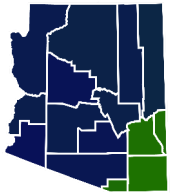


2024-28 AREA PLAN ON AGING



SEAGO AREA AGENCY on AGING Region VI 2024-28
Serving Cochise, Graham, Greenlee and Santa Cruz Counties



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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 Area Agency on Aging and Its Network

1. Is the agency a single-purpose agency to administer programs for older persons?

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 712 in Duncan to 45,308 in Sierra Vista, based on the ESRI and ACS 2022 report. The total census population for the entire region is 222,366. The economic base varies from community to community, but most communities depend on one major employer and have little economic diversity; mining, ranching, border trade, agriculture, military, prisons, and tourism are the major industries.

According to the 2020 Census, from July 1, 2021, the following data will demonstrate a synopsis of Southeastern Arizona. Population-wise, from 2010 to 2020, SEAZ decreased in population by 1.43% or 3211. Data shows that in the four-county region, persons 65 years and over comprise 45,703 and approximately 20.66%. **Region Population Distribution for Cochise is 57%, Graham 17%, Santa Cruz 22%, and Greenlee 4%. Region Demographics consist of 49% Hispanic or Latino, 44% white alone, not Hispanic or Latino, Black or African American alone at 2%, American Indian and Alaska Native alone at 1%, and Asian alone at 1%.** People with a disability under 65 represent 10.73%, persons in poverty 18%, population per square mile is 15.9. As the 2020 census data is not yet finalized, it could be slightly higher or lower based on migration experiences in the different areas in our region since the 2020 census was conducted.

2. Is the agency a separate organizational unit within a multi-purpose agency which functions only for the purposes of service as the AAA? If so, describe the nature and organization placement of the separate unit?

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, and 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 that performs and coordinates various functions. Established in 1972, SEAGO is a 501(c) 3 nonprofit organization whose core function is to help local governments seek cooperative solutions to area-wide problems. SEAGO provides a forum for regional policy discussion and development and coordinates with municipal, county, tribal, state, and federal agencies. SEAGO's programs focus on issues that often cross jurisdictional boundaries, such as water quality, community, economic development initiatives, transportation, aging, and social service issues. Originally a planning entity, SEAGO's operational scope has expanded considerably to include project programming and implementation activities in economic development, social services, transportation, the environment, and public transit.

3.If the agency is a Tribal Area on Aging, how does it coordinate with the programs and services outlined in the Older American Act Title IV?

The SEAGO Area Agency on Aging: The Southeastern Arizona Governments Organization (SEAGO) was designated 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 have worked with various community organizations as partners and service providers to develop and maintain community-based systems of service that meet and fit the needs of the communities within the planning and service area. The AAA continuously strives to create new partnerships with other agencies serving the communities within our region. The AAA does not directly coordinate with any tribes but will refer to ITCA pertain cases and services.

4.How is the agency organized and what is the nature and scope of its work and/or its capabilities?

The SEAGO Organizational Chart is included in Appendix A. All policy decisions related to the AAA are presented to the Advisory Council on Aging and the Administrative Council for input to submit to the Executive Board, the policy-making body of SEAGO. The AAA Program Director reports directly to the Executive Director of SEAGO regularly. *(See staff table below.)*

5.What methods are used by the agency to carry out AAA responsibilities? (examples: clear delineation of the roles and responsibilities of project staff, consultants and partners organizations, how they will contribute to achieving the plan's objectives?)

Every five years, the SEAGO AAA issues a competitive Request for Applications to select the best-qualified service providers and ensure competition in arranging services for elderly individuals and their caregivers. The AAA currently administers 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 the AAA does not administer, which they include in the subaward budgets. In their proposals, prospective service providers describe how they will coordinate services with other programs that serve the elderly or disabled. They plan to coordinate with county long-term care programs, Medicare, and ALTCs. It also asks how the provider will ensure that these fund sources maximize to use of AAA funding only when no other source is available and ensure coordination of services and the integration of multiple funding sources.

The SEAGO AAA is the smallest region of the state but is growing, with approximately thirteen and a half full-time equivalent staff. Without partnerships, minimally could be accomplished. Because SEAGO focuses on in-home services, senior centers are ineffective in reaching seniors significantly since participation in nutrition sites in some communities has declined over the years. The COVID-19 pandemic imposed new challenges for the nutrition sites that have yet to help our senior centers bring participation back. In attempting to resolve some of the issues we have encountered and to help mitigate some challenges, SEAGO-Area Agency on Aging focused on Case Management. By transitioning case management in-house for Santa Cruz and Cochise Counties, there will be more cross-training and the ability to perform more outreach in the designated communities, which will help enhance the visibility of our subcontracted partners. We will continue implementing flexible approaches to deliver services more uniformly in our region. Various agencies offer space for SEAGO staff to meet with clients or have agreed to co-host training events. In Santa Cruz County, we receive an in-kind value to house our case manager. This assistance helps minimize the amount spent on having a case manager oversee the program, which increases the availability of funds to provide services.

During the pandemic, many nationwide encountered huge impediments to delivering services. SEAGO-AAA regularly participated in health and resource fairs. These events were sponsored by hospitals, schools, Cochise College, Eastern Arizona College, and senior and disability expos sponsored by the City of Sierra Vista. These provided opportunities to inform the community of AAA services and distribute elder resource directories and Medicare information. We had to stop those approaches because of the safety of our communities and staff. However, we implemented an innovative method that helped us bring these services to fruition. We adopted Get Set Up, created a Mobile App, adopted Trualta, and created newsletters that would help our seniors stay engaged. Due to the uncertainty with Covid-19, we have not planned our Region VI Conference on Aging. The conference grew in participation in the five years that we hosted it. Our region must bring it back, but it will only happen once we feel comfortable that Covid-19 numbers are contained.

6.What is the network for which the agency operates? (Examples: service delivery system, advisory council, partnerships, funders, etc.)

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

Positions and duties within the SEAGO-AAA are as follows:

Position	Duties
<p>AAA Program Director Full-Time</p>	<p>Plans, organize, and direct 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; prepares financial reports; monitors performance under these awards; serves the purpose of enhancing programs and ensures compliance with all federal and state laws and regulations.</p>
<p>Office Specialist Full-Time</p>	<p>Sets up and maintains computer records on clients using the DAARS Reporting system maintains program administrative files, responds to questions from service providers and clients through information and referral, and delivers administration support.</p>
<p>Case Management Coordinator Full-Time</p>	<p>Delivers Administrative support, performs programmatic monitoring, Oversees the case management program and serves as its lead. Assists with client caseloads as needed. Assist management in operating more efficiently and effectively and helps prepare policy and procedures manuals for the organization.</p>

Position	Duties
Health Insurance Coordinator Full-Time	<p>Provides counseling to seniors on Medicare and other health insurance Programs to access their healthcare options. Recruits, trains, and supervises volunteers and works to expand the volunteer base to ensure expanded geographic coverage for this program. Provide outreach that will include activities that encompass cultural and intergenerational diversity. Collaborate with partners and networks to hold annual health fairs and collect accurate data for needs assessment, program evaluation, and reporting. Collaborates with LTC to help identify areas of improvement in targeting seniors who could be victims of fraud or scams.</p>
Ombudsman Coordinator .75 Time	<p>Coordinates the ombudsman program represents and advocates for residents in nursing homes and assisted living facilities in the SEAGO region. Describes the Area Agency on Aging program with these facilities; recruits, Trains and oversees volunteers for each facility. Maintains a close relationship with DHS to assist with facility survey exits and works very closely with APS to promote and protect the rights of each resident. LTCO performs site visits at least every other month. The LTCO co-hosts the Southeastern Arizona Elder Abuse Taskforce (SEAEAT). The LTCO and SHIP-SMP collaborate to bring local partners to the table at SEAEAT to address fraud and abuse of older adults' needs in Southeastern Arizona.</p>
Accounts Manager AAA supports part of this position 1/10	<p>The staff helps maintain the central accounting system for SEAGO. All accounting records and financial controls; reconciles bank statements to general ledger and maintains agency cashbook; prepares monthly financial reports for the AAA Direct in-house programs; ensures that the financial system complies with applicable regulations. Ensure Accounts Payable monthly for the AAA service providers.</p>
Health and Nutrition Coordinator 1.25 Full-Time	<p>The Health and Nutrition coordinator is a professional certified food manager Through the National Environmental Health Association and monitors the meal programs and nutrition-related provider training. It is responsible for coordinating its activities with other community agencies and voluntary organizations, providing supportive services and programs to older individuals. The coordinator is responsible for recruiting, training, and overseeing volunteers. Staff is accountable for developing a network of evidence-based lay leaders and coaches for AMOB, Tai Chi for Arthritis, and the new program CDSMP for the region. The staff ensures that classes are provided multi-modal periodically throughout the region.</p>

Position	Duties
Family Caregiver Program Coordinator Full-Time	Provides a multi-faceted system of support services for family caregivers, Coordinates its activities with other community agencies and voluntary organizations by providing supportive services to family caregivers. Helps refer clients for respite services and collaborates closely with regional case managers to carry out these services; schedules caregiver outreach activities Trualta online portal access, peer support groups, outreach, and caregiver training opportunities.
Transit Coordinator AAA supports 1/10 of this position	The transit coordinator is SEAGO's mobility manager, performs under a contract with ADOT, and is certified to train in SEAZ and throughout the state. This individual monitor all AAA-funded transportation programs throughout the SEAGO region to have transit programs and their funding integrated.
Central Intake Full Time	The central intake staff helps the Office Specialist with I & R for case management and the Family Caregiver Program to ensure that all referrals are processed on time and efficiently for regional case managers. It Assists the Case Management program in DAARs for access and access and keeps confidentiality.
Case Management Five Full-Time	Area Agency on Aging brought the Case Management Program in-house. For Santa Cruz, we have a full-time staff, and for Cochise County four case managers to cover the geographic areas of Cochise. A case manager to oversee Sierra Vista, one for Douglas, one for Bisbee, and one for Benson, and a possible expansion for Wilcox.

7.How does the agency ensure coordination and integration of multiple fund sources?

We can increase the regional social services hubs by strengthening our existing partnerships and enhancing with others. During Covid-19, we partnered with the local libraries throughout the region and made new connections with family medical care clinics, new residential homes, and more. Slowly we see the AAA participate in community events such as the Healthy Tombstone Fair, the Alzheimer's Association Caregiver's Resource Fair, Mariposa Community Resource Fair, and many more events that invite the Area Agency on Aging to take part. As new funding opportunities arise, we predominantly emphasized a robust partnership with Southeastern Arizona Health Education Center (SEAHEC), which helps deliver Covid-19 education and helps Expand the Healthcare Workforce initiative in the four-county region. SEAHEC employs health educators and coordinators who will bring outreach, education, and training to help support the SEAGO-AAA efforts. Through this grant, the number of organizations increases monthly, and SEAHEC's efforts in keeping the communities engaged and well-informed about vaccines and Covid-19 are growing substantially. While the Area Agency does not have a designated finance manager, we rely heavily on SEAGO's Finance Manager to perform accounting-related tasks. The finance manager ensures that if funding from other sources is received, our budget has a designated area to utilize. An example includes SEAGO's partnership with the Community Coalition for Advanced Care Planning to bring education and awareness of a delicate subject, End of Life. The Legacy Foundation of Southeast Arizona granted funds at the end of 2018 to begin our journey with Thoughtful Life Conversations in Cochise

and Eastern Santa Cruz counties. We subcontracted with Veronica "Ronnie" Squyres, and Ronnie took this project to a new level. The David and Lura Lovell Foundation saw how much progress was made in one year and granted funds for another two years to expand to Graham and Greenlee County. These funds and the partnership ended in June 2022. Thoughtful Life Conversations Workshops help people start conversations, empower decision-making and make advanced healthcare planning (including completing forms) more straightforward. For sustainability, after the grant ended, Ronnie trained our existing case managers and our coordinator. The goal is to continue the conversation during their case-managed visit. Our case managers will carry their Advance Care Planning documents and provide them to their clients if requested after the discussion. By keeping this process, we will ensure that our region is aware and has the resources to plan for its end of life.

8.What approach will be used to monitor and track progress on the Area Plan?

The Region VI Facebook page continues to be a highlight for our region; Staff updates the page regularly; we have over 865 followers since we created the page. The AAA coordinators utilize this page to post articles, information about their program events, resources, pictures, and more. By keeping the Facebook page current with relevant information geared to our caregivers and older adults, we see an influx of community professionals who visit the page for information and for the AAA to share their resources with the population we serve. During the pandemic, we created a Mobile App that serves the purpose of a resource guide at the tip of your mobile device. Since the start of the Mobile App, we have seen stagnation not because the app is not useful but because we have limited ourselves to promoting it in the community. By bringing case management in-house, we will ensure that our clients have the app on their phones, that they know how to utilize it, and that we encourage the organization to share it. With the central intake staff that oversees I & R, this will help to add more resources and ensure that the information is up to date. The visibility of 211 Arizona is an area that the Area Agency on Aging will focus on. As we collaborate with the Graham County Health Department, we will strategize ways to increase its use to assist our regional needs. Thus, eliminating the need for us to concoct an entirely new program.

The AAA meets with its Advisory Council on Aging quarterly; before the pandemic, we held these meetings in Willcox, AZ, a central location for the region. During Covid-19, we held our meetings via Zoom, and most recently, we have gone back to in-person but also with the flexibility of multi-modal platforms. The meeting's purpose is to keep the council updated with changes throughout the state. Staff provides updates on AZ Aging as well as the local AAA. The opportunity allows the council members to address any issues they encounter in their communities. All members have a chance to share positive events happening in their areas. ACOA members present on behalf of the AAA whenever possible. In Graham County, a member was part of a roundtable discussion with potential representatives and shared daily issues our seniors face. The plan is reviewed yearly for any updates that need to be added or removed.

The president of the ACOA is a current member of the Governor's Council on Aging (GACA); he participates in the meetings and shares with the group updates. The AAA is fortunate to collaborate and receive support from the Chambers of Commerce in three of the four-county region. The Eastern Arizona Courier and the Gila Valley Central (KATO) Radio news allow us to share articles, perform interviews, and utilize their platforms to promote projects and resources for our programs. They support our work and will always make space for us. The participation of the AAA Program Director with the AZ Aging Association helps us keep current on the national and state legislative issues and policies affecting our seniors and family caregivers. The Association helps support the state AAA not only as advocates but as mentors to one another. The Association's advocacy efforts help bring more funding to our specific regions. The AAA appreciates the support they give to SEAGO-AAA as we see the need for older adults increasing dramatically, not only due to the baby boomers rising but now with the long-term effects of Covid-19.

9. How is competition used by the agency in arranging for services for elderly individuals and their caregivers?

The AAA has sub-awards with 17 qualified service providers, Southeastern Arizona Community Unique Services (SEACUS). Headquartered in Safford, SEACUS continues to allow AAA a space to utilize for a SHIP-SMP volunteer to schedule appointments for Medicare beneficiaries. SEACUS continues to be a huge supporter of AAA services and includes AAA as a host to prioritize our programs at their Senior Expo and Caregiver Conference year after year. The insurance counselor and Family Caregiver Support programs have also established partnerships with libraries, senior housing complexes, and other community organizations in Nogales, Wilcox, Sierra Vista, Huachuca City, Benson, and Clifton to serve as insurance counseling sites and as a hub for our family caregivers. We are fortunate to have two NMHCBS providers deliver to three of the four counties from our region. In Cochise County and Santa Cruz County, our clients have a choice of provider. This helps the AAA diversify its funds and have a provider option when a provider has difficulty with DCWs, which happens quite frequently in rural areas of SEAZ. We only have one Greenlee County Health Department that serves their community in Greenlee County. While we have had AccentCare in that area, it became a challenge for AccentCare as they needed more clients to bring a DCW to their location that was worthwhile for them, and they had to pull out as it became too costly.

10. How has the agency coordinated activities and long-range emergency preparedness plans along with local emergency response agencies, local governments, state agencies responsible for emergency preparedness, and other entities involved in disaster relief?

AAA staff includes an item to discuss the emergency preparedness plan in their agenda for nutrition site training. In 2021, all the subcontracted nutrition sites completed and followed their emergency preparedness plan. During the program monitoring by our certified Health and Nutrition Coordinator, she revisits the procedure and provides feedback and guidance for consistency. To plan for a pandemic such as Covid-19, SEAGO-AAA, under program development, began the Real Emergency and Disaster Innovative Meals, READI. The READI program allows us to work with our subcontracted Sr. Centers and produce frozen, dried meals to comply with their emergency feeding plan. The READI meals program will help our sites reduce food waste and supply our participants with well-balanced, nutritious, and long-lasting freeze-dried meals. While READI has been a work in progress, there have been some setbacks. We utilized carryover funding to help support the project by purchasing the necessary equipment to give to our nutrition sites participating in these efforts. We provided them with an incentive to hire part-time staff to process items for testing items only approved by the health department. We purchased the Water Activity Meters that help us determine the humidity before and after processing the product. The Vapor Sorption Analyzer would provide us with shelf-life depending on the item processed and where the freeze-drying will be done, for example, Phoenix versus Bisbee room area temperature to consider. With partners such as the health departments, the U of A, Borderland Foodbank of Nogales, Homeless shelters, and more, we could produce a Hazard Analysis and Critical Control Points (HACCP) plan to potentially incorporate this in our region and share it throughout the state. Due to the loss of the staff member handling the project leaving the AAA, we are back to hiring a subcontractor to help us continue these efforts and work closely with the U of A for the HACCP process.

11. How has the agency partnered with faith-based and community organizations in order to assist older individuals and their families and meet home and community-based needs?

The Area Agency on Aging partners with faith-based and community organizations to assist older individuals and their families who meet the qualifications for home and community-based services by co-sponsoring training. The AAA adopted the Community Connections, a panel of AAA staff Zoom meetings focused on reaching out to local organizations, promoting the program's services, and deploying resources by helping the participating organization understand and build on each other's work. Some of which we have presented are the Alzheimer's Association, Lutheran Social Services, St. Vincent de Paul, and the most recent, the Knights of Columbus. KOC has a group of volunteers who help those in need, they were in the process of obtaining their finger clearance cards, and we would form an MOU to send them clients who would benefit from their help in installing grab bars, ramps, etc., but unfortunately, with Covid-19, we had to put this on hold. The MOU with KOC is a great partnership, and we will pursue them once the Covid-19 number is contained again in our efforts to provide our region with more services.

12. Provide additional information as necessary.

Much was accomplished during the past two years, and the integration of Case Management and collaboration between the case managers and the Family Caregiver Support program is promising. We have an increase in identified and registered caregivers enrolled in the program. The efficacy of the Trualta platform has allowed the FCSP Coordinator to engage the caregivers in accessing the resources and tools available to them. The FCSP Coordinator has new volunteers who help carry out these functions consistently. This is due to Trualta and the highly professional structure that the staff implemented. Other Area agencies observe the state-approved program throughout Arizona due to its efficiency. Having the smallest region present on Trualta at the 47th Annual Conference in Austin was an honor. "Creating Communities of Support in Rural Arizona." This is the first time we have presented nationally, and the agency is proud of our staff for putting us on the map. The Health and Nutrition program delivers AMOB and Tai Chi for Arthritis with long-lasting volunteers in Santa Cruz and Cochise County. There is still work in progress for this program while we find the appropriate individual knowledgeable to carry on these functions as our previous Coordinator did.

While transportation has improved in some areas, other communities have a need. We still have a gap in service in Santa Cruz County. The "Senior Sin Ruedas Taskforce" was formed to identify the cultural barriers impeding the majority Hispanic community of Santa Cruz County from accessing services and finding solutions to the county's lack of service. SEAGO and the Area Agency on Aging collaborated to host the task force that brought entities collaborating in finding solutions. From local service providers to the Chamber of Commerce, the fire department, and Senator Gabaldon's office, we identified a provider from Pima County already providing services to community residents from the northern part of Santa Cruz County. With available American Rescue funds, we subcontracted Valley Assistance Services (VAS) to serve a 20-mile radius of Green Valley; the gap between Tumacacori, Tubac, and Rio Rico now has coverage. This area will succeed with the SEAGO Mobility Management team and their guidance. The City of Willcox partnered with ADOT and SEAGO Mobility Resource for SE AZ to implement a dial-a-ride transit system serving the Willcox, Sunsites, Pearce, Bowie, and San Simon communities. Transportation providers are encouraged to transport multiple population groups because it could be more efficient to transport older people in rural areas. Due to efforts at a state level to improve the coordination of transit services, the AAA continues to be actively involved, along with the SEAGO Mobility Management staff and regional transportation service providers, in state and regional planning efforts initiated by the Arizona Department of Transportation (ADOT). The Area Agency on Aging is happy to help support those efforts to meet our most rural community's needs with affordable, reliable, and safe transportation.

Part III: Needs Assessment

1. What procedure(s) were used to conduct the needs assessment (i.e., survey instrument, public forum sessions, etc.)?

Performing a region-wide needs assessment is integral to understanding the most urgent current needs and priorities of the elderly and disabled to update the Area Plan on Aging. However, it's equally important to consider that each Area Plan is based on plans developed in the past, and drastic changes as to what services are funded will only be made based on the needs assessment results. The SEAGO-Area Agency on Aging continues to utilize a hard copy Needs Assessment Survey that addresses issues our aging population may encounter. However, to stay aligned with the State Area Plan, we implemented new questions on the survey that will help us identify any unique needs based on what COVID-19 imposed on our seniors. There were a total of eight new issues that are:

- Ability to benefit from technology (internet, social media, telehealth, etc.)
- Isolation
- The Covid pandemic affecting you or someone close to you
- Dementia, Alzheimer's, or similar conditions affecting you or someone close to you.
- Homelessness (including fear of becoming homeless)
- Language barriers (ability to access resources, services, and information)
- Feeling that you're a valued community member (acceptance, inclusion, representation, tolerance, etc.)
- Planning for necessary health care.

SEAGO contracted with U.S Economic Research (USER) to create the survey instrument and data analysis of the region-wide survey results. USER also created an electronic version of the survey posted on the SEAGO website, the AAA Facebook page, and Constant Contact and distributed it through Survey Monkey. While only some of the responses came through this form, we saw an increasing number of individuals who preferred and utilized this method. Public Service Announcements were published in each local newspaper of each county. The PSA was also on our website and posted on our Facebook page. With the help of the Chambers of Commerce, we were also able to reach the private sector.

2. What was the rationale for using particular procedure(s)?

As shown in the Needs Assessment Survey narrative and the result, "ability to benefit from technology (internet, social media, telehealth, etc. was identified as a serious problem by 19.3% of those surveyed. Keeping the same form of hard copy survey distribution would help us reach at least those who responded to this question. The ability to place survey boxes in different locations is what our region is familiar to see. While the response was not as high as in previous years, we received enough responses to see what our communities are struggling with. Yet, we still understand that many have grasped the use of technology to facilitate responding to surveys and thus provide both physical and digital versions of our survey. Therefore, we feel better able to ascertain the true extent of needs within our communities.

3. What parties were involved in the assessment?

Needs assessment surveys got distributed at senior housing complexes, local libraries, health clinics, food convenience stores, senior living facilities, nutrition sites, and other senior citizen group meeting places. SEAGO staff, case managers, home-delivered meals staff, and ACOA council members helped provide the surveys to homebound individuals and helped fill them out. AAA staff emailed and passed out approximately 3,000 surveys to all existing clients in the region who receive services through our agency. Thus an overall convergence of private and public resources was used to help increase the scope of our responses to encompass our region better.

4. Describe the methods used to ensure that the views of the following populations were considered:

Our underlying target was to identify and survey those individuals who are case-managed. Thus individuals 60 years of age or older with the most significant social and economic need, with particular attention to older individuals who are the 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 above all else. The AAA ensured that the Needs Assessment survey was translated into Spanish for those speaking only. This is the sixth time the USER collected and analyzed virtually the same survey tool with minimal additions, allowing for comparisons over the years.

- Older individuals with the greatest economic and social need, with particular attention to low-income minority individuals and individuals residing in rural areas: See above as the answer applies to this question. With the Case Management program, staff could help complete the survey with their clients over the phone, specifically when they were identified as in greatest economic and social need, and with particular attention to low-income minority individuals and those residing in rural areas. They knew completing a hard copy, and even an electronic survey would be hard. The case managers and staff encouraged them to participate in the survey and provide us with their feedback as questions were read over the phone and entered directly into survey monkey.
- Older individuals who are Native Americans: The San Carlos Apache Tribe is a member of the SEAGO Executive Board and attends the meetings regularly; the Area Agency on Aging does not provide services to the tribe. However, we have a positive working rapport with the Inter-Tribal Council on Aging (ITCA) and will refer to them for guidance if needed, or they will refer to us whenever needed. Based on USER's Needs Assessment Survey response, we see 0.2% of individuals who responded to the survey within SEAZ, specifically for Graham and Greenlee counties.
- Individuals at risk of institutional placement: With the help of our Long Term Care Ombudsman and our case managers, we ensured that the Needs Assessment Surveys were also distributed within the hospital rehabilitation centers; the surveys were not left at long-term care facilities as there have never been responses in the past. The information obtained from the study needs to indicate the responses from institutionalized individuals. However, the survey report shows that getting information on adult care **(nursing homes, assisted living facilities, adult day care centers, etc. was identified as a serious problem by 6.8% and a problem by 31.8% of the survey responses for the entire region.**
- Older individuals with severe disabilities: In our efforts to get the Needs Assessment Survey out to all parties who work directly with our vulnerable population by including a few places as indicated above, we also included DIRECT, our region Center for Independence partner. DIRECT received the electronic survey version and helped us get the word out. DIRECT has no physical presence in our area, but we keep them involved in every way possible and refer people to them as needed.

5.What was the role and makeup of strategic partnerships (i.e., identification of other organizations, funders, and consumer groups)?

To include our partners, funders, and other community organizations. A Key Informant Questionnaire was sent out via email by AAA staff. The questionnaire was an available hard copy and generated an electronic version for quicker and easier access. The Survey was out in the community for a week, and the results came back in time to include in the report to present to the communities during public hearings.

Questions contained in the questionnaire addressed include some of the following:

- How has your older/disabled clientele changed over the past three to five years?
- What changes in the community (county) have affected your older/disabled clientele?
- What unmet needs have you seen emerging in the past few years?
- What recommendations do you have for implementing evidence-based disease prevention/health promotion programs?
- Appendix D that shows the Key Informant Survey graph along with the spreadsheet that shows data collected from our region.

6.What information was collected from the needs assessment process to build the plan?

Action to be taken to Address Identified Needs: The table below summarizes the actions to be taken to address the needs identified in the needs assessment process:

Comment or Issue	Source	Action to be taken
Telemarketing or in-home sales	Needs Assessment Surveys	The first step in addressing this issue is to assist our most vulnerable population in registering their number on the National Do Not Call Registry . While this will not resolve the issue with SEAEAT, we will promote awareness by engaging all those partners to help address the issue in their communities
Affordable Dental Care	Needs Assessment Surveys	Work towards building a stronger partnership with the community centers throughout the region, such as Chiricahua, Mariposa Community Center, Mt. Graham Regional Medical Center, and Canyonlands Healthcare, towards helping raise awareness of available dental services by utilizing the sliding fee scale available through their networks. Increase education on available resources through the available healthcare plans with help from the SHIP-SMP.
Maintenance of the yard	Needs Assessment Surveys	Post Covid-19, AAA will contact the Knights of Columbus to discuss a partnership to help our most vulnerable population access their volunteer service. The AAA will pay for materials via the FCSP program.

Comment or Issue	Source	Action to be taken
Maintenance and repair of the home	Needs Assessment Surveys	Same as above and a continuation of the partnership once established with Servants at Work (SAWs) to assist with installing wheelchair ramps. It will help them recruit a stronger volunteer base. Collaboration with local government who incentivize their employees as volunteers to partner with SAWS and help install ramp kits for those who qualify.
Ability to benefit from technology (internet, social media, telehealth, etc.)	Needs Assessment Surveys;	During the next two years, AAA will help promote and assist our most vulnerable population who qualifies under the Affordable Internet Connectivity (AICP) program by the Federal Communications Commission. We will continue to encourage the use of the AAA mobile app that was created to help our communities stay engaged and have access to their local resources. The AAA will remain connected with the SEAGO Economic Development team and learn about the infrastructure plan to address broadband expansion in our region. Encourage our communities to participate in questionnaires and provide feedback whenever required.
Affordable Assistive devices	Needs Assessment Surveys	With the integration of Case Management in Cochise and Santa Cruz county, we feel that we will be able to accomplish the goal of providing caregivers with adaptive aids if they do not qualify under the Arizona Family Caregiver reimbursement program . We will continue to promote its available resources and assist when possible.

7.What major barriers were anticipated and encountered?

There were no barriers we could not address; by this time, people were comfortable going out to the public without fearing Covid-19. This made it easier to set survey boxes at previously mentioned locations and get these back. However, the only significant barrier presented was that the AAA Director was out on FMLA, and a couple of staff left their posts while transitioning case management in-house and dedicating the time to recruiting, hiring, and training new staff. Without these unforeseen circumstances, the number of Needs Assessment responses could have been higher.

8.What strategy was used to overcome barriers?

We were able to extend the Needs Assessment Surveys for another week and push it electronically; this way, we could obtain a few more to make it enough to count and have a report ready to share with the Advisory Council on Aging for their feedback and guidance.

9.What prior planning activities or approaches were used?

A committee was formed with four staff including the AAA director; this would help facilitate the process of putting together the Area Plan on Aging, as each individual would have a responsibility to complete. Unfortunately, two of those individuals left, leaving only the same two staff responsible for completing the plan. During the drafting of the plan, the documents were discussed, feedback was obtained from all direct staff, and suggestions were implemented.

10.Provide additional information as necessary.

The Area Plan on Aging draft is completed by the AAA Director, with feedback from staff, ACOA members, and the community during the Public Hearings. The AAA only subcontracts with a single entity to prepare the document, other than USER for the Needs Assessment report.

Part IV: Goals, Objectives, and Action Plans

1

Goal One: Older adults in Arizona have access to quality care

Objective 1.1: Strengthen and enhance the dementia capability of the aging network to promote independence

Action Step	Action Step	Person Responsible	Outcome/Output
AREA AGENCY ON AGING staff forms part of the Alzheimer's Association Regional Council Coalition and partners with the Graham County Health Department to enhance the Dementia Friendly communities. We participate in monthly meetings and support the Alzheimer's Association efforts to increase visibility and awareness of dementia. Given this, we hope to disseminate additional resources to Graham county to best be able to cope with dementia stigmatization.	Ongoing, however monitored on yearly basis for improvements	AAA Director and Program Coordinators	Increase the amount of dementia friendly communities in our region.
Three AAA staff are certified by the Boston University CADER program to deliver care transitions effectively in SEAZ. With the integration of case managers from Santa Cruz County and Cochise, the certification will improve their knowledge and effectiveness of delivering services to all older adults, disabled individuals and caregivers who qualify not only for HCBS services but for all AAA available programs. This in order to best be able to refer our clients to pertinent resources that will attenuate any hardships.	All In-house case managers will complete after their 6 month probation period	AAA Case Managers	Formulate better connections with the healthcare system to increase visibility of AAA services.
Trualta enables new caregivers to have resources at the tip of their fingertips and helps promote the programs we deliver. Working in tandem with case managers, we will aim to disseminate awareness pertaining to the existence of this resource to all relevant actors within our network, namely by strengthening the bond between caregivers and case managers. This will be done through the usage of our existing community forums and outreach apparatuses.	Ongoing, however monitored on yearly basis for improvements	AAA Director and Program Coordinators	Caregivers participation within trualta will become more prevalent and this will correlate to a more profound understanding of their work.

1

Goal One: Older adults in Arizona have access to quality care

Objective 1.2: Increase access to care coordination, healthcare, and other social services for all seniors

Action Step	Action Step	Person Responsible	Outcome/Output
We brought the Santa Cruz and Cochise County Case Mangement program in house. This helped us decrease the waitlist, by educating our communities of the Older American's Act requirements and eligibility matrix. The Ability to educate and oversee case managers in ALL AAA program services will enhance their performance and increase the amount of individuals we can assist with all programs and not just for HCBS services. We are still working on integration of these new case managers to optimize our efficiency in aforementioned efforts.	Ongoing, however monitored on yearly basis for improvements .	AAA Director, Program Coordinators and In-house Case Managers	By integrating these programs within our purview the participation in all in house programs such as family caregivers support program, SHIP-SMP, HPDP access will become more ubiquitous.
The Community Connections were established to meet one on one with community organizations and make them aware of the programs, services and resources the AAA can deliver. It helps bridge gaps between senior relevant organizations to form new partnerships that will help strengthen the network. In essence community connections outreach aims to make communication within our region more fluid and intertwined to increase the number of referrals our partners transfer to us.	Ongoing, however monitored on yearly basis for improvements .	AAA Director, Program Coordinators and In-house Case Managers	Increase the number of referrals from healthcare networks, faith-based organizations, local organizations, and local government. This step promotes increased awareness of the Older Americans Act, which implicates additional possibilities for funding increases.
The SHIP-SMP program is increasing its volunteer base to help increase visibility and effectiveness throughout the region. Existing partnerships are kept and new partnerships are formed with the Salvation Army, local libraries, community housing etc to help deliver assistance to low income and non-english speaking individuals with bilingual staff on board.	Ongoing, however monitored on yearly basis for improvements .	AAA Director, Program Coordinators and In-house Case Managers	Strengthen commitments to facilitate counseling education within underprivileged and marginalized communities.

1

Goal One: Older adults in Arizona have access to quality care

Objective 1.3: Provide information and promote understanding of options, benefits, and available services through a variety of formats.

Action Step	Action Step	Person Responsible	Outcome/Output
SEAGO-AAA SHIP-SMP will enhance education and target pre-Medicare beneficiaries to inform them of Medicare timeframes and requirements that will help reduce penalties incurred by not applying within the appropriate timeframes.	Ongoing, however monitored on yearly basis for improvements	AAA SHIP-SMP, FCSP, LTCO, CMG	An overall decrease in penalization frequency for eligible recipients within our communities, Thus granting greater financial liberty to our senior populations.
SEAGO-AAA Program Coordinators mutually collaborate on delivering information, education, and resources throughout the region. The ability to do this in coordination helps each program meet its goals and objectives. The FCSP works with the Case Management program to help bring caregivers on board with Trualta. The SHIP-SMP and LTCO work together to deliver the Elder Abuse Taskforce (SEAEAT), which brings partners to the table and addresses issues that arise in our region.	Ongoing, however monitored on yearly basis for improvements	AAA SHIP-SMP, FCSP, LTCO, CMG	Cross Integration of distinct programs to diminish existing communication barriers. This will form heavily intertwined service networks that allow actors to intervene for better outcomes when necessary across programs within the agency.
The FCSP will continue to collaborate in the AZ Caregiver Coalition and the State Caregiver strategic planning coalition to provide feedback regarding our region. By integrating central intake, the AAA is able to identify client available resources to refer to appropriate AAA programs and enhance delivery of services.	Ongoing, however monitored on yearly basis for improvements	AAA SHIP-SMP, FCSP, LTCO, CMG	It will create a better referral system for all programs within the agency. It will help educate our communities on the eligibility matrix for services.

1

Goal One: Older adults in Arizona have access to quality care

Objective 1.3: Provide information and promote understanding of options, benefits, and available services through a variety of formats.

Action Step	Action Step	Person Responsible	Outcome/Output
<p>SEAGO-AAA region's 2nd most crucial problem is the lack of access to adequate dental care options. We find that 25.9% of survey respondents deem this a serious issue. While most community centers throughout SEAZ offer dental care using the sliding fee scale. To help address this serious need, SEAGO-AAA will connect with all community centers and understand their process for proper referrals through our central intake or by our case managers. The SHIP-SMP Coordinator knows what resources each medical plan offers, and staff will work on literature that talks about these resources to Medicare beneficiaries.</p>	<p>Ongoing, however monitored on yearly basis for improvements</p>	<p>AAA SHIP-SMP, FCSP, LTCO, CMG</p>	<p>While much of the work continues addressing this need since our last Area Plan, Dental Care is still in the top five conditions inflicting our community today. With the integration of Central Intake Case Management in two counties, we feel confident that we can help address this serious need by collaborating with the medical community centers throughout the region. SHIP's collaboration, while reviewing Medical Plans with beneficiaries, will enable beneficiaries to be informed of their plan benefits and utilize them.</p>

2

Goal Two: Increase Awareness and understanding of aging issues to help prepare Arizona for an aging population

Objective 2.1: Strengthen and enhance information sharing on aging issues to promote support

Action Step	Action Step	Person Responsible	Outcome/Output
<p>The Central Intake unit screens and identifies gaps in service by referring clients to the appropriate programs and resources. Before central intake was established, this process was more convoluted and less adhered to by relevant actors.</p>	<p>Ongoing, however monitored on yearly basis for improvements</p>	<p>AAA Central Intake staff, coordinators, CM's, director</p>	<p>This results in increased use of the mobile app, FB page and our website. Also induces increased participation in volunteer opportunities to further expand our reach.</p>
<p>The AAA program Coordinators are more engaged in their communities and bring more volunteers who are qualified and dedicated to deliver our programs in their communities.</p>	<p>Ongoing, however monitored on yearly basis for improvements</p>	<p>AAA Central Intake staff, coordinators, CM's, director</p>	<p>Further promotion of volunteer participation to advocate and disseminate aging issues to their communities.</p>
<p>Will expand public and consumer education to promote visibility of Health and Nutrition, FCSP, LTC, SHIP-SMP and HCBS services. This will be done through a myriad of intermodal mediums that facilitate participation and access to vital information.</p>	<p>Ongoing, however monitored on yearly basis for improvements</p>	<p>AAA Central Intake staff, coordinators, CM's, director</p>	<p>Increased visibility of available program knowledge.</p>
<p>Will continue to collaborate with the Arizona Falls Prevention Coalition and distribute information within health networks to refer effected clients to a matter of balance, tai chi, and other programs.</p>	<p>Ongoing, however monitored on yearly basis for improvements</p>	<p>AAA Central Intake staff, coordinators, CM's, director</p>	<p>Further educate our communities and promote the use of fall screenings that will help us determine best practices in reducing falls in SEAZ. As well as help clients not only recuperate from incidents but help implant the seed to prevent further falls.</p>

2

Goal Two: Increase Awareness and understanding of aging issues to help prepare Arizona for an aging population

Objective 2.1: Strengthen and enhance information sharing on aging issues to promote support

Action Step	Action Step	Person Responsible	Outcome/Output
Increase partnerships that include younger adults such as high school students and faith-based organization members through our organizations such as SEAHEC.	Ongoing, however monitored on yearly basis for improvements	AAA Central Intake staff, coordinators, CM's, director	Promote education within younger adults to be cognizant of existing services to assist their fellow elderly family members.

2

Goal Two: Increase Awareness and understanding of aging issues to help prepare Arizona for an aging population

Objective 2.2: Promote the usage of positive person-centered pronouns of older adults and other ageism terminology

Action Step	Action Step	Person Responsible	Outcome/Output
Will participate in webinars, training, and available resources in AZ to be better informed of positive person-centered vernacular that accomodates and respects older individuals preferences on self identification.	Ongoing, however monitored on yearly basis for improvements	AAA Staff, coordinators, CM's, director	Increase our usage of positive pronouns within our organizations that will promote a positive environment of inclusivity.
Will work closely with the Alzheimer's Association and the USAging to study best practices to be effective on delivering in a very multi-cultural region that compels usage of a preponderance of means in effecting change.	Ongoing, however monitored on yearly basis for improvements	AAA Staff, coordinators, CM's, director	Education of existing sub contractors on different ways to engage within their communities to encourage senior participation.

2

Goal Two: Increase Awareness and understanding of aging issues to help prepare Arizona for an aging population

Objective 2.3: Address Senior Homelessness

Action Step	Action Step	Person Responsible	Outcome/Output
<p>AAA will work closely with SEAGO Community Development team and join efforts when feasible to help support advocacy for the housing program to address homelessness in SEAZ.</p>	<p>Ongoing, however monitored on yearly basis for improvements</p>	<p>AAA Director, CMG Coordinator</p>	<p>Create new bonds that will help our agency promote ongoing efforts by sister agencies who are working to ameliorate housing discrepancies as they may relate to our seniors.</p>
<p>AAA will participate in coalitions that address homelessness. Previously, in Santa Cruz County the SEAGO-AAA was involved in a coalition that helped reduce senior homelessness and provided services when placed in housing. We wish to continue this endeavor and work on alternative options to address this issue.</p>	<p>Ongoing, however monitored on yearly basis for improvements</p>	<p>AAA Director, CMG Coordinator</p>	<p>Fewer homeless seniors and increased knowledge of services that may help ease financial hardships that may push seniors into adverse housing situations.</p>

3

Goal Three: Older adults in Arizona can maintain individual wellbeing and safety to remain active, healthy and independent

Objective 3.1: Promote healthy lifestyles to reduce long-term illness and mortality from preventable and chronic diseases.

Action Step	Action Step	Person Responsible	Outcome/Output
Partner with local health departments to promote the AAA CDSMP and Falls Prevention program. To increase participation by 10% each year for each county.	Ongoing, however monitored on yearly basis for improvements	AAA Coordinators, AAA Director	As health departments are required to deliver health promotion services, collaborating with them will help generate more units of services for more individuals.
Work closely with all nutrition sites to prepare in addressing mal-nutrition. Our program coordinators will orient them towards the proper avenues for accessing resources pertinent to promoting healthier lifestyles . Being part of NANASP we will help our nutrition centers cope with the changes post COVID.	Ongoing, however monitored on yearly basis for improvements	AAA Coordinators, AAA Director	The AAA staff will increase their participation in webinars and help deliver the information to our nutrition sites for implementation, thus helping increase the number of clients who socially engage.
AAA will find ways to develop closer ties with AHCCC's broad network in order to apprise them of the multifarious programs the AAA delivers. Thus making individuals more amenable to receive programs which can be of use, but have previously been obscure due to a lack of an existing partnership for referrals.	Ongoing, however monitored on yearly basis for improvements	AAA Coordinators, CMG, AAA Director	Disseminate knowledge of vital programs to a previously untargeted group of eligible participant and increase program participation by 10% across the board.
Will enhance and maintain HCBS which enable older adults to remain at home, decreasing long-term care institutionalization costs.	Ongoing, however monitored on yearly basis for improvements	AAA Staff, Coordinators, CM's, AAA Director	Induce individuals to seek means to remain in their houses/ communities and thus implicitly improve quality of life.

3

Goal Three: Older adults in Arizona can maintain individual wellbeing and safety to remain active, healthy and independent

Objective 3.1: Promote healthy lifestyles to reduce long-term illness and mortality from preventable and chronic diseases.

Action Step	Action Step	Person Responsible	Outcome/Output
Will increase participation in coordination meetings and planning efforts. Thus increasing administrative presence in relevant dialogue pertaining to long term care centers and hospital settings.	Ongoing, however monitored on yearly basis for improvements	AAA Director, AAA Coordinators	Increase in referrals from long-term care centers and hospitals to help individuals recuperate from rectifiable incidents using existing services.

3

Goal Three: Older adults in Arizona can maintain individual wellbeing and safety to remain active, healthy and independent

Objective 3.2: Support aging services and programs that promote independence and self-determinations of choices

Action Step	Action Step	Person Responsible	Outcome/Output
Will continue to prioritize individuals with higher needs for Attendant Care and home delivered meals, based on the scoring method obtained from CMG.	Ongoing, however monitored on yearly basis for improvements	AAA CMG Coordinator and CM's	Higher Need Individuals will receive expedited assistance for the aforementioned services to prolong their need for services that are detrimental to their independence and well being.
Encourage identified individuals through central intake to participate in congregate settings in order to increase socialization and promote healthier lifestyles conducive to longevity that isolated services can not impart.	Ongoing, however monitored on yearly basis for improvements	AAA CMG Coordinator, Central intake and CM's	Senior center participation will see an increase, and general advertising of senior center proximity will be more prevalent.

3

Goal Three: Older adults in Arizona can maintain individual wellbeing and safety to remain active, healthy and independent

Objective 3.2: Support aging services and programs that promote independence and self-determinations of choices

Action Step	Action Step	Person Responsible	Outcome/Output
Develop ways to enhance our reach within regional transportation services to share AAA resources with riders and encourage them to participate in the available programs.	Ongoing, however monitored on yearly basis for improvements	AAA staff, SEAGO TSP staff	Both physical and interactive methods of display of services within transportation services for individual awareness.
Before Covid-19, SEAGO-AAA formed a partnership with the Knights of Columbus to address assistance with the yard maintenance and installation of grab bars and handrails. Unfortunately, since no one was going into people's homes, we needed to place this on hold. This issue is serious problem #3, so we feel confident this partnership will help us move forward. With the central intake and case management in-house, where referrals will be initiated, we will help those less fortunate by referring them to KOC and SAW's Servants at Work for Ramp installation.	Ongoing, however monitored on yearly basis for improvements	AAA Case managers, Central intake, FCSP, and AAA Director	With central intake implemented for the SEAZ region, we see the potential to help address this problem by making appropriate referrals to KOC and SAW's. The AAA will help the client connect with them and promote the agency's involvement with the AAA. The number of individuals assisted will be tracked and recorded through I&R.
The number of caregivers receiving Trualta licenses will increase by reaching out to medical facilities, thus providing caregivers with germane tools to diminish the effects of caregiving trauma.	Ongoing, however monitored on yearly basis for improvements	AAA FCSP, HPDP, CMG	Be able to track caregivers who may be at the onset of experiencing trauma and provide them with adequate assistance and community to prepare them for the perilous journey.

3

Goal Three: Older adults in Arizona can maintain individual wellbeing and safety to remain active, healthy and independent

Objective 3.3: Strengthen efforts to enhance a multi-disciplinary approach to prevent, detect, assess, intervene and investigate elder abuse, neglect and financial exploitation

Action Step	Action Step	Person Responsible	Outcome/Output
<p>The collaboration between SHIP-SMP and LTCO enables AAA to bring essential partners and share ideas, issues, and solutions to address elder abuse in our region. While the AAA is part of TASA, the issues in our region are very different than in other parts of the state.</p>	<p>Ongoing, however monitored on yearly basis for improvements</p>	<p>AAA SHIP-SMP, FCSP, LTCO, CMG</p>	<p>The Southeastern Arizona Elder Abuse Taskforce will help increase involvement in elder abuse prevention. Multi-disciplinary teams offer training and education of community partners to respond to elder abuse, neglect, and exploitation.</p>
<p>Covid-19 confronted us all with technology, and we can see how insufficient training, access to the internet, or understanding can affect our seniors. The ability to benefit from technology, the internet, social media, and telehealth was the #5 serious problem throughout Region VI by 19.3%. To help address this problem, AAA will learn about the available resources and collaborate with our broadband specialist with SEAGO to advocate for our seniors. With AAA's strong partnerships with the local libraries, we will help promote their educational classes and, most importantly, encourage our most vulnerable population to attend when possible.</p>	<p>Ongoing, however monitored on yearly basis for improvements</p>	<p>AAA staff, Case Managers, Central Intake</p>	<p>SEAGO-AAA started a mobile app that includes the local resource directories. Case Managers and Staff promote our easy-to-use tool. With the ARPA funding that became available for broadband, AAA will help promote this credit to those who may qualify. We plan to see more use of individuals visiting our FB page and website. Most importantly, we know we can connect them with available resources to help them feel more confident in the technology.</p>

3

Goal Three: Older adults in Arizona can maintain individual wellbeing and safety to remain active, healthy and independent

Objective 3.3: Strengthen efforts to enhance a multi-disciplinary approach to prevent, detect, assess, intervene and investigate elder abuse, neglect and financial exploitation

Action Step	Action Step	Person Responsible	Outcome/Output
AAA will search for possible legal assistance opportunities for the SEAZ region.	Ongoing, however, monitored on a yearly basis for improvements	AAA staff, Case Managers, Central Intake	Establish at least one robust partnership apart from referrals to legal aid to better assist individuals undergoing any form of elder abuse or exploitation.

3

Goal Three: Older adults in Arizona can maintain individual wellbeing and safety to remain active, healthy and independent

Objective 3.4: Foster inclusion and diversity of underserved and underrepresented populations in accessing NMHCBS within the Aging Network in Arizona

Action Step	Action Step	Person Responsible	Outcome/Output
AAA staff has participated in the PCOA diversity and inclusion training and plans to participate in the Culturally and linguistically appropriate services (CLAS) provided by SEAHEC to show respect and be responsive to the health beliefs, practices, and needs of diverse patients.	Will be completed by 2023 and monitored on a yearly basis for progress.	All AAA staff	Ensure current and future staff members have the tools to assist our community member's idiosyncratic cultural needs to encourage participation in our programs.

3

Goal Three: Older adults in Arizona can maintain individual wellbeing and safety to remain active, healthy and independent

Objective 3.5: Respond to the ongoing effects of Covid-19 Pandemic

Action Step	Action Step	Person Responsible	Outcome/Output
Collaborate with SEAHEC and their SOW to deliver COVID education In SEAZ. AAA plans to be more involved in assisting existing NMHCBS clients through the CMG program.	Ongoing, however, monitored on a yearly basis for improvements	All AAA staff	Increased information about disease prevention and mitigation efforts throughout the region.
AAA will work on implementing a robust Emergency Preparedness Plan that will include all subcontracted service providers.	Completed by 2024 with continuous opportunities for revision in the future, as new information surfaces.	AAA Director	Formulation of a comprehensive Emergency Preparedness Plan that extracts valuable information regarding deficiencies and strengths this previous pandemic elucidated.

4

Goal Four: Providers for older adults in Arizona can provide an integrated and well-trained informal, paraprofessional and professional workforce.

Objective 4.1: Strengthen, expand, and evaluate the Family Caregiver Support Program

Action Step	Action Step	Person Responsible	Outcome/Output
In Collaboration with two existing partners who help deliver transportation services through volunteers, AAA will look for ways to enhance the service to include emergent needs that are non-existent to clients and their unpaid caregivers.	Ongoing, however, monitored on a yearly basis for improvements	AAA Director	Make funding available that will help clients and caregivers address their emergency needs.
Using the Trualta platform, central intake, and case management transition in two of the most served counties, we can track the utilization of caregivers' services, units, and education provided.	Ongoing, however, monitored on a yearly basis for improvements	AAA CMG, FCSP	Allows identification of gaps in service which can then be propelled to advocate for increased funding in deficient areas.

4

Goal Four: Providers for older adults in Arizona can provide an integrated and well-trained informal, paraprofessional and professional workforce.

Objective 4.2: Develop a direct care workforce sufficient to meet the growing care needs in Arizona

Action Step	Action Step	Person Responsible	Outcome/Output
In Collaboration with our existing services providers AAA is strategizing ways to expand the direct-care workforce by increasing wages. In advocating as a member of the AZAging network, we will push to address this significant issue at the state and federal levels.	Ongoing, however, monitored on a yearly basis for improvements	AAAA Director, AAA Staff	Make funding available that will help clients and caregivers address their emergency needs.

5

Goal Five: Arizona has the necessary infrastructure to deliver needed supportive services

Objective 5.1: Develop programs and approaches to close the current gaps in aging services infrastructure and delivery system, especially to underserved areas.

Action Step	Action Step	Person Responsible	Outcome/Output
As 50% of our in-house programs are added to DAAR's reporting system, we can gather more necessary data to develop a framework for posterior targetting of needs. Furthermore, the AAA utilizes the AAA Analysis tool to track the use of provider services and allows the Agency to better follow and project for changes to our budget.	Ongoing, however, monitored on a yearly basis for improvements	AAA Director, AAA Staff	With increased reliance on data, we will be able to better assess shortcomings and target funding for vital programs which are not receiving funding commensurate to the need.
Our Volunteer manual was established to share the AAA requirements for volunteer opportunities. The manual helps identify the strengths and weaknesses of those who apply and what area of our agency they would be better in..	Ongoing, however, monitored on a yearly basis for improvements	AAA FCSP, HPDP, LTCO, SHIP-SMP	With training and certification, volunteers feel more valuable to their work, and their involvement in each program increases with time. Thus providing better service.

5

Goal Five: Arizona has the necessary infrastructure to deliver needed supportive services

Objective 5.2: Develop methodology for setting service rates that provide adequate network coverage

Action Step	Action Step	Person Responsible	Outcome/Output
SEAGO-AAA region is too small to be able to set service rates. However, as a member of the AZAging network and in conjunction with all other regions in the state, we join forces and advocate for one another. We meet bi-monthly with AHCCC's and stay informed of the changes that affect their population, as these impact the AAA's tremendously.	Ongoing, however, monitored on a yearly basis for improvements	AAA Director	Develop a system for awareness of inter-region fluctuations in population, which may alter service rate attractiveness relative to other regions, preparing us for shortcomings in addressing regional needs.

5

Goal Five: Arizona has the necessary infrastructure to deliver needed supportive services

Objective 5.2: Develop methodology for setting service rates that provide adequate network coverage

Action Step	Action Step	Person Responsible	Outcome/Output
<p>For our five service providers to sustain our current and possible increase in caseloads, we must stay as close as possible to others throughout the state as we generally use the same service providers.</p>	<p>Ongoing, however, monitored on a yearly basis for improvements</p>	<p>AAA Director, CMG Coordinator</p>	<p>By promoting a climate of interconnectedness, we will be better able to cope with increased caseloads while precluding the deterioration of our existing services. Ultimately, collaboration is the only feasible avenue toward improvement and expansion.</p>

Part V: Preference to Older Persons with Greatest Economic or Social Need

1. How will the agency ensure that the needs of “preference” are being met?

AAA adopted the central intake to help individuals gain access to services by providing accurate and current information and referral to appropriate resources. Central Intake links providers, clients, and caregivers with existing subcontracted or in-house programs to receive proper assistance. The Central Intake staff and Case Manager Coordinator work collaboratively to enhance the delivery of services to all individuals 60+, disabled individuals, and unpaid caregivers seeking guidance, with the proper screening of individuals with the greatest economic or social needs identified. The Area Agency on Aging can serve as the hub for services. Thus, avoiding duplicating multiple referrals for different services we provide. Through this assessment, services are targeted to those who lack a support system, have low income, and are vulnerable, including adult protective service referrals. Many of the individuals who are case-managed are at risk of institutionalization. A waitlist is kept and monitored monthly to help keep waitlisted clients to a minimum and allocate funds where they are needed. Family caregivers are also identified and referred to the appropriate caregiver coordinator for guidance and assistance. Consequently, the AAA can identify, assist, guide, and track DAAR’s outcomes for that call or referral in a central location. The integration of central intake allows case managers to focus only on the screened referrals by the central intake staff, resulting in quality time that the case manager can spend with the client once approved for services.

2. How will the agency incorporate published demographic information into outreach and service delivery?

Hispanics and Non-Hispanic whites constitute the most prominent race group in our region. SEAGO uses the demographic analysis report generated through the DAARS database to track home and community-based services, congregate meals, and transportation needs. During SFY 2022-2023, the data on household composition in the four-county region indicates that 38% of all clients live alone, and 22% live with their spouses. Appendix C provides a detailed demographic analysis of SEAGO AAA clients for SFY 2022-2023. To meet our target population's service needs, AAA and its providers employ bilingual and bicultural individuals in Spanish and English to meet our target population's service needs providers to employ bilingual and bicultural individuals in Spanish and English. They also use flyers and publications in both Spanish and English to reach elders and their families throughout the region. Moreover, provider staff is trained to recognize cultural or religious customs that must be considered when providing service. To identify eligibility for assistance, individual client assessments were completed by case managers to identify individuals that qualify to receive non-medical home and community-based services (NMHCBS). Through this assessment, services are targeted to those who lack a support system, are low income, or are deemed most vulnerable; this includes adult protective service referrals. Thus, by discerning individuals eligible for services conducive to a positive lifestyle or maintenance of an existing optimal individual lifestyle, we can defer the need for cost-burden payer sources such as ALTCs. Where resource constraints are present, a waitlist is kept and monitored monthly to help keep waitlisted clients to a minimum and allocate funds where they are most needed.

3. How will the agency use outreach efforts to identify individuals eligible for assistance under the Older Americans Act, with particular attention to low-income minority individuals, individuals residing in rural areas, individuals who are Native Americans, individuals at risk of institutional placement and individuals with a severe disability within your planning and service area?

Presentations at community meetings, faith-based organizations, and board meetings that SEAGO AAA Program Director or staff participate in monthly help get the word out about our services. The Chamber of Commerce in Cochise, Graham, and Santa Cruz help us disseminate information through their platforms. Health and Resource fairs have also been a way to reach those who would not learn about our services otherwise. Often younger family members at these fairs return the information to their elders. Networking with fair participants has also been beneficial, such as home-care agencies, hospitals, fire departments, long-term care facilities, senior housing complexes, disability organizations, and elder law attorneys. The Community Connections through the FCSP presents to local organizations on all AAA programs. This form of performing outreach has enhanced and helped reach the younger population. As a result, it brings new referrals for services. While the SEAGO-AAA region does not provide services to the only tribe, San Carlos Apache Tribe, we collaborate and refer, if needed to the Inter-Tribal Council of Arizona. However, when it comes to planning, SEAGO has an ongoing collaboration as they are participants and members of the SEAGO Executive Board. Finally, by making our presence in the community a prevalent force, eligible individuals and those close to potentially qualified individuals will be more cognizant of the existing services in their community. Apart from our targeted screenings, community presence is equally integral in that the former could not only be as robust as the latter.

4. How will the agency ensure that your service provider(s) will satisfy the service needs of low-income minority individuals, individuals residing in rural areas, individuals who are Native Americans, individuals at risk of institutional placement and individuals with a severe disability in the area being served by the service provider?

SEAGO's 17 contracted service providers, plus its many community partners, enable minimal participation in the Area Agency on Aging to function and implement this Area Plan. However, by performing monthly case conferences with each provider, the case manager discusses the client's goals and mutually designated care plans. The providers will report any anomaly they see in providing care, and the case manager will follow up to refer to the care plan. The AAA also performs yearly monitoring to ensure that the service delivery plan and the client's needs are met based on the plan.

5. How will the agency ensure that your service provider(s), to the maximum extent feasible, will provide services to low-income minority individuals, individuals residing in rural areas, individuals who are Native Americans, individuals at risk of institutional placement, and individuals with a severe disability in the area being served by the service provider?

With the implementation of central intake during SFY23, the staff ensures that low-income minority individuals residing in rural areas, individuals at risk of institutionalization, and individuals with disabilities receive priority. NMHCBS providers receive an indication from the case manager who performed the assessment and ensured that the services could be provided. With the DCW wage increase implementation, SEAGO-AAA foresees an increase of DCWs to service those hard-to-reach areas. This wage increase is inextricable to our region's long-term sustainability and ability to provide services as we strengthen our relationships with the workforce and extend our reach.

Through collaboration with DIRECT Center for Independence, we can refer individuals who can benefit from their available services and promote their services on our social media platforms. While DIRECT has no physical presence in our region, AAA offers space in our office.

6. How will the agency ensure that your service provider(s) will meet the specific objectives established by the Area Agency for providing services to low-income minority individuals, individuals residing in rural areas, individuals who are Native Americans, individuals at risk of institutional placement and individuals with a severe disability in the area being served by the service provider?

By integrating case management into our in-house programs rather than subcontracting it out, AAA now has a case manager coordinator who oversees the program, helps with training, and, most importantly, track service units and utilization of funds. The providers are guided, and the AAA helps expand their resources as much as possible. Providers are in communication not only with our case managers but with our billing side to help identify gaps in service for no-shows, missed visits, or hospitalizations. Then the case manager can discuss the client's responsibilities and promote client utilization based on need. An evaluation of objectives is less ambiguous and will be at the forefront for our case managers, service providers, and clients. Each provider is responsible for abiding by the AAA Analysis tool and revises its monthly; this tool allows them to see what they are spending and how they spend and make adjustments if needed at least twice yearly.

7. How will community-based organizations be involved, in a meaningful way, in the planning and implementation of the Area Plan on Aging.

As the Area Agency on Aging delivers "Community Connection" presentations to expand outreach throughout the four-county region, greater demand and referrals increase. In our Advisory Council, we have members who are, in one way or another, part of their community-based organizations and help deliver the results of the Area Plan to organizations that work with the aging population. By forming closer ties, we can implicitly perceive areas of deficient service that only our community-based organizations may be aware of and thus better adhere to our area plan. Furthermore, local health departments generate their Area Plans; by collaborating with them in formulating and implementing our area plan, we hope to find areas of interchange and mutual interest to help inform future planning.

8. Provide additional information, as necessary.

Part VI: Key Changes to Service Delivery

1. What are the key changes in the agency's service delivery system and why are those changes being made? (Direct delivery of Case Management should be included in this response.)

To improve operational control and service delivery, SEAGO-AAA is bringing case management in-house. Throughout the years, SEAGO-AAA has received less in-kind and Non-Fed Cash from our subcontractors to help deliver the HCBS services in their communities. Furthermore, as the AAA in-house program coordinators became more visible in the four-county region, we saw a pronounced decline in the outreach performed by case managers in their respective areas. The reason was a lack of funding for vital subcontractors to deliver other tasks. Unable to provide the necessary financing, subcontractors could only focus on service units, thus disparaging outreach efforts/community education, which understandably became a second priority. As the case manager coordinator became more involved, we discerned ways to enhance those services by utilizing other sources of funding that would help the AAA expand our efforts. Thus, not only would we be able to provide service units for our clients, but we would devise ways to continuously promote additional services and extend educational endeavors without compromising the quality of said services.

Santa Cruz County was the first position we brought on board in 2021. With the generosity and support of Santa Cruz County, we received an in-kind contribution to house a case manager in the Public Fiduciary's office, an in-kind value of \$5000 per month, which has helped us tremendously with the program. The Cochise County case management program was set to transition on November 1, 2022. Unfortunately, the outcome was not as we expected it to be. While we could continue to utilize county buildings for housing our case managers, for Cochise, we had to abide by a lease agreement and pay \$560 per month per location. Currently, we pay for two sites, one in Sierra Vista and another in Douglas. As the community learned about our challenges and how this would impact our seniors, Benson Hospital-TMC Health offered to help house the case manager on their premises. The hospital has been a huge supporter of AAA services, and the partnership will help the community receive more resources by allowing us to work together. A case manager who oversees Benson/Willcox will be housed at the Benson Hospital-TMC Health beginning in late February and beginning of March, with little or no cost. We are confident that the Area Agency on Aging has a good plan to follow with Cochise and Santa Cruz. We do not intend to bring Graham/Greenlee County on board within the next four years; we will contemplate changes in this regard once we can see if our projected stability materializes with the changes alluded to earlier.

Thus deciding whether it would be prudent for the Area Agency on Aging to expand our vision. With an intentional focus on **developing volunteerism** to **support family caregivers**, the FCSP program has increased the availability of diverse counseling, training, peer support, and educational opportunities for family caregivers by establishing peer support groups facilitated by vetted volunteers. Rather than subcontracting FCSP out, with the integration of FCSP under the AAA, the dedication of staff has allowed the program to increase educational opportunities and participation from our caregivers.

2.What is the agency’s involvement in the continued efforts to expand and coordinate the Aging and Disability Resource Consortium?

In our efforts to develop and coordinate the Aging and Disability Resource Consortium, the AAA completed certification from the Boston University Center for Aging and Disability Education and Research to obtain ADRC-Options Counseling, a 22-credit course. The certificate allowed the FCSP, Case Manager Coordinator, and Director to learn and help deliver ADRC during the Covid-19 pandemic. Despite funding having ceased for additional certification on behalf of our members, we hope to make ADRC more prevalent. All AAA case managers and central intake aim to undertake the certification after their six-month probation period. This will allow new case managers and central intake staff to assist clients with their journey from hospital to home and remain in their homes for as long as possible. By identifying and establishing a mutual care plan with clients/caregivers and promoting healthcare network knowledge, we hope to support our clients within the Aging network.

3.How will the agency implement evidence-based health promotion and disease prevention programs (Highest Tier) in your planning and service areas?

SEAGO-AAA adopted CDSMP, but the coordinator trained and certified to oversee it left her post. We are hiring a new person to oversee the project and expand the effort by working closely with our local health departments in the future. SEAGO-AAA provides AMOB, with the help and support of four volunteers in Santa Cruz and Cochise. We currently have two consistent volunteers in Santa Cruz, two in Willcox, and one in Bisbee. The goal is to have volunteers in all counties, but the Covid-19 pandemic has raised barriers that prevent us from recruiting and retaining volunteers. Working closely with the health departments will allow us to enhance our community partnerships in all four counties, expand SEAGO-AAA outreach and train more volunteer coaches to deliver services to participants within their communities. Outreach and partnerships will focus on county organizations, senior communities, and assisted living facilities in the four-county region. Post Covid-19, we deliver AMOB and Tai-Chi in person, and our communities will continue to receive the classes. We will promote and expand our efforts in all areas of the region to best fit the needs of each community and deepen our partnerships to ensure access, communication, and support.

4.How will the agency continue to help older adults to avail themselves of the Medicare benefits available to them?

Case Management will continue to educate clients and the community on the SHIP/SMP Program, Medicare open enrollment period, and SHIP/SMP presentations. Case Management will start to receive basic training that will allow them to comprehend SHIP/SMP best to inquire more about their client’s needs and provide resources and guidance, including but not limited to referring them to the SHIP/SMP coordinator. This builds a bond between our case managers and the SHIP-SMP coordinator to reach out to more individuals and family members turning 60 to inform them of the penalties incurred by not signing up for Low-Income Subsidies in time. SHIP/SMP continues to provide help to beneficiaries of Region VI to navigate Medicare.gov, includes education on Medicare/Medicaid/Extra Help and Saving Plans, and creates Medicare.gov accounts. This will also allow individuals to become independent in viewing information about any changes to their current plan and gives them the mechanisms to compare health plans, pharmacy costs, and medication corrections. Thus, it creates a more profound understanding of a system indivisibly linked to their life/ health and promotes individual agency to choose programs that work for them.

5. What is the agency's involvement in improving the coordination of transportation services to assist elderly individuals in communities within your planning and service area?

All AAA transportation fund recipients must participate in regional coordination efforts. The Transportation Program Administrator and Regional Mobility Manager facilitate Quarterly Transportation Coordination Meetings in Cochise, Santa Cruz, and Graham/Greenlee Counties, disseminate information to members, assist in identifying gaps, and encourage collaborative efforts. These meetings allow rural area governments and organizations to discuss improving their services and share resources through program management and driver training, vehicle maintenance and repair, route coordination, program planning, and funding strategies. In addition, organizations work together to determine how to fill gaps in rider services and conduct geographic outreach. Area Agency on Aging transportation funding is critical to the Region's overall transit infrastructure and coordination efforts. AAA transportation funds match FTA grant funds, greatly increasing transit funds to the Region.

6. What strategies will the agency use to modernize nutrition programs and senior centers in your planning and service area to target Boomers?

The SEAGO AAA does not operate or manage nutrition sites or senior centers but does provide funding for nutrition programs across the region through sub-awards with six service providers. In soliciting nutrition service providers, SEAGO may ask potential providers to include strategies for targeting Boomers in their service delivery plans. SEAGO-AAA has created a Director's Handbook for our meal providers to have on hand when needed. In that handbook, we cover an overview of the AAA, the Fundamentals of CNG and HDM and requirements, menu and meal planning, Policies, licensing, and more. During the yearly training, the AAA staff will cover each of the topics included in the handbook and address them when needed. The SEAGO AAA will increase and promote activities and events in the congregate sites to stabilize and increase in-person participation in post-pandemic cases. Other regions have adopted ServTracker cloud-based software, and SEAGO-AAA will look into it to see how it will meet our regional needs. ServTracker by CaseWorthy is an integrated software solution featuring real-time reporting, risk management, reduction in paper and unnecessary redundancies, fiscal savings, the lean on-boarding process of clients and client management, employee and volunteer management, digital service delivery solutions, digital billing to support multiple funding streams and more. Within the next few months and by utilizing ARPA funding, we will explore the possibility of implementation, reach out to our partners to receive guidance, review the information, and present it to our subcontracts for ultimate adoption.

7. What strategies will the agency use to offer and/or expand self-directed care options?

The renewal of our Trualta partnership encourages the use of technology solutions to support family caregivers and offers self-directed caregiver education and training. The collaboration between FCSP and in-house Case Managers will promote increased outreach with caregiver identification, participation, and person-centered counseling. Due to the success of implementing Central Intake at SEAGO AAA, FCSP has established a Caregiver Reassurance volunteer program to support the increased referrals and onboarding of caregivers with Trualta. The volunteers provide caregiver-specific Information and Referral to facilitate Case Management Respite referrals.

SEAGO's organizational capabilities are not within the scope of managing self-directed care options for our communities. The agency is small, and the program would fail without the structure to handle the additional burden. Although we may hope for an alteration of this fact in the future, the agency is currently not in a favorable position to expand in this direction.

8. What strategies will the agency use to coordinate with health care systems in the planning and service area to avoid duplication of services and maximum available resources?

Building new partnerships come with consistency; we are all constantly working together to sustain and cultivate new partnerships at SEAGO-AAA. AAA Coordinators continue to use the “community connections” to educate community hospitals and health providers about our services, the qualifications for our services, and other service options in their areas. Case managers coordinate care with hospital social workers, SNIF case managers, and medical practitioners. With the new partnership formed with Benson Hospital-TMC Health, we foresee an opportunity to enhance our services in areas that have been difficult for us to reach. With new staff within the AAA and hospital settings, the outreach to them continues to succeed. We have formed strong partnerships with Community Health Clinics such as Chiricahua and Mariposa Community Health Services to expand and promote our services and theirs in our communities. This allows the care coordinators at both centers to refer clients to the AAA for assistance and will enable us to better connect with them if services are needed and the client qualifies.

Public awareness and outreach: Intentional engagement outreach offers opportunities to promote self-identification and awareness of caregivers individually and self-directed with key partners in healthcare and long-term services, congregate sites, and public agencies.

Engaging family caregivers in healthcare and LTSS: FCSP promotes increased care integration by including family caregivers in all relevant care coordination and transition conversations and exploring ways to incorporate family caregivers earlier in the care process. SEAGO AAA issues a competitive Request for Applications to select the best-qualified service providers and ensure competition in arranging services for elderly individuals and their caregivers. In their proposals, prospective service providers are asked to describe how they will coordinate benefits with any other programs that serve the elderly or disabled, how they will coordinate activities with county long-term care programs, Medicare, and ALTCS, and how the provider will ensure that these fund sources are maximized to use AAA funding only when no other source is available, to ensure coordination of services and integration of multiple funding sources.

9. What strategies will the agency implement to support consumer control and choice in your planning and service area?

SEAGO-AAA is fortunate to have at least two providers in each service area who provide NMHCBS. This allows us to offer options, except for Greenlee County, where only one NMHCBS provider exists. Case Managers provide a choice of eligible services and providers to the client. The client participates in creating their care plan and goals. Clients always have the right to decline services, and provider agencies work hard to connect the client with the DCW that best fits the client’s needs and schedule preference. The right to self-determination is a way to empower an individual and help promote their dignity and trust. However, to ensure the integrity fostered through the client-DCW connection, wage increases corresponding with acceptable living standards are necessary. The agency continuously advocates for better wages for our DCWs to ensure that the utility they provide to our clients may persist.

10. Describe the planned efforts the agency will coordinate that will protect, detect, assess, intervene, and/or investigate elder abuse, neglect, and financial exploitation of vulnerable adults under Title VII?

The AAA staff, in general, and the LTCO Coordinator have a good working rapport with APS in our region. Because of that, we have formed a robust network for mutual collaboration to inhibit the possibility of elder fraud and abuse. The Southeastern Arizona Elder Abuse Taskforce (SEAEAT) was created to bring partners to the table and discuss matters that affect older adults. The task force collaborates to educate, raise awareness, and advocate for regional issues our older adults face. The Case Manager coordinator arranges for all case managers to be part of the quarterly meeting. The case managers are mandated to report and continue to increase their knowledge of abuse and exploitation of older adults to identify and report abuse. Their participation in the task force helps strengthen their connections in their community and identify resources. Their participation allows engagement in the task force since having them involved makes it much easier for them to connect directly if questions or concerns arise. Senior Medicare Patrol will continue to present and deliver scam jams by utilizing Facebook newsletter articles with warning signs/examples of trending fraud and scams throughout Region VI—continued efforts of educating the Medicare beneficiary but family, friends, and neighbors to avoid becoming victims. SMP continues to provide support and education, research, and the ability to report any concerns of fraud or scams. The collaboration between both programs allows for building a relationship of trust; it empowers individuals to care for themselves by staying engaged and aware.

11. Provide additional information as necessary.

Overall, the SEAGO-AAA has encountered numerous challenges as it finds its way to meet the needs of our communities. The more visible we become in our area, there have been reciprocal increase in demand for our services, which we need help to cope with. Thanks to advocacy efforts made through the AZAging Association and the regional AAA director, we receive funding to expand and provide more services that are highly needed for the agency. It takes time for our organization, local governments, and, most importantly, our community partners to realize that more support is needed for their Area Agency on Aging to provide quality care and resources to our most vulnerable population. SEAGO is working to implement necessary changes that will allow the Area Agency on Aging to fulfill our client's needs, without exhausting our resources, and permitting further expansion.

Part VII: Waivers

REQUEST FOR AN ADEQUATE PROPORTION WAIVER

SEAGO-Area Agency on Aging hereby requests a waiver of the requirement to (Area Agency on Aging)

Expend an adequate proportion of Title III-B funds as set in the State Plan on Aging for:

1. Identify the Priority Service Category and respective percentage to be budgeted and expended:

- a. Access Services (minimum 16%) Percentage
b. In-Home Services (minimum 8%) Percentage
c. Legal Services (minimum 4%) Percentage

2. Describe the rationale that services furnished for the priority services category(ies) in the planning and service area are sufficient to meet the need for the services in the area:

SEAGO-AAA sought applications for legal services through its Request for Applications process during SFY20 and, to this date, has been looking for the right legal service provider to deliver this service in our region. Demand for this service is low compared to other services offered by SEAGO-AAA. However, we intend to keep trying, so we contacted Pinal Gila to help with this need. Unfortunately, we can only find a way to make this service work once we can bring more funding to our region. Legal services are costly and might not be appropriate when we only receive minimal requests and the cost for one individual counsel is so high. By comparing the cost of a unit of service in legal assistance, the AAA could be allocating eight hours of Attendant Care units to a client. The SEAGO-AAA continues to refer clients to Southern Arizona Legal Aid for assistance, as they have been able to assist the elderly by using other funding sources if needed. During SFY24, SEAGO-AAA will run its Request for Applications again and legal services will be included.

Handwritten signature and title of authorized official, and date 4-12-2023.

Part VIII: Budget

Organization: SEAGO Region: SEAGO Amendment: 1.5 Contract no.: CTR048043 Timeframe: 7/1/23-6/30/24 SFY: 24

Ln	Fund Source	Service							
		Admin	Admin	Adaptive Aide	Advocacy	Attendant Care	Comm. Edu. & Info	Caregiver Training	Case Mgmt.
		ADM	ADM	ADP	ADV	ATT	CEI	CGT	CMG
		FCS	FCB	FCS	FCB	FCB	FCS	FCS	FCB
1	OAA Admin (III C-1)		205,946.00						
2	OAA Admin (III E)	22,332.00							
3	SSBG Admin		67,664.00						
4	Title III-B			3,000.00	15,000.00	316,254.00	5,000.00		80,000.00
5	Title III-C1								
6	Title III-C2								
7	Title III-D Prev Hlth								
8	Title III-E Caregiver			2,000.00			18,000.00	7,000.00	
9	NSIP								
10	Title VII Eld Abus								
11	Title VII OMB								
12	State Ind Living			2,000.00	19,699.00	29,801.00			104,500.00
13	State OMB								
14	State RSP								
15	SSBG								
16	SHIP								
17	Senior Patrol								
18	Refugee								
19	SSBG - HCB Wait List								
20	SSBG - Admin.								
21	SSBG - Services					194,816.00			141,368.00
22	EXPANDING PUBLIC HEALTH WORKFORCE								
23	STATE DIRECT CARE WORKER								
24	STATE DIRECT CARE INCENTIVE								
25	STATE OMB VISITATION								
26	MIPPA-S.H.I.P.								
27	MIPPA-AAA								
28	MIPPA-ADRC								
29	ARPA - III-B								
30	ARPA - III-C1								
31	ARPA - III-C1 ADMIN								
32	ARPA - III-C2								
33	ARPA - III-D								
34	ARPA - III-E								
35	ARPA - III-E ADMIN								
36	ARPA - VII FED OMBUDSMAN								
37	Access Vaccine								
38	LIFESPAN RESPITE								

Contract Reimbursement Ceiling	22,332.00	273,630.00	7,000.00	34,699.00	529,871.00	23,000.00	7,000.00	325,868.00
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Note: Title III-B, III-C1, III-C2, III-D, III-E (Admin) incorporate a state match

Incorporated State Match	5,683.00	51,466.50	186.67	833.34	17,514.25	277.78	-	4,444.48
Additional State Funding	-	-	2,000.00	19,699.00	29,801.00	-	-	104,500.00
TOTAL STATE FUNDS	5,683.00	51,466.50	2,186.67	20,532.34	47,315.25	277.78	-	108,944.48

DIRECT SERVICES

ALTCs								
Program Income								
Non-Fed In-kind								60,000.00
Non-Fed Cash								
Other Federal								
Total								60,000.00

Sub-contracted SERVICES

ALTCs								
Program Income								
Non-Fed In-kind								
Non-Fed Cash			700.00					6,000.00
Other Federal								
Total			700.00					6,000.00

Grand Total	22,332.00	273,630.00	7,700.00	34,699.00	529,871.00	23,000.00	7,000.00	391,868.00
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EXPENSES

Personnel - Direct	12,505.00	128,000.00		15,599.00		13,000.00	4,500.00	200,000.00
ERE - Direct	5,000.00	36,000.00		4,200.00		6,000.00	1,500.00	16,000.00
Professional/Out								
Direct	2,800.00	28,000.00		6,600.00		1,000.00		65,000.00
Sub-contracted			7,700.00		529,871.00			66,000.00
Travel - Direct		13,795.00		1,000.00		1,000.00		12,868.00
Space - Direct								15,000.00
Equipment - Direct								
One-Time								
Ongoing								
Material/Supplies - Direct		30,000.00		2,000.00		500.00		5,000.00
Operating Svcs - Direct		6,834.00		1,300.00				6,000.00
Allocated Indirect - Direct	2,027.00	31,000.00		4,000.00		1,500.00	1,000.00	7,000.00
Sub Total DIRECT	22,332.00	273,630.00	-	34,699.00	-	23,000.00	7,000.00	325,868.00
Sub Total PURCH	-	-	7,700.00	-	529,871.00	-	-	66,000.00
TOTAL SERVICE	22,332.00	273,630.00	7,700.00	34,699.00	529,871.00	23,000.00	7,000.00	391,868.00

Part VIII: Budget

Program Dev.	Home Repair & Renovation	Respite Care	State Health Insurance Info. Edu. & Fraud Prog.					Transportation	ADC	ADM
PGD	RPR	RSP	SHI	SHI	SHI	SHI	SHI	TSP	FCS	FCS
HCB	FCS	FCS	SHP	SHP	SHP	SHP	SMP	HCB	ARP	ARP
			MAM	MDM	MSM	OTR				
5,000.00	2,000.00	60,000.00				7,000.00	5,000.00	53,000.00		
	4,000.00	20,000.00						56,000.00		
3,650.00	2,000.00					8,000.00	6,000.00	33,922.00		
		19,628.00								
						25,063.00	15,087.00			
		4,259.00						65,215.00		
					1,638.00					
			1,406.00	634.00						
8,650.00	8,000.00	103,887.00	1,406.00	634.00	1,638.00	40,063.00	26,087.00	208,137.00	-	-
277.78	111.11	3,333.36	-	-	-	388.89	277.78	2,944.47	-	-
3,650.00	2,000.00	19,628.00	-	-	-	8,000.00	8,000.00	33,922.00	-	-
3,927.78	2,111.11	22,961.36	-	-	-	8,388.89	6,277.78	36,866.47	-	-
						16,504.00				
						16,504.00				
								6,000.00		
	800.00							450,000.00		
								400,000.00		
	800.00							856,000.00		
8,650.00	8,800.00	103,887.00	1,406.00	634.00	1,638.00	55,567.00	26,087.00	1,064,137.00	-	-
4,000.00						21,163.00	12,487.00			
1,000.00						8,000.00	6,600.00			
3,000.00			1,406.00	634.00	1,638.00	16,504.00	2,000.00	1,064,137.00		
	8,800.00	103,887.00				3,000.00	2,000.00			
						500.00	500.00			
						1,200.00	500.00			
650.00						5,200.00	3,000.00			
8,650.00	-	-	1,406.00	634.00	1,638.00	55,567.00	26,087.00	-	-	-
-	8,800.00	103,887.00	-	-	-	-	-	1,064,137.00	-	-
8,650.00	8,800.00	103,887.00	1,406.00	634.00	1,638.00	55,567.00	26,087.00	1,064,137.00	-	-

Part VIII: Budget

COVID Funding										
HED	HSK	INR	LGL	LTC	MCO	PCS	PGD	PRC	REA	RPR
HPR	HCB	FCS	LSA	OMB	HCB	FCS	HCB	HCB	HCB	FCS
ARP	ARP	ARP	ARP	ARP	ARP	ARP	ARP	ARP	ARP	ARP
-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-

Part VIII: Budget

								Waiver		Direct Care Worker
RPR	RSP	TSP	LTC	ADM	CEI	ADM	PGD	ATT	HDM	ATT
HCB	FCS	HCB	OMB	HCB	HCB	HCB	HCB	HCB	HCB	HCB
ARP	ARP	ARP	CRR	VA1	VA1	PHW	PHW	WLF	WLF	DCW
						27,020.08	5,000.00			
								135,135.00	100,000.00	
										95,195.00
	15,882.36									
-	15,882.36	-	-	-	-	27,020.08	5,000.00	135,135.00	100,000.00	95,195.00
-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	95,195.00
										95,195.00
-	15,882.36	-	-	-	-	27,020.08	5,000.00	135,135.00	100,000.00	95,195.00
-	15,882.36	-	-	-	-	27,020.08	5,000.00	135,135.00	100,000.00	95,195.00

Part VIII: Budget

Title/Funding	TOTAL	ALERT	CHECK
HOLD			
HOLD			
HOLD			
	205,946.00	205,946.00	-
	22,332.00	22,332.00	-
	67,684.00	67,684.00	-
	665,254.00	441,142.00	224,112.00
	260,000.00	380,895.00	(130,895.00)
	350,000.00	443,217.00	(93,217.00)
	27,061.00	27,061.00	-
	177,443.00	177,443.00	-
	107,038.00	107,038.00	-
	2,227.00	2,227.00	-
	21,968.00	21,968.00	-
	338,329.97	338,329.97	-
	35,207.00	35,207.00	-
	19,628.00	19,628.00	-
	-	-	-
	25,083.00	25,083.00	-
	15,087.00	15,087.00	-
	-	-	-
	235,135.00	235,135.00	-
	-	-	-
	609,154.00	609,154.00	-
	32,020.08	32,020.08	-
	95,195.00	95,195.00	-
	-	-	-
	20,793.00	20,793.00	-
	1,638.00	1,638.00	-
	1,406.00	1,406.00	-
	634.00	634.00	-
	-	-	-
	-	-	-
	38,666.67	38,666.67	-
	-	-	-
	-	-	-
	15,882.36	15,882.36	-
	-	-	-
	-	-	-
	-	-	-
	-	-	-
	-	-	-
	- 3,380,792.08	3,380,792.08	-

-	127,381.95
-	509,152.97
-	636,514.92

	-
	-
	90,008.00
	-
	-
-	90,008.00

	30,000.00
	38,000.00
	45,000.00
	608,400.00
	400,000.00
-	1,019,400.00

-	4,490,200.08
---	--------------

	666,622.87
	128,600.00
	-
	291,489.05
	3,286,673.33
	59,644.03
	15,000.00
	-
	-
	-
	46,561.00
	19,534.00
	76,077.00
-	1,203,628.75
-	3,286,673.33
-	4,490,200.08

Part VIII: Budget

Validation Worksheet

Alert

Organization

Contract No.

Period

Amendment No.

SEAGO

CTR048043

7/1/23-6/30/24

15

ALERT/ISB VALIDATION

LN	Fund Source	(a)	(b)	(c)-(a)-(b)	(d)	(e)-(c)+(d)	(f)	(g)-(f)-(e)
		SFY23	Current Alert Level		Increase/Decrease	Total Alert+ Carryover	Contract Budget	Difference
		Carryover	Alert	Total				
1	OAA Admin (III C-1)		206,946.00	206,946.00		206,946.00	206,946.00	-
2	OAA Admin (III E)		22,332.00	22,332.00		22,332.00	22,332.00	-
3	SSBG Admin		67,684.00	67,684.00		67,684.00	67,684.00	-
4	Title III-B		441,142.00	441,142.00		441,142.00	695,254.00	224,112.00
5	Title III-C1		380,895.00	380,895.00		380,895.00	250,000.00	(130,895.00)
6	Title III-C2		443,217.00	443,217.00		443,217.00	350,000.00	(93,217.00)
7	Title III-D Prev Hlth		27,061.00	27,061.00		27,061.00	27,061.00	-
8	Title III-E Caregiver		177,443.00	177,443.00		177,443.00	177,443.00	-
9	NSIP		107,038.00	107,038.00		107,038.00	107,038.00	-
10	Title VII Eld Abuse		2,227.00	2,227.00		2,227.00	2,227.00	-
11	Title VII OMB		21,968.00	21,968.00		21,968.00	21,968.00	-
12	State Ind Living		348,879.00	348,879.00	(10,549.03)	338,329.97	338,329.97	-
13	State OMB		35,207.00	35,207.00		35,207.00	35,207.00	-
14	State RSP		19,628.00	19,628.00		19,628.00	19,628.00	-
15	SSBG		-	-		-	-	-
16	SHIP		25,063.00	25,063.00		25,063.00	25,063.00	-
17	Senior Patrol		15,087.00	15,087.00		15,087.00	15,087.00	-
18	Refugee		-	-		-	-	-
19	SSBG - HCB Wait List		235,135.00	235,135.00		235,135.00	235,135.00	-
20	SSBG - Admin.		-	-		-	-	-
21	SSBG - Services		609,154.00	609,154.00		609,154.00	609,154.00	-
22	EXPANDING PUBLIC HEALTH WORKFORCE	\$ 32,020.08		32,020.08		32,020.08	32,020.08	-
23	STATE DIRECT CARE WORKER		95,195.00	95,195.00		95,195.00	95,195.00	-
24	STATE DIRECT CARE INCENTIVE		-	-		-	-	-
25	STATE OMB VISITATION		20,793.00	20,793.00		20,793.00	20,793.00	-
26	MPPA-S.H.L.P.		1,639.00	1,639.00		1,639.00	1,639.00	-
27	MPPA-AAA		1,406.00	1,406.00		1,406.00	1,406.00	-
28	MPPA-ADRC		634.00	634.00		634.00	634.00	-
29	ARPA - III-B		-	-		-	-	-
30	ARPA - III-C1		-	-		-	-	-
31	ARPA - III-C1 ADMIN	\$ 38,666.67		38,666.67		38,666.67	38,666.67	-
32	ARPA - III-C2		-	-		-	-	-
33	ARPA - III-D		-	-		-	-	-
34	ARPA - III-E	\$ 15,882.36		15,882.36		15,882.36	15,882.36	-
35	ARPA - III-E ADMIN		-	-		-	-	-
36	ARPA - VII FED OMBUDSMAN		-	-		-	-	-
37	Access Vaccine		-	-		-	-	-
38	LIFESPAN RESPITE		-	-		-	-	-
TOTAL		86,569.11	3,304,772.00	3,391,341.11	(10,549.03)	3,380,792.08	3,380,792.08	-

Note: Section above validates that Alert Levels plus adjustments equal the ISB 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	\$ 441,142	\$ 132,343	\$ 224,112	50.80%
Title III-C				
III-C1	\$ 380,895	\$ 114,269	(130,895)	-34.37%
III-C2	\$ 443,217	\$ 132,965	(93,217)	-21.03%
Total	824,112	247,234	(224,112)	-27.19%

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	\$ 380,895	\$ 152,358	(130,895)	-34.37%
Title III-C2	\$ 443,217	\$ 177,287	(93,217)	-21.03%

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

TITLE III-B MINIMUM PERCENT

Category	% Required	Requirement	Actual Alloc	Over/Under
TSP, I&R, Outreach, CMG	16%	\$ 70,593	\$ 165,931	\$ 95,348
In-Home Service	8%	\$ 35,291	\$ 317,323	\$ 282,032
Legal Service (WAIVER)	0%	\$ -	\$ -	\$ -
III-B TOTAL ALLOCATION	\$ 441,142			

	Required Local Planned SSBG Dollars	Budgeted (ISB)	Difference
HSK	\$ 58,253	\$ 58,253.00	\$ -
CMG	\$ 7,073	\$ 141,368.00	\$ 134,295
HDM	\$ 137,429	\$ 139,613.00	\$ 2,184
TSP	\$ 6,026	\$ 65,215.00	\$ 59,189
total	\$ 208,781	\$ 404,449.00	\$ 195,668

Part IX: Area Agency Services to be Funded by Geographic Area

HSK-HCB (Tittle III B)

County	Amount Allocated for service per county	Percentage Allocated for Service per county
Cochise	\$14,000	24.03%
Graham	\$9,000	15.45%
Greenlee	\$5,000	8.53%
Santa Cruz	\$20,000	34.33%
Un Allocated	\$10,253	17.60%
TOTAL	\$58,253	100.00%

ATT-HCB (Tittle III B)

County	Amount Allocated for service per county	Percentage Allocated for Service per county
Cochise	\$256,871	48.48%
Graham	\$100,000	18.87%
Greenlee	\$50,000	9.44%
Santa Cruz	\$90,000	16.99%
Un Allocated	\$33,000	6.23%
TOTAL	\$529,871	100.00%

ATT-SSBG (BG-SSBG)

County	Amount Allocated for service per county	Percentage Allocated for Service per county
Cochise	\$67,000	49.58%
Graham	\$21,635	16.01%
Greenlee	\$4,000	2.96%
Santa Cruz	\$42,500	31.45%
Un Allocated	\$0	0%
TOTAL	\$135,135	100.00%

Part IX: Area Agency Services to be Funded by Geographic Area

ATT-ARP (III B ARPA) Un Allocated at this time

County	Amount Allocated for service per county	Percentage Allocated for Service per county
Cochise		
Graham		
Greenlee		
Santa Cruz		
Un Allocated		
TOTAL		

RSP-FCS (Tittle III B, Tittle III E)

County	Amount Allocated for service per county	Percentage Allocated for Service per county
Cochise	\$80,387	77.38%
Graham	\$14,000	13.48%
Greenlee	\$5,000	4.81%
Santa Cruz	\$4,500	4.33%
Un Allocated	\$0	0%
TOTAL	\$103,887	100.00%

HDM-HCB (Tittle III C-2)

County	Amount Allocated for service per county	Percentage Allocated for Service per county
Cochise	\$300,000	40.72%
Graham	\$145,00	19.68%
Greenlee	\$75,000	10.18%
Santa Cruz	\$50,000	6.79%
Un Allocated	\$166,651	22.62%
TOTAL	\$736,651	100.00%

Part IX: Area Agency Services to be Funded by Geographic Area

HDM-SSBG (BG-SSBG)

County	Amount Allocated for service per county	Percentage Allocated for Service per county
Cochise	\$32,500	32.50%
Graham	\$33,125	33.13%
Greenlee	\$18,125	18.13%
Santa Cruz	\$16,250	16.25%
Un Allocated	\$0	0%
TOTAL	\$100,000	100.00%

HDM-ARP(III-B ARPA) Un Allocated at this time

County	Amount Allocated for service per county	Percentage Allocated for Service per county
Cochise		
Graham		
Greenlee		
Santa Cruz		
Un Allocated		
TOTAL		

CNG-HCB (Tittle III C-1)

County	Amount Allocated for service per county	Percentage Allocated for Service per county
Cochise	\$51,000	16.67%
Graham	\$30,000	9.80%
Greenlee	\$20,000	6.54%
Santa Cruz	\$170,000	55.55%
Un Allocated	\$35,006	11.44%
TOTAL	\$306,006	100.00%

Part IX: Area Agency Services to be Funded by Geographic Area

CNG-ARP(III-B ARPA) Un Allocated at this time

County	Amount Allocated for service per county	Percentage Allocated for Service per county
Cochise		
Graham		
Greenlee		
Santa Cruz		
Un Allocated		
TOTAL		

CMG-HCB(Tittle III-B)

County	Amount Allocated for service per county	Percentage Allocated for Service per county
Cochise	\$	0%
Graham	\$30,000	9.21%
Greenlee	\$30,000	9.21%
Santa Cruz	\$0	0%
Un Allocated	\$265,868	81.59%
TOTAL	\$325,868.00	100%

TSP-HCB (Tittle III B, Tittle III E)

County	Amount Allocated for service per county	Percentage Allocated for Service per county
Cochise	\$120,000	57.65%
Graham	\$28,000	13.45%
Greenlee	\$40,000	19.22%
Santa Cruz	\$20,000	8.77%
Un Allocated	\$220,137	9.67%
TOTAL	\$228,137	100.00%

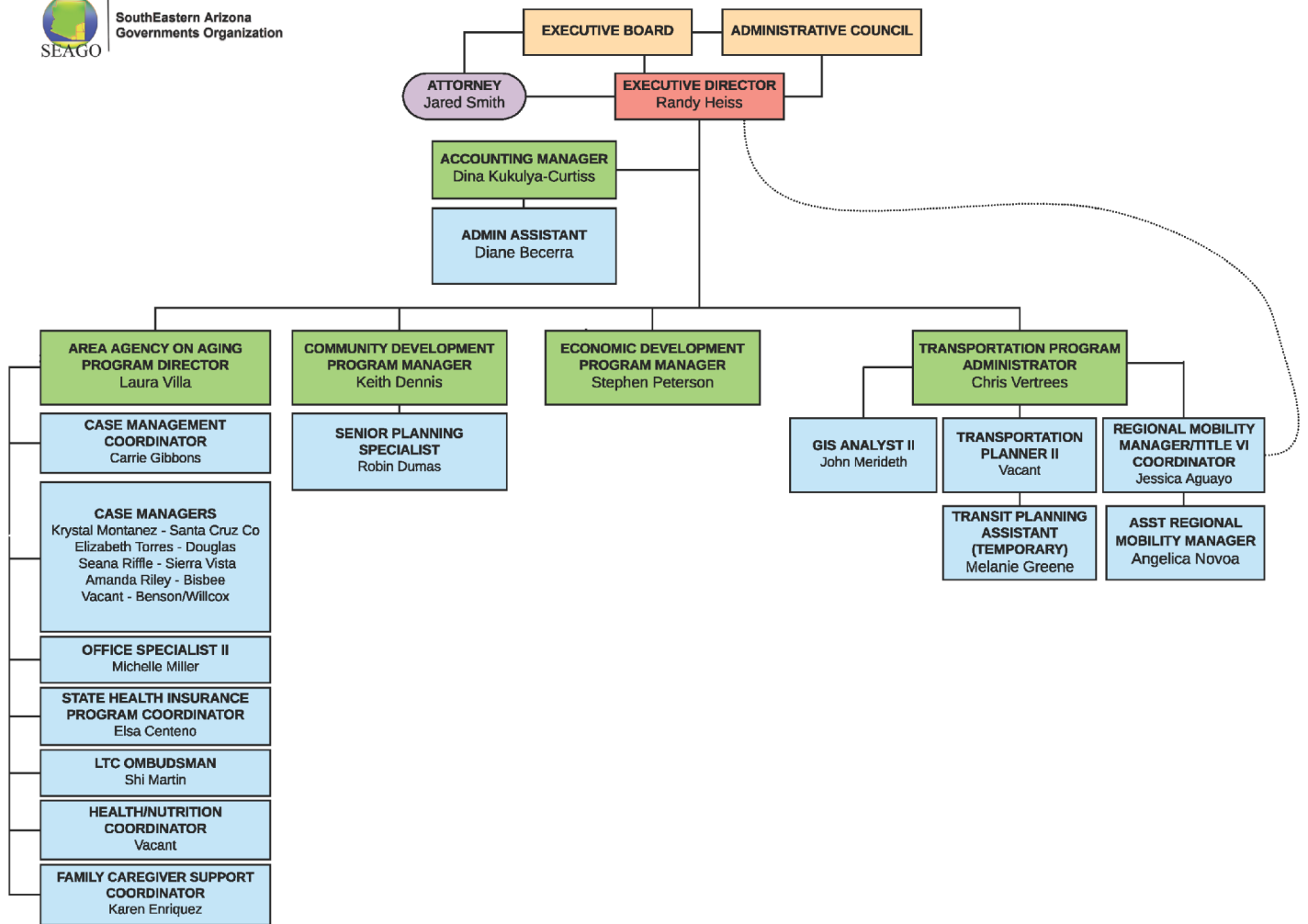
Part IX: Area Agency Services to be Funded by Geographic Area

NRH-HCB(Tittle III-B)

County	Amount Allocated for service per county	Percentage Allocated for Service per county
Cochise		
Graham		
Greenlee	\$9,000	100%
Santa Cruz		
Un Allocated		
TOTAL	\$9,000	100%

Part X: Appendices

Appendix A: SEAGO-Area Agency on Aging Region VI Organizational Chart



Mar 2023

Appendix B: SEAGO-Area Agency on Aging Regional Advisory Council Membership

Name	County	Chair	Officer
Kathy Spangler	Cochise	Benson	
Leslie Lambert	Cochise	Bisbee	
Gary Clark	Cochise	Douglas	Secretary
Kim Jackson	Cochise	Huachuca City	
Eva t. McElroy	Cochise	Sierra Vista	
Sue L Baz	Cochise	Tombstone	
Jayne A Hancox	Cochise	Willcox	
Kim Gill	Cochise	County Unincorporated	
David Morse	Graham	Pima	
Arnold Lopez	Graham	Safford	2nd Vice-President
Bob Rivera	Graham	Bob Rivera	
Lisa Lane	Graham	County Unincorporated	
Frank L Montoya	Greenlee	Clifton	1st Vice-President
Valadee, Crotts	Greenlee	Duncan	
Jaime Aguilar	Greenlee	County Unincorporated	President
Dr. Arnoldo Montiel	Santa Cruz	Nogales	
Susan M. Lange	Santa Cruz	Patagonia	
Vacant	Santa Cruz	County Unincorporated	

Appendix C: SEAGO-Area Agency on Aging Listing of Programs and Services

SEAGO AAA SFY 2023-24 SERVICE PROVIDERS		
COUNTY	SERVICE	AGENCY
Cochise	Housekeeping	Accent Care Lutheran Social Services/Luminaria
	Attendant Care	
	In-Home Respite	
	Case Management	SEAGO/AAA
	Congregate Meals (Douglas)	Congregate Meals (Douglas)
	Home Delivered Meals (Bisbee, Douglas & Elfrida)	
	Home Delivered Meals	Mom's Meals
	Congregate Meals - Tombstone	City of Tombstone
	Transportation - Benson	City of Benson
	Transportation - Bisbee	City of Bisbee
	Transportation - Douglas Area	City of Douglas
	Transportation - Willcox Area	City of Willcox
	Transportation - Cochise County	VICAP
Graham	Housekeeping	SEACUS Accent Care
	Attendant Care	
	In-Home Respite	
	Congregate	SEACUS
	Home Delivered Meals	
	Adaptive Aids & Home Repairs for Caregivers	
	Case Management	
	Home Delivered Meals	Pure Foods (Moms Meals)
	Transportation	Easter Seals Blake Foundation
Greenlee	Congregate	SEACUS
	Home Delivered Meals	
	Home Delivered Meals	
	Housekeeping	Greenlee County Health Department
	Attendant Care	
	In-Home Respite	
	Home Nursing	Greenlee County Health Department
	Case Management	
	Transportation	Easter Seals Blake Foundation
Santa Cruz	Congregate	Santa Cruz Council on Aging
	Congregate	Patagonia Senior Citizens
	Home Delivered Meals	Pure Foods (Moms Meals)
	Housekeeping	Arizona Direct Consumer
	Attendant Care	Lutheran Social Services/Luminaria Accent Care,
	In-Home Respite	
	Transportation	Valley Assisted services
	Case Management	SEAGO/AAA
District VI	Ombudsman	SEAGO/AAA
	State Health Insurance	
	Health Education Disease Prevention	
	Information and Referral	
	Caregiver Training/ Caregiver Outreach	

Appendix C: SEAGO-Area Agency on Aging Demographics Analysis

Demographics Analysis Report

Selected Parameters			
From: 07/01/2022	To: 04/12/2023	<input type="checkbox"/> Received more than 0 units	
Region/Contractor:	SOUTHEASTERN AZ GOVERNMENTS ORG.	Service Name:	All
Provider:	All	Program:	All
Service Location :	All	Service Detail:	All
Route:	All	Enrollment Status:	Enrolled and Disenrolled
		Client:	All

Total Unduplicated Clients: 2875 (100.0%) | Clients With No Demographics Data: 0 (0.0%)

Age Groups (age as of the last day of the state fiscal year)		
less 25	8	0 %
25 to 34	18	1 %
35 to 44	47	2 %
45 to 54	104	4 %
55 to 59	111	4 %
60 to 64	247	9 %
65 to 69	412	14 %
70 to 74	464	16 %
75 to 79	508	18 %
80 to 84	405	14 %
85+	509	18 %
Missing	42	1 %
Declined to State	0	0 %
Race		
American Indian or Alaskan Native	23	1 %
Asian	12	0 %
Asian or Asian American	0	0 %
Black/African American	35	1 %
Black or African American	0	0 %
Native Hawaiian or other Pacific Islander	3	0 %
Native Hawaiian or Other Pacific Islander	0	0 %
Other	11	0 %
Other Race	0	0 %
Race Missing	0	0 %
Unknown	11	0 %
White - Hispanic	530	18 %
White - Non-Hispanic	1,143	40 %
White	5	0 %
Race Missing	1,103	38 %
Declined to State	10	0 %

Appendix C: SEAGO-Area Agency on Aging Demographics Analysis

Demographics Analysis Report

Selected Parameters			
From: 07/01/2022	To: 04/12/2023	<input type="checkbox"/> Received more than 0 units	
Region/Contractor:	SOUTHEASTERN AZ GOVERNMENTS ORG.	Service Name:	All
Provider:	All	Program:	All
Service Location :	All	Service Detail:	All
Route:	All	Enrollment Status:	Enrolled and Disenrolled
		Client:	All

Total Unduplicated Clients: 2875 (100.0%) | Clients With No Demographics Data: 0 (0.0%)

Ethnicity		
Hispanic or Latino	944	33 %
Not Hispanic or Latino	1,353	47 %
Missing	564	20 %
Declined to State	14	0 %
African American	0	0 %
American Indian	0	0 %
Anglo	0	0 %
Asian	0	0 %
Ethnicity Missing	0	0 %
Hispanic	0	0 %
Hispanic/Latino	0	0 %
Not Hispanic/Latino	0	0 %
Unknown	0	0 %
Urban/Rural		
Rural	2,334	81 %
Urban	431	15 %
Missing	110	4 %
Declined to State	0	0 %
Gender		
Male	1,058	37 %
Female	1,740	61 %
Declined to State	3	0 %
Unknown	74	3 %

Appendix C: SEAGO-Area Agency on Aging Demographics Analysis

Demographics Analysis Report

Selected Parameters			
From: 07/01/2022	To: 04/12/2023	<input type="checkbox"/> Received more than 0 units	
Region/Contractor:	SOUTHEASTERN AZ GOVERNMENTS ORG.	Service Name:	All
Provider:	All	Program:	All
Service Location :	All	Service Detail:	All
Route:	All	Enrollment Status:	Enrolled and Disenrolled
		Client:	All

Total Unduplicated Clients: 2875 (100.0%) | Clients With No Demographics Data: 0 (0.0%)

Language		
American Indian (w/ Eng.)	4	0 %
American Indian (w/o Eng.)	4	0 %
Declined to state	1	0 %
English	1,421	49 %
Other, specify	3	0 %
Spanish (w/ Eng.)	471	16 %
Spanish (w/o Eng.)	257	9 %
Unknown	714	25 %
Household Composition (Lives Alone)		
Declined to state	7	0 %
Household Status Missing	0	0 %
Institutionalized	3	0 %
Lives Alone	1,091	38 %
Lives in Long Term Care (LTC) Facility	0	0 %
Lives with Others	0	0 %
Other	21	1 %
With Domestic Partner	54	2 %
With Non-Relative(s)	61	2 %
With Other Relative(s)	260	9 %
With Parent(s)	43	1 %
With Spouse	626	22 %
Missing	709	25 %
At or below 100% FPL *		
Declined to state income	33	1 %
No	511	18 %
Yes	606	21 %
Missing	1,725	60 %

Appendix C: SEAGO-Area Agency on Aging Demographics Analysis

Demographics Analysis Report

Selected Parameters					
From:	07/01/2022	To:	04/12/2023	<input type="checkbox"/> Received more than 0 units	
Region/Contractor:	SOUTHEASTERN AZ GOVERNMENTS ORG.			Service Name:	All
Provider:	All	Program:	All	Service Detail:	All
Service Location :	All	Enrollment Status:	Enrolled and Disenrolled		
Route:	All	Client:	All		

Total Unduplicated Clients: 2875 (100.0%) | Clients With No Demographics Data: 0 (0.0%)

Clients with Minimal, Moderate, or Maximum Assist by Number of ADL/IADL Categories (Threshold: Non-Independent)					
0 ADL's	124	4 %	0 IADL's	18	1 %
1 ADL's	81	3 %	1 IADL's	6	0 %
2 ADL's	105	4 %	2 IADL's	12	0 %
3 ADL's	182	6 %	3 IADL's	41	1 %
4 ADL's	241	8 %	4 IADL's	266	9 %
5 ADL's	354	12 %	5 IADL's	332	12 %
6 ADL's	159	6 %	6 IADL's	187	7 %
			7 IADL's	144	5 %
			8 IADL's	240	8 %
Missing	1,631	57 %	Missing	1,631	57 %
Clients with Moderate or Maximum Assist w/o Qualifier by Number of ADL/IADL Categories (Threshold: Moderate or Higher)					
0 ADL's	579	20 %	0 IADL's	3	0 %
1 ADL's	184	6 %	1 IADL's	53	2 %
2 ADL's	163	6 %	2 IADL's	96	3 %
3 ADL's	120	4 %	3 IADL's	201	7 %
4 ADL's	86	3 %	4 IADL's	317	11 %
5 ADL's	86	3 %	5 IADL's	250	9 %
6 ADL's	26	1 %	6 IADL's	105	4 %
			7 IADL's	84	3 %
			8 IADL's	83	3 %
Missing	1,631	57 %	Missing	1,631	57 %

Appendix C: SEAGO-Area Agency on Aging Demographics Analysis

Demographics Analysis Report

Selected Parameters			
From:	07/01/2022	To:	04/12/2023
Region/Contractor:	SOUTHEASTERN AZ GOVERNMENTS ORG.		<input type="checkbox"/> Received more than 0 units
Provider:	All	Service Name:	All
Service Location :	All	Program:	All
Route:	All	Service Detail:	All
		Enrollment Status:	Enrolled and Disenrolled
		Client:	All

Total Unduplicated Clients: 2875 (100.0%) | Clients With No Demographics Data: 0 (0.0%)

Clients with Minimal, Moderate, or Maximum Assist by Number of ADL/IADL Categories (Threshold: Non-Independent)					
0 ADL's	124	4 %	0 IADL's	18	1 %
1 ADL's	81	3 %	1 IADL's	6	0 %
2 ADL's	105	4 %	2 IADL's	12	0 %
3 ADL's	182	6 %	3 IADL's	41	1 %
4 ADL's	241	8 %	4 IADL's	266	9 %
5 ADL's	354	12 %	5 IADL's	332	12 %
6 ADL's	159	6 %	6 IADL's	187	7 %
			7 IADL's	144	5 %
			8 IADL's	240	8 %
Missing	1,631	57 %	Missing	1,631	57 %
Clients with Moderate or Maximum Assist w/o Qualifier by Number of ADL/IADL Categories (Threshold: Moderate or Higher)					
0 ADL's	579	20 %	0 IADL's	3	0 %
1 ADL's	184	6 %	1 IADL's	53	2 %
2 ADL's	163	6 %	2 IADL's	96	3 %
3 ADL's	120	4 %	3 IADL's	201	7 %
4 ADL's	86	3 %	4 IADL's	317	11 %
5 ADL's	86	3 %	5 IADL's	250	9 %
6 ADL's	26	1 %	6 IADL's	105	4 %
			7 IADL's	84	3 %
			8 IADL's	83	3 %
Missing	1,631	57 %	Missing	1,631	57 %

Appendix C: Appendix C: Advisory Council on Aging Feedback

April 20, 2023

The ACOA packet, which included the Area Plan draft, was sent out to all ACOA members electronically and for those who requested a hard copy mailed out on April 14, 2023, giving the members enough time to review and prepare for the meeting.

Villa reviewed Region VI Area Plan on Aging 2024.

January's meeting was spent reviewing the objectives and the needs assessment results.

This meeting will focus more on the draft of the Plan she has prepared. She reviewed the changes made to the plan since the ACOA had looked at the document in January 2023. With the increase in call volume, Central Intake will now be a full-time position, with another part-time person being hired to cover the full week. She asked questions and responded.

She reviewed the Proposed Action Plan and what was added after the needs assessment.

The top needs identified in our four-county area are **Telemarketing or in-home sales, affordable dental care next, maintenance of yards, and maintenance and repair of homes**. Villa reviewed the actions to be taken on each issue. Dental care is a concern, and the question was raised about transportation for seniors and getting to doctor appointments. Transportation is a concern for all of our rural communities

DES outlined five goals and twenty-six objectives. Chris Vertrees from SEAGO Mobility Management was present to help address questions regarding transportation. The responses fall into criteria, showing what our agency obtains. We added and integrated the key results from our Needs Assessment. Concern about the need for dentists in our area was expressed, and clarification of utilizing what is available is key to addressing this issue for Region VI.

AAA utilizes what we currently have before taking on more services or new ideas. Villa reviewed the benefit of central intake and the utilization of designated funding. Region VI is requesting a waiver for Legal Services for our Area Plan and pending approval from DAAS. Villa reviewed the budget; ARPA funds are not noted because DES has not designated them. The current budget is based on the 2020 census. Updates on the budget will be ongoing as alerts are issued. Villa reviewed the Area Agency Services to be funded by the Geographic Area worksheet. She reviewed the AAA 2023-24 Service Providers. Villa requested the Council's approval to have the ACOA president sign the Area Agency on Aging Region IV Area Plan 2024-2028.

Questions posed by the ACOA members were:

If our seniors have dental appointments, how are they getting there? Might the appointment be 30 miles away?

Where is the pool of dentists that will work in Southern AZ were are coming from?

Is there funding for dental care through AAA?

What is the difference between case management and central intake?

Will our rural location and low census numbers impact our funding formula from DES?

While there was a lengthy conversation on all these questions, there were no recommendations to amend the AP by ACOA members.

No other feedback was provided; ACOA President Mr. Jaime Aguilar entertained a motion to accept Area Plan,

Mr. Rivera made a Motion to accept the Area Plan, and Arnold Lopez seconded the Motion to accept the Area Plan; Action Unanimously approved by all ACOA members.

Appendix C: Appendix C: Advisory Council on Aging Feedback

January 19, 2023

DES outlined five goals and twenty-six objectives for the state and all Regions to follow in preparation for the new 2024 Area Plan. Villa reviewed with the Advisory Council on Aging the mandate to the State of Arizona and the eight Regional Area Agencies on Aging to submit an Area Plan. The documents submitted by the Area Agency on Aging to the State agency allows AAA to receive awards and contracts from the State agency and grant provided by the Older American Act.

Villa reviewed questions, goals, and objectives posed by the State and Region 6 and her current responses. This is a work in process. Council and Villa discussed the caseworkers' need for affordable office space in Sierra Vista and Douglas. Council offered to assist with the search.

Council expressed support for the AAA staff and their ongoing efforts.

Appendix D: SEAGO-Area Agency on Aging Needs Assessment Instrument and Results



SouthEastern Arizona
Governments Organization

SEAGO Area Agency on Aging: Needs Assessment Survey (2022)

Prepared by Robert Carreira, Ph.D., US ECONOMIC RESEARCH,
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January 2023



USEconomicResearch.com

2022 Survey Results

Appendix D: SEAGO-Area Agency on Aging Needs Assessment Instrument and Results

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Appendix D: SEAGO-Area Agency on Aging Needs Assessment Instrument and Results

Executive Summary

This report presents the results of a needs assessment survey of the senior population in southeast Arizona conducted in 2022 by US Economic Research and SouthEastern Arizona Governments Organization’s Area Agency on Aging. The survey included a sample of 432 seniors (ages 60 and older) residing in Cochise, Graham, Greenlee, and Santa Cruz counties.

The survey indicated the **most common serious problem** for seniors in southeast Arizona is **telemarketing or in-home sales**. This was rated a serious problem by 26.6% of survey respondents across the region and was the number-one serious problem in both Graham and Greenlee counties (it ranked fourth in Cochise County and was tied for 12th in Santa Cruz County). In addition to being the top-ranked serious problem in the region, telemarketing or in-home sales also ranked fifth in identification as a problem (either “some problem” or “serious problem”) with 49.3% of those surveyed across southeast Arizona identifying it as a problem. It was perceived as a problem by more respondents than any other issue in Graham County, though it was further down the list in the other counties (third in Greenlee, ninth in Cochise, and 13th in Santa Cruz).

The **second most common serious problem** for seniors in southeast Arizona is **affordable dental care**. This was rated a serious problem by 25.9% of survey respondents across the region. Affordable dental care ranked as the top serious problem in Cochise County, tied for second with maintenance of yard in Greenlee, was third in Graham, and tied for seventh (with availability of health care providers) in Santa Cruz County. In addition to being rated a top serious problem, affordable dental care was **also perceived as the number-one problem** (“some problem” or “serious problem”) regionwide with 57.5% of those surveyed across southeast Arizona reporting it as a problem. It was the top-rated problem in Cochise and Greenlee counties, second in Santa Cruz, and tied with loneliness for fifth in Graham.

Affordable dental care was followed by **maintenance of yard**, rated a serious problem by 24.1% of respondents, making it **third on the list of serious problems** in the region. In addition to being rated a top serious problem, maintenance of yard was perceived as a problem (“some

problem” or “serious problem”) by 55.6% of those surveyed across southeast Arizona, making it **second on the list of problems** (“some problem” or “serious problem”). It was in the top five serious problems in 3 of the 4 counties (all but Santa Cruz where it was 11th) and was on the top-five list of problems in all four counties.

Other common serious problems regionally include **maintenance and repair of home** and **ability to benefit from technology**, which were rated a serious problem by 20.0% and 19.3% of survey respondents, respectively. **Maintenance and repair of home** was rated a problem (“some problem” or “serious problem”) by 52.9% of respondents across southeast Arizona, making it the **third most common problem**. It was in the top five most common problems in 3 of the 4 counties (it was ninth in Graham County) and was the most common problem in Santa Cruz with 67.3% of respondents there identifying it as a problem. **Ability to benefit from technology** was ranked the **fifth most common serious problem** and the eighth most common problem at the regional level. It was the second most common problem (and serious problem) in Graham County and was the third-ranked serious problem in Santa Cruz County. Another important issue is **affordable assistive devices, ranked fourth regionwide as a problem** and in the top-10 lists of both problems and serious problems in all four counties (and in half of the top-five lists).

Issues that were least regarded as serious problems for seniors in southeast Arizona were elderly abuse/exploitation, raising grandchildren, personal safety, personal care, and providing care and supervision for an elderly family member. Issues least regarded as a problem (“some problem” or “serious problem”) were raising grandchildren, elderly abuse/exploitation, homelessness (including fear of becoming homeless), employment opportunities, and language barriers.

The survey revealed the most common sources of advice for seniors regarding health insurance or Medicare regionally were friends, family, neighbors, etc., followed by insurance agents. The most popular sources of transportation were respondents’ own vehicles and family, friends, and neighbors.

Appendix D: SEAGO-Area Agency on Aging Needs Assessment Instrument and Results

Introduction

In 2022, US Economic Research in partnership with SouthEastern Arizona Governments Organization’s (SEAGO) Area Agency on Aging (AAA) conducted a survey of 432 residents of southeast Arizona (Cochise, Graham, Greenlee, and Santa Cruz counties) ages 60 and older to determine their needs for assistance (see Table 1 for distribution of the sample). The surveys were distributed by AAA at various locations throughout the counties in places where residents ages 60 and older are known to frequent, including senior centers, libraries, post offices, community health clinics, food/convenience stores,

county and municipal offices, community organizations, senior living facilities, and other locations. An online version was disseminated and promoted by AAA. 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 2020 (see Appendix A for comparison of results). The survey instrument is at Appendix B (English) and Appendix C (Spanish). Spanish translation was provided by AAA.

TABLE 1: SAMPLE SIZE DISTRIBUTION	
Cochise County	233
Graham County	79
Greenlee County	62
Santa Cruz County	58
TOTAL	432

TABLE 2: AGE GROUP DISTRIBUTION OF THE SAMPLE (%)							
	60-64	65-69	70-74	75-79	80-84	85-89	90+
Cochise County	8.6	18.9	18.0	20.2	15.9	13.7	4.7
Graham County	6.3	13.9	15.2	31.6	8.9	17.7	6.3
Greenlee County	11.3	27.4	9.7	14.5	17.7	12.9	6.5
Santa Cruz County	15.5	15.5	32.8	15.5	12.1	8.6	0.0
TOTAL	9.5	18.8	18.3	20.8	14.4	13.7	4.6

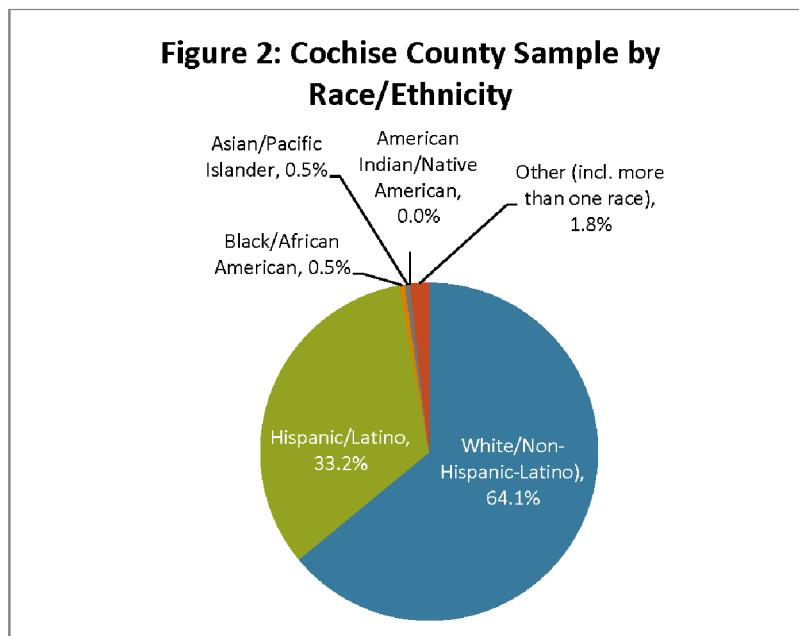
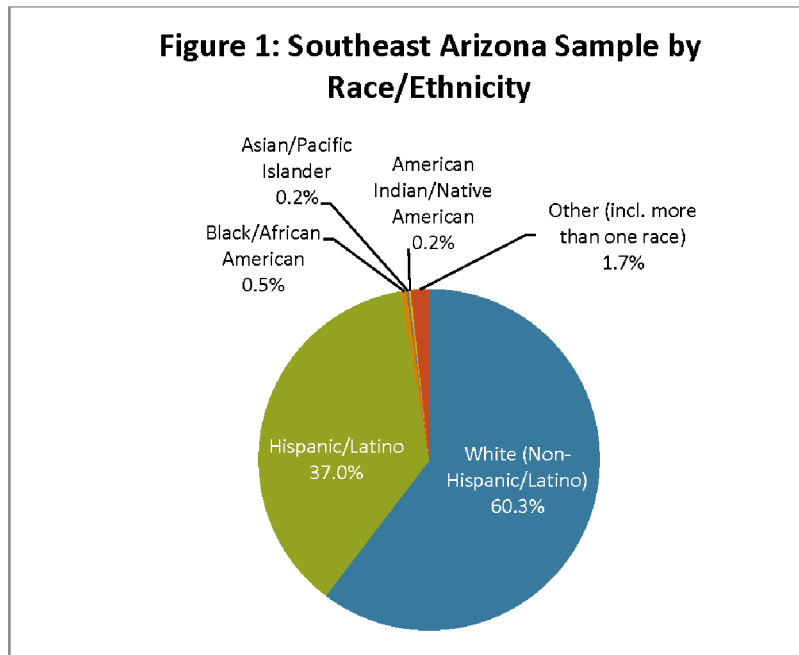
Appendix D: SEAGO-Area Agency on Aging Needs Assessment Instrument and Results

TABLE 3: GENDER DISTRIBUTION OF THE SAMPLE (%)	
Cochise County	
<i>Female</i>	65.0
<i>Male</i>	33.6
<i>Other</i>	1.4
Graham County	
<i>Female</i>	65.3
<i>Male</i>	34.7
<i>Other</i>	0.0
Greenlee County	
<i>Female</i>	79.2
<i>Male</i>	20.8
<i>Other</i>	0.0
Santa Cruz County	
<i>Female</i>	68.5
<i>Male</i>	31.5
<i>Other</i>	0.0
TOTAL	
<i>Female</i>	67.4
<i>Male</i>	31.8
<i>Other</i>	0.8

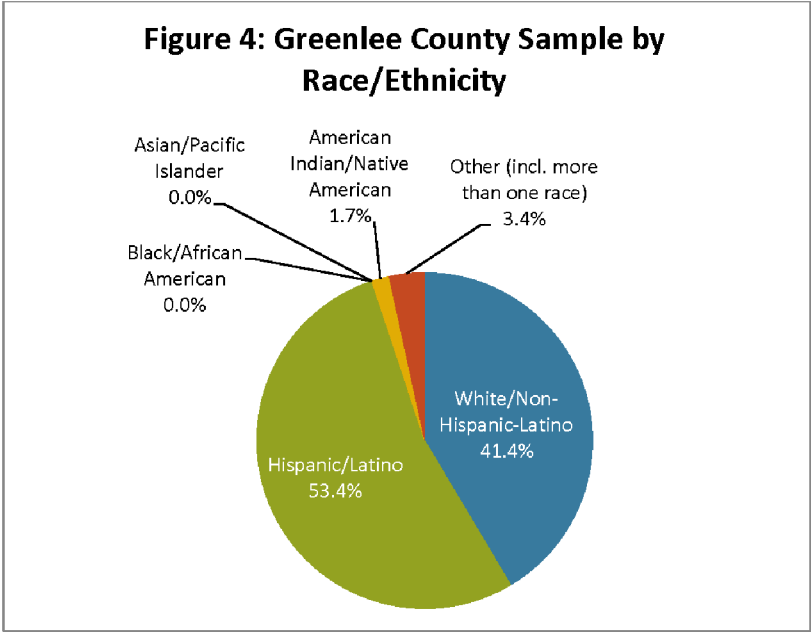
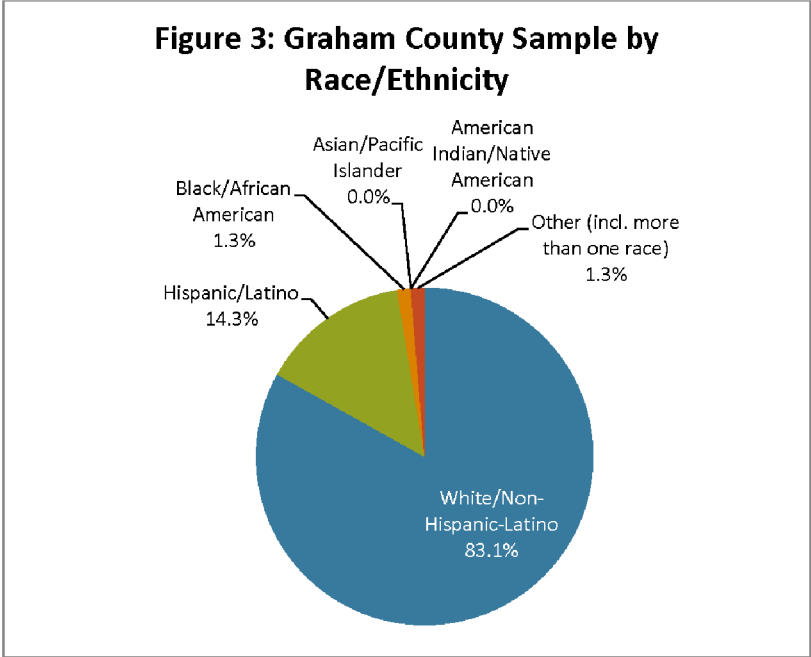
TABLE 4: SHARE OF THE SAMPLE WHOSE PRIMARY LANGUAGE IS SPANISH* (%)	
Cochise County	16.7
Graham County	0.0
Greenlee County	1.7
Santa Cruz County	53.4
TOTAL	16.6

* Does not include those indicating they are bilingual with both English and Spanish as their primary language

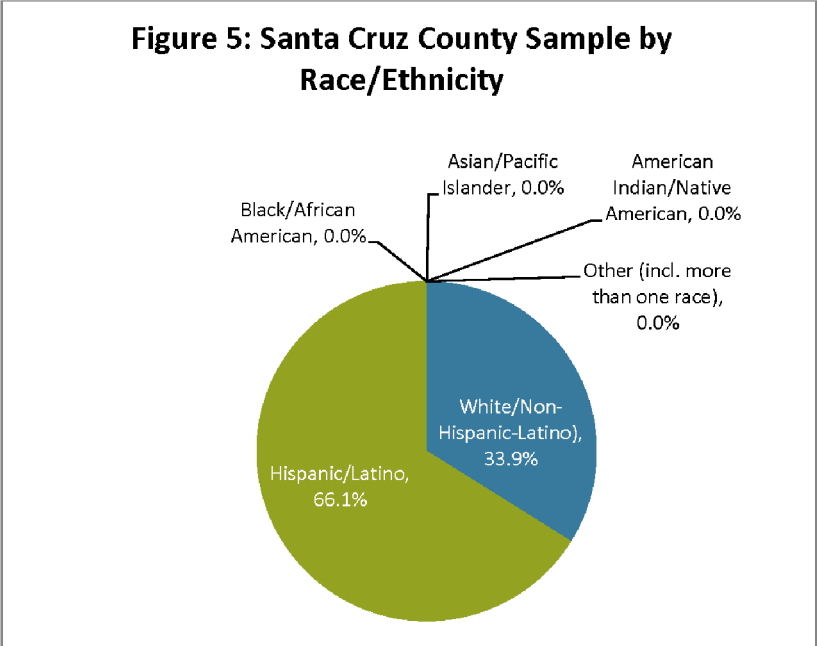
Appendix D: SEAGO-Area Agency on Aging Needs Assessment Instrument and Results



Appendix D: SEAGO-Area Agency on Aging Needs Assessment Instrument and Results



Appendix D: SEAGO-Area Agency on Aging Needs Assessment Instrument and Results



Appendix D: SEAGO-Area Agency on Aging Needs Assessment Instrument and Results

Narrative and Tabular Survey Results

Southeast Arizona

Sample Size: 432

Serious problems

Issues identified as a serious problem by the largest share of survey respondents throughout southeast Arizona (Cochise, Graham, Greenlee, and Santa Cruz counties) were telemarketing or in-home sales, identified as a serious problem by 26.6% of survey respondents; affordable dental care, identified as a serious problem by 25.9%; maintenance of yard, identified as a serious problem by 24.1%; maintenance and repair of home, identified as a serious problem by 20.0%; and ability to benefit from technology (internet, social media, tele-health, etc.), identified as a serious problem by 19.3% of those surveyed.

Problems

Issues identified as a problem (either “some problem” or “serious problem”) by the largest share of survey respondents across southeast Arizona were affordable dental care, identified as a problem by 57.5% of those surveyed; maintenance of yard, identified as a problem by 55.6%; maintenance and repair of home, identified as a problem by 52.9%; affordable assistive devices (hearing aids, glasses, canes, etc.), identified as a problem by 49.4%; and telemarketing or in-home sales, identified as a problem by 49.3% 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 88.1%

of those surveyed; elderly abuse/exploitation, identified as “no problem” by 86.0%; homelessness (including fear of becoming homeless), identified as “no problem” by 81.7%; employment opportunities, identified as “no problem” by 80.7%; and language barriers (ability to access resources, services, and information), which was identified as “no problem” by 80.6% 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 southeast Arizona, friend/family/neighbor, etc., was the most popular source at 35.0% of respondents, followed by insurance agent at 25.9% and SEAGO Agency on Aging at 11.3%. Popular write-in responses were doctors and health care providers, the internet and personal research, Medicare, 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 southeast Arizona, own vehicle was the most popular source (62.0% of respondents) followed by family (31.9%) and friend/neighbor (16.2%). Popular write-in responses were the Blake Foundation, non-public buses and shuttles, insurance and medical transportation, and walking. See Appendix E for a complete list of responses regarding other sources of transportation.

Appendix D: SEAGO-Area Agency on Aging Needs Assessment Instrument and Results

TABLE 5: ISSUES RANKED BY IDENTIFICATION AS A SERIOUS PROBLEM (SOUTHEAST ARIZONA)

<i>Issue/Problem (* new issues/problems added to the survey in 2022)</i>	<i>Respondents indicating "serious problem"</i>
Telemarketing or in-home sales	26.6%
Affordable dental care	25.9%
Maintenance of yard	24.1%
Maintenance and repair of home	20.0%
*Ability to benefit from technology (internet, social media, tele-health, etc.)	19.3%
Affordable assistive devices (hearing aids, glasses, canes, etc.)	18.6%
Transportation: rural/non-medical	16.3%
Transportation	16.2%
Finding legal assistance	15.6%
Loneliness	15.5%
Recreational or social opportunities	14.5%
Loss of spouse/loved one	14.1%
Getting information about services	12.3%
Accessibility modifications in my home (grab bars)	12.3%
Cost of housing	12.1%
Income (having enough money for basic needs)	11.0%
Homemaker services (shopping, housekeeping, meal preparation, etc.)	10.8%
Cost of energy/utilities	10.3%
*Isolation	9.9%
Having someone check on me periodically	9.7%
*The COVID pandemic affecting you or someone close to you	9.5%
Processing monthly bills and/or medical claims	8.8%
Counseling or mental health services	8.5%
Employment opportunities	8.1%
Availability of health care providers (doctors, hospitals, etc.)	8.1%
*Dementia, Alzheimer's, or similar conditions affecting you or someone close to you	7.7%
Getting information about health insurance (AHCCCS, Medicare, Medigap, etc.)	7.6%
Age discrimination (loans, insurance, employment, etc.)	7.4%
Obtaining information on volunteer opportunities	7.3%
Bereavement/grief counseling/hospice services	7.1%
Paying for prescription drugs	7.0%
Obtaining information on adult care (nursing home, assisted living facility, adult day care center, etc.)	6.8%
*Homelessness (including fear of becoming homeless)	6.7%
*Language barriers (ability to access resources, services, and information)	6.5%
Maintaining my personal independence	6.4%
Getting information about health promotion (diet, disease prevention, etc.)	6.2%
*Feeling that you're a valued member of your community (acceptance, inclusion, representation, tolerance, etc.)	6.0%
*Planning in advance for necessary health care	5.8%
Access to nutritious meals	5.8%
Providing care and supervision for an elderly family member	5.6%
Personal care (bathing, washing hair, etc.)	5.5%
Personal safety (crime)	5.3%
Raising grandchildren	5.2%
Elderly abuse, exploitation	3.4%

Appendix D: SEAGO-Area Agency on Aging Needs Assessment Instrument and Results

TABLE 6: ISSUES RANKED BY IDENTIFICATION AS A PROBLEM (SOUTHEAST ARIZONA)	
<i>Issue/Problem (* new issues/problems added to the survey in 2022)</i>	<i>Respondents indicating “some problem” or “serious problem”</i>
Affordable dental care	57.5%
Maintenance of yard	55.6%
Maintenance and repair of home	52.9%
Affordable assistive devices (hearing aids, glasses, canes, etc.)	49.4%
Telemarketing or in-home sales	49.3%
Getting information about services	49.2%
Recreational or social opportunities	45.1%
*Ability to benefit from technology (internet, social media, tele-health, etc.)	44.9%
Availability of health care providers (doctors, hospitals, etc.)	42.3%
Finding legal assistance	41.5%
Loneliness	41.3%
Accessibility modifications in my home (grab bars)	41.2%
Income (having enough money for basic needs)	40.7%
Cost of energy/utilities	38.8%
Homemaker services (shopping, housekeeping, meal preparation, etc.)	38.6%
Transportation: rural/non-medical	38.2%
Transportation	37.9%
*Planning in advance for necessary health care	35.2%
Getting information about health insurance (AHCCCS, Medicare, Medigap, etc.)	34.3%
Getting information about health promotion (diet, disease prevention, etc.)	33.7%
*The COVID pandemic affecting you or someone close to you	33.0%
Loss of spouse/loved one	32.7%
*Isolation	32.4%
Paying for prescription drugs	31.9%
Obtaining information on adult care (nursing home, assisted living facility, adult day care center, etc.)	31.8%
Cost of housing	31.4%
*Dementia, Alzheimer’s, or similar conditions affecting you or someone close to you	30.2%
Having someone check on me periodically	30.2%
Processing monthly bills and/or medical claims	29.5%
Maintaining my personal independence	29.5%
Counseling or mental health services	28.9%
*Feeling that you’re a valued member of your community (acceptance, inclusion, representation, tolerance, etc.)	24.2%
Personal care (bathing, washing hair, etc.)	24.1%
Access to nutritious meals	23.5%
Obtaining information on volunteer opportunities	23.3%
Bereavement/grief counseling/hospice services	23.2%
Providing care and supervision for an elderly family member	22.3%
Personal safety (crime)	21.5%
Age discrimination (loans, insurance, employment, etc.)	21.4%
*Language barriers (ability to access resources, services, and information)	19.4%
Employment opportunities	19.3%
*Homelessness (including fear of becoming homeless)	18.3%
Elderly abuse, exploitation	14.0%
Raising grandchildren	11.9%

Appendix D: SEAGO-Area Agency on Aging Needs Assessment Instrument and Results

Cochise County

Sample Size: 233

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 26.1% of those surveyed; maintenance of yard, identified as a serious problem by 23.9%; maintenance and repair of home, identified as a serious problem by 20.1%; telemarketing or in-home sales, identified as a serious problem by 19.0%; finding legal assistance, identified as a serious problem by 17.8%; and affordable assistive devices (hearing aids, glasses, canes, etc.), identified as a serious problem by 17.6% 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 56.2% of those surveyed; maintenance of yard, identified as a problem by 54.0%; maintenance and repair of home, identified as a problem by 52.2%; getting information about services, identified as a problem by 50.0%; and affordable assistive devices (hearing aids, glasses, canes, etc.), identified as a problem by 48.9% of respondents.

No problem

Issues identified as no problem by the largest share of survey respondents within Cochise County were raising grandchildren, identified as “no problem” by 89.1% of those surveyed; elderly abuse/exploitation, identified as

“no problem” by 84.1%; language barriers (ability to access resources, services, and information), identified as “no problem” by 81.1%; homelessness (including fear of becoming homeless), identified as “no problem” by 79.3%; personal safety (crime), identified as “no problem” by 78.8%; and employment opportunities, identified as “no problem” by 78.7% 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, friend/family/neighbor, etc., was the most popular source at 33.9% of respondents, followed by insurance agent at 26.2% and SEAGO Agency on Aging at 12.0%. Popular write-in responses were doctors and health care providers, the internet and personal research, Medicare, 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 (64.4% of respondents) followed by family (26.2%), friend/neighbor (18.5%), and public bus (9.0%). Popular write-in responses were non-public buses and shuttles, and insurance and medical transportation. See Appendix E for a complete list of responses regarding other sources of transportation.

Appendix D: SEAGO-Area Agency on Aging Needs Assessment Instrument and Results

TABLE 7: ISSUES RANKED BY IDENTIFICATION AS A SERIOUS PROBLEM (COCHISE COUNTY)	
<i>Issue/Problem (* new issues/problems added to the survey in 2022)</i>	<i>Respondents indicating "serious problem"</i>
Affordable dental care	26.1%
Maintenance of yard	23.9%
Maintenance and repair of home	20.1%
Telemarketing or in-home sales	19.0%
Finding legal assistance	17.8%
Affordable assistive devices (hearing aids, glasses, canes, etc.)	17.6%
*Ability to benefit from technology (internet, social media, tele-health, etc.)	15.2%
Loneliness	13.6%
Loss of spouse/loved one	13.5%
Cost of housing	12.5%
Recreational or social opportunities	11.6%
Income (having enough money for basic needs)	11.6%
Accessibility modifications in my home (grab bars)	11.1%
Processing monthly bills and/or medical claims	11.1%
Transportation: rural/non-medical	10.6%
Transportation	10.1%
Cost of energy/utilities	9.9%
Getting information about services	9.8%
Counseling or mental health services	9.7%
Homemaker services (shopping, housekeeping, meal preparation, etc.)	9.4%
Employment opportunities	9.0%
Obtaining information on adult care (nursing home, assisted living facility, adult day care center, etc.)	8.6%
Paying for prescription drugs	8.5%
Age discrimination (loans, insurance, employment, etc.)	7.9%
*Isolation	7.7%
Having someone check on me periodically	7.6%
Getting information about health insurance (AHCCCS, Medicare, Medigap, etc.)	7.6%
Bereavement/grief counseling/hospice services	7.4%
Obtaining information on volunteer opportunities	6.8%
*Language barriers (ability to access resources, services, and information)	6.8%
Providing care and supervision for an elderly family member	6.7%
*The COVID pandemic affecting you or someone close to you	6.7%
*Homelessness (including fear of becoming homeless)	6.3%
Personal safety (crime)	6.2%
Availability of health care providers (doctors, hospitals, etc.)	6.2%
*Planning in advance for necessary health care	5.9%
Maintaining my personal independence	5.8%
*Feeling that you're a valued member of your community (acceptance, inclusion, representation, tolerance, etc.)	5.8%
Raising grandchildren	5.7%
*Dementia, Alzheimer's, or similar conditions affecting you or someone close to you	5.4%
Personal care (bathing, washing hair, etc.)	4.9%
Access to nutritious meals	4.9%
Elderly abuse, exploitation	4.5%
Getting information about health promotion (diet, disease prevention, etc.)	4.4%

Appendix D: SEAGO-Area Agency on Aging Needs Assessment Instrument and Results

TABLE 8: ISSUES RANKED BY IDENTIFICATION AS A PROBLEM (COCHISE COUNTY)	
<i>Issue/Problem (* new issues/problems added to the survey in 2022)</i>	<i>Respondents indicating “some problem” or “serious problem”</i>
Affordable dental care	56.2%
Maintenance of yard	54.0%
Maintenance and repair of home	52.2%
Getting information about services	50.0%
Affordable assistive devices (hearing aids, glasses, canes, etc.)	48.9%
Finding legal assistance	44.7%
Recreational or social opportunities	44.4%
Income (having enough money for basic needs)	44.4%
Cost of energy/utilities	43.2%
Telemarketing or in-home sales	43.0%
*Ability to benefit from technology (internet, social media, tele-health, etc.)	42.6%
Accessibility modifications in my home (grab bars)	42.2%
Homemaker services (shopping, housekeeping, meal preparation, etc.)	41.5%
Availability of health care providers (doctors, hospitals, etc.)	39.6%
Loneliness	38.9%
*Planning in advance for necessary health care	38.2%
Obtaining information on adult care (nursing home, assisted living facility, adult day care center, etc.)	35.9%
Getting information about health insurance (AHCCCS, Medicare, Medigap, etc.)	35.6%
Transportation	35.2%
Transportation: rural/non-medical	34.9%
Paying for prescription drugs	33.9%
*Isolation	33.3%
Cost of housing	33.0%
Maintaining my personal independence	33.0%
Loss of spouse/loved one	33.0%
*The COVID pandemic affecting you or someone close to you	32.9%
Counseling or mental health services	32.7%
Getting information about health promotion (diet, disease prevention, etc.)	32.2%
Having someone check on me periodically	31.3%
Processing monthly bills and/or medical claims	31.1%
*Dementia, Alzheimer's, or similar conditions affecting you or someone close to you	28.8%
*Feeling that you're a valued member of your community (acceptance, inclusion, representation, tolerance, etc.)	25.4%
Age discrimination (loans, insurance, employment, etc.)	25.2%
Personal care (bathing, washing hair, etc.)	24.6%
Bereavement/grief counseling/hospice services	23.5%
Obtaining information on volunteer opportunities	23.3%
Providing care and supervision for an elderly family member	22.9%
Access to nutritious meals	22.6%
Employment opportunities	21.3%
Personal safety (crime)	21.2%
*Homelessness (including fear of becoming homeless)	20.7%
*Language barriers (ability to access resources, services, and information)	18.9%
Elderly abuse, exploitation	15.9%
Raising grandchildren	10.9%

Appendix D: SEAGO-Area Agency on Aging Needs Assessment Instrument and Results

Graham County

Sample Size: 79

Serious problems

Issues identified as a serious problem by the largest share of survey respondents in Graham County were telemarketing or in-home sales, identified as a serious problem by 48.1% of those surveyed; ability to benefit from technology (internet, social media, tele-health, etc.), identified as a serious problem by 28.2%; affordable dental care, identified as a serious problem by 23.7%; maintenance of yard, identified as a serious problem by 21.8%; affordable assistive devices (hearing aids, glasses, canes, etc.), identified as a serious problem by 18.4%; and transportation, also identified as a serious problem by 18.4% 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 telemarketing or in-home sales, identified as a problem by 62.3% of those surveyed; ability to benefit from technology (internet, social media, tele-health, etc.), identified as a problem by 50.0%; maintenance of yard, identified as a problem by 47.4%; recreational or social opportunities, identified as a problem by 46.8%; affordable dental care and loneliness, each identified as a problem by 44.7%; and getting information about services, identified as a problem by 44.6% of respondents.

No problem

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

barriers (ability to access resources, services, and information), identified as “no problem” by 93.6% of those surveyed; elderly abuse, exploitation, also identified as “no problem” by 93.6%; employment opportunities, identified as “no problem” by 92.3%; raising grandchildren, identified as “no problem” by 91.0%; and age discrimination (loans, insurance, employment, etc.), also identified as “no problem” by 91.0% 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 Graham County, insurance agent was the most popular source (25.3% of respondents) followed by friend/family/neighbor, etc., at 24.1% and State Health Insurance Assistance Program (SHIP) at 7.6%. Popular write-in responses were doctors and health care providers, personal research, and SEACUS. 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 (62.0% of respondents) followed by family (43.0%), friend/neighbor (17.7%), and public bus (6.3%). The most popular write-in response was Blake Foundation. See Appendix E for a complete list of responses regarding other sources of transportation.

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TABLE 9: ISSUES RANKED BY IDENTIFICATION AS A SERIOUS PROBLEM (GRAHAM COUNTY)	
<i>Issue/Problem (* new issues/problems added to the survey in 2022)</i>	<i>Respondents indicating "serious problem"</i>
Telemarketing or in-home sales	48.1%
*Ability to benefit from technology (internet, social media, tele-health, etc.)	28.2%
Affordable dental care	23.7%
Maintenance of yard	21.8%
Affordable assistive devices (hearing aids, glasses, canes, etc.)	18.4%
Transportation	18.4%
Transportation: rural/non-medical	17.1%
Loneliness	17.1%
Recreational or social opportunities	16.5%
Getting information about services	16.2%
Loss of spouse/loved one	15.4%
Maintenance and repair of home	13.5%
Homemaker services (shopping, housekeeping, meal preparation, etc.)	13.3%
*The COVID pandemic affecting you or someone close to you	12.8%
*Dementia, Alzheimer's, or similar conditions affecting you or someone close to you	12.7%
Accessibility modifications in my home (grab bars)	11.8%
Income (having enough money for basic needs)	10.4%
*Isolation	10.1%
Having someone check on me periodically	9.3%
Availability of health care providers (doctors, hospitals, etc.)	9.1%
Cost of housing	8.9%
Cost of energy/utilities	8.9%
Getting information about health promotion (diet, disease prevention, etc.)	8.0%
Finding legal assistance	7.9%
Maintaining my personal independence	7.6%
Paying for prescription drugs	6.6%
Counseling or mental health services	6.4%
Bereavement/grief counseling/hospice services	6.4%
Age discrimination (loans, insurance, employment, etc.)	6.4%
*Feeling that you're a valued member of your community (acceptance, inclusion, representation, tolerance, etc.)	6.4%
Access to nutritious meals	5.4%
Personal care (bathing, washing hair, etc.)	5.3%
Processing monthly bills and/or medical claims	5.2%
*Planning in advance for necessary health care	5.1%
Obtaining information on volunteer opportunities	5.1%
Getting information about health insurance (AHCCCS, Medicare, Medigap, etc.)	3.8%
Employment opportunities	3.8%
*Homelessness (including fear of becoming homeless)	3.8%
Obtaining information on adult care (nursing home, assisted living facility, adult day care center, etc.)	2.6%
Elderly abuse, exploitation	2.6%
Personal safety (crime)	2.6%
Raising grandchildren	2.6%
*Language barriers (ability to access resources, services, and information)	2.6%
Providing care and supervision for an elderly family member	1.3%

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TABLE 10: ISSUES RANKED BY IDENTIFICATION AS A PROBLEM (GRAHAM COUNTY)	
<i>Issue/Problem (* new issues/problems added to the survey in 2022)</i>	<i>Respondents indicating "some problem" or "serious problem"</i>
Telemarketing or in-home sales	62.3%
*Ability to benefit from technology (internet, social media, tele-health, etc.)	50.0%
Maintenance of yard	47.4%
Recreational or social opportunities	46.8%
Affordable dental care	44.7%
Loneliness	44.7%
Getting information about services	44.6%
Availability of health care providers (doctors, hospitals, etc.)	44.2%
Affordable assistive devices (hearing aids, glasses, canes, etc.)	40.8%
Maintenance and repair of home	40.5%
Getting information about health promotion (diet, disease prevention, etc.)	34.7%
*The COVID pandemic affecting you or someone close to you	33.3%
Transportation	30.3%
Income (having enough money for basic needs)	29.9%
Finding legal assistance	28.9%
*Dementia, Alzheimer's, or similar conditions affecting you or someone close to you	27.8%
Transportation: rural/non-medical	27.6%
Homemaker services (shopping, housekeeping, meal preparation, etc.)	26.7%
Accessibility modifications in my home (grab bars)	26.3%
Access to nutritious meals	25.7%
Loss of spouse/loved one	25.6%
Cost of energy/utilities	25.3%
*Isolation	25.3%
Getting information about health insurance (AHCCCS, Medicare, Medigap, etc.)	24.4%
*Planning in advance for necessary health care	24.4%
Personal care (bathing, washing hair, etc.)	24.0%
Paying for prescription drugs	23.7%
Processing monthly bills and/or medical claims	23.4%
*Feeling that you're a valued member of your community (acceptance, inclusion, representation, tolerance, etc.)	23.1%
Maintaining my personal independence	22.8%
Having someone check on me periodically	22.7%
Cost of housing	21.5%
Obtaining information on adult care (nursing home, assisted living facility, adult day care center, etc.)	20.8%
Providing care and supervision for an elderly family member	18.7%
Counseling or mental health services	17.9%
Bereavement/grief counseling/hospice services	17.9%
Personal safety (crime)	16.7%
Obtaining information on volunteer opportunities	11.4%
*Homelessness (including fear of becoming homeless)	10.1%
Age discrimination (loans, insurance, employment, etc.)	9.0%
Raising grandchildren	9.0%
Employment opportunities	7.7%
Elderly abuse, exploitation	6.4%
*Language barriers (ability to access resources, services, and information)	6.4%

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Greenlee County

Sample Size: 62

Serious problems

Issues identified as a serious problem by the largest share of survey respondents in Greenlee County were telemarketing or in-home sales, identified as a serious problem by 35.5% of those surveyed; affordable dental care, identified as a serious problem by 33.9%; maintenance of yard, also identified as a serious problem by 33.9%; maintenance and repair of home, identified as a serious problem by 30.0%; and transportation, identified as a serious problem by 21.7% 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 affordable dental care, identified as a problem by 72.6% of those surveyed; maintenance of yard, identified as a problem by 67.7%; telemarketing or in-home sales, identified as a problem by 59.7%; affordable assistive devices (hearing aids, glasses, canes, etc.), identified as a problem by 59.0%; and maintenance and repair of home, identified as a problem by 58.3% of respondents.

No problem

Issues identified as no problem by the largest share of survey respondents in Greenlee County were raising grandchildren, identified as “no problem” by 86.7% of those surveyed; homelessness (including fear of becoming homeless), identified as “no problem” by 83.9%; elderly

abuse, exploitation, identified as “no problem” by 82.0%; feeling that you’re a valued member of your community (acceptance, inclusion, representation, tolerance, etc.), identified as “no problem” by 81.0%; language barriers (ability to access resources, services, and information), along with access to nutritious meals, each identified as “no problem” by 80.6%; providing care and supervision for an elderly family member, identified as “no problem” by 80.4%; and employment opportunities, identified as “no problem” by 80.0% 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, friend/family/neighbor, etc. was the most popular source (54.8% of respondents) followed by insurance agent (35.5%) and SEAGO AAA (11.3%). The most popular write-in response was Social Security 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 Greenlee County, own vehicle was the most popular source (54.8% of respondents), followed by family (46.8%) and friend/neighbor (9.7%). See Appendix E for a list of responses regarding other sources of transportation.

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TABLE 11: ISSUES RANKED BY IDENTIFICATION AS A SERIOUS PROBLEM (GREENLEE COUNTY)	
<i>Issue/Problem (* new issues/problems added to the survey in 2022)</i>	<i>Respondents indicating "serious problem"</i>
Telemarketing or in-home sales	35.5%
Affordable dental care	33.9%
Maintenance of yard	33.9%
Maintenance and repair of home	30.0%
Transportation	21.7%
Transportation: rural/non-medical	18.6%
Loneliness	18.3%
Loss of spouse/loved one	18.0%
*Ability to benefit from technology (internet, social media, tele-health, etc.)	17.7%
Accessibility modifications in my home (grab bars)	16.7%
Affordable assistive devices (hearing aids, glasses, canes, etc.)	16.4%
Finding legal assistance	15.3%
Recreational or social opportunities	15.0%
*Isolation	13.6%
Cost of housing	12.9%
Homemaker services (shopping, housekeeping, meal preparation, etc.)	11.7%
Having someone check on me periodically	11.5%
*The COVID pandemic affecting you or someone close to you	11.5%
Getting information about services	10.0%
Bereavement/grief counseling/hospice services	8.5%
Obtaining information on volunteer opportunities	8.5%
Getting information about health insurance (AHCCCS, Medicare, Medigap, etc.)	8.3%
Counseling or mental health services	8.2%
Cost of energy/utilities	8.2%
Personal care (bathing, washing hair, etc.)	8.1%
Employment opportunities	8.0%
Obtaining information on adult care (nursing home, assisted living facility, adult day care center, etc.)	6.7%
Processing monthly bills and/or medical claims	6.6%
Access to nutritious meals	6.5%
Providing care and supervision for an elderly family member	5.9%
Personal safety (crime)	5.2%
*Feeling that you're a valued member of your community (acceptance, inclusion, representation, tolerance, etc.)	5.2%
Raising grandchildren	5.0%
Income (having enough money for basic needs)	4.9%
*Dementia, Alzheimer's, or similar conditions affecting you or someone close to you	4.9%
Paying for prescription drugs	4.8%
*Homelessness (including fear of becoming homeless)	4.8%
Availability of health care providers (doctors, hospitals, etc.)	3.3%
Age discrimination (loans, insurance, employment, etc.)	3.3%
Maintaining my personal independence	3.3%
*Language barriers (ability to access resources, services, and information)	3.2%
Getting information about health promotion (diet, disease prevention, etc.)	1.7%
*Planning in advance for necessary health care	1.6%
Elderly abuse, exploitation	0.0%

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TABLE 12: ISSUES RANKED BY IDENTIFICATION AS A PROBLEM (GREENLEE COUNTY)	
<i>Issue/Problem (* new issues/problems added to the survey in 2022)</i>	<i>Respondents indicating “some problem” or “serious problem”</i>
Affordable dental care	72.6%
Maintenance of yard	67.7%
Telemarketing or in-home sales	59.7%
Affordable assistive devices (hearing aids, glasses, canes, etc.)	59.0%
Maintenance and repair of home	58.3%
Accessibility modifications in my home (grab bars)	51.7%
Transportation: rural/non-medical	49.2%
Getting information about services	48.3%
Finding legal assistance	45.8%
Recreational or social opportunities	45.0%
Getting information about health insurance (AHCCCS, Medicare, Medigap, etc.)	43.3%
Availability of health care providers (doctors, hospitals, etc.)	41.7%
Transportation	41.7%
Loneliness	41.7%
*Ability to benefit from technology (internet, social media, tele-health, etc.)	40.3%
Homemaker services (shopping, housekeeping, meal preparation, etc.)	40.0%
Income (having enough money for basic needs)	39.3%
Loss of spouse/loved one	39.3%
Paying for prescription drugs	37.1%
Cost of energy/utilities	36.1%
Processing monthly bills and/or medical claims	34.4%
Counseling or mental health services	32.8%
Personal safety (crime)	32.8%
*Planning in advance for necessary health care	31.1%
Personal care (bathing, washing hair, etc.)	30.6%
Obtaining information on volunteer opportunities	30.5%
*Dementia, Alzheimer's, or similar conditions affecting you or someone close to you	29.5%
Bereavement/grief counseling/hospice services	28.8%
*Isolation	28.8%
Obtaining information on adult care (nursing home, assisted living facility, adult day care center, etc.)	28.3%
Cost of housing	27.4%
Getting information about health promotion (diet, disease prevention, etc.)	26.7%
Age discrimination (loans, insurance, employment, etc.)	26.7%
Having someone check on me periodically	26.2%
Maintaining my personal independence	26.2%
*The COVID pandemic affecting you or someone close to you	26.2%
Employment opportunities	20.0%
Providing care and supervision for an elderly family member	19.6%
Access to nutritious meals	19.4%
*Language barriers (ability to access resources, services, and information)	19.4%
*Feeling that you're a valued member of your community (acceptance, inclusion, representation, tolerance, etc.)	19.0%
Elderly abuse, exploitation	18.0%
*Homelessness (including fear of becoming homeless)	16.1%
Raising grandchildren	13.3%

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Santa Cruz County

Sample Size: 58

Serious problems

Issues identified as a serious problem by the largest share of survey respondents in Santa Cruz County were transportation: rural/non-medical, identified as a serious problem by 35.8% of those surveyed; transportation, identified as a serious problem by 32.1%; ability to benefit from technology (internet, social media, tele-health, etc.), identified as a serious problem by 25.0%; affordable assistive devices (hearing aids, glasses, canes, etc.), identified as a serious problem by 24.6%; and recreational or social opportunities, identified as a serious problem by 22.8% 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 maintenance and repair of home, identified as a problem by 67.3% of those surveyed; affordable dental care, identified as a problem by 63.2%; maintenance of yard, identified as a problem by 60.4%; transportation, identified as a problem by 55.4%; and transportation: rural/non-medical, identified as a problem by 54.7% of respondents.

No problem

Issues identified as no problem by the largest share of survey respondents in Santa Cruz County were elderly

abuse, exploitation, identified as “no problem” by 87.0% of those surveyed; personal care (bathing, washing hair, etc.), identified as “no problem” by 84.5%; raising grandchildren and personal safety (crime), each identified as “no problem” by 82.1%; and age discrimination (loans, insurance, employment, etc.), identified as “no problem” by 81.8% 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, friend/family/neighbor, etc. was the most popular source (34.5% of respondents) followed by SEAGO AAA (17.2%), then insurance agent and State Health Insurance Assistance Program (15.5% each). See Appendix D for a 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 (60.3% of respondents) followed by family (24.1%), friend/neighbor (12.1%), volunteer (8.6%), and taxi (6.9%). See Appendix E for a list of responses regarding other sources of transportation.

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TABLE 13: ISSUES RANKED BY IDENTIFICATION AS A SERIOUS PROBLEM (SANTA CRUZ COUNTY)	
<i>Issue/Problem (* new issues/problems added to the survey in 2022)</i>	<i>Respondents indicating "serious problem"</i>
Transportation: rural/non-medical	35.8%
Transportation	32.1%
*Ability to benefit from technology (internet, social media, tele-health, etc.)	25.0%
Affordable assistive devices (hearing aids, glasses, canes, etc.)	24.6%
Recreational or social opportunities	22.8%
Getting information about services	20.0%
Availability of health care providers (doctors, hospitals, etc.)	19.3%
Affordable dental care	19.3%
Loneliness	18.2%
Finding legal assistance	17.9%
Maintenance and repair of home	17.3%
Maintenance of yard	17.0%
Having someone check on me periodically	16.7%
Telemarketing or in-home sales	16.7%
Income (having enough money for basic needs)	16.4%
Cost of energy/utilities	16.4%
Getting information about health promotion (diet, disease prevention, etc.)	15.8%
*Isolation	14.8%
Cost of housing	14.3%
*Language barriers (ability to access resources, services, and information)	14.3%
*Homelessness (including fear of becoming homeless)	14.0%
*The COVID pandemic affecting you or someone close to you	14.0%
Accessibility modifications in my home (grab bars)	13.5%
*Dementia, Alzheimer's, or similar conditions affecting you or someone close to you	12.7%
Getting information about health insurance (AHCCCS, Medicare, Medigap, etc.)	12.3%
Homemaker services (shopping, housekeeping, meal preparation, etc.)	12.1%
Employment opportunities	11.1%
Age discrimination (loans, insurance, employment, etc.)	10.9%
Obtaining information on volunteer opportunities	10.9%
Loss of spouse/loved one	10.7%
Maintaining my personal independence	10.7%
*Planning in advance for necessary health care	10.7%
Access to nutritious meals	9.1%
Providing care and supervision for an elderly family member	7.3%
Counseling or mental health services	7.1%
Raising grandchildren	7.1%
Processing monthly bills and/or medical claims	7.0%
*Feeling that you're a valued member of your community (acceptance, inclusion, representation, tolerance, etc.)	7.0%
Bereavement/grief counseling/hospice services	5.5%
Obtaining information on adult care (nursing home, assisted living facility, adult day care center, etc.)	5.5%
Personal safety (crime)	5.4%
Personal care (bathing, washing hair, etc.)	5.2%
Elderly abuse, exploitation	3.7%
Paying for prescription drugs	3.6%

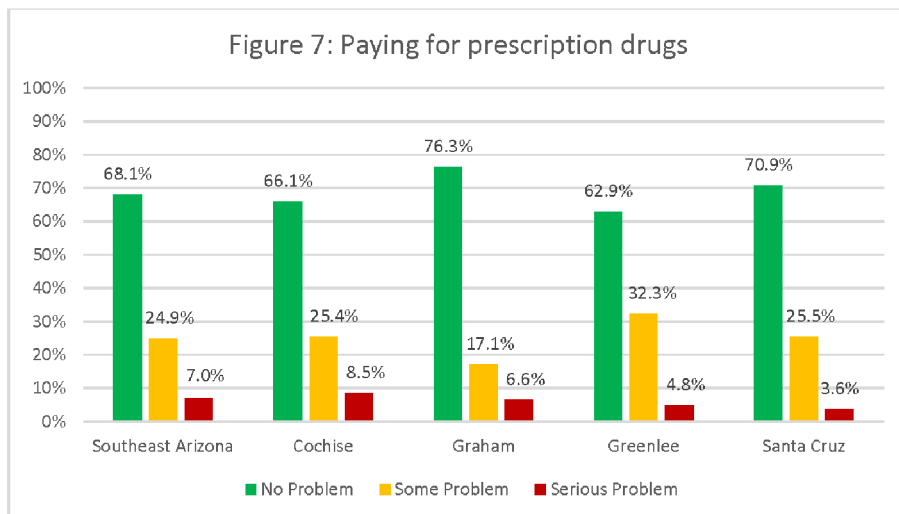
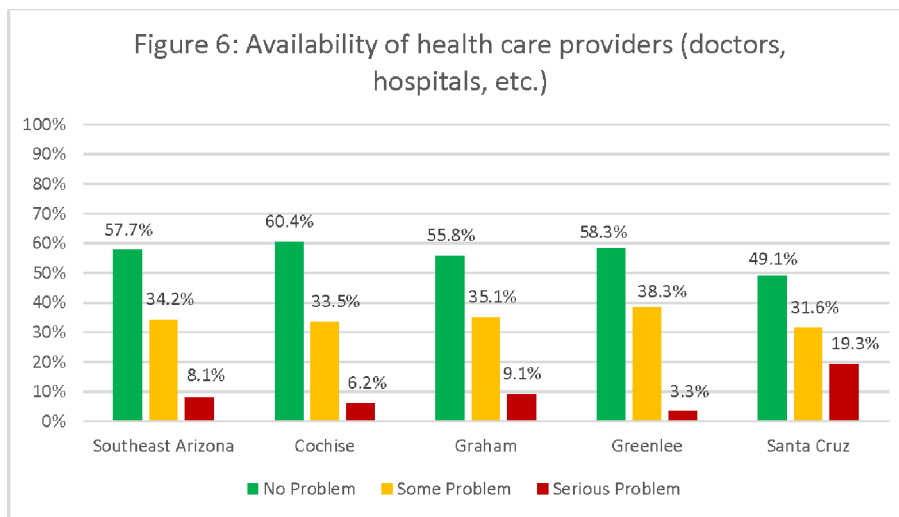
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TABLE 14: ISSUES RANKED BY IDENTIFICATION AS A PROBLEM (SANTA CRUZ COUNTY)	
<i>Issue/Problem (* new issues/problems added to the survey in 2022)</i>	<i>Respondents indicating “some problem” or “serious problem”</i>
Maintenance and repair of home	67.3%
Affordable dental care	63.2%
Maintenance of yard	60.4%
Transportation	55.4%
Transportation: rural/non-medical	54.7%
Getting information about services	52.7%
Affordable assistive devices (hearing aids, glasses, canes, etc.)	52.6%
*Ability to benefit from technology (internet, social media, tele-health, etc.)	51.8%
Availability of health care providers (doctors, hospitals, etc.)	50.9%
Accessibility modifications in my home (grab bars)	46.2%
Getting information about health promotion (diet, disease prevention, etc.)	45.6%
Recreational or social opportunities	45.6%
Loneliness	45.5%
Telemarketing or in-home sales	44.4%
Cost of energy/utilities	43.6%
Cost of housing	42.9%
*Planning in advance for necessary health care	42.9%
*Isolation	42.6%
Income (having enough money for basic needs)	41.8%
Homemaker services (shopping, housekeeping, meal preparation, etc.)	41.4%
Finding legal assistance	41.1%
Having someone check on me periodically	40.7%
*The COVID pandemic affecting you or someone close to you	40.4%
*Dementia, Alzheimer's, or similar conditions affecting you or someone close to you	40.0%
*Language barriers (ability to access resources, services, and information)	39.3%
Obtaining information on adult care (nursing home, assisted living facility, adult day care center, etc.)	34.5%
Loss of spouse/loved one	33.9%
Getting information about health insurance (AHCCCS, Medicare, Medigap, etc.)	33.3%
Obtaining information on volunteer opportunities	32.7%
Paying for prescription drugs	29.1%
Access to nutritious meals	29.1%
Maintaining my personal independence	28.6%
Employment opportunities	27.8%
Providing care and supervision for an elderly family member	27.3%
Processing monthly bills and/or medical claims	26.3%
*Feeling that you're a valued member of your community (acceptance, inclusion, representation, tolerance, etc.)	26.3%
Counseling or mental health services	25.0%
Bereavement/grief counseling/hospice services	23.6%
*Homelessness (including fear of becoming homeless)	22.8%
Age discrimination (loans, insurance, employment, etc.)	18.2%
Personal safety (crime)	17.9%
Raising grandchildren	17.9%
Personal care (bathing, washing hair, etc.)	15.5%
Elderly abuse, exploitation	13.0%

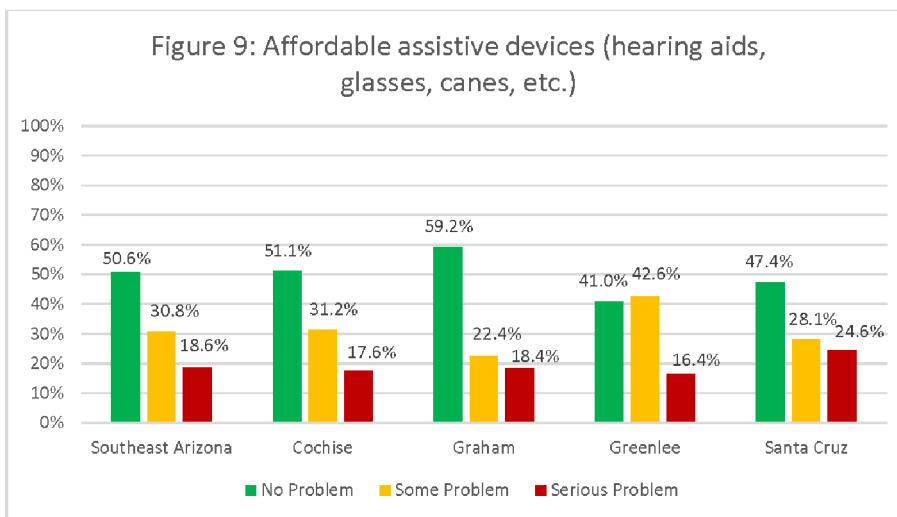
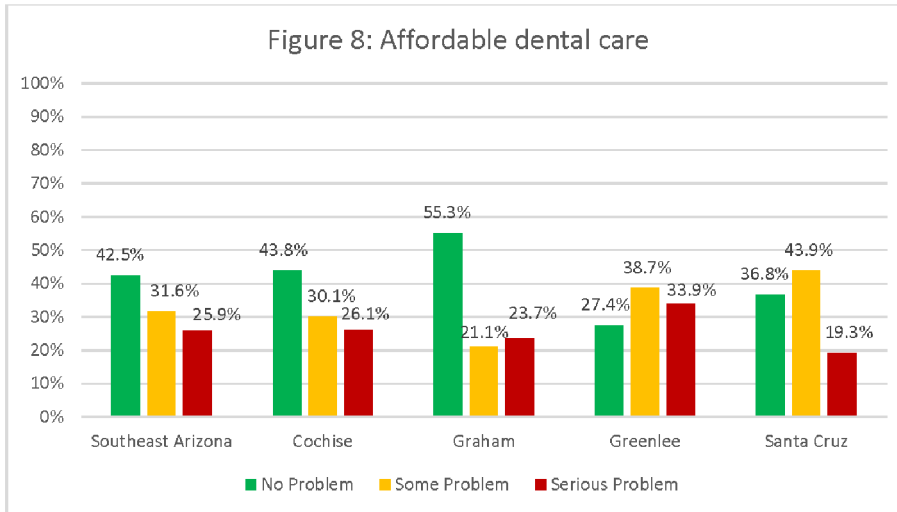
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Graphical Survey Results

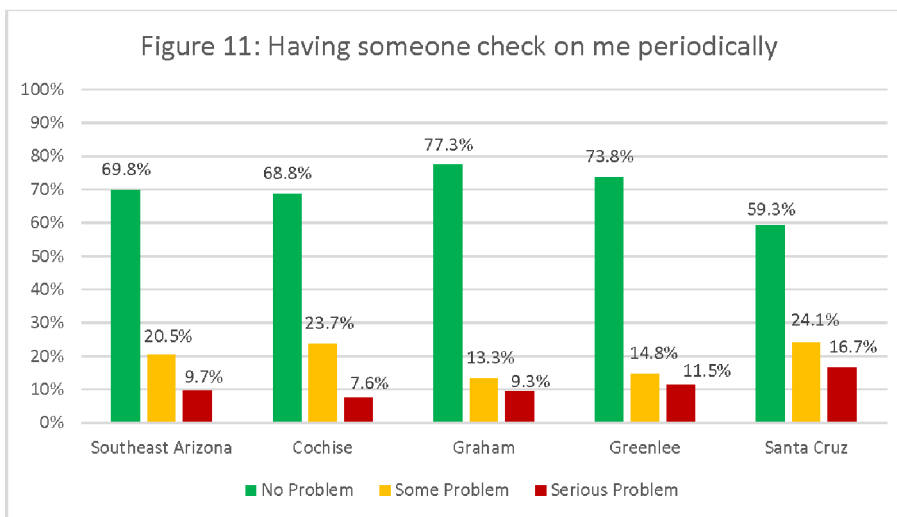
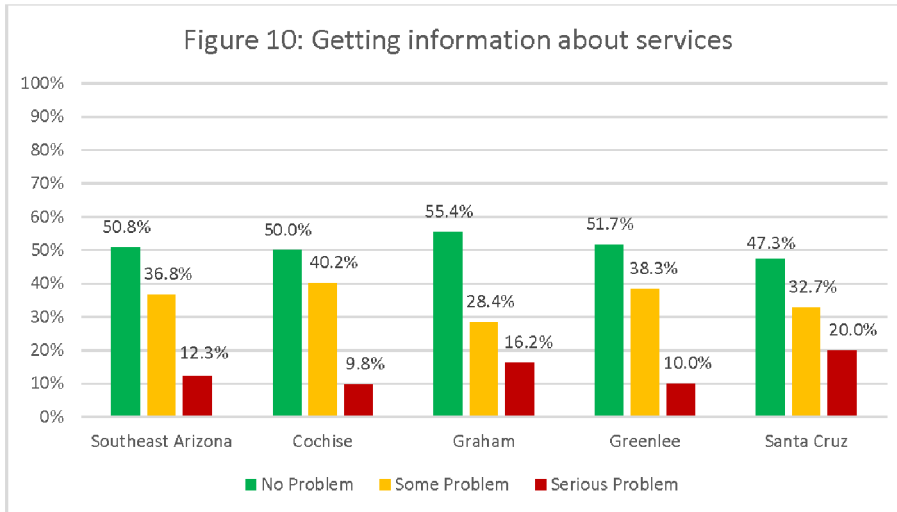
Survey respondents were asked to indicate the degree to which each of the following items is a problem for them personally. (Respondents rating the issue as “no problem” are shown in green, ratings of “some problem” are shown in yellow, and “serious problem” ratings are shown in red.)



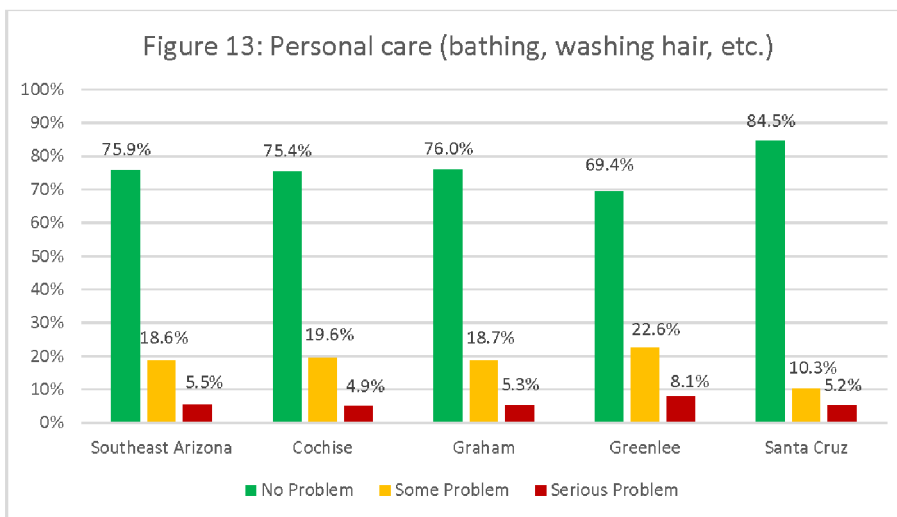
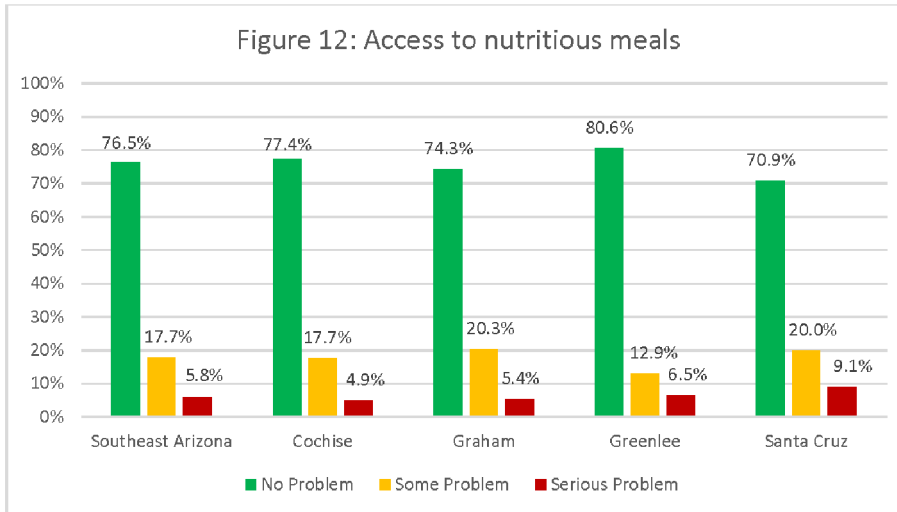
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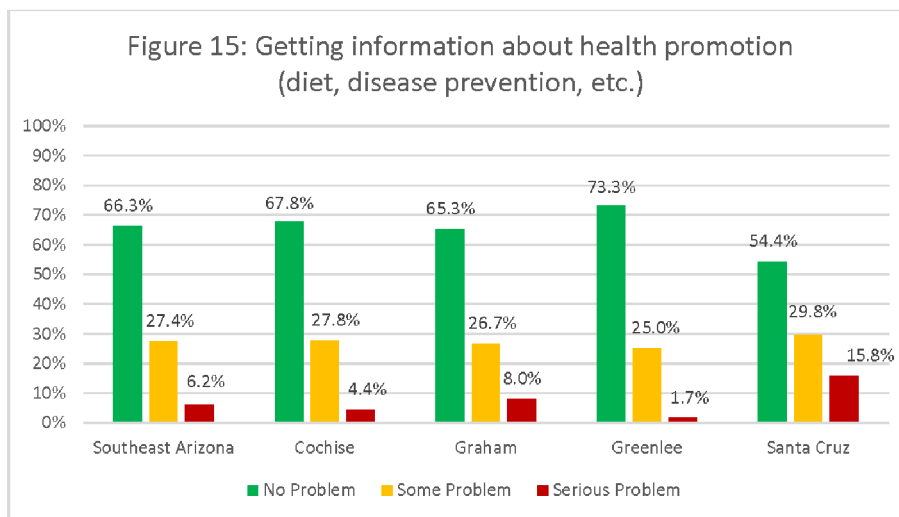
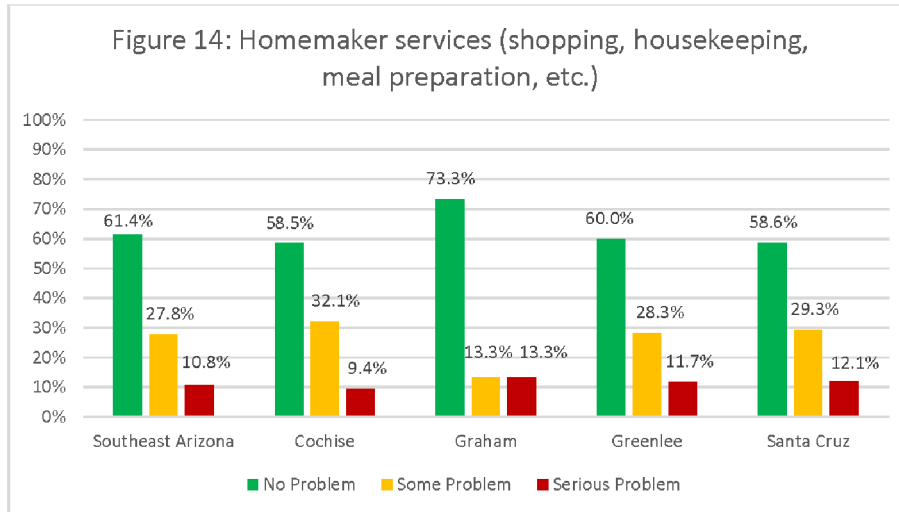
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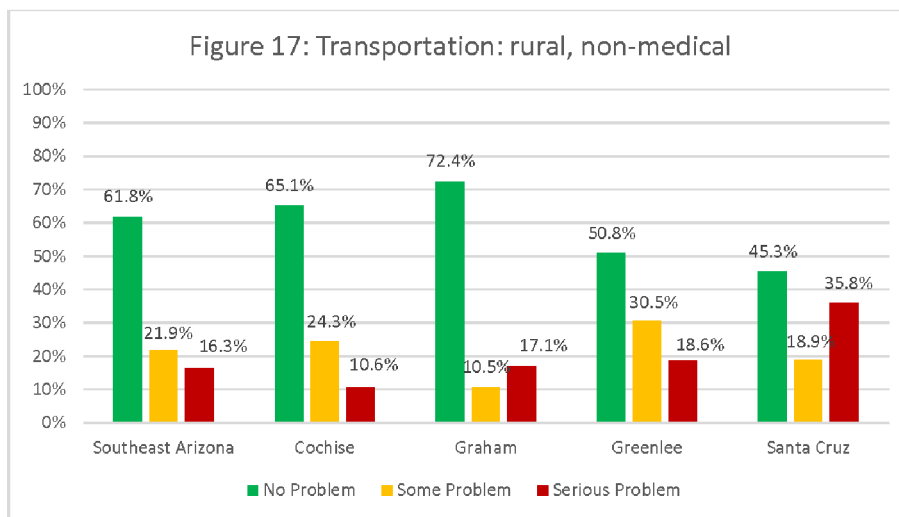
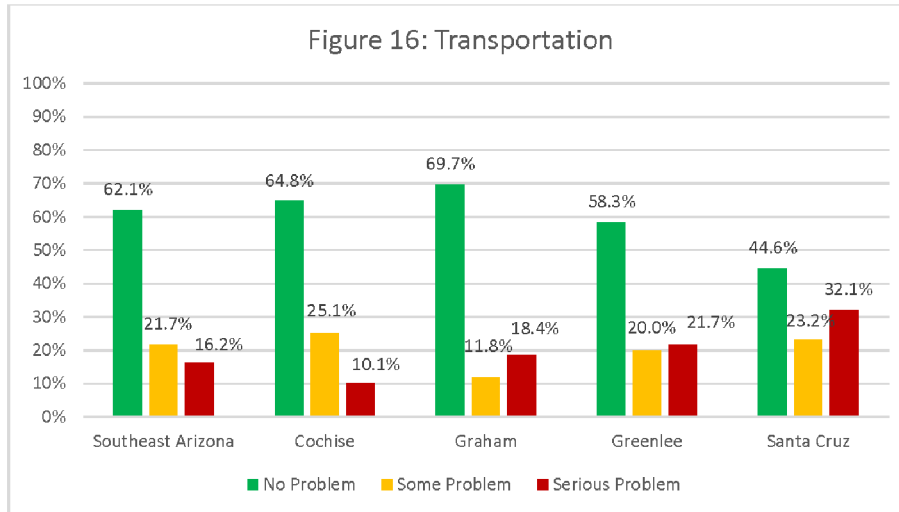
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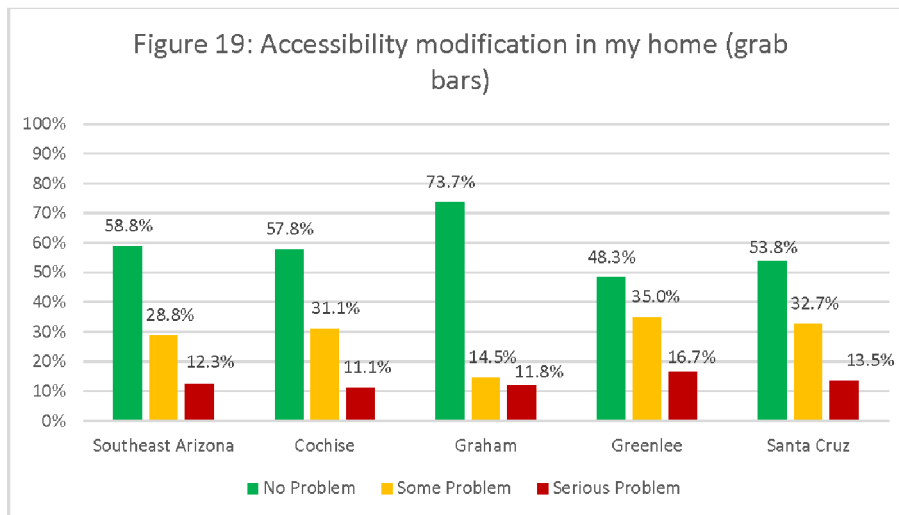
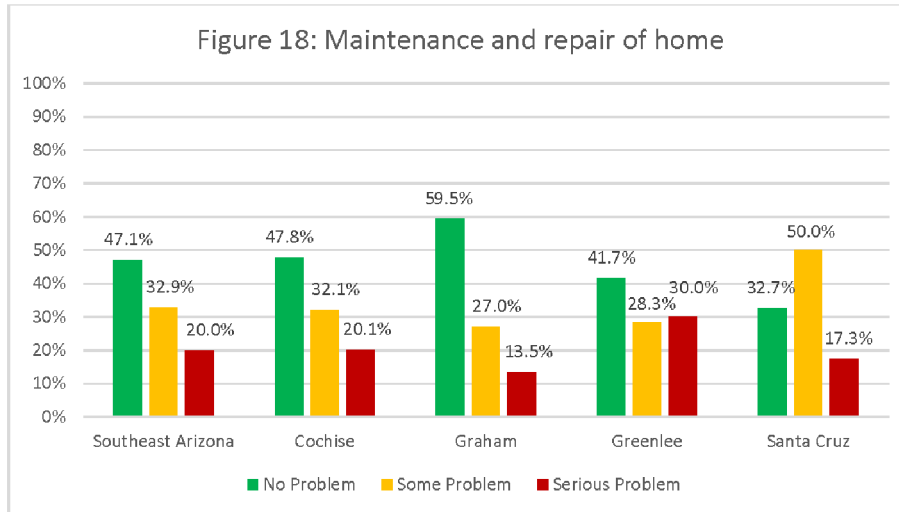
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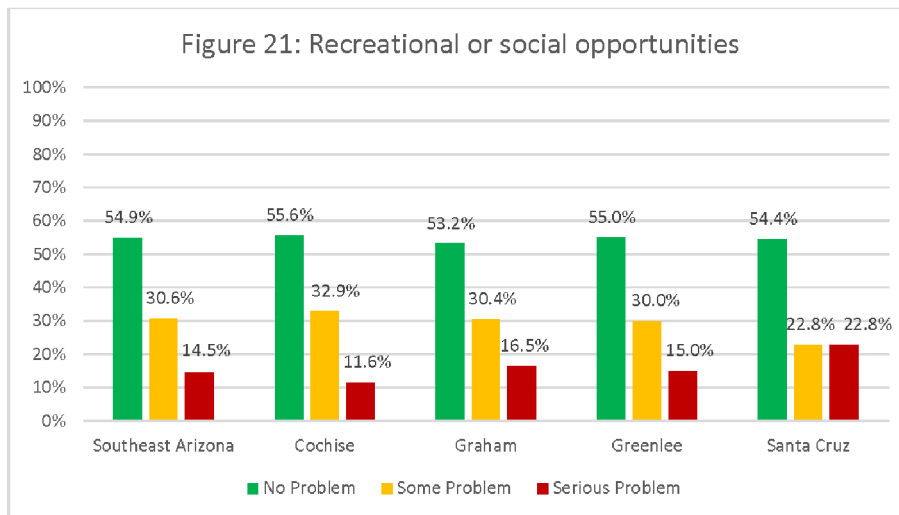
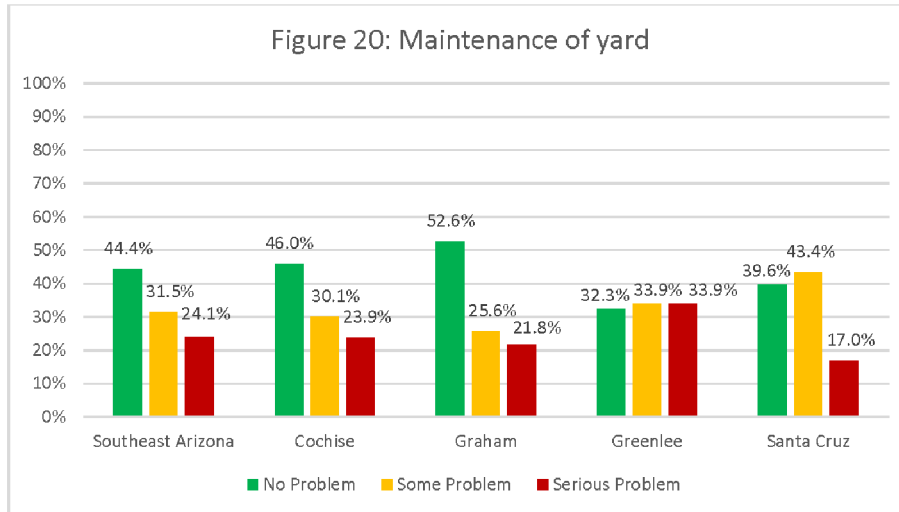
Appendix D: SEAGO-Area Agency on Aging Needs Assessment Instrument and Results



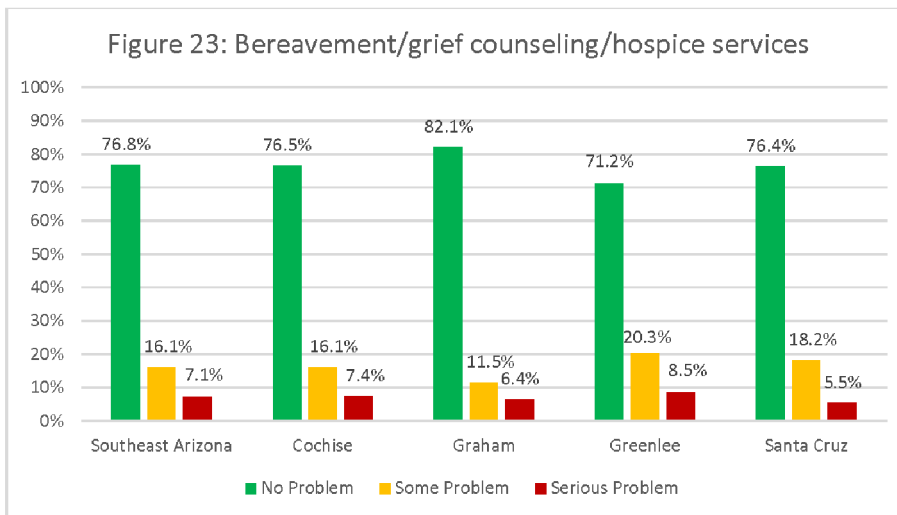
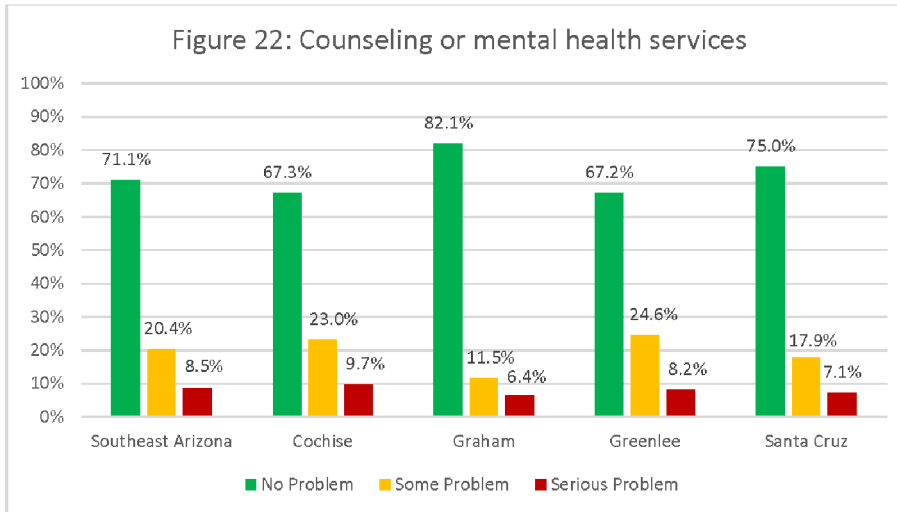
Appendix D: SEAGO-Area Agency on Aging Needs Assessment Instrument and Results



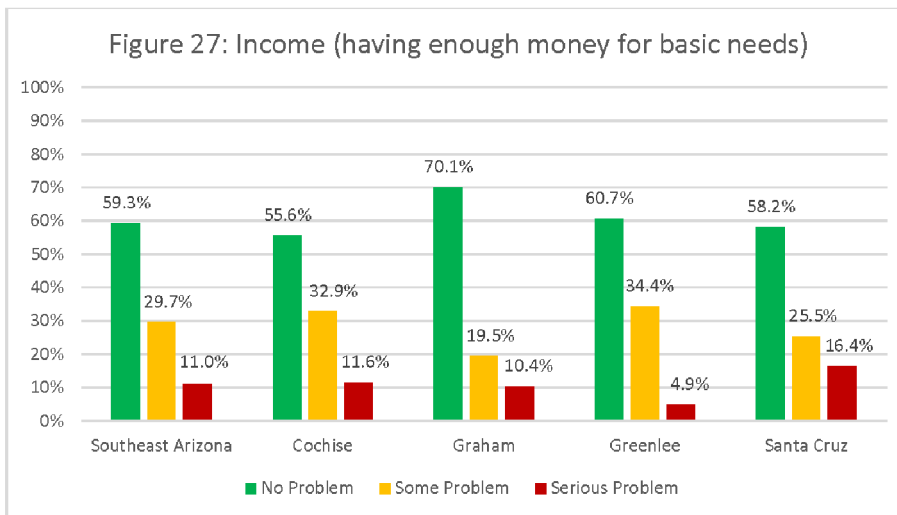
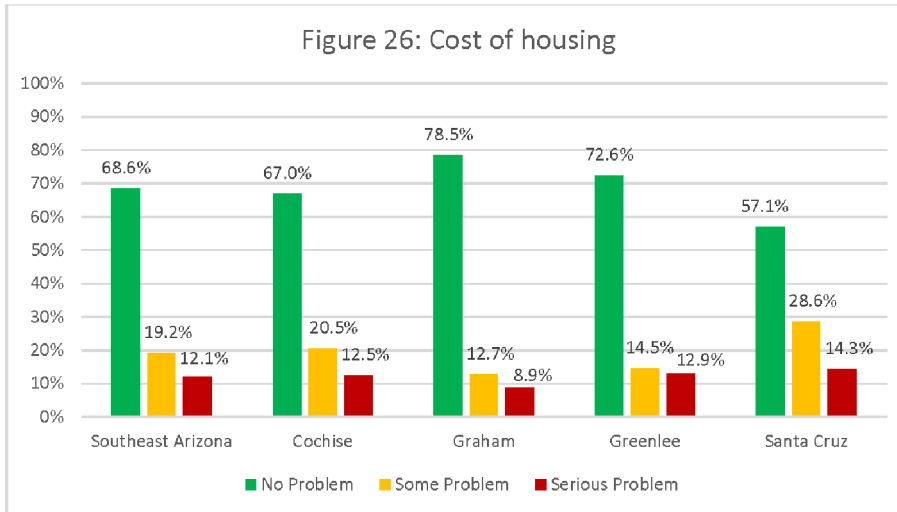
Appendix D: SEAGO-Area Agency on Aging Needs Assessment Instrument and Results



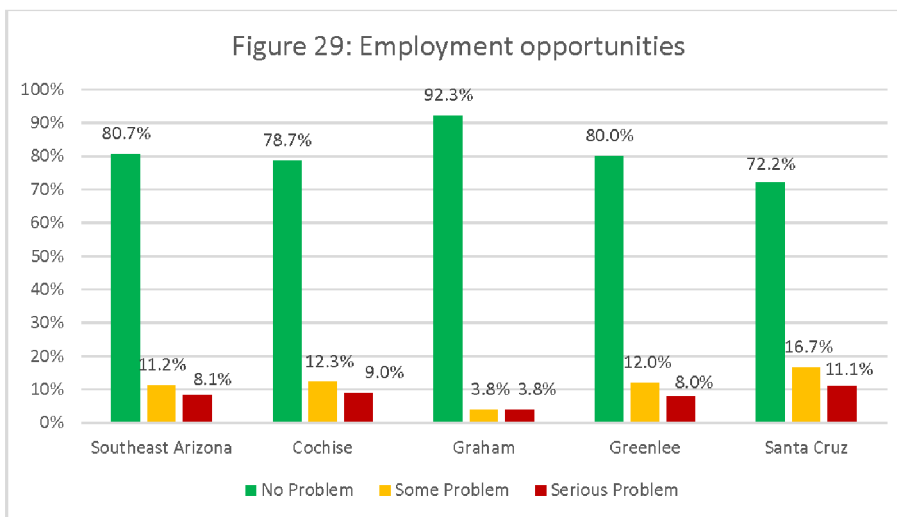
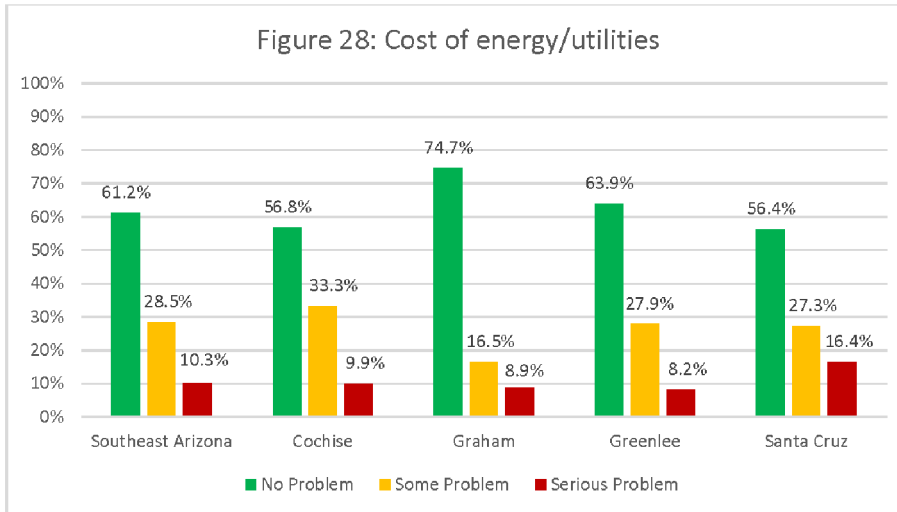
Appendix D: SEAGO-Area Agency on Aging Needs Assessment Instrument and Results



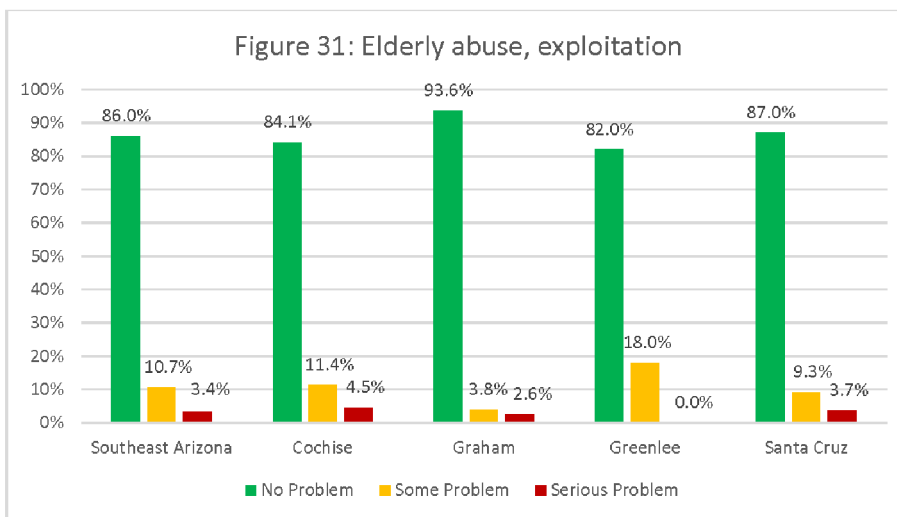
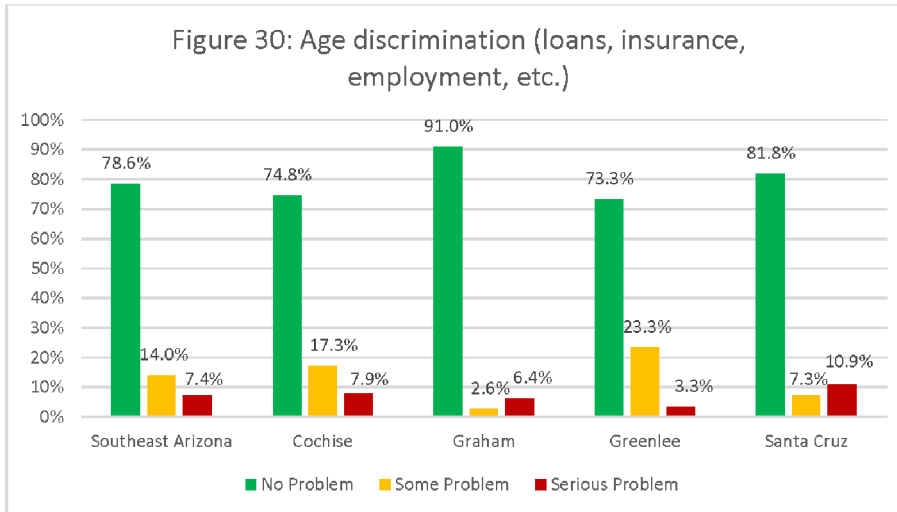
Appendix D: SEAGO-Area Agency on Aging Needs Assessment Instrument and Results



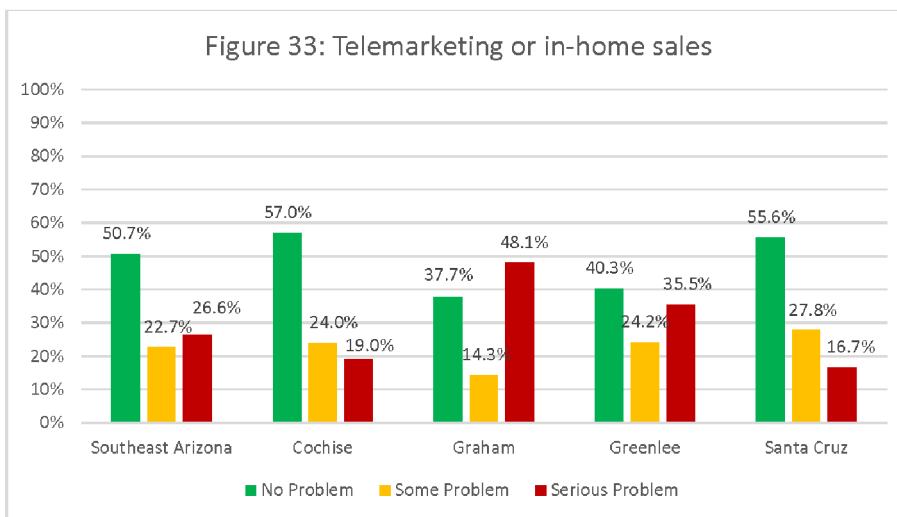
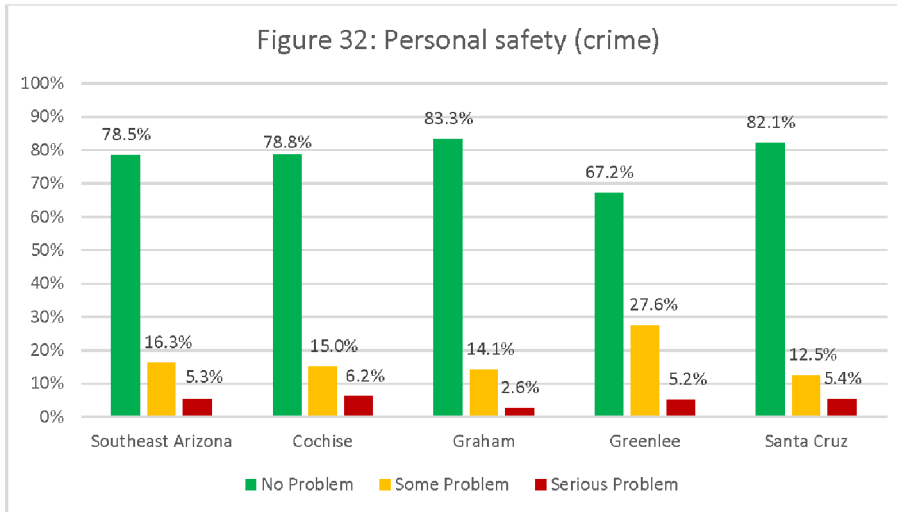
Appendix D: SEAGO-Area Agency on Aging Needs Assessment Instrument and Results



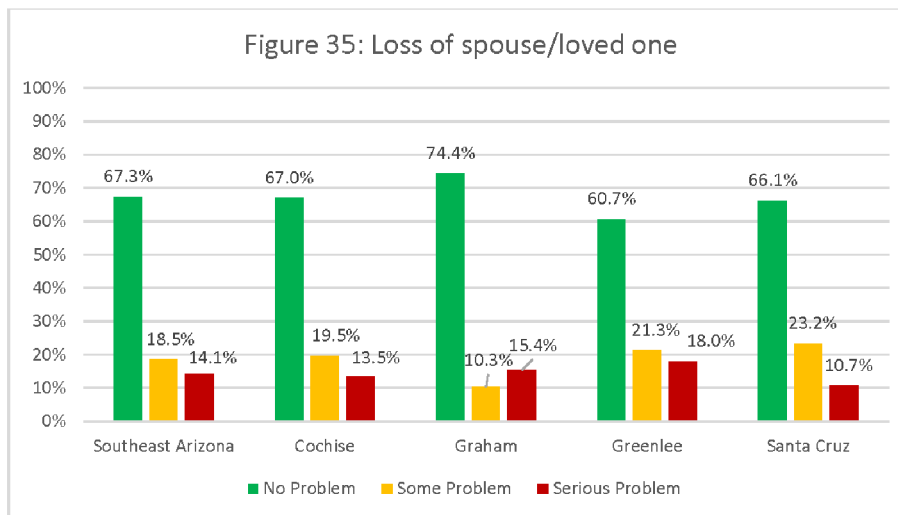
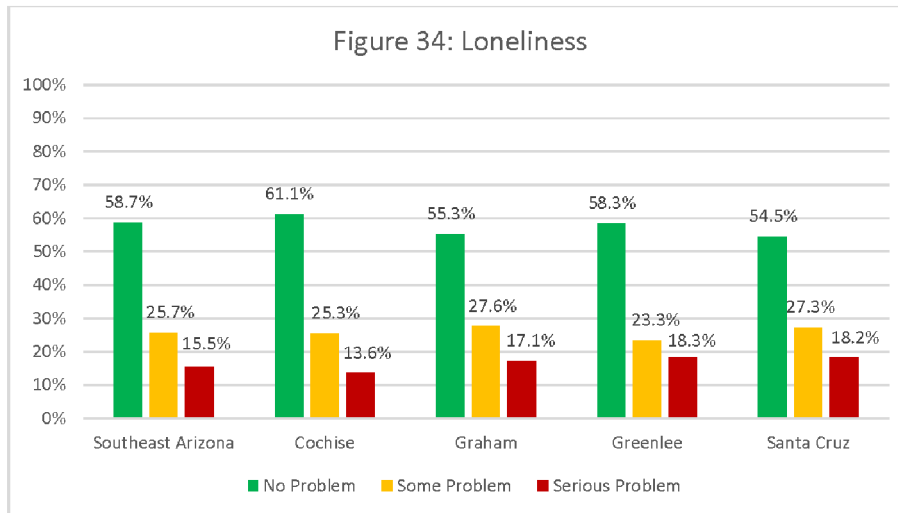
Appendix D: SEAGO-Area Agency on Aging Needs Assessment Instrument and Results



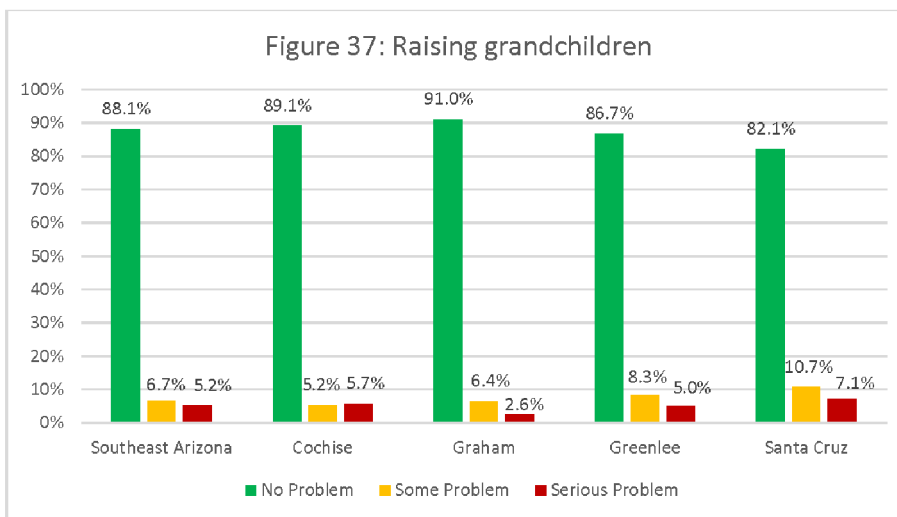
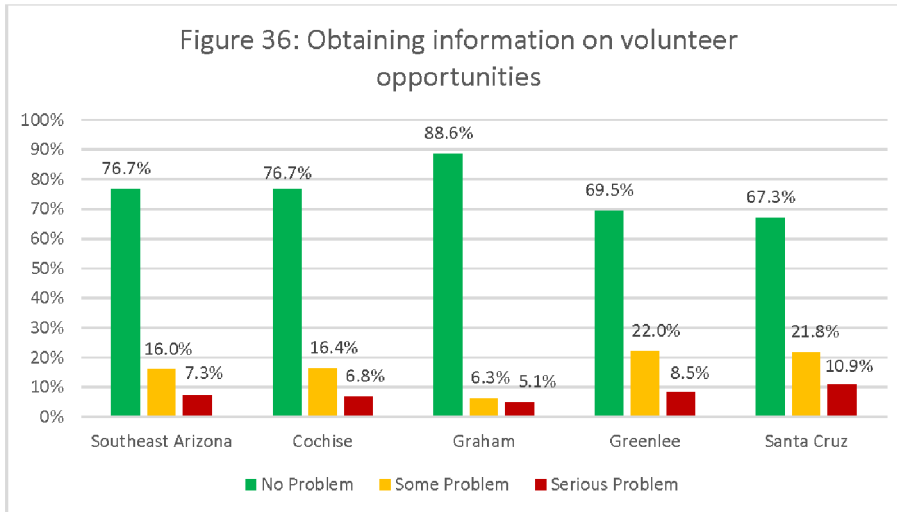
Appendix D: SEAGO-Area Agency on Aging Needs Assessment Instrument and Results



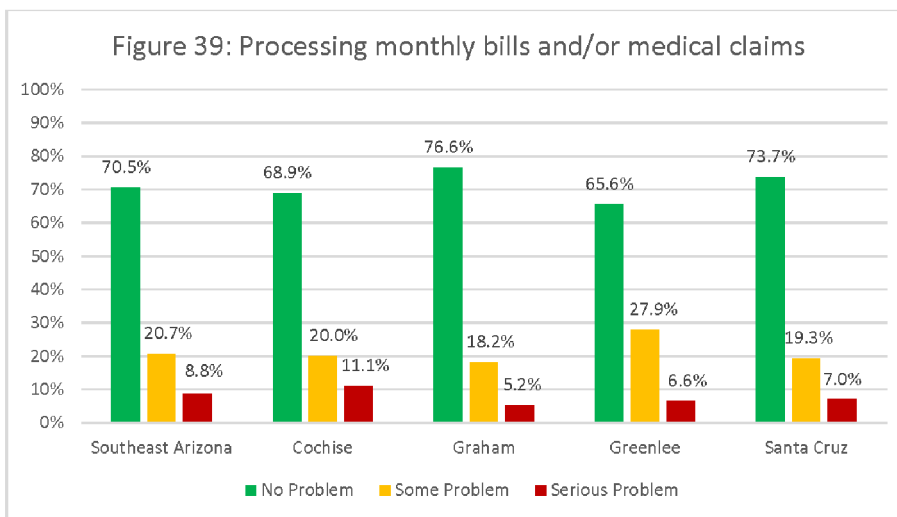
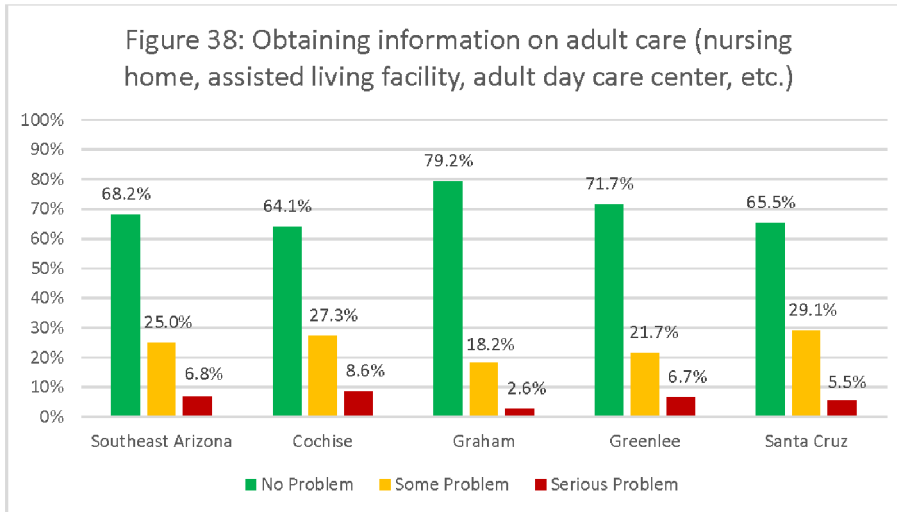
Appendix D: SEAGO-Area Agency on Aging Needs Assessment Instrument and Results



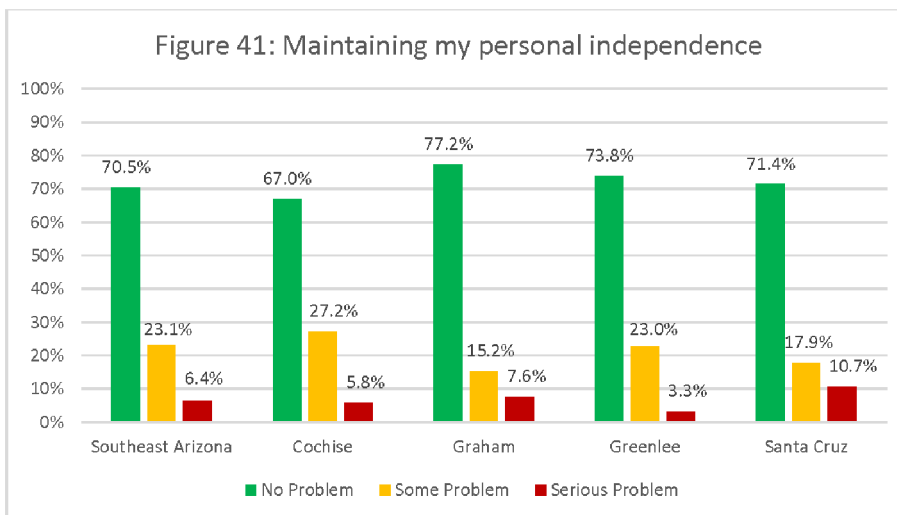
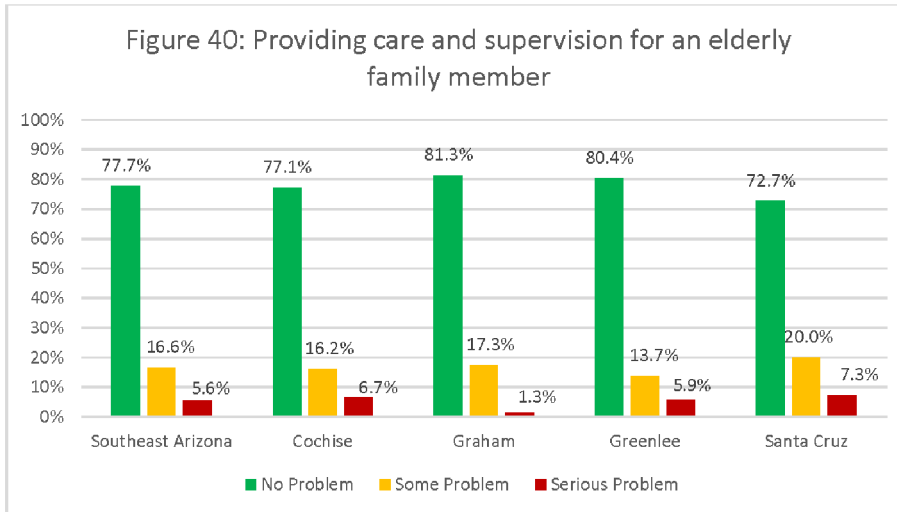
Appendix D: SEAGO-Area Agency on Aging Needs Assessment Instrument and Results



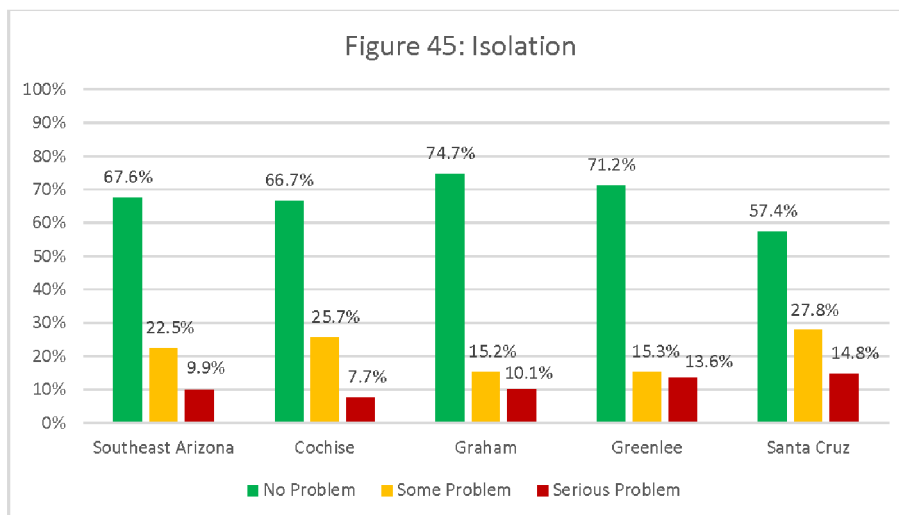
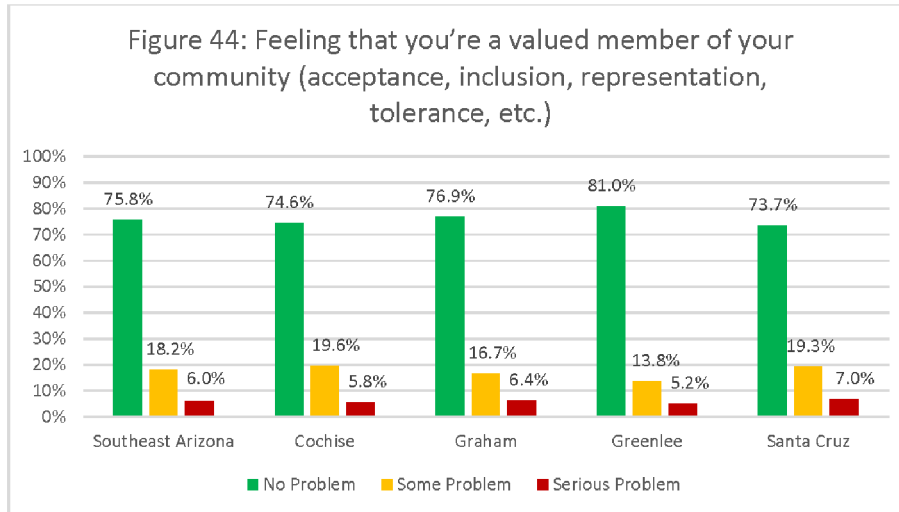
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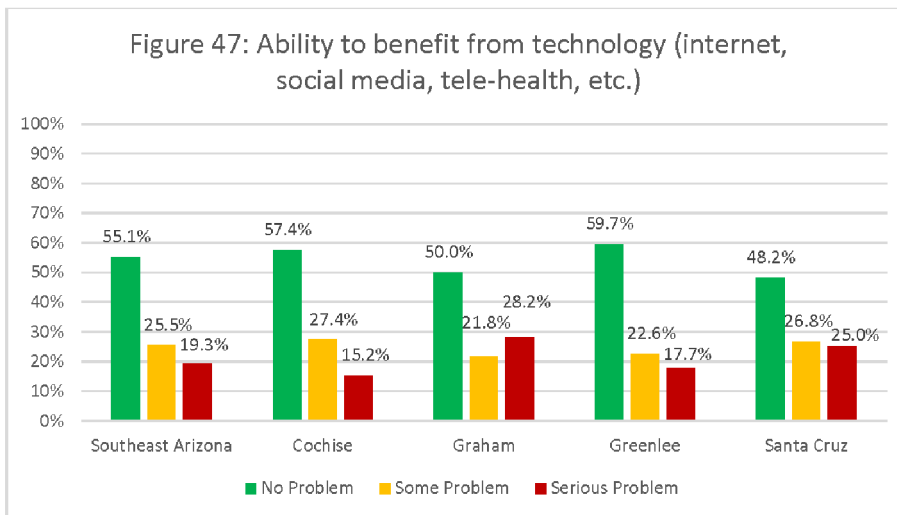
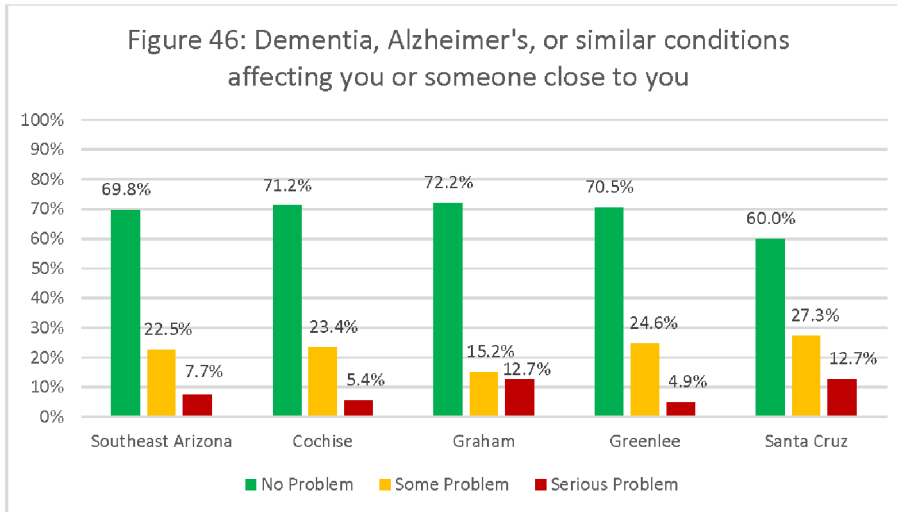
Appendix D: SEAGO-Area Agency on Aging Needs Assessment Instrument and Results



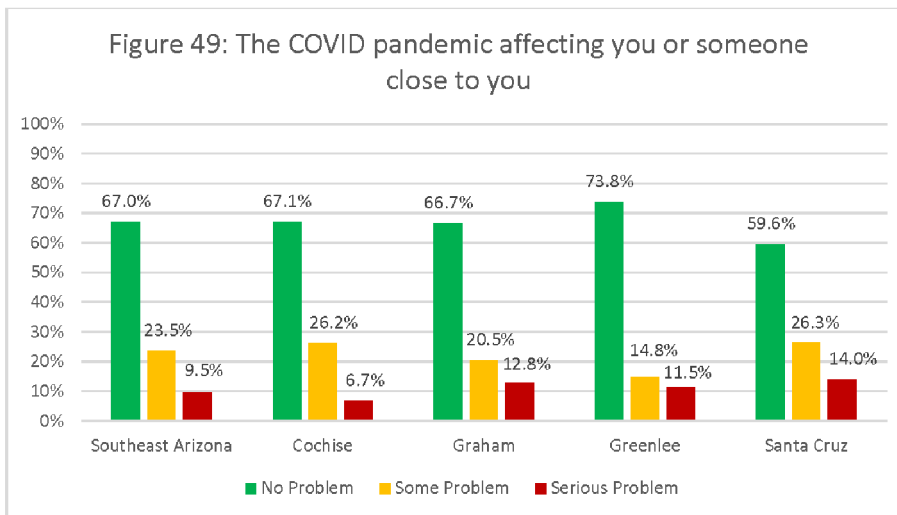
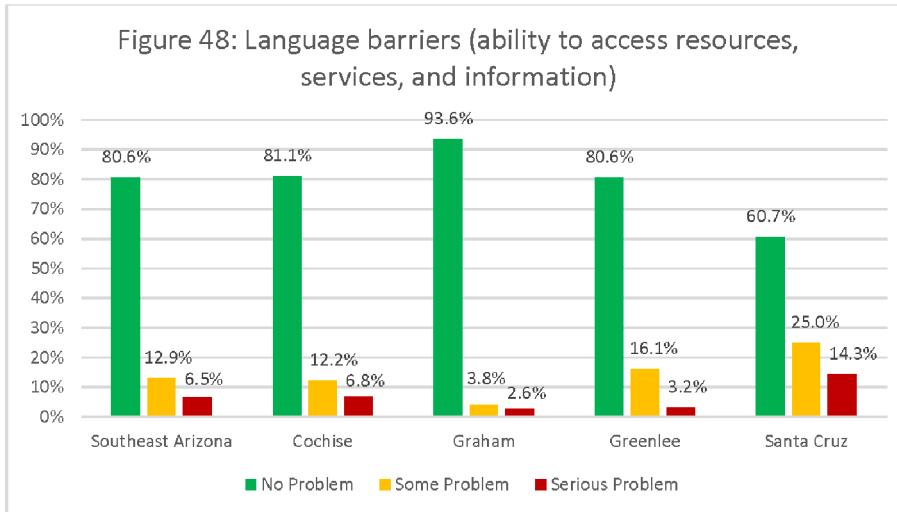
Appendix D: SEAGO-Area Agency on Aging Needs Assessment Instrument and Results



Appendix D: SEAGO-Area Agency on Aging Needs Assessment Instrument and Results

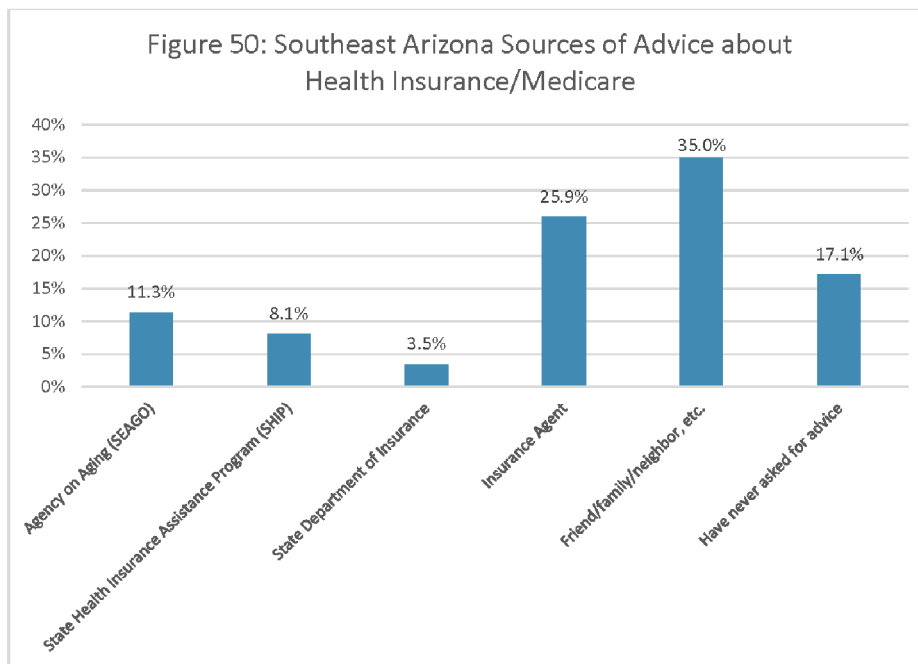


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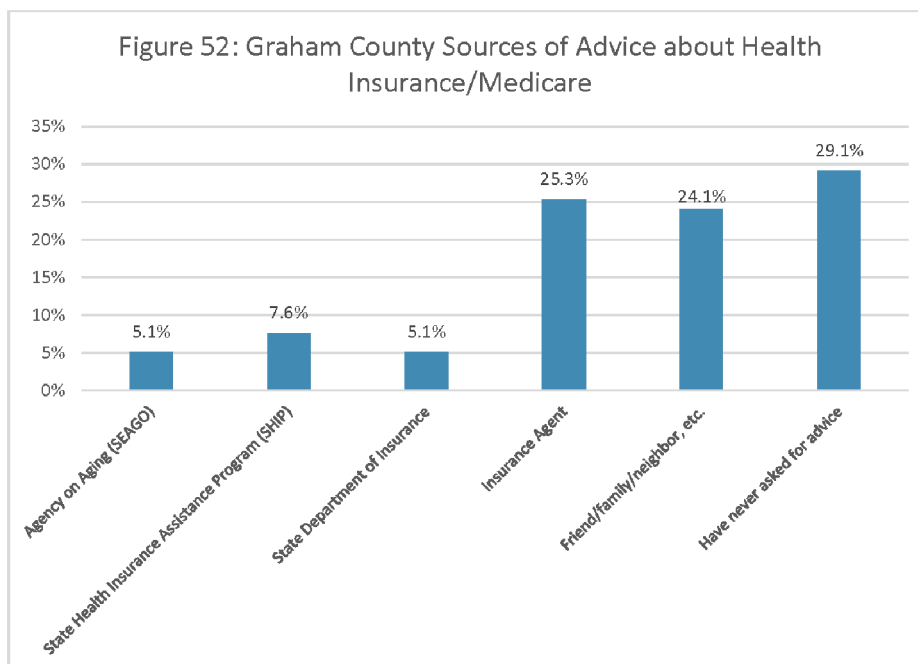
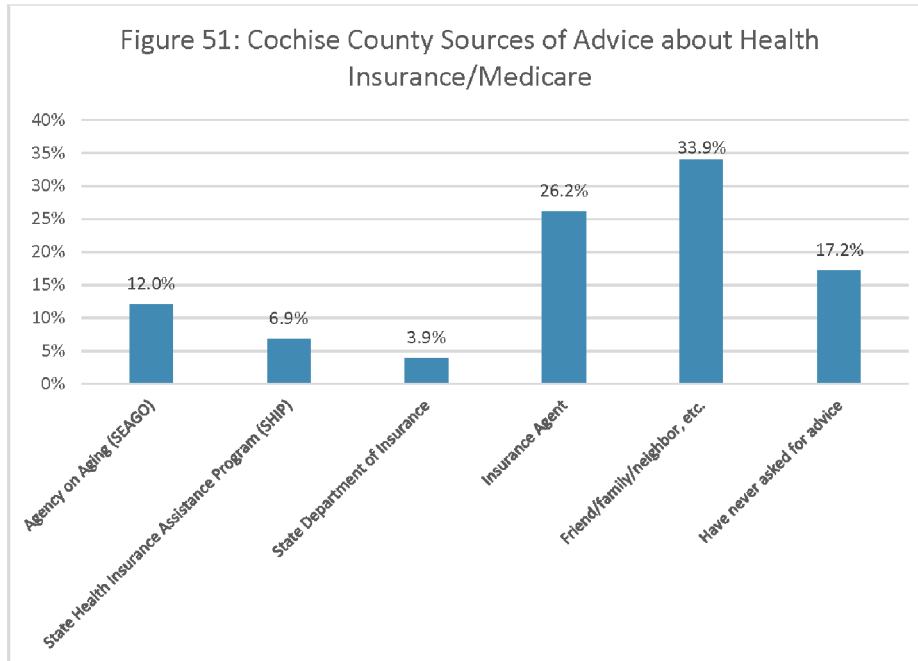


Appendix D: SEAGO-Area Agency on Aging Needs Assessment Instrument and Results

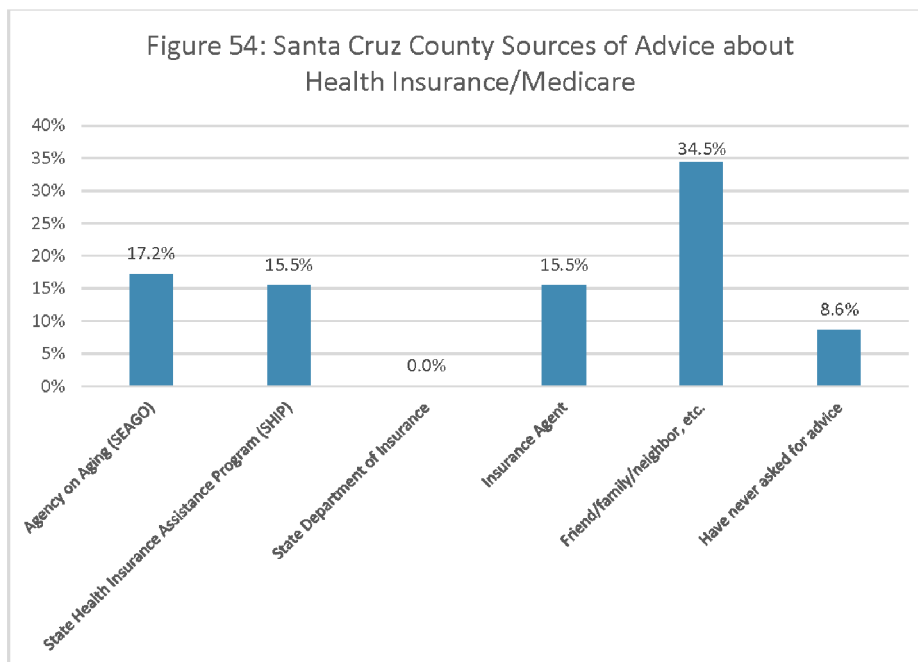
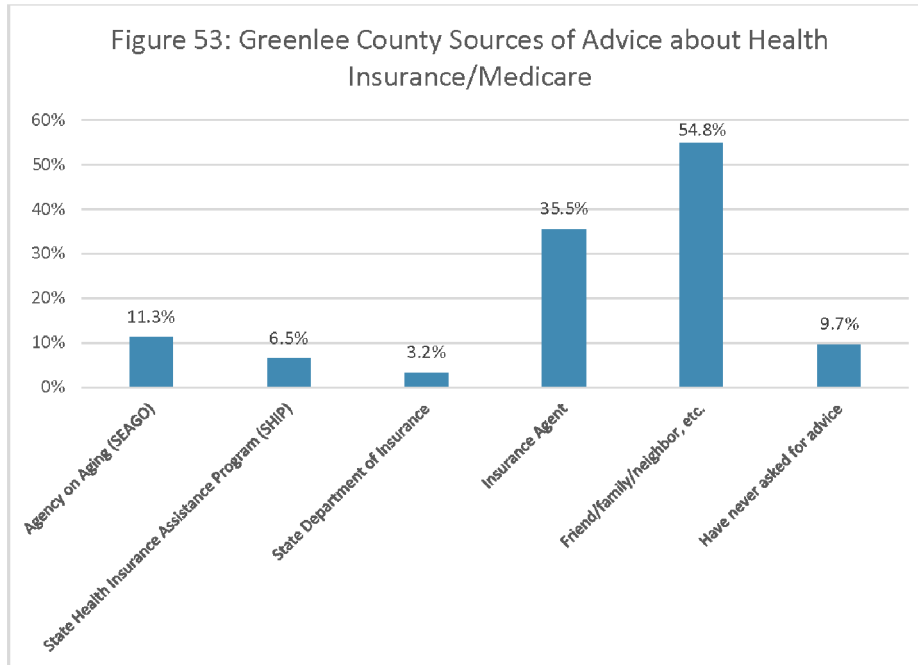
Note on Figures 50-54: Survey respondents were asked, “Who do you usually go to for advice about your health insurance or Medicare?”—see Appendix D for other (specified) sources of advice/information.



Appendix D: SEAGO-Area Agency on Aging Needs Assessment Instrument and Results

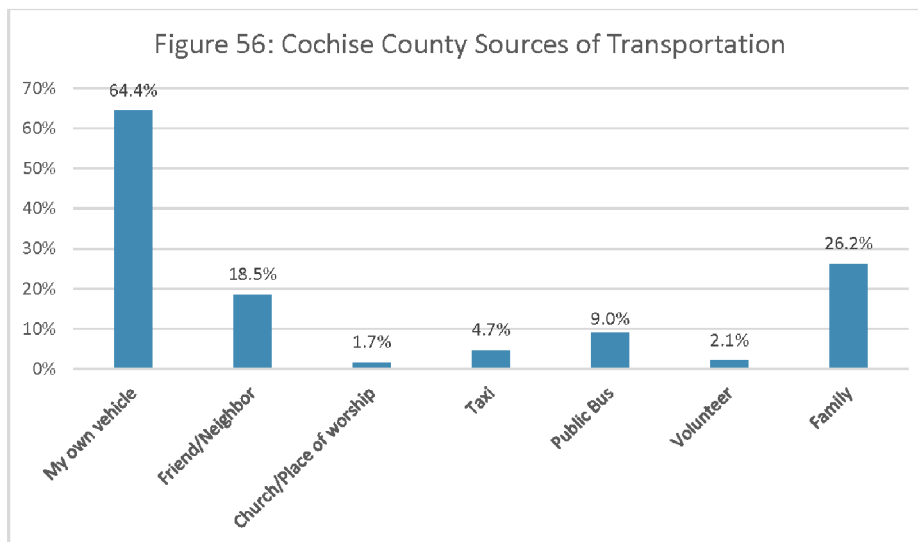
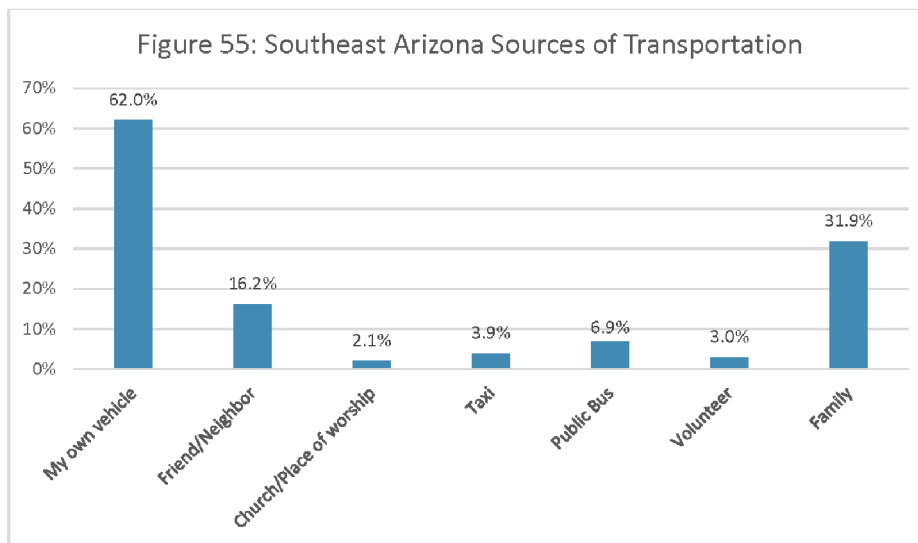


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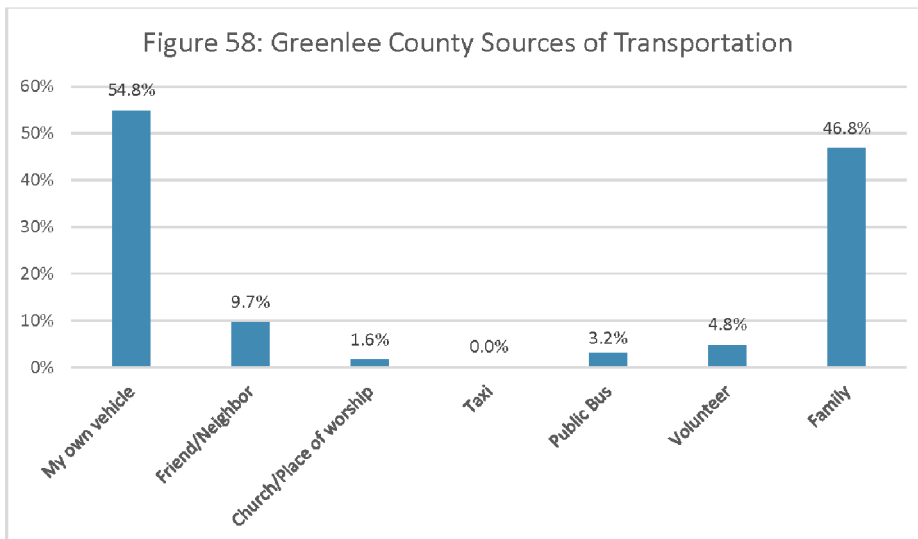
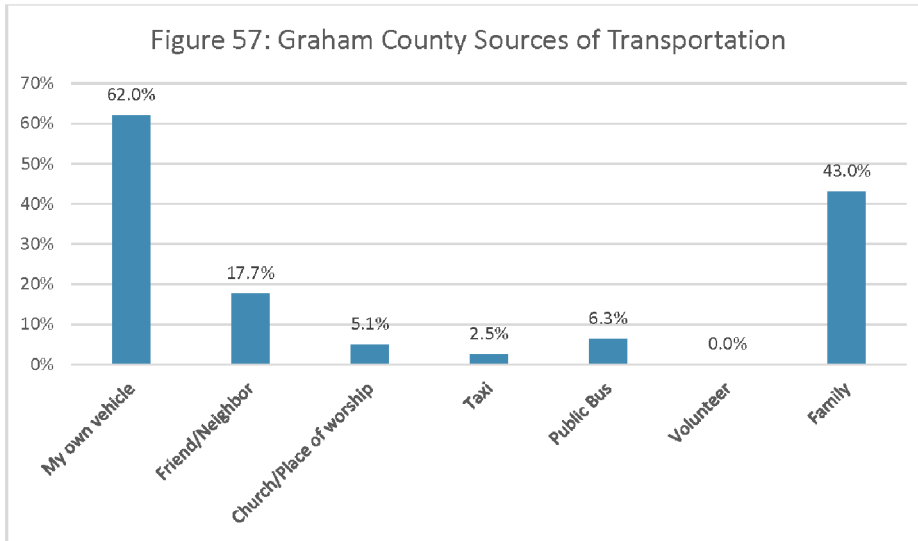


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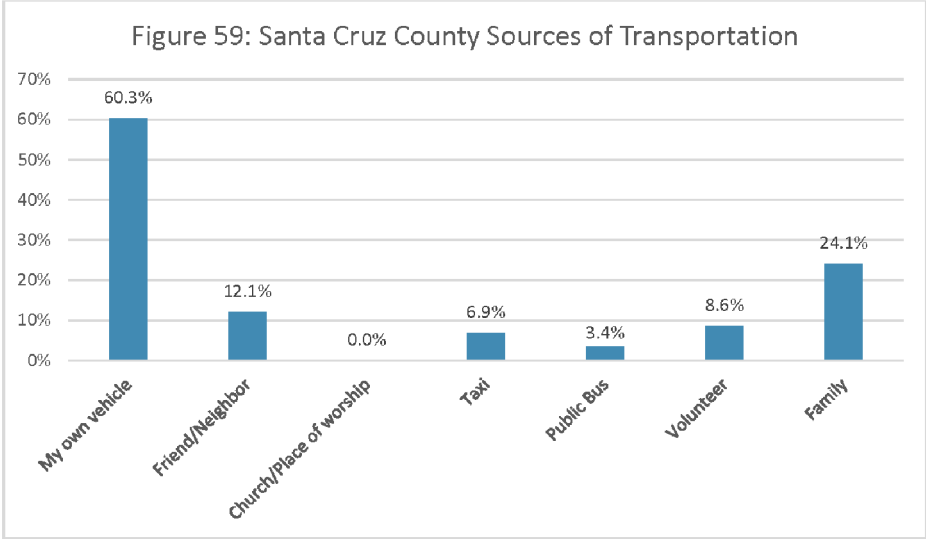
Note on Figures 55-59: Survey respondents were asked, “What is your source of transportation?”—see Appendix E for other (specified) sources of transportation.



Appendix D: SEAGO-Area Agency on Aging Needs Assessment Instrument and Results



Appendix D: SEAGO-Area Agency on Aging Needs Assessment Instrument and Results



Appendix D: SEAGO-Area Agency on Aging Needs Assessment Instrument and Results

Appendix A: Changes from 2020 to 2022

New Survey Questions

In 2022, respondents were asked to rate eight new issues as potential problems (no problem, some problem, or serious problem). The new issues were:

- **Ability to benefit from technology (internet, social media, tele-health, etc.).** Of the 44 issues ranked according to their prevalence as a serious problem, with those at the top of the list being the most widespread serious problems, this issue debuted near the top as the fifth most common serious problem regionwide with 19.3% of survey respondents identifying it as such. Ranked as a problem (either “some problem” or “serious problem”), “ability to benefit from technology” ranked eighth with 44.9% identifying it as a problem.
- **Isolation.** In its first appearance on the survey, this issue placed in the top half of the list (18th) of serious problems with 9.9% identifying it as such (issues at the top of the list, including “telemarketing/in-home sales” and “affordable dental care,” were identified as a serious problem by more than 25% of respondents). On the list of problems (“some problem” or “serious problem”), isolation ranked near the middle (23rd) with 32.4% identifying it as a problem (compared to more than 55% for issues at the top of the list).
- **The COVID pandemic affecting you or someone close to you.** This debuted near the middle of the list of both “serious problems” and “problems.” On the list of serious problems, COVID placed 20th with 9.5% of survey respondents identifying it as such (compared to more than 25% of respondents for issues at the top of the list). On the list of problems (“serious problem” or “some problem”) this issue ranked 21st with 33.0% identifying it as a problem (compared to more than 55% for those at the top of the list).
- **Dementia, Alzheimer's, or similar conditions affecting you or someone close to you.** This placed in the bottom half of the list of serious problems (18th from the bottom) with 7.7% identifying it as a serious problem (compared to more than 25% for issues at the top). On the list of problems (“some problem” or “serious problem”), it was tied for 16th from the bottom with 30.2% identifying it as a problem (compared to more than 55% for issues at the top).
- **Homelessness (including fear of becoming homeless).** This issue debuted 11th from the bottom of the list of serious problems with 6.7% of respondents identifying it as such (compared to more than 25% of respondents for issues at the top of the list). On the list of problems (“some problem” or “serious problem”), homelessness ranked third from the bottom with 18.3% identifying it as a problem (compared to more than 55% for issues at the top).
- **Language barriers (ability to access resources, services, and information).** In its first appearance on the survey, this issue ranked 10th from the bottom on the list of serious problems with 6.5% of respondents identifying it as such (compared to more than 25% for issues at the top of the list). Ranked as a problem (either “some problem” or “serious problem”), “language barriers” was fifth from the bottom with 19.4% identifying it as a problem (compared to more than 55% of respondents for issues at the top).
- **Feeling that you're a valued member of your community (acceptance, inclusion, representation, tolerance, etc.).** This issue debuted seventh from the bottom on the list of serious problems with just 6% of respondents identifying it as such (compared to more than 25% of respondents for issues at the top of the list). On the list of problems (“some problem” or “serious problem”), “feeling that you're a valued member of your community” ranked 13th from the bottom with 24.2% identifying it as a problem (compared to more than 55% for issues at the top).
- **Planning in advance for necessary health care.** In its first appearance, this issue ranked sixth from the bottom of the list of serious problems (tied with “access to nutritious meals”) with just 5.8% of respondents identifying it as a serious problem (compared to more than 25% for issues at the top of the list). Ranked as a problem (either “some problem” or “serious problem”), however, “planning in advance for necessary health care” ranked in the top half of the list (18th) with 35.2% identifying it as a problem (compared to more than 55% at the top). This suggests the issue is a relatively common problem in southeast Arizona (impacting more than a third of survey respondents), though it is not deemed a serious problem by most respondents who consider it a problem.

Appendix D: SEAGO-Area Agency on Aging Needs Assessment Instrument and Results

Southeast Arizona

From 2020 to 2022, four of the top five serious problems regionwide remained the same, though with some reordering. Those were telemarketing or in-home sales, affordable dental care, maintenance of yard, and maintenance and repair of home. New to the top-five list of serious problems was “ability to benefit from technology (internet, social media, tele-health, etc.),” which appeared on the survey for the first time in 2022 placing fifth on the list. Displaced from the top-five list was “affordable assistive devices,” which was bumped to sixth. “Telemarketing or in-home sales” overtook “affordable dental care” as the number-one serious problem in 2022; however, the difference is well within the margin of error, suggesting a statistical tie. Notably, the share of survey respondents identifying “affordable dental care” as a serious problem declined from 41.1% in 2020 to 26.6% in 2022 (those identifying it as a problem, either “some problem” or “serious problem,” fell from 69.8% to 57.5%). Although “telemarketing or in-home sales” overtook “affordable dental care” as the top serious problem, “affordable dental care” retained the top slot on the list of problems (“some problem” or “serious problem”). Expanding analysis to the top-10 list of serious problems among seniors in the SEAGO region, that list was also mostly the same from 2020 to 2022 with some minor reordering and the notable exception that “loneliness” joined the list as the 10th most common serious problem regionwide (up from 15th in 2020). Two issues on the 2020 top-10 list of serious problems dropped from the list in 2022; those were “income (having enough money for basic needs),” which dropped from 9th to 15th and “cost of energy/utilities,” which moved from 10th to 17th. That applied similarly to the top-10 list of problems (either “some problem” or “serious problem”).

Cochise County

In Cochise County, four of the top five serious problems remained the same (with minor reordering) from 2020 to 2022. Those were affordable dental care, maintenance of yard, maintenance and repair of home, and telemarketing or in-home sales. New to the top-five list in 2022 was “finding legal assistance,” which moved up from 11th to 5th on the list of serious problems. “Affordable assistive devices,” second on the list in 2020, dropped to sixth in 2022, with the share of survey respondents reporting it as a serious problem falling from 24.7% to 17.6%. Affordable

dental care remained the number-one serious problem in 2022, with 26.1% of respondents deeming it a serious problem and 56.2% identifying it as a problem (down from 44.4% and 70.7%, respectively, in 2020). Other notable changes from 2020 to 2022 include “transportation: rural-nonmedical” and “transportation” moving from sixth and seventh place, respectively, on the list of serious problems to 13th and 14th place, respectively. Survey respondents in Cochise County deeming “transportation: rural-nonmedical” a serious problem fell by nearly half from 21.1% to 10.6%, while those identifying just “transportation” as a serious problem dropped from 19.3% to 10.1%.

Graham County

In Graham County, the sample size (n=79) limits meaningful comparisons; it is notable, however, that three of the top five serious problems remained the same from 2020 to 2022 (with some changes in ordering). Those were telemarketing or in-home sales, affordable dental care, and affordable assistive devices (widespread serious problems regionwide). New to the top-five list of serious problems was “ability to benefit from technology,” which appeared on the survey for the first time in 2022 placing second on the list of serious problems for Graham County. “Loneliness” and “recreational or social opportunities” moved from 16th and 23rd, respectively, in 2020, to sixth and seventh on the list of serious problems in 2022.

Greenlee County

In Greenlee County, the sample size (n=62) limits meaningful comparisons; it is notable, however, that three of the top five serious problems remained the same from 2020 to 2022. Those were affordable dental care, maintenance of yard, and maintenance and repair of home. “Telemarketing or in-home sales” overtook “affordable dental care” as the number-one serious problem in 2022; however, the difference is well within the margin of error suggesting a statistical tie.

Santa Cruz County

In Santa Cruz County, the sample size (n=58 in 2022 and n=16 in 2020) limits meaningful comparisons; it is notable, however, that “transportation: rural-nonmedical” and “transportation” topped the list both years. “Ability to benefit from technology” debuted as third on the list of serious problems for Santa Cruz County in 2022.

Appendix D: SEAGO-Area Agency on Aging Needs Assessment Instrument and Results

Appendix B: Survey Instrument (English Version)

SEAGO SURVEY OF OLDER RESIDENTS

To take this survey online, visit www.SurveyMonkey.com/R/SEAGO2022



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, etc.)	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 periodically	1	2	3
Access to nutritious meals	1	2	3
Personal Care (bathing, washing hair, etc.)	1	2	3
Homemaker services (shopping, housekeeping, meal preparation, etc.)	1	2	3
Getting information about health promotion (diet, disease prevention, etc.)	1	2	3
Transportation	1	2	3
Transportation: Rural-Non Medical	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, etc.)	1	2	3
Elderly abuse, exploitation	1	2	3
Personal Safety (Crime)	1	2	3
Telemarketing or In-Home Sales	1	2	3
Loneliness	1	2	3
Loss of spouse/loved one	1	2	3

(See other side)

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	NO PROBLEM	SOME PROBLEM	SERIOUS PROBLEM
Obtaining information on volunteer opportunities	1	2	3
Raising grandchildren	1	2	3
Obtaining information on adult care (nursing home, assisted living facility, adult day care center, etc.)	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
Planning in advance for necessary health care	1	2	3
Homelessness (including fear of becoming homeless)	1	2	3
Feeling that you're a valued member of your community (acceptance, inclusion, representation, tolerance, etc.)	1	2	3
Isolation	1	2	3
Dementia, Alzheimer's, or similar conditions affecting you or someone close to you	1	2	3
Ability to benefit from technology (internet, social media, tele-health, etc.)	1	2	3
Language barriers (ability to access resources, services, and information)	1	2	3
The COVID pandemic affecting you or someone close to you	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. Friend/family/neighbor, etc.
- f. Have never asked for advice
- g. 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. Family
- h. 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 Other

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 TO EITHER THE SENIOR CENTER OR YOUR SERVICE PROVIDER OR MAIL TO:

SEAGO Area Agency on Aging, 1403 B W. HWY 92, Bisbee, AZ 85603
(520) 432-2528, Aging@SEAGO.org

Appendix D: SEAGO-Area Agency on Aging Needs Assessment Instrument and Results

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/SEAGO2022S



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
Accesibilidad de servicios médicos (doctores, hospitales, etc.)	1	2	3
Pagando para recetas médicas	1	2	3
Servicios dentales que no son demasiado caros	1	2	3
Aparatos de ayuda (audifonos, lentes, bastones, etc.)	1	2	3
Obteniendo información acerca de servicios	1	2	3
Que alguien me monitoree periódicamente	1	2	3
Acceso a comidas nutritivas	1	2	3
Aseo personal (bañando, lavando el pelo, etc.)	1	2	3
Servicios de ama de casa (compras, limpieza, preparación de comidas, etc.)	1	2	3
Obtener información sobre promoción de la salud (alimentación, prevención de enfermedades, etc.)	1	2	3
Transporte	1	2	3
Transporte: Rural-No Medical	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 de luto	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 dinero 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, etc.)	1	2	3
Abuso o explotación de personas mayores	1	2	3
Seguridad personal (Crímenes)	1	2	3
Ventas por teléfono o en su casa	1	2	3
Soledad	1	2	3
Pérdida del conyuge o un ser querido	1	2	3

(Más en otro lado)

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	NO ES UN PROBLEMA	ES UN PROBLEMA	ES PROBLEMA SERIO
Obtener información sobre oportunidades de voluntariado	1	2	3
Criando los nietos	1	2	3
Obtener información sobre el cuidado de adultos (hogar de ancianos, centro de vida asistida, centro de atención diurna para adultos, etc.)	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
Planificación anticipada de la atención médica necesaria	1	2	3
Falta de vivienda (incluido el miedo a quedarse sin hogar)	1	2	3
Sentir que eres un miembro valioso de tu comunidad (aceptación, inclusión, representación, tolerancia, etc.)	1	2	3
Aislamiento	1	2	3
Demencia, Alzheimer o condiciones similares que lo afecten a usted o a alguien cercano a usted	1	2	3
Capacidad para beneficiarse de la tecnología (internet, redes sociales, telesalud, etc.)	1	2	3
Barreras del idioma (capacidad de acceder a recursos, servicios e información)	1	2	3
La pandemia de COVID que lo afecta a usted o a alguien cercano a usted	1	2	3

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

- | | |
|---|---|
| a. Agencia para personas de la tercera edad (SEAGO) | d. Agente que venta de pólizas de seguro |
| b. Agencia estatal que provee ayuda con Medicare (SHIP) | e. Amigo/familia/vecino, etc. |
| c. Departamento estatal de seguros | f. Nunca he llamado para conseguir consejos |
| | g. Otro (por favor identifique): _____ |

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

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

6. Marque el grupo que incluye su edad.

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

7. Es usted: Masculino Femenino Otro

8. ¿Cuál es su raza?

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

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

POR FAVOR DEVUELVA ESTA ENCUESTA ENTREGÉLO A SU CENTRO DE LA TERCERA EDAD O A SU PROVEEDOR DE SERVICIOS O ENVÍELO A
SEAGO Area Agency on Aging, 1403 B W. HWY 92, Bisbee, AZ 85603
(520) 432-2528, Aging@SEAGO.org

Appendix D: SEAGO-Area Agency on Aging Needs Assessment Instrument and Results

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

Southeast Arizona

AHCCCS	Insurance broker	SEACUS
AHCCCS	Internet	SEACUS
Annual Medicare & You mailer	Internet	Self
Banner Health Care	Internet	Self
Broker	Internet	Social Security Administration
Caregiver	Internet or phone Medicare	Social Services
Case Manager	Internet research	Spanish
Case Manager	Medicare plan provider	Spanish
Doctor	Medicare specialist	SSA
Doctor	Medicare/Insurance company	SSA
Doctor	My insurance	SSA
Dr.	My insurance provider	USAA
Dr. Batty	Online	VA
Dr. Batty	Personal research	VA
Employer	Personal research	VA
Federal Civil Service, Medicare	Phone calls	VA
Government	Phone nurse	Veterans Health Administration
Humana	POA	Wellcare
I am retired with State Retirement and they provide this service	Private insurance	X A

Appendix D: SEAGO-Area Agency on Aging Needs Assessment Instrument and Results

Cochise County

AHCCCS	Medicare plan provider
Broker	Medicare specialist
Caregiver	Medicare/Insurance company
Doctor	My insurance provider
Dr.	Phone nurse
Employer	POA
Federal Civil Service, Medicare	Self
Government	Social Security Administration
I am retired with State Retirement and they provide this service	Social Services
Insurance broker	Spanish
Internet	Spanish
Internet	VA
Internet	Veterans Health Administration
Internet or phone Medicare	Wellcare
Internet research	Wheelchair
	X A

Appendix D: SEAGO-Area Agency on Aging Needs Assessment Instrument and Results

Graham County

Banner Health Care
Case Manager
Doctor
Doctor
Dr. Batty
Dr. Batty
Humana
Personal research
Personal research
SEACUS
SEACUS

Greenlee County

Case Manager
My insurance
SSA
SSA
SSA
VA

Santa Cruz County

AHCCCS
Annual Medicare & you mailer
Internet
Online
Phone calls
Private insurance
SELF
USAA
VA
VA

Appendix D: SEAGO-Area Agency on Aging Needs Assessment Instrument and Results

Appendix E: Other Sources of Transportation

Southeast Arizona

Apts shuttle	Medical
Bariatric chair	Medicare
Bicycle	Online
Blake Foundation	Ride
Blake Foundation	Senior bus
Blake Foundation	shuttle provided by senior apartments
Blake Foundation	SR Complex bus
Blake Foundation	SV Paratransit bus
Blake Foundation	Transportation from Rio Rio for those who do not have a vehicle is not available. We need some sort of public transit for outlying areas!
Blake foundation	Transporte de aseguranza
Clinic and ambulance	Tucson Transportation
Dial A Ride	Walk
Free bus	Walk
Health care provider	Walk
Insurance	Walk
Insurance	Walk
Insurance medical transportation	Wheelchair

Appendix D: SEAGO-Area Agency on Aging Needs Assessment Instrument and Results

Cochise County

Apts shuttle
Bariatric chair
Dial A Ride
Free bus
Insurance
Insurance
Insurance medical transportation
Medical
Medicare
Shuttle provided by senior apartments
SR Complex bus
SV Paratransit bus
Transporte de aseguranza
Walk

Graham County

Blake
Blake
Blake Foundation
Blake Foundation
Blake foundation
Health care provider
Online
Walk


Greenlee County

Bicycle
Blake Foundation
Blake Foundation
Senior bus
Walk

Santa Cruz County

Clinic and ambulance
Ride
Transportation from Rio Rio for those who do not have a vehicle is not available. We need some sort of public transit for outlying areas!
Tucson Transportation
Walk

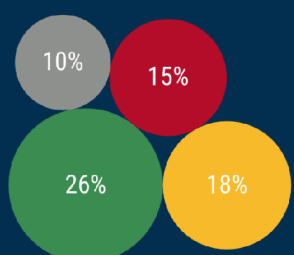
Appendix D: SEAGO-Area Agency on Aging Needs Assessment Instrument and Results



Key Informant Survey

2023

How has Clientele Changed over the Past 3 to 5 years?

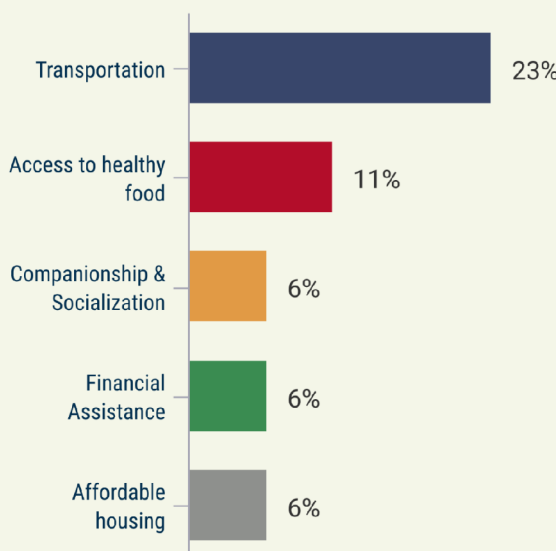


- ★ Increased Isolation
- ★ Clients aging and need more supports
- ★ increased need to interact with technology
- ★ Increased Number of clients

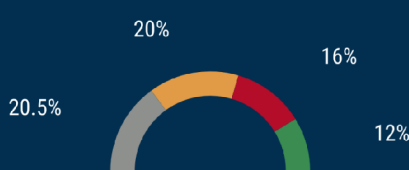
Overall Key Survey Importance Ranking

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

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



What changes in the community (county) have affected your older/disabled clientele?



- Inflation-Rising costs of food, gas, and housing
- Easier access to transportation
- Need to interact with technology to access services
- Increased isolation due to COVID-19 restrictions

Appendix E: SEAGO-Area Agency on Aging Plan Assurances

Appendix E: Plan Assurances

By signing this document, the authorized official commits the Area Agency on Aging to performing all listed assurances and required activities.

(a) Each area agency on aging, designated under section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area for a two-, three-, or four-year period determined by the State agency, with such annual adjustment as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with section 307(a)(1). Each such plan shall -

(1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multigenerational and older individual to older individual work), within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals who have greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community), evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;

(2) provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services-

(A) services associated with access to services (transportation, health services (including mental and behavioral health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services);

(B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

Appendix E: SEAGO-Area Agency on Aging Plan Assurances

(C) legal assistance;

and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded;

(3) (A) designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including multipurpose senior centers operated by organizations referred to in paragraph (6)(C)) as such focal point; and

(B) specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated;

(4) (A)

(i)

(I) provide assurances that the area agency on aging will-

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of subclause (I);

(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will:

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

Appendix E: SEAGO-Area Agency on Aging Plan Assurances

meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

(iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared:

- (I) identify the number of low-income minority older individuals in the planning and service area;
- (II) describe the methods used to satisfy the service needs of such minority older individuals; and
- (III) provide information on the extent to which the area agency on aging met the objectives described in clause (i).

(B) provide assurances that the area agency on aging will use outreach efforts that will:

(i) identify individuals eligible for assistance under this Act, with special emphasis on:

- (I) older individuals residing in rural areas;
- (II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (IV) older individuals with severe disabilities;
- (V) older individuals with limited English proficiency;
- (VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

Appendix E: SEAGO-Area Agency on Aging Plan Assurances

(VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and

(ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and

(C) contain an assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

(5) provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities;

(6) provide that the area agency on aging will -

(A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;

(B) serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals;

(C) (i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families;

(ii) if possible regarding the provision of services under this title, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that—

(I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or

(II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs;

and that meet the requirements under section 676B of the Community Services Block Grant Act; and

Appendix E: SEAGO-Area Agency on Aging Plan Assurances

(iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings;

(D) establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan;

(E) establish effective and efficient procedures for coordination of—

(i) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and

(ii) entities conducting other Federal programs for older individuals at the local level with particular emphasis on entities conducting programs described in section 203(b), within the area;

(F) in coordination with the State agency and with the State agency responsible for mental and behavioral health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental and behavioral health services (including mental health screenings) provided with funds expended by the area agency on aging with mental and behavioral health services provided by community health centers and by other public agencies and nonprofit private organizations;

(G) if there is a significant population of older individuals who are Indians in the planning and service area of the area agency on aging, the area agency on aging shall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act;

(H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate; and

(I) to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

Appendix E: SEAGO-Area Agency on Aging Plan Assurances

(7) provide that the area agency on aging shall, consistent with this section, facilitate the areawide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by—

(A) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;

(B) conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better—

(i) respond to the needs and preferences of older individuals and family caregivers;

(ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and

(iii) target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;

(C) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making 19 behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and

(D) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to—

(i) the need to plan in advance for long-term care; and

(ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources;

(8) provide that case management services provided under this title through the area agency on aging will—

(A) not duplicate case management services provided through other Federal and State programs;

(B) be coordinated with services described in subparagraph (A); and

(C) be provided by a public agency or a nonprofit private agency that—

(i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;

Appendix E: SEAGO-Area Agency on Aging Plan Assurances

(ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;

(iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or

(iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);

(9) (A) provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2019 in carrying out such a program under this title;

(B) funds made available to the area agency on aging pursuant to section 712 shall be used to supplement and supplant other Federal, State, and local funds expended to support activities described in section 712;

(10) provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title;

(11) provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including:

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans;

(12) provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b) within the planning and service area.

(13) provide assurances that the area agency on aging will:

Appendix E: SEAGO-Area Agency on Aging Plan Assurances

(A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;

(B) disclose to the Assistant Secretary and the State agency:

(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

(ii) the nature of such contract or such relationship;

(C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;

(D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship;

(E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;

(14) provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;

(15) provide assurances that funds received under this title will be used:

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

(16) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care;

(17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery;

Appendix E: SEAGO-Area Agency on Aging Plan Assurances

(18) provide assurances that the area agency on aging will collect data to determine—

(A) the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019; and

(B) the effectiveness of the programs, policies, and services provided by such area agency on aging in assisting such individuals; and

(19) provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on those individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019.

(b)(1) An area agency on aging may include in the area plan an assessment of how prepared the area agency on aging and service providers in the planning and service area are for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(2) Such assessment may include—

(A) the projected change in the number of older individuals in the planning and service area;

(B) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;

(C) an analysis of how the programs, policies, and services provided by such area agency can be improved, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the planning and service area; and

(D) an analysis of how the change in the number of individuals age 85 and older in the planning and service area is expected to affect the need for supportive services.

(3) An area agency on aging, in cooperation with government officials, State agencies, tribal organizations, or local entities, may make recommendations to government officials in the planning and service area and the State, on actions determined by the area agency to build the capacity in the planning and service area to meet the needs of older individuals for—

Appendix E: SEAGO-Area Agency on Aging Plan Assurances

- (A) health and human services;
- (B) land use;
- (C) housing;
- (D) transportation;
- (E) public safety;
- (F) workforce and economic development;
- (G) recreation;
- (H) education;
- (I) civic engagement;
- (J) emergency preparedness;
- (K) protection from elder abuse, neglect, and exploitation;
- (L) assistive technology devices and services; and
- (M) any other service as determined by such agency.

(c) Each State, in approving area agency on aging plans under this section, shall waive the requirement described in paragraph (2) of subsection (a) for any category of services described in such paragraph if the area agency on aging demonstrates to the State agency that services being furnished for such category in the area are sufficient to meet the need for such services in such area and had conducted a timely public hearing upon request.

(d)(1) Subject to regulations prescribed by the Assistant Secretary, an area agency on aging designated under section 305(a)(2)(A) or, in areas of a State where no such agency has been designated, the State agency, may enter into agreement with agencies administering programs under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act for the purpose of developing and implementing plans for meeting the common need for transportation services of individuals receiving benefits under such Acts and older individuals participating in programs authorized by this title.

(2) In accordance with an agreement entered into under paragraph (1), funds appropriated under this title may be used to purchase transportation services for older individuals and may be pooled with funds made available for the provision of transportation services under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act.

(e) An area agency on aging may not require any provider of legal assistance under this title to reveal any information that is protected by the attorney-client privilege.

(f) (1) If the head of a State agency finds that an area agency on aging has failed to comply with Federal or State laws, including the area plan requirements of this section, regulations, or policies, the State may withhold a portion of the funds to the area agency on aging available under this title.

(2) (A) The head of a State agency shall not make a final determination withholding funds under paragraph (1) without first affording the area agency on aging due process in accordance with procedures established by the State agency.

(B) At a minimum, such procedures shall include procedures for—

- (i) providing notice of an action to withhold funds;
- (ii) providing documentation of the need for such action; and
- (iii) at the request of the area agency on aging, conducting a public hearing

Appendix E: SEAGO-Area Agency on Aging Plan Assurances

concerning the action.

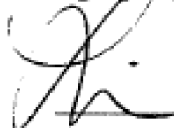
(3) (A) If a State agency withholds the funds, the State agency may use the funds withheld to directly administer programs under this title in the planning and service area served by the area agency on aging for a period not to exceed 180 days, except as provided in subparagraph (B).

(B) If the State agency determines that the area agency on aging has not taken corrective action, or if the State agency does not approve the corrective action, during the 180-day period described in subparagraph (A), the State agency may extend the period for not more than 90 days.

(g) Nothing in this Act shall restrict an area agency on aging from providing services not provided or authorized by this Act, including through—

- (1) contracts with health care payers;
- (2) consumer private pay programs; or
- (3) other arrangements with entities or individuals that increase the availability of home and community-based services and supports.

By signing this document, the authorized official commits the Area Agency on Aging to perform all listed assurances and required activities.

 AAO-DIRECTOR

4-26-2023

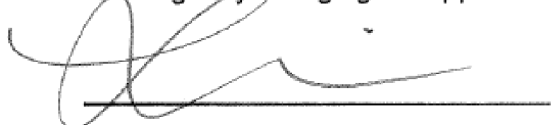
Signature and Title of Authorized Official

Date

Appendix F: SEAGO-Area Agency on Aging Verification of Intent

The Area Plan on Aging is hereby submitted for Region VI for the period of July 1, 2024 through June 30, 2028. It includes all assurance and plans to be followed by SEAGO Area Agency on Aging 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.

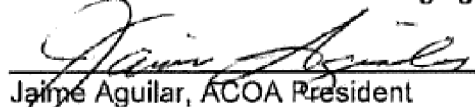
The Area Plan on Aging has been developed in accordance with all rules and regulations specified under the Older Americans Act and is hereby submitted to the State Agency on Aging for Approval.



Date

05-30-2023

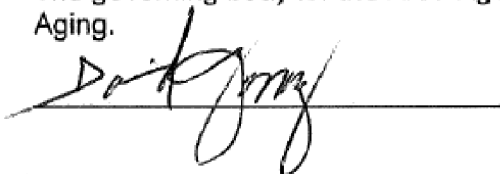
The Area Agency Advisory Council on Aging has had the opportunity to review and comment on the Area Plan on Aging.


Jaime Aguilar, ACOA President

Date

09/20/2023

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



Date

MAY 19, 2023