

Executive Summary

Philadelphia Corporation for Aging (PCA) is a non-profit organization established in 1973 to serve as the Area Agency on Aging (AAA) for Philadelphia. Like AAAs all across the country, PCA is mandated by the federal Older Americans Act (OAA) to provide “a full range of efficient, well-coordinated and accessible services for older persons.” The OAA further mandates that there should be “special emphasis on older individuals with the greatest economic or social need.”

In fulfilling this mandate, PCA is required by the Pennsylvania Department of Aging (PDA) to produce an Area Plan for Aging Services every four years. The Plan is expected to outline how it will achieve these goals, develop greater capacities, and provide comprehensive and coordinated services systems while using available resources more efficiently. For the years 2012-2016, PDA also established five priority themes:

- Innovation for Services
- Communities to Age and Live Well
- Revitalization and Rearchitecting of Services
- Promotion of Health and Wellbeing
- Effective and Responsive Management

In developing the plan, PCA took into consideration both the PDA’s priorities and the following key factors which impact the delivery of services:

- Population trends
- Changes in the cityscape
- Development of new models for aging in place
- Funding levels

Population trends: Our city’s seniors experience poverty at a rate almost double that of Pennsylvania and the nation. More than 117,000 of them have trouble paying for one of life’s basic necessities; 23,000 report skipping a meal for lack of money. The number of older Philadelphians suffering from poverty, hunger, and chronic illness will continue to grow and to increase the demand for the services provided by PCA, either directly or through sub-contracts. The population of foreign-born and non-English-speaking elders is also increasing, placing new demands on service providers for interpretation, translation, and cultural sensitivity.

Changes in the cityscape: Growing awareness of the needs of the elderly on the part of city government and planners will have some positive impacts. Among them are improved walkability, better access to parks and green spaces and improvements to the zoning and building codes to increase visitability in newly constructed homes.

Development of new models: Innovative initiatives to enable Philadelphians to age in place are gaining momentum. These include co-housing, Villages, and Naturally Occurring Retirement Community Supportive Service Programs (NORC SSP).

Funding levels: Unfortunately, at the same time the needs and numbers of older Philadelphians are increasing, the funding for services is effectively decreasing. Flat funding over the past six years, combined with increased operating costs, has steadily eroded the

capacity of the aging network to provide services. Flat funding has contributed to the closing of five senior centers and six satellite meal sites, reducing the number of seniors served from 33,000 to 20,000. The Options program for in-home care currently has a waiting list of more than 1,000 people. PCA also faces the prospect of significant changes that will compromise the fundamental ways in which Pennsylvania's Area Agencies on Aging serve senior citizens.

In developing the Area Plan, PCA consulted with stakeholders, aging professionals, and seniors, and drew upon demographic analyses and relevant research. Six major goals were identified, along with objectives and strategies for action. The goals are:

- A. Provide citywide leadership and support on aging issues
- B. Ensure that aging and community organizations, and consumers and their families, receive accurate and timely information and access to services and programs
- C. Ensure comprehensive and coordinated services are available to older adults and persons with disabilities in need of long-term care services in the community
- D. Support senior centers to provide multiple opportunities to enhance quality of life for older adults
- E. Promote a physical environment, especially housing, public space, and neighborhood infrastructure, that supports older adults and persons with disabilities so they can age in the community
- F. Ensure that the best possible service is provided to all PCA's customers

I. Introduction

Philadelphia Corporation for Aging (PCA), as the Area Agency on Aging (AAA) for Philadelphia County, is mandated by the Pennsylvania Department of Aging (PDA) to produce a four year Area Plan to help it attain the goals set forth in Pennsylvania Act 70 and the Older Americans Act. These goals are to develop greater capacities to provide comprehensive and coordinated service systems to serve older adults and persons with disabilities, and to use available resources more efficiently. The Plan will become effective July 1, 2012.

PCA's Area Plan is a document that will educate and inform stakeholders – consumers, the public, service providers, community leaders and local officials – about how it will respond to the challenges facing Philadelphia's older adults.

This product should not be considered as final. PCA staff will continue to work with service providers and others in the community to better identify issues and needs that should be addressed and information that should be included in the final Plan.

II. Agency Overview

Philadelphia Corporation for Aging is a non-profit organization established in 1973 to serve as the Area Agency on Aging for Philadelphia. Its mission is to improve the quality of life for Philadelphians who are older or who have disabilities; and to assist them in achieving optimum levels of health, independence and productivity. Special consideration is given to those with social, economic and health needs. Founded on the principle that older persons have the ability and the right to plan and manage their own lives, PCA seeks ongoing input from older adults. PCA recognizes the dignity of all older people and respects their racial, religious, sexual and cultural differences.

PCA carries out this mission through five major functions: planning; advocacy; program development; service coordination and delivery; and the accountable administration of public and private funds. PCA receives funding from the Older Americans Act, Medical Assistance and the Pennsylvania Lottery, all through the Pennsylvania Department of Aging. In addition, PCA receives funding from federal sources, private foundations and individual donors.

Guided by its Board of Directors and an Advisory Council, PCA employs approximately 700 people and contracts with more than 180 community organizations and service providers to deliver a variety of services to more than 100,000 older Philadelphians and people with disabilities each year. These services include: Advocacy; Care at Home Services; Employment Assistance; Health Promotion; Home Repair; Information and Referral; Legal Assistance; Home-delivered Meals; Protective Services; Senior Community Centers and Transportation.

III. Socio-Demographic Overview

A. Introduction

This section serves as a snapshot of Philadelphia's elderly population (age 60+) and PCA's expectations for 2012 - 2016. Information was gathered from a variety of sources including: regional omnibus health survey; Census data; population change estimates; and analyses of Southeastern Pennsylvania's general population trends.

B. Population

An apparent end to the city's population decline in conjunction with an increase in racial diversity will affect the older adult population. This will result in an increase in the proportion of minorities among the city's elderly. As with all such predictors, unforeseen events, such as the sudden influx of older refugees from the former Soviet Union in the early 1990's, can significantly alter the trends described. Further data on the older adult population in the city can be found on PCA's website.

General Trends in the Aging Population: While the city's total population will remain about the same, the proportion of older adults will increase slightly. This trend will be driven primarily by an increase in the number of minorities, especially older Asians and Hispanics. The 85+ population, the "old old," is no longer the fastest growing subgroup of seniors; it is now the "young-old" (ages 60-74). An increase in the number of Philadelphians age 55-60, the post-war generation, will make this a reality for some time. Notably, the increase in the number of "young old" is tied to the increase in the number of older Asians and Hispanics.

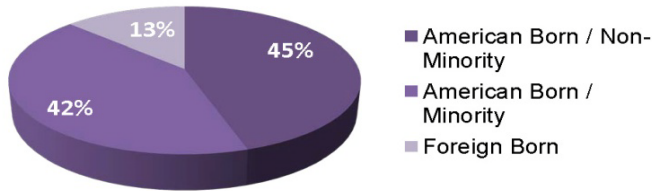
Minority and Foreign Born Elders: Fifty-five percent (55%) of the city's current older adult population are minority, foreign born, or both and PCA expects this number to grow over the next four years. This is because Hispanic and Asian elderly are going to be living into very old age (85+). In fact, the proportions of these groups among older adults will grow faster than the proportions in the city's overall population. At the same time, the increased diversity among the older population will also mean a greater demand for services that are culturally appropriate for these groups.

It is impossible to predict whether a new influx of foreign born elders will arrive in the county and, if so, what their nation of origin might be. Nevertheless, poverty is a reality for most persons who arrive in the United States in old age no matter their country of origin. There are many older immigrants living in the county now; this is not expected to change in the near future. Thirty-two percent (32%) of foreign born elders in the city arrived within the last 20 years. While 13% of all older Philadelphians are foreign born, among older Philadelphians who are poor (less than 100% of the poverty level), 19% are foreign born. While 7% of all older adults live in linguistically isolated households, 16% of older adults who are poor live in linguistically isolated households.

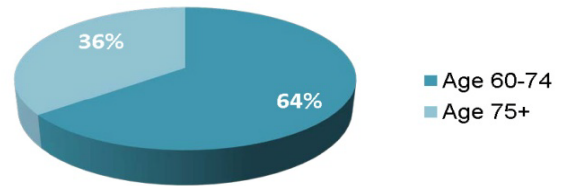
Gender: While more men are expected to grow into old age, no significant changes in the gender distribution of older persons are expected in the near future. That means that most very old, very poor, and very frail Philadelphia elders will continue to be women. The proportion of men in the aging population will grow slightly in the next few years, even among those age 85+, but this increase will not have much effect on the proportion of men to women among the old-old.

Philadelphia's Senior Population

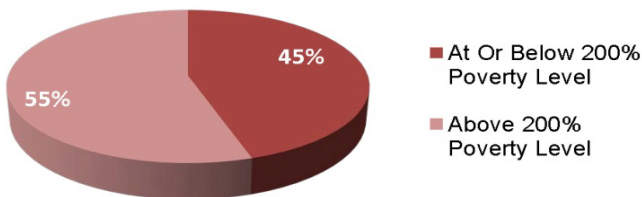
Minority Status



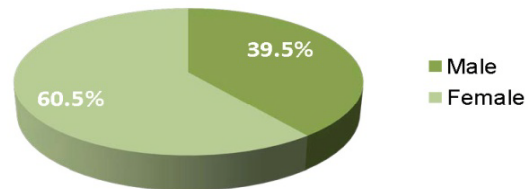
Age



Income Level



Gender



**Data Source: 2010 American Community Survey

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C. Social Characteristics

Education: Twenty-six percent (26%) of older adults have less than a high school education. The number becomes higher, 42%, when we look at those seniors with incomes less than 100% of the poverty level. The reading level of older adults is becoming more critical as the amount of information provided via the Internet and other electronic sources increases. As people age they suffer from more chronic illnesses, require more medications, and have more hospitalizations. The ability to read prescriptions and understand written discharge plans may be a challenge for those less literate or unable to read English.

Migration: Of the 14,000 older adults who moved into Philadelphia in 2009, 84% moved from within the five-county Philadelphia metropolitan area. This reflects the so-called “empty nest” effect - seniors who are downsizing and move into the city. The number of “young-old,” white non-Hispanics in the city will continue to increase.

Income: According to 2010 Census data, 20% of the city's older population have incomes less than 100% of the poverty level and 45% have incomes less than 200% of the poverty level. Research has shown that 200% of the poverty level is the more realistic cut off for determining who is functionally poor. This means that more older adults fall into the category of being poor but ineligible for programs designed to help those with lower incomes. PCA assumes this situation will continue, especially if eligibility requirements are tightened and access to benefits is made more difficult. While there will be some rise in the number of older adults with higher

incomes, the number of older adults who are most likely to need and seek services from the formal network will increase.

Living arrangement: Thirty-eight percent (38%) of older Philadelphians live in one-person households. As more of these older adults live into very old age, it is likely there will be fewer co-resident caregivers. This may lead to greater reliance on the formal aging care system for assistance.

Marital status: As more men live into old age, the proportion of married couples will increase. Currently, 33% of older adults in the city are married and living with their spouse. As people live longer, more will enter old age as never having been married, divorced, or in other partnered arrangements. It is important to note that older co-resident couples face challenges not encountered by married couples.

D. New Trends

There will be new populations, such as the recognition of populations already existing but who now expect to be recognized as a distinct group. This will be especially true for LGBT older adults. The challenges that all older adults face, especially low-income and minority older adults, are also faced by LGBT elders. LGBT elders face additional barriers such as discrimination, fewer support mechanisms, and possible negative feedback when letting professionals know they are LGBT.

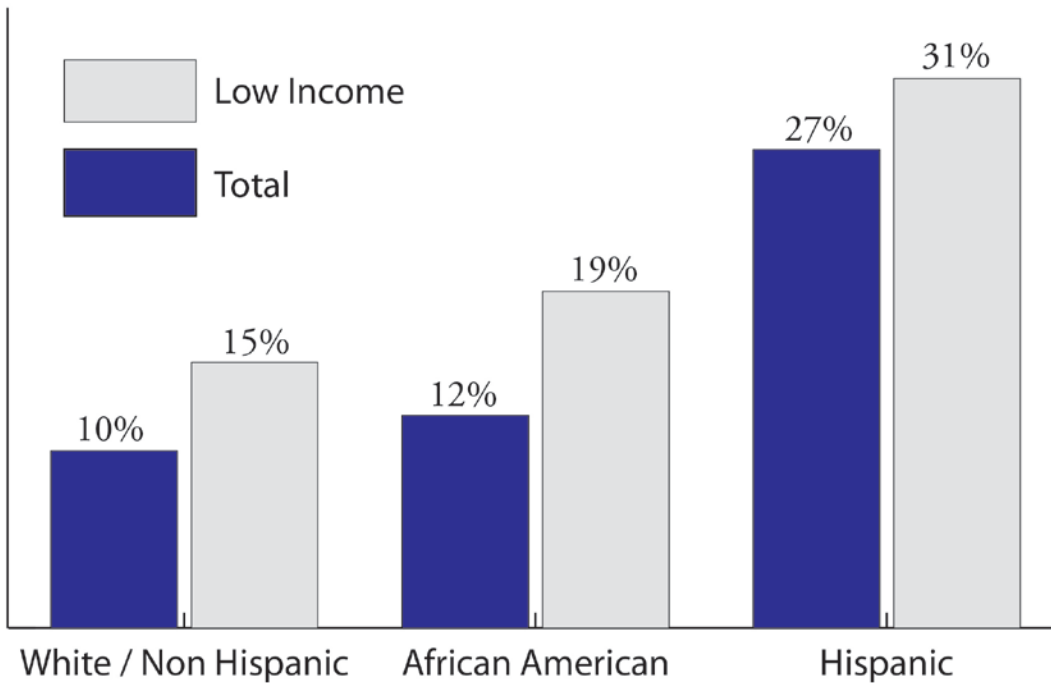
Some LGBT elders report that being a member of multiple minority groups (old, African American and gay male, for example) exacerbates the experience of discrimination; the LGBT elder feels marginalized for multiple reasons. It is important to recognize that the expectation of being treated badly, for any reason, is a significant barrier to seeking assistance for all people. If an older LGBT person has reason to expect to be treated in a negative fashion by a provider in the aging network then the person will be much less likely to use that service. Therefore, all service providers need to present a welcoming attitude toward all elders no matter their race, ethnicity, gender or sexual orientation.

E. Health Status

Physical Health and Functional Health: Ethnic minority background and income each independently predict risk for functional health impairments, and the combination of poverty and ethnic minority background seems to increase that risk. For example, of seniors ages 60-74:

- 15% of low-income white non-Hispanic older adults report an IADL impairment
- 19% of low-income African Americans older adults report an IADL impairment
- 31% of low-income older Hispanics report an IADL impairment

Adults Age 60 - 74 Reporting an IADL Impairment



Mental health: Income is also a major predictor of mental health outcomes. The inability of the formal aging system to respond to mental health issues will remain an impediment to serving the older adult population. Some mental health conditions, such as depression, vary among the different ethnic and racial groups in the city. While 14% each of white and African American elders reported four or more depressive symptoms in the week prior to the PHMC phone survey, 25% of Hispanic older adults reported four or more depressive symptoms during the same time period. While PCA's analyses show that ethnicity is not a strong predictor of mental health outcomes, the higher rates of reported depressive symptoms among Hispanic elders is an area to consider for future study.

F. Environment

PCA's understanding of the impact of the home and neighborhood environments on the health and well-being of older persons has increased significantly over the past few years. The agency believes that in addition to individual health status, the relationship between an older adult and their social and physical environment must be considered.

Social Capital: "Social Capital" is the term used to measure the level of trust people have in their neighbors and the extent to which they feel at home in their neighborhood. How older adults feel about their neighbors and community plays a critical role in their health and desire to remain in their current homes. Lack of trust in neighbors can lead to isolation on the part of the older adult. Their reluctance to participate in community activities, which provide reliable information on programs and services for seniors, can lead to greater isolation. However, many older adults are very engaged in the community and serve as the "eyes and ears" of a neighborhood, which makes streets safer for all residents.

Housing: The need for home repair is one of the critical issues facing older Philadelphians. Housing stock in Philadelphia is old and too expensive for poor, older adults to keep in repair. Houses not only become dangerous to live in, but when the elder can no longer safely remain in their home the consequences can be disastrous both for the elder and the neighborhood. Accessibility into and inside the home is also a serious barrier for older Philadelphians; the majority of homes in the city are multi-level and feature stairs from street level into the home. These barriers affect seniors' ability to take care of basic needs and to participate fully in the community.

Food Access: Sixty-seven percent (67%) of older Philadelphians are overweight or obese. Low-income and minority elders have difficulties finding fresh fruits and vegetables and face challenges in trying to be physically active in their neighborhoods. While individual lifestyle choices play a role in weight management, the lack of access to available fresh fruits and vegetables in the neighborhood may also play a role in eating choices. Another contributing factor to obesity is the lack of physical activity both inside and outside the home. Older adults in neighborhoods with little mixed-use zoning (commercial and residential mixed together) seem to consume fewer servings of fresh fruits and vegetables than those living in close proximity to commercial establishments with grocery stores. Understanding the impact of the physical and social environment, including the effect of various municipal regulations, such as the zoning code, is critical to making improvements that will create greater access to healthy food for older Philadelphians.

Transportation: The lack of access to transportation for seniors is significant:

- 55% of low-income seniors in the city do not have access to an automobile in their household.
- 46% of seniors who report at least one ADL or IADL disability do not have access to an automobile in their household.
- 42% of seniors who speak English poorly, or not at all, do not have an automobile in their household.

The latter is important because it means that information about accessing and using public transportation must accommodate a significant number of older non-English speakers. We expect these trends to continue, which means that finding accessible public transportation options for older Philadelphian's will become even more critical in the coming years

Public Space: A majority of older Philadelphians do not use the city's many parks or recreation facilities. In most cases the older adult lives near one but chooses not to use it. When surveyed, older adults said that they would like to use city parks more often but were concerned about safety (too much crime, too many cars, too many bikes) and the lack of amenities (bathrooms and benches). Concerns about safe and accessible transportation to-and-from parks are another reason older adults are reluctant to use parks. When seniors use the city's public spaces, they gain an opportunity to become engaged in the community, which combats isolation and helps build social capital.

G. Conclusions

Continued change, both in the older adult population and in the social and physical environments in which they live is expected. There will be more ethnically diverse “older-old” (age 75+) adults and at the same time more “young-old” adults, all of whom want to participate in the community. Some neighborhoods will change in ways that will impact the quality of life and health of older adults. The aging network must remain mindful of its core mission to help senior adults remain healthy and active, while at the same time considering how changes in the neighborhood social and physical environment will affect the ability of the aging network to meet these goals.

Citations: All data presented here come from one of five sources:

1. 2010 American Community Survey Steven Ruggles, J. Trent Alexander, Katie Genadek, Ronald Goeken, Matthew B. Schroeder, and Matthew Sobek. Integrated Public Use Microdata Series: Version 5.0 [Machine-readable database]. Minneapolis: University of Minnesota, 2010.
2. Woods & Poole 2010 Population Estimates For County of Philadelphia, Woods & Poole.
3. Public Health Management Corporation 2010 Household Health Survey, Public Health Management Corporation.
4. PHMC Assessment of Health Needs of LGBT Older Adults in Philadelphia, 2011-2012; Public Health Management Corporation, J. Lauby, H. Batson, L. Carson.
5. Surveys conducted by PCA.

IV. Needs Assessment Process and Findings

As part of the process to develop the Area Plan, PCA conducted an on-line survey of aging professionals to identify areas of general interest which impact development of an Age-friendly city. The agency convened a series of interviews and focus groups to solicit input from stakeholders. Altogether, 60 seniors and 40 professionals from a variety of settings participated in focus groups. They represented a depth and breadth of experience and expertise in the aging network and related fields. Seniors and professionals identified several topics for future attention.

Targeted interviews were conducted with PCA department directors to define future trends in the direction of service delivery. In addition to demographic analysis and focus groups, PCA used findings from a report based on results from a 2010 Caregiver Satisfaction Mail-In Survey of the Family Caregiver Support Program.

The process highlighted four general categories for further attention: Supporting the System of Aging Services; Serving the Frail Elderly; Improving Access; and Strengthening Neighborhoods.

Supporting a system of aging services: Addressing the **sustainability** of the aging network remains a critical issue and is expected to become even more challenging. Aging senior center facilities require funding for repairs and funding to maintain their level of operations, let alone introduce new programs. Flat funding from the State and decreased funding from other sources, along with a troubled economy over the past four years, has increased these pressures. This impacts the aging network as a whole and PCA programs in particular. The challenge will be to find ways to increase revenue. Professionals emphasized they would like PCA to continue to

take a **leadership** role in promoting **advocacy** for aging issues in the city and within an age-friendly agenda. PCA continues to be viewed as a convener of traditional aging network organizations to increase opportunities to share information. Additionally, PCA is seen as providing a forum for cross-disciplinary education and activities.

Serving the Frail Elderly: Providing services for frail older adults who wish to remain in their homes will continue to be a challenge in the next four years. To accomplish this, long-term care community based services will need to be expanded and innovative models of service introduced. **PCA's Long Term Care services** face a growing number of frail elderly with greater disability. PCA will need to consider partnership opportunities, such as Community Care Transition programs, the Veteran's Personal Assistance Service program and expansion of Dom Care. LTC will also need to look at opportunities to provide services on a fee-for-service basis to consumers on the wait list, as well as to those who fall below the qualifying Functional Needs Measurement (FNM) score for service (Options).

Improving Access: Building **awareness** of, and increasing access to, **information** and services remains a high priority for stakeholders. Although PCA provides excellent information in a centralized format, seniors and aging professionals emphasized the importance of making information available at the neighborhood level through trusted "gatekeepers." Awareness and access issues need to take into account appropriate linguistic and cultural responses. The availability of **transportation** has a major impact on the ability of seniors to access services. It is related to many activities affecting quality of life for seniors: seeing the doctor; grocery shopping; and visiting senior centers, friends and faith organizations. Increased transportation options and improvement of the current transportation system (more stops, more bus shelters and more benches) to better serve seniors is needed. **Technology** will increase in importance to the delivery of information and services to seniors. More affordable technology and increased access to technology for seniors are both issues. In Philadelphia, only 50% of older adults use computers in some way. As more public information for consumers and their families becomes available on the internet, seniors and their families will need to understand how to use this technology. Public use of computers in senior centers and public libraries needs to be promoted and enhanced.

Strengthening Neighborhoods: The overall elements constituting an Age-friendly city, strongly affect the well-being of older adults. **Trust** in neighbors gives many a feeling of community, but not all neighborhoods have a sense of community. Many seniors are wary of younger adults. **Crime** prevents seniors from using the neighborhood. Safety in the physical environment (better street lights, slower lights at crosswalks, repairing broken sidewalks), is both necessary to reduce crime and to create a more accessible neighborhood for everyone. **Food access** is a neighborhood problem. In order for a neighborhood to support seniors, seniors need to be able to access food. In many areas of the city there are no supermarkets. Many seniors have to take public transit to other neighborhoods to shop; and transporting bags of groceries using public transportation presents another barrier to obtaining healthy food. Corner stores have little fresh produce and are expensive. Farmer's markets are not in every neighborhood in the city. Availability of **housing and housing repairs** is of critical importance to maintaining older Philadelphians remaining in the neighborhood. Many would like to downsize but can't find available, affordable, accessible units. Trusted persons to handle small home repairs would be helpful to many. Access to major repairs programs remains difficult. Many seniors feel they are penalized for not being poor enough to be eligible for the few housing

services that are available. All this indicates that neighborhoods remain an important determinant of a livable, age-friendly community.

Responding to the Pennsylvania Department of Aging's Priority Themes

In developing this Area Plan, consideration was given to the PA Department of Aging's five priorities and they are incorporated into much of this plan. The priorities are listed below, along with particularly relevant objectives from this plan.

1. Innovation for services looks to identify and demonstrate innovative solutions for improving the quality of life for seniors and persons with disabilities.
 - Prepare for emergence of alternate models of LTC service delivery
 - Create opportunities for cross-disciplinary understanding between the aging network and other types of organizations

2. Communities to Age and Live Well has at its core Aging in Place (AIP), which is the ability of communities to support people of all ages to remain in their own homes as long as it remains safe, comfortable, and medically possible.
 - Support local planning efforts on aging on a city-wide and neighborhood level
 - Integrate senior center activities with neighborhood age-friendly efforts
 - Advocate for more affordable, visitable, and accessible housing
 - Advocate for, develop and participate in collaborative efforts to improve public space and neighborhood infrastructure

3. Revitalization and Rearchitecting of Services focuses on the spectrum of existing services, and explores new means for better programming and service delivery, particularly in terms of outcomes and client satisfaction.
 - Maximize PCA's service strengths and address any barriers to service excellence
 - Maintain best practices and quality of care in Long Term Care services and continuously improve service delivery

4. Promotion of Health and Wellbeing considers what constitutes a healthy lifestyle and well-being, including factors such as nutrition, disease management, fitness and benefits. It also includes how to refine, develop and promote initiatives for health and well-being for seniors and person of all ages with disabilities.
 - Promote health and well-being for a healthy lifestyle, including disease management, fitness, and nutrition, in community based settings
 - Increase information about and access to better nutrition for older adults

5. Effective and Responsive Management ensures that available resources are used effectively in providing services and supports for seniors and individuals with disabilities, in both the long and the short term.
 - Work with centers to help them develop and maintain quality programming
 - Maintain best practices and quality of care in Long Term Care services and continuously improve service delivery

V. The Funding Environment

It is a certainty that the next four years will bring increasing needs, as our senior population grows older, frailer, poorer and increasingly minority and limited-English-speaking. At the same time, flat funding over the past six years, and for the foreseeable future, has steadily eroded the capacity of the aging network to provide services. PCA also faces the prospect of significant changes that will compromise the fundamental ways in which Pennsylvania's Area Agencies on Aging serve senior citizens.

Pennsylvania seniors have historically been fortunate in that funding from the Older Americans Act, funneled through the Pennsylvania Department of Aging, has been augmented by Lottery funds, which have grown steadily over the years. However, in recent years, the state has been utilizing Lottery funds to cover costs that were previously paid from the general fund. The result has been that none of this increase in Lottery funds has been made available for home- and community-based services, senior centers and other community services.

Senior centers, which serve as a vital lifeline, providing meals, benefits counseling, health education, exercise and socialization for thousands of older Philadelphians, are in serious jeopardy. Centers have done all they could to continue functioning despite six years of flat funding during which costs for food, fuel, health care and transportation have risen dramatically. They have cut staff, merged jobs, reduced programming, deferred repairs; but with each flat-funded year, more have been forced to close their doors. In 2005, Philadelphia had 28 full service centers and 17 satellite meal sites. Since then, five centers and six satellite sites have closed; the number of seniors served has dropped from 33,000 to 20,000; and the number of congregate meals served has been reduced from 660,000 to 530,400.

In no way can these decreases be attributed to reduced need. In fact, the need has never been greater. Our city's seniors experience poverty at a rate almost double that of Pennsylvania and the nation. More than 117,000 of them have trouble paying for one of life's basic necessities: food, shelter, health care or medication. And 23,000 seniors report having skipped a meal in the last year, due to a lack of money.

Home-delivered care is also in jeopardy. Currently PCA serves 2200 persons in the Options Home and Community Based Care program. More than 1000 persons in need of these services are on a waiting list because we do not have sufficient funds to serve them. Many have conditions which will worsen without the appropriate services. Failing to serve them now will precipitate the need for more costly interventions, and many will enter a nursing facility.

Furthermore, changes now proposed by the Department of Public Welfare would eliminate Care Management for the more than 8,000 seniors in the PDA Aging Waiver Program. It would be

replaced by much-restricted Service Coordination which addresses only the needs for direct services. There would be no assistance with living situations, housing or eligibility for benefits. Seniors would be deprived of the broad-based, holistic approach they need, and which PCA currently provides. Proposed changes in reimbursement may also jeopardize outreach and translation services for the increasing numbers of elders from Vietnam, Cambodia, China, Russia, Poland, Haiti, India, Korea, and various Spanish-speaking nations. We are also concerned that the new methodology will not afford the oversight of Nurses, which is critical in the review of service plans for the frail elderly.

In short, the safety net that Pennsylvania's seniors need and deserve is being shredded; in part by neglect and funding shortfalls; and in part by policy decisions which jeopardize our ability to serve them most effectively.

VI. Goals, Objectives and Strategies

A. GOAL: Provide citywide leadership and support on aging issues

PCA plays an active role in bringing together members of the aging network to share new data, new information on best practices, and new models in aging. By building awareness of PCA's policy positions and research findings in local and national arenas, PCA enriches the greater discussion on how to best serve older adults. PCA also encourages organizations not in the aging network to consider the impact of their policies and activities on older Philadelphians, thus helping to promote an Age-friendly agenda. Such opportunities for cross-disciplinary understanding help build a stronger foundation to better serve older Philadelphians.

PCA also continues to build relations and develop projects between the research community and the practice community; and develop research projects on topics of relevance to the local practice community. PCA takes seriously its commitment to the development of professional and community level expertise through trainings, conferences, reports and web-based resources.

1. Objective: Support local planning efforts on aging on a city-wide and neighborhood level

Strategies:

- Continue to collect data on an ongoing basis and generate reports
- Prepare maps and data for the Mayor's Commission on Aging (MCOA) and support the MCOA's effort to make Philadelphia a WHO-Age Friendly City
- Assist community organizations, such as NORCs and Villages, to evaluate the effectiveness of their programs so they are better able to serve their consumers and track the success of their programs to seek funding
- Provide data, maps and technical assistance to agencies within and outside of the aging network to help establish new programs and evaluate existing ones
- Take an active role in advisory councils of Naturally Occurring Retirement Communities Support Service Programs (NORC SSP), Villages, and other initiatives that support older adults in the community
- Investigate opportunities to develop NORC SSPs and Villages with existing neighborhood entities, such as CDCs

- Collaborate with a Community Development Corporation (CDC) representing a predominantly Hispanic community for an NIH sponsored grant
2. **Objective:** Share policy, planning and research findings to raise awareness of PCA's work among a broader audience

Strategies:

- Present findings at the American Society on Aging (planners and practitioners), the Gerontological Society of America (researchers), and at other national conferences
 - Present at local conferences, including Lawton, and in other venues not restricted to audiences in the field of aging
 - Publicize PCA's findings and reports in print and web-based publications
3. **Objective:** Create opportunities for cross-disciplinary understanding between the aging network and other types of organizations

Strategies:

- Present on Age-friendly Philadelphia to network and non-network organizations
 - Share information about aging issues with local government and civic organizations, community development corporations, (CDCs), and universities
 - Continue "Speaking of Aging," a program which provides speakers to local area businesses and institutions that might need age-related information for their staff
 - Continue to offer GenPhilly activities to encourage young professionals to work in the field of aging and advocate for issues affecting older people
4. **Objective:** Create opportunities for professional education and development in the aging network

Strategies:

- Continue to hold the Regional Conference on Aging and the M. Powell Lawton Conference
- Conduct trainings at PCA offices at no cost to the aging network
- Use pcaCares.org website and the *PCA NewsBulletin* (e-newsletter) to serve as a clearinghouse and vital resource, disseminating information to professionals, about services, research, programs, issues and new developments at PCA, in the aging network, and in the field of aging as a whole.
- Expand circulation of the *PCA NewsBulletin*, which serves network professionals

B. GOAL: Ensure that aging and community organizations, and consumers and their families, receive accurate and timely information and access to services and programs

PCA recognizes the critical importance of disseminating information on programs and services both to older adults and their caregivers and to organizations within and outside the aging network. The information must be available in multiple languages and formats (print, Internet, broadcast media, etc.) to reach as broad an audience as possible.

PCA strives to serve the community at large by increasing access to knowledge and resources, which in turn increases access to services. PCA's website, www.pcaCares.org, also educates consumers and their families about the array of services available to them, as well as providing specific information on organizations serving older people in the Philadelphia area. PCA conducts public education campaigns in broadcast and print media to inform the public about the array of PCA and aging resources and opportunities available. All these activities are aimed at a single goal: ensuring that older Philadelphians, and those who care for them, know where to turn for help and how to get it when they need it.

1. **Objective:** Provide increased information to consumers and caregivers and others in the community with emphasis on those with the greatest social and economic need

Strategies:

- Partner with agencies, community based groups and interfaith groups to expand outreach to consumers and their families
- Continue APPRISE outreach to help seniors and persons with disabilities to understand their health insurance options, plans and coverage
- Distribute information by using PCA Community Outreach Program staff at health, information and community-wide events around the city
- Meet with constituent service staff at legislative offices
- Educate referral sources
- Produce print materials for distribution at outreach events to legislators in response to inquiries
- Provide information about PCA services and other matters of concern to consumers and their families through articles in *Milestones News* and *Milestone eNews*
- Maintain a comprehensive database with www.PCAcares.org which is easily accessible and searchable
- Hold events for consumers and their families, such as the annual Health & Wellness Event, to provide information about related health issues and to conduct screenings
- Hold the Senior Education Fair to provide information on subjects of interest to seniors such as financial issues, 'cooking for one,' volunteerism and brain fitness

2. **Objective:** Increase response to diverse consumer populations

Strategies:

- Recruit more bilingual, bi-culturally competent staff, to serve populations that are increasing, including Spanish, Chinese, Korean, and Vietnamese consumers
- Target outreach to Haitian and Afro-Caribbean communities and other new populations
- Continue to provide key publications in a variety of languages
- Institute volunteer Informal Language Assistance program at PCA

3. **Objective:** Promote use of technology and access to the Internet for older adults

Strategies:

- Survey senior center members and staff to understand how that senior population currently uses technology and how they would like to use it. (computer, cell phones, digital cameras, Wii)
- Include questions about technology and use of the Internet in a survey of *Milestones* readers
- Based on survey results, convene a workgroup to explore opportunities to help seniors take advantage of technology and of the internet
- Undertake a broad educational campaign to help older adults become more comfortable with use of technology as part of daily life
- Identify need for and potential sources for affordable technology, training and tech support for seniors

C. GOAL: Ensure comprehensive and coordinated services are available to older adults and persons with disabilities in need of long term care services in the community

PCA's Long Term Care Department offers a variety of services which help prevent institutionalization, enable consumers to remain safely in their homes, and improve their quality of life. Using a strengths-based approach, PCA seeks to empower consumers and their caregivers to make informed decisions and participate fully in the care planning process allowing the older adult to age-in-place. Home- and community-based services enable a person to maintain independence; to remain in a community setting; to benefit from the existing support systems of family, friends and neighbors; and to maintain optimum control over his or her own well-being.

In response to the changes in both health care and managed care, PCA is piloting alternate models in long-term care and looking for opportunities to participate in multi-system collaborations.

1. **Objective:** Continue to ensure individuals at risk for institutional placement are given priority

Strategies:

- Triage consumers using Community Choice standards
- Assure urgent assessment scheduling
- Assure expedient review of Level and Locus of Care
- Assure immediate processing of paperwork for County Assistance Office
- Assure immediate processing of program authorization
- Assure immediate assignment to Care Manager
- Assure immediate home visit, care plan arrangement, and service delivery

2. **Objective:** Prepare for emergence of alternate models of LTC service delivery

Strategies:

- Lead the Community Care Transition Programs funded by the Affordable Care Act (ACA) FY 2014 , for which PCA has been approved as a Community Based Organization (CBO)
- Partner with healthcare providers to participate in demonstrations with Primary Care Physicians (PCPs) to expand medical/health homes care models. PCA has been named as a potential partner in UPenn proposals under the Independence at Home and Health Homes sections of the Affordable Care Act.
- Work with managed care plans to develop coordinated care initiatives. An agreement with Bravo Health has been signed with details to be worked out for coordinated care management, and possibly community-based care transitions.
- Build relationship with Gateway Health, a new entry into the marketplace
- Determine need for, and develop as indicated, a fee-for-service geriatric care management program
- Consider approaching managed care plans to provide community care transition programs for fee-for-service for their members (See above.)

3. **Objective:** Address the increase in substance abuse and behavioral issues among older adults with a care management role

Strategies:

- Train staff to recognize Substance Abuse and Behavioral Health symptoms and how to access community based resources
- Train staff on dementia and related issues
- Cross-train long term care staff with Philadelphia Department on Behavioral Health and Intellectual Disabilities
- Continue participation with Joint Committee on Older Adults with Intellectual Disabilities
- Encourage staff to earn PCA's Mental Health & Aging Certificate
- Collaborate with Mental Health Association Advocacy Division of the Mental Health Association of Southeastern Pennsylvania

4. **Objective:** Offer consumer choice through Personal Assistance Service (PAS) and, eventually, "Services My Way" (SMW), a consumer-directed model.

Strategies:

- Offer consumers budget-authority care model ("Services My Way")
- Train care managers to educate consumers on how to better manage budget-authority model
- Educate current consumers and referral sources about changes in options in personal care delivery

5. **Objective:** Expand Community Living Options programs

Strategies:

- Develop written protocols to handle referrals to Domiciliary Care (Dom Care) more efficiently and share with referring agencies as Personal Care Homes close
- Continue to participate in the Adult Residential Licensing Risk Management Team, which provides Dom Care with referrals
- Recruit new Dom Care providers and serve new Dom Care consumers
- Use Dom Care for at risk youth aging out of foster care
 - Targeted Dom Care providers will receive additional training to work with at risk youth aging out of foster care from the Mental Health Association of SEPA

D. GOAL: Support senior centers to provide multiple opportunities to enhance quality of life for older adults

As the 'original' social network, senior centers play an integral part in engaging active older adults in the community. In addition to offering older adults a place to connect socially and recreationally, centers provide nutrition, exercise, and activities to address chronic physical and mental health conditions enabling individuals to maintain their health and independence as they age.

The senior population is increasing in numbers at both ends of the spectrum: at the same time the first Baby Boomers have reached retirement, there are increasing numbers of those in the 80-plus age group. Senior centers face the challenge of serving multiple generations of older adults, each with very different needs.

1. **Objective:** Work with centers to help them develop and maintain quality programming

Strategies:

- Reevaluate programs to ensure quality of programming
- Identify volunteers to assist with programming
- Provide training to support senior center network's management of volunteers
- Consider co-location of programming and other complementary services

2. **Objective:** Assist senior centers in the face of limited funding

Strategies:

- Support senior centers in their marketing campaign "Philly's Senior Centers: The Original Social Network"
- Continue to make Media Center available for senior centers to create posters, flyers and other customized materials to support center's marketing and outreach efforts and advertise special events

- Continue to work with centers to assist them to use Facebook to reach a younger senior cohort
 - Explore collaborative fundraising efforts
3. **Objective:** Promote health and well-being for a healthy lifestyle, including disease management, fitness, and nutrition, in community- based settings

Strategies:

- Expand the use of Evidence Based Programs (EBP) for health promotion and disease prevention
- Research and identify other EBP to bring into PCA's health promotion activities
- Develop linkages and collaborations with providers to offer health promotion programming to senior centers at no cost
- Seek funding from private foundations for disease specific health promotion programs and health education (Susan G. Komen For the Cure, National Eye Institute, etc.)

4. **Objective:** Increase information about and access to better nutrition for older adults

Strategies:

- Provide nutritional congregate meals at senior centers.
- Promote evidence-informed nutrition programs, such as "Eat Better, Move More"
- Improve access to nutritious food by distributing the USDA and Pennsylvania Department Agriculture produce vouchers in the community
- Increase use of center and community gardens to increase availability of fresh produce to center members
- Develop strategies to increase congregate meal participation

5. **Objective:** Create intergenerational opportunities for older and younger adults

Strategies:

- Structure opportunities for students of all ages to volunteer with seniors in centers
- Link college students with specific skill sets to assist with senior center programs

6. **Objective:** Expand opportunities for the Senior Companion Program

Strategies:

- Recruit more Companions who speak languages other than English
- Recruit more male Senior Companions to the program

7. **Objective:** Integrate senior center activities with neighborhood age-friendly efforts

Strategies:

- Train senior center staff and members about age-friendly activities and the impact of environment on health and quality of life
- Develop pilots at a few senior centers to address findings of community assessments
 - Engage center members as leaders in this activity
 - Involve seniors to identify opportunities and barriers to developing an age-friendly neighborhood
 - Connect centers with other community stakeholders
- Encourage senior centers to take advantage of neighborhood resources such as parks and community gardens
- Conduct research to identify ways in which senior centers build social capital for their community

E. GOAL: Promote a physical environment, especially housing, public space, and neighborhood infrastructure that supports older adults and persons with disabilities so they can age in the community

Local and national research reports that older persons want to remain in their community as they age. This could mean staying in the same house or, more generally, within the same neighborhood. The aging neighborhood infrastructure (sidewalks, public spaces lacking amenities) and aging housing supply in Philadelphia can greatly limit mobility and accessibility, creating a barrier to aging in community.

Philadelphia's neighborhood infrastructure is aging too: surrounding sidewalks in some neighborhoods are broken and some public spaces lack amenities. Infrastructure, which has deteriorated has limited older adults' mobility and accessibility to and around neighborhoods, thus creating a barrier to aging in community. Organizations that have not traditionally collaborated around senior issues should be encouraged to address these types of challenges. Such organizations could include mental health care providers, senior centers, community development corporations, urban planners and senior service providers. The result will be to enable seniors and persons with disabilities to "age in community," which benefits the individual, the family and the neighborhood as a whole.

1. **Objective:** Advocate for more affordable, visitable, and accessible housing.

Strategies:

- Participate in accessible and affordable housing committees of organizations such as the Pennsylvania Housing Alliance, the Philadelphia Association of Community Development Corporations, the Philadelphia Visitability Committee, the Mayor's Commission on People with Disabilities, the Mayor's Commission on Aging
- Promote the interests of older adults in City policies and in planning (such as the zoning code)
- Advocate for increased funding for home repairs and modifications

- Advocate for senior-specific emergency housing
 - Support efforts to increase number of housing councilors in senior centers
 - Support efforts to increase the number of senior housing sites in the city
 - Partner with academic institutions to research best practices in senior housing and design
 - Work with the City's Office of Housing and Community Development, housing counselor agencies and legal services organizations to publicize efforts to combat unaffordable mortgages
2. **Objective:** Advocate for, develop and participate in collaborative efforts to improve public space and neighborhood infrastructure

Strategies:

- Meet with City staff to ensure aging issues are incorporated into relevant department's planning processes
- Continue research on impact of the social environment (e.g., crime) and physical environment (e.g. number of abandoned properties; murals) on health
 - Complete further analyses on current NIH grant
 - Introduce new research tools to study the impact of density, distance, and other geographic measures on health outcomes for older adults
- Publicize PCA research findings to highlight the impact of the physical environment on the health and well-being of older adults
- Develop research on the relation of environmental interventions (e.g., ensuring safe, navigable routes to senior centers) to enhance delivery of formal aging services (e.g., use of senior centers)
 - Propose a new study that links environmental factors to success of formal service programs
 - Acquire data on clinical outcomes and tie it into existing information on physical and social environment for secondary data analyses.
- Partner with academic institutions to research best practices that support community design beneficial to seniors
- Develop educational materials with environmental partners for the aging network on the importance of public space and neighborhood infrastructure
- Continue to develop the Signature Age-friendly Parks Project with the Fairmount Park Conservancy and Philadelphia Parks & Recreation
- Develop collaborations to create, study and maintain community gardens, bus shelters, snow removal corps, and to promote walkable neighborhoods
- Promote public transportation options for Philadelphia seniors, advocate for improvements in infrastructure (e.g., bus shelters and benches)
- Promote age-friendly practices on a neighborhood level, with civic organizations, CDCs, and business improvement districts

F. GOAL: Ensure that the best possible service is provided to all of PCA's customers.

PCA's customers include older adults, caregivers, providers, referral sources and community organizations. To provide the best possible service to constituents, PCA will examine organizational processes, procedures and behaviors. By maximizing service strengths, PCA will provide the best possible experience for all PCA customers.

1. **Objective:** Maximize PCA's service strengths and address any barriers to service excellence

Strategies:

- Gather information and suggestions about service excellence from PCA staff through surveys and focus groups
- Solicit feedback from external constituencies about their interactions with PCA and use that information as well to inform the service excellence process
- Involve PCA staff in a problem-solving process and institute activities as necessary at the department and agency level to maximize service excellence

2. **Objective:** Maintain best practices and quality of care in Long Term Care services and continuously improve service delivery.

Strategies:

- Develop and coordinate a LTC-wide continuous quality improvement (CQI) function plan
- Evaluate Nursing Home Transition Program practice to ensure efficiencies

VII. OUTCOMES AND PERFORMANCE MEASURES

A. GOAL: Provide citywide leadership and support on aging issues

OBJECTIVE	OUTCOMES AND PERFORMANCE MEASURES
1. Support local planning efforts on aging on a city-wide and neighborhood level	<ul style="list-style-type: none"> • Creation of a section on PCA's website with at least five (5) reports and maps for use by the City and neighborhoods
2. Share policy, planning and research findings to raise awareness of PCA's work among a broader audience	<ul style="list-style-type: none"> • Presentation of policy, planning and research findings at two (2) national and one (1) local conference(s)
3. Create opportunities for cross-disciplinary understanding between the aging network and other types of organizations	<ul style="list-style-type: none"> • Offered two (2) GenPhilly educational events
4. Create opportunities for professional education and development in the aging network	<ul style="list-style-type: none"> • Held one (1) regional conference on aging annually

B. GOAL: Ensure that aging and community organizations, and consumers and their families, receive accurate and timely information and access to services and programs

OBJECTIVE	OUTCOMES AND PERFORMANCE MEASURES
1. Provide increased information to consumers and caregivers and others in the community with emphasis on those with the greatest social and economic need	<ul style="list-style-type: none"> • Increased outreach events and visits to pcaCares.org website by 5% • Convened two (2) interfaith/aging half-day conferences a year
2. Increase response to diverse consumer populations	<ul style="list-style-type: none"> • Increased number of community outreach events for diverse communities by 2% annually
3. Promote use of technology and access to the Internet for older adults	<ul style="list-style-type: none"> • Designed and implemented technology educational campaign

C. GOAL: Ensure comprehensive and coordinated services are available to older adults in need of long-term care services in the community

OBJECTIVE	OUTCOMES AND PERFORMANCE MEASURES
1. Continue to ensure individuals at risk for institutional placement are given priority	<ul style="list-style-type: none"> • Diverted 100% of Community Choice Triage I consumers from nursing facility to home and community-based care
2. Prepare for emergence of alternate models of LTC service delivery	<ul style="list-style-type: none"> • Served 4000 patients/consumers in the Community Care Transitions Program during the initial period of participation • Served approximately 100 members/consumers in coordinated care management initiative • Served 100 current Options Wait List consumers
3. Address the increase in substance abuse and behavioral issues among older adults with a care management role	<ul style="list-style-type: none"> • Trained 200 staff to recognize substance abuse and behavioral health symptoms • Trained 200 staff on dementia and related issues • Cross-trained 15 staff with the Philadelphia Department of Behavioral Health and intellectual Disabilities • 20 staff have earned PCA's Mental Health & Aging Certificate
4. Offer consumer choice through Personal Assistance Service (PAS) and, eventually, "Services My Way" (SMW), a consumer-directed model	<ul style="list-style-type: none"> • 30-35% of Aging Waiver caseload will use Personal Assistance Service/"Services My Way"
5. Expand Community Living Options programs	<ul style="list-style-type: none"> • Recruited 35 new Dom Care providers and 48 new Dom Care consumers annually • By 2016, served 15 youth aging out of foster care in Dom Care

D. GOAL: Support senior centers to provide multiple opportunities to enhance quality of life for older adults

OBJECTIVE	OUTCOMES AND PERFORMANCE MEASURES
1. Work with centers to help them develop and maintain quality programming	<ul style="list-style-type: none"> Maintained number of activities and number of participants in senior center programming from 2012 to 2013
2. Assist senior centers in the face of limited funding	<ul style="list-style-type: none"> Convened PCA/senior center workgroup to explore collaborative fundraising
3. Promote health and well-being for a healthy lifestyle, including disease management, fitness, and nutrition, in community based settings	<ul style="list-style-type: none"> Increased attendance of older consumers in Evidence-Based Programs (EBP) at senior centers Introduced 1-3 EBP or evidence-informed health programs at senior centers
4. Increase information about and access to better nutrition for older adults	<ul style="list-style-type: none"> Provided continued education about nutrition, and benefits of congregate meal participation Delivered “Eat Better, Move More” nutrition education program in 2-4 senior centers each year
5. Create intergenerational opportunities for older and younger adults	<ul style="list-style-type: none"> Structured opportunities were provided for older and younger adults to work together
6. Expand opportunities for the Senior Companion Program	<ul style="list-style-type: none"> Increase by at least 50% number of Senior Companions who: <ul style="list-style-type: none"> a) are Male b) speak Spanish, Mandarin, Cantonese, Khmer and Russian
7. Integrate senior center activities with neighborhood age-friendly efforts	<ul style="list-style-type: none"> At least one senior center in each of five sub-areas will have engaged in activities with neighborhood Age-friendly efforts

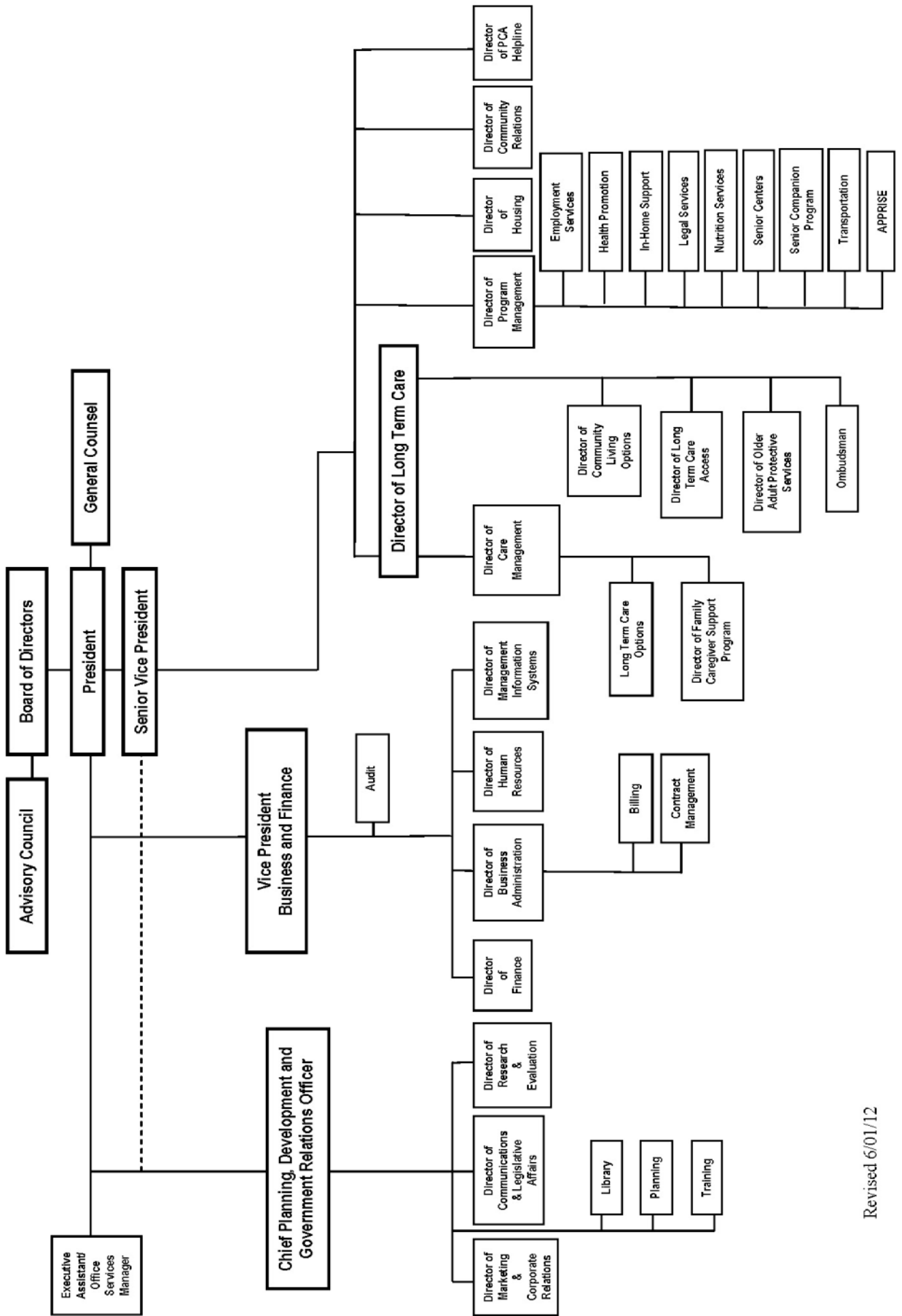
E. GOAL: Promote a physical environment, especially housing, public space, and neighborhood infrastructure that supports older adults so they can age in the community

OBJECTIVE	OUTCOMES AND PERFORMANCE MEASURES
1. Advocate for more affordable, visitable, and accessible housing	<ul style="list-style-type: none"> • Participated in advocacy efforts to promote affordable, accessible, visitable housing • Continued collaborative efforts with local government and other agencies to build an Age-friendly city • Completed analysis of PHMC data on use of public space by seniors
2. Advocate for, develop and participate in collaborative efforts to improve public space and neighborhood infrastructure	<ul style="list-style-type: none"> • Published research on environmental effects on the health of older adults • Published at least one new report on Age-friendly related activities annually. • Convened four (4) network meetings and two (2) GenPhilly events annually

F. GOAL: Ensure that the best possible service is provided to all of PCA’s customers.

OBJECTIVE	OUTCOMES AND PERFORMANCE MEASURES
1. Maximize PCA’s service strengths and address any barriers to service excellence	<ul style="list-style-type: none"> • Developed and implemented a service excellence plan
2. Maintain best practices and quality of care in Long Term Care services and continuously improve service delivery	<ul style="list-style-type: none"> • Established CQI activities in each Long Term Care department

Philadelphia Corporation for Aging Organization Chart



Revised 6/01/12