LIVE BEYOND EXPECTATIONS

Regional Strategic Plan

July 2015 – June 2020

Atlanta Regional Commission
Aging & Health Resources Division

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Summary

The Atlanta region is experiencing an unprecedented demographic shift. By 2030, one out of every five residents will be over the age of 60. This change includes not only a dramatic growth in the number of older adults who call Atlanta home but it is also driven by the relatively new phenomenon of longevity—people living longer than ever before.

At the same time, funding for community services is changing. Federal and state dollars for non-Medicaid home and community based services have decreased. There are 626 individuals on the waitlist in the metro Atlanta area for the Medicaid waiver Community Cares Service Program as of June 2015. The federal Older Americans Act allocations per capita for the region's population age 60 and over has decreased from $ 20.29 in fiscal year 2007 to $15.43 in fiscal year 2016. Even the most optimistic projections do not anticipate an increase that begins to keep up with the growing population.

Aware of these two converging trends, in June 2014, ARC's Division of Aging and Health Resources began to develop a Regional Strategic Plan to understand the changing needs in the metro area and align services and supports for greater impact. The planning process included in-depth analysis of the region's demographics and service structure, ongoing workshops and trainings for the existing contract network, and community conversations and interviews culminating in a regional summit held March 5, 2015. Approximately 1,200 persons throughout the region contributed to creating the plan including representatives of all ages and abilities, caregivers, aging services funders, medical providers, philanthropies, government, home and community-based care services providers and faith-based organizations.

Key themes that emerged included: the importance of utilizing collective impact to leverage existing funding and programs, the necessity of integrating research and best practices into both planning and service delivery and ensuring good stewardship of public funds. However, the priorities identified by the community were not dramatically different than those of previous decades. It is clear that older adults and their families face many of the same challenges today that they encountered in the previous 30 years. The charge therefore, is to find ways to deliver more support and provide greater impact, with fewer resources.

Throughout this process, residents and professionals in the region have made it clear that:

- Programs need more flexibility to tailor and target services,
- Programs should be achieving outcomes for those they serve and have a framework for moving to scale,
- Administrative and reporting tasks should be reduced to devote more time and resources to direct services, and
- New technology and new programming is essential to respond to the needs of the 21st century older or disabled adult and caregiver.

The goals, strategies and tactics of the regional strategic plan are organized to accomplish these objectives. They cannot be achieved by the Atlanta Regional Commission alone but are intended to serve as a framework for growing new partnerships and leveraging new resources across the 10-county area.

BACKGROUND: ARC's Aging and Health Resource Division and the Region's Aging Network

The Atlanta Regional Commission (ARC) is the designated Area Agency on Aging (AAA) serving as the regional planning, development, and intergovernmental coordination agency for the Atlanta region, comprised of the 10 contiguous counties of Cherokee, Clayton, Cobb, DeKalb, Douglas, Fayette, Fulton, Gwinnett, Henry, and Rockdale. ARC's Aging and Health Resources Division, in which the AAA functions are vested, is charged with both serving the needs of current older adults and planning and advocating for future needs and generations. Approximately 540,000 adults 60 or older live in the region constituting 35 percent of Georgia's older residents.

The ARC AAA serves as the steward of funds from the Older Americans Act, the Social Services Block Grant, the Elderly and Disabled Waiver including both the Community Care Services and SOURCE programs, a number of other state-funded programs for older adults and a variety of public and private grants. With an annual budget of over $28 million, the ARC AAA plans, funds and oversees services to older adults and persons with disabilities through a combination of direct services and partnerships with community service providers.

While the funding sources mentioned above are critical instruments for organizing and delivering services to older and disabled adults in the region, a broader collective impact framework has the potential to better coordinate across sectors and payment streams and achieve more ambitious results. This Plan offers a common vision to measure impact and evaluate progress in the identified priority areas. Working together with others throughout the region, a shared vision, mission and core values is set forth here to serve as joint principles that can be incorporated into organizational plans of work.

Vision	The Atlanta region is a place where people of all ages, abilities and incomes can live high quality lives.
Mission	Prepare the 10-county metro area to meet the future needs of a changing society while ensuring adequate services and supports for individuals and families living in the community today.
Core Values	Flexible Effective Collective Impact Empower individuals and families with choice Person-centered and holistic Evidence-based

Identifying Needs and Opportunities

The compilation and evaluation of the market sources provide the foundation for the Plan's priorities, goals and strategies. Market and data analyses were conducted between September 2014 and March 2015 to inform this strategic plan utilizing the following methods: six community conversations (in-person, town-hall style meetings); a survey with 10 polling questions posed at, events and on-line; regional, state and national industry leader interviews; key stakeholder interviews; mapping and research analysis of the region's population and infrastructure (Appendix 1) and a Regional Strategic Plan Summit. The market analysis provided both information to community members about ARC's proposed future direction and solicited the input of community members and subject matter experts into the strategic plan for the 10-county metro area. A summary of findings by each method follows.

Community Conversations

Events were held in Fayette, Cherokee, Fulton, Gwinnett, DeKalb and Henry counties with 346 participants. A variety of persons attended including older adults, persons with disabilities, caregivers, civic leaders, business and service providers, faith-based organizations and governmental officials and staff.

Overall, when asked what is working well to support healthy aging, participants reported:

- senior centers;
- meals on wheels;
- congregate meals;
- parks and recreation services;
- libraries and educational and cultural opportunities; and
- healthcare services.

When asked what doesn't work well to support healthy aging the top answers were:

- transportation is not accessible when/where desired or is not affordable;
- lack of awareness of services available;
- waiting lists for services;
- housing options;
- inconsistent sidewalks, unsafe street crossings, lighting, and general public safety; and
- "technological divide" for the small but critical population that does not have access to the internet.

Lastly, participants were asked what is needed to create a future where people have what they need and can maintain a high quality of life with dignity as they age in the community. Top answers included:

- community development that is transparent and recognizes the aging population and ensures access to healthcare, shopping, recreation and walkability/safety;
- transportation that is accessible, affordable and flexible;
- housing stock that is diverse, affordable, safe and not segregated; and

» access to information and services that is marketed well so that people know where to go, where to call and can be assured that the information is from trustworthy and trained professionals.

Survey

Ten survey questions were asked of Community Conversation attendees, persons at other events and through an online poll to learn more about some of the issues in the metropolitan region. In total, 518 persons provided responses. A brief summary of results follows and Appendix 2 provides all questions and response rankings.

Transportation and financial resources were identified as the greatest challenges to growing older in metro Atlanta.

The services cited that would assist caregivers most were: caregiver training, transportation, daily care outside the home and occasional in-home sitters.

A vast majority of people indicated that if they were unable to drive they would rely on family and friends.

If available, preference for a senior shuttle was shown even when the charge was slightly higher than a bus or train for the general population.

When asked what they would look for in a new home if they were to move, location near services ranked highest followed by affordability and little or no yard and upkeep.

Physical activity, healthy foods and engaging with others were the top three factors thought to be most important to staying healthy, which mirrored the primary reasons persons would go to a senior center.

The Internet, word of mouth, local service agencies and medical providers were cited most often as the sources for information and services

Industry Leader and Stakeholder Interviews

Interviews were conducted with key industry leaders to provide market analysis on aging business trends and future direction. Leaders in stakeholder organizations serving older adults and persons with disabilities were interviewed to gain insight into local market forces affecting their organizations, their vision for the future and perceptions of the role ARC should play as we look to the future of aging services. A list of interviewees and organizations is provided in Appendix 3. Overarching issues that were stated most often included the opportunity for administrative and cost efficiencies, the need to identify alternative revenue and funding for programs and services to fill gaps, growing competition from for-profit providers and the importance of demonstrating value and impact to funders.

The main external forces and drivers currently affecting organizations that emerged from the interviews were:

» Demographic changes driving increased demand for services;

» Political landscape and funding resulting in a decrease in federal sources and need to compensate through more fundraising activities that could potentially take away from capacity to deliver optimal service;

- Changing healthcare system: specifically related to the Affordable Care Act and an increased emphasis on population health and disease prevention;
- Housing affordability and implications for aging in place, mainly focusing on a lack of affordable options for seniors in the region; and
- Lack of transportation options.

The visions for the future of aging services that most often were cited were:

- Expansion of resources by increasing funding, especially from non-federal sources and utilizing creative staffing options, particularly volunteers;
- Promotion of measured success of program by moving to outcomes-based practice; and
- Expansion of services (particularly support for caregivers and more mental health/ behavioral health activities), fostering creative partnerships, and taking advantage of advances in technology.

When asked what role ARC should play in shaping the future for the region, top responses were:

- Implement outcomes-based practice to drive operations toward effective programs;
- Offer leadership and advocacy for aging services and the policy changes that could facilitate innovation in funding and service delivery;
- Expand partnerships by building relationships to secure philanthropic funding, to better share knowledge and innovations, and to integrate with health care; and
- Promote flexibility and adaptability while focusing on the core value: helping people.

In general, the industry thought leaders voiced greater emphasis on the following actions:

- All organizations must demonstrate cost effectiveness and measureable impact. Funding competition is strong across sectors to provide services. Managed care organizations' methods of measuring effectiveness was cited as the marketplace's prevalent model.
- Marketing to reach the broader community and engage with more partners is critical. Aging services are not well known.
- The investment in technology at an accelerated pace is required to extend services and provide services in a way relevant to consumers, i.e. use Internet to provide connections and socialization and medical care at home.

The stakeholders identified the following as chief actions needed:

- Increase advocacy for program funding and government policy revisions.
- Increase transportation options.
- Increase support for caregivers.

Overall, the interviews with industry leader and key stakeholders mirrored much of what was gathered from the community conversations dialogue and survey responses. The same top issues and needs were identified by all groups lending strong support to the recommendations.

Regional Summit

Multiple sectors and key stakeholder groups were represented at the regional Live Beyond Expectations Summit in March 2015, with 325 persons attending. The purpose of the meeting was to provide information about the changing metropolitan Atlanta region, present innovative solutions to meet needs, share findings from the Community Conversations and market analysis and introduce the priorities that had emerged. An interactive poll was conducted at the end of the Summit to gauge community support for the priority areas with 89 percent indicating that the priorities were either "right on the money" or "almost there." Further affirmation of the plans relevancy and support was demonstrated when participants were asked if they were willing to help work on the priorities and 74 percent signed up to become involved by completing commitment cards with their contact information.

Regional Priorities, Goals and Strategies

Priority Area – Transportation

NEED: Although Americans are healthier and living longer than ever before, seniors are outliving their ability to drive safely by an average of 7 to 10 years according to the American Automobile Association. Loss of vision, hearing loss, weaker muscles, reduced flexibility and limited range of motion that may accompany aging all negatively affect the ability to drive (1). Transportation options other than individual cars are not consistently available nor affordable throughout the Atlanta region. In 2015, it is estimated that 90 percent of adults in greater Atlanta ages 65 to 79 will have poor public transportation access (2). Currently, there are an estimated 32,201 senior-led households (65+ head of household) in the Atlanta area that have no vehicles (3). Expanding affordable transportation options must be a priority to meet growing need and one promising practice is increasing the capacity of Volunteer Driver Programs. Nationally, operating cost per trip for ADA paratransit in large urbanized areas was estimated to be $34.71 in 2010, whereas volunteer driver transportation cost on average were $14.33 per trip (4). As an added value, it is estimated that nationally, 63 percent of volunteer drivers are 65 years or older, providing important social and civic engagement activities to healthier older adults (5).

GOAL: Increase the number of older adults and persons with disabilities with access to transportation services.

STRATEGY: Improve the flexibility and responsiveness of regional human service transportation systems (HST).

TACTICS:

- Grow the region's volunteer driver programs.
- Enhance the use of technology and data management into local HST systems.
- Increase provider capacity and funding through the regional HST plan and investment strategy.

Priority Area – Caregiver Support

NEED: Family and other informal caregivers provide the majority of care for frail older adults and persons with disabilities living in communities. It does not occur without costs to employers due to missed time at work and costs in caregiver health due to stress and neglect of their own health issues. Fifteen percent of the U.S. workforce cares for an older adult and it is estimated that by 2020 one in five workers will be over the age of 50 and managing the needs of adult children and elderly parents at once (6). Caring for persons with dementia or Alzheimer's Disease can be especially daunting and the number of persons affected is expected to grow substantially. In Georgia, 130,000 people aged 65 and older have Alzheimer's disease, amounting to 11 percent of seniors in the state. This population is expected to reach 190,000 by 2025, an increase of 46.2 percent (7). In 2014, there were 506,000 Alzheimer's and dementia caregivers in Georgia that provided an estimated 576,000,000 hours of unpaid care valued at $7,015,000,000 (7). Supporting caregivers by providing programs that reduce stress and burden is critical for an aging society. Evidence-based programs that are especially tailored for caregivers and providing reliable and accessible information about the services that are available are proven means to do this.

GOAL: Reduce caregiver burden.

STRATEGY: Provide services and supports to older adults, persons with disabilities and caregivers in the community.

TACTICS:

- Offer evidenced-based caregiver support programs throughout the 10-county region.
- Coordinate regional caregiver programs to strengthen and expand reach.
- Expand access to information and referral services through enhanced online tools and improved 24 hour/7 day a week counseling and support.

Priority Area – Long Term Supports and Services

NEED: Nearly 90 percent of people over age 65 want to stay in their home for as long as possible, and 80 percent believe their current residence is where they will always live (8). However, in order for many older adults to age at home, there must be high quality, affordable services available to support them. Advancing age increases the risks for multiple health conditions. Seventy-five percent of U.S. adults age 65 and older are living with a chronic condition such as high blood pressure, diabetes, or heart disease (9). The CDC estimates that in Georgia, 39 percent of older adults have a disability (10). On average, the costs to provide care in the community is much lower than other settings. ARC's service database indicates that for the metropolitan Atlanta area, the average annual costs for skilled nursing homes is $67,677, assisted living facilities is $47,208 and personal care homes $22,789 . Unfortunately, there are far too many low income vulnerable persons waiting for Medicaid Home and Community-based waiver services. Improvements in long-term supports and services must find more effective ways to utilize current resources and leverage additional ones.

GOAL: Increase quality of life for older adults and persons with disabilities living in the community.

STRATEGY: Providing services and supports to help older and disabled adults remain in the community.

TACTICS: Work toward achieving the Triple Aim in long-term services and supports in the region which is:

- Lower Costs: Reduce the administrative costs associated with service delivery.
- Better Care: Measure and improve the quality of the services delivered to individuals.
- Better Population Health: Quantify the impact of the service system on the region's older adult and persons with disabilities population.

Priority Area – Senior Centers

NEED: There is great need for health improvements in Georgia's older adult population. Georgia's older adults rank near the bottom nationally in health indicators. Cardiovascular disease is the leading cause of death in Georgia. Cardiovascular disease (CVD) includes all diseases of the heart and blood vessels, including ischemic heart disease, stroke, congestive heart failure, hypertension and atherosclerosis (12). Georgia has the 18th highest adult obesity rate in the nation. The state's adult obesity rate was 30.3 percent as of 2013, up from 24.5 percent in 2004 and from 10.1 percent in 1990. 25.8 percent of adults 65 years or older are obese in Georgia (13). As reported in a study for the Center for Disease Control in 2013, older adults in Georgia reported six unhealthy days per month, ranking the state 44th nationally; 35 percent do not participate in physical activity, 31st in nation, and 75 percent do not eat enough fruits and vegetables, 36th in nation (10). Another study found that approximately 20 percent of adults in Georgia aged 65 and older are not receiving the social and emotional support they need on a regular basis (14).

Senior centers are valued by area residents and were cited in ARC's strategic plan survey as one of the top places that supports healthy aging. Physical activity, healthy food and engaging with others were the primary reasons persons polled would choose to attend a senior center. The region has approximately 80 senior centers but is reaching a small number of the region's older adults making it difficult to realize large scale population health improvements. Incorporating additional senior center models by utilizing technology and nontraditional settings offers the possibility of expanding the reach of senior centers to serve more people.

GOAL: Provide opportunities for social engagement and health improvement to the region's older adult population.

STRATEGY: Expand health and wellness programming to serve a wide range of ages and abilities.

TACTICS:

- Continue to expand best practices in senior center management.
- Introduce non-traditional senior center models to increase the number of older adults served.
- Offer a wide range of programming in senior centers to reach individuals of different ages and abilities.

Priority Area – Behavioral Health

NEED: Behavioral health encompasses the emotions, behaviors and biology relating to a person's mental well-being and their ability to function. Behavioral health is used to describe the connection between behaviors and health and well-being. It includes the prevention and intervention in mental illnesses, such as depression and anxiety, and interventions in substance abuse and other addictions. Recent data indicate that an estimated 20.4 percent of adults aged 65 and older met criteria for a mental disorder, including dementia during the previous 12 months and this translates into approximately 222,363 of Georgia's older adults being affected by mental illness (15). The number of older adults nationally in need of substance abuse treatment is estimated to increase from 1.7 million in 2000 to 4.4 million in 2020 (15). Fifteen to 20 percent of older adults in the United States have experienced depression (15). Even mild depression lowers immunity and may compromise a person's ability to fight infections and cancers (15). Older adults underutilize behavioral health services for a variety of reasons, including: inadequate insurance coverage; a shortage of trained geriatric mental health providers; lack of coordination among primary care, mental health and aging service providers; stigma surrounding mental health and its treatment; denial of problems; and access barriers such as transportation (15). There is a need for better access to behavioral health screening and treatment in the region.

GOAL: Improve access to behavioral health services in the metro region.

STRATEGY: Promote screening and treatment to appropriate behavioral health interventions for older adults and persons with disabilities.

TACTICS:

- Integrate behavioral health screening and assessment tools into Medicaid and non-Medicaid home and community based services.
- Target behavioral health interventions to the most vulnerable individuals.
- Expand the capacity of the existing workforce to address behavioral health needs.
- Increase the number of behavioral health providers serving individuals in metro Atlanta.

Priority Area – Information Services

NEED: ARC's Aging and Disability Resource Connection's (ADRC) purpose is to serve as a highly visible and trusted places where people of all ages can turn for information on the full range of long-term support options and for a single point of entry to publicly-funded long-term support programs and benefits (16). ADRCs were created in response to individuals' confusion on where to find assistance and frustration when having to provide the same information multiple times to gain access to services. The Atlanta ADRC answers over 80,000 calls each year, yet there are still many who don't know of its existence or prefer a more self-directed inquiry for assistance. Resources and infrastructure have been at capacity for years resulting in reluctance to aggressively market this vital service. Consumers expect to be able to search on-line as a first step and if needed seek more personalized assistance afterwards. Efforts must focus on expanding the reach of information services through improvements in delivery. Eighty-seven percent of caregivers in the U.S. own a cell phone and, of those, 37 percent say they have used their phone to look for health or medical information online. In 2014, it is estimated that 59 percent of adults 65 and older use the Internet (17). ARC's strategic plan survey data identified the Internet as the "most often used way to get information on services for myself or someone else" in every community in the region. The increased use of technology offers the ability to expand marketing and outreach, streamline access and expand reach to more consumers.

GOAL: Ensure that older adults, persons with disabilities and caregivers have the support they need to make informed decisions.

STRATEGY: Expand the number of individuals served through the regional Aging and Disability Resource Center.

TACTICS:

- Expand community outreach and marketing of ADRC services.
- Increase productivity of regional ADRC through enhanced phone technology, online web chats and triage services.
- Launch a new database structure to increase access and integration of resources across the social service and health care systems.
- Target service delivery through standardized intake and screening.

Priority Area – Housing

NEED: Communities that offer a diversity of housing options are desirable to an aging population. Over a lifetime, housing needs change for many individuals as household size and income decreases. Housing near services becomes more important as the ability to drive decreases. Responders to ARC's strategic plan survey cited that if they were looking for a new home the most important factors would be to locate near services, affordability and have little or no yard upkeep and home maintenance. Nationally, in 2014, a third of adults aged 50 and over—including 37 percent of those aged 80 and over—paid more than 30 percent of income for housing that may or may not fit their needs. Among those aged 65 and over, about half of all renters and owners still paying off mortgages are similarly housing cost burdened. Moreover, in the U.S., 30 percent of renters and 23 percent of owners with mortgages are severely burdened by paying more than 50 percent of income on housing (18). The affordable rental market in Atlanta is likewise limited with an estimated 49 percent of renters in the Atlanta area unable to afford a two bedroom home or apartment at Fair Market Rent (FMR) without paying more than 30 percent of income on housing (19). When housing and transportation costs are coupled together, the Atlanta region has the 6th worst affordability among the 25 largest metros, with housing and transportation consuming 63 percent of the income of moderate-income households (20).

GOAL: Encourage the development of diversity of housing options.

STRATEGY: Assist local communities to expand housing options near services that can support quality of life for persons of all ages and abilities.

TACTICS:

- Infuse Lifelong Community principles into existing communities and local and regional development strategies. The principles include: connectivity, pedestrian access and transit, neighborhood retail and services, social interaction, diversity of dwelling types, healthy living and consideration of existing residents.
- Promote and adopt best practices in supportive housing across Georgia and the metro region.

Measuring Impact

ARC is committed to achieving collective impact through the region's aging network. A major premise of this work is that large-scale social change comes from better cross-sector coordination rather than from the isolated intervention of individual organizations. There are five conditions of collective impact: 1) common agenda, 2) shared measurement, 3) mutually reinforcing activities, 4) continuous communication and 5) backbone support. As such, ARC will continue to provide backbone support and lead a learning agenda around need and best practices and how to best work together. ARC will collect regional outcome measures and provide analysis and evaluation of the results to ensure that the programs and services are achieving the desired effects for recipients. Emphasis will be placed on local investments into supports and services for older adults and caregivers, and the ability to streamline access across services and funding sources. ARC intends to track progress of goals in this plan through an annual collection instrument that any organization joined in collective impact, regardless of funding source, can share outcomes.

This plan is an invitation to the all interested organizations to join with ARC in working to ensure that the Atlanta region is a place where people of all ages, abilities and incomes can live high quality lives.

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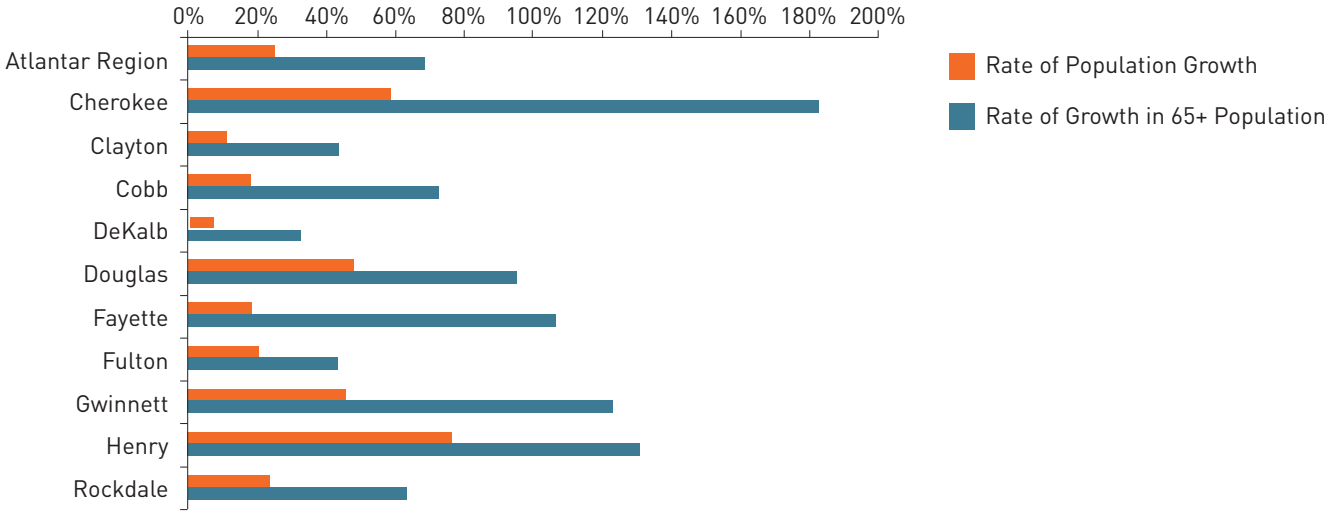
Appendices

Appendix 1 – Profile of Older Adults in Region

Growth:

The older adult population in the Atlanta Region has grown over the last decade at a rate significantly higher than the general population. Between 2000 and 2013, the 65+ population increased by 69 percent. Growth of the 65+ population exceeded growth in the general population in all of the region's ten counties.

Rate of Region's Growth vs. Growth in Elderly Population, 2000-2013



Source: US Census, 2000, Summary File 1, DP1, and American Community Survey, 2013, 1-Year Estimates, DP05

Atlanta's population is younger than the US population. The median age in the Atlanta Region is approximately 35.2, whereas the median age in the United States is 37.4 (ACS 3-year estimates, 2011-2013).

Of those over age 65, 11 percent are over 86 years old

Source: American Community Survey, 2009-2013, 5-year estimates, S0101

General:

- 13.8 percent of the population living in the Atlanta region is 60 and older.

Of those over the age of 65:

- 51 percent of older adults are white
- 37 percent are black
- 6 percent are Asian
- The remaining 7 percent includes Native Americans, Hawaiian and Pacific Islander, and people of two or more races (ACS 5-year estimates, 2009-2013).

Older Adult Population by County, 2013						
County	Total Population	Total 65+ Population	Percent of Population 65+	Total 85+ Population	Percent of Population 85+	Percent of 65+ Population that is 85+
Cherokee	218,277	21,847	10.01%	1,873	0.86%	8.57%
Clayton	262,455	18,626	7.10%	1,815	0.69%	9.74%
Cobb	699,235	64,900	9.28%	6,673	0.95%	10.28%
DeKalb	700,308	65,132	9.30%	8,385	1.20%	12.87%
Douglas	133,486	12,088	9.06%	788	0.59%	6.52%
Fayette	107,105	14,694	13.72%	1,560	1.46%	10.62%
Fulton	948,554	89,028	9.39%	12,388	1.31%	13.91%
Gwinnett	825,911	60,911	7.38%	5,772	0.70%	9.48%
Henry	206,349	18,391	8.91%	1,823	0.88%	9.91%
Rockdale	85,650	9,494	11.08%	959	1.12%	10.10%
ARC Region	4,187,330	375,111	8.96%	42,036	1.00%	11.21%

Source: American Community Survey, 2009-2013, 5-year estimates, DP05

Transportation:

Most individuals use private automobiles to move around the Atlanta Region—either driving their own car or riding as a passenger in another's.

In 2015, it is estimated that 90 percent of adults in greater Atlanta ages 65-79 have poor public transportation access.
Source: Aging in Place – Stuck without Options: Fixing the Mobility Crisis Facing the Baby Boom Generation., 2012.

There are an estimated 32,201 65 years of age and older led households in the Atlanta region that have no vehicles.
Source: United States Census Bureau. (2009-2013).

Housing:

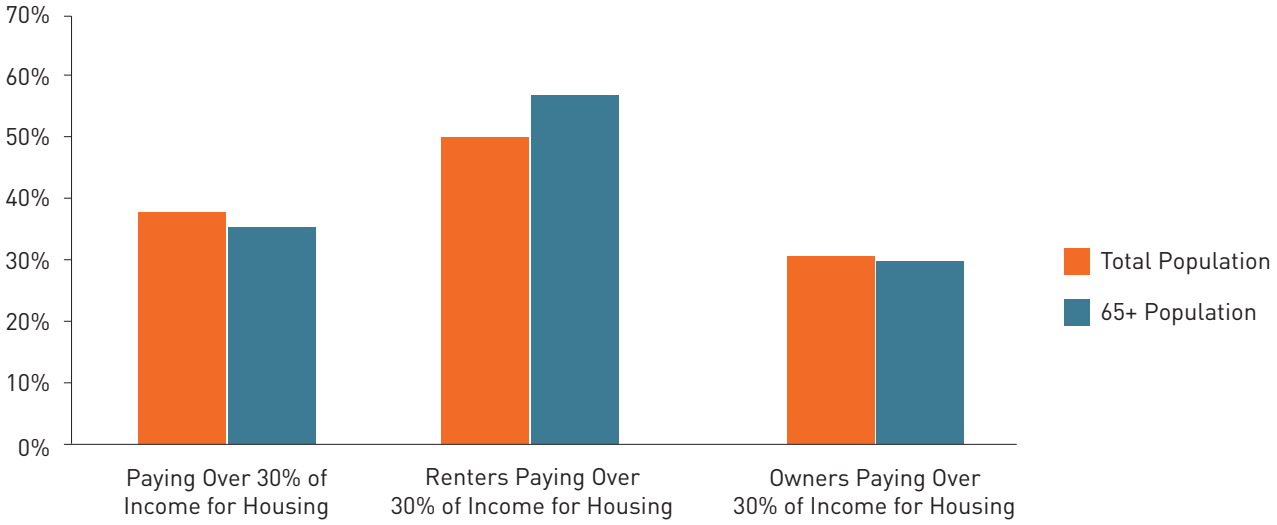
Housing continues to pose one of the most daunting challenges to older adults in the Atlanta Region. Most seniors want to stay in their communities and homes as long as possible. It is often inadequate or unaffordable housing that forces them to move.

- While the vast majority of older adults are homeowners, 21 percent of older adults are renters.
- The rate of homeownership varies by county. Henry and Fayette counties have the highest homeownership rates among their 65+ populations, at 90 percent. Fulton County has the lowest homeownership rate at 69 percent.
- Housing affordability is a particular problem for older adults. More than 35 percent of residents age 65 and over pay more than 30 percent of their income for housing. This problem is particularly acute for older renters.

County	Occupied Housing Units 65+	Percent Owner Occupied Housing Units	Number of Occupied Units
Cherokee	13,409	87.10%	11,679.2
Clayton	10,314	75.70%	7,807.7
Cobb	39,883	84.20%	33,581.5
DeKalb	40,630	76.50%	31,082.0
Douglas	6,454	84.60%	5,460.1
Fayette	8,995	89.70%	8,068.5
Fulton	57,328	69.10%	39,613.6
Gwinnett	30,684	84.60%	25,958.7
Henry	10,218	89.90%	9,186.0
Rockdale	5,611	85.10%	4,775.0
ARC Region	223,526	79.28%	177,212.2

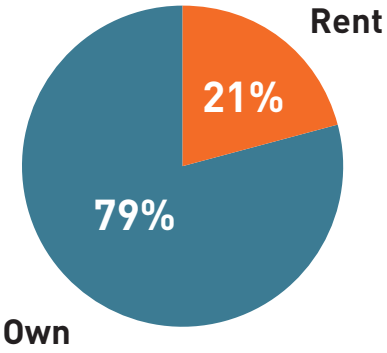
Source: Population 65 and Older in the United States, 2009-2013 ACS 5-Year Estimates, SO103

Housing Affordability, 2013



Source: Population 65 and Older in the United States, 2009-2013 ACS 5-Year Estimates, SO103 (only over 30 percent available, so numbers are higher)

65+ Population Rent vs. Own, 2013

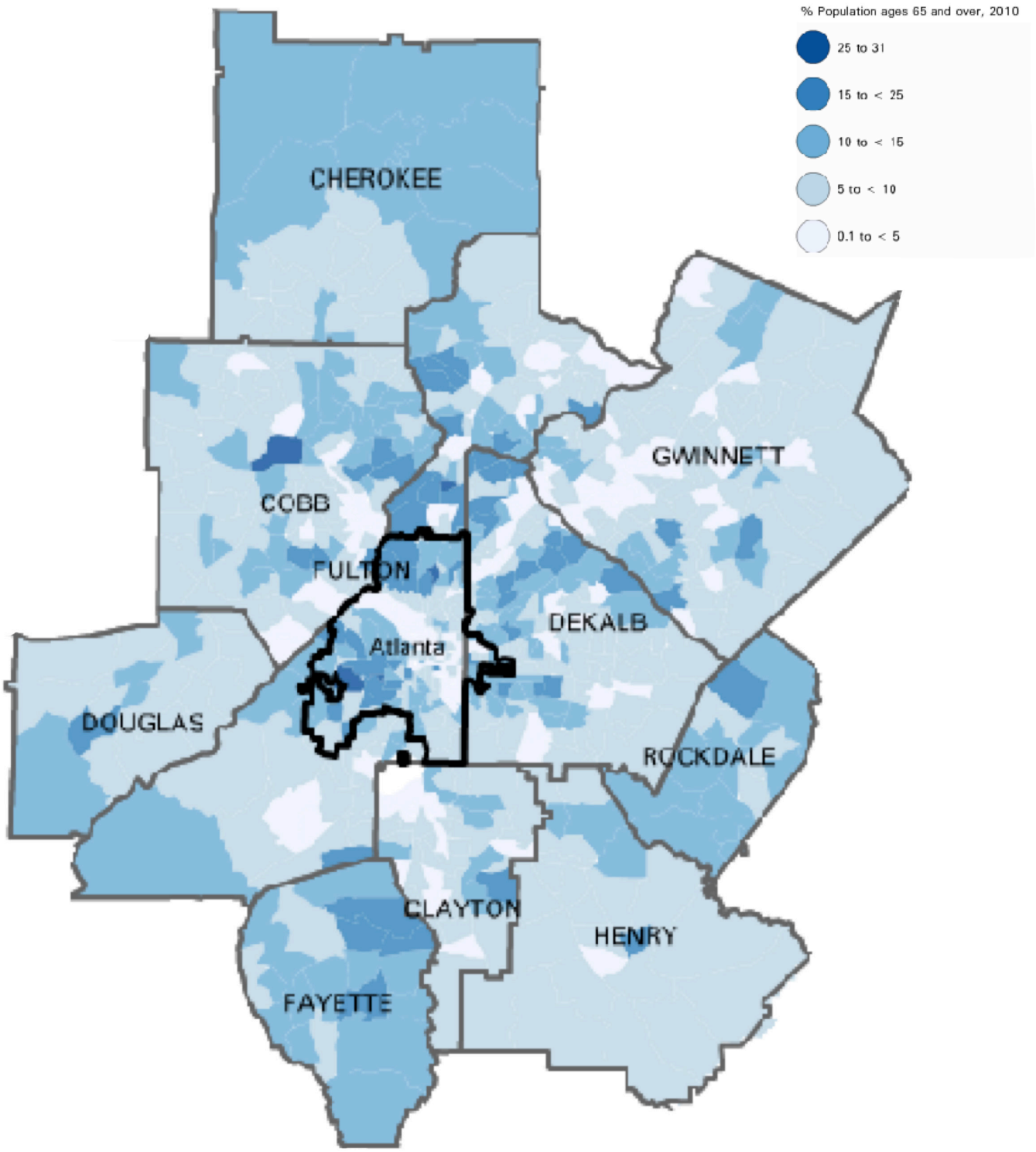


Source: Population 65 and Older in the United States, 2009-2013 ACS 5-Year Estimates, SO103

Where Older Adults Live:

Older adults reside throughout the Atlanta Region. As individuals age in place, however, some communities have higher concentrations of older adults than others. When the percentage of older adults living in a community reaches 25 percent, the community is commonly referred to as a Naturally Occurring Retirement Community (NORC).

Concentrations of 65+ Population, 2010



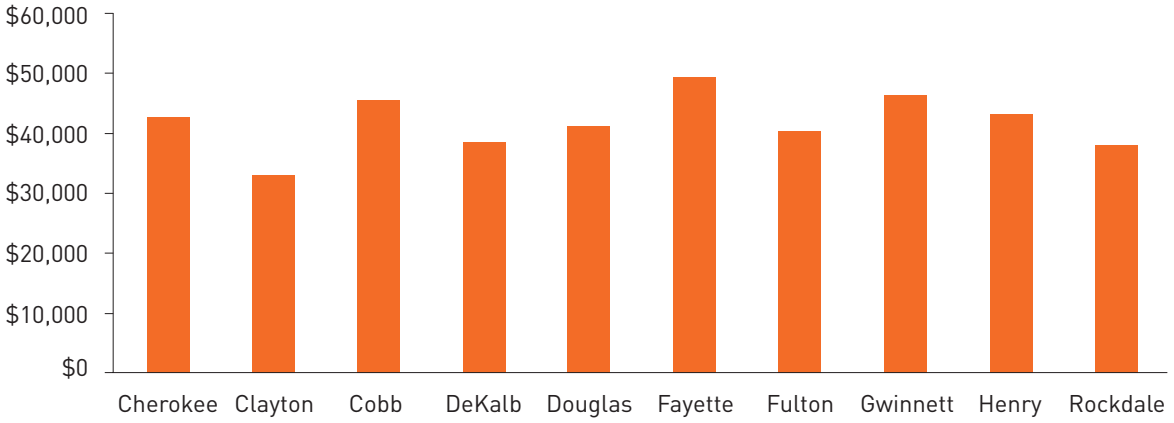
Income:

The income distribution of the Region's 65+ population reflects the income distribution of older adults in the United States, peaking at the poverty level and again at the upper middle class. Atlanta:

36.5 percent of older adults have incomes < $30,000

17.7 percent have incomes between $50,000 and $75,000

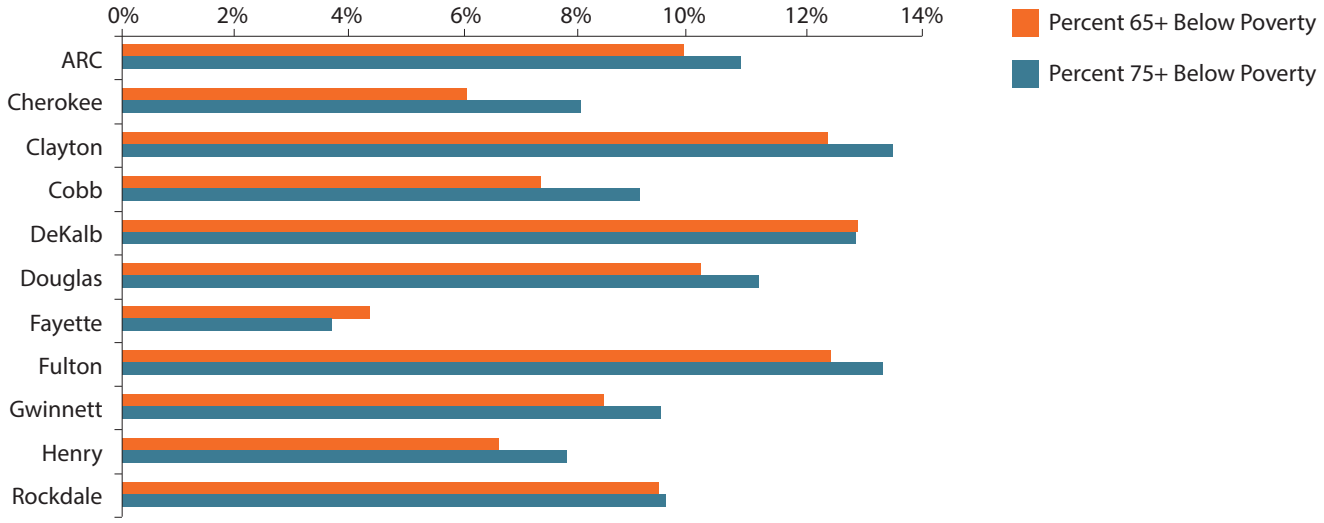
Median Household Income in Past 12 Months for Householder 65 Years and Over



Poverty:

9.83 percent of Atlantans over age 65 are living below poverty, and 10.84 percent of those over age 75 are living below poverty.

Poverty Rates Amongst Older Adults, 2013



Source: ACS 5-Year Estimates, 2009-2013, Poverty Status in the Past 12 Months by Age, B17001

Marital Status:

The marital status of a 65+ individual in the Atlanta Region is highly dependent on the individual's gender. Almost equal percentages of women age 65 and over are married or widowed, while the vast majority of men age 65 and over are married.

65+ Population, 2011-2013

Marital Status	Male		Female	
	Number	Percent	Number	Percent
Married	113,846	71.8%	81,372	37.6%
Widowed	19,495	12.3%	83,488	38.5%
Divorced	16,757	10.6%	37,895	17.5%
Separated	2,256	1.4%	3,455	1.6%
Never Married	6,164	3.9%	10,394	4.8%

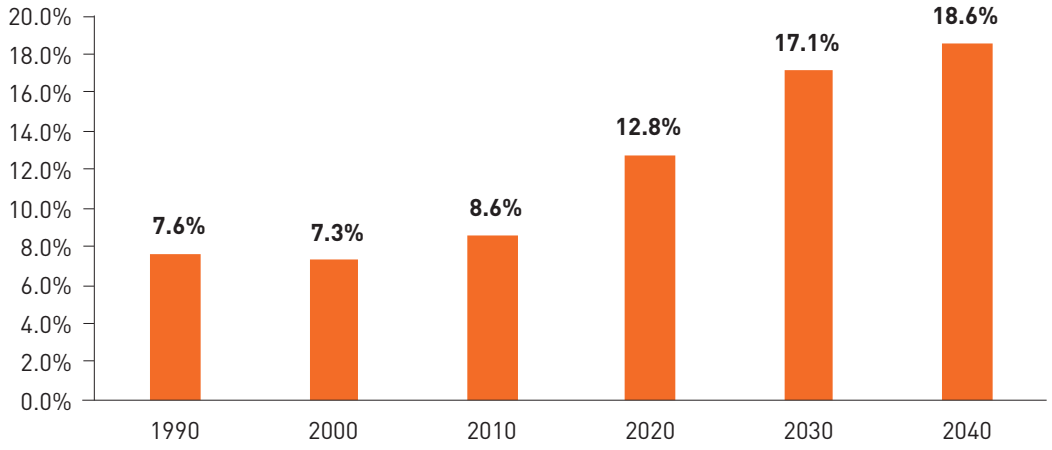
Source: Marital Status, 2009-2013 ACS 5-Year Estimates, S1201

Health:

- 95 percent of older adults in Georgia are covered under the Medicare program (ACS 5-year estimates, 2009-2013, C27006).
- 5 percent of older adults receive benefits from the Medicaid program (ACS 5 year estimates, 2009-2013, C27007).
- 34.6 percent of the 65+ population has a disability (ACS 5 year estimates, 2009-2013, B18101).

Labor Force:

Percent of 65+ in Labor Force- 10 County Region: 1990-2040



ARC 2040 Transportation Update: 10 County Region

Source: ACS 5-Year Estimates, 2009-2013, Employment Status, S2301

Appendix 2 – Key Industry Thought Leader and Stakeholder Interviewees

Industry Thought Leaders

- Laura Beaty, MD, *Concierge Practice, Alliance Primary Care, ARC Aging and Health Services Committee*
- Carolyn Clevenger, *Associate Professor Clinical, Assistant Dean for MSN Education, Emory University School of Nursing*
- Kathy Floyd, *Executive Director, Georgia Council on Aging*
- Ted Johnson, MD, *Geriatrician, Chair, Preventive and Primary Health, Emory University*
- Cynthia McDonald, *Resident Initiatives Oversight Manager, Atlanta Housing Authority*
- Larry Polivka, PhD, *Executive Director, Claude Pepper Center, Florida State University*
- Herman Weil, *Retired Senior Vice President, Medicare and Medicaid, Kaiser Permanente, ARC Aging and Health Services Committee*

Stakeholders

- Honorable Buzz Ahrens, *Chairman Cherokee County Commission, ARC Commission*
- Mike Alexander, *ARC Manager, Research and Analytics*
- Rick Aranson, *Chief Operating Officer, Jewish Family and Career Services*
- Carrie Bellware, *Director, Senior Services North Fulton*
- James (Jay) Bulot, *Director, Georgia Department of Human Services, Division of Aging Services*
- Eve Byrd, *Executive Director, Fuqua Center for Late-Life Depression*
- Debra Furtado, *Executive Director, Senior Connections*
- Ginny Helms, *Vice President, Chapter Services and Public Policy, Alzheimer's Association Georgia*
- Douglas R. Hooker, *ARC, Executive Director*
- Georgia Adult Day Care Association, Group interview at 2014 Annual Meeting
- Matt Pieper, *Executive Director, Open Hand*
- Jeff Smythe, *Executive Director, Meals on Wheels Atlanta*
- Deborah Askstein Zisholtz, *Community Planning and Impact Manager, Jewish Federation of Greater Atlanta*

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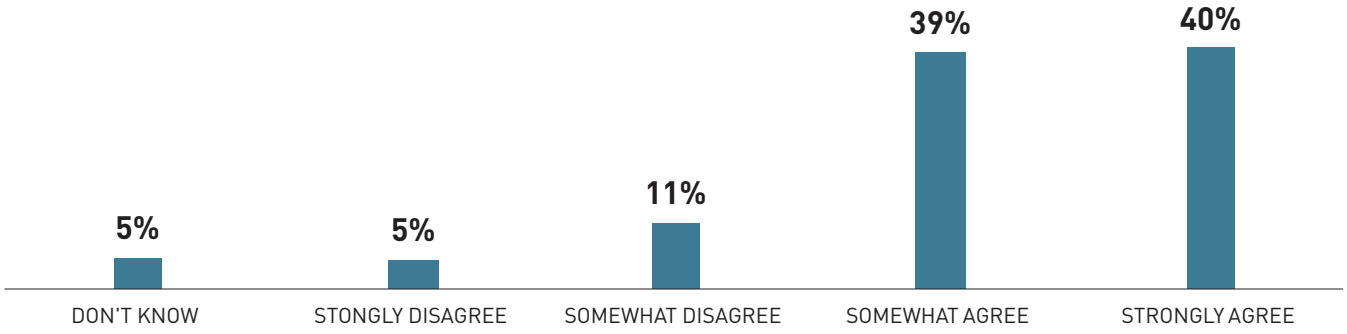
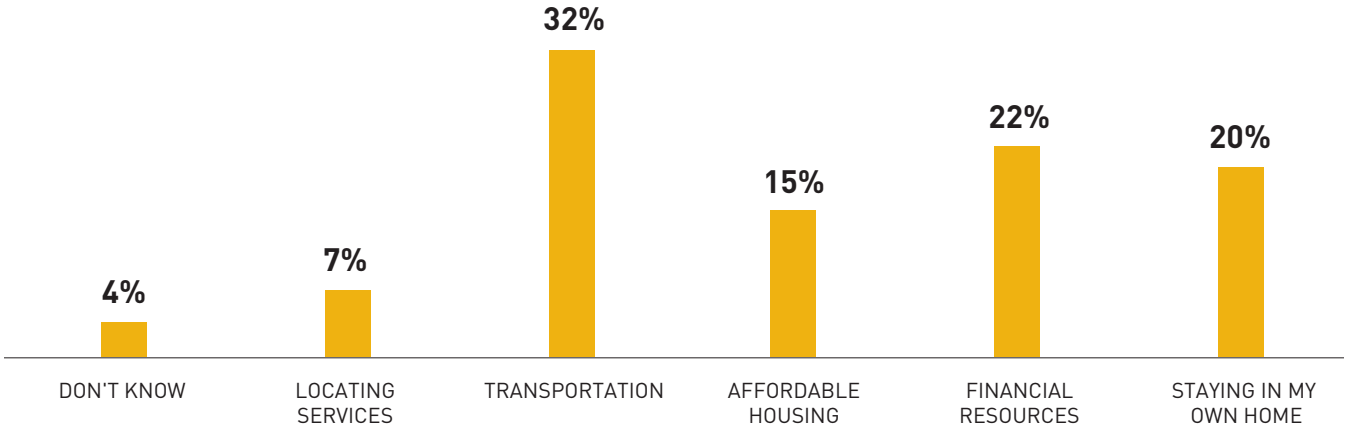
Appendix 3 – Results for 10 Survey Polling Questions

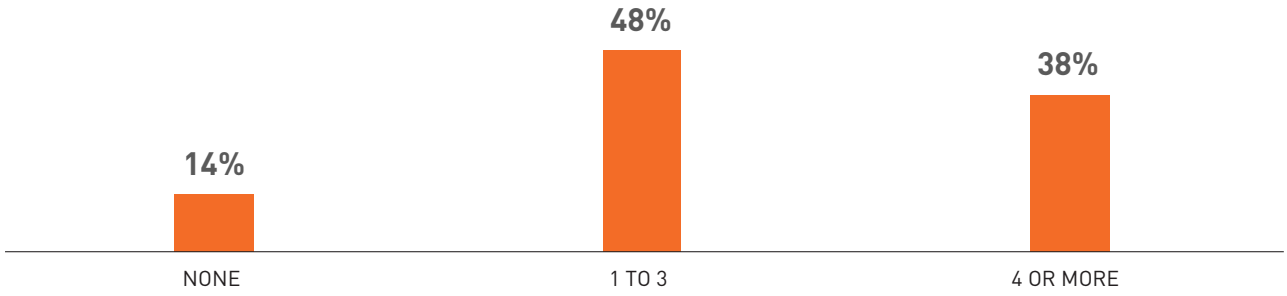
Q1: Is the Atlanta region a place where you could easily live throughout your lifetime?



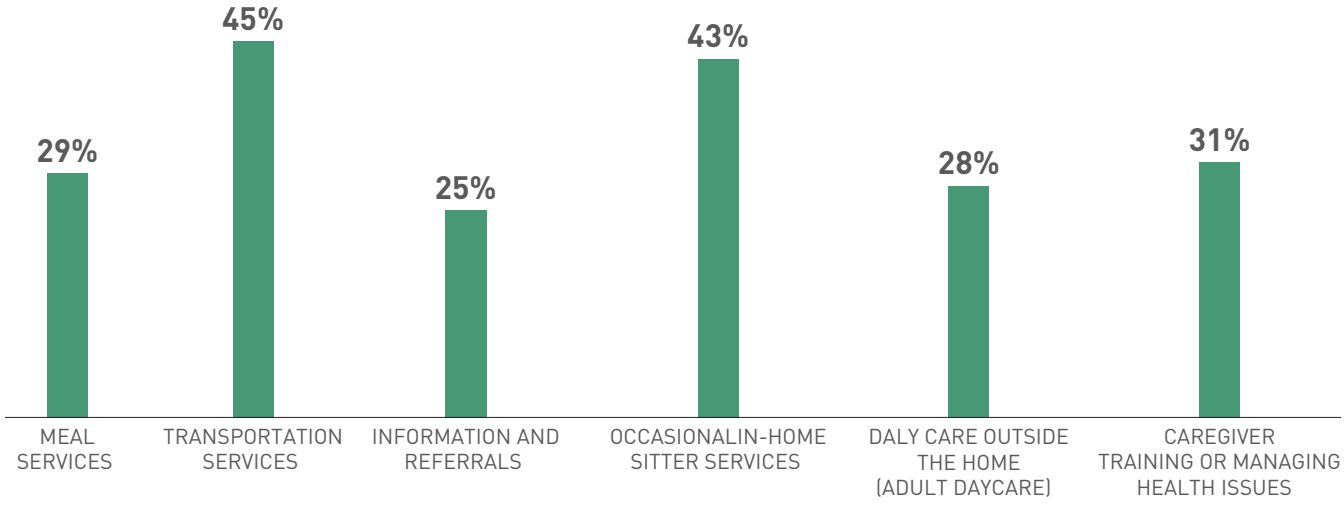
Q2: What is the greatest challenge to growing older in the Metro Atlanta area?



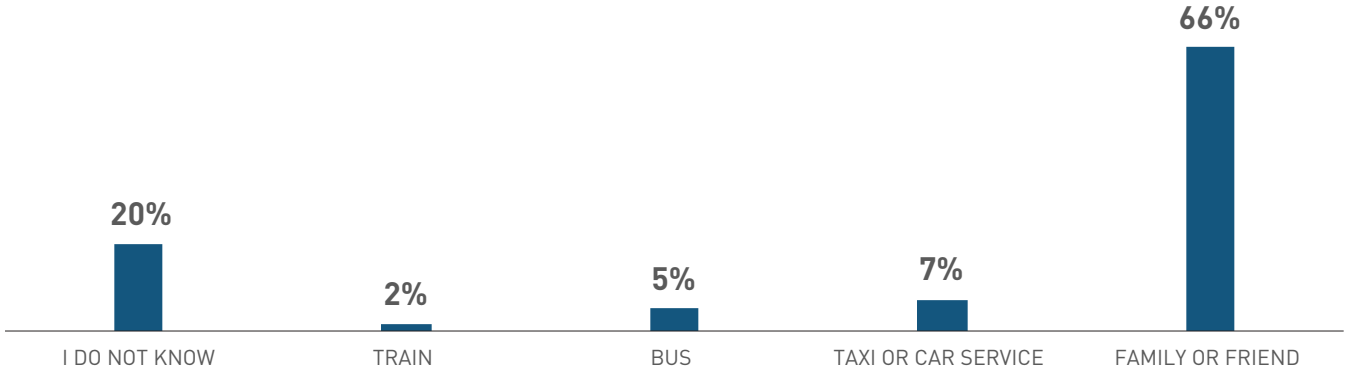
Q3: How many people do you know (including yourself) that that are taking or have taken care of an older person in the last 5 years?



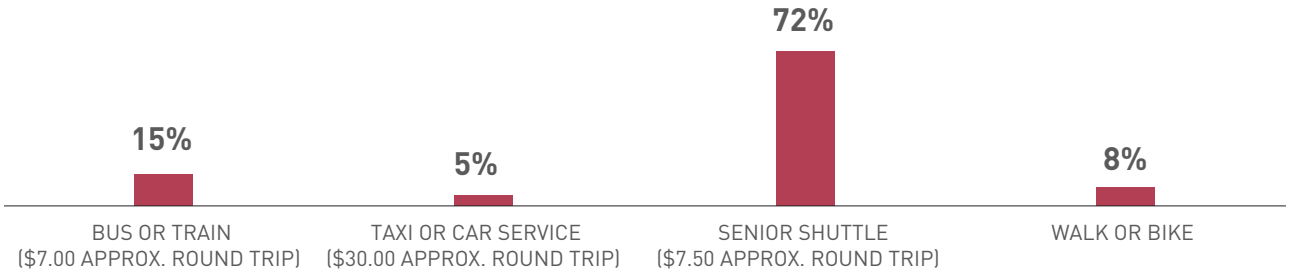
Q4: What services do you think would assist these caregivers most?



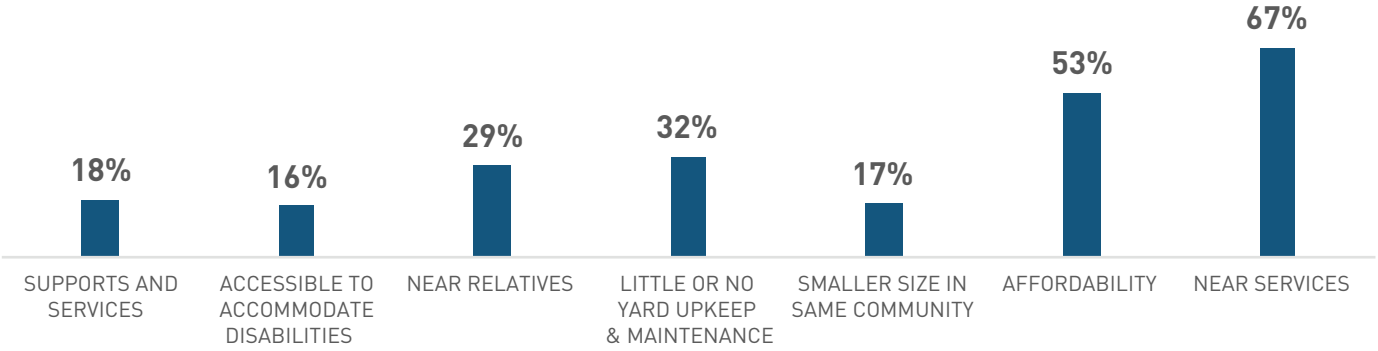
Q5: If you were unable to drive (temporarily or long-term), how would you get around?



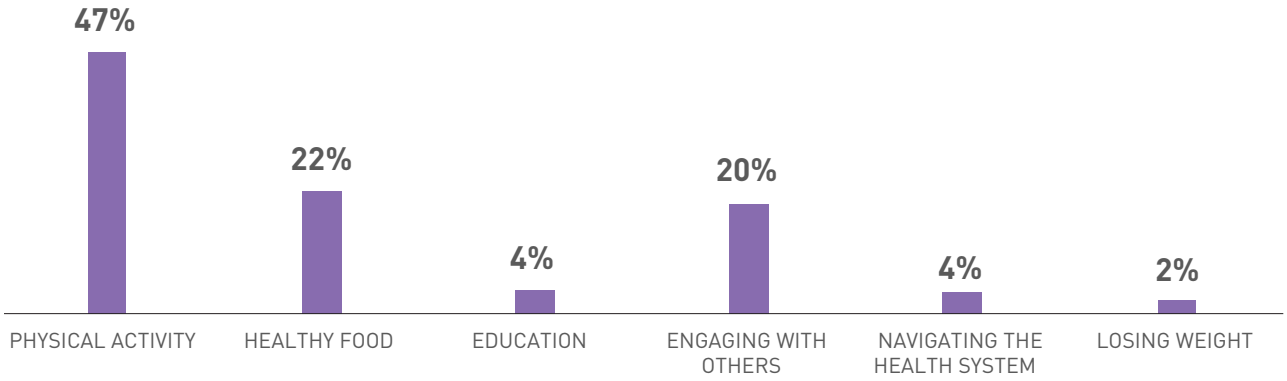
Q6: Recognizing that you may not have all of these choices today: if you were unable to drive (temporarily or long-term) and the following options were available, which would you choose?



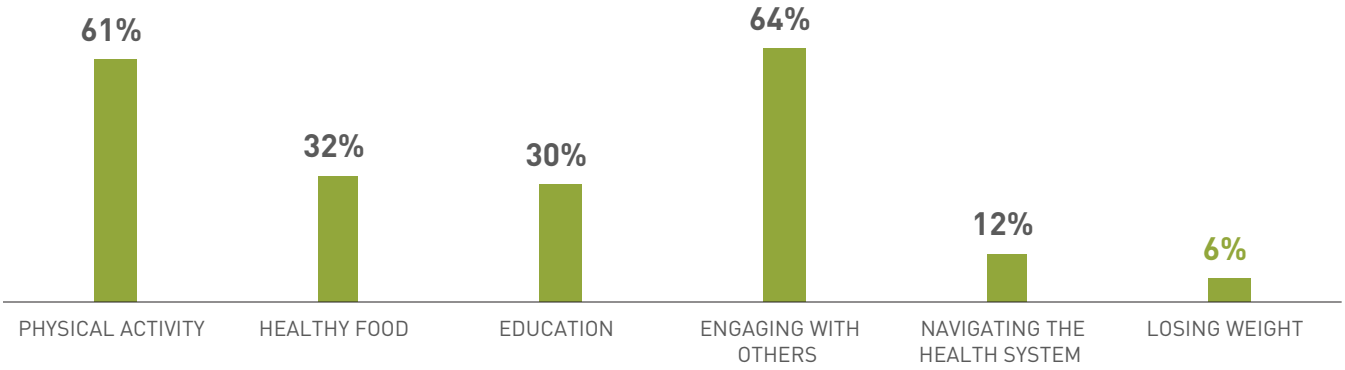
Q7: If you wanted (or needed) to move, what would you look for in your new home? (choose 3)



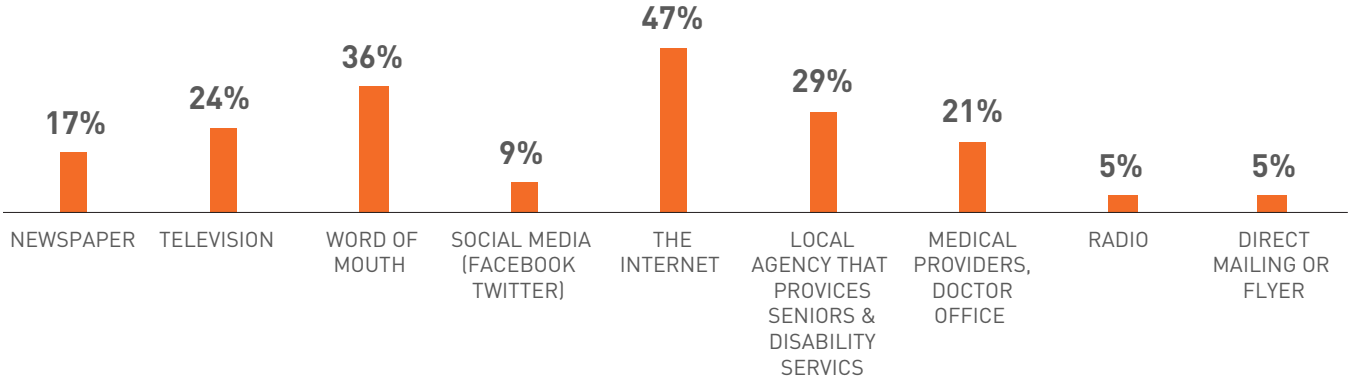
Q8: Which do you feel is the most important factor to staying healthy?



Q9: If a community or senior center were available to you, which of these would you use it for? (choose 3)



Q10: What is the source you use most often to get information on services for myself or someone else ? (choose 3)



Appendix 4 – ARC Strategic Plan on Aging Process

- **Spring 2014** – Initial community conversations as part of the Living Beyond Expectations campaign. Participants include: millennials, Chinese-Americans, elected officials and staff, planners, architects, developers, aging professionals, older adults and caregivers. Raised community awareness of critical issues through televised townhall, collecting and airing stories of older adults and regional tactical urbanism learning lab.

- **April 2014** – Initial review of current services and research to propose potential outcome measures.

- **June 24, 2014** – Launch of the planning process with Aging Network workshop - *Collective Impact and Outcomes.*

- **September 2014 - January 2015** – Five Community Conversations conducted in Fayette, Cherokee, Gwinnett, DeKalb and Henry counties. Additionally, ARC participated in the State Plan on Aging hearing in Fulton County and conducted the Strategic Plan Survey.

- **September 2014 - February 2015** – Input received from ARC's Aging and Health Services Committee, Advisory Committee on Aging and AAA staff and leadership.

- **December 2014 - January 2015** – Twenty individual interviews completed representing thought leaders and stakeholders in the following industries: Alzheimer and dementia social and medical care, adult day care, nutrition/meals, case management, senior centers; mental health; geriatric medical care; transportation, Department of Aging leadership, academia, ARC Board and Aging and Health Services Committee, managed care, national thought leaders on aging, ARC leadership and ARC Research and Analytics division.

- **September 2014 - February 2015** – Online Strategic Plan Survey.

- **September – May 2015** – Review of current services, delivery and regional research.

- **January 22, 2015** – Strategic Planning Session led by Georgia Health Policy Center with AAA Program Managers/ Coordinators.

- **February 5, 2015** – Outcomes Advisory Committee convened – Purpose: To advise and provide feedback on the implementation of outcome measures into provider contracts to measure impact of services provided. Additional meetings are ongoing throughout plan implementation.

- **February 5, 2015** – Teleconference Workshop on Iowa Nutrition Outcomes Work.

- **February 12, 2015** – Aging Services Committee - Strategic Plan Update presented.

- **March 5, 2015** – Strategic Plan on Aging Summit – Purpose: affirm what we have heard and learned, refine what we've done and build momentum for future work.

- **March 25, 2015** – ARC Commission Update on Summit and Plan

- **May - June 2015** – Meeting with ARC Commission Members to review Plan and solicit input.
- **June 2, 2015** – Advisory Committee on Aging recommended adoption of Regional Plan.
- **June 4, 2015** – Outcomes Workshop for Aging Network.
- **June 11, 2015** – Aging Services Committee, workshop with Suzanne Burke, Ohio AAA Director on *Positioning AAAs to Thrive Today and Tomorrow*; ASC recommendation to adopt Regional Plan.
- **June 12, 2015** – Suzanne Burke workshop with Aging Network, *Evolution of Aging Services.*
- **June 24, 2015** – Present Strategic Plan to ARC Commission for Adoption.

Atlanta Regional Commission

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