DEPARTMENT OF
ECONOMIC SECURITY
Your Partner For A Stronger Arizona

Division of Aging and Adult Services

Arizona State Plan on Aging

2023 – 2026

(October 1, 2022 - September 30, 2026)

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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, 2022, through September 30, 2026. 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 of 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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Arizona State Plan on Aging 2023-2026

Table of Contents

Page No.

Verification of Intent ----------Page i

Table of Contents----------Page ii

Executive Summary----------Page 1

Section I: Introduction and State Plan Context

Aging in Arizona---------- Page 2

About the Plan---------- Page 2

The Aging Network in Arizona----------Page 3

Programs and Services----------Page 6

Public Input----------Page 13

Section II: Goals, Objectives, Strategies and Expected Outcomes

Goal One: Older adults in Arizona have access to quality care----------Page 15

Goal Two: Increase awareness and understanding of aging issues ----------Page 17

Goal Three: Increase the ability of adult Arizonans to maintain their individual well-being and safety---------- Page 18

Goal Four: Strengthen paraprofessional and professional workforce.----------Page 21

Goal Five: Enhance infrastructure to deliver services----------Page 23

Looking Ahead----------Page 25

Section III: Appendices

Appendix A: Assurances----------Page 1

Appendix B: Information Requirements----------Page 1

Appendix C: Interstate Funding Formula----------Page 1

Appendix D: DAAS Organizational Chart----------Page 1

Appendix E: Arizona Area Agencies on Aging----------Page 1

Appendix F: Key Socio-Economic Demographics and Characteristics----------Page 1

Appendix G: Analysis of DAAS online surveys----------Page 1

Appendix H: AAA Needs Assessments

PSA 1 – Area Agency on Aging, Region One, Inc.----------Page 1

PSA 2 – Pima Council on Aging----------Page 3

PSA 3 – Northern Arizona Council of Governments----------Page 6

PSA 4 – Western Arizona Council of Governments----------Page 8

PSA 5 – Pinal-Gila Council for Senior Citizens----------Page 9

PSA 6 – Southeastern Arizona Governments Organization----------Page 12

PSA 7 – Navajo Nation Area Agency on Aging----------Page 15
PSA 8 – Inter Tribal Council of Arizona, Inc. ----------Page 18
Appendix I: Glossary of Acronyms----------Page 1

Executive Summary

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

DES's mission is to "make Arizona stronger by helping Arizonans reach their potential through temporary assistance for those in need, and care for the vulnerable." This vision is supported by 4 goals, specifically:

- Serve Arizonans with integrity, humility, 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
- Provide children with food, health care and parental financial support; provide services to individuals with disabilities; and protect the vulnerable by investigating allegations of abuse, neglect, and exploitation

To achieve these goals, and to specifically address the needs of older adults in Arizona, DES works with a range of community partners and other stakeholders to administer programs and services that reach those in need. The SUA is committed to a mission that aging Arizonans are able to live with dignity and safety and that those who care for them receive the support they need to help facilitate continued independence. Arizona's Aging Network (Network) provides a system to support the mission, with partners that represent government and nonprofit communities as well as community organizations and advocates.

As Arizona's population ages, the SUA's work is of even greater importance. According to projections from the University of Virginia Weldon Cooper Center for Public Service, the number of Arizonans ages 60+ will increase by approximately 38.5% from 2020 to 2040.[1] Through this Plan, Arizona's SUA is prepared to meet the expanding need.

During the implementation of the *Arizona State Plan on Aging 2019-2022*, the SUA made great strides improving the strengthening the system of support that is available to Arizona's older adults. The COVID-19 Pandemic required the Network implement flexible and innovative approaches that met the needs of older adults while maintaining their safety through social distancing. Services like home-delivered meals and case management were increased significantly. Additionally, the Network expanded the use of virtual tools to better reach older adults. Specifically, the network delivered 2,103,529 meals in FFY2020 compared to 1,492,342 meals in FFY2017. Case Management increased enrollments from 78,950 in FFY2017 to 85,207 in FFY2020. This was accomplished through outreach from the SUA to improve awareness of the services available and expanding services to the limits of the resources available. Respondents to the SUA's client feedback survey included in Appendix H indicated 50% use their computers to find information on services and more than half of the respondents utilized the home care services provided by the Area Agencies on Aging (AAAs).

[1] https://demographics.coopercenter.org/national-population-projections/

Additionally, the SUA focused on reducing the waitlist for services through the AAAs. Network partners examined their capacity to carry out the delivery requirements of these services authorized under OAA federal programs. With the support of additional state and other federal resources, as well as SUA initiatives to identify opportunities for waitlist process improvement, the waitlist of 2,774 enrollments in June 2019 has reduced to 1,746 enrollments in February 2022.

Finally, the SUA established the World Elder Abuse Awareness Day Conference (WEAAD) in June 2019 to bring the aging network together with stakeholders. The two-day event is now an annual conference that provides an unique opportunity for state agencies, AAAs and communities to gain and share a better understanding of the abuse, neglect and exploitation of older adults by raising awareness of the cultural, social, economic and demographic factors that contribute to this crisis. Though the COVID-19 Pandemic made the event turn virtual in both 2020 and 2021, over 200 attendees participated each year.

The Arizona State Plan on Aging 2023-2026 was developed by the SUA in collaboration with the Aging Network and outlines comprehensive strategies, goals and objectives that are focused on measurable outcomes. Collectively, the SUA is focused on five primary goals:

Goal 1: Older adults in Arizona have access to quality care.

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

Goal 3: Older adults in Arizona can maintain individual wellbeing and safety to remain active, healthy and independent.

Goal 4: Providers for older adults in Arizona can provide an integrated and well-trained informal, paraprofessional and professional workforce.

Goal 5: Arizona has the necessary infrastructure to deliver needed supportive services.

The State Plan focuses on developing new partnerships and maintaining ongoing partnerships to support the Aging Network and address an individual's needs. By strengthening the infrastructure for Non-Medical Home and Community-Based Services (NMHCBS) Arizona 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 State Plan Context
Aging in Arizona

Arizona is an ideal place to retire. In addition to warm weather, a low tax rate, and robust healthcare services, the State is also committed to providing older adults the services that they need to live in safety, dignity, and independence.

The needs of older adults are varied. Many individuals experience minimal impact and require no assistance to maintain active and independent lifestyles. However, for others, the aging process can present physical and mental challenges that make independence difficult. These older adults often rely on specialized care and services that 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

The *Arizona State Plan on Aging FFY 2023-2026* (State Plan) presents goals, objectives, strategies and expected outcomes that address key challenges for the older adult population in Arizona. The State Plan was developed in a cooperative effort, involving input from the eight AAA's and thirteen state agencies. By including these other state agencies and community partners, Arizona has taken a comprehensive and innovative approach to planning for older adults. Specifically, the following data and points of reference are included:

- A resource allocation plan indicating the proposed use and the distribution of OAA funds to each Planning and Service Area (PSA)
- The geographic boundaries of each PSA and the designated AAA
- Prior FFY information on low income, minority, and rural older adults
- Compliance with assurances currently required by OAA of 1965, as amended
- 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, online surveys, statewide agency's needs assessments and key stakeholders (Appendix H)
- DAAS objectives to serve 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
- Additional target populations that Arizona seeks to better serve through more equitable, respectful and culturally competent outreach and services to marginalized and underserved groups, including older Americans who are:
    - Living with Alzheimer's disease or other forms of dementia
    - Recent refugees having experienced persecution, genocide or war
    - Traumatized by sexual or physical abuse
    - Combat veterans
    - Black, Latino, Asian and Pacific Islanders and other persons of color
    - Indigenous and Native Americans persons
    - Members of religious minorities
    - Individuals with disabilities
    - Lesbian, gay, bisexual, transgender and queer (LGBTQI+)
    - Individuals who live in rural areas
    - Informal caregivers
    - Individuals with limited English proficiency
    - Individuals at risk of institutionalization
    - Individuals with the greatest economic need

Due to the COVID-19 pandemic the US Census Bureau has delayed updating information typically used in this plan. Prior data from Administration for Community Living and the Aging, Independence and Disability (AGID) Program Data Portal was substituted.[2]

The Aging Network in Arizona

This State Plan is one piece of the Arizona system that supports work at the state and local levels to support aging. The collaboration between councils, agencies, and providers is important to ensure Arizona has the infrastructure to support older adults today and in the future.

Department of Economic Security (ADES)

The SUA collaborates and coordinates activities, provides program support, and technical assistance to AAAs through policies, procedures, and monitoring. The SUA also receives the federal funds for the State of Arizona to Administer the *State Plan* and OAA services. These funds are matched with state funds and allocated to the eight AAAs in contracts based on the intrastate funding formula.

The SUA also collaborates with other programs in ADES, including:

- Adult Protective Services (APS) - APS receives, evaluates, and investigates allegations of abuse, neglect, and 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.

  Additionally, APS partners with the AAAs through referrals for services and training opportunities across the state. In Maricopa County (Arizona's largest county) the AAA 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. APS leadership in Maricopa County also participates in local committees organized by the AAA to support collaborative approaches to meeting the needs of vulnerable adults.

  APS utilized funding from ACL to enhance training for APS investigators by developing and implementing an enhanced training and onboarding program using NAPSA's Core Competency Training, the only nationally recognized certification program for APS as well as training in Arizona-specific competencies including the role of APS and state regulations. Additionally, APS implemented person-centered service concepts, supported decision-making, trauma-informed practice, least-restrictive alternatives for clients, training on clients with disabilities, cultural competence and emphasizing a person-centered focus in service planning and interventions.

- Refugee Resettlement Program (RRP) - 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 refugees' 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

[2] https://agid.acl.gov/

refugees, including assistance with acquiring United States Citizenship. 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. To meet these needs, RRP offers specific services through the Older Refugees Program. These include outreach initiatives for services related to United States Citizenship acquisition to guarantee the preservation of benefits and other necessary assistance in collaboration with community organizations, assistance with medical waivers and interviews with the United State Citizenship and Immigration Services, and providing assistance with benefits for eligibility with the Social Security Administration.

- Division of Employment and Rehabilitation Services (DERS) has collaborated with the SUA and Network to address the Direct Care Workers (DCW) shortage in Arizona. This Agency Collaborative Committee is studying the root cause of the issue and developing strategic plans that will assist increase DCW capacity statewide.

Governor's Advisory Council on Aging (GACA)

GACA is a statewide body of 15 members that advises the Governor, Legislature, and state agencies on matters relating to aging. Council members are appointed by the Governor with the mission to enhance the quality of life for older Arizonans. GACA gathers and assesses information about seniors' needs and aging trends by monitoring and raising awareness about programs and policies that affect older adults, provides training, and awareness programs on vital aging issues. The Council also provides support in planning for Arizona's future through the Aging 2020 initiative and the Arizona Alzheimer's Task Force.

Area Agencies on Aging (AAAs)

AAAs in Arizona are contracted by the SUA to plan and coordinate services for older adults at the local level. These eight agencies advocate for older adults and offer information on programs and community support. The Arizona network of AAAs includes Non-Profits (4), local Council of Governments (3), and tribal entities (1). AAAs offer a variety of programs and services that enhance the quality of life for older adults and persons with disabilities. AAAs can provide direct services through their staff and/or volunteers or they can subcontract with local service providers. Services include personal care, homemaker services, congregate and home delivered meals, case management, nutrition counseling and education, assisted transportation, legal assistance, outreach and caregiving support services, and others. The AAAs coordinate services, collaborate with state and local agencies, and advocate for the programs and services they provide their local area

Typically, each AAA submits a Local Area Plan to address needs and changes in demographics in their respective regions every four years. Due to the COVID-19 Pandemic, the Administration for Community Living (ACL) instead allowed a two-year Local Area Plan which was received by the SUA in May 2021. Its major themes are reflected in this State Plan. In July 2023 the standard four-year plan from the AAAs will be due.

Additionally, 7 AAAs in Arizona form the Arizona Association of Area Agencies on Aging (AZ4A) with a mission to lead Arizona in aging successfully through innovative resources, collaborations, and advocacy.

Arizona Department of Health Services (ADHS)

ADHS protects the physical and mental health of Arizonans and promotes the highest standards for licensed health care institutions, emergency services, and care facilities. To that end, ADHS participates in GACA and the Advisory Board for the Task Force Against Senior Abuse (TASA). DHS is also working with the Arizona Falls Prevention Coalition, an organization dedicated to provide information, advice, and tips to prevent falls and fall injuries in older adults in Arizona, to educate providers on the need for fall screenings and promote healthy living practices that reduce falls.

ADHS is also developing a biennial health data profile for CY 2021 and CY2023 data that provides an overview of the health status of the older adult population in Arizona.

Arizona Department of Housing (ADOH)

DOH was established to provide housing and community revistation to benefit the people of Arizona. DHS provides funding to aid in building stronger communities, with most funding geared towards lower income households and neighborhoods. DOH creates 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 also administers Low Income Housing Tax Credits (LIHTCs) that have multiple layers of public and private financing to develop affordable housing throughout the State of Arizona. Over the past five years, ADOH has awarded LIHTCs to eighteen projects that contain a total of 1,773 units of which 94.07% or 1,679 of the units will house older adults. Approximately 13.4% or 238 of the units serving older adults are classified as assisted living units. The 1,679 units serving older adults are in various stages of development. As of the end of 2020, 729 units have been placed-in-service. During 2021, ADOH awarded two new projects that will create an additional 164 units and has seven projects under construction that will provide an additional 786 units by the end of 2023. ADOH strives to make it easier for older Arizonans experiencing homelessness to access housing by funding Rapid Rehousing Programs for temporary rental assistance and Permanent Supportive Housing Programs as a long-term solution for people experiencing chronic homelessness by providing affordable housing with access to supportive services. Permanent Supportive Housing clients are paired with a case manager to build an individualized plan for the support they need. These programs are funded through ADOH statewide and HMIS data is tracked to ensure that seniors receive the needed resources. The priorities are determined by acuity with age being a contributing factor in determining acuity.

Arizona Department of Veterans' Services (ADVS)

ADVS provides direct services to Veterans through the administration of 30+ professional benefit counselors located throughout the state. These counselors help Veterans connect with their U.S. Department of Veterans Affairs benefits. According to the U.S. Department of Veterans Affairs, in the state of Arizona, 51% of Veterans are ages 65 and over. ADVS provides a variety of direct services geared toward the aging Veteran population.

ADVS also manages four Arizona State Veteran Homes which provide skilled nursing services to the aging Veteran population. The Veteran Homes provide professional skilled nursing and rehabilitative care for the geriatric and chronically ill Veteran and dependent/surviving spouses throughout the state of Arizona. The goal is for each Veteran to attain or maintain his or her highest practicable physical, mental and psychosocial well-being. State Veteran Homes offer memory care units, as well as social, rehabilitation, housekeeping, laundry and dietary services. The homes also offer short term rehabilitation services.

Additionally, ADVS partners with Veteran service organizations, community partners and stakeholders to address ongoing barriers to transportation for the aging Veteran population. In a 2021 survey, where 70% of the respondents were over age 65, 53% of Veterans reported having barriers to transportation. ADVS continues to work with partners to eliminate transportation barriers and support organizations providing critical services to the Veteran community.

Arizona Health Care Cost Containment Systems/Arizona Long-Term Care Services (AHCCCS-ALTCS)

AHCCCS is Arizona's State Medicaid agency. Within AHCCCS, ALTCS is specific health insurance for individuals who are age 65 or older or who have a disability and require a nursing facility level of care. Services may be provided in an institution or in a home or community-based setting. AHCCCS is committed to a philosophy of providing Home and Community-Based support whenever possible, in order to avoid unnecessary institutionalization of Arizona's older adults.

Notably, AHCCCS is developing a new ALTCS service for members with a dual sensory loss (both vision and hearing). Individuals with a combined vision and hearing loss may have their physical health, mental health, safety, and welfare impacted by their impairments. The Community Intervener Service will provide the visual, auditory, and environmental information to members that they are unable to gather on their own and that supports them to lead self-directed lives. Community Interveners are paraprofessionals with specialized training that will support members to access and receive intervention and skill building support related to communication, information, environment, social/emotional support, and activities. The new service is planned to be effective in Federal Fiscal Year 2023.

AHCCCS is also working on developing policy to implement a new habilitation service model called "Supported Community Connections" to mitigate and address social isolation amongst the ALTCS members with intellectual and physical disabilities and individuals who are aging. The new habilitation service is intended to support members in building self-determination skills to develop relationships and engagement opportunities in their community of choice that match their needs, goals, and interests. Members will also be given the option to choose to have a peer provide the service. The new service is planned to be effective in Federal Fiscal Year 2022.

Additionally, CMS has approved the plan to spend American Rescue Plan Act (ARPA) funds. One priority focus area under the scope of Home and Community Based Service area is dedicated to direct care workers workforce development. The plan states "(t)his funding will expand access to care from a well-trained and highly-skilled workforce through comprehensive training programs that incorporate Arizona-specific guiding principles, evidence based principles, and nationally recognized best practices" (AHCCCS ARPA Plan Page 12).

Arizona Attorney General's Office (AGO)

Protecting Arizona seniors and vulnerable adults is a priority for the AGO. The AGO strives to educate, protect, and provide support to older and at-risk Arizonans, and to investigate and take legal action against those who prey on them. The AGO website provides information on current scams and consumer fraud schemes targeting seniors, available resources and how to file a complaint by telephone or online. By actively supporting legislation and advocating on aging issues to the State Legislature, the AGO focuses on protecting seniors and vulnerable adults from fraud, abuse or neglect, and exploitation.

The AGO regularly hosts free Shred-A-Thons and Drug Take-Back events throughout the state. These events are beneficial for protecting the identity of seniors and vulnerable adults and removing outdated or unused prescriptions from older adults' homes and also out of the hands of youth.

Additionally, the AGO coordinates TASA. TASA is an advisory board that comprises leaders from the public and private sector that advise the Attorney General and members in matters related to abuse and exploitation of older adults. advocates in the areas of financial exploitation, health and safety and public awareness.

Other state agencies

Many of the state's other agencies work on behalf of older adult Arizonans. These include the Arizona Board of Regents, Arizona Department of Public Safety (DPS), and the Arizona Office of Tourism (AOT).

The SUA team also works with councils, boards, initiatives, and other collaborative efforts with other State agencies, community organizations, and coalitions. These collaborations allow data and informed decision making to improve program and service delivery and drive efficiency for Arizona's planning for our aging population. These efforts include:

- Arizona Developmental Disabilities Planning Council (ADDPC) advocates for individuals with developmental disabilities;
- Arizona Caregiver Coalition (ACC) advocates on behalf of caregivers;
- Arizona Commission for the Deaf and Hard of Hearing Adults (ACDHH) advocates for individuals to ensure, in partnership with the public and private sector, accessibility for the deaf and hard of hearing to improve their quality of life;
- Aging and Disability Resource Center (ADRC) provides information and assistance to older adults and individuals with disabilities in navigating their search for appropriate services. The ADRC allows clients to make one point of contact and be directed to the services they need.

Programs and Services

Arizona's programs for older adults aim 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. While those aged 60 or older are eligible for services through the AAAs, individuals with the greatest need are targeted: whether social or economic, such as low-income or minority persons, limited English proficiency, and those in rural areas.

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

Non-Medical Home and Community-Based Services (NMHCBS)

The NMHCBS Program is a case-managed system that integrates client preferences and goals based on eligibility and need. NMHCBS delivers in-home support, education, and opportunities for community engagement to older adults and their caregivers. Services include the senior nutrition program,

transportation, in-home services, caregiver support, and disease prevention and health promotion. The care recipient is assessed using the Arizona Standardized Client Assessment Plan (ASCAP) for appropriate services within the HCBS program. These services often act as links to other resources that can enhance skills and empower individuals with knowledge and increased independence by reducing the need for institutional care.

Nutrition services are authorized under Title III-C of the OAA and are designed to promote the general health and well-being of older individuals. The SUA provides funding to the AAAs to provide or contract out the provision of both home delivered and congregate meals at nearly 200 sites such as senior centers across Arizona. These services are intended to reduce hunger, food insecurity and malnutrition, promote socialization including health and well-being by assisting older adults in gaining access to nutrition and other disease prevention and health promotion services to delay the onset of adverse health conditions resulting from poor nutritional health or sedentary behavior.

- The Home-Delivered Meals program provides a nutritious meal to an eligible individual at their residence. While the program serves frail, homebound, or isolated individuals who are age 60 and over, in some cases it also provides meals for their caregivers and/or persons with disabilities. Volunteers and paid staff deliver these meals and spend additional time with the individuals, helping to decrease their feelings of isolation.

- The Congregate Nutrition program serves individuals aged 60 and older, and in some cases, their caregivers, spouses, and/or persons with disabilities. Nutritious meals are provided at least once a day to an eligible participant at a nutrition site, senior center or other group setting. Congregate meal programs provide opportunities for social engagement, information on healthy aging, and meaningful volunteer roles, all of which contribute to an older individual's overall health and well-being. During the COVID-19 pandemic, the AAAs and providers successfully pivoted service delivery to a grab and go and even used innovative approaches with restaurants for delivery so that clients could remain safe and receive healthy meals.

The transportation service assists individuals 60 years of age or older and/or individuals with disabilities to maintain their independence by providing access to services. This may also include the transport of eligible groups of individuals to recreational, educational or community events. During the COVID-19 pandemic, AAAs increased transportation services by successfully partnering with Uber and Lyft transportation services to transport individuals to vaccine and booster appointments.

In-home services assist individuals who are unable to perform at least two activities of daily living (ADLs) such as eating, dressing, and bathing, or instrumental activities of daily living (IADLs) such as shopping or light housework. Personal care and housekeeping services are case managed services based on the completion of a detailed assessment of the individual's needs. The personal care service is provided by a certified direct care worker and assists eligible individuals with personal physical needs including showering, bathing, toileting, dressing and oral care among other important tasks to assist with activities of daily living. The housekeeping service provides assistance with routine housekeeping tasks including dusting, cleaning floors, bathroom, kitchen, laundry, shop for and store food, yardwork, etc. at an individual's place of residence in order to maintain and improve safe and sanitary living conditions. These services are intended to help individuals with tasks they are unable to complete independently while keeping individuals in their homes and out of more costly institutional care.

Caregiver Support provides family caregivers with training, counseling, and a short term break, or respite, and can be provided in the home, group respite, at an adult day center, or a consumer directed model

such as the Friends and Neighbors program. In Arizona eligibility for respite care is based on the Caregiver Assessment Tool (CAT). The Family Caregiver Support Program (FCSP) specifies that family caregivers are adult family members or other informal caregivers caring for an older adult 60 years of age or older or individuals of any age living with dementia. In addition, family caregivers include older relatives raising children under the age of 18 or older relatives over the age of 55 who are caring for an individual ages 19 - 59 living with a disability.

Respite care services have been proven to mitigate negative outcomes for family caregivers by reducing stress and providing time for self care. A 1999 study found that caregivers who report strain associated with caregiving are more likely to die than non-caregivers.[3] The benefits of adult day care are even greater as they improve the emotional and mental well-being of eligible individuals by enabling them to interact socially and receive health monitoring. These services provide a little support for those that provide non-stop support for others. Caregiver support helps avoid costly and unwanted placement in a full-time care facility.

In addition to OAA funded respite care services, family caregivers may also qualify for the Lifespan Respite Program which offers vouchers and adult day health center respite care options. The Lifespan Respite Program is co-facilitated by the Arizona Caregiver Coalition (ACC) and assists caregivers with short term services.

During the COVID-19 pandemic many family caregivers refused in-home service providers to provide respite care services; additionally, many Adult Day Health Centers closed and discontinued services. The AAAs pivoted to virtual delivery for counseling services, support groups, and caregiver training along with Technology 101 classes and telephonic support to family caregivers. Additional innovative programs include the robotic pet project and an online database, Trualta, for family caregivers. The robotic pets are specially designed for older adults and have been used in Arizona to help families decrease isolation, loneliness, and to help individuals living with dementia as an option for redirection. Trualta is an online resource for family caregivers for educational forums and support group information sessions.

As the needs of family caregivers increase and the healthcare and long-term care systems are inundated with complex health conditions of older adults and their continuing in-home care, the SUA continues to monitor strategy recommendations from the RAISE Family Caregivers Act, The Family Caregiving Advisory Council, and The Federal Advisory Council to Support Grandparents Raising Grandchildren.

Disease Prevention Health Promotion Programs (DPHP) are authorized under Title III-D of the OAA and designed to maintain or improve the emotional and physical well-being of older adults. DPHP funding is used for programs and activities which have been demonstrated through rigorous evaluation to be evidence-based and effective by meeting the criteria defined by the Administration for Community Living (ACL). AAAs provide these interventions in their communities to help reduce the impact of disease, chronic conditions, and minimize health-related risk factors associated with aging. Examples of long-standing DPHP programs offered statewide include A Matter of Balance, Tai Chi for Arthritis, Chronic Disease Self-Management Program (Healthy Living) and Diabetes Self-Management Program. The COVID-19 Pandemic created an opportunity for DPHP classes to be held on a variety of virtual platforms to remain safe, and socially distanced while promoting health and independent living to older adults.

Arizona's Legal Assistance Program

[3] Schulz R, Beach SR. Caregiving as a risk factor for mortality: the Caregiver Health Effects Study. JAMA. 1999 Dec 15.

Arizona's Legal Assistance Program offers information, advice, assistance, and advocacy to persons 60 years of age and older in civil matters. The program is funded under OAA Title III-B and is contracted through the AAAs. The goals of the program are to promote and preserve the autonomy, dignity, independence and financial security of older persons, provide access to the system of justice, and advocates for the preservation of the rights and benefits of older persons. Interventions by legal assistance providers can address the social determinants of health and wellbeing to preserve older Americans' access to appropriate services. Legal assistance can also support older Americans' rights to live free from or recover from the experience of abuse, neglect, and financial exploitation.

The COVID-19 pandemic created challenges for legal services traditionally provided in person. Courts were also closed to the public which created additional issues. When possible, services were provided virtually. Other means such as drive-through legal services were established to provide social distancing in an outdoor environment and safe servicing for both staff and clients. The pandemic also created an increase in requests for estate planning and landlord tenant representation.

Senior Health Insurance Assistance Program (SHIP)

SHIPs was created under the Omnibus Budget Reconciliation Act of 1990 and provides funding for disseminating information, counseling, and assistance activities related to Medicare and Medicaid. SHIPs also counsel and assist beneficiaries with other health insurance options such as Medicare Supplement insurance, long-term care insurance, and managed care options as well. Authorized in the Consolidated Appropriations Act of 2014, SHIP was transferred from The Centers for Medicare and Medicaid Services (CMS) to the Administration for Community Living (ACL) in 2014. This transfer reflects the existing formal and informal collaborations between the SHIP programs and the networks that ACL serves.

The SUA contracts with seven AAAs to recruit and train both paid and volunteer team members to provide program services. AAA SHIP team members are trained and certified to assist people in obtaining coverage through options such as Original Medicare (Parts A & B), Medicare Advantage (Part C), Medicare Prescription Drug Coverage (Part D), and Medicare Supplement (Medigap). AAA SHIP counselors assist individuals with identifying, understanding, comparing, and enrolling in specialized programs as well as public and private healthcare plans such as Medicaid, Medicare Savings Program, and Extra Help/Low Income Subsidy, which help pay for or reduce healthcare costs.

The AAA SHIPS conduct outreach by providing presentations, distributing information, conducting enrollment events, and participating in health fairs, senior fairs, and other community events. SHIP outreach helps to inform groups and individuals about Medicare benefits, coverage rules, written notices and forms, appeal rights and procedures and more.

Traditionally, SHIP counseling has been provided through one-on-one in person interactions in places where beneficiaries may frequent, such as senior centers and communal living locations, however as a result of COVID-19, many of the AAA SHIPs utilized social media to conduct outreach and educational events, some met outdoors, presented virtually, while others relied on partnering with other agencies to distribute flyers and other information about how to get Medicare counseling assistance via telephone or video conferencing. AAA SHIPs re-trained counselors to utilize software designed for secure data transfer, video conferencing and adapted protocols for data collection, along with training on assisting beneficiaries with how to avoid being scammed when using technology to conduct business. A hybrid model for service delivery will be maintained to maximize access.

Senior Medical Patrol (SMP)

The SUA contracts with the AAA SHIPs to provide assistance with the Senior Medicare Patrol Program, which empowers and assists Medicare beneficiaries, their families, and caregivers to prevent, detect, and report healthcare fraud, errors, and abuse through outreach, counseling, and education. The AAA SHIP counselors are co-trained on SHIP and SMP procedures and offer assistance to beneficiaries for resolution or referral to CMS or other agencies as needed.

Ombudsman services for residents of long-term care facilities

The Long-Term Care Ombudsman Program (LTCOP) is authorized under the OAA to identify, investigate, and resolve complaints made by or on behalf of residents of nursing homes, assisted living facilities, and adult foster care homes. The program was created in Arizona in 1989 and authorized under Arizona Revised Statute § 46-452.01. The SUA contracts Federal and state funds to AAAs to assist residents of long-term care facilities within their coverage area. The LTCOP also relies on many volunteers that work under the AAAs to assist the program in providing services to long-term care residents.

The LTCOP is a resident centered advocacy program ensuring that individuals who live in long-term care facilities have the highest possible quality of life. The program includes paid staff members and volunteers who are specially trained and designated as Long-Term Care Ombudsman. Ombudsman routinely make in-person visits to facilities to meet with residents and staff and also provides community education on resident rights and how to uphold them.

The COVID-19 pandemic created numerous challenges for the LTCOP. Due to infection control concerns, long-term care facilities restricted entry to essential personnel which separated families from their loved ones and increased social isolation for the residents. In response to the challenges of the pandemic, the LTCOP shifted to phone calls, video conferencing and window visits to aid residents in getting their needs met. The LTCOP has since resumed in-person visits to long-term care facilities with appropriate personal protective equipment.

AZLinks

In Arizona, key partnerships foster a coordinated collaboration that facilitates service delivery through the Aging and Disability Resource Consortium also known as AZLinks. Partners in AZLinks include: DAAS, Division of Developmental Disabilities (DDD), AHCCCS-ALTCS, AAAs and the Centers for Independent Living (CIL). This extends to a regional level to include APS, United States Department of Veterans Affairs and Arizona Department of Veterans' 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 services in the same location. The ADRC was designed to integrate the Aging Network and OAA programs. The SUA has utilized grants to update and expand AZLinks and introduce new options as they become available such as Bridges of Care (BoC)-Arizona's Care Transition Program. Arizona's *Bridges of Care* (BoC) project will bridge care gaps across different health care settings. The first goal of BoC is to provide a single, coordinated system of information, assistance and access for vulnerable adults affected by COVID-19. BoC partners will streamline services by assisting COVID-19 clients with immediate medical needs, identifying hospitals and care facilities, providing education and services for personal health record keeping, disease process education, and respite services. Linking resources such as home-based care,

meal delivery and medication management, the care and services provided by the team will be person-centered and focused with a community-based, multi-disciplinary approach. Post-discharge, clients receive follow-up phone calls and/or community-based visits from the BoC team. The team addresses solutions for issues related to social determinants of health, such as lack of financial resources, limited access to primary care, barriers to transportation and other necessary community resource needs.

AAAs work with CILs to ensure clients with disabilities and health vulnerabilities are connected to available resources and assistive technology is available for communication. Care Transition Coaches (CTC) work with healthcare providers to make sure that communication between settings is complete during transition from hospital to home environment and remain involved 30 days post transition. Using technology to limit exposure, CTC provides virtual care and remote monitoring through frequent on-camera interaction with clients and care providers. Since visitor access including family members is restricted in medical settings, CTC plays an important role in helping clients make informed decisions about care while also easing their social isolation. The SUA works with AAAs to identify culturally appropriate staff to work with the patients and the ability to compare data across populations, incomes, services, and funding streams which allows service providers to improve program planning and substantiate requests for additional resources. This 'bridging' strategy is expected to improve client safety across the continuum of care.

The www.AZlinks.gov website is an invaluable tool for researching programs and services online, including a screening tool for information and services. AZLinks is connected to the SUA's client information management system for tracking and follow-up. These tools continue to allow AAAs to broaden outreach to underserved population segments, including private-pay individuals.

Demographic Information

As the older adult population in Arizona has grown, in partnership with the AAAs, the SUA has focused outreach on Arizona's older adults and those individuals with disabilities, Holocaust survivors, veterans, refugees, caregivers and vulnerable and marginalized older adults. In depth demographic information on each of these key groups is included in Appendix G.

In Federal Fiscal Year 2020, 14,732 older Arizonans received in-home services (personal care, homemaker, home delivered meals, adult day care and case management). The demographic breakdown follows:

- 63% were female
- 36% were male
- 42.5% were rural
- 37% were below the poverty level
- 54% lived alone
- 26% were 85 years or older

Public Input

The SUA relies on public input and stakeholder participation in the development of a quality State Plan. The SUA engaged stakeholders over the past year through online surveys of older adults and other individuals, collaborative efforts with local government agencies, AAAs and data from the United States Census. The COVID-19 pandemic limited in-person meetings and focus groups which were held virtually instead. The target audience was 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 2023-2026.* A comprehensive summary of the public input process can be found in Appendix H.

The following is a list of stakeholder organizations, agencies, community service providers, and advocacy organizations that provided input into the plan:

- Eight AAAs
- Arizona DES - Adult Protective Services
- Arizona DES - State Refugee Resettlement Program
- Arizona DES - Workforce Development Administration
- Arizona Attorney General's Office
- Arizona Department of Public Safety
- Arizona Health Cost Containment System
- Arizona Department of Health Service, Bureau of Tobacco and Chronic Disease
- Arizona Board of Regents
- Arizona Department of Housing
- Arizona Office of Tourism
- Arizona State Veterans Home
- Arizona Commission for the Deaf and the Hard of Hearing
- Governor's Advisory Council on Aging

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

- **Direct Care Worker 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. The workforce is made up predominantly of women, people of color, and immigrants, one in six workers is living in poverty and nearly half are living in low-income households. The COVID-19 pandemic made this shortage even more critical and put a spotlight on deficiencies within this demographic. Many are underpaid and lack health insurance and paid sick leave. The pandemic put additional pressure on a workforce already in crisis suffering from shortage.

  Arizona has the highest average number of hours per week per Alzheimer's Disease and Related Disorders (ADRD) caregiver in the country. The breakdown in this caregiver role is just shy of 39 hours (50% more than the national average).

- **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.

- **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.

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 address these concerns. The Arizona *State Plan on Aging* addresses OAA funded core programs and measures in the Section II headings.

Quality Management

Quality management of programs and services funded through the SUA is a primary focus over this plan. The funds provided, whether federal, state, or other local funds, will be managed strategically to ensure effective and efficient services for older adults in Arizona. The SUA staff will support the AAAs and other grantees to maximize available resources.

Data Collection

SUA provides AAAs with ongoing technical assistance to ensure complete and accurate data are entered into Arizona's National Aging Program Information Systems (NAPIS), State Program Report (SPR), and National Ombudsman Reporting System (NORS). These are tracked through the Division of Aging and Adult Reporting System (DAARS). SHIP and SMP are entered directly into the SHIP Tracking and Reporting System (STARS) and SMP Information and Reporting System (SIRS). SUA analyzes both fiscal and performance data to identify patterns that may indicate the need for further attention. The demographic information related to groups receiving services is included in Appendix B and F.

Monitoring and Oversight

As grantors of state and federal funds, the SUA monitors contracted partners to ensure appropriate and effective use of funds. The SUA conducts monitoring in a variety of ways, including: on-site monitoring reviews and desk reviews, performance data validation, policy guidance, technical assistance and training. During the COVID-19 pandemic, a transition to virtual monitoring was made.

- On Site Monitoring: The SUA conducts on-site monitoring reviews every three years of each of Arizona's eight AAAs. The purpose is to determine each AAA's compliance with all pertinent federal and State requirements related to the administrative, program, fiscal, data collection and reporting components of OAA programs. Following the on-site review, the AAA is provided a report detailing any monitoring findings which triggers a corrective action plan from the AAA. SUA continues to work with the AAA to ensure all findings are resolved.

- Retrospective audits: To determine the accuracy of financial closeout reports, adequacy of internal accounting and administrative controls, and compliance with applicable laws, regulations, and contract requirements.

Continuous Improvement

To support improved program compliance and performance, SUA provides AAAs with written guidance, and ongoing technical assistance and training via webinars, conference calls, and on-site visits. SUA targets these efforts as necessary to address emerging issues.

The SUA collaborated with stakeholders to create and launch innovative solutions to capacity challenges within the aging network. Examples include: NMHCBS new waitlist policy to address unmet client need and manage resources; development of a central kitchen to expand meal delivery services throughout the PSA; ongoing development of a process to freeze dry meals in response to the emergency feeding program of the AAAs; deployment of uploadable client assessment forms to increase case management efficiency; and exploration of alternative service delivery methods for housekeeping/homemaker services to increase capacity and reduce unmet need.

Section II:

Goals, Objectives, Strategies and Performance Measures

GOAL ONE - Older adults in Arizona have access to quality care

Objective 1.1 – Strengthen and enhance the dementia capability of the aging network to promote independence

Outcome Measures:

A. Utilize Aging and Disability Resource Consortium (ADRC) quarterly meetings to increase awareness and resources
B. Research and implement public awareness campaign focused on reducing the stigma of Alzheimer's Disease and Related Disorders (ADRD)
C. Annually track and analyze the number of ADRD participants who report the program helped them live independently

Strategies:

The SUA will coordinate with the AAAs to organize a coordinated response to individuals with ADRD who need services. Arizona has the fastest growth rate for Alzheimer's disease in the country.[4] As the most common form of dementia, Alzheimer's attacks brain cells and interferes with memory, thinking and behavior. It is the fourth leading cause of death among women aged 65 and older. Almost ⅔ of Americans with Alzheimer's are women. Nearly 19% of women Alzheimer's caregivers had to quit working either to become a caregiver or because their caregiving duties became too burdensome. It is a progressive disease worsening over time with no cure and is not part of the normal aging process.

Beginning with data, the SUA will identify 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). This project will also enhance the various ways to assist the client and caregivers in understanding their benefits and Long-Term Supports and Service options, including evidence-based curriculum from partners like the Alzheimer's Association which provides education and support to an aging population that experiences memory loss, cognitive decline, and behavior symptoms related to neurological disorders. Specifically, the SUA will team up with Dementia Friends in Arizona, in partnership with Banner Alzheimer's Institute, to increase public awareness and free educational forums to

[4] https://www.azcentral.com/story/news/local/arizona-health/2021/03/04/arizona-fastest-growing-state-alzheimers-disease/6894329002/

individuals that may have memory loss concerns; professionals that support older adults; and family caregivers caring for individuals living with dementia. Additionally, the SUA will continue to streamline the process to access services, and update programs to better meet the needs of eligible older adults, such as exploring more consumer-directed service program options, virtual health promotion and family caregiver training programs. The SUA will also design resources for AAA partners to appropriately refer clients to other agencies with specific support for dementia clients.

Objective 1.2 – Increase access to care coordination, healthcare, and other social services for all seniors.

Outcome Measures:

A. Process map the intake procedures of partner AAAs
B. Reduce statewide AAA waitlist enrollments

Strategies:

The SUA will work to implement standardization where efforts will improve client experience. Key collaborations will include the 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 waitlists for services. Additional focus will be to strengthen the capacity of State Health Insurance Assistance Program (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 sliding fee scales to older adults. Strengthen respite care education and services to underserved populations. The SUA will also provide technical assistance and follow up to 22 Tribal Communities in Arizona in order to meet the needs of their elders.

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

Outcome Measures:

A. Schedule at least one regional meeting per AZLinks partnership and one statewide meeting annually
B. Research and implement expanded accessibility in materials

Strategies:

The SUA will improve public benefit outreach to older adults and individuals with disabilities through the aging network to continue expanding enrollment assistance with Medicare Savings Programs, Lower 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. Build upon the trained staff and volunteers in each AAA to respond directly to State Health Insurance Assistance Program (SHIP) and Senior Medicare Patrol (SMP) State call lines 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). Provide information and materials to AAAs and other providers and agencies for dissemination on AZLinks. Use the Arizona Department of Housing (ADOH) website to provide

information on ADOH and other service housing issues of interest to older adults. Finally, the SUA will establish a partnership with the ACDHH for training programs, including Accessibility and Cultural Awareness for serving Deaf/Hard of Hearing/Deaf-Blind (D/HH/DB) adults.

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

Objective 2.1 – Strengthen and enhance information sharing on aging issues to promote support

Outcome Measures:

A. Research and identify best practices for targeted outreach to older adults and caregivers
B. Design and implement outreach and training plan to support OAA funded programs throughout Arizona

Strategies:

Partnerships and collaboration are important in raising awareness of available aging resources in Arizona. The SUA will partner with the AAAs to coordinate targeted outreach of OAA programs and continue to collaborate with the Arizona Caregiver Coalition (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 SUA will focus on design in a variety of cultural formats/languages to improve communication with residents in all long-term care facilities, including assisted living, adult foster care, and skilled nursing homes statewide. The SUA will integrate legal assistance programs with LTCO to promote the services with a goal of increasing those served. Additionally, focus on diversified approaches in education and training for professionals and caregivers with emphasis on sensitivity to cultural and religious norms, income, geographical variables, family dynamics and community support. Specifically, target outreach to partner organizations that focus on working with low-income, minority and other underserved populations. The SUA will expand evidence-based training for caregivers and grandparents or other older relatives raising children through the Family Caregiver Support Program (FCSP). And finally, increase awareness about younger-onset and early state Alzheimer's and/or 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, nonprofit and for-profit organizations.

Objective 2.2– Promote the usage of positive person-centered pronouns of older adults and other ageism terminology

Outcome Measure:

A. Methodically locate and update all materials used to support OAA programs

Strategies:

Person-centered language puts people first as people are more than their diagnosis. The SUA will review and revise as needed all internal policies, procedures, and outreach materials to remove/revise anti-ageism language or imagery. In coordination with AAAs, the SUA will also identify and educate partner agencies, organizations, and coalitions in the Arizona aging network that need a similar review of materials.

GOAL THREE - Older adults in Arizona can maintain individual wellbeing and safety to remain active, healthy and independent

Objective 3.1 – Promote healthy lifestyles to reduce long-term illness and mortality from preventable and chronic diseases

Outcome Measures:

A. Increase the number of host organizations offering Chronic Disease Self-Management Education (CDSME) by 25% to better serve the community.
B. Track the number of individuals referred from OAA core programs who complete CDSME workshops
C. Increase the number of Medicare preventive benefits education events for older adults
D. Deliver training, technical assistance, or other guidance to AAAs specifically targeted to addressing underserved and underrepresented populations with barriers to access for NMHCBS
E. Expand the availability of evidenced-based fall prevention classes statewide

Strategies:

The SUA will strengthen relationships with ADHS, AHCCCS, and others with older adult health related initiatives to identify current gaps in health services and ensure older Arizonans have access to high-quality and affordable chronic disease prevention measures. The SUA will focus on connecting resources, including:

- Outreach to include preventive health benefits available under Medicare
- Referring FCSP clients who manage a chronic condition to DPHP
- Provide evidence-based tools, training and coping skills for families dealing with Alzheimer's disease and improve the care
- Continue to develop, promote, and utilize programs to keep AHCCCS individuals living well and as independently as possible
- In collaboration with the AAAs and the Arizona Falls Prevention Coalition, increase professional and public awareness and actions regarding falls risks through falls prevention studies and campaigns

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

Outcome Measures:

A. Track the number of individuals served in participant-directed options
B. Analyze AAA program entry points for accessibility and develop plan to close gaps

Strategies:

Expand older adult services for individuals with ADRD that promote and preserve independence with attendant care, home-delivered meals, respite and other services designed to allow individuals to safely remain in their own homes and communities as long as possible. Integrate partners like Alzheimer's Association. Targeted services would include socialization programs such as dementia cafes, quality of life therapies such as adult day care for socialization and activities, and transportation services and respite for families dealing with ADRD loved ones. Strengthen participant-directed service options, expanding respite program incentives by utilizing the agency-with-choice model. Promote advocacy for the rights of residents to direct their care in long term care facilities. Address accessibility to programs with partners and utilize Arizona Technology Access Program (AzTAP). Specifically, in collaboration with ACDHH, develop a central resource for programming and services focusing on D/HH/DB aging adult programs and services. Increase opportunities for the Deaf/Blind/Combined Vision Hearing Loss access to services that allow them to exercise participant-directed service options.

Objective 3.3 – Strengthen efforts to prevent and respond to reports of elder maltreatment

Outcome Measures:

A. Bi-annual training by the SLTCO for designated ombudsman staff and volunteers
B. Implement and foster statewide priority for Adult Protective Services referrals to AAA partners

Strategies:

Awareness and training are key in the fight against maltreatment which includes abuse, neglect, and exploitation. The SUA will continue the foundation laid in the Statewide Elder Abuse Coalition, the Attorney General's Task Force Against Senior Abuse, and the Governor's Task Force on Abuse and Neglect by leveraging both the LTCOP training and partnering with Arizona Adult Protective Services for outreach and education. This may include rolling out toolkits, updates on trends of complaints, and proper documentation for success. Additionally, the SUA will look for opportunities to integrate the legal assistance program and information into the training and outreach to show the various resources available to AAA clients. Finally, the SUA will facilitate collaboration with agencies, organizations and coalitions that provide trauma- informed care for caregiver education programs or other caregivers services.

Objective 3.4– Foster inclusion and diversity of underserved and underrepresented populations in accessing NMHCBS within the Aging Network in Arizona

Outcome Measures:

A. Invest in annual diversity, inclusivity, and accessibility training for all internal staff and community partners
B. Distribute training on sexual orientation and aspects of gender identity

Strategies:

The SUA will collaborate with partners to enhance the state's capacity to deliver services to Vulnerable and Marginalized Diverse Older Adults in a stigma free manner with a goal of reducing client resistance to accepting Long-Term Care services. Promote and provide training and education aimed at increasing awareness and understanding of LGBTQI+ issues with aging and congregate living. The SUA will provide education on issues unique to LGBTQI+ and other vulnerable and marginalized diverse older adults

Objective 3.5– Respond to the ongoing effects of COVID-19 pandemic

Outcome Measures:

A. Research and create continuity of operations plan using best practices learned from COVID-19
B. Explore outcome measures related to pandemic impact

Strategies:

The COVID-19 crisis had older adults isolating in their homes and relying on technology to stay in touch with family and health care providers when service delivery options were minimized. While technology is not a replacement for human interaction and socialization, telemedicine and telehealth provide alternative methods to delivering care at a distance. The SUA will engage in strategies to expand and improve data collection and analyze best practices gained during the COVID-19 pandemic to incorporate into planning for other emergencies. The SUA will partner with AAAs and other community systems to understand the online activities, caregiver counseling, support and training as well as virtual home visits to assist with health monitoring and social interaction during the pandemic. The SUA will engage partners in the work to address social isolation and the mental and physical health ramifications of the pandemic for older adults.

GOAL FOUR - Providers for older adults in Arizona can provide an integrated and well-trained informal, paraprofessional and professional workforce.

In Arizona, nearly 41,000 new jobs for direct-care workers (DCW) are expected to become available over the next seven years to try to meet the increasing need, according to Stephen Campbell, a policy analyst for the Paraprofessional Healthcare Institute.[5] These crucial DCW assist older adults and those individuals with physical disabilities in their homes, helping with activities of daily living such as bathing, dressing, cooking, cleaning, laundry, and running errands so that clients can remain independent in their homes rather than move to long-term care facilities.

[5] https://tucson.com/news/local/state-s-medicaid-program-insurers-working-to-address-shortage-of/article_7d23fee8-4dc9-5dbd-99d4-a97c7f43c509.html

The jobs can be difficult as many clients suffer from various illnesses or cognitive impairments, and the pay often tends to be around minimum wage, with little to no employee benefits. Employee turnover is generally high in this field of work due to a highly competitive job market. The SUA has partnered with the AAAs to analyze and implement DCW rate changes and provide additional incentives such as mileage reimbursement, benefits, and increased work hours to assist with recruitment and retention.[6]

Objective 4.1 – Strengthen, expand, and evaluate the Family Caregiver Support Program

Outcome Measures:

A. Track and analyze the number of caregivers receiving services through AAA programs and the number of respite services provided
B. Implement evidence-based programs for informal caregivers
C. Identify strategies to strengthen caregiver services

Strategies:

The SUA will 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. 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, including a trip to the supermarket, assisting with household chores, or preparing a meal. The SUA will actively partner with AAAs, State Departments, agencies, and initiatives who serve caregivers to expand education, support, and resources to address the heavy emotional, physical, and financial toll of caregiving and integrate a trauma-informed approach. The SUA will include the Arizona Caregiver Coalition to identify opportunities to further partner as a result of this work.

Objective 4.2 – Develop a direct care workforce sufficient to meet the growing care needs in Arizona.

Outcome Measures:

A. Develop a volunteer network of alternative respite providers including emergency respite providers
B. Track and analyze provider rates for direct care workers with specific focus on pay rate
C. Identify strategies to promote public awareness of available jobs

Strategies:

SUA work will focus on increasing the direct care workforce in Arizona through collaborations with agency partners and exploring new strategies to grow capacity. Additionally, the SUA will partner with the DES Division of Rehabilitation and Employment Services to develop an Apprenticeship Program which includes a system of training in a formal, structured program that provides education and training in the two most common forms of career and occupational learning: classroom instruction with on-the-job

[6] https://acl.gov/news-and-events/news/shortage-home-care-workers-us-arizona-called-growing-crisis

training. Another component of the project revolves around data to show provider rates that will incentivize employment in the direct care field. The SUA will work with partners to organize volunteers to add capacity to the workforce by utilizing the Arizona Respite locator to house the Arizona Respite Registry. Additionally, partner with AHCCCS on direct workforce project work through ARPA. And finally, the SUA will develop strategies to educate the employer community on the statewide need for direct care workers.

GOAL FIVE - Arizona has the necessary infrastructure to deliver needed supportive services

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

Outcome Measures

A. Track and analyze service delivery throughout Arizona to target underserved populations
B. Identify and promote strategies to optimize volunteer service
C. Identify data-based best practices for innovative service delivery methods

Strategies:

The SUA will use data to lay the foundation for engagement with the AAA partners to create a strategy to prioritize underserved areas. Data will be transformed into visual dashboards and heatmaps to support regional strategies. Additionally, the SUA will provide technical assistance to the AAAs and share best practices for innovative service delivery methods. Populations such as rural, non-English speaking, and Native American will be targeted. Additionally, explore strategic use of technology in response to the COVID-19 crisis that can be used permanently through innovation, education, and service delivery. A statewide rollout to the AAA partners is pivotal to streamline Federally funded services and close the gap.

Objective 5.2– Develop methodology for setting service rates that provide adequate network coverage.

Outcome Measures:

A. Analyze AAA service rates statewide and compare against current AHCCCS rates
B. Identify strategies to implement rates that alleviate service shortages

Strategies:

Collaborating with AHCCCS and AAA partners, the SUA aims to determine where service rate differences are restricting service delivery. Increasing access begins with understanding competition within the market for services and successful rate setting strategies utilized by partners. The SUA will examine best practices for service rate analysis and explore whether statewide service rate setting would be viable and appropriate. Further analysis on those not eligible for Title III and referrals to other resources will also be

considered. Additionally, the SUA will work to identify potential budget impact and constraints before a methodology is implemented.

Looking Ahead – Conclusion

The Aging Network in Arizona is set to face and embrace many challenges over the next four years. Costs for basic needs have risen, service provider wages have increased and the respective job market is competitive with high turnover. The number of older adults is rapidly growing and the full impact of the COVID-19 pandemic is still largely unknown. The *Arizona State Plan on Aging 2023-2026* creates strategies to address these challenges through coordination and partnerships.

The Arizona SUA 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 to provide service excellence on behalf of Arizona's older adult community.

Arizona State Plan on Aging 2023-2026

Appendix A: State Plan Assurances and Required Activities Older Americans Act as Amended in 2020

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 2020.

(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;

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

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)

(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;

(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 adequately 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.

(d) The publication for review and comment required by paragraph (2)(C) of subsection (a) shall include-

(1) a descriptive statement of the formula's assumptions and goals, and the application of the definitions of greatest economic or social need,

(2) a numerical statement of the actual funding formula to be used,

(3) a listing of the population, economic, and social data to be used for each planning and service area in the State, and

(4) a demonstration of the allocation of funds, pursuant to the funding formula, to each planning and service area in the State.

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, AREA PLANS

(a) Each area agency on aging, designated under section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area for a two-, three-, or four-year period determined by the State agency, with such annual adjustment as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with section 307(a)(1). Each such plan shall -

(1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multigenerational and older individual to older individual work), within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have 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) residing in such area, the number of older individuals who have 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) residing in such area, the number of older individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community), evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;

(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;

(3) (A) designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including multipurpose senior centers operated by organizations referred to in paragraph (6)(C)) as such focal point; and

(B) specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated;

(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 subclause (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

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, specifically including survivors of the Holocaust; 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;

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

(A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;

(B) serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals;

(C) (i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children,

and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families;

(ii) if possible regarding the provision of services under this title, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that—

(I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or

(II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs;

and that meet the requirements under section 676B of the Community Services Block Grant Act; and

(iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings;

(D) establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan;

(E) establish effective and efficient procedures for coordination of—

(i) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and

(ii) entities conducting other Federal programs for older individuals at the local level with particular emphasis on entities conducting programs described in section 203(b), within the area;

(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 and behavioral health services (including mental health screenings) provided with funds expended by the area agency on aging with mental and behavioral health services

provided by community health centers and by other public agencies and nonprofit private organizations;

(G) if there is a significant population of older individuals who are Indians in the planning and service area of the area agency on aging, the area agency on aging shall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act;

(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; and

(I) to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

(7) provide that the area agency on aging shall, consistent with this section, facilitate the areawide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by—

(A) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;

(B) conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better—

(i) respond to the needs and preferences of older individuals and family caregivers;

(ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and

(iii) target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;

(C) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making 19 behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and

(D) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to—

(i) the need to plan in advance for long-term care; and

(ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources;

(8) provide that case management services provided under this title through the area agency on aging will—

(A) not duplicate case management services provided through other Federal and State programs;

(B) be coordinated with services described in subparagraph (A); and

(C) be provided by a public agency or a nonprofit private agency that—

(i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;

(ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;

(iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or

(iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);

(9) (A) 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 2019 in carrying out such a program under this title;

(B) funds made available to the area agency on aging pursuant to section 712 shall be used to supplement and supplant other Federal, State, and local funds expended to support activities described in section 712;

(10) provide a grievance procedure for older individuals who are dissatisfied with or denied services 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;

(12) provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b) within the planning and service area.

(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;

(16) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care;

(17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery;

(18) provide assurances that the area agency on aging will collect data to determine—

(A) the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019; and

(B) the effectiveness of the programs, policies, and services provided by such area agency on aging in assisting such individuals; and

(19) provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on those individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019.

(b)(1) An area agency on aging may include in the area plan an assessment of how prepared the area agency on aging and service providers in the planning and service area are for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(2) Such assessment may include—

(A) the projected change in the number of older individuals in the planning and service area;

(B) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;

(C) an analysis of how the programs, policies, and services provided by such area agency can be improved, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the planning and service area; and

(D) an analysis of how the change in the number of individuals age 85 and older in the planning and service area is expected to affect the need for supportive services.

(3) An area agency on aging, in cooperation with government officials, State agencies, tribal organizations, or local entities, may make recommendations to government officials in the planning and service area and the State, on actions determined by the area agency to build the capacity in the planning and service area to meet the needs of older individuals for—

(A) health and human services;
(B) land use;
(C) housing;
(D) transportation;
(E) public safety;
(F) workforce and economic development;
(G) recreation;
(H) education;
(I) civic engagement;
(J) emergency preparedness;
(K) protection from elder abuse, neglect, and exploitation;
(L) assistive technology devices and services; and
(M) any other service as determined by such agency.

(c) Each State, in approving area agency on aging plans under this section, shall waive the requirement described in paragraph (2) of subsection (a) for any category of services described in such paragraph if the area agency on aging demonstrates to the State agency that services being furnished for such category in the area are sufficient to meet the need for such services in such area and had conducted a timely public hearing upon request.

(d)(1) Subject to regulations prescribed by the Assistant Secretary, an area agency on aging designated under section 305(a)(2)(A) or, in areas of a State where no such agency has been designated, the State agency, may enter into agreement with agencies administering programs under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act for the purpose of developing and implementing plans for meeting the common need for transportation services of individuals receiving benefits under such Acts and older individuals participating in programs authorized by this title.

(2) In accordance with an agreement entered into under paragraph (1), funds appropriated under this title may be used to purchase transportation services for older individuals and may be pooled with funds made available for the provision of transportation services under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act.

(e) An area agency on aging may not require any provider of legal assistance under this title to reveal any information that is protected by the attorney-client privilege.

(f) (1) If the head of a State agency finds that an area agency on aging has failed to comply with Federal or State laws, including the area plan requirements of this section, regulations, or policies, the State may withhold a portion of the funds to the area agency on aging available under this title.

(2) (A) The head of a State agency shall not make a final determination withholding funds under paragraph (1) without first affording the area agency on aging due process in accordance with procedures established by the State agency.

(B) At a minimum, such procedures shall include procedures for—

(i) providing notice of an action to withhold funds;
(ii) providing documentation of the need for such action; and
(iii) at the request of the area agency on aging, conducting a public hearing concerning the action.

(3) (A) If a State agency withholds the funds, the State agency may use the funds withheld to directly administer programs under this title in the planning and service area served by the area agency on aging for a period not to exceed 180 days, except as provided in subparagraph (B).

(B) If the State agency determines that the area agency on aging has not taken corrective action, or if the State agency does not approve the corrective action, during the 180-day period described in subparagraph (A), the State agency may extend the period for not more than 90 days.

(g) Nothing in this Act shall restrict an area agency on aging from providing services not provided or authorized by this Act, including through—

(1) contracts with health care payers;
(2) consumer private pay programs; or
(3) other arrangements with entities or individuals that increase the availability of home and community-based services and supports.

Sec. 307, STATE PLANS

(a) Except as provided in the succeeding sentence and section 309(a), each State, in order to be eligible for grants from its allotment under this title for any fiscal year, shall submit to the Assistant Secretary a State plan for a two, three, or four-year period determined by the State agency, with such annual revisions as are necessary, which meets such criteria as the Assistant Secretary may by regulation prescribe. If the Assistant Secretary determines, in the discretion of the Assistant Secretary, that a State failed in 2 successive years to comply with the requirements under this title, then the State shall submit to the Assistant Secretary a State plan for a 1-year period that meets such criteria, for subsequent years until the Assistant Secretary determines that the State is in compliance with such requirements. Each such plan shall comply with all of the following requirementsEach such plan shall comply with all of the following requirements:

(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 requirement of section 306: and

(B) be based on such 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; and

(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 section 306(c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2).

(3) The plan shall—

(A) include (and may not be approved unless the Assistant Secretary approves) the statement and demonstration required by paragraphs (2) and (4) of section 305(d) (concerning intrastate distribution of funds); and

(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...

(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); and (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.

(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).

(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 any area agency on aging, by any 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 report.

(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.

(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 agencies or area agencies on aging.

(B) Regarding case management services, if the State agency or area agency on aging is already providing case management services (as of the date of submission of the plan) under a State program, the plan may specify that such agency is allowed to continue to provide case management services.

(C) The plan may specify that an area agency on aging is allowed to directly provide information and assistance services and outreach.

(9) The plan shall provide assurances that

(A) 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 2019, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2019; and

(B) funds made available to the State agency pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712.

(10) The plan shall provide assurances 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.

(C) the State agency will provide for the coordination of the furnishing of legal assistance to older individuals within the State, and provide advice and technical assistance in the provision of legal assistance to older individuals within the State and support the furnishing of training and technical assistance for legal assistance for older individuals;

(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;

(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.

(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…

(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 number of low-income minority older individuals with limited English proficiency; and

(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.

(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.

(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).

(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 area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

(27) (A) The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State's statewide service delivery model, for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(B) Such assessment may include—

(i) the projected change in the number of older individuals in the State;

(ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;

(iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and

(iv) an analysis of how the change in the number of individuals aged 85 and older in the State is expected to affect the need for supportive services.

(28) 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 31 emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.

(29) 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.

(30) The plan shall contain an assurance that the State shall prepare and submit to the Assistant Secretary annual reports that describe—

(A) data collected to determine the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019;

(B) data collected to determine the effectiveness of the programs, policies, and services provided by area agencies on aging in assisting such individuals; and

(C) outreach efforts and other activities carried out to satisfy the assurances described in paragraphs (18) and (19) of section 306(a).

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.

_____ _____

Michael Wisehart, DES Director Date

Arizona State Plan on Aging 2023-2026

Appendix B: Information Requirements

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, 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;

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 with the greatest economic or social 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 2019 there were 165,311 or 14.5% of the population over the age of 60 years of age with an income below poverty level.
    - 394,585 individuals 60 years of age or older, approximately 22%, lived in rural areas.
    - 14,732 persons received in-home services in FY 2020. These individuals had the following characteristics.
        - 14,730, or 99%, were over age 60
        - 4,622 or 31%, were age 85 or older
        - 9,293, or 63%, were female
        - 7,990 or 54%, lived alone
        - 6,257 or 42%, were rural residents
        - 5,518 or 37%, 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 conducts 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)(6)(I)

Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will, to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

RESPONSE:

For the next Area Plan on Aging cycle, the AAAs will partner with Arizona Technology Access Program (AzTAP) to put assistive technology, adaptive equipment and durable medical equipment into the hands of older adults and persons with disabilities. This partnership will help facilitate equipment and device exchanges between individuals. Some examples are: communication devices, portal video magnifiers, amplified phones, exercise equipment and accessible vans and scooters. The SUA will include this requirement in the SUA checklist for AAA submittal. Additionally, this work is encompassed in Objective 3.2.

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 other institutions that have responsibility for disaster relief service delivery.

RESPONSE:

Contracts with AAAs specify that contractors are required to submit a written Emergency Preparedness plan that illustrates how the contractor shall perform to meet contractual standards in the event of an emergency. At a minimum, this 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.
- Up-to-date list of company contacts and organizational charts.
- The Arizona Standardized Client Assessment Plan used for intake of clients includes a series of questions that are 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.
- Coordination activities with agencies responsible for disaster relief to ensure local emergency responders have current information on clients requiring emergency evacuation.

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(a)(2). (*Note: those categories are access, in-home, and legal assistance. Provide specific minimum proportions determined for each category of service*.)

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 4% for legal services, 8% for in-home services, and 16 % 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 - Both the Inter-Tribal Council of Arizona, Inc., (ITCA) PSA VIII, and SouthEaster Arizona Council of Governments (SEAGO), PSA VI, have Adequate Proportion Waivers (0 percent for legal

services) in place. ITCA requested to operate under the waiver 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. SEAGO requested the waiver since they were unable to successfully secure licensed attorneys to provide the service. The Northern Arizona Council of Governments PSA III, Pinal/Gila Council for Senior Citizens (PGCSC), PSA V, and Western Arizona Council of Governments (WACOG), PSA IV, have Cost Sharing Waivers in place due to the majority of their clients that they serve fall under the 150% poverty level and would place a undue financial burden on them to meet the cost share requirements. Pima Council on Aging, (PCOA) PSA II, operates under a Direct Service Waiver since they contract with their own PimaCare at Home home care agency to provide in-home services to their clients.

Section 307(a)(3)

The plan shall— ...
(B) with respect to services for older individuals residing in rural areas—

(i) provide assurances the State agency will spend for each fiscal year 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); and*
(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.*

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*.

RESPONSE:

- Six PSAs in Arizona are considered rural, comprising 30% of the state's population. 161,142 individuals who are 60 or older lived in rural areas according to the 2018 Census. A total of 14,732 persons received in-home services in FFY 2020. Of these, 6,257, or 42% 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 services 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 number of low income minority older individuals with limited English proficiency; and*

(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.

RESPONSE:

- In 2019, 8% of persons 60 years of age or older spoke English, less than "very well."
- There were estimated to be 399,724 racial minorities and 14.5% Hispanic or Latino persons 60 years of age and older in 2019.
- 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, if applicable, and *specify the ways in which the State agency intends to implement the activities.*

RESPONSE:

- Coordination between the SUA 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.
- The SUA will continue to collaborate 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. Specifically, a Tribal Liaison position was created and filled to support DAAS in collaboration with the DES Office of Tribal Relations.

- 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)(27)
(A) The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State's statewide service delivery model, for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.
(B) Such assessment may include—

(i) the projected change in the number of older individuals in the State;
(ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;
(iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and
(iv) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive services

RESPONSE:

Arizona's older population is projected to increase by 23% or 500,000 individuals in the next 10 years. The need for services will be greatly increased, especially among individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency. Wellness programs, such as Health Promotion and Disease Prevention programs can reduce the need for services but the growth will require expanded service options. The SUA and AAA data collection and analysis will be updated when Census 2020 figures are released. Funds are allocated to the AAAs with the funding formula taking into account low incomes, greatest economic need, minority, rural, and LEP populations. Data on projected changes of individuals 60 years of age and older is displayed in Appendix F and integrated into the Area Plans in Appendix H.

Section 307(a)(28)

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.

RESPONSE:

- The Arizona Division of Emergency Management (ADEM) administers 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.
- SUA contracts with AAA partners has a requirements section on Emergency Preparedness that includes coordination and development of long range disaster/emergency preparedness plans in line with the DAAS Policy and Procedure Manual Chapter 1105
- The SUA 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, the SUA 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)(29)

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.

RESPONSE:

- DAAS is part of the DES Continuity of Operations Plan (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) 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—. . .*
(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) of through (6) of this section are listed below)

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.*

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 are contracted to provide these programs directly, or by subcontract in accordance with the requirements of the chapter. 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 80 state designated ombudsmen staff and volunteers provide services to the residents of over 2,000 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 2023-2026 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. Additionally, DAAS receives feedback from the Governor's Advisory Council on Aging and maintains DES leadership representation on the Council. DAAS meets with the AAAs leadership on a monthly basis as well as routinely with each AAA individually to obtain feedback and discuss service delivery of programs.
- (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 2023-2026

Appendix C: Intrastate Funding Formula (IFF) Requirements

Section 305(a)(2)(C) and (D) of the Older Americans Act of 1965, as amended, requires Arizona to:

> (C) in consultation with area agencies, in accordance with guidelines issued by the Assistant Secretary, and using the best available data, develop and publish for review and comment a formula for distribution within the State of funds received under this subchapter that takes into account
>
> > i. the geographical distribution of older individuals in the State; and
> > ii. the distribution among planning and service areas of older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low-income minority older individuals;
>
> (D) submit its formula developed under subparagraph (C) to the Assistant Secretary for approval;

In accordance with this section, Arizona, in consultation with all 8 Area Agency on Aging (AAA) Directors, developed an Intrastate Funding Formula (Formula). The Formula has not changed from State Plan 2019-2022, utilizing the 2010 Census data as the most recent available. Older Americans Act (OAA) budgets for federal fiscal years 2023 through 2026 will be developed on an annual basis.

The Formula is used to determine the distribution of the following:

- Title III B (Supportive Services)
- Title III C1 (Congregate Meals)
- Title III C2 (Home Delivered Meals)
- Title III D (Preventive Health)
- Title III E (Family Caregivers)
- Title VII Elder Abuse Prevention
- Title VII Federal Ombudsman
- Select State Funded Programs for Older Adults
- State Area Plan Matching Funds

Program Allocation by Planning and Service Area

	III-B	III-C1	III-C2	III-D	VII OMB.	VII ABUSE	III-E CAREGIVER	TITLE III-C1 Admin	III-E CAREGIVER Admin	TOTAL
I	$3,730,192.00	$3,228,932.00	$2,760,915.00	$251,599.00	$182,598.00	$28,897.00	$1,731,142.00	$1,045,541.00	$207,288.00	$13,167,104.00
II	$1,298,738.00	$1,127,695.00	$952,932.00	$86,550.00	$62,814.00	$9,940.00	$595,515.00	$384,517.00	$68,255.00	$4,586,956.00
III	$760,655.00	$663,164.00	$551,685.00	$49,882.00	$36,202.00	$5,729.00	$343,216.00	$213,143.00	$32,210.00	$2,655,886.00
IV	$770,429.00	$671,283.00	$559,739.00	$50,644.00	$36,754.00	$5,817.00	$348,460.00	$233,115.00	$36,411.00	$2,712,652.00
V	$588,964.00	$514,381.00	$424,999.00	$38,351.00	$27,833.00	$4,405.00	$263,874.00	$188,066.00	$26,936.00	$2,077,809.00
VI	$400,419.00	$351,400.00	$284,900.00	$25,565.00	$18,554.00	$2,937.00	$175,898.00	$139,015.00	$16,619.00	$1,415,307.00
VII	$479,627.00	$445,860.00	$341,883.00	$31,014.00	$22,468.00	$3,661.00	$215,439.00	$157,075.00	$20,418.00	$1,717,445.00
VIII	$383,867.00	$336,817.00	$273,263.00	$24,525.00	$17,798.00	$2,816.00	$168,748.00	$149,306.00	$18,784.00	$1,375,924.00
TOTAL	$8,412,891.00	$7,339,532.00	$6,150,316.00	$558,130.00	$405,021.00	$64,202.00	$3,842,292.00	$2,509,778.00	$426,921.00	$29,709,083.00

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 Southern Paiute, Tohono O'odham, Tonto Apache, White Mountain Apache, Yavapai-Apache, and Yavapai-Prescott Reservations.

Data elements used in the Arizona IFF

The weights have been agreed upon by the AAA's. When new census numbers are released the SUA will prepare scenarios using various weights for each factor to discuss and agree before implementing an updated formula.

- 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% 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 include 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 is then calculated for each planning and service area that identifies the rural proportion of each planning and service area to the statewide rural 60+ population counts.
- The percentage is applied to the total population (unweighted factors). The result is a rural proportion for each planning and service area, including tribal planning and service areas.
- The rural proportion is then applied to the 8.5% 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% rural set-aside.

Formula Application

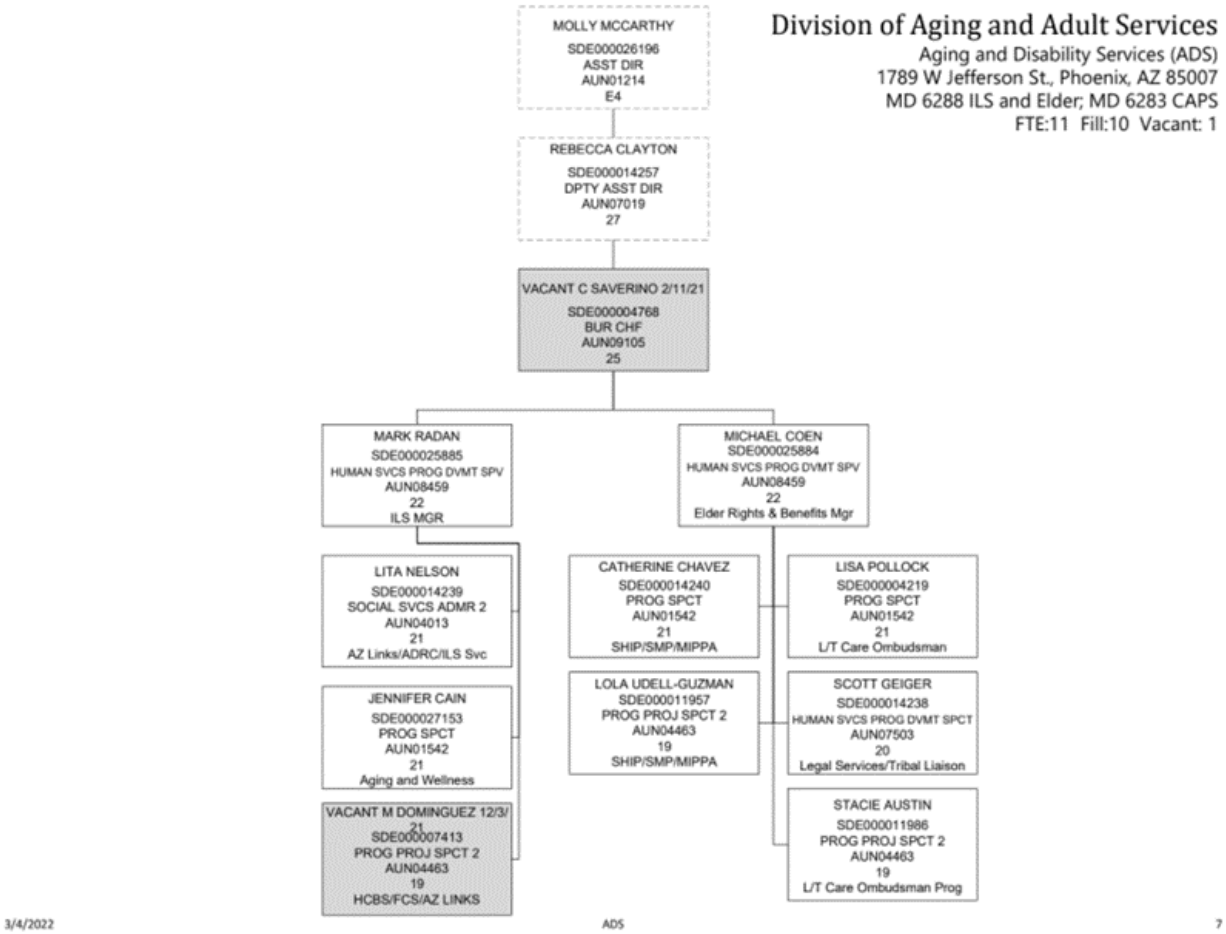
The current funding formula only applies to the OAA funds. The funding formula takes into account the distribution of persons aged 60 and over, as well as, those in greatest social and economic need in each PSA per the weights described above. AAAs are held harmless to the FFY 2000, or base, allocations - should any current allocation cause a AAA to fall below that threshold, they will be adjusted to the FFY2000 allocation amount and is reduced accordingly in the other AAAs. 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. Nutrition Services Incentive Program (NSIP) funds are allocated according to meals served compared to total meals served statewide.

When the SUA issues a funding alert to the AAAs, supporting documents include 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" in step by step order as identified in the Title III and VII Alert.

1. Arizona utilizes State Fiscal Year (July-June): 25% of the current FFY Grant and 75% of next FFY Grant (estimated, based on current grant award and assuming level funding)
    a. 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.
2. SUA Admin: 5% is taken from the award totals (#1 above) from Title III-B, III-C1, III-C2, III-D, and III-E
3. AAA Admin: 10% of this total (after #2) is set aside for the AAA's
4. SUA Ombudsman Program Admin: A reduction based on need/salaries to the Title III-B balance remaining after taking out the SUA Admin and the AAA Admin (#2 and 3 above)
5. Navajo Transfer: deduct
6. Rural factor set aside: 8.5% is subtracted from the remaining balances
7. Weighted factor distribution to AAAs: from the remaining balance, AAAs receive a percent based on the weighted factors in the previous section (Weights Applied to Arizona IFF)
8. Rural factor set aside applied: distribute the set aside from #5 based on the previously calculated rural populations derived from census data
9. Distribute admin: using factors after the $60k base is distributed to each AAA. Amount reduced for the Admin Navajo transfer is added to the Navajo allocation.
10. Program funding: distributed using factors after $50k base distributed to each AAA. Amount reduced for the Program Navajo transfer is added to the Navajo allocation.

Arizona State Plan on Aging 2023-2026

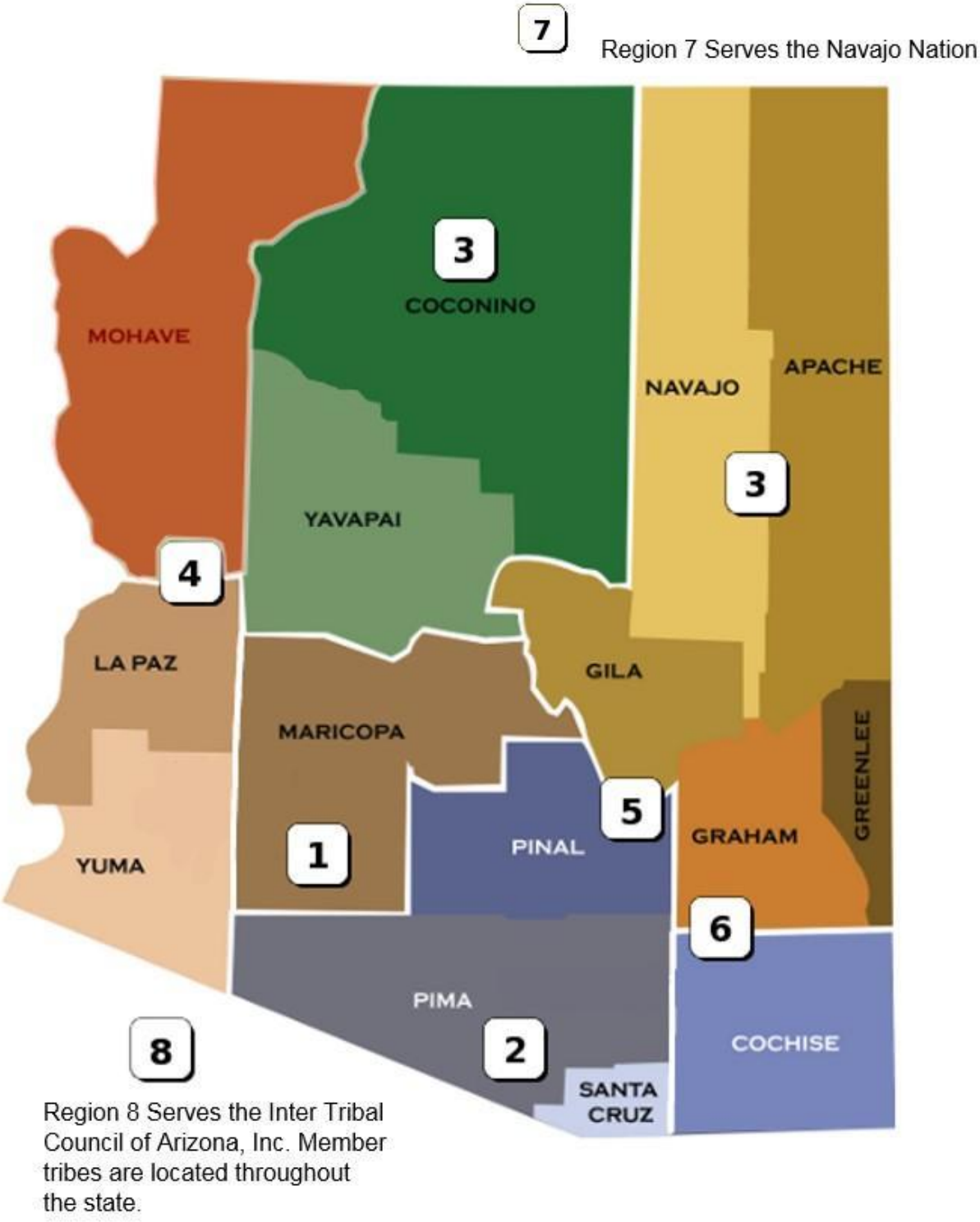
Appendix D: Division of Aging and Adult Services Organizational Charts



Arizona State Plan on Aging 2023-2026

Appendix E: Arizona Area Agencies on Aging

PSA Region I	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
PSA Region II	Pima Council on Aging (PCOA) 8467 East Broadway Blvd., Tucson, Arizona 85710-4009 PH: 520.790.7262 FAX: 520.790.7577 Serves Pima County
PSA Region III	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
PSA Region IV	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
PSA Region V	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
PSA Region VI	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
PSA Region VII	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
PSA Region VIII	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



Arizona State Plan on Aging 2023-2026

Appendix F: Key Socio-Economic Demographics and Characteristics

I. Arizona Population

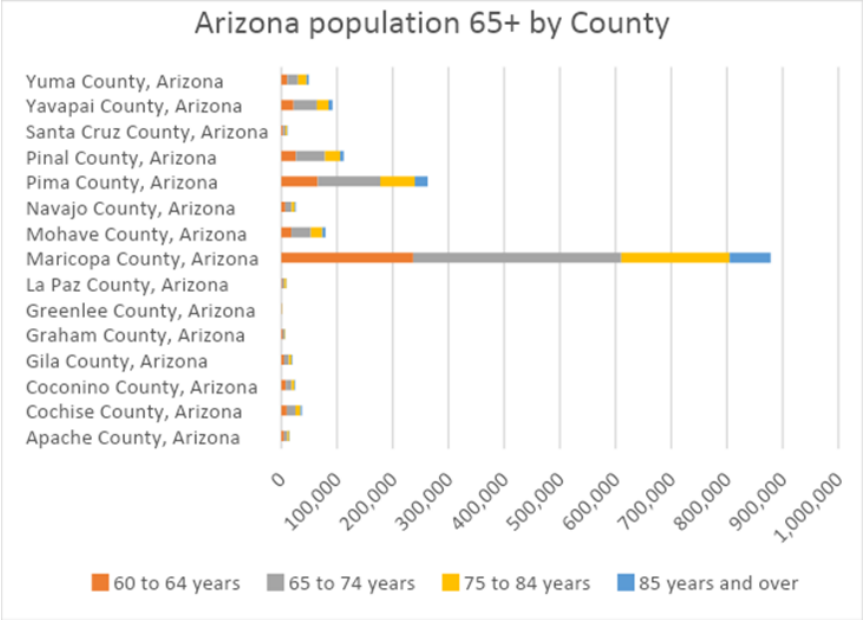
Arizona – All Ages

- In 2019 the total population of Arizona was 7,278,717 and ranked 14th in the United States. From 2008 to 2018 there was a 51% increase in the population of older Americans 65 years and older.
- Among the 50 states, Arizona ranks 5th in the number of persons of Hispanic origin; 7th in the number of Native Americans, 20th in the number of Asian/Pacific Islanders, and 32nd in the number of individuals who are black.
- In 2019 approximately 45.9%, or just under half of Arizona's population was composed of four minority groups including: Hispanic at 31.7%; Native American at 4.5%; individuals who are black at 5.2%; and Asian at 3.7%.
    - Six counties had 20% or more of total population living below the poverty level in 2019:
    - La Paz County had 23.7%
    - Apache County had 37.3%
    - Gila County had 20.4%
    - Santa Cruz County had 24.4%
    - Graham County had 20.2%
    - Navajo County had 28.5%

- In 2019, there were 20 Indian reservations representing 22 Native American tribes with a total population of 317,414 or approximately 4.5% of the overall population of Arizona.

Arizona 22 Tribes

Arizona Population – Older Adult Population



- In 2019 there were 1,742,696 over the age of 60 years old in Arizona.
- The United States Census estimates that in 2019 there were 434,063 Arizonans ages 60-64 years, representing 24.9% of the older population aged 60 plus years. Ages 65 to 74 years old numbered 751,699 or 43.13% of the 60 or older population. Individuals aged 75 to 84 years totaled 411,197 or 23.6% of the 60 or older population. Arizona residents aged 85 years and older numbered 158,530 and accounted for 9.1% of the older population aged 60 years and older.
- Individuals aged 60 and older were 19.4% of the total population in 2010 and increased to 23.5% of the population in 2018.
- There were 154,512 or 9.18% of individuals aged 60 and older in Arizona who were at 100% poverty level in 2020, 11.4% was the national level for the same group.
- Native Americans accounted for 33% of the total population of Arizona who were under 100% of the poverty level. Blacks/African Americans and Hispanics were at 20.32% and 21.6% respectively. White, Asian and Native Hawaiian/ Pacific Islanders reported at 10%, 12.1% and 16.3%, respectively.
- In 2019 there were 1,320,462 households where Spanish was spoken in the home and 32.42% of the reported were "limited English speaking". Other languages comprised approximately 403,094 households, and of those 29.6% reported "limited English speaking".

Arizona Population – Older Adult County Statistics

- In 2019 there were 1,742,696 over the age of 60 years old in Arizona. Among all counties Maricopa and Pima had the highest percentage of persons aged 60 and older representing 68% of the counties total population while Greenlee County had the lowest percentage with 0.1% of persons this age.
- Arizona's racial and ethnic composition is not evenly distributed throughout the state. In four counties the four major ethnic groups comprise over 50% of that county's population.
    - Santa Cruz County at 66.6%
    - Apache County at 77.5%

    - Yuma County at 55.7%
    - Navajo County at 54.6%

- Three of the counties comprise 40 or more percent minority populations but less than half:
    - La Paz County with 41%
    - Maricopa County with 40.2%
    - Coconino County with 42.6%

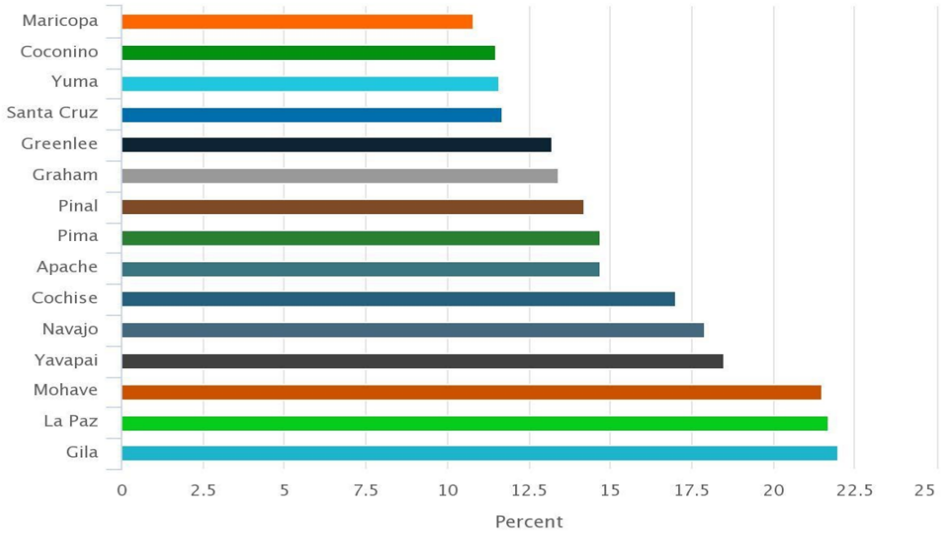
- In 2016, Yavapai County had the highest percentage of Whites, comprising 92.9% of the county's population of individuals 65 years and older. Santa Cruz County had the highest percentage of Hispanics at 59.8% of individuals aged 65 and older and in contrast Yavapai County had the lowest percentage at 4.6% Hispanic. For all counties Blacks/African Americans and Asians made up 2.5% or less of the population of each county for individuals aged 65 or older.
- In 2016 Arizona's Native American population aged 60 and older predominately resided in three counties in the North and Northwest corner of the state, Apache County had 60%, Navajo County had 28.1% and Coconino County had 20.4%.
- In 2016 15.4% of the total population lived in rural areas of Arizona. Older Arizonans 65 and older represented 21%of the total rural population.
- Approximately 61% 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% of the population. The remaining 25% reside within the remaining 13 counties.

Arizona Population – Older Adult Growth Projections

- By 2050 the United States population of persons 65 years of age and over is expected to reach 88.5 million people or 20% of the population. In Arizona, the population of individuals aged 65 and over in 2010 was 107,489 and is projected to rise to almost 3 million and 26% 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, the state is expected to rise even higher to 66.6 by 2050. The national ratio in 2010 was 49 and expected to rise to 63.6 in 2050.

Arizona Population – Older Adult Health

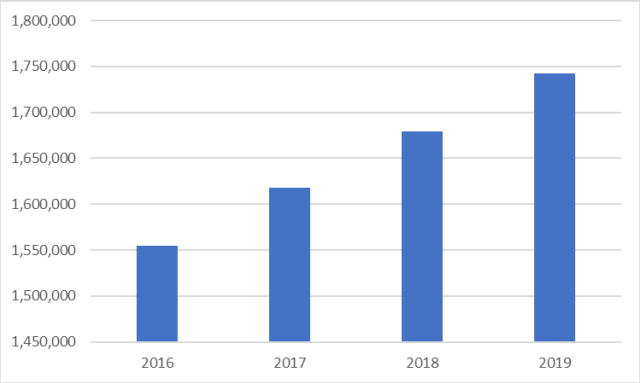
In 2016, approximately 12.6% of Arizonans had a disability. 24.9% of older adults aged 65 to 74 years of age reported having a disability; the number increased to 48% for those aged 75 years and older. Percent of the population with a disability by County:



- Arizona ranked first in the United States for highest growth rate for Alzheimer's cases during the COVID-19 pandemic.
- In 2018 there were 140,000 individuals diagnosed and living with Alzheimer's Disease and the number is estimated to rise to over 200,000 individuals or 43% by 2025.

National demographic trends are also evident in Arizona, with people living longer, healthier lives and spending more time in retirement. Baby boomers have changed the face of the U.S. population for more than 70 years and continue to do so as more enter their senior years, a demographic shift often referred to as a "gray tsunami." By 2030, all baby Boomers will be 65 or older with national population projections showing within the next 15 years, nearly 10,000 boomers[2] will reach age 65 each day. Since many Arizonans are originally from someplace else, they may be living apart from their families, having fewer informal caregivers available to provide assistance. In 2021, of the top 10 cities in the "Where are Retirees Moving" study Arizona had the highest number of cities at the top of the rankings, Mesa, Scottsdale and Tucson in Arizona claimed first, second and 10th place, respectively. Arizona had a net inflow of 18,733 seniors in 2014 (the most recent rankings).[3] 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, and have fewer children. 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. Older adults are commonly perceived as having lower social status in the sense of power, wealth, respect, influence, and prestige.

Population of older Arizonans continues to increase annually:



- 23.8% of Arizonans aged 65-74 years of age reported having a disability; for those aged 75 years and older the number was 45.6%
- In 2019 more than 54% of the older population resided in Maricopa county, or 944,770 people over the age of 60. The next highest population for our State was Pima county with 278,513 older Arizonans, or 15.98% of the population
- In 2019, of our 60 and over population, 4.98% were either Native American, Asian or Native Hawaiian/Pacific Islander
- Almost 30% of our older population reside in rural areas
- 11% of our seniors live alone in Maricopa County, in Pima County 3.5% and in rural areas throughout the State the population at home alone is 4.5%
- In 2019 12% of the senior population in Maricopa County was listed as having a disability of some type
- Spanish is spoken in 1,320,462 of the households in Arizona with 32% of those with limited English speaking
- 3.5% of our older Arizonans are raising grandchildren

Arizona Population – Older Adult Sub-Group Populations

Holocaust Survivors

It is believed that the number of living Nazi Holocaust survivors residing in Arizona is relatively small around 80 survivors with 55 survivors living in the metro Phoenix area. 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.[iv]

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
- 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 choose 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% were male and 61.9% were female.
- By 2020 the number of survivors is projected to decline to 67,100, or by 47%.
- By 2030 the number of survivors is projected to decline dramatically to 15,800 individuals, a 76% decline in one decade.
- In 2010, the older adult survivors, those 85 years and older, represented 23% of the total cohort population. By 2020 those 85 years and older will represent 57% 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% 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% higher than those individuals of a non-victim age group. As the Holocaust population ages the severity of the disabilities is likely to increase.
- In 2020 the estimated number of Holocaust survivors being both severely disabled and impoverished is 10% and increases as the number of survivors decreases. By 2030, 13% 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 non-combat 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 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 500,000 men and women who have served in the Armed Services. They represent 6.7% of the total population. Veterans having served between 1941 and 1975 represent 54% of the total veteran population of Arizona. (World War II 3.6%, Korean War 9.9% and Vietnam War 42.6%). [v]
- The average age of a World War II veteran is 94.2 years old.

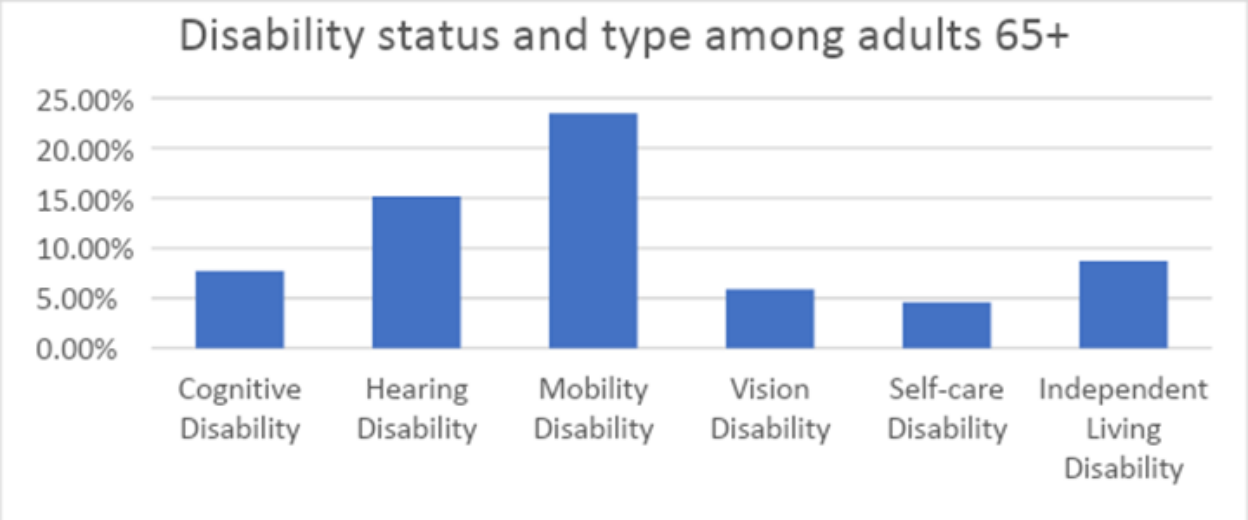
- There are 132,432 veterans between the ages of 65 and 74 years old in Arizona, representing 27.1% of all veterans in the targeted eras. Those veterans over the age of 75 number 125,377 or 25.7% of the targeted veteran population.
- There are 37 Veterans Administration Facilities in Arizona. Veterans live throughout the state, but the greatest concentrations are found in Maricopa, Pima, Yavapai, Pinal and Mohave Counties.

Vulnerable and Marginalized Diverse Older Adults[vi]

These populations include individuals who are Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders, and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQI+) persons; persons with disabilities; and persons who live in rural areas. These communities 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.

In 2016, people with disabilities in Arizona were more likely to work in a non-profit organization or be self-employed. They also had a slightly higher tendency to work in state and federal government positions. A higher percentage of the population with a disability when compared to the total population were employed in service occupations, sales and office occupations, as well as production, transportation, and material moving occupations. This follows a similar pattern at the industry level where a higher percentage of individuals with disabilities worked in retail trade, transportation and warehousing, other services, and public administration. The 'other services' industry contains sectors such as repair and maintenance establishments, personal services (from beauty salons to funeral homes to pet care), and civic and social advocacy organizations. Here again, Arizona tracks closely to that of the U.S. in most areas. One exception being that individuals with disabilities in Arizona were more likely than those in the U.S. to work in the professional, scientific, and management sector.

- Approximately $14.8 billion per year, or up to 37% of the state's healthcare spending is for disability costs. Per CDC reporting in June 2021, Arizona had 1,507,677 adults with a disability or 1 in 4.



- In 2018, 3.9% of the adult population of Arizona identifies as a LGBTQI+ individual, nationwide the percentage is 5.6.
- Approximately one in five LGBTQI+ older adults over the age of 50 are people of color. This number is expected to double by 2050.
- A little more than one-third of LGBTQI+ adults in Arizona are people of color, including 22% Latino, 4% African American/Black, 3% American Indian or Alaska Native, 1% Asian or Pacific Islander, and 6% who identify as another race other than White.
- LGBTQI+ 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.
- LGBTQI+ older adults are 20% 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.
- LGBTQI+ individuals are more likely to be very concerned about having enough money (51% vs. 36%), experiencing loneliness in old age (32% vs. 19%), declining physical health (43% vs. 33%), not being able to take care of themselves (43% vs. 34%) or not having anybody to take care of them (30% vs. 16%) compared to non-LGBTQI+.
- LGBTQI+ 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% of LGBTQI+ older adults report being denied healthcare or provided inferior care due to their status. Overall, 15% of these older adults fear accessing healthcare outside their trusted community.
- In 2011 a study concluded LGBTQI+ 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% received verbal or physical harassment from other residents; 20% were refused admission or abruptly discharged, 14% were verbally or physical harassed by staff; 11% refused to accept the power of attorney from an individual's partner, 11% were restricted visitors and 6% were denied basic services or care.
- LGBTQI+ 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 Adults

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 nationally and in Arizona. While Arizona's homeless figures decreased overall, the number of individuals categorized as chronically homeless increased by 136 statewide in the past year. Additionally, despite being one of largest cities in the country, Arizona's largest city, Phoenix, was not among the cities with the largest numbers of people experiencing homelessness. The report analyzes data gathered from an annual Point-in-Time (PIT) Count, which are unduplicated 1-night estimates of both sheltered and unsheltered homeless populations carried out by local Continuum of Cares nationwide during the last week of January each year. Continuum of Cares (CoC) are local planning bodies responsible for coordinating the full range of homelessness services in a geographic area. Three CoCs operate in Arizona – the Maricopa Regional Continuum of Care, the Tucson/Pima County Continuum of Care, and the Balance of State Continuum of Care. Applications for HUD CoC aid made available by the federal government for homeless reduction efforts may only be submitted by a CoC.

Arizona's Balance of State Continuum of Care (AZBOSCOC), which consists of multiple, regionally based efforts, is administered by the Arizona Department of Housing (ADOH) and encompasses the 13 rural counties in the state. Part of the ADOH's efforts in overseeing the administrative and unique local service coordination aspects of the CoC for rural Arizona is to encourage each region to grow its own resources, and in areas where there are none, to reach out to facilitate cross-regional collaboration. Currently, nine out of the 13 counties, covering over 80% of the area and population of the AZBOSCOC, include a regionally organized effort to end homelessness.
(https://housing.az.gov/newsletter/az-homelessness-headline-winter-2018)

- Single adults accounted for 64% of the homeless population in the SFY 2016 PIT count. The majority were men at 62%. [vii]
- In 2020, 50% of the adult homeless population was 55 years or older.
- In 2020 there were 970 veterans identified as sheltered and 372 veterans identified as unsheltered.
- 81% of the homeless population lives within the metropolitan areas of Maricopa and Pima Counties.
- In State Fiscal Year (SFY) 2020, the Department of Economic Security (DES) Homeless Coordination Office provided over 12,547 at-risk and individuals experiencing homelessness with services and/or interventions, through contracted vendors. DES has contracted homeless interventions in ten of the fifteen counties throughout Arizona and strives to provide homeless services to every area in need. Of that total, 809 were family households, 921 were Veterans, 633 were unaccompanied young adults (aged 18-24) and 2,086 were individuals experiencing chronic homelessness.

Refugees from foreign countries

Older refugees face unique 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 with aging. These challenges are exasperated by language barriers and the effects of PTSD related to their 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. [viii]
- 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.
- The top five countries of origin of resettled refugees in FY 2021 were: Democratic Republic of the Congo (42.9%); Syria (10.9%); Afghanistan (7.6%); Ukraine (7.0%); and Burma (6.8%).
- Of the 10,336 refugees admitted into the United States in 2021, three states (California, New York, and Texas) settled one-quarter of the refugees. Arizona, along with six other states resettled over 7,728 of the remaining refugees.
- In FY2021 Arizona admitted 422 refugees on Special Immigrant Visa.

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 relate to 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 5th leading cause of death in Arizona and the top leading cause for women aged 65 and older.[ix]
- 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 dollars.[x]
- In 2016 nearly 75% of all caregivers are female and may spend as much as 50% 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% caregivers are 65 years or older.

- In 2015 the average age of care recipient is 69.4 years old, with 47% of care recipients being 75 years and older, 45% of recipients aged 18-45 are male, while 33% of recipients aged 50 or higher are male.
- In 2015 family caregivers spent 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 most caregivers in the United States identified as White at 62%, while Blacks/African Americans were 13%, Hispanics were 17% and Asians were 9%.
- 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% and 45% burden respectively. Whites are burdened 33% and average 20 hours a week, while Asians are burdened the least at 30% and average 16 hours a week providing caregiving activities.
- More than 50% 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).[xi]
- 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% were parents whose youngest children were between the ages of 6 and 17 years of age.
- 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.
- In the year 2019 there were 352,842 grandparents in Arizona living with their own grandchildren under the age of 18 years. Of those grandparents 64,847 are solely responsible for the children with no parents present.
- Of the grandparents raising grandchildren and providing care, 27,221 have been caring for the children for 5 or more years.
- Of the grandparents raising grandchildren 39,927 were female and 44,965 were married.

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[i] Unless noted otherwise, demographic information provided by the 2010 United States Census; United States Census: 2012-2016 American Community Survey 5-Year Estimates; United States Census Bureau, May 2011, "*The Hispanic Population: 2010".*

[ii] Rex, Tom R., MBA, *New Population Projections for the United States, Arizona and Arizona Counties,* ASU W.P. Carey School of Business, January 2013.

[iii] United States Census Bureau, November 2011, *"The Older Population: 2010".*

[iv] 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

[v] United States Census, United States Department of Commerce, Economics and Statistics Administration, *Veterans Statistics: Arizona*

[vi] Unless noted otherwise, information on diverse older adults is provided by the Administration for Community Living and Services and Advocacy for LGBT Elders Williams Institute, UCLA School of Law, "LGBT Data and Demographics", www.williamsinstitute.law.ucla.edu, retrieved

[vii] Arizona Department of Economic Security, Homeless Coordination Office, Annual Report: Homeless in Arizona, December 31, 2020.

[viii] Unless noted otherwise, Refugee information was provided by the Pew Research Center and the United States Department of State, Refugee Processing Center.

[ix] Alzheimer's Association, "2018 Alzheimer's Disease Facts and Figures Report", www.alz.org.

[x] Family Caregiver Alliance, "*Caregiver Statistics: Demographics,"www.caregiver.org.*

[xi] Bureau of Labor Statistics, "*Unpaid Eldercare in the United States – 2015-16:Data from the American Time Use Study", www.bls.gov*

Arizona State Plan on Aging 2023-2026

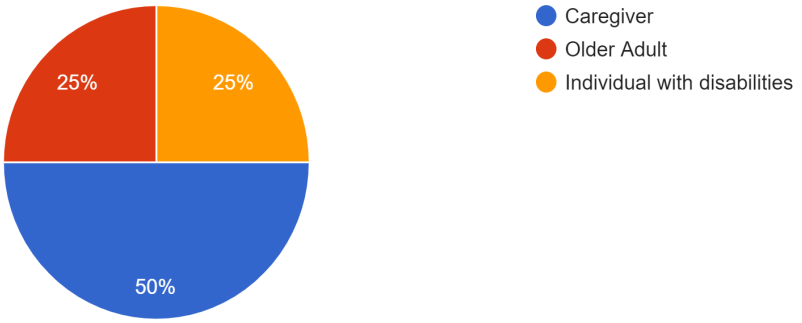
Appendix G: Analysis of Arizona SUA On-Line Surveys

(The customer survey questions were Identified by DAAS with input from AAAs, statewide agency's needs assessments and key stakeholders.Due to the COVID-19 pandemic we have been unable to meet with customers and providers in group settings requiring our surveys to be sent via email. Email addresses were retrieved from lists provided by the DAARS system for direct emails, surveys were also shared by the AAAs with customers in their databases. The surveys were compiled in Google which translated responses into tables for review. The responses to these surveys give us an idea of how our services are a benefit to customers and where improvements are needed.)

Customer Surveys

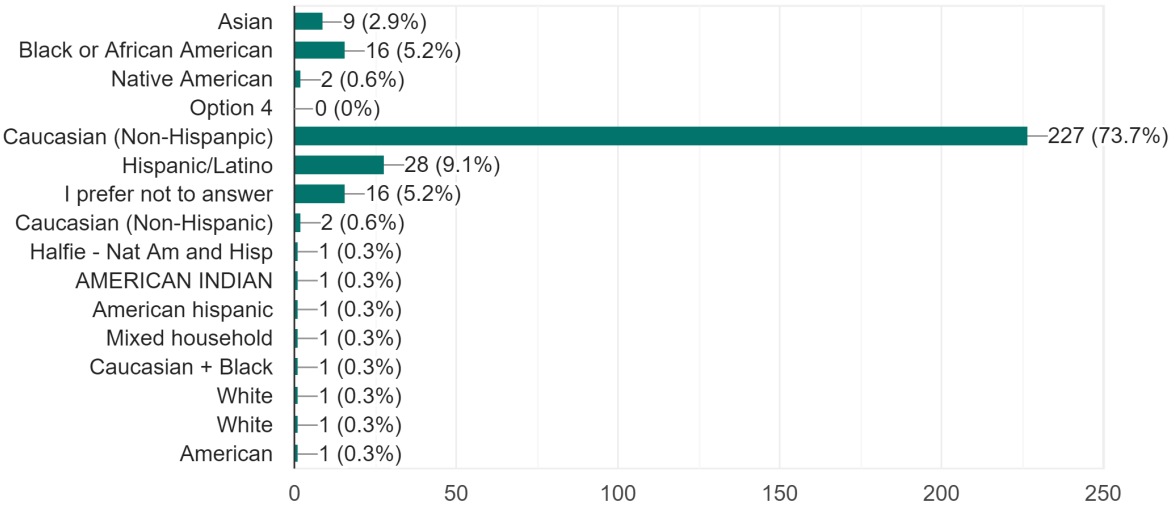
Please tell us what category you fall into?

4 responses



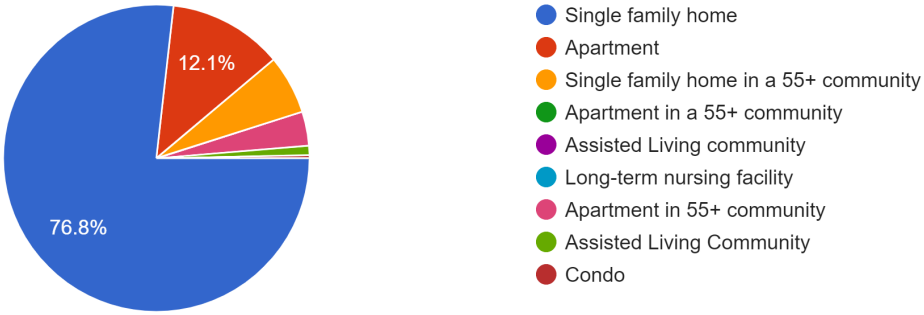
Which of the following describes your ethnicity?

308 responses



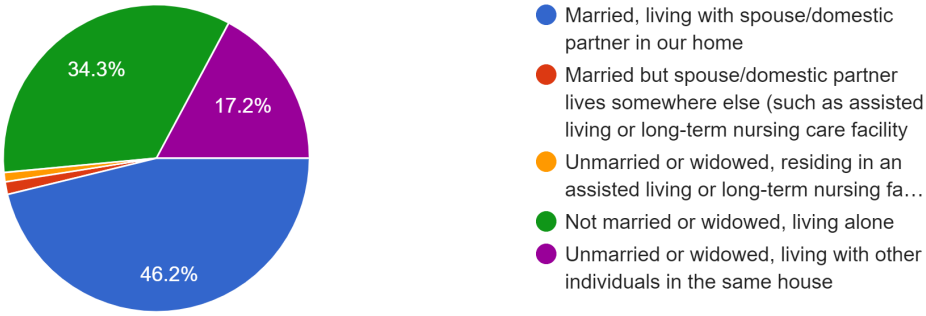
What type of housing do you live in?

306 responses

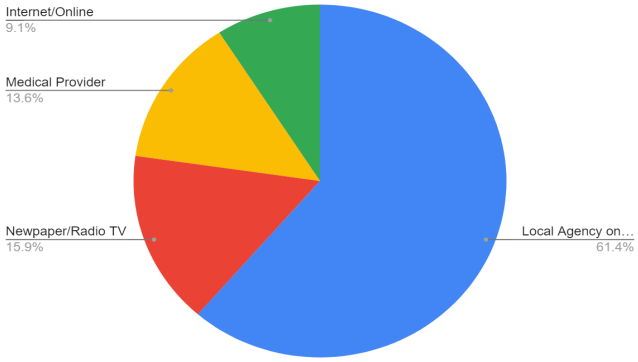


Please select the option best describing your living arrangement:

303 responses



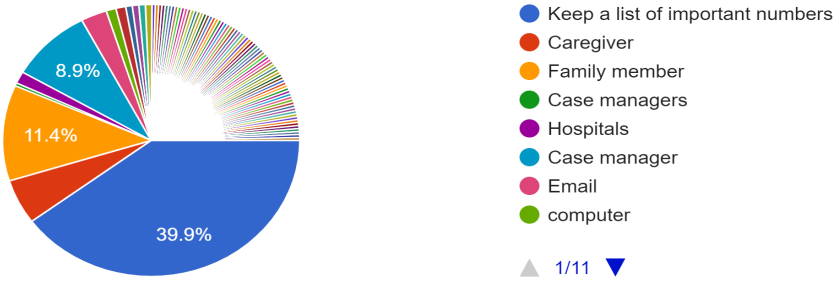
How do older adults receive communication regarding all of the services available to them? (44 responses)



Local Agency on Aging	27
Newspaper/Radio TV	7
Medical Provider	6
Internet/Online	4

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

281 responses

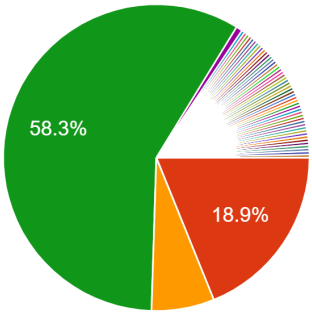


Additional responses:

- PCOA
- Gila County on Aging
- Through senior center
- Computer/email
- Church/Community at large
- Have to figure it out ourselves
- Computer
- Senior Centers
- Website
- Phoenix senior center by emails
- Computer news media
- Research
- Word of Mouth
- From info and classes offered at Duet
- Care Navigator from Doctor's Office
- Pima Council on Aging/and or Eastside Neighbors Volunteer Program
- Internet discussion boards, emails announcing new services/changes
- Flyers
- Go online and look for that information
- At the moment none of the above, but hopefully if I do I will be able to find them on my own
- Agencies, they should be clearing house of info
- Independent online sources such as OATS and AARP
- Phone contact
- Online bookmarks
- Hospice that Father was on and now Mother is in
- Family member is the caregiver
- Direct mail
-

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

302 responses



- Transportation
- Senior Center
- Direct phone contact with senior center
- Computer
- Health and Human Services by phone
- All of the above
- my sister helps me
- Support for aging parents

1/7

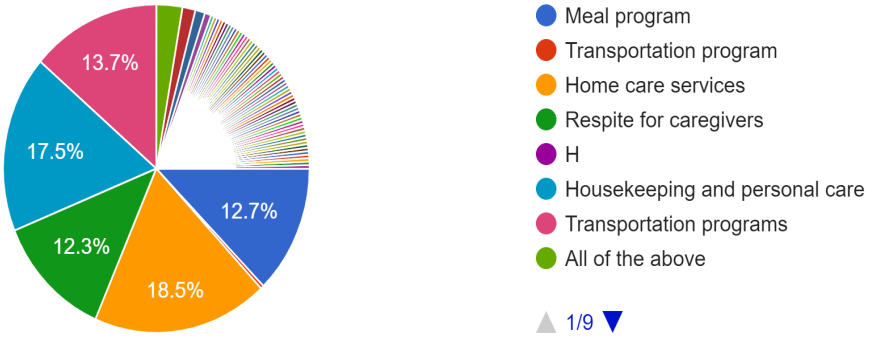
Additional responses:

- Gila County on Aging
- All of the above plus through word of mouth
- Family
- Pima Council on Aging and/or Eastside Neighbors Volunteer Program
- Computer, senior center, newspapers
- Church/Community
- Raising grandchildren – there is little support
- Text
- Depends on what I need
- Contact the person that is in charge and make appointment to see them
- Health insurance United Health Care
- Case Manager and Home Health providers
- Dept on Aging
- PCOA/DUET & ARIZONA CAREGIVERS COALITION

• My grandson school • Friend • Ads • Referrals • Doctors • Networking w/seniors • Neighborhood assistance program • Bingo • Service coordinator	• DES. NACOG, SSA, Medicare, Doctor • Senior friends • Area council on aging contacts • Adult Day Care • Az Council on Aging • Family and Senior Center

What are the support services you feel are most vital to you and older adults or those with disabilities?

292 responses



Additional responses: • Affordable housing • Homecare housekeeping & personal care • Nutritional supplements are most vital to anyone, but must be paid for out of pocket, just as a good doctor must be • Money to pay bills and other necessities • All of the above, but only one can be selected • Support of like minded • Depends on individual needs • Home handicap updates • Strong & Balanced program's to begin with • Neighborhood support • Food stamps, etc. • Bilingual services • Support mtgs • Home cleaning, maintenance and or repairs • AHCCCS, SNAP, family activities, counseling, support group, food pantry, clothes closet	• Yoga and other classes offered by Sunnyslope Community Center • Exercise classes geared to seniors, commodities and visiting with other senior/contact • Being together 2 • Transportation in a vehicle that can take my motorized scooter, house cleaning • Personal phone contact during isolation time • Hospice • Physical activity • Meal program and transportation • Transportation, Home Care Services

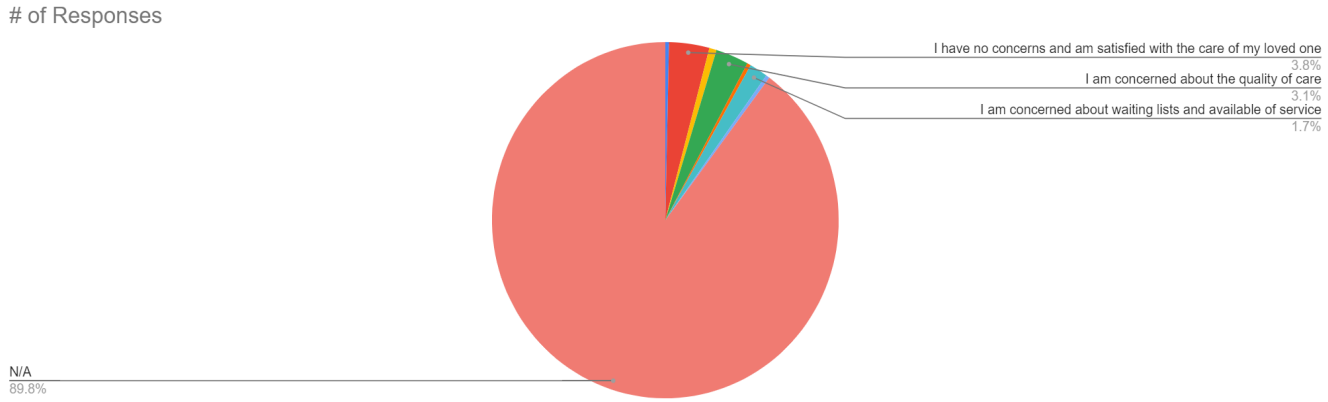
What barriers do you encounter, if any?

- Can't participate in most online meetings because of timing. Need afternoon meet times. 2. Housing choices for disabled.
- Ability to find caregivers that speak English at reasonable cost.
- Above program is closing doors by the end of 2021.
- Age.
- Asthma.
- Can ambulate alone, ADLs, dementia.
- Cannot drive - eye problems, Rheumatoid Arthritis. Old senior living on Social Security.
- Caregiver residing in a different area.
- Childcare.
- Computer glitches.
- COVID-19 has made getting assistance more difficult and time consuming.
- COVID-19 / and too few services for older folks (Waiting list)….
- Determining what sites are "real" - as with this email survey!
- Difficulty in getting specifics about services (general info given is fine).
- Distance to events at times.
- Do not drive. Confined to a wheelchair or mobility scooter!
- Do they have a counselor to sit down with me and answer questions as opposed to looking at a brochure rack?
- Don’t meet Eligibility requirements.
- Financial.
- Finding safe, daycare programs for my husband who has cognitive decline while I work full-time. Very difficult.
- Finding the correct heading for accurate research.
- Follow-up with phone messages left after long wait times and confusing menus to follow.
- Getting answers.
- Getting help financially.
- Getting information and cooperation from my career.
- Hard to see (but phone calls are harder). Not always clear who can help with what. Can't always leave an email and must call to get help.
- Hearing.
- Husband multi handicapped.
- I can’t reach the top shelves in grocery stores. My mother has too many assets to receive some services, putting the burden on me to manage paid services. As a caregiver, the resources available are too few. I’m on my own and it is overwhelming. I do take advantage of what’s out there, but it is a tough road.
- I don’t have a computer so rely on my phone for Internet access. It is more difficult to access full websites on my mobile phone.
- I'm not very competent with computers.
- I'm shy about asking questions.
- Information not being consistently updated to us.
- Juggling between my job and caring for my husband who has dementia.

- Just a slow loss of function due to age.
- Knowing how and where to look for information.
- Lack of directive assistance in finding caretakers or support for those are HOH.
- Lack of electronic information by living facilities. lack of communication between other seniors and staff that care for those seniors.
- Lack of Resources.
- Language, caregivers with my primary language, Medicare policies and guideline conflict with therapies needed, caregivers are limited as to how to use respite hours and not being able to access a respite person for the night.
- Large financial repairs that are taxing on a limited income. Ex: my roof is leaking (thank God Arizona does not rain much!) I need to find out what is available to help me repair my roof.
- Legally blind unable to drive hard to read my mail.
- Lifting-opening jars and cans.
- Long delays in return phone calls and services.
- Low income/medical.
- Many resources are only available during the daytime when I'm working.
- Mask wearing deters me.
- MY AND MY WIFE'S LOW INCOME.
- My wife is blind.
- Navigating websites.
- Need a cane for walking.
- Not being able to get around Being a caretaker for my wife.
- Not enough help for grandparents raising grandchildren.
- Not fully computer literate so there can be problems.
- Phoenix senior centers are very informative with sending out emails to keep you informed.
- Resources on paying for care.
- Restrictions on mobility due to respiratory disease.
- Several medical/physical issues, unemployed and unable to work for several years, no income or assets. No SS or any benefits except AHCCCS. 30 year old home, air conditioner is non working and must be replaced, causing leak in wall to bathroom, ruining cabinet and possible mold in wall. Other financial issues.
- Since our grandchildren were not placed by DCS we get no help.
- So many for profit companies to help find resources pop up on google searches. Also so many services assume that the caregiver is not working and so a working person has difficulty accessing them.
- Some people get more help than others with no requirement to follow better nutrition and get well. Doctors don't care if people get well and don't know what makes people well.
- Stairs.
- State programs are poorly funded, can't get help, not enough helpers available.
- Stupidly if mask wearing. Refuse to lose my freedom. Won't attend till the mandate is removed. If not soon I will most likely no longer support the senior center or Phx city.
- The answer is always no, they can't help.
- Time away from my spouse.

- Timeliness.
- Too many times no Services available.
- Transportation to doctors and small area transportation covers.
- Use a walker.
- User friendly sources.

If you have a loved one in a long-term care facility, do you have any concerns?



In your opinion, what services could better assist seniors in remaining in their homes and what is lacking?

- Mortgage and or rental assistance.
- A short visit to the caregiver, for an hour or less is needed to say give pills, or assist with hemorrhoid cream or other small things. Most services require you to pay for at least 4 hours of care.
- A virtual network where people could alert each other of problems not requiring 911, more and more readily available home alert systems -- right now, the only source is the businesses providing the same (promise me the moon). This info should be on a qualified vendor list, whereby seniors could check approved providers. Why not have a discussion at sr centers of the various options, with presenters or exhibit tables (I have not seen the same). Also, it is very unclear how and when and under what criteria one qualifies for such services. Example: I'm delaying surgery (and much affected by delay) because I have no idea how I could take care of myself with no (or very limited) weight-bearing for 3 months. According to MD, it's all to be determined AFTER the surgery, by criteria that are not at all clear to me. So basically, here "maybe" means "no." That may not be true, but I have failed at repeated efforts to find out, and thus can't really risk the surgery. Why is this a mystery--esp. to Medicare, who reads me what I just wrote, out of a book of "rules" that clarify nothing. The alert systems and the temporary in-home care are just two of the Great Unknowns.

- Ability to find people who can make home safer. Ie. add grab bars to the bath; put down straps that keep rugs from moving or remove rugs if possible; add rails to beds; put up grab bars by stairs, doorway, hallway. They need people to help them do these things and money to purchase supplies.
- Access to a healthcare advocate.
- Activities of any kind
- Affordable home care or health care people or such services.
- Affordable, quality, reliable services.
- Agencies to direct concerned neighbors, friends, family members for assistance.
- Aide comes in a few times a week to help assist with chores like bathing, cleaning.
- Allowing a friend or relative to be paid by the government to care for someone that needs help to remain in their home.
- Apartment rent went too high this year and it is scary as to what the next year may bring.
- Assistance when needed for meals, housekeeping and transportation.
- At home nurse visits, housekeepers, meals.
- Availability of Personal care assistance at a reasonable cost.
- Basic house cleaning services.
- Better home care programs and/or community programs that are close to home for family members who work full-time. Knowing someone is safe is VIP. Also: AFFORDABLE facility care which doesn't devastate a family financially. That is why I am keeping him at home for as long as possible. Costs are WAY too high and it is unfair to those of us who have worked a lifetime to save for retirement (middle class) to be financially devastated by placing someone in a care facility. Too many FOR PROFIT facilities and not enough help in these places. I hear terrible stories!
- Call seniors, provide contact numbers for possible home services. This is lacking.
- Caregivers at home.
- Care support.
- Caregiver Burn-out, Doctors hands tied with non-qualified Medical & or Mental Health issues.
- Caregiver services in our area; now waiting for available caregivers.
- Committed house cleaning service.
- Contact/checking in, commodities, help with minor chores.
- Cost of respite for caregivers.
- Counseling services in-home is lacking.
- Daily wellness checks would be very good. A phone call once a day would be good for their spirits and just be sure all is well.
- Daily/weekly wellness checks.....only as requested.
- Decent help paid decent wages who are trained and have good work ethics.
- Delivery services.
- Direct caregiving.
- Duetaz is a great help. lacking is public services.
- Easy to get help when needed when alone.
- Enhance seniors' social life with friends and visitors, unless they want to be alone.
- Exercise and healthy living programs. Funding for the aging group is lacking.

- Extended day programs at senior centers.
- Financial assistance and getting correct information.
- Financial assistance with prescriptions, food & rent.
- Financial counseling.
- Free caregivers.
- Fresh hot food.
- Funding for respite care.
- General support.
- Genuine communication services such as what Anjellica does.
- Good providers. In-sync Communication with all involved entities.
- Government support.
- Having a caregiver.
- Having someone taking care of them at home.
- Help finding assisted living.
- Help getting to doctors, groceries, and a friend to talk to.
- Help w shopping.
- Help with simple household chores and meals. Grocery shopping and even preparing medications.
- Helping the elderly and sharing information.
- HIGHER INCOME.
- Higher wages for caregivers.
- Home assistance where someone comes TO your house to help with whatever needs to be done.
- Home care health is less expensive.
- Home care services, grocery delivery and help with yard and house work would be helpful.
- Home repair services are too expensive for homeowners.
- Home repairs, transportation, contact with others if living alone.
- Homecare, housekeeping, help with utilities, meals.
- House visits and financial support.
- Housekeeping & personal care. Currently at least a 1-year wait list.
- I don't have a loved one at this. timel. I own a dog who I enter in dog shows. He's my best friend along with my other friends.
- In home care that is easier to obtain - house cleaning services, home care when ill, meal prep if necessary. Lacking actual, trained personnel to handle what is likely to become a much bigger issue as "boomers" age. Governments and others must do the right thing rather than the profitable thing; see to it that caretakers are well-paid and trained.
- In home care, caregiver guidance and respite.
- In home health care, meals, visiting nurses, housekeeping, home maintenance.
- Increase medical and wellness services.
- Internet, homecare, meals.
- It is excellent!
- Keep contact with the family and person.
- Knowledge on who to call, Geriatric Solutions was a great help before Hospice of the Valley.
- Light housekeeping and transportation.

- Make sure they are safe living alone.
- Making sure that they have a trained caretaker.
- Maybe there is only someone there Now and then to Check on them. For Safety Reasons.
- Meals transportation to doctors or senior centers.
- Medicare is lacking in providing continual care. My bedbound mom has a weekly housekeeper, a chef who provides prepared meals for her every two weeks, 24/7 caregiving in her home, and a shopper. None of this is covered by Medicare. I coordinate all of it including making doctor appts., picking up prescriptions, upkeep of her home, taking the cats to the vet. It is exhausting and there is no reimbursement for me.
- Monthly or quarterly check-ins! Give us updates on programs that might help us .
- More companion care.
- More education for family members about ways to help their family members or friends and more reliance on media other than electronic. Many adults do not know, nor have access to, the electronic means. Telling family members or seniors to access info from a website or an app is not always going to work.
- More information about what is available.
- More neighborhood assistance programs for aging in place information.
- More online exercise.
- Most seniors do not ask for help often when they do remember most are not computer nor cell phone pros. Income should not always play as the main decline when they ask if they really need the help.
- Not being alone.
- One central contact who can tell you where to get the help you need (meals, transportation, respite care, home health care person).
- Our Aetna Prime Plus Plan (Medicare) has been helpful during my husband's rehabilitation.
- Outside of meals and transportation, I think housekeeping and personal care services are most needed.
- Property upkeep, home repairs, someone to call for responsibility of my car.
- Quality caregivers.
- Regular checks listening to them.
- Regularly scheduled educational programs.
- Reliable and affordable home care and respite services.
- Resource activities for preteen children.
- Resources for caregivers.
- Services: a clearinghouse model for services where Seniors sign up for listed services and a POC is put in place to initially help set up services then do monthly checks - like Mom's Meals paradigm. POC's number could be provided should the Senior need to call for follow-up. Lacking: a centralized agency. Right now, it's like word of mouth or hit-n-miss access to appropriate services.
- Social connections, help with computers/internet.
- Socialization and activities that can be done at home.
- Some form of daily check in- Some seniors have no one that checks up on them for days, it could be too late.

- Some types of services to help with mortgage or rent.
- Someone to check on them.
- Stability in services.
- Support & assistance with day-to-day tasks and errands.
- Support services: well check, healthy meals, healthy environment.
- That policy states only homebound individuals can access home health care/palliative care and it is limited, one has to be dying in order to get someone outside the home to provide care.
- The emphasis upon nutrition as a way to get well. I've seen super-nutrition cure MS, even paralysis. Big Pharma doesn't want cures, wants everyone on drugs. We need health bank accounts to use money as we see fit, not have a feckless medical system forced upon us.
- The isolation is the most difficult. Having some type of weekly activities to keep him busy would be so helpful.
- The level of care to get in-home services must equal the care given in a facility. This puts the caregiver in the home, with a lot to deal with. It would be nice to have more services to help keep them from needing a SNF. And the process to get on ALTCS is so long. It takes weeks to get someone approved.
- There are a lot of programs but people don't know about them. also, loneliness is a problem
- There is no one point of contact for them to communicate their needs and many of them are embarrassed to do so even if they have a method of communicating.
- Transportation - with all the traffic out there nowadays. Sometimes Dr. appts are further away. and would need help getting there.
- Transportation programs, home care services, respite for caregivers, housekeeping and personal care.
- True coordination across community-based organizations.
- Trusted caregivers with respite services.
- Upkeep and maintenance of home to prevent loss of value or force relocation.
- Visiting Angels seems to be a good program from the advertisements.
- Volunteers occasionally help with things such as yardwork, etc. Not enough programs at the Senior Center, resume meal services.
- Volunteers to help occasionally, such as yardwork, etc. Not enough programs at the Senior Center to resume meal service.
- We need help in keeping up with the latest technology. Everything from keeping our computer up to date and running to learning how to operate the latest tech such as downloading songs as compared to using cds. Also help us from getting scammed online by all the online scams. I would like to suggest an online service that answers all of our tech questions. Thanks
- Weekly visit and daily check.
- What I do is I call friends that are seniors and friends and see how they're doing. Can you see if they need anything on the kind of COVID-19? I've lost a lot of friends and family so I can't check on them every now and then thank you.
- What is lacking: daily wellness check by phone, twice (or more) a week visits for socialization.
- Would be nice to have a deep cleaning and windows washed once or twice a year for those who live alone and have trouble doing those chores. Also help with replacing major appliances such

as water heater, stove, etc. It's wonderful that air conditioners are replaced for those who couldn't afford it themselves.
- Yard Maintenance. A friend had to sell his home because the HOA was constantly unhappy with his yard appeal and he was physically unable to keep up with the yard demands.

What can the State do better to assist with these issues?

- (NOT SURE) Classes info and a phone number to talk 2 someone about their PERSONAL!!! concerns.
- Advertise what services they do provide.
- Advocates.
- Affordable nursing home care -- not profit-based -- some place that does not devastate the lifetime savings of a family. Very sad. Base your models on the Swedish or other Euro country models.
- Allow insurance to cover home health care.
- Always take surveys. The Area Agency on Aging is already providing respite care!
- Assist more help.
- Availability.
- Be fully committed to the cause, grow the funding and keep the money flowing to the senior programs.
- Be more concerned about the elderly, give us a raise in social security, I have trouble breathing caused by Pulmonary Fibrosis, I cannot stand for long periods, hard for me to cook for myself, even going to a dr. can be difficult, if they are on the second floor, I need a wheelchair,but nobody can wheel me up to the office. Plus loading and unloading the wheelchair
- Be more interested in helping seniors/awareness.
- Become more informed to trauma based education, then use the information provided.
- Better funding for senior programs.
- Better regulate those receiving this aid and define the caregiver's role. Scrubbing floors on hands and knees should pay DOUBLE TIME. Not a regular duty!!!!"
- Better transportation for seniors.
- Better transportation not so many "programs" one way to obtain instead of bits and pieces.
- By reaching out to one advising of programs available to me.
- By supporting home care.
- Caregivers you can trust to be honest.
- Cash assistant.
- Cheaper medication.
- Clearing house of available/needed services.
- Closer overview and mandatory certification.
- Come into current times and realize these services are needed to keep disabled seniors. contributing positively in the community. Stop the state from being so greedy and out of touch.
- Communication.
- Condense an agency, a website, some kind of support center to access ALL available info.
- Consistent evaluations on care and welfare.
- Continue respite care programs which help caregivers a great deal.

- Continue to improve AZLinks.gov. My attempt to use the site just now got partial results.
- Coordinate services between different agencies.
- Day care???
- Dial a ride in every city.
- Don't base criteria on need due to financial stability. Even folk who are stable need assistance with home care, respite.
- Don't lump handicapped or disabled persons with regular persons.
- Easy accessibility.
- Easy to locate and help needed.
- Educate.
- Email how to get help.
- Empathetic Governor.
- Emphasize super-nutritional supplement (whole-food supplements) and get away from Big Pharma tactics. People need cures from natural medicine, not drugs that just make other people money. I was an ombudsman. I know how feckless and wasteful this medical system is. Please change it.
- Enforce licensing regulations and act on complaints in a timely manner.
- Establish a daily wellness check call system.
- Expand in home services to seniors living alone.
- Expand the budget so they can hire more people.
- Financial aid and/or sliding scale fees.
- Find a way to let people know they are not alone and are cared for.
- Find better ways to reach out to older Americans. Many seniors are too embarrassed to ask for help. Senior centers are the best. I love mine here in Buckeye!
- Find lower cost help.
- Food outside what NACOG does or doesn't.
- Fund continuing education for caregivers.
- Fund stuff for seniors, life enhancing stuff like trips to museums, shows, fairs.
- Get all the seniors back there at the senior center and we can start to make money for their centers and to bring back our lunch program.
- Get more information out to elderly and assist them! Older adults are afraid of getting help because they think they're going to take their homes. Or have no SS .
- Give financial assistance for respite services.
- Governments must do the right thing rather than the profitable thing; see to it that caretakers are well-paid and trained.
- Have an on-call staff for rides or grocery shopping.
- Have low cost adult day care with transportation.
- Have more efficient and easily accessed UP TO DATE and consumer rated resources that aren't specific to one or two organizations.
- Have more home care workers.
- Have more one-on-one support services.
- Have more transportation services that include more of the Phoenix/suburb area and free light housekeeping services.

- Have ways to certify ability and assure kindness and patience of the caregiver.
- Help pay for in-home care and transportation.
- Help to reduce the cost of Assisted Living,reduce the waiting time put on a waiting list at low income housing.
- Help us with health issues and with our low incomes.
- Hire and train more caregivers (case management workers) and pay them a good salary with benefits.
- Hire people to investigate.
- I have been dealing with ALTCS to qualify my wife for assistance. She has been qualified but it took 9 months.
- I know it’s hard when you don’t have the manpower. It would be nice if you could check on the seniors trying to get help and they can't. I'm just one of the lucky ones should I pick up my wife.
- I think the state and staff are doing a good job.
- If the State would allocate sufficient funds to meet the aging-related services that'd be great for seniors. Increase wages for the health care workers. Thank you.
- Improve education and recreation programs for seniors.
- In home equipment such as lifts.
- Increase size benefits.
- Invest correctly in helping the elderly.
- I've never had to use the senior center except for fun activities. But for those that need help, hire more people.
- Just try to keep contact with the family and see if the issues they have can be addressed.
- Launching a service to help clean homes for the elderly.
- Lift the mask mandate so seniors will come again.
- Limit the clients caregivers are assigned to.
- Lobby to increase the wage and benefit package for caregivers so they can have a living wage and engage in self-care.
- Look at individuals on a case by case basis. My Mother spends all her money on bills and prescriptions for diabetes, hemophilia and dementia. There's no money for caregiver help.
- Lower your maximum income for Food Stamps & Medicaid.
- Make a qualifying list of home alert vendors. Provide information on options for in-home temporary care after surgery. Provide a list of short-term respite centers for PATIENTS, as well as caregivers. Establish a voluntary network (especially helpful to seniors who live alone) of people who could call each other if something they can't handle happens in the home. I'm sure a panel of senior people could come up with more and better suggestions.
- Make applications simpler, more funding! Pro employee labor laws.
- Make sure that they are trained the right way and are paid well.
- Medicaid.
- Money.
- Monthly or quarterly check-ins! Give us updates on programs that might help us.
- More activities and interest in seniors.
- More care assistance, classes for caregivers, lists of services available.
- More companion care available.

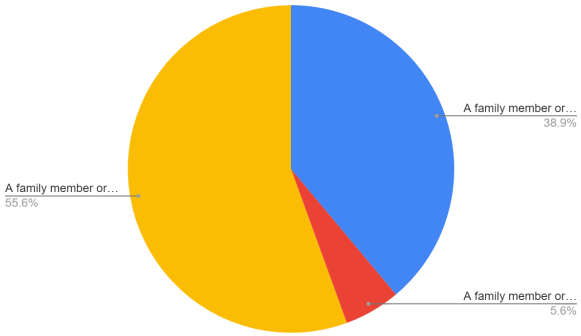
- More financial assistance to families considered middle class, not Medicaid.
- More funding for extended services.
- More programs at the center.
- More qualified people & more funds. That's not gonna happen. Gov't is WASTING too much money.
- More services & better access at the community level. Give incentive for the nurse/caregiver education promotion of these lacking under filled positions.
- More trained social services personnel.
- More training, on the job training.
- Need a test, get a license.
- Not sure except help with improving their homes by making changes like high toilets grab bars, etc.
- Offer information about services available so we can use/share them with others.
- Offer more in person case management services and community support that is easily accessible.
- Offer those services to those who have health issues and cannot do it themselves, and program for major appliance replacement.
- Offering fun classes.
- Open 100 % AND restart bingo ..... we need to be active with other seniors.
- Open Adult day care programs in Southern Arizona.
- PAY RESPITES BETTER.
- Provide a caseworker for my mom to coordinate these things instead of telling me where to go for the services. It is time consuming, exhausting and never ending.
- Provide additional help for seniors so they can be in their home with familiar surroundings.
- Provide information to seniors associated with services available.
- Provide mailings to seniors with information about services available to us. Many of us are not electronically savvy or able to drive to centers to obtain information.
- Provide more funding and programs to assist especially in transportation. Many seniors miss their dr. appointments or dialysis due to lack of transportation or transportation is costly.
- Provide more funding for assistance. Help the surviving spouse retain hard earned retirement funds so that they aren't left without the financial support to help them live out their lives.
- Provide more services and cut waiting lists! Concentrate on the most needed services for the majority? Also just because some people have money doesn't mean they don't need services. Encourage contributions. The state could also push for more money for dental, hearing aids and glasses - the 3 things that medicare does poorly on. Even if the dental was primarily dentures that would be a big plus!
- Provide names of caregivers who are trustworthy and caring
- Provide opportunities for home visits with volunteers trained to facilitate services such as activities and socialization!
- Provide relief for caregivers.
- Provide temporary stays in assisted living as respite care for caregivers.
- Providing the needed services with the cost being a percentage of the senior's income allows the senior enough funds for food, medication, rent and utilities.

- Provide the same financial support to kinship caregivers who received their grandchildren without going through CPS as they give those that did have to go through CPS. We have the same expenses and needs. We also have the same expenses and needs as foster care providers. By keeping our grandchildren out of foster care, we have saved the State a lot of money. Help us out a little bit. Having to work when you are 75 is extremely hard on top of raising 2 pre-teens who I have had since they were infants.
- Recognize it as a crisis of care.
- Respond IMMEDIATELY to contact via email, letter, phone call. Delay to receive a reply could be deadly and or injurious.
- Screen caregivers.
- Set policy and guidelines and contingency plans for individuals not a blanket guideline.
- State should provide more affordable senior living. They need to reach out to seniors and let them know what services are available.
- Stop increasing the salary of AZ govt officials: use those monies to set up/increase support to AZ's aging population and needed services. Stop living in the 1940's: life has changed - change with it. There no longer exists the kids taking care of parents/ 'BootStrap' society model. And, finally, as a former elementary school teacher: STOP increasing the salary of school superintendents: use that $$ for teachers' salaries and needed classroom supplies.
- Stop putting everyone in a cookie cutter solution and deal with individual needs and services.
- Streamline the bureaucratic red tape.
- Support groups like PCOA.
- Support Senior Centers so they can offer a wide variety of services.
- Tax breaks for caregivers.
- The caregivers pertaining to the same zip code and bilingual personal and more services for home repair for senior homeowners.
- The information I receive at the Senior Center keeps me informed.
- The State can continue to do Nursing Home and Elderly Care Facility visits to maintain standards and laws.
- The state has been wonderful. I appreciate your help.
- Thorough assessment of potential caregivers.
- Tight licensing and INSPECT INSPECT INSPECT set high standards.
- Training, security clearance.
- Treat seniors right, we're not dead yet.
- Try to keep contact with the seniors with their needs.
- Understanding of rural communities.
- Unknown. Too much misinformation or not available. Never something for nothing. MAKE IT EASIER AND ZERO OR NO COST FOR SENIORS TO GET EQUITY DOLLARS FROM THEIR HOME LOANS TO MAKE NECESSARY LARGE REPAIRS OR REPLACEMENTS TO HOMES!
- Vet the caregivers and the State should cough up some money to provide for Home Health Care.
- We haven't had to rely on the State of AZ during my husband's illness and recovery.
- Wish I knew of some common sense ideas, as this is a real problem.
- You're doing a great job.
- Your Programs and Employees are outstanding! Thank you very much!

Family Caregiver Survey

(The Family Caregiver survey (like the Customer Survey) questions were Identified by the SUA with input from AAAs, statewide agency's needs assessments and key stakeholders.Due to the COVID-19 pandemic we have been unable to meet with providers in group settings requiring our surveys to be sent via email. Email addresses were retrieved from lists provided by the DAARS system for direct emails, surveys were also shared by the AAAs with customers in their databases. The surveys were compiled in Google which translated responses into tables for review. The responses to these surveys give us an idea of how our services assist providers of care to customers and where improvements are needed)

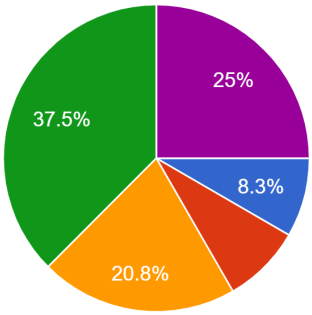
I provide/provided unpaid care for… (18 responses)



A family member or friend who lives with me under the age of 18	7
A family member or friend who lives with me between the ages of 19 and 59	1
A family member or friend who lives with me over the age of 60	10

This person or persons has/had... N/A

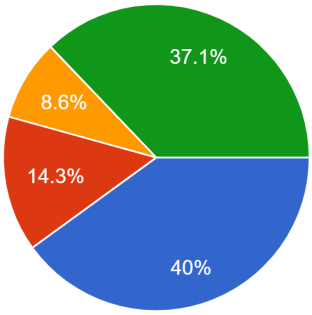
24 responses



- Physical or intellectual disability
- Dementia
- Chronic illness
- Age-related frailty
- Has no disability but is a minor in my care

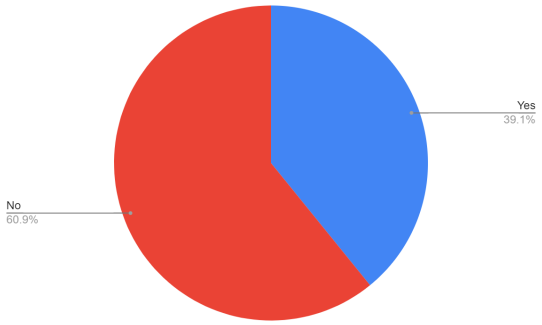
As a Caregiver, do you have a local immediate alternative (or back-up) caregiver in the event you experience an emergency prohibiting you from providing care to your recipient? N/A

35 responses



- Yes, I have a local individual who can provide emergency care in my absence.
- No, but I am working on a plan.
- No, I have no one locally available to assist with emergency care.
- I am not concerned with this issue.

Are you aware of the State Health Insurance Assistance Program (SHIP) hotline which provides free benefit counseling for Medicare beneficiaries and their families and caregivers? (46 responses)



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

- I can't answer for caregivers that people have all I can say is I do another to give it to my wife because she Blind she got this with five years ago and I've taken care of her every day I Feed her and clean the whole house he can still walk into something but not much.
- Having been a caregiver for both of my parents, it does take every ounce of your energy and emotions as you dedicate your life to that caregiving while still performing the duties required for your own self existence. Understanding the pressures that I was facing would have really made a difference because I felt very alone since none of my other friends were going through the same kind of situations yet.
- Access to a healthcare advocate.
- Again the difficulty of caregivers obtaining services on our behalf.
- All sorts of caregivers. some with training and some without, some honorable and some not so much. Hard to find in this labor market. Salaries do not promote good caregivers and many cannot afford good caregivers.
- Are they properly screened and adequately paid to attract quality people to the job.
- As a son of an 87 year old, (my mother) just being able to get her qualified to be accepted into long term care facilities (in a very tight timeline) Not enough space in my community.
- As the caregiver for my spouse I need respite.
- Background checks, training.
- "Before Trualta came into my life, I felt overwhelmed. For 57 years, both of us worked on maintaining our home, and he did the yard, the cars, errands, etc. Now I'm responsible for almost everything. He will not consider hiring outside help. So Trualta has given me ideas, information, emotional and educational help, and encouragement. Our only family are our daughters, one living in the northern California area, and the other in Oregon--both with very demanding jobs and household responsibilities. I'm so afraid that if I had an emergency and had to be in the hospital, he could not understand what happened, and he definitely could not

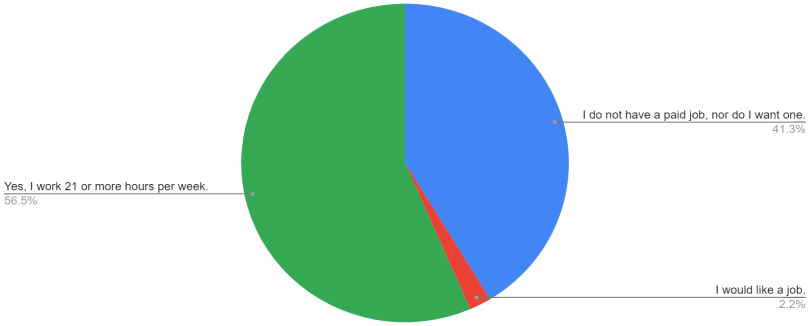
live alone here in the house for more than one day by himself. Both girls need a full day of traveling time to get here.

- Being able to identify reliable help around the house as my husband requires more time.
- Being able to keep her at home until the end and having equipment and assistance to help
- Being victimized by unscrupulous caregivers.
- Better pay a larger pool.
- Burnout! I am truly BURNED OUT beyond burnout.
- Caregivers are not properly trained and even less so if they are family members, and are expected to perform tasks that are nursing/physical therapy related and are not compensated for such tasks. Caregivers do not do enough and if they are only compensated for a minimum amount of hours even though the loved one needs care 24/7.
- Caregivers don't know about how nutrition can heal and get people back on their feet.
- Caregivers having too many clients.
- Caregiving and having to "do it all" can be physically draining. Important that caregivers get plenty of rest and reach out to family members.
- Caregiving and working a job to pay our bills.
- Cleanliness and abuse.
- Compassion. Reliability.
- Cost of having a caregiver and wait time for ALTCS.
- Easy access to support services and programs. The services are available BUT finally connecting with them is very frustrating and time consuming.
- Education about resources.
- Exhausted, could use a 1/2 day break. Instructions on how to best assist my person, how to deal with wakefulness at night, especially on a busy street.
- Exhaustion. Feeling defeated. Not enough in-home help depending on the caregiver - many are family members or spouses. The spouses suffer!
- Expensive.
- Fatigue, mental health.
- Financial burden and respite, along with labor laws which are not helpful.
- Getting an occasional respite from caregiving. Even a few hours once a week to go shopping or get away.
- Having to work full time and Caretaker at age 60!
- Honesty, integrity.
- Housekeeping and Personal Care.
- I am concerned with being able to get away to take care of personal business.
- I am still employed full time in addition to caring for my spouse (70+) whose dementia is progressing. It would be very helpful if the State could provide senior programs such as music-exercise virtual classes as well as in-home health care in order to meet his needs.
- I am the one who has been taking care of my disabled husband (caregiver) since 2009 but without receiving any money for that though I am a disabled citizen myself.
- I have no issues or concerns at this time.
- I have taken care of my mother.as a caregiver. My mother was easy to help out as we got along Good together..

- I would like to know that people are truly vetted.
- If I am doing the best for my LO.
- I'm the caregiver to two pre-teen grandsons. My concern is the lack of support from the State to assist me and other kinship providers. I am retired but have to continue to work to provide food and housing.
- Inability to understand Medicare, insurances, cost of medication and long term care for loved one.
- Insurance and respite.
- Keeping my sanity.
- Lack of availability and access to high quality direct caregiver workforce.
- Lack of day care programs for persons with dementia in Tucson.
- Limits to educational resources.
- Losing who I am and the life I want to live.
- Making sure that they are kind and caring.
- Meal program.
- Medical background, First Aid & First Aid, AED qualified.
- Monthly or quarterly check-ins! Give us updates on programs that might help us.
- More access to support and other options in addition to electronic media. Spread the word somehow! Pre-COVID-19, I personally saw a very good turnout to a well publicized presentation on Alzheimer's education at our local, rural hospital. To me that confirmed how great the need is and I live in a smaller town.
- My concern is, if I get sick, who will care for my career?
- My Mother makes too much money to receive state benefits of any kind.
- Need more assistance.
- No smoking policy.
- NO ONE EVER TRIED A CAREGIVER OTHER THAN MY OWN WIFE.
- Not attentive enough to the needs of the person being cared for. Limited hours to care for them
- Not nearly enough respite care and no follow through with the organizations that provide funding for in home respite care.
- Only Trust and Care.
- Qualified medical abilities.
- Reliable and honest.
- Reliable and trustworthy.
- Respite.
- Retaining mental strength, not losing self, consistency in care, maintaining loving atmosphere, respite assistance, the opportunity to communicate with others in meaningful dialogue which is something dementia removes.
- Safe with a caregiver.
- Security.
- Staying healthy mentally, emotionally, physically, and spiritually.
- Stress, burnout.
- Support from management.
- Taking breaks and having fun events.

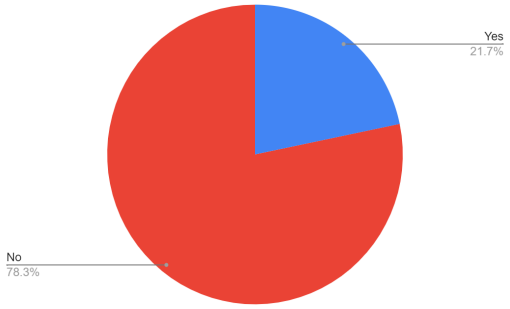
- That caregivers be certified as having had instruction and experience in caregiving.
- That the stress of caregiving could adversely affect the health of the caregiver and leave the disabled without care.
- That they are honest.
- Their work to $ ratio.
- There is no break. Have no family or friends to share the load.
- They know how to help the customer.
- Time Off!!!!!!! We run out of family members and need assistance from SOMEONE. PCOA offers some care, as do medical plans but Please think about a centralized organization that can coordinate mental health care for Caregivers.
- Training and education of caregivers.
- Transportation.
- Unreliable, poorly trained, uncommitted.
- Unsure, too much inconsistent information.
- Was a caregiver. Now I'm in need. Burn out with feeling guilty.
- What are their qualifications?

What is your employment status? (46 responses)

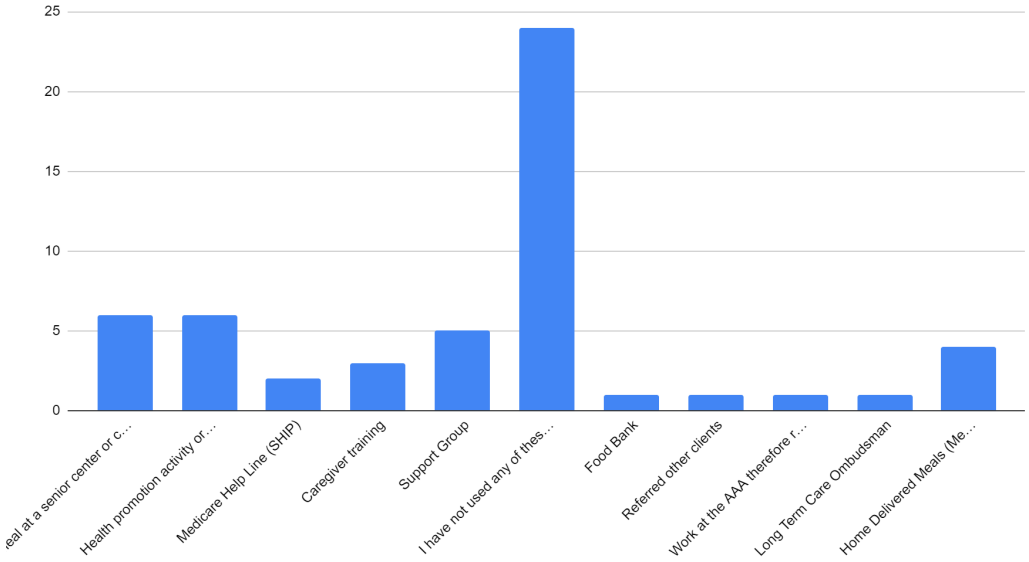


I do not have a paid job, nor do I want one.	19
I would like a job.	1
Yes, I work 21 or more hours per week.	26

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 and/or work-based training opportunities? (46 responses)



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

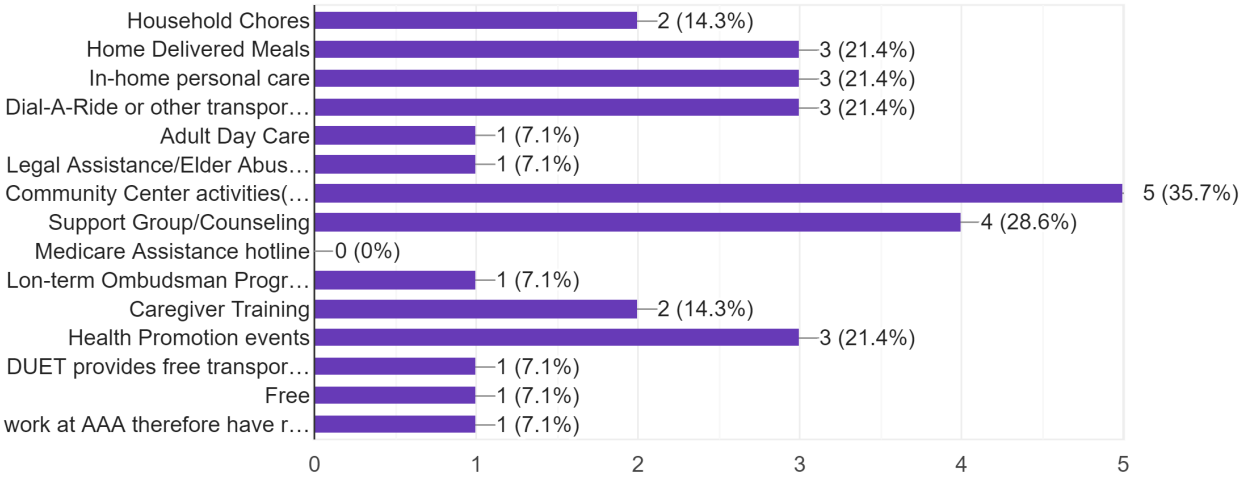


Meal at a senior center or community center	6
Health promotion activity or class, such as Silver Sneakers, Matter of Balance, etc.	6
Medicare Help Line (SHIP)	2
Caregiver training	3
Support Group	5

I have not used any of these services	24
Food Bank	1
Referred other clients	1
Work at the AAA therefore refer clients to these services	1
Long Term Care Ombudsman	1
Home Delivered Meals (Meals on Wheels)	4

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.

14 responses



- Household Chores
- Home Delivered Meals
- In-Home personal care
- Dial-A-Ride or other transportation service
- Adult Day Care
- Legal Assistance/Elder Abuse hotline
- Community Center activities(programs/meals)
- Support Group/Counseling
- Medicare Assistance Hotline
- Long-term Ombudsman Program
- Caregiver Training
- Health Promotion events
- DUET provides free transportation. I volunteer and help seniors.
- Work at AAA therefore have referred clients to these services

In the next decade more Arizona's will turn 65 than at any time in the past, how do you feel aging services organizations should be evolving to meet those needs? Provide transportation to dialysis patients, and residents who don't qualify for AHCCCS/ALTCS, Help with home repairs, plumbing, Social activities.

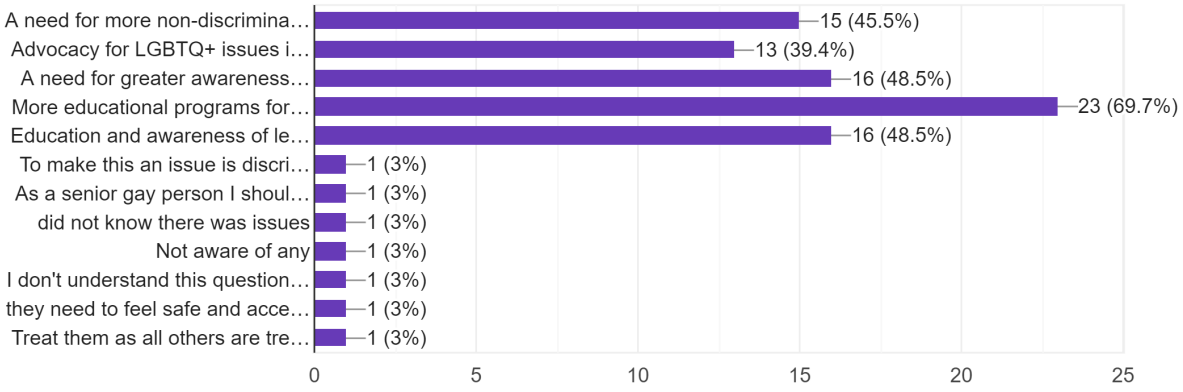
- Affordable, accessible, and plenty of senior housing needs to be the top priority.
- Aging services need to have a more innovative approach to care, increased access to home and community-based services, expanded opportunities to bill for services.
- Better access to health care specialty providers or in home health by using technology.
- Continue to hire qualified Caregivers to meet the needs of our aging population.
- Expand your housing services for seniors and create a network of 24 /7 wellness and medical support providers.
- First, aging systems need to be adequately funded. Presently, they are significantly underfunded and unable to meet the current demand for services. Second, the aging service organizations need to be advocating for additional funding now and not wait until the only alternative is to cut services. This does not address the needs of aging populations and is the antithesis of being community-oriented. Last, aging organizations should expand their service array to address the larger social determinants of health faced by aging populations - increasing risk of homelessness, increasing poverty rates, isolation and lack of natural support systems.
- I think it's imperative that aging services find new ways to help the elderly figure out technology and how it can help them in ways that they might not have thought of. Having the internet and a smartphone can enable them to access applications that can help tremendously with their health and safety. Many of these folks are just alone in their homes and don't have families that can help them, and I think there is a way that technology can remove a lot of the danger of them being alone. Additionally, I think there should be a program to help them pay their phone and internet bills as well.
- I'm a retired senior, but financially and physically independent. I'm filling this out as a volunteer with Duet, so not all of this applies to me. My main concern is dealing with high housing costs for elderly and low income people. We have plenty of models of cities which have failed. Where do we look for successful models? Living downtown and knowing the low-income unit provided in some developments is encouraging. However, knowing that those units set aside for low income revert to market rates in a few years is distressing to say the least.
- In my experience here at the Payson Senior Center and at previous positions within our retirement-age community, the need seems to be almost exponential each year. Within our own senior transportation service, the Senior Express, we often have days that are fully booked, leaving many seniors without transportation access for that day.
- We should be evolving in a way to be able to meet the demands of our senior community's transportation needs by planning for the additional clients in advance. We should be seeking funding now for expansion of all senior transportation programs to be able to serve as many individuals as possible and enhance our communities through enhancing the lives of our elderly as they seek transport to medical appointments, grocery shopping, and social activities.
- We should be seeking to expand our fleets and staff to be able to meet these growing demands.
- Increase ability for seniors to be comfortable with and utilize electronic communications.

- Increase the wage for the caregivers.
- Look for innovative ways to reach the population and evaluate what services they may be in need of. If the services align with our organization, slowly ramp up and prepare.
- More age in place services and wider para transit options.
- More available services, more volunteers to offer assistance. Promote through the media and have sponsors who will offer financial support on various social media. Contact caregivers of parents and work with hospices to see who needs support and service.
- More housing and senior resource centers.
- More public transportation is needed. Especially in Pinal County.

- More services which means more people willing to provide their time to provide the services needed. Which is not going to happen.
- More technical support. Hard for them to navigate.
- Plan for assistance at all income levels.
- Prepare for a wider spread in income levels. Workforce development to meet the growing need - case managers, social workers, senior caregivers, family support groups, dementia care specialists.
- Provide more in-home support for those who do not qualify for AHCCCS. There are too many seniors that come to AZ to retire and often find themselves alone with no family support once they've aged, run into a medical crisis which limits their daily functioning abilities or a spouse dies and they are still here and now alone with no family or support. I've witnessed too many seniors who should not be caring for themselves alone without mobility support, meal prep, medication reminders, companionship and they are below the level of needing 24 hour support in a nursing facility but struggle with daily tasks to maintain their health.
- Recruit more volunteers.
- Statewide committee meetings with how to support the needs of this demographic.
- The ability to care for the aging in their own homes is a key factor.
- The elderly need help with home repairs and simple things getting the house ready for summer or winter.
- There has to be a way to advertise more to seniors with the help that is available. I wish there were some place like a school or hotel banquet room where seniors could get at least 1 meal a day. So many don't eat well or can't afford groceries, or can't cook. I wish there was a way the Federal Government could provide a meal like they do for students. I wish there was more help on housing for seniors. So they could understand about independent living, caregiving services, etc. There just needs to be more help for people turning 65 to understand how to plan for retirement.
- There are not enough agencies to assist seniors.
- They should be offering more services for cultural identity especially for LGBTQ+ population.
- Transportation, assist with home repairs and extermination services.
- While helpful there could be more services available.

In your opinion, what are the greatest issues facing aging for the LGBTQ+ individuals? Check all that apply.

33 responses



- A need for more non-discriminatory, affordable LGBTQ+ friendly housing., Advocacy for LGBTQ+ issues in medical facilities and long-term assisted living facilities., A need for greater awareness and training of LGBTQ+ issues for medical facilities staff., More educational programs for general awareness of issues facing aging LGBTQ+ citizens, Education and awareness of legal and financial issues associates with LGBTQ+ aging citizens.
- Advocacy for LGBTQ+ issues in medical facilities and long-term assisted living facilities., More educational programs for general awareness of issues facing aging LGBTQ+ citizens.
- A need for more non-discriminatory, affordable LGBTQ+ friendly housing.
- More educational programs for general awareness of issues facing aging LGBTQ+ citizens
- I don't understand this question. They are humans, don't we treat them like anyone else? Are you discriminating against them?
- To make this an issue is discriminatory against those not LGBTQ+.
- More educational programs for general awareness of issues facing aging LGBTQ+ citizens.
- As a senior gay person I should be aware of resources to track, treat and prevent anti-gay hate crimes. I'm not aware of any, and presume my LGBTQ friends are not as well.

What makes it possible for older adults and those with disabilities to continue living in their homes? Strong family support system, Home and Community-Based Services, Church based support.

- Accessible transportation; assistance with evolving technology.
- Adequate safety measures built into the residence.
- Affordable housing is number one. Usable and efficient transit is another.
- Agency supports money and things (food).
- Basic services: meals, transportation, in-home medical services, regular visits from case managers or social workers, neighbor to neighbor peer groups.
- Caregivers and Family members to provide homecare. Minimal assistance in the home setting can maximize independence for those with disabilities.

- Cleaning and meal services. government financial assistance.
- Easily available , safe, and, especially, affordable (or some free) services, Family, affordable housing, knowledge of needs. Not a general State one size fits all rules.
- Fear, pride, unwilling to ask for help, not having someone to ask for help, unaware of resources, etc.
- Having a safe place to live through nutritious meals, home repairs and DME.
- Having physical and emotional support.
- Having support available as needed and income that allows them to self sustain.
- Having the financial means and family support.
- Home and Community-Based services, family education/support, increase in quality of life for the person living with cognitive and physical challenges.
- Home and Community-Based support are the best options. Churches usually meet an immediate need or temporary support and then try to point individuals toward outside assistance. Even with strong family support, there are not enough hours in a day, finances available, or endurance to manage ongoing support. Families wear out from managing their own daily lives when they have jobs, children, medical/health issues, homes to maintain. A second home and daily care adds undue pressure and weight and creates a strain on family support. It forces family members to take on responsibilities that begin to strain family relationships between those who are providing care against those who are not and even between spouses where one spouse's parent is creating greater burden which creates division and stress between the adult children and their marriage. This is an ongoing issue I see daily. HCBS is the better answer which allows enough daily support to offset high costs of facility care, offers companionship consistently rather than only on weekends or intermittently when the family can help with an individual's needs; and more importantly, creates a bridge in communication between medical professionals who should remain up to speed on new or advancing health concerns and helps to encourage good health practices of those individuals being cared for based on HCBS caregiver's training and awareness of common issues facing elders.
- Knowing that they have someone to call, it does not matter if it is a family member, friend or agency they just need resources or individuals that will be there when they need something like home repairs, groceries or transportation. And agencies need a better list of what agencies are out there that provide the services to ensure that the elderly and disabled know who to call.
- Medication Management, Food Preparation Management, Shopping Assistance, Cleaning.
- Organizations like Duet that can help pick up groceries, medications, some handyman work, computer work, etc. I wish there were more organizations and more volunteers. Especially services that can come to help clean their homes/apartments. More caregivers and nurses coming to a person's home instead of the person having to arrange for rides to their appointments.
- Organizations like the Payson Senior Center help to provide these crucial services to older adults and those with disabilities by providing the Senior Express program to connect our homebound clients to their community. This program is made possible from government funding, as well as private donations. It takes an effort of an entire community to ensure that programs like the Senior Express continue. Informing the community of the importance of these communities are also a vital step to ensure the longevity and prosperity of the program.
- People who will visit them, take them shopping or out to social activities.
- Programs that provide services such as housekeeping, assistance with shopping, other basic ADL's to help seniors.

- Services for food, transportation, low income services, affordable rent, additional cleaning and palliative care services if needed.
- Services such as Duet where people can help them with grocery shopping, house work, etc.
- Someone needs to provide transportation, and/or deliver goods like groceries and Rx.
- Strong family support.
- The greatest barrier for independent living in Maricopa county is transportation. It is very limited, very difficult for people with disabilities to access too many programs that are too complex to use. Needs to be streamlined.
- Things we do not already do with these programs include Weatherization and major and minor home repair programs. As I mentioned above, technology could help a lot as well. And of course, the things we already do, such as bathroom safety modifications, other home accessibility modifications, nursing and home visits, etc...
- Wraparound support services that include both home-care services, but also social services that address isolation, access to food, transportation and medical care.

If you have any further comments, please provide below.

- I love the idea of including LGBTQ+ information and training. We need that. I also believe we need to look into technology as I mentioned above.
- need more options when asking questions. I would like to have highlighted 2 and was only allowed one answer.
- Senior housing is very scarce.
- Thank you for taking the time to address these important issues.
- Though I am a senior, I volunteer my services at Duet Arizona. I drive “duet neighbors” to doctor appointments. I see and listen to the people I help share their troubles and concerns with me.
- We need to spread the word that help is available.

Arizona State Plan on Aging 2023-2026
Appendix H: AAA Needs Assessment

AAA partners prepared and developed respective area plans for a two or four-year period. These were to provide, through a comprehensive and coordinated system which included focus groups as well as surveys for supportive services, nutrition services, and other services. However, due to the COVID-19 pandemic, some AAAs opted to use data from a prior needs assessment, while also considering the effects of, as well as recovery from, the pandemic. Area demographic and health statistics were also collected and analyzed as well as input from community partners such as senior centers, local health organizations, faith-based organizations, social service, and public agencies.

PSA REGION 1

AREA PLAN

NEEDS ASSESSMENT EXTRACT

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 support, 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 citywide expos which attracted seniors from all over Maricopa 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 time frame. 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 training 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.

PSA REGION 2

AREA PLAN

NEEDS ASSESSMENT EXTRACT

Part III: Public Needs Assessment Procedure

Needs Assessment Introduction

Due to the COVID-19 pandemic, PCOA did not conduct a formal community needs assessment in 2020 as planned. The past year has highlighted many of the needs that PCOA identified in the 2016-2017 planning process and exposed some new needs as well. As the community begins to recover from the devastation of COVID-19, PCOA continues to remain cognizant of the needs of older adults, especially those who are socially isolated or lack digital proficiency or access. For the purposes of this planning period, PCOA will continue to use data from the 2016-2017 community needs assessment. In addition, PCOA will note demographic changes as identified by the US Census and report on apparent needs of older adults since the last community needs assessment occurred.

Procedure and Methodology of Assessment

For the 2016-2017 planning cycle, PCOA used a three-pronged approach to collecting data that had proven effective in previous years. This approach included a community needs assessment survey distributed to various locations and in various formats throughout the county, focus groups with sub-contracted providers to gauge community need in PCOA's service population, and community listening sessions at large for people to voice concerns. In consultation with the Pima County Health Department, the formatting of the community survey was modified, and a few questions were added. The new survey areas focused on the use of prescription pain medication and determining the concerns of LGBTQ+ older adults. PCOA also expanded the number of listening sessions from ten in earlier assessments to twelve, providing more opportunities for people living in rural areas to engage with the process.

Data was collected over a three-month period and resulted in:

- Six focus groups of professionals working with and providing services to older adults.
- 2,251 survey responses tabulated through Survey Monkey from people 60 years of age or older.
- Twelve public listening sessions held throughout the community with Spanish language interpreters, including in Tucson, Green Valley, Sahuarita, Marana, Tucson Estates, Catalina, Amado, and Ajo.9 2021-2023 Area Plan on Aging – Pima County, Arizona - Region II

Focus Groups

Representatives from health, housing, homecare, and social service providers were invited to participate in focus groups held at various locations in Pima County during November and December 2016. The questions discussed at the focus group were sent to participants in advance of the meeting. Those who were unable to participate in discussions were invited to review the questions and return responses to PCOA to include in the finalized report. It was imperative to listen to the concerns of service providers for two reasons. First, these providers give a "boots on the ground" perspective of work being done at a personal level with older adults in need. Secondarily, there are various workforce concerns that could be

barriers to providing service. This would not have been captured through community surveying or generalized public listening sessions. Twenty-six agencies provided written and/or verbal responses.

Community Needs Survey

To widely assess the needs of the community, PCOA worked in conjunction with the Pima County Health Department to revise the survey used in the previous planning period. The survey was distributed in both English and Spanish and was available for completion electronically via Survey Monkey, published in PCOA's newspaper, Never Too Late, and distributed through various community channels. These included participants in congregate and home delivered meals, members of numerous clubs and organizations with large older adult memberships, service recipients of various social service providers, in faith communities, and through neighborhood associations. By distributing this survey widely in both Spanish and English, using a variety of media outlets, and engaging with participants electronically through a digital version of the survey, PCOA was able to provide an inclusive way that older adults were able to voice concerns and needs in the community. 2,251 surveys were received and tabulated with responses coming from all geographical areas of the county.

Listening Sessions

PCOA held twelve listening sessions located at various sites in Tucson, Green Valley, Marana, Sahuarita, Tucson Estates, Catalina, Amado, and Ajo. Each meeting had a panel composed of PCOA staff, members of the Board of Directors, and members of the Advisory Council. Notice of these meetings were sent to newspapers and radio stations, an article was published in PCOA's 10 2021-2023 Area Plan on Aging – Pima County, Arizona - Region II newspaper, Never Too Late, and information was distributed through various organizations that serve primarily older adults including clubs, organizations, centers, and services providers in the area. By providing the listening sessions in various communities throughout the county, including some of the county's most rural locations, PCOA was able to obtain more information from a more diverse array of older adults. Moreover, the listening sessions were widely promoted using various media outlets including radio and print media allowing for a broad cross section of the community to engage with the process even if they were not currently receiving community services. Around 140 people attended and shared their comments and concerns.

Partnerships and Strategic Outreach

PCOA worked in conjunction with the Pima County Health Department to identify questions to specifically gauge the need of certain communities, most prominently the LGBTQ+ community. The University of Arizona also provided assistance in mapping and identifying demographic information used to the analysis of these data collected. PCOA strategically used outreach opportunities through their vast networks of media outlets to ensure that the opportunity for input was widely available to Pima County's older adults and their caregivers.

Moreover, over the past four years, PCOA worked with various community partners to continue assessing and developing new techniques to address community needs. Most notably, PCOA was the principal author of the AgeFriendly Tucson Plan, adopted May 2019 by the City of Tucson Mayor and Council. The Age-Friendly Tucson Plan and the City of Tucson P-CHIP plan both use PCOA's A Report to the Community, a summary of PCOA's findings in the 2016 community needs assessment, as a foundational document for on-going public policy development. PCOA's A Report to the Community, and the City of Tucson Age-Friendly Plan can be found at pcoa.org.

Community Need During the Pandemic

The COVID-19 pandemic drastically changed life for everyone, especially those who are older adults living with one or more comorbidity. Services had to adapt to a virtual format to account for social distancing recommendations from the Centers for Disease Control and Prevention and the Pima County Health Department. In March of 2020, PCOA sent 80% of its work force home to work remotely.

Congregate meal locations switched to grab 'n go meals. Community need was at and continues to remain at unprecedented levels.

While it is important for PCOA to offer virtual services, and older adults have and will continue to benefit from them, many others were left behind because of lack of access to technology or fluency in using it. For a variety of reasons, PCOA knows that many older adults are best served in person. Moreover, physical distancing has provided all levels of society with an acutely aware perspective of how social isolation affects mental and emotional health. For too many older adults, this was the reality prior to the pandemic and will continue to be for years to come.

Addressing the needs of the community during the COVID-19 pandemic over the past year has been telling of societal challenges the community will continue to endure. The pandemic has laid bare the inequities in society, whether it is inequity in income, race, gender, age, or any other status. Issues surrounding food insecurity for older adults and addressing the digital divide generations face is critical to facilitating growth in the future. Growing demand for in-home support services will only increase the already unmet need for a larger, better trained direct care workforce.

Funding for critical supportive services, affordable housing, nutrition services, health care, and so much more needs to remain at the forefront of collective agendas and will be as PCOA continues to advocate on behalf of older adults.

The Needs Assessment's Impact on Area Planning

As the Area Agency on Aging, PCOA is responsible for identifying community needs, planning, development of services to address community needs, and administration of services. In this plan, PCOA identifies strategic and operational objectives aimed at meeting the community needs. Over the past four years, PCOA worked to meet some of the emerging needs identified in the 2016 planning process. Since the 2016 needs assessment, PCOA has been a leading voice in the development of the direct care workforce. In 2018 the organization opened their Katie Dusenberry Healthy Aging Center, which has a skills lab specifically designed to teach family caregivers and direct care workers how to provide care in a home setting. In 2020, the CareGiver Training Institute joined PCOA's family of non-profit companies to expand the supply of direct care workers in the community. Also in 2020, PCOA partnered directly with the 12 2021-2023 Area Plan on Aging – Pima County, Arizona - Region II Administration for Community Living to begin Dementia Capable Southern Arizona, an initiative anchored at PCOA.

PCOA will continue to work to address the community needs identified during the 2016 needs assessment as outlined in this plan, but they will also work to address emerging community needs that have been laid bare by the pandemic.

See Appendix V for a chart of major comments received from all sources during the 2016 needs assessment and Appendix VI for updated demographic information reported by the US Census.

PSA REGION 3

AREA PLAN

NEEDS ASSESSMENT EXTRACT

Introduction

The Northern Arizona Council of Governments (NACOG) contracted with the Laboratory for Applied Social Research (LASR) within the Department of Sociology at Northern Arizona University (NAU) to help conduct a 2021 Community Needs Assessment designed to gather qualitative and quantitative data in order to assess the general service needs of the northern Arizona region (Apache, Coconino, Navajo, and Yavapai counties, except for Native American reservations).

Together, these four counties cover 49,000 square miles, making NACOG the second largest council of governments in the nation. The area is predominantly rural, with some residents clustered in population centers such as Flagstaff, Prescott, and Sedona and others dispersed widely around smaller cities and outlying rural areas. Grand Canyon cuts across the region, intensifying the problem of geographic isolation for some communities. The population is diverse in terms of race, ethnicity, age, and income. Although the geographic area addressed by this needs assessment does not include Native American reservations, a significant portion of the remaining population is nevertheless composed of Native Americans. Latinos also make up an important part of the area's residents.

The community needs assessment was performed with particular regard for understanding needs and barriers to services experienced by low-income and older populations, residents with disabilities, and individuals of diverse ethnic and racial groups representative of the demographics of the four counties.

This assessment supports the development of two Area Plans. One, submitted every four years by NACOG's Area Agency on Aging to the State Agency on Aging, enables receipt of awards or contracts from the State Agency's grant provided under the Older Americans Act. This plan is the blueprint by which the Area Agency develops and administers a comprehensive and coordinated system of services and serves as the advocate and focal point for the older people in the Region III Planning and Service Area. The second Area Plan supported by this assessment is submitted by Community Services to assist low-income families and individuals in moving from public assistance to self-sufficiency.

This report outlines the findings of this assessment, in terms of the results of a community needs assessment survey, analysis of United States Census Bureau data, and findings from interviews with NACOG Regional Council members.

Methodology

Data for this community needs assessment were collected in three ways:

- A survey of residents of NACOG's service area was conducted
- Interviews with members of the NACOG Regional Council were conducted
- Data were obtained from the U.S. Census Bureau's website (data.census.gov)

The survey was developed in a collaborative effort between personnel from NACOG and NAU, and took as its starting point the survey used for the 2016 NACOG community needs assessment. The current survey questionnaire consisted of questions on a range of topics, including residents' unmet needs and barriers regarding employment, housing, transportation, healthcare, and the like. Additional questions were added in an attempt to gauge the effects of the COVID-19 pandemic.

English-language and Spanish-language versions of the survey were developed (see Appendices A and B for these survey instruments). The survey was distributed electronically and on paper by NACOG personnel. Unfortunately, the COVID-19 pandemic hindered efforts to distribute the survey, as many community centers and similar facilities that would have served as key locations for the dissemination of the survey were closed.

Survey distribution took place between November 2020 and February 2021. In all, 322 surveys were submitted, of which 228 were fully completed. Most (272, or 84%) were submitted electronically, while 50 surveys (or 16%) were submitted on paper and subsequently entered into the electronic database by NAU personnel. Survey respondents were self-selected and cannot be said to constitute a representative sample of residents of the NACOG service area.

Interviews with four NACOG Regional Council members were conducted. One council member from each of the four represented counties was interviewed. These interviews took place in lieu of the originally planned community forums, which were unable to be held as a result of the COVID-19 pandemic. Interviews were conducted over Zoom teleconferencing and lasted about one hour each. Topics covered in the interviews included employment, transportation, housing, education, healthcare, nutrition, law enforcement, and the effects of the pandemic.

Also analyzed were data from the US Census Bureau, including information from the American Community Survey, which is conducted each year with a sample of U.S. residents. It must be noted that due to the particular requirements of NACOG's federal funding contract, this community needs assessment generally does not encompass the areas of the four-county region that are part of federally recognized Native American reservations. However, Census data discussed in this report do cover the entire four county region, including the Native American reservation areas of the counties.

Overview of survey questions about needs

The community needs assessment survey began with a series of questions asking about unmet needs. Respondents indicated whether each in a series of 21 potential needs represented a "significant need," "somewhat of a need" or "not a need."

The graph on page 6 summarizes the responses to these questions, listing the needs in order of highest to lowest percentage of respondents characterizing them as a "significant need." "Housing repairs" is the item that the highest percentage (29%) of residents of the NACOG service area said was a "significant need," whereas only 3% of respondents indicated that "domestic violence services" constitute a "significant need," placing it lowest on the list.

In an attempt to gauge the effect of the COVID-19 pandemic, an addition was made to the questions about potential needs, asking whether the pandemic had made each item a bigger need for the respondent. The responses to these additional questions are summarized on page 7. "Food/nutrition" was the item most impacted by the pandemic, with 43% of respondents saying that the pandemic had made this a bigger need for them. In contrast, only 6% reported that the pandemic had caused "domestic violence services" to become a bigger need, the lowest such figure.

Many of the survey questions about unmet needs were also asked on a similar survey conducted as a part of NACOG's 2016 community needs assessment. The graph on page 8 compares the responses to these questions in 2021 to those from the 2016 survey. Items are listed in order of greatest change towards "significant need" from 2016 to 2021.

"Caregiving (for children)" saw the biggest increase of this sort, rising from 10% calling it a "significant need" in 2016 to 17% in 2021. On the other hand, while 33% said that "transportation" was a significant need in 2016, only 23% of those in 2021 characterized it in this way, representing the greatest decline over the period from 2016 to 2021.

PSA REGION 4

AREA PLAN

NEEDS ASSESSMENT EXTRACT

***Did not complete FY21; planned assessment for July 2023**

PSA REGION 5

AREA PLAN

NEEDS ASSESSMENT EXTRACT

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, PCGSG 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 service by seniors and families'' included thirteen (13) new subcategories 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 centers and home delivered meal participants; home care services clients; older adults not receiving service; 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 distribution partner agencies. Of the 2,759 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 Conference 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, Cenpatico Integrated Behavioral Health service priorities, Governor's Advisory Council's State Legislative priorities, Department of Health Services Aging 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 local network meetings, such as Governor's Advisory Council on Aging meetings, Cenpatico 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 Fila 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).
- 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 order 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.

PSA REGION 6

AREA PLAN

NEEDS ASSESSMENT EXTRACT

PART III – NEEDS ASSESSMENT

Background: Performing a region-wide needs assessment is integral to understanding the most urgent current needs and priorities of the older adults and disabled to update 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 distributions.

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 April 2021 meeting. Due to COVID-19, the AAA was not able to present the plan to the ACOA any earlier. At the April 2021 meeting, the ACOA brainstormed activities that the SEAGO AAA should undertake over the next four fiscal years, reviewed the needs assessment results, and reviewed a second draft of the updated Area Plan. At the April 2021 meeting, the final draft of the updated Area Plan was reviewed by the ACOA and recommended for approval by the Administrative Council and Executive Board.

Due to COVID-19, the public hearings were postponed as we were unable to be in group gatherings. SEAGO-AAA was not able to provide input from our communities to be incorporated into the Area Plan.

To determine the most urgent needs of the older adults and disabled across the region, the AAA performed a needs assessment that included a review of needs assessment surveys, demographic, historic utilization of AAA services and census data for the area from the 2010 Census since the 2020 data is not out yet. Below is a summary of each of the results of these needs assessment components:

Needs Assessment Surveys: In the last quarter of calendar year 2020, the SEAGO AAA reached out to service providers, local older adults 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 distribute the survey instrument and data analysis of the region-wide survey results. USER also created an electronic version of the survey posted on the SEAGO website, the AAA Facebook page, and distributed through Survey Monkey. Due to COVID-19, we could only get a handful of these surveys back from our communities.

Needs assessment surveys got distributed at senior housing complexes, nutrition sites, and other older adults group meeting places. SEAGO staff, case managers, home-delivered meals staff, and ACOA council members helped provide the surveys to those who were homebound and helped individuals fill them out. AAA staff emailed and passed out approximately 2,000 surveys to all existing clients in the region who receive services through our agency. By targeting individuals who are case-managed. Those

individuals 60 years of age or older with the most significant 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 were considered. This is the fifth time that virtually the same survey tool has been collected and analyzed by the USER, thereby allowing for comparisons over the years. 13As stated in the USER report, the survey indicated the most critical need of the older adults in Southeastern Arizona is affordable dental care. Affordable Dental Care was rated a serious problem by 41.1% of survey respondents from Cochise, Graham, and Greenlee. Maintenance and Repair of the home, identified as a serious problem by 24.9%, mainly for Greenlee County. Affordable Assistive Devices, identified as a serious problem by 24.8% for Cochise and Graham; Maintenance of the yard, identified as a serious problem by 24.3% for Greenlee County.

Issues identified as a problem (either "some problem" or "serious problem") by the largest share of survey respondents across southeast Arizona were affordable dental care, identified as a problem by 69.8% of those surveyed; affordable assistive devices, identified as a problem by 58.6%; maintenance of the yard, identified as a problem by 56.9%; maintenance and Repair of home, identified as a problem by 55.6%; and telemarketing or in-home sales, identified as a problem by 53.4% of respondents.

Survey respondents were asked to identify their sources of advice regarding health insurance or Medicare. In southeast Arizona, SEAGO AAA and insurance agent were the most popular sources at 21% and 20.5% of respondents, respectively. Popular write-in responses were family members, Medicare, SEACUS, and Veterans Administration. See Appendix D for a complete list of responses regarding other sources contacted.

Key Informant Questionnaires: *During this Area Plan, the Key Informant Questionnaires were not distributed or collected due to COVID-19. (Current data is not available).*

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 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 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. **The 2020 Census data is not yet available for consideration.**

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 allowances will increase in response to demand for services. Congregate meal utilization has increased in the Tombstone, Patagonia, and Nogales sites due to improved meals, personnel, socialization activities, and funding 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 and other social media postings containing valuable fraud-prevention information. Finding Legal Assistance Needs Assessment Surveys AAA legal services are now available in partnership with Soto-Law, PLLC in Cochise County, and potentially expand to the rest of the region.

Comment of 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 trained, and these numbers will decrease significantly
Maintenance and Repair of the home	Needs Assessment	Potential sources of assistance will be cataloged and feasibility of consolidating regional human services will be explored. Will reach out to existing organizations that already provide similar resources.
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 of the Yard	Needs Assessment Surveys	Potential sources of assistance will be catalogued; feasibility of consolidating regional human services will be explored
Telemarketing or In-Home Sales	Needs Assessment Surveys	Increase public information forums on fraud prevention. Since the height of the pandemic, more seniors are utilizing Facebook and other social media postings containing valuable fraud-prevention information.
Finding Legal Assistance	Needs Assessment Surveys	AAA legal services are now available in partnership with Soto-Law, PLLC in Cochise County, and potentially expand to the rest of the region.

PSA REGION 7

AREA PLAN

NEEDS ASSESSMENT EXTRACT

The entire Navajo Nation was severely impacted by COVID-19. Several branches of the Navajo Nation government were shut down from March 16, 2020 to February 05, 2021. Division of Aging and Long-Term Care Supports (DALTCS) was deemed an essential provider of services by the Navajo Department of Health Executive Director, Dr. Jill Jim. Despite the Navajo Nation government shut down, DALTCS was one of the programs that continued to provide dome delivered meals. The needs assessment was not completed due to the Navajo Nation Public Health Orders requiring people to stay at home.

DALTCS hosted a strategic planning meeting on November 3-4, 2015 in Farmington, New Mexico and a second session on November 28-29, 2016 in Flagstaff, Arizona. The rationale for using strategic planning was to put together representatives from the older adults, Navajo Nation leadership, and program staff that can discuss the issues of the DALTCS and develop a plan to enhance services for the older adults. Representing the older adults were the Navajo Nation Council on Aging: Navajo Nation Leadership included staff from the President's Office and Navajo Nation Council; and DALTCS staff from Administration, Agencies, and Senior Centers.

DALTCS consulted service to Mr. Kenneth White, Jr., CEO of the Native Health Care Solutions, LLC to facilitate the strategic planning and to write a report on the sessions. DALTCS Administration worked with Mr. White prior to the sessions to ensure that Mr. White address all issues including targeting older adults with greatest economic or social need, older adults with low-income, older adults living in remote or frontier areas; older adults that are at risk of institutional place; and individuals with disabilities. Mr. White addressed those areas 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 the program staff. The leadership came from the Office of Navajo Nation President and Vice-President, and from the Navajo Nation Council – Health, Education, and Human Services Committee. The group approves legislation that governs the Navajo Nation and a program budget that pays for services. The program participants were represented by the Navajo Nation Council on Aging who are older adults aged 60 and over.

They participate in services and activities at their local senior centers and are 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 using the strategic planning report was it addressed the administrative processes. To look at the elder issues, DALTCS reviewed work-sessions that were conducted with the older adults in Farmington and Shiprock, New Mexico. These work-sessions were hosted in December 2015 where DALTCS reviewed the current Area Plan with the older adults.

DALTCS used the recommendations from the strategic planning to develop objectives to provide more staff training and technical assistance. This is to address the issues identified with administration

functions of the agency such as late reporting, correct monitoring findings, and to enhance existing services.

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.) What was the rationale for using the particular procedure(s)?

Prior to the pandemic, Region 8 would use two methods to gain additional insight from the older adults of Title III and VI services – Identifying Our Needs: A Survey of Elders and public hearings. In lieu of public hearings during the pandemic, ITCA-AAA conducted monthly Zoom meetings with the Arizona Indian Council on Aging advisory board and with the Tribal Senior Center Managers to gather current information from each of the Tribal communities.

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? What was the role and makeup of strategic partnerships? (Examples: identification of other organizations, funders and/or consumer groups)

In lieu of a separate needs assessment process, DAAS has given permission for Region 8 to use the ACL Title VI Needs Assessment for the Title III Area Plan (Title III and VI Coordination). ITCA-AAA partnered with the University of North Dakota (UND) - National Resource Center on Native American Aging (NRCNAA) to complete a Needs Assessment prior to reapplying for the ACL Title VI grant. The Identifying Our Needs: A Survey of Elders was constructed by the NRCNAA using questions from nationally administered questionnaires, so comparisons could be made with data from the general US population. The results are compared to the US population to determine the extent of existing social and health differences affecting older Native American minorities, those with disabilities, low-income, at risk of institutional placement and living in rural areas.

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:

> Title VI Surveys: Region 8, in partnership with the National Resource Center on Native American Aging at the University of North Dakota (NRCNAA-UND), utilized the Title VI 9 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. General Health Status
b. Activities of Daily Living
c. Screening
d. Visual, Hearing and Dental
e. Memory and Disability
f. Health Care Access
g. Tobacco and Alcohol Use
h. Nutrition, Exercise and Excess Weight
i. Social Support/Housing
j. Social Functioning
k. Demographics

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? How were these barriers overcome? What prior planning activities or approaches were used?

Gathering Title VI assessment data from each Member Tribe was challenging due to the need for an authorization to release results from the Tribes to ITCA-AAA. The FY 2021-2025 Title III Funding Agreement will be amended to request that Tribes provide the results of their Title VI Needs Assessment to support coordination of Title III and VI grants.

The Title VI assessment was conducted in fall 2019 with Tribal elders to support the Title VI application for FY 2020-2023. Signed Tribal resolutions were obtained permitting Tribal organizations to apply for the grant cycle. The Tribes began the Title VI application and needs assessment process in 2019 by:

1. Obtaining proper Tribal authorization and written approval. Signed Tribal resolutions issued by ACL ensuring that all compiled data belongs to the Tribes and designating NRCNAA-UND as a data repository.
2. Counting Tribal elders using the US Census or information from the Tribal Enrollment Office.
3. Conducting interviews and surveying elders in the community.
4. Mail signed resolution and completed surveys to the NRCNAA-UND. Receive report with the analysis of results to document disparities, strengthen grant proposals, advocate for Tribal elder resources, determine the types of LTC care needs and review changes occurring among chronic disease rates, functional limitations, exercise and other variables

Arizona State Plan on Aging 2023-2026

Appendix I: Glossary of Terms Used

To assist the reader with greater understanding of the terms used within the *Arizona State Plan on Aging 2023-2026*, 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
ACDHH	Arizona Coalition for the Deaf and Hard of Hearing
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 Veterans' 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
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	Veterans Administration