

May 4, 2012

TO: Members of the MAG Human Services Technical Committee

FROM: Deanna Jonovich, City of Phoenix Chair

SUBJECT: MEETING NOTIFICATION AND TRANSMITTAL OF AGENDA

Meeting - 1:00 p.m.
Thursday, May 17, 2012
MAG Office, Second Floor, Chaparral Room
302 North 1st Avenue, Phoenix

The next MAG Human Services Technical Committee (HSTC) meeting will be held at the time and place noted above. Members of the Human Services Technical Committee may attend either in person or by phone. Supporting information is enclosed for your review.

The meeting agenda and resource materials are also available on the MAG website at www.azmag.gov. In addition to the existing website location, the agenda packet will be available via the File Transfer Protocol (FTP) site at: <ftp://ftp.azmag.gov/HumanServicesTechnicalCommittee>. This location is publicly accessible and does not require a password.

Please park in the garage underneath the building. Bring your ticket to the meeting, parking will be validated. For those using transit, the Regional Public Transportation Authority will provide transit tickets for your trip. For those using bicycles, please lock your bicycle in the bike rack in the garage.

In 1996, the Regional Council approved a simple majority quorum for all MAG advisory committees. If the Human Services Technical Committee does not meet the quorum requirement, members who have arrived at the meeting will be instructed a legal meeting cannot occur and subsequently be dismissed. Your attendance at the meeting is strongly encouraged.

Pursuant to Title II of the Americans with Disabilities Act (ADA), MAG does not discriminate on the basis of disability in admissions to or participation in its public meetings. Persons with a disability may request a reasonable accommodation, such as a sign language interpreter, by contacting the MAG office. Requests should be made as early as possible to allow time to arrange the accommodation.

If you have any questions, please call the MAG office.

MAG HUMAN SERVICES TECHNICAL COMMITTEE
TENTATIVE AGENDA
May 17, 2012

COMMITTEE ACTION REQUESTED

1. Call to Order

2. Call to the Audience

An opportunity will be provided to members of the public to address HSTC on items not scheduled on the agenda that fall under the jurisdiction of MAG, or on items on the agenda for discussion but not for action. Citizens will be requested not to exceed a three minute time period for their comments. A total of 15 minutes will be provided for the Call to the Audience agenda item, unless HSTC requests an exception to this limit. Please note that those wishing to comment on agenda items posted for action will be provided the opportunity at the time the item is heard.

3. Approval of the April 11, 2012 Meeting Minutes

The draft minutes for the April 11, 2012 meeting are posted with the meeting materials.

4. MAG Municipal Aging Services Project Update

The Municipal Aging Services Project (MASP) was designed to create a framework for how local government respond to the needs and talents of people aged 65 years and older. Best practices, research and community engagement have been utilized to develop an aging services framework and toolkit for use by local governments. The draft MASP toolkit will be presented for action by the Committee.

5. City Leaders Institute (CLI) Issues Statement

The City Leaders Institute pilot program held a project kick-off on May 7 - 8, 2012. An update will be offered to the Committee on the outcomes of the event and next steps.

2. Information.

3. Approve the HSTC April 11, 2012 Meeting Minutes.

4. Recommend approval of the Municipal Aging Services Project Toolkit.

5. Information and discussion.

6. Maricopa County Needs Assessment 6. Information and discussion.

The Maricopa County Human Services Department conducted a point in time needs assessment survey in early fall 2011. An update of the aggregate results will be offered. Please refer to aggregate survey results posted with meeting materials.

7. Phoenix Senior Center Survey Results 7. Information and discussion.

The results of the Phoenix Senior Center Survey will be presented for review and discussion.

8. Legislative Update 8. For Information

An update will be offered on Legislative activities at the state and federal level.

9. Request for Future Agenda Items 9. Information and discussion

Topics or issues of interest that the MAG Human Services Technical Committee would like to have considered for discussion at a future meeting will be requested.

10. Comments from the Committee 10. For information.

An opportunity will be provided for HSTC members to present a brief summary of current events. HSTC is not allowed to propose, discuss, deliberate or take action at the meeting on any matter in the summary, unless the specific matter is properly noticed for legal action.

AMARICOPA ASSOCIATION OF GOVERNMENTS
HUMAN SERVICES TECHNICAL COMMITTEE
MEETING MINUTES – APRIL 11, 2012

COMMITTEE MEMBERS

Deanna Jonovich, City of Phoenix, Chair
Mary Berumen, City of Mesa
*Kyle Bogdon, DES/ACYF
+Krista Cornish, Town of Buckeye
*Naomi Farrell, City of Tempe
Janeen Gaskins, City of Surprise
Laura Guild, Arizona Department of Economic Security
Jeffery Jamison, City of Phoenix
*Jim Knaut, Area Agency on Aging
*Margarita Leyvas, Maricopa County, Vice Chair
*Joyce Lopez-Powell, Valley of the Sun United Way
Steven MacFarlane, City of Phoenix
*Jayson Matthews, Tempe Community Council
+Leah Powell, City of Chandler

+Cindy Saverino, Arizona Department of Economic Security
*Sylvia Sheffield, City of Avondale
*Carol Sherer, Arizona Department of Economic Security/DDD

OTHERS PRESENT

Tim Cole, City of Phoenix
Pearl Chang Esau, Expect More Arizona
Diane Kaplan, Town of Buckeye

Rachel Brito
Brande Mead, MAG
Amy St. Peter, MAG

+Those members present by audio/videoconferencing.

*Those members neither present nor represented by proxy.

1. Call to Order

Amy St. Peter, MAG, called the meeting to order at 1:15 p.m. She advised Chair Jonovich was delayed and would arrive soon. Introductions ensued.

2. Call to the Audience

An opportunity was provided for members of the public to address the Committee. No public comments were made.

3. Approval of March 7, 2012 HSTC Meeting Minutes

Ms. St. Peter called for a motion to approve the March 7, 2012, meeting minutes. Steve MacFarlane, City of Phoenix, motioned to approve the minutes. Laura Guild, Arizona Department of Economic Security, seconded the motion. The motion passed unanimously.

4. City Leaders Institute (CLI) Issues Statement

Chair Jonovich arrived at the meeting. She invited Amy St. Peter, MAG, provide an update on the City Leaders Institute (CLI) issues statement and background paper. This region was one of five regions chosen to participate in the project. Other regions include San Diego, Miami, Arlington County in Virginia, and Montgomery County in Maryland. The project launch for Phoenix, San Diego and Miami will be meeting on May 7-8, 2012 in Phoenix. Regions are focusing on different issues including

transportation and accessible buildings. This region will focus on social participation. Research and experience has shown that when people are more engaged, they are less likely to decline in health. Some great examples and best practices have been found in the region. It was noted Granite Reef Senior Center in Scottsdale was recently presented with NuStep's Pinnacle Award for the most outstanding senior center in the United States. Ms. St. Peter discussed building upon, integrating, and enhancing the efforts and great work that has already been done. This includes efforts on the state's 2020 Plan.

Ms. St. Peter provided a brief overview of cities in Arizona with a large population of older adults and statistics on future increases. Scottsdale is ranked as number one and Surprise is ranked number four for cities over 100,000 people with large concentration of people aged 65 years and more as tracked by the U.S. Census Bureau. She discussed the changing needs and demographics across the region and noted there are more than 460,000 people age 65 and older in the County. This number is expected to increase to 700,000 within the next eight years. The needs of individuals are different from five to ten years prior, and will also differ five to ten years in the future.

The focus for this region is to help older adults be more socially engaged. Senior centers is an important component, but not the only component. Different models including the Village Movement, Senior Center without Walls, and National Occurring Retirement Communities are models being researched. The work of this project is being guided by the MAG Human Services Technical Committee as well as the Human Services Coordinating Committee. A CLI local team is being formed. Current members include: Mayor Greg Stanton, City of Phoenix; Michelle Dionisio, Benevillia; Joe La Rue, Sun Health; Mary Lynn Kasunic, Area Agency on Aging, Carol Kratz, Virginia G. Piper Charitable Trust.

Ms. St. Peter presented the issues statement and background paper for review and input. She advised that stakeholder group and advisory group meetings will be held over the next year to ensure integration of multiple perspectives.

5. MAG Municipal Aging Services Project Update

Chair Jonovich invited Ms. St. Peter to present on the Municipal Aging Services Project (MASP). Ms. St. Peter advised a stakeholder group meeting was held on April 9, 2012. The summary of recommendations, which is a compilation of information gathered from discussion during the forum, from stakeholder group meetings, and other meetings held to date, has been distributed to allow for greater input. The summary identifies different priority areas such as transportation, helping people age in place, increasing social participation, utilizing technology, and increasing organizational capacity. It will be included in the model toolkit being developed for use by local governments. The goal of MASP is to help determine the best and most effective way for local government in meeting the needs of older adults in a cost effective manner. The draft toolkit is under development. The toolkit will also include an extensive list of resources.

Mary Berumen, City of Mesa, inquired how best to support sharing this information. Ms. St. Peter advised all material is available for download from the MAG website. Staff is also available to offer presentations. Agencies are also welcome to include the project in their agency newsletter. Data specific to each city can be provided upon request. The next steps are to accept feedback on this document. Feedback is due by the end of April. The complete model will be presented at the next meeting for review and feedback and will continue moving through the MAG Committee approval process.

6. Maricopa County Needs Assessment

This topic will be rescheduled for a future meeting as representatives were unable to attend the meeting.

7. Expect More Arizona

Chair Jonovich invited Pearl Chang Esau, Expect More Arizona, to offer an overview of the organization and the issues in education affecting the state. Ms. Esau provided a brief history of the organization noting the program began as a statewide public awareness campaign to make education the top priority in Arizona. Early efforts included awareness campaigns and initiatives. Three years later, the founding council determined the next step would be to move from awareness to action. She noted recent polls indicate education is now a top priority in Arizona. They questioned how to take the concerns of Arizonans and turn them into a grassroots statewide movement. Ms. Esau was then hired to transition the organization into a 501(c)3. She is currently building the organization's structure, next steps, and strategic plan.

Ms. Esau shared the Expect More Arizona vision and mission. She provided an overview of the state's academic achievement compared to national data. The statistics reflect students are below proficiency in reading and math and that 50 percent of graduates do not qualify to enroll in Arizona's public universities. Ms. Esau stressed the importance of everyone's participation to ensure success in the educational system.

The building blocks for a world class education from birth to career were discussed. Building blocks include world class academic outcomes, global leadership, commitment to all students, strategic investment, collective impact and highly effective educators and leaders. Ms. Esau stressed the importance of working collaboratively to ensure wrap-around services to ensure student's needs are met. She highlighted a group of 15 agencies convening around collective impact to research public communication and outreach. They include the Department of Education, the Governor's Education Council, First Things First, and the Charter School Association among others.

Expect More Arizona's current campaign focuses on parent engagement. Efforts include a multi-media public awareness campaign on television, radio, print and online. An interactive website engages families and children with college and career

planning guides and checklists. It was noted outreach and presentations are being conducted throughout the state. Ms. Esau discussed the need for greater partnerships and discussed several options such as offering presentations to city council, staff or community partners, sharing information through agency newsletters, intranets and websites, and signing up to join the movement through www.ExpectMoreArizona.org.

Ms. Gaskins discussed the efforts of many local nonprofits and their capacity. She recommended contacting local non profits and sharing the idea of collective impact to be able to strengthen their ability to offer resources. Additionally, she suggested financial assistance in the form of grants, funded by Expect More Arizona, would increase the opportunity for local nonprofits to participate to a greater extent. Ms. Esau agreed Expect More Arizona can help to build up alignment and collaboration across the state.

Chair Jonovich inquired how Expect More Arizona relates to Helios Education Foundation. Ms. Esau advised that Paul Luna, President and CEO of Helios, is Chairman of the Board for Expect More Arizona. Ms. Esau discussed the two collective impact childhood initiatives occurring through Helios. Expect More Arizona will be a partner in communicating these initiatives to the public. Ms. Esau advised outreach efforts have been conducted through districts, schools and nonprofits. Presentations have also been offered to city and state agencies as well as retirement communities. She welcomed suggestions for any other groups within the community that they can reach out to.

8. Heat Relief Network

Brande Mead, MAG, shared information on Heat Relief efforts for 2012. MAG is partnering with municipalities, non-profits and faith-based organizations to coordinate the Regional Heat Relief Network. The Network began in 2006 and has grown from 20 partners to 75 partners. Last year, there were 75 hydration and refuge locations across the community and 46 water donation collection sites. Ms. Mead expressed her gratitude to everyone who has participated in the Heat Relief Network.

The Network is a web of community volunteers that are able to provide a place where community members can make donations; a hydration station for individuals to get water; and a refuge location where individuals can get out of the heat. The City of Phoenix has expanded the Network to provide wellness checks for elderly homebound seniors during the summer. Ms. Mead noted data has shown that the number of people dying in the community as a result of the heat includes homebound seniors.

Ms. Mead advised most cities and towns have responded to the invitation to participate. She offered to present at any meetings as requested. MAG is developing a map of all locations to be distributed among the community. The Heat Relief Network begins in May and runs through September. However, information for the maps is collected throughout the summer and maps will be updated as needed.

Chair Jonovich encouraged everyone to participate noting the Heat Relief Network is a great way to serve local communities during the hot summer months.

9. Request for Future Agenda Items

Committee members were given an opportunity to suggest topics or issues of interest they would like to have considered for discussion at a future meeting. Staff will follow-up to reschedule the Maricopa County Needs Assessment presentation. No additional requests were submitted.

10. Comments from the Committee

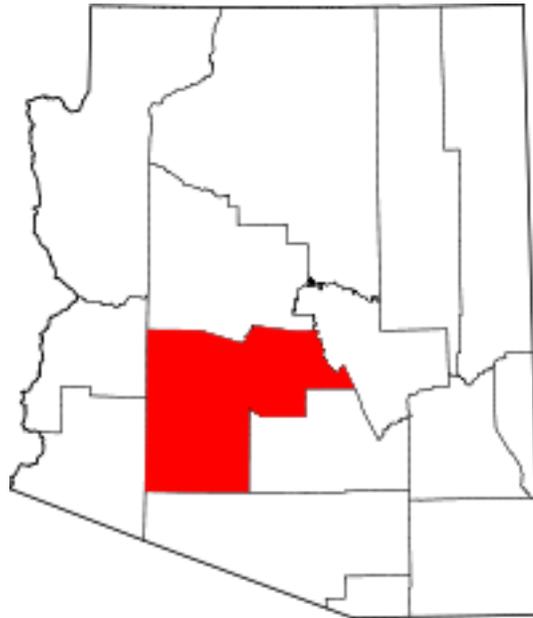
Committee members were given the opportunity to share comments or information related to community events. No comments were made.

11. Adjourn

The meeting adjourned at 1:53 p.m. The next meeting is scheduled for Wednesday, May 17, 2012 at 1:00 p.m.

Planning for the Next 100 Years:

**How will the needs and talents of people
age 65 years and older be addressed by
local governments?**



**The Maricopa Association of Governments
Municipal Aging Service Project Toolkit**

Acknowledgements

The Municipal Aging Services Project (MASP) could not have been completed without the help of the many people who have shared their wisdom and insights by participating in focus groups, the community survey, and by attending the community forum. The willingness of community partners to be a part of this process is deeply appreciated. Thanks also goes to the Virginia G. Piper Charitable Trust for its support of the MASP and to all those community partners who have reached out and shared best practices, models, programs, and research.

MAG Human Services Coordinating Committee

Vice Mayor Trinity Donovan, City of Chandler
Councilmember Alex Finter, City of Mesa
Barbara Lloyd, Tempe Community Council
Mayor Marie Lopez Rogers, City of Avondale
Councilmember Manuel Martinez, City of Glendale
Councilmember Michael Nowakowski, City of Phoenix, Chair
Vice Mayor JoAnne Osborne, City of Goodyear, Vice Chair
Councilmember Jordan Ray, Town of Gilbert
Supervisor Mary Rose Wilcox, Maricopa County Board of Supervisors
Councilmember Mike Woodard, City of Surprise

MAG Human Services Technical Committee

Mary Berumen, City of Mesa
Kyle Bogdon, DES/ACYF Child Protective Services
Krista Cornish, Town of Buckeye
Naomi Farrell, City of Tempe
Janeen K Gaskins, City of Surprise
Laura Guild, Arizona Department of Economic Security
Jeffrey Jamison, City of Phoenix
Deanna Jonovich, City Of Phoenix, Chair
Jim Knaut, Area Agency on Aging Region One
Margarita Leyvas, MCHSD Community Services Division, Vice Chair
Joyce Lopez-Powell, Valley of the Sun United Way
Steven MacFarlane, City of Phoenix
Jayson S. Matthews, Tempe Community Council
Leah Powell, City of Chandler
Cindy Saverino, Arizona Department of Economic Security
Sylvia Sheffield, City of Avondale
Carol Sherer, Arizona Department of Economic Security

Municipal Aging Services Stakeholder Group

Brad Astrowsky, Maricopa County Attorney's Office
Kim Bauman, City of Tempe
Toni Bourland, City of Chandler
Gary Bretz
Karen Brown, A New Leaf
Wally Campbell, City Of Goodyear
Crystal Castle, PPEP Encompass
Rita Coronado, City of Peoria
Marcella Crane, Developmental Disabilities Planning Council
Jim Crocker, City of Chandler
Jack Davis
Denise Demaray, City of Chandler
Dan Demers, Central Arizona Shelter Services
Vivian Diaz, Housing Association of Maricopa County
Kathy DiNolfi, Mesa CAN and Shelter Services
Pam DiPietro, Foothills Food Bank
S. Dubow, Via Linda Senior Center
Cindy Ensign, City of Scottsdale
Beth Fiorenza, Tempe Community Action Agency
Peggy Goldberg, City of Tempe
Gina Griffiths, Scottsdale Training and Rehabilitation Services
Tracy Gruenberger, Lutheran Social Services of the Southwest
Laura Guild, Arizona Department of Economic Security
Gary Hardy, Central Arizona Shelter Services
Mary Hartle-Smith, MAG Associate
Darlene Howard, The Salvation Army Senior Activity Center
Carolyn Hutchens, Foundation for Senior Living
Annette Iniguez, Foundation for Senior Living
Jeffrey Jamison, City of Phoenix
Carole Joyce
Amber Justesen, Town of Buckeye
James Keylon
Bryan Kilgore
Christine Kramer, Blessings for Seniors Companion Care LLC
Steve Laughary, East Valley Committee on Aging
Barbara Lawrence, About Care
Michelle Lee, Arizona Republic
Kevin Lichtenthal, Arizona Department of Economic Security
Vincent Lopez, Maricopa County Department of Public Health
Anna Maria Maldonado, Care1st Health Plan Arizona
Cecilia Menjivar, ASU School of Social and Family Dynamics
Tim Miluk, City of Scottsdale

Melanie Mitros, Arizona Living Well Institute
Nick Molinari, City of Scottsdale
Walter Morlock, Connected Centers
Christie Munson, Beatitudes Campus
Debra Olson, Southwest Family Advocacy Center
Eva Ordóñez Olivás, Phoenix Revitalization Corporation
Sheila Patton, Care 1st
Louise Pelissier, Wheel Help
Brandon Ramsey, Mosaic of Arizona
Christopher Reams, City of Avondale
Lora Reid, Valley of the Sun United Way
Kathy Rood, Jewish Family and Children's Services
Heidi Ross, Area Agency on Aging
Josie Salas, Foundation for Senior Living
Cindy Saverino, Arizona Department of Economic Security
Ellie Schwartzberg, Jewish Family and Children's Service
Brian Scott, Friendship Village of Tempe
Sylvia Sheffield, City of Avondale
Carol Sherer, Arizona Department of Economic Security
Lani St Cyr, Arizona Department of Economic Security
Janet Strauss, RPTA
Rex Stroke, Without Walls/Manna Food Bank
Emily P Taylor, Civic Service Institute at Northern Arizona University
Ellen Terry, East Valley Adult Resources
Eleanor Walker
C. Weatherford, Arizona Department of Economic Security
Kathy Wilson PhD, United Way of Tucson and Southern Arizona
Virginia Workman, Foothills Caring Corps.
A. Wright, Arizona Department of Economic Security
Philip Yabes, Town of Buckeye Community Services
Judy, A Perfect Place Adult Day Care

City Leaders Institute - Phoenix Team

Michelle Dionisio, Benevilla
Cindy Ensign, City of Scottsdale
Mary Lynn Kasunic, Area Agency on Aging, Region One
Carol Kratz, Virginia G. Piper Charitable Trust
Joe E. La Rue, Sun Health Senior Living
Amy St. Peter, Maricopa Association of Governments
Mayor Greg Stanton, City of Phoenix

Participating Agencies

Arizona Department of Economic Security
Avondale Senior Center
Chandler Senior Center
Chinese Senior Center
Chris Ridge Village
El Mirage Senior Center
Foothills Caring Corps.
Golden Gate Community Center
Marcos de Niza Senior Center
Mesa Active Adult Center
Native American Community Senior Center
Neighbors Who Care
North Tempe Senior Center
Olive Branch Senior Center
Red Mountain Senior Center
Senior Center Managers
Tempe Escalante Senior Center
The Salvation Army
Wheel Help

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Executive Summary

The Municipal Aging Services Project (MASP)

This project has been designed to create a framework for how local governments respond to the needs and talents of people aged 65 years and older. This project was undertaken in order to better understand how government can effectively build on the resources of older adults and respond to the changing needs of the growing population aged 65 and over in collaboration with a diverse array of partners including non-profits, senior community organizations and faith-based communities.

Throughout MASP, MAG has utilized best practices, research, and community engagement to develop an aging services framework and toolkit for use by local governments.

The Aging Services Framework has been designed around the following principles:

- **Build on the best of what exists**—It is important to understand what is already working that can provide the building blocks for future services, supports, and infrastructure.
- **Engage older adults as a resource**—The aging adult population can be a powerful community asset. Aging Boomers have much to offer and they understand their needs and desires better than anyone.
- **Research and implement best practices**—There's no need to re-invent the wheel. It is important to highlight and draw-upon local and national best practices. As a result, research of best emerging best practices has been an integral part of MASP and the findings are included as part of this report.

Research and engagement for MASP has taken place in three phases:

- **Phase I—Inventory:** Phase One of the project began with an inventory of existing services and exploration of the current role and services supported by local government. In total, 135 stakeholder interviews were completed. The interview results identified two important needs of seniors: transportation and socialization.
- **Phase II—Community Engagement:** Phase Two sought to engage the community by conducting focus groups throughout the region. Nineteen focus groups were held with a total of 206 participants. The findings of the focus group supported the original findings of the interviews, but offered additional detail to issues affecting seniors. In order to test the results of the interviews and focus groups, MASP conducted a randomly sampled mail and phone survey of 1,000 regional residents aged 55 and over. Finally, community partners from across the region were invited to a community forum on February 15, 2012. The purpose of the event was to begin the process of aligning and organizing the region to proactively support healthy

aging. This event was designed to gather input for the creation of a framework for government interventions and supports, with defined roles for local governments.

- **Phase III—The Model:** This represents a synthesis of the research and community engagement findings. The findings have driven the development of a list of actionable strategies that can be used to guide the governments response to providing services to those age 65 years and older moving forward.

Supported by Virginia G. Piper Charitable Trust funds, this toolkit provides a framework that local governments can use when designing support services for older adults. The result will be that the needs of older adults can be met in the most effective, cost efficient manner.

Recommendations summary

What follows is a summary of recommendations that has been developed through the significant engagement of stakeholders throughout the region. A more detailed description of these, along with action steps and resources, can be found in the full report, along with a list of national and local resources and programs (Appendix II).

Support People Aging in Place

Integrate aging in place into planning processes.

- Add action/elements that support aging in place to general plans and other municipal planning documents.
- Conduct studies utilizing community engagement to ascertain how proposed services will impact people age 65 and older.
- Include specific elements for Request for Proposal (RFP) processes that support people aging in place.

Make it possible for people to age in place through program and service options.

- Provide ways of serving seniors in their homes and close to their homes.
- Ensure safety through fall prevention.
- Promote preventative health services.
- Meet caregiver needs.

Promote Transportation Options

Provide alternatives to the car

- Utilize taxi-cab voucher programs.
- Focus on integrated approaches.

- Increase accessible transportation options.
- Increase visibility and awareness.

Promote safe roads and safe drivers

- Develop complete streets.
- Create walkable communities.
- Support safe driving.

Increase Social Participation

Keep older adults active and engaged

- Engage seniors as volunteers and employees.
- Provide intergenerational programming.
- Increase awareness and advocacy by supporting elder economic security and community development.

Re-imagine senior centers and create prototype senior center of the future

- Conduct a regional assessment.
- Replicate local and national best practices.
- Become more market, boomer, and consumer driven.

Increase Organizational Capacity

Explore innovative funding partnerships

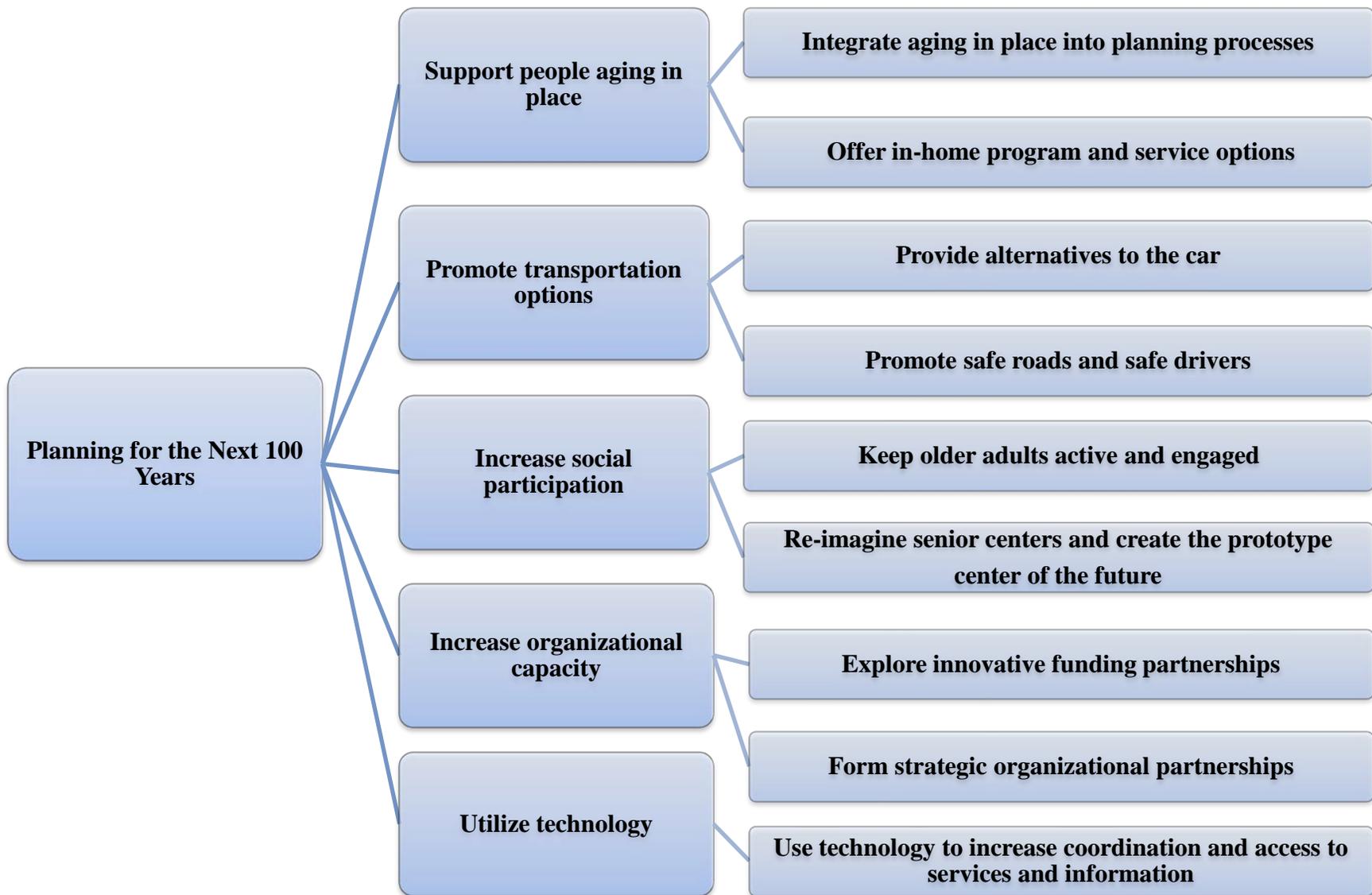
- Support alternative or creative funding options.

Form strategic organizational partnerships

- Coordinate education and training opportunities.
- Build a strong coalition of supporters.
- Co-locate services.

Utilize Technology

Use technology to increase coordination and access to services and information.



The Future

Although this report represents a culmination of the MASP and provides a road map for moving forward, the work is not yet done. The MAG Human Services Technical Committee (HSTC) and the MAG Human Service Coordinating Committee (HSCC) will build on the recommendations and priorities identified during the Community Engagement phase. If you would like to learn more about this project, please visit the MAG website where all information pertaining to this project is posted, <http://www.azmag.gov/Projects/Project.asp?CMSID=3845&MID=Human%20Services>.

Introduction

The Municipal Aging Services Project (MASP)

This project has been designed to create a framework for how local governments respond to the needs and talents of people aged 65 years and older. This project was undertaken in order to better understand how government can effectively build on the resources of older adults and respond to the changing needs of our growing population aged 65 years and over.

Throughout MASP, MAG has utilized best practices, research, and community engagement to develop an aging services framework and toolkit for use by local governments.

The Aging Services Framework has been designed around the following principles:

- **Build on the best of what exists**—It is important to understand what is already working that can provide the building blocks for future services, supports, and infrastructure.
- **Engage older adults as a resource**—The aging adult population can be a powerful community asset. Aging Boomers have much to offer and they understand their needs and desires better than anyone.
- **Research and implement best practices**—There's no need to re-invent the wheel. It is important to highlight and draw-upon local and national best practices. As a result, research of best emerging best practices has been an integral part of MASP and the findings are included as part of this report.

The Municipal Aging Service Project Toolkit

Supported by Virginia G. Piper Charitable Trust, this toolkit draws on the significant community engagement that was undertaken as a part of the MASP, and provides a framework that local governments can use when designing support services for older adults. The result will be that the needs of older adults can be met in the most effective, cost efficient manner.

The changing demographics

According to the US Census Bureau, the 2011 population of Maricopa County is 3.8 million, with people age 65 and older accounting for 12 percent, or just under 463,000¹.

From 2000 to 2010 the MAG region saw tremendous growth in the population age 65 and older—an increase of 103,662 individuals, or 28.9 percent. Projections for future growth predict even greater increases; it is expected that by 2020 the 65 years and older population will grow by 237,000, an increase of 51 percent.

The aging of the “Baby Boomers” is a major contributor to this growth. In 1946 the country began to experience the post-World War II “Baby Boom.” The last of the Baby Boom generation was born in 1964; the oldest boomers turn 66 in 2012. Over the next few decades the percent of the population ages 65 and older will continue to rise as the Boomers age and as life expectancies increase due to improved healthcare.

A closer look at those age 65 years and older

The aging population does not represent a uniform group of people. There is great diversity. The 2010 Census and the American Community Survey (ACS) provide further insight into the population age 65 years and older in the region.

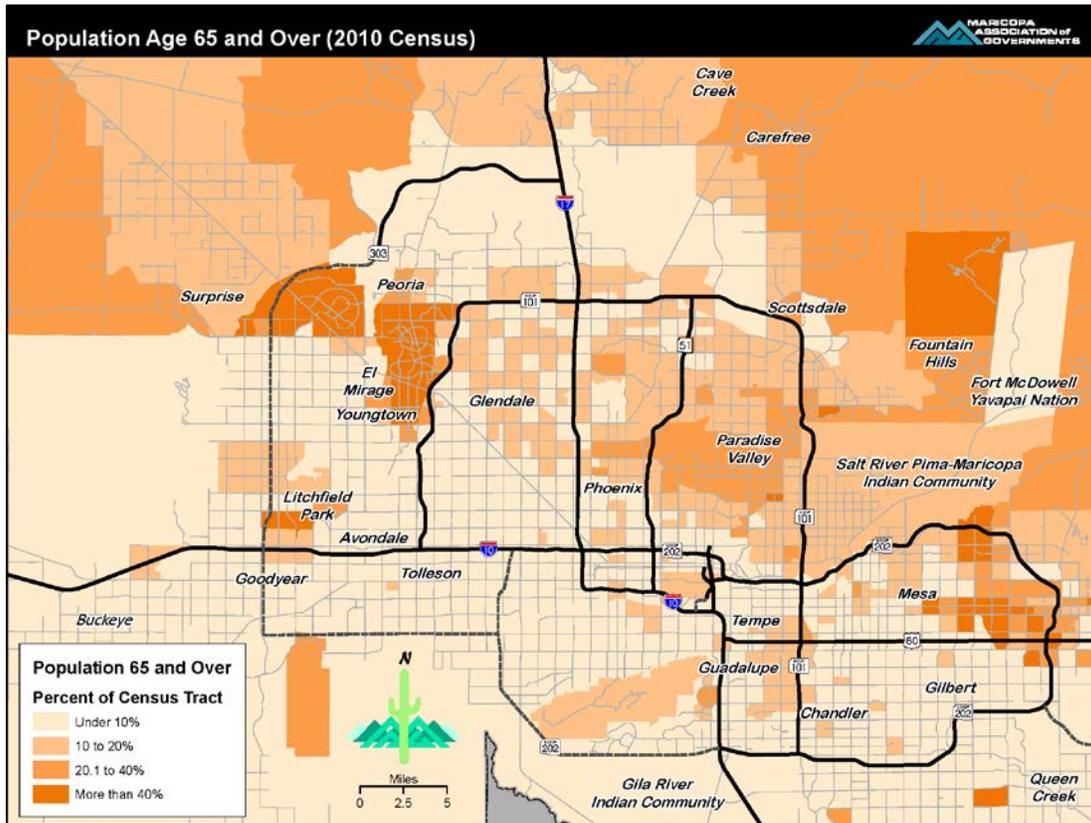
- **Disability**—Of the non-institutionalized population 65 years and older, 144,000 (or 31.5 percent) report having some form of disability. The ACS notes that disability could be any one of six types: hearing difficulty, vision difficulty, cognitive (mental) difficulty, self-care difficulty, ambulatory difficulty (physical difficulty), and independent living difficulty.
- **Poverty**—The ACS also measures income against the federal poverty level. For 2010, almost seven percent of the population age 65 years and older in Maricopa County reported income below the federal poverty level.
- **Ethnicity, race, and primary language**—The 2010 Census indicates that 29.6 percent of Maricopa County residents are of Hispanic or Latino origin. Of the population aged 65 years and older, 9.3 percent reported being of Hispanic or Latino origin. Fourteen percent of the 65 years and older population speak a language at home other than English. Of those, 30 percent speak English “not well” or “not at all.”

Implications of the changing demographics

In some ways, people over the age of 65 years in the MAG region enjoy a number of benefits. Many are living longer, healthier lives. This is also the most educated generation of older adults the country has seen. According to the 2010 American Community

¹ U.S. Census Bureau, <http://quickfacts.census.gov/qfd/states/04/04013.html>

Survey, 85.8 percent of Maricopa County adults 65 years and above are high school graduates or above; 25.2 percent have a bachelors degree or above².



Despite these advantages, an increasing number of older adults are delaying retirement because the recession has depleted their savings and investments. Additionally, the MAG region is highly mobile; it is common for family and friends to live in other parts of the country, leaving those in need without an adequate support system.

According to a MAG study, senior services and centers were among the services to receive the most funding reductions in the recent years of state funding cuts. In total, more than \$2 million was cut from the region’s municipal funding from FY 2009 to FY 2010 for these services. Ancillary services such as transportation services, critical to older adults, were reduced by more than \$1.3 million.

MAG, being uniquely positioned to partner with local governments, nonprofit agencies, and older adult communities, has undertaken this project to respond to these changes and

² 2010 American Community Survey,
http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_10_1YR_S1501&prodType=table

to develop a new approach based on current demographics, dynamics, and the resources of the region.

The Municipal Aging Services Project (MASP)

To learn more about the impact of the region's demographic, funding and expectation shifts, the last year has been spent listening and engaging older adults, those who provide services to older adults, and those who are concerned about how best to support older adults.

Research and engagement for MASP has taken place in three phases:

- **Phase I—Inventory:** Phase One of the project began with an inventory of existing services and exploration of the current role and services supported by local government. In total, 135 stakeholder interviews were completed. The interview results identified two important needs of seniors: transportation and socialization.
- **Phase II—Community Engagement:** Phase Two sought to engage the community by conducting focus groups throughout the region. Nineteen focus groups were held with a total of 206 participants. The findings of the focus group supported the original findings of the interviews, but offered additional detail to issues affecting seniors. In order to test the results of the interviews and focus groups, MASP conducted a randomly sampled mail and phone survey of 1,000 regional residents age 55 and over. Finally, community partners from across the region were invited to a community forum on February 15, 2012. The purpose of the event was to begin the process of aligning and organizing the region to proactively support healthy aging. This event was designed to gather input for the creation of a framework for government interventions and supports, with defined roles for local governments.
- **Phase III—The Model:** This represents a synthesis of the research and community engagement findings. The findings have driven the development of a list of actionable strategies that can be used to guide the government response to providing services to those age 65 years and older moving forward.

The Future

Although this report represents a culmination of the MASP and provides a road map for moving forward, the work is not yet done. The MAG Human Services Technical Committee (HSTC) and the MAG Human Service Coordinating Committee (HSCC) will build on the recommendations and priorities identified during the Community Engagement phase. If you would like to learn more about this project, please visit the MAG website where all information pertaining to this project is posted, <http://www.azmag.gov/Projects/Project.asp?CMSID=3845&MID=Human%20Services>.

Section II—Best Practice Highlights

MAG conducted a local and national search to identify models and best practices that could inform the MASP. The following section highlights two initiatives that represent comprehensive public and private partnerships that informed the work of the MASP. The first initiative highlighted is the BoomerANG Project from Montgomery County, Pennsylvania. The second is the Atlanta Regional Commission Lifelong Communities (ARC) project from Atlanta, Georgia. The goal of both initiatives is to create communities that are prepared to meet the needs of current and future generations of older adults.

In addition to the two initiatives mentioned above, work is referenced from the Center for Civic Partnerships, an organization based out of Sacramento, California, but whose work extends across the nation. The Center has created a comprehensive toolkit, which is also highlighted below, to assist local governments in planning and implementing strategies to assure older adults can age in place.

Finally, this section also includes some information regarding emerging “themes” in the best practices. These are not specific to one initiative or another, but are more general recommendations that have emerged from both the best practices research and also through the community engagement phase of the MASP.

Best Practices—Initiatives

- **The BOOMER *ANG Project (*Aging's Next Generation)³**—This project is a public/private partnership between the Montgomery County, Pennsylvania, Office of Aging and Adult Services and several private foundations. Montgomery County is proactively preparing itself and its citizens, organizations, institutions, and governmental entities to redefine older adult services and opportunities for both its current and future populations. The Boomer*ANG Project seeks to determine:
 - What the focus for and definition of services should be for older adults in an "Aging-Friendly" Montgomery County (through 2015).
 - How the Montgomery County Office of Aging and Adult Services (MCAAS) can make better and more informed decisions for future planning.
 - What new services should be created and implemented.
 - What the most productive partnerships and alliances will be and how they should be cultivated.

³ The BoomerANG Project, Montgomery County, Pennsylvania, January 2006 Final Report Prepared by Michael Marcus, MSW Consultants for Community Resources and John Migliaccio, Ph.D. Matury Mark Services Company <http://mcaas.montcopa.org/mcaas/cwp/view.a.1505.q.45263.asp>

- How to create a “senior savvy” community oriented to aging-related opportunities in each region of Montgomery County.
 - How to engage the larger Montgomery County community in preparation for its demographic evolution.
- **Atlanta Regional Commission Lifelong Communities⁴**—The Atlanta Regional Commission (ARC) is the regional planning and intergovernmental coordination agency for a 10-county area in Georgia, which includes the City of Atlanta. For 60 years, ARC and its predecessor agencies have helped to focus the region's leadership, attention and resources on key issues of regional consequence. “ARC is dedicated to unifying the region's collective resources to prepare the metropolitan area for a prosperous future”⁵. It does so through professional planning initiatives, the provision of objective information, and the involvement of the community in collaborative partnerships.
 - **ARC's vision**—The Atlanta Regional Commission is the regional leader in identifying values, developing policies and executing plans that matter to residents and communities that ensure competitive advantage and that preserve long-term sustainability.
 - **ARC's mission**—The Atlanta Regional Commission will demonstrate professional and forward-looking leadership to ensure sustainable growth and competitive advantage by focusing and balancing environmental responsibility, economic growth, and social needs.

As in this region, the older adult population in the Atlanta region is growing at a tremendous rate. Most individuals over 60 years have lived in the region for at least three decades and plan to stay for many more. But the cities, counties and neighborhoods are not designed for an aging population. In its work to build Lifelong Communities (LLC) ARC is focused on creating places where individuals can live throughout their lifetime; places that provide a full range of options to residents, insuring a high quality of life for all. Kathryn Lawler from the Atlanta Regional Commission was the keynote speakers at the February 15, 2012 Community Forum. She shared valuable lessons learned during their efforts to create Lifelong Communities in the Atlanta region.

- **Center for Civic Partnerships**—Eighty million members of the boomer generation (born between 1946–1964) have reached, or are approaching, the traditional retirement age of 65. These boomers overwhelmingly want to age in place. Yet few communities are prepared to meet the needs of older residents, or to engage these residents in civic life. The Center for Civic Partnership's

⁴ Atlanta Regional Commission Lifelong Communities, Lifelong Communities Handbook: Creating Opportunities for Lifelong Living Promoting Housing Options for Older Adults through Zoning Guidelines from the Atlanta Regional Commission, February 2007, www.atlantaregional.com/llc.

⁵ The Atlanta Regional Commission, <http://www.atlantaregional.com>

Community Planning for Aging Well in Communities Toolkit for Planning, Engagement & Action⁶ is a resource for local governments prepared to assist in meaningfully engaging older adults through focus groups, resident surveys, and public forums. The materials have ready to use guidelines, protocols, and questions for gathering input for older adults in planning for the future. This toolkit gives local governments the resources they need to successfully plan for aging well in their communities.

The toolkit:

- Defines the aging well planning process in manageable steps and gives specific guidance for each.
- Provides a structured process for gathering different types of information from different sources at different times.
- Offers ways to involve residents, local government, older adult service providers, businesses, faith communities, nonprofit organizations, and other stakeholders representing the diversity of the community in the planning process.
- Presents a path to a future where older residents can age in place while continuing to engage in and contribute to the community.

Best Practices: Themes

Those best practice themes that have emerged during the course of MASP include the following:

- **Include community engagement**—People over the age of 65 years have strong preferences and expectations about how they want to live as they age. They have much to offer the communities they live in, as employees and volunteers. There are two realms of engagement:
 - **Aging adults know what they need**—It is important to engage older adults in the planning of existing and future programs, and in the creation of resources, or services aimed at meeting their needs.
 - **Aging adults are a valuable source of human capital**—Older adults have much to offer and want to be involved and engaged through both employment and volunteer opportunities. It is important to fully utilize older adults as a community resource.
- **Work toward a systems approach**^{*}—Recently, it has been recognized that to address population level issues, the components, or entities, within a service delivery system need to act together, as a system, to leverage, magnify, and sustain impact. This requires that individual organizations focus both on

⁶ <http://www.civicpartnerships.org/docs/services/CHCC/aging-well-toolkit.htm>.

^{*} Appendix II includes a list of local, national and international resources.

providing high quality services and coordinating and aligning with other service providers. An emerging approach of this type of effort is called collective impact, and has been written about and promoted as a new way to solve social problems.⁷ Local government is uniquely positioned to bring groups together in order to catalyze such collaboration.

- **Become more client-focused**—There has been an increased focus with organizations adjusting their operations to be more market driven and consumer focused, and to partner with other organizations. Again, this is necessary to assure that supports to older adults are aligned with their desires and needs.
- **Explore alternative funding options**—The old models and funding streams that have led to the current system were not designed for the growing population of older adults, nor are they designed to align with the preferences and needs of the older adults of tomorrow. Private-public partnerships are a key element of innovative initiatives in this region and nationally. Throughout the MASP engagement process there has been recognition that local governments and service providers need to think creatively about partnerships, raising funds, and delivering outcomes in new ways, ways that are cost-effective and possible given this era of significant reductions in government funding.
- **Ensure cultural and linguistic competency**—In addition to demographic shifts affecting the size of the older adult population, the race and ethnicity of the older adult population is changing. Immigration increases in the region and nationally have created an increased demand for linguistically and culturally competent services.

Additional models and best practices from the region and other national and international efforts are listed in Appendix I.

Through best practice research, characteristics of other successful initiatives and tools have been identified. However, it is also understood that each region is unique. It is therefore important to meld the best practice findings with the results of the community engagement processes.

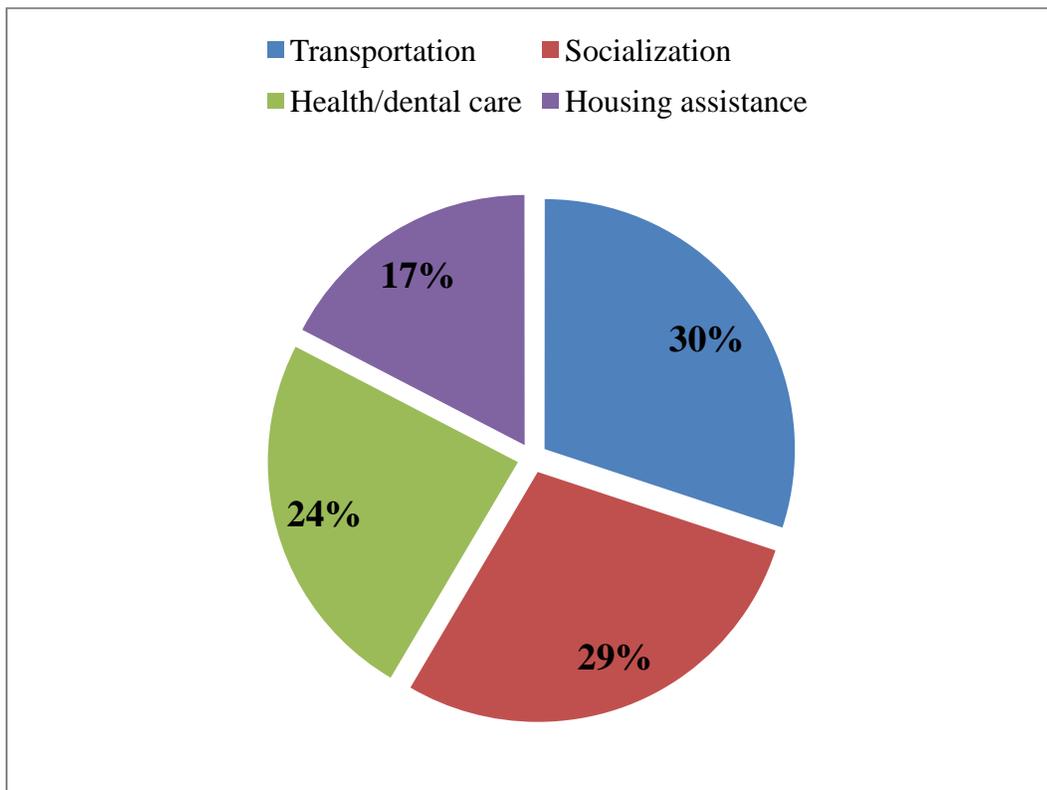
⁷ Collective Impact: Large-scale social change requires broad cross-sector coordination, yet the social sector remains focused on the isolated intervention of individual organizations. For more information: http://www.ssireview.org/articles/entry/collective_impact

Section III—Community Engagement Findings

To learn more about the impact of the growing population of residents, aged 65 years and above, and to understand their desires for the future, the last year has been spent listening to and engaging them through the following activities:

- **Key informant interviews**—With the support of community partners, 135 interviews with community stakeholders were conducted. These interviews drew the attention to the critical issues of transportation and social participation.

Most Needed Services Based on 135 Interviews



- **Focus groups**—To gain deeper insights into these areas, 19 focus groups were conducted with a total of 206 participants.
- **Random sampling survey**—In order to test the results of the interviews and focus groups, more than 1,000 individuals age 55 years and older were surveyed by mail and phone.

The focus groups were designed to provide an in-depth look into the lives of people over the age of 65 years. The information gleaned and the key findings in the areas of transportation and social participation were then used to inform the survey. Through this process, the focus group findings could be tested for accuracy with a larger and randomly selected population sample.

What follows are highlights of the survey findings. The full report of the survey findings is available on the MAG website.

General Issues:

- **Various Issues of Most Concern to Adult Households Aged 55 and Older.** Seventy-nine percent (79 percent) of respondents indicated they are “very concerned” or “concerned” with the affordability of health care. Of additional concern is losing the ability to drive (68 percent), personal health issues (67 percent), and health issues of a spouse age 55 or over (65 percent).
- **Adults Age 55 and Older Are Generally Satisfied with Services and Activities within Maricopa County.** Respondents indicated five services and activities that they are either “very satisfied” or “satisfied” with: public parks and trails (73 percent), volunteer opportunities (66 percent), active recreation opportunities (65 percent), arts and cultural amenities (62 percent), and community/senior center service (53 percent).
- **Reasons That More Often Prevent Households From Using Services for Adults Age 55 and Older.** Forty-three percent (43 percent) of respondents indicated a lack of awareness regarding services, while 37 percent indicated a lack of awareness regarding facilities. Other reasons preventing households from using services more often are “not enough time” (31 percent) and “I use services provided by other agencies” (16 percent).

Senior Centers:

- **Level of Use of Indoor Community Facilities Operated by Cities or Non-Profit Organizations.** Twenty-seven percent (27 percent) of households indicated that they use indoor community facilities operated by cities or non-profit organizations in Maricopa County. In contrast, 73 percent indicated they do not currently use such facilities.
- **Extending Hours at Community Centers is Important to Adults Age 55+.** Sixty-three percent (63 percent) of respondents indicated that maintaining longer hours of operation at community centers is either “very important” (32 percent) or “somewhat important” (31 percent). Only 13 percent of households indicated that this issue is not important.

Transportation:

- **Methods of Travel among Households in Maricopa County.** Ninety-four percent (94 percent) of respondents indicated that they drive a car or truck to

commute within Maricopa County. Walking is a travel method used by 47 percent of households. Other methods, such as riding with a friend or family member (25 percent), public transportation (18 percent), and bicycling (18 percent) were also frequently mentioned. Only 1 percent of respondents indicated they are homebound and unable to travel.

- **Methods of Travel Respondents Foresee Using Most Often Around Maricopa County in 10 Years.** Based on the sum of their top two choices, the methods of travel that households think they will use most around Maricopa County 10 years from now are: driving a car or truck (67 percent), riding with a friend or family member (32 percent), and public transportation (30 percent). In contrast to current usage, expected growth in population poses a concern for increased demand to current level of services such as Dial-A-Ride, which alone is foreseen to increase 12 times the current level. Dial-A-Ride is currently the most expensive form of transportation costing municipalities an average of \$35 a ride.

Looking into the Future:

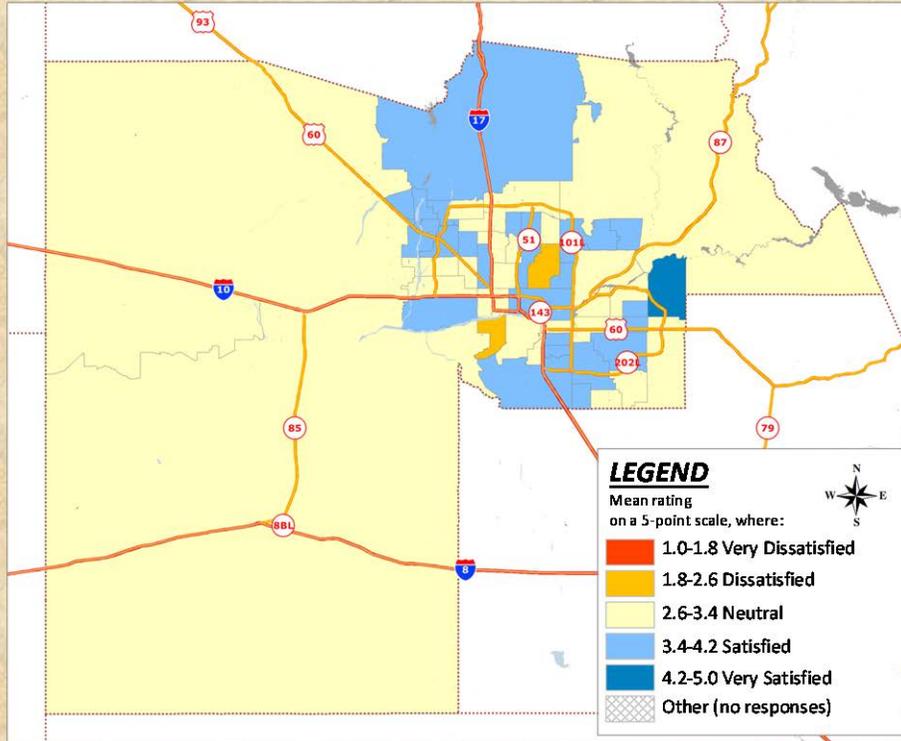
- **Residents' Vision for the Future of Maricopa County.** The issues respondents feel best represent their vision for the future of Maricopa County are: improved health care services (40 percent), a larger regional public transit system (38 percent), improved public transportation (31 percent), affordable housing (28 percent), and additional services to check on seniors living alone (26 percent).

Senior and Community Centers

Survey respondents reflect an active, engaged group who value time spent outside, serving others, and pursuing their interests. Although the numbers of people age 65 years plus are increasing dramatically, the numbers of people who frequent senior centers is on the decline in many areas.

- The survey findings show that people in just one area in the region indicate they are very satisfied with services currently offered at senior and community centers.
- Senior center participation varies by age and seems to peak at 75 to 79 years. Satisfaction with senior centers nearly mirrors the participation rates.
- Sixty three percent of respondents believe that it is very important or somewhat important for community centers or senior centers to be open longer hours.
- Eighty percent of respondents note that lack of awareness regarding facilities and services as reasons for not accessing services designed for age 55 years and above.
- The two groups with the highest participation rates are over the age of 75 years and the two groups with the lowest participation rates are below the age of 64 years.

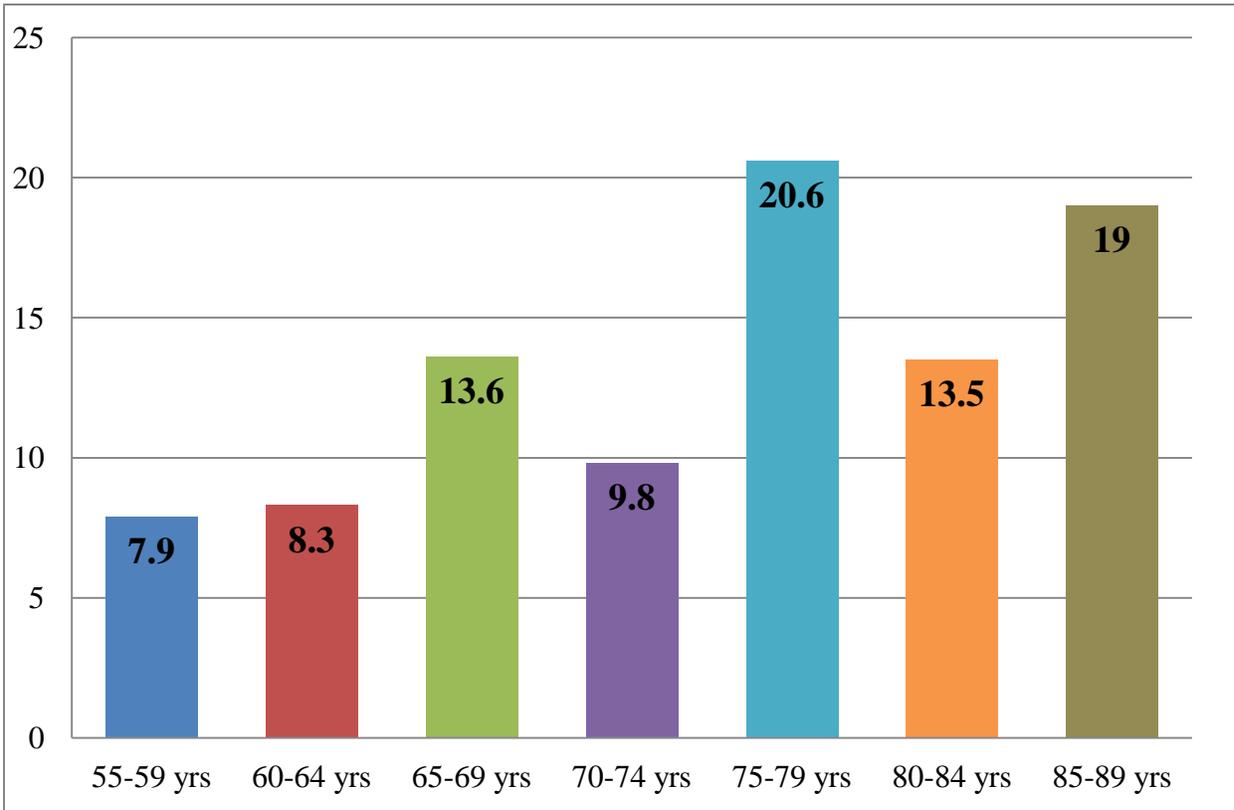
Community/senior center services



2012 Maricopa County Senior Survey

Shading reflects the mean rating for all respondents by ZIP (merged as needed)

Community/Senior Center Participation

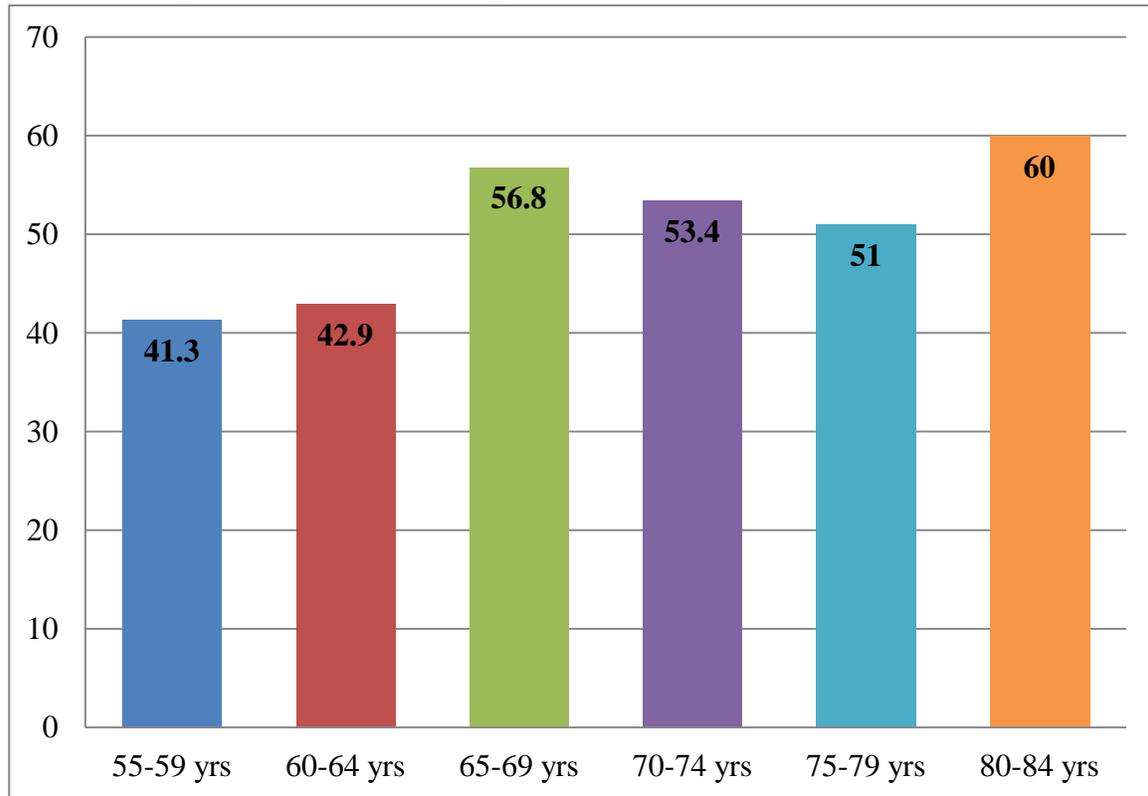


Satisfaction with meeting peers

Concern regarding social participation was a key finding from the focus groups. This theme was echoed in the survey findings:

- Satisfaction with opportunities to meet peers trends up with age. This may be impacted by the higher participation in senior centers.
- People aged 90 years plus have the highest rate of being satisfied with their ability to connect with their peers. However, a small sampling may present challenges with extrapolating the results to a broader population.

Satisfied/Very Satisfied with Meeting Peers

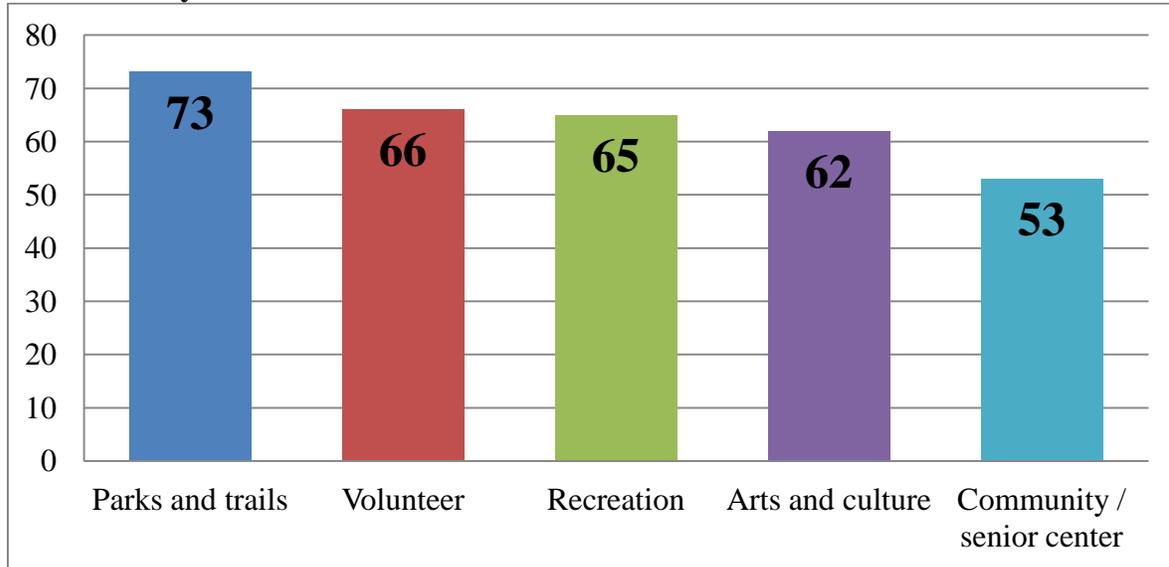


Satisfaction with Services

Respondents reflect an active, engaged group who value time spent outside, providing service to others, and pursuing their interests

- 73 percent are satisfied/very satisfied with parks and trails.
- 66 percent are satisfied/very satisfied with volunteer opportunities.
- 65 percent are satisfied/very satisfied with recreation.
- 62 percent are satisfied/very satisfied with arts and culture.
- 53 percent are satisfied/very satisfied with community/senior centers.

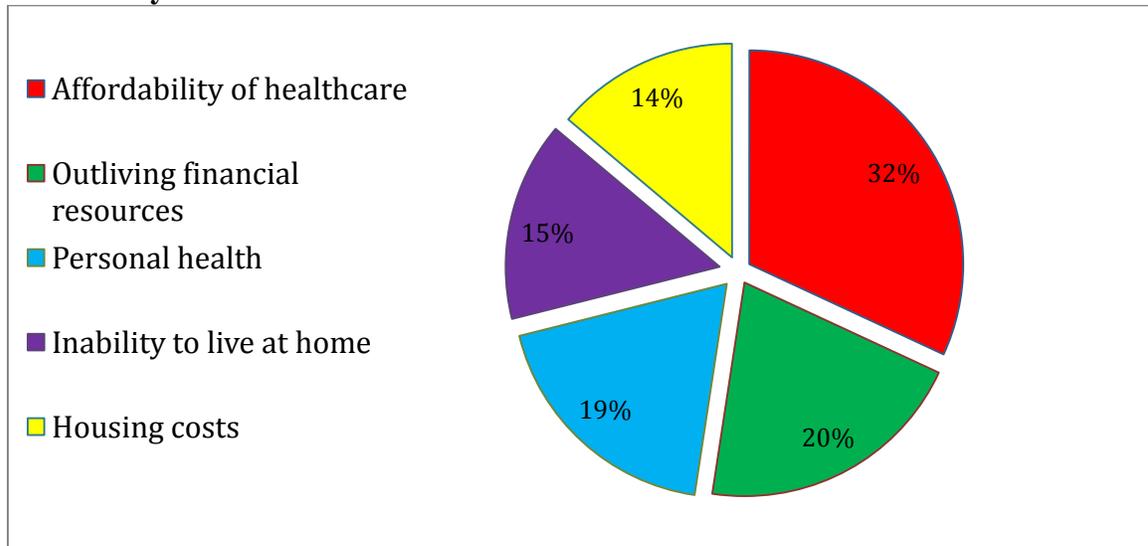
Satisfied/Very Satisfied with Services



Concerns for the Community

Respondents overwhelmingly spoke of their concerns with being able to afford healthcare, to remain in good health, and to keep their spouse in good health as well. While this older generation is in general healthier than their predecessors, more than a third reported their health has declined in the past two years. Many are concerned about living beyond their finances, especially with the impact of the recession. Concerns about income, health, and housing costs may contribute to concerns about being able to remain at home and age in place.

Community concerns



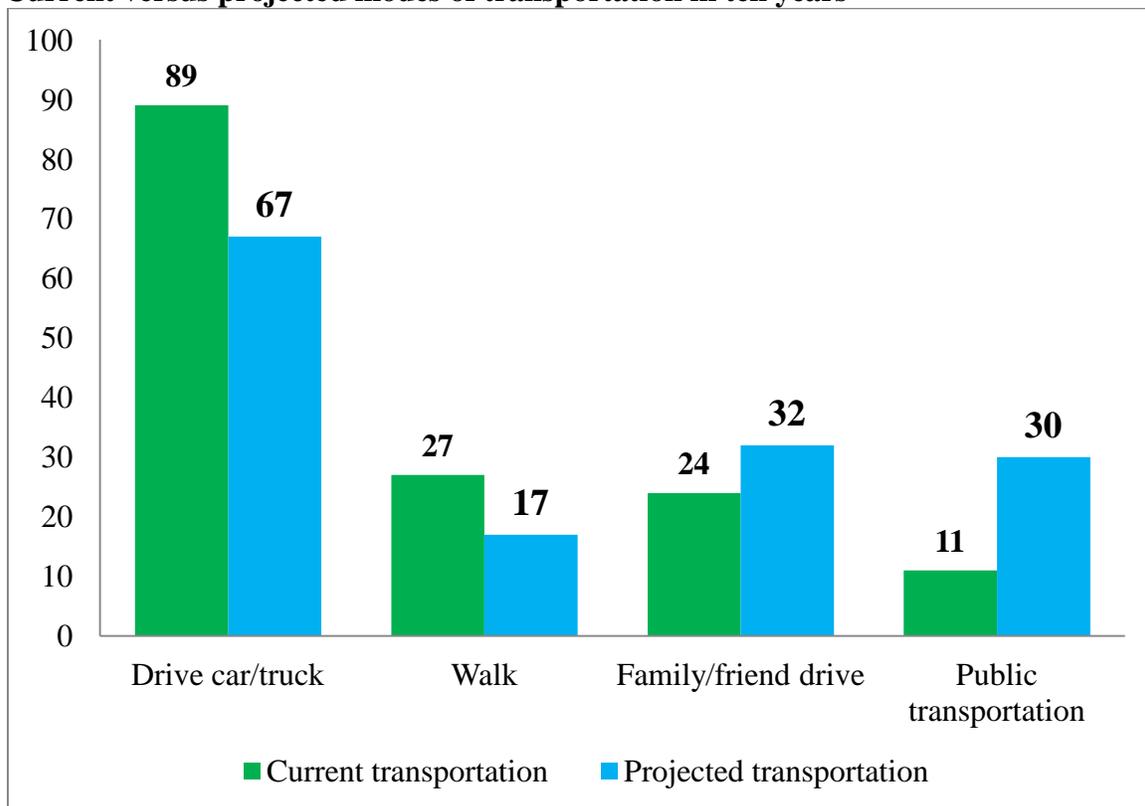
While the chart above identifies concerns, taken together, all of the services described in the slices of the chart are critical to people being able to age in place and live independently.

- Nearly half of adults aged 55 to 59 years report being dissatisfied with their employment opportunities. While some might not expect adults aged 85 to 89 years to still be looking for jobs, nearly a third in this age range report being dissatisfied with their job prospects.
- Dissatisfaction with public transportation is shared across all the age ranges with a high of 38.6 percent among 75 to 79 year olds and a low of 33.4 percent among 85 to 89 year olds.

Transportation

According to the survey results the vast majority of respondents currently prefer to drive. While 94 percent report driving, just under 90 percent report driving as their primary mode of transportation. Walking is a distant second choice, followed by getting rides from family and friends.

Current versus projected modes of transportation in ten years



The story changed dramatically when respondents were asked to project ten years into the future. Only two thirds still see themselves driving. Projected transit usage almost triples from 11 percent to 30 percent and Dial A Ride, estimated to receive the largest increase, goes from one percent to 12 percent in ten years. This increase would result in 84,000 people expecting to use para-transit services. Para-transit currently has 800,833 riders. It is the most expensive form of transportation at an average of \$35 a trip.

If the survey projections are correct, 210,000 seniors will be using transit by 2020. This dramatic projected increase in transit usage will place increasing demands on the transit system. And the region may not be well positioned to meet these rising demands.

According to the recent report from Transportation for America, [Aging in Place, Stuck without Options: Fixing the Mobility Crisis Threatening the Baby Boom Generation](#)⁸, the MAG Region is projected to rank sixth in the percentage of population 65 to 79 years with poor transit access in 2015, with 56 percent having poor transit access. MASP survey respondents echo these findings.

In the MASP survey, approximately a third of respondents stated that they were not satisfied with the public transportation system, 68 percent of respondents are concerned with losing their ability to drive. This has significant implications for road safety and access to services.

More needs to be done to plan for the growing need for an array of accessible transportation options throughout the region.

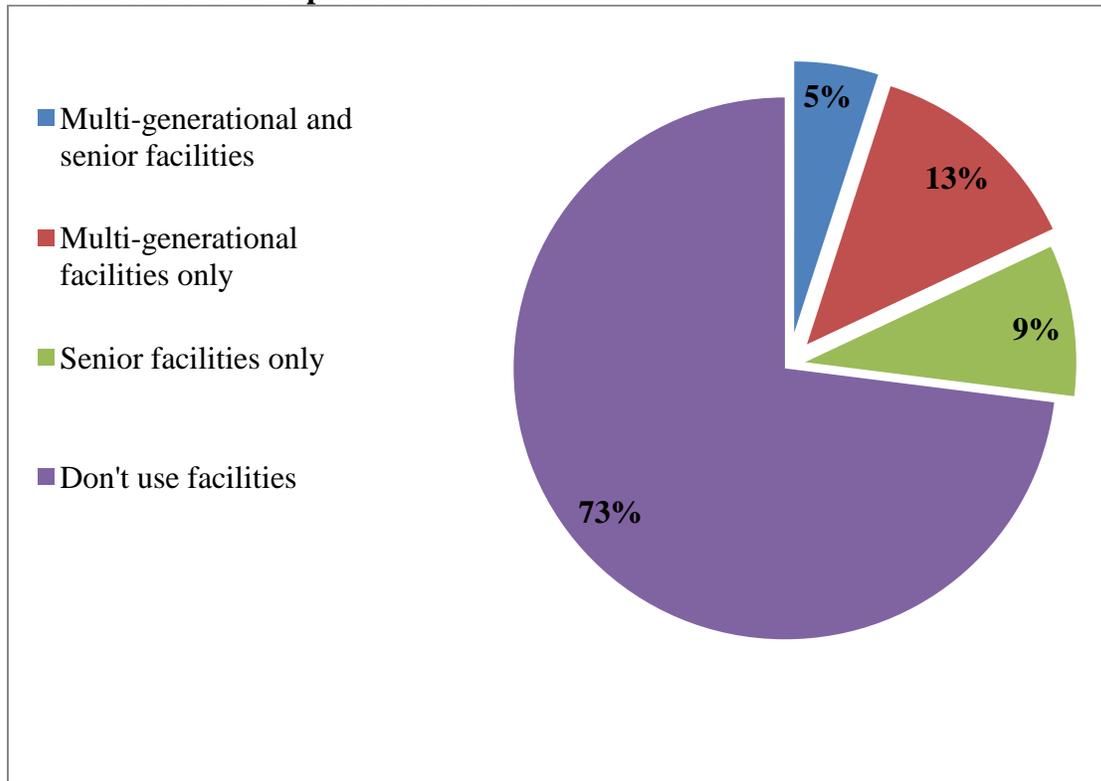
Access to Services

There are unmet needs in the community. However, the survey found that three quarters of respondents (73 percent) reported never using indoor facilities operated by local governments or nonprofit agencies. Within this number, 43 percent indicated lack of awareness as being the main reason. Nearly a third of respondents reported that they don't have time to visit these facilities. A smaller number, 16 percent, reported receiving support from other sources.

In addition to a lack of awareness, it is also possible that the services are not appealing to their target audience. Or that people cite a lack of time, when in reality they are shy of going to new places alone. In order to fully understand the nuances of this finding, further research is required.

⁸ Transportation for America, 2011. [Aging in Place, Stuck without Options: Fixing the Mobility Crisis Threatening the Baby Boom Generation](http://t4america.org/resources/seniorsmobilitycrisis2011), <http://t4america.org/resources/seniorsmobilitycrisis2011>.

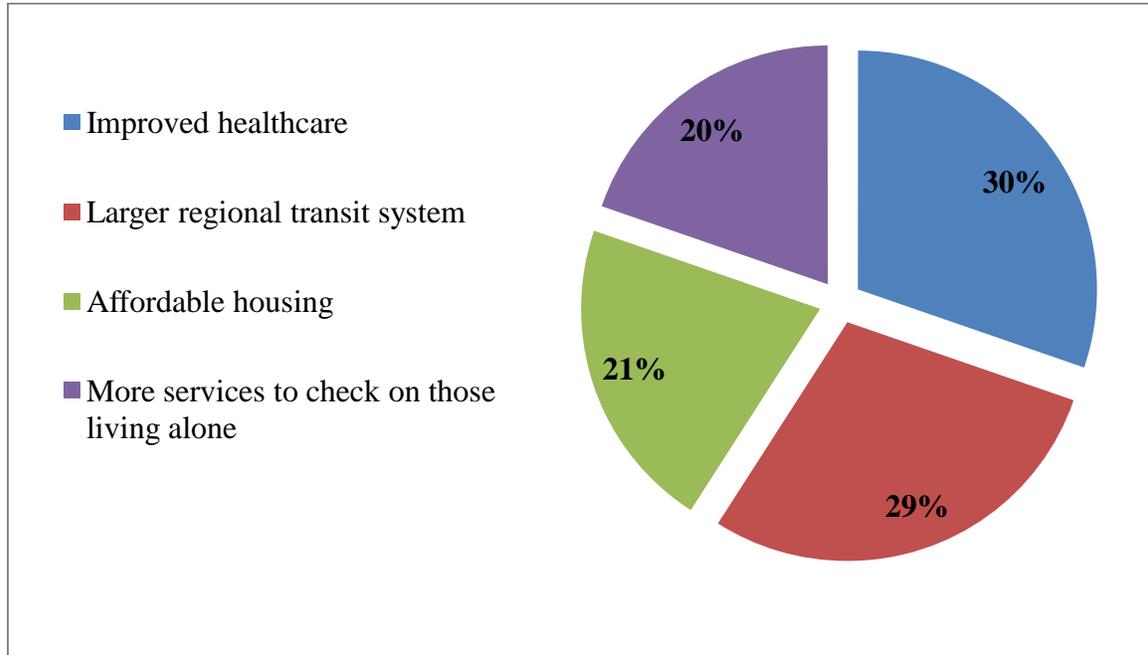
Use of Public and Nonprofit Facilities



Regional Priorities

Respondents to the survey voiced their priorities for the future as including improvements in healthcare, transit, the supply of affordable housing, and additional services to care for those living alone. People have expressed a strong fear of becoming prisoners in their own homes and being forgotten.

Priorities for the Future



Regional planning and intentional actions can prevent their fears from becoming their future. The priorities people have for the future have real implications for what local government needs to start doing today.

Highlights of Community Engagement

Adults aged 55 years and more expressed the following:

Transportation:

- The region needs a regional transit system that focuses on decreased wait times.
- Transportation should be responsive to seniors' needs making it affordable, accessible, on demand, safe, and reliable.
- Seniors tend to feel isolated from society when they do not drive or when they do not have transportation options.
- More should be done to keep seniors informed of available services and how to travel and access the system.

Socialization:

- Attending community centers and participating in activities helps enrich the lives of older adults.
- Senior center services and activities tend to end around 2:00 p.m. After 2:00 p.m., individuals return to their residences to solitude.
- Access to senior centers within local communities should include transportation.
- Barriers, such as cost, should be mitigated enabling individuals to participate in senior center activities.

Other Issues:

- Seniors face tremendous constraints as they outlive their financial resources. Many resolve to living beyond their income.
- In order to improve the quality of life for adults aged 55 years and more, it is imperative to improve health care options and reduce costs.
- Community liaisons are needed to advocate and help guide individuals through the various services and eligibility requirements.
- It would make it easier if more all-inclusive communities existed where individuals would have access to “one-stop shops” with easy access to shopping, clinics, and banking.

Moving Forward

The results of MASP are two-fold. What follows in the recommendations section is a summary of priorities that have been raised through the process. These will serve to align and leverage the ongoing regional work to address the needs of people aged 65 and above.

However, the work does not stop here. Through MASP, the MAG region has been selected as one of just five communities in the country to participate in the MetLife Foundation City Leaders Institute. The Institute provides an opportunity to initiate a pilot in the MAG region to facilitate aging in place⁹. It is funded by the MetLife Foundation and implemented by Partners for Livable Communities.

The Village movement may be an option to provide opportunities to socialize, check in on people living alone, and provide referrals to an array of other services. Another option is Senior Centers Without Walls¹⁰, a free telephone program that connects California elders through activities, friendship, and community.

⁹ Appendix II includes a list of local, national and international resources.

¹⁰ <http://www.seniorcenterwithoutwalls.org/>

Additional local and national models under consideration are listed as part of Appendix II under the heading of City Leaders Institute.

Section IV—Recommendations

Planning for the future

So how do local governments start planning for these dramatic population and demand shifts now? This question was asked at the Community Forum on February 15, 2012. The event featured the results of the community outreach. Topics for the event were shaped by the outreach. On February 15, 2012, more than 200 people attended the following workshops:

- Access to resources
- Engaging seniors as volunteers and employees
- Intergenerational programming
- Safety
- Designing the prototype senior center of the future—reimagining senior centers
- Transportation
- Life and career planning

During the course of the forum, participants identified topics to pursue in the future. These include:

- Transportation and vouchers
- Imagining the prototype senior center of the future
- Meeting caregiver needs
- Partnering for creative funding options
- Coordinating education and training opportunities
- Healthcare and wellbeing
- Elder economic security and community development for healthy aging
- Optimizing technology

The results of the community engagement and the forum have been drawn upon to create this MASP Toolkit and set of recommendations.

Recommendations

Throughout the course of the MASP community engagement process it has become clear that there is a shared understanding of the work that needs to be done, and also that there are many resources already in place that can be leveraged to support these shared goals.

This work is complex. However, there are some general findings from the MASP process that apply to all recommendations. These were developed in concert with the February 15, 2012 workshop presenters:

- **Collaboration is crucial**—Because of the nature of this work and the range of partners involved, collaboration is essential. In this context, collaboration means

working together to meet shared goals. It may be necessary to fund positions in order to collaborate effectively and begin the work of collective impact¹¹.

- **Coordinate efforts**—Aligning and coordinating efforts can make sure that the work is strategic and that best practices are shared throughout the region.
- **Support civic engagement**—Reaching out to those who you intend to serve can help organizations become consumer-driven. It can also assist in the building of relationships and trust.
- **Prioritize communication within the sector**—The work of building connections within the system is critical if information is to be properly dispersed, integrated and coordinated.
- **Prioritize communication with individuals**—Communication can take place at many levels—from flyers in utility bills to tweeting. There is no single best communication practice. Communication is important and various options should be explored.
- **Be flexible**—One size does not fit all. Whether implementing a volunteer program or exploring transportation options, it is important to have sufficient flexibility to meet disparate needs.
- **Don't re-invent the wheel**—Explore best regional and local best practices. Adapt what exists.
- **Pay attention to sustainability**—This means collecting data from the start and always thinking ahead.
- **Relationships and trust matter**—This applies to relationships between professionals in the system and also relationships with the people served.
- **Value the existing good will**—There is a willingness within the system to work together for the good of the whole. This should be nurtured.

What follows is a summary of the priorities that have been raised through the MASP community engagement processes and best practices research, along with potential strategies. These strategies can be used to guide the work needed to position the MAG region to better serve the needs, and leverage the assets, of its growing population of adults age 65 and above.

In addition, Appendix I provides a summary version of the recommendations, Appendix II a list of national and local resources and programs that correspond with the recommendations.

¹¹ Collective Impact—Large-scale social change requires broad cross-sector coordination, yet the social sector remains focused on the isolated intervention of individual organizations, http://www.ssireview.org/articles/entry/collective_impact

Recommended Focus Areas for Building the Future

The following recommendations were developed from the research and community engagement phases. The strategies that local government could use to support older adults have been organized into the following five categories:

- **Support People Aging in Place**
- **Promote Transportation Options**
- **Increase Social Participation**
- **Increase Organizational Capacity**
- **Utilize Technology**

Support People Aging in Place*

The MASP community engagement has revealed that there is increasing interest in aging in place. However, the ability for an individual to age in place is influenced by many factors. Indeed, many of these are covered in other areas of the recommendations section. However, there are some fundamental steps that can be taken to support people in their desire to age in place. These are included here:

Integrate aging in place into planning processes

- **Integrate plans for people aging in place into all future planning processes:**
 - Add aging in place to general plans and other municipal planning documents. Each community may need to define and operationalize this for their area. One example is the City of Scottsdale's character area plan for Southern Scottsdale adopted in 2010. (See Appendix II)
 - Conduct studies and community engagement to ascertain how services will impact people aged 65 years and older. One example of this is the work that MAG is currently undertaking for the Northwest and Southwest Transit Systems Studies. Both studies are an effort to assess the transit service needs within a multi-jurisdictional subarea of the MAG region. For example, the Southwest Valley study area includes portions of the City of Phoenix, City of Avondale, City of Goodyear, City of Tolleson, City of Litchfield Park, and Town of Buckeye. The key outcome of the study will be a local transit system plan that outlines short and long-term goals and actions to implement transit service within the study area and also connect to the regional system. Both studies will examine the regional needs and trends and will include a community engagement component. (See Appendix II)
 - Include specific elements in Request for Proposals (RFP) that support people in aging in place. This will ensure that new and existing services

* Appendix II includes a list of local, national and international resources.

and programs provide critical elements. For example, The City of Scottsdale has been working to update the Human Services Commission's funding priorities for awarding professional services contracts as part of the annual non-profit funding cycle. In order to maximize the impact of their resources they have prioritized target populations to be served, and are now looking at research and best practices in programs and services for each of these. By doing this they will be more responsive to community need and will bring more intentionality and focus to these contracts. A result of this process is that their senior service contracts will now focus on programs and services designed to support people aging in place. All recommendations of the Human Services Commission's are approved by the City Council. (See Appendix II)

- Dedicate a position to senior issues.

Make it possible for people to age in place through program and service options

- **Provide ways of serving seniors in their homes and close to their homes:**
 - Build on what already exists:
 - Sun Health and the Area Agency on Aging both operate care transitions programs that provide assistance to people aged 65 years and older who have been recently discharged from the hospital (Sun Health's program is referral based). This reduces the rate of re-admission and suffering from relapses into illness. (Appendix II)
 - In partnership with community based organizations and cities and towns, the Area Agency on Aging provides numerous home-base care programs. Over the years, as they have seen demand increase (the combined waiting list for services is over 500), the range of home-based options offered has increased. They now include case management services, housekeeping, bathing, meals, nursing, adult day health care, adaptive devices, durable medical equipment and retrofitting, along with a 24/7 senior helpline. (Appendix II)
- **Ensure safety through fall prevention:** Assuring safety is a priority issue for older adults. There are a number of programs and initiatives that seek to keep older adults safe from injury such as fall prevention and other screening and assessment programs.
 - Promote services that address the three main factors that contribute to falls. This includes offering services that provide needed home repairs, assistance to counteract confusion and instability caused by medicines interacting (the rate of this happening increases significantly when people are taking more than four medications), and promoting physical activity. Physical activity is the single best remedy to prevent falls.

- Collaborate with the Arizona Falls Prevention Taskforce.
- **Promote preventative health services:**
 - Calls relating to diabetes are one of the issues likely to generate the largest number of calls to first responders like the fire department. Services that address this issue will have a dramatic impact on people’s wellbeing, as well as reducing the budget of related departments. Some agencies work on education and awareness, others on serving seniors in their homes. The American Diabetes Association website lists those organizations offering recognized education programs in the region. In addition, Maricopa Integrated Health System (MIHS) along with Valley of the Sun YMCA have announced a new and innovative collaboration with the Medicare Diabetes Screening Project through Novo Nordisk Inc., a leader in diabetes care. MIHS will identify, recruit, and refer up to 100 adults, age 65 and older, with pre-diabetes to YMCA’s evidence-based Diabetes Prevention Program.
 - Consider use of kiosks and relational agents in areas where people aged 65 years and older are to provide medical information.
- **Meet caregiver needs:** Family caregivers provide the vast majority of the assistance that enables older Arizonans and those with disabilities to live independently in their homes and communities. Caregivers can also include grandparents raising grandchildren. Caregivers are predominately female (66%), although the number of male caregivers is rising. Among caregivers age 18 and older, the average age of today’s caregiver is 49 years, and the average age of today’s care recipient is 69 years. Almost half of all caregivers are over age 50 years, making them more vulnerable to a decline in their own health, and one-third describe their own health as fair to poor. Based on 2007 estimates, over 600,000 Arizonans provide almost \$7 billion worth of unpaid, “informal” care each year for adult family members and friends with chronic illnesses or conditions that prevent them from handling daily activities such as bathing, managing medications or preparing meals on their own¹². MASP participants urge that more attention be focused on the needs of these critical providers.
 - Establish a hotline for caregivers and educate the public.
 - Collaborate with the Arizona Caregiver Coalition. (Appendix II)
 - Explore emerging practices—the Department of Developmental Disabilities is in the final stages of developing Dementia specific day programs for adults ages 50 years and older.

¹² <https://www.azdes.gov/main.aspx?menu=8&id=40>

Promote Transportation Options*

Access to transportation is critical for a community that is to successfully serve its aging population and allow them to age in place. Although housing and transportation options are integrally connected, because of the desire to age in place, future transportation challenges and a need to invest in an integrated transportation system was a resounding finding from the community engagement. While implementing transportation improvements is complex, there is recognition that it is vital for the ability of those age 65 years and older, especially those who are disabled or frail.

Promote alternatives to the car

Provide alternatives to the car

- Utilize taxi-cab voucher programs.
 - Replicate the Valley Metro East Valley RideChoice programs, Coupons for Cabs, and CAB Connection. These programs provide persons age 65 and over subsidized voucher/coupon booklets for nominal co-pay \$2.50 for one book valued at \$10. The coupons can then be applied toward the fare and tip of participating taxi companies reducing the cost of a taxi ride. This alternative transportation option benefits individuals requiring less frequent trips with same day service.
http://www.valleymetro.org/service_locations/east_valley_ridechoice/
- Focus on Integrated approaches.
 - Invite Valley Metro Community Outreach program staff to present at senior centers. The program provides mobility training on how to use the public transit system for senior citizens and persons with a disability. More information can be found at http://www.valleymetro.org/transit_education/community_outreach/.
 - Studies such as the MAG Southwest and Northwest Valley Local Transit System Study. The focus of the studies is to identify opportunities and strategies for improving existing transit service and to explore multi modal options in providing transportation that best fit the needs of a community. Project information can be found at: <http://www.azmag.gov/Projects/Project.asp?CMSID=4173>.
- Increase accessible transportation options.
 - Engage in the MAG Human Services Coordination Transportation planning process. These efforts explore possible collaborative opportunities that utilize all modes of transportation options such as public transit, shuttle services, volunteer driver programs, and nonprofits to fit the needs of a community. Information can be found at:

* Appendix II includes a list of local, national and international resources.

<http://www.azmag.gov/Projects/Project.asp?CMSID=1047&CMSID2=1110>, or by contacting DeDe Gaisthea, MAG Human Services Transportation Planner at dgaisthea@azmag.gov.

- Increase visibility and awareness.
 - Encourage public involvement of individuals over the age of 65 to participate in community forums to bring awareness of transportation concerns of older adults. A national community based best practice is the MAG Transportation Ambassador Program (TAP). TAP provides a venue for stakeholders to discuss transportation concerns and develop strategies to meet the needs for those most vulnerable in the community. For more information contact DeDe Gaisthea, MAG Human Services Transportation Planner at dgaisthea@azmag.gov.

Promote safe roads and safe drivers

- **Develop complete streets:** Explore options for creating complete streets, those accessible and safe for all users: drivers, transit users, pedestrians, bicyclists, older people, children, people with disabilities, people with assisted mobility devices.
 - Implement strategies outlined in the MAG Complete Streets Guide. Complete streets improve the comfort and safety of pedestrian and cyclists of all ages on a roadway. The Complete Streets Guide ensures that facilities for bicycles, pedestrians, and transit are recognized as integral to a properly designed and functioning street. They are as important to mobility, health, and safety as a vehicular travel lane. Examples of complete streets in the MAG region are Mill Avenue in Tempe, downtown Chandler Boulevard, and the historic downtown Glendale area. Information can be found at: http://www.azmag.gov/Documents/BaP_2011-01-25_MAG-Complete-Streets-Guide-December-2010.pdf, or by contacting Maureen DeCindis, MAG, Transportation Planner, at mdecindis@azmag.gov.
- **Create walkable communities:** People have a desire to access service and transportation options close to their homes. This means more emphasis on walkable communities.
 - Enhance Transit-Oriented Development designs by integrating transportation and land use in community developments. A walkable community includes accessibility to services, retail and recreation, that is within a walking distance, such that limited car utilization/ownership can be an option for households. Community enhancement plans such as the MAG Sustainable Transportation Land Use Integration Study will offer strategies on creating walkable communities. Contact Eileen Yazzie, Transportation Program Manager, for more information at eyazzie@azmag.gov.

- **Support safe driving:** Work to ensure that our roads are safe through education and screening.
 - Surprise Senior Center hosts AARP Safe Driving Courses monthly
 - Encourage open dialogue with people aged 65 and over in the awareness of safe driving, and assessing their driving habits. Local programs such as the AARP's Driver Safety course promotes safe driving and helps older drivers maintain their mobility and independence. <http://www.aarp.org/home-family/getting-around/>.
 - The Medical Review Program through the Arizona Department of Transportation assesses older drivers ensuring they are medically, psychologically, and physically capable of safely operating a motor vehicle. <http://www.azdot.gov/mvd/MedicalReview/MedicalReviewProgram.asp>

Increase Social Participation*

The MASP process has created a rich resource of information regarding the region's ability to support people in maintaining healthy lifestyles as they age.

Keep older adults active and engaged

- **Engage seniors as volunteers and employees:** At the same time as the nation is facing potential labor shortages in critical areas including education and healthcare, a new generation of older Americans would like to keep working—full-time, part-time, paid, and unpaid—in their so-called retirement years. Despite the potential win-win situation, there is little evidence that communities are prepared for this new environment.¹³ Opportunities identified in the MASP project include:
 - Engage people aged 65 years plus in conducting assessments of their communities and senior centers. Arizona State University College of Nursing and Health Innovation has an assessment framework that facilitates people taking pictures and recording their observations of the built environment. (Awaiting further input.)
 - Replicate local best practices in utilizing people aged 65 years plus as volunteers such as the City of Phoenix's partnership with the Orangewood Church. Other best practices include the City of Goodyear Police Department, Duet, and the City of Mesa. (Appendix II)

* Appendix II includes a list of local, national and international resources.

¹³ Civic Engagement in an Older America, GSA's forum and focus group independent aging agenda events were designed to provide input to the Policy Committee of the 2005 White House Conference on Aging: www.agingociety.org/.../Pages%20from%20Geron-NLSept05.pdf

- Establish demonstrations to explore innovative models to help baby boomers transition from work to community and national service roles.
- Promote the physical and mental health benefits of volunteering and encourage all sectors of society to view older Americans as community assets, not liabilities.
- **Intergenerational programming:** Intergenerational programming aims to bring people together in purposeful, mutually beneficial activities and initiatives by promoting a greater understanding and respect between generations ¹⁴. The theme of intergenerational programming was one of the forum workshop themes:
 - Replicate local best practices in intergenerational programming such as Benevilla and Rehoboth All Saints Center. For example, Benevilla offers an intergenerational day care program, which has a side-by-side early childhood center for children 0-5 years and adult day center for older adults with early stage dementia. For a part of every day the two groups come together participate in shared programs, such as reading to each other, gardening and cooking together, crafts activities, sing-alongs and performances. Benvilla also has a Communities For All Ages Initiative. This features a community garden where people of all ages in the community come together and garden. (Appendix II)
 - Replicate Carefree’s first “Carefree Gets Neighborly” event conducted over a weekend in February 2012 to promote neighborhood interaction. During the MASP process, a focus group for people aged 65 and over was hosted by the Foothills Caring Corps. This event spawned the first Carefree Gets Neighborly, an effort to introduce people to their neighbors and combat isolation, especially for older adults and those with disabilities. They plan to repeat the event next year with an element that increases competition among neighborhoods. Since the event, Foothills Caring Corps has also worked with the Holland Community Center and the Desert Foothills Library to partner in offering more social events and opportunities. (Appendix II)
 - Enhance Getting Arizona Involved in Neighborhoods (GAIN) events held by a number of communities in October to promote community cohesion. Elements related to people aged 65 years plus could be expanded within these events. (Appendix II)
- **Increase awareness and advocacy:** Educate older adults and caregivers about recommended preventative services:
 - Support elder economic security and community development—This was identified as a key element of changing the systems serving older adults at the February 15, 2012 community forum. A group discussed the benefits of forming a coalition to mobilize stakeholders around common goals and

¹⁴ LINKages Society of Alberta, “LINK Project: Linking Intergenerational Needs and Knowledge - Train the Trainer” www.link-ages.ca/pdfs/researchdocs/igp_guidelines.pdf

maximizing available resources. Advocacy was seen as an important element in achieving elder economic security and community development for healthy aging.

Re-imagine senior centers and create prototype senior center of the future

Leverage the assets of existing senior centers. Senior centers have traditionally served the population aged 60 years and over and have offered services such as meals, activities, classes, and speakers. According to research by BoomerANG, “Even the best managed centers offering the most variety and diversity in programs and activities have not been able to attract more than 20 percent of the available 65 years and more population within their region.” During the forum, workshop participants recommended the following:

- **Conduct a regional assessment:**
 - Conduct an assessment of senior centers using the New York study and BoomerANG study as models. These models can be expanded to include users of senior centers and other people aged 65 years plus to assess the centers. (Appendix II)
- **Replicate local and national best practices:**
 - Replicate local best practice senior centers such as Granite Reef Senior Center, recipient of NuStep’s Pinnacle Award. (Appendix II)
 - Implement a Village movement pilot project with four sites: urban, rural, faith-based, and an ethnically defined community. The pilot project could include a community assessment, a service coordinator, community outreach, the development of a qualified vendor list, the establishment of a website, referrals to community events, and a sustainable business model for communities with a range of incomes, including low to moderate incomes. Pre and post-tests would track the impact made. (Appendix II)
 - Replicate virtual senior center models such as “Senior Center Without Walls” from California and “YMCA Without Walls” in Chicago. Initial steps could include a senior center assessment focused on which services currently being offered could be offered virtually. (Appendix II)
 - Build the capacity of existing centers to be flexible and to engage them and the seniors they serve in re-imagining the roles of senior centers in creative ways, and with other organizations, so resources can be leveraged.
- **Become more market, boomer and consumer driven:**
 - Engage people age 55 years and older when planning services to meet their needs and expectations.

Increase organizational capacity*

* Appendix II includes a list of local, national and international resources.

Throughout the community engagement and research phases of MASP, much has been said about access to services. The aging population is concerned about access to health care and housing services; they are concerned about the future of service provision if they are able to stay in their homes, and people who care for seniors are concerned about access to support services. Conversely, there is also a documented lack of awareness regarding services currently provided by local government. While some services are over-subscribed, there is a general lack of awareness regarding others. Participants recognize a need to strengthen existing services and expand availability. What follows are a set of potential strategies in these areas:

Explore innovative funding partnerships

Throughout the MASP engagement process there has been recognition that local governments and service providers need to think creatively about partnerships, raising funds, and delivering outcomes in new ways, ways that are cost-effective and possible, given this era of significant reductions in government funding:

- **Support alternative or creative funding options:**
 - Replicate successful models—Benevilla provides a range of service and programs designed to support people aging in place. These include Birt’s Bistro, a microenterprise. Birt’s Bistro provides a social gathering place in the community. However, it is also a revenue stream for Benevilla. The restaurant is open for lunch and two evenings a week. In addition the kitchen is used for training purposes for adults with developmental disabilities and next year’s training will also be offered to seniors re-careering with an interest in entering into catering. Birt’s Bistro also features local artists, and two on-site social workers, so that it also serves as a resources center. (Appendix II)

Form strategic organizational partnerships

This topic was identified and highlighted by participants at the February 15, 2012 event. The group recommended:

- **Coordinate education and training opportunities:**
 - Coordinate existing trainers and providers. This would include surveying providers to determine supply and demand and the possible creation of a website to provide centralized information. One model is the Arizona Living Well Institute, a statewide collaborative of individuals, business, and organizations committed to developing an efficient and effective system of delivering the Healthy Living (CDSMP) Workshops throughout Arizona by centralizing leader training, coordinating the delivery of self-management workshops, as well as managing and reporting outcomes data. (Appendix II)
 - Dedicate a position to senior issues.

- **Build a strong coalition of supporters:** There is general recognition that it takes collaboration to effectively promote access to services. Participants recommend promoting collaborations across health and other service systems and working to create partnerships with community agencies, local government faith communities, employee assistance programs, etc. They also suggest tapping into professional service providers (like accountants, lawyers, doctors):
 - Build positive relationships with a range of people including elected officials, service providers, and end users of the services. Demonstrating a financial impact will help make the case for these partnerships. Public private partnerships may be helpful as well. For example, in Wickenburg a new collaboration between the Arizona Kidney Foundation, MAG, Valley Metro, the Town of Wickenburg, the Desert Dialysis Center and the Area Agency on Aging means that six older adults living in Wickenburg have been able to continue with dialysis treatments (Awaiting further input).
- **Co-locate services:**
 - Co-locate services with agencies that have different core competencies that can benefit the other partners. For example, the North Penn Community Health Foundation is facilitating a \$28 million project that provides housing for seniors with low incomes, a YMCA, a senior center, and a congregate meal program. The senior center is contracting with the YMCA to provide the health and fitness programs for their clients. The congregate meal program is opening a restaurant, providing the meals for the senior center and the children who go to the YMCA, and seating is mixed and open to all the groups. People who go to the YMCA may be enticed to start attending the senior center. The project is made possible in part through low-income housing tax credits and an endowment to the YMCA. In another example, the City of Scottsdale has co-located services through Granite Reef Village, a LEED certified center next to housing, an accelerated care clinic, and an adult day care program (Appendix II).

Utilize technology*

- **Use technology to increase coordination and access to services and information:**
 - Coordinate education and training opportunities by constructing a website of services for agencies serving older adults (refer to Increase Organizational Capacity section).

* Appendix II includes a list of local, national and international resources.

- Develop an informational website for people aged 65 years plus. This could have a medical component that relays biosensor data from patients to their healthcare providers.
- Replicate technology programs to serve people aged 65 years plus by collecting donated computers and related equipment, training volunteers, and providing classes on using the computers and going online. Refer to About Care, and Duet as examples. (Appendix II)
- Replicate the City of Scottsdale’s website pages developed for each neighborhood. The sites include an interactive element where people can talk with each other online. (Appendix II)
- Use technology to increase awareness. For example, Surprise Senior Center offers twice monthly, Benefits Counseling by a volunteer trained by Area Agency on Aging. They assist persons using the Benefits Check up website to search programs and eligibility. (Appendix II)
- Explore emerging practices—for example, the Department of Developmental Disabilities and the Division of Aging and Adult Services are in the process of completing a computer based training on dementia that will be used by all support coordinators and available to all provider agencies and others if they wish to use it.

Section V—Appendices

- I. Recommendations summary table
- II. List of national and local resources/programs
- III. Demographic overview of the region
- IV. Summary of focus group findings
- V. Recommendations from the senior center workshops on February 15th.
- VI. Service inventory

Appendix I—Recommendations summary table

Recommendations	Action Steps and Resources
Support People Aging in Place	
Integrate aging in place into planning processes	
Integrate plans for people aging in place into all future planning processes.	<ol style="list-style-type: none"> 1. Add aging in place to general plans and other municipal planning documents. Each community may need to define and operationalize this for their area. Refer to City of Scottsdale character area plan for Southern Scottsdale adopted in 2010. (Appendix II) 2. Conduct studies and community engagement to ascertain how services will impact people aged 65 years and older. Refer to the MAG Northwest and Southwest Transit Systems Studies. (Appendix II) 3. Include specific elements in Request for Proposals (RFP) that support people in aging in place. This will ensure that new services and programs provide critical services. Refer to the City of Scottsdale RFP. (Appendix II) 4. Dedicate a Community/Economic Development position to senior issues.
Make it possible for people to age in place through program and service options	
Provide ways of serving seniors in their homes and close to their homes.	<ol style="list-style-type: none"> 1. Sun Health and Area Agency on Aging both operate care transitions programs that provide assistance to people aged 65 years and older who have been recently discharged from the hospital (Sun Health’s program is referral based). This reduces the rate of re-admission and suffering from relapses into illness. (Appendix II) 2. In partnership with community based organizations and cities and towns, the Area Agency on Aging provides numerous home-base care programs. Over the years, as they have seem demand increase (the combined waiting list for services is over 500), the range of home-based options offered has increased. They now include case management services, housekeeping, bathing, meals, nursing, adult day health care, adaptive devices, durable medical equipment and retrofitting, along with a 24/7 senior helpline. (Appendix II)
Ensure safety through fall	<ol style="list-style-type: none"> 1. Promote services that address the three main factors that contribute to falls. This includes

prevention.	<p>providing services that provide needed home repairs, assistance to counteract confusion and instability caused by medicines interacting (the rate of this happening increases significantly when people are taking more than four medications), and promoting physical activity. Physical activity is the single best remedy to prevent falls. (Appendix II)</p> <p>2. Collaborate with the Arizona Falls Prevention Taskforce (refer to http://www.azstopfalls.org/). (Appendix II)</p>
Promote preventative health services.	<p>1. Calls relating to diabetes are one of the issues likely to generate the largest number of calls to first responders like the fire department. Services that address this issue will have a dramatic impact on people’s wellbeing, as well as reducing budget of related departments. Some agencies work on education and awareness, others on serving seniors in their homes. The American Diabetes Association website lists those organizations offering recognized education programs in the region. In addition, Maricopa Integrated Health System (MIHS) along with Valley of the Sun YMCA have announced a new and innovative collaboration with the Medicare Diabetes Screening Project through Novo Nordisk Inc., a leader in diabetes care. MIHS will identify, recruit and refer up to 100 adults, age 65 and older, with pre-diabetes to YMCA’s evidence-based Diabetes Prevention Program. (Appendix II)</p> <p>2. Consider use of kiosks and relational agents in areas where people aged 65 years plus are to provide medical information.</p>
Meet caregiver needs.	<p>1. Establish a hotline for caregivers and educate the public. (Appendix II)</p> <p>2. Collaborate with the Arizona Caregiver Coalition (refer to http://www.azcaregiver.org/). (Appendix II)</p> <p>3. Explore emerging practices—the Department of Developmental Disabilities is in the final stages of developing Dementia specific day programs for our adults ages 50 years and older.</p>
Promote Transportation Options	
Provide alternatives to the car	
Utilize taxi-cab vouchers.	<p>1. Replicate the Valley Metro East Valley RideChoice programs, Coupons for Cabs and CAB Connection. These programs provide persons aged 65 and over subsidized voucher/coupon booklets for nominal co-pay \$2.50 for one book valued at \$10. The coupons can then be applied toward the fare and tip of participating taxi companies reducing the cost of a taxi</p>

	<p>ride. This alternative transportation option benefits individuals requiring less frequent trips with same day service.</p> <p>http://www.valleymetro.org/service_locations/east_valley_ridechoice/</p>
Focus on integrated approaches.	<ol style="list-style-type: none"> 1. Invite Valley Metro Community Outreach program to present at senior center. The program provides mobility training on how to use the public transit system for senior citizens and persons with a disability. More information can be found at, http://www.valleymetro.org/transit_education/community_outreach/.
Increase accessible transportation options.	<ol style="list-style-type: none"> 1. Engage in the MAG Human Services Coordination Transportation planning process. These efforts explore possible collaborative opportunities that utilize all modes of transportation options such as public transit, shuttle services, volunteer driver programs, and nonprofits to fit the needs of a community. Information can be found at http://www.azmag.gov/Projects/Project.asp?CMSID=1047&CMSID2=1110, or by contacting DeDe Gaisthea, MAG Human Services Transportation Planner at dgaisthea@azmag.gov.
Increase visibility and awareness.	<ol style="list-style-type: none"> 1. Encourage public involvement of individuals over the age of 65 to participate in community forums to bring awareness of transportation concerns of older adults. A national community based best practice is the MAG Transportation Ambassador Program (TAP). TAP provides a venue for stakeholders to discuss transportation concerns and develop strategies to meet the needs for those most vulnerable in the community. For more information contact DeDe Gaisthea, MAG Human Services Transportation Planner at dgaisthea@azmag.gov.
Promote safe roads and safe drivers	
Develop complete streets.	<ol style="list-style-type: none"> 1. Implement strategies outlined in the MAG Complete Study Guide. Complete streets improve the comfort and safety of pedestrian and cyclists of all ages on a roadway. The Complete Streets Guide ensures that facilities for bicycles, pedestrians, and transit are recognized as integral to a properly designed and functioning street. They are as important to mobility, health, and safety as a vehicular travel lane. Examples of complete streets in the MAG region are Mill Avenue in Tempe, downtown Chandler Boulevard, and the historic downtown Glendale area. Information can be found at the following link,

	<p>http://www.azmag.gov/Documents/BaP_2011-01-25_MAG-Complete-Streets-Guide-December-2010.pdf, or by contacting Maureen DeCindis, MAG, Transportation Planner, at mdecindis@azmag.gov.</p>
Create walkable communities.	<ol style="list-style-type: none"> 1. Enhance Transit-Oriented Development designs by integrating transportation and land use in community developments. A walkable community includes accessibility to services, retail and recreation, that is within a walking distance, such that limited car utilization/ownership can be an option for households. Community enhancement plans such as the MAG Sustainable Transportation Land Use Integration Study will offer strategies on creating walkable communities. Contact Eileen Yazzie, Transportation Program Manager, for more information at eyazzie@azmag.gov.
Support safe driving.	<ol style="list-style-type: none"> 1. Encourage open dialogue with people aged 65 and over in the awareness of safe driving, and assessing their driving habits. Contact local programs such as the AARP's Driver Safety course promotes safe driving and helps older drivers maintain their mobility and independence. http://www.aarp.org/home-family/getting-around/. 2. The Medical Review Program through the Arizona Department of Transportation assesses older drivers ensuring they are medically, psychologically and physically capable of safely operation a motor vehicle. http://www.azdot.gov/mvd/MedicalReview/MedicalReviewProgram.asp
Increase Social Participation	
Keep older adults active and engaged	
Engage seniors as volunteers and employees.	<ol style="list-style-type: none"> 1. Engage people aged 65 years plus in conducting assessments of their communities and senior centers. Arizona State University College of Nursing and Health Innovation has an assessment framework that facilitates people taking pictures and recording their observations of the built environment. 2. Replicate local best practices in utilizing people aged 65 years plus as volunteers such as the City of Phoenix's partnership with the Orangewood Church, City of Goodyear Police Department, Duet, and the City of Mesa. (Appendix II) 3. Establish demonstrations to explore innovative models to help baby boomers transition

	<p>from work to community and national service roles.</p> <p>4. Promote the physical and mental health benefits of volunteering and encourage all sectors of society to view older Americans as community assets, not liabilities.</p>
Provide intergenerational programming.	<p>5. Replicate local best practices in intergenerational programming such as Benevilla and Rehoboth All Saints Center. (Appendix II)</p> <p>1. Replicate Carefree’s first “Carefree Gets Neighborly” event conducted over a weekend in February 2012 to promote neighborhood interaction. They plan to repeat the event next year with an element that increases competition among neighborhoods. (Appendix II)</p> <p>2. Enhance Getting Arizona Involved in Neighborhoods (GAIN) events held by a number of communities host in October to promote community cohesion. Elements related to people aged 65 years plus could be expanded within these events. (Appendix II)</p>
Increase awareness and advocacy by supporting elder economic security and community development.	<p>1. Form a coalition to mobilize stakeholders around common goals and maximizing available resources.</p>
Re-imagine senior centers and create prototype senior center of the future	
Conduct a regional assessment.	<p>1. Conduct a regional assessment of senior centers using the New York study and BoomerANG study as models (refer to the appendix). These models can be expanded to include users of senior centers and other people aged 65 years plus to assess the centers. (Appendix II)</p>
Replicate best local and national best practices.	<p>1. Implement a Village movement pilot project with four sites: urban, rural, faith-based, and an ethnically defined community. The pilot project would include a community assessment, a service coordinator, community outreach, the development of a qualified vendor list, the establishment of a website, referrals to community events, and a sustainable business model for communities with a range of incomes, including low to moderate incomes. Pre and post tests would track the impact made. (Appendix II)</p> <p>2. Replicate virtual senior center models such as “Senior Center Without Walls” from CA and “YMCA Without Walls” in Chicago. (Appendix II)</p>

	<ol style="list-style-type: none"> 3. Replicate local best practice senior centers such as Granite Reef Senior Center, recipient of NuStep’s Pinnacle Award. (Appendix II) 4. Build the capacity of the centers to be flexible and to engage them and the seniors they serve in re-imagining the roles of the senior centers in creative ways.
Become more market, boomer and consumer driven.	<ol style="list-style-type: none"> 1. Engage people age 55 years and older in all process designed to plan services to meet their needs and expectations.
Increase Organizational Capacity	
Explore innovative funding partnerships	
Support alternative or creative funding options.	<ol style="list-style-type: none"> 1. Engage in public private partnerships and other alternative funding mechanisms. Refer to Birt’s Bistro, a microenterprise through Benevilla. (Appendix II)
Form strategic organizational partnerships	
Coordinate education and training opportunities.	<ol style="list-style-type: none"> 1. Coordinate existing trainers and providers. This would include surveying to determine supply and demand and the creation of a website to provide centralized information. 2. Dedicate a position to senior issues.
Build a strong coalition of supporters.	<ol style="list-style-type: none"> 1. Build positive relationships with a range of people including elected officials, service providers, and end users of the services. Demonstrating a financial impact will help make the case for these partnerships. Public private partnerships may be helpful as well. For example, in Wickenburg a new collaboration between the Arizona Kidney Foundation, MAG, Valley Metro, the Town of Wickenburg, the Desert Dialysis Center and the Area Agency on Aging means that six older adults living in Wickenburg have been able to continue with dialysis treatments.
Co-locate services.	<ol style="list-style-type: none"> 1. Co-locate services with agencies that have different core competencies that can benefit the other partners. For example, the North Penn Community Health Foundation is facilitating a \$28 million project that provides housing for seniors with low incomes, a YMCA, a senior center, and a congregate meal program. The senior center is contracting with the YMCA to provide the health and fitness programs for their clients. The congregate meal program is opening a restaurant, providing the meals for the senior center and the children who go to the YMCA, and seating is mixed and open to all the groups. People who go to the YMCA

	<p>may be enticed to start attending the senior center. The project is made possible in part through low-income housing tax credits and an endowment. The City of Scottsdale has co-located services through Granite Reef Village, a LEED certified center next to housing, an accelerated care clinic, and an adult day care program. (Appendix II)</p>
<p>Utilize Technology</p>	
<p>Use technology to increase coordination and access to services and information.</p>	<ol style="list-style-type: none"> 1. Coordinate education and training opportunities by constructing a website of services for agencies serving older adults (refer to Increase Organizational Capacity section). 2. Develop an informational website for people aged 65 years plus. This could have a medical component that relays biosensor data from patients to their healthcare providers. 3. Replicate technology programs to serve people aged 65 years plus by collecting donated computers and related equipment, training volunteers, and providing classes on using the computers and going online. (Appendix II) 4. Replicate the City of Scottsdale’s website pages developed for each neighborhood. The sites include an interactive element where people can talk with each other online. (Appendix II) 5. Use technology to increase awareness, like utilizing Benefits Check. (Appendix II) 6. Explore emerging practices.

Appendix II—List of National and Local Resources and Programs

A Systems Approach	
Collaboration and collective impact	
Local Resources and Models	National/International Resources and Models
<p>E.L.D.E.R. Project: Empowered Leaders Directing Elder Resources, working to transform older adults into valuable community assets, build neighborhood infrastructure to support older adults to age in their homes, and create connections across systems and integrate services to support older adults. Contact Kathy Wilson at Kwilson@unitedwaytucson.org.</p>	<p>Collective Impact—Large-scale social change requires broad cross-sector coordination, yet the social sector remains focused on the isolated intervention of individual organizations, http://www.ssireview.org/articles/entry/collective_impact Center for Evaluation Innovation, contributing to ideas about how to evaluate systems building or systems change efforts. Systems change is complex and hard to measure. It involves multiple programs and players and features outcomes at multiple levels, http://www.evaluationinnovation.org/focus-areas/systems-change.</p>
Support people aging in place	
Integrate aging in place into planning processes	
Local Resources and Models	National/International Resources and Models
<p>E.L.D.E.R. Project: Empowered Leaders Directing Elder Resources, working to transform older adults into valuable community assets, build neighborhood infrastructure to support older adults to age in their homes, and create connections across systems and integrate services to support older adults. Contact Kathy Wilson at Kwilson@unitedwaytucson.org. MAG Northwest and Southwest transit plans, both studies are</p>	

<p>an effort to assess the transit service needs within a multi-jurisdictional subarea of the MAG region. For more information on the Southwest Valley Local Transit System Study, http://www.azmag.gov/Projects/Project.asp?CMSID=4173.</p> <p>City of Scottsdale, their Human Services Commission’s funding priorities for awarding professional services contracts as part of the annual non-profit funding cycle include a specific focus on supporting people aging in place. For more information email censign@scottsdaleaz.gov or call (480) 312-2646.</p> <p>City of Scottsdale character area plan, an area - specific policy document that will be incorporated into and used to update the city’s General Plan by 2011, as well as be used to begin implementation of the community’s goals for the area, http://www.scottsdaleaz.gov/planning/areaplans/CAPsouthern.</p>	
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Provide ways of serving seniors in their homes and close to their homes

Local Resources and Models	National/International Resources and Models
<p>Area Agency on Aging, provides a range of home-care options (in partnership with community based organizations and cities and towns), http://www.aaaphx.org.</p> <p>Senior help Line, this 24/7 service provides case management, initial review and connecting people to the services they need (602) 264-HELP (602-264-6357).</p> <p>Sun Health, Medication Management program, www.sunhealth.org.</p> <p>Maricopa Integrated Health System (MIHS) along with Valley of the Sun YMCA have announced a new and innovative collaboration with the Medicare Diabetes Screening Project</p>	<p>American Diabetes Association, works to prevent and cure diabetes and to improve the lives of all people affected by diabetes, http://www.diabetes.org.</p>

through Novo Nordisk Inc., a leader in diabetes care. MIHS will identify, recruit and refer up to 100 adults, age 65 and older, with pre-diabetes to YMCA’s evidence-based Diabetes Prevention Program, <http://www.screenfordiabetes.org/news/maricopa-integrated-health-system-partner-with-valley-of-the-sun-ymca-and-the-mdsp-in-phoenix/>.

American Diabetes Association, Phoenix, <http://www.diabetes.org/in-my-community/local-offices/phoenix-arizona/>.

The Arizona Living Well Institute is a statewide collaborative of individuals, business, and organizations committed to developing an efficient and effective system of delivering the Healthy Living (CDSMP) Workshops throughout Arizona by centralizing leader training, coordinating the delivery of self-management workshops, as well as managing and reporting outcomes data, <http://azlwi.org/>.

Foothills Caring Corps, is dedicated to promoting independence and enhancing the quality of life for older residents throughout the community. They do this through a force of volunteers and staff who deliver services and support that provide access to basic needs such as food, medical care, and activities that promote physical, mental and emotional health, <http://foothillscaringcorps.com/>.

Ensure Safety through Fall Prevention

Local Resources and Models

Stop Falls, Arizona Fall Prevention Coalition (AZFPC) provides education and information to help older adults in Arizona

National/International Resources and Models

The Fall Prevention Center of Excellence works to identify best practices in fall prevention and to help communities offer fall

improve their flexibility and balance, reduce their fears of falling, and decrease the likelihood of a fall. The intention is to help connect individual Falls Prevention Programs to the broader statewide collaborations; such as the collaboration between the aging network and the public health community that promotes chronic disease self-management, including reducing the risk of falls among older adults, www.azstopfalls.org

A Matter of Balance: Managing Concerns About Falls emphasizes practical strategies to reduce fear and increase activity levels. Participants learn to view falls and fear of falling as controllable. A Matter of Balance includes eight two-hour sessions for a small group led by a trained facilitator. This program was developed at the Roybal Center at Boston University, and has been nationally recognized. A Matter of Balance: Managing Concerns About Falls is offered in various community centers and organizations in Maricopa County, for more information visit, <http://azlwi.org/resources>.

Annual National Falls Prevention Awareness Day hosted by the AZFPC (1st day of Fall). For more information go to <http://www.aota.org/News/AOTANews/Falls-Prevention.aspx>.

Rebuilding Together, Valley of the Sun, Senior Fall Prevention Services, offers services to homeowners throughout the year. This program provides home safety modifications, which reduce household hazards and provide greater accessibility in the home. This program is a home safety resource for the elderly and disabled of all incomes. <http://www.rebuildingtogetherphx.org/programs-events/sfps/>.

prevention programs to older people who are at risk of falling, <http://www.stopfalls.org/>.

National Council on Aging, Center for Healthy Aging Evidence-Based Programs, Model Programs (and toolkits), and Best Practices for Older Adults, <http://www.ncoa.org/improve-health/center-for-healthy-aging>.

National Resource Center on Supportive Housing and Home Modification, dedicated to promoting aging in place and independent living for persons of all ages and abilities. It offers training and education opportunities for professionals who wish to respond to the increasing demand for home modification services. It also serves as an information clearinghouse on home modification, www.homemods.org.

Centers for Disease Control and Prevention (CDC), “Focus on Preventing Falls”. The CDC offers a variety of materials and resources for all audiences about older adult falls and what you can do to prevent them. These resources are for the general public, public health officials, and anyone interested in programs that aim to prevent falls,

<http://www.cdc.gov/Features/OlderAmericans/>.

CDC, Injury Prevention and Control, Home and Recreational Safety—Falls – Older Adults, <http://www.cdc.gov/HomeandRecreationalSafety/Falls/FallsPreventionActivity.html>

NIH Senior Health, Falls and Older Adults, <http://nihseniorhealth.gov/falls/toc.html>.

National Safety Council, Protecting Ourselves from Slips, Trip, and Falls, http://www.nsc.org/safety_home/Resources/Pages/Falls.aspx.

Meet Caregiver Needs

Local Resources and Models	National/International Resources and Models
<p>Arizona Department of Economic Security, Arizona Family Caregiver Resources, https://www.azdes.gov/main.aspx?menu=8&id=5179.</p> <p>The Arizona Caregiver Coalition was initially founded in 2006 as a project of the Social Health & Alzheimer’s Committee (SHAC) of the Governor’s Advisory Council on Aging. The vision of the coalition is for all Arizona caregivers to have knowledge of and access to resources that support them. The mission of the Arizona Caregiver Coalition is to create awareness of care giving issues and improve the quality of life for caregivers and care recipients through advocacy, information and education, support, and access to respite resources. http://www.azcaregiver.org/</p> <p>Arizona Lifespan Respite Care Network is a coordinated approach that offers community-based respite care services for family caregivers of adults or children with special needs. Respite care provides short-term care and a period of relief or rest for the caregiver. Services can be provided in the form of in-home respite care or appropriate daycare services when available. http://www.azrespite.org/program.htm</p> <p>Grandparents raising grandchildren—In Arizona, there are 96,062 children living in grandparent-headed households (7.0% of all children in the state.) There are another 36,720 children living in households headed by other relatives. Of the children living in households headed by grandparents or other relatives in Arizona, 54,833 have neither parent present. A description of</p>	<p>AARP Foundation GrandCare Support Locator connects grandparents with national, state and local groups, programs, resources and services that support grandparents or other relative caregivers as well as grandparents facing visitation issues, http://www.giclocalsupport.org/pages/gic_db_home.cfm</p> <p>The Desert Southwest Chapter of the Alzheimer's Association is a charitable organization incorporated in the State of Arizona and governed by a local board of directors. Their work is devoted to providing service and support to Alzheimer's patients, family members and caregivers throughout Arizona and Southern Nevada. http://www.alz.org/dsw/</p> <p>Family Caregiver Alliance is a community-based nonprofit organization that addresses the needs of families and friends providing long-term care at home. Long recognized as a pioneer in health services, FCA now offers programs at national, state and local levels to support and sustain caregivers, http://www.caregiver.org/caregiver/jsp/home.jsp.</p> <p>Family Caregiving 101, The National Family Caregivers Association (NFCA) and the National Alliance for Caregiving (NAC) have joined together to recognize, support and advise this vital group of Americans, http://www.familycaregiving101.org/</p> <p>National Alliance for Caregiving, a non-profit coalition of national organizations focusing on issues of family caregiving. Alliance members include grassroots organizations, professional associations, service organizations, disease-specific organizations, a government agency, and corporations,</p>

<p>resources to assist grandparents raising grandchildren is available at: https://www.azdes.gov/uploadedFiles/DAAS/kinshipcare_arizona_grandfacts.pdf</p>	<p>http://www.caregiving.org/. National Family Caregivers Association, educates, supports, empowers and speaks up for the more than 65 million Americans who care for loved ones with a chronic illness or disability or the frailties of old age, http://www.thefamilycaregiver.org/. Well Spouse Association, advocates for and addresses the needs of individuals caring for a chronically ill and/or disabled spouse/partner. They offer peer to peer support and educate health care professionals and the general public about the special challenges and unique issues "well" spouses face every day, http://www.wellspouse.org/. The New York Times New Old Age Blog, http://newoldage.blogs.nytimes.com/.</p>
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Promote Transportation Options
Provide alternatives to the car

Local Resources and Models	National/International Resources and Models
<p>MAG Southwest Valley Local Transit System Study, http://www.mcdot.maricopa.gov/news/2012/sw-valley-transit-study.htm MAG Northwest Valley Local Transit System Study, www.azmag.gov/addons/MAG/download.asp?ID=10721 MAG Human Services Coordination Transportation Plan, http://www.azmag.gov/Documents/EaPWD_2012-05-01_Final-FY2013-Human-Services-Coordination-Transportation-Plan.pdf The Maricopa Association of Governments (MAG) <u>Regional Bikeway Master Plan</u> serves as a guide for improving, expanding, and connecting the MAG Region’s bicycle facility network, http://www.azmag.gov/bike/masterPlan.asp</p>	<p>National Complete Streets Coalition works to connect and assist communities across the country working to complete the streets. States, cities and towns are asking their planners and engineers to build road networks that are safer, more livable, and welcoming to everyone. Resources are available at http://www.completestreets.org/</p>

<p>MAG pedestrian policies and design guidelines, www.azmag.gov/addons/MAG/download.asp?ID=6391</p> <p>MAG Complete Streets Guide, a resource ensuring that facilities for bicycles, pedestrians and transit are recognized as integral to a properly designed and functioning street. They are as important to mobility, health, and safety as a vehicular travel lane. With the implementation of Complete Streets, non-motorized, and public transportation facilities will be considered on the same basis as institutionalized components of streets, www.azmag.gov/.../BaP_2011-01-25_MAG-Complete-Streets-Guide...</p> <p>Valley Metro, Providing Public Transportation Alternatives for the Greater Phoenix Metro Area, http://www.valleymetro.org/vm/</p>	
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Promote safe roads and safe drivers

Local Resources and Models	National/International Resources and Models
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Arizona Department of Transportation, www.azdot.gov/mvd/medicalreviewprogram/asp. **MVD's Medical Review Program**, a driver condition/behavior report can be used by anyone to report an unsafe driver, www.azdot.gov/mvd/medicalreviewprogram/asp.

Seniordrivers.org is a website portal for senior drivers, their families, researchers, and alternative transportation providers, <http://www.seniordrivers.org/home/>

AAA Senior Driving, Helping Seniors drive safely for longer, <http://seniordriving.aaa.com/>

CarFit, an educational program that offers older adults the opportunity to check how well their personal vehicles "fit" them. The CarFit program also provides information and materials on community-specific resources that could enhance their safety as drivers, and/or increase their mobility in the community, <http://www.car-fit.org/>

Increase Social Participation

Engage seniors as volunteers and employees

Local Resources and Models	National/International Resources and Models
<p>The Association for Volunteer Administration of Central Arizona, www.cir.org/AVACA</p> <p>Southern Arizona Volunteer Management Association http://savma.org</p> <p>Goodyear Police Department, You Are Not Alone (YANA) is a free program offered by the Goodyear Police Department's Volunteers in Police Services (VIPS). This program provides regular phone calls and home visits to seniors who have limited family or community contacts. Seniors can also call the YANA program for help finding specific services and resources, http://goodyearaz.gov/index.aspx?NID=3156</p> <p>Duet, promotes health and well-being through a broad range of services to older adults who need one-on-one support, http://www.duetaz.org/</p> <p>Arizona Mature Workers, The realization that mature workers bring a wealth of knowledge, expertise, and professionalism to the workplace is leading employers to re-think traditional retirement. Many of those employers are focusing on recruitment and retention of mature workers within their organizations. More employers in Arizona are also recognizing the value of having volunteers with the same set of skills that are found in mature workers. For this reason, many of those employers are reaching out to mature workers as volunteers, https://www.azdes.gov/main.aspx?menu=8&id=48. AZ Links shares volunteer opportunities, https://www.azdes.gov/main.aspx?menu=8&id=74.</p>	<p>Serve Philadelphia: Mayor Michael A. Nutter’s Office of Civic Engagement and Volunteer Service, http://volunteer.phila.gov/#</p> <p>Volunteer Match: The organization offers a variety of online services to support a community of <u>nonprofit</u>, <u>volunteer</u> and <u>business leaders</u> committed to civic engagement, http://www.volunteermatch.org</p> <p>Energize, Inc. is an international training, consulting and publishing firm specializing in volunteerism. Energize has assisted organizations of all types with their volunteer efforts-- whether they are health and human service organizations, cultural arts groups, professional associations, or schools, http://www.energizeinc.com/</p> <p>Volunteering in America, this website provides comprehensive data on volunteering including volunteer profiles for all 50 states and the District of Columbia as well as hundreds of metropolitan areas, rankings, demographic trends, and profiles of volunteer organizations making an impact on some of our nation's toughest challenges. http://www.volunteerinamerica.gov</p> <p>Alive, AL!VE serves to enhance and sustain the spirit of volunteering in America by fostering collaboration and networking, promoting professional development, and providing advocacy for leaders in community engagement, http://volunteeralive.org/</p>

Provide Intergenerational Programming	
Local Resources and Models	National/International Resources and Models
<p>Benevilla—Is an ever evolving nonprofit which seeks to weave a safety net for those who may be isolated and need assistance to maintain their independence and to control their destinies. They provide a variety of intergenerational programs bridging the gap between generations, http://www.benevilla.org/index.html.</p> <p>Rehoboth CDC, works to cultivate strong communities of care between residents across all ages and ethnic groups to become more integrated and rooted within the Canyon Corridor; the Canyon Corridor CFAA Teams primary goal is reweaving the fabric of the Canyon Corridor Community to become more socially and economically vibrant. RCDC’s primary contribution is to be the catalyst that convenes residents and stakeholders in order to ensure that success is achieved; and, by providing technical assistance, guidance and support, http://cdc.rehobothphx.org/.</p> <p>Getting Arizona Involved in Neighborhoods, annual event to promote community cohesion, http://www.tempe.gov/cpu/GAIN/.</p>	<p>The Intergenerational Center, Temple University, The Intergenerational Center, created in 1979, strengthens communities by bringing generations together to address critical concerns and creating opportunities for lifelong civic engagement, http://templeigc.org/</p> <p>LINKages develops, coordinates and supervises activities that create opportunity for interaction between youth and seniors in a safe, structured, caring and learning environment. They have established proven methods for developing mutually beneficial relationships between seniors and young people, a factor vital in the development of successful intergenerational programs and services. http://www.link-ages.ca/index.htm</p>
Re-imagine Senior Centers and Create Prototype Senior Centers of the Future	
Local Resources and Models	National/International Resources and Models
<p>The Granite Reef Senior Center, Scottsdale, AZ recently won NuStep's Pinnacle Award for the most outstanding senior center in the United States. http://scottsdale.granicus.com/MediaPlayer.php?view_id=44&clip_id=4120</p>	<p>The BoomerANG Project, Montgomery County, Pennsylvania, January 2006 Final Report Prepared by Michael Marcus, MSW Consultants for Community Resources and John Migliaccio, Ph.D. Maturity Mark Services Company http://mcaas.montcopa.org/mcaas/cwp/view,a,1505,q,45263.asp</p>

Scottsdale Senior Services provides an integrated system of services, resources and opportunities to help people improve their lives, neighborhoods and community through recreation, social services and health and wellness services. The City of Scottsdale's two senior centers, the Granite Reef and Via Linda Senior Centers, offer a variety of programs, recreational classes, special events, support services and other opportunities, all geared toward senior adults.

Transforming Senior Centers into 21st Century Wellness Centers, Louisiana State Office AARP, December 2011, author Kathryn Lawler.

Beacon Hill Village, a member-driven organization for Boston residents 50 and over, provides programs and services so members can lead vibrant, active and healthy lives, while living in their own homes and neighborhoods,

<http://www.beaconhillvillage.org/>.

NORC, naturally occurring retirement communities, has ways to address issues such as socialization, education, support, health care, and transportation. Here is a website to learn more about this www.norcblueprint.org, <http://www.norcblueprint.org>.

Program of All-inclusive Care for the Elderly (PACE) model is centered around the belief that it is better for the well-being of seniors with chronic care needs and their families to be served in the community whenever possible,

<http://www.npaonline.org/website/article.asp?id=4>.

Senior Center Without Walls, Senior Center Without Walls offers activities, friendly conversation, and an assortment of classes and support groups to homebound elders and others who find it difficult to go to a community senior center. Participants call from the comfort of home through telephone conference calls. No special equipment is needed and the calls are completely free, <http://www.seniorcenterwithoutwalls.org/home>

Increase organizational capacity

Support alternative or creative funding options

Local Resources and Models

National/International Resources and Models

<p>Birt's Bistro is a microenterprise of Benevilla, http://www.benevilla.org/birts.htm.</p>	
<p>Co-locate services</p>	
<p>Local Resources and Models</p>	<p>National/International Resources and Models</p>
<p>North Penn Community Health Foundation, Granite Reef Village, Scottsdale Senior Services provides an integrated system of services, resources and opportunities to help people improve their lives, neighborhoods and community through recreation, social services and health and wellness services. The City of Scottsdale's two senior centers, the Granite Reef and Via Linda Senior Centers, offer a variety of programs, recreational classes, special events, support services and other opportunities, all geared toward senior adults. http://www.mcdowellvillage.com/p/senior_living/sr_center_3365/scottsdale-az-85257/mcdowell-village-3365.</p>	
<p>Increase quality of existing services</p>	
<p>Local and national resources and Models</p>	
<p>CDC's Healthy Aging Program, visit the Healthy Aging Program website for updated reports and information on aging related issues, www.cdc.gov/aging.</p> <p>CDC's Morbidity and Mortality Weekly Report (MMWR), the <i>MMWR</i> contains data on specific diseases as reported by state and territorial health departments and reports on infectious and chronic diseases, environmental hazards, natural or human-generated disasters, occupational diseases and injuries, and intentional and unintentional injuries. Also included are reports on topics of international interest and notices of events of interest to the public health community http://www.cdc.gov/mmwr/mmwr_wk.html?s_cid=mmwr_wklogo_e.</p> <p>Public Health Connect, phConnect is a collaboration platform whose members gather in online communities focused around a public health area. While you may sign on to phConnect, create a profile, and review posts, events and announcements, you will probably benefit most from joining a community. In a community, you can engage more deeply in the conversations, ask questions, and share your experience on the topic.</p>	

www.phconnect.org.

The “CAAR Clippings”, the Current Awareness in Aging Report (CAAR) is a weekly email report that helps researchers keep up to date with the latest developments in the field,

<http://www.ssc.wisc.edu/cdha/pubs/caar/subscribe.html>.

Administration on Aging (AoA) has a monthly “E-News” electronic newsletter and will occasionally send out announcements regarding funding, etc.

http://www.aoa.gov/AoARoot/Press_Room/Enews/index.aspx.

National Library of Medicine’s “Medline Plus” allows you to tailor the information you want sent to you based on topic.

<http://www.nlm.nih.gov/medlineplus/listserv.html>

National Institutes of Health (NIH) SeniorHealth – occasional announcements

https://service.govdelivery.com/service/multi_subscribe.html?code=USNLMNIHSH.

Environmental Protection Agency (EPA) Aging Initiative – a monthly newsletter

<http://www.epa.gov/aging/resources/listserv.htm>.

National Institute on Aging (NIA), dedicated to understanding the nature of aging, supporting the health and well being of older adults, and extending healthy, active years of life for more people,

<http://list.niapublications.org/niaalert/lists/?p=subscribe&id=1>

Department of Health and Human Services (HHS) HealthFinder.gov has a daily and weekly newsletter

<http://www.healthfinder.gov/>

Utilize Technology

Local Resources and Models

About Care. Support services for the homebound,

<http://www.aboutcare.org/>.

Duet, Duet helps older adults and their families cope with challenges related to aging. From getting groceries and rides to the doctor, to health promotion activities and support groups,

<http://duetaz.org/>.

City of Scottsdale’s website pages developed for each

National/International Resources and Models

neighborhood. The sites include an interactive element where people can talk with each other online, <http://www.scottsdaleaz.gov>. **City of Surprise** offers twice monthly, Benefits Counseling by a volunteer trained by Area Agency on Aging. They assist persons using the [Benefits Check-up website](#) to search programs and eligibility.

Appendix III—Demographic overview of the region

Regional Overview: 65 Years and Older					
UNITED STATES			MARICOPA COUNTY		
Subject	Number	Pct	Subject	Number	Pct
POPULATION¹			POPULATION¹		
2010 Total Population.....	308,745,538		2010 Total Population.....	3,817,117	
2000 Total Population.....	281,421,906		2000 Total Population.....	3,072,149	
Change 2000 to 2010.....	27,323,632	9.7	Change 2000 to 2010.....	744,968	24.2
2010 65+ Population.....	40,267,984		2010 65+ Population.....	462,641	
2000 65+ Population.....	34,991,753		2000 65+ Population.....	358,979	
Change 2000 to 2010.....	5,276,231	15.1	Change 2000 to 2010.....	103,662	28.9
IN SKILLED-NURSING FACILITIES¹			IN SKILLED-NURSING FACILITIES¹		
Total population 65 years and older.....	40,267,984	100.0	Total population 65 years and older.....	462,641	100.0
In skilled-nursing facilities.....	1,252,635	3.1	In skilled-nursing facilities.....	6,273	1.4
Male.....	360,762	28.8	Male.....	2,002	31.9
Female.....	891,873	71.2	Female.....	4,271	68.1
GRANDPARENTS²			GRANDPARENTS²		
Responsible for grandchildren under 18 years.....	2,750,046	100.0	Responsible for grandchildren under 18 years.....	34,571	100.0
Grandparent 65 years and older.....	485,202	17.6	Grandparent 65 years and older.....	4,649	13.4

Regional Overview: 65 Years and Older

UNITED STATES			MARICOPA COUNTY		
Subject	Number	Pct	Subject	Number	Pct
DISABILITY STATUS²			DISABILITY STATUS²		
Civilian noninstitutionalized population 65 years and older.....	39,132,252	100.0	Civilian non-institutionalized population 65 years and older.....	457,689	100.0
With any disability.....	14,361,536	36.7	With any disability.....	144,172	31.5
No disability.....	24,770,716	63.3	No disability.....	313,517	68.5
VETERAN STATUS²			VETERAN STATUS²		
Civilian population 65 years and older.....	40,433,525	100.0	Civilian population 65 years and older.....	464,909	100.0
Civilian veteran.....	9,137,977	22.6	Civilian veteran.....	116,227	25.0
POVERTY²			POVERTY²		
Population for whom poverty status is determined.....	301,535,021	100.0	Population for whom poverty status is determined.....	3,778,090	100.0
Below poverty level.....	46,134,858	15.3	Below poverty level.....	623,385	16.5
65 years and older.....	39,131,641	13.0	65 years and older.....	457,689	12.1
Below poverty level.....	3,521,848	9.0	Below poverty level.....	31,581	6.9

Regional Overview: 65 Years and Older

UNITED STATES			MARICOPA COUNTY		
Subject	Number	Pct	Subject	Number	Pct
INCOME IN PAST 12 MONTHS²			INCOME IN PAST 12 MONTHS²		
<i>(in 2010 inflation-adjusted dollars)</i>			<i>(in 2010 inflation-adjusted dollars)</i>		
Households with householder age 65 years and older.....	24,874,092	100.0	Households with householder age 65 years and older.....	279,411	100.0
With earnings.....	8,531,814	34.3	With earnings.....	88,294	31.6
Mean earnings.....	\$44,470		Mean earnings.....	\$44,181	
With Social Security income.....	22,784,668	91.6	With Social Security income.....	258,735	92.6
Mean Social Security income.....	\$17,653		Mean Social Security income.....	\$19,276	
With Supplemental Security income.....	1,591,942	6.4	With Supplemental Security income.....	13,412	4.8
Mean Supplemental Security income..	\$8,335		Mean Supplemental Security income..	\$10,237	
With cash public assistance income.....	422,860	1.7	With cash public assistance income.....	3,632	1.3
Mean cash public assistance income..	\$3,627		Mean cash public assistance income..	\$4,149	
With retirement income.....	12,014,186	48.3	With retirement income.....	138,588	49.6
Mean retirement income.....	\$21,656		Mean retirement income.....	\$22,087	
With Food Stamp/SNAP benefits.....	1,890,431	7.6	With Food Stamp/SNAP benefits.....	15,088	5.4

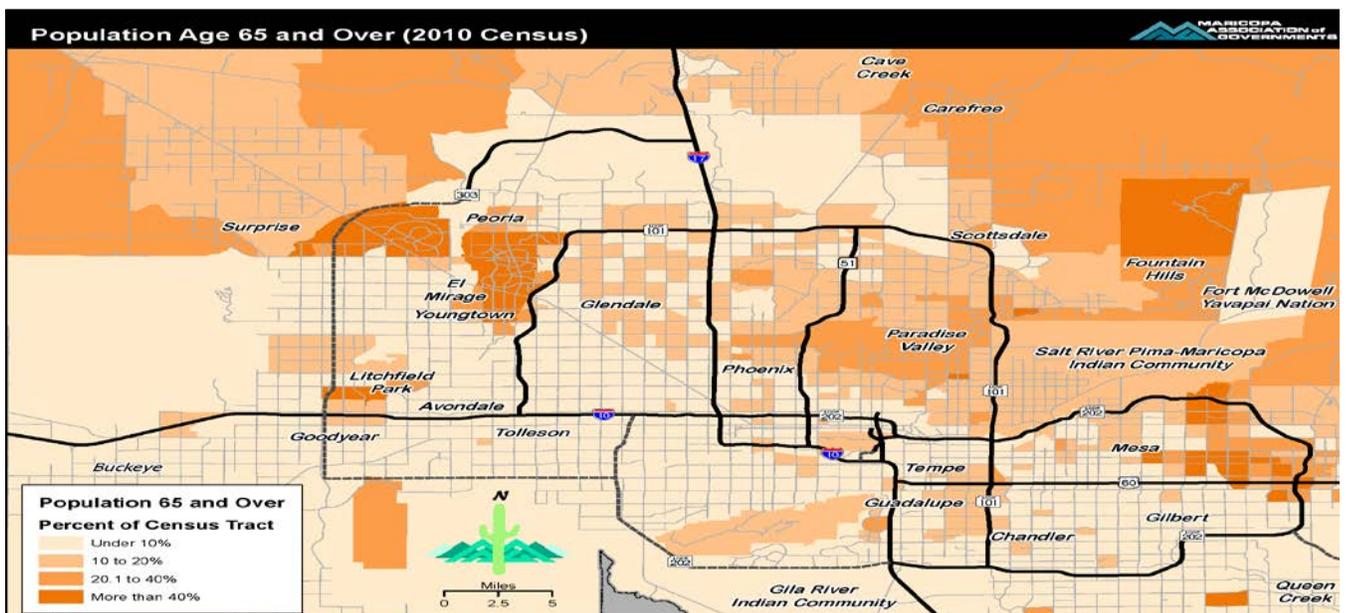
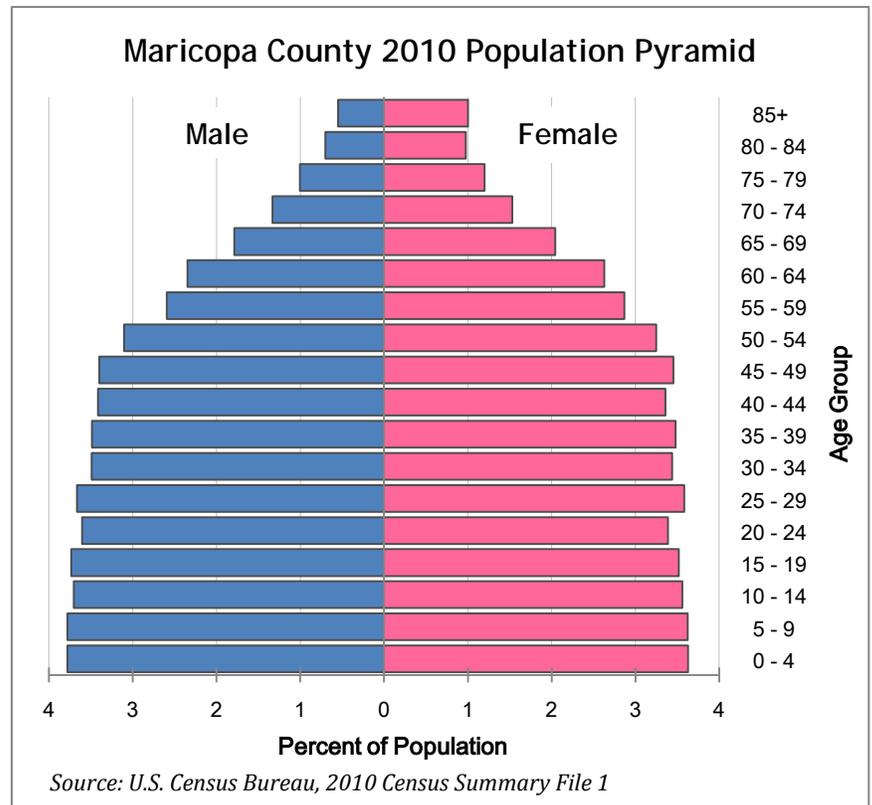
1. Source: U.S. Census Bureau, Decennial Census Programs (2000 and 2010), Summary File 1.

2. Source: U.S. Census Bureau, American Community Survey (ACS) 2010 1-Year Estimates. Prepared by: Maricopa Association of Governments, www.azmag.gov, (602) 254-6300

Population Pyramid

In addition to examining the number, percent, and growth rate of certain age groups, the population pyramid is a key tool used by demographers and researchers for assessing a population's age and gender composition. The population pyramid shows the numeric distribution of males (on the left) and females (on the right) by single years of age.

The population pyramid also gives some context to how the population distribution will likely shift in the near future. The Baby Boom population in 2010 appears in the middle of the pyramid (at ages 46 to 64). This population will begin aging into the 65 and older ages in coming years, and future growth will most likely see unprecedented increases in the older age groups.



Appendix IV—A Summary of Focus Group Findings

Focus Group Discussions

The structure of the focus groups was to evaluate the ideal in comparison to the current structure of services to seniors, holistically encompassing all aspects of an individuals' community. Overall, focus group participants were very receptive to the opportunity of sharing their needs and wishes.

Topic: Transportation

One of the primary topics of discussion was the issue of transportation, which was discussed at every meeting. The quality of life of individuals lies in great part within their ability to access transportation. From doctor appointments to grocery shopping, individuals' vitality depends on their ability to freely move from one activity to the next. Given the large geographic area of the valley, individuals have longer distances to travel for their necessities. Meeting individual transportation needs is becoming increasingly difficult, as health issues prevail and independence is restricted. Participants noted that the top of their wish list in this category included: safe vehicles, dependable and unrestricted transportation, and cost-contained options to ensure access to all.

Topic: Socialization

Another issue of much discussion was that of social participation. Individuals felt strongly about the need to provide options for socialization. In particular, participants expressed the need of having more senior centers throughout the valley. Currently, seniors have to travel long distances to get to senior centers. In some cases, assisted transportation to senior centers was eliminated in recent years due to budgetary constraints. Additionally, participants acknowledged the existence of a wide spectrum of ability within the aging community. It was suggested that senior centers be cognizant of the ability range and interest among patrons, and offer options that meet different senior needs. The adage of one-size fits all is no longer valid. To highlight this point, a few focus group participants acknowledged that they feel lost in the larger centers where activities are centered on the active adult. Therefore, increasing the number of centers and offering a variety of options will help reduce alienation among this demographic when the nearest senior center doesn't cater to their activity level or interest.

It is important to highlight one commonality among comments from focus group participants. Of particular interest was the interest in having senior centers open longer than the customary two o'clock in the afternoon closing time. For many seniors, the senior centers are their only method of socialization and distraction. When senior centers close at 2:00 p.m., so do the lives of the senior center patrons. Seniors are eager to have more culturally enriching opportunities. Some of the solutions discussed by the participants detailed their wish to have excursion opportunities to nearby art galleries, the theater, or a musical experience. Many of these venues offer enriching experiences that occur in the evening hours when seniors are less likely to venture out, particularly alone.

However, when organized by the senior center individuals are more apt to participate in group gatherings, principally because transportation is arranged.

Conclusion

Conclusively, seniors yearn to be heard and to be active participants of the communities they live in. The notion of isolation is not foreign to a senior whose lifestyle tends to be constrained due to limited government services. However, seniors are eager to seek solutions and offer ideas to enrich their quality of life. As one focus group participant so poignantly phrased her situation, “You can’t give me more time, but you can help improve the quality of time I still have.”

Appendix V—A Summary of Participant Recommendations of the Senior Center Workshop at the Community Forum

Senior Center Workshops—February 15, 2012

Two workshops were held on the topic of senior centers as part of the February 15, 2012 MAG event *Planning for the Next 100 Years*.

Purpose of the Workshops

The population aged 65 and over is projected to double by 2012. It is unlikely that funding for senior centers will double. The concept of senior centers, even their name, is carried over from a different time and different way of thinking about aging. In addition, the desires and expectations of the population that is now near retirement have changed. What is being offered in current senior centers does not match their needs and expectations. A quote from the workshops that illustrates this disconnect is “If we, the people currently working in senior centers, think we would not go to existing centers when we age – who will?”

Developing a response to this situation requires thinking creatively about how to support this population in new ways.

The questions guiding the discussions during the workshops were:

Guiding Question 1: What are the goals of existing senior centers and how can these goals be met or improved by doing things differently?

Guiding Question 2: How do we build on and leverage existing resources and partnerships?

Guiding Question 3: How can the concept of senior centers be re-imagined to appeal to the new generation of “people aging”?

Guiding Question 4: How can the concept of serving seniors be aligned with concepts of community/population integration rather than separating out “aging”?

Guiding Question 5: What opportunities do you see for senior centers that could help create more vibrant, engaged, and healthy seniors?

The following is a summary of the responses shared during the workshop.

Guiding Question 1: What are the goals of existing senior centers and how can these goals be met or improved by doing things differently?

Workshop participants felt that before answering Question 1, an assessment should be done to identify:

- a. What is currently being offered in existing senior centers?
- b. What are the demographics of the people currently being served?

- c. What are the needs and wants of the people currently being served in senior centers?
- d. What are the desires and expectations for those in the 55 plus age bracket?

The assessment should compare existing services with best practices and collect information that would help develop a plan to increase the use of best practices. Participants also suggested convening more meetings like this, allowing one center to learn from another.

There was general recognition that there isn't one demographic that is "aging"; that there is a wide range of fitness, functionality, and age, and that sometimes age doesn't correspond with fitness or functionality. One suggestion for the subcategories within aging were, "fit, fragile, and frail."

Some participants stated that there were space limitations (i.e. one big room), which limited offerings and required thinking about how to partner and use technology in a way that doesn't limit services to in person congregate settings.

A summary of the goals of existing senior centers shared during the discussion are as follows:

- Promote Lifelong learning, increase quality of life (social, emotional, mental, holistic, through arts and culture) through wellness programs and increased socialization, social networking and community building
- Provide assistance with end of life transition, personal life and financial assets,
- Offer fun and engaging recreational opportunities, be flexible, help create happy people
- Help people know and learn about available services and access information. Senior centers currently do this through people staffing resource tables or coming in as speakers. Several participants noted that often speakers weren't enough and there was a need for follow through, after a speaker/presentations, but there isn't currently capacity to do this.
- Help people get their individual needs met through individual problem solving, advocacy and support services
- Provide support groups/resources for caregivers

Guiding Question 2: How do we build on and leverage existing resources and partnerships?

Potential Partnerships to develop, enhance, or expand:

- Community centers/resource centers not just senior focused, smaller/neighborhood centers – diversity in programs/centers
- Church/faith based programs and ASU and community colleges, involvement with youth groups, partner with school districts, arts and culture partnerships,

- Link to arts and culture providers, social service providers, libraries, businesses, school systems, developers, Area Agency on Aging, AZlinks, foundations, casinos
- Medical community, community health centers, hospitals, etc.
 - Volunteer groups such as lions, rotary, sorority and fraternity alumnae, and large volunteer organizations such as i.e. united way
 - Organizations that provide training in how to utilize skills and talents of older adults such as Experience matters
 - Family and friends
 - Maricopa Association of Government (MAG) – create a regional plan and advocacy, City and town joint programs
 - National organizations such as the National Council Of Aging, ASA – American Society on Aging
 - Education of providers/services available (such as AAA, Police, Fire, Arts/culture)
 - Media to promote and create interest

Guiding Questions 3 and 4: How can the concept of senior centers be re-imagined to appeal to the new generation of “people aging”? and How can the concept of serving seniors be aligned with concepts of community/population integration rather than separating out “aging?”

The participants acknowledged that we don’t know right now—how to make offerings attractive and attract people. Finding out more about how to do this could be part of the research involved in a senior center assessment that was described on page 1. People acknowledged that integrating services for seniors rather segregating them could help reduce the “stigma” and make the value known and more attractive. People suggested changing the name from “senior center” to something more attractive, which would help change the image, i.e. re-naming terms, life enrichment/community center.

Guiding Question 5: What opportunities do you see for senior centers that could help create more vibrant, engaged, and healthy seniors?

The ideas people had (some are similar to the suggestions for partnerships):

Conduct an assessment of existing senior centers to learn more:

- Conduct a County-wide assessment—what do we have now so we know what needs to be tweaked

Changes to existing services:

- Create magnet center to offer unique services, coordinate an array of experts, program provider in locations near seniors

- Senior centers as a vehicle for exercise, mobility and health
- Make more accessible, open longer hours
- Use technology—there are implications for how technology can be used to provide support that is not limited to in person
- Increase education and use of technology
- Change the name from “senior center” change image
- Develop mentoring, peer mentoring
- Create welcoming/warm spaces, vibrant environment, i.e. “greeters” options/menu of activities/escort to show options
- Multiple use spaces
- Create meaningful volunteer opportunities
- Create opportunities to talk about hard topics (STD’s, alcoholism, drugs, end of life)
- Help seniors get more for their \$

Recommendations for future partnerships:

- “Training riders”/Valley metro/mobility center
- Scottsdale prevention institute
- Movie theater
- Towns, city—local government
- Coffee shops, grocery stores
- Network with employers to develop senior employment opportunities
- Partnership with local Regional Behavioral Health Authority (RHBA)

Consumer and Community Engagement and Funding:

- Generate additional private financial resources
- More community involvement in development of vibrant programs and resources (arts and culture, age appropriate)
- Include participants in planning
- Continually collaborating with other resources and partnerships
- Make centers more attractive, create club mentality, customer driven system, value driven activities
- Educating faith based communities “community navigator/concierge”
- Collaboration between (partnerships) senior centers and community agency resources
- Partner with hospitals, Maricopa county, other cities
- Create seamless service opportunities with all providers sharing and planning together (credibility versus credit)
- Marketing together—outreach cross communities e.g. retiree groups, snowbirds, human resources at large companies work with “almost” retirees
- Volunteer engagement —long term versus project based

Summary of Recommendations

Conduct a regional assessment of existing senior centers which results in information about the people that currently receive services at senior centers, the services they are receiving and results of those services, and how the services they are receiving align with their wants and needs.

Continuing ongoing convening which allows people who share the goal of supporting healthy and active seniors to learn from each other and to identify ways to: re-imagine senior centers; develop new services, methods of service delivery, and partnerships to increase the outcomes and better meet the existing and future needs; and develop language that removes barriers that come with the existing “stigma” and/or limitations of senior centers of today.

MUNICIPAL AGING SERVICES INVENTORY																										
City / Town	Agency Website	Partnership with nonprofit	In-home Case Mgt.	Outreach	Congregate Meals	Home Del. Meals	Transportation					In-Home/Assist. For Independent Living	Specialty	Caregiver Assist.	Vital Signs / Health	Financial	Afford. Housing	Boomers (Newly retired or ready to retire)	Hours	Weekdays	Weekends	Fees	Phone	Age Restrictions	Notes	Socialization
							Fee / Sugg. donation	Bus Tickets	Total Transit Discount Cab	Volunteer Drivers	Reserve-a-Ride / Dial-a-Ride															
Fountain Hills	Fountain Hills Activity Center for Seniors & Boomers			x		x											x	9:00 a.m. - 4:00 p.m.	Yes		\$15 annual (\$17 beginning 1/1/2012)	(480) 816-5226	18+		Volunteer program; Arts & Crafts, Classes, Discussion Groups, Fun and Games, Movies, Special Events, Trips.	
Gila Bend	Gila Bend Senior Center			x	x	x	Transportation to CAP and senior center.													Yes	Yes	(928) 683-2244	60+		Arts and Crafts, games, food programs, health related discussions and workshops, shopping and excursion trips.	
Gilbert	Gilbert Senior Center			x	x	x							x						Yes			(480) 503-6060	55+		Games, Dance, Fitness, , Trips. Volunteer opportunities.	
Glendale	Glendale Adult Center - Social Services			x	x								x					8:00 a.m. - 7:00 p.m.	Yes	9:00 a.m. - 1:00 p.m. & 7:00 a.m. - 9:30 p.m. - Saturday	Annual: \$10 residents / \$15 non-residents	(623) 930-4321			Games, music and dance, travel and tours; fitness and exercise.	
	Senior Center (YWCA)	x			x	x	x	Dial-a-Ride						x				8:00 a.m. - 3:00 p.m.	Yes	No	Annual Contribution: \$10	(623) 931-7436			Fitness programs, health screenings, educational issues, games, trips, arts and crafts, theme parties and special events.	
Goodyear	-																							See Avondale Senior Center Services		
Guadalupe	Senior Center			x	x	x	Transportation to/from Senior Center for residents only. Limited transportation to Phoenix area for medical and/or grocery needs.							x	x	x		8:00 a.m. - 4:00 p.m.	Mon - Thurs	No		(480) 505-5393	60+ or any age with documented disability	(funded through AAA)	Arts & Crafts Program; Health/Exercise Program.	
Litchfield Park	Senior Citizen Activities																	9:30 a.m. - 11:00 a.m.	-	-		(623) 935-2011		Senior Citizen Program meets monthly.	Enjoys a variety of activities and events in cooperation with the Litchfield Park Recreation Dept.	
Maricopa County			x																							
Mesa	Red Mountain Multigenerational Center	A		x		x	Van transport to/from senior centers for persons who are 60+.						x	x	x	x	1	x	8:00 a.m. - 4:30 p.m.	Yes		\$15	(480) 218-2221			Fitness, games, classes, support groups, trips and volunteer opportunities.
	Mesa Center	A		x		x	Purchase of subsidized Dial-a-Ride tickets.						x	x	x	x	1	x	8:00 a.m. - 4:30 p.m.	Yes		\$15	(480) 962-5612			Spanish classes, dance, art sessions, games, fitness, and volunteer opportunities.

MUNICIPAL AGING SERVICES INVENTORY																												
City / Town	Agency Website	Partnership with nonprofit	In-home Case Mgt.	Outreach	Congregate Meals	Home Del. Meals	Transportation					Reserve-a-Ride / Dial-a-Ride	In-Home/Assist. For Independent Living	Specialty	Caregiver Assist.	Vital Signs / Health	Financial	Afford. Housing	Boomers (Newly retired or ready to retire)	Hours	Weekdays	Weekends	Fees	Phone	Age Restrictions	Notes	Socialization	
							Fee / Sugg. donation	Bus Tickets	Total Transit Discount Cab	Volunteer Drivers	Reserve-a-Ride / Dial-a-Ride																	
Paradise Valley	Paradise Valley Senior Center			x	x	x					Contract service providers. ADA certified individuals only.	Reserve-a-Ride																Clubs and classes, arts and crafts, dancing, special events, games, fitness health and education.
Peoria	Community Action Program and Nutrition Program	E		x	x	x					To Peoria Community Center.								8:00 a.m. - 5:00 p.m.	Yes	No		(623) 979-3911		Funded through AAA and Maricopa County.			
	Senior Adult Programs																						(623) 773-7436	50+		Games, health and fitness, special events and year-round classes.		
Phoenix	Senior Centers:			x	x	x	x							See Note 3	Yes	See Note 1	See Note 1		8:00 a.m. - 5:00 p.m.	Yes	No			60+ (2)				
	Adam Diaz																						(602) 262-1609					
	Chinese Senior Center																						(602) 262-6411					
	Deer Valley																						(602) 495-3714					
	Desert West																						(602) 495-3709					
	Devonshire																						(602) 262-7807					
	Goelet A. C. Beuf																						(602) 534-9743					
	Manzanita																						(602) 262-4949					
	Marcos de Niza																						(602) 262-7249					
	McDowell Place																						(602) 262-1842					
	Paradise Valley																						(602) 495-3785					
	Pecos																						(602) 534-5366					
Senior Opportunities West																						(602) 262-6610						
Shadow Mountain																						(602) 534-2303						
	South Mountain										Seniors 60+ and persons with Title XX or physician certified disabilities.		Discount tickets for shopping and errands.															
	Sunnyslope										x		For local transit system,										(602) 262-4093					
																							(602) 262-7572					
Queen Creek	Senior Program																		9:00 a.m. - 12:00 p.m.	Wed.	No		(480) 358-3700	50+		Activities and leisure opportunities.		
Scottsdale (see footnotes)	Senior Centers:			x		**								**	x													
	Granite Reef Senior Center	2	3	x	**4	3	5							3	6	2;3	7	8	9	10	8:00 a.m. - 9:00 p.m.	Yes	8:00 a.m. - 7:00 p.m. - Saturday	Fitness Center; Spec Classes; Spec Events	(480) 312-1700	No	Games, arts and crafts, fitness, computer, local trips, performance group, volunteer opportunities.	
	Via Linda Senior Center	2	3	x		3	5							3	6	2;3	7	8	9	10	8:00 a.m. - 9:00 p.m.; 8:00 a.m. - 5:00 p.m.	M-Th; Fri	8:00 a.m. - 5:00 p.m. - Saturday	Fitness Center; Spec Classes; Spec Events	(480) 312-5810	No	Games, fitness, special events, lunch outings, trips, volunteer opportunities.	
	Paiute Neighborhood Senior Center	2	3	x		3	5							3	6	2;3	7	8	9	10	9:00 a.m. - 5:00 p.m. (see note 11)	M-F	Closed	Spec Classes; Spec Events	(480) 312-0040 or (480) 312-2529	No	Workshops, fitness, movies, monthly potluck, book club, history lectures.	

MUNICIPAL AGING SERVICES INVENTORY

City / Town	Agency Website	Partnership with nonprofit	In-home Case Mgt.	Outreach	Congregate Meals	Home Del. Meals	Transportation						In-Home/Assist. For Independent Living	Specialty	Caregiver Assist.	Vital Signs / Health	Financial	Afford. Housing	Boomers (Newly retired or ready to retire)	Hours	Weekdays	Weekends	Fees	Phone	Age Restrictions	Notes	Socialization
							Fee / Sugg. donation	Bus Tickets	Total Transit Discount Cab	Volunteer Drivers	Reserve-a-Ride / Dial-a-Ride																
NONPROFIT AGENCIES THAT CONTRACT WITH MUNICIPALITIES																											
(A) East Valley Adult Resources																								(480) 962-5612			
(B) Comm. Services of Arizona - Chandler																											
(C) Neighbors Who Care - Chandler																								(480) 895-7173			
(D) About Care - Chandler																								(480) 802-2331			
(E) Foundation for Senior Living																											
(F) Foothills Caring Corps																											
(G) Tempe Community Action Agency																											

- ** Offered by brokerage agencies offering services at centers.
- *** Lunch offered Tuesdays and Fridays; Friday location varies
- **** Lunch offered Tuesday, Wednesday and Thursday for adults ages 60+
- 1. Discovery Point Retirement Community
- 2. Each year non-profit agencies are funded from a variety of sources: CDBG, HOME, General Funds, Scottsdale Cares and the Endowment Fund
- 3. Senior Services are contracted with Non-profit agencies based on the years funding allocation - See note #2 above
- 4. Congregate Meals are provided every weekday
- 5. Transportation assistance is provided through grant funds or donations
- 6. Senior friendly Specialty Classes are offered and also a multitude of support groups and volunteer opportunities
- 7. Many health & wellness programs are available provided either through brokerage agency, senior services contract or by volunteers. There are also Fitness facilities at both Granite Reef and Via Linda for a small fee.
- 8. Seniors needing financial assistance are referred to our Vista del Camino locations which provides rent/mortgage and utility assistance. We also have a holiday program (Adopt-a-Senior) and a Summer program (Beat-the-Heat)
- 9. Seniors needing assistance with renting are referred to our Section 8 program or to Vista del Camino for rent/mortgage assistance
- 10. Events, specialty classes, volunteer opportunities and health & fitness programs are all ways that Boomers can get connected.
- 11. Effective 7/1/2011, weekday hours are 10am to 4pm M-F



**Maricopa County Human Services
Department**

**Point in Time
Needs Assessment Survey**

Report of the Findings

November, 2011

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Background and Introduction

The Maricopa County Human Services Department conducted a point in time needs assessment survey in early fall 2011. The Arizona Community Action Association arranged for data entry and analysis. A total of 1,462 surveys were received. Of these, 195 were completed in Spanish. Surveys were coded by Service Area. Most communities are designated as their own Service Area while three are comprised of a number of communities. The city of Mesa is also a Service Area but a different survey was administered. Findings for Mesa are reported separately.

Service Area	
CSA	Chandler
	Queen Creek
	Gilbert
NW	Anthem
	New River
	Peoria
	Sun Cities
	Youngtown
	Waddell
	Surprise
Avondale	El Mirage
	Avondale
	Goodyear
	Litchfield Park

		Service Area			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Avondale	147	10.1	10.1	10.1
	Buckeye	93	6.4	6.4	16.4
	CSA	335	22.9	22.9	39.3
	Gila Bend	54	3.7	3.7	43.0
	Guadalupe	104	7.1	7.1	50.1
	NW	169	11.6	11.6	61.7
	Scottsdale	268	18.3	18.3	80.0
	Tempe	145	9.9	9.9	89.9
	Tolleson	72	4.9	4.9	94.9
	Wickenburg	75	5.1	5.1	100.0
	Total	1462	100.0	100.0	

This report presents the aggregate findings for all communities in all Service Areas followed by a breakout report for each Service Area.

Needs

Respondents were asked about needs for themselves or their families. Total will not equal 100% as respondents could check more than one item. The most pressing need is for utility assistance followed by food, dental healthcare, clothing (tie) and employment. Based on the data, each respondent indicated between three and four needs.

Need	Frequency	% Yes
Utility Assistance	739	51
Food	594	41
Dental Healthcare	419	29
Clothing	426	29
Employment	415	28
Housing	318	22
Medical Healthcare	279	19
Housing Repairs	204	14
Education	180	12
Prescriptions	192	13
Childcare	175	12
Disability Assistance	146	11
Legal Services	148	10
Job Transportation	138	10
Senior Services	129	9
Youth Services	113	8
Housing Loans	115	8
Income Tax Preparation	117	8
Mental Healthcare	91	6
Budgeting	92	6
Substance Abuse Care	44	3
Domestic Violence Services	41	3

When asked about other needs, themes were related to transportation, school supplies, furniture and household supplies.

- A bike would be great to ride to bus & bus passes for 3 children
- A driver to and from medical procedures
- A phone, bus ticket, an apartment, furniture, clothes
- Adult eyeglasses & dental
- Air conditioning
- Alzheimer's care facility
- Appliances

- Assistance with moving objects watering
- Assistance with rent
- Auto insurance help
- Auto that I drive is 20 years old
- Back pack and back to school supplies
- Bed for the girl & for grandfather
- Behavioral health
- Better transportation (we have none in buckeye now!)
- Bible study group, counseling for grief
- Buss passes to look for a job.
- Career center - Vista Del Camino Community Center
- Cat & dog food
- Christmas needs, transportation
- Cleaning and hygiene assistance
- Clothes & shoes
- Counseling for ADHD disorder need other referrals for assistance
- Counseling for family and spouse and I
- Dating help
- Delinquent credit card debt
- Disabled vet
- Energy bill too high during summer cant afford to pay
- Entrepreneur assistance (business)
- Exercise facilities
- Food
- Food, food, food, no money for gas or
- Furniture
- Furniture for my daughters bedroom and also living room & dining room table
- Gas for transportation
- GED training
- Glaucoma testing, eyeglasses
- Hearing aid batteries
- Help for low income, dentist.
- Help getting a house
- Help getting on my feet bigger place & transportation
- Help moving to cheaper apartment/house
- Help people get their drivers license & a car to drive some people have trouble
- Help with everything
- Help with food and everything
- Home we live in needs to be refurbished
- Homeless shelter where they can shower and eat so they can feel like human being
- Hospital
- House cleaning
- Housing assistance

- How to go about becoming a caregiver for my 18 yr old son who I talk to where do I go
- I don't have a job
- I have bad teeth. Please get me a dental for my teeth. I have a hard time eating my food.
- I need a car, no transportation
- I need assistance for glasses & for hearing aid, & also for rental assistance.
- I need dental health care unable to afford my dentures
- I need English class
- I need grief counseling and I can't afford it. Co-payment.
- I need help getting 3 broken windows fixed
- In home health care
- Isolation
- Job search
- Job training
- Just needing help with bills
- Kitchen pots & pans, plates, have none.
- Laundry soap, trash bags, etc.
- Low-income families need help with deposits and stuff to get into rentals. Dental for adults.
- Maybe some help with Christmas
- Meals on wheels
- Mental assistance
- Mortgage assistance
- Mortgage insurance
- My family member have a lot of food allergies and typical food boxes are not helpful
- My son is in need of a speech pathologist for stuttering/motor tics. He is severe
- My wife can and does want to work but we cannot afford childcare to start it.
- NA/AA meetings, computer literacy
- Need a lawnmower, kitchen ware, pots, pans, muffin pan
- Need a new stove
- Need a water heater
- Need hearing aids badly to help with getting a job.
- Need help with security deposit and house hold items
- Pampers
- Parenting classes
- Police (stop partying)
- Queen size sheets and twin size sheets
- Rent
- Rental assistance
- Ride doctor appointments
- Shelter for homeless people

- Special needs child 19 but doesn't drive so job or education problems challenge of living out of town
- Vehicle insurance
- Vehicle repairs
- Washer and a stove, currently washes by hand and cooks over fire.
- Weatherization
- WIC

Barriers to Accessing Services

Respondents were asked how much of a problem the following barriers presented to either them or to their family in seeking/gaining assistance with basic needs. The biggest barrier is affordability followed by not eligible and don't know where to go for help. The first table shows the breakdown of all responses. The second table shows the mean scores for each item where 1=not a problem, 2=somewhat of a problem and 3=a big problem. A higher mean score indicates a bigger barrier. The standard deviation for each of the barriers indicates the responses were fairly clustered around the mean. The responses were not that spread out.

Barrier	% Not a Problem	% Somewhat of a Problem	A Big Problem
Can't afford fees/cost of assistance	24	46	30
Not eligible/don't qualify for assistance	44	34	23
No Transportation to/for Assistance	57	29	14
Pride (don't want to ask for help)	56	32	11
Don't know where to go for help	39	47	15
Programs/services not available in my area	54	34	12
No childcare while receiving/obtaining benefits	71	21	8
Prior bad experience with service/program	75	19	6
Have to work during service hours	70	23	7
Health/Disability	63	23	14

Barrier	N	Mean	Std. Deviation
Can't afford fees/cost of assistance	1258	2.06	.745
Not eligible/don't qualify for assistance	1230	1.79	.795
No Transportation to/for Assistance	1279	1.58	.742
Pride (don't want to ask for help)	1295	1.55	.701
Don't know where to go for help	1297	1.76	.690
Programs/services not available in my area	1242	1.58	.704
No childcare while receiving/obtaining benefits	1217	1.38	.643

Barrier	N	Mean	Std. Deviation
Prior bad experience with service/program	1251	1.31	.571
Have to work during service hours	1247	1.38	.636
Health/Disability	1280	1.51	.746

Number of People in Household and Ages

Respondents were most likely to live in households with four to six people.

Number in House	Frequency	Percent
1 to 3	1470	29
4 to 6	2618	51
7 to 9	872	17
10 to 12	131	3
13+	34	1

Those in households were most likely to be age 0-17 with almost one-half being children.

Age	Percent
0 to 17	48
18 to 59	41
60 and older	11

Total Annual Household Income

Over one-half of respondents report annual household income as less than \$10,000 to \$20,000. Fifteen percent have no income.

Total annual household income				
	Frequency	Percent	Valid Percent	Cumulative Percent
No income	198	13.5	15.1	15.1
<\$10,000	477	32.6	36.3	51.4
\$10,001-20,000	358	24.5	27.2	78.6
\$20,001-30,000	182	12.4	13.9	92.5
\$30,001-40,000	49	3.4	3.7	96.2
\$40,001-50,000	29	2.0	2.2	98.4
\$50,001-60,000	8	.5	.6	99.0
\$60,001-70,000	2	.1	.2	99.2
\$70,001 and above	11	.8	.8	100.0
Total	1314	89.9	100.0	

		Total annual household income			
		Frequency	Percent	Valid Percent	Cumulative Percent
Missing	System	148	10.1		
Total		1462	100.0		

Looking at income by Service Area, those in CSA (Chandler, Queen Creek and Gilbert) were most likely to report no income. Of interest, the Scottsdale Service Area was the second most likely.

Service Area * Total annual household income Crosstabulation										
	No income	Total annual household income								Total
		<\$10,000	\$10,001-20,000	\$20,001-30,000	\$30,001-40,000	\$40,001-50,000	\$50,001-60,000	\$60,001-70,000	\$70,001 and above	
Avondale	27	41	29	16	3	4	2	0	0	122
Buckeye	5	33	17	12	5	1	2	1	1	77
CSA	48	106	84	50	19	10	1	0	0	318
Gila Bend	4	14	12	9	5	0	1	0	1	46
Guadalupe	23	41	14	10	3	0	0	0	0	91
NW	16	35	55	24	6	4	0	0	0	140
Scottsdale	38	98	68	24	1	4	2	1	8	244
Tempe	18	70	37	13	1	3	0	0	0	142
Tolleson	13	20	21	10	4	0	0	0	0	68
Wickenburg	6	19	21	14	2	3	0	0	1	66
Total	198	477	358	182	49	29	8	2	11	1314

Single Parent

Over one-third report being a single parent; of those who do, 91% are female.

Are you currently a single parent of a minor child or children?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Yes		504	34.5	36.3	36.3
No		885	60.5	63.7	100.0
Total		1389	95.0	100.0	
Missing	System	73	5.0		
Total		1462	100.0		

Are you currently a single parent of a minor child or children? * Gender Crosstabulation					
		Gender			Total
			Male	Female	
Are you currently a single parent of a minor child or children?	Yes	Count	45	435	480
		%	9.4%	90.6%	100.0%

Raising Grand or Great Grandchildren

Almost 9% of those who responded to this item report raising grand- or great-grandchildren.

Are you currently raising any grandchildren or great-grandchildren?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	121	8.3	8.7	8.7
	No	1263	86.4	91.3	100.0
	Total	1384	94.7	100.0	
Missing	System	78	5.3		
Total		1462	100.0		

Problems with Childcare Services

From the responses, it appears that aside from cost, childcare issues are not a significant problem for most respondents.

Problem	Percent
No barriers	24
Cost	12
Hours not sufficient	2
Children have special needs	3
Location of childcare providers	3
No transportation	6
Not enough childcare providers	2
Quality of childcare providers	3
Does not apply	35

Household Members without any Health Insurance

In response to this item, respondents indicate that a total of 1,140 (22%) household members report not having any health insurance. Of these, over one third are under age 18 and 16% are over age 65.

Age of those without Health Insurance

Age Group	Frequency	Percent
Under Age 18	431	38
Over Age 65	112	16

Problems Obtaining Health Care

Respondents were asked about problems obtaining health care. Results indicate that although a large number do not have health insurance, a lower percentage has problems obtaining health care.

Problem	Frequency	Percent
No Problems	739	54
Cost	269	20
No insurance	269	20
No doctor in my area	38	3
No transportation to doctor	74	5
No childcare during appointment	26	2
No adult care during appointment	17	1

Employment Status

Almost one-half are unemployed, either searching or not searching. Only 5% report working full time with benefits.

	Employment status			Cumulative Percent
	Frequency	Percent	Valid Percent	
Full-time	187	12.8	13.9	13.9
Full-time with benefits	69	4.7	5.1	19.0
Retired	274	18.7	20.3	39.3
Part-time	185	12.7	13.7	53.0
Part-time with benefits	21	1.4	1.6	54.5
Unemployed/Job searching	462	31.6	34.2	88.7
Unemployed/not searching	151	10.3	11.2	99.9
Unemployed/Disabled	1	.1	.1	100.0
Total	1350	92.3	100.0	
Missing System	112	7.7		
Total	1462	100.0		

Benefits

Of those who responded to this item, almost one-half report they do not have any benefits.

Benefit	Frequency	Percent
Health insurance	159	12
Hospital insurance	64	5
Dental insurance	122	9
Vision insurance	108	8
None	571	43

Barriers to Employment

Of those responding to this item, the most commonly cited barrier is pay too low to support the family. This was followed by physical disability and lack of transportation.

Barrier	Frequency	Percent
No barriers	280	21
No jobs for my field	116	8
Mental Disability	64	4
Pay too low to support family	192	14
No childcare during work	99	7
Physical Disability	170	13
Lack of training or experience	143	10
No adult care during work	15	1
Not enough hours offered	106	7
No transportation	166	11

Transportation

The survey asked about transportation with 67% reporting they have reliable transportation. Regarding barriers, respondents were most likely to cite the price of gas and not having a car or being able to afford a car. Totals will exceed the number of respondents because more than one item could be checked.

	Percent Yes
Do you have reliable transportation?	67%

Barrier	Frequency	Percent
No barriers	451	33
No bus routes near work	83	6
No car/can't afford car	278	21
Price of gas	480	35
No public transportation	64	5
No car insurance	102	7
No bus routes near home	89	6
No private transportation	95	7

Housing

Housing Problems

Although almost one-half indicate they do not have any problems related to their housing, the most common problems were related to the number of bedrooms and the cooling/heating system.

Housing Problem	Frequency	Percent
Not enough bedrooms	209	15
Problems with plumbing	131	9
Cooling/heating system inadequate/not working	185	13
Unsafe neighborhood	76	6
Problems with electrical system	77	6
Roof/structural problems	124	9
None/does not apply	675	49

Type of Residence

Over one-half report they are renting. Almost one-third are home owners (with and without a mortgage).

Type	Frequency	Percent
Rental Unit	814	58
Live with family/friends	153	11
Home with mortgage	233	17
Shelter	13	<1
Home you own (no mortgage)	160	11
Homeless	42	3

Major Housing Concerns

Respondents were most likely to report the cost of utilities as their most pressing concern. This was followed by high rent.

Housing Concern	Frequency	Percent
Utilities too high	760	54
Rent too high	376	25
House needs major repairs	164	11
Mortgage too high	101	7
Can't find house in price range	126	9
No concerns currently	288	21

Communication

Respondents were asked about telephone, computers and Internet access. They were almost twice as likely to have a cell phone than a landline. One-third has a computer.

Item	Frequency	Percent
Phone/Land Line	560	40
Cell phone	986	70
Computer	457	33
Internet access	416	30

Demographics

Age

Just over one third were between the ages of 25 and 39 with another approximate one-third being age 40-59.

		Age			
		Frequency	Percent	Valid Percent	Cumulative Percent
	<20	23	1.6	1.7	1.7
	20-24	72	4.9	5.2	6.9
	25-39	513	35.1	37.3	44.2
	40-59	462	31.6	33.6	77.8
	60-64	78	5.3	5.7	83.5
	65-79	174	11.9	12.7	96.1
	>80	53	3.6	3.9	100.0
	Total	1375	94.0	100.0	
Missing	System	87	6.0		
Total		1462	100.0		

Marital Status

Respondents were most likely to be single.

		Marital Status			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Single	489	33.4	36.0	36.0
	Married	440	30.1	32.4	68.4
	Divorced	214	14.6	15.8	84.2
	Widowed	121	8.3	8.9	93.1
	Separated	94	6.4	6.9	100.0
	Total	1358	92.9	100.0	
Missing	System	104	7.1		
Total		1462	100.0		

Race

With regard to race and ethnicity, respondents were most likely to report being White or Latino.

		Race			
		Frequency	Percent	Valid Percent	Cumulative Percent
	White/Caucasian	506	34.6	37.5	37.5
	Black/African American	158	10.8	11.7	49.2
	Hispanic/Latino	518	35.4	38.4	87.6
	Bi-Racial/Multiracial	44	3.0	3.3	90.8
	American Indian	107	7.3	7.9	98.7
	Asian	13	.9	1.0	99.7
	Pacific Islander	4	.3	.3	100.0
	Total	1350	92.3	100.0	
Missing	System	112	7.7		
Total		1462	100.0		

Gender

Respondents were much more likely to be female with over three-quarters so reporting.

		Gender			
		Frequency	Percent	Valid Percent	Cumulative Percent
	Male	274	18.7	20.2	20.2
	Female	1081	73.9	79.8	100.0
	Total	1355	92.7	100.0	
Missing	System	107	7.3		
Total		1462	100.0		

Level of Education

As to education, almost 20% completed high school and 38% had some college or higher.

	Level of Education			
	Frequency	Percent	Valid Percent	Cumulative Percent
Some grade school	78	5.3	5.6	5.6
Completed grade school	125	8.5	8.9	14.5
Some High School	251	17.2	18.0	32.5
G.E.D.	31	2.1	2.2	34.7
Completed High School	277	18.9	19.8	54.5
Some Technical School	55	3.8	3.9	58.5
Completed Technical School	50	3.4	3.6	62.1
Some College	312	21.3	22.3	84.4
Associate Degree	108	7.4	7.7	92.1
Bachelor's Degree	78	5.3	5.6	97.7
Master's Degree	28	1.9	2.0	99.7
Doctorate	4	.3	.3	100.0
Total	1397	95.6	100.0	
Missing System	65	4.4		
Total	1462	100.0		

Spanish Speaking Person

Fifteen percent indicate they are Spanish speaking with 13% (195) of the surveys being completed in Spanish.

	Percent Yes
Spanish Speaking	15%

Conclusion

Just over one third were between the ages of 25 and 39 with another approximate one-third being age 40-59. They were most likely to be single females. Regarding race and ethnicity, 38% were White and 38% were Latino. Fifteen percent indicate they are Spanish speaking with 13% (195) of the surveys being completed in Spanish. As to education, almost 20% completed high school and 38% had some college or higher.

Almost one half of the survey respondents' household members are children. Just over one-third are single parents. Over one-half of respondents report an annual income less than \$10,000. By Service Area, those in CSA (Chandler, Queen Creek and Gilbert) were most likely to report no income. Of interest, the Scottsdale Service Area was the second most likely.

The data indicates that childcare issues are not particularly problematic. Health insurance is a problem with 38% of household members under the age of 18 without insurance. However, over one-half indicate no problems in obtaining health care.

Almost one-half are unemployed, either searching or not searching. Although 14% are working full-time, only 5% report working full time with benefits. When asked about barriers to employment, respondents were most likely to cite pay being too low to support the family. This was followed by physical disability and lack of transportation.

One-third does not have reliable transportation. The most common barriers to transportation were the price of gas and not having a car or being able to afford a car.

Over one-half report they are renting. Almost one-third are homeowners (with and without a mortgage). Problems related to housing were the number of bedrooms and the cooling/heating system (inadequate or not working). Respondents were also most likely to say their utilities were too high (54%) or their rent was too high (25%).

Most have a cell phone (70%) but a much lower percentage have a landline (40%). Approximately one-third has a computer and Internet access.