Pennsylvania Department of Aging
Pennsylvania Association of Area Agencies on Aging
Pennsylvania Council on Aging
Annual Convention and Quarterly Review Meeting

Summary of State Plan on Aging Discussion

Wednesday, March 16, 2016
Introduction

Every four years, the Pennsylvania Department of Aging (PDA) prepares a strategic plan to steer its programming and delivery of services and supports for older adults, their families, and their caregivers. The 2016-2020 State Plan on Aging will articulate a clear and comprehensive direction for both the department and for those who serve and support our diverse and robust population of older Pennsylvanians.

The State Plan carries out the complementary objectives of the Older Americans Act, PDA, and the commonwealth in ensuring that all older Pennsylvanians are empowered to make informed decisions about their care in the setting of their choice.

The State Plan development process incorporates broad outreach, informed by local plans developed by the 52 Area Agencies on Aging (AAAs), PDA staff, aging services network partners, and consumers and the general public (via community listening forums, public hearings, and surveys).

In March 2016, PDA, the Pennsylvania Association of Area Agencies on Aging (P4A), and the Pennsylvania Council on Aging (PCoA) held their annual convention. One convention session was devoted to a facilitated discussion to solicit feedback (through polling, open-ended questions for discussion, and response cards) from these aging services network partners. The session also provided participants with an abbreviated preview of the content and format for upcoming community listening forums.

This report summarizes the input received in the session. It contains four sections, mirroring the primary themes that will guide the community listening forums (Hopes and Concerns, AAA Services and Supports, Senior Community Centers, and PDA Programs and Issues).

Within the report, data tables present the results for each polled item, indicating the percentage and number of participant responses by organization type. Bar graphs further illustrate the percentage of responses to most polled items, by organization type. Lastly, the bulleted points recap participants largely unedited comments, captured in the session’s open discussion and response cards (denoted in quotations).

The excellent feedback from these aging services network partners served in refining the content and format for the community listening forums. Perhaps more importantly, their thoughtful participation provided valuable insight on the issues and priorities PDA must consider in developing—and ultimately implementing—the State Plan.
Hopes and Concerns

The following summarizes the input provided during the discussion introducing the session.

Polling item: Growth of the older adult population by 2020

Overall, 50% of the respondents were correct that the population is anticipated to increase by 25% in the next four years.

<table>
<thead>
<tr>
<th>Response</th>
<th>P4A</th>
<th>PCOA</th>
<th>PDA</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>10%</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>15%</td>
<td>31</td>
<td>13</td>
<td>8</td>
<td>52</td>
</tr>
<tr>
<td>25%</td>
<td>30</td>
<td>12</td>
<td>16</td>
<td>58</td>
</tr>
</tbody>
</table>

Discussion question: What do Consumers say are their greatest hopes and concerns about aging for themselves or loved ones?

- Aging in place (staying in my home)
- Affording to stay in my home
- Getting the best results out of my health (take care of myself)
- Making sure that my parents age in place
AAA Services and Supports

Polling item: Participant awareness of services coordinated by AAAs

Awareness of AAA Programs and Services

More than two-thirds of participants overall were aware of all services. P4A participants were most familiar with these core services.

<table>
<thead>
<tr>
<th>Response</th>
<th>P4A</th>
<th>P4A %</th>
<th>PCOA</th>
<th>PCOA %</th>
<th>PDA</th>
<th>PDA %</th>
<th>Total</th>
<th>Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult day care</td>
<td>59</td>
<td>89%</td>
<td>23</td>
<td>79%</td>
<td>18</td>
<td>72%</td>
<td>100</td>
<td>83%</td>
</tr>
<tr>
<td>Home-delivered meals</td>
<td>60</td>
<td>91%</td>
<td>26</td>
<td>90%</td>
<td>22</td>
<td>88%</td>
<td>108</td>
<td>90%</td>
</tr>
<tr>
<td>Personal assistance and care services</td>
<td>59</td>
<td>89%</td>
<td>25</td>
<td>86%</td>
<td>19</td>
<td>76%</td>
<td>103</td>
<td>86%</td>
</tr>
<tr>
<td>Housing assistance and advocacy</td>
<td>56</td>
<td>85%</td>
<td>21</td>
<td>72%</td>
<td>21</td>
<td>84%</td>
<td>98</td>
<td>82%</td>
</tr>
<tr>
<td>Home modifications</td>
<td>59</td>
<td>89%</td>
<td>19</td>
<td>66%</td>
<td>18</td>
<td>72%</td>
<td>96</td>
<td>80%</td>
</tr>
<tr>
<td>Care management</td>
<td>59</td>
<td>89%</td>
<td>25</td>
<td>86%</td>
<td>20</td>
<td>80%</td>
<td>104</td>
<td>87%</td>
</tr>
<tr>
<td>Home health care</td>
<td>57</td>
<td>86%</td>
<td>20</td>
<td>69%</td>
<td>18</td>
<td>72%</td>
<td>95</td>
<td>79%</td>
</tr>
<tr>
<td>Caregiver support</td>
<td>60</td>
<td>91%</td>
<td>20</td>
<td>69%</td>
<td>18</td>
<td>72%</td>
<td>98</td>
<td>82%</td>
</tr>
<tr>
<td>Respite care</td>
<td>58</td>
<td>88%</td>
<td>19</td>
<td>66%</td>
<td>18</td>
<td>72%</td>
<td>95</td>
<td>79%</td>
</tr>
<tr>
<td>Employment</td>
<td>50</td>
<td>76%</td>
<td>15</td>
<td>52%</td>
<td>19</td>
<td>76%</td>
<td>84</td>
<td>70%</td>
</tr>
</tbody>
</table>
Polling item: Importance of programs in helping older adults age in place with dignity

The majority rated these programs as critically or very important.

Discussion question: What types of services or supports are most important?

- Home delivered meals
- Home modifications
- Care management/navigation
- Caregiver support
- Home healthcare (waiver support and OPTIONS)
- Raising income eligibility limits
- Social support (bringing older adults together)
- *Keep in mind that that not all seniors today or in the future will ever need to or choose to access PDA/AAA services. The largest percentages of PA seniors are still active and productive in their own way.*
Polling item: Effectiveness of programs in allowing older adults to age in place with dignity.

In general, participants indicated that programs were effective but suggested that there is room for improvement (as no one rated them as “completely effective”).

**Program Effectiveness**

![Program Effectiveness Chart]

<table>
<thead>
<tr>
<th>Response</th>
<th>P4A</th>
<th>P4A %</th>
<th>PCOA</th>
<th>PCOA %</th>
<th>PDA</th>
<th>PDA %</th>
<th>Total</th>
<th>Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completely effective</td>
<td>0</td>
<td>0%</td>
<td>0</td>
<td>0%</td>
<td>0</td>
<td>0%</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Very effective</td>
<td>18</td>
<td>31%</td>
<td>5</td>
<td>18%</td>
<td>3</td>
<td>12%</td>
<td>26</td>
<td>24%</td>
</tr>
<tr>
<td>Effective</td>
<td>25</td>
<td>43%</td>
<td>10</td>
<td>36%</td>
<td>12</td>
<td>50%</td>
<td>47</td>
<td>43%</td>
</tr>
<tr>
<td>Somewhat effective</td>
<td>15</td>
<td>26%</td>
<td>13</td>
<td>46%</td>
<td>9</td>
<td>38%</td>
<td>37</td>
<td>34%</td>
</tr>
<tr>
<td>Not at all effective</td>
<td>0</td>
<td>0%</td>
<td>0</td>
<td>0%</td>
<td>0</td>
<td>0%</td>
<td>0</td>
<td>0%</td>
</tr>
</tbody>
</table>

Discussion question: How are we doing?
- Programs may be effective but older adults may not know about them
- Funding not keeping pace; fuel delivery of services, waiting lists
- Undertake more to encourage early planning for the move to assisted living (to avoid crisis management)

Discussion question: Which services and supports/issues are in the greatest demand?
- Transportation
- Protective services (financial exploitation, prescription drug problem)
- Accessible, safe, affordable housing
- Advertising what is available to older adults
- Crisis management (time consuming for case managers)
Senior Community Centers

Polling item: Participants’ awareness of the number of senior community centers in Pennsylvania

Overall, 64% knew that there are 530 senior community centers.

<table>
<thead>
<tr>
<th>How many Senior Community Centers are there in PA supported by counties, community organizations, faith-based organizations, and others?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Response</td>
</tr>
<tr>
<td>----------</td>
</tr>
<tr>
<td>65</td>
</tr>
<tr>
<td>150</td>
</tr>
<tr>
<td>285</td>
</tr>
<tr>
<td>530</td>
</tr>
</tbody>
</table>

Polling item: Significant barriers to older adult participation in senior community center programs

Nearly four-fifths of respondents cited “not perceiving themselves as seniors” as the most significant barrier. P4A participants in particular cited this barrier.
### What do you consider significant barriers to older adults participating in Senior Community Center programs?

<table>
<thead>
<tr>
<th>Response</th>
<th>P4A</th>
<th>P4A %</th>
<th>PCOA</th>
<th>PCOA %</th>
<th>PDA</th>
<th>PDA %</th>
<th>Total</th>
<th>Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not perceiving selves as seniors</td>
<td>58</td>
<td>97%</td>
<td>17</td>
<td>59%</td>
<td>18</td>
<td>64%</td>
<td>93</td>
<td>78%</td>
</tr>
<tr>
<td>Lack of transportation to centers</td>
<td>39</td>
<td>65%</td>
<td>18</td>
<td>62%</td>
<td>16</td>
<td>64%</td>
<td>73</td>
<td>61%</td>
</tr>
<tr>
<td>Mobility difficulties</td>
<td>32</td>
<td>53%</td>
<td>10</td>
<td>34%</td>
<td>10</td>
<td>40%</td>
<td>52</td>
<td>43%</td>
</tr>
<tr>
<td>Lack of awareness</td>
<td>41</td>
<td>68%</td>
<td>22</td>
<td>76%</td>
<td>16</td>
<td>64%</td>
<td>79</td>
<td>66%</td>
</tr>
<tr>
<td>Inconvenient locations/hours</td>
<td>27</td>
<td>45%</td>
<td>13</td>
<td>45%</td>
<td>9</td>
<td>36%</td>
<td>49</td>
<td>41%</td>
</tr>
<tr>
<td>Already maintaining active lifestyle</td>
<td>46</td>
<td>77%</td>
<td>19</td>
<td>66%</td>
<td>12</td>
<td>48%</td>
<td>77</td>
<td>64%</td>
</tr>
<tr>
<td>Other</td>
<td>17</td>
<td>28%</td>
<td>6</td>
<td>21%</td>
<td>8</td>
<td>32%</td>
<td>31</td>
<td>26%</td>
</tr>
</tbody>
</table>

**Discussion question:** What are the barriers/opportunities to enhance senior centers?

- Look at other states (e.g., Summit, Grand Prairie, TX—multigenerational, lifelong learning, progressive “community center”)
- Update programming to reflect community desires (e.g., exercise programs)
- Address difficulties in programming, as we are at a crossroads with two (or more) different populations of older adults
- Address inconsistencies in programming—but focus should be on attracting “talent”
- Challenge older adults to find the senior center or programming that fits their needs/desires
- Provide more staff training to create new attitudes and programming
- Encourage creativity in hours of operation (variety in programming is dependent on funding)
- Establish new connections—not through a specific location, but through activities, connecting points (e.g., golf clubs)
- Create a directory of all senior centers and their programs to facilitate choice, raise awareness of what is available
- Guide leadership on migrating from a “social club” to a “community club”—potential shift to a new business model
- Eliminate snobbery among attendees
- Pool resources of senior centers with other community groups
- Adequately compensate senior center directors and staff
- *You need to add senior centers (or as we call them, “Centers for Healthy Aging”) to the list for discussion. They provide meals, health screenings, exercise programs, many activities, and socialization. Many more seniors are served in senior centers than adult day care. You cannot equate the two. They are much different. Senior centers are preventive care.*
PDA Programs

How would you describe the ideal interaction between consumers and the PDA or its partners?

**Discussion question:** How do we encourage interaction between consumers and PDA and its partners?
- Provide better meals
- Promote better communication; still no clearinghouse for information
- Ensure accessible locations
- Tailor to the needs of the community; reach out, leveraging advisory committees

**Polling item:** Participant awareness of the PDA-administered APPRISE program

Although the community listening forums will explore perceptions on a number of PDA-administered programs, the APPRISE program was offered as an example of a programmatic topic for a facilitated discussion. Nearly two-thirds of participants overall were aware of the program. However, P4A participants were more than twice as aware when compared to PCoA and PDA participants.

### Awareness of the APPRISE Program

![Chart showing awareness levels of the APPRISE program](chart.png)

#### Prior to today, what was your level of awareness of the APPRISE program?

<table>
<thead>
<tr>
<th>Response</th>
<th>P4A</th>
<th>P4A %</th>
<th>PCOA</th>
<th>PCOA %</th>
<th>PDA</th>
<th>PDA %</th>
<th>Total</th>
<th>Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not aware at all</td>
<td>2</td>
<td>3%</td>
<td>2</td>
<td>9%</td>
<td>2</td>
<td>13%</td>
<td>6</td>
<td>6%</td>
</tr>
<tr>
<td>Aware, but not clear of its purpose</td>
<td>2</td>
<td>3%</td>
<td>4</td>
<td>18%</td>
<td>2</td>
<td>13%</td>
<td>8</td>
<td>8%</td>
</tr>
<tr>
<td>Aware that APPRISE provides insurance counseling</td>
<td>51</td>
<td>89%</td>
<td>12</td>
<td>55%</td>
<td>11</td>
<td>68%</td>
<td>74</td>
<td>78%</td>
</tr>
<tr>
<td>Received services</td>
<td>3</td>
<td>5%</td>
<td>4</td>
<td>18%</td>
<td>1</td>
<td>6%</td>
<td>8</td>
<td>8%</td>
</tr>
</tbody>
</table>
Polling item: Likelihood of recommending the APPRISE program

Nearly three-quarters of participants who are aware of the program would recommend it to consumers.

Discussion question: What about the quality of APPRISE?
- Rethink program titles (of programs in general as well as APPRISE); not always indicative of or clear about services provided
- Enhance communication; public unaware of how good APPRISE is
- Use ambassadors to spread the word to the public, no eligibility requirements
Polling item: Participation of eligible consumers in APPRISE

Overall, 72% were correct that out of more than 2 million Medicare beneficiaries eligible for APPRISE services, 350,000 Pennsylvanians participate.

<table>
<thead>
<tr>
<th>Of the more than 2 million Medicare beneficiaries eligible for APPRISE services, how many participate?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Response</td>
</tr>
<tr>
<td>----------</td>
</tr>
<tr>
<td>350,000</td>
</tr>
<tr>
<td>750,000</td>
</tr>
<tr>
<td>1,500,000</td>
</tr>
<tr>
<td>2,000,000</td>
</tr>
</tbody>
</table>

Polling item: Population of older adults age 85 or older by 2020

Overall, 81% were correct that 350,000 Pennsylvanians will be age 85 or older by 2020.

<table>
<thead>
<tr>
<th>Today, the number of Pennsylvanians age 85 or older is about 330,000. By the year 2020, how many Pennsylvanians will be age 85 or older?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Response</td>
</tr>
<tr>
<td>----------</td>
</tr>
<tr>
<td>335,000</td>
</tr>
<tr>
<td>340,000</td>
</tr>
<tr>
<td>345,000</td>
</tr>
<tr>
<td>350,000</td>
</tr>
</tbody>
</table>

Discussion question: What will the aging of the population mean for older adults and communities?

- Addressing concerns related to a lack of facilities
- Creating more services
- Holding forums on chronic disease self-management, exercise programs
- Fixing property taxes to prevent homelessness
- Creating services for older adults who do not have children residing nearby (with a suggestion on viewing Independent Fiscal Office presentation)
- Providing workforce training to address needs of seniors
- Encouraging financial planning to promote less dependence on public funding, reduce intergeneration competition for funds
- Ensuring transportation and affordable housing
Discussion question: How do we increase awareness of programs?
- Use volunteers to reach out to seniors in their communities, especially if programs are marketed
- Post information on Facebook page
- Institute multimodal 211 system (use and improve existing systems)
- Do more to understand cultural backgrounds of seniors (beyond language)
- Educate the average person
- "We need to figure out ways to tap into healthy, active seniors as a home grown resource to help address the very concerns being discussed here today."
- "PDA should advertise services on TV. You can use the script for some limited English-speaking groups."
- "Use TV for two-minute info for seniors; combine with PA lottery, other commercials within programs seniors watch (Jerry Springer, Wheel of Fortune, Jeopardy, Dancing with the Stars). You will reach thousands of seniors."

Discussion question: How do we encourage volunteers?
- Hold volunteer “pep rallies"
- Coordinate with, rather than compete with, other agencies that recruit volunteers
- Use advisory councils; AAA directors do not always want to engage
- Explore/emulate models that publicly collaborate on their senior volunteer efforts
- Reach out to high schools and colleges
- Work with religious leaders and the faith-based community
- Teach people how to volunteer; eliminate confusion
- Promote flexible scheduling of volunteers; rigid schedules make people balk, results is short stint
- Enhance communication among regional CoAs, PCoA, and governor's office
- "Involve the Rotary, chambers of commerce, and other community organizations to raise awareness of PCOA and need for volunteers."
- "We need to stop treating volunteers like employees; too many demands, requirements, initiatives for volunteers to complete!"
- "Provide tax credits for volunteers."

Discussion question: What else should we know?
- PDA Community Listening Forums are too far away—help local AAAs do locally (Kirsten then addressed website, survey, and other means for community input)
- Need to engage other partners, particularly hospitals
- "State Plan on Aging should attempt to incorporate the Alzheimer’s Plan and Elder Justice Plan recommendations in an effort to track and promote progress of each as their activities proceed."
- "Investigate EMPOWER Center for Health (Patrick G. Reilly, 814-317-5063): Unique program to help improve care of seniors with chronic illness and decrease the cost and frequency of hospital admissions."
- "The entire aging network has a great responsibility to impart a change in the way society views aging. We need to educate Pennsylvanians about the needs"
of older adults. We need to teach people how to care for their neighbors again, look out for each other, cook an extra meal, and shovel a driveway. Even saying “hello” with a smile can change a person’s whole day and outlook on life.

- *The state should be more flexible with regard to meals and menu nutrition so the meals can be more enjoyable, more what seniors want. The meal should not be for the purpose of training persons to change their eating habits at age 80+. A meal should be an attractive, enjoyable.

*Indicates comments from response cards
Pennsylvania Department of Aging

Summary of Community Listening Forums

April, 26 2016
Introduction

Every four years, the Pennsylvania Department of Aging (PDA) prepares a strategic plan to steer its programming and delivery of services and supports for older adults, their families, and their caregivers. The 2016-2020 State Plan on Aging will articulate a clear and comprehensive direction for both the department and for those who serve and support our diverse and robust population of older Pennsylvanians.

The State Plan carries out the complementary objectives of the Older Americans Act, PDA, and the commonwealth in ensuring that all older Pennsylvanians are empowered to make informed decisions about their care in the setting of their choice.

The State Plan development process incorporates broad outreach, informed by local plans developed by the 52 Area Agencies on Aging (AAAs), PDA staff, aging services network partners, and consumers and the general public (via Community Listening Forums (CLFs) public hearings, and surveys).

In March and April 2016, PDA convened seven CLFs throughout the state ([Erie County [Erie]]; Washington County [California]; Lehigh County [Bethlehem]; Lancaster County [Manheim Township]; Tioga County [Mansfield]; Blair County [East Freedom]; and Lackawanna County [Scranton]). These forums provided concerned stakeholders with an opportunity to tell PDA what they thought about the programs and services they provide, are they benefitting older Pennsylvanians, or are they not effective; what do they think is being done well or what needs to be improved. The input obtained will validate the developing components of the State Plan on Aging.

Over 230 individuals participated in the sessions, offering a wide variety of perspectives and adding legitimacy to the State Plan development process. Participants included:

- Consumers of services
- AAA and Senior Community Center staff professionals
- Home health care, nursing home, adult day center, transportation, housing, and legal services providers
- Advocates for various groups or constituencies, including the Alzheimer's Association, AARP, and LGBT representatives
- County government officials, including agency managers and elected commissioners
- State legislators and their staff
- One federal Department of Health and Human Services regional official
Each CLF featured an introduction by PDA Secretary Teresa Osborne, followed by a facilitated session. The session provided participants with an opportunity to respond to polling and open-ended questions, designed to gauge their awareness of and perceptions about the programs and services supported by the department and its aging network partners. In addition, facilitated conversation allowed participants an open forum in which to discuss critical concepts and ideas related to these programs and services.

This report summarizes the input received in the sessions, organized in a manner reflecting the structure of the CLFs. The report also briefly highlights some of the broader implications related to participant input that will impact the State Plan on Aging objective and strategy refinement. Lastly, polling results (for both the entire CLF population and by individual CLF) are illustrated in bar graphs at the end of the report.

The information received in the CLFs reflects the unique and varied perspectives of consumers, partners, and other stakeholders from communities throughout the commonwealth. These thoughtful and engaged participants also provide PDA with valuable insight on the issues and priorities the department should consider in developing, and ultimately implementing, the State Plan on Aging.

**CLF Session Summary**

**Discussion question: What are your hopes and concerns about aging for you or a loved one?**

The most prevalent hopes among forum participants were to have the health and financial security to stay in their homes, and to live vibrantly and independently as they age. However, they also expressed a number of concerns that may serve as barriers to aging in place. The most common of these often interrelated concerns included:

- Isolation, where opportunities for engaging in their communities may be limited.
- Affordable, high-quality, geriatric-centered health care, both in the home and in the community.
- Care for individuals with Alzheimer’s disease and related disorders, as well as support for their caregivers.
- Qualified, trustworthy, culturally competent and compassionate in-home caregivers.
- Adequate housing, in terms of availability, affordability, and maintenance.
- Flexible, affordable, and reliable transportation, particularly in rural areas.
- Financial security, with the resources (either personal or state-subsidized) to maintain independence.
- Physical safety.
- Protection from exploitation and access to legal and protective services.
• Provision of services in a manner sensitive to every individual’s unique circumstances, ensuring that all older adults have equal access and protections.

Polling item: Awareness of AAA core programs

There is concern that older adults—and those soon to be—are not aware of programs and supports to assist them in preparing to age in place with dignity. Polling demonstrated that programs provided primarily through the AAAs were at least recognizable to over a majority of all CLF participants, as illustrated below:

- Home-delivered meals (80%)
- Personal assistance and care services (76%)
- Home health care (74%)
- Adult day care (71%)
- Care management (71%)
- Housing assistance and advocacy (68%)
- Home modifications (65%)
- Caregiver support (64%)
- Respite care (60%)
- Employment (56%)

Discussion question: Which of these services or supports are most important to you?

Although participants generally agreed that all of the programs and supports offered by AAAs are important, the majority considered personal assistance, meals, home health care, and care management as the most critical (see graph Which of these services or supports are most important to you on page 16).

Polling item: How effective are these programs in allowing older adults to age in place with dignity?

Most forum participants agreed that these programs are effective when consumers can access them and when resources are available. Participants cited common barriers to effectiveness, including:

- Overall awareness of the spectrum of services and supports.
- Eligibility and income limitations.
- Communication gaps between partners in the aging services network (including AAAs, services providers, and medical professionals).
Polling item: Are you aware of senior community centers in your area?

Overall, 97% of forum participants were aware of senior community centers.

Discussion question: Are senior community centers a service you or your family member would be interested in? Why or why not?

In general, participants cited the value of senior community centers in promoting socialization, engagement, and a positive quality of life. Many commended the centers in their communities for their programming, including recreational and continuing education activities, meals and nutritional support, and health and wellness offerings.

However, most participants recognized that there are many older adults who are reluctant to, not interested in, or not able to participate in senior community center activities. Specific reasons for a lack of participation included:

- The perception among some that centers are for “old people,” not them.
- Little interest in perceived or traditional programming, such as Bingo and cards.
- Scheduling conflicts, particularly among active seniors, working older adults, and those who care for their grandchildren or spouse.
- Lack of reliable transportation.
- Feeling unwelcome (especially among those in the LGBT and disability communities).

In turn, participants offered suggestions for drawing individuals to senior centers. The most prevalent of these was to develop programming reflecting the diverse interests of the community’s older adults. Other suggestions included:

- Promoting an inclusive environment, where all individuals feel welcome.
- Creating opportunities for active and/or younger seniors, such as walking programs, adventure clubs, music programs and rock concerts.
- Promoting senior centers as multi-generation, multi-faceted community centers, with lifelong recreational and educational programming.
- Expanding hours to facilitate evening and weekend activities.
- Advertising senior center activities through traditional and social media outlets.
- Jointly program with senior advocacy groups (such as AARP), state agencies, social workers, health care providers, and other partners to enhance education on and access to essential services.
Polling item: Are you aware of adult day centers in your community?

Overall, 71% were aware of adult day centers.

Discussion question: Are adult day centers a service you or your family member would be interested in? Why or why not?

Participants recognized that adult day centers are vital. Many cited specific examples of the respite these centers provide for caregivers, as well as the quality of care provided to those they care for.

Yet, many voiced their concerns. In particular, participants noted that:

- The cost can be prohibitive for consumers, especially those who do not qualify for assistance. For providers, operational expenses constrain viability.
- Transportation is often a challenge. Issues include weather, affordability, distance, scheduling, and coordination of door-to-door/door-through-door transit.
- Not all regions of Pennsylvania have adult day centers, with resultant gaps in access despite need.

Participants suggested that expanding center hours and exploring social and medical models may help alleviate some of these concerns.

Polling item: Are you aware of transportation services for older Pennsylvanians in your communities?

Over 93% of the participants were aware of the transportation services available.

Discussion

Forum participants identified transportation as a major concern for those who do not drive, live in rural areas, or need to rely on public transportation to get to medical appointments, work, or shopping. Some commented on the lack of fixed route public transportation in many areas, but most of the input related to shortcomings in the Shared Ride program as it serves older Pennsylvanians. In particular, participants stated that:

- Reserving rides 24 hours in advance is inconvenient or impractical.
- Riders may have to dedicate an entire day for a single ride to an appointment, given pick-up windows and traveling distances.
- Service is unreliable, causing riders to miss scheduled medical appointments while remaining responsible for the fare.
- Scheduled timing of trips is incompatible with medical appointment schedules, such as afternoon appointments for surgeons.
- Service is often not available on weekends or government holidays.
• Travel is often restricted to within one’s home county.
• Service is limited to curb-to-curb, making it difficult for riders who need assistance.
• Drivers often do not know where they are going.
• Drivers are insensitive to their passengers.

Some participants, however, were optimistic about the potential of new options, such as Uber and community-based membership service groups that offer transportation.

Other PDA-Administered Programs

The following chart shows the percentage of individual respondents mostly unaware (“not aware” and “aware but not clear of its purpose”) and those knowledgeable (“aware of the purpose of the program” or “utilized the service”) of other PDA-administered programs.

<table>
<thead>
<tr>
<th>Program</th>
<th>Mostly Unaware</th>
<th>Knowledgeable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Insurance - APPRISE</td>
<td>44%</td>
<td>56%</td>
</tr>
<tr>
<td>Prescriptions – PACE</td>
<td>21%</td>
<td>79%</td>
</tr>
<tr>
<td>Caregiver Support</td>
<td>47%</td>
<td>53%</td>
</tr>
<tr>
<td>Legal Assistance</td>
<td>42%</td>
<td>58%</td>
</tr>
<tr>
<td>Ombudsman Program</td>
<td>25%</td>
<td>75%</td>
</tr>
<tr>
<td>Protective Services</td>
<td>15%</td>
<td>85%</td>
</tr>
<tr>
<td>Health and Wellness – PrimeTime Health</td>
<td>47%</td>
<td>53%</td>
</tr>
</tbody>
</table>

Discussion: Health Insurance

Many forum participants were highly complimentary of the APPRISE program. They cited it as a tremendous benefit in navigating health insurance programs and praised the knowledge and dedication of APPRISE counselors in general.

They also offered suggestions on how to improve access to the program, such as:
- Renaming the program so that individuals can better recognize what the program offers.
- Recruiting more counselors, as current volunteer staff is often overbooked.
- Promoting the program through mailings and traditional marketing means, as well as through social media and aging services network partners.
Discussion: Prescriptions

Perhaps for more than any other program, forum participants touted the value of PACE and PACENET. They also shared their experiences and familiarity with the programs’ benefits.

Nevertheless, they had a few suggestions for enhancing the program, including:
- Increasing income eligibility ceilings.
- Providing assistance in completing enrollment or applications.
- Enhancing program promotion through pharmacies and other healthcare outlets.

Discussion: Caregiver Support

Polling item: Are you, or have you ever been a caregiver?

Overall, 65% of participants indicated they were at least at one time a caregiver.

Discussion question: What kind of help do you need as a caregiver?

The most prevalent responses related to the constant stress placed on a caregiver. This stress is multi-dimensional, with layers of constant change, financial worry, emotional distress, and depression. The act of caregiving is constant.

Caregivers concerns also included the need for:
- Education and training on basics, such as how to give a shot, administer salve or lotions, or bathe the individual receiving care.
- Emotional care, with an emphasis on self-care.
- Greater financial support through the Caregiver Support program.
- Trustworthy hired caregivers.

Forum participants offered a number of comments related to the Caregiver Support program. Perhaps the most prevalent was that it provides such minimal reimbursement for care and supplies, it is not worth the effort of maintaining and submitting receipts. Yet, some added that knowing the support services were available was a comfort, whether or not a caregiver tapped into the program. Further, one participant noted that home modifications are the best part of the program.

They also suggested:
- Reviewing income guidelines that limit participation.
- Marketing the program to working-age individuals, especially those dealing with children and parents.
Discussion: Legal Assistance

Most participant comments related to how to access legal services, indicating that there may be a need to more strongly promote these services.

Participants also remarked:
- Individuals find it difficult to get legal assistance in certain regions.
- Legal aid offices are overtaxed and hard to get to.

Discussion: Ombudsman Program

In general, participants feel that the program is successful, with competent and responsive ombudsmen.

However, they offered a few suggestions for program improvement, including:
- Encouraging consistency in service delivery throughout Pennsylvania.
- Ensuring that individuals understand what the ombudsman sign means.
- Fostering partnerships with nursing homes, as an opportunity for synergy between ombudsman and nursing home transition programs.

Discussion: Protective Services

Participants recognized the criticality of these services in protecting some of Pennsylvania’s most vulnerable older adults. They also noted difficulties in resolving cases of abuse and neglect, not the least of which is the stigma attached to seeking help.

In turn, they offered a number of suggestions to address these concerns, such as:
- Refocusing AAAs on protective services for older adults.
- Ensuring that there will be care for the abused individual once their abuser can no longer care for them.
- Increasing public awareness of what constitutes abuse.
- Increasing awareness of protective services, through Lottery advertising, media outlets, and educational mailings, and in coordination with other aging services network programs.
- Strengthening partnerships with district attorneys, police departments, and healthcare providers toward reporting and pursuing cases.
- Exploring how other commonwealth agencies approach abuse issues.
Discussion: Health and Wellness

Forum participants cited the effectiveness of these programs and how well they are received, particularly the Healthy Steps and “10 Keys™ to Healthy Aging programs. However, they also noted that many older adults are not aware of or have difficulty accessing these services.

To address these issues, participants suggested:

- Promoting programs through partnerships with hospitals, YMCA, AARP, and community and faith-based organizations.
- Partnering with specific communities, such as the LGBT and minority communities, to dispel wariness of “mainstream programs” and to ensure inclusiveness.
- Coordinating offerings with the State Health Improvement Plan.
- Expanding access beyond daytime hours.
- Establishing aggressive goals for participation, encouraging aging services network partners (AAAs in particular) to help meet these goals.

Discussion question: How can the Department of Aging increase awareness of services?

There was consensus among participants in all of the sessions that PDA and its partners must raise awareness of programs. They offered a number of suggestions to this end, including:

- Leveraging the televised Lottery drawing to promote services.
- Advertising through television, given that older Pennsylvanians watch a significant amount of television.
- Providing a comprehensive toll-free 1-800 number and expanding PDA’s website.
- Including program information with home delivered meals.
- Pursuing more on-site visits to senior centers and other sites in spreading the word about programs and services.
- Partnering with numerous organizations (including but not limited to the Alzheimer’s Association, AARP, food banks, faith-based organizations, housing authorities, nursing homes and their affiliates [e.g., PHCA, LeadingAge], and casinos) to provide information and promote services.
- Partnering with legislators to promote services for older adults and those who care for them.
- Engaging leaders in the state’s diverse communities, such as the LGBT and minority communities, as a means to disseminate information and build support for programs.
• Targeting marketing to caregivers and family members through traditional outlets, social media, and community pages.
• Working with pharmacies and health care providers to market programs like PACE, APPRISE and PrimeTime Health, where there are mutual benefits.
• Partnering with employer human resource professionals to provide information and increase awareness of support available for older workers and employees supporting older family members.
• Spearheading a PDA campaign (to enhance AAA marketing efforts), highlighting how services and support enable a higher quality of life.

Discussion question: How should the Department of Aging and local communities encourage individuals to volunteer for services that aid older Pennsylvanians?

Many programs, such as Apprise and Ombudsman, are reliant upon volunteers. In addressing PDA’s query on recruiting volunteers, forum participants stated that individuals often want short-term but meaningful projects, as well as to be part of autonomous teams to manage those projects. Key objectives include getting volunteers involved in activities they are passionate about or for which they have a talent. Participants also noted that potential volunteers sometimes simply need to be asked to do something productive.

Participants suggested ways to recruit volunteers, including:
• Conducting a marketing campaign on how to get involved in supporting older Pennsylvanians.
• Partnering with other volunteer entities, such as AARP and other retiree organizations, strengthening ties with the tens of thousands of current volunteers.
• Advertising in community sections of local newspapers.
• Recruiting in-place (such as in senior centers); a lot of people want to help but do not know how.
• Creating a state-funded clearinghouse or crowd-sourcing site for volunteers.
• Recognizing and rewarding volunteers (even through tax credits).

Participants also noted that the knowledge and training required for volunteers, particularly for APPRISE and Ombudsman programs, as well as mandatory and onerous background checks, may be significant deterrents.
Discussion question: What needs of older Pennsylvanians are not currently being addressed?

Participants stated that older Pennsylvanians need:
- More geriatric professionals, including doctors, and training for these professionals (particularly for those treating individuals with Alzheimer’s disease and related disorders).
- Integrated care for the entire person (physical and behavioral health), with better medical management and service reconciliation.
- Greater education of direct care providers.
- More on-call provider staffing.
- Extended eligibility for programs and services, including sliding scales.
- Greater personal outreach to consumers in ensuring their daily well-being.
- Extended programs hours (e.g., evenings and weekends).
- Higher subsidies for nutritional and caregiver support.
- Greater advocacy and legal protections for all older Pennsylvanians, including but not limited to the LGBT and minority communities, veterans, and those with mental health issues.
- Increased cultural competency among all aging network service partners.
- Enhanced self-care for caregivers and services for their families.
- Greater attention to Pennsylvania’s guardianship laws to better protect older adults.
- Education and assistance on advanced directives.
- Better coordination between AAAs and publicly- and privately-subsidized organizations and community partners.
- Outreach to employers for those seeking jobs.

Discussion question: What other suggestions do you have to help shape the State Plan on Aging and address the needs of older Pennsylvanians?

Forum participants offered the following suggestions:
- PDA and its aging services network should be the voice for consumer choice.
- Emphasize the role of PA LINK.
- Ensure that services are tailored to the individual.
- Integrate the goals and objectives of the State Plan for Alzheimer’s Disease and Related Disorders.
- Increase accessibility to services and supports accessibility for those with mental illness.
- Reduce or eliminate property taxes for older adults.
- Conduct outreach to chambers of commerce and business association.
- Do not allow implementation of managed care to overshadow the importance of local understanding of service needs.
Implications for State Plan Objectives and Strategies

- Given that those who participated in the CLFs were, for the most part, more engaged in public programs to assist older Pennsylvanians than the general public, one would expect a greater level of awareness of programs. Yet, polling demonstrated that the level of program awareness may not have been as high as anticipated. Although most participants recognized all the programs, a very high percentage was unaware of programs and services basics. Awareness was greatest for Protective Services and PACE.
- Awareness was greatest for Protective Services and PACE, suggesting that the marketing of these programs might serve as a model or be leveraged for raising awareness of other programs.
- Participants validated the need for additional volunteers, identifying baby boomers as a significant resource. However, Pennsylvania’s onerous requirements for volunteers may be a barrier. Participants also mentioned the need for volunteer coordinators, as well as strategies to keep volunteers engaged.
- In several sessions, AAA representatives expressed that case loads are significantly more than they can adequately handle; given demographic projections, caseloads will continue to grow. Consequently, any additional administrative or programmatic requirements placed upon AAAs may incite some resistance.
- Similarly, participants stated that if it is difficult to meet the demand for services now, promoting benefits and services will increase demand with no anticipated increase resources or viable means of meeting that demand. As a result, service will suffer, waiting lists will grow, and consumers will be disappointed.
- Participants discussed the challenges faced by, and the complexity of the needs of, older adults, along with the belief that it is extremely difficult for individuals and families to navigate the health and human services system alone. Care managers, counselors, or navigators would be of great benefit in helping individuals to connect with the services they need.
- Participants recognized the need and value of adult day centers. However, many participants suggested that the current model is not financially viable, due to reimbursement rates, participation rates, or other factors. As a result, a number of centers have closed in recent years.
- Participants expressed the desire for a single point of objective information for aging services.
Polling Results

How many miles did you travel to get here?

There are over 2.9 million Pennsylvanians over the age of 60. By 2020 this population is expected to increase by:

There are over 2.9 million Pennsylvanians over the age of 60. By 2020 this population is expected to increase by:
Please indicate all of the services you are aware of.

- Adult day care
- Home-delivered meals
- Personal assistance and care services
- Housing assistance and advocacy
- Home modifications
- Care management
- Home health care
- Caregiver support
- Respite care
- Employment

Please select the services you are aware of from the following locations:
- Erie
- California
- Bethlehem
- Lancaster
- Mansfield
- Blair
- Lackawanna
- All Locations

Service Percentages:

- Adult day care:
  - Erie: 84%
  - California: 89%
  - Bethlehem: 81%
  - Lancaster: 77%
  - Mansfield: 84%
  - Blair: 84%
  - Lackawanna: 85%
  - All Locations: 85%

- Home-delivered meals:
  - Erie: 69%
  - California: 63%
  - Bethlehem: 66%
  - Lancaster: 77%
  - Mansfield: 88%
  - Blair: 84%
  - Lackawanna: 84%
  - All Locations: 84%

- Personal assistance and care services:
  - Erie: 91%
  - California: 91%
  - Bethlehem: 89%
  - Lancaster: 88%
  - Mansfield: 91%
  - Blair: 89%
  - Lackawanna: 89%
  - All Locations: 91%

- Housing assistance and advocacy:
  - Erie: 85%
  - California: 81%
  - Bethlehem: 79%
  - Lancaster: 78%
  - Mansfield: 91%
  - Blair: 77%
  - Lackawanna: 89%
  - All Locations: 85%

- Home modifications:
  - Erie: 65%
  - California: 69%
  - Bethlehem: 68%
  - Lancaster: 76%
  - Mansfield: 78%
  - Blair: 71%
  - Lackawanna: 73%
  - All Locations: 72%

- Care management:
  - Erie: 77%
  - California: 62%
  - Bethlehem: 74%
  - Lancaster: 74%
  - Mansfield: 68%
  - Blair: 85%
  - Lackawanna: 73%
  - All Locations: 75%

- Home health care:
  - Erie: 81%
  - California: 81%
  - Bethlehem: 81%
  - Lancaster: 81%
  - Mansfield: 78%
  - Blair: 89%
  - Lackawanna: 89%
  - All Locations: 85%

- Caregiver support:
  - Erie: 92%
  - California: 85%
  - Bethlehem: 81%
  - Lancaster: 85%
  - Mansfield: 81%
  - Blair: 81%
  - Lackawanna: 81%
  - All Locations: 85%

- Respite care:
  - Erie: 69%
  - California: 69%
  - Bethlehem: 77%
  - Lancaster: 78%
  - Mansfield: 69%
  - Blair: 77%
  - Lackawanna: 77%
  - All Locations: 77%

- Employment:
  - Erie: 70%
  - California: 74%
  - Bethlehem: 77%
  - Lancaster: 65%
  - Mansfield: 66%
  - Blair: 69%
  - Lackawanna: 64%
  - All Locations: 70%
How effective are these programs in allowing older adults to age in place with dignity?
Which of these services or supports are most important to you?

- Adult day care
- Home-delivered meals
- Personal assistance and care services
- Housing assistance and advocacy
- Home modifications
- Care management
- Home health care
- Caregiver support
- Respite care
- Employment

Data was not collected for this question at the Erie and California forums.
Are you aware of Senior Centers in your area?

Yes

- Erie: 91%
- California: 98%
- Bethlehem: 100%
- Lancaster: 94%
- Mansfield: 95%
- Blair: 100%
- Lackawanna: 97%

No

- Erie: 9%
- California: 2%
- Bethlehem: 6%
- Lancaster: 5%
- Mansfield: 5%
- Blair: 3%
- Lackawanna: 3%

Are you aware of Adult Day Centers in your community?

Yes

- Erie: 64%
- California: 87%
- Bethlehem: 89%
- Lancaster: 82%
- Mansfield: 69%
- Blair: 71%

No

- Erie: 36%
- California: 13%
- Bethlehem: 31%
- Lancaster: 11%
- Mansfield: 18%
- Blair: 31%
- Lackawanna: 29%
Are you aware of transportation services for older Pennsylvanians in your community?

Prior to today, what was your level of awareness of the APPRISE program?
Prior to today, what was your level of awareness of the PACE program?

- Not aware at all
- Aware, but not clear of its purpose
- Aware that PACE provides prescription drug assistance
- Utilized this service

Are you, or have you ever been a caregiver?

- Yes
- No
Prior to today, what was your level of awareness of the Pennsylvania Caregiver Support Program?

- Not aware at all
- Aware, but not clear of its purpose
- Aware that PA provides caregiver assistance
- Utilized this service

Prior to today, what was your level of awareness of Legal Assistance services?

- Not aware at all
- Aware, but not clear of its purpose
- Aware that legal counseling may be available
- Utilized this service
Prior to today, what was your level of awareness the Ombudsman Program?

- Not aware at all:
  - Erie: 17%
  - California: 11%
  - Bethlehem: 11%
  - Lancaster: 14%
  - Mansfield: 14%
  - Blair: 16%
  - Lackawanna: 16%
  - All Locations: 11%

- Aware, but not clear of its purpose:
  - Erie: 12%
  - California: 14%
  - Bethlehem: 12%
  - Lancaster: 10%
  - Mansfield: 12%
  - Blair: 9%
  - Lackawanna: 9%
  - All Locations: 10%

- Aware that there is assistance for long-term care complaints:
  - Erie: 66%
  - California: 63%
  - Bethlehem: 58%
  - Lancaster: 53%
  - Mansfield: 53%
  - Blair: 64%
  - Lackawanna: 64%
  - All Locations: 66%

- Utilized this service:
  - Erie: 15%
  - California: 6%
  - Bethlehem: 16%
  - Lancaster: 15%
  - Mansfield: 14%
  - Blair: 15%
  - Lackawanna: 14%
  - All Locations: 11%

Prior to today, what was your level of awareness of Protective Services?

- Not aware at all:
  - Erie: 8%
  - California: 19%
  - Bethlehem: 10%
  - Lancaster: 9%
  - Mansfield: 6%
  - Blair: 4%
  - Lackawanna: 6%
  - All Locations: 9%

- Aware, but not clear of its purpose:
  - Erie: 8%
  - California: 6%
  - Bethlehem: 9%
  - Lancaster: 6%
  - Mansfield: 9%
  - Blair: 6%
  - Lackawanna: 4%
  - All Locations: 9%

- Aware that there is assistance to report cases of abuse:
  - Erie: 84%
  - California: 84%
  - Bethlehem: 89%
  - Lancaster: 76%
  - Mansfield: 76%
  - Blair: 72%
  - Lackawanna: 73%
  - All Locations: 75%

- Utilized this service:
  - Erie: 16%
  - California: 6%
  - Bethlehem: 14%
  - Lancaster: 10%
  - Mansfield: 14%
  - Blair: 9%
  - Lackawanna: 10%
  - All Locations: 10%

Data was not collected for this question at the California forum.
Prior to today, what was your level of awareness of PrimeTime Health?

- Not aware at all
- Aware, but not clear of its purpose
- Aware that there are health education programs
- Utilized this service

Data was not collected for this question at the California forum.
Which of the following programs are effective?

Erie  Bethlehem  Lancaster  Mansfield  Blair  Lackawanna  All Locations

Data was not collected for this question at the California forum
Pennsylvania Department of Aging

Summary of Public Hearings

May 27, 2016
Introduction

Every four years, the Pennsylvania Department of Aging (PDA) prepares a strategic plan to steer its programming and delivery of services and supports for older adults, their families, and their caregivers. The 2016-2020 State Plan on Aging will articulate a clear and comprehensive direction for both the department and for those who serve and support our diverse and robust population of older Pennsylvanians.

The State Plan carries out the complementary objectives of the Older Americans Act, PDA, and the commonwealth in ensuring that all older Pennsylvanians are empowered to make informed decisions about their care in the setting of their choice.

The State Plan development process incorporates broad outreach, informed by local plans developed by the 52 Area Agencies on Aging (AAAs), PDA staff, aging network partners, and consumers and the general public (via Community Listening Forums [CLFs] public hearings, and surveys).

In May 2016, PDA conducted three public hearings. The hearings provided concerned stakeholders with an opportunity to tell PDA what they thought about the goals, objectives and strategies within the draft State Plan on Aging and the implied direction and priorities. In addition, attendees and all stakeholders were encouraged to submit comments in writing to the department for consideration, even if they did not publicly testify. The input obtained will validate and help refine the developing components of the State Plan.

Twenty-eight individuals publicly testified in the three hearings and a number of others offered written testimony for the record. Those testifying, including AAAs, advocacy associations (AARP, Alzheimer’s Association, and the lesbian, gay, bisexual, and transgender [LGBT] community), providers (e.g. home health, adult day), legal services, and individuals, represented a variety of perspectives. The testimony provided recommendations specific to certain draft objectives and strategies, as well as overall general suggestions relative to the State Plan.
Each public hearing featured an introduction by PDA Secretary Teresa Osborne, followed by scheduled testimony limited to five minutes per testifier. This report summarizes the input received in the hearings, organized according to affinity groupings. The report also briefly highlights some of the broader implications related to participant input that will impact State Plan objective and strategy refinement.

The information received in the public hearings reflects the unique and varied perspectives of consumers, partners, and other stakeholders from communities throughout the commonwealth. These thoughtful and engaged participants also provide PDA with valuable insight on the issues and priorities the department should consider in developing, and ultimately implementing, the State Plan on Aging.

**Public Hearings Summary**

Hearing participants offered many suggestions intended to strengthen the State Plan on Aging.

In general

- The plan lacks vision and demographic and data justification for actions or priorities.
- Performance measures should be specific.
- Important services are missing (e.g., legal, housing, transportation, veterans, LGBT)
- OAA reauthorization allows for oral health screenings, which is not addressed in plan.
- OAA funding cuts are not addressed in plan.
- Long-term care reform (Community Health Choices) is not addressed in plan.
- The financial security of seniors is critical to coping with an aging population in a fiscally responsible manner.
- Help Pennsylvanians save for retirement through workplace deductions.
- Acknowledge in the State Plan that there is a seat at the table for older Pennsylvanians when the future is being debated.
- PDA must demonstrate it will be a catalyst for stimulating additional funding.
Caregiver Support

- Ensure that family caregivers can continue in their role without becoming so exhausted or frustrated that they jeopardize their own health.
- Increase opportunities for respite services for caregivers.
- Support the Plan’s initiative to expand adult day center opportunities.
- Increase awareness of caregiver support programs.
- Include navigators to support kinship care
- Support senior sandwich generation.

Participants expressed support for objectives 4.1, 2.4, 1.1, 1.4, 1.5, 2.1 and 3.4 and focusing on caregiver support.

Diversity

- Identify and meet the service needs of those from various cultural backgrounds, including those with limited English proficiency (LEP).
- Explicitly mention LGBT older adults and those living with HIV/AIDS.
- Compel AAAs to pay more attention to existing and growing Asian refugee and immigrant populations.
- Include policies to hold AAAs accountable for investing in programming to properly reach and serve linguistically and culturally isolated senior communities.
- Develop procedures to ensure language access throughout the entire spectrum of service delivery (e.g., interpreters, translators, language line technology).
- Ensure AAAs maintain sustained financial investments and program partnerships with smaller agencies that have linguistic and cultural expertise with difficult to reach ethnic populations.

Person-Centered Planning.

- Amend intake forms so that transgender individuals are not forced to check a box for “Male” or “Female” that may lead them to forego services altogether.
- Advocate for improved coordination of care, especially between medical and non-medical services. Review strategies of how services are provided and aggressively enforce accountability.

- Require a dedicated funding stream.
- Increase resources, specifically for psychologists.
- Consider Elder Justice Guardians and Counsel Committee recommendation for the lottery as a funding source.
- Make guardianship representation, oversight and statewide best practices a priority of the plan.
- Expand strategy to develop and provide training for PDA and AAAs on guardianship law, policies and procedures to include mediation and alternatives to guardianship.
- Clarify the strategy to implement quality assurance monitoring for guardianship cases, to specifically define to which cases it would apply.

Data Collection and Continuous Quality Improvement (Support for Objectives 3.1 and 3.7)

- Establish a Joint Committee on Quality Metrics and Measurements with the Pennsylvania Association of Area Agencies on Aging (P4A).
- Explore grants and other funding opportunities for providers to enhance electronic data collection and exchange.
- Improve AAA access to data collected and improve usage of Social Assistance Management System (SAMS) database.
- Allow individuals to self-identify gender in data collection activities.
- Establish and describe a stakeholder and feedback process to be used in developing policies and requirements. Ensure that the process is transparent, uses technology such as webinars, and that all website updates are easily identifiable.

Consider a Specific Objective to Improve Access to Transportation Services.

- Establish a task force with PennDOT to address necessary service enhancements, improve infrastructure, and make administrative updates.
- Incorporate transportation discussion in the State Plan.
- Direct increased resources to transportation.


- Prevent interruption of services under the OPTIONS program.
Home and Community Based Services

- Create a streamlined process for those individuals obviously not eligible for MA because of assets to bypass the CAO approval process and be considered for OPTIONS services.
- Expand community care options by advocating for a revision to current income limits and the disparity between nursing home and homecare.
- Increase funding flexibility and in-home support parameters.

Awareness and Promotion

Participants supported objectives related to increasing awareness of services.

- Participants cautioned on the need to provide adequate funding to support current service and increase capacity to meet increasing need.

Participants supported the State Plan’s first goal of increasing awareness of programs and provided the following suggestions:

- Target outreach (e.g., marketing materials, collaborations with LGBT community organizations), programming, funding and support to LGBT individuals inherently recognized as vulnerable. Prioritize aging network attention and support toward older adults living with HIV.
- Ensure that sexual orientation and gender identity are included in the definition of diversity.
- Include licensed insurance professionals in communications network to get the word out about services for older adults.
- Amplify education and outreach for APPRISE, ombudsman and guardianship programs.
- Include a specific strategy for Community Health Choices (CHC) and the changing role of AAAs.
- Expand education about and awareness of veterans benefits.

APPRISE

- Change the heading of objective 1.2 to “Increase awareness of APPRISE consumer education on services available to all Medicare beneficiaries throughout diverse populations” to differentiate the role of professional insurance producers and APPRISE volunteer counselors.
- Consider adding the following to the objective: “Utilizing licensed insurance producers as a training resource for APPRISE volunteers and as technical support to assist APPRISE in its educational efforts.”
- Add a strategy that calls for cross-training of APPRISE counselors on elements of CHC.
• Add a strategy that addresses monitoring the transition to CHC and training APPRISE counselors to assist individuals in choosing a CHC health plan that works best with their Medicare plan.
• Rename APPRISE

Consider retaining objective 1.4 in the 2012-2016 State Plan on Aging which states, “Build on existing programs (both public and private) that educate the public on the necessity for planning for their long-term care and health care needs.”

Protective Services
• Support objectives relating to protection against financial exploitation.
• Use existing resources, such as Consumer Financial Protection Bureau recommendations and PCA’s Financial Exploitation Task Force.
• Recommend more specifics on how objective 1.3 will be carried out in terms of trainings (e.g., content, target, mandates).
• Ensure that measures do not exclude those who do not go through the protective services system.

Ombudsman
• Support expanding program but also include additional resources.
• Suggest access to an “independent” ombudsman.

Legal Representation for Our Older Population
• Explicitly mention legal services and state Legal Assistance Developer.
• Back up this statement with adequate funding.
• Consider restating objective 4.2 from the 2012-2016 State Plan on Aging, “to strengthen the safety net through promotion of a comprehensive elder justice system, elder abuse prevention and response, and state legal assistance development.”
• Ensure the State Plan meets its statutory requirement to specify a minimum proportion of the funds received by each AAA be dedicated to providing legal assistance.
• Reference and address recommendations related to elder abuse, exploitation and civil justice made by the Supreme Court’s Elder Law Task Force.
• Partner with the Pennsylvania Commission on Crime and Delinquency (PCCD) to support increased Victims of Crime Act (VOCA) funding for older adult victims.
• Incorporate key components of the strategic plan (Blue Print) for the delivery of legal services and justice for older adults.
• Recognize the mandate of the OAA to make legal assistance and elder rights and justice a priority, and set minimum funding requirements.
• Tailor the plan to focus on those older adults with greatest social and economic need.
• Strengthen and expand legal services to ensure all older Pennsylvanians can access legal services to help with various issues, such as those related to health, housing, accessing services, income, elder abuse, and guardianship.
• Legal assistance developer should provide statewide leadership on advocacy issues.
• Consider adding an elder justice objective incorporating key strategies from the Model Approaches initiative including: 1) assessing the capacity of the current legal assistance delivery system for older adults to meet priority needs; 2) developing and implementing statewide standards to ensure high quality/high impact legal services delivery to those in greatest social or economic need; 3) developing statewide data collection and reporting systems to measure program outcomes; 4) establishing collaborations with aging/disability and elder rights networks to enhance legal responses to abuse and neglect; and 5) establishing a statewide legal training agenda focusing on priority issues.
• Recognize those with dementia as a particularly vulnerable population.
• Educate the legal system that the threshold for abuse of those with neurological disorders who are unable to report abuse needs to be the same as is offered for children.

Criminal Background Checks for Direct Care Workers
• Require all caregivers, regardless of employment status, to comply with the criminal history provisions of the Older Adult Protective Services Act (OAPSA).
• Consider a strategy relating to fixing the law to provide guidance on how to proceed when an applicant shows a prior conviction (in light of a recent Supreme Court decision declaring certain provisions of the OAPSA unconstitutional).

Volunteers
• Participants supported objectives to maximize use of volunteers.

Alzheimer’s Disease and Related Disorders
• Participants supported objective to convene a summit on Alzheimer’s Disease and Related Disorders (ADRD).
• Partner with aging network to support current workforce.
• Coordinate efforts with the implementation efforts of the state plan on ADRD.
• Develop strategies to help ensure consumers can access capable dementia care.
Senior Community Centers

- Support additional resources devoted to sustaining a strong senior community center network.
- Within the State Plan, affirm that senior community centers are a vital and integral part of the aging network. Senior community centers could be referenced in objectives 2.1, 2.2, and 3.4.
- Encourage AAAs and senior community centers to improve cultural competence and adopt policies and procedures that are inclusive of older LGBT adults, to ensure programs and service offerings are more welcoming.
- Hold AAAs and senior community centers accountable for providing linguistically appropriate services to LEP consumers, including training center personnel on how to work with cultural and linguistically diverse populations.
- Direct funds and support to valuable services provided by senior community centers.
- Clearly define the role of senior community centers in all aspects of the plan and ensure they receive the dedicated support needed to carry out the tasks to meet the objectives.

Housing

- Recommend LINKs work with housing authorities and local housing coalitions to ensure access to affordable housing resources.
- Deliver services where people live.
- Develop senior housing alternatives.
- Seek dedicated funding for senior housing.
- Pilot the identification and training of volunteers to carry out low/no cost home repairs for older Pennsylvanians and perhaps partner with organizations like Habitat for Humanity.
- Ensure person-centered counselors are aware of a variety of housing options.
- Disseminate best practices information (e.g., shared housing, Elder Cottage Housing Opportunity [ECHO], cluster housing, limited equity cooperatives).
- Coordinate with the Department of Human Services (DHS) on the implementation of its Statewide Housing Strategy.
- Strengthen partnerships with DHS, the Department of Community and Economic Development, and the Pennsylvania Housing Finance Agency on affordable housing issues.
- Support the current grant for non-traditional housing, pilot of shared housing match-up program in Northeastern Pennsylvania.
- Advocate for the older homeless.
- Incorporate advocacy goals for housing.
Direct Care Workers/Aging Network

- Prioritize employees throughout the aging network, creating opportunities for students and entry-level employees to develop and advance in aging services.
- Train all police, fire, EMT, and ambulance and public transportation drivers on interactions with those with Alzheimer’s disease.
- Attract and retain professional caregivers and increase capabilities for caring for those with dementia.
- Provide or require dementia-specific training for anyone providing care to someone with a progressive neurodegenerative disorder.
- Utilize online mode for training PDA and AAAs.

Advance Directives

- Include a section on Advance Directives for Health Care.

Prevention

- Focus on prevention. Objective 3.4 could be expanded beyond emphasis on healthier lifestyles to include issues such as personal finance, volunteering, pursuing educational opportunities, and community involvement.
- Consider including programming relating to healthy sexuality and safety in relationships.

Submitted Comments and Testimony

In addition to those who testified at the public hearings, 15 individuals submitted testimony and another 18 offered comments through the department’s website. Most of the submitted testimony and comments were in three primary areas: housing, senior community centers and Community Health Choices.

Those who submitted testimony related to housing expressed concern that the State Plan, as presented (through the published objectives and strategies), does not address housing for older individuals. They noted that older adults face significant challenges in maintaining their homes, finding affordable housing, and modifying existing housing to enable aging in place.

Others were disappointed that senior community centers were not referenced and suggested that the department recognize the vital role senior community centers play in enhancing the quality of life of older Pennsylvanians.
Commenters consistently mentioned the need to define and clarify the link between aging services and CHC. The ACL guidelines require states to articulate the relationship between aging programs and state long-term care reform efforts.

A number of comments were framed in a manner similar to those presented by the Pennsylvania Coalition Against Domestic Violence, indicating that domestic violence is a significant health concern for people aged 60 years and older and should be recognized in the State Plan.

Those who commented suggested refinements to strategies relating to reaching diverse populations, and included offers by community organizations to help make connections. One individual suggested that the State Plan encourage naturally occurring retirement communities (NORCs).

**Implications for Further State Plan Development**

As noted throughout this summary, many of those who commented in the public hearing process consistently stated that the State Plan failed to adequately address a number of programs including legal assistance, senior community centers, caregiving, housing and transportation. It is possible that their perceptions might be attributable to the fact that only objectives and strategies, without the supporting narrative, were posted for comment.

Nevertheless, the narrative should clarify that the objectives and strategies outlined in the State Plan represent strategic initiatives above and beyond current steady state day-to-day operational programmatic support. The narrative should also explain the trends, data, or input that support the overall direction and priorities of the plan.

The performance measures were criticized as not being specific enough. Within the Plan, PDA might clarify that many of the performance measures will be further refined through a systematic process, working with key stakeholders. Further, the department might note that over the four year period of the plan, the intent is to translate output measures to outcome measures.

The Department has an opportunity to consider the validity of each of the comments offered during the public hearing process and determine if they should be addressed: 1) in the narrative, 2) as an objective, 3) as a strategy, or 4) as an issue for some other venue.
The following observations may assist PDA in determining how the comments might be addressed:

- The AAA representatives who testified expressed support for improving data use and integrity. This provides an opportunity for the department to lead a collaborative process to develop consensus on key data elements and process for capturing and maintaining information.
- Transportation consistently emerges as a major barrier to accessing services. Given the consistency of input across the CLFs and public hearings, not including strategies relating to transportation could appear as a significant gap in the plan.
- Housing also emerged as an important issue, and could be supported with strategies (if not through a stand-alone objective).
- Similarly, individuals expressed disappointment that there was no mention of legal assistance in relation to elder justice. If the department is planning to move forward with model approaches to elder rights and legal services (regardless of whether or not it is awarded a federal grant in this area), this may be worthy of an objective or strategy.
- The published draft objectives and strategies did not include references to particular cultural or diversity groups. Advocates interpreted this as a lack of attention to particular populations. The department may want to consider including references to particular targeted populations (e.g., Asian, LEP, LGBT) in the objectives and strategies as appropriate. Or, include the more detailed spreadsheet of objectives and strategies as an appendix with the targets identified.
- Many of those who commented raised the integration of the State Plan on Aging with CHC, the Long-Term Care Commission recommendations, ADRD Commission recommendations and the Supreme Court’s Elder Law Task Force recommendations. Where appropriate, PDA should establish linkages between State Plan objectives and strategies and those recommendations. The ACL guidelines require an explanation of state long-term care reform efforts and aging services.
- There were a number of specific programmatic recommendations. If the Department is already moving in support of those suggestions, they could be reinforced and articulated in the State Plan.