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Stakeholder Input for the Georgia State Plan on Aging and Disability Services Federal Fiscal Year 2019-2022

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Stakeholder Input for the Georgia State Plan on Aging and Disability Services Federal Fiscal Year 2019-2022

Presented to the Georgia Department of Human Services, Division of Aging Services

December 2018

ACKNOWLEDGEMENTS

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EXECUTIVE SUMMARY

State units on aging are funded by the Administration for Community Living's Administration on Aging (ACL's AoA) and, to be eligible for funding, states are required to develop and administer multiyear state plans. Georgia's state unit on aging, the Division of Aging Services (DAS), began the planning process for the federal fiscal year 2019-2022 state plan by planning and implementing a process for gathering public input. While public input is required by the ACL, the agency allows states to determine the approach and processes for collecting input. DAS contracted with the Georgia Health Policy Center (GHPC) to provide design and facilitation support.

GHPC reviewed available information regarding the state's past public input processes, as well as approaches taken by other states through a review of state plans. Ultimately, Georgia decided to host a Community Conversation session in each of the state's 12 planning and service areas and collect feedback through an online survey. A summary of the information collected is presented in this report.

Community Conversations

The 12 Community Conversations were designed to be interactive, draw on participants' experience and wisdom, share information, and collect input regarding issues and opportunities. Each session was similar in structure and lasted approximately two hours.

Session Participants

- Session participation ranged from 33 to 114 individuals, with more than 700 participants across all sessions. The participants included service providers (39%), consumers (28%), advocates (20%), unpaid caregivers (6%), paid caregiving staff (2%), and individuals who identified as 'other' (5.2%).

- Forty-seven percent of participants were service recipients and nearly six out of 10 were age 60 and older. Almost one-quarter of attendees (22%) stated that they considered themselves to have a disability.

- Participants were majority female (84%), heterosexual or straight (82%), and highly educated (59% held an associate, technical, bachelor's, or graduate degree).

- While 23% of participants did not provide their incomes, more than half of the participants (54%) reported an annual income of $50,000 or less. A small number of individuals were veterans (8%), while nearly one-third indicated that they live alone. Attendees represented 94 of Georgia's 159 counties (59%).

<u>Key Issue Areas</u>

- Participants were presented with 10 key issue areas and asked using anonymous, instant polling to identify the top five areas they felt should be priorities. In each session, all of the issue areas were selected by some participants as important.

- The top three issue areas were selected as the foci of small group conversations. In the case of a tie, groups made a choice of the areas they discussed. There were four issues that were selected most, with nine sessions focusing on these areas — transportation; aging in place; physical, emotional, and behavioral health; and access to information and assistance. Complete results of the key issue areas chosen statewide are presented in the table below.

Issue Area	Percent of respondents that selected this issue area as one of their top five (n = 610)	Number of respondents selecting this issue as one of their top five
Aging in place	71.0%	433
Transportation	69.3%	423
Physical, behavioral, and emotional health	64.3%	392
Access to information and services	63.0%	384
Services and supports	53.8%	328
Safety, security, and protection	48.9%	298
Wellness promotion	44.3%	270
Caregiver support	41.1%	251
Socialization, recreation, and leisure	31.5%	192
Cultural competency	12.8%	78

- The small groups were asked three questions regarding the issue areas, and a note taker captured each discussion. The questions were: "What is working well?" What is not working well?" and "What ideas or suggestions do you have?"

- Feedback forms were used to capture thoughts from participants, regardless of the topic. The form asked "What feedback, question, or idea do you want to be sure we hear today?"

- The data collected through the table notes and feedback forms were transcribed, analyzed, organized into themes, and summarized. While there were some differences in the identification of key issue areas by region, there was significant similarity in the responses to the questions asked for each issue area. Common themes included awareness, access, affordability, and quality.

<u>Session Outcomes</u>

- The majority of participants (87%) reported greater understanding of DAS' role within the state, and nine out of 10 stated they had greater awareness of the issues and opportunities regarding serving older adults and persons with disabilities in the state.

- When asked if participants were able to share their feedback and ideas during the session, 85% answered "yes" and 15% answered "somewhat." Ninety-five percent of participants felt that the feedback collected during the session would assist the state in developing the state plan.

Online Survey

The online survey was designed to collect similar information to the Community Conversations, but with additional detail and reaching more stakeholders. The survey included 21 questions and was a mix of open- and closed-ended questions. Outreach to raise awareness of the survey was conducted through emails to session participants, the DAS website homepage, and social media sites

<u>Survey Respondents</u>

- In total, 188 individuals completed the survey. Respondents included service providers (42%), advocates (22%), unpaid caregivers (14%), consumers (14%), and individuals who identified as 'other' (8%).

- Fifteen percent of respondents indicated that they are service recipients, with senior centers identified as the most common service utilized. Respondents' age ranged from 25 to 94, with an average age of 58 years. Nearly one-quarter of respondents (24%) reported having a disability.

- More than three-quarters of respondents (77%) were female, 84% were heterosexual or straight, and 71% were white. Respondents were highly educated, with 81% holding an associate, technical, bachelor's, or graduate degree.

- Nearly half of respondents reported an income of $50,000 or less, but 17% preferred to not answer the question. Few respondents indicated that they were veterans (8%) and 22% lived alone. Survey respondents represented 35 of Georgia's 159 counties (22%).

<u>Awareness and Knowledge</u>

- The majority of survey respondents indicated that they were somewhat or very knowledgeable regarding services available and where to go for information about services and benefits.

- Respondents indicated that there was room for improvement regarding the state's awareness of the needs of older adults and persons with disabilities and current initiatives intended to address the needs, as shown in the chart below.

At this time, how would you rate the state's awareness of the needs of older adults and persons with disabilities?
(n = 179)

Not at all aware, 5.6%

Extremely aware, 16.2%

Slightly aware, 24.0%

Moderately aware, 54.2%

At this time, how would you rate the state's current initiatives to address the needs of older adults and persons with disabilities?
(n = 176)

Excellent, 7.4%

Poor, 13.6%

Good, 40.9%

Fair, 38.1%
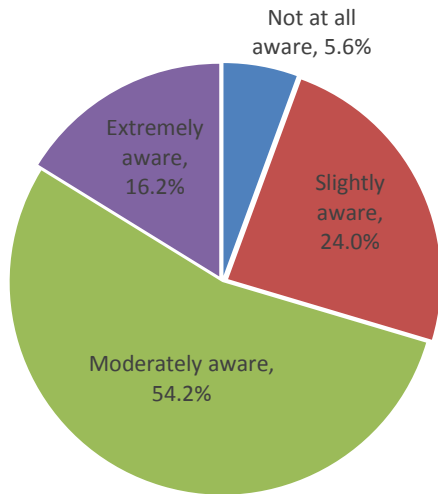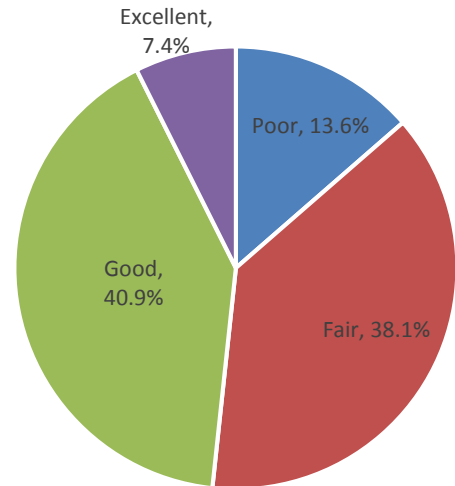
<u>Key Issue Areas</u>

- Survey respondents were provided with the list of 10 issue areas and asked to identify their top choices. Transportation was the issue chosen the most often, followed by aging in place. The responses by issue area are included in the table below.

Issue Area	Percent of responses to this question that included this issue area (n = 168)	Number of respondents selecting this issue as one of their top three
Transportation	59.5%	100
Aging in place	48.2%	81
Access to information and services	39.9%	67
Physical, behavioral, and emotional health	39.3%	66
Services and supports	38.1%	64
Safety, security, and protection	20.2%	34
Caregiver support	17.3%	29
Wellness promotion	13.7%	23
Cultural competency	11.9%	20
Socialization, recreation, and leisure	11.9%	20

- Survey respondents were asked to answer three questions regarding their chosen issue areas: "What is working well?" What is not working well?" and "What ideas or suggestions do you have?"

- Given the small sample size, the survey data were combined with the responses from the table notes and feedback forms for analysis. Significant detail regarding the themes raised are presented in the "Key Issue Areas" section of the report.

<u>Community Support</u>

- Survey respondents were asked two questions regarding one's ability to age in place in the community: "As you age, what do you think would be most helpful in supporting you to remain in your home or community?" and "As you age, what is your greatest concern as you think about staying independent and in your home or community?"

- Respondents' most common responses were housing and in-home services, which were often noted in the context of broader community connections, both physical and social. Other common responses described transportation, awareness of and access to information, and health care. One respondent wrote that they would like "training on what to do before hand to ensure the path to independence. That way when I get there, I'll already know what to do

and where to go and can run through some stuff while my mind can still process it accurately."

- Similar to the feedback regarding the support needed, the two main concerns about the ability to age in place were related to housing and transportation. Affordability was an underlying theme across several categories of responses. Survey respondents raised concerns about "being able to afford assistance at home, having support in home, [and] being able to afford long-term care if needed." There were also concerns about "not being able to afford living independently."

- Concerns about transportation were often presented in the context of broader concerns about health, wellness, and independent living. As one respondent stated, "being unable to drive would be my greatest concern about staying independent in my home. I would become isolated, which would affect my health, both physical and mental."

Conclusion

Overall, the data collected through the stakeholder input process will provide substantial information regarding Georgians' priorities with regard to aging and disability, facilitators of and barriers to accessing services and supports, and suggestions for improving outcomes. Collectively, these data present a picture of aging issues across the state and can be used to meaningfully inform the planning process.

INTRODUCTION

The Administration for Community Living's Administration on Aging (ACL's AoA) requires state units on aging to develop and administer multiyear state plans that advocate for and provide assistance to older adults and their families, as well as persons with disabilities[1].To be eligible to receive program funding, the AoA mandates that state units on aging provide opportunities for input from older individuals, area agencies on aging (AAA), recipients of grants under Title VI, and other interested persons and entities regarding the funded programs as part of the planning process[2]. To accomplish the public input component for the federal fiscal year 2019-2022 state plan, Georgia's state unit on aging, the Division of Aging Services (DAS), partnered with the Georgia Health Policy Center (GHPC) to facilitate a Community Conversation series held in each of the 12 state planning and service areas (PSAs) and to collect data through an online survey.

This report details the processes used to solicit stakeholder input and presents a summary of the information collected statewide. A summary of the data collected from each of the 12 sessions was shared with the local AAA to support the development of the regional plans.

To build upon previous planning work within the state, the authors reviewed the past two state plans. In addition, the authors conducted a review of other states' plans to identify best practices and methods used to gather, analyze, and integrate stakeholder input. The other states' plans' presentation of stakeholder input were also reviewed to assess how the data were organized and formatted within the plan document.

To gather input from stakeholders across the state, the authors, in collaboration with DAS, convened community conversations in each of the 12 PSAs from April to August 2018. Attendees included older adults, persons with disabilities, caregivers, advocates, service providers, AAA staff, and others interested in contributing to the planning process. In conjunction with the in-person sessions, the authors utilized an online survey to collect stakeholder feedback, which was posted publicly on DAS's home page. The authors encouraged attendees of the Community Conversations, as well as those who could not attend the sessions, to complete the online survey.

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[1] Administration for Community Living. (2017). State Units on Aging.
 Retrieved from https://acl.gov/programs/aging-and-disability-networks/state-units-aging
[2] Administration on Aging. (2015). Program Instruction, AoA-PI-14-01.
 Retrieved from https://acl.gov/sites/default/files/about-acl/2017-05/FY2015_AoA-PI-14-01.pdf

Report Organization

This report is organized into five sections. A brief synopsis of the report sections follows.

<u>Introduction</u>
This provides an overview of the project purpose, roles, and approaches utilized to gather stakeholder input for the state plan on aging.

<u>Community Conversations</u>
Twelve community conversation sessions were held in each of the state's planning and service areas. This section summarizes the format, who participated, and data collected through the sessions.

<u>Online Summary</u>
In support of reaching as many stakeholders as possible, the state also sought input through an online survey. The methodology, who responded, and survey responses are presented in this section of the report.

<u>Key Issue Areas</u>
The sessions and survey were organized, in part, to gather information regarding 10 key issue areas, as well as those that arose from stakeholder input. The data collected regarding each issue area are presented.

<u>Conclusion</u>
The authors summarize the main points.

COMMUNITY CONVERSATIONS

Overview

GHPC, DAS, and the AAA in the PSA collaborated to host Community Conversations in each of the DAS PSAs across the state. The location of each session was determined by DAS and local AAA staff, and both entities worked together to promote community attendance. The sessions were also advertised online through DAS's website, through social media pages, and in some local news outlets. The sessions aimed to attract diverse groups of stakeholders with a range of perspectives and experiences within the service delivery system. See Appendix A to view the flyer shared online and in print with the full list of sessions.

The goal of each session was to not only collect stakeholder data, but to also inform attendees of the aging network's responsibilities and work within the state. More specifically, the desired outcomes for the sessions included educating stakeholders about DAS's role within the state and the requirement to develop a state plan that aligns with state and federal requirements; providing multiple opportunities for participants to share their experience and feedback, prioritize issues, and suggest strategies to be considered to guide DAS's development of the state plan; and for increasing attendees' awareness of the issues and opportunities related to serving older adults and individuals with disabilities in the state. Data were collected throughout the sessions using instant polling, table notes, and individual feedback forms, which will be described in more detail later in the report.

Session Format

The structure of each session was uniform and began with an overview of the session's purpose and desired outcomes. Participants were also presented with feedback forms, which they were encouraged to use throughout the session to document questions or feedback which could be addressed by DAS or AAA staff during the session, and also integrated into the plan. An example feedback form is available in Appendix C. DAS staff then presented key statewide and PSA-specific data regarding long-term services and supports, highlighted current initiatives and projects, and reiterated the role of community participants in guiding the state's planning process.

The group then participated in the identification of the key priority issue areas. Participants were asked to consider and prioritize their top five issue areas related to aging services: access to information and assistance; transportation; caregiver support; cultural competency; socialization, recreation, and leisure; aging in place; physical, emotional, and behavioral health; safety, security, and protection; wellness promotion; and services and supports.

Participants utilized instant polling technology to identify their key issue areas. GHPC staff identified the top three priority issue areas for the participants based on the polling results. Participants were then asked to think about what works well, what does not work well, and ideas

or recommendations they had for each priority issue area. Participants then shared their perspectives with others seated at their table, while one individual at each table recorded the items discussed. The table note template is available in Appendix B.

Once participants had shared their perceptions of the existing strengths, current gaps, and specific suggestions for each area, each table had an opportunity to share takeaways from their discussion with the group. Once the report out was completed, representatives from DAS and the AAA addressed participants' questions and feedback regarding statewide programs and initiatives, as well as local resources. Next, participants answered evaluation questions regarding the session and the state plan. Lastly, participants were asked to complete a brief demographic form to help understand the characteristics of the participants. The demographic form questions are available in Appendix D.

Key Issue Areas

The table below presents the key issue area polling results by region from the Community Conversation sessions. In total, the authors' derived that approximately 610 individuals across the state participated in the polling question regarding the key issue areas. The group conversations were focused on the top three issue areas, with an exception in the case of a tie. Where a tie occurred, the groups discussed the two issue areas with the most votes and each group then made a choice regarding the third topic for discussion. The feedback collected regarding the key issue areas is presented later in the report.

PSA Region	Aging in Place	Transportation	Physical, Emotional, Behavioral Health	Access to Information and Assistance	Services and Supports	Safety, Security, Protection	Wellness Promotion	Caregiver Support	Socialization, Recreation, and Leisure	Cultural Competency
Atlanta Region (n = 57)	42	47	30	35	27	20	21	23	20	18
Central Savannah River Area (n = 47)	38	38	25	29	25	23	18	15	18	4
Coastal Georgia (n = 52)	35	36	37	43	31	28	19	15	14	2
Heart of Georgia (n = 24)	23	13	19	14	11	14	12	7	3	3
Legacy Link (n = 51)	44	36	28	24	29	23	23	19	16	13
Middle Georgia (n = 29)	21	21	17	19	13	15	12	13	11	2
Northeast Georgia (n=110)	68	78	68	69	59	41	66	50	46	7
Northwest Georgia (n = 38)	29	24	26	25	22	27	9	24	4	2
River Valley (n = 37)	18	21	30	21	24	18	17	18	12	8
Southern Georgia (n = 36)	21	25	23	26	19	23	15	17	8	5
Southwest Georgia (n = 56)	40	34	39	40	27	31	27	19	18	6
Three Rivers (n = 72)	54	50	50	39	41	35	31	31	22	8
Total Respondents Selecting Issue Area	433	423	392	384	328	298	270	251	192	78
% Respondents Selecting Issue Area (n = 610)	71%	69%	64%	63%	54%	49%	44%	41%	31%	13%

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Session Participants

At the end of each session, participants were asked to complete a brief demographic questionnaire to provide information to DAS regarding who provided input into the planning process. Given that the form was handed out at the end of the session some participants who needed to leave early were not able to complete the form. In total, 658 demographic forms were collected from stakeholders participating in the 12 sessions. The number of participants who provided their demographic information by session is presented in the following table.

PSA Region	Percent	Frequency
Atlanta Region	11%	72
Central Savannah River Area	9%	57
Coastal Georgia	8%	52
Heart of Georgia	5%	33
Legacy Link	6%	42
Middle Georgia	5%	33
Northeast Georgia	17%	114
Northwest Georgia	6%	38
River Valley	6%	39
Southern Georgia	6%	37
Southwest Georgia	9%	58
Three Rivers	13%	83
Total		658

Demographic form questions and results are presented below.

1. What is your primary role in respect to aging and adult services? (n = 638)
Some 'Other' responses to this question were recoded with the description provided clearly matched one of the existing categories. The most common role was 'Service provider.'

Response	Percent	Frequency
Consumer (older adult/person with disability)	27.7%	177
Service provider	38.7%	247
Advocate	20.2%	129
Caregiver/paid professional	1.7%	11
Caregiver/family who is unpaid	6.4%	41
Other*	5.2%	33

* Included "Volunteer," "University/Education," "Concerned citizen," and "Public Planner"

2. Do you currently use any of the following services? (n = 653)

- **Senior center**
- **Adult day center**
- **Caregiver support**
- **In-home support**
- **Meals (at senior center or delivered)**
- **Transportation services**

Response	Percent	Frequency
Yes	47.3%	309
No	49.3%	322
Prefer not to answer	3.4%	22
No Response	0.0%	5

3. What is your current age? (n = 620)

	Age (in years)
Mean	59.81
Minimum	23
Maximum	93
No Response	38

Session Participants by Age Group

Age Group	Percent	Frequency
Under 60	42.9%	266
60-74	39.7%	246
75-84	12.7%	79
85+	4.7%	29

4. What is your gender? (n = 658)

Response	Percent	Frequency
Male	14.1%	93
Female	83.6%	550
Other	0.3%	2
Prefer not to answer	1.9%	13

5. Do you consider yourself to be: (n = 658)

Response	Percent	Frequency
Heterosexual or straight	81.8%	538
Gay or lesbian	2.3%	15
Bisexual	0.3%	2
Prefer not to answer	15.7%	103

6. Which race/ethnic categories describe you (check all that apply): (n = 658)

Response	Percent	Frequency
Caucasian or White	45.6%	306
African American or Black	42.8%	287
Asian or Pacific Islander	0.8%	5
American Indian or Alaska Native	1.3%	9
Hispanic or Latino	2.4%	16
Other	2.8%	19
Prefer not to answer	4.3%	29

7. What is the highest level of education you have completed? (n = 658)

Response	Percent	Frequency
Less than high school	5.6%	37
High school or equivalent (GED)	18.5%	122
Some college (no degree)	12.9%	85
Associate or technical degree	12.6%	83
Bachelor's degree	23.9%	157
Graduate degree (master's, Ph.D., M.D., etc.)	22.8%	150
Prefer not to answer	3.6%	24

8. What is your current annual income? (n = 658)

Response	Percent	Frequency
$25,000 or less	26.3%	173
$25,001 - $50,000	27.7%	182
$50,001 - $75,000	13.2%	87
$75,001 - $100,000	6.5%	43
More than $100,000	3.0%	20
Prefer not to answer	23.3%	153

9. Are you a veteran? (n = 658)

Response	Percent	Frequency
Yes	7.6%	50
No	87.1%	573
Prefer not to answer	5.3%	35

10. Do you live alone? (n = 658)

Response	Percent	Frequency
Yes	30.7%	202
No	63.2%	416
Prefer not to answer	6.1%	40

11. Do you currently consider yourself to have a disability? (n = 658)

Response	Percent	Frequency
Yes	21.7%	143
No	72.5%	477
Prefer not to answer	5.8%	38

12. What county do you live in? (n = 622); No response = 36
Ninety-four of Georgia's 159 counties (59%) were represented. Dougherty had the most participation with 41, followed by Cobb with 39, and Chatham with 27.

13. What is your current home ZIP code? (n = 621); No response = 37
Individuals represented 235 different ZIP codes. The ZIP code identified the most included 22 residents, but the majority were represented by one person (51%).

The map below presents the session locations and a geographic representation of the participants by ZIP code.

Rural*   Non-Rural

1-2
3-5
6-10
11-16
17-22

Session Locations
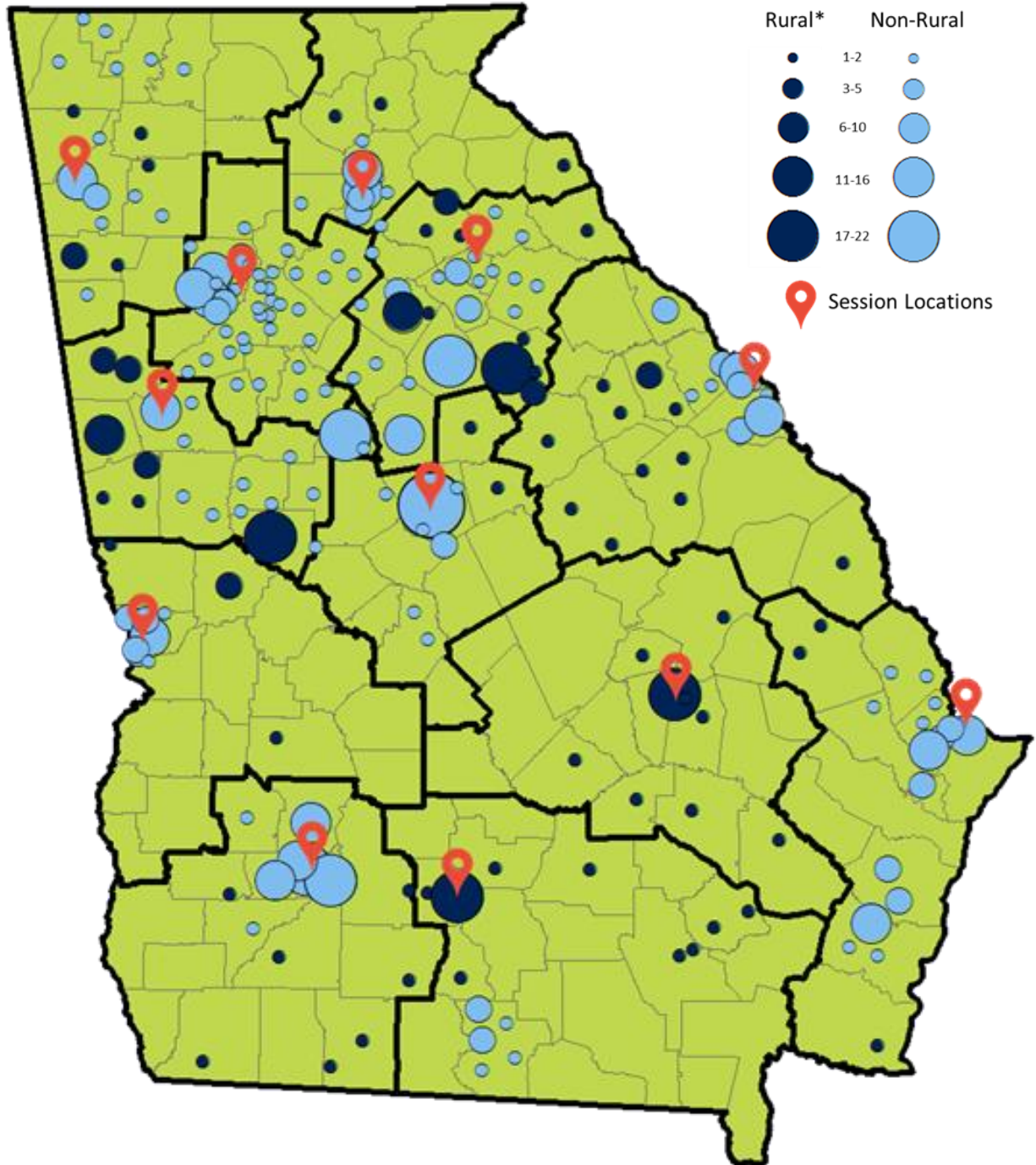
*As Defined by Federal Office of Rural Health Policy

Feedback Forms and Table Notes

The data collected from the feedback forms and table notes are reported in the Key Issue Areas section of this report. The document templates are available in Appendices B and C.

Evaluation Polling Results

At the end of the session the participants were asked to use the instant polling technology to provide anonymous responses to four polling questions. The participants generally indicated that the meeting outcomes were achieved and that the information gathered through the sessions would help guide the DAS in developing the state plan. The questions and results are presented next.

1. I have a greater understanding of the Division of Aging Services role within the state: (n = 622)

Response	Percent	Frequency
Yes	87%	543
No	13%	79

2. I have greater awareness of the issues and opportunities regarding serving older adults and persons with disabilities in the state: (n = 598)

Response	Percent	Frequency
Yes	91%	542
No	9%	56

3. I was able to share my feedback and ideas today: (n = 594)

Response	Percent	Frequency
Yes	84%	501
Somewhat	15%	87
No	1%	6

4. The feedback shared today will assist the Division of Aging Services in developing the state plan: (n = 588)

Response	Percent	Frequency
True	95%	560
False	5%	28

ONLINE SURVEY

Overview

An online survey was utilized to gather information from a diverse group of individuals regarding the DAS state plan and to seek input into the process. The survey questions were designed by GHPC staff in partnership with the DAS.

The survey was intended to reach individuals who could not attend a Community Conversation session, as well as seek additional input from session attendees or through their networks. Ultimately, the hope was to increase the number of individuals providing input into the state plan, raising the likelihood of collecting data regarding opportunities and challenges to saturation. Participants were able to complete the survey between April and August 2018. The survey questions can be found in Appendix E.

Methodology

The survey platform used was Qualtrics. The platform was also used for survey distribution through email addresses provided by session participants to invite them to respond to the survey or share the survey with others. In addition, the survey was posted on the home page of the DAS website, shared via social media sites, distributed to community organizations to share with their networks, and included in a column published in *SaportaReport.*

Responses were included in the analysis as long as the first three questions included valid responses, otherwise the response was dropped from the analysis. Descriptive data from the closed-ended survey questions and a presentation of themes for some of the open-ended questions are shared in the section that follows. A qualitative analysis of the open-ended questions regarding the specifics of the issue areas selected as priorities is presented in the Key Issue Area section.

Survey Responses

The total sample size is 188, with roughly two-thirds (124 of 188) fully completing the questionnaire. Eighty respondents (42.6%) reported attending one of the Community Conversations, while 108 (57.4%) did not.

Roles
Respondents were asked to indicate their primary role. Some 'Other' responses to this question were recoded when the description provided clearly matched one of the existing categories. The most common role was 'service provider.'

1. What is your primary role in respect to aging and adult services? (n = 188)		
Response	Percent	Frequency
Advocate	21.8%	41
Caregiver/family who is unpaid	14.4%	27
Consumer (older adult/person with disability)	13.8%	26
Service provider	42.0%	79
Other	8.0%	15

Caregiver Support

For those who identified as a caregiver, the following question was presented, "What could the state do to better support you in your role as a caregiver?" Generally, survey respondents indicated an ongoing need for more supportive services for caregivers and better access to information about those services. Some specific suggestions included:

- "More funding for the New Options Now and Comprehensive Supports waivers- the waiting list for these is thousands of people long. This funding enables individuals with disabilities to be active, productive members of society."

- "Provide more awareness starting at the middle school level to transition specialists and counselors. Parents and caregivers could be better prepared to maximize the benefits offered and help to provide a better quality of life by simply planning ahead and creating a better 'road map' for their loved one(s). Being more proactive with these valuable resources would also allow for better balance in the home and minimize 'burnout' that we often experience when trying to equip our loved ones with the tools they need to be successful. Also at the school level, there should be financial assistance for academic support. After school tutorial is not as effective for a couple of reasons: too many other students there and may not get as much one-on-one; environment needs to be more relaxed and conducive to optimal learning/less distractions; they'll be more likely to ask the questions they need to without fear of ridicule from their peers."

- "Provide resources for social interaction and volunteer opportunities for older adults with disabilities."

- "I suppose the primary need would be to [fund] more services on the local level. There are so many different agencies…that there's no way to know which would be better suited. The state could take a larger role in monitoring and 'scoring' those agencies."

The table below summarizes the most common responses provided by survey respondents to the question "What could the state do to better support you in your role as a caregiver?"

8. What could the state do to better support you in your role as a caregiver? (n = 15)	
Response	**Explanation**
More supportive services	The general indication was for more support for people in the caregiver role, both for aging adults and persons with disabilities.
Access to information and assistance	Several respondents noted a desire for more access to information, specifically about what supportive services are available and how to understand specific benefits like Medicaid and Medicare.
Financial strain	Other respondents noted that the financial burden on caregivers is destabilizing for their households.
Increased in-home support	Several indicated that more supportive services could be available in the home, especially around promoting physical wellness (e.g., in-home physical therapy).
Workforce turnover	At least one respondent saw some issues with high turnover among state caseworkers.

Use of Services

Of the 119 responses to the question "Do you currently use any of the following services?"

- 26.9% (n = 32) indicated using at least one of the listed services

- 73.1% (n = 87) indicated that they do not use any of the listed services

- 2.5% (n = 3) preferred not to answer the question

- 'Senior Center' was selected by 21 respondents (17.6%) and was the most frequent response

Service	Percent of all respondents who indicated using or not using these services (n = 119)	Number of respondents selecting this service as one they use
Senior center	18.1%	21
Caregiver support	4.3%	5
In-home support	4.3%	5
Meals (congregate or delivered)	4.3%	5
Transportation services	2.6%	3
Adult day center	1.7%	2

Awareness and Knowledge

Across the four questions assessing general awareness and knowledge about aging issues and services in the state, respondents generally conveyed moderate levels of knowledge.

4. At this time how would you rate your awareness of services for older adults and persons with disabilities available in the state? (n = 186)		
Response	Percent	Frequency
Know nothing	11.8%	22
Know something	51.1%	95
Know a lot	37.1%	69

5. At this time how would you rate your knowledge of where to go or who to call if you need information about services and benefits? (n = 185)		
Response	Percent	Frequency
Not at all knowledgeable	11.4%	21
Somewhat knowledgeable	47.0%	87
Very knowledgeable	41.6%	77

6. At this time, how would you rate the state's awareness of the needs of older adults and persons with disabilities? (n = 179)		
Response	Percent	Frequency
Not at all aware	5.6%	10
Slightly aware	24.0%	43
Moderately aware	54.2%	97
Extremely aware	16.2%	29

7. At this time, how would you rate the state's current initiatives to address the needs of older adults and persons with disabilities? (n = 176)		
Response	Percent	Frequency
Poor	13.6%	24
Fair	38.1%	67
Good	40.9%	72
Excellent	7.4%	13

Priority Issue Areas

Almost 90% (n = 168) of respondents provided information on their top three priority areas. Over half of those responding (59.5%) included transpiration in their top three.

Issue Area	Percent of responses to this question that included this issue area (n = 168)	Number of respondents selecting this issue as one of their top 3
Transportation	59.5%	100
Aging in place	48.2%	81
Access to information and services	39.9%	67
Physical, behavioral, and emotional health	39.3%	66
Services and supports	38.1%	64
Safety, security, and protection	20.2%	34
Caregiver support	17.3%	29
Wellness promotion	13.7%	23
Cultural competency	11.9%	20
Leisure, recreation, and social	11.9%	20

Support for Remaining in Home or Community

Housing and in-home services were seen as the most common supports for aging in place, which were often noted in the context of broader community connections both physical and social. As one respondent stated, "Keeping me in the area in which I have been living would [allow] me to maintain my personal connections and familiarity with what is available."

"Transportation for medical visits [and] quality of life trips" was also a common support identified by respondents. Knowledge about where and how to access the information needed to support decision-making around remaining in the home or community appears to also be a common need, with one respondent stating they would like "training on what to do before hand to ensure the path to independence. That way when I get there, I'll already know what to do and where to go and can run through some stuff while my mind can still process it accurately."

The table below summarizes the most common responses provided by survey respondents to the question "As you age, what do you think would be most helpful in supporting you to remain in your home or community?" Ninety-seven respondents provided feedback on this question. They did not differ significantly from those who did not provide responses in terms of reported roles and demographics.

11. As you age, what do you think would be most helpful in supporting you to remain in your home or community? (n = 98)	
Response	**Explanation**
Housing and in-home services	The most common responses considered how respondents could receive some form of affordable in-home care that would allow them to remain in their home. Housing affordability and accessibility modifications were also noted in numerous responses. In terms of remaining in the community, many people noted the interconnectedness of housing and transportation issues.
Transportation	A large proportion of responses mentioned the availability of different modes of transportation and transit for both medical and quality-of-life trips. Several also indicated a desire for programs to support seniors in knowing about transportation options and how to access them.
Awareness of and access to information	Many responses identified the need to raise awareness of what opportunities are available and how to access them when they are needed as particularly helpful. Several made a point that they would like to have an actual person to serve as an information source, as opposed to a website or other stand-alone source. Some suggested a "planning guide" or a training on how to plan for the future would be useful.
Health care	Maintaining or enhancing access to health care services and benefits was identified in several responses. Some also focused on management of care. Several also noted specific needs in terms of affordability. A few emphasized quality and choice in terms of their physical and mental health providers.
Wellness promotion	Some responses considered promotion of healthy behaviors, mostly nutrition or eating well, with a few noting exercise or physical activity. Some specifically noted meal services as a key support.
Supportive networks	A few responses were about having people to check in on them and networks of support. As with other responses, affordability and quality of services were common themes.
Financial security	A few respondents explicitly noted income stability and support for financial planning as helpful supports.
Socialization	A small number of responses focused on maintaining social networks, engaging in the community, and avoiding isolation.

Concerns about Remaining in Home or Community

In line with other feedback, the two main concerns about the ability to age in place were related to housing and transportation. Affordability was an underlying theme across several categories of responses. Survey respondents raised concerns about "being able to afford assistance at home, having support in home, [and] being able to afford long-term care if needed." There were also concerns about "not being able to afford living independently."

Concerns about transportation were often presented in the context of broader concerns about health, wellness, and independent living. As one respondent stated, "being unable to drive would

be my greatest concern about staying independent in my home. I would become isolated, which would affect my health both physical and mental."

Next to housing and transportation, other concerns centered on instability of service availability and how financial resources impact that condition at both the household and community level. One respondent summarized this concern: "Loss of income and familial support will render me dependent on community resources and social support which is rapidly being dismantled and will likely not exist in its present form when I arrive at this stage."

The table below summarizes the most common responses provided by survey respondents to the question "As you age, what is your greatest concern as you think about staying independent and in your home or community?" One hundred two respondents provided feedback on this question. They did not differ significantly from those who did not provide responses in terms of reported roles and demographics.

12. As you age, what is your greatest concern as you think about staying independent and in your home or community? (n = 105)	
Response	**Explanation**
Housing and in-home services	The most common concern was about the availability of and ability to afford housing and in-home health care or other services that support independent living.
Transportation	The next most common concern was remaining mobile and connected to the community, both physically and socially. The availability, accessibility, and affordability of transportation is seen as a linchpin for remaining independent.
Services and supports	Another common concern was affordability, availability, and quality of services and supports. These considered both services in the community and in the home.
Income and resources	Several respondents had concerns about personal income and how it will impact their ability to live independently and receive services or benefits. There were also broader concerns about how benefits like Social Security and Medicare will be resourced in the future.
Socialization	Some respondents expressed concern about becoming isolated and/or lonely as they age.
Safety	A few respondents noted concern about their physical safety as thy age.
Access to information	A few also expressed concern about their ability to access information about aging services and supports that may be available.
Becoming a burden	Also present across multiple responses is concern about being a burden for or inconveniencing other family members or the broader community.

Additional Comments

The most common theme emerging from responses to an open-ended request for additional comments in the survey was resources. Generally, respondents felt "there need to be more resources available to those with limited incomes," as well as to programs for the aging and disabled more broadly. Housing and transportation were represented, often in a single comment such as "[I] would like to see a legislative study group formed on topics of transportation and housing."

Comments about the need for "more community awareness" of issues related to aging and disabilities were also common. In addition to considering community awareness, there were also comments specific to how target populations access information, focusing on "finding ways to streamline information and services in order to reduce confusion for the elderly and individuals with disabilities."

Several comments brought together numerous themes seen across survey responses and Community Conversation feedback, such as "We don't realize how much an older adult's or individual with disabilities in Georgia world shrinks without access to transportation. Also, if these individuals don't have family that can take off from work because they can't afford it, this isolates the person even more and makes it more difficult for them to attend medical appointments or any other activity that helps their quality of life."

Another respondent took a detailed look at the health care experience of older adults: "Doctors and nurses and other professionals in most medical offices do not seem to know how to effectively communicate with older adults: offices use small print (or worse, hand the patient an electronic device!!) and very high-level writing forms (far above fifth grade access), have little concern about the effect of having to wait a long time to see the doctor after walking a long ways into the building - just the whole medical experience is disconcerting, uncomfortable, exhausting, and confusing. I think many older adults get home with little understanding of what just happened and little sense of having been heard about their own concerns. Doctors are so time pressured that older adults (who may have delayed cognitive processing - they aren't stupid or demented, just a bit slower to think about things) cannot get their thoughts out to the doctor in the allotted time."

The table below summarizes the most common responses provided by survey respondents to the prompt "Please provide any other comments you may have regarding the needs and priorities of older adults and individuals with disabilities in Georgia." Fifty-four respondents provided comments. They did not differ significantly from those who did not provide responses in terms of reported roles and demographics.

13. Please provide any other comments you may have regarding the needs and priorities of older adults and individuals with disabilities in Georgia. (n = 55)

Response	Explanation
Income and resources	The most common sentiment expressed in these comments pertained to lack of personal income to afford services and supports. There were also numerous comments about the general need for more resources to support aging services.
Aging in place	Numerous comments concerned aging in place, with many focused on the nexus between affordability, housing, and transportation as critical issues.
Awareness and access to information	Several comments considered the need for increased awareness of aging and disability issues in the community. This included both awareness of how to access information about services and how to promote general awareness of issues.
Physical and mental health	Some comments raised concern about continued availability of medical and mental health services, as well as the quality of those services.
Transportation	Some comments reiterated issues around transportation availability and affordability as critical for aging independently, as well as for persons with disabilities.
Socialization	Several comments concerned the need for social programs and activities to support aging populations and to help avoid isolation.
Poor service quality	A few comments portrayed strong negative impressions about the quality and availability of services in the state and about the agencies providing them.

Respondent Demographics

Age

The average age of the 121 respondents whom shared this information was 57.9 years. Ages ranged from 25 to 94, and slightly skewed toward older adults, as illustrated in the figure below.

Age
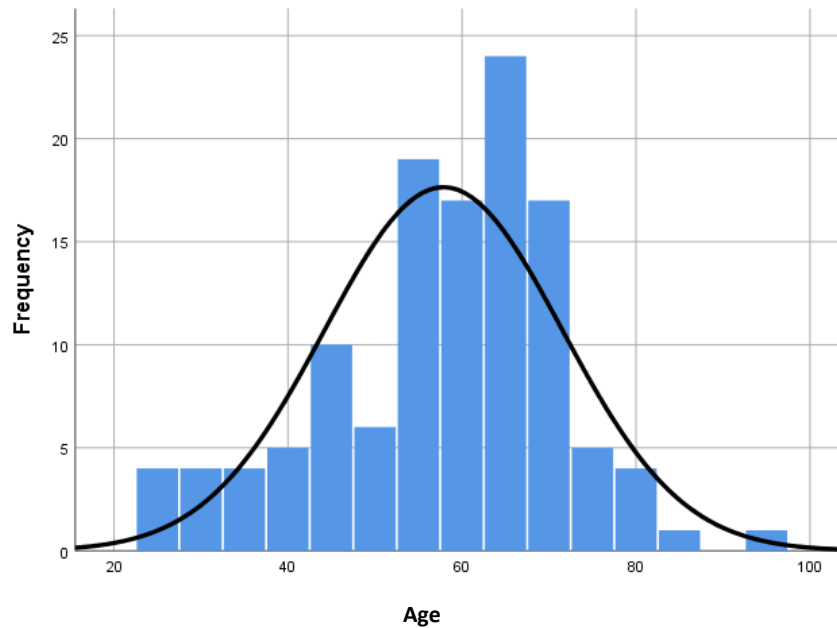
Gender
Over three quarters (77%) of respondents providing information on gender were female.

17. What is your gender? (n = 124)		
Response	**Percent**	**Frequency**
Female	76.6%	95
Male	21.8%	27
Other	0.8%	1
Prefer not to answer	0.8%	1

Sexual Orientation
Over 10% of respondents reporting sexual preference (11.3%) considered themselves gay, lesbian, or bisexual.

18. Do you consider yourself to be: (n = 124)		
Response	**Percent**	**Frequency**
Bisexual	3.2%	4
Gay or lesbian	8.1%	10
Heterosexual or straight	83.9%	104
Prefer not to answer	4.8%	6

Race and Ethnicity
The vast majority of respondents (88%) providing information on race and ethnicity were Caucasian/White (71%) or African American/Black (17%). For simplicity of presentation, all

responses indicating 'Asian or Pacific Islander,' 'American Indian or Alaska Native,' 'Hispanic or Latino,' 'Other,' or more than one choice are included in the 'Other or 2+' category in the table below.

19. Race/Ethnicity Simplified: (n=124)		
Response	Percent	Frequency
African American or Black	16.9%	21
Caucasian or White	71.0%	88
Other or 2+	7.3%	9
Prefer not to answer	4.8%	6

Education
Of the 123 respondents providing information on their highest level of educational attainment, 42% (n = 52) reported having graduate degrees. None reported having less than a high school degree or equivalent. (Note: One respondent indicated 'Prefer not to answer,' which was classified as missing data for this table.)

20. Education Level: (n=123)		
Response	Percent	Frequency
High school or equivalent (GED)	2.4%	3
Some college (no degree)	16.3%	20
Associate or technical degree	14.6%	18
Bachelor's degree	24.4%	30
Graduate degree (master's, Ph.D., M.D., etc.)	42.3%	52

Income
Just over a third (36%) of respondents answering this question reported annual incomes between $25k and $50k. The second most frequent response was 'Prefer not to answer' (18%), the highest proportion for any question on the survey.

21. What is your current annual income? (n=124)		
Response	Percent	Frequency
$25,000 or less	12.9%	16
$25,001 - $50,000	35.5%	44
$50,001 - $75,000	16.1%	20
$75,001 - $100,000	13.7%	17
More than $100,000	4.0%	5
Prefer not to answer	17.7%	22

Veteran Status
Of the 124 responses to the question about veteran status, 10 (8%) reported being a veteran.

Living Alone

Of the 124 responses to the question about living alone, 27 (22%) reported that they lived alone.

Disability

Of the 124 responses to the question about disability, 30 (24%) reported that they considered themselves to have a disability.

Geographic Representation

Thirty-five of Georgia's 159 counties (22%) were represented among the 112 responses to a question about the county where they lived. DeKalb had the most with 13, followed by Chatham with 12, and Forsyth and Hall with 10 each.

On the question about which ZIP code respondents lived in, 112 responses were received from 84 different ZIP codes, none of which had more than 4.

The map below presents a geographic representation of the survey respondents by ZIP code.
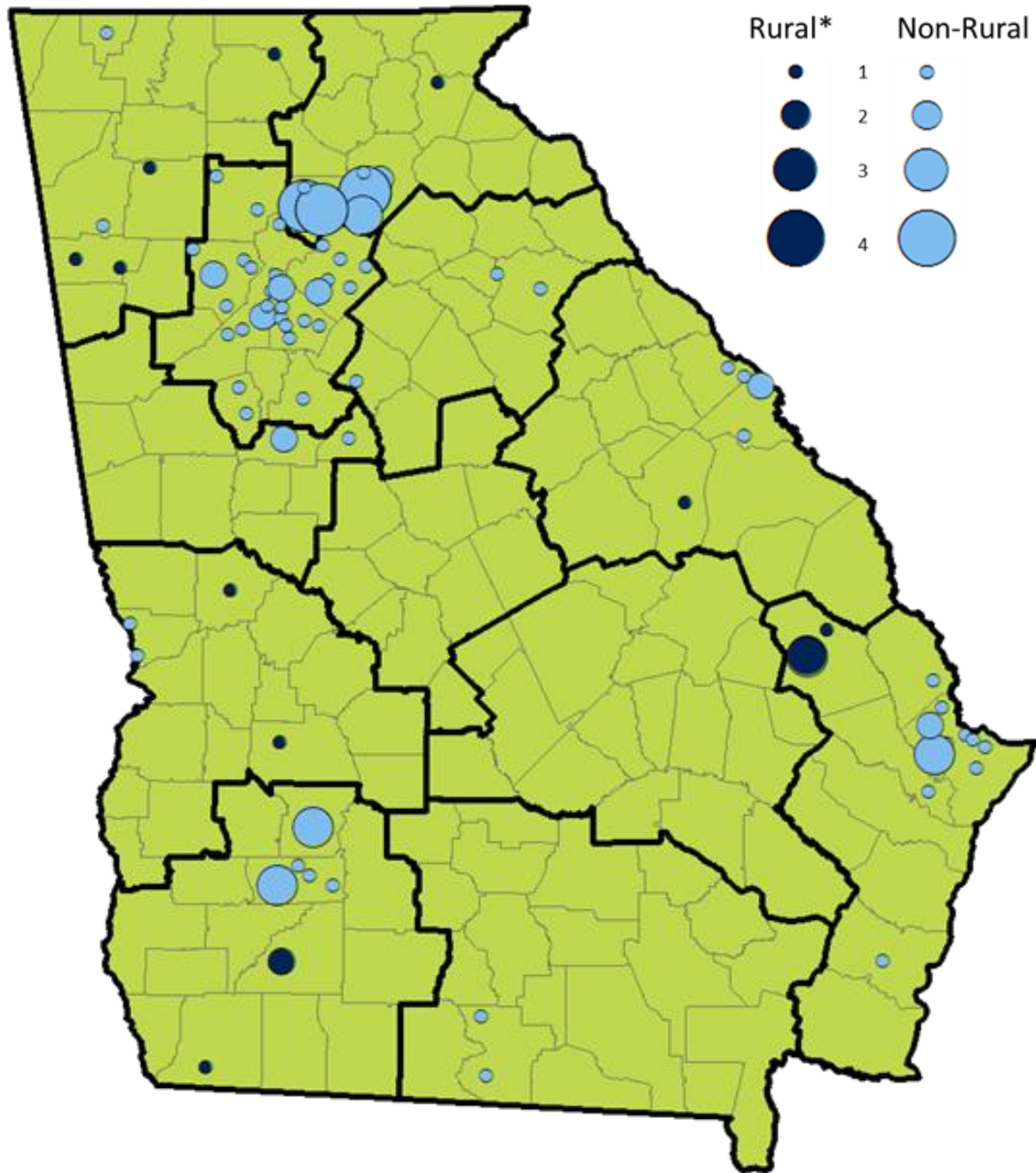
*As Defined by Federal Office of Rural Health Policy

KEY ISSUE AREAS

Overview

GHPC worked together with DAS to review the most commonly reported challenges and opportunities over recent input processes, as well as through a review of other states' assessment practices. Through this process, the team determined 10 key issue areas and the sub-issues that would be grouped together to describe each issue area.

The key issue areas were included in the Community Conversations, as well as in the online survey. Stakeholders were asked to identify their top issue areas and then to provide additional information regarding each issue. The questions that were used to probe for additional information included, "What is working well?" "What is not working well?" and "What ideas or suggestions would you like to share?"

Methodology

The data from the feedback forms and table notes were transcribed and coded using the qualitative analysis software, NVivo 12. The authors completed a thematic analysis of the table notes, feedback forms, and open-ended survey questions to identify the context and explanation of the responses shared with regard to each issue area. The authors developed a common code book used for all of the qualitative data collected with data-driven codes through an iterative process.

The analysis of the themes for each key issue area follows, in order from the most frequently chosen issue area to the least.

Transportation

Transportation was used to describe one's ability to get to needed or desired destinations. Generally, stakeholders considered driving, public transportation options, transportation services and programs, and active transportation modes, such as walking and bicycling, as a part of this issue. It was recognized that transportation is connected to many of the other issue areas, as one respondent stated, "This is a pivotal concern. Solve the transportation problem and you will have access to all the other services available."

Transportation was the most frequently identified priority by survey respondents and session participants, selected by 523 stakeholders. Sixty percent of survey respondents chose transportation as a top priority, compared with 69% of session participants. Transportation was selected as one of the top priority areas and discussed by small groups in nine out of the 12 sessions.

Working Well

The table below summarizes the most common responses provided by survey respondents and session participants to the question "What is working well with transportation?"

Response	Explanation
Public transit	Existing public transit services were highlighted such as the Dial-a-Ride demand response services and paratransit. The majority of the references to the affordability of transportation related to the reduced or low-cost of public transportation that is often available to older adults and individuals with disabilities.
Transportation programs	Volunteer programs that provide escorted ride services, voucher programs, and financial support for ride-sharing or cab trips were described by some individuals as working well. Some of the services referenced had ended due to the loss of grant funding. In addition, medical insurance plans that provide transportation for medical appointments were highlighted as a good benefit for eligible beneficiaries. Church-based transportation programs were another resource described that meets some transportation needs.
Medicaid non-emergency medical transportation	A few individuals identified the transportation services or reimbursement for transportation costs for travel to medical appointments for individuals who have a low income as an important resource for meeting transportation needs.
DHS Coordinated Transportation	Several individuals discussed how much they value the transportation provided through DHS Coordinated Transportation, particularly in reference to the trips provided to and from the senior centers. Further, the services provided to the senior centers were described as timely and dependable by some riders.
Accessibility	Communities with access to sidewalks were highlighted by a few individuals as enabling active transportation modes such as walking. In addition, buses that accommodate people with disabilities through wheelchair access or other design features for people with physical disabilities were provided as examples transportation working well to support access to desired destinations.
Access to information	A few respondents indicated that information available through online platforms, phone applications, or intermediary organizations facilitated awareness of transportation options or the scheduling of a ride. Examples included AAA, public transit providers, nonprofit organizations (e.g., Common Courtesy), and senior centers.
Safe driving	A couple of people highlighted programs that assess driver capacity and assist individuals to drive longer with adaptive devices. Further, a few people also mentioned the availability of good roads and highways.

It should be noted that another common response to the question of what is working well with regard to transportation was "nothing" or "not much." Quite a few survey respondents and table discussions had difficulty finding positive items to report.

For the individuals that noted current services are good, some coupled that statement with a request such as, "What we have is working well, just need more especially for evening hours for attending church or social events or grocery shopping."

Not Working Well
The table below summarizes the most common responses provided by survey respondents and session participants to the question "What is not working well with transportation?"

Response	Explanation
Dearth of options	The most common response to this question was to state that services are not available. In many cases stakeholders indicated that rural areas have particularly low access to transportation services. Where services are available, they are often limited by characteristics such as geography, target population, and destination (e.g., medical appointment or senior center). The limited operating schedule was also noted as a barrier (e.g., insufficiency of evening and weekend hours). In addition, access to destinations such as the grocery store, pharmacy, church, and social activities were highlighted as particularly underserved.
Accessibility	Several individuals indicated that a shortage of sidewalks, benches, bus stops, and shelters made it difficult to walk to access public transportation or a destination. Busses that do not provide wheelchair access or have very narrow aisles were listed as barriers by stakeholders. Currently, it is also difficult to find transportation through existing programs or services to meet the specific needs such as wheelchair or stretcher transport. Some respondents said that many senior communities have been built in isolated locations which require transportation to access goods and services.
Dependability and reliability	Respondents described challenges with regard to long wait times, missed pick-ups, and inflexible schedules (e.g., wait time at the doctor causes the appointment to run late, but the transportation pickup time cannot be changed). In addition, some riders find themselves on a bus for a long period of time due to the route, which can also be a challenge. Some individuals stated that existing vans and buses are old and need to be replaced, but funding is not available to do so.
Scheduling	Many of the transportation services require advance scheduling, sometimes as many as three days in advance, which was difficult for riders. Some individuals report calling to schedule a ride and find long periods of time when no one is available to answer. In addition, the transportation pickup and drop-off windows can be long, causing individuals to wait for extended periods of time, miss a scheduled event, or forgo medications or meals.
Affordability	The cost of transportation was described as expensive by several respondents and many cite a need for increased options that are reduced cost, particularly for those who have a low income.
Transportation service access	An inability to utilize available transportation services due to lack of nearby access to bus routes, physical limitations, ridership limitations, capacity to provide escorts, and a lack of door-to-door or door-through-door services were frequently cited concerns.

Response	Explanation
Access to information and assistance	Individuals described a lack of awareness and a high level of complexity to navigate available transportation options, including how to access or apply for services and how to use services or programs. Paratransit application processes were described as particularly difficult to navigate and it was stated that the program criteria were often difficult to meet. Groups that were highlighted as particularly lacking information were individuals with limited English proficiency and those with limited technology access or competency (e.g., internet, smartphones).
Transportation drivers and providers	A number of individuals cited challenges related to a shortage of available transportation providers and drivers, causing fewer options to be available for riders. In addition, stakeholders reported safety concerns related to utilizing a particular mode (e.g., public transit or ride-sharing) and felt that additional training for drivers is needed across provider and program type (e.g., for-profit company, public transit, and ride-sharing companies).
Liability concerns	A few individuals pointed out concerns regarding liability for drivers who provide transportation to assist someone like a neighbor or in a more formal volunteer capacity. Certain programs also restrict individuals from providing transportation to clients due to the associated risks, according to respondents.

A desire for additional transportation options was described by respondents in this way, "We don't all need just rides to the doctors; we need the ability to get out for fun too!" and "Nothing is available outside of Georgia's largest cities."

Individuals describe finding barriers to utilizing transportation options available. An example of this challenge is described this way by a stakeholder, "From Cedartown most specialists are out of county and to have any type of medical testing it requires outside the county transportation which is $100 on the SoutheastTrans van."

Transportation difficulties for older adults and people with disabilities were highlighted in a variety of ways by respondents.

"City para-transport options are complicated and not easily accessible."

"Need more affordable transportation to areas not on a regular bus route. Many seniors are isolated in suburban homes and families are all at work or school. Some seniors may need escorts to appointments. Many in our senior's generation are not trusting of Uber and Lyft. They hear bad things on the news and it scares them."

"Many seniors cannot afford public transportation. Many seniors cannot access public transportation because it is not within walking distance from their home. Many seniors end up driving when they shouldn't in rural areas or become lost walking. Rural areas see a lot of problems with isolation due to a gap in transportation availability for low income seniors."

The table below summarizes the most common responses provided by survey respondents and session participants regarding ideas and suggestions for addressing transportation.

Response	Explanation
Raise awareness	Additional marketing, outreach, and educational opportunities are needed to raise awareness of the existing services and programs, potential access through insurance coverage (i.e., Medicare Advantage or Medicaid), eligibility requirements, and how to use the services. A directory was recommended.
Improved accessibility	Increasing the safety and 'age-friendliness' of communities through sidewalks, covered waiting areas, benches, and clearly labeled stops and routes were suggested to promote greater use of public transit. Further, some stated that crossing guards or other safety practices may be beneficial at certain times or locations.
Expand and coordinate existing services	Stakeholders suggested providing more services, longer hours, and greater coverage to better meet the transportation need. Further, individuals suggested greater collaboration and coordination among systems and within regions could support increased access to services and, ultimately, destinations that have not been prioritized.
Increase transportation options	Volunteer programs, voucher programs, and shuttle routes, were specifically identified as opportunities to provide options that are tailored to the needs of older adults or people with disabilities. Public-private partnerships that draw on the expertise of the nonprofit community was also recommended.
Increase funding	Some stakeholders felt that there should be additional funding to provide services through grants and state funding (e.g., taxes).
Safe driving and parking	Driving assessments to ensure current drivers are able to continue driving safely was described by a handful of individuals. Greater access to parking and longer parking meter times were suggested for greater access of city or downtown services and amenities.

Respondents highlighted their interest in an improved transportation system such as, "I would like to create a private-public partnership to develop a voucher program, allowing people to use their existing networks to take some… of the burden off of the system while we continue to work to put an affordable and accessible system in place." One respondent suggested, "Better training requirements for drivers and fingerprint check" as a way to improve the safety and security of riders.

An example of a suggestion for greater convenience for drivers was provided by one respondent, "More handicapped parking downtown and there are 30-minute parking meters and by the time you get where you're going it is time to go and feed the meter again. Handicap parking should be more flexible.

Aging in Place

Aging in place was the term used to capture the issues related to housing and the ability to have what is needed to remain in a community setting as one ages. The focus of the area was generally on the availability of desired housing type or characteristics, housing affordability, and mechanisms that are needed to support individuals. In some cases individuals discussed one's ability to age in place as the antidote to facility-based care or nursing home placement.

Aging in place was selected as a priority area by 514 stakeholders through participation in either the survey or a session. Ultimately, 71% of session participants and 48% of survey respondents chose aging in place as a top priority. Aging in place was selected as one of the top priority areas and discussed by small groups in nine out of the 12 sessions.

<u>Working Well</u>
The table below summarizes the most common responses provided by survey respondents and session participants to the question "What is working well with aging in place?"

Response	Explanation
Assistive technology and durable medical equipment	The availability of assistive technology and devices through the assistive technology labs in the AAAs and Georgia Tech's Tools for Life program were highlighted by numerous individuals. In addition, having individuals trained and knowledgeable to support assessment and support in choosing an item was also described as a potential resource, such as staff from the Centers for Independent Living. Partnerships between organizations to support this effort was suggested as a facilitator of the awareness and use of the available resources. Potential partners included Friends of Disabled Adults and Children and senior centers.
Services and supports provided at home	Several individuals mentioned the availability of home and community-based services, such as meals on wheels, housekeeping, personal care, and transportation as helpful in supporting individuals to live in their homes longer and at a reduced cost to facility-based care.
Affordable housing	Where housing exists for individuals with low incomes, it was mentioned as an essential component of ensuring aging in place. Stakeholders specifically mentioned voucher programs like Section 8 and affordable and subsidized units. Some respondents stated that there was a lot of affordable housing in their communities. A particular population that was identified included families raising grandchildren and that some affordable housing is designed specifically for that group.
Age-restricted communities	Several individuals mentioned the availability of age-restricted or active adult communities as an option for housing that is accessible with services available on-site. Additional benefits included that the maintenance is handled by the community, a general feeling of safety, and the community members checking on one another.

Response	Explanation
Home modification	Supports that help individuals modify their homes were identified. Examples include ramps, grab bars, and lifts.
Home repair	A few stakeholders described resources available to help with home repairs such as Habitat for Humanity and church service programs.
Informal support	Having the ability to live with family members was described by a small number of individuals as a way to age with support in the community, particularly for those without resources to pay for care.
Tax breaks	Some counties and municipalities provide tax breaks to older adults, which is a financial benefit to those who own their home.

Not Working Well

The table below summarizes the most common responses provided by survey respondents and session participants to the question "What is not working well with aging in place?"

Response	Explanation
Housing affordability	Many individuals described barriers that related to the high cost of housing, lack of affordable housing, and the shortage of programs to assist with the cost of housing. In some communities where housing values are rising, stakeholders identified that some residents are displaced due to tax increases or the sale of current rental housing. Where affordable housing programs or units exist, individuals reported long waiting lists of two years or more. Some felt that the lack of affordable housing options increased the likelihood that individuals with disabilities are homeless, residing in nursing homes, or are in prison. Respondents stated that the age-restricted communities are typically very expensive and not an option for individuals without significant income or resources.
Home maintenance and repair	Stakeholders indicated that the expense of upkeep, repairs, and updates that are typically required for homeowners can become difficult to manage on one's own and expensive to hire someone. Examples include roof repair, electrical, plumbing, and yard maintenance. There are currently very few programs that provide this type of support or assistance.
Home modifications	Few programs provide assistance with modifications, such as bathroom updates, ramps, and door widening. Some also stated that it can be difficult to get permission from a landlord or to get the permits required.
Assistive technology and devices	Additional outreach to build awareness, funding to pay for items, and training for how to use equipment and devices to support activities was identified as a challenge by respondents.
Accessible housing	The current housing stock does not include enough options that meet Americans with Disabilities Act (ADA) standards, including a shortage of ground floor and handicap accessible options, according to respondents.
Informal support	Individuals identified a lack of informal support, family lacking training or knowledge, and shortage of support for caregivers who are meeting much of the need for care. In some cases, the availability of informal support reduces

Response	Explanation
	the likelihood that an individual can access certain services or benefits (e.g., Supplemental Nutrition Assistance Program).
Housing for grandfamilies	Several individuals reported a shortage of affordable housing that allows grandchildren to live with the older adult. Many of the housing units targeted to older adults does not permit children to live in the building.
Housing quality	Respondents described some of the existing housing as poor quality or substandard living conditions, which raised concerns related to health, safety, and welfare. Issues include need for pest control and weatherization, as examples. Some individuals also identified existing personal care homes as lacking oversight for quality.
Cost of utilities	Some individuals pointed to the large expense of utilities as a barrier to aging in place, with few resources to assist them.
Pet friendly housing	A few individuals stated that current public housing units often do not permit pets and felt this was a barrier to housing for some individuals.

General comments included in this area were focused on the importance of housing. One person wrote, "Housing is a MAJOR concern. People living in deplorable situations with no other options. Not enough funds to help a person stay in their own homes. Example, maintenance being done on homes like roof repair, flooring issues, doors and hallways being wider ramps for getting in and out of homes."

Another concern was the need for informal support in order to make aging in place possible. "[T]oo many seniors have to rely on informal arrangements. Seniors cannot pay family members to serve as caregiver, though family members are seniors first choice or only available person," was shared by a stakeholder. Similarly, it can be overwhelming for families to provide the support needed, as described by this respondent, "Families [and caregivers are] overwhelmed with providing care in the home (allowing their loved one to age in place) but cannot afford in-home care and may not qualify for assistance."

Finally, the concern of nursing home placement was expressed by several individuals. Aging in place was considered the goal and thus there was a desire to continue to stay in the home even if services or supports were not meeting the individual's needs. An example of this concept was described this way, "Those who get services in the home may not be honest about decline in health status because they fear being placed in the nursing home."

Ideas and Suggestions
The table below summarizes the most common responses provided by survey respondents and session participants regarding ideas and suggestions for addressing aging in place.

Response	Explanation
Planning and zoning	Community design and housing developments can better take into account the needs of the population. Addressing ADA compliance through local zoning and building codes was provided as a recommendation by several individuals. Housing built to support aging in place would reduce costs to retrofit the home later.
Increase affordable housing units and vouchers	Many individuals stated that building additional affordable housing should be supported and funded. Converting motels or hotels into affordable housing was one person's recommendation as a lower cost option to increasing the number of units available due to the possible cost savings for construction.
Increase service options	Due to the challenges related to home maintenance, some respondents suggested covering additional services such as lawn care in order to support aging in place.
Diversify housing options	Increased diversity of housing options were desired including intergenerational housing opportunities where younger and older people can live together and learn from one another. Another person suggested that intergenerational housing with a day care on-site would be a good opportunity for both populations to experience mutual benefits.
Additional age-restricted developments	Offering more age-restricted communities were suggested by some respondents. Ideas included affordable options, safety assurances, and self-contained communities (e.g., Sun City developments).
Crisis housing	A few respondents suggested that housing could be provided to stabilize situations for older adults and people with disabilities in order to meet the specific needs of the population that may not be accommodated in a shelter or other short-term housing options.
Raise awareness	Raising awareness of the services and devices available to support aging in place. Those suggested most frequently included assistive technology and devices, in-home services, and caregiver support were suggested.
Replicate existing best practices	Consider approaches and models used in other states as a way to learn and improve aging in place in Georgia.
Increase volunteer support	Request additional help from community organizations, faith-based organizations, and neighbor associations or groups to meet needs such as minor home modifications, home repair, and home maintenance.
Home sharing	Support home-sharing programs that match individuals who have housing with someone who needs housing while taking appropriate precautions for safety such as background checks.
Tax incentives	Provide tax breaks for the cost of retrofitting homes and to builders or developers for the construction of affordable housing.

The respondents highlighted the opportunity to improve the community and housing zoning and development to ensure improved accessibility for older adults and persons with disabilities. "Make sure you are talking with the planners and zoning officials at all levels to ensure that seniors are considered when creating plans, writing zoning/building codes, and designing streets that accommodate senior needs and potential effects of decisions on them."

"Building code changes: All future dwellings should be handicap accessible."

Many stakeholders recommended increasing the available supports for home modifications and the availability of affordable housing. One person stated, "Making the home modification funding more robust could keep seniors and [persons with disabilities] in their homes at great savings to the taxpayer. Also need more subsidized housing in Georgia's larger cities, since this is where services can be found; separating housing from services virtually guarantees failure due to transportation issues."

Physical, Emotional, and Behavioral Health

Physical, emotional, and behavioral health was used to encompass a range of issues, including access to and the affordability of care, care quality, and community awareness and support for specific conditions affecting older adults and their families, such as Alzheimer's disease and related dementias. Mental health and substance use emerged as important issues for both stakeholders who attended the sessions and responded to the survey, as did the affordability of care and prescription costs.

Physical, emotional, and behavioral Health was identified as a priority by 458 stakeholders. Thirty-nine percent of survey respondents chose physical, emotional, and behavioral health as a top priority, compared to 64% of session participants. Physical, emotional, and behavioral health was selected as one of the top priority areas and discussed by small groups in nine out of the 12 sessions.

<u>Working Well</u>
The table below summarizes the most common responses provided by survey respondents and session participants to the question "What is working well with physical, emotional, and behavioral health?"

Response	Explanation
Access	Many respondents indicated that home-delivered services are available and increase access to care, including pharmacy deliveries, home health care, and physician house calls. Several respondents also mentioned that the increased availability of services via the internet, including patient portals, options to order medications online, and telemedicine have increased access to care. Respondents indicated that provider visits to senior centers for wellness checks and other services increase access to care. Respondents said care is most accessible in urban areas and areas with academic institutions.
Alzheimer's services and supports	A number of respondents highlighted the increased public awareness of Alzheimer's and related dementias has improved screening uptake, referrals, and access to resources. Several respondents noted that the availability of services for Alzheimer's and related dementias, such as those available at memory care units and memory assessment clinics, has increased across the

Response	Explanation
	state and enabled more people to access care. Several respondents also mentioned screening and brain health and wellness initiatives have positively impacted individuals across the state, particularly those available through Memory Assessment Centers and senior enrichment programs. A number of respondents also indicated that support, education, and respite services are working well to support families and caregivers.
Affordability	With respect to affordability, most respondents cited that prescription assistance is available, including through resources such as goodpill.org and Good Rx. Several respondents also indicated Medicare supports access to needed services, including durable medical equipment.
Mental health	Several respondents indicated that materials about mental health and substance uses disorders are readily available, and that efforts to reduce stigma and increase awareness have been effective. Respondents noted that substance use treatment is accessible and federal reimbursement for mental health services has increased access to treatment. Respondents mentioned New Horizons as working well to combat substance use disorders and that domestic violence and homeless shelters help meet community needs.
Quality	Regarding service quality, respondents indicated that high-quality medical care, including specialty care, is available in some parts of the state. Respondents mentioned that care coordination is effective and reduces hospital readmissions. Respondents specifically mentioned that hospitals, home health agencies, hospice, Georgia Cares, and the Department of Veterans Affairs offer high-quality physical and behavioral health services.
Patient support and advocacy	Associations for specific diagnoses, and those available through AARP, were highlighted as working well to support and advocate for patients. Respondents also indicated that increased community engagement, as well as the growing availability of support groups and peer support are helping patients, caregivers, and families across the state.

Many respondents' comments regarding what is working well centered on increased community awareness and support for conditions like Alzheimer's disease and mental illness. One respondent stated, "These subjects are being talked about more - which is great! There is plenty of information available online, on television, in print, and on radio." Others noted the availability of supports in the community, for instance, "Alzheimer's Outreach Center offers day care; respite care for providers; support group; free training." Several respondents also felt that preventive services are working well. For example, one respondent said, "The senior enrichment program at Polk Medical is an awesome mental wellness program for people over 65 and is paid for by Medicare. This program has benefited many of our residents. This program should be replicated in every county."

In addition to community awareness and support, a number of respondents indicated that health navigator services, particularly Georgia Cares, are working well. One respondent shared, the "Georgia Cares program provides excellent information and counseling to help individuals navigate confusing situations."

<u>Not Working Well</u>

The table below summarizes the most common responses provided by survey respondents and session participants to the question "What is not working well with physical, emotional, and behavioral health?"

Response	Explanation
Access	With regard to access, many respondents expressed that rural areas lack resources, including local hospitals, specialists, and mental health care providers. Respondents also indicated that prescriptions are difficult to access due to inadequate transportation and long wait times at pharmacies.
Alzheimer's services and supports	A lack of facilities and resources for patients with Alzheimer's and related dementias, as well as caregivers and families of these individuals, was cited frequently as not working well across the state. Respondents noted that adult day care services and respite services are lacking, and that many long-term care facilities will not accept individuals with dementia diagnoses. Additionally, respondents stated that patient advocacy and training and informational resources for caregivers and families are inadequate at present.
Affordability	Most responses related to affordability were related to prescription and copay costs. Many respondents indicated that Medicare does not cover many needed services, with several specifically calling out dental services, and that many adults cannot quality for or are on a waitlist for Supplemental Security Income (SSI), Social Security Disability Income (SSDI), and Medicaid. Several respondents shared that older adults are forced to sell medications or forego treatment to pay for living expenses.
Mental health	Mental health care, including substance use treatment, was cited frequently as not working well. Respondents discussed limited access to mental health services, including the closing of facilities and lack of local providers, unaffordability of treatment, and inadequate insurance coverage, specifically the lack of a mental health waiver. Many respondents also stated that the paucity of mental health care services and supports contributed to homelessness across the state. Several respondents also noted that law enforcement is not properly trained with regard to mental health issues among older adults.
Quality	Respondents expressed concerns with respect to inadequate screening and late diagnoses, missed diagnoses and referrals, and a lack of training among health care providers regarding older adult health, especially for Alzheimer's and related dementias and mental health conditions. Respondents also discussed poor communication and care coordination between providers as contributing to poor outcomes among older adults. Additionally, respondents felt concerned that physicians often overprescribe medication to older adults and fail to monitor and follow up with older adult patients.
Patient support and advocacy	Regarding patient support and advocacy, a few respondents indicated that providers need to be more proactive with older adult patients, as they often do not seek out information or self-advocate. Respondents also felt that assistance with medication management and support is lacking, and that providers need to make more of an effort to engage families and caregivers in patients' care.

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A number of respondents cited treatment for mental health conditions, including substance use disorders, as inaccessible and inadequately addressed. As described by respondents, "Mental health is largely ignored" and "drugs are taking over in the area."

Respondents also repeatedly discussed the lack of access to and affordability of high-quality care, and the severity of the unmet need experienced by some older adults. One respondent stated, "I do believe that there are caring people in this field, but people are getting desperate." Another said, "Not sure we are getting good focus on the quality of care that we need and deserve to support our continued growth and development. We are not in a holding pattern for death, but are often treated as if we cannot continue to develop."

A number of other respondents shared that obtaining Medicare and disability is a challenge that makes care unaffordable. One respondent stated, "Raising the Medicare age for younger baby boomers is a big problem. People with disabilities have to push themselves to work full time for longer than is good for their long-term health in order to hang on until they can get Medicare. It is so hard to get SSDI for illnesses like fibromyalgia and chronic fatigue."

<u>Ideas and Suggestions</u>
The table below summarizes the most common responses provided by survey respondents and session participants regarding ideas and suggestions for addressing physical, emotional, and behavioral health.

Response	Explanation
Increase access through telemedicine	Focusing on telemedicine was suggested as a method to increase access, particularly for specialty care and those in rural areas in the state.
Fund traveling physicians and encourage volunteering	Respondents suggested funding traveling physicians and promoting volunteering among providers could help address underserved communities.
Promote community awareness of Alzheimer's and mental health	A number of respondents suggested that promoting community awareness of Alzheimer's and related dementias, mental health, and substance use disorders could reduce stigma and increase linkages to care. One respondent specifically mentioned the development of dementia friendly communities as a promising strategy.
Connect with medical providers to link resources	A few respondents suggested that the aging network could increase efforts to connect with medical and other community providers to increase awareness of resources and referrals.
Substance use resources for older adults	Substance use informational resources and treatment designed specifically for older adults was suggested. Several respondents noted the need for this will grow as substance use disorders increase among aging baby boomers.
Increase outreach efforts	Respondents expressed concern over older adults who are isolated and disconnected from resources, and suggested that increased outreach via phone or in-person contact could bridge gaps in service access.

Response	Explanation
Increase support for caregivers	Increasing the availability of support groups, information, and training for caregivers was suggested a number of times. Respondents also suggested that financial support, such as stipends, are needed and could greatly help caregivers.

Many of the ideas and suggestions focused on increasing community awareness and outreach to develop robust referral networks and identify hard-to-reach populations, such as older adults living in isolated environments.

Several respondents indicated that different frameworks and models of care could be explored to address current issues in this area. One respondent suggested, "Examine other models of care than the traditional ones. The Eden Alternative and the Green House Project offer very good examples." Another respondent suggested "the dementia friendly communities movement has real possibilities."

Access to Information and Assistance

Access to information and assistance included topics such as benefits information, access to resources, ease of finding help, and credibility. Stakeholders broadly discussed knowing how and where to access information, community and provider awareness of resources, and accessibility of available information as factors that impact to this issue. Respondents acknowledged the importance of access to information and assistance and, while many shared that access has increased tremendously through the availability of internet-based information, others were concerned that, "People still don't know who we are" and "People do not understand the full spectrum programs offered at AAA."

Access to information and assistance was among the most frequently identified priorities by session participants and survey respondents and was identified by 451 stakeholders. Forty percent of survey respondents chose access to information and assistance as a top priority, compared with 63% of session participants. Access to information and assistance was selected as one of the top priority areas and discussed by small groups in nine out of the 12 sessions.

Working Well
The table below summarizes the most common responses provided by survey respondents and session participants to the question "What is working well with access to information and assistance?"

Response	Explanation
Services and supports	Participants identified a variety of resources for obtaining information about services and supports, including those within and outside of the state's aging services network. A number of participants highlighted senior centers and ADRCs as easily accessible and holistic informational resources. Several participants mentioned AARP as a particularly helpful resource for information about services and supports

Response	Explanation
	generally, as well as for specific conditions. Participants also noted that media, including newspapers and radio, as well as faith-based organizations widely disseminate important information about services and supports.
Community outreach	Participants noted that outreach efforts, including PSAs and marketing campaigns help to increase community awareness and reach individuals who are not connected to senior centers with information. Participants also indicated that staff/volunteers going to various locations (e.g., churches, grocery stores, doctors' offices) to distribute flyers or verbally engage community members, as well as calling or mailing out information are effective means of informing community members.
Educational events	Many respondents indicated that health and resource fairs are helpful for locating information about services and supports in the community. A number of respondents also highlighted educational events, such as seminars or presentations, particularly those held at senior centers, are useful, especially as they allow for question and answer sessions.
Benefits information	A number of respondents cited Georgia Cares and senior centers as helpful and reliable sources of information about benefits. Several participants noted that enrollment assistance available at senior centers is a particularly important resource.
Accessibility	A number of participants indicated that having print resources available, especially in larger font sizes and braille, help those with limited internet access or proficiency obtain information. Several participants expressed that having computer labs available in senior centers and AAAs facilitates access to electronic information, as staff are available for assistance.
Senior centers and Aging and Disability Resource Connections (ADRCs)	A number of participants specifically referenced senior centers and ADRCs as facilitators of access to information and assistance. Specifically, participants felt that having a centralized access point aids navigation of the complex system of care. Participants also expressed that staff in those locations help to explain information, navigate electronic resources, and enroll in benefits or apply for assistance, as well as assist individuals with hearing and/or visual impairments. Participants also referenced senior centers in particular as resources, as they often host presentations (e.g., legal assistance seminars). A number of participants also indicated that senior centers and AAAs are trusted by the community, provide reliable information, and that staff are capable and compassionate.
Caregiving	A few respondents indicated that ADRCs and community resource fairs are useful sources of information about caregiving. Several also noted that AARP serves as a helpful informational resource with regard to caregiving information.
Interagency coordination	Several respondents indicated that increased interagency communication has enabled professionals outside of the aging network to serve as informational and referral resources. Respondents specifically noted physicians and community agencies are good resources.

A number of respondents felt that aging network staff provide high quality information and assistance. For instance, respondents stated, "The ADRCs are excellent sources of information about local resources. The counselors strive to meet the needs of every caller" and that "Caring, knowledgeable staff who provide information and assistance."

Respondents also frequently identified AARP as an important resource, noting, "AARP [is] working well to present/share information." Several also stated that AARP is a helpful source of information for specific diagnoses.

Senior centers were also highlighted as providing critical informational resources, with respondents sharing, "Senior centers are great at provide access to information, programs, and services" and "Local senior center provide timely information when needed." A number of individuals also specified that informational sessions and classes provided by senior centers are working well to enhance access to needed information for older adults across the state.

<u>Not working well</u>
The table below summarizes the most common responses provided by survey respondents and session participants to the question "What is not working well with access to information and assistance?"

Response	Explanation
Services and supports	Many respondents indicated that older adults are unaware of the services available, do not know where to go or who to contact, or do not know what to ask for with regard to information about services and supports. Several respondents also noted that, as services and supports available through AAA have a waiting list, older adults need to be informed about other resources available in the community.
Accessibility	A number of respondents indicated that barriers to accessing information and assistance exist for those who cannot read or access the internet. Several respondents also noted that in-person and one-on-one assistance is difficult to access, and that accessing phone-based information, particularly automated information, presents challenges for older adults.
Culturally competent information	A few respondents identified language as a barrier to access to informational resources and assistance. Information concerning LBGT-specific issues and lesbian, gay, bisexual, and transgender- (LGBT) friendly resources was also mentioned as being difficult to access.
Community outreach and educational events	Many respondents highlighted a lack of community awareness about issues facing older adults, as well as services and supports available, acts as a barrier. Respondents specifically mentioned that information about resources is often not available outside of senior centers, and that there is not enough publicity through television, radio, or mail-based advertising.
Benefits information	Some respondents felt that older adults are not able to access timely or reliable benefits information. One respondent stated that Georgia Cares is difficult to reach during peak hours.
Credibility and quality	Several respondents indicated that older adults are wary of providing information over the phone or online, which creates a barrier to accessing tailored informational resources. A few respondents also stated that informational resources are often not current.
Interagency coordination	Several respondents mentioned a need for improved sharing of information between agencies and providers, especially medical providers. A few respondents stated that medical providers are unaware of resources and unable to provide needed referrals. A

Response	Explanation
	respondent also identified agency policies related to privacy and confidentiality as inhibiting information sharing.
Disparities in access	Several respondents indicated that specific groups of individuals lack access to information and assistance. Most of these references were to rural areas, which respondents noted are neglected with respect to advertising. A few respondents stated that some counties have more resources than others or place more emphasis on aging resources than others, which creates disparities. A few respondents also mentioned other groups, such as African Americans and those who have newly relocated to an area as being particularly affected.

A number of respondents expressed concern with the paucity of print information available given some older adults' barriers to accessing electronic information. For instance, respondents stated, "Too much is only on internet and some seniors can't access it;" "[Older adults are] reluctant to use technology to access info;" and that "some people don't have access to smart phones." Respondents also frequently spoke to a lack of community awareness and resources. One respondent stated, "If you don't go to a center, you don't know anything," while another said there is a need for "making the general community aware of resources."

Enrollment in and understanding benefits information also arose frequently in discussions about what is not working well with regard to access to information and assistance. Respondents shared that "people don't know about benefits… do not know how eligibility process works" and that there is a "lack of understanding of benefits, and how to access, who to contact."

Ideas and Suggestions
The table below summarizes the most common responses provided by survey respondents and session participants regarding ideas and suggestions for addressing access to information and assistance.

Reference	Explanation
Resource guide	Many respondents suggested that a resource guide or directory would be helpful for accessing information and assistance. Respondents specifically indicated that local, state, and federal resources; LGBT-friendly providers; and credible services could be provided in a single, centralized resource. One respondent also mentioned that a brief, quick-reference guide would be helpful.
Increase and enhance partnerships	A number of respondents suggested the aging network create new partnerships or enhance existing partnerships to increase access. Respondents named public libraries and public law libraries; medical, retail, and faith-based organizations; public safety and law enforcement personnel; public health entities; military organizations; academic institutions; and YMCAs as potential partners. Several respondents also suggested that efforts should be made to enhance communication and coordination between county senior centers.

Reference	Explanation
Statewide campaign	Several respondents noted that a statewide campaign that disseminated consistent information could help increase access across the state, particularly in areas with insufficient local resources to fund awareness campaigns.
Increase use and dissemination of print resources	A number of respondents suggested increasing the distribution of print materials, especially in public places, to reach those who are unable to access electronic information.
Increase availability of verbal and in-person information delivery	Respondents indicated that increasing focus on the availability of personalized resources shared verbally, particularly in person, would help reach individuals with limited literacy or technology access and proficiency; enhance consumers' comprehension of information; and overcome consumers' mistrust for sharing of information over the phone or internet.
Public meetings	Several respondents indicated that regular community meetings and educational events could help to increase awareness and understanding of information about benefits, services and supports, and other important topics for both aging consumers and the community at large.
Canvassing/outreach	Many respondents suggested that canvassing and outreach campaigns could help to educate the community about aging issues and resources. Particularly, respondents felt younger people should be targeted through these efforts, and that more should be done to educate people before they need services. Respondents also indicated that outreach through announcements and the dissemination of flyers at faith-based organizations, private providers' offices, academic institutions, and on public transit could increase community awareness.

Respondents had a number of suggestions to improve access to information and assistance, and many were related to targeted outreach and tailored informational resources. Several suggested faith-based and other community organizations as locations to distribute information. "In the African American community one good way to share information is through the churches. Also forming a relationship with the [YMCA], various age groups are in and out of there all the time-- including seniors." Others suggested "Place advertisement in places such as senior center and other places where seniors go such as Social Security Office to have brochures" and "Leaflets in grocery stores or pharmacies; use Columbus State Studio; use dial-a-ride to advertise; flyers at banks; partnership with enrichment services."

A number of respondents also suggested a resource directory or manual could be helpful to provide reliable information for older adults. For instance, a respondent stated, "Need directory of those skills that won't rip off seniors when called." Others shared that widespread dissemination of these informational resources could increase access, as described by one respondent, "Need [a] resource manual for all agencies, counties, providers."

Several respondents also suggested that state-disseminated information could be helpful. For instance, a respondent stated, "A statewide marketing campaign with standardized materials and

toolkits may help communities better understand the importance of the ADRC on a state and local level. The strength of a consistent, high-quality campaign could enhance local marketing efforts. Respondents also felt that co-locating resources and services could improve access. A respondent suggested, "It would be awesome if the senior centers could mimic the Athens Community Council on Aging. I think having Medicare, Action, United States Department of Agriculture, transportation, and home-delivery meals plus other service related items under one room benefits all people. One stop shopping for help."

Services and Supports

Services and supports included the provision of care or items either in-home or in a facility. The groups generally focused on the availability, cost, quality, eligibility, and awareness of the services and supports. The organizations involved in sharing information and providing access, the provider network, and the direct care workforce were also considered. Given the focus of the stakeholders, there was a considerable focus on care provided at home versus facilities.

Services and supports was selected as a priority area by 392 stakeholders through participation in either the survey or a session. Fifty-four percent of session participants and 38% of survey respondents chose aging in place as a top priority. Services and supports was selected as one of the top priority areas and discussed by small groups in two out of the 12 sessions.

Working Well
The table below summarizes the most common responses provided by survey respondents and session participants to the question "What is working well with services and supports?"

Response	Explanation
Services and supports provided at home	Similar to some of the responses that were provided in discussions regarding aging in place, the availability of home- and community-based services and programs were described by many stakeholders. Specific examples included meals on wheels, Medicaid waiver programs, home health care, homemaker, and personal care. In addition, the private services that are available meet the needs of those who can afford to pay for the care needed.
Senior centers	Several respondents highlighted the availability of the senior centers, as well as the information and programs provided, as valuable. Individuals noted the importance of programs such as congregate meals, transportation, health services and activities, educational events, and socialization opportunities that occur through senior centers.
Community organizations	Several individuals reported that community organizations were available and good at providing information, resources, and connecting individuals to services. Examples included the Alzheimer's Association, Family Connections, Georgia Cares, the AAAs, and county-based organizations.
Out-of-home services	The availability of adult day health programs and assisted living facilities were both described by stakeholders as working well.

Response	Explanation
Transition programs and services	Programs that support transitions from facility-based care to the community such as Nursing Home Transition and Money Follows the Person were listed by stakeholders.
Case managers	A few individuals noted the importance of case managers who connect individuals to needed information and services.
Service providers	An existing network of service providers meeting the needs, as well as an effort to add new providers, were identified by stakeholders. Some individuals specifically stated that providers are trusted, caring, and that employees undergo background checks.
Awareness of home- and community-based options	A small number of individuals stated that having awareness that aging in place is possible and that more services are available now than in the past was positive.

A few survey respondents indicated that they felt that "nothing" or "not much" was working well with services and supports. For others, there was a general sentiment that the services that are available do work well and that organizations and providers are in large part caring and doing their best to serve individuals. One respondent reported, "What works well is the fact that service is available. However, sometimes it takes a while to get an assigned worker especially in outlying areas like Effingham County. The agency that picked up our case had difficulties getting workers to come out to this area. The in-home skilled nursing care was excellent once it got started." Another respondent stated, "Service providers are creative and willing to help," while one stakeholder commented, "They are awesome at providing information and services of all kinds."

Senior centers were described as an important service that was working well for many individuals. A stakeholder stated, "Playing games, laughing, being together forces you to use your brain, keep you young and won't drive yourself crazy. Great interaction with others at the senior center."

Not Working Well
The table below summarizes the most common responses provided by survey respondents and session participants to the question "What is not working well with services and supports?"

Response	Explanation
Waiting lists	The current demand for available services was described as greater than the funding is able to supply and participants commented on the result of that dynamic leads to individuals with current needs being placed on a waiting list.
Affordability	The cost of services was described by several individuals as a barrier. In particular, those individuals with a moderate income were described as having too much income for certain services or benefits while they lacked the resources to private pay for care. The cost share required for some individuals for Medicaid waiver programs, particularly for single adults, was identified as an example. In addition, the cost of care for those who need around-the-clock services was described as a challenge.

Response	Explanation
Unavailable programs and services	Stakeholders reported that needed services were not available in their communities. Examples included day treatment, respite, support groups, help finding housing, legal support, and Centers for Independent Living. Rural communities were mentioned as particularly lacking desired services.
Awareness	Individuals identified a lack of information and awareness regarding the available services and supports.
Eligibility requirements	Some respondents highlighted the eligibility requirements that apply to certain programs as not working well and that additional flexibility would be helpful. Examples included Medicaid, SSI, and senior centers.
Quality of care	Some individuals reported concerns related to home health care companies that are fraudulent, a lack of oversight of care provided in residential settings, and training needs for direct care workers. A group of specific concern was individuals with dementia.
Provider availability and dependability	Stakeholders identified that some providers or their staff are not available, reliable, or dependable to provide the care that is expected, which can result in frustration and challenges. Some individuals cited staff shortages and turnover as a contributor to this challenge. This issue was described for both in-home and facility-based services.
Program restrictions	A few individuals cited programmatic restrictions as limiting access or choice. One example provided was not allowing family caregivers to be paid to provide the care and another described a participant who was denied care to the presence of a visitor who was not a long-term caregiver. In some cases it was stated that individuals receiving services needed more hours or assistance than they were permitted to receive.
Uninsurance	A lack of insurance coverage was described by a few individuals as causing a barrier to access for needed services.

A large number of respondents suggested increasing the support available to meet the demand and offering more help to those who need it. For example, one survey respondent wrote, "The funding is not sufficient to take care of those that need services. [Skilled nursing facilities] continue to get additional funding each year, but the funding for home- and community-based services is a fight every year."

Many respondents also provided information regarding the challenges related to the direct care workforce. A group conversation during one session included the note, "Attention needs to focus on lack of adequate paid workers to provide caregiving services – aides, personal care attendants, certified nursing assistants, etc. How can we increase the number of competent workers?" In addition, a survey respondent wrote, "The continuity of the workers. The workers for some reason don't remain very long with the agency. Patients with dementia don't adjust very well to those type of changes."

Ideas and Suggestions

The table below summarizes the most common responses provided by survey respondents and session participants regarding ideas and suggestions for addressing services and supports.

Response	Explanation
Increase service availability	Several respondents suggested making more services available to meet the existing demand. Increased funding was noted as necessary to make more services available for those who cannot afford to private pay.
Direct care workforce sufficiency and quality	There were recommendations related to both improving the number and the quality of the direct care workforce by a number of respondents. Suggestions were focused on raising awareness regarding the availability of the career, providing additional training opportunities, and increasing the pay.
Raise awareness	Several individuals felt that information regarding the services available and where to go for help was lacking. Ideas included greater communication through modes such as radio, television, and social network platforms would be helpful.
Address quality concerns	Recommendations by respondents that focused on improved quality included an increase in service monitoring, exploration and consideration of models for institutional care that are more innovative than existing models and increasing training requirements for staff.
Improve the ease of access	Stakeholders commented on the challenge of applying for services or programs and suggested that the application process could be easier and smoother for individuals and their families.
Utilize technology to meet existing need	A small number of stakeholders referenced the opportunities available to providers related to low-cost and available technology. One person suggested using phone calls to check in on individuals, and others included considering devices and technological innovations to fill needs.
Improve collaboration efforts	A few respondents identified additional opportunities for increased collaboration of organizations to address current challenges. One individual stated that of particular need was reducing the divide that exists between publicly and privately funded services.
Increase program flexibility	Providing for additional flexibility within programs was recommended by stakeholders. Examples included allowing family members or friends to be paid to provide care instead of an agency and providing peer support.
Increase volunteer engagement	Providing additional opportunities to engage volunteers was suggested as one way to meet existing needs in a low-cost way.

Safety, Security, and Protection

Safety, security, and protection was used to describe issues related to abuse, neglect, and exploitation; fraud and scams; and community safety. Stakeholders generally felt unsafe home and senior community environments, financial exploitation, communication with law enforcement and public safety personnel, and Adult Protective Services are relevant to this issue. Safety,

security, and protection was identified as a critical, widespread issue, with respondents sharing sentiments such as, "scams on the elderly are the hardest of the battles outside of health issues.

A substantial proportion of stakeholders identified safety, security, and protection as a priority, with 338 stakeholders selecting it as a top priority issue. Twenty percent of survey respondents chose safety, security, and protection as a top priority, compared with 49% of session participants. Safety, security, and protection was selected as one of the top priority areas and discussed by small groups in three out of the 12 sessions.

Working Well
The table below summarizes the most common responses provided by survey respondents and session participants to the question "What is working well with safety, security, and protection?"

Response	Explanation
Abuse, neglect, and exploitation	Elder abuse task forces were mentioned frequently regarding successful efforts to increase awareness of and address abuse, neglect, and exploitation throughout the state. Respondents also noted that the reporting process is streamlined.
Law enforcement involvement	Law enforcement involvement and training on how to recognize and address abuse, neglect, and exploitation was referenced as working well in several areas of the state. Respondents specifically mentioned At-Risk Adult Crime Tactics (ACT) training, "Are you OK" program and certification programs for law enforcement officers as effective. Respondents also indicated that law enforcement in many areas is engaged and wants to be proactive in addressing issues related to address abuse, neglect, exploitation, and fraud or scams.
Adult Protective Services (APS)	Most responses related to what is working well referenced Adult Protective Services staff as having good access to information and support, as well as communicating effectively.
Fraud and scams	Several respondents mentioned that informational sessions provided by legal groups on how to recognize fraud and scams and access legal help are working well. Respondents also mentioned that the aging network, particularly Georgia Cares, and law enforcement provide timely information to the community about scams.

Respondents indicated that, in some areas, coordination with law enforcement is working well, through statements such as, "Good response when requesting a wellness check by law enforcement" and "Great law enforcement- "Are you OK?" program and responses." Respondents also shared "When scams are happening, law enforcement and other agencies do a great job of informing community and educating."

Several respondents also shared that elder abuse task forces are working to address this issue across the state and are "getting the word out."

A number of respondents also shared that, "Adult Protective Services case managers and supervisors work hard to serve clients" and that the "Referral system is in place and is working well… Adult Protective Services investigations are in place to respond quickly."

Georgia Cares was also mentioned as working well, and that "volunteers keep consumers up to date with scams in senior centers."

Not Working Well
The table below summarizes the most common responses provided by survey respondents and session participants to the question "What is not working well with safety, security, and protection?"

Response	Explanation
Abuse, neglect, and exploitation	Responses concerning what is not working well largely focused on unsafe home environments for older adults living alone, at senior villages, and some living with family members. A number of respondents indicated that older adults are frequently exploited by family members and that many do not know how to report or do not report due to fear of nursing home placement. Respondents also noted that neglect in nursing homes is a problem, and that dementia patients, both those living in facilities and in the community, are particularly at risk.
Law enforcement involvement	Several respondents mentioned that law enforcement is not adequately trained on APS protocols, uncommunicative, and does not respond quickly to calls regarding abuse, neglect, and exploitation of older adults.
Adult Protective Services	The majority of responses related to what is not working were related to the need for additional staff. Respondents felt that APS is understaffed and experiences high turnover rates, which results in slower response times to referrals. Several respondents also mentioned a need for improved consumer awareness and that many people do not know the services exist or who to call.
Fraud and scams	Several respondents attributed a rise in fraud and scams to the opioid epidemic and substance use issues currently affecting many communities. Respondents also noted a growth in illegitimate home health agencies and cybersecurity threats as issues related to safety, security, and protection of older adults across the state.

Some respondents expressed concern about lack of awareness among consumers, law enforcement personnel, and the community at large of safety threats and reporting. Respondents shared, "People who need it most don't have access to protection or don't know who to call." and "The process of having to contact local law is not working…often times they are confused about why we are calling them."

Several respondents indicated APS staffing is inadequate, with statements such as "Lack of sufficient staffing for APS given the great number of referrals" and "Need additional funding to add staff to help with response time to referrals."

Specific populations also arose as particularly vulnerable. Respondents stated, "Drug abuse by family members creating unsafe home environment for patients" and "No protection for dementia patients."

The table below summarizes the most common responses provided by survey respondents and session participants regarding ideas and suggestions for addressing safety, security, and protection.

Response	Explanation
Increased community awareness	Respondents suggested increased distribution of flyers and posters, community informational sessions and outreach, and advertisements could raise public awareness and knowledge of where to report scams and abuse.
Neighborhood watches, faith-based involvement	Several respondents suggested the creation of neighborhood watches and involvement of local faith-based organizations could contribute to addressing threats to safety, security, and protection.
Increase legal protections for seniors against fraud and abuse	Stronger legal protections, such as increased penalties for abuse, were suggested as a method to help to protect older adults.
Increase state inspection of nursing homes and employee background checks	A number of respondents felt that nursing home abuse and neglect could be better addressed by increased inspection of nursing homes and employee background checks by the state.
Increased training for mandated reporters, providers	Several respondents indicated that many mandated reporters do not fully understand their reporting duties, know who to report to, and are not held accountable for failing to report, and that this could be addressed through increased training opportunities.

Respondents shared several suggestions to address this issue, including increasing the training and enforcement abilities of law enforcement. A respondent stated, "Expand compliance/regulatory and law enforcement programs such as the Certified Adult Crime Tactics Specialist programs. Give these agencies more authority to charge these abusers." In a similar vein, some respondents suggested increased training for mandated reporters. One respondent stated, "There should be annual mandatory elder abuse awareness training for all mandated reporters. And then hold them accountable if there is abuse and they did not report it."

Other respondents felt increasing protections for reporters could help to increase reporting, with suggestions such as, "The main issue that can realistically be addressed is protecting "whistle blowers" and make them aware of options (anonymous is probably already implemented) or penalties to those who punish them for reporting."

Wellness Promotion

Wellness Promotion was used to describe issues related to exercise programs, chronic disease management classes, food and nutrition, and/or fall prevention.

Stakeholders who provided input on wellness promotion generally focused on nutrition and physical activity opportunities and indicated that they were working well. A few noted fall prevention and behavioral health programs as promising topic areas for inclusion in the wellness portfolio. The most common concerns were cost and accessibility, with several responses noting these as barriers to engaging in wellness opportunities. Most appeared to consider wellness promotion in the context of senior center activities, with only a few explicitly noting opportunities elsewhere (e.g., in church or at a gym).

A moderate proportion of stakeholders identified wellness as a priority, with 293 stakeholders selecting it as a top priority issue. Fourteen percent of survey respondents chose wellness promotion as a top priority, compared with 44% of session participants. Wellness promotion was selected as one of the top priority areas and discussed by small groups in one out of the 12 sessions.

Working Well
The table below summarizes the most common responses provided by survey respondents and session participants to the question "What is working well with wellness promotion?"

Response	Explanation
Physical activity	The most common responses considered exercise programs such as tai chi, yoga, dance classes, Zumba, chair exercises, and other activities intended to promote movement.
Nutrition	Similarly, healthy eating and nutrition programs were noted in much of the feedback on what is working well. Opportunities for obtaining healthy food options, like farmers' markets, were also noted.
Fall prevention	Some responses identified efforts to raise awareness of and prevent falls as a good addition to healthy eating and physical activity programs.
Behavioral health	A few stakeholders noted trainings around Alzheimer's disease and other behavioral health concerns as particularly useful.
Senior center programs	A few responses simply noted that wellness programs at senior centers were working well without specification about content. They also noted that the variety of options was working well.

Stakeholders frequently noted opportunities for education and training around wellness promotion as working well. These included both opportunities for aging adults as well as caregivers or other support staff. Physical activity and healthy eating were the most common topics mentioned. There was also a sense that "there are good evidence-based programs becoming more available" in these and other topic areas.

Wellness promotion around fall prevention and behavioral health were also noted several times, illustrated by comments such as "Fall prevention awareness efforts are a great idea and are working well" and "Alzheimer's…lunch and learn sessions [are] help[ful]."

The table below summarizes the most common responses provided by survey respondents and session participants to the question "What is not working well with wellness promotion?"

Response	Explanation
Affordability and Access	These responses noted that the cost of participating in wellness programs can be prohibitive for the aging population. There were also comments about a lack of transportation options to access available programs. At least one comment noted scheduling as a particular issue that prevented access.
Need More with focus on Behavioral Health	A few responses specifically singled out a need to continue to raise awareness of issues around behavioral wellness topics such as substance use/misuse and Alzheimer's disease.
Lack of Demand	At least one stakeholder felt that there was simply no demand for the types of programs being offered.
Quality	At least one comment indicated perceptions of poor quality around nutrition programming.

There were only a handful of specific comments about what is not working well specific to wellness promotion. The most common dealt with challenges in the availability and access of programs, particularly around cost, as illustrated by comments such as "a lot of these programs are expensive for those who lack the insurance to help pay for them" and "Gym memberships for people who aren't 65+ are too expensive."

Some responses focused on a lack of programs dealing with behavioral health issues. One stated they "would like more info on dementia and Alzheimer's [and to] raise awareness." Another felt there are "no[t] enough drug and Alcoholics Anonymous programs."

Some believed "older adults do not want to participate in those programs," referring to wellness promotion generally. Another noted concern about the content of nutrition programs, saying "The nutrition information that is given out is derived from big pharma and food manufacturers. Allowing Genetically modified organism foods and foods that were doused with Round-Up in our food supply with little restriction is going to harm many, many people."

Ideas or Suggestions
A few specific ideas and suggestions were offered under the topic of wellness promotion. The most common was to provide low or no cost programs. All seven pertinent ideas from stakeholders are listed here:

- "Provide more free or affordable classes to educate seniors to help keep them healthier and active."

- "Partner with churches. Have exercise vids avail for free– can exercise for free when want"

- "Free educational classes for disease process and management."

- "Free exercise class and having access to classes for people who aren't in aging programs"

- "The grain-free, ketogenic diet can place autoimmune diseases in remission, which is why I am still able to work. More medical professionals should know about it."

- "More AA programs"

- "We are implementing a software solution that combines EVV with many tools, including predictive analysis to help us track outcomes. We would be willing to set Community Care Services program, Independent Care Waiver program, and Service Options Using Resources in a Community Environment case studies to give a benefit analysis."

Caregiver Support

Caregiver support was used to describe issues related to training, peer support, supportive services, and resources specific to caregivers.

Stakeholders who provided comments on caregiver support generally believed the supports available were working well, but they also felt there needed to be much more attention and resources dedicated to this topic area. Caregiving for Alzheimer's was commonly noted as a particular area of need. Peer support and training for caregivers were also commonly noted areas where there could be improvement.

A moderate proportion of stakeholders identified caregiver support as a priority, with 280 stakeholders selecting it as a top priority issue. Seventeen percent of survey respondents chose caregiver support as a top priority, compared with 41% of session participants. Caregiver support was not selected as a top priority area for discussion at any of the 12 sessions.

<u>Working Well</u>
The table below summarizes the most common responses provided by survey respondents and session participants to the question "What is working well with caregiver support?"

Response	Explanation
Specific support programs or providers	The most common response was to identify a specific program or provider type that was working well. Support for Alzheimer's caregivers appeared most frequently within these responses.
Training and education	A few responses made specific note of training opportunities that were working well.
What is available is good, but there needs to be more	Several responses gave general praise for what supports were available, but clearly indicated there needed to be more of them.

The specific programs and provider types stakeholders identified as working well are listed below. One respondent noted that these organizations "are stepping up to the plate to fill in the gaps for caregiver support."

- The Rosalyn Carter Institute

- Parkinson's Foundation

- ALS Foundation

- Alzheimer's Association

- Legacy Link

- Community-led support groups and day care centers

- Alzheimer's, adult day health, memory care facilities

- Alzheimer's respite care programs

- Alzheimer's Outreach Center

A few responses noted education and training for caregivers as something working well. For example, "Nursing facility helps provide support for families unable to understand Alzheimer's dementia program."

A common response was to state something was working well but also included statements of unmet need, such as "Waiver programs help caregivers…but more respite and training programs are needed" and "Other than therapists, there isn't much available."

Not Working Well
The table below summarizes the most common responses provided by survey respondents and session participants to the question "What is not working well with caregiver support?"

Response	Explanation
Need more support	The most common feedback was that there needs to be more support for caregivers. Support for Alzheimer's caregivers was mentioned by name multiple times, but the general theme of responses here is that there is not enough support available for caregivers.
Lack of training opportunities	Several stakeholders noted a need for more training and educational support of caregivers, especially around mental/behavioral health issues.
Affordability and funding	A few responses specifically noted the high cost of some supports for caregivers and the need to better fund existing programs and do so consistently.
Inability to participate in other work	A couple of responses also noted challenges in trying to participate in the general workforce while also being a caregiver

Generally, thoughts about what is not working well for caregiver support centered on the theme of needing more support. "Caregivers need more avenues to connect with each other" and "Not a

lot of family support/ family burnout" are illustrative comments. Others noted a need for "more caregiver support [and] more emotional support." Some specifically identified needs around Alzheimer's: "caregiver support for people suffering from Alzheimer's; Better way to access info about Alzheimer's; patient advocacy."

Several stakeholders noted a "lack of educational support for family and caregivers." Some specific needs identified were "more frequent ACT training" and "Trainings on mental health services." Others noted "not enough caregiver education or support" and "education of disease or mental health is limited."

A few stakeholders noted that "more funding is needed to serve more clients [and] caregivers" and the costs are "too expensive" to make needed supports affordable. One respondent made this statement: "Desperately need more funding for adult day care, respite, etc. for caregivers. Those who were using home and community-based services cost share services in adult day care were left hanging when those funds were pulled without notice. Caregivers need more trusted resources to help them care for their loved ones consistently, and at an affordable price."

A couple of responses also noted challenges in trying to participate in the general workforce while also being a caregiver, offering the following statements in respect to what is not working well: "Culture of industry to not work with employees who are caregivers" and "workplace policies on flex schedules."

Ideas and Suggestions
The table below summarizes the most common responses provided by survey respondents and session participants regarding ideas and suggestions for supporting caregivers.

Response	Explanation
Addressing strain on caregivers	The most common ideas and suggestions pertained to addressing how to support caregivers who are stretched thin and support their own health in addition to those for whom they provide care.
Funding for caregiver support	Several comments considered increasing funding for caregiver programs or funding to pay family caregivers. One response specifically noted a need for funding lesbian, gay, bisexual, transgender, and queer (LGBTQ) caregivers.
Training for caregivers	A few stakeholders offered thoughts on the need for caregiver training resources.

The most common ideas and suggestions pertained to the issue that "the strain of taking care of [a] love one decreases/affects mental health" and "many caregivers do not have respite time to attend support groups to help meet their own emotional needs." Some offered potential solutions, such as "with technology available today, it seems that phone conference calls would be an opportunity to engage in a support group and converse with others?" Other comments also sought better ways for caregivers to connect with each other: "We need to publish a list of

caregiver groups in all local newspapers/publications at least monthly– date/ location/ time/ contact– name + tel number."

Several ideas about funding were also provided. One stakeholder thought there should be "funding to pay family caregivers," while another noted a need for "additional funding at the local levels for caregiver help." At least one stakeholder "would like to see more attention and resources applied to LGBTQ caregivers and their unique needs" and suggested putting "funding and resources into LGBTQ organizations currently working with this demographic."

A few stakeholders also considered thoughts on the need for caregiver training resources. "Caregivers need more resources and training and direction when discharged from the hospital or rehab" is an illustrative comment.

Socialization, Recreation, and Leisure

Socialization, recreation, and leisure encompassed topics such as opportunities for volunteering, civic engagement, and social and community connectedness. Many participants acknowledged the importance of this issue in preventing isolation and enhancing quality of life among older adults.

Socialization, recreation, and leisure was identified as a priority by 212 stakeholders. Thirty-one percent of session participants identified socialization, recreation, and leisure as a top priority, compared with 12% of survey respondents. This issue area was not selected as a top priority for discussion at any of the 12 sessions.

Working Well
The table below summarizes the most common responses provided by survey respondents and session participants to the question "What is working well with socialization, recreation, and leisure?"

Response	Explanation
Social events	Social events such as dances, particularly those held at senior centers, were highlighted as positive opportunities for social interaction for older adults. Several respondents also noted that group trips and games are accessible and contribute to well-being and socialization.
Programs and classes	Respondents indicated that programs and classes, specifically those offered at senior centers and other community centers, such as public libraries, are working well to help older adults build skills around technology and aging in place.

A number of respondents cited senior center events and activities as working well in this area. For instance, a respondent stated, "Our most popular programs for the seniors are the holiday and evening senior dances, game nights and fish fry's and the social dance class, throughout the

county for our senior population." It was also noted that senior centers provide opportunities for "Interaction, trips, [and] games."

Outside of senior centers, respondents identified, "Assisted living programs, professionals such as social workers," "libraries," and "Generation One, Silver Sneakers, Senior Citizens Inc." as providers of socialization and wellness support in the community.

Not Working Well
The table below summarizes the most common responses provided by survey respondents and session participants to the question "What is not working well with socialization, recreation, and leisure?"

Response	Explanation
Need for increased community outreach and awareness	Several respondents expressed concern over individuals who are living in isolated environments and not connected with senior centers and other community resources. Most of these respondents indicated that increased community outreach is needed to ensure these individuals access opportunities for social and community connectedness.
Activities for healthier, active older adults	Several respondents noted that many programs are geared toward adults with significant impairments, while those in relatively good health lack opportunities for socialization, recreation, and leisure activities.
Access by community type	A few respondents indicated that individuals residing in rural and suburban areas lack access to opportunities for socialization, recreation, and leisure.

It should be noted that access to opportunities to socialization, recreation, and leisure was frequently tied to transportation, and that respondents felt those without transportation lacked opportunities to engage in community events and activities. Respondents emphasized that this is especially problematic in rural areas. For instance, respondents said, "Rural areas see a lot of problems with isolation due to a gap in transportation availability for low income seniors" and "Many seniors are isolated in suburban homes and families are all at work or school."

One respondent highlighted the challenges experienced by the oldest older adults, and stated, "I think isolation starts to happen in one's 80s and I can't provide an answer as to why ... but it gets more difficult to get to programs as we age."
Regarding the availability of activities for relatively active, healthy older adults, respondents shared, "We need data bases and resources to find social and leisure opportunities for adults. Most opportunities are through waivers which require full time. We need part time and occasional daytime social and leisure resources. Such a recreation center, organized group outings etc."

Ideas and Suggestions
Several respondents shared ideas and suggestions for addressing socialization, recreation, and leisure. Most of these focused on creating new opportunities in the community through

partnerships with academic and other organizations. For example, participants suggested building "partnerships with colleges/universities] to provide classes" and "volunteer opportunities, e.g., hospitals/nursing homes."

Cultural Competency

Cultural competency encompassed organizational and workforce competence related to different languages, religions, Races, ethnicities, and sexual orientation. Overall, respondents recognized cultural competency with regard to the LGBT community as needing attention and improvement.

Cultural competency was selected as a top priority issue by 98 stakeholders. Cultural competency was chosen as a top priority by 12% of survey respondents compared to 13% of session participants. Cultural competency was not selected as a top priority area for discussion at any of the 12 sessions.

Working Well
In response to the question "What is working well with cultural competency?" most respondents focused on areas in which they felt the state could improve and suggestions for improvement. Responses related to what is working well in this area included, "The race and ethnicity competency" and "There is also considerable work being done with outreach to Christian-based faith communities." With regard to language services, a respondent remarked, "There is plenty of information about interpretation services provided at no cost."

Not Working Well
The table below summarizes the most common responses provided by survey respondents and session participants to the question "What is not working well with cultural competency?"

Response	Explanation
LGBT-inclusive service planning	Respondents expressed concern with LGBT inclusion in service planning at both the state and local level, and indicated that planning and advisory groups do not actively work to engage the LGBT community. Respondents also felt that data on LGBT individuals is not routinely collected, which contributes to exclusion of these individuals in planning activities.
LGBT friendly services and supports	A number of respondents indicated that housing, services, and information are not inclusive of LGBT older adults, and that many of these individuals may not feel safe or welcome. Several respondents noted that training of service providers, particularly direct care workers, is currently lacking across the state.
Language	A few respondents stated that barriers related to language currently exist for non-English speakers and individuals with limited English proficiency.

Overall, respondents indicated that "There is some training taking place but not nearly enough" particularly with regard to LGBT older adults. One respondent shared:

"There are no assurances that service providers contracted by AAAs or DAS are provided cultural humility training related to LGBT issues, or race/ethnicity either. The Older American Act calls for services to be targeted to older individuals with greatest social need, but there are no contractual assurances that these providers, especially the direct care workers, are trained in how to have positive social encounters with diverse consumers. This includes senior centers which are meant to be available to all seniors, yet many LGBT seniors do not feel welcome.

The DAS espouses a philosophy of person-centeredness that assumes a heteronormative perspective void of diversity and inclusion.

The DAS is not collecting data on sexual orientation or gender identity to better understand how service provision and intended outcomes vary by these factors.

Empower Line does not include any information about LGBT-friendly services or programs.

ADRC Councils are not reaching out to LGBT groups across the state to be a part of their Council or planning process.

Trainers don't necessarily share the same racial and sexual orientation. That representation is necessary. The LGBTQ, minority, and disabled communities are not monolithic."

Another stated, "I am concerned about LGBT-inclusive housing and services: caregiver services, senior centers that are friendly for LGBT people."

Ideas and Suggestions
The table below summarizes the most common responses provided by survey respondents and session participants regarding ideas and suggestions for addressing cultural competency.

Response	Explanation
LGBT-Focused Planning	Participants suggested that LGBT issues should be a priority topic during service planning, and that the unique challenges experienced by this population require distinct focus.
Cultural Competency Training for All Providers	Several respondents suggested increasing and mandating cultural competency training for all providers, including medical providers, administrative staff, and other care providers who work with older adults.

Respondents shared a number of suggestions with regard to increasing cultural competency. Several respondents suggested increased training, such as "Train staff or hire staff that focus on eliminating the barriers of different cultures" and "Making education and cultural competency courses mandatory for all caregivers from CNAs to nurses, Physicians, office staff, hospitals, day care programs, nursing homes, etc."

Others focused on planning strategies, such as suggestions to "[assure] that the new State Plan on Aging will serve the LGBTQ population as an underserved population or as a population to target for the outreach of services and programs" and "LGBTQ elders have unique issues – I think we need listening sessions just for this demographic because our needs traverse each of the priority areas and these sessions – while good and necessary do not lend to voicing our issues in the way we need to be heard."

Additional Issue Areas

Several topics emerged in the analysis from both the Community Conversations and survey data that did not fit into any of the aforementioned issue areas, but were repeatedly referenced by stakeholder participants. These topics are described in detail below.

Kinship Care

Kinship care and services and supports for "grandfamilies" were highlighted as issues in several sessions, and also noted by survey respondents. Participants expressed concern over a range of challenges experienced by older adults caring for minor children, from inadequate informational resources to a lack of services and supports. Housing availability was acknowledged as a problem by several participants, as respondents noted "grandparents have to move because children are not allowed" and "public housing – can't have grandchildren." Others indicated this population needs additional assistance to avoid spending down resources to care for nonbiological, dependent children. One participant shared, "Grandfamilies (older relatives raising nonbiological children) are a growing segment of our population – rising in part due to the opioid crisis. However, services for seniors and services for biological parent headed families don't meet their needs. They are somewhere in between. They need specific supports that, for the most part, are nonexistent in Georgia."

Employment

Employment was also a topic of importance for a number of stakeholder participants. The majority of responses regarding employment discussed a paucity of employment opportunities for older adults who desire to work, "even part time." Several respondents specified a need among particular subpopulations, including "disabled and displaced workers," veterans, and the homeless. One respondent suggested, "Partnerships with private businesses to employ older people" could help address this issue.

Homelessness

Homelessness was discussed mostly in relation to aging in place and physical, emotional, and behavioral health — specifically substance use and mental health. Several respondents noted that hospital and other institutional closures, as well as a lack of local behavioral health treatment centers, has contributed to an increase in homelessness. One respondent said the "lack of

institutions for mental patients…has led most of them to homelessness (the health facilities were closed) – only one rehab that provides meds…Large amounts of mentally ill homeless people."

Other respondents expressed concern over homeless individuals not being able to access services. One stated, "[there is a] lack of affordable housing; So if homeless, not able to service." Another respondent indicated, "Shelters cannot handle aging disability (homeless and domestic violence)." Many respondents who discussed this issue felt that homelessness is a growing issue, and, as such, warrants attention and resources.

CONCLUSION

The Community Conversation series and online survey afforded valuable opportunities for insights into issues affecting older adults across the state. Although the majority of session attendees and survey respondents identified as service providers, the process incorporated the experiences and ideas of a significant number of older adults, as individuals aged 60 years old and older comprised the largest proportion of participants. Thus, data were collected from individuals with varied perspectives and roles within the aging network. Additionally, the results of the evaluation polling conducted at the end of each session suggest that the series largely fulfilled its goal of increasing awareness of DAS's role and responsibilities, and that stakeholders felt that they contributed meaningfully to the development of the state plan.

Across both session participants and survey respondents, transportation; aging in place; physical, emotional, and behavioral health; access to information and assistance; and services and supports arose as priority areas warranting focus in the upcoming state plan. The majority of discussions and responses centered on issues of affordability and availability with regard to housing, transportation, in-home care and assistance, and health care. Both session participants and survey respondents expressed concern over spending down resources and emphasized that increased support, including financial support, is needed to support aging Georgians and their families, especially those living in communities with fewer resources, such as rural areas. Stakeholders also highlighted that information and assistance about each of the aforementioned areas is often lacking or difficult to access, and improvements in this area alone could have significant, positive impacts.

In addition to describing challenges and concerns, stakeholders spoke highly of the aging network, specifically with regard to senior centers, services and supports for Alzheimer's and related dementias, and access to and support for assistive technology. A number of stakeholders felt these components of the aging network are working well and should be sustained or grown, if possible.

Overall, the stakeholder input process provided substantial data regarding Georgians' priorities with regard to aging and disability, facilitators of and barriers to accessing services and supports, and suggestions for improving outcomes. Collectively, these data present a picture of aging issues across the state and can be used to meaningfully inform the planning process.

APPENDIX A: COMMUNITY CONVERSATIONS FLYER

DHS | Division of Aging Services

2018 Public Hearings

LIVING LONG, SAFELY & WELL IN GEORGIA

a community conversation

Are you an older adult, an individual with a disability, a caregiver, a pre-retiree, a veteran or a service provider? The Division of Aging Services wants to hear your input and learn from your experiences as we design a strategic plan to address our communities' needs. We are hosting 12 sessions around the state to gather your input on the priorities and strategies in your community.

invest two hours. join the conversation. influence the future.

GEORGIA STATE PLAN ON AGING PUBLIC HEARINGS SCHEDULE			
AAA	**Date**	**Time**	**Location**
Legacy Link	4/26/2018	10:00	Legacy Link Meeting Room 4080 Mundy Mill Rd, Oakwood, GA 30566
Three Rivers	5/1/2018	10:00	Coweta Fairgrounds 275 Pine Rd, Newnan, GA 30263
Northwest	5/9/2018	10:00	Thornton Center at North Floyd Park 1 02 North Floyd Rd. Rome, GA 30165
Heart of GA	6/19/2018	10:00	Toombs Community Center 107 Old Airport Road, Vidalia, GA 30474
Middle GA	6/20/2018	2:00	Jones County Senior Center 126 Senior Center Way, Gray, GA 31032
River Valley	7/17/2018	10:00	River Valley Regional Commission 710 Front Ave A, Columbus, GA 3190
Southwest GA	7/18/2018	1:00	Kay H. Hind Senior Life Enrichment Center 335 W. Society Ave. Albany, GA 31701
Atlanta Regional Commission	7/24/2018	1:00	Cobb County Chamber of Commerce Community Building 240 Interstate North Pkwy., Atlanta, GA 30339
Coastal	8/1/2018	10:00	Coastal Georgia Center 305 Fahm St. Savannah, GA 31401
Southern	8/2/2018	10:00	Leroy Rogers Senior Center 315 West 2nd St. Tifton, GA 31794
Northeast	8/9/2018	10:00	Clarke County DFCS Office Training Room A 284 North Ave., Athens, GA 30601
Central Savannah River Area	8/22/2018	10:00	KROC Center 1833 Broad St. Augusta, GA 30904

APPENDIX B: TABLE NOTE TEMPLATE

Table Facilitator Notes

<u>Instructions:</u> Write in each of the 3 priority issue areas chosen by the group. As your table discusses each area, write down the highs ("What is working well?") and lows ("What is not working well?") for each area. In the "Notes" section, write down any ideas or other specific information your group discusses for each of the priority areas.

Priority Issue Area 1: _____

What is working well?	What is not working Well?	Notes

Priority Issue Area 2: _____

What is working well?	What is not working Well?	Notes

Priority Issue Area 3: _____

What is working well?	What is not working Well?	Notes

APPENDIX C: FEEDBACK FORM TEMPLATE

What feedback, question, or idea do you want to be sure we hear today:

_____

_____

_____

_____

_____

If you would like someone to follow-up with you please provide your name and phone number:

Name:_____   Phone Number:_____

APPENDIX D: DEMOGRAPHIC SURVEY

Demographic Survey: This information will help us know who is providing input to the planning process.

1. What is your _primary role_ in respect to aging and adult services?
- o Consumer (older adult/person with a disability)
- o Service provider
- o Advocate
- o Caregiver/paid professional
- o Caregiver/family who is unpaid
- o Other: _____

2. Do you currently use any of the following services?

O Yes   O No   O Prefer not to answer

- ▪ Senior Center
- ▪ Adult Day Center
- ▪ Caregiver Support
- ▪ In-home support
- ▪ Meals (at senior center or delivered)
- ▪ Transportation services

3. What is your current age? _____

4. What is your gender?

O Female   O Male   O Other   O Prefer not to answer

5. Do you consider yourself to be:

O Heterosexual or straight   O Bisexual

O Gay or lesbian   O Prefer not to answer

6. Which race/ethnic categories describe you (check all that apply):

O Caucasian or White   O African American or Black

O Hispanic or Latino   O Asian or Pacific Islander

O American Indian or Alaska Native   O Other

O Prefer not to answer

7. What is the highest level of education you have completed?
- ○ Less than High School
- ○ High School or equivalent (GED)
- ○ Some College (no degree)
- ○ Associate or Technical degree
- ○ Bachelor's degree
- ○ Graduate degree (Masters, PhD, MD, etc.)
- ○ Prefer not to answer

8. What is your current annual income?
        O $25,000 or less   O $25,001 - $50,000
        O $50,001 - $75,000   O $75,001 - $100,000
        O More than $100,000 O Prefer not to answer

9. Are you a veteran?
        O Yes   O No   O Prefer not to answer

10. Do you live alone?
        O Yes   O No   O Prefer not to answer

11. Do you currently consider yourself to have a disability?
        O Yes   O No   O Prefer not to answer

12. What county do you live in? _____

13. What is your current home ZIP code? _____

DAS Stakeholder Input 2018 Survey

The purpose of this survey is to gather information from a diverse group of individuals regarding the Georgia Division of Aging Services' state plan and seek input into the planning process. This survey should take you approximately 5-10 minutes to complete. Please answer each question to the best of your ability.

If you have any questions or would like additional information about the project, please contact Kristi Fuller at 404-413-0292 or kwfuller@gsu.edu.

The survey will be closed on August 31, 2018. Please ensure you submit your responses prior to this date.

Q1 Did you attend one of the Living Long, Safely, and Well in Georgia: A community Conversation sessions?

○ Yes (1)

○ No (2)

Q2 What is your <u>primary role</u> in respect to aging and adult services?

○ Consumer (older adult/person with disability) (1)

○ Service provider (2)

○ Advocate (3)

○ Caregiver/paid professional (4)

○ Caregiver/family who is unpaid (5)

○ Other (6) _____

Skip To: Q4 If What is your primary role in respect to aging and adult services? = Caregiver/paid professional

Skip To: Q4 If What is your primary role in respect to aging and adult services? = Service provider

Q3 Do you currently use any of the following services? (Check all that apply)

☐ Senior Center (1)

☐ Adult Day Center (2)

☐ Caregiver Support (3)

☐ In-home support (4)

☐ Meals (at senior center or delivered) (5)

☐ Transportation services (6)

☐ Do not use any of these services (7)

☐ Prefer not to answer (8)

Q4 At this time how would you rate your awareness of services for older adults and persons with disabilities available in the state?

○ I know <u>a lot</u> about available services (1)

○ I know <u>something</u> about available services (2)

○ I know <u>nothing</u> about available services (3)

Q5 At this time how would you rate your knowledge of where to go or who to call if you need information about services and benefits:

○ Very knowledgeable (1)

○ Somewhat knowledgeable (2)

○ Not at all knowledgeable (3)

Q6 At this time, how would you rate the state's awareness of the needs of older adults and persons with disabilities:

○ Extremely aware (1)

○ Moderately aware (2)

○ Slightly aware (3)

○ Not at all aware (4)

Q7 At this time, how would you rate the state's current initiatives to address the needs of older adults and persons with disabilities:

○ Excellent (1)

○ Good (2)

○ Fair (3)

○ Poor (4)

Display This Question: If What is your primary role in respect to aging and adult services? = Caregiver/family who is unpaid

Q8 What could the state do to better support you in your role as a caregiver?

_____

_____

_____

_____

Q9 Please review and choose priority areas you think the state should focus on over the next four years. <u>Select three (3) areas.</u>

☐ Access to Information & Assistance (Benefits information, Access to resources, Ease of finding help, Credibility) (1)

☐ Transportation (Public transportation, Assessing driving ability, Dependability, Affordability) (2)

☐ Caregiver support (Training, Peer support, Supportive services, Resources) (3)

☐ Cultural Competency (Organizational and workforce competence related to different Languages, Religions, Races, Ethnicities, and sexual orientation (LGBT)) (4)

☐ Socialization, Recreation, & Leisure (Volunteer opportunities, Civic engagement, Social and community connectedness) (5)

☐ Services and Supports (In-home and Facility) (Availability, Appropriateness, Direct care workforce, Quality, Affordability) (6)

☐ Aging in place (Housing affordability and accessibility, Adaptations, Assistive devices and technology) (7)

☐ Physical, Behavioral, & Emotional Health (Health care, Alzheimer's disease and related dementias, Substance use, Mental health, Medicare, Medicaid, Prescription assistance) (8)

☐ Safety, Security, & Protection (Abuse, Neglect, Exploitation, Fraud/scams, Community safety) (9)

☐ Wellness Promotion (Exercise programs, Chronic disease management classes, Food & nutrition, Fall prevention) (10)

Q10 Please provide additional information regarding the priority areas you selected.

Q10a Access to Information & Assistance (Benefits information, Access to resources, Ease of finding help, Credibility)

    ◯ What is working well? (1) _____

    ◯ What is not working well? (2) _____

    ◯ What ideas or other specifics would you like to share about this area? (3)
_____

Q10b Transportation (Public transportation, Assessing driving ability, Dependability, Affordability)

    ◯ What is working well? (1) _____

    ◯ What is not working well? (2) _____

    ◯ What ideas or other specifics would you like to share about this area? (3)
_____

Q10c Caregiver support (Training, Peer support, Supportive services, Resources)

○ What is working well? (1) _____

○ What is not working well? (2) _____

○ What ideas or other specifics would you like to share about this area? (3)
_____

Q10d Cultural Competency (Organizational and workforce competence related to different
      Languages, Religions, Races, Ethnicities, and sexual orientation (LGBT))

○ What is working well? (1) _____

○ What is not working well? (2) _____

○ What ideas or other specifics would you like to share about this area? (3)
_____

Q10e Socialization, Recreation, & Leisure (Volunteer opportunities, Civic engagement, Social and
      community connectedness)

○ What is working well? (1) _____

○ What is not working well? (2) _____

○ What ideas or other specifics would you like to share about this area? (3)
_____

Q10f Services and Supports (In-home and Facility) (Availability, Appropriateness, Direct care workforce, Quality, Affordability)

○ What is working well? (1) _____

○ What is not working well? (2) _____

○ What ideas or other specifics would you like to share about this area? (3)
_____

Q10g Aging in place (Housing affordability and accessibility, Adaptations, Assistive devices and technology)

○ What is working well? (1) _____

○ What is not working well? (2) _____

○ What ideas or other specifics would you like to share about this area? (3)
_____

Q10h Physical, Behavioral, & Emotional Health (Health care, Alzheimer's disease and related dementias, Substance use, Mental health, Medicare, Medicaid, Prescription assistance)

○ What is working well? (1) _____

○ What is not working well? (2) _____

○ What ideas or other specifics would you like to share about this area? (3) _____

Q10i Safety, Security, & Protection (Abuse, Neglect, Exploitation, Fraud/scams, Community safety)

○ What is working well? (1) _____

○ What is not working well? (2) _____

○ What ideas or other specifics would you like to share about this area? (3) _____

Q10j Wellness Promotion (Exercise programs, Chronic disease management classes, Food & nutrition, Fall prevention)

○ What is working well? (1) _____

○ What is not working well? (2) _____

○ What ideas or other specifics would you like to share about this area? (3) _____

Q11 As you age, what is your greatest concern as you think about staying independent and in your home or community?

_____

_____

_____

_____

_____

Q12 As you age, what do you think would be most helpful in supporting you to remain in your home or community?

_____

_____

_____

_____

_____

Q13 Please provide any other comments you may have regarding the needs and priorities of older adults and individuals with disabilities in Georgia:

_____

_____

_____

_____

_____

Please answer the following questions to help us know who is providing input into the planning process.

Q14 What is your current age?

_____

Q15 What is your gender?

○ Male (1)

○ Female (2)

○ Other (3)

○ Prefer not to answer (4)

Q16 Do you consider yourself to be:

○ Heterosexual or straight (1)

○ Gay or lesbian (2)

○ Bisexual (3)

○ Prefer not to answer (4)

Q17 Which race/ethnic categories describe you (check all that apply):

☐ Caucasian or White (1)

☐ African American or Black (2)

☐ Asian or Pacific Islander (3)

☐ American Indian or Alaska Native (4)

☐ Hispanic or Latino (5)

☐ Other (6)

☐ Prefer not to answer (7)

Q18 What is the highest level of education you have completed?

○ Less than High School (1)

○ High School or equivalent (GED) (2)

○ Some College (no degree) (3)

○ Associate or Technical degree (4)

○ Bachelor's degree (5)

○ Graduate degree (Masters, PhD, MD, etc.) (6)

○ Prefer not to answer (7)

Q19 What is your current annual income?

○ $25,000 or less (1)

○ $25,001 - $50,000 (2)

○ $50,001 - $75,000 (3)

○ $75,001 - $100,000 (4)

○ More than $100,000 (5)

○ Prefer not to answer (6)

Q20 Are you a veteran?

○ Yes (1)

○ No (2)

○ Prefer not to answer (3)

Q21 Do you live alone?

○ Yes (1)

○ No (2)

○ Prefer not to answer (3)

Q22 Do you currently consider yourself to have a disability?

○ Yes (1)

○ No (2)

○ Prefer not to answer (3)

Q23 What county do you live in?

▼ Appling (1) ... Worth (159)

Q24 What is your current home ZIP code?

_____

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