

Older Adult Needs in Maricopa County 2017

WENDY WOLFERSTEIG, PHD
MARA DE LUCA FUNKE, MPH
GRANT YODER, MED
MARY LYNN KASUNIC, PRESIDENT & CEO

ASU Southwest Interdisciplinary
Research Center
ARIZONA STATE UNIVERSITY



AREA AGENCY ON AGING
REGION ONE, INCORPORATED

Table of Contents

Table of Contents.....	ii
List of Tables and Figures.....	iii
Background.....	1
Area Agency on Aging, Region One	1
Research Design.....	1
Older Adults in Maricopa County.....	3
Results	6
Community Focus Groups.....	6
Area Agency on Aging Staff Focus Group	21
Survey Results	24
Conclusions.....	30
Community Needs.....	30
Supports for Independent Living	31
Accessing Community Resources.....	31
Ideal Programming.....	32
Communication.....	32
Area Agency on Aging	32
Appendices	33
Appendix A: Bibliography.....	33
Appendix B: Limitations	34
Appendix C: Focus Group Questions.....	35
Appendix D: Survey Comments.....	37
Appendix E. Survey Instrument.....	46
Appendix F: Demographic Instrument for Focus Groups	51

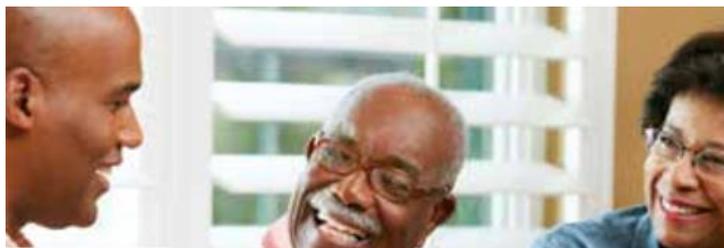
List of Tables and Figures

<i>Figure 1: Number of Maricopa County Older Residents Population Projections by Age Categories</i>	3
<i>Table 1: Demographic Characteristics of Older Adults in Maricopa County 2015</i>	4
<i>Figure 2: Number of Persons 65+: 1900-2060 (numbers in millions)</i>	5
<i>Figure 3: Gender, Age, and Ethnicity of Focus Group Participants</i>	6
<i>Figure 4: Community Assets Word Cloud</i>	7
<i>Table 2: Community Assets</i>	7
<i>Figure 5: Community Needs Word Cloud</i>	8
<i>Table 3: Community Needs</i>	9
<i>Table 4: Community Supports</i>	10
<i>Figure 6: Independent Living Word Cloud</i>	12
<i>Table 5: Independent Living Assets</i>	12
<i>Table 6: Barriers to Independent Living</i>	14
<i>Table 7: Resource Hubs</i>	15
<i>Table 8: The Ideal Program</i>	17
<i>Table 9: Marketing Channels</i>	18
<i>Table 10: Use of Area Agency on Aging’s Services</i>	19
<i>Table 11: Perspectives of Study Participants and Area Agency on Aging Staff</i>	21
<i>Table 12: Percentage of Respondents who have Accessed Selected Area Agency on Aging Services</i>	25
<i>Figure 7: Personal Independence Self-Rating</i>	26
<i>Figure 8: Mobility Self-Rating</i>	26
<i>Figure 9: Self-reported Health Status</i>	27
<i>Figure 10: Concerns among Survey Respondents</i>	28
<i>Table 13: Percent Reporting Difficulty with Activities of Daily Living</i>	29
<i>Table 14: Percent Reporting Mental Health Challenges</i>	29

Background

Area Agency on Aging, Region One

The Area Agency on Aging, Region One is a 501(c)(3) private, non-profit organization that plans, develops, funds, administers, and coordinates programs and services in Maricopa County for adults, 60 years of age and older, family caregivers of older adults, adults ages 18-59 with disabilities and long-term care needs, and persons 18 years of age and over who have a diagnosis of HIV/AIDS. The Agency also serves many special populations such as elder refugees, persons with behavioral health conditions, and victims of late-life domestic violence, elder abuse, and sexual assault. The primary focus of the Agency is to keep persons safe in their own homes.



The Agency is a licensed behavioral health provider through the Arizona Department of Health Services, and certified to bill both Medicare and AHCCCS for mental health services. The Area Agency has been accredited by the international Council on Accreditation since 2006. All Information and Referral Specialists with the Agency's 24-hour *Senior HELP LINE* are certified by AIRS (Alliance of Information and Referral Systems). The Agency is a designated Service Enterprise, which indicates it has met best practices in how it manages and utilizes volunteers.

Research Design

The Area Agency on Aging partnered with the Southwest Interdisciplinary Research Center (SIRC) at Arizona State University to conduct a needs assessment of older adults in Maricopa County. The timing of the assessment was coordinated to guide the development of a new four-year Area Plan. The Agency wanted to know what the major concerns were facing the older adult population, and questions were tailored to discover what allows seniors to continue living in their homes. Finally, the Agency sought to find out how seniors access resources, and the best ways to communicate with older adults. Information on older adults was collected via literature review, eight focus groups, and community surveys.



The first part of the Needs Assessment was to conduct focus group discussions with seniors, family caregivers, and Area Agency on Aging staff. The goal of these discussions was to gain a deeper insight into what seniors (and those interacting with them) believe are the greatest needs facing the Maricopa County older adult population. The Agency selected seven communities across Maricopa County as focus group sites. An additional focus group was held with the Agency program staff for a total of eight focus groups.

Because the Agency staff are familiar with the senior population, they were responsible for recruiting focus group participants; SIRC staff served in an advisory role for recruitment. The recruitment focus was on individuals who do not currently access the Agency's services. The Agency staff, trained by SIRC, were responsible for facilitating focus group discussions, with the exception of the Agency staff focus group which was facilitated by SIRC.

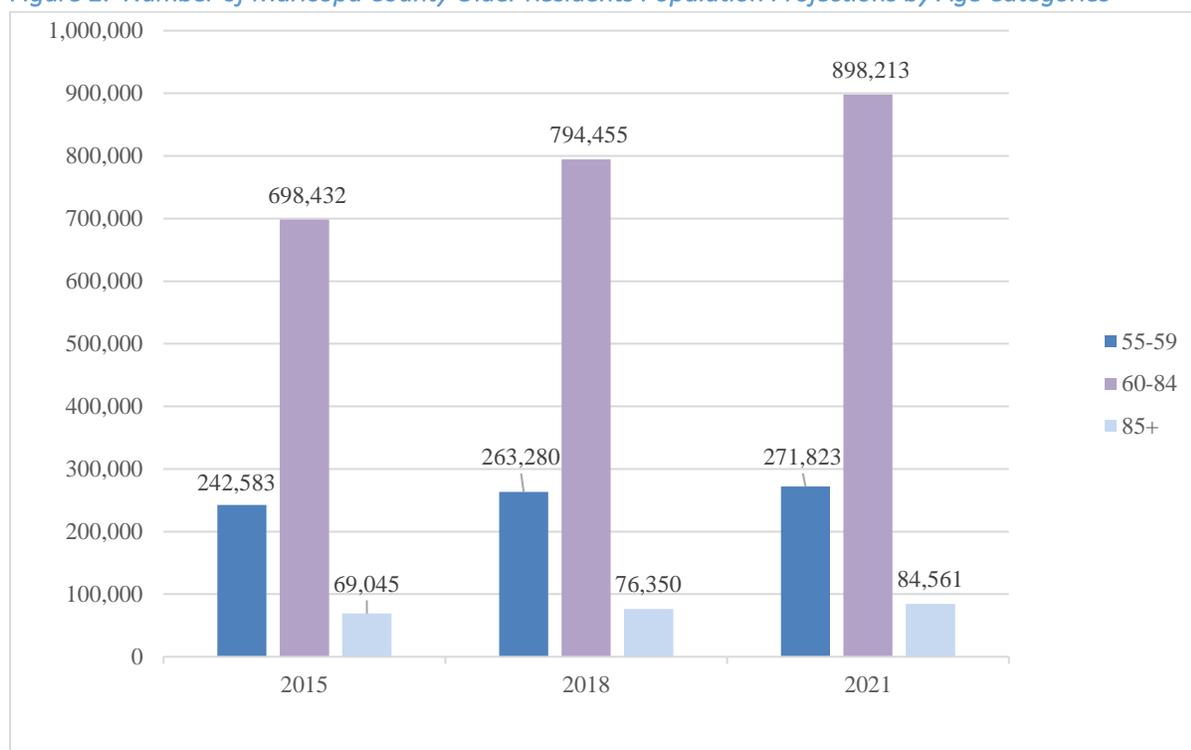
Focus groups were conducted between November 30, 2016 and December 13, 2016. Each session was scheduled for 90 minutes. For a complete list of focus group questions, please see Appendix C. There was a total of 80 community-based focus group participants.

Additionally, SIRC in collaboration with the Agency developed a Community Assessment Survey to supplement the findings from the focus groups. Electronic and paper versions of these surveys were made available for distribution to seniors in Maricopa County. The electronic version of the survey was made available via Qualtrics online survey software, and the survey link was uploaded to the Agency homepage and the newsletter in January 2017. Paper copies of the survey were distributed by the Agency staff at large community and social service events in January.

Older Adults in Maricopa County

Maricopa County is home to over four million residents, nearly a quarter of which are considered older adults age 55 and over. In 2015, it was estimated that there were 4,076,438 Maricopa County residents of which 1,010,060 (24.8%) were age 55 and over; of those, 767,477 were 60 or over, (18.8% of the population), with 698,432 age 60-84 (17.1%) and 69,045 age 85 or older (1.7%)¹. Figure 1 displays the 2015, 2018, and 2021 projections for Maricopa County adults 55 to 59, 60 to 84, and 85 and over according to the Census estimate (medium series 2015)²; as the next Area Plan is for implementation years 2018 through 2021, population growth projections for these years offer an important context.

Figure 1: Number of Maricopa County Older Residents Population Projections by Age Categories



Older adults in Maricopa County age 55 and over are growing at a rate of over 3% annually, with 21.3% total growth from 2015 to 2021 and projected to comprise 27.5% of the total population (1,254,597) by 2021. The 85+ group is projected to comprise 1.8%, 84,561 people in 2021.

The demographic population of older adults in Maricopa County is somewhat different than that of the population at large. The general population is 50.6% female, while the population of adults age 60 and over is comprised of 54.6% females, reflecting the longer life expectancy among women. The racial and ethnic composition among older adults (OA) is also less diverse than the general population (GP)³.

Table 1: Demographic Characteristics of Older Adults in Maricopa County 2015

Demographic Characteristic	Older Adults	General Population
White	90.2%	79.6%
Black or African American	3.2%	5.2%
American Indian or Alaska Native	0.8%	1.9%
Asian	2.7%	3.8%
Native Hawaiian or Pacific Islander	0.1%	0.2%
Some other race	2.1%	6.2%
Two or more races	0.9%	3.1%
Hispanic or Latino (of any race)	11.3%	30.1%
White alone (not Hispanic or Latino)	81.4%	57.3%

Adults over 60 are more likely to be married (59.6%), widowed (18.2%), or divorced (16.1%) compared to the general population over 18, who are more likely to have never been married (47.1% married, 5.1% widowed, 12.2% divorced). Of adults over 60, 5.7% share a household with grandchildren, and one-fifth (20.6%) are veterans. Older adults are far more likely to be living with a disability, 29% compared to 10.5% of the population at-large.

Older adult populations exhibit approximately the same proportion of native-born U.S. citizens as the population at large, just over 86%. However, adults over 60 are more likely to speak English exclusively at home (84.3%), and more likely to speak English “very well” (92.3%) when compared to the general population (73.5% and 90.5% respectively).

The median household income for Maricopa County residents is \$55,402, while the median income for residents over the age of 55 is \$51,240. The median household income for residents over 75 years old is only \$33,824. Approximately 12.1% of seniors over 55 make less than \$15,000 per year, and nearly a quarter of seniors (23.8%) earn less than \$25,000⁴. About one in ten (9.2%) of adults over 60 lives in poverty⁵.

- About a quarter (26.5%) of adults over 60 years old are actively in the labor force; 63.5% of the population 16 years and older are in the labor force.
- Adults over 60 are less likely to have Supplemental Nutrition Assistance Program benefits (SNAP, formerly known as Food Stamps) (6.9%) than the general population (11.8%).
- Older adults are more likely to be homeowners (79.5%) compared to the population at large (60.7%).
- Older adults living in renter-occupied housing units are more likely to spend 30% or more of their income on housing (55.7%) compared to the general population (46.4%)⁶.

On average, the health status of Arizona adults over 65 is comparable or better than national or state level rates, in terms of many health indicators. However, older adults in Maricopa County are slipping into poverty every year without ways to supplement their income. Seniors who live in poverty are an especially vulnerable group due to increased physical limitations, medical needs, and social isolation.

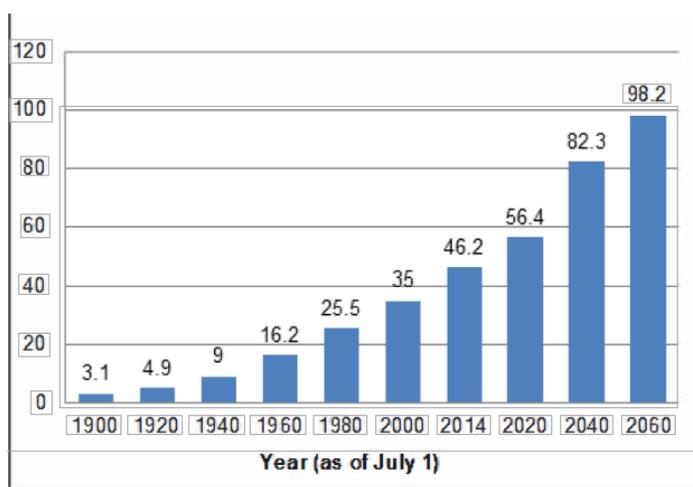
Moreover, 7.3% of Medicare beneficiaries in Maricopa County were treated for Alzheimer’s disease or dementia. Dementia severely affects memory, language, complex motor skills, and other intellectual abilities that can interfere with daily life. In addition, over 30% of Arizona adults age 60 and older have at least one disability⁷. In Maricopa County, 13.1% of adults 65 and older report difficulty living independently⁸.

Nationally, the *Profile of Older Americans: 2015*, presents the following information.

The older population will continue to grow significantly in the future (Figure 2). This growth slowed somewhat during the 1990's because of the relatively small number of babies born during the Great Depression of the 1930's. But the older population is beginning to burgeon as the "baby boom" generation begins to reach age 65.

The population age 65 and over has increased from 36.2 million in 2004 to 46.2 million in 2014 (a 28% increase) and is projected to more than double to 98 million in 2060. By 2040, there will be about 82.3 million older persons, over twice their number in 2000. People 65+ represented 14.5% of the population in the year 2014 but are expected to grow to be 21.7% of the population by 2040. The 85+ population is projected to triple from 6.2 million in 2014 to 14.6 million in 2040.⁹

Figure 2: Number of Persons 65+: 1900-2060 (numbers in millions)

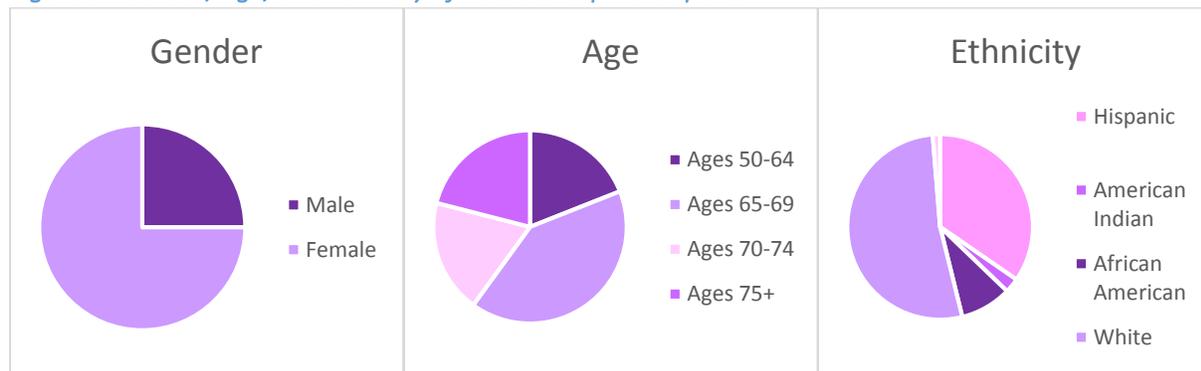


Results

Community Focus Groups

Seventy participants contributed to seven community-based focus group sessions. Demographic surveys showed that three-fourths of participants were female. About a fifth of participants were between the ages of 50 and 64, two-fifths 65 to 69, and the remaining two-fifths 70 and over. About half of participants (53%) self-identified as White, about a third (35%) as Hispanic, 9% as African American and 3% as American Indian.

Figure 3: Gender, Age, and Ethnicity of Focus Group Participants



The focus group sessions took place across the county, geographically speaking. In the Central Valley, focus groups took place in South Phoenix and Central Phoenix. In the West Valley, groups were held in Avondale/Tolleson and Peoria/Sun City. Finally, in the East Valley the Agency hosted sessions in South Scottsdale/Tempe, North Scottsdale/North Phoenix, and Chandler. The same questions were asked at each focus group, and data are presented in the form of quotations, word clouds, and tables. In the tables, the item in question was selected if the idea was included in the session discussion. The South Phoenix focus group was the only session conducted in Spanish.

For more information about focus group recruitment and facilitation, please see the Research Design section and Appendices with the Limitations and Focus Group Questions.



Focus Group Participant’s Quote

We worked all our lives contributing and yet sometimes they do not give us what we need.

When asked about the greatest needs of seniors, there were many similar ideas expressed across the sites. The most commonly identified themes were the need for affordable housing, for better information, for health insurance/premiums/copays, and for more transportation. These themes resonated throughout the focus group series. Other important themes were related to limited finances, limited access to nutrition and social services, and supporting oneself. Participant responses often referred to trouble finding help, getting help, and the associated “red tape.” Table 3 lists the overlapping themes discussed in multiple focus group sites.

Table 3: Community Needs

Idea mentioned in focus group	AT	CP	CR	NS	PS	SP	ST
Affordable housing	X	X	X		X		X
Health insurance, premiums, copays	X	X		X	X		X
Better information	X		X	X	X	X	
Transportation		X		X	X	X	X
Living on a fixed income	X		X				X
More senior resources	X			X		X	
Can’t afford nutritious food	X				X		X
Not enough help (i.e. food stamps)			X		X	X	
Reducing isolation	X					X	X
Spirituality, churches	X		X				
Financial needs, generic	X				X		
Lighting in the streets, infrastructure	X					X	
Paying for utilities	X						X
Price of medications too high	X						X
Supporting those without family			X			X	
Public safety, police				X		X	
Mobility and accessibility concerns					X	X	
Threats to governmental programs					X		X
Trouble with applications						X	X
Too much reliance on government							X

A/T = Avondale/Tolleson, CP = Central Phoenix, CR = Chandler, NS = North Scottsdale/North Phoenix, PS = Peoria/Sun City, SP = South Phoenix, and ST = South Scottsdale/Tempe

In the Avondale/Tolleson group, support for Alzheimer’s patients was named, as was caregiver respite and long term care needs. The emotional state of older adults was also discussed in this group, for example, seniors’ fear of losing independence and potential difficulty trusting others. General physical health problems were noted as well.

A Central Phoenix participant noted a need for more recreation and entertainment for seniors. Chandler participants specifically mentioned oral health needs, the need for accessible hoarding programs, and legal needs. A North Scottsdale/North Phoenix participant described the need to reduce stress.

In South Phoenix, participants felt that one of the greatest needs was to actually listen to community members. Medicare fraud and mental health/depression were discussed. Someone mentioned a need for nurses who provide home-based health care, and another a need for help doing yard work.

The presence of a homeless population was discussed as a problem in the South Scottsdale/Tempe group. Another complaint was that the Social Security system was broken. One participant felt there was too much reliance on the government.

COMMUNITY SUPPORTS

Participants provided information on what types of supports they see others using in *our* communities. The most frequently mentioned service was public transportation, a topic discussed frequently across all the groups. Having the support of family/friends, meals delivered to their homes, and volunteer services were all important supports systems in use by seniors. Participants discussed that there were options available through libraries, senior centers, municipal departments, and the Area Agency on Aging, but getting the services out to folks was the greater challenge. Table 4 displays community supports in order of importance.

Table 4: Community Supports

Idea mentioned in focus group	AT	CP	CR	NS	PS	SP	ST
Public transportation		X	X	X		X	X
Family, friends support	X	X			X		
Volunteer programs		X	X				X
Home Delivered Meals [on wheels]			X	X			X
Fire Department (lock boxes, smoke alarms)		X		X			
Area Agency on Aging		X					X
Library, computers		X					X
Counseling			X	X			
Senior Center(s)				X			X

A/T = Avondale/Tolleson, CP = Central Phoenix, CR = Chandler, NS = North Scottsdale/North Phoenix, PS = Peoria/Sun City, SP = South Phoenix, and ST = South Scottsdale/Tempe

Focus Group Participants' Quotes

I have to rely on formal help agencies. Because the people I had died or moved out the state and I'm on my own.

We are really blessed (in our senior community) because if one of us is sick we cook for the other one. Our little subdivision only has 32 apartments. We're family.

The Good Neighbor organization and YANA (You Are Not Alone) program were named as supports by the Avondale/Tolleson group. The Foundation for Senior Living and Tempe Neighbors Helping Neighbors were mentioned in the Central Phoenix group.

Chandler focus group participants specifically mentioned the SHIP program and *Senior HELP LINE*, run by the Agency. Neighbors Who Care was another program called out specifically, and the Veteran's Administration was named. Help with taxes and help getting food also were mentioned.

The Board of Sustainable Seniors and DUET program were mentioned in the North Scottsdale/ North Tempe focus group. Help with errands and wellness checks, in general, were suggested in this session. Participants in the South Phoenix group specifically mentioned mobility instruments (such as carts, walkers, ramps) and handicap parking spaces.



The Agency's Medicare trainings were appreciated by members of the South Scottsdale/Tempe group. Dental work done at the convention center was cited. Social clubs, such as the VFW, AARP, or Lions Club were mentioned. Gateway Community College was also named in the South Scottsdale session. Seniors reported they relied on Gateway for free health services such as physical rehabilitation and dental care.

CONTINUE RESIDING AT HOME

Next, seniors were asked what makes it possible for them to continue living at home as they get older. The word cloud in Figure 6 displays the most common answers to this question, with larger words having more frequent mentions.

Avondale/Tolleson participants mentioned Senior Centers and home delivered meals (such as Meals on Wheels) as being pivotal supports for older adults who would like to continue living at home. Health care and caregiver respite were mentioned in the Central Phoenix group. Also suggested was a program similar to Tempe Neighbors Helping Neighbors. A participant in the North Scottsdale/North Phoenix group responded “hearing aids.” Emergency alert systems and help running errands were discussed.

In the South Phoenix group, it was felt that recourse when things are stolen helps allow older adults to stay living at home. One participant mentioned that when he had things stolen from his home, there was no where he could turn to get the items back. Confidence was also a necessary quality. Other character qualities mentioned include patience and flexibility with caregivers. Government programs and home care workers were seen as being highly valuable. Health advocates and insurance navigators were the only suggestion from the South Scottsdale/Tempe group. This question was not asked in the Chandler focus group session.

BARRIERS TO INDEPENDENT LIVING

Participants were asked what barriers they and other seniors have to continue living at home. Several common barriers were mentioned including fear, and especially fear of falling, and related home mobility issues (bathroom, safety, ramps). A non-supportive or non-existent family support system was a concern. The ability to obtain transportation as well as to obtain and prepare food continued to arise as issues as well; once again accessing and navigating resources was cited as a barrier.



Focus Group Participants' Quotes

What do we do and where do we go for answers? It's like you run into a brick wall. Where do I go for solutions?

The more you make, the less you get.

Table 6: Barriers to Independent Living

Idea mentioned in focus group	AT	CP	CR	NS	PS	SP	ST
Fear, fear of falling	X	X	X	X			
Non-supportive family, lack of family	X	X		X		X	
Obtaining food	X	X			X		X
Need help cleaning up, yard work	X	X			X		
Lack of affordable transportation	X		X		X		
Preparing food		X			X		X
Unaware of resources		X			X		X
Unable to navigate programs	X	X					
Self-reliance, unwilling to accept help	X					X	
Lack of caregiver, wellness check		X			X		
Mobility (bathroom, safety, ramps)		X			X		

A/T = Avondale/Tolleson, CP = Central Phoenix, CR = Chandler, NS = North Scottsdale/North Phoenix, PS = Peoria/Sun City, SP = South Phoenix, and ST = South Scottsdale/Tempe

Focus Group Participants' Quotes

In the Midwest, we used to have no walls, at all. You always knew your neighbors and the people around you. Here you have walls. I've said hello to my neighbors, they say hello to me, but we don't know each other. It's a big concern of mine.

Cleaning is a problem because I cannot get on my knees to scrub the shower, floor. I also have back problems. I also can't stand very long. I do a little here and there but can't stay long.

A participant from Avondale/Tolleson talked about just barely not qualifying for certain government assistance programs, and that affordable housing was an issue. Homebound older adults were of concern. Finances and isolation were general concerns in the Central Phoenix session discussion. Another issue was sorting one's mail and paying bills. Caregiver respite was also cited as a need. Mental health needs and linguistic isolation were mentioned in the Chandler community. The North Scottsdale/North Phoenix session mentioned hoarding and house maintenance issues as barriers to remaining at home. Participants in the Peoria/Sun City group felt they needed assistance avoiding scammers.

South Phoenix participants mentioned that some older adults are not comfortable having others meddle in their personal affairs, as things could get stolen. Another concern was that the government often removes helpful programs. Participants felt they did not live in a supportive

community. Sometimes, participants described, workers just do not show up. South Scottsdale/Tempe participants felt there was a stigma against aging.

RESOURCE HUBS

Seniors reported a wide variety of ways for getting their information. Senior centers and the library were frequently cited, along with “the internet, websites, or Google.” There was also mention that a lot of older people do not use the internet. The Area Agency on Aging, neighborhood newsletters (both print and electronic), and city offices were also trusted resource sites. (It should be noted that approximately 58% of adults over 65 nationwide are regular internet users.¹⁰)

Focus Group Participants’ Quotes

My sister laughs because everything I do I just say ‘google it!’ But my sister does not know how to use the computer so I just tell her to come to the Senior Center.

It’s ridiculous to pay \$60 to \$80 a month for internet. They took away our channels and made us get these boxes. They promised that would give us cheap internet.

Table 7: Resource Hubs

Idea mentioned in focus group	AT	CP	CR	NS	PS	SP	ST
Senior Centers	X	X	X		X		X
Library	X	X		X	X		X
People don’t use the internet	X	X	X	X			
Internet/Websites/Google	X	X	X		X		
Neighborhood-specific newspapers	X	X	X				X
Churches and synagogues		X	X	X		X	
City Office	X		X		X		
Email lists and newsletters	X	X		X			
Area Agency on Aging		X	X				X
Community Info & Referral 211			X				X
People don’t know where to go					X		X

A/T = Avondale/Tolleson, CP = Central Phoenix, CR = Chandler, NS = North Scottsdale/North Phoenix, PS = Peoria/Sun City, SP = South Phoenix, and ST = South Scottsdale/Tempe

A participant from the Avondale/Tolleson focus group said that unfortunately, seniors still have to stumble upon good information to find it. The information process was described as a random, serendipitous find.

The Central Phoenix group mentioned obtaining information from one's doctor's office. The Arizona Commission for the Deaf and the Hard of Hearing, Hearing Loss Association of America, Senior Olympics, and North Central News were also cited. The Chandler group cited television commercials, the Elder Resource Guide, and word of mouth. Splash, the Sun Lakes Newsletter, was named as well.

North Scottsdale/North Phoenix participants said they got important information from Meals on Wheels delivery drivers. Home Owners Associations also seem to have an impact. Many times, older adults get information from their neighbors. Walmart was also mentioned.

Peoria/Sun City said Banner Health and also cited social workers.

South Phoenix participants noted the fire department and food banks, in general. Specific entities mentioned include the ETC Agency, the Salvation Army, Chicanos Por La Causa, and Friendly House.

The South Scottsdale group mentioned the Lions Club, AARP, and Gateway Community College as trusted resources. A participant said they still got their information from the newspaper. Services clubs, the Value Pack coupon book, and the *Senior* HELP LINE were on the list of resources.

THE IDEAL PROGRAM

Focus group participants were asked if they waved a magic wand, what their ideal program would look like. Providing centralized information was the most important component of the seniors' ideal program. Free or inexpensive transportation, and related assistance such as someone to run errands, or fetch and prepare foods would be helpful for those wanting to remain living at home. Other needs cited pertained to financial needs, mobility, and self-care. Participants suggested the program control costs by relying on volunteers.

Focus Group Participants' Quotes

A person to come in three to four times a week to prepare meals, do the wash, help with cleaning. Assistance with no money involved. Run to the grocery store for you. You're constantly paying money for [services]; we're on a fixed income.

Someone coming to check in and provide the resources to help. Food; a lot of seniors are not able to fix the food unless they get food baskets. Don't have the comprehension to fix their own food, they end up forgetting and burning it...Transportation. Some get into a vehicle and forget where they are going.

The following overlapping themes were taken from focus groups:

Table 8: The Ideal Program

Idea mentioned in focus group	AT	CP	CR	NS	PS	SP	ST
Provide centralized information	X		X	X	X		X
Free or inexpensive transportation	X	X				X	X
Someone to run errands		X		X		X	
Someone to fetch and prepare foods		X				X	X
Bilingual and/or low literacy-level	X				X		
Income assistance	X					X	
Prepared foods or food boxes	X						X
Assistance with self-care, grooming		X		X			
Relies on volunteers		X		X			
Someone to do yard work, clean house		X			X		
Reduce isolation		X				X	
In-home health aids				X		X	
Community village model, events					X		X
Medication supervision							X

A/T = Avondale/Tolleson, CP = Central Phoenix, CR = Chandler, NS = North Scottsdale/North Phoenix, PS = Peoria/Sun City, SP = South Phoenix, and ST = South Scottsdale/Tempe

Application assistance and affordable housing were needs in Avondale. Respecting dietary preferences was mentioned in the Avondale/Tolleson group. Literacy programs were also suggested.

Central Phoenix participants discussed a matching profiles application, such as a dating program, that pairs seniors with volunteers. Nextdoor was an application specifically mentioned. Incentives for volunteers, such as reduced student debt, were suggested as well.

Chandler participants mentioned creating a “circles of care” around elders. Area Agency on Aging satellite offices throughout the county were suggested.

The North Scottsdale/North Phoenix group said that the program would have to be tailored from community to community. A new system would have to be created, and more funding is a must. A grandparent programming component was suggested by Peoria/Sun City participants.

Assistance for the disabled and homeless seniors, as well as caregiver respite, was important to South Phoenix residents. A participant from the South Phoenix group responded, “a dairy cow for self-sustainability.”

Eliminating stigma was mentioned in the South Scottsdale/Tempe session. Health and exercise classes were desired, and increased attendance at Senior Centers was noted. Incentives were named as one potential strategy. Attendees discussed the merits of a multidisciplinary program

that includes many sectors such as fire, emergency, social services, and more. Wellness checks were important to this community.

PROGRAM MARKETING

Participants were asked, now that their ideal program had been theoretically created, how would they best get information about that program out into the community? Many participants cited traditional print marketing materials for communicating information about their ideal program (and existing programs). Participants referred to brochures, flyers, or door knockers distributed by agencies or groups of volunteers. The library was a suggested location for print materials, as well. Television commercials were suggested at multiple locations, as well as creating a channel just for seniors. Word-of-mouth through agencies or adult children was suggested; participants also discussed including an informational sheet or blurb in the utility bills.

Focus Group Participant’s Quote

A channel for seniors. They watch TV, constantly.

Table 9: Marketing Channels

Idea mentioned in focus group	CP	CR	NS	SP	ST
Brochures, flyers, posters, knockers	X		X	X	
A television channel for seniors	X		X		
Television, Cox 7	X		X		
Library		X	X		
Through adult children and caregivers		X	X		
By direct mail		X		X	
On Spanish television		X		X	
Social workers			X		X
Magnets			X		

CP = Central Phoenix, CR = Chandler, NS = North Scottsdale/North Phoenix, SP = South Phoenix, and ST = South Scottsdale/Tempe

Avondale/Tolleson participants suggested that Senior Centers may be able to support the effective distribution of information. Ideas generated included mobilizing a group of people from the center to go out into the community and share information; a second way to share information is through seminars scheduled at local Senior Centers. Central Phoenix participants relied on email lists for information. It was also proposed that important information would be well-distributed tucked inside utility bills. Chandler participants suggested that the program target retirees of large corporations as they are leaving. The newspaper was mentioned in this group. Word of mouth was perceived as being important.

North Scottsdale/North Phoenix attendees suggested AARP, Smile On Seniors, and the Area Agency on Aging as good organizations through which to distribute important information. Chabad, as well as churches and synagogues in general were suggested. Including Spanish-speaking audiences was important to this group of participants. Craft fairs and community potlucks were suggested as potential non-traditional venues for distributing information. A special Senior Awareness Day was suggested as a way to draw attention to the needs of older adults. Home Owners Associations are also poised to assist with information sharing. Resource books were favorably mentioned.

South Phoenix residents mentioned Community Centers. South Scottsdale/Tempe participants came up with the idea of creating a “Facebook for Seniors.” Fire, paramedic, and police departments may be able to support information sharing efforts. This question was not asked in the Peoria/Sun City focus group.

AREA AGENCY ON AGING

When asked about using the services of the Area Agency on Aging, participants in four of the seven groups responded that they did use the Agency’s services, while three of the focus groups’ participants reported they did not use the Agency’s services; the Chandler group was not asked this particular question.

Table 10: Use of Area Agency on Aging’s Services

Idea mentioned in focus group	AT	CP	NS	PS	SP	ST
Have not heard of The Agency				X		
We are unaware of the services			X	X	X	
No, have not used AAA			X	X	X	
Legal		X				
Closed support groups		X				
To find educational classes	X					
To help find work	X					
Yes, have used AAA	X	X	X			X

A/T = Avondale/Tolleson, CP = Central Phoenix, NS = North Scottsdale/North Phoenix, PS = Peoria/Sun City, SP = South Phoenix, and ST = South Scottsdale/Tempe

ADDITIONAL INSIGHTS

Affordable health care was a concern in the Central Phoenix group. Research on best practices implemented in other American cities was suggested. Concerns were raised regarding the state of Medicare, and the lack of mental health care in the community. Prevalence of grandparents raising grandchildren was a concern in Chandler.



A participant in North Scottsdale/North Phoenix said that while the Senior Center was an asset, it was still not entirely affordable, and scholarships for programs can be hard to get.

Peoria/Sun City participants expressed a lack of follow through on behalf of the medical community. There were also concerns about elder abuse and isolation.

South Phoenix participants mentioned that they have a homeless problem; there are people sleeping in the streets. They felt that no one talked with them. The food at the Senior Center got a bad review. Another participant expressed gratitude.

South Scottsdale/Tempe participants expressed that people will respond to someone who genuinely cares for them, and a discussion about fear of dying ensued. It was suggested that the Agency study what other nations do to reduce isolation among older adults, and try to learn from those models. Funding for social programs is decreasing. A participant also expressed the barriers associated with isolation and hearing loss.

Area Agency on Aging Staff Focus Group

The staff focus group respondents provided many responses that were similar to those in the seniors’ focus groups including the need for centralized information, and check-in or other services for those seniors living in their homes alone. Staff also mentioned the need for coordinated care for seniors, and the challenges seniors faced with homelessness or living in rural areas. Table 11 elucidates the overlaps and differences between community member and the Agency staff responses:

Table 11: Perspectives of Study Participants and Area Agency on Aging Staff

Common ideas expressed by both staff and seniors	
<ul style="list-style-type: none"> • A great need for centralized, up to date information • Challenges reaching homebound persons • Providing a “check in” service for those isolated living at home • The cultural norm of not accepting help among this generation makes it difficult for seniors to accept services • The need for early education • Help needed with home maintenance • Help needed with proper nutrition and meal preparation • Social Security is not a living wage • Direct community outreach is extremely important 	
Ideas expressed by seniors	Ideas expressed by staff
<ul style="list-style-type: none"> • Challenges with transportation • Family as a source of support • Importance of Senior Centers • Concern with those in assisted living • Fear of falling 	<ul style="list-style-type: none"> • Need for coordinated care • Filing taxes is a major challenge • Specific needs for seniors in rural areas • Homelessness among senior populations

COMMUNITY ASSETS

The 24-hour *Senior HELP LINE* was seen as a major asset among the Agency staff. The associated Elder Resource Guide is viewed as reliable and comprehensive. The staff viewed themselves and others as being resourceful, professional, and individual. The Agency was seen as being innovative in program creation and outreach. One participant felt that the agency is rightfully proud and effective at removing community silos.

COMMUNITY NEEDS

Access to information and resources, similar to the community groups, was seen as being one of the greatest community needs. Staff discussed that since many clients do not have access to the internet, a phone number and resource guide are still necessary.

Homebound seniors were a major concern, as many neglect themselves, and wellness checks could help this issue. Nutrition classes and health education were needed; cooking classes, especially for those who recently lost a spouse, would be helpful as well.

Meeting the needs of the blind was referenced as a unique challenge.

Focus Group Participants' Quotes

It is a generation that didn't ask for help, and you pulled yourself up by your bootstraps. They don't want to burden their children. It is a generational thing.

COMMUNITY SUPPORTS

Staff discussed the wide range of Senior Center modernity and quality. The main purpose of Senior Centers is to reduce isolation. Nevertheless, transportation to the Senior Center is a challenge for many.

Focus Group Participant's Quote

We are only seeing a fraction of the people that need help.

CONTINUE RESIDING AT HOME

Staff respondents shared that having a support system, such as family, was key to seniors remaining at home. Improved coordination of care can be very helpful to an older adult, including medical appointments and medication management.

Programs like SAIL Home Care can help older adults remain independent, but funding is constantly being threatened and reduced.

Participants felt that access to money was one of the most important factors for seniors who choose to remain at home.

BARRIERS TO INDEPENDENT LIVING

The Agency staff responses were consistent with those of community members. Once again, medication management was a concern. Simple things like eating and drinking can be a challenge, according to the Agency staff participants. Taking care of one's home and cleaning is very challenging on an aged body. Routine home maintenance can be a problem. Small, subsidized charges can prevent seniors from accessing services. Property taxes may be a barrier.

Stigma and pride can play a role too. Participants described that some clients do not want to ask for government services. Some older adults are embarrassed to ask for help; staff members discussed that this viewpoint is generational.

RESOURCE HUBS

The Agency staff mentioned the following means to find resources: church, doctor, neighbors, newspapers, referrals, senior center, or through volunteers.

THE IDEAL PROGRAM

One respondent described that everyone would have a case manager, and services would be individually tailored to the care plan. There would be adequate financing and ample volunteers. Staff mentioned that transportation would be included.

Wellness programs, chronic disease prevention and management, and other evidence-based health education programs were warranted, according to the Agency staff focus group.

Issues were raised regarding isolation for older adults living in remote, rural parts of Maricopa County (such as the town of Wickenburg). Another strategy mentioned for reducing isolation is a phone call matching program. Reaching the right audience was a challenge that the Agency staff discussed. Reaching the homeless, homebound, and mentally ill was also a concern.

PROGRAM MARKETING

Television was suggested as an effective means to communicate about the Agency programs, as was National Public Radio (NPR), in with utility bills, or in newspaper/church bulletins. Developing relationships with Primary Care Physicians was also advised. Seniors can be reached through churches and other religious institutions. Specific organizations named included outreach via AARP, Fry's grocery store (on the first Wednesday of the month is senior day), or Goodwill Senior Day.

Concerns were raised regarding the provision of adequate training for staff on diverse clients, such as serving LGBT community members or rural residents. Each community will have its own unique cultural norms.

AREA AGENCY ON AGING

Major service elements discussed include the Home Delivered Meals program, the *Senior HELP LINE*, and Care Directions HIV program.

Survey Results

There were 378 responses to the Area Agency on Aging Community Assessment Survey. Slightly more than half (53.2%) were filled out on paper, and the remaining portion (46.8%) completed online. Respondent data are presented in the form of narrative and tables, and the complete set of open-ended response comments is available in Appendix D.

Respondent ages ranged from 29 years old to 98, with the average and median age resting at 69 years. One quarter of respondents was under 63, one quarter between 63 and 69, one quarter between 69 and 76, and the final quarter of respondents were over the age of 76.

The majority of respondents were female (71.0%). Survey respondents did not reflect the diversity of Arizona's population, especially in terms of adequate Hispanic population representation. Of the 326 respondents who opted to answer the ethnicity question, 83.9% self-identified as White, 5.4% as Black or African American, 3.3% as Hispanic, Latino, Mexican, or Mexican American, 3.0% American Indian or Alaskan Native, 1.2% Asian, and 0.3% Native Hawaiian or Pacific Islander.

Participants were also asked if they identified with a variety of different interest groups. The most common self-identified interest group was as a caregivers for another adult (16.9%) followed by veteran (15.0%), LGBT (3.2%), and grandparent raising a grandchild (2.6%). There was one respondent who identified as a Holocaust Survivor (<1%). No participants self-identified as refugees.

Respondents were also asked to report their living arrangement. The most common responses to this question were live with spouse (40.7%) and live alone (39.2%). The remaining responses were live with relative (9.8%), live with partner (4.8%), live with friends (<1%), and other (3.0%). For those answering other most wrote in a family member, others said they had temporary housing, and described themselves as homeless.

The majority of respondents (70.8%) were homeowners, and about a fifth (21.2%) reported renting, and the remainder selected other. The homeowner rate among this sample is similar to the population at large. Many of those who selected "other" indicated that they lived with friends or family, such as adult children.

AREA AGENCY ON AGING

Respondents were asked which of the Agency's services they had used in the past. Almost half (48.9%) of the participants stated they used one or more of the Agency's services. Of those individuals who had used the Agency's services, nearly half cited the *Senior HELP LINE* and/or the *Elder Resource Guide*, and nearly a third responded they had used *Benefits Assistance*. A noteworthy proportion of respondents mentioned *Home Delivered Meals*, *Legal Assistance*, and *Family Caregiver Support*. *Adult Day Health Care*, *SAIL Home Care*, and *Long-Term Care Ombudsman* were each selected a moderate amount times. Table 12 contains the information regarding the percentage of respondents who have used specific services through the Agency.

Table 12: Percentage of Respondents who have Accessed Selected Area Agency on Aging Services

Resource Accessed by participant	
Senior HELP LINE	47.6%
Elder Resource Guide	42.7%
Benefits Assistance Program	29.7%
Home Delivered Meals	18.9%
Legal Assistance	18.4%
Family Caregiver Support	17.8%
Adult Day Health Care	11.4%
SAIL Home Care	10.3%
Long-term Care Ombudsman	9.7%
Respite	8.6%
Health Promotion	8.6%
Congregate Meals	7.6%
ageWORKS	4.3%
DOVES Program	4.3%
ElderVention	4.3%
HIV Care Directions	3.8%
Healing @ Home Care Transitions	2.2%
Native American Senior Center	2.2%
Los Ancianos: Seniors Serving Seniors	0.5%
Mosaic Elder Refugee Program	0.5%

When asked if there were any other services on the respondents' wish lists, several themes emerged. Survey participants expressed a need for employment assistance, recreation facilitation, and providing transportation. Case management, application assistance, and resource identification were mentioned by multiple respondents. Housing and legal assistance were frequently cited needs. Family Caregiver Support was desired, as well as services specific to the hearing impaired and disabled persons.

RESOURCE HUBS

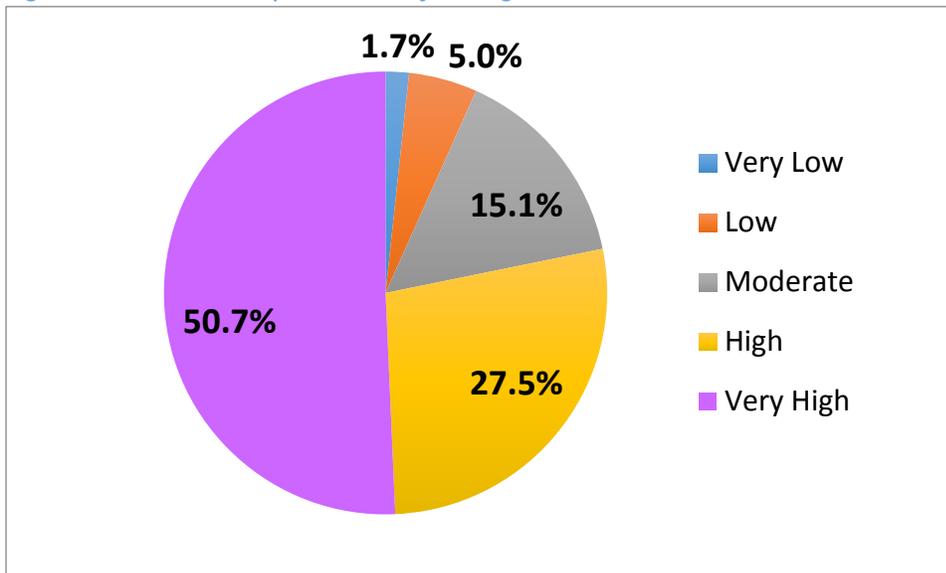
As a part of the survey, participants were asked where they go for information about services. There were 361 (95.5%) respondents who selected one or more answers for this question, and the most common response was the internet (35.5%). Participants were asked to specify, and thus named several internet sources including: Google, AARP, 211, and other websites. After the internet, the second most common response was the Area Agency on Aging (32.7% reporting). Family members or friends were the third most cited source (27.1%), with the library (24.7%) following closely in fourth. The local senior center (19.9%) was a trusted source for information. Frequently mentioned senior centers include Mesa, Olive Branch, and Chandler Senior Centers.

Community Information and Referral services were another common source of information (18.3%), and 11.6% from a faith-based institution. A few respondents (5.8%) said their city or county office provided information. Over one fifth of respondents (21.9%) said that they had never sought information about potential services.

CONTINUE RESIDING AT HOME

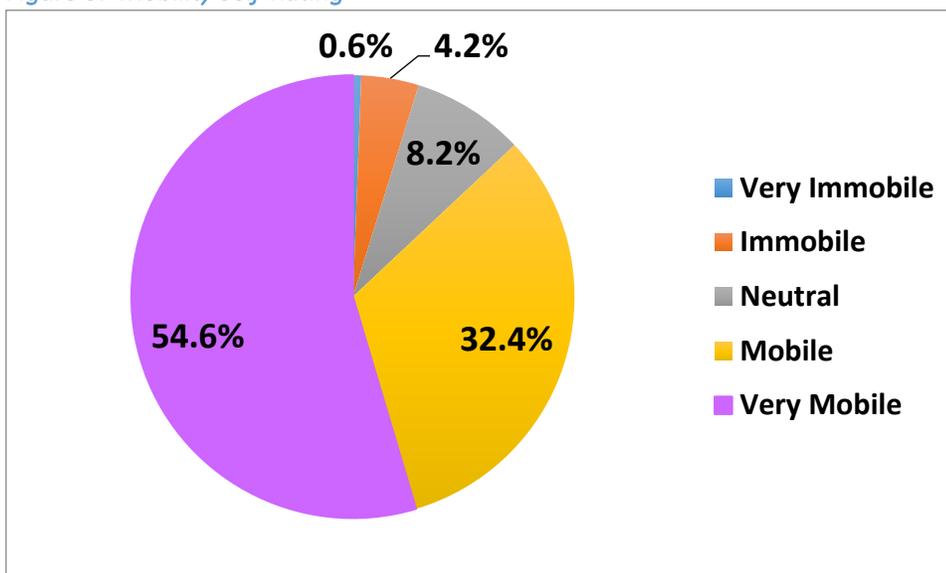
When asked to rate their level of independence, the vast majority (over three quarters, 78.2%) chose “very high” or “high.”

Figure 7: Personal Independence Self-Rating



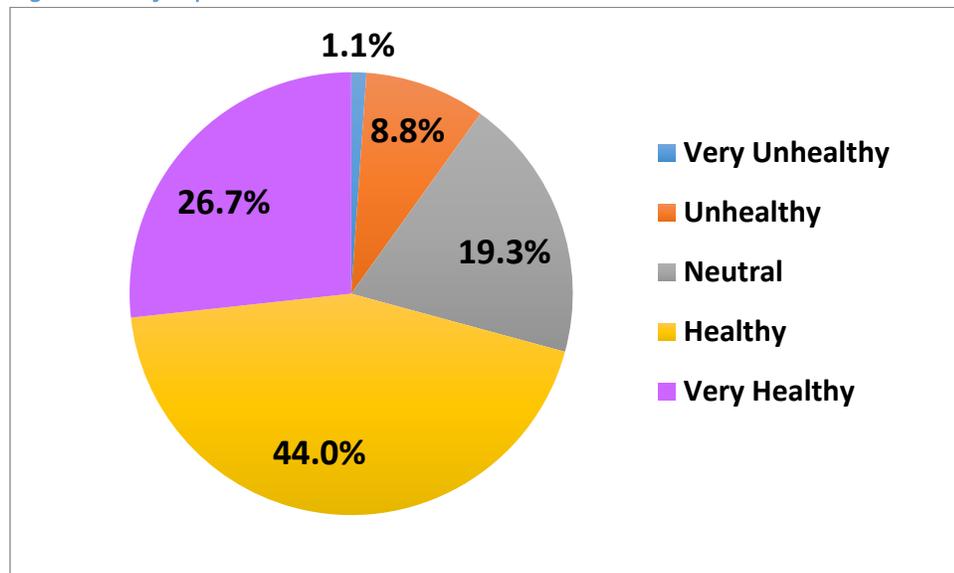
Survey respondents also noted a high level of mobility with a large majority (87%) being “very mobile” or “mobile.”

Figure 8: Mobility Self-Rating



Participants were asked to self-rate their health status. Most participants (70.7%) indicated “very healthy” or “healthy.” Participants’ rated their health less favorably than their self-ratings for independence and mobility.

Figure 9: Self-reported Health Status



BARRIERS TO INDEPENDENCE

Respondents were asked in which areas they could use assistance, and 175 participants selected one or more answers to this question. Transportation was the most frequently cited need (35.4%), followed by socializing (34.9%). Assistance with memory (29.1%) and emotions (29.1%) were the next most frequently mentioned needs, followed by nutrition (28.6%). Mobility needs (22.9%), housing (22.9%), and homemaking (21.1%) were not far behind. Less frequently mentioned needs were medication (16.6%), help bathing (8.6%), dressing (8.6%), and toileting (5.7%).

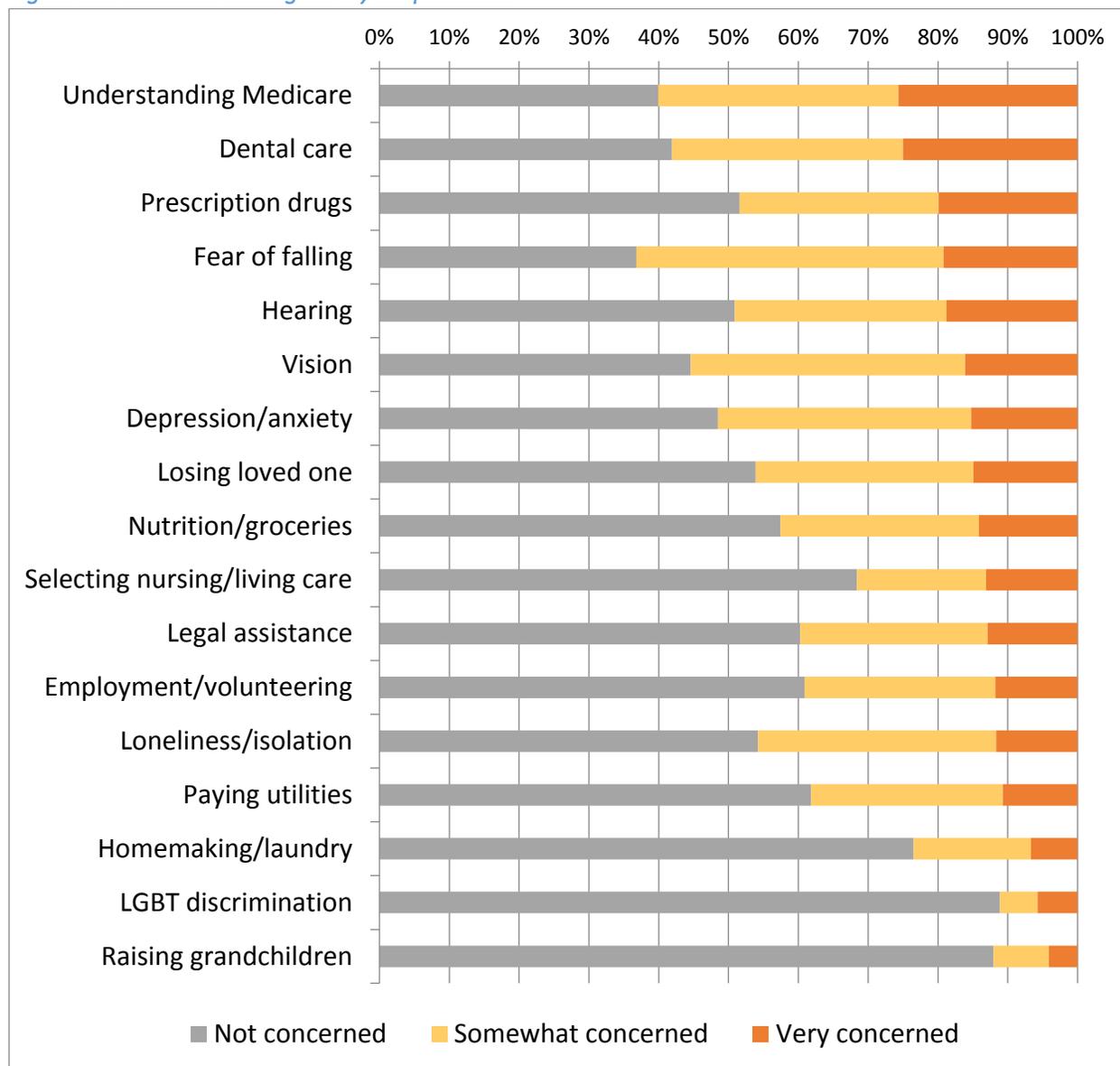
Themes extracted from the “other” category include the ability to generate income, financial assistance, and employment placement. Many respondents indicated that they did not have any needs at this time. Hearing accessibility was mentioned more than once. Health insurance enrollment was a concern among respondents, as was dental care. Housekeeping and house repair services were requested. Legal advice, meals, long term care, and taxes were cited as needs.

Survey respondents were asked to rate to what degree they were concerned with a variety of topics. Top rated concerns were related to accessing health care: a quarter of seniors (25.6%) ranked understanding Medicare as a major concern, dental care (25%) and accessing affordable prescriptions (19.9%) were not far behind. Concerns about sensory loss were high, as 19.2% ranked fear of falling as a serious concern, followed by hearing loss (18.8%) and vision loss (16.1%). Emotional needs, feeding, self-care, and administrative needs were also selected.

Other issues ranked by seniors included seeking volunteer work and employment opportunities, 11.8% were very concerned and 60.9% were not concerned at all. Nearly one in ten seniors (10.7%) indicated they have trouble paying utility bills, and 61.8% were not concerned at all.

Homemaking/laundry was a high concern for 6.7% of respondents, and for 76.5% it was not a concern at all. Of respondents, 5.7% were very concerned with facing discrimination for being lesbian, gay, bisexual, or transgender (88.5% were not concerned at all) and 4.1% reported being very concerned with raising grandchildren (87.6% were not at all). Figure 10 shows the full range of survey responses.

Figure 10: Concerns among Survey Respondents



Survey participants were asked how much difficulty they experience performing a variety of activities of daily living. The most difficult tasks faced by seniors included walking a block or climbing a flight of stairs, and house and yard work. Performing errands and shopping, and accessing transportation through private or public transportation systems came close behind. The percent of respondents reporting each issue as causing great difficulty or some difficulty is noted in Table 13.

Table 13: Percent Reporting Difficulty with Activities of Daily Living

Activity of Daily Living	% Reporting
Walking one block or climbing a flight of stairs	25.8%
House work (such as cleaning, yard work, laundry)	24.5%
Doing errands (such as shopping)	21.7%
Driving a car or using public transportation	19.1%
Memory and concentration	18.8%
Participating in social, religious, or volunteer activities	18.6%
Preparing one's own meals	16.5%
Walking indoors (such as around one's home)	15.3%
Self care, eating, dressing, or bathing	14.0%
Getting in and out of one's residence	13.8%
Taking one's own medications	11.1%

Survey participants reported how frequently they experienced various states of mental health that could be of particular threat to seniors. The most frequently reported negative emotional state was anxiety followed closely by depression. The percent of respondents “frequently” or “very frequently” reporting each mental health challenge is noted in Table 14. Over a fifth (21.6%) of respondents selected they “frequently” or “very frequently” experienced at least one of the negative emotional states.

Table 14: Percent Reporting Mental Health Challenges

Emotional State	% Reporting
Any distress	21.6%
Anxiety	16.8%
Depression	15.5%
Isolation	14.8%
Helplessness	10.1%

Conclusions

Community Needs



Transportation needs were identified repeatedly throughout the focus group sessions and surveys. Participants indicated a need for transportation to run errands, attend medical appointments, fetch groceries, get themselves to the Senior Center, and much more. The cost of public transportation was challenging for those who do not have family and friends to volunteer rides.

Access to **healthy foods** was a major concern. This included not only getting the food home, but also preparing the food was cited as a challenge. Food boxes from food banks were valued, and participants expressed challenges with obtaining adequate SNAP benefits (formerly known as Food Stamps). Seniors mentioned their limited ability to pay for even subsidized meals.



Affordable housing was mentioned as a major theme in focus groups and surveys. Seniors described a large proportion of their monthly income going straight to rent. Some older adults had trouble accessing Section 8 housing, and others referred to a community homelessness problem.

Finances in general were cited as a problem, as most participants were living on a **fixed income**. Ability to pay was a concern in almost every area of life, including affording health care, long term care, recreation, and the issues cited above (adequate nutrition, transportation, and housing).



Fear of falling and loss of the senses (hearing, vision) were mentioned as a barrier to seniors living at home.

Supports for Independent Living

The most frequently mentioned support for independent living was having **family**, or someone else (friend, caregiver, professional) check in on older adults regularly. General **wellness checks** were a major concern, as was just having someone to talk to. Another necessary component described by focus group participants across the board was volunteers or programs to **run errands, fetch groceries**, help with **household chores**, and assist with other needs, such as bill paying and light handyman work. Survey responses also reflected this need. Family, volunteers, or programs also provide **transportation** for seniors living at home. The need for transportation and socialization was confirmed by community surveys.



Accessing Community Resources

The following sources were most frequently cited as information hubs: **churches** and faith-based institutions, emails, the **internet, libraries**, neighborhood **newsletters**, **Senior Centers**, and **word of mouth** through neighbors and friends.

Ideal Programming

There were several thematic elements present across participants' ideal program descriptions. These included individually **tailored services**, **home-based** assistance, and the provision of **transportation**. According to respondents, all services should be offered for little to **no cost** to participants.

Communication

Participants shared what they felt would be the best way to distribute information about this, or any other program. **Television** was frequently suggested. **Door knockers** and flyers were named. Respondents also suggested including the information tucked into **utility bills**. **Senior Centers** were seen as pivotal access points through which to distribute important information.

Bilingual information was viewed as a requirement. A booklet, resource guide, or phone number that serves as a **centralized location** was desired.

Area Agency on Aging

Many participants said that **no**, they had not heard of the Agency and were unaware of their services. Others said that yes, they had accessed the Agency's services and were **grateful**.

Most notable was that many participants from the focus groups were completely unaware of the **Senior HELP LINE** and voiced a desire for a service just like it. Participants described, in detail, a phone number service to be available 24-7 that serves as a centralized hub with updated resources and referrals. A website and booklet were also requested.

The desire for information was confirmed by survey responses, as the *Senior HELP LINE* and **Elder Resource Guide** were cited as the most frequently used services. Benefits Assistance was also an important service, according to participants.

Appendices

Appendix A: Bibliography

-
- ¹ U.S. Census. American Community Survey. 2015.
<https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk>
- ² Population Projections. Arizona Department of Administration Office of Economic Opportunity. 2015. <https://population.az.gov/population-projections>
- ³ U.S. Census. American Community Survey. 2015.
- ⁴ U.S. Census. Prepared by Esri. 2016.
- ⁵ U.S. Census. American Community Survey. 2015.
- ⁶ U.S. Census. American Community Survey. 2015.
- ⁷ Department of Economic Security. Arizona State Plan on Aging 2015-2015. 2014:
[https://des.az.gov/sites/default/files/dl/Arizona State Plan on Aging 2015-2018 Complete Package.pdf](https://des.az.gov/sites/default/files/dl/Arizona%20State%20Plan%20on%20Aging%202015-2018%20Complete%20Package.pdf)
- ⁸ Maricopa County Department of Public Health. Maricopa County Community Health Assessment 2012. 2013:
[http://www.arizonahealthmatters.org/content/sites/arizona/maricopa/Health Status Report Assessment 2012.pdf](http://www.arizonahealthmatters.org/content/sites/arizona/maricopa/Health%20Status%20Report%20Assessment%202012.pdf)
- ⁹ Profile of Older Americans: 2015. Administration for Community Living
https://aoa.acl.gov/Aging_Statistics/Profile/2015/4.aspx
- ¹⁰ Americans Internet Access. Pew Research Center. 2015.
<http://www.pewinternet.org/2015/06/26/americans-internet-access-2000-2015/>

Appendix B: Limitations

There are a few limitations that should be considered for this research application.

It is possible that a particular personality type tends to volunteer for focus groups, and similarly, more extroverted personality types tend to dominate conversations. Although the facilitator was trained in steering conversations and making sure that all participants had an opportunity to contribute, this phenomenon is an inherent challenge in any focus group. Some focus group participants may feel peer pressure to agree with the opinions of other group members; also, the facilitators' phrasing and inherent bias could also affect the group.

A limitation that should be considered with the use of surveys is that all data are self-reported. In the case of self-reported data, the evaluator is relying on the honesty of respondents. Respondents may feel inclined to provide the answers that they believe that the Area Agency on Aging or the evaluator is seeking. Furthermore, self-introspection is always a challenge; people may overestimate their ability to achieve a certain behavior. A reliable instrument will theoretically gather data in such a way that the responses affected by honesty and self-introspection are inflated proportionally.

Paper surveys also rely on the understanding of the respondent. In cases of less educated respondents, literacy may be an issue. Although this instrument was designed for low-literacy audiences, there is no way to gauge whether or not respondents completely understood the questions they were answering.

One of the reasons that this project used mixed methods, including quantitative data (background analysis and surveys) and qualitative data (focus groups) is so that the many limitations cited could be minimized. By collecting different types of data (rates and self-reported) through a variety of methods, hypotheses can be cross-referenced through multiple data samples to ensure that any conclusions drawn are valid and reliable.

Appendix C: Focus Group Questions

Opening Questions (5 minutes)

1. To begin, let's introduce ourselves. State your name and something you like about our community.

General Community Questions (25 minutes)

2. What do you see as the 2-3 greatest needs for seniors in our community?

3. What types of supports do you see seniors using in our community?

If there is not sufficient discussion clarify that these could be formal supports like: government services, senior centers, the Agency, etc. or they could be informal supports like friends, family, church groups, etc.)

- a. Why do you use these particular resources?
- b. Are there any resources (either formal or informal) that people in our community do not use? If so why not?

4. What makes it possible for seniors to continue living at home as they get older (as opposed to assisted living/nursing homes)?

- a. What support(s) do these seniors have?
- b. What about those who are unable to continue living at home? What support(s) do they lack?
- c. What can be done to make living at home easier?

5. What barriers do you and other seniors in our community have to continue living at home?

- a. What do you believe are the two or three most important barriers to people in our community being able to continue living at home?
- b. What resources do you use to address these barriers?
- c. What resources are lacking in the community to address these barriers?

Services Questions (25 minutes)

6. Where do you, and other seniors, go to get information about resources available in our community?

7. IF you had a magic wand and could design a program that would help seniors in our community continue to live at home, what would that program look like?

- a. What services would it provide?
- b. Who would you target?
- c. Who has the greatest need? Where do they live?

8. Now that all these services have been made available (from #8 discussion) how do we let seniors in our community know about it?

a. What are the best channels for communication?

9. Do you use any of the Area Agency on Aging's services?

a. What services do you use?

Ending Question (5 minutes)

10. Is there anything else related to seniors and our community that you think we need to know?

Appendix D: Survey Comments

Are there any additional services you wish the Area Agency [on Aging] was providing? What are they?

- Transportation to programs and appointments **X3**
- Meals on Wheels **X2**
- Medicare assistance **X2**
- Support for Veterans **X2**
- Employment help for seniors with specific needs.
- Finding social groups and activity outlets (to keep seniors active and mobile) in their areas.
- Advertising, paper notices w/ information
- Assist the support groups in getting the word out that there is a support for individuals with hearing loss.
- More in-home services for people not at ALTCS level of care need
- Assistance with career transition and/or for entrepreneurial endeavors.
- Because of my background working with the hearing impaired and also having a hearing loss myself, I am aware of a few areas that would provide much needed services to seniors. One is educating as many people as necessary to the importance of caring for your hearing, how to manage hearing aids, communication.
- Better public bus service - service ends at park rail, grounds is way beyond
- Caregivers
- Case manager support for ongoing directing of seniors, a guide on the side, could be pay for service
- Change the meals on wheels meals. They are horrible! Most seniors are used to preparing wholesome meals. Sign up for a month and you'll see that most of it ends in the trash.
- Contacted you to inquire if you provide co-pay assistance to seniors.
- Counseling on federal, state and local benefits to help low income seniors
- Counseling regarding reverse mortgages, financial assistance to assist seniors with "emergency" needs, like last-minute transportation vouchers or credit for medical appointments.
- Dental and dentures free or low cost for low income
- DIAL-A-RIDE MONTHLY PASSES. I had and maybe could again a part time job if I had reliably transportation (ie) Dial-a-Ride. the jobs first offered a position at SAM'S CLUB at 84 Avenue and Union Hills. I live at 16th Street and Roosevelt. Valley Metro would not work. Dial-a-Ride did for me last year
- Emergency assistance and after hours assistance; as part of a valley fire department, we are called to scene, that are at times, horrible. We would love to see an after hours, weekend and holiday assistance.

- Follow-up resource/case management for more in-depth phone consultations. Because, we can make referrals, but if they aren't successful or if we can't identify hurdles, then we don't know how effective we truly are, or where the holes are.
- Have used with neighbors- I am on the board
- Help finding affordable senior housing in addition to HUD information, etc.
- Help to navigate what services are available
- Help with ALTCS applications and follow through case management
- Homeless
- Hospice
- Housing Needs
- How to determine which Medicare plans are best for you. Plan B, Plan f etc. and who to know which company is best for you. I was flooded with every insurance company known to man.
- How to make provisions for people with no family
- I am disabled and under 65. I need a policy that will help me cover co-pays and deductibles. To my knowledge one is not even offered and for me I can't afford my medical care. I am being treated for cancer.
- I didn't know these other services existed. *Elder Advocacy with technology, online services, phone services and consumer issues.
- I have a concern - I am 85, independent, use a walker or cane. When I grocery shop use cane to get to cart - park in handicap - NO GROCERY CARTS - so I park out where the carts are stored - long walk to store - sometimes no carts!! HELP
- I have lived in Phoenix since October 2013. I retired from the IRS where I was employed for 22 years. I have now found myself to be below the poverty level. I am eligible for food stamps but AZDES has determined that I am eligible for benefits of \$16.00 per month.
- I have not used your services yet, I have left a voice message for someone to call me back from the Senior Help Line. I have questions related to tax preparation.
- I haven't received any services at all
- I met with a counselor about Medicare
- I was not aware of several of the programs listed above. I would probably have used some if I had known about them.
- I work in healthcare and referred members to the above services. I wish there was more respite/caregiver support services.
- I would like to see the Area Agency providing some sort of help to seniors who are unable to afford or unable to do themselves such as painting homes, plumbing issues, heating/ac issues, etc. Also rental, utility assistance. Just giving the number of the local senior center is not a help.
- I'm a Volunteer that helps Seniors. Transportation, loneliness, money are major problems
- In 2017, I wish to use Legal Assistance and Long Term Care Ombudsman. Please send me an Elder Resource Guide.

- Income tax assistance
- Information and help for how assist elderly family members while they are living alone at home but in decline (particularly with onset of dementia), and family is looking for resources to either help them remain living at home safely, and/or for moving them to some type of assisted living.
- Job Placement
- Rental assistance; food stamps; transportation for seniors
- Mesa Senior Center
- More funds to reach more seniors Waiting lists abound
- More in-depth support for family members needing assistance with long-term care decisions. Not just lists of services, but more specific information on comparing actual services and facilities.
- More information on housing resources including independent, assisted living and long-term care and costs.
- More Ombudsman services.
- More specific services for LGBTQ Elderly individuals.
- One daughter was set on having me committed as senile, dementia and take over my limited resources. If this happens again where do I get Help?
- Ongoing case management.
- Pet care assistance
- Physical Therapy
- Rent security deposit help
- Rental assistance
- Rides to doctor
- Services for seniors that are not necessarily home bound individuals but may suffer from mental illness or agoraphobia, anxiety or panic attacks in large crowds and who don't have funds for transportation.
- Sign Language Interpreter or Deaf case worker who understand deaf culture and deaf's needs. Video in American Sign Language on any websites.
- Support the hard of hearing
- Veterans without family caregiver support are denied the opportunity of organ transplants. Awareness of this need can be publicized and volunteers recruited. Samson's Brigade (www.samsonsbrigade.org) is trying to do this.
- Volunteer Companionship for elders in assisted living.
- Volunteer matching
- When my father became ill. We hired a caregiver to come in during the day while my brother was at work. As he progressed we used hospice towards the end. As a result of my grief, I have started a re-creation service that helps people through the loss of a loved one, a divorce or if downsizing from i
- Yes, someone to explain insurance policies to me. Someone to rate caregivers groups to me.

- You may be doing this under the heading of something else, but a service where we can send a Social Worker out to do an assessment of the individual, family, living conditions in order to provide resources and agencies to help. Then, report that back to our physician's office.

Where do you usually go to get information about services? Senior Centers:

- Mesa Senior Center **X6**
- Olive Branch Senior Center **X4**
- Chandler Senior Center **X3**
- Benevilla
- Buckeye
- Cahill and Escalante in Tempe
- Granite Reef
- Justa center
- Mesa/Apache Junction/Red Mountain
- Rec. Centers
- S.C. Facilities
- Scottsdale
- SRMIC
- Surprise Senior Center
- Tempe Senior Center
- Utility Assistance Help
- Wise Owl in Wickenburg
- YWCA, Glendale Adult Center

Where do you usually go to get information about services? City/County Office:

- Attorney General's Office, DES, APS
- Arizona Dept. of Health Services
- Board of Elections
- City of Phoenix
- City of Scottsdale
- Maricopa County Housing, City of Glendale CAP
- Maricopa County offices
- maricopa.gov
- Mercy Maricopa Integrated Care
- Neighborhood Services
- Newspaper
- Probate office

Where do you usually go to get information about services? Internet:

- Google **X12**
- Internet search **X11**
- County, city, and/or state websites **X3**
- AARP Website **X2**
- Community Information and Referral (211) **X2**
- A Place for Mom
- Area Agency on Aging website
- Area Agencies on Aging in other areas of the country
- Alzheimer's Association
- AOL
- Area Agency on Aging, Glendale City website, Google searches
- Arizona Commission for the Deaf and the Hard of Hearing, ASU Hearing Clinic, Loop Finder, Happy Ears Hearing Center
- ask.com
- Arizona State University website
- Bennevilla, SW Lending Closet
- caring .com
- Elder care, family caregiver, and dementia care sites, such as aging.com, Alzheimer's foundation, Alzheimer's organizations
- Hospice of the Valley
- I have found most of my resources on my own by searching in the areas that I need help in. I have found more resources than I have ever been given by anyone.
- Info on ALTCS, care facilities, costs for assistance
- Social Security
- Specific pharmaceutical websites, disease organizations
- Specific websites on specific issues I.e. Medicare.com
- Virgin Mobile
- WebMD
- www.socialserve.org
- Yahoo
- Email

Where do you usually go to get information about services? Other:

- AARP networking meetings, Chandler Police and County Attorney safety events, VA events
- Ability 360
- Alzheimer's support groups
- Disabled American Veteran
- Expos
- Food bank office personnel
- Hospice of the Valley
- Hospital case manager
- I call typically every resource I can and ask the who, what, where, when, how

- Jackson & White Law
- MEAPA
- Medicare
- Mesa Senior Center
- Need help for health care
- On-Line
- Referrals from friends, 211
- South Central Foundation Research
- Social worker
- Southwest Center for HIV/AIDS
- Specific agency collaborations and meetings
- Veterans benefits

Are there any additional areas in which you require assistance?

- Ability to generate income **X2**
- Housekeeping **X2**
- Age In Place
- ALTCS
- Arbitration
- As a caregiver of two elderly relatives and a 22-year-old, I am answering for what I need for them, or might need for them.
- Assistance with Hard of Hearing
- Book w/ information
- Caregiving for a spouse with Alzheimer's and respite care
- Communication
- Communicate in sign language. I am deaf
- Counseling
- Counseling on health assistance benefits for low Social Security income senior
- Dealing with city officials.
- Doctor won't release you to cab/Uber - so no way to go to/from office procedure
- Employment
- Good legal advice for family trustees, or at least some good referrals for legal advice based on actual knowledge of the referred company or person's ability to assist in specific areas
- Health insurance options
- Hearing accessibility in public places including but not limited to theaters, which do have captioning devices, but also venues with live performances. We need induction loops available and more captioning options to enjoy the arts that we are missing out on.
- Hearing loss. Wear cochlear implant.
- Help with dental and vision expenses
- Helping with meals

- Home repair, organization
- I am a caregiver for my wife.
- I am a federal retiree having worked for the IRS for 22 years in Washington, DC. I am having an ongoing dispute with Office of Personnel Management, the agency that determines the pensions. Because of their failure to acknowledge the 15 years of service under the old pension system (CSRS) I am now living below poverty.
- I am a social worker working with several different companies in town. They all have the needs of service mentioned above. They also need assistance with medication affordability and co-pay assistance.
- I am researching for a friend, 24 hour care in her home
- I do not think so. I realize how fortunate I am to receive the best Medical and Dental Care known and, without charge. For me to ask for more would be taking away from others less fortunate and require more care than I. I was not raised that way. I am grateful and thank you for all I have received.
- I have been fortunate
- I have gone to food bank on occasion
- I need help getting affordable medical care.
- I presented my claim against the Office of Personnel Management for failure to include my 15 years of service to Senator McCain's staff. This is going to take some time as OPM is one of those offices that is dysfunctional. I was a licensed Certified Public Accountant for many years during the 80s, 90s, and 2000s.
- I use a scooter. It is difficult to do laundry and really clean house. There apt is shared. We are fatigued and I have no social outlet because I need my scooter and oxygen and that limits transportation. I need housekeeping for the heavy stuff.
- I use these for my patients at our clinic in Sun City, Arizona
- I was answering on behalf of my father.
- I work with a lot of elderly people and interested in more services for them or more knowledge on my part of services.
- In the future
- Informational resources
- Legal advice, volunteer opportunities
- Local clinic
- Looking for long-term care resources and assistance for my mother
- Maybe help with husband that I am a Family attendant for.
- Meals
- My husband
- Navigating companies with technology and consumer protection. *Low and no-cost events, fun *Cell phone service *Internet services *Online purchasing *Computer purchasing and maintenance
- Paying taxes (house)
- Social security benefits, taxes
- Taking care of elderly mother, anticipating care of out of town sibling

- This is for my low-income, elderly parent who is in decline due to dementia, and no longer fully able to participate in surveys like this, nor able to safely live alone at home. I'm here looking for assistance to help maintain that independence to some degree, and locate some type of affordable assistance
- Tax preparation
- Transportation, mobility, homemaking, housing
- Vision - Left eye post surgery damaged balance problem
- Where to find adult parent living

What is your living arrangement?

- Son **X3**
- 11 puppies
- 55+ Community
- Assisted Living Group Home
- Children/Grandchildren
- Have a cat
- Helper
- Homeless
- I rent a furnished room for \$450.00 per month. I must share a bathroom with another guy. I really dislike sharing a bathroom with a stranger.
- Live with grandchildren
- On the road in faith
- Rent a room from a drug addict
- Son, Ex Husband same complex 16 units
- Spouse & grown sons
- Temporary living with daughter
- Today in my car

What is your living situation?

- Daughter's home **X2**
- Live with friends **X2**
- RV **X2**
- Allowed to stay til I find a home
- Children own residence
- Equity loan, pay interest only
- Family home
- Homeless
- I rent a furnished room.
- In-laws
- Life Care independent living community

- Live in relative's home
- Living in small studio
- Mobile Home
- Own mobile home, but pay lot rent.
- Pay lot rent, buying mobile home
- Rent a room and pay board/care
- Senior Building - Independent Living
- Temporary housing
- Townhouse
- With children

Appendix E: Survey Instrument



Community Assessment Survey for Older Adults

Since 1974 the Area Agency on Aging has created and provided essential services to older adults, caregivers and persons with disabilities to help them age with dignity in their homes and communities.

We are asking for your help to ensure that we are providing the right services and to identify unmet needs. The information you will provide on this survey is a part of the Agency’s Needs Assessment and will be used to identify unmet needs in our community. We greatly appreciate your time.

1. Which of the following Area Agency on Aging Services have you used? (Select all that apply)

- Senior HELP LINE
- Adult Day Health Care
- ageWORKS
- Benefits Assistance Program
- Healing@Home Care Transition
- Congregate Meals
- DOVES Program
- ElderVention
- Family Caregiver Support
- Elder Resource Guide
- Home-Delivered Meals
- Legal Assistance
- Long-Term Care Ombudsman
- Los Ancianos: Seniors Serving Seniors
- Respite
- SAIL Homecare
- Health Promotion
- HIV Care Directions
- Mosaic Elder Refugee Program
- Native American Senior Center

Are there any additional services you wish the Area Agency was providing? What are they?

2. Where do you usually go to get information about services? (Check all that apply):

- Area Agency on Aging
- Faith Communities (church, synagogue etc.)
- Local senior centers (Please specify): _____
- Family member/friend
- Information and Referral Services
- I have never sought information about services
- Library
- Political Representative’s Office
- City/County Office (Please specify): _____
- Internet (Please specify): _____
- Other (Please specify): _____

3. In general, how would you rate your level of independence?

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Very High | High | Moderate | Low | Very Low |
| <input type="checkbox"/> |

4. How would you rate your mobility?

- | | | | | |
|--------------------------|--------------------------|-----------------------------|--------------------------|--------------------------|
| Very Mobile | Mobile | Neither mobile nor immobile | Immobile | Very Immobile |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

5. How would you rate your health?

Very Healthy	Healthy	Neither healthy nor unhealthy	Unhealthy	Very Unhealthy
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Could you use assistance in any of the following areas? (Select all that apply)

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Mobility | <input type="checkbox"/> Dressing |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Toileting |
| <input type="checkbox"/> Nutrition | <input type="checkbox"/> Medication |
| <input type="checkbox"/> Bathing | <input type="checkbox"/> Memory |
| <input type="checkbox"/> Homemaking | <input type="checkbox"/> Emotions |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Socializing |

Are there any additional areas in which you require assistance?

7. Please select to what degree you are concerned with the following:

	Not Concerned	Somewhat Concerned	Very Concerned
Falling/Fear of falling	1	2	3
Depression and/or anxiety	1	2	3
Losing a spouse or loved one	1	2	3
Loneliness and/or isolation	1	2	3
Raising grandchildren	1	2	3
Paying utilities	1	2	3
Legal assistance	1	2	3
Hearing	1	2	3
Vision	1	2	3
Prescription drugs	1	2	3
Dental care	1	2	3
Nutritious foods/grocery shopping	1	2	3
Understanding changes in Medicare coverage	1	2	3
Homemaking and laundry	1	2	3

Selecting a nursing home or assisted living facility	1	2	3
Employment/volunteer opportunities	1	2	3
Discrimination because of lesbian/gay/transgender identity	1	2	3

8. In the past six months, how much difficulty did you have doing the following tasks?

	No difficulty	A little difficulty	Some difficulty	Great difficulty
Taking care of self, including eating, dressing, or bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking one block, or climbing one flight of stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking indoors, such as around your home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doing work around the house such as cleaning, light yard work, or laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparing own meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doing errands, such as shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving a car, or using public transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participating in community activities, such as religious services, social activities, or volunteer work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking own medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Memory and concentration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting in and out of residence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. How often do you experience the following?

	Never	Rarely	Occasionally	Frequently	Very frequently
Anxiety	<input type="checkbox"/>				
Depression	<input type="checkbox"/>				
Isolation	<input type="checkbox"/>				
Helplessness	<input type="checkbox"/>				

10. What is your living arrangement?

- Live alone Live with relatives Live with friends Live with partner
 Live with spouse Other: _____

11. What is your living situation?

- Own residence Rent residence
 Other: _____

12. What is your sex?

Male Female Write in: _____

13. What is your age? Enter number: _____

14. What race/ethnicity do you consider yourself to be? (select all that apply)

- American Indian or Alaska Native Native Hawaiian or Pacific Islander
 Asian White
 Black or African American Don't know / Prefer not to answer
 Hispanic or Latino (this includes Mexican or Mexican-American)

15. Do you identify with any of the following groups (select all that may apply)?

- LGBT (Lesbian, Gay, Bisexual or Transgender) Caregiver for another adult
 Refugee Grandparent raising a grandchild
 Holocaust survivor Veteran

Thank you for your participation.

Please return completed survey to: Area Agency on Aging, Region One
1366 E. Thomas Road, Suite 108, Phoenix, AZ 85014

Appendix F: Demographic Instrument for Focus Groups

ADULT FOCUS GROUP QUESTIONNAIRE

What is your gender? (circle all that apply)

Male

Female

Write in: _____

Do you identify with any of the following groups (select all that may apply)?

- | | |
|---|---|
| <input type="checkbox"/> LGBT (Lesbian, Gay, Bisexual or Transgender) | <input type="checkbox"/> Caregiver for another adult |
| <input type="checkbox"/> Refugee | <input type="checkbox"/> Grandparent raising a grandchild |
| <input type="checkbox"/> Holocaust survivor | <input type="checkbox"/> Veteran |

What is your age? Enter number: _____

How many people live in your home? Enter number: _____

What race/ethnicity do you consider yourself to be? (select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Don't know / Prefer not to answer |
| <input type="checkbox"/> Hispanic or Latino (this includes Mexican or Mexican-American) | |

What is the highest level of education you have completed? (circle one)

Less than high school

High school/GED

Some college, no degree

Associate degree

Bachelor's degree or more

What is your current marital status? (circle one)

Married

Widowed, Divorced or Separated

Never married

Living with partner

What is your current employment status? (select all that apply)

- Unemployed
- Retired
- Volunteer
- Unable to Work
- Employed-PT
- Employed-FT

What is your estimated household income? \$ _____ per month OR \$ _____ per year

If you are not sure, please indicate whether your monthly household income is more or less than the following amounts: (circle one response for each item)

- | | | | | | |
|---------------|------|------|---------------|------|------|
| \$990/month | More | Less | \$1,980/month | More | Less |
| \$1,238/month | More | Less | \$2,970/month | More | Less |

How would you rate your mobility?

- | | | | | |
|--------------------------|--------------------------|--------------------------------|--------------------------|--------------------------|
| Very Mobile | Mobile | Neither mobile
nor immobile | Immobile | Very Immobile |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

How would you rate your health?

- | | | | | |
|--------------------------|--------------------------|----------------------------------|--------------------------|--------------------------|
| Very Healthy | Healthy | Neither healthy
nor unhealthy | Unhealthy | Very Unhealthy |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

We want to be able to describe where in Maricopa County our participants come from. We do not need to know your exact address, but we would like to know the following:

What is your zip code? _____

What is your living arrangement?

- Live alone
- Live with relatives
- Live with friends
- Live with partner
- Live with spouse
- Other: _____

What is your living situation?

- Own residence Rent residence

Write-in: _____

What is the primary language that you speak? (select all that apply)

- English
 Spanish
 Some other language (please specify):
