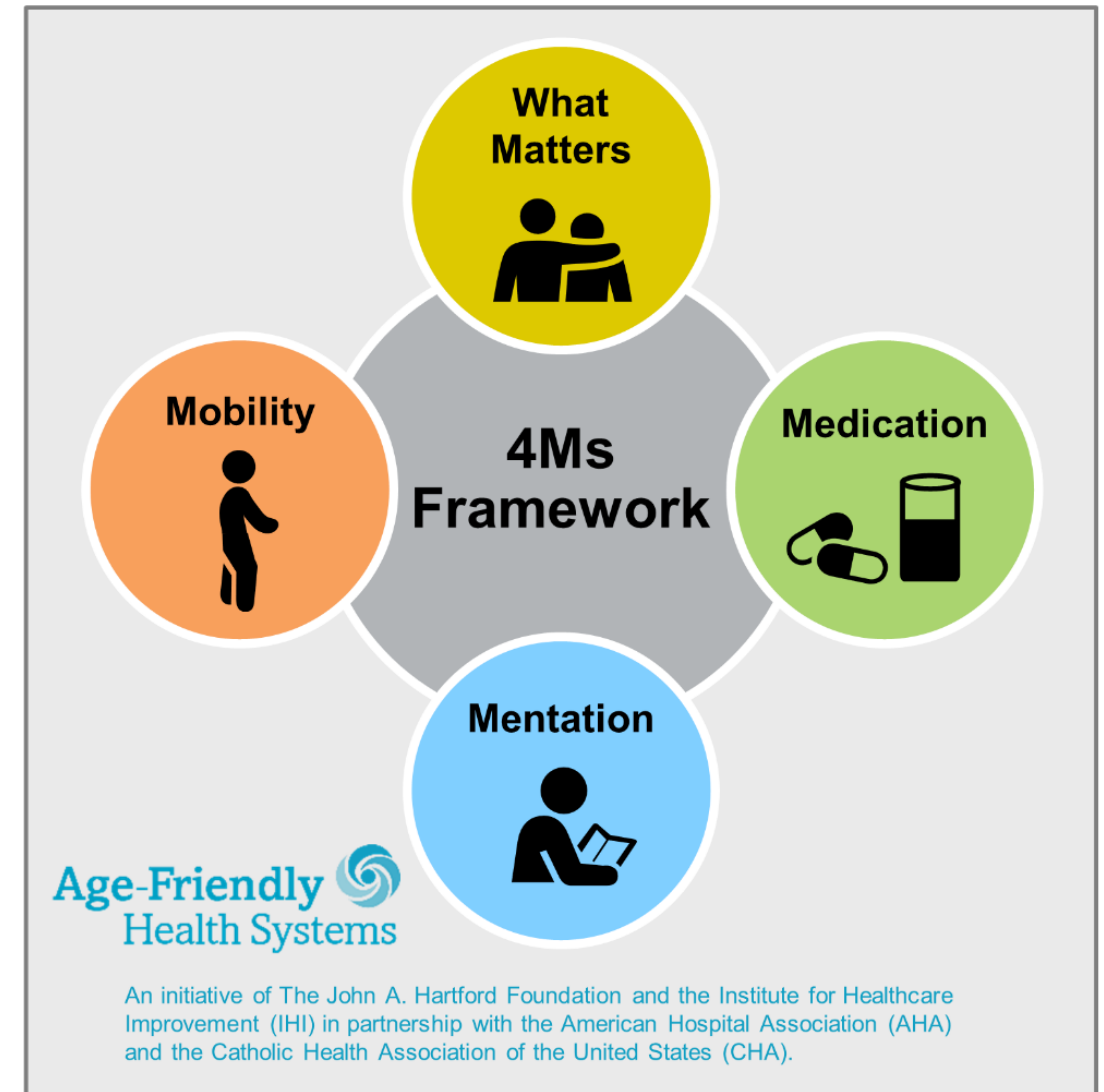
# Why the 4Ms?

Represents core health issues for older adults

Builds on strong evidence base


Simplifies and reduces implementation and measurement burden on systems while increasing effect

Components are synergistic and reinforce one another



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# Video





The video player displays a large circular logo for the Institute for Healthcare Improvement. The logo consists of a stylized blue 'H' icon followed by the text 'Institute for Healthcare Improvement' in a serif font. Below the video player, the title 'What is an Age-Friendly Health System?' is visible, along with the channel name 'Institute for Healthcare Improvement...' and a 'Subscribe' button. Interaction icons for likes (39), comments, share, download, and clip are also present.

**What is an Age-Friendly Health System?**

 Institute for Healthcare Improvement...  
18.3K subscribers

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# Two Levels of Recognition from IHI



**5335**

Hospitals, practices, convenient care clinics, nursing homes, and home health care organizations have described how they are putting the 4Ms into practices



**2555\***

Hospitals, practices, convenient care clinics, nursing homes, and home health care organizations shared the count of older adults reached with 4Ms care for at least three months

*\*Age-Friendly Health System-Participants count is inclusive of hospitals and practices that went on to be recognized as Age-Friendly Health Systems-Committed to Care Excellence*

*Updated as of July 1, 2025*







More than  
5,770,000  
older adults  
have been  
reached with  
4Ms care

As of June 2025

# Grady Memorial Hospital Patient Impact Story



# **Effect of Age-Friendly Care on Days at Home Post-Hospital Discharge for Traditional Medicare Patients: A Cross-Sectional Study**

**Kathleen Drago, MD<sup>1</sup> , Bryanna De Lima, MPH<sup>1</sup> , Sophie Rasmussen, MBA<sup>2</sup>, Alaina Ena, RN, MN<sup>1</sup>, Elizabeth Eckstrom, MD, MPH<sup>1</sup> , and Ella Bowman, MD, PhD<sup>1</sup> **

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**Today, more than 300 published articles evaluating aspects of the 4Ms Framework**

# CMS Hospital Attestation Measure

CMS Age Friendly Measure domains (from the [Federal Register](#)) and the 4Ms

| Domain  | Crosswalk to 4Ms   |
|---|--|
| <b>Eliciting patient healthcare goals:</b> This domain focuses on obtaining patients' health-related goals and treatment preferences, which will inform shared decision-making and goal-concordant care.  | What Matters   |
| <b>Responsible medication management:</b> This domain aims to optimize medication management by monitoring the pharmacological record for drugs that may be considered inappropriate in older adults due to increased risk of harm.   | Medication   |
| <b>Frailty screening and intervention:</b> This domain aims to screen patients for geriatric issues related to frailty, including cognitive impairment/delirium, physical function/mobility, and malnutrition, for the purpose of early detection and intervention where appropriate. | Mentation, Mobility, and Medication                          |
| <b>Social vulnerability:</b> This domain seeks to ensure that hospitals recognize the importance of social vulnerability screening of older adults and have systems in place to ensure that social issues are identified and addressed as part of the care plan.                      | What Matters, Mentation                                      |
| <b>Age-friendly care leadership:</b> This domain seeks to ensure consistent quality of care for older adults through the identification of an age-friendly champion and/or interprofessional committee tasked with ensuring compliance with all components of this measure.           | All 4Ms, including measuring the 4Ms and sustaining 4Ms care |

# Call to Action