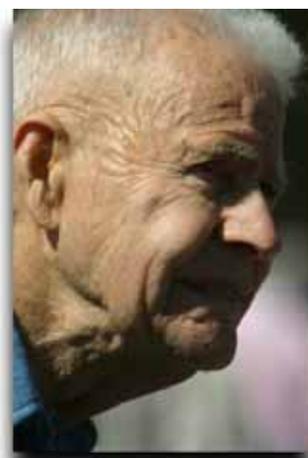


Aging 2020

Arizona's Plan for an Aging Population



Governor Janet Napolitano
August 2005

Aging 2020

August 2005

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Dear fellow Arizonans,

Arizona is entering a truly exciting time. We are moving forward to establish Arizona as a leading innovator in the biosciences, and investing in our children's education and the economy of tomorrow. We are indeed preparing for the future, and a key part of that is preparing for the shift in population that will take place in the future.

Over the next 15 years, the average age of Arizona's population will steadily rise. In fact, by 2020, one in four Arizonans will be over the age of 60. While this significant change in our population's age will present many challenges, I see it as an opportunity to build today the framework for a robust economy of tomorrow that accommodates older workers and consumers and to promote more active and healthy communities. It is an opportunity to make Arizona a better place to live – for young and old alike.



In March 2004, I issued an Executive Order directing state agencies to develop Aging 2020, a plan to ensure that Arizona seizes each opportunity to serve our changing population. Fourteen agencies joined forces, and submitted their Aging 2020 plan to me. The Governor's office, working with the Governor's Advisory Council on Aging, sought your input on the plan by holding 40 public forums where everyday Arizonans had a voice in the process. The state agencies took your feedback and used it to make changes and finalize the plan.

We're now ready to put the Aging 2020 Plan to work for you. In the coming months, each participating state agency will prioritize its work, set timelines for accomplishing goals, and meet with local and tribal governments, the business community, and faith-based organizations to coordinate the Aging 2020 effort.

I encourage you to read Arizona's Aging 2020 plan, which is also available on my Web site, www.azgovernor.gov. Thank you for your continued support and cooperation as we work together to move Arizona forward.

Yours very truly,

A handwritten signature in black ink that reads "Janet Napolitano". The signature is written in a cursive, flowing style.

Janet Napolitano
Governor

Acknowledgements

The Aging 2020 Plan is the initial step towards ensuring that Arizona is well-prepared to address the needs of Arizona's rapidly growing population of older adults over the next 15 years.

Many people contributed their time and talents in creating this report and plan. In addition to the hundreds of community citizens who generously gave of their time and shared their thoughts and ideas about the Plan, the Office of the Governor would like to thank:

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Tribal Governments

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Community Partners

Arizona Association of Area Agencies on Aging
Arizona Community College Association

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Ageing 2020

Arizona's Plan for an Aging Population

EXECUTIVE SUMMARY

In 2006, the first Baby Boomers will celebrate their 60th birthdays. This will, indeed, be a milestone, as some 76 million Americans born between 1946 and 1964 begin to enter the world of aging. A worldwide phenomenon, not only will this generation age in unprecedented numbers, they will do so with vastly different attitudes, faiths, experiences, preferences, cultures, and lifestyle choices. Many say that the boomers will redefine aging as they have redefined so many things throughout their lives. Thus, now is the time to embrace what this dynamic change means for our society and for our state, for our government and our communities, for the public and private sectors, and for Arizonans of all ages.

Like the rest of the country, Arizona is aging. By the year 2020, more than 1 in 4 people in Arizona will be over age 60 (26%), up from about 1 in 6 (17%) in 2000.¹ Arizona has long been seen as a great "snowbird" state, with thousands of seniors flocking here each winter to enjoy the mild weather and abundant natural beauty. Increasingly, however, the overall population of Arizona has also been growing. During the last decade, Arizona's population grew by 40% - the second fastest growth in the nation - and we're still growing! A significant amount of this growth was in the age 60+ population, with those over age 85 increasing at 82% - faster than any other age group.² In 2005 the U.S. Bureau of the Census indicated that this growth trend is expected to continue, with the over-65 age group quadrupling by 2030, resulting in as many older people living in Arizona as there are kids under age 17.³

If we plan and begin to act now, by 2020, Arizona could have a more informed public and improved access to services, a healthier and more active aging population, safer communities and better prevention of abuse and exploitation of older Arizonans. We can improve support for informal family caregivers, create a stable well-trained professional long-term care workforce, and develop meaningful opportunities for employment in later life. And we can build a high quality, coordinated, and effectively managed technological, transportation, housing and service delivery infrastructure to handle the growing numbers of older Arizonans. Arizonans of all ages should be able to be active and engaged in community life, sharing their talents and experience. If this is the Arizona we want, we cannot ignore the changes that are coming, and we must begin now to commit the public, private, personal and community resources that will be needed over the next several years to ensure that the Arizona future we envision becomes reality.

To move Arizona forward, in March 2004 Governor Janet Napolitano issued Executive Order 2004-07, called *Aging 2020*, to create a plan to prepare the state for the significant changes that will occur with the increase in the state's aging population during the next 15 years. The attached Aging 2020 plan is the initial step towards ensuring that Arizona communities are good places for people of all ages to live with independence, purpose, and dignity.

Background & Approach

The approaches set forth in the attached plan provide a comprehensive set of strategies that state agencies propose to implement in the coming decade to address the changing demographics and ensure that Arizona is indeed ready for significant growth in its aging population.

In March 2004, Governor Janet Napolitano issued an Executive Order for state agencies to develop plans to address a growing aging population. An Aging Summit to obtain preliminary public input was held in May 2004. State agencies used that input to draft their Aging 2020 plans by the end of September 2004. Between November 2004 and February 2005, the Governor's Office conducted 40 community input forums across Arizona, to collect comments from community leaders about the quality and accuracy of the state agency plans. Excellent discussion occurred throughout the forums, and many outstanding ideas were obtained from participants.

In early April 2005, the community input from all 40 forums was shared with state agencies, which were then asked to amend and adapt their plans to incorporate, to the degree possible and appropriate, the accordance with this input. The attached plan is the result of that review and incorporation of community ideas in state agency strategies.

Guiding Principles & Questions

Throughout the planning process, several guiding principles were established to help guide strategy development and approaches, including:

- The Aging 2020 plan will incorporate strategies to create communities where persons of all ages, with and without disabilities, can live meaningful, productive, healthy independent lives.
- Adequate and appropriate options for community living, and the ability to choose and direct one's own care will be the standard approach in aging services by the year 2020.
- Aging 2020 services and policies will reflect the multiculturalism so vital to Arizona, while acknowledging that state and local governments, faith-based organizations, businesses, local communities, families and individuals must work together to successfully plan for and address the state's growing aging population.
- Aging 2020 must acknowledge Arizona's regional differences, be attentive to rural, urban, and suburban needs, and take a multidisciplinary approach to change.

Participants in the community forums also encouraged us to consider the following:

- Take a holistic and multigenerational approach to systems development.
- Work with communities and use a grassroots approach rather than a "top down" model.
- Remember that Baby Boomers are different from the seniors of today – they will require new approaches, different language, and better use of technology.
- Present the positive aspects of aging, not just the negative ones.
- Basic infrastructure, such as a stable workforce, accessible and affordable housing, and responsive community services, are essential to keep a growing aging population active, engaged, and contributing to their communities and to the state's economy.

In addition to these guiding principles, the state agencies used several questions to guide their assessment and planning processes, including:

1. What are your agency's overarching policy issues, direction, program considerations, changing constituency needs, and management issues related to these changing demographics?
2. What is your agency currently doing to address or respond to these anticipated changes?
3. What recommended actions could your agency take in the next five to seven years to address the priorities you have identified that reflect the impact of the anticipated demographic changes? [Awareness, realignment of resources, policy changes, new resources]. Also, consider collaborative approaches among state agencies and how such collaborations could fit into an overall state planning process.
4. What are several results you expect to achieve through your recommended actions?

Statewide Aging 2020 Plan

Each agency wrote background and assessment statements, in addition to identifying specific strategies to address the changing demographics. In combining the individual agency plans into one statewide Aging 2020 plan, the agency strategies were sorted according to eight plan goals and objectives within those goals. Those eight goals are:

- Goal 1: Make it easier for older Arizonans to access an integrated array of state & aging services.
- Goal 2: Increase awareness and understanding of aging issues and help prepare Arizona for an aging population.
- Goal 3: Increase the ability of older adults to remain active, healthy and living independently in their communities.
- Goal 4: Increase the safety and well-being of older Arizonans.
- Goal 5: Strengthen Arizona's economy by capitalizing on an integrated and well-trained informal, paraprofessional, and professional workforce.
- Goal 6: Enhance the state's capacity to develop and maintain the necessary infrastructure to deliver services in a culturally appropriate, timely and cost effective manner.
- Goal 7: Promote quality of care in all aging services.
- Goal 8: Promote effective and responsive management for all aging services.

This report represents a unique dialogue within and among state agencies, some of which are just beginning to consider the relationship of their mission to the needs of older Arizonans. It's noteworthy, therefore, that these eight goals not only relate to individual state agency missions, but also to strategic plans and management agendas of several federal funding agencies –important factors for achieving long-term success and institutionalization of an aging agenda. While the attached Aging 2020 plan represents a “finalized” document, it actually marks the beginning, rather than the end, of a multi-year process of preparing state government, our communities, and ourselves for a very different world. It will be a world of challenges but also one of opportunities; if we embrace both, we will be able to create an Arizona where we can live our lives, regardless of age or disability, with meaning, purpose, independence, and dignity. After all, isn't that what we all want?

Aging 2020

Arizona's Plan for an Aging Population

Introduction

It's hard to pick up a newspaper, listen to the radio or watch television these days without reading or hearing about aging. Whether it's about the positive effects of exercise on longevity, the story of a family caregiver providing care to a loved one, needed changes to Medicare and Social Security, or simply about the growing numbers of people becoming "seniors," aging is everywhere. Arizona is no exception. Already known for being an attractive retirement location, Arizona's population is growing...and it's aging. Indeed, as the first of the 76 million Baby Boomers begin to turn 60 in 2006, we're bound to see an increasing effect of aging on our state.

A "graying" society will likely change everything – it will change the types of services and products we need, the way businesses operate, what communities look like, the types of images we see in the media, our economic and political processes, and even our families. Because of this, it is important that providers, practitioners, policy makers, businesses, and citizens are informed as to the important changes our society will experience with the coming of an aging population. Since developing infrastructure such as affordable and accessible transportation, an adequate housing stock, and a stable long term care workforce will take time, it's essential that we start now in preparing Arizona for the future – a future when one in four Arizonans will be over age 60 and when there will be as many people over 60 as children under age 17.⁴

To take a proactive approach to the aging of Arizona's population and to make sure that the state is well-prepared for the coming demographic changes, in March 2004 Governor Janet Napolitano issued Executive Order 2004-07, called *Aging 2020*. The attached Aging 2020 plan is the initial step towards ensuring that Arizona communities are good places for people of all ages to live with independence, purpose, and dignity.

Arizona is Changing

National demographic trends are also evident in Arizona, with people living longer, healthier lives and spending more time in retirement. In 1900, the average life expectancy was 47 years, yet by the year 2000, women who reached age 65 could expect to live an additional 19 years, while men could expect an additional 16 years. Those who reached age 85 could expect to live for an additional six to seven years. That's quite a change!

The Baby Boomer cohort in Arizona also follows national trends in several other ways – they are generally more educated than past generations, have half as many children than their parents, and expect to have a long retirement without much change in lifestyle yet have saved relatively little compared to previous generations. And because so many Arizonans are originally from someplace else, many older people living in Arizona are further from their children and other family members, thereby reducing the number of informal caregivers available to assist them.

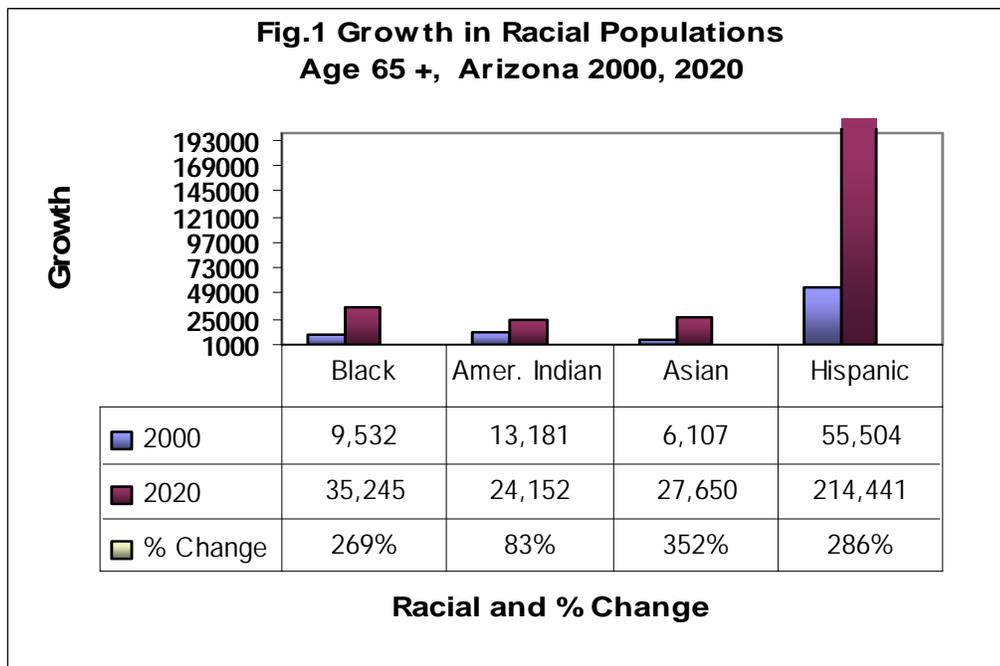
Many other things in Arizona will change with the aging of the Boomer cohort such as:

Arizona's Age

- In 2000, 17% of Arizona's population was over age 60; by 2020, approximately 25% will be over age 60.⁵
- The number of Arizonans over age 85 will increase by 102% between 2000 and 2020.⁶
- By 2030, there will be as many people over 60 as children under age 17 living in Arizona.⁷

Arizona's Diversity

- Between 1995 and 2025, the growth of Hispanic persons ages 65-84 years (59%) will far outpace the growth of White non-Hispanics this age (16%).⁸ See Figure 1 for further details.

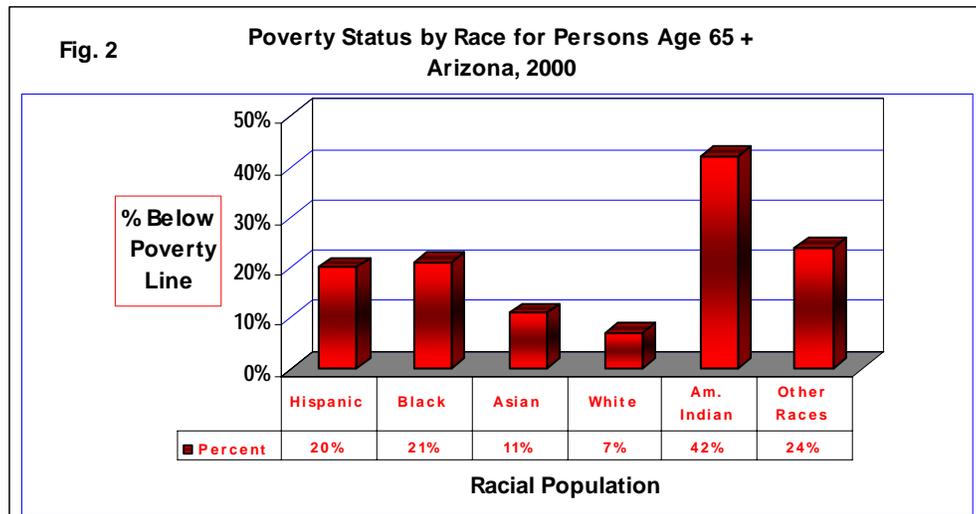


Source: U.S. Census Bureau, Census 2000 Summary File.
U.S. Census Bureau Population Projections for States by Selected Age Groups and Sex: 1995 to 2025.

- As is happening across the country, rural areas in Arizona continue to lose population, making the competition for resources difficult. Indeed, less than 25% of Arizona's seniors live in rural areas. However, some of Arizona's most rural counties are also the "oldest" and getting older. For instance, in 2000, Yavapai and La Paz counties reported that 22% and 25% of their populations, respectively, was over age 65; by 2005 both counties were approaching 30% of their total population being over age 65.⁹

Arizona's Families

- Another change with the aging of the Boomers is the number of grandparents raising grandchildren. A phenomenon across the country, in Arizona in 2000 there were 96,062 children living in Grandparent Headed Households – a 73.8% increase since 1990. This trend is expected to continue and increase in future years.¹⁰
- Approximately 8.4% of Arizonans age 65 years and older lived below the poverty line¹¹. See Figure 2.



Source: DES, Aging & Adult Administration, and University of Arizona. (2003) Arizona's Older Ethnic Minorities 2000: A Demographic Analysis. Phoenix, Arizona

- Family caregivers in Arizona provide caregiving services worth over \$4.6 billion annually. They provide nearly 80% of the long term care support needed to persons with disabilities. As the population ages and fewer caregivers are available, we will have to rely more on paid caregivers – professions that are already experiencing shortages.¹²

Arizona's Communities

- As our population ages, accessibility will be key to helping current seniors and aging Boomers continue to live independently in their own homes and communities. Affordable and accessible transportation will be especially important as in 2030 older drivers will account for 18.9 % of all vehicle miles driven – almost triple the 1990 figure.¹³
- About 25% of all people over age 65 lived alone in the year 2000, and the numbers are expected to grow as the Boomers age. Having fewer children than their parents means that Boomers will have fewer in-home caregivers available for them. This will pose special challenges to communities as they seek to develop programs and services to meet the changing living situations of older citizens.
- Housing is another key element that will change in an aging society. In the past, builders created communities that were far from the urban core, but today's and tomorrow's seniors want to take advantage of the city's offerings as well as maintain contact with family and friends, attend their places of worship and continue to work.¹⁴

Aging 2020 Guiding Principles

Throughout the planning process, several guiding principles were established to help guide strategy development and approaches, including:

- The Aging 2020 plan will incorporate strategies to create communities where persons of all ages, with and without disabilities, can live meaningful, productive, healthy independent lives.
- Adequate and appropriate options for community living, and the ability to choose and direct one's own care will be the standard approach in aging services by the year 2020.
- Aging 2020 services and policies will reflect the multiculturalism so vital to Arizona, while acknowledging that state and local governments, faith-based organizations, businesses, local communities, families and individuals must work together to successfully plan for and address the state's growing aging population.
- Aging 2020 must acknowledge Arizona's regional differences, be attentive to rural, urban, and suburban needs, and take a multidisciplinary approach to change.

Aging 2020 Goals

In addition to the guiding principles, the state agencies used 8 goal concepts to guide the development of their plans. These eight goals represent areas where significant improvements in the state's aging services system and infrastructure are most needed and where state agencies will focus their work in the coming decade.

Goal 1: Make it easier for older Arizonans to access an integrated array of state and aging services.

Arizona has been very successful in promoting, financing and creating policies to promote the greatest number of choices for older adults who need health care and/or residential care. With one of the highest rates in the country of community living among those using Medicaid long term care services, Arizona has a good start on a system that promotes independence among older adults. Arizona has also developed a small non-Medicaid home and community based care program, including information and referral services through Area Agencies on Aging. However, Arizona's families report that understanding and navigating the state's long term care system is difficult and overwhelming. In nearly every Aging 2020 public forum, participants discussed the need for a one-stop resource center where seniors and their families can go to get basic information and a general understanding of the system, including where to turn for detailed assistance.

Access to services is more than providing information, however – it also includes services such as transportation, health care, and financing options for persons of all income levels. Improving transportation options results in increased access to health care by providing rides to doctor appointments and for lab work. Locating clinics in local communities makes receiving health care easier and may be more affordable. Creating sliding fee scales and other financing options for services to persons of varying income levels allows those middle income elders – the ones who are not poor enough to qualify for Medicaid and not wealthy enough to cover all of their own costs – to access the help they need without prematurely spending down into Medicaid status. This spend-down prevention is important to the overall health of Arizona's economy, not to mention the boost to self-esteem that often results from elders being able to help pay for their own care.

It's also essential for state agencies to coordinate their services and their public messages, as forum participants reported often receiving conflicting information from state agencies. In addition, forum participants noted the importance of bringing services to the community, rather than making older adults go to the services. This was noted as a particular issue for veteran services, healthcare specialists, and especially for rural areas where small populations and sparse workforces limit the availability of service options. Thus, improving access to services and supports is an important aspect of the Aging 2020 plan.

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

The role of education cannot be underestimated in planning Arizona's future. Education permeates nearly every section of the Aging 2020 Plan, and some form of education was discussed at every one of the 40 public forums. Education can be most effective when it addresses the audience's needs, is clear and understandable in both form and format, and leads to new awareness, better understanding, increased knowledge, improved skills, changed behaviors or new opportunities.

The first step in a public education campaign is to identify the audience. For Arizona, there are several audiences including current seniors and their families, Baby Boomers (our future seniors), businesses, service and health care providers, policy makers, and just about anybody who has any contact with an older person. To address the audience's needs, Arizona can look to its past and future. Arizona has had a rich, diverse cultural history and the trend towards a multicultural population will continue. Each generation has its own values, perspectives and needs that must be respected. The difficult task is to find strategies that either transcend generations or build education opportunities that use a multi-faceted approach.

With every racial and ethnic group aged 65 years and older doubling by 2025, addressing problems specific to each population in a culturally appropriate manner will be important.¹⁵ For example, in 1999, death rates from heart disease were 29% higher and death rates from stroke were 40% higher among African American adults than among white adults. American Indians are 2.6 times more likely, African Americans are 2 times more likely, and Hispanics are 1.9 times more likely to have diagnosed diabetes than whites.¹⁶ Developing effective prevention messages to reduce mortality rates from chronic diseases will take an understanding of the culture and practices of these groups to effect change.

In the quest to educate the public on aging issues, we need to look at a variety of strategies. Traditional media formats such as newspaper, radio and television may still be effective, but the public education efforts of tomorrow must also include use of the Internet, email, and even virtual reality programs if we are to effectively reach a more technologically savvy and electronically connected Boomer cohort. Studies show that all generations have become defter at using the Internet—not just the younger generations. About 85% of disabled adults ages 50-64 are already online, and almost half of all adults 65 and older regularly access the Internet.¹⁷



Public education campaigns have been effective at affecting behavioral change. The Ad Council reports that the destruction of forests by wildfires has been reduced from 22 million acres to less than 8.4 million acres per year since Smokey the Bear was introduced to the public in 1944, and that 68% of Americans say that they have personally stopped someone who had been drinking from driving in the aftermath of the public education campaign, "Friends Don't Let Friends Drive Drunk."¹⁸ Similar

campaigns have been applied to changing the public's habits regarding smoking, using seat belts and recycling of usable goods. Thus, it's reasonable to think that negative attitudes about aging and older people, about mature workers, and about geriatrics can be changed.

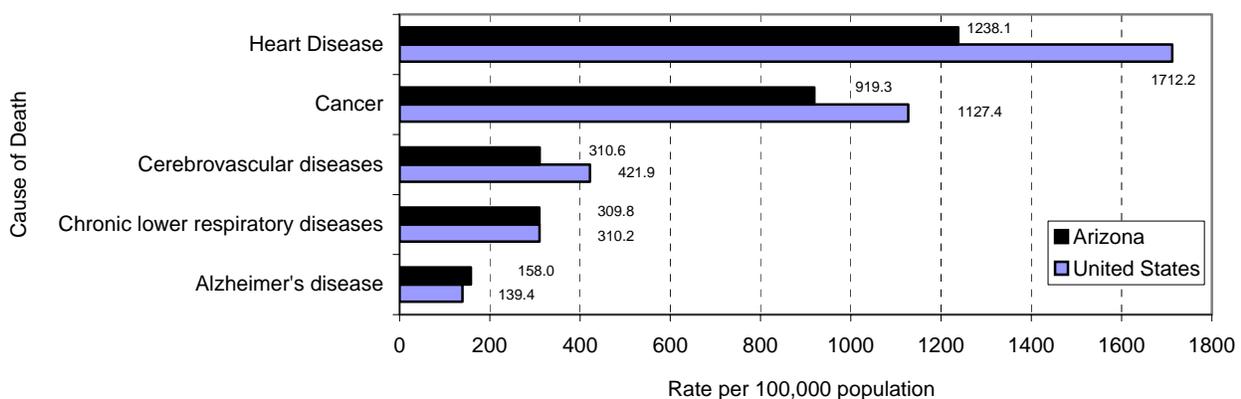
Education will be a major factor in how the State succeeds to meet the needs of its residents in 2020. From formal education to on-the-job training, career ladders to retraining programs, one-on-one mentoring to public education campaigns and outreach efforts, education can improve the quality of life for all Arizonans.

Goal 3: Increase the ability of older adults to remain active, healthy and living independently in their communities.

“Poor health is not an inevitable consequence of aging. Increasing numbers of Americans in their 70s, 80s, and 90s enjoy independent, active living with minimal health problems. Yet there are steps that we as a state could take to further assure healthy aging for greater numbers of people. Many older adults suffer from chronic and infectious diseases, injuries, and functional limitations that are avoidable or can be delayed. Scientifically proven measures are available now that can improve health, reduce the impact of disease, and delay disability and the need for long term care.”¹⁹

But many Arizonans do suffer from debilitating chronic diseases. Figure 3 shows the five leading causes of death for Arizonans age 65 and older, as compared to the general U.S. population. Further, according to the U.S. Census, in 2000 there was a higher incidence of physical disabilities (28%) than mobility disabilities (16%), sensory disabilities (15%), mental disabilities (9%), and/or self-care disabilities (7%) among Arizona's civilian non-institutionalized population of the same age.

FIG. 3: FIVE LEADING CAUSES OF DEATH AMONG ADULTS AGE 65+; MORTALITY RATE PER 100,000



Source: Advance Vital Statistics Report. Arizona Department of Health Services: 2001. Note: Corrections made to reassign reported deaths in Arizona National Vital Statistics Report, Deaths: Preliminary Data for 2000. Centers for Disease Control and Prevention: 10/2001.

Arizonans over the age of 75 are also more likely to have difficulties performing personal care activities of daily living. The most commonly experienced limitation of daily living is walking, especially outside. Difficulty with eating and toileting are the least frequently experienced. It is estimated that 25% of persons over age 65 have significant mental or behavioral health problems. This includes memory disorders, depression, sleep disorders and substance (alcohol, prescription drug, tobacco) abuse. Older Arizonans have the highest suicide rate in the United States – a sad statistic considering that suicide deaths are preventable.²⁰

What's so different about the boomers and how healthy will they be in 2020? Many baby boomers are going to live longer and healthier lives than their parents and grandparents. According to the MacArthur Foundation, low risk of disease, high mental and physical functioning, and active engagement with life are three key behaviors or characteristics of successful aging.²¹ A special report from Citigroup Smith Barney²² found that :

- Many boomers paradoxically find themselves living an unhealthy lifestyle and taking medications to remain active.
- Two in three boomers (68%) say they “care about” maintaining a healthy weight; less than half (47%) are currently doing things that help keep them in shape. Only one in ten boomers (12%) say they have attained their goal of “adopting a healthy lifestyle”. And more than one in four boomers aged 50-59 are obese.

The opportunity that the aging baby boom generation presents is that of prevention. Boomers are familiar with the concepts of prevention and have seen it work. Focus to prevent or delay disease, prevent or control chronic conditions, and prevent confounding conditions such as falls and osteoporosis will be key to helping Arizonans remain independent and enjoy their longevity.

Goal 4: Increase the safety and well-being of older Arizonans.

Safety in our communities is important for ensuring both the health and financial well-being of older adults. Although persons under age 65 generally experience lower victimization rates, when they *are* victimized, they are most often the victims of property crimes. In 2004, property crimes accounted for 92% of victimizations affecting persons or households headed by someone 65 or older. About 1 in 5 of personal crimes against older adults was theft, compared to about 1 in 33 for persons age 12-49.²³

These statistics do not include the high incidence of fraud schemes, elder abuse, or neglect and financial exploitation of seniors. Telemarketing fraud alone has been estimated to be a \$40 billion industry.²⁴ While 35% of telemarketing fraud reports to the National Fraud Information Center were from consumers over age 60, they accounted for more than 60% of all complaints about fraudulent sweepstakes, magazine sales, and credit card protection scams.²⁵

“One of the great societal challenges facing our country will be the protection of the financial and health care futures of vulnerable elder Americans and increasingly vulnerable aging baby boomers. On the rise and fast becoming the most prevalent type of crime committed against the elderly are cases involving financial exploitation by perpetrators who are relatives, business professionals/institutions, con artists and caregivers.” —Paul Hodge, Chairperson, Global Generations

In Arizona, reports of elder mistreatment have remained relatively constant for the past five years, although a national elder abuse incidence study estimates that only 1 in 14 cases of elder abuse are reported to authorities and only 1 in 5 elder victims receive services.

Figure 4: Adult Protective Services Reports, Arizona, SFY1999 vs. SFY2004

Adult Protective Services (APS) Reports alleging abuse, neglect or exploitation of vulnerable or incapacitated adults	State Fiscal Year 1999	State Fiscal Year 2004
Total Number of reports	10,017	10,007
Reports Investigated	76.38%	73.63 %
Alleged Abuse	1353 (18%)	1,583 (21%)
Alleged Neglect	5,961 (78%)	4,915 (67%)
Alleged Exploitation	1,611 (21%)	1,581 (22 %)
% of reports for persons 60 years or older	72.4 %	73.5 %

The typical APS victim in Arizona is over 65, low income, living alone and has few if any services or supports. While not true for all, many elders who live alone may be highly dependent on the very person abusing or exploiting them. Since one-third (1/3) of Arizona's older females and 15% of older men live alone, the potential for abuse is strong. Also elders who have some level of cognitive impairment, are experiencing grief or other traumas, and have lessened physical capacity are often more vulnerable to physical, emotional, and financial abuse and exploitation than the general population. Some experts estimate that financial exploitation decreases an elder's life by 6 months to two years. With large increases in some very vulnerable groups, such as older people living alone, older women, cultural and ethnic minorities and more individuals with no spouses, siblings, or children, maintaining safe communities will require new strategies.

State government has an important role in developing these new strategies, including preventing and prosecuting fraud that costs older adults millions of dollars each year and robs them of their financial stability and dignity. Arizona must also provide a leadership in helping to protect vulnerable and incapacitated adults living in their homes and residential facilities so that they are free of abuse, neglect, self-neglect and financial exploitation. Educating the public, increasing reporting rates, forging new partnerships, conducting specialized training and developing collaborative efforts among local and state law enforcement agencies and state agencies involved in protecting vulnerable and incapacitated adults will be needed to maintain safe and healthy communities.

Goal 5: Strengthen Arizona's economy by capitalizing on an integrated and well-trained informal, paraprofessional, and professional workforce.

It has been said that the way we care for our older citizens is a reflection of our humanity. Indeed, the availability of people to provide that care is a major concern across the country. Family caregivers face loss of employment and risk their own health to provide care to loved ones, while most states are already facing critical shortages in direct care workers (home health aids, personal care attendants, etc.) - a trend which is expected to worsen as the Boomers begin to experience significant disabilities. However, not all seniors need care and many are interested in meaningful employment after "retirement" and with the changing population pyramid, mature workers will become an increasingly

important part of America's workforce. This is especially true when you consider that the federal and many state governments, businesses, law enforcement agencies and others are facing an aging workforce where upwards of 50% will be eligible to retire within the next 5 years. Knowledge maintenance has become an entire field unto itself.

These issues also exist in Arizona and all of these factors significantly impact our state's economy. Arizona would go broke if it had to pay for the services provided by informal and family caregivers, and businesses will soon need to look to mature workers as a viable part of their workforce as there will be fewer younger workers available in general. State systems could come to a halt unless we are able to figure out how to capture decades of knowledge from large numbers of soon-to-be-retiring state workers, and we may well be unable to care for even the most critical among us if we do not soon address the shortage of direct care workers. Indeed, management of the state's workforce, particularly as it relates to long term care, will be an essential aspect of the work Arizona must do to prepare the state for an aging population.

Informal & Family Caregivers

In Arizona, 490,000 informal and/or family caregivers provide more than 523 million hours of care with an estimated annual market value of over \$4.6 billion.²⁶ And they do it for free. The need to strengthen families in their caregiving role, and to sustain them as the backbone of our long-term care system, is a central issue in our aging society. As more long term care is provided at home and in the community rather than through institutions, reliance on family and informal caregivers grows. The vast majority (78%) of adults in the U.S. who receive long-term care at home get all their care exclusively from unpaid family and friends.²⁷

States approach the design of services and supports for informal caregivers in different ways. Some states view caregiver support as a component of programs that serve frail elders or adults with disabilities, while other states see caregiver support as a separate program with distinct eligibility criteria. In Arizona, we see services for caregivers not only in these ways, but also as a critical component of our state's long term care workforce and our economy.

Caregiving is not just for the old. Almost one-third of all caregivers are balancing employment and caregiving responsibilities, and businesses often see a decline in productivity among those who are both working and providing care, in part due to time away from work but also because informal caregivers are at increased risk for depression and illness, especially those who are isolated and have few external supports. Sadly, there are far too many stories that document the toll of caregiving on the caregiver's health when the caregiver actually dies before the person for whom they are providing care.²⁸

Fifty-nine percent of the adult population either is or expects to be a family caregiver. With Boomers having smaller families than their parents, and the increased mobility in our society, there will be fewer caregivers in the future. Therefore it's essential that we support and maintain Arizona's family caregivers, recognize the value of the service they provide and help prevent their own declining health so that they do not move from caregivers to care receivers.

Paraprofessional Direct Care Workforce

America is rapidly approaching a crisis in its workforce, triggered by the convergence of two demographic trends: the growing number of aging Baby Boomers and the much smaller number of younger people who follow behind them. These changes are already evident in Arizona's direct care workforce. Currently, the annual growth in new health care jobs in Arizona is 29 percent. Between now and 2010, the number of medical assistants will increase by 57 percent, home health aides by 47.3 percent, and nursing aides by 23.5 percent.²⁹ The chart below shows that Arizona will need to double its home health aid population - that's a 100% increase - just to be able to provide care to those over age 85 in 2025.

Fig. 5: Workforce shortages among paraprofessionals are expected

Number of Additional Aides Needed in 2025 to Maintain 2000 State Ratios

STATE	POPULATION 85+			HOME HEALTH AIDES (HHAs)			
	2000 Actual Population	2025 Projected Population	Percent change in Population:	Total HHAs, 2001	Ratio(# of HHAs per Current State 1,000 People 85+	Projections of # of HHAs Needed in 2025	Total # of New HHAs Needed to Maintain Current State Ratio
Arizona	68,525	138,138	102%	10,200	149	20,562	10,362

Source: National Governors Association, 2004

Needing this increased number of direct care workers is a scary proposition as recruiting and retaining paraprofessional health and social service workers is difficult at best. Despite what we know about population demographics and the driving forces of demand and supply, generating accurate long-term estimates for this dynamic and evolving system is a considerable challenge.³⁰ Issues such as low wages, poor job image, few benefits, little career ladder, and often unpleasant working conditions are all issues that workers cite as reasons they have left the field. Training that is not portable or universally recognized is another problem that direct care workers face.

The fragmented nature of public policy around long term care workforce issues and the lack of a political voice for paraprofessional caregivers continue to be an issue for this group. Unlike nurses and doctors, direct care workers have few advocates for their issues; thus, they are generally left out of the political process and do not benefit even when state economies are strong. But when you can make more money flipping hamburgers at a fast food chain than you can as a home care aid, have benefits, not have to put a lot of miles on your car, and been seen as at least as important as a home care aide, it's no wonder that our long term care workforce is in crisis.

To address these issues, in 2004 Governor Napolitano created the Citizens' Workgroup on the Long Term Care Workforce. This group discussed the existing and projected shortages of direct care workers and made a series of recommendations to the Governor on how to address those shortages. Beginning in May 2005, the Citizens' Workgroup is working towards implementation of those recommendations. Working in concert with the state agencies that are part of Aging 2020, as well as the private sector, the Workgroup will strive to create a stable well-trained long term care workforce in Arizona - now and into the future.

Mature Workers

Most baby boomers don't expect big changes in lifestyle after retirement, but with increases in longevity and the current economic climate, that may not be true. In addition, we know that people are saving less than previous generations and that the move away from employer-sponsored pension plans could mean less income in retirement. Three in five boomers (62%) consider it important to have a successful balance between work and personal life. More than half of Boomers (54%) value "being able to take a day off when you want to," yet nearly 70% of workers who have not yet retired plan to work into their retirement years or never retire.³¹

But forging meaningful employment opportunities after age 50 becomes more difficult with each passing year. In fact, a 1999 survey of older Arizonans showed that while 78% of respondents were interested in employment, only 36% were actually employed.³² Some of the difference may be attributed to seniors needing to "retool" their skills to match contemporary jobs, while some may be that businesses need to redesign their jobs to create a better fit for mature workers. For instance, while more and more older adults are interested in working, they want some flexibility, too. According to the participants at the Aging 2020 forums seniors - especially aging boomers - don't want to do everything as a volunteer, nor do they want to continue in the rat race they may have lived for the past 40 years. Instead, they want balance - a balance between enjoying their later years, their families and recreational activities, and using their skills to do "something that matters."

Marc Freedman, author of Prime Time: How Baby Boomers Will Revolutionize Retirement and Transform America, states "Contrary to prevailing stereotypes, America now possesses not only the largest and fastest-growing population of older adults in our history but also the healthiest, most vigorous, and best educated." The changing demographics is an invitation to learn to capture the time, talent, and experience of the older population and apply this largely untapped resource to some of the most urgent unmet needs of the communities. This is an opportunity to maximize the maturity, wisdom, and experience of older persons. This is also a time to learn from other cultures that place a high value on their elders. Thinking of older persons as assets provides us with the opportunity to honor older Arizonans; making this phase of their life one of ongoing contribution.³³

Professional State Workforce

Workforce development is a central concern for states. Whether you think of economic development, social and health services, commerce and business, or state government, the quality of the workforce determines the quality of products and services rendered. There is no place that is truer than in state government. According to the Arizona Industry Employment Projections 2003-2013, over 200,000 Arizonans were employed in government positions in 2003. By 2013, there will be over 248,000.³⁴

Since one in four people in Arizona is a Baby Boomer, the state workforce is aging at an accelerating pace and the number of new hires of younger workers is slow due to the increasing imbalance between private and governmental compensation rates. Due to the competition for younger workers is tipped in favor of the private sector making it increasingly difficult to fill upper and mid-level government positions from non-governmental sources.

A sampling of the Department of Economic Security (DES) Workforce mirrors the trends of the entire state workforce. The grades 16-25 segment of the DES workforce represents 60% of those employed by DES. Assuming constant variables, the number of employees eligible for retirement increases between 2007 and 2008, and peaks between 2011-2013. In addition, a decreasing number of younger

workers are ready and able to fill the increasing number of vacant positions. As 2020 approaches, the aging of the population will change the numbers, skills, and characteristics of the Department's work force, presenting short and long-term challenges to traditional recruitment, staffing structures, career paths, and employee development operations.³⁵

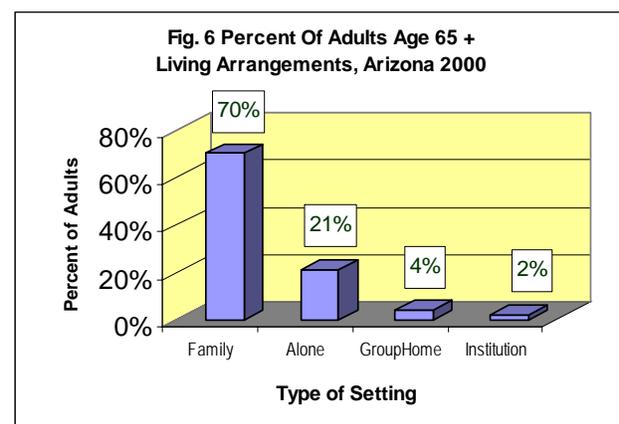
Why is this a problem? Isn't some turnover in management and state workers a good thing? Indeed, turnover can present opportunities for an influx of new ideas and energy. It can create opportunities for promotions and upward mobility. And it can help to move programs and agencies in new directions. But when half of your staff can retire on any given day, and over half are expected to retire within a 2 year period, it becomes less of an opportunity and more of a nightmare. Because state recruitment and employment systems are often set up so that an agency can not hire a new employee until the incumbent has actually left, there is often little chance for the experienced worker to pass along their many years of knowledge, experience, and history. There is no time to simply show the new employee where all the files are kept, introduce them to the key contacts, or ensure continuity in thought and process. The saying that "history forgotten is doomed to repeat itself" has typically referred to war and human atrocities, but it applies equally well to the possible workforce crisis that state agencies in Arizona will face in just a few short years. Thus, the Aging 2020 plan contains some initial strategies to grapple with these concerns.

Goal 6: Enhance the state's capacity to develop and maintain the necessary infrastructure to deliver services in a culturally appropriate, timely and cost effective manner.

Every aspect of living in Arizona may be affected by the future changes in our increasing and changing population. Housing, transportation, health care, education and other state-supported services will take shape based on the needs of our diverse population. The ability of the State to adapt to change, build needed infrastructure, promote capacity building of the public and private sectors, and incorporate the use of new technology to create and expand services to reach all corners of the state will be some of the measures of our success.

In the area of housing, improved lifelong health and medical innovations are changing the way people in their 60s and 70s look at their housing choices. According to the Joint Center for Housing Studies, seniors have the highest homeownership rates of any age group, making up nearly one-quarter of all owners.³⁶ Figure 6 (right) shows that while 70% of seniors live with others in a household, nearly one-quarter of all seniors live alone.

The number of older people living alone has increased in the last two decades and the trend is expected to continue. Additionally, many of those living alone are also experiencing symptoms of cognitive impairment, which means that providers will need to alter their service delivery methodologies and way of thinking about elders to promote independence while attending to cognitive deficits of clients who are living alone.



Source: U.S. Census 2000

The trend towards aging in place is also growing stronger. Many national surveys show that nine out of ten seniors prefer to remain in their homes. Because of that, the market for home modifications and other health and supportive services to help older Americans live safely and comfortably will be growing. Options for those seniors who are no longer able to complete all of the tasks to live independently may mean additional assisted living homes and facilities or long-term care facilities (nursing home) for those needing full-time skilled nursing care. Further, as new housing stock is created, policy makers will need to incorporate accessibility standards in building contracts or by 2030 face having a supply of housing that is of little value to a growing population with mobility and other limitations who will demand affordable and accessible community housing.

Transportation and mobility are as important to independent living as housing. Being able to get from one place to another is a critical link to participation in community life. Social isolation may result from the lack of access to friends and relatives, health care services, shopping opportunities, and social and recreational activities. Both urban and rural participants at Aging 2020 forums clearly expressed their frustration with a lack of transportation options today, and noted their concern that a growing aging population will only heighten the need for point-to-point transportation. In fact, the Governor's Office on Highway Safety indicates in 1990, elderly drivers accounted for 6.7 percent of all miles driven. By 2030, according to conservative estimates, elderly drivers will account for 18.9 percent of all vehicle miles driven, almost triple the 1990 figure.³⁷ Considering it takes 18 months to create 3 miles of highway, and about 7 years to create basic light rail services, it's definitely not too early to start preparing for an aging society. Yet most said that little is being done in their community to address these concerns.

Unfortunately, few people plan for the time when they will no longer be able to drive. Some may have the ability to rely on relatives or friends to drive them, but for those without these resources, they will have to depend on alternate means of transportation. Planning for a comprehensive transit system in urban *and* rural areas is needed-now. Community leaders at Aging 2020 forums cited a lack of financial resources as the main reason for limited options.

Another aspect of Arizona's infrastructure that must be developed to help address a growing population is the state's technological backbone. Important developments in health care and service delivery, such as telemedicine, will be an important aspect of the future system of care in Arizona. Further, health care records, data processing systems, grants and contracts functions, information and referral services, health monitoring devices, respite care tools, and a myriad of opportunities yet to be developed will all require a well-developed technological infrastructure throughout the state. Developing such an infrastructure is important for rural and urban areas, as such an infrastructure may provide some answers to issues such as health worker shortages, tight resources for home visits, improved evaluation of program outcomes, and more effective management of programs, services, and resources.

Finally, more older Arizonans will ultimately mean that more resources will be needed for health care and the social supports necessary to keep those seniors living in community settings. Considering that in 2004, it cost approximately \$1900/year per person for non-medical home and community-based supports (such as home delivered meals, personal care, etc.), \$13,500/year for Medicaid-funded health and community supports, and over \$40,000/year for institutional (nursing home) care, it's clear that, if only from a financial perspective, we should focus on keeping people in the community for as long as possible. While institutional care serves two critical needs-- for families where home care is not medically or financially reasonable and for individuals needing short-term rehabilitative care, it is

clearly the most expensive and least preferred living option for most persons with disabilities. It seems obvious, then, that Arizona should actively and purposely invest in home and community based care services in an attempt to control costs, improve client outcomes, and create the options that each of us would want for ourselves.

We could go on and on about the need for capacity building; instead, we've highlighted some of the key areas that, without considerable attention in the coming decade, will leave Arizona wholly unprepared for a burgeoning aging population. While infrastructure development is not necessarily politically popular, it is the foundation on which all other things are built. Nobody would live in a house that was built with walls, windows, floors, and roof but no foundation - why, then, should we consider living in 2020 with a system that has a crumbling and inadequate infrastructure? Indeed, we should not.

Goal 7: Promote quality of care in all aging services.

Arizona has a diverse continuum of care delivery system for older adults who need health care and/or long term care. It encompasses a range of services from independent living to home and community based support services, to skilled nursing care in institutions and facilities. The foundation of the system is built on the basic value and principle that vulnerable adults need high quality services that promote independence, choice, and dignity. Quality of care is central to Arizona's system - a system that strives to be client-centered, provide an integrated approach to service delivery, and be responsive to the changing needs of older adults.

Quality of care is particularly important because vulnerable adults have a propensity to decline in health from poor quality of care, which results in human suffering and a drain on health care resources. For example, if during an argument with another resident, an 85 year-old woman falls which causes a hip fracture, she will take six to eighteen months to heal at an estimated cost of \$13,470.³⁸ More tragically, however, the fall may begin a downward spiral in the elder's health-- pneumonia, depression, incontinence, bedsores, and dehydration can all result from immobility and poor quality of care. Indeed, approximately 50% of elders who experience hip fractures die within 12 months of the injury.³⁹ Yet risk management procedures and staff training on behavioral health may help prevent this altercation, fall, and subsequent health problems from occurring.

The federal Agency for Healthcare Research and Quality (AHRQ) now issues an annual report on health care quality measures across four dimensions of quality - effectiveness, safety, timeliness, and patient centeredness and nine clinical condition areas or care settings. In the second annual *National Healthcare Quality Report (NHQR)*, Arizona was rated on 85 quality of care measures and received 24 above average ratings, 38 average ratings, and 32 below average ratings (21 measures were not available). The following table shows how well Arizona performed in 3 of 14 selected measures of health care quality that are featured in the 2004 National Healthcare Quality Report.⁴⁰

Fig. 7: Arizona's Performance on 3 Quality of Care Measures in 2000

Measure	National Average	State Score	State Rank
Nursing Home and Home Health Care Percent of long-stay nursing home residents who have moderate-to-severe pain	6.0	8.9	44
Percent of home health patients who get better at walking or moving around	35.0	34.1	33
Percent of home health patients who had to be hospitalized	27.5	22.7	9

Source: U.S. Department of Health & Human Services, Agency for Healthcare Research & Quality. "National Health Care Quality Report, *State Resources for Selected Measures from the 2004 National Healthcare Quality Report.*" AHRQ Pub No. 05-0061-3. DHHS: Washington, DC. April 2005. Available at URL: <http://www.aqualitytools.ahrq.gov/aqualityreport/state/snaD.aspx?docid=6671>

These reports help to pinpoint problem areas so that Arizona can improve quality of care. Planning for the expansion of quality care services that are accessible and affordable will take time and resources. State agencies have a number of tools to ensure quality of care in institutional as well as community care settings, including developing and monitoring quality assurance measures, setting training, licensure, and certification standards, conducting facility surveys, measuring health outcomes, and enforcing a regulatory system appropriate to each level of care.

A number of issues affect quality of care including the ability to maintain a stable and well-trained workforce, financing of services, public education, and the availability of consumer-desired care options. Working together to address this broad spectrum of issues affecting quality of care can make for a bright future for aging services.

Goal 8: Promote effective and responsive management for all aging services.

For nearly 40 years, the federal Older Americans Act has charged states with the responsibility of creating a "coordinated and comprehensive service delivery system" for older Americans. As we have learned, that's easier said than done. Limited financial resources, a growing aging population, fragmentation across the system due to varying and often conflicting statutes and regulations, turf issues, and "silo" approaches to management have plagued the Aging Network across the country. While there is a higher than normal level of cooperation among traditional Aging Network partners (such as Older Americans Act and Medicaid service providers) in Arizona, many partners who are key in helping prepare the state for an aging population remain on the fringes of the system, left out of mainstream discussions and systemic planning.

If Arizona is going to make systemic changes, effective and responsive management must be a common goal for all state agencies. Collaboration and coordination among state agencies, local units of government, service providers, and private foundations and businesses will be essential to prevent duplication of efforts and ensure maximum efficiency and cost effectiveness in service delivery. With an ever increasing aging population and often shrinking fiscal resources, collaboration and innovative financing approaches may be the only way to attain some of the goals in this Aging 2020 plan. Additionally, evaluation of services and analysis of outcomes are no longer just an interesting thing to do - they are essential to prove the effectiveness of the effort and ensure that scarce resources are being spent for maximum results.

Future Directions

Any plan is only good if it is used. Plans that sit on bookshelves or in archive files do little to provide direction and monitor progress towards achieving the established goals. Aging 2020 will not be such a plan. Several actions will help make the Aging 2020 plan a dynamic document that provides the guideposts for systems development as Arizona prepares for a significantly older population. Among those actions are:

- Under the direction of the Governor's Office, state agencies will meet quarterly to report their progress, accomplishments, and barriers encountered while implementing their strategies. This progress will be recorded and reported to the Governor twice each year.
- Additional non-mandated state agencies, local governments, and private sector activities will be added to the plan during the coming year so that Aging 2020 eventually represents all of the major initiatives underway to prepare Arizona for an aging population.
- The Aging 2020 plan will be a living document, with strategies added, deleted, and amended over time, in accordance with emerging opportunities, resources, and changing realities.
- The Governor's Office and the Governor's Advisory Council on Aging will work with local governments and the private sector to develop local initiatives and partnerships to further the goals in the Aging 2020 plan.
- The Governor's Advisory Council on Aging will establish a process for regularly updating the public on the accomplishments under the Aging 2020 plan and for continued receipt of public input about the needs of an aging population.

There are many things in life we cannot control - indeed, aging itself is one of them. But how well prepared Arizona will be when the bulk of the Baby Boomers hit old age is something that we can control. We *can* improve access to information and services. We *can* ensure that the public, businesses, and policy makers are aware of the needs of aging Arizonans and that they realize that an older population presents opportunities, not just challenges. We *can* promote healthy lifestyles, independent living and safe communities. We *can* create a stable, well-trained direct care workforce while supporting family caregivers and mature workers as they transition into other roles in later life. We *can* - and we must - develop our state's infrastructure and capacity to handle a growing aging population. We *can* ensure that the quality of care of services that seniors receive will be top-notch, while employing management strategies to achieve maximum effectiveness.

Ultimately, we *can* do this - we *can* move Arizona forward and ensure that our state is well-prepared for an aging population. It will not be easy and will not be without challenges, but it is possible. And it is worth it.

After all, it's our own future that we're talking about!

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Aging 2020

Arizona's Plan for an Aging Population



Agency - Specific Strategies

Aging 2020 is a living document that will change as agencies begin to implement strategies contained in the plan and as we involve additional government agencies and private partners. Please visit our web site at www.azdes.gov/gaca for the latest developments.

ARIZONA'S AGING 2020 PLAN

Goal 1: Make it easier for older Arizonans to access an integrated array of state and aging services.

For older Arizonans to fully participate in all aspects of community living, they and their families need access to information, resources, and services through a variety of venues. To this end, public and private organizations can play a leadership role in making it easier for older Arizonans to find and use the services and resources they need, no matter where in Arizona they may live.

Objective 1.1: Provide information and promote understanding of options, benefits, and available services through a range of multi-media formats.

<u>STRATEGIES</u>	Lead Agency
a. Enhance information systems to improve access to information related to senior health issues.	AHCCCS
b. Review and revise the AHCCCS Web site to ensure its suitability for an aging population.	AHCCCS
c. Continue to implement Web-based strategies for collecting and providing licensing and vital records information.	ADHS
d. Develop One-Stop Resource Centers across the state to make it easier to access information on a variety of aging-related topics, issues, and services.	DES, GACA, AHCCCS
e. Utilize existing resources such as State Health Insurance Program and Benefits CheckUp to expand life choices and information on benefits program.	DES
f. Use the Arizona Department of Housing ("ADOH") web site to provide information on ADOH and other service issues of interest to senior citizens.	ADOH
g. Utilize the Universal Trail Assessment Process (UTAP) system to provide information about the actual conditions in outdoor, natural environments.	ASP
h. The Arizona State Parks web site should be Americans with Disabilities Act ("ADA") accessible.	ASP
i. Revisit and modify the content and format of the agency Web site with possible options of large font and readability using talking browser programs. Develop large print options for the Official State Visitor Guides.	AOT
j. Additional Veterans Benefits Counselors will need to be added.	ADVS
k. Review and revise the Attorney General web site to ensure its suitability for an aging population in accordance with GITA guidelines and resource availability.	AG

Objective 1.2: Facilitate an interagency approach towards a comprehensive transit system that allows older adults to remain as independent as possible.

a.	Collaborate with other agencies to coordinate transportation resources to effectively meet the needs of older adults.	DES
b.	Work with manufacturers of rail cars and all interested parties to develop equipment that meets the physical needs of the senior traveler.	ADOT
c.	Partner with public transit, airport, rail and elderly support interest groups, the Arizona Motor Vehicle Division (MVD), councils of governments and metropolitan planning organizations to improve travel options and travel support for those elderly who can no longer drive.	ADOT
d.	Insure that the needs of the elderly are taken into account in determining highway, rest area and other transportation-related lighting needs.	ADOT
e.	Improve public outreach to the elderly community to ensure inclusion in Context Sensitive Solutions which integrate and balance community, environment and aesthetic values with traditional transportation safety and performance goals.	ADOT
f.	Review and revise construction and maintenance practices to compensate for the diminished faculties of the senior driver.	ADOT

Objective 1.3: Ensure access to health care for seniors of all socio-economic levels.

a.	Offer affordable premium-based insurance (i.e. Health Care Group) to small businesses.	AHCCCS
b.	Evaluate emerging technological opportunities such as telemedicine.	AHCCCS
c.	Improve accessibility to care by enhancing medically necessary transportation services.	AHCCCS

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

The role of education cannot be underestimated in planning Arizona's future. Education permeates nearly every section of the Aging 2020 Plan. Through education, the fears, myths and misconceptions about aging can be changed so that older adults, businesses, providers and Arizona, as a whole, can be free from artificial barriers that prevent all from realizing the full potential of our changing population.

Objective 2.1: Provide culturally appropriate information to older adults and their families to promote a broad understanding of issues that arise as we age and how to address them.

STRATEGIES	Lead Agency
a. Develop culturally appropriate awareness campaigns to educate communities on elder abuse.	DES
b. Increase the cultural and linguistic competency of aging services provided statewide.	DES
c. Use surveys to gather data from park visitors to identify whether facilities and services are disproportionately affecting older demographics and to identify areas for improvement.	ASP
d. Use the Trails and Health Journal to educate the public on the health benefits of physical activity on trails.	ASP
e. Have agency representatives make personal contact with senior groups to discuss safety issues, provide information, and supply personal advice.	DPS
f. Use a combination of agency employees and volunteers/retirees to provide community education services on topics such as predatory lending, life care planning, id theft, etc.	AG, DPS
g. Use research to develop and implement marketing campaigns to attract in and out of state visitors in the aging population.	AOT
h. Publicize scams and frauds to increase senior awareness.	AG
i. Expand upon the use and development of culturally relevant and appropriate materials and outreach information for a diverse aging population.	AG
j. Educate the aging population about its rights under the civil rights and consumer fraud laws, and enforcement processes of the AG's office through public awareness campaign, satellite offices, and partnerships with community groups, volunteers, and federal, state and local agencies.	AG

Objective 2.2: Promote gerontological studies in all disciplines to address aging issues through a multidisciplinary approach.

a.	Collaborate with experts in the field to develop and provide training opportunities for professionals and others who have contact with older and vulnerable adults.	DES
b.	Increase accessibility, through distance learning and other methods, to gerontology education in Arizona.	ABOR
c.	Create public awareness of the need for specialized knowledge and skills in providing services (health and otherwise) to, and designing products for, seniors.	ABOR
d.	Strengthen existing collaboration between the community college and university systems to enhance postsecondary education.	ABOR

Objective 2.3: Educate businesses, providers, and other private entities about the value and needs of senior Arizonans.

a.	Partner with the Governor's Advisory Council on Aging to offer educational workshops and/or information to share with tourism industry constituents.	AOT
b.	Provide customized workshops during the annual Governor's Conference on Tourism to address issues facing the aging population and tourism.	AOT
c.	Use web site to offer coordinating information about tourism and the aging population to industry constituents.	AOT
d.	Use studies to drive the development of tourism programs, tourism promotions, and education/awareness, regarding issues that relate to travel/tourism and the aging population.	AOT
e.	Inform providers of available Fiduciary Division services and market itself as a community resource.	ADVS
f.	To coordinate conferences and seminars that bring together key players to explore, discuss, and create heightened awareness of age-related issues, form new partnerships, and expand the participants' knowledge of available resources.	GACA
g.	Partner with Commerce, DES, Tourism, and others to promote the value of mature workers.	GACA
h.	Continue to develop and disseminate information designed to assist communities to better understand their local and regional economies, including the changing demographic characteristics of the workforce. Includes original research, evaluation of best practices and analysis of existing research. Focus on how local businesses and community planners can prepare for impacts and capitalize on opportunities.	Commerce
i.	Develop workshops/seminars that explore aging issues and share best practices at events such as the annual Rural Development Conference.	Commerce

Objective 2.4: Prepare the state workforce to better serve and address the needs of an aging population.		
a.	Use internal methods to inform and create awareness of aging issues among employees.	DPS
b.	Conduct "advanced basic" as well as "in-service" training for both civilians and veteran officers to prepare employees for changing demographics.	DPS
c.	Provide officers with more exposure to seniors and teach them better methods of conversing with the elderly, techniques for calming fears, improved listening skills, increased sensitivity to physical impairments, and methods for taking enforcement action to "educate" senior violators without being condescending.	DPS
d.	Train officers on "voluntary compliance" to promote traffic safety among senior drivers through means other than enforcement.	DPS
e.	Market existing work-life benefits.	ADOA
f.	Promote health and wellness initiatives for state employees.	ADOA
g.	Coordinate with Department of Education and Department of Economic Security to support work of the Governor's Council on Workforce Policy, to recommend allocations of Workforce Investment Act (WIA) funds, and to develop and implement short and long-term strategies and programs designed to train and retrain an aging population.	Commerce
h.	Coordinate with key stakeholder networks to increase awareness and to incorporate demographic trends & associated strategies into local & regional economic and community and workforce development plans.	Commerce
i.	Develop or enhance interagency agreements with vocational schools, community colleges and universities to include, to the extent feasible, University Medical Center and the Arizona State/University of Arizona Medical School-Phoenix for the delivery of outpatient and inpatient services to inmates.	ADC
j.	Develop curricula to inform offenders of issues they will encounter while aging in Corrections.	ADC
k.	Research development of adaptive recreational programs for the elderly including internships for physical education majors as funding permits.	ADC
l.	Collaboration with the Governor's Re-Entry Task Force regarding development of offender transition programs to provide education about available public health and community agencies, housing and employment resources and support groups, and research the possible implications for providing opportunities for creating wills, living wills and durable powers of attorney by featuring internships for social work majors and law students.	ADC
m.	Enhancement of existing internship programs for medical, nursing, mental health, dental and pharmacy students.	ADC

n.	Develop new agreements with medical assistant, phlebotomy, and nursing aide programs for internships in support of the planned current expansion of the In-Patient Component (IPC).	ADC
o.	Ensure the Governor's Re-Entry Task Force specifically addresses the needs of elderly inmates in its pre-release preparation planning and transition-specific programs.	ADC
p.	Develop training curricula to educate Security and Medical staff in preparation for the impending evolution of aging in Corrections.	ADC
q.	Promote awareness and provide education on the varying phases of aging to address the phases.	DES

Goal 3: Increase the ability of older adults to remain active, healthy and living independently in their communities.

Arizona has the most to gain in promoting healthy and active living for its residents, regardless of age. With greater longevity and increasing population growth, Arizona's economy can continue to prosper or be hindered due to ever-increasing health care costs due to poor health and chronic disease. Health promotion and disease prevention are just two strategies that can help us define Arizona's future.

Objective 3.1: Conduct research and monitor trends and outcomes to better inform policy and program development.

STRATEGIES		Lead Agency
a.	Track and trend data on the health status and health behaviors of older and mid-aged adults.	ADHS
b.	Perform gaps analysis of data on the health status and health behaviors of older and mid-aged adults.	ADHS
c.	Evaluate efficacy of prevention and health promotion programs targeting older adults.	ADHS
d.	Evaluate the efficiency, effectiveness, and cost-benefit of technological advancements that allow individuals to remain safely in their homes.	AHCCCS
e.	Conduct original research and evaluate nationwide best practices regarding issues associated with growth in the aging population to state, regional and local businesses, workforce and community development entities.	Commerce

Objective 3.2: Provide resources and services to promote healthy lifestyles, resulting in compressed morbidity and reduced mortality from preventable and chronic diseases.

a.	Facilitate coordination of health promotion and disease prevention programs statewide.	DES
b.	Promote independence through the availability and accessibility of non-medical home and community based services.	DES
c.	Expand efforts to educate individuals about life care planning options and end-of-life options.	ADHS, DES
d.	Conduct prevention efforts aimed at older adults at risk of depression or suicide.	ADHS
e.	Expand participation in self-management programs for chronic diseases.	ADHS
f.	Facilitate coordination of immunization efforts among older adults.	ADHS
g.	Promote access to screening to detect chronic diseases.	ADHS
h.	Initiate and coordinate a statewide falls prevention campaign.	ADHS
i.	Cooperate with ADHS to enhance prevention and wellness program outreach efforts.	AHCCCS
j.	Expand disease management programs designed for chronic conditions to include those at all stages of the disease process.	AHCCCS

Goal 4: Increase the safety and well-being of older Arizonans.

Safety in our communities is important for ensuring both the health and financial well-being of older adults. With increasing numbers of older adults living in their homes and living alone, maintaining safe communities will need more attention and take new strategies.

Objective 4.1: Promote strategies to improve community safety for older adults.

STRATEGIES	Lead Agency
a. Involve citizens in traffic safety and crime prevention efforts by providing information.	DPS
b. Promote medical review programs that promote early intervention for those with compromised driving ability; find a method of ensuring that senior drivers have the physiological skills to continue operating a vehicle safely.	ADOT
c. Expand service integration efforts to include the safety and well being of older Arizonans.	DES
d. Initiate an education campaign to prevent elder abuse and heighten awareness to recognize the signs of elder abuse.	DES
e. Build a continuum of accessible services to meet victim's service needs.	DES

Objective 4.2: Strengthen efforts to prevent and respond to reports of elder mistreatment.

a. Provide Adult Protective Service investigators with continuous professional training to improve responsiveness and timeliness of Adult Protective Service investigations.	DES
b. Provide Adult Protective Service investigators with continuous professional training to improve quality and response to reports of incapacitated and vulnerable adults who are victims of abuse, neglect, and exploitation.	DES
c. Cooperate with law enforcement agencies and prosecutors' offices to effectively carry out prosecution of perpetrators of abuse, neglect, and exploitation.	DES
d. Provide agency investigators with advanced technological training and specialized services and equipment to access, evaluate and monitor the Internet for potential fraudulent schemes, develop a public alert system, and exchange intelligence regarding cyber crime.	DPS
e. Work to prevent the diverse aging population from becoming victims of civil rights violations, including age discrimination, consumer fraud scams and criminal activity.	AG
f. Combat fraud and discrimination against the diverse aging population by investigating complaints, filing lawsuits, resolving claims and/or mediating using Attorney General staff and volunteers.	AG

g.	Identify new fraud and discrimination issues that may have an adverse impact on the diverse aging population and evaluate whether the issues should be addressed through coordination with other state or federal agencies, regulatory or legislative change or litigation.	AG
h.	Advocate for victims' rights and publicize outcomes of civil and criminal cases.	AG
i.	Monitor and provide legal input with respect to legislation and government agency policies and procedures involving civil rights and consumer fraud issues that may affect the aging population.	AG

Goal 5: Strengthen Arizona's economy by capitalizing on an integrated and well-trained informal, paraprofessional, and professional workforce.

With the first wave of Boomers attaining retirement age in 2006, both public and private sectors need to develop work environments and coordinate opportunities that maintain a strong, diverse paraprofessional and professional workforce with strategies that include support for workers and their family members with caregiving obligations.

Objective 5.1: Provide support for families in their efforts to care for their loved ones at home and in the community.

STRATEGIES	Lead Agency
a. Identify additional opportunities to expand home and community based services (e.g. consumer-directed care, transitional living assistance).	AHCCCS, DES
b. Facilitate and support caregiver education and ongoing access to useful caregiver resources.	AHCCCS, DES
c. Offer family care support for state employees.	ADOA
d. Work with private foundations, Area Agencies on Aging and community colleges to develop culturally appropriate training programs for family caregivers.	GACA
e. Offer flexible working conditions for employees with child and elder care issues, and better use of succession planning techniques such as mentoring, phased retirement, and employment flexibility.	DPS, DES

Objective 5.2: Create a stable and well-trained (in aging) workforce sufficient to meet the growing care needs in Arizona.

a. Cooperate with State medical schools to support professional training programs that produce gerontological specialists and fill gaps in medical service availability.	AHCCCS
b. Expand the use of physician extenders in underserved areas, such as nurse practitioners and physician assistants.	AHCCCS
c. Provide leadership to statewide workforce development efforts.	ADHS, DES
d. Provide ongoing training to behavioral health providers on identifying and addressing the behavioral health needs of older adults (collaboration between Licensing and Behavioral Health divisions)	ADHS
e. Fine tune plans to staff the state Veteran Home to be opened in Tucson.	ADVS
f. Ensure the staff-to-client ratio is manageable and within levels acceptable to the Arizona Supreme Court.	ADVS
g. Investigate in-house training for certain employee types, to include On-The-Job Training (OJT) and apprenticeship programs that may be approved for Montgomery GI Bill benefits.	ADVS

h.	Expand agreements with nursing schools to provide practicum experience in a long-term care setting for its students, resulting in effective recruiting of personnel for the nursing department at each State Veteran Home in the state.	ADVS
i.	Collaborate with experts in the field to develop and provide training opportunities for employees.	DES
j.	Provide on-going training to staff to effectively serve the family unit. (i.e., aging sensitivity training for kinship care service recipients).	DES
k.	Work with policy makers, educators, health care providers and consumers to develop and advocate for policies, programs, and other mechanisms that increase the professional status, quality and numbers of direct care workers.	GACA
Objective 5.3: Promote a coordinated workforce development approach between public and private entities to benefit from the capabilities and experience of a mature workforce.		
a.	Together with key stakeholders, provide opportunities for businesses, public and private agencies, community colleges, and mature workers to identify barriers that may prevent the hiring of mature workers and opportunities for persons interested in meaningful and productive employment.	GACA
b.	Increase the retention rate of older employees.	DES
c.	Increase employment opportunities with a living wage and training opportunities for older Arizonans.	DES
d.	Welcome older volunteers for one-time projects as well as long-term projects.	ASP
e.	Pay seniors and provide some benefits to work part-time in training positions.	ASP
f.	Develop a skills inventory and training programs for retirees and potential volunteers to serve as instructors, serve on advisory committees and in public information and data services roles.	DPS
g.	Coordinate with industry constituents to develop a volunteer opportunity database and increase knowledge about jobs and opportunities available to the aging workforce, and to communicate these opportunities to the aging population.	AOT
h.	Provide outreach to and recruit newly discharged military personnel as part of their discharge planning. Work with military bases to match the military occupation of those being discharged with the vacancies available at the State of Arizona.	ADVS
i.	Identify on-the-job training and apprenticeship programs that may be suitable for veterans seeking employment with the State. The veterans can work for the State while obtaining Montgomery GI Bill educational benefits.	ADVS
j.	Coordinate with Department of Education and Department of Economic Security to support work of the Governor's Council on Workforce Policy, to recommend allocations of WIA funds, and to develop and implement short and long-term strategies and programs designed to train and retrain an aging population.	Commerce

k.	Coordinate with key stakeholder networks to increase awareness and to incorporate demographic trends and associated strategies into local and regional economic and community and workforce development plans.	Commerce
Objective 5.4: Implement human resource policies that balance the needs of state employers with the changing needs of an aging workforce.		
a.	Develop an educational plan to address the varying phases of retirement for employers.	DES
b.	Develop a succession management program.	DES
c.	Investigate incentives to university departments to incorporate aging experts in their hiring plans.	ABOR
d.	Collaborate with Department of Administration to provide information about retirement, benefits, and post-retirement opportunities to employees at or near retirement age.	ADOH
e.	Prepare a plan for key employee succession and skill retention in the future.	ADOH
f.	Agency representatives and the Merit System Council are reviewing the rules and identifying those that may be in need of modification in preparing for aging issues.	DPS
g.	Implement temporary appointments, hourly employment, and flexible scheduling to fill gaps in specialized areas.	ADOA
h.	Offer flex hours, job sharing, reduced work weeks, telecommuting, programmed rotation, and temporary assignments of a shorter duration.	DPS
i.	Investigate ways to encourage employee retention (such as flexible work schedules and job shares), minimize turnover through management training programs, and assist managers facing increasing work demands with limited human resources.	ADVS
j.	Perform workforce analysis and proactive recruitment.	ADOA
k.	Explore and develop new recruitment options.	ADOA
l.	Explore recruiting military veterans and retirees.	ADOA
m.	Develop and provide succession management tools to assist agencies in developing their own staff through training and mentoring programs.	ADOA
n.	Assess employees' training needs.	ADOA
o.	Develop training programs for emerging skills.	ADOA
p.	Provide variety of training in various formats to meet demands of employees.	ADOA
q.	Automate recruitment system.	ADOA
r.	Establish internship programs for high school and college students.	ADOA
s.	Provide part-time work for state employees easing into retirement.	ADOA

t.	Develop plans for job sharing and continue offering flexible work schedules.	ADOA
u.	Establish an intra-agency task force to develop plans for recruitment, retention, and reallocation of staff consistent with projected needs.	ADC
v.	Establish a Nurses Aide training program for offenders to ensure there are a sufficient number of adequately trained inmates to assist prisoners with severe physical limitations as "offender aides."	ADC
w.	Coordinate with the Department of Administration, as appropriate, and assist in developing retirement transition opportunities for aging state workers.	GACA

Goal 6: Enhance the State's capacity to develop and maintain the necessary infrastructure to deliver services in a culturally appropriate, timely and cost effective manner.

Every aspect of living in Arizona may be affected by the future changes in our increasing and changing population. Housing, transportation, health care, education and other state-supported services will take shape based on the needs of our diverse population. The ability of the State to adapt to change, incorporate the use of new technology, form public-private partnerships to create and expand services to reach all corners of the state will be some of the challenges and opportunities that face Arizona as we grow.

Objective 6.1: Use regional and technological approaches to improve service delivery, especially to underserved areas.

STRATEGIES		Lead Agency
a.	Investigate alternatives for financing currently uncovered services, specifically vision, hearing, and dental services.	AHCCCS
b.	Support the infrastructure of Federally Qualified Health Centers and other existing providers in underserved areas.	AHCCCS
c.	Provide more services over the web.	ADHS
d.	Identify technology/communication systems to make agency resources, best practices, and partners accessible to aging adults, partners, and providers.	ADHS
e.	Utilize Community Network Teams to assess the needs of underserved areas.	DES
f.	Updated Veterans Information Management System (VIMS) software will provide enhanced case management capability for the Veterans Services Division.	ADVS
g.	Explore opportunities for a statewide approach to providing academic degrees (MS, PHD) in gerontology.	ABOR
h.	Provide resources and administrative support for sustaining and expanding the gerontology certificate programs at the three state universities.	ABOR
i.	Continue to develop, expand and publicize services offered to the general public through statewide satellite offices including use of trained volunteers.	AG

Objective 6.2: Develop programs and approaches to close the gaps in the state's current aging services infrastructure and delivery system.

a.	Explore coverage of additional types of assisted living facilities that allow members alternatives to institutionalization.	AHCCCS
b.	Provide resources and administrative support for the expansion of the medical campus in downtown Phoenix and its programs.	ABOR

c.	Establish internal task force to explore new construction/remodeling needs and alternative options based on elderly offender population growth, including lease/purchase of overbuilt or underutilized assisted living and long term care facilities.	ADC
d.	Negotiate contracts for community halfway house/group home placements for the elderly offenders upon release, depending upon available funds.	ADC
e.	Increase accessible, safe and affordable ADOH options for seniors through collaborations.	DES
f.	Increase the number of eligible older adults receiving food stamps.	DES
g.	Increase awareness of the family caregiver support services.	DES
h.	Integrate departmental services in order to effectively serve the family unit.	DES
i.	Cross train providers and utilize case managers across agencies to assist seniors with processes for dealing with multiple agencies and services.	DES
j.	Increase awareness of the family caregiver support services.	ADOH
k.	Create/support programs for new construction of senior complexes, acquisition/rehabilitation of existing senior housing projects.	ADOH
l.	Expand home modification program for seniors throughout the state.	ADOH
m.	Review homeowner rehabilitation and manufactured ADOH replacement programs to improve feasibility for seniors.	ADOH
n.	Research potentials for the creation of manufactured ADOH developments for both rental and homeownership projects.	ADOH
o.	Investigate the application of universal design principles to all new multifamily ADOH projects funded by ADOH.	ADOH
p.	All design for new Built Environment projects must be Americans with Disabilities Act (ADA) compliant, and eventually, 90% of park facilities should meet at least 75% of state/federal accessibility requirements.	ASP
q.	Update Visitors Centers to meet the needs of the aging population.	AOT
r.	Investigate the opportunities of additional facilities in the state to serve its veteran population. Include focus on long-term care needs of veterans and their spouses who have Alzheimer's or other forms of dementia and/or mental illness.	ADVS
s.	Plans for future Veterans Home facilities have been developed based on the Phoenix model.	ADVS

Objective 6.3: Create working partnerships across state agencies and with private entities to improve the state's ability to develop the business & service infrastructure necessary to meet the needs of seniors.

a.	Collaborate with Federally Qualified Health Centers to expand health services in under-served areas.	AHCCCS
b.	Support "Universal Building" efforts extended by the Department of ADOH."	AHCCCS, ADOH
c.	Expand health promotion/education opportunities by bringing public health and aging networks together.	ADHS, DES
d.	Increase available funding for aging services through resource development.	DES
e.	Increase needed supports through community partnerships, maximization of local resources, and expanded availability of caregivers.	DES
f.	Enhance Adult Protective Services and Non-Medical Home and Community Based Services to meet the needs of the growing aging population.	DES
g.	Build a system of services that is accessible, practical, user-friendly, and culturally competent through partnerships.	DES
h.	Partner with local communities to develop locally driven services and programs to meet the needs of the aging populations.	DES
i.	Ensure continued collaboration between State agencies and community partners by identifying and implementing programs and services that address evolving issues affecting older adults.	GACA
j.	Technical Assistance and line staff provides help to local governments, nonprofit and private developers interested in providing affordable ADOH to low and moderate income person.	ADOH
k.	Collaborate with state agencies, local governments, nonprofit and private service providers to utilize Medicare and Medicaid waivers and other programs to support quality aging in place for seniors.	ADOH
l.	Collaborate with state & local government agencies, nonprofit & private service providers to develop a range of medical, recreational and other support services for residents of new ADOH projects.	ADOH
m.	Establish a wide range of collaborative efforts within state government, with local governments, nonprofit and private ADOH and service providers to develop a coordinated senior ADOH program.	ADOH
n.	Collaborate with the Registrar of Contractors to investigate the potential for reduced contractor licensing requirements for minor home rehabilitation.	ADOH
o.	Help prevent fraudulent schemes and financial crimes committed against the elderly through public education, training and enforcement.	DPS, AG

p.	Assess the needs of the aging population for Arizona tourism and partner with appropriate state agencies to coordinate findings and integrate plans.	AOT
q.	Identify the mobility/transportation challenges facing the aging population related to travel and tourism in Arizona and coordinate with the appropriate state agencies, cities, counties, etc., to address these issues.	AOT
r.	Work with localities to design safe and well-maintained passenger transit and rail stations to address the needs of the senior traveler.	ADOT
s.	Increase collaboration with other entities (such as the Arizona National Guard, Department of Defense, Maricopa Workforce Development, Arizona State University-Educational Opportunity Center Veterans Upward Bound Program and Educational Opportunity Center, Arizona Department of Economic Security-Veterans Services, and private universities such as Charter Oak and Excelsior) to provide career counseling to veterans.	ADVS
Objective 6.4: Establish policies, procedures, regulations, and statutes that reflect the changing nature of an aging population.		
a.	Pursue policy changes at the state and federal levels to allow more flexibility based upon local needs.	DES
b.	Develop and promote policy initiatives that address new and developing issues related to aging that affect the quality of life for older Arizonans, their families and the communities where they live.	GACA
c.	Modify the homeownership development program to accommodate the financial and social needs of seniors. Emphasis will be placed on developing an elderly homeownership program on tribal lands where land ownership challenges have been addressed.	ADOH
d.	Consider use of specific allocation of financial resources and/or use of set asides and preferences to encourage and stimulate senior ADOH development.	ADOH
e.	Modify standards for traffic control devices to increase visibility, such as increased visibility of signs and pavement markings.	ADOT
f.	Make appropriate revisions to design related documents for highway improvement projects that address the diminished physical capabilities of the elderly, including provisions for additional disabled parking spaces and increased use of traffic calming techniques.	ADOT
g.	Renew efforts to change existing laws by working with state lawmakers to increase the maximum amount of fees the Fiduciary Division can collect.	ADVS
h.	Explore statutory changes to mandatory sentencing structure to allow earlier release for certain elderly felons convicted of non-violent, non-sex crimes, with low risk of recidivism, who have served at least "x" percent of their sentence.	ADC

i.	Explore how disciplinary practices for inmates and offenders on community supervision may consider issues of aging and illness as mitigating factors.	ADC
j.	Update current system of written instructions to ensure the Department's processes are correct and include transpositioning practices, exploring policies in other agencies and assuring input of victims' groups in any policy changes.	ADC
k.	Explore revisions to pertinent statutes to create Medical Parole for elderly offenders where there is documented need for long-term intensive nursing care, whether or not death is imminent.	ADC

Goal 7: Promote quality of care in all aging services.

Arizona has a diverse continuum of care delivery system for older adults who need health care and/or residential care. The foundation of the system is built on promoting independence, choice, and dignity. In 2020, with the growth and changes in Arizona's population of adults needing care and services, a central task will be ensuring quality in our health and social support systems.

Objective 7.1: Ensure the highest quality of care through active monitoring, assessment, and training.

STRATEGIES	Lead Agency
a. Provide effective oversight of community-based facilities and the care providers who work in them.	ADHS
b. Require Arizona Long Term Care System (ALTCS) contractors to submit an Annual Network Development and Management Plan that describes strategies for improvement.	AHCCCS
c. Require ALTCS contractors to involve member-provider councils in the identification of methods to improve member accessibility to services.	AHCCCS
d. Prepare for the needs of a growing ethnically diverse population by promoting cultural competency in healthcare education and throughout the healthcare delivery system.	AHCCCS
e. Develop additional incentives for health plans, program contractors and providers of care to meet quality standards and prevention goals (e.g., Pay for Performance strategies).	AHCCCS
f. Integrate health promotion and disease prevention strategies into the facility licensing process.	ADHS
g. Train behavioral health and licensed facility providers on how to better address the health needs of older adults.	ADHS
h. Implement legislation on medical techs in long-term care facilities.	ADHS
i. Expand the adult day health care program (currently available at the Arizona State Veteran Home in Phoenix) to provide respite services and keep veterans in their homes as long as possible.	ADVS (ASVH)
j. Partner with the Area Agencies on Aging to provide effective oversight of home and community based services.	DES
k. Develop quality assurance standards to measure the quality within Adult Protective Services.	DES

Objective 7.2: Establish regulations and policies to promote quality of care in all settings.

a. Regulate and enforce assisted living training programs.	ADHS
b. Develop rules for feeding assistants program for long-term care facilities.	ADHS
c. Change long-term care rules to reflect the increased acuity in long-term care facilities.	ADHS
d. Increase regulation and oversight of assisted living facilities, emphasizing increased training requirements for behavioral health issues, quality of life, safety, nutrition, and physical activity.	ADHS

Goal 8: Promote effective and responsive management for all aging services.

To adequately serve the growing numbers of older Arizonans, changing the way the State does business must be coupled with identifying and developing new funding mechanisms, innovations in service delivery systems and expanding collaborative efforts among state agencies.

Objective 8.1: Leverage federal funds and use creative financing strategies to provide the necessary resources to address the needs of a growing aging population.

STRATEGIES		Lead Agency
a.	Create a competitive compensation plan for state employees.	ADOA
b.	Use claims utilization review to identify health issue and trends; identify employees' needs and focus programs on those needs; assist in controlling and reducing overall medical costs while improving the health of state employees.	ADOA
c.	Increase availability of voluntary benefits such as long term care insurance for state employees.	ADOA
d.	Take advantage of federal waiver opportunities to offer flexible long term care and establish principles, programs and payments strategies that encourage and support the delivery of cost-effective, quality services in the least restrictive settings.	AHCCCS (ALTCS)
e.	Ensure the stability of nursing home facilities, hospitals and other critical providers through equitable reimbursement rates and support of strategies that address unsustainable malpractice premiums.	AHCCCS
f.	Encourage and support non-traditional methods of financing long term care (e.g., compensating family caregivers via tax credits and respite; supporting measures that make long term care insurance a reasonable option).	AHCCCS
g.	Leverage funding to strengthen and enhance aging services in the state.	DES
h.	Continuously assess resource allocation between urban and rural Arizona as demographic trends develop.	ADOH
i.	Leverage private and public resources for new construction; rehabilitation and modification of existing ADOH, allowing seniors to age in place at the lowest possible cost to themselves and the State.	ADOH
j.	Use State ADOH Fund programs for new construction of homeownership opportunities, homeowner rehabilitation and emergency rehabilitation programs for senior ADOH.	ADOH
k.	Homes for Arizonans Initiative provides low-cost mortgage financing and down payment and closing cost assistance.	ADOH
l.	Public ADOH Authority provides tenant-based Section 8 rental assistance, and administers multi-family Section 8 project based funds on behalf of Housing and Urban Development (HUD).	ADOH

m.	Community Development Block Grant funds are used in rural communities to construct senior centers.	ADOH
n.	Researches refinancing opportunities for all seniors, including reverse mortgages, and disseminate information throughout the state.	ADOH
o.	Provide a set aside for senior ADOH projects in Low Income Housing Tax Credit (LIHTC) program.	ADOH
p.	Investigate the potential for earmarking a portion of the annual CDBG State Supplemental Payment (SSP) funding to support senior ADOH or related service facilities in eligible areas of rural Arizona.	ADOH
q.	Provide gap financing to developers of affordable senior rental ADOH using other public and private financing resources.	ADOH
r.	Seek opportunities to provide funding for the rehabilitation of existing senior ADOH projects.	ADOH
s.	Make financing allowances for expanded recreational and service facilities in new senior ADOH developments.	ADOH
t.	Consider use of specific allocation of financial resources and/or use of set asides and preferences to encourage and stimulate senior ADOH development.	ADOH
u.	Determine the feasibility of establishing a Handyman Program to assist seniors in maintaining their homes.	ADOH
v.	Use historic preservation incentives to assist elderly homeowners in older neighborhoods to remain in their homes.	ASP
w.	Request a Veterans Administration (VA) grant to fund Phase II of the Cemetery Master Plan.	ADVS
x.	Obtain a VA grant to build a second state veteran home in Tucson.	ADVS
y.	Consider implementation of a lease-to-own concept for funding additional facilities.	ADVS
z.	Monitor funding to ensure payments for services received through conservator services is sufficient to cover expenses incurred in delivering required services.	ADVS
Objective 8.2: Improve administrative processes to streamline activities and increase coordination.		
a.	Continue to implement Web-based strategies for collecting and providing licensing and vital records information.	ADHS
b.	Use the Strategic Planning Process to adjust for challenges such as recruitment, retention, training and service delivery brought on by an aging population.	DPS
c.	Streamline processes to reduce inefficiencies and increase coordination to better serve the aging population.	DES

Objective 8.3: Use cross-agency collaboration to reduce administrative costs and maximize results.

a.	Participate in the Interagency Council on Long Term Care, the Governor's Advisory Council on Aging, the Citizen's Work Group on the Long Term Care Workforce, and other work groups to identify gaps in services and facilitate mutual improvement efforts.	DES
b.	Through the Aging 2020 process, promote cross-agency collaboration and leveraging to promote streamlining and improve system management.	GACA
c.	Partner with the Center for Medicare and Medicaid Services to integrate services for dual eligible seniors.	AHCCCS
d.	Through systematic partnership building, foster collaborations between state agencies and the universities to create and evaluate new service delivery models within the aging network.	ABOR

Key Participating State Agencies and Boards

ABOR	Arizona Board of Regents
ADC	Arizona Department of Corrections
ADHS	Arizona Department of Health Services
ADOA	Arizona Department of Administration
ADOH	Arizona Department of Housing
ADOT	Arizona Department of Transportation
ADVS	Arizona Department of Veterans Services
ASVH	Arizona State Veteran Home
AG	Arizona Attorney Generals Office
AHCCCS	Arizona Health Care Cost Containment System
AOT	Office of Tourism
ASP	Arizona State Parks
Commerce	Arizona Department of Commerce
DES	Department of Economic Security
DPS	Department of Public Safety
GACA	Governor's Advisory Council on Aging