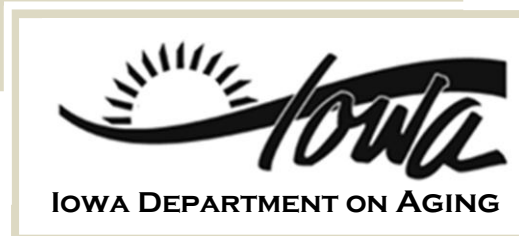


The mission of the Iowa Department on Aging is to develop a comprehensive, coordinated and cost-effective system of long term living and community support services that help individuals maintain health and independence in their homes and communities.



Strategic Plan

2013 - 2014

VISION STATEMENT

Building the best place to live healthier, longer.

MISSION STATEMENT

The mission of the Iowa Department on Aging is to develop a comprehensive, coordinated and cost-effective system of long term living and community support services that help individuals maintain health and independence in their homes and communities.

CORE FUNCTIONS

Advocacy: Advocate for changes in public policy, practices and programs that empower older Iowans, facilitate their access to services, protect their rights and prevent abuse, neglect, and exploitation. Activities may include legislative advocacy, information dissemination, outreach and referral, research and analysis and coalition building.

Planning, Development and Coordination: Conduct planning, policy development, administration, coordination, priority setting, and evaluation of all state activities related to the objectives of the Federal Older Americans Act (Federal Act).

Health: Support policies, programs, and wellness initiatives that empower older Iowans to stay active and healthy, and that improves their access to affordable, high quality home and community-based services.

Internal Assessment

Agency Structure & Services: The Department on Aging (Department) is the designated State Unit on Aging (SUA) under the Federal Act. The Federal Act, administered by the U. S. Administration on Aging (AoA) under the governance of the U. S. Department of Health and Human Services, outlines specific requirements for states to establish planning and service areas (PSAs) as well as area agencies on aging (AAAs) to carry out the Federal Act requirements. The SUA is then required to ensure compliance with federal statute and regulations as well as any state or administrative code.

The Department works to ensure a comprehensive, coordinated and cost-effective system of long term living and community support services is provided to older Iowans, their caregivers, and with increasing frequency, persons experiencing disabilities. Ten of the Department's thirty-two employees are charged with carrying out the duties of the Office of the Long Term Care Ombudsmen whose role is to ensure the rights of long term care facility and assisted living residents.

Impact of HF 45 on Iowa's Aging Network. During its 2011 session, Iowa's 84th General Assembly passed HF 45, which was signed into law by Governor Branstad on March 7, 2011 (H.J. 578). Section 20 of the bill requires the Department to develop a plan for reducing the number of AAAs from the existing 13 AAAs to be effective July 1, 2012. This legislative action will result in the biggest redesign in the aging network since the early 1970s. It is anticipated that full implementation of HF 45 may take an additional three to five years which strongly suggests that a two-year strategic plan is the most prudent approach to the Department's planning process.

Review of Resources & Barriers. As of October 31, 2011, FY 2012 budgeted funding resources totaled \$28,304,891, which includes State General Fund Appropriations of approximately \$10,312,170 or 36.43% of the total budget; \$16,365,696 (57.82%) from the Department of Health and Human Services/Administration on Aging (Federal Act funds); \$1,144,150 (4.04%) from the Department of Labor; and approximately \$482,875 (1.71%) from other sources such as CMS, grants, conferences and transfers. The Department was appropriated no additional funds to research or design the mandated reduction process of AAAs so the Department and its staff will have to reprioritize its programming to appropriately complete this modernization process. The Department currently employs 32 staff that includes 10 staff within the Office of the State

Long Term Care Ombudsman. Staff time and resources are an ongoing challenge in addressing not only the modernization of AAAs but also the rapidly increasing numbers of older persons in Iowa.

Opportunities. The Department recognizes the process to reduce the number of AAAs as an opportunity to modernize the aging network in Iowa. While this process will be ongoing and certainly present many challenges, the Department enthusiastically embraces the opportunity to engage its contracted partners, AAAs, and other executive branch departments and organizations in providing long term living and community support services to older Iowans, their caregivers, and adults experiencing disabilities with particular focus on addressing “dual eligibles” (those covered by both Medicare and Medicaid).

Strengths & Activities. The Department finds great strength in its employees and the AAAs who demonstrate a history of pulling together to get the job done for the Iowans they serve regardless of fiscal restraints. The Department also recognizes the strength of the Federal Act, which outlines a specific process the Department must follow in reducing the number of AAAs. This process was begun via grassroots activities such as the sixteen community forums held throughout the state this past summer by the Department. Discussions held at the forums identified three priority areas of unmet needs that will become important focal points for the newly designated AAAs. The priority issues are incorporated in the Department’s goals and strategies within the FY2013–2014 Strategic Plan and include: (1) the development of a statewide system of protections and support services for older individuals facing abuse and exploitation; (2) a focus on the lack of affordable, adequate and appropriate transportation services to allow better access to health and long term living and community support services, particularly in rural areas; and (3) increased access to behavioral health services designed and delivered to older individuals throughout the state. Please refer to Goals 1, 2, and 3 for further details about the action steps the Department will undertake to accomplish these activities.

External Assessment

Population Served. 621,245 Iowans 60 years of age and older lived in the state in 2010, which represents 20% of Iowa's total population of 3,046,355, according to the U.S. Census Bureau's Decennial Census report.¹ The report also reflects that of Iowa's total population, 40.2% is rural and 59.8% is urban. **Gender** is reported as 50.7% female and 49.3% male. **Economic characteristics** included 11.8% of all Iowans living below the poverty level; \$48,044 as the median household income, and \$61,156 as the median family income. Social characteristics included 11.4% of the total population age 5 or older living with a disability; 10.2% as Veterans (civilian); 90.5% as high school graduates or higher, and 25.1% earning a bachelor's degree or higher. **Race** was reported as follows: 92.3% White; 2.5% Black or African American; 1.5% Asian; 0.4% American Indian and Alaska Native; 0.1% Native Hawaiian and Other Pacific Islander; and 1.8% as two or more races. Latinos constitute 4.3% (134,402 individuals) of Iowa's total population making people of Latino origin the state's largest race or ethnic minority.² The numeric change in the Latino population from 2000 to 2009 indicates a 63.0% increase (51,928 individuals) for the period.³

Trends in Iowa

Trend #1: Growth of Iowa's Aging Population. In 2010, Iowa's 60+ population was 20.4% of the total state population and will grow to nearly 24.9% in 2040. The age 60-75 segment was 7.5% in 2010 and will grow to about 13.6% of the total older adult population by 2040 while the age 85 and older cohort will grow to 3.1% in 2040 from 2.5% in 2010 as older Iowans live longer and the first baby boomers reach age 85.⁴

Trend #2: Access to Information. Older Iowans need to rely upon a continuum of accessible, easy-to-understand and stable programs. Of particular importance are programs that assist with adequate food, health care, transportation, shelter, and income to cover basic needs.⁵

Trend #3: Home and Community Based Services. The need for home and community-based long-term care can more than double an elder's expenses, significantly increasing the income needed to meet basic needs.⁶

Trend #4: Transportation. Transportation is the #1 unmet need of older lowans.⁷ Transportation is a fundamental key to developing truly livable communities and promoting general consumer health and well-being for older lowans and lowans with disabilities.

Trend #5: Employment. Older workers plan to work into their retirement years.⁸ It is critical the Department and the AAAs continue to work with the private and public sector, including Iowa Workforce Development, to develop additional employment opportunities for older workers, and to advocate for the interests of older workers on statewide and local Workforce Investment Boards.

Trend #6: Nutrition. Senior centers and congregate meal services will face challenges in preparing to meet the interests and needs of aging lowans. New business models will be required to effectively respond to these challenges.⁹

Trend #7: Elder Rights. Expertise in aging issues is needed to address the complexity of elder abuse, neglect and exploitation.¹⁰

Trend #8: Disabilities and Limitations in Activities of Daily Living Among the Older Population. The percentage of people 65 and older with a disability are the highest of any age group (33.%).¹¹

Trend #9: Poverty Rates and Income of the Older Population. Older lowans age 65 and over continue to struggle to make ends meet. In fact, about 7% live at or below the federal poverty level.¹² Of particular importance are programs that assist with adequate food, transportation, health and long term care, shelter, and employment income to cover basic needs. These findings are amplified for older women as their incomes and assets tend to be lower, they live longer than men and they disproportionately experience costly disabilities and chronic conditions.

Trend #10: Resource Needs of the Aging Network. Future levels of federal and state funding for Aging Network services have not kept pace with the needs of older lowans. Therefore, greater numbers of older adults are at-risk of isolation, inadequate services, increased hospitalizations, and premature or unnecessary institutionalization.¹³

Citations

¹U.S. Census Bureau, Decennial Census, State Library of Iowa, State Data Center, November, 2011

²U.S. Census Bureau, 2008 American Community Survey, 2009 Population Estimates.

³Ibid

⁴Decennial Census

⁵Iowa Alliance for Retired Americans and Wider Opportunities for Women . (2011). Policy Brief: *Elders Living on the Edge: When Basic Needs Exceed Income in Iowa*.

⁶Gerontology Institute, John W. McCormack Graduate School of Policy and Global Studies, University of Massachusetts Boston , Iowa Alliance for Retired Americans, and Wider Opportunities for Women, The Atlantic Philanthropies. (2011). *Research Report: Elder Economic Security Initiative™: The Elder Economic Security Standard™ Index for Iowa*.

⁷Lutz, G.M., & Gonnerman, M.E., Jr. (2008). *Service Needs of Older Iowans: A 2008 Survey of Older Iowans in 16 Planning Service Areas*. Cedar Falls, IA: University of Northern Iowa, Center for Social and Behavioral Research.

⁸ AARP. (2009). *AARP Survey: 70 Percent of Older Workers Plan to Work Into Retirement Years*. Retrieved April 2, 2009 from: http://www.aarp.org/aarp/presscenter/pressrelease/articles/Work_And_Career_Study.html

⁹Identify Citation

¹⁰Identify Citation

Gerontology Institute, John W. McCormack Graduate School of Policy and Global Studies, University of Massachusetts Boston , Iowa Alliance for Retired Americans, and Wider Opportunities for Women, The Atlantic Philanthropies. (2011). *Research Report: Elder Economic Security Initiative™: The Elder Economic Security Standard™ Index for Iowa*.

¹¹U.S. Census Bureau, 2008 American Community Survey, 2009 Population Estimates.

¹²Gerontology Institute Research Report

¹³Identify Citation

IOWA DEPARTMENT ON AGING ACTION PLAN

GOAL 1

Educate and empower older Iowans, their families, and caregivers to make informed decisions and easily access, long-term living community support services to remain independent with a high quality of life

Lead Leader: Assistant Director

Teams:

Strategies	Action Steps	Person(s) Responsible	Due Date
<p>1. (ADRC) Expand ADRC network statewide to ensure access and continuity of services. (Source: Community Conversations, 2011)</p> <p>Performance Measure: Increase the number of ADRC networks across the state.</p>	<p>a. Work with local and regional partners to identify a minimum of 5 ADRC networks within each region and ongoing sustainability.</p> <p>b. Increased partnerships with organizations working with persons with behavior health, intellectual and physical disabilities, and persons who are dual eligible through the expansion and development of ADRCs. (Source: Community Forums, 2010; Thomson Reuters)</p> <p>c. Establish unified single-point-of-entry information, referral and access database.</p> <p>d. Educate and support the development of ADRC core pillars within each ADRC site.</p> <p>e. Utilize the developed standard evaluation process to assess effectiveness and identify efficiencies.</p>	<p>ADRC Team, IME, DHS, DPH, SILC,</p> <p>ADRC Team, IME, I/RA Steering Committees</p> <p>ADRC Team, Partners</p> <p>ADRC Team , Partners</p> <p>ADRC Team</p>	<p>Year 2</p> <p>Year 2</p> <p>Year 1 & 2</p> <p>Years 1 & 2</p> <p>Years 1 & 2</p>

Strategies	Action Steps	Person(s) Responsible	Due Date
<p>2. (Transportation): Increase focus on the lack of affordable, adequate and appropriate transportation services to allow better access to health and support services, particularly in rural areas.</p> <p>Aligns with Governor Branstad's goal to: Increase Family Incomes.</p> <p>Performance Measure: Transportation Report highlighting available services, unmet needs of older lowans and recommendations to move the project forward.</p>	<p>a. Work with local and state partners to (1) assess available transportation services; particularly in rural areas, (2) the unmet transportation needs of older lowans including the behavior health and disability communities, and (3) research best practices to identify barriers and opportunities for Iowa.</p> <p>b. Use data from DOT, INAPIS, State Program Report and UNI Study to measure effectiveness and identify efficiencies.</p> <p>c. Create IDA Transportation Resource Team to move project forward.</p>	<p>Program Coordinator, DOT, state and federal agencies, partners</p> <p>Program Coordinator, Statistical Analyst</p> <p>Management, Program coordinator</p>	<p>Year 1</p> <p>Year 1</p> <p>Year 2</p>

Strategies	Action Steps	Person(s) Responsible	Due Date
<p>3. (Employment) Develop an initiative on how to stimulate the employment of older workers in competitive jobs with equitable wages and benefits to assure economic security.</p> <p>Aligns with Governor Branstad's goal to: Increase Family Incomes.</p> <p>Performance Measure: Baseline performance measure to be developed</p>	<p>a. Continue partnering with Iowa Workforce Development to ensure older job seekers maximize employment planning and assistance services.</p> <p>b. Identify methods and resources to educate employers on the value and needs of older workers and the needs of older Iowans.</p> <p>c. Research and identify resources to develop a one-stop website as a resource for job seekers and employers that include information on education, training and employment opportunities; possibly through the ADRC network.</p> <p>d. Use existing data to evaluate program activities to assess effectiveness and identify efficiencies.</p>	<p>Employment Team, Workforce Dev.</p> <p>IDA Employment Team</p> <p>IDA Employment Team, AARP, Workforce Development</p> <p>Employment Team, Statistical Analyst</p>	<p>Years 1 & 2</p> <p>Years 1 & 2</p> <p>Year 2</p> <p>Year 1 & 2</p>

IOWA DEPARTMENT ON AGING ACTION PLAN

Goal 2

Empower older Iowans to stay active and healthy through Older American's Act services including evidence based disease prevention programs and health promotion services

Lead Leader: Assistant Director

Team:

Strategies	Action Steps	Person(s) Responsible	Due Date
<p>1: Expand data sharing among state agencies, aging services, health care and other strategic partners to identify high risk older adults and family caregivers (Thomson Reuters)</p> <p>Aligns with Governor Branstad's goal to: Reduce the Cost of Government.</p> <p>Performance Measure: 1) Will have a statewide mission statement on long term living supports and services across executive branch agencies. 2) Baseline performance measure to be developed</p>	<p>a. Work to create a shared vision across state agencies regarding long term living and community support services in Iowa to include an aging goal within each agency (Thomson Reuters).</p> <p>b. Increase the use of technology to reduce cost and increase efficiencies across executive branch partnerships. Examples: merge SNAP, Farmers Markets, Smart Card using SNAP EBT card.</p>	<p>IDA Management Team, DHS, DIA, IDPH, Workforce Dev, DOT</p> <p>IDA Management Team, DHS, DIA, IDPH</p>	<p>Years 1 & 2</p> <p>Years 1 & 2</p>

Strategies	Action Steps	Person(s) Responsible	Due Date
<p>2. (Behavior Health) Examine and research options for an effective and efficient mental health system.</p> <p>Aligns with Governor Branstad's goal to: Reduce the Cost of Government.</p> <p>Performance Measure: Baseline data to be developed</p>	a. Collaborate with DHS Mental Health Design Task Force to identify options and partner with DHS in educating providers in becoming aging capable	IDA, Mental Health Team	Years 1 & 2
	b. Continue partnership with DHS, MHDS Division, and Magellan in efforts to increase public awareness of behavior health needs of the aging population.	Behavior Health Team, DHS/MHDS, Magellan	Year 1
	c. Develop three types of public training material in collaboration with AAAs	IDA Behavior Health Team, AAAs	Year 2
	d. Evaluate activities and develop best practices to make recommendations to IDA Management	IDA Behavior Health Team	Ongoing

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Strategies	Action Steps	Person(s) Responsible	Due Date
<p>3. (Nutrition) Promote policies and planning with pragmatic methods to create a balance with innovative and creative ideas on the local level.</p> <p>Performance Measure: Baseline measure to be developed</p>	<p>a. Work with Care Transition Teams to educate and ensure nutrition is component in patient discharge planning and partnering with AAA's for future follow up.</p>	<p>Nutrition Team, ADRC Team</p>	<p>Year 1</p>
	<p>b. Use data from IAFRS, INAPIS, State Program Report and UNI Study to evaluate program and to make recommendations to IDA Management for future planning.</p>	<p>Program Director, Statistical Analyst</p>	<p>Years 1 & 2</p>
	<p>c. Promote and support the increase of Chef Charles statewide.</p>	<p>Program Director</p>	<p>Year 2</p>

IOWA DEPARTMENT ON AGING ACTION PLAN

Goal 3

Ensure the rights of older Iowans and prevent their abuse, neglect and exploitation

Lead Leader: State LTC Ombudsman

Team:

Strategies	Action Steps	Person(s) Responsible	Due Date
<p>1. Design the infrastructure and begin initial implementation of a statewide elder protection system. (Source: Community Conversations, 2011)</p> <p>Aligns with Governor Branstad's goal to: Reduce the Cost of Government.</p> <p>Performance Measure: Develop baseline measures.</p>	a. Create an Office of Elder Rights & Protection to align all OAA Title VII programs.	Elder Rights Team	Year 1
	b. Develop and make recommendations for an elder protection system by researching champion states and provide community education and public awareness.	Elder Rights Team, State Agency Partners	Years 1 & 2
	c. Research and work toward implementation of an Iowa elder abuse prevalence study replicated after New York's experience and identify resources.	Elder Rights Team	Year 1
	d. Design an evaluation method for analyzing data on Title VII programs to assess effectiveness and identify efficiencies.	Elder Rights Team, Statistical Analyst	Years 1 & 2
<p>2. (LTCO) Expand and strengthen the capacity of Long-Term Care Ombudsmen.</p> <p>Aligns with Governor Branstad's goal to: Reduce the Cost of Government.</p> <p>Performance Measure: Increase visits to facilities and Assisted Living Programs to quarterly visits.</p>	a. Explore redesigning methods to closer resemble OAA's volunteer ombudsman program or RAC.	LTCO Team	Year 1
	b. Strengthen Family & Resident Councils.	LTCO Team	Year 1
	c. Use data from ombudsman data collection program to evaluate progress and make recommendations to IDA management.	State LTCO&, Admin Asst, Statistical Analyst	Year 1 & 2
	d. Increase collaboration between AAA, local ombudsman, and partners in aging network.	LTCO Team, AAA, Aging Network Partners	Year 1 & 2

IOWA DEPARTMENT ON AGING ACTION PLAN

Goal 4

Continued system adjustment to align responsibility and to accommodate new process designs and innovations

Lead Leader: Assistant Director

Team:

Strategies	Action Steps	Person(s) Responsible	Due Date
<p>1. Redesign and align the Department on Aging</p> <p>Performance Measure: Update and modernize a minimum of 3 Iowa Code chapters and accompanying administrative rules per year.</p>	a. Align process from OAA & Iowa Code to Individual Employee Performance Plans.	IDA Mgmt Team	Year 1
	b. Become known as the primary resource on aging issues; create framework for awareness campaign; and provide technical assistance, education & training to the aging network.	IDA Team	Year 1 & 2
	c. Further develop partnerships with universities for research and innovation.	IDA Team	Year 1 & 2
	d. Provide strategic plan update to Commission on Aging quarterly	Strategic Planning Team	Quarterly
<p>2. Modernize the Department on Aging infrastructure.</p> <p>Performance Measure:</p>	a. Design required Area Plan to include a strong regional strategic plan for each Planning and Service Area that aligns with IDA's strategic plan.	IDA Mgmt Team, AAAs, AG	Year 1
	b. Develop standardized data reporting criteria for newly established AAAs.	IDA Mgmt Team, AAAs, AG	Years 1