PCA

PHILADELPHIA CORPORATION FOR AGING

Enriching lives, preserving dignity.™

DRAFT Area Plan 2016-2020

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Philadelphia Corporation for Aging
DRAFT Area Plan 2016-2020

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 facilitate "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 4 years. The Plan is expected to outline how the agency will achieve these goals; develop greater capacities; and provide comprehensive and coordinated services while using available resources more efficiently. For the years 2016-2020, PCA adopted the following goals, which are consistent with PDA's priorities:

- Promote PCA Services
- Improve Access to Services
- Enhance Quality of Services
- Empower the Workforce

PCA consulted with stakeholders, aging professionals and elders, and drew upon demographic analyses and relevant research as a part of the planning process. Through these communications, the following priorities emerged:

- Continued Support for Aging in Community
- Preparation for the Changing Environment of Managed Long Term Supports and Services (MLTSS)
- Enhancement of Community, Employee and Provider Connection to PCA's Mission

Continued Support for Aging in Community: Older Philadelphians continue to face challenges with the integrity of their homes; access to reliable transportation; and safety and belonging in their neighborhoods. PCA will focus on building relationships and advocating around housing and transportation issues; increasing resources for the *Safe Homes for Seniors* initiative; and helping to position senior centers as the hubs of both community and aging-related resources.

Preparation of the Changing Environment of Managed Long Term Supports and Services (MLTSS): The aging network in Philadelphia will encounter a new opportunity in the transition of the Aging Waiver model to one of MLTSS. Both professionals and older adults have expressed concerns about the continuation of important services during this time of transition. PCA is committed to the provision of supports and services to Philadelphia's elders and will develop relationships and modify business practices as necessary to adapt to the new climate.

Enhancement of Community, Employee, and Providers Connection to PCA's Mission: Through this time of transition, PCA staff and committed partners articulated the need to ensure the recruitment and

retention of staff dedicated to PCA's mission. Times of change also present an opportunity to reinforce PCA's commitment to serving Philadelphia's elders.

Additionally, the following key factors, which impact the delivery of service, were also considered in shaping this plan:

- Population Trends
- Local, Political and Economic Conditions
- Resources and Collaborations

Population Trends: In the next four years, Philadelphia will not see a significant increase in the absolute number of older adults in the city. However, the diversity of this population will continue to grow, which will necessitate services that are tailored to the specific needs of specific groups. The number of older Philadelphians suffering from poverty, hunger and chronic illness will also continue to grow and increase the demand for PCA services. Additional challenges that PCA will face in the coming years are related to: isolation; health disparities affecting specific ethic groups; an uptick in HIV infections among elders; the unmet needs of caregivers; a deteriorating housing stock city-wide; and an increase in mental health and cognitive impairments among older adults.

Local, Political and Economic Conditions: PCA will use the 2010 Patient Protection and Affordable Care Act's (ACA) focus on prevention and wellness to its advantage and will align with the many opportunities that come from it. In 2018, the agency will adapt to the MLTSS model, and until that time, will prepare as best as it can to address any challenges that may occur with the transformation.

Resources and Collaborations: PCA believes that in order to better support the city's elders, the agency must work across sectors and with organizations from both inside and outside the aging network. Building on the success of its award-winning agenda *Laying the Foundation for an Age-friendly Philadelphia*, the agency will work on new initiatives with health care organizations; public health agencies; housing, community and economic development groups; and mental health entities to address the changing needs and challenges faced by city's older adult population.

In response to the PDA established goals and the priorities listed above, nineteen objectives were identified, along with strategies for action.

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 services to serve older adults and persons with disabilities, and to use available resources more efficiently. The Plan will be effective October 1, 2016 through September 30, 2020.

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

II. AGENCY OVERVIEW

PCA 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 its mission through 5 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 750 people and contracts with 188 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; Congregate Meal Sites; and Transportation.

The PCA Helpline is the primary gateway to aging services in Philadelphia. From 2012 to 2016, the Helpline experienced an increase of 28% in daily contacts. In 2012, the average number of daily contacts was 405; in 2015 it was 471; and the first quarter of 2016 it was 517. A small portion of this change (roughly 4 contacts per day) can be attributed to the addition of the *Report of Need to Adult Protective Services* now being funneled through the PCA Help Line; however, most of the increase represents new need for PCA services. Consistently, the primary requests over this 4-year time period are for information on subsidized housing and home repair. In addition to information and referral, PCA also enrolls older adults into its myriad programs each day. On average, in 2012, staff performed 87 daily intakes into PCA programs and in the first quarter of 2016 that number has reached 121. As the demand is growing, so is the waiting list in several programs. At of the time of this writing, the waitlist for the Senior Housing Assistance Repair Program (SHARP) is 387 and the waitlist for Options, lottery

funded homecare, is 1,623. In the coming years, PCA will continue to create strategies and will continue to advocate with the Senior Support Coalition for increased funding to address these needs and minimize consumer waits.

III. SOCIODEMOGRAPHIC OVERVIEW

This section describes the current population of older adults (age 60 and older) in the city and provides some projections for the next 4 years.

A. Population

General Population Trends: In the next four years, Philadelphia will not see a significant increase in the absolute number of older adults in the city. There may, however, be a slight (4%) increase in their proportion of the city's total population while the proportion of older adults who are age 85+ may decline from 10% to 9%. It is impossible to be sure, but the decline may be associated with the growing proportion of minority elders who often die at younger ages than white non-Hispanic elders. The diversity in the older adult population will continue to grow during this timeframe and will affect the service needs of older adults. Some of this diversity can be measured (such as changes in the minority proportion) and others will be challenging to assess (such as the proportion identifying as LGBT). These changes will increase the demand for services tailored to specific needs. The following table details the characteristics of elders in Philadelphia.

	Percent of older adults in City	Difficulty with English	Income below FPL (1)	ADL/IADL Difficulty	Live Alone	2+ Generation Household	Less than HS Education	Linguistically Isolated Households	Not a Citizen
White non-Hispanic	47%	8%	14%	21%	37%	22%	17%	6%	2%
Black non-Hispanic	40%	1%	24%	23%	43%	32%	24%	1%	2%
Hispanic	7%	64%	38%	31%	28%	41%	57%	36%	7%
Asian	1%	81%	32%	19%	16%	51%	53%	49%	28%
Other/Mixed	1%	9%	21%	31%	52%	24%	23%	8%	6%

(1) Federal Poverty Level

Minority and Foreign-Born: Out of the whole population of seniors in the city, 44% is white and non-Hispanic; 43% are minority and born in the United States; and 13% are foreign born. Of that 13%, 6% are white non-Hispanic and 7% are minority. Over the past decade there has been a decline in the number and proportion of white United States-born elders in the city and an increase in the numbers and proportion of minority and foreign-born elders. Three of the four fastest growing places of origin (India, the West Indies and Africa) represent newer immigrant communities in Philadelphia. The following tables provide information on these populations:

(1) Data from 2000 Census and the Five-Year 2014 file of the American Community Survey

There is also a small number of persons from the Middle East, especially Iraq and Syria, arriving in Philadelphia. Although the national origins of migrants to Philadelphia can be identified, there is no reliable data regarding the basis on which these persons were admitted to the county. Each status (immigrant, refugee, etc.) under which a person can be admitted to the United States comes with its own set of programs and services to which the person is entitled. In the future, it will become increasingly important for persons serving older adults to understand this and be able to access appropriate information regarding these statuses in order to best serve the older adult. One group that is not technically either immigrant or refugee but that faces special difficulties is Puerto Rican elders. The current economic crisis in Puerto Rico continues to force elders either not to return to the island or to come back to Philadelphia after travel to the island.

Gender, Gender Identity, and Sexual Orientation: Between 2005 and 2014 the proportion of women in the older adult population declined slightly from 61% to 59%. No major changes in that ratio are expected over the next 4 years. The question of gender identity is one that needs greater attention in all forms of data collection. As more persons identify as transgender or other gender identities, the questions that are asked in current surveys (such as sexual orientation) are not enough to estimate the size and the needs of this population. A 2013 survey of older LGBT individuals in the city (prior to the legalization of same sex marriage) concluded that issues of living alone, low income, lack of health insurance, and poor housing all contribute to the health problems faced by older LGBT individuals and their ability to access appropriate health care. The challenges faced by many LGBT elders are similar to those faced by other older adults; however, the experience of being targets for discrimination over their lifetimes greatly exacerbates these problems.

B. Social Characteristics

Education: Perhaps the most positive trend over the past 10 years has been the average increase in the years of education of older Philadelphians. Between 2005 and 2014 the proportion of older persons who did not complete high school dropped from 33% to 20%, and the proportion with some college

increased from 9% to 14%. The proportion that completed 4 or more years of higher education went from 12% to 18%. This trend is expected to continue.

Migration: Of the 16,287 older adults who moved into Philadelphia during the past 5 years, 77% came from other parts of Pennsylvania, New Jersey and Delaware. 71% of these individuals are considered young-old (age 65-74). This may reflect the desire of some young-old adults to live in an urban area where they would no longer need an automobile. Others may migrate to be closer to family members.

Income and Poverty: The proportion of older adults in Deep Poverty (defined as incomes below 50% of the Federal Poverty Level (FPL)) doubled from 2005-2014 from 4% to 8% of the older adult population. In the same time period, the proportion of older adults with incomes less than 100% of the FPL held steady (19% in 2005, 20% in 2014), although the proportion with incomes less than 200% of the poverty level declined a bit (47% in 2005 and 43% in 2014). Sadly, more than 40% of the city's older adult population still lives in poverty; this is not expected to change in the next 4 years.

Living Arrangements: The proportion of older adults living alone has remained steady over the past 10 years. Today, approximately 38% of the city's elders live alone. The percentage of 2 and 3- generation households has also been consistent (21% in 2005 and 19% in 2014 for 2 generation households, 9% and 7% for 3 generation households). PCA is uncertain if there will be any significant increase or decrease in the near future; it will depend in large part on the ways in which new immigrant groups construct their households.

C. Health Status

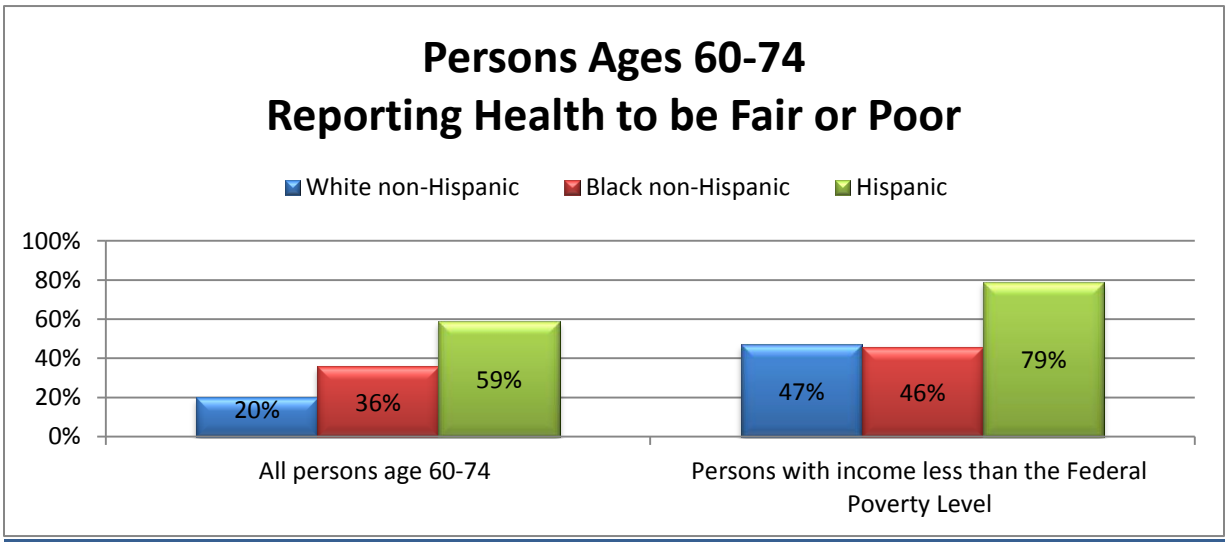
Physical and Functional Health: The proportion of older adults needing assistance with at least one activity of daily living (ADL) or instrumental activity of daily living (IADL) has not changed much over the 10 year period from 2005 to 2014 (ADL from 13% to 11%; IADL from 19% to 20%). PCA does not project that these statistics will change greatly in the near future. In 2014, 29% of the city's older adult population reported fair or poor health and 24% had two or more chronic illnesses.

An ongoing challenge facing older adults is the higher risk for health problems among minority elders, low-income elders, and especially among those elders who are both minority and low income. The differences in 1)the onset of morbidity and 2)the perception of one's own health among low-income older adults and those in different ethnic groups is striking. Minority elders who are low-income show an earlier onset of morbidity. In individuals with incomes less than 200% of the federal poverty rate, white non-Hispanic individuals begin reporting at least one disability at age 64, while black non-Hispanic individuals begin at 55, Hispanic non-Puerto Rican begin at 49, and Puerto Rican low-income individuals begin reporting at least one disability at age 46. For low-income persons age 60-74 (young old), the percentage of persons reporting two or more disabilities is as follows:

- Asian: 18%
- White non-Hispanic: 25%
- Black non-Hispanic: 27%
- Puerto Rican: 40%
- Hispanic non-Puerto Rican: 41%

This younger onset of morbidity is often overlooked due to the use of 65 and 75 as the standard markers of aging.

Additionally, the below chart illustrates that the percentage of white non-Hispanic elders who report fair or poor health more than doubles when analyses is restricted to those who are poor. Only two out of 10 white non-Hispanic elders report their health to be fair or poor, however, almost eight out of 10 low-income Hispanic elders report the same.



The increase in the number of older persons who carry HIV is a growing concern, but it is difficult to estimate the actual number of older adults in this situation because many choose not to be tested, or assume they are tested for HIV each time their blood is drawn. Therefore, it is believed that there is a greater number of older adults with an HIV infection than those who report carrying the infection. 2013 statistics from the Office of HIV Planning show that in Philadelphia 52% of people living with AIDS and 32% of people living with HIV are over the age of 50.

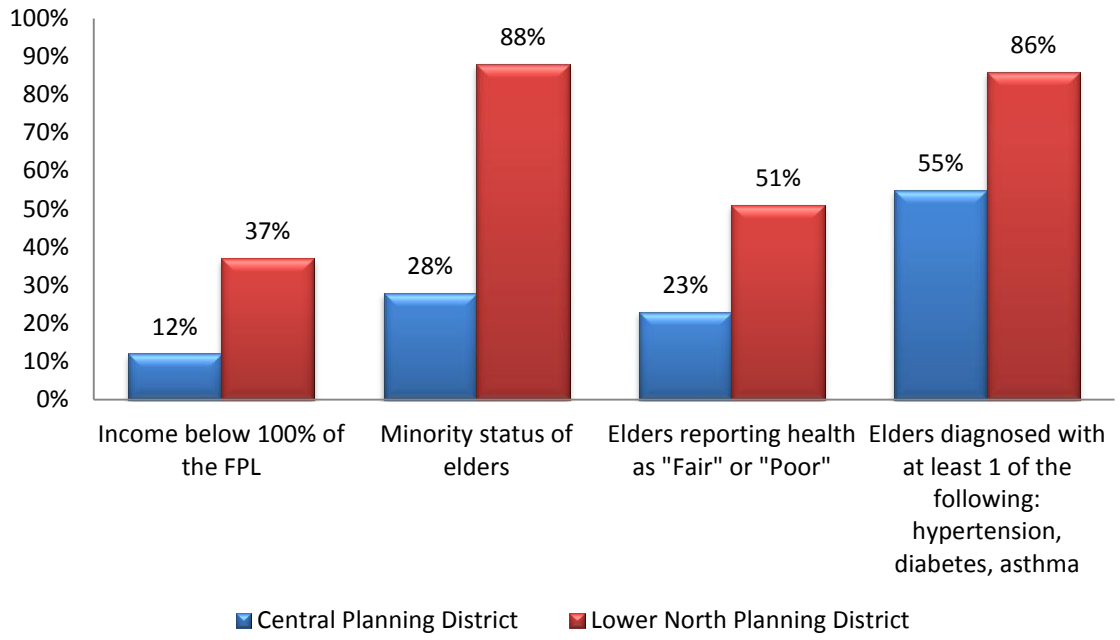
Mental Health and Cognition: Today, almost two-thirds (64%) of older Philadelphians reported at least one depressive symptom in the week prior to being interviewed in a health survey in 2014; there has not been much change since 2004, when it was 61%. Differences in the number of depressive symptoms by ethnicity continue to be present. While older white non-Hispanic elders reported on average 1 depressive symptom in the week before the interview, Hispanic elders reported three depressive symptoms on average. Poor older adults also report more depressive symptoms than higher income elders. PCA does not expect that percentage to have any significant change over the next four years. Identifying reliable statistics regarding mental and behavioral health across the city has proven to be a challenge.

Another health problem, for which there is a lack of reliable statistics and which is often overlooked, is the number of persons with dementia in the city. Symptoms such as memory loss and confusion are associated with multiple illnesses and conditions; therefore, being certain about diagnosis is difficult. In 2014, a report from the Secretary of Aging for Pennsylvania estimated that there were 280,000 residents of the Commonwealth living with Alzheimer's disease. Recent research has demonstrated an association between low income, minority status, loneliness and isolation and an increased risk for developing some form of dementia. Many Philadelphia elders are at risk for developing dementia at some point in their old age.

Caregiving: Caregiving by and for older adults has become a regular part of the American life cycle. While most research has focused on caregiving for older adults, the role of older adults as caregivers and the challenges that can occur need to be addressed. For example, in Philadelphia there are approximately 53,000 older persons who are caregiving for a grandchild or great-grandchild and have primary responsibility for that child. Of those 53,000 caregivers, 28% have incomes less than the Federal Poverty Level, 14% have an IADL type disability and 8% have an ADL type disability. It is estimated that approximately 93,000 older adults in the city have, in the month prior to being interviewed, provided regular care or assistance to a family member or friend who has a long-term illness or disability, about a third of all older adults in the city.

D. Environment

Neighborhood: The environment in which elders live has a profound impact on their lives. One's community is important in regard to accessing needed services and levels of isolation. For example, in two adjacent Philadelphia City Planning Districts (Central and Lower North) the relative percentages of persons with incomes below 100% of the FPL are 12% and 37%, respectively, while the overall city rate is 21%. Additional differences can be seen in number of minority individuals living in each district and the health status and chronic conditions of elders in these districts.



The impact of segregation based on minority status and poverty represents a continuing challenge to the quality of life and health for many older Philadelphians. For more information about Philadelphia City Planning Districts, PCA developed a series of Neighborhood Profile Reports, they can be found on PCA's website at: http://www.pcacares.org/professionals/research-information/neighborhood-profiles/.

Social Capital/Isolation: "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. Trust in neighbors is

associated with better health and a desire to remain in their homes and neighborhoods. Lack of trust is linked to isolation and decline in health. Older adults are not only affected by the level of social capital they experience, they also help shape it by participating in neighborhood organizations and street committees. Social capital is also tied to access to information, whether from local organizations such as senior centers or on-line. 37% of Philadelphia's elders are living alone and at great risk of social isolation. Isolation increases risk of functional decline in cognitive impairments, depression, comorbidities, nutrition, and physical activity and social isolation disproportionally impacts LGBT elders and elders who are not fluent in English. Those who are non-English speaking are at a greater risk for social isolation; 40% of Pennsylvania's linguistically isolated households are in Philadelphia. The proportion of households that are linguistically isolated in Philadelphia has risen from 7% to 9% and as the number of foreign born elders increases so will that proportion.

Between 2004 and 2014, the proportion of older Philadelphians who disagree with the statement "People in my neighborhood can be trusted" has increased from 18% to 25%. PCA is uncertain as to the reason for this change, but it is considered when planning for the future roles for senior centers and other neighborhood based organizations. In 2014, however, half of the city's older adult population reported that neighbors are always or often willing to help each other and 58% report that neighbors have worked together on a project. In addition, 83% of the city's elders either agree or strongly agree with the statement that "I feel I belong in my neighborhood."

Lack of internet access can lead to continued isolation from non-local family and friends, as well as important neighborhood and health information. Approximately 58% of city households that include an elder have internet access, but of poor elders (less than 100% of the FPL) only 33% of households have Internet access.

Housing, Home Ownership, and Homeless: The proportion of homeowners among older adults has declined slightly, from 74% to 72% over 10 years. This trend, which has been seen in the younger populations as well, is expected to continue. Whether a home owner or a renter, 39% of older Philadelphians report that housing costs are difficult or very difficult to meet. Of those, 42% report a need for home repair (heating/cooling, plumbing or roof repair). The need for home repair is significantly associated with a number of health challenges, including self-rated health, ADL/IADL status, whether the elder has a chronic illness, use of Emergency Department, and need for other services such as transportation and meal services. The general poor condition of much of the city's housing means that these needs will continue to make demands on the formal service system for the foreseeable future. It is difficult to estimate the number of older adults who are homeless; however, PCA acknowledges the need to direct attention to this significant issue.

Food Access/Insecurity: In 2014, 11% of the city's elders reported cutting a meal because of lack of money; among the very poor (less than 100% of the FPL), the percentage jumps to 23%. Similar patterns can be found in food access for older persons. While 15% of all older Philadelphians report that the quality of the groceries in their neighborhoods are fair or poor, for older adults with incomes less than 100% FPL it is 23%. Almost a quarter (23%) of older Philadelphians had eaten in a fast food restaurant in the week prior to being interviewed, while the same was true for 27% of poor older Philadelphians.

Transportation/Driving: The proportion of Philadelphia households that include elders but do not have an automobile has declined from 35% in 2005 to 30% in 2014. That decline is expected to continue. Of

the city's elders, 19% report using transportation services and 11% report needing a transportation service. As older adults with significant mobility impairment often need transportation, the urban planning trend to promote areas of the city that do not permit cars and promote walking and biking needs to be evaluated in regard to its impact on older adults and any possible increase in their isolation. Free transportation systems for older adults, such as the one Philadelphia boasts, that are accessible and reliable will continue to serve an important function.

Public Space: When asked, 36% of older Philadelphians report that there is no nearby park or open space they feel comfortable visiting. Public spaces are often a place to meet and socialize; more than a third of Philadelphia elders do not feel they have this opportunity, which can lead to further isolation.

E. Conclusions

Many of the trends identified throughout this section are expected to remain constant over the next 4 years. In particular, trends dependent on population change, such as the influx of a new immigrant group and trends more dependent on environmental change, such as more safe and affordable housing for older adults, are the most likely to continue over the period of this plan. Most critically, there is a continued need to address the impact that poverty has both on individuals and communities and how that affects Philadelphia elders.

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

1. 2014 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 2014 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. LOCAL, POLITICAL AND ECONOMIC CONDITIONS

Population Health and The Affordable Care Act: The 2010 Patient Protection and Affordable Care Act (ACA) aims to place prevention and wellness at the forefront of our nation's priorities. Examples of ACA features that affect older adults include: the free wellness visit; hospital accountability through community benefit requirements; accountable care organizations; the Public Health and Prevention Fund; and the National Prevention Council. PCA aims to take advantage of each of these resources. For example, in 2014, PCA began to use the ACA's National Prevention Strategy (NPS) to guide the agency's wellness and prevention work. It was created by the National Prevention Council, which is chaired by the United States Surgeon General and composed of 22 departments, agencies, and offices across the federal government. The NPS's overarching goal is to increase the number of Americans who are healthy at every stage of life through a multidisciplinary approach. Most of the NPS's recommendations

dovetail with efforts to improve the wellbeing of older adults, and many are being carried out by AAAs and the organizations that they fund, such as senior centers.

MLTSS: In 2015, the State of Pennsylvania announced that it would be transitioning from the Aging Waiver model to one of Managed Care Long Term Services and Supports (MLTSS). This new policy will be implemented in the Philadelphia region in January 2018. With the help of the Pennsylvania Association of Area Agencies on Aging (P4A), PCA and other AAAs were able to advocate to ensure that older adults in Pennsylvania will be able to continue to receive the benefit of the skill and experience AAAs have providing assessments and service coordination. PCA intends to contract with the Managed Care Organizations (MCOs), who will be serving the region, to provide service coordination. Assessments will continue to be done by PCA as part of a contract with Aging Well, LLC. PCA will continue to provide its other quality products and services, such as home-delivered meals, home modifications.

V. NEEDS ASSESSMENT PROCESS AND FINDINGS

As part of the process to develop the Area Plan, the agency convened a series of interviews and conducted focus groups on a variety of topics to solicit input from stakeholders. Multiple focus groups targeting the needs of elders in their neighborhoods and homes were conducted at local senior centers. In addition to soliciting feedback from professionals outside of PCA, targeted interviews were conducted with PCA department directors and staff to define current challenges and future trends in the direction of service delivery. In all, 50 older adults from 3 Senior Centers and 60 professionals helped to identify several topics for future attention. Those interviewed represented a depth and breadth of experience and expertise in the aging network and related fields. In addition, PCA utilized the Public Health Management Corporation's (PHMC) Community Health Household Health Survey to capture the unique profile and needs of Philadelphia's older citizens. The Philadelphia Mayor's Commission on Aging and AARP also shared the results of a survey capturing the needs of older Philadelphians.

The process highlighted three general themes for further attention: Continued Support for Aging in Community; Preparation for the Changing Environment of Managed Long Term Supports and Services (MLTSS); and Enhancement of the Community, Employee and Provider Connection to PCA's mission.

Continued Support for Aging in Community
Ensuring that older Philadelphians are able to continue to live in the home of their choice will continue to be at the core of the agency's work. In order for elders to remain at home, it is critical that the housing conditions are safe and accessible; transportation is reliable and easy to use; and there are available and accessible neighborhood-based resources. Over the next few years, PCA will advocate around addressing the housing crisis facing older Philadelphians; help position senior centers to be a community hub; and assess transportation challenges.

Preparation for the Changing Environment of Managed Long Term Supports and Services (MLTSS)
The environment of aging services is changing throughout the country. New policies regarding MLTSS will be implemented in Philadelphia's region in January of 2018. In preparation for this change and in response to the State of Pennsylvania's Community Health Choices, PCA is assessing and enhancing

many business practices. These changes include the development of new or modified programs and services to be marketed to varied audiences. PCA anticipates contracting with MCOs, Aging Well, LLC (a non-profit organization run by the Pennsylvania Association of Area Agencies on Aging), as well as directly serving consumers.

Enhance Community, Employee and Provider Connection to PCA's Mission
PCA continues to remain committed to its mission: *"To improve the quality of life for older Philadelphians or people with disabilities and to assist them in achieving their maximum level of health, independence and productivity."* As the agency continues to grow and adapt to meeting the needs of the evolving aging network and population of Philadelphia elders, focus must remain on the mission. PCA will continue to promote programs and services to the community, and recruit and train mission-driven employees to ensure the highest quality of services.

VI. RESOURCE DEVELOPMENT AND COLLABORATIONS

PCA believes that in order to better support the city's elders, a cross-disciplinary approach must include: *government policies* that provide a high quality of life for persons of all ages; a *built environment* that facilitates healthy lifestyles, safety, and social connectedness; an *aging network* that considers the needs of community elders and focuses on the well-being of older adults; *health care organizations* that identify and prioritize aging in their practice; *universities* that partner with the community to create cutting-edge research; and *emerging leaders* from all fields who incorporate older adults into their work.

Moving forward, PCA aims to build on the success of its award-winning agenda *Laying the Foundation for an Age-friendly Philadelphia*, which has enabled organizations that have not traditionally worked together to find common purpose around aging issues. In certain cases, PCA has taken the lead in identifying new policies that would move the agenda forward; in others, it has helped organizations incorporate older adults into their policies, plans, and programs. Through this effort, PCA served as a catalyst for the City of Philadelphia and AARPs new Age-friendly Philadelphia agenda. New initiatives will be created to develop and continue relationships with:

Health Care Organizations: As a part of the implementation of the ACA, non-profit hospitals are mandated to conduct Community Health Needs Assessments (CHNA) and implementation plans. Through this process, AAAs have a unique opportunity to advocate for the needs of elders to hospital systems. In addition, hospital systems need to be pursued as a funding source for many crossover supports and health promotion activities. Hospital social service teams, primary care physicians and relevant universities need to be fully informed of the services available through PCA and the broader aging network.

Public Health: AAAs and public health organizations share many related goals, but have not traditionally worked closely together. In the context of today's growing aging population and shrinking public resources, it is more important than ever to identify ways to leverage and align efforts across these two types of organizations. The National Prevention Strategy (NPS), referenced above, presents an excellent vehicle with which to do this. In 2014, PCA studied the ways in which the agency's work aligns with the NPS and authored Aging and the National Prevention Strategy (http://pcacares.org/wp-

content/uploads/2016/01/Aging-National-Prevention-Strategy.pdf). This report was created to 1)highlight concrete ways in which the aging network's work can and has aligned with this major public health agenda and 2)showcase opportunities for public health professionals to see how their work can be expanded to address the needs and concerns of older adults. PCA plans to use the report to link the agency to broader public health agendas; assist aging network organizations to better promote prevention activities and collaborate with other health providers; design programming in select areas; and utilize as a framework in future research and grant applications.

Housing: Older adults who do not have safe and accessible housing are at significantly greater risk of falls and other health concerns, which can lead to costly hospitalizations, institutionalization, and frequent ER visits (one in three elders fell last year, totaling $300 million in Medicare bills). Addressing dangerous housing conditions through home modification and repairs, however, is often overlooked by social service and public health professionals. At the same time, paying for these needs is not affordable for the majority of older Philadelphians living in poverty and struggling to pay for basic necessities, such as medicine and food. Unfortunately, many external organizations do not know about PCA's 36-year history around this issue. PCA assists roughly 1,900 seniors each year with home repairs and home modifications. Other PCA programs that address housing are: 1)the Domiciliary Care Program, which matches certified care providers with adults 18 years and older in need of a caring supportive home, currently serves 181 elders and faces the challenge that many in the community are not aware of the program, and 2)the Nursing Home Transition Program (NHT), which helps seniors return to the community, has an active case load of 80 people. NHT reports that one of the largest barriers is the lack of both affordable and accessible housing. Currently there are 123 low-income senior housing developments in the city, yet each has a long waiting list. Additionally, criminal backgrounds, poor credit, lack of ID and Social Security cards are barriers to entering senior housing. Lastly, many homes need major repairs and are uninhabitable and inaccessible. Through a new effort called *Safe Homes for Seniors*, PCA is reaching out beyond traditional partners to economic and community development stakeholders, the private sector, and other new partners to enhance its home modification and home repair capacity. This will enable more community-dwelling seniors to maintain their independence and health.

Mental Health: As people age, they become increasingly vulnerable to dementia, depression, social isolation, and underlying psychiatric disorders. Getting the correct diagnosis and appropriate treatment is essential, but can be challenging. PCA funds senior center-based mental health services that provide both individual therapy sessions and group seminars. The agency also offers the Mental Health & Aging Certificate Program for professionals in the aging and mental health networks, that more than 500 individuals have completed. This program is jointly funded with the Philadelphia Department of Behavioral Health and Intellectual Disability Services. In addition, PCA supports several initiatives that help to combat isolation, from senior centers to the Senior Companion program. Yet the agency has found that organizations in the mental health sector are working parallel to AAAs, versus collaboratively. As individuals with behavioral health issues age, and there are increasing numbers of older adults with depression and mental health issues, the aging network needs to advocate for funding from the Mental Health systems. In the coming years PCA intends to continue to develop relationships with the Department of Behavioral Health and Intellectual Disabilities and other key stakeholders to close the gap faced by those aging with mental health concerns.

VII. GOALS, OBJECTIVES AND STRATEGIES

In line with the mission of PCA and all AAAs, each of the following goals and objectives are designed to give priority consideration to older Philadelphians with the greatest economic or social need; those at risk of institutional placement; individuals who are linguistically isolated and those older adults living at or below the poverty level.

A. Goal: Promote PCA services

Objective 1: Increase participation in PCA programs with particular attention to those with the greatest social and economic needs

Of the multiple programs run by PCA, a select few remain underutilized. While all need to be proactively promoted to the community; specific attention needs to be directed to the identified programs.

Strategies:

- Increase promotion and outreach around: congregate meal utilization, senior centers, the Senior Companion Program and the In Home Support Program.
- Increase home modification referrals for Long-Term Care consumers.
- Maintain support of PCA's core Older Americans Act services.
- Utilize the PCA Ambassador Program to increase PCA program awareness.

Objective 2: Identify new opportunities to promote PCA services

Although PCA's reputation is well-grounded in the community, there is a constant need to increase knowledge about the aging issues, the agency, and the aging network among organizations outside of the aging network and those new to the city serving older adults.

Strategies:

- Identify and utilize new outlets to promote programs and services, such as retail spaces and community health centers.
- Evaluate and assess the utilization of PCA communication vehicles such as Milestones, eNews, the News Bulletin, Update, and meal delivery trucks as promotional tools.
- Actively pursue new collaborations that leverage promotional resources with the business, government, healthcare and nonprofit communities.
- Grow PCA's visibility on the web by continuing to ensure that www.pcacares.org will show in search results for specific senior services.

Objective 3: Develop programs and services to be marketed directly to consumers, MCOs, and healthcare organizations

The upcoming changes in MLTSS have created a climate that necessitates PCA being aggressive in creating and promoting services and product lines in a business-like manner.

Strategies:

- Develop multiple fee-for-service product lines.
- Conduct a community education process with Aging Well; as approved by DHS, Office of Long Term Living; to ensure older Philadelphians, families, community leaders, PCA staff, and the aging network understand the eligibility criteria and the changes to Managed Care Long Term Supports and Services (MLTSS).

- Follow the development of the ACA to ensure that PCA is capitalizing on opportunities.

Objective 4: Develop a marketing plan
PCA must develop a marketing plan that enables the agency to best promote and market all PCA programs and services.

Strategies:
- Continue to work on brand development.
- Utilize PCA's position in the market in relation to other aging network organizations.
- Develop strategies to reach the target markets.

Objective 5: Reinforce PCA as the focal point for information on aging and access to services
As a leader in the aging network, PCA must become more accessible and approachable to consumers, service providers, government, and businesses.

Strategies:
- Continue to present and evaluate consumer-focused events to a diversity of audiences.
- Proactively plan community outreach opportunities.
- Create an internal No Wrong Door policy by ensuring that all PCA staff is fluent in all agency programs.
- Continue to develop the website.
- Utilize the Aging and Disability Resource Center and Senior Centers to increase awareness of PCA resources.

B. Goal: Improve access to service

Objective 1: Advocacy
As the leader in aging advocacy both locally and state-wide, PCA must continue to identify and support relevant agendas.

Strategies:
- Empower relevant stakeholders (such as the PCA Advisory Council, senior center members, Latino Outreach Committee, Asian Outreach Committee, African and Caribbean Outreach Committee, LGBT Elder Initiative, and Clergy members) to advocate on behalf of aging services.
- Advocate for more funds and flexibility for Long-Term Care consumers.
- Seek to increase resources for: health promotion programming, *Safe Homes for Seniors*, caregiving issues, technology for older adults, transportation access, and aging-friendly initiatives.
- Advocate for continued support and funding for Older American's Act programming.

Objective 2: Continue to identify and build relationships with underserved populations
The mental health, LGBT, homeless, HIV/AIDS, returning citizens after incarceration, and specific ethnic groups are often underserved due to a variety of reasons. PCA must continue to reinforce and support existing local efforts to identify and serve these populations.

Strategies:

- PCA will continue to convene relevant stakeholders to create a collaborative approach to addressing underserved populations.
- Collaborate with key stakeholders to identify opportunities for PCA to support mental health services.
- Continue to hire and train individuals to adapt to the needs/language/culture of unique populations.
- Continue to facilitate and support initiatives identifying underserved populations, such as the HIV and Aging Taskforce and the Caribbean and African Aging Workgroup.
- Develop new products, initiatives, funding sources aimed at specific populations.

Objective 3: Develop strategies to decrease or eliminate waitlists
With the growing population of older adults in Philadelphia and with limited government resources, much of PCA services and infrastructure are at capacity.

Strategies:
- Regularly review departmental processes and operations for maximum efficiency and reduction of waitlists.
- Increase capacity and availability of housing and home repair services.

Objective 4: Increase PCA's capacity to address the housing crisis facing older adults through the inter-agency *Safe Homes for Seniors* initiative
Housing is one of the key pillars that enable individuals to age in place. Through increasing access to home modifications, repairs, and resources to empower older adults to make their homes safer, PCA can build on its 36-year history of being a leader in this arena.

Strategies:
- Actively seek funding and new collaborations that leverage resources around home repair and modifications.
- Work with relevant stakeholders to educate older adults on making their homes safer.
- Work with local hospitals, providers and other public health and social service agencies to prevent falls city-wide.
- Work with Philadelphia's new administration to integrate older adults and *Safe Homes for Seniors* into the City's new housing plan.
- Work with partners to identify more ways to serve homeless elders.

Objective 5: Position senior centers to be the gateway to aging-related resources in the community while continuing to innovate and create the future outlook of the Senior Center Network
As neighborhood-based locations, senior centers have the unique opportunity to be the primary face of aging resources to local residents, businesses, and organizations. As the environment and needs of the aging population change and develop, the senior center network will continue to change and adapt.

Strategies:
- Empower senior centers to broaden their reach within their community by providing support, holding regular meetings and sharing local and national best practices.
- Continue to define the senior center network of the future which may include fewer centers with broader reach and enhanced programming.

- Identify innovative funding sources to increase the wellness and technology focus and programming at senior centers.
- Continue to explore and implement alternative models for senior center service delivery.
- Encourage aging network organizations to seek out grant opportunities as they become available, e.g. PDA Senior Center Community Grant
- Increase congregate meal utilization through wider outreach and use of new congregate meal marketing materials.
- Continue to advocate to PDA for increase funds to support built environment and infrastructure.

Objective 6: Assess transportation challenges faced by older adults and explore alternative modes of transit
Shared Ride services provided by SEPTA CCT are not meeting the level of quality expected by PCA for its consumers.

Strategies:
- Partner with SEPTA to identify crisis points in the shared ride system and support education for shared ride employees, consumers and the aging network.
- Explore alternative modes of transit for consumers.
- Partner with CARIE and other stakeholders to advocate for higher level quality transportation services.

Objective 7: Maintain and enhance existing PCA Development Plan
To maintain services and continue to meet the needs of a growing population in an environment of flat funding, PCA must make a concerted effort to maximize all potential funding sources.

Strategies:
- Communicate all PCA grant proposals and sponsorship requests with the Marketing & Development Department, which will create one clearinghouse for this information and one point of contact, eliminating all duplication.
- Identify priorities for future funding to be included in the existing Development Plan.
- Enhance capacity and utilization of the PCA Board for development purposes.

C. Goal: Enhance quality of services

Objective 1: Utilize PCA's role as the leader in aging services to enhance and develop community programs
AAAs are designed to be the central access point for aging services, information, and advocacy within their community.

Strategies:
- Continue to build community capacity by serving on advisory boards, task forces and committees; facilitating connections between aging organizations and other networks; lending expertise for aging planning; and more.
- Regularly provide information to the aging network and health care providers around local, state and federal policy changes.
- Serve as a leader in integrating aging in to the population health agenda (and vice versa).

- Identify all external committees and collaborations in which PCA employees participate in order to decrease duplication.
- Continue to collaborate on implementing Philadelphia aging-friendly initiatives.
- Continue to support the Greater Philadelphia Coalition for Hunger initiative's focus on older adults.

Objective 2: Enhance data collection and analysis to ensure quality and transparency
PCA must streamline and inventory its data collection processes in order to use its resources efficiently and effectively.

Strategies:
- Continue to utilize citywide demographic and GIS data to capture the needs of older Philadelphians by neighborhood.
- Review and revise the methods in which program data is collected and disseminated to determine the best ways of collaboration with the MCOs and other contracts.
- Pursue technology as a tool to strengthen the infrastructure for data collection.
- Use data collection and analysis where available to create a more complete picture of who is served with each program as compared to the community needs.
- Seek out opportunities to better utilize agency reports and their dissemination across departments.
- Create performance standards for PCA departments and partnerships.

Objective 3: Create a proactive approach to adapt practice to meet the changing environment and community needs
In the changing environment of managed care, flat funding and demographic shifts, PCA must be proactive in its approach to adapting its operations.

Strategies:
- Modify accounting and other practices as needed to a revenue-generating model.
- Build in flexibility to be able to make operational and service changes as needed in "real time."
- Integrate PCA departments to de-silo communications, practices and approach to work.
- Encourage support departments to focus on creating a positive customer experience.
- Incorporate technology to become more competitive in the market.
- Continue to explore how to best position senior centers in a changing environment.
- Align PCA services with the goals of MLTSS, Community Health Choices.
- Evaluate and modify risk management strategies and policies appropriate for the development of new contracts and relationships.

Objective 4: Bring a Customer Service Perspective and Appreciation to All Staff
In order to compete in the future, PCA must create a culture that prioritizes customer experience.

Strategies:
- Create a customer service strategy that provides consistency across all departments
- Identify the needs and expectations of PCA customers, internally and externally.
- Development a Customer Service Systems Taskforce that addresses touch points of all customer experiences to identify and remedy points of combustion.

- Implement an agency-wide Continuous Quality Improvement program.
- Identify ways in which the PCA HelpLine can ensure all calls are addressed in a timely and appropriate manner.

D. Goal: Empower the workforce

Objective 1: Facilitate and enhance opportunities for PCA employee career growth
Retaining and supporting staff who are engaged in the mission of PCA is an integral component of the agency's success.

Strategies:
- Provide leadership development through Leading Up, Leading Up Exchange Program, training programs, and enhanced performance reviews.
- Utilize GenPhilly to create opportunities for staff to engage with the broader professional community.
- Create a robust student experience to support the future leaders of PCA and the Aging Network.
- Provide customer service and quality improvement training.
- Create ways to measure outcomes of training, i.e. testing and follow-up assessments.
- Increase work from home capacity and flextime.
- Develop more ways of recognizing employees, particularly for efforts that result in outside praise.
- Create individual growth/promotion plans for staff as needed.
- Review tuition assistance/reimbursement programs and support employees' ability to conduct internships at PCA.

Objective 2: Create opportunities to enrich the community and employee connection to PCA's mission
As a mission driven agency, PCA must ensure the commitment of its internal and external communities.

Strategies:
- Utilize the Community Outreach Program Support program to 1) create mission-related buy-in among staff and 2) raise awareness of PCA's critical work in the community.
- Continue to provide conferences and training to staff and the aging network.
- Create a pipeline of future PCA mission-driven employees via internships, volunteer opportunities, and university relationships.
- Provide opportunities for staff to serve on PCA workgroups focused on improving the customer experience.

Objective 3: Develop strategies to increase support of informal and formal caregivers
PCA's mission to improve the quality of life for older Philadelphians or people with disabilities requires PCA to assist in the provision of the highest quality caregivers for those in need.

Strategies:
- Develop a PCA Caregiver Academy for informal caregivers.
- Seek opportunities to recognize home care aides.

VIII. OUTCOMES AND PERFORMANCE MEASURES

Goal: Promote PCA services

Objective	Outcomes and Performance Measures
1: Increase participation in PCA programs with particular attention to those with the greatest social and economic need	• Increase home modification referrals for Long-Term Care consumers by 5% • Conduct 2 PCA Ambassador Program trainings per year
2: Identify new opportunities to promote PCA services	• Increase visitation to www.pcacares.org by 5%
3: Develop programs and services to be marketed directly to consumers, MCOs, and healthcare organizations	• Develop a Fee-for-Service Business Plan
4: Develop a marketing plan	• Initiate the development of a marketing plan
5: Reinforce PCA as the focal point for information on aging and access to services	• Conduct evaluations of 5 consumer-focused events • Conduct 2 PCA staff trainings on internal referrals per year

Goal: Improve access to service

Objective	Outcomes and Performance Measures
1: Advocacy	• Participate in advocacy efforts developed by N4A, P4A and local initiatives
2: Continue to identify and build relationships with underserved populations	• Convene five meetings that support new underserved populations annually
3: Develop strategies to decrease or eliminate waitlists	• Streamline processes in the PCA Housing Department
4: Increase PCA's capacity to address the housing crisis facing older adults through the inter-agency Safe Homes for Seniors initiative	• Continue to seek grant funding for home repairs • Conduct five workshops per year at senior centers to inform elders about making their home safer and healthier
5: Position senior centers to be the gateway to aging-related resources in the community	• Identify and apply to at least two funding sources annually to increase wellness and technology programming at senior centers • Create a database of local and national Senior Center Best Practices
6: Assess transportation challenges faced by older adults and explore alternative modes of transit	• Conduct ongoing public Shared Ride meetings allowing the community to share concerns and needs
7: Maintain and enhance existing PCA Development Plan	• Create a central clearinghouse of PCA grant proposals and sponsorship requests • Identify funding priorities

Goal: Enhance quality of services

Objective	Outcomes and Performance Measures
1: Utilize role as the leader in aging services to enhance and develop community programs	• Identify all external committees and collaborations in which PCA employees participate • Provide a vehicle to regularly update the aging network on local, state and federal policy changes
2: Enhance data collection and analysis to ensure quality and transparency	• Create an inventory of data collection and utilization agency-wide
3: Create a proactive approach to adapt practice to meet the changing environment and community needs	• Develop a strategy to align PCA services with the goals of MLTSS, Community Health Choices
4: Bring a Customer Service Perspective and Appreciation to All Staff	• Convene a Customer Service Systems Taskforce to evaluate and enhance the customer experience

Goal: Empower the workforce

Objective	Outcomes and Performance Measures
1: Facilitate and enhance opportunities for PCA employee career growth	• Increase participation in Leading Up by 10% annually
2: Create opportunities to enrich the community and employees' connection to PCA's mission	• Train 15 employees to participate in the Community Outreach Program Support (COPS) program • Hold PCA Regional Conference on Aging annually
3: Develop strategies to increase support of informal and formal caregivers	• Plan a PCA Caregiver Academy for informal caregivers

IX. PCA Organizational Chart