



DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona

Division of Aging and Adult Services

Arizona

State Plan on Aging

2019 – 2022

(October 1, 2018 - September 30, 2022)

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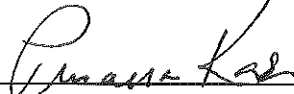
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Verification of Intent


The *Arizona State Plan on Aging* is hereby submitted for the State of Arizona for the period of October 1, 2018, through September 30, 2022. It includes all assurances and plans to be conducted by the Arizona Department of Economic Security, Division of Aging and Adult Services, under provisions of the Older Americans Act, as amended, during the period identified. The state agency named above has been given the authority to develop and administer the *Arizona State Plan on Aging*, in accordance with all requirements in the Older Americans Act. It is primarily responsible for the coordination of all state activities related to the purposes of the Act, the development of the comprehensive and coordinated systems for the delivery of supportive services, and to act as the effective and visible advocate for the older individuals in Arizona.

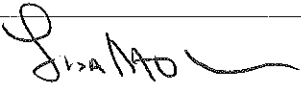
The *Arizona State Plan on Aging* is hereby approved by the Governor and constitutes authorization to proceed with activities under the Plan if approved by the United States Department of Health and Human Services, Assistant Secretary on Aging.

The *Arizona State Plan on Aging*, hereby submitted, has been developed in accordance with all federal statutory and regulatory requirements.

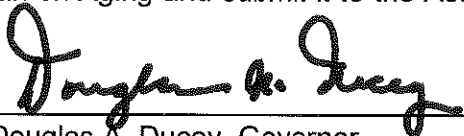
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I hereby approve this State Plan on Aging and submit it to the Assistant Secretary for Aging for approval.

6/14/18
(Date) 
Douglas A. Ducey, Governor

Arizona State Plan on Aging 2019-2022

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Executive Summary

The federal Older Americans Act (OAA) requires each State Unit on Aging (SUA) to submit a State Plan to the Administration for Community Living (ACL), under the Department of Health and Human Services, every four years. The State of Arizona receives federal funds matched with state and local funds to administer the State Plan and subsequently distributes the funding to programs serving individuals age 60 years and older. The State Plan outlines goals and objectives that are administered within the Arizona Department of Economic Security's (DES) Division of Adult and Aging Services (DAAS).

The vision of DES or "True North" is to ensure "All Arizonans who qualify receive timely DES services and achieve their potential".

DES delineates standard business conduct by outlining the ideal client interaction as follow:

- Serve Arizonans with integrity and kindness;
- Support Arizonans to reach their potential through social services that train, rehabilitate and connect them with job creators;
- Provide temporary assistance to Arizonans in need while they work toward greater self-sufficiency and;
- Provide children with food, health care and parental financial support; provide services to individuals living with disabilities; and protect the vulnerable by investigating allegations of abuse, neglect and exploitation.

In addition, DES is supported by five core values:

- Accountability – We commit to excellence; innovation and transparency;
- Integrity – We are trustworthy, honest and reliable;
- Respect – We appreciate each other and value those we serve;
- Teamwork – We collaborate with humility and partner with kindness; and
- Diversity – We respect all Arizonans and honor those in need.

There are 1.5 million adults ages 60 and older who reside in the State of Arizona, many of whom are supported by informal caregivers such as family, friends and neighbors providing daily or intermittent care for these adults and persons living with disabilities. Each individual encounters unique challenges, limitations and resource constraints. Their one resounding goal is to live with dignity, in safety and as independently as possible. The State of Arizona is committed to ensuring that aging Arizonans find programs and services to fulfill this common goal.

The State of Arizona is innovative in its approach to planning for the future of the growing aging population by collaborating with other Arizona state agencies to create a State Plan that outlines OAA requirements and the goals, objectives and programming across state agencies with a mission to serve older adults in a single comprehensive plan. This reduces redundancy and creates a centralized and detailed plan to address the many challenges that aging Arizonans expect to face in the years to come.

Arizona's population aged 60 and older is projected to grow more rapidly than any other age cohort in the state, in addition to the areas of ethnicity, race and cultural diversity. Because of this rich diversity, Arizona has fostered innovation in encouraging an appreciation of the state's multicultural traditions, values and priorities among its citizens. Some groups have been historically overlooked for opportunities or are now faced with challenges of life in a new culture. Addressing these challenges, can frequently be overcome by health, social and economic solutions for improving overall well-being.

The *Arizona State Plan on Aging 2019-2022* outlines strategies, goals and objectives that are focused on measurable outcomes that can be achieved within DAAS resources, other statewide agencies and Area Agencies on Aging (AAAs) at the local level. Collectively, the state seeks to:

- Streamline access for Arizonans aged 60 and over to the array of statewide aging services;
- Increase awareness and understanding of aging issues to prepare Arizona for the increasing aging population;
- Implement best practices throughout Arizona that will increase the ability of aging Arizonans to maintain their individual well-being and safety to age in place;
- Promote and support an integrated and well-trained, informal, paraprofessional and professional workforce; and
- Enhance Arizona's capacity to develop and maintain the needed infrastructure to deliver services in a respectful and culturally appropriate manner.

DAAS, in partnership with the other statewide agencies, the Governor's Council on Aging (GACA) and AAAs is focused on serving as many older Arizonans as possible, The focus of the State Plan is developing new partnerships as well as maintaining ongoing partnerships to support the Aging Network and address individual's needs. Strengthening the infrastructure for Non-Medical Home and Community-Based Services (NMHCBS), will continue building a future in which every older Arizonan has the opportunity to enjoy wellness, longevity and quality of life in viable, healthy communities.



Section I: Introduction and Context

Arizona's warm weather, lower tax rate, affordable housing and comprehensive healthcare services are attractive attributes that make the state an ideal place to live, work, play and retire. Arizona is home to 1.5 million older citizens and over the next decade that number will continue to grow, out pacing younger-aged cohorts. The State is compelled to safeguard this aging segment of the population with viable, accessible and healthy communities.

Aging embraces varying degrees of physical and mental challenges throughout each decade over sixty. Many individuals experience minimal impact and require no assistance to maintain active and independent lifestyles. However for others, the aging process can also be very difficult when independence and self-sufficiency are a daily struggle and they must rely on the specialized care and services. These services are often provided by state and community agencies whose programs are designed to assist them with their individual needs. In Arizona, available services are typically a collaboration through the Aging Network to assist each individual with living life to its fullest.

About the Plan

Under the requirements of OAA, each state is required to submit a *State Plan on Aging* to ACL to receive federal funding and administer core Title programs. This plan covers the four year period from October 1, 2018 to September 30, 2022. It includes:

- The State of Arizona's goals and objectives for the planning period;
- Statewide program objectives to implement the requirements under Titles III, V, VI & VII of OAA of 1965, as amended;
- A resource allocation plan indicating the proposed use and the distribution of Title funds to each Planning and Service Area (PSA);
- The geographic boundaries of each PSA and the designated AAA;
- The prior federal fiscal year information on low income, minority and rural older adults; and
- Compliance with assurances currently required by OAA of 1965, as amended.

When approved, the State of Arizona receives federal funds to administer the State Plan. These federal funds are matched with state and local funds.

This State Plan also includes:

- Key socio-economic demographic factors (Appendix G) that shape funding needs and priorities;
- Priorities, unmet needs and promising practices identified by DAAS with input from AAAs, focus groups, online and paper citizen surveys, other statewide agency's needs assessments and key stakeholders (Appendices H-1 through H-4);
- The objectives of DAAS focus on serving the aging population through AAAs to provide cost-effective, high quality services for older adults, persons living with disabilities and their informal caregivers;

- Other programs, services and priorities of numerous Arizona governmental agencies, not under the authority of OAA, to demonstrate Arizona’s commitment to serving the aging population across statewide platforms; and
- Additional target populations that DAAS, in collaboration with AAAs, statewide agencies and other program providers, seek to better serve through more equitable, respectful and culturally competent outreach and services to marginalized and underserved groups, including, but not limited to: individuals who are survivors of the Nazi Holocaust, recent refugees having experienced persecution, genocide or war; older adults of diverse sexual orientation and/or identity; older adults traumatized by natural disaster, sexual or physical abuse; World War II, Korean or Vietnam War combat veterans; and informal caregivers.

Finally, Arizona has taken a more comprehensive and innovative approach to planning for older adults. DAAS, with the ACL’s approval, will be incorporating the *Arizona Aging 2020* into this plan.

Arizona Aging 2020 was initiated in 2005 by Executive Order 2004-07 by former Arizona Governor Napolitano, for the purpose of ensuring that the State of Arizona was ready for the needs of Arizona’s rapidly growing aging population over the next 15 years. The preparation and annual updates have been coordinated by Governor’s Office on Aging. Today, under Governor Ducey, DAAS has been directed to combine the *Arizona State Plan on Aging 2019-2022* and *Arizona Aging 2020*, to create a collaborative and comprehensive document outlining how state agencies, not only those under OAA, will continue to respond to the changing needs of the aging population. This innovative effort reduces reporting duplication and better presents a complete picture of Arizona’s commitment for the common good of its aging citizens.



Figure 1

Aging in Arizona

National population projections show that within the next 15 years, nearly 10,000 Boomers¹ will reach age 65 each day. In 2016, according to the United States Census and migration patterns, Arizona was ranked second in the nation for relocating retirees over the age of 60 with the highest migration to Mesa, Phoenix, Chandler and Scottsdale, all located in Maricopa County.² Continuous population growth and steady migration will have a consequential impact on Arizona’s aging services infrastructure. Optimistically, statistics indicate that Boomers are better educated than previous cohorts and are more active in retirement, thus allowing them to remain healthier and live in their own homes longer. Conversely, unlike the previous cohort, Boomers have higher divorce rates, more disrupted family structures, fewer children and many may have relocated far away from family members. These factors will become increasingly more important as these individuals live longer with chronic diseases, such as heart disease, cancer and dementia related conditions without informal/family caregivers available to provide care and assistance. A larger number of individuals without family support will result in a greater need for formal caregivers and services from outside sources.³

Older Arizonans

Below is a snapshot of the demographics and statistical information regarding older Arizonans. A more in-depth compilation may be found in Appendix G.

- Arizona has nearly 1.5 million Arizonans over the age of 60 years old.
- Arizonans age 65 years and older comprise 22 percent of Arizona's total population.
- 24.9 percent of Arizonans aged 65 to 74 years of age reported having a disability; for those aged 75 years and older the number doubled to 48 percent.
- In 2016 Yavapai County had the highest percentage of Whites, comprising 92.9 percent of the county's population of individuals 65 years and older. Santa Cruz County had the highest percentage of Hispanics at 59.8 percent of all individuals aged 65 and older. In contrast Yavapai County had the lowest percentage at 4.6 percent Hispanic. For all counties Blacks/African Americans and Asians made up 2.5 percent or less of the population of each county for individuals aged 65 or older.
- In 2016, 5.4 percent of individuals age 65 and older were Native American or Alaskan Native.
- In 2016 there were 477,905 households where Spanish was spoken in the home and 17.1 percent reported they were "limited English speaking". Other languages comprised approximately 190,167 households and of those 45.7 percent reported "limited English speaking."
- In 2010 there were 1,070,151 persons or 15 percent of Arizona's total populations were age 65 or older. Among all counties, La Paz had the highest percentage of persons aged 65 and older, representing 32.6 percent of the counties total population, while Coconino County had the lowest percentage, 8.9 percent, of persons in this age group. In 2016, both have increased in the percentage of individuals over the age of 65 years (La Paz 37.8 percent and Coconino 11.9 percent), both remain ranked highest and lowest counties in the state.
- By 2030 there will be as many people over 60 years of age living in Arizona as there are children under the age of 17.
- Approximately 61 percent of the total population resides in Maricopa County, which includes the Greater Phoenix area. Pima County, which includes the Greater Tucson area, is home to 14 percent of the population. The remaining 25 percent reside within the remaining 13 counties.
- Over 225,000 individuals over the age of 65 years old, approximately 20 percent, live in rural areas of the state.

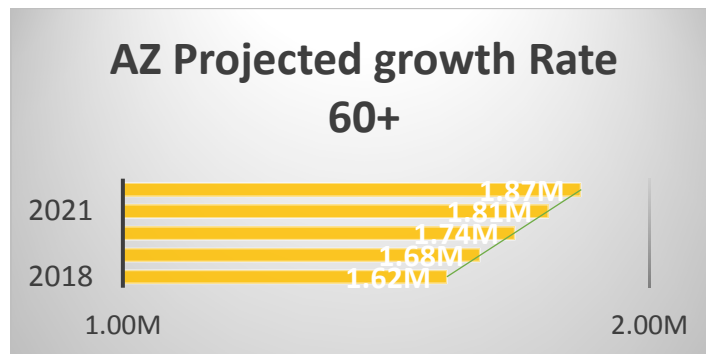


Figure 2

The Aging Network in Arizona

Programs for older adults in Arizona are available through statewide and local agencies, including OAA-funded services, grant-funded programs and other state and local initiatives. Each program aims to assist older individuals with maintaining their independence and avoiding institutionalization. This multi-tiered approach provides eligible older Arizonans and members of their family greater access to the vital services at all levels when in need.

DAAS, housed in DES, is responsible for oversight and administration of programs and services for OAA core funded programs (see Appendix D). DAAS Aging and Disabilities Services (ADS) Administration provides program support and technical assistance to AAAs and oversight through policies, procedures and monitoring. The ADS Administration works collaboratively with other DAAS Administrations, such as Adult Protective Services (APS), the Refugee Resettlement Program (RRP), the Community Services Program, the Domestic Violence Program and the Hunger Relief Program. DAAS contracts with four AAAs and the Pima County Workforce Investment One-Stop to offer the Senior Community Service Employment Program (SCSEP). The State Long-Term Care Ombudsman Program (SLTCO), the Legal Services Assistance Program (LSAP), the State Health Insurance Assistance Program (SHIP) and Senior Medicare Patrol (SMP) are also managed in ADS. Co-locating these programs at the state level with regional and local implementation of corresponding programs by AAAs provides overall networking through the Aging and Disability Resource Consortium (ADRC) and helps maintain a statewide network of intense community-based services. The Aging Network partners and Arizona Medicaid agency, the Arizona Health Care Cost Containment System, Arizona Long-Term Care Services (AHCCCS-ALTCS) share the philosophy of providing home and community-based supports whenever possible, to avoid unnecessary institutionalization of Arizona's older adults.

As the SUA, DAAS receives the federal funds for the State of Arizona to administer the *State Plan on Aging* and OAA services. These federal funds are matched with state funds and allocated to the eight AAAs in contracts based on its intrastate funding formula (See Appendix C). Federal levels of funding have not been in keeping with the levels of need and thereby caused network partners to carefully examine their capacity to carry out the requirements of delivery of these services authorized under these federal programs. AAAs have long waitlists across the state for NMHCBS. Individuals continue to turn to private agencies for resources, depleting their financial reserves, which exacerbates conditions of health, poverty and individual independence. As the older population continues to rise, these strained resources will be further burdened and many people will be underserved or not served at all.

Other state agencies with vested interests in older adult Arizonans are the Attorney General's Office (AG), Arizona Department of Housing (ADOH), Arizona Board of Regents, the Arizona Veteran's home, Arizona Department of Public Safety (DPS), Arizona Department of Health (ADHS), the Arizona Office of Tourism (AOT) and GACA. These programs may be state funded, federally funded or agency initiatives. See Appendix E.

Comparison of poverty rates in Arizona by county 2009 and 2016

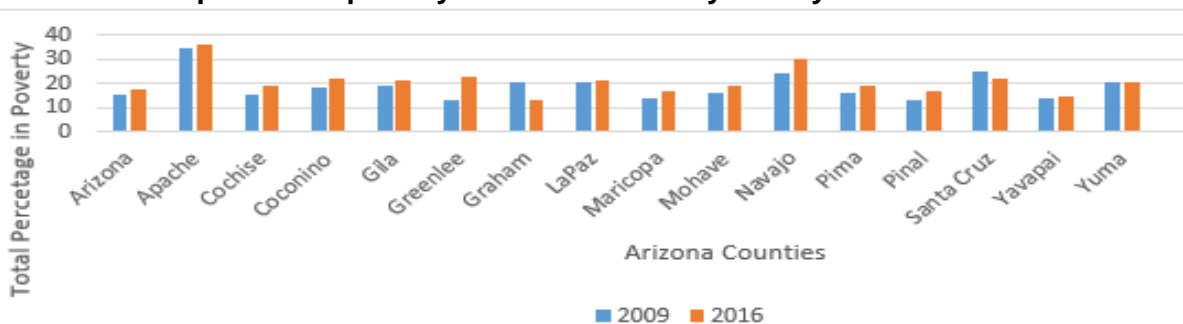


Figure 3

AAAs are responsible for a wide range of functions at the local level that are comprised of planning, advocacy and evaluation. They maintain local provider networks and relationships with community-based organizations, senior centers and local governments in support of comprehensive and coordinated service systems that support the mission and objectives of OAA. AAAs also maintain comprehensive case management systems which coordinate services and oversee implementation of eligibility requirements.

In Arizona, the eight AAAs are composed of three councils of government, three non-profit organizations and two that represent federally recognized tribes (See Appendix F). Each AAA has an advisory council of composed community members that maintain policies and procedures in compliance with OAA and DAAS expectations. AAAs submit area plans to DAAS that address the needs of their individual PSAs and provide assurances that programs and services meet the requirements of OAA.

Programs and Services

Programs for older adults in Arizona, on all levels, whether funded through OAA, grant funded, locally funded or local initiatives are aimed at maintaining independence and avoiding hospitalizations and institutionalization. These programs are designed to protect the rights of older adults and prevent fraud, errors and abuse. They also provide information and assistance on rights, benefits and NMHCBS options, such as housing, healthcare and other aspects of adult independent living.

AAAs provide information and assistance for individuals needing additional support, directly or through provider networks. They include:

- Home delivered and congregate meals;
- Home and community-based services, such as adult day care and personal care;
- Family caregiver support;
- Assistance with accessing legal information and services;
- Ombudsman services for residents of long-term care facilities, including assisted living, adult foster care and skilled nursing facilities;
- Mature worker services;
- Exercise and healthy living programs;
- Health insurance assistance; and
- Case management.

In Federal Fiscal Year 2016, 14,824 older Arizonans received in-home services.⁴ The demographic breakdown follows:

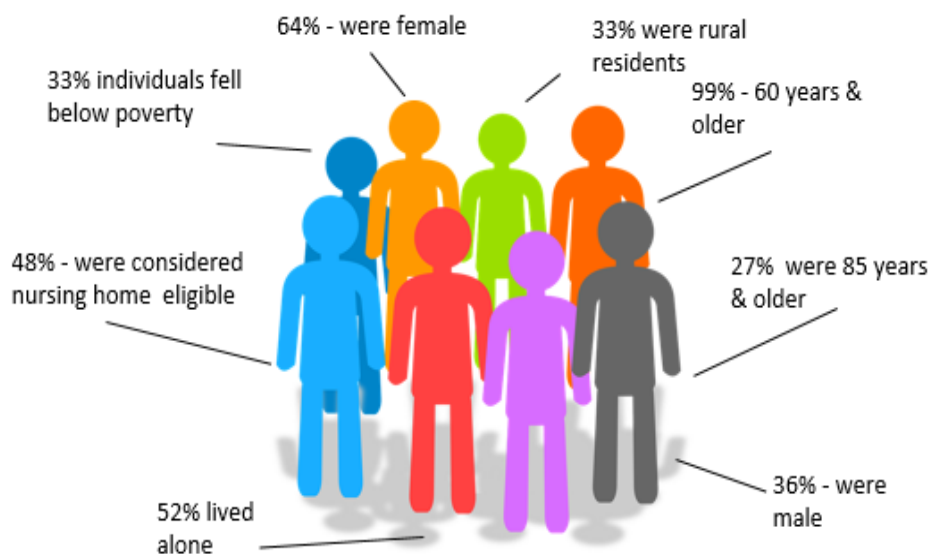


Figure 1

The numerous state agencies provide support, information and services to individuals depending on their need in programs such as but not limited to:

- Create public awareness campaigns focused on older adult related issues regarding housing, health, safety, abuse, exploitation, Alzheimer's and other chronic diseases;
- Improve tools, policies and procedures that develop and strengthen state employee's skills in addressing the aging population's issues and service delivery;
- Advocate on aging issues to the State Legislature;
- Promote economic self-sufficiency through vocational training;
- Review and streamline policies and agreements to deliver services in a timely manner;
- Develop curriculum aimed at creating a well-trained workforce both within and for the aging population; and
- Promote information and address issues relative to travel and tourism for the aging population.

Public Input

Public input data was collected by DAAS throughout the state from October 24, 2017 through February 2, 2018 by various methods including focus group meetings, online and paper surveys of older adults and other individuals, collaborative efforts with local government agencies, AAAs and data mining from the United States Census.

DAAS scheduled four focus group meetings to identify issues affecting the quality of life and well-being of older adults and their caregivers in the state. The target audiences were caregivers, older adults, service providers, minority and diverse elders and other underserved populations. The information gathered shaped the strategies for the *Arizona State Plan on Aging 2019-2022*. (See Appendices H-1 through H-4 for focus meeting schedule and needs assessment findings).

The following concerns were consistent throughout the needs assessment process in each public input format:

- **Funding for services and rising costs of providing services:** Funding for senior NMHCBS programming (i.e. in-home services, nutrition programs, transportation, etc.) has remained relatively stagnant for several years while costs continue to rise. With the increases in the older adult population, the ongoing challenge is provider capacity limitations to serve as many individuals requesting services and longer waitlists.
- **Caregiver shortages:** The incoming population of aging adults tend to have smaller or distant families increasing the requirement for paid professional caregivers which is complicated by a labor shortage in a challenging and non-lucrative field.
- **Understanding gaps in coverage of services:** Navigating and understanding the various options across agencies, programs and services can be difficult for aging adults. Many do not understand the programmatic requirements for age, disability, income or jurisdiction.

Additional concerns remain such as financial security, prevention of social isolation, affordable housing, adequate home maintenance, safety, abuse prevention and various health issues.

When older adults need services, they are often faced with many questions about where to find assistance, unaware of the services available and often, how to qualify for these services.



The following goals, objectives, strategies and performance measures were derived utilizing the findings of the focus groups, online and paper surveys, AAA needs assessments and the input of other Arizona state agencies.

The *Arizona State Plan on Aging* addresses OAA funded core programs and measures in the Section II headings. The remaining state agency programs are explained further in Appendices E and J.

Section II: Goals, Objectives, Strategies and Performance Measures



GOAL ONE: Streamline access for all eligible adult Arizonans to the integrated array of quality care available by all state aging services, and promote resources for individuals that are physically and sensory challenged.

Access and Promotion of Statewide Aging Services

An essential function of the Aging Network is easy access to information and services for those in need at all levels. AAAs provide public information and assistance through telephone help lines, printed directories and websites. Each AAA hires trained staff and volunteers to respond directly to SHIP and SMP State call line assisting beneficiaries with complicated health care questions and educating individuals to detect, prevent and report health care fraud, errors and abuse to the Caregiver Resource Line (CRL). Since 2012, the Arizona Caregiver Coalition (ACC) has assisted family caregivers across the lifespan and connects them to supportive resources. Utilizing volunteers increases program capacity and helps individual volunteers gain skills and experience.

The Aging and Disability Resource Consortium (ADRC) - In Arizona, key partnerships create a coordinated collaboration of training that facilitates service delivery through AZLinks. Those partnering in AZLinks are: DAAS, Division of Developmental Disabilities (DDD), AHCCCS-ALTCS, AAAs and the Centers for Independent Living. This extends to a regional level to include APS, United States Veteran's Affairs and Arizona Department of Veteran's Services, behavioral health agencies, long-term care services, medical providers and advocacy groups.

AAAs are the lead agencies of the six regional AZLinks partnerships, providing coverage for all 15 counties, with the exception of the tribal areas and are co-located with many of services in the same location. Discussion with the AAA of the Navajo Nation remains a goal of DAAS to achieve and maintain coverage within the tribal areas. The ADRC was designed to integrate the Aging Network and OAA programs. In the past, grants have been used to update and expand AZLinks and to introduce new options as they become available.

Older adults and their families are increasingly more computer and tech-savvy to the use of electronic communication methods. The www.AZlinks.gov website an invaluable tool for researching programs and services online. AZLinks is connected to DAAS's client information management system, which can track and follow-up with callers. These tools continue to allow AAAs to broaden outreach to underserved population segments, including private-pay individuals.

Assistance for Medicare Beneficiaries

State Health Insurance Assistance Program (SHIP) - This grant supports locally accessible and personalized one-on-one counseling services provided by AAAs and community partners, available to Medicare and Medicaid beneficiaries within the state. Other special population groups include individuals that are low-income, geographically isolated or have limited English proficiency. SHIP counselors assist individuals with identifying, understanding, comparing and enrolling in specialized programs as well as public and private healthcare plans. Local SHIP offices provide outreach and public forum education

services to Medicare beneficiaries by providing information to understand the varying Medicare program benefits and issues related to healthcare. The SHIP helpline recently added an automated component to connect callers directly to their respective county AAA with the goal to reduce wait time between calls.

Senior Medicare Patrol (SMP) - The Arizona SMP mission is to empower and assist Medicare beneficiaries, their families and caregivers to prevent, detect and report health care fraud, errors and abuse through outreach, counseling and education. The SMP is committed to building awareness and providing education to all individuals. SMP outreach and volunteer expansion continues through on-going recruitment and training.

Medicare Improvements for Patients and Providers Act - This grant enables the local SHIPs, AAAs and the ADRC partners to continue to provide outreach and enrollment assistance to Arizona beneficiaries for Low Income Subsidy, Medicare Savings Program and Medicare Part D benefits. The grant has also enabled the development of enrollment materials about Medicare annual wellness visits and preventive services.

Statewide Programming Outside the OAA Framework

Alzheimer's Disease and Related Dementia (ADRD) - This measure is led by the Arizona Alzheimer's Task Force (AATF) as a collaborative effort to educate the public about Alzheimer's disease as a chronic disease. The initiative partners with educational institutions to infuse Alzheimer's information into health-related curricula and builds public awareness to reach a broad audience.

Health Plan Report Cards - AHCCCS provides these report cards with information about managed health care plans to AHCCCS members. Information provided includes reports on quality of care standards and member satisfaction. These are updated with new information, as available, to support members in making informed decisions on health plan selection when choice is available.

Community Intervener Service - During calendar year 2019 AHCCCS will implement a new service option for members of ALTCS with combined vision and hearing loss. Community Interveners provide visual and auditory information support to individuals to maximize independence and interact with their environment.

Electronic Financial Eligibility System for ALTCS - AHCCCS has initiated implementation of an internal financial eligibility system for the ALTCS program. The system is designed to create greater eligibility process efficiency and streamline access for individuals including telephonic applications. The system maximizes internal resources to review and process applications by assigning applications to eligibility workers throughout the state based on workload availability.

Prior Period Coverage - AHCCCS pays for covered services (including long-term care services) from the time the member is enrolled with a managed care health plan until such time the member is enrolled with an ALTCS contractor/managed care health plan. This allows ALTCS members to have home and community services covered by the contractor during the period between application and determination of eligibility. Such coverage allows greater flexibility in choice of service site. Persons awaiting discharge from hospitals are able to go home with service coverage paid for once eligibility is determined and enrollment is complete.

Medicaid and Medicare Alignment - AHCCCS uses several strategies in promoting integrated care for individuals eligible for both Medicare and Medicaid (dual eligible). Such strategies may include, but are not limited to, General Mental Health and Substance Abuse services. These services are covered by the

member's AHCCCS managed care health plan or Dual Eligible Special Needs Plans. Participation in Centers for Medicare and Medicaid strive for approved seamless conversion/default enrollment on behalf of newly eligible Medicare beneficiaries also receiving Medicaid benefits.

Objectives and Strategies for Goal One

Objective 1.1: Facilitate a statewide interagency approach towards a comprehensive system that will enable older adults to remain as independent as possible within their communities.

- Continue to strengthen the ADRC partnerships.
- Maintain relationships with other agencies that offer aging services.
- Continue to strengthen dementia capability of aging network.
- Continue to streamline services and update programs to better serve eligible older adults.

Objective 1.2: Increase access to healthcare and other social services for older adults of all socio-economic levels.

- Continue to evaluate statewide gaps in the ADRD service delivery system, with the emphasis on underserved areas and populations, including ethnic, refugee, special needs and tribal communities, to determine gaps and capacity of the state and private services (both formal and informal).
- Strengthen the capacity of SHIP providers in rural areas for low-income and non-English speaking populations.
- In coordination with other legal aid entities and law programs, help to provide legal assistance on a sliding fee scale to older adults.
Work with AAAs to determine and share best practices for moving older individuals with greatest social need, economic need and individuals at-risk for institutional placement off of waitlists for services.

Objective 1.3: Provide information and promote understanding of options, benefits and available services through a variety of formats.

- Improve public benefit outreach to older adults and individuals living with disabilities through the aging network to continue expanding enrollment assistance with Medicare Savings Programs, Low Income Subsidy and Medicare Part D, as well as, other public benefits.
- Empower and assist Medicare beneficiaries, their families and caregivers to prevent, detect and report health care fraud, errors and abuse through outreach, counseling and education.
- Use ADOH website to provide information on ADOH and other service housing issues of interest to senior citizens.

Objective 1.4: Ensure regulations and policies promote high quality of care.

- Establish and maintain rules and standards for all programs.
- Update DAAS internal procedures for monitoring, tracking and on-going review of programs as part of the contract renewal cycle.

Objective 1.5: Ensure the highest quality of care and service through active monitoring, assessment and training.

- Use Division of Aging and Adult Services Reporting System to track, monitor and prepare reports for better continuous improvement.
- Use comprehensive plans to monitor quality management and measure progress annually.
- Provide technical assistance and follow up to Native American tribes in Arizona.

Objective 1.6: Maximize public awareness and understanding of Alzheimer’s and other Dementia related diseases.

- Implement a public awareness campaign focused on reducing the stigma of ADRD.

Performance Measures and Milestones with Timeframes for Goal One

| | |
|--|----------------|
| Schedule at least one regional meeting per AZLinks partnership and one statewide meeting. | FFY 2022 |
| Update ALTCS to include new service option for individuals with both hearing and vision loss. | Begin FFY 2019 |
| Implement internal electronic financial eligibility system for ALTCS participants. | Begin FFY 2019 |
| DPS will implement pilot Public Service Center in Tucson. | Begin FFY 2019 |
| Schedule no less than one training event for legal coordinators and legal service providers throughout the state annually. | FFY 2022 |
| Increase the number of benefit checkup reports processed each year. | FFY 2022 |
| Track the number of calls to the SHIP call line. | Begin FFY 2019 |
| Track the number of individuals receiving options counseling. | Begin FFY 2019 |



GOAL TWO: Increase awareness and understanding of aging issues and help prepare Arizona for an aging population.

Beyond providing information and services, increasing Arizonan’s awareness of the effects of an aging population on resources and support systems is critical, especially since the aged 60 plus cohort will grow the fastest over the next 5 years. Arizona is committed to increasing knowledge of aging issues to both build strong, viable communities while recognizing barriers for this ideal among the older population.

Awareness and Education

Arizona emphasizes awareness and education of ADRD. The AATF recommendations for training, research and public awareness were incorporated into the previous *Arizona State Plan on Aging* and the AAAs aligned many of the same strategies in their respective plans.

Arizona will continue to collaborate with the ACC by promoting awareness of age-related challenges as well as resources related to caregiving. SHIP and SMP will continue to educate the public about Medicare frauds and scams inclusive of tools and materials to support this goal, such as AZLinks website, the Arizona Respite Locator and network partnerships that educate, advocate and promote aging issues.

The Long-Term Care Ombudsman Program (LTCOP) will provide information to public and private agencies, government officials, the media and other persons regarding the problems and concerns of residents.

Alzheimer’s and Related Disorders

By the year 2025, the number of people age 65 and older with Alzheimer’s Dementia in Arizona is predicted to rise 43% to 200,000 individuals affected by the disease.
The 2018 Alzheimer’s disease Facts and Figures Report

Alzheimer’s disease and related disorders touch almost every Arizonan in some way. Alzheimer’s Disease is the most common form of dementia attacking brain cells and interferes with memory, thinking and behavior. It is a progressive disease that worsens over time, has no cure and is not a normal aging process. It is the fourth leading cause of death among women age 65 and older. Given the general prevalence of the disease, it is estimated that one in nine people age 65 or older will be affected by the disease and one in three older adults over the age of 85 years will be afflicted with the disease as the aging population continues to grow.

The ACC continues to provide invaluable support to impacted individuals and their caregivers throughout the State of Arizona with support systems such as the CRL, the caregiver respite program and advocacy and training.

Alzheimer’s Disease Support Services Program – Builds and sustains a dementia-capable NMHCBS system that includes the “No Wrong Door”, approach to access for individuals with the disease and their caregivers. The access to information is designed as a sustainable and comprehensive set of innovative dementia-capable services for individuals and their caregivers. Current programming strengthens and updates this foundation as conclusive research improves services and care options.

“In 2017, 330,000 caregivers provided 376 million hours of unpaid care, valued at \$4.7 billion.”
The 2018 Alzheimer’s disease Facts and Figures Report

The Arizona Alzheimer's Task Force - Created from the rising concern over the increasing number of people diagnosed with Alzheimer's Disease in Arizona, the Arizona Alzheimer's State Plan: A Framework for Action was created subsequent to the prior *Arizona State Plan on Aging*. Since the completion of the AATF plan, the group remains active in outreach and promoting awareness of the impact of ADRD in Arizona through the *Dementia Friends* program whose purpose is aimed at educating individuals and caregivers.

Statewide Programming Outside the OAA Framework

Increasing Public Awareness of Older Adult Programming - Building awareness of the many varied programs available to aging adults and individuals living with disabilities is a key priority. Every state agency is committed to creating a streamlined information pipeline that brings awareness to their agency's mission and initiatives. The following includes many Arizona agencies public awareness campaigns that will be launched during this planning period:

Promotion of Arizona Travel - AOT plans and delivers a multi-faceted marketing strategy to attract visitors to the State of Arizona and designs campaigns aimed at prime demographics such as those aged sixty plus, providing information via numerous travel and tourism-related media outlets.

Vulnerable Adults – By 2020, APS will launch a public awareness campaign to address vulnerable adult maltreatment and services options to support this often overlooked population.

Affordable Housing - ADOH will maintain a database to provide information on current affordable housing development and programs in Arizona, to include senior housing options.

Refugee Outreach and Education - RRP provides outreach services, including activities to familiarize refugees with available services, their purpose and facilitates access to such services, so new refugees can assimilate into their new surroundings.

Generations in the Workplace - DPS offers training to increase awareness and understanding of age-related challenges. Training is offered to sworn peace officers and civilian professional staff and other law enforcement agencies with the objective of understanding how generations interact with one another given the various differences between them.

Objectives and Strategies for Goal Two

Objective 2.1: Provide culturally appropriate information in a variety of formats to older adults and their families to promote a broader understanding of issues that arise as people age and how to address them.

- Conduct targeted outreach to partner organizations that focus on working with low-income, minority and other underserved populations.
- Increase the awareness of the LTCOP in all long-term care facilities, including assisted living, adult foster care and skilled nursing homes statewide.
- Continue to focus on training for caregivers through the Family Caregiver Support Program (FCSP).
- Continue to assess and implement diversified approaches in education and training for professionals and caregivers serving ADRD population focused on sensitivity to cultural and religious norms, income, geographical variables, family dynamics and community supports.

- Increase awareness of younger-onset dementia with goals of increased early detection and accurate diagnosis, providing access to specialized care to address the unique needs of this population and developing collaborative programs among state, non-profit and for-profit organizations.

Objective 2.2: Educate and prepare the public and private sectors about the value and needs of older Arizonans.

- Continue promotion of “*Give Caregivers a Hand*” and “*Dementia Friends*” programs.
- Work with AAAs and advocacy organizations to educate the private sector businesses about the needs of older Arizonans.
- Continue cooperation with GACA on outreach to the public and raising awareness of aging issues.
- Continue to promote awareness campaign to address issues across the spectrum of ADRDs, including early warning signs, risk factors, the importance of early diagnosis, effective strategies for obtaining diagnosis, treatment and resources to support persons with ADRDs, their caregivers and families.
- Educate and inform visitors to Arizona of aging issues relative to tourism.
- Promote and inform ADS staff on issues of trauma-informed care.

Performance Measures and Milestones with Timeframes for Goal Two

| | |
|--|----------------|
| Increase the number of education and media events regarding the difficulties and concerns of long-term care residents. | FFY 2022 |
| Maintain and update database of pro-bono and discounted attorneys for the LSAP. | Begin FFY 2019 |
| Track the number of caregiver events and respective attendees as a measure of outreach. | FFY 2022 |
| Increase awareness and training for trauma-informed care in ADS programs. | FFY 2019 |
| Promote the AATF “ <i>Dementia Friends</i> ” program through training to ADS, DDD and APS staff. | FFY 2022 |
| Sponsor 1 to 5 Virtual Dementia Tours in collaboration with AAAs for venue and logistics. | FFY 2019 |



GOAL THREE: Increase the ability of adult Arizonans to maintain their individual well-being and safety, in order to remain active, healthy and living in their communities.

The Non-Medical Home and Community-Based Services – This system is designed to establish the necessary support services to retain potentially high-risk older adults within their communities and avoid premature institutionalization. Services are case-managed, ensuring an overall assessment of an older adult's strengths and needs. Case managers also assist the person to navigate through the system of varied services available. DAAS contracts with all of AAAs in the state for provision of NMHCBS under OAA Title III and Title VII. These services address many of the most basic and often cited needs of older adults in Arizona: assistance with in-home care, transportation and nutrition.

In Federal Fiscal Year 2017, the majority of Arizonans who received NMHCBS were female, moderately to severely impaired and 75 years and older. Nearly half of these clients lived alone in rural settings. See Figure 4.

Arizona is still recovering from the economic downturn in 2009 which financially impacted programs for the 60 plus population. AAAs have subsequently experienced a sharp increase in the number of individuals on waitlists for Title III services. Some AAAs ceased providing some services in order to concentrate resources toward programs with the highest priority to their planning and service areas. With funding relatively flat and costs increasing, AAAs have fewer funds to serve the increasing numbers of individuals requiring services as the aged sixty plus cohort grows. AAAs work in collaborative partnerships and assess the needs in their respective service areas to meet the increase in the number of people requiring their services, yet total service provision falls far below need and demand.

In a concerted and pre-emptive effort to address the growing statewide client waitlists for NMHCBS, DAAS is reviewing current case management practices to pinpoint needs for intervention and provide actionable recommendations that could lead to a reduction of the individuals on the waitlist and other positive outcomes.

A concern for providing NMHCBS services is the lack of availability of service providers in rural or remote areas. In many cases there may be only one provider available. Transportation, a key component in NMHCBS; has many challenges in rural areas of the state. Transportation scarcity can create isolation that limits a persons' ability to remain socially active, attend church, shop for necessities or engage in volunteer activities. While adequate transportation is available to nutrition sites and medical appointments, routine needs like shopping are deficient. All eight AAAs are collaborating with local and regional providers to develop strategies for maximizing transportation resources.

Nutrition Services - OAA Nutrition Services provide healthy meals to eligible participants in various settings, such as senior centers and in the home. Meals under this program must provide at least one-third of the recommended Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences and abide by the current Dietary Guidelines for Americans. In addition to meals, these services offer several other benefits including nutritional screening and education, crucial links to supplementary supportive services and programs and vital opportunities for social engagement and volunteerism. In FFY 2017, Arizona provided healthy meals in a congregate setting to nearly 26,000 recipients while home delivered meals exceeded 9,000 in total. Arizona strives to meet the unmet nutritional needs of older adults by collaborating with community partners that isolate need for intervention and provide actionable recommendations to increase nutrition and capacity for healthy food.

Fiscal Year 2017 NMHCBS Clients served in Arizona over age 60

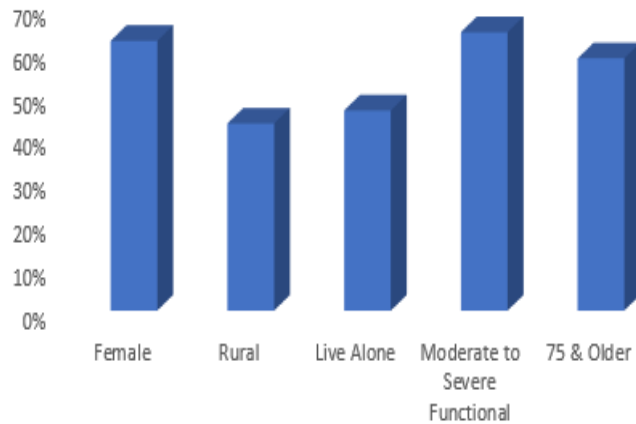


Figure 4

For the 12 of 15 Arizona counties designated as rural, several AAAs have implemented a frozen meal delivery program, which consists of a week's worth of frozen meals that are delivered on a weekly basis, allowing a hot meal in areas where it would not be feasible to use volunteers. This approach reduces the number of in-person wellness checks yet AAAs continue to innovate ways to improve wellness calls by volunteers and case manager weekly calls.

Disease Prevention and Health Promotion (DPHP) Services – DPHP services are designed to reduce the impact of disease, chronic conditions and minimize health-related risk factors associated with aging. Evidence-based DPHP programs are effective at helping participants adopt healthy behaviors and reduce usage of hospital services and emergency room visits. These programs enable older adults to manage their health by maintaining a healthy lifestyle through increased education, self-efficacy and disease self-management, reducing healthcare costs and improving quality of life.

Providing DPHP services and responding to the needs of the rural and/or low-income and minority older adult populations in Arizona can be a challenge as resources continue to be strained. AAAs collaborate with one another and with other agencies in Arizona to offer targeted outreach that eases some of the concern. Methods include targeted leader and trainer recruitment, promotion of Chronic Disease Self-Management Programs and the Diabetes Self-Management Program, fall prevention programs such as A Matter of Balance and Tai Chi, as well as other unique programs intended to empower older Arizonans with sustained independence and improved quality of life. Best practice sharing throughout the state enables DPHP services for accessibility to rural and/or low-income and minority older adult populations, particularly where the highest risk of chronic disease and other age-related health conditions threaten independence and quality of life. Participants gain awareness of DPHP programs through referral from case managers, or at congregate meal sites where DPHP workshops are conducted. FCSP participants who live with chronic disease are also encouraged to participate in DPHP programs where training increases their ability to remain active and healthy in their respective communities, and boosts their coping skills and decreases stress levels.

Participant-Directed and Person-Centered Planning

Family Caregiver Support Program and the Lifespan Respite Program – This program directly supports clients and their families, applying person-centered and participant-directed principles. With the creation of the CRL in 2012, volunteers handle telephonic inquiries from caregivers statewide. Callers are then given information that is researched and tailored to their individual needs; referrals to AAAs and other agencies can also be made by the volunteers. The program was expanded in 2014 to include a respite voucher program. These vouchers allowed caregivers to select their own respite providers and manage the services, a process which reduces administrative burden of AAAs.

The Lifespan Respite Program has an online application for caregivers that is available for respite and other direct care services. The Arizona Respite Locator at www.arizonarespitelocator.org invites individuals providing direct care and support services to post their resumes, allowing families seeking providers to search for their best match. Additional uses for this tool may be explored as opportunities present.

One of the primary tenet of the LTCOP is a resident's rights to self-determination. Ombudsmen ensure that served residents are equipped with the tools necessary to become effective self-advocates. The SLTCO trains all state designated ombudsmen focusing on person-centered care and self-determination.

Emergency Preparedness - The Arizona Division of Emergency Management oversees emergency activities statewide. DES participates in readiness and preparedness activities to ensure personnel can continue essential functions in threatening and hazardous conditions. In case of an emergency or disaster, the DES Public Information Office will ensure that information is communicated accurately and timely to both internal and external audiences, including individuals receiving services. The standardized client assessment instrument used by AAAs to determine client's strengths, needs and eligibility for services also includes a determination of whether the individual requires assistance in emergency situations. AAAs have access to these lists and work with local partners to remain current on emergency or disaster information.

While the LTCOP is not a first responder entity, it serves an important role in emergency planning and response. The LTCOP can resolve complaints, protect rights and promote access to services to long-term care residents before, during and after emergencies and disasters.

Legal Services Assistance Program - Arizona's LSAP was established under OAA to offer information, advice, assistance and advocacy to persons 60 years and older who may be unable to appropriately manage their own affairs or those who may need assistance with civil legal matters. The goal of the LSAP is to promote and preserve the autonomy, dignity, independence and financial security of older persons, provide access to the justice system and advocate for the preservation of the rights and benefits of older persons. Common legal issues for older adults include drafting wills, assisting with filing bankruptcy and assisting with landlord-tenant issues.

With limited LSAP funding, serving every older Arizona adult with legal issues and greatest economic need is unrealistic. Therefore, the program collaborates with screened entities to provide legal assistance on a sliding fee scale to older adults and provides training and education to legal providers who serve them. Additionally, the LSAP will continue to assist underserved populations with the greatest economic and social need while adhering to OAA provision that prohibit means testing for legal services.

Long-Term Care Ombudsman Program – LTCOP protects, advocates for and promotes the rights of residents in long-term care facilities including assisted living, adult foster care and skilled nursing facilities statewide. In FFY 2017, the program investigated 3,931 complaints and either partially or fully resolved 80 percent of those to the satisfaction of the resident or complainant. The LTCOP is actively engaged in building capacity within the program to ensure quality and consistency in service provision through increased training and effective performance assessment of all state designated ombudsmen. The program strengthens person-centered planning and seeks to become a leader in this effort. The LTCOP is committed to ensuring the provision of linguistically, culturally and socially appropriate services to all residents of long-term care facilities.

Elder Justice - DAAS has a statewide leadership role for elder justice with focus in APS, LSAP and LTCOP. Nationwide, it is generally accepted that elder abuse is grossly underreported. In Arizona, APS receives thousands of reports every year alleging a vulnerable adult is the victim of abuse, neglect or exploitation and report volume increases on average by around ten percent each year. APS provides reporting capability 24 hours a day, seven days a week and recently improved the intake and field investigation including risk and safety assessment tools. By detecting health care fraud, errors and abuse the SMP program serves to enhance the financial, emotional, physical and mental well-being of older adults enabling them to make better financial decisions and healthcare choices.

Ageing Network Cooperation and Coordination - To improve detection, assessment, intervention and investigation of elder abuse, DAAS has fostered stronger coordination between programs and services of the Aging Network partners. DAAS and its program areas like APS, LTCOP and LSAP participate in the Statewide Elder Abuse Coalition and the AG’s Taskforce against Senior Abuse; both are comprised of multi-disciplinary professionals involved in the protection of the rights of older adults in cases of elder abuse.

Coordination of Title III Programs and Title VI Programs for Native Americans

The State of Arizona is unique because two of the eight AAAs specifically serve Native American tribes and coordination between OAA Title III and Title VI programs has existed for several years. The benefit of coordination is to maximize resources and avoid duplication of services. Arizona also provides Social Services Block Grants funds to 17 tribes.

Percentage of Native Americans in Arizona over the age of 60 by County

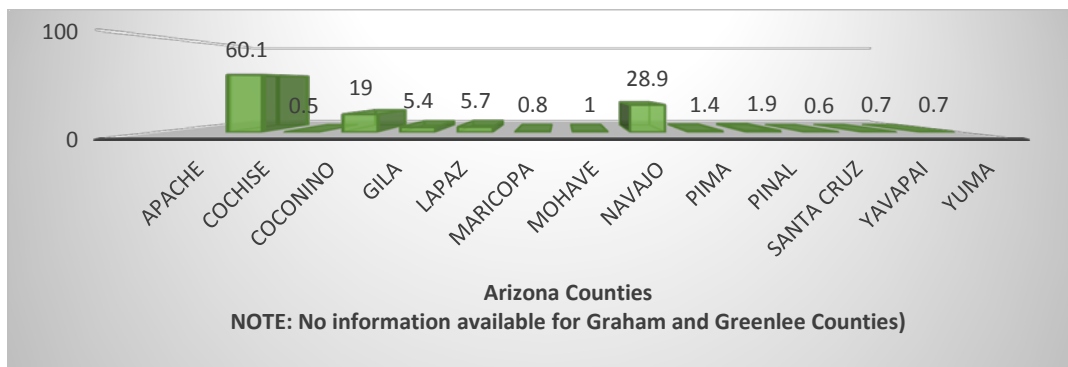


Figure 5

AAA Region VII is administered by the Navajo Nation and serves over 15,000 individuals. Title III funding is primarily used for nutrition programs, personal care, housekeeping, chronic disease and health prevention programs as well as family caregiver support services. Much of the funding is used for transportation since many tribal communities are located in rural areas of the state. Transportation to congregate meal sites is one of the ongoing challenges for service delivery and critical for socialization and inclusion of health and nutrition programs.

AAA Region VIII is administered by the Inter Tribal Council of Arizona, Inc. and provides technical assistance and Title III funds for nutrition programs, caregiver services, chronic disease and health prevention programs in addition to case management for seventeen tribal governments in Arizona, as well as OAA Title VI program funds for three tribes.

DAAS provides technical assistance and monitoring to help improve service delivery. Among the strategies for this planning period are developing processes to improve regular communication with the tribes and development of tribal policies for programs that are not provided by AAAs.

Statewide Programming Outside the OAA Framework

APS Central Intake / Field Investigation - To strengthen the APS program's understanding of and response to the safety and risk factors present for individuals served, APS received funding from the ACL to develop and implement a Central Intake screening tool and field investigation safety and risk assessment tools. These tools are planned for implementation in 2018 and will be evaluated through a partnership with Arizona State University (ASU). ASU will provide an unbiased measure of inter-rater reliability to assess the consistency of decision-making.

Victims of Crime Act - The victim assistance fund is administered by DPS and supports services to victims of crime. The fund is primarily derived from fees and fines of federal crimes. The Department awards monies from the fund to non-profit and governmental entities to provide services to crime victims including elders who are victims of abuse, domestic violence, financial exploitation and other crimes.

Quality Improvement – Centers for Medicare and Medicaid Services (CMS) Alignment - AHCCCS aligned its performance measures with those of CMS. The measures are reviewed annually to ensure that both process and outcome measurement are utilized to evaluate system performance.

Quality Improvement – On-site health and safety checks - AHCCCS requires managed care health plans to conduct on-site health and safety checks of their members in home and community-based settings, as well as facilities, when allegations of abuse, neglect, exploitation, unexpected death or unsafe environments are identified.

Network Development and Management Plan - AHCCCS requires managed care health plans to develop, maintain and monitor a Network Development and Management Plan that demonstrates the health plan maintains a network of providers sufficient in number, mix and geographic distribution to meet the needs and preferences of the anticipated number of members in the service area which ensures the provision of covered services.

Home and Community-Based Placements - AHCCCS utilizes a financial reconciliation process with ALTCS managed care health plans that incentivizes increases or maximization of home and community-based placements.

Background Checks for Direct Care Workers - AHCCCS has instituted new background check standards for provider agencies that employ or contract with Direct Care Workers (DCWs) providing services in the homes of members of the ALTCS program, including a search of the APS Registry.

Home and Community-Based Setting Rules - AHCCCS is working in collaboration with CMS to finalize a transition plan to support both residential and non-residential long-term care services to comply with the Home and Community-Based Setting Rules by March 2020.

Objectives and Strategies for Goal Three

Objective 3.1: Promote healthier lifestyles resulting in less long-term illness and reduce mortality from preventable and chronic diseases.

- Ensure that older Arizonans have access to high-quality and affordable chronic disease prevention measures.
- Expand outreach to include preventive health benefits available under Medicare.
- Refer FCSP clients who manage a chronic condition to the DPHP and track the number of participants.
- Promote the use of the Medicare annual wellness visit for the detection of cognitive impairment so treatment and support can begin as soon as possible.
- Provide evidence-based tools training and coping skills for families dealing with Alzheimer's disease to improve the care of recipient's ability to remain active and healthy in their homes.
- Continue to develop, promote and utilize programs to keep AHCCCS individuals living well and as independently as possible.

Objective 3.2: Support aging services and programs that promote independence and self-determination of choices.

- Strive to maintain NMHCBS in the face of funding constraints.
- Strengthen participant-directed service options, expanding the respite program incentives by utilizing the agency-with-choice model.
- Continue emergency services for individuals referred by APS in Maricopa County.
- Continue to advocate for the rights of residents to make choices and direct their care in long-term facilities.
- Improve direct communication with Native American tribes for purposes of technical assistance and monitoring.

Objective: 3.3: Promote new and existing strategies to improve community safety for older adults.

- Reduce the risk of falls through education, awareness and outreach.
- Continue to strengthen emergency preparedness procedures and ensure that persons with ADRDs and caregivers' unique needs are included in the development and planning process of state and local emergency plans.
- Ensure that a dementia-capable emergency service personnel force is available, skilled at identifying people with ADRDs, knowledgeable about services that can help people with dementia and their caregivers, and capable of providing linkages to other agencies and organizations.

Objective 3.4: Strengthen efforts to prevent and respond to reports of elder abuse.

- Continue to strengthen the LTCOP through increased training and with use of new systems of communication (Intranet and webinars).
- Continue to monitor and assess performance of local programs using developed tools.
- Continue to educate staff to be aware of legal issues facing seniors and refer them to the LSAP.
- Continue participation by APS, LTCOP and LSAP in statewide Elder Abuse Coalition and the Attorney General’s Task Force Against Senior Abuse.
- Increase training on abuse, neglect and exploitation for area network partners.
- Continue research and implement best practices as appropriate and relevant to APS, such as new tools for the public to interact with the program.
- Increase outreach and awareness to the public in order to reduce the incidences of abuse, neglect and exploitation of vulnerable adults.
- Increase capacity to screen, investigate and assess vulnerable individuals.

Objective 3.5: Assist older refugees in the assimilation of their new country.

- Provide case management services that will familiarize older adult refugees with the conventional western systems and practices and provide necessary skills for self-sufficiency and successful resettlement.
- Ensure that Refugee Resettlement staff is properly trained to assist and monitor refugee elder activities.

Performance Measures and Milestones with Timeframes for Goal Three

| | |
|--|------------|
| Track the number of individuals who are eligible for NMHCBS programs and services. | Begin 2019 |
| Track the average cost per client to provide NMHCBS. | Begin 2019 |
| Track the number of individuals who are referred from OAA core programs and receive DPHP Services. | FFY 2022 |
| The SLTCO will host bi-annual trainings for certified ombudsman volunteers. | FFY 2022 |
| Track the number of APS allegations investigated. | FFY 2022 |
| The SLTCO will track and evaluate complaint trends and characteristics. | FFY 2022 |



GOAL FOUR: Strengthen Arizona’s economy by fostering an integrated and well-trained informal, paraprofessional and professional workforce.

The services offered by the Aging Network represent a fraction of the caregiving and supportive services provided by family members, friends and neighbors who assist recipients every day. This includes a trip to the supermarket, assisting with household chores, or preparing a meal. The state could not provide all needed services; costs would be prohibitive. Additionally, providing a career ladder for direct care workers offers a strategy to address shortages in the professional geriatric health professions workforce over time.

Family Caregiver Support Program - The FSCP provides services to family caregivers of adults age 60 and older or a person of any age with Alzheimer’s Disease, as well as grandparents and other relative caregivers of children not more than 18 years old. Families provide 80 percent of long-term care, allowing individuals to remain living independently outside of facilities and in least-restrictive settings. Research shows that caregiving exacts a heavy emotional, physical and financial toll, especially for family caregivers who work and provide care at the same time; caring for more than one individual exacts more of the same.

“More than 800,000 Arizonans are family caregivers, providing an estimated 9.4 billion dollars a year in unpaid care. AARP studies have found that family caregivers contribute, on average, nearly \$7,000 a year to a relative’s care, and 2 in 5 are experiencing financial stress.”

December 1, 2017, AARP Bulletin

A successful partnership with the ACC led to the creation and implementation of the CRL and the Respite Locator. Both dramatically improve access to resources for the specific population served by the FSCP.

“Thank you for letting me be a part of the mature worker program. I found it extremely helpful. SCSEP is a valuable program because it provides the mature worker with a comprehensive method of transitioning back into the workplace while developing essential skills related to job searching, resume writing, interviewing and networking. I will certainly recommend the program to my friends. Thank you for all your support!”

Mature worker upon the completion of on-the-job training

Mature Worker Program - SCSEP is designed to assist individuals 55 and over with securing job training and job search assistance as well as civic engagement opportunities. The expectation is that mature workers obtain the necessary skills to re-enter the workforce and become employed in occupations that are projected to be available in their local job market.

SCSEP provides paid part-time training opportunities (community service activities) for unemployed, low-income persons 55 years of age or older who have poor employment prospects. The goal of SCSEP training is individual economic self-sufficiency through placement in unsubsidized employment in both public and private sectors. While in training, participants receive an assessment to determine individual need for retraining, supportive services and potential for employment. Training occurs through a community service assignment at a non-profit or government agency for approximately 20 hours per week. For FFY 2018, 108 training slots are appropriated.

Statewide Programming Outside the OAA Framework

Direct Care Worker Training and Testing Program - AHCCCS mandates DCWs have demonstrated proficiency against a standard set of competencies to ensure knowledge and skills required to provide quality care to members.

Workforce Development Plan - AHCCCS requires the ALTCS program managed care health plans to submit and monitor a workforce development plan to ensure the sub-contracted workforce of paraprofessionals is adequately resourced and capable of providing quality care to members.

Professional Development - APS is partnering closely with the DES Office of Professional Development (OPD) to implement professional training for intake agents and field investigators. Much of the training material leverages national best practices identified by the National Adult Protective Services Association (NAPSA) and the ACL's *Final National Voluntary Consensus Guidelines for State APS Systems (2016)*. APS, also offers continued professional development opportunities to employees through NAPSA webinars, national conferences and dissemination of academic research findings.

Promotion of Economic Self-Sufficiency - The promotion of economic self-sufficiency for refugees within the shortest time after arrival in the United States is a priority with the primary goal of employability services for the RRP.

English Language Training - The state emphasizes the importance of language training to obtain and retain employment. To accommodate accessibility by refugees, efforts are made to schedule classes at various levels and times both during the day and in evening.

Vocational Training - RRP ensures that refugees may be provided with vocational training, as defined by federal regulation, as appropriate and as resources permit as well as being part of an approved employability plan which is modified to reflect changed services or employment conditions.

Policy Revisions - ADOH will implement human resource policies that balance the needs of state employers with the changing needs of an aging workforce by preparing a plan for key employee succession and skill retention in the future. ADOH, through its operations and personnel guidelines, will maintain succession and skill retention plans.

Objectives and Strategies for Goal Four

Objective 4.1: Provide support for families to care for their loved ones at home and in the community.

- Expand older adult services for individuals with ADRDs that promote and preserve independence, allowing individuals to safely remain in their own homes and communities as long as and if possible. Services would include socialization programs, quality of life therapies, transportation services and respite for families.
- Expand and develop new systems of support for family members assisting those living with ADRDs, including collaborations with non-profit organizations dedicated to assisting those living with dementia and their families.
- Maintain and strengthen FCSP statewide.

Objective 4.2: Promote a stable and competent workforce sufficient to meet the growing care needs in Arizona.

- Utilize the Arizona Respite locator to recruit and educate potential workers.
- Build awareness and strategies to connect employers with caregiver support and elder care resources by continuing efforts to educate the employer community on the need for such resources for an aging workforce.
- Build a workforce with the skills to provide high-quality care to individuals living with ADRDs through collaboration and cross-training with organizations, such as the Arizona Board of Nursing Care Institution Administrators, Assisted Living Managers and the Arizona Chapter of the Assisted Living Federation of America.
- Continue to develop diversified approaches in education and training for professionals and caregivers servicing the ADRD population, focused on sensitivity to cultural and religious norms, income, geographic variables, family dynamics and community supports.
- Promote the viability of a career as a direct care professional and other health services related occupations to SCSEP participants.
- Develop a safe, well-trained, professional and competent workforce to provide quality care to aging Arizonans.

Objective 4.3: Promote coordinated workforce development approach between public and private entities to benefit from the capabilities of a mature workforce.

- Promote public awareness for the promotion of utilizing mature workers within the workforce.
- Strengthen partnerships and collaborations among SCSEP grantees and Workforce Innovation and Opportunity Act service providers to ensure a seamless system of service delivery.
- Establish a varied network of host agencies to provide training that aligns with SCSEP participant employment goals.

Objective 4.4: Support older Americans' efforts to remain engaged in the workforce and civic engagement activities.

- Collaborate with community entities on identifying volunteer opportunities for older adults.
- Work with AAAs and subcontractors to promote access to financial and computer literacy resources for older adults.
- Develop strategies for identifying unmet service needs in small communities that can be carried out by local SCSEP providers.

Objective 4.5: Implement human resource policies that balance the needs of state employers with the changing needs of an aging workforce.

- Prepare a plan for key employee succession and skill retention in the future.

Objective 4.6: Assist eligible older Refugees in developing a self-sufficiency and individual employment plan:

- Conduct assessment of skills for employability, when required, as part of a contracted employment service.
- Monitor on-the-job training when expected to result in full-time permanent unsubsidized employment.

Objective 4.7: Increase the capabilities and capacity of Arizona State Employees to better understand and respond to the needs of the aging population.

- Partner with DES OPD to develop and implement professional training for investigators and Central Intake agents.

Performance Measures and Milestones with Timeframes for Goal Four

| | |
|---|------------|
| Track the number of caregivers through training and education. | Begin 2019 |
| Prepare educational materials designed to assist mature workers in job seeking and application processes. | Begin 2019 |
| Track the number of SCSEP participants who transition to unsubsidized employment. | FFY 2019 |
| Track the number of workforce staff servicing SCSEP participants who are trained on special service needs and accessible resources. | FFY 2019 |



GOAL FIVE: Enhance the state's capacity to develop and maintain the necessary infrastructure to deliver services in a culturally appropriate, timely and cost-effective manner.

Cost-Sharing and New Business Models

Service delivery and allocation of resources require continual review and adaptation to meet growing needs in an environment of scarce and flat funding. While AAAs are either non-profit or governmental/tribal organizations, continued opportunities for collaboration and revenue generation exist. DAAS provides leadership and technical assistance for these initiatives as well as seed money from discretionary grants where available. All service providers, state agencies, AAAs and even DAAS continually research opportunities to leverage resources in order to maximize the return on funding. Formal collaboration arrangements include memorandums of understanding, service contracts and collaborative cost-sharing tools to provide services.

Service delivery and the types of services offered to the aging population are continually reviewed to apply to the needs of the growing and changing cohort. As Boomers age and become a larger segment of the aging population, their needs will be different from current older adults. Their use of and advances in technology may lead to opportunities to provide technologically-supported health and social supports. While technology is not a replacement for human interaction and socialization, it may offer alternatives to wellness checks, medical appointments, or home visits and even increase the frequency of health monitoring and social interaction.

Statewide Programming Outside the OAA Framework

Arizona Management System - APS is committed to deliver services in a timely manner and is working diligently to reduce time from reporting source contact to safe case closure.

Dementia-Capable NMHCBS – ADHS, through collaboration with AATF as the lead, is focusing efforts through the ACC to create and sustain a Dementia-Capable NMHCBS services system that is responsive to the unique needs of people with ADRD.

Falls Prevention Campaign - ADHS will promote, strengthen and implement policies and programs to prevent falls, especially among older adults, by educating providers of the need for “fall” screenings and promoting healthy living practices that are evidence-based to reduce falls.

Public Safety Centers - DPS is working to enhance its delivery of services, improve capacity and reduce costs positively affecting Arizona's older population. The DPS Service Improvement Program is a multi-phased program with each phase addressing a different area of focus that will automate and make one-stop services locations available for licensing, permitting and other DPS services.

Electronic Visit Verification - AHCCCS has implemented an in-home visit tracking system that employs controls within the delivery of home-based services (attendant care, respite, habilitation and home health) to ensure member's timely access to care and generate cost savings from the prevention of fraud, waste and abuse.

Advocacy, Promotion and Education - GACA continues its strong leadership in the advocacy of aging issues within the State of Arizona. GACA has set its organizational and legislative objectives for the coming year to include advocating for long-term services and supports NMHCBS as a cost-effective way to keep older Arizonans aging in place: endorsing *Dementia Friends*; educating on workforce development and distributing information on programs and services to the Governor, the Legislature and other state and community organizations.

Objectives and Strategies for Goal Five

Objective 5.1: Develop programs and approaches to close the gaps in the state's current aging services infrastructure and delivery system, especially to underserved areas.

- Generate service delivery reports on underserved areas and populations in Arizona.
- Review data and develop plans for targeting identified, underserved populations.
- Provide technical assistance to AAAs and share best practices for Title III Nutrition Services on innovative service delivery methods.
- Work with partners and contractors to optimize volunteer service with emphasis on underserved, rural and non-English speaking populations.
- Strengthen SHIP in rural areas and among Native Americans and individuals who have English as a second language or are non-English speaking.
- Continue to implement cost-sharing.
- Continue to develop strategies to address the healthcare capacity challenges that are barriers in meeting the needs of rural Arizonans living with ADRDs.
- Research new and innovative ways to use technology, such as email, cellphone and other technological innovations for service delivery.
- State agencies involved in Aging 2020 will continue to collaborate on aging issues and focus on streamlining the current infrastructure.
- Create and support programs for new construction of senior complexes; acquisition/rehabilitation of existing senior housing projects as well as owner occupied housing rehabilitation and weatherization assistance in which seniors are a priority population.
- Deliver services in a timely manner and reduce response time for case closures.

Objective 5.2: Ensure consistency among policies, procedures, regulations and statutes regarding aging services and issues.

- Review scopes of work as part of the regular contract renewal process.
- Review the use of technology innovations for the use of monitoring or service delivery.

Objective 5.3: Streamline administrative processes and increase coordination.

- Use advanced technology to enhance communication and improve management.
- Utilize password-protected technology for the dissemination of confidential or protected information on DAAS or AZLinks websites.
- Ensure timely delivery of services, create cost-savings and reduce waste, fraud and abuse within home-based service delivery.

Objective 5.4: Create and sustain a Dementia-Capable HCBS services system that is responsive to the needs of people with ADRD.

- Conduct and evaluate a pilot analysis of service capacity with an added emphasis on unserved and underserved areas and populations in Maricopa County as a sample of caregiver service providers. Model to scale into a statewide approach.

Objective 5.5: Promote, strengthen and implement policies and programs to prevent falls, especially among older adults.

- Educate providers on the need for fall screenings.
- Promote healthy living practices that are evidence-based to reduce falls.

Objective 5.6: Advocate for Long-Term Service and Supports / HCBS as cost-effective ways to keep older Arizonans aging in place in their community of choice.

- Advocacy, Promotion and Education of aging programs provided statewide.

Performance Measures and Milestones with Timeframes for Goal Five

| | |
|--|----------------|
| Track the number of individuals not eligible for Title III funds and referred to other resources, including private pay. | Begin FFY 2019 |
| Create report/evaluation of current use of volunteer / unpaid individuals in aging and related services. | FFY 2019 |

Looking Ahead – Conclusion

The Aging Network in Arizona is set to face and embrace many challenges over the next four years. Funding and resources are flat, costs for basic needs have risen, the service provider wages have increased and the respective job market is competitive with high turnover, the number of older adults is rapidly growing and people are living longer and older visitors who pay taxes in their home states and sometimes require services continue to spend winter months in Arizona. The *Arizona State Plan on Aging 2019-2022* addresses these challenges as demonstrated by statewide collaboration in a single comprehensive plan. The plan outlines key elements of Arizona’s roadmap to address the needs of the growing older adult population.

Some of the key areas are developing a dementia-capable Aging Network, policies and tools that foster person-centered planning, creating greater access to resources and information, caregiving support and a strong and solid commitment to elder justice for the protection of vulnerable adults from abuse, neglect and exploitation.

DAAS will employ this plan to launch objectives and to measure progress to goals. The plan is expected to evolve given environmental and resource dynamic shifts, much like the needs of older adults continue to do so. The strategies will be reviewed annually and adjusted as needed. DAAS will collaborate with other statewide agencies, AAAs and other partners to monitor the environmental shifts and build consensus on initiatives to address those identified subjects. DAAS will share best practices and seek newer, more efficient and innovative ways to deliver services.

DAAS is committed to service excellence on behalf of Arizona’s older adult community to assist providing as many in-home and community-based services that enable them to live safely and with dignity and self-determination.

¹ Cohn, D'Vera and Taylor, Paul. "Baby Boomers Approach 65 – Glumly." The Pew Research Center: *Social & Demographic Trends*

² Wallace, Nick. (May 4, 2016). Where are Retirees Moving? Retrieved from <https://smartassets.com>

³ Wenner, David. (July 1, 2014) Elderly baby boomers: with fewer children and more divorce, who will take care of them? Retrieved from www.pennlive.com.

⁴ Source: 2017 National Aging Program Information System (NAPIS) – State Program Report. In-home services include personal care, homemaker, home delivered meals, adult day care and case management.

Arizona State Plan on Aging 2019-2022

Appendix A: State Plan Assurances and Required Activities Older American's Act as Amended in 2016

By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and activities as stipulated in the Older Americans Act, as amended in 2016.

ASSURANCES

Sec. 305, ORGANIZATION

(a) In order for a State to be eligible to participate in programs of grants to States from allotments under this title:

(2)The State agency shall—(A) except as provided in subsection (b)(5), designate for each such area after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area;

(B) provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan;

(E) provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas), and include proposed methods of carrying out the preference in the State plan;

(F) provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16); and

(G)(ii) provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals;

(c) An area agency on aging designated under subsection (a) shall be:

(5) in the case of a State specified in subsection (b)(5), the State agency; and shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area. In designating an area agency on aging within the planning and service area or within any unit of general purpose local government designated as a planning and service area the State shall give preference to an established office on aging, unless the State agency finds that no such office within the planning and service area will have the capacity to carry out the area plan.

Note: STATES MUST ENSURE THAT THE FOLLOWING ASSURANCES (SECTION 306) WILL BE MET BY ITS DESIGNATED AREA AGENCIES ON AGENCIES, OR BY THE STATE IN THE CASE OF SINGLE PLANNING AND SERVICE AREA STATES.

Sec. 306(a), AREA PLANS

(a) Each area agency on aging, Each such plan shall:

(2) provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services-

(A) services associated with access to services (transportation, health services (including mental and behavioral health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services);

(B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance; and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded;

(4)(A)(i)(I) provide assurances that the area agency on aging will:

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of sub-clause (I);

(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will:

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

(iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared:

(I) identify the number of low-income minority older individuals in the planning and service area;

(II) describe the methods used to satisfy the service needs of such minority older individuals; and

(III) provide information on the extent to which the area agency on aging met the objectives described in clause (i).

(B) provide assurances that the area agency on aging will use outreach efforts that will:

(i) identify individuals eligible for assistance under this Act, with special emphasis on:

(I) older individuals residing in rural areas;

(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(VII) older individuals at risk for institutional placement; and

(ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and

(C) contain an assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

(5) provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities;

(9) provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title;

(11) provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including:

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans;

(13) provide assurances that the area agency on aging will:

(A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;

(B) disclose to the Assistant Secretary and the State agency:

(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

(ii) the nature of such contract or such relationship;

(C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;

(D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship;

(E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;

(14) provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;

(15) provide assurances that funds received under this title will be used:

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

Sec. 307, STATE PLANS

(a) Each such plan shall comply with all of the following requirements:

(3) The plan shall:

(B) with respect to services for older individuals residing in rural areas:

(i) provide assurances that the State agency will spend for each fiscal year, not less than the amount expended for such services for fiscal year 2000.

(7)(A) The plan shall provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract.

(B) The plan shall provide assurances that:

(i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;

(ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and

(iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

(9) The plan shall provide assurances that the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2000, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2000.

(10) The plan shall provide assurance that the special needs of older individuals residing in rural areas will be taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

(11) The plan shall provide that with respect to legal assistance:

(A) the plan contains assurances that area agencies on aging will:

(i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;

(ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and

(iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

(B) the plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

(D) the plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals; and

(E) the plan contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals:

(A) the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for:

(i) public education to identify and prevent abuse of older individuals;

(ii) receipt of reports of abuse of older individuals;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and

(iv) referral of complaints to law enforcement or public protective service agencies where appropriate;

(13) The plan shall provide assurances that each State will assign personnel (one of whom shall be known as a legal assistance developer) to provide State leadership in developing legal assistance programs for older individuals throughout the State...

(15) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area;

(A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and

(B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include:

(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and

(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

(16) The plan shall provide assurances that the State agency will require outreach efforts that will:

(A) identify individuals eligible for assistance under this Act, with special emphasis on:

(i) older individuals residing in rural areas;

(ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);

(iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);

(iv) older individuals with severe disabilities;

(v) older individuals with limited English-speaking ability; and

(vi) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.

(17) The plan shall provide, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.

(18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who:

(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;

(B) are patients in hospitals and are at risk of prolonged institutionalization; or

(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

(19) The plan shall include the assurances and description required by section 705(a).

(20) The plan shall provide assurances that special efforts will be made to provide technical assistance to minority providers of services.

(21) The plan shall:

(A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and

(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.

(23) The plan shall provide assurances that demonstrable efforts will be made:

(A) to coordinate services provided under this Act with other State services that benefit older individuals; and

(B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs.

(24) The plan shall provide assurances that the State will coordinate public services within the State to assist older individuals to obtain transportation services associated with access to services provided under this title, to services under title VI, to comprehensive counseling services, and to legal assistance.

(25) The plan shall include assurances that the State has in effect a mechanism to provide for quality in the provision of in-home services under this title.

(26) The plan shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency or an area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

(27) The plan shall provide assurances that area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

Sec. 308, PLANNING, COORDINATION, EVALUATION, AND ADMINISTRATION OF STATE PLANS

(b)(3)(E) No application by a State under subparagraph (A) shall be approved unless it contains assurances that no amounts received by the State under this paragraph will be used to hire any individual to fill a job opening created by the action of the State in laying off or terminating the employment of any regular employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph.

Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS (as numbered in statute)

(a) ELIGIBILITY.—In order to be eligible to receive an allotment under this subtitle, a State shall include in the state plan submitted under section 307:

(1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;

(2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;

(3) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;

(4) an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;

(5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).

(6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—

(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for:

(i) public education to identify and prevent elder abuse;

(ii) receipt of reports of elder abuse;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and

(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except:

- (i) if all parties to such complaint consent in writing to the release of such information;
- (ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or
- (iii) upon court order.

REQUIRED ACTIVITIES

Sec. 305 ORGANIZATION

(a) In order for a State to be eligible to participate in programs of grants to States from allotments under this title:

(2) the State agency shall:

(G)(i) set specific objectives, in consultation with area agencies on aging, for each planning and service area for providing services funded under this title to low-income minority older individuals and older individuals residing in rural areas;

(ii) provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals; and

(iii) provide a description of the efforts described in clause (ii) that will be undertaken by the State agency;

Sec. 306 – AREA PLANS

(a) Each such plan shall:

(6) provide that the area agency on aging will:

(F) in coordination with the State agency and with the State agency responsible for mental and behavioral health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the area agency on aging with mental health services provided by community health centers and by other public agencies and nonprofit private organizations;

(6)(H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate;

Sec. 307(a) STATE PLANS

(1) The plan shall:

(A) require each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and (B) be based on such area plans.

Note: THIS SUBSECTION OF STATUTE DOES NOT REQUIRE THAT AREA PLANS BE DEVELOPED PRIOR TO STATE PLANS AND/OR THAT STATE PLANS DEVELOP AS A COMPILATION OF AREA PLANS.

(2) The plan shall provide that the State agency will:

(A) evaluate, using uniform procedures described in section 202(a)(26), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;

(B) develop a standardized process to determine the extent to which public or private programs and resources (including volunteers and programs and services of voluntary organizations) that have the capacity and actually meet such need;

(4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas).

Note: "PERIODIC" (DEFINED IN 45CFR PART 1321.3) MEANS, AT A MINIMUM, ONCE EACH FISCAL YEAR.

(5) The plan shall provide that the State agency will:

(A) afford an opportunity for a hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;

(B) issue guidelines applicable to grievance procedures required by section 306(a)(10); and

(C) afford an opportunity for a public hearing, upon request, by an area agency on aging, by a provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under Section 316.

(6) The plan shall provide that the State agency will make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports.

(8)(A) The plan shall provide that no supportive services, nutrition services, or in-home services will be directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency:

(i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;

(ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or

(iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals;

(B) the State will not permit involuntary or coerced participation in the program of services described in this paragraph by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential unless all parties to the complaint consent in writing to the release of such information, except that such information may be released to a law enforcement or public protective service agency.

(22) If case management services are offered to provide access to supportive services, the plan shall provide that the State agency shall ensure compliance with the requirements specified in section 306(a)(8).

Michael Traylor, DES Director

Date

Arizona State Plan on Aging 2019-2022

Appendix B: Information Requirements

States must provide all applicable information following each Older Americans Act (OAA) citation listed below. The completed attachment must be included with your State Plan.

Section 305(a)(2)(E)

Describe the mechanism(s) for assuring that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan;

Arizona Response

- The Arizona Department of Economic Security (DES), Division of Aging and Adult Services (DAAS) Policy and Procedure Manual requires assurances that the preference is given to older individuals who are most in need.
 - Chapter 2000 states that each request for proposals and contract with a provider must include a requirement that providers specify how to satisfy the service needs of these individuals.
 - Operation procedures in Chapter 3000 state that the highest priority shall be given to individuals 60 years of age or older, with the greatest social and economic need with particular attention to older individuals who are low-income minority, older individuals residing in rural areas, older individuals with severe disabilities, older individuals with limited English speaking abilities and any individuals with Alzheimer's Disease or Related Dementias.
- The DAAS tracks data on individuals served to allow comparison with demographic characteristics.
 - In 2016 there were 94,199 or 8.9 percent of the population over the age of 60 years of age with an income below poverty level.
 - 229,406 individuals 60 years of age or older, approximately 20 percent, lived in rural areas.
 - 14,824 persons received in-home services in FY 2016. These individuals had the following characteristics.
 - 14,818, or 99 percent, were over age 60;
 - 4,4042, or 85 percent, were age 85 or older;
 - 7,129, or 48 percent, were considered to be nursing home eligible;
 - 9,484, or 64 percent, were female;
 - 7,724, or 52 percent, lived alone;
 - 4,896, or 33 percent, were rural residents; and
 - 4,883, or 33 percent, had incomes that were below poverty.

- DAAS will take the following steps to assure that preference will be given to providing services to older adults by:
 - Continuing to conduct monitoring and assessment of Area Agencies on Aging (AAAs) in responding to the needs of these individuals.
 - Continuing to provide technical assistance to the AAAs and service providers in meeting the needs of these individuals.
 - Allowing for direct service waivers as needed to ensure availability of support to those most in need.
 - Ensuring that important documents or program information is translated into the client's native language (as needed) and available through appropriate media formats.
 - Ensuring that individuals in rural areas are given the opportunity for input by completing annual client surveys.
 - Continuing to coordinate with Native American tribes and tribal AAAs to ensure that core services are provided.
 - Continuing to coordinate as needed with the Governor's Advisory Council on Aging, and other state agencies to ensure information on services and resources reach this target population.

- The AAA Area Plan and annual goal and strategies update must assess and describe the target population with the AAA Plan Service Areas (PSAs). The AAAs must also develop specific service goals and objectives that meet the needs of targeted populations and reduce barriers to services and have provided the following examples for this planning cycle:
 - The AAA in PSA 1 contracts with a local service to provide translation on demand, as needed. The AAA also operates the Mosaic Senior Center, which provides meals and socialization to Native Americans and low-income refugee populations aged 60 years and older.
 - Several AAAs are using training materials from the National Association of Area Agencies on Aging and other organizations on cultural competence.
 - The AAA in PSA 2 conduct monthly meetings on Medicare and coverage ancillary to Medicare, for existing recipients and new enrollees.
 - The AAA in PSA 8, conducts annual training to educate state, federal and tribal policymakers and non-tribal organizations about the needs and services provided in tribal communities.
 - Several AAAs provide funding to organizations specifically serving low-income minorities, including senior centers targeted to Hispanic and Asian populations.

Section 306(a)(17)

Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and institutions that have responsibility for disaster relief delivery.

Arizona Response

- Contracts with AAAs specify that contractors shall submit a written plan that illustrates how the contractor shall perform up to contractual standards in the event of an emergency. At a minimum, the emergency performance plan shall include:
 - Key succession and performance planning if there is a sudden significant decrease in contractor's workforce.
 - Alternative methods to ensure there are services or products in the supply chain.
 - An up-to-date list of company contacts and organizational chart.
- The Arizona Standardized Client Assessment Plan used for intake of clients includes a series of questions that is used to determine if a client would require assistance in an emergency. The DAAS Aging Information Management System generates a list of clients by PSA that is made available to each PSA.

Section 307(a)(2)

The plan shall provide that the State agency will:

(C) Specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under sections 306(c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(s)(2) Note: those categories are access, in-home, and legal assistance). Provide specific minimum proportion determined for each category of services.

Arizona Response

- The DAAS Area Plan guidance requires AAAs to describe in their Area Plans how they establish priorities for the planning cycle, the factors influencing their priorities, and their plans for managing increased or decreased resources. The Area Plan must include the AAA process for establishing an adequate proportion of funding for Title III legal assistance, in-home series and access, in keeping with federal and state requirements. The minimum proportion required is four percent for legal series, eight percent for in-home series, and 16 percent for access. The DAAS Policy and Procedure and contracts specifically require that AAAs meet the adequate proportion requirements for priority services.
- The DAAS validation worksheet of the contract amendment template specifies the Title III-B minimum percent required. These fields are populated automatically when a contract amendment is completed, allowing DAAS to track compliance with this requirement.
- Waivers
 - The Inter Tribal Council of Arizona, Inc., (ITCA) PSA VIII, has an Adequate Proportion Waiver (0 percent for legal services) in place since the tribes provide legal services with other fund sources either tribal or federal funds, or in-kind contributions. Each tribe has established legal service offices where elders can go to receive assistance with legal issues.

Section 307(a)(3)

The plan shall:

...

(B) with respect to services for older individuals residing in rural areas:

(i) provide assurances that State agency will spend for each fiscal year of the plan, not less than the amount expended for such services for fiscal year 2000.

(ii) identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services).

(iii) describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.

Arizona Response

- Each AAA receives annually at least as much funding as it received in the year 2000. The year 2000 is used as the base for annual planning levels, and the difference between planning levels for the coming year and the base is calculated.
- In addition, the Intrastate Funding Formula (IFF) recognizes the cost of serving rural individuals by assigning greater weight when allocating funds to individuals who are geographically isolated. The projected costs of providing such services will vary by the service.

Section 307(a)(10)

The plan shall provide assurance that the special needs of older individuals residing in rural areas are taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

Arizona Response

- Six PSAs in Arizona are considered rural, comprising of 25 percent of the state's population. 161,142 individuals are 60 or older lived in rural areas according to the 2010 Census. A total of 14,824 persons received in-home services in FFY 2016. Of these, 4,896, or 33 percent were rural residents.
- The IFF provides greater weight to individuals who are 60 years of age and older and geographically isolated (i.e., rural) than those who are not. Within rural areas, low-income minority individuals receive the highest relative importance. Older individuals residing in rural areas are among those individuals to whom AAAs target series through their request for proposal and contracting processes.
- A percentage is calculated for each PSA that identifies the rural proportion of each planning and service area compared to the statewide rural 60 years of age and older population counts. The percentage is applied to the total population, resulting in a rural population for each PSA, including tribal areas. In the funding formula, a weight is established for the rural factor.

Section 307(a)(14)

(14 the plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared:

(A) identify the number of low-income minority older individuals in the State, including the member of low income minority older individuals with limited English proficiency; and

Arizona Response

- In 2016, there were estimated to be 118,159 persons 60 years of age or older that speak English, less than “very well.”
- There were also estimated to be 141,497 racial minorities and 189,637 Hispanic or Latino persons 60 years of age and older in 2016.

(B) describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.

Arizona Response

- Each AAA describes in its Area Plan how it will target low-income minority older individuals in outreach and service delivery.
- DAAS in collaboration with the AAAs will continue to host outreach and benefits enrollment activities to promote the Medicare Savings Program and Low-Income Subsidy, and other public and federal benefits available for older individuals with limited English proficiency.
- DAAS will continue to maintain and expand partnerships with cultural civic organizations, faith-based groups, and other professional and community development groups that offer extensive services in both urban and rural areas of low-income individuals.

Section 307(a)(21)

The plan shall:

(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this Title (Title III), if applicable, and specify the ways in which the State agency intends to implement activities.

Arizona Response

- Coordination between DAAS and Arizona’s Native American tribes has been strong for many years. Two of the eight AAAs in Arizona are tribal organizations, and Title III funds are provided to these AAAs. In PSA VIII, the ITCA works with 17 of its member tribes regarding aging services.
- DAAS will continue to work closely with Native American tribes in Arizona and the tribal AAAs to increase access and ensure that the needs of older Native American individuals are met.
- DAAS will continue to provide training and technical assistance to the tribes and the tribal AAAs.

- DAAS will continue to implement strategies to expand outreach activities and healthcare Medicare benefits enrollment with Native American tribal communities and the Navajo Nation in Arizona. Outreach approaches will continue to include the development and deployment of educational media campaigns with respect to language and culture.
- DAAS will continue to host numerous trainings for tribal leaders, health directors, patient benefit coordinators, and senior center staff and other community networks to bring awareness of the State Health Insurance Assistance Program and Senior Medicare Patrol (SMP) project.

Section 307(a)(29)

The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency preparedness and any other institutions that have responsibility for disaster relief service delivery.

Arizona Response

- The Arizona Division of Emergency Management (ADEM) oversees emergency activities statewide. A part of the ADEM is the State of Arizona Emergency Response Recovery Plan (SERP), which is designed to complement and coordinate preparedness, emergency response, and recovery activities by integrating with the National Response Plan, the DES disaster plan (called the Continuity of Operations Plan [COOP]), county local, and tribal emergency operations plans and procedures. An emergency call center statewide known as the Emergency Bulletin System provides hourly updates on damage and response. Example: 2/2/2017, 11 A.M. State Opens Assistance Center in Gila County; 5/3/2017, 6:57 P.M. Emergency Supplies Available for Distribution by Chapters in Navajo Nation.
- DES will participate in the full spectrum of readiness and preparedness activities to ensure personnel can continue essential functions in an all-hazard/threat environment.
- Upon the decision to activate the COOP, DES will notify all concerned personnel, as well as, affected interdependent entities with information regarding continuity activation and relocation status, operational and communications status, and the anticipated duration of relocation.
- In order to cover the 15 counties in Arizona, DES utilizes six Coordinating Program Managers (CPMs), with one in each of six districts. The CPM is responsible for coordinating department level issues and strategies that affect districts, and is part of the chain of command in addressing infrastructure issues, unusual events, or disasters within the districts. These duties are in addition to their regular programmatic duties and responsibilities. DES preparedness incorporates hazard/threat warning systems, which includes postings and instructions to staff and the Emergency Procedures Handbook on the Department intranet web pages for all employees
(<http://intranet.azdes.gov/appFiles/Administrative%20Forms/pdf/ISA-1003B.pdf>)

Section 307(a) (30)

The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.

Arizona Response

- DAAS is part of the DES COOP. The COOP identifies key staff persons, systems or processes that will be needed and the activities that will occur to restore services to those most in need. The COOP is structured to meet the basic roles and responsibilities for disaster preparedness spelled out in the SERP. The DAAS Assistant Director is the key point person in the COOP and will coordinate with internal and external staff and agencies to initiate the emergency response actions. The plan is designed for coordination between SERP, the DAAS, the AAAs and their providers.
- The Arizona Department of Health Services (ADHS) coordinates the State Public Health Emergency Preparedness and Response Plan. ADHS works with state and community partners as needed, including the ADEM described above.

Section 705(a) (7)

In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under Section 307:

(7) a description of the manner in which the State agency will carry out this Title in accordance with the assurances described in paragraphs (1) through (6)

(Note: Paragraphs (1) through (6) of this section are listed below.)

In order to be eligible to receive an allotment under this Title, a State shall include in the State plan submitted under section 307:

(1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter.

(2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under Title VI, and other interested persons and entities regarding programs carried out under this subtitle.

(3) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access, to, and assistance in securing and maintaining, benefits, and rights;

(4) an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter.

(5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5);

(6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation, under chapter 3:

(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for:

(i) public education to identify and prevent elder abuse;

(ii) receipt of reports of elder abuse;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and

(iv) referral of complaints to law enforcement or public protective service agencies if appropriate.

(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except:

(i) if all parties to such complaint consent in writing to the release of such information;

(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or

(iii) upon court order.

Arizona Response

- (1) The Office of the State Long-Term Care Ombudsman (SLTCO) is located within DAAS and provides oversight to eight local Long-Term Care Ombudsman Programs (LTCOP). The AAAs provide these programs directly, or by subcontract. The Office of the SLTCO, including all representatives of the office, investigate and resolve complaints made by or on behalf of these residents and seek to protect, advocate for and promote the resident rights. Approximately 100 state certified ombudsmen staff and volunteers provide services to the residents of over 2000 assisted living facilities and 147 nursing care institutions.
- (2) DAAS holds public hearing meetings to obtain stakeholder input on these programs during the State Plan development process. An online survey was also utilized during the development of the State Plan for the 2019-2022 planning period. All AAAs also hold public hearing meetings to obtain input from these older Arizonans, and findings from such hearings are included in their Area Plans.
- (3) SLTCO and Legal Services Assistance Program (LSAP) actively consult with the AAAs to identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights. The DAAS reviews the Area Plans and annual goals and strategies updates to determine how the AAAs are planning to meet the needs of older individuals regarding benefits, rights and entitlements.
- (4) DAAS reviews funds expended under Title VII and certifies these expenditures to the Administration for Community Living.
- (5) The State and DAAS impose no restrictions, other than the requirements referred to in clauses in (i) through (iv) of section 712(a)(5)(c) on entities seeking designation as local ombudsman programs.

- (6) The AAAs provide programs for the prevention of abuse, neglect and exploitation, including training, public education, and dissemination of educational materials. All AAAs work closely with Adult Protective Services (APS) to coordinate service activities and make appropriate referrals; regional APS offices are also involved with regional Aging and Disability Resource Consortium partnerships. The DAAS also provides public education and outreach directly through the Offices of the SLTCO, LSAP, and SMP to the general public in collaboration with community partners and to partner agencies as appropriate.
- The DAAS Policy and Procedural Manual, Chapter 3000 section for the LTCOP is reviewed regularly to ensure compliance with the provisions of the OAA. Policies, procedures and/or scopes of work specify:
 - Involuntary or coerced participation in these programs is not permitted.
 - All information shall remain confidential except if all parties involved in a complaint consent in writing to the release of such information, or if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system, or upon court order.

Arizona State Plan on Aging 2019-2022

Appendix C: Intrastate Funding Formula (IFF) Requirements

| State Agency Operating Budget for SFY 2017 | | | |
|--|-------------|--------------|--------------|
| Funds Used for the Division of Aging and Adult Services (DAAS) | Title III | Other | Total Agency |
| Title III: State Administration | \$1,349,950 | \$ | \$1,349,950 |
| Other Federal Funds (SCSEP, SSBG, SHIP, SENIOR PATROL, Title VII) | \$ | \$3,960,638 | \$3,960,638 |
| State | \$433,964 | \$8,008,836 | \$8,442,800 |
| Total | \$1,783,914 | \$11,969,474 | \$13,753,388 |

| Legend |
|--|
| SCSEP = Senior Community Services Employment Program |
| SSBG = Social Services Block Grant |
| SHIP = State Health Insurance Assistance Program |

Older Americans Act (OAA) budgets for federal fiscal years 2019 through 2022 will be developed on an annual basis.

Arizona Planning and Service Areas

- Region I: Maricopa County
- Region II: Pima County
- Region III: Apache, Coconino, Navajo, Yavapai counties
- Region IV: La Paz, Mohave, Yuma counties
- Region V: Gila, Pinal counties
- Region VI: Cochise, Graham, Greenlee, Santa Cruz counties
- Region VII: Navajo Interstate Planning and Service Area
- Region VIII: Inter Tribal Council of Arizona: Ak-Chin, Cocopah, Colorado River, Fort McDowell, Fort Mohave, Gila River, Havasupai, Hopi, Hualapai, Kaibab-Paiute, Quechan, Pascua Yaqui, Salt River, San Carlos, San Juan Sothern Paiute, Tohono O’odham, Tonto Apache, White Mountain Apache, Yavapai-Apache, and Yavapai-Prescott Reservations.

Program Allocation by Planning and Service Area

CONTRACT OPERATING BUDGET

| | By Planning and Service Area (PSA) for Fiscal Year 2017 | | | |
|---|---|----------------------|--------------------------------|---------------------|
| | * | ** | | |
| Planning and Service Area | Title III & VI | Title III – E | Other Federal and State | Total Agency |
| PSA I | \$8,931,086 | 1,447,319 | \$8,759,335 | \$19,137,740 |
| PSA II | \$3,136,404 | \$495,602 | \$4,013,559 | \$7,645,565 |
| PSA III | \$1,835,390 | \$280,315 | \$2,098,709 | \$4,214,414 |
| PSA IV | \$1,871,550 | \$287,365 | \$1,761,036 | \$3,919,951 |
| PSA V | \$1,442,262 | \$217,133 | \$1,484,439 | \$3,143,834 |
| PSA VI | \$994,558 | \$143,744 | \$1,258,531 | \$2,396,833 |
| PSA VII | \$1,188,185 | \$173,625 | \$438,857 | \$1,800,667 |
| PSA VIII | \$966,101 | \$140,021 | \$402,472 | \$1,508,594 |
| STATE TOTAL | \$20,365,536 | \$3,185,124 | \$20,216,938 | \$43,767,598 |
| * Does not include III-E (Family Caregiver Support Program [FCSP]), includes funds for administration | | | | |
| ** Includes Title III-E - FCSP administration funds. | | | | |
| For PSA II the SCSEP allocates funding to an agency other than the Area Agencies on Aging (AAA). | | | | |

OAA budgets for federal fiscal years 2019 through 2022 will be developed on an annual basis.

The DAAS revised the funding formula for the planning cycle based on the 2010 Census data that was available. The funding formula outlined below is for the *Arizona State Plan on Aging 2019-2022* and is provided to show the data elements that will be used.

Data elements used in the Arizona IFF

- 2010 United States Census figures for the Arizona population 60 years of age or older.
- Population 60+ by county is then broken down into Non-Minority and Minority categories.
- Within the Non-Minority and Minority categories, population 60+ is then broken down into Above Poverty and Below Poverty categories (poverty being calculated at 100 percent of Federal Poverty Level).
- Deduct reservation from population 60+ by Non-Minority and Minority and Above Poverty and Below Poverty (to determine the tribal regional breakout).
- Data then put into planning and service area (regional) breakout with (tribal regional breakouts included all applicable counties for Navajo Nation and Inter Tribal Council of Arizona, LLC (ITCA) which is the difference between the total 60+ population and less reservation).
- Non-reservation, rural population counts for 60+ are separated by county. The counties are then categorized into non-tribal planning service areas. A percentage of each planning and service area to the statewide rural 60+ population counts.
- The percentage is applied to the total populated (unweighted factors). The result is a rural proportion of each planning and service area, including tribal planning and service areas.
- The rural population is then applied to the 8.5 percent set-aside as the rural factor.

Factors included in the Arizona IFF

- Population of 60+ who are non-minority, non-poverty.
- Population of 60+ who are non-minority, poverty.
- Population of 60+ who are minority, non-poverty.
- Population of 60+ who are minority, poverty.
- Population of 60+ who reside in “rural” Arizona.

Weights applied to the Arizona IFF

- Weights are applied to the first four factors for the non-tribal AAAs (PSAs 1-6):
 - Population of 60+ who are non-minority, non-poverty = 1.00
 - Population of 60+ who are non-minority, poverty = 1.75
 - Population of 60+ who are minority, non-poverty = 1.10
 - Population of 60+ who are minority, poverty = 3.00
- Higher weights are applied to tribal AAAs (Navajo = 5.00 and ITCA = 6.00) for the four factors. The ITCA has a higher weight due to the vastness of their geographic coverage.
- A weight is not established for the rural factor. Instead, the rural proportion of each AAA is applied to the 8.5 percent rural set-aside.

Base funds applied to the Arizona IFF

- A minimum administration base of \$60,000 for each AAA.
- A minimum program base of \$50,000 for each AAA.

How is the IFF applied?

The current funding formula only applies to the OAA funds. The funding formula takes into account the distribution of persons age 60 and over, as well as, those in greatest social and economic need in each PSA per the weights described above. The base year is 2000. A minimum program base is maintained at \$50,000 for each PSA. A minimum administration base is maintained at \$60,000 for each PSA. The formula sets aside a rural factor of 8.5 for the rural portions of all PSAs.

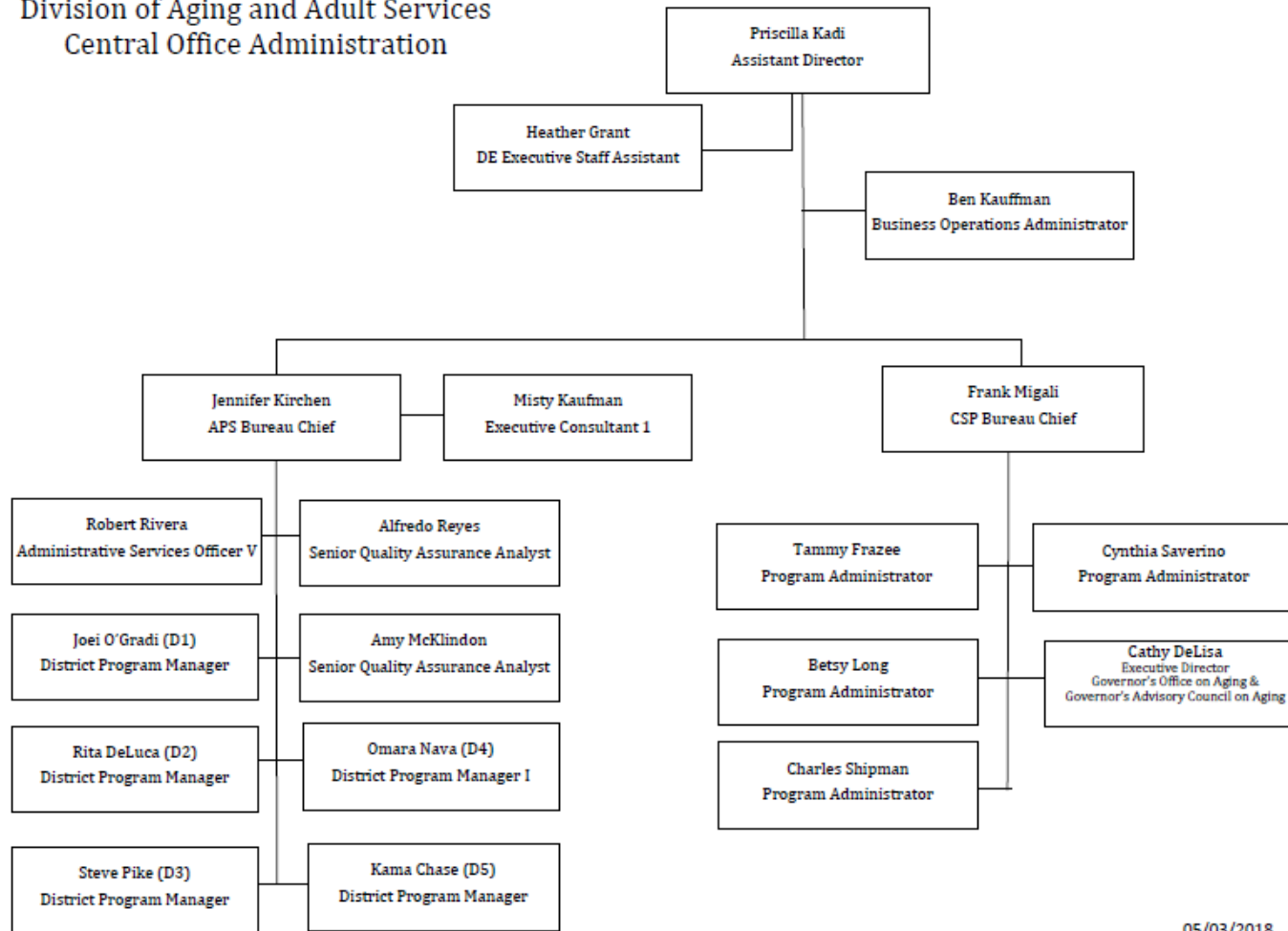
When a "Title III and VII Alert" is distributed, it comes with a variety of supporting documents. This includes the Title III Formula Allocations, Planning Levels, Comparison of Differences between the previous and current Alerts, and the Comparison of Federal Fiscal year Grant Awards. The following explanation walks through the "Title III Formula Allocations" as identified in the Title III and VII Alert.

- **Available Federal:** Begins with the available Federal funds – one-fourth is taken from the prior federal fiscal year and three-fourths from the current federal fiscal year separated by OAA Titles. The current year is an estimated amount.
- **Navajo Transfer:** Add the Navajo Transfer to the available funds. This is also known as the Interstate Transfer and is applicable only to the Navajo Nation. This transfer is received from New Mexico and Utah and reflects the allotment transferred to Arizona for administering an interstate plan and service area.
- **Total Available:** Identifies the total federal funds available.
- **Less 1.5 percent Ombudsman:** Deduct 1.5 percent for Ombudsman from the total federal funds available. This is taken from Title IIIB. The deduction is not included when calculating the AAA administration.
- **Less State DAAS Admin:** Deduct .5 percent of the total Titles IIIB, C1, C2, D, (noted in and paid for out of C! column) and IIIE (noted under Family Caregiver column) for state Department of Economic Security administration.
- **Less ten percent AAA Admin:** Deduct ten percent for AAA administration from the total federal funds available less the state administration.
- **Less Navajo Transfer:** Deduct Navajo Transfer.
- **Total Fed Program:** Identifies the total program funds available, excluding funds from state and AAA administration and Navajo Transfer.
- **Less PSA Base Program:** Deduct Program Base at \$50,000 per region. This is spread among Titles IIIB, C1 and C2.
- **Rural Factor (F2) = 8.5 percent Program Total:** 8.5 percent of the available total program funds are set aside for the "rural factor." The rural factor amount is then allocated proportionally to each region based on its share of persons in rural areas within the PSA.
- **Program Balance Factors (F1):** All weighted factors broken out by PSA and proportion applied by PSA. This is taken after the program base and rural factors are applied.
- **AAA Admin Fed:** Taken from "less ten percent AAA Admin" above. This is noted in C1 and Family Caregiver columns.
- **AAA Admin Base:** Deduct the administration base at \$60,000 per PSA.
- **AAA Admin Balance:** Identifies the total AAA administration balance. This is noted in C1 and Family Caregiver columns. F1 percentage is applied.

Arizona State Plan on Aging 2019-2022

Appendix D: Division of Aging and Adult Services Organizational Charts

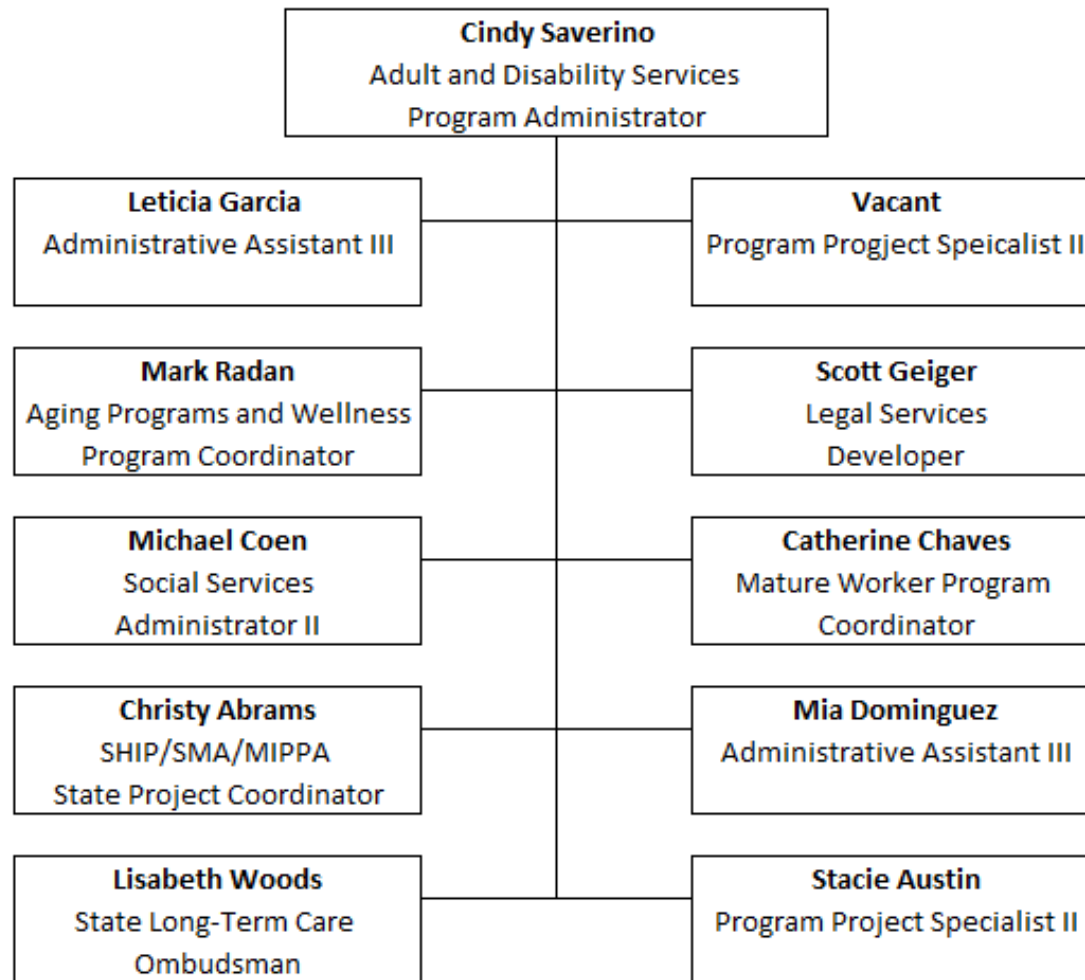
Division of Aging and Adult Services
Central Office Administration



05/03/2018

Arizona State Plan on Aging 2019-2022

Appendix D: Division of Aging and Adult Services Organizational Chart



Arizona State Plan on Aging 2019-2022

Appendix E: Arizona State Agencies programs and initiatives for Aging Arizonans not funded by the Older Americans Act (OAA)

The Arizona State agencies listed below have participated in the *Arizona Aging 2020* plan initiated by the State of Arizona in 2005. This plan is updated annually to address the needs of the growing older population in the decades to come. The State of Arizona has, in an effort to reduce duplication and redundancy, directed that *Arizona Aging 2020* plan be merged with the *Arizona State Plan on Aging 2019-2022*. The purpose for the *Arizona State Plan on Aging* is to outline the goals, objectives and strategies for programs that fall under the OAA in an effort to receive federal funding for core title programs. Since these agencies' programs do not fall under the auspices of the OAA, they have been briefly addressed under the relevant goals and objectives in the body of the *State Plan* and their full strategies and tasks included in Appendix J: Objectives and Strategies. Below, specific agency programs are presented in further detail under the goal in which the program is relevant for the readers' greater understanding.

Arizona Attorney General's Office (AG)

www.azag.gov

Protecting Arizona seniors from abuse and exploitation a priority for the AG's Office. This office provides information on scams and consumer fraud, takes legal action against those who prey on seniors and supports legislation to protect seniors.

The Arizona AG's office coordinates the Task Force Against Senior Abuse (TASA), and its advisory board, comprised of leadership from public and private sectors that work to support older adult Arizonans. The primary reason that the taskforce was formed was to advise the AG and the members of TASA in matters concerning the senior citizens of Arizona, including identifying statewide abuse issues and establishing goals for TASA to combat these issues. It also encourages a united voice through the formation of partnerships and alliances in communities around the state to identify the needs and concerns of older Arizonans, and to enhance their safety.

With TASA's advocacy Arizona House Bill 2076, healthcare providers and first responders may access advance directives and other vital healthcare information during an emergency, through an already existing registry established by the Arizona Secretary of State. This ground-breaking legislation represents a critical step toward respecting the end-of-life care wishes of senior citizens in Arizona.

TASA has also advocated for legislation that requires entities providing home care services to provide annual disclosures to consumers and their designated family representative(s) and legislation which protects consumers from being defrauded by business opportunity scams by requiring that sellers provide potential customers with disclosure documents BEFORE any monies can be accepted from the consumer. This law applies no matter what method the seller uses to solicit purchases; telephone, Internet; mail or door-to-door sales.

TASA is currently developing a multi-disciplinary protocol (checklist) to guide professionals who have contact with older adults or incapacitated adult victims of crime. It is intended to provide consistent guidelines and be a reference resource for interagency cooperation in the investigation, prosecution and management of adult abuse and exploitation cases.

Arizona Board of Regents (ABOR)

www.azregents.edu

Members of the ABOR are appointed by the Governor and serve as the governing body over the Arizona State public university system, by developing policy guidance to the University of Arizona (UA), Arizona State University (ASU), Northern Arizona University and their branch campuses the ABOR fulfills its constitutional responsibility by ensuring that Arizona's public universities accomplish their public purpose and mission by conducting an annual comprehensive review of the operations and finances of each university.

ABOR continues to explore innovative and appropriate opportunities for older adult Arizonan's to cultivate life-long learning possibilities.

Arizona Department of Economic Security (DES)

www.azdes.gov

- **Adult Protective Services (APS)** receives, evaluates and investigates allegations of abuse, neglect or exploitation of vulnerable and incapacitated adults, including persons living in nursing homes or other care facilities. APS facilitates supportive services to address the immediate safety needs of vulnerable adults.

APS believes that coordinated partnerships are essential for meeting the needs of vulnerable adults in Arizona. Therefore, APS has entered into memoranda of understanding with state agencies serving vulnerable adults, including the Arizona Department of Health Services (ADHS), DES Division of Developmental Disabilities and the State Long-Term Care Ombudsman to promote engagement and coordination at the individual case and statewide levels. APS leadership is currently engaging in conversations to strengthen these agreements.

Additionally, APS partners with the Area Agencies on Aging (AAAs) through referrals for services and training opportunities across the state. In Maricopa County, (APS's largest district) the AAA, Region One has two designated staff members who handle referrals from APS. These clients are also prioritized for home and community-based services in this region and bypass waiting lists for services. Finally, APS district leadership in Maricopa County participates in local committees organized by the AAA to support collaborative approaches to meeting the needs of vulnerable adults.

Goal 2: Increase awareness and understanding of aging issues and help prepare Arizona for an aging population.

APS plans to undertake a public awareness campaign in calendar year 2020 to increase public awareness of vulnerable adult maltreatment and the services provided by APS.

Goal 3: Increase the ability of adult Arizonans to maintain their individual well-being and safety in order to remain active, healthy and living independently in their communities.

To strengthen the APS program's understanding of and response to the safety and risk factors present for individuals served, APS has received funding from the Administration for Community Living (ACL) to develop and implement a Central Intake screening tool and field investigation safety and risk assessment tools. These tools are planned for implementation in 2018 and will be evaluated through a partnership with UA and ASU will provide an unbiased measure of inter-rater reliability to assess the consistency of decision-making. As a strategic measure within the implementation of the Arizona Management System (AMS), APS has developed breakthrough objectives in both Central Intake and field investigations. By the year 2022, APS will increase the quality and consistency of objective decision-making at Central Intake by 5 percent year over year, beginning in SFY2019, as measured by the inter-rater reliability and also increase the quality and consistency of objective decision-making throughout APS investigations by 5 percent year over year beginning in SFY 2019, as measured by inter-rater reliability.

APS is also committed to strengthening its understanding of client outcomes by identifying and measuring new indicators from client feedback. Understanding APS clients' experiences and outcomes will help to ensure that APS is promoting safety and well-being within the context of the individual's dignity and self-determination. The strategic commitment is to measure client outcomes (including recidivism and client voice) and implement improvements by 2022.

Goal 4: Strengthen Arizona's economy by fostering an integrated and well-trained informal, paraprofessional and professional workplace.

To provide the best possible services to Arizona's vulnerable adults, APS recognizes the need for a well-trained, well-supported workforce. With the development of new tools, policies and procedures, APS is partnering closely with the Department's Office of Professional Development to develop and implement professional training for investigators and Central Intake agents. To refine its training curriculum, APS is drawing from national best practices as identified by the National Adult Protective Services Association (NAPSA) and the ACL's *Final National Voluntary Consensus Guidelines for State APS Systems (2016)*. APS is a member of NAPSA, which provides access to continued professional development opportunities through webinars, national conferences, and dissemination of academic research findings.

Goal 5: Enhance the state's capacity to develop and maintain the necessary infrastructure to deliver services in a culturally appropriate, timely and cost-effective manner.

With deployment of the AMS, APS is committed to deliver services in a timely manner. APS is working diligently to reduce time from reporting source contact to safe case closure. Towards this end, the program is aiming to process information at Central Intake Unit within one day of receipt and complete investigations within sixty-three days. NAPSA's *Recommended Minimum Program Standards (2013)* identified that APS programs should review, screen, and assign cases within 24 hours of receiving information from the reporting source and 64 percent of APS programs surveyed in 2012 require that investigations be completed within 60 days. Raw data provided by NAPSA. The Arizona APS annual targets to achieve the goal are:

- SFY2018: 100 percent within 187 days;
- SFY2019: 100 percent within 156 days;
- SFY2020: 100 percent within 94 days;
- SFY2021: 100 percent within 64 days; and
- SFY2022: 100 percent within 63 days.

- **Refugee Resettlement Program (RRP)** exists to assist refugees with successful resettlement and achieving economic self-sufficiency as quickly as possible after arrival in the United States, pursuant to the Refugee Act of 1980. Towards this end, RRP funds specialized services and coordinates public and private resources to support refugee' journey on the path to becoming successful and contributing members of their new home and country. The RRP provides education and case management services and socio-cultural opportunities to older adult refugees, including assistance with acquiring United States Citizenship.

Refugees have experienced tremendous difficulties in making their way to the United States. They have fled decades of conflict and humanitarian crises in their homelands for refugee camps or urban resettlement settings in neighboring countries. Refugees often spend years languishing in refugee camps before being cleared for legal admission into the United States, living in poverty and between moments of crisis and boredom, anticipation and hopelessness.

Once refugees arrive in the United States, they must learn to function in new cultures with the added burden of finding adequate resources for their most basic needs. Many refugees also suffer from severe emotional trauma, war-related injuries and chronic illnesses that impede their transition to life in the United States. Many have been separated in their migration with some losing family either during conflicts in their homeland or on the way to the United States; these deaths can cause great trauma in a family. Sometimes, as a result of these tragic circumstances, children arrive in the United States with a grandparent or extended family or family friend as their primary caregiver.

Older adult refugees face particular challenges upon arrival to the United States including unique challenges in memory and English language acquisition, medical and behavioral health challenges, isolation and shifting family dynamics. Older adult refugees facing medical issues often find it extremely difficult to navigate the United States. healthcare system and advocate for their health.

In addition, understandings of aging can vary greatly among cultures. The expectations placed on family caregivers can be quite different than average American caregivers, including meals, respect for elders and level of care, time commitments and more.

For older adult refugees there are Supplemental Security Income time limitations based on qualified immigrant status and refugees' need to naturalize within seven years of arrival in the United States in order to be eligible for certain public benefits. Older adult refugees experience many challenges learning the level of English and civics information required for passing the naturalization exam.

Additionally, older adult refugees often experience isolation due to a need for watching children for working family members, fear of navigating public transportation, feelings of intimidation about unfamiliar customs and systems, limited English proficiency and mobility. However, younger family members become wage earners and acquire English language proficiency and understanding of American culture norms much more quickly. Important to note are the perceptions of who constitutes an older adult can differ dramatically from a cultural perspective, yet many programs are geared toward older adults in the United States with age limits that are often older than what would be considered the typical age for an older adult in another culture.

Goal 1: Streamline access for all eligible adult Arizonans to the integrated array of quality care available by all state aging services and promote all resources for individuals that are physically and sensory challenged.

Case Management services provided to refugees are designed to familiarize them with the conventional western systems and practices and to provide necessary skills for self-sufficiency and successful resettlement. These services facilitate the availability of information and access to human services and community resources.

Referral Services and outreach including activities to familiarize refugees with available services, explain the purpose of these services and facilitate access to such services; linguistically appropriate and culturally responsive services coordination and support such as:

- Emergency services to include assessment and short-term counseling to persons or families in perceived crisis, referral to appropriate resources and the making of arrangements for necessary services.
- Health-related services to include information, referral to appropriate resources, assistance in scheduling appointments and obtaining services, referral to counseling if needed to understand and identify physical and mental health needs and maintain or improve physical and mental health.
- Home managed services to include formal or informational instruction to individuals or families in management of household budgets, home maintenance, nutrition, housing standards, tenant's rights, and other consumer education services. Transportation, when necessary for participation in a service other than an employability service. and
- Translation and interpreter services, when necessary, for a purpose other than in connection with employment or participation in employability services.

Services to Older Refugees Program are services for older adult refugees aged 60 years and include:

- Outreach initiatives for services related to United States Citizenship acquisition to guarantee the preservation of benefits and other necessary assistance in collaboration with other community organizations, such as citizenship classes.
- Assistance with medical waivers and interviews with the United States Citizenship and Immigration Services (USCIS) which may include escorting them to provide interpretation at the doctor's office and the office of the USCIS.
- Referral Board of Immigration Appeals accredited voluntary agencies for assistance in preparing and submitting the citizenship application.
- Providing assistance for benefits eligibility with the Social Security Administration.

Goal 4: Strengthen Arizona's economy by fostering an integrated and well-trained informal, paraprofessional and professional workplace.

Promotion of Economic Self-Sufficiency for refugees within the shortest time after arrival in the United States is an RRP priority and primary goal of employability services. RRP makes available refugee employment assistance through a network of contracted service providers with capacity to provide linguistically appropriate and culturally responsive employment services and case management. Providers assist clients with such efforts as completing applications, initiating employer contact, instructing in job-specific and employee requirements, and conducting necessary follow-up to support employment success, retention and beneficial employer-employee relations.

Refugees are referred to RRP contracted employment and case management services. These services may be provided by, but are not limited to, Resettlement Agencies, the State of Arizona, and the Temporary Assistance for Needy Families Program. Refugees are also referred to other RRP contracted service providers or sponsors from public and private community organizations. RRP service providers also refer refugees to language training and other social service programs.

English Language Training (ELT) the State emphasizes the importance of language training in order to obtain and retain employment. To advance accessibility by refugees, efforts are made to schedule classes at various levels and times in the day and evening. Group instruction is also provided at training or employment sites as appropriate. Job-related ELT instruction is correlated to daily work tasks and orientation that enables clients to enter the job market and/or lead to greater job potential. These classes are coordinated with service providers and other state and local agencies and the providers ensure effective and adequate follow-up exists.

Vocational Training may be provided to refugees with vocational training, as defined by federal regulation, as appropriate and as resources permit as well as being part of an approved employability plan which is modified to reflect changed services or employment conditions.

Arizona Department of Health Services

www.azdhs.gov

Arizona Healthy Aging (A-HA) Communication Network is an initiative to build community partnerships to encourage communication on vital information, educational and evidence-based programs as resources with key partners, health professionals, the public and policy-makers. A-HA collaboration links programs that support healthy living and promotes functional health among older adults. The A-HA strategic network has three major focus areas: Alzheimer's' Disease, Chronic Disease Prevention and Management, and Falls Prevention.

A-HA collaborates with various aging networks including: state and local health departments, DES, APS, local AAAs, academia, and various health-related agencies, including private partnerships, to address issues related to the healthy aging of Arizonans.

Goal 1: Streamline access for all eligible adult Arizonans to the integrated array of quality care available by all state aging services and promote all resources for individuals that are physically and sensory challenged.

The ADHS, A-HA Program's Alzheimer's Disease and Related Dementia (ADRD) measure is an interagency collaborative effort with Arizona Alzheimer's Taskforce (AATF) as the lead. ADHS has been focusing on efforts through the Arizona Dementia Caregivers Alliance, thereby, supporting the AATF state plan from a public health perspective.

ADHS will maximize a public awareness and understanding by implementing a public awareness campaign focused on reducing the stigma of Alzheimer's Disease. This will be accomplished by identifying public and private sector community partners to collaboratively develop and conduct a statewide awareness campaign that focuses on Alzheimer's as a chronic disease that impacts everyone. They will use social and public media to reach a broad audience and partner with educational institutions on all levels to infuse Alzheimer's disease information into health-related curricula.

Goal 5: Enhance the state’s capacity to develop and maintain the necessary infrastructure to deliver services in a culturally appropriate, timely and cost-effective manner.

ADHS is striving to create and sustain a Dementia-Capable Home and Community-Based Services (HCBS) system that is responsive to the unique needs of people with ADRD. The ADHS will conduct and evaluate a pilot analysis of service capability with an added emphasis on unserved and underserved areas and populations in Maricopa County as a sample of caregiver service providers and model to scale into a statewide approach. The ADHS will also leverage private-public funding and resources for home and community-based services to promote the optimal well-being of people living with ADRD, with focus on their caregivers.

ADHS is also working on a collaborative interagency Falls Prevention measure. ADHS will promote, strengthen, and implement policies and programs to prevent falls, especially among older adults, by educating providers of the need for “fall” screenings and promoting healthy living practices that are evidence-based to reduce falls.

Arizona Department of Housing (ADOH)

www.housing.az.gov

The Arizona Department of Housing (ADOH) administers programs for Housing Partners who apply to the Department for funding. The majority of the agency’s programs are federally funded. The agency receives no State General Fund support. The agency is also home to the Arizona Home Foreclosure Prevention Funding Corporation.

ADOH does not own or build housing but rather manages funding for the programs through for profit and non-profit developers, faith-based organizations, service organizations, and state, county and city entities that apply for funding and meet criteria developed by state and federal law.

Goal 1: Streamline access for all eligible adult Arizonans to the integrated array of quality care available by all state aging services and promote all resources for individuals that are physically and sensory challenged.

ADOH will provide information and promote understanding of options, benefits and available services through a range of multi-media formats.

ADOH’s website is updated on a regular basis in order to provide the most current information on current affordable housing developments and programs. www.Socialserve.com is under contract to work on an expanded database for affordable housing in Arizona which will provide those seeking affordable housing a more thorough listing of availability. This includes housing developed especially for seniors.

Goal 4: Strengthen Arizona’s economy by fostering an integrated and well-trained informal, paraprofessional and professional workplace.

ADOH will implement human resource policies that balance the needs of state employers with the changing needs of an aging workforce by preparing a plan for key employees’ succession and skill retention in the future. ADOH, through its operations and personnel guidelines, will maintain succession and skill retention plans.

Goal 5: Enhance the state’s capacity to develop and maintain the necessary infrastructure to deliver services in a culturally appropriate, timely and cost-effective manner.

ADOH will develop programs and approaches to close the gap in the state’s current aging services infrastructure and delivery system by creating support programs for new construction of senior complexes, acquisition/rehabilitation of existing senior housing projects as well as owner occupied housing rehabilitation and weatherization assistance in which seniors are a priority population.

Low Income Housing Credits (LIHC) fund a number of senior complexes around the State of Arizona. In the past three years, of 1,519 units, over a third are comprised of assisted living, having been funded through LIHC. Four hundred fifteen will be in service or available for occupancy by the end of 2018, while the others remain under construction. This is an on-going process with some senior units being developed each year.

ADOH strives to make it easier for older Arizonans experiencing homelessness to access housing by funding Rapid Rehousing Programs. These programs are funded through ADOH statewide and data is tracked to ensure that seniors receive the needed resources. ADOH will also fund a Housing Locator program that will assist in engaging landlords for permanent supportive housing programs statewide. The priorities are determined by acuity with age being a contributing factor in determining acuity.

Arizona Department of Public Safety (DPS)

www.azdps.gov

DPS is spread throughout the State of Arizona’s fifteen counties. There are nearly 2,000 full-time employees who strive to fulfill the agency’s support and operational objectives, including traffic safety and criminal investigation. Their mission is to protect human life and property by enforcing state laws, deterring criminal activity and providing vital support to the State of Arizona and its citizens.

Goal 2: Increase awareness and understanding of aging issues and help prepare Arizona for an aging population.

DPS strives to continually increase awareness and understanding of age-related issues through a training course entitled: *Generations in the Workplace*. DPS teaches this course of instruction internally to both sworn peace officers and civilian professional staff as well as externally offering the course to other Arizona law enforcement agencies. This four-hour generational differences course focuses on three performance objectives. These objectives are providing information on the stages of human development; generational difference; and leadership strategies. Key concepts of the course are to draw upon the strengths of each generation; to adapt management and leadership style(s); and learning how to accept what you cannot change. This course covers all of the current generations of Civic/GIs, Veterans, Boomers, Gen X and Gen Y (Millennials) and how each generation interacts with one another given the differences between them.

Goal 3: Increase the ability of adult Arizonans to maintain their individual well-being and safety in order to remain active, healthy and living independently in their communities.

DPS, under 42 U.S.C. 10603 administers the Victims Crime Act Victim Assistance fund that provide support services to victims of crime. The fund is primarily derived from fees and fines of federal crimes. DPS awards monies from the fund to non-profit and governmental entities that apply for funding to provide services to crime victims; including elders who are victims of abuse, domestic violence, financial exploitation and other crimes. Entities receiving the funds may use the funds to provide services such as, but not limited to, personal advocacy, criminal justice support and advocacy, counseling and information and referral.

Goal 4: Strengthen Arizona's economy by fostering an integrated and well-trained informal, paraprofessional and professional workplace.

DPS supports the utilization of older workers as part of its intermittent and reserve programs to develop a mature, professional workforce. DPS has a tradition of encouraging its functional areas to use both intermittent (paid) and reserve (volunteer) civilian professional staff and sworn peace officers able to provide auxiliary services to DPS. A portion of the intermittent and volunteer workforce includes members of Arizona's older population and retirees. Through these programs DPS recognizes the value of the skills and experience older workers return to the workplace. The intermittent and reserve employees are utilized around DPS in administrative and scientific positions; as well as providing public safety series to the citizens of the State of Arizona. Retired employees from DPS and other employers across the State are offered an opportunity to return to work in intermittent or reserve positions and contribute their expertise from their previous career fields or lend assistance in other areas in which they have an interest. DPS advertises this program as a job listing on its public website www.azdps.gov under the Human Resources careers/job openings page. Over the next four years, DPS expects to continue supporting the intermittent and reserve programs and encouraging the participation of interested applicants in these programs.

Goal 5: Enhance the state's capacity to develop and maintain the necessary infrastructure to deliver services in a culturally appropriate, timely and cost-effective manner.

The Arizona DPS is working to enhance its delivery of services, improve capacity and reduce costs positively affecting Arizona's older population. The DPS Service Improvement Program is a multi-phased program with each phase addressing a specific area of focus.

Phase 1 was the development, operation and continuing support of a consolidated Public Service Center located at 2222 W. Encanto Blvd in Phoenix. This single-point of service center will allow older citizens to complete in-person applications for DPS's various licensing, permits and clearance cards functions, in addition to obtaining public records and information without having to drive to multiple offices. The center provides enhanced customer service through front-desk customer service staff, rapid queue processing and improved service delivery times.

Phases 2 and 3 are the implementation of payment portals for vehicle impound fee acceptance and development of online service requests, payment, and delivery for all applicable services such as records and licensing/permits and information such as silent witness, complaints and household goods enforcement. These online services benefit older citizens by allowing them to request, pay and receive services from DPS without having to leave their residence. The electronic payment portal for vehicle impounds has been implemented in the Phoenix Public Service Center and will be piloted in the Tucson Headquarters in January 2018. The development and implementation of the consolidated public accessible web-based portal is scheduled through 2019.

Phase 4 is the development, implementation, and improvement of back-end data processing and management to improve internal process efficiency. The increased automation and efficiency will result in decreased costs positively affecting Arizona's older population living on reduced or lower incomes. These decreases will occur either through actual cost and fee reduction, or in limiting or non-implementation of future fee increases.

Arizona Health Care Cost Containment System (AHCCCS)

www.azahcccs.gov

Founded in 1982, the Arizona Health Care Cost Containment System (AHCCCS) is Arizona's Medicaid program. Medicaid is a federal healthcare program jointly funded by the federal and state governments for individuals and families who may qualify for acute or long-term services. Their mission is to reach across Arizona to provide comprehensive, quality healthcare to those in need.

Goal 1: Streamline access for all eligible adult Arizonans to the integrated array of quality care available by all state aging services and promote all resources for individuals that are physically and sensory challenged.

AHCCCS has the following on-going initiatives in place:

Health Plan Report Cards provide information to AHCCCS members as a resource when selecting a managed care health plan. Information provided includes reports on quality of care standards and member satisfaction. AHCCCS continues to add new information to support members in making informed decisions on health plan selection when choice is available.

Prior Period Coverage pays for covered services (including long-term care services) from the time the member is enrolled with a managed care health plan until such time the member is enrolled with the Arizona Long-Term Care Services (ALTCS) contractor/managed care health plan. For ALTCS members, this allows home and community services to be covered by the contractor during the period between application and determination of eligibility. Such coverage allows greater flexibility in choice of service site. Persons awaiting discharge from hospitals are able to go home with coverage of those services paid for once eligibility is determined and enrollment is complete.

Medicaid and Medicare Alignment AHCCCS uses several strategies in promoting integrated care for individuals eligible for both Medicare and Medicaid (dual eligible), including but not limited to:

- Member alignment of enrollment in Medicaid management care organization's companion Medicare Advantage Dual Eligible Special Needs Plans (D-SNPs) that offer:
 - Single point of contact in navigating health delivery system;
 - Health care and pharmacy drug benefit coordination through health plans offered through the same parent organizations.
- General Mental Health and Substance Abuse services are covered by the members' AHCCCS managed care health plan.
- D-SNP participation in Centers for Medicare and Medicaid (CMS) approved seamless conversion/default enrollment on behalf of newly eligible Medicare beneficiaries also receiving Medicaid benefits.

Services for Individuals Determined to have a Serious Mental Illness requires the ALTCS Managed Care Organizations to be responsible for prompt identification and referral of members who may have a Serious Mental Illness (SMI) for evaluation and determination of SMI eligibility and the provision of Medicaid and non-Medicaid services for those members determined to have an SMI.

Eligibility Determination during Hospitalization if determined, an AHCCCS member may qualify for the ALTCS program during an acute hospitalization, AHCCCS will process an application for ALTCS eligibility. Enrollment of an applicant who is determined eligible will be effective during the hospital stay.

AHCCCS will be implementing the following new initiatives:

Community Intervener Service AHCCCS is creating a new service option for members of ALTCS with combined vision and hearing loss. Community Interveners provide visual and auditory information support to an individual in order to maximize independence and interact with their environment. This initiative will be implemented in the calendar year 2019.

Electronic Financial Eligibility System for ALTCS AHCCCS has initiated implementation of a new internal electronic financial eligibility system for the ALTCS program. The system is designed to create greater efficiency in the eligibility process and thereby, create streamline access for individuals including the availability of telephonic applications. The system will also maximize internal resources to review and process applications by assigning the application to eligibility workers throughout the state based upon the workload availability.

Goal 3: Increase the ability of adult Arizonans to maintain their individual well-being and safety in order to remain active, healthy and living independently in their communities.

AHCCCS has the following on-going initiatives in place:

- **Quality Improvement – CMS Alignment** AHCCCS has aligned its performance measures with those of the CMS. Annually the measures are reviewed to ensure that both process and outcome measurement are utilized to evaluate how the system is performing. The CMS Core Measure set includes measures related to chronic disease, prevention, wellness and systems outcomes measures such as utilization of emergency departments and inpatient stays. The adult measures of access to care, prevention and early detection of breast, cervical and colorectal cancer are included in the measure.
- **Quality Improvement – On-site Health and Safety Checks** AHCCCS requires managed care health plans to conduct on-site health and safety checks of AHCCCS members in home and community-based settings as well as facilities when allegations of abuse, neglect, exploitation, unexpected death or unsafe environment are identified. Results of these on-site quality monitoring visits are shared with various regulatory agencies that are charged with ensuring health and safety in licensed settings. AHCCCS, or its managed care health plans may stay on-site until assured that members are healthy and safe, require corrective actions be implemented, transition members to a healthy and safe environment that meets the member's needs, may place a bed hold or suspend or terminate a provider based on health and safety concerns.

- **Network Development and Management Plan (NDMP)** AHCCCS requires the managed care health plans to develop, maintain and monitor a DNMP that demonstrates the health plan maintains a network of providers that is sufficient in number, mix and geographic distribution to meet the needs, preference and choice of the anticipated number of members in the service area and ensures the provision of covered services. The NDMP must include strategies to increase the percentage of members residing in their own homes and strategies to monitor and mitigate gaps in critical services (attendant care, personal care, homemaker and respite care).
- **Home and Community-Based Placements** AHCCCS continues to utilize a financial reconciliation process with ALTCS program managed care health plans that incentivizes increases or maximization in home and community-based placements.

AHCCCS will be implementing the following new initiatives:

- **Background Checks for Direct Care Workers (DCWs)** AHCCCS has instituted new background check requirements and standards for provider agencies that employ or contract with DCWs providing services in the home of members of the ALTCS program, including a requirement to conduct a search of the APS Registry.
- **Home and Community-Based Services Setting Rules** AHCCCS is working in collaboration with CMS to finalize a transition plan to support both residential and non-residential long-term care services to comply with the HCBS Setting Rules by March 2020. The rules:
 - Create a new standard set of basic rights afforded to all members;
 - Further the existing priority and efforts of serving members in the least restrictive setting; and
 - Formalize a new priority to ensure and support members to be actively engaged and participating in their communities.

Goal 4: Strengthen Arizona’s economy by fostering an integrated and well-trained informal, paraprofessional and professional workplace.

Direct Care Worker Training and Testing Program AHCCCS mandates that DCWs are required to have demonstrated proficiency against a standard set of competencies aimed at ensuring that DCWs have the knowledge and skills needed to provide quality care to members.

Workforce Development Plan AHCCCS requires the ALTCS program managed care health plans to submit and monitor a workforce development plan to ensure the sub-contracted workforce of paraprofessionals is adequately resourced, stable and capable of providing quality care to members. The Workforce Development Plan must include measures to proactively identify potential challenges and threats to the viability of the workforce and develop and implement interventions to prevent or mitigate access to care for members.

Goal 5: Enhance the state’s capacity to develop and maintain the necessary infrastructure to deliver services in a culturally appropriate, timely and cost-effective manner.

Electronic Visit Verification is an in-home visit tracking system that employs controls within the delivery of home-based services (attendant care, respite, habilitation and home health) to ensure member’s timely access to care and generate cost savings from the prevention of fraud, waste and abuse.

Arizona Department of Veterans' Services (ADVS)

www.dvs.az.gov

ADVS provides direct services to Veterans through various means. This includes the administration of nineteen Veterans Benefits Offices throughout the state; assisting Veterans to navigate and enroll in the Veteran's Administration benefits program and operating two skilled-nursing Veterans' Home facilities, one in Phoenix and the other Tucson, which provide both short and long-term care. The ADVS also manages the Southern Arizona Veteran's Cemetery in Sierra Vista, the Arizona Veteran's Memorial Cemetery at Marana, the Arizona Veteran's Memorial Cemetery at Camp Navajo and the National Cemetery of Arizona in Phoenix.

In addition, the ADVS provides critical, state-wide coordination and technical assistance to services and organizations serving Veterans. This includes activities such as coordinating services across private and public sectors in serving targeted populations such as Veterans experiencing homelessness and special needs for the growing population of Women Veterans, many of whom are at-risk, as well as building community capacity to address Veteran employment and higher education.

Arizona Office of Tourism (AOT)

www.tourism.az.gov

AOT enhances Arizona's economy and the quality of life for all Arizonans by expanding travel activity and increasing related revenues through tourism promotion and development.

Goal 2: Increase awareness and understanding of aging issues and help prepare Arizona for an aging population.

AOT continues to plan and execute multi-faceted marketing campaigns using research and studies to reach a prime demographic which includes the aging population of both visitors and Arizona citizens. AOT will continue on-going efforts when utilizing all media of communication, publication and exhibition to provide information and address issues that relate to travel/tourism and the aging population.

Governor's Advisory Council on Aging (GACA)

www.govtrans.az.gov

GACA was established by state law in 1980 and is a statewide body consisting of fifteen members appointed by the Governor to serve three-year terms. Their purpose is to advise the Governor, Legislature and all State Departments on all matters and issues relating to aging, including the administration of the *Arizona State Plan on Aging*. Their mission is "enhance the quality of life for older Arizonans". The Council works with local communities, state agencies, private enterprises and older adults across Arizona to fulfill its purpose and accomplish its mission.

Goal 5: Enhance the state’s capacity to develop and maintain the necessary infrastructure to deliver services in a culturally appropriate, timely and cost-effective manner.

GACA Aging in Community Committee (AICC) 2018 Objectives are:

- Sponsor one to five Virtual Dementia Tours within calendar year;
- Advocate for long-term services and supports and HCBS as cost-effective ways to keep older Arizonans aging in place in their community of choice;
- Endorse Dementia Friends by offering a session at a GACA meeting or an event in 2018;
- Promote Arizona Falls Prevention Coalition and Regional Chapter information and resources by scheduling update presentation at AICC;
- Educate on workforce development; and
- Collect and distribute information on Technology – Aging 2.0 to the Governor, the Legislators and state agencies and community partners.

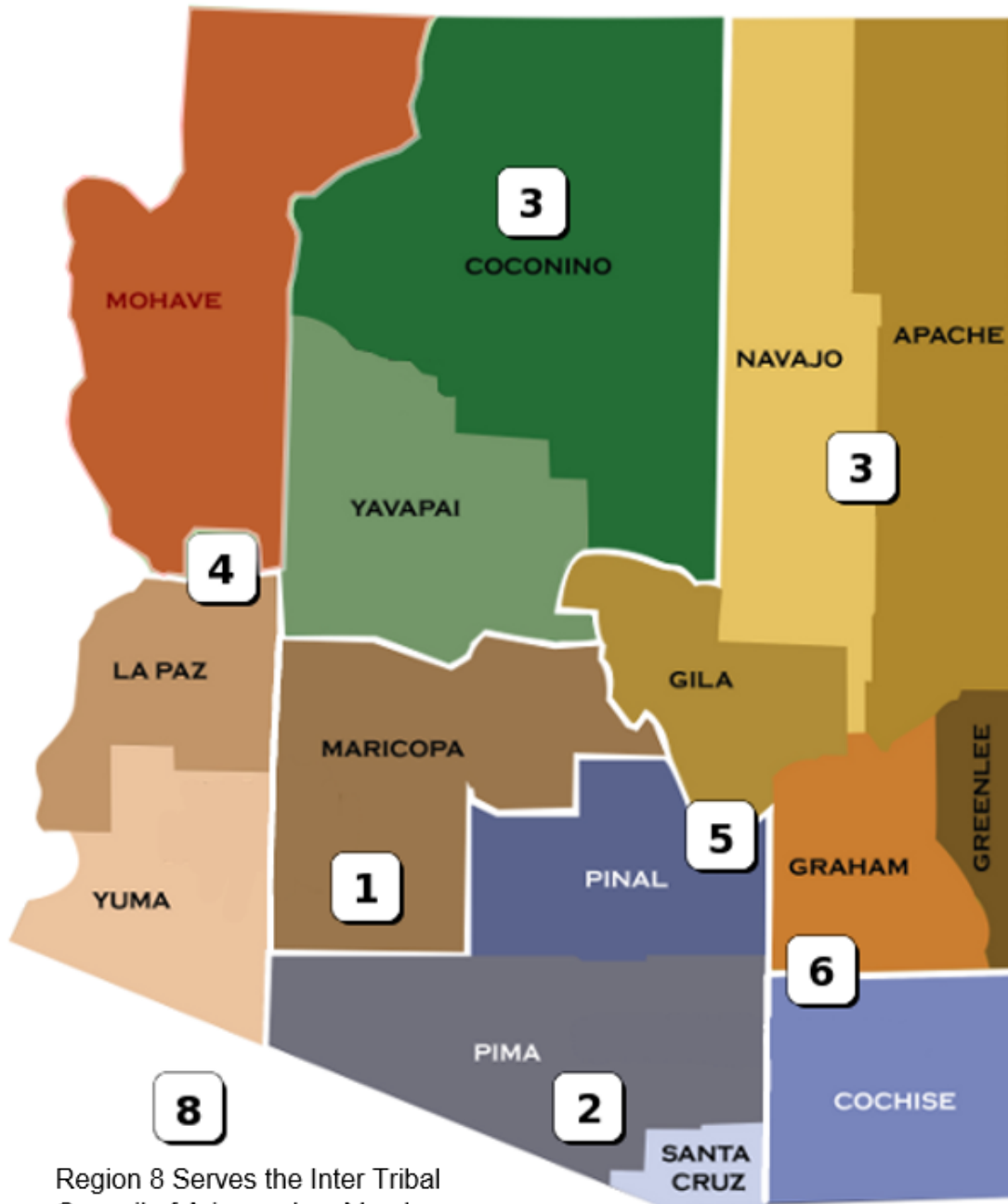
Arizona State Plan on Aging 2019-2022

Appendix F: Arizona Area Agencies on Aging

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|----------------|--|
| PSA Region I | <p>Area Agency on Aging, Region One, Inc. 1366 East Thomas Road, Suite 108 Phoenix, Arizona 85014 PH: 602.264.2255 FAX: 602.230.9132 Serves Maricopa County</p> |
| PSA Region II | <p>Pima Council on Aging (PCOA) 8467 East Broadway Blvd. Tucson, Arizona 85710-4009 PH: 520.790.7262 FAX: 520.790.7577 Serves Pima County</p> |
| PSA Region III | <p>Northern Arizona Council of Governments (NACOG) 43 S. San Francisco Street Flagstaff, Arizona 86001-5296 PH: 877.521.3500 or 928.213.5215 FAX: 928.214.7235 Serves Apache, Coconino, Navajo and Yavapai Counties</p> |
| PSA Region IV | <p>Western Arizona Council of Governments (WACOG) 1235 S. Redondo Center Drive Yuma, Arizona 85365 PH: 928.782.1886 FAX: 928.329.4248 Serves La Paz, Mohave and Yuma Counties</p> |
| PSA Region V | <p>Pinal-Gila Council for Senior Citizens (PGCSC) 8969 W. McCartney Road Casa Grande, Arizona 85194 PH: 520.836.2758 FAX: 520.421.2033 Serves Pinal and Gila Counties</p> |
| PSA Region VI | <p>Southeastern Arizona Governments Organization (SEAGO) 300 Collins Road Bisbee, Arizona 85603 PH: 520.432.2528 FAX: 520.432.9168 Serves Cochise, Graham, Greenlee and Santa Cruz Counties</p> |
| PSA Region VII | <p>Navajo Nation Area Agency on Aging (NAAA) PO Box Drawer 1390 Administration Building #2 Window Rock, Arizona 86515 PH: 928.729.4520 FAX: 928.729.4531 Serves the Navajo Nation</p> |
| PSA Region VII | <p>Inter Tribal Council of Arizona, Inc. (ITCA) 2214 N. Central, #100 Phoenix, Arizona 85004 PH: 602.258.4822 FAX: 602.258.4825 Serves the member Tribes of the Inter-Tribal Council throughout the State of Arizona</p> |

7

Region 7 Serves the Navajo Nation



8

Region 8 Serves the Inter Tribal Council of Arizona, Inc. Member tribes are located throughout the state.

Arizona State Plan on Aging 2019-2022

ATTACHMENT G: Key Socio-Economic Demographics and Characteristics

I. United States Population¹

United States Population – All Ages

- The United States population increased by 9.7 percent between 2000 and 2010, from a population of 281.4 million to 308.7 million. This increase was lower than the 13.2 percent increase in the 1990s.
- In 2016, the United States Census estimates the population of the United States as 323.1 million, an approximate increase of 4.7 percent since the decennial census in 2010.
- From 2000 to 2010 the South and West regions of the United States saw a greater increase in population than the Northeast and Midwest regions. In 2010, the South and West populations combined witnessed an increase of 28.1 percent, while the South and Midwest region experienced a combined increase of only 7.1 percent overall.

United States Population – Racial and Ethnic Characteristics

- Compared to other regions in 2016, the West region had the highest percent proportionate to the population of Hispanics at 29.4 percent, Asians at 9.8 percent, Native Americans at 1.67 percent, and Native Hawaiian/Pacific Islanders at .57 percent. The South region had the highest percentage of Blacks/African Americans and the Midwest region had the highest percentage proportionate to the population of Whites alone at 81.3 percent.
- More than three-quarters of the Hispanic Population lived in the West or South regions in the 2010 census.
- The Hispanic population grew within all regions between 2000 and 2010. The South experienced a 57 percent rise in its Hispanic population, which is four times faster than the overall growth of the region's population at 14 percent. The Midwest region experienced a 49 percent increase in Hispanic population while the West and Northeast saw increases of 34 percent and 33 percent, respectively.²

United States Population - Age 65 and Older

- In 2010 there were 40.3 million people 65 years and older, an increase of 5.3 percent from 2000, when this population numbered 35 million. This population increased at 15.1 percent faster rate than the total United States population at 9.7 percent.
- In 2010, those age 65 and older represented 13 percent of the United States population
- Males age 65 and older increased during the past decade, narrowing the gap between males and females at the older ages. Males comprise 49.2 percent of the population age 65 and older, while women represent 50.8 percent.

- The older population's share of the overall population has been trending upward. In 1900 those 65 and older were only 4 percent of the total population, as of 2010 that segment has risen to 13 percent.
- Between 2000 and 2010 the West region showed the most rapid growth of individuals 65 years and older from 6.9 million to 8.5 million or 23.5 percent and 85 years and older from 806,000 to 1.2 million or 42.8 percent.
- In 2010 those age 65 to 74 numbered 21.7 million or 53.9 percent of the population 65 years and older; 75 to 84 years old totaled 13.1 million and made up 32.4 percent of the population 65 years and older. Those 85 to 94 years old numbered 5.1 million and made up 12.6 percent of the total population age 65 years and older, and those 95 years or older comprised of 425,000 people or 1.1 percent of the total 65 years and older population.³
- In 2016, those age 65 to 74 are estimated to be 26.3 million or 57.1 percent of the total population age 65 years and older. The age group 75 to 84 is estimated to be 13.7 million or 29.8 percent, and the age group 85 and older is estimated to be at 6 million or 13.1 percent of the total population of individuals 65 years or older.

II. Arizona Population

Arizona – All Ages

- In 2010 the total population of Arizona was 6,392,017 and ranked 16th in the United States. In 2016 its estimated to raise to 6.9 million, or by 7.8 percent.
- Among the 50 states, Arizona ranks 6th in the number of persons of Hispanic origin; 4th in the number Native Americans, 21st in the number of Asian/Pacific Islanders, and 34th in the number of Blacks/African Americans.
- In 2016 approximately 44.6 percent, or just under half of Arizona's population was comprised of four minority groups including: Hispanics at 30.9 percent; Native Americans at 5.4 percent; Blacks at 4.9 percent; and Asians at 3.4 percent.
- Apache County had the highest percentage of individuals living below the poverty level in 2016 at 36.2 percent.
- Seven counties had 20 percent or more of total population living below the poverty level in 2016:
 - Yuma County had 20.5 percent;
 - La Paz County had 21.1 percent;
 - Gila County had 21.2 percent;
 - Santa Cruz County had 21.9 percent;
 - Coconino County had 22.2 percent;
 - Graham County had 22.5 percent; and
 - Navajo County had 29.9 percent.
- In 2010 there were 21 Indian reservations with a total population of 262,203 or approximately 4 percent of the overall population of Arizona.

Arizona Population – Older Adult Population

- In 2010 there were 833,228 over the age of 65 years old in Arizona. In 2016 the number had risen to 1,070,151. This is an increase in the older population of 28.43 percent.
- The United States Census estimates that in 2016 there were 388,602 Arizonans ages 60-64 years, representing 26.64 percent of the older population age 60 plus years. Ages 65 to 74 years old numbered 620,856 or 42.56 percent of the 60 or older population. Individuals aged 75 to 84 years totaled 326,244 or 22.36 percent of the 60 or older population. Arizona residents age 85 years and older numbered 123,051 and accounted for 8.44 percent of the older population age 60 years and older.
- Individuals age 65 and older were 13.8 percent of the total population in 2010 and increased to 16.9 percent of the population in 2016.
- There were 94,199 or 8.9 percent of individuals age 65 and older in Arizona who were at 100 percent poverty level in 2016, slightly lower than the national level of 9.3 percent for the same group.
- There were 32,810 older adults, or 3.1 percent that were at less than 50 percent of poverty level in 2016. This number was higher than the national average of 2.7 percent.
- Older Native Americans accounted for 27.6 percent of the total population of Arizona who were under 100 percent of the poverty level. Blacks/African Americans and Hispanics were at 26.2 percent and 23.4 percent respectively. White, Asian and Native Hawaiian/Pacific Islanders reported at 15 percent, 12.3 percent and 20.1 percent, respectively.
- Individuals age 65 years and older who spoke English “less than very well” numbered 10,604 or 52.2 percent of the individuals of this age grouping.
- In 2016 there were 477,905 households where Spanish was spoken in the home and 17.1 percent of the reported were “limited English speaking”. Other languages comprised approximately 190,167 households, and of those 45.7 percent reported “limited English speaking”.

Arizona Population – Older Adult County Statistics

- In 2010 approximately 1,070,151 persons or 15 percent of Arizona’s total population were age 65 or older. Among all counties La Paz County had the highest percentage of persons age 65 and older representing 32.6 percent of the counties total population while Coconino County had the lowest percentage with 8.9 percent of persons this age. In 2016 both have increased in the percentage of individuals over the age of 65 years with La Paz County at 37.8 percent and Coconino County at 11.9 percent, both remain ranked highest and lowest counties in the state.
- Arizona’s racial and ethnic composition is not evenly distributed throughout the state. In five counties the four major ethnic groups comprise over fifty percent of that county’s population. They are
 - Santa Cruz County at 86.3 percent;
 - Apache County at 82.3 percent;
 - Yuma County at 69.3 percent;
 - Navajo County at 59 percent; and
 - Greenlee County at 53.7 percent.

- Seven of the counties comprise 40 or more percent minority populations but less than half:
 - Graham County with 49.3 percent;
 - Pima County with 48.4 percent;
 - La Paz County with 47.5 percent;
 - Coconino County with 44.6 percent;
 - Maricopa County with 43.8 percent;
 - Cochise County with 43.6 percent; and
 - Pinal County with 42.9 percent.
- Nationally, La Paz County was ranked in the top five counties in the United States with the highest share of population age 65 years and older at 32.6 percent.
- Between 2010 and 2016 all Arizona Counties experienced an increase in the percentage of individuals age 65 years and older with the exception of Greenlee County which experienced a slight decrease.
- In 2016, Yavapai County had the highest percentage of Whites, comprising 92.9 percent of the county's population of individuals 65 years and older. Santa Cruz County had the highest percentage of Hispanics at 59.8 percent of individuals age 65 and older and in contrast Yavapai County had the lowest percentage at 4.6 percent Hispanic. For all counties Blacks/African Americans and Asians made up 2.5 percent or less of the population of each county for individuals age 65 or older.
- In 2016 Arizona's Native American population age 60 and older predominately resided in three counties in the North and Northwest corner of the state, Apache County had 60 percent, Navajo County had 28.1 percent and Coconino County had 20.4 percent.
- In 2016 15.4 percent of the total population lived in rural areas of Arizona. Older Arizonans 65 and older represented 21 percent of the total rural population.
- Approximately 61 percent of the total population resides in Maricopa County which includes the Greater Phoenix area. Pima County, which includes the Greater Tucson area, is home to 14 percent of the population. The remaining 25 percent resides within the remaining 13 counties.

Arizona Population – Older Adult Health

- In 2016 24.9 percent of older adults age 65 to 74 years of age reported having a disability; the number increased to 48 percent for those age 75 years and older.
- For those age 65 to 74 years of age reporting a disability in 2016:
 - 15.9 percent had a hearing difficulty;
 - 6.7 percent had a vision difficulty;
 - 5.0 percent had a cognitive difficulty;
 - 14.9 percent had an ambulatory difficulty;
 - 3.9 percent had a self-care difficulty; and
 - 6.8 percent had an independent living difficulty.

- For those age 75 years and older reporting a disability in 2016:
 - 10 percent had a hearing difficulty;
 - 4.4 percent had a vision difficulty;
 - 12.8 percent had a cognitive difficulty;
 - 30.3 percent had an ambulatory difficulty;
 - 7.1 percent had a self-care difficulty; and
 - 21.9 percent had an independent living difficulty.
- In 2018 Arizona ranks second in the United States for highest growth rate for Alzheimer's diagnosis.
- In 2018 there are 140,000 individuals are diagnosed and living with Alzheimer's Disease and the number is estimated to rise to over 200,000 individuals or 43 percent by 2025.

Arizona Population – Older Adult Growth Projections

- By 2050 the United States population of persons over 65 years of age is expected to reach 88.5 million people or 20 percent of the population. In Arizona, the population of individuals age 65 and over in 2010 was 107,489 and is projected to rise to almost 3 million and 26 percent of the population in 2050.
- By 2030 there will be as many people over 60 years of age living in Arizona as there are children under the age of seventeen.
- The dependency ratio (number of dependents per 100 people between the ages of 15 and 64) in 2010 was 54, slightly higher than the national average. With the population aging of the state aging, is expected rise even higher to 66.6 by 2050. The national ratio in 2010 was 49 and expected to raise to 63.6 in 2050.⁴

Arizona Population – Older Adult Sub-Group Populations

Holocaust Survivors⁵

For the purposes of data collection, a Holocaust survivor is defined as a Jewish Nazi victim, born before mid-1945, who lived in a country at a time when it was under Nazi regime, under Nazi occupation, or under the regime of Nazi collaborators, or who fled from potential Nazi rule or Nazi occupation to a country or region not under Nazi rule or occupation between the years 1933 and 1945.

It is believed that the number of living Nazi Holocaust survivors residing in Arizona is relatively small and numbering only a few hundred. Unfortunately, there is no mechanism available for determining an accurate number. No such identification is requested as part of any statewide or United States Census enumeration.

In 2008, as part of a post-World War II reparation project, the United States Holocaust Memorial Museum in Washington, DC sent a mailing out to over 400 individuals identified as possible Nazi Holocaust survivors thought to be residing in Arizona. Many of those mailing were returned at that time as undeliverable.

In 2018 Jewish community service organizations located in Phoenix and Tucson were able to reveal that there are a small number of individuals living within the state who are currently receiving their services, but these numbers only reflect those who have chosen to come forward and self-identify themselves as survivors. Of those:

- The current number of recipients receiving services is less than 150 individuals;
- The age range of those receiving services is between 78 and 98 years old;
- The individuals come from Central and Eastern Europe and Russia;
- Many of the Central and Eastern European Jews have been in the United States longer and have generally stronger economic status than those of the Russian Jews who arrived primarily in the 1990s; and
- There are more women than men receiving services.

It must be noted that these numbers do not reflect all individuals who may identify as Holocaust survivors, only those receiving services from Jewish service organizations. There is a greater probability that there are more individuals who may identify with this demographic not receiving services, or receiving their services through other sources. These individuals may not chose to be labeled as Nazi Holocaust survivors, or have not been officially enumerated as such. Regardless of the source of services, considerations must be taken to meet the unique needs and challenges facing those who are survivors of the Nazi Holocaust as identified on the national level.

- In 2010 it was estimated that there were 127,000 survivors of the Nazi Holocaust living in the United States. Of this number 38.1 percent were male and 61.9 percent were female.
- By 2020 the number of survivors is projected to decline to 67,100, or by 47 percent.
- By 2030 the number of survivors is projected to decline dramatically to 15,800 individuals, a 76 percent decline in one decade.
- In 2010, the most elderly survivors, those 85 years and older represented 23 percent of the total cohort population. By 2020 those 85 years and older will represent 57 percent of the cohort population and by 2030 all remaining survivors (projected at 15,800) will be over the age of 85 years.
- By 2020 approximately 25,000 of those identified as survivors of the Nazi Holocaust will be projected to live below poverty. By 2030 37 percent of the remaining 15,800 are projected to live in serious financial difficulty.
- Research shows that disability among survivors of the Nazi Holocaust is estimated to be at least 50 percent higher than those individuals of a non-victim age group. As the Holocaust population ages the severity of the disabilities is likely to increase.
- Studies show that in 2010, 20 percent of the surviving Holocaust victims will be projected as being severely disabled; by 2020 this number increases to 26 percent, and by 2030 one in three remaining are projected to be severely disabled.
- In 2020 the estimated number of Holocaust survivors being both severely disabled and impoverished is 10 percent and increases as the number of survivors decreases. By 2030, 13 percent of all Holocaust survivors residing in the United States are projected to be both poor and severely disabled.

World War II, Korean and Vietnam Era Veterans

Many individuals served in the United States Armed Services during the years 1940 and 1973. These individuals may have served in non-combat locations or under noncombat conditions. However, there were many individuals who served during this time that did see combat conditions serving in World War II between 1940 and 1946, the Korean War between 1950 and 1953, or the Vietnam War between 1964 and 1973. These conflicts and their associated duties, were long in duration held in far distant counties, and exposed personnel to traumatic, horrific events associated with war. Many veterans returned from these events unscathed, or unaware of the deep seeded effects that these events had on them. As they have age and their lives have slowed down, they are discovering that they may have long-term effects from events decades earlier, such as Post-Traumatic Stress Disorder (PTSD) and chronic illness. Such conditions require that service providers understand the unique needs required to aid these individuals live healthy, and independently.

- Arizona has a veteran population of 497,337 men and women who have served in the Armed Services. They represent 9.8 percent of the total population. Veterans having served between 1941 and 1975 represent 54 percent of the total veteran population of Arizona. (World War II 5.7 percent, Korean War 11.2 percent and Vietnam War 37.1 percent).
- The average age of a World War II veteran is 92 years old.
- There are 130,720 veterans between the ages of 65 and 74 years old in Arizona, representing 48.7 percent of all veterans in the targeted eras. Those veterans over the age of 75 number 122,983 or 45.9 percent of the targeted veteran population.
- There are 31 Veterans Administration Facilities in Arizona. Veterans live throughout the state, but the greatest concentrations are found in Maricopa, Pima, Yavapai, Pinal and Mohave Counties.⁶
- In 2016 there were 14,803 veterans age 65 and older who were below poverty level. Of those 7,034 also had some kind of disability.

Vulnerable and Marginalized Diverse Older Adults⁷

Diverse older adults who live a socially non-traditional lifestyle regarding sexuality and gender identity face unique social, economic and health challenges as they age. Many diverse older adults have experienced a lifetime of marginalization, verbal and physical abuse, some sort of denial to equal access of services and/or legal standing and discriminatory practices in nearly every aspect of their lives. Such experiences result in this diverse population being at a greater risk for complications as they age. These challenges may include conditions such as higher incidences for isolation, increased complications of mental and physical conditions and a greater risk of economic disparity resulting in poverty. Often diverse older adult challenges are not recognized or treated by service professionals in a culturally, socially or respectful manner, thereby compounding the situation already fraught with unique stressors. Therefore, diverse older adults have a greater social need making it difficult to find competent, inclusive homecare, health services, housing and other programs that are more easily and readily available for their socially traditional counterparts.

- There are 1.1 million individuals who identify as a diverse older adult with socially non-traditional lifestyles regarding sexuality or identity in the United States.
- 3.9 percent of the adult population of Arizona identifies as a diverse individual.⁸
- Approximately one in five diverse older adults over the age of 50 are people of color. This number is expected to double by 2050.
- One third of diverse older adults live at or below 200 percent of the federal poverty level.
- Due to a lack of social and legal acceptance, diverse older adults have experienced lifetimes of discrimination, stigma and living with challenges unique to the population that other socially traditional older adults have not had to endure.
- Diverse older adults face higher incidents of housing discrimination, abuse, poverty and disease than other socially traditional older adults.
- Diverse older adults are less likely to have informal support networks and often do not have built in familial networks of support that other socially traditional older adults have as they age. They are more dependent on formal caregivers and paid services.
- Diverse older adults are 20 percent less likely than their socially traditional counterparts to access services at senior centers and meal programs. Senior Centers and Elder Service Programs are generally not directed toward the needs of this population, thus denying equal access or limiting the information and services available to these individuals, and/or individuals feel harassed or threatened by others at site.
- Diverse older adults are at a higher risk of isolation and have very high rates of elder abuse. Much of this is not reported as professionals are not trained to understand the unique needs of this underserved population.
- One in ten or 13 percent of diverse older adults report being denied healthcare or provided inferior care due to their status. Overall, 15 percent of diverse older adults fear accessing healthcare outside their trusted community.
- In 2011 a study concluded that diverse older adults feared that entering a long-term care facility for the first time would result in discrimination by staff and/or residents, in addition to, isolation, and abuse or neglect from staff. Of those same studied 23 percent received verbal or physical harassment from other residents; 20 percent were refused admission or abruptly discharged, 14 percent were verbally or physically harassed by staff; 11 percent refused to accept the power of attorney from an individual's partner, 11 percent were restricted visitors and 6 percent were denied basic services or care.
- Diverse older adults have higher rates of psychological distress and poorer physical health outcomes due to lack of high quality care for specific healthcare needs.

Homeless Older Adults⁹

Homelessness is defined by Housing and Urban Development as lacking a fixed, regular and adequate night-time residence. These individuals may have night-time accommodations in the form of a public or private place not meant for human habitation; live in a private or public shelter designed to provide temporary living arrangements or exiting an institution in which the individual resided for 90 days or less. Increasing numbers of aging adults in the homeless population is a concern both nationally and in Arizona. Studies have shown that the number of aging homeless individuals will continue to rise as the population ages and suggests that existing systems and policies must adjust to the upcoming surge of people age 62 and over that will soon exhaust existing resources.

- In SFY 2016 there were a reported 40,745 adults and children who experienced homelessness in Arizona.
- SFY 2016 Point in Time (PIT) Count reported that 8,864 persons experienced homelessness in Arizona on any given night. Of those persons counted an estimated 15 percent were identified as chronically homeless.
- Single adults accounted for 64 percent of the homeless population in the SFY 2016 PIT count. The majority were men at 62 percent.
- 37 percent of the adult homeless population was 45 years or older and 6 percent were over the age of 62 years during SFY 2016.
- In 1990 the average age of men in transitional and emergency shelters was between 32 and 34 years of age; by 2000 the average age was between 40 and 42 and by 2010 the average age had risen to between 52 and 54 years of age.
- In SFY 2016 there were 664 veterans identified as sheltered and 372 veterans identified as unsheltered.
- 81 percent of the homeless population lives within the metropolitan areas of Maricopa and Pima Counties.
- Maricopa County represents 61 percent of Arizona's overall population and had 54 percent of the state's homeless population in 2016. Over 39 percent of all individuals experiencing homelessness in Arizona self-report some level of mental, physical or substance abuse disability.
- Pima County accounts for 15 percent of Arizona's overall population and had 26 percent of the state's homeless population.
- The remaining 13 counties in Arizona comprise 24 percent of the entire population and had 2,240 homeless individuals in SFY 2016.

Refugees from foreign countries¹⁰

Older refugees face particular challenges upon arrival to the United States. Older adult refugees arrive in a new country where they are unfamiliar with the language, customs, climate and uncertain societal prejudices. They have no jobs, no money and are faced with integrating into a new society with little more than the few personal possessions they were able to bring with them. This is difficult for individuals of all ages but may be particularly difficult for older individuals with sensory or physical ailments associated to aging. These challenges are exasperated by language barriers and the effects of PTSD related to their particular experiences of civil war, persecution, genocide, political unrest and other disasters experienced in their former homelands. Older adult refugees may not be receiving the medical or social services that they may need to age well and remain independent due to an inability to navigate the array of regulations and agencies designed to assist the aging population.

- Nearly three million people have resettled in the United States since the passing of the Refugee Act of 1980.
- The number of refugees admitted to the United States fluctuates according to global events. Between 1990 and 1995, after the fall of the Soviet Union, the United States saw a great influx of citizens from the former Soviet Union. After 2001 the number of

refugees coming to the United States dropped significantly but has been on a steady rise.

- In FY 2016 the highest number of refugees from any nation have come from the Democratic Republic of Congo with 16,370, followed by Syria at 12,587, Burma at 12,347, Iraq at 9,880 and Somalia at 9,020.
- In the last decade there have been 159,692 Burmese refugees and 135,643 refugees admitted into the United States.
- Of the 20,738 refugees admitted into the United States in 2016, three states (California, New York and Texas) settled one-quarter of the refugees. Arizona, along with seven other states resettled over 3,000 of the remaining refugees.
- Arizona admitted 250 refugees on Special Immigrant Visa in 2017, and 264 between the years of 2012 and 2016.

Caregivers –Traditional Informal, Young (8—21), and Grandparents raising grandchildren

Caregivers are unpaid individuals, such as a spouse, family member or friend that assists others with activities of daily living and/or medical tasks. Every caregiving situation is unique and often places varying amounts of strain on those who provide the care. Factors such as economic status, age, caregiver's own health, amount of care required, and even cultural influences may affect the caregiver's ability to provide adequate and appropriate care, and in time, become overwhelming hindering their abilities. The toll that caregiving can take, means that it is essential that caregivers are connected with a system capable of providing them with appropriate resources, respite care and most of all, encouragement in order to maintain their own mental and physical health.

- Alzheimer's is the 4th leading cause of death in Arizona and the top leading cause for women age 65 and older.
- In 2017, more than 16 million Americans provided an estimated 18.4 billion hours of unpaid care for Alzheimer's patients. In Arizona, 330,000 caregivers provided 376 million hours of unpaid care for Alzheimer's which equates to a value of about \$4.7 billion dollars¹¹
- In 2016 nearly, 75 percent of all caregivers are female and may spend as much as 50 percent or more time providing care than males.
- Higher-hour caregivers (21 or more hours per week) are nearly 4 times more likely to be caring for a spouse/partner.
- In 2015 the average age of an informal caregiver is 49.2 years old, with 34 percent caregivers are 65 years or older.
- In 2015 the average age of care recipient is 69.4 years old, with 47 percent of care recipients being 75 years and older.
- In 2015 family caregivers spend an average of 24.4 hours per week providing some level of care to their care recipient. Nearly one in four caregivers spends 41 or more hours providing care.
- In 2015 the majority of caregivers in the United States identified as White at 62 percent, while Blacks/African Americans were 13 percent, Hispanics were 17 percent and Asians were 9 percent.

- The average age of a White adult caregiver in 2015 was 52.5 years old. The other major minorities: Asians were 46.6 years old, Blacks/African Americans were 44.2 years old and Hispanics were slightly lower at 42.7 years old.
- Blacks/African-Americans and Hispanic caregivers experience higher burdens from caregiving responsibilities and spend more time providing caregiving activities on average than their White or Asian peers. Blacks/African-Americans and Hispanics average 30 hours per week providing caregiving duties and experience a 57 percent and 45 percent burden respectively. Whites are burdened 33 percent and average 20 hours a week, while Asians are burdened the least at 30 percent and average 16 hours a week providing caregiving activities.
- More than 50 percent of Blacks/African-American caregivers are sandwiched between caring for an older adult and a younger person under the age of 18 years or caring for more than one older person (2015).¹²
- In 2016 there were 8.7 million eldercare providers who were parents themselves with children living at home. One third had children under the age of 6 years and the remaining 67 percent were parents whose youngest children were between the ages of 6 and 17 years of age.¹³
- Of the 28.4 million households in the United States that have a child ages 8 to 18 year of age, 3.2 percent or 906,000 households include a child caregiver.
- Nationally, 31 percent or three in ten child caregivers are ages 8 to 11 years old. Children ages 12 to 15 years old who provide caregiving duties account for 38 percent, while those ages 16 to 18 years old account for 31 percent.
- Child caregivers tend to live in households with lower incomes than their non-caregiving counterparts and are less likely also to live in a two-parent household.
- 58 percent of child caregivers help care their care recipient with at least one activity of daily living, such as bathing, dressing, getting in or out of beds and chairs, toileting and feeding. Nearly all help with instrumental activities for daily living, such as shopping, household tasks and meal preparation.
- Approximately, 17 percent of child caregivers, or one in six, help the care recipient communicate with doctors and nurses and 15 percent of those age 12 and older help make calls and arrangements for other people to assist with the care recipient.¹⁴
- In the year 2016 there were 170,036 grandparents in Arizona living with their own grandchildren under the age of 18 years. Of those grandparents 66,507 are solely responsible for the children with no parent present.
- Of the grandparents raising grandchildren and providing care 26,733 have been caring for the children 5 or more years.
- Of the grandparents raising grandchildren 40,300 were female and 47,236 were married.

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- ¹ Unless noted otherwise, demographic information provided by the 2010 United States Census; United States Census: 2012-2016 American Community Survey 5-Year Estimates;
- ² United States Census Bureau, May 2011, “*The Hispanic Population: 2010*”.
- ³ United States Census Bureau, November 2011, “*The Older Population: 2010*”.
- ⁴ Rex, Tom R., MBA, *New Population Projections for the United States, Arizona and Arizona Counties*, ASU W.P. Carey School of Business, January 2013.
- ⁵ Miller, Ron, Ph.D., Beck, Pearl, Ph.D., and Berna, Torr, Ph.D., *Jewish Survivors of the Holocaust Residing in the United States: Estimates & Projections: 2010 – 2030*, October 23, 2009
- ⁶ United States Census, United States Department of Commerce, Economics and Statistics Administration, *Veterans Statistics: Arizona*
- ⁷ Unless noted otherwise, information on diverse older adults is provided by the Administration for Community Living and Services and Advocacy for GLBT Elders
- ⁸ Williams Institute, UCLA School of Law, “LGBT Data and Demographics”, www.williamsinstitute.law.ucla.edu, retrieved
- ⁹ Arizona Department of Economic Security, Homeless Coordination Office, Annual Report: Homeless in Arizona, December 31, 2016.
- ¹⁰ Unless noted otherwise, Refugee information was provided by the Pew Research Center and the United States Department of State, Refugee Processing Center.
- ¹¹ Alzheimer’s Association, “2018 Alzheimer’s Disease Facts and Figures Report”, www.alz.org.
- ¹² Family Caregiver Alliance, “*Caregiver Statistics: Demographics*,” www.caregiver.org.
- ¹³ Bureau of Labor Statistics, “*Unpaid Eldercare in the United States – 2015-16: Data from the American Time Use Study*”, www.bls.gov.
- ¹⁴ American Association of Youth Caregivers, “Key Findings”, 2017, www.aacy.org.

Arizona State Plan on Aging 2019-2022

Appendix H-1: Focus Group Meeting Schedule

Four *State Plan on Aging* public focus group meetings were held at the following locations:

| Counties | Date & Time | Location | Attendees |
|---------------------------------|-------------------|--|-----------|
| Pima County PSA Region 2 | November 14, 2017 | El Rio Neighborhood Center 1390 W. Speedway Tucson, AZ 85745 | 40 |
| Maricopa County PSA Region 1 | November 28, 2017 | Helen Drake Senior Center 7600 N 27 th Avenue Phoenix, AZ 85051 | 8 |
| Yuma County PSA Region 4 | November 30, 2017 | Yuma Main Library Conference Room 2951 S. 21 st Drive Yuma, AZ 85361 | 27 |
| Yavapai County PSA Region 3 | February 2, 2018 | Yavapai College 1100 E. Sheldon Street Bldg. 3, Room 119 Prescott, AZ 86301 | 19 |

Arizona State Plan on Aging 2019-2022

Appendix H-2: Analysis of DAAS Focus Groups

State Plan Focus Group #1

Tucson – El Rio Neighborhood Center

Tuesday, November 14, 2017

Number of Participants: 40

1. In addition to seniors how many of you are:

- Seniors: 15
- Caregivers : 7
- Service providers: 10
- Other: 8 (non-seniors, interested persons)

2. When determining your need for services and the availability of support services and programs, how do you find the information?

- Computer
- Senior Center
- Direct phone contact with senior center

3. What barriers to you encounter, if any?

- Lack of computer knowledge or how to navigate through programs
- Not sure what information is available, where to look or who to ask for it
- Services are not advertised enough where individuals can find it (newspaper, radio)
- Too much emphasis on using computer to find information

4. For those of you who use computers, have your used the AZLinks.gov website? Do you find it easy to navigate? What would make it better?

- It would be easier if there were fewer pages to click through on the websites

5. In general, how do you prefer to receive information about support programs and services? What is the most effective?

- Caregiver
- Family member(s)
- Keep on hand a list of important numbers
- Case managers
- Hospitals. (create a ready resource for hospitals to give to patients and family members)

6. What are the support services that you feel are the most vital to you and other seniors?

- Meal programs
- Transportation Programs
- Home care services

7. In your opinion, what services are lacking or have barriers that could better assist seniors in remaining in their homes?

- Medicare is restrictive
- Decreased number of Primary Care Provider (PCP) coverage. Not sure who does and who does not accept coverage
- PCP and/or their assistants, or someone in the medical organization needs to keep their finger on where to send patients with specialized needs
- A lack of physicians who deal specifically with the aging population
- More translators in aging services to aid with the language barriers that exist for some

8. As we look ahead over the next few years, it is estimated that 10,000 Boomers will turn 65 each day for the next decade, how do you feel aging services organizations should be evolving to meet those needs? For instance, how meals are delivered (not in congregate sites, but more like cafes)?

- Tucson has changed kitchen and meal delivery system using a more farm to table approach
- More salad bars available
- More consistency between programs
- Transportation
- Aging services agencies should send more representatives to senior centers to update seniors on available services and programs

9. Of those who identified as caregivers, what issues or concerns do you have about caregiving?

- Caregivers are not paid enough money
- Family members are at times absent when developing a caregiving plan and there needs to be more unity with the caregiver, family member(s) and client
- Increase and partner with education for respite care

10. What are your biggest concerns as seniors/caregivers/etc.?

- Housing (i.e., very expensive, no room for family)
- Need more affordable apartments
- Senior homelessness
- Issues with bedbugs (furniture has to be disposed)
- Pet care. Lack of services to care for pets while seniors are hospitalized
- Discrimination due to gender and/or sexual preference
- Need housing that is affirmative and gay friendly
- Transportation / how the fares are paid

11. What can the state do better to assist with these issues?

- Increase funding to service providers

12. Questions/Comments:

- The area agency acknowledges that there are issues with transportation, and that the issue is challenging, but they are continuing to work on ways to resolving them
- Make resources for LGBT individuals more readily available

State Plan Focus Group #2

Phoenix – Helen Drake Senior Center

Tuesday, November 28, 2017

Number of Participants: 8

1. In addition to seniors how many of you are:

- Seniors: 0
- Caregivers: 0
- Service providers: 8
- Other: 0

NOTE: Due to the absence of older adults at this forum the questions were altered slightly to address older adult needs through the perspective of the service providers.

2. When determining your need for services and the availability of support services and programs, where do seniors find the information?

- Children go on line and provide the individual with information
- Family caregivers do the research
- Doctors or medical providers supply some of the information
- Radio/TV/health fairs
- Word of mouth from friends and family
- Senior Centers or Area Agencies on Aging

3. What barriers do they encounter, if any?

- Physicians are not knowledgeable enough to provide complete information. They should be educated to know more about services and providers. Every office should have a point person.
- Many seniors are unaware of events or information because they are isolated from other people.
- There is not enough door to door transportation available for seniors. Dial-a-ride and Uber do not go door-to-door, and it is often difficult for seniors to spend long periods of time in a transportation van.

4. For those seniors who use computers, have you used the AZLinks.gov website? Do they find it easy to navigate? What would make it better?

- AZLinks is not updated in a timely manner. The information is often out-of-date.

5. In general, how do seniors prefer to receive information about support programs and services? What is the most effective?

- Generally through trusted sources, friends, family, caregivers

6. What are the support services that are the most vital to seniors?

- It depends on the specific needs of each senior, all are important

7. In your opinion, what services are lacking or have barriers that could better assist seniors in remaining in their homes?

- Not all information is available to seniors in a format they know how to use
- Language and sensory barriers
- Not all information should be converted to only on line; there is still a large segment of the population that is not computer literate, and this will change as the Boomers age
- Care for seniors has to come from sources that they trust, such as a good friend or medical provider
- Seniors are on fixed incomes, pensions are not increasing, Social Security is not increasing, yet the cost of care and medication is increasing and forcing many into economic stress

8. As we look ahead over the next few years, it is estimated that 10,000 Boomers will turn 65 each day for the next decade, how should aging services organizations be evolving to meet those needs? For instance, how meals are delivered (not in congregate sites, but more like cafes)?

- Service providers need to keep up with trends and innovation so to better understand and serve the Boomers in all areas, such as transportation, service delivery, and specific home based needs, etc.

9. Of those who work with or act as caregivers, what issues or concerns do you have about caregiving?

- There is a caregiver shortage
- More caregivers will be needed as the Boomers become a larger number of users
- There should be consistency in the training/licensing requirements for caregivers
- Training curriculum is too theory based and should be more hands on
- The cost of training is very high for providers and they have difficulty retaining employees due to the low wages and other opportunities
- Caregivers need a caregiver academy, with funding provided by state or federal governments to train caregivers and reimburse the trainers for their costs
- Mileage and rates charged are not always consistent for tasks performed by caregivers
- Seniors do not feel invested in the programs, and they only want free services, and often cancel appointments which disrupts scheduling

10. What are the biggest concerns for seniors, caregivers or service providers?

- The stagnation of funding is a number one issue for service providers
- The aging population is growing and requiring more services
- The funding hasn't changed in many years
- Regulations and requirements have increased tremendously
- Less people served under the same funding because costs are higher
- Waitlists for services are increasing exponentially and expected to continue to rise

11. What can the state do better to assist with these issues?

- Continue to advocate to the state/federal government that more funding is needed to provide services
- Reduce regulations and rules, more consistency between programs
- Amend the intake process so that those needing immediate services do not languish on the waitlists and lose hope

12. Questions/Comments:

None

State Plan Focus Group #3

Yuma – Main Library Conference Room

Thursday, November 30, 2017

Number of Participants: 27

1. In addition to seniors how many of you are:

- Seniors: 7
- Caregivers: 5
- Service providers:15
- Other:

2. When determining your need for services and the availability of support services and programs, how do you find the information?

- The Area Agency on Aging
- Newspaper/Internet
- Adult Protective Services
- City of Yuma
- AZLinks

3. What barriers to you encounter, if any?

- Not always sure where to go to find the information
- Not all sources know the answers to questions or what services are available by other organizations

4. For those of you who use computers, have you used the AZLinks.gov website? Do you find it easy to navigate? What would make it better?

- IF you are computer savvy it is useful, otherwise if you don't use a computer it is not helpful at all
- The senior's children may use the computer and find the information
- There are sometimes too many levels to navigate in order to find answers to specific questions

5. In general, how do you prefer to receive information about support programs and services? What is the most effective?

- By networking with other seniors
- Area Agency on Aging
- City websites

6. What are the support services that you feel are the most vital to you and other seniors?

- Meals
- Transportation
- Respite for caregivers
- Housekeeping and personal care
- Home services and health care

7. In your opinion, what services are lacking or have barriers that could better assist seniors in remaining in their homes?

- Long-term care services are very expensive
- An acceptance by seniors that they actually need services
- Fear of giving too much information to the government
- Lack qualified caregivers
- Long waitlists for services

8. As we look ahead over the next few years, it is estimated that 10,000 Boomers will turn 65 each day for the next decade, how do you feel aging services organizations should be evolving to meet those needs? For instance, how meals are delivered (not in congregate sites, but more like cafes)?

- Agencies need to understand the changing needs of Boomers and adapt their programming to meet these new needs
- Offer more programming about active lifestyles, rather than bingo and sedentary activities at a senior center

9. Of those who identified as caregivers, what issues or concerns do you have about caregiving?

- Seniors with no family locally to assist them are more reliant on a qualified caregiver workforce, but there are shortages
- Caregiver training is expensive. It is hard to retain good employees.
- There should be a unified training requirements across the board to make it more cost effective
- Raise the caregiver minimum wage. Lower the requirements to get certified
- Better training for Alzheimer's and dementia related diseases for caregivers

10. What are your biggest concerns as seniors/caregivers/etc.?

- Low income is more common than ever and many don't meet the "low income" standard, and fall into a gap and are not eligible for services
- Lack of or low funding of senior services with a growing population
- Homelessness for seniors
- Affordable housing, long waitlists
- Rural services difficult and costly to provide
- Isolation, especially in rural areas
- Affordable healthcare and housekeeping assistance

11. What can the state do better to assist with these issues?

- More advocacy is needed for senior services funding
- More partnerships between agencies

12. Questions/Comments:

- Service providers for seniors need to grow their organizations to meet the changing needs of seniors
- There needs to be more awareness to the general public about the underserved and the need for increased funding
- Fixed incomes do not take into account the ever rising healthcare costs and individuals need more services as they age
- The cost of medication is unbelievably high, the donut hole is increasing
- Funding is being cut, affects all agencies and seniors they serve
- Dental care is not readily available and cost not covered
- Seniors are not heard by the politicians and Medicare./Medicaid and Social Security is always in jeopardy, creating stress to seniors about services being cut
- Sedentary lifestyles and poor diets, make a need for more wellness programs
- Homeless veterans with PTSD not receiving adequate care
- Funds are being spent on refugees, Americans should come first
- Seniors are at risk for mental health issues, especially from the lack of socialization and need for nutrition programs
- Greater family advocacy, assisting families in what to look for as parents and older recipients of care age
- More dignified hospice care
- A communal village approach to senior care is needed, that involves the church, the schools and all community agencies to know and understand the needs of the elderly population

State Plan Focus Group #4

Prescott – Yavapai Community College

Friday, February 2, 2108

Number of Participants: 19

1. In addition to seniors how many of you are:

- Seniors: 7
- Caregivers: 2
- Service providers: 10
- Other:

2. When determining your need for services and the availability of support services and programs, how do you find the information?

- Senior Connection website
- Conversations with various people
- Newspapers
- County Health Department
- 211 Referral and Resource Line

3. What barriers to you encounter, if any?

- State and Federal has not prepared properly for the tsunami of Baby Boomers
- Not being made aware of what services are out there

4. For those of you who use computers, have your used the AZLinks.gov website? Do you find it easy to navigate? What would make it better?

- Most had not heard of AZLinks and had no input for the question
- Not used hardly at all

5. In general, how do you prefer to receive information about support programs and services? What is the most effective?

- Newspaper
- Radio
- Flyers/Conversations with friends and other resources

6. What are the support services that you feel are the most vital to you and other seniors?

- Transportation
- Congregate meals
- Caregiver services

7. In your opinion, what services are lacking or have barriers that could better assist seniors in remaining in their homes?

- The AZ Caregiver Coalition respite program is very restrictive. The grant is nice, but not feasible to the area
- Caregiver shortage and the lack of qualified individuals. Proposition 303 has been an issue for caregivers (increase in minimum wage). It is a challenge to hire and keep qualified people as the job is difficult for them and they are not compensated appropriately

8. As we look ahead over the next few years, it is estimated that 10,000 Boomers will turn 65 each day for the next decade, how do you feel aging services organizations should be evolving to meet those needs? For instance, how meals are delivered (not in congregate sites, but more like cafes)?

- There needs to be a new model overall as what is currently in place is NOT working
- Funding is an issue across the board; barely able to meet the needs of the current population with the funds and resources currently available making it hard to look too far into the future

9. Of those who identified as caregivers, what issues or concerns do you have about caregiving?

- Respite is not really an option with the adult day care, due to the restriction of the respite program
- There are not enough caregivers available, who are qualified and they are not paid nearly enough for the work they do

10. What are your biggest concerns as seniors/caregivers/etc.?

- Funding is not sufficient to pay quality caregivers
- Respite program is too restrictive for anyone to utilize
- Funding reductions/stagnation has created a waiting list for services making it difficult to assist those in need

11. What can the state do better to assist with these issues?

- The Arizona Department of Housing could create more senior housing in the area
- Make less restrictions on the programs and services available
- Increase funding for programming
- Plan better for the upcoming number of Baby Boomers entering retirement

12. Questions/Comments:

- What is the status of the Section 8 housing monies meant for Yavapai? ADOH is the block for the housing. DES needs to press ADOH
- Funding for volunteer programs should be available
- There needs to be a center for the blind and the hearing impaired; and certified people to train people with those disabilities
- Concern was shown that the participation for the focus group was small, what could be the causes?
 - Lack of interest by senior citizens
 - Issue not particularly of relevance to seniors
 - Lack of understanding about participation
 - Not advertised adequately
 - Venue may not be been appropriate (senior center, low income housing or meal site)

NOTE: The venues and the focus groups were advertised by the Area Agencies on Aging, through traditional and web-based media for several weeks prior to the meeting; and the location was well suited for person of all ages and/or disabilities. Participation by individuals and groups was not mandated and strictly voluntary.

A participant in the focus group suggested reading the book: The Longevity Economy: Unlocking the World's Fastest-Growing, Most Misunderstood Market by Joseph F. Coughlin as a helpful resource in planning for future needs of the aging population.

Arizona State Plan on Aging 2019-2022

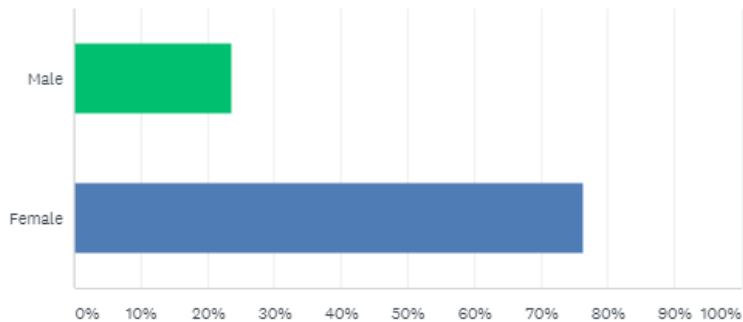
Appendix H-3: Analysis of DAAS On-Line & Paper Surveys

October 24, 2017 through December 17, 2017

1. What is your gender?

Number of responses: 714

Number of Skipped Responses: 1

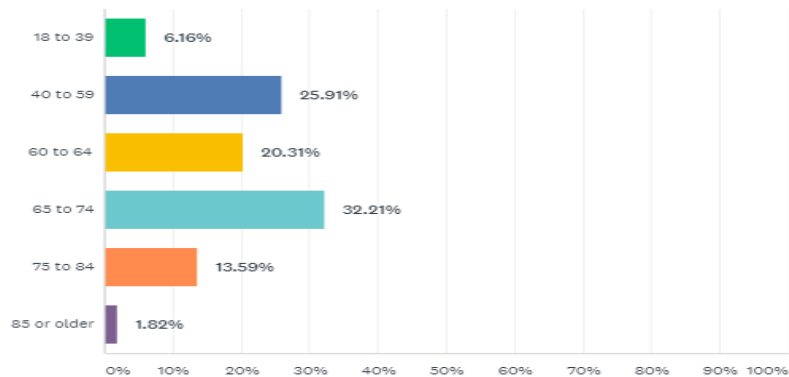


| ANSWER CHOICES | RESPONSES | |
|----------------|-----------|------------|
| ▼ Male | 23.67% | 169 |
| ▼ Female | 76.33% | 545 |
| TOTAL | | 714 |

2. What is your age?

Number of Responses: 714

Number of Skipped Responses: 1



| ANSWER CHOICES | RESPONSES | |
|----------------|-----------|------------|
| ▼ 18 to 39 | 6.16% | 44 |
| ▼ 40 to 59 | 25.91% | 185 |
| ▼ 60 to 64 | 20.31% | 145 |
| ▼ 65 to 74 | 32.21% | 230 |
| ▼ 75 to 84 | 13.59% | 97 |
| ▼ 85 or older | 1.82% | 13 |
| TOTAL | | 714 |

3. What is your Arizona Zip Code?

Number of Responses: 714

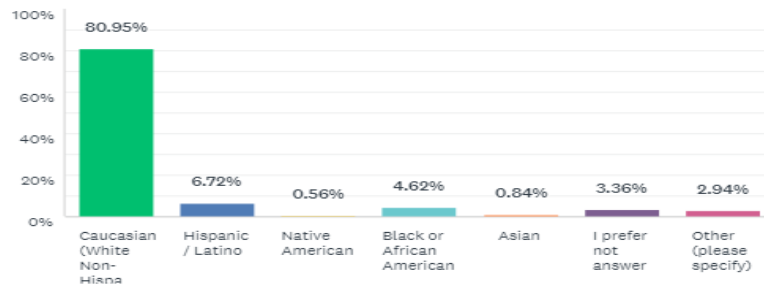
Number of Skipped Response: 1

| County | Number of Responses | Percentage |
|-------------------------------|---------------------|-------------|
| Apache County | 2 | .28% |
| Cochise County | 45 | 6.30% |
| Coconino County | 6 | .84% |
| Gila County | 1 | .14% |
| Graham County | 0 | .00% |
| Greenlee County | 0 | .00% |
| La Paz County | 1 | .14% |
| Maricopa County | 442 | 61.90% |
| Mohave County | 13 | 1.82% |
| Navajo County | 4 | .56% |
| Pima County | 150 | 21.02% |
| Pinal County | 10 | 1.40% |
| Santa Cruz | 5 | .70% |
| Yavapai County | 28 | 3.92% |
| Yuma County | 7 | .98% |
| Total Online Responses | 714 | 100% |

4. Which of the following describes your ethnicity?

Number of Responses: 714

Number of Skipped Responses: 1

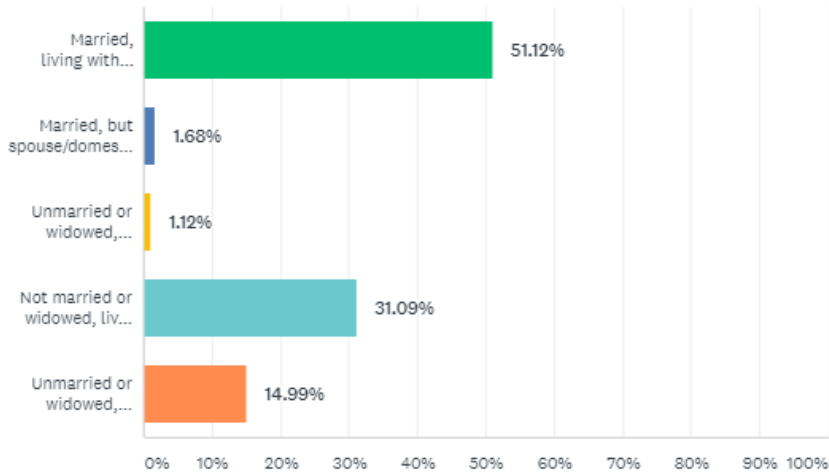


| ANSWER CHOICES | RESPONSES | |
|----------------------------------|-----------------|------------|
| ▼ Caucasian (White Non-Hispanic) | 80.95% | 578 |
| ▼ Hispanic / Latino | 6.72% | 48 |
| ▼ Native American | 0.56% | 4 |
| ▼ Black or African American | 4.62% | 33 |
| ▼ Asian | 0.84% | 6 |
| ▼ I prefer not answer | 3.36% | 24 |
| ▼ Other (please specify) | Responses 2.94% | 21 |
| TOTAL | | 714 |

5. Please select the option that best describes your living arrangement.

Number of Responses: 714

Number of Skipped Responses: 1

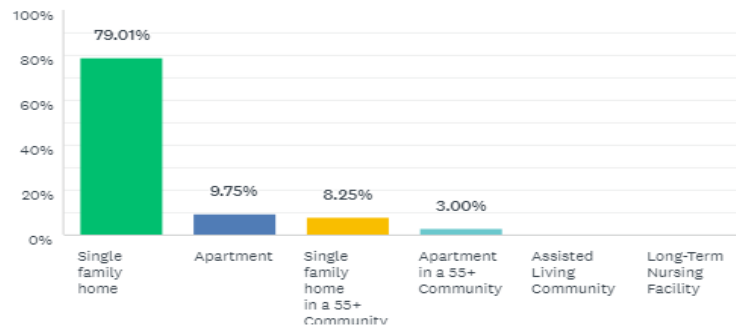


| ANSWER CHOICES | RESPONSES |
|---|------------|
| Married, living with spouse/domestic partner, in our home | 51.12% 365 |
| Married, but spouse/domestic partner lives elsewhere (such as a assisted living or long-term nursing care facility) | 1.68% 12 |
| Unmarried or widowed, (without spouse) or Married (with Spouse/domestic partner), But I live in an assisted living or long-term nursing facility. | 1.12% 8 |
| Not married or widowed, living alone | 31.09% 222 |
| Unmarried or widowed, (without spouse) or Married (with spouse/domestic partner), living with other individuals in same house. | 14.99% 107 |

6. What type of housing do you live in? (Select one).

Number of Responses: 667

Number of Skipped Responses: 46



| ANSWER CHOICES | RESPONSES |
|---------------------------------------|------------|
| Single family home | 79.01% 527 |
| Apartment | 9.75% 65 |
| Single family home in a 55+ Community | 8.25% 55 |
| Apartment in a 55+ Community | 3.00% 20 |
| Assisted Living Community | 0.00% 0 |
| Long-Term Nursing Facility | 0.00% 0 |
| TOTAL | 667 |

7. The following are my concerns regarding the long-term care or assisted living facility in which my spouse lives.

Number of Responses: 70

Number of Skipped Responses: 649

| ANSWER CHOICES | RESPONSES |
|---|-----------|
| ▼ I am concerned about my own safety and well-being or that of my spouse. | 17.14% 12 |
| ▼ I am concerned about the quality of care that I or my spouse are receiving. | 12.86% 9 |
| ▼ I am concerned that the staff does not listen to me (or my spouse) in regard to his/her needs. | 8.57% 6 |
| ▼ I am concerned about the cleanliness and care of the facility. | 12.86% 9 |
| ▼ I am concerned about the cost and billing. | 28.57% 20 |
| ▼ I am concerned about waiting lists and availability of services. | 15.71% 11 |
| ▼ I have no concerns an am satisfied with my care or the care my spouse receives and the condition of the facility. | 18.57% 13 |
| ▼ Other (please specify) Responses | 47.14% 33 |

Note: "Other" comments received reiterated same concerns or irrelevant responses not related to question.

8. How many people live in your household? (Include yourself and any other people who live with you.)

Number of Responses: 14

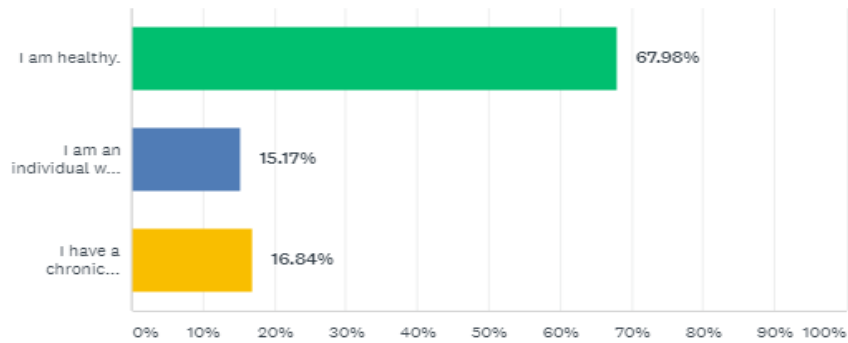
Number of Skipped Responses: 699

| ANSWER CHOICES | RESPONSES |
|----------------|-----------|
| ▼ 1 | 14.29% 2 |
| ▼ 2 | 50.00% 7 |
| ▼ 3 | 7.14% 1 |
| ▼ 4 | 7.14% 1 |
| ▼ 5 or more | 21.43% 3 |
| TOTAL | 14 |

9. Which of the following describes your health? (Select one).

Number of Responses: 659

Number of Skipped Responses: 54



| ANSWER CHOICES | RESPONSES | |
|---|-----------|------------|
| ▼ I am healthy. | 67.98% | 448 |
| ▼ I am an individual with a disability. | 15.17% | 100 |
| ▼ I have a chronic illness. | 16.84% | 111 |
| TOTAL | | 659 |

10. Which of the following describes you? (Select all that apply).

Number of Responses: 659

Number of Skipped Responses: 54

| ANSWER CHOICES | RESPONSES | |
|--|-----------------|-----|
| ▼ Refugee | 0.00% | 0 |
| ▼ Combat Veteran | 4.25% | 28 |
| ▼ Lesbian/Gay/Bisexual/Transgender | 11.99% | 79 |
| ▼ Holocaust Survivor | 0.30% | 2 |
| ▼ Survivor of a traumatic natural disaster | 1.82% | 12 |
| ▼ Survivor of a traumatic event | 12.75% | 84 |
| ▼ Caregiver | 18.06% | 119 |
| ▼ None of these apply. | 58.73% | 387 |
| ▼ None of these apply. | 0.00% | 0 |
| ▼ Other (please specify) | Responses 0.00% | 0 |
| Total Respondents: 659 | | |

11. Which issues facing aging Lesbian/Gay/Bisexual/Transgender citizens is in your opinion, are of the greatest concern? (Select all that apply).

Number of Responses: 74

Number of Skipped Responses: 639

| ANSWER CHOICES | RESPONSES | |
|--|------------------|-----------|
| ▼ Need for more non-discriminatory, affordable LGBT friendly housing. | 22.97% | 17 |
| ▼ Advocacy for LGBT issues in medical facilities and long-term / assisted living facilities. | 16.22% | 12 |
| ▼ Need for awareness and training of LGBT issues for medical facilities staff. | 9.46% | 7 |
| ▼ Need for educational programs for general awareness of LGBT issues facing aging citizens. | 16.22% | 12 |
| ▼ Education and awareness of legal and financial issues associated with LGBT aging citizens | 12.16% | 9 |
| ▼ Other (please specify) | Responses 22.97% | 17 |
| TOTAL | | 74 |

Note: Survey mistakenly only allowed for one choice, comments received indicated 17 responses that stated “all of the above as an option.”

12. I provide/provided unpaid care for (select all that apply).

Number of Responses: 99

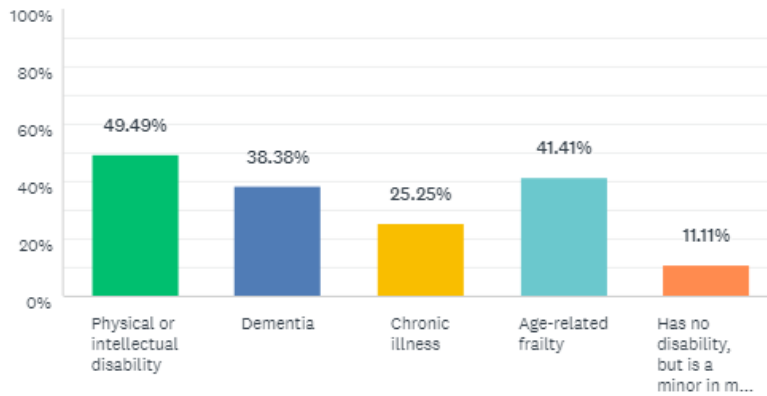
Number of Skipped Responses: 614

| ANSWER CHOICES | RESPONSES | |
|---|-----------|----|
| ▼ A family member or friend who lives with me under the age of 18 | 11.11% | 11 |
| ▼ A family member or friend who lives with me between the ages of 19 and 59 | 11.11% | 11 |
| ▼ A family member or friend who lives with me over 60 | 81.82% | 81 |
| Total Respondents: 99 | | |

13. This person or persons has / had (Select all that apply).

Number of Responses: 99

Number of Skipped Responses: 614

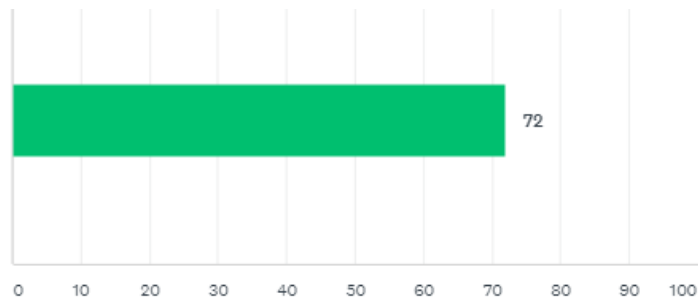


| ANSWER CHOICES | RESPONSES |
|---|-----------|
| Physical or intellectual disability | 49.49% 49 |
| Dementia | 38.38% 38 |
| Chronic illness | 25.25% 25 |
| Age-related frailty | 41.41% 41 |
| Has no disability, but is a minor in my care. | 11.11% 11 |
| Total Respondents: 99 | |

14. Indicate the importance of respite (the ability to take a break from caregiving duties) is to you.

Number of Responses: 98

Number of Skipped Responses: 615

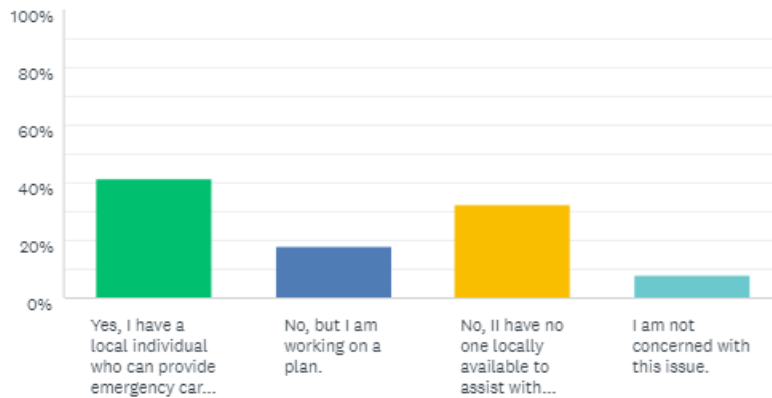


| ANSWER CHOICES | AVERAGE NUMBER | TOTAL NUMBER | RESPONSES |
|-----------------------|----------------|--------------|-----------|
| Responses | 72 | 7,055 | 98 |
| Total Respondents: 98 | | | |

15. As a Caregiver, do you have a local immediate alternate (or back-up) caregiver in the event you experience an emergency that prohibits you from providing care to your recipient?

Number of Responses: 99

Number of Skipped Responses: 614

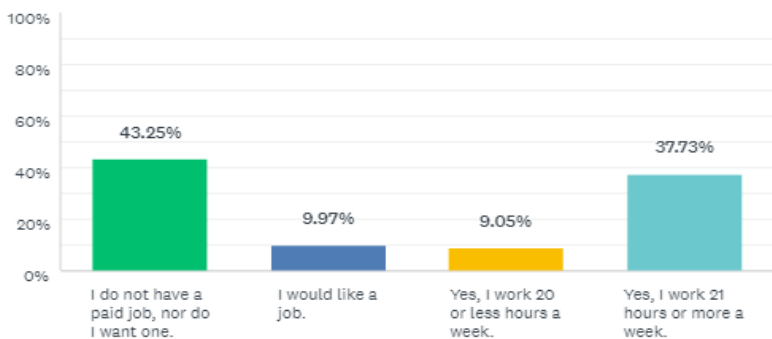


| ANSWER CHOICES | RESPONSES |
|--|-----------|
| Yes, I have a local individual who can provide emergency care in my absence. | 41.41% 41 |
| No, but I am working on a plan. | 18.18% 18 |
| No, I have no one locally available to assist with emergency care. | 32.32% 32 |
| I am not concerned with this issue. | 8.08% 8 |
| TOTAL | 99 |

16. What is your employment status? (Select one).

Number of Responses: 652

Number of Skipped Responses: 61

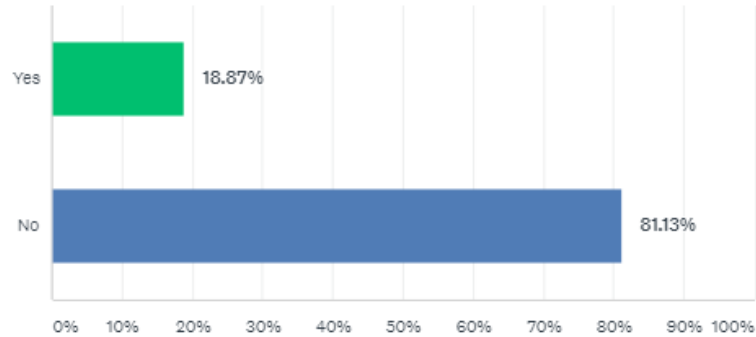


| ANSWER CHOICES | RESPONSES |
|--|------------|
| I do not have a paid job, nor do I want one. | 43.25% 282 |
| I would like a job. | 9.97% 65 |
| Yes, I work 20 or less hours a week. | 9.05% 59 |
| Yes, I work 21 hours or more a week. | 37.73% 246 |
| TOTAL | 652 |

17. Are you aware of the federally funded Senior Community Service Employment Program (SCSEP) available to assist low-income individuals who are employed and have poor employment prospects, find part-time, work-based training opportunities?

Number of Responses: 52

Number of Skipped Responses: 660



| ANSWER CHOICES | RESPONSES |
|----------------|-----------|
| Yes | 18.87% 10 |
| No | 81.13% 43 |
| TOTAL | 53 |

18. Have you used any of the following FREE services in the last four (4) years? (Select all that apply).

Number of Responses: 550

Number of Skipped Responses: 163

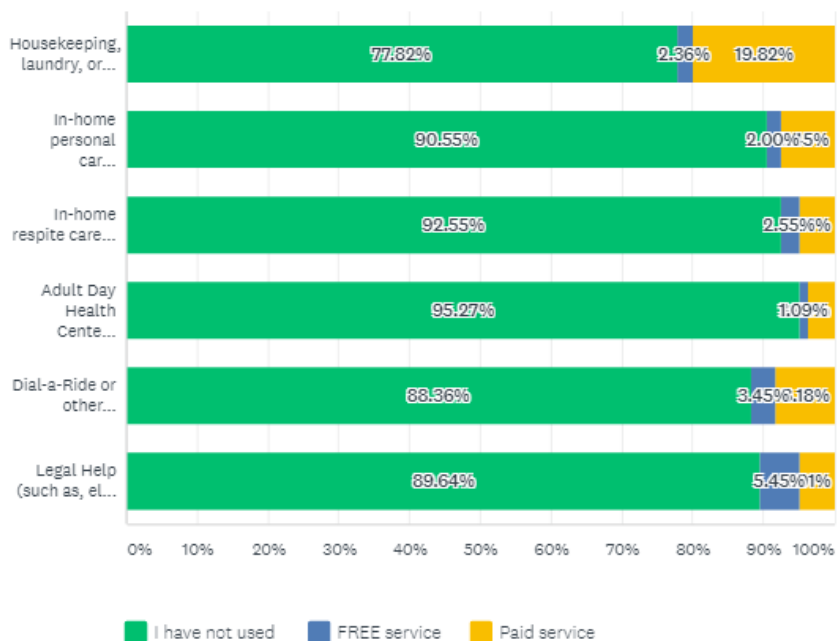
| ANSWER CHOICES | RESPONSES |
|--|--------------------|
| Meal at a senior center or community center | 7.64% 42 |
| Home delivered meals (Meals on Wheels) | 1.82% 10 |
| Health promotion activity or class, such as Silver Sneakers, Matter of Balance, etc. | 14.36% 79 |
| Support Group | 12.18% 67 |
| Caregiver training | 9.09% 50 |
| Medicare Help Line (SHIP) | 4.55% 25 |
| Long-term care Ombudsman | 2.36% 13 |
| Senior Community Service Employment Program (SCSEP) | 0.00% 0 |
| I have not used any of these services. | 63.27% 348 |
| Other (please specify) | Responses 7.45% 41 |
| Total Respondents: 550 | |

Note: Other responses indicated local and specific services being utilized by seniors in their respective locations. Three responses indicated frustration/displeasure with the SHIP or Ombudsman program stating it was not helpful.

19. If you have used any of the following services in the last four (4) years, indicate whether or not they were free or fee-based.

Number of Responses: 550

Number of Skipped Responses: 163

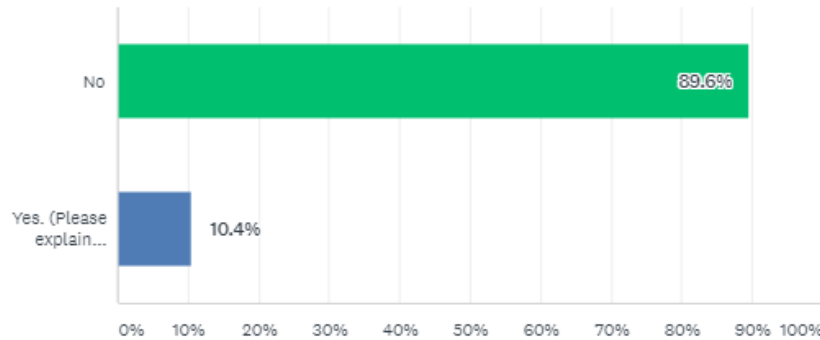


| | I HAVE NOT USED | FREE SERVICE | PAID SERVICE | TOTAL |
|---|-----------------|--------------|---------------|-------|
| Housekeeping, laundry, or meal assistance | 77.82% 428 | 2.36% 13 | 19.82% 109 | 550 |
| In-home personal care, including assistance with bathing and dressing, etc. | 90.55% 498 | 2.00% 11 | 7.45% 41 | 550 |
| In-home respite care to provide a break for a family caregiver | 92.55% 509 | 2.55% 14 | 4.91% 27 | 550 |
| Adult Day Health Center for your loved one | 95.27% 524 | 1.09% 6 | 3.64% 20 | 550 |
| Dial-a-Ride or other Transportation assistance | 88.36% 486 | 3.45% 19 | 8.18% 45 | 550 |
| Legal Help (such as, elder abuse or scam questions) | 89.64% 493 | 5.45% 30 | 4.91% 27 | 550 |

20. Are you receiving any type of financial aid or resources that enables you to remain independent in your home?

Number of Responses: 548

Number of Skipped Responses: 165

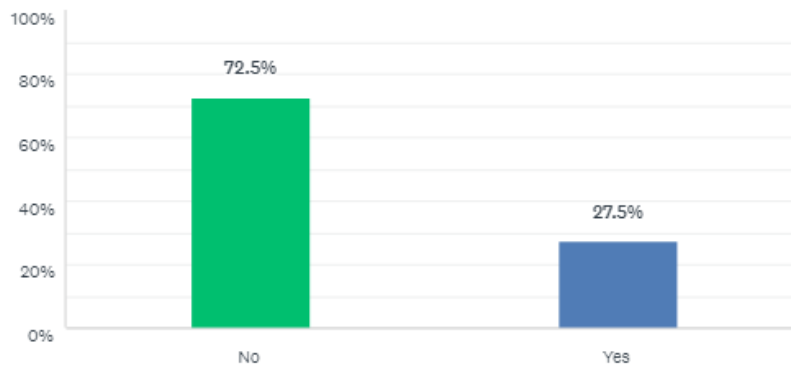


Note: Respondents indicated that they had received Social Security, SSI, Food Stamps, Nutrition Assistance, Medicaid, ALTCS, personal funding, retirement funds, and some still working to pay bills.

21. Are you aware of the State Health Insurance Assistance Program (SHIP) hotline which provides free benefits counseling for Medicare beneficiaries and their families or caregivers?

Number of Responses: 549

Number of Skipped Responses: 164



22. If you need assistance to live independently at home, where is the FIRST place you would seek help? (Select only one).

Number of Responses: 550

Number of Skipped Responses: 163

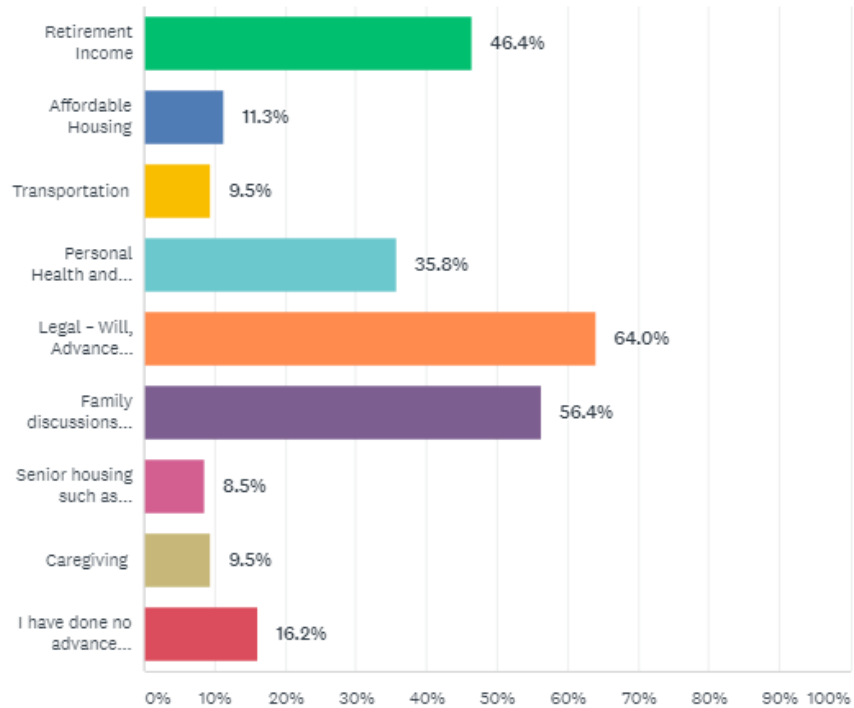
| ANSWER CHOICES | RESPONSES |
|--|------------|
| Family member | 26.0% 143 |
| Primary care physician | 8.2% 45 |
| Place of worship | 2.5% 14 |
| Friend or a neighbor | 8.2% 45 |
| Internet | 14.7% 81 |
| Local nonprofit | 4.5% 25 |
| Public library | 0.0% 0 |
| Local Area Agency on Aging | 26.4% 145 |
| Local Government Agency | 4.5% 25 |
| Newspaper / Radio / Television | 0.0% 0 |
| Other (please specify) Responses | 4.9% 27 |
| TOTAL | 550 |

NOTE: Respondents answering “Other” indicated that they would seek information from specific medical/care providers; financial advisor, Veterans Assistance, or ALTC/AHCCCS. Several indicated that they had no idea where they would begin to seek assistance, and several commented that they didn’t qualify for any programs and were turned down / and questioned the usefulness of the SHIP program.

23. Have you done any advanced planning in any of the following areas? (Select all that apply).

Number of Responses: 550

Number of Skipped Responses: 164

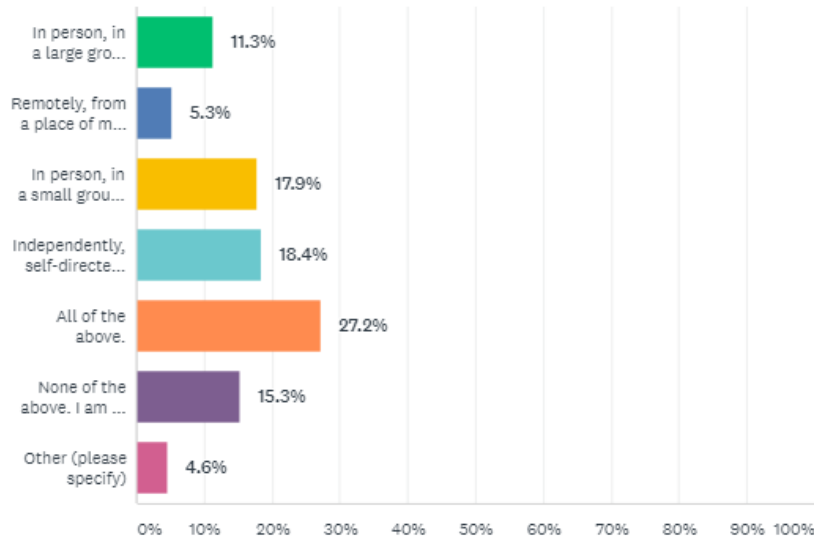


| ANSWER CHOICES | RESPONSES |
|--|-----------|
| Retirement Income | 46.4% 255 |
| Affordable Housing | 11.3% 62 |
| Transportation | 9.5% 52 |
| Personal Health and Wellness | 35.8% 197 |
| Legal - Will, Advance Directives, Power of Attorney | 64.0% 352 |
| Family discussions about end of life personal preferences | 56.4% 310 |
| Senior housing such as independent living, assisted living, or memory care | 8.5% 47 |
| Caregiving | 9.5% 52 |
| I have done no advance planning for the future. | 16.2% 89 |
| Total Respondents: 550 | |

24. Select the option that most closely resembles how you would prefer to participate in aging programs.

Number of Responses: 548

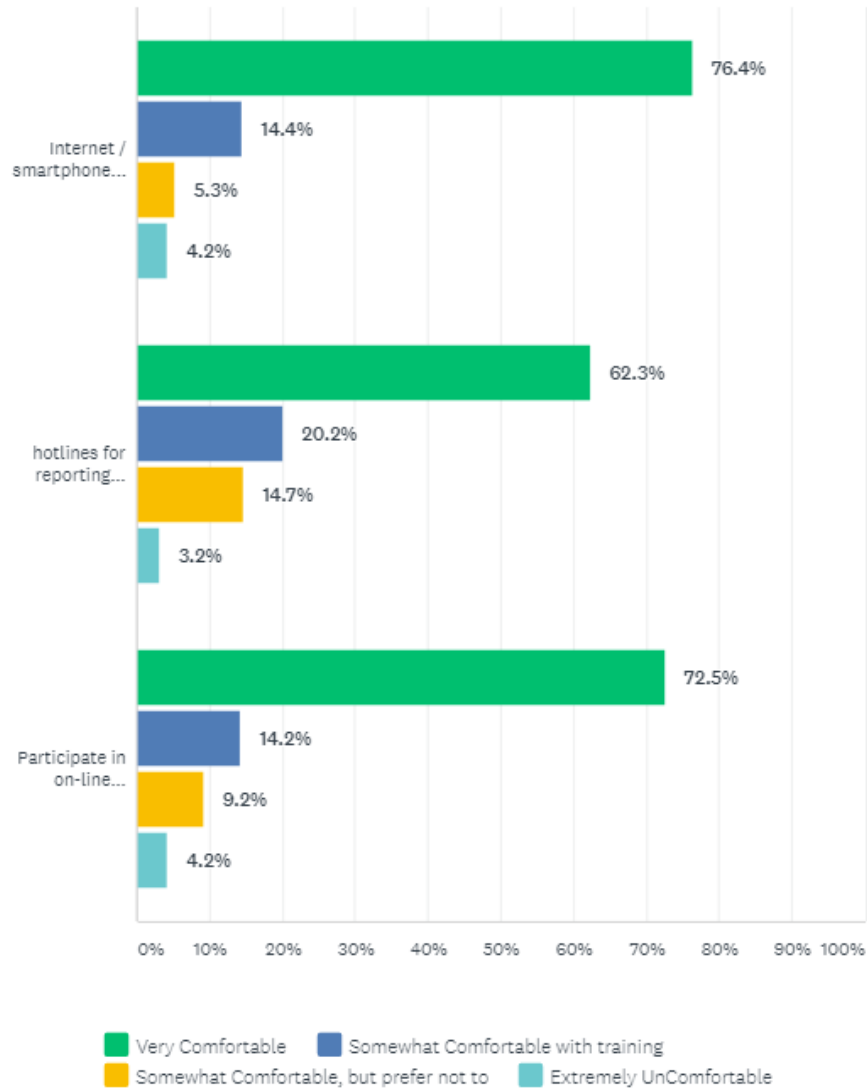
Number of Skipped Responses: 165



| ANSWER CHOICES | RESPONSES |
|---|------------|
| ▼ In person, in a large group setting in a traditional "senior" community center. | 11.3% 62 |
| ▼ Remotely, from a place of my choice via an Internet based program, such as Skype or Facetime | 5.3% 29 |
| ▼ In person, in a small group setting in a public non-traditional setting such as a cafe or park | 17.9% 98 |
| ▼ Independently, self-directed using materials from provider via Internet or postal service. | 18.4% 101 |
| ▼ All of the above. | 27.2% 149 |
| ▼ None of the above. I am not interested in participating in any program. I will find my own information. | 15.3% 84 |
| ▼ Other (please specify) Responses | 4.6% 25 |
| TOTAL | 548 |

Note: Respondents answering "Other" indicated that the selection for delivery depended on the situation and were unable to select a response. Other responses were general comments, not related to the question asked.

25. In regard to information gathering, how comfortable are you to:
 Number of Responses: 547
 Number of Skipped Responses: 166



| | VERY COMFORTABLE | SOMEWHAT COMFORTABLE WITH TRAINING | SOMEWHAT COMFORTABLE, BUT PREFER NOT TO | EXTREMELY UNCOMFORTABLE | TOTAL RESPONDENTS |
|---|------------------|------------------------------------|---|-------------------------|-------------------|
| Internet / smartphone sites | 76.4% 418 | 14.4% 79 | 5.3% 29 | 4.2% 23 | 547 |
| hotlines for reporting abuse/scam or requesting information | 62.3% 331 | 20.2% 107 | 14.7% 78 | 3.2% 17 | 531 |
| Participate in on-line activities, such as surveys or classes | 72.5% 393 | 14.2% 77 | 9.2% 50 | 4.2% 23 | 542 |

26. In terms of aging or disabilities, what is your biggest concern?

Number of Responses: 506

Number of Skipped Responses: 207

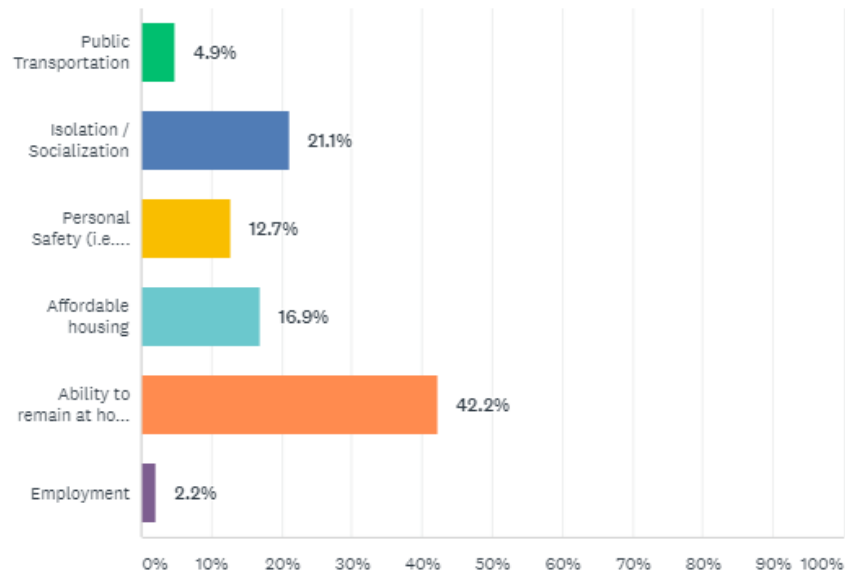
| Issue/Concern | Responses |
|--|------------------|
| Finances/Retirement Funds Lasting/Outliving money | 98 |
| Being able to age in place/ live independently | 77 |
| Health Failing/Losing use of senses/ Death | 65 |
| Dementia/Alzheimer's/Memory Issues | 34 |
| The Cost of Healthcare | 30 |
| Isolation/Loneliness/Family being nearby | 29 |
| Loss of Mobility/Disability/Driving | 22 |
| Availability and Cost of At Home Services | 19 |
| Transportation/Availability/Cost / Alternatives to Driving | 19 |
| Quality Facilities/Competent Staff/Competent Care | 19 |
| Availability of Clean, Affordable Housing/ Vulnerable Population Housing | 18 |
| Concerned about Another's health/situation | 14 |
| Caregiving issues/Being a Caregiver | 13 |
| Resources/ Government Funding of Programs/Availability to Vulnerable | 13 |
| Cost of Health Insurance/Availability | 11 |
| Falling/Stroke/Debilitating Disease | 10 |
| Personal Financial/Scam Safety | 10 |
| Coverage for Hearing Aids, Dentistry, mobility devices | 8 |
| Death of Spouse/Friends | 6 |
| Depression/Mental Health Issues/Support | 5 |
| Caregiver Assistance/Training/Respite | 4 |
| Legal Issues/ End of Life Decisions/Wills | 3 |
| Availability of Adult Day Care | 1 |
| Hoarding | 1 |
| Personal Physical Safety / at Home/ on Streets / Vulnerable Populations | 1 |
| Homelessness | 1 |
| General Aging issues | 1 |
| Care for Pets and Animals | 1 |

Note: The Responses are skewed due to multiple responses from several participants. All concerns were noted and tabulated for a complete disclosure of survey participant responses.

27. Of the following issues, which do you feel is the most important with regards to aging and disabilities to the community?

Number of Responses: 550

Number of Skipped Responses: 163

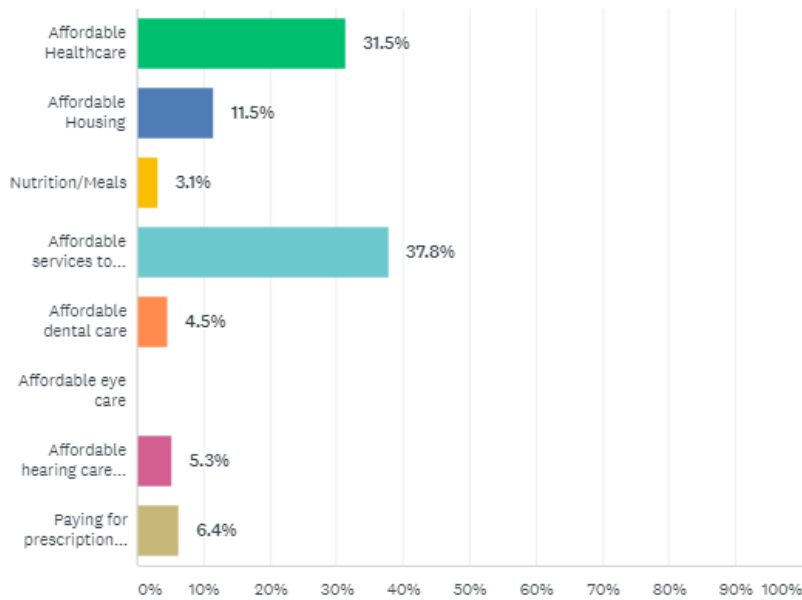


| ANSWER CHOICES | RESPONSES |
|---|------------|
| Public Transportation | 4.9% 27 |
| Isolation / Socialization | 21.1% 116 |
| Personal Safety (i.e., physical safety, financial scams, and abuse) | 12.7% 70 |
| Affordable housing | 16.9% 93 |
| Ability to remain at home (aging in place) | 42.2% 232 |
| Employment | 2.2% 12 |
| TOTAL | 550 |

28. Of the following issues facing aging and disabled individuals, which do you feel is the most important?

Number of Responses: 550

Number of Skipped Responses: 163



| ANSWER CHOICES | RESPONSES | |
|---|-----------|------------|
| ▼ Affordable Healthcare | 31.5% | 173 |
| ▼ Affordable Housing | 11.5% | 63 |
| ▼ Nutrition/Meals | 3.1% | 17 |
| ▼ Affordable services to remain at home | 37.8% | 208 |
| ▼ Affordable dental care | 4.5% | 25 |
| ▼ Affordable eye care | 0.0% | 0 |
| ▼ Affordable hearing care and devices | 5.3% | 29 |
| ▼ Paying for prescription medication | 6.4% | 35 |
| TOTAL | | 550 |

29. If you would like to provide any general comments, please do so here.

Number of Responses: 184

Number of Skipped Responses: 529

NOTE: Responses in this section are presented as received by survey participants and have not been edited.

| |
|--|
| I can't choose just one of the most important reasons, it's more like all the above. I'm a caregiver, I'm aware of everything that's important to my husband ie Health Neil living conditions transportation financial responsibilities. It all encompasses the same answer of how important it is |
| I would go back to#24 and suggest the need for affordable total care for those with dementia and Alzheimer's. My mother recently died of advanced dementia. She had about 3 months of income before exhausting her savings. These are our most vulnerable adults in our society. This population continues to grow and our healthcare system has turned from addressing this huge and widely ignored population. |
| At the ages of 37 and 39, my husband welcomed his 86 year old widowed, disabled father into our home. We had two sons ages 14 and 8 at the time. My father-in-law lived with us for four years. We were his full time care givers. |
| I can't afford Dental Insurance. Due to PTSD, I have not seen a dentist for 12 years and need two root canals and teeth cleaned. |
| I worked as RN with AHCCCS ALTC's for 8 years determining medical eligibility and fraud and abuse. Think independent transitional living facilities are great but unaffordable for many elderly. Therefore need more services to keep people in homes and better monitoring of nursing homes. |
| Affordable housing and transportation are a big concern for the aging population today, not only for the aging but everyone. Debt to Income ratio is unrealistic and forces people to live in conditions that are not acceptable, healthy and well rounded. We pay almost 1300 for our home, my parents had to move in because they were paying 770 for a one bedroom that had mold, broken appliances, chipped paint, bugs and more. I don't know what is happening to our great State, but clearly no one cares to make sure that where people lay their heads are clean, comfortable and welcoming. And now my parents have no where to go because no one is keeping their apartments clean, yet they want to charge an arm and a leg just to live. Someone has to get a good grip on these Leasing Communities and hold them accountable. They shouldn't keep the "rich" areas nice and the rest are trash, yet they want their money every month. Please someone has to say something. The landlord tenant organization doesn't really help to punish Slum Landlords!! They need to be accountable for not maintaining the apartment homes! if tenants must pay on time, they should have a nice place to live. |
| We need adult day care services in Maricopa |
| quality of food should be free of ingredients that cause cancer and toxins |
| I worry constantly about the cost of respite care providers. |

| |
|--|
| <p>SPECIFIC: As a quadriplegic, my husband has been unable to access health care that more able individuals can have. There are barriers that prevent his appropriate care at every turn. There are no apologies, just NO, not him, not here, we don't do that, can't help, sorry. This segment of the population is routinely denied the ordinary care they need and there doesn't seem to be a problem seen by county, state, or federal programs that gladly pay for the care of others, not him or others like him. SPECIFIC: There are no information programs to inform and train even the most "advanced" healthcare entities or individuals on the most basic needs and conditions of quadriplegics. They may have certifications, licenses, lots of letters behind their names, but this area of medical knowledge is beyond many who make decisions about whatever care they will provide. This is sickening, because such individuals doubt and question caregivers or family members who live with their disabled loved one, and who have been educated and learned first hand of the secondary conditions that can end the life of a quad or a para very quickly if not handled properly. These issues and conditions and their complications are easily dismissed and ignored. SPECIFIC: The fact that there is dogged insistence that some of these agencies and offices really do assist an earnest, deserving individual with several referrals and many needs is, to me, laughable. Eventually the referral or the need for contact just peters out due to an inability or ignorance to provide any meaningful information or assistance. There isn't enough curiosity or knowledge to actually respond in any helpful way or to provide the service that is expected and that these places are set up to help with. There is no apparent administration or supervision, no higher authority, just dismissal. SHIP, QIO, MAXIMUS, MEDICARE, Ombudsman. All eventually deny the patient equal, fair treatment because we eventually reach the end limit of the knowledge of those who are making important decisions, usually against the patient. My ears hurt from holding the phone up and calling repeatedly to get assistance, information, guidance, etc., just walls and closed doors.</p> |
| <p>POA for Developmentally Disabled Sister in ALH; Caregiver for a legally blind aging spouse with many health issues; POA for in-laws residing in an Assisted Living facility in another state. Caregiving is the hardest thing I have EVER done. Need more assistance for the caregivers.</p> <p>Help with medicare premiums was stopped retroactively and social security check was over 400 LESS IN ONE MONTH which made it impossible to pay bills and incurred late fees and still trying to catch up. Very upsetting and anxiety.</p> |
| <p>Have the experience over seeing adult care homes.. Have written articles on elder abuse that I have witnessed in Tucson.</p> |
| <p>it makes little sense to just have us list one issue--should at least do a ranking. for ex., why isolate healthcare from eye care, dental, hearing when they are health-related and physical probs need to be dealt with as a whole. Isolation is also linked to affordable housing since many more affordable places don't have transportation so they become isolated</p> |
| <p>Attempting to find financial assistance for my spouse in a group home has been very difficult since his/our portfolio is about gone.</p> |
| <p>Need to provide financial information available for veterans</p> |
| <p>I find getting older and facing loss of abilities I once had extremely difficult.</p> |
| <p>The demented mind is such a challenge for caregivers. They need all the support that can be provided.</p> |
| <p>Healthcare has taken what used to go into a retirement savings. What was in savings went to care for our grandchildren. We plan to work until we die. If we can't work, what will we do then?</p> |
| <p>I have been involved in aging and caregiving issues in AZ & the country for 12+ years. We talk the talk but we are not walking the walk. We ALL must put the attention, efforts and funds into our aging populations that we do into the concerns of our youth, education & future generations. WAKE UP ARIZONA!</p> |
| <p>Issues facing the elderly or disabled really is not just one thing but instead a collaboration of all the issues in the previous questions</p> |

| |
|--|
| Thank you for reaching out to individuals. Please encourage provider agencies to be innovative in developing funded services. |
| Need more aging resources for Yuma County |
| I am a caregiver looking for resources for my father on showers and respite care for myself |
| There is no question I will care for my mother as long as I am able. I simply want to ensure I have support to do the job properly. |
| I need someone who can help me organize my home: throw out, give away and keep items. And then housecleaning is a challenge to stay on top of when the home is disorganized. My disability affects my energy level and can make for many unproductive days. I need someone who can help move furniture around in my home also as part of cleaning and organizing. |
| Regarding the last questions, there could have been more that apply. Healthcare, vision, hear care, meals, staying in your home, safety and transportation. All of these and some not listed are all important. |
| Aging in place, with options for companionship in communities, affordable and accessible transportation seem most important to me. |
| Cable prices, electricity, and rent went up last year and I haven't had an increase in social security since 2014 and it was only about \$20 monthly |
| Affordable housing for people that have social security disability attorneys , and have been in the process of trying to get their disability, yet having to wait up to a couple years just to get a judge to approve it. It would be impossible for most people to be homeless when they have medical issues. I wouldn't even be able to live in a shelter with my problems. Something must be done for people that can prove there are in the process to get SSDI. And emergency housing should be the answer. |
| Concern about cost of independent and assistant living and retirement |
| I pay for commercial healthcare through the Healthcare Marketplace because I have multiple health problems. Paying for insurance premiums, co-pays, co-insurance, and pharmacy items is outrageously expensive. Healthcare is a luxury, when it should be the norm. We need to do something to regulate these costs in this country. |
| I don't always know how to access help that is available and I worry that Donald Trump will take away my options. |
| Access to enough competent medical providers that care for the individual and listen to their individual needs to be able to make appointments within a reasonable time frame. |
| family caregivers get no assistance. How can this be remedied? |
| Ability to stay at home when aging is number one. |
| I hate question #20. All the options were important. Actually, same before that. How can you possibly choose between having affordable healthcare and the others? My mom's teeth are rotten. She now has benefits to extract them, but no denture benefits! Seriously, should she just not eat? Getting quality nutrition can prevent major health issues. Dental, eye care, hearing- these are all medical necessities. Could you live without one of those and still have a quality life? No, I'm betting not. Prescriptions too. There is no choice here. All these things are needed. You can't prioritize them. Moreover, people cost less to care for at home, and they're generally healthier too. Not having programs to support this is insane. We faced all kinds of issues having my mom at home. Keeping her safe from herself was a big issue, but we managed. She felt isolated and became suicidal- there was nothing I could do to help. I couldn't afford adult daycare and transportation to a center. We got her set up with dial-a-ride, so at least getting her to doctor appointments was easier, but she still had no life. She lives in assisted living now, so she has people to talk to, but the quality of care is crap, and they don't follow the activity and event schedules they set up. Plus, she's in her 50s and stuck with people with dementia... she's still mind-numbingly bored. I wish to heck there was a way she could still have a "life." She had a stroke and |

is disabled, and her judgment stinks, but she's still "with it." And, she's basically stuck. Even if I had money to pay for services, nothing is geared toward people who still have many abilities. There aren't enough things available for me to give her any kind of life that resembles normalcy.

Not all public ADA restrooms are created equal. Need better standards.

I am a volunteer for VICAP so work with seniors who need transportation and other assistance.

I feel our society needs to value aging individuals more. We need to make sure there are services available to help them age and die peacefully wherever they prefer to do so. All the help and information should be easily accessible. I have helped an elderly friend who was dying from chronic diseases and it was very difficult to find services for him to be able to meet his basic needs such as assistance with meals, transportation, and cost of utilities, medication, etc. My husband and I did the best we could to help him, but it was not enough as we are also a single income family and raising four young children of our own.

Republican suck regarding health insurance and dental insurance. We need reliable policy so we are safe and know we can afford Medicare and dental plans that can keep our quality of life so we can enjoy life not just exist...and affordable housing...our Senior Pride down here in Tucson offers a monthly group and potlucks I plan to attend to get out of isolation...as we age it is as if nobody cares too much attention on youth and beauty...it would be nice if communities offered us one Symphony concert ticket a year too or super cheap for seniors even in balcony. We need affordable stand a lone good dental plans I will need it once I leave work probably at age 70...who can afford to retire except the rich and politicians who get super good health care and the rest of us suffer?

Absolutely need affordable housing and EVERYTHING else mentioned. It's overwhelming to prioritize when all is important and vital to life.

There is a need for housekeeping for those that live alone

The LGBTQ community has unique issues related to aging. We are in the larger community but not really a part of it in so many ways. The support systems for the general population are not there for this community (except in the fortunate circumstances where one may be able to get it from their faith community) thus we have to turn to one another and while there are the best intentions, we are just not equipped to meet those needs such as grief counseling and isolation.

Shared housing is a great options for our aging population. We don't have any programs here as other states do. Also transportation is vital to getting out and continued funding for programs...

I am deeply concerned about ongoing financial issues. My retirement income is not going to last as long as I had anticipated due to a medical situation which limited my ability to continue to work. I suspect there are many others who experience similar situations. It becomes easy for me to isolate. Historically, I have not been as engaged in the lgbt community as I could have been and many of my friends have passed on

This was difficult to do because of the computer. I like hard copies

Need equal rights in housing, employment and ability to do business. Equal access to services. Don't disqualify people that make \$400 above the FPL per year. Provide AHCCCS for people with high medical bills that have Medicare.

| |
|---|
| It's hard for me to answer these questions, I am only 63 and still active and working. But I do know that I fear almost more than anything, have to live in a nursing facility. I am a very private person, that life would be a nightmare for me. |
| When I talk to other seniors I find that those having problems with affordable housing tend to have most of the other problems. As a member of Southern Arizona Senior Pride it seems to me that this is the case with folks that I meet. |
| i find discrimination here more than in other states |
| Number 23 is difficult to decide because they are ALL important. |
| There are many who are Veterans & the question was only focused on Combat Veterans. There could have been a question toward Veterans. |
| i will be relying on Medicare and social security and if benefits are cut, I will have a tough old age. |
| What is a concern is how many of us seniors are taken advantage of. We are no longer a protected as decades ago. |
| I am worried about the direction our country is heading and the destruction of the safety net. |
| As a geriatric social worker, there are multiple concerns present, affordable housing, isolation, spiritual support, medication management, legal fiduciary. |
| I have been caring for my Mother and Step-Father for the past 2 years. He passed away over a year ago and she is going downhill physically and mentally. I have not been able to work for this time and am on public assistance for food and medical. All of my financial assets are gone. My Mother cannot afford assisted living, and there is no one else to care for her on a daily basis. How can I get financial assistance while caring for my Mother? |
| safe area to live, affordability and job |
| There are many services but are confusing. Often I read on and on, only to find out I don't qualify. |
| Older citizens who must remain in the workforce require specific and often intensive training in computer usage. Computers are a huge stumbling block for many. |
| Scottsdale doesn't participate in lower income housing programs even though they accept funding. They pay other cities to cover their ass. That should be illegal. Billions of \$ wasted in that money laundering scheme. |
| The last question, I really thought all were equally important, but have heard that many elderly people aren't taking their medication as prescribed, because they can't afford to pay for all their medication, especially the really expensive ones! |
| Please help me with my electric |
| Some of the group homes in Surprise are not geared for elderly who are approaching death. They boast that they will care for your loved one but the minute there's a problem, they boot them out. Royal Caribbean and Paradise Life care are two such group homes. Both sold me a bill of goods about how caring and loving they were and both asked me to remove my mother. Paradise rented her room out before I had removed her belongings (this was after one night!!!). Disgraceful - both places. Leave patients in diapers with not enough support staff to change/assist at night. Degrading treatment for an elderly person. |
| Affordable medical insurance |
| I need affordable hearing aids |
| I pay my taxes and am on a fixed income, but when I asked the Agency on Aging for help, they made me pay for a guide to resources. |

| |
|--|
| When I am no longer able to be mobile and mostly independent, I'm gone... |
| The cost of healthcare, including prescription medications threatens all older people |
| Can't walk very well, difficult to shop. |
| Am healthy @ 51, soon to be employed full time. Looking to bring 81 year old mother to AZ to live with me. Concerns are for her care are my area of interest at present. |
| I hire privately; I have just had a very bad experience and would like to know what kind of registries are provided or will be in the future for help for the disabled and elderly? |
| Affordable healthcare is a critical need to maintain, but affordable dental care is also an area of concern. |
| So many of us are aging, and we are living longer. I am very concerned about being able to afford healthcare in the future, due to the rate increases for the elderly, and for those with pre-existing conditions. |
| Elderly need access to free pet care and food. They also need to be able to get affordable dentures. They need to be able to buy toiletries with food stamps. Elder abuse needs to be investigated whether Adult Protective Services thinks the person is disabled or not able to take care of themselves or not. I made a report and because the person can bathe herself etc they did nothing! Useless |
| affordable senior housing is a major issue |
| Need Affordable hearing care and devices (Selection only allowed one) Need to add: home modification services for disability needs |
| Interpretive services for those who do not speak English. More funding for SHIP counsellors |
| The SHIP is an invaluable service that helps so many with so many issues. |
| I cannot afford medical, dental or vision plans in my area. I work and I'm under 60. I need these plans to be healthy & continue to work. |
| Leave Medicare alone. |
| Affordable housing is a critical need now, as is affordable dental, hearing and vision care. |
| ALTCS needs to be reexamined--the 5 year lookback is too long--also, a non-spousal caregiver should not have their house endangered if it is joint ownership and must fear a lien because of ALTCS--terrible! |
| Household repairs and maintenance is critical, as we are unable to afford paying for such services. |
| Housing and health care are most important challenges I see for aging individuals. |
| My mother used a lot of services from Area Agency on Aging and that helped her stay in home longer and also educated her adult children on what to look for as we age more. It was very helpful. |
| Tell government at all levels to quit their financial attacks on senior citizens. |
| Caregiver for spouse at home; developmentally developed sister in Assisted Living Home; and financial POA for sister in law & spouse. Concerned for others who aren't able to provide caregiving services and/or advocacy for themselves or others. |
| We need more affordable housing for seniors |
| Some financial help with cleaning and meals |
| City of Chandler has a wonderful Senior Center and many knowledgeable people to offer help. |
| we do not have enough caregivers to take care of the Baby Boomers and they do not get enough pay |
| It would be helpful to know which services are available to senior citizens. |

| |
|--|
| I am not certain if I answered all the questions correctly. I have personally on long-term disability and I care for my mother At home, who is disabled from several strokes and dementia. For her I have Dial A Ride adult daycare and insufficient respite care for breaks for me. The only additional paid help I can't for me personally is someone that comes in to clean once a month. I hope that helps to clarify things |
| Baby boomers are going to be the next big influx on aging....they will need help. Something must be done to help, and I am not interested in assisted living scams |
| #20 should have had an all apply choice |
| With regard to Question 20, I feel ALL of the categories are very important to seniors. Not all can afford adequate care, other than very basic. |
| I would like to keep Mom home or in a Memory Day Care Mem.Day Care cannot keep Mom 8-5 while I work. I have cut down my remote work and getting behind in order to take care of Mom. I need help w/bathing her, meals, help her get around safely. |
| Ruining our health insurance system, then taking away our tax deduction that helps us pay for it, is criminal. But AZ is silent. Where is the outrage? |
| Extremely concerned with the state's approach towards understanding the realities of providing affordable healthcare to a growing segment of the population. |

30. If you want to be contacted about this survey, please insert your contact information (Optional).

NOTE: Responses to this question are not being released in order to protect the information and identity of those who participated in the survey.

PAPER SURVEY RESULTS

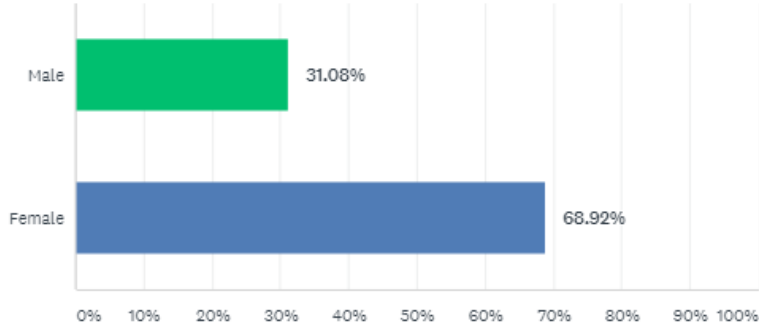
**Survey conducted October 24, 2017
through December 15, 2017**

Analysis of DAAS Paper Survey

October 24, 2017 through December 17, 2018

1. What is your gender?

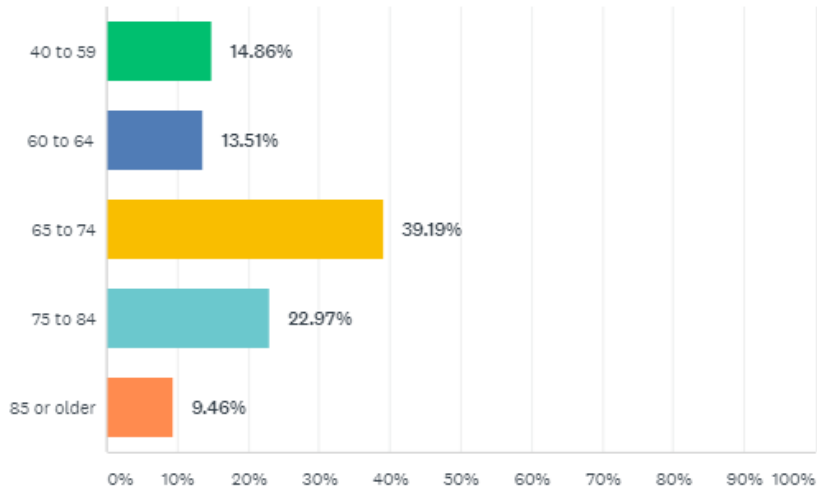
Number of Responses: 74



| ANSWER CHOICES | RESPONSES | |
|----------------|-----------|-----------|
| ▼ Male | 31.08% | 23 |
| ▼ Female | 68.92% | 51 |
| TOTAL | | 74 |

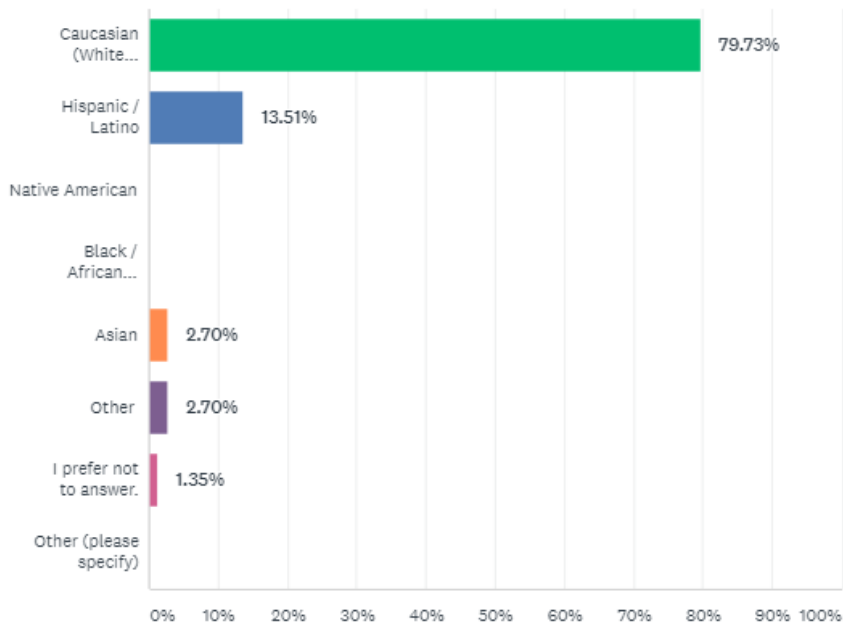
2. What is your age?

Number of Responses: 74



3. Which best describes your ethnicity?

Number of Responses: 74



4. Please select the statements below that apply to you (Check all that apply).

Number of Responses: 74

| ANSWER CHOICES | RESPONSES | |
|--|-----------|-----------|
| ▼ I am a refugee (fleeing Genocide/War zone, etc) | 1.35% | 1 |
| ▼ I am a Combat Veteran (WW2, Korea, Vietnam) | 4.05% | 3 |
| ▼ I am Lesbian/Gay/Bisexual/Transgender. | 0.00% | 0 |
| ▼ I have survived a traumatic natural disaster (flood, earthquake, etc) | 5.41% | 4 |
| ▼ I have survived a traumatic personal event (abuse, crime) | 13.51% | 10 |
| ▼ I am a Holocaust Survivor. | 0.00% | 0 |
| ▼ I am a caregiver of a family member, grandchild, or friend that resides with me. | 16.22% | 12 |
| ▼ None of the above. | 59.46% | 44 |
| TOTAL | | 74 |

5. If you or someone you cared for lived or lives in a long-term facility, what if any, are your concerns?

Number of Responses: 64

Number of Skipped Responses: 10

| ANSWER CHOICES | RESPONSES | |
|--|-----------|----|
| Overall Safety and well-being | 7.81% | 5 |
| Quality of Medical Care being received | 7.81% | 5 |
| Staff does not listen/respond to concerns | 3.13% | 2 |
| Cleanliness or Condition of Facility in general. | 1.56% | 1 |
| Wait lists and availability of services. | 1.56% | 1 |
| Cost and billing processes. | 4.69% | 3 |
| I am/was satisfied with the facility and have no concerns. | 12.50% | 8 |
| Other: | 0.00% | 0 |
| Other (please specify) | 60.94% | 39 |

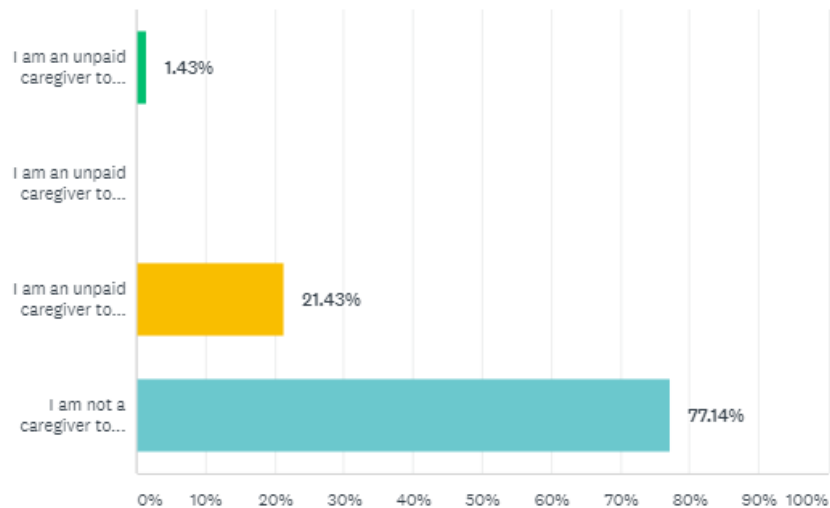
[RESPONSES \(39\)](#) [TEXT ANALYSIS](#) [MY CATEGORIES \(0\)](#)

NOTE: The majority of respondents to this question indicated that they felt all of the categories were equally important. The response metric within the tabulation did not calculate the “other” answers in the responses.

6. Please select the statement that applies to you.

Number of Responses: 70

Number of Skipped Responses: 4



7. In your opinion, what are the greatest issues facing aging Lesbian/Gay/Bisexual and Transgender individuals? Check all that apply.

Number of Responses: 50

Number of Skipped Responses: 24

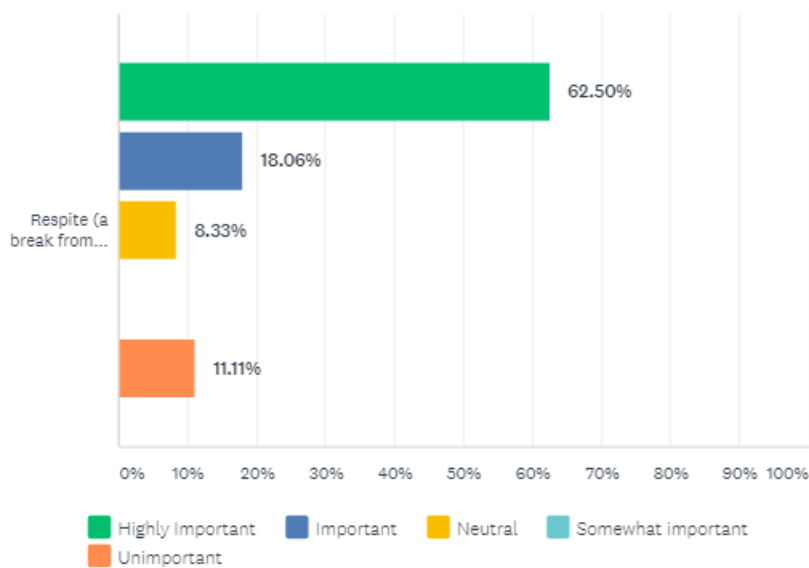
| ANSWER CHOICES | RESPONSES |
|--|---------------------|
| ▼ A need for more non-discrimitory, affordable LGBT friendly housing. | 4.00% 2 |
| ▼ Advocacy for LGBT issues in medical facilities and long-term assisted living facilities. | 2.00% 1 |
| ▼ A need for greater awareness and training of LGBT issues for medical facilities staff. | 6.00% 3 |
| ▼ More educational programs for general awareness of issues facing aging LGBT citizens. | 14.00% 7 |
| ▼ Education and awareness of legal and financial issues associated with LGBT aging citizens. | 4.00% 2 |
| ▼ Other | 0.00% 0 |
| ▼ Other (please specify) | Responses 70.00% 35 |
| TOTAL | 50 |

NOTE: The majority of respondents to this question indicated that they felt all of the categories were equally important. The response metric within the tabulation did not calculate the “other” answers in the responses.

8. Please rate the following with regard to caregiving:

Number of Responses: 72

Number of Skipped Responses: 2

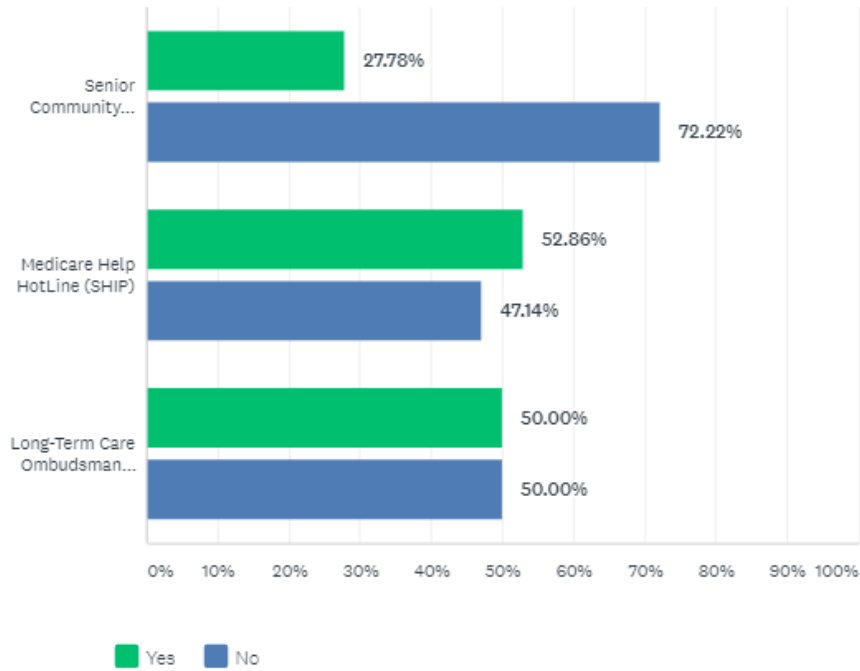


| | HIGHLY IMPORTANT | IMPORTANT | NEUTRAL | SOMEWHAT IMPORTANT | UNIMPORTANT | TOTAL |
|---------------------------------|------------------|--------------|------------|--------------------|-------------|-------|
| ▼ Respite (a break from duties) | 62.50% 45 | 18.06% 13 | 8.33% 6 | 0.00% 0 | 11.11% 8 | 72 |

9. Are you aware of the following available programs?

Number of Responses: 73

Number of Skipped Responses: 1

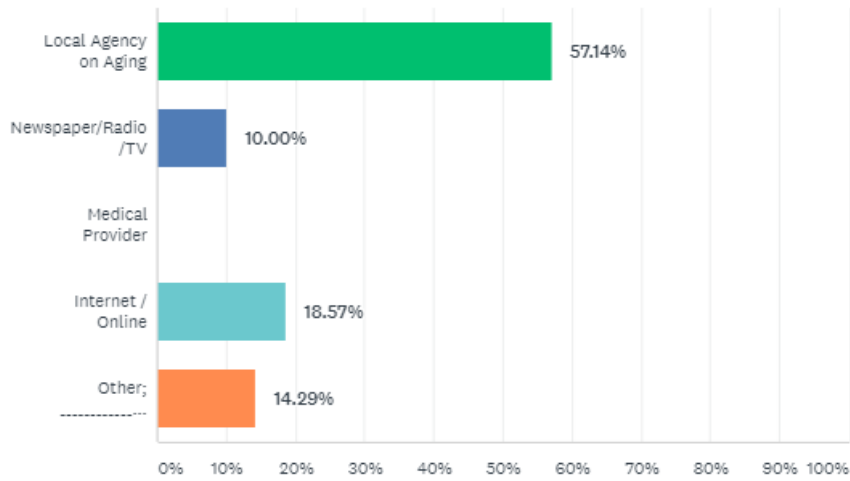


| | YES | NO | TOTAL |
|---|--------------|--------------|-------|
| Senior Community Employment Program (SCSEP) | 27.78% 20 | 72.22% 52 | 72 |
| Medicare Help HotLine (SHIP) | 52.86% 37 | 47.14% 33 | 70 |
| Long-Term Care Ombudsman Program | 50.00% 36 | 50.00% 36 | 72 |

10. How do you generally find out about programs and services?

Number of Responses: 70

Number of Skipped Responses: 4



| ANSWER CHOICES | RESPONSES |
|-----------------------|-----------|
| Local Agency on Aging | 57.14% 40 |
| Newspaper/Radio/TV | 10.00% 7 |
| Medical Provider | 0.00% 0 |
| Internet / Online | 18.57% 13 |
| Other; | 14.29% 10 |
| TOTAL | 70 |

11. Please indicate whether or not you have used the free or paid services within the past four years.

Number of Responses: 73

Number of Skipped Responses: 1

| | I HAVE NOT USED | FREE SERVICE | PAID SERVICE | TOTAL |
|--|-----------------|--------------|--------------|-------|
| Household chore or meal preparation assistance | 63.24% 43 | 23.53% 16 | 13.24% 9 | 68 |
| Home delivered meals | 72.46% 50 | 20.29% 14 | 7.25% 5 | 69 |
| In home personal care | 67.14% 47 | 24.29% 17 | 8.57% 6 | 70 |
| In home respite care | 90.77% 59 | 6.15% 4 | 3.08% 2 | 65 |
| Dial-a-ride or other transportation service | 66.67% 42 | 14.29% 9 | 19.05% 12 | 63 |
| Adult Day Care | 96.92% 63 | 0.00% 0 | 3.08% 2 | 65 |
| Legal Assistance/Elder Abuse hotline | 92.42% 61 | 4.55% 3 | 3.03% 2 | 66 |
| Community Center activities (programs, meals) | 85.07% 57 | 7.46% 5 | 7.46% 5 | 67 |
| Support group / Counseling | 65.67% 44 | 31.34% 21 | 2.99% 2 | 67 |
| Medicare Assistance hotline | 87.88% 58 | 12.12% 8 | 0.00% 0 | 66 |
| Long-Term Ombudsman Program | 81.82% 54 | 18.18% 12 | 0.00% 0 | 66 |
| Caregiver Training | 83.08% 54 | 13.85% 9 | 3.08% 2 | 65 |
| Health Promotion events | 87.69% 57 | 12.31% 8 | 0.00% 0 | 65 |

12. **If you have any further comments, please provide below.**

Number of Responses: 5

Number of Skipped Responses: 69

| |
|---|
| VA is a wonderful support for me. |
| RN background trained in the _____*illegible*_____? |
| client did not understand many of the questions; has developmental disabilities |
| Transportation availability at a low cost seems to be an issue; Availability of social situations is too limited. |
| I think PCOA is very helpful. I don't know what I would do without them. |

State Plan on Aging 2019-2022

Appendix H-4: Area Agencies on Aging Needs Assessments

The attached needs assessments are extracted from Area Agencies on Aging, Planning Service Areas 1-8.

PSA REGION 1
AREA PLAN
NEEDS ASSESSMENT EXTRACT

PART III: NEEDS ASSESSMENT

The Agency contracted with the Southwest Interdisciplinary Research Center (SIRC) at Arizona State University to conduct focus groups and a community survey, and to gather secondary data for its needs assessment. The survey, conducted both online and by distributing paper copies at local events, included questions pertaining to where older adults access information; self-rated physical and mental health; supports they currently need or use; and demographic information. Focus groups were conducted in seven different geographic areas with adults not currently using Agency services and included gathering older adults' perceived unmet needs and valuable supports, as well as discussing what makes it possible for older adults to continue living at home. These focus groups, along with a short demographic survey, also aimed at how older adults access needed services, and what their ideal programming would look like. In addition, utilization records from Agency services were gathered. Additional county demographic and health statistics were also collected and analyzed. When the report was completed, the information was presented to the Agency's Advisory Council and Board of Directors. From this report, the plan's goals and objectives were developed and reviewed, presented at three public hearings across Maricopa County and finalized by the Agency's Advisory Council and Board of Directors.

The Agency utilized strategic partners such as senior centers, libraries, and a community center operated by a health plan to hold its focus groups. The goal of the group discussions with older adults, caregivers, and Agency staff was to gain a deeper insight into what older adults (and those interacting with them) believed were the greatest needs facing the Maricopa County older adult population. During the planning stages of the needs assessment, the Agency and SIRC selected seven communities across Maricopa County as focus group sites in order to gather views from across the diverse County. The rationale for this recruitment focus was on individuals who do not currently access Agency services in order to examine unmet needs. An additional focus group was held with Agency staff for a total of eight total focus groups. Additionally, SIRC in collaboration with the Agency, developed a Community Assessment Survey to supplement the findings from the focus groups. Electronic and paper versions of these surveys were made available for distribution to seniors in Maricopa County. The surveys were available to current clients and non-clients, and provided a broad overview that helped to identify a wide-range of needs across the spectrum of older adults. The survey was also posted on the Agency's website and distributed at community outreach events. SIRC developed the evaluation instruments with input from the Area Agency staff.

SIRC staff developed and managed the needs assessment with substantial input from Agency staff. Due to their familiarity with the community, Agency staff were responsible for recruitment. Focus group locations were determined with demographic and socioeconomic characteristics in mind to ensure a diverse group of individuals were able to participate. Further, Agency staff focused recruitment on locations which attracted seniors from all socioeconomic and ethnic backgrounds including: senior days at grocery stores, community restaurants frequented by seniors, and public libraries. Also, a demographic survey was distributed to all focus group participants to ensure participants accurately reflected the community. The older adult need assessment survey was offered in both hard copies and online versions. Recruitment for the surveys was done at similar locations to the focus groups, as well as large city wide expos which attracted seniors from all over the county. Additionally, the Agency utilized its network of partner agencies to ensure the survey (both online and paper versions) were distributed to existing networks. Similar recruitment methods were used for the public hearings to ensure representative participation.

In addition to the data collected, the Agency and SIRC presented the results to the Agency's Advisory Council, the Advisory Board, Agency staff and to the public in three hearings. These stakeholders provided comments on the findings and discussed recommendations for next steps in meeting the needs identified from the research. These ideas were developed into goals and objectives for the Area Plan.

All information gathered throughout the needs assessment process was used to help shape the Agency's Area Plan. Data collected from community-based surveys and focus groups were used as a foundation for the strategic planning process. During the Agency staff planning meeting when the initial objectives were developed, the day began with a data presentation of community needs and assets. Furthermore, as the project came to a close, SIRC and the Agency co-hosted a series of three public hearings where the data and objectives were presented in community settings. This information was used to confirm and enhance the Agency's proposed strategic plan.

The biggest barrier faced was the truncated timeframe. The Agency's initial contractor recruited to conduct the needs assessment dropped out at a time when work should have already begun. The Agency was able to contract with SIRC but with fewer months remaining in which to conduct the work. Agency staff and SIRC committed to perform the assessment with quality in a shortened timeframe. This took multiple in-person and phone meetings and continuous emails to assure completion. The focus groups were able to be determined and organized, protocols and trainings developed, and sessions held in less than three months. In order to stretch resources, Agency staff secured the locations, conducted the recruitment, were trained by SIRC, and conducted the focus groups with SIRC staff taking notes and handling consent. For the surveys, Agency staff saw to distribution in the field; SIRC made the survey available online as well and the Agency had a link to the survey on their opening webpage for a month, all in order to collect as much data in as short of a timeframe as possible.

The planning process used a holistic approach, which blended population level demographic data, targeted quantitative data collection, as well as qualitative data via focus groups with a rather large sample size. This mix of information was reviewed by a variety of stakeholders, including administrative staff, direct service staff, community members, and partner service providers. Finally, a creative group process was facilitated when generating strategic plan objectives, in order to ensure participation of all present.

See the following Appendices:

- E. Needs Assessment
- F. Strategic Planning and Public Hearings
- G. Results of Needs Assessment

Appendix C: Focus Group Questions

Opening Questions (5 minutes)

1. To begin, let's introduce ourselves. State your name and something you like about our community.

General Community Questions (25 minutes)

2. What do you see as the 2-3 greatest needs for seniors in our community?

3. What types of supports do you see seniors using in our community?

If there is not sufficient discussion clarify that these could be formal supports like: government services, senior centers, the Agency, etc. or they could be informal supports like friends, family, church groups, etc.)

a. Why do you use these particular resources?

b. Are there any resources (either formal or informal) that people in our community do not use? If so why not?

4. What makes it possible for seniors to continue living at home as they get older (as opposed to assisted living/nursing homes)?

a. What support(s) do these seniors have?

b. What about those who are unable to continue living at home? What support(s) do they lack?

c. What can be done to make living at home easier?

5. What barriers do you and other seniors in our community have to continue living at home?

a. What do you believe are the two or three most important barriers to people in our community being able to continue living at home?

b. What resources do you use to address these barriers?

c. What resources are lacking in the community to address these barriers?

Services Questions (25 minutes)

6. Where do you, and other seniors, go to get information about resources available in our community?

7. If you had a magic wand and could design a program that would help seniors in our community continue to live at home, what would that program look like?

a. What services would it provide?

b. Who would you target?

c. Who has the greatest need? Where do they live?

8. Now that all these services have been made available (from #8 discussion) how do we let seniors in our community know about it?

a. What are the best channels for communication?

9. Do you use any of the Area Agency on Aging's services?

a. What services do you use?

Ending Question (5 minutes)

10. Is there anything else related to seniors and our community that you think we need to know?

Appendix D: Survey Comments

Are there any additional services you wish the Area Agency [on Aging] was providing? What are they?

- Transportation to programs and appointments **X3**
- Meals on Wheels **X2**
- Medicare assistance **X2**
- Support for Veterans **X2**
- Employment help for seniors with specific needs.
- Finding social groups and activity outlets (to keep seniors active and mobile) in their areas.
- Advertising, paper notices w/ information
- Assist the support groups in getting the word out that there is a support for individuals with hearing loss.
- More in-home services for people not at ALTCS level of care need
- Assistance with career transition and/or for entrepreneurial endeavors.
- Because of my background working with the hearing impaired and also having a hearing loss myself, I am aware of a few areas that would provide much needed services to seniors. One is educating as many people as necessary to the importance of caring for your hearing, how to manage hearing aids, communication.
- Better public bus service - service ends at park rail, grounds is way beyond
- Caregivers
- Case manager support for ongoing directing of seniors, a guide on the side, could be pay for service
- Change the meals on wheels meals. They are horrible! Most seniors are used to preparing wholesome meals. Sign up for a month and you'll see that most of it ends in the trash.
- Contacted you to inquire if you provide co-pay assistance to seniors.
- Counseling on federal, state and local benefits to help low income seniors
- Counseling regarding reverse mortgages, financial assistance to assist seniors with "emergency" needs, like last-minute transportation vouchers or credit for medical appointments.
- Dental and dentures free or low cost for low income
- DIAL-A-RIDE MONTHLY PASSES. I had and maybe could again a part time job if I had reliably transportation (ie) Dial-a-Ride. the jobs first offered a position at SAM'S CLUB at 84 Avenue and Union Hills. I live at 16th Street and Roosevelt. Valley Metro would not work. Dial-a-Ride did for me last year
- Emergency assistance and after hours assistance; as part of a valley fire department, we are called to scene, that are at times, horrible. We would love to see an after hours, weekend and holiday assistance.

-
- Follow-up resource/case management for more in-depth phone consultations. Because, we can make referrals, but if they aren't successful or if we can't identify hurdles, then we don't know how effective we truly are, or where the holes are.
 - Have used with neighbors- I am on the board
 - Help finding affordable senior housing in addition to HUD information, etc.
 - Help to navigate what services are available
 - Help with ALTCS applications and follow through case management
 - Homeless
 - Hospice
 - Housing Needs
 - How to determine which Medicare plans are best for you. Plan B, Plan f etc. and who to know which company is best for you. I was flooded with every insurance company known to man.
 - How to make provisions for people with no family
 - I am disabled and under 65. I need a policy that will help me cover co-pays and deductibles. To my knowledge one is not even offered and for me I can't afford my medical care. I am being treated for cancer.
 - I didn't know these other services existed. *Elder Advocacy with technology, online services, phone services and consumer issues.
 - I have a concern - I am 85, independent, use a walker or cane. When I grocery shop use cane to get to cart - park in handicap - NO GROCERY CARTS - so I park out where the carts are stored - long walk to store - sometimes no carts!! HELP
 - I have lived in Phoenix since October 2013. I retired from the IRS where I was employed for 22 years. I have now found myself to be below the poverty level. I am eligible for food stamps but AZDES has determined that I am eligible for benefits of \$16.00 per month.
 - I have not used your services yet, I have left a voice message for someone to call me back from the Senior Help Line. I have questions related to tax preparation.
 - I haven't received any services at all
 - I met with a counselor about Medicare
 - I was not aware of several of the programs listed above. I would probably have used some if I had known about them.
 - I work in healthcare and referred members to the above services. I wish there was more respite/caregiver support services.
 - I would like to see the Area Agency providing some sort of help to seniors who are unable to afford or unable to do themselves such as painting homes, plumbing issues, heating/ac issues, etc. Also rental, utility assistance. Just giving the number of the local senior center is not a help.
 - I'm a Volunteer that helps Seniors. Transportation, loneliness, money are major problems
 - In 2017, I wish to use Legal Assistance and Long Term Care Ombudsman. Please send me an Elder Resource Guide.

- Income tax assistance
- Information and help for how assist elderly family members while they are living alone at home but in decline (particularly with onset of dementia), and family is looking for resources to either help them remain living at home safely, and/or for moving them to some type of assisted living.
- Job Placement
- Rental assistance; food stamps; transportation for seniors
- Mesa Senior Center
- More funds to reach more seniors Waiting lists abound
- More in-depth support for family members needing assistance with long-term care decisions. Not just lists of services, but more specific information on comparing actual services and facilities.
- More information on housing resources including independent, assisted living and long-term care and costs.
- More Ombudsman services.
- More specific services for LGBTQ Elderly individuals.
- One daughter was set on having me committed as senile, dementia and take over my limited resources. If this happens again where do I get Help?
- Ongoing case management.
- Pet care assistance
- Physical Therapy
- Rent security deposit help
- Rental assistance
- Rides to doctor
- Services for seniors that are not necessarily home bound individuals but may suffer from mental illness or agoraphobia, anxiety or panic attacks in large crowds and who don't have funds for transportation.
- Sign Language Interpreter or Deaf case worker who under deaf culture and deaf's needs. Video in American Sign Language on any websites.
- Support the hard of hearing
- Veterans without family caregiver support are denied the opportunity of organ transplants. Awareness of this need can be publicized and volunteers recruited. Samson's Brigade (www.samsonsbrigade.org) is trying to do this.
- Volunteer Companionship for elders in assisted living.
- Volunteer matching
- When my father became ill. We hired a caregiver to come in during the day while my brother was at work. As he progressed we used hospice towards the end. As a result of my grief, I have started a re-creation service that helps people through the loss of a loved one, a divorce or if downsizing from i
- Yes, someone to explain Insurance policies to me. Someone to rate caregivers groups to me.

- You may be doing this under the heading of something else, but a service where we can send a Social Worker out to do an assessment of the individual, family, living conditions in order to provide resources and agencies to help. Then, report that back to our physician's office.

Where do you usually go to get information about services? Senior Centers:

- Mesa Senior Center X6
- Olive Branch Senior Center X4
- Chandler Senior Center X3
- Benevilla
- Buckeye
- Cahill and Escalante in Tempe
- Granite Reef
- Justa center
- Mesa/Apache Junction/Red Mountain
- Rec. Centers
- S.C. Facilities
- Scottsdale
- SRMIC
- Surprise Senior Center
- Tempe Senior Center
- Utility Assistance Help
- Wise Owl in Wickenburg
- YWCA, Glendale Adult Center

Where do you usually go to get information about services? City/County Office:

- Attorney General's Office, DES, APS
- Arizona Dept. of Health Services
- Board of Elections
- City of Phoenix
- City of Scottsdale
- Maricopa County Housing, City of Glendale CAP
- Maricopa County offices
- maricopa.gov
- Mercy Maricopa Integrated Care
- Neighborhood Services
- Newspaper
- Probate office

Where do you usually go to get information about services? Internet:

- Google X12
- Internet search X11
- County, city, and/or state websites X3
- AARP Website X2
- Community Information and Referral (211) X2
- A Place for Mom
- Area Agency on Aging website
- Area Agencies on Aging in other areas of the country
- Alzheimer's Association
- AOL
- Area Agency on Aging, Glendale City website, Google searches
- Arizona Commission for the Deaf and the Hard of Hearing, ASU Hearing Clinic, Loop Finder, Happy Ears Hearing Center
- ask.com
- Arizona State University website
- Bennevilla, SW Lending Closet
- caring .com
- Elder care, family caregiver, and dementia care sites, such as aging.com, Alzheimer's foundation, Alzheimer's organizations
- Hospice of the Valley
- I have found most of my resources on my own by searching in the areas that I need help in. I have found more resources than I have ever been given by anyone.
- Info on ALTCS, care facilities, costs for assistance
- Social Security
- Specific pharmaceutical websites, disease organizations
- Specific websites on specific issues I.e. Medicare.com
- Virgin Mobile
- WebMD
- www.socialserve.org
- Yahoo
- Email

Where do you usually go to get information about services? Other:

- AARP networking meetings, Chandler Police and County Attorney safety events, VA events
- Ability 360
- Alzheimer's support groups
- Disabled American Veteran
- Expos
- Food bank office personnel
- Hospice of the Valley
- Hospital case manager
- I call typically every resource I can and ask the who, what, where, when, how

-
- Jackson & White Law
 - MEAPAE
 - Medicare
 - Mesa Senior Center
 - Need help for health care
 - On-Line
 - Referrals from friends, 211e
 - South Central Foundation Researche
 - Social worker
 - Southwest Center for HIV/AIDSe
 - Specific agency collaborations and meetingse
 - Veterans benefitse

Are there any additional areas in which you require assistance?

- Ability to generate income **X2**
- Housekeeping **X2**
- Age In Placee
- ALTCSe
- Arbitratione
- As a caregiver of two elderly relatives and a 22-year-old, I am answering for what I neede for them, or might need for them.e
- Assistance with Hard of Hearinge
- Book w/ informatione
- Caregiving for a spouse with Alzheimer's and respite caree
- Communicatione
- Communicate in sign language. I am deafe
- Counselinge
- Counseling on health assistance benefits for low Social Security income seniore
- Dealing with city officialse
- Doctor won't release you to cab/Uber - so no way to go to/from office proceduree
- Employmente
- Good legal advice for family trustees, or at least some good referrals for legal advice based on actual knowledge of the referred company or person's ability to assist in specific areas
- Health insurance optionse
- Hearing accessibility in public places including but not limited to theaters, which do havee captioning devices, but also venues with live performances. We need induction loopse available and more captioning options to enjoy the arts that we are missing out on.e
- Hearing loss. Wear cochlear implant.e
- Help with dental and vision expensee
- Helping with meals e

- Home repair, organization
- I am a caregiver for my wife.
- I am a federal retiree having worked for the IRS for 22 years in Washington, DC. I am having an ongoing dispute with Office of Personnel Management, the agency that determines the pensions. Because of their failure to acknowledge the 15 years of service under the old pension system (CSRS) I am now living below poverty.
- I am a social worker working with several different companies in town. They all have the needs of service mentioned above. They also need assistance with medication affordability and co-pay assistance.
- I am researching for a friend, 24 hour care in her home
- I do not think so. I realize how fortunate I am to receive the best Medical and Dental Care known and, without charge. For me to ask for more would be taking away from others less fortunate and require more care than I. I was not raised that way. I am grateful and thank you for all I have received.
- I have been fortunate
- I have gone to food bank on occasion
- I need help getting affordable medical care.
- I presented my claim against the Office of Personnel Management for failure to include my 15 years of service to Senator McCain's staff. This is going to take some time as OPM is one of those offices that is dysfunctional. I was a licensed Certified Public Accountant for many years during the 80s, 90s, and 2000s.
- I use a scooter. It is difficult to do laundry and really clean house. There apt is shared. We are fatigued and I have no social outlet because I need my scooter and oxygen and that limits transportation. I need housekeeping for the heavy stuff.
- I use these for my patients at our clinic in Sun City, Arizona
- I was answering on behalf of my father.
- I work with a lot of elderly people and interested in more services for them or more knowledge on my part of services.
- In the future
- Informational resources
- Legal advice, volunteer opportunities
- Local clinic
- Looking for long-term care resources and assistance for my mother
- Maybe help with husband that I am a Family attendant for.
- Meals
- My husband
- Navigating companies with technology and consumer protection. *Low and no-cost events, fun *Cell phone service *Internet services *Online purchasing *Computer purchasing and maintenance
- Paying taxes (house)
- Social security benefits, taxes
- Taking care of elderly mother, anticipating care of out of town sibling

-
- This is for my low-income, elderly parent who is in decline due to dementia, and no longer fully able to participate in surveys like this, nor able to safely live alone at home. I'm here looking for assistance to help maintain that independence to some degree, and locate some type of affordable assistance
 - Tax preparation
 - Transportation, mobility, homemaking, housing
 - Vision - Left eye post surgery damaged balance problem
 - Where to find adult parent living

What is your living arrangement?

- Son X3
- 11 puppies
- 55+ Community
- Assisted Living Group Home
- Children/Grandchildren
- Have a cat
- Helper
- Homeless
- I rent a furnished room for \$450.00 per month. I must share a bathroom with another guy. I really dislike sharing a bathroom with a stranger.
- Live with grandchildren
- On the road in faith
- Rent a room from a drug addict
- Son, Ex Husband same complex 16 units
- Spouse & grown sons
- Temporary living with daughter
- Today in my car

What is your living situation?

- Daughter's home X2
- Live with friends X2
- RV X2
- Allowed to stay til I find a home
- Children own residence
- Equity loan, pay interest only
- Family home
- Homeless
- I rent a furnished room.
- In-laws
- Life Care independent living community

- Live in relative's home
- Living in small studio
- Mobile Home
- Own mobile home, but pay lot rent.
- Pay lot rent, buying mobile home
- Rent a room and pay board/care
- Senior Building - Independent Living
- Temporary housing
- Townhouse
- With children

Results of Needs Assessment

Appendix G

| COMMENT/ISSUE | SOURCE | | | ACTION TAKEN | |
|---|-------------|--------|----------------|----------------------------|------------------------------|
| | Focus Group | Survey | Public Hearing | Goal and Objective Primary | Goal and Objective Secondary |
| Need for Mental Health services | X | X | | 2.2 | |
| Isolation/Depression/Anxiety (someone to check in) | X | X | X | 2.2 | 2.6 |
| Transportation (appointments, senior centers) | X | X | X | 2.3 | |
| Services for Alzheimer's/Dementia/Memory Loss | X | X | X | 2.3 | |
| High Medical/Medication prices | X | | X | 3.3 | |
| Dental Services | X | | | | |
| One stop shop for resources | X | | | 1.3 | |
| Need for home maintenance assistance | X | X | | 2.6 | |
| Legal help | X | X | X | 3.1 | |
| Help applying for social security/disability | X | | X | 2.7 | 2.1 |
| Need to listen to community needs and tailor services | X | | X | 2.1 | |
| Help navigating Medicare/insurance | X | X | X | 1.3 | 2.7 |
| Information/Classes on hoarding | X | | | 2.2 | 2.1 |
| Political advocacy for seniors | X | | X | 3.4 | |
| Greater community education (at younger ages including youth) | X | | | 1.1 | 1.2 |
| Information about existing programs | X | | | 1.2 | |

| COMMENT/ISSUE | SOURCE | | | ACTION TAKEN | |
|---|-------------|--------|----------------|----------------------------|------------------------------|
| | Focus Group | Survey | Public Hearing | Goal and Objective Primary | Goal and Objective Secondary |
| Printed booklet with numbers for service providers | X | | | 1.2 | |
| Help with mobility (fall prevention classes) | X | X | | 2.1 | |
| Financial help (utilities, food, and clothing) | X | X | X | 3.3 | |
| Housing and tax assistance | X | X | X | 3.3 | |
| Homelessness | X | X | X | 2.4 | 3.3 |
| Need for nutritional services (including help shopping) | X | X | | 2.5 | |
| Help cooking and cleaning (homemaking) | X | X | X | 2.6 | |
| Help for those with sensory loss (hearing and sight) | X | X | | 2.4 | |
| Help for caregivers | X | | X | 1.2 | 2.6 |
| Diabetes classes | X | | | 2.1 | |
| Services for homebound and disabled individuals | X | | X | 2.6 | |
| Help accepting services/Addressing stigma | X | | X | 2.1 | |
| Need access to computers to seek services | X | | X | 2.1 | |
| Health, exercise, and wellness classes (Also for those with limited mobility) | X | | X | 2.1 | |
| Opportunities for volunteering/community engagement | X | | X | 2.6 | |
| Services for those in remote areas | X | | | 1.3 | |

| COMMENT/ISSUE | SOURCE | | | ACTION TAKEN | |
|--|-------------|--------|----------------|----------------------------|------------------------------|
| Concern | Focus Group | Survey | Public Hearing | Goal and Objective Primary | Goal and Objective Secondary |
| Bilingual Resources | X | | | 2.4 | |
| Seniors to do community outreach | X | | X | 2.6 | |
| Information and services for elder abuse/scammers | X | | X | 3.2 | 3.5 |
| Threats to government programs | X | | | 3.4 | |
| Understanding Medicare | X | X | X | 1.3 | 2.7 |
| Help for seniors Raising grandchildren | X | X | | 2.4 | |
| Help applying for ALTCS | | | X | | 2.7 |
| Access to information about services | X | | X | 1.2 | |
| Services before there is a crisis | X | | X | 1.2 | |
| Concern about long waiting list for services | | | X | 3.4 | |
| Help for seniors who cosign for student loans | | | X | 3.3 | |
| Help seniors to navigate social security | | | X | 2.7 | |
| "Warm" handoffs from the Agency to service providers | X | | X | | |

PSA REGION 2
AREA PLAN
NEEDS ASSESSMENT EXTRACT

PART III PUBLIC NEEDS ASSESSMENT PROCEDURE

What procedure was used to conduct the needs assessment? (examples: survey instrument, public information gathering sessions, etc.)

The Area Plan on Aging Public Needs Assessment Process began in Pima County in 1975, and has been updated in three or four-year cycles to culminate in this most recent effort. For the 2016-2017 planning cycle, PCOA chose to again use the three-pronged approach proven effective in past years, but with a few minor changes. In consultation with the Pima County Health Department, the formatting of the Community Survey was modified and a few questions added. The new Survey areas focused on the use of prescription pain medication and determining the concerns of individuals identifying as LGBTQ. PCOA also expanded the number of Listening Sessions from ten to twelve, providing additional opportunities for individuals residing in rural Pima County communities to voice their concerns and identify their needs.

Who was involved in the assessment? What methods were used to ensure that the views of older individuals with greatest economic or social need, with particular attention to low-income minority individuals and individuals residing in rural areas, older individuals who are Native Americans, individuals at risk of institutional placement and older individuals with severe disabilities were considered?

Data was collected over a three-month period obtaining input from:

- focus groups of professionals working with and providing services to older adults;
- 2,251 survey responses tabulated through Survey Monkey from individuals 60 years of age or older, including homebound, senior club and organization members, service recipients, readers of "*Never Too Late*", faith community members, and individuals served by the Neighbors Care Alliance and PCOA Ambassadors;
- twelve public comment meetings held throughout the county, with Spanish language interpreters, including Tucson, Green Valley, Sahuarita, Marana, Tucson Estates, Catalina, Amado and Ajo.

First, representatives from health, housing, legal, homecare and social service providers were invited to participate in focus groups held at various locations in Pima County during the months of November and December, 2016. The questions to be discussed were sent to participants in advance of the focus groups. Individuals not able to participate in the discussions were invited to complete the questionnaire in writing and return it for inclusion in the final report. Twenty-six (26) agencies provided written and/or verbal responses.

The **second** method for identifying problem areas for older Americans was the distribution of surveys, printed in both English and Spanish. The survey was available for completion on Survey Monkey; included in publications of PCOA's "*Never Too Late* newsletter" and distributed to congregate and home delivered meal participants, members of numerous senior clubs and organizations, service recipients of various social service agencies and through faith communities and neighborhood associations. 2,251 surveys were received and tabulated with responses coming from all geographical areas of the County.

Third, service needs, concerns and advocacy issues were identified at twelve listening sessions held in various locations throughout Tucson, Green Valley, Marana, Sahuarita, Tucson Estates, Catalina, Amado and Ajo. At each meeting, a panel of Agency staff, a member of PCOA's Board of Directors and members of the Area Agency on Aging Advisory Council were present to listen and respond to advocacy issues, identification of individual service needs and proposed changes that should be made to existing services. Notice of these meetings was sent to newspapers and radio stations, an article was published in *"Never Too Late"* and the information was distributed to senior clubs, organizations, centers and service providers in the area. Around one hundred and forty (140) individuals attended and shared their comments and concerns.

All of the above methods were used in an attempt to be as inclusive and comprehensive as possible in identifying needs and focusing on areas of greatest priority. It is often difficult to obtain input through public meetings with transportation, care giving responsibilities, and health issues being barriers for attendance. Recognizing these barriers, PCOA has continued to use a broader approach, collecting information through individual surveys and discussions with professionals as well as public meetings held in locations where seniors already congregate.

What information collected from the needs assessment process was used to build the plan?

The identified problem areas have not changed significantly from prior needs assessment processes. Older adults continue to identify falling/fear of falling; understanding Medicare; maintaining and repairing their home; yard maintenance; access to transportation; services needed to assist with their ability to live independently in their home; sufficient income to meet their basic needs; utility costs; the cost of assistive devices (hearing aids, glasses); loneliness and isolation; memory loss and affordable housing.

Concern regarding telemarketing and in-home sales disappeared from the top identified problem areas in 2005, but has once again surfaced in a similar concern regarding exploitation (frauds and scams). Older adults are often the target of financial fraud and alerts are frequently issued by the Better Business Bureau and Attorney General, warning people of the newest scams.

While no longer identified in the top concerns by survey respondents, affordable dental care and the cost of prescription drugs were voiced by individuals attending the listening sessions.

Emerging as a more prevalent concern during this 2016 process, was "getting information about senior services". Repeatedly it was noted that people are not aware of benefits and services and how to access them. The question often being raised by attendees was how to reach those individuals who have become isolated and do not use technology. It was noted that all forms of communication and outreach should be used, including local newsletters and newspapers, radio, television, web sites and social media. Outreach, especially in the rural areas, needs to be broadened, identifying in each community where older adults are accessing information and who they are coming into contact with, who then can serve as an informed resource.

The professionals working with older adults again voiced concerns with the growth of the population needing assistance and the lack of resources to serve them. The number of individuals with Alzheimer's has continued to increase significantly, as well as older adults needing assistance through the Behavioral Health System. Clients are presenting with numerous chronic conditions and fewer families are able to afford care or placement of their family members in appropriate settings.

In conjunction with the growth of the older population, were concerns regarding the "work force" required to meet the need. Noted was the shortage in primary care doctors, nurses and direct care workers; the lack of funding for increased wages; finding direct care workers and health care professionals interested in serving rural communities and the need for a diverse group of direct care workers to meet the gender, cultural and language preferences of the people being served.

PCOA utilizes not only the information collected from the public needs assessment process but information gleaned from discussion with its own direct service staff and a review of the types of calls received by the PCOA helpline. For the last two fiscal years, the top ten requests for information/assistance have included: care planning, housekeeping, home repair, health insurance, accessing benefits, legal, personal care and support for family caregivers including respite.

The aging process has always presented individuals, families, communities and society with challenges. A review of a few key demographics demonstrates the challenges ahead.

- Pima County is home to 248,475 individuals 60 years of age or older (24.6% of total population). Of this total 185,865 are 65+ and 24,277 are 85+ years of age. Source: U. S. Census Bureau
- Pima County's 60+ population increased 14.9% in the last 5 years (2010-2015) while the total County population increased 2.9% for the same time period. The 60+ year old population is growing 5.5% faster than the population of Pima County as a whole.
- The fastest growing segment of the aging population is individuals over 85, the most vulnerable who tend to need long-term care and whose numbers are expected to double by 2020. 50% of individuals age 85+ have one or more chronic (on-going) disability conditions that require assistance with Activities of Daily Living (ADLs). (N4A & NASUA, 2009 "Project 2020 Talking Points")
- The population 60 and over with a disability is 35.2%. Source: U. S. Census American Community Survey, 2015.
- By 2020, one in four Arizona residents will be over 60 years of age (compared to one in six in 2000). Baby boomers were born between 1946 and 1964. Starting in 2011, 10,000 boomers turn 65 each and every day.
- Nearly one out of every four U.S. households contains at least one caregiver for a relative or friend at least 50 years old. Adult children account for the largest proportion of caregivers – 42% followed by spouses, 25%.
- In Pima County 20,442 people are living with Alzheimer's Disease or related dementias.

- Alzheimer's Disease ranked as 4th leading cause of death for individuals 65+ in AZ. The cost for care is increasing significantly due to slow progression of the Disease.

As the Area Agency on Aging, PCOA can operationally and strategically plan to address these challenges, but can only be successful if public policy makers, community planners, and funders serve as partners and provide the resources necessary not only to sustain but also to build systems of service and provide information to help individuals remain healthy and independent as long as possible.

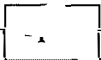
The following chart identifies the major comments received from all sources. Many of these comments will translate into service development, continuation or expansion. Other comments are beyond PCOA's ability to address except through advocacy with elected and appointed officials who make decisions in these areas.

| CATEGORY | PART III NEEDS ASSESSMENT COMMENTS | 1 – Survey 2 – Focus Group 3 – Comment Meetings | |
|--------------------------|--|---|-----------------------|
| | COMMENTS/ISSUE | SOURCE | ACTION TAKEN |
| ECONOMIC CONCERNS | People don't have the money in place to pay for funerals. | 2 | |
| | Many are concerned about paying for rising costs. Looking for financial counseling, resources, financial assistance and advocacy. Those on limited income need help paying rent, property taxes, utilities, home repairs, home modifications, bills and food. Looking for more senior discounts in stores. Paying for rent, mortgage or property taxes ranked #7 concern by survey respondents and paying for utilities ranked #16. | 1, 2, 3 | |
| | It can be hard to qualify for widow's tax exemption. What reductions are available for utility, taxes, etc.? What benefits are people eligible for? How do we pay for things? Social Security increases 3/10s, but other expenses keep increasing. | 1, 3 | 03-2 |
| | Financial vulnerability of older adults is growing. There are more older adults living in poverty. Economic recovery hasn't impacted seniors. | 2 | 03-1 |
| | Chronic conditions affect the need to retire but people do not have the funds to do so. | 2 | |
| | People need more information on the economics of when to retire. | 2 | |
| | Older adults are looking for help to find part-time or full-time employment. | 1, 2 | |
| | Obtaining benefits such as Social Security, Medicare, AHCCCS ranked as #14 concern by survey respondents. | 1 | 01-13 03-2 03-5 |
| | People need help with personal items and incontinence supplies | 2, 3 | 04-4 |
| | People unable to take care of pets. Not going to hospital because of pet needs. Seeing more hoarding of pets. Discounts from veterinarians/could be more connection to local pets needing homes and the ability to help out seniors with transportation to vet, walking dogs. More info for pet owners who are challenged with finances feeding, caring and where to take a small pet when it passes. Pima Animal Care helped me 4 years ago when my cat passed...for free as I had no money then. | 1, 2,3 | 02-6 |
| | Help with technology; computer instruction, DVD player, cell phones, Facebook, TV controls, etc. Home help at a reduced rate. Affordable internet, phone and cable services. | 1 | |
| | More support for grandparents raising grandchildren, especially financial support. | 1 | 04-3 |
| | No one discusses income, but some people are not able to maintain their homes on their own. The house may look fine on the outside, but not on the inside. | 3 | |

| CATEGORY | PART III NEEDS ASSESSMENT COMMENTS | 1 – Survey 2 – Focus Group 3 – Comment Meetings | |
|---------------------------------|---|---|----------------------|
| | COMMENTS/ISSUE | SOURCE | ACTION TAKEN |
| COMMUNITY INFRASTRUCTURE | Need to Increase awareness in community and businesses to make it a priority to be accessible and accommodating to elders and the disabled. | 1 | S2-1 |
| | Need to increase support to those with hearing loss by increasing use of looping, or CART at all meeting rooms used by PCOA, as well as other organizations and government. Need for Captioning for understanding of meeting presentations. More sign language interpreters are needed. | 1,2,3 | S2-1 |
| | More security for senior dwellings and over 55 apartments. I would like this community to more aggressively tackle pedestrian and bicycle safety, which include law enforcement monitoring of vehicle seats, etc. More visible street signs and lane lines. Wider parking spaces. More illumination of dark places all over our community. I want to not be afraid to be out walking. I am afraid of being mugged or assaulted because elders are not respected and we are not strong enough to defend ourselves. Home security checks for all seniors. | 1 | S2-1 |
| | Personal safety ranked a #12 concern by survey respondents. | 1 | |
| FAMILY CAREGIVERS | I am a family caregiver and go to a support group. It's good. | 3 | 04-5 |
| | Need support groups for caregivers caring for individuals with Alzheimer's Disease | 3 | 04-5 |
| | We need financial resources for family members and/or friends who are caring for a loved one, so they can remain in their own home and have assistance from someone they know and trust. | 1 | |
| | There is a need for more respite care and respite care at a reasonable rate. Respite care is needed for more than one hour. Would like to see respite care in the evenings and weekends, and for extended time - a week or more. Respite care for fulltime or working caregivers would be a welcome relief for those of us who care for the disabled. | 1, 3 | 04-2 |
| | More assistance for family caregivers. Adult children and spouses report leaving their jobs to take care of older and/or disabled loved ones. Need respite care, assistance with ADLs, support groups. | 1, 2, 3 | 04-1 04-2 04-5 |
| | Concerns as a caregiver are lifting, changing the bed, preventing bed sores etc. Who can I call to check in with for care? When is it time to call a case manager? | 3 | 04-1 04-6 |
| | Respite care needed, but can be hard for spouse to relinquish control. Burn out in 2 years- spouse becomes isolated. Potential for abuse without support or respite care. Takes convincing to accept services. | 2 | 04-1 04-6 |

| CATEGORY | PART III NEEDS ASSESSMENT COMMENTS | 1 – Survey 2 – Focus Group 3 – Comment Meetings | |
|---------------------------------|--|---|-----------------|
| | COMMENTS/ISSUE | SOURCE | ACTION TAKEN |
| HEALTH/MEDICARE COVERAGE/LTC | Fall prevention/fear of falling (#1 concern for survey respondents). Balance improvement is important. | 1 | 01-10 03-8 |
| | Seeing some of our clients gain increased independence with Matter of Balance classes. | 2 | 01-10 |
| | Help needed for managing insurance problems. Have to make lots of calls about insurance and it can be overwhelming- we need assistance making phone calls and advocating for individuals. | 1, 3 | 01-13 |
| | PCOA should advocate on: rising costs of healthcare, new Green Valley hospital in financial straits- it is needed but how can we keep it? | 3 | |
| | I'm concerned about charges from Emergency Room visits that are outside my network. | 3 | 01-13 |
| | The older population is increasing and people are living longer. The oldest-old are needing more services. There is a wave of people who are going to need services. | 2,3 | S2-1 |
| | At Quail Creek we are not concerned about a lot right now, we get out and about and exercise, but we will have needs. | 3 | |
| | We see same concerns as in the past four years, just more of them and more intense. Seeing more diversity in clients. Also seeing more young-old and older-old. Have more demanding clientele with feelings of entitlement (especially in educated). | 2 | |
| | Medicare doesn't cover dental, vision and hearing. Medicare does not pay assistive devices: eyeglasses, hearing aids or dentures. Resources are needed for providers and clinics with pro-bono and sliding scale fees. Affordable assistive devices like hearing aids and glasses ranked as #18 by survey respondents. | 1, 2, 3 | |
| | DES is in Ajo 1x/week, there is no confidentiality in the office. Social Security in Sells not in Ajo. No VA clinic here. VA doesn't come out to Ajo. | 3 | |
| | Seems to be a shortage of therapists and vendors for behavioral health services through ALTCS. | 2 | 02-4 |
| | We are seeing more clients with mental health/behavioral health, drug/alcohol issues. More substance abuse and different drugs than seen before. Need more and affordable services for emotional and mental health symptoms. | 1, 2 | 02-4 |
| | Need to reduce stigma around accessing behavioral health services. | 2 | 02-4 |
| | | | |

| CATEGORY | PART III NEEDS ASSESSMENT COMMENTS | 1 – Survey 2 – Focus Group 3 – Comment Meetings | |
|---------------------------------|---|---|---------------------------|
| | COMMENTS/ISSUE | SOURCE | ACTION TAKEN |
| HEALTH/MEDICARE COVERAGE/LTC | Many don't have the money for insurance co-pays, not getting adequate care. | 2 | |
| | Affordable dental care. Dental programs for low income older adults. | 1,2,3 | 01-13 03-5 03-6 |
| | Many expressed concerns and questions about insurance coverage. Understanding changes in Medicare ranked #5 by survey responders. | 1,2,3 | 03-6 |
| | More Medicare information sessions, have them in Spanish. More workshops during open enrollment. | 1, 2 | 03-5 |
| | Many concerns about quantity of PCPs and specialists in Pima County. Hard to find a PCP. Hard to get in to see specialist. Long waits and refusals from doctors, especially when new to community. Need doctor offices in Marana. Need list of specialists. | 3 | |
| | Prescription costs are a concern. Insurance does not cover some medications and if not a generic- it costs a lot. Lower prescription costs needed. Noted to be a big concern for grandparents raising grandchildren. | 2, 3 | 01-13 |
| | Could PCOA do one time medicine reconciliation and disposal? | 2 | S1-1 |
| | Better, more and affordable mental health services, facilities and psychiatrists. Behavioral/Mental health counseling ranked #4 concern by survey respondents. One has to be in crisis to be seen in a reasonable time frame. | 1 | 02-4 |
| | We are seeing more clients with memory loss and cases of Alzheimer's Disease progression. Memory loss ranked as #3 concern by survey respondents. Better services for Alzheimer's patients are needed and with more programs and activities at less cost addressing socialization for individuals with dementia/Alzheimer's. Need for moderate cost live-in facility for individuals with dementia and spouse with limited on-site common help. Better ID service for Alzheimer's Services. | 1, 3 | 02-3 |
| | Need better medical care - more doctors - better medical facilities. The wait for appointments with specialist and medical tests is always too long. | 1, 2 | |
| | Need knowledge and understanding of healthcare and community choices as I age. | 1 | 01-12, 02-3 03-5, 03-7 |



| CATEGORY | PART III NEEDS ASSESSMENT COMMENTS | 1 – Survey 2 – Focus Group 3 – Comment Meetings | |
|--|--|---|--------------------------|
| | COMMENTS/ISSUE | SOURCE | ACTION TAKEN |
| HEALTH/MEDICARE COVERAGE/LTC | Better, less expensive physical exercise facilities. Better access to activity. More fitness/exercise groups throughout city: free and/or more affordable. More of Tia Chi, yoga, laughter yoga, balance classes, fall prevention, Zumba. Improvements to the Loop Bike Path, to facilitate fitness as we age, ex. more rest areas along the bike path with water, shade and toilets. Water exercises, public indoor and outdoor pools. Heated pool (86 - 92 degrees) for arthritics. Pickle ball court, inside walking track. Nutrition/cooking classes. Enrichment programs. | 1 | 01-10n |
| | Medication education to avoid deaths from mixed up med information. | 1 | S1-1 |
| | Accidental injury (other than a fall) identified as #8 concern by survey respondents. | 1 | |
| | Depression/anxiety identified as #15 concern by survey respondents. | 1 | 02-3n |
| HOUSING, HOME MAINTENANCE/REPAIR/ADAPTATION | For seniors having increasing difficulty meeting their basic needs, some seek roommates to reduce cost of rent. Others are forgoing independence and moving in with adult children. | 2 | |
| | Help is needed for getting seniors to begin planning for changes in their living situation or use of help much, much earlier ---- before the need arises in a moment of health crisis. Older adults want information on transitioning from one level of care and/or housing to another. They want to know what is available, the cost and economics of level of care and are looking for affordable alternatives. Need information on what is and is not covered by insurance. There is also interest in alternative housing arrangements and more choices in senior housing. | 1,2,3 | 01-12n 03-2n 03-7n |
| | Affordable assisted living facilities in our community. Easier access to senior living communities, the wait is long. | 1 | |
| | There are homeless people in Catalina living under the wash. There is some crime. | 3 | |
| | Gentrification increasing and displacing older adults. Rents in communities are going up. | 2 | |
| | | | |

| CATEGORY | PART III NEEDS ASSESSMENT COMMENTS | 1 -- Survey 2 -- Focus Group 3 -- Comment Meetings | |
|---|--|--|-----------------|
| | COMMENTS/ISSUE | SOURCE | ACTION TAKEN |
| HOUSING, HOME MAINTENANCE/REPAIR/ ADAPTATION | Homelessness is increasing among seniors. Seniors do not qualify for PCOA services when homeless. What can be done for them? (Also noted as a growing concern for women and for LGBT seniors). | 1,2,3 | S2-1 |
| | I can't afford assisted living or nursing home – how do you pay for it? Hard on fixed income. | 3 | 01-12 03-7 |
| | Housing is getting older along with person. Some will not discuss income. Home may look fine on the outside but not on the inside or may have no belongings inside. People need help with home repairs: plumbing, weatherizing, sealing coolers. | 2, 3 | 06-1 06-3 |
| | My aunt's house needed work and help with payments, PCOA helped a lot and made phone calls for her. | 3 | |
| | People want to know how to go about downsizing and selling. They need help with organizing, packing and moving. | 1,3 | S2-2 |
| | Will come a point where I can't live rurally anymore (noted multiple times). | 3 | |
| | Help with yard cleaning (multiple). Ranked as #20 concern by survey respondents. | 1, 3 | 06-3 |
| | Concerns over need for affordable or free home repair, home modifications, wheelchair accessibility (multiple). Maintaining and repairing the home ranked #6 by survey respondents. | 3 | 06-1 06-2 |
| | Need a list of safe, dependable home repair companies. List of those who know how to work on manufactured homes. | 1,3 | 06-3 |
| | PCOA helped a lot, made my bath into a shower. I'm very grateful. | 3 | |
| | I'm a recipient, PCOA does things well but limited dollars for home repairs. | 3 | |
| | Armory Park needs affordable & safe housing and affordable transportation. | 3 | |
| | Hoarding is a problem. | 3 | |
| | Waste management comes into my yard and takes my garbage cans to street – great services. Need to keep this service going. | 3 | |
| | Community Home Repair of Tucson receives referrals from PCOA. Sees numerous problems in mobility and accessibility in and out of home. | 3 | 06-1 |
| | Many comments on need for affordable housing and affordable rent. | 1,2,3 | |
| | LGBT assistive-living, independent living, and nursing facilities that are trained and OK with LGBT residents. Well-trained homecare personnel who are LGBT or LGBT-trained and friendly. | 1 | 03-4 |

| CATEGORY | PART III NEEDS ASSESSMENT COMMENTS | 1 – Survey 2 – Focus Group 3 – Comment Meetings | |
|--|---|---|--------------|
| | COMMENTS/ISSUE | SOURCE | ACTION TAKEN |
| HOUSING, HOME MAINTENANCE/REPAIR/ ADAPTATION | Help needed for handicap access for homes, wheelchair accessibility, home modification, maintenance and repair. | 1 | 06-1 |
| IN-HOME ASSISTANCE | I'm concerned about the vetting of caregivers. Caregivers should be vetted for compassion. | 3 | |
| | Seeing increased applications from individuals for ALTCS who are not at the high level of care (immediate risk of nursing home level of care) required to qualify for ALTCS. Many of these people are in great need of supports to ensure safety. People need help filling out ALTCS forms. Could there be an ALTCS person located at PCOA to help? People who don't meet medical need for ALTCS end up on PCOA's wait list. | 2 | 03-7 |
| | PCOA does good and necessary work, in general services are appropriate. Elders would benefit by increasing the quantity and quality of services available. PCOA and community elders would benefit from increased funding to serve greater numbers of elders in need. | 2 | S2-1 |
| | Multiple comments that more in home assistance is needed. Ability to live independently at home #2 concern for survey respondents. | 1,2,3 | Goal 1 |
| | We need more caregivers and caregiving hours for the elderly people who need it. | 1 | |
| | Clients are of a larger age range than ever seen before- starting at 55-60 and some into 100+ years. They have different concerns. Whole population is not necessarily aging healthier. People discharged quickly from hospital and are being discharged at a level of care that families are not comfortable with and not prepared to provide (too much acute care). Lack of advocates for patients in hospitals and less patient driven. Current services allow for older adults to stay in their home longer or return home. But there are not enough services for the number needing it. Case managers need to authorize more time for patients returning home from hospital. More support for family caregivers. | 2 | S2-1 |
| | Many home care agencies concerned with workforce challenges (not enough direct care workers). | 2 | |

| CATEGORY | PART III NEEDS ASSESSMENT COMMENTS | 1 – Survey 2 – Focus Group 3 – Comment Meetings | |
|---------------------------|--|---|--------------|
| | COMMENTS/ISSUE | SOURCE | ACTION TAKEN |
| IN-HOME ASSISTANCE | There is a shift in public funding away from safety services. Desire to fund long term safety net is decreasing. | 2 | S2-1 |
| | The types of Community Service System services are good – some people are not getting enough help. Need more time to go grocery shopping. Consider one-time additional hours. Need to examine the every other week of housekeeping because needs such as garbage pile up. Fifth week service is a problem. | 2 | Goal 1 |
| | Keeping people in homes longer continues to be a challenge. | 2 | |
| | For vast majority the services keep people home longer than ever could have on their own. | 2 | Goal 1 |
| | Case Managers should promote services, might need to try a few times. Important to have communication improved between case manager and provider. | 2 | |
| | Ensuring quality services are provided by the community agencies is necessary. Many individuals receiving services from community agencies state a caregiver is not reliable or provides poor quality services. | 2 | |
| | PCOA case managers are making a difference. | 2 | |
| | Individuals that live in rural areas have limited access to home services due to lack of available caregivers willing to travel to provide services. | 2 | Goal 1 |
| | Additional funding for community services is needed. We are seeing less funding available, cuts to service hours and increased APS referrals. | 2 | S2-1 |
| | In-home care providers seeing increase in members in poverty and without family support. PCOA is helping, Would be helpful to have increased hours. People are in need of more services than they are receiving. | 2, 3 | |
| LEGAL | Laws needed to protect ALTCs pending patients against a SNF transferring a patient to ACUTE then refusing to take them back, putting a senior & family in limbo | 1 | 03-4 |
| | More adult children are living with their parents. Some clientele are being taken advantaged or being drained financially. Some may be afraid to report abuse. | 2 | 03-1 |
| | I would like to see a new program that will help us senior citizens when our children treat us with verbal abuse or upset us with bad words or comments. | 1 | 03-1 |
| | | | |

| CATEGORY | PART III NEEDS ASSESSMENT COMMENTS | 1 – Survey 2 – Focus Group 3 – Comment Meetings | |
|------------------|--|---|-----------------|
| LEGAL | COMMENTS/ISSUE | SOURCE | ACTION TAKEN |
| | I would like to see programs and agencies that protect seniors from financial exploitation. Would like information on digital safety and identity protection. Exploitation ranked as #19 concern by survey respondents. | 1 | 03-1 |
| | There are no attorneys in Ajo. | 3 | |
| | Affordable legal assistance ranked as #11 concern by survey respondents. | 1 | 03-3 |
| | More education and assistance needed to help individuals complete their advance care directives. Healthcare directives ranked as #3 concern by survey respondents. | 1, 2,3 | 02-6 |
| NUTRITION | Grandmothers raising grandchildren are 25% of Food Bank clients. Cost of food is a big concern. Financial support is needed. | 1, 2 | 04-3 |
| | Many at El Rio eat at congregate lunch. Happy with program. Some would like more variety. | 3 | 01-6 |
| | Casa Community Center Meals need a little improvement- want ordinary meals, not Mexican food – others commented meals were fine & all agreed that people have different tastes. Veggies need to be cooked longer. | 3 | 01-6 |
| | Del Coronado no longer has food service and transportation. | 3 | |
| | We appreciate lunch program at Ellie Towne and transportation/Sun Van services that bring us here. | 3 | 01-6 |
| | Would like age requirements for meals and activities lowered. Would like breakfast program. Would like help with holiday dinners-difficult on food stamps. Free lunch for low income 60+ people. Free transportation for 60 & over to the grocery stores. | 1,3 | |
| | Many individuals are unable to get to the grocery store or have ability to cook a healthy meal. These individuals are referred to a meal delivery agency but the individuals often decline stating the meals are not specific to their health needs (diabetes, cardiac, etc.), they cannot afford the service and the food doesn't taste good. Some area(s) without meal delivery. | 1, 2, 3 | |
| | Need more access to food programs for people who cannot prepare their own food. Need to know how to get food boxes and where the food banks are. Concerns about the level of food stamps. | 1, 3 | 01-5 01-6 |
| | More baby boomers entering system and they are more active. At TMC Senior Center, many don't seem to be as interested in lunch program as it exists now. | 2 | |
| | | | |

| CATEGORY | PART III NEEDS ASSESSMENT COMMENTS | 1 – Survey 2 – Focus Group 3 – Comment Meetings | |
|----------|--|---|-----------------|
| | COMMENTS/ISSUE | SOURCE | ACTION TAKEN |
| OTHER | Are spiritual needs of older adults being addressed? | 2 | |
| | Should have a program for young people to still do vocational training and learn skills to help out. Should interest students in doing credit worthy help with services for seniors in the community. | 3 | |
| | Advocacy needed for more services for elderly and needy, 55+. More funds needed for home delivered meals and for PCOA. Advocacy needed for legal issues, transportation, caregivers, higher re-imbusement rates for in-home support, property tax. | 3 | 02-6 |
| | Regular educational programs about special issues related to aging issues. | 1 | 01-12 02-3 |
| | We are Interested in classes here at Impact. Need to be sure to advertise what PCOA is doing in the Center. | 3 | |
| | Baby boomers are activists-have expectations and pressure for change. | 2 | |
| | Senior Companions helping veterans-need shirts and food. Do they know enough about PCOA? | 3 | |
| | Older people are overwhelmed with all the decisions they have to make. | 2 | |
| | Range of needs extends across Maslow's Hierarchy of Needs. People retire without plans for personal growth and development. Some of the population is lost and don't have a plan. | 3 | |
| | Would like to see more visibility and welcoming services for LGBTQI Community. Support Groups for Older Adults: grief, challenges of aging, chronic illness or pain, depression, anxiety, isolation. Increased and insured transportation services for low or no cost. Visiting Libraries to independent living, assisted living, nursing homes, aging in place homes. Visible and educated services and homes for aging people with mental illness. | 1 | |
| | | | |

| CATEGORY | PART III NEEDS ASSESSMENT COMMENTS | 1 – Survey 2 – Focus Group 3 – Comment Meetings | |
|--------------------|---|---|--------------------------------------|
| | COMMENTS/ISSUE | SOURCE | ACTION TAKEN |
| OTHER | We are seeing more older adults with no friends or family members to provide guidance in times of trouble, Many cases these are short-term issues when a problem arises, (broken hip, etc.). During a stressful situation they are often unable to take a list of providers and arrange care for themselves- yet not an APS issue. We can't help them and we don't know where to send them. | 2 | 03-2 |
| OUTREACH/MARKETING | I tell everyone I know about PCOA. I'm very appreciative of your help. | 3 | |
| | There is an increase of clients having more services in South Tucson area. Communication of services is better. Guillermo from PCOA is talking with people. I am grateful for help with letters and assistance from Guillermo. | 2, 3 | 03-2 |
| | Need to have more Spanish speakers and staff who can work in diverse communities. Have Never Too Late available in Spanish and more services available in Spanish. More resources are needed on the west and south side of town. | 1, 3 | 03-1 |
| | In Ajo no one calls helpline or uses caregiver supports. Making long distance calls and contact with PCOA is challenging for people. Need to see a face to make it easy and understandable. Would like to have a local advocate become a PCOA Ambassador in Ajo. Concerned about aging in place. | 3 | S2-2 |
| | PCOA should be located centrally - far east makes it less accessible to Latino neighborhood, an office in central or downtown Tucson would be more accessible to the true diversity of elders that need their services. Would like to see more PCOA offices/satellites including Oro Valley, Kroeger Barrio Neighborhood, Westside, and Northwest area. | 1,2 | |
| | PCOA needs to do more marketing to increase awareness of PCOA and resources. Increase outreach to inform people of the availability of services. People don't know where to go if they need assistance. Need to get the word out on Respite Care. Getting information about senior services ranked as #9 concern by survey respondents. | 1, 2, 3 | 02-1 02-2 02-5 02-6 S2-2 |
| | Better dissemination of PCOA information is needed. Numerous suggestions for getting the word out about PCOA including: doctors' offices and other healthcare professionals, neighborhood associations, faith communities, AARP website, Public Service Announcements, advertisements in local newsletters and commercials. | 1, 2, 3 | 02-1 02-2 02-5 02-6 S2-2 |

| CATEGORY | PART III NEEDS ASSESSMENT COMMENTS | 1 – Survey 2 – Focus Group 3 – Comment Meetings | |
|---------------------------|---|---|------------------------|
| | COMMENTS/ISSUE | SOURCE | ACTION TAKEN |
| OUTREACH/MARKTEING | Print material is not enough, challenging to get people to understand what resources are available, but not everyone has a smart phone or computer. More information classes at libraries or other neighborhood venues. Get the word out with technology - The PCOA website is good and has lots of resources. Need to reach isolated older adults who are not tech savvy. Some language barriers exist. Never Too Late is not in Spanish. "I had no idea about PCOA. This is terrific. People should know about it". | 1, 2, 3 | |
| | Gerontologists and physicians don't know about PCOA or have details. Need to get the word out about PCOA to the medical community and have more interfacing. PCOA should get info in medical publications that goes to doctors. | 3 | |
| | In Marana, focused presentations would be welcomed Medicare, transportation, etc. Just having someone come from PCOA doesn't seem to draw people. | 3 | |
| | Have to show what is here to get people to come to Casa Community Center. | 3 | S2-2 S2-2 |
| | Need communication-how to get PCOA message to Quail Creek community. | 3 | |
| | More face-to-face contact; Less tech and less grouping of handicap people into segments and acceptance. More understanding, compassion and consideration. | 1 | |
| | I'd like to see PCOA do something in Ajo besides sending a newsletter telling what is happening in Tucson. The old people in Ajo need help to age in place. | 1, 3 | S2-2 |
| SOCIAL ISOLATION | Many of our newest attendees at TMC Senior Services are 65-75 years old. They are more interested in learning how to stay healthy than how to deal with chronic conditions. Many more older adults are contacting us looking for socialization and ways to make friends. | 2 | 01-6 01-10 01-12 |
| | People come here still active, but as age, lose spouse, lot of isolation- and they don't want to ask for help. It's a challenge to reach them. | 1, 3 | |
| | More older LGBT adults are coming to Tucson to retire and age. More are coming out and going to pot luck dinners and meetings and request transportation. Many LGBT are without children and physically or emotionally apart from family and the need for connections and community has increased. Some older LGBT adults are going into independent living and assisted living and are concerned about treatment in institutional settings. | 2 | |
| | | | |

| CATEGORY | PART III NEEDS ASSESSMENT COMMENTS | 1 – Survey 2 – Focus Group 3 – Comment Meetings | |
|-------------------------|---|---|-----------------|
| | COMMENTS/ISSUE | SOURCE | ACTION TAKEN |
| SOCIAL ISOLATION | Cuts to senior services result in decreased socialization and increased isolation. | 2 | |
| | Fabric of society is changing, people not as neighborly. Neighbors don't know neighbors and check in with each other. | 1, 2 | 01-11 |
| | Isolating to be a senior alone- there is a volunteer telecare program with Sheriff's Department (Casa Community Center). Reassuring daily phone calls. | 1,3 | |
| | Loss of spouse/loved one ranked as #10 concern by survey respondents. | 1 | |
| | There needs to be a community center for all LGBTQ people. | 1 | |
| | Older adults have lack of advocates and support. We need to address needs of older adults with no family and those that don't have family or support and find resources for them. Social support seems additionally crucial for emerging 'solo seniors'. Homeless need support too. Loneliness and isolation ranked as #17 concern by survey respondents. | 1,2 | |
| | Older adults are looking for more volunteer opportunities | 1,3 | |
| | Home service clients are in need of more socializing, friendly visits and telephone reassurance. | 1, 2 | |
| TRANSPORTATION | Neighbors don't know how to get transportation. | 3 | |
| | More older adults living in outlying areas. Transportation a problem in rural areas (multiple). Lack of transportation contributes to isolation. | 1, 2 | |
| | Adult children are working longer into their 60s and 70s and are not able to drive their parents to the doctor. | 2 | |
| | Transportation is a major concern. Affordable transportation for low income adults is limited. Public transportation is not convenient or accessible. Bus stops are spread out, long wait times, problem especially with summer heat. Taxis are not a usual way for transportation for older adults. | 1,2 | Goal 5 |
| | Rides are needed for medical appointments. Companion/escort service for medical appointment. Transportation for medical procedures when person not allowed to drive self home or take taxi. Long distance transportation. Transportation for dialysis 3x/week. | 1,3 | Goal 5 |
| | Need better transportation for older adults with handicaps. | 1,3 | Goal 5 |

| CATEGORY | PART III NEEDS ASSESSMENT COMMENTS | 1 – Survey 2 – Focus Group 3 – Comment Meetings | |
|----------------|---|---|-----------------|
| | COMMENTS/ISSUE | SOURCE | ACTION TAKEN |
| TRANSPORTATION | Older drivers should be tested for ability to drive safely. Can PCOA do driver testing to check for safety? | 3 | |
| | Multiple complaints at El Rio about van service: drivers, vehicle accessibility, ability to get walkers on van, and handling of money accounts. | 3 | Goal 5 |
| | I'm grateful for the van that takes me to congregate meal site. | 3 | 05-1 |
| | Ajo Transportation is our local transportation, but not too convenient for medical. Would like bus at Armory Park Center (Armory Park). Transportation still a problem in Marana. Transportation is an issue in El Pueblo. Would like some form of public transportation along Old Spanish Trail. Shuttle for areas outside SunTran service. Transportation to River Road (many activities held there). SunTran doesn't go all the way to Impact. | 1, 3 | |
| | Affordable aid, driving to medical/shopping for Pima County outside of city. | 1 | |
| | Ellie Towne is urban and has a bus stop that is well-used. | 3 | |
| | Lack of affordable transportation makes us "shut ins" and causes social isolation. | 1 | Goal 5 |
| | Changing demographics have led to more clients needing ADA paratransit services and volunteer driver programs, both services funded by RTA. | 2 | Goal 5 |

PSA REGION 3
AREA PLAN
NEEDS ASSESSMENT EXTRACT

Area Plan

PART III - NEEDS ASSESSMENT

Should be **clear and concise**, no more than 8 paragraphs and address the following questions:

- What procedure was used to conduct the needs assessment? (Examples: survey instrument, public information gathering sessions, etc.)

The agency used a public involvement strategy that included forums, workshops and electronic messaging. The project team conducted four forums (one in each county) to discuss area-wide planning efforts. The intention was to allow participants opportunity to express priorities and concerns.

The project team also capitalized on seven community-based workshops to market the initiative and distribute survey materials. Sixteen senior centers circulated surveys to their clientele. One thousand hard copies were distributed including both English and Spanish versions. The agency also used electronic messaging resources to connect the needs assessment to various audiences. A total of 650 surveys were completed.

The project team also marketed the Needs Assessment through its Executive Board consisting of 40 members, including 32 governments representing cities, towns, counties and Native American Tribes. It was also marketed to all Area Agency on Aging Providers as well as the Advisory Council on Aging.

- What was the rationale for using the particular procedure(s)?
Needs assessments are tools to create actionable change. They are designed to ascertain qualitative data in order to determine the discrepancies between current and preferred conditions. Active resolution occurs as the Agency develops strategies to address these discrepancies through prioritized action plans. Implementation follows. Future Needs Assessment should demonstrate impact by measuring how implementation of services and funding meet the preferred conditions. This infers the Needs Assessment is part of a cyclical process.
- Who was involved in the assessment? What methods were used to ensure that the views of older individuals with greatest economic or social need, with particular attention to low-income minority individuals and individuals residing in rural areas, older individuals who are Native Americans, individuals at risk of institutional placement, and older individuals with severe disabilities were considered?
The process to develop the Community Needs Assessment began in the fall of 2015, where the agency departments designed and executed the Community Needs Assessment. Action occurred November 2016 through spring 2017. Participating NACOG departments included the Area Agency on Aging, Community Development, Community Services, Economic/Workforce Development, and Transportation/Planning. Priority populations were considered in the design of the needs assessment tool. The project team identified five core areas for evaluation:
 - **Health Care**
 - **Housing**
 - **Transportation**
 - **Home and Community Based Services**
 - **Employment**

The survey was designed to allow citizens to communicate their perception of community conditions in each topic, then rate and compare topics to determine the issues of greatest to least priority. The project team's public involvement strategies ensured priority populations were notified and given equitable opportunity to participate.

- What was the role and makeup of strategic partnerships? (examples: identification of other organizations, funders, and/or consumer groups)
Providers and community stakeholders were chosen for participation based on services they provide to our clients. The Senior Centers were also a strategic partnership for survey distribution because they are a known and trusted by the target population. By partnering with a variety of programs within NACOG we had strategic partnerships working with a broader audience. Elected officials were chosen for their participation based on their participation on the NACOG Board and the Advisory Council on Aging.
- What information collected from the needs assessment process was used to build the plan?
Information utilized to build the Area Plan was a compilation of:
 - **the data collected and evaluated from the needs assessment surveys**
 - **input received from participants at the Community Forums**
 - **the strategic planning processes of AAA staff and leadership, The Advisory Council, and the NACOG**

Area Plan

Planning Department

- What major barriers were anticipated or encountered?
We anticipated the barrier of non-response. By making the survey easy to fill out and not too long we hoped to overcome non responses due to the time commitment and too many open ended questions. We utilized more strategic partners in the distribution of the survey also to assist with a greater response.
- How were these barriers overcome?
By shortening the survey and making it less cumbersome. The Team utilized paper surveys and on-line surveys for greater access as well as a Spanish version.
- What prior planning activities or approaches were used?
Prior planning activities began in fall 2015 utilizing the NACOG departments named above.

Needs Assessment Comments/Issues and Actions

1. **Comment: Transportation, once again, was identified in our Community Needs Assessment as the number one unmet need. Transportation was identified and mainly needed for medical services and shopping and was identified as the greatest barrier to health care and services. The need for transportation and vouchers or subsidized transportation was also in the top category.**

Action: Work closely with Transportation/Planning Department at NACOG for Mobility Management. Create an outreach plan for more awareness of our toll free number. Staff answering that number have transportation resources available for referrals.

2. **Comment: The second identified unmet need in our assessment was food/nutrition. Food and nutrition was also identified as the #1 home and community based service needed.**

Action: The AAA continually strives to improve the delivery system of food and nutrition to all areas of the Region. We just completed an RFP for providers screening providers for quality service and nutrition along with ancillary services such as socialization and nutrition screening and education.

3. **The third identified unmet need was senior/aging services.**

Action: With flat funding for years, the rise of costs including the new minimum wages and additional cuts to funding, this is an area that the AAA is focusing on in their advocacy efforts. We are looking for ways to bring in new funding streams to assist in these services.

4. **The fourth identified unmet need is healthcare in general. The barriers to healthcare were transportation, availability and information.**

Action: AAA is creating an outreach plan to provide more knowledge about the services that are available utilizing our toll free number. We will also continue to work with Mobility Management for transportation options.

5. **The fifth identified unmet need is prescription drugs.**

Action: Our Medicare/Benefits Program will continue to assist clients to access the most affordable plans for drug coverage based on the prescriptions they need. In 6 months this program was able to save clients over \$600,000.00 by getting them on the right Part D plan, assisting clients to receive low income subsidies and assist clients with discounts and assistance directly from drug companies. The Medicare/Benefits Program will increase outreach for more awareness.

PSA REGION 4
AREA PLAN
NEEDS ASSESSMENT EXTRACT

Part III Needs Assessment

1. What procedure was used to conduct the needs assessment?

WACOG conducted a comprehensive Community Needs and Assets Assessment, including the needs of the senior population, with the methods of: community and provider surveys, analysis of public demographic data, collection of qualitative data from key informant interviews and focus groups in each of the three counties WACOG serves, and presentation of the results to advisory boards for discussion.

Community surveys were mailed to all case managed clients and distributed at senior centers. The community survey was additionally available on SurveyMonkey, and the Provider Survey was distributed electronically with responses collected on SurveyMonkey. The SurveyMonkey links were posted on WACOG's Facebook page and website, and were distributed through community email distribution lists. Paper survey responses were entered into SurveyMonkey by WACOG staff and volunteers to facilitate aggregate data analysis.

2. What was the rationale for using the particular procedures?

These procedures allowed WACOG to gather the input of residents of the Region IV area age 60+, as well as community leaders in key sectors. By comparing internally-collected and qualitative data with public demographic data, WACOG was able to corroborate data sources with each other and hone in on key trends, concerns, and needs.

The community surveys were sent to all clients and distributed via senior centers in order to gather a base of internally-collected data from the older adults that WACOG AAA and our partners serve. These paper surveys ensured that there were no technological barriers to accessing surveys, and the survey was also distributed in Spanish. Mailing the survey ensured access for clients, and collection of the surveys was aided by home-delivered meal drivers, case managers, and Senior Centers.

3. Who was involved in the assessment? What methods were used to ensure that the view of older individuals with greatest economic or social need, with particular attention to low-income minority individuals and individuals residing in rural areas, older individuals who are Native Americans, individuals at risk of institutional placement, and other individuals with severe disabilities were considered?

Seniors age 60 and older with greatest economic and social need were targeted by distributing the survey through WACOG AAA's active client database, which screens for individuals with greatest need upon entry. Distribution of surveys via mail in addition to distribution at Senior Centers allowed for isolated, rural, and home-bound seniors to participate. Spanish Surveys were provided to primarily Spanish-speaking clients through distribution in partnership with Senior Nutrition Providers, particularly in South Yuma County where older residents are predominantly Spanish-speaking. Case managers provided assistance when needed for clients to complete the surveys. Additionally, community stakeholders, elected officials, and providers of senior services were targeted due to their work and/or proximity to the senior population most in need.

4. What was the role and makeup of strategic partnerships? (examples: identification of other organizations, funders, and/or consumer groups)

Strategic partnerships included the Regional Council on Aging, which helped to disseminate the survey and distill the results of the key informant interviews and focus groups to determine the key findings and regional priorities. Additional strategic partnerships included service providers and Senior Centers, which helped to distribute and collect surveys. Finally, networking groups provided key strategic partnerships in the dissemination of both the community and provider surveys via email distribution lists.

5. What information collected from the needs assessment process was used to build the plan?

Data collected from the citizen survey (for seniors age 60+ and resident in Yuma, La Paz, and Mohave Counties) and provider survey (for employees of organizations, community leaders, and volunteers who work with the older adult population) were refined with additional data: qualitative data from key informant interviews with community leaders and focus groups, and quantitative data from the U.S. Census Bureau (American Community Survey) and other publicly-available data sources. The preliminary results of this data collection were reviewed with the Regional Council on Aging and Community Advisory Councils (representatives from which form the Community Action Board). Guidance from these groups informed the development of goals, objectives, and regional priorities.

6. What major barriers were anticipated or encountered?

Due to the length of the citizen survey instrument being an identified barrier in the 2014 WACOG AAA Area Plan process, the survey was shortened considerably. However, a low response rate from seniors, especially those mailed the survey, remained a barrier. For the provider survey, key informants, and focus groups an additional barrier encountered was “assessment fatigue,” as many community leaders are expected to go through similar needs assessment processes on behalf of multiple organizations. Barriers of geography among the Key Informant and Focus Groups were anticipated, in terms of gaining representation of the more rural and remote areas within Yuma, La Paz, and Mohave County, as well as in terms of gaining the input of people representing comparable organizations and sectors within the three counties.

7. How were these barriers overcome?

To overcome barriers encountered in the previous Needs Assessment in terms of length of the survey leading to non-response, the citizen survey was shortened and simplified. For both the citizen survey and provider survey, open-ended questions were reduced to simplify data analysis. To address fatigue with surveys and assessments, community leaders that had not previously participated in WACOG’s Key Informant Interviews or Focus Groups were invited. Attendance at Focus Groups was additionally incentivized with the provision of lunch. To assist Key Informants in participating with minimal barriers, WACOG distributed the interview questions in

advance, so that the actual interview could function as follow-up to questions the Informants had already had time to reflect upon.

8. What prior planning activities or approaches were used?

- Previous WACOG AAA survey instruments and Area Plan
- *Aging 2020: Arizona's Plan for an Aging Population*
- World Health Organization Age-Friendly Communities guidelines
- Coordination with WACOG's Community Action Program and Head Start staff and Needs Assessment requirements for an integrated Needs Assessment that considered community needs and assets across the lifespan, and in multi-generational perspective.

PSA REGION 5
AREA PLAN
NEEDS ASSESSMENT EXTRACT

Goodwill Industries, Town of Hayden, Community Action Human Resource Agency, Dorothy Nolan Senior Center and Open Hands Outreach program.

PGCSC has identified at least 15 different networks and/or coalitions that have regularly scheduled meetings which fit the mission of the agency and Area Plan on Aging goals. With that in mind, PGCSC's MPIT has recommended or assigned agency representatives or requested providers to attend, to represent senior issues and communicate senior needs. Outcomes are discussed at scheduled staff, AAA Advisory Council, Board of Directors or provider meetings.

The Management Performance Improvement Team (MPIT), consisting of Management staff under the direction of the President/CEO, tracks the progress of the Area Plan. MPIT and agency staff meetings are used to obtain staff input and to alert staff to ongoing program activities and possible changes that may impact the agency's operations and Area Plan process. PGCSC presents to the Advisory Council and Board on outcomes/outputs through program department reports monthly and a final report annually.

PART III NEEDS ASSESSMENT

Pinal-Gila Council for Senior Citizens, the designated Area Agency on Aging, Region V conducted the following identification of needs process for the planning of Area Plan 2018-2021.

During the initial planning process, the previous needs assessment process was reviewed. After taking into consideration time and resources adequately needed to get a comprehensive view of the region's needs, PGCSC decided that the best approach to accomplish this task was through a variety of methods, collaborations and partnerships. To accomplish this, PGCSC set a course to conduct an identification of community needs assessment using three distinct formats. They were: 1) Senior Needs Assessment Survey; 2) Formal Public Hearings, two in Pinal County and two in Gila County; and 3) a combination of other activities of analysis, planning, and evaluation.

Senior Needs Assessment Survey: PGCSC staff, Advisory Council, and Board of Directors chose to implement the basic questionnaire survey tool used in the past area planning process; however, the tool was modified and updated. The new component to the question of "most needed services by seniors and families" included thirteen (13) new sub categories with very specific options under each category. The survey was available in small/large print and on-line.

The questionnaire was distributed throughout the Region through major mailings, and in some cases hand delivered to a client's home. Various Cities and Towns chose to place the survey on their local website.

This document had a wide distribution base. The questionnaire went to: senior center and home delivered meal participants; home care services clients; older adults not receiving services; support groups; faith-based organizations; providers/contractors; social service and public agencies; local businesses; elected officials; and county, town

and city officials. The completed survey was returned to PGCSC through U.S. mail or collected by the distributing partner agencies. Of the 2,758 surveys distributed 1,011 were returned. The results (quantitative) were compiled in total, by county, public service area, and cities/towns. This gave the Area Agency the ability to review the results by each community within the public service area of the region and to further identify specific needs for future goal planning and details for needed action step development. The summary of all data was presented at each public hearing and at a special Area Agency on Aging Advisory Council and Board of Directors meeting prior to going out to Public Hearing.

Public Hearings on Area Plan: Four formal public hearings were conducted in 2017 throughout Pinal and Gila counties. Public hearings and local meetings were called to obtain information and input from the public for planning purposes. Advisory Council members were involved in these sessions, and minutes are provided as an attachment. Advertisements of the hearings were placed in local newspapers, websites, newsletters and posted flyers throughout the Region.

Other Activities of Analysis and Planning: Below are additional methods of data review and analysis used in the identification of needs process:

- Review of 2010 and 2015 Census Data information, growth projections for the Region by DES Population Statistics Department, DES Department of Aging & Adult Services (DAAS) demographics and Older American Act funding allocation projections for SFY 2018.
- Caregiver Findings: Review of outcomes of Senior Connection and Caregiver Conferences sponsored by PGCSC.
- Transportation training service needs results from Pinal and Gila Senior Centers.
- Results from Resource Round Up Information Conference, June 2016.
- Staff analysis of community demographic reports and planning documents from various community and state-based agencies such as Central Arizona Council of Government's Title XX Local Plan priorities, Northeastern Arizona Workforce Development Board priorities, and Pinal County Workforce Development Board priorities, Cenpatco Integrated Behavioral Health service priorities, Governor's Advisory Council's State Legislative priorities, Department of Health Services Aging priorities, Federal AOA and DAAS State required goals, Meals on Wheels Seniors Nutritional at Risk Studies, Arizona Community Action Association Poverty Report, N4a Legislative priorities, Arizona's and Pinal-Gila's White House Conference on Aging forum recommendations, United Way of Pinal County impact goals, Local Towns and Cities/CAG/County Transportation Plans, Pinal County Town Hall outcomes, National Association of Area Agencies on Aging policy recommendations and legislative briefs, Arizona Area Agency on Aging Association Senior Summit 2016 recommendations, AOA's Initiatives, and DAAS's policy and procedure requirements.
- Information gained from participation in local network meetings, such as Governor's Advisory Council on Aging meetings, Cenpatco Integrated Health Prevention and Coordinating meetings, Cesar Chavez committee meetings, Latino Familia Initiative meetings, Pinal County CARE Network, Maricopa Senior Expo, TRIAD meetings, Statewide Elder Abuse Task Force, Pinal Resource Roundup Community Forum and committee meetings, Maricopa's Senior Information Expo,

Maricopa's Age Friendly Advisory Committee, Southern Gila County Network Team priorities, and Arizona Association of Area Agencies' quarterly meetings, quarterly meetings with Governor's State leadership and their directors from DHS, Attorney General, AHCCCS, DES, and Governor's office policy advisors.

- Review of client intake service summary sheets for all direct and subcontracted service requests (PGCSC's Central Intake, I & R, AZ Links Care Network, the Benefits and Advocacy Program, and website hits requesting information).
- Publications of State/National Senate and House Hearings and legislative news reports regarding senior programs and policies issues by the Governor's Advisory Council on Aging.
- Review of current waiting and turn away lists for all Region V services, current service levels, as well as, analysis of social services, caregiver, home care and nutrition demographic reports.
- Information from senior center providers and case managers' meetings as current trends.
- Review of Federal, State, and County economic trends for revenues and resources.
- Review of HHS, Administration on Aging's demographic and policy website.
- Planning meeting recommendations from PGCSC Board of Directors, Advisory Council, Pinal-Gila Council's Senior Foundation, and Management and staff meetings.

During the overall planning process, potential barriers were addressed. Barriers identified included:

1. Not being satisfied with the return on the initial mail-in surveys. To address this, the number and location of survey forms were recorded and follow-up calls were made, as appropriate. This resulted in better returns from more communities in Pinal and Gila counties.
2. In order to reach family caregivers, mailers were specifically targeted to Alzheimer's support groups throughout Pinal and Gila counties and to registered Caregivers.
3. To reach rural seniors in isolated geographic areas, case managers and providers in the area were recruited to assist in targeting their local seniors to fill out needs surveys or attend focus groups.
4. Ethnic minority and monolingual older adults were targeted for assistance in completing the survey through bi-lingual staff, case managers, Title V participants and senior center directors. Racial and ethnic individuals were targeted by attending various local community cultural events.
5. In order to obtain economic and social needs information, PGCSC collaborated with community action agencies for poverty and community status information.

Priority Issues for Region V
The following table summarizes our findings:

| ISSUE | SOURCE | ACTION |
|--|--------|----------------------------|
| Home delivered, senior center meal programs and other food assistance programs | *1,2,3 | Goal & Objective Developed |
| Transportation for medical and basic needs (local and out-of-town) | *1,2,3 | Goal & Objective Developed |
| In-home /group respite, adult day care and family caregiver services | *1,2,3 | Objective Developed |
| Assistive Devices for walking, hearing, eating, speaking, etc. | *1,2,3 | Objective Developed |
| Exercise, fitness health and wellness programs | *1,2,3 | Objective Developed |
| Financial help with dentures, glasses, hearing aids and prescriptions | *1,2,3 | Objective Developed |
| Home care (housekeeping, home health/nursing, personal care, attendant care) | *1,2,3 | Objective Developed |
| Provision of Information, Referral, Options Counseling and case management | *1,2 | Goal & Objective Developed |
| Assistance in understanding insurance, Medicare and other healthcare options (medical coverage, prescription drug plans, preventive covered services) | *1,2,3 | Goal & Objective Developed |
| Managing chronic illnesses (diabetes, depression, hypertension, arthritis, etc.) | *1,2,3 | Goal & Objective Developed |
| Legal services (wills, power of attorney, landlord/tenant, consumer, debt problems) and prevention of elder abuse, exploitation, and fraud | *1, 2 | Goal & Objective Developed |
| Affordable skilled and assisted care facilities in region needed and long term advocacy | *1,2,3 | Objective Developed |
| Affordable housing and home repair | *1,2,3 | Objective Developed |
| Affordable and accessible medical & dental healthcare | *1,2,3 | Objective Developed |
| Family caregiver services for adult caregivers and grandparents | *1,2,3 | Objectives Developed |
| Area Agency to assist communities in understanding benefits and services, work on behalf of seniors, advocate for senior issues and strengthen senior centers and programs | *1,2,3 | Objective Developed |
| Senior Employment and Volunteerism | 3 | Objective Developed |

*Source Key. 1. Community Needs Assessment 2. Public Hearings
3. Other: Accumulation of Other Identification of Needs Planning Documents.

PART IV
Goals, Objectives and Action Plans

Pinal-Gila Council for Senior Citizens
Area Plan Goals and Objectives
2018-2021

1. Increase awareness and understanding of aging issues in Pinal and Gila counties and help prepare for an aging population.
2. Increase the ability of older adults to remain active, healthy, and living independently in their communities.
3. Increase the safety and well-being of seniors in Pinal and Gila counties.
4. Enhance the capacity of our region to develop and maintain the necessary infrastructure to deliver services in a culturally appropriate, timely and cost effective manner.
5. Enhance opportunities and collaborations for transportation services for seniors in Pinal and Gila counties.
6. Complete transition to new data management systems to improve operational efficiency.

GOAL ONE
***Increase awareness and understanding of aging issues in
Pinal and Gila counties and help prepare for an aging population.***

1.1 Strategic Objective:

Collaborate with various organizations and stakeholders to disseminate aging and support service information and assistance to seniors, families, providers, community agencies, private and public sectors.

1.1.1 Develop and enhance education and training opportunities in areas related to care giving, health, wellness, housing, employment, volunteerism and other identified local aging issues.

1.2 Strategic Objective:

1.2.1 Implement PGCSC's "Adult and Aging Care Essentials," a service and options care program for seniors and caregivers for information and referral, assistance, and short and long term planning.

PSA REGION 6
AREA PLAN
NEEDS ASSESSMENT EXTRACT

PART III
NEEDS ASSESSMENTS

SEAGO Area Plan on Aging July 2017 – June 2021

PART III – NEEDS ASSESSMENT

Background: Performing a region-wide needs assessment is integral to understanding most urgent current needs and priorities of the elderly and disabled for purposes of updating the Area Plan on Aging. However, it's equally important to consider that each Area Plan is based on plans developed in the past and drastic changes as to what services are funded will not be made solely on the results of a needs assessment. Services will continue to be funded based on utilization trends, and clients can expect some consistency despite budget cuts. The SEAGO Advisory Council on Aging (ACOA) reviews all proposed funding allocations in detail, comparing them with those most recently approved, and makes recommendations to staff relating to changes in allocations.

In the development of this Area Plan, the ACOA reviewed the minimum goals and objectives that the state unit on aging and the Area Agencies on Aging had agreed to include in their respective plans, and reviewed a first draft of the updated Area Plan during their October 2016 meeting. At the January 2017 meeting, the ACOA brainstormed activities that the SEAGO AAA should undertake over the next four fiscal years, reviewed the results of the needs assessment that had been conducted, and reviewed a second draft of the updated Area Plan. At the April 2017 meeting, the final draft of the updated Area Plan was reviewed by the ACOA and recommended it for approval by the Administrative Council and Executive Board.

In addition to review by the ACOA, during the month of March, the Area Agency on Aging held four public hearings throughout the region in the interest of gathering public input for the updated Area Plan. Public hearings were held March 1st (Sierra Vista), March 8th (Nogales), March 15th (Clifton) and March 22nd (Safford). To the extent possible, the input received has been incorporated into the Area Plan.

To determine the most urgent needs of the elderly and disabled across the region, the AAA performed a needs assessment that included a review of needs assessment surveys; key informant questionnaires; demographic and census data for the region; and historic utilization of AAA services. Below is a summary of each of the results of these needs assessment components:

Needs Assessment Surveys: In the last quarter of calendar year 2016, the SEAGO AAA reached out to service providers, local senior citizen service programs, hospitals, health clinics, key informant groups, long term care and assisted living facilities, and other partners to distribute surveys in both English and Spanish throughout the region. SEAGO contracted with U.S Economic Research (USER) to assist with the distribution of the survey instrument and data analysis of the region wide survey results. USER also created an electronic version of the survey which was posted on the SEAGO website, the AAA Facebook page, as well as distributed through Cenpatico Integrated Care's extensive e-mail server list in Cochise County.

Needs assessment surveys were distributed at senior housing complexes, nutrition sites, and other senior citizen group meeting places. SEAGO staff, case managers, home delivered meals staff as well as ACOA board members helped provide the surveys to those who were homebound and helped individuals fill them out. AAA staff also mailed out approximately 1,800 surveys to all existing clients in the region who receive services through our agency. By targeting individuals who are case managed, the views of individuals 60 years of age or older with the greatest social and economic need, with particular attention to older individuals who are low-income minority, older individuals residing in rural areas, older individuals with severe disabilities, older individuals with limited English speaking abilities and

SEAGO Area Plan on Aging July 2017 – June 2021

any individuals with Alzheimer's disease or related dementias were considered. This is the fourth time that virtually the same survey tool has been collected and analyzed by the USER, thereby allowing for comparisons over the years.

As stated in the report produced by the USER, the survey indicated the most important need of the elderly in southeastern Arizona is affordable dental care. This was rated a serious problem by 37.5 percent of survey respondents across the region and was the number one serious problem in three of the four counties (in Greenlee County it ranked second to maintenance and repair of the home). In addition to being rated the top serious problem, affordable dental care was also perceived as a problem ("some problem" or "serious problem") by 64.8 of those surveyed across southeastern Arizona. It was perceived as a problem by more respondents than any other issue in three of the four counties (again, this ranked second in Greenlee County).

The second most important need of the elderly in the SEAGO region is affordable assistive devices (hearing aids, glasses, canes, etc.). This was rated a serious problem by 24.6 percent of survey respondents across southeastern Arizona. Affordable assistive devices ranked second on the list of serious problems in Cochise and Santa Cruz counties, fifth in Graham County, and seventh in Greenlee County. In addition to being rated a top serious problem, affordable assistive devices were also perceived as a problem ("some problem" or "serious problem") by 57.4 percent of those surveyed across southeastern Arizona. It was second on the list of problems in Graham County, third in Cochise County, and fourth in both Greenlee and Santa Cruz counties.

Other important concerns at the regional level include maintenance and repair of the home, income (having enough money for basic needs), and cost of energy and utilities. Maintenance and repair of home was rated a serious problem by 23.2 percent of survey respondents across southeastern Arizona and was in the top five most serious problems in three of the four counties (it was ranked eighth in Santa Cruz County). Income was rated a serious problem by 20.2 percent of all respondents in southeastern Arizona; however, this was skewed by a disproportionately large number of survey respondents in Santa Cruz County where it was ranked third. Income was ranked sixth on the list of serious problems in Greenlee County, ninth on the list in Cochise County, and tenth in Graham County. The cost of energy and utilities was rated a serious problem by 19.8 percent of all respondents across southeastern Arizona. It was fourth on the list of serious problems in Greenlee and Santa Cruz counties, seventh on the list in Graham County, and twelfth in Cochise County.

The needs assessment survey tool was modified this year to specifically ask where individuals go for advice about their health insurance or Medicare. In southeastern Arizona, insurance agent was the most popular source (14.7 percent of survey respondents) followed by SEAGO AAA (14.2 percent). Popular write-in responses were doctors, family members, friends, and Veterans Administration. The needs assessment survey tools in both English and Spanish are attached in Appendix E2. See Appendix E3 for the complete needs assessment results prepared by the USER.

Key Informant Questionnaires: Electronic mailing lists were used initially to distribute key informant questionnaires, but despite sending out reminders, only a few were returned. As a result, the AAA Program Manager travelled throughout the four-county region to meet with community leaders working closely or directly with elderly and disabled. Questions contained in the key informant questionnaires addressed changes to clientele, changes in the community that affect older and disabled clients, emerging unmet needs, future changes affecting the service delivery, recommendations for evidence based programs, what is inadequate about the current system, and changes recommended to the current system.

SEAGO Area Plan on Aging July 2017 – June 2021

Of the Home Community Based Services, home delivered meals was ranked the highest (17%) followed by case management (16%). Of Health Promotion services, Chronic Disease Self-Management ranked the highest (39%) followed by A Matter of Balance (35%). Of the Family Caregiver Support Program, Caregiver Training ranked highest (29%) followed by Caregiver Case Management (26%). For Elder Rights, Assistance with Medicare and Insurance ranked highest (43%) followed by Long Term Care advocacy (32%).

It was clear that the concept of the Aging Mastery program is not yet understood as this is a goal and pilot program that has not yet been introduced.

The economy has reduced the ability of family members to provide support for their elders. Many have had to move to find work and leave their elderly family members. There are significant increases in the number of elders needing services, and the acuity level of these elder is higher.

Demographic Data: The 2010 Census and the American Community Survey have been used to develop funding formulas as a basis for county allocations of state funding and for Older Americans Act funding. Service utilization trends are then used to adjust the base allocations as described below. These same formulas will be used for the term of this plan and are included in the Appendix F. The demographic pattern of individuals receiving services is compared at least annually to each county’s census profile to ensure that minority and low income individuals are being served appropriately.

Service Utilization: Service utilization for case managed services is reviewed on a monthly basis to ensure that services are being used, and that case managers are authorizing service levels as budgeted. Where productivity and utilization have declined, a more in-depth review is made to determine whether the service in question is still relevant or whether a change in the service delivery process is needed. In recent years the utilization data has helped determine areas in which funding allocations for services should be reduced and areas in which allocations should be increased in response to demand for services. Congregate meals utilization has increased in the Tombstone, Patagonia and Nogales sites due to improved meals, personnel, and socialization activities and funding has been increased in response to these trends.

Action to be Taken to Address Identified Needs: The table below summarizes the actions to be taken to address the needs identified in the needs assessment process:

| Comment or Issue | Source | Action to be taken |
|------------------------|--------------------------|---|
| Affordable Dental Care | Needs Assessment Surveys | Ship counselors will have information about Medicare plans and clinics or service clubs that provide dental or vision services. Enrollment of dual eligible clients into Special Needs Plans by getting QMB coverage for both Parts A & B of Medicare will be reviewed carefully. Increases of SHIP volunteers are being trained and these numbers will decrease significantly. |

SEAGO Area Plan on Aging July 2017 – June 2021

| Comment or Issue | Source | Action to be taken |
|--|--|--|
| Affordable assistive devices | Needs Assessment Surveys | Ship counselors and case managers will have information about insurance coverage for assistive devices and a list of loan closets. Case Managers will be providing more advocacy in their areas and inform clients of available options. |
| Maintenance and repair | Needs Assessment Surveys | Potential sources of assistance will be catalogued; feasibility of consolidating regional human services will be explored. |
| Income and Energy costs | Needs Assessment Surveys | Explore feasibility of consolidating regional human services. |
| Lack of Transportation | Needs Assessment Surveys; Key Informant Questionnaires | Continue to address transportation needs by participating in ADOT-funded mobility management activities, coordination of transit providers and identifying service gaps in the region. |
| Telemarketing or In-Home Sales | Needs Assessment Surveys | Increase public information forums on fraud prevention. |
| Finding Legal Assistance | Needs Assessment Surveys | Continue to work closely with SALA in order to provide legal assistance to AAA clients. |
| Access to information and knowledge about services | Needs Assessment Surveys; Key Informant Questionnaires | Improve outreach, increase marketing and electronic distribution of resource directories, and strengthen partnerships. |
| Paying for prescription drugs | Needs Assessment Surveys; Key Informant Questionnaires | Increase SHIP volunteer base to assist potential Medicare clients in obtaining appropriate prescription drug plans. Currently, AAA has three trained volunteers and 8 more in the process of receiving training. |
| Revise county level allocations | 2010 Census | Base funding levels to counties will remain the same but will continue to fluctuate based on need and utilization trends. |
| Need to continue to provide existing services | Utilization Data | Maintain funding levels as best as possible within available resources. |

US ECONOMIC RESEARCH

Economic, Business and Public Policy Research and Consulting



SEAGO Area Agency on Aging: Needs Assessment Survey Results, 2016

Robert Carreira, Ph.D.

January 2017

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Executive Summary

This report presents the results of a needs assessment survey of the senior population in Southeastern Arizona conducted by US Economic Research and SouthEastern Arizona Governments Organization's Area Agency on Aging. The survey was conducted during the fourth quarter of calendar year 2016. The survey included a sample of 689 seniors (ages 60 and older) residing in Cochise, Graham, Greenlee, and Santa Cruz counties.

The survey indicated the most important need of the elderly in Southeastern Arizona is affordable dental care. This was rated a serious problem by 37.5 percent of survey respondents across the region and was the number one serious problem in three of the four counties (in Greenlee County it ranked second to maintenance and repair of the home). In addition to being rated the top serious problem, affordable dental care was also perceived as a problem ("some problem" or "serious problem") by 64.8 of those surveyed across Southeastern Arizona. It was perceived as a problem by more respondents than any other issue in three of the four counties (again ranked second in Greenlee County).

The second most important need of the elderly in Southeastern Arizona is affordable assistive devices (hearing aids, glasses, canes, etc.). This was rated a serious problem by 24.6 percent of survey respondents across Southeastern Arizona. Affordable assistive devices ranked second on the list of serious problems in Cochise and Santa Cruz counties, fifth in Graham County, and seventh in Greenlee County. In addition to being rated a top serious problem, affordable assistive devices were also perceived as a problem ("some problem" or "serious problem") by 57.4 percent of those surveyed across

Southeastern Arizona. It was second on the list of problems in Graham County, third in Cochise County, and fourth in both Greenlee and Santa Cruz counties.

Other important concerns at the regional level include maintenance and repair of home, income (having enough money for basic needs), and cost of energy/utilities. Maintenance and repair of home was rated a serious problem by 23.2 percent of survey respondents across Southeastern Arizona and was in the top five most serious problems in three of the four counties (it was ranked eighth in Santa Cruz County). Income was rated a serious problem by 20.2 percent of all respondents in Southeastern Arizona; however, this was skewed by a disproportionately large number of survey respondents in Santa Cruz County where it was ranked third. Income was ranked sixth on the list of serious problems in Greenlee County, ninth on the list in Cochise County, and 10th in Graham County. The cost of energy/utilities was rated a serious problem by 19.8 percent of all respondents across Southeastern Arizona. It was fourth on the list of serious problems in Greenlee and Santa Cruz counties, seventh on the list in Graham County, and 12th in Cochise County.

Telemarketing or in-home sales, although it ranked ninth on the list of serious problems regionwide, ranked second in Graham County and third in Cochise County (it was further down the list at ninth in Santa Cruz County and 14th in Greenlee County). Maintenance of the yard, while it ranked sixth on the list of serious problems regionwide, ranked third in Graham and Greenlee counties and fifth in Cochise County (it was further down the list at 14th in Santa Cruz County). Transportation, while it ranked seventh on the list of serious problems

regionwide, came in at fifth in Greenlee County and sixth in Santa Cruz County.

Issues that were least regarded as serious problems in Southeastern Arizona were elderly abuse/exploitation, getting information about disease prevention, raising grandchildren, personal safety, and personal care.

The survey also revealed the most common sources of advice regarding health insurance or Medicare regionally were insurance agents and SEAGO Area Agency on Aging. The most popular sources of transportation were respondents' own vehicles, friends and neighbors, and public buses.

INTRODUCTION

In the fourth quarter (October through December) of calendar year 2016, US Economic Research in partnership with SouthEastern Arizona Governments Organization's (SEAGO) Area Agency on Aging (AAA) conducted a survey of 689 residents of Southeastern Arizona (Cochise, Graham, Greenlee, and Santa Cruz counties) ages 60 and older to determine their needs for assistance (See Table 1 for distribution of sample). The surveys were distributed at

various locations throughout the counties in places where residents ages 60 and older were known to frequent. An online version was disseminated by AAA and posted to the SEAGO website. US Economic Research reviewed the survey design, prepared the online version of the survey, provided data entry and analysis, and prepared this report. Survey results were compared to those from a similar survey conducted in late 2012 and early 2013 (see Appendix A for comparison of results). The survey instrument is at Appendix B (English) and Appendix C (Spanish).

TABLE 1: SAMPLE SIZE DISTRIBUTION

| | |
|-------------------|-----|
| Cochise County | 219 |
| Graham County | 156 |
| Greenlee County | 56 |
| Santa Cruz County | 258 |
| TOTAL | 689 |

| TABLE 2: AGE GROUP DISTRIBUTION OF THE SAMPLE (%) | | | | | | | |
|---|-------|-------|-------|-------|-------|-------|-----|
| | 60-64 | 65-69 | 70-74 | 75-79 | 80-84 | 85-89 | 90+ |
| Cochise County | 13.9 | 14.9 | 20.3 | 15.3 | 15.8 | 10.9 | 8.9 |
| Graham County | 12.4 | 22.8 | 19.3 | 15.2 | 13.8 | 11.0 | 5.5 |
| Greenlee County | 19.2 | 19.2 | 13.5 | 7.7 | 21.2 | 13.5 | 5.8 |
| Santa Cruz County | 8.0 | 19.7 | 21.0 | 17.6 | 18.5 | 7.6 | 7.6 |
| TOTAL | 11.8 | 18.8 | 19.8 | 15.5 | 16.8 | 9.9 | 7.4 |

| TABLE 3: SEX DISTRIBUTION OF THE SAMPLE (%) | |
|---|------|
| Cochise County | |
| <i>Female</i> | 68.5 |
| <i>Male</i> | 31.5 |
| Graham County | |
| <i>Female</i> | 68.2 |
| <i>Male</i> | 31.8 |
| Greenlee County | |
| <i>Female</i> | 76.5 |
| <i>Male</i> | 23.5 |
| Santa Cruz County | |
| <i>Female</i> | 67.2 |
| <i>Male</i> | 32.8 |
| TOTAL | |
| <i>Female</i> | 68.6 |
| <i>Male</i> | 31.4 |

TABLE 4: SHARE OF THE SAMPLE WHOSE PRIMARY LANGUAGE IS SPANISH (%)

| | |
|-------------------|-------------|
| Cochise County | 20.2 |
| Graham County | 2.7 |
| Greenlee County | 3.6 |
| Santa Cruz County | 66.1 |
| TOTAL | 31.9 |

Figure 1: Southeast Arizona Sample by Race/Ethnicity

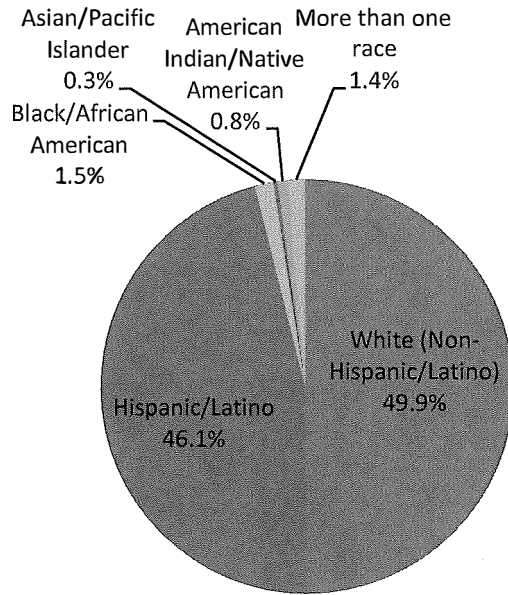


Figure 2: Cochise County Sample by Race/Ethnicity

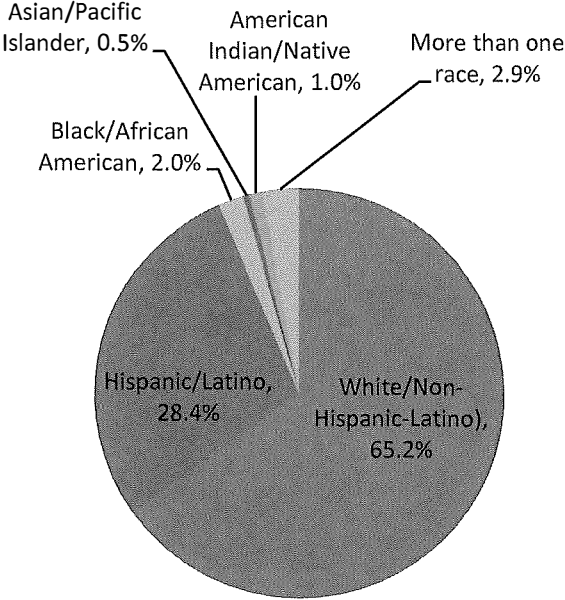


Figure 3: Graham County Sample by Race/Ethnicity

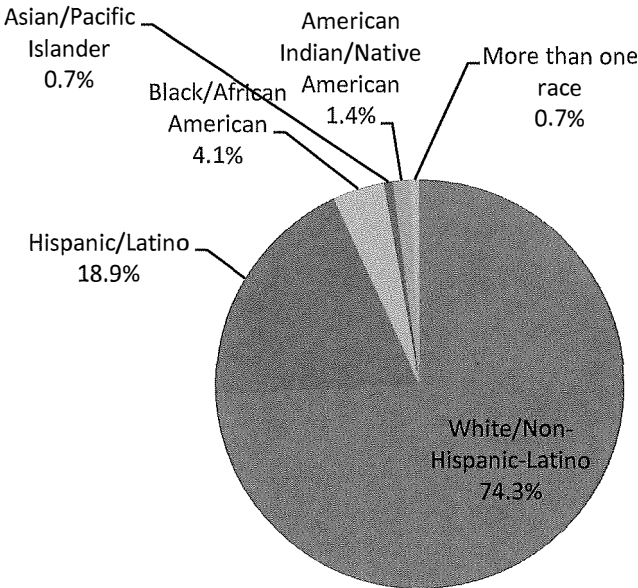


Figure 4: Greenlee County Sample by Race/Ethnicity

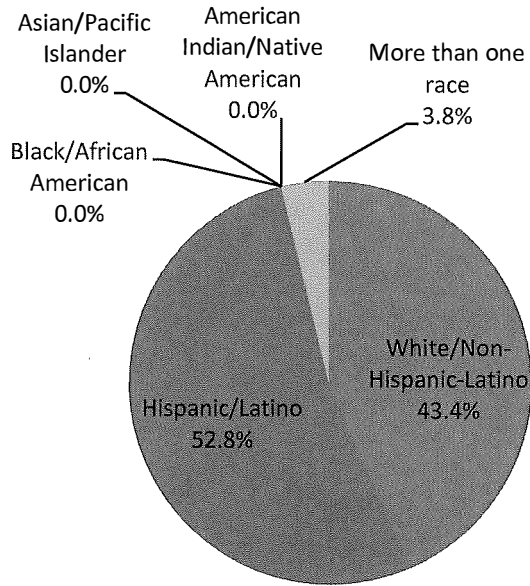
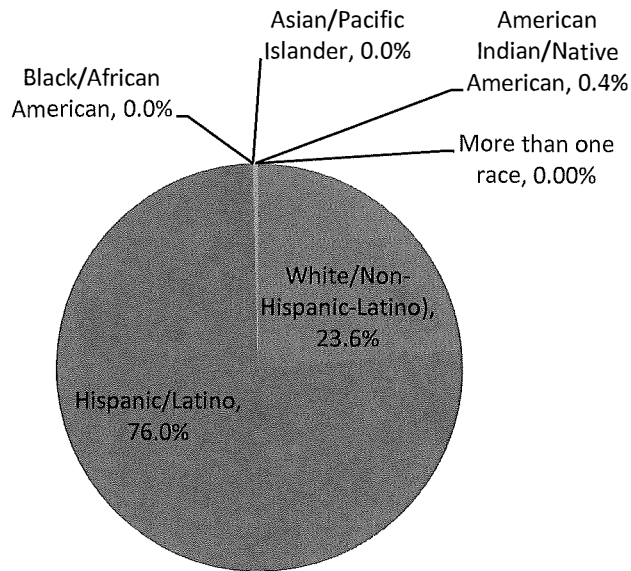


Figure 5: Santa Cruz County Sample by Race/Ethnicity



Narrative and Tabular Survey Results

Southeast Arizona

Sample Size: 689

Serious problems

Issues identified as a serious problem by the largest share of survey respondents throughout Southeastern Arizona (Cochise, Graham, Greenlee, and Santa Cruz counties) were affordable dental care, identified as a serious problem by 37.5 percent of those surveyed; affordable assistive devices, identified as a serious problem by 24.6 percent; maintenance and repair of home, identified as a serious problem by 23.2 percent; income, identified as a serious problem by 20.2 percent; and cost of energy/utilities, identified as a serious problem by 19.8 percent of respondents.

Problems

Issues identified as a problem (either “some problem” or “serious problem”) by the largest share of survey respondents across Southeastern Arizona were affordable dental care, identified as a problem by 64.8 percent of those surveyed; affordable assistive devices, identified as a problem by 57.4 percent; maintenance and repair of home, identified as a problem by 54.5 percent; income, identified as a problem by 52.1 percent; and cost of energy and utilities, identified as a problem by 51.8 percent of respondents.

No problem

Issues identified as no problem by the largest share of survey respondents throughout Southeast Arizona were raising grandchildren,

identified as “no problem” by 82.7 percent of those surveyed; elderly abuse/exploitation, identified as “no problem” by 82.1 percent; personal care, identified as “no problem” by 78.5 percent; providing care and supervision for an elderly family member, which was identified as “no problem” by 76.9 percent; and volunteer opportunities, identified as “no problem” by 75.7 percent of those surveyed.

Sources of Health Insurance/Medicare advice

Survey respondents were asked to identify their sources of advice regarding health insurance or Medicare. In Southeastern Arizona, insurance agent was the most popular source (14.7 percent of survey respondents) followed by SEAGO AAA (14.2 percent). Popular write-in responses were doctors, family members, friends, and Veterans Administration. See Appendix D for a complete list of responses regarding other sources contacted.

Sources of Transportation

Survey respondents were asked to identify their sources of transportation. In Southeastern Arizona, own vehicle was the most popular source (59.5 percent of respondents) followed by friend/neighbor (17.6 percent) and public bus (12.3 percent). A popular write-in response was family members. See Appendix E for a complete list of responses regarding other sources of transportation.

TABLE 5: ISSUES/POTENTIAL PROBLEMS RANKED BY SERIOUSNESS (SOUTHEAST ARIZONA)

| <i>Issue/Problem</i> | <i>Respondents Indicating "Serious Problem"</i> |
|--|---|
| Affordable dental care | 37.5% |
| Affordable assistive devices (hearing aids, glasses, canes, etc.) | 24.6% |
| Maintenance and repair of home | 23.2% |
| Income (having enough money for basic needs) | 20.2% |
| Cost of energy/utilities | 19.8% |
| Maintenance of yard | 18.9% |
| Transportation | 18.7% |
| Cost of housing | 18.6% |
| Telemarketing or In-Home Sales | 18.3% |
| Employment opportunities | 16.2% |
| Finding legal assistance | 15.2% |
| Accessibility modifications in my home (grab bars) | 14.3% |
| Recreational or social opportunities | 12.7% |
| Getting information about services | 12.7% |
| Loneliness | 12.5% |
| Having someone check on me daily | 12.0% |
| Paying for prescription drugs | 11.8% |
| Processing monthly bills and/or medical claims | 11.3% |
| Homemaker services (shopping, housekeeping) | 11.0% |
| Age discrimination (loans, insurance, employment) | 10.9% |
| Loss of spouse/loved one | 10.8% |
| Availability of health care providers (doctors, hospitals) | 10.3% |
| Preparing nutritious meals | 10.0% |
| Getting information about health insurance (AHCCCS, Medicare, Medigap, etc.) | 10.0% |
| Counseling or mental health services | 8.6% |
| Bereavement/grief counseling/hospice services | 7.8% |
| Obtaining information on selecting nursing home or assisted living facility | 7.4% |
| Maintaining my personal independence | 7.2% |
| Volunteer opportunities | 7.0% |
| Providing care and supervision for an elderly family member | 6.4% |
| Personal Care (bathing, washing hair) | 6.1% |
| Personal Safety (Crime) | 5.3% |
| Raising grandchildren | 4.9% |
| Getting information about disease prevention | 4.8% |
| Elderly abuse, exploitation | 4.8% |

TABLE 6: ISSUES RANKED BY IDENTIFICATION AS A PROBLEM (SOUTHEAST ARIZONA)

| <i>Issue/Problem</i> | <i>Respondents Indicating "Some Problem" or "Serious Problem"</i> |
|--|---|
| Affordable dental care | 64.8% |
| Affordable assistive devices (hearing aids, glasses, canes, etc.) | 57.4% |
| Maintenance and repair of home | 54.5% |
| Income (having enough money for basic needs) | 52.1% |
| Cost of energy/utilities | 51.8% |
| Maintenance of yard | 50.6% |
| Getting information about services | 47.6% |
| Telemarketing or In-Home Sales | 47.6% |
| Loneliness | 44.0% |
| Finding legal assistance | 43.3% |
| Cost of housing | 42.4% |
| Availability of health care providers (doctors, hospitals) | 42.4% |
| Transportation | 40.6% |
| Paying for prescription drugs | 40.5% |
| Recreational or social opportunities | 39.8% |
| Accessibility modifications in my home (grab bars) | 37.9% |
| Homemaker services (shopping, housekeeping) | 36.8% |
| Getting information about health insurance (AHCCCS, Medicare, Medigap, etc.) | 35.8% |
| Preparing nutritious meals | 35.7% |
| Loss of spouse/loved one | 34.5% |
| Maintaining my personal independence | 33.8% |
| Processing monthly bills and/or medical claims | 33.7% |
| Employment opportunities | 32.6% |
| Counseling or mental health services | 32.0% |
| Having someone check on me daily | 31.0% |
| Age discrimination (loans, insurance, employment) | 29.7% |
| Obtaining information on selecting nursing home or assisted living facility | 29.7% |
| Bereavement/grief counseling/hospice services | 26.5% |
| Getting information about disease prevention | 25.8% |
| Personal Safety (Crime) | 24.4% |
| Volunteer opportunities | 24.3% |
| Providing care and supervision for an elderly family member | 23.1% |
| Personal Care (bathing, washing hair) | 21.5% |
| Elderly abuse, exploitation | 17.9% |
| Raising grandchildren | 17.3% |

Cochise County

Sample Size: 219

Serious problems

Issues identified as a serious problem by the largest share of survey respondents in Cochise County were affordable dental care, identified as a serious problem by 37.4 percent of those surveyed; affordable assistive devices, identified as a serious problem by 25.1 percent; telemarketing or in-home sales, identified as a serious problem by 22 percent; maintenance and repair of home, identified as a serious problem by 21.4 percent; and maintenance of yard, identified as a serious problem by 20 percent of respondents.

Problems

Issues identified as a problem (either “some problem” or “serious problem”) by the largest share of survey respondents in Cochise County were affordable dental care, identified as a problem by 65.9 percent of those surveyed; getting information about services, identified as a problem by 55.8 percent; affordable assistive devices, identified as a problem by 55.3 percent; maintenance of yard, identified as a problem by 50.5 percent; and maintenance and repair of home and telemarketing or in-home sales, each identified as a problem by 49 percent of respondents.

No problem

Issues identified as no problem by the largest share of the survey respondents within Cochise

County were raising grandchildren, identified as “no problem” by 86.3 percent of those surveyed; elderly abuse/ exploitation, identified as “no problem” by 85.9 percent; personal care, identified as “no problem” by 78.1 percent; providing care and supervision for an elderly family member, identified as “no problem” by 77 percent; and personal safety, identified as “no problem” by 74.3 percent of those surveyed.

Sources of Health Insurance/Medicare advice

Survey respondents were asked to identify their sources of advice regarding health insurance or Medicare. In Cochise County, SEAGO AAA was the most popular source (15.5 percent of respondents) followed by insurance agent (14.6 percent). Popular write-in responses were family members, friends, and Veterans Administration. See Appendix D for a complete list of responses regarding other sources contacted.

Sources of Transportation

Survey respondents were asked to identify their sources of transportation. In Cochise County, own vehicle was the most popular (58 percent of respondents) followed by friend/neighbor (21 percent) and public bus (17.4 percent). The most popular write-in response was family members. See Appendix E for a complete list of responses regarding other sources of transportation.

| TABLE 7: ISSUES/POTENTIAL PROBLEMS RANKED BY SERIOUSNESS (COCHISE COUNTY) | |
|--|---|
| <i>Issue/Problem</i> | <i>Respondents Indicating "Serious Problem"</i> |
| Affordable dental care | 37.4% |
| Affordable assistive devices (hearing aids, glasses, canes, etc.) | 25.1% |
| Telemarketing or In-Home Sales | 22.0% |
| Maintenance and repair of home | 21.4% |
| Maintenance of yard | 20.0% |
| Finding legal assistance | 18.8% |
| Getting information about services | 17.7% |
| Recreational or social opportunities | 17.0% |
| Income (having enough money for basic needs) | 16.8% |
| Loneliness | 16.0% |
| Accessibility modifications in my home (grab bars) | 15.7% |
| Cost of energy/utilities | 15.3% |
| Cost of housing | 15.0% |
| Employment opportunities | 14.9% |
| Transportation | 13.6% |
| Paying for prescription drugs | 13.6% |
| Getting information about health insurance (AHCCCS, Medicare, Medigap, etc.) | 13.3% |
| Having someone check on me daily | 12.6% |
| Availability of health care providers (doctors, hospitals) | 12.3% |
| Loss of spouse/loved one | 12.2% |
| Preparing nutritious meals | 12.0% |
| Homemaker services (shopping, housekeeping) | 12.0% |
| Age discrimination (loans, insurance, employment) | 11.4% |
| Counseling or mental health services | 10.5% |
| Bereavement/grief counseling/hospice services | 9.1% |
| Volunteer opportunities | 9.0% |
| Maintaining my personal independence | 9.0% |
| Personal Safety (Crime) | 8.4% |
| Processing monthly bills and/or medical claims | 8.3% |
| Obtaining information on selecting nursing home or assisted living facility | 7.8% |
| Personal Care (bathing, washing hair) | 7.4% |
| Providing care and supervision for an elderly family member | 7.0% |
| Elderly abuse, exploitation | 6.8% |
| Getting information about disease prevention | 6.5% |
| Raising grandchildren | 5.3% |

TABLE 8: ISSUES RANKED BY IDENTIFICATION AS A PROBLEM (COCHISE COUNTY)

| <i>Issue/Problem</i> | <i>Respondents Indicating "Some Problem" or "Serious Problem"</i> |
|--|---|
| Affordable dental care | 65.9% |
| Getting information about services | 55.8% |
| Affordable assistive devices (hearing aids, glasses, canes, etc.) | 55.3% |
| Maintenance of yard | 50.5% |
| Maintenance and repair of home | 49.0% |
| Telemarketing or In-Home Sales | 49.0% |
| Cost of energy/utilities | 48.8% |
| Income (having enough money for basic needs) | 48.6% |
| Finding legal assistance | 45.4% |
| Availability of health care providers (doctors, hospitals) | 44.7% |
| Recreational or social opportunities | 43.4% |
| Loneliness | 42.5% |
| Paying for prescription drugs | 41.1% |
| Maintaining my personal independence | 39.3% |
| Cost of housing | 38.8% |
| Accessibility modifications in my home (grab bars) | 37.6% |
| Getting information about health insurance (AHCCCS, Medicare, Medigap, etc.) | 36.7% |
| Preparing nutritious meals | 36.1% |
| Transportation | 35.2% |
| Loss of spouse/loved one | 33.7% |
| Homemaker services (shopping, housekeeping) | 32.9% |
| Obtaining information on selecting nursing home or assisted living facility | 32.8% |
| Counseling or mental health services | 30.6% |
| Having someone check on me daily | 29.3% |
| Getting information about disease prevention | 27.6% |
| Processing monthly bills and/or medical claims | 27.2% |
| Volunteer opportunities | 26.6% |
| Bereavement/grief counseling/hospice services | 26.4% |
| Age discrimination (loans, insurance, employment) | 26.2% |
| Employment opportunities | 26.2% |
| Personal Safety (Crime) | 25.7% |
| Providing care and supervision for an elderly family member | 23.0% |
| Personal Care (bathing, washing hair) | 21.9% |
| Elderly abuse, exploitation | 14.1% |
| Raising grandchildren | 13.7% |

Graham County

Sample Size: 156

Serious problems

Issues identified as a serious problem by the largest share of survey respondents in Graham County were affordable dental care, identified as a serious problem by 32.2 percent of those surveyed; telemarketing or in-home sales, identified as a serious problem by 24.3 percent; maintenance of yard, identified as a serious problem by 23.8 percent; maintenance and repair of home, identified as a serious problem by 23.2 percent; and affordable assistive devices, identified as a serious problem by 21.2 percent of respondents.

Problems

Issues identified as a problem (either “some problem” or “serious problem”) by the largest share of survey respondents in Graham County were affordable dental care, identified as a problem by 63.8 percent of those surveyed; affordable assistive devices, identified as a problem by 62.3 percent; maintenance and repair of home, identified as a problem by 60.3 percent; telemarketing or in-home sales, identified as a problem by 55.6 percent; and maintenance of yard, identified as a problem by 53.6 percent of respondents.

No problem

Issues identified as no problem by the largest share of the survey respondents within Graham

County were raising grandchildren, identified as “no problem” by 84.1 percent of those surveyed; personal care, identified as “no problem” by 78.1 percent; elderly abuse, identified as “no problem” by 78.1 percent; bereavement/grief counseling/hospice services, identified as “no problem” by 77.6 percent of those surveyed, and volunteer opportunities, identified as “no problem” by 74.8 percent.

Sources of Health Insurance/Medicare advice

Survey respondents were asked to identify their sources of advice regarding health insurance or Medicare. In Graham County, insurance agent was the most popular source (23.7 percent of respondents) followed by SEAGO AAA (10.3 percent). Popular write-in responses were family members and Veterans Administration. See Appendix D for a complete list of responses regarding other sources contacted.

Sources of Transportation

Survey respondents were asked to identify their sources of transportation. In Graham County, own vehicle was the most popular source (72.4 percent of survey respondents) followed by friend/neighbor (20.5 percent). The most popular write-in response was family members. See Appendix E for a complete list of responses regarding other sources of transportation.

TABLE 9: ISSUES/POTENTIAL PROBLEMS RANKED BY SERIOUSNESS (GRAHAM COUNTY)

| <i>Issue/Problem</i> | <i>Respondents Indicating "Serious Problem"</i> |
|--|---|
| Affordable dental care | 32.2% |
| Telemarketing or In-Home Sales | 24.3% |
| Maintenance of yard | 23.8% |
| Maintenance and repair of home | 23.2% |
| Affordable assistive devices (hearing aids, glasses, canes, etc.) | 21.2% |
| Transportation | 21.1% |
| Cost of energy/utilities | 20.0% |
| Cost of housing | 19.2% |
| Accessibility modifications in my home (grab bars) | 18.5% |
| Income (having enough money for basic needs) | 16.8% |
| Processing monthly bills and/or medical claims | 14.4% |
| Getting information about services | 14.1% |
| Employment opportunities | 13.8% |
| Loss of spouse/loved one | 13.3% |
| Recreational or social opportunities | 12.9% |
| Having someone check on me daily | 12.7% |
| Getting information about health insurance (AHCCCS, Medicare, Medigap, etc.) | 12.6% |
| Preparing nutritious meals | 12.4% |
| Loneliness | 12.3% |
| Finding legal assistance | 12.0% |
| Homemaker services (shopping, housekeeping) | 11.1% |
| Paying for prescription drugs | 10.5% |
| Obtaining information on selecting nursing home or assisted living facility | 9.6% |
| Providing care and supervision for an elderly family member | 9.6% |
| Availability of health care providers (doctors, hospitals) | 8.4% |
| Maintaining my personal independence | 8.1% |
| Personal Care (bathing, washing hair) | 7.3% |
| Volunteer opportunities | 6.5% |
| Bereavement/grief counseling/hospice services | 6.1% |
| Raising grandchildren | 5.8% |
| Age discrimination (loans, insurance, employment) | 5.7% |
| Counseling or mental health services | 5.4% |
| Elderly abuse, exploitation | 3.4% |
| Personal Safety (Crime) | 2.7% |
| Getting information about disease prevention | 2.0% |

TABLE 10: ISSUES RANKED BY IDENTIFICATION AS A PROBLEM (GRAHAM COUNTY)

| <i>Issue/Problem</i> | <i>Respondents Indicating "Some Problem" or "Serious Problem"</i> |
|--|---|
| Affordable dental care | 63.8% |
| Affordable assistive devices (hearing aids, glasses, canes, etc.) | 62.3% |
| Maintenance and repair of home | 60.3% |
| Telemarketing or In-Home Sales | 55.6% |
| Maintenance of yard | 53.6% |
| Cost of energy/utilities | 52.9% |
| Getting information about services | 51.0% |
| Loneliness | 48.6% |
| Income (having enough money for basic needs) | 47.7% |
| Finding legal assistance | 46.7% |
| Paying for prescription drugs | 45.1% |
| Recreational or social opportunities | 44.2% |
| Cost of housing | 43.0% |
| Preparing nutritious meals | 42.5% |
| Availability of health care providers (doctors, hospitals) | 42.2% |
| Transportation | 40.1% |
| Homemaker services (shopping, housekeeping) | 39.9% |
| Accessibility modifications in my home (grab bars) | 39.7% |
| Getting information about health insurance (AHCCCS, Medicare, Medigap, etc.) | 39.7% |
| Having someone check on me daily | 38.0% |
| Maintaining my personal independence | 37.6% |
| Employment opportunities | 37.0% |
| Processing monthly bills and/or medical claims | 36.3% |
| Loss of spouse/loved one | 35.0% |
| Obtaining information on selecting nursing home or assisted living facility | 33.3% |
| Personal Safety (Crime) | 32.4% |
| Counseling or mental health services | 32.0% |
| Getting information about disease prevention | 30.0% |
| Age discrimination (loans, insurance, employment) | 29.8% |
| Providing care and supervision for an elderly family member | 27.2% |
| Volunteer opportunities | 25.2% |
| Bereavement/grief counseling/hospice services | 22.4% |
| Elderly abuse, exploitation | 21.9% |
| Personal Care (bathing, washing hair) | 21.9% |
| Raising grandchildren | 15.9% |

Greenlee County

Sample Size: 56

Serious problems

Issues identified as a serious problem by the largest share of survey respondents in Greenlee County were maintenance and repair of home, identified as a serious problem by 56.4 percent of those surveyed; affordable dental care, identified as a serious problem by 52.9 percent; maintenance of yard, identified as a serious problem by 35.2 percent; cost of energy/utilities, identified as a serious problem by 29.6 percent; and transportation and income, each identified as a serious problem by 25.9 percent of respondents.

Problems

Issues identified as a problem (either “some problem” or “serious problem”) by the largest share of survey respondents in Greenlee County were maintenance and repair of home, identified as a problem by 74.5 percent of those surveyed; affordable dental care, identified as a problem by 72.5 percent; maintenance of yard, identified as a problem by 63 percent; affordable assistive devices, identified as a problem by 61.1 percent; and getting information about services, identified as a problem by 58.2 percent of respondents.

No problem

Issues identified as no problem by the largest share of survey respondents in Greenlee County

were elderly abuse/exploitation, identified as “no problem” by 84 percent of those surveyed; raising grandchildren, identified as “no problem” by 77.6 percent; personal care, identified as “no problem” by 74.1 percent; bereavement/grief counseling/hospice services, identified as “no problem” by 73.6 percent; and obtaining information on selecting nursing home or assisted living facility, identified as “no problem” by 72 percent of respondents.

Sources of Health Insurance/Medicare advice

Survey respondents were asked to identify their sources of advice regarding health insurance or Medicare. In Greenlee County, insurance agent was the most popular source (12.5 percent of respondents) followed by SEAGO AAA (10.7 percent). See Appendix D for a complete list of responses regarding other sources contacted.

Sources of Transportation

Survey respondents were asked to identify their sources of transportation. In Greenlee County, own vehicle was the most popular source (67.9 percent of respondents), followed by friend/neighbor (10.7 percent) and public bus (5.4 percent). The most popular write-in response was family members. See Appendix E for a complete list of responses regarding other sources of transportation.

| TABLE 11: ISSUES/POTENTIAL PROBLEMS RANKED BY SERIOUSNESS (GREENLEE COUNTY) | |
|--|---|
| <i>Issue/Problem</i> | <i>Respondents Indicating "Serious Problem"</i> |
| Maintenance and repair of home | 56.4% |
| Affordable dental care | 52.9% |
| Maintenance of yard | 35.2% |
| Cost of energy/utilities | 29.6% |
| Transportation | 25.9% |
| Income (having enough money for basic needs) | 25.9% |
| Affordable assistive devices (hearing aids, glasses, canes, etc.) | 24.1% |
| Finding legal assistance | 23.1% |
| Cost of housing | 22.2% |
| Recreational or social opportunities | 20.8% |
| Employment opportunities | 20.0% |
| Age discrimination (loans, insurance, employment) | 18.0% |
| Accessibility modifications in my home (grab bars) | 16.7% |
| Telemarketing or In-Home Sales | 15.4% |
| Bereavement/grief counseling/hospice services | 15.1% |
| Paying for prescription drugs | 14.8% |
| Loneliness | 14.8% |
| Maintaining my personal independence | 13.7% |
| Volunteer opportunities | 13.5% |
| Counseling or mental health services | 13.0% |
| Processing monthly bills and/or medical claims | 12.0% |
| Providing care and supervision for an elderly family member | 11.5% |
| Preparing nutritious meals | 11.3% |
| Personal Safety (Crime) | 11.3% |
| Availability of health care providers (doctors, hospitals) | 10.9% |
| Getting information about health insurance (AHCCCS, Medicare, Medigap, etc.) | 10.9% |
| Raising grandchildren | 10.2% |
| Loss of spouse/loved one | 9.3% |
| Getting information about services | 9.1% |
| Homemaker services (shopping, housekeeping) | 9.1% |
| Having someone check on me daily | 7.5% |
| Getting information about disease prevention | 5.7% |
| Personal Care (bathing, washing hair) | 5.6% |
| Obtaining information on selecting nursing home or assisted living facility | 4.0% |
| Elderly abuse, exploitation | 0.0% |

TABLE 12: ISSUES RANKED BY IDENTIFICATION AS A PROBLEM (GREENLEE COUNTY)

| <i>Issue/Problem</i> | <i>Respondents Indicating "Some Problem" or "Serious Problem"</i> |
|--|---|
| Maintenance and repair of home | 74.5% |
| Affordable dental care | 72.5% |
| Maintenance of yard | 63.0% |
| Affordable assistive devices (hearing aids, glasses, canes, etc.) | 61.1% |
| Getting information about services | 58.2% |
| Homemaker services (shopping, housekeeping) | 54.5% |
| Cost of energy/utilities | 53.7% |
| Finding legal assistance | 51.9% |
| Income (having enough money for basic needs) | 51.9% |
| Loneliness | 51.9% |
| Transportation | 50.0% |
| Loss of spouse/loved one | 50.0% |
| Recreational or social opportunities | 47.2% |
| Telemarketing or In-Home Sales | 46.2% |
| Paying for prescription drugs | 44.4% |
| Availability of health care providers (doctors, hospitals) | 43.6% |
| Getting information about health insurance (AHCCCS, Medicare, Medigap, etc.) | 43.6% |
| Accessibility modifications in my home (grab bars) | 42.6% |
| Having someone check on me daily | 41.5% |
| Personal Safety (Crime) | 41.5% |
| Preparing nutritious meals | 39.6% |
| Counseling or mental health services | 38.9% |
| Maintaining my personal independence | 37.3% |
| Cost of housing | 37.0% |
| Processing monthly bills and/or medical claims | 36.0% |
| Employment opportunities | 34.0% |
| Age discrimination (loans, insurance, employment) | 30.0% |
| Volunteer opportunities | 28.8% |
| Providing care and supervision for an elderly family member | 28.8% |
| Getting information about disease prevention | 28.3% |
| Obtaining information on selecting nursing home or assisted living facility | 28.0% |
| Bereavement/grief counseling/hospice services | 26.4% |
| Personal Care (bathing, washing hair) | 25.9% |
| Raising grandchildren | 22.4% |
| Elderly abuse, exploitation | 16.0% |

Santa Cruz County

Sample Size: 258

Serious problems

Issues identified as a serious problem by the largest share of survey respondents in Santa Cruz County were affordable dental care, identified as a serious problem by 37.6 percent of those surveyed; affordable assistive devices, identified as a serious problem by 26.4 percent; income, identified as a serious problem by 23.9 percent; cost of energy/utilities, identified as a serious problem by 21.4 percent; and cost of housing, identified as a serious problem by 20.6 percent of respondents.

Problems

Issues identified as a problem (either “some problem” or “serious problem”) by the largest share of survey respondents in Santa Cruz County were affordable dental care, identified as a problem by 62.8 percent of those surveyed; income, identified as a problem by 57.8 percent; affordable assistive devices, identified as a problem by 55.4 percent; cost of energy/utilities, identified as a problem by 53.2 percent; and maintenance and repair of home, identified as a problem by 51.2 percent of respondents.

No problem

Issues identified as no problem by the largest share of survey respondents in Santa Cruz County were personal safety, identified as “no problem” by 85.4 percent of those surveyed;

elderly abuse/exploitation, identified as “no problem” by 80.9 percent; providing care and supervision for an elderly family member, identified as “no problem” by 80.4 percent; and personal care and raising grandchildren, each of which was identified as “no problem” by 79.9 percent of those surveyed.

Sources of Health Insurance/Medicare advice

Survey respondents were asked to identify their sources of advice regarding health insurance or Medicare. In Santa Cruz County, SEAGO AAA was the most popular source (16.3 percent of respondents) followed by State Health Insurance Assistance Program (12.4 percent) and insurance agent (9.7 percent). Popular write-in responses were family members and doctor’s office. See Appendix D for a complete list of responses regarding other sources contacted.

Sources of Transportation

Survey respondents were asked to identify their sources of transportation. In Santa Cruz County, own vehicle was the most popular source (51.2 percent of respondents) followed by friend/neighbor (14.3 percent) and taxi (9.7 percent). The most popular write-in response was family members. See Appendix E for a complete list of responses regarding other sources of transportation.

TABLE 13: ISSUES/POTENTIAL PROBLEMS RANKED BY SERIOUSNESS (SANTA CRUZ COUNTY)

| <i>Issue/Problem</i> | <i>Respondents Indicating "Serious Problem"</i> |
|--|---|
| Affordable dental care | 37.6% |
| Affordable assistive devices (hearing aids, glasses, canes, etc.) | 26.4% |
| Income (having enough money for basic needs) | 23.9% |
| Cost of energy/utilities | 21.4% |
| Cost of housing | 20.6% |
| Transportation | 20.2% |
| Employment opportunities | 17.8% |
| Maintenance and repair of home | 17.5% |
| Telemarketing or In-Home Sales | 12.3% |
| Finding legal assistance | 12.3% |
| Age discrimination (loans, insurance, employment) | 12.1% |
| Having someone check on me daily | 11.9% |
| Processing monthly bills and/or medical claims | 11.9% |
| Maintenance of yard | 11.3% |
| Homemaker services (shopping, housekeeping) | 10.5% |
| Paying for prescription drugs | 10.4% |
| Accessibility modifications in my home (grab bars) | 10.1% |
| Availability of health care providers (doctors, hospitals) | 9.6% |
| Loneliness | 9.1% |
| Loss of spouse/loved one | 8.4% |
| Getting information about services | 8.2% |
| Counseling or mental health services | 7.9% |
| Recreational or social opportunities | 7.2% |
| Preparing nutritious meals | 6.5% |
| Obtaining information on selecting nursing home or assisted living facility | 6.4% |
| Bereavement/grief counseling/hospice services | 5.9% |
| Getting information about health insurance (AHCCCS, Medicare, Medigap, etc.) | 5.3% |
| Elderly abuse, exploitation | 5.0% |
| Getting information about disease prevention | 4.9% |
| Personal Care (bathing, washing hair) | 4.4% |
| Volunteer opportunities | 4.3% |
| Maintaining my personal independence | 3.7% |
| Raising grandchildren | 3.0% |
| Providing care and supervision for an elderly family member | 3.0% |
| Personal Safety (Crime) | 2.8% |

TABLE 14: ISSUES RANKED BY IDENTIFICATION AS A PROBLEM (SANTA CRUZ COUNTY)

| <i>Issue/Problem</i> | <i>Respondents Indicating "Some Problem" or "Serious Problem"</i> |
|--|---|
| Affordable dental care | 62.8% |
| Income (having enough money for basic needs) | 57.8% |
| Affordable assistive devices (hearing aids, glasses, canes, etc.) | 55.4% |
| Cost of energy/utilities | 53.2% |
| Maintenance and repair of home | 51.2% |
| Cost of housing | 46.4% |
| Maintenance of yard | 46.2% |
| Transportation | 43.5% |
| Telemarketing or In-Home Sales | 42.0% |
| Loneliness | 40.9% |
| Availability of health care providers (doctors, hospitals) | 40.2% |
| Finding legal assistance | 37.3% |
| Processing monthly bills and/or medical claims | 37.3% |
| Paying for prescription drugs | 36.4% |
| Getting information about services | 35.9% |
| Accessibility modifications in my home (grab bars) | 35.9% |
| Employment opportunities | 35.2% |
| Homemaker services (shopping, housekeeping) | 34.4% |
| Age discrimination (loans, insurance, employment) | 32.6% |
| Recreational or social opportunities | 32.5% |
| Counseling or mental health services | 31.5% |
| Loss of spouse/loved one | 31.5% |
| Getting information about health insurance (AHCCCS, Medicare, Medigap, etc.) | 30.9% |
| Preparing nutritious meals | 30.2% |
| Bereavement/grief counseling/hospice services | 29.1% |
| Maintaining my personal independence | 26.0% |
| Having someone check on me daily | 25.9% |
| Obtaining information on selecting nursing home or assisted living facility | 25.5% |
| Getting information about disease prevention | 21.1% |
| Volunteer opportunities | 20.9% |
| Raising grandchildren | 20.1% |
| Personal Care (bathing, washing hair) | 20.1% |
| Providing care and supervision for an elderly family member | 19.6% |
| Elderly abuse, exploitation | 19.1% |
| Personal Safety (Crime) | 14.6% |

Graphical Survey Results

Note on Figures 6—40: Survey respondents were asked to indicate the degree to which each of the following items is a problem for them personally.

Figure 6: Availability of health care providers (doctors, hospitals)

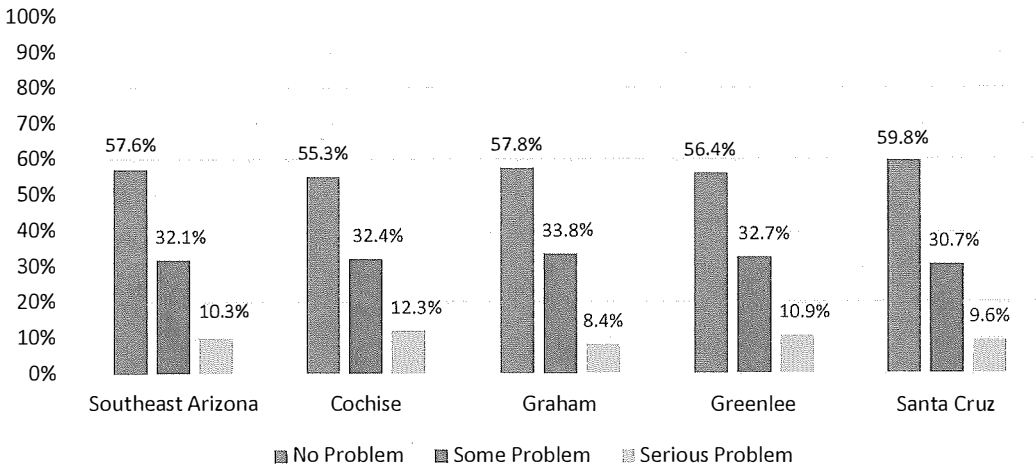


Figure 7: Paying for prescription drugs

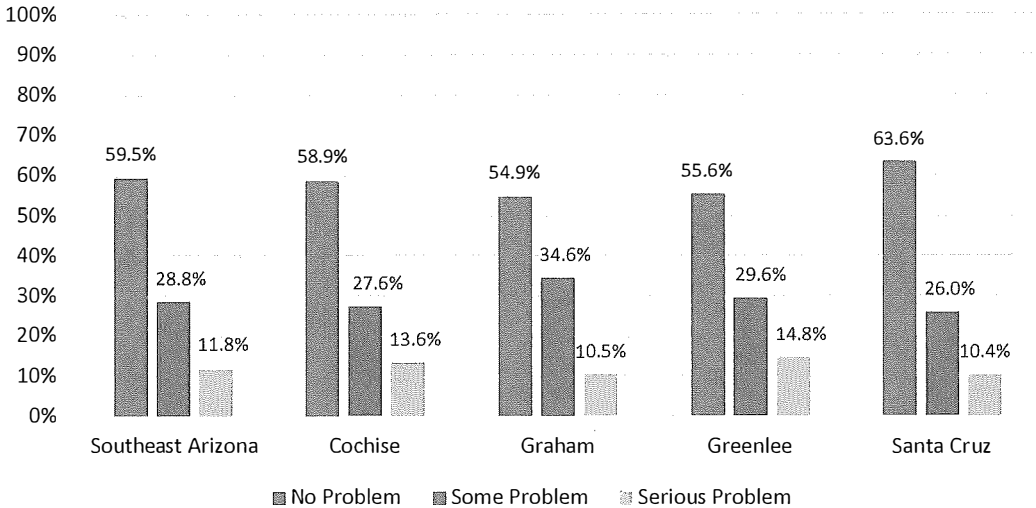


Figure 8: Affordable dental care

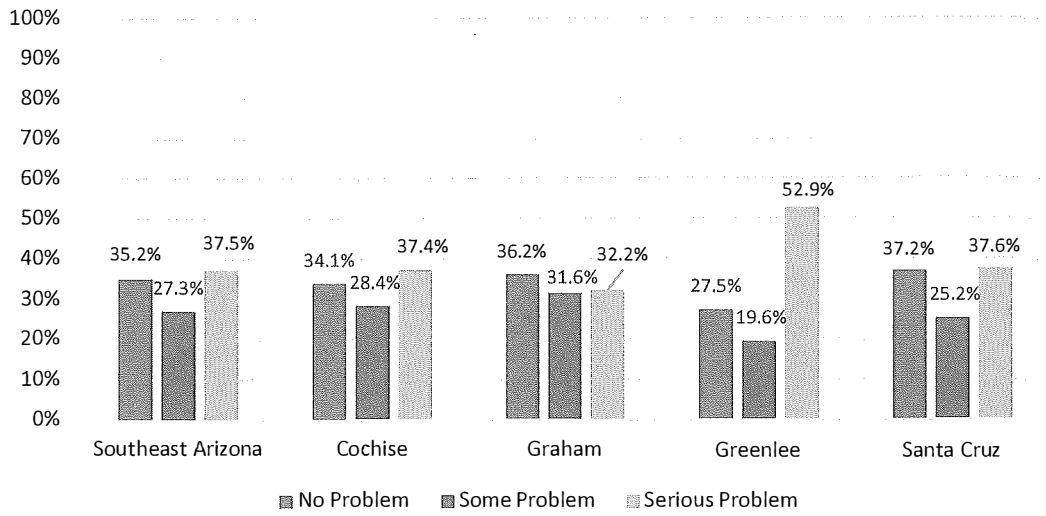


Figure 9: Affordable assistive devices (hearing aids, glasses, canes, etc.)

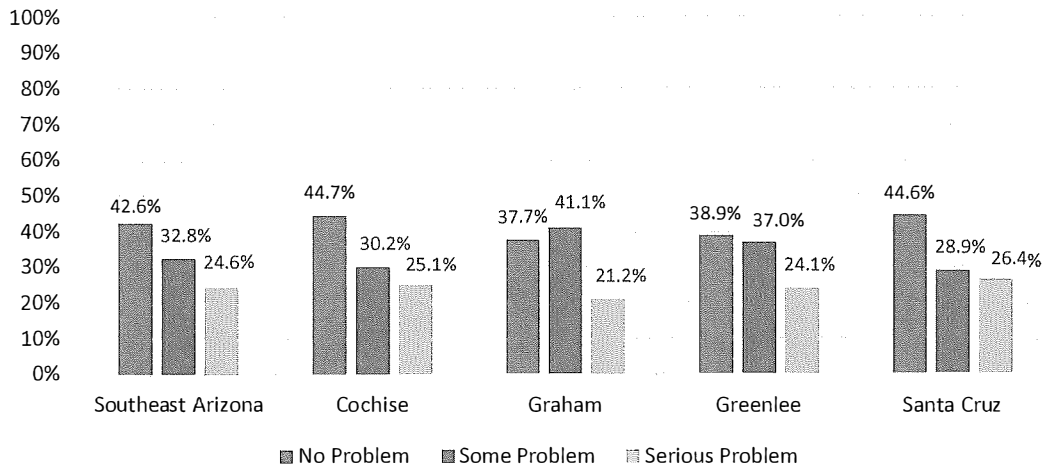


Figure 10: Getting information about services

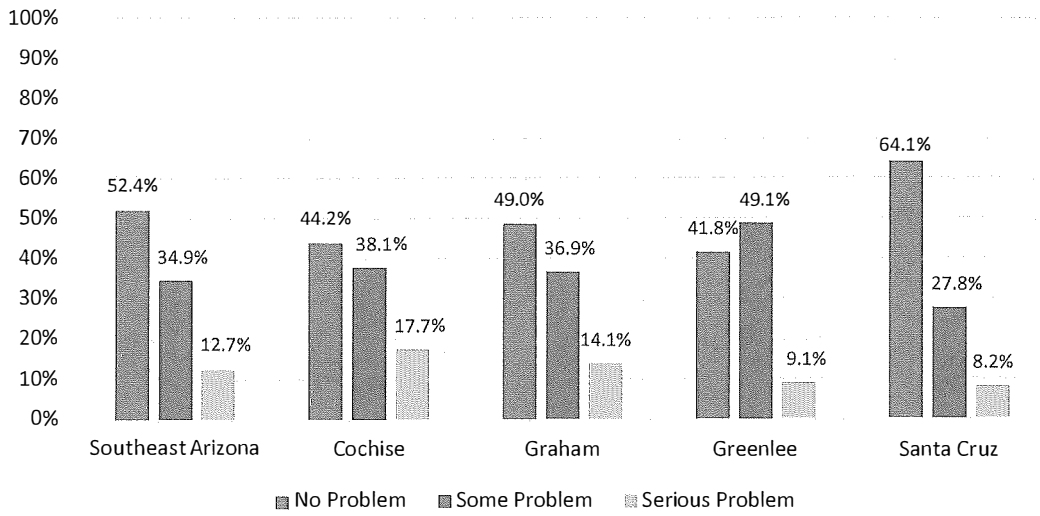


Figure 11: Having someone check on me daily

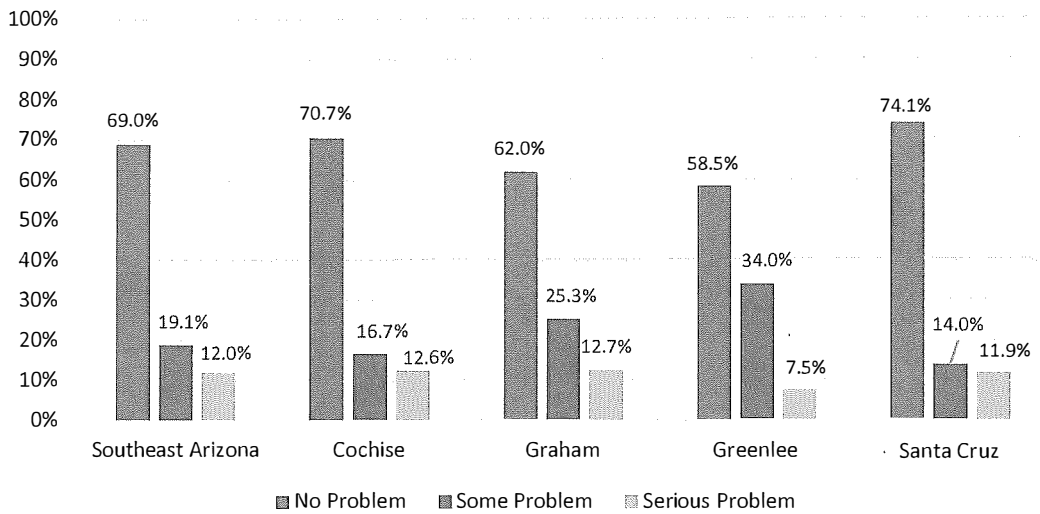


Figure 12: Preparing nutritious meals

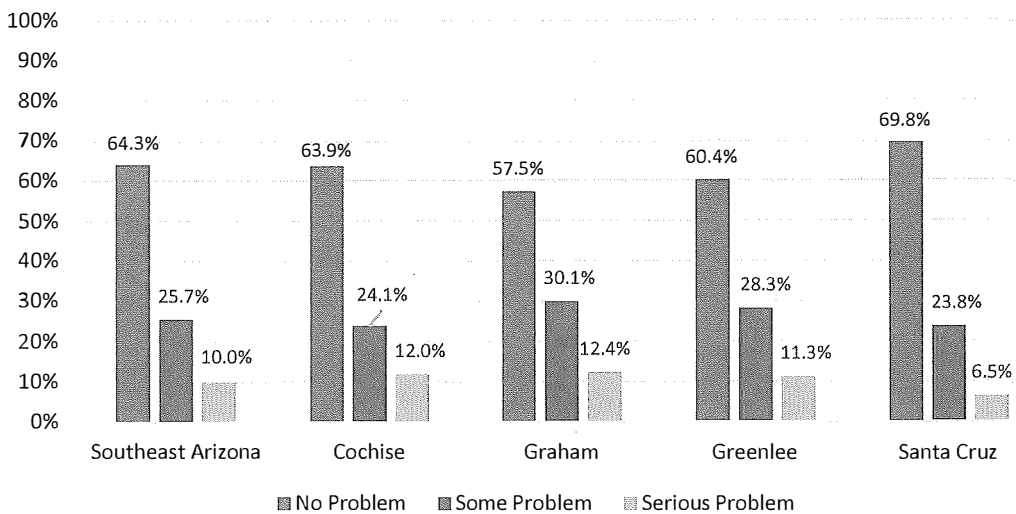


Figure 13: Personal care (bathing, washing hair)

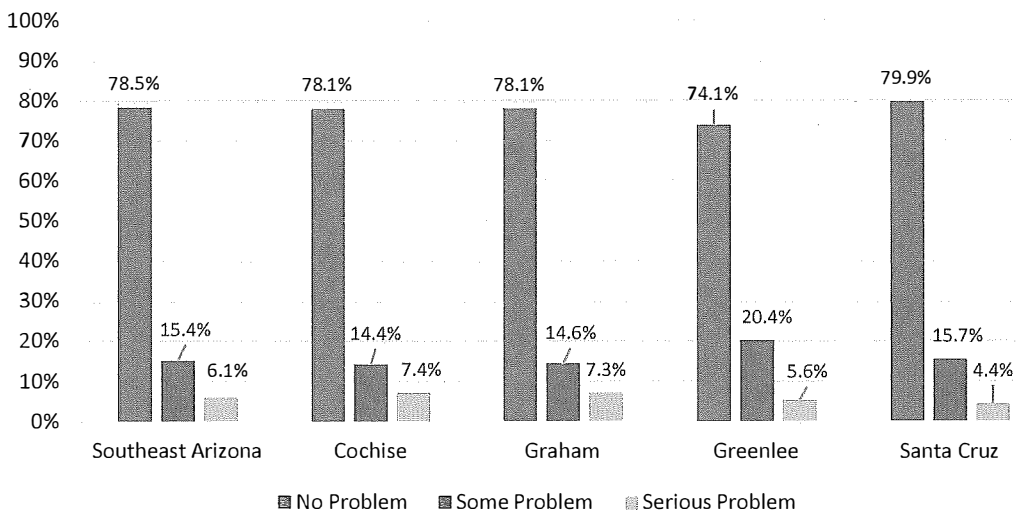


Figure 14: Homemaker services (shopping, housekeeping)

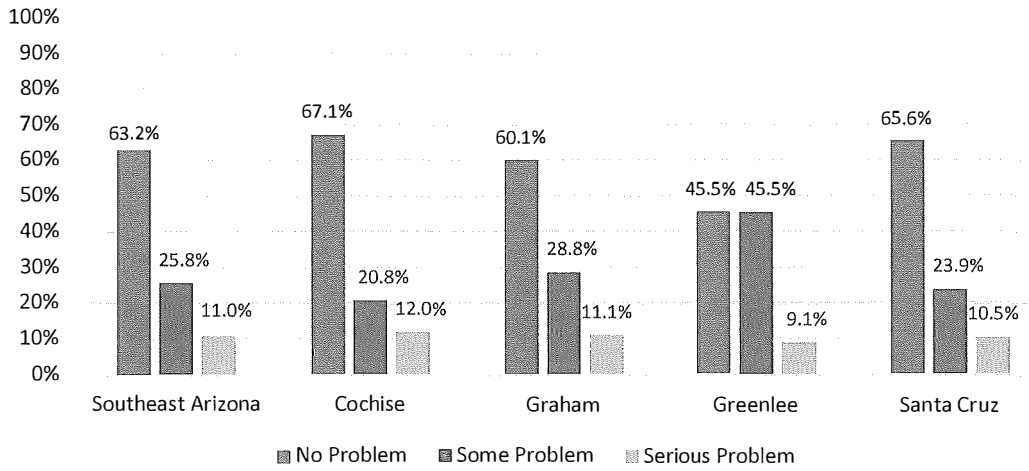


Figure 15: Getting information about disease prevention

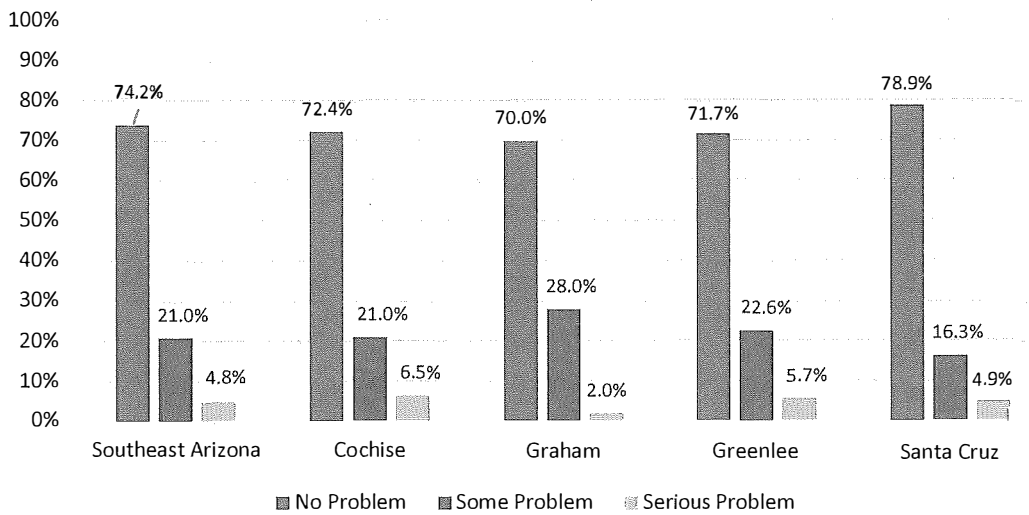


Figure 16: Transportation

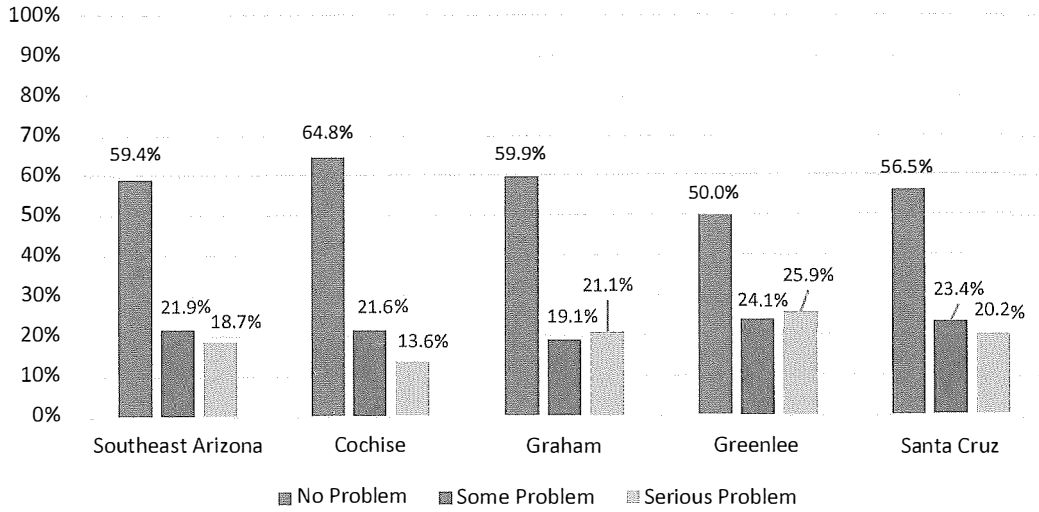


Figure 17: Maintenance and repair of home

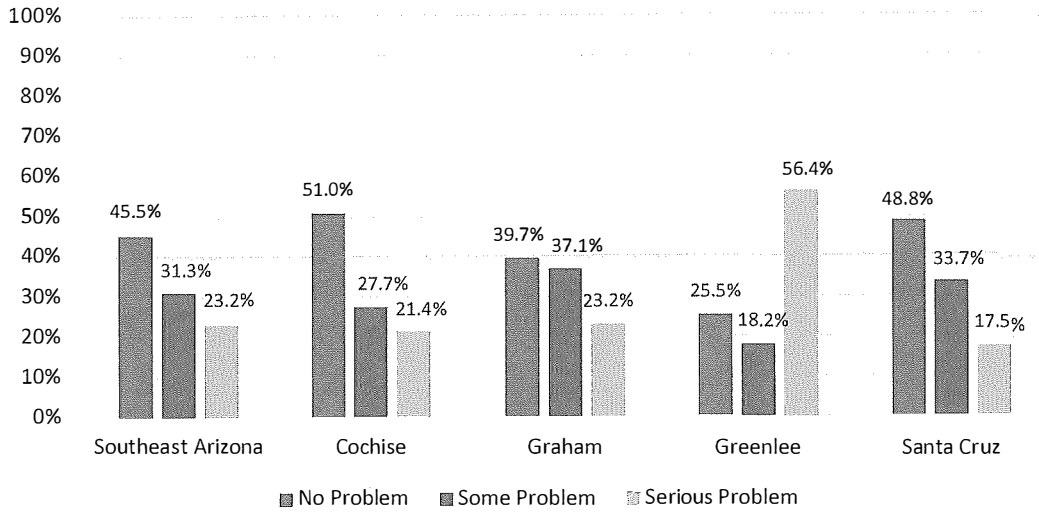


Figure 18: Accessibility modification in my home (grab bars)

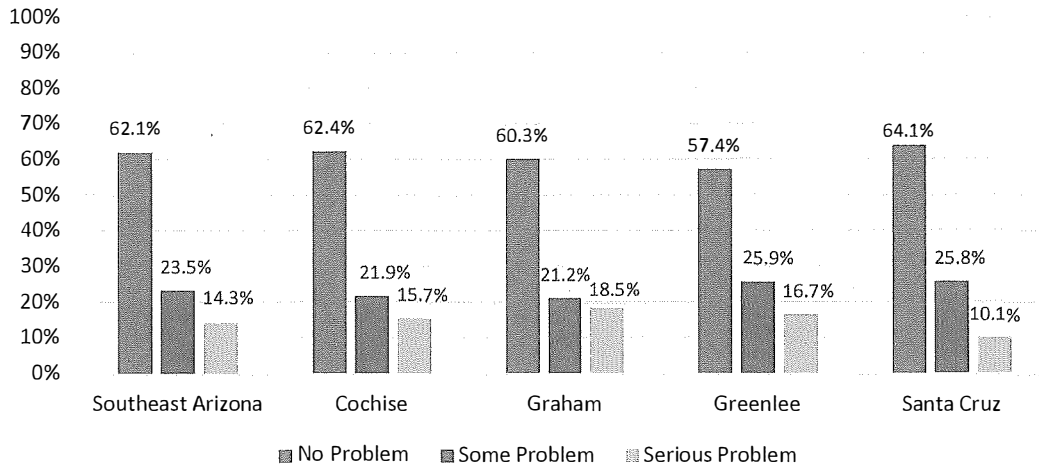


Figure 19: Maintenance of yard

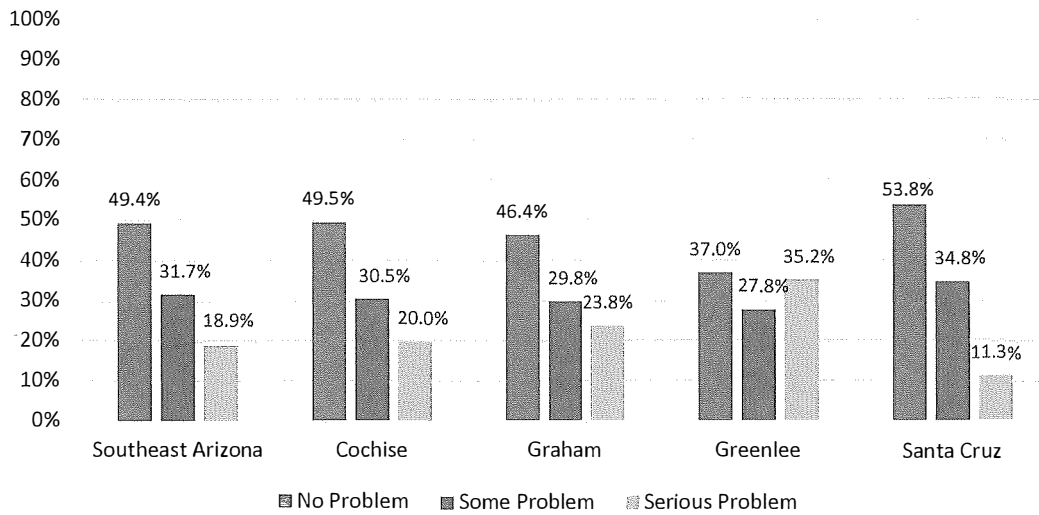


Figure 20: Recreational or social opportunities

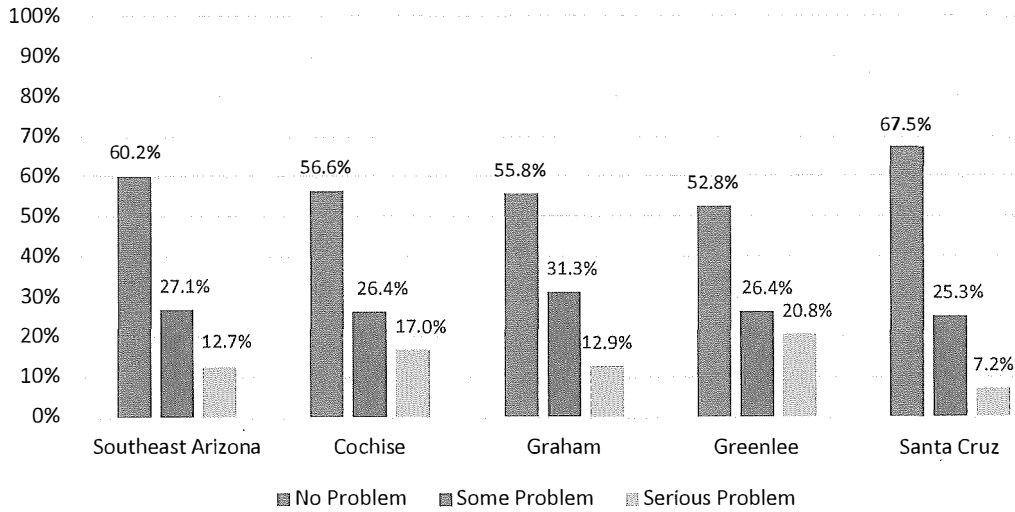


Figure 21: Counseling or mental health services

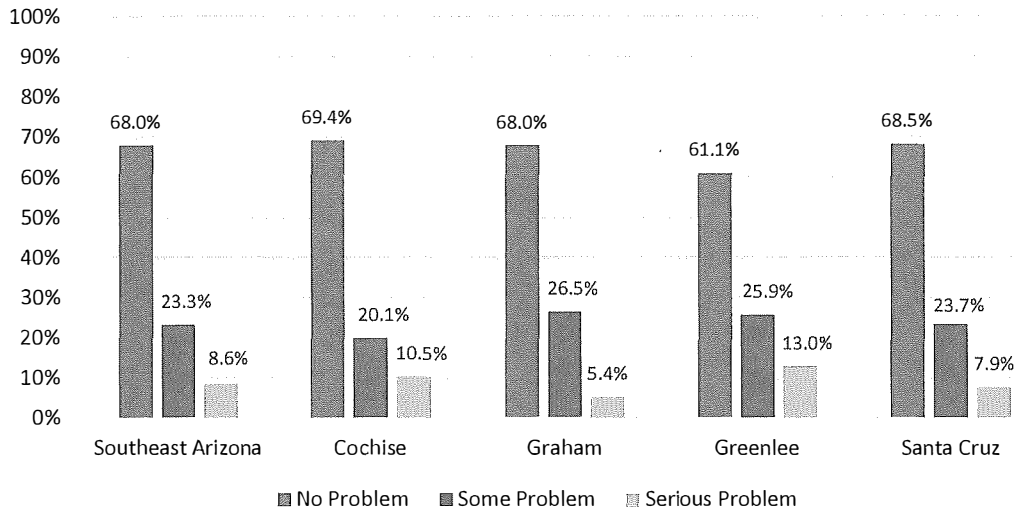


Figure 22: Bereavement/grief counseling/hospice services

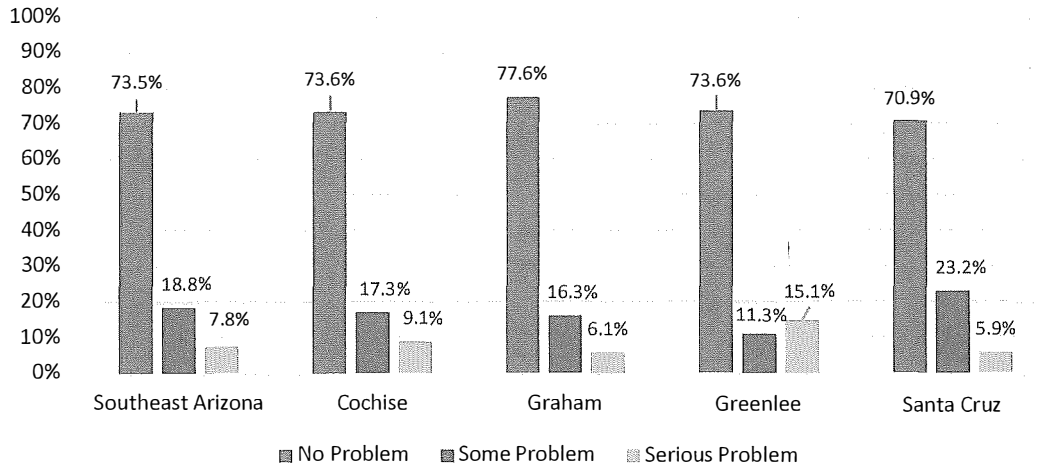


Figure 23: Finding legal assistance

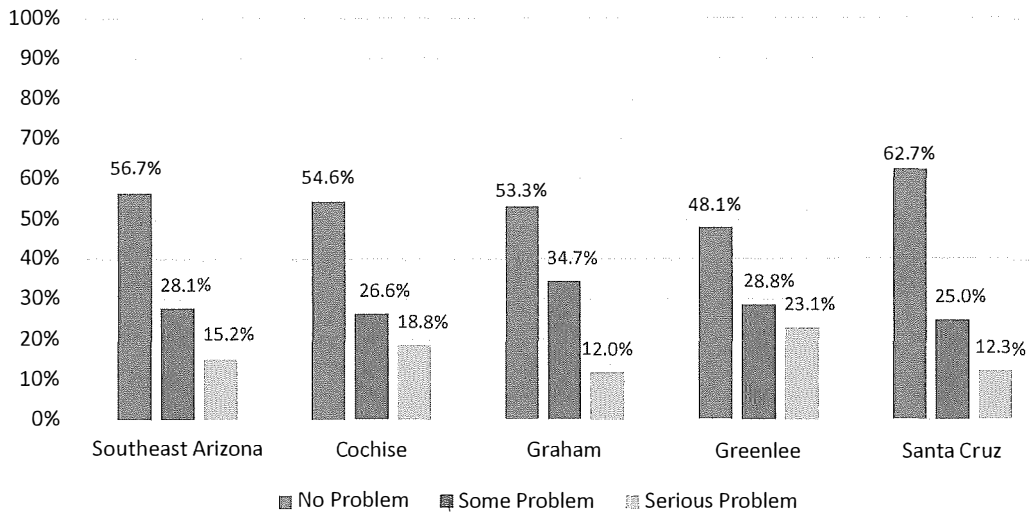


Figure 24: Getting information about health insurance (AHCCCS, Medicare, Medigap, etc.)

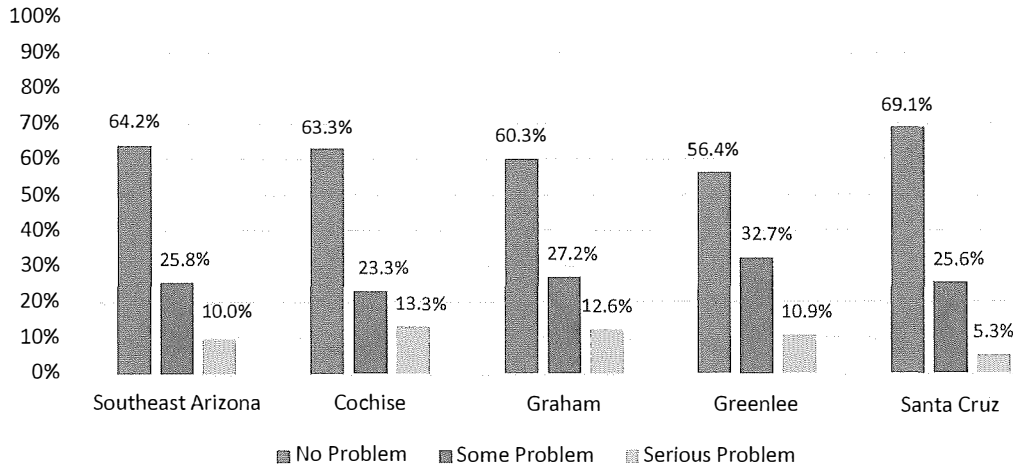


Figure 25: Cost of housing

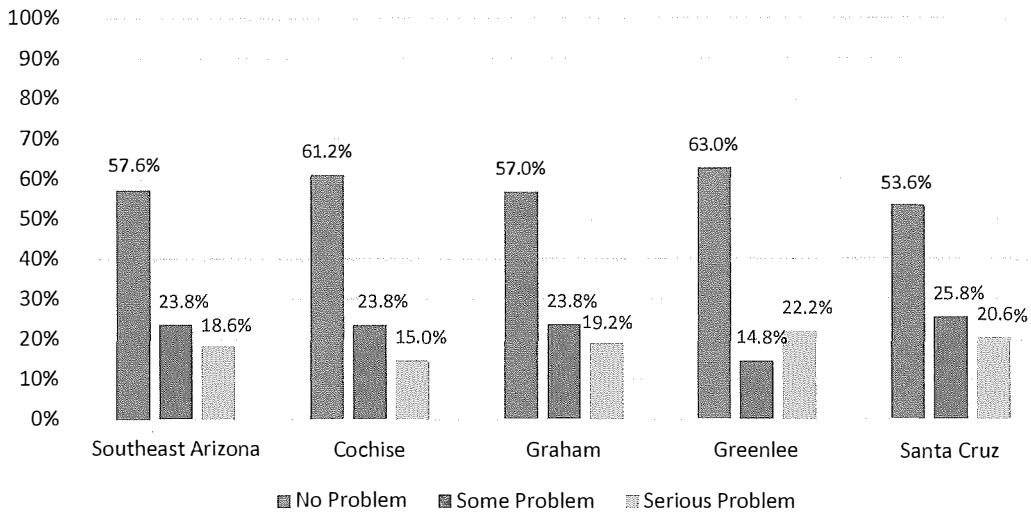


Figure 26: Income (having enough money for basic needs)

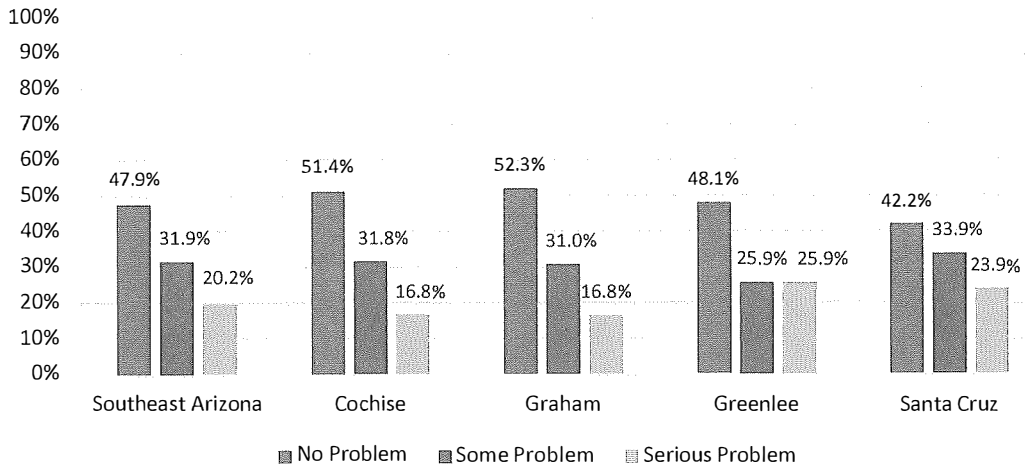


Figure 27: Cost of energy/utilities

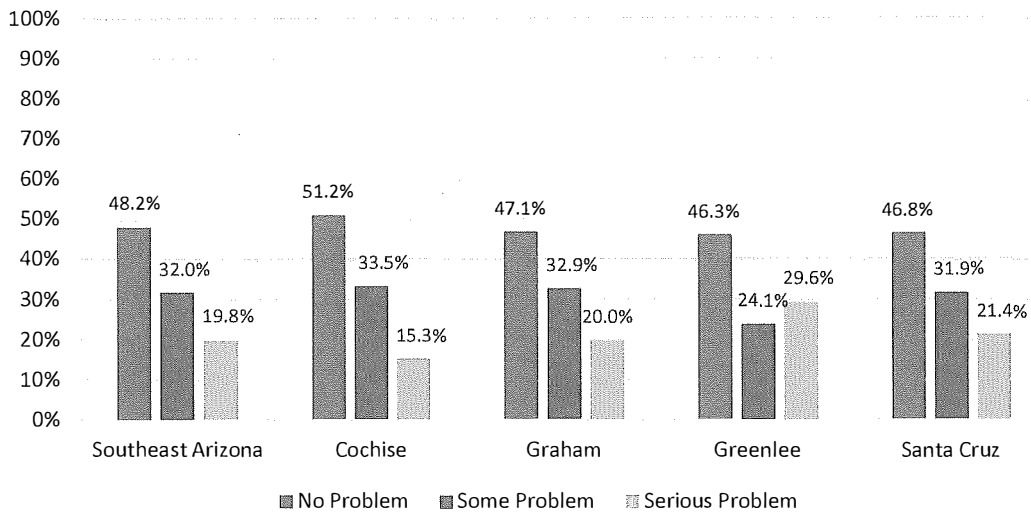


Figure 28: Employment opportunities

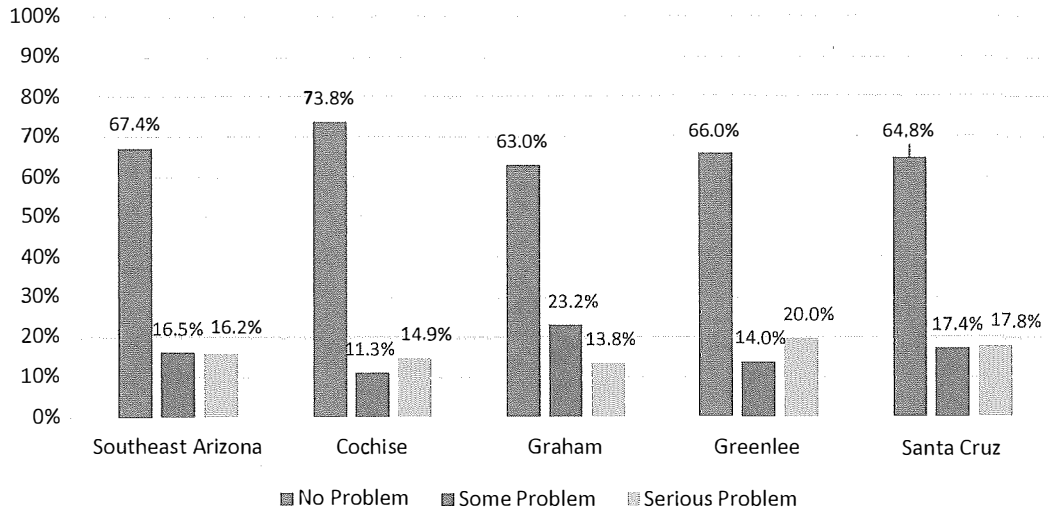


Figure 29: Age discrimination (loans, insurance, employment)

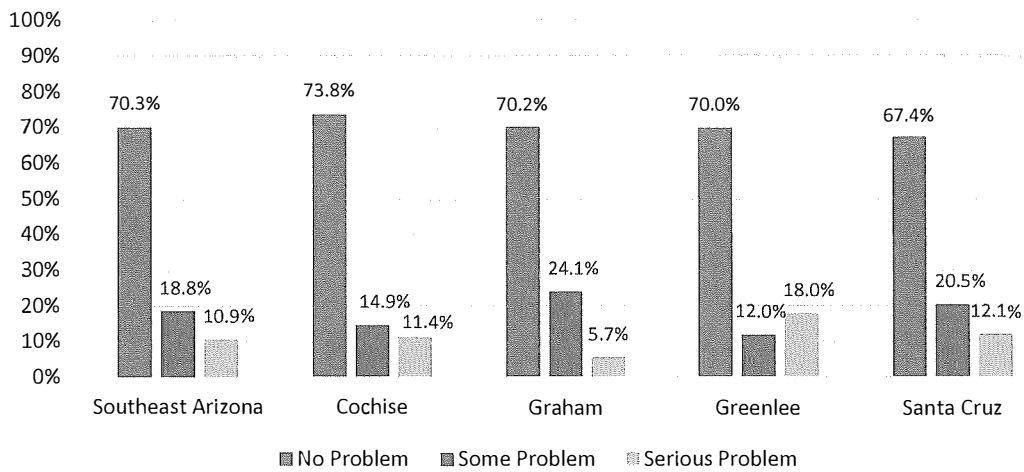


Figure 30: Elderly abuse, exploitation

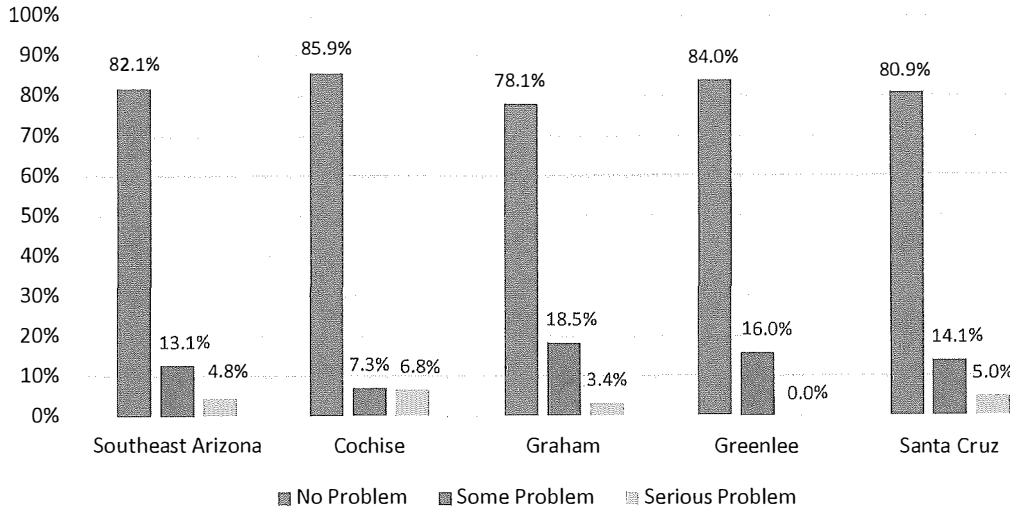


Figure 31: Personal safety (Crime)

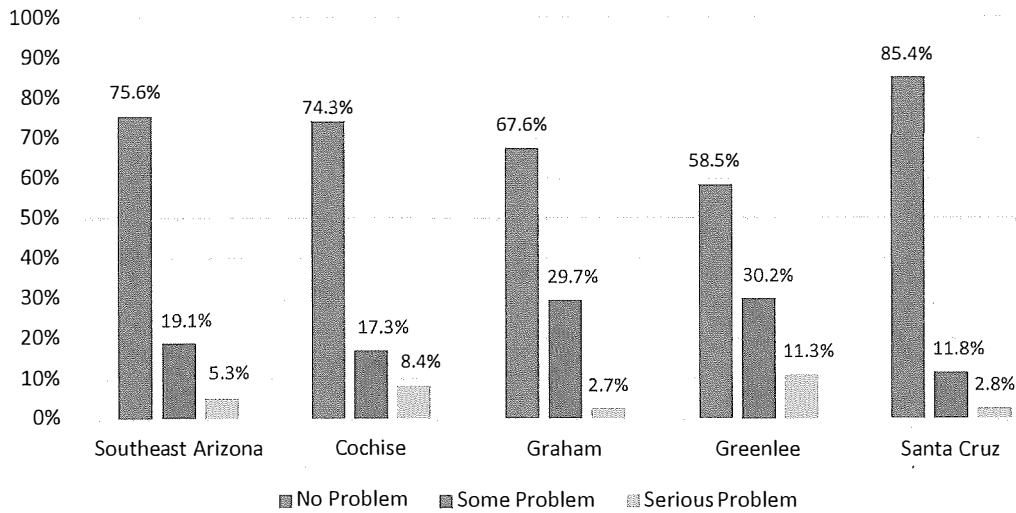


Figure 32: Telemarketing or in-home sales

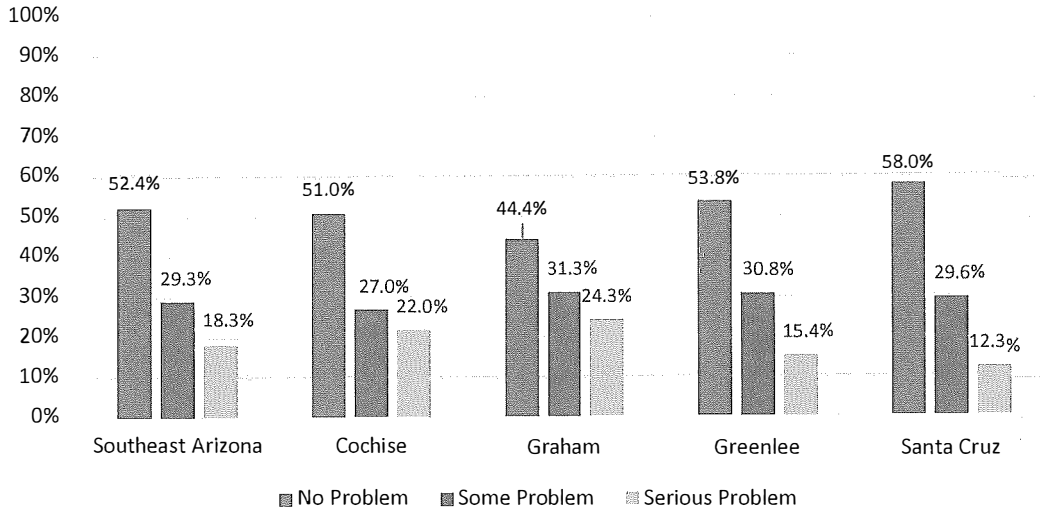


Figure 33: Loneliness

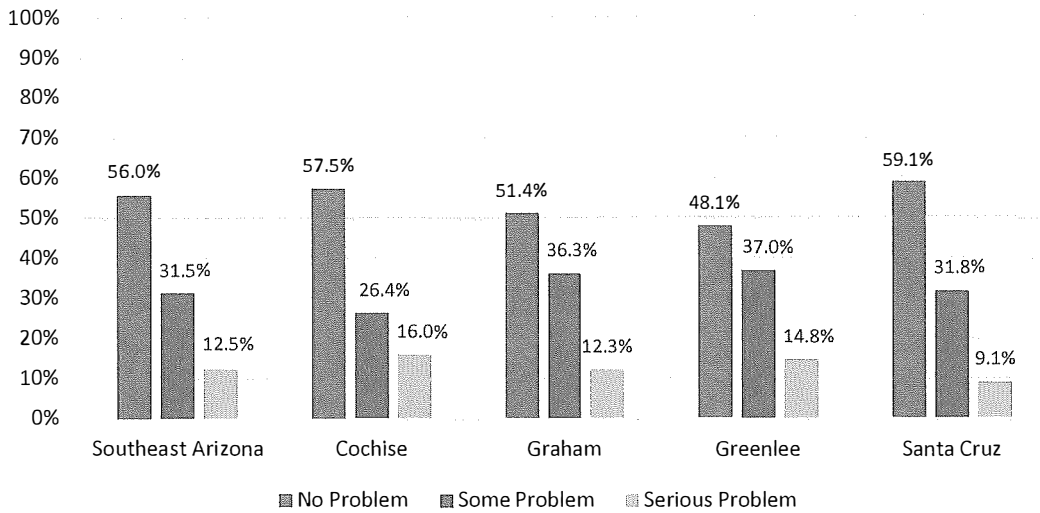


Figure 34: Loss of spouse/loved one

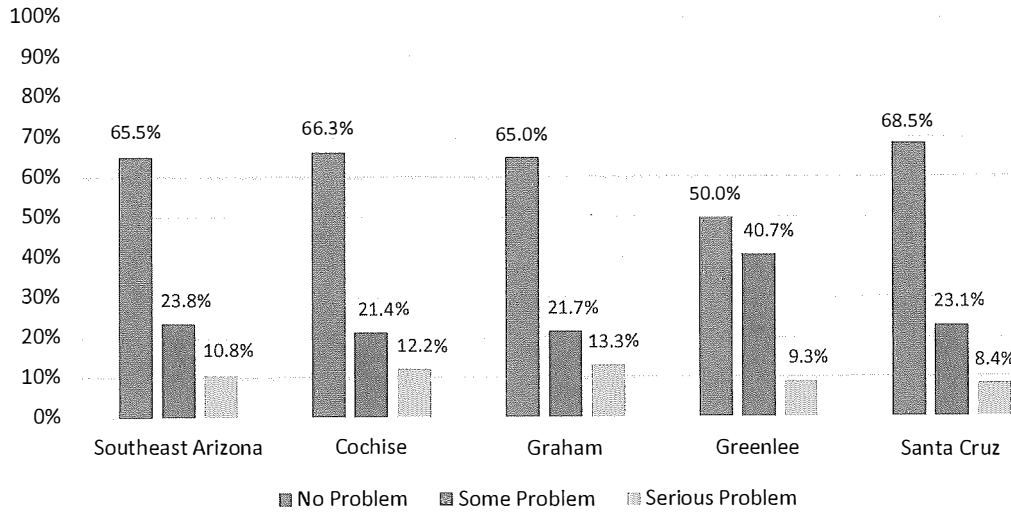


Figure 35: Volunteer opportunities

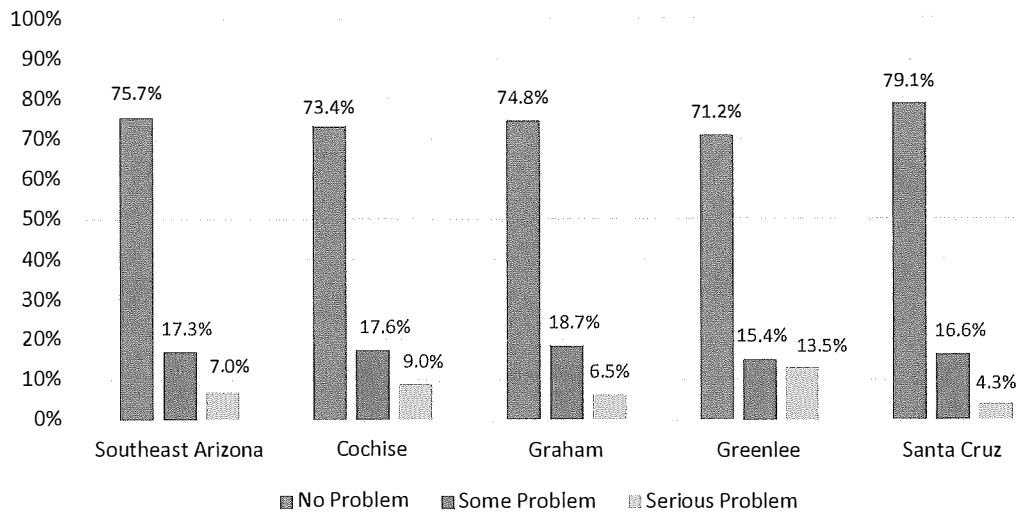


Figure 36: Raising grandchildren

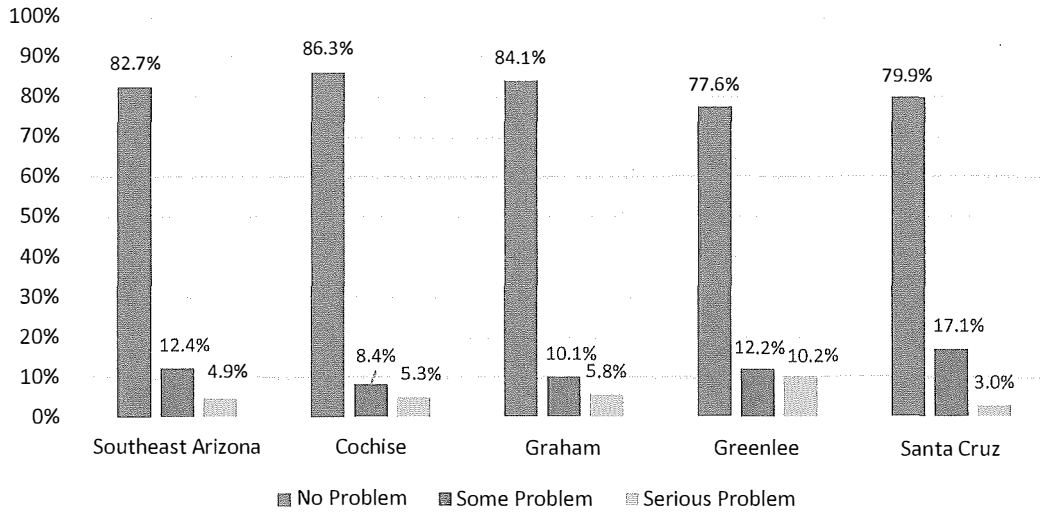


Figure 37: Obtaining information on selecting nursing home or assisted living facility

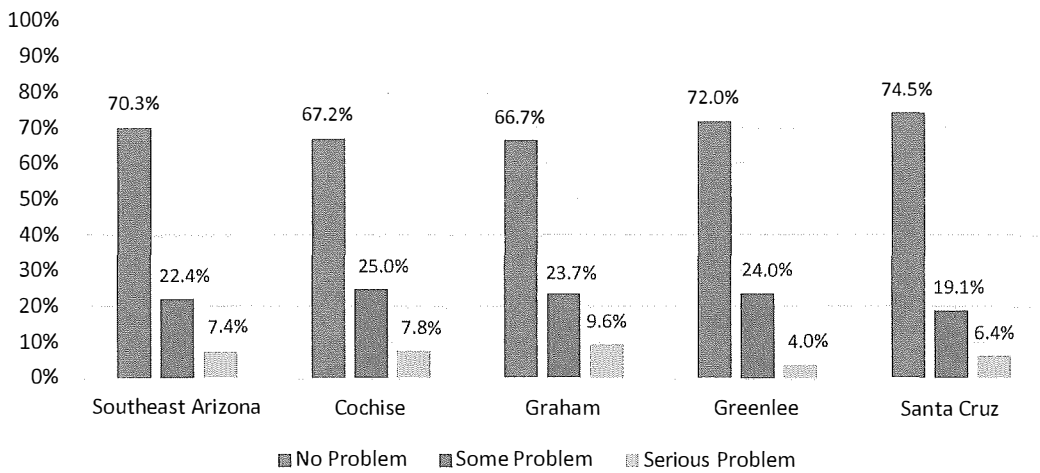


Figure 38: Processing monthly bills and/or medical claims

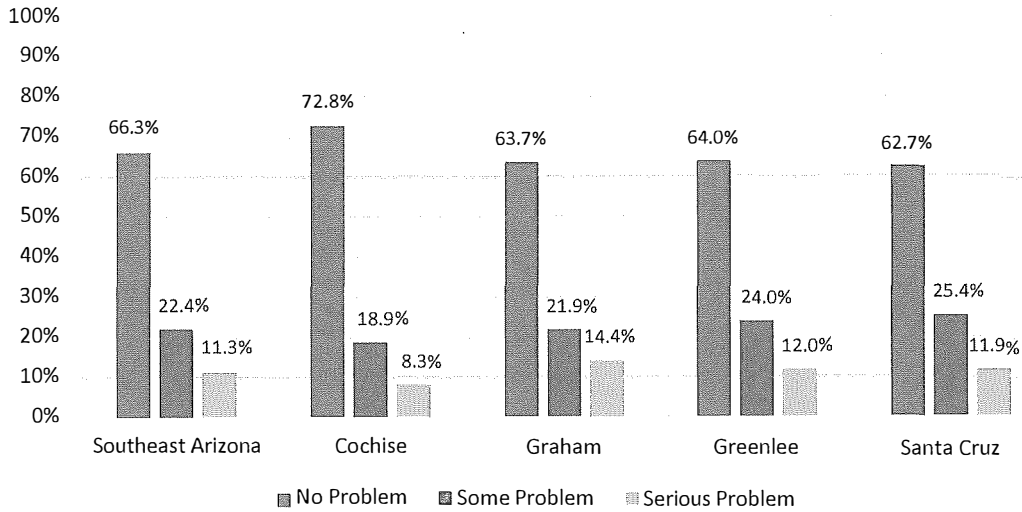


Figure 39: Providing care and supervision for an elderly family member

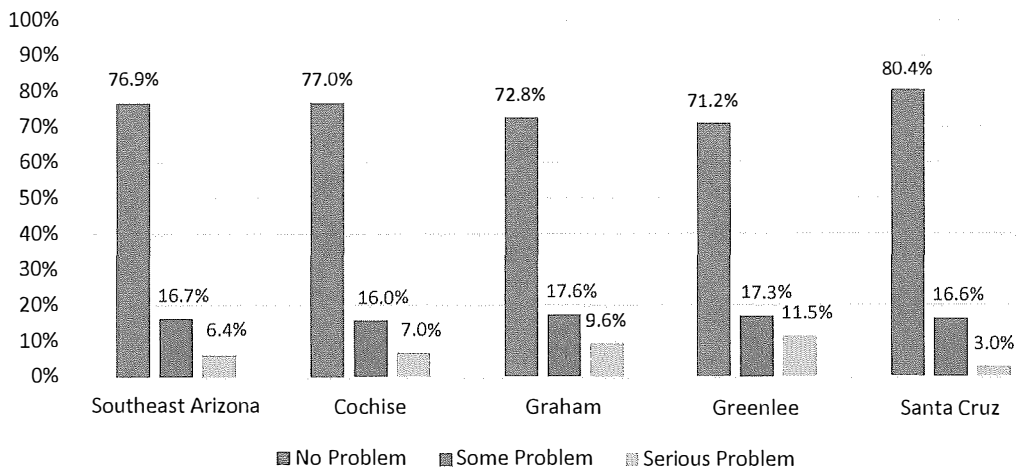
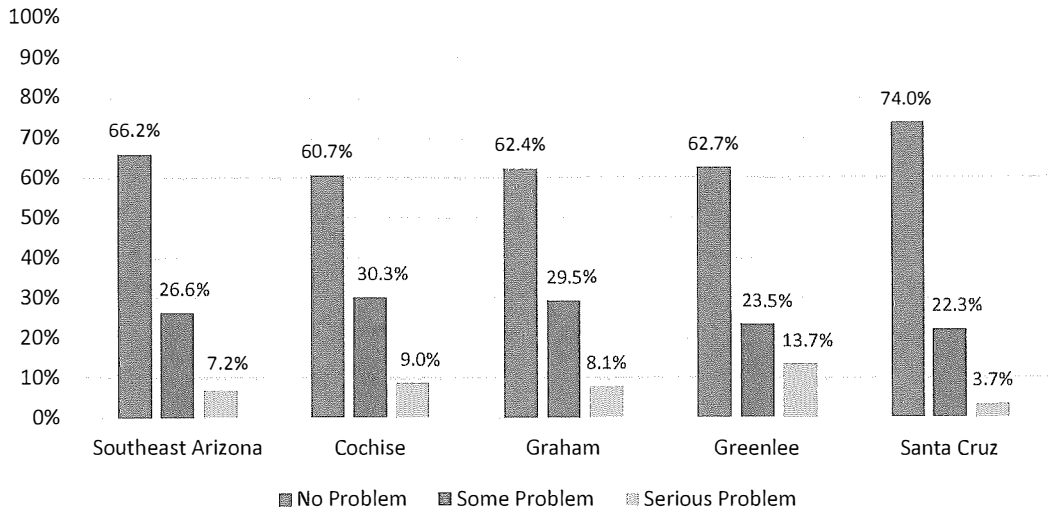


Figure 40: Maintaining my personal independence



Note on Figures 41—45: Survey respondents were asked, “Who do you usually go to for advice about your health insurance or Medicare?”—see Appendix D for other (specified) sources of advice/information.

Figure 41: Southeast Arizona Sources of Advice about Health Insurance/Medicare

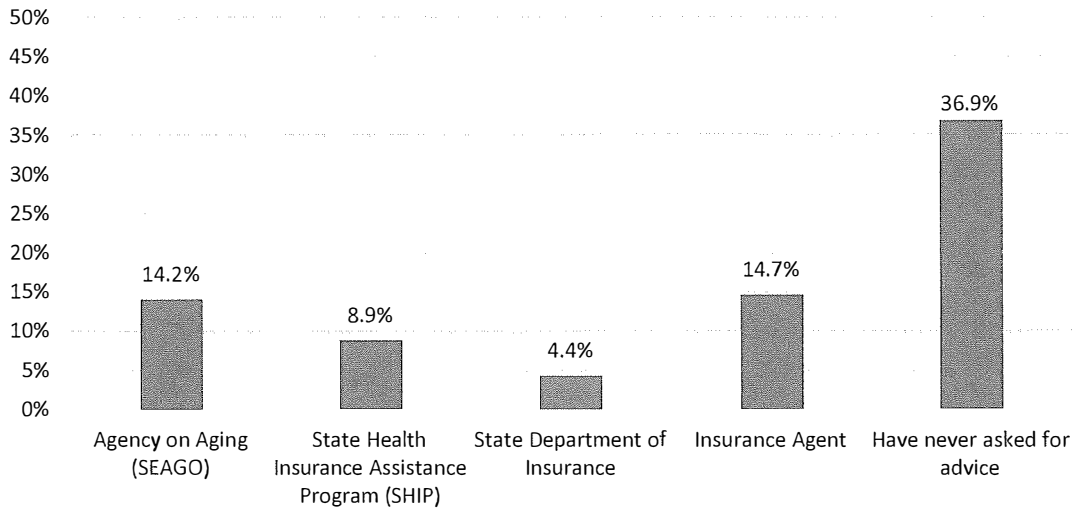


Figure 42: Cochise County Sources of Advice about Health Insurance/Medicare

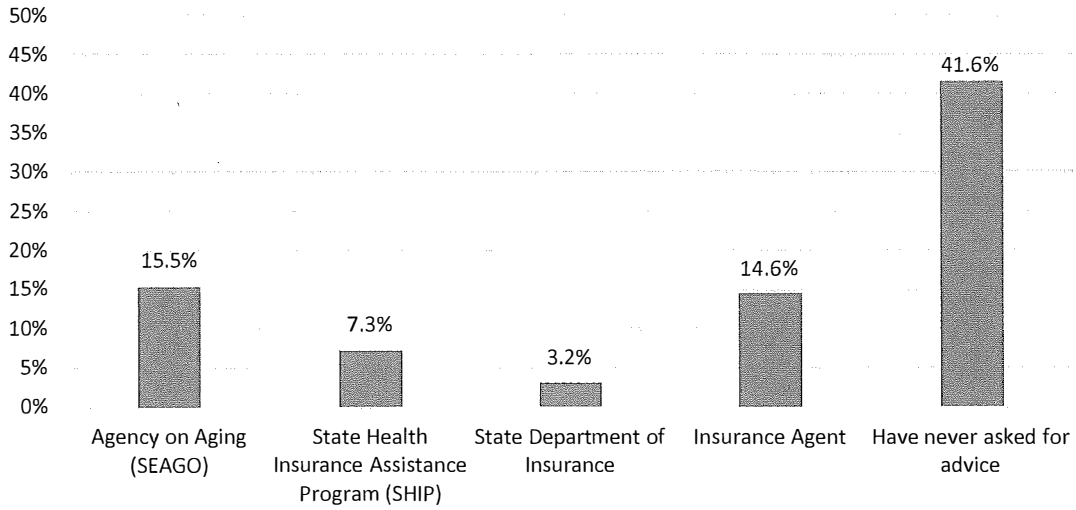


Figure 43: Graham County Sources of Advice about Health Insurance/Medicare

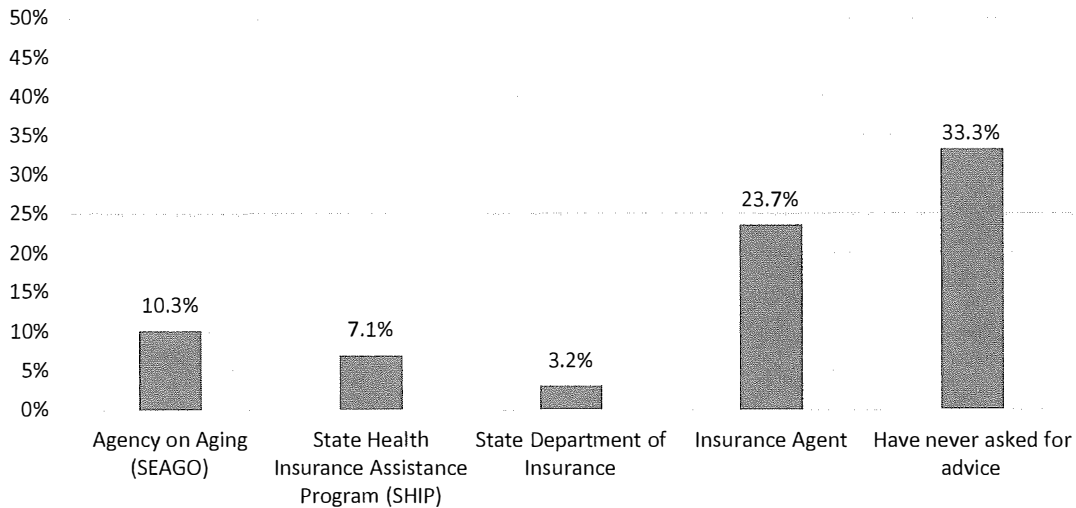


Figure 44: Greenlee County Sources of Advice about Health Insurance/Medicare

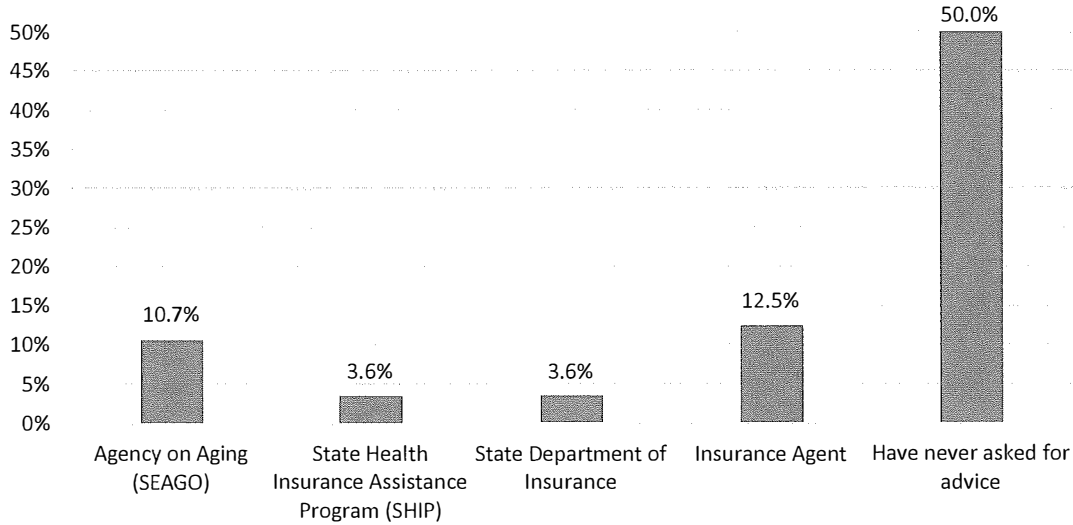
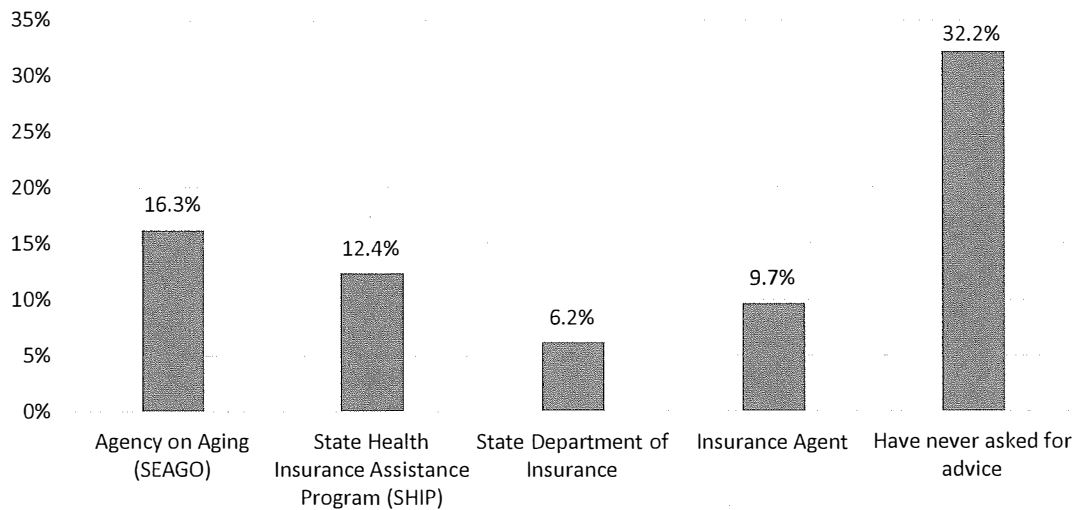


Figure 45: Santa Cruz County Sources of Advice about Health Insurance/Medicare



Note on Figures 46—50: Survey respondents were asked, “What is your source of transportation?”—see Appendix E for other (specified) sources of transportation.

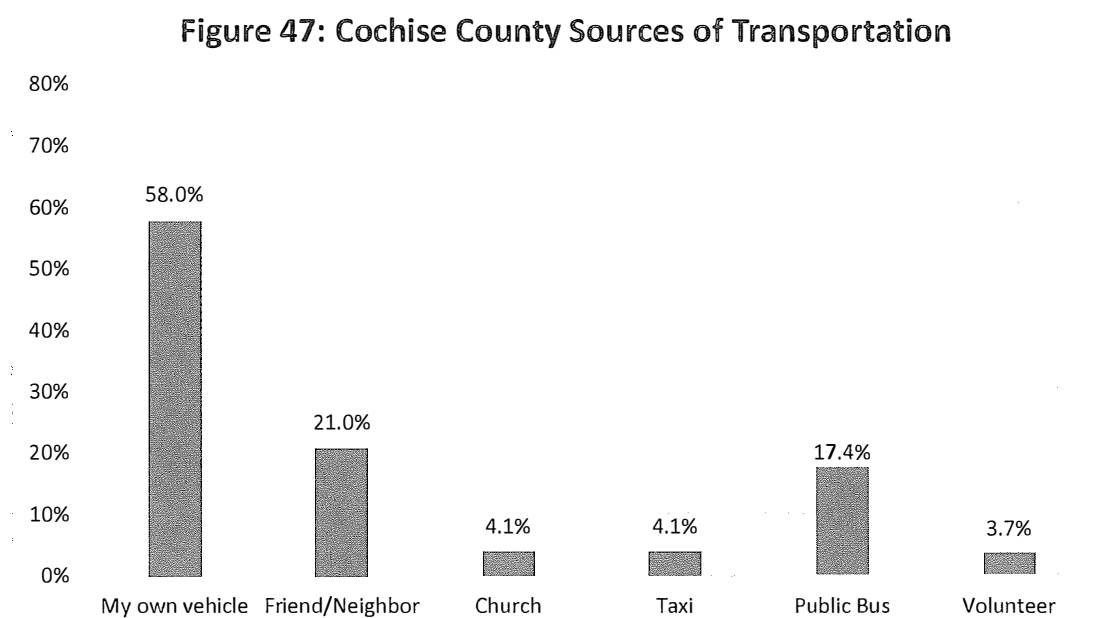
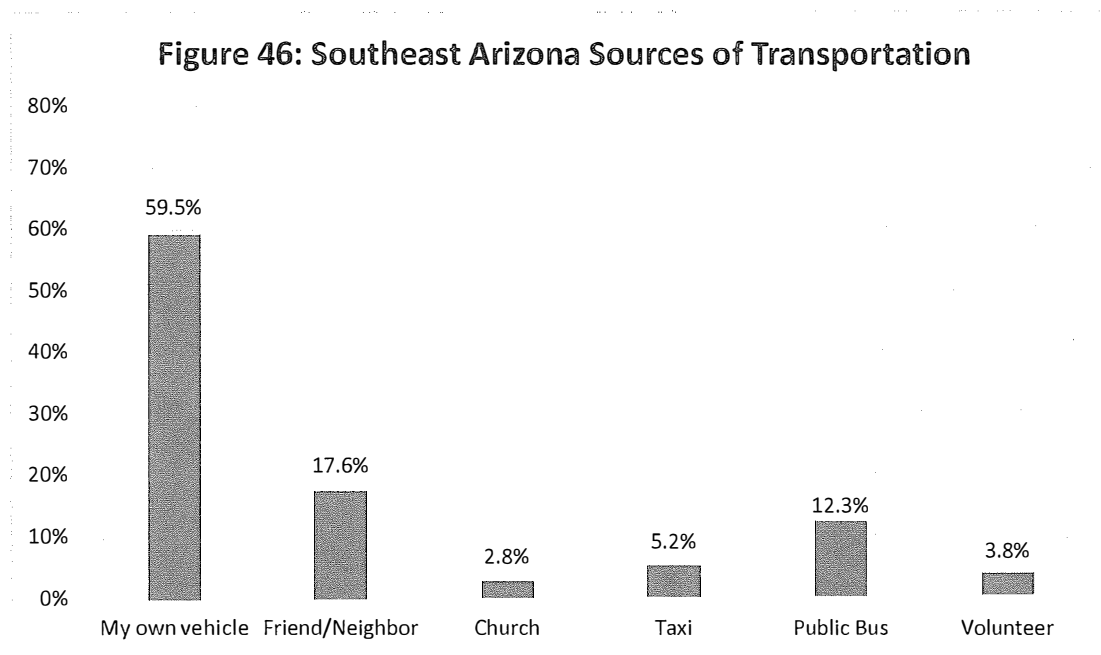


Figure 48: Graham County Sources of Transportation

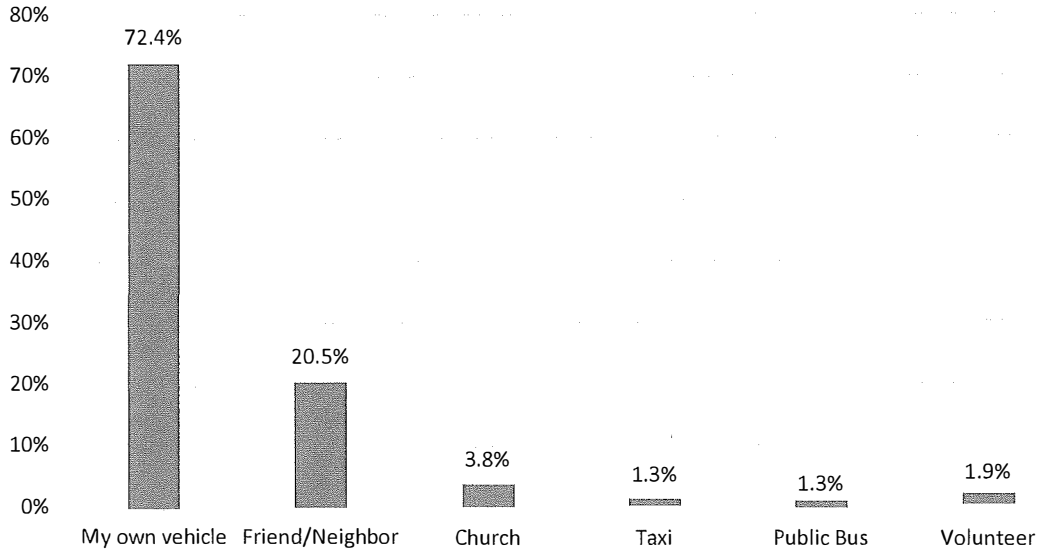


Figure 49: Greenlee County Sources of Transportation

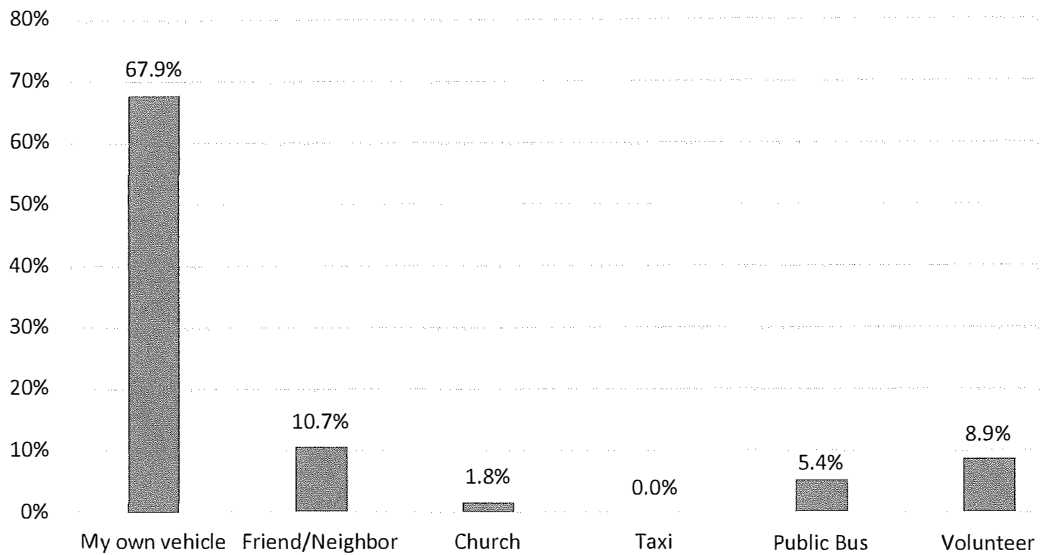
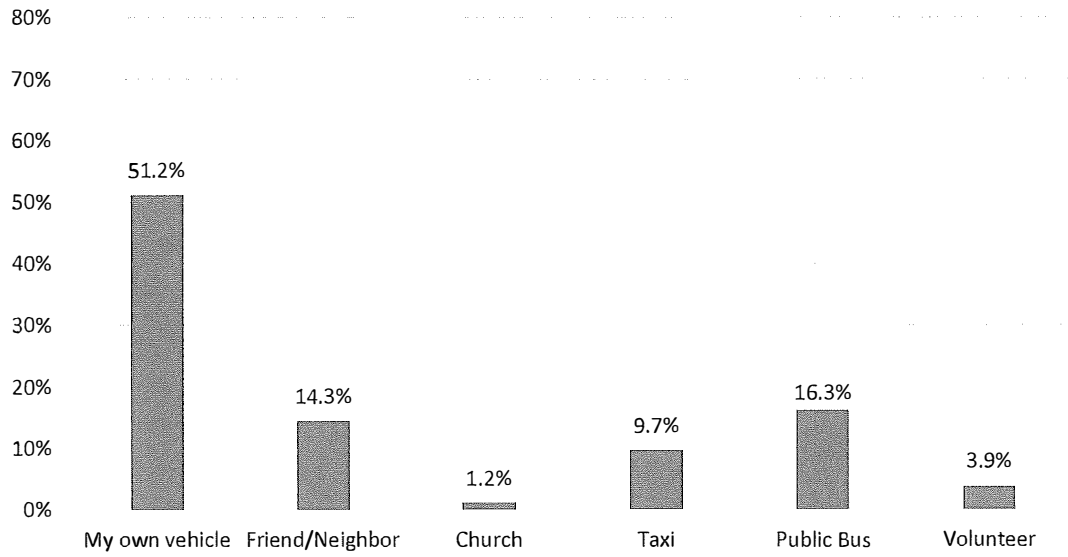


Figure 50: Santa Cruz County Sources of Transportation



Appendix A: Changes from 2013 to 2016

Southeast Arizona

From 2013 to 2016, three of the top five serious problems regionwide remained the same. Those were affordable dental care, affordable assistive devices, and maintenance and repair of home. Affordable dental care remained the number one serious problem, while the share of respondents identifying it as a serious problem increased from 28.4 to 37.5 percent (those identifying it as a problem—either “some problem” or “serious problem”—increased from 57.7 to 64.8 percent). Income (having enough money for basic needs) moved up from the eighth-ranked serious problem in 2013 to the fourth spot in 2016. Telemarketing or in-home sales, which was the fifth-highest-ranked serious problem in 2013 dropped to ninth place. Cost of energy/utilities, which was the ninth-ranked serious problem in 2013, moved up to the fifth-ranked spot. With regard to those issues that were identified as a problem (either as “some problem” or “serious problem”), telemarketing or in-home sales, which was the second-highest-ranked problem in 2013, dropped to eighth.

Cochise County

In Cochise County, the list of the top five serious problems remained the same, with some change in ordering. Affordable dental care remained the number one serious problem from 2013 to 2016. In 2016, 37.4 percent of respondents identified affordable dental care as a serious problem, up from 26.3 percent in 2013. Affordable assistive devices moved from the third to the second-ranked serious problem. Telemarketing or in-home sales moved from the fourth-ranked serious

problem in 2013 to third in 2016. Maintenance and repair of the home moved from the fifth to the fourth ranking. Maintenance of the yard moved from the second- to the fifth-ranked serious problem.

Graham County

In Graham County, employment opportunities moved from the first-ranked serious problem to the 13th serious problem from 2013 to 2016. Affordable dental care moved from the second to first ranking. Finding legal assistance decreased in its ranking as a serious problem, moving from fourth to 20th. Recreational or social opportunities also decreased in ranking as a serious problem, moving from fifth to 15th. Maintenance of the yard became a more widely spread serious problem between 2013 and 2016, moving from the seventh to the third ranking.

Greenlee County

In Greenlee County, maintenance and repair of home moved up from the third-ranked serious problem to the number-one most widely identified serious problem between 2013 and 2016. Affordable dental care moved from the number-one-ranked serious problem to the second-ranked position. Maintenance of yard increased in ranking of serious problems, moving from sixth to third. Cost of energy/utilities moved up from the seventh most widely identified serious problem to the fourth. Transportation increased in ranking as a serious problem, moving up from 13th to fifth place. Telemarketing or in-home sales decreased from the second to the 14th ranked serious problem; recreational or social opportunities fell from fourth to 10th; and

finding legal assistance dropped from the fifth- to the eighth-ranked serious problem.

Santa Cruz County

In Santa Cruz County, affordable dental care increased from the fourth-ranked to the top-ranked serious problem between 2013 and 2016. Affordable assistive devices remained the second most widely identified serious problem, while income (having enough money

for basic needs) increased from 33rd to the third-ranked position. Along with that, cost of energy/utilities moved from 34th to fourth, while cost of housing jumped from 12th to fifth place among serious problems. Obtaining information on selecting nursing homes or assisted living facilities fell from the number-one serious problem in 2013 to 25th in 2016, while age discrimination decreased from third to 11th and loss of a spouse/loved one moved from fifth to 20th.

Appendix B: Survey Instrument (English Version)

SEAGO SURVEY OF OLDER RESIDENTS

To take this survey online, visit www.SurveyMonkey.com/R/SEAGO2016

1. What town do you live in? _____
2. Zip Code: _____
3. Here is a list of issues or activities that some people say are problems for older Americans. To what degree is each of these items a problem for you personally? Please circle one response to each item.

| | NO PROBLEM | SOME PROBLEM | SERIOUS PROBLEM |
|--|---------------|-----------------|--------------------|
| Availability of health care providers (doctors, hospitals) | 1 | 2 | 3 |
| Paying for prescription drugs | 1 | 2 | 3 |
| Affordable dental care | 1 | 2 | 3 |
| Affordable assistive devices (hearing aids, glasses, canes, etc.) | 1 | 2 | 3 |
| Getting information about services | 1 | 2 | 3 |
| Having someone check on me daily | 1 | 2 | 3 |
| Preparing nutritious meals | 1 | 2 | 3 |
| Personal Care (bathing, washing hair) | 1 | 2 | 3 |
| Homemaker services (shopping, housekeeping) | 1 | 2 | 3 |
| Getting information about disease prevention | 1 | 2 | 3 |
| Transportation | 1 | 2 | 3 |
| Maintenance and repair of home | 1 | 2 | 3 |
| Accessibility modifications in my home (grab bars) | 1 | 2 | 3 |
| Maintenance of yard | 1 | 2 | 3 |
| Recreational or social opportunities | 1 | 2 | 3 |
| Counseling or mental health services | 1 | 2 | 3 |
| Bereavement/grief counseling/hospice services | 1 | 2 | 3 |
| Finding legal assistance | 1 | 2 | 3 |
| Getting information about health insurance (AHCCCS, Medicare, Medigap, etc.) | 1 | 2 | 3 |
| Cost of housing | 1 | 2 | 3 |
| Income (having enough money for basic needs) | 1 | 2 | 3 |
| Cost of energy/utilities | 1 | 2 | 3 |
| Employment opportunities | 1 | 2 | 3 |
| Age discrimination (loans, insurance, employment) | 1 | 2 | 3 |
| Elderly abuse, exploitation | 1 | 2 | 3 |
| Personal Safety (Crime) | 1 | 2 | 3 |

PSA REGION 7
AREA PLAN
NEEDS ASSESSMENT EXTRACT

PART III – NEEDS ASSESSMENT

NAAA hosted a strategic planning meeting on November 3-4, 2016 in Farmington, New Mexico and a second session on November 28-29, 2016 in Flagstaff, Arizona. The rationale for using a strategic planning was to put together representatives from elders, Navajo Nation leadership, and program staff that can discuss the issues of the NAAA and develop a plan to enhance services for the elders. Representing the elders were the Navajo Nation Council on Aging, Navajo nation Leadership included staff from the President's Office and Navajo Nation Council; and NAAA staff from Administration, Agencies, and Senior Centers.

NAAA consulted service to Mr. Kenneth White, Jr., CEO of Native Health Care Solutions, LLC to facilitate the strategic planning and to write a report on the sessions. NAAA Administration worked with Mr. White prior to the sessions to ensure that Mr. White address all issues including targeting elders with greatest economic or social need, elders with low-income, elders living in remote or frontier areas, elders that are at risk of institutional place; and individuals with disabilities. Mr. White address those area and provided educational sessions through the strategic planning sessions so participants will understand the topics.

The role and makeup of strategic partnerships were leadership, program participants, and program staff. The leadership were coming from the Office of Navajo Nation President and Vice-President and from Navajo Nation Council – Health, Education and Human Services Committee. The group approve legislative that governs the Navajo Nation and program budget that pays for services. The program participants were represented by the Navajo Nation Council on Aging who are elders age 60 and Over. They participate in services and activities at their local senior centers and very knowledgeable of local issues. The program staff were the Central

Administrative staff, the Agency staff, and selected staff from the Senior Centers (Supervisors, Cooks and Drivers). They provide the services and are knowledgeable about the program issues.

The barrier encountered in suing the strategic planning report was it addressed the issues that prevent the NAAA from providing adequate services and issues with the administrative process. To look at the elder issues, NAAA reviewed work-sessions that were conducted with the elders in Farmington and Shiprock, New Mexico. These work sessions were hosted in December 2015 where NAAA reviewed the current Area Plan with the elders.

NAAA used the recommendations from the strategic planning to develop objectives to provide more staff training and technical assistance. This is to address the issues identify with administration functions of the agency such as late reporting, correct monitoring findings, and to enhance existing services.

PART VI – KEY CHANGE TO SERVICE DELIVERY

- The need to understand and prepare service delivery amongst a changing elder demographic.
- Provide more information to elders on which they can make informed decision on their healthcare and service deliver.
- Coordinate and submit referrals to Adult Protective Services for clients who are exposed to abuse, neglect and exploitation.
- To advocate, promote and expand services for the disabled elders, to assist with home modification to meet handicap accessibility.
- Create more activities at the senior centers to maintain a healthy wellbeing.
- Provide services with less funding and resources utilizing our retired professionals to educate and provide volunteerism to our elder population at the senior centers.
- To promote elders living healthy and independent in their home, to prevent elders to enter nursing facilities and assisted living facilities. NAAA will be exploring to develop an Adult Day Care or Group Respite services.
- NAAA will implement an evidence-based health promotion program to determine if the program is feasible on the Navajo Nation for elders.
- Elders need information on which they can make informed decisions about their healthcare or service delivery. Health risks including Alzheimer, dementia, diabetes, hypertension, substance abuse, malnutrition is on the rise in the Navajo Nation which our elders have become highly affected by these chronic illnesses.
- Need to improve quality services for elders by providing transportation services targeting elders that are homebound of living alone and to provide transportation services to senior centers, NAAA will expand services providing hot shot vehicles to provide hot meals on wheels. In addition, NAAA will continue utilizing multi passenger vans to provide transportation series to senior center and to medical appointments, shopping and post office. This will result in the need of hiring more additional staff.
- Assist elder Veterans with referrals to VA to assist them with employment opportunities, healthcare, justice/legal service and housing.

Senior Center Supervisors will identify the actions steps to be taken, who is responsible person with timeline to complete objectives. NAAA objectives are specific, measurable, and achievable with timelines, anticipated outcomes and description of the measurements to discuss and resolve issues.

PSA REGION 8
AREA PLAN
NEEDS ASSESSMENT EXTRACT

PART III: NEEDS ASSESSMENT

What procedure was used to conduct the needs assessment? (Examples: survey instrument, public information gathering sessions, etc.)

During FY2017, Region 8 used two methods to gain additional insight from the elders/participants of Title III and VI services – Needs Assessment and Public Hearings. Both methods allowed Region 8 to compile input from tribal communities into this summary.

What was the rationale for using the particular procedure(s)?

Region 8 conducted three regional public hearings in tribal communities to gather information about issues affecting the elders and family caregivers. Public hearings were conducted because completing a needs assessment by using a survey instrument was extremely difficult to implement in tribal communities due to the need to get prior approval from Tribal leadership for outside entities to conduct surveys on tribal lands. Conducting a public hearing is a great tool to use in tribal communities because it draws a larger audience. The elders are more comfortable speaking about their aging issues amongst peers. The AICOA advisory member is readily available to assist if translation is needed for clients that solely speak their tribal language. The tribal leaders and other program directors are more inclined to participate in these public hearings due to the participation rate and the information shared.

Who was involved in the assessment? What methods were used to ensure that the views of older individuals with greatest economic or social need, with particular attention to low-income minority individuals and individuals residing in rural areas, older individuals who are Native Americans, individuals at risk of institutional placement, and older individuals with severe disabilities were considered?

The assessments and public hearings targeted elders, 55 and older, living in tribal communities that benefited from either/both Title III and VI programs. The assessments and public hearings were conducted on tribal reservations, all of which are located in rural areas. Elders living on tribal lands do face some economic hardships due to the isolation of their reservations to direct services and face high rates of diabetes and high blood pressure. Therefore, we strive to include older individuals that fall within the categories of the key demographic areas that the Older Americans Act targets – low income, minority, rural, etc. Region 8 is constantly educating the elders and senior programs on the importance of surveys/assessments and how they can strengthen the overall representation of their communities.

What was the role and makeup of strategic partnerships? (Examples: identification of other organizations, funders and/or consumer groups)

ITCA-AAA partnered with the National Resource Center on Native American Aging (NRCNAA), which is located at the University of North Dakota in Grand Forks, ND, to compile the Title VI assessments. The NRCNAA was recommended by the Title VI Office for American Indian, Alaska Native, and Native Hawaiian programs.

What information collected from the needs assessment process was used to build the plan?

The following provides an overview of the outcomes that were generated from these assessments and how they are being incorporated in the area plan for Region 8:

- A. Public Hearings: Region 8 conducted three public hearing sessions in the following tribal communities: Hualapai Tribe, Kaibab Band of Paiute Indians and the Ak-Chin Indian Community. The AICOA members from each of the respective tribes assisted with the facilitation of the sessions. These sessions were instrumental in gaining additional insight directly from the elders/participants and each session highlighted the following areas of needs:

- | | |
|-------------------------------|--|
| a. Transportation | g. Medication management |
| b. Disability services | h. Grandparents raising grandchildren |
| c. Socialization & Recreation | i. Caregiver services |
| d. Dietitian services | j. Increase funding for Title III services |
| e. Medical alerts | |
| f. Weatherization | |

There is an array of needs across the tribal communities in Arizona, which is reflected in the input gathered from each of the participants during these public hearing sessions. Region 8 took the highlighted areas, listed above, and presented the results to the Arizona Indian Council on Aging advisory board during their December quarterly meeting. After the council reviewed the results they then added their input and ITCA-AAA incorporated their results into the formation of the Area Plan.

- B. Title VI Surveys: Region 8, in partnership with the National Resource Center on Native American Aging at the University of North Dakota, also utilized the Title VI needs assessments, which was completed by four tribes: Tonto Apache Tribe, San Juan Southern Paiute Tribe, Kaibab Band of Paiute Indians and the Fort McDowell Yavapai Nation. Each tribe was required to complete a needs assessment for the Title VI grant. The needs assessments contained 70 questions, which ranged from general health status to activities of daily living, including demographics. The results of the surveys highlighted the following areas of needs:

- | | |
|--------------------------------|----------------------------|
| a. Adult daycare | o. Transportation |
| b. Caregiver program | p. Volunteer services |
| c. Emergency response systems | q. Nursing facilities |
| d. Financial assistance | r. Long Term Care Services |
| e. Home health services | |
| f. Home repair/modification | |
| g. Legal assistance | |
| h. Home delivered meals | |
| i. Congregate meals | |
| j. Assisted living | |
| k. Retirement communities | |
| l. Government assisted housing | |
| m. Senior center programs | |
| n. Telephone reassurance | |

These surveys were distributed within each of the four tribal communities and completed by each participant. Region 8 has utilized these results as a guide for areas of improvement or need for elders in rural tribal communities, which have been incorporated into the Area Plan.

What major barriers were anticipated or encountered?

One of the main barriers that Region 8 encountered was access to the Title VI assessments that were completed by the 21 member tribes. Region 8 requested copies from the senior programs but only five copies of the survey were submitted to our office. The remaining programs either had to get approval from the tribal leadership via resolution or had not completed an assessment, at the time of the request. Additionally, the clients were hesitant to complete multiple assessments, should we have decided to give them a Title III assessment in the same year as the Title VI assessment. Another barrier was the sample rate from the Title VI assessments. The questions were sometimes confusing and improperly worded, which produced skewed results potentially misleading our analysis. Therefore, ITCA-AAA decided to analyze the Title VI assessments that we received in combination with the information obtained from our public hearings.

How were these barriers overcome?

Region 8 overcame the barriers by requesting additional assistance from the Arizona Indian Council on Aging by seeking their input on the areas of improvement and to present to their members so that Region 8 could gain additional insight from other tribal communities throughout Arizona. Additionally, Region 8 provided feedback to the ACL/AOA Office for American Indian, Alaskan Native and Native Hawaiian Programs regarding the assessments formatting, and provided recommendations as to how the wording of the questions can be better formatted for the elders/participants to understand. These recommendations are being taken into consideration.

What prior planning activities or approaches were used?

Region 8 has conducted public hearings in the prior years and conducted them again this year in various tribal communities throughout the state of Arizona. These locations were regionally specific, which included the north, middle and southern areas of the state. Region 8 also sought input from the Arizona Indian Council on Aging, which has been done in the past, and has proven to be very effective in planning and implementing our Area Plan.

PART IV: GOALS, OBJECTIVES AND ACTION PLANS

Goal 1: Increase the awareness and understanding of aging issues and help prepare Arizona for an aging population.

Strategic Objectives

1. Continually support the efforts of the Arizona Indian Council on Aging advisory board in tribal communities.
2. Identify the needs of elders by collecting and analyzing completed elder assessment reports in 2017.

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Appendix I-1: Public Forum Schedule

Two public forum were held at the following locations to present the draft *State Plan on Aging*:

| Counties | Date & Time | Location |
|---------------------------------|---|---|
| Maricopa County PSA Region 1 | June 20, 2018 1:00p.m. to 2:30 p.m. | Foundation for Senior Living 1201 E. Thomas Road Phoenix, Arizona 85014 |
| Pima County PSA Region 2 | June 21, 2018 6:00 p.m. to 7:30 p.m. | Pima County on Aging 8467 E. Broadway Blvd. Tucson, Arizona 85710 |

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Appendix I-2: Public Forum Comments

The following comments or questions were received from members of the public during the public forums held in Phoenix, Arizona on June 20, 2018 and Tucson, Arizona on June 21, 2018.

Will all of the agencies listed in the State Plan on Aging report to the Department of Economic Security?

As the aging population grows, what are the strategies and funding mechanisms to provide all of these programs to the increase of people?

Federal funding has kept up fairly well, however, due to past cuts in the state budget, there will not be enough funding to adequately provide services as the population increases. Funding was cut 7 years ago and has not been restored to those levels. Is Arizona making a commitment to put additional funds to cover this increase?

There has been a lot of discussion about the increases in the aging population for the past 10 years, yet it does not seem like the state has prepared financially for this increase and without additional funds these programs will not happen.

I would have liked to see a more detailed picture of how the funding of these programs will be structured and where the money will come from.

The demographics regarding hearing loss are not accurate, as the US Census community survey is self-reporting and not as accurate as the HANES report. [NOTE: See the updated and more thorough information included in this Appendix below.]

Table. Prevalence and Number of Individuals in the United States With Hearing Loss^a

| Variable | % (95% CI) ^b | | | | | | | | |
|---|--|------------------|-----------------------------|------------------|------------------|--------------------|---|--------------------|-------------------------------------|
| | Prevalence of Hearing Loss \geq 25 dB (Bilateral) ^c | | | | | | Prevalence of Hearing Loss \geq 25 dB (Bilateral and Unilateral) ^c | | |
| | Sex | | Race/Ethnicity ^d | | | Total | | Total | |
| | Female | Male | White | Black | Hispanic | Overall Prevalence | No. With Hearing Loss (in Millions) | Overall Prevalence | No. With Hearing Loss (in Millions) |
| Age, y | | | | | | | | | |
| 12-19 | 0.42 (0-0.91) | 0.20 (0-0.41) | 0.26 (0-0.66) | 0.48 (0.11-0.85) | 0.43 (0.04-0.82) | 0.31 (0.04-0.57) | 0.10 | 2.3 (1.5-3.1) | 0.76 |
| 20-29 | 0.35 (0-0.79) | 0.48 (0-1.4) | 0.43 (0-1.3) | 0.63 (0-1.9) | 0.35 (0-0.90) | 0.42 (0-0.97) | 0.16 | 3.2 (1.4-5.1) | 1.2 |
| 30-39 | 0.79 (0-1.8) | 2.5 (0.14-4.9) | 1.8 (0-3.8) | 1.7 (0-3.9) | 1.6 (0.22-3.1) | 1.6 (0.23-3.1) | 0.68 | 5.4 (3.3-7.6) | 2.3 |
| 40-49 | 4.5 (0.94-8.1) | 8.7 (5.0-12.4) | 7.4 (4.5-10.3) | 1.3 (0-3.3) | 7.3 (2.0-12.5) | 6.5 (4.1-8.8) | 2.8 | 12.9 (9.8-15.9) | 5.6 |
| 50-59 | 6.1 (3.6-8.6) | 20.3 (14.5-26.2) | 14.5 (9.9-19.2) | 7.1 (3.0-11.2) | 13.8 (6.4-21.2) | 13.1 (9.4-16.8) | 4.4 | 28.5 (23.3-33.7) | 9.6 |
| 60-69 | 16.8 (12.1-21.5) | 39.2 (31.7-46.8) | 26.6 (21.1-32.1) | 15.9 (9.8-22.1) | 28.9 (17.0-40.8) | 26.8 (22.3-31.4) | 5.7 | 44.9 (40.9-48.9) | 9.5 |
| 70-79 | 48.5 (38.5-58.5) | 63.4 (56.2-70.5) | 55.8 (47.6-63.9) | 39.0 (26.2-51.7) | 66.8 (52.3-81.2) | 55.1 (48.0-62.2) | 8.8 | 68.1 (61.2-75.1) | 10.8 |
| \geq 80 | 75.6 (69.7-81.5) | 84.6 (79.0-90.3) | 81.5 (78.5-84.5) | 54.8 (40.6-69.0) | 60.7 (34.8-86.6) | 79.1 (76.0-82.2) | 7.3 | 89.1 (86.1-92.0) | 8.3 |
| Estimated total No. of individuals with hearing loss, (in millions) | | | | | | | 30.0 ^e | 48.1 | |

^a National Health and Nutritional Examination Surveys 2001 through 2008 (n=7490)

^b All values represent prevalence percentage except for the column titled "No. With Hearing Loss (in Millions)," which represents the number of prevalent cases.

^c Hearing defined by the average of hearing thresholds at 0.5-, 1-, 2-, and 4-kHz tones presented by air conduction.

^d Prevalence estimates by race/ethnicity are only presented for the 3 largest racial/ethnic groups. Individuals from all racial/ethnic groups are included in the overall prevalence.

^e Numbers do not sum to group total because of rounding.

The Department of Housing (ADOH) does not list how many senior housing units that they plan to build in the planning period. It makes no mention either as to where ADOH will get funding for any type of building.

What does discretionary grant seed money mean? Are these seed funds for anyone or only DES for discretionary funds.

Will there be updates to this plan published or available for review to determine the status of the programs and overall plan.

The public should be given a longer public comment period before the plan goes to the Governor for signature.

Streamlining processes to help get people get off of service waiting lists is great, however, without funding it will be difficult to do so. Most of the plan will not be achievable without some additional state money to achieve it.

Who is updating AZLinks.gov?

Is it possible that AHCCCS prior period coverage could apply to home and community based services? That would stretch the funds much further. After all the whole point of the plan is to age in place.

The plan was well written and very informative.

The appendix with the demographics was very interesting. The demographics about diverse elders were very revealing.

Arizona State Plan on Aging 2019-2022

Appendix J: Objectives and Strategies*

*A complete list of Acronyms can be found in Schedule K

| | Lead | Support | Start | End |
|---|---------|----------------|---------|----------|
| Goal One: Streamline access for all eligible adult Arizonans to the integrated array of quality care available by all state aging services and promote resources for individuals that are physically and sensory challenged. | | | | |
| Objective 1.1: Facilitate a statewide interagency approach towards a comprehensive system that will enable older adults to remain as independent as possible within their communities. | | | | |
| Strategies | | | | |
| A. Continue to strengthen the Aging and Disability Resource Consortium (ADRC) partnerships. | AZLinks | | FFY2019 | FFY2022 |
| a.1 Continue to work with regional AZLinks networks to maintain and strengthen regional partnerships, to include all public health, Veteran's Administration (VA) and behavioral health representatives. | AZLinks | | FFY2019 | FFY2022 |
| a.2 Request that Area Agencies on Aging (AAAs) continue to schedule at least one meeting or training annually per region with partners. Continue to track the regional meetings per year with ADRC partner agencies, including Arizona Health Care Cost Containment System (ALTCS) / Arizona Long-Term Care Services (ALTCS), Division of Developmental Disabilities, AAAs, VA, Communities of Independent Living, Adult Protective Services (APS) and behavioral health organizations. | AZLinks | AAAs | FFY2019 | FFY 2022 |
| a.3 Schedule at least one AZLinks meeting with key partners per year at the state level. | AZLinks | | FFY2019 | FFY2022 |
| B. Maintain relationships with other agencies that offer aging services. | ADS | | | |
| b.1 Attend Maricopa Association of Governments meetings. | ADS | | | FFY2022 |
| b.2 Collaborate with Arizona Department of Health Services (ADHS). | HCBS | ADHS/ LTCOP | FFY2019 | FFY2022 |
| b.3 Attend Falls Prevention Coalition (AFPC) meetings. | HCBS | ADHS | FFY2019 | FFY2022 |
| b.4 Collaborate with Arizona Caregiver Coalition (ACC). | FCSP | | FFY2019 | FFY2022 |
| C. Continue to strengthen dementia capability of aging network. | FCSP | ACC | FFY2019 | FFY2022 |
| c.1 Continue to provide paid respite and transportation services to adult day care centers by utilizing Administration for Community Living (ACL) grant and apply for additional ACL funding when available. | FCSP | | | FFY2020 |

| | | Lead | Support | Start | End |
|---|---|--------|---------|---------|---------|
| | D. Continue to streamline services and update programs to better serve eligible older adults. | AHCCCS | | | FFY2022 |
| | d.1 Continue to update information and inform eligible individuals on managed care health plans utilizing Health Plan Report Cards. | AHCCCS | | | FFY2022 |
| | d.2 Update ALTCS to include new service option for individuals with both hearing and vision loss. | AHCCCS | | CY2019 | CY2022 |
| | d.3 Implement internal electronic financial eligibility system for ALTCS participants. | AHCCCS | | SY2019 | SFY2022 |
| | d.4 Update program requirements for prior period coverage, to reflect coverage for services received by AHCCCS recipients for the period between application and determination of eligibility. | AHCCCS | | SFY2019 | FFY2022 |
| | d.5 Continue to promote integrated care for individuals eligible for both Medicare and Medicaid (dual eligibility). | AHCCCS | | | FFY2022 |
| | d.6 Update requirements for ALTCS-Managed Care Organizations to promptly identify and refer members with Serious Mental Illness (SMI) for evaluation and determination of SMI eligibility and for the provision of Medicaid and non-Medicaid services for those members determined to have a SMI. | AHCCCS | ALTCS | | FFY2022 |
| | d.7 Monitor and revise eligibility determination during hospitalization of AHCCCS-ALTCS individuals during an acute hospitalization. | AHCCCS | | | FFY2022 |
| | d.8 Continue to assess and support the use of the Public Service Center in Phoenix. | DPS | | | FFY2022 |
| | d.9 Implement pilot Public Service Center in Tucson. | DPS | | SFY2019 | FFY2022 |
| | d.10 Develop and implement public safety web-based portal design phase. | DPS | | SFY2019 | SFY2019 |
| | d.11 Implementation and construction of public safety web-based portal. | DPS | | SFY2019 | SFY2019 |
| | d.12 Develop and implement the improvement of back-end data processing and management to improve internal process efficiency. | DPS | | SFY2019 | SFY2022 |
| Objective 1.2: Increase access to healthcare and other social services for seniors of all socio-economic levels. | | | | | |
| Strategies | | | | | |
| | A. Continue to evaluate statewide gaps in the Alzheimer's Disease and Related Disorders (ADRD) service delivery system, with the emphasis on underserved areas and populations, including ethnic, refugee, special needs and tribal communities, to determine gaps and capacity of the state and private services (both formal and informal). | FCSP | AAAs | FFY2019 | FFY2022 |

| | | Lead | Support | Start | End |
|--|---|------|---------|---------|----------|
| | B. Strengthen the capacity of State Health Insurance Assistance Program (SHIP) providers in rural areas for low-income and non-English speaking populations. | SHIP | | SFY2019 | SFY2022 |
| | b.1 The SHIP will work with the AAAs to maintain services in target locations and to identify and expand counseling site services in the underserved areas. | SHIP | | SFY2019 | SFY2022 |
| | b.2 The SHIP will continue to work with faith-based organizations, Family Caregiver Resource Centers, Latino and other cultural community groups, medical clinics and other organizations on scheduling education events and to provide one-on-one counseling. | SHIP | | SFY2019 | SFY2022 |
| | b.3 Track the number of bilingual SHIP counselors in rural and underserved areas each year. | SHIP | | SFY2019 | SFY2022 |
| | b.4 Increase the number of benefits check-up reports processed from the previous year. | SHIP | | SFY2019 | SFY2022 |
| | C. In coordination with other legal aid entities and law programs, help to provide legal assistance on sliding fee scale to older adults. | LSAP | AAAs | FFY2019 | FFY2022 |
| | c.1 Schedule at least one training for legal coordinators and legal service providers throughout the state per year. | LSAP | LTCOP | FFY2019 | FFY2022 |
| | D. Work with AAAs to determine and share best practices for moving older individuals with greatest social need, economic need, and individuals at-risk for institutional placement off of waitlists for services. | HCBS | AAAs | FFY2019 | FFY2022 |
| Objective 1.3: Provide information and promote understanding of options, benefits and available services through a variety of formats. | | | | | |
| Strategies | | | | | |
| | A. Improve public benefit outreach to older adults and individuals with disabilities through the aging network to continue expanding enrollment assistance with Medicare Savings Programs, Low Income Subsidy and Medicare Part D, as well as, other public benefits. | SHIP | | SFY2019 | On-going |
| | a.1 Distribute current educational outreach information for the community and senior centers. | SHIP | | SFY2019 | On-going |
| | B. Empower and assist Medicare beneficiaries, their families and caregivers to prevent, detect and report health care fraud, errors and abuse through outreach, counseling and education. | SMP | | SFY2019 | On-going |
| | C. Provide information and materials to AAAs and other providers and agencies for dissemination on AZLinks and the SHIP toolkit. | ADS | | | On-going |
| | c.1 Review all materials currently used by Older Americans Act (OAA) programs. | ADS | | FFY2019 | FFY2022 |

| | | | Lead | Support | Start | End |
|---|--|--|---------|-----------|---------|----------|
| | | c.2 Update AZLinks database to maintain no more than 2 percent outdated entries and/or broken links at any time. | AZLinks | | FFY2019 | On-going |
| | | c.3 Strengthen the capacity of the statewide Caregiver Resource Line, utilizing volunteers to reach caregivers statewide. | FCSP | ACC | FFY2019 | FFY2022 |
| | | C. Use the Arizona Department of Housing (ADOH) website to provide information on ADOH and other service housing issues of interest to senior citizens. | ADOH | | | FFY2022 |
| | | c.1 Monitor and track funding received from Rapid Rehousing Programs by older Arizonans experiencing homelessness. | ADOH | | | FFY2022 |
| | | c.2 Fund a Housing Locator to assist in engaging landlords for permanent supportive housing programs statewide. | ADOH | | FFY2019 | FFY2022 |
| Objective 1.4: Ensure regulations and policies promote high quality of care. | | | | | | |
| Strategies | | | | | | |
| | | A. Establish and maintain rules and standards for all programs. | ADS | | FFY2019 | FFY2022 |
| | | B. Update Division of Aging and Adult Services (DAAS) internal procedures for monitoring, tracking and ongoing review of programs as part of the contract renewal cycle. | ADS | | | FFY2022 |
| Objective 1.5: Ensure the highest quality care and service through active monitoring, assessment and training. | | | | | | |
| Strategies | | | | | | |
| | | A. Use Division of Aging and Adult Services Reporting System (DAARS) to track, monitor and prepare reports for continuous improvement. | ADS | | | FFY2022 |
| | | a.1 Monitor the eligibility of clients. | ADS | | | FFY2022 |
| | | a.2 Track the number of individuals requesting information, referral and assistance and those receiving follow-up contact. | AZLinks | | FFY2019 | FFY2022 |
| | | B. Use comprehensive plans to monitor quality management and measure progress annually. | | | | |
| | | b.1 Work with AAAs to develop goals and a plan (with benchmarks and key indicators). | ADS | AAAs | FFY2019 | FFY2022 |
| | | b.2 Maintain regular monitoring schedules of the AAAs including desk-top monitoring. | ADS | CONTRACTS | | FFY2022 |
| | | b.3 Work with AAAs on consistent training of staff on DAAS policies and procedures, eligibility and documentation. | ADS | AAAs | | FFY2022 |
| | | b.4 Maintain reports schedules for quality control and continuous improvement, such as cost-sharing and timeliness of service initiation. | ADS | | | Ffy2022 |
| | | C. Provide technical assistance and follow up to tribes in Arizona. | ADS | LSAP | | FFY2022 |

| | | | Lead | Support | Start | End |
|--|--|--|------|---------------|---------|----------|
| | | c.1 Maintain and update contact information for each tribe providing service. | ADS | LSAP | | FFY2022 |
| | | c.2 Maintain regular contact with Department of Economic Security (DES) Tribal Liaison regarding development or execution of policy and monitoring. | ADS | LSAP | | FFY2022 |
| Objective 1.6: Maximize public awareness and understanding of Alzheimer's and other Dementia related diseases. | | | | | | |
| Strategies | | | | | | |
| | | A. Implement a public awareness campaign focused on reducing the stigma of ADRD. | ADHS | AATF/ FCSP | SFY2019 | On-going |
| | | a.1 Identify public and private sector community partners to collaboratively develop and conduct a statewide awareness campaign focused on Alzheimer's as a chronic disease that impacts everyone. | ADHS | AATF | SFY2019 | SFY2022 |
| | | a.2 Utilize appropriate public and social media to reach a broad audience. | ADHS | | SFY2019 | SFY2022 |
| | | a.3 Partner with educational institutions at all levels to infuse Alzheimer's disease information into health-related criteria. | ADHS | | SFY2019 | On-going |

| | Lead | Support | Start | End |
|---|----------|----------------------------|---------|---------|
| Goal Two: Increase awareness and understanding of aging issues and help prepare Arizona for an aging population. | | | | |
| Objective 2.1: Provide culturally appropriate information in a variety of formats to older adults and their families to promote a broader understanding of issues that arise as people age and how to address them. | | | | |
| Strategies | | | | |
| A. Conduct targeted outreach to partner organizations that focus on working with low-income, minority and other underserved populations. | | | | FFY2022 |
| a.1 In partnership with the AAAs, focus on unique legal issues that arise for special populations with the greatest economic need. | ADS/LSAP | AAAs | FFY2019 | FFY2022 |
| a.2 Engage the faith-based community in identifying age-related issues associated with low-income, minority and other underserved populations. | ADS | | | FFY2022 |
| B. Increase the awareness of the Long-Term Care Ombudsman Program (LTCOP) in all long-term care facilities, including assisted living, adult foster care and skilled nursing homes statewide. | LTCOP | ADS | FFY2019 | FFY2022 |
| b.1 Increase the number of education and media events regarding the problems and concerns of long-term care residents.. | LTCOP | AAAs | FFY2019 | FFY2022 |
| b.2 Increase awareness and public understanding of relevant legal issues through new resources and outreach. | LSAP | AAAs/ SENIOR CENTERS | FFY2019 | FFY2022 |
| b.3 Maintain and update database of pro-bono attorneys for the Legal Services Assistance Program (LSAP). | LSAP | | FFY2019 | FFY2022 |
| C. Continue to focus on training for caregivers through Family Caregiver Support Program (FCSP). | FCSP | | | FFY2022 |
| c.1 AAAs across Arizona will offer classes, workshops, forums and caregiver conferences designed to bring culturally appropriate information and curriculum to those in their respective service areas. | FCSP | | FFY2019 | FFY2022 |
| c.2 Track the number of caregiver events and number of attendees on an annual basis. | FCSP | | FFY2019 | FFY2022 |
| D. Continue to assess and implement diversified approaches in education and training for professionals and caregivers serving ADRD population focused on sensitivity to cultural and religious norms, income, geographical variables, family dynamics and community supports. | AATF | FCSP | | FFY2022 |

| | | Lead | Support | Start | End |
|---|---|----------|---------|---------|---------|
| | E. Increase awareness about younger-onset dementia with the goals of increased early detection and accurate diagnosis, providing access to specialized care to address the unique needs of this population and developing collaborative programs among state, non-profit and for-profit organizations. | AATF | | | FFY2022 |
| Objective 2.2: Educate and prepare the public and private sectors about the value and needs of older Arizonans. | | | | | |
| Strategies | | | | | |
| | A. Continue promotion of “Give Caregivers a Hand” and “Dementia Friends” programs. | FCSP | ACC | FFY2019 | FFY2022 |
| | B. Work with the AAAs and advocacy organizations to educate the private sector businesses about the needs of older Arizonans. | ADS | AAAs | | FFY2022 |
| | C. Continue cooperation with Governor’s Advisory Council on Aging (GACA) on outreach to the public and raising awareness of aging issues. | ADS | GACA | | FFY2022 |
| | c.1 Maintain relationship with GACA and provide information as requested. | FCSP/ADS | GACA | FFY2019 | FFY2022 |
| | c.2 Continue to look for innovative ways to educate the private sector on aging issues facing older Arizonans. | ADS | | | FFY2022 |
| | D. Continue to promote awareness campaign to address issues across the spectrum of ADRDs, including early warning signs, risk factors, the importance of early diagnosis, effective strategies for obtaining diagnosis, treatment and resources to support persons with ADRDs, their caregivers and families. | AATF | FCSP | | FFY2022 |
| | d.1 Sponsor 1 to 5 Virtual Dementia Tours, collaborate with AAAs for venue and assist with logistics. | GACA | | FFY2019 | FFY2020 |
| | d.2 Through AATF – DAAS/ADSA will set dates and provide training to state agency staff and community partners. | GACA | ADS | FFY2019 | FFY2020 |
| | E. Educate and inform visitors to Arizona of aging issues relative to tourism. | AOT | | | FFY2022 |
| | e.1. Plan and execute multi-faceted marketing campaigns, utilizing research and studies to reach a prime demographic of both visitors and aging citizens. | AOT | | | FFY2022 |
| | e.2 Utilize all forms of communication media, publication and exhibition to provide information and address issues that relate to travel/tourism and the aging population within the State of Arizona. | AOT | | | FFY2022 |
| | F. Promote and inform ADS staff on issues of trauma-informed care. | | | | |
| | f.1 Educate staff to build awareness and promote programming in support of trauma-informed care for individuals affected by traumatic experiences. | ADS | | FFY2019 | FFY2020 |

| | Lead | Support | Start | End |
|---|--------|-----------------------------------|---------|---------|
| Goal Three: Increase the ability of adult Arizonans to maintain their individual well-being and safety in order to remain active, healthy and living in their communities. | | | | |
| Objective 3.1: Promote healthier lifestyles, resulting in less long-term illness and reduce mortality from preventable and chronic diseases. | | | | |
| Strategies | | | | |
| A. Ensure that older Arizonans have access to high-quality and affordable chronic disease prevention measures. | HCBS | ADHS/AAAs | FFY2019 | FFY2022 |
| a.1 Address variations in access to these services between rural, suburban and urban populations. | HCBS | AAAs | FFY2019 | FFY2022 |
| a.2 Continue outreach, recruitment, and training of leaders and facilitators within their communities to increase capacity for sustainable delivery of Disease Prevention and Health Promotion (DPHP) programs. | HCBS | AAAs | FFY2019 | FFY2022 |
| a.3 Encourage community partnerships with organizations that produce promotional materials in culturally competent and accessible formats. | HCBS | AAAs | FFY2019 | FFY2022 |
| a.4 Develop and/or adapt models for new, innovative, and sustainable programming. | HCBS | AAAs | FFY2019 | FFY2022 |
| a.5 Track the number of individuals who are referred from OAA core programs who receive DPHP services. | HCBS | AAAs | FFY2019 | FFY2022 |
| B. Expand outreach to include preventive health benefits available under Medicare. | SHIP | | FFY2019 | FFY2022 |
| C. Refer FCSP clients who manage a chronic condition to DPHP and track the number of participants. | HCBS | FCSP | FFY2019 | FFY2022 |
| D. Promote the use of the Medicare annual wellness visits for the detection of cognitive impairment so that treatment and support can begin as soon as possible. | FCSP | | FFY2019 | FFY2022 |
| E. Provide evidence-based tools, training and coping skills for families dealing with Alzheimer's disease and improve the care recipients' ability to remain active and healthy in their homes. | FCSP | | FFY2019 | FFY2022 |
| e.1 The Lifespan Respite Care Program provides additional supports to family members caring for any individual with special needs. | FCSP | AAAs | FFY2019 | FFY2022 |
| e.2 Promote and utilize Care Partners Reaching Out or CarePRO, an evidence-based intervention to focus on increasing the skills available to caregivers allowing them to cope with the stresses of caregiving. | FCSP | ASU/ ALZHEIMERS ASSOCIATION | FFY2019 | FFY2022 |
| F. Continue to develop, promote, and utilize programs to keep AHCCCS individuals living well and as independently as possible. | AHCCCS | | | FFY2022 |
| f.1 Create new initiative for Home and Community-Based Services (HCBS), in conjunction with the Centers for Medicare and Medicaid services. | AHCCCS | | SFY2020 | SFY2022 |

| | | Lead | Support | Start | End |
|---|--|--------|---------------|---------|---------|
| | f.2 Review performance measures for chronic disease, prevention, wellness and systems outcomes annually. | AHCCCS | | | FFY2022 |
| | f.3 Conduct on-site health and safety checks for AHCCCS members in home, community-based settings and facilities for charges of abuse neglect, exploitation, unexpected death or when unsafe conditions are identified and report findings to appropriate regulatory agencies. | AHCCCS | | | FFY2022 |
| | f.4 Review managed health plans for compliance with Network Development and Management Plans. | AHCCCS | | | FFY2022 |
| | f.5 Review financial reconciliation processes with ALTCS managed health plans for incentives and maximization of in home and community-based placements. | AHCCCS | | | FFY2022 |
| Objective 3.2: Support aging services and programs that promote independence and self-determination of choices. | | | | | |
| Strategies | | | | | |
| A. Strive to maintain Non-Medical Home and Community-Based Services in the face of funding constraints. | | HCBS | AAAs | FFY2019 | FFY2022 |
| | a.1 Track the number of low-income and rural individuals receiving Title III services as a percentage of total enrollment. | HCBS | AAAs | FFY2019 | FFY2022 |
| B. Strengthen participant-directed service options, expanding respite program incentives by utilizing the agency-with-choice model. | | ADS | | FFY2019 | FFY2022 |
| | b.1 Continue to strengthen HCBS statewide. | HCBS | AAAs | | FFY2022 |
| | b.2 Create materials for Agency with Choice option model. | HCBS | AAAs | FFY2019 | FFY2022 |
| | b.3 Promote participant-directed options through options counseling. | HCBS | AAAs | FFY2019 | FFY2022 |
| | b.4 Work with AAAs to identify training for options counselors and case managers on participant direction. | HCBS | | | FFY2022 |
| | b.5 Increase the number of users online, for respite worker locator and the number of workers listed by 10 percent annually. | FCSP | | FFY2019 | FFY2022 |
| C. Continue emergency services for individuals referred by APS in Maricopa County. | | APS | HCBS | | FFY2022 |
| D. Continue to advocate for the rights of residents to make choices and direct their care in long-term care facilities. | | LTCOP | AAAs/ ADHS | FY2019 | FFY2022 |
| | d.1 Increase LTCOP knowledge about person-centered care through trainings focused on care planning, complaint investigations and other advocacy work as tools to increasing person-centered care. | LTCOP | LSAP | FFY2019 | FFY2022 |
| E. Improve direct communication with Native American tribes for purposes of technical assistance and monitoring. | | HCBS | AAAs/ LSAP | FFY2019 | FFY2022 |

| | Lead | Support | Start | End | |
|---|--|-----------|-----------|---------|---------|
| Objective: 3.3: Promote new and existing strategies to improve community safety for older adults. | | | | | |
| Strategies | | | | | |
| A. Reduce the risk of falls through education, awareness and outreach. | | | | | |
| | HCBS | ADHS/AAAs | FFY2019 | FFY2022 | |
| a.1 | Continue to promote fall prevention programs through ADRC referral and outreach efforts. | HCBS | ADHS/AAAs | FFYS019 | FFY2022 |
| a.2 | Provide technical assistance to AAAs and share best practices for fall prevention program. | HCBS | AAAs | | FFY2022 |
| a.3 | Continue partnership with the AFPC. | HCBS | ADHS AFPC | FFY2019 | FFY2022 |
| a.4 | Provide outreach to other partner organizations. | HCBS | | FFY2019 | FFY2022 |
| a.5 | Identify public and private sector entities to educate on falls prevention. | HCBS | | FFY2019 | FFY2022 |
| a.6 | The State Long-Term Care Ombudsman (SLTCO) will host bi-annual trainings for certified ombudsman volunteers. | LTCOP | | | FFY2022 |
| B. Continue to strengthen emergency preparedness procedures and ensure that persons with ADRDs and caregivers unique needs are included in the development and planning process of state and local emergency plans. | | | | | |
| b.1 | Review and update as necessary, the emergency preparedness plan for the LTCOP which incorporates responsibilities of both the state office and local ombudsman programs prior to and following an emergency that affects residents of long-term care facilities statewide. | LTCOP | AAAs | FFY2019 | FY2021 |
| C. Ensure that a dementia-capable emergency service personnel force is available, skilled at identifying people with ADRDs, knowledgeable about the kinds of services that can help people with dementia and their caregivers, and capable of providing linkages to other agencies and organizations. | | | | | |
| | FCSP | AAAs | FFY2019 | FFY2022 | |
| Objective 3.4: Strengthen efforts to prevent and respond to reports of elder abuse. | | | | | |
| Strategies | | | | | |
| A. Continue to strengthen the LTCOP through increased training and with use of new systems of communication (Intranet and webinars). | | | | | |
| a.1 | Review, update and develop on-going trainings for ombudsmen through the use of teleconferences. | LTCOP | ADS | FFY2019 | FFY2022 |
| a.2 | Review minimum certification training requirements and update training modules to reflect current best practices for the LTCOP. | LTCOP | | FFY2019 | FFY2021 |
| B. Continue to monitor and assess performance of local programs using developed tools. | | | | | |
| | LTCOP | | | | FFY2022 |
| C. Continue to educate staff to be aware of legal issues facing seniors and refer them to the LSAP. | | | | | |
| | LSAP | AAAs | FFY2019 | FFY2022 | |

| | | Lead | Support | Start | End |
|--|---|-----------------|-------------|---------|---------|
| | D. Continue participation by APS, LTCOP and LSAP in the Statewide Elder Abuse Coalition and the Attorney General's Task Force Against Senior Abuse. | APS/LTCOP /LSAP | AG | FFY2019 | FFY2022 |
| | E. Increase training on abuse, neglect and exploitation for area network partners. | APS/LTCOP /LSAP | AAAs | FFY2019 | FFY2022 |
| | e.1 Review, revise and develop, as necessary, training curriculum that reflects and addresses the current investigative and social work standards required of new and existing APS professionals. | APS | | | FFY2022 |
| | e.2. Track the percentage of APS staff trained on legal and ombudsman services. | APS | | | FFY2022 |
| | e.3 Track the percentage of LSAP, LTCOP and SHIP staff and volunteers trained on APS services including signs of potential abuse and neglect. | LTCOP | APS | FFY2019 | FFY2022 |
| | F. Continue to research and implement best practices as appropriate and relevant to APS, such as new tools for the public to interact with the program. | APS | | | FFY2022 |
| | f.1 Continue to integrate financial exploitation investigators with existing and planned law enforcement taskforces to facilitate the prosecution of financial exploitation statewide. | APS | | | FFY2022 |
| | f.2 Track the number of APS allegations investigated. | APS | | FFY2019 | FFY2022 |
| | G. Increase outreach and awareness to the public in order to reduce the incidences of abuse, neglect and exploitation of vulnerable adults. | APS | LTCOP/ LSAP | FFY2019 | FFY2022 |
| | g.1 Continue promoting online reporting of abuse, neglect or exploitation through APS Online reporting. | APS | | | FFY2022 |
| | g.2 Promote and encourage the use of the online registry to the public for researching reports of abuse, neglect or exploitation. | APS | | | FFY2022 |
| | g.3 Conduct proactive education and prevention programs statewide that target specific groups, such as banks, utility companies, pre-retirement older adults, social security recipients, family caregivers, long-term care facility staff and health care professionals. | APS | | SFY2019 | SFY2022 |
| | g.4 Create and promote a public awareness campaign to increase the general public's awareness of vulnerable adult maltreatment and the services provided by APS. | APS | | CY2020 | CY2022 |
| | H. Increase capacity to screen, investigate and assess vulnerable individuals. | APS | | | FFY2022 |
| | h.1 Develop and implement a central intake screen tool and field investigation safety and risk assessment tools for reports of abuse of vulnerable individuals. | APS | | FFY2019 | FFY2019 |
| | h.2 Increase the quality and consistency of objective decision-making at Central Intake by 5 percent year over year as measured by inter-rater reliability. | APS | | SFY2019 | SFY2022 |

| | | Lead | Support | Start | End |
|---|--|------|---------|---------|---------|
| | h.3 Increase the quality and consistency of objective decision-making throughout APS investigations by 5 percent year over year as measured by inter-rater reliability. | APS | | SFY2019 | SFY2022 |
| | h.4 Determine system of measurement of client outcomes (including recidivism and client voice) and implement improvements. | APS | | SFY2019 | SFY2022 |
| Objective 3.5: Assist older refugees in the assimilation of their new country. | | | | | |
| Strategies | | | | | |
| | A. Provide case management services that will familiarize older adult refugees with the conventional western systems and practices and provide them with skills necessary for self-sufficiency and successful resettlement. | RRP | DAAS | FFY2019 | FFY2022 |
| | a.1 Provide refugees with information and referrals to services. | RRP | DAAS | FFY2019 | FFY2022 |
| | a.2 Provide outreach services, including activities to familiarize refugees with healthcare and other services. | RRP | DAAS | FFY2019 | FFY2022 |
| | a.3 Provide short-term emergency services that may include counseling and crisis assistance and home management. | RRP | DAAS | FFY2019 | FFY2022 |
| | a.4 Provide assistance with United States citizenship and collaboration with other government entities and monitor progress of application. | RRP | DAAS | FFY2019 | FFY2022 |
| | a.5 Provide assistance with obtaining medical waivers and health services. | RRP | DAAS | FFY2019 | FFY2022 |
| | B. Ensure that Refugee Resettlement Program (RRP) Staff is properly trained to assist and monitor refugee elder activities. | RRP | DAAS | | FFY2019 |
| | b.1 Engage services through individuals who have demonstrated ability to serve older adults and demonstrated ability to develop socio-cultural adaptation and educational support services that are appropriate for elder individuals. | RRP | DAAS | FFY2019 | FFY2022 |
| | b.2 Provide volunteer opportunities for individuals to learn new skills. | RRP | DAAS | FFY2019 | FFY2022 |
| | b.3 Survey all individuals participating in the program about their satisfaction with the older adult refugee program and quality of service provided by staff and record the results. | RRP | DAAS | FFY2019 | FFY2022 |
| | b.4 Coordinate with ethnic organizations appropriate for individuals to encourage their individual participation in organization activities and encourage organizations to sponsor events in support of elder refugees. | RRP | DAAS | FFY2019 | FFY2022 |
| | b.5 Require staff attend technical assistance training required by RRP. | RRP | DAAS | FFY2019 | FFY2022 |
| | b.6 Monitor client files for minimum requirements and reporting information. | RRP | DAAS | FFY2019 | FFY2022 |
| | b.7 Coordinate cross-training with Adult and Disability Services (ADS) service providers beyond the AAAs to increase knowledge of both aging issues and refugee resettlement. | RRP | DAAS | FFY2019 | FFY2022 |

| | | Lead | Support | Start | End |
|---|---|------|-----------------|---------|---------|
| Goal Four: Strengthen Arizona's economy by fostering an integrated and well-trained informal, paraprofessional and professional workforce. | | | | | |
| Objective 4.1: Provide support for families in their efforts to care for their loved ones at home and in the community. | | | | | |
| | Strategies | | | | |
| | A. Expand older adult services for individuals with ADRD that promote and preserve independence allowing individuals to safely remain in their own homes and communities as long as possible Services would include socialization programs, quality of life therapies, transportation services and respite for families. | ADS | | | FFY2022 |
| | B. Expand and develop new systems of support for family members assisting individuals living with ADRDs including creating collaborations with non-profit organizations dedicated to assisting those living with dementia and their families. | FCSP | AATF | FFY2019 | FFY2022 |
| | C. Maintain and strengthen FCSP statewide. | FCSP | AAAs | FFY2019 | FFY2022 |
| | c.1 Track the number of caregivers through training and education. | FCSP | | FFY2019 | FFY2022 |
| Objective 4.2 Promote a stable and competent workforce sufficient to meet the growing care needs in Arizona. | | | | | |
| | Strategies | | | | |
| | A. Utilize the Arizona Respite locator to recruit and educate potential workers. | FCSP | AAAs | FFY2019 | FFY2022 |
| | B. Build awareness and strategies to connect employers with caregiver support and elder care resources in continuing efforts to educate the employer community on the need for such resources for an aging workforce. | ADS | | | FFY2022 |
| | b.1 Provide assistance to employers on accessing resources on caregiving and employment related issues, such as loss of productivity due to caregiving obligations. | FCSP | AAAs / ACC | FFY2019 | FFY2022 |
| | C. Build a workforce with the skills to provide high-quality care to individuals living with ADRDs through collaboration and cross-training with organizations, including the Arizona Board of Nursing Care Institution Administrators, Assisted Living Managers, the Arizona Chapter of the Assisted Living Federation of America and others. | AATF | ADHS/ FCSP/ ADS | | FFY2022 |
| | c.1 Collaborate and distribute information from the Arizona State University Morrison Institute for Public Policy, Arizona Health Care Association, Arizona Community Health Outreach Network, Arizona Community Health Workers Association, CareGiver Training Institute, and other resources to Governor, legislature and state and community partners. | GACA | | FY2019 | FFY2022 |

| | | Lead | Support | Start | End |
|---|---|--------|--------------------------------------|---------|---------|
| | D. Continue to develop diversified approaches in education and training for professionals and caregivers servicing the ADRD population, with focus on sensitivity to cultural and religious norms, income, geographic variables, family dynamics and community supports. | AATF | | | FFY2022 |
| | E. Promote the viability of a career as a direct care professional and other health services related occupations to Senior Community Service Employment Program (SCSEP) participants. | SCSEP | FCSP/ACC | FFY2019 | FFY2022 |
| | e.1 Elevate the image of direct care work and attract qualified individuals into the field through education and marketing efforts. | SCSEP | FCSP | FFY2019 | FFY2022 |
| | e.2 Strengthen the direct care workforce by raising awareness of professional opportunities in direct care services. | SCSEP | FCSP | FFY2019 | FFY2022 |
| | F. Develop a safe, well-trained, professional and competent workforce to provide quality care to aging Arizonans. | SCSEP | | | FFY2022 |
| | f.1 Implement new requirement for background checks for Direct Care Workers (DCW) and standards for providers that employ or contract with DCWs, including a search of the APS Registry. | AHCCCS | APS/ DPS | FFY2019 | FFY2022 |
| | f.2 Maintain and monitor program that requires DCWs to demonstrate proficiency against a standard set of core competencies aimed at ensuring that DCWs have the appropriate knowledge and skills need to provide quality care to members. Update as necessary. | AHCCCS | | | FFY2022 |
| | f.3 Oversee program that requires ALTCS managed care health plans to submit and monitor a workforce development plan to ensure the sub-contracted workforce of paraprofessionals is adequately resourced, stable and capable of providing quality care to members. Update as necessary. | AHCCCS | | | FFY2022 |
| Objective 4.3: Promote coordinated workforce development approach between public and private entities to benefit from the capabilities of a mature workforce. | | | | | |
| Strategies | | | | | |
| | A. Promote public awareness for the promotion of utilizing mature workers within the workforce. | SCSEP | AAAs & PIMA COUNTY ONE-STOP | FFY2019 | FFY2022 |
| | a.1 Seek opportunities to join forces in regional economic and workforce initiatives. Advocate on behalf of the SCSEP participant as an untapped viable source of potential employee to fill vacancies. | SCSEP | | FFY2019 | FFY2022 |

| | | Lead | Support | Start | End |
|--|--|-------|-----------------------------|---------|---------|
| | a.2 Expand the number of SCSEP participants assigned to community service work which will ultimately lead to transitioning into unsubsidized employment. | SCSEP | AAAs & PIMA COUNTY ONE-STOP | FFY2019 | FFY2022 |
| | a.3 Increase the percentage of workers over 50 participating in Arizona's workforce by promoting, preparing and providing opportunities for mature workers and employers to connect. | SCSEP | AAAs & PIMA COUNTY ONE-STOP | FFY2019 | FFY2022 |
| | a.4 Prepare educational materials designed to assist mature workers in job seeking and application processes. | SCSEP | | FFY2019 | FFY2022 |
| | B. Strengthen partnerships and collaborations among SCSEP grantees and Workforce Innovation and Opportunity Act service providers to ensure a seamless system of service delivery. | SCSEP | | | FFY2022 |
| | b.1 Continue to forge working relationships with local workforce investment areas to address identified gaps in information and services that could benefit the mature workers and employers. | SCSEP | AAAs & PIMA COUNTY ONE-STOP | FFY2019 | FFY2022 |
| | b.2 Support collaboration between the state and national SCSEP grantees in a concerted effort to ensure that SCSEP is represented on each local workforce board. | SCSEP | AAAs & PIMA COUNTY ONE-STOP | FFY2019 | FFY2022 |
| | b.3 Engage in discussions with local employers, economic development entities and One-Stop staff who work with employers to ensure that training plans are consistent and current with the local workforce direction regarding employment preparation. | SCSEP | | | FFY2022 |
| | b.4 Encourage state sub-grantees to participate in local One-Stop partner meetings and work with One-Stop staff to educate them on issues unique to SCSEP participants seeking employment. | SCSEP | AAAs & PIMA COUNTY ONE-STOP | FFY2019 | FFY2022 |
| | b.5 Monitor state sub-grantees on their outreach activities regarding their partnerships with local employers. | SCSEP | | | FFY2022 |
| | b.6 Ensure workforce staff who serve SCSEP participants are knowledgeable of accessible resources to address the special service needs of the mature worker group. | SCSEP | | | FFY2022 |
| | C. Establish a varied network of host agencies to provide training that aligns with SCSEP participant employment goals. | SCSEP | | | FFY2022 |

| | | Lead | Support | Start | End |
|--|---|-------|-----------------------------|---------|---------|
| | c.1 Promote the alignment of SCSEP host agency recruitments and participants hard-skills training with the local labor market demand to ensure the participant is employable upon program exit. | SCSEP | AAAs & PIMA COUNTY ONE-STOP | FFY2019 | FFY2022 |
| | c.2 Ensure participants receive adequate orientation, instruction and supervision from their host agency supervisor(s). This will be accomplished through quarterly host agency monitoring by SCSEP staff at the sub-grantee level. | SCSEP | AAAs & PIMA COUNTY ONE-STOP | FFY2019 | FFY2022 |
| | c.3 Ensure host agency rotations of participants by SCSEP sub-grantees when and where necessary, allowing for greater access to a wider variety of job skills training. | SCSEP | AAAs & PIMA COUNTY ONE-STOP | FFY2019 | FFY2022 |
| | c.4 Utilize, where appropriate, on-the-job experience to enhance the training experience and to increase the probability of unsubsidized employment and employment retention. | SCSEP | AAAs & PIMA COUNTY ONE-STOP | FFY2019 | FFY2022 |
| | c.5 Track the number of SCSEP participants who transition to unsubsidized employment. | SCSEP | | | FFY2022 |
| | c.6 Increase the number of individuals employed six months after exiting the SCSEP programs to meet program targets. | SCSEP | AAAs & PIMA COUNTY ONE-STOP | FFY2019 | FFY2022 |
| Objective 4.4: Support older Americans' efforts to remain engaged in the workforce and civic engagement activities. | | | | | |
| Strategies | | | | | |
| | A. Collaborate with community entities on identifying volunteer opportunities for older adults. | SCSEP | | FFY2019 | FFY2022 |
| | B. Work with the AAAs and subcontractors to promote access to financial and computer literacy resources for older adults. | ADS | SCSEP | FFY2019 | FFY2022 |
| | C. Develop strategies for identifying unmet service needs in small communities that can be carried out by local SCSEP providers. | SCSEP | AAAs & PIMA COUNTY ONE-STOP | FFY2019 | FFY2022 |
| | c.1 Continue to coordinate and work with the GACA on aging to ensure information on services and resources reach this target population. | SCSEP | GACA | FFY2019 | FFY2022 |
| | c.2 Ensure workforce staff who serve SCSEP participants are knowledgeable of accessible resources to address the special service needs of individuals residing in these communities. | SCSEP | | | FFY2022 |
| | c.3 Track the number of workforce staff servicing SCSEP participants who are trained on special service needs and accessible resources. | SCSEP | | | FFY2022 |

| | | | Lead | Support | Start | End |
|---|--|--|-------|-----------------------------|---------|---------|
| | | c.4 Ensure that sub-grantees serving rural areas will continue to cultivate host agencies that can offer training for participants to become job-ready. | SCSEP | AAAs & PIMA COUNTY ONE-STOP | FFY2019 | FFY2022 |
| | | c.5 Continue to survey SCSEP sub-grantees to ensure they are provided the guidance and technical assistance which allows them to achieve the goals of the program. | SCSEP | | | FFY2022 |
| Objective 4.5: Implement human resource polices that balance the needs of state employers with the changing needs of an aging workforce. | | | | | | |
| Strategies | | | | | | |
| | | A. Prepare a plan for key employee succession and skill retention in the future. | ADOH | | | SFY2020 |
| Objective 4.6: Assist eligible older adult refugees develop a self-sufficiency and individual employment plan. | | | | | | |
| Strategies | | | | | | |
| | | A. Conduct assessment of skills for employability, when part of a contracted employment service. | RRP | DAAS | | FFY2022 |
| | | B. Monitor on-the-job training when expected to result in full time permanent unsubsidized employment. | RRP | DAAS | | FFY2022 |
| | | b.1 Provide vocational training under the individual employment plan when appropriate and resources allow. | RRP | DAAS | | FFY2022 |
| | | b.2 Translator services will be provided, when necessary, in conjunction with employment or participation in an employability service. | RRP | DAAS | | FFY2022 |
| | | b.3 Promote and emphasize English language instruction for the advancement of employability. | RRP | DAAS | | FFY2022 |
| Objective 4.7: Increase the capabilities and capacity of Arizona state employees to better understand and respond to the needs of the aging population. | | | | | | |
| Strategies | | | | | | |
| | | A. Partner with the Department of the Office of Professional Development (OPD) to develop and implement professional training for investigators and Central Intake agents. | APS | OPD | FFY2019 | FFY2022 |

| | Lead | Support | Start | End |
|--|-------------------|-----------------------------|---------|---------|
| Goal Five: Enhance the state's capacity to develop and maintain the necessary infrastructure to deliver services in a culturally appropriate, timely and cost-effective manner. | | | | |
| Objective 5.1: Develop programs and approaches to close the gaps in the state's current aging services infrastructure and delivery system, especially to underserved areas. | | | | |
| Strategies | | | | |
| A. Generate service delivery reports on underserved areas and populations in Arizona. | | | | |
| a.1 Use DAARS to generate reports that describe the population served. | ADS | | | FFY2022 |
| a.2 Work with AAAs to identify underserved populations and areas lacking infrastructure, including tribal communities. | ADS | AAAs | | FFY2022 |
| a.3 Generate data on targeted populations, such as individuals with behavior health concerns, at a minimum of annually. | ADS | POLICY & PLANNING | FFY2019 | FFY2022 |
| a.4 Generate a report on gaps in infrastructure and underserved populations, at a minimum of annually. | POLICY & PLANNING | ADS | | FFY2022 |
| B. Review data and develop plans for targeting identified, underserved populations. | ADS | | | FFY2022 |
| b.1 Track the number of individuals not eligible for Title III funds and referred to other resources, including private pay. | HCBS | AAAs | FFY2019 | FFY2022 |
| b.2 Track the number of individuals put on a waitlist for Title III services and referred to other resources, including private pay. | HCBS | AAAs | FFY2019 | FFY2022 |
| C. Provide technical assistance to the AAAs and share best practices for Title III Nutrition Services on innovative service delivery methods. | ADS | AAAs | | FFY2022 |
| c.1 Review menu costing to reduce per meal and/or advance resource management. | HCBS | AAAs & PIMA COUNTY ONE-STOP | FFY2019 | FFY2022 |
| D. Work with partners and contractors to optimize volunteer service with emphasis on underserved, rural and non-English speaking populations. | ADS | AAAs | | FFY2022 |
| d.1 Create report/evaluation of current use of volunteer / unpaid individuals in aging and related services. | ADS | AAAs | | FFY2022 |
| d.2 Coordinate with DES Office of Faith and Community regarding use of faith-based resources for aging services. | ADS | DES | | FFY2022 |
| d.3 Continue to work with AAAs to explore the possible use of students / service learning initiatives (nursing, social work, urban planning etc.). | ADS | AAAs | FFY2019 | FFY2022 |
| E. Strengthen SHIP in rural areas and among Native American and individuals who have English as a second language or are non-English speaking. | SHIP | | SFY2019 | SFY2022 |
| F. Continue to implement cost-sharing. | HCBS | AAAs | FFY2019 | FFY2022 |
| f.1 Track program income from cost-sharing. | HCBS | AAAs | FFY2019 | FFY2022 |

| | | Lead | Support | Start | End |
|--|--|--------|-------------------|----------|---------|
| | f.2 Review with AAAs cost-sharing policies and procedures for compliance of regulations. | HCBS | AAAs | FFY2019 | FFY2022 |
| | G. Continue to develop strategies to address the healthcare capacity challenges that are barriers in meeting the needs of rural Arizonans living with ADRDs. | ADS | | FFY2019 | FFY2022 |
| | H. Research new and innovative ways to use technology, such as email, cellphone and other technological innovations for service delivery. | ADS | FCSP | FFY2019 | FFY2022 |
| | I. State agencies involved in Aging 2020 will continue to collaborate on aging issues and focus on streamlining the current infrastructure. | ADS | GACA | FFY2019 | FFY2022 |
| | K. Create and support programs for new construction of senior complexes, acquisition/rehabilitation of existing senior housing projects as well as owner occupied housing rehabilitation and weatherization assistance in which seniors are a priority population. | ADOH | | FFY2019 | FFY2022 |
| | L. Deliver services in a timely manner and reduce response time for case closures. | | | | |
| | I.1 Reduce time from reporting source contact to safe case closure to 63 days. | APS | | SFY2019 | SFY2022 |
| Objective 5.2: Ensure consistency among policies, procedures, regulations and statutes regarding aging services and issues. | | | | | |
| Strategies | | | | | |
| | A. Review scopes of work as part of the regular contract renewal process. | ADS | | | FFY2022 |
| | a.1 Review performance measures in scopes of work and analyze data, trends and impact of performance measures on services. | ADS | | FFY2019 | FFY2022 |
| | a.2 Update scopes of work as needed. | ADS | | | FFY2022 |
| | B. Review the use of technology innovations for the use of monitoring or service delivery. | | | | |
| | b.1 Review policies and procedures for the permitting of emerging technologies for the use of monitoring, follow ups or service delivery. | ADS | POLICY & PLANNING | | FFY2022 |
| | b.2 Encourage providers to review policies and procedures regarding new technologies, and revise as necessary. | ADS | POLICY & PLANNING | | FFY2022 |
| Objective 5.3: Streamline administrative processes and increase coordination. | | | | | |
| Strategies | | | | | |
| | A. Use advanced technology to enhance communication and improve management. | HBCS | APS | FFY2019 | FFY2022 |
| | B. Utilize password-protected technology for the dissemination of confidential or protected information on DAAS or AZLink websites. | ADS | POLICY & PLANNING | | |
| | C. Ensure timely delivery of services, create cost-savings and reduce waste, fraud and abuse within homebased service delivery. | AHCCCS | | Jan 2019 | FFY2022 |

| | | Lead | Support | Start | End |
|---|--|--------|---|---------|---------|
| | c.1 Implement the “Electronic Home Visit System” an in-home visit tracking system that employs controls within the delivery of home-based services (attendant care, respite, rehabilitation and home health) to ensure member’s timely access to care and generate cost savings from the prevention of fraud, waste and abuse. | AHCCCS | APS/AG | FFY2019 | FFY2022 |
| Objective 5.4: Create and sustain a Dementia-Capable HCBS system that is responsive to the needs of people with ADRD. | | | | | |
| Strategies | | | | | |
| | A. Conduct and evaluate a pilot analysis of service capacity with an added emphasis on unserved and underserved areas and populations in Maricopa County as a sample of caregiver service providers. Model to scale into a statewide approach. | ADHS | | FFY2019 | FFY2022 |
| | a. 1 Increase public awareness and understanding of ADRD. | AATF | DES/ DAAS/ ADHS | | FFY2022 |
| | b.1 Create and sustain an innovative dementia-capable system (services that are accessible and acceptable to people with dementia and their caregivers). | ADHS | PRIVATE FUNDERS/ SERVICE PROVIDERS | | FFY2022 |
| Objective 5.5: Promote, strengthen and implement policies and programs to prevent falls, especially among older adults. | | | | | |
| Strategies | | | | | |
| | A. Educate providers on the need for fall screenings. | ADHS | | | |
| | a.1 Promote the implementation of Stopping Elderly Accidents, Deaths and Injuries by all health care providers to screen for the risk of falls. | ADHS | AFPC | | FFY2022 |
| | a.2 Develop targeted training for first responders and Arizona Hospitals on the Centers for Disease Control field triage criteria to screen for injury resulting from fall accidents. | ADHS | AFPC | | FFY2022 |
| | a.3 Collaborate with and support the efforts of the AFPC on developing education. | ADHS | AFPC | | FFY2022 |
| | a.4 Promote AFPC and Regional Chapter information and resources by scheduling update presentation at Aging in Community Committee (AICC). | GACA | | | SFY2019 |
| | B. Promote healthy living practices that are evidence-based to reduce falls. | | | | |
| | b.1 Implement education and individual interventions (e.g. Tai Chi) to prevent falls. | ADHS | AFPC | | CY2020 |

| | | Lead | Support | Start | End |
|--|---|------|---------|-------|---------|
| Objective 5.6: Advocate for Long-Term Services and Supports / HBCS as cost-effective ways to keep older Arizonans aging in place in their community of choice. | | | | | |
| Strategies | | | | | |
| A. Advocacy, Promotion and Education of aging programs provided state-wide. | | GACA | | | |
| | a.1 Advocate for Arizona Caregivers as part of Promotion of Arizona's Alzheimer's State Plan Call to Action. | GACA | AATF | | FFY2022 |
| | a.2 Develop advocacy sheet to outline Council's history of support for caregivers and respite program. | GACA | | | FFY2022 |
| | a.3 Disseminate advocacy sheet GACA caregiver Advocacy sheet to Governor, Legislature and other state and community agencies. | GACA | | | FFY2022 |
| | a.4 Disseminate caregiver education at AICC meetings to Governor, Legislature and other state and community agencies. | GACA | | | FFY2022 |

Arizona State Plan on Aging 2019-2022

Appendix K: Glossary of Terms Used

To assist the reader with greater understanding of the terms used within the *Arizona State Plan on Aging 2019-2022*, the following is a compilation of acronyms used and their meaning.

| | |
|--------|---|
| AAA | Area Agencies on Aging |
| AATF | Arizona Alzheimer's Task Force |
| ABOR | Arizona Board of Regents |
| ACC | Arizona Caregiver Coalition |
| ACL | Administration for Community Living |
| ADEM | Arizona Department of Emergency Management |
| ADHS | Arizona Department of Health Services |
| ADL | Activity of Daily Living |
| ADOH | Arizona Department of Housing |
| ADRC | Aging and Disability Resource Center |
| ADRD | Alzheimer's Disease and Related Disorders |
| ADS | Aging and Disability Services |
| ADVS | Arizona Department of Veteran's Services |
| AFPC | Arizona Falls Prevention Coalition |
| AG | Attorney General |
| A-HA | Arizona Healthy Aging |
| AHCCCS | Arizona Health Care Cost Containment System |
| AICC | Aging in Community Committee |
| ALTCS | Arizona Long Term Care Services |
| AMS | Arizona Management System |
| AOT | Arizona Office of Tourism |
| APS | Adult Protective Services |
| ASU | Arizona State University |
| CDSMP | Chronic Disease Self-Management Program |
| CMS | Centers for Medicaid and Medicaid Services |
| COOP | Continuity of Operations Plan |
| CPM | Coordinating Program Manager |
| CRL | Caregiver Resource Line |
| DAARS | Division of Aging and Adult Services Reporting System |
| DAAS | Division of Aging and Adult Services |
| DCW | Direct Care Worker |
| DDD | Division of Developmental Disabilities |
| DES | Arizona Department of Economic Security |
| DPHP | Disease Prevention and Health Promotion |
| DPS | Arizona Department of Public Safety |
| D-SNP | Dual Eligible Special Needs Plan |
| ELT | English Language Training |
| FCSP | Family Caregiver Support Program |

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| GACA | Governor's Advisory Council on Aging |
| HCBS | Home-Community Based Services |
| HHS | Health and Human Services |
| IFF | Intrastate Funding Formula |
| ITCA | Inter Tribal Council of Arizona, Inc. |
| LIHC | Low Income Housing Credits |
| LSAP | Legal Services Assistance Program |
| LTCOP | Long-Term Care Ombudsman Program |
| NAPSA | National Adult Protective Services Association |
| NDMP | Network Development and Management Plan |
| NMHCBS | Non-Medical Home and Community Based Services |
| OAA | Older Americans Act |
| OPD | Office of Professional Development |
| PSA | Plan Service Area |
| PTSD | Post-Traumatic Stress Disorder |
| RRP | Refugee Resettlement Program |
| SCSEP | Senior Community Service Employment Program |
| SERP | State of Arizona Emergency Response & Recovery Plan |
| SHIP | State Health Insurance Assistance Program |
| SLTCO | State Long-Term Care Ombudsman |
| SMI | Serious Mental Illness |
| SMP | Senior Medicare Patrol |
| SSBG | Social Services Block Grants |
| SUA | State Unit on Aging |
| TASA | Taskforce Against Senior Abuse |
| UA | University of Arizona |
| USCIS | United States Citizenship and Immigration Services |
| VA | Veteran's Administration |