

Aging in Pima County

A Report to the Community



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Executive Summary

Undertaking the Area Plan on Aging Community Needs Assessment affords the community a look at the current state of older adult residents, highlights what the community is doing well, and where it needs to improve. Established in 1975, the Area Plan on Aging Community Needs Assessment has been updated every three years and is the only assessment of its kind for and about the needs and concerns of older adults and their caregivers.

In the fall of 2012, Pima Council on Aging [PCOA] initiated the most recent Area Plan on Aging Community Needs Assessment process as a collaborative venture of the City of Tucson, Pima County, Town of Marana, Town of Oro Valley, Town of Sahuarita, City of South Tucson, Greater Green Valley Community Foundation, United Way of Tucson and Southern Arizona, Community Foundation for Southern Arizona, Women's Foundation of Southern Arizona, Direct Center for Independence and the Arizona Center on Aging at the University of Arizona. These are leading local agencies and groups with major planning responsibilities for human and social services in Pima County.

This unique collaborative partnership guided the process, distributed and tabulated community surveys, attended 10 public comment meetings, participated in four focus groups, and also consulted with PCOA in the preparation of the Report to the Community.

The *Report to the Community* identifies the changing nature of our area's older adult population, anticipates future trends, identifies advocacy issues, best practices, successful programs that already meet the needs of older adults, and summarizes comments received from aging network professionals and the public-at-large as part of the needs assessment process.

Data was collected over a three-month period using a three-pronged approach. Input was obtained from:

- Four Focus Groups of professionals working and providing services in the field of gerontology;
- A Community Survey of 42 questions from 2,330 individuals age 60 or older, including homebound, senior center club and program members, service recipients, and readers of PCOA's monthly newspaper, *Never Too Late*;
- Ten Public Comment Meetings held throughout the county, with Spanish language interpreters, including Tucson, Green Valley, Sahuarita, Marana, Tucson Estates and Oro Valley.

Key Finding

Established in 1975, the Area Plan on Aging Community Needs Assessment Community Survey of key issues and problem areas has not changed significantly from prior needs assessments. Indeed, older adults continue to identify the lack of affordable dental and health care; maintaining and repairing their home; access to transportation; assistance with meals, housekeeping, laundry, and personal care; affordable legal assistance, understanding Medicare plans, and knowing where to go for information and assistance.

By 2020, one in four Arizona residents will be over 60 years of age.

Source: U.S. Census Bureau

The *2012 Community Survey* data found that many older individuals were also concerned with economic insecurity and the rising costs of daily living to meet their basic needs: utility costs; paying for prescriptions; the cost of assistive devices (hearing aids, glasses); and the increased costs for grandparents on fixed incomes raising their grandchildren.

Pima County is home to 209,742 individuals who are age 60+ (21.4% of total population); 151,293 are 65+; and 19,895 are 85+ years of age.

Source: U. S. Census Bureau

Special Notable Findings

Twenty issues about health, safety and social, and economic well-being were identified by more than 2,300 older adults who completed the community survey. Among them: Fear of falling, memory loss, depression and/or anxiety, and loneliness were identified as significant problems.

People said they appreciate the community network of local senior centers, recreational programs, and volunteer opportunities, but they also want to know how to engage their neighbors and friends who are living alone. Repeatedly, people voiced concern about living alone, fear of falling, and anxiety about how to summon help and whether they would be found.

The number of individuals needing assistance through the Behavioral Health System and growing numbers of older adults presenting with one or more chronic health conditions also complicate personal care plans, and many families say they are unable to afford care or placement of their family members in appropriate settings.

Professionals working with older adults speak about the exponential growth of the aging population needing assistance, and the dramatic reduction in financial resources to provide services.

As the Area Agency on Aging, PCOA takes the lead to plan for services, but PCOA can only be successful as a planner and funder and provider of services when public policy and community planners, funders and stakeholders come together in a collaborative partnership and invest the human and financial resources necessary to ensure sustainable aging in our community.

Community characteristics that promote aging in place have the potential to lead to positive outcomes for the entire population. Among them: improving the health and well-being of older adults, and benefiting other residents, businesses, organizations and local governments by fostering the economic and environmental health of the community.

A livable community offers a variety of accessible, affordable and visitable housing options so that older adults have a safe place to live.

Livable Community Indicators for Sustainable Aging in Place, March 2013;
Metlife Mature Market Institute and Stanford Center on Longevity

The rapid transformation of our community that's underway as we are aging requires bold thinking, setting ambitious goals and measuring results, and a clear blueprint of the road ahead to ensure that urban, suburban and rural places across the county are great places to grow up and grow old.

A livable community has features that promote access to the community, including:

- Safe and walkable neighborhoods**
- Transportation options**
- Safe driving conditions**
- Emergency preparedness**

Livable Community Indicators for Sustainable Aging in Place, March 2013;
Metlife Mature Market Institute and Stanford Center on Longevity

Pima Council on Aging will continue to lead by providing the Area Plan on Aging for the county's diverse population of older adults and their family caregivers, convene community partnerships, and collaborate across all sectors of the community to promote sustainable aging in place, now and for generations to come.

Part I: Introduction

Pima Council on Aging (PCOA) is a private non-profit corporation that serves as the designated Area Agency on Aging for Pima County, Arizona. In this role, PCOA conducts a community needs assessment every three to four years to identify problems, concerns and critical issues affecting older adults, their family caregivers and the agencies striving to meet their needs.

For the 2012 needs assessment, a collaborative partnership was formed in an attempt to secure broader participation in the process. Partners included the City of Tucson, Pima County, Town of Marana, Town of Oro Valley, Town of Sahuarita, City of South Tucson, Greater Green Valley Community Foundation, United Way of Tucson and Southern Arizona, Community Foundation for Southern Arizona, Women's Foundation of Southern Arizona, Direct Center for Independence and the U of A Center on Aging. The Collaboration guided the process, distributed and entered surveys, participated in public comment meetings and consulted in the preparation of the report.

Data was collected over a three-month period using a three-pronged approach proven effective in past years. Input was obtained from:

- focus groups of professionals working and providing services in the field of gerontology;
- 2,330 survey responses tabulated through Survey Monkey from individuals 60 years of age or older, including homebound, senior club and organization members, service recipients and readers of “*Never Too Late*”, and
- ten public comment meetings held throughout the county, with Spanish language interpreters, including Tucson, Green Valley, Sahuarita, and Marana, Tucson Estates and Oro Valley.

First, representatives from health and social service providers were invited to participate in focus groups held at various locations in Pima County during the month of October, 2012. The questions to be discussed were sent to participants in advance of the focus groups. Individuals not able to participate in the discussions were invited to complete the questionnaire in writing and return it for inclusion in the final report. Thirty [30] agencies provided written and/or verbal responses.

Second, the method for identifying problem areas for older Americans was the distribution of surveys, printed in both English and Spanish. The survey was available for completion on Survey Monkey; included in a publication of PCOA's *Never Too Late* newspaper and distributed to congregate and home delivered meal participants, members of numerous senior clubs and organizations, service recipients of various social service agencies and through faith communities and neighborhood associations. 2,330 surveys were received and tabulated with responses coming from all geographical areas of the County.

Third, service needs, concerns and advocacy issues were identified at ten public comment meetings held in various locations throughout Tucson, Green Valley, Marana, Sahuarita, Tucson Estates and Oro Valley. At each meeting, a panel of Agency staff, a member of PCOA's Board of Directors, Chairperson of the Area Agency on Aging Advisory Council, and representatives from the collaborative partners were present to listen and respond to advocacy issues, identification of individual service needs and proposed changes that should be made to existing services. Notice of these meetings was sent to newspapers and radio stations, an article was published

in “*Never Too Late*” and the information was distributed to senior clubs, organizations, centers and service providers in the area. Over one hundred and fifty-six (156) individuals attended and shared their comments and concerns.

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

This “*Report to the Community*” details some of the major results of this needs assessment process; identifies the changing demographics of our region’s older population; describes the critical problem areas affecting older adults and their family caregivers; anticipates future trends and identifies best practices and successful programs. While there is significant data available now, there is much more analysis of data that could be conducted. We will therefore, make available to partner organizations or other entities the opportunity to have access to further “mine” the data that would be useful to them in their respective planning and resource allocations processes.

The aging process has always presented individuals, families, and communities with challenges. The elderly population of this region continues to grow at a rate greater than the national average, both with those relocating here and the longevity of our current residents. The needs of the oldest old for supportive services are greater than ever and we cannot forget how the baby boomers and their numbers are affecting service demands.

To address the problems and needs identified in this *Report*, and meet the challenges that are ahead of us, we will need to work collaboratively to expand our systems of service, develop new approaches to service delivery and find the necessary resources to provide quality care.

Please read the *Report* and use the information. As your Area Agency on Aging, Pima Council on Aging invites discussion and partnership in addressing the problems and concerns brought forward in this *Report*. The information and data derived from this process forms the major input into the development of the 2014-2017 Area Plan on Aging which is part of PCOA’s Strategic Plan.

Part II: Identified Issues/Problem Areas

A. AFFORDABLE DENTAL CARE

For the last three Community Surveys and again in 2012, affordable dental care has been identified as the number one serious problem for individuals aged 60 and older living in Pima County.

It has long been recognized that oral health has far ranging effects on the overall health of individuals. Disparities in oral health care were highlighted in a 2000 report by then Surgeon General David Satcher. *Oral Health in America* reported that no less than a “silent epidemic of oral diseases is affecting our most vulnerable citizens—poor children, the elderly, and many members of racial and ethnic minority groups.” In April 2003 then Surgeon General Richard Carmona released a *National Call to Action to Promote Oral Health* which was followed in September 2003 by his remarks before the US Senate Special Committee on Aging entitled “*Ageism in Healthcare: Are Our Nation’s Seniors Receiving Proper Oral Health Care?*” providing the following facts:

- Periodontal infections are more common in the elderly; about 23% of 65-74 year olds have several periodontal diseases;
- About 30% of individuals 65 and older have lost all their teeth, statistics vary by state.
- Studies have shown possible association between oral infections and systemic diseases such as diabetes, heart disease, and respiratory infections.
- The incidence rate of oral and pharyngeal cancers is higher among seniors than for other age groups. Seniors who are 65 years and older are seven times more likely to be diagnosed with oral cancer than younger individuals.
- Many seniors take medications that have the complicating side effect of reducing salivary flow [the amount and flow of saliva] resulting in “dry mouth”. Reduction in salivary flow contributes to increased dental decay.

Payment for dental services is generally out-of-pocket for older people. Medicare does not cover routine dental services like cleaning, oral exam or x-rays. There is Medicare coverage for very limited situations, for example, extraction of teeth for the purpose of radiation treatment involving the jaw or if an inpatient hospital stay is required for a dental procedure. Many Medicare Advantage (MA) plans offer supplemental dental coverage as an option, usually for an extra cost. The levels of coverage vary from routine care, like cleaning, x-ray and oral exam to a more comprehensive dental package. For most people who have dental insurance coverage as a benefit of their employment, that coverage ends upon their retirement. In addition, most seniors have limited income. This results in compromised access to dental care. While 61% of the population report having a dental visit in the past year, only 45% of seniors 75 years and older report having a dental visit.



In the past, the Surgeons General have called upon policymakers, community leaders, private industry, health professionals, the media, and the public to affirm that oral health is essential to general health and well-being and *to take action*. The *Call to Action* urges that oral health promotion, disease prevention, and oral health care have a presence in all health policy agendas set at local, state, and national levels.

Subsidized assistance for dental care is very limited in Pima County. PCOA calls upon our legislators at the local, state, and national levels to work as partners in bringing together ideas, resources and expertise to provide necessary dental care to the older adults in our community.

Source: U.S. Department of Health and Human Services. Oral Health in America: A Report of the Surgeon General. Rockville, MD: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health, 2000:2-3.

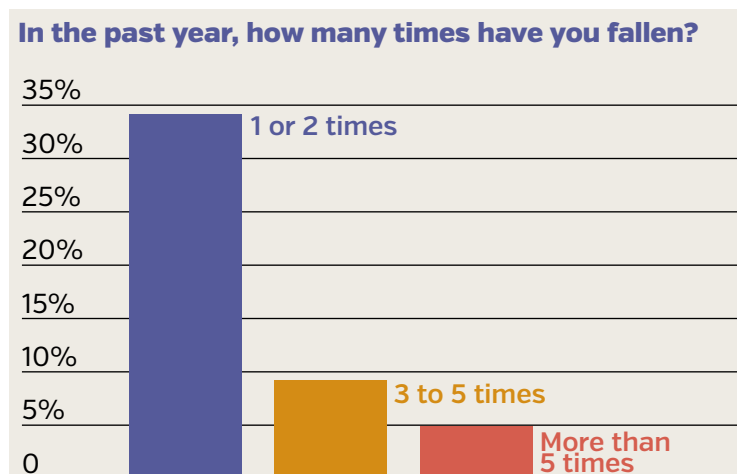
U.S. Department of Health and Human Services. *National Call to Action to Promote Oral Health*. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health, National Institute of Dental and Craniofacial Research. NIH Publication No. 03-5303, Spring 2003.

B. FEAR OF FALLING

Survey respondents identified the Fear of Falling as the second most serious problem in 2012 and 2009. When combined with responses for “some” problem, the Fear of Falling moves to number one. 49.6% of Survey respondents noted they had fallen one or more times in the past year with 14% having fallen 3 or more times in the last year. Individuals at numerous Public Comment Meetings also noted a concern with living alone, falling and whether or not they would be found or be able to summon assistance.

The risk of falling and fear of falling tend to get worse as we age and have numerous chronic health conditions. This is especially true for individuals who have problems with balance and those with osteoarthritis. Many people who fall, even if they are not injured, develop a fear of falling. This fear may cause them to limit their activities, which lead to reduced mobility and loss of physical fitness, and in turn increases their actual risk of falling.¹

According to the Center for Disease Control and Prevention [CDC], one in three community-dwelling persons over the age of 65 falls each year, and this number increases to one in



¹ Scott JC. Osteoporosis and hip fractures. Rheumatic Diseases Clinics of North America; 6(3):707-40

two by the age of 80. Fall-related injuries are often serious enough to result in hospitalization and even premature death; moreover, persons who fall often face significant declines in mobility and independence. Half of all older adults hospitalized for hip fractures cannot return home to live independently.

Falling is *not* an inevitable result of aging and fortunately, falls are a public health concern that is largely preventable. Through evidence-based interventions, practical lifestyle adjustments, and community partnerships we can substantially reduce the number of falls occurring in our community.

Since 2005, PCOA has sponsored three evidenced-based 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, promote environmental changes to reduce fall risks and viewing falls and the fear of falling as controllable.

Specifically, *A Matter of Balance*, 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. Simple exercises are learned and practiced to increase strength and balance. Fall hazards in the home and techniques for getting up and down safely are discussed by a guest therapist. *EnhanceFitness* is an ongoing low to moderate level exercise class taught by certified fitness instructors. The classes provide interactive instruction and exercises, including no/low impact aerobic, stretches and structured strength training using weights.



Arizona Daily Star

Participants are able to stand and sit during the class. The Enhance Fitness Program is now being offered in five City of Tucson Parks & Recreation sites and four Pima County Natural Resources, Parks and Recreation sites. The *Healthy Living [CDSMP] Program* focuses on assisting those with chronic or ongoing health conditions and their caregivers. Participants learn tips and techniques to help them be the best self-manager of their conditions, rather than having their conditions be the manager of their life. 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, the Fire Department records an average of 120 falls each month with over 70% of the falls occurring in the home; of which 75% are preventable. In the summer of 2010, the Green Valley Fire District, Valley Assistance Services, [a local non-profit] and the Green

Valley's Volunteer Clearinghouse, began to discuss how best to address fall prevention. What emerged is a Fall Prevention Program, called SHiM (Safety and Health *in* Motion). The first of its kind, this program brings all the pieces of fall prevention into one program. SHiM is a grass-roots program, developed and implemented by RNs with a holistic approach to education and the prevention of falls.

Empowered by prevention and knowledge, seniors and persons with disabilities have welcomed an in-home safety assessment through SHiM. A team, which includes a volunteer Fire Corps member and a registered nurse volunteer, helps identify fall risks, health conditions and medications that affect balance. A volunteer handyman, a part of SHiM, completes small home modifications that improve safety. Since SHiM started in April 2011, participants have reported a 93% decrease in falls. Local seniors are becoming "SHiM Champions." They now boast an updated medication and an emergency contact list; use of safety items (reach sticks, and night lights); the start of an exercise program and attendance at bi-annual fall prevention educational days and screenings. This synergy of positive change has prevented 150 potential falls with a potential savings of over \$700,000 in medical costs. The initial grant investment by Freeport, McMoRan, Copper and Gold represents a tenfold return on investment; and more importantly, social change to improve the quality of life for seniors so they can age safely in place in their homes.

This community-centered fall prevention program has also raised other concerns with seniors. Valley Assistance Services has extended the scope of SHiM to include SHiM TLC (teaching and learning in our communities), funded by Freeport, McMoRan, Copper and Gold, with added RN advocacy, outreach to the healthcare network and the provision of grab bars and other safety equipment.

The provision of grab bars and other in home safety equipment is a key component to any effort to reduce the incidence of falls. Pima Council on Aging uses a portion of its funding to purchase and install adaptive equipment for low income older adults who cannot purchase the equipment for themselves. PCOA also provides funding for an electronic emergency alert system to assist individuals who are at fall risk and have no family or friends to check on them.

Efforts are underway in Pima County to address this public health concern, but resources devoted to these fall prevention efforts must be increased and new partnerships formed. Green Valley has set an example for how community groups can come together to work with the local fire department to prevent falls. This program now needs to be replicated in every community in Pima County.

PCOA has brought successful evidence-based programs to the community but resources are needed to secure their continuation and expansion so all older adults have access to the programs. We need to find ways to involve our health care networks in supporting the programs and informing their patients of the availability of assistance.

In 2010, the direct medical cost of falls, adjusted for inflation, was \$30.4 billion in the United States.² This costly, life changing event is largely preventable. Working together we can provide the education and intervention necessary to address this concern for Pima County older adults.

² Steven JA. Fatalities and injuries from falls among older adults—United States, 1993-2003 and 2001-2005. MMWR 2006;55[45].

C. AFFORDABLE ASSISTIVE DEVICES

Affordable Assistive Devices (hearing aids, eyeglasses) has ranked in the top five serious problems in the last four Community Surveys (2002, 2005, 2009, 2012).

Payment for these assistive devices is generally out of pocket for older individuals as original Medicare does not cover routine hearing exams or hearing aids, eye exams or glasses, except after cataract surgery, when Medicare will help cover the first pair of glasses. Exams due to disease of the eye are covered at 80% after the Medicare Part B deductible is met. If individuals are enrolled with a Medicare Advantage Plan, they may have coverage for a hearing or eye exam and some coverage for hearing aids. These Plans also cover or help to pay for one pair of glasses after cataract surgery.

Other resources to help defray the cost of these devices for low income older adults are very limited so often people go without, especially hearing aids.

Hearing loss is a common condition affecting older adults. The National Institute on Health notes that approximately 17% of American adults report some degree of hearing loss, with 47% of adults 75 years of age or older having a hearing impairment.

People with hearing loss may find it difficult to have a conversation with friends and family so they may withdraw and become socially isolated. They may also have trouble understanding a doctor's advice, responding to warnings, and hearing doorbells and alarms.

Similar to dental care, our policymakers, health professionals and community leaders need to work together to discuss this need as part of health policy. We need to develop low cost or subsidized resources to assist older adults with these life changing conditions that can be rectified.

D. HOME MAINTENANCE/REPAIR AND YARD MAINTENANCE/CLEANING

Since 1996, difficulties with home maintenance and repair and yard maintenance and clean-up has consistently been identified as a top serious problem by Survey respondents. During the 2012 Public Comment Meetings, individuals expressed concern with their ability to pay for home repairs and, if able to pay, their hesitancy in hiring people to come into their home. Many older adults are targeted in home repair scams and they feel vulnerable in determining if workers are safe and reliable. Other participants voiced their frustration with homeowner associations and the fines that are assessed when someone can no longer take care of their yard.

The City of Tucson and Pima County 5-Year HUD Consolidated Plan indicates that 42% of Pima County's elderly households have low and moderate incomes. With limited and/or fixed incomes, many older adults find they can no longer afford necessary home repairs or needed modifications to improve safety and accessibility in the home.

Pima Council on Aging has for over 30 years allocated a portion of its funding to support a home repair and adaptation program. Each year PCOA assists 450 to 500 older adults with minor to major home repairs and adaptations, but many also go unserved. Repairs include cooler and heater repair, maintenance and replacement; hot water heater replacement; electrical and plumbing repair; disability modifications and limited structural repairs. Seventy-seven percent [77%] of the 475 people assisted in FY 11-12 were older women, 37% age 75 or older, 63% lived alone and 66% were frail and disabled. Seventy-one per cent [71%] of the homes were located in zip codes 85705, 85706 and 85713, all neighborhoods that have been identified by the City of Tucson as High Stress areas based on the number of residents who are low income.



The City of Tucson and Pima County devote resources to provide for and preserve safe, decent and affordable housing, especially for the most vulnerable residents, but the need often outweighs the resources. Many non profit organizations are also working to meet this need, but their resources are not sufficient. The City/County Consolidated Plan notes that almost half of the housing stock in Pima County is 30 years old or older. The majority of the older units are located in Tucson, where 49% of the homes are more than 30 years old. These older units are the most likely to require rehabilitation.

A 2006 study in the journal *Community Development* reported that 1 million elderly people live in homes with serious rehab or modification needs that, if unmet, could force them to move. (*Blueprint for Boomers, Va. Explores Housing Options for Retirees who want to Stay Put*). The benefits of aging in place for older adults are many, including a sense of attachment, familiarity and identity with the home and neighborhood environment. As a community we need to work together to develop new approaches and increase the available resources for helping older homeowners maintain and adapt their homes. Neighborhoods are organizing in the development of new programs to formalize efforts for “neighbors helping neighbors”. Their efforts need to be encouraged and supported.

E. TRANSPORTATION

Transportation appeared as the seventh most serious problem in 1996 and has now moved to number four in the 2012 Community Survey.

Time after time, transportation is identified as a major problem among older adults. While many older adults drive, the majority will likely lose, at some point, the physical and/or financial means to do so as they age. Certain physical and cognitive changes can occur with age that can make it more challenging to continue driving safely. These include worsening eyesight, which can make it difficult to read road signs or estimate the speed of oncoming

traffic, as well as slower reaction time and physical movements in response to the movements of other vehicles, pedestrians, and roadway impediments.

Many older adults also find it difficult to access essential transportation services in their communities. This is particularly true for 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.



Some older adults depend on family and friends to take them to their destinations. However, employed family caregivers must leave work to transport their loved ones. For others there may be a reluctance to “burden” family and friends to take them to destinations they may consider non-essential, but are important for socialization and a sense of well-being.

Although the region’s fixed route transit system, Sun Tran, serves 296 square miles and provides over 20 million passenger trips a year, Pima Association of Governments’ 2010 and 2011 surveys indicate that “73 percent of agencies cite ‘clients or destinations located outside of the public transit service area’ as a barrier to using the public transit system. The other major barriers are infrequent schedule, safety concerns, inconvenient transit routes and transfers and unaffordable fare.” Public transportation can be daunting for older adults who cannot walk the distance to and from the bus stop, especially in the summer heat or when carrying groceries. The same declines in their physical and mental capabilities that necessitated giving up their car keys may make it impossible for some older adults to “catch the bus”.

Paratransit (a transportation service that supplements larger public transit systems by providing individualized rides without fixed routes or timetables) is available through Sun Van, Handicar, and Coyote Run to individuals who are ADA (Americans with Disabilities Act) eligible. However, not all areas are covered and barriers still exist for passengers who require additional assistance such as opening doors and verbal guidance, hands-on physical support to help keep their balance and climb steps, help with activities at the destination, putting away purchases in the home, and help for passengers who are faced with challenges related to communication or confusion. Personal care companions can provide this assistance but the wait times before pickup and stops along the way mean a long day for them and for passengers with regimented prescription schedules or incontinence.

Various non-profit groups provide volunteer door-to-door services at little or no cost, but participants must live within defined service areas and rides are dependent on volunteer availability.

Rural seniors lack transportation options in every category when compared to other geographic areas³ and in addition to needing transportation within their communities, rural seniors often face the challenge of accessing needed services at a long distance.

More than 50% of non-drivers 65 or older stay home on any given day partially because they lack transportation options⁴, causing them to miss doctor and health-related appointments, become unable or unwilling to grocery shop, and become isolated in their homes. Businesses lose valuable customers because their patrons can no longer find rides and suffer from lost productivity when caregivers must leave work to take a family member to an appointment.

While a wide range of both paid and volunteer transportation services are available to seniors in *some* parts of the county, a variety of affordable, accessible transportation services are needed for seniors in *all* parts of Pima County, especially for medical and grocery needs. PCOA continues to work in this area by subsidizing the cost of Sun Van passes to attend meals at nine of PCOA's nutrition centers and administering and expanding the Neighbors Care Alliance, a network of 20 neighbors care programs, many of which provide transportation. PCOA supports new transportation options and ideas, including ITN*GreaterTucson*, a membership based model that will provide service to adults 60 years and older for a reasonable fare.

F. UNDERSTANDING CHANGES IN MEDICARE

Understanding changes in Medicare appeared as the second most serious problem in 2005, third in 2009 and number four in 2012. Questions were repeatedly asked at the 2012 Public Comment Meetings as to how the Affordable Care Act would be affecting Medicare and how these changes would be communicated to beneficiaries.

When Medicare started in 1965, it was quite easy to comprehend. Part A was the hospital coverage and Part B was the medical coverage. The only other decision for a beneficiary to make was whether or not to purchase a Medicare Supplement plan.

A big change came in 1998 when Medicare Advantage plans (previously called Medicare+Choice plans or Part C) were introduced. Beneficiaries were now able to choose to enroll in an alternative health plan. These plans have greatly expanded through the years and Pima County currently has 20 Medicare Advantage plans to choose from.

In 2006, Medicare's Part D (prescription drug coverage) was added that allowed beneficiaries to enroll in an insurance plan to help with medication costs. There are 26 Part D options in Pima County in 2013. Choosing between twenty Medicare Advantage Plans and twenty-six Part D plans can be overwhelming for many older adults and their family caregivers.

³ National Center on Senior Transportation, 2009 survey

⁴ Aging Americans: Stranded without Options, April 2004

To assist Medicare beneficiaries and their families in understanding the various options available, PCOA offers presentations and counseling services through our SHIP (State Health Insurance Assistance Program). PCOA staff and trained volunteers present the latest Medicare information throughout the year, including at our Medicare Update conferences during October and November. PCOA also offers New to Medicare classes on the first Wednesday of each month and ongoing personal counseling by telephone or in person.

The increasing numbers of client contacts in the PCOA Medicare Program are a reflection of both the complexity of decisions and the increasing numbers of Medicare beneficiaries. In the last five years, the number of client contacts increased from 4,482 in FY 2007-2008 to 12,180 in FY 2011-2012. Each year over 800 individuals attend the Medicare Update Conferences and 500+ people come for the New to Medicare classes.

With the sheer volume of boomers turning 65 years of age each year, Pima Council on Aging is going to need a larger volunteer base and additional community partners to address this identified problem area.

G. ECONOMIC CONCERNS

Economic concerns including having sufficient income to meet basic needs; paying for prescription drugs; the cost of utilities; and paying the rent, mortgage or property taxes have all consistently appeared in the top nine identified serious problems since 1996. Agencies participating in the 2012 focus groups reported an increase in the older adults living on the edge; many caught between not being able to qualify for services and assistance and not being able to make ends meet.

From July 1, 2011 through June 30, 2012, Pima Council on Aging's Help Line fielded 11,792 calls with 13,885 requests for assistance in one or more areas. Seventeen percent (17%) or over 2,400 calls were in relation to benefits counseling/financial assistance.

35% of Pima County's 65+ population (52,953) have income below 200% of federal poverty level. National measures such as the Elder Economic Security Index indicate this is the minimum income for older adults to make ends meet. Below that, people are making choices between eating and buying medicine.

Many older adults are unable to cope with the complex maze of organizations and the bureaucratic systems that serve as their lifeline. Often the older person does not have the physical and mental energy or capacity to make the numerous phone calls, complete the required forms and write the detailed letters necessary to receive the services they require. Information that they need to receive benefits or services may not be readily available, especially to those of limited means or those facing cultural barriers.



The Pima Council on Aging Elder Rights and Benefits Program (ERAB) assists individuals sixty years of age or older by providing information, advocacy, guidance, and representation in accessing benefits/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.

H. AFFORDABLE LEGAL ASSISTANCE

Affordable legal assistance first appeared in the top nine serious problems in the 2005 Community Survey, moving to number six in the 2012 Survey. Also rated as a serious problem in 2012 was accessing health care legal options such as Medical Power of Attorney and Living Wills.

Access to free or low cost civil legal services has gained the ranking of sixth in the PCOA Survey because many Arizonans are in need of civil legal assistance and they cannot get it. Seniors are caught in the crunch of having to compete with non-seniors for scarce legal aid services. According to the United States Census Bureau, 16.5% of Arizona's population lives below the poverty guidelines.⁵ Over 860,000 Arizona residents have household incomes within the federal poverty levels. The Arizona Foundation for Legal Services & Education (Foundation) 2007 access to justice study, "Voicing a Need for Justice," indicated that approximately 32% of the population had a crisis civil legal issue in the last twelve-month period where they believed an attorney's expertise was required.⁶ This estimate does not include the civil legal needs of the "modest means" population, who also struggle to afford legal services. Nor does it take into consideration the vast geographic area of Arizona, Pima County, and the lack of legal representation available in specific regions.

Seniors like other Arizona residents seek legal aid services for help with: consumer protection, to protect income and avoid financial exploitation, housing matters, family law matters such as divorce and guardianship, access to public benefits like Social Security and SNAP and healthcare issues as well as wills.

Southern Arizona Legal Aid (SALA) participated in a 2013 statewide civil legal needs assessment conducted by the Foundation. Twelve percent of the participants reported being between the age of 60-70, and 8% reported being 71 or older.⁷ Public feedback placed consumer issues as the highest need [77%], followed by family law [38%] and domestic violence [31%]. Housing, both rental and ownership [27%] rounded out the top five needs.⁸

The survey responses indicated that over 60% attempted to deal with their legal problem on their own or just ignored it.⁹ The responses also showed that attempting to address the

⁵ <http://quickfacts.census.gov/qfd/states/04000.html>

⁶ 2007 Voices Report - Foundation Survey Results on Legal Aid Access in Arizona

⁷ 2013 The Legal Need In Arizona - Foundation Survey Results on Legal Aid Access in Arizona

⁸ Id.

⁹ Id.

problem without a lawyer or ignoring it was not working. Only 5% reported that their legal needs were resolved with 95% reporting that the legal issues are still hovering over them.¹⁰

SALA's closed case data provides the best example of where seniors have the greatest unmet civil legal needs. SALA's 2012 closed case data shows that 542 seniors received assistance. The areas noted below are where seniors most often sought legal assistance and these areas are in line with the 2013 statewide legal assessment.

Requested legal assistance was high for bankruptcy, debt collection and garnishment issues, consumer contracts, divorce, family support issues, domestic abuse issues, adult guardianship, AHCCCS benefits and Medicare issues. In the area of housing, seniors received assistance with homeownership including foreclosures and private landlord/tenant matters. In the area of income maintenance, seniors received assistance accessing SNAP, SSDI, SSI and unemployment benefits, and other income maintenance issues.

While SALA provided civil legal assistance to 542 seniors in 2012, SALA has been unable to serve every senior who requested assistance. This was due in part to the increased demand for services resulting from the economic downturn in Arizona, while SALA's funding was in decline. Decreases in funding have stymied SALA's efforts to expand services and it is expected that services will decrease further in 2013 and beyond.

Because SALA is the only provider of a full-range of *free* civil legal services to seniors in Pima County, Pima Council on Aging (PCOA) has tried to supplement access to service through the development of partnerships with the National Academy of Elder Law Attorneys, the State Bar of Arizona and the Arizona Foundation for Legal Services and Education.

Twice a month, members of the National Academy of Elder Law Attorneys in Tucson volunteer to meet with six low income older adults at PCOA's office. The attorney meets for a half hour with each person and provides information on how to proceed. If it is determined there is a legal issue requiring representation, they are referred to the appropriate resource.

PCOA has also partnered with the State Bar of Arizona and the Arizona Foundation for Legal Services and Education to provide Wills for the Greatest Generation two to three times a year. Tucson elder law attorneys volunteer their time to meet at PCOA with qualified older adults who need to have a valid simple will, living will, and/or health care and financial power of attorney prepared, but can't afford a private attorney. Twenty-eight people leave each workshop with professionally prepared documents.

Legal services need to be available to everyone. As a concerned community, we must find the resources to adequately fund Southern Arizona Legal Aid and find new approaches to meeting the legal needs of older adults.

¹⁰ Id.

I. PREPARING NUTRITIOUS MEALS

Preparing nutritious meals moved into the top eight serious problems for the first time in the 2012 Community Survey. In prior years, this problem was noted as a serious concern for survey respondents 85+ years of age, but has now been identified as a serious problem for all age groups combined. The need for prepared, nutritious meals delivered to individuals' homes and served at community sites was also affirmed by Public Comment Meeting participants. Many of the participants wanted us to know how important the Congregate Meal Centers were to them, not only for the meals but for the socialization. They described the people at the Center as "their family". Agencies at the Focus Groups identified concern with the increased number of clients living on the edge and needing assistance in meeting their basic needs.

In a report prepared for Meals on Wheels Association of America, Inc., Arizona ranked eleventh in the rate of food insecurity among Senior Americans in 2001-2007. Many physiological and socio-economic factors affect the nutritional status of our communities' elders and lead to this food insecurity. For some, limitations on physical mobility interfere with the independent performance of Activities of Daily Living like shopping for and preparing healthy well balanced meals. For others, depression and social isolation lead to the inadequate consumption of enough calories as many seniors do not eat regularly when having to dine alone. Still others cannot afford to buy nutritious food as demands for health care costs consume a large portion of their limited fixed incomes. If not addressed, these factors can lead to poor health, delay in recovering from illness, advance of age-related degenerative diseases and eventual loss of independence.



Each year PCOA provides close to 350,000 prepared meals, through its twelve Congregate Meal sites and on its sixteen Home Delivered Meal routes. The main source of funding for over thirty-three years for these two programs has been the federal Older Americans Act. Funding appropriated through this Act, has not kept pace with inflation or the growth of the population, but has always been a steady source of support. For the first time these programs are in jeopardy as the funding is being reduced in the federal sequester budget cuts. The State, County, City and United Way provide limited support to these programs, but is not sufficient to compensate for the loss of federal dollars. Periodically PCOA has had to implement waiting lists for home delivered meals, but has never faced having to ration the meals served at the Congregate Meal sites.

To provide these services in an effective, efficient and low cost method, 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 and Tucson Medical Center provide space for

the 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, 3,600 – 3,900 individuals are served each year, with 60+% of the participants being women and 50+% being 75 years of age or older.

Other community nutrition programs are supported through County funding, special grants and or fees. These include Mobile Meals, Northwest Mobile Meals, Catalina Community Services Home Delivered and Congregate Meals, Arivaca and Picture Rocks Congregate Meals and the House of Neighborly Services. Each of these programs has specific geographic service areas. Some serve low income younger adults in addition to seniors, and all of the community programs work cooperatively so there is no duplication of service.

Even with this wide geographic based response, there are isolated older adults who are not meeting their nutritional needs. The programs 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 will always be needed to keep these programs viable and the number of meals sufficient to meet the need throughout the County.

J. BEHAVIORAL HEALTH

The loss of a spouse or loved one and depression and/or anxiety were identified as two of the top nine serious problems in the community survey. In the focus groups conducted with agencies that work with older adults, every agency indicated that they are seeing more clients who have behavioral health issues and that the issues are becoming increasingly complex and challenging. Pima County has established behavioral health as a public health priority.

One of the avenues for addressing behavioral health issues in Pima County at the systems level is the Behavioral Health and Aging Council of Southern Arizona (BHAC). BHAC was established in 2002 to bring together service providers from both the behavioral health and the aging networks. The vision of BHAC is that older adults have the right to embrace good physical, emotional, social and spiritual well-being. The



mission of BHAC is to promote awareness, education and advocacy of wellness services for older adults in Southern Arizona through community collaborations. Not only does BHAC allow for relationship building between service providers and improved collaborations, but BHAC also sponsors quarterly trainings for the community as well as a conference on Behavioral Health and Older Adults every two years on even numbered years.

Depression is commonly associated with suicide in older adults and is widely under-recognized and undertreated. The risk of depression in the elderly increases with other illnesses and when

ability to function becomes limited. Estimates of major depression in older people living in the community range from less than 1 percent to about 5 percent, but rises to 13.5 percent in those who require home healthcare and to 11.5 percent in elderly hospital patients.¹¹ Overall, suicide rates in Arizona are higher than the national rates with the highest suicide rates in Arizona in the 75-84 year old population and the age 85+ population.¹² Through a partnership with Community Partnership of Southern Arizona (CPSA), PCOA offers two suicide prevention programs using the Living Works model. These evidence-based suicide awareness, alertness and intervention skills trainings have been recognized as best practice in the field of suicide prevention.

Mental illness is associated with increased occurrence of chronic diseases such as cardiovascular disease, diabetes, obesity, asthma, epilepsy and cancer.¹³ Arizona Living Well is a series of health promotion programs sponsored by PCOA in collaboration with community partners. Living Well is about managing one's personal health, staying fit and maintaining or improving quality of life. PCOA offers three evidence-based health promotion programs for adults 60 years and older.

Another avenue for addressing depression and the isolation experienced by many older adults is volunteering and finding ways to stay connected to other people and to their community. Over the past 20 years, research has found a significant connection between volunteering and good health in addition to social benefits. A research conducted by the Office of Research and Policy Development, Corporation for National and Community Service, *The Health Benefits of Volunteering: A Review of Recent Research* shows that volunteers have:

- Lower rates of depression [later in life than those who do not volunteer]
- Greater longevity
- Higher functional ability
- A sense of purpose at a time when their social roles are changing
- Volunteers who devote a “considerable” amount of time to volunteer activities [about 100 hours per year] are most likely to exhibit positive health outcomes.
- Volunteering also provides individuals with a sense of purpose and life satisfaction

Individuals can reach out to faith communities, schools, social or community service organizations, hospitals and other health organizations to volunteer. For those who need encouragement and guidance in locating a volunteer opportunity, the Retired and Senior Volunteer Program through PCOA and/or the Volunteer Center at United Way can provide assistance.

¹¹ “Older Adults: Depression and Suicide Facts,” National Institute of Mental Health, 2007, www.nimh.nih.gov.

¹² “Arizona Older Adult Profile 2012,” Arizona Department of Health Services, January 15, 2003.

¹³ U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, 2013, www.samsha.gov.

K. IN-HOME ASSISTANCE

A review of the responses received from community agencies participating in the 2012 Focus Groups has highlighted the increased number of people: with Alzheimer's disease; with behavioral, mental health needs; and with multiple chronic conditions along with an increase in the number of younger physically disabled individuals who are requesting some form of assistance to remain in their home.

The ability to carry out one's daily activities is a measure of both quality of life and independence for most adults. Frailty, injury, illness, disability and many chronic conditions can leave older individuals experiencing difficulties with the independent performance of basic Activities of Daily Living (ADLs) like dressing, bathing, eating, doing housework, laundry, shopping, and meal preparation. When no family supports or caregivers are available to assist with these functions, older individuals can be at significant risk of falling, further health decline and loss of their ability to remain safe and independent in their own homes.



One of the fastest growing segments of Pima County's population is individuals over age 85. This age group grew by 52% in the last ten years while the total population of Pima County grew by 16.2%. With life expectancy rising, older adults will, collectively, live longer than their predecessors. With a high percentage of baby boomers expected to live beyond 85, forecasters expect a 60% surge in the age 85 and older population between 2030 and 2040.¹⁴ Fifty percent of those age 85+ have one or more chronic (on-going) or disabling conditions that require assistance with Activities of Daily Living.

The vast majority of people in need of long-term services want to live in their own homes and communities. While long-term care is often associated with nursing homes, most of the care is actually provided at home. To remain living in their home, older adults often require assistance from both formal and informal sources. 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. The system targets individuals 60 years of age or older, of greatest social and economic need, who require assistance in 3 or more activities of daily living or instrumental activities of daily living. In FY 11-12, 80% of the clients were women, 34% were 75 to 84 years of age and 22% were 85+ years of age.

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

¹⁴ U.S. Census Bureau, National Population Projections, 2008, www.census.gov/population/www/projections/summarytables.html



Arizona Long Term Care System (ALTCS). The average cost to support someone in the PCOA system is \$2,174 a year while the average cost through ALTCS community based services is \$19,428 a year. For many low to moderate income older adults the 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 at the State level, this System now supports around

1,200 people. Unfortunately the federal funds that have always been the foundation of support for this System are due to be reduced in the federal sequester cut.

PCOA has tried to supplement these formal services with informal supports through the Neighbors Care Alliance. Neighbors can assist with some in-home services like occasional housecleaning or meal preparation, but many older adults require hands on care that must be provided by trained staff from a reputable homecare agency.

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 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.

L. ASSISTANCE FOR FAMILY CAREGIVERS

Family caregivers are key in helping older adults age in place in their homes but it comes at a substantial cost to the caregivers, themselves, and to their families and the community. They may experience stress, physical strain, competing demands, and financial hardship. Because of the risks associated with family caregiving, it is now viewed as an important public health concern. In 2009, about 42.1 million unpaid family caregivers in the U.S. and 855,000 in Arizona provided care to an adult with limitations in daily activities at any given point in time. About 61.6 million in the U.S. and 1,250,000 in Arizona provided care at some time during the year. The estimated economic value of their unpaid contributions in 2009 was approximately \$450 billion in the U.S. and \$9,400 million in Arizona.¹⁵

¹⁵ Lynn Feinberg, Susan C. Reinhard, Ari Houser and Rita Choula, "Valuing the Invaluable: 2011 Update, The Economic Value of Family Caregiving in 2009". AARP Public Policy Institute.

Family caregiving accounts for approximately 21% of all calls to PCOA's Helpline. PCOA's Caregiving department offers a variety of services to meet the needs of unpaid family caregivers:

- Consultation to individuals or families to listen to their experiences and frustrations and to help them explore options, both for the caregiver and the care recipient.
- Information about caregiving issues and other community resources.
- Linking caregivers to appropriate resources such as in-home care, placement in a facility, or for support for themselves as caregivers.
- Support groups that meet in a variety of locations and times throughout Pima County so that caregivers can share with each other in a caring environment

PCOA is currently partnering with Lutheran Social Services to provide unpaid family caregiver training. The training is divided into two four-hour sessions with the first session comprised of classroom education on topics such as infection control, stress management, dementia, grief and end of life issues, communication skills, nutrition, and others. The second session is a hands-on workshop designed to enhance the skills necessary in caregiving such as proper body mechanics, transferring from a bed or wheelchair, and proper bed bath techniques. Learning the appropriate techniques to care for a loved one can increase caregiver confidence.



Grandparents raising grandchildren has been on the rise across the country. This growth is most dramatic among families with the least financial resources and the highest social service needs. Approximately 2.7 million children are being cared for by kin, representing an 18% increase over the past decade. The vast majority of these kinship care arrangements are informally established within the family. Approximately 5% of these children have been placed with kin formally through the child welfare system [Gleeson, et al 2008; AECF, 2012]. In Arizona, both formal and informal kinship care have been on the rise. Recent reports indicate that 198,814 children under age 18 live in kinship homes [12.2% of all children under 18 in the state] and 21% live in poverty. Compared to the general population of children, those in informal kinship care tend to have higher poverty rates and are less likely to be covered by health insurance and are more likely to have physical and mental disabilities [AECF 2012].

It is estimated that the cost to the state of Arizona to care for children in foster care, if they were not being cared for by kin, would exceed \$40 million. The Kinship, Adoption, Resources and Education Family Center [KARE] in Tucson calculates if their services helped prevent formal foster care placements in just 1 in 5 of the 1,470 informal kinship children they served in 2007 the savings in Pima County is more than 4.2 million each year [AzCA/CASEY 2009].

Part III: Demographics

According to a 2010 Census brief from the U.S. Census Bureau on the nation's older population, the U.S. population 65 and older is now the largest in terms of size and percent of the population, compared with any previous census. Between 2000 and 2010, the U.S. population 65 and older grew 15.1 percent, while the total U.S. population grew 9.7 percent.

This same trend occurred in Pima County. Pima County's 65+ population increased 26.2% between 2000 and 2010 while the total County population increased 16.2%.

Tucson is home to 86,750 individuals 60 years of age or older (16.8% of Tucson's total population). 209,742 individuals 60+ reside in Pima County. 21.4% of total population]

The fastest growing segment of the aging population is individuals over 85, the most vulnerable older adults who tend to need long-term care and whose numbers are expected to double by 2020. In Pima County, the 85+ population increased 52% since 2000 and in Tucson 26.5%.

By 2020 one in four Arizona residents will be over 60 years of age.

Starting in 2011, 10,000 boomers turn 65 each and every day.

Americans are also living longer. Persons reaching age 65 have an average life expectancy of an additional 18.8 years [20.0 years for females and 17.3 years for males.]¹ Longer life span poses challenges. Nearly all older Americans now encounter chronic illness and disability in last phase of life.

Administration on Aging, A Profile of Older Americans: 2011 Principle sources of data for the Profile are the U.S. Census Bureau, the National Center for Health Statistics, and the Bureau of Labor Statistics. The Profile incorporates the latest data available but not all items are updated on an annual basis.

Chronic diseases now account for seven out of ten leading causes of death in Arizona.

The five leading causes among adults 65 or older in Arizona for 2008 were diseases of the heart, malignant neoplasms, cerebrovascular diseases, chronic lower respiratory diseases and Alzheimer's disease. In the past decade, Alzheimer's disease replaced influenza and pneumonia as one of the five leading causes of deaths. Also, during this period there was a substantial increase in the rate of fall related deaths for both men and women.

Although functional loss and disability are not necessary consequences of the aging process, both tend to increase with age as a result of underlying chronic disease. 50% of those age 85+ have one or more chronic disability conditions that require assistance with Activities of Daily Living (ADL), bathing, toileting, grooming.

In Pima County, there are 73,143 individuals 18 to 64 years of age with a disability (12%).

The population 65 and over with a disability is 38.7%.

Source: U. S. Census Bureau, American Community Survey, 2009

Older men were much more likely to be married than older women – 72% of men vs. 42% of women. 40% of older women in 2010 were widows. Almost half of older women [47%] age 75+ live alone.

Administration on Aging, A Profile of Older Americans: 2011 Principle sources of data for the Profile are the U.S. Census Bureau, the National Center for Health Statistics, and the Bureau of Labor Statistics. The Profile incorporates the latest data available but not all items are updated on an annual basis.

In Pima County among households age 65+, 9.9% lived alone, in Tucson 9.3% and in Green Valley 32.2%.

Source: 2005-2007 American Community Survey 3-Year Estimates.

Social Security constituted 90% or more of the income received by 35% of beneficiaries in 2009 (22% of married couples and 43% of non-married beneficiaries).

Administration on Aging, A Profile of Older Americans: 2011 Principle sources of data for the Profile are the U.S. Census Bureau, the National Center for Health Statistics, and the Bureau of Labor Statistics. The Profile incorporates the latest data available but not all items are updated on an annual basis.

35% of Pima County's 65+ population (52,953) have income below 200% of federal poverty level.

National measures such as the Elder Economic Security Index indicate this is the minimum income for older adults to make ends meet. Below that, people are making choices between eating and buying medicine.

In Pima County 14,500 people are diagnosed with Alzheimer's disease or related dementias. It is likely there are at least an additional 4,000 undiagnosed persons with dementia, for a total of 18,500 persons with dementias.

The facts are clear. Tucson and Pima County face not only an increase in the absolute numbers of persons 60+, but an increase in the relative share of older adults. The question is whether we are ready to respond.

This demographic shift will be accompanied by a corresponding rise in the need and demand for fiscal, health and social supports that are necessary to ensure a sound quality of life for older Americans. The aging of our nation's population will challenge not only federal entitlement programs, such as Social Security, Medicare and Medicaid, but will substantially increase the demand for home and community-based services and supports, housing options, transportation and emergency response systems.

“Livable communities for all ages” refers to places where all citizens can grow up and grow old with maximum independence, safety and well-being. Policy makers and community planners must take these demographic changes into account as the aging of our populace will affect the social, physical and economic fabric of the communities we live in.

Pima County Older Adult Population Growth

		2000 Census % of Total Population		2010 Census % of Total Population		% Growth from 2000
Pima County	Total Population	843,746		980,262		16.2%
	60+	153,232	18.2%	209,742	21.4%	36.9%
	65+	119,487	14.0%	151,293	15.4%	26.2%
	85+	13,072	1.5%	19,895	2.0%	52.0%

Older Adult Population Growth by Jurisdiction

		2000 Census % of Total Population		2010 Census % of Total Population		% Growth from 2000
City of Tucson	Total Population	486,699		520,116		6.9%
	60+	72,874	15%	86,750	16.8%	19%
	85+	7,317	1.5%	9,256	1.78%	26.5%
South Tucson	Total Population	5,490		5,652		3%
	60+	812	14.8%	874	15.4%	7.6%
	85+	48	.87%	55	.97%	14.6%
Oro Valley	Total Population	29,700		41,011		38.1%
	60+	8,608	29%	13,968	34.1%	62.3%
	85+	355	1.2%	1,196	2.92%	236.9%
Marana	Total Population	13,556		34,961		157.9%
	60+	1,876	13.8%	7,584	21.7%	304.3%
	85+	62	46%	267	.76%	330.6%
Sahuarita	Total Population	3,242		25,259		679.1%
	60+	690	21.3%	5,289	21%	665.5%
	85+	52	1.6%	233	.92%	348.1%
Green Valley	Total Population	17,283		21,391		23.8%
	60+	14,506	83.9%	18,124	84.7%	24.9%
	85+	1,385	8.01%	2,179	10.19%	57.3%

Part IV: 2012 Community Survey Results

AGING IN PIMA COUNTY

The Community Survey for older adults who are 60 years of age and older.

Please return to PCOA before November 16, 2012.

- A.** If you are age 60 or over, we want to hear from you! Here's a list of things that are problems for some older residents. To what degree is each of these things a problem *for you personally*? Please circle one number for the most appropriate response to each listed item.

	NO PROBLEM	SOME PROBLEM	SERIOUS PROBLEM
1. Fear of falling	1	2	3
2. Memory loss	1	2	3
3. Having someone check on me daily	1	2	3
4. Transportation costs (gas, insurance, repairs, public transit)	1	2	3
5. Getting information about senior services	1	2	3
6. Obtaining benefits (Social Security, AHCCCS, ALTCS, Medicare, etc.)	1	2	3
7. Understanding changes in Medicare coverage	1	2	3
8. Processing monthly bills and/or medical claims	1	2	3
9. Access to affordable health care (doctor, hospital, ER)	1	2	3
10. Affordable dental care	1	2	3
11. Paying for prescription drugs	1	2	3
12. Affordable assistive devices (hearing aids, glasses)	1	2	3
13. Safe and decent housing	1	2	3
14. Cost of energy or utilities	1	2	3
15. Having enough income to meet my basic needs	1	2	3
16. Paying for my rent, mortgage or property taxes	1	2	3
17. Maintaining and repairing my home	1	2	3
18. Maintaining and cleaning my yard (weeds, trash, etc.)	1	2	3
19. Accessibility modifications in my home (grab bars, ramp, widening doorway, raised toilet seat)	1	2	3
20. Affordable legal assistance	1	2	3
21. Accessing health care legal options (medical power of Attorney, Living Wills, DNR orders, etc.)	1	2	3
22. Age discrimination (loans, insurance, employment)	1	2	3
23. Elder abuse (physical or emotional)	1	2	3
24. Elder exploitation, fraud and scams	1	2	3
25. Feeling like your voice is heard in the community	1	2	3
26. Preparing nutritious meals	1	2	3
27. Personal Care (bathing, washing hair)	1	2	3
28. Housekeeping, laundry	1	2	3
29. Shopping for groceries	1	2	3
30. Medication set-up	1	2	3
31. Caring for an older family member, neighbor or friend	1	2	3
32. Raising grandchildren	1	2	3
33. Providing care for an older person while still employed	1	2	3
34. Selecting a Nursing Home or Assisted Living Facility	1	2	3
35. Obtaining mental health counseling	1	2	3
36. Depression and/or anxiety	1	2	3
37. Loneliness and/or isolation	1	2	3
38. Loss of spouse or loved one	1	2	3
39. Employment opportunities	1	2	3
40. Personal safety (crime)	1	2	3
41. Recreational or social opportunities	1	2	3
42. Access to volunteer opportunities	1	2	3

B. In the past year, how many times have you fallen?

1. Never 2. One or two times 3. 3 to 5 times 4. More than 5 times 5. Don't know

C. In the past year, how many days did you spend...

As a patient in a hospital? _____ [number of days]
 In a Nursing Home or Rehab facility? _____ [number of days]

D. Where do you usually call to get information about services? Circle as many as apply.

- | | |
|--------------------------------------|--|
| 1. Pima Council on Aging | 6. Faith Communities (churches, synagogues etc.) |
| 2. Political Representative's Office | 7. Local Senior Centers (Please specify): |
| 3. City Office (Please specify): | 8. Use computer to get information |
| 4. County Office | 9. Other (Please specify): |
| 5. Information & Referral Services | 10. Have never called any place for information or referrals |

E. Which group contains your age?

- | | | | |
|-------------|------------|------------|------------|
| 1. Under 60 | 3. 65 - 69 | 5. 75 - 79 | 7. 85 - 89 |
| 2. 60 - 64 | 4. 70 - 74 | 6. 80 - 84 | 8. 90 + |

F. Are you:

- | | |
|---------|-----------|
| 1. Male | 2. Female |
|---------|-----------|

G. What is your background or origin?

- | | | |
|----------------------|-----------------------------|--------------------|
| 1. White (Caucasian) | 3. Black (African-American) | 5. Native American |
| 2. Hispanic (Latino) | 4. Asian/Pacific Islander | 6. Other |

H. Primary language spoken:**I. Living arrangements:**

- | | | |
|---------------------|------------------------|----------------------|
| 1. Live alone | 3. Live with relatives | 5. Live with friends |
| 2. Live with spouse | 4. Live with partner | 6. Other |

J. Reside at:

- | | | |
|----------------|-------------------------|-----------------|
| 1. House | 3. Apartment | 5. Nursing Home |
| 2. Mobile Home | 4. Assisted Living Home | 6. Condo |

K. Do you 1. Rent or 2. Own **your residence?** or 3. Not applicable**L. What is your residential zip code?** _____ Closest Major Intersection _____**M. How long have you lived at your current residence?**

- | | | |
|-----------------|------------------|---------------------|
| 1. 1 - 10 years | 2. 11 - 20 years | 3. 21 or more years |
|-----------------|------------------|---------------------|

N. How long have you lived in Pima County?

- | | | |
|-----------------|------------------|---------------------|
| 1. 1 - 10 years | 2. 11 - 20 years | 3. 21 or more years |
|-----------------|------------------|---------------------|

O. Can you pay for needed maintenance and repairs on your house ?

- | | | |
|--------|-------|-------------------|
| 1. Yes | 2. No | 3. Does Not Apply |
|--------|-------|-------------------|

P. Do you fear losing your home to foreclosure?

- | | | |
|--------|-------|-------------------|
| 1. Yes | 2. No | 3. Does Not Apply |
|--------|-------|-------------------|

Q. Are you providing care for an elderly friend or family member who is not in an assisted living facility or a nursing home?

- | | | |
|---------------------|------------------------|-------|
| 1. Yes (in my home) | 2. Yes (in their home) | 3. No |
|---------------------|------------------------|-------|

R. When you take a break (respite) from caring for an elderly friend or family member, who do you call for assistance? Circle as many as apply.

- | | | |
|---------------------------------|------------------------------------|-----------|
| 1. Family member | 5. Pay for assistance | 9. No one |
| 2. Friend | 6. Receive help from an agency | |
| 3. Neighbor | 7. Ask my physician for a referral | |
| 4. Member of my faith community | 8. Employee Assistance program | |

S. What is your source(s) of transportation at this time? Circle as many as apply.

- | | | |
|--|--------------------------|---------------------------------|
| 1. Drive my vehicle | 3. Taxicab/Other service | 5. Volunteer driver program |
| 2. Public bus (Sun Tran / Sun Van / Sun Shuttle) | 4. Family/friends | 6. Member of my faith community |

T. I need transportation support for the following reasons: Circle as many as apply.

- | | | |
|--------------------------|---------------------------|-----------------------------|
| 1. Medical appointments | 3. For group activities | 5. To transact business |
| 2. To shop for groceries | 4. Attend faith community | 6. To pick up prescriptions |
| | | 7. Other |

U. Are you aware of transportation assistance in your neighborhood? 1. Yes 2. No**V. How do you rate your community as a place to live?**

- | | | | | |
|--------------|---------|---------|---------|---------------|
| 1. Excellent | 2. Good | 3. Fair | 4. Poor | 5. Don't know |
|--------------|---------|---------|---------|---------------|

W. How do you rate your community as a place to retire?

- | | | | | |
|--------------|---------|---------|---------|---------------|
| 1. Excellent | 2. Good | 3. Fair | 4. Poor | 5. Don't know |
|--------------|---------|---------|---------|---------------|

X. How do you rate the overall services available to older adults in your community?

- | | | | | |
|--------------|---------|---------|---------|---------------|
| 1. Excellent | 2. Good | 3. Fair | 4. Poor | 5. Don't know |
|--------------|---------|---------|---------|---------------|

Y. What new or improved aging services would you like to see in the community?

2012 Pima County Survey Responses

		2010 Census		PCOA Survey	
		Population	% of Population	% of Responses	No. of Responses
Pima County	All ages	974,181	100%	100%	
	60+	204,578	21%	100%	2330
		% of 60+ Population			
Sex	Female	110,881	54.2%	69.7%	578
	Male	93,697	45.8%	30.3%	1,327
Ethnicity/Race	White, not Hispanic	160,185	78.3%	80.2%	1,757
	White, may include Hispanic	184,120	90.0%		
	Hispanic, may include White	33,551	16.4%	15.2%	333
	Black	3,887	1.9%	3.1%	68
	Asian/Pacific Islander	3,682	1.8%	0.8%	18
	Native American	2,864	1.4%	2.1%	46
	Other, including multiracial	10,024	4.9%	0.9%	21
Age	60-64	56,502	28%	14.5%	325
	65-69	44,812	22%	22.2%	495
	70-74	34,096	17%	18.8%	420
	75-79	28,251	14%	15.2%	340
	80-84	21,432	10%	14.1%	316
	85+	19,484	10%	13.2%	297

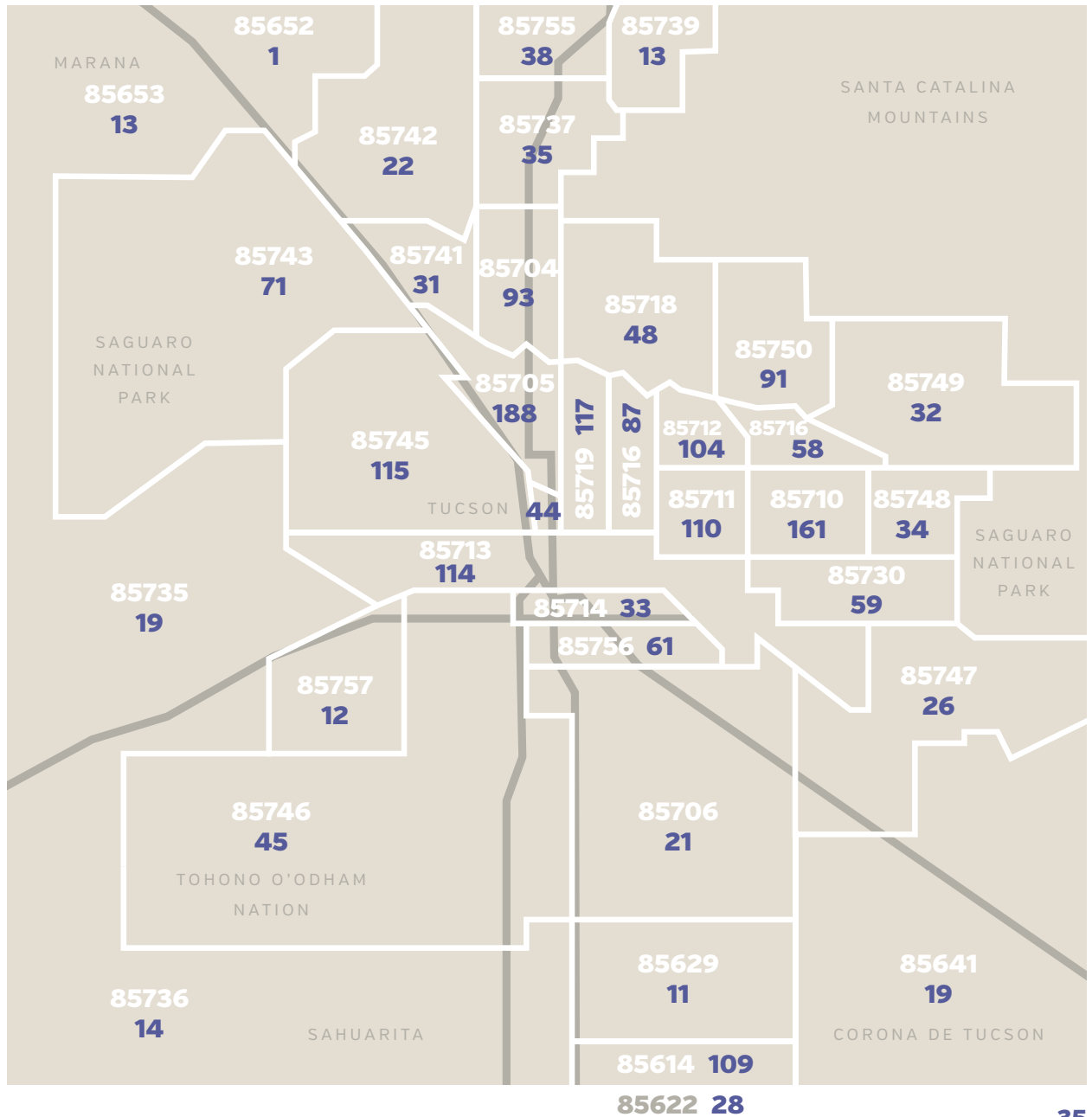
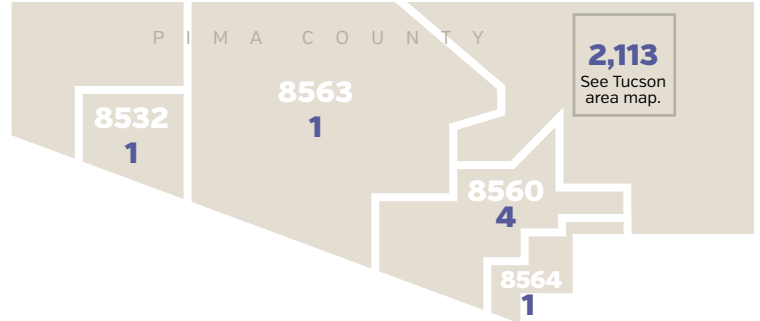
Source: American Community Survey 5-Year Estimate 2007-2011

Number of Responses by Zip Code

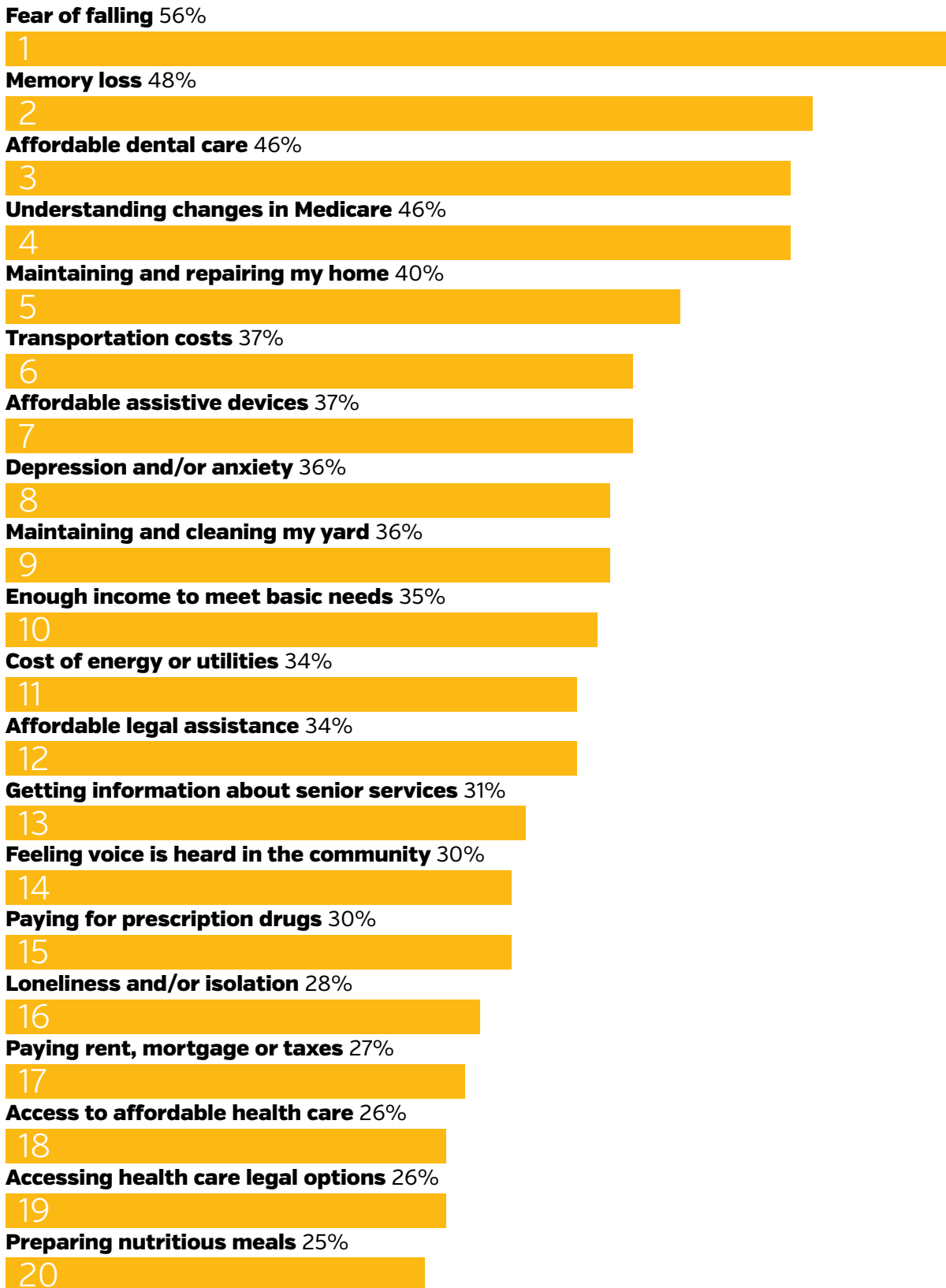
Total Responses=2,138

Total outside of Pima County=29

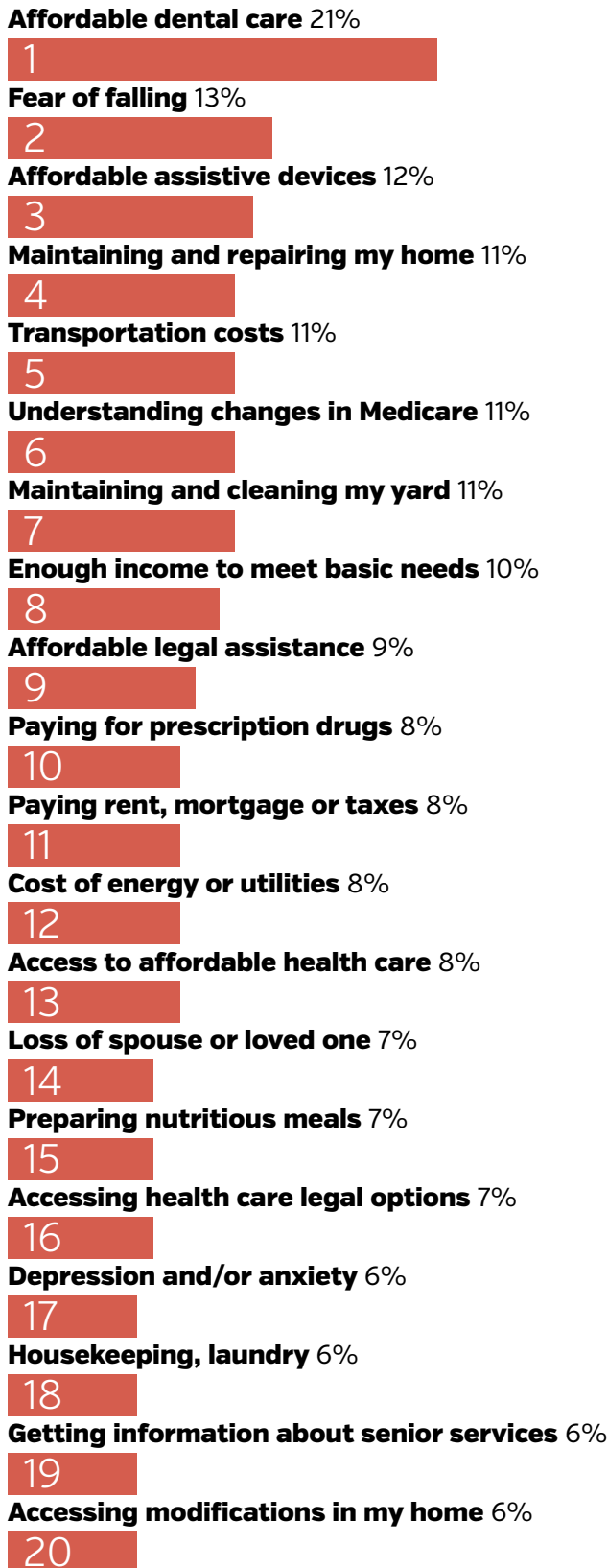
No Answer=163



Top 20 Problems Rated *Serious or Some Problem*



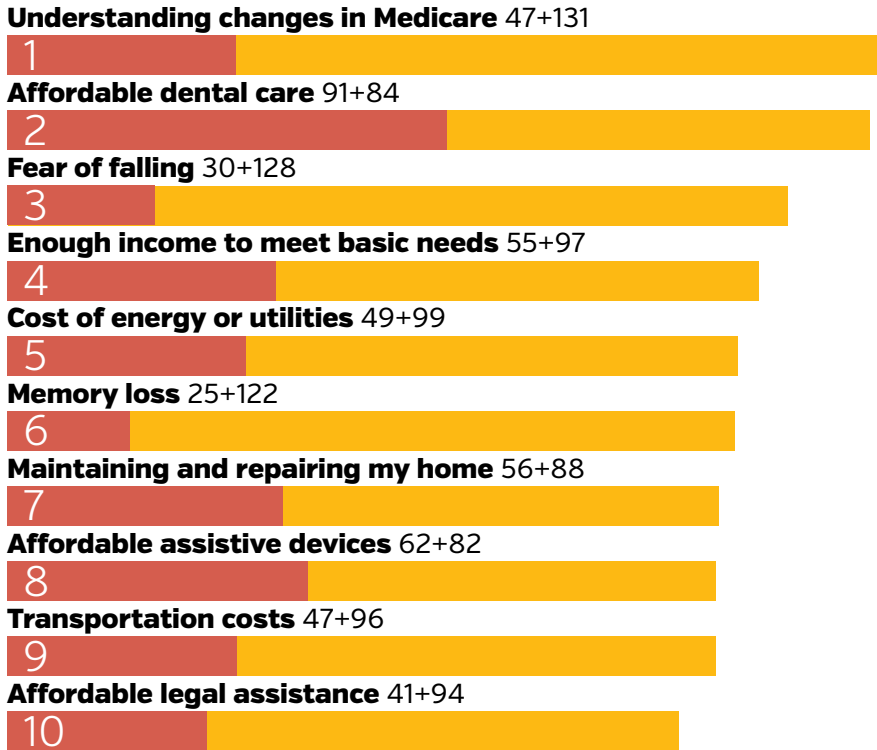
Top 20 Problems Rated *Serious Problem*



Top 10 Problems for 60-64 Year Old Respondents

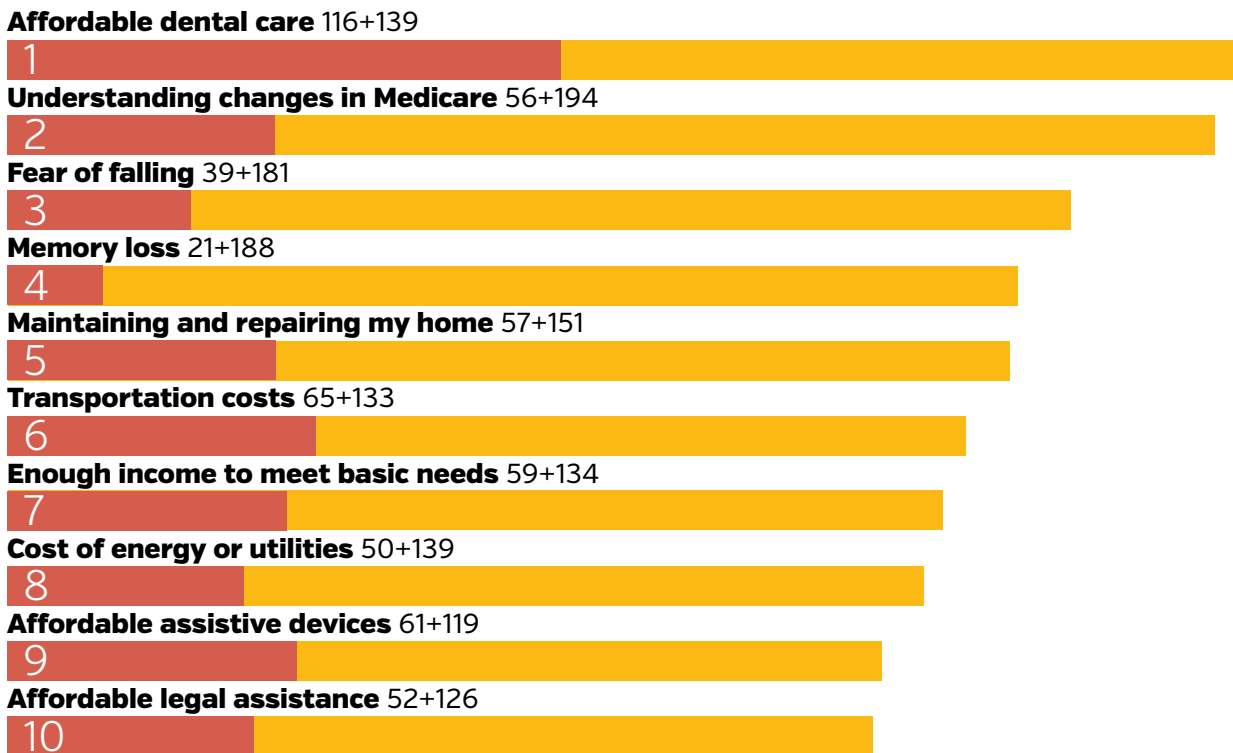
323 Responses

Serious problem █
Some problem █



Top 10 Problems for 65-69 Year Old Respondents

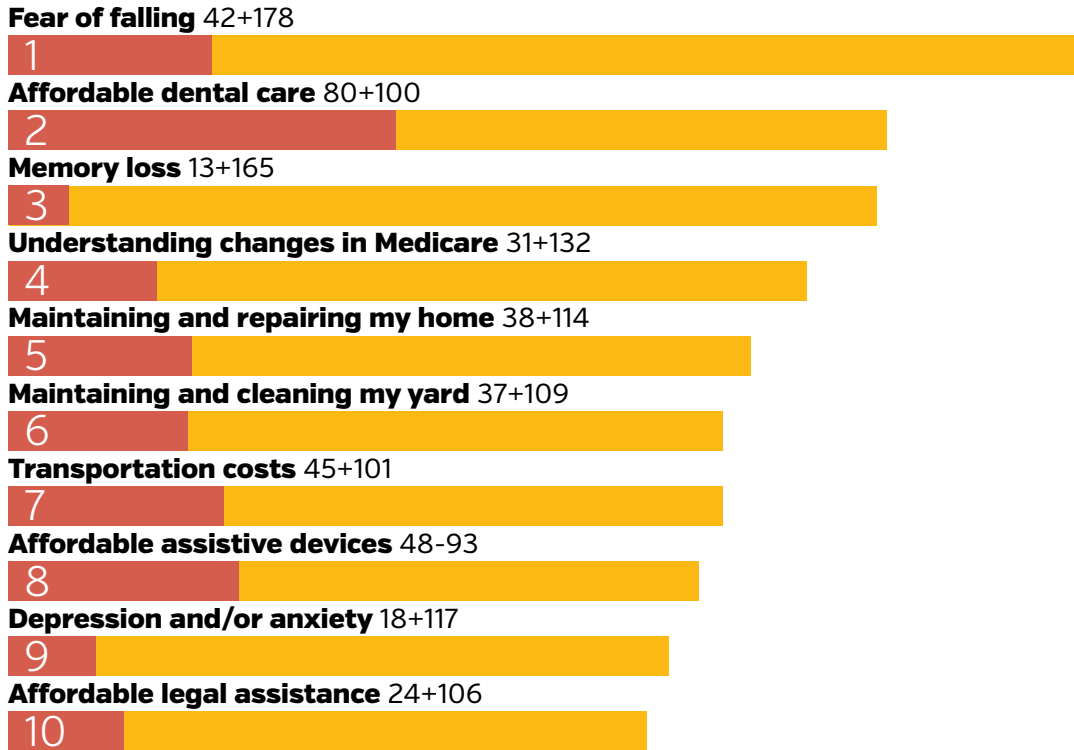
494 Responses



Top 10 Problems for 70-74 Year Old Respondents

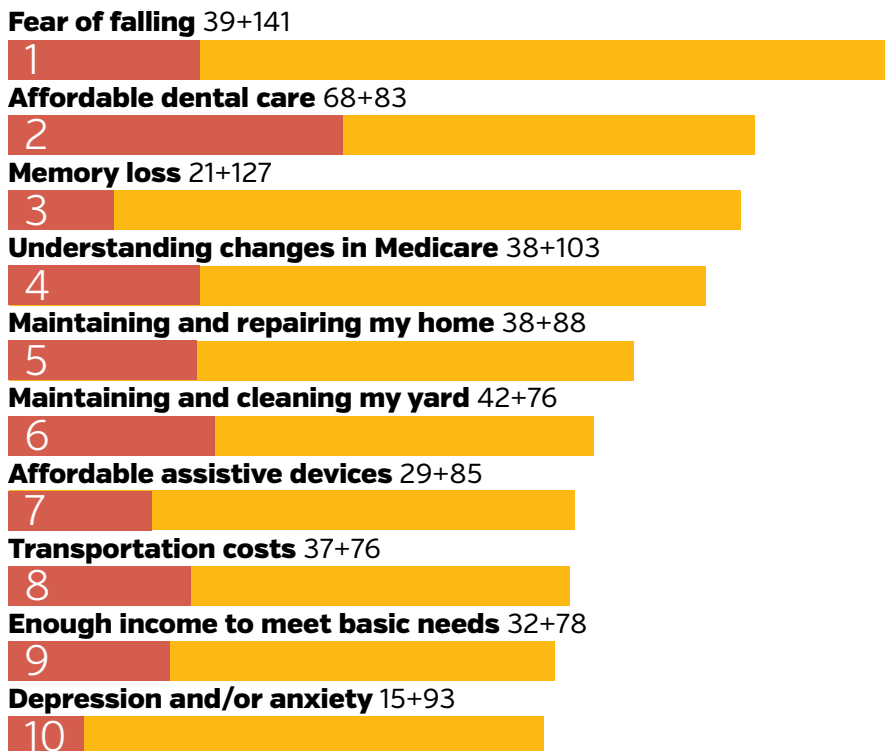
417 Responses

Serious problem ■
Some problem ■



Top 10 Problems for 75-79 Year Old Respondents

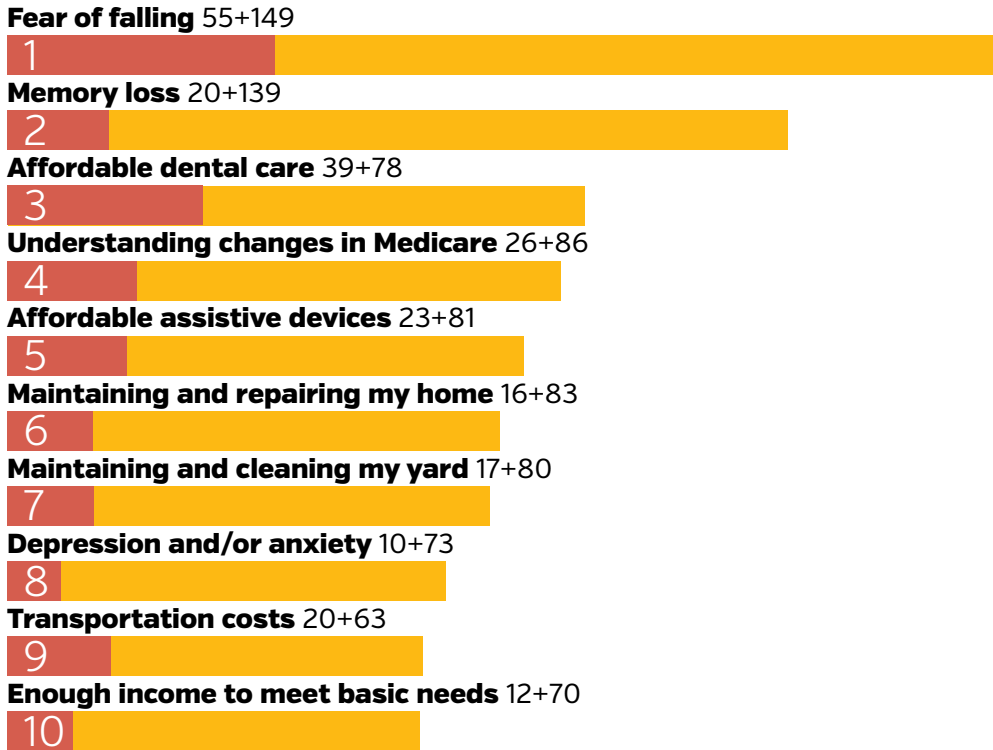
312 Responses



Top 10 Problems for 80-84 Year Old Respondents

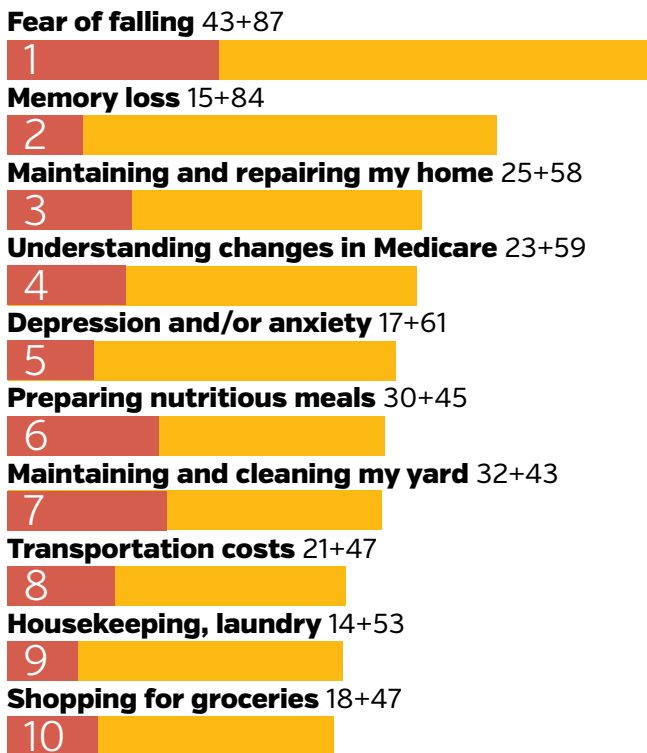
312 Responses

Serious problem ■
Some problem ■





Top 10 Problems for 85-89 Year Old Respondents

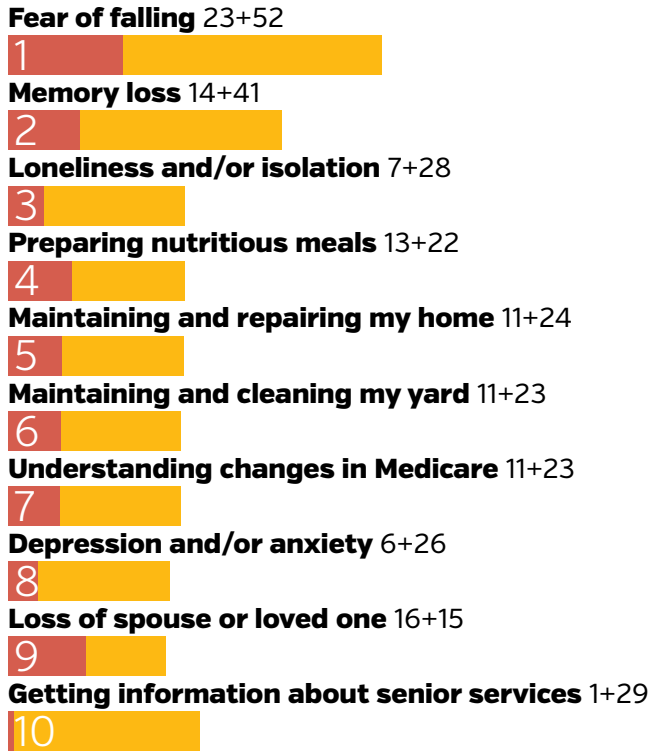
190 Responses



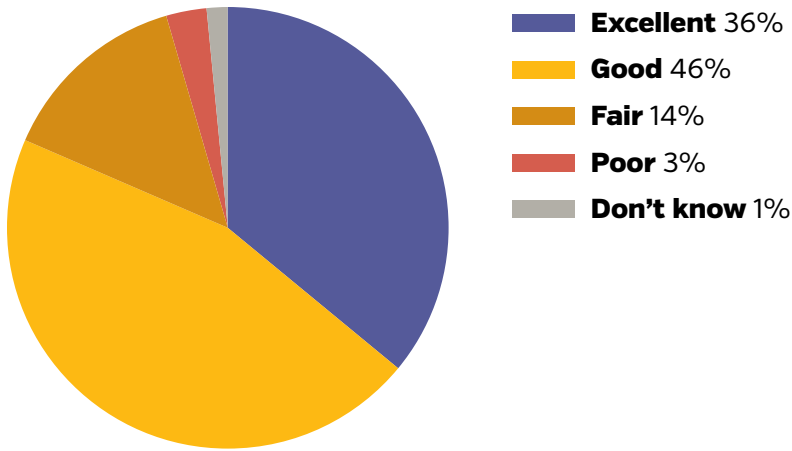
Top 10 Problems for 90+ Year Old Respondents

98 Responses

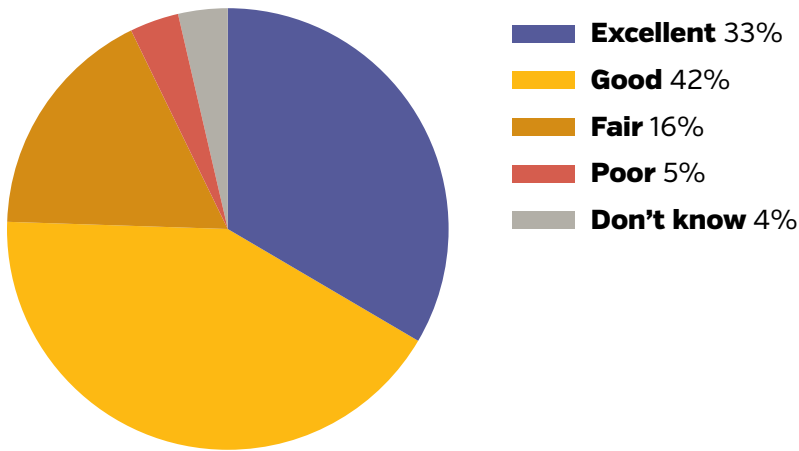
Serious problem 
Some problem 



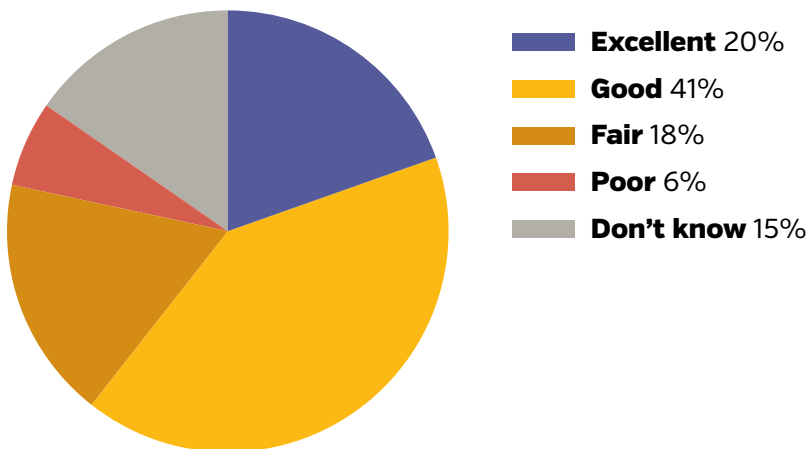
Rate Your Community As a Place to Live



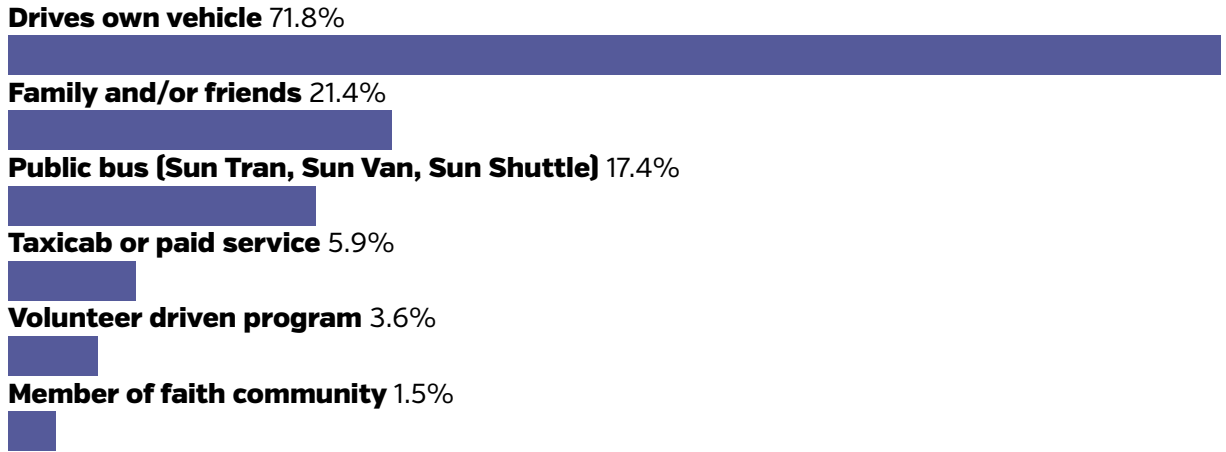
Rate Your Community As a Place to Retire



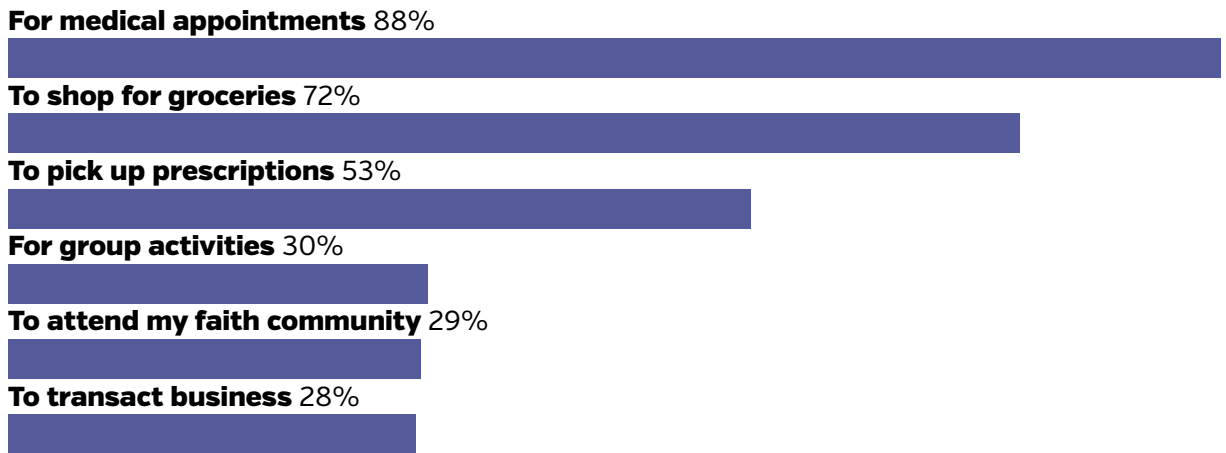
Rate the Overall Services Available to Older Adults in Your Community



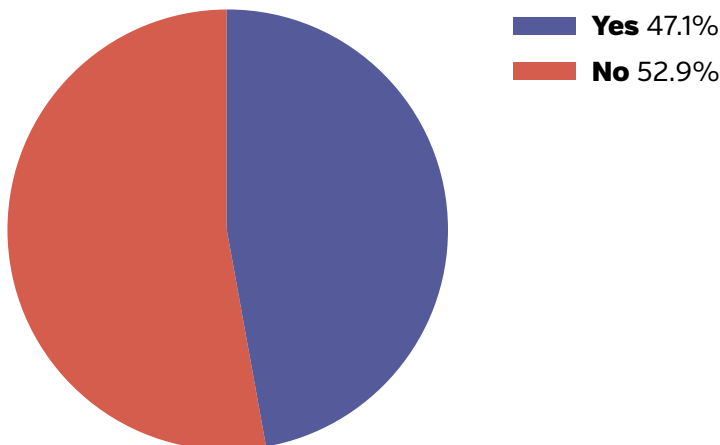
Transportation Sources



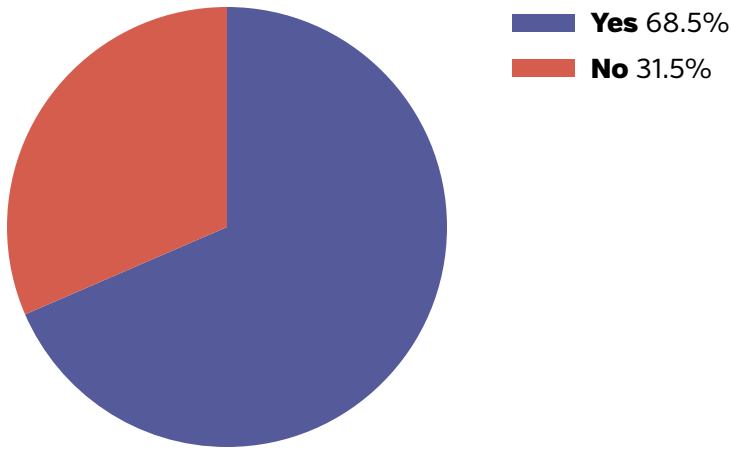
Reasons Transportation Support Is Needed



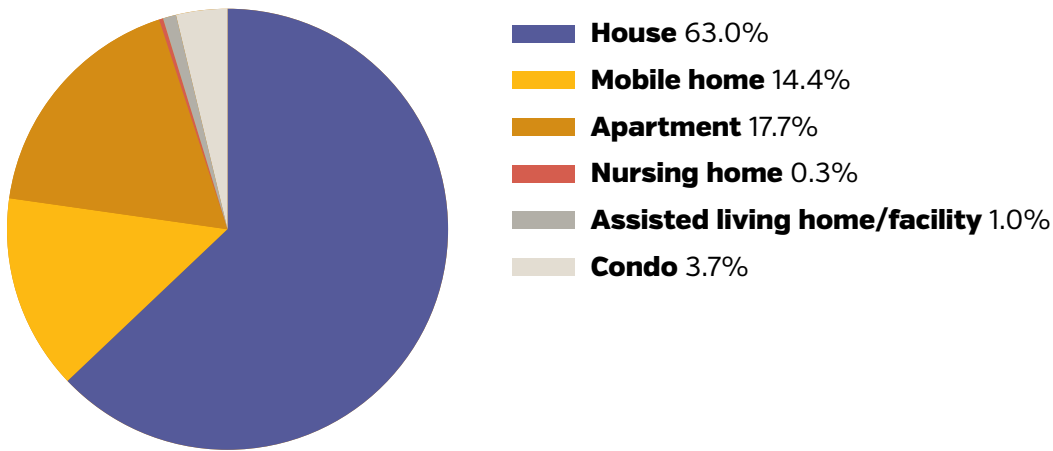
Are You Aware of Transportation Assistance in Your Neighborhood?



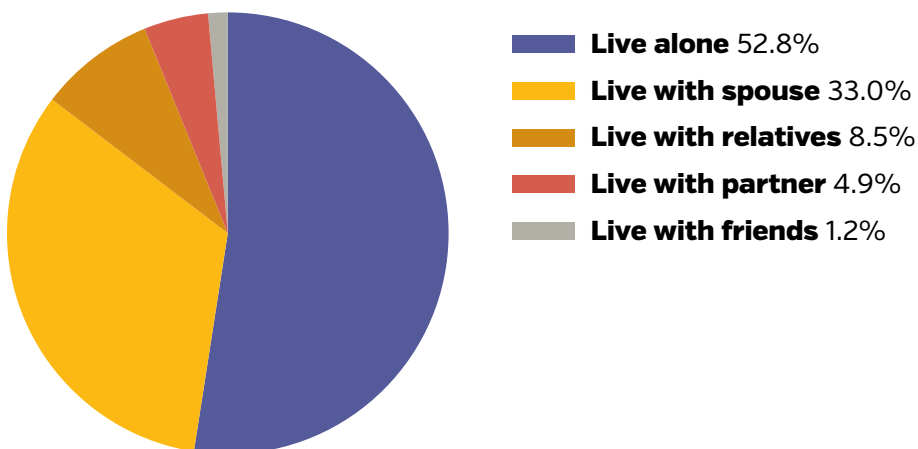
Ability to Maintain and Repair Home



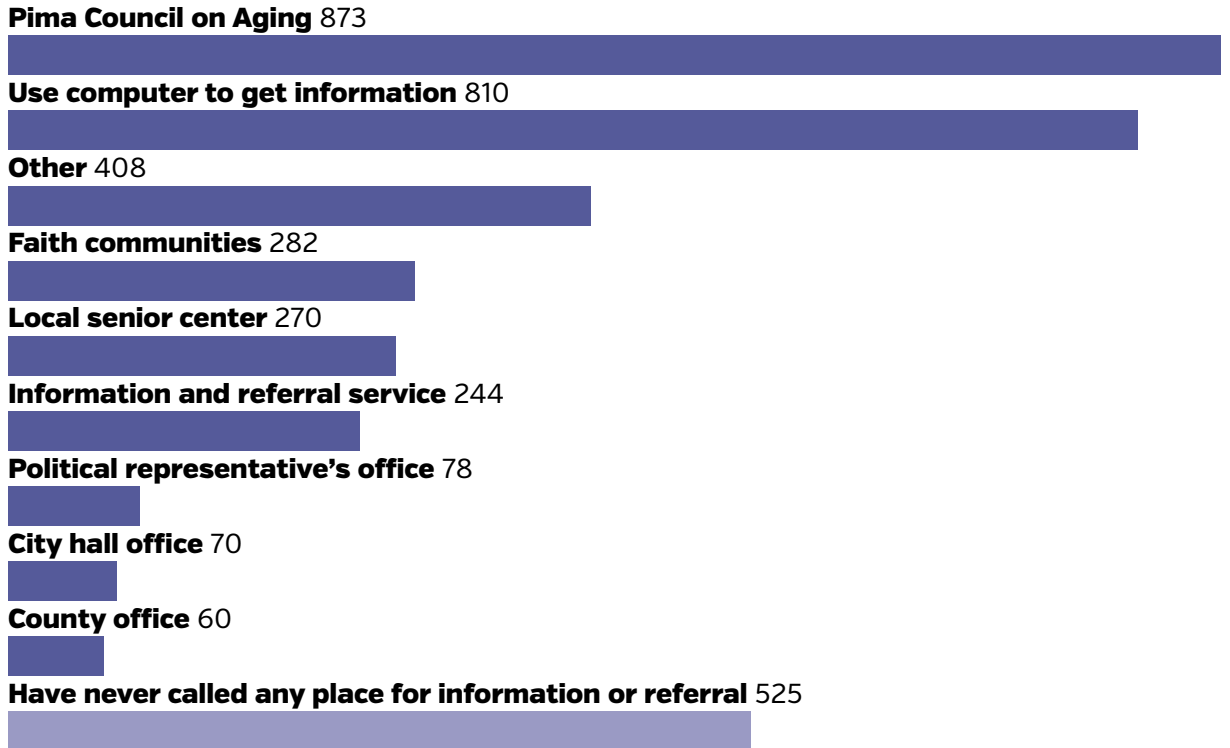
Type of Housing



Type of Living Arrangements



Where Individuals Go for Information About Services



Addendum 1: Focus Group Comments

Introduction

Representatives of seventy-one (71) health and social service providers were invited to participate in four focus groups that were held at various locations in Pima County during October, 2012. The questions that were to be discussed were sent to participants in advance of the focus groups. Individuals were invited to bring the completed questionnaire to the focus groups and those who were unable to attend were asked to complete the questionnaire in writing and return it for inclusion in the final report.

Written responses were received from twenty-three (23) agencies representing a diverse cross section of agencies serving older adults. Fifteen (15) of these agencies also attended a focus group and provided comment as part of the group discussion. Seven (7) agencies provided their comments through participation in a focus group meeting only.

The following remarks were made in response to the five questions asked about health and social services provided for older adults in Pima County.

1. How have your older/disabled clientele changed over the past three to five years?

TUCSON URBAN LEAGUE

It is more difficult for them to be able to walk, exercise and even have a meal; their health is deteriorated but many of our clientele are living longer and keep active.

SOUTHERN ARIZONA LEGAL AID

No change, except that clients are presenting more financial or economic legal issues.

ADMINISTRATION OF RESOURCES AND CHOICES

They are more vulnerable and less able to self-sustain.

COMMUNITY PARTNERSHIP OF SOUTHERN ARIZONA

Greater need for basic services by clientele. Small increase in younger-older adult population, Ability to provide services to elders who do not have AHCCCS due to budget cuts.

ARIZONA'S CHILDREN ASSOCIATION - KARE CENTER

Increasing number of kinship caring for not only their grandchildren but also great nieces/nephews.

UNITED WAY, SENIOR IMPACT COALITION

Many are struggling economically. They have gotten older and more depressed and need services more than ever.

ST. ELIZABETH'S HEALTH CENTER

Increased number of unemployed older persons; more people dependent on Social Security as only income.

UNITED WAY

United Way doesn't really have clientele but we have volunteer partners. As our volunteers and partners age, participation fluctuates.

ARCADIA HOME CARE

Behavioral needs; demand from younger clients.

MERCY CARE PLAN

They are better informed but less appreciative. There are more disabled and younger clients that have more needs. Housing is more of an issue; more drug use (marijuana, meth).

JEWISH FAMILY & CHILDREN'S SERVICES

As the demographic shift takes place—more people are in need of critical services and need more services—making case management for people of all income levels very important.

MIRACLE SQUARE, INC.

Increased number of baby-boomer elders who have very strange views of old age. They are surprised that they too are affected by age. Many imagined that they would be able to work, never expecting disability, slowed mental and physical responses, etc.

ADULT PROTECTIVE SERVICES

Adult Protective Services has seen an increase in reports in general and we are finding higher number of vulnerable adults with fewer resources to enable them to manage in their homes. There is a severe lack of behavioral health treatment and placement options for elders with dementia. Many more clients are not plugged in to any kind of community resource.

SOREO [HOME CARE AGENCY]

Increased number of younger clients. Also people are being referred with more severe medical/health needs. Increasing numbers of severe diabetes, obesity and COPD. More people with behavioral/mental health issues. Broader cultural needs—more and different types of refugees.

ALZHEIMER'S ASSOCIATION DESERT SOUTHWEST CHAPTER

The numbers of people with Alzheimer's disease and related dementias are growing and will continue to grow as the baby boomers age. Fewer people are able to afford care and placement of their loved ones suffering from the disease and more families are burdened with the responsibility of 24/7 caregiving in the home. And for many of the boomers, the caregiver is still trying to hold down employment while caregiving.

LUTHERAN SOCIAL SERVICES OF THE SOUTHWEST

Many of our clients have other family or friends living with them due to the economic hardships. We have to be very diligent on watching for any signs of abuse either financially, emotional, physical etc. ... We also have noticed many family members contacting us for services for their loved ones while they live out of state. The economic times have really caused a lot of hardships with the clientele.

MARANA HEALTH CARE

MHC patients are typically [56%] Medicaid recipients. Often life choices have contributed to the illnesses that older individuals are now managing (diabetes and heart disease). In addition, the nutritional choices and lack of physical activity contribute to weight problems and back pain problems. Patient health literacy is low and traditions of treating symptoms vs. prevention prevail with the 60+-year old demographic.

SOUTHWEST GAS CORPORATION

As expected with aging baby boomers, the number of older/disabled clientele have increased over that time.

COMMUNITY HOME REPAIR PROJECTS OF ARIZONA

I think that we are seeing a higher number of households comprised of an older person with Alzheimer's/dementia and his or her caregiver—usually other family members.

CATALINA IN-HOME SERVICES, INC.

Our clients are frail, at-risk elders. They receive nursing coordinated services that include personal care and support services in their homes.

ST. LUKE'S HOME

Our population is younger and their physical and physiological needs are more prominent. This leads to the dependency of community programs to keep their needs met. Some examples are Cope, La Frontera and El Rio for low-income individuals.

HABITAT FOR HUMANITY TUCSON

No significant change noted, as we've been serving grandparents-raising-grandchildren for awhile, and as we continue to service families with disabilities.

CASA COMMUNITY SERVICES

Adult Day Health Care families are waiting longer to enroll their loved ones therefore, they are more declined when they enter the program. Behavioral Health clients are trying to remain independent longer. They are being more assertive with doctors. Casa Community Center clients are more open to our programming and less resistant to joining in the activities.

Additional comments provided at the focus group meetings:

- Increased behavioral health needs
- Increase in number of people being exploited by their children
- Increase in noncompliance with medication
- Increased number who had second mortgages and are losing their homes
- Number of baby boomers requesting service has increased, they lack resources shocked at how aging has affected them
- Older adults needing to return to work
- Higher medical needs, increased number of chronic conditions
- Population 85+ years of age increasing and needing assistance in their home
- People are outliving their resources

2. How have changes in the community (county) affected your older/disabled clientele?

TUCSON URBAN LEAGUE

Active registered clients went down in last 2 years.

SOUTHERN ARIZONA LEGAL AID

Increased stress.

ADMINISTRATION OF RESOURCES AND CHOICES

The economic downturn has created more older adults living on the edge and about to fall through the cracks.

COMMUNITY PARTNERSHIP OF SOUTHERN ARIZONA

Coordination between entities has led to some improvement in identifying people. Reduction of community services, fewer resources.

ARIZONA'S CHILDREN ASSOCIATION - KARE CENTER

Finding financial assistance for utilities, rent, etc. has become harder. Families are capping out of DES benefits. Many are finding it necessary but difficult to return to employment.

UNITED WAY, SENIOR IMPACT COALITION

Fewer services are available as the demand has increased. There are fewer employment opportunities; increased isolation; cut back in funding for social services.

ST. ELIZABETH'S HEALTH CENTER

Increased number of uninsured older persons due to AHCCCS cuts.

UNITED WAY

Mostly economic issues. Overwhelming amount of information. No good process for communication in network among providers.

ARCADIA HOME CARE

With assistance, clients have been able to reside in own residence longer (in-home services/support). Lifeline allows clients to feel safe and immediate attention for falls/medical emergencies and lengthy hospital/rehab stays, complications and cost.

MERCY CARE PLAN

They have more choices which helps with self-advocacy and self-determination. It can also be overwhelming and confusing. There are more caregivers and more training opportunities for the caregivers.

JEWISH FAMILY & CHILDRENS SERVICES

Mental health service cuts have hurt providers and clients of these services. People [Government officials] seem concerned and interested about senior's needs but there is no coordinated effort to address the aging community's needs.

MIRACLE SQUARE, INC.

Transportation has become a more serious issue. Maintaining access to vital services has remained flat and non-essential access (i.e. pet care) is non-existent. City and state funding has decreased. Lack of ALTCS/AHCCCS funding and disqualification.

ADULT PROTECTIVE SERVICES

Reduction in funding for community resources has significantly, negatively impacted our clients. It is more difficult to successfully connect clients to service system that can help them long term or even in a crisis situation. Transportation resources are not sufficient to meet the needs.

SOREO (HOME CARE AGENCY)

The recession has resulted in less community resources; decreases in hours and more people scamming the system. People are more aware of the limited resources that are available and people who are more assertive (younger and many with behavioral health issues) are aggressively advocating to gain as many services as they can.

ALZHEIMER'S ASSOCIATION DESERT SOUTHWEST CHAPTER

There are fewer resources available. Many are caught in the between area of not being able to qualify for services but still unable to make ends meet. Seniors who are caregiving become isolated with their person with dementia which can cause depression and often leads to neglect and/or abuse for both the caregiver and the person with the disease.

LUTHERAN SOCIAL SERVICES OF THE SOUTHWEST

The economic conditions have greatly affected our clientele. We have also noticed that cutbacks on hours and funding from our funders has affected the allowed time to perform much needed services for our clientele. As the cutbacks continue, it makes it more difficult for agencies to hire and retain qualified personnel to perform the duties needed due to the need to decrease wages.

MARANA HEALTH CENTER

The passing of the new law (if you are covered by Medicaid or Medicare) you don't pay for an ambulance ride has affected the 911 calls for Avra Valley Fire Dept. As MHC we provide transportation and we have made sure we have lifts and adequate transportation for those clients who need a ride to the clinic.

SOUTHWEST GAS CORPORATION

With a major drop in funding for services in support of older/disabled clientele, we see more elderly customers competing for fewer resources as well as more elderly relying on the Food Bank and other organizations. As a consequence, there are more elderly customers coming into the public office talking about how they don't qualify for assistance because of their income being over the limit sometimes by only a few dollars.

COMMUNITY HOME REPAIR PROJECTS OF ARIZONA

We see more extended families living together—that is three and four generations living under the same (often leaky) roof.

CATALINA IN-HOME SERVICES

These changes do not affect our clients.

ST. LUKE'S HOME

Unfortunately with families needing more financial help for daily living due to the economy, families are sticking together for financial and emotional needs. Sometimes leaving the elderly without their needs met.

HABITAT FOR HUMANITY TUCSON

Loss of income challenges, as well as transportation cost challenges.

CASA COMMUNITY SERVICES

Adult Day Health—NA; Behavioral Health—Provisions of the local bus service (Sun Shuttle) make it possible for clients without transportation to access services. Casa Community Center—When Sun Shuttle is not working it is hard to straighten out.

Additional comments provided at the focus group meetings:

- Limited transportation, need a broader regional approach
- Downturn in economy
- Longer waiting lists for services, programs tightening eligibility
- Families having less time to assist with caregiving

3. What unmet needs have you seen emerging in the past few years?

TUCSON URBAN LEAGUE

Transportation, food assistance, assisted living and caregiving.

SOUTHERN ARIZONA LEGAL AID

Needs associated with economic insecurity.

ADMINISTRATION OF RESOURCES AND CHOICES

Affordable housing; domestic violence services tailored to the older populations.

OFFICE OF THE ARIZONA ATTORNEY GENERAL

Lack of affordable housing, especially for our population that require assisted living. We need a shelter for the elderly.

COMMUNITY PARTNERSHIP OF SOUTHERN ARIZONA

Transportation in itself and education about what is out there. Crisis services—how to get appropriate help when older adult needs help. Education about community resources.

ARIZONA'S CHILDREN ASSOCIATION - KARE CENTER

Some seniors are losing their housing; not qualifying for assistance. Grandparents finding it difficult to negotiate getting help for children through the schools. Increase in cost of living; clients are not keeping up with fixed incomes.

UNITED WAY, SENIOR IMPACT COALITION

Need for more help for family caregivers. It is more difficult to find volunteer opportunities [Volunteer Center]. More transportation needs.

ST. ELIZABETH'S HEALTH CENTER

Increased numbers of seniors caring for other family members in their homes.

UNITED WAY

Matching retired professionals and their skills with nonprofits and other areas of need in Tucson and Southern Arizona. Groups don't always know how to best use this type of assistance (i.e. their volunteer structure may not match).

ARCADIA HOME CARE

The need for incontinence supplies, home repairs and behavioral health needs. Unmet needs for podiatry and dental assistance.

MERCY CARE PLAN

Home repairs; medication assistance with donut hole coverage in Medicare Part D for non-ALTCS folks; incontinence supplies; podiatry and dental; housing.

JEWISH FAMILY & CHILDRENS SERVICES

Transportation; help with housekeeping, home repair and yard work. These are not new but are growing. Prevalence of dementia—need respite and other caregiving services.

MIRACLE SQUARE, INC.

Transportation [accessible and non-accessible]. Affordable community oriented housing. Maintaining hi-tech access to medical care. Individualized and population based advocacy.

ADULT PROTECTIVE SERVICES

Behavioral health services—especially for aging adults with dementia related behaviors. Placement options for those with dementia-related behaviors are lacking—a facility may send them to the ER, refuse to take them back and the hospital has nowhere to send the client. Health insurance for childless adults; services for Title XIX and childless adults.

SOREO (HOME CARE AGENCY)

Less home modifications, increased need for greater physical accessibility; less DME in homes.

ALZHEIMER'S ASSOCIATION DESERT SOUTHWEST CHAPTER

Unmet needs include affordable care, balanced meals, in home services, and lack of research funds to find answers for prevention and cure of Alzheimer's. Lack of advocacy for those who no longer have a voice, lack of public education about the disease which increases denial and prevents elderly from asking for the help they need.

LUTHERAN SOCIAL SERVICES OF THE SOUTHWEST

There is still a need for transportation for many of our clientele. There is also a need for more services that may be conducted in the home for those who cannot leave their home very easily. It would be beneficial to see more services offered to these individuals. We have also received a lot of feedback on the lack of social activities for our clientele. Many of them miss our Day Care Program we used to offer but had to close due to lack of funding.

MARANA HEALTH CENTER

Educational series which are delivered in a way that people want to be engaged. It is difficult to get folks to show up for a variety of reasons related to resources as well as time. People need to know there is a health benefit in order to make the time.

SOUTHWEST GAS CORPORATION

There are more elderly needing services and not qualified to receive them; an overall lack of support system for the elderly.

COMMUNITY HOME REPAIR PROJECTS OF ARIZONA

We feel that a great deal more could be done to make homes safer for elderly people. In particular, fall prevention education and safety hardware seem to be needed on a community-wide basis. Falls at home are a common occurrence, create massive costs for the person and the community, and are largely preventable.

CATALINA IN-HOME SERVICES, INC.

Home care services for middle income; health literacy, advocacy and self-responsibility; volunteer activation.

ST. LUKE'S HOME

Stability—the elderly should be able to have their needs met without so much red tape.

HABITAT FOR HUMANITY TUCSON

The need to have additional affordable housing located near employment centers [e.g. downtown].

CASA COMMUNITY SERVICES

Adult Day Health, Behavioral Health, Casa Community Center—need central location for resource information staffed by individuals who can assess needs of clientele and direct them.

Additional comments provided at the focus group meetings:

- Lack of resources to purchase incontinent supplies
- Need increased assistance to help pay for home modifications
- A designated person in each agency that can assist with the bureaucracy of obtaining benefits/services
- Podiatry services
- Affordable dental care
- Affordable housing
- A shelter for older individuals who need to be removed from a situation
- With more complex and fragmented health care systems, people need someone to advocate for them and coordinate their care
- Need ad campaigns on a regular basis to help guide people to resources/services
- Agencies need a way to connect, share information; need to connect to health care settings
- Education of healthcare professionals so they know resources, know how to have the difficult “end of life” discussions with older adults
- Senior housing that allows grandparents to live with their grandchildren
- Respite for grandparents raising grandchildren

4. What future changes (demographics, national, state or local policies, etc.) do you see affecting the delivery of services to older/disabled persons?

TUCSON URBAN LEAGUE

Social Security and health care.

SOUTHERN ARIZONA LEGAL AID

Less financial resources to support the required work to meet the unmet legal needs and an increasing demand for assistance.

ADMINISTRATION OF RESOURCES AND CHOICES

It depends on who wins the election. Statewide I see more cuts coming down the pike.

OFFICE OF THE ARIZONA ATTORNEY GENERAL

Change in the sheer number of people that will become part of this group vs. the limitations on funding to assist them.

COMMUNITY PARTNERSHIP OF SOUTHERN ARIZONA

Demographics—increase in numbers of people needing services. ACA—parity could affect number of people who have coverage for behavioral health services.

ARIZONA'S CHILDREN ASSOCIATION - KARE CENTER

There are more grandparents raising grandchildren. TANF benefits like cash or SNAP are less available.

UNITED WAY, SENIOR IMPACT COALITION

Decreased funding for senior support services. Increase in number of seniors and low income seniors. More homeless seniors. More cases of dementia.

ST. ELIZABETH'S HEALTH CENTER

Possible future expansion of Medicaid would be beneficial.

UNITED WAY

Implementing lessons and ideas gained from the Elder Initiative and other efforts [Co-housing” opportunities, IGI, Living Streets Arizona] that aim to make our communities and neighborhoods more aging/elder “friendly”. Not “just” delivering service but improving our process. Change in Social Security – folks need to be banked [ideally] or at least understand how to use new card without getting lots of charges.

ARCADIA HOME CARE

Will depend on economy and available funds. If program becomes limited, clients may require placement in long term care facilities which will greatly increase cost of care.

MERCY CARE PLAN

They will have more paperwork to complete with the AHCCCS community first choice option – literacy. Resources continue to be limited which will result in increased costs paid by private pay and fewer dollars available for donation to non-profits such as Pima Council on Aging. Seems to be greater focus on licensed/registered professionals on federal level [like RNs].

JEWISH FAMILY & CHILDRENS SERVICES

As older populations grow – naturally recurring retirement communities [NORCs] or neighborhoods will face increasing issues related to above mentioned needs. Services with sliding fee scales should be coordinated to serve people of all income levels.

MIRACLE SQUARE, INC.

Medicare will be even more diagnosis specific in the future but baby boomers will want more testing, etc. We must find ways to move away from bureaucratic health care and routine care relying instead on aging in community models.

ADULT PROTECTIVE SERVICES

The baby boomers will be contributing enormously to the number of those aging who need services. Arizona, because of the draw for retirees, will see an influx. The Elder Justice Act must go forward to provide funding for the continuation and development of more services for seniors and disabled adults. Our legislators must act!

SOREO [HOME CARE AGENCY]

If the recession continues, we will see a continued demand by younger people and more able bodied people aggressively attempting to get any resources. Many of these people may not be appropriate for Pima Council on Aging services and would be better served by the RBHA or other behavioral health systems.

PCOA cannot be everything to everyone and would be better focusing on the most vulnerable clients who are not eligible to get services through Medicaid or who refuse Medicaid due to the lien on their home. Continued and increasing need for broader refugee groups, particularly clients coming from African and middle eastern/Arabic countries.

ALZHEIMER'S ASSOCIATION DESERT SOUTHWEST CHAPTER

As baby boomers begin to develop dementia/Alzheimer's, our health care and Medicare systems will not be able to handle the huge influx and our systems will not exist as we know them today. Budget cuts to senior services will cripple our ability to help seniors remain at home. Services will diminish and we will find more seniors having to do without basic services.

LUTHERAN SOCIAL SERVICES OF THE SOUTHWEST

Decreased funding will of course have a huge impact on the services that we as agencies and the community can provide. There is only going to be an increase in the demand of these services as the population continues to grow.

MARANA HEALTH CENTER

The changes in healthcare are still unknown. The reform and the interpretation are still unfolding. The need to educate the public about options, and what to do if they are suffering or have family history of chronic illness, smoke or are obese is significant. The insurance exchange will become an issue once the details are mapped.

The [ACO] Affordable Care Organizations will require man power to track reporting requirements to gain the financial incentives for compliance. The patients will need to be part of the equation to get results which begin to tell the statistical story that the quality of care is improving.

SOUTHWEST GAS CORPORATION

The number of elderly will continue to increase and, based on economic issues, our community will have increased unmet needs of people that are dropped from the system because they don't qualify.

COMMUNITY HOME REPAIR PROJECTS OF ARIZONA

I think that as fiscal and political conservatives take the reins of government, programs that serve the poor become less of a priority than balancing budgets, cutting taxes and feeding the military, industrial complex .

CATALINA IN-HOME SERVICES, INC.

Home Care is the fastest growing segment in long-term care. Much work is needed to be done to assure high quality coordinating, delivery, and financing of those services.

ST. LUKE'S HOME

As we have a younger population, we need to secure social security and insurance for the low-income seniors we serve. We cannot help if they don't have stability of what they have worked for.

HABITAT FOR HUMANITY TUCSON

Increase in the number of grandparents-raising-grandchildren, increase in multi-generational families, increase in the need to have housing unit expand-contract with changing family size, increase in need to have sufficient affordable housing near employment centers and/or more readily accessible through affordable public transportation; increase in need to create sense of neighborhood and neighborliness (both through supportive services and through neighborhood leadership engagement).

CASA COMMUNITY SERVICES

Adult Day Health–If Medicare and other healthcare support services stop, the clients will be unable to pay for services. Behavioral Health–Any Medicaid cutbacks would likely also impact low income Medicare recipients. Casa Community Center–Fortunately Green Valley has outstanding grant/funding sources who step in when the need is greatest. Pima Council on Aging is an 'elder angel' to our clients.

Additional comments provided at the focus group meetings:

- As funding for in-home assistance decreases, more people are forced into ALTCS, have increased hospitalizations which cost our nation even more
- Number of people living with a chronic condition
- Sheer number of people who will need assistance
- Literacy and health literacy practitioners need to speak simply, number of forms people are requested to complete have become more complicated
- People will be living longer and need affordable home health insurance
- Need different marketing techniques; especially for younger seniors
- The COLAs are not keeping up with the increase costs

5. If you are familiar with the Community Services System administered by Pima Council on Aging, please answer the questions listed below. This System provides housekeeping, shopping, attendant care, home delivered meals, respite care, adult day care and emergency alert, monitored by a case manager.

a. From your agency's perspective, are the type and level of home care services provided by the Community Services System adequate to meet the needs of your older and/or disabled clients? If not, please explain what is inadequate about the system and what changes you would recommend.

TUCSON URBAN LEAGUE

Yes

SOUTHERN ARIZONA LEGAL AID

Yes

OFFICE OF THE ARIZONA ATTORNEY GENERAL

Yes

ARIZONA'S CHILDREN ASSOCIATION - KARE CENTER

None of our clients are able to utilize these services. They are in need of this assistance to meet the children's needs but are not fragile enough to qualify.

ST. ELIZABETH'S HEALTH CENTER

Adequate, to my knowledge.

ARCADIA HOME CARE

Include 5th week of services for housekeeping service.

MERCY CARE PLAN

Your service system is pre-ALTCS.

JEWISH FAMILY & CHILDRENS SERVICES

People with disabilities under 60 have difficult time accessing needed services. People of moderate income have difficulty paying for all of their needs.

MIRACLE SQUARE, INC.

Yes and no. This is bureaucratic case management not the incorporation of community reflex in older adults.

ADULT PROTECTIVE SERVICES

I believe it's a terrific and very necessary system. I would like to see a cooperative arrangement between APS and Pima Council on Aging that APS clients who are at greater risk could bypass a wait list and receive services as quickly as possible.

SOREO (HOME CARE AGENCY)

Services are not adequate. PCOA tries to do too much for too many. I would recommend discontinuing discrete housekeeping services and only offer attendant care and emergency Respite services. The resources spent on clients that receive discrete housekeeping could be better used to increase the hours for those most in need. There are people receiving housekeeping services that scam the system. They will find any free service and take advantage of the resource while people who have the most critical needs are too ill to advocate for their needs. Often those who are the most ill, the most vulnerable do not even know all the available resources. The clients that receive discrete housekeeping also are the most time consuming for the case managers. They complain the most; change their schedules the most and require more communication and feedback. It takes as much time for a case manager to support someone in 6 hours per month for discrete housekeeping as it does for someone receiving 20 hours per week of attendant care.

Respite services should only be offered for real emergencies. If a family receives 5 hours per week of attendant care do they really need 2 hours a month of respite? It is nice to offer but is it the best use of limited resources?

MARANA HEALTH CENTER

Was unaware this was a service.

SOUTHWEST GAS CORPORATION

The level of services provided have dropped commiserate with the lack of funding. For a customer that needs bill paying assistance, it means he may either not qualify or that service may not be provided at all.

COMMUNITY HOME REPAIR PROJECTS OF ARIZONA

I think that the services provided are great and greatly needed. My impression is that there is a great deal more need than Pima Council on Aging and other agencies can meet, but that the programs are administered as efficiently as possible.

CATALINA IN-HOME SERVICES, INC.

Elders who don't qualify for ALTCS and who can't afford the current cost of home care, need access to services that cost \$10 to \$12 per hour.

ST. LUKE'S HOME

Yes, our facility works closely with this program. What would work better would be more funding and availability.

CASA COMMUNITY SERVICES

Unaware of how the services are provided, and what the eligibility requirements are.

b. From your agency's perspective, what should PCOA do more or less of as a system of service providers to have the greatest impact on older or disabled individuals' quality of life? What changes would you recommend?

SOUTHERN ARIZONA LEGAL AID

None

OFFICE OF THE ARIZONA ATTORNEY GENERAL

Increased transportation services; recruitment of volunteers. Perhaps work with local colleges to give intern credit to people in nursing programs, etc.

ARIZONA'S CHILDREN ASSOCIATION - KARE CENTER

Information & Referral—services are good and good collaboration with Pima Council on Aging.

ST. ELIZABETH'S HEALTH CENTER

No specific recommendations currently.

UNITED WAY

More energy around larger senior community. More client/customer centered (relationship based follow-up).

ARCADIA HOME CARE

Lifeline; psycho/social needs; home repairs.

JEWISH FAMILY & CHILDRENS SERVICES

Convene planning effort for older adults of all income levels. Expand support and services of Neighbors Care Association. Partner with community agencies at their intersection points of expertise.

MIRACLE SQUARE, INC.

Study the process used at Miracle Square re in-home care and advocacy and utilize similar techniques.

ADULT PROTECTIVE SERVICES

Cost share with APS—cleaning hoarding home, etc. Devote some of the client services monies (that would already be going toward client services) toward those who are at greatest risk and those in most jeopardy (i.e. APS clients). Partner with APS for a Community Services System case manager to go out and assess APS clients' needs for CSS services within 48 hours/2 working days of a referral to Pima Council on Aging.

SOREO (HOME CARE AGENCY)

Discrete housekeeping services. Change shopping services so it is only offered "on-line". Offer a home delivered meal which is 'produce' only—not a meal, just fresh produce.

The home repair program and DME is essential but currently requires a request from the consumer/client. The most vulnerable and most in need are often too ill to request or apply. It would be better if this was totally overhauled. It would be more efficient if providers were required to submit on their quarterly Supervisor Visit forms identification of a need for home repair or DME. The PCOA case managers could then prioritize the needs. Money should be spent on the most vulnerable and in need.

PCOA case managers appear to be unaware of the potential benefits to their clients if the most in need were referred to Hospice. Hospice can work alongside of PCOA and is at no cost to PCOA and to the client. In addition to receiving many supports through the Hospice doctors, nurses, social worker and chaplain, there are also other benefits such as volunteers for companionship, free DME and free incontinence supplies. PCOA should ask, whenever a client passes, why that person was not referred to Hospice.

The PCOA Enhanced Fitness and Matter of Balance programs are great but how many people does it really touch? Wouldn't the resources be better spent developing self help information sheets in multiple languages that could be sent and given out to 100s of people. PCOA case managers could request assistance for the most vulnerable people who are 'shut in' but would benefit from a therapist or activity specialist going to the home to educate the client and family members and caregiver on exercises to help with their medical condition.

ALZHEIMER'S ASSOCIATION DESERT SOUTHWEST CHAPTER

Safety, support, education and delivery of services—we must find a better way of letting seniors know of the available services, encourage them to use what is available and find a way to deliver those services in a positive manner that is not demeaning to the recipient.

LUTHERAN SOCIAL SERVICES OF THE SOUTHWEST

PCOA has continued to be a very strong advocate and partner for our clientele. Especially since the major health insurance companies have moved into this area of services. It would be very helpful to have more transportation and respite services for caregivers.

MARANA HEALTH CENTER

The services offered and the programs of PCOA are a high quality. The awareness of the services like many social work cases need greater visibility.

SOUTHWEST GAS CORPORATION

We really appreciate that PCOA is the agency with the best repository of knowledge and services for seniors. It's vital that PCOA continues to provide that depth and breathe of knowledge.

COMMUNITY HOME REPAIR PROJECTS OF ARIZONA

I would like to see more programs that provide home visits to elderly and disabled persons in their home. A friendly chat with a caring person (who is also trained on accessing available services) would "make the day" for many isolated people, and increase their sense of the quality of their lives.

CATALINA IN-HOME SERVICES.

More collaboration.

ST. LUKE'S HOME

Making or giving more time to work one on one with the elderly.

CASA COMMUNITY SERVICES

Educate community on importance of respite for caregivers, provide more support groups, educate adults on how to advocate for themselves within the healthcare system.

Additional comments provided at the focus group meetings:

- The Caregiver Specialists are valuable, especially the information (lists of resources)
- Home Delivered Meal clients like the fresh produce; is there a way people could just receive the fresh produce
- Develop a process for the supervisors from the home care agencies to inform the case managers when adaptive equipment is needed
- Change the terminology for case management to care coordination
- Case managers are important as they build the trusted relationship
- The Community Service System should be referring more and encouraging the clients to use their hospice benefits
- Need to continue home repairs

Addendum 2: Public Comment Meeting Results

Introduction

Ten Public Comment meetings were held at various locations in Pima County from November 5 to December 13, 2012. An announcement of the meetings was published in PCOA's newsletter, "Never Too Late", the Arizona Daily Star and sent to community clubs, organizations and social service agencies. The meetings began with an explanation of the current service delivery system and posited questions to the audience about government advocacy, unmet needs of older adults and their caregivers and changes that should be made in existing services. The remarks made by the audience in attendance are presented below.

In-Home Assistance

Need assistance with home repairs.

Grants are needed to help defray the costs of remodeling bathrooms for safety.

Grab bars are needed in the bathroom to help reduce fall risks.

Because I live alone I am concerned how I would get someone's attention if I fell or needed medical attention and I could not use the phone.

Electronic emergency alert systems are needed for safety in the home.

Need to educate people about the rewards and value of an electronic emergency alert system.

Homecare services are important and the community needs to know that the waiting list for the services funded through the PCOA Community Services System has been lifted for now.

Home Delivered meals are important in Green Valley; need for prepared meals also noted in Tucson Estates.

People are hesitant to hire people to do work in their home because they do not know if it is safe and the people are reliable.

Drexel Heights Fire Department provides lock boxes for people and the 911 dispatcher knows that the person has the lock box and can alert emergency personnel to access the box for a key.

Telephone reassurance programs could help with isolation.

People need help in cleaning their yards as homeowner associations can be ruthless in fining people who cannot take care of their yards.

Housing

The City of Tucson tries to increase the number of vouchers for subsidized housing but there is a long waiting list.

Many people have questions and need guidance in how to choose long term care options.

Senior Center/Congregate Meal Program

The Congregate Meal Program at the El Pueblo Center is our life.

Concern that the Congregate Meal Programs at the various neighborhood centers could close if the federal dollars are cut.

The Food Bank can no longer bring food boxes to the City Parks and Recreation neighborhood centers. Older adults with no transportation find it difficult to go to the food bank location.

It would be nice to have field trips and be able to go somewhere besides the Center on occasion.

The number of Congregate Meal participants at the Green Valley Center has declined and marketing is needed to reach isolated individuals in the community. The socialization that occurs at the sites is as important as the meals.

The PCOA Elder Rights and Benefits staff person who visits the Green Valley Center is helpful and the service beneficial.

Neighborhood libraries should host adult crafts and promote being a place where people could talk and visit.

The Marana Senior Center needs equipment for people to work out.

Need technology classes at the centers for using computers.

Health

Need help with purchasing a hearing aid.

Many older adults can no longer receive AHCCCS.

The Poison Control Center is concerned about the number of medication errors reported for older adults.

There is also a concern with the number of older adults who are sharing their medications because they cannot afford their prescriptions.

The community needs to provide more opportunities for people to dispose of their old prescriptions – could PCOA help sponsor or coordinate these events at the Centers?

A percentage of funding received by PCOA needs to be used on health and wellness programs for older adults.

The cost and structure of fees for dental care needs to be changed.

Numerous people voiced concern about the lack of affordable dental care (noted at many of the public comment locations).

Maybe dentists could help one person a year with needed care. (donate services)

Better doctors for older people.

Programs need to address diet along with exercise.

Glad to see PCOA is focusing on suicide prevention and promoting discussion in this area.

The Medicare Update Conference book and spreadsheets PCOA prepares are very helpful.

People are very concerned and need information as to how the Affordable Health Care Act will affect their Medicare and health care (noted in Quail Creek and Green Valley).

Need a class on Medicare and the benefits/services covered.

Green Valley needs pharmacies who deliver medications.

The length of time it takes for prescriptions to be filled in Green Valley is a problem.

The *A Matter of Balance* classes in Green Valley are always filled as the risk of falling is a concern.

The Green Valley Fire Department noted they receive 80 calls a month related to falls.

PCOA needs to provide classes/presentations on how to select Long Term Care Insurance.

Counseling is needed to deal with loss of spouse or other life tragedies.

People need assistance in purchasing eyeglasses and hearing aids. (It was noted that the Lions Club can help with eyeglasses.)

Family Caregiving

It is difficult for families to provide care because they are busy with their jobs.

Grandparents raising their grandchildren need some State assistance—they are saving the State money by caring for the child.

There needs to be an article in *Never Too Late* and information provided to family caregivers on how “to take the keys away”.

Respite is needed for family caregivers (noted numerous times).

Caregivers need groups for grieving and also training.

Caregivers need training in how to assist someone with showering, etc.

Grandparents raising grandchildren need respite from their responsibilities; the development of a child-sitting co-op was suggested.

Legal

Older adults need assistance with legal services (noted two times).

Transportation

The Sun Van cost of \$3.00 per ride is too expensive for some people.

The van used at the El Rio neighborhood center is difficult to get on and off; doesn't have working seat belts and often breaks down; need a van to take them for shopping.

The drivers and staff with Handicar are polite; the Sun Van staff need additional customer service training.

Good sidewalks in the neighborhoods are important and people need to feel safe to walk.

Timing at crosswalks for pedestrians needs to be increased to allow older adults to cross, especially at St. Mary's and Silverbell and Speedway and Silverbell.

Oro Valley is assisting with transportation.

The Sun Shuttle service in Green Valley is better—people need assistance in making their reservations.

The Northeast part of Tucson is not covered for public transportation.

Buses in the community are limited in their times; routes need to be every half hour instead of every hour.

Advocacy is needed to provide transportation from Town of Sahuarita; a nurses group provides some assistance in the Quail Creek area.

Neighbors Helping Neighbors is a valuable resource for transportation (noted numerous times). Some people reserve a ride and then forget so the neighbor needs to remind the person.

Transportation is difficult for people in the Tucson Estates area as Handicar is limited.

Senior Companions provide transportation and also socialization.

Transportation in Marana is difficult when you live that far out.

Outreach/Marketing Services

Question was asked as to how PCOA advertises its programs and services—could PCOA connect to other health presentations in the community?

PCOA needs to have articles in newsletters like the one at Tucson Estates.

Need to market services by having articles in outlying newspapers like the *Desert Times* and *Northwest Explorer*.

PCOA should have seminars describing the types of services that are available.

The *Northwest Explorer* is used as a source of information in the Marana area.

Elder Rights

There needs to be one place where people can call to see if an organization is legitimate. Older adults are victims of scams and often don't believe the person or organization is not going to provide the product or service.

Older adults need help in advocating with their landlords for home repairs.

Make sure PCOA shares the needs gathered through this community-wide process with our elected officials.

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