

Age-Friendly Health Systems:

State-Based Guide

Transforming Health Care for Older Adults Across Your State

September 2025
ihi.org/AgeFriendly

This content was created especially for:

Age-Friendly 
Health Systems

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).



Authors

Dora Fisher, State Policy Director, LiveOn NY

Laura Howell Nelson, Project Director, Institute for Healthcare Improvement (IHI)

Acknowledgments

This work was made possible by The John A. Hartford Foundation, a private, nonpartisan, national philanthropy dedicated to improving the care of older adults. For more information, visit www.johnahartford.org.

IHI would like to thank our partners, the American Hospital Association (AHA) and the Catholic Health Association of the United States (CHA), for their leadership and support of the Age-Friendly Health Systems initiative.

IHI is thankful to the Age-Friendly Health Systems faculty and advisory group. We extend our deepest gratitude to the Age-Friendly Health Systems co-chairs Don Berwick, MD, MPP, Faith Mitchell, PhD, and Jonathan Perlin, MD; and to founding co-chairs Ann Hendrich, PhD, RN, and Mary Tinetti, MD.

Learn more at ihi.org/AgeFriendly.

Institute for Healthcare Improvement

The Institute for Healthcare Improvement (IHI) is a leading, globally recognized not-for-profit health care improvement organization that has been applying evidence-based quality improvement methods to meet current and future health care challenges for more than 30 years. IHI provides millions of people in health care with methods, tools, and resources to make care better, safer, and more equitable; convenes experts to enable knowledge sharing and peer-learning; and advises health systems and hospitals of all sizes in improving their systems and outcomes at scale. IHI's mission is to innovate and lead transformational improvement in health and health care worldwide.

© 2025 Institute for Healthcare Improvement. All rights reserved. Individuals may photocopy these materials for educational, not-for-profit uses, provided that the contents are not altered in any way and that proper attribution is given to IHI as the source of the content. These materials may not be reproduced for commercial, for-profit use in any form or by any means, or republished under any circumstances, without the written permission of the Institute for Healthcare Improvement.

Contents

Introduction	4
Age-Friendly Health Systems Overview	4
State-Based Age-Friendly Care	5
Who Has a Role to Play?	7
Where Do I Begin?	7
Practice: Reliably Adopt the 4Ms to Improve the Care of Older Adults in Your State	8
Lever 1: Support a Cohort	8
Lever 2: Lead a State-Based Action Community	14
Lever 3: Lead a Coalition or Initiative	17
Policy: Improve Systems and Structures to Enable 4Ms Care	21
Lever 4: Champion State-Level Policy, Regulatory, and Payment Changes	22
Conclusion	24
Appendix	28
References	38



Introduction

As we age, care often becomes more complex. Health systems, a term used to encompass all acute, post-acute, and community-based clinical care settings, are frequently unprepared for this complexity, and older adults suffer a disproportionate amount of harm while in the care of the health system. Older adults from historically marginalized communities suffer from disparate treatment that negatively influences health outcomes.

This State-Based Guide uses **levers** as a metaphor for the efforts to build an age-friendly statewide machine. A well-designed machine runs smoothly when the right levers are in place. A lever is a simple yet powerful tool, turning small efforts into big results by amplifying force and creating movement where it's needed most. In the same way, the strategies in this Guide serve as levers within the health care system, helping states maximize resources, drive innovation, and build an infrastructure that ensures older adults receive the age-friendly care they deserve. By pulling the right levers, we can transform intention into action and vision into reality.

Each year, approximately \$300 billion of state and local funding in the US goes toward health care costs¹. States are mandated to improve the quality of care while simultaneously lowering its cost. Funders, government entities such as the Centers for Medicare & Medicaid Services (CMS), and national leaders in health care are all invested in State-Based approaches to improving the care for vulnerable populations. You and your organization are key to this work.

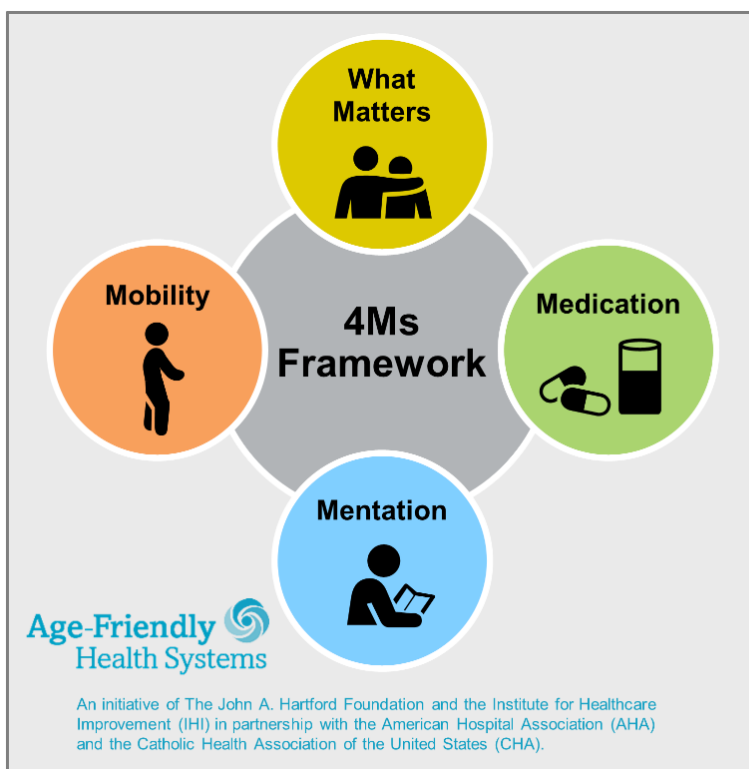
How can states improve care for older adults and their caregivers — vulnerable populations — while reducing the substantial costs of care for states and health systems? The Age-Friendly Health Systems movement provides an answer¹.

Age-Friendly Health Systems Overview

The United States is aging and becoming increasingly diverse. By 2060, individuals ages 65 and older who identify as people of color are projected to constitute nearly half of the older adult population².

To address these challenges, in 2017, The John A. Hartford Foundation (JAHF) 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), set a bold vision to build a social movement so that all care with older adults is age-friendly care. Age-friendly care follows an essential set of evidence-based practices; causes no harm; and aligns with What Matters to the older adult and their caregivers.

Becoming an Age-Friendly Health System entails reliably providing a set of four evidence-based elements of high-quality care, known as the “4Ms,” to all older adults in your system (see Figure 1). When implemented together, the 4Ms — What Matters, Medication, Mentation, and Mobility — represent a broad shift by health systems to focus on the needs of older adults.



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.

Figure 1. 4Ms Framework of an Age-Friendly Health System

The 4Ms are a framework, not a program, to guide care of older adults wherever and whenever they come into contact with a health system's care and services. The intention is to equitably incorporate the 4Ms into existing care, rather than layering them on top, in order to organize the efficient delivery of effective care. This integration is achieved primarily through redeploying existing health system resources.

The Age-Friendly Health Systems movement now comprises more than 5,000 hospitals, ambulatory practices (including primary care practices), convenient care clinics, home health care organizations, and nursing homes (including post-acute and long-term care settings – e.g., skilled nursing and rehabilitation facilities and nursing facilities) working to reliably deliver evidence-based care with and for older adults. IHI and JAHF celebrate the participation of organizations that have committed to practicing age-friendly care. Learn more about how you can join the movement and show your commitment to better care for older adults at ihi.org/AgeFriendly.

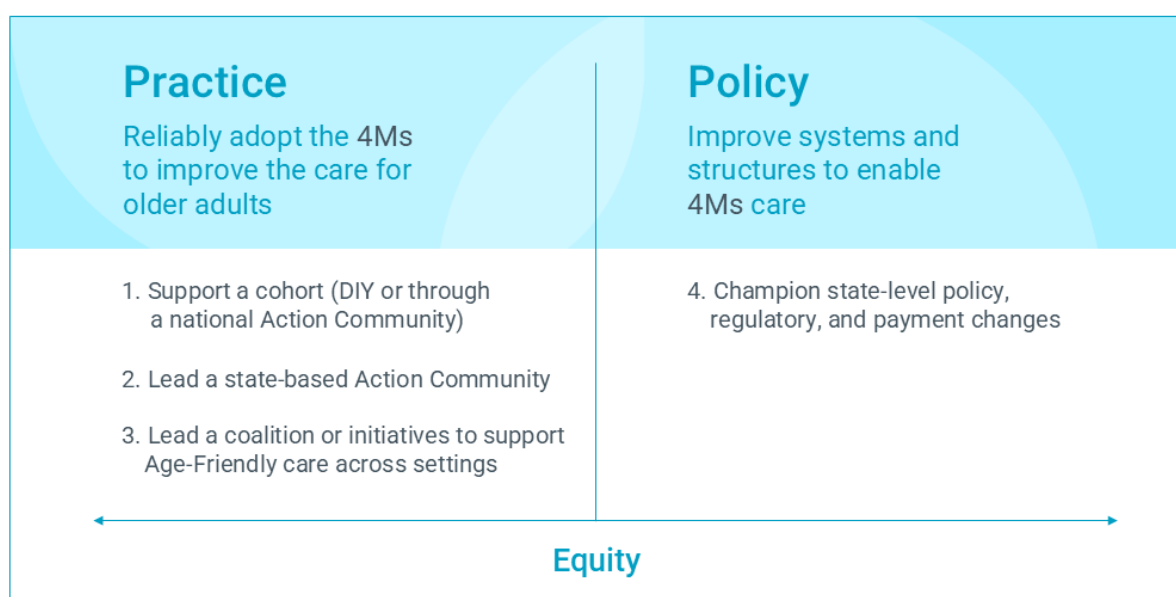
State-Based Age-Friendly Care

Like a machine, this **State-Based Guide** uses levers to organize the tested approaches at various levels of the system. A place-based approach to care delivery is necessary, not only to localize the 4Ms to a geography, but also to improve the resources, health, and quality of life for older adults. State-Based age-friendly care also:

1. Deepen the practice of the 4Ms and spreads age-friendly care to new networks to grow the reach, rapidly and widely.
2. Create the conditions to empower more champions to be leaders and stewards of the Age-Friendly Health Systems movement.
3. Adapt the content of the Action Community pathway to join the movement, to meet different contexts.
4. Bring fresh ideas that strengthen age-friendly care and lead to improved implementation support.

To spread the Age-Friendly Health Systems movement and scale the 4Ms Framework, organizations at the state or regional level can use four levers, built on a foundation of health equity (see Figure 2):

Figure 2. Levers for State-Based Age-Friendly Health System Hubs



The Practice levers describe engagement strategies for evidence-based care and the reliable adoption of the 4Ms for health systems. States or regions first engage health systems in one of two ways: Practice lever 1) Support a cohort (DIY or through a national Action Community) or 2) Lead a state-based or geography-based Action Community. These create a vital foundation that can then be built upon to address the Policy lever to improve systems and structures to enable 4Ms care. State-Based Age-Friendly Health System Hubs must address at least one of the Practice levers as a mechanism to reliably practice age-friendly care.

Health equity is foundational to the Age-Friendly Health Systems movement and to all four levers of the State-Based Guide. These levers do not operate in silos. They shape multiple levels of the system and require varying degrees of effort.

The levers explained in this Guide add value to the health systems within their network by ensuring the 4Ms are localized in their geography or context (such as oncology-focused care locations or nursing homes), while simultaneously improving the reliability of evidence-based

practices and reducing costs for health systems in a state. While this work is designed for states within the United States, any global region, geography, or community can adapt the Guide and levers to meet the needs of the area's health system and older adults.

Who Has a Role to Play?

Everyone has a role to play in providing evidence-based care to older adults within a state. For years, organizations such as hospital associations and non-profit organizations have spearheaded the spread of the 4Ms across their networks and states.

Organizations leading State-Based Age-Friendly Health System Hubs are listed on the [IHI Age-Friendly Health Systems website](#). Types of organizations that are well-positioned to lead the hubs include:

- State hospital or health care association or other statewide advocacy or member association (such as state rural hospital associations, affinity groups)
- Large health system (such as hospitals, nursing homes, convenient care clinics, home health care organizations, ambulatory practices), networks, and/or PACE organizations
- Non-profit organization or foundation (such as the local Alzheimer's Association chapter or Jewish Healthcare Foundation)
- Research institute or Geriatric Workforce Enhancement Program (GWEP)
- Quality improvement network (QIN) and/or quality improvement organization (QIO)
- Veterans Health Administration (VHA) network
- State department (such as the Department of Public Health)
- State leader or a high-level director/leader for the division of aging for the state

As a hub leader, you might be wondering if your organization is prepared to address one or more of the Guide levers. As you begin, ask:

- Do we have experience leading large quality improvement projects?
- Are the levers aligned with organizational priorities, or do we have influence on the priorities?
- Do we have executive level support and buy-in?
- Do we have strong relationships with potential funding sources, or could we easily identify them?

If you are unsure how to answer any of these questions, you can still begin the process of addressing one or more levers using this State-Based Guide. Below you will find guidance on how to get started. There are [additional quality improvement resources](#) you can use to assess readiness. The IHI team can work with you to support your plan; please reach out to AFHS@ihi.org.

Where Do I Begin?

You may be interested in addressing multiple levers to influence the Practice (micro-environment) and Policy (macro-environment) changes in your state. When in doubt, start small with one lever, and create a plan for addressing additional levers in the future.

Lever		Prior experience needed	Effort required	Potential impact
Practice	1. Support a cohort	None	Lower	Improving care for older adults served by participating systems
	2. Lead an Action Community	None	Moderate	Improving care for older adults served by participating systems
	3. Lead a coalition or initiative	Implement Lever 1 or 2	High	Foster a culture that supports age-friendly care across settings and systems
Policy	4. Champion policy change	Implement Lever 1 or 2	High	Embed age-friendly care at the system level

Practice Levers: Reliably Adopt the 4Ms to Improve Care of Older Adults in Your State

Almost all systems integrate some of the 4Ms into care some of the time, with some older adults, in some place in their system. The Practice levers support health systems in providing the 4Ms reliably and equitably — that is, for all older adults, in all settings and across settings, in every interaction.

Lever 1: Support a Cohort

This section describes the role of State-Based Age-Friendly Health System Hubs that support a cohort. The following two case examples demonstrate the impact of Lever 1.

Nebraska Hospital Association (NHA) Case Example

The Nebraska Hospital Association (NHA), based in Lincoln, supports 92 member hospitals statewide. Since 2019, NHA has recruited and guided cohorts of Nebraska health systems in national Age-Friendly Action Communities led by IHI and AHA. To date, 75 facilities—including hospitals, nursing homes, clinics, and home health organizations—have been recognized as Age-Friendly Health System Participants, with 44 advancing to Committed to Care Excellence.

NHA emphasizes personalized, often in-person support, particularly for rural, low-resource communities. In 2024 alone, it presented on Age-Friendly Health Systems at over 15 locations, demonstrating its leadership in implementing the 4Ms across care settings.

Beyond its network, NHA engages community partners—senior centers, pharmacies, banks, and others—to raise awareness of the 4Ms. It also convenes a cross-sector Age-Friendly Advisory Group of state leaders in health care, public health, and government to advance age-friendly strategies. This work is supported by JAHF, IHI, and Blue Cross Blue Shield.

AMI Expeditionary Healthcare

AMI Expeditionary Healthcare, based in Reston, Virginia, supports over 200 nursing homes and was awarded the PA Department of Health LTC RISE grant for three Pennsylvania regions in 2022. Led by Jamie Thomas, Senior Quality Improvement Manager, AMI has provided one-on-one support to help nursing homes become recognized as Age-Friendly Health Systems. To date, 37 facilities have achieved Participant status, with 7 advancing to Committed to Care Excellence.

Building on strong relationships and operational foundations, Thomas and her team developed tailored resources—including an AFHS Workflow for Facilities and a Navigator Guide—to guide staff and support internal champions. Navigators also completed IHI's PFC 203 course to deepen their expertise. The team continues to refine its approach, transforming its 4Ms Drop-In Meeting into a weekly quality huddle for ongoing support.

AMI's hybrid model of in-person and virtual engagement meets facilities where they are, fostering individualized progress. In partnership with the Jewish Healthcare Foundation, AMI is now launching a statewide learning community to further expand age-friendly care. This work is funded by the Pennsylvania Department of Health and managed by its Long-Term Care Transformation Office.

Do-It-Yourself (DIY) Approach

Some health systems can adopt the 4Ms without requiring the intensive support of an Action Community. This pathway is for systems that are motivated and want to start right away without waiting for an Action Community enrollment opportunity.

The role of a State-Based Age-Friendly Health System Hub supporting a DIY approach includes:

Operations

- Understand the health systems within your existing network. For example, how many health systems are currently recognized as Age-Friendly Health Systems?
- Identify the point of contact for health systems in your network and begin the outreach process, either virtually or in person.
- Create a system (through a spreadsheet or other online tools) to track engagement, participation, and recognition, and other components that matter to you.

Recruitment

- Set a recruitment goal for the number of health systems engaged, and the number that achieve recognition as Age-Friendly Health Systems.
- Create a recruitment plan that leverages existing channels of communication with your networks. Ideas include:
 - Promote this opportunity and your partnership with AHA or IHI on existing calls with health systems.
 - Host an informational call to discuss Age-Friendly Health Systems.
 - Send emails and use social media channels.
 - Conduct individual outreach (most effective approach).

Technical Support for Recognition

- Your role is to support health systems to become [recognized as an Age-Friendly Health System](#) by submitting a 4Ms Care Description by care setting. Two important milestones signal progress toward becoming an Age-Friendly Health System: recognition as [Level 1 – Age-Friendly Health System Participant](#) and [Level 2 – Committed to Care Excellence](#). These steps are celebrated by IHI, AHA, and JAHF.
 - For Level 1 recognition: The teams outline a description of how they will practice the 4Ms in their setting and sharing it with IHI. There are key actions that all Age-Friendly Health Systems practice, but organizations must decide how, where, by whom, how frequently those actions will be adopted, based on contextual factors of their local setting. Those decisions are outlined in a 4Ms Care Description, which starts as a plan and is updated based on learning.
 - For Level 2 recognition: After being recognized as Level 1 and receiving confirmation from IHI that their Care Description aligns with the 4Ms, teams begin to count the number of older adults receiving care as outlined in their 4Ms Care Descriptions. At the beginning, they might start small as they test the 4Ms care during one encounter with one older adult and then increase (e.g., to five older adults and then 25) after learning what works.
- Set a goal for each milestone and track progress towards that goal (with help from IHI and AHA). Test effective ways to support teams, such as in-person individualized coaching, virtual office hours, or through the IHI Recognition [Office Hours](#) and individualized coaching from [AHA](#).

Facilitate Peer Learning

- While supporting health systems individually, identify key topics of interest or themes that are unique to your participants. For example, a new state law, partnering with local community-based organizations (CBOs), applying the 4Ms in a specific care setting, learning about What Matters in context-specific ways.
- To foster connections and shared learning across the health systems you support individually, create peer-to-peer learning across health systems:
 - Make linkages (over email or in person) between similar systems to enhance connectedness and provide opportunities for partners to solve local problems.
 - Make linkages (over email or in person) between exemplar and less experienced health systems to support new systems in getting started and celebrate the success of established systems.
 - Share case studies from [IHI.org/agefriendly](https://ihi.org/agefriendly) and aha.org/agefriendly.

Support from AHA and IHI

- You can also have touchpoints with IHI or AHA to support you in adding value to your members, which might include:
 - Monthly touchpoints after you kick off the work.
 - A process for sharing recognition data from the teams between IHI or AHA and your organization.
 - Regular communication and feedback processes between the organization.
 - Access to an online resources collection to support teams (upon request at AFHS@ihi.org and ahaactionbcommunity@aha.org).

Action Community Approach

Action Communities enable teams to accelerate the reliable practice of the 4Ms in an active community of learners and testers. This seven-month journey to [recognition](#) provides a structure for learning with and from other health systems and expert faculty.

Over the course of the Action Community, teams participate in webinars, attend an in-person meeting (when possible) or a virtual convening, and develop their plan for practicing the 4Ms. Expert faculty support the implementation of the 4Ms through the recognition process. Peer-to-peer webinars, connection, and community building are a core benefit. The Action Community leverages an “all teach, all learn” environment that both benefits the adoption of the 4Ms and also strengthens your overall network. There are no intensive data reporting requirements for the Action Community, and health systems can select measures that matter.

Action Communities are [scheduled periodically throughout the year](#) and facilitated by IHI, AHA, and other organizations. There is no fee to participate in the National Action Community thanks to the generous support of JAHF.

The role of a State-Based Age-Friendly Health System Hub supporting a National Action Community approach includes:

Operations

- Understand the health systems within your existing network. For example, how many health systems are currently recognized as Age-Friendly Health Systems?
- Identify the point of contact for health systems in your network and begin the outreach process, either virtually or in person.
- Create a system (through a spreadsheet or other online tools) to track engagement, participation, and recognition, and other components that matter to you.

Recruitment

- Set a recruitment goal for (1) the number of health systems engaged and (2) the number that become recognized as Age-Friendly Health Systems, at Level 1 and/or Level 2.
- Create a recruitment plan that leverages existing channels of communication with your networks. Ideas include:
 - Promote this opportunity and your partnership with AHA or IHI on existing calls with health systems.
 - Host an informational call to discuss Age-Friendly Health Systems.
 - Send emails and use social media channels.
 - Conduct individual outreach (most effective approach).
- Work with the Action Community lead, IHI, or AHA to set up a process to welcome participants to the Action Community as they join.

Onboarding Support

- Conduct a kick-off call to discuss:
 - How participants will support each other.
 - A bright spot example of how a similar health system made progress implementing the 4Ms.
 - How teams can get started. For example, celebrate existing assets, learn about aspects of 4Ms care already in practice, identify existing champions and older adults and caregivers that can partner in the work.
 - The timeline, inputs, and expectations of participation.

Technical Support for Recognition

- Your role is to support health systems to become [recognized as an Age-Friendly Health System](#) by submitting a 4Ms Care Description by care setting. Two important milestones signal progress toward becoming an Age-Friendly Health System: recognition as [Level 1 – Age-Friendly Health System Participant](#) and [Level 2 – Committed to Care Excellence](#). These steps are celebrated by IHI, AHA, and JAHF.
 - For Level 1 recognition: The teams outline a description of how they will practice the 4Ms in their setting and sharing it with IHI. There are key actions that all Age-Friendly Health Systems practice, but organizations must decide how, where, by whom, how

frequently those actions will be adopted, based on contextual factors of their local setting. Those decisions are outlined in a 4Ms Care Description, which starts as a plan and is updated based on learning.

- For Level 2 recognition: After being recognized as Level 1 and receiving confirmation from IHI that their Care Description aligns with the 4Ms, teams begin to count the number of older adults receiving care as outlined in their 4Ms Care Descriptions. At the beginning, this number might be very low as they test the 4Ms care during one encounter and then increase (e.g., to five and then 25) once they've learned what works.
- Set a goal for each milestone and track progress towards that goal (with help from IHI and AHA). Test effective ways to support teams, such as in-person individualized coaching, virtual office hours, or through the IHI Recognition [Office Hours](#) and individualized coaching from [AHA](#).

Facilitate Peer Learning

- While supporting health systems individually, identify key topics of interest or themes that are unique to your participants (e.g., a new state law, partnering with local community-based organizations [CBOs], the 4Ms in a specific care setting, learning about What Matters in context-specific ways).
- To foster connections and shared learning across the health systems you support individually, you can create peer-to-peer learning across health systems:
 - Make linkages (over email or in person) between similar systems to enhance connectedness and provide opportunities for partners to solve local problems.
 - Make linkages (over email or in person) between exemplar and less experienced health systems to support new systems in getting started and celebrate the success of established systems.
- Share case studies from [IHI.org/agefriendly](https://ihi.org/agefriendly) and aha.org/agefriendly.
- Set a goal for each milestone, track progress (with help from AHA and IHI), and test effective ways to support teams (1:1 follow-up or a demonstration call).

Support from AHA and IHI

- You can also have touchpoints with IHI or AHA to support you in adding value to your members, which might include:
 - Coaching and operational support to recruit, engage, and recognize health systems in your state.
 - Monthly touchpoints after you kick off the work.
 - A process for sharing recognition data from the teams between IHI or AHA and your organization.
 - Regular communication and feedback processes between the organization.
 - Action Community online resource collection (upon request at AFHS@ihi.org)

Lever 2: Lead a State-Based Action Community

This section describes the role of State-Based Age-Friendly Health System Hubs that lead a state-based or geography-based Action Community. The following case example demonstrates the impact of addressing Lever 2.

Healthcare Association of New York State (HANYS)

The Healthcare Association of New York State is a statewide association representing nonprofit and public hospitals, health systems, and other health care providers across the continuum of care. HANYS is a leader in state and federal health policy, data analysis, and evidence-based quality improvement.

With funding from four private foundations and in partnership with the New York State Department of Health, JAHF and IHI, HANYS launched its first New York State Age-Friendly Action Community in 2020. Now in its fourth year, this Action Community is a yearlong virtual learning collaborative that provides education, tools and resources to health care organizations to implement and scale 4Ms care.

Each Action Community follows a curriculum comprised of:

- five deep dives (the 4Ms plus Measurement) taught by expert faculty clinicians;
- three topical coaching calls based on providers' areas of interest (e.g., interventions for elder abuse);
- peer sharing and case study development to disseminate best practices; and
- a graduation ceremony to recognize participant achievements.

HANYS also provides customized project management support, ad hoc Care Description worksheet reviews, data analysis and measurement guidance, and stipends to help reduce entry barriers.

By June 2024, more than 300 care settings across New York achieved recognition, with half of these participating in a HANYS Age-Friendly Action Community. In addition to leveraging its membership, network, and resources, HANYS has been able to recruit diverse care settings into its Action Community through peer support, individualized assistance, and equity considerations. Currently, 75 percent of New York state's critical access hospitals, 13 Federally Qualified Health Centers (FQHCs), and 18 nursing homes have participated in a HANYS Action Community.

Operations

- Understand the health systems within your existing network. For example, how many health systems are currently recognized as Age-Friendly Health Systems?
- Tailor the standard curriculum for the Action Community model to meet the needs of your geography and goals.

- Access and tailor the slide decks and other standard work, provided by IHI through the Action Community online resource collection (upon request at AFHS@ihi.org and ahaactionbcommunity@aha.org).
- Recruit expert faculty for each of the 4Ms and each care setting (hospital, ambulatory, convenient care clinic, nursing home, and home health care) to support health systems in the Action Community process.

Recruitment

- Choose the method your organization will utilize to engage health systems in becoming recognized as Age-Friendly Health Systems.
- Recruit expert faculty for the 4Ms and care settings implementation to coach teams and lead topical webinars.
- Set a recruitment goal for (1) the number of health systems engaged and (2) becoming recognized as Age-Friendly Health Systems, at Level 1 and/or Level 2.
- Create a recruitment plan that leverages existing channels of communication with your networks. Ideas include:
 - Promote this opportunity and your partnership with AHA or IHI on existing calls.
 - Host an informational call.
 - Send emails and use social media channels.
 - Conduct individual outreach (most effective approach).
 - Work with statewide sector-specific associations to gain industry buy-in and secure interested participants.

Onboarding Support

- Welcome teams 1:1 through Onboarding or Orientation Calls, especially health systems that are less familiar with Age-Friendly Health Systems and the 4Ms Framework.
- Develop a workbook or guide to support the Action Community.
- Conduct a kick-off call with all teams to discuss:
 - How participants will support each other.
 - A bright spot example of how a similar health system made progress implementing the 4Ms.
 - How teams can get started. For example, celebrate existing assets, learn about aspects of 4Ms care already in practice, identify existing champions and older adults and caregivers that can partner in the work.
 - The timeline, inputs, and expectations of participation.

Implementation

- Plan and lead monthly webinars on the 4Ms, putting the 4Ms into practice through quality improvement, peer coaching webinars, and a virtual or in-person convening.

- Provide one-on-one coaching support and opportunities from your operational team and expert faculty.
- Support key deliverables of the action community model such as 4Ms Action Period Activities, Getting Started activities, and the submission of 4Ms Care Descriptions.
- Celebrate teams as they become recognized as Age-Friendly Health Systems.
- Create a plan and provide options for sustaining health systems' age-friendly journeys.

Technical Support for Recognition

- Two important milestones in the Action Community signal progress toward becoming an Age-Friendly Health System: recognition as [Level 1 – Age-Friendly Health System Participant](#) and [Level 2 – Committed to Care Excellence](#). These steps are celebrated by IHI, AHA, and JAHF. The State-Based Age-Friendly Health System Hub should play a key role in supporting their participants in progressing through these milestones:
 - For Level 1 recognition: The teams outline a description of how they will practice the 4Ms in their setting and sharing it with IHI. There are key actions that all Age-Friendly Health Systems practice, but organizations must decide how, where, by whom, how frequently those actions will be adopted, based on contextual factors of their local setting. Those decisions are outlined in a 4Ms Care Description, which starts as a plan and is updated based on learning.
 - For Level 2 recognition: After being recognized as Level 1 and receiving confirmation from IHI that their Care Description aligns with the 4Ms, teams begin to count the number of older adults receiving care as outlined in their 4Ms Care Descriptions. At the beginning, this number might be very low as they test the 4Ms care during 1 encounter and then increase (e.g., to 5 then 25) once they've learned what works.
- State-Based Age-Friendly Health System Hub should set a goal for each milestone, track progress (with help from IHI and AHA), and test effective ways to support teams (1:1 follow-up or a demonstration call).

Facilitate Peer Learning

- While supporting health systems, you will identify key topics of interest or themes that are unique to your participants. For example, a new state law, partnering with local community-based organizations (CBOs), the 4Ms in a specific care setting, challenges with EMR integration, learning about What Matters in context-specific ways.
- To foster connections and shared learning across the health systems you support individually, you can create peer-to-peer learning across health systems:
 - Make linkages (over email or in person) between similar systems to enhance connectedness and provide opportunities for partners to solve local problems.
 - Make linkages (over email or in person) between exemplar and less experienced health systems to support new systems in getting started and celebrate the success of established systems.
 - Share case studies from [IHI.org/agefriendly](https://www.ihi.org/agefriendly) and [aha.org/agefriendly](https://www.aha.org/agefriendly).

Support from AHA and IHI

- You will also have touchpoints with an Action Community Lead to support you in adding value for your members, which might include:
 - Monthly meetings after the launch of the Action Community, cohort, or coalition.
 - A process for sharing recognition data from the teams between the Action Community lead and you.
- Regular communication and feedback processes between the organization, IHI, and AHA
- Access to an online resource collection, which includes but is not limited to:
 - High-Level Timeline
 - Dashboard for Action Community Facilitators
 - Template Invitation to Join the Action Community
 - Team Tracker Template
 - Getting Started Check List Template
 - Slide decks for 5 Team Calls and 1 Getting Started Call
 - Best Practices for Running a Virtual Convening
 - Best Practices for Topical Peer Coaching Calls

Lever 3: Lead a Coalition or Initiative

Colorado Age-Friendly Health Systems Coalition

The Colorado Age-Friendly Health Systems Coalition is led by the Alzheimer's Association Colorado Chapter, Telligen QI Center, and the Colorado Center for Nursing Excellence. The vision of the coalition is to "promote and support the adoption of the Institute for Healthcare Improvement's (IHI) Age-Friendly Health Systems (AFHS) framework, concepts, and components as the standard practice of care across all Colorado healthcare settings."

The coalition is in service of the 2022 Colorado Alzheimer's Disease and Related Dementias (ADRD) State Plan. The plan lays out a path for addressing the special needs of Coloradans living with Alzheimer's Disease and related dementias, and their care partners, through a public health approach that is evidence-based, promotes risk reduction and early diagnosis, and focuses on highly impacted populations (i.e., American Indian/Alaskan Natives, Black/African Americans, Latinx/o/a/e/Hispanic/Chicano/a). The coalition engages any Colorado-based health system with an interest in Age-Friendly Health Systems (AFHS) including public, private, community-based, advocacy or volunteer organizations, patients, families, and caregivers.

To date, the Colorado Age-Friendly Health Systems Coalition has completed the development of the coalition charter, focused on relationship building, and has recruited health systems for six national Action Communities, led by IHI and AHA.

This section describes the role of a State-Based Age-Friendly Health System Hub that leads a coalition or strategic initiative across care settings (such as hospitals, ambulatory practices, nursing homes, convenient care clinics, and home health care organizations). The following case example illustrates the impact of addressing Lever 3 after first building on Practice levers 1 and 2.

Lead a Coalition or Initiative

By taking a strategic approach across the care continuum, you can support health systems on a broader scale. Coalition building brings together different groups to achieve a common goal. It happens most frequently when different individuals or organizations share similar goals, values, or interests. By combining resources, the collective effort becomes more powerful than each entity acting independently.

Coalition building requires a central coordinating entity and staff. Introducing these coordinator roles at the state level can significantly aid in the statewide implementation of age-friendly care. These individuals, identified through health care associations or relevant entities, can offer tailored project management support, helping health systems navigate the complexities of adopting age-friendly practices. These navigators can provide essential guidance, resources, and encouragement, ensuring that health care providers stay on track and effectively implement the care package. They also can connect peer systems with each other to discuss promising practices and lessons learned.

- Follow and utilize coalition-building practices and leverage resources such as [Action to Impact: A Coalition-Building Roadmap](#) from the Center of Nonprofit Excellence (CNE) and [Developing Effective Coalitions: An Eight Step Guide](#) from County Health Rankings & Roadmaps (CHRR).
- Partner with one to two organizations to convene an Age-Friendly Health System coalition that includes most health care settings to:
 - Decide when to meet at a standard cadence (monthly, bi-monthly, or quarterly).
 - Develop shared norms that build on the principles of the Age-Friendly Health Systems movement.
 - Identify a common goal.
 - Identify health systems in your geography that are not yet recognized to help meet your goal.
- Goals of an Age-Friendly Health System coalition can include:
 - Advancing Age-Friendly Health Systems by leveraging collective impact.
 - Engaging organizations and individuals with lived experience across care settings.
 - Begin to align similar or like-minded initiatives or programs happening in silos, such as the [Multisector Plan for Aging](#).
 - Elevate the work of participants to their peers to lead to an “all-teach, all-learn” environment.

For Lever 3, it is vital to address one of the Practice levers by understanding and leveraging your existing networks and relationships. This approach can help you recruit health systems for the national Action Communities or support a cohort of health systems individually. See [Lever 1](#) and [Lever 2](#) for details on the roles of these levers. Below are the ways to operationalize this lever.

Operations

- Understand the health systems within your existing network. For example, how many health systems are currently recognized as Age-Friendly Health Systems?
- Identify the point of contact for health systems in your network and begin the outreach process, either virtually, in person, or taking a hybrid approach.
- Create a system (through a spreadsheet or other online tools) to track engagement, participation, recognition, and other data that matters to you.
- Connecting with leaders within a system across your state or region across care settings to take a strategic approach throughout the care continuum.

Recruitment

- Set a recruitment goal for (1) the number of health systems engaged and (2) becoming recognized as Age-Friendly Health Systems, at Level 1 and/or Level 2.
- Make sure to understand the landscape and equity considerations in your state or region.
 - Do you have a small or large number of nursing homes in your state? Why is that?
 - Do you have a small or large number of hospitals (or CAHs) in your state? Why is that?
 - Do you have a small or large number of ambulatory practices (or FQHCs) in your state? Why is that?
 - If there is a gap between the health systems in your network and the health systems in your state, how can you bridge that gap and go beyond the reach of your network? How might you partner with others to look at this strategically?
- Create a recruitment plan that leverages existing channels of communication with your networks. Ideas include:
 - Promote this opportunity and your partnership with AHA or IHI on existing calls with health systems.
 - Host an informational call to discuss Age-Friendly Health Systems.
 - Send emails and use social media channels.
 - Conduct individual outreach (most effective approach).

Facilitate Peer Learning

- While supporting health systems strategically, identify key topics of interest or themes that are unique to your participants. For example, a new state law, partnering with local community-based organizations (CBOs), applying the 4Ms in a specific care setting, learning about What Matters in context-specific ways.
 - Use those themes to advocate on their behalf with state leaders or develop localized content to act on what you learn.
- To foster connections and shared learning across the health systems you support individually, create peer-to-peer learning across health systems:
 - Make linkages (over email or in person) between similar systems to enhance connectedness and provide opportunities for partners to solve local problems.
 - Make linkages (over email or in person) between exemplar and less experienced health systems to support new systems in getting started and celebrate the success of established systems.
 - Share case studies from other systems on from [IHI.org/agefriendly](https://ihi.org/agefriendly) and aha.org/agefriendly to support systems in your state or region.

Technical Support for Recognition

- Your role is to support health systems to become recognized as an Age-Friendly Health System by submitting a 4Ms Care Description by care setting. Two important milestones signal progress toward becoming an Age-Friendly Health System: recognition as [Level 1 – Age-Friendly Health System Participant](#) and [Level 2 – Committed to Care Excellence](#). These steps are celebrated by IHI, AHA, and JAHF.
 - For Level 1 recognition: The teams outline a description of how they will practice the 4Ms in their setting and sharing it with IHI. There are key actions that all Age-Friendly Health Systems practice, but organizations must decide how, where, by whom, how frequently those actions will be adopted, based on contextual factors of their local setting. Those decisions are outlined in a 4Ms Care Description, which starts as a plan and is updated based on learning.
 - For Level 2 recognition: After being recognized as Level 1 and receiving confirmation from IHI that their Care Description aligns with the 4Ms, teams begin to count the number of older adults receiving care as outlined in their 4Ms Care Descriptions. At the beginning, this number might be very low as they test the 4Ms care during one encounter and then increase (e.g., to five and then 25) once they've learned what works.
- Track your progress toward your goals for each milestone (with help from IHI). Based on the recognition and engagement data you track, what is the data telling you? Ask yourself questions such as: Are you seeing recognition data for one care setting more than the others? What does that tell you?

- Test effective ways to support teams by providing in-person individualized coaching, virtual office hours, or through the IHI Recognition [Office Hours](#) and individualized coaching from [AHA](#).

Policy: Improve Systems and Structures to Enable 4Ms Care

An early step in your age-friendly statewide journey is demonstrating that it adds value — that the Age-Friendly Health Systems initiative is a worthwhile investment for a health system or state government to take on. You must have the right tools to effectively communicate this, to both health system leaders and state officials.

Examples of elements that help you communicate the value of age-friendly care:

- **Leadership buy-in.** Health systems that have successfully integrated age-friendly care throughout their network have in common leaders who are passionate spokespeople for Age-Friendly Health Systems both internally and externally. Motivation and strategic direction to take on such sweeping changes must come from above, and having enthusiastic leaders championing this work makes a huge difference in demonstrating the value of age-friendly care.
- **Communications tools.** A great way to demonstrate value is by creating collateral such as infographics or pamphlets with digestible statistics, case stories, results from satisfaction surveys, and more. Ideally this information comes from within health systems in your state; for states just starting out, lots of information for this purpose can be found within [IHI's resource library](#). IHI's ROI (return on investment) calculator may be particularly useful for this purpose. These communications tools can be used as part of presentations to state policy leaders or health system executives.
- **Direct care staff and champions.** Age-friendly care requires the commitment and effort of direct care staff. A key strategy to demonstrate value is identifying providers who can personally speak to the way Age-Friendly framework improves their work.

Age-Friendly Health Systems now recognizes health systems across the care continuum, including hospitals, nursing homes, emergency departments, ambulatory practices, home health care organizations, and convenient care clinics. Improving care transitions between care settings is critical to enhancing the quality of care, well-being, and health outcomes, especially for older adults. Effective care transitions can prevent medical errors, unnecessary hospitalization, and readmission rates that are costly to our health systems⁴.

St. James Parish Hospital, a critical access hospital (CAH) in Litcher, Louisiana, decreased readmission rates by 62 percent between January and September 2020 during the COVID-19 pandemic. They also saw a cost savings of \$93,000 during this time.

Working across a state or region at this level, the macro-environment — the policy landscape, health plans, regulatory decision-making, and more — impacts how care is delivered in health systems. The goal of the Policy lever in the Guide is to support organizations by shifting the culture of how evidenced-based care is provided by health systems in your region or state and advocating for better regulations and policy in the microenvironment to make Age-Friendly care the standard of care — and the easy choice. For example, the CMS Age Friendly Measure provides hospitals with the opportunity to attest to five domains— eliciting patient health care goals, responsible medication management, frailty screening and intervention, social vulnerability, and age-friendly care leadership that can be found in the [CMS final rule](#), page 1426.

The CMS Age Friendly Hospital Measure directly supports the Age-Friendly Healthy System movement's vision to ensure that older adults receive age-friendly care that is evidence-based and aligned with what matters most to the older adult and their family caregivers. The measure brings State-Based Age-Friendly Health System hubs an opportunity to leverage the rule to support the adoption of age-friendly care for hospitals in your state or region. You can find more about the measure in [Appendix 5](#).

Lever 4: Champion State-level Policy, Regulatory, and Payment Changes

This section describes the role of a State-Based Age-Friendly Health System Hub that champions state-level policy, regulatory, or payment changes. The following case example demonstrates the impact of addressing Lever 4 after addressing Practice Lever 1 or 2.

Healthcare Association of New York State (HANYS)

The Healthcare Association of New York State (HANYS), as a project team and organization, operates across all levels of the healthcare system and is recognized as a leader in healthy aging, thanks to its Age-Friendly Action Community and Geriatric Emergency Department Collaborative.

The HANYS project team advocates at state and federal levels to advance age-friendly care and aligns its Action Communities with emerging policy. They have recommended integrating 4Ms care into New York's Master Plan for Aging, commented on legislation, promoted cross-sector partnerships tied to the state's 1115 Medicaid waiver, and submitted feedback on CMS' proposed Age-Friendly Health Systems measure. Recently, the project team advocated for inclusion of Age-Friendly Health Systems in the Master Plan for Aging.

Committed to expanding the 4Ms Framework, the HANYS project team have accelerated adoption of age-friendly care across New York with effort to align with initiatives like Geriatric Emergency Department Accreditation, by funding dashboard development to measure impact and supporting cross-sector collaboration.

Align Age-Friendly Health Systems with Multisector Plan for Aging (MPA) or additional state-based mandates supported by leadership or advocacy organizations. State policymakers play a pivotal role in promoting the adoption of age-friendly health care. By creating incentives for health systems, states can make age-friendly care the standard. Collaborate with leaders from organizations like IHI, GSV (Geriatric Surgery Verification), and GEDA/GEDC (Geriatric

Emergency Department Collaborative) to align success metrics with the principles of the age-friendly care package.

Lead the Change

1. Learn where your state is in the Multisector Plan for Aging (MPA) process and identify key players.
2. Meet with MPA leaders to discuss the inclusion of age-friendly care, presenting them with the evidence base for this care.
3. Attend community events about the MPA and discuss age-friendly care with other stakeholders.
4. Identify a timeline and plan to ensure that age-friendly care is included in the MPA.

Measure processes and outcomes across all care locations to demonstrate the impact of 4Ms care and align outcomes to other state-based initiatives or partners in your state that manage data.

Lead the Change

1. Read through case studies on [IHI.org/agefriendly](https://ihi.org/agefriendly) and aha.org/agefriendly to better understand ways to measure the value of age-friendly care by learning from others.
2. Meet with other state leaders to discuss which metrics may be of particular value in your state and understand what is already being collected.
3. Ask participants in your Action Community to track outcomes they are already collecting, such as falls or readmissions.
4. Identify health system participants who are positioned well to participate and seek recognition.
5. Create marketing materials describing processes, outcomes, and alignment policy efforts, to be used in meetings and presentations.

Connect with your legislatures and state-level government leaders: Legislative examples, such as New York's proposed assembly bill (2023-A8474B) providing grants for hospitals designated as age-friendly, and executive policies, such as CMS's inpatient hospital rule proposal requiring attestation of age-friendly care (MUC 2023-196), are examples of how age-friendly care can be incentivized at the government level. These "carrot and stick" approaches will encourage health care entities to prioritize age-friendly practices, enhancing their widespread adoption.

Lead the Change

1. Research ways states and the federal government have incentivized age-friendly care, starting with the examples above.
2. Identify state legislative leaders in aging – such as the chairs of the health committee and aging committee – and meet with them to discuss the value of Age-Friendly care (using the marketing materials created in the previous action step).
3. Engage your most enthusiastic health system participants to engage in this process, as legislators will feel more connected and inspired hearing directly from the providers.
4. Create a plan and timeline for these efforts, such as to draft a bill with legislators.

Align your work with national partners who take a local or regional approach, such as the Alzheimer's Association, CMS ACOs, and others.

Lead the Change

1. Join coalitions and attend meetings with relevant partners and stakeholders.
2. Contact and schedule meetings with leaders at these entities, with a clear agenda of identifying common goals and opportunities to work together.

Connect your work across the ecosystem and integrate community partners: Health systems are a powerful partner in communities.

Lead the Change

1. Leverage resources such as the [Three Keys to Cross-Sector Age-Friendly Care](#) to start connecting health systems in your region or state with public health, aging services, and other community-based organizations.
2. Add other sectors from the [Age-Friendly Ecosystem](#) and beyond such as universities, cities, and businesses.
3. Create a "Friends of Age-Friendly" partnership list in order to keep all partners connected and ensure communication.

Conclusion

Addressing the levers of age-friendly care at the state level offers a powerful opportunity to drive systemic change. Success requires large-scale coordination, a dedicated organizational leader and champion, and strategic navigation across public and private systems—all assets that, when mobilized effectively, can accelerate meaningful, lasting improvements in care for older adults.

Through the strategies outlined in this Guide, states or regions can spread age-friendly care in a coordinated and comprehensive way, sustainably baked into the infrastructure of the state's regulatory and payment systems. By leveraging leadership engagement through partnership building and a clear demonstration of ROI, states can foster strong support for these initiatives. The introduction of navigator roles provides essential guidance and support to health care systems, ensuring smooth and effective implementation.

State policymakers are essential in advancing age-friendly care by aligning incentives and success metrics with its core principles. Collaboration among state agencies and partners such as IHI, GSV, GEDA, and GEDC supports the integration of Multisector Plans on Aging and promotes a unified, regulatory-aligned framework for care.

Age-friendly care enhances health equity by addressing the diverse needs of older adults and caregivers through personalized, person-centered approaches. By activating one Practice lever and expanding across all four Practice and Policy levers, organizations can build a strong, equitable infrastructure that embeds age-friendly care into every setting—centered on what matters most to older adults.

Resources

Lever		IHI Resources	Additional Resources
Practice	1. Support a cohort	- Action Community online resource collection (upon request at AFHS@ihi.org) - Getting Started Guides Guide to Using the 4Ms in the Care of Older Adults in Hospitals and Ambulatory Care Practices Guide to Care of Older Adults in Nursing Homes Guide to Care of Older Adults in Nursing Homes Workbook Guide to Recognition for Geriatric Emergency Department Accredited Sites Guide to Recognition for Geriatric Surgery Verification Hospitals Guide to Using the 4Ms in the Care of Older Adults in the Convenient Care Clinic Guide to Using the 4Ms in the Care of Older Adults in Home Health Focusing on Equity at Every Step of Your Age-Friendly Health Systems Journey	Psychology of Change Framework from IHI
	2. Lead an Action Community	- Action Community online resource collection (upon request at AFHS@ihi.org) - Getting Started Guides: Guide to Using the 4Ms in the Care of Older Adults in Hospitals and Ambulatory Care Practices Guide to Care of Older Adults in Nursing Homes	Facilitation Tools and Techniques from The Commons Social Change Library Psychology of Change Framework from IHI

		○ Guide to Care of Older Adults in Nursing Homes Workbook ○ Guide to Recognition for Geriatric Emergency Department Accredited Sites ○ Guide to Recognition for Geriatric Surgery Verification Hospitals ○ Guide to Using the 4Ms in the Care of Older Adults in the Convenient Care Clinic • Focusing on Equity at Every Step of Your Age-Friendly Health Systems Journey • Spreading Age-Friendly Care: From One Care Location to Reach Older Adults Across Your Health System	
	3. Lead a coalition or initiative	• The Business Case for Becoming an Age-Friendly Health System • ROI Calculators: ○ Inpatient ROI Calculator Instructions ○ Inpatient ROI Calculator ○ Outpatient ROI Calculator ○ Outpatient ROI Calculator Instructions • Focusing on Equity at Every Step of Your Age-Friendly Health Systems Journey • Spreading Age-Friendly Care: From One Care Location to Reach Older Adults Across Your Health System • Age-Friendly Health Systems Measures Guide • Age-Friendly Health Systems EHR Implementation Guides • EHR Implementation Guide with Cerner Examples • EHR Implementation Guide with Epic Examples • Epic Implementation Guide • The Three Keys to Cross-Sector Age Friendly Care	• Relationship Mapping: A Guide for Public Health Partnerships by Visible Network Labs with a Network Strategy Planner • Asset Mapping Template from the Health Research and Educational Trust (HRET) • Action to Impact: A Coalition-Building Roadmap from the Center of Nonprofit Excellence (CNE) • Developing Effective Coalitions: An Eight Step Guide from County Health Rankings & Roadmaps (CHRR) •

		Implementation Guide and Workbook	
Policy	4. Champion policy change	• The Business Case for Becoming an Age-Friendly Health System • ROI Calculators: ○ Inpatient ROI Calculator Instructions ○ Inpatient ROI Calculator ○ Outpatient ROI Calculator ○ Outpatient ROI Calculator Instructions • Focusing on Equity at Every Step of Your Age-Friendly Health Systems Journey • Spreading Age-Friendly Care: From One Care Location to Reach Older Adults Across Your Health System • Age-Friendly Health Systems Measures Guide • Age-Friendly Health Systems EHR Implementation Guides ○ EHR Implementation Guide with Cerner Examples ○ EHR Implementation Guide with Epic Examples ○ Epic Implementation Guide • The Three Keys to Cross-Sector Age Friendly Care Implementation Guide and Workbook	• Developing a Multisector Plan for Aging from the Center for Health Care Strategies (CHCS) and the Gettings Started with a Multisector Plan for Aging Guide • Developing a State Plan on Aging Tools for Planning from Advancing States • Collective Impact Framework and Getting Started Resources • Alzheimer's Disease and Related Dementias State Plan

Appendix

Appendix 1: Support a Cohort

Supporting cohorts of health systems requires a lower implementation effort and yields high impact to spread the 4Ms across a region or state. Lever 1 offers a State-Based Age-Friendly Hub the flexibility of connecting with an existing network of health systems in a state or region individually through virtual, in-person, or hybrid approaches, while deepening relationships with the network of health systems. Localizing the 4Ms to your state is important to build will, demonstrate local impact, and adopt the 4Ms using tools and methods that matter to health systems in your network. This approach is derived from IHI's experience with improvement science and the importance of starting small, with simple tests of change.

The table below describes the key ingredients needed to effectively support a cohort of health systems across your state or region: demonstrated added value for organizations leading the work, who should adopt this lever, and potential funding sources to sustain the work.

Support a Cohort	
Demonstrated Added Value	• Impact & Effort: Lower effort approach that allows a State-Based Age-Friendly Health System Hub to engage and recognize health systems without the cost of running your own Action Community. • Relationships & Network: The number of older adults is growing. Engaging your existing networks and leveraging those relationships will provide health systems with a trusting environment to provide improved care for older adults in your state or region.
Who Has a Role to Play?	• State hospital or health care association or other statewide advocacy or member association (such as state rural hospital associations, Genesis HealthCare, affinity groups, etc.) • Large health systems (such as hospitals, nursing homes, convenient care clinics, home health care organizations, ambulatory practices, networks, and/or PACE organizations) • Non-profit organizations or foundations (such as the Alzheimer's Association or Jewish Healthcare Foundation) • QINs and/or QIOs • State departments (such as the Department of Public Health)
Potential Funding Sources	• Blue Cross Blue Shield • Health Resources and Services Administration (HRSA) • Centers for Disease Control and Prevention (CDC) • Centers for Medicare & Medicaid Services (CMS)

Appendix 2: Lead a State-Based Action Community

Action Communities enable teams to accelerate the reliable practice of the 4Ms in an active community of learners and testers. This seven-month journey to [recognition](#) provides a structure for learning with and from other health systems and expert faculty. Since 2018, 27 Action Communities have been conducted across the US and beyond.

Providers in the HANYS Action Community have reported increased patient and staff satisfaction and decreased lengths of stay, fall rates, and hospital readmission rates across the continuum of care.

Throughout the Action Community, teams participate in webinars, attend an in-person meeting (when possible) or virtual convening, and develop their plan for practicing the 4Ms. Expert faculty support the implementation of the 4Ms through the recognition process. Peer-to-peer webinars, connection, and community building are a core benefit. The Action Community leverages an “all teach, all learn” environment that not only benefits the adoption of the 4Ms but also strengthens your overall network. There are no intensive data reporting requirements for the Action Community, and health systems can select measures that matter.

The table below describes key ingredients needed to effectively lead a State-Based or geography-based Action Community Age-Friendly Health Systems Action Community: demonstrated added value for organizations leading the work, who should adopt this lever, and potential funding sources to sustain the work.

Lead a State-Based Action Community	
Demonstrated Value Add	• Impact & Effort: This higher-effort approach (with a suite of resources available to help you) allows a State-Based Age-Friendly Hub to engage health systems in your network in a model that is proven to accelerate the adoption of the 4Ms and recognition status. • Relationships & Network: The number of older adults is growing. Engaging your existing networks and leveraging those relationships will provide the health systems in your network with a trusting environment to provide improved care for older adults in your state or region.
Who Has a Role to Play?	• State hospital or health care association or other statewide advocacy or member association (such as state rural hospital associations, Genesis HealthCare, affinity groups, etc.) • Large health systems (such as hospitals, nursing homes, convenient care clinics, home health care organizations, ambulatory practices), networks, and/or PACE organizations • Non-profit organizations or foundations (such as the Alzheimer’s Association or Jewish Healthcare Foundation) • Research institute or GWEP • QINs and/or QIOs

	• Veterans Health Administration (VHA) network • State departments, such as the Department of Public Health
Potential Funding Sources	• Blue Cross Blue Shield • Geriatric Workforce Enhancement Program (GWEP)

Appendix 3: Lead a Coalition or Initiative Across Settings of Care

The goal of improving the care continuum is to ensure that older adults receive the right care, at the right time, and in the right setting. Addressing care transitions is one way to integrate all care settings in a strategic method to spread the 4Ms across a region or state. These systems and processes are important to address for Lever 3 and addressing macro-environment factors.

While addressing systems, it's important to think about relationships. Successfully implementing Age-Friendly Health Systems across a state or region requires leveraging existing relationships within your networks through models such as coalition-building and strategic thinking. To achieve statewide reach, consider including the organizations listed in the table below, in addition to other stakeholders unique to your state, the older adult and caregiver population, and other factors that matter to you.

The table below describes the key ingredients needed to effectively lead a strategic initiative to advance Age-Friendly Health Systems at the state level: demonstrated added value for organizations leading the work, who should adopt this lever, and potential funding sources to sustain the work.

Lead a Coalition or Initiative Across Settings of Care	
Demonstrated Value Add	- Improved care transitions: Age-Friendly Health Systems work towards seamless transitions between care settings through individualized care plans and caregiver engagement, reducing complications and smoothing older adults' experience with the care system. Communicating this value to a broad coalition of stakeholders highlights that Age-Friendly brings better continuity of care, something policymakers and health system leaders across settings are eager to improve. - Reduced readmissions: Comprehensive discharge planning and follow-up care in Age-Friendly Health Systems address root causes of health issues, minimizing opportunities for a relapse in the older person's condition and significantly reducing hospital readmissions. Health systems and states are penalized for high readmissions numbers, making this a desirable value add. - Improving quality, lowering cost: By delivering person-centered, evidence-based care, Age-Friendly Health Systems improve care quality while reducing costs through prevention and optimized resource use. Age-Friendly care is both effective and efficient, demonstrating cost savings and improved patient health. These are both highly sought after qualities in health care quality improvement programs. - Communication: Communicating these value-adding elements underscores how the Age-Friendly framework is a win-win solution, enhancing care quality and driving cost efficiency in health care delivery.

Who Has a Role to Play?	• Large health systems (such as hospitals, nursing homes, convenient care clinics, home health care organizations, ambulatory practices), networks, and/or PACE organizations • Non-profit organizations or foundations (such as the Alzheimer’s Association or Jewish Healthcare Foundation) • Research institute or GWEP • QINs and/or QIOs • State departments (such as the Department of Public Health) • State leaders or a high-level director/leader for the division of aging for the state
Potential Funding Sources	• Robert Wood Johnson Foundation • The Commonwealth Fund • West Health Policy Center • Centers for Disease Control and Prevention (CDC) • Centers for Medicare and Medicaid Services (CMS) (such as the “BOLD Public Health Programs to Address Alzheimer’s Disease and Related Dementias” (Building Our Largest Dementia) Infrastructure funding)

Appendix 4: Champion State-Level Policy, Regulatory, and Payment Changes

State governments can drive the adoption of age-friendly practices by enacting policies that incentivize health care systems to prioritize the needs of older adults. Regulatory measures, such as mandating the attestation of age-friendly care, can establish these practices as standard requirements. Additionally, payers, including Medicare and Medicaid, play a crucial role by aligning reimbursement models with age-friendly care, thus encouraging health care providers to deliver tailored, high-quality care to older populations. This comprehensive strategy ensures that the health care infrastructure evolves to meet the growing demand for age-friendly care, and in turn, can assist statewide hubs in cementing their efforts.

To further embed age-friendly health care into state systems, it's also essential to encourage collaboration across multiple sectors. Many state agencies are building [Multisector Plans on Aging \(MPA\)](#), Alzheimer's Disease and Related Dementias (ARDR) State Plans, and other planning tools, presenting an opportunity for Age-Friendly Health Systems to align with the long-term goals and metrics that matter in your state or region. By incorporating the evidence-based principles of age-friendly care, various stakeholders can work together to share resources, align goals, and develop comprehensive strategies in line with the 4Ms that support the health and well-being of older adults. state or region. By incorporating the evidence-based principles of age-friendly care, various stakeholders can work together to share resources, align goals, and develop comprehensive strategies in line with the 4Ms that support the health and well-being of older adults.

The table below describes key ingredients needed to effectively champion Age-Friendly Health Systems at the state level: demonstrated added value for organizations leading the work, who should adopt this lever, and potential funding sources to sustain the work.

Champion State-Level Policy, Regulatory, and Payment Changes	
Demonstrated Value Add	- Improved health outcomes: Older adults experience improved health outcomes in Age-Friendly Health Systems, from reduced readmissions to better reported patient experiences. - Decreased costs, particularly Medicaid spending: Policies to incentivize the development Age-Friendly Health Systems reduces costs in the long run, with a particularly significant cost savings in Medicaid spending. - Increased employee satisfaction: Direct care staff at sites that have become recognized Age-Friendly Health Systems consistently report improved attitudes about their workplace and reduced absenteeism as age-friendly care connects them to the purpose behind their work. - Improved state standing and national rankings: State government leaders pay attention to how their state ranks across metrics relevant to their areas of expertise. Becoming a state with a high number of Age-Friendly Health Systems, and the subsequent benefits from that, will improve a state's standing in the competitive analysis between states. - Retaining economic power and stability: When older adults retire to another state, they take their economic spending power and opportunity with them. State governments are increasingly aware that they must prioritize initiatives that make their states livable and attractive for older people. Increasing the number of recognized Age-Friendly Health Systems may keep older adults and their caregivers in your state.
Who Has a Role to Play?	- State hospital or health care association or other statewide advocacy or member association (such as state rural hospital associations, Genesis HealthCare, affinity groups, etc.) - Non-profit organizations or foundations (such as the Alzheimer's Association or Jewish Healthcare Foundation) - State departments (such as the Department of Public Health) - State leaders or a high-level director/leader for the division of aging for the state
Potential Funding Sources	- Foundations involved in older adult care and well-being, including: Grantmakers in Aging (GIA) Grantmakers in Health (GIH) RRF Foundation for Aging The John A. Hartford Foundation The SCAN Foundation - Local health care conversion foundations, local community trusts, local health plan foundations - Government initiatives including capital improvement funding, pilot programs, and Medicaid waiver programs

Appendix 5: CMS Attestation Measure

On August 2, 2025, CMS announced the adoption of the Age Friendly Hospital Measure. The measure has 5 domains – eliciting patient health care goals, responsible medication management, frailty screening and intervention, social vulnerability, and age-friendly care leadership – that cover all four elements of the 4Ms Framework. The new measure is included in the FY2025 Inpatient Prospective Payment Systems [final rule](#).

The CMS Age Friendly Hospital Measure directly supports the AFHS movement’s vision to ensure that older adults receive age-friendly care that is evidence-based and is aligned with what matters most to the older adult and their family caregivers.

Age Friendly Measure Domains
Eliciting patient health care goals
Responsible medication management
Frailty screening and intervention
Social vulnerability
Age-friendly care leadership

The new quality measure builds on the success of the Age-Friendly Health Systems movement, which popularized the 4Ms Framework. “This structural measure seeks to ensure that hospitals are reliably implementing the ‘4 M’s’, and thus providing evidence-based elements of high-quality care for all older adults.” ([CMS final rule](#), page 1426).

IHI has created and will continue to develop resources to support hospitals in attesting to the measure.

Available resources include:

- [Specifications](#) document and [Attestation Guide](#) from CMS
- [CMS Age-Friendly Hospital Measure Overview & 4Ms Crosswalk](#): A brief overview discusses why the measure matters, crosswalks the five domains of the measure to the 4Ms of the age-friendly care, includes a timeline of the measure, and shares resources.
- Use this example checklist from Luminis Health Anne Arundel Medical Center as a starting point for documenting and monitoring progress towards attestation: [Download the Checklist](#)
- [CMS Final Rule](#)
- [CMS Fact Sheet](#)

The [Practice levers](#) help State-Based Age-Friendly Health System hubs to operationalize the CMS rule. For questions regarding the CMS measures, please email AFHS@ihi.org.

Appendix 6: Demonstrating the Added Value to Health Systems

A large part of your role as a State-Based Age-Friendly Health Systems Hub leader will be recruiting and engaging health systems across the care continuum.

To help you communicate with your networks, the table below summarizes the demonstrated added value framed through each of the four levers described in the Guide.

Guide Lever	Demonstrated Added Value to Health Systems
Support a Cohort	- Improved care for older adults through the organization and delivery of evidence-based care with lower implementation effort: Health systems participating in the Action Community will implement evidenced-based care that aligns with the 4Ms Framework in their hospitals, nursing homes, ambulatory practices, emergency departments, home health organizations, and convenient care clinics. This means improved care for the older adults in your region or state. - Recognition by IHI and JAHF as Age-Friendly Health Systems: By submitting a description of how they are operationalizing the 4Ms in their setting, as well as at least 3 months of counts of older adults reached by 4Ms care in their setting, care locations can be recognized and celebrated by IHI and JAHF (and the Facilitator organization) in press releases and other venues as an Age-Friendly Health System – Committed to Care Excellence. - Localizing the 4Ms: Participating health systems will have the opportunity to build relationships and learn from expert faculty, as well as peers around the country who have found innovative solutions to obstacles they face. Supporting a cohort is a light-touch process that builds on existing relationships and localizes the 4Ms for your region or state.
Lead a state-based Action Community	- Improved care for older adults through the organization and delivery of evidence-based care. At the end of the seven-month Action Community, participating organizations will have implemented specific changes of the Age-Friendly Health Systems 4Ms Framework in their unit, clinic, emergency department, or program. - Recognition by IHI and JAHF as Age-Friendly Health Systems. By submitting a description of how they are operationalizing the 4Ms in their setting, as well as at least 3 months of counts of older adults reached by 4Ms care in their setting, care locations can be recognized and celebrated by IHI and JAHF (and the Facilitator organization) in press releases and in other venues as being an Age-Friendly Health System – Committed to Care Excellence.

	• “All teach, all learn” model. By participating in the Action Community, teams will have the opportunity to build relationships and learn from expert faculty, as well as peers around the country that have found innovative solutions to similar challenges and obstacles that they may face. In addition, teams will have opportunities to share their organization’s learning and celebrate its progress with the movement.
Lead a coalition or initiatives to support Age-Friendly care across settings	• Improved communication across settings. The care system for older adults is fragmented. When multiple settings provide age-friendly care, transitions between care settings are smoother and intersystem relationships improve. Communicating this value to a broad coalition of stakeholders highlights that age-friendly care brings better collaboration. • Injecting enthusiasm. Direct care staff and coalition leaders alike are inspired by age-friendly care as it reconnects them with their core purpose of providing compassionate, person-centered care; enhancing their job satisfaction and enthusiasm; and fostering a sense of fulfillment and pride in their work. Many leaders reflect on how meaningful it is to participate in the Age-Friendly Health Systems movement. Enthusiasm and meaning are great ways to propel a movement forward.
Champion state-level policy, regulatory, and payment changes	• Regulatory alignment: Age-friendly care is increasingly considered the standard of care, with CMS forecasting integration of the 4Ms into quality measurements in the rulemaking process. Participating in the Age-Friendly Health Systems movement supports compliance with state and federal health care regulations. • Health equity: Age-friendly care entails equitable access to high-quality, person-centered care for all older adults. Health equity is currently a major focus of statewide efforts, and this critical value add will be of interest to leaders. • Staff retention: Statewide leaders are eager for solutions to the health care workforce shortage. There are early indications that adopting the Age-Friendly Health Systems framework leads to reduced staffing turnover due to higher job satisfaction in health care settings.

References

1. Institute for Healthcare Improvement. Age-Friendly Health Systems. Accessed May 25, 2023. Available at: <https://www.ihl.org/networks/initiatives/age-friendly-health-systems>.
2. Koma W, Cubanski J, Neuman T. Five Facts About Older Adults' Health Care Experiences by Race and Ethnicity. KFF. Published April 10, 2024. Accessed October 21, 2025. <https://www.kff.org/racial-equity-and-health-policy/older-adults-health-care-experiences-by-race-ethnicity/>.
3. Caplan Z and Rabe M. "The Older Population: 2020." US Census Bureau. 2020 Census Briefs, Report Number C2020BR-07. May 25, 2023. <https://www.census.gov/library/publications/2023/decennial/c2020br-07.html>.
4. Centers for Medicare & Medicaid Services (n.d.). Improving Care Transitions. Medicaid.gov. <https://www.medicare.gov/medicaid/quality-of-care/quality-improvement-initiatives/improving-care-transitions>.