

Oregon

State Plan on Aging

2009-2013

**OREGON STATE PLAN ON AGING
2009-2013**

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Verification of Intent

This document reflects Oregon's plan to respond to the needs of Oregon's older adults and to the changes in the service delivery systems required to address these needs. The State Plan on Aging (hereinafter referred to as the State Plan) is submitted to the Federal government in compliance with Federal regulations. When the State Plan is approved, the State of Oregon receives Federal funds to administer the State Plan. These funds are matched with State and local funds. The State Plan reflects goals and objectives for the four-year period October 1, 2009 through September 30, 2013. The State Plan serves as the primary document, at the State level, to monitor statewide goals and objectives in responding to the needs of older adults.

The Seniors and People with Disabilities Division of Oregon's Department of Human Services, in its function as the State Unit on Aging (SUA), has been given the authority to develop and administer the State Plan in accordance with all the requirements of the Older Americans Act.

The State Plan on Aging complies with relevant Federal requirements and assurances. The State Plan is hereby submitted for the State of Oregon for the period of October 1, 2009 through September 30, 2013.

James Toews
Assistant Director
Seniors and People with Disabilities Division

Date

Executive Summary

The Oregon Department of Human Services' Seniors and People with Disabilities (SPD) Division develops a State Plan on Aging every four years, as required under the Older Americans Act of 1965, as amended. The Plan is a contract with the Administration on Aging (AoA) and allows Oregon to receive funds under Title III and Title VII of the Act. The Plan also provides a vision of and direction for Oregon's aging network for the next four years.

SPD is accountable for the implementation of programs for older Oregonians and Oregonians with disabilities. The State Unit on Aging (SUA), a part of SPD, is charged with the purpose and responsibility of implementing Older Americans Act (OAA) programs. The SUA is dedicated to keeping seniors independent in their homes through delivery of services provided by the OAA.

The SUA works closely with Oregon's 17 Area Agencies on Aging (AAAs) to create a comprehensive package of services. AAAs provide direct information and services to seniors and people with disabilities across Oregon, while the SUA coordinates distribution of Federal Funds, provides training and technical assistance, and ensures statewide oversight and coordination for OAA programs. The SUA also oversees Oregon Project Independence (OPI) which is managed through the AAAs. OPI is a state-funded program providing in-home services to seniors who need assistance to remain in their own homes but do not qualify for Medicaid-funded programs.

The following State Plan keeps two developments in mind. First, the aging population in Oregon will have a profound impact on the social and economic fabric of communities across Oregon. For Oregon's aging network, these changes will severely challenge Oregon's capacity to provide services. Second, the state (as with the nation) is challenged by a deep recession, which has an impact on resources to provide services. At a time when more resources are needed to address heightened demand of a growing senior population, fewer resources will be available to provide the services this population needs. It is in this context that we critically examine both challenges and opportunities in the 2009-2013 State Plan on Aging.

Paying mind to these challenges, and building off Oregon's reputation for innovative home and community based network of services, this State Plan sets eight focus areas that constitute the Plan's goals. These goals are united around a consistent vision: to ensure that older Oregonians can remain independent, safe, and active in their own homes and communities. The goals are:

- Healthy Aging,
- Ensuring Alignment of the Aging Network Service Delivery System and the State Policy on Aging (ORS 410),
- Civic Engagement,
- Choice and Consumer-Direction,
- Elder Rights and Protection for Older Oregonians.

Specific objectives, strategies, and outcomes are articulated for each of these goals. The State Plan also includes supplemental documents in the appendix, including: State Policy for Seniors and People with Disabilities, Older Population of Oregon, County Demographics, State Program Report – 2 Year Comparison, Healthy Aging in Oregon Counties, Real Choices Systems Change Grant Narrative, Intrastate Funding Formula.

By implementing the State Plan's goals and objectives, SPD and the aging network will improve its capacity to provide services, information, outreach, education, and advocacy for older Oregonians. More important, it is a key component of our mission: to keep older Oregonians independent, healthy, and safe.

Introduction and Overview

The State of Oregon administers funds under Title III and Title VII of the Older Americans Act. The State Plan on Aging serves as an agreement between the State of Oregon and the Administration on Aging (AoA) to provide needed services to older persons in the state.

The State Plan also serves as a roadmap for Oregon's State Unit on Aging (SUA) and Oregon's aging network for the next four years. The Plan does not encompass all of the activities of the SUA. It is designed to be a roadmap that includes a vision for the future, goals

and priorities, and strategies to meet these goals under the State Plan. Annual implementation plans will be developed each calendar year to identify specific activities that will be pursued to advance the Plan's goals and objectives.

Process

During the initial planning of the State Plan, a core workgroup was formed, consisting of four SUA staff and four representatives from Area Agencies on Aging (AAAs). This core workgroup reviewed trends in Oregon's older population as well as Oregon's Aging network. The workgroup proposed five focus areas to develop in the State Plan: 1) Healthy Aging; 2) Building a Common Identity for the Aging Network; 3) Civic Engagement; 4) Consumer-Direction and Choice; and 5) Elder Rights and Protection for Older Oregonians. After presenting these focus areas to the AAA Directors and the Seniors and People with Disabilities (SPD) Administration, the core workgroup convened a statewide Advisory Council to help develop goals and objectives in the five focus areas. The results of the Advisory Council's work were presented to AAA Directors and SPD Administration.

This State Plan has been available for public input, and, in September 2009, the SUA held a public hearing for final input.

Mission Statement, Vision, and Core Values

The mission of the Oregon Department of Human Services, of which the SUA is a part, is to "help people become independent, healthy and safe." The SUA works towards this mission in promoting the well-being of older adults and people with disabilities and helping them remain independent in their communities. In pursuing this mission, the SUA is committed to the core values of Integrity, Stewardship, Responsibility, Respect, and Professionalism.

Context

Demographic Challenges

The first members of the baby boom generation—those born between 1946 and 1964—began turning 60 years old in 2006 and this population will increase rapidly during the next several decades. Between 2010 and 2015, Oregon's 60+ population is predicted to increase by almost 140,000 according to the State's Office of Economic Analysis. By 2020, one in five Oregonians will be 60 years and older and projections indicate that one in four residents will be 60 years and older by 2030. Oregonians 85 years or older make up a small but rapidly growing group; in 2010, 76,000 individuals will be 85 and older, and by 2030, nearly 120,000 will be 85 or older, a 57 percent increase. In addition, the senior population will be more racially, ethnically, and linguistically diverse. At the same time, the growth rate of younger age cohorts (youth, young adults, and middle aged adults) is much slower than those over the age of 60. The average number of working-age adults per elderly was 5.3 in 2007, but will shrink to 3.5 in 2020.

The aging population in Oregon will have a profound impact on the social and economic fabric of communities across Oregon. For Oregon's aging network, these changes will severely challenge Oregon's capacity to provide services.

Most older Oregonians want to age in their homes and communities, and given the rapid growth of this population, a comprehensive vision must guide strategic planning efforts that seek to meet older adults' basic needs, ensure their good health and involvement in everyday life, and create environments that are age-friendly. About 25 percent of older Oregonians need help with activities of daily living, either from family members or paid caregivers, and among this group, 20 percent need help with four or more activities of daily living.

Further, while Oregon has been a national leader in developing a robust home and community-based network of long-term services as alternatives to nursing facility care, these services are costly for those who privately pay. In 2007, it cost nearly \$6,400 per month to stay in a nursing facility for a private payer, and even in a less costly

community based setting such as an assisted living or residential care facility, it cost \$2,400 and \$2,700 per month for private payers in the Portland and Eugene markets, respectively. Compounding the cost of long term services is the growing workforce crisis, where there are fewer paid caregivers to support a growing demand for services.

Economic Challenges

Unfortunately, Oregon's aging population growth is occurring at a time marked by economic uncertainty. The financial crisis of 2008-2009 will have a profound effect on efforts to meet the needs of Oregon's older adults, especially over the next five years. Given the unhealthy state of the economy, Older Americans Act funding, which has not kept pace with inflation and the growth of the senior population in recent years, is expected to continue that trend. In addition, other sources of federal funding that are used to address older adults' basic needs will be similarly affected by the economic downturn, based on analyses such as that conducted by the National Association of State Units on Aging in late 2008. In Oregon, this has several important ramifications for seniors both in the short and the medium term:

- At the state level, reductions in revenues will lead to a weakening of the safety net for older adults to live independently. Some seniors may lose services entirely while others will have their level of assistance scaled back. Unpaid family caregivers will be asked to take on more responsibility for those they care for, adding to the strain they already experience.
- Many seniors have been forced to postpone retirement and continue working later into their lives, with the additional burden of vying for a limited number of jobs in a very competitive job market.
- Affordable housing will be in short supply because of myriad problems (foreclosures, lack of investors to develop projects, demand that substantially outstrips available subsidies) in that sector of the economy, and homelessness amongst seniors will likely increase.

- A number of older adults with high prescription costs will struggle to make ends meet when they fall into the “doughnut hole” of Medicare Part D.
- Senior nutrition assistance programs will be asked to provide for more elder Oregonians, as the demand for food stamps has grown over 20% in the state over the past year.
- Reduced mass transit services coupled with fluctuating gasoline prices will restrict people’s transportation options and ability to get around.

In sum, at a time when more resources are needed to address heightened demand of a growing senior population, fewer resources will be available to provide the services this population needs. It is in this context that we critically examine both challenges and opportunities in the 2009-2013 State Plan on Aging.

Organizational Structure and Current Programs

The Department of Human Services (DHS) Seniors and People with Disabilities (SPD) Division is accountable for the implementation of programs for older Oregonians and Oregonians with disabilities. The SUA, a part of SPD, is charged with the purpose and responsibility of implementing Older Americans Act (OAA) programs. The SUA is dedicated to keeping seniors independent in their homes through delivery of services provided by the OAA.

The SUA works closely with Oregon’s 17 AAAs for the planning, advocacy and development of a comprehensive package of services. AAAs provide direct information and services to seniors and people with disabilities across Oregon, while the SUA coordinates distribution of Federal Funds, provides training and technical assistance, and ensures statewide oversight and coordination for OAA programs. The SUA also oversees Oregon Project Independence (OPI) that is managed by the AAAs. OPI is a state-funded program providing in-home services to seniors who require the same level of care as people in nursing homes but do not get Medicaid.

Current programs include:

- Information and Assistance

- Healthy Aging through the support and promotion of evidence-based prevention programs as well as nutrition programs that include congregate meals, home-delivered meals, nutrition counseling and nutrition education.
- Family Caregiver Program: Information, access to services, counseling, caregiver time-off, and other services.
- Senior Employment Program: Training, placement and jobs for low-income individuals who are 55 or older.
- Long-Term Care Ombudsman Program: Services provided to, or on behalf of, residents of long-term care facilities. This program is a separate agency from the SUA in Oregon.
- Supportive Services: Transportation, personal care, homemaking, legal assistance, adult day care programs, chore services, home modifications and assistance with items such as eye glasses, dentures, and medical equipment.

Goals, Objectives, Strategies, and Outcomes

In order to address the growing needs of the senior population in a time of economic and fiscal crises, the Oregon SUA has developed five goals and objectives in this State Plan: (1) Ensure Alignment of the Aging Network Service Delivery System and the State Policy on Aging (ORS 410), (2) Healthy Aging, (3) Civic Engagement, (4) Choice and Consumer-Direction, and (5) Elder Rights and Protection for Older Oregonians. Along with Federally-Required Focus Areas not addressed in these goals and objectives (Disaster Preparedness Plans and Coordination between Title III and Title VI Programs and Faith-Based Initiatives), this State Plan is designed to meet a growing demand for services during a time of scarce resources to fund them.

In setting goals, objectives, and strategies, the SUA will commit to evaluating outcomes on an annual basis and the development of an annual action plan. If outcomes and performance measures have not been met or have been changed, the SUA commits to revising, retooling, and redesigning its strategies so that these defined goals and objectives are met.

1. Ensure Alignment of the Aging Network Service Delivery System and the State Policy on Aging (ORS 410)

The Oregon aging network is at a critical juncture. Public programs often struggle with the problem of providing increasingly costly goods and services without the support of increased funding, and organizations that provide services for older people are not unique. Aging services mandated under Title III of the Older Americans Act (OAA) are funded primarily through annual Older Americans Act allocations from the U.S. Administration on Aging. A large share of aging network programming is supported by these federal funds, and the funding has not increased from year to year to keep up with inflation. According to an analysis by the State of Wisconsin, annual per-capita Older Americans Act funding for those 60 years and older has increased by 50 cents per person over the last 10 years; if the funding had kept pace with inflation during this time period, it would have increased by \$4.34 per person. While many states leverage these federal funds with state funds, Oregon does not. However, the OPI program provides limited in-home services to the same target population as the Older Americans Act and serves as the state's maintenance of effort for the OAA.

Without an increase in resources, the aging network must serve a population that is growing very rapidly, nearly doubling in size over the next 25 years. Stagnant funding levels must not only pay for services whose costs are increasing due to inflation; they also must pay for services for an expanding number of individuals. With the first "Baby Boomers" turning 60 in 2006 and becoming eligible for OAA services, the aging network will find its resources strained as never before.

Although the aging network has done a great job of serving our state's older citizens for the past 30 years, circumstances demand that the needs of consumers be assessed to assure that older adults have access to quality services wherever they live in Oregon. The services of the aging network and manner in which they are delivered need to be objectively assessed and evaluated by a diverse set of stakeholders to assure the system meets the guiding principles outlined in the State Policy on Aging (ORS 410).

We need to examine how we balance the mandate to serve all older adults while targeting services to those in most need. We need to understand how investing in preventive programs for the broader population may well result in overall cost containment. Finally, the network must also evaluate how it relates with its partners. Strong partnerships working together on a common vision result in:

- less duplication,
- enhancement of individual organizations' missions,
- cost-effectiveness,
- new funding allies,
- new advocacy partners,
- greater understanding of one another's services and strengths and
- greater visibility for individual organizations in the community.

Objectives, Strategies, and Outcomes:

Objective 1.1: Coordinate effective, efficient, and convenient provision of community services to older citizens and citizens with disabilities so that the services will be readily available to the greatest number over the widest geographical area.

- Strategy 1.1.1: By January 2010, SPD in consultation with Oregon Association for Area Agencies on Aging and Disabilities (O4AD) will establish a workgroup consisting of consumers, AAA staff and SUA staff to develop a process, utilizing the services of an independent facilitator, to assess the delivery of services to older adults and develop a set of recommendation to assure the effective, efficient and convenient provision of community services. The process will include a meaningful communication loop back to local communities to assure local input is reflected in the recommendations.
- Strategy 1.1.2: By March 2010, the workgroup will issue a recommended assessment process to SPD.
 - Outcome: By May 2011, the assessment process will be completed and report issued to SPD for review in consultation with O4AD.
 - Outcome: By October 2011, SPD, in consultation with O4AD will formally accept recommendations from the workgroup's report.

- Outcome: By May 2012, SPD, in consultation with O4AD will develop a plan to implement the report's recommendations.

Objective 1.2: The state shall assure that special attention is given to the special concerns of our most frail and vulnerable older citizens, including individuals with limited English-speaking proficiency, low-income and living in rural areas of the state.

- Strategy 1.2.1: By May 2012, SPD in consultation with O4AD will develop a list of best practices utilized by the aging network as a basis for developing an outreach plan for aging services.
 - Outcome: By May 2013, adopt an outreach/technical assistance plan.

Objective 1.3: The state shall perform its mandated responsibilities for planning and administration.

- Strategy 1.3.1: By January 2011, SPD in consultation with O4AD will develop quality measures for all aging services provided as part of the AAA contracts to ensure older adults receive quality services.
- Strategy 1.3.2: By May 2011, SPD in consultation with O4AD will develop a state-wide survey which will assess satisfaction of consumers involved with at least two of the services.
 - Outcome: By September 2013, SPD and O4AD will issue a report on performance improvement, using the quality measures and satisfaction surveys.

2. Healthy Aging

Oregon's population of older adults will increase dramatically over the next five years and thereafter, which means that the number of older adults with chronic conditions (such as arthritis, heart disease, diabetes, depression, and stroke) will also rise. According to data compiled by the Oregon Department of Human Services and Oregon Health and Science University, arthritis, high blood pressure, and high cholesterol each afflict approximately 50 percent of people 60 to 74 years old, and percentages for the first two conditions increase for those 75 years and older. Moreover, less than 50 percent of people 75 years and older meet recommended requirements for physical activity, and this cohort is hospitalized for falls at almost five times the

rate of those 60 to 74 years old. Behavioral Risk Factor Surveillance System (BRFSS) data also reveal that almost 75 percent of Oregonians 60-74 years old do not eat the recommended five servings of fruits and vegetables per day and only 30 percent have a healthy body mass index.

Although these findings are sobering, a growing body of scientific evidence attests to the efficacy of primary and secondary prevention measures. Regular physical activity decreases the risk of developing chronic conditions such as high blood pressure and diabetes, guards against weight gain, prevents falls, and enhances emotional well-being. In addition, the benefits to both physical and emotional health from eating a balanced diet and remaining engaged in community life as one ages have been documented extensively. Equally important, screening for disease and educating older adults about managing chronic conditions are crucial to maintaining health and vitality. People's ability to age in a healthy way is also dependent on whether the environments they live in enable them to be physically active, offer easy access to a variety of good quality food, and encourage their interaction with others.

The 2009-2013 State Plan on Aging makes participation in evidenced-based fitness and chronic disease management programs a top priority; promotes the importance of health screening, proper nutrition, and involvement in daily life through volunteering, second careers, part-time work, or other avenues; and addresses barriers in the community that keep older adults from thriving.

Objectives, Strategies, and Outcomes

Objective 2.1: Increase participation of older adults in existing evidence-based health promotion programs.

- Strategy 2.1.1: Increase outreach to partner organizations
- Strategy 2.1.2: Track participation rates in existing programs (Enhance Fitness, Arthritis Foundation Exercise Program, Tai Chi: Moving for Better Balance, Living Well with Chronic Conditions).
 - Outcome: By September 2010, establish baseline data and by September 2011 adopt measures that demonstrate increased participation.

Objective 2.2: Increase participation of racial, ethnic, cultural, and language minority adults in existing evidence-based health promotion programs.

- Strategy 2.2.1: Increase outreach to partner organizations who work with minority communities
- Strategy 2.2.2: Produce and update promotional materials in culturally competent, accessible formats
- Strategy 2.2.3: Track participation rates in existing programs (Enhance Fitness, Arthritis Foundation Exercise Program, Tai Chi: Moving for Better Balance, Living Well with Chronic Conditions).
 - Outcome: By September 2010, establish baseline data and by September 2011 adopt measures that demonstrate increased participation of racial, ethnic, cultural and language minority adults in these programs.

Objective 2.3: Establish evidence-based health promotion programs at strategic sites in the state where no evidence-based health programs currently exist.

- Strategy 2.3.1: Partner with local AAAs and other statewide organizations to determine eight sites.
- Strategy 2.3.2: Collaborate and train local staff and volunteers on these evidence-based health promotion programs.
 - Outcome: Start programs at four sites by September 2011, and four additional sites by September 2012.

Objective 2.4: Increase the number of instructors and lay leaders trained statewide to provide evidence-based health promotion programs to older adults.

- Strategy 2.4.1: Develop training materials and revise existing materials, including bilingual and bicultural formats.
- Strategy 2.4.2: Develop and implement outreach strategy to potential instructors and lay leaders.
 - Outcome: Implement training by September 2011.
 - Outcome: By September 2010, establish baseline data and by September 2011 adopt measures that demonstrate increased number of instructors.

Objective 2.5: By September 2013, conduct 12 age-friendly livability assessments in urban, suburban, and rural communities to measure factors such as barriers to physical activity, access to healthy food, and opportunities for civic engagement and intergenerational collaboration.

- Strategy 2.5.1: Create research design based off previous livability research in Portland.
- Strategy 2.5.2: Work with statewide organizations to select communities to study.
 - Outcome: Implement the studies starting January 2011.
 - Outcome: Complete studies by September 2013.

Objective 2.6: Increase the number of older adults receiving medical screening procedures and vaccinations covered partially or fully by Medicare.

- Strategy 2.6.1: Provide outreach and education to older Oregonians through the AAAs and other organizations.
- Strategy 2.6.2: Provide culturally competent outreach and education to underserved populations of older Oregonians.
 - Outcome: By September 2013, increase the number of outreach activities to Medicare beneficiaries by 20%.

Objective 2.7: Increase the number of senior housing facilities that are smoke-free.

- Strategy 2.7.1: Provide outreach and education on smoking cessation programs.
- Strategy 2.7.2: Provide outreach to facility operators on benefits of non-smoking facilities.
- Strategy 2.7.3: Provide technical assistance to facilities as they transition to smoke-free sites.

Objective 2.8: Increase the redemption rate of Senior Farm Direct Nutrition Program vouchers.

- Strategy 2.8.1: Provide outreach and education through local AAAs and community organizations in a bilingual and bicultural format.
- Strategy 2.8.2: Use free media to disseminate information about the program.
- Strategy 2.8.3: Educate farmers' markets about this program.

- Strategy 2.8.4: Evaluate the efficacy of distributing the vouchers locally versus a central mailing.
 - Outcome: By September 2013, increase the redemption rate of Senior Farm Direct Nutrition Program vouchers.

Objective 2.9: Establish Older Adult Fitness Certificate programs at Oregon community colleges where no Older Adult Fitness Certificate programs are currently offered.

- Strategy 2.9.1: Consult local AAAs and community organizations to identify community colleges.
- Strategy 2.9.2: Provide outreach and presentations to selected community colleges.
- Strategy 2.9.3: Provide training and orientation to community college staff and volunteers.
 - Outcome: Implement two programs by September 2012, and two additional programs by September 2013.

3. Civic Engagement

The crucial role that civic engagement plays in the lives of older adults has received increased attention at both the national and local level in recent years, spawning an effort to re-define retirement as a time for active involvement. Nationally, organizations such as Civic Ventures have spearheaded this movement and promoted a vision that is taking root in local programs and projects. The benefits to individuals of being engaged in the community are oft-cited: those who remain active through volunteerism, advocacy, and part or full-time paid employment typically express a high degree of satisfaction with life, note benefits to their overall health, and value the psychic rewards they receive from what they do. Equally important, though, communities benefit greatly from both the perspective that older adults bring to their work as well as their tangible accomplishments.

Over the next 15 to 20 years, growing numbers of older Oregonians throughout the state will be well-positioned to transform prevailing conceptions of retirement and make valuable and lasting contributions to their communities. These contributions may come in the form of volunteer efforts in a variety of areas: working with young people in schools and other settings; advocating at local, state, and federal levels for legislation that helps older adults and people with

disabilities maintain their independence; organizing to make their neighborhoods good places for people of all ages to live; or assisting friends and neighbors in various ways. Older adults may also continue working later in life, lending their experience, expertise, and institutional memory to private businesses, public agencies, and non-profit organizations, and playing a key role as mentors to a younger generation. Some seniors may choose to begin second careers, pursuing interests for which they had previously not had time. Supporting older Oregonians' efforts to stay engaged in their communities is a sound investment that will reap long-lasting benefits.

For civic engagement, serious consideration should also be given to underserved ethnic minority groups given that in 2001, a study by the Governor's Commission on Senior Services reported more than 16,000 minority elders living in Oregon¹. Some of the problems facing minority elders identified in the report included understanding of cultural differences, lack of integrated services, access to health care, multi-generational household needs and the need to empower minority elders to participate in education and outreach.

By working closely with community and faith-based organizations, as well as local AAAs, schools, and community colleges, older Oregonians can benefit from opportunities to engage in their communities, whether as mentors for youth and young adults, as advocates for legislative and social change, as volunteers for community and faith-based organizations, or as members of the workforce.

Objectives and Strategies:

Objective 3.1: Create awareness of critical issues regarding Oregon's growing older adult population.

- Strategy 3.1.1: Develop college and high school curricula that articulate critical issues around the future of aging and long-term services, as well as opportunities for community involvement.

¹ Services for Ethnic Minority Seniors in Oregon: August 2001

- Strategy 3.1.2: Maintain and support the Title V/Senior Community Service Employment Program for older adults seeking to update job skills for unsubsidized employment, through increased collaboration with the Worksource Oregon network, including Oregon's Community Colleges and Workforce Development, state and national grantees, and local community partners providing opportunities for meaningful community involvement.
- Strategy 3.1.3: Develop partnerships with at least one designated resource person in each county, for the dissemination of public relations information and ability to address community resource needs.
 - Outcome: Enhance Oregon's online resource database to include interactive features for distribution of policy-related information and feedback capability.
 - Outcome: Implement college and high school curricula regarding the critical issues of aging and long-term services.

Objective 3.2: Develop volunteer mobilization efforts that recruit older adults to meaningful volunteer opportunities utilizing leadership skills and experience to address community needs.

- Strategy 3.2.1: Develop events and activities for joint coordination of community involvement of youth and seniors.
- Strategy 3.2.2: Develop a community education campaign emphasizing the connectedness of public policy and resource investment to address the continuum of services throughout the community.
- Strategy 3.2.3: Collaborate with faith-based and local organizations to provide outreach and education to underserved populations of older Oregonians.
 - Outcome: Increased program utilization by minorities.
 - Outcome: Increased networking and collaboration with faith-based and civic organizations such as the Archdiocese of Portland, the NAACP, Providence Health Promoter Program, Senior Corps, Volunteer Centers and Faith in Action.

4. Consumer-Direction and Choice

A common theme across recent efforts to improve health care and social services is a commitment to provide services and supports that are respectful of and responsive to consumers' preferences, needs, values and cultures. Depending on the setting, this approach may be called *patient-centered care*, *person-centered care*, *person-directed care*, *self-determination*, and *culture change*. Regardless of the label used, the approach is based on keeping all decision-making as close to the individual as possible and supporting the choices that they make. The approach is predicated on ensuring that the individual has accurate, objective information to make informed decisions. While most health and social service organizations include consumer direction and choice in their mission and values, we anticipate that "boomers" will expect and demand it at the operational level as they enter the aging network. Naming Consumer Choice and Direction as a focus area in the 2009-13 State Plan on Aging ensures that we recognize this phenomenon and prepare for it.

Consumer choice and direction is embedded within the State Policy on Aging codified at ORS 410.010 (1) (a) and 410.020 (2). Legislators embraced the vision and framework for services to seniors and people with disabilities over 30 years ago when the State Policy on Aging was built into Oregon law. The method for carrying out the policy at the state and local levels are consistent with the federal efforts to create Aging and Disability Resource Centers. Since 2003, the Administration on Aging (AoA), in collaboration with the Centers for Medicare and Medicaid Services (CMS) has promoted Aging and Disability Resource Centers (ADRC) in local communities as a means of assuring consumer choice and direction for people of all ages and incomes. These Resource Centers serve as highly visible and trusted places where consumers can find information on the full range of long-term support options and streamlined access to public long-term care programs and benefits. Ideally, they serve as a "one-stop" shop for consumers.

The plan and vision for developing the ADRC program has been developed through the collaboration of the Area Agencies on Aging and other stakeholders who adopted the SPD Long Range Plan that

was presented to the Oregon Legislature in February 2008. Oregon has received a 3-year grant from CMS to develop a prototype local ADRC using Lane County as the pilot site. One objective of this pilot will be to evaluate a new approach to post-hospital care, integrating hospital services with community services once an individual has been discharged from the hospital. We hope to demonstrate that fully-functioning local ADRCs will be essential components to Oregon's aging network.

Objectives and Strategies:

Objective 4.1: By September 2013, increase the number of Area Agencies on Aging in Oregon that meet the nationally recognized criteria for a fully functioning Aging and Disability Resource Center.

- Strategy 4.1.1: Use recognized criteria for the nine components of a fully functioning ADRC to the number of Area Agencies per year that can report progress as follows:
 - Outcome: 1-3 components are fully functioning
 - Outcome: 4-6 components are fully functioning
 - Outcome: 6-9 components are fully functioning

Objective 4.2: By September 2013, convene a statewide collaboration among existing consumer choice and direction advocates (AARP, Councils of Independent Living (CILs), SHIBA etc.) to identify best practices and standards to guide providers of long term services and supports at the point of consumer access.

- Strategy 4.2.1: Participate in and regularly provide staff training related to consumer choice and direction.
- Strategy 4.2.2: Improve and maintain staffing levels.
- Strategy 4.2.3: Invest in education and tools so that staff are equipped to deliver consumer directed care.
- Strategy 4.2.4: Use incentives to reinforce staff performance
 - Outcome: Use this statewide collaboration with advocates to publish a report on best practices and standards to guide providers of long term services.

Objective 4.3: Develop a formal system of mentorship that uses peers working alongside consumers and families to learn how to navigate

systems, understand benefits and rights, assess options, and implement choices.

- Strategy 4.3.1: Increase number of Area Agencies on Aging that implement a peer mentoring program for consumers and families.
- Strategy 4.3.2: Increase number of consumers and families matched with a peer mentor as reported by Area Agencies on Aging.
- Strategy 4.3.3: Increase percentage of consumers and families who were matched with a peer mentor and who report being convinced or very convinced that the mentor relationship increased their knowledge of how to navigate systems, understand benefits and rights, assess options, and implement choices.
 - Outcome: By September 2013, develop performance measures and evaluate the strategies to create a formal system of mentorship.

Objective 4.4: By 2013, consumers will have the information, tools and resources to make choices and direct their own care.

- Strategy 4.4.1: Create a consumer focused website with modules.
- Strategy 4.4.2: Build capacity for I and A services.
- Strategy 4.4.3: Create capacity to reach diverse communities.
 - Outcome: Conduct a survey to evaluate satisfaction with the website, I and A services, and outreach to diverse and underserved communities.

5. Elder Rights and Protection for Older Oregonians

According to the best available estimates, between 1 and 2 million Americans age 65 or older have been injured, exploited, or otherwise mistreated by someone on whom they depended for care or protection². Further, for every one case of elder abuse, neglect and exploitation or self-neglect reported to authorities, about five more go unreported. In the majority of cases (89.3%) the alleged abuse was reported to occur in a domestic or home setting and older women

² Elder Mistreatment: Abuse, Neglect and Exploitation in an Aging America (2003) National Research Council, Washington, D.C.

were more likely to suffer from abuse or neglect, especially those over the age of 80³. Current estimates put the overall reporting of financial exploitation at only 1 in 25 cases, suggesting there may be at least 5 million⁴ financial abuse victims each year.

For older Oregonians, the numbers are equally astounding considering that more than 21,000 calls were made in 2007 to report the abuse of vulnerable adults. If for every case reported, five more may go undetected, then there may have been over 100,000 vulnerable adults abused in Oregon in 2007. While there are criminal, civil and administrative remedies available for the protection of older Oregonians, the magnitude of this issue is far greater than the resources available.

Given the growing population of seniors, older Oregonians will likely benefit from being “directly” included in prevention efforts such as offering community forums related to self-protection from abuse and information on elder rights that can be targeted individually and in combination with efforts by protective entities. Notably, in a report by AARP, older consumers believed telemarketing fraud was wrong but found it hard to believe it was a crime⁵. Considering that many older adults lack the capacity to earn back life savings once lost by fraudulent means, prevention becomes especially critical.

Equally important is outreach to grassroots community organizations such as Neighborhood Watch Programs, faith-based organizations and non-mandated reporters that may be able to prevent, detect and report abuse. This outreach will enable protective agencies to engage communities by encouraging participation in keeping elders safe while meeting the needs of a rapidly growing population.

In order to sustain elder abuse projects, training and programs, the development of outcome-based objectives are vital. This will help improve decisions about resource allocations; which programs or projects to support, replicate or expand; demonstrate accountability to

³ Abuse of Adults Aged 60+ (2004) Survey of Adult Protective Services
National Center on Elder Abuse Incidence Study (1998) Washington, D.C., National Center on Elder Abuse at American Public Human Services Association
National Center on Elder Abuse: Trends in Elder Abuse Domestic Settings

⁴ Wasik, John F. (2000) “The Fleecing of America’s Elderly” Consumer Digest March/April

⁵ National Center on Elder Abuse Outreach Kit.

those who fund elder abuse efforts; and utilize interventions and practices that make a difference and exercise good stewardship during a time of severe financial crisis. Overall, strategies are needed to protect older Oregonians that are preventative, provide outreach to those who come in contact with them such as recognized professionals⁶ and community members, and are supported by financially sustainable evidence-based programs.

Objectives and Strategies:

Objective 5.1: Increase reporting of elder abuse.

- Strategy 5.1.1: Provide outreach of elder abuse awareness.
- Strategy 5.1.2: Examine the causes to underreporting abuse and implement mitigation measures, commissioning a study by September 2011.
 - Outcome: Increase the reporting of elder abuse by 5% by September 2013.

Objective 5.2: Inventory all education and training currently provided to service delivery staff (including abuse prevention curriculum) and develop a plan to disseminate the resources statewide.

- Strategy 5.2.1: Evaluate all existing training material.
- Strategy 5.2.2: Revise materials based on review.
- Strategy 5.2.3: Mandate revised training to key service delivery staff.
 - Outcome: By September 2013, disseminate information and train service delivery staff statewide.

Objective 5.3: By September 2011, update a plan and set of priorities to assure OAA funds for legal services are targeted to older individuals with the greatest social and economic need and provided for the categories of health and safety as outlined in the OAA.

- Strategy 5.3.1: Commission an update of the 2000 Oregonian Legal Needs Assessment to specifically assess the needs of Older Oregonians and to inform legal services priorities.
- Outcome: Study completed by September 2010

⁶ The National APS Administration recognizes five targeted fields for education and training; criminal justice, health care, victim services, aging services and financial services.

- Strategy 5.3.2: Legal Services Developer will closely follow the work of the taskforce to develop recommendations about a public guardianship program per HB 2883 which passed in the 2009 legislative session.
- Strategy 5.3.3: Evaluate the OAA funding level and funding distribution method for legal services mandated by the OAA for effectiveness and efficiency in consultation with the AAAs.
 - Outcome: Implement any recommended changes to the Intrastate Funding Formula by September 2013.

Objective 5.4: Develop a “Super Silver Alert System” to inform stakeholders about scams, missing persons, and other matters related to preventing abuse and fraud of elders.

- Strategy 5.4.1: Convene a workgroup to discuss how the system will warn the public and what the public will be warned about.
- Outcome: Make the alert system public by September 2013.

Federally Required Focus Areas

F1. Disaster Preparedness Plans

The Seniors and People with Disabilities (SPD) Division of the Department of Human Services (DHS) is the lead agency for coordinating Emergency Preparedness efforts for the State’s Unit on Aging (SUA). SPD, in conjunction with the Oregon Vulnerable Populations Emergency Preparedness Coalition (VPEPC) is developing comprehensive emergency preparedness plans across the state to assist seniors and individuals with disabilities. The VPEPC collaborates with Oregon’s 17 Area Agencies on Aging Offices/Councils of Governments (COGs), and local county emergency managers are working with community partners to develop emergency preparedness plans.

Each local area is at a different level of development. The plans are revised/updated annually or when needed to ensure they still meet the needs of the individual they serve. External relief organizations fall under the purview of the local emergency manager. The Emergency Preparedness plans are developed upon the following principles: preparedness and mitigation; response; and recovery.

From these principles, criteria are developed for measuring outcomes and evaluation of performance toward these goals.

Objectives and Strategies:

Objective F1.1: Increase emergency preparedness and mitigation capacity.

- Strategy F1.1.1: Disseminate information agencies have developed on 72-Hour Kit preparation, communication plans, evacuation plans, and a personal support plan to older adults through the network of AAAs.
- Strategy F1.1.2: Provide outreach on best practices, such as ensuring needed medications and durable supplies readily available during a disaster, as well as a plan for service animals.
- Strategy F1.1.3: Work with local AAAs and local jurisdictions for emergency meal distribution.
 - Outcome: Provide yearly feedback surveys to measure success on SUA and AAA roles for emergency preparedness activities.

Objective F1.2: Assist local jurisdiction on emergency response and recovery.

- Strategy F1.2.1: Help implement continuity of operations plans to ensure continued services to the most vulnerable older Oregon population.
- Strategy F1.2.2: Coordinate transportation services to address needs during a disaster.
 - Outcome: Help implement disaster communication plans and distribute information to clients.
 - Outcome: Ensure especially vulnerable older Oregonians are assisted as appropriate.

Objective F1.3: Increase recovery capacity after a disaster

- Strategy F1.3.1: Coordinate replenishing emergency supplies.
- Strategy F1.3.2: Participate with emergency manager and local partners in debriefing of a disaster or disaster rehearsal.

- Outcome: Revise communication plans and educational materials after debriefing on a disaster or disaster rehearsal.

F2. Coordination Between Title III and Title VI

The Older Americans Act emphasizes coordination of Title VI and Title III services that are provided within the Title VI service area. Coordination is key to avoiding duplication of services and maximizing available resources. The State Unit on Aging continues to collaborate with Oregon Tribes, Area Agencies on Aging, and community partners to provide coordination of Title VI and Title III services. The SUA also looks for opportunities to provide outreach about elder issues to tribal members not living on reservations.

Examples of this coordination include an active role in the organization of the Native Caring Conference (now in its 5th year), intergovernmental agreements with a Tribe for licensed foster homes, developed Tribal caregiver guidelines for Title VI programs, technical support to a Tribe's Elder Coordinator on caregiving and nutrition, and contract oversight and compliance for a Tribe's AoA Evidence Based Enhanced Fitness and Living Well Federal Grant.

Objectives and Strategies:

Objective F2.1: Increase the participation in the annual Native Caring conference planning to include the Nine Tribes in Oregon and additional AAAs.

- Strategy F2.1.1: Provide direct outreach to the Nine Tribes.
- Strategy F2.1.2: Create materials that are culturally appropriate for Oregon's Tribes.
 - Outcome: Track participation of the Tribes and AAAs in the annual Native Caring conference.

Objective F2.2: Increase the knowledge of self-care with Native American caregivers.

- Strategy F2.2.1: Update and create culturally appropriate self-care materials with the support from the Native Caring Committee.

- Strategy F2.2.2: Provide feedback and collaborate with the Tribes.
 - Outcome: Conduct outreach and create a survey to measure knowledge of self-care. Polling participants at the Native Caring Conference with AARP at the beginning and end of training sessions to assess knowledge of self-care.

Objective F2.3: Develop an assessment of training needs for Oregon's Tribes.

- Strategy F2.3.1: Conduct outreach to all of the Elders Coordinators from the Nine Tribes in Oregon on topics for training.
- Strategy F2.3.2: Compile an evaluation tool for training with the Advisory Committee and Tribal representation.
 - Outcome: Increased knowledge of Caregiver Programs in Oregon and sharing of best practices.
 - Outcome: Increased collaboration with AAAs.
 - Outcome: Increased staff knowledge on caregiver issues.

Objective F2.4: Build upon coordination and relations between Oregon Tribes and the AAAs.

- Strategy F2.4.1: Encourage the participation of Tribal Elder Coordinators to participate in regional trainings offered to AAA staff.
- Strategy F2.4.2: Create a calendar of tribal events throughout Oregon and disseminate this information to both the AAAs and the Tribes.

F3. Faith Based Initiatives

Faith-based and community organizations provide services and support that often are not duplicated by government programs. They can assist older Oregonians and their families to meet many home and community-based needs.

In Oregon, efforts are underway to establish, maintain, and grow the relationship between the SUA, local AAAs, and faith-based and

community organizations to increase outreach to older Oregonians who are Hispanic, as well as underserved populations in urban and rural communities. The SUA is also in the beginning stages of partnership with the Faith in Action initiative. This is a cross-faith initiative of the Robert Wood Johnson Foundation that helps faith-based organizations match volunteers to older adults and adults with disabilities. Services include non-medical assistance and support, such as transportation, in-home respite, and home repair and maintenance.

Objectives and Strategies:

Objective F3.1: Increase outreach and coordination with faith-based organizations.

- Strategy F3.1.1: Plan outreach activities with faith-based organizations in urban and rural communities.
- Strategy F3.1.2: Explore areas of collaboration and technical assistance with Faith in Action Programs.
- Strategy F3.1.3: Evaluate efforts by faith-based and community organizations in order to minimize duplication of services through OAA programs.
 - Outcome: Report duplication of services that are identified and mitigated by September 2013.

F4. Title VII Vulnerable Elder Rights Protection Activities

See State Goal # 5

F5. Health Care System Coordination

See State Goal #2

Administration on Aging (AoA) Strategic Goals

We are pleased to align Oregon's State Plan on Aging with the strategic goals in AoA's vision for long-term modernization.

Goal 1: *Empower older people, their families, and other consumers to make informed decisions about, and to be able to access, existing health and long-term care options.*

Please see State Goals # 1 and 4 for specific strategies and activities that further this goal.

Goal 2: Enable seniors to remain in their own homes with high quality of life for as long as possible through provision of home and community-based services, including supports for family caregivers.

Oregon has a rich tradition of assuring that vulnerable populations are served in the setting that most appropriately meets their needs in the community if possible. In repeated surveys, seniors polled in Oregon overwhelmingly prefer to age in their own homes or communities. Oregon's has been successful in nursing facility (NF) diversion over the past 20 years with declining caseloads. This is due to its robust Medicaid community based care service system and Oregon Project Independence program for individuals that do not qualify for Medicaid. Increases of between three percent and five percent annually in NF caseloads were not uncommon before 1991. Please see State Goals #1 and 4 for strategies related to continued investments in Oregon's home and community-based services and supports system.

Goal 3: Empower older people to stay active and healthy through Older Americans Act services and the new prevention benefits under Medicare.

Please see State Goals #2 and 3 for specific strategies and activities that further this goal. Please note that the State Unit on Aging maintains a close partnership with the Senior Health Insurance Benefits Assistance program, Oregon's SHIP, in the development of the ADRC programs and in outreach to Medicare beneficiaries who may qualify for the low-income subsidy program.

Goal 4: Ensure the rights of older people and prevent their abuse, neglect and exploitation.

Please see State Goal #5 for specific strategies and activities that further this goal. The State Unit on Aging is housed within the same organizational structure as the Adult Protective Service (APS) program and works closely with the staff in the APS program. Additionally the senior policy analyst for the prevention of abuse also serves as the SUA Legal Services Developer.

State Plan Development Public Input Timeline

- February and March 2009: State Plan Core Workgroup meets, reviews trends, and proposes five focus areas.
- April 2009: Review by Area Agency on Aging Directors and Seniors and People with Disabilities Administration.
- May 2009: Statewide Advisory Council meets to develop goals and objectives in the five focus areas.
- May/June 2009: Statewide Advisory Council's work presented to Area Agency on Aging Directors and Seniors and People with Disabilities Administration.
- June-July 2009: State Plan on Aging drafted.
- July 2009: Draft reviewed by Core Workgroup and Region X.
- August 2009: Draft reviewed by Statewide Advisory Council.
- August 24, 2009: Send out notice for public comment.
- September 18, 2009: Public Hearing scheduled.
- September 21, 2009: Public comment due.
- October 1: State Plan goes into effect.