IDAHO

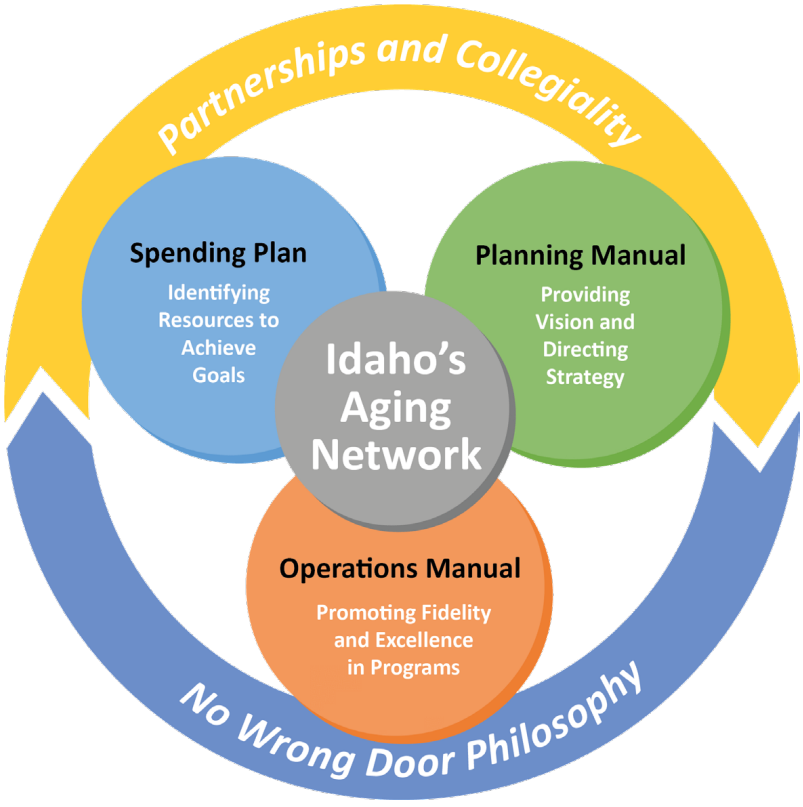
Commission on Aging

www.aging.idaho.gov

Covering State Fiscal Years: 2026-2029

Strategic Plan

Contents



Executive Summary

The Commission on Aging is directed in Chapter 50, 67-5005, the Idaho Senior Services Act, to create a *coordinated*, *efficient*, and *effective* network of community-based services designed to support older Idahoans to age in place in their communities of choice, avoiding institutionalization for as long as possible. In this context I am pleased to submit this strategic plan to cover the state fiscal years 2026-2029. Each of our core functions have an objective to complete in 1 to 4 years' time a performance improvement project (PIP) that increases *coordination* through new partnerships and access, increases *effectiveness* through quality improvements, or closes a gap or pain point for our providers or the people we serve, increasing *efficiency*.

We also utilize a "No Wrong Door" philosophy meaning we strive to provide the information and resources older Idahoans and our caregivers need on the first contact. We do this through our program the Aging and Disability Resource Center which is an organized network of educated partners who provide needed services to support aging in place across Idaho.

We engage in constant environmental scanning to anticipate and prepare for both positive emerging best practices, but also challenges that may impact our ability to fulfill our mission.

Identified Key External Factors

- State and Federal legislation can impact programs administered by the Idaho Commission on Aging (ICOA).
- Additions or reductions in federal appropriations or program mandates are unpredictable and directly impact the activities and expenditure plans of the Commission.
- The aging baby boomers increase the demand for aging services, which impacts the quantity and diversity of these services.
- The percentage of older Idahoans with chronic diseases place many at risk for early institutionalization.
- The availability of unpaid caregivers, local direct care workers, and community level assisted living beds impact the percentage of older Idahoans able to age in place.

- Rising cost of living especially related to housing, and individual level of retirement savings, impact the affordability of independent community living.
- The increased percentage of older Idahoans will drive increases in Alzheimer's and related dementias.
- Natural or man-made incidents including pandemics such as COVID-19 may disrupt normal program delivery.
- Lack of Internet access inhibits capitalizing on emerging service delivery models.
- Idaho communities vary widely in their age and dementia friendly characteristics.

Strategic Plan Context

ICOA is by law a planning agency. We employ a rigorous planning methodology, with everyone involved in planning throughout the aging network, using the same training and approved tools.

Mandatory training:

ICOA Planning Process

Mandatory Planning Manual for Area Agencies:

ICOA Planning Manual – AAA Area Plans

We are also outcome based with every strategic activity on the local and state level assigned to a specific individual and tracked and reported in writing at our quarterly ICOA Commissioner's meetings, and with a live annual presentation on the completed fiscal year at every November Commissioners' meeting.

Report Template:

Outcome Tracking Report

In addition, in compliance with Idaho code, ICOA submits to the governor by December 1st a comprehensive Annual report encompassing services delivered, outcomes, and funds expended across all programs and areas.

SFY 2024 Annual Report

Annual reports dating back to 2017 are available on our website.

ICOA is executing the final year of our Idaho State plan on Aging and is currently conducting outreach and environmental scanning for our new 4-year plan that is due to the Administration

for Community Living on October 1st of 2024. In an effort to stay in alignment with this deep and comprehensive document, this year's strategic plan is written on a higher level, while the operational details will appear in the State Plan for Aging 2024-2028.

Also supporting ICOA's strategic plan and State plan for aging are our 6 Area Agencies on Aging local plans which address local needs and gaps.

North Idaho
AAA I Local Plan
AAA II Local Plan

South Idaho
AAA III Local Plan
AAA IV Local Plan

East Idaho
AAA V Local Plan
AAA VI Local Plan

Strategic Plan

Idaho Commission on Aging Mission Statement

Transform the aging experience by leading planning, policies, partnerships, and programs, that honor choices and increase well-being for Idahoans as we age.

Idaho Commission on Aging Vision Statement

Idahoans make informed choices to age well and live well.

Idaho Commission on Aging Values

- **Service** – responsive, empathetic, targeted
- **Sustainability** – efficient, adaptable, preventative
- **Excellence** – problem solving, innovative, resourceful
- **Advocacy** – courage, optimism, collaboration
- **Integrity** – trustworthy, accountable, transparent

Strategic Plan Objectives

The Commission on Aging delivers a wide range of programs and services designed to promote healthy aging, dignity and choice, justice and resilience, and prevent institutionalization. Programs are planned, delivered, and evaluated using a variety of funding sources including federal, state, and one-time grant monies. Services are also delivered using ADRC partners, or fellow state agencies.

Attachment A contains a thorough description of ICOA's programs and services, including key partnerships. A review of this attachment may be helpful prior to reading the following plan objectives. Further information on programs is available on our website, including an interactive map that will help you locate your nearest AAA.

Plan Organization from Highest to Lowest Levels

Our highest level that informs our work are strategic pillars, which are areas of focus that are the foundation of the plan. The pillars are color coded to indicate what level of prevention the programs organized under the pillars provide to the citizens of Idaho. Each medallion and strategic pillar have at least one associated strategic goal.

ICOA Strategic Pillars & Goals

Blue Medallion

Represents ICOA as the state unit planning agency and the strategic goal for this pillar is:

Demonstrates Administrative Excellence

Promote excellence and innovation throughout the aging network to meet the diverse needs of older Idahoans and our caregivers.

Green Pillars

Programs providing universal access and primary prevention. primary prevention is the most cost effective way to facilitate healthy aging, this is a strong strategic focus. The strategic goals associated with this pillar are:

Keep Learning

Idahoans are empowered with the confidence and tools to thrive through the journey of aging.

Stay Healthy

Idahoans are inspired to choose lifestyles that promote health and well-being.

Stay Connected

Idahoans are connected to the people, programs, and services they need to facilitate the highest quality of life.

Yellow Pillar

Secondary prevention programs are targeted to high-risk Idahoans and are designed to keep people in their own homes and communities despite loss of function or frailty. The strategic goal associated with this pillar is:

Stay Home

Idahoans are supported to live independent and healthy lives in the communities of their choice.

Red Pillar

These programs represent a crisis level of services and are designed around tertiary prevention. Programs are focused on improving quality of life despite challenges. The strategic goal for this pillar is:

Stay Safe

Idahoans promote resiliency, self-determination, and dignity for older and vulnerable adults.

Critical success factors represent overarching themes of improvement that ICOA wants to achieve from the implementation of the plan as a whole. We use critical success factors to ensure our individual objectives support the overarching outcomes of the plan. ICOA has identified four critical success factors to be achieved through the plan as a whole.

Critical Success Factors (CSF)

CSF One: Increase transparency, accountability, or efficiency throughout the aging network operations.

CSF Two: Increase outreach and access to reach those most at risk for institutionalization.

CSF Three: Closure of stakeholder identified gaps in program delivery or service quality.

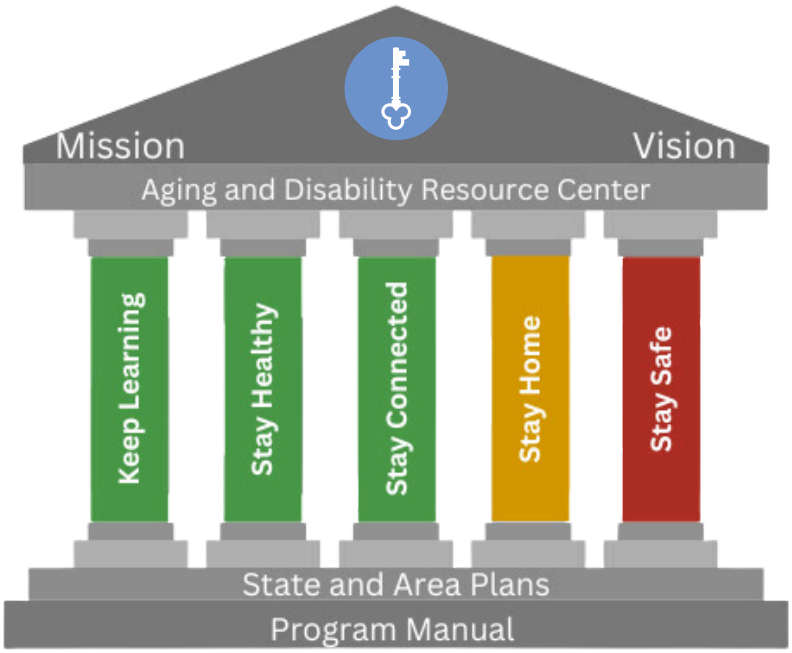
CSF Four: Identify and implement new partnerships that expand the reach of our current programs.

The next level in the state strategic plan is Objective. **Objectives** are the specific things we want to accomplish over the next four years in each program. Each objective has a critical success factor (CSF) Icon to signify which CSF the objective is driving.

Strategies (when used) guide advancement to the objective.

The **outcome measure** identifies the evidence we will use to measure if the objective has been achieved or expected progress has been made.

The last level, **Target,** commits us to a time frame for achieving the objective. Targets were written in a **SMART** format, meaning they are **S**pecific, **M**easurable, **A**ttainable, **R**elevant, and **T**ime Limited. ICOA has mostly used the entire 4-year period to achieve the objectives. This is purposeful as we believe not identifying too many short-term goals allows for more creativity, flexibility, and capitalizing on unfolding circumstances during the state plan timeframe.



Demonstrates Administrative Excellence Goal

Promote excellence and innovation throughout the aging network to meet the diverse needs of older Idahoans and our caregivers.

Program: State Plan Administration

Objective: To ensure ongoing viability of AAA, align PSA boundaries with current at risk population demographic distribution
Outcome Measure: Awarded contracts
Target: Idaho will have four recognized PSAs by 07-01-26

Objective: To facilitate consistent service standards across the state, and provide explicit guidance to AAAs, implement AAA review toolkits & annual review calendar based on published standards in the operations manual
Outcome Measure: Published in Operations Manual and available on ICOA website
Target: All AAA programs will be reviewed for compliance using a standardized form and schedule by 06-30-25 and ongoing

Objective: Establish a process for AAAs to receive prior approval for contracts and commercial relationships
Outcome Measure: Published in Operations Manual and available on ICOA website
Target: Process will be implemented by 09-30-25 and reviewed for compliance in 2026 and ongoing

Objective: Develop AAA standards to ensure private pay systems do not compromise core responsibilities
Outcome Measure: Published in Operations Manual and available on ICOA website
Target: Process will be implemented by 09-30-25 and reviewed for compliance in 2026 and ongoing

Objective: Develop standards and procedures related to actual or perceived conflicts of interest
Outcome Measure: Published in Operations Manual and available on ICOA website
Target: Process will be implemented by 09-30-25 and reviewed for compliance in 2026 and ongoing

Objective: Develop standards and procedures related to the LAD on actual or perceived conflicts of interest
Outcome Measure: Published in Operations Manual and available on ICOA website
Target: Process will be implemented by 09-30-25 and reviewed for compliance in 2026 and ongoing

Demonstrates Administrative Excellence Goal

Promote excellence and innovation throughout the aging network to meet the diverse needs of older Idahoans and our caregivers.

Program: State Plan Administration

Objective: To remove possible barriers to service, eliminate cost share from any program
Outcome Measure: Published in Operations Manual
Target: Starting 07-01-25 no cost sharing will be utilized for any program

Objective: Promote excellence and prevent loss of institutional knowledge during turnover, through creation of education and training tracking sheets for ICOA and AAA staff, based on published ICOA mandatory education standards
Outcome Measure: Website review
Target: By 09-30-25, tracking document is accessible on the ICOA website

Objective: Increase partnership and cooperation with the Department of Health and Welfare to serve joint clients better
Outcome Measure: Calendar documentation of presentations or dissemination of information in quarterly outcome reports to Commissioners
Target: By 09-30-28 will implement four joint improvement projects

Objective: Increase partnership and cooperation with Idaho's tribes
Strategies:
- Identify tribal partners to participate as ADRC members
- Expand APS relationships to include a joint project identified by a tribal partner
- Expand Kinship relationships to include a joint project identified by a tribal partner

Outcome Measure: Calendar documentation of presentations or dissemination of information in quarterly outcome reports to Commissioners
Target: By 09-30-28 will implement four joint improvement projects that benefit tribal elders

Program: Chronic Disease Self-Management/Health Promotion

Objective: To use limited resources to the highest extent possible, identify the most effective model for service delivery and test across the state
Outcome Measure: Signed contract
Target: By 09-30-28, ICOA will contract using the most effective model to deliver CDSMP services

Program: Senior Community Service Employment Program (SCSEP)

Objective: To ensure the most effective use of resources, and the ability to serve the most clients, identify and test the most effective model for service delivery across the state
Outcome Measure: Signed contract
Target: By 09-30-28, ICOA will contract using the most effective model to deliver SCSEP services

Keep Learning Goal

Idahoans are empowered with the confidence and tools to thrive through the journey of aging.

Program: State Plan Administration

Objective: Increase knowledge and skills of staff across the aging network with an emphasis on providing person centered, trauma informed, and culturally appropriate services
Outcome Measure: Master onboarding and education tracking spreadsheet for ICOA and the AAAs
Target: By 09-30-28, 75% of staff reviewed are compliant with onboarding and ongoing training requirements

Program: ICOA Program Administration

Objective: To increase knowledge and skills in serving high risk and underserved populations
Strategies:
- ICOA program specialist identify the most relevant populations in light of their program's assigned objectives, and chose identified national trainings from Attachment H
- ICOA program specialist incorporate new knowledge into their programs
- ICOA Program specialist deliver education or coaching on identified topics throughout their networks

Outcome Measure: Evidence provided to supervisor of completed training, and calendar documentation of presentations or dissemination of information in quarterly outcome reports to Commissioners
Target: ICOA, the AAA's, and contracted meal sites utilize nationally recognized resources to participate in one training annually of a selected population.

Program: ICOA Outreach and Education

Objective: Increase confidence and ability of First Responders to serve older Idahoans appropriately through free education
Outcome Measure: Education post-completion survey
Target: By 09-30-28, 75% of a minimum of 100 completers would be likely or very likely to recommend the training to fellow first responders

Objective: Plan, implement, and evaluate targeted education seminars for First Responders, Community Health Workers, and other professionals that are supportive of the aging community
Outcome Measure: Agendas, calendar documentation, and post-completion surveys
Target: Planning committee includes representatives from EMS, higher education, and advocacy groups. Complete four seminars by 09-30-2028

Stay Healthy Goal

Idahoans are inspired to choose lifestyles that promote health and well-being.

Program: Falls Prevention Coalition of Idaho (FPC-ID)

Objective: Promote life-time brain health through prevention/early identification of fall related traumatic brain injury (TBI)
Outcome Measure: Agendas, minutes, and calendar documentation in quarterly outcome reports to Commissioners
Target: Two TBI screenings annually

Objective: Improve health outcomes through fall prevention of community dwelling older Idahoans
Outcome Measure: Management Information System documentation
Target: Community Care Advocates will complete and document home trip hazard audits with 50% of their clients by 09-30-26 and 75% of their clients by 09-30-28

Program: Congregate Meals (CM)

Objective: To prevent malnutrition and subsequent poor health, increase participation of Idahoans who are at risk or underserved
Strategies:
- Provide education on creating a welcoming environment for community members during quarterly calls with Senior Center Directors
- Provide resources if translation services are needed for outreach materials
- Facilitate brainstorming and peer support for Senior Center Directors to identify what works to increase participation

Outcome Measure: Management Information System documentation
Target: 3% annual increase in high-risk clients as a percentage of all CM clients

Objective: Senior Centers are supported through ongoing engagement and education to promote physical and mental wellness opportunities and healthy aging information utilizing recognized best practices
Outcome Measure: Annual survey of Senior Center Directors
Target: 75% of Senior Centers surveyed report ICOA support is helpful/very helpful

Stay Healthy Goal

Idahoans are inspired to choose lifestyles that promote health and well-being.

Program: Congregate Meals (CM)

Objective: Maintain or increase client satisfaction with meals by adjusting for cultural preferences and medical needs using recognized best practices
Strategies:
- During quarterly calls with senior center directors, provide training on available resources for meal modification
- Facilitate brainstorming and peer learning on how to educate community members that meal modification is an available option
- Facilitate messaging to the community that members needing modified meals are welcome and dietician services can be utilized for personalized meals
- Explore possibilities of incorporating ethnic meals into regularly occurring pre-planned menus

Outcome Measure: Bi-annual client satisfaction survey
Target: 75% of all respondents are satisfied or very satisfied with meals

Objective: Increase public awareness and understanding of the importance of prevention of malnutrition in older Idahoans
Outcome Measure: Documentation of presentations and outcome reports to Commissioners
Target: By 09-30-28, will provide 12 educational presentations on prevention of malnutrition

Program: Title III-D Health Promotion

Objective: Increase access to evidence-based programs to promote health, well-being, and aging in place
Outcome Measure: Management Information System documentation
Target: By 09-30-28, each AAA will record active participation in at least one evidence-based falls or incontinence program

Objective: Consumers will have increased knowledge about the importance of immunizations
Outcome Measure: Calendar documentation of presentations or dissemination of information in quarterly outcome reports to Commissioners
Target: Evidence of 75 occurrences annually

Stay Healthy Goal

Idahoans are inspired to choose lifestyles that promote health and well-being.

Program: Title III-D Health Promotion

Objective: AAAs will identify the appropriate partners to provide virtual/accessible workshops to accommodate people with disabilities or accessibility needs
Strategies:
- Utilize the ICOA needs assessment to begin conversations with groups who have expertise in technology accessibility or access
- Consider partnerships with Libraries, Hospitals, District Health offices or clinics, USDA extensions, and Idaho Assistive Technology Project

Outcome Measure: Calendar documentation of collaboration/presentations and outcome reports to Commissioners
Target: Three new partners are identified by 9-30-2026 who commit to collaborate on virtual/accessible delivery of Title III-D materials

Objective: Increase confidence in use of technology as a tool to live well in their community of choice
Strategies:
- Capitalize on partnerships created to extend the reach and scope of technology as a tool to promote healthy communitiy dwelling in all populations
- Consider a multi-generational or youth volunteer model

Outcome Measure: Agendas and minutes or other supporting documentation submitted in quarterly Commissioner meetings
Target: Each AAA will collaborate on at least two meaningful assistive technology projects that promote health, wellness, and socialization by 09-30-28

Program: Dementia Capability

Objective: Increase Dementia Capability across the aging network with an emphasis on competence in working with underserved and at-risk populations
Strategies:
- Research created material from reputable sources that can be utilized in Idaho
- Disseminate educational materials through ADRD Alliance partnerships and the aging network
- Create engaging and research informed live presentations on how to best serve people living with ADRD with unique needs and their caregivers

Outcome Measure: Calendar documentation of presentations and quarterly outcome reports to Commissioners
Target: By 09-30-28, will provide six presentations

Objective: Strengthen the direct care workforce in Idaho through evidence based and research informed free Dementia training
Outcome Measure: Post education evaluation survey
Target: 75% of participants would recommend the education to other direct care workers

Stay Connected Goal

Idahoans are connected to the people, programs, and services they need to facilitate the highest quality of life.

Program: Information and Assistance (I & A)

Objective: To promote equity across the state, decrease variability in the delivery of I & A Services
Strategies:
- Creation of workgroup with AAA I & A Supervisors and ICOA Program Specialist to develop best practices for onboarding, training, and evaluation procedures
- Utilization of national organizations resources (Inform USA)

Outcome Measure: In person or desk review
Target: By 09-30-28, 75% of all items monitored during in person or desk reviews are compliant with ICOA standards

Objective: Use the complex improvement process to implement case management and benefits counseling as an I&A service
Strategies:
- Idenfity best practices used in other Aging Networks
- AAA pilots developed and implemented

Outcome Measure: Management Information System documentation
Target: By 09-30-28, each AAA has documented units of service in case management and benefits

Objective: Identify and educate new partners regarding programs and services available in their communities
Outcome Measure: Management Information System documentation
Target: Nine annual presentations to new faith-based, health care based, civic or community-based organizations

Program: Aging & Disability Resource Center (ADRC)

Objective: To maximize the reach of the aging network to those who need our service and support, increase quality of leadership and oversight of the ADRC program
Outcome Measure: Agendas and minutes or other supporting documentation submitted in quarterly Commissioner meetings
Target: Add one ADRC steering committee member each year and maintain at least 20 active members by 09-30-28

Objective: Promote awareness and use of I&A and ADRC services to consumers, caregivers, and community organizations serving at-risk and under-served populations
Strategies:
- Engage in community outreach events statewide in partnerships with AAA's

Outcome Measure: Accepted printed material in use
Target: Create and distribute one new printed informational piece annually

Objective: Contribute to the successful implementation of the Commission on Libraries' Digital Access for All Idahoans (DIAL) plan
Outcome Measure: Agendas and minutes or other supporting documentation submitted in quarterly Commissioner meetings
Target: 100% Annual attendance and participation at meetings

Stay Connected Goal

Idahoans are connected to the people, programs, and services they need to facilitate the highest quality of life.

Program: Aging & Disability Resource Center (ADRC)

Objective: Increase positive relationships and uncover actionable common needs of Idaho's native tribes
Strategies:
- Consult with AAA directors on the best mechanisms to establish contacts and relationships
- Increase the aging network's ability to participate in tribal events by avoiding conflictive scheduling

Outcome Measure: Agendas and minutes or other supporting documentation submitted in quarterly Commissioner meetings
Target: ICOA will hold virtual collaboratives with Idaho's native tribes to encourage discussion of common needs at least bi-annually by 09-30-25

Objective: Integrate new partners into the ADRC to increase visibility and reach of ICOA programs
Outcome Measure: Agendas and minutes or other supporting documentation submitted in quarterly Commissioner meetings
Target: Three new partners, one representing native peoples, who participate in at least 50% of meetings by 09-30-28

Program: Idaho Connects

Objective: As indetified in the ICOA needs assessment, Improve health and quality of life through social interaction and connection
Strategies:
- Investigate the use of technology as a tool
- Facilitate brainstorming and peer support for creative ideas to recruit and retain partners and volunteers to increase program scope
- With proper approval, collect and disseminate success stories from people touched by the program to increase public awareness and support

Outcome Measure: Management Information System documentation
Target: By 09-30-25, all AAA's will report loneliness reduction/friendly caller units. By 9-30-28 units will increase by 25% from 2025 baseline.

Objective: Based on older Idahoans preferences for how to receive information, capitalize on Senior Centers as a hub for loneliness reduction
Outcome Measure: Agendas and minutes or other supporting documentation submitted in quarterly Commissioner meetings
Target: 80% of Senior Centers will report loneliness reduction activities, campaigns, or education annually

Stay Connected Goal

Idahoans are connected to the people, programs, and services they need to facilitate the highest quality of life.

Program: Idaho Connects

Objective: Research, create, and implement awareness and educational campaigns on the negative health effects associated with social isolation
Outcome Measure: Agendas and minutes or other supporting documentation submitted in quarterly Commissioner meetings
Target: Two completed campaigns annually

Objective: To address concerns uncovered in the ICOA needs assessment, increase quality of life through socialization and stress reduction
Strategies:

- Educate ICOA staff, commissioners and AAA directors on how exposure to nature positively affects health and stress reduction
- Educate ICOA staff, commissioners and AAA directors on how exposure to other generations contributes to improved mental health
- Educate ICOA staff, commissioners and AAA directors on how physical movement and expression facilitate health and wellbeing
- Educate ICOA staff, commissioners and AAA directors on how musical, visual, and written arts can increase the quality of life in older Idahoans
- Facilitate brainstorming and peer learning on how to plan socialization events that incorporate multiple evidence-based elements

Outcome Measure: Agendas and minutes or other supporting documentation submitted in quarterly Commissioner meetings
Target: Each AAA will implement two events that incorporate multiple quality of life aspects by 9-30-28

Stay Home Goal

Idahoans are supported to live independent and healthy lives in the communities of their choice.

Program: Idaho Community Care Program (CCP) & Title III-E Caregiver Support

Objective: Develop Management Information System infrastructure and internal workflows to support person centered evidence-based assessments to uncover and respond to comprehensive Caregiver needs

Strategies:

- Build two evidence-based assessment tools into the MIS
- Educate relevant AAA staff on the AD-8 which will be used as a marker of ADRD for care recipients
- Educate relevant AAA staff on the Zarit Burden 12 (ZBI-12) which will be used to establish risk levels for caregivers
- Meet with AAA staff monthly for three months post roll-out to problem solve and provide additional just in time training

Outcome Measure: ICOA Operations Manual Caregiver program standards and review toolkit

Target: By 09-30-28, 75% of AAAs will comply with assessment standards

Comments: The Zarit Burden 12 (ZBI-12) will be used to establish risk levels for caregivers, the AD-8 will be used as a marker of ADRD for care recipients

Program: Title III-E Caregiver Support Program

Objective: Participate as member of IDHW's Lifespan Respite Care Coalition Advisory Board to increase coordination of caregiver support efforts across the state

Outcome Measure: Calendar documentation of meetings and project progress and completion in quarterly Commissioners reports

Target: Will actively participate in 75% of advisory meetings annually

Objective: Facilitate the successful implementation of the Idaho Alzheimer's and Related Dementia's (ADRD) State Plan, including initiatives related to brain health and TBI reduction and recognition

Outcome Measure: Goal tracking spreadsheet maintained at the Department of Health and Welfare, Public Health Division

Target: By 06-30 of each year, 75% of assigned activities are on track or target

Objective: Align with RAISE Act goal to promote financial and workplace security for family caregivers

Strategies:

- Identify and evaluate financial planning resources from reputable sources
- Make identified resources available on ICOA website
- Financial planning resources are promoted during ICOA annual campaigns
- Financial planning resources are re-evaluated annually, and new materials are added when identified

Outcome Measure: Review and acceptance of resources and website review

Target: Financial planning resources for caregivers are promoted annually

Stay Home Goal

Idahoans are supported to live independent and healthy lives in the communities of their choice.

Program: Title III-E Caregiver Support Program

Objective: Establish coordination with IDHW Family & Community Services Grand families and Kinship Families "Bridging Systems" initiative
Outcome Measure: Evidence of meeting participation and shared projects
Target: By 09-30-28, 75% of AAAs will submit evidence of participation

Objective: In partnership with Idaho Department of Health and Welfare, Medicaid, and guidance from Advancing State Cross-State Collaboration, PHI and the National Alliance for Caregiving (NAC) new strategies for the recruitment, retention or advancement of direct care workers will be developed and implemented
Outcome Measure: Calendar documentation of presentations and progress reports recorded quarterly to Commissioners
Target: By 9-30-28, three education and workforce development projects are implemented to increase the workforce and retention of quality workers

Objective: Align with the RAISE Act goal to increase caregiver self-identification, to facilitate appropriate support
Strategies:
- Increase caregiver awareness and outreach using multiple venues
- Increase active collaboration between ICOA AAAs/ADRCs and public-private partnerships to raise awareness of available caregiver supports across the state

Outcome Measure: MIS utilization documentation
Target: By 9-30-26, AAA caregiver support service utilization increases by 10%. By 9-30-28, AAA caregiver support service utilization increases by 25%

Objective: Increase family caregiver recognition and support through new strategic partnerships and projects with an emphasis on technology to increase access and reduce social isolation or loneliness
Strategies:
- Consider collaboration with other programs who have technology goals to include a caregiver component
- Consider collaboration with other programs that have a loneliness reduction goal, to include a respite option for caregivers
- Consider targeted outreach to caregivers to participate in loneliness reduction programming already provided by the AAA

Outcome Measure: Calendar documentation of meetings and quarterly project progress reports to Commissioners
Target: Each AAA will complete two annual loneliness reduction activities or events that also involve or are marketed to caregivers

Stay Home Goal

Idahoans are supported to live independent and healthy lives in the communities of their choice.

Program: Commodity Supplemental Food Program (CSFP)

Objective: Prevent malnutrition and support healthy aging through sustaining or increasing the number of eligible clients served
Outcome Measure: Monthly FNS-153 report from Idaho Foodbank
Target: By 09-30-28 will serve an additional 200 clients

Program: Homemaker Program

Objective: Expand number of consumer directed clients with an emphasis on high risk and underserved populations
Strategies:

- Increase the knowledge of ICOA staff, commissioners, and AAA Directors and staff on how the consumer direct model supports families to choose a provider that aligns with their values and needs
- Provide data that illustrates that the consumer direct model promotes increased satisfaction and self-esteem for clients, increases service delivery to high-risk clients, and capitalizes on natural supports
- Facilitate peer learning with AAAs that have run successful pilot projects, with AAAs that are new to implementation

Outcome Measure: Management Information System documentation
Target: 3% annual increase in high-risk clients as a percentage of all homemaker clients

Program: Chore and/or Home Modification Programs

Objective: Identify and implement new partnerships, resources, or programs that support client needs for home modification and heavy housework/yardwork
Outcome Measure: Management Information System documentationand/or Program manager tracking
Target: By 09-30-28, each AAA will have documented chore units

Stay Home Goal

Idahoans are supported to live independent and healthy lives in the communities of their choice.

Program: Transportation Program

Objective: Increase transportation options through new strategic partnerships, projects, or programs with a focus on rural and underserved areas
Outcome Measure: Management Information System documentation, calendar documentation of meetings and project progress and completion in quarterly Commissioners reports
Target: Each AAA will complete one project or document a new partnership or referral partner annually

Program: Home Delivered Meals (HDM)

Objective: Increase ability to respond to the demand to serve more clients through elimination of dual participation clients receiving both HDM and Medicaid or health insurance meals
Outcome Measure: Semi-annual meal roster reports from Medicaid/other payers
Target: 75% of identified payers will comply with timely reports

Objective: Decrease variability across the state in the implementation of the HDM program
Outcome Measure: In person or desk review
Target: 75% of all items monitored during in person or desk reviews are compliant with ICOA standards

Objective: AAAs plan and facilitate uninterrupted service of home delivered meals during emergency situations
Outcome Measure: Accepted and current local plans
Target: By 09-30-28, all local plans address the continuity of operations preparedness plan of meal providers

Objective: Maintain or increase client satisfaction with HDM including meal modification for medical or cultural considerations
Strategies:
- Inform current and future clients of the ability to modify meals
- Educate current and future clients on the opportunity for education, counseling, or personalized meal planning from a registered dietician
- Provide education to meal providers on best practices for meal modification
- Facilitate peer learning a support among meal providers during quarterly calls

Outcome Measure: Bi-annual satisfaction survey
Target: 75% of all respondents are satisfied or very satisfied with meals

Stay Safe Goal

Idahoans promote resiliency, self-determination, and dignity for older and vulnerable adults.

Program: Adult Protective Services (APS)

Objective: To promote equity in service to clients across the state, decrease variability across the state in the delivery of APS
Outcome Measure: In person or desk review
Target: By 09-30-28, 75% of all items monitored during in person or desk reviews are compliant with ICOA standards

Objective: Expand awareness of vulnerable adult maltreatment to promote early identification and appropriate reporting
Outcome Measure: Management Information System documentation of community presentations
Target: Annual documentation of 60 state-wide presentations

Objective: Increase awareness and knowledge of the APS program with multiple audiences including mandated reporters
Outcome Measure: Tracking reported quarterly at Commissioner's meetings
Target: Annual completion of one statewide project

Program: Adult Protective Services (APS)/Legal Aid Developer (LAD)

Objective: Establish Integrated Mission Teams built of trusted agencies and specialized professional staff that have like purpose and focus to protect vulnerable adults, investigate maltreatment, recover lost assets, and prosecute perpetrators
Outcome Measure: Calendar, agenda, project progress and completion documentation in quarterly Commissioners reports
Target: By 09-30-28, will have two active Integrated Mission Teams

Program: Legal Services

Objective: Create shared on-line repository between Idaho Legal Aid Services (ILAS), the State Office of the Long-Term Care Ombudsman, and APS program, of training and educational materials, legal service materials and forms
Outcome Measure: Repository created, and access disseminated
Target: Repository will be accessible to all partners by 01-30-26

Objective: Increase the quality of legal support and referrals of hospital or medical practice social services workers statewide through education about available legal support, focused on services related to maintaining independence in living and decision making
Outcome Measure: Number of educational meetings held with hospitals and/or medical practice social services
Target: 10 educational meetings held by 2028

Stay Safe Goal

Idahoans promote resiliency, self-determination, and dignity for older and vulnerable adults.

Program: Legal Services

Objective: Increase the knowledge of substitute decision makers statewide, through Advanced Planning/Financial Power of Attorney clinics in local communities
Outcome Measure: Number of clinics and location of clinics
Target: At least two clinics in each judicial district by 09-30-28

Objective: Utilize libraries to promote education about self-directed financial management and legal services for seniors, including services related to maintaining independence in living and decision making, and housing issues
Outcome Measure: Number of libraries that maintain legal services information, including the senior risk detector
Target: 20 libraries by 09-30-28

Program: Senior Medicare Program (SMP)

Objective: To expand the ability of the current program to serve Idahoans across the state; plan, formalize, and implement a volunteer program that supports SMP
Outcome Measure: SMP team member count tracked in SIRS
Strategies:
- Brainstorm with other programs that require volunteers for solutions that could be broadly applied
- Investigate best practices related to recruitment and retention

Target: By 09-30-28 Idaho will maintain six active volunteers

Program: Medicare Improvement for Patients and Providers Act (MIPPA)

Objective: Establish strategic partnerships to enhance outreach efforts with an emphasis in high risk and underserved populations
Outcome Measure: Calendar documentation of meetings and project progress and completion in quarterly Commissioners reports
Strategies:
- Consider partnerships with organizations that serve people living in poverty such as free clinics and food banks
- Consider partnerships with organizations serving refugees
- Consider partnerships with faith-based organizations that have a focus on serving high risk groups

Target: By 09-30-28 will establish six new strategic partnerships

Stay Safe Goal

Idahoans promote resiliency, self-determination, and dignity for older and vulnerable adults.

Program: SMP and MIPPA

Objective: To maximize available financial resources for older Idahoans to age in place, expand the number of clients with an emphasis on high risk and underserved populations
Strategies:
- Conduct outreach at community events in locations that correlate with high-risk groups
- Provide literature in the preferred native language
- Identify trusted insiders such as Community Health Workers to start the conversation

Outcome Measure: SMP information and reporting system (SIRS) client demographics
Target: 3% annual increase in high-risk clients as a percentage of all clients

Program: Ombudsman

Objective: Decrease variability across the state in the delivery of Ombudsmen Services to promote equity in service quality for all
Outcome Measure: In person or desk review
Target: By 09-30-28, 75% of all items monitored during in person or desk reviews are compliant with ICOA standards

Objective: Increase consistency in documentation across the state to ensure clients are served equitably
Strategies:
- Conduct monthly desk reviews pulling a representational sample
- Analyze and identify educational needs
- Present and implement statewide education on appropriate topics
- Provide job coaching for individual needs

Outcome Measure: Desk top review of MIS documentation
Target: By 09-30-28, 75% of records reviewed will meet standards

Objective: Create and implement statewide infrastructure to support & promote family councils as mechanisms for advocacy and needed change
Outcome Measure: Agendas and minutes or other supporting documentation submitted in quarterly Commissioner meetings
Target: By 09-30-28, the Ombudsman Family Council will average 25 participants quarterly

Objective: Research and consider appropriate Ombudsman support to new settings and projects
Strategies:
- Brainstorm with local ombudsmen where program gaps are and prioritize the needs
- Identify statewide partnerships wherever possible
- Execute MOUs if needed
- Review and plan state rule amendments to support any expanded scope

Outcome Measure: Calendar documentation of meetings and project progress and completion in quarterly Commissioners reports
Target: By 09-30-28, will complete three projects with new partners

Attachment A: ICOA Program Table & ADRC Partnerships

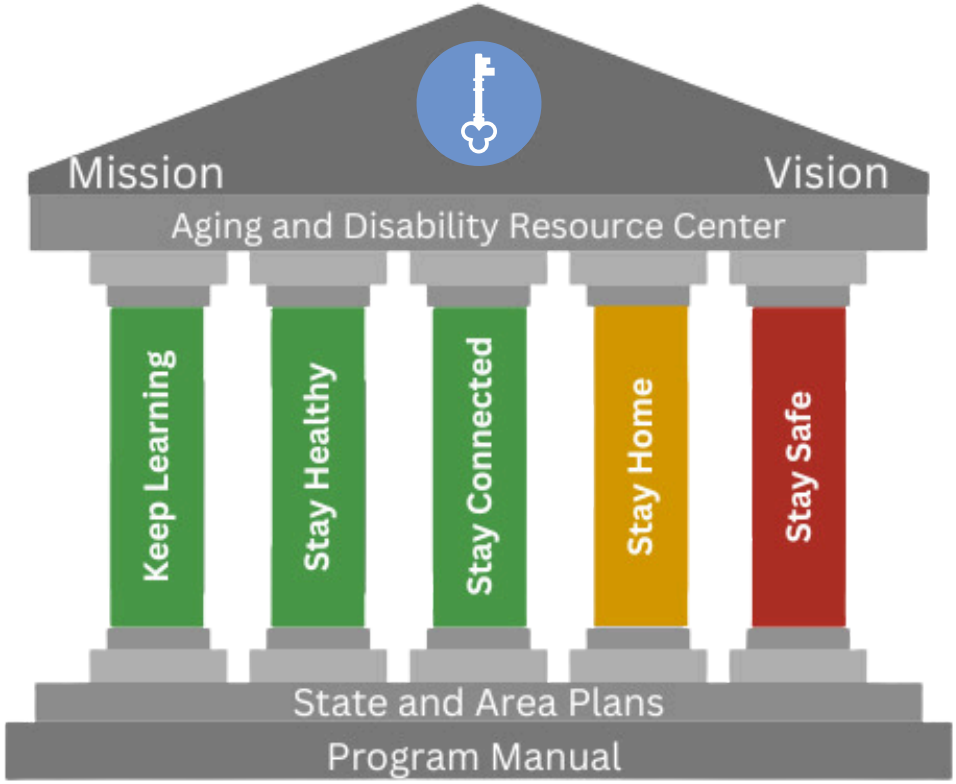
ICOA serves as the lead state agency in providing community-based programs and services to Idaho's aging population. As the State Unit on Aging (SUA), ICOA administers OAA programs, discretionary and competitive grants, and services funded from ACL federal dollars and state general funds. This document describes the OAA core, state, and discretionary programs organized by our strategic pillars and goals. The strategic pillars are color coded based on the level of prevention that the program provides.

Blue Medallion represents ICOA as the state unit/planning agency

Green Pillar programs providing universal access and primary prevention

Yellow Pillar programs are targeted to high-risk Idahoans and are designed to keep people in their homes despite loss of function or frailty

Red Pillar programs represent a crisis level of services and are designed around tertiary prevention or stabilization



All programs sit on a foundation of explicit standards and expectations as outlined in the program manual.

Strategic Pillar: Administrative Excellence

Strategic Goal:
Promote excellence and innovation throughout the aging network to meet the diverse needs of older Idahoans and our caregivers.

Program: *State Outreach and Planning*

Description: Ongoing efforts to engage and educate Idaho citizens

Delivery Method: Outreach events, daily social media, monthly national campaigns, participation in community events, vendor tables at applicable conferences around the state.

Key Partnerships:

- AARP Idaho
- USDA extensions
- Scan Jam Alliance
- Department of Finance
- AAAs
- Department of Insurance
- Idaho Universities
- Office of Drug Policy
- Alzheimer's Association of Idaho
- Idaho Care Giver Alliance
- Department of Health &Welfare

Comments: ICOA conducts a statewide roadshow during the planning year for each new state plan, with two in person outreach/listening events held in each PSA. ICOA and the AAAs lead a statewide Older American's Month campaign every May.

Program: *State Plan Administration*

Description: Planning, evaluation, and oversight of statewide activities designed to promote healthy aging and prevent vulnerable adult maltreatment and early institutionalization.

Delivery Method: Oversite and evaluation of state and local plans by staff and leadership of ICOA and reported to the 7-member commissioner board.

Key Partnerships:

- AAAs
- Advancing States
- Division of Public Health
- AARP Idaho
- Alzheimer's Association of Idaho

Comments: Under the direction and input of the Governor appointed 7-member board of Commissioners, ICOA implements the 4-year state plan that has been designed to close gaps identified by stakeholders input and needs assessment.

Program: *Quality Assurance*

Description: Quality improvement functions are performed as part of HCBS administration. Monitoring is ongoing, and improvements are made through analyzing reports and feedback from stakeholders

Delivery Method: Staff and ICOA leadership

Key Partnerships: RTZ IT support and AAAs

Comments: Performance based contracts with the AAAs obligate them to meet all standards in the Program manual and applicable state and federal law.

Strategic Pillar: Keep Learning

Strategic Goal:
Idahoans are empowered with the confidence and tools to thrive through the journey of aging.

Program: *Dementia Skills and Capability*

Description: Drive dementia capability through implementation of the Idaho's Alzheimer's and Related Dementias State Plan; Brain Health Education, and collaboration with other state agencies and partners to create a robust dementia-capable service delivery network.

Delivery Method: Free Dementia Skills education Hosted on ICOA website

Key Partnerships:

- Dementia Society of America
- Jannus/Legacy Corps
- BEAM Memory Clinic
- Idaho Universities
- AAAs
- Idaho Crisis & Suicide Prevention Hotline
- IDHW ADRD
- Alzheimer's Association of Idaho
- SAGE CARE
- Title VI Program Directors

Comments: ICOA is an active and foundational member of the Dementia state planning and implementation group, housed at the Department of Health and Welfare, public health bureau. Each January ICOA leads the state in a campaign to demystify ADRD and promote early diagnosis.

Program: *Planning Methodology for the Aging Network*

Description: Ongoing education, tools, and standards of the official Idaho six phase planning methodology

Delivery Method: Hosted on ICOA website

Key Partnerships: AAAs, ICOA Commissioners, IDHW

Comments: This course is mandatory for all ICOA and AAA staff involved in planning activities.

Program: *Caregiver Skills and Resiliency*

Description: Online learning modules to promote caregiver skill and resiliency and prevent or decrease burnout.

Delivery Method: Free online modules hosted on ICOA website.

Key Partnerships:

- AARP Idaho
- Boise State University
- Idaho Caregiver Alliance
- Idaho Family Caregiver Navigator program

Comments: We are pursuing discretionary grant funds to facilitate and develop live in-person, hands on caregiver skills training.

Strategic Pillar: Stay Healthy

Strategic Goal:
Idahoans are inspired to choose lifestyles that promote health and well-being.

Program: *OAA Title III-C Congregate Meals*

Description: The Congregate Nutrition Program serves individuals aged 60 and older, and in some cases, their caregivers, spouses, and/or persons with disabilities. Nutritious meals are provided to an eligible participant at a nutrition site, senior center, or other group setting. Congregate meal programs provide opportunities for social engagement, information on healthy aging, and meaningful volunteer roles, all of which contribute to an older individual's overall health and well-being.

Delivery Method: Direct Planning and Oversight from ICOA with service implementation in each AAA through contracted providers.

Key Partnerships:

- Nutrition & Aging Resource Center
- Idaho Senior Centers
- Metro Meals on Wheels
- AAAs
- ACL
- Housing Complex
- Advancing States
- National Association of Nutrition & Aging Services (NANASP)
- National Council on Aging (NCOA)

Comments: The State of Idaho allows flexibility for carry out, shelf stable and grab and go meals only under an emergency situation such as pandemic, fire, snow, or extended loss of needed infrastructure. Funds expended must not exceed 25% of total percent of C -1 funding at the State or AAA level. ICOA conducts an annual campaign in March to prevent malnutrition and celebrate the accomplishment of the senior nutrition program.

Program: *OAA Title III-D Disease Prevention/Health Promotion*

Description: The program provides health promotion educational opportunities to assist consumers, families, and caregivers in the prevention of chronic conditions and/or the reduction in symptoms and complications of chronic conditions. It also addresses the risk of falls and works to promote awareness and education related to falls prevention at home and in the workplace.
Activities include routine health screening, nutritional counseling and education services, health promotion programs, physical fitness, group exercise, music, art, dance-therapy programs, home injury control services, fall prevention awareness and balance training, mental health screenings, preventive health services, medication management screening and education, diagnosis, prevention, treatment, and rehabilitation information.

Delivery Method: Planning, oversight, and evaluation from ICOA with direct or contracted service implementation in each AAA including: group, and one-to-one opportunities in communities or in a person's home. In-person, virtual and via telephone.

Key Partnerships:

- AARP Idaho
- AAAs
- Idaho Libraries
- Emergency Response Providers
- Senior Centers
- IDHW
- Idaho Healthcare Providers
- SILC

Strategic Pillar: Stay Healthy

Strategic Goal:
Idahoans are inspired to choose lifestyles that promote health and well-being.

Program: *Falls Prevention Coalition of Idaho*

Description: The Falls Prevention Coalition of Idaho (FPC-ID) brings awareness of the incidence and impact of falls to individuals, caregivers, communities and the state. The coalition provides educational opportunities to at-risk Idahoans and the professionals that serve them. The coalition promotes falls risk assessment and referral to appropriate interventions, including home safety audits and remediation.

Delivery Method: The coalition currently exists as an ICOA program but is exploring options as an independent organization. The coalition supports the provision of evidence-based falls prevention workshops by AAAs and communities.

Key Partnerships:

- State Agencies
- Non- profit Advocates
- Health Insurers
- Policymakers
- ICOA Programs
- EMS and Fire Departments
- Health Systems
- Clinics
- Pharmacies
- Healthcare Schools
- Community Health Workers
- AARP Idaho
- SILC
- Habitat for Humanity

Comments: The coalition supports a state-wide falls awareness and education campaign each September.

Strategic Pillar: Stay Connected

Strategic Goal:
Idahoans are connected to the people, programs, and services they need to facilitate the highest quality of life.

Program: *OAA Title III-B Information and Assistance*

Description: Information, assistance, and referral services provide information about services available to seniors (health care, social, legal, financial, counseling, and other home-based and community-based services) for continued independent living or for locating appropriate long-term care and include follow-up to the maximum extent possible.

Delivery Method: Planning, oversight, and evaluation from ICOA with direct service implementation in each AAA.

Key Partnerships: AAAs' and ADRC Partnerships (see list at end of document)

Comments: Information and Assistance services are crucial to implementation of all Programs provided by ICOA and AAAs.

Program: *Aging and Disability Resource Center (ADRC)*

Description: Aging and Disability Resource Centers serve as a centralized resource for information and assistance related to long-term services and supports to seniors, people with disabilities, and their caregivers and families accessing public and private long-term care services.

Delivery Method: Housed statewide by ICOA, implemented on the AAA level through I&A staff and ADRC partners.

Key Partnerships: ADRC Partnership list is included at the end of this document

Comments: ADRC Idaho is a member of Inform USA and extends this professional membership to local AAA staff and leadership. Inform USA provides training and professional development materials to ensure standards and support Information and Assistance staff.

Program: *Idaho Connects*

Description: Idaho Connects addresses social isolation and loneliness prevention through multiple programs including letter writing, friendly caller, social media and holiday campaigns.

Delivery Method: Planning, oversight, and evaluation from ICOA with direct service implementation in each AAA. This includes virtual, telephone and in-person events as well as an awareness month. Online education series hosted on ICOA website.

Key Partnerships:

- Alzheimer's Association of Idaho
- Idaho Hospitals
- AAA's
- Idaho Universities
- IDHW
- Interlink
- SEWA (SE Washington Alliance for Health
- Idaho Health Districts

Comments: AAA V has been nationally recognized for their comprehensive and multi-generational Pro-Age Connections program. ICOA and the AAA's lead two loneliness reduction campaigns each year. A holiday letter writing campaign in December and February.

Strategic Pillar: Stay Home

Strategic Goal:
Idahoans are supported to live independent and healthy lives in the communities of their choice.

Program: *OAA Title III-B Transportation*

Description: Assists individuals 60 years of age or older and/or individuals with disabilities to maintain their independence by providing access to services, prioritizing those of the greatest economic and social need. This may also include the transport of eligible groups of individuals to recreational, educational or community events.

Delivery Method: Planning, oversight, and evaluation from ICOA with direct service implementation in each AAA through contracted providers. Can be provided in a consumer directed format.

Key Partnerships:

- Idaho Senior Centers
- Idaho Transportation Department
- Native Indian Tribes
- Idaho Transportation Companies

Program:

Senior Community Service Employment Program (SCSEP)

Description: SCSEP is a community service and work-based job training program for older Americans. Authorized by the Older Americans Act, the program provides training for low-income, unemployed seniors.

Delivery Method: ICOA oversees the Idaho State SCSEP grant. ICOA subcontracts SCSEP services to Easter Seals Goodwill, a local community services organization that provides essential services, including employment services, to the public.

Key Partnerships: Idaho Department of Labor, Easter Seals Goodwill, WIOWA Council

Comments: Serves unemployed low-income persons who (age 55 and older) who have poor employment prospects by training them in part-time community service assignments and by helping them learn skills to facilitate their transition to unsubsidized employment. ICOA recognizes the last week of September as Older workers week and promotes the employment of older workers across the state.

Program:

Medicare Improvement for Patients and Providers Act (MIPPA)

Description: The primary goal is to assist Medicare eligible individuals with application for the Low-Income Subsidy Program and the Medicare Savings Plan, Medicare Part D counseling, and Medicare Part D enrollment assistance.

Delivery Method: Planning, oversight, and evaluation from ICOA with direct service implementation in each AAA.

Key Partnerships: Senior Health Insurance Benefits Advisors (SHIBA), Idaho's State Health Insurance Assistance Program (SHIP)

Comments: ICOA and the AAAs lead a Boost your Budget campaign across the state in April of each year.

Strategic Pillar: Stay Home

Strategic Goal:
Idahoans are supported to live independent and healthy lives in the communities of their choice.

Program: *Home Delivered Meals (HDM)*

Description: Provides a nutritious meal to an eligible individual at their residence. While the program serves frail, homebound, or isolated individuals who are age 60 and over, in some cases it also provides meals for their caregivers and/or persons with disabilities. Volunteers and paid staff deliver these meals and spend additional time with the individuals, helping to decrease their feelings of isolation.

Delivery Method: Direct planning and oversight from the State Office with service implementation in each AAA, and coordinated with Idaho's tribes.

Key Partnerships:

- Idaho Senior Centers
- AAA's
- ACL
- Idaho Hospitals
- Idaho Hunger Task Force
- Five Native Tribes in Idaho
- Nutrition and Aging Resource Center
- Metro Meals on Wheels
- Advancing States
- National Association of Nutrition and Aging Services Programs (NANASP)

Comments: ICOA, the AAAs and contracted meal providers celebrate National Nutrition month each March. Each are responsible for establishing a consultation policy that includes Title VI programs and addresses the following:

- Provide outreach to Tribal Elders regarding nutrition services
- Provide technical assistance on how to apply for the nutrition program, nutrition opportunities, meetings, and email distribution list
- Provide presentations and public hearings
- Provide methods for the collaboration and sharing of program information and changes, including coordinating with AAAs and services providers where applicable
- Provide opportunities to serve on advisory councils, workgroups, and boards
- Coordinate for emergency and disaster preparedness planning, response and recovery must be in place through procedures, developed with the relevant Title VI program director

Program: *Commodity Supplemental Food Program (CSFP)*

Description: The Commodity Supplemental Food Program provides low-income seniors, age 60 and older, with extra food each month. This program improves the health of eligible participants by supplementing diets with nutritious USDA foods. Nutrition education is provided monthly in addition to the food box.

Delivery Method: Planning and oversight through the State Office with direct administration by the Idaho Foodbank (IFB) through contracted distribution agencies monthly. The IFB determines the eligibility of applicants and distributes the food boxes.

Key Partnerships:

- Idaho Foodbank
- USDA
- AAA Information & Assistance
- ADRC

Strategic Pillar: Stay Home

Strategic Goal:
Idahoans are supported to live independent and healthy lives in the communities of their choice.

Program: *Nutrition Services Incentive Program (NSIP)*

Description: The purpose of this program is to provide incentives to encourage and reward effective performance by States in the efficient delivery of nutritious meals to older individuals. NSIP allocations may only be used to purchase domestically produced food.

Delivery Method: Program and fiscal oversight from the State Office, with money equitably distributed to all non-profit contracted meal providers.

Key Partnerships: AAA's, Contracted Meal Providers, and ACL

Program: *Chore*

Description: Chore services assist the client with keeping a safe and clean environment to enable them to live independently in their own home. Prioritizing those of greatest social and economic need. Chore help includes safety and accessibility modifications, heavy house or yard work, and sidewalk maintenance.

Delivery Method: Planning, oversight, and evaluation from ICOA with direct service implementation in each AAA through contracted providers and volunteers.

Key Partnerships:

- USDA - Rural Development
- Interlink
- Idaho Veterans Affairs
- Habitat for Humanity
- Five Native Tribes in Idaho

Comments: Private pay referrals given to appropriate clients.

Program: *Homemaker*

Description: Homemaker service may include meal preparation, shopping, light housekeeping, assisting with paperwork for financial, health care, insurance, or other needs, making telephone calls on the senior's behalf, or assisting with using the telephone, escorting and assisting the senior to medical appointments, shopping, and other errands. This program must prioritize the population with the greatest economic and social need.

Delivery Method: Planning, oversight, and evaluation from ICOA with direct service implementation in each AAA through contracted providers. Can be provided in a consumer directed format.

Key Partnerships: AAAs, Service Providers, and Five Native Tribes in Idaho

Comments: Private pay referrals given to appropriate clients.

Strategic Pillar: Stay Home

Strategic Goal:
Idahoans are supported to live independent and healthy lives in the communities of their choice.

Program: *Idaho Community CARE*
*(**C**ase Management - **A**dvocacy - **R**espite - **E**ducation)*

Description: Telephonic case management and support services supplemented with in-person support for high-risk caregivers, including caregivers taking care of an individual with memory concerns, dementia, or Alzheimer's.

Delivery Method: Planning, oversight, and evaluation from ICOA with services supplied through a single statewide contract, currently awarded to AAA III. Can be provided in a consumer directed format.

Key Partnerships:

- Alzheimer's Association of Idaho
- Blue Cross of Idaho
- Dementia Society of America
- ISU- CHW Program
- IDHW ADRD
- Idaho Crisis & Suicide Hotline
- Jannus - Aging Strong Program
- Molina Healthcare
- On-Site-for-Seniors
- St. Als Community Health Workers
- Title VI Program Directors
- St Luke's McCall & Adams County Health District

Program: *Title III-E National Family Caregiver Support Program*

Description: The Family Caregiver Support program aims to empower and assist caregivers by providing a range of supports, including information and assistance, counseling and training, support groups, respite care, and supplemental services. These services are designed to benefit caregivers of older adults, as well as older relative caregivers (e.g., grandparents). Caregivers of individuals of any age with Alzheimer's disease or related disorders can also access services through this program.

Delivery Method: Planning, oversight, and evaluation from ICOA with direct service implementation in each AAA, with respite delivered through contracted providers. Respite can be provided in a Consumer Directed manner.

Key Partnerships:

- Alzheimer's Association of Idaho
- Blue Cross of Idaho
- Dementia Society of America
- ISU- CHW Program
- IDHW ADRD
- Family Caregiver Navigator
- Idaho Crisis & Suicide Hotline
- Jannus - Aging Strong Program
- Molina
- On-Site-for-Seniors
- St. Als CHW's
- LEARN Idaho
- Title VI Program Directors
- St Luke's McCall & Adams County Health District
- Contracted Respite Providers
- Idaho Caregiver Alliance

Comments: Best practices identified in the RAISE Act are utilized as a template for implementation and evaluation. ICOA, the AAAs, and community partners collaborate to celebrate Family Caregiver month each November.

Strategic Pillar: Stay Safe

Strategic Goal:
Idahoans promote resiliency, self-determination, and dignity for older and vulnerable adults.

Program: *Adult Protective Services (APS)*

Description: Idaho's Adult Protective Services (APS) system assists vulnerable adults who are unable to manage their own affairs, carry out the activities of daily living or protect themselves from abuse, neglect, or exploitation. APS serves adults (18+ years) who are the alleged victim of an APS report and are vulnerable to adult maltreatment or are at high risk of adult maltreatment. APS also aids caregiving families experiencing difficulties in maintaining the health or safety of a person who is vulnerable to adult maltreatment.

Delivery Method: Planning, oversight, and evaluation from ICOA with direct service implementation in each AAA.

Key Partnerships:

- AAAs
- Idaho Dept of Finance
- Idaho Law Enforcement
- Alzheimer's Association of Idaho
- Idaho Council on Developmental Disabilities
- Idaho Legal Aid
- IDHW- Bureau of Licensing & Certification
- AARP Idaho
- Idaho Office of Attorney General

Comments: ICOA, the AAAs, the Department of Health and Welfare, and community partners collaborate on a campaign each June to promote Elder Abuse Prevention.

Program: *State Office of the Long-Term Care Ombudsmen*

Description: The Long-term Care Ombudsman Program is mandated by the Older Americans Act and state law to provide resident centered advocacy designed to protect the rights, health, safety, and welfare of residents in nursing facilities and assisted living homes.

Delivery Method: Direct Planning and oversight from the State Office with service implementation in each AAA.

Key Partnerships:

- Disability Rights Idaho
- Idaho Assistive Technology Center
- Idaho Adult Protective Services
- Idaho Legal Aid
- IDHW- Bureau of Licensing & Certification
- Idaho Healthcare Association
- Intermountain Fair Housing

Comments: The Ombudsmen network plans and implements a statewide campaign to educate on and promote residents rights each October.

Strategic Pillar: Stay Safe

Strategic Goal:
Idahoans promote resiliency, self-determination, and dignity for older and vulnerable adults.

Program: *Legal Assistance and State Legal Assistance Developer*

Description: Legal assistance is provided statewide through with Idaho Legal Aid Services, Inc (ILAS) a nonprofit statewide organization with seven regional offices. Legal services, funded by the OAA are provided for persons 60 years and older with priority given to protecting the rights of people in long-term care, and who seek alternatives to institutionalization, guardianship and alternatives to guardianship issues. ILAS is the subject matter expert on matters related to all priority case type areas under the OAA, including income, healthcare, long-term care, nutrition, housing, utilities, protective services, abuse, neglect, age discrimination and defense against guardianship, and consumer law. ICOA designates the position of the Idaho Legal Assistance Developer (LAD) through a single source contract with ILAS. Idaho LAD assists ICOA to advance Legal Assistance education, outreach, and service delivery to meet the OAA requirements. LAD has entered a memorandum of understanding and coordinates with the Ombudsman, collaborates with other programs that address and protect elder rights, and provides training and technical assistance statewide to AAA, APS, and legal assistance providers.

Delivery Method: Single source statewide contract.

Key Partnerships:

- AAAs
- Idaho Volunteer Lawyers Program
- Boise Senior Center
- Idaho Scam Jam Alliance
- IDHW
- APS

Comments: ICOA leads a statewide campaign each July that educates and promotes the adoption of alternatives to guardianships including supported decision making.

Program: *Senior Medicare Patrol (SMP)*

SMP
Senior Medicare Patrol
Preventing Medicare Fraud

Description: Provide a statewide effort to fight fraud and abuse in the Medicare and Medicaid healthcare systems.

Delivery Method: Administered through the AAA network. AAAs have at least one (1) SMP volunteer coordinator and recruit volunteers to assist with SMP activities.

Key Partnerships: Senior Health Insurance Benefits Advisors (SHIBA) and Idaho Scam Jam Alliance (ISJA)

Comments: Each June ICOA and the Scam Jam network leads a statewide campaign to prevent Medicare and related frauds.

Program: *Emergency Preparedness*

Description: Efforts to ensure the safety and wellbeing of older and vulnerable Idahoans during times of emergency including natural disasters, public health emergencies, and loss of normal infrastructure.

Delivery Method: Emergency preparedness and continuity of operations are addressed as a part of each state and local planning cycle, including participation with local planning and exercise efforts.

Key Partnerships: Idaho Office of Emergency Management, FEMA, AAAs

Comments: ICOA and the AAAs lead an emergency preparedness campaign each August.

Aging & Disability Resource Center (ADRC) Partnerships

- AAA I Brain Education & Assessment Model (BEAM) Memory Clinic
- AAAs
- AARP Idaho
- ACL
- Adams County Health District
- Advancing States
- Advancing States Generations United
- Alzheimer's Association
- Alzheimer's Association of Idaho
- Blue Cross of Idaho
- Boise State University
- Coeur D`Alene Tribe
- Dementia Society of America
- Fair Housing
- Hospitals
- Housing Complex
- Idaho Council on Developmental Disabilities
- Idaho Crisis & Suicide Prevention Hotline
- Idaho Department of Finance
- Idaho Department of Health & Welfare
- Idaho Department of Health & Welfare - ADRD
- Idaho Department of Health and Welfare- Bureau of Licensing and Certification
- Idaho Foodbank
- Idaho Hunger Task Force
- Idaho Legal Aid
- Idaho Office of Attorney General
- Idaho Office of Emergency Management
- Idaho Scam Jam Alliance (ISJA)
- Idaho Senior Centers
- Idaho State University
- Idaho State University – CHW Program
- Idaho Transportation Companies
- Idaho Transportation Department
- Idaho's State Health Insurance Assistance Program (SHIP)
- Interlink
- Jannus/Legacy Corps
- Jannus-Aging Strong Programs
- Kootenai-Tribe
- Legal Aid
- Lewis and Clark State College
- Metro Meals On Wheels
- Molina
- National Association of Nutrition and Aging Services Programs (NANASP)
- National Council on Aging (NCOA)
- Nez-Perce Tribe
- Northwest Idaho Central Health Department
- On-Site-for-Seniors
- SAGE CARE
- Senior Health Insurance Benefits Advisors (SHIBA)
- SEWA – Alliance for Health
- Shoshone- Bannock Tribe
- Shoshone- Paiute Tribe
- St. Alphonsus
- St. Alphonsus CHWs
- St. Luke's
- St. Luke's McCall
- The Nutrition and Aging Resource Center
- Title VI Program Directors

Attachment B:
Needs Assessment Survey Analysis and Data Booklet

ICOA is proud to present Idaho with a comprehensive and actionable assessment to educate our state on the needs of Idahoans 60 years and older with a focus on those at highest risk for institutionalization. The PDF document is available for print as a PDF booklet. Please contact ICOA for any discussion related to the data.

We are available for partnership at any level and look forward to any and all joint projects.

IDAHO

Commission on Aging

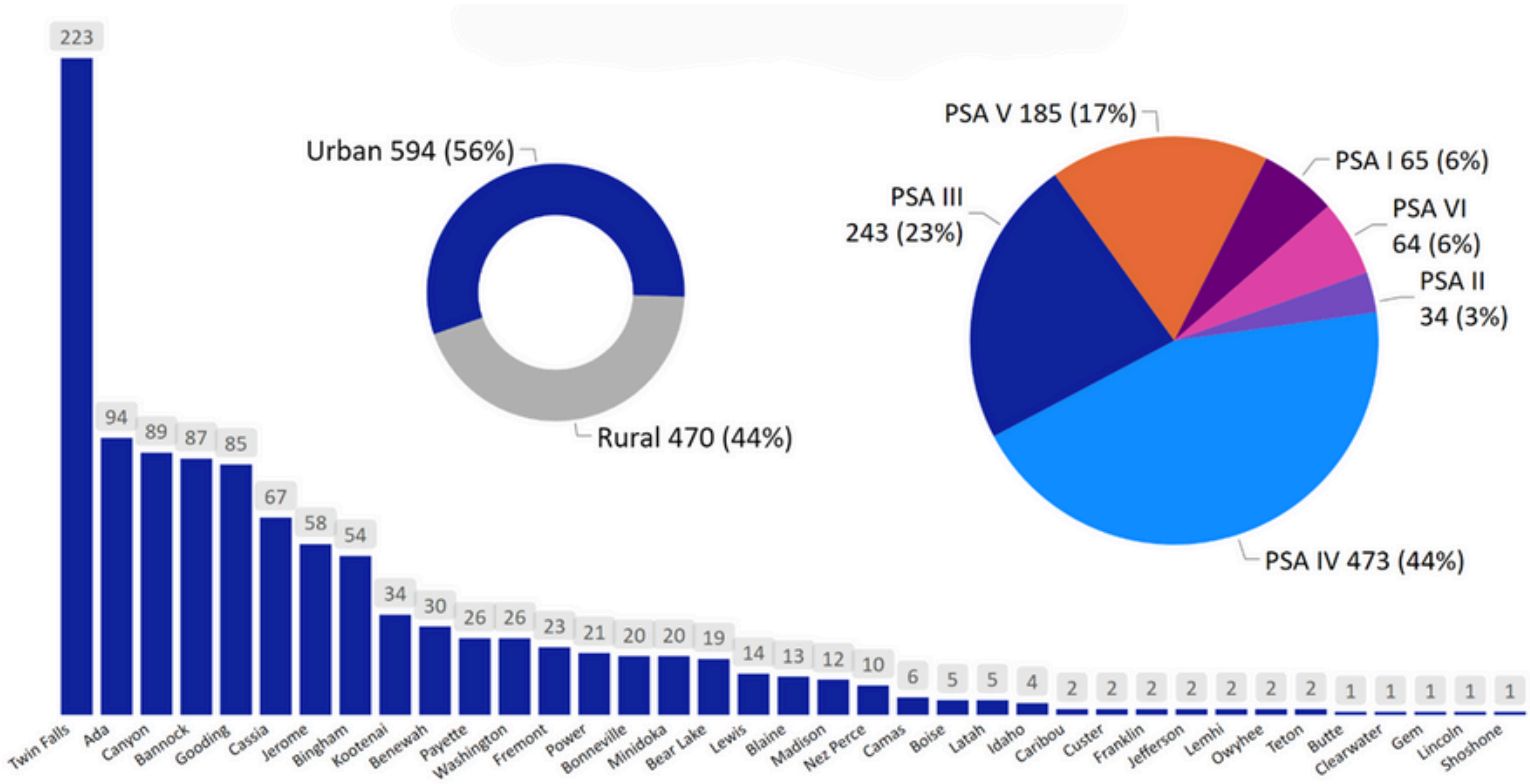
www.aging.idaho.gov

2023

Needs Assessment Analysis

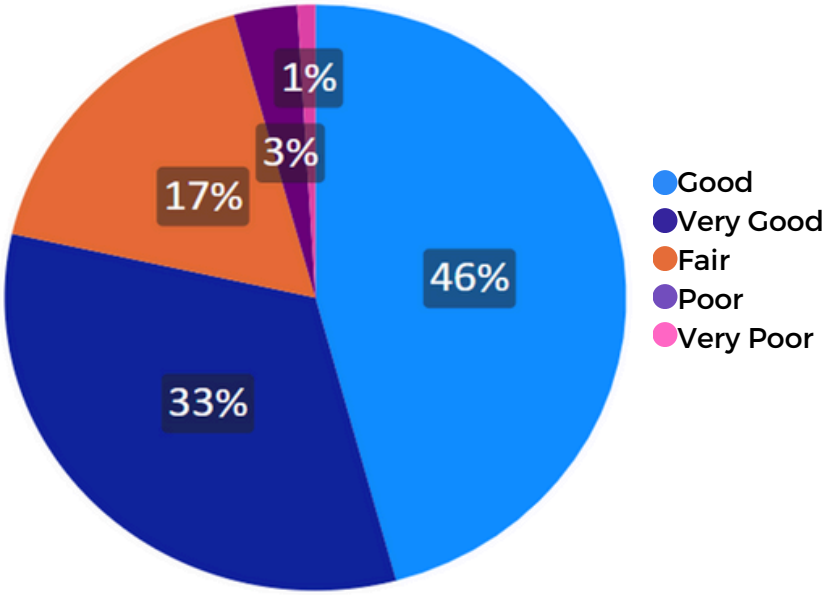
Summary of Responses

Although we used a convenience sample, respondent demographics illustrate an adequate representational cohort that can be used to make decisions and guide planning. 37 of 44 Idaho Counties are represented.



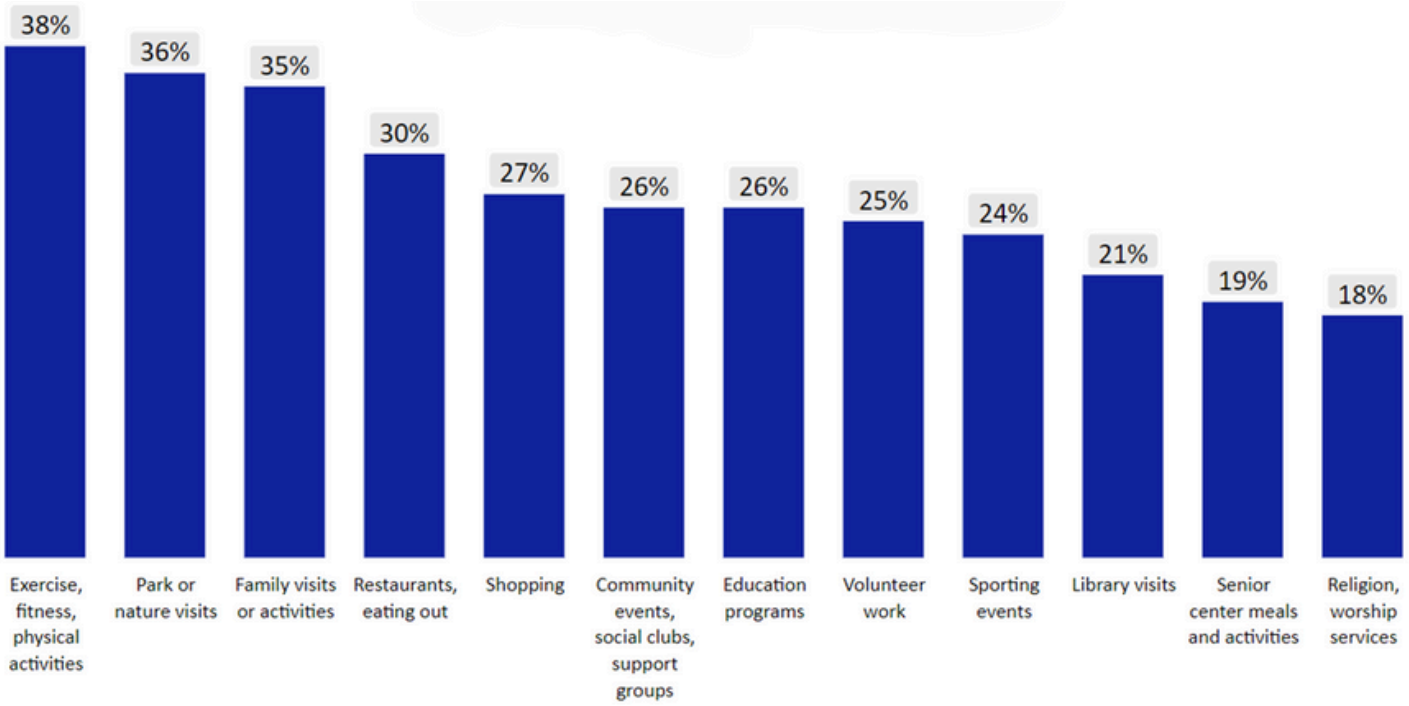
Statewide Needs Assessment Themes

Overall, our respondents reported a high quality of life, with only 21% of respondents rating their quality of life as Fair, Poor, or Very Poor. These 21% of respondents became the "high-risk" cohort. Urban dwellers were twice as likely to rate their quality of life as fair or poorer.

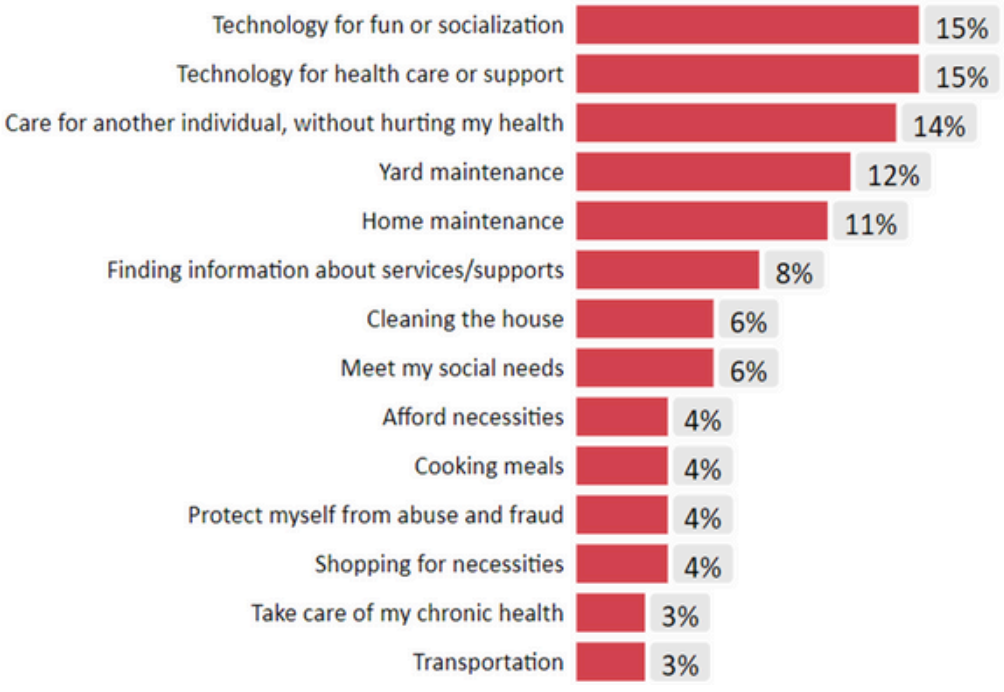


How often are you able to Participate in the Following?
ALL Response: "Not Quite as Often as I Want"

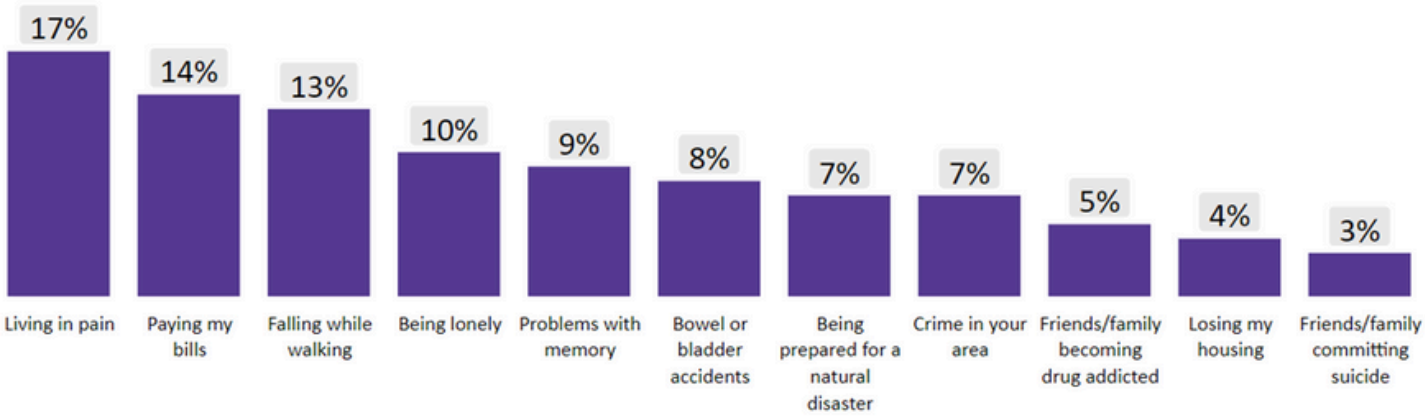
Respondents report wanting more opportunities for exercise, socialization, and time in nature. Older Idahoans are worried about living in pain, falling, loneliness, and developing dementia or other memory issues. Objectives and outcomes to close this gap are included throughout the state plan.



Are you able to do the Following Activities by yourself or with help?
ALL Response: " I am not able, and I do not have the help I need"

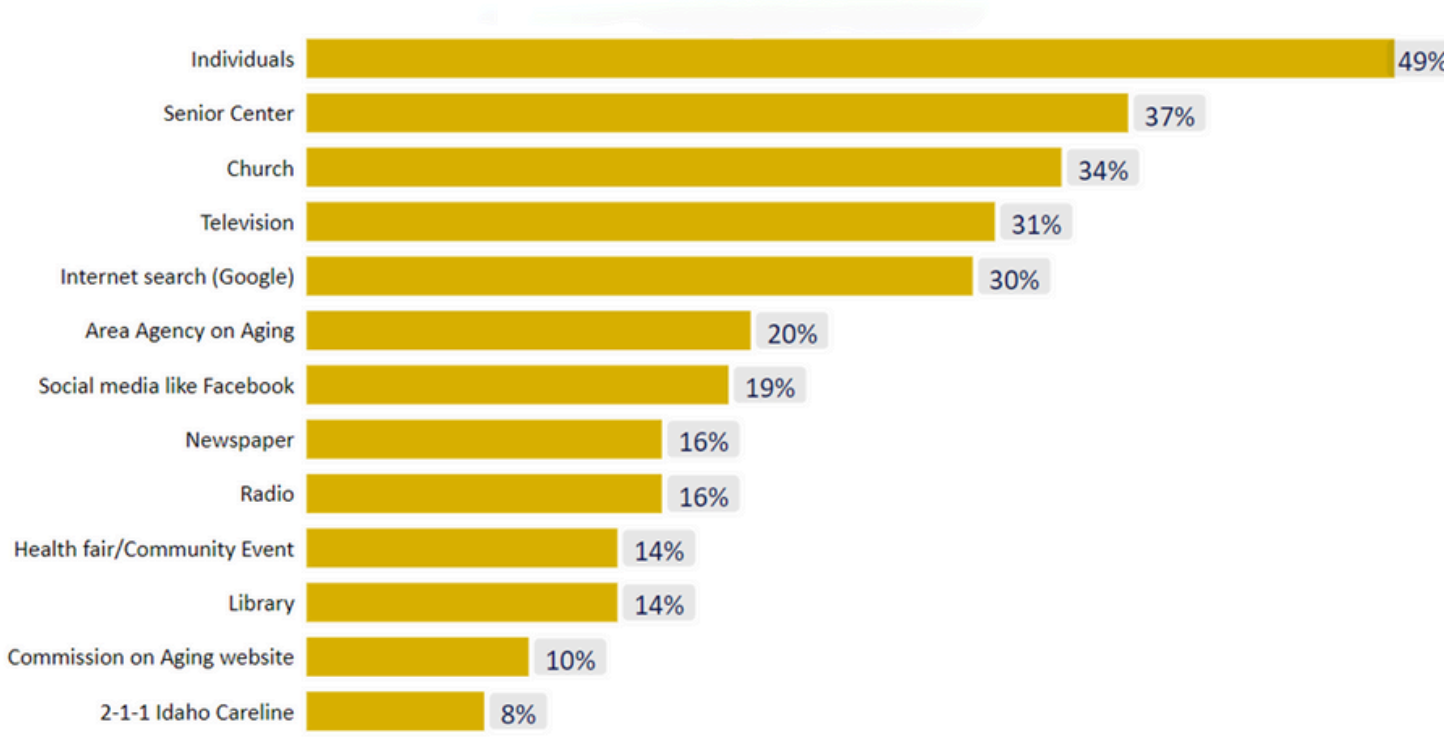


How often do you Worry about the Following Topics?
ALL Response: "Very Frequently"



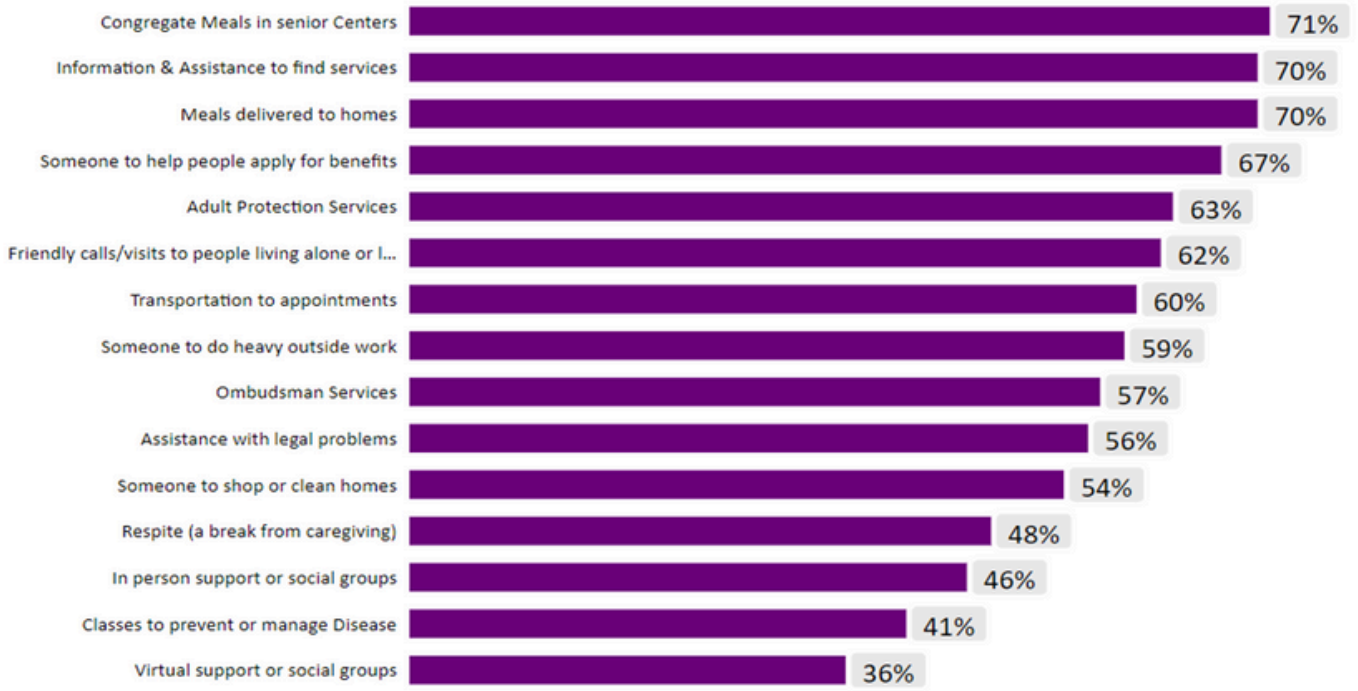
How Likely are you to use this Methods to get Information?
ALL Response: "Very Likely"

Respondents identified Senior Centers as a place they are very likely to get information to stay healthy and locate services. This dovetails into our strategic emphasis on supporting our 96-meal sites across the state as hubs for healthy aging, and ADRC partners.



How Important do you Believe this Service is to your Community? ALL Response: "Very Important"

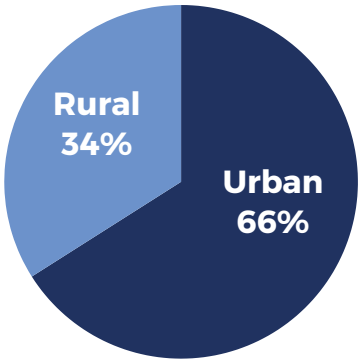
Statewide respondents identified Home and Congregate meals, Adult Protective Services, and Information and Assistance services as very important in their communities. This aligns with ICOA's budgeted spending priorities. An unexpected priority to respondents is helping to apply for benefits. This gap is addressed in the state plan.



High-Risk Needs Assessment Themes

Idaho's 2022 BRFSS data reported 20.9% of Idahoans 65 and older reported their general health as fair or poor.[1] This was very consistent with ICOA's needs assessment where 21% reported their quality of life as fair, poor, or very poor. Analysis of data reflects that the majority of respondents in the high-risk group are caregivers who are unable to access resources electronically and need help to stay in their own homes with seasonal and ongoing home and yard maintenance. Objectives and outcomes to close these gaps are included in the state plan in the Stay Home and Stay Connected sections. Over one third of high-risk respondents are worried about living in pain. This may be exacerbated by the physical demands of caregiving and point to respite as a possible answer. Between 2019 and 2021 fall death rates among Idahoans 65 and older increased over 12% while the US rate only increased 3%.[2]

Response	High RIsk
Fair	184
Poor	35
Very Poor	10
Total	**229**

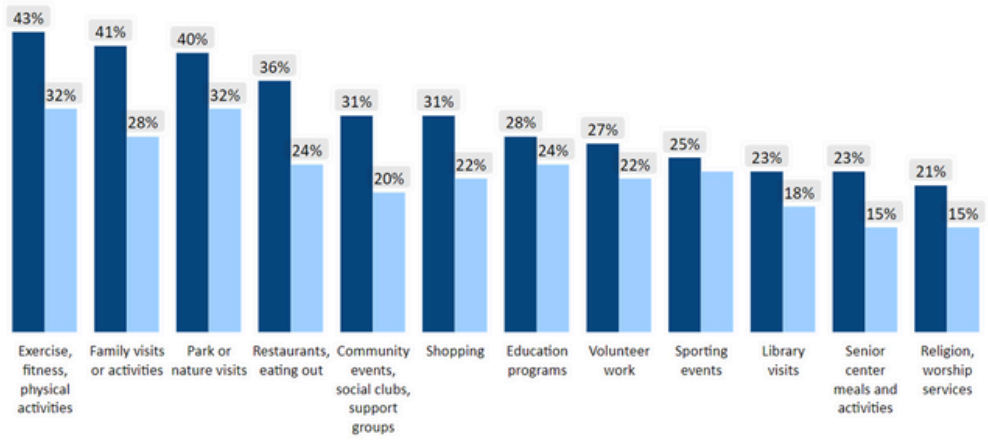


1. https://www.gethealthy.dhw.idaho.gov/idaho-brfss
2. https://www.gethealthy.dhw.idaho.gov/idaho-falls-data

Urban Needs Assessment Themes

How often are you able to Participate in the Following?

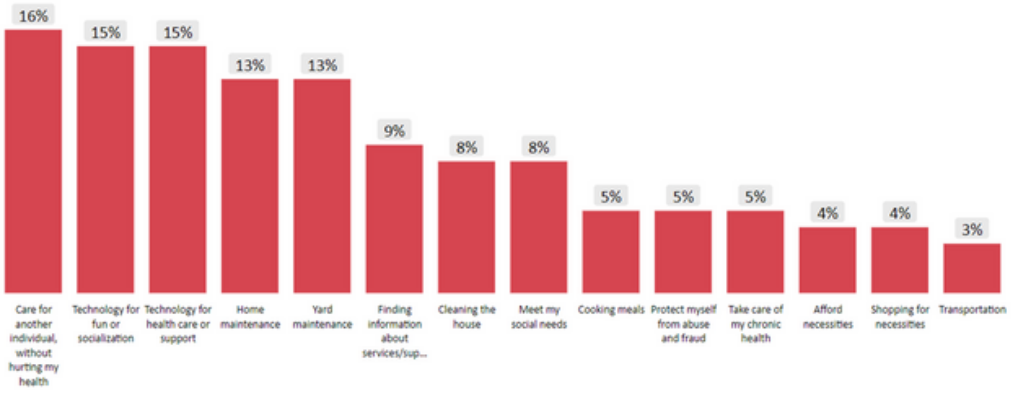
Response: "Not quite as often as I want" Urban Rural



The urban cohort had 579 respondents. Compared to the rural cohort, urban dwellers are more isolated and disconnected from their communities.

Are you able to do the Following Activities by yourself or with help?

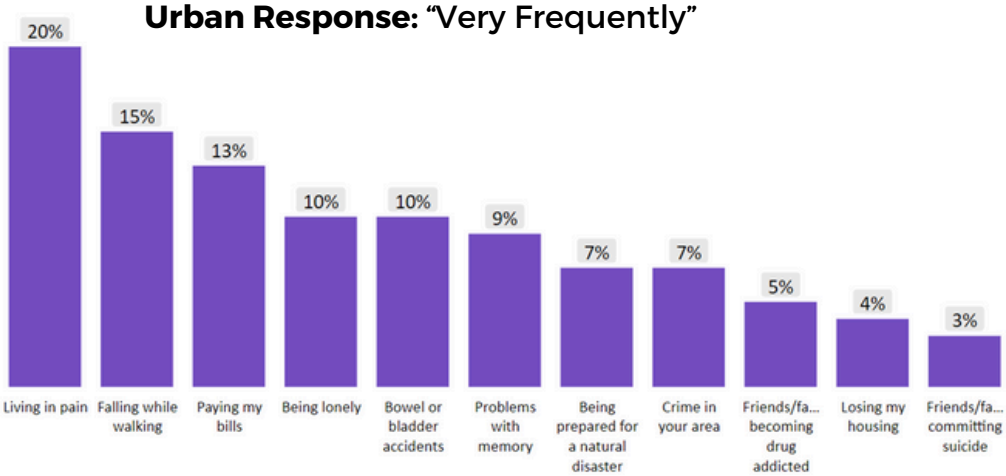
Urban Response: "I am not able, and I do not have the help I need"



They also report not having the help they need for successfully aging in place, with many unmet needs.

How often do you Worry about the Following Topics?

Urban Response: "Very Frequently"



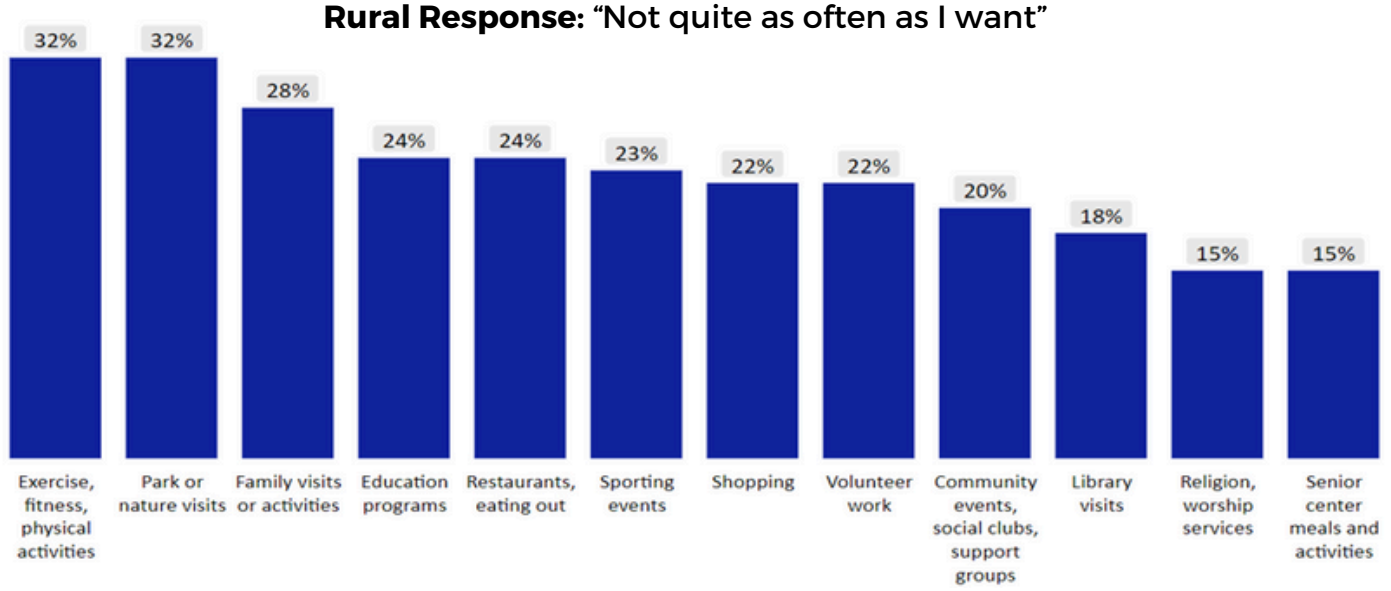
Lastly urban dwellers report a high percentage of very frequent daily worries. Falling was the second most frequent worry. Strategies to close this gap can be found in the state plan.

Rural Needs Assessment Themes

The pattern of community participation needs was consistent with the statewide whole, but better in comparison to the urban and high-risk cohorts. Rural dwellers reflect a more consistent ability to get to community events, libraries, religious services and senior centers. This may reflect the closer ties and generational relationships in the rural areas. Outreach and education can strengthen these natural supports.

How often are you able to Participate in the Following?

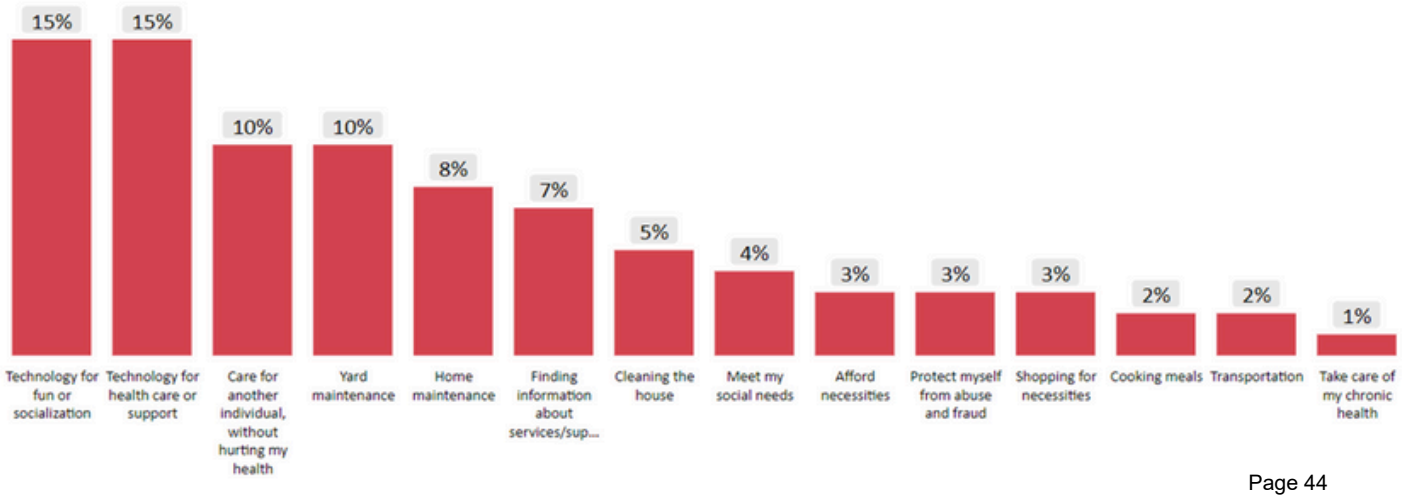
Rural Response: "Not quite as often as I want"



Rural dwellers reported the highest needs related to technology. Although a lack of broadband access limits ICOA's ability to close this gap, strategies related to digital access and skills are addressed in the state plan.

Are you able to do the Following Activities by yourself or with help?

Rural Response: "I am not able, and I do not have the help I need"

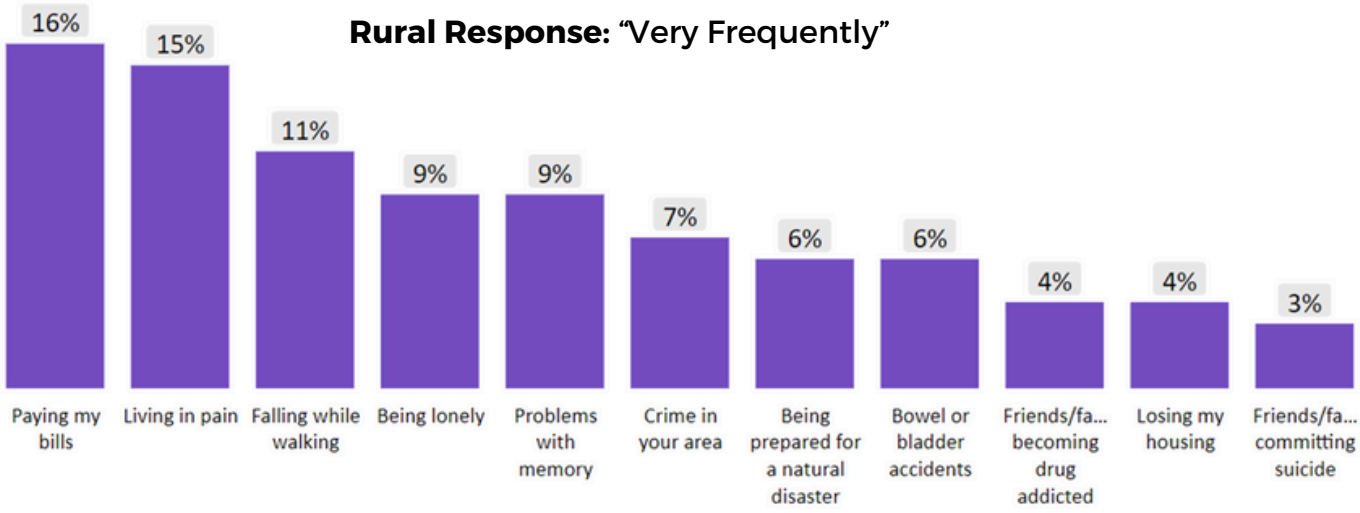


Rural Needs Assessment Themes

The ability to pay bills was the number one risk for rural dwellers. Often rural dwellers' wealth is tied in their property which may be farms or ranches. Rural residents may be unable or unwilling to sell to fund their needs. A new focus on benefits and options counseling may help close this gap. Other worries align with the other cohorts and will be addressed in the state plan.

How often do you Worry about the Following Topc?

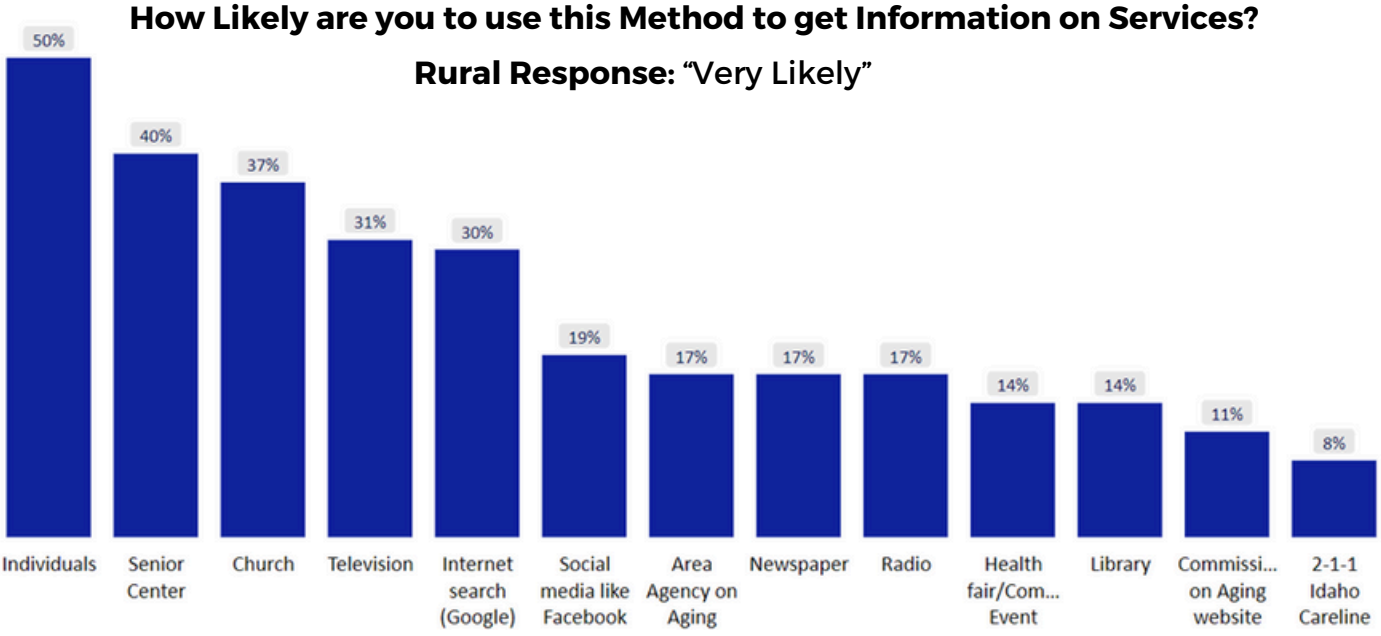
Rural Response: "Very Frequently"



Lastly, the rural cohort is most likely to seek information from their fellow citizens, senior centers, and faith communities.

How Likely are you to use this Method to get Information on Services?

Rural Response: "Very Likely"



Legal Assistance Developer Needs Assessment

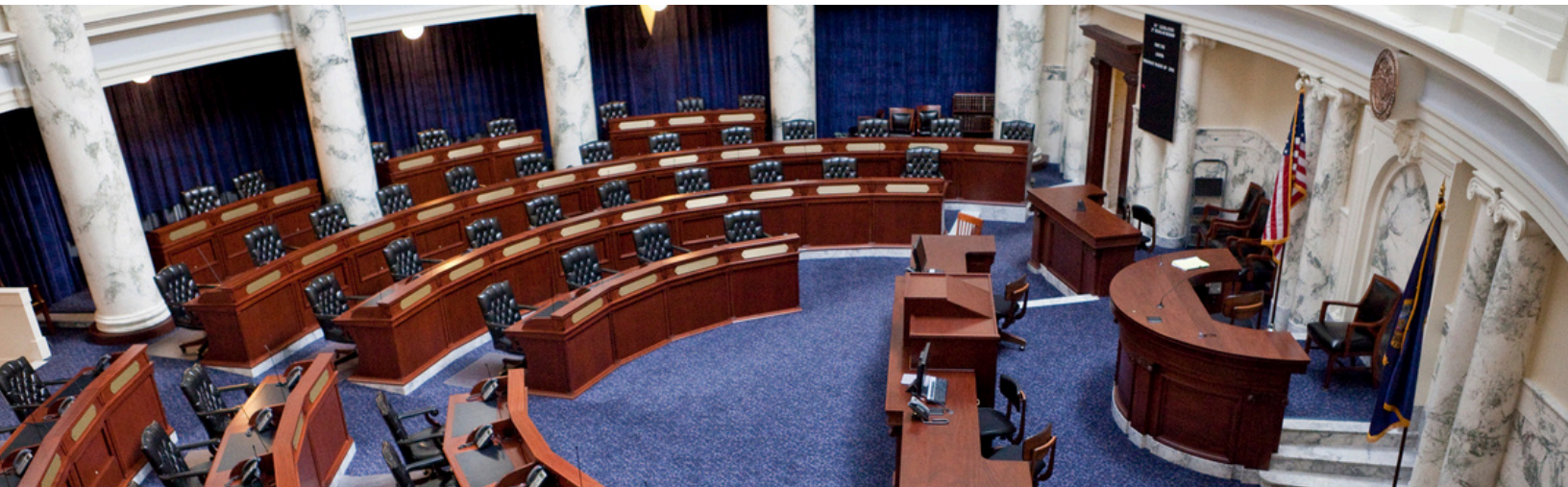
ICOA contracts with Idaho Legal Aid to be Idaho's Legal Assistance Developer (LAD). In that role the LAD also performed an environmental scanning and needs assessment specific to legal needs of older and vulnerable Idahoans.
In SFY 2023 Idaho Legal Aid served 1000 senior and vulnerable adults using ICOA funding within categories allowed by the Association for Community Living. Legal needs were varied as demonstrated by categorize closed cases:

- Consumer/Misc: 323
- Housing: 243
- Defense of Guardianship/Protective Services: 167
- Health Care/Medicaid: 145
- Income: 57
- Abuse/Neglect: 43
- Long-Term Care: 7
- Utilities: 3
- Nutrition: 1
- Age Discrimination: 0

Total Closed Cases in SFY 2023: 989

The stakeholder engagement and scanning identified service gaps which were then prioritized by the ILA team. Identified gaps for closure in Idaho's 2024-2028 plan are:

- Housing and Housing-Related Senior Exploitation
- Advance Planning/POAs
- Consumer Issues
- Medicaid (Eligibility/Miller Trusts)
- Long-Term Care
- Adult Protective Services



IDAHO
Commission on Aging
www.aging.idaho.gov

2023

NEEDS ASSESSMENT

IDAHO COMMISSION ON AGING

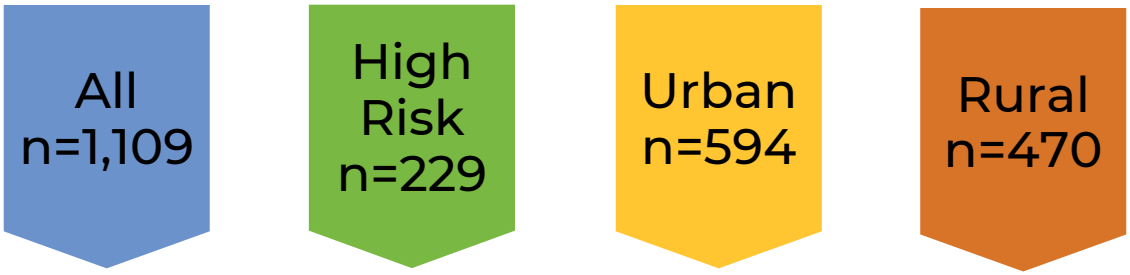
Table of Contents

Methods

Survey Data Collection & Analysis

- Surveys available to submit online, paper/mail, or phone
- Available to complete June 20, 2023 - October 15, 2023
- 14 In Person Events at Idaho Senior Centers with ICOA Staff & Leadership:
  - Fernwood
  - Rathdrum
  - Lewiston
  - Nez Perce
  - Weiser
  - Boise
  - Gooding
  - Twin Falls
  - Bingham County
  - Pocatello
  - St. Anthony
  - Madison County

Data is categorized into 4 population categories and compared within each category:



Categories Defined

- All Responses:
  - Defined by the total number of survey submissions
    - Some questions were partially answered or skipped entirely
- High Risk Responses:
  - Defined by those that answered Question 1 and chose the response of fair, poor, or very poor
- Urban & Rural
  - Defined only if respondents provided their zip code

Key Highlights

Statewide respondents identified home and congregate meals, Adult Protective Services, and Information & Assistance services as very important in their communities. This aligns with ICOA's budgeted spending priorities. An unexpected priority to respondents is helping to apply for benefits.

Respondents report wanting more opportunity for exercise, socialization and time in nature. Older Idahoans are worried about living in pain, falling, loneliness, and developing dementia or other memory issues

Respondents identified Senior Centers as a place they are very likely to get information to stay healthy and locate services. This dovetails into our strategic emphasis on supporting our 96 meal site across the state as hubs for healthy aging, and ADRC partners.

<u>High Risk Respondents</u>

- Urban residents twice as likely to report fair/poor/very poor quality of life than Rural
- Majority are caregivers that struggle to care for themselves
- 28% could not utilize technology for either fun and socialization or healthcare or other supports
- Over 1/3 worry about living in pain
- Home maintenance (indoor/outdoor)

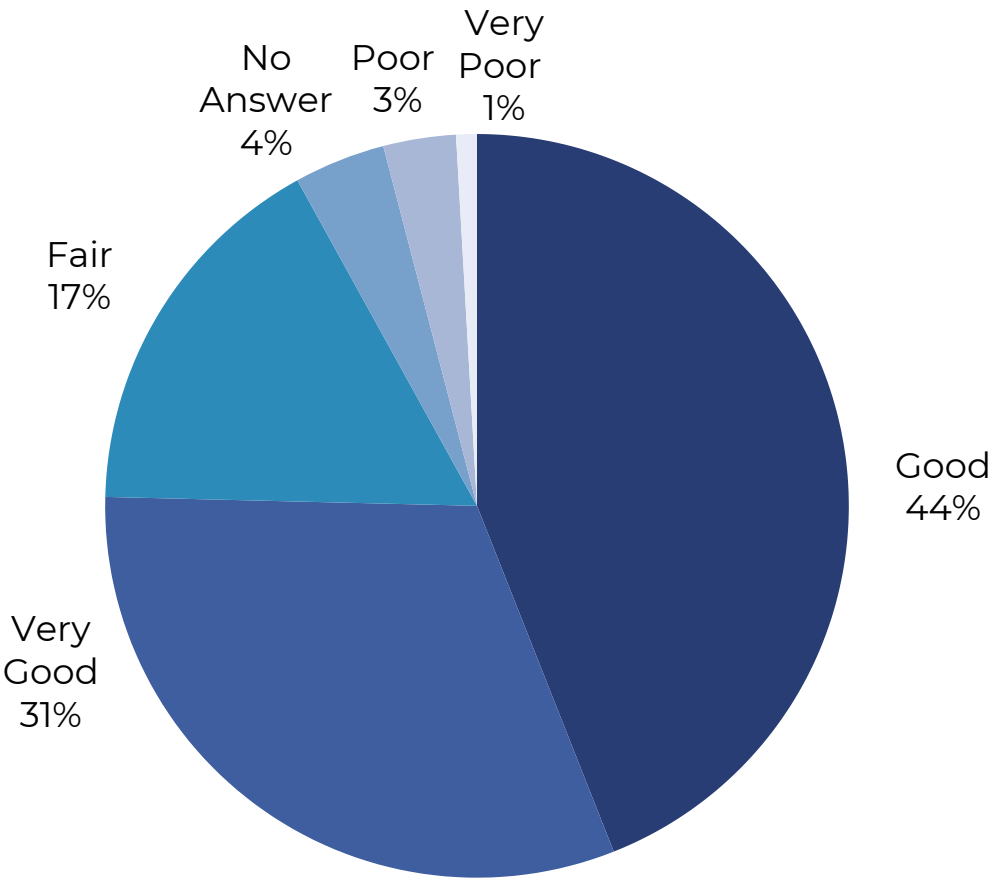
Urban dwellers are more isolated and disconnected from their communities. They also report not having the help they need for successfully aging in place, with many unmet needs. Urban dwellers report a high percentage of very frequent daily worries. Falling was the second most frequent worry.

The ability to pay bills was the number one risk for rural dwellers. Often rural dwellers' wealth is tied in their property which may be farms or ranches. Rural resident's may be unable or unwilling to sell to fund their needs. A new focus on benefits and options counseling may help close this gap.

Question 1

How would you rate your overall quality of life?

All 1,109 Responses



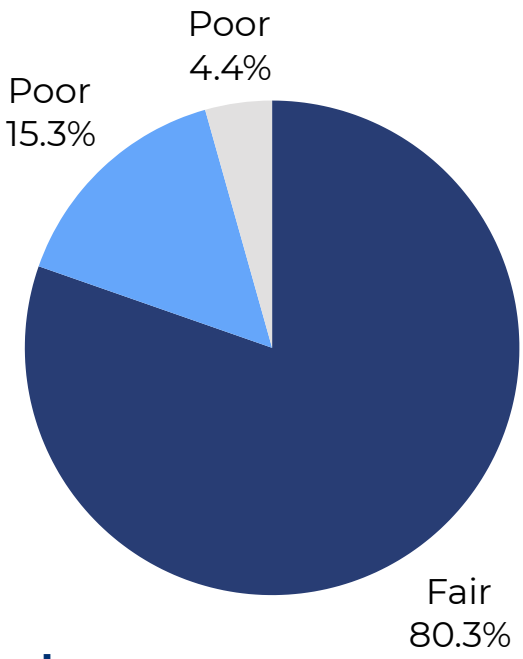
Response Choice	#	%
Very Good	348	31%
Good	488	44%
Fair	184	17%
Poor	35	3%
Very Poor	10	1%
No Answer	44	4%

Question 1

How would you rate your overall quality of life?

Responses considered "High Risk"

Response Choice	#	% of All
Fair	184	17%
Poor	35	3%
Very Poor	10	1%
Total	**229**	**21%**



Urban/Rural

Response Choice	Urban #	Urban %	Rural #	Rural %
Good	263	44%	200	36%
Very Good	165	28%	167	43%
Fair	118	20%	64	14%
Poor	27	5%	8	2%
Very Poor	6	1%	4	1%
No Answer	15	3%	27	6%
Total	**594**	**56%**	**470**	**44%**

Question 2

How often are you able to participate in the following? Please choose one response in each row.

	As often as I want		Not quite as often as I want		Not interested in this	
	Count	Percent	Count	Percent	Count	Percent
Community Events, Social Clubs, Support Groups	627	57%	290	26%	166	15%
Education Programs	398	36%	288	26%	352	32%
Exercise, Fitness, Physical Activities	519	47%	419	38%	124	11%
Family Visits/Activities	641	58%	383	35%	54	5%
Library Visits	451	41%	233	21%	369	33%
Park/Nature Visits	511	46%	400	36%	149	13%
Religion Services	665	60%	202	18%	202	18%
Restaurants	662	60%	337	30%	76	7%
Senior Center: Meals and Activities	730	66%	211	19%	139	13%
Shopping	680	61%	294	27%	102	9%
Sporting Events	373	34%	262	24%	422	38%
Volunteer Work	488	44%	272	25%	296	27%

Question 2

How often are you able to participate in the following?

Response choice analyzed: Not quite as often as I want

	All		High Risk		Urban		Rural	
	#	%	#	%	#	%	#	%
Community Events, Social Clubs, Support Groups	290	26%	112	49%	187	31%	93	20%
Education Programs	288	26%	90	39%	167	28%	111	24%
Exercise, Fitness, Physical Activities	419	38%	139	61%	255	43%	151	32%
Family Visits/Activities	383	35%	146	64%	245	41%	130	28%
Library Visits	233	21%	74	32%	139	23%	86	18%
Park/Nature Visits	400	36%	142	62%	237	40%	149	32%
Religion Services	202	18%	87	38%	126	21%	69	15%
Restaurants	337	30%	135	59%	211	36%	115	24%
Senior Center: Meals and Activities	211	19%	86	38%	138	23%	69	15%
Shopping	294	27%	113	49%	185	31%	103	22%
Sporting Events	262	25%	78	34%	147	25%	106	23%
Volunteer Work	272	25%	88	38%	160	27%	103	22%

Question 2

How often are you able to participate in the following?

Response choice analyzed: Not quite as often as I want

Question 2

How often are you able to participate in the following?

Response choice analyzed: Not quite as often as I want

Question 3

Are you able to do the following activities by yourself or with help? Please choose one response in each row.

	I am currently able		I am not able, but I have the help I need		I am not able, and I do not have the help I need	
	#	%	#	%	#	%
Afford necessities	847	76%	164	15%	41	4%
Care for another w/out hurting health	615	55%	204	18%	153	14%
Cleaning the house	744	67%	234	21%	70	6%
Cooking meals	883	80%	133	12%	42	4%
Finding info about support services	735	66%	224	20%	90	8%
Home maintenance	514	46%	397	36%	117	11%
Meet my social needs	809	73%	164	15%	72	6%
Protect myself from abuse & fraud	863	78%	140	13%	46	4%
Shopping for necessities	848	76%	169	15%	40	4%
Take care of my chronic health needs	839	76%	147	13%	34	3%
Transportation	834	75%	200	18%	28	3%
Technology for fun	701	63%	148	13%	167	15%
Technology for healthcare	653	59%	204	18%	165	15%
Yard maintenance	508	46%	386	35%	132	12%

Question 3

Are you able to do the following activities by yourself or with help?

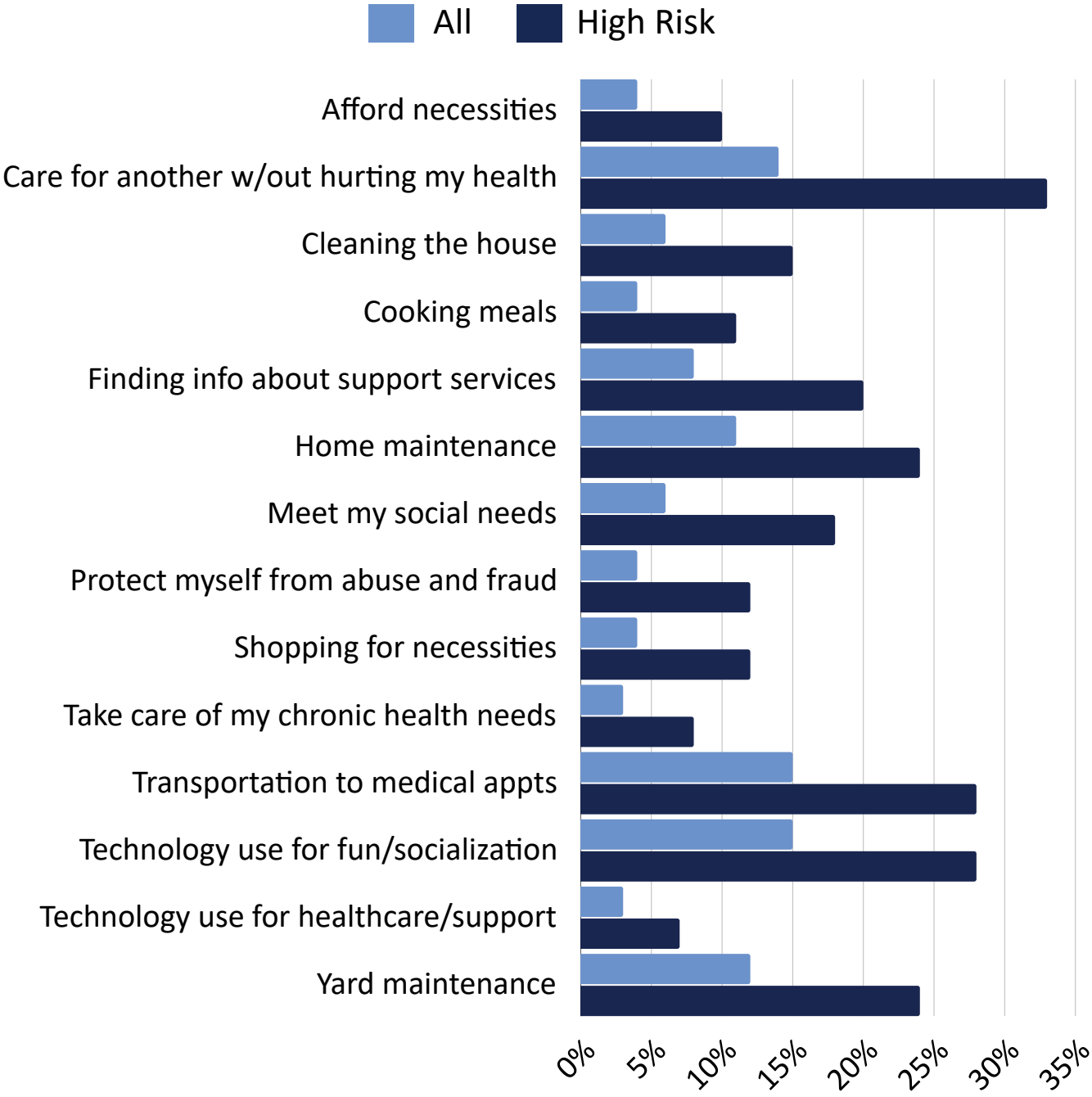
Response choice analyzed: I am not able, and I do not have the help I need

	All		High Risk		Urban		Rural	
	#	%	#	%	#	%	#	%
Afford necessities	41	4%	24	10%	26	4%	14	3%
Care for another w/out hurting my health	153	14%	75	33%	98	16%	49	10%
Cleaning the house	70	6%	35	15%	48	8%	22	5%
Cooking meals	42	4%	25	11%	31	5%	11	2%
Finding info about support services	90	8%	45	20%	56	9%	32	7%
Home maintenance	117	11%	55	24%	77	13%	38	8%
Meet my social needs	72	6%	42	18%	50	8%	21	4%
Protect myself from abuse & fraud	46	4%	28	12%	31	5%	14	3%
Shopping for necessities	40	4%	27	12%	26	4%	13	3%
Take care of my chronic health needs	34	3%	18	8%	28	5%	5	1%
Transportation	28	3%	16	7%	19	3%	8	2%
Technology for fun	167	15%	64	28%	90	15%	72	15%
Technology for healthcare	165	15%	63	28%	91	15%	69	15%
Yard maintenance	132	12%	55	26%	78	61%	49	39%

Question 3

Are you able to do the following activities by yourself or with help?

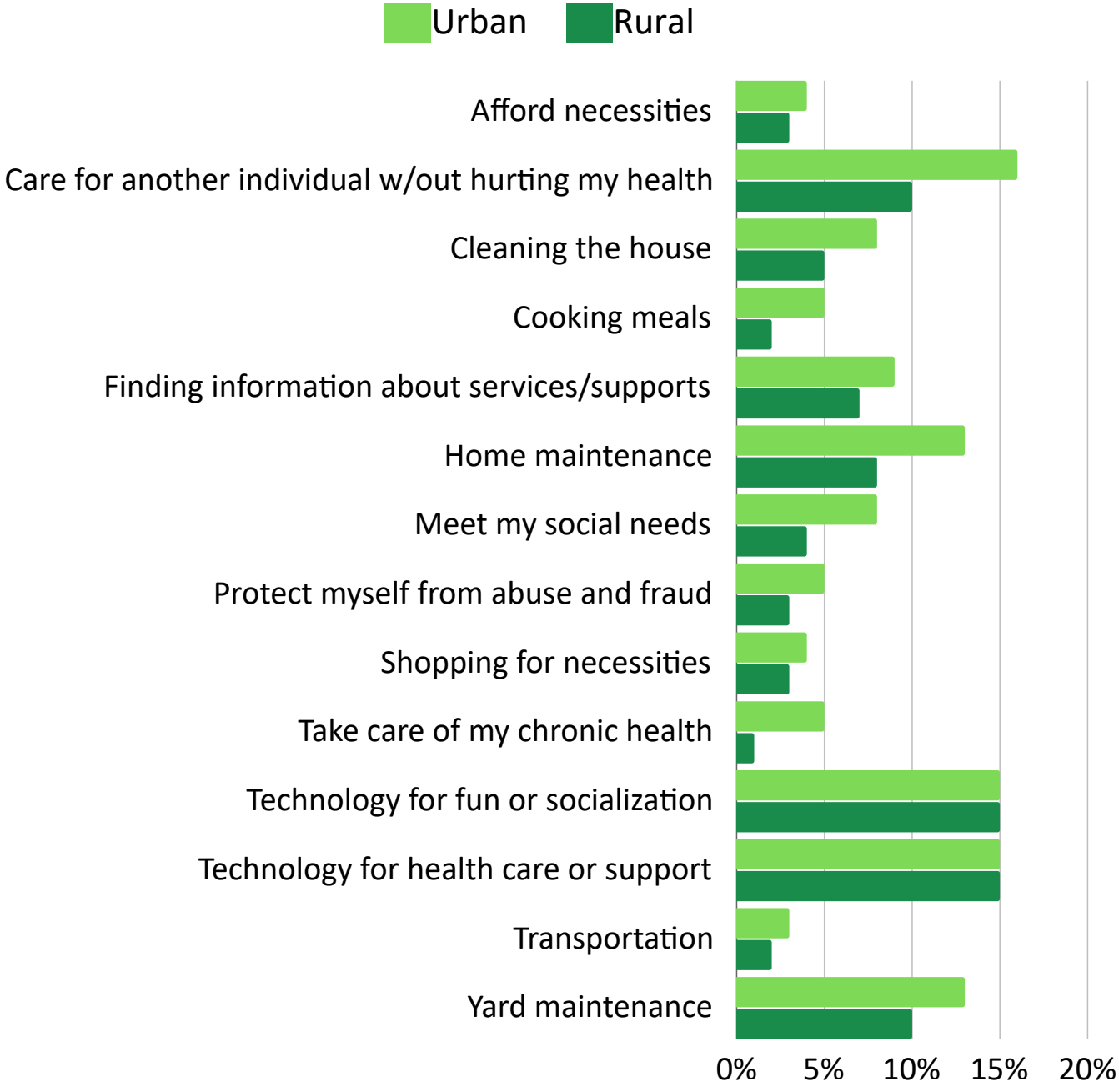
Response choice analyzed: I am not able, and I do not have the help I need



Question 3

Are you able to do the following activities by yourself or with help?

Response choice analyzed: I am not able, and I do not have the help I need



Question 4

How often do you worry about the following topics? Please choose one response in each row.

	Very Frequently		Frequently		Not Often		Never	
	#	%	#	%	#	%	#	%
Being Lonely	106	10%	182	16%	447	40%	309	28%
Being prepared for a natural disaster	74	7%	241	22%	489	44%	232	21%
Bowel or bladder accidents	86	8%	197	18%	415	37%	355	32%
Crime in your area	75	7%	168	15%	605	55%	205	18%
Falling while walking	143	13%	277	25%	404	36%	225	20%
Friends/Family becoming drug addicted	51	5%	87	8%	404	36%	512	46%
Friends/Family committing suicide	32	3%	72	6%	403	36%	535	48%
Living in pain	192	17%	283	26%	398	36%	179	16%
Losing my housing	41	4%	95	9%	280	25%	621	56%
Paying my bills	156	14%	161	15%	345	31%	383	35%
Problems with memory	97	9%	237	21%	519	47%	204	18%

Question 4

How often do you worry about the following topics?

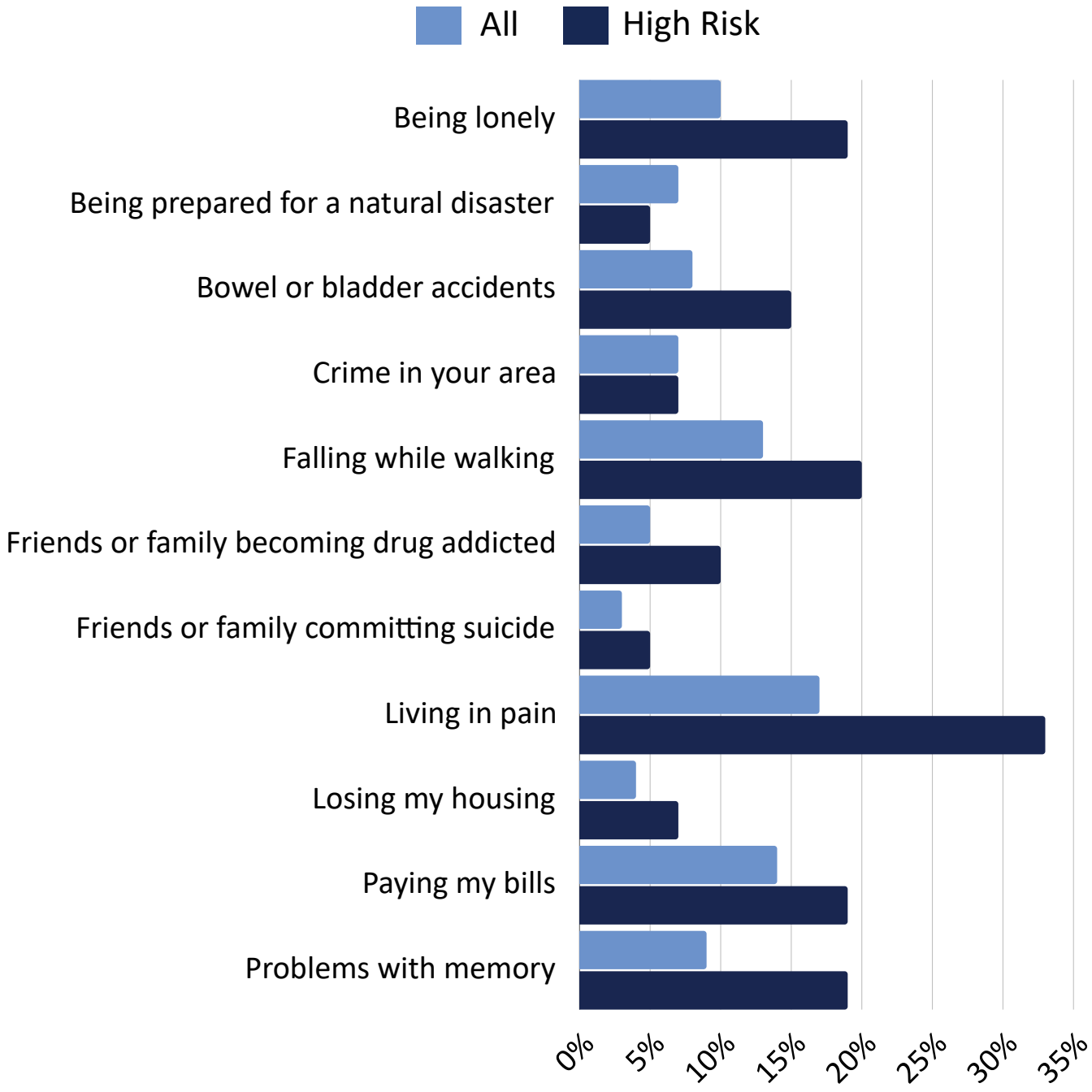
Response choice analyzed: Very Frequently

	All		High Risk		Urban		Rural	
	#	%	#	%	#	%	#	%
Being Lonely	106	10%	43	19%	62	10%	43	9%
Being prepared for a natural disaster	74	7%	11	5%	40	7%	30	6%
Bowel or bladder accidents	86	8%	34	15%	57	10%	26	6%
Crime in your area	75	7%	17	7%	39	7%	33	7%
Falling while walking	143	13%	45	20%	89	15%	52	11%
Friends/Family becoming drug addicted	51	5%	22	10%	30	5%	18	4%
Friends/Family committing suicide	32	3%	11	5%	19	3%	13	3%
Living in pain	192	17%	75	33%	119	20%	70	15%
Losing my housing	41	4%	17	7%	24	4%	17	4%
Paying my bills	156	14%	43	19%	76	13%	73	16%
Problems with memory	97	9%	43	19%	54	9%	40	9%

Question 4

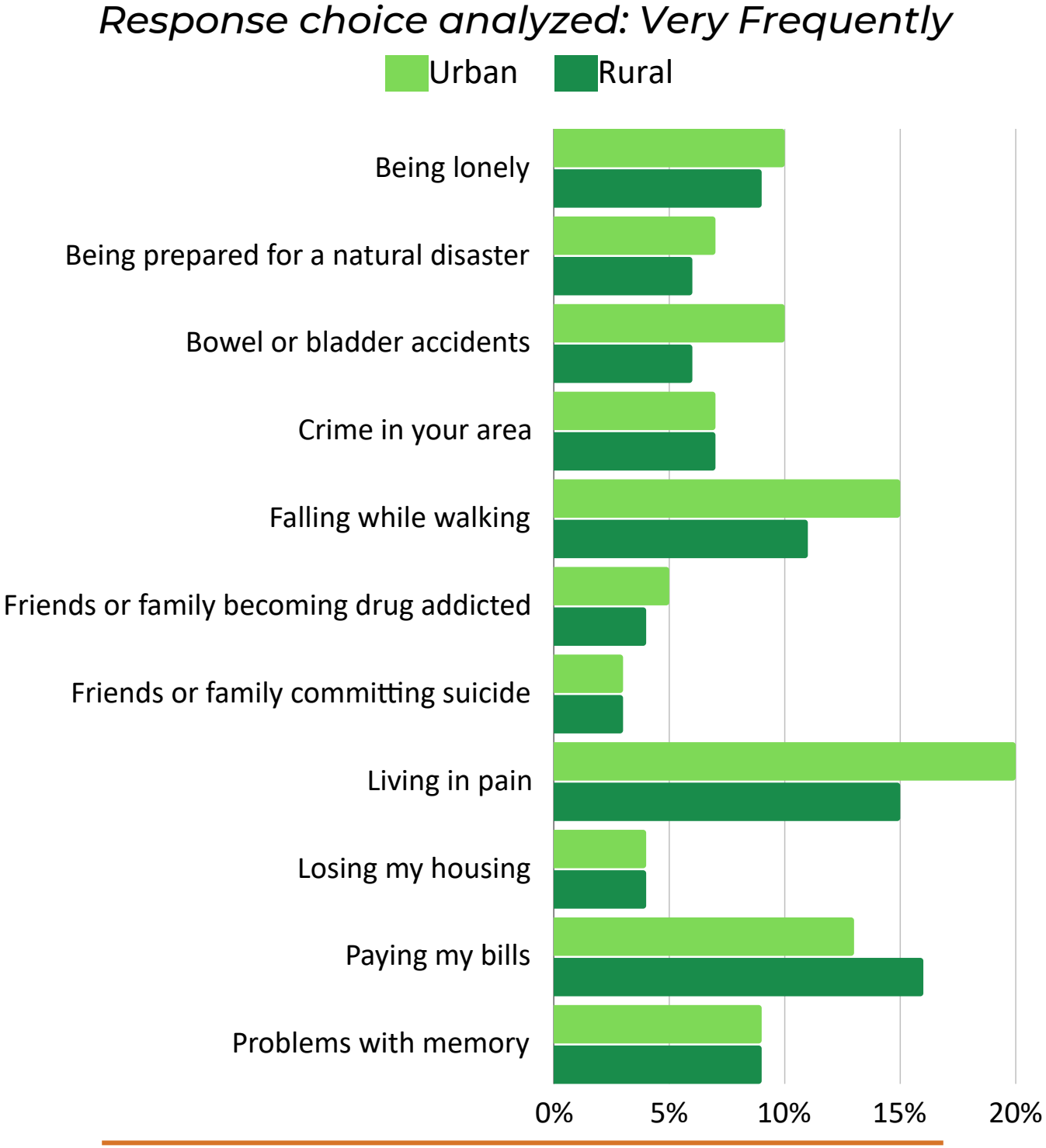
How often do you worry about the following topics?

Response choice analyzed: Very Frequently



Question 4

How often do you worry about the following topics?



Question 5

How likely are you to use this method to get information on services to stay healthy and get the help you need? Please choose one response in each row.

	Very Likely		Likely		Not Likely	
	#	%	#	%	#	%
2-1-1 Idaho Careline	89	8%	228	21%	623	56%
Area Agency on Aging	217	20%	378	34%	387	35%
Church	378	34%	258	23%	355	32%
Commission on Aging website	114	10%	269	24%	602	54%
Health fair or community event	151	14%	360	32%	472	43%
Individuals (family, friends, neighbors)	540	49%	371	33%	94	8%
Internet search like Google	332	30%	321	29%	339	31%
Library	151	14%	277	25%	534	48%
Newspaper	181	16%	252	23%	550	50%
Radio	178	16%	266	24%	533	48%
Senior Center	409	37%	340	31%	245	22%
Social media like Facebook	206	19%	262	24%	510	46%
Television	343	31%	336	30%	321	29%

Question 5

How likely are you to use this method to get information on services to stay healthy and get the help you need?

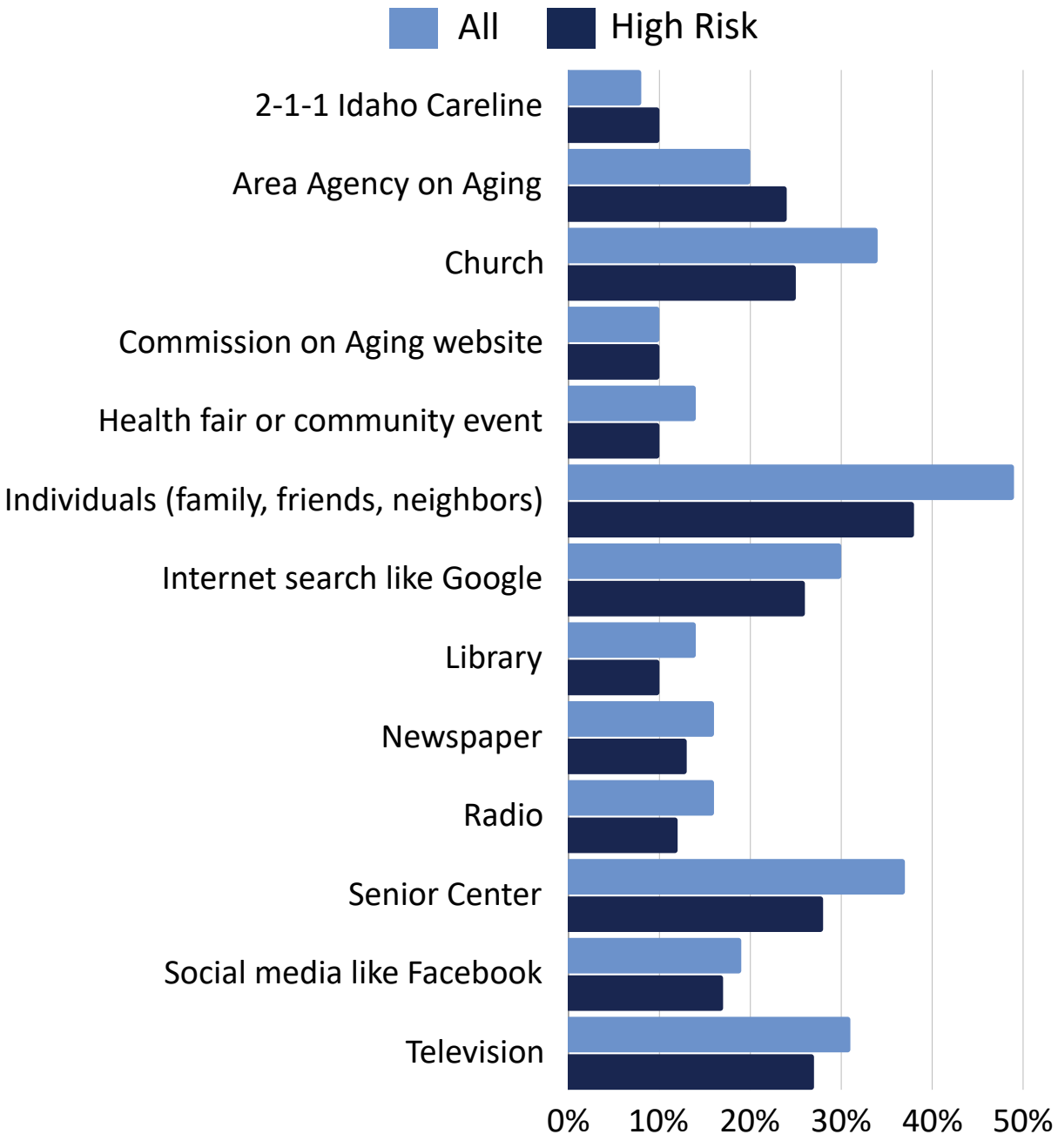
Response choice analyzed: Very Likely

	All		High Risk		Urban		Rural	
	#	%	#	%	#	%	#	%
2-1-1 Idaho Careline	89	8%	23	10%	50	8%	37	8%
Area Agency on Aging	217	20%	54	24%	133	22%	81	17%
Church	378	34%	58	25%	190	32%	176	37%
Commission on Aging website	114	10%	23	10%	61	10%	52	11%
Health fair or community event	151	14%	23	10%	77	13%	67	14%
Individuals (family, friends, neighbors)	540	49%	87	38%	296	50%	236	50%
Internet search like Google	332	30%	59	26%	187	31%	142	30%
Library	151	14%	24	10%	81	14%	66	14%
Newspaper	181	16%	29	13%	95	16%	80	17%
Radio	178	16%	27	12%	96	16%	78	17%
Senior Center	409	37%	65	28%	209	35%	186	40%
Social media like Facebook	206	19%	39	17%	115	19%	87	19%
Television	343	31%	62	27%	185	31%	147	31%

Question 5

How likely are you to use this method to get information on services to stay healthy and get the help you need?

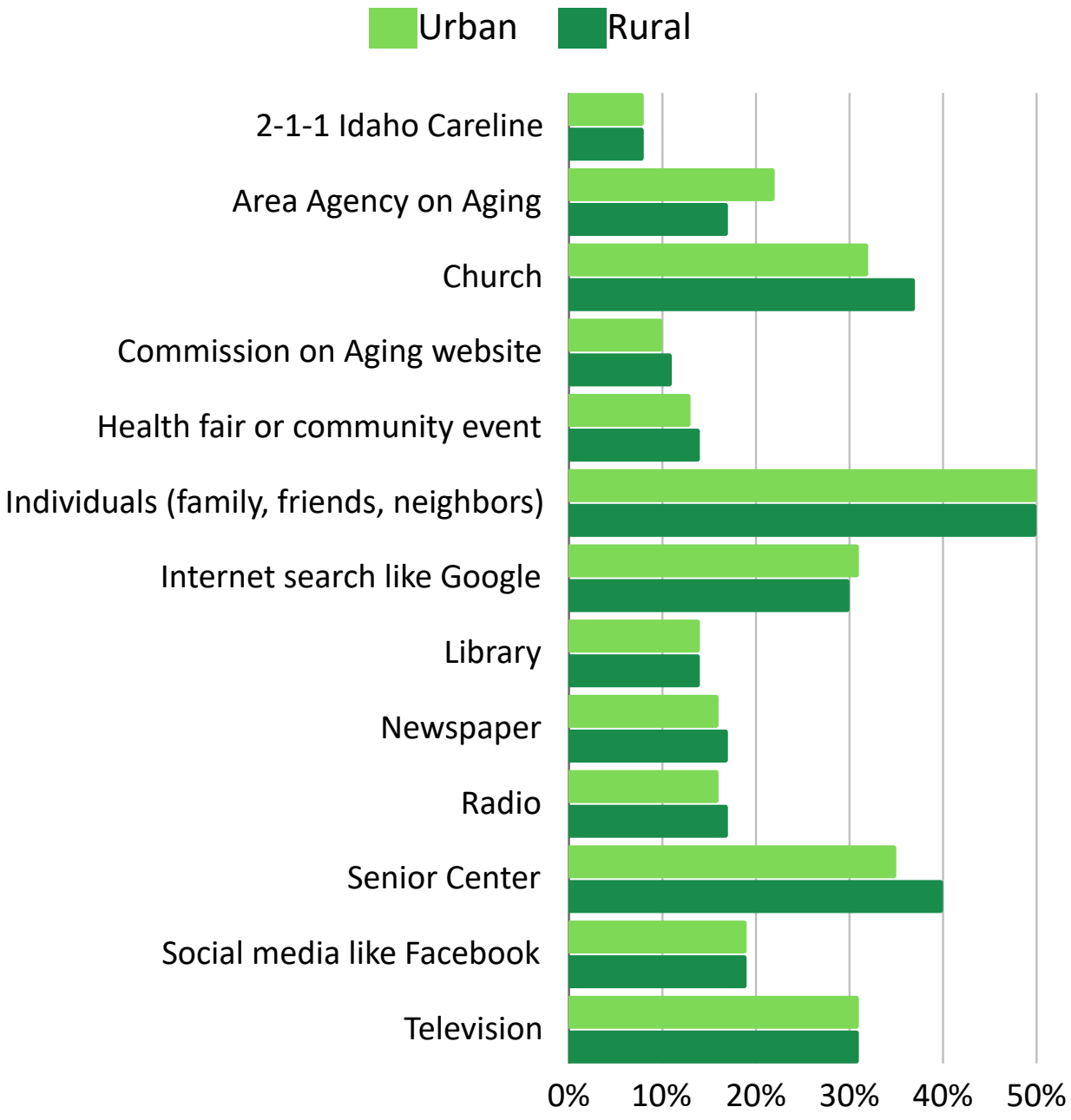
Response choice analyzed: Very Likely



Question 5

How likely are you to use this method to get information on services to stay healthy and get the help you need? Please choose one response in each row.

Response choice analyzed: Very Likely



Question 6

Please choose how important you believe this service is to older Idahoans in your community. Please choose one response in each row.

	Very Important		Somewhat Important		Not Important	
	#	%	#	%	#	%
Adult Protective Services	695	63%	211	19%	86	8%
Assistance with legal problems	617	56%	302	27%	74	7%
Classes to prevent or manage disease	451	41%	406	37%	132	12%
Congregate meals in senior centers	788	71%	172	16%	48	4%
Friendly calls/visits to people living alone or lonely	686	62%	262	24%	52	5%
In person support groups	510	46%	362	33%	109	10%
Information & Assistance	776	70%	181	16%	38	3%
Meals delivered to homes	771	70%	151	14%	78	7%
Ombudsman services	636	57%	239	22%	110	10%
Respite	533	48%	266	24%	176	16%
Someone to do heavy outside work	657	59%	257	23%	89	8%
Someone to help people apply for benefits	744	67%	193	17%	59	5%
Someone to shop or clean homes	597	54%	298	27%	107	10%
Transportation to appts	663	60%	217	20%	122	11%
Virtual support groups	401	36%	385	35%	189	17%

Question 6

Please choose how important you believe this service is to older Idahoans in your community.

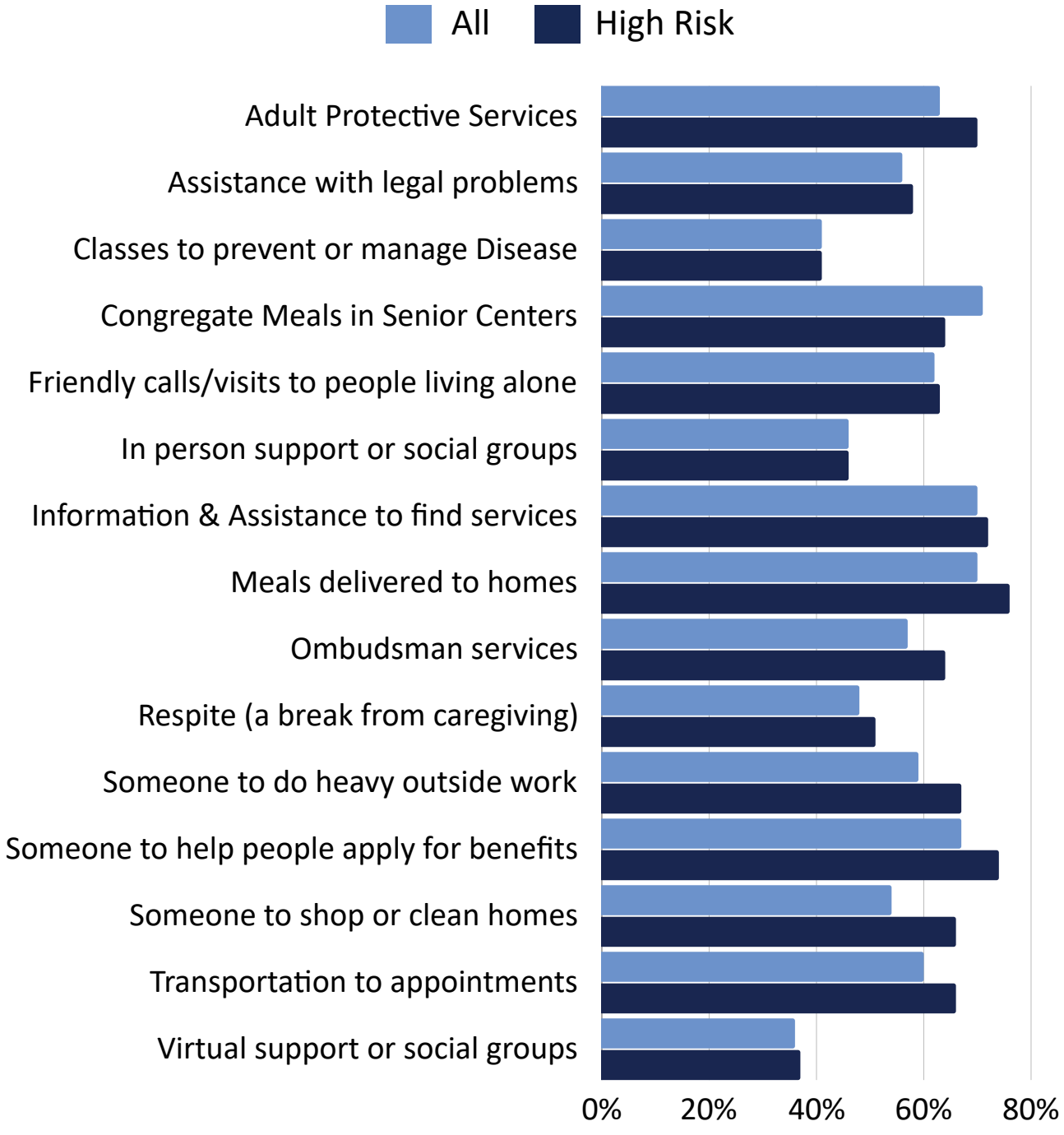
Response choice analyzed: Very Important

	All		High Risk		Urban		Rural	
	#	%	#	%	#	%	#	%
Adult Protective Services	695	63%	160	70%	412	69%	271	58%
Assistance w/ legal problems	617	56%	133	58%	352	59%	258	55%
Classes to prevent or manage disease	451	41%	93	41%	250	42%	194	41%
Congregate meals in senior centers	788	71%	146	64%	428	72%	348	74%
Friendly calls/visits to people living alone	686	62%	144	63%	382	64%	293	62%
In person support groups	510	46%	105	46%	284	48%	216	46%
Information & Assistance	776	70%	165	72%	441	74%	323	69%
Meals delivered to homes	771	70%	173	76%	419	71%	342	73%
Ombudsman services	636	57%	146	64%	375	63%	252	54%
Respite	533	48%	117	51%	310	52%	214	46%
Someone to do heavy outside work	657	59%	154	67%	370	62%	277	59%
Someone to help people apply for benefits	744	67%	169	74%	432	73%	302	64%
Someone to shop or clean homes	597	54%	151	66%	347	58%	242	51%
Transportation to appts	663	60%	150	66%	374	63%	278	59%
Virtual support groups	401	36%	84	37%	219	37%	172	37%

Question 6

Please choose how important you believe this service is to older Idahoans in your community.

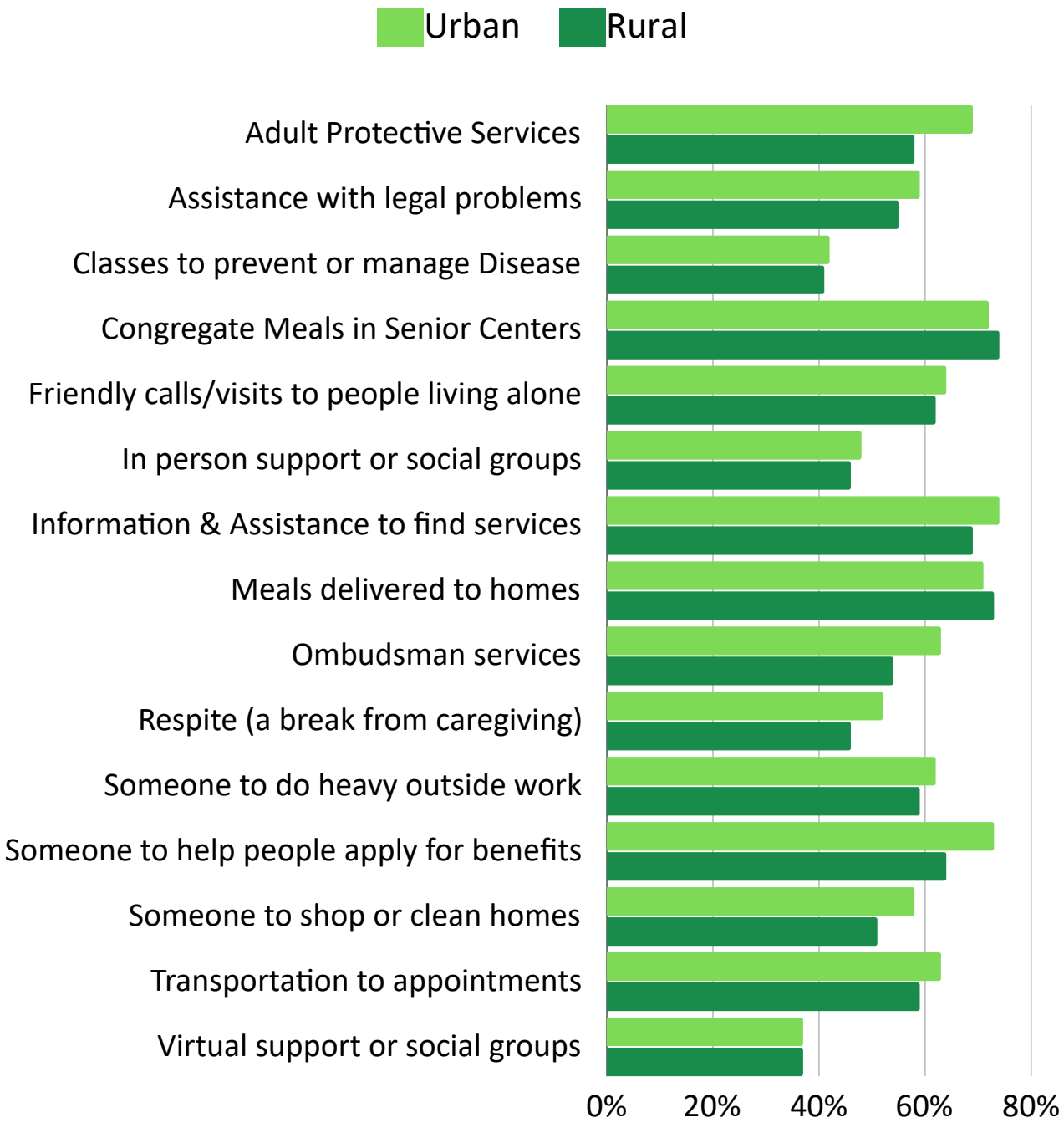
Response choice analyzed: Very Important



Question 6

Please choose how important you believe this service is to older Idahoans in your community.

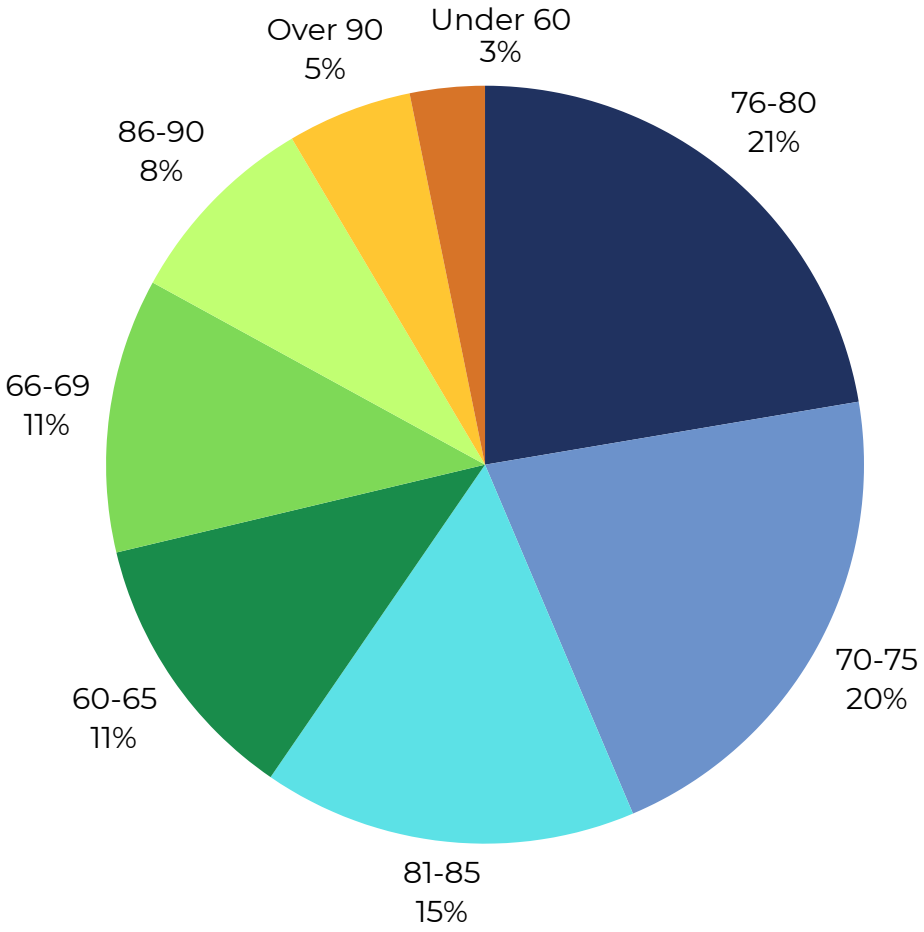
Response choice analyzed: Very Important



Demographics

Age

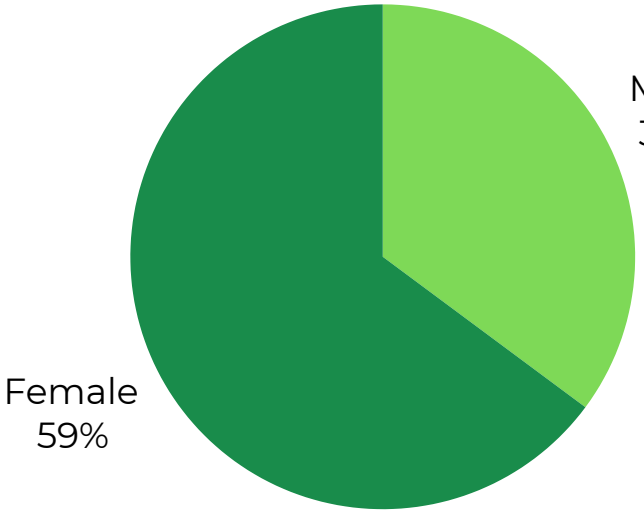
Data Based on All 1,109 Responses



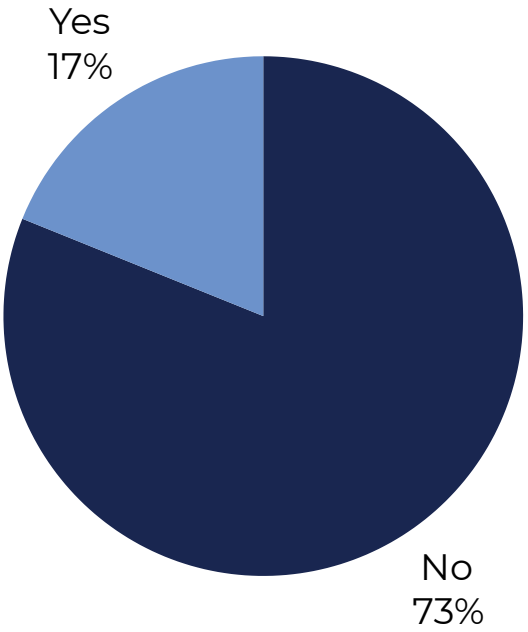
Age Category	#	Age Category	#
Under 60	32	76-80	232
60-65	123	81-85	168
66-69	117	86-90	84
70-75	219	Over 90	55

Demographics

Gender



Veteran Status



Data Based on All 1,109 Responses

Gender	#
Female	653
Male	358

Veteran	#
No	808
Yes	193

High Risk

Data Based on 229 Responses

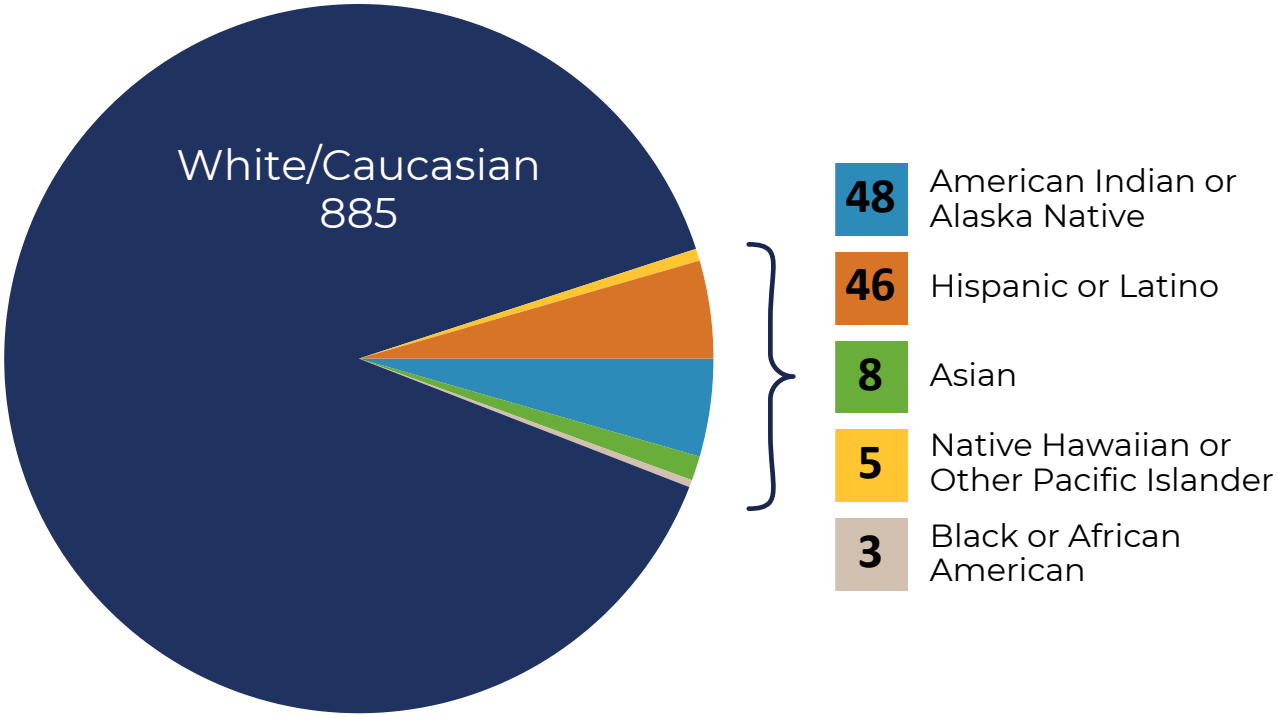
Gender	#	%
Female	134	59%
Male	78	34%

Veteran	#	%
No	178	78%
Yes	34	15%

Demographics

Racial Background

Data Based on All 1,109 Responses



High Risk

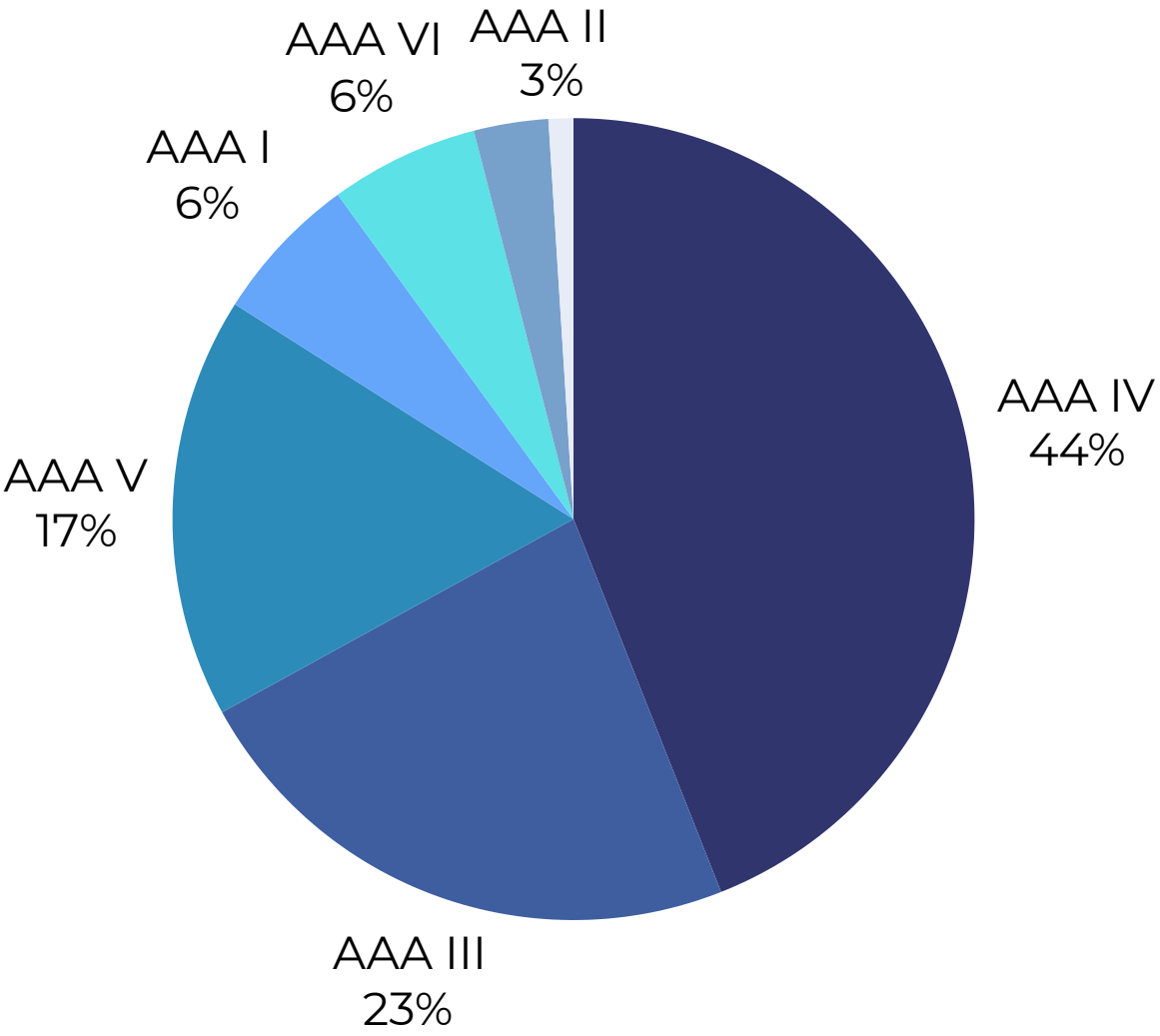
Data Based on 229 Responses

Race	#	%
White/Caucasian	188	82%
American Indian or Alaska Native	16	7%
Hispanic or Latino	12	5%
Asian	1	0.4%
Black or African American	0	0%
Native Hawaiian or other Pacific Islander	0	0%

Location

Location of Survey Respondents

Data Based on All 1,109 Responses



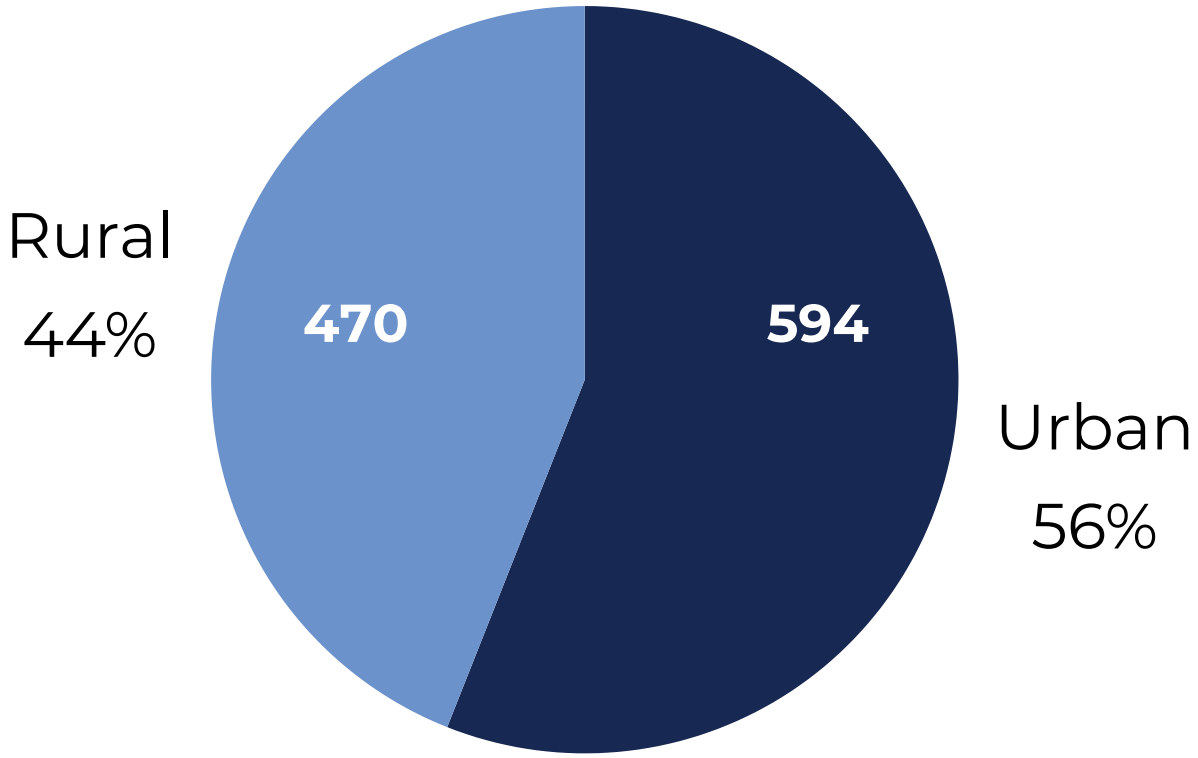
AAA	#
AAA I	65
AAA II	34
AAA III	243
AAA IV	473

AAA	#
AAA V	185
AAA VI	64
Not Valid	12
Total	**1064**

Location

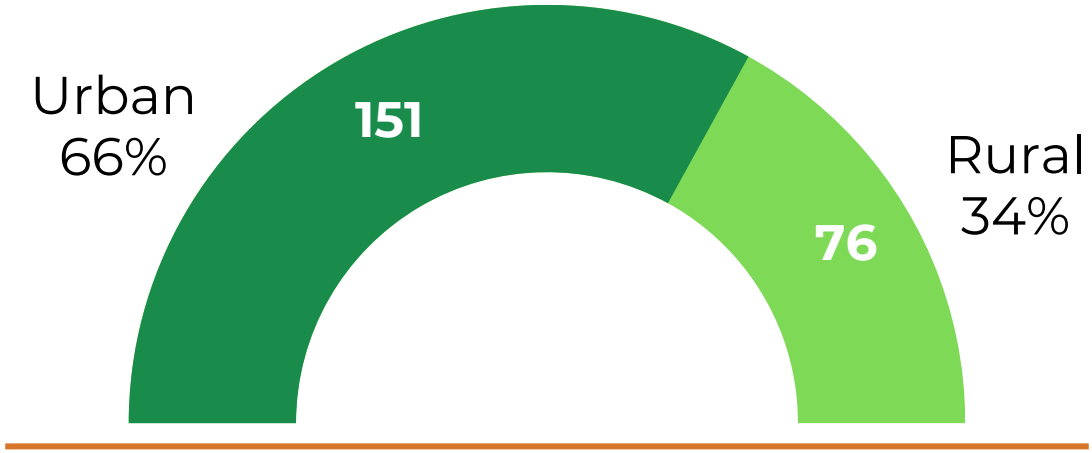
Location of Survey Respondents

Data Based on All 1,109 Responses



High Risk

Data Based on 229 Responses



Location

Location of Survey Respondents

37 of 44 Idaho Counties Represented

Counties			
Twin Falls	223	Madison	12
Ada	94	Nez Perce	10
Canyon	89	Camas	6
Bannock	87	Boise	5
Gooding	85	Latah	5
Cassia	67	Idaho	4
Jerome	58	Caribou	2
Bingham	54	Custer	2
Kootenai	34	Franklin	2
Benewah	30	Jefferson	2
Payette	26	Lemhi	2
Washington	26	Owyhee	2
Fremont	23	Teton	2
Power	21	Butte	1
Bonneville	20	Clearwater	1
Minidoka	20	Gem	1
Bear Lake	19	Lincoln	1
Lewis	14	Shoshone	1
Blaine	13		

Location

Location of Survey Respondents

Zipcodes

Zip Code	#	Zip Code	#	Zip Code	#	Zip Code	#	Zip Code	#	Zip Code	#
83301	128	83858	17	83440	9	83716	3	83353	1	83645	1
83318	51	83274	15	83333	8	83616	3	83320	1	83816	1
83341	44	83854	15	83687	8	83404	3	83629	1	83714	1
83201	38	83328	15	83866	7	83401	3	83213	1	83703	1
83221	36	83346	14	83325	7	83607	3	83323	1	83701	1
83332	32	83543	14	83327	6	83448	3	83311	1	83245	1
83338	31	83334	14	83336	6	83236	2	83553	1	83205	1
83686	30	83661	13	83705	6	83631	2	83420	1	83644	1
83330	28	83204	13	83641	6	83622	2	83617	1		
83355	24	83350	12	83861	5	83276	2	83314	1		
83202	24	83709	11	83814	5	83226	2	83549	1		
83672	23	83706	11	83713	5	83263	2	83539	1		
83316	22	83651	11	83406	5	83522	2	83442	1		
83211	21	83655	10	83843	5	83347	2	83431	1		
83335	20	83702	10	83712	4	83610	2	83467	1		
83445	19	83203	10	83642	4	83628	2	83253	1		
83830	18	83501	10	83676	4	83669	2	83352	1		
83704	17	83646	9	83340	3	83261	2	83839	1		
83254	17	83402	9	83438	3	83835	2	83455	1		
83605	17	83660	9	83619	3	83218	1	83422	1		

6305 W. Overland Rd
Suite 110
Boise, Idaho 83709

Mailing Address:
PO Box 83720
Boise, Idaho 83720

Phone: 208-334-3833
ICOA@aging.idaho.gov
www.aging.idaho.gov

www.facebook.com/IdahoCOA

www.twitter.com/IdahoCOA