A REPORT TO THE COMMUNITY

AGING IN PIMA COUNTY

PCOA
Pima Council On Aging
AGING WELL TODAY, TOMORROW, FOR LIFE
Acknowledgements

Thanks to all who contributed to the 2016 Community Needs Assessment process and development of this report.

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INTRODUCTION
How did we get our data?

1. Public Meetings
2. Surveys
3. Focus Groups
EXECUTIVE SUMMARY

Every three to four years since 1975, Pima Council on Aging has conducted a Community Needs Assessment in Pima County that affords the community a look at the current state of older adult residents, and highlights what we are collectively doing well, and where we need to improve. The Report to the Community is the compilation and analysis of that data, and an exploration of the critical issues facing our community.

Data was collected over a three-month period obtaining input through four focus groups of professionals working with and providing services to older adults, 2,269 written survey responses from individuals 60 years of age or older, and twelve public comment meetings held throughout the county, with Spanish language interpreters, including Tucson, Green Valley, Sahuarita, Marana, Tucson Estates, Catalina, Amado and Ajo.

Prevalent concerns of older people in Pima County have not changed significantly from prior needs assessment processes. The fear of falling was ranked as the top concern among older adults, with 68% citing falls as a concern, and frequency in the ranking increased with age. Forty-six percent of respondents reporting falling at least once in the last year.

The ability to live independently and in place ranked second, and was expressed as a concern by 65% of survey respondents. Concerns about memory loss, affordable dental care, and access to information about changes in Medicare rounded out the top five concerns.

Other significant concerns identified included maintaining and repairing their home, access to transportation, sufficient income to meet their basic needs, utility costs, the cost of assistive devices (hearing aids, glasses), loneliness and isolation, and affordable housing.

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

Emerging as a more prevalent concern during this 2016 process, was “getting information about senior services.” Repeatedly it was noted by both professionals and older residents that people are not aware of benefits and services and how to access them.

As in prior years, professional providers voiced concerns with the growth of the population needing assistance and the lack of resources to serve them. The number of individuals with Alzheimer’s has
continued to increase, as well as older adults needing assistance with behavioral health conditions. People are presenting with numerous chronic conditions and fewer families are able to afford care or placement of their family members in appropriate settings.

In conjunction with the growth of the older population were concerns regarding the work force required to meet the need. Noted was the shortage in primary care doctors, nurses and direct care workers; the lack of funding for increased wages; finding direct care workers and health care professionals interested in serving rural communities and the need for a diverse group of direct care workers to meet the gender, cultural and language preferences of the people being served.

**Roadmap for Action**

As a community, as leaders, as policy makers and concerned citizens, there are steps we can collectively take to improve the health and well-being of older people in Pima County’s communities. Pima Council on Aging has developed recommendations for action regarding the thirteen significant issues discussed in this report, including these five most prevalent concerns of older adults:

1. **Fear of Falling**
   - Allocate resources for a robust education and awareness campaign around fall prevention
   - Work with people with a history of falls to break the cycle
   - Expand evidence-based fall prevention programs
   - Encourage healthcare networks to include fall assessments

2. **Aging in Place**
   - Ensure continued and sufficient funding for in-home support
   - Address an inadequate and underpaid home care workforce, especially for rural communities

3. **Understanding Changes in Medicare**
   - Advocate for continued funding for the State Health Insurance Assistance Program (SHIP), which provides education and assistance regarding Medicare
   - Expand community partnerships and base of trained volunteers providing Medicare assistance, especially bilingual/bi-cultural volunteers.

4. **Affordable Dental Care**
   - Pursue options for increased accessibility and affordability of dental care for older people
   - Increase oral health education and promotion among older adults and caregivers

5. **Home Maintenance and Repair**
   - Encourage home and building designs that consider the needs of older people and those with physical disabilities
   - Advocate for continued and additional funding to assist lower-income residents with maintenance, repairs and adaptations to ensure safety in the home

The full Report to the Community 2017 includes additional issues and problem areas, and recommendations for mitigating them.
OVERVIEW

In 1965, Lyndon B. Johnson signed into law the Older Americans Act in response to a crisis of poverty among older adults in the US. The Older Americans Act supports a range of home and community-based services, such as meals-on-wheels and other nutrition programs, in-home services, transportation, legal services, elder abuse prevention and caregiver support. These programs help older people stay as independent as possible in their homes and communities. Today, the Older Americans Act remains the foundation to improve the quality of life for all older Americans for now and the near future.

Under the Act, State Units on Aging are located in every state and territory in the United States. Most states are divided into planning and service areas so that programs can be designed to meet the locally identified needs of older people residing in those areas. Pima Council on Aging is one of 622 Area Agencies on Aging nationwide, and one of eight in Arizona. We are responsible for Region 2, Pima County, Arizona.

Area Agencies on Aging serve as the local planning, development, and delivery system providing home and community-based services to older adults so that they may age successfully with optimal health, independence, and dignity.

Since 1975, PCOA has conducted the only community needs assessment of its kind in Pima County. The Pima County Community Needs Assessment identifies the needs of adults aged 60 and older. Every three to four years, PCOA collects information about the issues most of concern to older people in our communities.

Between September and December of 2016, PCOA’s Community Needs Assessment collected data in three ways: through paper and electronic surveys distributed in English and Spanish; through in-person listening sessions; and through focus groups with agencies serving older people.

While we have made great progress in reducing the rate of poverty among older Americans – from 30% in 1965 to about 10% today – there remains much to be done to promote the health and well-being of older adults. Multiple concerns rose to the forefront through the 2016 Community Needs Assessment related to the affordability and accessibility of needed services.

The report that follows contains our findings from the 2016 Community Needs Assessment, exploration of critical issues facing older adults in Pima County, and Pima Council on Aging’s plans and recommendations to meet locally identified needs.
TOP 20 CONCERNS: Rated Very or Somewhat Concerned
2,269 Responses

1. Falling/Fear of falling 68%
2. Ability to live independently in my home as I age 65%
3. Memory loss 62%
4. Access to info on changes in Medicare 62%
5. Affordability of dental care 56%
6. Affordability of healthcare 55%
7. Accidental injury (other than fall) 54%
8. Maintaining and repairing my home 54%
9. Getting info about senior services 53%
10. Personal safety 49%
11. Losing a spouse or a loved one 49%
12. Affordability of assistive devices (hearing aid, glasses) 48%
13. Affordability of transportation 48%
14. Affordability of prescription drugs 48%
15. Access to info on healthcare directives 48%
16. Depression and/or anxiety 46%
17. Obtaining benefits 45%
18. Affordability of utilities 45%
19. Loneliness and/or isolation 44%
20. Exploitation (frauds or scams) 43%
### Ranking of Top 10 Concerns by Age Cohort

<table>
<thead>
<tr>
<th>Concern</th>
<th>60-64</th>
<th>65-69</th>
<th>70-74</th>
<th>75-79</th>
<th>80-84</th>
<th>85-89</th>
<th>90+</th>
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<tr>
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<td>1</td>
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<td>2</td>
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<td>Affordability of Healthcare</td>
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<td>6</td>
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<tr>
<td>Accidental Injury (other than Falls)</td>
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<td>8</td>
<td>5</td>
<td>7</td>
<td>4</td>
<td>5</td>
<td></td>
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<tr>
<td>Home Maintenance &amp; Repair</td>
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<td>7</td>
<td>5</td>
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<td></td>
<td></td>
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<td>Getting Info about Senior Services</td>
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<td>6</td>
<td>10</td>
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<td></td>
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<td>10</td>
<td>6</td>
<td>8</td>
<td>10</td>
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<tr>
<td>Loss of Spouse or Loved One</td>
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<td></td>
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<tr>
<td>Affordable Assistive Devices</td>
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<td>Affordable Transportation</td>
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<td>Healthcare Directives</td>
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<td>Obtaining Benefits</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>
Top five concerns of older adults in Pima County

1. Fear of falling
2. Ability to live independently
3. Memory loss
4. Medicare information
5. Affordable dental care
IDENTIFIED ISSUES AND PROBLEM AREAS

Fear of Falling

In Pima Council on Aging’s 2016 Community Needs Assessment, the fear of falling was ranked as the top concern among older adults, and frequency in the ranking increased with age.

The Centers for Disease Control and Prevention (CDC) reports that one in three people 65 years of age or older falls each year. At least 10% of these falls result in a hip fracture, traumatic brain injury, or other life-changing injury. These injuries often lead to a loss of independence and the inability to remain living in one’s own home. In Arizona, the Department of Health Services (DHS) reported that in 2014 unintentional falls were the leading cause of injury-related mortality for residents 65 years of age and older.

Locally, fire departments and districts have expressed concern with the large volume of calls received that involve older people and falls.

With or without an injury, a fall can impact a person’s life by creating a fear of falling. This fear becomes more common as people age, even among those who have not fallen. Fear can cause a person to begin to limit their activities, which can lead to reduced mobility, loss of fitness, and an increased risk of falling. Curtailing activities can also lead to social isolation, depression, and feelings of helplessness.

The CDC and the National Council on Aging (NCOA) have identified key areas, that when addressed, can minimize the risk of falling. These include evaluating safety of the home and making the necessary modifications; regularly reviewing medications with a healthcare provider;
openly discussing fall concerns with a doctor; having annual eye exams; maintaining a regular exercise program to increase strength, balance, and coordination; and wearing sturdy shoes. Falling is not an inevitable part of aging, and many of the known risk factors can be addressed as one ages. Many older people do not understand these causes and how to mitigate the risks until after a serious fall has occurred. Through evidence-based interventions, practical lifestyle adjustments, and collaborative partnerships, the number of falls occurring in our community can be reduced.

Since 2005, PCOA has sponsored three evidence-based health promotion programs, in collaboration with community partners. These valuable programs help individuals gain self-confidence in managing health concerns, address symptoms of ongoing chronic conditions, promote regular exercise and environmental changes to reduce fall risks, and promote viewing falls and the fear of falling as controllable.

A Matter of Balance Program
Specifically, PCOA’s A Matter of Balance program emphasizes the importance of maintaining an active lifestyle in order to reduce the risk of falling. Participants learn to view falls as controllable, and the role of assertiveness in fall prevention. Participants practice simple exercises to increase strength and balance. They also learn techniques for addressing simple fall hazards in the home and how to get up and down safely.

Enhance Fitness Program
PCOA also offers an Enhance Fitness, an ongoing low- to moderate-level exercise class taught by certified fitness instructors. Classes provide interactive instruction and exercises, including low-impact aerobic exercises and structured strength training using weights. Participants are able to stand or sit during the class. The Enhance Fitness program is now being offered in six City of Tucson Parks & Recreation sites, at TMC Senior Services, and in three Pima County Natural Resources, Parks and Recreation sites.

Healthy Living (Chronic Disease Self-Management Program) Program
The Healthy Living (Chronic Disease Self-Management Program) program focuses on assisting those with chronic or on-going health conditions and their caregivers. Participants learn tips and techniques to help them be the best self-manager of their health conditions. This program also identifies proven ways to reduce the risk of falling and offers flexibility and strengthening exercises that are particularly beneficial.

In Green Valley, Valley Assistance Services and the Green Valley Fire District have partnered to provide a program known as Safety and Health in Motion (SHiM). The home visits, assessments, and small home modifications promote safety, mitigate fall risks, encourage communication with a physician, and connect people to community resources.
Additional partnerships are forming to advance fall prevention efforts in Pima County. The Pima County Community Health Needs Assessment conducted in 2014-2015 identified four key health priorities, one being injuries and accidents. The Accidents and Injuries Action Team, assembled by the Pima County Health Department to address this priority, joined with the existing Southern Arizona Fall Prevention Coalition to develop an Action Plan addressing fall-related injuries. The newly developed Action Plan has identified two main goals. The first goal builds upon the current membership and work of the Coalition to increase collaboration among fire departments and districts, the Health Department, Pima Council on Aging, social service organizations, and health care providers to create a system to coordinate referral and access to fall prevention interventions and resources. The second goal focuses on improving awareness of fall risk factors, prevention strategies and community resources among older adults and their family caregivers.

This comprehensive county-wide approach is being developed to target not only the older adults who have experienced a fall, but also those who have not yet taken that first fall.

As a community, we encourage allocation of resources necessary to support these efforts and address this growing public health issue. We need to create a robust education and awareness campaign, break the cycle of falls for people identified by first responders, expand the reach of current evidence-based programs, and encourage our healthcare networks to include fall assessments.

### How many times have you fallen in the past year?

45% of 2,138 Respondents Reported Falling at Least Once in the Past Year

<table>
<thead>
<tr>
<th>Frequency of Falls</th>
<th>Number of Responses</th>
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<tr>
<td>1</td>
<td>469</td>
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<td>2</td>
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<td>3</td>
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<tr>
<td>4</td>
<td>52</td>
</tr>
<tr>
<td>5+</td>
<td>61</td>
</tr>
<tr>
<td>Don’t know</td>
<td>40</td>
</tr>
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</table>
“The ability to live independently at home as I age” ranked as the number one concern for survey respondents in the Very Concerned category, moving to number two when the responses for Very and Somewhat Concerned were combined. According to AARP, there may be only one near-universal opinion among the nation’s 48 million adults over age 65: an estimated 90 percent of them want to age well in their own homes and communities, and not in institutions such as nursing homes. This means being able to live safely, comfortably and independently in their own homes. Accomplishing this desire is influenced, though, by many factors including personal planning, livability of the home, community infrastructure and the availability of in-home and community based services.

Planning for aging in place requires thoughtful consideration of the changes that will occur in some form or another for all of us as we age. Taking the time to examine these changes and the presenting challenges, opportunities and available options can facilitate greater control and realization of the preference to remain at home. PCOA offers two programs that assist in examining the areas essential to aging well and aging in place.

**Partners in Planning Program**

Partners in Planning is a decision-support process where individuals meet with a knowledgeable professional to discuss housing options, in-home services, legal considerations, health and emotional well-being and more. Individuals receive a binder of resources and a personalized planning summary.

**The Aging Mastery Program**

The Aging Mastery Program, developed by the National Council on Aging, offers ten classes examining financial fitness, advance planning, healthy relationships, healthy eating and hydration, sleep, exercise, medication management, fall prevention, community engagement and navigating
longer lives. The classes include expert speakers, group discussion and goal setting, designed to empower older adults to make and maintain meaningful changes in their lives.

**An essential component in this advanced planning is an evaluation of the livability of the home.** Most older adults reside in owner occupied housing that is not designed to support independent living as a safe and viable option as people age. To age in place, home owners often need to modify their home to increase safety and maintain accessibility. An interest in universal design is expanding throughout the country, as proponents are working not only with older adults but encouraging young and middle-aged homeowners to plan ahead and make changes as they remodel and update their homes. These changes can include the installation of grab bars, widening hallways and doorways, replacing knobs with levered handles, installing slip-resistance floors, modifying thresholds and more. As a community we need to increase the awareness and acceptance of design principles and standards that remove environmental barriers, improve safety and ease of movement, and are conducive to aging in place.

**Aging in place is also influenced by the infrastructure of the community.** Options for transportation, the condition of neighborhood streets and sidewalks, access to healthy food, opportunities for civic and community engagement and the availability of affordable and accessible health care are just a few areas that determine the age-friendliness of a community and the achievement of continued independence for its older residents. In October, 2016 the City of Tucson joined other communities throughout the United States in being accepted into AARP’s Network of Age-Friendly cities and communities. This designation requires the City to develop an action plan, targeting improvements in AARP’s eight domains identified as influencing the quality of life of older adults.

**Availability of In-home Services**

One of these eight domains of livability includes the availability of in-home services. PCOA has funded and administered a home and community-based system of in-home care since the early 1970s. This system provides non-medical in-home services including case management, personal care, housekeeping, electronic emergency alert, shopping, home-delivered meals, adult day health care and respite services. This system targets individuals 60 years of age or older, of greatest social and economic need, who require assistance in three or more activities of daily living or instrumental activities of daily living. In Pima County this system, which is mainly supported with federal funds, serves as the only bridge between paying for services privately and if eligible, receiving services through the Arizona Long Term Care System (ALTCS), which is the long-term care arm of Arizona’s Medicaid system. The average cost to support someone in the PCOA system is $3,672 a year while the average cost through ALTCS community based services is $19,428 a year. For many low to moderate income older adults this system administered by PCOA is their
only resource for staying in their own home. This System at one time assisted 2,700 older adults each year. Due to funding reductions, this System now supports around 1,200 people.

New Challenge: Inadequate Home Care Workforce
In addition to inadequate funding, a new challenge is emerging in the provision of home care. The in-home and direct care workforce is not growing at a pace necessary to meet demand. Recruiting adequate numbers of home care workers is becoming increasingly difficult as wages are low, employer-provided benefits are rare and the work itself is physically and mentally demanding. An added challenge being identified for Pima County is the difficulty in finding direct care workers interested in serving the rural communities.

Livable communities for all ages are defined as places where citizens can grow up and grow old with maximum independence, safety and well-being. As policy makers, community leaders and concerned citizens we must make sure these safety nets for in-home support stay viable and funded at a level to support all who may find themselves in need of a helping hand.

Understanding Changes in Medicare

The 2016 Community Survey results show understanding changes in Medicare as the most serious concern reported by 60-64 year-olds, the second most serious concern for the 65-69 age group, and the fourth most serious concern for those 70 and older.

Medicare Initiated in 1965
When Medicare started in 1965, it was quite easy to comprehend. Part A provided hospital coverage and Part B provided medical coverage. In 1980, Medigap Supplement plans were added.
Beneficiaries currently have a choice of 10 different types of Medigap plans that pay either all or part of original Medicare’s Part A and Part B deductibles, copayments, and coinsurance.

**Medicare Advantage Plans**

In 1998, Medicare Advantage plans (Part C) were introduced. Beneficiaries had to decide whether to keep their original Medicare or replace it with a Medicare Advantage plan offered by an insurance company. Today, plans can be a Health Maintenance Organization (HMO), Preferred Provider Organization (PPO), or Private Fee for Service (PFFS). Pima County currently has 27 Medicare Advantage plans.

**Prescription Drug Coverage**

Prescription drug coverage (Part D) was added in 2006. This allows beneficiaries to enroll in an insurance plan to help with their medication costs. However, the standard Part D drug benefit contained what is known as the “donut hole.” The “donut hole” is a coverage gap where beneficiaries are required to pay a larger percentage of the retail drug cost when the combination of their out-of-pocket costs and the plan’s cost exceed $3,700. At that point, their copayments increased from 25% of a drug’s cost to 40% of the cost of brand-name drugs and 51% for generics. These numbers are based on the 2017 regulations. Under the Affordable Care Act, the coverage gap percentages will decrease every year until 2020. In 2020 beneficiaries will pay 25% for brand name and generic drugs regardless of how much they have spent and the “donut hole” will be considered “closed.”

Part D is included in 26 of the 27 Medicare Advantage plans offered in Pima County in 2017. For those with original Medicare, there are 22 stand-alone Part D plans. Add to this the Medicare Advantage and/or supplemental plans with prescription drug coverage that are offered by numerous employers to their retirees, and the decision can be overwhelming for many older adults and their family caregivers.

**State Health Insurance Assistance Program (SHIP) Helps Beneficiaries Understand Medicare**

As the State Health Insurance Assistance Program (SHIP) in Pima County, PCOA offers presentations and counseling services to help Medicare beneficiaries and their families understand their options. PCOA’s industrious staff and dedicated volunteers offer the latest Medicare information through live presentations, which are attended by approximately 1,300 people annually. Understanding Medicare classes are offered twice each month at various community locations throughout the year. Additional presentations are made to accommodate various groups, including chronic illness support groups and pre-retirees. During Open Enrollment, presentations are expanded to accommodate audiences of 100 to 200 attendees at multiple locations throughout Pima County. Additional community presentations focusing on Medicare fraud and abuse are made by Senior Medicare Patrol volunteers. In 2017, PCOA began offering computer labs for Medicare beneficiaries. Attendees learn how to reduce their prescription drug expenses by entering their medications into the medicare.gov Plan Finder and analyzing the results.
Since 2002, respondents to the Community Survey have identified Affordable Dental Care as a top concern for older people in Pima County. It ranked fifth in the 2016 survey.

The body of research supporting the association between oral health and systemic health is growing. Tooth loss is associated with increased mortality, and gum disease is associated with coronary heart disease, aspiration pneumonia and Type 2 diabetes. Many older adults are on multiple prescription medications with a side effect of dry mouth, which increases the risk of tooth decay and oral pathology.

Oral health not only impacts general health but overall wellbeing. The ability to smile, speak clearly, chew available and nutritious food, and be free of pain are important to quality of life. These factors can have a negative impact on self-image, social interaction and employment opportunities.

According to the Center for Disease Control, one in five older Americans suffers from untreated dental decay. In Arizona, 12.5% of adults 65 years of age or older have total teeth loss and 33% have lost six or more teeth.

As part of the Oral Health Strategic Framework for 2014-2017, the US Department of Health and Human Services outlined the challenges facing older Americans. Though older people are keeping...
their teeth longer than in the past, rates of cavities have been rising and are equal to or even higher than the cavity rates in children. Many older people have medical conditions that affect their oral health, and oral health issues that affect their systemic health. Among Americans older than 65 years, 70% have periodontal disease, and one in four are toothless.

Clear disparities in oral health care exist among older Americans. People in communities with lower income and educational rates experience higher rates of dental disease, which can also disproportionately affect communities of color. Higher rates of oral cancer and gum disease are also seen among older people in poverty. Though gum disease is not a normal consequence of aging, it is more common in people over 65 years of age. Only 40% of people older than 65 see a dentist annually despite increased risk of oral disease, gum disease, and cavities.

Access to affordable dental care is the paramount issue facing oral health care in older people. Dental coverage has never been a fixed benefit of Medicare, which does not cover routine dental services like cleaning, oral exams or x-rays. Dental services related to an accident or disease condition may be covered under Medicare Part A or Part B. Many Medicare Advantage plans include a dental benefit (usually limited to an annual cleaning) and some Medicare Advantage plans offer a dental rider for an extra premium. In Pima County, additional dental benefits are available to those who have coverage through both Arizona Health Care Cost Containment System (AHCCCS) and Medicare and are enrolled in a dual-eligible Medicare Advantage plan. Benefits differ between plans, with the maximum annual benefit ranging between $1,250 and $3,100 per year.

Payment for dental care continues to be an out-of-pocket expense for many older people. Individuals who are fortunate to have dental insurance while employed frequently lose their dental insurance upon retirement. The combination of a fixed or reduced income and no insurance deters many older adults from getting the professional dental care they need, and almost 70% of older people lack dental coverage.

Affordable and subsidized assistance for dental care is limited for older adults in Pima County. PCOA calls upon health professionals, educators, researchers, and our elected officials to pursue options for increased accessibility and affordability of dental care for older people. PCOA also encourages greater efforts to increase oral health education and promotion among older adults, caregivers and concerned others.
Home Repair

Since 1977, home maintenance, repair, and adaptation have been at the forefront of Pima Council on Aging’s critical work to help older people live with dignity and independence as they age. Maintaining and repairing one’s home is the sixth most concerning issue for those who completed the 2016 Community Survey, with 484 people attesting that it is very concerning. Many older people are targeted in home repair scams and are concerned when trying to determine the reliability of a person or home repair service. Pima Council on Aging provides recommendations for reliable contractors, plumbers, electricians, and other specialists to assist older adults in avoiding home repair scams.

Many older adults live on a fixed income. On average, retirement savings and annual social security income equates to approximately $1,860 per month. Older people who own their homes may have property equity and assets but little income. Many older people find they can no longer carry out nor afford necessary home repairs or needed modifications to improve safety and accessibility in the home.

Each year, PCOA helps around 500 older people with minor and major home repairs ranging from turning on and off coolers and heaters, to adding wheel chair ramps and grab bars. The cost of repairs is capped at a $750 limit per person, which may be waived in unique circumstances, and services are targeted to people with limited income.

Pima Council on Aging’s home repair and adaptation program performs repairs and replacements of coolers, air conditioners, and furnaces. Summer temperatures in the desert can create a potentially deadly situation for an older person with insufficient or no cooling. Replacing and repairing coolers and furnaces allows older people to live safely in their homes. Other services offered by PCOA
include repairing or replacing hot water heaters, fixing electrical hazards, repairing plumbing issues and gas lines, structural repairs, replacing or repairing roofs, removing bed bugs from homes, and making disability modifications.

The City of Tucson, Pima County, and the federal government devote resources to provide for and preserve safe, decent, and affordable housing for Pima County’s most vulnerable residents, but the demand for services significantly outweighs available resources. Federal Older Americans Act funding that forms the core of PCOA’s home repair and adaptation services not kept pace with the needs of a growing older adult population and aging housing.

Regular housing stock is not designed to meet changing needs as people age. More than 57,500 housing units in unincorporated Pima County were built before 1980. There are 31,838 low and middle-income older homeowners in Pima County, and half (15,327) have housing problems. As people age, it becomes more and more difficult – especially for lower-income residents – to afford housing, maintenance, and repairs. In Pima County, Pima Council on Aging encourages home and building designs that are tailored to a broad base of people, including older people and those with physical disabilities. We will continue to advocate for increased federal funding through the Older Americans Act and to seek additional resources to meet the needs of our community.

**Transportation**

Affordable transportation was identified as a major problem in the 2016 Community Survey. As in prior Community Surveys, it once again appears in the top 20 concerns for older people in Pima County, ranking thirteenth in 2016.

According to the Arizona Department of Transportation, in 2016 people over 55 years of age accounted for 34% of all licensed drivers. Most adults 70 years and over have a drivers’ license. However, according to AARP, individuals over 70 years old will outlive their ability to drive by...
an average of six years. Physical and cognitive changes that occur with aging, as well as economic factors, can make it more challenging to continue to drive. Age-related declines in vision, hearing, attention, reaction time, and reduced physical function including strength, flexibility and coordination are some of the factors that affect driving. Health conditions, including cognitive decline and medication, can also impact the ability to continue to drive safely. Almost 35% of the population 65 years and older in Pima County indicated a disability according to the American Community Survey 2009-2011. The most common type of disability reported was difficulty with walking.

According to the National Association of Area Agencies on Aging (n4a), “Transportation is one of the most pressing needs for older adults who are trying to remain at home and in the community, yet it can be difficult to find reliable, accessible, and affordable options to get to the doctor, the grocery store, religious services or social events – all of which are critical to staying healthy and independent.”

Most adults wish to “age in place” and therefore various, comprehensive, and affordable modes of transportation are needed to support independence for as long as possible. The transportation options in Pima County for older people include public, private, non-profit, volunteer systems, and reliance on family and friends. It is generally acknowledged there are significant gaps in accessibility and challenges with costs. Many older people find it difficult to access essential transportation services, particularly older adults who live in suburban or rural communities where destinations are too far to walk, public transit is non-existent or inadequate, and private transportation is limited and prohibitively expensive. According to Pima Association of Government’s Public Transit Human Services: Coordinated Transportation Plan (2015), “regional population growth, and the increase in the older population in particular, will bring a greater demand for transportation services including a need for additional special needs and wheelchair accessible rides.”

**Sun Tran**
The bulk of public transportation in Pima County is provided by Sun Tran, which runs a fixed-route transit system within 296 square miles area in the region and offers reduced rates to older people.

Getting to the bus stop, waiting for the bus, and transfers all while carrying packages can be a challenge for older people and those with disabilities. Additionally, southern Arizona’s scorching heat can make it increasingly difficult to remain safely reliant on public transit during summer months. Barriers encountered may include lack of safe and well-maintained sidewalks, streets, intersections, spread out bus stops, and limited shaded resting areas. Walking – which becomes difficult under these conditions – is a common link to public transportation.
Sun Van
Sun Van is the ADA paratransit service that supplements the larger public transportation services by providing individualized rides without fixed routes or timetables for persons eligible under the Americans with Disability Act. Sun Van serves the Tucson metro area and portions of Pima County. The RTA Special Needs Program provides door-to-door transit services to individuals with disabilities who live outside the Sun Van service area, but within greater metro Tucson.

Private Transportation
Private modes of transportation can be expensive and limited in areas. Some taxi services, Uber, and Lyft may be inaccessible to people who do not own a smartphone. Various social service agencies in the community supplement the public transit system and frequently offer more specialized transportation services for those who are older or have disabilities. It is estimated they provide more than 500,000 trips each year.

Neighbors Care Alliance
The Neighbors Care Alliance (NCA), administered by PCOA, currently has 16 non-profit volunteer program members. These programs match volunteer drivers with older adults needing rides to medical appointments, errands, shopping, and other services. Passengers must live in a defined area and be able to enter and exit the volunteer’s vehicle or agency van without assistance. These services generally provide assistance with physical guidance and with loading and unloading packages. Capacity to fill rides is limited by the number and availability of volunteers. Summer months present an additional difficulty filling rides when some volunteers leave Tucson for cooler weather. In Fiscal Year 16, NCA reported that 1,124 volunteer drivers drove 1,200 participants over 454,870 miles. PCOA, through funding from the Older Americans Act, provides assistance with transportation by subsidizing the cost of Sun Van passes to attend meals at nine of PCOA’s congregate meal sites, many of which are held in recreation centers that offer other activities and programs geared to older adults.

Family, Friends and Neighbors
Older adults often rely on family, friends and neighbors to fill transportation needs. This often presents challenges for employed individuals who find they need to take time off to provide rides for Monday-Friday medical appointments. Older adults may be reluctant to ask for rides particularly to activities they may consider non-essential (social gatherings, faith community events, classes, etc.) which can increase the risk of isolation.

A comprehensive range of affordable transportation options is important for older adults and for people of all ages in Pima County. Transportation is recognized as one of the 8 Domains of Livability identified by AARP Network of Age-Friendly Communities that influence the health and quality of life for older adults. In 2016, Tucson was accepted as a member of the AARP Network of Age-Friendly Communities. The Pima County ELDER Alliance is collaborating with
local government and other interested organizations and individuals to advance Tucson’s efforts in becoming a more age-friendly and livable community for people of all ages. While this focus is currently on the livability of the City of Tucson, affordable and accessible transportation options need to be created throughout Pima County so aging in place can be an option for all.

Transportation Sources

- Have no source: 1%
- Faith community: 1%
- Volunteer driver program: 2%
- Taxi cab/other paid service: 3%
- Public bus (SunTran/Sun Van/Sun Shuttle): 13%
- Family/Friends: 18%
- Drive my vehicle: 62%

2,624 Reasons given by 2,127 Respondents
(respondents checked all that apply)

Reasons Transportation Support Is Used

- Other: 3%
- Work/Employment: 3%
- Attend faith services: 8%
- Transact business: 9%
- Social Activities: 15%
- Pick up prescriptions: 17%
- Shop for groceries: 19%
- Medical appointments: 26%

2,773 Reasons given by 858 Respondents
(respondents checked all that apply)
End of Life Care Planning

End of life care planning, also known as advance care planning, is the process of making and communicating decisions about the care you want to receive if you become unable to speak for yourself. Decisions are often based on personal values, preferences, and discussions with loved ones. Conveying to family, friends and healthcare providers what your wishes and personal beliefs are about continuing or withdrawing medical treatments at the end of life ensures that those who care about you can face critical circumstances with certainty about what you would want to happen to you.

As in other communities around the country, there is increasing awareness of the importance of advance care planning in Pima County. While a majority of people state that they believe such planning is important, it is estimated that only 20 percent of people in Arizona and less than 50 percent of those who are terminally ill in our state have executed an advance directive.

Pima County End of Life Care Partnership

The Pima County End of Life Care Partnership (formerly the End of Life Care Coalition), an Action Team of the Elder Alliance, has focused on normalizing the end-of-life care conversation through outreach and education. In 2016-2017 the Partnership engaged in a community-wide planning initiative to increase dialogue and advance end-of-life care efforts. The Partnership has been building community collaboration through workshops, planning sessions, and conferences. Nonprofits, healthcare entities, insurers, academia, concerned individuals, and funders are working together to expand the collective impact and reach in Pima County and across Southern Arizona. According to Dr. Angelo Volandes, a physician, writer, and Co-Founder and President
of Advance Care Planning (ACP) Decisions, “Tucson has a gathering of the right stakeholders. With nurses, doctors, social workers, insurers and nonprofits in the same room—there’s the opportunity to work together, to get it right.”

The End of Life Care Partnership membership has increased to include nearly 300 individuals representing more than 175 agencies interested in promoting the vision of better health choices, experiences and outcomes at one’s end of life and all along the health continuum. With input from the convening participants, key stakeholder interviews, and the vast experience of its members, the Partnership has developed a vision for a network of services in the areas of information and referral, community awareness and education, one-on-one coaching, provider education and practice transformation, facility and workplace initiatives, workforce development, services for seniors as well as children and families, policy and advocacy. With the help of its funding partners, this collective work will focus on systems-level change across Southern Arizona for the next 3-5 years.

The vision of the End of Life Care Partnership is for all individuals to expect excellent health care at all points in their life and through transitions; to die with dignity, meaning and respect; and that our communities and health systems can meet those expectations.

• Every person participates in planning and has access to quality end of life care, no more and no less than they desire;
• People in the community get care and die in the place of their choosing;
• Medical expertise, facilities and support services are available to carry out these wishes; and
• Resources are available for caregivers, including bereavement support.

End of Life Care Specialist
PCOA will play a key role through our Helpline by continuing to provide accurate information to callers who need assistance with advance care planning and routing them to other community resources. As part of the Elder Rights and Benefits program, our new End of Life Care Specialist will work with clients one-to-one on formalizing their wishes and filing them appropriately, as well as providing outreach in the community to older adults and organizations that most need the information.

Start the process today by having a conversation with a friend, family member, and your health care provider and select someone you trust to carry out your wishes to be your designated health care proxy. Does this call to action type of copy belong in this report? PCOA encourages employers to make advance directives a priority health issue. Practitioners should be as skilled in the conversations about advance care planning as they are in diagnostics or treatment.

More information is available at www.azendolifecare.org
Behavioral Health Concerns

Depression and anxiety are mental illnesses that affect large numbers of older adults, as was apparent in several of the highest ranked concerns in the 2016 Community Needs Assessment. The Centers for Disease Control and Prevention estimates that 7 million adults over the age of 65 experience some form of depression, which is linked to anxiety in as many as 85% of depressed patients. This results in not just the suffering of older adults, it also takes a toll on the health care system and Medicare. When depressed older adults do not receive appropriate treatment, it can negatively impact their health, which results in more emergency room visits, increased need for medications, and longer hospital stays.

**Depression Risk Factors**

Although depression is not a normal part of aging, older adults do have risk factors that make them more likely to develop depression, as well as anxiety. For many, it can be a vicious cycle. Having chronic health problems make depression and anxiety more likely and having depression or anxiety tends to exacerbate chronic health problems. Medication misuse or medical side effects from steroids, antidepressants, stimulants, inhalers, etc., can also lead to increased anxiety, stress, worrying or depression. More than 12% of older adults also report feeling they do not have adequate social and emotional support and this also increases their risk of developing depression.

Risk factors such as alcohol and drug abuse, limited physical activity, stressful life events, negative or difficult memories from childhood, and trauma can all contribute to older people having anxiety. Generalized Anxiety Disorder (GAD) affects 3.1% of the total population in the United States, while GAD affects 7% of older people.

**Living Well Classes**

Pima Council on Aging addresses some of these risk factors by offering Living Well classes to
older people in the community. These evidence-based health promotion programs include Healthy Living with Ongoing Health Conditions, Healthy Living with Chronic Pain, and Healthy Living with Diabetes. The classes provide information, tools, and support to older adults so they can manage their physical symptoms as well as the feelings of frustration and hopelessness that often accompany chronic health problems.

Hoarding Disorder
Another mental illness affecting some older people is Hoarding Disorder. The Diagnostic and Statistical Manual of Mental Disorders defines Hoarding Disorder as accumulating a large number of items and having a “persistent difficulty discarding or parting with possessions, regardless of their actual value.” Hoarding Disorder is seen in around 6% of the general population with some evidence that it is more common and severe in older people. There are often greater safety issues to consider for older adults as the clutter poses a falling hazard and a person may have difficulty finding their medications. Older people may also refuse home health care because they are too embarrassed to let anyone see their home. Hoarding Disorder can be highly isolating, especially for older people.

“HOPE” Workshops
PCOA in partnership with the University of Arizona Center on Aging offers “HOPE” Workshops to individuals who hoard. The workshops provide information on hoarding disorder, teach skills to help individuals start clearing the clutter, and provide support and encouragement. The workshops are provided twice a year for 12 weeks and have proven to be well-attended with many success stories.

Awareness, Education and Advocacy
PCOA also addresses behavioral health issues at a systems level by being a vital, contributing member of the Behavioral Health and Aging Council of Southern Arizona (BHAC). The mission of BHAC is to promote awareness, education, and advocacy of wellness services for older adults through community collaborations. BHAC provides an opportunity for service providers to work together in finding effective ways to address behavioral health challenges facing older people. BHAC also sponsors trainings and, on some years, holds a Behavioral Health and Older Adults Conference to further educate and inspire providers working with older adults.

Our community, and communities everywhere, needs stronger advocacy for better training of physicians and other health care professionals in recognizing the signs of behavioral health conditions common to older adults. By working together to raise awareness among health care providers of how depression and other mental and behavioral health issues manifest in older people and impact their lives, we can improve diagnosis and treatment, and work toward earlier behavioral health interventions.
Food Insecurity in Older Adults

One in six older adults in the United States faces the threat of hunger, as noted in a National Council on Aging 2016 Issue Brief. After a lifetime of work, these older adults find themselves choosing between paying for food, health care, medication, utilities, housing and home maintenance and repairs.

Locally, this struggle to maintain food security became evident through the Community Assessment process. The “affordability of nutritious food” joined other economic related concerns in PCOA’s 2016 Community Survey of leading concerns, increasing in importance for survey respondents 75 years of age and older. Participants attending listening sessions held by Pima Council on Aging as part of the assessment process voiced concerns with the limited assistance received through SNAP and the general lack of awareness among older adults as to how to access food assistance programs. Also identified was the importance of prepared meals served at congregate meal sites and provided through home delivered meal programs.

At one of the focus groups held with community providers, the Community Food Bank indicated that 14% of their clients were 60 years of age or older and 25% of the clients were grandparents raising grandchildren. This last statistic is slightly higher than the national average, where one in five older adults living with a grandchild experiences food insecurity.

Supplement Nutrition Assistance Program (SNAP)

Food insecurity often goes undetected as many older isolated individuals do not reach out for assistance. The National Council on Aging indicates that 3 out of 5 older people who qualify for the Supplement Nutrition Assistance Program (SNAP) do not apply for assistance due to perceived stigma, not understanding how the program works, and difficulties with technology and mobility. In addition to the economic concerns, many physiological and psychosocial factors affect the nutritional status of older people and lead to food insecurity. For some, limitations with physical
mobility or cognitive impairment may interfere with the independent performance of activities of
daily living, including shopping for and safely preparing healthy, well-balanced meals. For others,
depression, social isolation, or oral health problems may lead to the inadequate consumption
of enough calories. Still others find themselves living in food deserts without sufficient access to
affordable or good-quality fresh food, and lacking transportation needed to access larger grocery
stores farther from home.

If unaddressed, these factors can lead to poor health, delayed recovery from illness or surgery,
impaired physical functioning, increased hospital stays and readmissions, and eventual loss of
independence.

Congregate Meals
Annually, PCOA provides nearly 300,000 prepared meals through thirteen congregate meal sites
and sixteen home delivered meal routes. The main source of funding for these two programs for
more than thirty-eight years has been the federal Older Americans Act. The Act has provided a
steady source of support, but has not kept pace with inflation or the growth of the older population.
The City of Tucson, Pima County, State of Arizona, and United Way provide some additional
support to the nutrition programs offered by Pima Council on Aging.

To provide these services in an effective, efficient, and low-cost manner, PCOA works with
community agencies and public entities. The City of Tucson Parks and Recreation, Pima County
Parks and Recreation, La Posada at Park Centre/Casa Community Services and Tucson Medical
Center provide space for congregate meal program sites. PCOA contracts with Tucson Urban
League, City of Tucson Parks and Recreation, Catholic Social Services and Lutheran Social Services
of the Southwest to provide the programs in specific geographic areas. Between the two programs,
more than 3,400 people are served each year, with more than 60% of the participants being
women and more than 50% being 75 years of age or older.

Other Community Nutrition Programs
Other community nutrition programs are supported through County funding, special grants, and/or
fees. These include Mobile Meals of Tucson, Interfaith Community Services Mobile Meals, Impact
of Southern Arizona Home Delivered and Congregate Meals, and Arivaca and Picture Rocks
Congregate Meals. Each of these programs has specific geographic service areas. Some serve
low-income younger adults in addition to older people, and all of the community programs work
cooperatively so there are no duplicative services.

Even with this wide geographic-based response, there are isolated older people whose nutritional
needs remain unmet. Programs working to improve nutrition and access to food for older people
are facing an increased demand for service, but with very limited resources. Volunteers are an
integral part of many of these community programs, but a source of steady revenue is required
to keep these programs viable and the number of meals sufficient to meet the need throughout the County.

As family members, physicians, concerned neighbors, community service providers, and advocates we can also assist in addressing this need. We must stay attentive to the nutritional needs of older adults we come into contact with, asking questions as needed, assisting with rides to the grocery store and encouraging their participation in community-based food assistance programs. Access to nutritious food can also be improved by expanding the number of low-income older people who enroll in SNAP benefits, creating community-based approaches to reducing food deserts, and advocating for increased funding to support community and home delivered meals programs.

**Economic Security**

Older adults can face substantial economic hardships that may prevent them from maintaining the basic essentials to live each day. In the 2016 Community Survey, economic issues appear in numerous concerns of older people, including affordable healthcare, affordable prescription drugs, affordable transportation, affordable assistive devices, affordable rent/mortgage/property taxes, affordable utilities, and affordable nutritious food.

**Elder Economic Security Standard Index**

On any given day, economically insecure older adults may have to choose between paying for prescription drugs, utilities, food, and housing. New estimates from the 2016 Elder Economic Security Standard Index suggest that “half of older people living alone, and one out of four older adults living in two-elder households, lack the financial resources required to pay for basic needs.”

The Index assesses the average cost necessary to meet basic needs such as housing, food, transportation, health care, and other miscellaneous necessities, and measures how these costs
actually translate for older people in communities across the country. The Index estimates that a single adult with a mortgage would need $30,972 in annual income to meet their day-to-day needs; a couple would need $41,484. An older person renting would need $23,364 per year to meet basic expenses, and a couple would require $33,876. According to the Standard Index, Arizona ranks number twenty-eight nationally in terms of average household income, with singles receiving an average household income of $21,720 and couples $31,692. This leaves many older people in Arizona falling short of economic security.

Additionally, many older people fall into an economic “gap” where their incomes are too high to qualify for many means-tested public benefits, yet their income is too low to securely meet their everyday needs. The Index indicates that 45% of older people in Arizona have annual incomes below the Index amount, with 15.9% of older adults living below the poverty level and 29.5% falling into the “gap.”

In order for older Arizonans to live as independently as possible and to age in their own homes, resources to assist them to achieve economic security are vital. Pima Council on Aging strives to be a voice for those threatened by economic insecurity by representing older adults in legislative efforts and providing input into the policies and programs that are so essential to older adults.

**Elder Rights and Benefits (ERAB) Program**

PCOA’s Elder Rights and Benefits program (ERAB) assists individuals 60 years of age or older by providing information, guidance, and assistance in accessing benefits and services that can help them use their limited income more efficiently or help in paying for needed services. Often people do not know they are eligible and entitled to certain state and/or federal benefits. ERAB staff also help in resolving problems or consumer issues that individuals have not been successful in resolving themselves. ERAB staff assist with a wide variety of issues, such as:

- Benefits screening and enrollment
- Consumer issues – unsatisfactory purchases and service, contract problems and unfair or illegal sales practices
- End of Life issues – The Arizona Life Care Planning Packet, funerals, cremation, and other end of life issues
- Housing – landlord/tenant problems
- Property Taxes – Renter’s Rebate, the Property Tax Credit Rebate, and the Senior Property Valuation Protection Option
- An Arizona Long Term Care Services (ALTCS) Workshop is offered once a month for people age 60 and over and their families and caregivers
Pima Council on Aging will continue to assist economically insecure older people in accessing benefits to reduce their costs, and making the best use of limited resources. Additional steps to reducing economic insecurity among older residents include community-wide solutions to improve access to affordable housing, transportation, dental care, and other vital services.

**Social Isolation and Loneliness**

The 2016 Community Assessment written survey was completed by 2,269 older adults in English and Spanish, with nearly half of those respondents reporting they lived alone.

Significant concerns cited by those completing the survey included loss of a spouse, depression, mental health issues, and related social indicators of isolation, as well as social isolation itself, which was specifically cited as an issue by 46% of respondents.

While aging at home is cited as a top priority by a majority of older people, and doing so has both emotional and economic benefits, aging in place can also lead to isolation. Socialization occurs naturally throughout much of adult life through work, raising children, volunteerism, and connection with family. In older age, these situations tend to wane. Without opportunities to build new social networks, including having the health and mobility to do so, living independently can lead to people becoming nearly entirely isolated over time.

Emerging research on the impact of loneliness and social isolation on health, well-being, and mortality strongly indicates that a socially isolated person is significantly more likely to suffer an early death. In addition to practical concerns of living alone, such as experiencing a serious medical event when there is no one around to call for help, loneliness itself has been found to have a major impact on health. Researchers at Brigham Young University reviewed more than...
30 years of studies including data related to social isolation and loneliness, and determined that loneliness might be a more significant health factor than obesity, smoking, exercise or nutrition for people over 65.

Services rendered through PCOA can be a lifeline to people who are experiencing isolation. Human contact like those established from Pima Meals on Wheels drivers and direct care workers provide vital socialization to many home-bound older people. As these service providers enter the home to assist basic tasks such as bathing, changing linens, and shopping, they become an older person’s social network. PCOA and community partners help people to remain safely in their homes, by not only providing quality physical services, but staving off depression and observing the overall health of the client.

Pima County is vast, spanning from metropolitan areas and outlying rural towns, and has a large monolingual Spanish speaking population. Older people can become disconnected from the community by language or cultural barriers, as well as by a natural deterioration in social networks developed through work and parenting throughout their lifetimes.

Older people who live alone and are home-bound may understandably resist making connections to the community. Unique challenges to older people can also be barriers for socialization. Fear of elder abuse, prescription drug abuse, hoarding behaviors or other mental health issues, and fear of crime and scams may prevent some from seeking healthy social circles.

There are other risk factors that put some older adults at greater risk of having their health compromised by increasing isolation. Changes to mobility, cognitive changes, or health status may cause an individual to hold back from previously enjoyed social activities. Additionally, older people living in rural communities who do not drive present a higher risk of physical and social isolation unless other transportation options are available. The loss of a spouse or close friend may also lead to social isolation.

Over the past five decades of service to older people and their families, PCOA has recognized that social isolation is an issue that not only requires friendly intervention to improve overall health and well-being for older people, it demands prevention as well. Research consistently shows that feeling connected and involved benefits both mental and physical health.

Encouraging people as they age to engage in continuing health-related education, volunteerism, and community engagement are activities critical to reducing systemic social isolation in later years. It is our role as an Area Agency on Aging to both find ways to reduce social isolation for older people, forestalling the need for deeper interventions, and to ensure that those interventions are in place and adequate for those who eventually need them.
Family Caregivers

According to the National Association of Area Agencies on Aging (n4a) website, an estimated 65.7 million Americans, or nearly 30 percent of the general population, provide care for a loved one. Families are the major provider of long-term care for their older loved ones. Recent estimates indicate the value of unpaid caregiving has now reached $522 billion annually. n4a also reports that most people who serve as caregivers do not self-identify as caregivers, but consider the care they provide as “what you do for someone you care about or love.”

While caregiving can help an older adult remain in their home for as long as possible, it can also be an emotionally, physically, and financially draining role. The Family Caregiver Alliance states that caregivers report problems attending to their own health and well-being such as:

- Sleep deprivation
- Poor eating habits
- Failure to exercise
- Failure to stay in bed when ill
- Postponement of or failure to make medical appointments for themselves
- Higher levels of depression

Caregiving may also impact the caregiver’s ability to work. According to the 2015 Report, Caregiving in the U.S. from the AARP Public Policy Institute and the National Alliance for Caregiving, six out of ten working caregivers rearranged their work schedules, decreased their hours, or took unpaid leave in order to meet their caregiving responsibilities. Nearly one in six caregivers left their jobs because they could not afford to hire paid help for their family member or friend.
Caregiver Training

Family caregivers are not always prepared to take on the many roles necessary to care for their loved ones. Pima Council on Aging subcontracts with Lutheran Social Services of the Southwest to provide training to teach caregivers those skills they need to keep their loved ones safe while also taking care of themselves. The training consists of two four-hour sessions with topics such as communications skills, stress management, life issues, grief, dementia, infection control, and nutrition in a classroom setting. The second portion includes hands-on training to enhance necessary skills such as proper body mechanics, bed or wheelchair transferring, and proper bed bathing skills. Not only are these techniques useful for quality care, they increase the level of confidence for the caregiver.

Impact of Alzheimer’s

Many family caregivers are caring for a loved one who has been diagnosed with Alzheimer’s, the most common form of dementia. According to the Alzheimer’s Association, it is the 5th leading cause of death in Arizona. Arizona has seen a 138% increase in deaths related to Alzheimer’s since 2000 and an additional 54% increase is anticipated by 2025. More than 15 million people in the United States are providing care to a loved one with Alzheimer’s, equating to an estimated $230 billion in valued service.

Grandparents Raising Grandchildren

Another growing population of caregivers is grandparents raising grandchildren. According to AARP, in 2017 in Arizona 140,352 children live with grandparents. In one-fourth of these families, the grandparent had a disability. This population of caregivers face the greatest amount of difficulty due to the least financial resources and require a high amount of social services. The K.A.R.E. Family Center at Arizona’s Children Association offers services for grandparents raising grandchildren including information, education and referral services that are funded by PCOA.

Resources for Unpaid Family Caregivers

PCOA provides support to unpaid family caregivers in a variety of ways:

- Individual and family consultation
- Accurate information about community resources and public benefits
- Strategies for reducing caregiver stress and improving familial communication
- Assistance in exploring options and planning ahead for future care needs
- Support groups that meet in various sites and times throughout Pima County to allow caregivers an opportunity to share experiences in an atmosphere of understanding
- Respite care services
- Family caregiver training through Lutheran Social Services of the Southwest
- Help for grandparents raising grandchildren through the K.A.R.E. Family Center
Additional resources are needed to better equip and support caregivers in caring for their loved ones. Through respite services, individual and group support, education and information about resources, services can extend the time an older person remains in their home, out of costly institutional care and in accordance with their wishes.

**Do you provide care for an elderly family member, neighbor, or friend?**

- Yes, in my home: 10%
- Yes, in their home: 7%
- No: 83%

2,130 Responses

**Who do you call for assistance when you take a break?**

- Employee Assistance Program: 1%
- Ask my physicians for a referral: 2%
- Faith community: 3%
- Receive help from an agency: 5%
- PCOA: 7%
- Neighbor: 7%
- Pay for assistance: 10%
- Friend: 13%
- No one: 22%
- Family member: 30%

475 Responses
Legal Services

The 2016 Community Needs Assessment indicated a need for affordable legal services. In 2013 Southern Arizona Legal Aid (SALA), community partner of PCOA, participated in a statewide unmet civil legal needs assessment. Older people over sixty made up 20% of the total respondents.

According to the legal needs assessment, 17% of respondents stated that there was an older person living in their home that needed help because they could no longer handle their own affairs, and 12% of respondents indicated they needed help with guardianship or conservatorship, a power of attorney, a living will, or a will.

Legal issues often arise around rental housing. In addition to concerns about housing conditions, 29% of tenants responding had disagreements including the amount of rent owed, specific lease terms, and security deposits.

Older people reported requiring assistance at an increased rate with needing a short sale, receiving a foreclosure notice when they had been told a loan modification was in process, their mortgage being sold and not being able to reach a contact person to discuss payments, escrow payments not being applied to taxes and house insurance payments, being given an eviction notice while being told the house had been auctioned without receiving a notice of foreclosure, and neighborhood associations making demands not included in association guidelines.

Over 77% of respondents reported having consumer legal problems. More than just having debt or an over drawn bank account, older people are concerned with disagreements on the terms and
conditions regarding an account or debt. Often older people need legal help with their bank accounts, debt collectors and debt collection agencies, credit card accounts, and student loans.

Older people who are homeowners reported the highest percentage of difficulties with credit card accounts. Coming in at the highest percentage for this age group was bank account problems. Consumer legal needs for this age group demonstrate that the complexities of financial matters or scams may increase with age.

A clear difference of consumer legal issues is seen when looking at the incomes of households. Those households with annual incomes of less than $10,000 experience the highest percentage of problems with their bank accounts, seizure of property, state or federal income tax returns, auto accidents, loss of driver’s license, and identity theft.

The hardship with debt collectors and collection agencies is greatest with households earning between $10,000 and $20,000, followed by households with incomes between $20,000 and $40,000. Many older people reported having legal issues related to their utility services, with the highest percentages relating to disagreements over payments and subsequent shut off of services.

It is not uncommon for older people to turn to PCOA or SALA for legal help, saying, “someone took money out of my bank account,” “my identity was stolen,” or “debt collectors are hounding me and I don’t know if I even owe them.” Older people who are still working may be concerned about wage garnishment, and both homeowners and renters are concerned with the price of utility payments. Often, to resolve these issues, older people have to stand up against a corporate legal team, while they may not have representation of their own. This leads to many of these issues not being resolved in adequate ways that give justice to older people and their families.

In the 2013 legal assessment, 17% of all respondents reported that a medical bill collector had harassed them and 30% of all respondents reported that they, or a household member, had applied for governmental medical assistance within the past year. Many older people reported being denied medical or dental services for adults. Of all respondents, 6% reported that they or a household member had problems with Medicare, and of those, most had difficulty paying for co-payments and prescriptions. Eleven percent of all respondents reported that they or a household member had problems with mental health services, while 52% reported that paying for prescriptions for a diagnosed mental health condition was an issue for them. Just under 50% of older people reported that they had difficulty with counselors, doctors, or other mental health providers.

PCOA partners with Southern Arizona Legal Aid to help address the legal needs of older adults, and offers a three-hour legal clinic twice a month in partnership with the Tucson Chapter of the
National Academy of Elder Law Attorneys. The clinic addresses questions related to elder law, including but not limited to estate planning, estate and trust administration, guardianships and conservatorships, and long term care planning. Individual consultations are thirty minutes for people age 60 and over and are provided at no charge, although donations are requested. Attorneys volunteer their time to the clinic and all have experience in one or more of the legal areas addressed by the clinic.

PCOA also provides advocacy and assistance on a number of issues identified through the 2013 legal assessment, including Medicare claims, accessing benefits programs, and identifying and reporting Medicare fraud.

**Legal services must be available to all people.** Often the power of law is needed to break down barriers and enable older people to remain in their home, protect their limited resources and assets, plan for their end of life care, resolve conflicts and access federal and state benefits programs. As a concerned community, we must find the resources to adequately fund Southern Arizona Legal Aid and explore new approaches to meeting the legal needs of older adults.
References


America is aging. In Pima County, almost 1 in 4 people are over 60 years of age.
DEMOCRAPHTICS

Demographic Trends
America is an aging nation. Nationally, statewide, and locally, demographics are shifting to reflect a much older society. The United States Census Bureau American Community Survey (ACS) 2015 estimated 63,031,158 people 60 and older in the United States, equating to 20% of the total population of 316,515,021.

The state of Arizona’s population, 6,641,928 in 2015, is made up of a disproportionately large number of older people in comparison with the rest of the country. The State projects that in three years (by 2020), one in four Arizona residents will be 60 or older. According to the ACS, in 2015 people over the age of 60 comprised 21% of the state population, equating to approximately 1,398,713 people. These same trends are slightly more exaggerated in Pima County, with 233,698 people, or 23.4% of the total population, over the age of 60.

Pima County Trends
The shift Pima County has experienced to a much older community has been drastic in recent years. The growth rate of people 60 and older in Pima County between 2010 and 2015 was a remarkable 17.5%, with the oldest age bands increasing at even higher rates. In comparison, the overall population growth rate for Pima County between 2010 and 2015 was just 3%, meaning that the older population of Pima County is growing at a significantly faster rate than the population as a whole. Meanwhile, the growth rate of the birth to 19 year-old population shrank by 8%, and the 20-49 year-old cohort grew by only 0.8% during the same time frame.

- Pima County’s fastest growing population is people 85 and older, who are among the most vulnerable and likely to require assistance with activities of daily living.
- Over the past 15 years the median age of Pima County residents has shifted upward, from 35.7 years of age to 38 years of age, even as younger people are attracted to the metropolitan area by quality education and new job prospects.
- Pima County is home to many Centenarians, with an estimated 240 people aged 100 or older countywide.
- People who experience a disability account for 35.2% of the population age 60-plus.
- Many older people in Pima County are veterans, who make up 22.6% of the population aged 60 and older, compared to 13.4% of the total population.

Grandparents Raising Grandchildren
In 2015, 2.9 million grandparents in the US were caring for their grandchildren in their home. Twenty-one percent of grandparents caring for grandchildren live below the poverty line, according to Generations United. Nationally, about 39% are over 60 and 26% have a disability.
In Arizona, 140,352 children live with grandparents, and 64,681 grandparents are householders responsible for their grandchildren who live with them, according to AARP. In nearly 30% of those households, the parents of the children are not present. Of the grandparents, 41,008 (63.4%) are under age 60; 38,356 (59.3%) are in the workforce; 19,469 (30.1%) are unmarried, 16,300 (25.2%) are in poverty; and 15,454 (23.9%) have one or more disabilities.

Because many grandparents are not licensed as foster parents, by caring for their grandchildren outside the foster system they save that system over $6 billion a year nationwide. Unfortunately, if unlicensed, grandparents are not eligible for the same services and financial support as licensed foster parents. Often the programs and protections afforded to parents raising children do not apply to grandparents raising grandchildren. Many securities like adding a child to your health care plan or ensuring quality crisis planning are hard to obtain for older people raising their grandchildren.

PCOA administers funds for services in our community that help grandparents who may be struggling to raise grandchildren. Through the Older Americans Act, PCOA funds the Kinship and Adoption Resource and Education (KARE) Family Center at Arizona’s Children Association to provide grandparents raising grandchildren with support groups and referrals to community resources. Additional resources to assist grandparents raising grandchildren are needed in our community.

Alzheimer’s Disease and Memory Loss

Alzheimer’s disease is a significant and growing issue for Arizona’s communities. The five leading causes of death among people 65 and older in Arizona in 2015 were diseases of the heart, malignant neoplasms, cerebrovascular diseases, Alzheimer’s disease, and chronic lower respiratory diseases. The rates of death from all of these conditions dropped over the prior decade except for Alzheimer’s disease, which grew by 17.6% from 2005 to 2015. Alzheimer’s is the fourth leading cause of death for individuals 65 and older in Arizona – significantly higher than the national ranking of sixth leading cause. According to the Alzheimer’s Association, more than 5 million Americans are currently living with Alzheimer’s, which may increase to as many as 16 million by 2050.

The Medicaid cost of caring for people living with Alzheimer’s in Arizona is projected to be $332 million this year, even with an estimated 325,000 unpaid caregivers providing $4.69 billion worth of uncompensated care. Pima County has the third-highest rate of people with Alzheimer’s disease in the state at 7.1% of the County population, after Yuma (7.7%) and Maricopa (7.5%) counties.

Memory loss is often one of the first signs of Alzheimer’s disease. Initially, memory lapses may be mistaken for forgetfulness that often increases as people grow older or when they become stressed. These memory problems will become more severe and persistent over time in someone with Alzheimer’s or another type of dementia.
Not all memory loss is related to Alzheimer’s disease. Other causes for memory problems can include aging, medical conditions, vitamin deficiencies, emotional problems, medication side effects, alcohol abuse, and mild cognitive impairment, among others. Fear of receiving a diagnosis of Alzheimer’s or dementia can prevent older people from seeing a physician about memory loss, which can cause underlying medical problems to worsen.

While Alzheimer’s is currently not preventable nor curable, studies have shown that lifestyle changes can slow onset, including exercise, sufficient sleep and a brain-healthy diet.

**Increasing Longevity**

Pima County is aging rapidly. The most significant contributor to the age boom in our community, and communities across the nation and around the world, is greater longevity. In the 1960’s, the average life span in the US was 51 years for men and 54 for women, compared to today’s life expectancy of 76 and 81, respectively. These huge leaps in longevity have been made possible by improvements in public health, nutrition and medicine. Vaccinations and antibiotics have greatly reduced deaths in childhood, and safety measures reduced workplace accidents and deaths.

Extended life expectancy creates unique challenges for women, who earn less over their lifetimes than men and therefore pay less into Social Security and retirement plans, while also needing their funds to last longer, as they outlive their male counterparts. More than 80% of the people who turn to PCOA for assistance are women.

We expect to see the life span continue to expand - by 2050, the average man in the US is expected to live to see age 83, and the average woman age 90. Our society is living longer than ever before, and older people are working later in life and remaining healthy and active well into their later years.

Increased longevity is both a challenge and an opportunity. As a community, our challenge is to garner available resources to meet the needs for caring for an increasing number of older people, including a larger proportion who are living to an age of frailty. At the same time, we have the opportunity to benefit greatly from the wealth of expertise and experience older people have to offer, in the workplace, through volunteerism, as mentors and as community leaders. This greater vitality later in life can be part of the solution to some of the challenges we face if we alter our practices to make space for full engagement from older people, and make better use of the gift of longevity for the betterment of our society.
References


## Pima County Older Adult Population Growth

<table>
<thead>
<tr>
<th>Jurisdiction</th>
<th>2000 Census</th>
<th>2010 Census</th>
<th>2105 Census</th>
<th>%Growth from 2000</th>
<th>%Growth from 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>% of Total Population</td>
<td>% of Total Population</td>
<td>% of Total Population</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>50+</strong></td>
<td>282,244</td>
<td>335,542</td>
<td>375,609</td>
<td>18.9%</td>
<td>11.9%</td>
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<tr>
<td><strong>60+</strong></td>
<td>153,232</td>
<td>211,530</td>
<td>248,475</td>
<td>38.0%</td>
<td>17.5%</td>
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<tr>
<td><strong>65+</strong></td>
<td>119,487</td>
<td>152,556</td>
<td>185,865</td>
<td>27.7%</td>
<td>21.8%</td>
</tr>
<tr>
<td><strong>85+</strong></td>
<td>13,072</td>
<td>20,143</td>
<td>24,277</td>
<td>54.1%</td>
<td>20.5%</td>
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<tr>
<td><strong>Pima County</strong></td>
<td>Total Population</td>
<td>843,746</td>
<td>1,010,025</td>
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</table>

## Older Adult Population Growth by Jurisdiction

<table>
<thead>
<tr>
<th>Jurisdiction</th>
<th>2000 Census</th>
<th>2010 Census</th>
<th>2105 Census</th>
<th>%Growth from 2000</th>
<th>%Growth from 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>% of Total Population</td>
<td>% of Total Population</td>
<td>% of Total Population</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>City of Tucson</strong></td>
<td>Total Population</td>
<td>486,699</td>
<td>520,116</td>
<td>528,374</td>
<td>6.9%</td>
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<tr>
<td>60+</td>
<td>72,874</td>
<td>86,750</td>
<td>97,537</td>
<td>19%</td>
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<tr>
<td>85+</td>
<td>7,317</td>
<td>9,256</td>
<td>9,303</td>
<td>26.5%</td>
<td>0.5%</td>
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<tr>
<td><strong>South Tucson</strong></td>
<td>Total Population</td>
<td>5,490</td>
<td>5,652</td>
<td>5,686</td>
<td>3%</td>
</tr>
<tr>
<td>60+</td>
<td>812</td>
<td>874</td>
<td>916</td>
<td>7.6%</td>
<td>4.81%</td>
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<tr>
<td>85+</td>
<td>48</td>
<td>55</td>
<td>98</td>
<td>1.72%</td>
<td>78.18%</td>
</tr>
<tr>
<td><strong>Oro Valley</strong></td>
<td>Total Population</td>
<td>29,700</td>
<td>41,011</td>
<td>41,965</td>
<td>38.1%</td>
</tr>
<tr>
<td>60+</td>
<td>8,608</td>
<td>13,968</td>
<td>15,493</td>
<td>62.3%</td>
<td>10.92%</td>
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<tr>
<td>85+</td>
<td>355</td>
<td>1,196</td>
<td>1,285</td>
<td>236.9%</td>
<td>7.44%</td>
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<tr>
<td><strong>Marana</strong></td>
<td>Total Population</td>
<td>13,556</td>
<td>34,961</td>
<td>38,280</td>
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<tr>
<td>60+</td>
<td>1,876</td>
<td>7,584</td>
<td>8,929</td>
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<td>17.72%</td>
</tr>
<tr>
<td>85+</td>
<td>62</td>
<td>287</td>
<td>566</td>
<td>362.9%</td>
<td>97.21%</td>
</tr>
<tr>
<td><strong>Sahuarita</strong></td>
<td>Total Population</td>
<td>3,242</td>
<td>25,259</td>
<td>25,430</td>
<td>679.1%</td>
</tr>
<tr>
<td>60+</td>
<td>690</td>
<td>5,289</td>
<td>5,456</td>
<td>666.5%</td>
<td>3.20%</td>
</tr>
<tr>
<td>85+</td>
<td>52</td>
<td>233</td>
<td>306</td>
<td>348.1%</td>
<td>31.3%</td>
</tr>
<tr>
<td><strong>Green Valley</strong></td>
<td>Total Population</td>
<td>17,283</td>
<td>21,391</td>
<td>22,419</td>
<td>23.8%</td>
</tr>
<tr>
<td>60+</td>
<td>14,506</td>
<td>18,124</td>
<td>19,157</td>
<td>24.9%</td>
<td>5.7%</td>
</tr>
<tr>
<td>85+</td>
<td>1,385</td>
<td>2,179</td>
<td>2,334</td>
<td>57.3%</td>
<td>7.1%</td>
</tr>
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</table>
2,269 older adults responded to our 2016 Community Survey.
COMMUNITY ASSESSMENT SURVEY FOR OLDER ADULTS

Pima Council on Aging (PCOA) is surveying older adults in Pima County to identify current and emerging needs for aging services. The following are critical things that some older residents are concerned with. To what degree is each of these things a concern to you personally? PLEASE CIRCLE ONE NUMBER for the most appropriate response to each listed item.

### Personal Concerns

1. Falling/Fear of falling
   - NOT CONCERNED: 1
   - SOMEWHAT CONCERNED: 2
   - VERY CONCERNED: 3

2. Accidental injury (other than a fall)
   - NOT CONCERNED: 1
   - SOMEWHAT CONCERNED: 2
   - VERY CONCERNED: 3

3. Depression and/or anxiety
   - NOT CONCERNED: 1
   - SOMEWHAT CONCERNED: 2
   - VERY CONCERNED: 3

4. Losing a spouse or loved one
   - NOT CONCERNED: 1
   - SOMEWHAT CONCERNED: 2
   - VERY CONCERNED: 3

5. Loneliness and/or isolation
   - NOT CONCERNED: 1
   - SOMEWHAT CONCERNED: 2
   - VERY CONCERNED: 3

6. Providing care for family member, friend or neighbor
   - NOT CONCERNED: 1
   - SOMEWHAT CONCERNED: 2
   - VERY CONCERNED: 3

7. Providing care for an older person while still employed
   - NOT CONCERNED: 1
   - SOMEWHAT CONCERNED: 2
   - VERY CONCERNED: 3

8. Raising grandchildren
   - NOT CONCERNED: 1
   - SOMEWHAT CONCERNED: 2
   - VERY CONCERNED: 3

9. Physical or emotional abuse
   - NOT CONCERNED: 1
   - SOMEWHAT CONCERNED: 2
   - VERY CONCERNED: 3

10. Maintaining and repairing my home
    - NOT CONCERNED: 1
    - SOMEWHAT CONCERNED: 2
    - VERY CONCERNED: 3

11. Losing my home to foreclosure
    - NOT CONCERNED: 1
    - SOMEWHAT CONCERNED: 2
    - VERY CONCERNED: 3

12. Memory loss
    - NOT CONCERNED: 1
    - SOMEWHAT CONCERNED: 2
    - VERY CONCERNED: 3

13. Getting information about senior services
    - NOT CONCERNED: 1
    - SOMEWHAT CONCERNED: 2
    - VERY CONCERNED: 3

14. Ability to live independently in my home as I age
    - NOT CONCERNED: 1
    - SOMEWHAT CONCERNED: 2
    - VERY CONCERNED: 3

### Affordability of Goods and Services

15. Utilities (heating, cooling, water)
    - NOT CONCERNED: 1
    - SOMEWHAT CONCERNED: 2
    - VERY CONCERNED: 3

16. Legal assistance
    - NOT CONCERNED: 1
    - SOMEWHAT CONCERNED: 2
    - VERY CONCERNED: 3

17. Assistive devices (hearing aid, glasses)
    - NOT CONCERNED: 1
    - SOMEWHAT CONCERNED: 2
    - VERY CONCERNED: 3

18. Prescription drugs
    - NOT CONCERNED: 1
    - SOMEWHAT CONCERNED: 2
    - VERY CONCERNED: 3

19. Dental care
    - NOT CONCERNED: 1
    - SOMEWHAT CONCERNED: 2
    - VERY CONCERNED: 3

20. Healthcare
    - NOT CONCERNED: 1
    - SOMEWHAT CONCERNED: 2
    - VERY CONCERNED: 3

21. Nutritious food
    - NOT CONCERNED: 1
    - SOMEWHAT CONCERNED: 2
    - VERY CONCERNED: 3

22. Rent, mortgage or property taxes
    - NOT CONCERNED: 1
    - SOMEWHAT CONCERNED: 2
    - VERY CONCERNED: 3

23. Transportation (gas, insurance, repairs, public transit)
    - NOT CONCERNED: 1
    - SOMEWHAT CONCERNED: 2
    - VERY CONCERNED: 3

24. Behavioral Health/Mental Health counseling
    - NOT CONCERNED: 1
    - SOMEWHAT CONCERNED: 2
    - VERY CONCERNED: 3

### Access to Health Benefit Information

25. Understanding changes in Medicare coverage
    - NOT CONCERNED: 1
    - SOMEWHAT CONCERNED: 2
    - VERY CONCERNED: 3

26. Healthcare Directives (Medical Power of Attorney, Living Wills, Advance Directives, DNR orders, etc.)
    - NOT CONCERNED: 1
    - SOMEWHAT CONCERNED: 2
    - VERY CONCERNED: 3

27. Obtaining benefits (Social Security, Medicare, AHCCCS)
    - NOT CONCERNED: 1
    - SOMEWHAT CONCERNED: 2
    - VERY CONCERNED: 3

### Activities of Daily Living

28. Accessible home modifications (grab bars, ramps, etc.)
    - NOT CONCERNED: 1
    - SOMEWHAT CONCERNED: 2
    - VERY CONCERNED: 3

29. Housekeeping and laundry
    - NOT CONCERNED: 1
    - SOMEWHAT CONCERNED: 2
    - VERY CONCERNED: 3

30. Preparing nutritious meals
    - NOT CONCERNED: 1
    - SOMEWHAT CONCERNED: 2
    - VERY CONCERNED: 3
### Survey Results

<table>
<thead>
<tr>
<th>Not Concerned</th>
<th>Somewhat Concerned</th>
<th>Very Concerned</th>
</tr>
</thead>
<tbody>
<tr>
<td>31. Personal care assistance (bathing, washing hair)</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>32. Grocery shopping</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>33. Managing my medications</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>34. Processing monthly bills and/or medical claims</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>35. Having someone check on me daily</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>36. Yard maintenance</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

### Community and Belonging

<table>
<thead>
<tr>
<th>Not Concerned</th>
<th>Somewhat Concerned</th>
<th>Very Concerned</th>
</tr>
</thead>
<tbody>
<tr>
<td>37. Selecting nursing home or assisted living facility</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>38. Employment opportunities</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>39. Feeling like my voice is heard in the community</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>40. Exploitation (frauds or scams)</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>41. Personal safety</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>42. Access to recreational or social opportunities</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>43. Access to volunteer opportunities</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>44. Safe and decent housing</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>45. Age discrimination (loans, insurance, employment)</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>46. Discrimination because of lesbian/gay/transgender identity</td>
<td>1</td>
<td>2</td>
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</table>

### Please rate the following

<table>
<thead>
<tr>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>Don’t Know</th>
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</thead>
<tbody>
<tr>
<td>47. Overall services available</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>48. Services available to LGBTQ</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>49. Your community as a place to live</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>50. Your community as a place to age</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

51. Do you have chronic pain that you regularly take prescription medication for? Yes No
   If YES:
   51a. How often do you take prescription pain medication?
      ☐ Daily  ☐ Weekly  ☐ Only when needed
   51b. How long have you been taking prescription pain medication?
      ☐ Less than 6 months  ☐ More than 6 months

52. How many times have you fallen in the past year?
   ☐ None  ☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5+  ☐ Don’t Know

53. How many times have you stayed in the hospital in the past year?
   ☐ None  ☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5+  ☐ Don’t Know

54. How many times have you stayed in a nursing home or a rehab facility in the past year?
   ☐ None  ☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5+  ☐ Don’t Know

55. Do you care for an elderly family member, neighbor, or friend?
   ☐ Yes (in my home)  ☐ Yes (in their home)  ☐ No
   If YES:
   55a. When you take a break from providing care, who do you call for assistance?
      ☐ PCOA  ☐ Family member  ☐ Faith community  ☐ Friend  ☐ Ask my physician for a referral
      ☐ Employee Assistance program  ☐ Neighbor  ☐ Pay for assistance
      ☐ Receive help from an agency  ☐ No one  ☐ Other: ________________________________

---

48
56. Where do you usually call to get information about services? (Check all that apply):
   - Pima Council on Aging Library
   - Faith Communities (churches, synagogues etc.)
   - Political Representative’s Office
   - Local Senior Centers (Please specify): ____________
   - Family member/friend
   - City/County Office (Please specify): ____________
   - Have never called for information or referrals
   - Information & Referral Services
   - Other (Please specify): ____________

57. What is your source(s) of transportation at this time? (Check all that apply):
   - Drive my vehicle
   - Taxicab/Other paid service
   - Volunteer driver program
   - Public bus (Sun Tran/Sun Van/Sun Shuttle)
   - Faith community Family/friends
   - Have no source
   - Other:

58. I use transportation support for the following reasons: (Check all that apply):
   - For medical appointments
   - To attend faith services
   - For social activities
   - To pick up prescriptions
   - Work/employment
   - To shop for groceries
   - To transact business
   - Other:

Demographics

59. Age Group:
   - Under 60  ☐ 60-64  ☐ 65-69  ☐ 70-74  ☐ 75-79  ☐ 80-84  ☐ 85-89  ☐ 90+

60. Gender:
   - Male  ☐ Female  ☐ Transgender  ☐ Other

61. Background:
   - White (Caucasian)
   - Black (African- American)
   - Native American
   - Hispanic (Latino)
   - Asian/Pacific Islander
   - Other (please specify) ____________

62. Sexual Orientation:
   - Heterosexual
   - Lesbian/gay
   - Bisexual
   - Other ____________

63. Primary Language Spoken:
   - English
   - Spanish
   - Other ____________

64. Living Arrangement:
   - Live alone
   - Live with relatives
   - Live with friends
   - Live with partner
   - Live with spouse
   - Other:

65. Residence:
   - House
   - Apartment
   - Nursing Home
   - Condo
   - Mobile Home
   - Assisted Living Home/Facility

66. Do you rent or own your residence?
   - Rent
   - Own
   - Not applicable

67. How long have you lived at your current residence?
   - 1-5 years
   - 6-14 years
   - 15-24 years
   - 25-34 years
   - 35-44 years
   - 45+ years

68. How long have you lived in Pima County?
   - 1-5 years
   - 6-14 years
   - 15-24 years
   - 25-34 years
   - 35-44 years
   - 45+ years

69. What is your 5-digit zip code? ____________

70. What new or improved aging services would you like to see in the community?
# 2016 Pima County Survey Responses

<table>
<thead>
<tr>
<th>Pima County</th>
<th>Ages 60+</th>
<th>PCOA Survey % Responded</th>
<th>Number of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td></td>
<td>63.11%</td>
<td>1,432</td>
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<tr>
<td>Male</td>
<td></td>
<td>25.77%</td>
<td>562</td>
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<tr>
<td>Other</td>
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<td>0.4%</td>
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<tr>
<td>Unknown</td>
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<td>11.72%</td>
<td>266</td>
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<tr>
<td>Race/Ethnicity</td>
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<td></td>
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<tr>
<td>White, Non-Hispanic</td>
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<td>74.88%</td>
<td>1699</td>
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<tr>
<td>Hispanic or Latino</td>
<td></td>
<td>12.92%</td>
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<tr>
<td>Black or African American</td>
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<td>3.13%</td>
<td>71</td>
</tr>
<tr>
<td>Asian or Pacific Islander</td>
<td></td>
<td>0.93%</td>
<td>21</td>
</tr>
<tr>
<td>American Indian</td>
<td></td>
<td>2.02%</td>
<td>46</td>
</tr>
<tr>
<td>Mixed Race*</td>
<td></td>
<td>1.37%</td>
<td>31</td>
</tr>
<tr>
<td>Unknown</td>
<td></td>
<td>4.63%</td>
<td>105</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>60-64</td>
<td></td>
<td>14.81%</td>
<td>336</td>
</tr>
<tr>
<td>65-69</td>
<td></td>
<td>19.61%</td>
<td>445</td>
</tr>
<tr>
<td>70-74</td>
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<td>19.08%</td>
<td>433</td>
</tr>
<tr>
<td>75-79</td>
<td></td>
<td>14.81%</td>
<td>336</td>
</tr>
<tr>
<td>80-84</td>
<td></td>
<td>11.64%</td>
<td>264</td>
</tr>
<tr>
<td>85+</td>
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<td>13.1%</td>
<td>297</td>
</tr>
<tr>
<td>Unknown</td>
<td></td>
<td>6.96%</td>
<td>158</td>
</tr>
</tbody>
</table>
Aging Well: A Report to the Community

Survey Results

Pima County Responses by Zip Code

Total Responses = 2,269
No Answer = 197
Other = 32

Responses from other zip codes not pictured: Ajo (85321) = 36
Arivaca (85601) = 11
Amado (85645) = 1
Catalina (85738) = 2
Pima County 2016 Community Assessment Survey
Charts & Graphs
The following charts and graphs illustrate the data gathered through the Community Needs Assessment survey process conducted in October through December 2016. A total of 2,269 individuals completed surveys in English and in Spanish.

Type of living arrangements

![Type of living arrangements chart]

- Lives alone: 48%
- Lives with spouse: 36%
- Lives with relatives: 10%
- Lives with friends: 1%
- Lives with partner: 3%
- Other: 2%

2,141 Responses

Type of housing

![Type of housing chart]

- House: 66%
- Apartment: 16%
- Condo: 5%
- Mobile home: 12%
- Assisted living facility: 1%

2,142 Responses
Taking prescription medications for chronic pain

- Yes: 34%
- No: 66%

2,052 Responses

Frequency of taking prescription medications for chronic pain

- Daily: 58%
- Weekly: 2%
- Only when needed: 40%

835 Responses

Length of time taking prescription medications for chronic pain

- Less than 6 months: 16%
- Longer than 6 months: 84%

766 Responses
Rate your community as a place to live

- Excellent: 30%
- Good: 49%
- Fair: 15%
- Poor: 2%
- Don’t know: 4%

2,129 Responses

Rate your community as a place to age

- Excellent: 27%
- Good: 45%
- Fair: 18%
- Poor: 5%
- Don’t know: 5%

2,122 Responses

Rate overall services available to older adults in your community

- Excellent: 21%
- Good: 45%
- Fair: 16%
- Poor: 3%
- Don’t know: 15%

2,105 responses
Where do individuals usually call for information about services?
1,998 Responses

- Pima Council on Aging: 52%
- Family member/friend: 33%
- Never called for information: 25%
- Information and referral services: 14%
- Library: 12%
- Other: 12%
- Faith communities: 12%
- City/county office: 3%
- Political representatives: 3%
HISTORICAL PERSPECTIVE
PCOA is proud to have been an advocate for older adults for 50 years.
HISTORICAL PERSPECTIVE

Since 1967, Pima Council on Aging has worked alongside community partners to identify the needs of older adults in Pima County and respond to those needs with innovative programs and services. As the designated Area Agency on Aging, PCOA has served older adults and their families in communities across Pima County through planning, advocacy, and providing and contracting for services.

1970s
In the earliest days of our 50-year history, Pima Council on Aging helped establish the City of Tucson Special Needs Transportation Services division. In the 1970’s, we developed one of the first case management systems in the country to coordinate in-home supportive services for older adults – a model that has since been duplicated across the country, providing in-home services as alternatives to institutionalization. We began offering legal services and home repair programs for older adults, and initiated the Pima County Ombudsman Program – all of which are still in operation today. In 1975, we conducted the first formal Community Needs Assessment of older adults and have repeated that process every three to four years since.

1980s
In the 1980’s, PCOA assisted the Junior League in the development of what is now St. Luke’s Home. We helped to create the Tucson Interfaith Coalition on Aging. And we worked alongside community partners at Tucson Medical Center to develop the Annual Salute to Tucson Centenarians, celebrating the lives and longevity of our community’s oldest citizens. In 2017, we held our 30th event honoring Tucsonans over the age of 99. Our oldest honoree was 108.

1990s
As the needs of older adults in our society and community changed into the 1990’s, we developed a Medicare counseling program to assist in navigating the complex world of Medicare. We worked with local fire districts and public health nurses to develop a home safety and fall prevention assessment and education program.

21st Century
In the new century, we expanded our programming to support family caregivers and created the Neighbors Care Alliance, supporting volunteers in assisting their neighbors. We developed programs to support older workers and partnered to launch the ongoing Behavioral Health and Older Adults Coalition and Conference. We deepened our commitment to healthy aging by bringing an array of evidence-based fitness, fall-prevention and chronic disease self-management programs to southern Arizona. PimaCare at Home, Pima County’s oldest and only unionized non-medical home care agency, became part of the Pima Council on Aging family of programs.
in 2012. In 2015, we introduced the Aging Mastery Program®, a model developed by the National Council on Aging to develop new expectations, norms, and pathways for people aged 50 to 100, to make the most of their gift of longevity.

50 Years of Partnerships
Pima Council on Aging is grateful for 50 years of deep and impactful partnerships with the City of Tucson, Pima County, the United Way of Tucson and Southern Arizona, and our fellow nonprofit organizations. We look forward to continuing these partnerships and working together to make Pima County’s communities stronger, healthier, and better places to experience the gifts of long life.
Pima Council on Aging Survey Results Comparison 1996-2016
Top Five Serious Concerns of Older Adults in Pima County

2016

1. Ability to Live Independently
2. Affordable Dental Care
3. Fear of Falling
4. Affordable Health Care
5. Understanding Medicare Changes**

2012

1. Affordable Dental Care
2. Fear of Falling
3. Affordable Assistive Devices/Home Maintenance & Repair*
4. Transportation/Home Maintenance & Repair/Understanding Medicare Changes*
5. Income

2009

1. Affordable Dental Care
2. Fear of Falling/Affordable Assistive Devices*
3. Understanding Medicare Changes
4. Prescription Costs
5. Home Maintenance & Repair

2005

1. Affordable Dental Care
2. Understanding Medicare Changes
3. Inadequate Benefits
4. Affordable Assistive Devices
5. Transportation

2002

1. Affordable Dental Care
2. Senior Legislation
3. Telemarketing
4. Prescription Costs
5. Affordable Assistive Devices

1999

1. Senior Legislation
2. Telemarketing
3. Prescription Costs
4. Home Maintenance & Repair
5. Transportation

1996

1. Senior Legislation
2. Crime
3. Home Maintenance & Repair
4. Income
5. Telemarketing

* Issues tied in rankings
** For comparison purposes, the 2016 results include issues rated very concerning only. Throughout the remainder of this report, “top concerns” refers to combined ratings of very concerning and somewhat concerning.