



## *DISCUSSION GUIDE*

State Plan on Aging  
2004 -2008

Edward G. Rendell  
Governor

Nora Dowd Eisenhower  
Secretary of Aging

## TABLE OF CONTENTS

Letter from the Secretary.....	1
Schedule of Town Meetings.....	2
Definitions .....	3
Issue 1 – Raising Public Awareness and Marketing Services.....	4-5
Issue 2 – Mental Health and Mental Retardation .....	6-8
Issue 3 – Expand Home and Community Based Care Availability and Access .....	9-10
Issue 4 – Cultural Inclusion and the Aging Network .....	11-12
Issue 5 – Civic Engagement.....	13-14
Issue 6 – Expand the Role of Senior Centers .....	15
Issue 7 – Transportation Services .....	16-17
Issue 8 – Health and Wellness .....	18-19
Issue 9 – Developing Service Targets for the Aging Network.....	20-21

## ***A LETTER FROM THE SECRETARY***

**Dear Fellow Pennsylvanians:**

The Pennsylvania Department of Aging has begun a process that will result in the creation of the 2004-2008 State Plan on Aging. The purpose of the State Plan, which is required by state and federal law, is to establish the Department's priorities and to set an aging agenda for the Commonwealth over the next four years.

We understand the challenges that face us in the 21<sup>st</sup> century. We must help increasing numbers of older Pennsylvanians age in place, in ways that respect their individuality and dignity. This means we must provide older Pennsylvanians an opportunity to thrive, grow, and serve their communities in a variety of ways. We cannot meet these challenges alone. In this context, we seek your active participation and input to help us create a plan that is meaningful to consumers, advocates and the many dedicated providers at the local level. That is why we are convening a series of *State Plan Town Meetings* (a listing of locations and dates appear in the next section). It is important for us to hear the issues that are important to you.

This Discussion Guide is intended to jump-start our Town Meeting discussions. I believe the issues listed in the Guide are a great place to start a dialogue on our future direction. They were selected after extensive discussions with the members of the Pennsylvania Council on Aging, comprised of older consumers and advocates appointed by the Governor, and with the Commonwealth's Area Agencies on Aging. If you cannot attend a meeting, I encourage you to communicate your thoughts to assure your voice is heard. You can do this in various ways.

1. By Telephone: toll free at 1-866-286-3636
2. In Writing: Send me your comments in writing to the Department of Aging, c/o the Division of Planning and Research, 555 Walnut Street, Harrisburg, PA 17101.
3. Via Internet: Log onto the Pennsylvania Department of Aging website at <http://www.aging.state.pa.us>. Click on the link to the State Plan on Aging Opinion Survey to provide the Department with instant feedback regarding State Plan issues.
4. By contacting your local Area Agency on Aging.

***Once again, I invite you to offer your best thinking on these and other priorities that you believe should be included in our State Plan.*** I look forward to meeting you at our Town Meetings!

**Nora Dowd Eisenhower**  
**Secretary**

**Town Meetings**  
**2004-2008 State Plan on Aging**  
**9:00 A.M. – 12:30 P.M.**

**Wednesday, March 10 -- Williamsport**

Messiah Senior Community Center  
Messiah Lutheran Church  
324 Howard Street  
Williamsport, PA

**Thursday, March 11 -- Lancaster**

Lancaster Farm and Home Center  
1383 Arcadia Road  
Lancaster, PA

**Tuesday, March 16 -- Youngwood**

Westmoreland County Community College  
400 Armbrust Road  
Youngwood, PA

**Wednesday, March 17 -- Clarion**

Main Street Center  
516 Main Street  
Clarion, PA

**Monday, March 22 -- Philadelphia**

Center in the Park  
5818 Germantown Avenue  
Philadelphia, PA

**Wednesday, March 24 -- Allentown**

Lehigh County Government Center  
17 South Seventh Street  
Allentown, PA

**Thursday, March 25 -- Hazleton**

Hazleton Senior Center  
24 East Broad Street  
Hazleton, PA

## **DEFINITIONS**

This Discussion Guide uses terms that may be unfamiliar to some readers. For increased understanding, we offer the following definitions:

**Administration on Aging (AoA):** The office within the U.S. Department of Health and Human Services that oversees requirements relating to the Older Americans Act. The Administration on Aging provides guidance and funding to a system of "State Units on Aging." In Pennsylvania, the State Unit on Aging is the Pennsylvania Department of Aging.

**Area Agencies on Aging (AAA):** The local agencies that coordinate and provide services to older people. These agencies function under guidance and funding received from the Pennsylvania Department of Aging.

**Care Management:** This process includes the professional assessment of an older person's need for services, development of a care plan, and coordination and follow-up to ensure services are being provided properly.

**Civic Engagement:** Voluntary public participation and leadership involving an issue or challenge that is intended for the benefit of the community.

**CLAS Standards:** Guidelines and rules developed by the Department of Health and Human Services to ensure that federally funded services are respectful of and responsive to cultural and linguistic needs. "CLAS" stands for "Culturally and linguistically appropriate services."

**Cost Sharing:** Means that a consumer is partially responsible for the cost of care provided through an Area Agency on Aging. The cost of service is determined by the consumer's income.

**Cultural Inclusion:** Refers to the ability of systems to provide services and opportunities to people with diverse racial, national, religious, linguistic or cultural heritage.

**Long Term Care Ombudsman Program:** Through this program, a local "Ombudsman" is available to investigate and help resolve complaints from residents (or their family members) of nursing homes and personal care homes. The Ombudsman also provides this service to people receiving home care services.

**Older Americans Act (OAA):** The federal law, passed in 1965, that outlines a broad system of rights and services for older Americans. The Act is amended periodically; the most recent Amendment was 2002.

**Pennsylvania Department of Aging (PDA):** The state cabinet-level agency that is responsible for overseeing programs and issues affecting Pennsylvania's 2.5 million older people. As the designated State Unit on Aging, the Department of Aging receives funding from the federal Older Americans Act.

**SAMS:** Social Assistance Management System – a new reporting system that will allow the Department of Aging and AAAs to more effectively report on and account for their activities.

**Shared Ride Transportation:** Shared ride is a non-fixed route transportation service with a discounted fare to individuals 65 and older. Eighty-five percent of the cost of the trip is paid by the lottery fund through grants from the Pennsylvania Department of Transportation to local transit providers.

## ISSUE 1 – RAISING PUBLIC AWARENESS AND MARKETING SERVICES

**Older Pennsylvanians are rapidly increasing in number and diversity and are expressing diverging needs, wants and preferences. The Department, working with its consumers and their families, and its local partners, needs to renew its role as the focal point for aging services and opportunities. The Department must also consider how best to tailor messages about itself and those it serves in the 21<sup>st</sup> century.**

### **Background:**

The needs and preferences of older Pennsylvanians will change greatly in the early years of the 21<sup>st</sup> century. The Department will be challenged to effectively serve members of the Post-War and Baby-Boomer generations, who are more educated, healthy, and affluent than previous generations.

Before discussing how best to plan for future generations of older Pennsylvanians, we must discuss how the Department will use its financial resources available each year. In the future, as in the past, the Department will need to use a significant proportion of its resources to provide in-home and community-based care to older Pennsylvanians. This is in keeping with federal and state laws that require the Department to focus its resources on those with the greatest social and economic needs.

It is time for a renewed look at the way the Department delivers and markets its services. Over the next four years, the Department could:

- Reinvent senior community centers, focusing on such things as, physical fitness, volunteer opportunities, preventive health activities, intergenerational programs, leisure activities, opportunities to mentor or teach, financial planning, and others.
- Create a variety of volunteer/mentoring/teaching opportunities, in a variety of settings, for the 80 percent of our older population who do not use government services.
- Build on the Department's PrimeTime program efforts to strengthen health promotion and disease prevention activities, change adult behaviors and lifestyle choices and reduce the demand for acute services.
- Re-examine the Department's public information messages in light of the changed target audience. The Department must consider the use of communication media preferred by the Post-War and Baby boomer populations and be culturally inclusive. In general, consumers value greater choice and discretion, independence, and the availability of a broad range of quality services. The Department will need to reflect these values in the marketing and delivery of the services and programs we decide to emphasize over the next four years.

**Discussion Questions:**

1. In addition to continuing to devote a significant proportion of its resources to meet the needs of older Pennsylvanians, on which item(s) listed above do you think the Department should focus? Are there other areas that the Department should develop?
2. What existing services or programs ought the Department enhance, add, or drop in order to successfully meet the needs of our customers?
3. To what extent should the Department devote resources to enhancing its public information and marketing activities over the next four years?
4. To what extent should the Department devote resources to improving its relationships with other Departments and agencies so as to best accomplish the Department's mission?

**Notes:**

## ISSUE 2 – MENTAL HEALTH AND MENTAL RETARDATION

**The Department, in cooperation with the Office of Mental Health and Substance Abuse Services and the Office of Mental Retardation of the Department of Public Welfare, needs to identify the best means to serve older persons with, or at risk of developing, mental illness, and improve services and supports to older persons with mental retardation and their caregivers.**

### **I. Background – Mental Health**

It is estimated that between 18 and 25 percent of people over age 60 need mental health services. The number in need will continue to increase, especially as the “Baby Boomer” generation reaches age 60. Mental health symptoms among older adults range from “feeling blue” to suffering severe, life-threatening mental illness. The most common problems include anxiety, cognitive impairments, and mood disorders such as depression.

Mental illness effects all segments of our older population, regardless of race, socio-economic status, or geographical location. Older people are routinely under-diagnosed and under-treated for mental illnesses. Contributing factors include feelings of shame sometimes associated with being identified as having a mental illness, the unavailability of mental health providers versed in the unique needs of older adults, inadequate transportation, and the fact that signs and conditions of mental illness are often masked by physical symptoms, among others.

Failing to recognize and treat mental illnesses can have many consequences. They include diminished functioning, substance abuse, poor quality of life and increased mortality. When common medical problems are accompanied by depression or other mental health problem, older adults are more likely to visit their doctor, use more medications, and are more likely to have emergency room or hospital admissions. The most devastating consequence is suicide. Older people have the highest suicide rate of any age group, despite the fact that over half of those who commit suicide visited a physician in the prior month.

Mental illnesses are common and treatable. In fact, research shows that treatments for the most common mental illnesses like depression are as effective among older adults as they are in younger people. Mentally healthy adults continue to learn, grow, have greater quality of life, and contribute to society. The more people know about mental health and aging, the more they can help themselves and others.

### **II. Background – Mental Retardation**

People with mental retardation are living longer. The challenge for the aging network and mental retardation system (MR system) is to determine how to most effectively meet the unique needs of older persons with mental retardation, their families and caregivers. In our society, children typically grow up, become independent and move out of their family’s home. As many individuals with mental retardation age, they continue to live in their family’s home,



relying on aging parents and siblings for support. These are individuals generally not known to either the aging network or the MR system. Those who are known to the systems, especially the MR system, are cared for in a variety of housing options, including MR group homes, Personal Care Homes, Domiciliary Care Homes, and others.

The Department of Aging and the Office of Mental Retardation have worked together to improve services and supports for older persons with mental retardation. The Joint Committee on Older Persons with Mental Retardation, which advises the Department and the Office of Mental Retardation, has guided much of this work. Activities include an annual Aging/Mental Retardation Cross-Systems Conference, “Building Bridges,” funding and technical assistance for twelve Aging/MR County Teams, and technical assistance in development of the training curriculum, “Transitioning To A Senior Lifestyle.” These activities and others are intended to promote dignity and quality of life for all older Pennsylvanians with mental retardation.

Caregivers are a vital, positive force. They should be afforded all the services and supports needed to carry out their roles. A time will come when those caregivers are no longer able to carry out their roles due to their own declining health status or death. We must plan for this probable outcome long before it occurs.

### **Discussion Questions:**

#### **Mental Health**

1. How should state resources best be used to improve the mental health status of older Pennsylvanians?
2. What actions should the Commonwealth take over the next four years to assist older Pennsylvanians to seek out and receive the behavioral and mental health services that they need?
3. What can the Commonwealth do to support collaboration at the local level between Area Agencies on Aging (AAAs) and Mental Health Programs?

## **Mental Retardation**

1. What issues should the Department address over the next four years that would support dignity, quality of life, and full community inclusion for increasing numbers of older Pennsylvanians with mental retardation?
2. What can the Commonwealth do to support collaboration at the local level between the AAAs and county Mental Retardation Programs?
3. How can the Commonwealth ensure that services and supports will be available for older persons with mental retardation when their caregivers are no longer able to provide care?

### **Notes:**

### **ISSUE 3 – EXPAND HOME AND COMMUNITY BASED CARE AVAILABILITY AND ACCESS**

**The Department has been working in many ways to expand the availability of long-term care services and to enhance both quality and the degree of consumer direction. The Department needs to determine how best to plan and allocate its resources to meet the great expansion of need anticipated in the coming years.**

#### **Background:**

The Pennsylvania Department of Aging, through contracts with the 52 Area Agencies on Aging (AAA), provides a system of home and community based services (HCBS) for thousands of older persons throughout the Commonwealth. These services, ranging from home delivered meals to comprehensive care management, help older Pennsylvanians who need assistance to remain at home.

If given a choice, an overwhelming number of seniors prefer to stay at home rather than be moved into an unknown environment. In response to this consumer preference, the Department and sister agencies are working to “rebalance” the long-term care system so that a greater amount of the Commonwealth’s long-term support resources are focused on services at home.

The issue of access to and/or availability of AAA services is receiving increased attention by consumers, caregivers, advocates, providers, legislators, and the Department. The increasing demand for services from a growing older population has created a need to examine all program enrollment functions and funding in order to assure the availability of services to all older Pennsylvanians.

To accomplish this, the Department has teamed with sister agencies to streamline functional and income eligibility and enrollment processes for home and community based services. In some cases, delays in enrollment and arrangements for home and community based services have resulted in consumers unnecessarily being directed to facility-based care. Services in the home ought to be as accessible to consumers as services in long-term care facilities in times of crisis. The Department also is working to revise funding mechanisms so that service dollars follow consumers to meet their service needs, and to offer consumers “one-stop shopping” for local services and information.

While serving an increasing number of older individuals of varying needs, the aging network is also now able to serve more individuals with different economic needs. In the past, individuals with higher incomes faced a greater chance of being on a waiting list for services. To solve this problem, the Department of Aging designed and implemented a consumer cost-sharing policy that strengthened the ability of individuals to participate in the appropriate program and eliminated inequities in service delivery. A fair, standardized cost-sharing fee scale allows those with higher incomes to receive services. Cost share fees received are fed back into the local system to serve additional consumers.

Rather than seeking traditional agency-directed care, consumers are seeking a stronger role in directing their own care. Though PDA has utilized consumer direction since 1987 in the Family Caregiver Program, the Department recently incorporated the concept into additional programs that deliver in-home services to consumers. This newly created model is now commonly known as Personal Assistance Service (PAS). Though some issues remain with the implementation of PAS, many AAAs have reported a successful transition to consumer-directed care when the consumer is cognitively aware and has an existing support system. The Department is available to assist AAAs in the continued implementation of consumer-directed services.

The expansion of home and community-based care also presents new challenges for the aging network. Some agencies have reported trouble finding direct-care workers to provide services. Both the implementation of personal assistance services and the recent policy change to allow consumers to hire certain family members as personal care aides have provided some relief. The Department continues to provide incentives and assistance to AAAs to recruit, train, and retain direct care workers.

**Discussion Questions:**

1. What actions should the Department take to increase the amount of consumer direction in the services that it funds?
2. What alternatives are there to enable a wider choice of workers for consumers who may be waiting for services due to lack of providers?
3. In the continued expansion of home and community based care, what can the Department do to ensure consumer awareness and utilization?
4. With an increasing number of older persons wishing to remain at home, are there unmet needs that the Department should address to improve the quality of older persons' lives?

**Notes:**

## ISSUE 4 – CULTURAL INCLUSION AND THE AGING NETWORK

It has long been held that human service networks should be color- and culture-blind. Most experts in the field of aging now agree, however, that elders are better served in a community-based care system that understands and values the cultural background of individuals. As Pennsylvania's older population becomes increasingly diverse, the Department must reexamine the ways in which it publicizes and delivers services and programs, so that they are truly culturally inclusive.

### **Background:**

Consider these statistics:

- ❑ While Pennsylvania's total 60+ population actually decreased slightly from 1990 to 2000, the older minority population increased by 21 percent.
- ❑ Asian elders increased by almost 115 percent, to more than double their number in 1990 and Hispanic elders increased by 42 percent.

Research has shown that many culturally diverse older people have needs that are more acute than the population as a whole. As the diverse population grows, our system – which is also undergoing rapid change – must respond effectively. “Cultural Inclusion” is a term gaining increased acceptance when referring to efforts that reach out to or include people of diverse cultures. Inclusion is a term not only intended to embrace service provision, but all aspects of the aging network, including employment, workforce growth and leadership development.

The Pennsylvania Department of Aging currently has a Cultural Diversity Advisory Committee, initially convened as a task force in 1994, which meets quarterly to advise the department in its efforts to develop a network that is culturally sensitive, responsive to various needs, and inclusive of all older persons in the Commonwealth. The committee has decided to examine the National Standards on Culturally and Linguistically Appropriate Services in Health Care (CLAS) for applicability to the aging network and to make recommendations to the Department.

### **Discussion Questions:**

1. What are the challenges facing elders of color and ethnicity which prevent access to information and services?
2. Which guidelines/expectations should be used when developing or revising new policies and regulations that demonstrate culturally competent decision-making?
3. How can PDA support the AAAs in creating a network that is culturally-sensitive and responsive to the needs of elders of color and ethnicity?

4. What strategies should be utilized to effectively communicate information to various communities of color and ethnicity regarding services and assistance available in the aging network?
5. How do we facilitate sharing “best practices”?
6. What strategies might effectively reach professionals of color and ethnicity to consider aging as a career?

**Notes:**

## ISSUE 5 – CIVIC ENGAGEMENT

**As the Department plans for an increase in the number of older adults, there is an unprecedented opportunity to expand the engagement of experienced individuals as a means of personal and social revitalization.**

### **Background:**

*"The aging of America may be every bit as much an opportunity to be seized as a crisis to be solved – provided we learn how to tap the time, talent, and civic potential of the group that is our country's only increasing natural resource."*

– Marc Freedman, author, *PrimeTime*

Not only is civic engagement important for the quality of life for older individuals, but also is paramount to meeting some of the most urgent human, social, and environmental needs of the Commonwealth. Demographic trends suggest that fewer early to middle career workers will be available in the coming years to meet increasing labor needs. At the same time, an unprecedented percentage of the population will be in “retirement.”

One of the most remarkable changes in the 20<sup>th</sup> century is the addition of three decades to the human lifespan in a period of less than a hundred years. The expected lifespan of the average person in the U.S. has increased from 47 years in 1900 to 76 years today. When considered together with the number of persons now nearing and in retirement, close to one-fourth of the total population by 2050, increased life expectancy will transform our society.

Public and governmental awareness of this issue has primarily centered on challenges such as the increased burden on medical and long-term support services. Too little attention has been focused on the fact that improved life expectancy provides society with an unprecedented opportunity: increased senior volunteerism.

It is essential that we find ways to communicate the benefits of volunteerism to future generations of older Pennsylvanians. From recent research by Civic Ventures and Temple University we know that:

- While retirees enjoy newfound freedoms, they often sense a loss of purposeful relationships formed through working together to solve problems and achieve goals.
- Many retirees believe they will never again experience synergetic relationships and surround themselves with frenetic activity and recreation.
- People resonate with the notion of life as a journey and a continuum with a future rather than defined segments, the idea of sharing what they have learned from experience, and being a part of something “larger” than themselves.

- Appealing personal descriptors include “the experienced,” “advisors,” “coaches,” and “wise ones.” Unappealing descriptors include “elderly,” “third agers,” “retired people,” “older people,” and “older boomers.”
- Appealing life descriptors include “my years,” “the giving years,” “the next stage,” “the next step,” “the bridge,” “reconnecting,” and “renewal.” Older retirees resonated with “golden years,” “retirement,” and “maturity.” Least appealing include “the third age,” “the second half,” “later life,” and “second adulthood.”

In addition to creating more appealing messages about civic engagement, we will also need to overcome several barriers. Because many individuals vigorously protect their freedom after retirement, civic opportunities must also be portrayed as not infringing on personal autonomy. Businesses and agencies will need training and assistance to help them structure meaningful opportunities and effectively utilize experienced individuals. Guidelines for the management and training of non-traditional workers will need to be developed and utilized.

Existing volunteer organizations, such as the federal SeniorCorps programs administered by many Area Agencies on Aging, and other programs administered by the Department such as Ombudsman and PrimeTime volunteers, are an important foundation upon which we may build a broad-based state effort. Public awareness, education, and networking are also necessary to achieve a new level of civic engagement among older Pennsylvanians.

**Questions to be considered:**

1. Do you believe a large-scale civic engagement campaign and program should be pursued by the Department of Aging? If so, what do you think it should be called?
2. What messages do you believe would be most appealing to attract experienced individuals to civic opportunities?
3. What do you believe are the attributes of meaningful and rewarding opportunities?
4. How do you believe existing programs such as the Foster Grandparent, Senior Companion, Retired and Senior Volunteer Program, Ombudsman Program volunteers, etc., can be incorporated into a large-scale effort?



## ISSUE 6 – EXPAND THE ROLE OF SENIOR CENTERS

**Senior community centers are a focal point for aging services in communities and neighborhoods across the Commonwealth. There continues to be opportunities to challenge and assist centers in meeting the changing needs and preferences of our aging citizens.**

### **Background:**

Senior Community Centers continue to serve as the gateway to aging services. Available in every county in the state, these centers are where many of Pennsylvania's older residents gather for friendship, social and educational activities, information and assistance, nutritious meals and a continuing connection with their communities. A renewed vision for senior centers will encourage them to take advantage of the opportunities currently before them and assist them in meeting the challenges in the future.

Because senior centers are an essential part of the community service system, they must continue to evolve effectively and engage the communities they serve. Centers are also uniquely positioned to appeal to the Baby Boomer generation. Boomer preferences for independence, self-serve programming, increasing use of technology, and emphasis on health and wellness, are all compatible with the capacity of senior community centers. Therefore, we must strategically plan how senior centers can most effectively meet the changing preferences and needs throughout the Commonwealth.

### **Discussion Questions:**

1. A growing number of seniors are becoming more technologically savvy. What can the Department of Aging, Area Agencies on Aging and Senior Centers do to increase the role and use of technology among older adults?
2. A large influx of individuals known as 'baby boomers' is about to converge on senior centers in record numbers. What changes do senior centers need to make to best meet the needs of these new clients while still including other populations?
3. How can Area Agencies on Aging best work with community organizations and businesses to increase centers' visibility, provide community support and, in general, continue to be viewed as an integral part of the community?
4. How can the Department of Aging, Area Agencies on Aging, and Senior Community Centers across the state work together to strengthen center services?

## ISSUE 7 – TRANSPORTATION SERVICES

**Mobility is essential to the well being of older Pennsylvanians, many of whom rely on public transportation. Continued focus should be given to increasing the effectiveness of the Shared-Ride transportation program, which is related to factors such as hours of service, geographical areas served, reservation requirements, and the availability of escorts. Increased attention to the needs of older drivers is also warranted, such as driver educational programs and highly visible road signs.**

### **Background:**

The approaching decades will bring the largest ever percentage of older drivers to our roads and highways. While many older persons are safe drivers, some individuals may experience vision and/or hearing loss, as well as increased response time. Strategies must be developed to make information available to older individuals, their families and friends, and the general public about dealing with older drivers who may no longer be capable of driving, and offering solutions and alternatives to meet their needs. Improvements to the Commonwealth's highways and roads, such as larger letters and spacing on traffic and road signs should also be given greater priority.

In addition to increasing population-based demand on transportation services, more consumers are choosing to receive long-term support services in their home rather than moving to a long-term care facility. These changing preferences will also increase the demand for flexible transportation services. Several issues should be considered as we strive to enhance transportation assistance, including:

- Lack of access in rural areas: Although Shared-Ride service is available in every county, the level of service in rural areas varies greatly among and within counties. Many local Shared-Ride providers, based on financial factors, choose not to offer services, or offer services on a limited basis in remote, sparsely populated areas. Only a few offer high mileage or out-of-county trips.
- Time limits: Most rural Shared-Ride providers do not offer transportation services on weekends or in the evening. Programs require an advance reservation of at least one working day. Older Pennsylvanians needing to visit a doctor on the day they feel ill often have to wait at least another day to visit the doctor using Shared-Ride service, unless they are willing to pay 100% of the fare and there is a vehicle is available.
- Need for Escorts/Attendants: Many older people need assistance getting from their house to a vehicle and from a vehicle to their destination. Some providers offer a reduced escort fare for a passenger accompanying an older adult when certain criteria are satisfied. However, the Shared-Ride Program does not provide or otherwise arrange for such escort or attendant service. With the recent expansion and emphasis on home and community-based services, the need for this type of assistance will increase.

**Discussion Questions:**

1. Given limited public resources, how would you prioritize the various issues that are described above?
2. Are there any other issues regarding transportation needs that should be addressed by the Department of Aging and the Area Agencies on Aging?
3. In your opinion, is there a need for the Department of Aging and the Area Agencies on Aging to increase public awareness and educate older people regarding the specific transportation services currently available through their local Shared-Ride provider or other transportation services in the area?
4. How can we best assist older drivers and families to make informed choices about the need for self-education and regulation?
5. Do you have any recommendations regarding how we can improve access to transportation in rural areas?
6. How can we ensure quality in the existing Shared-Ride service with increasing demands from other populations using the same service?

**Notes:**

## ISSUE 8 – HEALTH AND WELLNESS

**Improving the health and wellness of older Pennsylvanians has a substantial impact on both the quality of life of all older Pennsylvanians and the Commonwealth’s overall health care costs. Successful change can only come about through continued partnership with Area Agencies on Aging, senior community centers and other community organizations across the Commonwealth.**

### **Background:**

One of the national health objectives of Healthy People 2010, a Federal plan of action to improve the nation’s health, is to reduce the prevalence of obesity among adults to less than 15 percent. Obesity among U.S. adults increased by 61 percent from 1991 to 2000; Pennsylvania has one of the highest trends of obesity in the nation. This increase cuts across all ages, racial and ethnic groups and genders, and is compounded by the fact that nearly 40 percent of adults engage in no leisure time physical activity and that smoking continues to be the number one health hazard to adults. Nutrition or dietary factors also substantially contribute to the burden of preventable illnesses and premature deaths. However, the situation can be improved. One of the most compelling and encouraging lessons learned from the Healthy People 2000 initiative is that we can make dramatic progress in improving individual health in a relatively short period of time by combining the ideas and expertise of a diverse range of individuals and organizations concerned about the health of citizens.

What can we do to reverse these trends? The Department of Aging, Area Agencies on Aging, and Senior Community Centers, in partnership with other health and community organizations, can work to eliminate poor health due to poor nutrition, lack of exercise, and lack of education. Working together, we can provide healthy living tools to older Pennsylvanians, enabling them to make lifestyle changes that can prevent disease and avert the health consequences of being overweight and obese. By making modest and attainable improvements in activity levels and diet, and by providing on-going education on health issues and topics tailored to the needs of older people, we can assist individuals to change their behavior.

Senior Centers have traditionally been the way to provide programs, activities and needed services for health and wellness. To effectively meet the health and wellness needs of future cohorts of older Pennsylvanians, the aging network will need to develop creative partnerships with the community in addition to renewing the role of Senior Centers. Overall, we will need to think of new ways to broaden the impact and outreach of preventive health efforts.

### **Discussion Questions:**

1. What do we need to do to promote health and wellness in the community at large?

2. Two-thirds of the population is overweight and undernourished. What health promotion and nutrition strategies do you recommend to address these issues?
3. How do we help older adults make lifestyle changes that will prevent high-risk diseases?
4. Is there a need for the Department of Aging to provide program recommendations to Senior Centers and AAAs that, based on research, result in health improvements for consumers?
5. What are other ways the Department of Aging, Area Agencies on Aging and Senior Community Centers can work in partnership with communities across the state to improve the health and wellness of older Pennsylvanians?

**Notes:**

## ISSUE 9 – DEVELOPING SERVICE TARGETS FOR THE AGING NETWORK

**The Department welcomes the opportunity to achieve greater accountability for both the use of public funds and meeting the needs of older Pennsylvanians. To do this, we intend to explore the development of systems that measure service outcomes, and to develop “service targets” for minimum levels of service provision.**

### **Background:**

The federal Administration on Aging (AoA) has begun an initiative to meet the new accountability provisions of the Government Performance and Results Act (GPRA). Known as the Performance Outcomes Measures Project, this effort calls for the collection of timely, accurate and comparable data and links continued funding to demonstrated benefits and outcomes.

At the state level, a great deal of focus is being placed on benefits and outcomes as well. In times of limited resources, it is becoming more critical for social service networks to be able to establish standards, identify key performance measures and report data in a way that allows for comparability across agencies.

Moreover, changing demographics have produced a consumer population that is more educated, demanding quality, choice and satisfaction with services and care provided by public agencies. Government agencies and service providers funded by public dollars have the responsibility to deliver consistently high quality services that meet the needs of the consumer.

Following the lead of AoA, the Department of Aging will begin exploring the development of systems that would measure “outcomes” as well as “outputs.” It is relatively easy to gather data on output, e.g., the number of meals served, hours of personal care, as well as assessing whether guidelines are followed and consumers feel satisfied. It is more difficult to measure outcomes, i.e., whether a service provided results in the consumer’s improved health status, physical functioning or quality of life.

In addition to exploring outcomes, the Department is considering the establishment of service targets. That is, each Agency on Aging will be required to provide service at an established minimum level, and this will be the basis for comparison with other agencies. Areas that may be used to establish these standards include expansion of home and community based care, wellness, safety and dignity, and quality of care. The Department and Area Agencies on Aging will benefit greatly in developing outcome measures and service targets through the Social Assistance Management System (SAMS).

### **Discussion Questions:**

1. How would the network benefit by having outcome data to help us improve our services and care, and to justify program expenditures to our funding agencies? Are

there downsides to this effort, and what are they?

2. Help us identify ways in which the Department can begin to work with AAAs to develop a quality improvement system that gathers data on outcomes for each consumer – such as the number of falls, hospitalizations, illnesses, changes in activities of daily living etc. – to show the beneficial impact to the consumer as well as problem areas that need improvement.
3. As part of this effort, the Department may survey consumers from time to time to gain a general sense of how aging services are being received in the Commonwealth. How can the results of these surveys be used to augment more objective measures that may be developed to measure outcomes and service targets?
4. Should service targets be established based on total population in the planning and service area, the agency's total budget, or some other criteria?
5. Once targets are put into place, do you believe that some portion of the agency's budget, or its total budget, should be dependent upon meeting established goals?
6. Each AAA evaluates quality of services on a local basis. How can the Department work with the network to develop a uniform methodology that AAAs can use to evaluate the quality of care given by providers?

**Notes:**