

SEAGO

Area Agency on Aging, Region VI

MEETING OF THE ADVISORY COUNCIL ON AGING

DATE: THURSDAY JANUARY 19, 2017

TIME: 10 A.M.

**PLACE: UNITED METHODIST CHURCH
124 SOUTH CURTIS AVENUE
WILLCOX, ARIZONA**

A G E N D A

- | | | |
|--|---------------|-----|
| 1. Call to Order, Introductions | Jaime Aguilar | |
| 2. Approval of Minutes of October 20, 2016 *** | Jaime Aguilar | 3 |
| 3. Open floor for nominations to vacant seats *** | Jaime Aguilar | 8 |
| 4. SEAGO/AAA Area Plan review/process **** | Laura Villa | 10 |
| 5. Alert: SFY17 -1C Carryover Allocations/ Prop. 206 /Gov's budget | Laura Villa | 107 |
| 6. Health and Nutrition Program Updates | Laura Villa | 121 |
| 7. State Health Insurance Program/ SHIP-SMP | Laura Villa | 122 |
| 8. Aging Mastery Program (AMP) | Laura Villa | 123 |
| 9. Information Exchange | Jaime Aguilar | |
| 10. Schedule Next Meeting Date- April 20, 2017
(Third Thursday of the Quarter) | Jaime Aguilar | |
| 11. Adjournment | | |

***Agenda items requiring action by the Advisory Council on Aging.

NOTE: All agenda items are subject to action by the Advisory Council on Aging.

Individuals with disabilities who require special accommodations may contact Laura Villa at (520) 432-2528 extension 208 at least 72 hours before the meeting time to request such accommodations.

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**MINUTES OF THE
ADVISORY COUNCIL ON AGING MEETING
UNITED METHODIST CHURCH
124 SOUTH CURTIS AVENUE
WILLCOX, ARIZONA
October 20th, 2016**

MEMBERS PRESENT: Sue Speicher, Bisbee
Laurel Stangel, Huachuca City
Gary Clark, Douglas
Deborah Hankerd, Tombstone
Jaime Aguilar, Greenlee County Unincorporated
Valadee Crofts, Duncan
Ed Bagnaschi, Sierra Vista
Rebecca Phifer, Willcox

MEMBERS NOT PRESENT: Linda Huffstetler-Dearing, Patagonia
Luisa Masee, Nogales
Moe Sinsley, Cochise County Unincorporated
Kathy Spangler, Benson

GUESTS PRESENT: Barbara Ahmann
Arnold Lopez
Leslie Kramer

STAFF PRESENT: Laura Villa, AAA Program Manager
Carrie Gibbons, AAA Office Specialist

CALL TO ORDER

President Jaime Aguilar called the meeting to order. Introductions were made.

APPROVAL OF MINUTES

Jaime Aguilar addressed council's review of the July 21, 2016 minutes. No changes to be made to minutes.

MOTION: Deborah Hankerd
SECOND: Sue Speicher
ACTION: **APPROVED UNANIMOUSLY**

NOMINATIONS TO BE MADE TO THE EXECUTIVE BOARD FOR APPROVAL

Laura Vila introduced four nominations to the council. Arnold A. Lopez representing Thatcher in Graham County, Barbara Ahmann representing Clifton, Leslie F Kramer representing Santa Cruz county Unincorporated, and Royce Hunt representing Graham County Unincorporated.

MOTION: Rebecca Phifer
SECOND: Sue Speicher
ACTION: **APPROVED UNANIMOUSLY**

NOMINATIONS TO VACANT SEATS

Laura Villa advised that four members of the council are coming to the end of their terms Jaime Aguilar first term ends 10/22/2016 and he has chosen to continue another three year term. Debbie Hankerd will finish her second term and has chosen to no longer be a member of the council however will continue to contribute to the council as GACA representative. Sandra Gaines will be ending her first term and would like to continue a second term with the council. Sue Speicher term ends 10/22/2016 and she has decided to no longer continue on the council. Deborah Hankerd added that Dusty Escapule Mayor of Tombstone has a nominee in mind for the vacant slot in Tombstone

MOTION: Deborah Hankerd
SECOND: Rebecca Phifer
ACTION: **APPROVED UNANIMOUSLY**

SEAGO/AREA AGENCY ON AGING AREA PLAN ON AGING 2018-2021

Laura Villa Presented the AAA are plan for 2018-2021 to the council for approval. She advised the goal is to focus on the commonalities that already exist among the goals and objectives between the Administration for Community Living, Administration on Aging Strategic Plan, State Plan on Aging, and the eight Area Plans on Aging, the following three goals are to be incorporated into the 2018-2021 Area Plans on Aging:

- **Increase awareness and understanding of aging issues and help prepare Arizona for an aging population.**
- **Increase the ability of older adults to remain active, healthy and living independently in their communities.**
- **Increase the safety and well-being of older Arizonans.**

The Council went page by page and reviewed the plan. Several members of the council had questions regarding the statistics being old and they believe the numbers are low. Laura advised the numbers were taken from the most recent census taken in 2010. Members offered to go to their local health departments to assist with providing more current statistics. The Council is concerned that the older statistics would decrease the amount of money available to the different areas that AAA servers. Laura advised the numbers do not affect the funding AAA receives.

The council had questions about the Carlos Apache Nation and the inter-tribal council. They wanted to know if people on the reservation receive our services and how those numbers affect our funding and statistics. The Council also inquired as to if the Apache nation can provide non-Indians with services. Laura promised that she would inquire about that and let the council know.

When going over the Organizational Structure of SEAGO AAA the Council had concerns about the Positions listed as Part time. They expressed the Part time Positions previously were listed as Full time and believe that the positions should be Full Time and expressed concern that volunteers are taking up positions that should be filled by full time Employees. Laura informed the council that cuts were made and so the positions of Ombudsman Coordinator and Health and Nutrition coordinator have been combined to form one full time position.

Laura Villa talked the multiple partnerships AAA has in our four county areas, and stresses the importance of these partnerships for being able to assist clients in our areas. The council inquired if we have a partnership with AARP. Laura advised that we do have a partnership with AARP and said will add it on the area plan.

Laura Villa Educated the council on the needs assessment survey and the role it has in the area plan.

The Council reviewed the goals and objectives portion of the AAA area plan. The council inquired about strengthens the utilization and partnership with adult protective services. Council expressed concern about lack of responsiveness from APS and older citizens. Laura Villa promised to bring in a speaker from APS in a future ACOA meeting.

Laura Villa went over the Key Changes to Service Delivery section of the Area Plan and highlighted the changes AAA will be working on in the future. Laura touched on key points of the COB for the current year. The Time line for completion of the Area plan was also shared with the council. The Council had no questions on these sections of the plan. The Council voted unanimously to accept the Area Plan as is.

MOTION: Valadee Crotts
SECOND: Ed Bagnaschi
ACTION: **APPROVED UNANIMOUSLY**

GOVERNOR'S ADVISORY COUNCIL ON AGING (GACA)

Debbie Hankerd Provided the Council with information on GACA's updates from Sept 9, 2016.

DES/DAAS ALERT SFY17 REVISED ALLOCATIONS

Laura Vila informed the council on August 31, 2016 DES/DAAS Department of Economic Security Division of Aging and Adult Services issued ALERT SFY-17-1B Revised Allocations.

Alert: SFY17-1B Older Americans Act Title III and Title VII Revised Allocations which have been included in Amendment #8 COB for your information.

HEALTH NUTRITION PROGRAM/ A MATTER OF BALANCE

Laura Villa Shared that Shi Martin our Health and Nutrition Program Coordinator has partnered with Fry Fire in Sierra Vista to host two Matter of Balance participant classes. This week they started on Monday October 17 thru November 8 at thrive previously known as the Wellness Depot at the Sierra Vista Mall. Shi will be having another class at Prestige Assisted Living on January 10, 2016 and ending February 2nd.

STATE HEALTH INSURANCE PROGRAM-SMP UPDATES

Laura Villa advised the council SEAGO /AAA State Health Insurance Program and Senior Medicare Patrol SHIP-SMP Coordinator has started Medicare Open Enrollment period on Saturday October 15, 2016. As you know Ramona keeps herself very busy during this period as this is the only time Medicare beneficiaries are able to make changes to their

insurance plans. Currently, Ramona still only has one active SHIP-SMP volunteer who has dedicated a good amount of her time in assisting with this program but we still need more volunteers to work with Ramona and help get those client contacts grow. SEAGO/AAA is proud to announce that we will be partnering with Chiricahua Community Health Centers of Cochise County in order to collaborate in expanding outreach efforts in this area of need. Chiricahua will be sharing some of their insurance coordinators who will receive training from Ramona in January 2017 in order to assist with providing Medicare counseling in the areas of Sierra Vista, Douglas, Benson and Willcox. This will free up Ramona's time in those areas so that she may focus in areas that she is currently unable to. Due to client contact requirements Ramona had to do most of her counseling in the office via telephone as this would cut the travel time she was spending and would help increase her client contacts and even this way we are still not meeting the numbers. Ramona's goals will be to reach out to other communities that she is not getting to because of these reasons.

INFORMATION EXCHANGE

Laurel Stangel Kathy Spangler – shared information about 3 mini fairs that provide annual eye exams, diabetic testing, and a pharmacist that will help with medication information, pain management, and also provided lunch for participants.

Laurel Stangel – The Huachuca city town cleanup is making lots of progress.

Gary Clark – informed the council that DARC's partnership with the food bank has helped them provide comedies to senior that are homebound in Douglas and Bisbee area. They are very grateful for the volunteers.

Carrie Gibbons – Shared the revised resources directories for all counties

Laura Villa – provided information on the Caregiver conference in Santa Cruz also mentioned the SEACUS Senior expo. Also informed about the Key Information survey and how the Council can assist. Laura advised that the AAA is having it's 2nd annual volunteer appreciation day.

Jaime Aguilar- commented that Morgan Hartford did a presentation for Alzheimer association with about 20 people in attendance in the York valley area. Jaime learned that more people in this community have been affected by Alzheimer's in that area then they realized. The presentation was very successful to provide support for the effected in the area. Jaime Aguilar also took a moment to give thanks to the departing council members for all the work they have done.

Valadee Crotts – Expressed his concern that people are missing out on events and presentations due to caregivers not being able to leave the care recipient alone and suggests that when these events are being held that someone look into the possibility of providing care for those who may need to leave a loved one in order to attend.

Deborah Hankerd – provided the group with the Old Firehouse Senior center Newsletter and informed everyone on all the fun happenings at the senior center.

Ed Bagnaschi – Advised Council on SS and Medicare increase, also showed concern for seniors being educated on presidential candidates.

Arnold Lopez - Expressed on wellness checks on the elderly. Would like to check with local Law enforcement and see if a system is set up to deal with seniors and for people with Alzheimer's.

ADJOURNMENT

Jaime Aguilar addressed the council and with there being no further Advisory Council on Aging business a motion was made to adjourn.

The next meeting is scheduled for January 19th, 2016

DRAFT



ADVISORY COUNCIL ON AGING PACKET

MEMO TO: ADVISORY COUNCIL ON AGING
FROM: LAURA VILLA, AREA AGENCY ON AGING PROGRAM MANAGER
DATE: JANUARY 19, 2017
SUBJECT: NOMINATIONS TO VACANT SEATS

The Advisory Council on Aging's (ACOA) revised bylaws dated May 19, 2007, state under Article III-Membership section 1, that the ACOA consists of eight representatives from Cochise County, four from Graham and three from Greenlee and Santa Cruz County.

Section 2 states, at least ten of the eighteen members shall be age sixty or older, and shall include persons in greatest economic or social need, minority individuals, and participants in services funded through the SEAGO Area Agency on Aging.

Section 9 states, members appointed by SEAGO Executive Board shall serve a term of three years (3). Each member shall be limited to two (2) consecutive terms. However, in the event that a vacancy cannot be filled in 90 days, a previous member can be reappointed. The Advisory Council on Aging may submit the name of a member to the Executive Board for reappointment for an additional term.

Currently, there are three (3) vacant seats and members are selected to represent incorporated cities, towns and the unincorporated portions of each county. The areas are the incorporated cities of Pima, Bisbee and Tombstone. New vacancies will open in Cochise county for the areas of Bisbee and Tombstone.

Nominated representatives will commence their term on the date once approved and appointed by the SEAGO Executive Board which is scheduled for February 24, 2017.

Action Requested: Information Only Action Requested Below

Proposed representatives to the SEAGO Executive Board for appointment to fill vacancies.



ADVISORY COUNCIL ON AGING PACKET

MEMO TO: ADVISORY COUNCIL ON AGING
FROM: LAURA VILLA, AREA AGENCY ON AGING PROGRAM MANAGER
DATE: JANUARY 19, 2017
SUBJECT: NOMINATION TO BE MADE TO THE EXECUTIVE BOARD FOR APPROVAL

Description:

On February 24, 2017 nominations will be presented to the Executive Board for approval to fill vacant seat as indicated below:

Mr. David “Duff” Chambers has been nominated by mayor of Tombstone to be acknowledged to fill the vacant seat in Tombstone. Mr. Chambers received his M.A from University of Chicago, School of Social Service Administration. He holds many licenses however; a few from his extensive list will be shared. License Clinical Social Worker, Academy of Certified Social Workers and Substance Abuse Profession through the U.S Department of transportation. Mr. Chambers holds a broad work experience; he is currently the Director and Project Manager of Rose Medical Systems Inc. which offers communications with patients on ventilators. Mr. Chambers has worked in various medical and psychiatric organizations in Connecticut and he is now residing in Tombstone, Arizona.

Action Requested:

Information Only

Action Requested Below



ADVISORY COUNCIL ON AGING PACKET

MEMO TO: ADVISORY COUNCIL ON AGING
FROM: LAURA VILLA, AREA AGENCY ON AGING PROGRAM MANAGER
DATE: JANUARY 19, 2017
SUBJECT: SEAGO/AREA AGENCY ON AGING AREA PLAN ON AGING 2018-2021

Description:

At the previous council meeting, members of the council suggested that staff look into coverage area of the San Carlos Apache Tribe and how the Area Agency on Aging works with them. I had a conversation with the Director of Inter-Tribal Council of Arizona Laurai Atcitty and she explained that services in that area are provided by the tribe not just in San Carlos but in all of the tribes she works with in Arizona. Laurai does not foresee this changing any time soon.

A meeting was also held with Arizona State Director for AARP Dana Marie Kennedy in regards to partnerships in region 6. Per Dana, AARP was providing caregiving education in Cochise county as well as in Santa Cruz County before and AAA collaborated by presenting about their programs. Unfortunately, with the demand and need, AARP had to pull out from our region covered areas which includes Nogales and focus more in high demand locations of Tucson, Phoenix and Prescott. I was assured that if we have a need from AARP they are willing to assist however; having David Parra travel to our areas would have to be pre-approved before it gets scheduled. Dana offered to assist with funds to cover workshops and or conferences taking place in our areas in the future if needed.

The needs assessment has been completed and a final report has been placed in your packet for your review and discussion. Key Informant Interviews were performed personally in our four-county region and results have also been included in this packet for your review and comments.

The Advisory Council Chairperson is a voting member that ensures that the Area Agency Advisory Council has an input in the plan. The Advisory Council provides input to the Area Plan and assists in review of its goals and objectives that will be presented to the Executive Board for approval.

Action Requested:

Information Only

Action Requested Below

US ECONOMIC RESEARCH

Economic, Business and Public Policy Research and Consulting



SEAGO Area Agency on Aging: Needs Assessment Survey Results, 2016

Robert Carreira, Ph.D.

January 2017

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Executive Summary

This report presents the results of a needs assessment survey of the senior population in Southeastern Arizona conducted by US Economic Research and SouthEastern Arizona Governments Organization's Area Agency on Aging. The survey was conducted during the fourth quarter of calendar year 2016. The survey included a sample of 689 seniors (ages 60 and older) residing in Cochise, Graham, Greenlee, and Santa Cruz counties.

The survey indicated the most important need of the elderly in Southeastern Arizona is affordable dental care. This was rated a serious problem by 37.5 percent of survey respondents across the region and was the number one serious problem in three of the four counties (in Greenlee County it ranked second to maintenance and repair of the home). In addition to being rated the top serious problem, affordable dental care was also perceived as a problem ("some problem" or "serious problem") by 64.8 of those surveyed across Southeastern Arizona. It was perceived as a problem by more respondents than any other issue in three of the four counties (again ranked second in Greenlee County).

The second most important need of the elderly in Southeastern Arizona is affordable assistive devices (hearing aids, glasses, canes, etc.). This was rated a serious problem by 24.6 percent of survey respondents across Southeastern Arizona. Affordable assistive devices ranked second on the list of serious problems in Cochise and Santa Cruz counties, fifth in Graham County, and seventh in Greenlee County. In addition to being rated a top serious problem, affordable assistive devices were also perceived as a problem ("some problem" or "serious problem") by 57.4 percent of those surveyed across

Southeastern Arizona. It was second on the list of problems in Graham County, third in Cochise County, and fourth in both Greenlee and Santa Cruz counties.

Other important concerns at the regional level include maintenance and repair of home, income (having enough money for basic needs), and cost of energy/utilities. Maintenance and repair of home was rated a serious problem by 23.2 percent of survey respondents across Southeastern Arizona and was in the top five most serious problems in three of the four counties (it was ranked eighth in Santa Cruz County). Income was rated a serious problem by 20.2 percent of all respondents in Southeastern Arizona; however, this was skewed by a disproportionately large number of survey respondents in Santa Cruz County where it was ranked third. Income was ranked sixth on the list of serious problems in Greenlee County, ninth on the list in Cochise County, and 10th in Graham County. The cost of energy/utilities was rated a serious problem by 19.8 percent of all respondents across Southeastern Arizona. It was fourth on the list of serious problems in Greenlee and Santa Cruz counties, seventh on the list in Graham County, and 12th in Cochise County.

Telemarketing or in-home sales, although it ranked ninth on the list of serious problems regionwide, ranked second in Graham County and third in Cochise County (it was further down the list at ninth in Santa Cruz County and 14th in Greenlee County). Maintenance of the yard, while it ranked sixth on the list of serious problems regionwide, ranked third in Graham and Greenlee counties and fifth in Cochise County (it was further down the list at 14th in Santa Cruz County). Transportation, while it ranked seventh on the list of serious problems

regionwide, came in at fifth in Greenlee County and sixth in Santa Cruz County.

Issues that were least regarded as serious problems in Southeastern Arizona were elderly abuse/exploitation, getting information about disease prevention, raising grandchildren, personal safety, and personal care.

The survey also revealed the most common sources of advice regarding health insurance or Medicare regionally were insurance agents and SEAGO Area Agency on Aging. The most popular sources of transportation were respondents' own vehicles, friends and neighbors, and public buses.

INTRODUCTION

In the fourth quarter (October through December) of calendar year 2016, US Economic Research in partnership with SouthEastern Arizona Governments Organization's (SEAGO) Area Agency on Aging (AAA) conducted a survey of 689 residents of Southeastern Arizona (Cochise, Graham, Greenlee, and Santa Cruz counties) ages 60 and older to determine their needs for assistance (See Table 1 for distribution of sample). The surveys were distributed at

various locations throughout the counties in places where residents ages 60 and older were known to frequent. An online version was disseminated by AAA and posted to the SEAGO website. US Economic Research reviewed the survey design, prepared the online version of the survey, provided data entry and analysis, and prepared this report. Survey results were compared to those from a similar survey conducted in late 2012 and early 2013 (see Appendix A for comparison of results). The survey instrument is at Appendix B (English) and Appendix C (Spanish).

TABLE 1: SAMPLE SIZE DISTRIBUTION

Cochise County	219
Graham County	156
Greenlee County	56
Santa Cruz County	258
TOTAL	689

TABLE 2: AGE GROUP DISTRIBUTION OF THE SAMPLE (%)

	60-64	65-69	70-74	75-79	80-84	85-89	90+
Cochise County	13.9	14.9	20.3	15.3	15.8	10.9	8.9
Graham County	12.4	22.8	19.3	15.2	13.8	11.0	5.5
Greenlee County	19.2	19.2	13.5	7.7	21.2	13.5	5.8
Santa Cruz County	8.0	19.7	21.0	17.6	18.5	7.6	7.6
TOTAL	11.8	18.8	19.8	15.5	16.8	9.9	7.4

TABLE 3: SEX DISTRIBUTION OF THE SAMPLE (%)

Cochise County	
<i>Female</i>	68.5
<i>Male</i>	31.5
Graham County	
<i>Female</i>	68.2
<i>Male</i>	31.8
Greenlee County	
<i>Female</i>	76.5
<i>Male</i>	23.5
Santa Cruz County	
<i>Female</i>	67.2
<i>Male</i>	32.8
TOTAL	
<i>Female</i>	68.6
<i>Male</i>	31.4

TABLE 4: SHARE OF THE SAMPLE WHOSE PRIMARY LANGUAGE IS SPANISH (%)	
Cochise County	20.2
Graham County	2.7
Greenlee County	3.6
Santa Cruz County	66.1
TOTAL	31.9

Figure 1: Southeast Arizona Sample by Race/Ethnicity

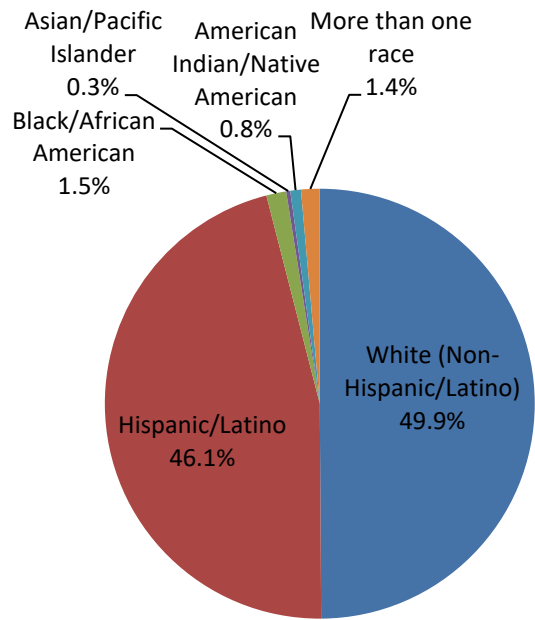


Figure 2: Cochise County Sample by Race/Ethnicity

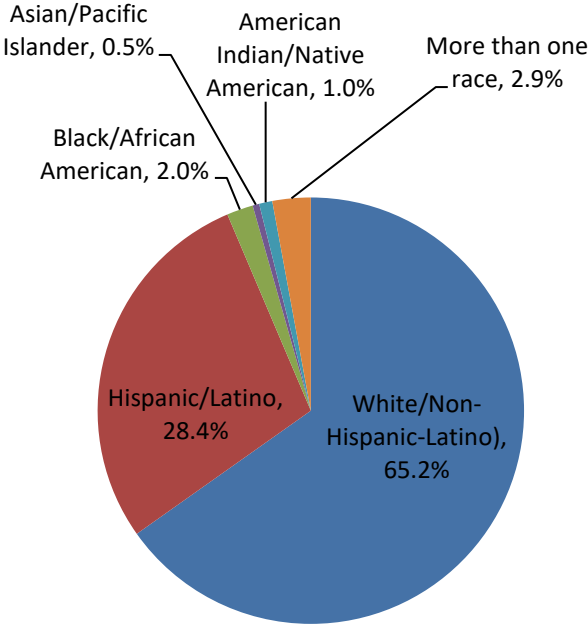


Figure 3: Graham County Sample by Race/Ethnicity

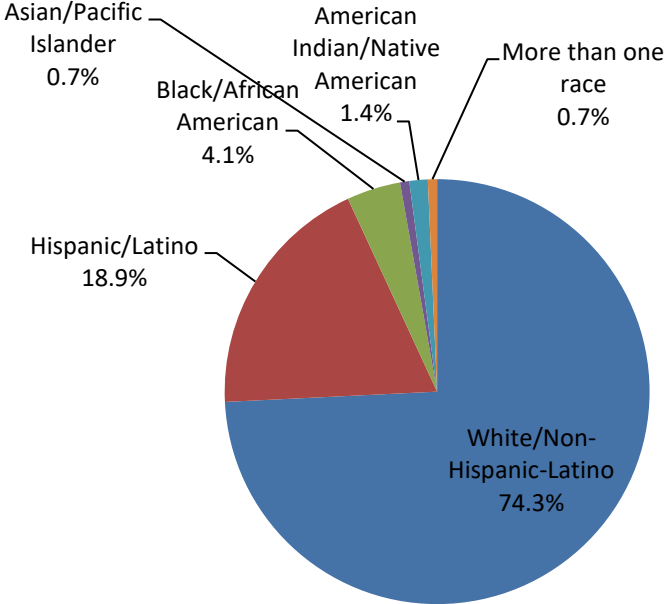


Figure 4: Greenlee County Sample by Race/Ethnicity

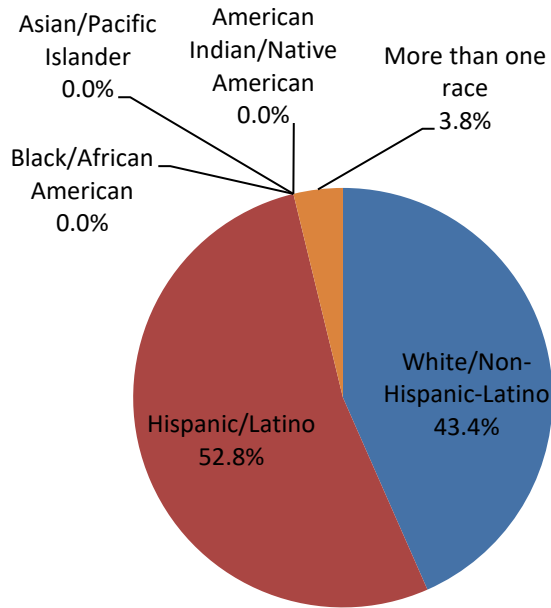
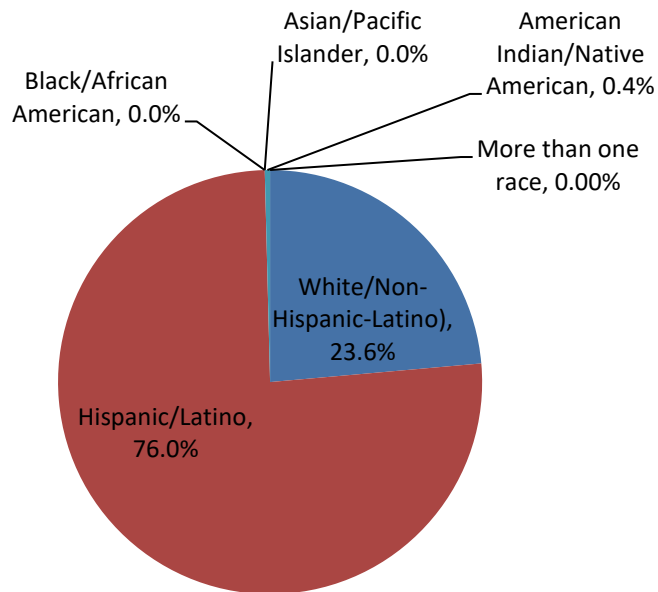


Figure 5: Santa Cruz County Sample by Race/Ethnicity



Narrative and Tabular Survey Results

Southeast Arizona

Sample Size: 689

Serious problems

Issues identified as a serious problem by the largest share of survey respondents throughout Southeastern Arizona (Cochise, Graham, Greenlee, and Santa Cruz counties) were affordable dental care, identified as a serious problem by 37.5 percent of those surveyed; affordable assistive devices, identified as a serious problem by 24.6 percent; maintenance and repair of home, identified as a serious problem by 23.2 percent; income, identified as a serious problem by 20.2 percent; and cost of energy/utilities, identified as a serious problem by 19.8 percent of respondents.

Problems

Issues identified as a problem (either “some problem” or “serious problem”) by the largest share of survey respondents across Southeastern Arizona were affordable dental care, identified as a problem by 64.8 percent of those surveyed; affordable assistive devices, identified as a problem by 57.4 percent; maintenance and repair of home, identified as a problem by 54.5 percent; income, identified as a problem by 52.1 percent; and cost of energy and utilities, identified as a problem by 51.8 percent of respondents.

No problem

Issues identified as no problem by the largest share of survey respondents throughout Southeast Arizona were raising grandchildren,

identified as “no problem” by 82.7 percent of those surveyed; elderly abuse/exploitation, identified as “no problem” by 82.1 percent; personal care, identified as “no problem” by 78.5 percent; providing care and supervision for an elderly family member, which was identified as “no problem” by 76.9 percent; and volunteer opportunities, identified as “no problem” by 75.7 percent of those surveyed.

Sources of Health Insurance/Medicare advice

Survey respondents were asked to identify their sources of advice regarding health insurance or Medicare. In Southeastern Arizona, insurance agent was the most popular source (14.7 percent of survey respondents) followed by SEAGO AAA (14.2 percent). Popular write-in responses were doctors, family members, friends, and Veterans Administration. See Appendix D for a complete list of responses regarding other sources contacted.

Sources of Transportation

Survey respondents were asked to identify their sources of transportation. In Southeastern Arizona, own vehicle was the most popular source (59.5 percent of respondents) followed by friend/neighbor (17.6 percent) and public bus (12.3 percent). A popular write-in response was family members. See Appendix E for a complete list of responses regarding other sources of transportation.

TABLE 5: ISSUES/POTENTIAL PROBLEMS RANKED BY SERIOUSNESS (SOUTHEAST ARIZONA)

<i>Issue/Problem</i>	<i>Respondents Indicating “Serious Problem”</i>
Affordable dental care	37.5%
Affordable assistive devices (hearing aids, glasses, canes, etc.)	24.6%
Maintenance and repair of home	23.2%
Income (having enough money for basic needs)	20.2%
Cost of energy/utilities	19.8%
Maintenance of yard	18.9%
Transportation	18.7%
Cost of housing	18.6%
Telemarketing or In-Home Sales	18.3%
Employment opportunities	16.2%
Finding legal assistance	15.2%
Accessibility modifications in my home (grab bars)	14.3%
Recreational or social opportunities	12.7%
Getting information about services	12.7%
Loneliness	12.5%
Having someone check on me daily	12.0%
Paying for prescription drugs	11.8%
Processing monthly bills and/or medical claims	11.3%
Homemaker services (shopping, housekeeping)	11.0%
Age discrimination (loans, insurance, employment)	10.9%
Loss of spouse/loved one	10.8%
Availability of health care providers (doctors, hospitals)	10.3%
Preparing nutritious meals	10.0%
Getting information about health insurance (AHCCCS, Medicare, Medigap, etc.)	10.0%
Counseling or mental health services	8.6%
Bereavement/grief counseling/hospice services	7.8%
Obtaining information on selecting nursing home or assisted living facility	7.4%
Maintaining my personal independence	7.2%
Volunteer opportunities	7.0%
Providing care and supervision for an elderly family member	6.4%
Personal Care (bathing, washing hair)	6.1%
Personal Safety (Crime)	5.3%
Raising grandchildren	4.9%
Getting information about disease prevention	4.8%
Elderly abuse, exploitation	4.8%

TABLE 6: ISSUES RANKED BY IDENTIFICATION AS A PROBLEM (SOUTHEAST ARIZONA)

<i>Issue/Problem</i>	<i>Respondents Indicating “Some Problem” or “Serious Problem”</i>
Affordable dental care	64.8%
Affordable assistive devices (hearing aids, glasses, canes, etc.)	57.4%
Maintenance and repair of home	54.5%
Income (having enough money for basic needs)	52.1%
Cost of energy/utilities	51.8%
Maintenance of yard	50.6%
Getting information about services	47.6%
Telemarketing or In-Home Sales	47.6%
Loneliness	44.0%
Finding legal assistance	43.3%
Cost of housing	42.4%
Availability of health care providers (doctors, hospitals)	42.4%
Transportation	40.6%
Paying for prescription drugs	40.5%
Recreational or social opportunities	39.8%
Accessibility modifications in my home (grab bars)	37.9%
Homemaker services (shopping, housekeeping)	36.8%
Getting information about health insurance (AHCCCS, Medicare, Medigap, etc.)	35.8%
Preparing nutritious meals	35.7%
Loss of spouse/loved one	34.5%
Maintaining my personal independence	33.8%
Processing monthly bills and/or medical claims	33.7%
Employment opportunities	32.6%
Counseling or mental health services	32.0%
Having someone check on me daily	31.0%
Age discrimination (loans, insurance, employment)	29.7%
Obtaining information on selecting nursing home or assisted living facility	29.7%
Bereavement/grief counseling/hospice services	26.5%
Getting information about disease prevention	25.8%
Personal Safety (Crime)	24.4%
Volunteer opportunities	24.3%
Providing care and supervision for an elderly family member	23.1%
Personal Care (bathing, washing hair)	21.5%
Elderly abuse, exploitation	17.9%
Raising grandchildren	17.3%

Cochise County

Sample Size: 219

Serious problems

Issues identified as a serious problem by the largest share of survey respondents in Cochise County were affordable dental care, identified as a serious problem by 37.4 percent of those surveyed; affordable assistive devices, identified as a serious problem by 25.1 percent; telemarketing or in-home sales, identified as a serious problem by 22 percent; maintenance and repair of home, identified as a serious problem by 21.4 percent; and maintenance of yard, identified as a serious problem by 20 percent of respondents.

Problems

Issues identified as a problem (either “some problem” or “serious problem”) by the largest share of survey respondents in Cochise County were affordable dental care, identified as a problem by 65.9 percent of those surveyed; getting information about services, identified as a problem by 55.8 percent; affordable assistive devices, identified as a problem by 55.3 percent; maintenance of yard, identified as a problem by 50.5 percent; and maintenance and repair of home and telemarketing or in-home sales, each identified as a problem by 49 percent of respondents.

No problem

Issues identified as no problem by the largest share of the survey respondents within Cochise

County were raising grandchildren, identified as “no problem” by 86.3 percent of those surveyed; elderly abuse/ exploitation, identified as “no problem” by 85.9 percent; personal care, identified as “no problem” by 78.1 percent; providing care and supervision for an elderly family member, identified as “no problem” by 77 percent; and personal safety, identified as “no problem” by 74.3 percent of those surveyed.

Sources of Health Insurance/Medicare advice

Survey respondents were asked to identify their sources of advice regarding health insurance or Medicare. In Cochise County, SEAGO AAA was the most popular source (15.5 percent of respondents) followed by insurance agent (14.6 percent). Popular write-in responses were family members, friends, and Veterans Administration. See Appendix D for a complete list of responses regarding other sources contacted.

Sources of Transportation

Survey respondents were asked to identify their sources of transportation. In Cochise County, own vehicle was the most popular (58 percent of respondents) followed by friend/neighbor (21 percent) and public bus (17.4 percent). The most popular write-in response was family members. See Appendix E for a complete list of responses regarding other sources of transportation.

TABLE 7: ISSUES/POTENTIAL PROBLEMS RANKED BY SERIOUSNESS (COCHISE COUNTY)

<i>Issue/Problem</i>	<i>Respondents Indicating "Serious Problem"</i>
Affordable dental care	37.4%
Affordable assistive devices (hearing aids, glasses, canes, etc.)	25.1%
Telemarketing or In-Home Sales	22.0%
Maintenance and repair of home	21.4%
Maintenance of yard	20.0%
Finding legal assistance	18.8%
Getting information about services	17.7%
Recreational or social opportunities	17.0%
Income (having enough money for basic needs)	16.8%
Loneliness	16.0%
Accessibility modifications in my home (grab bars)	15.7%
Cost of energy/utilities	15.3%
Cost of housing	15.0%
Employment opportunities	14.9%
Transportation	13.6%
Paying for prescription drugs	13.6%
Getting information about health insurance (AHCCCS, Medicare, Medigap, etc.)	13.3%
Having someone check on me daily	12.6%
Availability of health care providers (doctors, hospitals)	12.3%
Loss of spouse/loved one	12.2%
Preparing nutritious meals	12.0%
Homemaker services (shopping, housekeeping)	12.0%
Age discrimination (loans, insurance, employment)	11.4%
Counseling or mental health services	10.5%
Bereavement/grief counseling/hospice services	9.1%
Volunteer opportunities	9.0%
Maintaining my personal independence	9.0%
Personal Safety (Crime)	8.4%
Processing monthly bills and/or medical claims	8.3%
Obtaining information on selecting nursing home or assisted living facility	7.8%
Personal Care (bathing, washing hair)	7.4%
Providing care and supervision for an elderly family member	7.0%
Elderly abuse, exploitation	6.8%
Getting information about disease prevention	6.5%
Raising grandchildren	5.3%

TABLE 8: ISSUES RANKED BY IDENTIFICATION AS A PROBLEM (COCHISE COUNTY)

<i>Issue/Problem</i>	<i>Respondents Indicating “Some Problem” or “Serious Problem”</i>
Affordable dental care	65.9%
Getting information about services	55.8%
Affordable assistive devices (hearing aids, glasses, canes, etc.)	55.3%
Maintenance of yard	50.5%
Maintenance and repair of home	49.0%
Telemarketing or In-Home Sales	49.0%
Cost of energy/utilities	48.8%
Income (having enough money for basic needs)	48.6%
Finding legal assistance	45.4%
Availability of health care providers (doctors, hospitals)	44.7%
Recreational or social opportunities	43.4%
Loneliness	42.5%
Paying for prescription drugs	41.1%
Maintaining my personal independence	39.3%
Cost of housing	38.8%
Accessibility modifications in my home (grab bars)	37.6%
Getting information about health insurance (AHCCCS, Medicare, Medigap, etc.)	36.7%
Preparing nutritious meals	36.1%
Transportation	35.2%
Loss of spouse/loved one	33.7%
Homemaker services (shopping, housekeeping)	32.9%
Obtaining information on selecting nursing home or assisted living facility	32.8%
Counseling or mental health services	30.6%
Having someone check on me daily	29.3%
Getting information about disease prevention	27.6%
Processing monthly bills and/or medical claims	27.2%
Volunteer opportunities	26.6%
Bereavement/grief counseling/hospice services	26.4%
Age discrimination (loans, insurance, employment)	26.2%
Employment opportunities	26.2%
Personal Safety (Crime)	25.7%
Providing care and supervision for an elderly family member	23.0%
Personal Care (bathing, washing hair)	21.9%
Elderly abuse, exploitation	14.1%
Raising grandchildren	13.7%

Graham County

Sample Size: 156

Serious problems

Issues identified as a serious problem by the largest share of survey respondents in Graham County were affordable dental care, identified as a serious problem by 32.2 percent of those surveyed; telemarketing or in-home sales, identified as a serious problem by 24.3 percent; maintenance of yard, identified as a serious problem by 23.8 percent; maintenance and repair of home, identified as a serious problem by 23.2 percent; and affordable assistive devices, identified as a serious problem by 21.2 percent of respondents.

Problems

Issues identified as a problem (either “some problem” or “serious problem”) by the largest share of survey respondents in Graham County were affordable dental care, identified as a problem by 63.8 percent of those surveyed; affordable assistive devices, identified as a problem by 62.3 percent; maintenance and repair of home, identified as a problem by 60.3 percent; telemarketing or in-home sales, identified as a problem by 55.6 percent; and maintenance of yard, identified as a problem by 53.6 percent of respondents.

No problem

Issues identified as no problem by the largest share of the survey respondents within Graham

County were raising grandchildren, identified as “no problem” by 84.1 percent of those surveyed; personal care, identified as “no problem” by 78.1 percent; elderly abuse, identified as “no problem” by 78.1 percent; bereavement/grief counseling/hospice services, identified as “no problem” by 77.6 percent of those surveyed, and volunteer opportunities, identified as “no problem” by 74.8 percent.

Sources of Health Insurance/Medicare advice

Survey respondents were asked to identify their sources of advice regarding health insurance or Medicare. In Graham County, insurance agent was the most popular source (23.7 percent of respondents) followed by SEAGO AAA (10.3 percent). Popular write-in responses were family members and Veterans Administration. See Appendix D for a complete list of responses regarding other sources contacted.

Sources of Transportation

Survey respondents were asked to identify their sources of transportation. In Graham County, own vehicle was the most popular source (72.4 percent of survey respondents) followed by friend/neighbor (20.5 percent). The most popular write-in response was family members. See Appendix E for a complete list of responses regarding other sources of transportation.

TABLE 9: ISSUES/POTENTIAL PROBLEMS RANKED BY SERIOUSNESS (GRAHAM COUNTY)

<i>Issue/Problem</i>	<i>Respondents Indicating "Serious Problem"</i>
Affordable dental care	32.2%
Telemarketing or In-Home Sales	24.3%
Maintenance of yard	23.8%
Maintenance and repair of home	23.2%
Affordable assistive devices (hearing aids, glasses, canes, etc.)	21.2%
Transportation	21.1%
Cost of energy/utilities	20.0%
Cost of housing	19.2%
Accessibility modifications in my home (grab bars)	18.5%
Income (having enough money for basic needs)	16.8%
Processing monthly bills and/or medical claims	14.4%
Getting information about services	14.1%
Employment opportunities	13.8%
Loss of spouse/loved one	13.3%
Recreational or social opportunities	12.9%
Having someone check on me daily	12.7%
Getting information about health insurance (AHCCCS, Medicare, Medigap, etc.)	12.6%
Preparing nutritious meals	12.4%
Loneliness	12.3%
Finding legal assistance	12.0%
Homemaker services (shopping, housekeeping)	11.1%
Paying for prescription drugs	10.5%
Obtaining information on selecting nursing home or assisted living facility	9.6%
Providing care and supervision for an elderly family member	9.6%
Availability of health care providers (doctors, hospitals)	8.4%
Maintaining my personal independence	8.1%
Personal Care (bathing, washing hair)	7.3%
Volunteer opportunities	6.5%
Bereavement/grief counseling/hospice services	6.1%
Raising grandchildren	5.8%
Age discrimination (loans, insurance, employment)	5.7%
Counseling or mental health services	5.4%
Elderly abuse, exploitation	3.4%
Personal Safety (Crime)	2.7%
Getting information about disease prevention	2.0%

TABLE 10: ISSUES RANKED BY IDENTIFICATION AS A PROBLEM (GRAHAM COUNTY)

<i>Issue/Problem</i>	<i>Respondents Indicating “Some Problem” or “Serious Problem”</i>
Affordable dental care	63.8%
Affordable assistive devices (hearing aids, glasses, canes, etc.)	62.3%
Maintenance and repair of home	60.3%
Telemarketing or In-Home Sales	55.6%
Maintenance of yard	53.6%
Cost of energy/utilities	52.9%
Getting information about services	51.0%
Loneliness	48.6%
Income (having enough money for basic needs)	47.7%
Finding legal assistance	46.7%
Paying for prescription drugs	45.1%
Recreational or social opportunities	44.2%
Cost of housing	43.0%
Preparing nutritious meals	42.5%
Availability of health care providers (doctors, hospitals)	42.2%
Transportation	40.1%
Homemaker services (shopping, housekeeping)	39.9%
Accessibility modifications in my home (grab bars)	39.7%
Getting information about health insurance (AHCCCS, Medicare, Medigap, etc.)	39.7%
Having someone check on me daily	38.0%
Maintaining my personal independence	37.6%
Employment opportunities	37.0%
Processing monthly bills and/or medical claims	36.3%
Loss of spouse/loved one	35.0%
Obtaining information on selecting nursing home or assisted living facility	33.3%
Personal Safety (Crime)	32.4%
Counseling or mental health services	32.0%
Getting information about disease prevention	30.0%
Age discrimination (loans, insurance, employment)	29.8%
Providing care and supervision for an elderly family member	27.2%
Volunteer opportunities	25.2%
Bereavement/grief counseling/hospice services	22.4%
Elderly abuse, exploitation	21.9%
Personal Care (bathing, washing hair)	21.9%
Raising grandchildren	15.9%

Greenlee County

Sample Size: 56

Serious problems

Issues identified as a serious problem by the largest share of survey respondents in Greenlee County were maintenance and repair of home, identified as a serious problem by 56.4 percent of those surveyed; affordable dental care, identified as a serious problem by 52.9 percent; maintenance of yard, identified as a serious problem by 35.2 percent; cost of energy/utilities, identified as a serious problem by 29.6 percent; and transportation and income, each identified as a serious problem by 25.9 percent of respondents.

Problems

Issues identified as a problem (either “some problem” or “serious problem”) by the largest share of survey respondents in Greenlee County were maintenance and repair of home, identified as a problem by 74.5 percent of those surveyed; affordable dental care, identified as a problem by 72.5 percent; maintenance of yard, identified as a problem by 63 percent; affordable assistive devices, identified as a problem by 61.1 percent; and getting information about services, identified as a problem by 58.2 percent of respondents.

No problem

Issues identified as no problem by the largest share of survey respondents in Greenlee County

were elderly abuse/exploitation, identified as “no problem” by 84 percent of those surveyed; raising grandchildren, identified as “no problem” by 77.6 percent; personal care, identified as “no problem” by 74.1 percent; bereavement/grief counseling/hospice services, identified as “no problem” by 73.6 percent; and obtaining information on selecting nursing home or assisted living facility, identified as “no problem” by 72 percent of respondents.

Sources of Health Insurance/Medicare advice

Survey respondents were asked to identify their sources of advice regarding health insurance or Medicare. In Greenlee County, insurance agent was the most popular source (12.5 percent of respondents) followed by SEAGO AAA (10.7 percent). See Appendix D for a complete list of responses regarding other sources contacted.

Sources of Transportation

Survey respondents were asked to identify their sources of transportation. In Greenlee County, own vehicle was the most popular source (67.9 percent of respondents), followed by friend/neighbor (10.7 percent) and public bus (5.4 percent). The most popular write-in response was family members. See Appendix E for a complete list of responses regarding other sources of transportation.

TABLE 11: ISSUES/POTENTIAL PROBLEMS RANKED BY SERIOUSNESS (GREENLEE COUNTY)

<i>Issue/Problem</i>	<i>Respondents Indicating "Serious Problem"</i>
Maintenance and repair of home	56.4%
Affordable dental care	52.9%
Maintenance of yard	35.2%
Cost of energy/utilities	29.6%
Transportation	25.9%
Income (having enough money for basic needs)	25.9%
Affordable assistive devices (hearing aids, glasses, canes, etc.)	24.1%
Finding legal assistance	23.1%
Cost of housing	22.2%
Recreational or social opportunities	20.8%
Employment opportunities	20.0%
Age discrimination (loans, insurance, employment)	18.0%
Accessibility modifications in my home (grab bars)	16.7%
Telemarketing or In-Home Sales	15.4%
Bereavement/grief counseling/hospice services	15.1%
Paying for prescription drugs	14.8%
Loneliness	14.8%
Maintaining my personal independence	13.7%
Volunteer opportunities	13.5%
Counseling or mental health services	13.0%
Processing monthly bills and/or medical claims	12.0%
Providing care and supervision for an elderly family member	11.5%
Preparing nutritious meals	11.3%
Personal Safety (Crime)	11.3%
Availability of health care providers (doctors, hospitals)	10.9%
Getting information about health insurance (AHCCCS, Medicare, Medigap, etc.)	10.9%
Raising grandchildren	10.2%
Loss of spouse/loved one	9.3%
Getting information about services	9.1%
Homemaker services (shopping, housekeeping)	9.1%
Having someone check on me daily	7.5%
Getting information about disease prevention	5.7%
Personal Care (bathing, washing hair)	5.6%
Obtaining information on selecting nursing home or assisted living facility	4.0%
Elderly abuse, exploitation	0.0%

TABLE 12: ISSUES RANKED BY IDENTIFICATION AS A PROBLEM (GREENLEE COUNTY)

<i>Issue/Problem</i>	<i>Respondents Indicating “Some Problem” or “Serious Problem”</i>
Maintenance and repair of home	74.5%
Affordable dental care	72.5%
Maintenance of yard	63.0%
Affordable assistive devices (hearing aids, glasses, canes, etc.)	61.1%
Getting information about services	58.2%
Homemaker services (shopping, housekeeping)	54.5%
Cost of energy/utilities	53.7%
Finding legal assistance	51.9%
Income (having enough money for basic needs)	51.9%
Loneliness	51.9%
Transportation	50.0%
Loss of spouse/loved one	50.0%
Recreational or social opportunities	47.2%
Telemarketing or In-Home Sales	46.2%
Paying for prescription drugs	44.4%
Availability of health care providers (doctors, hospitals)	43.6%
Getting information about health insurance (AHCCCS, Medicare, Medigap, etc.)	43.6%
Accessibility modifications in my home (grab bars)	42.6%
Having someone check on me daily	41.5%
Personal Safety (Crime)	41.5%
Preparing nutritious meals	39.6%
Counseling or mental health services	38.9%
Maintaining my personal independence	37.3%
Cost of housing	37.0%
Processing monthly bills and/or medical claims	36.0%
Employment opportunities	34.0%
Age discrimination (loans, insurance, employment)	30.0%
Volunteer opportunities	28.8%
Providing care and supervision for an elderly family member	28.8%
Getting information about disease prevention	28.3%
Obtaining information on selecting nursing home or assisted living facility	28.0%
Bereavement/grief counseling/hospice services	26.4%
Personal Care (bathing, washing hair)	25.9%
Raising grandchildren	22.4%
Elderly abuse, exploitation	16.0%

Santa Cruz County

Sample Size: 258

Serious problems

Issues identified as a serious problem by the largest share of survey respondents in Santa Cruz County were affordable dental care, identified as a serious problem by 37.6 percent of those surveyed; affordable assistive devices, identified as a serious problem by 26.4 percent; income, identified as a serious problem by 23.9 percent; cost of energy/utilities, identified as a serious problem by 21.4 percent; and cost of housing, identified as a serious problem by 20.6 percent of respondents.

Problems

Issues identified as a problem (either “some problem” or “serious problem”) by the largest share of survey respondents in Santa Cruz County were affordable dental care, identified as a problem by 62.8 percent of those surveyed; income, identified as a problem by 57.8 percent; affordable assistive devices, identified as a problem by 55.4 percent; cost of energy/utilities, identified as a problem by 53.2 percent; and maintenance and repair of home, identified as a problem by 51.2 percent of respondents.

No problem

Issues identified as no problem by the largest share of survey respondents in Santa Cruz County were personal safety, identified as “no problem” by 85.4 percent of those surveyed;

elderly abuse/exploitation, identified as “no problem” by 80.9 percent; providing care and supervision for an elderly family member, identified as “no problem” by 80.4 percent; and personal care and raising grandchildren, each of which was identified as “no problem” by 79.9 percent of those surveyed.

Sources of Health Insurance/Medicare advice

Survey respondents were asked to identify their sources of advice regarding health insurance or Medicare. In Santa Cruz County, SEAGO AAA was the most popular source (16.3 percent of respondents) followed by State Health Insurance Assistance Program (12.4 percent) and insurance agent (9.7 percent). Popular write-in responses were family members and doctor’s office. See Appendix D for a complete list of responses regarding other sources contacted.

Sources of Transportation

Survey respondents were asked to identify their sources of transportation. In Santa Cruz County, own vehicle was the most popular source (51.2 percent of respondents) followed by friend/neighbor (14.3 percent) and taxi (9.7 percent). The most popular write-in response was family members. See Appendix E for a complete list of responses regarding other sources of transportation.

TABLE 13: ISSUES/POTENTIAL PROBLEMS RANKED BY SERIOUSNESS (SANTA CRUZ COUNTY)

<i>Issue/Problem</i>	<i>Respondents Indicating "Serious Problem"</i>
Affordable dental care	37.6%
Affordable assistive devices (hearing aids, glasses, canes, etc.)	26.4%
Income (having enough money for basic needs)	23.9%
Cost of energy/utilities	21.4%
Cost of housing	20.6%
Transportation	20.2%
Employment opportunities	17.8%
Maintenance and repair of home	17.5%
Telemarketing or In-Home Sales	12.3%
Finding legal assistance	12.3%
Age discrimination (loans, insurance, employment)	12.1%
Having someone check on me daily	11.9%
Processing monthly bills and/or medical claims	11.9%
Maintenance of yard	11.3%
Homemaker services (shopping, housekeeping)	10.5%
Paying for prescription drugs	10.4%
Accessibility modifications in my home (grab bars)	10.1%
Availability of health care providers (doctors, hospitals)	9.6%
Loneliness	9.1%
Loss of spouse/loved one	8.4%
Getting information about services	8.2%
Counseling or mental health services	7.9%
Recreational or social opportunities	7.2%
Preparing nutritious meals	6.5%
Obtaining information on selecting nursing home or assisted living facility	6.4%
Bereavement/grief counseling/hospice services	5.9%
Getting information about health insurance (AHCCCS, Medicare, Medigap, etc.)	5.3%
Elderly abuse, exploitation	5.0%
Getting information about disease prevention	4.9%
Personal Care (bathing, washing hair)	4.4%
Volunteer opportunities	4.3%
Maintaining my personal independence	3.7%
Raising grandchildren	3.0%
Providing care and supervision for an elderly family member	3.0%
Personal Safety (Crime)	2.8%

TABLE 14: ISSUES RANKED BY IDENTIFICATION AS A PROBLEM (SANTA CRUZ COUNTY)

<i>Issue/Problem</i>	<i>Respondents Indicating “Some Problem” or “Serious Problem”</i>
Affordable dental care	62.8%
Income (having enough money for basic needs)	57.8%
Affordable assistive devices (hearing aids, glasses, canes, etc.)	55.4%
Cost of energy/utilities	53.2%
Maintenance and repair of home	51.2%
Cost of housing	46.4%
Maintenance of yard	46.2%
Transportation	43.5%
Telemarketing or In-Home Sales	42.0%
Loneliness	40.9%
Availability of health care providers (doctors, hospitals)	40.2%
Finding legal assistance	37.3%
Processing monthly bills and/or medical claims	37.3%
Paying for prescription drugs	36.4%
Getting information about services	35.9%
Accessibility modifications in my home (grab bars)	35.9%
Employment opportunities	35.2%
Homemaker services (shopping, housekeeping)	34.4%
Age discrimination (loans, insurance, employment)	32.6%
Recreational or social opportunities	32.5%
Counseling or mental health services	31.5%
Loss of spouse/loved one	31.5%
Getting information about health insurance (AHCCCS, Medicare, Medigap, etc.)	30.9%
Preparing nutritious meals	30.2%
Bereavement/grief counseling/hospice services	29.1%
Maintaining my personal independence	26.0%
Having someone check on me daily	25.9%
Obtaining information on selecting nursing home or assisted living facility	25.5%
Getting information about disease prevention	21.1%
Volunteer opportunities	20.9%
Raising grandchildren	20.1%
Personal Care (bathing, washing hair)	20.1%
Providing care and supervision for an elderly family member	19.6%
Elderly abuse, exploitation	19.1%
Personal Safety (Crime)	14.6%

Graphical Survey Results

Note on Figures 6—40: Survey respondents were asked to indicate the degree to which each of the following items is a problem for them personally.

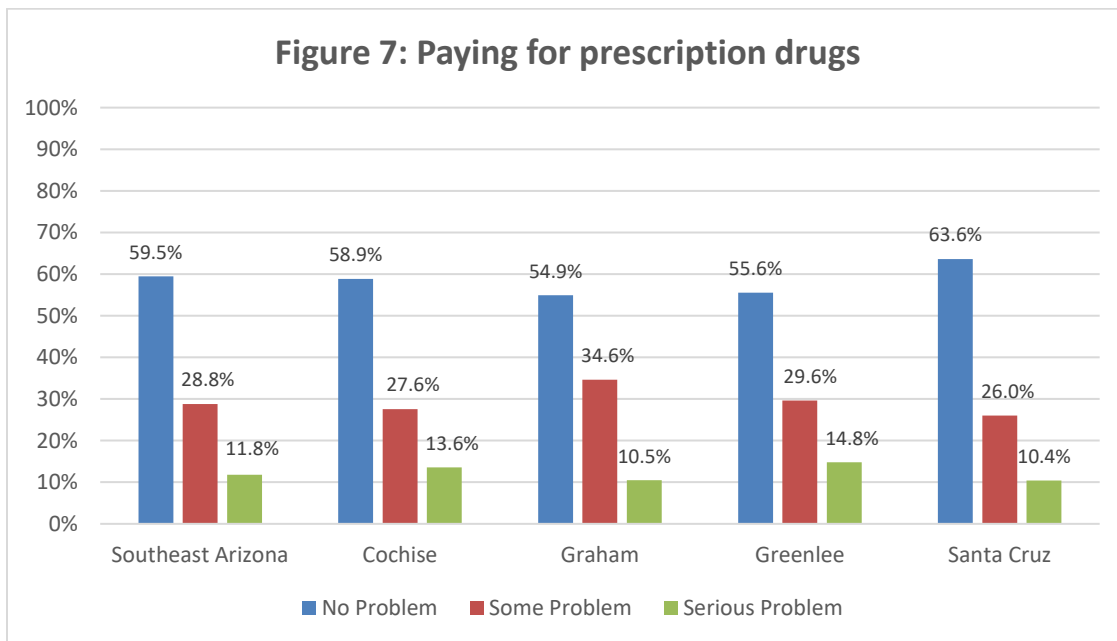
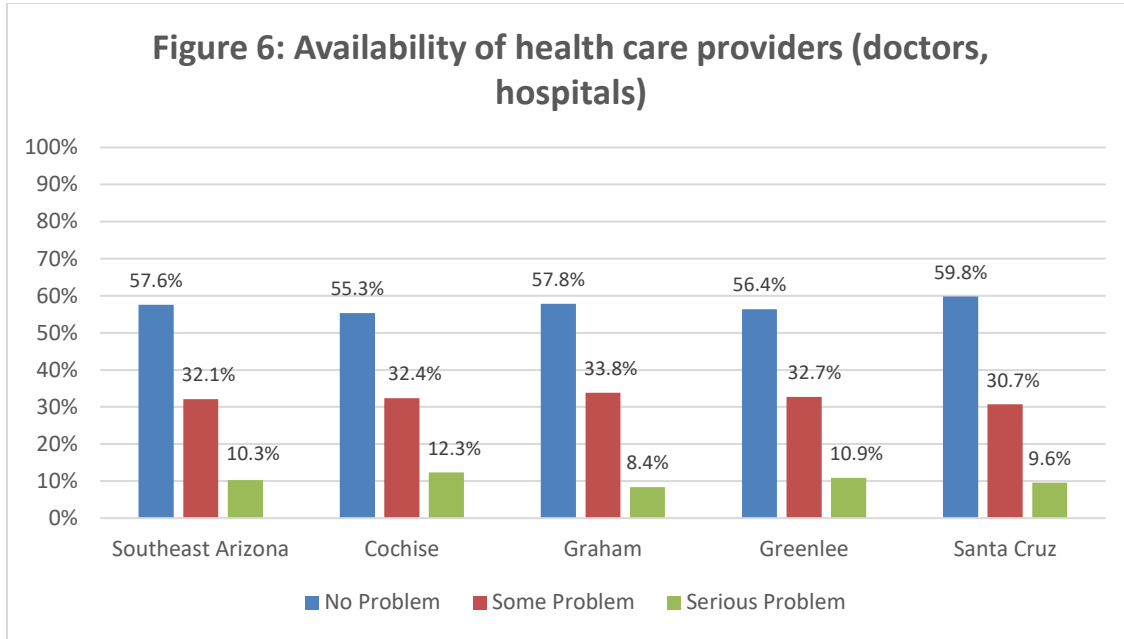


Figure 8: Affordable dental care

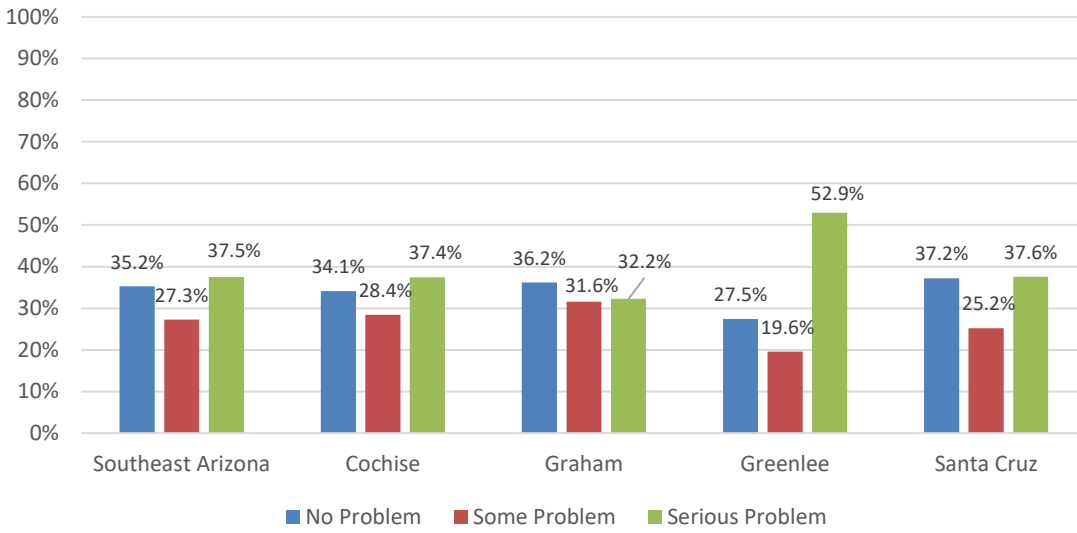


Figure 9: Affordable assistive devices (hearing aids, glasses, canes, etc.)

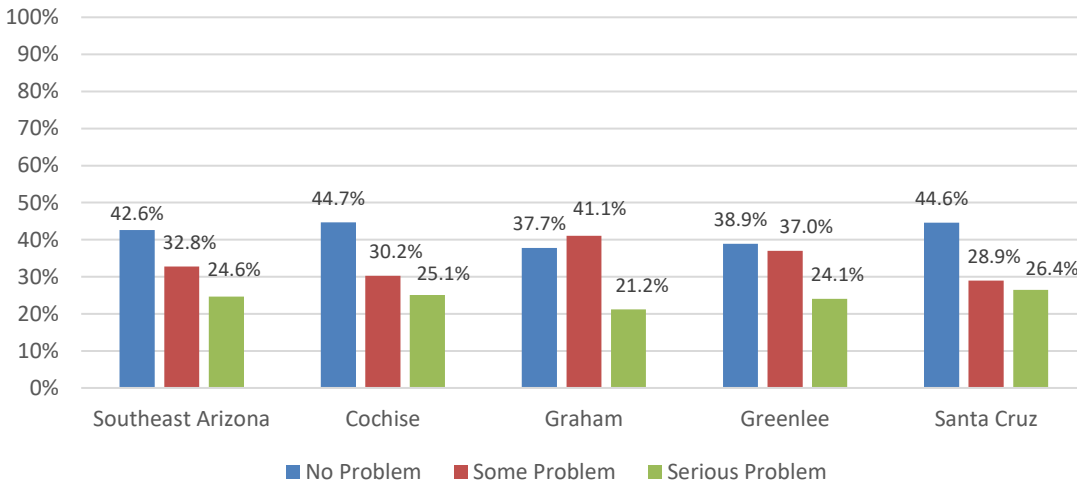


Figure 10: Getting information about services

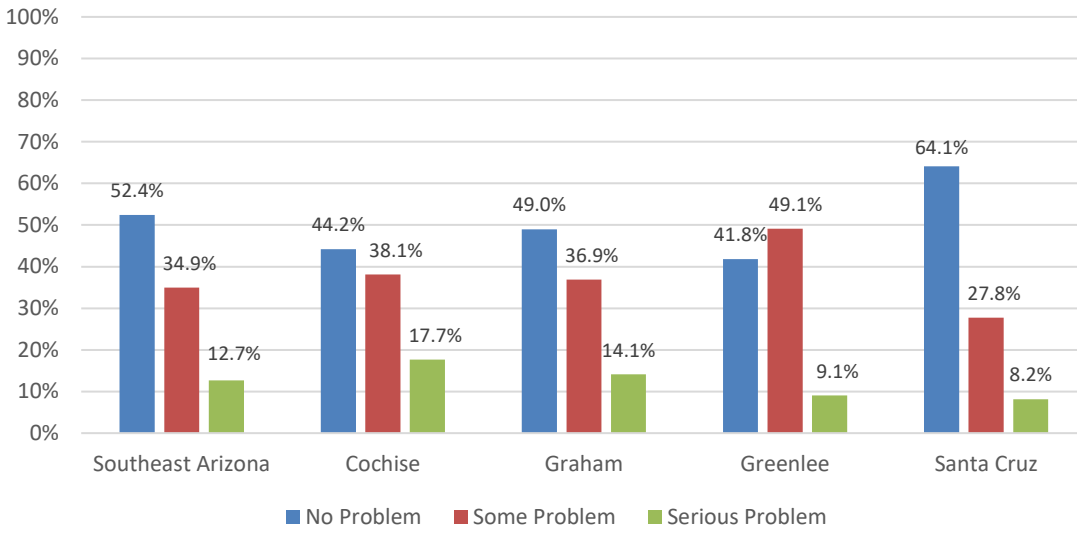


Figure 11: Having someone check on me daily

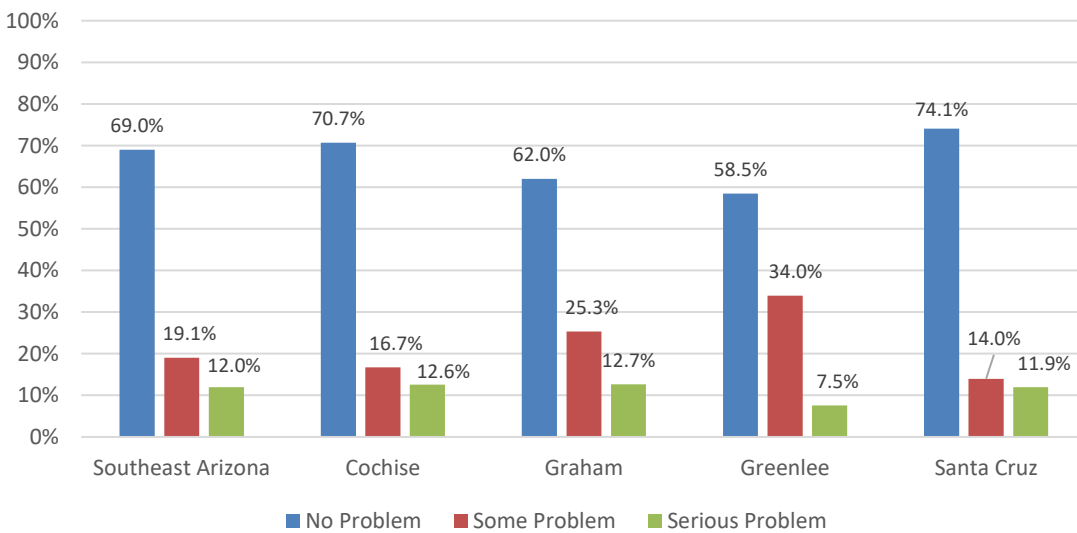


Figure 12: Preparing nutritious meals

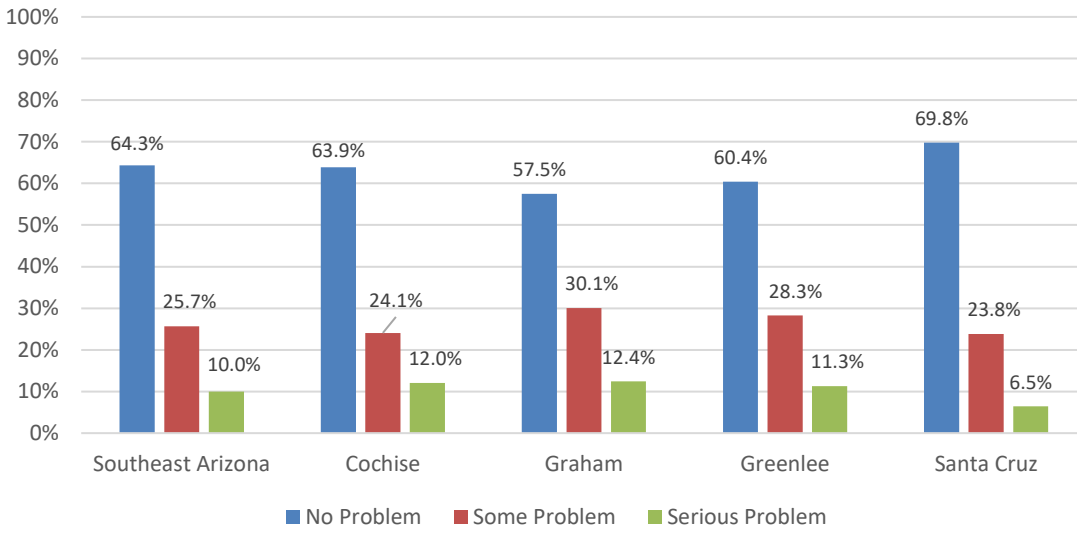


Figure 13: Personal care (bathing, washing hair)

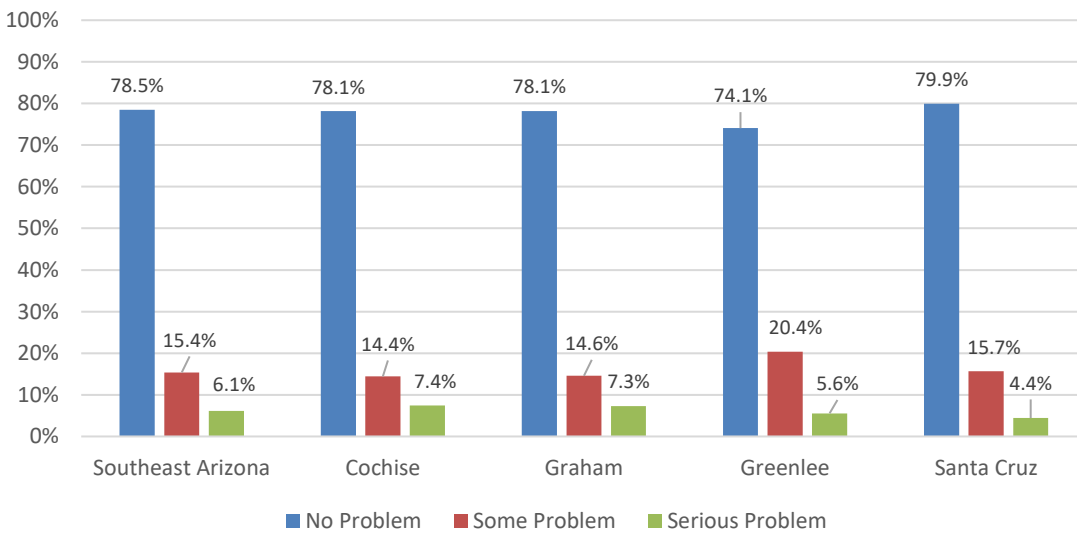


Figure 14: Homemaker services (shopping, housekeeping)

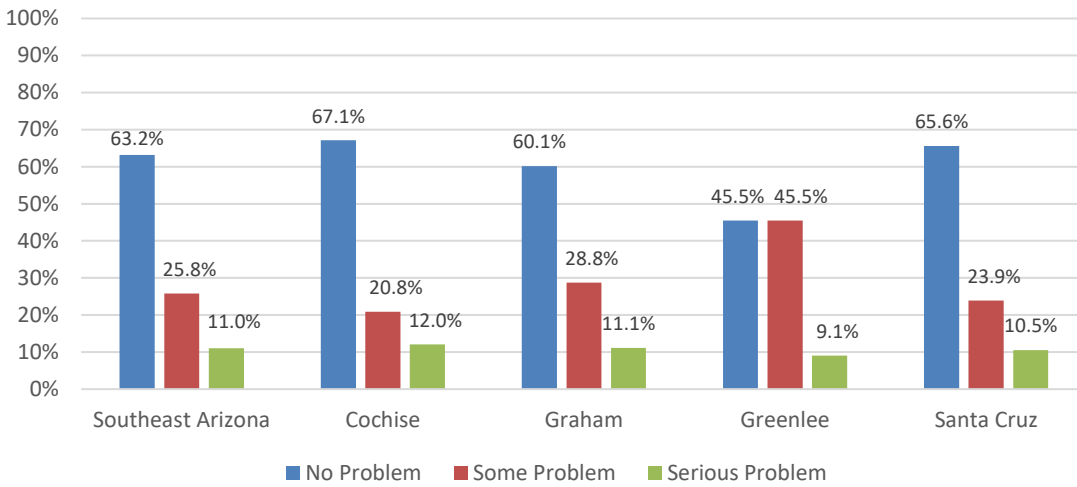


Figure 15: Getting information about disease prevention

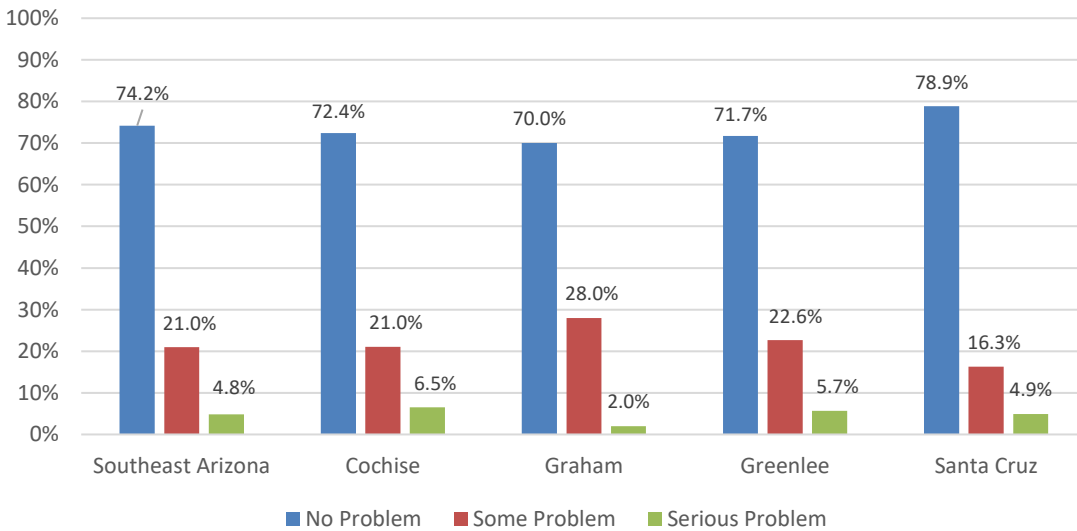


Figure 16: Transportation

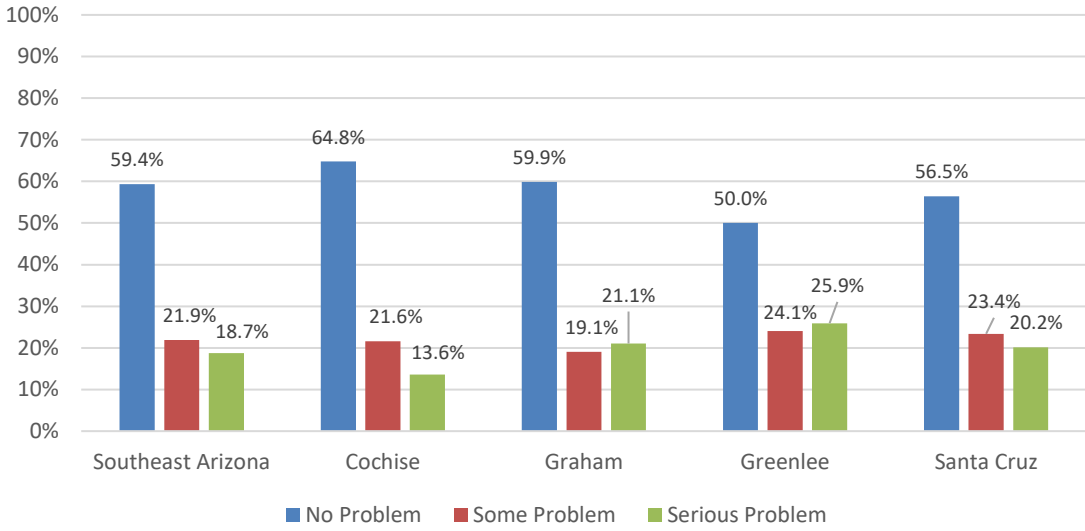


Figure 17: Maintenance and repair of home

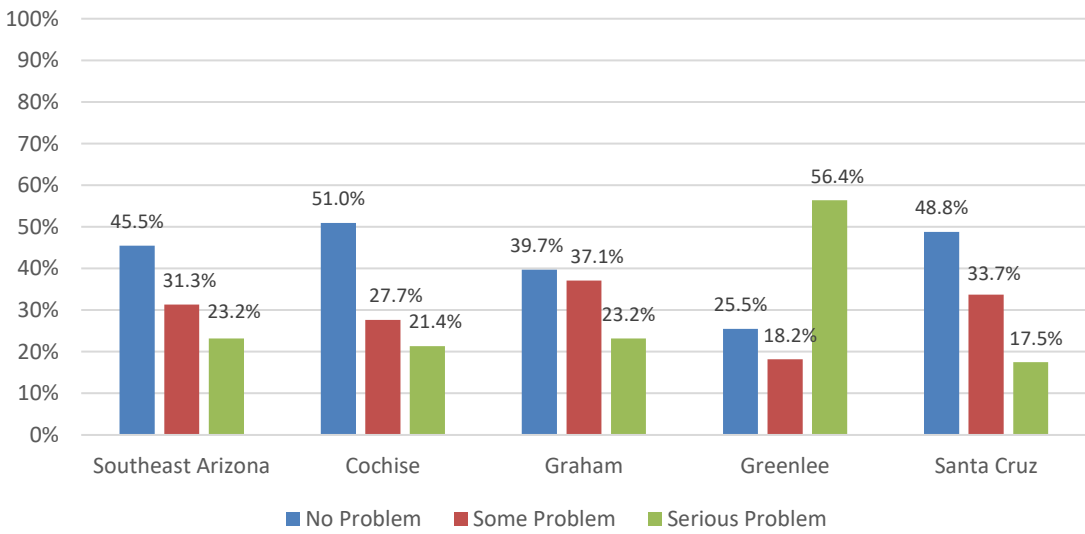


Figure 18: Accessibility modification in my home (grab bars)

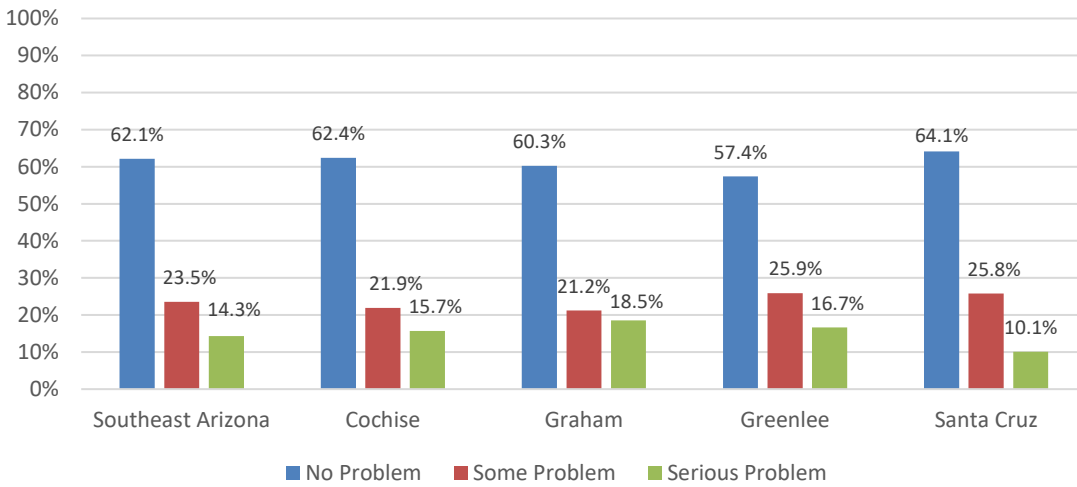


Figure 19: Maintenance of yard

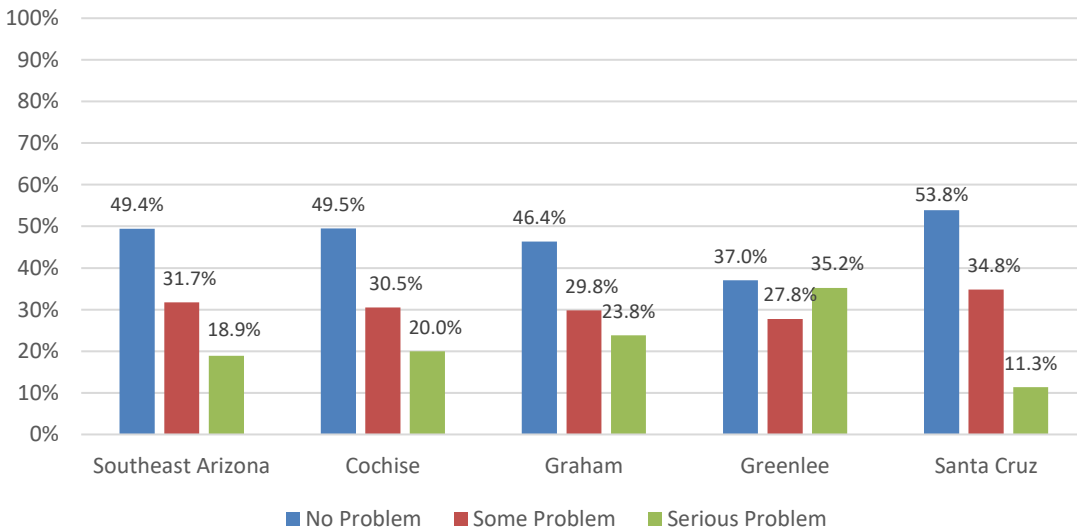


Figure 20: Recreational or social opportunities

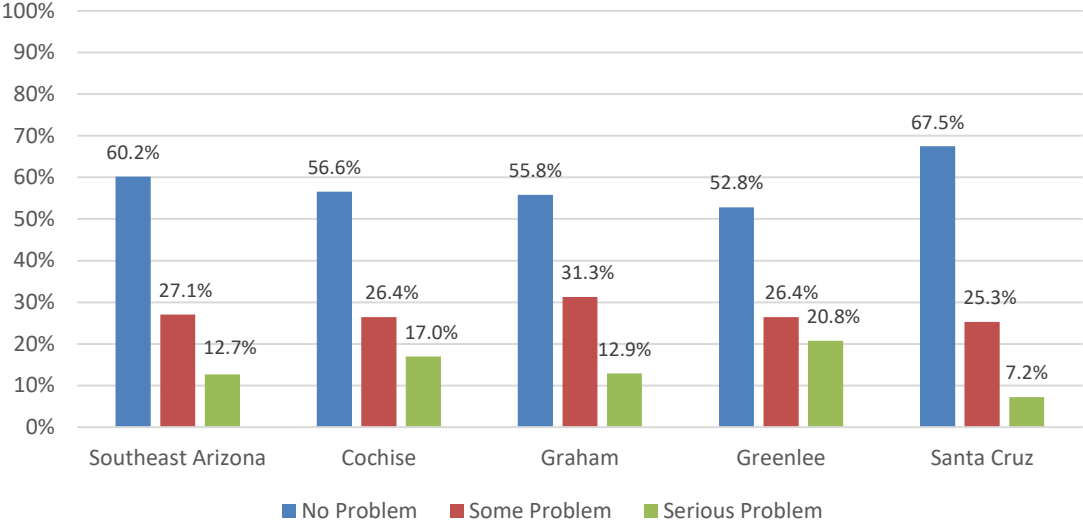


Figure 21: Counseling or mental health services

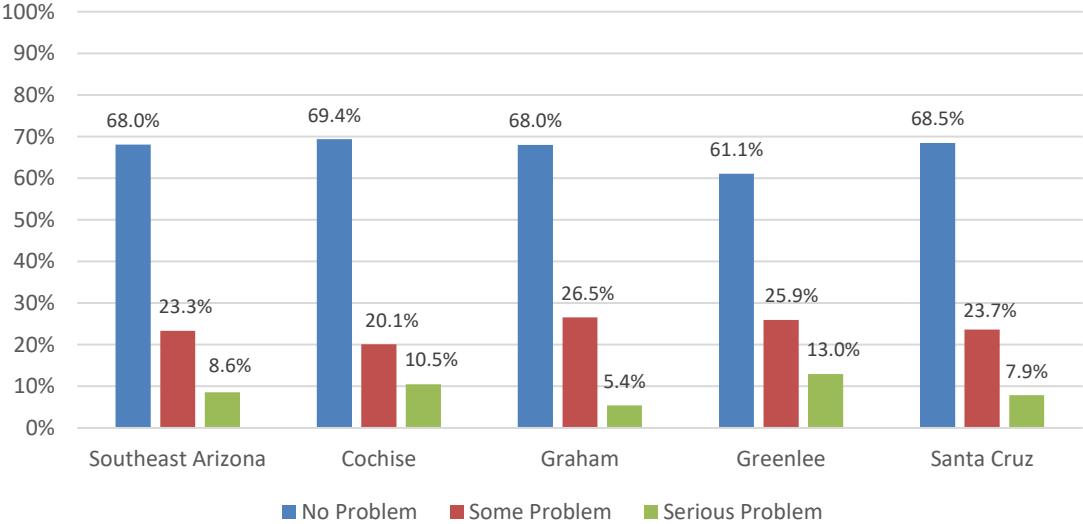


Figure 22: Bereavement/grief counseling/hospice services

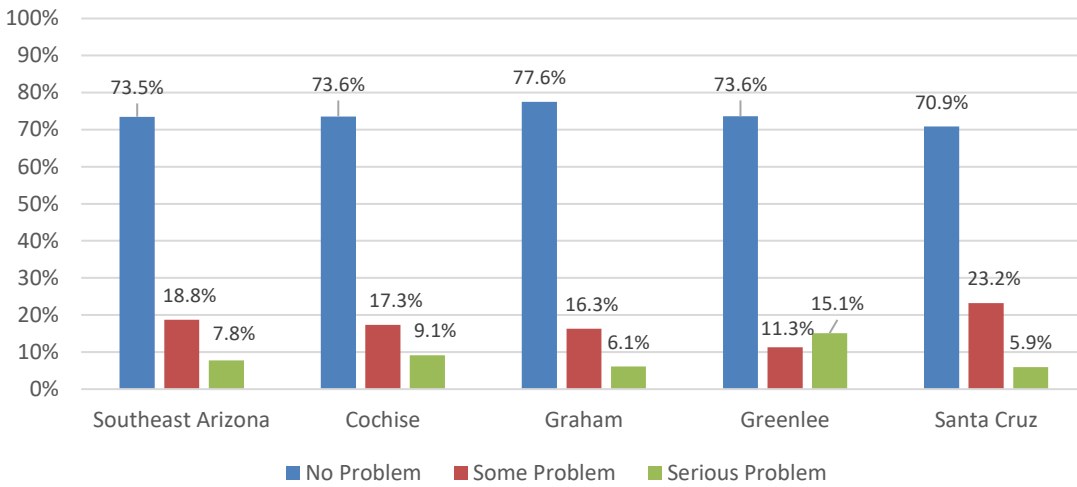


Figure 23: Finding legal assistance

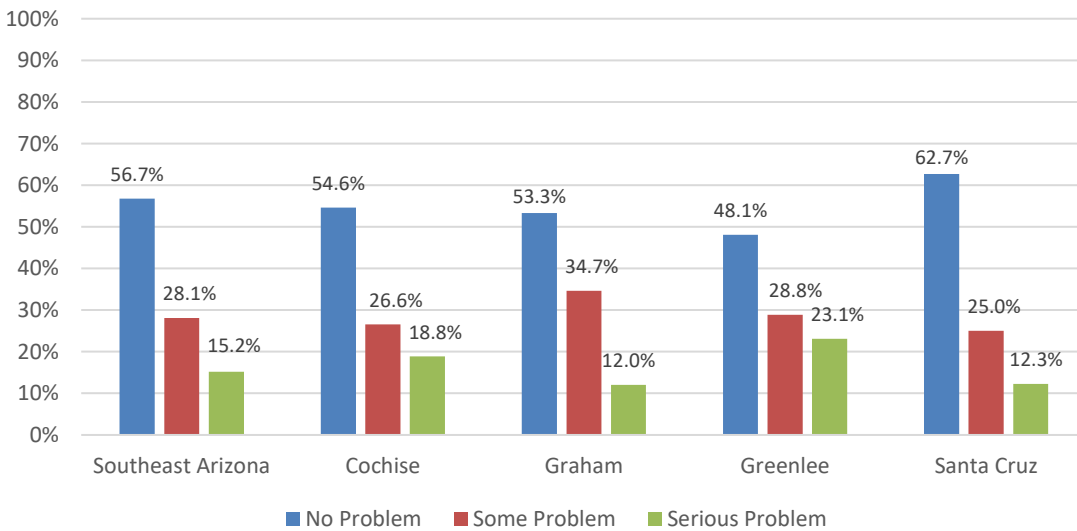


Figure 24: Getting information about health insurance (AHCCCS, Medicare, Medigap, etc.)

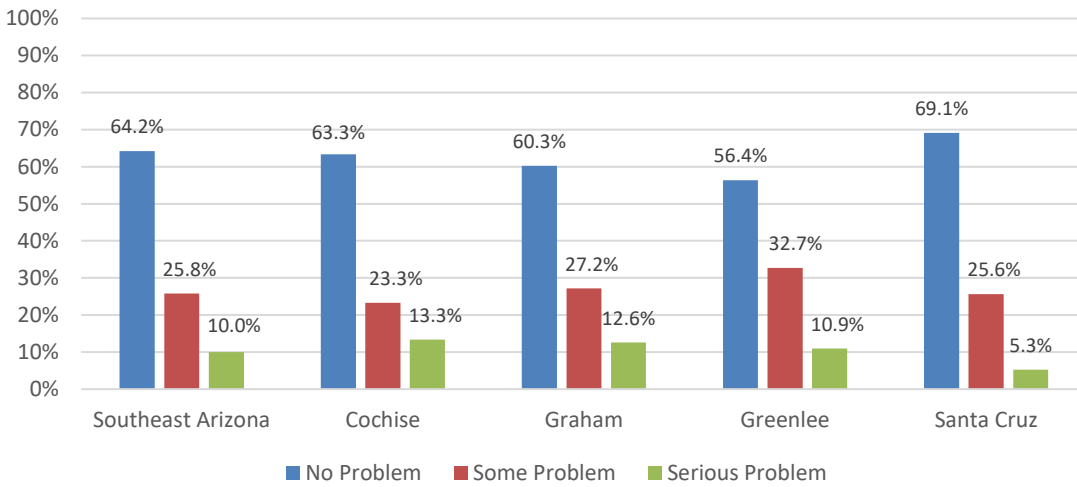


Figure 25: Cost of housing

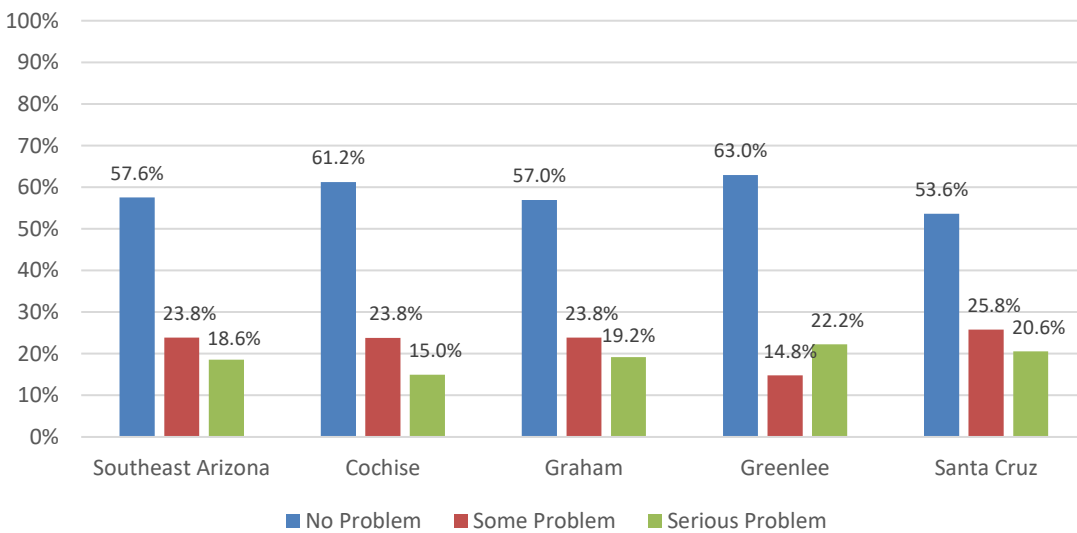


Figure 26: Income (having enough money for basic needs)

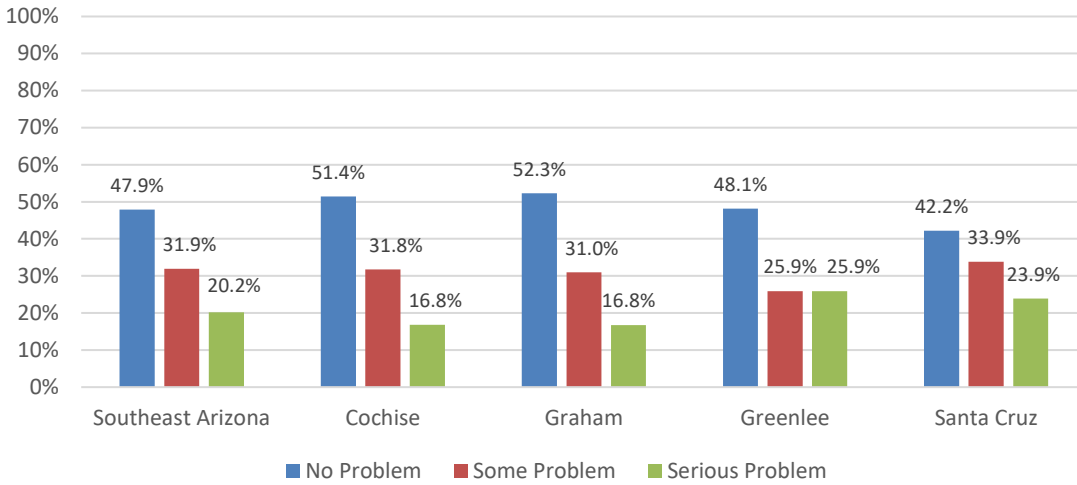


Figure 27: Cost of energy/utilities

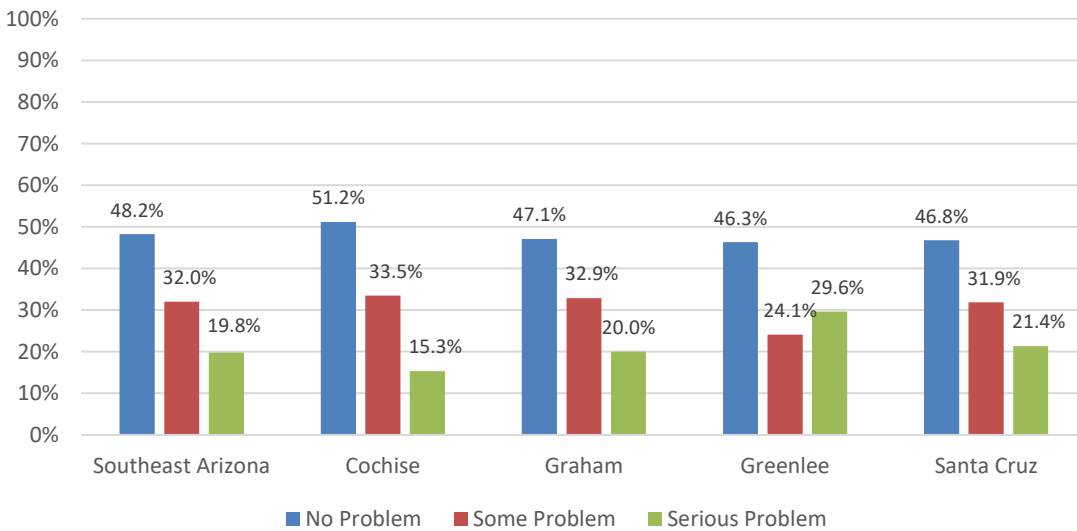


Figure 28: Employment opportunities

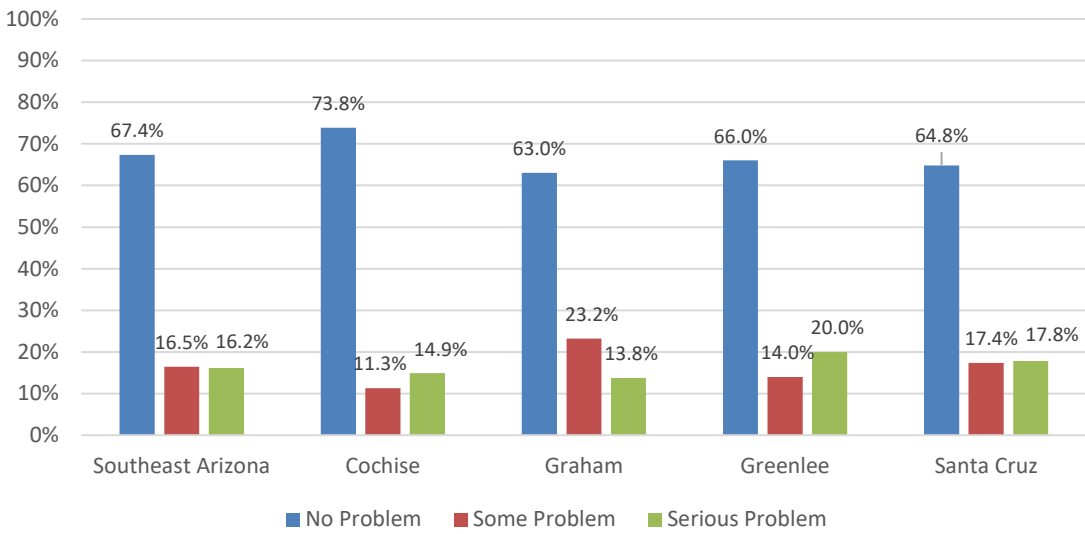


Figure 29: Age discrimination (loans, insurance, employment)

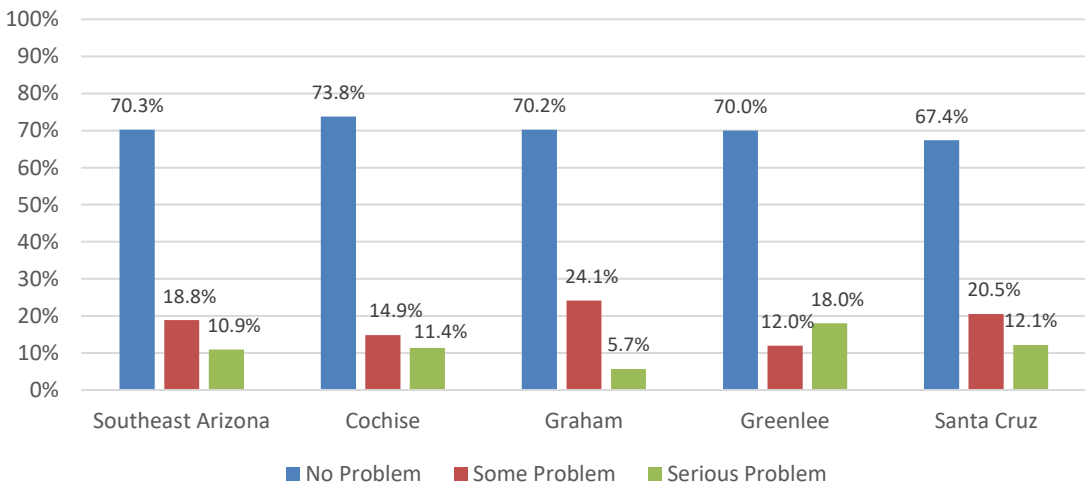


Figure 30: Elderly abuse, exploitation

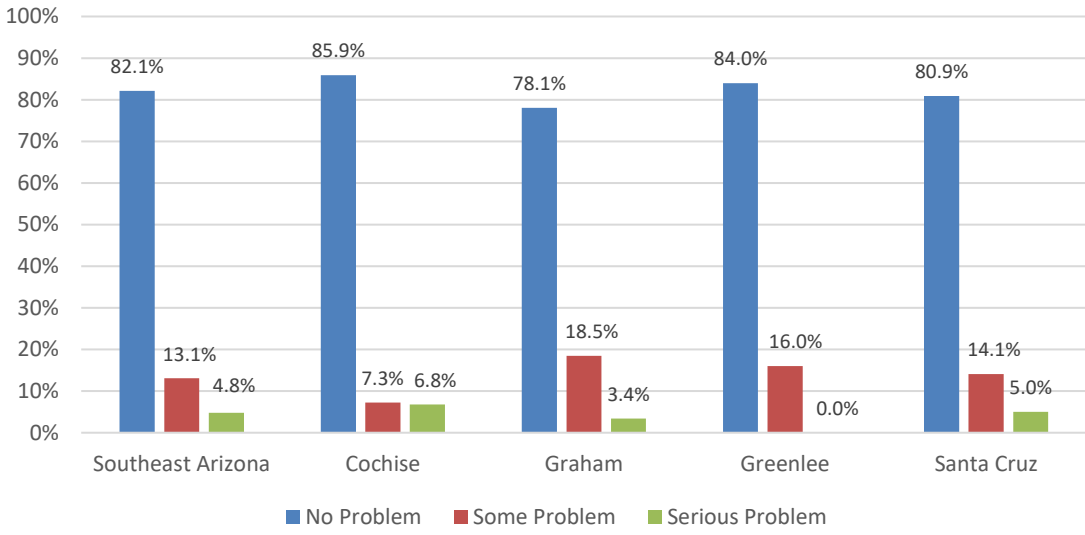


Figure 31: Personal safety (Crime)

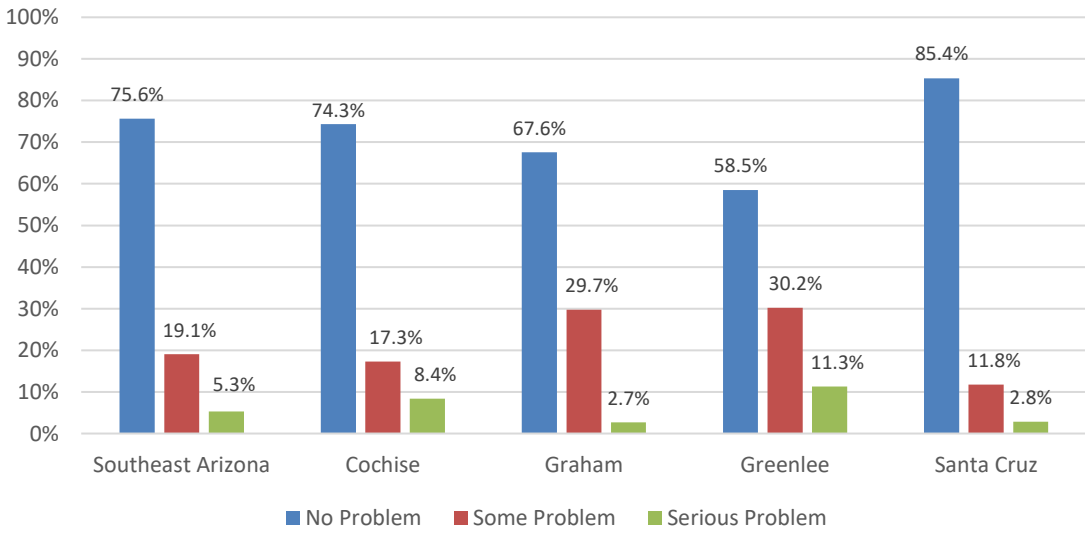


Figure 32: Telemarketing or in-home sales

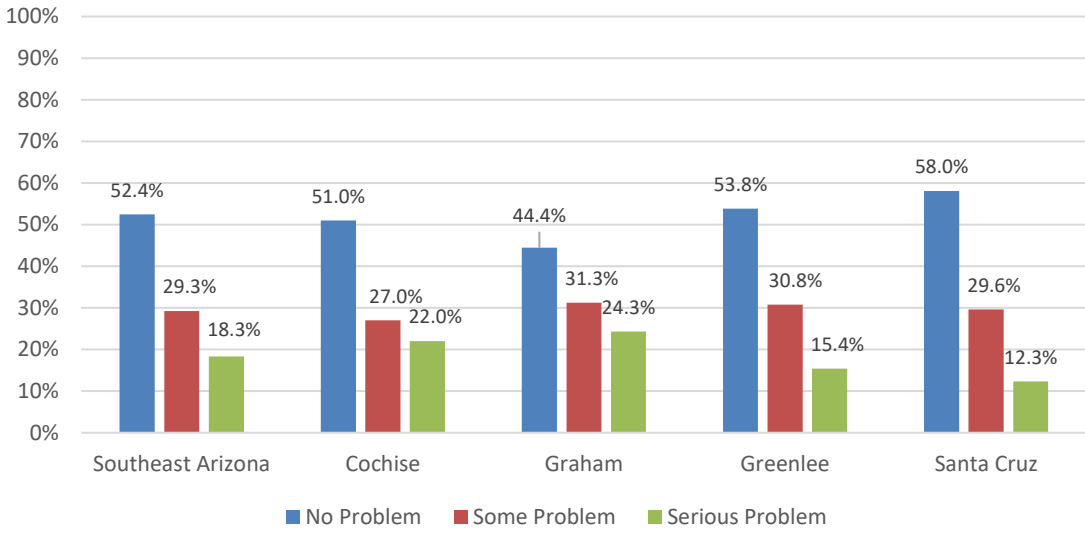


Figure 33: Loneliness

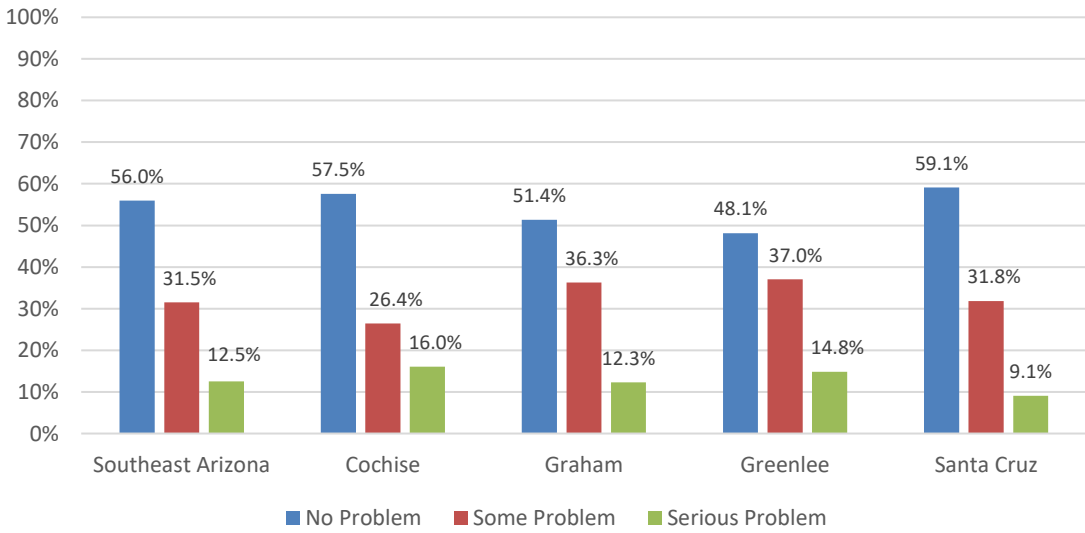


Figure 34: Loss of spouse/loved one

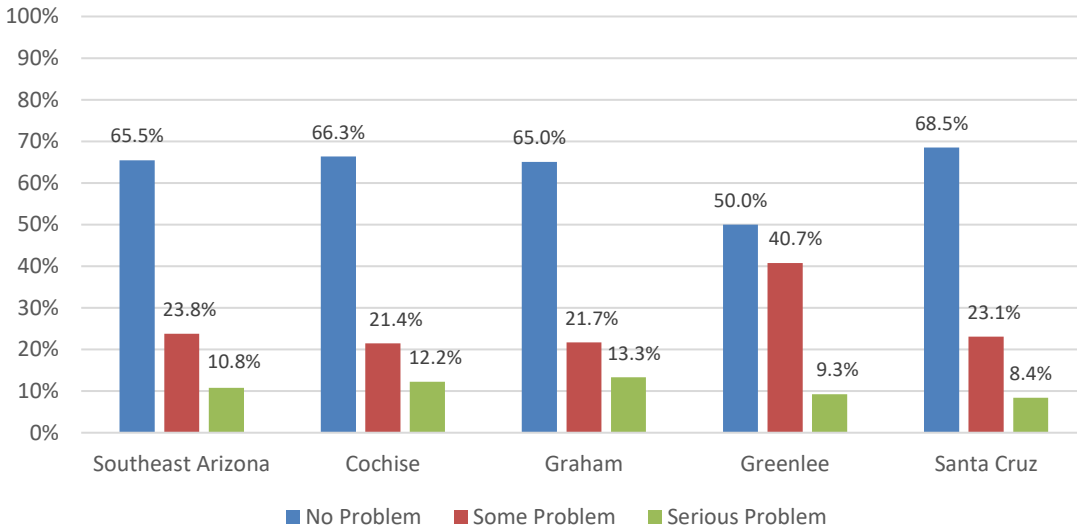


Figure 35: Volunteer opportunities

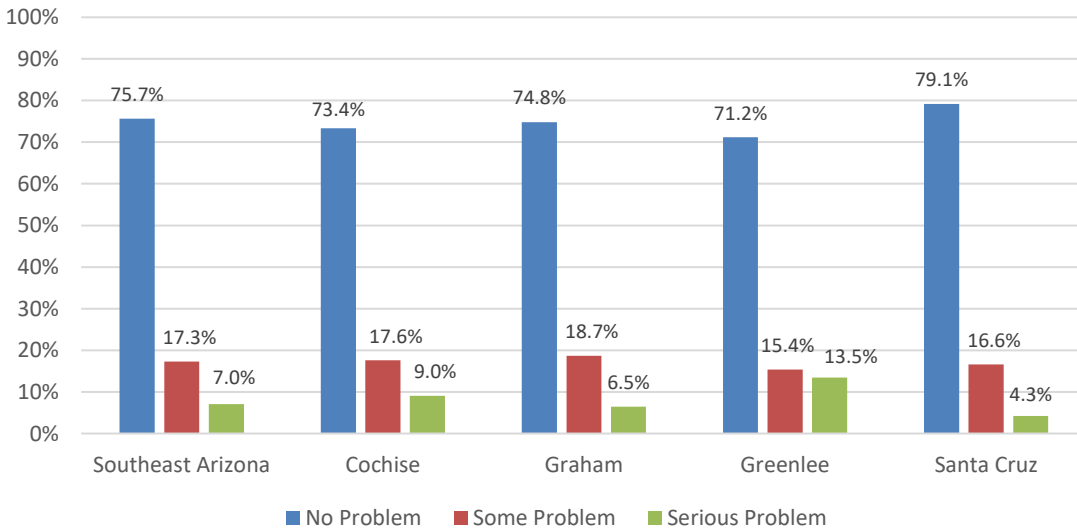


Figure 36: Raising grandchildren

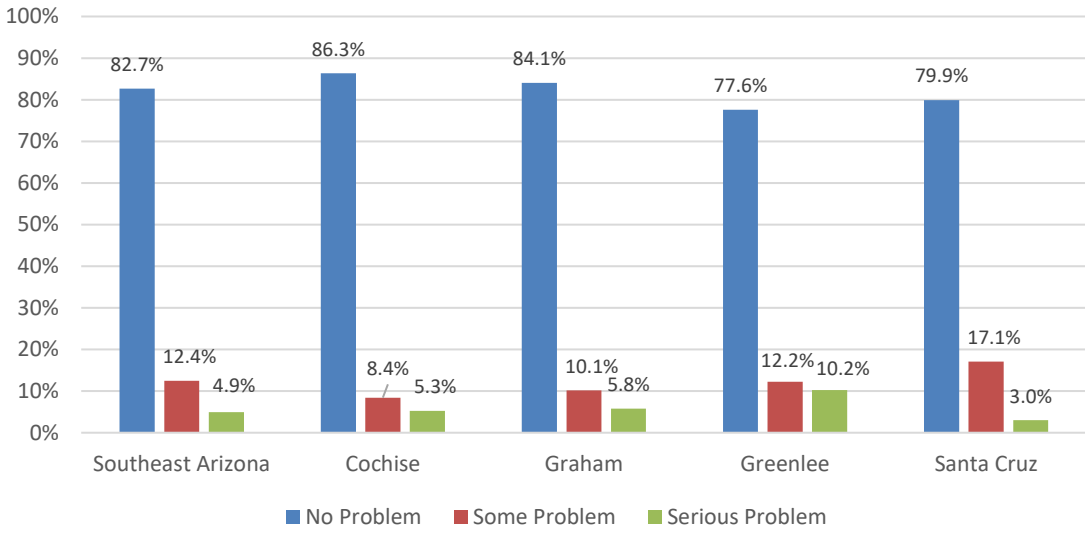


Figure 37: Obtaining information on selecting nursing home or assisted living facility

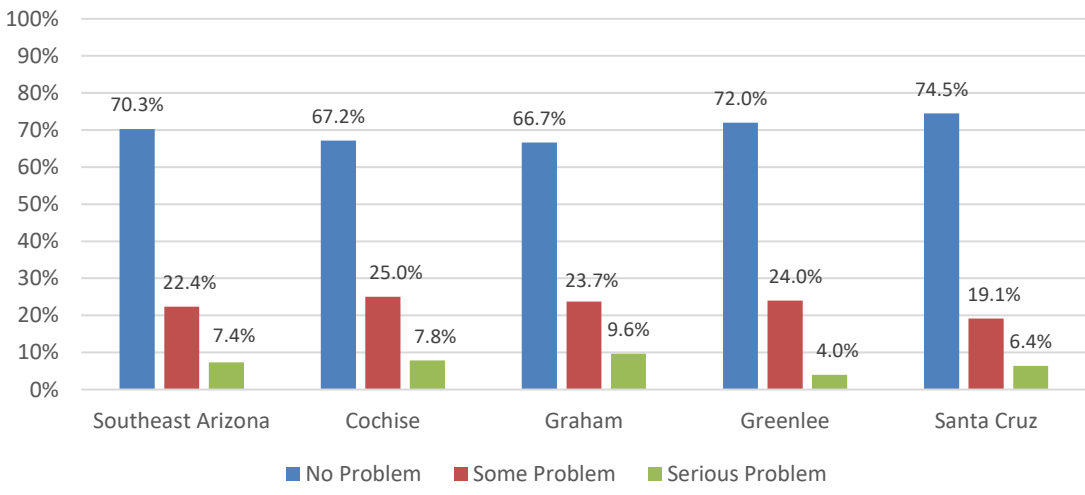


Figure 38: Processing monthly bills and/or medical claims

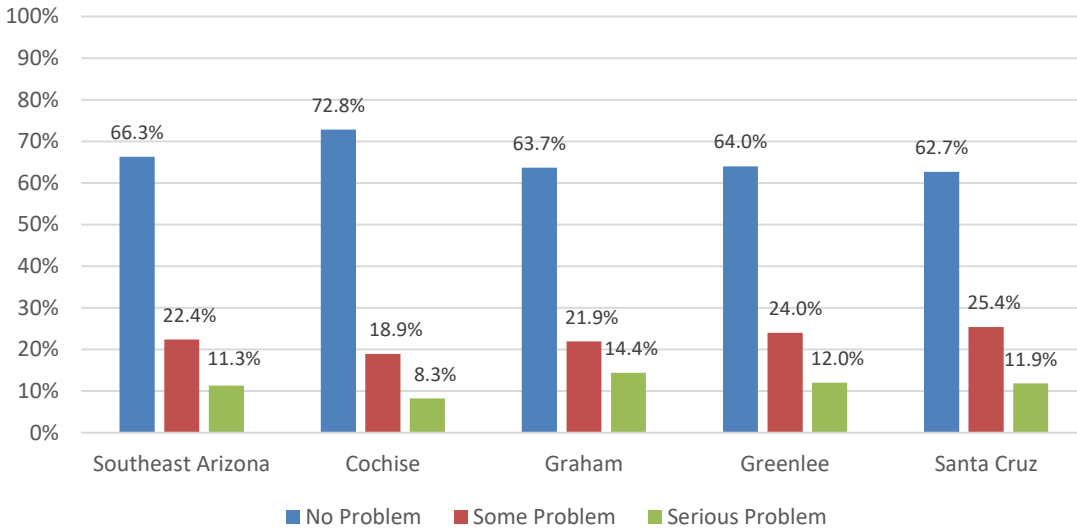


Figure 39: Providing care and supervision for an elderly family member

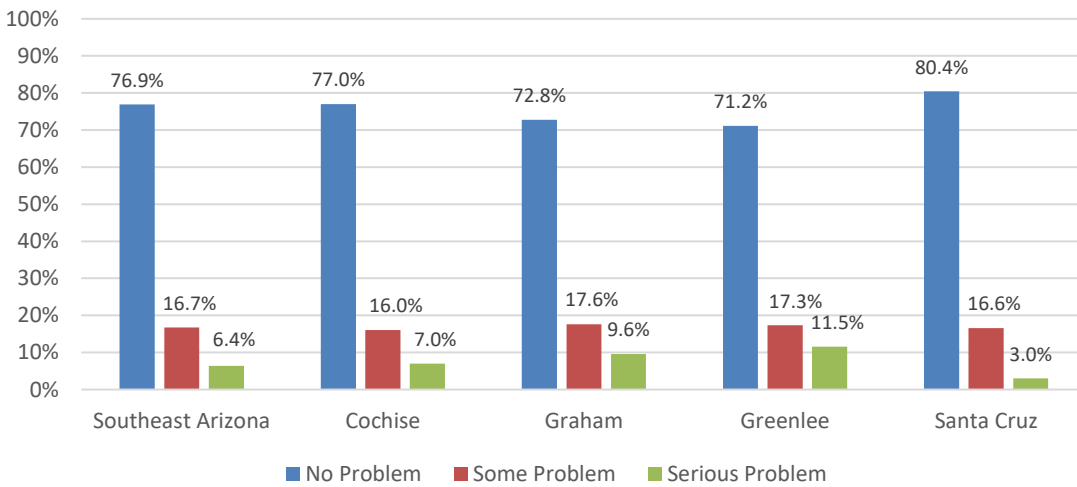
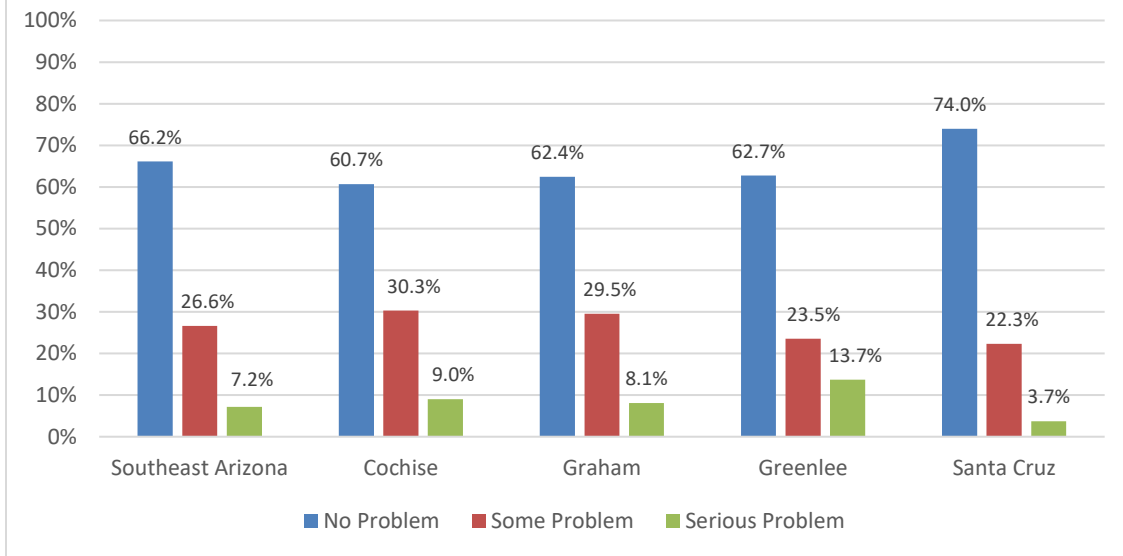


Figure 40: Maintaining my personal independence



Note on Figures 41—45: Survey respondents were asked, “Who do you usually go to for advice about your health insurance or Medicare?”—see Appendix D for other (specified) sources of advice/information.

Figure 41: Southeast Arizona Sources of Advice about Health Insurance/Medicare

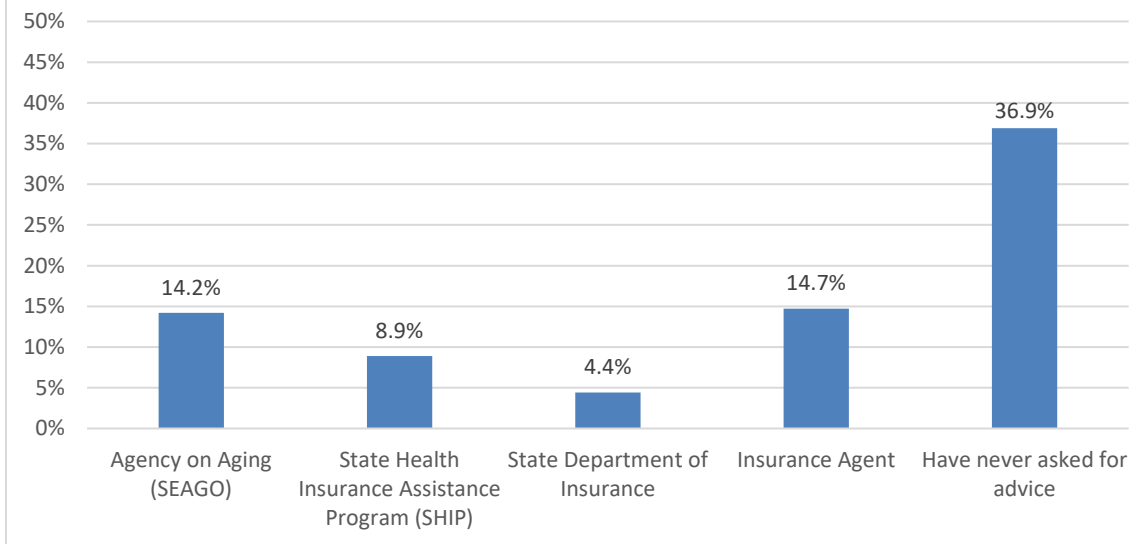


Figure 42: Cochise County Sources of Advice about Health Insurance/Medicare

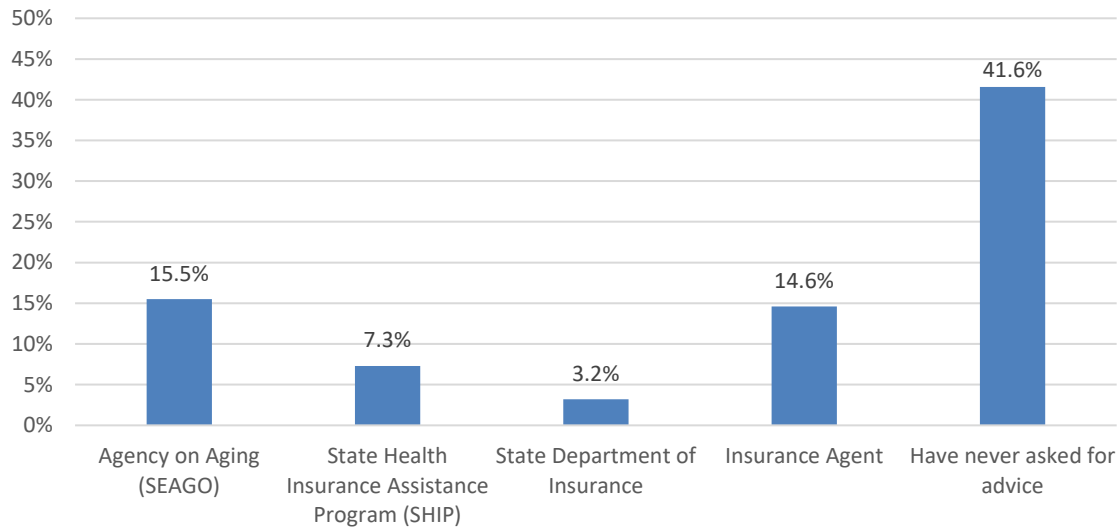


Figure 43: Graham County Sources of Advice about Health Insurance/Medicare

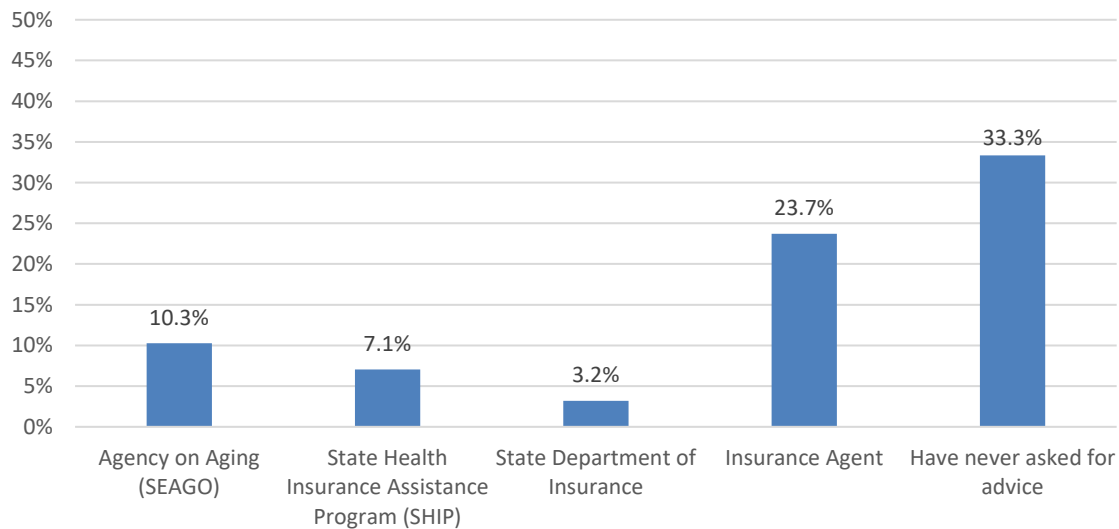


Figure 44: Greenlee County Sources of Advice about Health Insurance/Medicare

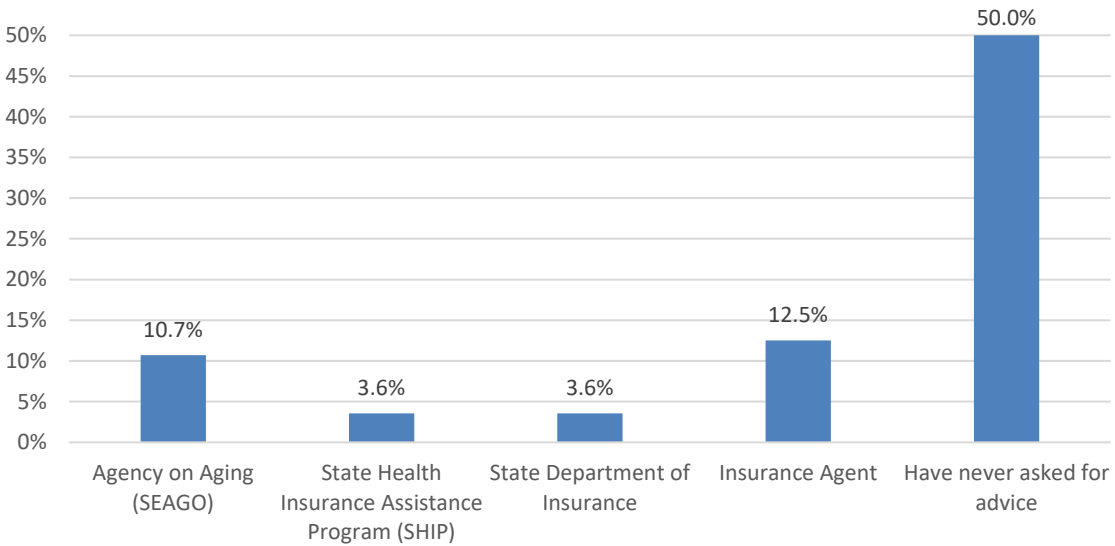
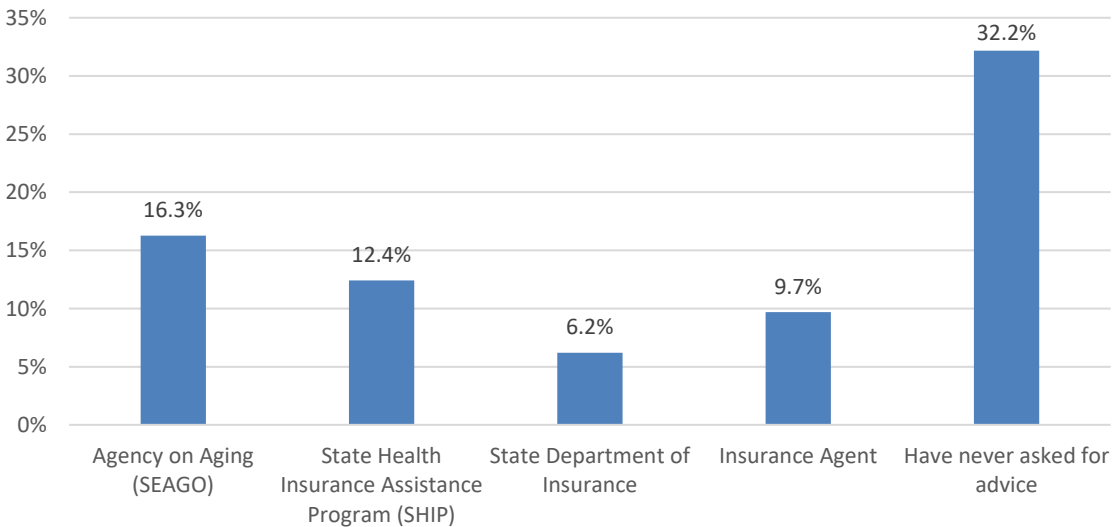


Figure 45: Santa Cruz County Sources of Advice about Health Insurance/Medicare



Note on Figures 46—50: Survey respondents were asked, “What is your source of transportation?”—see Appendix E for other (specified) sources of transportation.

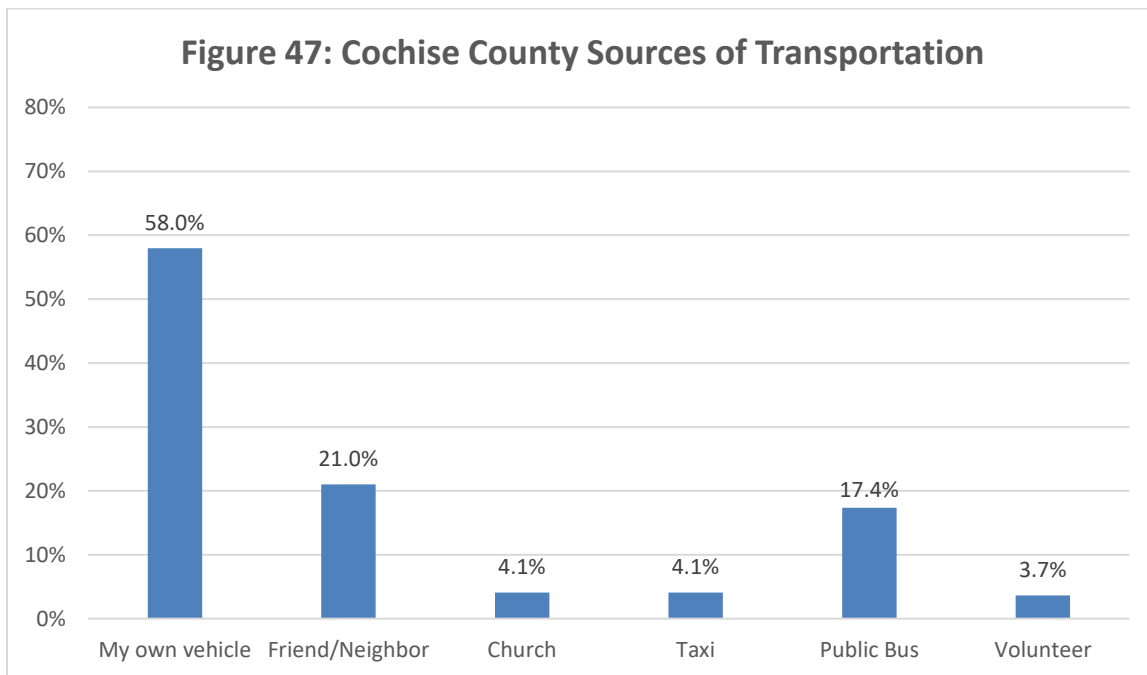
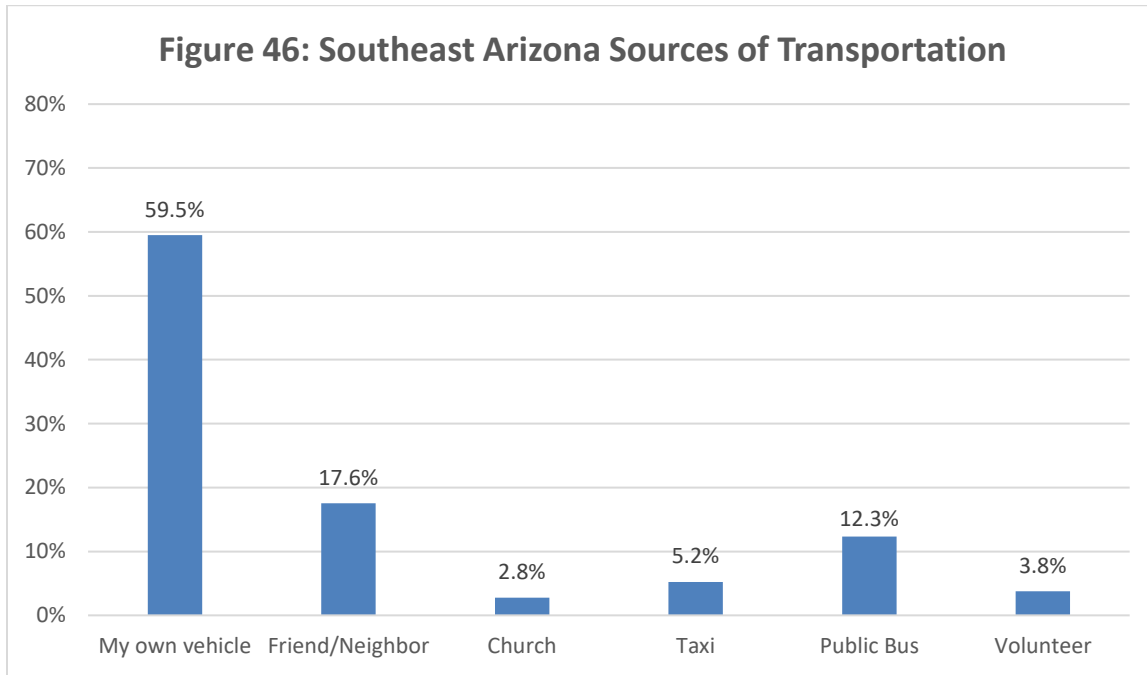


Figure 48: Graham County Sources of Transportation

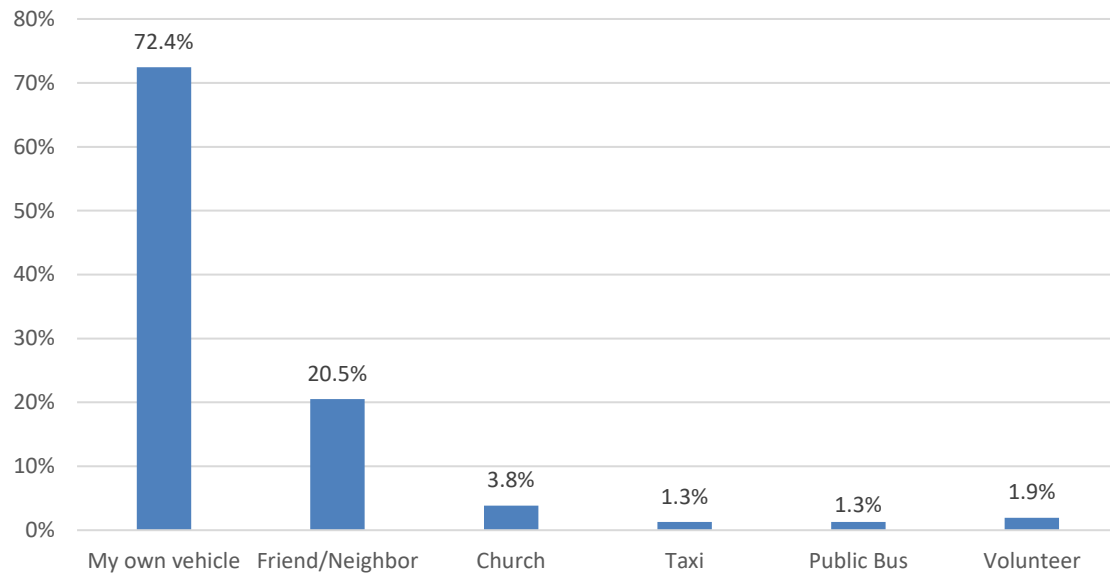


Figure 49: Greenlee County Sources of Transportation

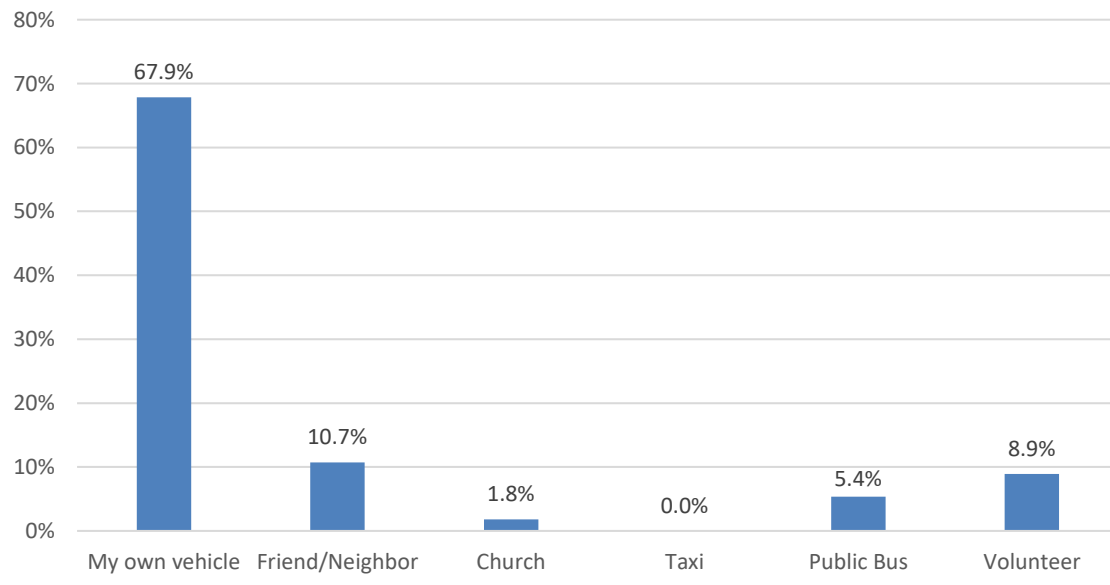
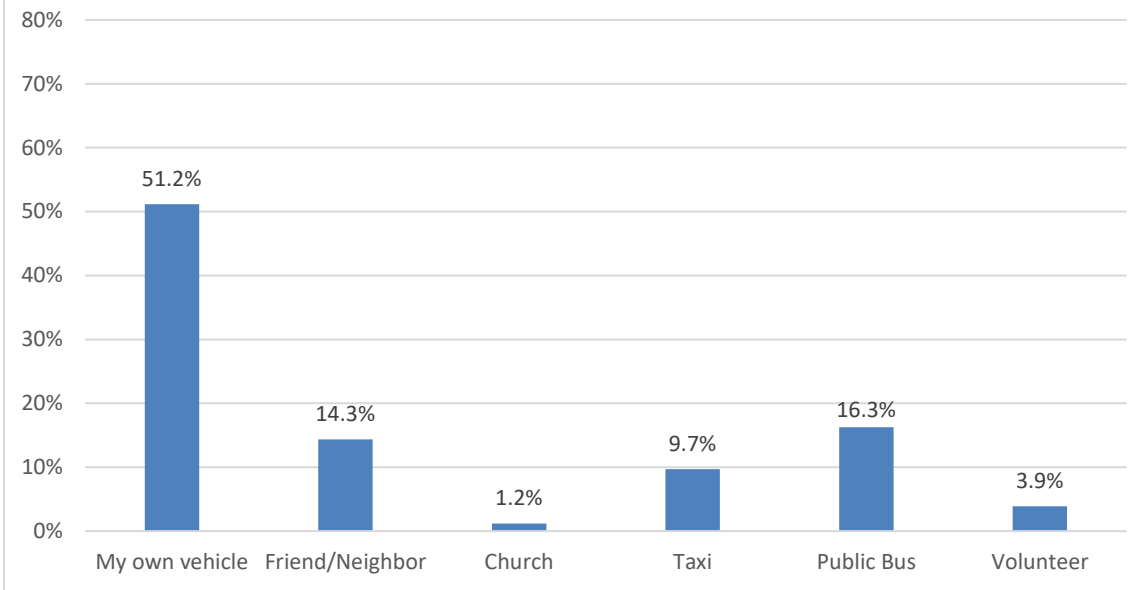


Figure 50: Santa Cruz County Sources of Transportation



Appendix A: Changes from 2013 to 2016

Southeast Arizona

From 2013 to 2016, three of the top five serious problems regionwide remained the same. Those were affordable dental care, affordable assistive devices, and maintenance and repair of home. Affordable dental care remained the number one serious problem, while the share of respondents identifying it as a serious problem increased from 28.4 to 37.5 percent (those identifying it as a problem—either “some problem” or “serious problem”—increased from 57.7 to 64.8 percent). Income (having enough money for basic needs) moved up from the eighth-ranked serious problem in 2013 to the fourth spot in 2016. Telemarketing or in-home sales, which was the fifth-highest-ranked serious problem in 2013 dropped to ninth place. Cost of energy/utilities, which was the ninth-ranked serious problem in 2013, moved up to the fifth-ranked spot. With regard to those issues that were identified as a problem (either as “some problem” or “serious problem”), telemarketing or in-home sales, which was the second-highest-ranked problem in 2013, dropped to eighth.

Cochise County

In Cochise County, the list of the top five serious problems remained the same, with some change in ordering. Affordable dental care remained the number one serious problem from 2013 to 2016. In 2016, 37.4 percent of respondents identified affordable dental care as a serious problem, up from 26.3 percent in 2013. Affordable assistive devices moved from the third to the second-ranked serious problem. Telemarketing or in-home sales moved from the fourth-ranked serious

problem in 2013 to third in 2016. Maintenance and repair of the home moved from the fifth to the fourth ranking. Maintenance of the yard moved from the second- to the fifth-ranked serious problem.

Graham County

In Graham County, employment opportunities moved from the first-ranked serious problem to the 13th serious problem from 2013 to 2016. Affordable dental care moved from the second to first ranking. Finding legal assistance decreased in its ranking as a serious problem, moving from fourth to 20th. Recreational or social opportunities also decreased in ranking as a serious problem, moving from fifth to 15th. Maintenance of the yard became a more widely spread serious problem between 2013 and 2016, moving from the seventh to the third ranking.

Greenlee County

In Greenlee County, maintenance and repair of home moved up from the third-ranked serious problem to the number-one most widely identified serious problem between 2013 and 2016. Affordable dental care moved from the number-one-ranked serious problem to the second-ranked position. Maintenance of yard increased in ranking of serious problems, moving from sixth to third. Cost of energy/utilities moved up from the seventh most widely identified serious problem to the fourth. Transportation increased in ranking as a serious problem, moving up from 13th to fifth place. Telemarketing or in-home sales decreased from the second to the 14th ranked serious problem; recreational or social opportunities fell from fourth to 10th; and

finding legal assistance dropped from the fifth- to the eighth-ranked serious problem.

Santa Cruz County

In Santa Cruz County, affordable dental care increased from the fourth-ranked to the top-ranked serious problem between 2013 and 2016. Affordable assistive devices remained the second most widely identified serious problem, while income (having enough money

for basic needs) increased from 33rd to the third-ranked position. Along with that, cost of energy/utilities moved from 34th to fourth, while cost of housing jumped from 12th to fifth place among serious problems. Obtaining information on selecting nursing homes or assisted living facilities fell from the number-one serious problem in 2013 to 25th in 2016, while age discrimination decreased from third to 11th and loss of a spouse/loved one moved from fifth to 20th.

Appendix B: Survey Instrument (English Version)

SEAGO SURVEY OF OLDER RESIDENTS

To take this survey online, visit www.SurveyMonkey.com/R/SEAGO2016

1. What town do you live in? _____
2. Zip Code: _____
3. Here is a list of issues or activities that some people say are problems for older Americans. To what degree is each of these items a problem for you personally? Please circle one response to each item.

	NO PROBLEM	SOME PROBLEM	SERIOUS PROBLEM
Availability of health care providers (doctors, hospitals)	1	2	3
Paying for prescription drugs	1	2	3
Affordable dental care	1	2	3
Affordable assistive devices (hearing aids, glasses, canes, etc.)	1	2	3
Getting information about services	1	2	3
Having someone check on me daily	1	2	3
Preparing nutritious meals	1	2	3
Personal Care (bathing, washing hair)	1	2	3
Homemaker services (shopping, housekeeping)	1	2	3
Getting information about disease prevention	1	2	3
Transportation	1	2	3
Maintenance and repair of home	1	2	3
Accessibility modifications in my home (grab bars)	1	2	3
Maintenance of yard	1	2	3
Recreational or social opportunities	1	2	3
Counseling or mental health services	1	2	3
Bereavement/grief counseling/hospice services	1	2	3
Finding legal assistance	1	2	3
Getting information about health insurance (AHCCCS, Medicare, Medigap, etc.)	1	2	3
Cost of housing	1	2	3
Income (having enough money for basic needs)	1	2	3
Cost of energy/utilities	1	2	3
Employment opportunities	1	2	3
Age discrimination (loans, insurance, employment)	1	2	3
Elderly abuse, exploitation	1	2	3
Personal Safety (Crime)	1	2	3

(See other side)

	NO PROBLEM	SOME PROBLEM	SERIOUS PROBLEM
Telemarketing or In-Home Sales	1	2	3
Loneliness	1	2	3
Loss of spouse/loved one	1	2	3
Volunteer opportunities	1	2	3
Raising grandchildren	1	2	3
Obtaining information on selecting nursing home or assisted living facility	1	2	3
Processing monthly bills and/or medical claims	1	2	3
Providing care and supervision for an elderly family member	1	2	3
Maintaining my personal independence	1	2	3

4. Whom do you usually go to for advice about your health insurance or Medicare? (Circle all that apply):

- a. Agency on Aging (SEAGO)
- b. State Health Insurance Assistance Program (SHIP)
- c. State Department of Insurance
- d. Insurance Agent
- e. Have never asked for advice
- f. Other (please specify): _____

5. What is your source of transportation? (Circle all that apply):

- a. My own vehicle
- b. Friend/Neighbor
- c. Church/Place of Worship
- d. Taxi
- e. Public bus
- f. Volunteer
- g. Other (please specify): _____

6. Circle the group that contains your age.

- Under 60
- 60 - 64
- 65 - 69
- 70 - 74
- 75 - 79
- 80 - 84
- 85 - 89
- 90 or over

7. Gender: Male Female

8. What is your racial/ethnic origin?

- a. White (Non-Hispanic)
- b. Hispanic/Latino
- c. Black/African-American
- d. Asian/Pacific Islander
- e. American Indian/Native American
- f. Other (please specify): _____

9. Primary language spoken: English Spanish Other (please specify): _____

**PLEASE RETURN NO LATER THAN: NOVEMBER 30, 2016
TO EITHER THE SENIOR CENTER OR YOUR SERVICE PROVIDER**

OR MAIL TO:

SEAGO Area Agency on Aging
300 Collins Road
Bisbee, AZ 85603
(520) 432-2528
Aging@SEAGO.org

Appendix C: Survey Instrument (Spanish Version)

ENCUESTA DE SEAGO PARA PERSONAS DE LA TERCERA EDAD

Para participar en esta encuesta en internet: www.SurveyMonkey.com/R/SEAGO2016S

1. ¿En qué comunidad vive? _____
2. Código Postal: _____
3. Aquí hay una lista de temas o actividades que algunos dicen causan problemas para personas mayores. ¿A qué grado le causan problemas a usted personalmente? Por favor marque el número que corresponde a la respuesta apropiada para cada tema.

	NO ES UN PROBLEMA	ES UN PROBLEMA	ES PROBLEMA SERIO
Existencia de servicios médicos (doctores, hospitales)	1	2	3
Pagando para recetas médicas	1	2	3
Servicios dentales que no son demasiado caros	1	2	3
Aparatos de ayuda (audífonos, lentes, bastones, etc.)	1	2	3
Obteniendo información acerca de servicios	1	2	3
Teniendo alguien que verifica cada día que estoy bien	1	2	3
Preparando comidas nutritivas	1	2	3
Aseo personal (bañando, lavando el pelo)	1	2	3
Limpieza de casa y haciendo el mandado	1	2	3
Obteniendo información para prevenir enfermedades	1	2	3
Transporte	1	2	3
Mantenimiento y reparación de la casa	1	2	3
Modificando mi casa para que sea más accesible	1	2	3
Mantenimiento del jardín y del exterior de la casa	1	2	3
Oportunidades sociales o de recreo	1	2	3
Servicios de un consejero psicológico	1	2	3
Ayuda para alguien que está a punto de morir, o para alguien que está afligido por la muerte de un ser querido	1	2	3
Obteniendo servicios legales (de un abogado)	1	2	3
Obteniendo información acerca de seguros que pagan gastos médicos (AHCCCS, Medicare, etc.)	1	2	3
Costo de una vivienda	1	2	3
Ingresos (teniendo suficiente para gastos básicos)	1	2	3
Costo de la electricidad y del gas	1	2	3
Oportunidades de empleo	1	2	3
Discriminación por edad avanzada (prestamos, seguros, empleo)	1	2	3
Abuso o explotación de personas mayores	1	2	3
Seguridad personal (Crímenes)	1	2	3

(Más en otro lado)

	NO ES UN PROBLEMA	ES UN PROBLEMA	ES PROBLEMA SERIO
Ventas por teléfono o en su casa	1	2	3
Soledad	1	2	3
Pérdida de un esposo o un ser querido	1	2	3
Oportunidades de ser voluntario	1	2	3
Criando nietos	1	2	3
Obteniendo información para seleccionar un asilo o hogar para personas mayores	1	2	3
Pagando cuentas mensuales o cuentas médicas	1	2	3
Cuidando y supervisando a un pariente mayor de edad	1	2	3
Manteniendo su independencia personal	1	2	3

4. ¿Que persona consulta usted si necesita consejos acerca de su seguro médico o de Medicare? (Marque más que uno si es apropiado):

- g. Agencia para personas de la tercera edad (SEAGO)
- h. Agencia estatal que provee ayuda con Medicare (SHIP)
- i. Departamento estatal de seguros
- j. Agente que vende pólizas de seguro
- k. Nunca he llamado para conseguir consejos
- l. Otro (por favor identifique): _____

5. ¿Cuál es su modo de transporte? (Marque más que uno si es apropiado):

- a. Mi carro propio
- b. Amigo o vecino
- c. Miembro de mi iglesia
- d. Taxi
- e. Camión público
- f. Voluntario
- g. Otro (por favor identifique): _____

6. Marque el grupo que incluye su edad.

- Menos de 60 65 - 69 75 - 79 85 - 89
- 60 - 64 70 - 74 80 - 84 90 o más

7. Es usted: Masculino Femenino

8. ¿Cuál es su raza?

- a. Blanco (No-Hispano)
- b. Hispano/Latino
- c. Negro/Africano-Americano
- d. Asiático/Isla Pacífico
- e. Indio Americano
- f. Otro (por favor identifique): _____

9. Idioma prima: Inglés Español Otro (Por favor identifique): _____

**POR FAVOR DEVUELVA ESTA ENCUESTA ANTES DEL 30 DE NOVIEMBRE DE 2016
ENTREGUELO A SU CENTRO DE LA TERCERA EDAD O A SU PROVEEDOR DE SERVICIOS
O ENVÍELO A**

SEAGO Area Agency on Aging
300 Collins Road
Bisbee, AZ 85603
(520) 432-2528
Aging@SEAGO.org

Appendix D: Other Sources of Advice Regarding Health Insurance or Medicare

Southeast Arizona

AARP	Family member	Medicare
AARP, United Health Care	Family member	Medicare
AHCCCS	Family Member	Medicare
AHCCCS	Family member	Medicare
AHCCCS	Family member	Medicare
AHCCCS, Quimby	Family member	Medicare, AARP, United Health
Antonio Sedgwick "Licenciado"	Family member	Care
Care giver	Family member	Medicare, Social Security
Case Manager	Family member	Military
Case Manager	Family member	Nurse, providers
ChampVA	Family member	Pamphlet
Chiricahua Community Health Center	Family member	Pamphlet, TV
Chiricahua Community Health Center	Family member	Pamphlets
Copper Queen Medical Associates	Family member	Phone calls, pamphlets
County Health Dept	Family member	Research
Department of Health Care	Family member	Retirement plan
DES	First person I see	SEACUS
DES	Friend	Social Security Disability
Doctor's Office	Friend	Social Security Office
Doctor's Office	Friend	Social Security, APS
Doctor's Office	Friend	Spouse
Doctor's Office	Friend	Supplement to Medicare
Doctor's Office	Friend	TRICARE, Veterans Administration
Doctor's Office	Friend, Family member	United Health Care
Doctor's Office	Friend, Family Member	United Health Care
Doctor's Office	Friend, pastor, Social Security	United Health Care
Doctor's Office	Office, Library	United Health Care
Doctor's Office	Friends, pamphlet	United Health Care
Don't know where to go	Guardian	Veterans Administration
Employer	HealthNet of Arizona	Veterans Administration
Employer	Insurance workshop	Veterans Administration
Employer	Internet	Veterans Administration
Employer	Internet	Veterans Administration
Employer, Library, Social Security Office	Internet	Veterans Administration
Family member	Internet	Veterans Administration
Family member	Internet	Veterans Administration
Family member	J Nerey	Veterans Administration
Family member	Javier Nerey	ViCAP
Family member	Mariposa Health Clinic	Wellness Center Safford
Family member	Medicaid, doctors, hospitals	
Family member	Medicare	

Cochise County

AHCCCS	Friend
Care giver	Friend
Case Manager	Friend
ChampVA	Friend, Family member
Chiricahua Community Health Center	Friend, pastor, Social Security Office, Library
Chiricahua Community Health Center	HealthNet of Arizona
Copper Queen Medical Associates	Internet
DES	Internet
Doctor's Office	Internet
Doctor's Office	Medicaid, doctors, hospitals
Employer	Medicare
Employer	Medicare
Employer	Medicare
Employer, Library, Social Security Office	Military
Family member	Pamphlet
Family member	Pamphlets
Family member	Research
Family member	United Health Care
Family member	Veterans Administration
Family member	Veterans Administration
Family member	Veterans Administration
Family member	Veterans Administration
Family member	Veterans Administration
Family member	Veterans Administration
Friend	ViCAP

Graham County

AARP	Internet
Department of Health Care	Pamphlet, TV
Doctor's Office	Retirement plan
Don't know where to go	SEACUS
Employer	Social Security Disability
Family member	Social Security, APS
Family member	Spouse
Family member	Supplement to Medicare
Family member	United Health Care
Family member	United Health Care
Family member	United Health Care
Friend	Veterans Administration
Friend, Family Member	Veterans Administration
Friends, pamphlet	Veterans Administration
Insurance workshop	Veterans Administration
Internet	Wellness Center Safford

Greenlee County

County Health Dept
Guardian
Internet
Medicare
Nurse, providers
Phone calls, pamphlets
Social Security Office
Veterans Administration

Santa Cruz County

AARP, United Health Care
AHCCCS
AHCCCS
AHCCCS, Quimby
Antonio Sedgwick "Licenciado"
Case Manager
DES
Doctor's Office
Doctor's Office
Doctor's Office
Doctor's Office
Doctor's Office
Family member
Family member
Family Member

Family member
Family member
Family member
Family member
Family member
First person I see
Friend
Friend
J Nerey
Javier Nerey
Mariposa Health Clinic
Medicare
Medicare
Medicare, AARP, United Health Care
Medicare, Social Security
TRICARE, Veterans Administration
United Health Care

Appendix E: Other Sources of Transportation

Southeast

Arizona

AAAA	Family member	Family member
Ambulance	Family member	Family member
Bicycle	Family member	Family member
Center for Aging	Family member	Health Bus
Center of Aging	Family member	Horse
Community	Family member	my children
Disabled American Veterans	Family member	My health care taxi
Van	Family member	Nogales Public Works for
Douglas Rides	Family member	Seniors & Handicap (Great
Douglas Rides	Family member	Service)
Evercare Transportation thru	Family member	Nogales Rides
United Health	Family member	Nogales Rides
Family member	Family member	None
Family member	Family member	Paid help
Family member	Family member	Patagonia Senior Citizens
Family member	Family member	Van Prog
Family member	Family member	SCP Inc
Family member	Family member	SEACAP
Family member	Family member	Senior Citizen Van
Family member	Family member	Senior Van
Family member	Family member	Senior Van
Family member	Family member	taxe AHCCCS
Family member	Family member	Transportacion
Family member	Family member	Transportacion
Family member	Family member	Transportacion citas-
Family member	Family member	Medicas-a Tucson y Alguas
Family member	Family member	Veces a la Clinica Meriposa
Family member	Family member	United Health Care
Family member	Family member	Van
Family member	Family member	Van
Family member	Family member	Van in Duncan
Family member	Family member	Van Transportation
Family member	Family member	ViCAP
Family member	Family member	VICAP
Family member	Family member	Walk
Family member	Family member	Walk
Family member	Family member	Walk
Family member	Family member	Walk to Food City
Family member	Family member	Whatever I can get
Family member	Family member	

Cochise County

AAA	Family member	Family member
Ambulance	Family member	Family member
Disabled American Veterans Van	Family member	Family member
Douglas Rides	Family member	Family member
Douglas Rides	Family member	My health care taxi
Family member	Family member	United Health Care
Family member	Family member	ViCAP
Family member	Family member	ViCAP
Family member	Family member	Walk
Family member	Family member	Walk

Graham County

Family member
Family member
Family member
Family member
Family member
Family member
Family member
Family member
Family member
Family member
Family member
Family member
Family member
Family member
Family member
Paid help
SEACAP
Whatever I can get

Greenlee County

Bicycle
Family member
Family member
Family member
Family member
Family member
Family member
Family member
Family member
Family member
Health Bus
Van in Duncan
Walk

Santa Cruz County

County Health Dept
Guardian
Internet
Medicare
Nurse, providers
Phone calls, pamphlets
Social Security Office
Veterans Administration

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AREA PLAN ON AGING
FOR THE PERIOD
JULY 2017~~8~~ THROUGH JUNE 2021



SEAGO

AREA AGENCY ON AGING, REGION VI

300 COLLINS ROAD

BISBEE, AZ 85603

(520) 432-5301, ext. 208

Web site: www.seago.org

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VERIFICATION OF INTENT

The Area Plan on Aging is hereby submitted for Region VI for the period SFY 2018 through SFY 2021. It includes all assurances and plans to be followed by the SouthEastern Arizona Governments Organization, under provisions of the Older Americans Act, as amended during the period identified. The Area Agency identified will assume full authority to develop and administer the Area Plan on Aging in accordance with all requirements of the Act and related State policy. In accepting this authority the Area Agency assumes major responsibility to develop and administer the Area Plan for a comprehensive and coordinated system of services and to serve as the advocate and focal point for older people in the planning and service area.

The Area Plan on Aging has been developed in accordance with all rules and regulations specified under the Older Americans Act, and are hereby submitted to the State Agency on Aging for approval.

Date _____ (Signed) _____
Laura Villa, Program Manager

The Area Agency Advisory Council on Aging has had the opportunity to review and comment on the Area Plan on Aging. Comments are attached.

Date _____ (Signed) _____
Jaime Aguilar, President
SEAGO Advisory Council on Aging

The governing body of the Area Agency has reviewed and approved the Area Plan on Aging.

Date _____ (Signed) _____
Gerald 'Sam' Lindsey, Chairman of Executive Board

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PART I
INTRODUCTION TO THE AREA PLAN

PART I - INTRODUCTION TO THE AREA PLAN

An Area Plan is the document submitted by an Area Agency on Aging to the State Agency on Aging in order to receive awards or contracts from the State Agency's grant provided under the Older Americans Act, as amended. The Area Plan contains provisions required by the Act, the federal rules and regulations, state policies, procedures, and assurances and commitments that the Area Agency will administer activities funded under the plan in accordance with all federal and state requirements. The plan is the blueprint by which the Area Agency develops and administers a comprehensive and coordinated system of services and serves as the advocate and focal point for older people in the Planning and Service Area.

Conceptually, the plan must represent a process, which translates needs assessment information into the establishment of priorities for funding and services.

The Area Plan on Aging, as a planning document, has three major purposes, as follows:

- 1) The Area Plan serves as the planning document which identifies needs, goals, objectives, and the activities that will be undertaken by the Area Agency on Aging relative to programs for the older persons in the Planning and Service Area.
- 2) The Area Plan represents a formal commitment to the State Agency, which describes the manner in which the Area Agency on Aging plans to utilize the Older Americans Act funds, and how it will carry out its administrative responsibilities.
- 3) The Area Plan is viewed as "the blueprint for action" which represents a commitment by the Area Agency on Aging that it will fulfill its role as the planner/catalyst/advocate on behalf of older persons in the Planning and Service Area.

PART II
DESCRIPTION OF THE AREA AGENCY ON AGING
AND ITS NETWORK

PART II – DESCRIPTION OF AREA AGENCY ON AGING AND ITS NETWORK

The Planning and Service Area

The Planning and Service Area designated as Region VI consists of the four rural counties of Cochise, Graham, Greenlee, and Santa Cruz, which covers a territory of approximately 14,000 square miles. It is bordered on the east by New Mexico and on the south by Mexico. The region has fourteen incorporated cities and towns ranging from a population of 696 in Duncan to 43,888 in Sierra Vista, based on the 2010 Census. The total census population for the entire region is 224,423, for a density of around 16 people per square mile. The economic base varies from one community to another, but most communities have been dependent on one major employer and little economic diversity; mining, ranching, border trade, agriculture, military, prisons, and tourism are the major industries.

According to the 2010 Census 21.2 percent of the population was aged 60 or older, with the highest concentration of 23.84 percent in Cochise County, the lowest of 15.99 percent in Graham County, 17.04 percent in Greenlee, and 18.71 percent in Santa Cruz County. The percentage of elders aged 60 or older who were minority was 24.11 percent in Cochise, 25.74 percent in Graham, excluding San Carlos Apache Nation, 44.17 percent in Greenlee and 59.78 percent in Santa Cruz. Of those aged 60 or older, 11.97 percent were below the federal poverty level, with the highest poverty rate among elders of 15.54 percent in Cochise, and the lowest in Graham with 9.55 percent. These figures could be slightly higher or lower based on in and out-migration experienced in the different areas in our region since the 2010 Census was conducted.

The SouthEastern Arizona Governments Organization

The SouthEastern Arizona Governments Organization (SEAGO) is a Council of Governments (COG). The member governments are the four counties of Cochise, Graham, Greenlee, and Santa Cruz, the 14 incorporated cities and towns of Benson, Bisbee, Clifton, Douglas, Duncan, Huachuca City, Nogales, Patagonia, Pima, Safford, Sierra Vista, Thatcher, Tombstone, and Willcox, and the San Carlos Apache Tribe. SEAGO is a regional planning agency which performs and coordinates a variety of functions. Established in 1972, SEAGO is a 501(c) 3, nonprofit organization whose core function is to assist local governments in seeking cooperative solutions to area wide problems; SEAGO provides a forum for regional policy development; and to serve as a coordinating link between municipal, county, tribal, state, and federal agencies. SEAGO's programs focus on issues that often cross jurisdictional boundaries, such as water quality, community and economic development initiatives, transportation, aging and social service issues. Originally a planning entity, SEAGO's operational scope has expanded considerably since its inception to include project programming and implementation activities in the areas of, economic development, social services, transportation, the environment, and public transit.

The SEAGO Area Agency on Aging

The SouthEastern Arizona Governments Organization (SEAGO) was designated as an Area Agency on Aging (AAA) in 1974. As with many of SEAGO's program areas, the AAA is a separate organizational unit within SEAGO. Over the years AAA staff has worked with a variety of community organizations as partners, as well as with service providers in order to develop, and maintain community based systems of service that meet and fit the needs of the communities within the planning and service area. As the years go by, AAA strives to develop new partnerships with other agencies serving the communities within our region.

Every five years, the AAA issues a competitive Request for Proposals in order to select the best qualified service providers and to ensure competition in arranging for services for elderly individuals

and their caregivers. The SEAGO AAA currently issues subaward agreements with the agencies identified in Appendix C. The AAA combines Older Americans Act, federal Social Service Block Grants, and state appropriations into one line in the providers' subaward operating budgets. Service Providers identify all other funding sources that are not administered by the AAA, and these are also included in the subaward budgets. In their proposals, prospective service providers are asked to describe how services will be coordinated with any other programs that serve the elderly or disabled, how activities will be coordinated with county long-term care programs, Medicare and ALTCS, and how the provider will ensure that these fund sources are maximized in order to use AAA funding only when no other source is available, in order to ensure coordination of services and integration of multiple funding sources.

Organizational Structure of SEAGO AAA

The SEAGO Organizational Chart is included as Appendix B. All policy decisions related to the AAA are presented to the Advisory Council on Aging and to the Administrative Council for input before being presented to the Executive Board, which is the policy making body of SEAGO. The AAA Program Manager reports directly to the executive director of SEAGO on a regular basis. (See staff table below.)

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The Advisory Council on Aging (ACOA) meets quarterly in order to address issues arising in the communities and or discuss AAA alerts and information within the agency. Action Plans relating to the Area Plan will be a regular agenda item at the January and July meetings of the ACOA. In this way, the Action Plans will be used as a tool to track progress on meeting the Area Plan Goals and Objectives. Should changes to any goals or objectives be identified, the Advisory Council will revise the Area Plan and seek Executive Board approval for these changes.

Positions and duties within the SEAGO AAA are as follows:

Position	Duties
AAA Program Manager Full-Time	Plans, organizes and directs the operations and staff of the Area Agency on Aging for the SEAGO region; develops and implements the agency plan; negotiates awards with provider agencies; monitors performance under these awards; and ensures compliance with all federal and state laws and regulations.
Office Specialist Full-Time	Sets up and maintains computer records on clients by using DAARS reporting system, maintains program administrative files, responds to questions from service providers and clients, assists with programmatic monitoring of all service providers and delivers administration support.
Health Insurance Coordinator Full-Time	Provides counseling to seniors on Medicare and other health insurance programs. Recruits, trains, and supervises volunteers to ensure greater geographic coverage for this program. Conducts community training events on topics such as new to Medicare, long term care insurance, fraud, scam jams and benefits for low income individuals.
Ombudsman Coordinator Part-Time	Coordinates the ombudsman program that represents and advocates for residents in nursing homes and assisted living facilities in the SEAGO region. Represents the Area Agency on Aging program with these facilities; recruits, trains, and oversees volunteers for each facility. Participates in the Elder

	Abuse Prevention Taskforce Coalition. Maintains a close relationship with DHS in order to assist with facility survey exits.
Accounts Manager AAA supports part of this position	Establishes and maintains the central accounting system, all accounting records and financial controls; reconciles bank statements to general ledger and maintains agency cashbook; prepares monthly financial statements; ensures that financial system is in compliance with applicable regulations.
Health and Nutrition Coordinator Part-Time	The health and nutrition coordinator is certified by ServSafe and is responsible for monitoring the meals programs and for nutrition related provider training. She is a Matter of Balance (AMOB) master trainer. She is responsible to developing a network of CDSMP lay leaders and coaches for AMOB and for seeing that classes are provided periodically throughout the region.
Transit Coordinator AAA supports 1/10 of this position	The transit coordinator is SEAGO's mobility manager under a contract with ADOT. In order to have transit programs and their funding integrated, this individual monitors all of the AAA funded transportation programs though out the SEAGO region.

The SEAGO AAA Network:

The SEAGO AAA is tiny with approximately four full-time equivalent staff. Without partnerships very little could be accomplished. Because SEAGO's focus over the years has been on in-home services, senior centers are not effective in reaching seniors, especially since participation in nutrition sites in some centers has declined over the years. A variety of agencies have been willing to provide space for SEAGO staff to meet with clients, or have agreed to co-host training events.

The AAA currently has subawards with 18 different qualified service providers, one of which is SouthEastern Arizona Community Unique Services (SEACUS). Headquartered in Safford, SEACUS has gone beyond the scope of its award to schedule appointments for Medicare beneficiaries needing assistance from SEAGO's insurance counselor, and to sponsor the Senior Expo and Caregiver Conference year after year. The insurance counselor also has established partnerships with libraries, senior housing complexes, and other community organizations in Nogales, Willcox, Sierra Vista, Huachuca City, and Clifton to serve as counseling sites.

Health fairs and resource fairs sponsored by hospitals, high schools, Eastern Arizona College, and senior and disability expos sponsored by the City of Sierra Vista have provided opportunities to inform the community of AAA services, and distribute elder resource directories, and Medicare information. For two consecutive years, the SEAGO-AAA has hosted the Region VI Conference of Aging in Bisbee, AZ. The Canyon Vista Medical Center's (CVMC) [thrive](#) Wellness Depot has hosted workshops on Medicare, advanced directives, and selecting LTC policies as well as scam jams in Cochise county. Senator Andrea Dalessandro works with our insurance counselor to speak at her yearly Senior Scam Prevention event in Nogales.

Working with these partners and a growing list agencies can attract participation from a different audience than the AAA would reach on its own. For example, Cochise College and the United Way of Cochise County host an annual social service "Synergy" event to promote networking and to provide training on topics of mutual interest such as grant writing. In Santa Cruz, the Desert Southwest Chapter of the Alzheimer's Association has also been a partner for an annual mini-conference in Nogales along with the SouthEastern Arizona Health Education Center (SEAHEC). The AAA

Program Manager collaborates with Cenpatico for their distribution list that shares information regarding benefits and other items of interest in the field of aging.

Region VI also has a Facebook page which is updated regularly. The AAA meets with its Advisory Council on Aging once per quarter to keep them informed on updates and changes within the agency as well as to discuss issues arising in the four-county region. The AAA Program Manager for keeps current on national and state legislative issues and policies affecting seniors by participating as a member of the N4A, Arizona Association of Area Agencies on Aging on a bi-monthly basis.

AAA staff coordinated activities and long-range emergency preparedness by working with each of the four counties, as each county was developing their emergency response plans. The health and nutrition coordinator works with service providers to keep their emergency plans updated and participates in the county planning processes as needed. Since Cochise, Greenlee, and Santa Cruz Counties each have case management contracts with SEAGO AAA, these counties have integrated systems for contacting clients who need assistance to evacuate into their emergency response plans. In Graham County, SEACUS is the case management provider and has participated in the county's emergency planning meetings. SEAGO AAA works directly with case managers in keeping a current list of clients so in case an emergency occurs, it can be pulled out immediately.

The SEAGO AAA has partnered with faith-based and community organizations to assist older individuals and their families meet home and community based needs by co-sponsoring training. As described above, training for caregivers dealing with dementia has been provided with the assistance of the Alzheimer's Association and SEAHEC. SEAGO AAA formally contracts with Catholic Community Services and Lutheran Social Services for Home and Community Based Services in Cochise and Santa Cruz County. In addition to Santa Cruz County, Cochise County will be hosting four events throughout the county annually and Graham and Greenlee Counties are now providing caregiver conferences once per year.

The development of evidence based health promotion programs has brought a special focus to the need for community partnerships in order to recruit coaches/lay leaders, conduct outreach to reach potential participants, and to secure facilities and other resources. A Matter of Balance participation declined minimally in recent throughout the years, but our new Health and Nutrition Coordinator is determined to revitalize program participation. In order to establish a network of lay leaders/coaches for evidence based prevention programs, SEAGO is working with the Fire Districts in Cochise and Santa Cruz Counties with the goal of doing the same in Graham and Greenlee Counties, to train the fire fighters to become coaches and to promote the programs through their organizations. SEAGO AAA is also working closely with assisted living facilities to promote the program in order to increase awareness and recruit prospective coaches.

For the past several years SEAGO AAA has partnered with the Diaper Bank in order to help individuals in our four counties to receive incontinence supplies on a quarterly basis. Clients are assessed by case managers and orders are sent to our office specialist for ordering and distribution.

Transportation has been identified by elders in this region as a high priority because of the vast distances between communities. (May need to be revised with NA results) Therefore, the AAA has worked and will continue to work closely with SEAGO's transportation planner, and has become knowledgeable about transit funding mechanisms. Transportation providers are encouraged to transport multiple population groups, because it is inefficient to only transport the elderly. Due to

efforts at a state level to improve coordination of transit services, the AAA continues to be actively involved, along with its transportation service providers, in state and regional planning efforts initiated by the Arizona Department of Transportation (ADOT). Currently, SEAGO AAA is partnering with a social services organization in Sierra Vista known as the Volunteer Interfaith Caregiver Program in order to expand transportation services to the rural areas of Willcox and Sunsites where no transportation services currently exist.

PART III
NEEDS ASSESSMENTS

PART III – NEEDS ASSESSMENT (Old, will be updated when NA is completed)

It is important to understand that each area plan is based on plans that were developed in the past. Drastic changes as to what services are funded will not be made solely on the results of a needs assessment questionnaire. Services will continue to be funded based on utilization, and clients can expect some consistency despite budget cuts. The SEAGO Advisory Council on Aging (ACOA) reviews all proposed funding allocations in detail, comparing them with those most recently approved. For this Area Plan, the ACOA reviewed the minimum goals and objectives that the state unit on aging and the Area Agencies on Aging had agreed to include in their respective plans, and during the October and January 2016 meetings brainstormed activities that the SEAGO AAA should undertake. At the April 2017 meeting, the results of the needs assessment questionnaires were also reviewed.

The AAA needs assessment included a review of:

- A. Needs assessment questionnaires.
- B. Key informant Questionnaires
- C. Demographic and census data for the region.
- D. Service utilization.

A. Needs Assessment Questionnaires:

The AAA reached out to service providers, local senior service programs, hospitals, health clinics, Key informant groups, Long Term Care and assisted living facilities and our partners to distribute surveys in both English and Spanish throughout the region in the last quarter of calendar year 2016. SEAGO contracted with U.S Economic Research (USER) to assist with the distribution and data analysis of a region wide needs assessment. USER also created an electronic version of the questionnaire which was put on the SEAGO website and AAA Facebook page. The questionnaires were distributed at senior housing complexes, nutrition sites, and other senior group meetings. Case managers, home delivered meals staff as well as ACOA board members helped provide questionnaires to those who were homebound and helped individuals fill them out. AAA mailed out approximately 1,800 surveys to all existing clients in the region who receive services through our agency. By targeting individuals who are case managed the views of individuals 60 years of age or older, with the greatest social and economic need with particular attention to older individuals who are low-income minority, older individuals residing in rural areas, older individuals with severe disabilities, older individuals with limited English speaking abilities and any individuals with Alzheimer’s disease or related dementias were considered. This is the fourth time that virtually the same questionnaire has been collected and analyzed by the U.S Economic Research, thereby allowing for comparisons over the years.

(Wait to revise based on report from US Economic Research)

As stated in the report produced by the U.S. Economic Research “The survey indicated the most important need of the elderly in Southeast Arizona is affordable dental care. This was rated a serious problem by 28.4 percent of survey respondents across the region, and was the number one serious problem in two of the four counties (in Graham County it ranked second and in Santa Cruz County it ranked fourth). In addition to being rated the top serious problem, affordable dental care was also perceived as a problem (“some problem” or “serious problem”) by 57.7 of those surveyed across Southeast Arizona. It was perceived as a problem by more respondents than any other issue in all four counties, a finding consistent with the results of a similar survey conducted in late 2009 and early 2010. The second most important need of the elderly in Southeast Arizona is yard maintenance. This was rated a serious problem by 18.2 percent of survey respondents across Southeast Arizona, but this was skewed by the large share of responses from Cochise County—the largest county in the region. Yard maintenance ranked second on the list of serious problems in Cochise County and sixth in

Greenlee County, seventh in Graham County, and ninth in Santa Cruz County. In addition to being rated a top serious problem, yard maintenance was also perceived as a problem (“some problem” or “serious problem”) by 44 percent of those surveyed across Southeast Arizona, but again that was skewed by Cochise County responses. It was fifth on the list of problems in Cochise County and sixth in Greenlee County, but much further down the list in Santa Cruz and Graham counties (13th and 20th, respectively). Other important concerns at the regional level include affordable assistive devices, home maintenance and repair, and telemarketing or in-home sales. Affordable assistive devices was rated a serious problem by 16.4 percent of survey respondents across Southeast Arizona. Home maintenance and repair was rated a serious problem by 16.2 percent of respondents and telemarketing or in-home sales was rated a serious problem by 16.1 percent.”

The needs assessment questionnaire was modified this year to specifically ask where individuals go for advice about their health insurance or Medicare. In Cochise 75 individuals or 21 percent of respondents checked SEAGO. In Santa Cruz 9 individuals or 37.5 percent of respondents checked SEAGO. In Graham and Greenlee virtually no one responded that they turned to SEAGO. In Graham County several of the respondents indicated that information about health insurance was either some problem or a serious problem. Although the report suggests that these results could be skewed, because questionnaire were provided to SEAGO clients, it is discouraging that only in Cochise County were we well enough known to score well.

The Needs Assessment Questionnaires and analysis by the U.S Economic Research are attached in Appendix E.

B. Key Informant Questionnaires (Wait until contact with key informants has been made)

Electronic mailing lists were used to distribute questionnaires, but despite reminders, only eight were returned. However, the input provided confirms comments made by members of the local aging network at a variety of meetings. The economy has reduced the ability of family members to provide support for their elders. Many have had to move to find work and leave their elderly family members. There are significant increases in the number of elders needing services, and the acuity level of these elder is higher. Lack of transportation and lack of knowledge about services that do exist are major barriers. This lack of knowledge was confirmed by at least two of the respondents, who stated that home delivered meals did not exist in their community when they do. Concerns about preparing to serve the growing numbers of elders, and the lack of qualified providers were also voiced. Concern for isolated frail elders was also expressed. Lack of vision and dental services was specifically mentioned, as was the need for equipment loan closets. Funding issues were also mentioned. Respondents ranked personal care, case management and transportation as the top three home and community based services in that order. It was clear that the concept of evidence based health promotion classes is not yet understood. Assistance with Medicare and insurance was the top ranked elder rights issue.

C. Demographic Data

The 2010 Census and the American Community Survey were used to develop funding formulas for state funding and for Older Americans Act funding for county allocations. These same formulas will be used for the term of this plan and are included in the Appendix F.

The demographic pattern of individuals receiving services is compared at least annually to each county’s census profile to ensure that minority and low income individuals are being served appropriately.

D. Service Utilization

Service utilization for case managed services is reviewed on a monthly basis to ensure that awarded services are being used, and that case managers are authorizing service levels as budgeted. Where productivity and utilization have declined, a more in-depth review is made to determine whether the service in question is still relevant or whether a change in the service delivery process is needed. In recent years the utilization data has helped determine where cuts can be made. Congregate meals utilization has improve in the Tombstone, Patagonia and Nogales sites due to improved meals and personnel.

E. Action to be Taken to Address Needs Identified (based on report)

Comment or Issue	Source	Action to be Taken
Affordable dental care	Needs Assessment Questionnaire	Ship counselors will have information about Medicare plans and clinics or service clubs that provide dental or vision services. Enrollment of dual eligibles into Special Needs Plans by getting QMB coverage for both Parts A & B of Medicare will be reviewed carefully.
Access to dental and vision care	Key Informant Questionnaire	Same as above.
Affordable assistive devices	Needs Assessment Questionnaire	Ship counselors and case managers will have information about insurance coverage for assistive devices and a list of loan closets.
Access to loan closets	Key Informant Questionnaire	Same as above.
Home maintenance and repair	Needs Assessment Questionnaire	Potential sources of assistance will be catalogued.
Lack of Transportation	Needs Assessment Questionnaire	Continue to address transportation needs by working with ADOT funded mobility management activities.
Lack of Transportation	Key Informant Questionnaire	Same as above.
Inconsistent source of Medicare information	Needs Assessment Questionnaire	Improve visibility and marketing of Medicare/SHIP counseling and have trained volunteer counselor in major communities.
Need for Medicare/insurance help	Key Informant Questionnaire	Same as above.
Telemarketing	Needs Assessment Questionnaire	Increase public information forums on fraud prevention.
Access to information and knowledge about services	Needs Assessment and Key Informant Questionnaire	Improve AAA telephone system, increase marketing, and strengthen AZLinks activities.
Knowledge about health promotion activities	Needs Assessment and Key Informant Questionnaire	It is clear that the AOA/DES requirements are driving SEAGO's efforts, but as we increase marketing,

		interest in AMOB and CDSMP is growing.
Revise county level allocations	2010 Census	Transition to new funding levels over the course of a year, to reduce adverse impact on Graham county.
Need to continue to provide existing services	Utilization Data	Maintain funding levels as best as possible.

PART IV
GOALS STRATEGIC AND OPERATIONAL
OBJECTIVES

PART IV – GOALS, OBJECTIVES

GOAL I To impart awareness and understanding of aging issues and help prepare Arizona for an aging population through partnerships and collaborating with existing organizations within the region.

Operational Objectives:

O-1-1 To recruit and train volunteers in every major community in the region to be Medicare/health insurance counselors.

O-1-2 To schedule new to Medicare presentations in every major community on a consistent basis, including scam jams in order to raise awareness.

Output: Number of volunteer counselors and the number of hours that they work.

Outcome: Medicare beneficiaries and baby boomers will better understand their benefits. AAA SHIP will be better prepared to meet the needs of those turning 65.

Strategic Objectives:

S-1-1 To identify new opportunities for partnerships and collaboration.

S-1-2 To increase visibility of SEAGO AAA by increased use of electronic communications, including website and Facebook page

GOAL II To increase the ability of older adults to remain active, healthy, and living independently in their communities.

Operational Objectives:

O-2-1 To initiate the Aging Mastery Program in Cochise county and establish a framework to expand it to other areas of our region.

Output: Number of Aging Mastery classes held.

Outcome: Change in societal expectations about aging, higher levels of physical and emotional well-being, increased civic engagement, and stronger social connectedness among aging adults throughout the region.

O-2-2 To enhance and maintain home and community based programs that enable elders to remain at home which helps decrease long term care institutionalization costs.

Output: Number of home delivered meals and hours of Home Care and In-Home Respite provided to eligible individuals.

Outcome: Elders and their families will receive services that enable them to remain active in their homes and communities.

Strategic Objectives:

S-2-1 To develop partnerships throughout the region in order to implement evidence based prevention programs, specifically A Matter of Balance, and Chronic Disease Self-Management and the pilot of the Aging Mastery program.

S-2-2 To establish relationships with hospital discharge planners that will focus on care transitions for elderly patients from hospital back to home settings.

S-2-3 To expand relationships with church based organizations and Fire Districts in order to reach a broader sector of the senior population.

GOAL III To increase the safety and well-being of older Arizonans.

Operational Objectives:

O-3-1 To identify existing safety programs that law enforcement or fire departments have in operation, and encourage seniors to enroll in these programs.

Output: Enrollment and participation in existing safety programs will increase.

Outcome: Elders will benefit from safety training and wellness check programs that already exist.

O-3-2 To promote fall prevention, including A Matter of Balance.

Output: Fact sheets on fall prevention and number of individuals who complete A Matter of Balance class.

Outcome: Elders will have fewer falls.

O-3-3 To improve care for residents in long term care facilities and increase awareness of abuse, neglect and crimes against seniors.

Output: Increased in number of Ombudsman volunteers involved in resident council meetings.

Outcome: Decrease in victims of elder abuse, neglect and crimes against seniors.

Strategic Objectives

S-3-1 To establish and expand relationships and collaborative efforts with public safety personnel throughout the region.

S-3-2 To reduce the costs associated with public safety responses to senior-related crimes or injuries.

IF TRANSPORTATION CONTINUES TO BE IDENTIFIED AS AN URGENT NEED, WE SHOULD ADD IT AS A NEW GOAL BELOW.

PART V

PREFERENCE GIVEN TO OLDER PERSONS WITH
GREATEST ECONOMIC OR SOCIAL NEED

PART V - PREFERENCE TO OLDER PERSONS WITH GREATEST ECONOMIC OR SOCIAL NEED

Hispanics and Non-Hispanic whites constitute the largest minority group in this region. Demographic analysis report generated through DAARS data base is what SEAGO uses to track home and community based services, congregate meals and transportation needs. During SFY 2014-15 data on household composition in the four-county region indicates 29% of congregate meals and transportation clients live alone and 27% live with their spouse. For HCBS clients, 47% live alone and 18% with their spouse.

In order to meet the service needs of our target population, providers employ individuals who are bilingual and bicultural in Spanish and English. They also use flyers and/or publications in both Spanish and English to reach elders and their families throughout the region. In addition, provider staff are trained to recognize cultural or religious customs that need to be taken into account when providing service. In order to identify individuals who are eligible for assistance, individual client assessments are completed by case managers on anyone who might qualify to receive home and community based services (HCBS). Through this assessment, services are targeted to those who lack a support system, those who are low income, and those who are most vulnerable, including adult protective service referrals. Many of the individuals who are case managed are at risk of institutionalization. A waitlist is kept and is being monitored on a monthly basis in order to help keep it to a minimal and to allocate funds where they are needed.

A variety of different forms of outreach have to be used. Word of mouth, personal contact, posting ads or program information on the SEAGO website and AAA Facebook page as well as being present at the many events in the different communities are important ways to find individuals who are eligible for our services. Each member of the Advisory Council on Aging represents a different community in the SEAGO region and serves as an ambassador for the AAA. These members are individuals who work closely with their communities and they share information and resource directories with their family and friends, and within the organizations in which they participate.

Presentations at community meetings, to faith based groups, trainings and board meetings that SEAGO AAA Program Manager participates in on a quarterly basis are used to help get the word out about our services. Health and Resource fairs have also been a way to reach those who would not learn about our services otherwise. Many times it is younger family members at these fairs who take the information back to their elders. Networking with other participants at these fairs has also been useful. Home care agencies, hospitals, fire departments, long term care facilities, senior housing complexes, disability organizations, and elder law attorneys are some examples of health fair exhibitors that have taken copies of resource directories and later referred individuals for services.

SEAGO's 18 contracted service providers plus its many community partners enable a very tiny Area Agency on Aging to function and to implement this Area Plan by collaborating, by making referrals, by jointly providing training opportunities, by sharing facilities, and most importantly by communicating and problem solving. Under "Part II" of this plan specific examples of the how community based organizations have been involved in providing services as discussed. These services are planned and implemented with input from these partners.

PART VI
KEY CHANGES TO SERVICE DELIVERY

PART VI – KEY CHANGES TO SERVICE DELIVERY

Aging Mastery Program

SEAGO AAA Region VI along with the rest of the regions in the state is working closely with National Council on Aging (NCOA) on implementing the Aging Mastery program. SEAGO AAA is reaching out to potential partnering organizations such as the University of Arizona, Cochise Health and Social Services, Cenpatico and Chiricahua medical centers in order to solicit support when this program is launched. Our agency has identified an individual to be the certified trainer for the pilot program and will be actively seeking funding opportunities to extend it to all parts of the region. By providing this program we are confident it will change the ways older individuals feel about aging, and inspire them to take better care of their health and help others do the same. Topics to be covered will be exercise and you, sleep, healthy eating, medication management and community engagement among others.

Health Promotion and Disease Prevention

In the previous years, SEAGO has focused on providing two evidence-based programs. These two programs are Chronic Disease Self-Management Program (CDSMP) through Cochise Health and Social Services (CHSS), and A Matter of Balance (AMOB). These evidence based programs continue to see demand, and we have begun to ramp up our outreach this current fiscal year. While we have experienced some turnover in part-time coordinators and lay leaders in last couple of years, our part time health and nutrition coordinator has become a master trainer, and since receiving her certification in February 2016, she has provided one AMOB coaches and participant class last fiscal year and two classes thus far in SFY 2017. She has partnered with Fry Fire Department in Cochise County to host a class during the month of October 2016 in Sierra Vista. She has also partnered with Prestige Assisted Living to hold another class in January 2017 in Sierra Vista. Our goal is to be able to promote and expand this program in other parts of the region as well and we will be actively seeking partnerships and working closely with various fire districts in the other areas to be able to accomplish that goal.

Transportation

SEAGO AAA mobility manager continues to work closely with our service providers throughout the region in order to monitor the services provided to our clients and provide support and guidance to enable them to comply with Arizona Department of Transportation (ADOT) requirements. This will increase coordination of the ADOT and AAA funding that providers receive. The individual in this position has years of experience in managing transit programs in Cochise County, and will continue to work with providers to increase coordination at all levels and to find efficiencies and potential cost savings. Currently, SEAGO is working with Volunteer Interfaith Caregiver Program (VICAP) to implement transportation services in the rural areas surrounding Willcox and Sunsites, which is expected to begin the first part of November 2016. SEAGO is also working towards closing service gaps that exist in other rural areas of Cochise County and will soon complete an intercity route feasibility study that is hoped will lead to transportation services from Douglas, to Bisbee, Sierra Vista, Benson.

State Health Insurance Assistance Program (SHIP)

For the past couple of years our SHIP program has struggled in recruiting volunteers for the four-county region. Currently, we only have one valuable volunteer who helps cover the Sierra Vista area by providing counseling at least twice per month. Our office has partnered with Chiricahua Community Health Centers in efforts to use their Outreach and Enrollment coordinators and train them as SHIP counselors and increase access for Medicare beneficiaries to information about their benefits, and help in understanding their many options. We believe that this partnership will make this program become even more successful as it grows and increase our client contacts. Since Chiricahua primarily serves much

rural ~~much~~ of Cochise County, we believe this new partnership will also enable our SHIP counselor to focus on Graham, Greenlee and Santa Cruz Counties and our region will be more informed about scams and fraud.

Aging and Disability Resource Centers (ADRC)

The SEAGO AAA currently participates in various committees that meet either monthly or quarterly. SEAGO AAA works closely with Bridgeway Health Systems, United Health Care Community Plan, the Elder Abuse Taskforce Coalition, the Department of Developmental Disabilities, and the Veteran's Association in order to be part of discussion on topics that affect our aging populations and to network to identify solutions and share information of what is working and what is not. Case Managers also work close with a variety of community organizations in order to address the need affecting their communities.

Management Information Systems and Case Management

The new DES-DAAS reporting system - DAARS is in place and case managers have been trained and use the system. Like any new on line system, DAARS experiences occasional glitches, and when this occurs, case managers contact our office and these issues are reported immediately to DES-DAAS so that the issue can be resolved by their vendor, RTZ. Our office specialist is trained and assigned to assist those who experience problems with this system and help resolve them. The system has a wide variety of reports that are ready to use and these reports will be shared with the service providers to help them track units and other data.

Strengthen Programs Providing Protection against Threats to Independence Well-Being and Financial Security

In addition to the partnerships and initiatives described above, SEAGO-AAA will continue to provide training and information at community events and health fairs. We will continue to collaborate with the Alzheimer's Association in providing training and education to first responders, Adult Protective Services and caregivers as requested. Our agency is a member of the National Association of Area Agencies on Aging (N4A) and Arizona Association of Area Agencies on Aging (AZ4A) in order to be more informed of most current updates on issues, policies and programs regarding seniors and people with disabilities. Home and community based programs help many to remain independent, and despite budget cuts, SEAGO is committed to continue to fund these programs. SEAGO will also assist with the semi-annual Elder Abuse Conference in Santa Cruz County and with the Region VI Aging Conference in Bisbee. SEAGO-AAA is actively looking for grant opportunities to help supplement the funds that are received through DES in order to enhance or expand services within the region. SEAGO continues to assist Santa Cruz County with their Caregiver Conference and Graham County with their Senior Expo and caregiver conference. We will also continue working with partners in Greenlee County to host their 2nd annual caregiver workshop, as well as and four others in Cochise County. These efforts promote awareness of the scams that exist and how to avoid them.

Consumer Choice and Choice Care Options

SEAGO staff and case managers will continue to refer those caregivers interested in respite services through Lifespan Respite Voucher system. SEAGO will continue to encourage providers and case managers to involve consumers in decisions that affect service delivery. SEAGO has at least two service providers for housekeeping, personal care and in-home respite, in most areas of the region and case managers are required to offer clients a choice.

Other

SEAGO has developed another new partnership with Chiricahua Community Health in Cochise County to help consumers be more aware of the changes occurring each year with the Affordable Care Act.

PART VII

WAIVERS

NO WAIVER IS BEING REQUESTED

PART VIII
BUDGET

PART IX

**AREA AGENCY'S SERVICES
TO BE FUNDED BY
GEOGRAPHICAL AREA**

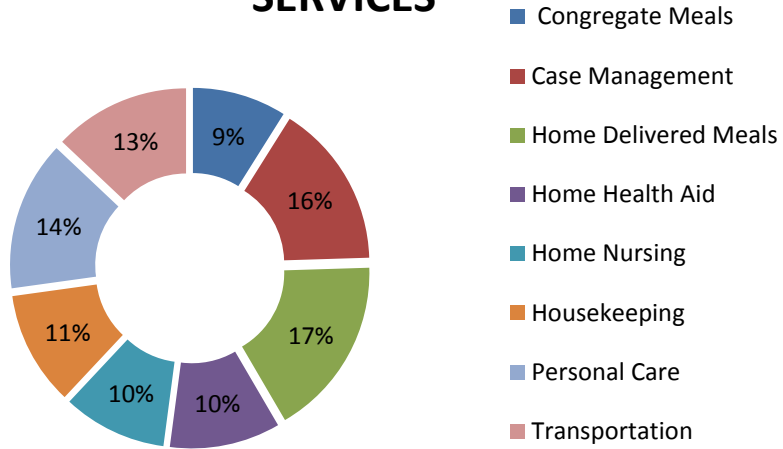
PART X
APPENDIX

PART X - APPENDIX

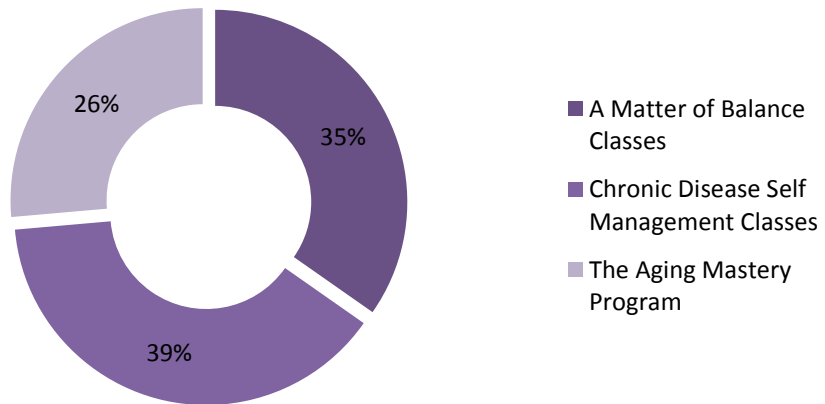
- A. AAA Organizational Chart
- B. Advisory Council Membership
- C. List of Programs and Services
- D. Area Plan Assurances
- E. Needs Assessment
 - 1. Summary of Key Informant Survey
 - 2. Needs Assessment Questionnaire
 - 3. Results of Needs Assessment Questionnaires **Separate Document**
 - 4. Service Utilization for SFY 2011-12
 - 5. Client Demographics for Case Management in SFY 2011-12
- F. Funding Formulas
 - 6. SEAGO State Funding Formula Based on 2010 Census
 - 7. SEAGO OAA Formula Based on 2010 Census
- G. Comments from Advisory Council on Aging
- H. Public Hearings Press Release and Comments

APPENDIX A

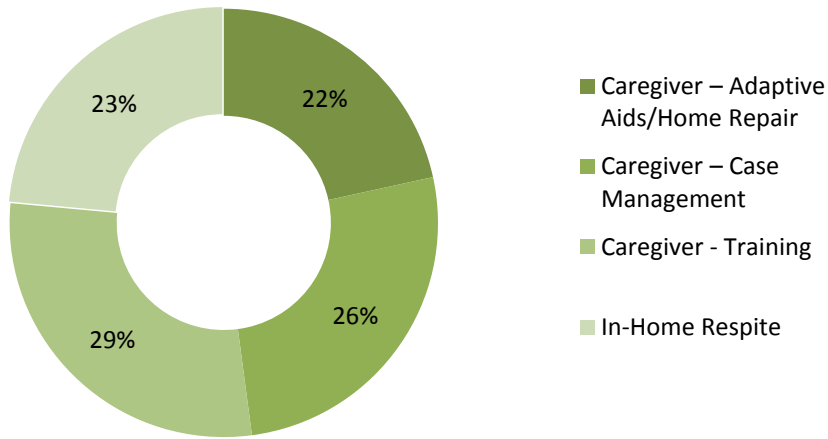
HOME & COMMUNITY BASED SERVICES



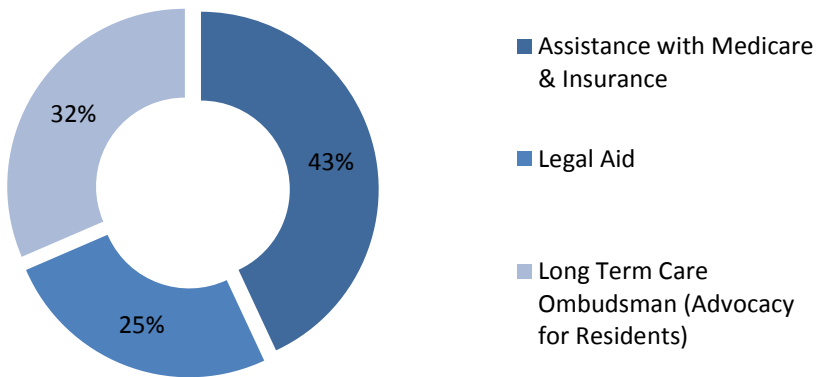
HEALTH PROMOTION



CAREGIVING



ELDER RIGHTS



Overall Key survey Importance ranking

Rank	Service
1	Case Management
2	Transportation
3	Home Delivered Meals
4	Personal Care
5	Housekeeping
6	Home Nursing
7	Assistance with Medicare & Insurance
8	Home Health Aid
9	Congregate Meals
10	Caregiver – Training
11	Caregiver – Case Management
12	In-Home Respite
13	Long Term Care Ombudsman (Advocacy for Residents)
14	Legal Aid
15	A Matter of Balance Classes
16	Caregiver - Adaptive Aids/Home Repair
17	Chronic Disease Self Management Classes
18	The Aging Mastery Program

1. Changes in clientele	2. Changes in community that affect clients	3. Emerging unmet needs:	4. Future changes affecting service delivery:	5. Recommendations for evidence based programs:	6a. What is inadequate about current system:	6b. Changes recommended to current system:
Volume increase	More demand from Bisbee and Douglas for transportation	unable to transport people in wheelchairs	more need for transportation to Tucson	3 like to see Emt/first aid classes	7 need more publicity about AAA	More Home repair
increase of clients using a walker or wheelchair	becoming more aware of clients needs n the area	not enough volunteers	issues with getting providers to serve in area	16 More Presentations / education on services	3 Add more providers to network	affordable hearing aids
increase in hearing and vision impaired	7 Transportation	Incontinent supplies	Dependable social welfare	2 Recreation and social options	6 Should not have people on waitlists	3 Home Health nurses
Increase in Homeless	5 Diminished resources	3 low cost medical equipment	3 increase of cost of living	4 more Funding	10 lack in service availability	Stream line service intake to eliminate waitlist
increase of applicants with no/low income	no Family safety nets	3 Fresh meals rather than frozen	2 Low income housing options	Annual prevention check ups	7 no recommendations	7 provide more information about resources
Calm and content	Loss of Home health services	10 Dependable transportation	4 better health care in rural areas	6 Working with clinics to create a partnership to pinpoint clients in need	2 Providers not willing travel to people in rural area	9 More Funding For Services
NO Change	loss of assisted living facilities	3 Peer Support	12 Loss in funding	Home health Nurses	Provide annual inspections for Hud Homes	8 no recommendations
Increase in mental health issues	9 Lack of funding	5 More social interaction	3 increase in needs	More stringent screening	3 Not enough funding	more adaptive aids
Increase in client need for 24 hour care	Business closures	4 Home repair	7 Medicare Funding	2 development of local clinics	2 Need more contact with elderly	Grocery and item pick up service
increase in need for long term care/ closing of LTC facilities	Lack of involvement from younger generation	3 Wait lists	increase in job availability	Programs for Substance and Alcohol abuse	not enough staff to support the growing need	Prescription drop off service
Healthy meals are helping	3 Lack of Programs Avil	4 in home health care	increase in cost of medications	4 Nutrition based programs	need for fresh not frozen meals	More transportation
Dying Quicker	2 Lack of local Health care	9 low funding	older population struggles with technology	Need more volunteers		Provide behavioral health services
education of elderly issues	2 No Change	Lack of Housing	1 Growing waitlist for services	2 more transportation		assist with animal care
clients interested in internet classes and socializing options	Lack of Community involvement	2 Lack of Home health services	provide space for MOB	none		Program to educate young people on Aging



ADVISORY COUNCIL ON AGING PACKET

MEMO TO: ADVISORY COUNCIL ON AGING
FROM: LAURA VILLA, AREA AGENCY ON AGING PROGRAM MANAGER
DATE: JANUARY 19, 2017
SUBJECT: DES/DAAS ALERT SFY17 REVISED ALLOCATIONS/PROP 206 AND GOVERNOR'S SFY18 BUDGET RECOMMENDATION

On December 16, 2016 DES/DAAS Department of Economic Security Division of Aging and Adult Services issued ALERT SFY-17-1C Carryover Allocations. Alert has been attached as well as the COB pertaining to it as it was submitted to DES-DAAS for consideration of carryover funds.

Prop 206 took effect January 1, 2017 it affects minimum wage increase in Arizona, service providers throughout the state are heavily affected and this major alteration has and will impact our seniors. Service providers have requested Area Agency on Aging to consider making adjustments to their awards based on the rate increase. The AZ4A which consists of the seven Area Agency on Aging throughout Arizona is working diligently in addressing this concern to the governor, DES as well as our local legislators. We are asking to consider allocating funds for Home and Community Based Services and funds to be able to assist our providers and help eliminate the wait list which currently stands at 121 clients throughout our region as of the 1st of January.

Carryover was requested from DES-DAAS in order to remove those from the waitlist and increase units of service to existing clients who are in greater need. Unfortunately, now with the prop 206 we are uncertain how we will be able to meet the needs of our clients. Either way, clients will be affected by this change in legislation. If providers don't receive our support, clients receiving services will have to be closed and the wait list will continue to grow as a result of decreased funding.

Attached you will find the governors proposed SFY18 Budget recommendation which came out on Friday January 13, 2017. In this recommendation, you will see that the governor is only recommending the \$700K in Lottery Funds again for the incoming fiscal year. Prop 206 was not even addressed for Aging services as it was for ALTC's and AHCCC's and therefore it is likely that it will not be considered.

The AZ4A will continue to reach out to our local legislators and ask for support and I encourage that you all do the same in your areas. If you are able to get citizens to write to your legislators please do so as it does not hurt to ask.

Action Requested:

Information Only

Action Requested Below

Non-Medical Home & Community-Based Services

The Area Agencies on Aging (AAAs) have three priorities for Non-Medical Home & Community-Based Services (NMHCBS) for the coming state fiscal year. NMHCBS funds are used for older adults who need these vital NMHCBS services (Adult Day Health services, assistance with bathing, dressing, meal preparation, shopping, bed linen changing, and light housekeeping) in order to remain living independently in their homes and communities.

NMHCBS are a cost-effective solution, and are the primary buffer to slow the expansion of people needing more expensive forms of support, such as nursing home placement. These services help frail elders remain independent without enrolling in the much more costly for Medicaid Arizona Long-Term Care System (ALTCS). DES indicates that the average cost of this type of care in ALTCS is \$19,428 per year. By contrast, NMHCBS delivered by AAAs are estimated by DES to cost an average of just \$2,137 per case annually.

During its last session the Legislature appropriated **\$700,000** in transferred Lottery Funds to address the increased need. The AAAs are very pleased that Gov. Ducey included these funds as part of his budget request, again as a transfer from the DHS Lottery Fund. This year these funds have allowed the AAAs to remove approximately 350 people from long waiting lists. Appropriation again next year will allow these individuals to continue to receive services.

The voter passage of **Proposition 206** regarding the minimum wage and sick leave has increased the staffing costs of providers contracted to the AAAs to provide NMHCBS services, in the same manner it has for ALTCS providers and providers of services to those with Intellectual and Developmental Disabilities. In fact, in most instances, the providers are the same. Given this reality, the AAAs are seeking a seven percent (7%) increase in the funding used to purchase these services. The AAAs estimate the amount of these funds spent on subcontracted services statewide (not including the Navajo Nation) is \$9,030,842 and the requested percentage increase amount is **\$632,100**.

In spite of the much-appreciated additional funds appropriated during the last session, there are currently more than 2,600 individuals waiting for these vital NMHCBS. As previously stated, DES has estimated that AAAs spend an average of \$2,137 per case annually to provide these services. Using those figures, it would take \$5,686,557 to eliminate the waiting lists and keep or delay frail elders from falling onto the ALTCS rolls, at the much higher cost. Fiscal realities make this amount unrealistic, but **\$1,900,000** would reduce the waiting list by a third.

Appropriating these funds would make a significant difference in the lives of thousands of Arizona's elders. It would save the taxpayers of Arizona a significant amount of their tax funds. Compassion and fiscal sense at the same time.

Department of Economic Security

The Department of Economic Security (DES or Department) is an integrated human services agency that provides critical opportunity, assistance, and care for approximately two million Arizonans. Across its 40 programs, DES employees seek to serve fellow Arizonans with integrity, humility, and kindness.

More specifically, DES works with job creators to provide employment assistance, including vocational rehabilitation for individuals with physical or mental impairment and job training for economically disadvantaged adults and youth. Eligible working parents receive child care assistance. The Department manages the Unemployment Insurance Program, including collecting taxes and providing benefits.

DES provides temporary assistance and services that support Arizonans' goals of obtaining greater self-sufficiency. DES provides children with food, health care, and parental financial support; services to individuals with disabilities; and protection for the vulnerable by investigating allegations of abuse, neglect, and exploitation. DES operates with fiscal discipline and actively identifies and prosecutes fraudulent receipt of benefits.

The Department provides safety net services to victims of domestic violence; individuals experiencing homelessness and hunger; families needing assistance with utility bills; and vulnerable adults who are victims of abuse, neglect, and exploitation. The Department assists individuals and families by determining eligibility for temporary cash assistance, nutritional assistance, Medicaid, Social Security Disability Insurance (SSDI), and Supplemental Security Income (SSI). In addition, DES provides support to newly arrived refugees.

The Department provides early intervention services for infants and toddlers with developmental delays and home and community-based services for clients with intellectual and developmental disabilities. The Department assists parents in receiving child support payments by locating absent parents, establishing paternity, establishing the legal obligation to pay, and evaluating the absent parent's ability to pay.

Link to the **AGENCY'S WEBSITE** <https://www.azdes.gov/>

All numbers representing dollars are expressed in thousands.

Agency Budget Summary

	FY 2016 Actual	FY 2017 Exp.Plan	FY 2018 Net Change	FY 2018 Exec. Rec.
General Fund	511,764.3	530,124.4	37,034.0	567,158.4
Other Appropriated Funds	246,258.4	293,945.0	(2,100.0)	291,845.0
Non-Appropriated Funds	3,187,665.5	3,290,507.8	41,132.3	3,331,640.1
Agency Total	3,945,688.2	4,114,577.2	76,066.3	4,190,643.5

Main Points of Executive Recommendations

	FY 2017	FY 2018
APS Continuous Quality Improvement	0.0	3,000.0
Continued Improvements To Our Safety Net	0.0	2,764.7
Aging Home and Community Based Services	0.0	700.0
Fingerprint Requirement Elimination	0.0	(392.0)
Early Intervention Program Referral and Cost Increase	0.0	2,000.0
Prop. 206 Minimum Wage Increase	7,732.8	15,601.0

Major Executive Initiatives and Funding Recommendations

APS Continuous Quality Improvement

For FY 2017 the Department was appropriated \$2 million (28.0 FTE positions) on a one-time basis from the Department's Special Administration Fund to manage growing Adult Protective Services caseloads. Calls to the hotline increased by 17.7% in FY 2016 over the prior year, and cases per APS worker remain approximately 28% above the target level of 35. This target level is based on recommendations from the National Adult Protective Services Association, Department analysis of appropriate caseloads by rural and urban concentrations, and available resources.

In FY 2018, the Executive recommends that the funding from last year's one-time appropriation be made ongoing, as the current caseload growth continues to necessitate these resources. The Executive further recommends an additional \$1 million in FY 2018 to continue progress toward meeting the 35-cases-per-worker target.

In total, the additional FY 2018 funding will provide 15.0 new FTE positions, including hotline staff, caseworkers, financial exploitation unit investigators, a registered nurse to address medically complex cases, and specialized staff to engage in continuous improvement efforts.

Funding	FY 2018
General Fund	3,000.0
Issue Total	<u>3,000.0</u>

Continued Improvements To Our Safety Net

For FY 2018, the Executive recommends a \$2.7 million appropriation to the Department to provide an opportunity for TANF Cash Assistance recipients who meet specified requirements to earn back up to 12 additional months of benefits. To be eligible, the recipient must be either searching for work or in job-related training. Further, if the recipient has school-age children, the children must have an attendance record of 90% or higher.

Funding	FY 2018
General Fund	2,764.7
Issue Total	<u>2,764.7</u>

Aging Home and Community Based Services

Providing home and community-based services to the elderly allows seniors to remain in their own homes for a longer period of time. Primarily, this program provides assistance with essential daily activities, such as bathing, dressing and meal preparation. It also provides visiting nurses and home health aides.

Supporting the elderly and their caregivers by providing respite care and home services (e.g., Meals on Wheels) provides seniors a better quality of life, and the State avoids the high cost of placing these vulnerable adults into the long-term care system.

For FY 2018, the Executive recommends continuing \$700,000 in one-time funding from FY 2017, which was appropriated from the DHS Lottery Fund.

Funding	FY 2018
Health Services Lottery Fund	700.0
Issue Total	700.0

Fingerprint Requirement Elimination

As one of more than 20 measures to prevent fraudulent multiple enrollments in the Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF) cash assistance program, Arizona requires applicants to be fingerprinted. The operation of this requirement is supported by the General Fund.

Arizona is the only state that uses taxpayer dollars to subsidize the finger-imaging requirement for those federal programs. The Department performs more than 20 other measures to prevent fraud and multiple enrollments, such as Social Security number verification, multiple address listing report, and an electronic disqualified recipient system cross-match. As a result, in FY 2014, the most recent year for which data is available, the finger-imaging requirement identified only 10 duplicate applications in over 1.1 million total applications, or .001%.

The Executive recommends eliminating the finger imaging requirement, resulting in a General Fund savings of \$392,000.

Funding	FY 2018
General Fund	(392.0)
Issue Total	(392.0)

Baseline Recommendations

Early Intervention Program Referral and Cost Increase

For FY 2018, the Executive recommends \$2 million from the Long-term Care System Fund to address increases in referrals and costs in the Early Intervention program.

When a child is referred to the Early Intervention Program, DES is required to pay for the cost of an evaluation to see if the child has a potential developmental delay. Early detection of developmental delays plays a critical role in shaping the child's future, especially as it relates to ensuring that they are ready to begin school.

The number of referrals has been on a steady incline and saw a 6% increase in FY 2016. The Department attributes this growth as being part of a national trend toward increasing focus on early childhood development. The trend has been enhanced by coordinated federal-level efforts to support early childhood health and development, by connecting families and early childhood education and healthcare providers with resources and data to identify potential delays or other health concerns and to enhance developmental support.

In keeping with the broader medical inflation trend, from FY 2015 to FY 2016 the average cost of an evaluation increased from \$400 to \$464.

Funding	FY 2018
Department Long-Term Care System Fund	2,000.0
Issue Total	2,000.0

Prop. 206 Minimum Wage Increase

In November 2016, Arizona voters passed Proposition 206, which increases the State's minimum wage from \$8.05 to \$12 over four years. The initial step increased the minimum wage to \$10 on January 1, 2017. On January 1, 2018, the minimum wage further increases to \$10.50.

Contractors for home care and nursing facility services for Arizona Long-term Care System (ALTCS) members in the AHCCCS Elderly and Physically-disabled program and in the DES Developmentally-disabled program will be impacted by the new law, as some of their staff currently earned less than \$10 per hour before the effective date of Prop. 206.

To maintain a healthy network of care providers, which is a condition of receiving the federal match for Medicaid, the Executive recommends an increase of \$15.6 million in FY 2018 to allow AHCCCS to increase capitation rates sufficient to cover the direct impact of wages on developmental disability (DD) provider contracts as a result of the passage of Proposition 206.

Funding	FY 2018
General Fund	15,601.1
Issue Total	15,601.1

ALTCS Caseload & Capitation Growth

The caseload for DDD Arizona Long Term Care System (ALTCS) members is projected to increase in FY 2018 by 3.7%. In addition, the Department anticipates a 3% increase in per-member monthly capitation payments. There is also expected to be a small State cost savings due to an increase in the federal match rate.

After netting out all of these issues, the Executive recommends \$16.2 million from the General Fund for DDD caseload growth and capitation rate increases.

Funding	FY 2018
General Fund	16,160.2
Issue Total	16,160.2

Technical Adjustments

The Executive recommends several technical adjustments to align organizational structure and provide additional transparency.

The first adjustment recommended by the Executive for FY 2018 moves the Coordinated Hunger Program, which coordinates with various organizations at all levels of government and private-sector entities to provide food assistance to the hungry, from the Division of Benefits and Medical Eligibility to the Division of Aging and Adult Services (DAAS).

Also recommended is a second organizational change that will combine the Early Intervention Program with Child Care Administration to form a new Division of Child and Family Engagement. The Department expects that this streamlining of programs can help reduce duplication and increase efficiencies across both programs.

The U.S. Department of Health and Human Services is finalizing new rules as part of the reauthorization of the Child Care and Development Block Grant (CCDBG). The Department expects that the new rules will have costs associated with implementation; therefore, if and when additional CCDF funds are provided to cover the new costs, the Department will need expenditure authority in the amount of the increase. The Executive recommends enacting escalator clause language to appropriate to the Department all additional CCDF monies.

Another necessary adjustment is the realignment of the special line appropriations within the Division of Developmental Disabilities. The Home and Community Based Services line item is over-appropriated; as a result, the other line items are under-appropriated. Realigning the special line items will significantly reduce and possibly eliminate the need for appropriation transfers.

In recent years, the Department has utilized a portion of the Workforce Innovation and Opportunity Act (WIOA) grant 10 percent discretionary set-aside to augment the JOBS special line item appropriation. The JOBS program assists TANF cash assistance clients with obtaining career training and employment. Given the current caseload, the \$2 million being redirected from the discretionary set-aside is no longer necessary. Therefore, the Executive recommends that in FY 2018 the \$2 million previously put in the JOBS SLI be returned to the WIOA discretionary set-aside to aid the statewide workforce development plan.

Expenditure estimates for two funds, the Arizona Job Training Fund and the Unemployment Insurance Fund, need to be realigned with projections. The former was repealed in 2015 and is expected to stop expending funds in FY 2017. The latter needs to be increased based on projections of the latest national trends.

Similar to the prior adjustment, the State and Local Agency Revenue Fund expenditure forecast needs to be adjusted to make expenditures equal to revenue. Because the fund acts as a collections clearinghouse, it is assumed the levels will be equal – once reconciled.

Arizona Industries for the Blind, which was previously a component of the Department, was converted to a private organization through legislation enacted in 2016. Therefore, a technical change is needed to remove the SLI from the Division of Employment and Rehabilitative Services.

In FY 2017, one-time appropriations were made to fund home and community based services for the elderly, staffing at Adult Protective Services to address a caseload spike, and pass-thru grants for domestic violence prevention. The Executive recommendation, as a technical adjustment, removes the one-time FY 2017 appropriations.

Funding	FY 2018
General Fund	(100.0)
Workforce Investment Grant Fund	0.0

Special Administration Fund	(2,600.0)
Domestic Violence Services Fund	(1,500.0)
Health Services Lottery Fund	(700.0)
Issue Total	(4,900.0)

Supplemental Recommendations

Prop. 206 Minimum Wage Increase

In November 2016, Arizona voters passed Proposition 206, which will increase the State's minimum wage from \$8.05 to \$12 over four years. The initial step increased the minimum wage to \$10 on January 1, 2017. On January 1, 2018, the minimum wage further increases to \$10.50.

Contractors for home care and nursing facility services for Arizona Long-term Care System (ALTCs) members in the AHCCCS Elderly and Physically-disabled program and in the DES Developmentally-disabled program will be impacted by the new law, as some of their staff earned less than \$10 per hour prior to the effective date of Prop. 206.

To maintain a healthy network of care providers, which is a condition of receiving the federal match for Medicaid, the Executive recommends an increase of \$7.7 million in FY 2017 to allow AHCCCS to increase capitation rates sufficient to cover the direct impact of wages on developmental disability (DD) provider contracts as a result of the passage of Proposition 206.

Funding	FY 2017
General Fund	7,732.8
Issue Total	7,732.8

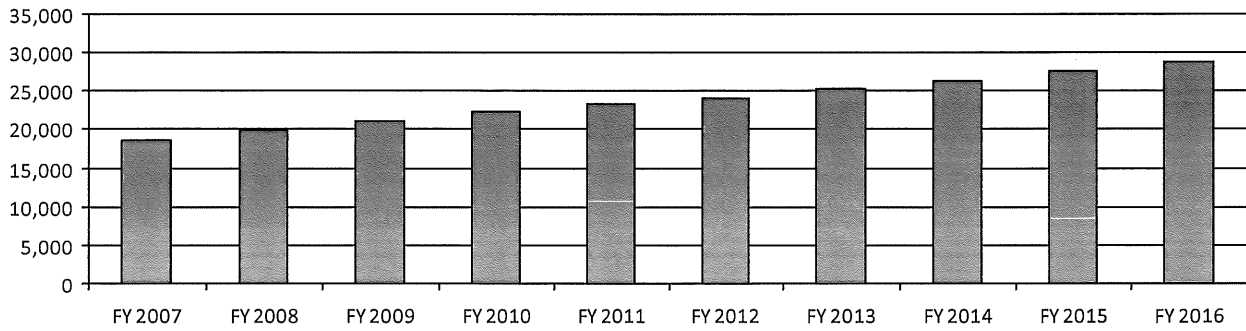
Adjustments for risk management charges and retirement contributions for this agency are not incorporated into the totals shown here. They are listed separated with adjustments for all state agencies immediately following the Capital Projects section. Funding for these adjustments is recommended as part of the total Executive Budget.

Performance Measures

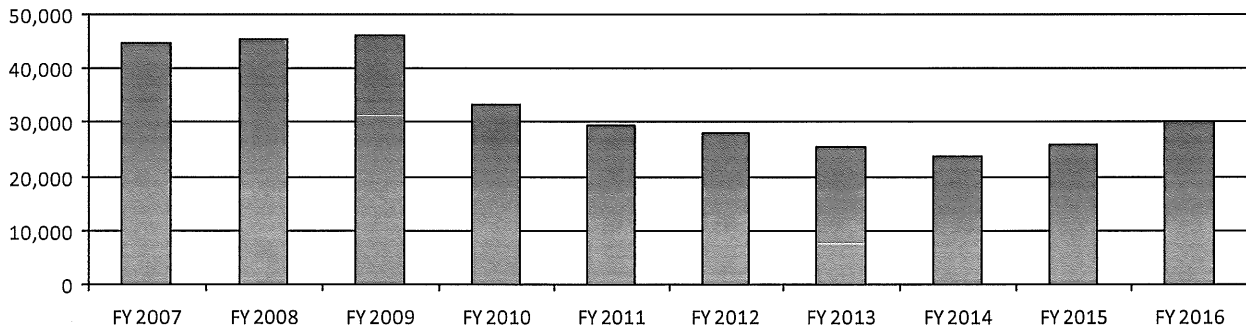
	FY 2015 Actual	FY 2016 Actual	FY 2017 Expected	FY 2018 Expected
Average number of consumers with developmental disabilities served	27,597	28,793	30,089	0
Adult Protective Services investigation percentage rate	100	100	100	0
Ratio of current IV-D child support collected and distributed to current IV-D support due	55.66	57.49	59	0
Average number of consumers with developmental disabilities served	7,041	7,422	7,570	0

*Link to the **AGENCY'S STRATEGIC PLAN***

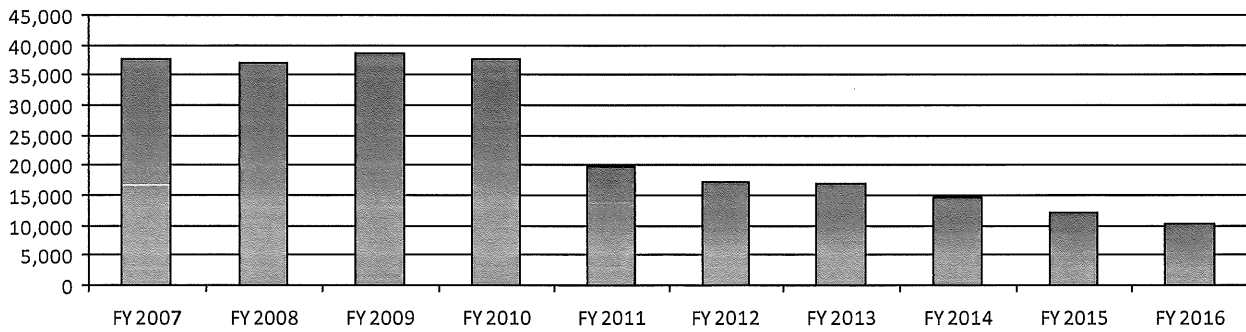
Title XIX - DD Enrollment



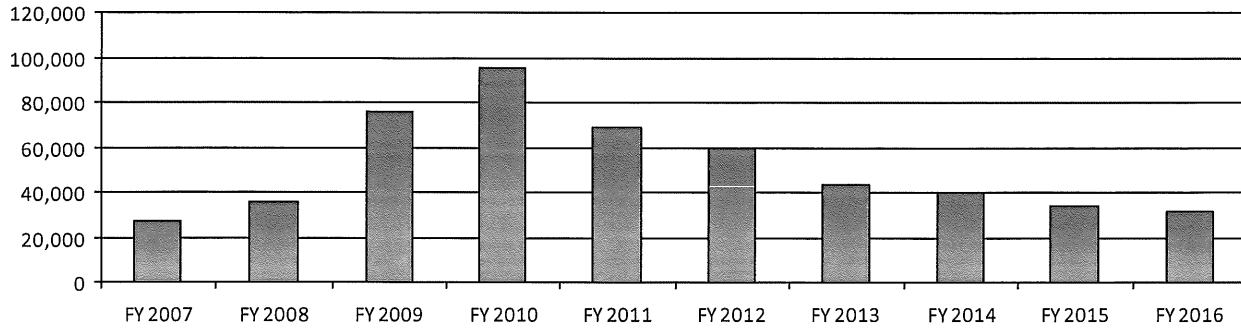
Child Care Enrollment



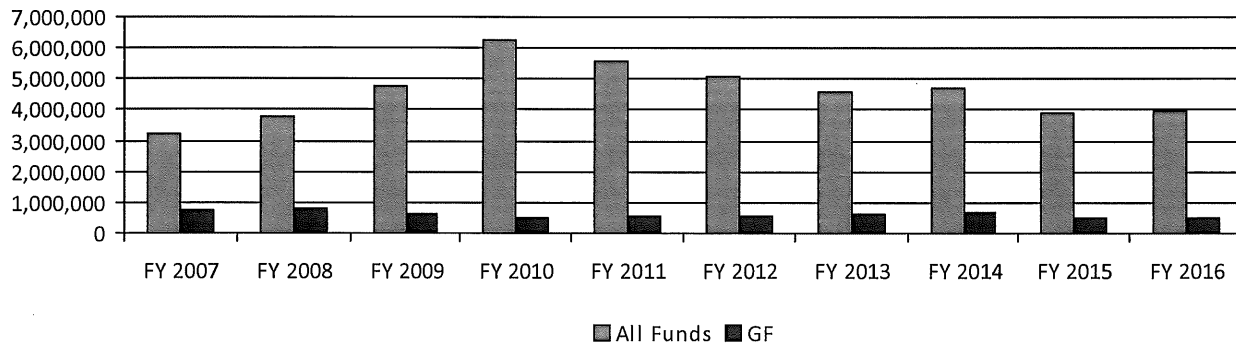
TANF Cash Benefits Enrollment



Unemployment Insurance Claimants



Agency Expenditures (in \$1,000s)



Recommended State Appropriations

BY PROGRAM	FY 2016 Actual	FY 2017 Approp.	FY 2018 Net Change	FY 2018 Exec. Rec.
Administration	51,516.0	32,628.4	1,608.0	34,236.4
Aging and Community Services	35,220.7	39,521.6	(600.0)	38,921.6
Benefits and Medical Eligibility	77,749.4	77,049.2	2,764.7	79,813.9
Child Support Enforcement	24,012.0	25,817.2	0.0	25,817.2
Developmental Disabilities	415,952.1	452,490.3	31,161.3	483,651.6
Employment and Rehabilitation Services	153,572.5	196,562.7	0.0	196,562.7
Agency Total - Appropriated Funds	758,022.7	824,069.4	34,934.0	859,003.4

BY EXPENDITURE OBJECT	FY 2016 Actual	FY 2017 Approp.	FY 2018 Net Change	FY 2018 Exec. Rec.
Personal Services	81,881.3	87,474.7	819.1	88,293.8
ERE Amount	37,603.9	39,866.3	972.3	40,838.6
Prof. And Outside Services	31,273.0	27,506.0	(392.0)	27,114.0
Travel - In State	1,174.6	1,207.6	21.4	1,229.0
Travel - Out of State	45.8	88.4	0.0	88.4
Food	378.1	379.2	0.0	379.2

BY EXPENDITURE OBJECT	FY 2016 Actual	FY 2017 Approp.	FY 2018 Net Change	FY 2018 Exec. Rec.
Aid to Others	569,170.8	627,280.4	33,318.9	660,599.3
Other Operating Expenses	29,263.6	31,354.1	25.3	31,379.4
Equipment	4,290.5	5,528.9	169.0	5,697.9
Capital Outlay	11.2	11.0	0.0	11.0
Transfers Out	2,929.9	3,372.8	0.0	3,372.8
Agency Total - Appropriated Funds	758,022.7	824,069.4	34,934.0	859,003.4

BY APPROPRIATED FUND	FY 2016 Actual	FY 2017 Approp.	FY 2018 Net Change	FY 2018 Exec. Rec.
General Fund	511,764.3	530,124.4	37,034.0	567,158.4
Child Care and Development Fund	93,558.5	107,773.6	0.0	107,773.6
Child Support Enforcement Administration Fund	14,791.2	16,632.6	0.0	16,632.6
Department Long-Term Care System Fund	27,901.0	26,559.6	2,000.0	28,559.6
Domestic Violence Services Fund	2,500.0	4,000.0	(1,500.0)	2,500.0
Health Services Lottery Fund	0.0	700.0	0.0	700.0
Indirect Cost Recovery Fund - A	0.0	1,000.0	0.0	1,000.0
Public Assistance Collections Fund	9.6	421.9	0.0	421.9
Special Administration Fund	2,485.7	5,528.7	(2,600.0)	2,928.7
Spinal and Head Injuries Trust Fund	1,293.0	2,323.7	0.0	2,323.7
Temporary Assistance for Needy Families (TANF) Fund	70,816.2	72,964.7	0.0	72,964.7
Workforce Investment Grant Fund	32,903.2	56,040.2	0.0	56,040.2
Agency Total - Appropriated Funds	758,022.7	824,069.4	34,934.0	859,003.4

FOR MORE DETAIL ABOUT EACH FUND SEE THE STATE FUNDS BOOK

Special Line Appropriations

	FY 2016 Actual	FY 2017 Approp.	FY 2018 Net Change	FY 2018 Exec. Rec.
Adult Services	7,924.1	8,624.1	0.0	8,624.1
ATP-Coolidge Title XIX	4,935.5	4,854.4	200.0	5,054.4
Attorney General Legal Services	3,831.3	3,900.4	0.0	3,900.4
Case Management State-Only	3,912.7	3,893.7	0.0	3,893.7
Case Management Title XIX	16,210.7	17,038.2	1,007.1	18,045.3
Community and Emergency Services	3,724.0	3,724.0	0.0	3,724.0
Coordinated Homeless Program	2,522.6	2,522.6	0.0	2,522.6
Coordinated Hunger Program	1,754.6	1,754.6	0.0	1,754.6
County Participation	156.3	1,079.1	0.0	1,079.1
Day Care Subsidy	84,181.5	98,396.6	0.0	98,396.6
DDD Operating Lump Sum	14,282.3	14,715.8	0.0	14,715.8
Domestic Violence Prevention	12,371.2	14,003.7	(1,600.0)	12,403.7
Home and Community Based Services State-Only	17,096.8	16,913.4	0.0	16,913.4
Home and Community Based Services Title XIX	275,246.7	306,631.8	28,054.2	334,686.0
Independent Living Rehabilitation Services	712.4	1,289.4	0.0	1,289.4
Institutional Services Title XIX	6,468.9	6,960.9	300.0	7,260.9
JOBS	9,796.2	13,005.6	(2,000.0)	11,005.6
Medical Services	47,315.8	50,951.9	2,200.0	53,151.9
Medicare Clawback Payments	2,928.7	3,370.6	0.0	3,370.6
Payment Deferral	21,000.0	0.0	0.0	0.0
Rehabilitation Services	4,799.1	7,249.1	0.0	7,249.1
State-Funded Long Term Care Services	27,554.0	27,159.6	(600.0)	26,559.6
TANF Cash Benefits	28,299.1	27,736.4	2,764.7	30,501.1
Tribal Pass-Thru Funding	4,680.3	4,680.3	0.0	4,680.3
Workforce Investment Act Services	29,038.0	51,654.6	2,000.0	53,654.6
Agency Total - Appropriated Funds	630,742.8	692,110.8	32,326.0	724,436.8

Non - Appropriated Funds Expenditures

	FY 2016 Actual	FY 2017 Exp. Plan	FY 2018 Net Change	FY 2018 Exec. Rec.
Arizona Job Training Fund	881.1	120.0	(106.0)	14.0
Child Support Enforcement Administration Fund	28,821.2	42,299.5	0.0	42,299.5
DD Client Investment	142.2	145.1	0.0	145.1
Department Long-Term Care System Fund	732,175.2	794,302.8	52,166.2	846,469.0
Developmentally Disabled Client Trust	19.5	53.2	0.0	53.2
Economic Security Capital Investments	0.0	245.2	0.0	245.2
Economic Security Client Trust	0.0	1,494.7	0.0	1,494.7
Economic Security Donations	53.0	32.8	0.0	32.8
Employee Recognition Fund	0.0	20.0	0.0	20.0
Federal Grant	2,119,925.3	2,130,839.8	0.0	2,130,839.8
IGA and ISA Between State Agencies	7,000.0	0.0	0.0	0.0
Industries for the Blind Fund	18,888.8	19,770.4	(19,770.4)	0.0
Neighbors Helping Neighbors	38.8	35.0	0.0	35.0
Revenue From State or Local Agency	1,552.0	2,131.2	(2,131.2)	0.0
Special Olympics Fund	66.3	59.7	0.0	59.7
Unemployment Insurance Benefits	277,956.1	298,900.0	11,000.0	309,900.0
Unemployment Special Assessment Fund	146.0	58.4	(26.3)	32.1
Agency Total - Non-Appropriated Funds	3,187,665.5	3,290,507.8	41,132.3	3,331,640.1

FOR MORE DETAIL ABOUT EACH FUND SEE THE STATE FUNDS BOOK

Federal Funds Expenditures

	FY 2016 Actual	FY 2017 Exp. Plan	FY 2018 Exp. Plan
Agency Total	2,071,737.6	2,071,604.3	2,078,431.4

These are the Federal Expenditures reported by the agencies and, in most cases, are included in the Appropriated or Non-Appropriated Funds expenditures listed above.

*Link to the **ALL FEDERAL GRANTS FOR THIS AGENCY ARE DISPLAYED IN THE FEDERAL FUNDS REPORT***

The Executive recommends a lump-sum appropriation by program with special lines.

Validation Worksheet

Alert 12/16/2016
Organization SEAGO
Contract No. ADES15-089126
Period SFY17
Amendment No. 9

ALERT/COB VALIDATION

	(a)	(b)	(c) =(a) (b)	(d)	(e) = (c) - (d)	(f)	(g) = (f) - (e)	
LN	Fund Source	Carryover SFY 15	Alert Level	COB Total	Increase/Decrease	Total Alert +Carryover	Contract Budget	Difference
1	State Admin		51,938.00	51,938.00		51,938.00	51,938.00	-
2	OAA Admin (III C-1)		119,474.00	119,474.00		119,474.00	119,474.00	-
3	OAA Admin (III E)		12,399.00	12,399.00		12,399.00	12,399.00	-
4	SSBG Admin		58,674.00	58,674.00		58,674.00	58,674.00	-
5	Title III-B	111,496.00	308,911.00	420,407.00		420,407.00	308,911.00	(111,496.00)
6	Title III-C1	18,452.00	305,424.00	323,876.00		323,876.00	259,106.00	(64,770.00)
7	Title III-C2	22,362.00	225,698.00	248,060.00		248,060.00	272,016.00	23,956.00
8	Title III-D Prev Hlth	4,964.00	17,429.00	22,393.00		22,393.00	17,429.00	(4,964.00)
9	Title III-E Caregiver	30,420.00	131,345.00	161,765.00		161,765.00	133,153.00	(28,612.00)
10	NSIP		98,411.00	98,411.00		98,411.00	98,411.00	-
11	Title VII Elder Abuse	2,189.00	2,920.00	5,109.00		5,109.00	2,920.00	(2,189.00)
12	Title VII FED OMB	1,973.00	14,702.00	16,675.00		16,675.00	14,702.00	(1,973.00)
13	State Ind Living Supports		368,544.00	368,544.00		368,544.00	368,544.00	-
14	State Ombudsman		35,207.00	35,207.00		35,207.00	35,207.00	-
15	State Respite		19,628.00	19,628.00		19,628.00	19,628.00	-
16	SSBG (Services)		528,070.00	528,070.00		528,070.00	528,070.00	-
17	SHIP		21,834.00	21,834.00		21,834.00	21,834.00	-
18	Senior Medicare Patrol		8,433.00	8,433.00		8,433.00	8,433.00	-
19	HB2695 - Lottery		44,064.00	44,064.00		44,064.00	44,064.00	-
20	Supplemental PMT Program (SPP)		4,379.00	4,379.00		4,379.00	4,379.00	-
21	ADRC Care Transition			-		-	-	-
22	Senior Patrol Vols.			-		-	-	-
23	Alzheimer's Dementia (ADSSP)	1,632.73		1,632.73		1,632.73	-	(1,632.73)
24	MIPPA - S.H.I.P.		4,500.00	4,500.00		4,500.00	4,500.00	-
25	MIPPA - AAA		3,000.00	3,000.00		3,000.00	3,000.00	-
26	MIPPA - ADRC		3,100.00	3,100.00		3,100.00	3,100.00	-
	Total	193,488.73	2,388,084.00	2,581,572.73	-	2,581,572.73	2,389,892.00	(191,680.73)

Note: Section above validates that Alert Levels plus adjustments equal the COB Total submitted by Provider

TRANSFER AUTHORITY - TITLE III B/C

Fund Source	Alert Level	\$ Ceiling	Transfer In/(Out)	Transfer %
Transfer Authority - Title III-B to III-C or III-C to III-B (30% Maximum)				
Title III-B (HSK,PRC,VNS,CMG,TSP)	\$ 308,911	\$ 92,673		0.00%
Title III-C				
III-C1 (CNG)	\$ 305,424	\$ 91,627		0.00%
III-C1 Adm	\$ 119,474	\$ 35,842	\$ -	0.00%
III-C2 (HDM)	\$ 225,698	\$ 67,709		0.00%
Total	650,596	\$ 195,179	-	0.00%

TRANSFER AUTHORITY - C1/C2

Fund Source	Alert Level	Transfer Ceiling	Transfer In/(Out)	Transfer %
Transfer Authority - Title C-1 to C-2 (40% Maximum)				
Title III-C1 (CNG)	\$ 424,898	\$ 169,959	\$ (48,969)	-11.52%
Title III-C2 (HDM)	\$ 225,698	\$ 90,279	\$ 48,969	21.70%

Note: Section above validates transfer authority. Red cells indicates a transfer ceiling has been exceeded

TITLE III-B MINIMUM PERCENT

Category	% Required	Requirements	Actual Alloc	Over/Under
TSP, CMG	16%	\$ 49,426	\$ 148,263	\$ 98,837
In-Home Service (HSK,PRC.VNS)	8%	\$ 24,713	\$ 145,795	\$ 121,082
Legal Service	4%	\$ 12,356	\$ 12,466	\$ 110
III-B TOTAL ALLOCATION	\$ 308,911			
		Required Match	Actual Match	
SMP Allocation	\$ 8,433	\$ 2,200	\$ 3,335	

TITLE SSBG MINIMUM

Category	Requirements	Actual Alloc	Over/Under
HSK/HC	\$ 58,253	\$ 166,819	\$ 108,566
CMG/HC	\$ 7,073	\$ 132,514	\$ 125,441
HDM/HC	\$ 120,501	\$ 164,437	\$ 43,936
RSP/FCS	\$ 4,259	\$ 4,259	\$ -
TSP/HC	\$ 2,313	\$ 59,342	\$ 57,029
Total	\$ 192,399	\$ 527,371	\$ 334,972



ADVISORY COUNCIL ON AGING PACKET

MEMO TO: ADVISORY COUNCIL ON AGING
FROM: LAURA VILLA, AREA AGENCY ON AGING PROGRAM MANAGER
DATE: JANUARY 19, 2017
SUBJECT: HEALTH NUTRITION PROGRAM/ A MATTER OF BALANCE

Description

Shi Martin our Health and Nutrition Program Coordinator completed her MOB class eight (8) sessions at thrive (Sierra Vista Mall with 13 participants who graduated. In coordination with Fry Fire a coach training was held in December and five (5) coaches have completed the course. Currently, a participant class of eight (8) sessions is taking place at Prestige Assisted Living.

Shi will be working closely with Santa Cruz County as Rio Rico Fire District is interested in providing these classes for their area and Shi will coordinate effective ways of making this a success. Another class is being planned in Bisbee before the fiscal year is over, if you know of anyone interested in taking the class have them reach out to Shi Martin and she will schedule them in. The first 15 people will be able to take the class any over that will have to be placed on a wait list until the next class comes available.

I encourage that you speak about this program in your areas and help us disseminate the information in order to get your areas covered with partnerships that will help us reach our goals.

Action Requested:

Information Only

Action Requested Below



ADVISORY COUNCIL ON AGING PACKET

MEMO TO: ADVISORY COUNCIL ON AGING
FROM: LAURA VILLA, AREA AGENCY ON AGING PROGRAM MANAGER
DATE: JANUARY 19, 2017
SUBJECT: STATE HEALTH INSURANCE PROGRAM-SMP UPDATES

Description

The SEAGO – AAA SHIP/SMP programs currently have 1 paid coordinator and 2 volunteers. 1 volunteer functions as a SHIP counselor in the Sierra Vista/Bisbee area while the other volunteer functions in a clerical capacity maintaining the client contact files. The program has just finished training our third volunteer who will be covering the Whetstone, Huachuca City, Sonoita, Patagonia area. We will also be working with Chiricahua Community Health Centers to train their Healthcare Marketplace Assistors as SHIP Counselors before the end of January. This will give us more in depth coverage of the Bisbee, Douglas and Elfrida and Willcox communities.

The SHIP/SMP program has made steady progress in the last 3 years, both in outreach effort, efficiency and consistency. In 2013 the program, with 8 volunteers, participated in 27 public and media events and had a total annual contact with 556 clients, logging in 435 hours for those contacts. In 2016, with 2 volunteers, we participated in 98 public and media events and had a total annual contact with 1382 clients, logging in 607 hours for those contacts.

Our goal for 2017 is to reach more people, especially in our most rural communities, and ensure that everyone in our 4 county region knows where to turn when they seek information and guidance with health care issues.

Action Requested:

Information Only

Action Requested Below



ADVISORY COUNCIL ON AGING PACKET

MEMO TO: ADVISORY COUNCIL ON AGING
FROM: LAURA VILLA, AREA AGENCY ON AGING PROGRAM MANAGER
DATE: JANUARY 19, 2017
SUBJECT: AGING MASTERY PROGRAM (AMP)

Description:

The AMP is a comprehensive and fun approach to living that celebrates the gift of long life. The program combines goal-setting, daily practices, and peer support to help participants make meaningful changes in their lives. Central to the AMP philosophy is the belief that modest lifestyle changes can produce big results and that people can be empowered to cultivate health and longevity.

The National Council on Aging (NCOA) began their pilot program Aging Mastery Program (AMP). The pilot program started with Pima Council on Aging in Tucson. This was a huge success for PCOA and all 6 other regions were offered the same opportunity to implement in our respected regions. If all regions agreed to start this program, NCOA would lower their license cost as this would be a goal met on their part in adding the state of Arizona to their list. The AZ4A Association of Arizona Area Agencies on Aging decided to purchase the license for the rest of the regions hence, regions had to commit in providing the class in their communities and obtain funds to run it.

SEAGO-AAA received a sponsorship of \$1500 to implement this class in Sierra Vista. SEAGO-AAA has subcontracted with Jan Vinson a registered nurse to coordinate and deliver the class during spring. Ramona, Shi and I along with Jan received the required training to be under the license for future courses. A class will consist of 7 individuals, materials and snacks will be provided. Once this class has taken place, we will look into other areas in order to obtain funds to introduce them as well. NCOA is working diligently in making this program an evidence based program in order to be able to obtain federal grants towards it.

If any of you know of any funders in your areas that would be willing to sponsor this class please let us know and if you have a direct contact that would be even better. I am happy to reach out to them and provide more information about the program.

Action Requested:

Information Only

Action Requested Below