STATE OF INDIANA
OFFICE OF THE GOVERNOR
State House, Second Floor
Indianapolis, Indiana 46204

Mitchell E. Daniels, Jr.
Governor

July 14, 2010

Mr. Jim Varpness
U.S. Administration on Aging
Chicago Regional Support Center
233 N. Michigan Ave., Suite 790
Chicago, IL 60601

Dear Mr. Varpness,

The purpose of this letter is to officially submit Indiana's State Plan on Aging for 2011-2014 in accordance with the requirements of the Older Americans Act. The Plan has been thoughtfully prepared taking into consideration the needs of Indiana's elderly and disabled.

Indiana Code 12-10-1-3 & 4, designates the FSSA Division of Aging as the agency responsible for developing the comprehensive plan on aging and administering programs and services for the elderly. We look forward to your review and approval of the Plan. Please contact Aging Director Faith Laird, faith.laird@fssa.in.gov, if you have any questions.

Sincerely,

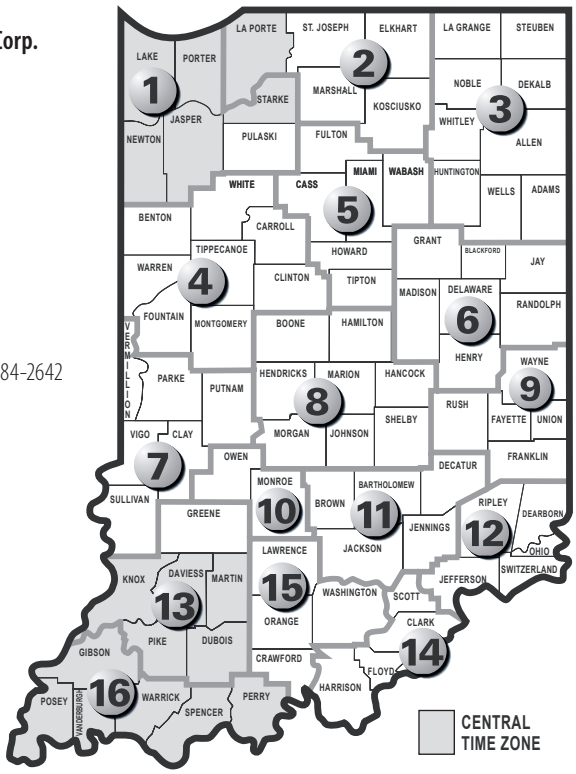
M E Daniels, Jr.

Indiana's 16 Area Agencies on Aging

AREA 1
Northwest Indiana Community Action Corp.
5240 Fountain Drive
Crown Point, IN 46307
(219) 794-1829 or (800) 826-7871
TTY: (888) 814-7597; FAX: (219) 932-0560
Web Site: www.nwi-ca.com
E-mail: golund@nwi-ca.org
Gary Olund, Executive Director
Jennifer Malone, Director of Elderly Services

AREA 2
REAL Services, Inc.
1151 S. Michigan St., P.O. Box 1835
South Bend, IN 46634-1835
(574) 233-8205 or (800) 552-7928; FAX: (574) 284-2642
Web Site: www.realservicesinc.com
Becky Zaseck, President, C.E.O.
Joan Cuson, Aging Director

AREA 3
Aging and In-Home Services of Northeast Indiana, Inc.
2927 Lake Avenue
Fort Wayne, IN 46805-5414
(260) 745-1200 or (800) 552-3662
FAX: (260) 456-1066
Web Site: www.agingihs.org
E-mail: dmccormick@agingihs.org
Diann McCormick, President
Ruth Ratzlaff, Vice President, Case Management



AREA 4
Area IV Agency on Aging & Community Action Programs, Inc.
660 North 36th St., P.O. Box 4727
Lafayette, IN 47903-4727
(765) 447-7683 or (800) 382-7556
TDD: (765) 447-3307; FAX: (765) 447-6862
Web Site: www.areaivagency.org
E-Mail: info@areaivagency.org
Sharon Wood, Executive Director
Joe Hemersbach, Deputy Director of Aging

AREA 5
Area Five Agency on Aging & Community Services, Inc.
1801 Smith Street, Suite 300
Logansport, IN 46947-1577
(574) 722-4451 or (800) 654-9421; FAX: (574) 722-3447
Web Site: www.areafive.com
E-Mail: areafive@areafive.com
Michael Meagher, Executive Director
Ellen Zimmerman, Director of Aging & Community Services

AREA 6
LifeStream Services, Inc.
1701 Pilgrim Blvd., P.O. Box 308
Yorktown, IN 47396-0308
(765) 759-1121 or (800) 589-1121
TDD: (800) 589-1121; FAX: (765) 759-0060
Web Site: www.lifestreaminc.org
E-Mail: mail@lifestreaminc.org
Kenneth D. Adkins, President/C.E.O.
Jim Allbaugh, Vice President of Operations

AREA 7
Area 7 Agency on Aging and Disabled West Central Indiana Economic Development District, Inc.
1718 Wabash Avenue
Terre Haute, IN 47807-3323
(812) 238-1561 or (800) 489-1561
TDD: (800) 489-1561; FAX: (812) 238-1564
Web Site: www.westcentralin.com
E-Mail: Area7AAD@netscape.net
Mervin Nolot, Executive Director
Gloria Wetnight, Quality Assurance Coordinator

AREA 8
CICOA Aging & In-Home Solutions
4755 Kingsway Dr., Suite 200
Indianapolis, IN 46205-1560
(317) 254-5465 or (800) 489-9550
FAX: (317) 254-5494; TDD: (317) 254-5497
Web Site: www.cicoa.org
Orion Bell, President, C.E.O.
Laura Boyle, Senior Vice President, Client Services

AREA 9
Area 9 In-Home and Community Services Agency
520 South 9th St.
Richmond, IN 47374-6230
(765) 966-1795, (765) 973-8334 or (800) 458-9345
FAX: (765) 962-1190
Web Site: www.iue.indiana.edu/departments/Area9
E-Mail: ashepher@Indiana.edu
Tony Shepherd, Executive Director
Kathy Bridgford, Director of Administration

To contact your local Area Agency toll-free, call

1-800-986-3505

AREA 10
Area 10 Agency on Aging
630 West Edgewood Drive
Ellettsville, IN 47429
(812) 876-3383 or (800) 844-1010
FAX: (812) 876-9922
Web Site: www.area10.bloomington.in.us
E-Mail: area10@area10.bloomington.in.us
Kerry Conway, Executive Director

AREA 11
Aging & Community Services of South Central Indiana, Inc.
1531 13th Street, Suite G-900
Columbus, IN 47201-1302
(812) 372-6918 or (866)-644-6407; FAX: (812) 372-7846
Web Site: www.agingandcommunityservices.org
E-Mail: dcantrell@areaxi.org
Diane Cantrell, Executive Director

AREA 12
***Life*Time Resources, Inc.**
13091 Benedict Drive
Dillsboro, IN 47018
(812) 432-6200 or (800) 742-5001; FAX (812) 432-3822
Web Site: www.lifetime-resources.org
E-Mail: contactltr@lifetime-resources.org
Sally Beckley, Executive Director

AREA 13
Generations
Vincennes University Statewide Services
1019 N. 4th Street, P.O. Box 314
Vincennes, IN 47591
(812) 888-5880 or (800) 742-9002
FAX: (812) 888-4566
Web Site: www.generationsnetwork.org
E-Mail: generations@vinu.edu
Laura Holscher Smith, Assistant Vice President
Stacey Kahre, Director of Case Management

AREA 14
Lifespan Resources, Inc.
33 State Street, Suite 308, P.O. Box 995
New Albany, IN 47151-0995
(812) 948-8330 or (888) 948-8330; FAX: (812) 948-0147
Web Site: www.lsr14.org
E-Mail: kstormes@lsr14.org
Keith Stormes, Executive Director
Vickie Medlock, In-Home Services/Advocacy Director

AREA 15
Hoosier Uplands/Area 15 Agency on Aging and Disability Services
521 West Main Street
Mitchell, IN 47446
(812) 849-4457 or (800) 333-2451
TDD: (800) 743-3333; FAX: (812) 849-4467
Web Site: www.hoosieruplands.org
E-Mail: area15@hoosieruplands.org
David L. Miller, CEO
Barbara Tarr, Director of Aging and Disability Services

AREA 16
Southwestern Indiana Regional Council on Aging, Inc.
16 West Virginia Street, P.O. Box 3938
Evansville, IN 47737-3938
(812) 464-7800 or (800) 253-2188
FAX: (812) 464-7843 or (812) 464-7811
Web Site: www.swirca.org
E-Mail: swirca@swirca.org
Robert J. "Steve" Patrow, Executive Director
Jean Tillery, Assistant Executive Director

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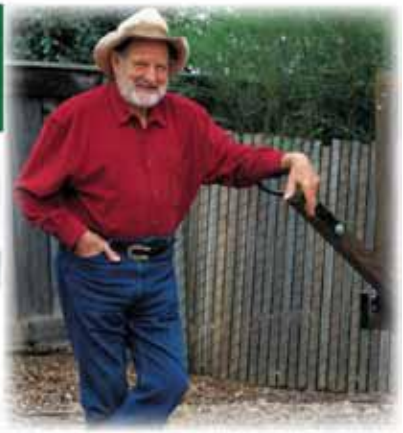
Family & Social Services Administration

Division of Aging

State Plan

2011 - 2014



Executive Summary

The proposed 2011-2014 State Plan on Aging outlines Indiana's Family and Social Services Division of Aging's strategic planning process and goals, which will promote a greater awareness of services, programs and funding available to Hoosiers. Through the Division of Aging's cost-effective use of state and federal funds, federal grants, and the strengthening partnerships between the Division of Aging and the sixteen Area Agencies on Aging (AAA)/Aging and Disability Resource Centers (ADRC), the Division of Aging has established the following goals:

1) Empower older Hoosiers, their families, and consumers to make informed decisions about their existing health and long–term care options;

2) Establish easy accessibility to existing health and long-term care options;

3) Enable seniors to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services (HCBS), including supports for family caregivers;

4) Empower older individuals to stay active and healthy through the Older Americans Act (OAA) services and the new prevention benefits under Medicare;

5) Ensure the rights of older individuals and prevent abuse, neglect, and exploitation.

The Plan was created by evaluating the Advantage Survey (Attachment C), feedback provided throughout the year by the Indiana Association of Area Agency workgroup discussions, AAA Area Plan goal prioritization tracking, and comments and suggestions provided extemporaneously at CHOICE and Commission on Aging meetings throughout the year on a variety of aging topics. Draft copies of the State Plan were posted on the Division of Aging website and two public hearings were held to solicit feedback. Plan comments can be found in Attachment D.

With a significant increase in the aging population and an ever growing emphasis by federal and state governments to provide home and community based services, the establishment of these goals are attainable and comport with the State Plan on Aging. The State Plan on Aging ensures that the aging Hoosier population receives information regarding long-term care options, is aware of available services in their communities, and is able to make informed decision regarding their long term care.

Indiana State Plan on Aging

On April 25, 2006, Governor Mitch Daniels signed Senate Bill 41 which created the Indiana Division of Aging within the Indiana Family and Social Services Administration (FSSA). By forming an agency focused on ensuring proper, cost-effective care, FSSA continues to follow its mission statement: "To use common sense compassion to help needy Hoosiers have healthier, more productive lives through developing, managing and financing their health care and human service needs."

FSSA was established in 1991 to combine and better integrate the delivery of human services throughout the State of Indiana. Ninety-four percent (94%) of the agency's total budget is paid to thousands of service providers with a wide range of specialties to bring services to nearly one million Hoosiers. FSSA consists of five (5) care agencies: Division of Aging, Division of Mental Health and Addiction, Office of Medicaid Policy and Planning, Division of Family Resources, and Division of Disability and Rehabilitative Services.

The Division of Aging's overall philosophy is best described in their vision statement: "to redefine the long-term care marketplace for consumers and providers." In doing this the Division is striving to provide long term care options to traditional facility placement while striving to improve quality of life by providing community based care. It is this philosophy that has guided the State of Indiana in the planning of its 2011-2014 State Plan on Aging.

The Division of Aging has formed a natural alignment with the Administration on Aging's goals. It is a commonly accepted adage that many older adults would prefer living in their own homes as long as possible instead of seeking alternative placement. The Division understands and values the freedom of choice that home and community based services provide to the elderly and disabled.

Goals and Objectives

Goal #1: Empower older Hoosiers, their families, and consumers to make informed decisions about their existing health and long–term care options.

Objective 1.1 Promote the need for long term care planning to the public at large.

Objective 1.2 Promote the availability of long term care options to nursing facilities including private pay alternatives.

Goal #2: Establish easy accessibility to existing health and long-term care options.

Objective 2.1 Provide outreach materials and education resources to elderly and minority populations and cultural epicenters within the community.

Goal #3: **Enable seniors to remain in their own homes with high quality of life for as long as possible through the provision of home and community based services (HCBS), including supports for family caregivers.**

Objective 3.1 Pursue opportunities to expand HCBS availability with new ideas or approaches including integrating new approaches developed via CLP grants.

Objective 3.2 Provide learning opportunities for caregivers and informal supports to empower them to care for their loved ones including integrating new approaches developed via ADSSP grants.

Goal #4: Empower older individuals to stay active and healthy through the Older Americans Act's (OAA) services and the new prevention benefits under Medicare.

Objective 4.1 Promote statewide health and wellness initiatives.

Objective 4.2 Pursue opportunities to strengthen evidence based programming options at the local agency level.

Goal#5: Ensure the rights of older individuals and prevent abuse, neglect, and exploitation.

Objective 5.1 Pursue greater collaboration among Adult Protective Service (APS) investigators and case management entities.

Objective 5.2 Promote the use of the statewide APS Hotline, Ombudsman and Legal Assistance contacts and the Consumer Complaint Process.

Objective 5.3 Improve the incident and consumer complaint reporting processes to provide a timely evaluation and reporting of potential fraud, abuse, neglect, or exploitation.

Context

As baby boomers age, those in the continuum of care are faced with increased demand for home and community based services. Current projections show that Indiana will be no different than other states across the nation, in terms of meeting the demand for health-care services. Data indicates that there will be 821,467 older Hoosiers (65 and older) in 2010 and a total of 929,305 in 2015. If these projected figures hold true that will be an increase of more than thirteen percent (http://www.stats.indiana.edu/pop-proj/index.html).

The Aging Integrated Database (AGID) is a tool that identifies Indiana's older adult population. Indiana remains a state with very few minorities. In fact, of those 60 years or older, 90.84% were listed as Caucasian. That's in comparison with 79.44% nationally. Among minority groups, African Americans are the largest ethnic group in Indiana with an older adult population of 5.79%. (http://www.agidnet.org/ACS.asp?keep=1&tab=2).

During an economic downturn one group that is significantly affected is the older adult population. Indiana has seen a decline in the manufacturing industry and an increase in those seeking unemployment or early retirement. As these early retirees and older adults struggle to find supplemental incomes they are vulnerable to financial difficulties such as medical bills, mortgage payments, utility costs, and daily living expenses. The AGID report notes that 8.39% of Hoosier adults at least 60 years old are below the poverty level, which closely compares to the 9.63% of older adults nationally.

With a significant increase in the target population for aging and disability services, the Division of Aging (DA) and the State as a whole is faced with the challenge of serving individuals without a correlating budget increase. The DA's mission is to determine the best use for federally funded oversight programs via Medicaid, Social Service Block Grant (SSBG) and the Administration on Aging (AoA), as well as state funded programs such as Community and Home Options to Institutional Care for the Elderly and Disabled Program (CHOICE) and APS.

The majority of clients enter the system from an Area Agency on Aging (AAA) or an Aging and Disability Resource Center (ADRC). These entities are tasked with performing initial assessment for potential and existing clients to determine the appropriate programs. Once that is completed and clients begin receiving assistance, they are encouraged to maintain regular contact with their assigned case manager to ensure they receive appropriate services.

As the economic crisis continues, Indiana strives to care for their most needy residents while at the same time maintaining a government that is fiscally sound and responsible. Because of this there have been many changes in how Indiana handles its budget and those that need assistance. It is unclear at this time how long this economic downturn will last and what Indiana's response will be if these fiscal hardships continue.

Because of the current state of Indiana's economy many older adults are finding it difficult to retire. The Indiana Chamber of Commerce reported in August of 2009 that of residents 60 years and older, 28% were working part-time/full-time positions. If that number considered all older adult residents who wanted to work that number rises to 47%.

One negative factor of an already disturbing economic downturn that will affect aging Hoosiers is the lack of a cost of living increase for Social Security for 2010 or 2011 fiscal years. However this will cause older Hoosiers to stretch an already limited source of income even farther as economic uncertainties remain.

Indiana's main source of business revenue remains manufacturing. In the current economy this can cause difficulties as fewer companies and consumers buy products. This in turn hurts the local economy, as residents have less to spend, and also local services, since less tax dollars are generated there is less State government funds available to pay for services. Indiana continues to aggressively attract new business and industry into our State and grow its current base of business.

Older Hoosiers are not the only people who feel the burden of economically uncertain times. Many families are struggling with foreclosures, loss of employment, and sudden illness and other issues that can cause financial turmoil. One way to alleviate some of this strain is to have multiple generations of the family (parents, grandparents, and children) live together. According to 2000 Census figures Indiana ranks 20th in the U.S. with 62,864 multigenerational families living in the state.

As Indiana's older population increases, there is also an increased need for caregivers and informal supports. As a whole, the State lacks a uniform caregiver training program for either paid or unpaid volunteer caregivers. As waitlists for State and Federally funded programs steadily grow, strong caregiver and respite resources are needed to prevent caregiver burnout as individuals wait for home and community based services.

The CHOICE Board and Indiana Commission on Aging provide valuable expertise regarding aging and disability issues. While the CHOICE Board was established by Indiana Code to oversee the CHOICE program, their expertise is valuable for all of DA's programs. The Indiana Commission on Aging was created to advise on OAA programs but now encompasses all aging issues.

The DA subcontracts with the sixteen Area Agencies on Aging for service delivery and case management. The Area Agencies on Aging were created in Indiana in 1973 to assist state government in meeting the needs of older Hoosiers. Over the years their role in the continuum of care has expanded from the original OAA programs to Medicaid HCBS Waivers, the CHOICE Program, and to accredited Aging and Disability Resource Centers (ADRCs). The AAAs provide the Case Management and care plan development functions for Medicaid Waiver,

Title III, SSBG, and CHOICE. Some AAAs also provide nutrition services directly. The State Plan is built upon on the expertise and priority needs identified in the Area Plans.

The Division of Aging currently has an emergency preparedness plan developed and plans to work with the AAAs and other stakeholders to ensure the collective ability of these organizations to respond to emergency situations. Additionally, we plan to engage our partners to conduct emergency preparedness planning activities.

Many of the struggles that caregivers are facing are concerning individuals with Alzheimer's disease. According to a 2009 study by the Alzheimer's Association there were 5.3 million people diagnosed in the U.S. with the disease (http://www.alz.org/national/documents/report_alzfactsfigures2009.pdf).This is equivalent to one in eight older adults (65 and older). As the number of those afflicted with Alzheimer's disease is expected to climb at a rapid rate as our population ages, Indiana is expected to be no different. Indiana's Alzheimer's population is anticipated to reach 120,000 in 2010 while 130,000 will be afflicted in 2025.

The individual suffering from Alzheimer's Disease has the ability to remain in their homes as long as possible due to caregiver support. This gives the individual an opportunity to have a sense of independence and familiarity with their surroundings. In fact, across the country there were 9,856,945 unpaid caregivers in 2008. These individuals accounted for 8,508,514,817 hours of caregiver assistance to their loved ones.

The Alzheimer's Association report further stated that there are 211,236 unpaid caregivers in Indiana that contributed 182,339,133 caregiver hours during 2008. While caregivers should be praised for the time, effort, and care they give their loved ones, they need to continue to have care giving services available to them. Each Area Agency on Aging (AAA), following the Older Americans Act, has a Caregiver Coordinator or someone who handles those responsibilities. This position helps caregivers seek respite caregivers, support groups, caregiver information, and assistance in finding other services, and devices that will assist them with their caregiver responsibilities.

Also covered under the Indiana Administrative Code is the Social Services Block Grant (SSBG). This grant covers a number of in-home community based services for low-income older adults and persons with disabilities. Some of the services covered include; Adult Day Services, Family Care Assistance, and Legal Assistance, among others. In State Fiscal Year 2009, 47% of program expenditures through SSBG were listed as Home and Community Based Services. Another 40% were detailed as Case Management.

According to the most recent published FSSA, Division of Aging Quarterly Financial Review, in State Fiscal Year (SFY) 2009, $4.4M of the $9.5M in program expenditures through SSBG were listed as Home and Community Based Services. Another $3.8M or 40% were detailed as Case Management. In SFY 2009, there were approximately 13,700 clients served through both State and Federally funded SSBG program.

Title III's total expenditures of $24.1M primary expenditures for the SFY 2009 were HCBS Support Services $7.2M. Other major expenditures were Home Delivered Meals at $6.3M and

Congregate Meals at $5.4M. In SFY 2009, there were approximately 14,850 clients served through the Title III program.

Home and Community Based Services have become a clear alternative to nursing facility placement for Medicaid Long-Term Care (LTC) members in Indiana. Medicaid LTC members using HCBS increased to 23% in June 2009 as opposed to 10% in January 2005. Home and Community Based Services also showed a significant growth, 158%, in LTC Medicaid members since January 2005, opposed to a -2% growth for nursing facilities. Additionally, Medicaid LTC members using HCBS increased utilization 23% in June 2009, opposed to 10% in January 2005 and in June 2009 there were approximately 8,218 clients being served through Medicaid HCBS compared to January 2005 serving 3,155.

Expenditures

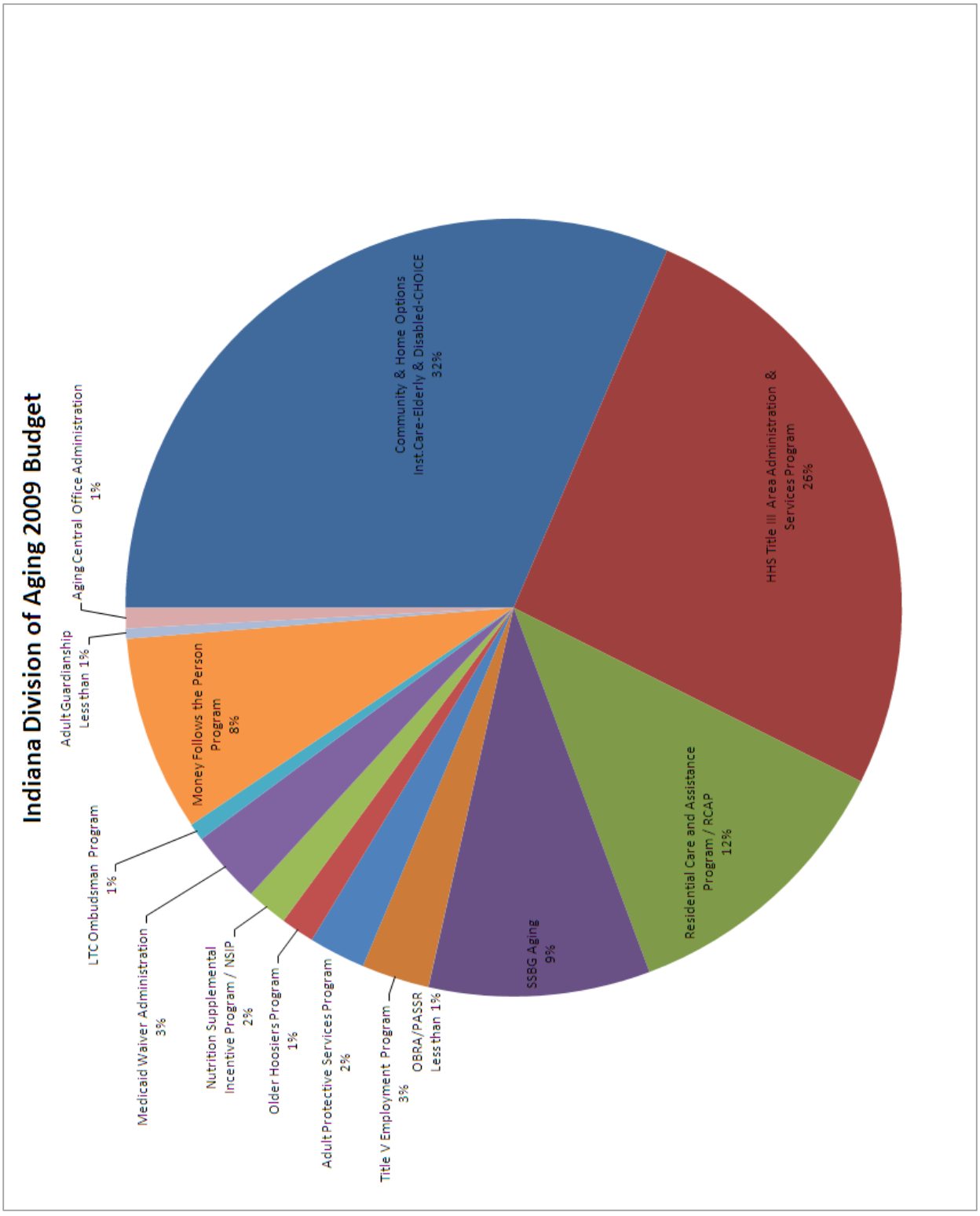
Medicaid	Actual (in thousands)
Direct Services	
Nursing Home Facilities	1,063,288
Hospice Services	61,040
Waivers	
Aged and Disabled Waiver	84,372
MFP Demonstration Grant	0
TBI	3,758
State Plan Services	
State Plan Services - Non-MFP Grant	269,887
State Plan Services - MFP Grant	0
PCCM Admin Fees	411
ARCH	2,534
Total - Medicaid	**1,485,292**

Source: Indiana Division of Aging's June 2009 Quarterly Financial Review (QFR) which covered State Fiscal Year 2009 (July 1, 2008 –June 30, 2009), presented on August 17, 2009.

Non-Medicaid (in thousands)

Community & Home Options Inst.Care-Elderly & Disabled-CHOICE	31,943
HHS Title III Area Administration & Services Program	24,119
Residential Care and Assistance Program / RCAP	13,450
SSBG Aging	9,543
OBRA/PASRR Program	3
Title V Employment Program	2,708
Adult Protective Services Program	2,636
Older Hoosiers Program	1,505
Nutrition Supplemental Incentive Program / NSIP	1,522
Medicaid Waiver Administration	2,399
LTC Ombudsman Program	592
Money Follows the Person Program	1,075
Adult Guardianship Services Program	483
Aging Central Office Administration	693
Total - Non-Medicaid	**92,672**
Total - Expense	**1,577,964**

Source: Indiana Division of Aging's June 2009 Quarterly Financial Review (QFR) which covered State Fiscal Year 2009 (July 1, 2008 –June 30, 2009), presented on August 17, 2009.


Indiana Division of Aging 2009 Budget
Community & Home Options Inst.Care-Elderly & Disabled-CHOICE 32%
HHS Title III Area Administration & Services Program 26%
Residential Care and Assistance Program / RCAP 12%
SSBG Aging 9%
OBRA/PASSR Less than 1%
Title V Employment Program 3%
Adult Protective Services Program 2%
Older Hoosiers Program 1%
Nutrition Supplemental Incentive Program / NSIP 2%
Medicaid Waiver Administration 3%
LTC Ombudsman Program 1%
Money Follows the Person Program 8%
Adult Guardianship Less than 1%
Aging Central Office Administration 1%

The DA continues to assist older adults in staying as independent as possible and has made two changes in current waivers administered by the DA to aid in this endeavor. The Traumatic Brain Injury Waiver was amended to add adult foster care, home delivered meals, nutritional supplements, and pest control. In 2009, the DA and AAAs dramatically decreased waiver processing time and put a record number of clients into service. In January through October of 2009 the average amount of days between a person seeking Medicaid waiver services until the AAA Case Manager confirmed the final Cost Comparative Budget is 47.6 days. This is in contrast to a 200 day waiting period in June 2008.

For clients on the Medicaid Waiver waitlist, CHOICE has become a temporary solution while they are waiting to be targeted. The unfortunate impact is that the cost per client for Medicaid Waiver is much higher than the typical CHOICE client. The CHOICE waitlist has begun to grow for the first time since it became a clearing initiative in late 2006.

The Division has also sought partnerships outside the aging network in order to better assist older adults. For example, the Division has partnered with the Indiana Department of Insurance to expand the State Health Insurance Assistance Program (SHIP) to low income Hoosiers. SHIP is funded by The Centers for Medicare and Medicaid Services (CMS) to provide local health insurance counseling to people with Medicare.

As the economy continues to suffer many older adults find themselves wondering if they will be able to purchase enough food for the week. Some make choices between buying medicine or groceries. The AAAs seek to provide several different methods to aid Hoosiers in seeking better nutritional health, ranging from improving the health of meal participants to opening additional congregate meal sites. They are also using SHIP counselors to assist seniors in getting the most out of Medicare coverage. This partnership, by way of the Medicare Improvements for Patients and Providers Act (MIPPA) grant, has enabled a SHIP counselor to be located in each ADRC.

Indiana has typically focused its OAA funds toward supportive services with transportation being an ongoing need. Looking at the current economic climate and the ever growing need for HCBS, Indiana must focus on the neediest of seniors. Indiana's meal program receives only a small portion of state funds designated at the AAA level. AAAs continually struggle with congregate meal participation and the challenge of marketing to different generations and mindsets. Indiana must also prioritize Title III B services to re-emphasize the critical role that HCBS play in keeping seniors in the community and out of nursing facilities.

The Division has worked diligently in the previous 2 years developing a plan that will provide incentives to nursing facilities to improve the quality of care and at the same time encourage timely and appropriate discharge into home and community based settings. The plan, aka, Phase II, culminated in an amendment to the nursing facility reimbursement rules which was effective January 1, 2010. A brief summary of Phase II, along with its predecessor, Phase I and the next steps, Phase III and Phase IV, is attached. The expected result of the Phase II changes is a

savings of about $10 million per year in nursing facility payments which will be shifted into expanding HCBS.

Although Indiana had been making progress in balancing the delivery of services, we still identified some weaknesses in our system: we were lagging behind other states in shifting funding from NFs to HCBS, there were too many individuals with very low needs who could be cared for in a less restrictive setting and in spite of the large increase in net reimbursement to NFs as a result of the Quality Assessment Fee—approximately $100M annually in enhanced payments—every year since 2003—quality had not improved.

Using data from the MDS assessment tool which measures many data points, we identified a conservative estimate of about 1700 residents that we believe could be served in the community setting. The prior rate methodology encouraged nursing facilities to accept low needs residents in order to subsidize those with more acute needs. It also provided no incentive for facilities to discharge individuals who have entered at a much higher acuity, have improved and could possibly be discharged to a less restrictive but still appropriate setting. The current rate methodology reduces payment for these lowest needs residents; it grandfathers in current residents and is phased in over a 3 year period. By providing this disincentive we believe there will be more opportunity to serve seniors in an appropriate community setting.

While we intend to reduce payment for the lowest needs residents we believe facilities who care for those with special or high needs should receive increased reimbursement:

✓ Our facilities who care for ventilator dependent individuals will receive an increased add-on per day for all of their residents;
✓ An add-on payment for facilities that have Alzheimer's or Dementia Units is being increased;
✓ Another component of the reimbursement system, also put in place in 2003 with the implementation of the QAF, is the report card score add-on. Under the new rules, the add-on for those with the best scores—the top quartile—are being increased substantially –a significant reward for good performance. However those in the bottom quartile at the time of implementation will receive no add on for quality.

Other incentives include having the report card score add on exempt from the maximum allowable increase (or the "cap") currently governing facility reimbursement, as well as exempting all direct care staffing costs from the "cap".

Phase 1 = SEA 493 in 2003

- Uniform eligibility for both NF and Waiver clients: moved from 100% to 300% of Supplemental Security Income for Waiver
- Spousal impoverishment provision expanded to Waiver
- Self directed care option on CHOICE and Waiver

- Expanded services available under CHOICE
- Amended A & D waiver to add slots over 5 years
    - Targeted entire waiting list in August 2008
    - Added about 2000 individuals in SFY09
    - Now serving over 10,000 on A&D Waiver—about 185% growth since 2003

- Established the Division of Aging (2006)
- Promoted AL, AFC aggressively
- Implemented QA/QI program
- $21M Federal Grant for Money Follows the Person—113 individuals now transitioned
- $1.1M Federal Grant plus $700,000 state dollars to establish 16 Aging and Disability Resource Centers (ADRCs) one stop information centers
- Helped establish 5 Naturally Occurring Retirement Communities (NORCs) throughout state
- Partnered with IDOT to purchase additional 174 accessible vehicles for community organizations serving aged and disabled

Phase 2 = Adjustment of nursing facility rate methodology to incentivize quality of care and appropriate discharge of residents to less restrictive settings effective January 1, 2010

- Nursing facilities had been receiving $100M annually since 2005—retroactive to 2003—due to the Quality Assessment.
    - Quality did not improve, in fact declined significantly. Quality scores are determined by the annual state surveys and calculated under the ISDH report card score system.
    - Staffing hours per patient day declined.
    - Too many individuals were in NFs with very low care needs who could be cared for in a less restrictive setting.

- New methodology:
    - Rewards good performing facilities at a higher add-on to the rate and poorest facilities receive no add-on for quality.
    - Reduces profit-add on for poorer performing facilities.
    - Raises the occupancy standard to 90%--facilities with less than 90% are reimbursed for only a portion of their fixed costs.
    - Reduction in the case mix index for the bottom four RUG categories in the Case Mix System to encourage appropriate discharges and provide disincentive to admit low needs residents.

- Result: Expected to reduce expenditures to NFs by $11M per year that can be used for expanding Home and Community Based Services.

Phase 3 = redefining the quality component of the rate to be more inclusive

In process; a Clinical Expert Panel (CEP) has been meeting since February 2010, building on a foundation framework that was developed beginning in 2008.

Staffing measures—retention and turnover; possibly hours per patient day; looking at administrator and director of nursing retention and turnover; may consider medical director criteria; looking at satisfaction surveys for resident, family, staff.

Will delay clinical criteria—quality indicators/quality measures—due to reevaluation by CMS of the QIs and the October 1, 2010 implementation of the MDS 3.0—a revised assessment tool for NFs.

Phase 4 = further refinement of quality component

Likely include QIs; could include culture change efforts, etc.

The DA recognizes the special link between case managers and the older adults they serve. The case manager is the primary advocate and assessor of a client's needs and capacity. They are not only responsible for care plan development, but also the monitoring of services and appropriateness of services delivered. The DA contracted with Liberty of Indiana to survey older adults who had received services from the Division of Aging. The survey was administered between February 2008 and January 2009 to gauge the success of case managers who serve older adults. It is important to note that 92% of case managers are employed by Area Agencies on Aging.

The survey found that 75% of older adults feel that their case managers give them the answers they need. While this survey showed positive results, the DA proceeded to host quarterly trainings for all AAA case managers so that they continue to have the tools and information available to better assist older adults.

The DA also began to use compliance surveys to better understand the service the AAAs give their constituents. These surveys cover: policy and procedures, personnel, training, and quality assurance. The compliance survey began in October 2009 and will be repeated every three years. The DA expects to find the various strengths and weaknesses for each organization that will aid in the quality improvement processes locally and statewide. The DA is using is also reviewing each Area Agency's intake process.

Transportation is a constant and never-ending need for older adults and the disabled population. Since 2007, the DA has had the opportunity to partner with the Indiana Department of Transportation to attain Section 5310 Program funding. Section 5310 gives organizations funds to serve areas where accessible public transit for the elderly and persons with disabilities is unavailable, inadequate, or inappropriate. The DA was able to provide the match funds for the AAA/ADRCs participating in the program. The match funds were used to help purchase vans and buses for transportation.

The Division has also received a variety of discretionary grants from AoA and CMS. SHIP is responsible for outreach, education, and one-on-one counseling to Medicare beneficiaries in order to assist them with their health insurance choices. The program was better integrated with AAA/ADRCs when the

State of Indiana received the Medicare Improvements for Patients and Providers Act (MIPPA) grant.

SHIP sites can be found in all of Indiana's AAA/ADRCs. In providing this much needed resource, the Area Agencies on Aging/Aging and Disability Resource Centers are utilized as single points of entry for services and encouraged to provide outreach and education through presentations, health fairs, and media exposure.

Money Follows the Person Demonstration Grant (MFP) is a federally funded initiative that offers transition planning and assistance, increased follow-up, post transition and HCBS and support for 365 days. After this time the client's needs are covered through the Aged and Disabled or the Traumatic Brain Injury waiver. The MFP program is structured so that this transition to either waiver will be seamless and transparent to the client, with little or no change in services. This program will run through 2016.

The Indiana ADRC: Empowering Individuals to Navigate their Health and Long Term Support Options Grant partners Indiana's largest AAA, CICOA Aging & In-Home Solutions, with Wishard Memorial Hospital. This grant project integrates two of the agency's care managers into Wishard's discharge planning process to provide timely, on-site access to comprehensive options counseling, care management and, when appropriate, pre-admission screening. The care managers will be used to more effectively coordinate AAA/ADRC access to high quality community based long-term care supports with increased discharge to community based settings and reduced reliance on nursing home care and hospital readmission. This project serves as a pilot project with potential to be replicated in various AAA/ADRCs across the state.

The Community Living Program Grant is a pilot grant with two AAA/ADRCs, Real Services, Inc. and Lifetime Resources Inc., to develop a model approach that can be replicated statewide. The purpose of this grant is to establish mechanisms to ensure that individuals at greatest risk of nursing facility placement and Medicaid spend-down receive services and build infrastructure necessary to support the growth of person-centered/participant-directed supports.

The Division of Aging is also participating in the Alzheimer's Disease Supportive Services Program. The Division is collaborating with AAA 9 to supply early-stage Alzheimer's Disease and Related Dementias (ADRD) individuals and caregivers with technologically innovative services and devices that will: provide respite in their daily living, enhance a volunteer respite program through training, track mental and physical benefits of the proposed direct services for individuals with ADRD and their caregivers, and to evaluate the cost-benefit and fiscal impact of home and community based programs compared to early institutional placement. This program will end in 2011.

The Chronic Disease Self Management Program (CDSMP) grant will build a statewide infrastructure for implementing health and wellness programming. The CDSMP grant will ensure that Hoosiers across Indiana will have access to evidence based programming that can

assist them in making healthy lifestyle choices and managing chronic disease. The program focuses on CDSMP but has subsidiary relationships with smoking cessation programs, Enhance Fitness, Matter of Balance, and nutrition education classes. The Living a Healthy Life Partnership serves as a primary advisor for this program and seeks to expand programming to incorporate a holistic and comprehensive approach to wellness.

The DA continues to create partnerships to further their goal of providing comprehensive resources and services to Indiana's elderly and disabled population. The DA has partnered with the Indiana Association of Homes and Services for the Aging, AARP, the Indiana Black Expo, the University of Indianapolis Center for Aging and Community, and the Mid-America Institute on Aging. Because of these partnerships the DA has increased its ability and capacity to serve older Hoosiers throughout the state.

Goal Objectives, Strategies, Outcomes and Performance Measures

Goal #1: Empower older Hoosiers, their families, and consumers to make informed decisions about their existing health and long–term care options.

Objective 1.1 Promote the need for long term care planning to the public at large.

Strategies:

- Utilize the ADRCs to provide education and referral information for those seeking long term planning advice.
- Promote Private Pay options to consumers.
- Provide outreach to consumers of all ages encouraging them to think about long term care before they are in need of HCBS.
- Seek out partnerships with long term care and other insurance providers.

Objective 1.2 Promote the availability of long term care options as an alternative to nursing facility placement.

Strategies:

- Educate consumers regarding HCBS, such as Assisted Living, Adult Day Service and Adult Foster Care services.
- Rebrand Adult Foster Care to Adult Family Care to avoid confusion regarding its purpose.
- Expand Adult Day Service, Adult Foster Care, and Assisted Living choices for consumers via the addition of providers to rural areas statewide.

Goal #2: Establish easy accessibility to existing health and long-term care options

Objective 2.1 Provide outreach to minority populations and cultural epicenters within the community.

Strategies:

- Pursue new opportunities and partnerships for and with elderly, minority, and cultural organizations.
- Identify distinctive education and care giving needs that are not being met in elderly, cultural and minority sub-communities.

Goal #3: **Enable seniors to remain in their own homes with high quality of life for as long as possible through the provision of home and community based services, including supports for family caregivers.**

Objective 3.1 Pursue opportunities to expand HCBS availability with new ideas or approaches, including integrating new approaches developed via CLP grants.

Strategies:

- Continue rebalancing the nursing home entitlement program to benefit HCBS.
- Pursue grant opportunities to redesign or remodel the Non-Waiver HCBS programming and strengthen ADRCs.
- Expand the Discharge Planning GRACE model to additional hospital networks.
- Establish mechanisms to ensure that individuals at greatest risk of nursing facility placement and Medicaid spend down receive services.

Objective 3.2 Provide learning opportunities for caregivers and informal supports to empower them to care for their loved ones, including integrating new approaches developed via ADSSP grants.

Strategies:

- Pursue programs and outreach for caregivers.
- Explore a statewide caregiver program.

Goal #4: Empower older people to stay active and healthy through the Older Americans Act services and the new prevention benefits under Medicare.

Objective 4.1 Promote statewide health and wellness initiatives.

Strategies:

- Promote statewide nutrition initiatives and activities.
- Engage other state agencies in health and wellness initiatives.
- Make statewide programming resources available via the internet.

Objective 4.2 Pursue opportunities to strengthen evidence based programming options at the local agency level.

Strategies:

- Expand health and wellness initiatives to include evidence based programming such as Enhanced Fitness, in addition to the Chronic Disease Self Management Program (CDSMP).

Goal# 5: Ensure the rights of older individuals and prevent abuse, neglect, and exploitation.

Objective 5.1 Pursue greater collaboration among Adult Protective Service investigators and case management entities.

Strategies:

- Strengthen the communication between AAAs, local Prosecutor offices, and APS investigators.

Objective 5.2 Promote the use of the statewide APS Hotline, Ombudsman & Legal Assistance contacts and the Consumer Complaint Process.

Strategies:

- Identify dissemination methods for informing the public of APS Hotline, Ombudsman & Legal Assistance contacts and the Consumer Complaint Process.
- Simplify the process of registering an APS or Consumer complaint with the State.

Objective 5.3 Improve the incident and consumer complaint reporting processes to provide a timely evaluation and reporting of potential fraud, abuse, neglect, or exploitation situations.

Strategies:

- Simplify the process of submitting and reviewing incidents.
- Streamline the incident review process.

Goal #1: Empower older Hoosiers, their families, and consumers to make informed decisions about their existing health and long–term care options.

Objective	Performance Measure	Target Completion Date
1.1	Develop tools for the ADRCs to use that promote statewide long-term care options that include private pay and government funded options.	June 2013
	Develop resource and guidance tools for individuals ages 30-50 to inform and assist them with long term care planning.	June 2014
	Develop a partnership with long term care and other insurance providers.	June 2014

1.2	Educate Case Managers regarding the benefits of Assisted Living, Adult Day Service, and Adult Foster Care.	Annually
	Rebrand Adult Foster Care as Adult Family Care and promote as such.	June 2013
	Expand Adult Day Service, Adult Foster Care, and Assisted Living for consumers via the addition of providers to rural areas statewide.	Ongoing

Goal #2: **Establish easy accessibility to existing health and long-term care options.**

Objective		Target Completion Date
2.1	Create a partnership with the Hispanic and Black Coalitions.	2011
	Assess the needs of elderly, cultural, and minority subgroups.	2012
	Develop an outreach plan to address needs.	2013

Goal #3: **Enable seniors to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers.**

Objective	Performance Measure	Target Completion Date
3.1	Utilize the funds provided from the Phase II, Quality Assessment Fee (QAF) to expand HCBS. Start Date 2010.	Ongoing
	Initiate PHASE III, value based purchasing for nursing homes and HCBS rebalancing. Start Date 2012.	Ongoing
	Expand the Discharge Planning GRACE model to at least one additional hospital network or the Veteran's Hospital.	September 2011
	Apply for grants to redesign or remodel the non-waiver HCBS programs & strengthen ADRCs.	Ongoing
	Tangible tools and replicable processes to ensure that individuals at greatest risk of nursing facility placement and Medicaid spend down receive services will be implemented statewide, as developed with CLP grant funds.	??
3.2	Create new, practical programming for caregivers, including educational and training materials that will be developed with ADSSP grant funds and made available to other AAAs for training their staff.	June 2012

Goal #4: Empower older individuals to stay active and healthy through the Older Americans Act services and the new prevention benefits under Medicare.

Objective	Performance Measure	Target Completion Date
4.1	Plan and implement activities for National Nutrition Month.	Annually
	Create new OAA congregate dining experiences through voucher programs, salad options, box lunches, and site design, considering how the Congregate Nutrition Program also means providing more than just a meal at the site.	Ongoing
	Develop a formal partnership with INShape Indiana for adult physical fitness promotion and education.	June 2012
	Develop Statewide database of CDSMP programming.	June 2013
4.2	Expand Enhance Fitness and Matter of Balance to additional AAAs.	June 2013

Goal#5: Ensure the rights of older individuals and prevent abuse, neglect, and exploitation.

Objective	Performance Measure	Target Completion
5.1	**Implement APS education into new case manager orientation.**	**June 2011**
5.2	**Develop materials to promote the APS Hotline, Ombudsman & Legal Assistance contacts and the Consumer Complaint Process.**	**June 2012**
5.3	**Automate the incident reporting and complaint process with the internet.**	**June 2012**
	Develop a new strategy for incident review.	**June 2012**

Focus Area A (Older Americans Act Core Program Integration)

In SFY 2009, every AAA was certified as an Aging and Disability Resource Center Program (ADRC). Having this designation allows the AAAs to be recognized as agencies that can handle long-term care needs or have the ability to link the individual with organizations that can help them attain services.

The DA relies heavily on the AAA/ADRCs to assist in reaching their goals. These AAA/ADRCs offer face to face contact with older adults and people with disabilities and can link them with the necessary services in their organization and in their specific community, if those services are available.

The AAA/ADRCs, in accord with the OAA, provide Supportive Services such as case management, information, assistance, transportation and Ombudsman services; Senior Nutrition Programs; Disease Prevention and Health Promotion; and Family Caregiver Support among other activities. The DA ensures preference will be given to older individuals with the greatest economic and social needs, with particular attention to low-income minority individuals and older individuals residing in rural areas.

Information and Awareness - The Division on Aging is currently in the process of creating a Readiness Review of the ADRCs to find ways to streamline outreach and services due to the current economic climate.

Options Counseling and Assistance - All the ADRCs have Option Counselors with the number varying at each ADRC depending on the size the office. The Division of Aging is currently applying for an Administration on Aging grant to re-evaluate the Option Counseling program and look for ways to improve and streamline the process.

Streamlined Eligibility Determination for Public Programs - Indiana is testing a modified version of Minnesota's rapid assessments tool at two pilot sites for the Community Living Program grant, which will be expanding statewide depending on the final findings of the grant.

Person-Centered Transition Support - The Indiana Division of Aging, CICOA (an AAA/ADRC) and Wishard Memorial Hospital are collaborating on a grant to integrate ADRC care managers from CICOA with the hospital discharge planning function at Wishard Memorial Hospital. The goals of this project are: 1) to integrate some of Indiana's ADRC care managers into a hospital discharge planning process to provide timely, on-site access to comprehensive options counseling, care management and when appropriate, pre-admission screening; 2) to more effectively coordinate hospital/ADRC planning process to support a more complete consumer/family discharge planning process; 3) to support, at the consumer's/family's option, access to high quality community based long-term care supports with increased discharge to community-based settings and reduced reliance on nursing home care; and 4) when a consumer elects to reside in the community, to ensure linkage with physicians and other health care supports with a goal of preventing hospital readmission or nursing home admission.

The objectives are to: (1) develop a structure for co-location of ADRC care managers at a hospital; (2) develop targeting criteria for consumer/family participation in the project; (3) develop and test procedures, protocols and other processes of care managers involved into the hospital discharge planning process to support the project and the further accomplishment of project goals; (4) develop and implement an evaluation component for the project; and (5) develop a five year ADRC operational plan.

As part of the final activity of the project, ADRCs will receive funding for outreach to hospitals with the goal of implementing the hospital discharge planner/ADRC model. The final dollar amounts have not been announced since the Administration on Aging is releasing funding in a year-by-year basis for each grant and the budgeted amount in the original proposal may be reduced due to economic conditions.

Quality Assurance and Continuous Improvement - To ensure quality assurance and continuous improvement each ADRC does a random sampling once a year of clients to survey and within the Division of Aging is a Quality Assurance program that has contracted Liberty to do additional consumer satisfaction surveys.

Consumer Populations, Partnerships and Stakeholder Involvement – The ADRCs serve individuals of all ages and have become a source for information on Physical Disabilities,

Development Disabilities, Mental Retardation, and Autism. They also have partnerships with 211s, Office of Medical Policy and Planning, State Health Insurance Assistance Program, Prosecutors Office and Centers for Independent Living and many others. The Division of Aging is currently in the process of trying to combine several stakeholder boards since many members serve on more than one related board but each ADRC has its own advisory board made up of members/advocates of the populations they serve.

With Indiana expecting such an increase in older adults, it is imperative that each AAA/ADRC be prepared to handle the increased in older adults with many different needs. The DA is moving toward a performance based program model. This model has begun by stating yearly goals with the Area Plans that the AAA/ADRCs must focus on. The AAA/ADRCs also determine three yearly goals based on their area's needs. All six goals are tracked on a quarterly basis through outcome measures. The goals are in line with the State's goals and objectives as well as AoA's. This goal and outcome measurement model will continue into the next State Plan and continue to support the overarching vision of increasing the availability of HCBS.

The DA manages an array of programs with the goal of keeping the elderly and disabled within the community as long as possible. The Medicaid Aged and Disabled Waiver (A&D Waiver) provides home and community based care plan services, as well as adult foster care, adult day service, and assisted living options for the elderly and disabled meeting nursing home level of care. For those who do not qualify for Medicaid, there are other home and community based services provided by Title III, Community and Home Options to Institutional Care for the Elderly and Disabled (CHOICE), and Social Services Block Grant (SSBG).

The DA will continue to encourage the re-engineering of the Senior Meal Program. As the DA sees an increase trend in seniors that are more social and mobile, the need for a new model of congregate meals is needed. Indiana and its AAA/ADRCs will continue to create new dining experiences through voucher programs, salad options, box lunches, and site design. It also means providing more than just a meal at the site. Using Title III D funds to incorporate health, physical activity, and education into the sites, the older adults have the opportunity to receive an experience more than just a meal.

Title III-E, the National Family Caregiver Support Program, addresses the need to acknowledge and encourage the role caregivers play in the country's home and community-based services system. These services are provided through Indiana's 16 Area Agencies on Aging: Counseling Support Groups, Respite, Supplemental Services, Family Care Assistance and Family Care Information. Additionally, as new innovative community-level approaches for providing respite care for caregivers of individuals with Alzheimer's Disease and Related Disorders (ADRD) are demonstrated via IN's ADSSP program, such approaches are shared with the Family Caregiver Support Programs operated by the AAA/ADRCs across the state. Similarly, the tangible tools and replicable processes developed via the CLP grant will be used to expand service delivery statewide, including use with Family Caregiver Support Programs.

The Indiana Long Term Care Ombudsman Program is a federal and state funded program that provides advocacy and related services for consumers of congregate long term care services, regardless of age or payer source. Congregate settings include nursing facilities, residential care facilities, assisted living facilities, adult foster care homes and county operated residential care facilities. Indiana operates this program in accordance with the Older Americans Act and via policies and procedures maintained by the Division of Aging.

The mission of the Long Term Care Ombudsman Program is to improve the quality of life and care for residents of long term care facilities. That mission is accomplished through investigation and resolution of individual complaints, consumer education designed to inform

and empower consumers, system advocacy which includes legislation and public policy activities, promotion of community involvement in long term care, and other activities designed to improve long term care delivery and oversight.

There are 22 Certified Local and numerous Volunteer Ombudsmen who are representatives of the Office of the State Long Term Care Ombudsman which is located in the Division of Aging. These representatives operate out of 17 local offices across the state. Anyone may contact the Ombudsman program on behalf of a long term care consumer, but Ombudsmen are guided in their actions by the individual receiving direct service. There is no charge for Ombudsman services. The names of persons contacting Ombudsmen and the information they provide is confidential.

For many older adults who find it necessary to keep working, the Senior Community Service Employment Program (SCSEP) can provide assistance. The program strives to assist low income older adults who do not have the skills needed to compete in today's job market. Many older adults who were homemakers or have outdated skills, now find themselves needing extra income. SCSEP gives older adults training at nonprofit agencies and government offices (called "host agencies"). These sites provide older adults the ability to acquire skills that will help them in today's job market.

These training opportunities not only help the participants gain new skills but also help the organizations they are matched with. All of these agencies offer important services to the public

that are enhanced by the experiences and knowledge that the participants give them. Recently the Division of Aging partnered with the Indiana Department of Natural Resources (DNR) to fill many open positions in State Parks, allowing older adults to learn new job skills and also the opportunity to help their community.

Not only does SCSEP place the participant in "real life" situations but the participants are also involved in learning opportunities outside the host agencies. Many times these workshops involve computers and various programs that the participants might use when employed. Participants are paid minimum wage for host agency and classroom training.

The reasons to keep working are not only financially driven but there are personal benefits as well. For instance, many older adults enjoy working on a project that they see being completed. Many older adults also stay in the workforce to give wisdom to the younger generation of employees.

Focus Area B (Integration of AoA Discretionary Grants)

The DA will also continue into 2011 with programs that were developed from discretionary AoA grants. The Community Living Program grant is a pilot at two Area Agencies on Aging focusing on the development of consumer directed care tools that will be used by AAA/ADRCs statewide. These tools will provide the foundation for a stronger and growing consumer directed care program in the future. The ADRC Discharge Planning grant is also under development to create a method of sharing resources between the ADRC and hospital discharge staff. The intent is to create a protocol that educates the discharge staff on in-home care options and prevents nursing home admission or readmission.

Please note: this state plan does not include the ADRC Statewide plan. It is currently under development.

Community Living Programs (CLP)

The Indiana Family & Social Services Administration (FSSA) is collaborating with two Area Agencies on Aging (AAAs), Real Services, Inc. and Lifetime Resources, Inc. to develop a Community Living Program (CLP). The project goals are to establish mechanisms to ensure that individuals at greatest risk of nursing facility placement and Medicaid spend down receive services and build infrastructure necessary to support the growth of person-centered and participant-directed supports. The grant will also focus on veteran's issues and coordination of services with ADRC and veteran's groups in the second year of the grant by pursuing the VDHCBS. The ADRC will establish agreements with the area VA Medical Centers and ADRC staff will provide assessment targeting and ongoing care coordination services. Service will either be provided through the participant-directed options or from the ADRC's network of service providers.

The objectives are: Pilot and validate a research-based, objective, and standardized approach to targeting non-Medicaid funded home and community based services (HCBS) to individuals most at risk of entering a nursing facility and spending down to Medicaid eligibility; incorporate a person-centered approach into CLP operations; develop a data-driven quality management

system for the CLP; increase the flexibility of participant-directed options; and develop infrastructure that will provide counseling to accompany the participant-directed services offered under the CLP.

At the end of the grant there will be an evaluation of the entire program and a unified rollout and sustainability plan will be established. The major expense is the development of the infrastructure, which will be funded by this grant (the budget invests more heavily in temporary consulting help rather than long term agency staffing) and maintenance and expansion of the program could be funded by reallocating existing dollars. CLP will be focused on the III B supportive services programs, but will integrate with the service planning and delivery of nutrition and caregiver services as well. The deliverables of this grant will be tangible tools and replicable processes to expand the service delivery statewide.

Alzheimer's Disease Supportive Services Program (ADSSP)

The Indiana Division of Aging has partnered with Area 9 In-Home and Community Services Agency, an Area Agency on Aging, on Alzheimer's Disease Supportive Services Program grant (ADSSP), formerly the Alzheimer's Disease Demonstration Grants to States (ADDGS) Program. The goal of the Division of Aging is to demonstrate innovative community-level approaches for providing respite care for caregivers of individuals with Alzheimer's Disease and Related Disorders (ADRD). Program participant have early stages of ADRD and are at imminent risk of nursing facility placement without these services.

The Indiana Division of Aging's objectives are: 1) to supply early-stage ADRD individuals and caregivers with technologically innovative services that will provide respite relief; 2) to enhance local volunteer respite programs through training, and education; 3) to track mental and physical benefits of direct services; and 4) to evaluate the cost-benefit and fiscal impact of home and community based intervention programs compared to early institutional placement.

Funds will be used to support educational and training materials that will be made available to other AAAs for training their staff on the new program. The ADRC will work with caregivers benefiting from the Title III E Caregiver Program as well as those participating in home delivered meals and other support services. The technology and training materials will assist case managers in providing tools to care givers and clients wishing to stay in the community. Additional support will also be provided through a partnership with the Indiana Respite Coalition as it is available.

ADRC

The Indiana Division of Aging, CICOA (an AAA) and Wishard Memorial Hospital are collaborating on a grant to integrate ADRC care managers from CICOA with the hospital discharge planning function at Wishard Memorial Hospital. The goals of this project are: 1) to

integrate some of Indiana's ADRC care managers into a hospital discharge planning process to provide timely, on-site access to comprehensive options counseling, care management and when appropriate, pre-admission screening; 2) to more effectively coordinate hospital/ADRC planning process to support a more complete consumer/family discharge planning process; 3) to support, at the consumer's/family's option, access to high quality community based long-term care supports with increased discharge to community-based settings and reduced reliance on nursing home care; and 4) when a consumer elects to reside in the community, to ensure linkage with physicians and other health care supports with a goal of preventing hospital readmission or nursing home admission.

The objectives are to: (1) develop a structure for co-location of ADRC care managers at a hospital; (2) develop targeting criteria for consumer/family participation in the project; (3) develop and test procedures, protocols and other processes of care managers involved into the hospital discharge planning process to support the project and the further accomplishment of project goals; (4) develop and implement an evaluation component for the project; and (5) develop a five year ADRC operational plan.

As part of the final activity of the project, ADRCs will receive funding for outreach to hospitals with the goal of implementing the hospital discharge planner/ADRC model. The final dollar amounts have not been announced since the Administration on Aging is releasing funding in a year-by-year basis for each grant and the budgeted amount in the original proposal may be reduced due to economic conditions. In SFY 2009, every AAA was certified as an Aging and Disability Resource Center Program (ADRC). Having this designation allows the AAA/ADRCs to closely integrate ADRC activities with OAA core programs on an ongoing basis.

Evidence-Based Disease and Disability Prevention Program

In 2010, the DA, in partnership with the Indiana State Department of Health, was awarded the National Council on Aging Grant to bring the ARRA Communities Putting Prevention to Work Chronic Disease Self Management Program Grant (CDSMP) program to Indiana to create a statewide network for providing CDSMP. Titled the "Living a Healthy Life Partnership," this project will bring together all the health and wellness efforts being pursued by the AAAs and the State. Several AAAs will use CDSMP as a bridge to programs such as Enhance Fitness and Matter of Balance.

The basic idea of the CDSMP program being housed in the ADRC is to bridge new and existing clients into health and wellness programs as an expansion on III D initiatives that AAAs already engage in. It also serves to attract caregivers in the III E caregiver program as well as congregate meal participants and individuals receiving III B support services. Performance measures for each AAA have been developed by setting a target number of participant completions based on an adaptation of the intrastate funding formula.

Focus Area C (Consumer Control and Choice Efforts)

Indiana uses a person centered planning model for intake and service delivery. Indiana's sixteen Area Agencies on Aging moved to this model with the incorporation of the ADRCs. Indiana's person centered philosophy:

Person-Centered Planning shall be used as a method to incorporate the specific interests, needs, and desires of a client into their overall service planning. At all times a client shall be treated with respect and given a clear explanation of the services or options available to them. It also includes listening to the client and helping them set goals outside of their service plan. The tracking and documentation of goal progression and other meaningful events is critical to ensuring the client's desires remain a valued part of the service planning and delivery process.

The Division of Aging provides for consumer choice regarding case management and services. Consumers receive "pick-lists" that are randomly populated each time the list is run so that the consumer can review the list and pick their provider choice.

The Division of Aging currently offers two consumer directed attendant care programs: A&D Waiver and CHOICE. Both programs are governed by Indiana Administrative Code. The consumer directed care programs are very similar in design. The client is the hiring agent in charge of employing and directing their own care.

The Consumer Satisfaction Surveys and Provider Surveys will be instrumental in 2011-2012 to determining where the program needs improvement. This analysis of the program and the tools developed from the CLP grant will assist the Division of Aging and AAA/ADRCs in developing policy and procedures that will open the program for future growth. The consumer surveys also assess the level of involvement consumers have in their care planning and service provision.

The DA also wishes to expand Adult Day Service, Adult Foster Care, and Assisted Living for consumers. This entails the addition of providers to rural areas statewide. It also requires a comprehensive education campaign to educate case managers and options counselors on these services in place of nursing facility placement.

FY 2011 State Plan Guidance
Attachment A
STATE PLAN ASSURANCES, REQUIRED ACTIVITIES AND INFORMATION REQUIREMENTS
Older Americans Act, As Amended in 2006

By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances, required activities and information requirements as stipulated in the Older Americans Act, as amended in 2006.

ASSURANCES

Sec. 305(a) - (c), ORGANIZATION

(a)(2)(A) The State agency shall, except as provided in subsection (b)(5), designate for each such area (planning and service area) after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area.

(a)(2)(B) The State agency shall provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan.

(a)(2)(E) The State agency shall provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan;

(a)(2)(F) The State agency shall provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16).

(a)(2)(G)(ii) The State agency shall provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals and older individuals residing in rural areas.

(c)(5) In the case of a State specified in subsection (b)(5), the State agency and area agencies shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area.

States must assure that the following assurances (Section 306) will be met by its designated area agencies on agencies, or by the State in the case of single planning and service area states.

Sec. 306(a), AREA PLANS

(2) Each area agency on aging shall provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services-

(A) services associated with access to services (transportation, health services (including mental health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible), and case management services);

(B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance;

and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded.

(4)(A)(i)(I) provide assurances that the area agency on aging will—

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of subclause (I);

(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

(4)(A)(iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each area agency on aging shall--

(I) identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;

(II) describe the methods used to satisfy the service needs of such minority older individuals; and
(III) provide information on the extent to which the area agency on aging met the objectives described in clause (a)(4)(A)(i).
(4)(B)(i) Each area agency on aging shall provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on--
(I) older individuals residing in rural areas;
(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
(IV) older individuals with severe disabilities;
(V) older individuals with limited English proficiency;
(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
(VII) older individuals at risk for institutional placement; and
(4)(C) Each area agency on agency shall provide assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.
(5) Each area agency on aging shall provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities.
(6)(F) Each area agency will:
in coordination with the State agency and with the State agency responsible for mental health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the area agency on aging with mental health services provided by community health centers and by other public agencies and nonprofit private organizations;
(9) Each area agency on aging shall provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title.
(11) Each area agency on aging shall provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including-
(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will

pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and
(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.
(13)(A) Each area agency on aging shall provide assurances that the area agency on aging will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.
(13)(B) Each area agency on aging shall provide assurances that the area agency on aging will disclose to the Assistant Secretary and the State agency--
(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and
(ii) the nature of such contract or such relationship.
(13)(C) Each area agency on aging shall provide assurances that the area agency will demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships.
(13)(D) Each area agency on aging shall provide assurances that the area agency will demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships.
(13)(E) Each area agency on aging shall provide assurances that the area agency will, on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals.
(14) Each area agency on aging shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.
(15) provide assurances that funds received under this title will be used-
(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and
(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

Sec. 307, STATE PLANS

(7)(A) The plan shall provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract.

(7)(B) The plan shall provide assurances that--

(i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;

(ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and

(iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

(9) The plan shall provide assurances that the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2000, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2000.

(10) The plan shall provide assurance that the special needs of older individuals residing in rural areas will be taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

(11)(A) The plan shall provide assurances that area agencies on aging will--

(i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;

(ii) include in any such contract provisions to assure that any recipient of funds under division (A) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and

(iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

(11)(B) The plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

(11)(D) The plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals;
(11)(E) The plan contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.
(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals, the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for--
(A) public education to identify and prevent abuse of older individuals;
(B) receipt of reports of abuse of older individuals;

(C) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and
(D) referral of complaints to law enforcement or public protective service agencies where appropriate.
(13) The plan shall provide assurances that each State will assign personnel (one of whom shall be known as a legal assistance developer) to provide State leadership in developing legal assistance programs for older individuals throughout the State.
(14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—

(A) identify the number of low-income minority older individuals in the State, including the number of low income minority older individuals with limited English proficiency; and

(B) describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.
(15) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area—
(A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and
(B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include--
(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and

(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.
(16) The plan shall provide assurances that the State agency will require outreach efforts that will—
(A) identify individuals eligible for assistance under this Act, with special emphasis on—
(i) older individuals residing in rural areas;
(ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas;
(iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas;
(iv) older individuals with severe disabilities;
(v) older individuals with limited English-speaking ability; and
(vi) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
(B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.
(17) The plan shall provide, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.
(18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who--
(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;
(B) are patients in hospitals and are at risk of prolonged institutionalization; or
(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.
(19) The plan shall include the assurances and description required by section 705(a).
(20) The plan shall provide assurances that special efforts will be made to provide technical assistance to minority providers of services.
(21) The plan shall
(A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and
(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by

the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.

(22) If case management services are offered to provide access to supportive services, the plan shall provide that the State agency shall ensure compliance with the requirements specified in section 306(a)(8).

(23) The plan shall provide assurances that demonstrable efforts will be made--

(A) to coordinate services provided under this Act with other State services that benefit older individuals; and

(B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs.

(24) The plan shall provide assurances that the State will coordinate public services within the State to assist older individuals to obtain transportation services associated with access to services provided under this title, to services under title VI, to comprehensive counseling services, and to legal assistance.

(25) The plan shall include assurances that the State has in effect a mechanism to provide for quality in the provision of in-home services under this title.

(26) The plan shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency or an area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

(27) The plan shall provide assurances that area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

Sec. 308, PLANNING, COORDINATION, EVALUATION, AND ADMINISTRATION OF STATE PLANS

(b)(3)(E) No application by a State under subparagraph (b)(3)(A) shall be approved unless it contains assurances that no amounts received by the State under this paragraph will be used to hire any individual to fill a job opening created by the action of the State in laying off or terminating the employment of any regular employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph.

Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS (as numbered in statute)

(1) The State plan shall provide an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter.

(2) The State plan shall provide an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle.
(3) The State plan shall provide an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights.
(4) The State plan shall provide an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter.
(5) The State plan shall provide an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).
(6) The State plan shall provide an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—
(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for--
(i) public education to identify and prevent elder abuse;
(ii) receipt of reports of elder abuse;
(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and
(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;
(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and
(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--
(i) if all parties to such complaint consent in writing to the release of such information;
(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or
(iii) upon court order

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REQUIRED ACTIVITIES

Sec. 307(a) STATE PLANS

(1)(A)The State Agency requires each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and

(B) The State plan is based on such area plans.

Note: THIS SUBSECTION OF STATUTE DOES NOT REQUIRE THAT AREA PLANS BE DEVELOPED PRIOR TO STATE PLANS AND/OR THAT STATE PLANS DEVELOP AS A COMPILATION OF AREA PLANS.

(2) The State agency:

(A) evaluates, using uniform procedures described in section 202(a)(26), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;

(B) has developed a standardized process to determine the extent to which public or private programs and resources (including Department of Labor Senior Community Service Employment Program participants, and programs and services of voluntary organizations) have the capacity and actually meet such need;

(4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas). *Note: "Periodic" (defined in 45CFR Part 1321.3) means, at a minimum, once each fiscal year.*

(5) The State agency:

(A) affords an opportunity for a public hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;

(B) issues guidelines applicable to grievance procedures required by section 306(a)(10); and

(C) affords an opportunity for a public hearing, upon request, by an area agency on aging, by a provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under Section 316.

(6) The State agency will make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports.

(8)(A) No supportive services, nutrition services, or in-home services are directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency--

(i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;

(ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or

(iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.

INFORMATION REQUIREMENTS

Section 102(19)(G) – (required only if the State funds in-home services not already defined in Sec. 102(19))

The term "in-home services" includes other in-home services as defined by the State agency in the State plan submitted in accordance with Sec. 307.

Section 305(a)(2)(E)

provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan;

Section 306(a)(17)

Each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.

Section 307(a)

(2) The plan shall provide that the State agency will:

(C) Specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under sections 306

(c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2) *(Note: those categories are access, in-home, and legal assistance).*

Section (307(a)(3)

The plan shall:

(A) include (and may not be approved unless the Assistant Secretary approves) the statement and demonstration required by paragraphs (2) and (4) of section 305(d) (concerning distribution of funds); *(Note: the "statement and demonstration" are the numerical statement of the intrastate*

funding formula, and a demonstration of the allocation of funds to each planning and service area)
(B) with respect to services for older individuals residing in rural areas:
(i) provide assurances the State agency will spend for each fiscal year of the plan, not less than the amount expended for such services for fiscal year 2000.
(ii) identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services).

(iii) describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.

Section 307(a)(8)) (Include in plan if applicable)

(B) Regarding case management services, if the State agency or area agency on aging is already providing case management services (as of the date of submission of the plan) under a State program, the plan may specify that such agency is allowed to continue to provide case management services.
(C) The plan may specify that an area agency on aging is allowed to directly provide information and assistance services and outreach.

Section 307(a)(10)

The plan shall provide assurance that the special needs of older individuals residing in rural areas are taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

Section 307(a)(21)

The plan shall:
(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title *(title III),* if applicable, and specify the ways in which the State agency intends to implement the activities .

Section 307(a)(28)

(A) The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State's statewide service delivery model, for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.
(B) Such assessment may include—
(i) the projected change in the number of older individuals in the State;

(ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;
(iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and
(iv) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive services.

Section 307(a)(29)

The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.

Section 307(a)(30)

The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.

Section 705(a)(7)

In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307:
(7) a description of the manner in which the State agency will carry out this title in accordance with the assurances described in paragraphs (1) through (6). *(Note: Paragraphs (1) of through (6) of this section are listed below)*
In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307:
(1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;
(2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;
(3) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;
(4) an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;
(5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5);

(6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3--
(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for:
(i) public education to identify and prevent elder abuse;
(ii) receipt of reports of elder abuse;
(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and
(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;
(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and
(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--
(i) if all parties to such complaint consent in writing to the release of such information;
(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or
(iii) upon court order.

Faith Lavid, Dir. of Division of Aging 6-25-10

Signature and Title of Authorized Official Date

Intrastate Distribution of Funds

Funds received under Title III of the Older Americans Act, as amended, are distributed within the state in accordance with a formula that addresses the geographical distribution of older individuals with the greatest economic or social needs, with particular attention to low-income minority older individuals and those residing in rural areas. After allocating a base of $120,000 to each planning and service area, the formula incorporates factors that consider economic and social need and low-income minority status based on statistical and demographic data. The table below illustrates the formula factors for the distribution of the funding.

Funding Formula Factors for OAA Title III

Formula Factors for Distribution by Planning and Service Area			
Factor	**Weight**	**Data Source**	**Purpose**
Share of population 60 and older	30%	2000 U. S. Census	Reflect the geographical distribution of older individuals within the state. OAA Section 305(a)(2)(C)(i)
Share of population 60 and older below poverty level	45%	2000 U. S. Census	Reflect the state's population of older individuals with greatest economic need. OAA Section 305(a)(2)(C)(ii)
Share of minority population 60 and older below poverty level	5%	2000 U. S. Census	Reflect the state's minority population of older individuals with greatest economic need. OAA Section 305(a)(2)(C)(ii)
Share of population 60 and older residing in rural areas	10%	2000 U. S. Census	Reflect state's population of older individuals residing in rural areas. OAA Section 307(a)(10)
Share of minority population 60 and older	5%	2000 U. S. Census and Indiana Department of Health	Reflect the state's minority population of older individuals with greatest social need. OAA Section 305(a)(2)(C)(ii)
Share of population 60 and older with limitations of activities of daily living.	5%	2000 U. S. Census and Indiana Department of Health	Reflect the proportion of older individuals with greatest need for services. OAA Section 305(a)(2)(C)(i)

State of Indiana
Title III
State Fiscal Year Ended June 30, 2010

		(from page 1) Total Amount	Less Base	Amount to be Allocated
Administration	III A - 3100	2,309,082		
Support Services	III B - 3101	6,602,014		
Congregate	III C-1 - 3102	7,987,929		
Home Delivered	III C-2 - 3103	4,057,236		
		20,956,261		20,956,261
Preventive Health	III D - 3104	445,201		445,201
Family Caregiver	III E - 3105	2,909,755		2,909,755
		-		-
		24,311,217	-	24,311,217

APPLICATION OF FUNDING FORMULA

ALLOCATION OF OLDER AMERICANS FUNDS	DISTRIBUTION BY WEIGHT	
CATEGORY	PERCENT ALLOCA.	DOLLAR ALLOCA.
60+(30%)	30.00%	$6,286,878
60+ < POVERTY(45%)	45.00%	9,430,318
60+ MINOR. < POVERTY(5%)	5.00%	1,047,813
60+ RURAL(10%)	10.00%	2,095,626
60+ MINORITY(5%)	5.00%	1,047,813
60+ ADL LIMITED(5%)	5.00%	1,047,813
TOTALS	100.00%	$20,956,261

INTRASTATE FUNDING FORMULA

1. DETERMINATION OF FUNDING FACTOR OF EACH AREA AGENCY ON AGING

FF=(.3X(a/A)+.45X(b/B)+.05X(c/C)+.1X(d/D)+.05X(e/E)+.05X(f/F))

2. APPLICATION OF FUNDING FACTOR IN ALLOCATION OF FUNDS FOR IIIA, IIIB, IIIC1, IIIC2, AND IIID PER AREA AGENCY.

N=FF*(x-l)+l

IF N>1.05P OR N<.95P, THEN N=1.05P OR N=.95P

3. EXCESS DUE TO APPLICATION OF 5% IS DISTRIBUTED AMONG REMAINING AGENCIES ON PRO RATED BASIS.

LEGEND

	CENSUS CODES	
CATEGORY	STATE	AREA
60+(30%)	A	a
60+ < POVERTY(45%)	B	b
60+ MINOR. < POVERTY(5%)	C	c
60+ RURAL(10%)	D	d
60+ MINORITY(5%)	E	e
60+ ADL LIMITED(5%)	F	f
ALLOCATION-MINUS BASE	X	x
FUNDING FACTOR	FF	
PRIOR YEAR AMOUNT	P	
NEW YEAR AMOUNT	N	
FUNDING BASE	L	l

TITLE III FY 2009-10
DISTRIBUTION
FUNDING FORMULA CALCULATION

AREA	III - A, B, C1 & C2 Allocated Note A	Base	Total	BREAKDOWN OF III-A, B, C1, C2 III-A 11%	III-B 32%	III-C1 38%	III-C2 19%	TOTAL 100%
1	2,845,938		2,845,938	313,582	896,578	1,084,790	550,988	2,845,938
2	2,204,564		2,204,564	242,912	694,521	840,317	426,814	2,204,564
3	1,786,872		1,786,872	196,888	562,932	681,105	345,947	1,786,872
4	910,486		910,486	100,323	286,837	347,051	176,275	910,486
5	906,328		906,328	99,864	285,528	345,466	175,470	906,328
6	1,688,216		1,688,216	186,017	531,852	643,500	326,847	1,688,216
7	961,935		961,935	105,992	303,046	366,662	186,235	961,935
8	4,194,518		4,194,518	462,176	1,321,432	1,598,831	812,079	4,194,518
9	659,422		659,422	72,659	207,743	251,353	127,667	659,422
10	338,984		338,984	37,351	106,793	129,211	65,629	338,984
11	721,370		721,370	79,485	227,259	274,966	139,661	721,370
12	450,051		450,051	49,589	141,783	171,547	87,132	450,051
13	908,382		908,382	100,091	286,175	346,249	175,867	908,382
14	644,766		644,766	71,044	203,126	245,766	124,830	644,766
15	546,187		546,187	60,182	172,070	208,191	105,744	546,187
16	1,188,242		1,188,242	130,927	374,341	452,924	230,050	1,188,242
TOTALS	20,956,261		20,956,261	2,309,082	6,602,014	7,987,929	4,057,236	20,956,261

State of Indiana
Title VII & State Ombudsman Funding
State Fiscal Year Ended June 30, 2010

AREA AGENCY	BED COUNT		Title VII	State AL Program	Total
			$ 324,175	$ 160,000	$ 484,175
1	5,400	8.16%	26,443	13,051	39,494
2	6,874	10.38%	33,661	16,614	50,274
3	7,832	11.83%	38,352	18,929	57,281
4	3,414	5.16%	16,718	8,251	24,969
5	3,137	4.74%	15,361	7,582	22,943
6	5,059	7.64%	24,773	12,227	37,000
7	2,406	3.63%	11,782	5,815	17,597
8	15,397	23.26%	75,396	37,213	112,609
9	2,008	3.03%	9,833	4,853	14,686
10	1,009	1.52%	4,941	2,439	7,380
11	1,871	2.83%	9,162	4,522	13,684
12	1,392	2.10%	6,816	3,364	10,181
13	2,328	3.52%	11,400	5,627	17,026
14	2,789	4.21%	13,657	6,741	20,398
15	1,296	1.96%	6,346	3,132	9,479
16	3,989	6.03%	19,533	9,641	29,174
TOTALS	66,201	100.00%	$ 324,175	$ 160,000	$ 484,175

Ombudsman bed counts obtained from Arlene Franklin April 09

Guidance from AOA refers to distribution based on long term care beds Note also 3% of Title III B support activities are used for Ombudsman - this is a MOE a certain dollar amount must be maintained. But contract reflects it as a %.

Indiana's AdvantAGE Survey 2008

Indiana received an AoA Planning Grant to do a statewide survey of the elderly population in Indiana. Indiana University was the partner responsible for managing the survey conducted by International Communications Research (ICR). The telephone survey sample consisted of individuals residing in fifteen of the sixteen planning and service areas and five of the neighborhood naturally occurring retirement communities (NORCs). In total there were 4,969 respondents age 60 and older.

In-depth analysis and information regarding the survey can be found at www.indianaaging.org.

ADVANTAGE INITIATIVE COMMUNITY SURVEY IN INDIANA 2008

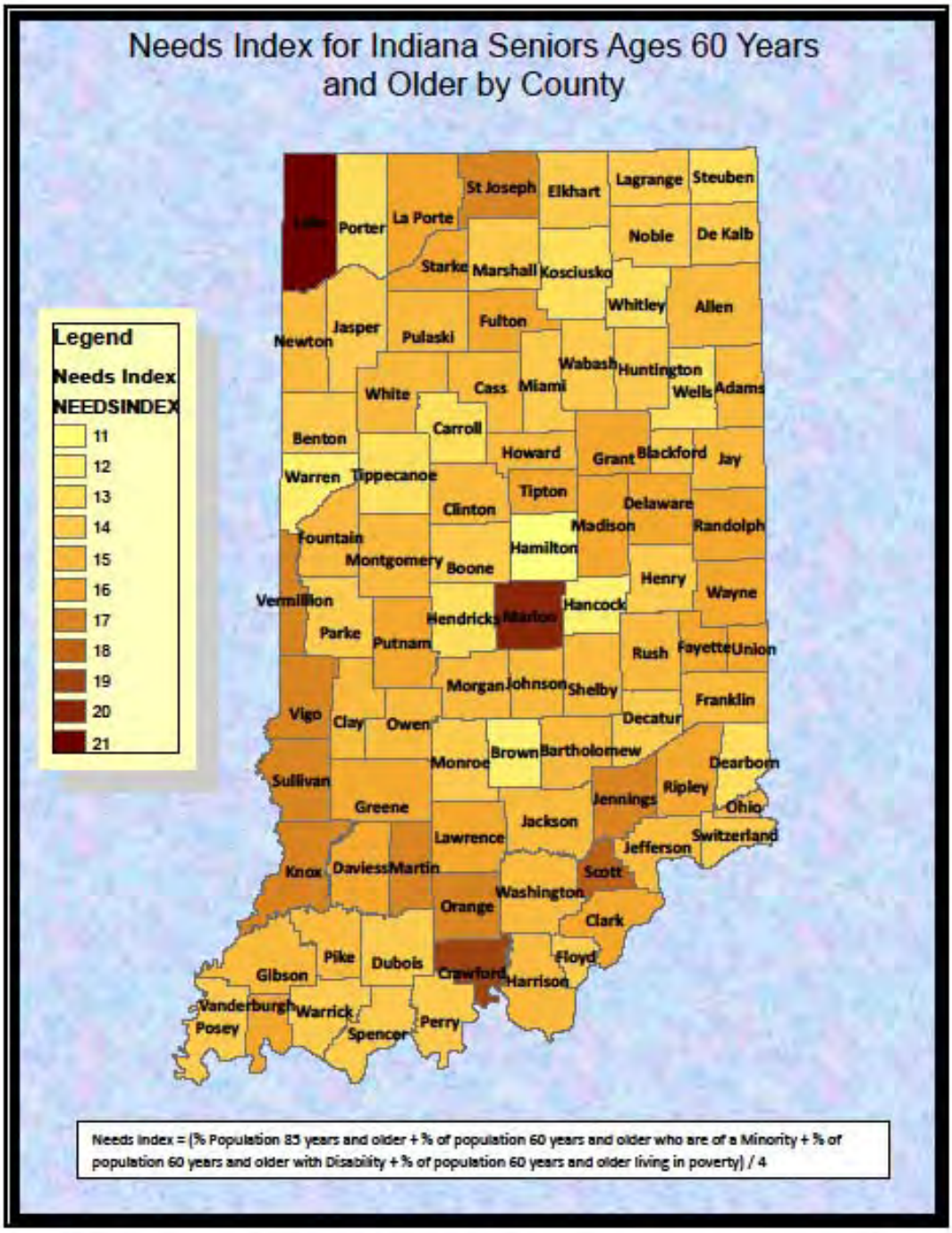
Demographic Characteristics of Community Dwelling Population Age 60 and Older

Sample Size (Unweighted N) [1] **Population Size (Weighted N)** [2]	**4,509 973,489**
	Percent (%) [3]
Gender	
Male	43
Female	57
Age	
60-64	25
65-74	40
75 and older	36
Race	
White Non-Hispanic	90
All others[4]	9
Marital Status	
Married	56
Not married	43
Education	
High school or less	51
Some college or higher	49
Health Status	
Excellent/very good/good	81
Fair/poor/very poor	19
Activities of Daily Living (ADL) Limitations	
None	94
One or more	6
Instrumental Activities of Daily Living (IADL) Limitations	
None	88
One or more	12
ADL or IADL Limitations	
None	86
One or more	14
Household Type	
Lives alone	36
Lives with others	63
Number of Living Children	
None	8
One or more	92
Own/Rent Home	
Own	87
Rent	11
Number of Years in the Community	
Less than 10	12
10 or more	87
Number of Friends in the Community	
None	26
Some/quite a few/nearly all	74
Employment Status	
Working full time/part time	27
Not working	73

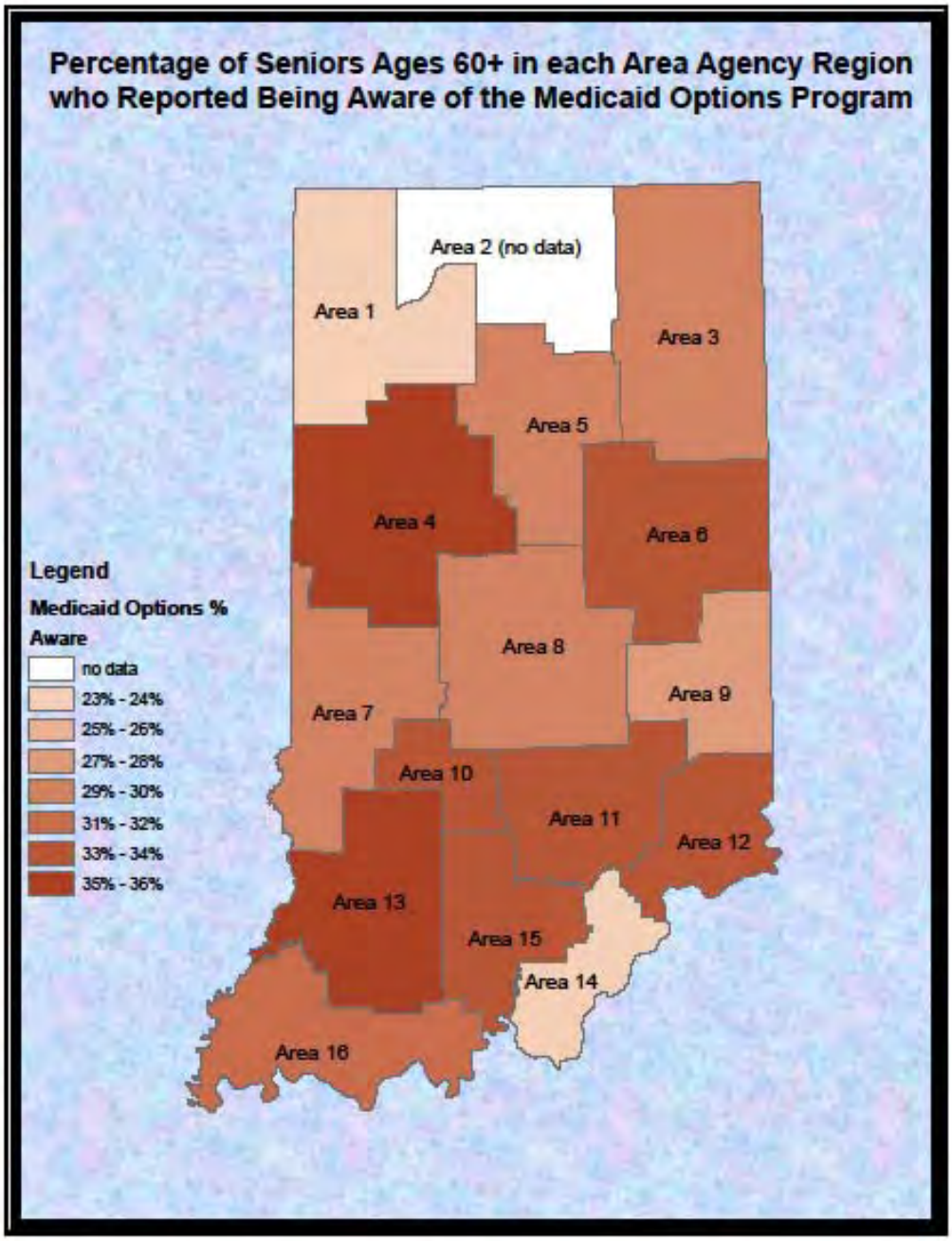
Source: *AdvantAge Initiative Community Survey in Indiana, 2008.*

Note: Percentages may not add up to 100% due to rounding and/or missing information.

[1] The unweighted N represents the actual number of adults age 60 and older interviewed.
[2] The weighted N represents the non-institutional population of adults aged 60 and older in Indiana, and is based on Claritas data. See the methodology for more information about how the weighted estimate was obtained.
[3] All percentages are based on the weighted N.
[4] All others includes Hispanic of any race, Black or African-American, American Indian or Alaska Native, Asian,
Native Hawaiian or other Pacific Islander, other, and mixed race.



*Index calculated by the National Association of State Units of Aging (http://www.nasua.org/resources/nasua_reports.html) using data from the US Census Bureau, Census 2000. This map was produced by Frank Marshalek (fmarshal@indiana.edu) using ArcGIS 9.2 at the Indiana Institute for Disability and Community, Center for Aging and Community as a supplement to the *AdvantAge Initiative 2008*.



The data provided in this chart are drawn from the *AdvantAge Initiative 2008 Community Survey of Adults Aged 60 and Older*, conducted in 15 service areas and 3 supplemental areas in the state of Indiana - a stratified random digit dial (RDD) telephone survey of a representative sample of 4,969 non-institutional adults aged 60 and older, with sample sizes ranging from 300 to 303 for each Area Agency Region. Area 2 results are not reflected on the chart (including the counties of Elkhart, Kosciusko, LaPorte, Marshall and St. Joseph). The area was surveyed during a different time period (2005) for a different cohort (65+) and, therefore, results are not comparable. To view comprehensive survey results, visit www.agingindiana.org. The map was produced by Frank Marshalek using ArcGIS 9.2.

ADDRESSES BASIC NEEDS

Affordable housing is available to community residents

- Figs. 2.1-2.3. Percentage of people age 60+ who want to remain in their current residence and are confident they will be able to afford to do so

Housing is modified to accommodate mobility and safety

- Figs. 3.1-3.4. Percentage of householders age 60+ in housing units with home modification needs

The neighborhood is livable and safe

- Figs. 4.1-4.3. Percentage of people age 60+ who feel safe/unsafe in their neighborhood
- Figs. 5.1-5.9. Percentage of people age 60+ who report few/multiple problems in the neighborhood
- Figs. 6.1-6.3. Percentage of people age 60+ who are satisfied with the neighborhood as a place to live

People have enough to eat

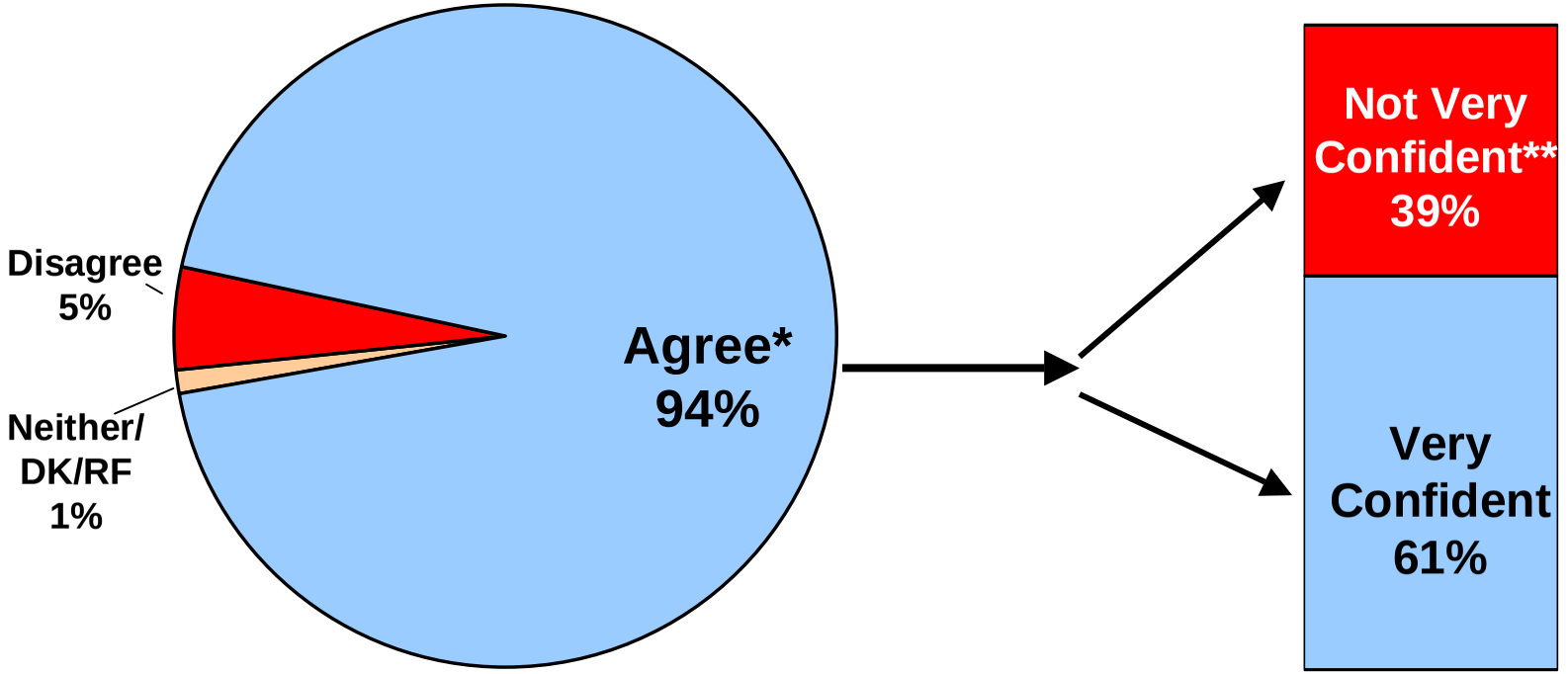
- Fig. 7.1. Percentage of people age 60+ who report cutting the size of or skipping meals due to lack of money

Assistance services are available and residents know how to access them

- Figs. 8.1-8.3. Percentage of people age 60+ who do not know whom to call if they need information about services in their community
- Figs. 9.1-9.3. Percentage of people age 60+ who are aware/unaware of selected services in their community
- Figs. 10.1-10.5. Percentage of people age 60+ with adequate assistance in ADL and/or IADL activities

Figure 2.1, Indiana§

Percentage of people age 60+ who want to remain in their current residence and are confident they will be able to afford to do so



We asked respondents whether they agree or disagree with the following statement: "*What I'd really like to do is stay in my current residence for as long as possible.*"

For people who answered *"agree"* we calculated the percentage of adults age 60+ who were very confident/not very confident that they will be able to afford to live in their current residence for as long as they would like.

Note: Percentages may not add up to 100% due to rounding and/or missing information.
*Agree includes those who said Strongly agree or Somewhat agree.
**Not Very Confident includes those who said Somewhat confident, Not too confident, Not confident at all, Don't know, or Refused.

§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

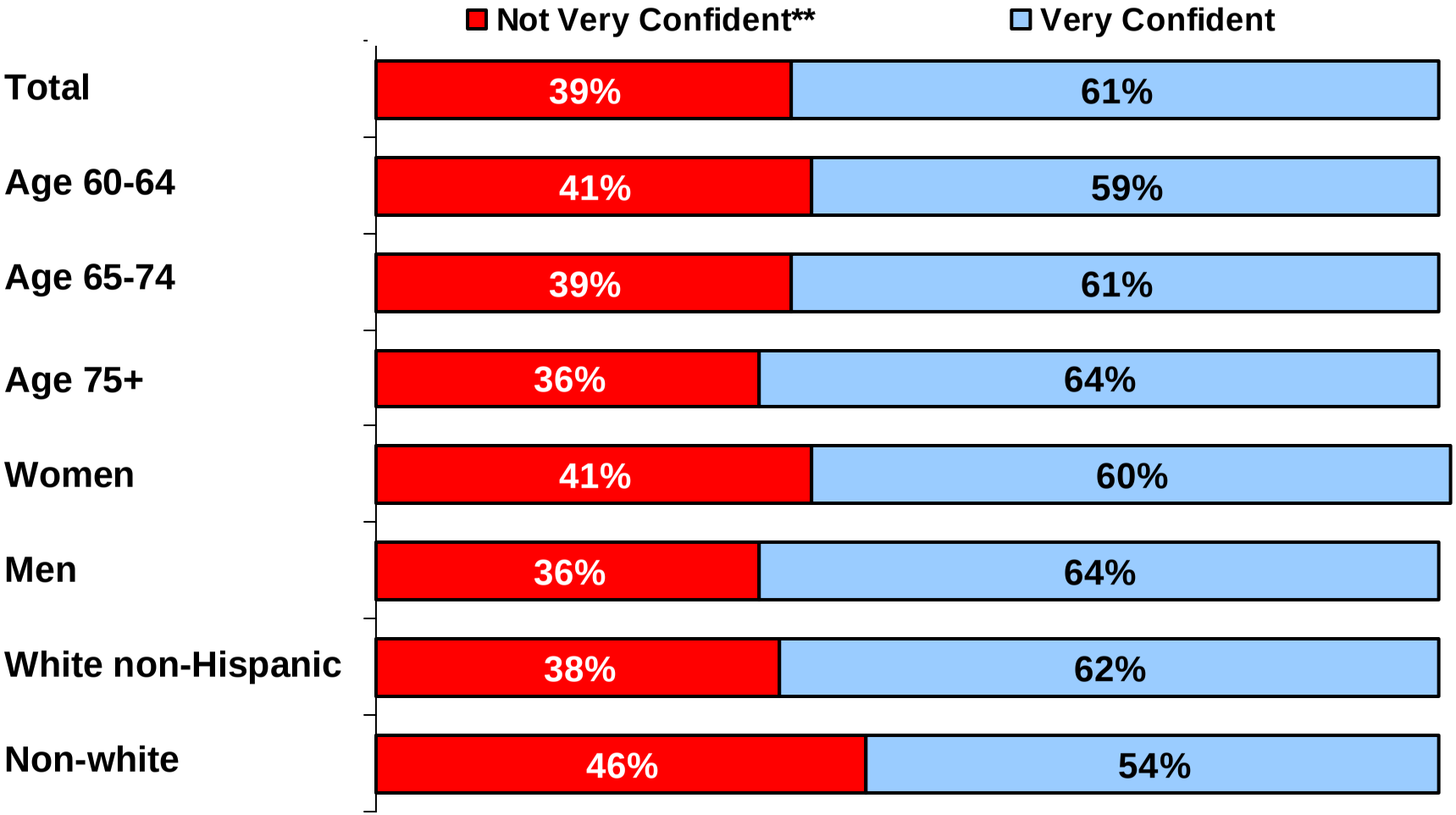
Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
Improving Communities for an Aging Society

Figure 2.2, Indiana§

Percentage of people age 60+ who want to remain in their current residence and are confident they will be able to afford to do so,* by demographics



Note: Percentages may not add up to 100% due to rounding and/or missing information.

Unweighted N=4,272
Weighted N=918,078

*Base includes those who want to remain in their current residence for as long as possible.
**Not Very Confident includes those who said Somewhat confident, Not too confident, Not confident at all, Don't know, or Refused.
§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

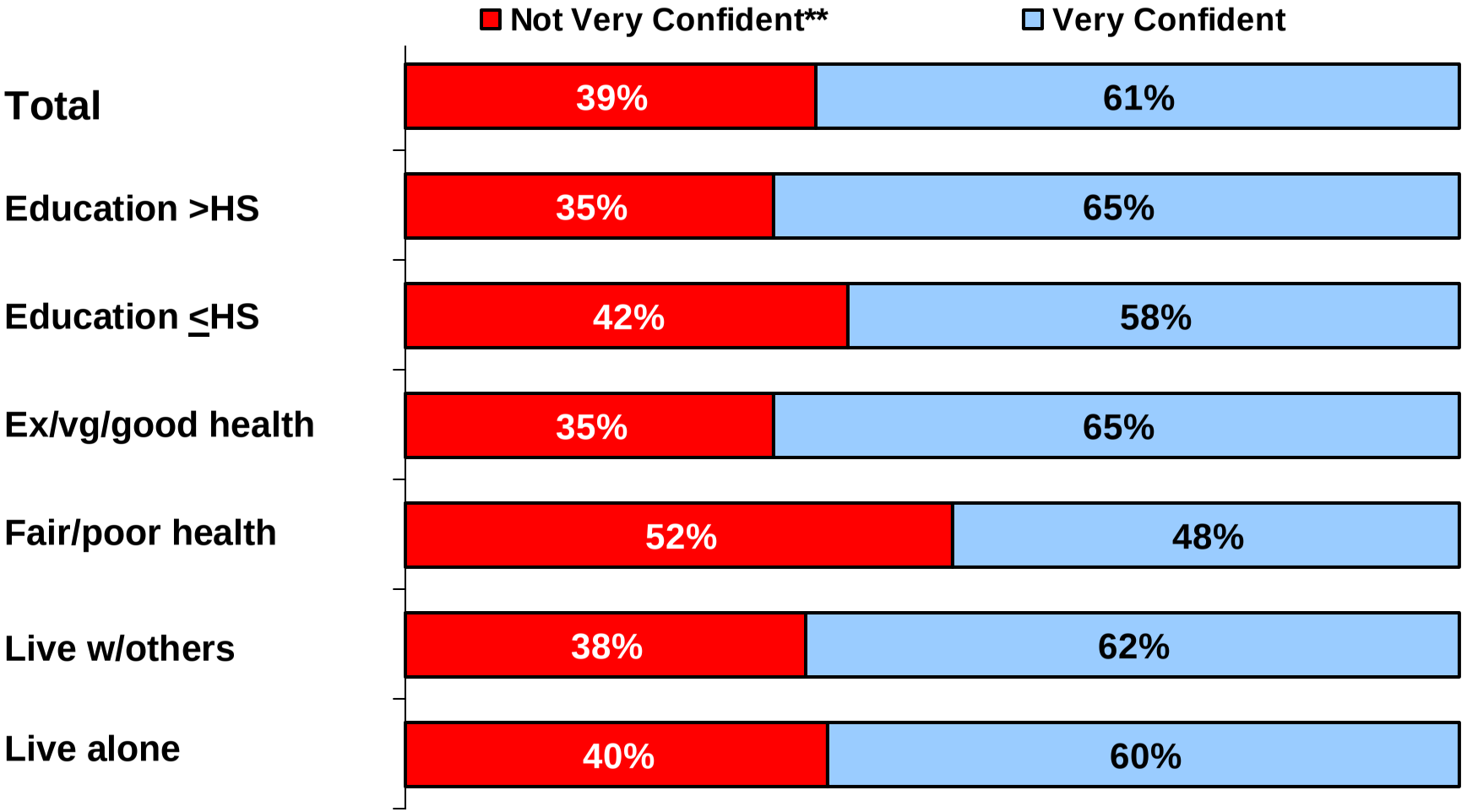
Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
Improving Communities for an Aging Society

Figure 2.3, Indiana§

Percentage of people age 60+ who want to remain in their current residence and are confident they will be able to afford to do so,* by demographics (cont'd)



Note: Percentages may not add up to 100% due to rounding and/or missing information.

Unweighted N=4,272
Weighted N=918,078

*Base includes those who want to remain in their current residence for as long as possible.
**Not Very Confident includes those who said Somewhat confident, Not too confident, Not confident at all, Don't know, or Refused.
§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

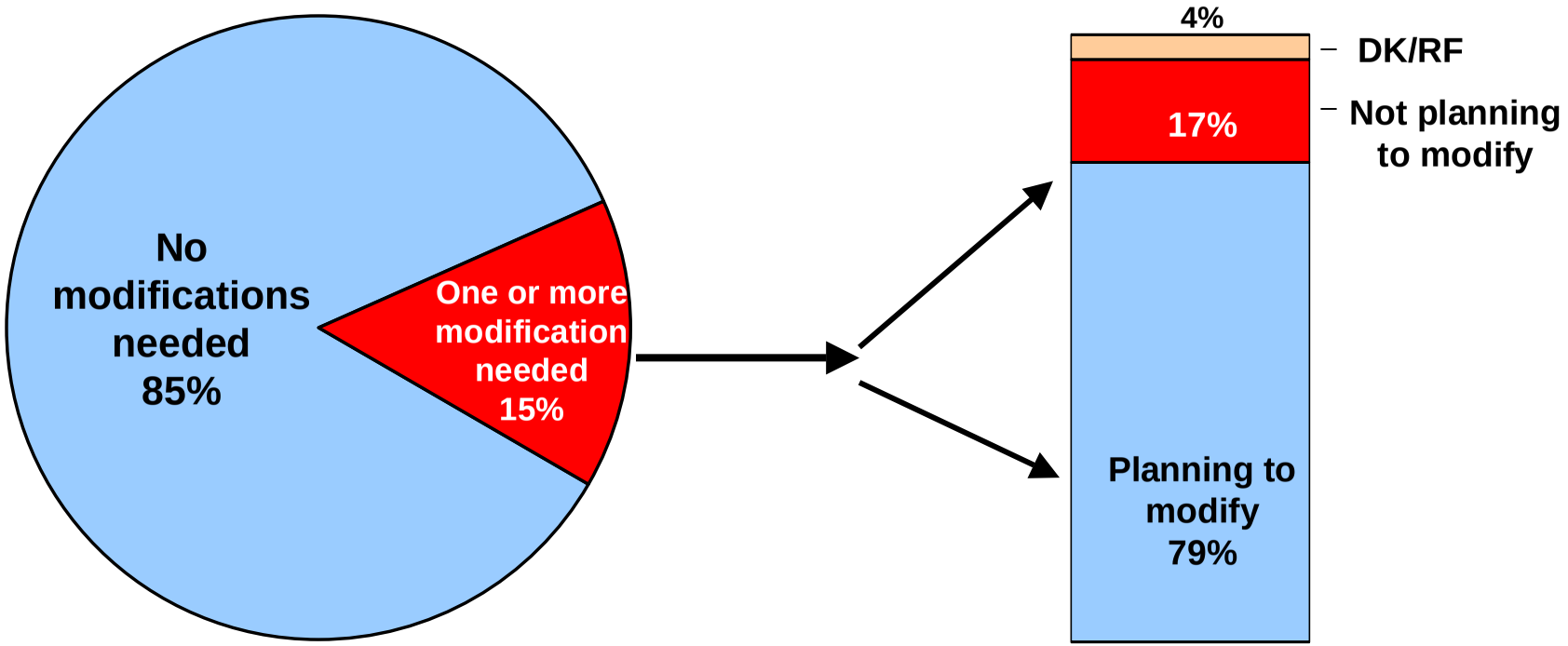
Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
Improving Communities for an Aging Society

Figure 3.1, Indiana§

Percentage of householders age 60+ in housing units with home modification needs*



Unweighted N=4,509
Weighted N=973,489

Unweighted N=667
Weighted N=147,283

*People were asked whether their current residence needs any significant repairs, modifications, or changes to improve their ability to live there over the next five years.

*People who said that their homes need modification were asked if they plan to make the change over the next five years.

Note: Percentages may not add up to 100% due to rounding and/or missing information.

§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

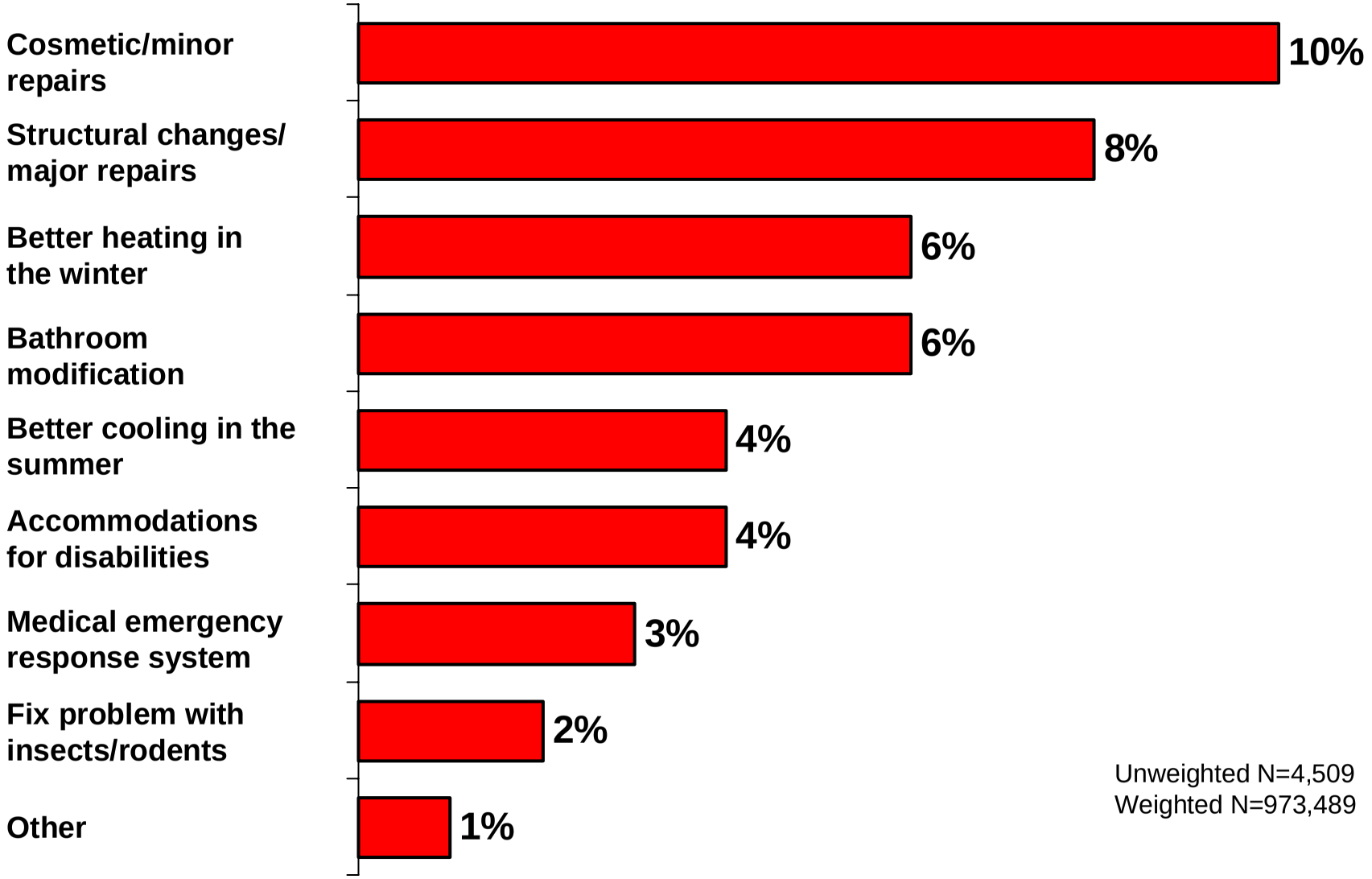
Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
Improving Communities for an Aging Society

Figure 3.2, Indiana§

Type of modification needed



Unweighted N=4,509
Weighted N=973,489

§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

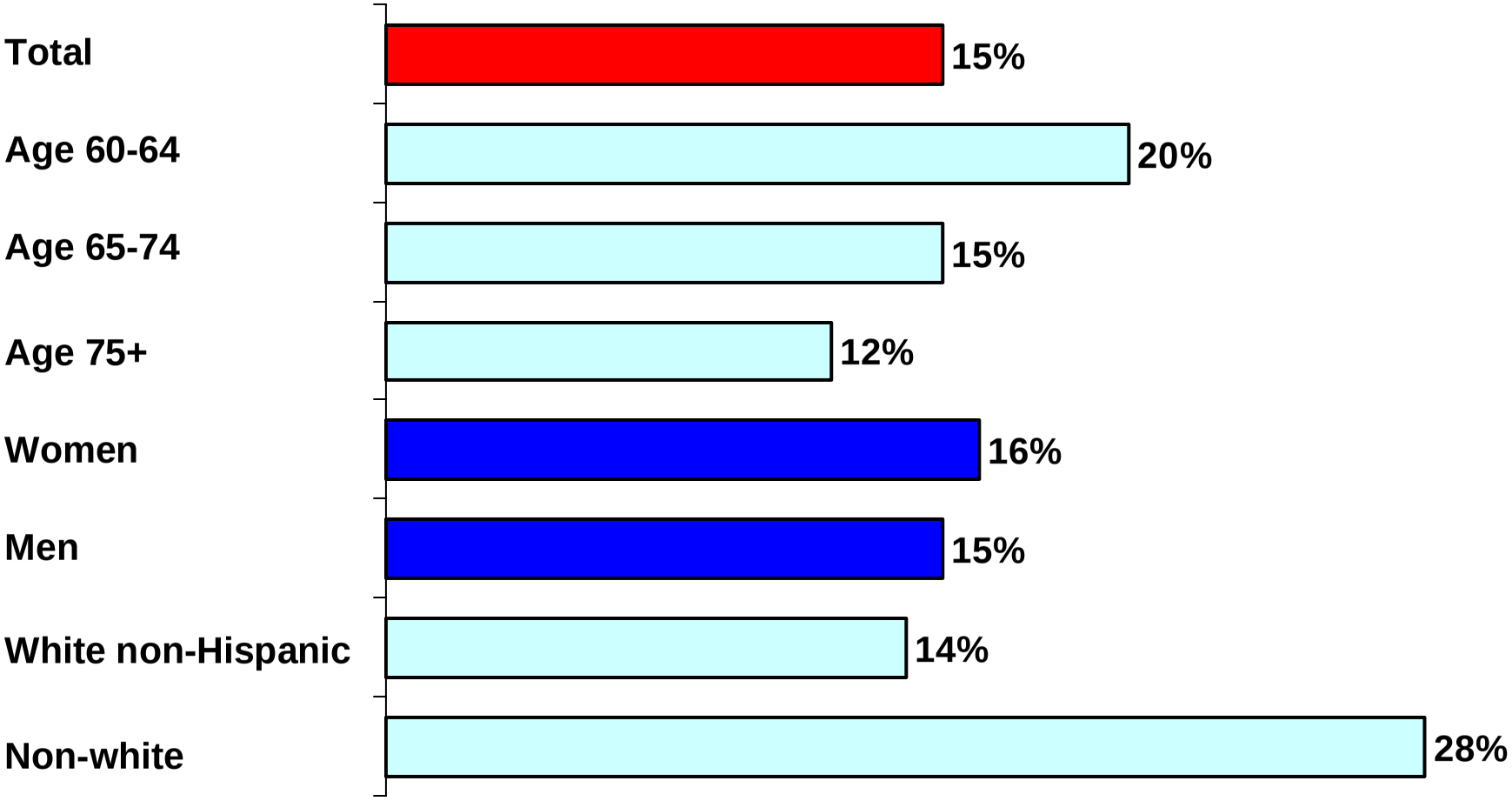
Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
Improving Communities for an Aging Society

Figure 3.3, Indiana§

Percentage of householders age 60+ in housing units with home modification needs,* by demographics



Unweighted N= 4,509
Weighted N= 973,489

*People were asked whether their current residence needs any significant repairs, modifications, or changes to improve their ability to live there over the next five years.

§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

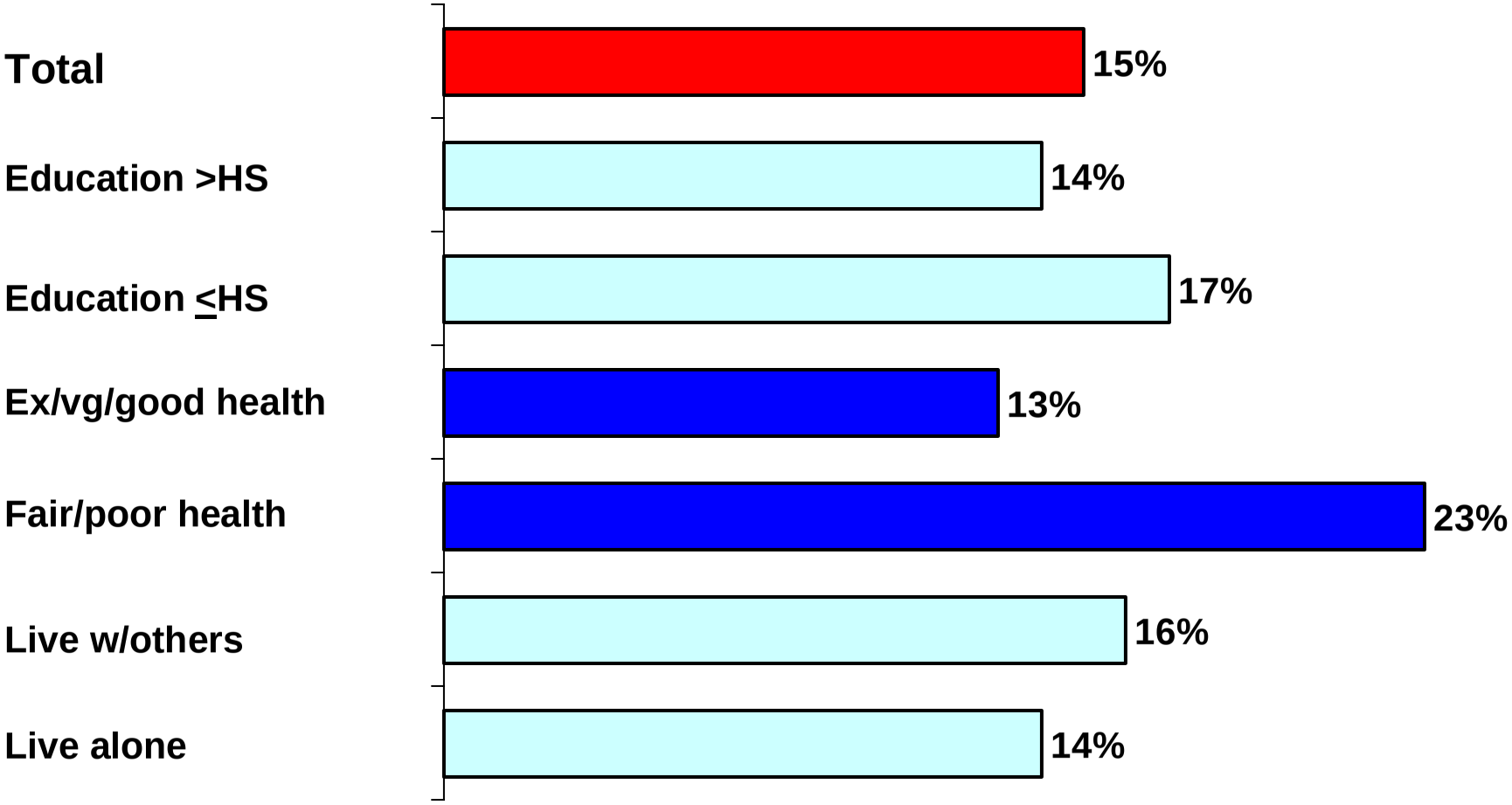
Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
Improving Communities for an Aging Society

Figure 3.4, Indiana§

Percentage of householders age 60+ in housing units with home modification needs,* by demographics (cont'd)



Unweighted N= 4,509
Weighted N= 973,489

*People were asked whether their current residence needs any significant repairs, modifications, or changes to improve their ability to live there over the next five years.

§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

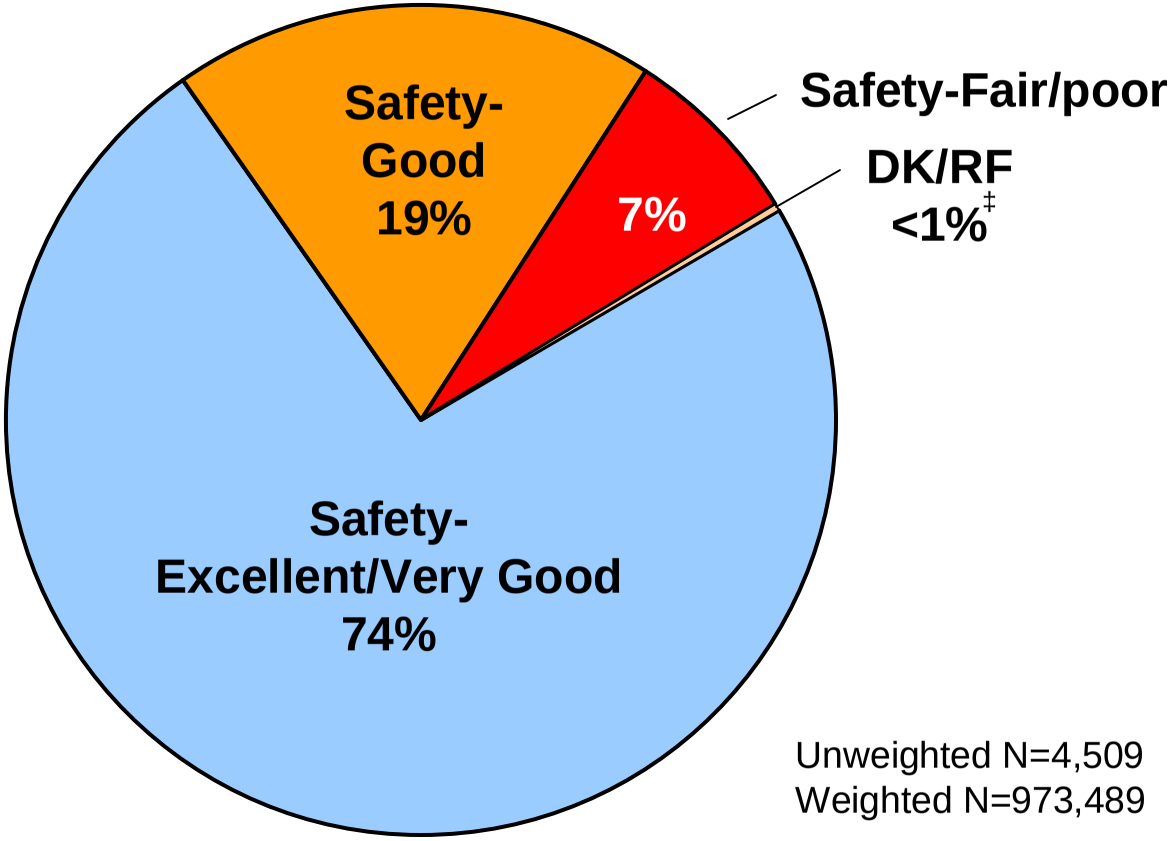
Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
Improving Communities for an Aging Society

Figure 4.1, Indiana§

Percentage of people age 60+ who feel safe/unsafe in their neighborhood*



Note: Percentages may not add up to 100% due to rounding and/or missing information.

*People were asked whether safety in their neighborhood is excellent, very good, good, fair, or poor.

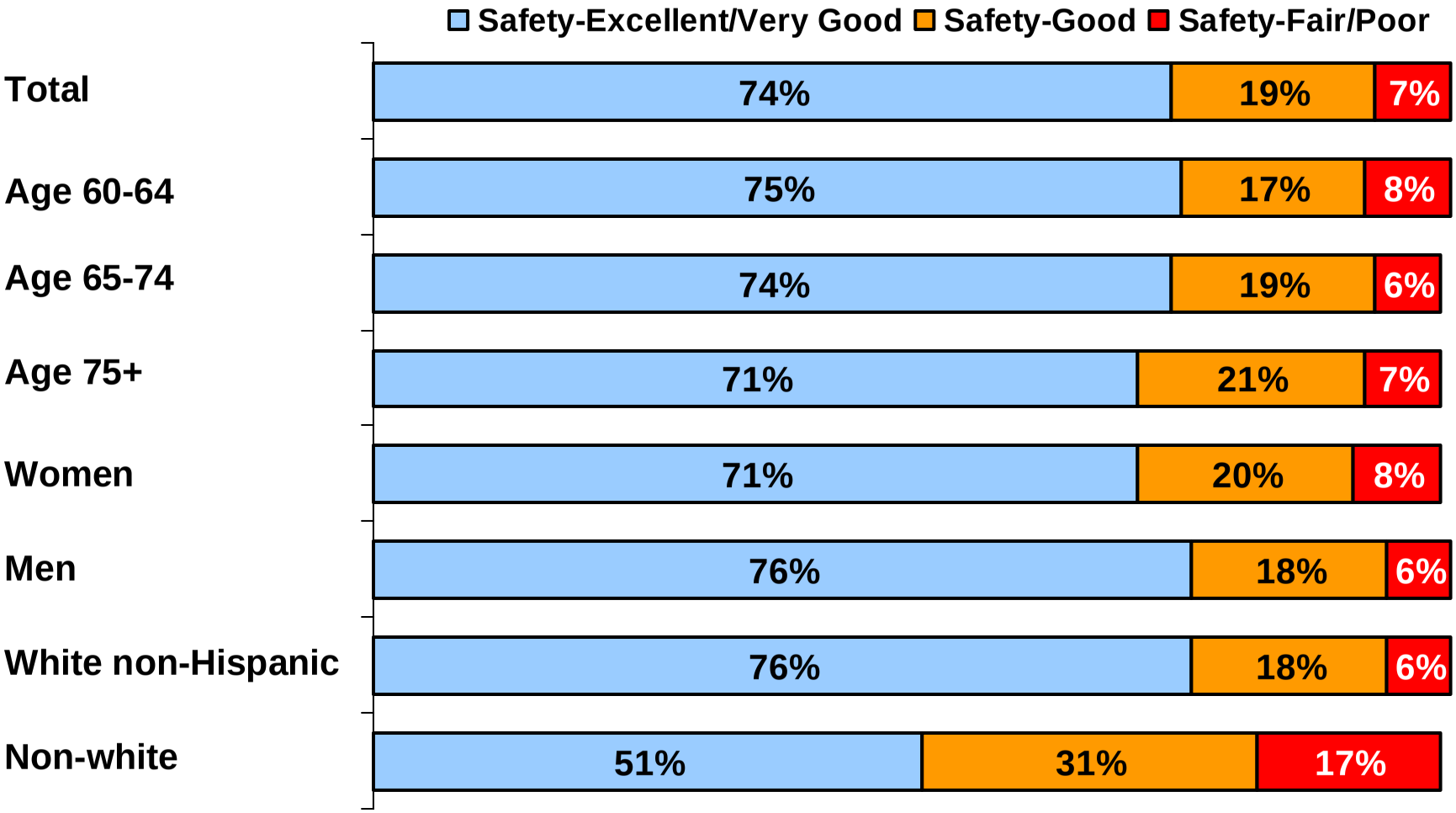
‡ This percentage is based on fewer than 20 respondents (Unweighted N<20) and should be interpreted with caution.

§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

Figure 4.2, Indiana§

Percentage of people age 60+ who feel safe/unsafe in their neighborhood,* by demographics



Unweighted N= 4,509
Weighted N= 973,489

Note: Percentages may not add up to 100% due to rounding and/or missing information.

*People were asked whether safety in their neighborhood is excellent, very good, good, fair, or poor.

§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

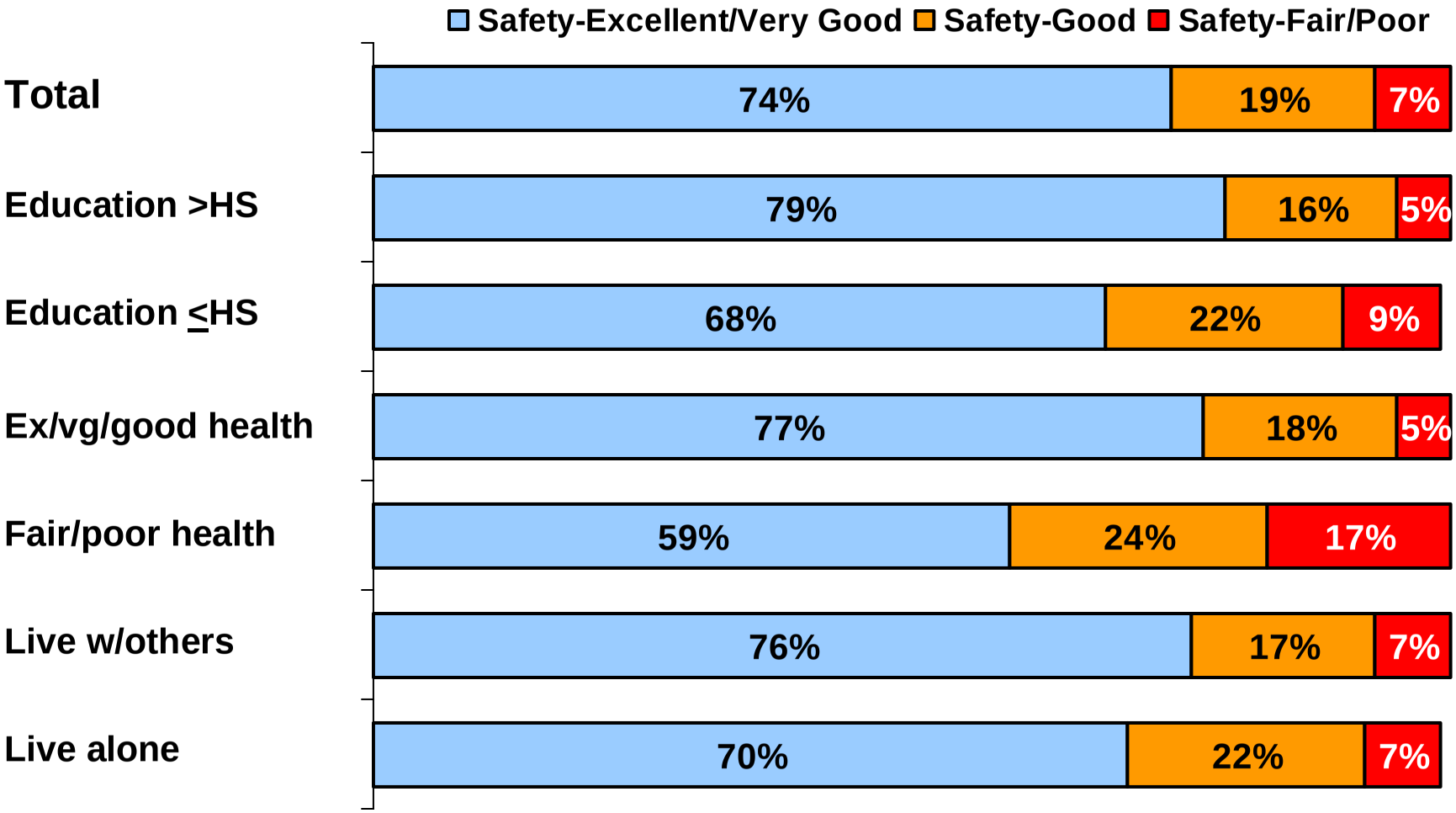
Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
Improving Communities for an Aging Society

Figure 4.3, Indiana§

Percentage of people age 60+ who feel safe/unsafe in their neighborhood,* by demographics (cont'd)



Note: Percentages may not add up to 100% due to rounding and/or missing information.

*People were asked whether safety in their neighborhood is excellent, very good, good, fair, or poor.

Unweighted N= 4,509
Weighted N= 973,489

§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

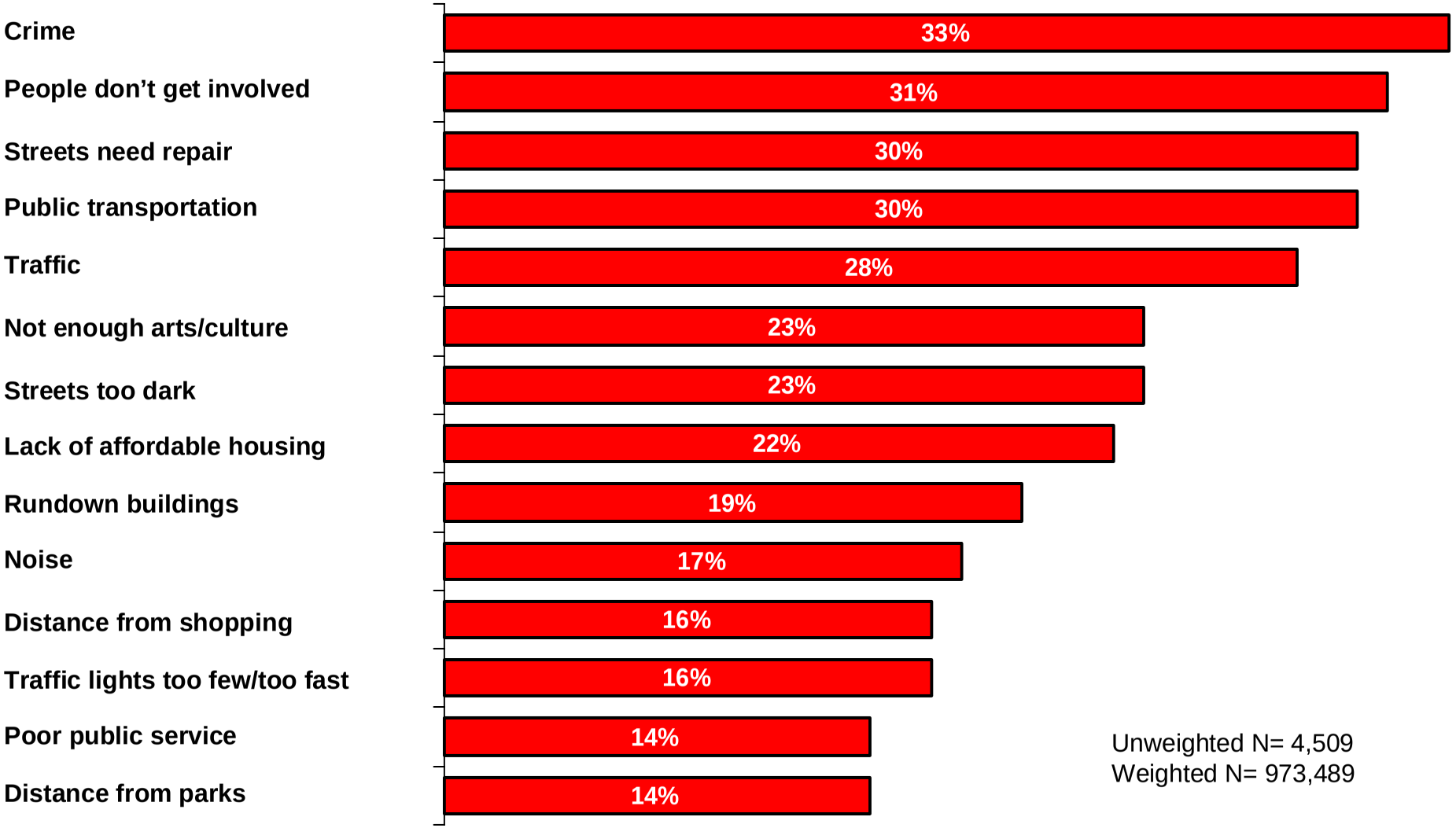
Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
Improving Communities for an Aging Society

Figure 5.1, Indiana§

Prevalence of Perceived Neighborhood Problems



Unweighted N= 4,509
Weighted N= 973,489

*People were read a list of fifteen neighborhood problems and were asked to indicate whether each item posed a big problem, small problem, or no problem in their neighborhood.

§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

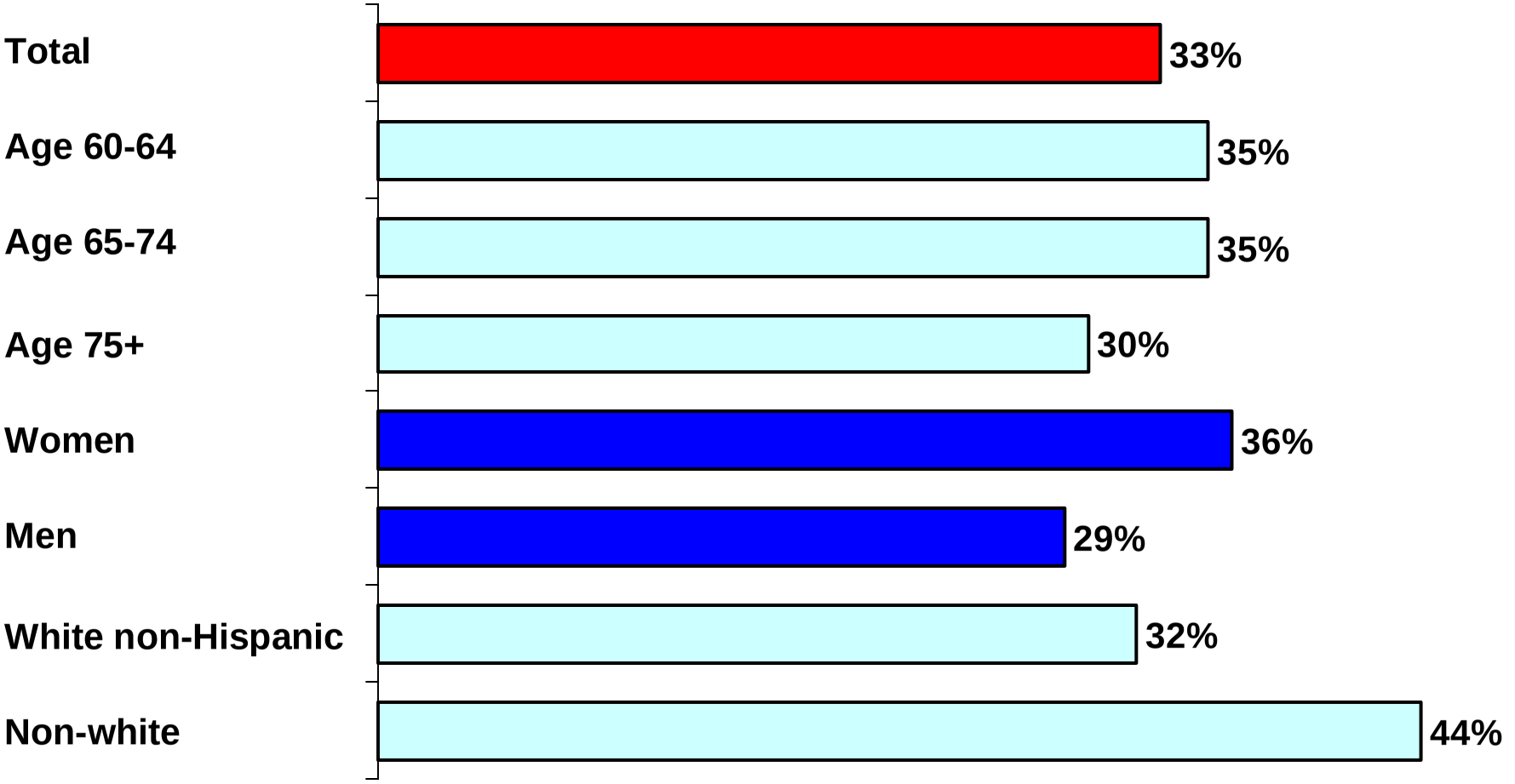
Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
Improving Communities for an Aging Society

Figure 5.2, Indiana§

Percentage of people age 60+ who report a problem with crime in the neighborhood, by demographics*



Unweighted N= 4,509
Weighted N= 973,489

*The top four neighborhood problems are analyzed by demographic characteristics.
§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
Improving Communities for an Aging Society

Figure 5.3, Indiana§

Percentage of people age 60+ who report a problem with crime in the neighborhood, by demographics* (cont'd)

Unweighted N= 4,509
Weighted N= 973,489

*The top four neighborhood problems are analyzed by demographic characteristics.

§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

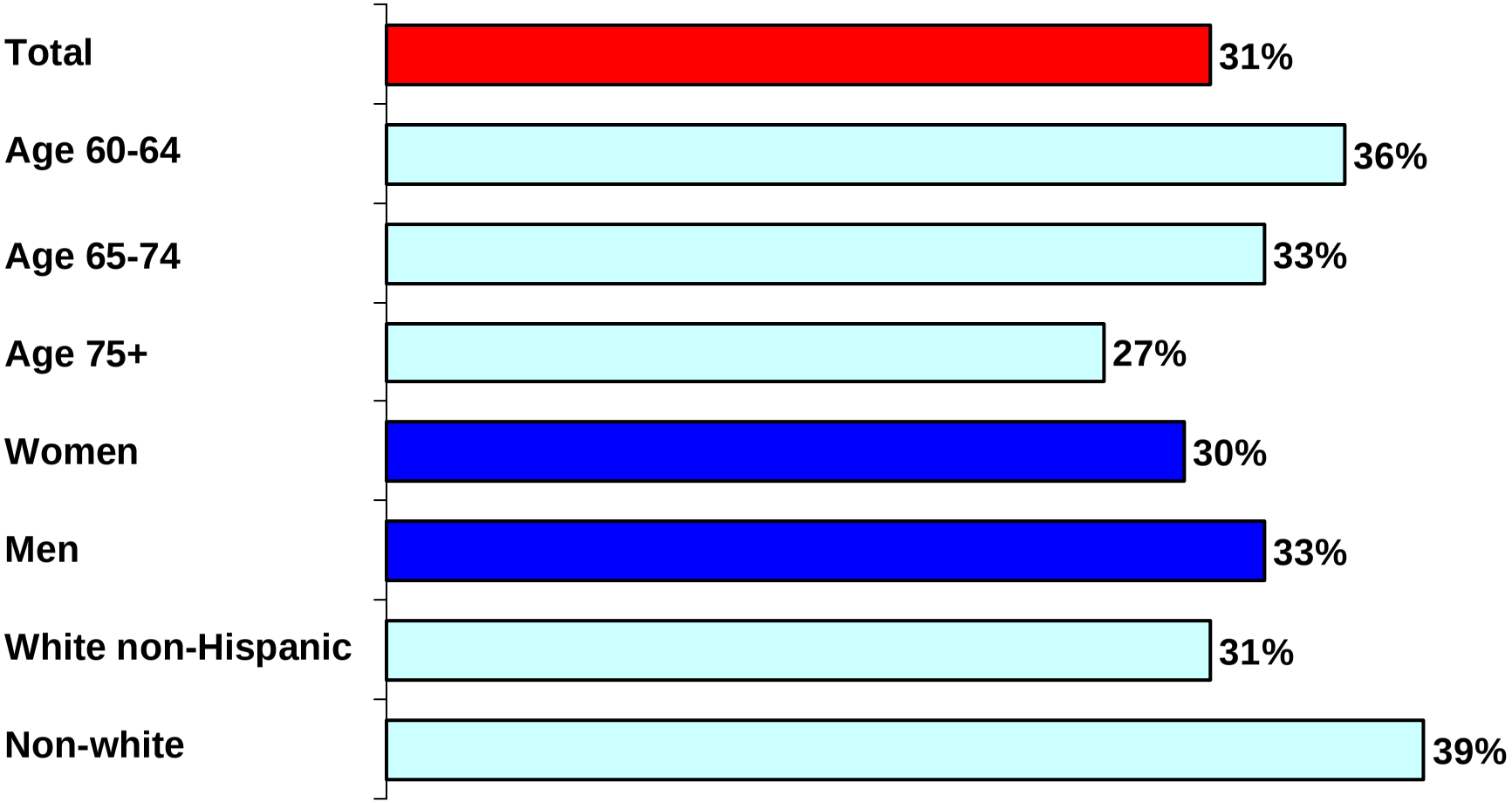
Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
Improving Communities for an Aging Society

Figure 5.4, Indiana§

Percentage of people age 60+ who report a problem with people who don't get involved in the neighborhood, by demographics*



Unweighted N= 4,509
Weighted N= 973,489

*The top four neighborhood problems are analyzed by demographic characteristics.
§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
Improving Communities for an Aging Society

Figure 5.5, Indiana§

Percentage of people age 60+ who report a problem with people who don't get involved in the neighborhood, by demographics* (cont'd)

Unweighted N= 4,509
Weighted N= 973,489

*The top four neighborhood problems are analyzed by demographic characteristics.
§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

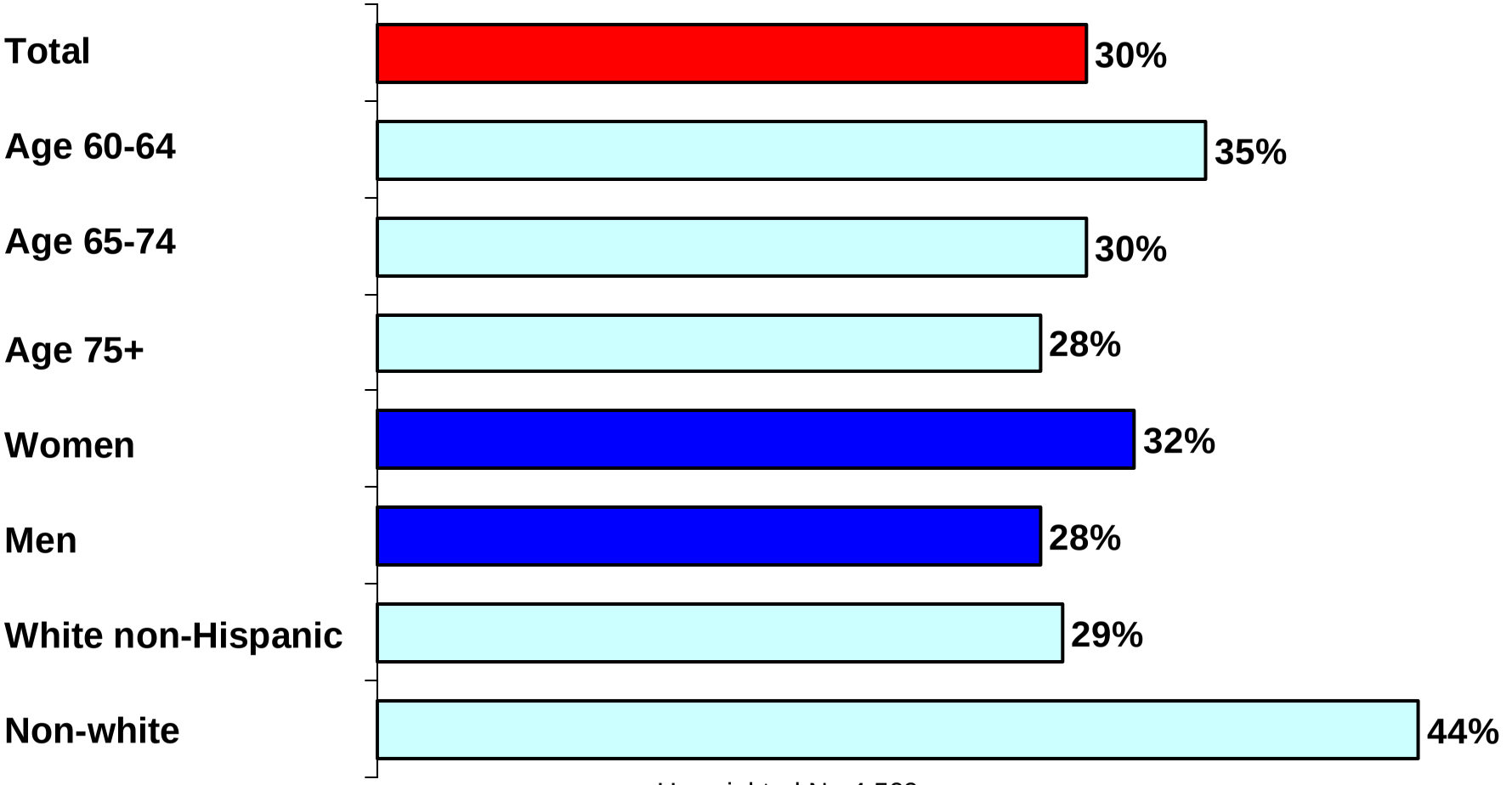
Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
Improving Communities for an Aging Society

Figure 5.6, Indiana§

Percentage of people age 60+ who report a problem with streets needing repair in the neighborhood, by demographics*



Unweighted N= 4,509
Weighted N= 973,489

*The top four neighborhood problems are analyzed by demographic characteristics.

§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
Improving Communities for an Aging Society

Figure 5.7, Indiana§

Percentage of people age 60+ who report a problem with streets needing repair in the neighborhood, by demographics* (cont'd)

Unweighted N= 4,509
Weighted N= 973,489

*The top four neighborhood problems are analyzed by demographic characteristics.

§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
Improving Communities for an Aging Society

Figure 5.8, Indiana§

Percentage of people age 60+ who report a problem with public transportation in the neighborhood, by demographics*

Unweighted N= 4,509
Weighted N= 973,489

*The top four neighborhood problems are analyzed by demographic characteristics.

§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
Improving Communities for an Aging Society

Figure 5.9, Indiana§

Percentage of people age 60+ who report a problem with public transportation in the neighborhood, by demographics* (cont'd)

Unweighted N= 4,509
Weighted N= 973,489

*The top four neighborhood problems are analyzed by demographic characteristics.

§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
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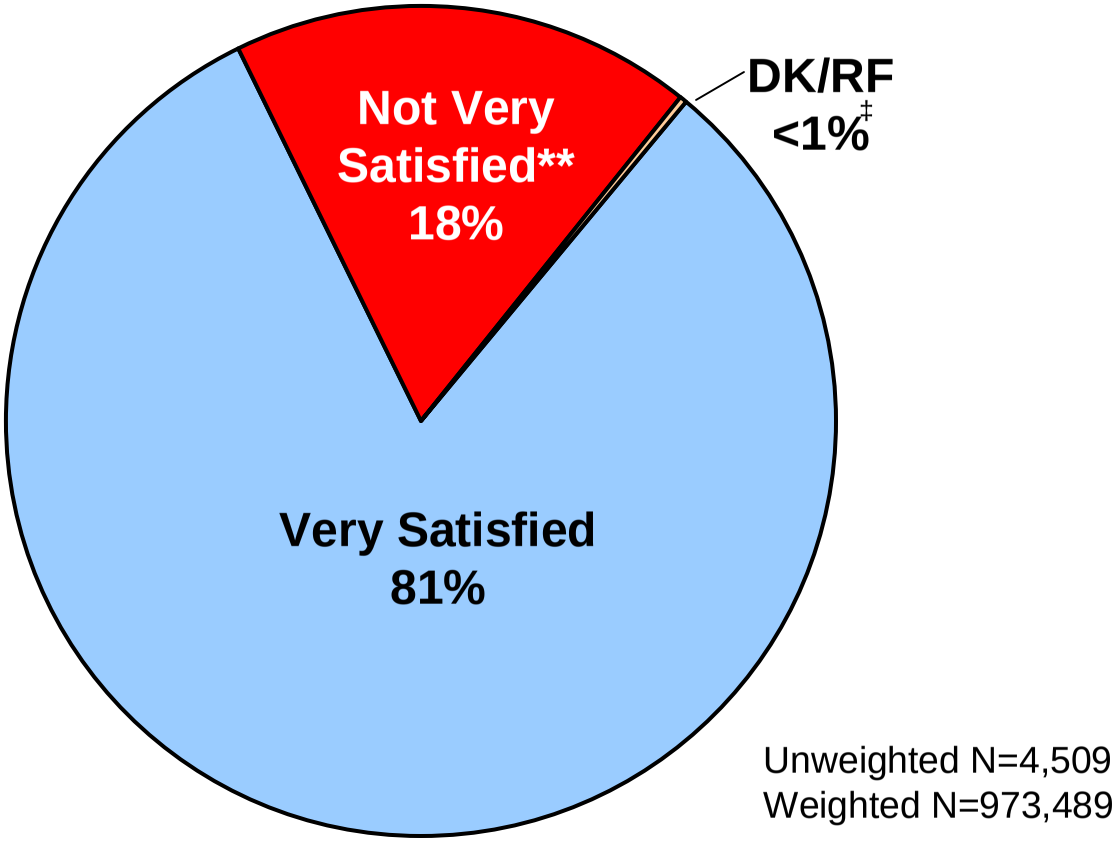
Figure 6.1, Indiana§

Percentage of people age 60+ who are satisfied with the neighborhood as a place to live*



Note: Percentages may not add up to 100% due to rounding and/or missing information.

*People were asked how satisfied they are with their neighborhood as a place to live.

**The category "Not very satisfied" includes those who said they were somewhat satisfied, somewhat dissatisfied, or very dissatisfied with their neighborhood.

‡ This percentage is based on fewer than 20 respondents (Unweighted N<20) and should be interpreted with caution.

§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

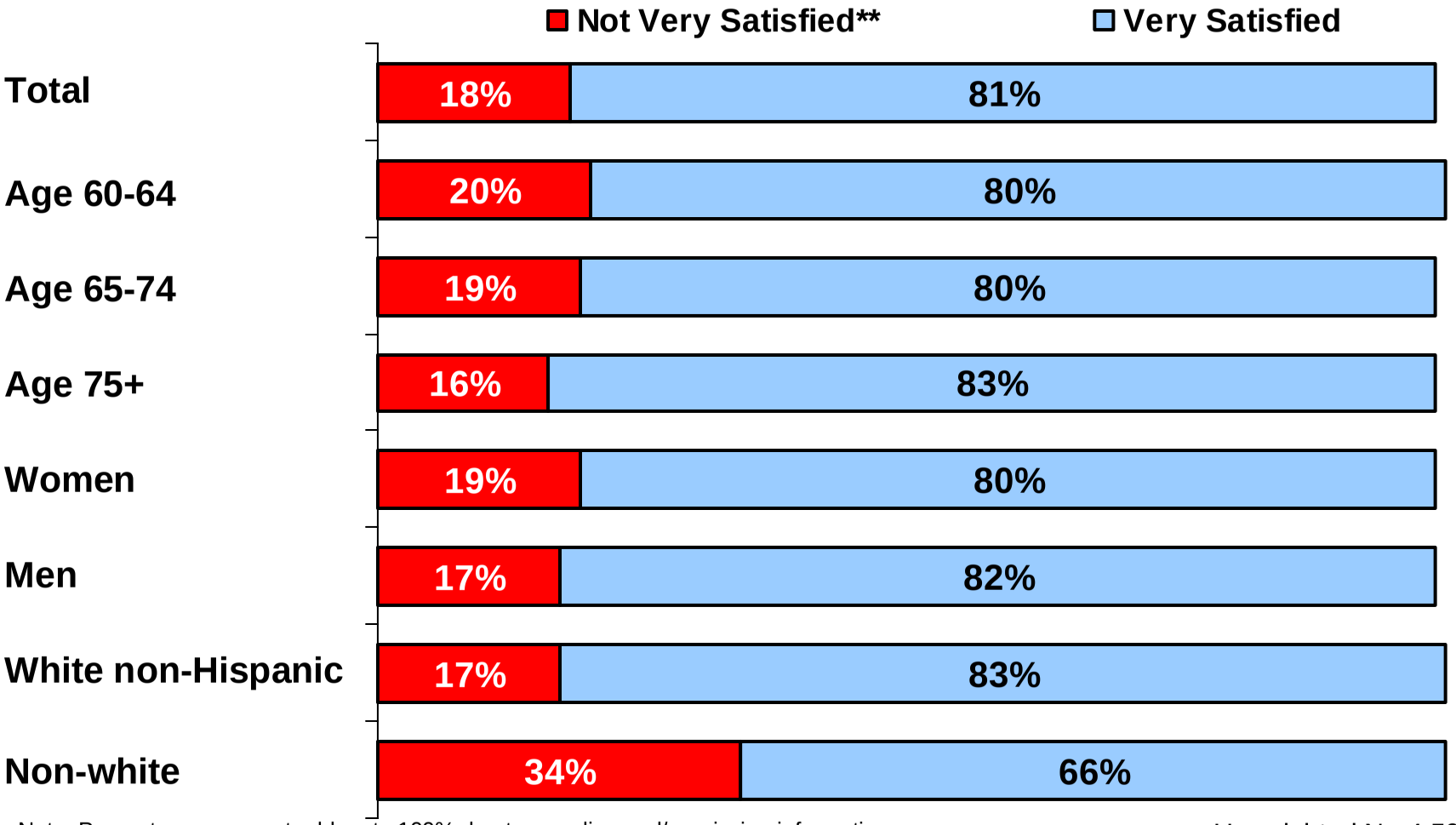
Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
Improving Communities for an Aging Society

Figure 6.2, Indiana§

Percentage of people age 60+ who are satisfied with the neighborhood as a place to live,* by demographics



Note: Percentages may not add up to 100% due to rounding and/or missing information.

Unweighted N= 4,509
Weighted N= 973,489

*People were asked how satisfied they are with their neighborhood as a place to live.

**The category "Not very satisfied" includes those who said they were somewhat satisfied, somewhat dissatisfied, or very dissatisfied with their neighborhood.

§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

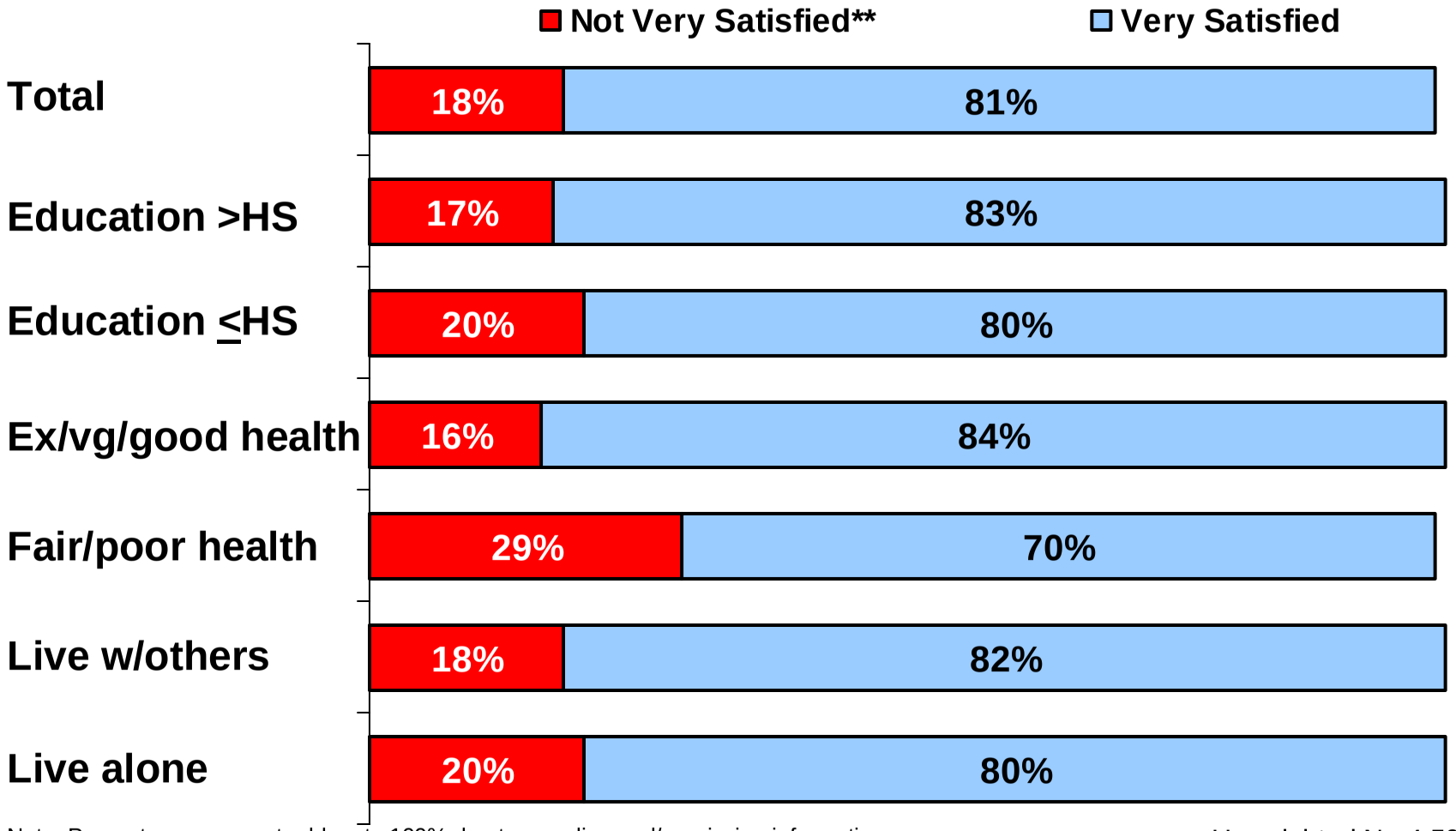
Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
Improving Communities for an Aging Society

Figure 6.3, Indiana§

Percentage of people age 60+ who are satisfied with the neighborhood as a place to live,* by demographics (cont'd)



Note: Percentages may not add up to 100% due to rounding and/or missing information.

Unweighted N= 4,509
Weighted N= 973,489

*People were asked how satisfied they are with their neighborhood as a place to live.

**The category "Not very satisfied" includes those who said they were somewhat satisfied, somewhat dissatisfied, or very dissatisfied with their neighborhood.

§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

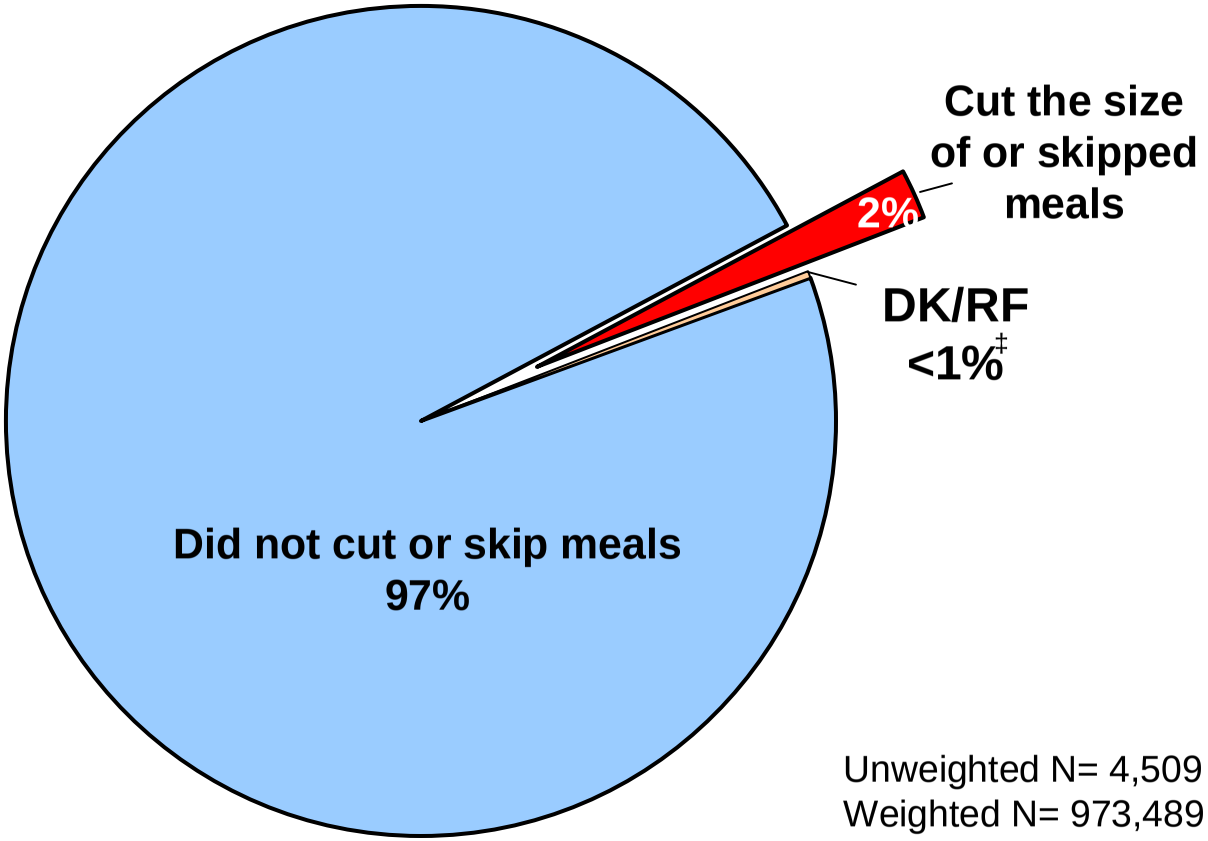
Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
Improving Communities for an Aging Society

Figure 7.1, Indiana§

Percentage of people age 60+ who report cutting the size of or skipping meals due to lack of money*



Unweighted N= 4,509
Weighted N= 973,489

Note: Percentages may not add up to 100% due to rounding and/or missing information.

*People were asked if in the past 12 months they or another adult in their household cut the size of or skipped meals because there wasn't enough money for food.

‡ This percentage is based on fewer than 20 respondents (Unweighted N<20) and should be interpreted with caution.

§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

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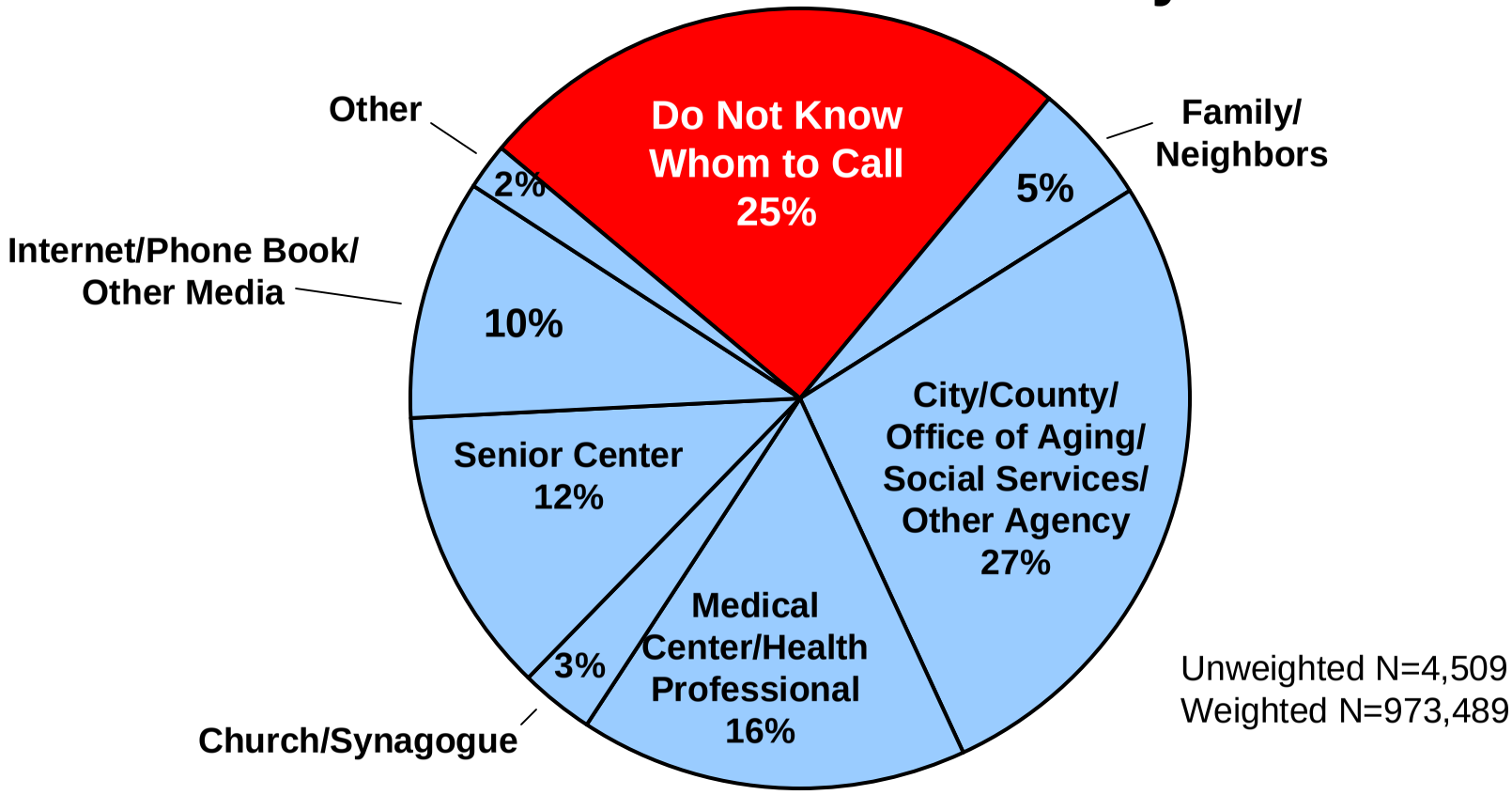
Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
Improving Communities for an Aging Society

Figure 8.1, Indiana§

Percentage of people age 60+ who do not know whom to call if they need information about services in their community*



Note: Percentages may not add up to 100% due to rounding and/or missing information.

*People were asked to indicate the best resource, such as a person or an organization, in their city, town, or county to get information on various services.

§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
Improving Communities for an Aging Society

Figure 8.2, Indiana§

Percentage of people age 60+ who do not know whom to call if they need information about services in their community,* by demographics

Unweighted N= 4,509
Weighted N= 973,489

*People were asked to indicate the best resource, such as a person or an organization, in their city, town, or county to get information on various services.

§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
Improving Communities for an Aging Society

Figure 8.3, Indiana§

Percentage of people age 60+ who do not know whom to call if they need information about services in their community,* by demographics (cont'd)

Unweighted N= 4,509
Weighted N= 973,489

*People were asked to indicate the best resource, such as a person or an organization, in their city, town, or county to get information on various services.

§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

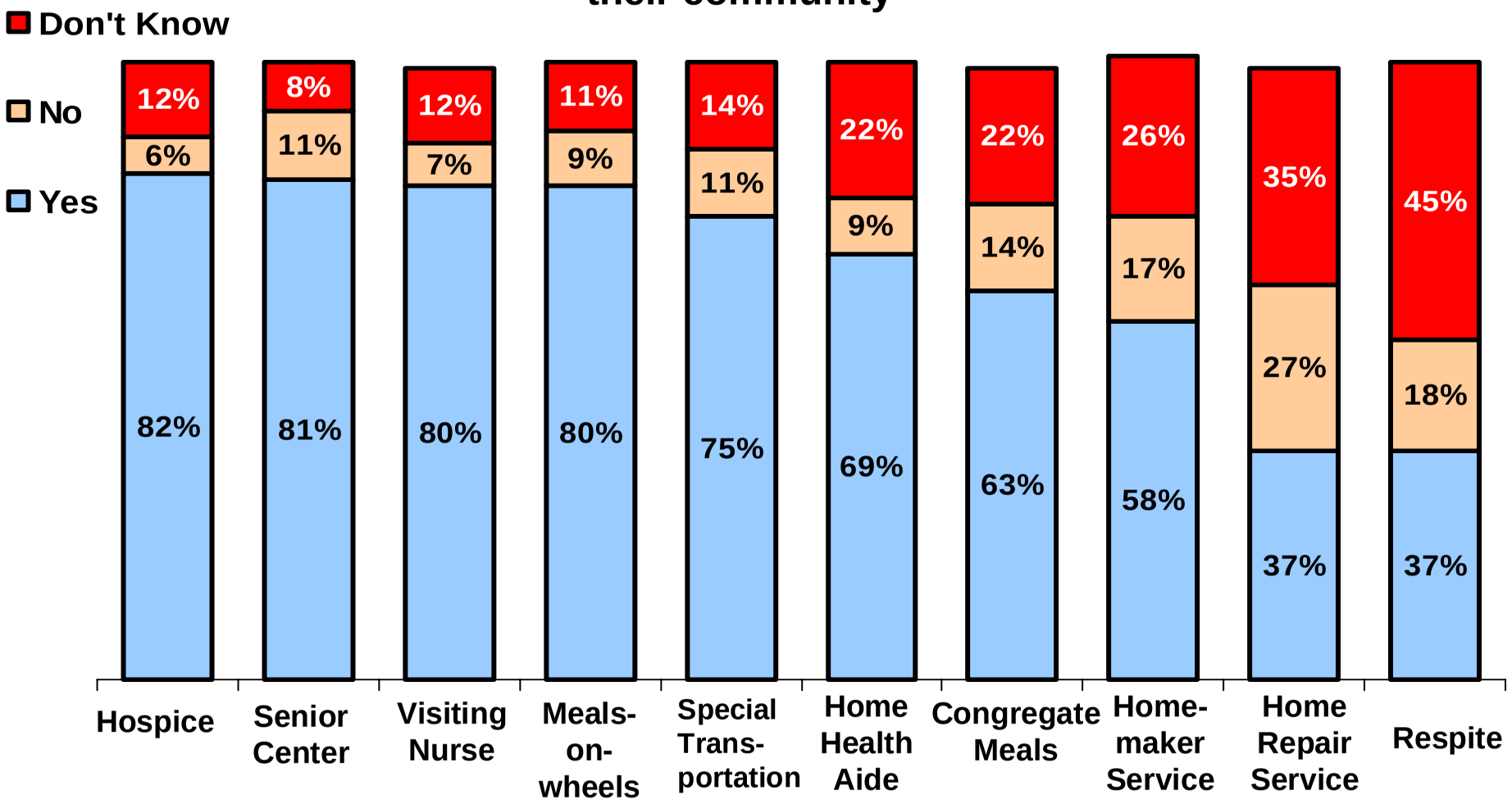
Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
Improving Communities for an Aging Society

Figure 9.1, Indiana§

Percentage of people age 60+ who are aware/unaware of selected services in their community*



Note: Percentages may not add up to 100% due to rounding and/or missing information.

*Respondents were asked whether these 10 services are available in their area.

§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

Unweighted N=4,509
Weighted N=973,489

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Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

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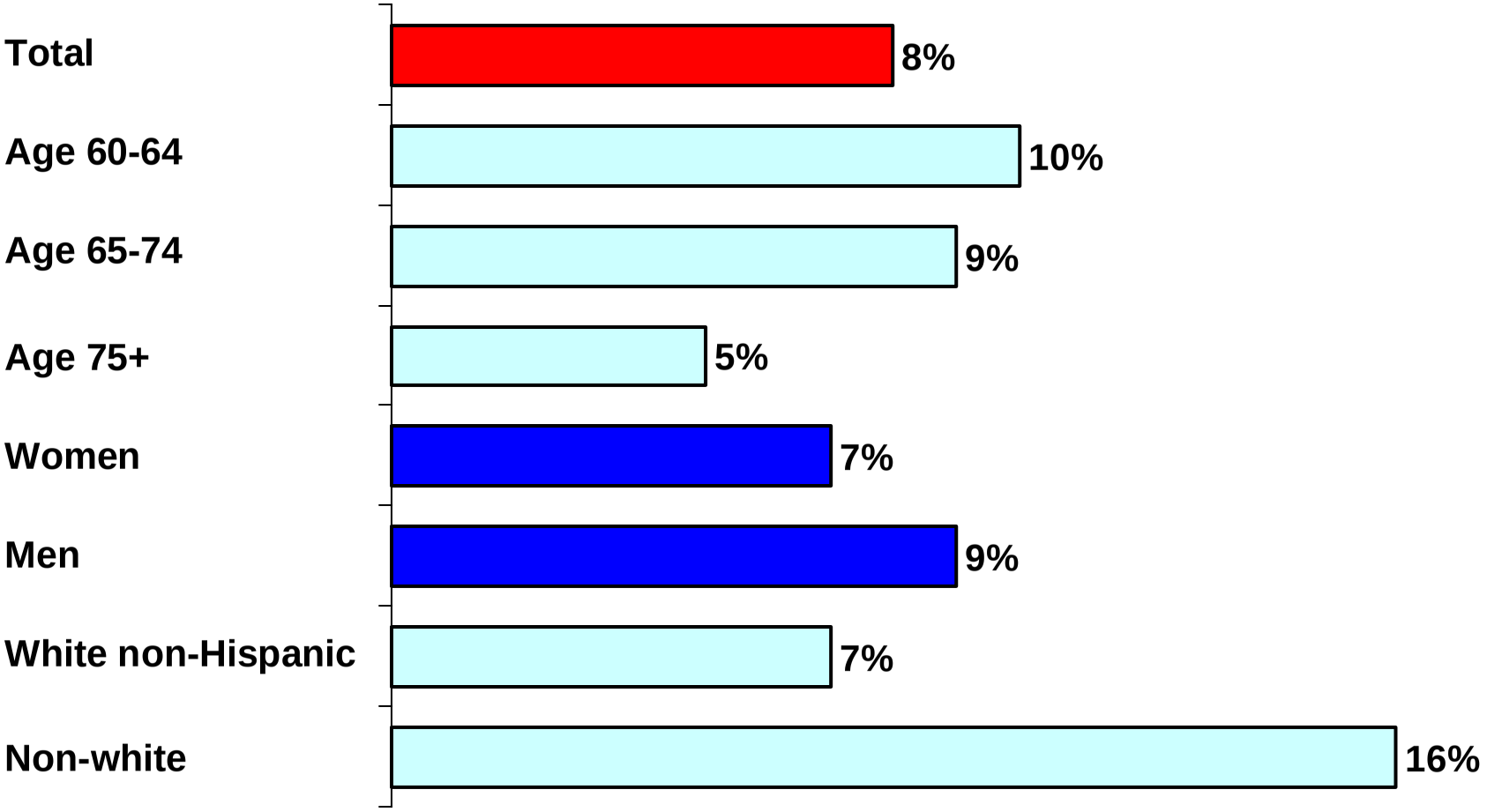
Improving Communities for an Aging Society

Figure 9.2, Indiana§

Percentage of people age 60+ who are unaware of most selected services* in their community, by demographics



*Most selected services is defined as 6 or more services. Respondents were asked whether the following 10 services exist in their community: Respite; Home repair service; Homemaker service; Home health aide; Congregate meals; Hospice; Senior center; Visiting nurse; Meals-on-wheels; Special transportation service.

Unweighted N=4,509
Weighted N=973,489

§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
Improving Communities for an Aging Society

Figure 9.3, Indiana§

Percentage of people age 60+ who are unaware of most selected services* in their community, by demographics (cont'd)

*Most selected services is defined as 6 or more services. Respondents were asked whether the following 10 services exist in their community: Respite; Home repair service; Homemaker service; Home health aide; Congregate meals; Hospice; Senior center; Visiting nurse; Meals-on-wheels; Special transportation service.

Unweighted N=4,509
Weighted N=973,489

§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

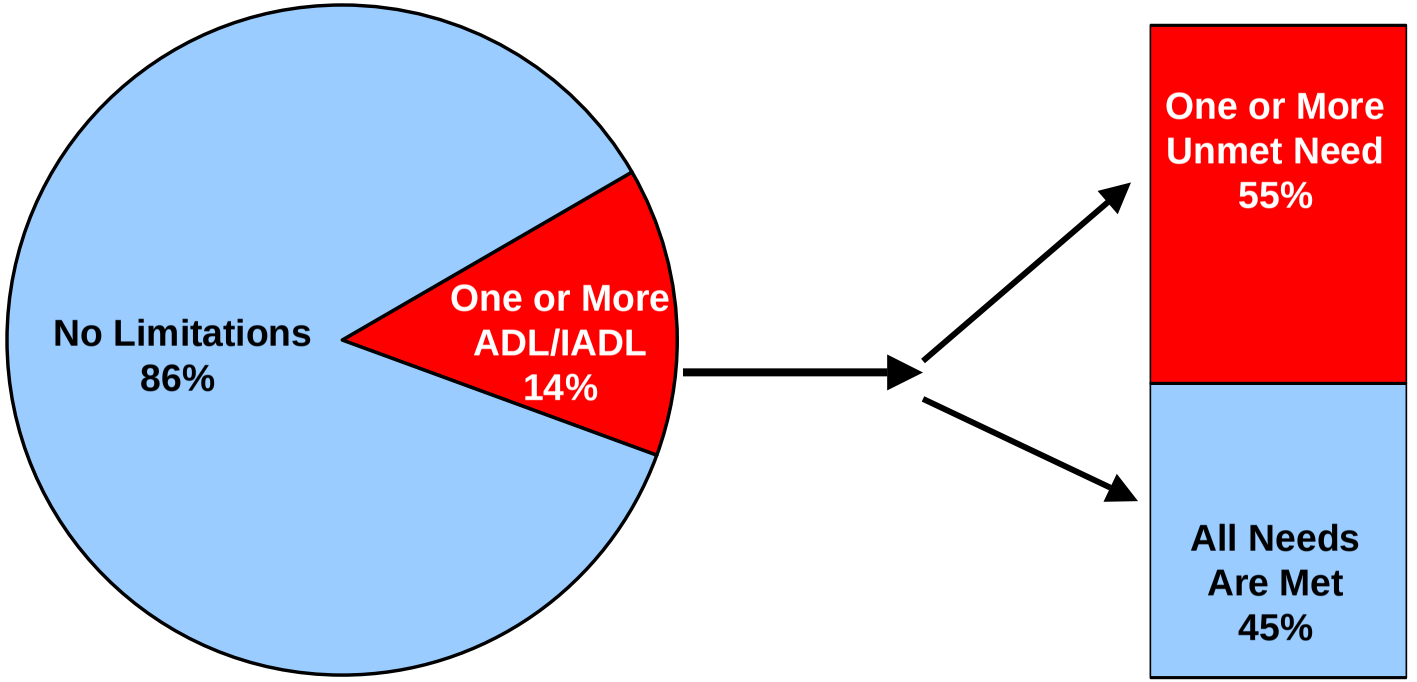
Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
Improving Communities for an Aging Society

Figure 10.1, Indiana§

Percentage of people age 60+ with adequate assistance* in ADL and/or IADL activities



Unweighted N=4,509
Weighted N=973,489

Unweighted N=603
Weighted N=136,076

*People were asked whether they need assistance with the following activities: ADLs- taking a bath or a shower, dressing, eating, getting in/out of bed/chair, using/getting to a toilet, getting around inside the home and IADLs-going outside the home, doing light housework, preparing meals, driving a car/using public transportation, taking the right amount of prescribed medication, keeping track of money and bills.

*People who answered "yes" were asked whether they get enough assistance with these activities. Unmet need was defined as not getting help or not getting enough help for one or more ADLs and/or IADLs for which assistance was needed.

Note: Percentages may not add up to 100% due to rounding and/or missing information.

§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

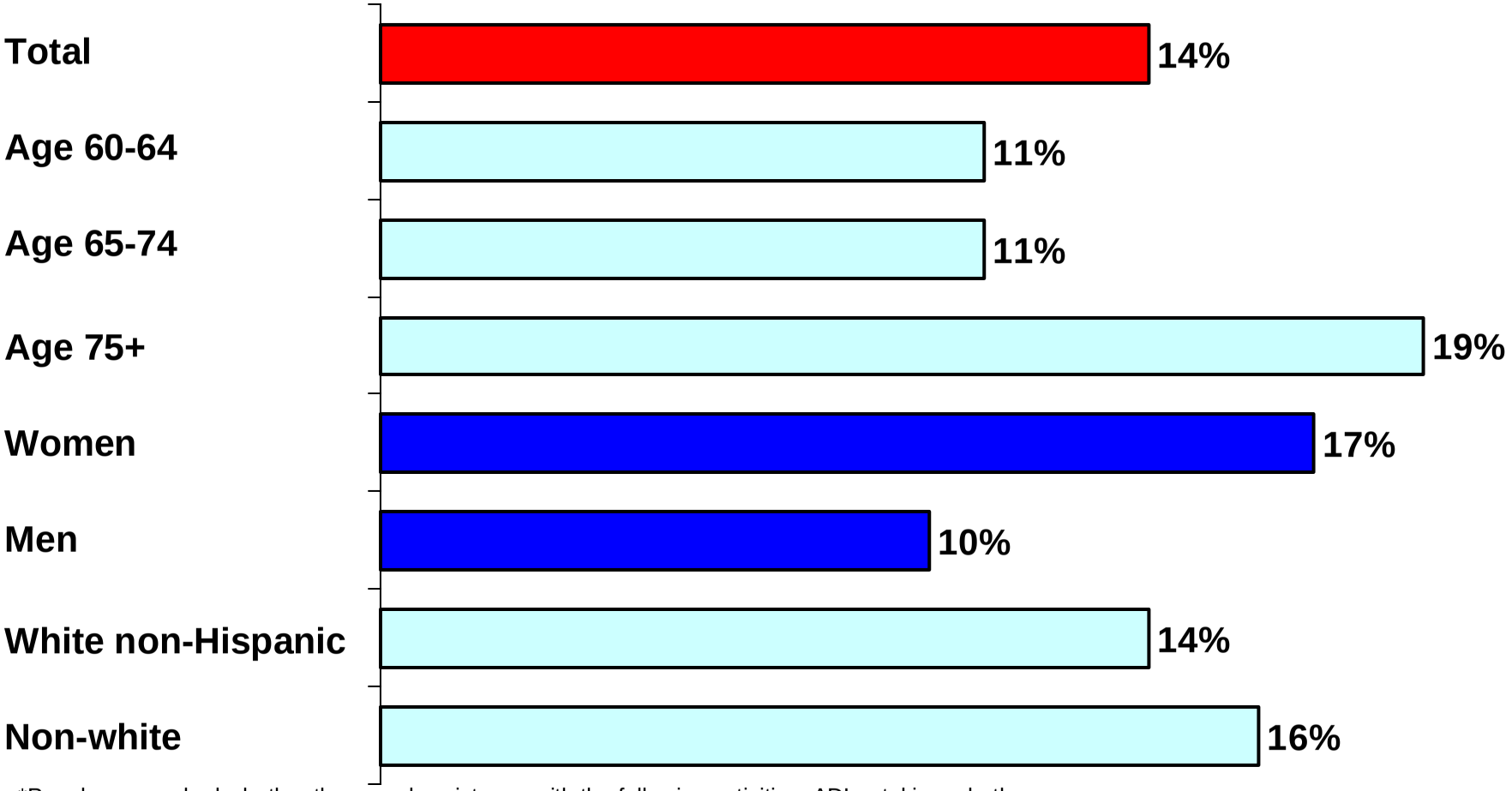
Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
Improving Communities for an Aging Society

Figure 10.2, Indiana§

Percentage of people age 60+ who have one or more limitations with ADL and/or IADL activities,* by demographics



*People were asked whether they need assistance with the following activities: ADLs- taking a bath or a shower, dressing, eating, getting in/out of bed/chair, using/getting to a toilet, getting around inside the home and IADLs-going outside the home, doing light housework, preparing meals, driving a car/using public transportation, taking the right amount of prescribed medication, keeping track of money and bills.

Unweighted N=4,509
Weighted N=973,489

§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

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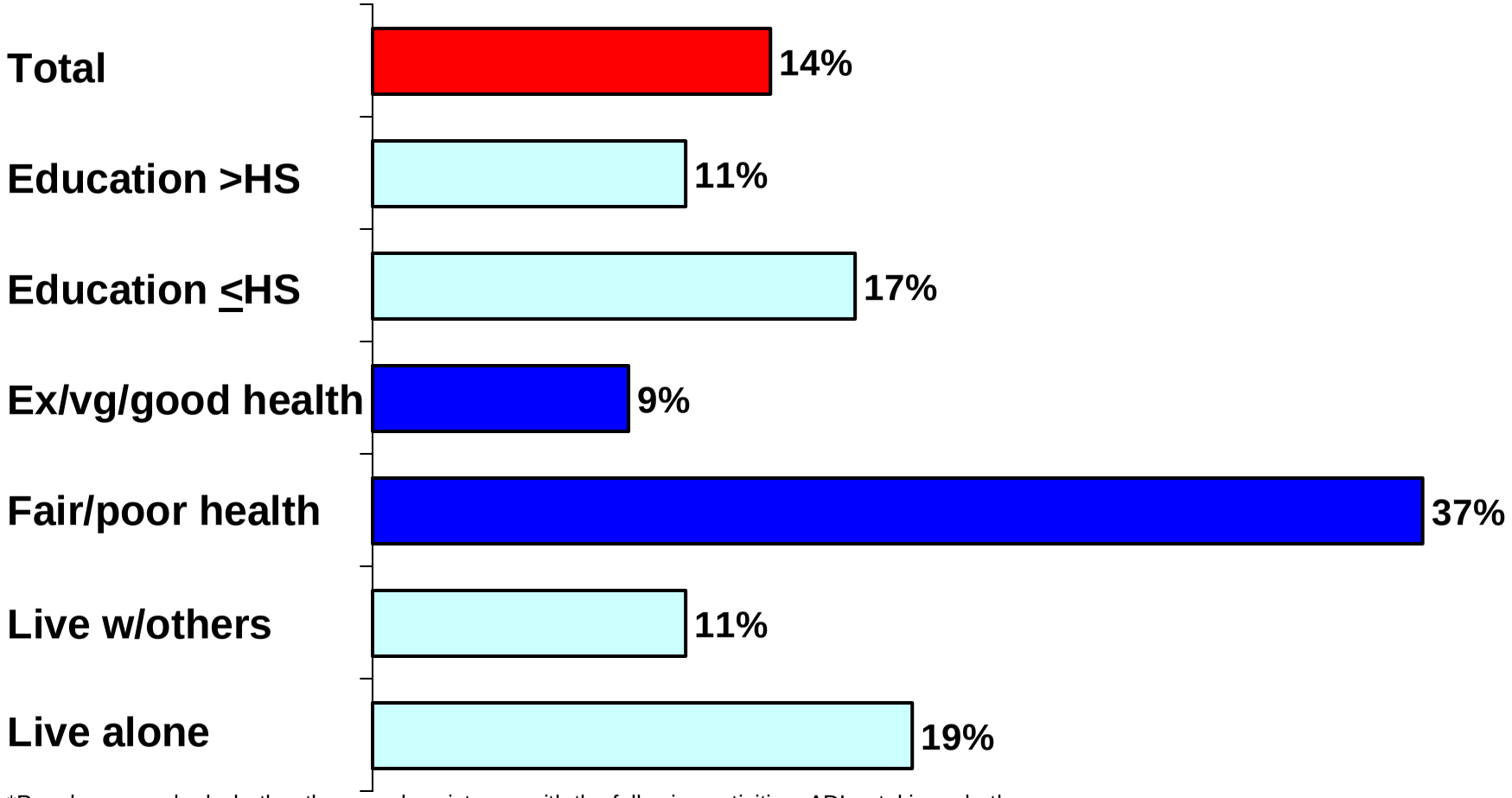
Improving Communities for an Aging Society

Figure 10.3, Indiana§

Percentage of people age 60+ who have one or more limitations with ADL and/or IADL activities,* by demographics (cont'd)



*People were asked whether they need assistance with the following activities: ADLs- taking a bath or a shower, dressing, eating, getting in/out of bed/chair, using/getting to a toilet, getting around inside the home and IADLs-going outside the home, doing light housework, preparing meals, driving a car/using public transportation, taking the right amount of prescribed medication, keeping track of money and bills.

Unweighted N=4,509
Weighted N=973,489

§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

Center for Home Care Policy & Research

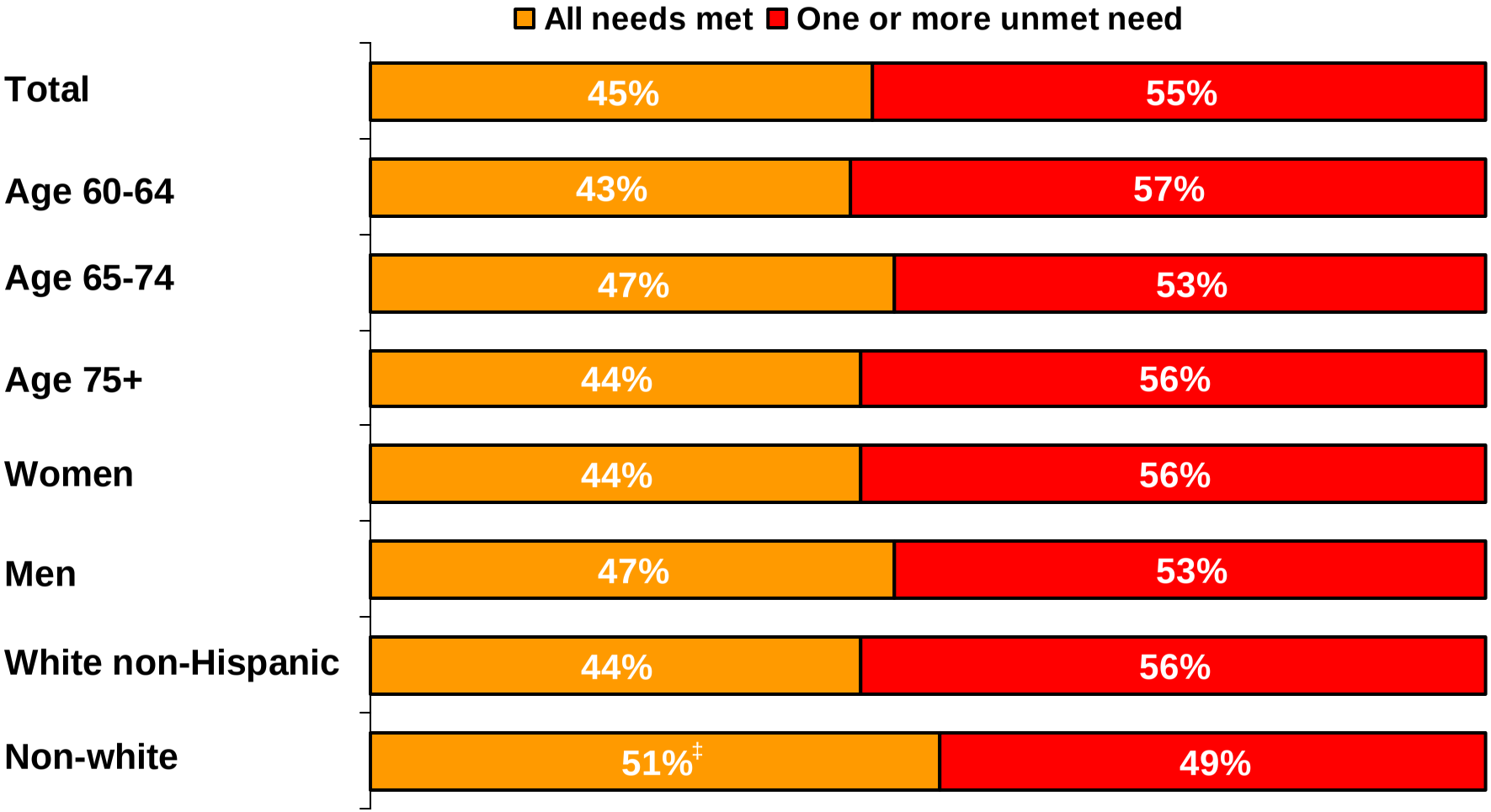
Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
Improving Communities for an Aging Society

Figure 10.4, Indiana§

Percentage of people age 60+ with adequate assistance* in ADL and/or IADL activities, by demographics

Base: People who have one or more ADL/IADL limitations.



Note: Percentages may not add up to 100% due to rounding and/or missing information.

Unweighted N=603
Weighted N=136,076

*People were asked whether they get help and if yes, whether they get enough help with each ADL/IADL activity. Unmet need was defined as not getting help or not getting enough help for one or more ADLs and/or IADLs for which assistance was needed.

‡ This percentage is based on fewer than 20 respondents (Unweighted N<20) and should be interpreted with caution.

§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

Center for Home Care Policy & Research

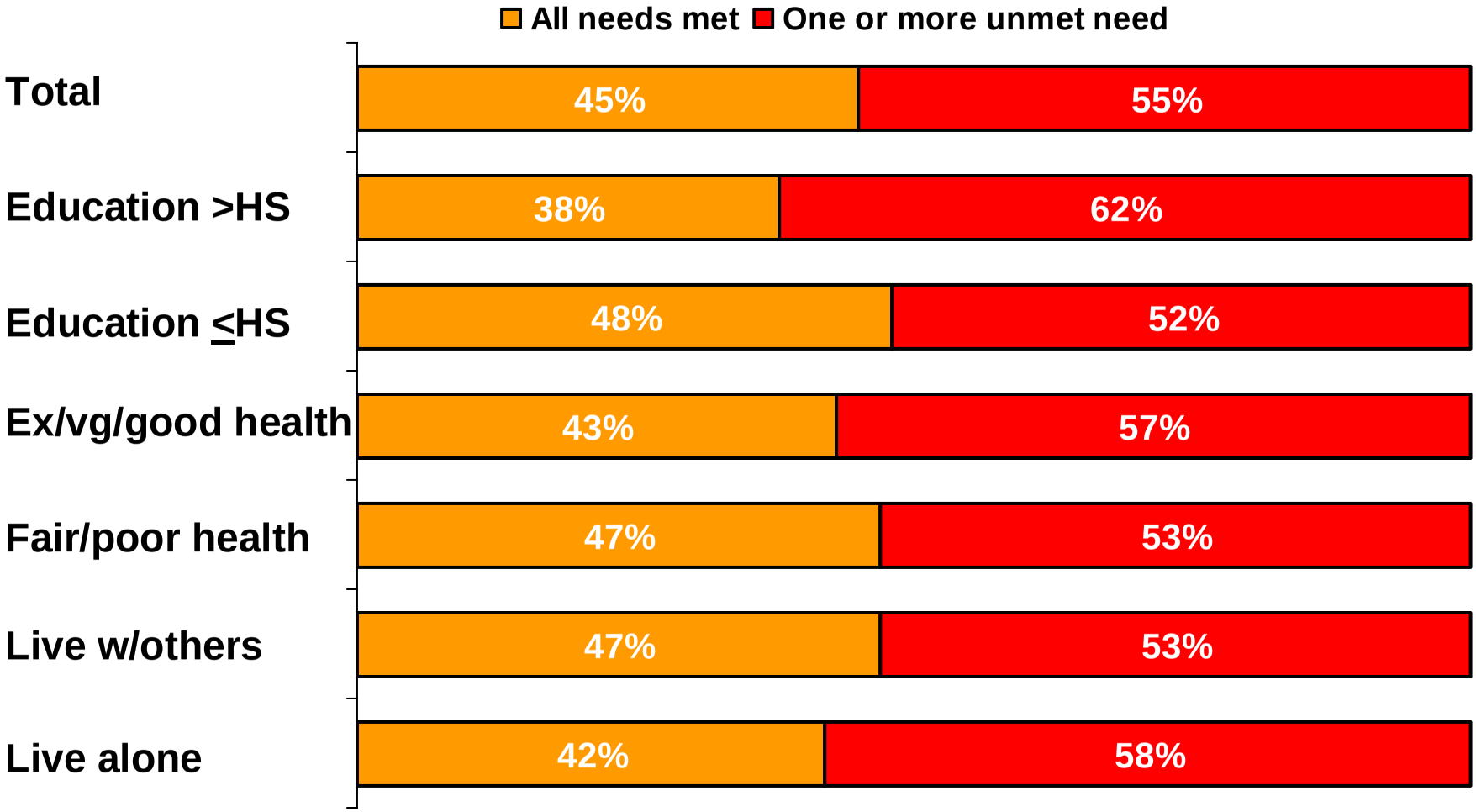
Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
Improving Communities for an Aging Society

Figure 10.5, Indiana§

Percentage of people age 60+ with adequate assistance* in ADL and/or IADL activities, by demographics (cont'd)

Base: People who have one or more ADL/IADL limitations.



Note: Percentages may not add up to 100% due to rounding and/or missing information.

*People were asked whether they get help and if yes, whether they get enough help with each ADL/IADL activity. Unmet need was defined as not getting help or not getting enough help for one or more ADLs and/or IADLs for which assistance was needed.

§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

Unweighted N=603
Weighted N=136,076

Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
Improving Communities for an Aging Society

OPTIMIZES PHYSICAL AND MENTAL HEALTH AND WELL-BEING

Community promotes and provides access to necessary and preventive health services

- Figs. 11.1-11.15. Rates of screening and vaccination for various conditions among people 60+
- Figs. 12.1-12.3. Percentage of people age 60+ who thought they needed the help of a health care professional because they felt depressed or anxious and have not seen one (for those symptoms)
- Figs. 13.1-13.3. Percentage of people age 60+ whose physical or mental health interfered with their activities in the past month
- Figs. 14.1-14.3. Percentage of people age 60+ who report being in good to excellent health

Opportunities for physical activity are available and used

- Figs. 15.1-15.3. Percentage of people age 60+ who participate in regular physical exercise

Obstacles to use of necessary medical care are minimized

- Figs. 16.1-16.4. Percentage of people age 60+ with a usual source of care
- Fig. 17.1. Percentage of people age 60+ who failed to obtain needed medical care
- Figs. 18.1-18.3. Percentage of people age 60+ who had problems paying for medical care
- Figs. 19.1-19.3. Percentage of people age 60+ who had problems paying for prescription drugs
- Figs. 20.1-20.3. Percentage of people age 60+ who had problems paying for dental care or eyeglasses

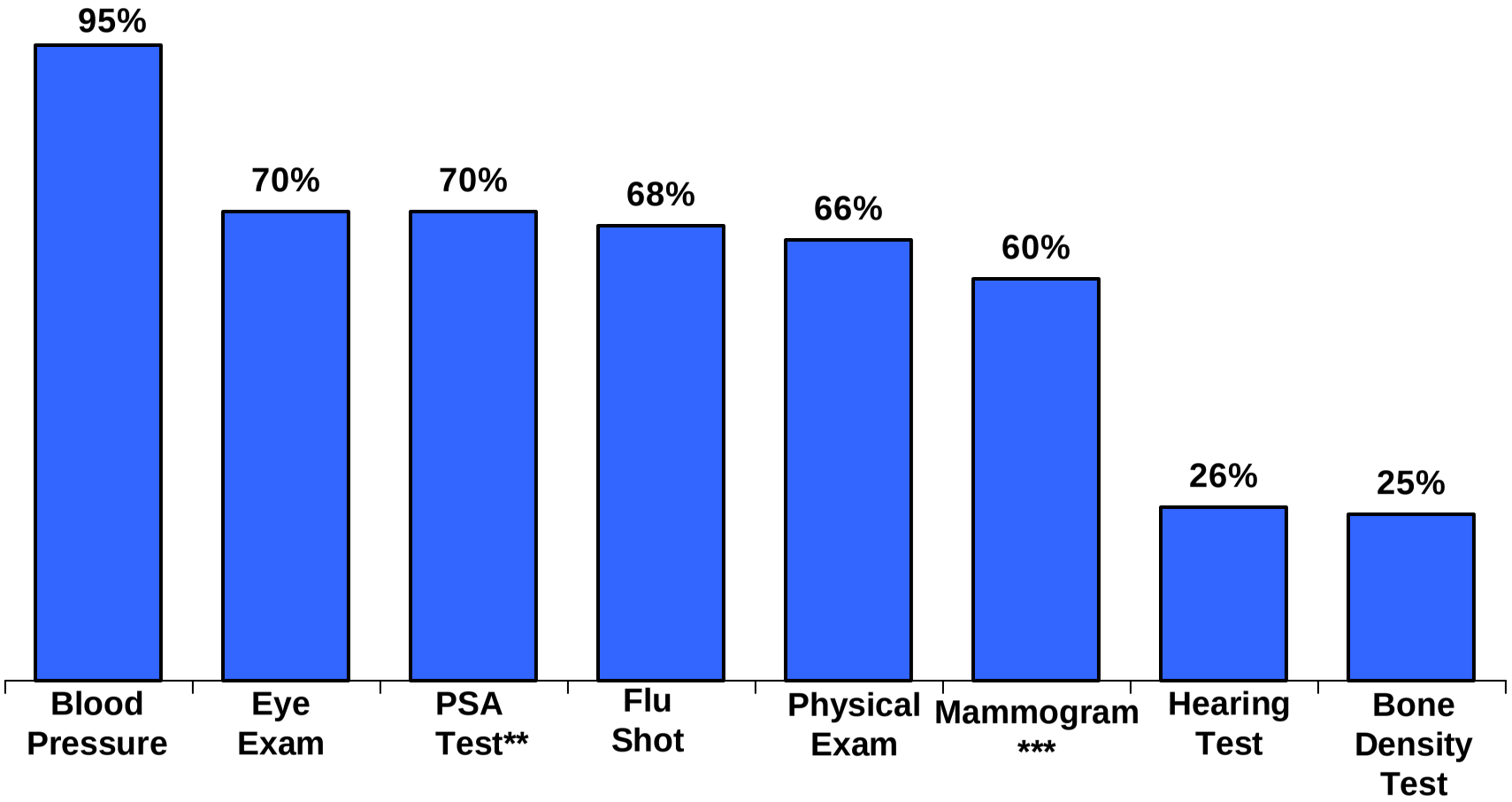
Palliative care services are available and advertised

- Figs. 21.1-21.2. Percentage of people age 60+ who know whether palliative care services are available

Figure 11.1, Indiana[§]

Rates of screening and vaccination for various conditions among people 60+*

Percentage of seniors who received each preventive service in the past year



*People were asked whether they had any of the preventive measures or tests above in the past 12 months.
**PSA (prostate cancer screening) test for men only (Unweighted N=2,111; Weighted N=420,835)
***Mammogram for women only (Unweighted N=2,398; Weighted N=552,654)

Unweighted N= 4,509
Weighted N= 973,489

[§] Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

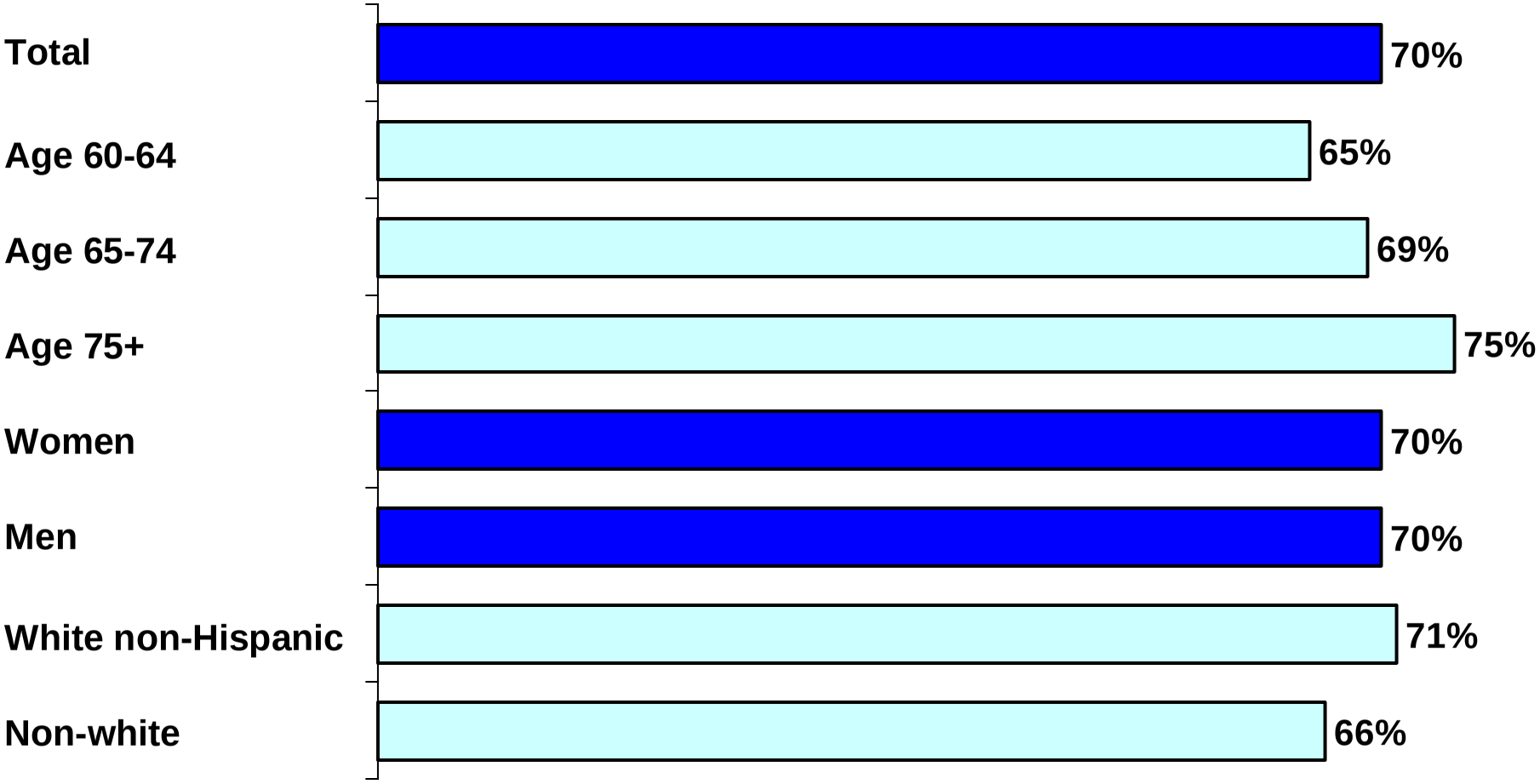
Center for Home Care Policy & Research

Source: *AdvantAge Initiative Community Survey in Indiana 2008*

The AdvantAge Initiative
Improving Communities for an Aging Society

Figure 11.2, Indiana§

Percentage of people age 60+ who had an eye exam in the past year, by demographics



Unweighted N= 4,509
Weighted N= 973,489

§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

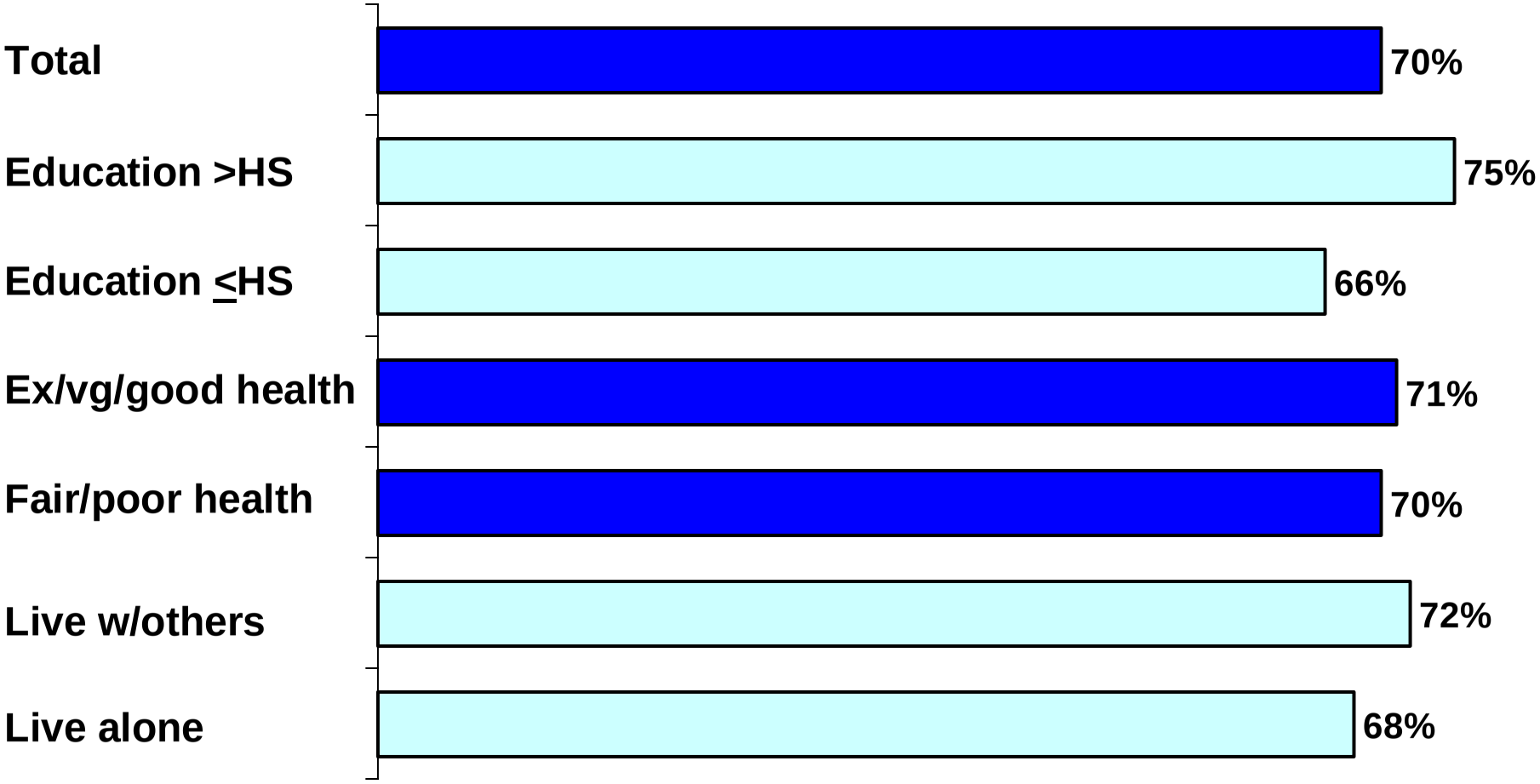
Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
Improving Communities for an Aging Society

Figure 11.3, Indiana§

Percentage of people age 60+ who had an eye exam in the past year, by demographics (cont'd)



Unweighted N= 4,509
Weighted N= 973,489

§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

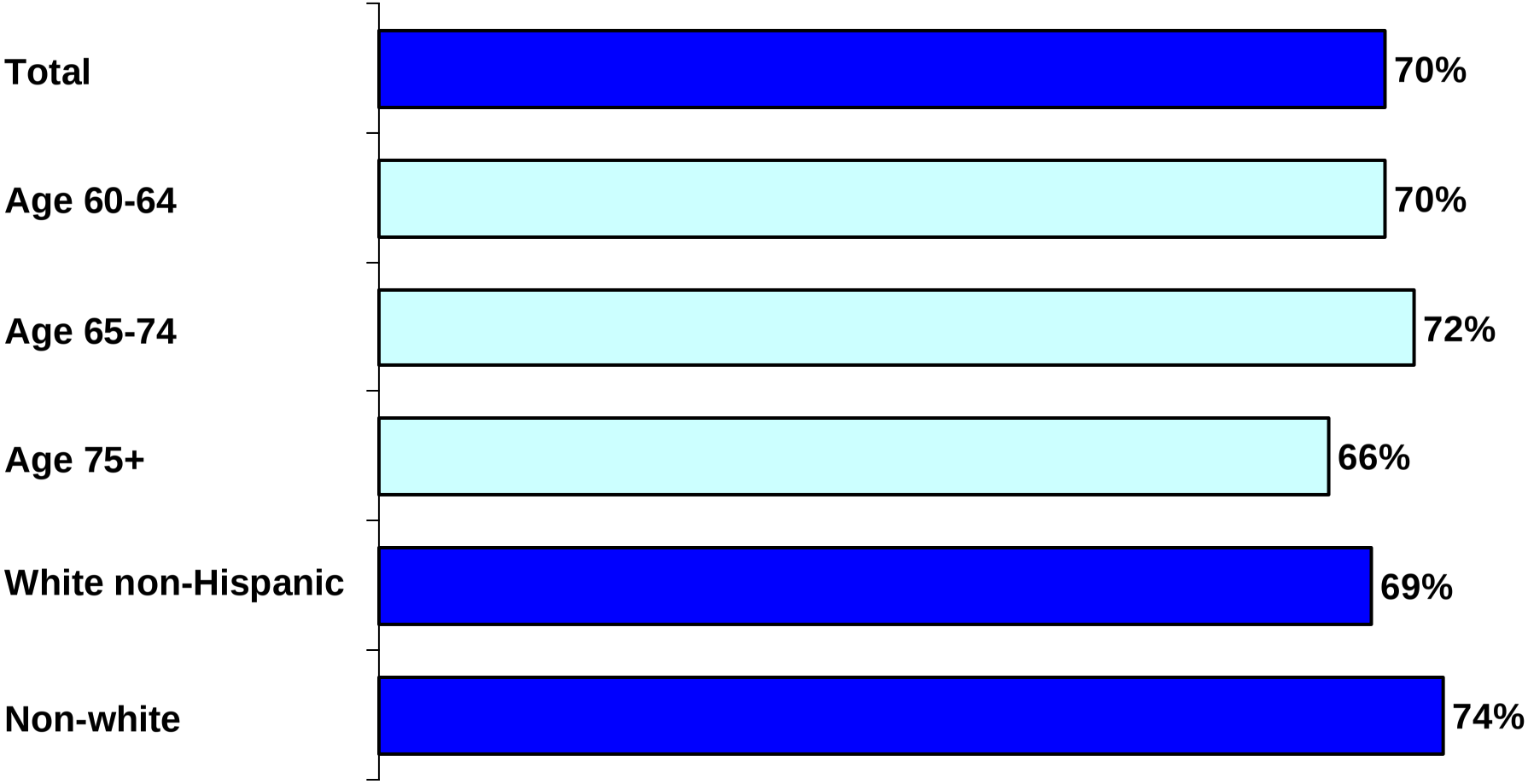
Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
Improving Communities for an Aging Society

Figure 11.4, Indiana§

Percentage of people age 60+ who had a blood test for prostate cancer (PSA)* in the past year, by demographics



*PSA (prostate cancer screening) test for men only

Unweighted N= 2,111
Weighted N= 420,835

§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

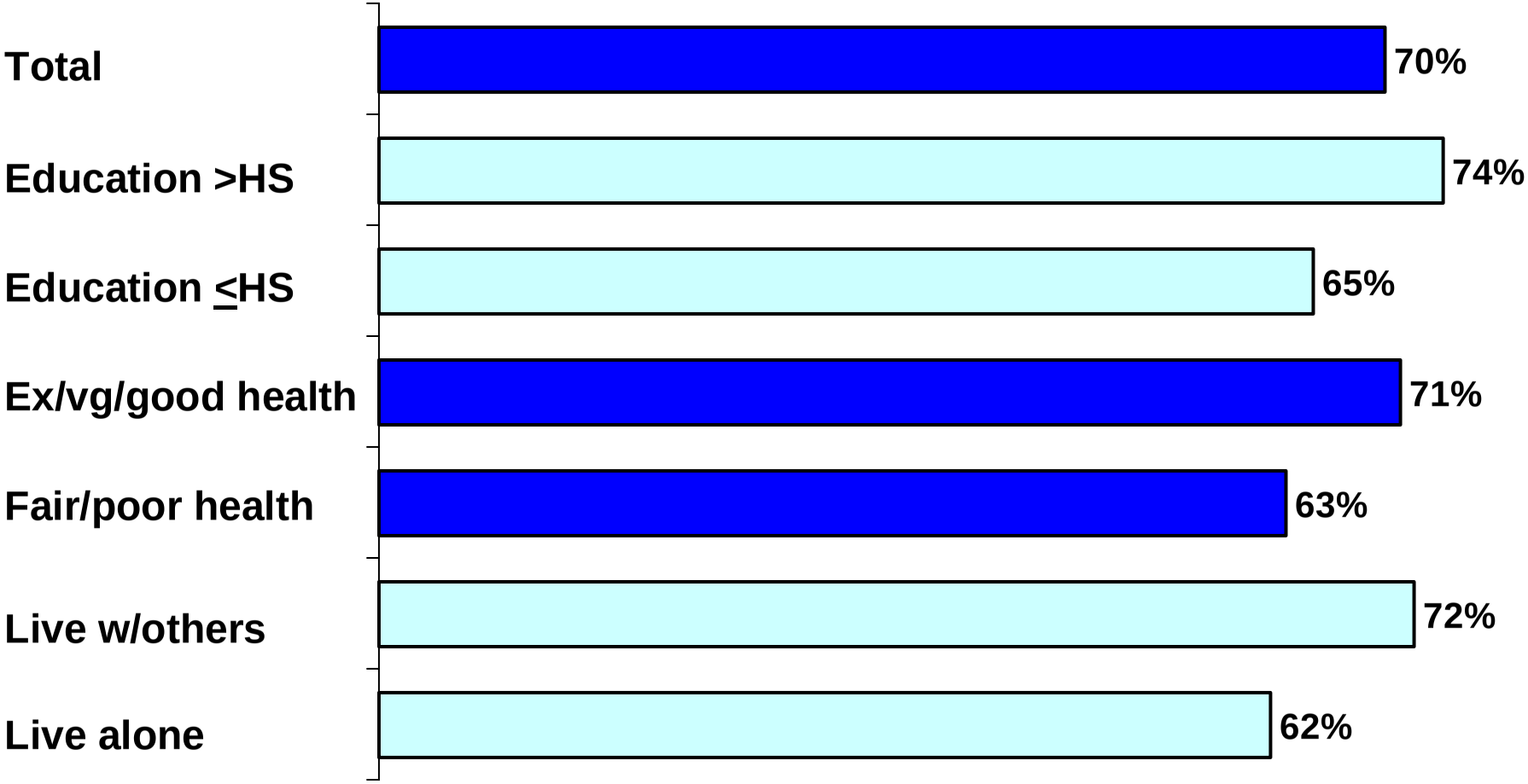
Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
Improving Communities for an Aging Society

Figure 11.5, Indiana§

Percentage of people age 60+ who had a blood test for prostate cancer (PSA)* in the past year, by demographics (cont'd)



*PSA (prostate cancer screening) test for men only

Unweighted N= 2,111
Weighted N= 420,835

§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

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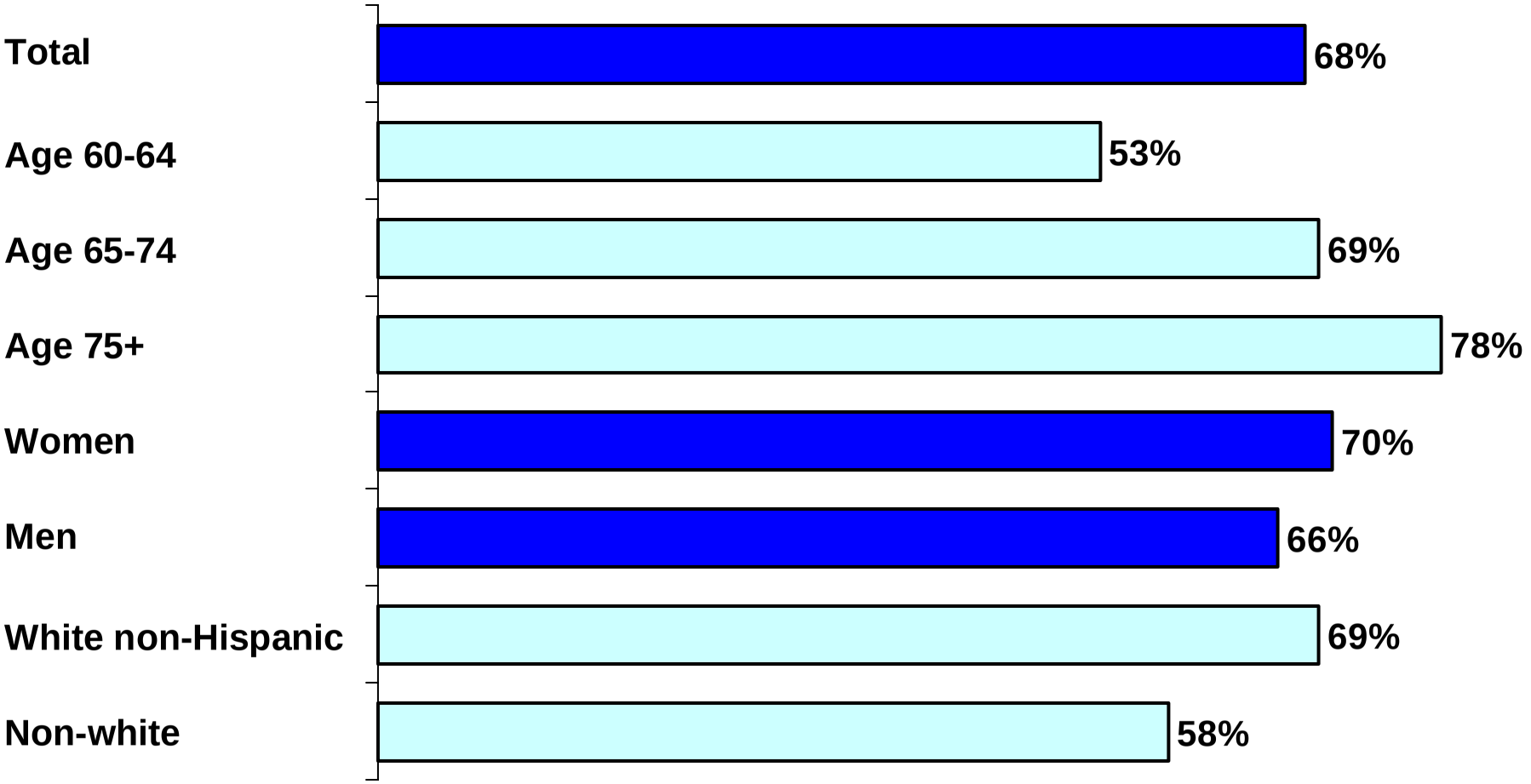
Figure 11.6, Indiana§

Percentage of people age 60+ who had a flu shot in the past year, by demographics



Unweighted N= 4,509
Weighted N= 973,489

§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
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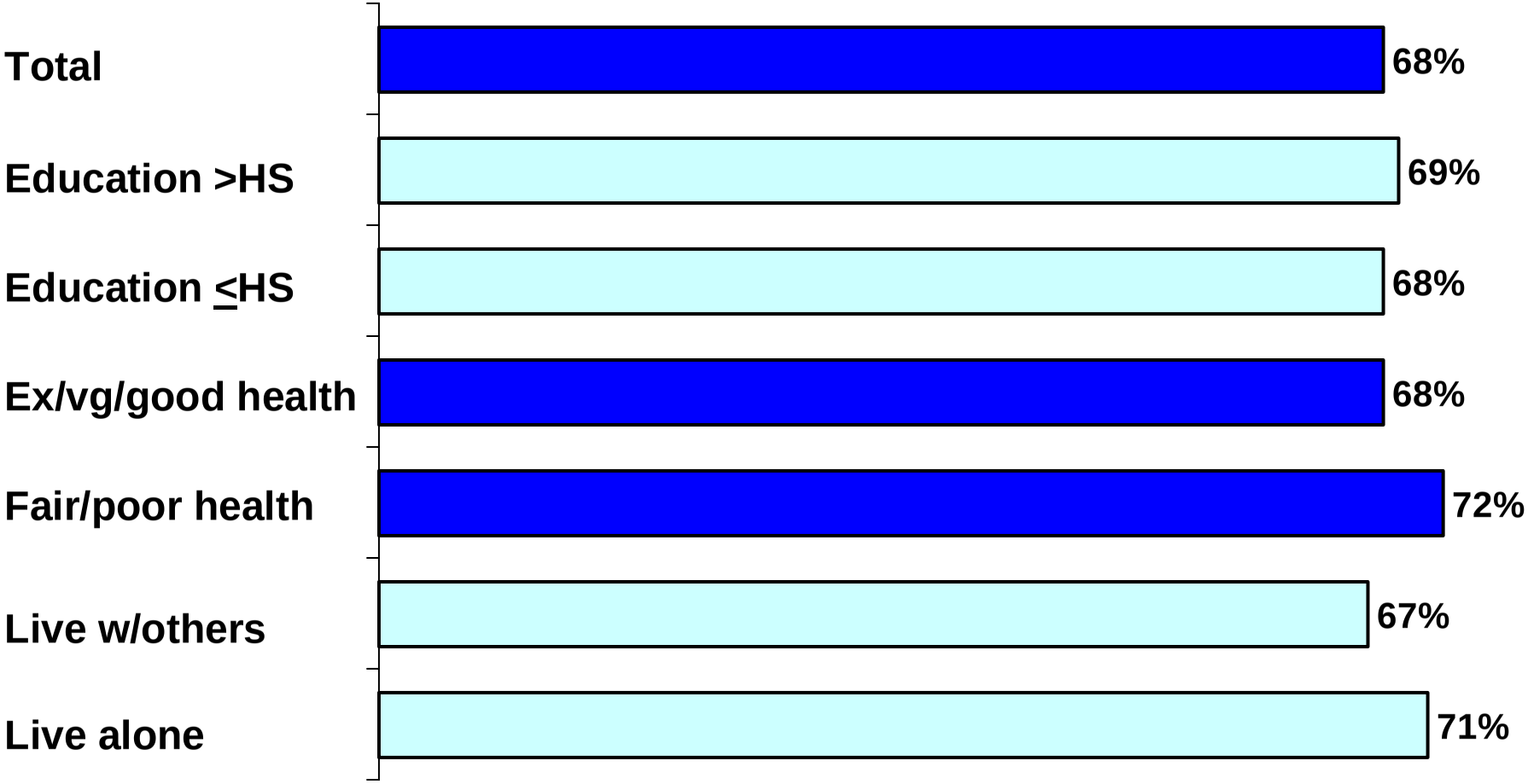
Figure 11.7, Indiana§

Percentage of people age 60+ who had a flu shot in the past year, by demographics (cont'd)



Unweighted N= 4,509
Weighted N= 973,489

§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

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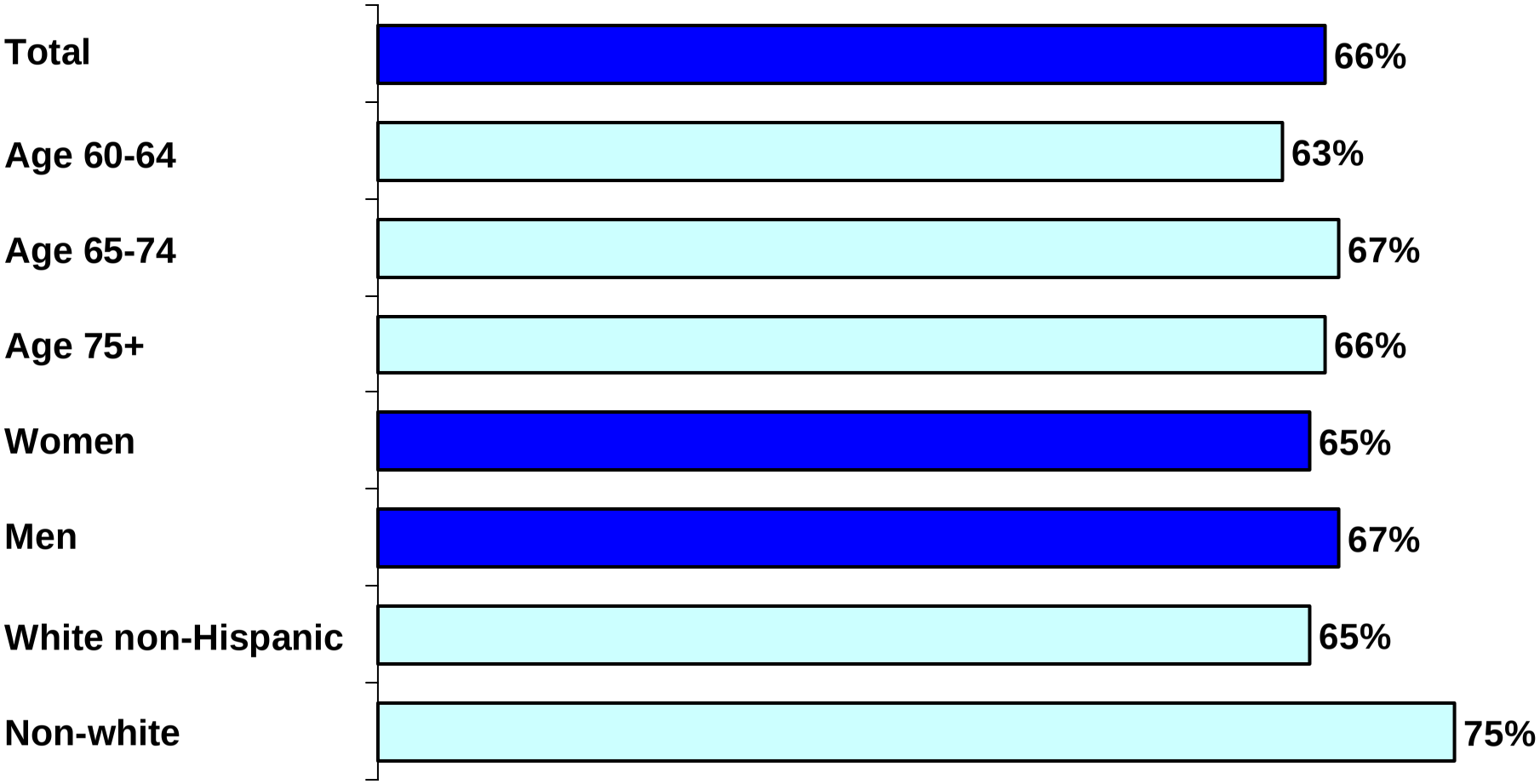
Figure 11.8, Indiana[§]

Percentage of people age 60+ who had a complete physical exam in the past year, by demographics



Unweighted N= 4,509
Weighted N= 973,489

[§] Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

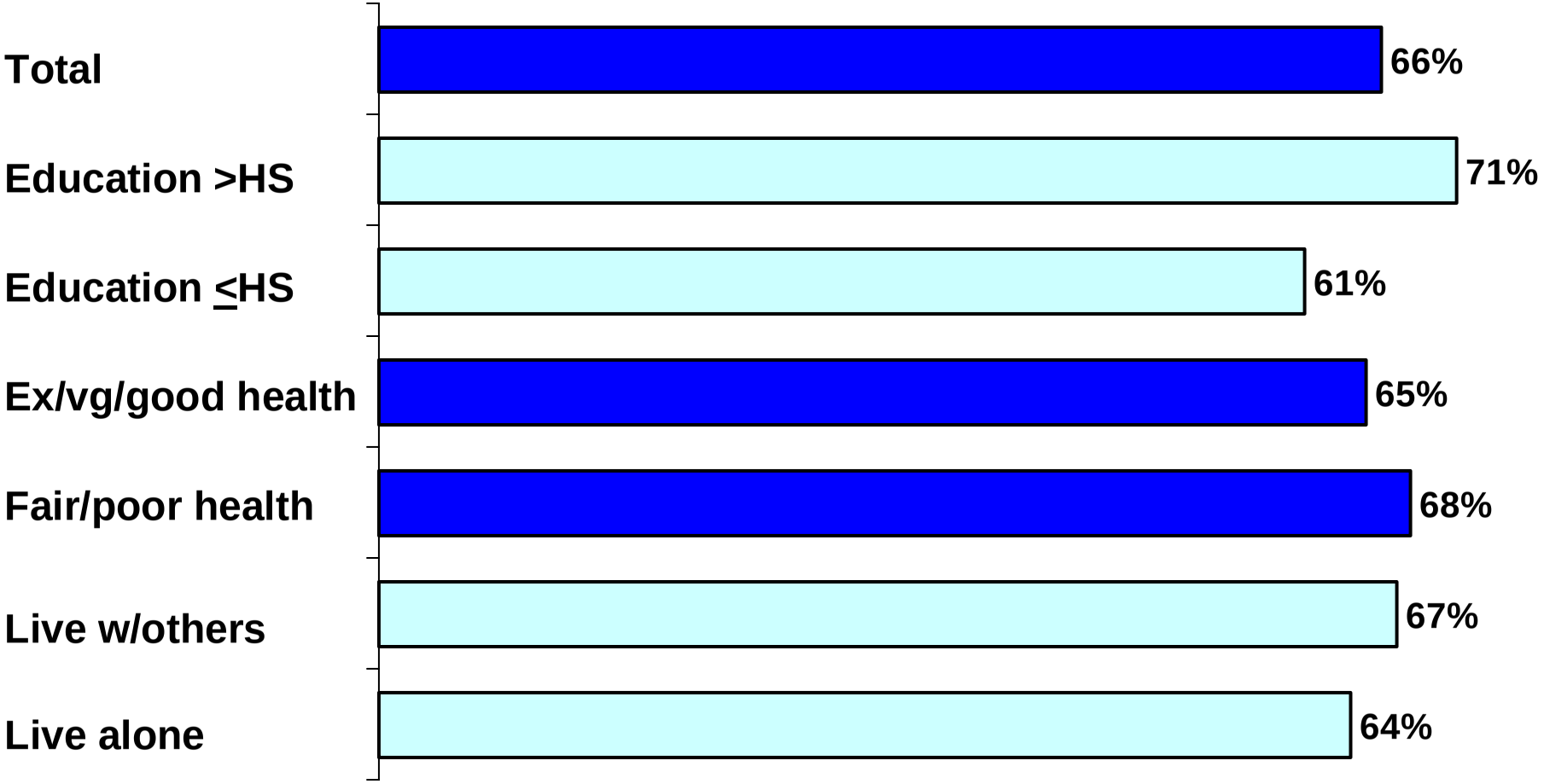
Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
Improving Communities for an Aging Society

Figure 11.9, Indiana[§]

Percentage of people age 60+ who had a complete physical exam in the past year, by demographics (cont'd)



Unweighted N= 4,509
Weighted N= 973,489

[§] Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

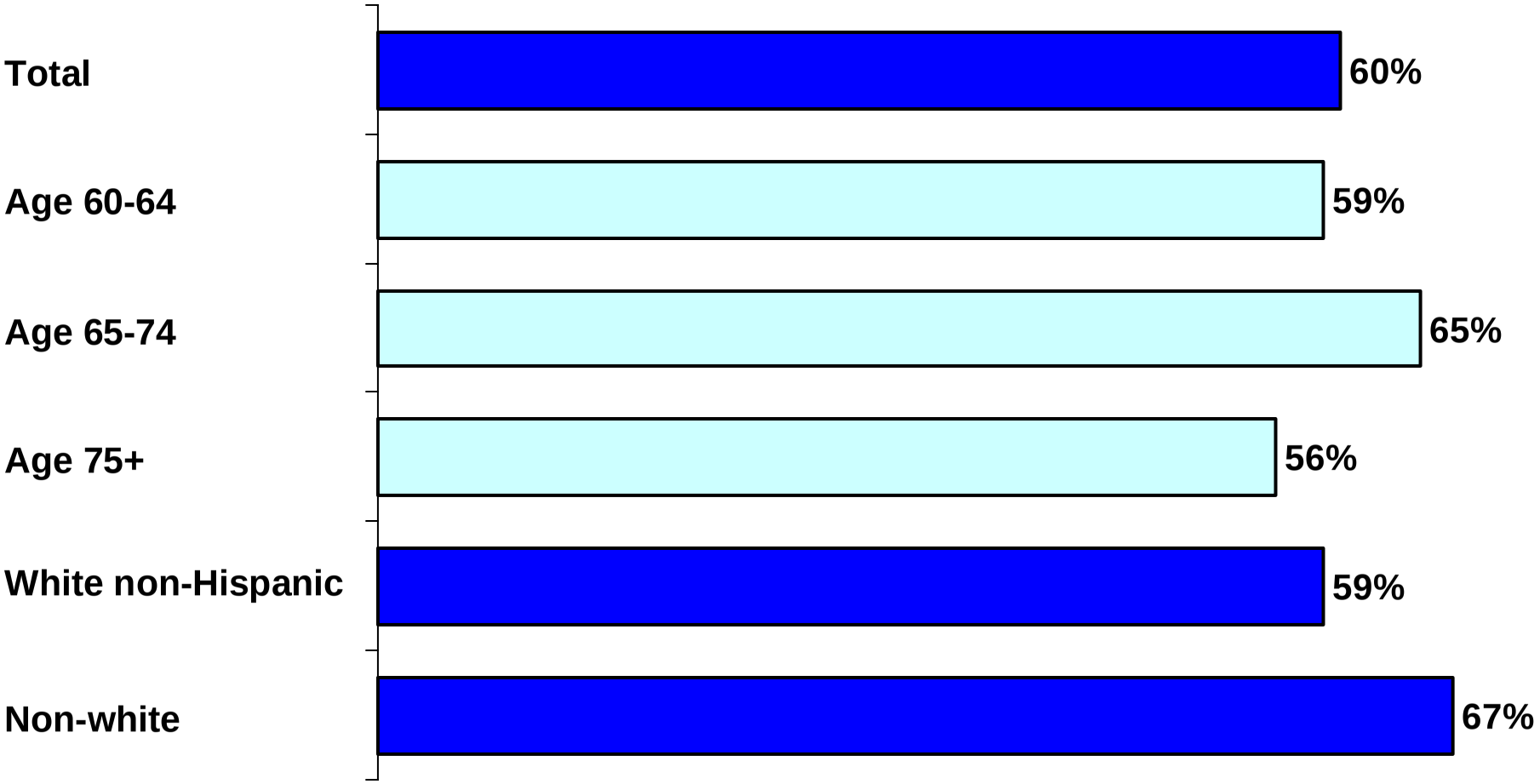
Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
Improving Communities for an Aging Society

Figure 11.10, Indiana§

Percentage of people age 60+ who had a mammogram* in the past year, by demographics



*Mammogram for women only

Unweighted N= 2,398
Weighted N= 552,654

§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
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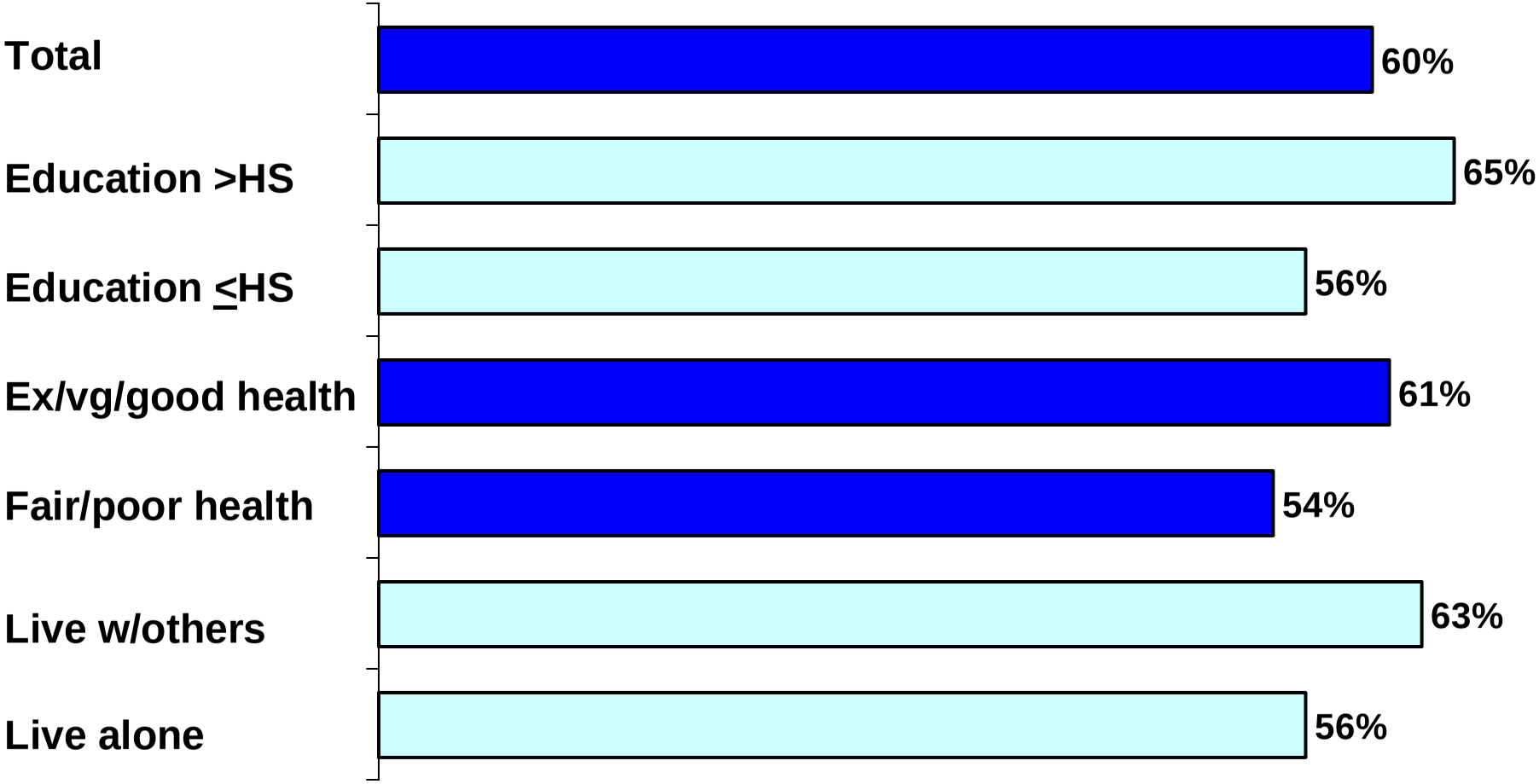
Figure 11.11, Indiana§

Percentage of people age 60+ who had a mammogram* in the past year, by demographics (cont'd)



*Mammogram for women only

Unweighted N= 2,398
Weighted N= 552,654

§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
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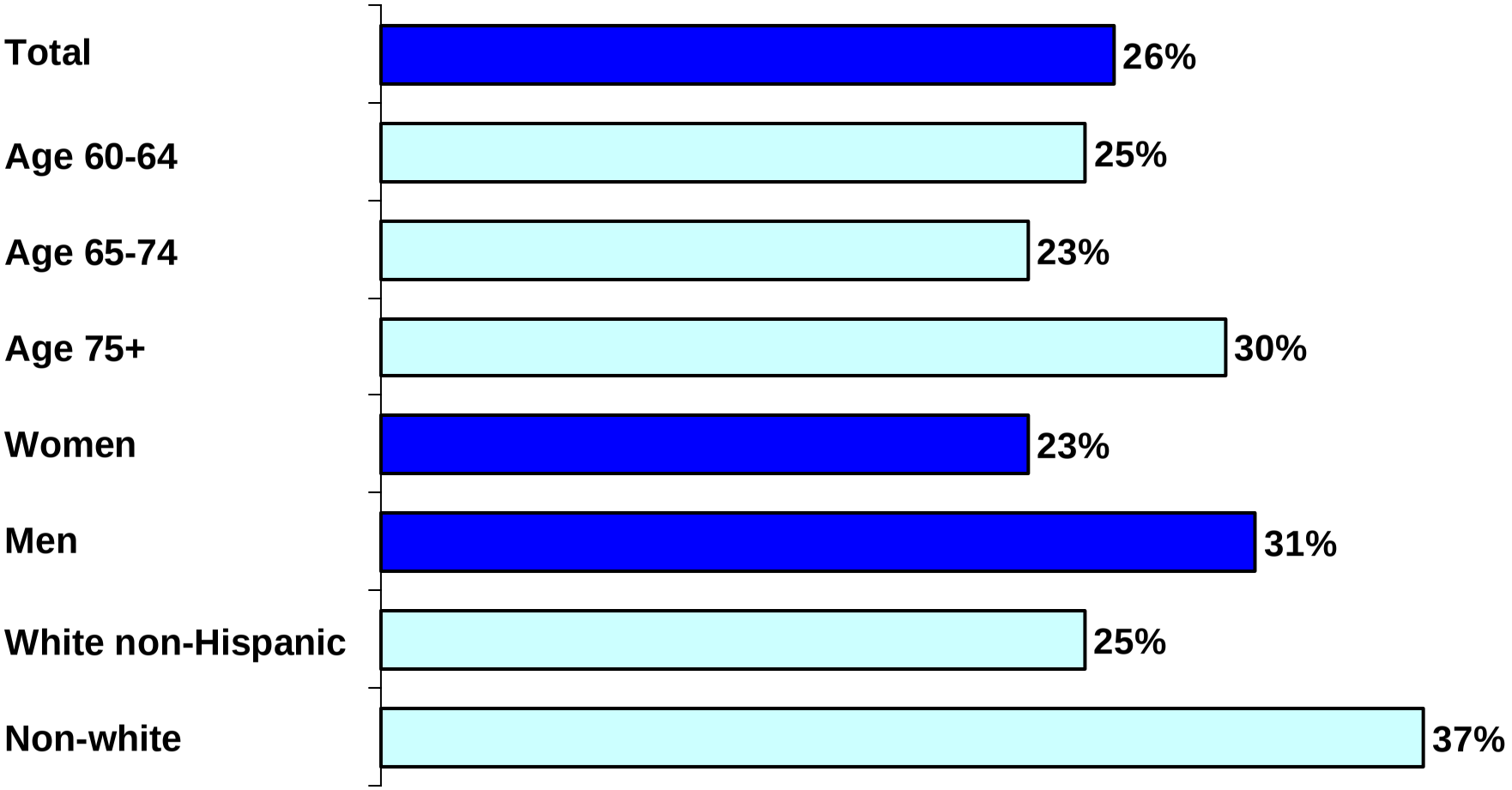
Figure 11.12, Indiana§

Percentage of people age 60+ who had a hearing test in the past year, by demographics



Unweighted N= 4,509
Weighted N= 973,489

§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
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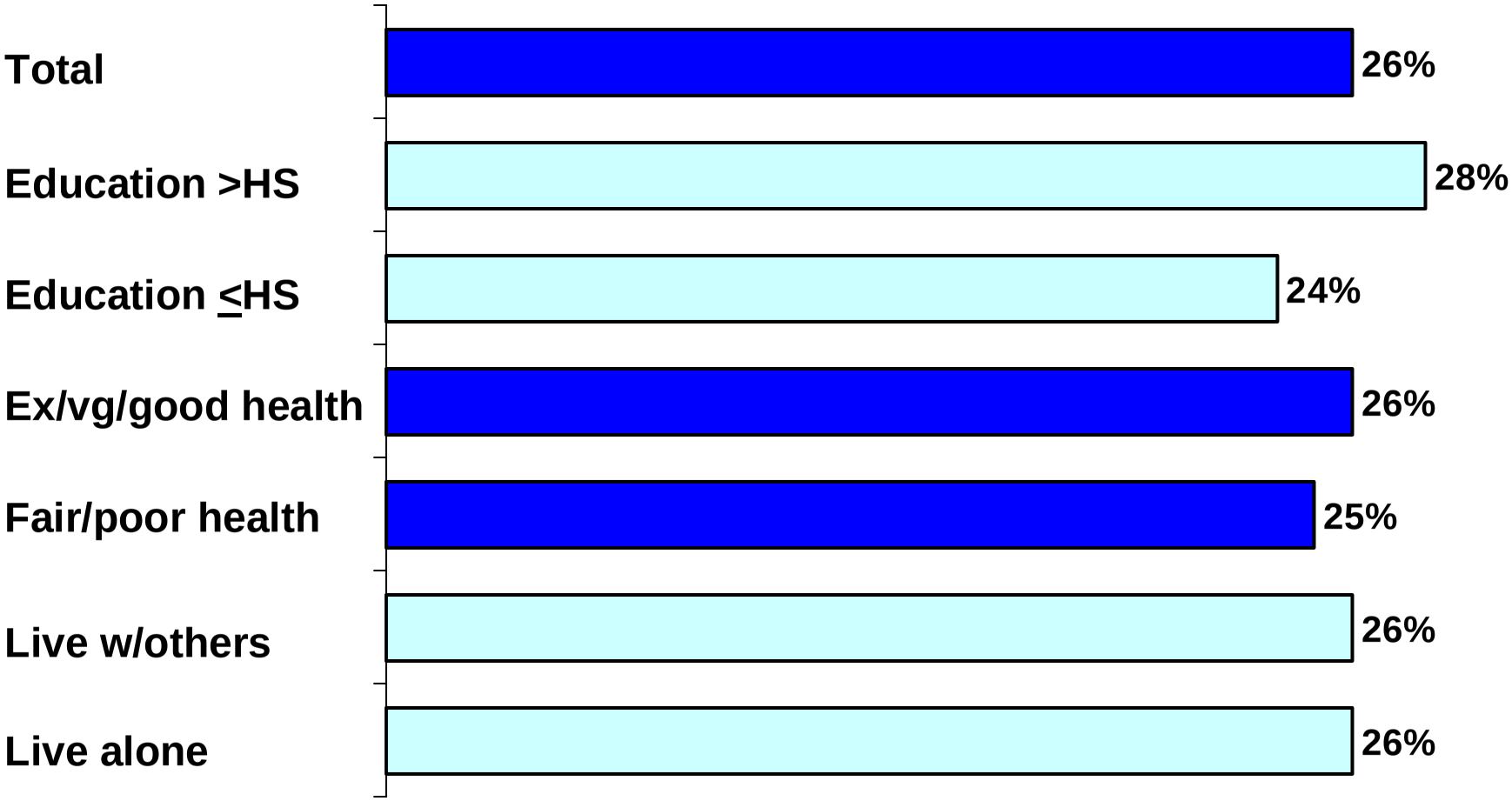
Figure 11.13, Indiana§

Percentage of people age 60+ who had a hearing test in the past year, by demographics (cont'd)



Unweighted N= 4,509
Weighted N= 973,489

§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

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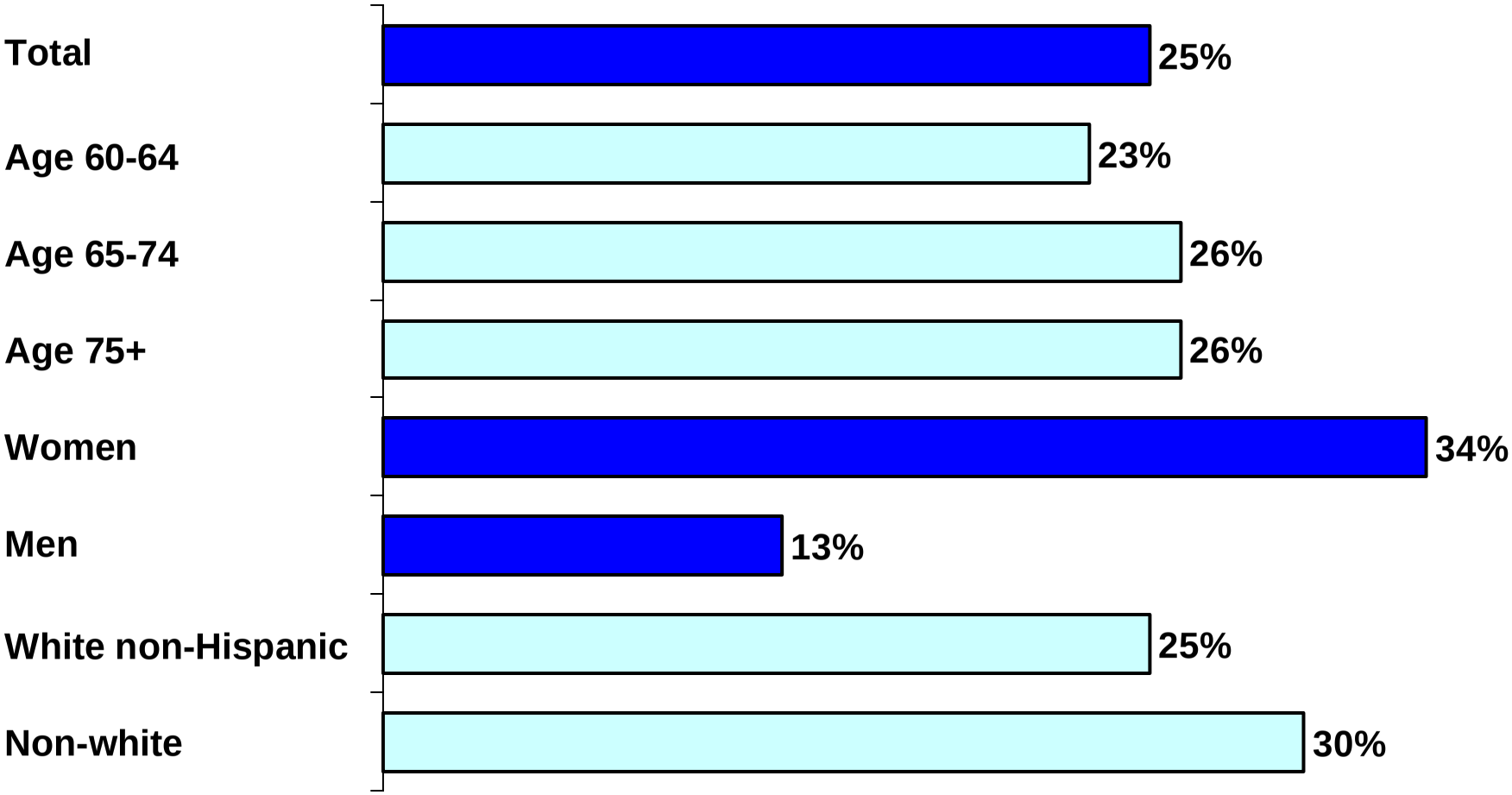
Figure 11.14, Indiana§

Percentage of people age 60+ who had a bone density test in the past year, by demographics



Unweighted N= 4,509
Weighted N= 973,489

§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
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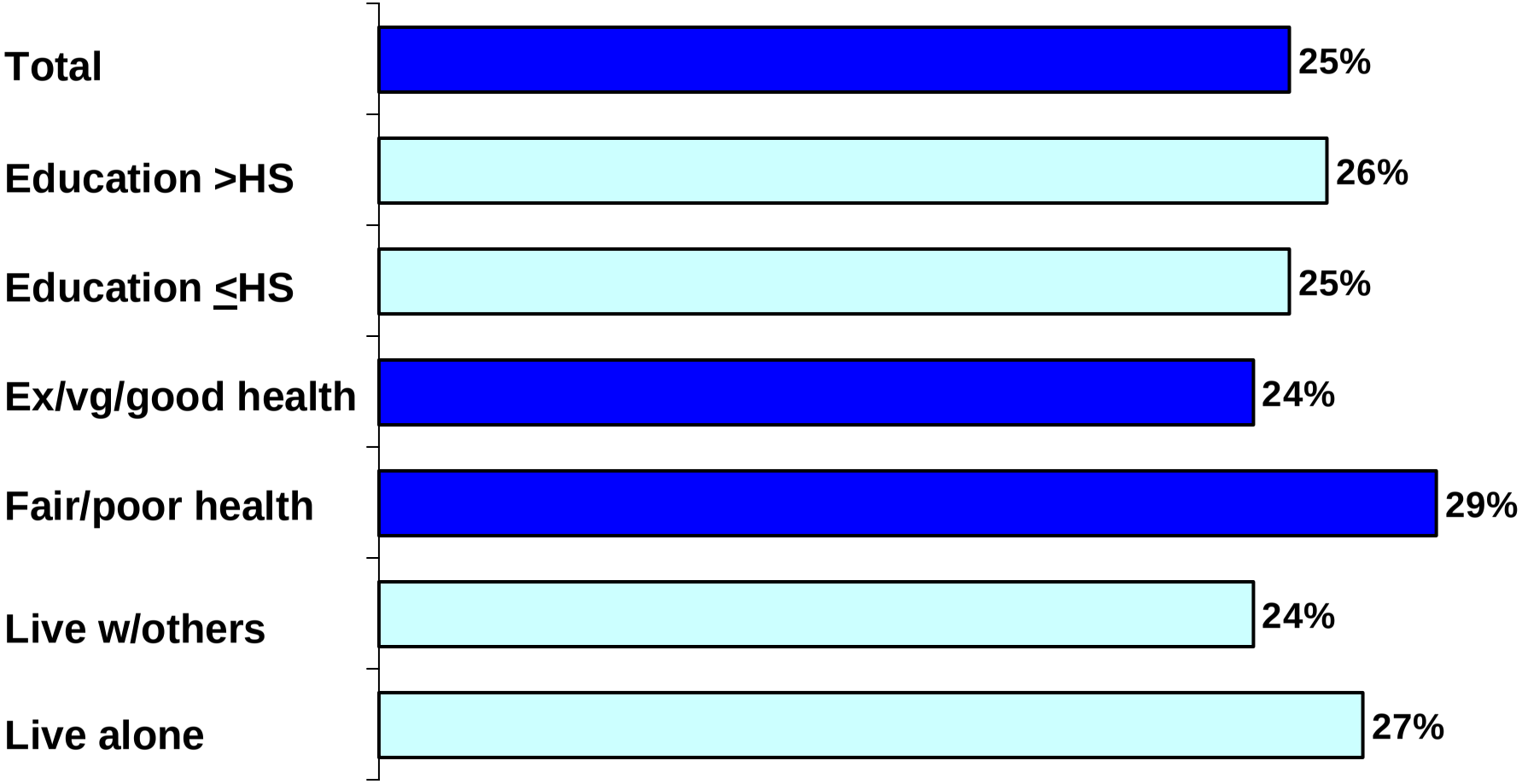
Figure 11.15, Indiana§

Percentage of people age 60+ who had a bone density test in the past year, by demographics (cont'd)



Unweighted N= 4,509
Weighted N= 973,489

§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

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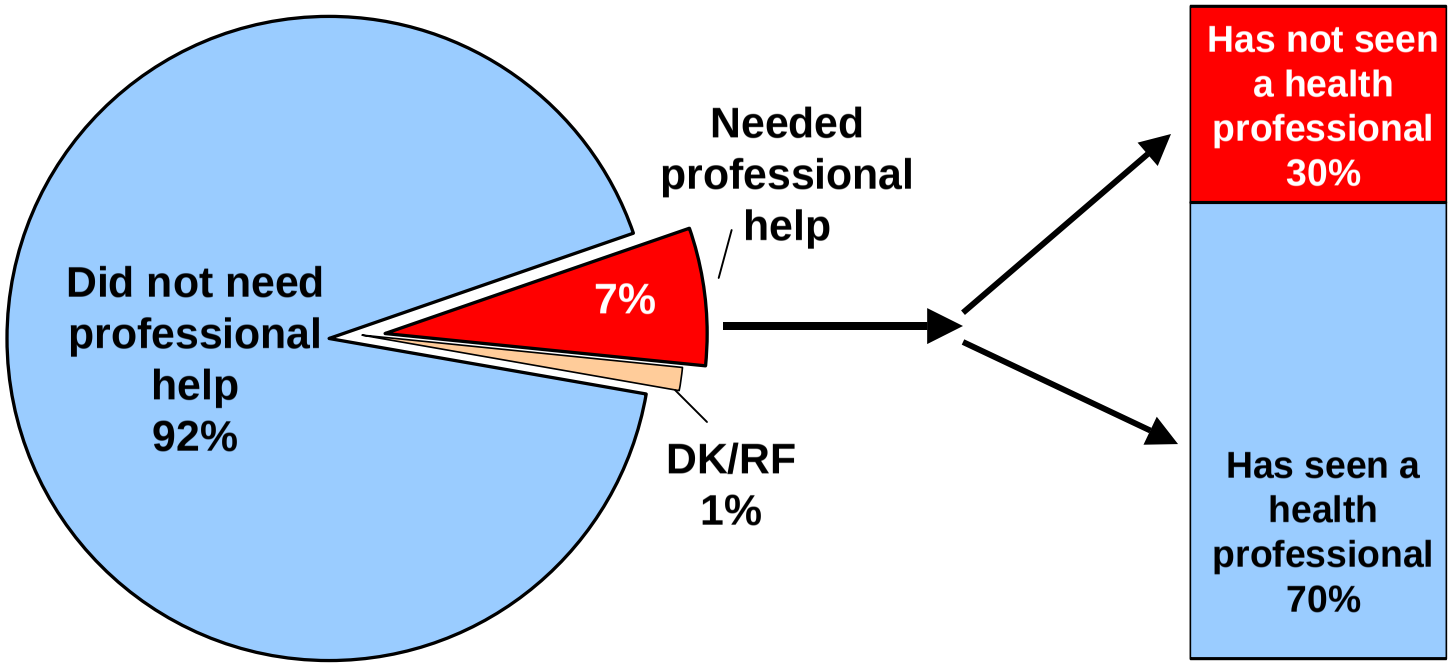
Improving Communities for an Aging Society

Figure 12.1, Indiana[§]

Percentage of people age 60+ who thought they needed the help of a health care professional because they felt depressed or anxious and have not seen one (for those symptoms)*



Unweighted N=4,509
Weighted N=973,489

Unweighted N=317
Weighted N=72,242

*People were asked whether in the past year, there was a time when they thought they needed the help of a health professional or a counselor because they felt depressed or anxious.

*People who answered "yes" were asked whether they obtained the professional help or counseling they thought they needed.

Note: Percentages may not add up to 100% due to rounding and/or missing information.

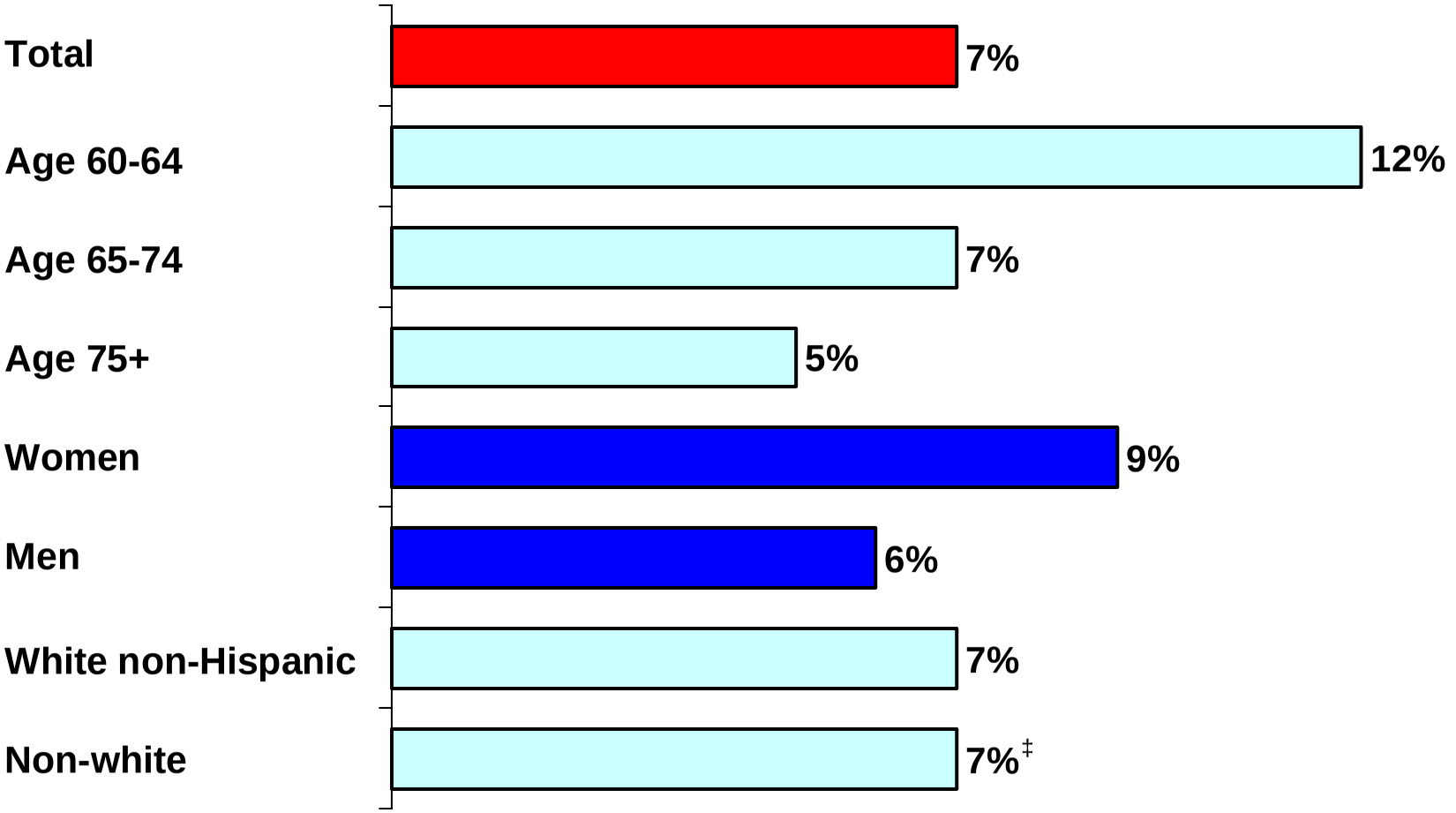
[§] Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

Center for Home Care Policy & Research **Source: *AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
Improving Communities for an Aging Society

Figure 12.2, Indiana§

Percentage of people age 60+ who thought they needed the help of a health care professional because they felt depressed or anxious,* by demographics



*People were asked whether in the past year, there was a time when they thought they needed the help of a health professional or a counselor because they felt depressed or anxious.

‡ This percentage is based on fewer than 20 respondents (Unweighted N<20) and should be interpreted with caution.

§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

Unweighted N= 4,509
Weighted N= 973,489

Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

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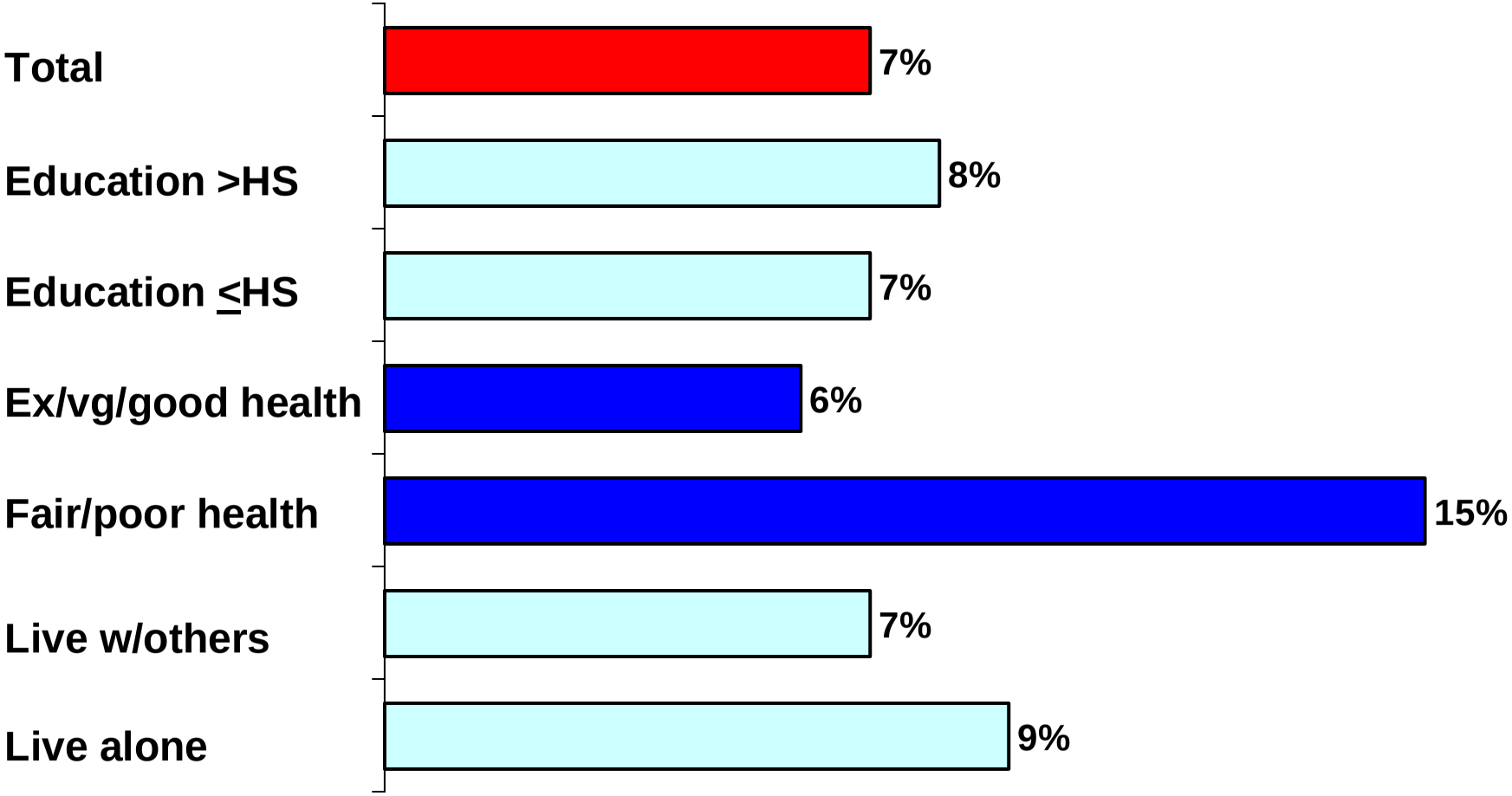
Improving Communities for an Aging Society

Figure 12.3, Indiana§

Percentage of people age 60+ who thought they needed the help of a health care professional because they felt depressed or anxious,* by demographics (cont'd)



*People were asked whether in the past year, there was a time when they thought they needed the help of a health professional or a counselor because they felt depressed or anxious.

Unweighted N= 4,509
Weighted N= 973,489

§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

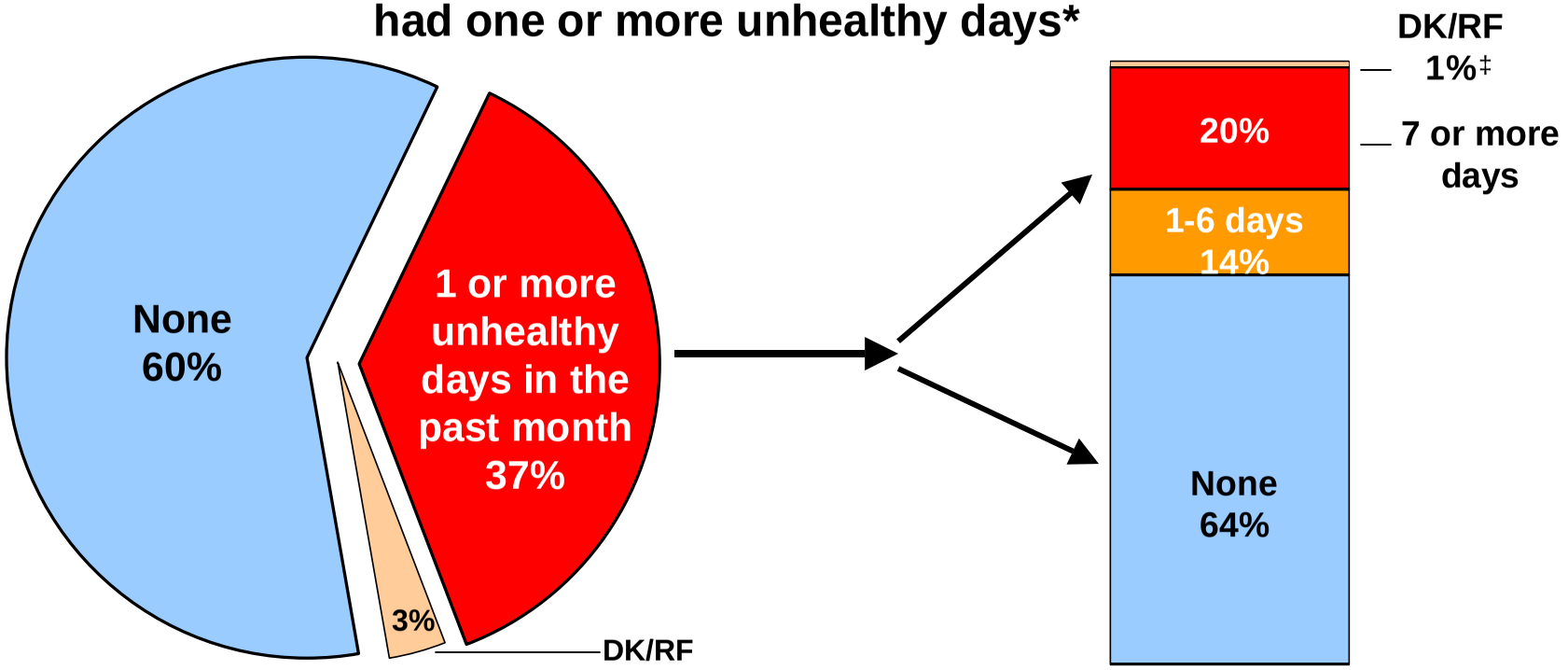
Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
Improving Communities for an Aging Society

Figure 13.1, Indiana§

Percentage of people age 60+ whose physical or mental health interfered with their activities in the past month, among those who had one or more unhealthy days*



Unweighted N=4,509
Weighted N=973,489

Unweighted N=1,682
Weighted N=362,939

*The number of "unhealthy" days is based on a summary index from the following two questions: 1. "Now, thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?" and 2. "Now, thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?"

*People who had one or more "unhealthy" days were asked "During the past 30 days, for how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?"

Note: Percentages may not add up to 100% due to rounding and/or missing information.
‡ This percentage is based on fewer than 20 respondents (Unweighted N<20) and should be interpreted with caution.
§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

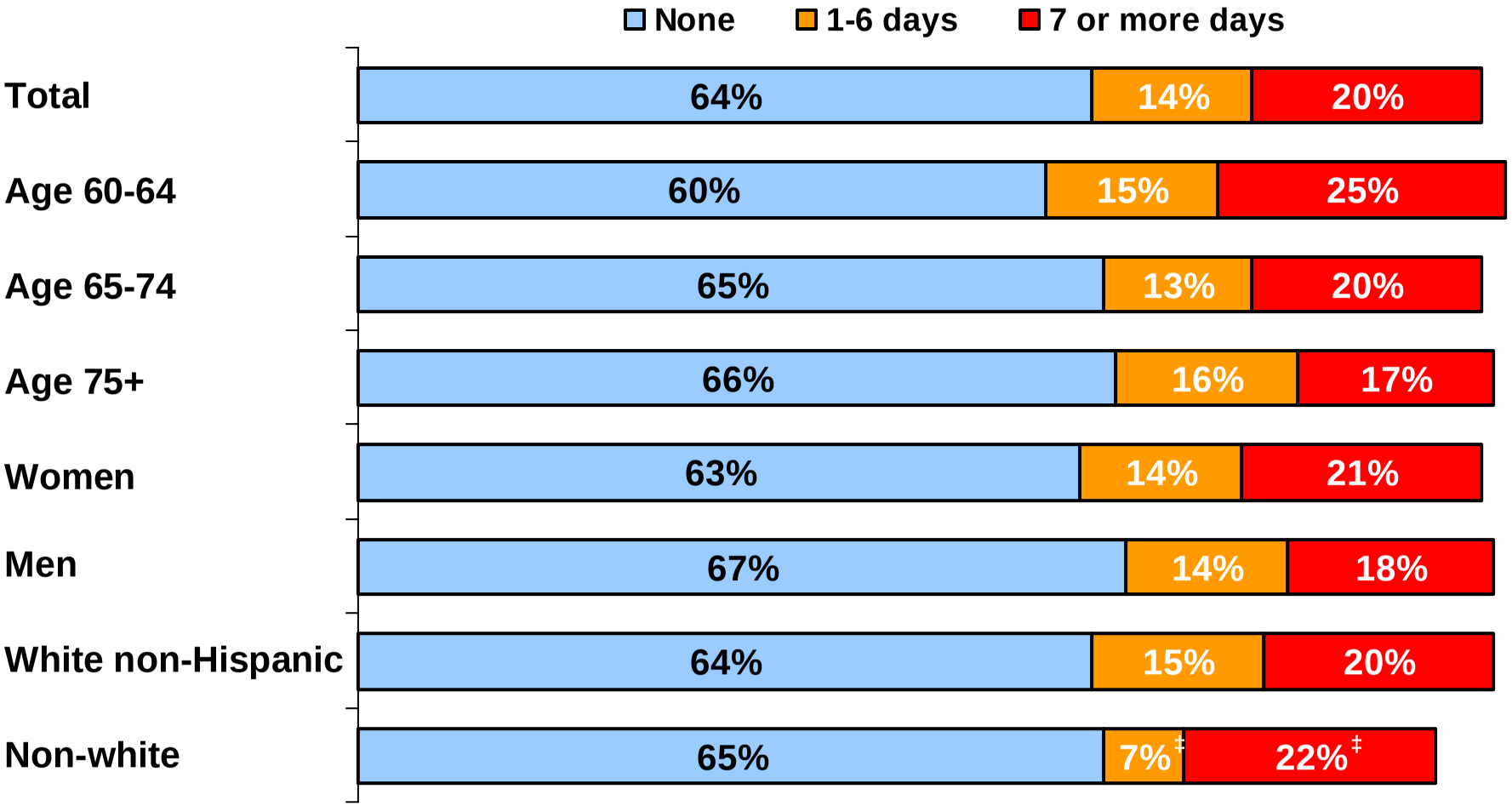
Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
Improving Communities for an Aging Society

Figure 13.2, Indiana§

Percentage of people age 60+ whose physical or mental health interfered with their activities in the past month,* by demographics



Note: Percentages may not add up to 100% due to rounding and/or missing information.

*People who had one or more "unhealthy" days were asked "During the past 30 days, for how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?"

‡ This percentage is based on fewer than 20 respondents (Unweighted N<20) and should be interpreted with caution.

§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

Unweighted N= 1,682
Weighted N= 362,939

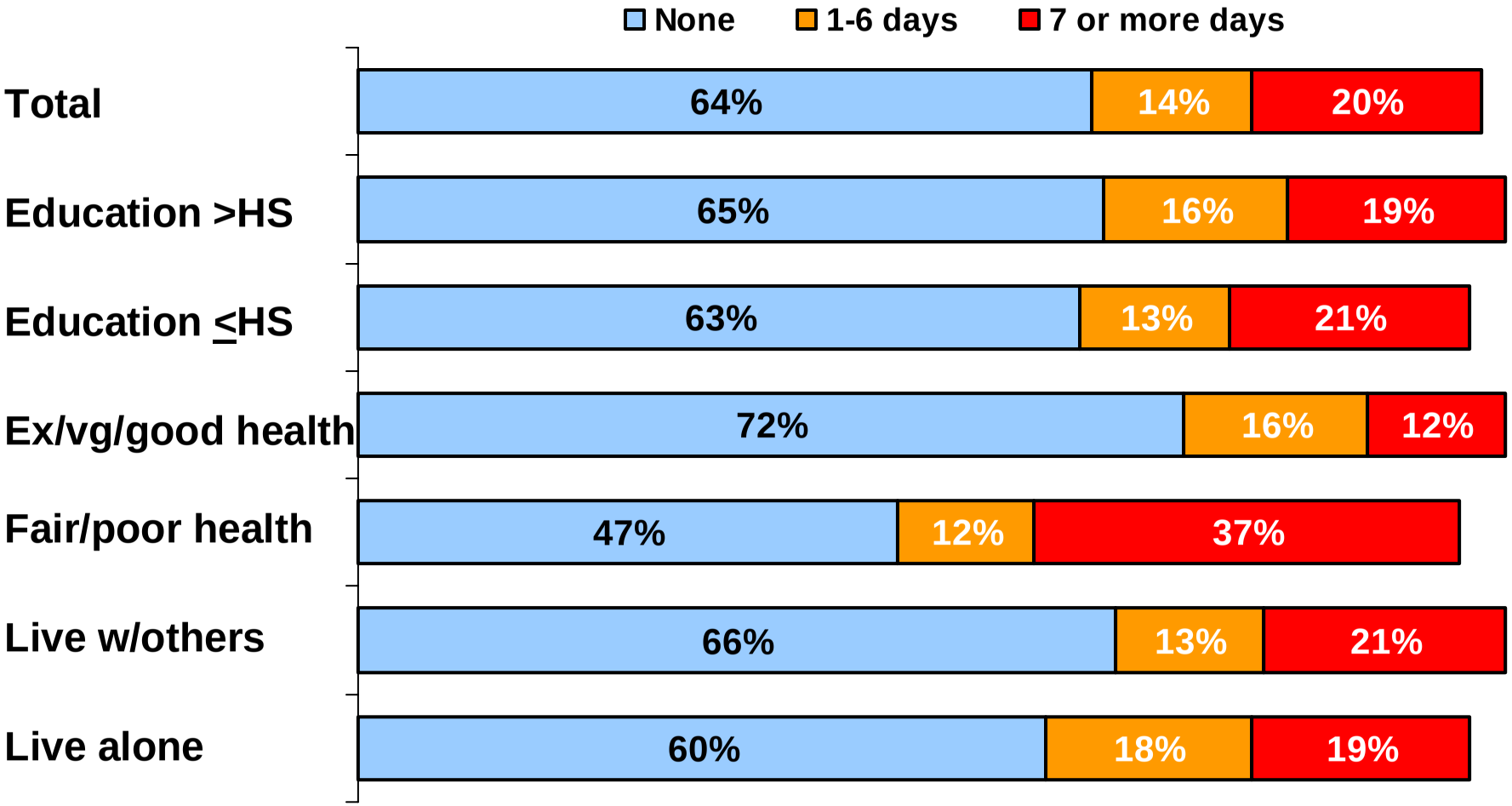
Center for Home Care Policy & Research

Source: *AdvantAge Initiative Community Survey in Indiana 2008*

The AdvantAge Initiative
Improving Communities for an Aging Society

Figure 13.3, Indiana§

Percentage of people age 60+ whose physical or mental health interfered with their activities in the past month,* by demographics



Note: Percentages may not add up to 100% due to rounding and/or missing information.

*People who had one or more "unhealthy" days were asked "During the past 30 days, for how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?"

Unweighted N= 1,682
Weighted N= 362,939

§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

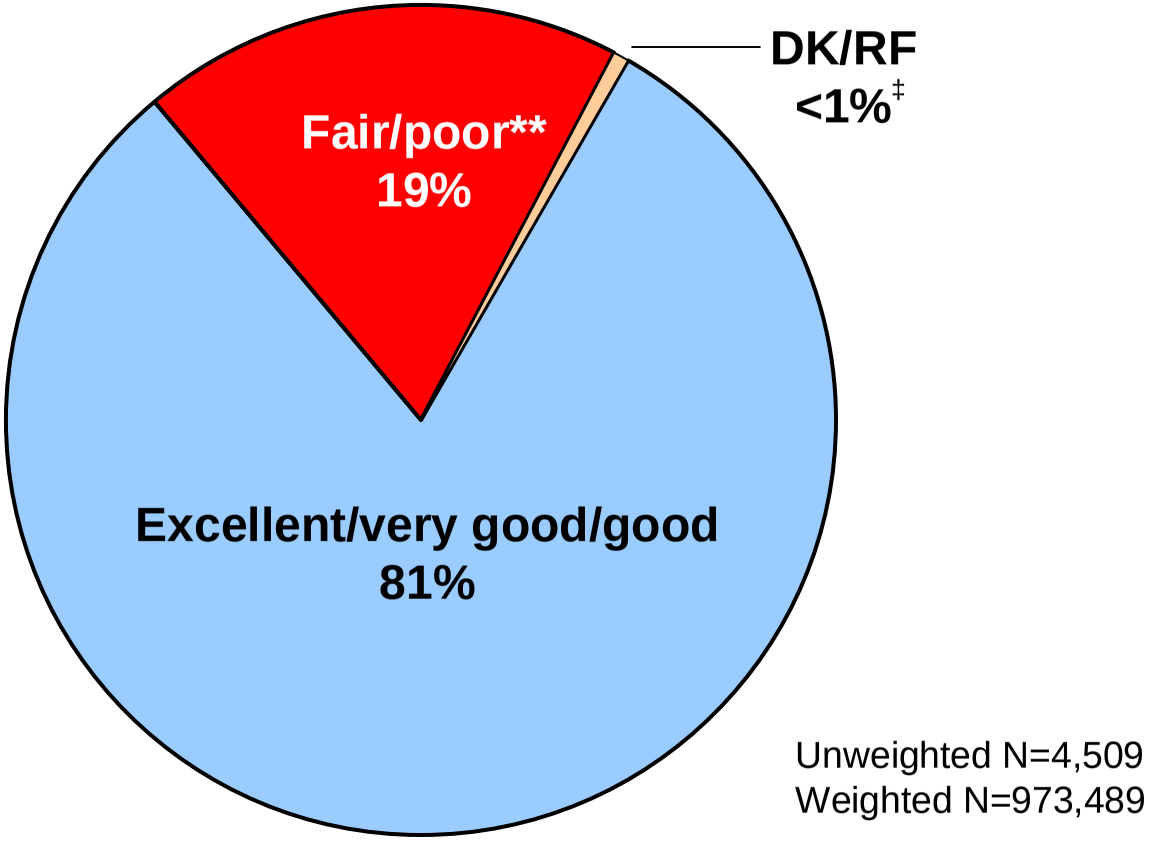
Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
Improving Communities for an Aging Society

Figure 14.1, Indiana§

Percentage of people age 60+ who report being in good to excellent health*



Note: Percentages may not add up to 100% due to rounding and/or missing information.

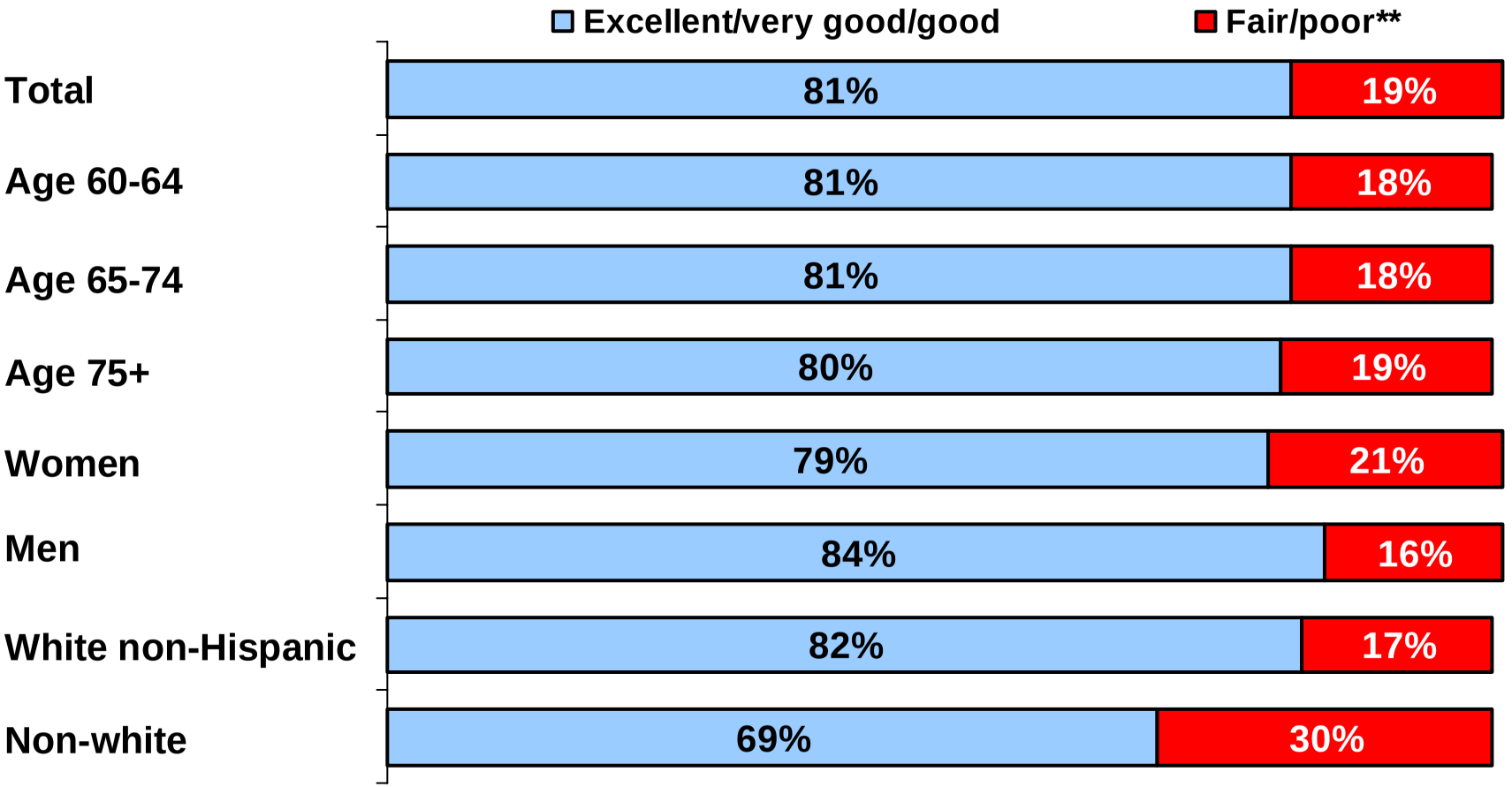
*People were asked: "Would you say that, in general, your health is Excellent, Very good, Good, Fair, Poor, or Very poor?"
**Includes people who said their health was Fair, Poor, or Very poor.
‡ This percentage is based on fewer than 20 respondents (Unweighted N<20) and should be interpreted with caution.
§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

Center for Home Care Policy & Research **Source: *AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
Improving Communities for an Aging Society

Figure 14.2, Indiana§

Percentage of people age 60+ who report being in good to excellent health,* by demographics



Note: Percentages may not add up to 100% due to rounding and/or missing information.

*People were asked: "Would you say that, in general, your health is Excellent, Very good, Good, Fair, Poor, or Very poor?"
**Includes people who said their health was Fair, Poor, or Very poor.

Unweighted N= 4,509
Weighted N= 973,489

§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

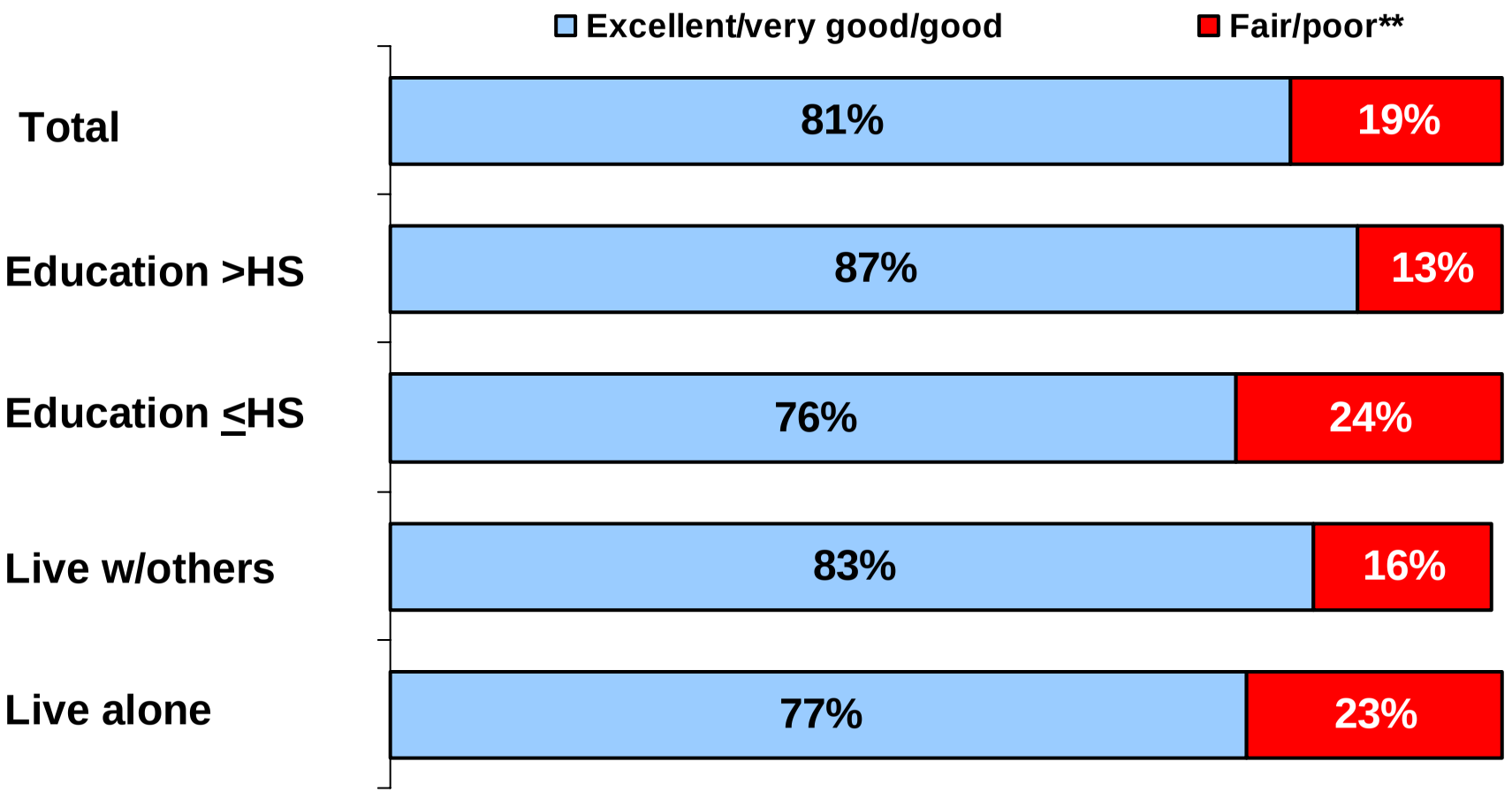
Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
Improving Communities for an Aging Society

Figure 14.3, Indiana[§]

Percentage of people age 60+ who report being in good to excellent health,* by demographics (cont'd)



Note: Percentages may not add up to 100% due to rounding and/or missing information.

*People were asked: "Would you say that, in general, your health is Excellent, Very good, Good, Fair, Poor, or Very poor?"
**Includes people who said their health was Fair, Poor, or Very poor.

Unweighted N= 4,509
Weighted N= 973,489

[§] Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

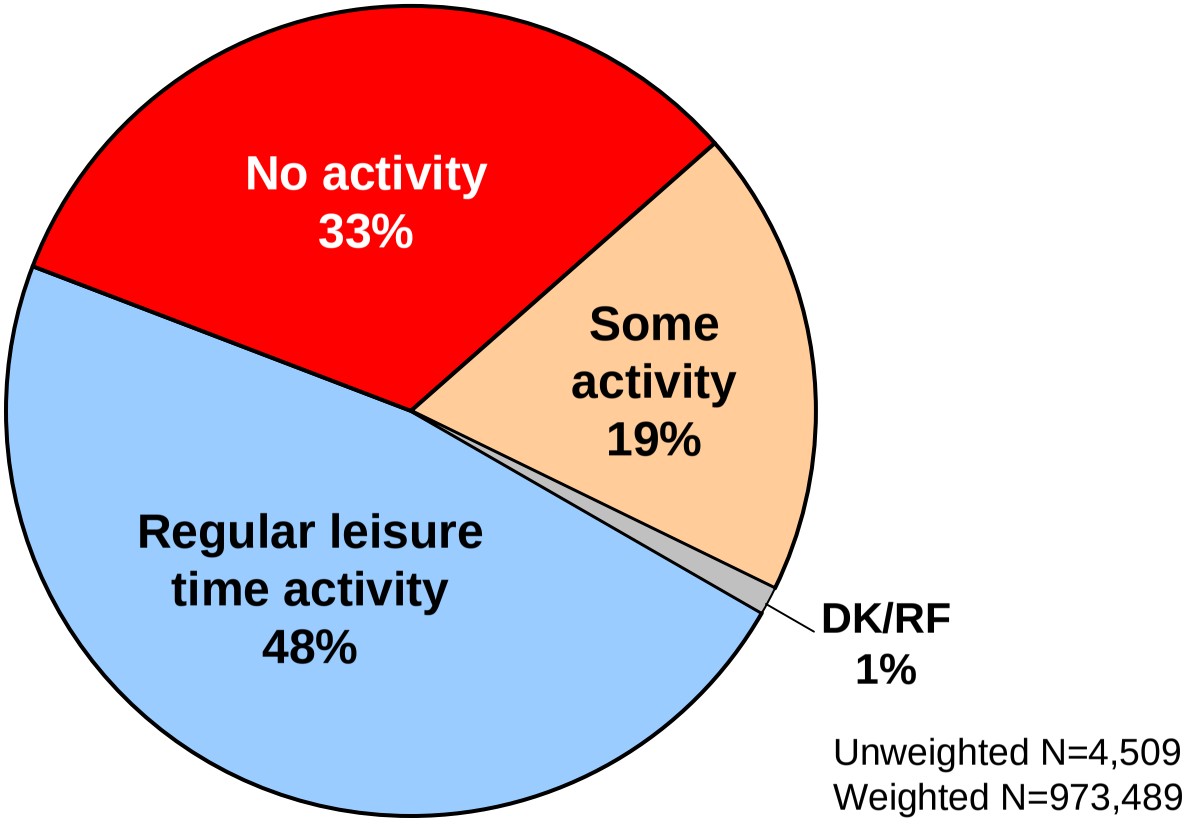
Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
Improving Communities for an Aging Society

Figure 15.1, Indiana§

Percentage of people age 69+ who participate in regular leisure time activity*



Note: Percentages may not add up to 100% due to rounding and/or missing information.

*"Regular leisure time activity" is defined as 1) light or moderate activity that causes light sweating or a light to moderate increase in breathing or heart rate and occurs five or more times per week for at least 30 minutes each time, and/or 2) vigorous activity that causes heavy sweating or large increases in breathing or heart rate and occurs three or more times per week for at least 20 minutes each time. People who engage in other combinations of the two types of physical activities described above are included in the category "some activity." Those who are unable to or do not engage or seldom engage in physical activity are included in the category "no activity."

§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

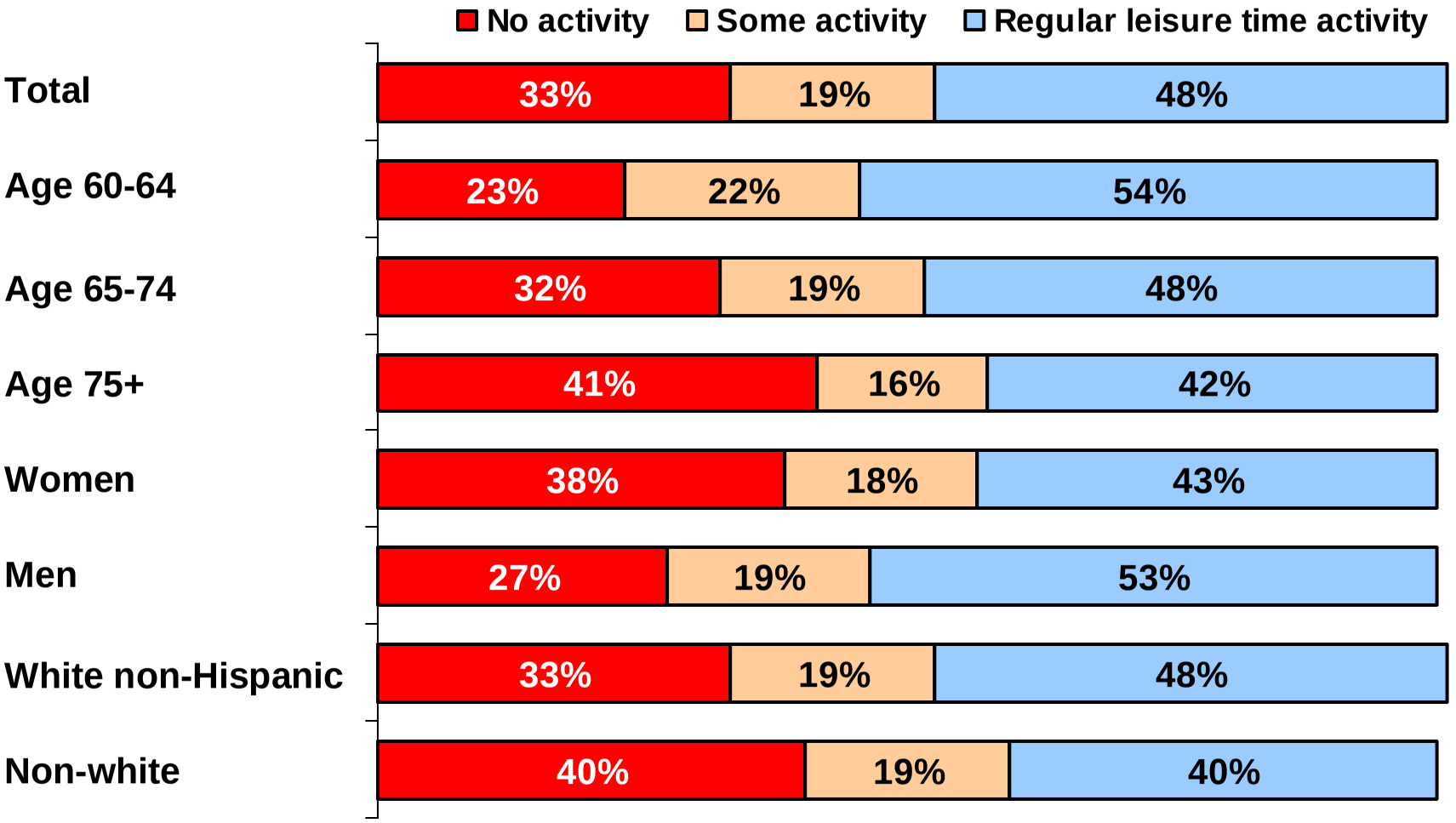
Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
Improving Communities for an Aging Society

Figure 15.2, Indiana[§]

Percentage of people age 60+ who participate in regular leisure time activity,* by demographics



Note: Percentages may not add up to 100% due to rounding and/or missing information.

*"Regular leisure time activity" is defined as 1) light or moderate activity that causes light sweating or a light to moderate increase in breathing or heart rate and occurs five or more times per week for at least 30 minutes each time, and/or 2) vigorous activity that causes heavy sweating or large increases in breathing or heart rate and occurs three or more times per week for at least 20 minutes each time. People who engage in other combinations of the two types of physical activities described above are included in the category "some activity." Those who are unable to or do not engage in physical activity are included in the category "no activity."

Unweighted N=4,509
Weighted N=973,489

[§] Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

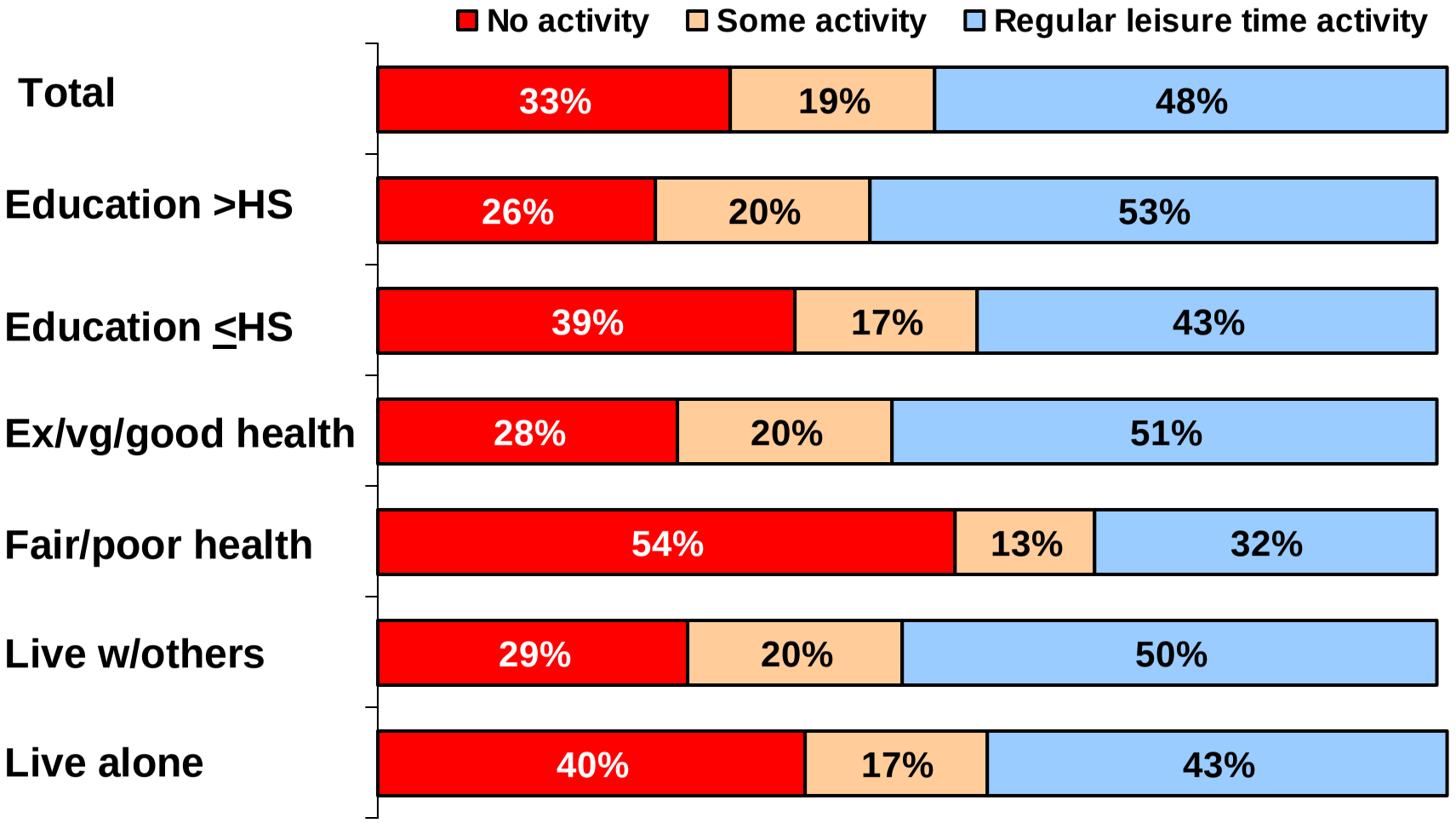
Center for Home Care Policy & Research

Source: *AdvantAge Initiative Community Survey in Indiana 2008*

The AdvantAge Initiative
Improving Communities for an Aging Society

Figure 15.3, Indiana[§]

Percentage of people age 60+ who participate in regular leisure time activity,* by demographics (cont'd)



Note: Percentages may not add up to 100% due to rounding and/or missing information.

*"Regular leisure time activity" is defined as 1) light or moderate activity that causes light sweating or a light to moderate increase in breathing or heart rate and occurs five or more times per week for at least 30 minutes each time, and/or 2) vigorous activity that causes heavy sweating or large increases in breathing or heart rate and occurs three or more times per week for at least 20 minutes each time. People who engage in other combinations of the two types of physical activities described above are included in the category "some activity." Those who are unable to or do not engage in physical activity are included in the category "no activity."

Unweighted N=4,509
Weighted N=973,489

[§] Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

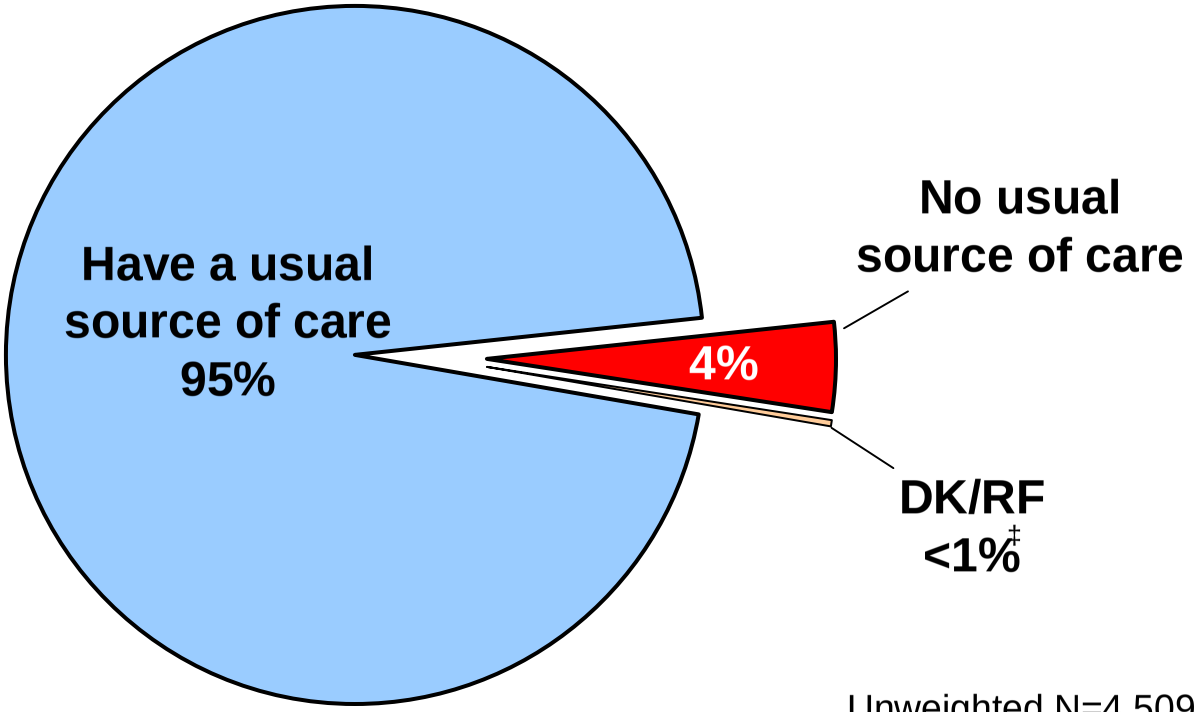
Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
Improving Communities for an Aging Society

Figure 16.1, Indiana§

Percentage of people age 60+ with a usual source of care*



Unweighted N=4,509
Weighted N=973,489

Note: Percentages may not add up to 100% due to rounding and/or missing information.

*People were asked whether there is a place that they usually go when they are sick or need advice about their health.

‡ This percentage is based on fewer than 20 respondents (Unweighted N<20) and should be interpreted with caution.

§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

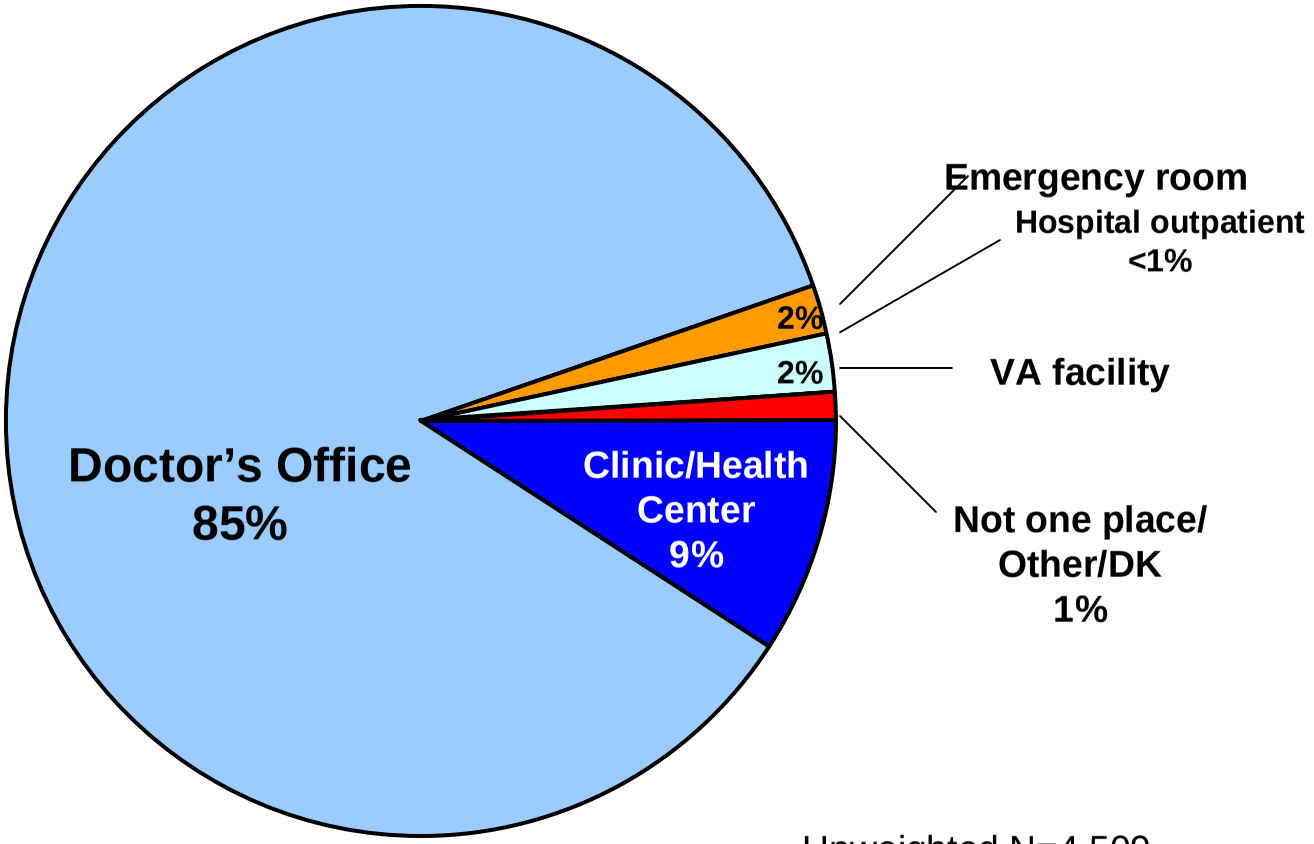
Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
Improving Communities for an Aging Society

Figure 16.2, Indiana[§]

Source of care used most often*



Unweighted N=4,509
Weighted N=973,589

Note: Percentages may not add up to 100% due to rounding and/or missing information.

*People were asked what kind of place they go to most often - a clinic, doctor's office, emergency room, or some other place.

[§] Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

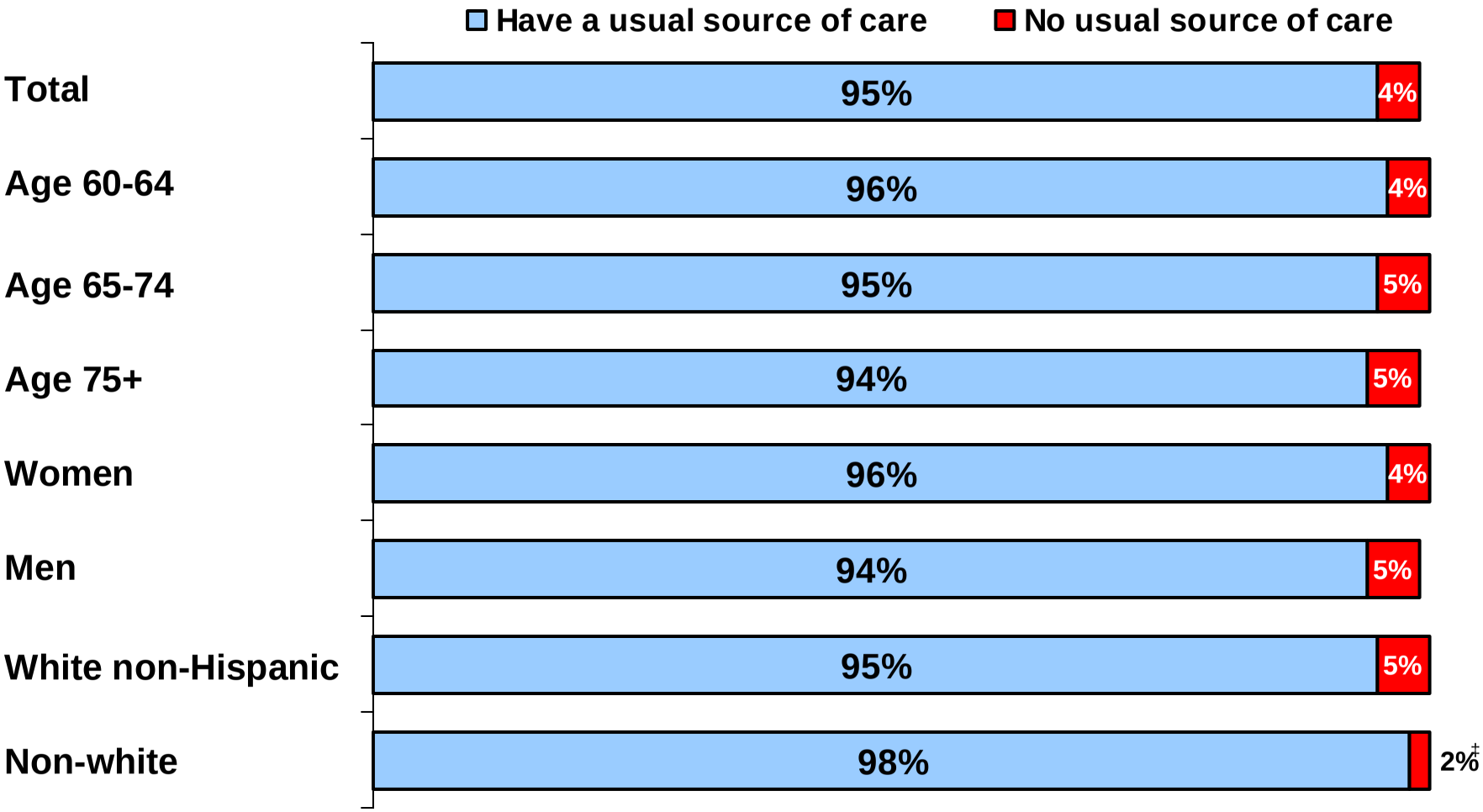
Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
Improving Communities for an Aging Society

Figure 16.3, Indiana§

Percentage of people age 60+ with a usual source of care,* by demographics



Note: Percentages may not add up to 100% due to rounding and/or missing information.
*People were asked whether there is a place that they usually go when they are sick or need advice about their health.
‡ This percentage is based on fewer than 20 respondents (Unweighted N<20) and should be interpreted with caution.
§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

Unweighted N=4,509
Weighted N=973,589

Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

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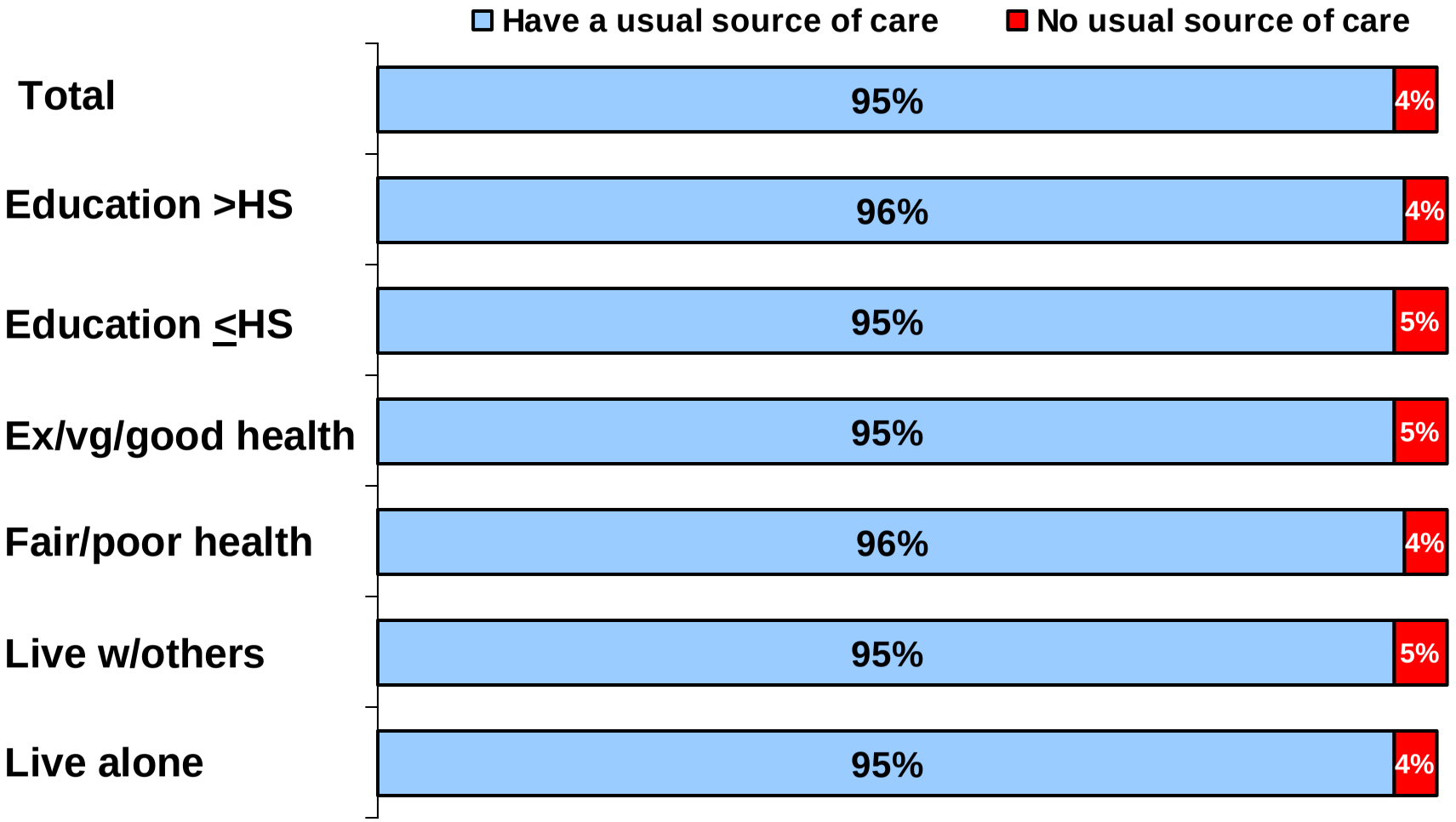
Figure 16.4, Indiana§

Percentage of people age 60+ with a usual source of care,* by demographics (cont'd)



Note: Percentages may not add up to 100% due to rounding and/or missing information.
*People were asked whether there is a place that they usually go when they are sick or need advice about their health.

§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

Unweighted N=4,509
Weighted N=973,489

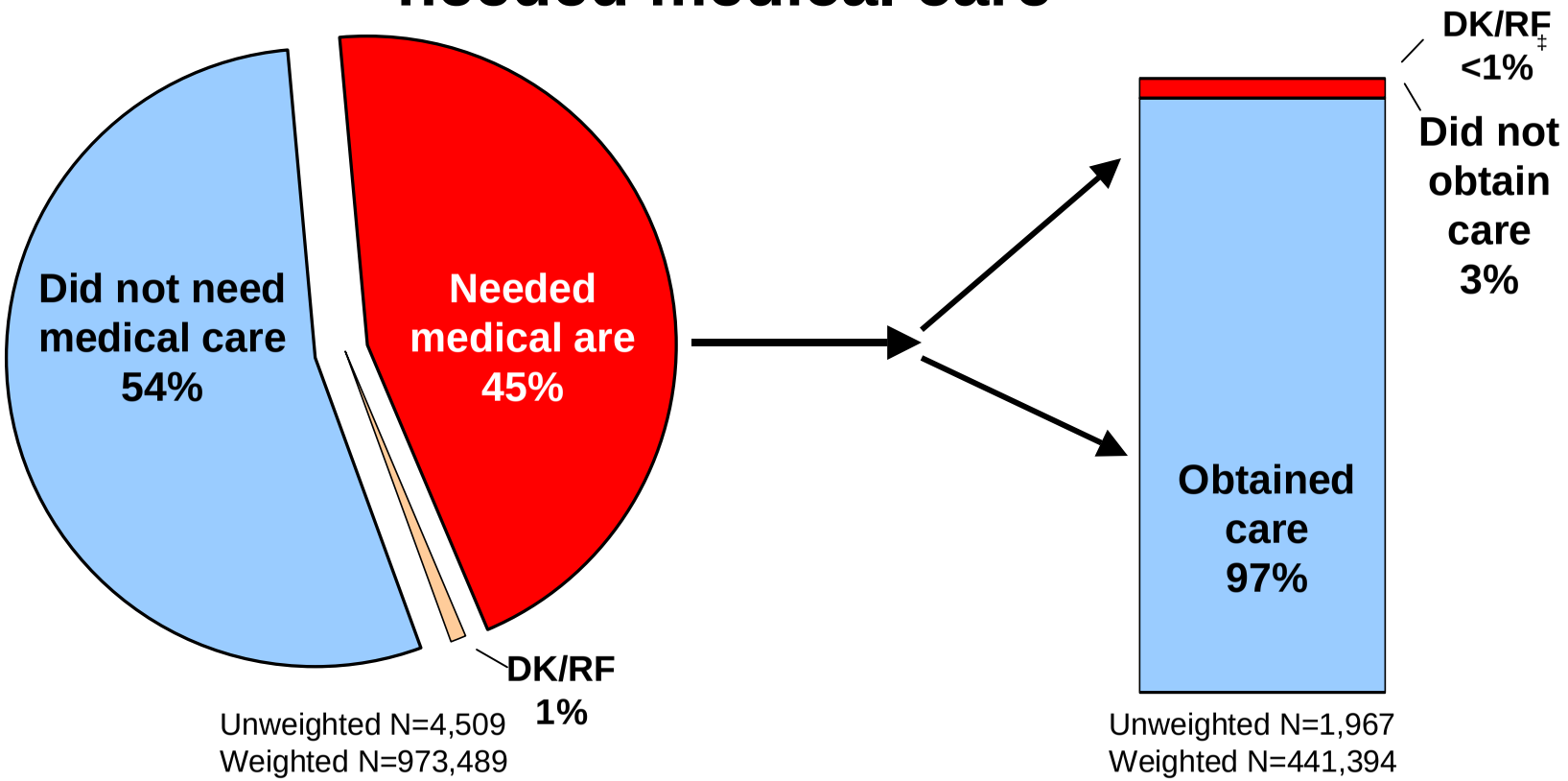
Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
Improving Communities for an Aging Society

Figure 17.1, Indiana[§]

Percentage of people age 60+ who failed to obtain needed medical care*



*People were asked whether in the past year there was a time when they thought they needed medical care because they felt sick.

*People who answered "yes" were asked whether they saw a medical professional when they felt sick.

Note: Percentages may not add up to 100% due to rounding and/or missing information.

‡ This percentage is based on fewer than 20 respondents (Unweighted N<20) and should be interpreted with caution.

§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

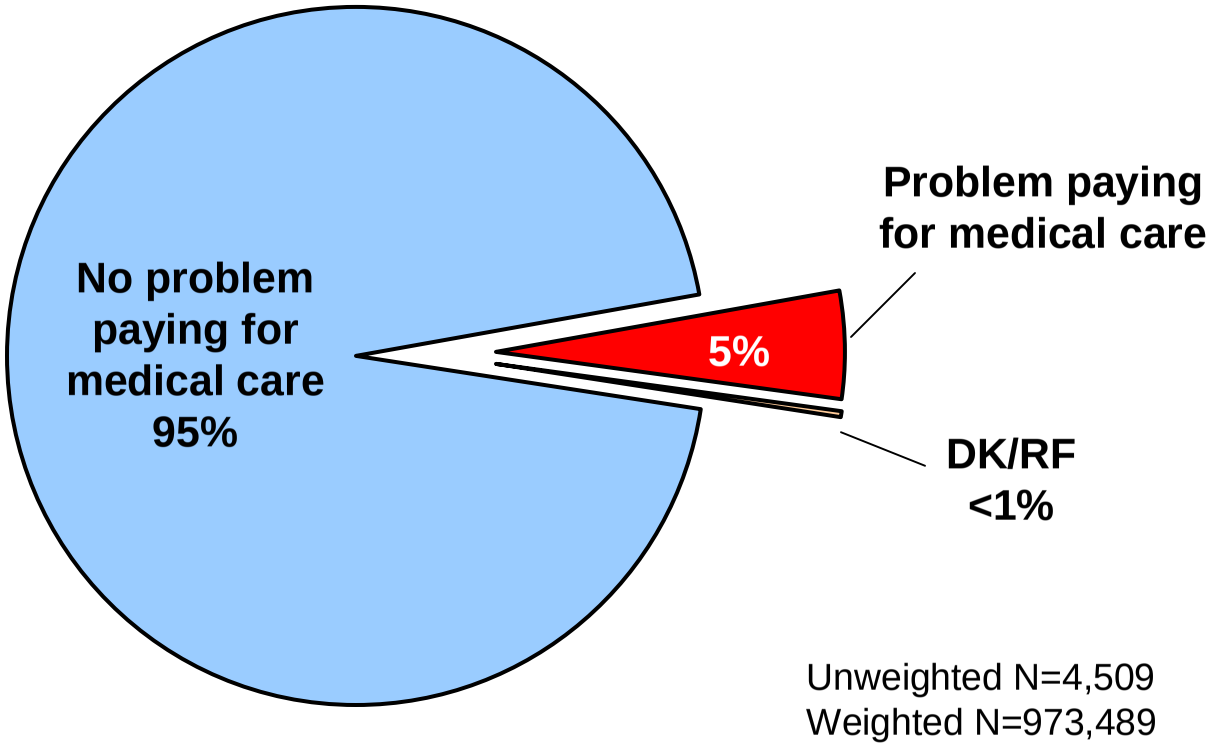
Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
Improving Communities for an Aging Society

Figure 18.1, Indiana§

Percentage of people age 60+ who had problems paying for medical care*



Note: Percentages may not add up to 100% due to rounding and/or missing information.

*People were asked whether there was a time in the past 12 months when they did not have enough money to follow up on tests or treatment recommended by a doctor.

§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

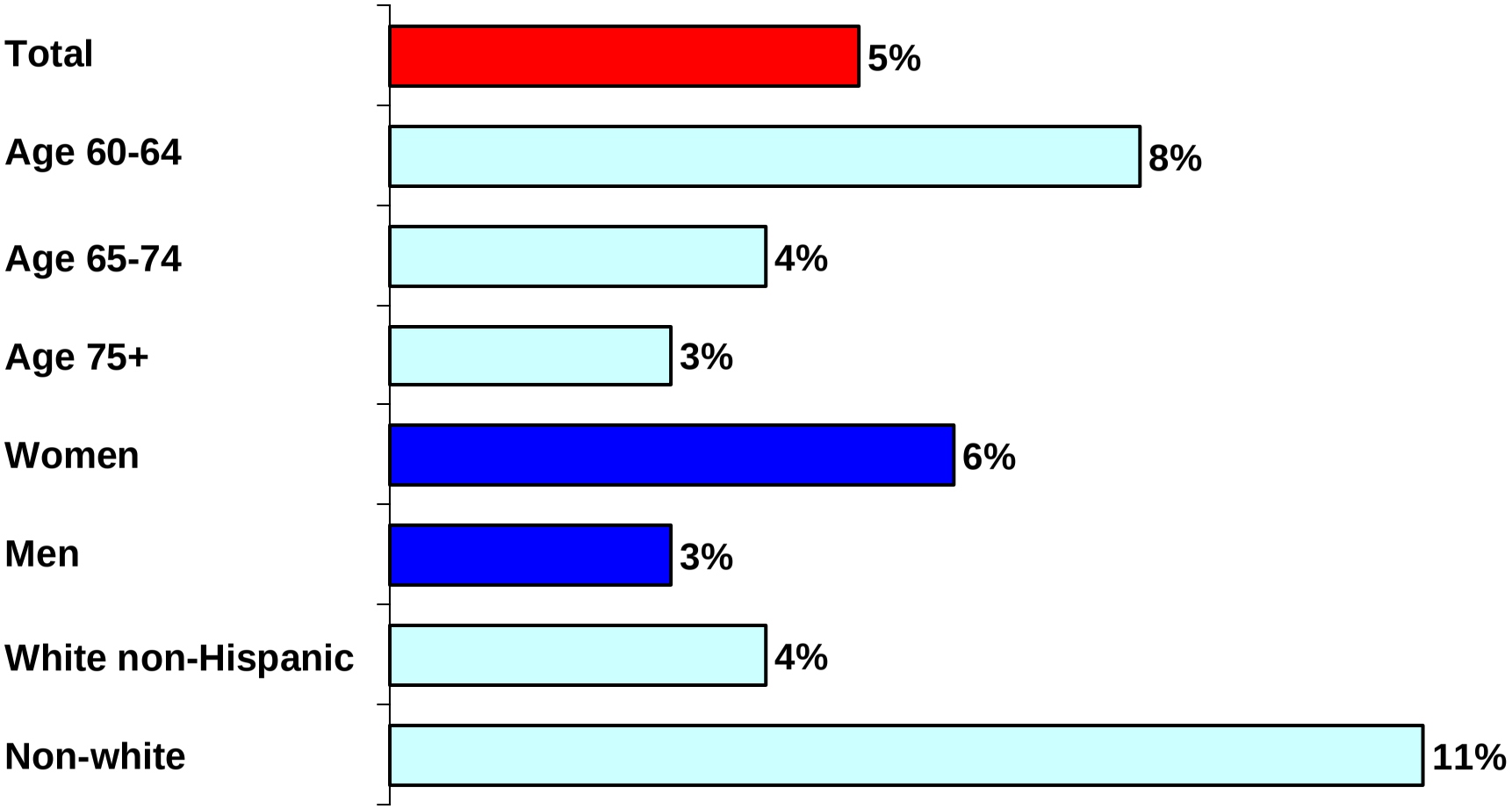
Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
Improving Communities for an Aging Society

Figure 18.2, Indiana[§]

Percentage of people age 60+ who had problems paying for medical care,* by demographics



Unweighted N= 4,509
Weighted N= 973,489

*People were asked whether there was a time in the past 12 months when they did not have enough money to follow up on tests or treatment recommended by a doctor.

[§] Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

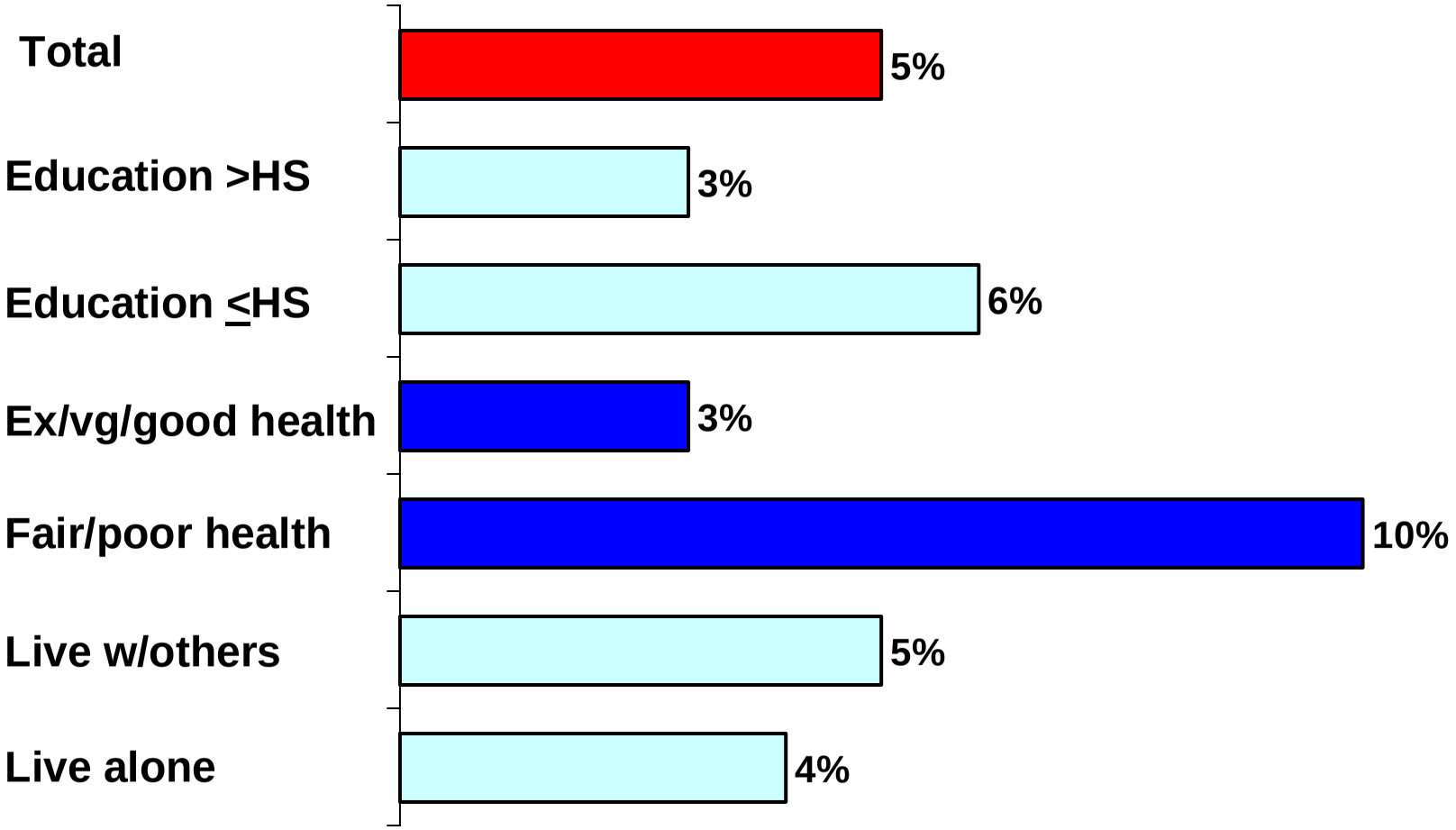
Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
Improving Communities for an Aging Society

Figure 18.3, Indiana§

Percentage of people age 60+ who had problems paying for medical care,* by demographics (cont'd)



Unweighted N= 4,509
Weighted N= 973,489

*People were asked whether there was a time in the past 12 months when they did not have enough money to follow up on tests or treatment recommended by a doctor.

§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

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Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
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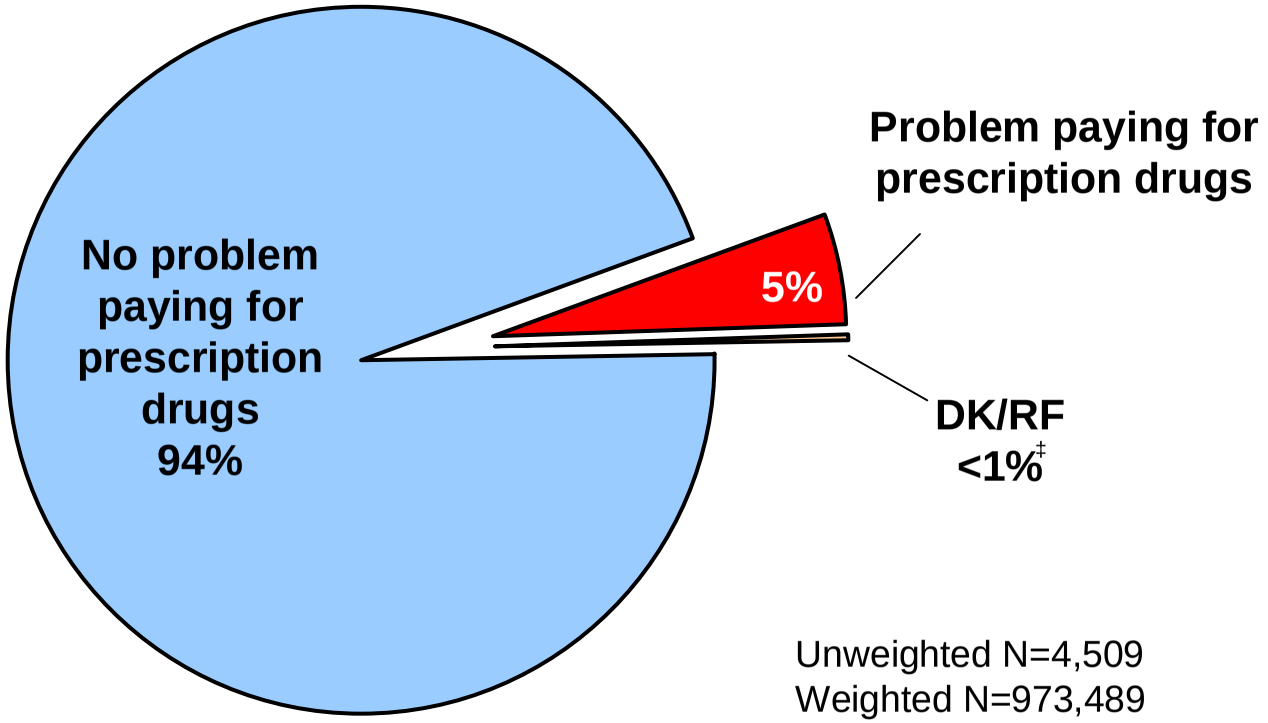
Figure 19.1, Indiana§

Percentage of people age 60+ who had problems paying for prescription drugs*



Note: Percentages may not add up to 100% due to rounding and/or missing information.

*People were asked whether there was a time in the past 12 months when they did not have enough money to fill a prescription for medicine.

‡ This percentage is based on fewer than 20 respondents (Unweighted N<20) and should be interpreted with caution.

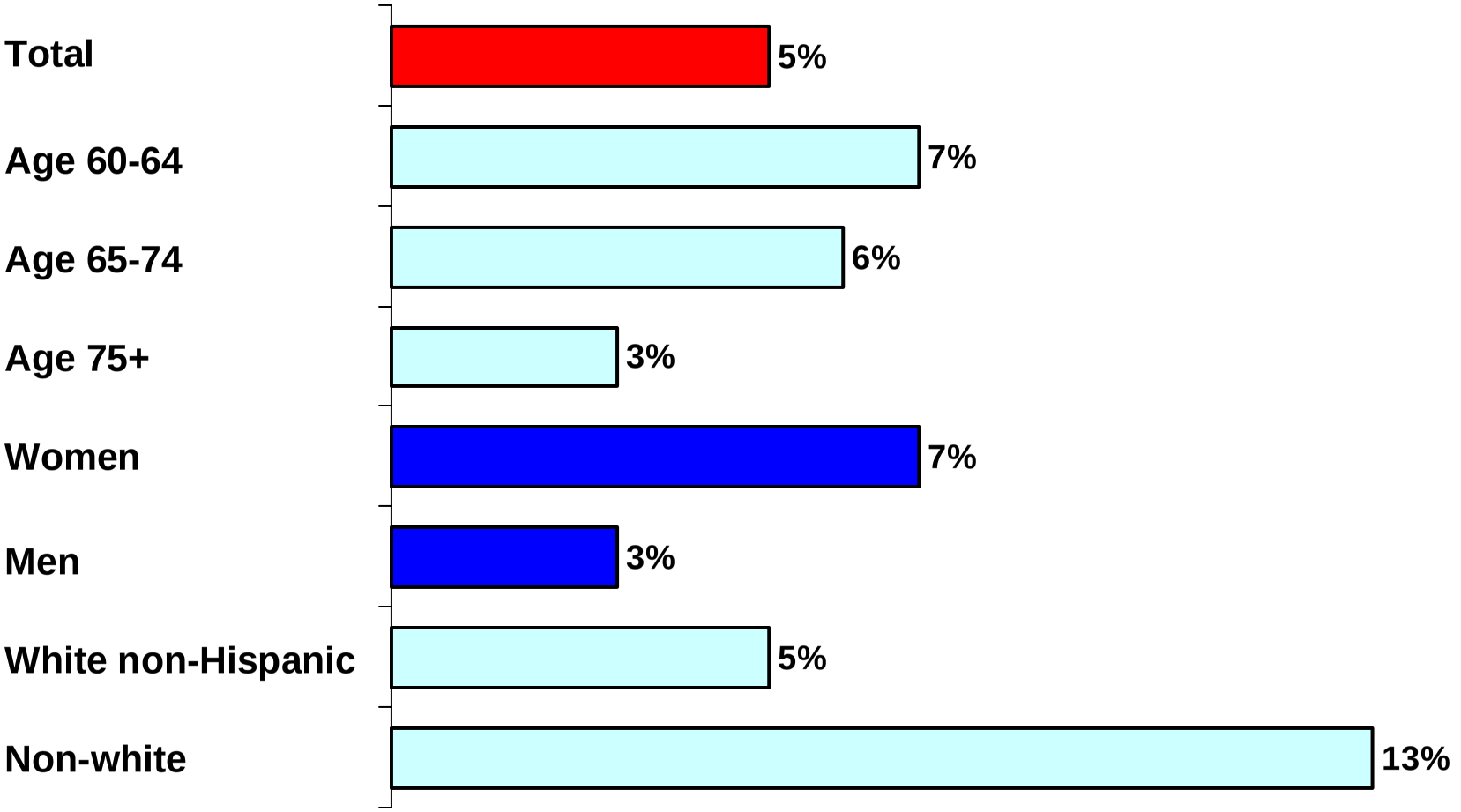
§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

Center for Home Care Policy & Research **Source: *AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
Improving Communities for an Aging Society

Figure 19.2, Indiana[§]

Percentage of people age 60+ who had problems paying for prescription drugs,* by demographics



Unweighted N= 4,509
Weighted N= 973,489

*People were asked whether there was a time in the past 12 months when they did not have enough money to fill a prescription for medicine.

[§] Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

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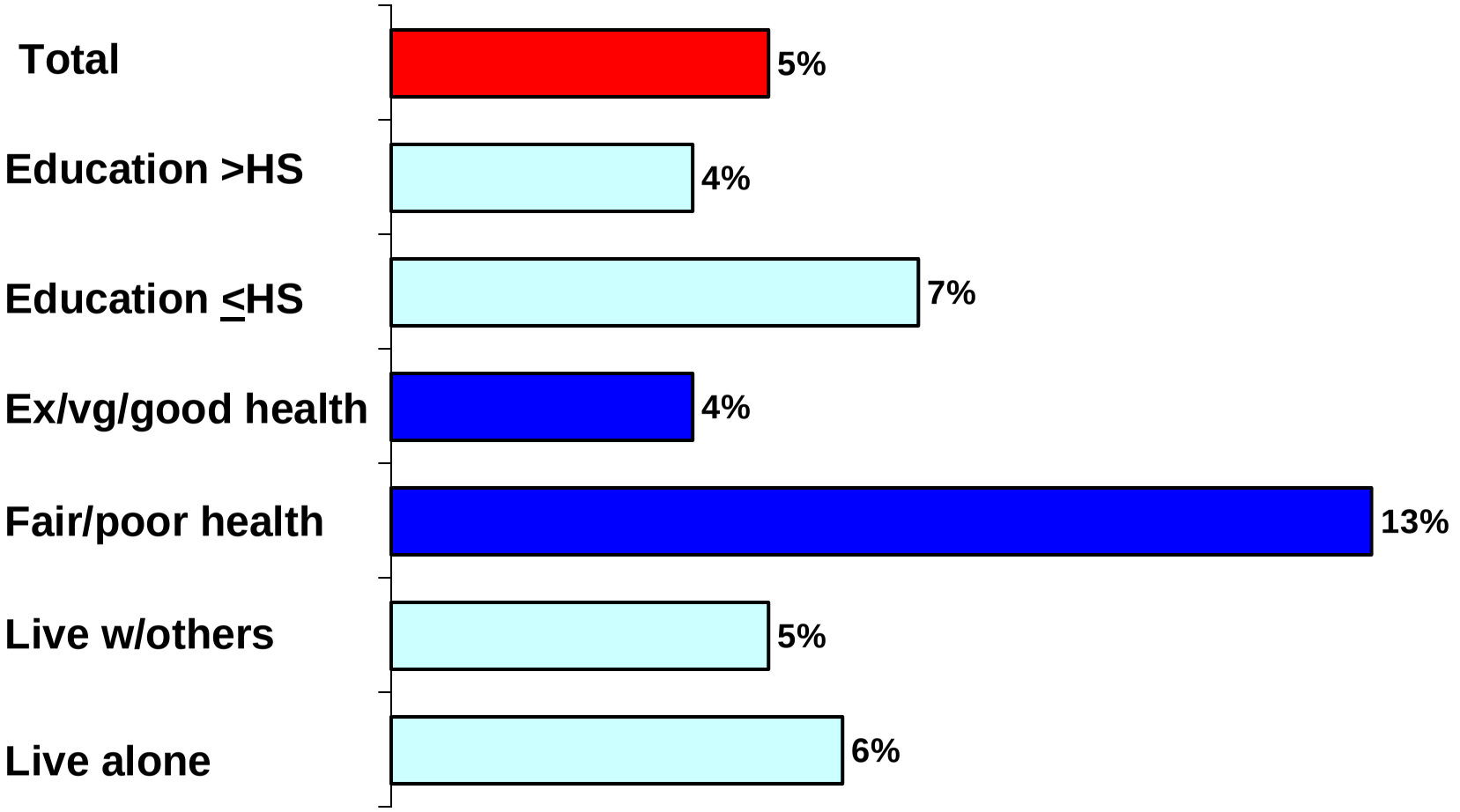
Figure 19.3, Indiana§

Percentage of people age 60+ who had problems paying for prescription drugs,* by demographics (cont'd)



Unweighted N= 4,509
Weighted N= 973,489

*People were asked whether there was a time in the past 12 months when they did not have enough money to fill a prescription for medicine.

§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

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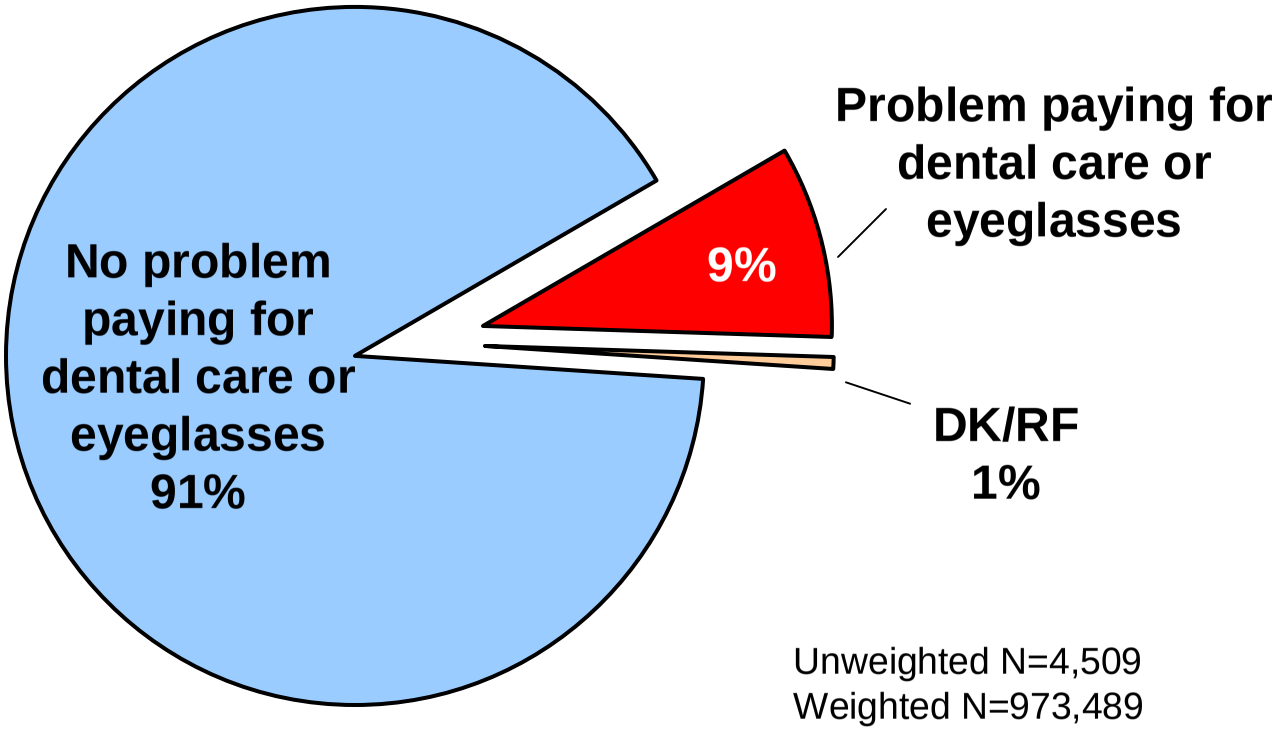
Figure 20.1, Indiana§

Percentage of people age 60+ who had problems paying for dental care or eyeglasses*



Note: Percentages may not add up to 100% due to rounding and/or missing information.

*People were asked whether there was a time in the past 12 months when they did not have enough money to obtain dental care (including checkups) and whether there was a time in the past 12 months when they did not have enough money to obtain eyeglasses.

§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
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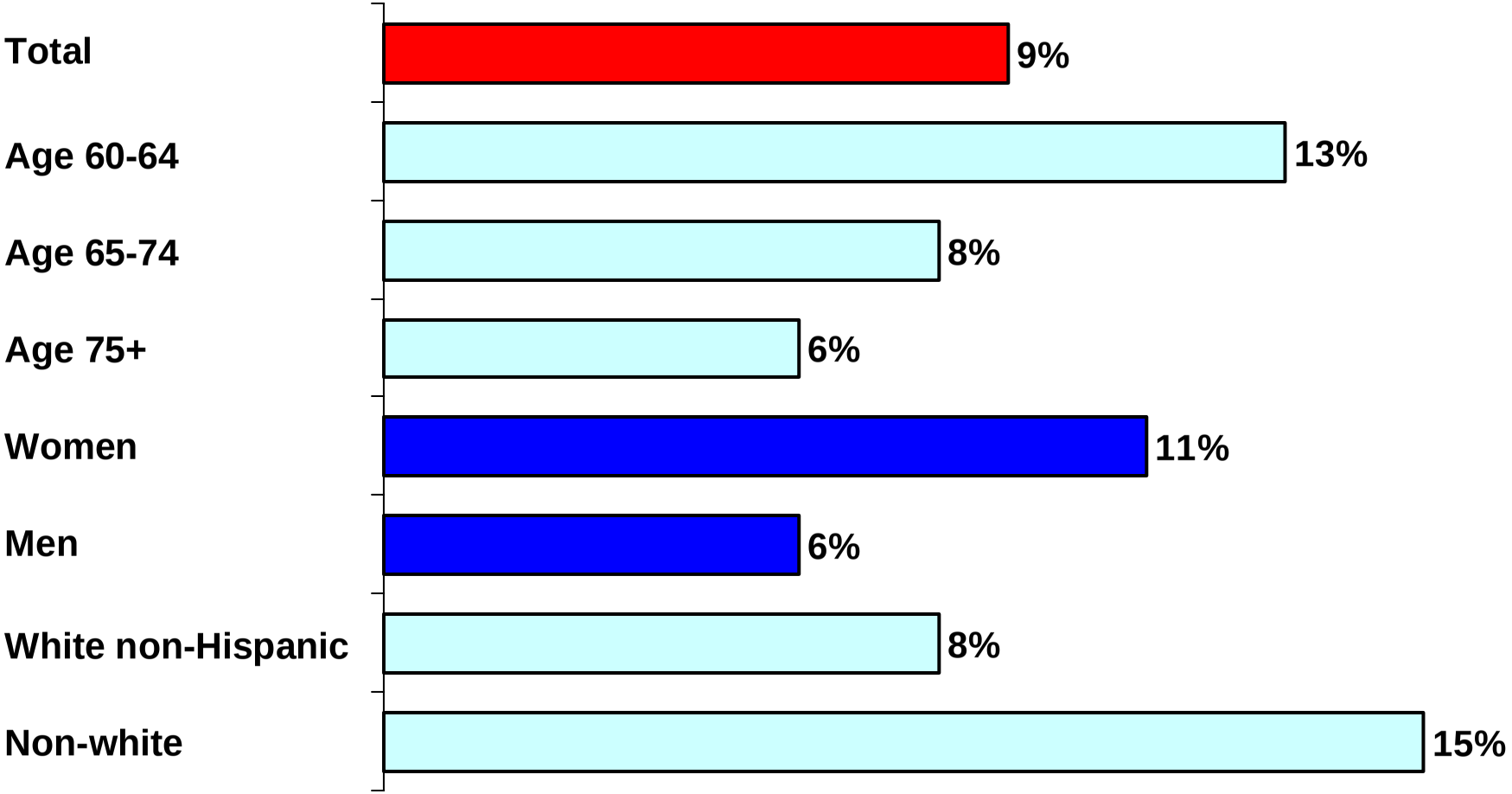
Figure 20.2, Indiana§

Percentage of people age 60+ who had problems paying for dental care or eyeglasses,* by demographics



Unweighted N= 4,509
Weighted N=973,489

*People were asked whether there was a time in the past 12 months when they did not have enough money to obtain dental care (including checkups) and whether there was a time in the past 12 months when they did not have enough money to obtain eyeglasses.

§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

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Source: ***AdvantAge Initiative Community Survey Indiana 2008***

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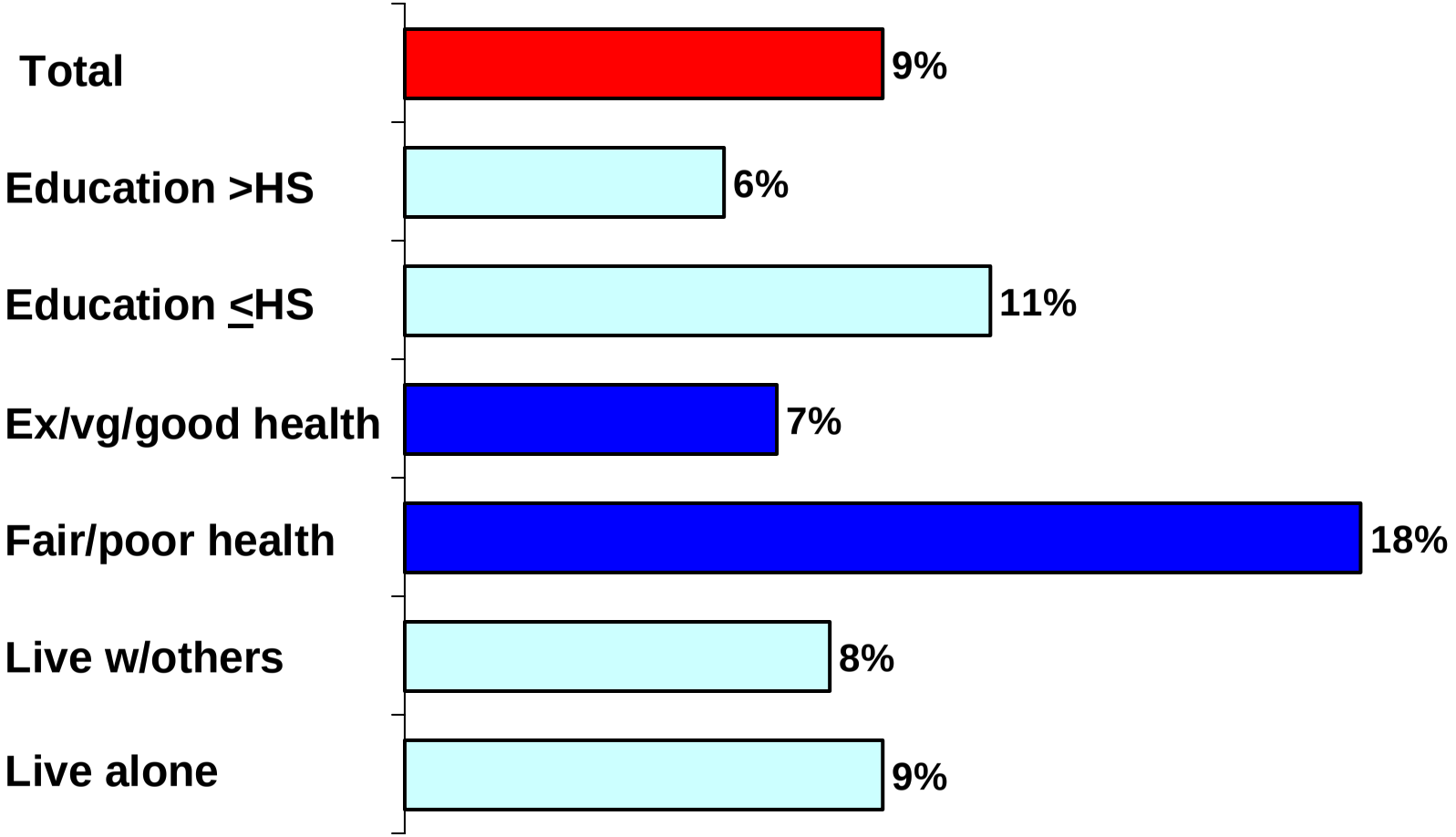
Figure 20.3, Indiana§

Percentage of people age 60+ who had problems paying for dental care or eyeglasses,* by demographics (cont'd)



Unweighted N= 4,509
Weighted N=973,489

*People were asked whether there was a time in the past 12 months when they did not have enough money to obtain dental care (including checkups) and whether there was a time in the past 12 months when they did not have enough money to obtain eyeglasses.

§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

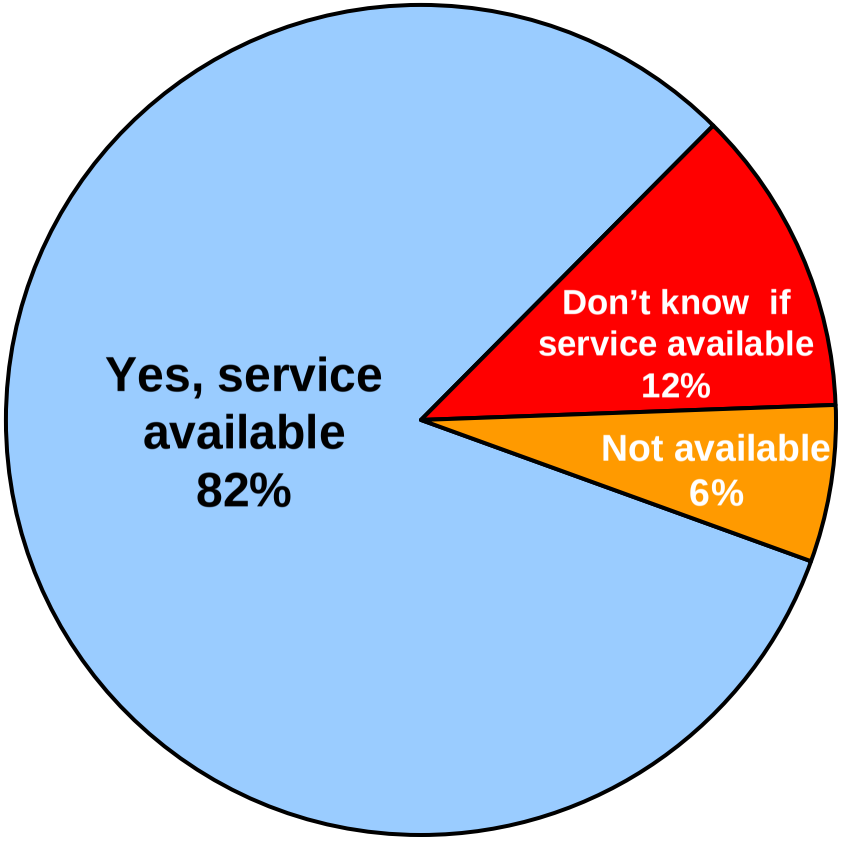
Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
Improving Communities for an Aging Society

Figure 21.1, Indiana§

Percentage of people age 60+ who know whether palliative care services are available*



Unweighted N=4,509
Weighted N=973,489

Note: Percentages may not add up to 100% due to rounding and/or missing information.

*People were asked whether end of life or hospice care service is available in their area.

§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
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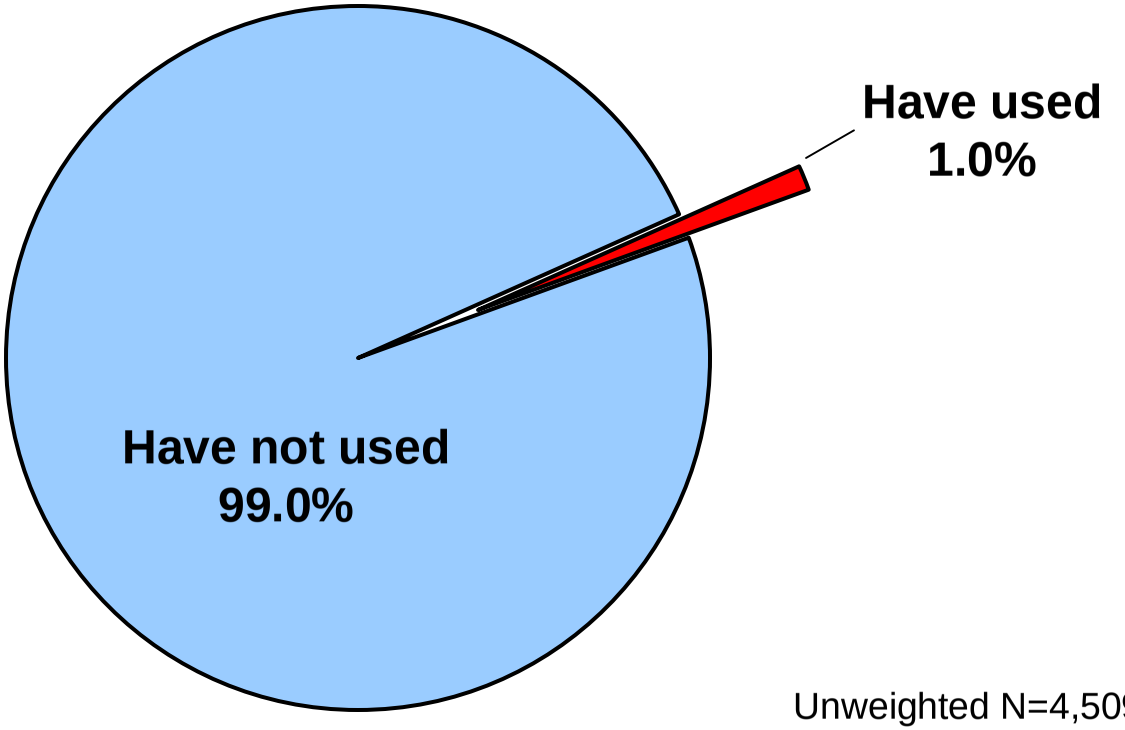
Figure 21.2, Indiana§

Percentage of people age 60+ who have used palliative care services*



Unweighted N=4,509
Weighted N=973,489

Note: Percentages may not add up to 100% due to rounding and/or missing information.

*People were asked whether they had used end of life or hospice care in the last 12 months.

§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

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Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

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MAXIMIZES INDEPENDENCE

Transportation is accessible and affordable

- Figs. 22.1-22.5. Percentage of people age 60+ who have access to public transportation

The community service system enables people to live comfortably and safely at home

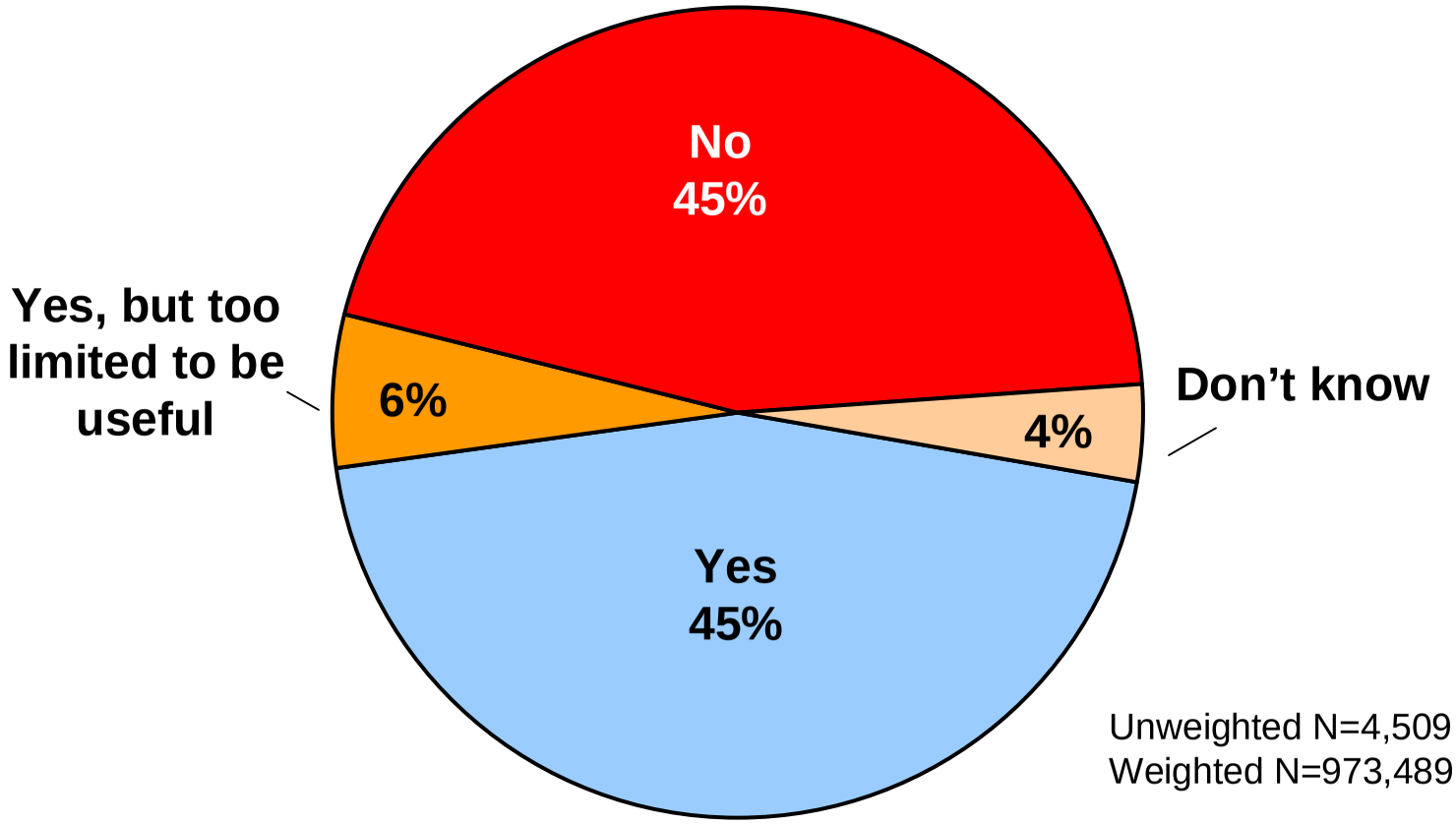
- Figs. 23.1-23.2. Percentage of people age 60+ with adequate assistance in activities of daily living (ADL)
- Figs. 24.1-24.2. Percentage of people age 60+ with adequate assistance in instrumental activities of daily living (IADL)

Caregivers are mobilized to complement the formal service system

- Figs. 25.1-25.6. Percentage of people age 60+ who provide help to the frail or disabled
- Figs. 26.1-26.3. Percentage of people age 60+ who get respite/relief from their caregiving activity

Figure 22.1, Indiana[§]

Percentage of people age 60+ who have access to public transportation*



Note: Percentages may not add up to 100% due to rounding and/or missing information.

*People were asked whether public transportation is available in their community.

[§] Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

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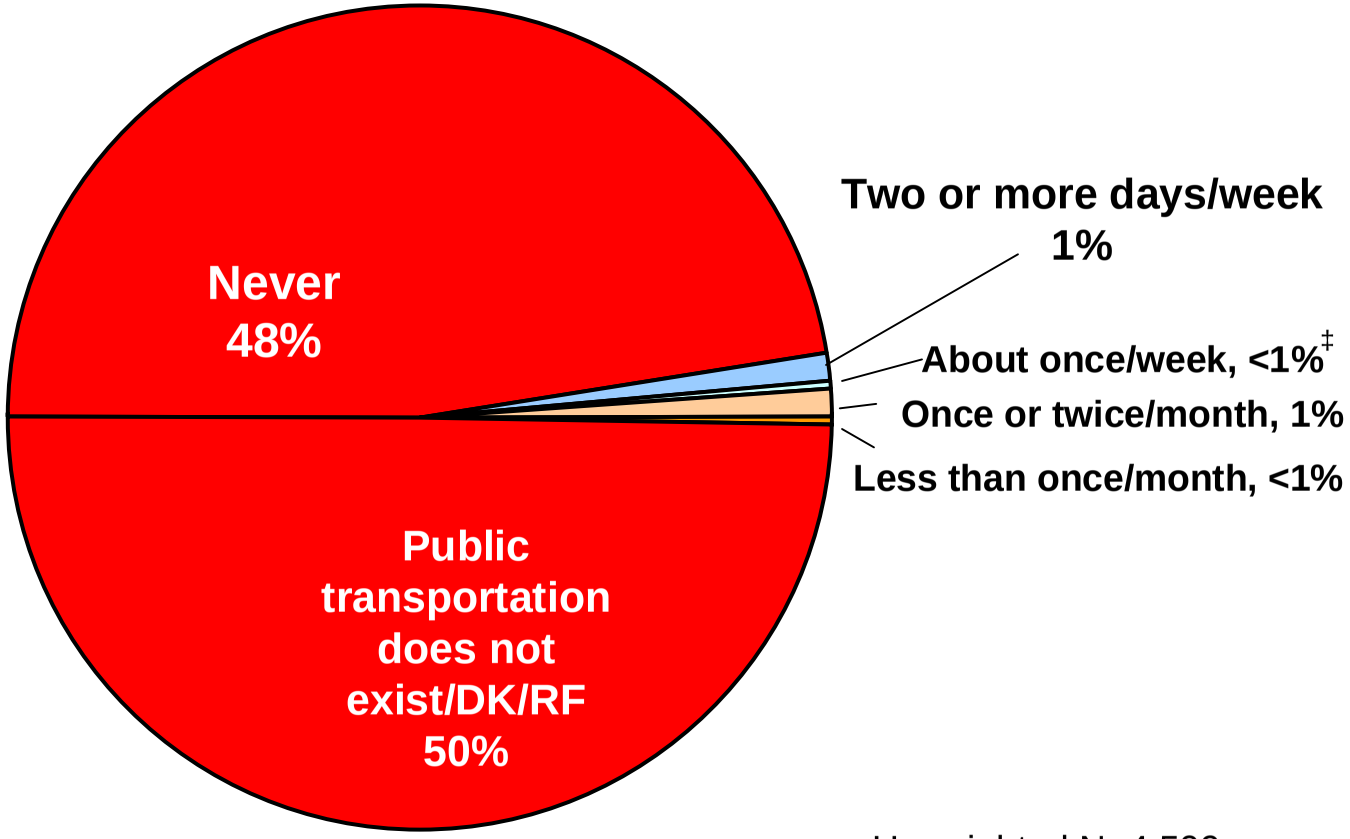
Figure 22.2, Indiana§

Frequency of use of public transportation in the past two months*



Unweighted N=4,509
Weighted N=973,489

Note: Percentages may not add up to 100% due to rounding and/or missing information.

*People were asked how often they have used public transportation during the past two months.
‡ This percentage is based on fewer than 20 respondents (Unweighted N<20) and should be interpreted with caution.

§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

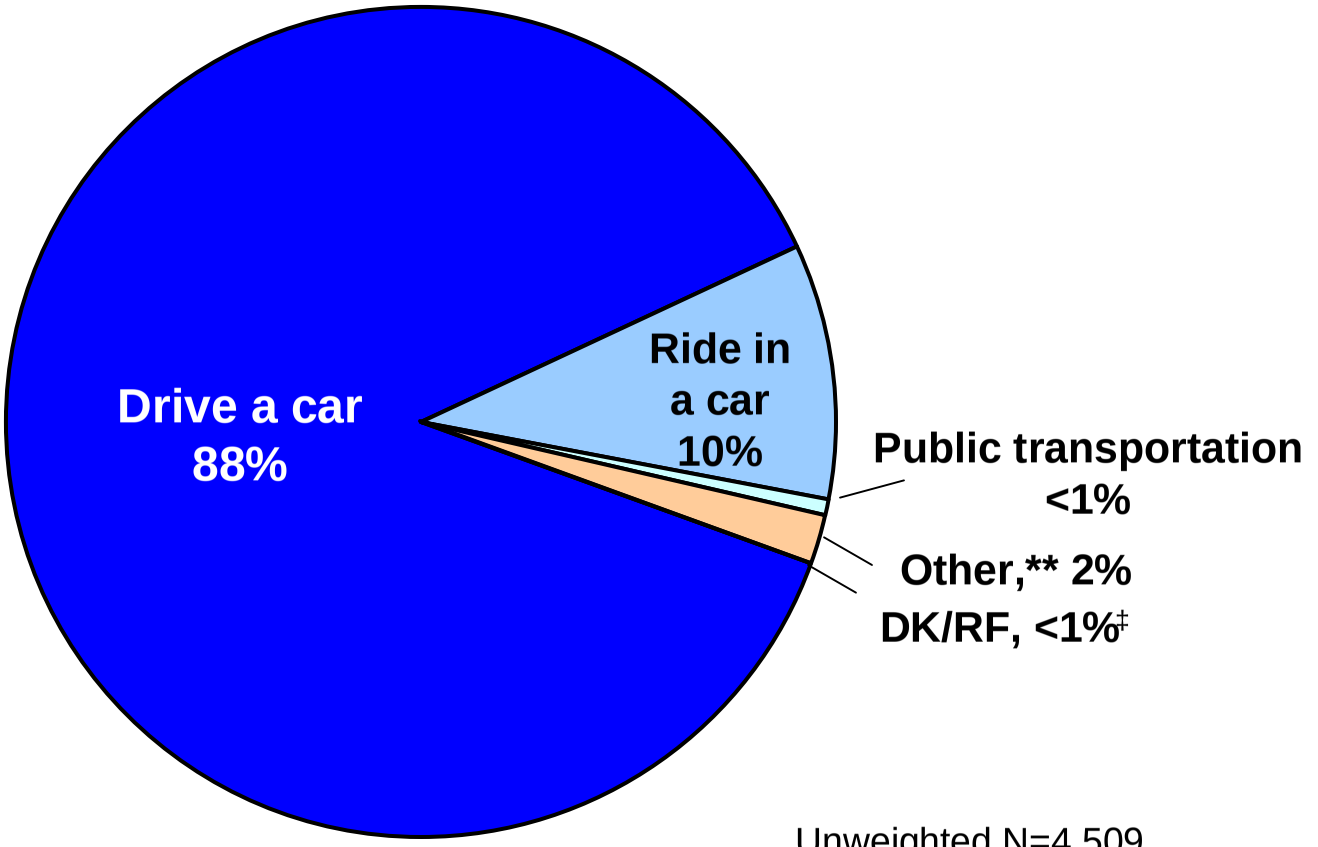
Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
Improving Communities for an Aging Society

Figure 22.3, Indiana§

Means of transportation used most frequently*



Unweighted N=4,509
Weighted N=973,489

Note: Percentages may not add up to 100% due to rounding and/or missing information.

*People were asked which means of transportation they use most frequently.
**Includes taxi, walk, special transportation, and other.
‡ This percentage is based on fewer than 20 respondents (Unweighted N<20) and should be interpreted with caution.

§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

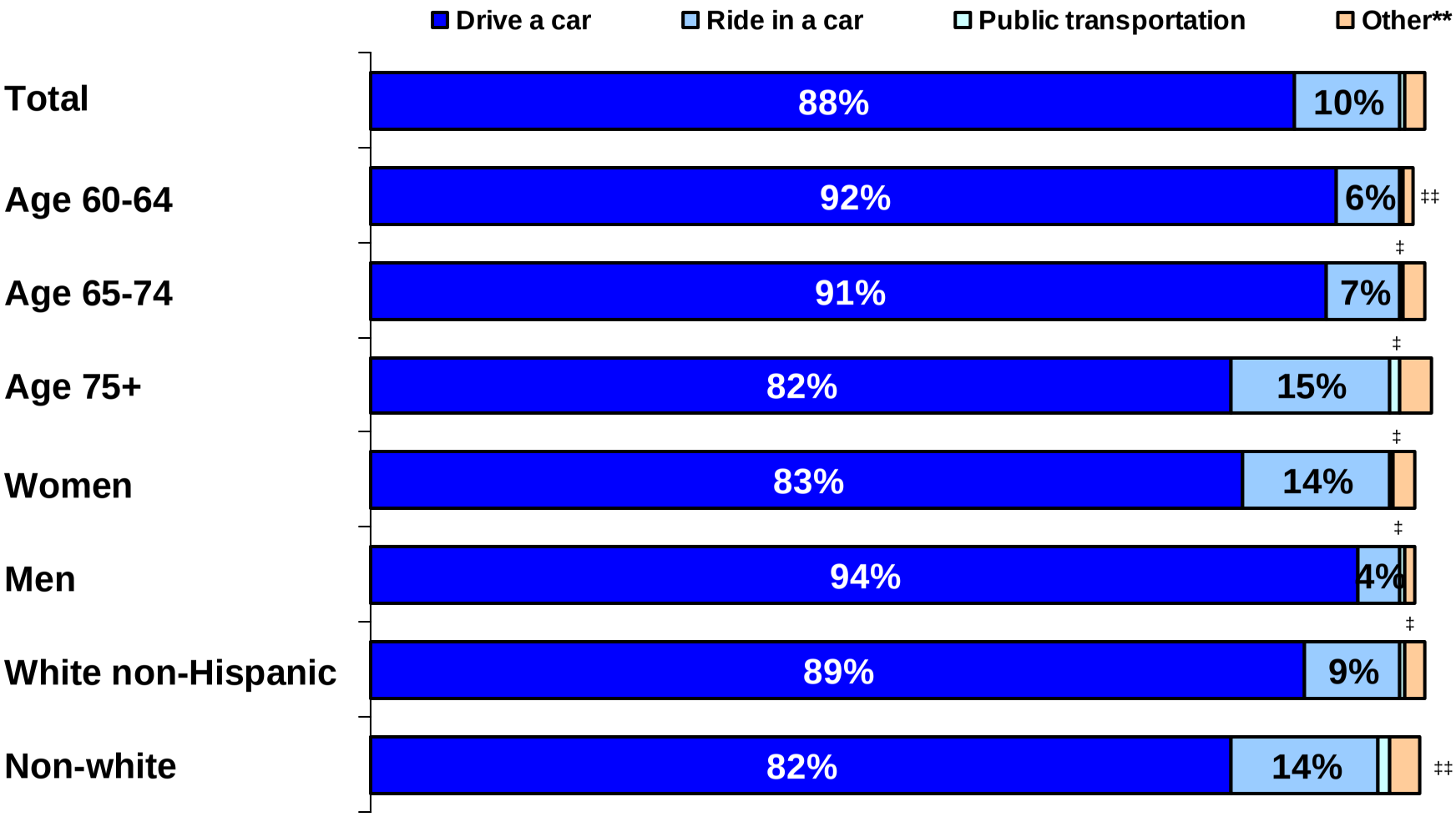
Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
Improving Communities for an Aging Society

Figure 22.4, Indiana§

Means of transportation used most frequently,* by demographics



Note: Percentages may not add up to 100% due to rounding and/or missing information.
*People were asked which means of transportation they use most frequently.
**Includes taxi, walk, special transportation, and other.
‡ This percentage is based on fewer than 20 respondents (Unweighted N<20) and should be interpreted with caution.
§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

Unweighted N= 4,509
Weighted N= 973,489

Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

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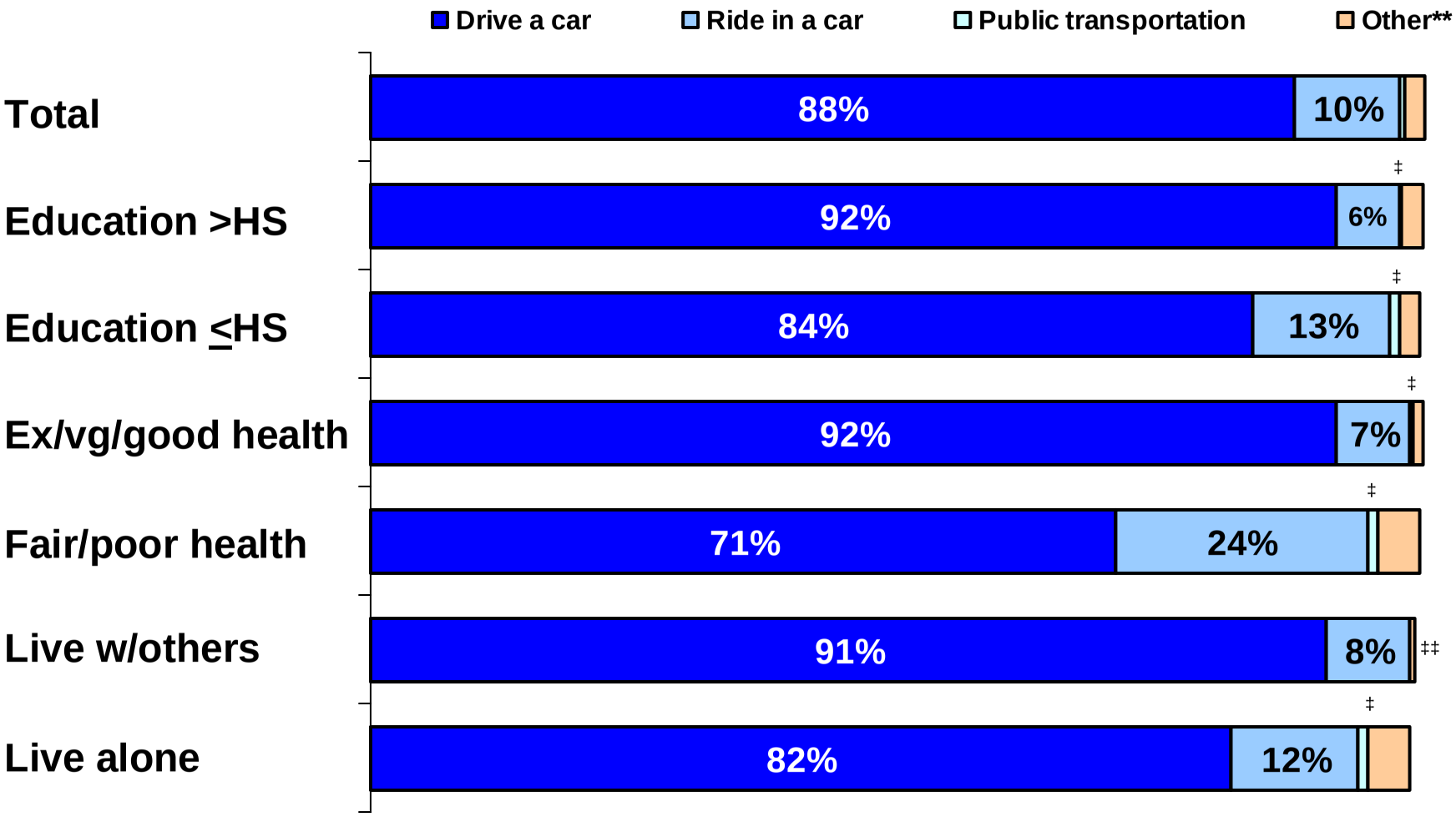
Figure 22.5, Indiana§

Means of transportation used most frequently,* by demographics (cont'd)



Note: Percentages may not add up to 100% due to rounding and/or missing information.
*People were asked which means of transportation they use most frequently.
**Includes taxi, walk, special transportation, and other.
‡ This percentage is based on fewer than 20 respondents (Unweighted N<20) and should be interpreted with caution.
§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

Unweighted N= 4,509
Weighted N= 973,489

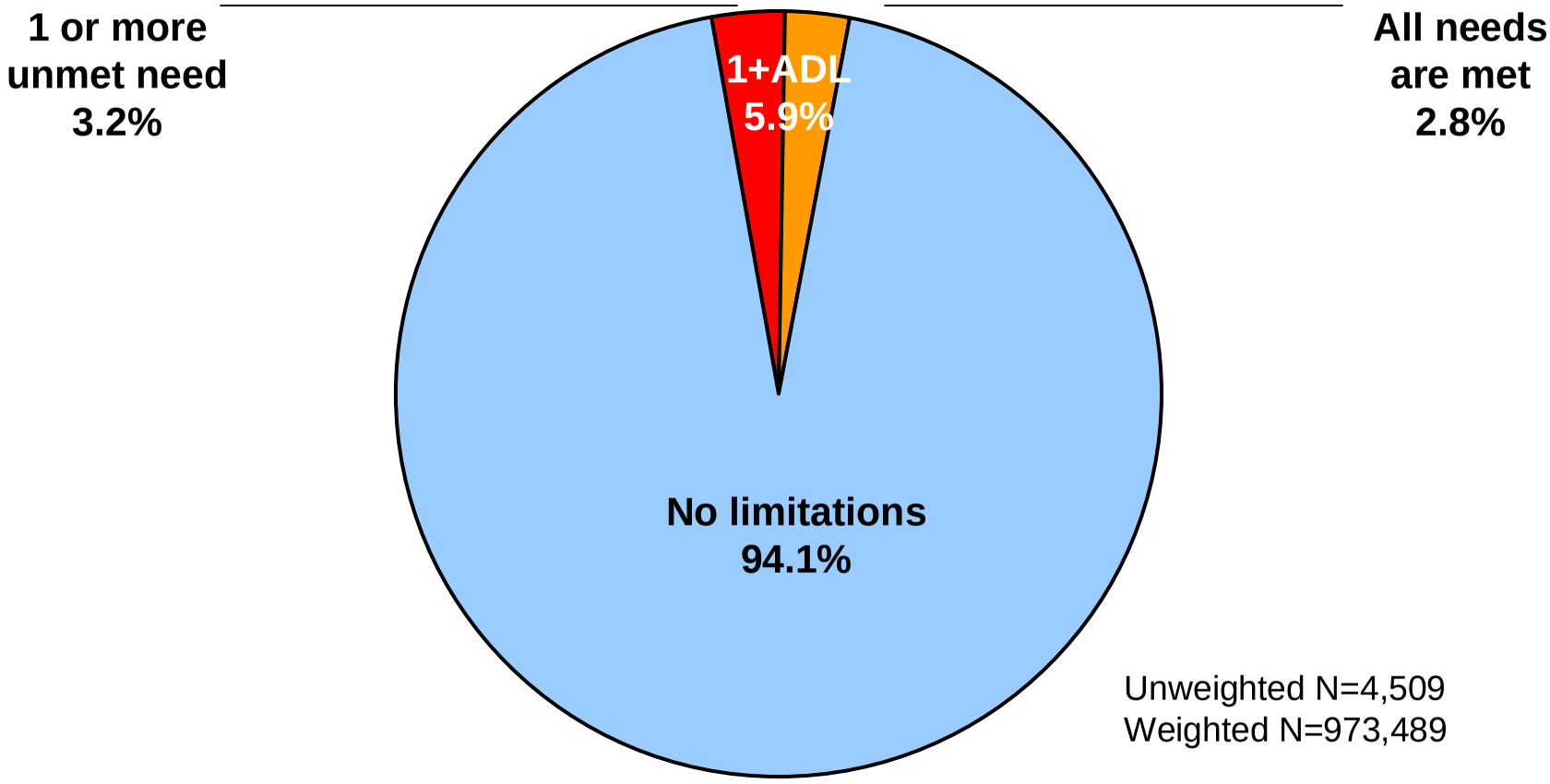
Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
Improving Communities for an Aging Society

Figure 23.1, Indiana§

Percentage of people age 60+ with adequate assistance* in activities of daily living (ADL)



Note: Percentages may not add up to 100% due to rounding and/or missing information.

*People were asked whether they need assistance with the following activities (ADLs): taking a bath or a shower, dressing, eating, getting in/out of bed/chair, using/getting to a toilet, getting around inside the home. Those who answered "yes" were asked whether they get enough assistance with these activities.

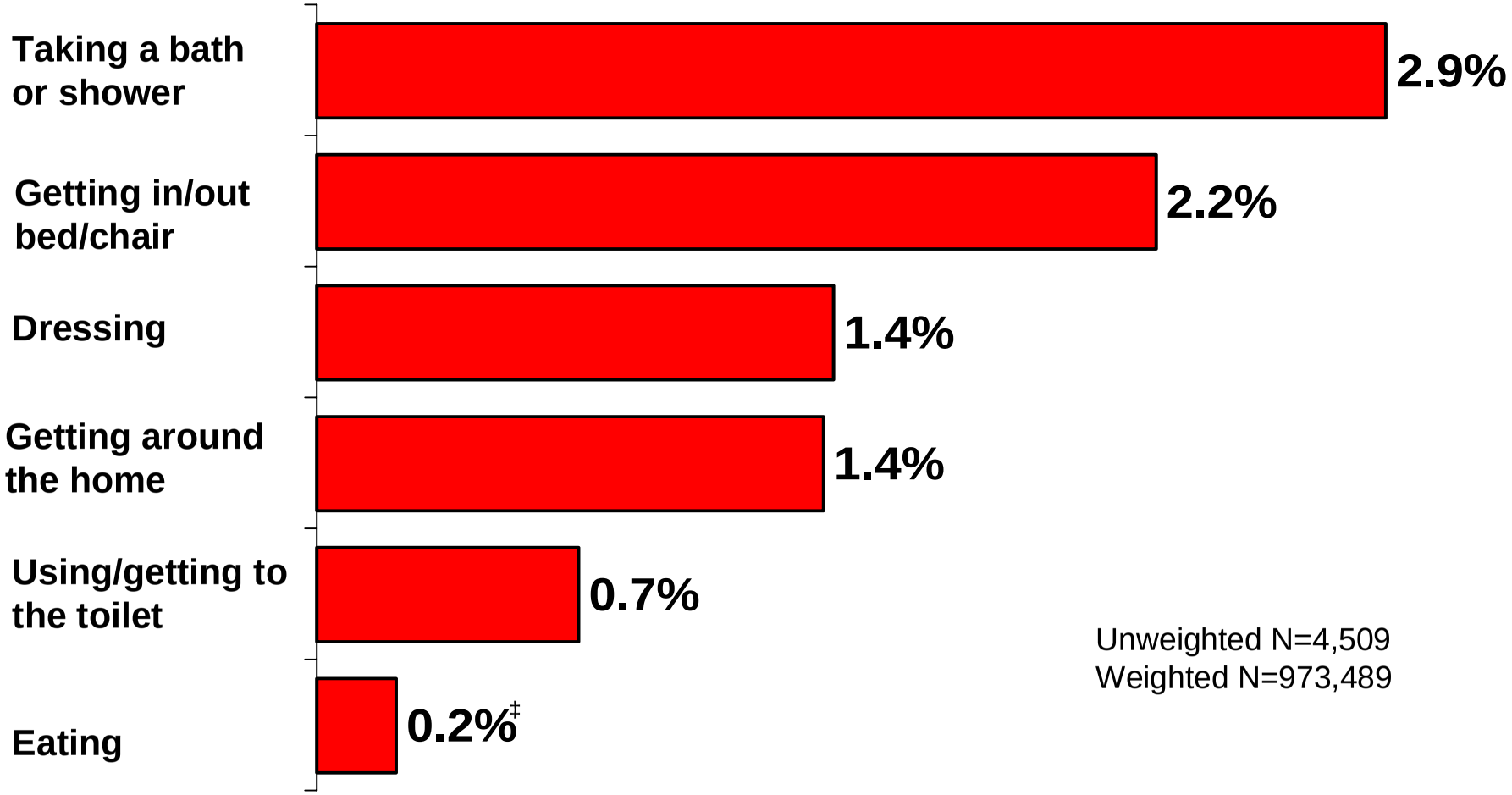
§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

Center for Home Care Policy & Research **Source:** ***AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
Improving Communities for an Aging Society

Figure 23.2, Indiana§

Percentage of people age 60+ who need assistance with each activity of daily living*



Unweighted N=4,509
Weighted N=973,489

*People were asked whether they have a problem or need help with each of the above activities.
‡ This percentage is based on fewer than 20 respondents (Unweighted N<20) and should be interpreted with caution.
§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

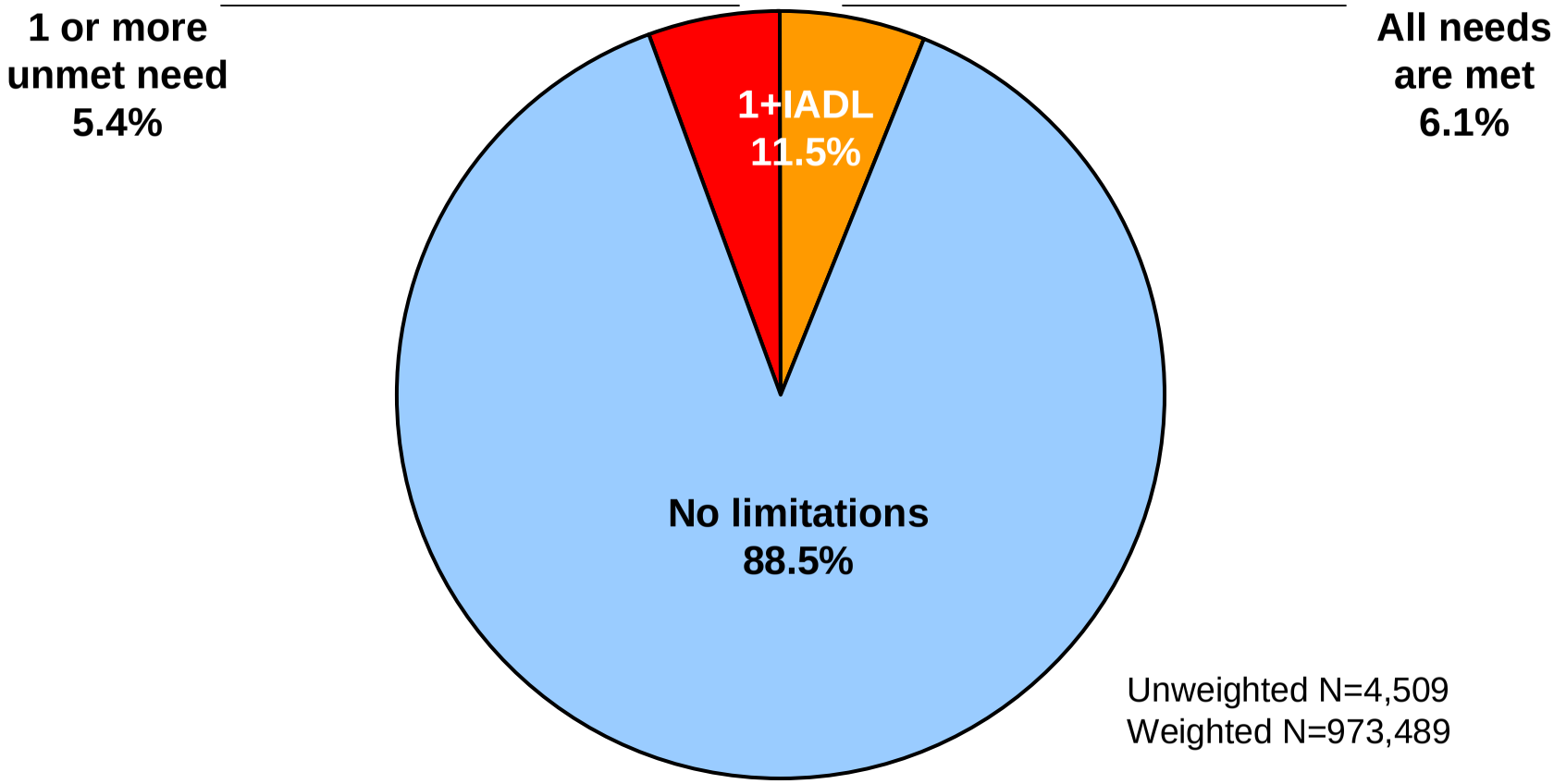
Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
Improving Communities for an Aging Society

Figure 24.1, Indiana§

Percentage of people age 60+ with adequate assistance* in instrumental activities of daily living (IADL)



Note: Percentages may not add up to 100% due to rounding and/or missing information.

*People were asked whether they need assistance with the following activities (IADLs): going outside the home, doing light housework, preparing meals, driving a car/using public transportation, taking the right amount of prescribed medication, keeping track of money and bills. Those who answered "yes" were asked whether they get enough assistance with these activities.

§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

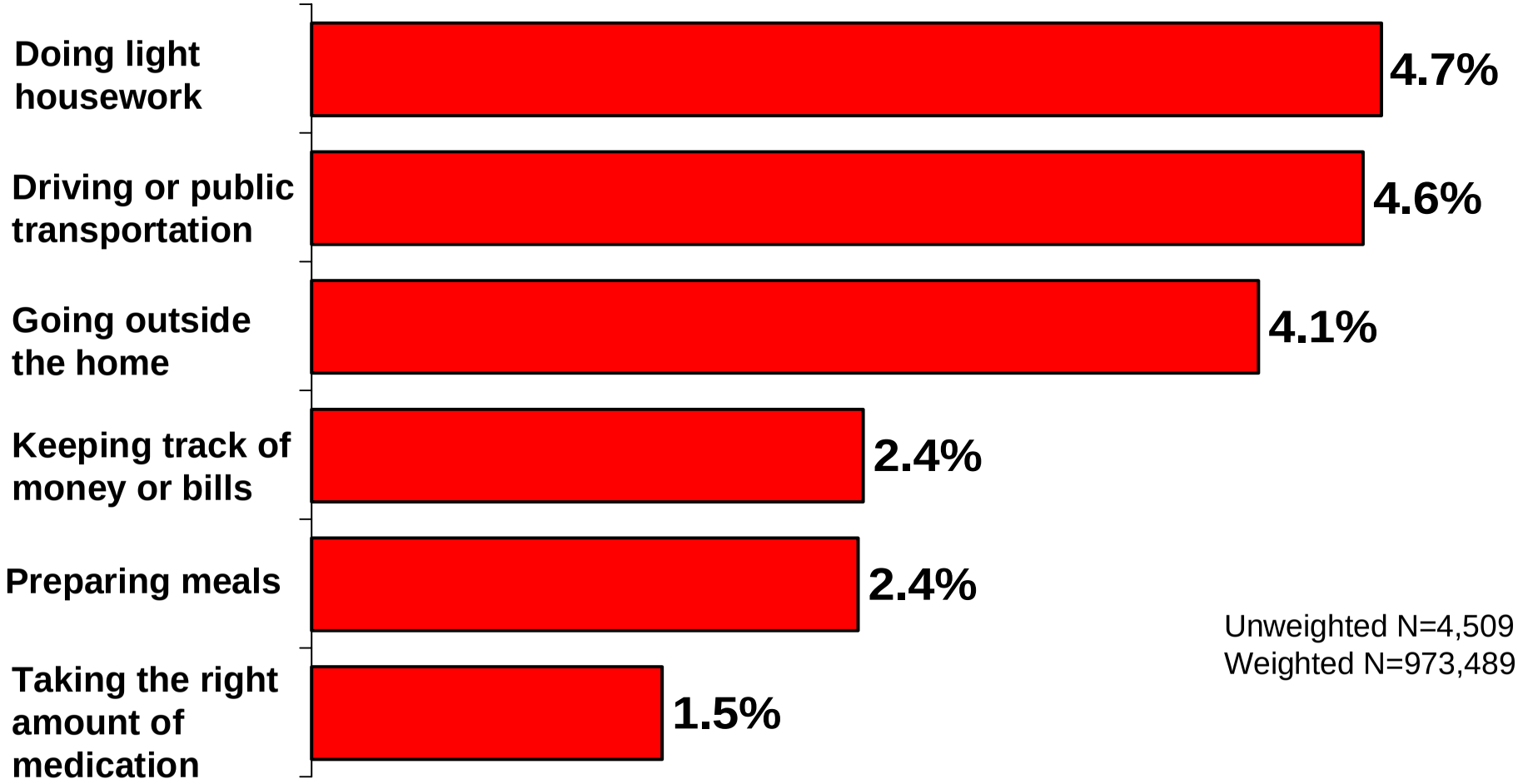
Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
Improving Communities for an Aging Society

Figure 24.2, Indiana§

Percentage of people age 60+ who need assistance with each instrumental activity of daily living*



Unweighted N=4,509
Weighted N=973,489

*People were asked whether they have a problem or need help with each of the above activities.

§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

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Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

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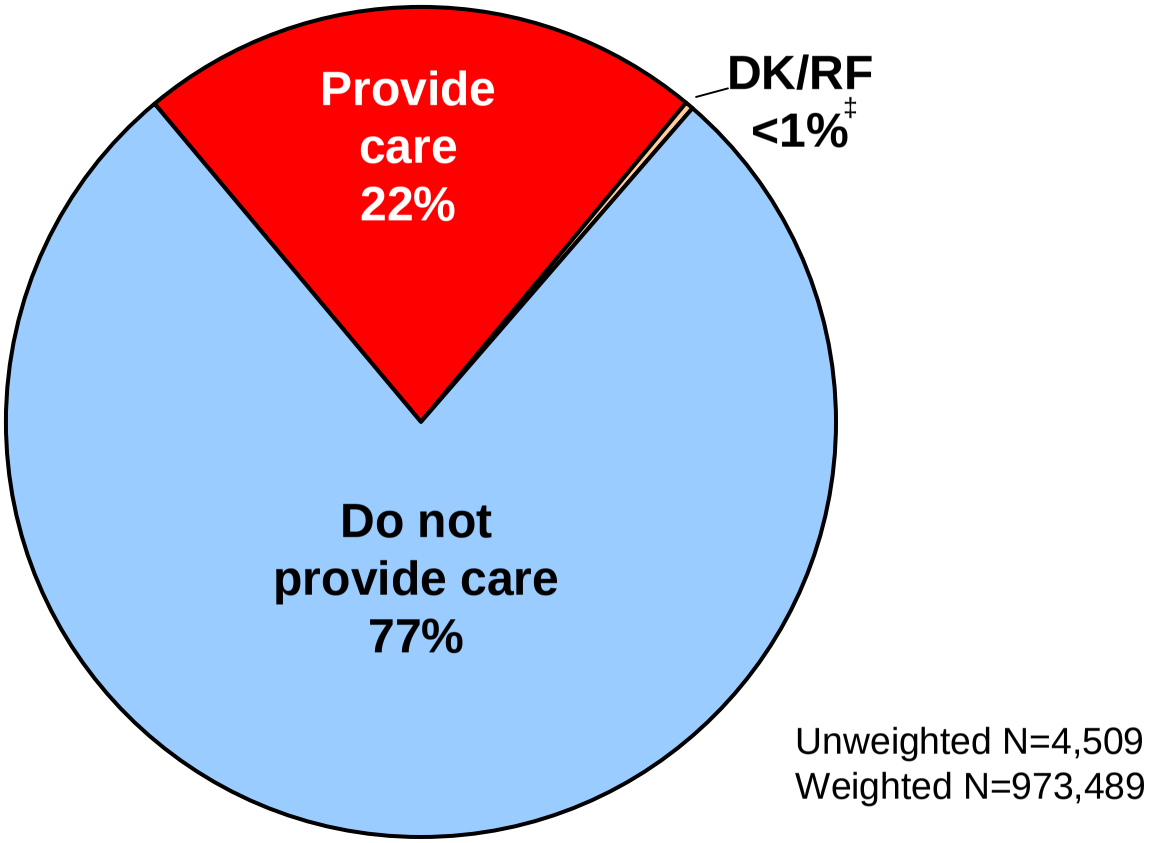
Figure 25.1, Indiana§

Percentage of people age 60+ who provide help to the frail or disabled*



Note: Percentages may not add up to 100% due to rounding and/or missing information.

*People were asked whether they provide help or care, or arrange for help or care, for a relative or friend who is unable to do some things for him/herself due to illness or disability.

‡ This percentage is based on fewer than 20 respondents (Unweighted N<20) and should be interpreted with caution.

§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

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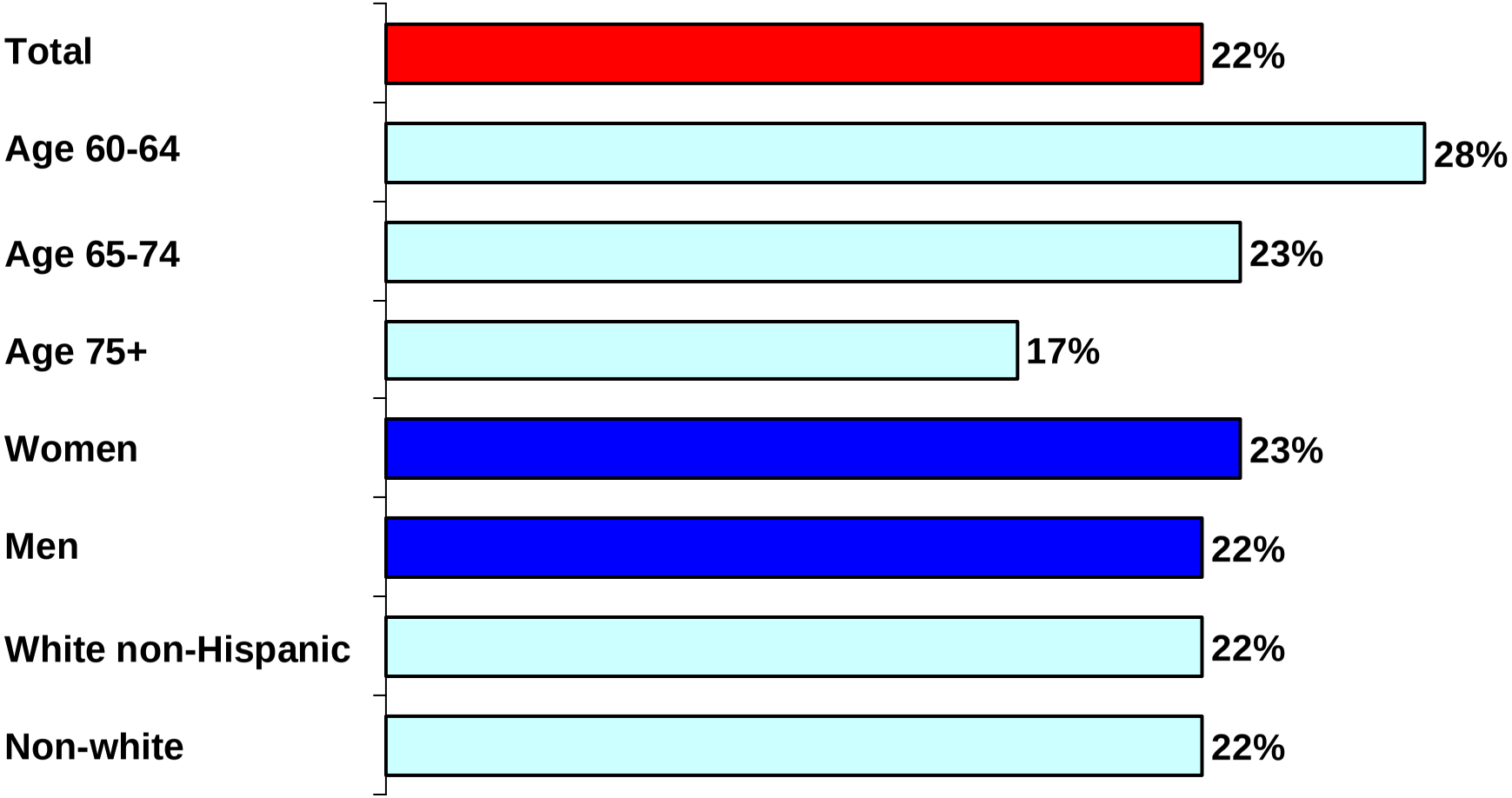
Figure 25.2, Indiana[§]

Percentage of people age 60+ who provide help to the frail or disabled,* by demographics



*People were asked whether they provide help or care, or arrange for help or care, for a relative or friend who is unable to do some things for him/herself due to illness or disability.

Unweighted N= 4,509
Weighted N= 973.489

[§] Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

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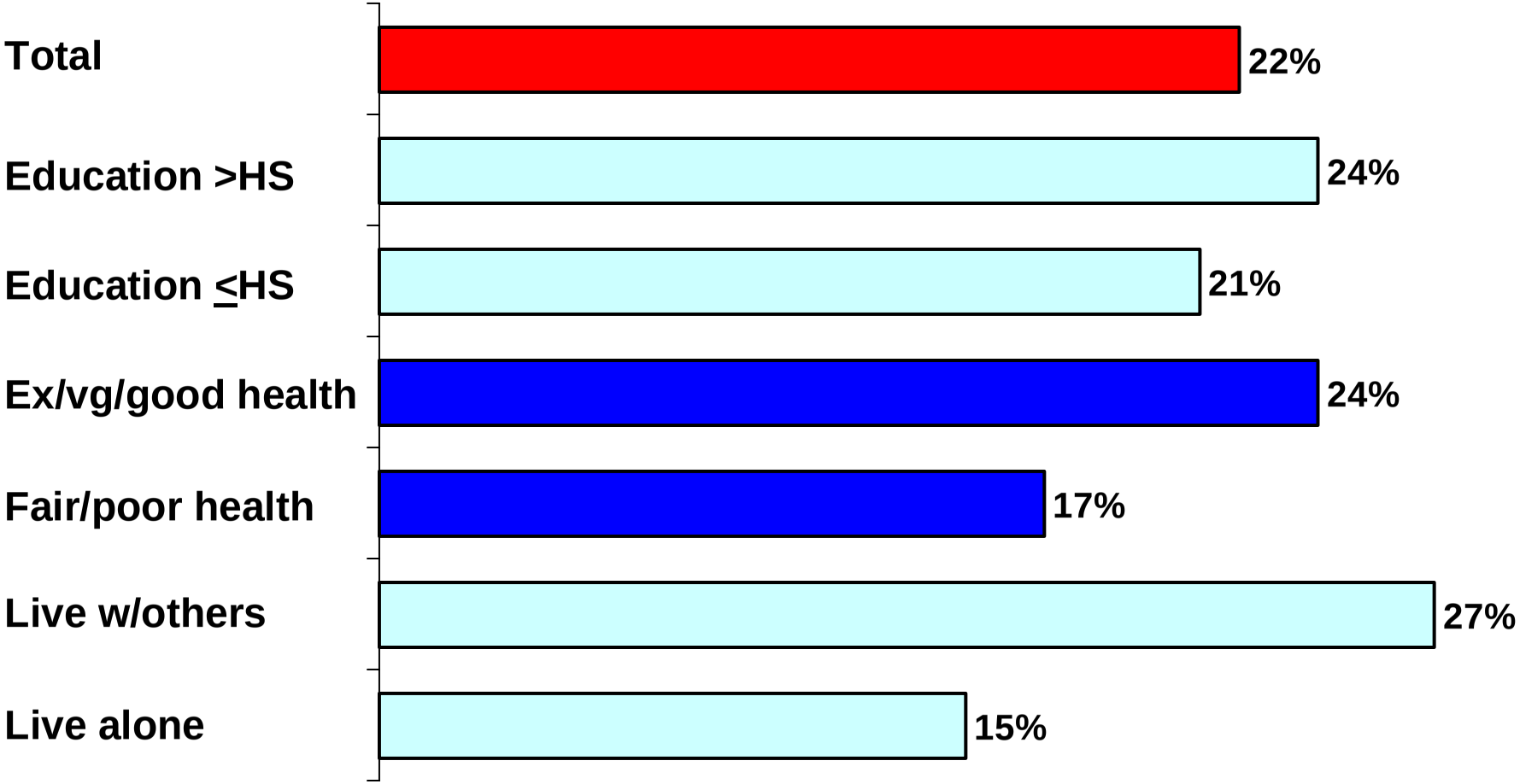
Improving Communities for an Aging Society

Figure 25.3, Indiana[§]

Percentage of people age 60+ who provide help to the frail or disabled,* by demographics (cont'd)



*People were asked whether they provide help or care, or arrange for help or care, for a relative or friend who is unable to do some things for him/herself due to illness or disability.

Unweighted N= 4,509
Weighted N= 973,489

[§] Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

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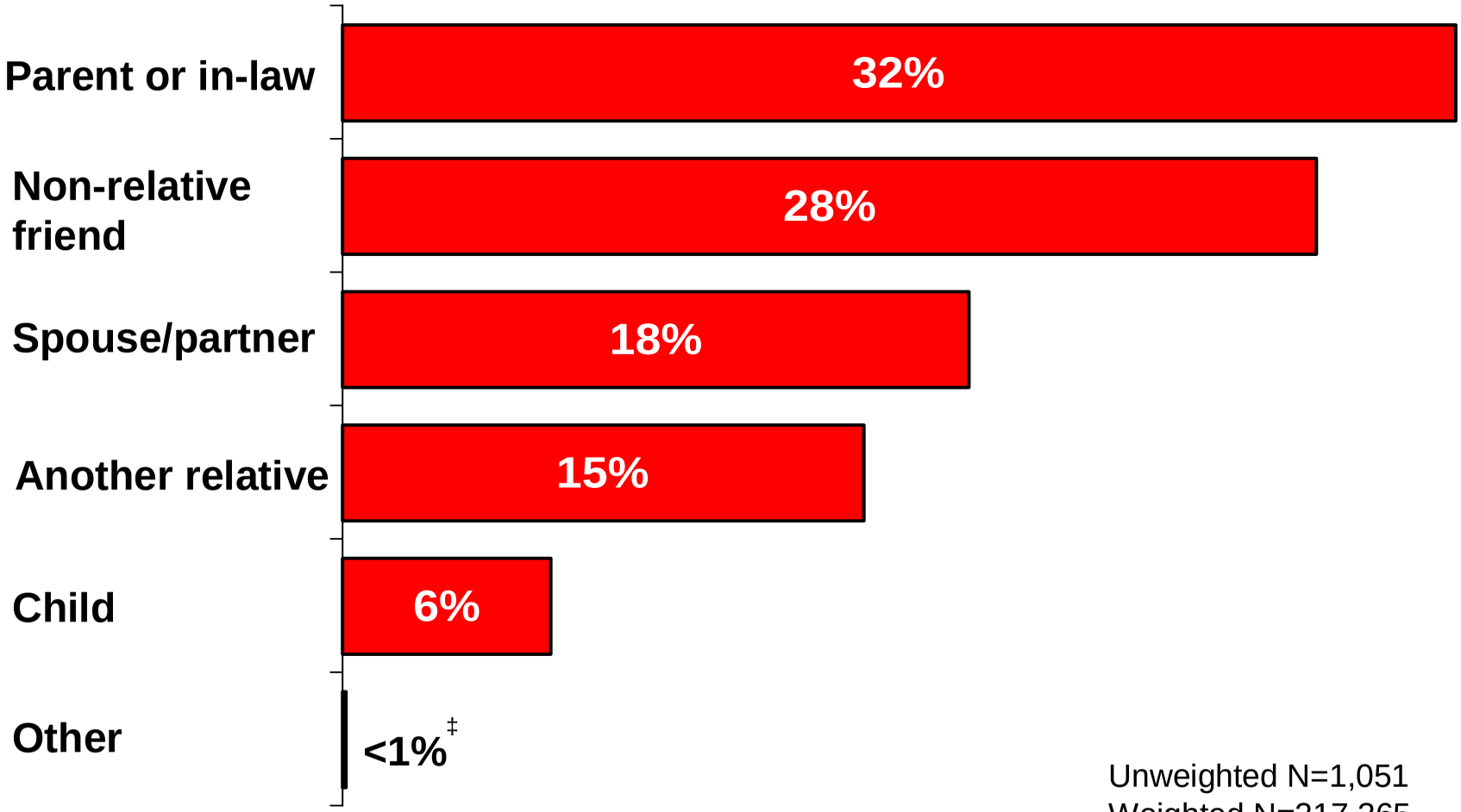
Figure 25.4, Indiana§

Relationship between caregivers age 60+ and care recipients*



Unweighted N=1,051
Weighted N=217,365

Note: Percentages may not add up to 100% due to rounding and/or missing information.

*People who said they provide care were asked "What is this person's relationship to you?"

‡ This percentage is based on fewer than 20 respondents (Unweighted N<20) and should be interpreted with caution.

§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

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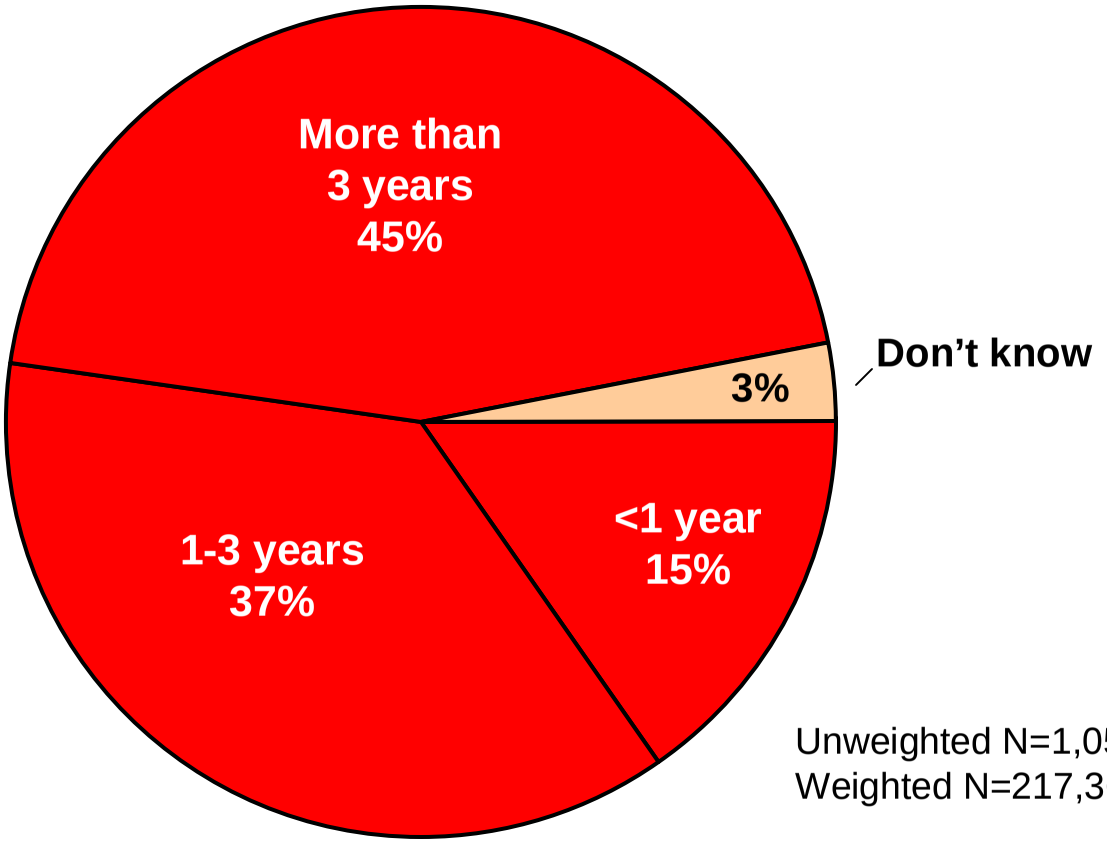
Figure 25.5, Indiana§

Number of years people age 60+ provide help to the frail or disabled among those who provide help*



Note: Percentages may not add up to 100% due to rounding and/or missing information.

*People who said they provide care were asked "In total, how long have you been caring for … "

§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

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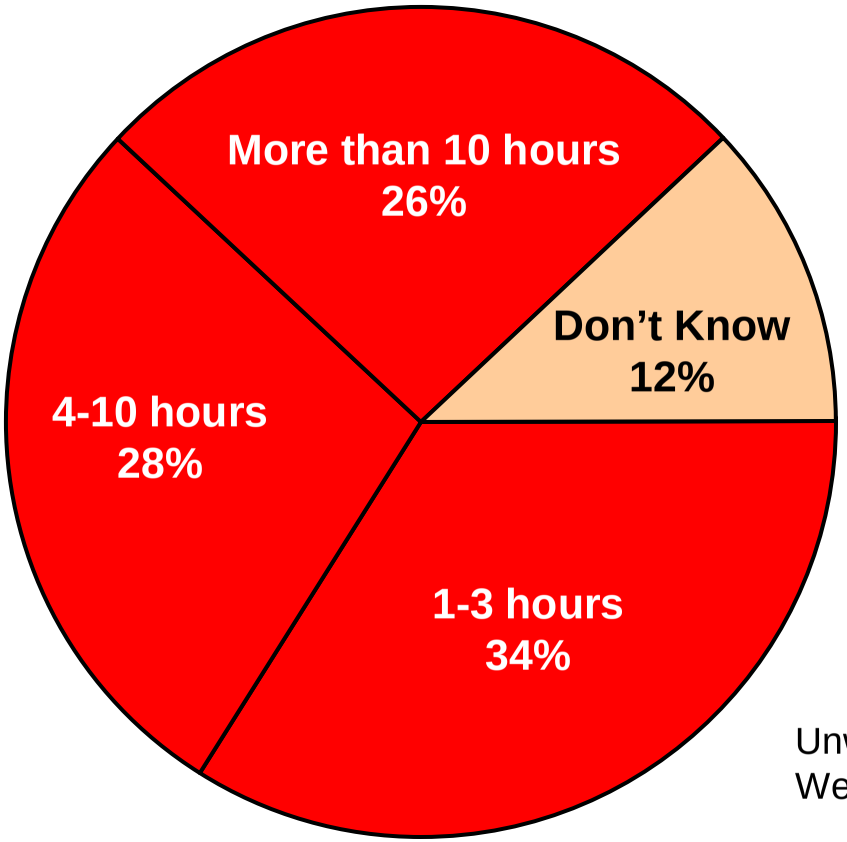
Figure 25.6, Indiana§

Number of hours per week spent on caregiving among people age 60+ who provide help to the frail or disabled*



Unweighted N=1,051
Weighted N=217,365

Note: Percentages may not add up to 100% due to rounding and/or missing information.

*People who said they provide care were asked "On average how many hours per week are you caring for … "

§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

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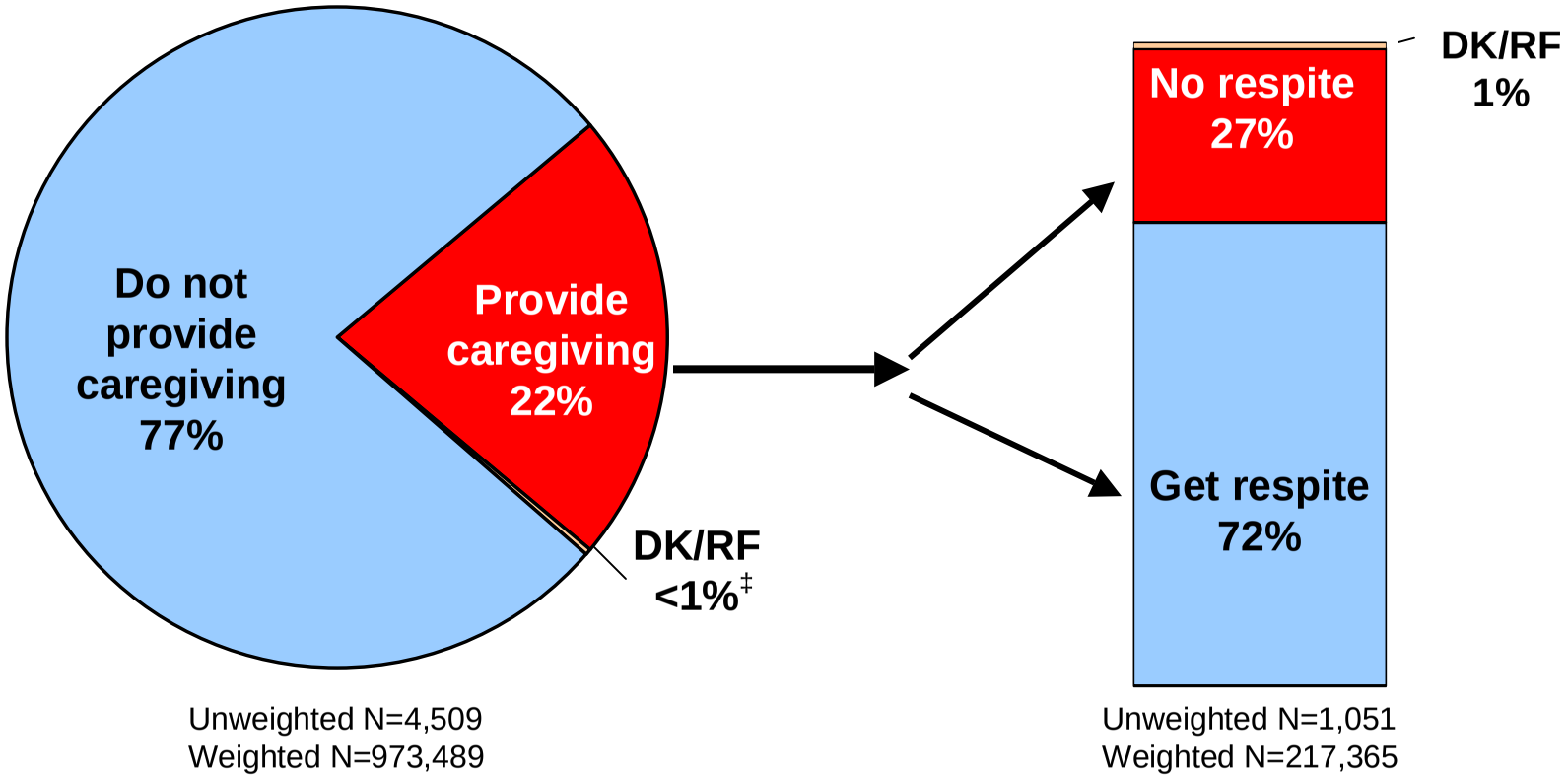
Improving Communities for an Aging Society

Figure 26.1, Indiana§

Percentage of people age 60+ who get respite/relief from their caregiving activity*



Unweighted N=4,509
Weighted N=973,489

Unweighted N=1,051
Weighted N=217,365

*People were asked whether they provide help or care, or arrange for help or care, for a relative or friend who is unable to do some things for him/herself due to illness or disability.

*People were asked whether they get relief from their caregiving responsibilities.

Note: Percentages may not add up to 100% due to rounding and/or missing information.
‡ This percentage is based on fewer than 20 respondents (Unweighted N<20) and should be interpreted with caution.
§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

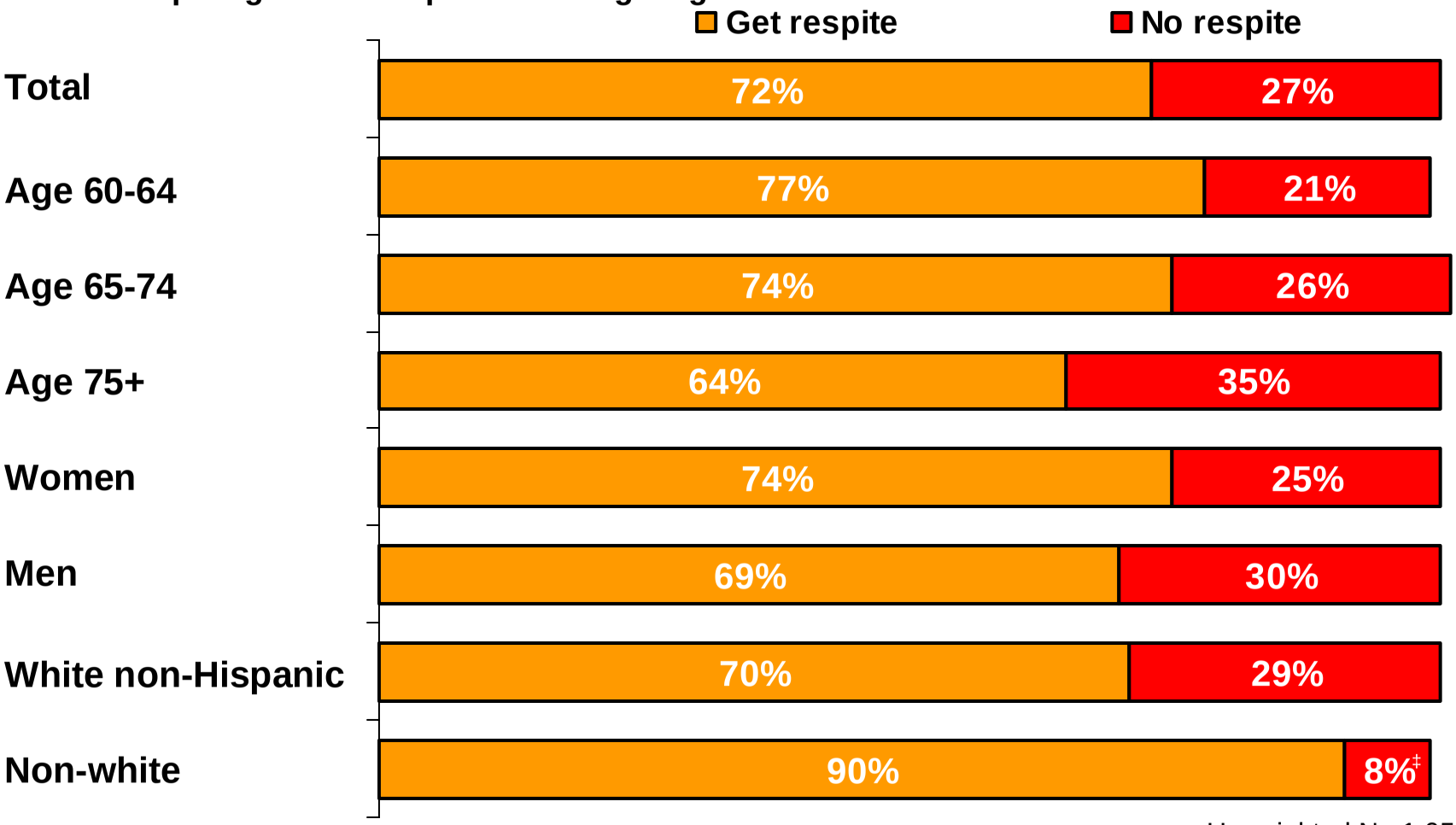
Center for Home Care Policy & Research **Source: *AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
Improving Communities for an Aging Society

Figure 26.2, Indiana§

Percentage of people age 60+ who get respite/relief from their caregiving activity,* by demographics

Base: People age 65+ who provide caregiving



Note: Percentages may not add up to 100% due to rounding and/or missing information.

*People were asked whether they get relief from their caregiving responsibilities.

‡ This percentage is based on fewer than 20 respondents (Unweighted N<20) and should be interpreted with caution.

§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

Unweighted N= 1,051
Weighted N= 217,365

Center for Home Care Policy & Research

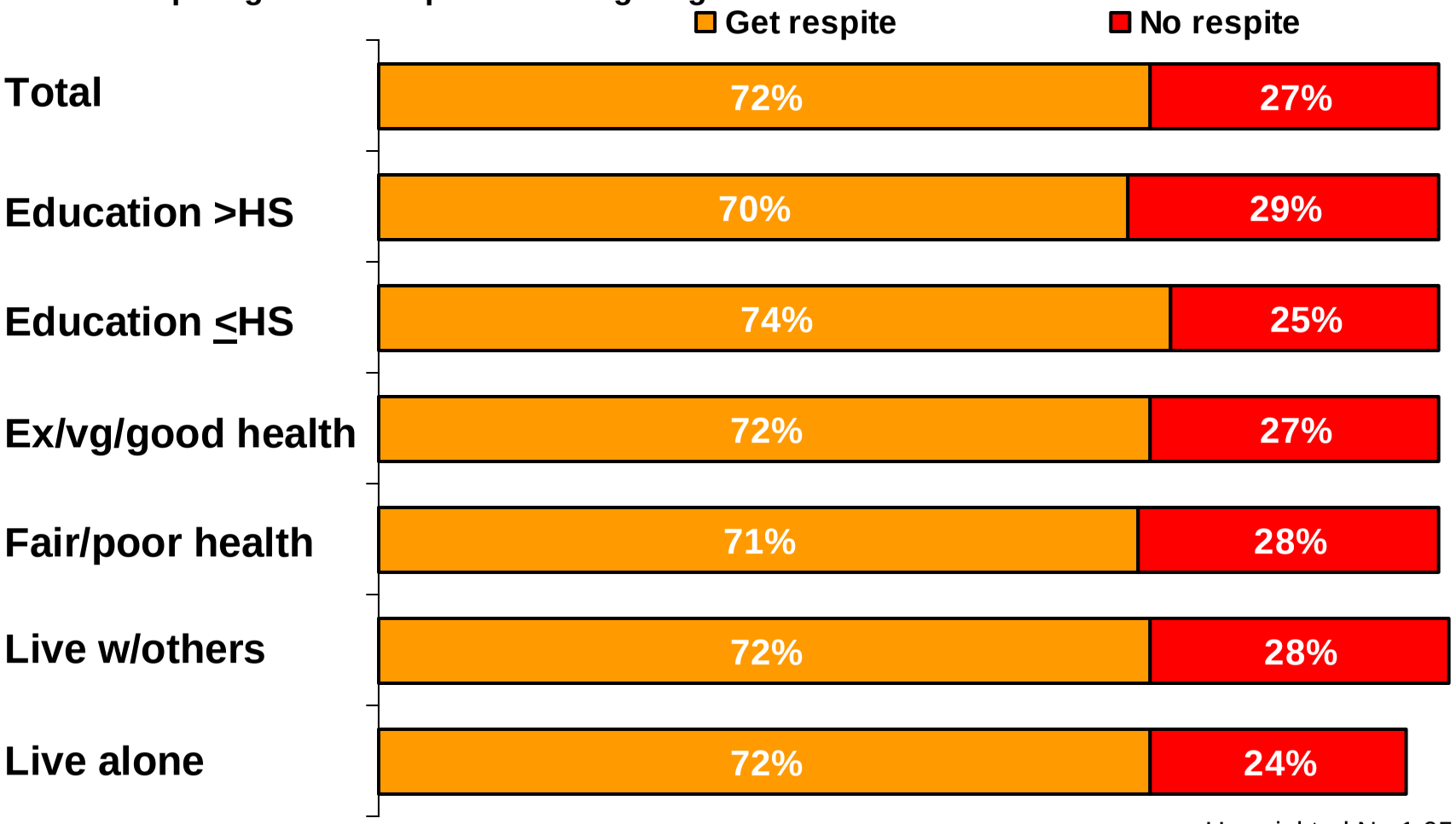
Source: *AdvantAge Initiative Community Survey in Indiana 2008*

The AdvantAge Initiative
Improving Communities for an Aging Society

Figure 26.3, Indiana[§]

Percentage of people age 60+ who get respite/relief from their caregiving activity,* by demographics (cont'd)

Base: People age 65+ who provide caregiving



Note: Percentages may not add up to 100% due to rounding and/or missing information.

Unweighted N= 1,051
Weighted N= 217,365

[§] Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

Center for Home Care Policy & Research

Source: *AdvantAge Initiative Community Survey in Indiana 2008*

The AdvantAge Initiative
Improving Communities for an Aging Society

PROMOTES SOCIAL AND CIVIC ENGAGEMENT

Residents maintain connections with friends and neighbors

- Figs. 27.1-27.3. Percentage of people age 60+ who socialized with friends or neighbors in the past week

Civic, cultural, religious, and recreational activities include older residents

- Figs. 28.1-28.3. Percentage of people age 60+ who attended church, temple, or other in the past week
- Figs. 29.1-29.3. Percentage of people age 60+ who attended movies, sports events, clubs, or group events in the past week
- Figs. 30.1-30.3. Percentage of people age 60+ who engaged in at least one social, religious, or cultural activity in the past week

Opportunities for volunteer work are readily available

- Figs. 31.1-31.4. Percentage of people age 60+ who participate in volunteer work

Community residents help and trust each other

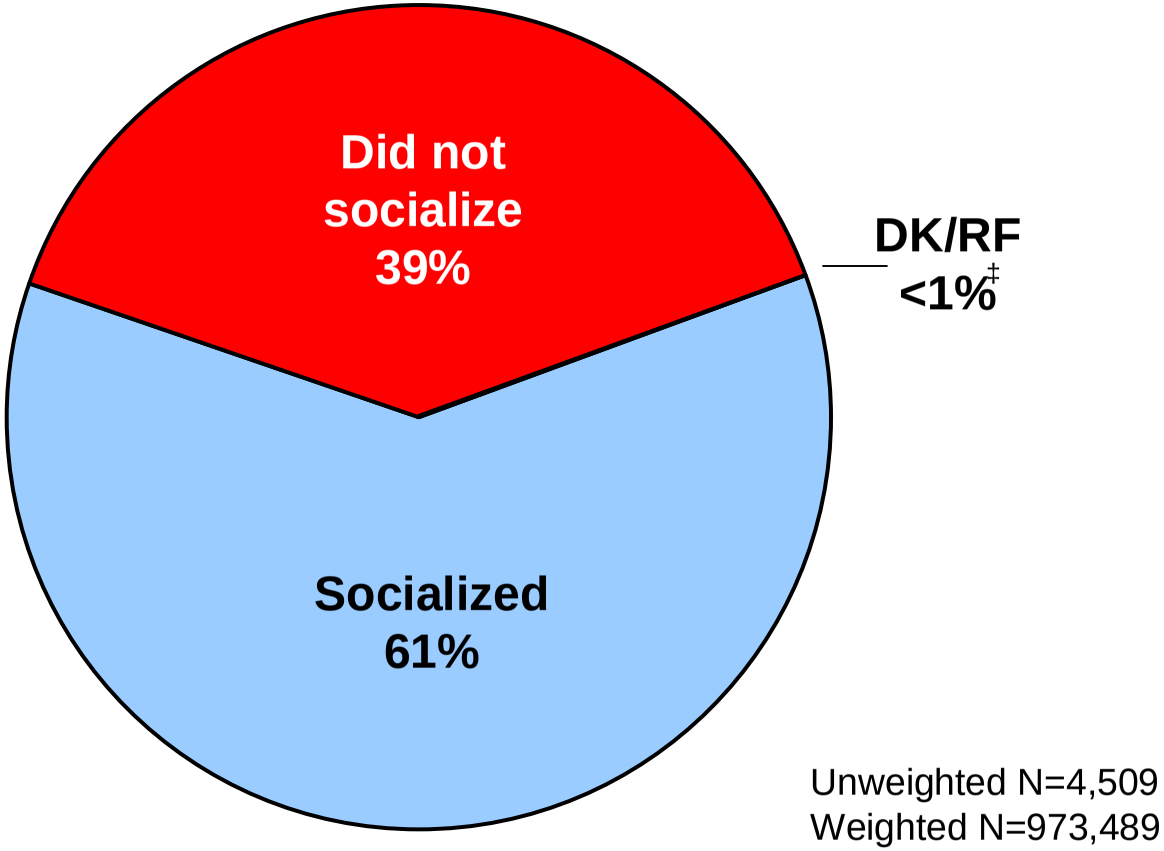
- Figs. 32.1-32.4. Percentage of people age 60+ who live in “helping communities”

Appropriate work is available to those who want it

- Figs. 33.1-33.3. Percentage of people age 60+ who would like to be working for pay

Figure 27.1, Indiana§

Percentage of people age 60+ who socialized with friends or neighbors in the past week*



Unweighted N=4,509
Weighted N=973,489

Note: Percentages may not add up to 100% due to rounding and/or missing information.

*People were asked if they got together with friends or neighbors during the past week.

‡ This percentage is based on fewer than 20 respondents (Unweighted N<20) and should be interpreted with caution.

§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

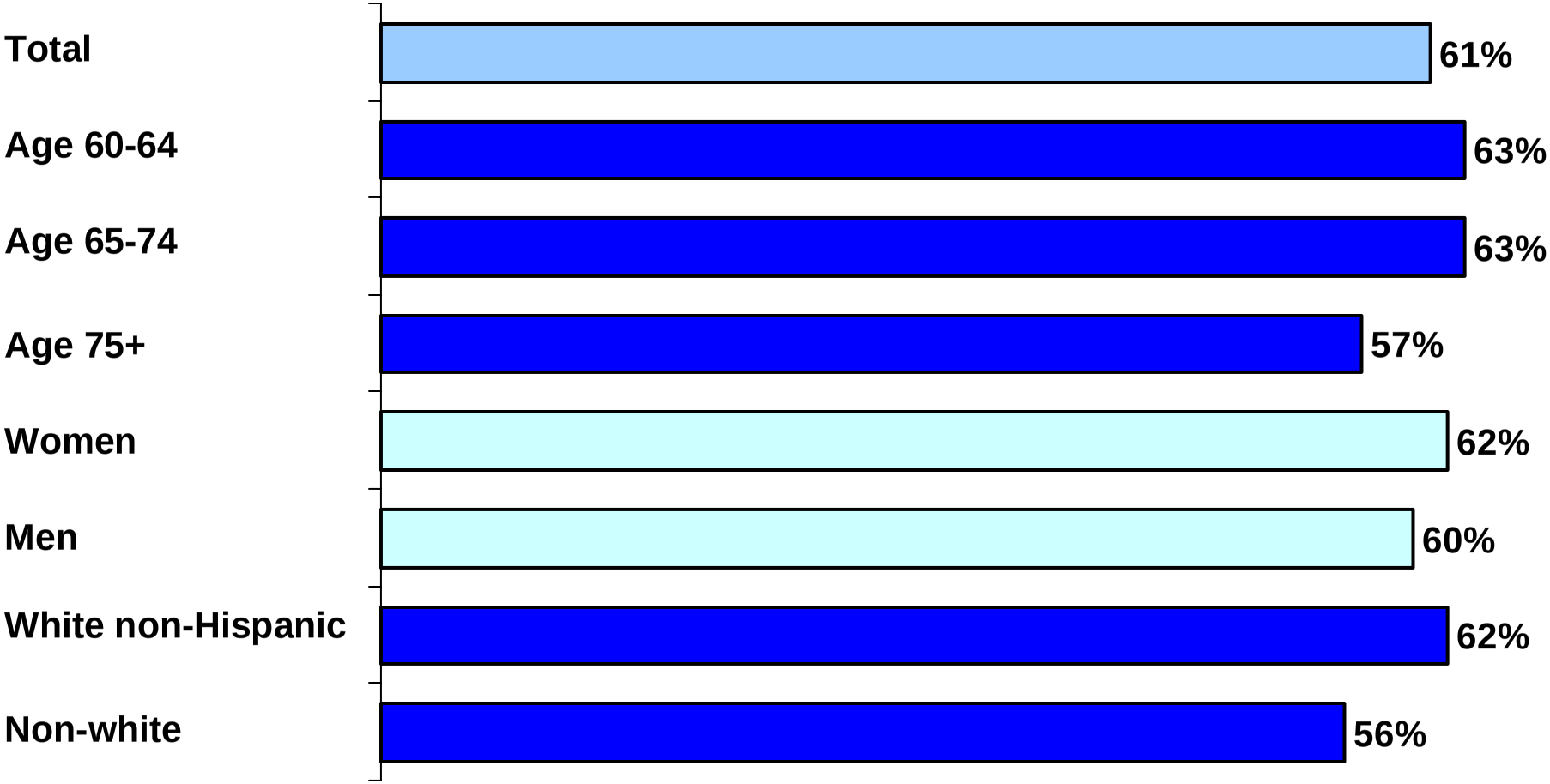
Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
Improving Communities for an Aging Society

Figure 27.2, Indiana§

Percentage of people age 60+ who socialized with friends or neighbors in the past week,* by demographics



Unweighted N= 4,509
Weighted N= 973,489

*People were asked if they got together with friends or neighbors during the past week.

§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

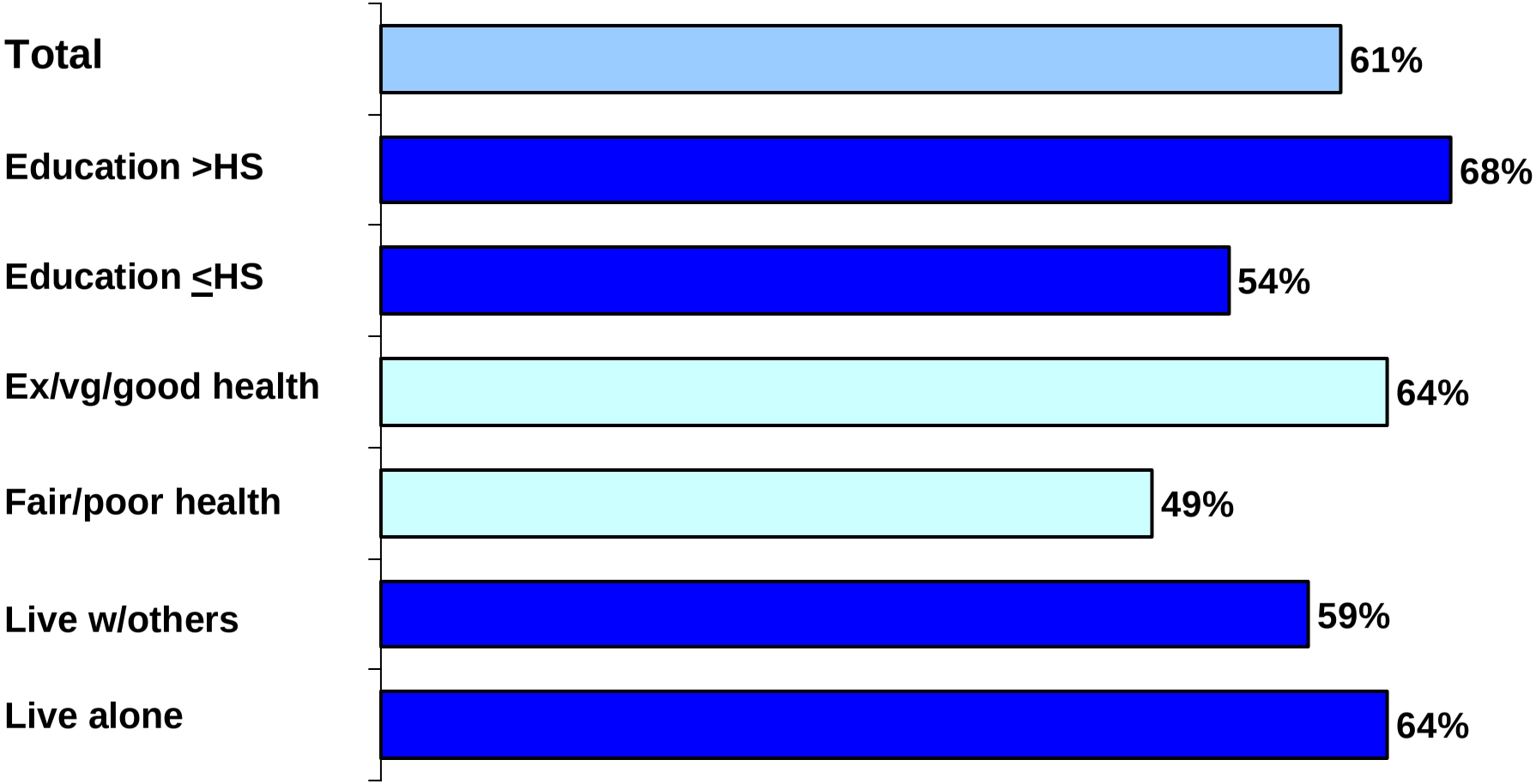
Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
Improving Communities for an Aging Society

Figure 27.3, Indiana§

Percentage of people age 60+ who socialized with friends or neighbors in the past week,* by demographics (cont'd)



Unweighted N= 4,509
Weighted N= 973,489

*People were asked if they got together with friends or neighbors during the past week.

§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

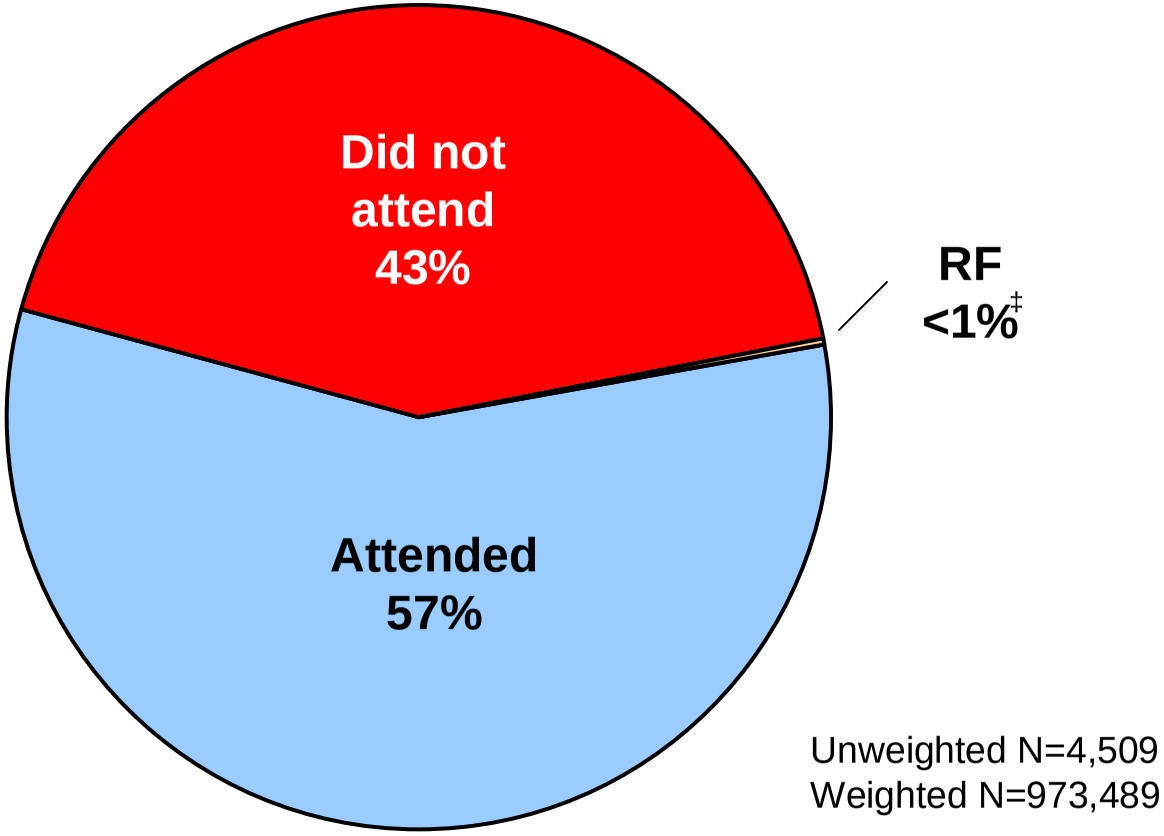
Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
Improving Communities for an Aging Society

Figure 28.1, Indiana§

Percentage of people age 60+ who attended church, temple, or other in the past week*



Note: Percentages may not add up to 100% due to rounding and/or missing information.

*People were asked if they went to church, temple, or another place of worship for services or other activities during the past week.

‡ This percentage is based on fewer than 20 respondents (Unweighted N<20) and should be interpreted with caution.

§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

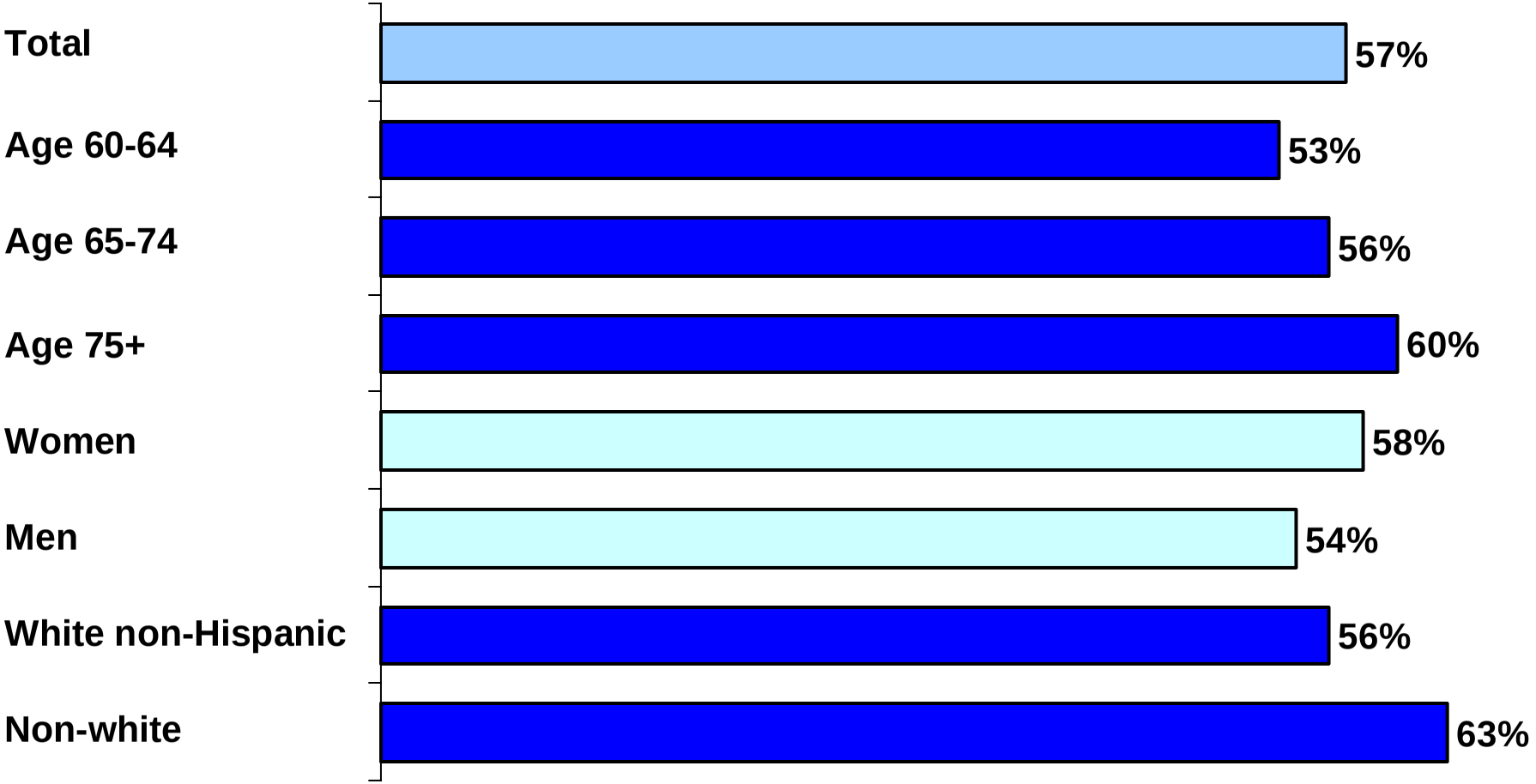
Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
Improving Communities for an Aging Society

Figure 28.2, Indiana[§]

Percentage of people age 60+ who attended church, temple, or other in the past week,* by demographics



*People were asked if they went to church, temple, or another place of worship for services or other activities during the past week.

Unweighted N= 4,509
Weighted N= 973,489

[§] Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

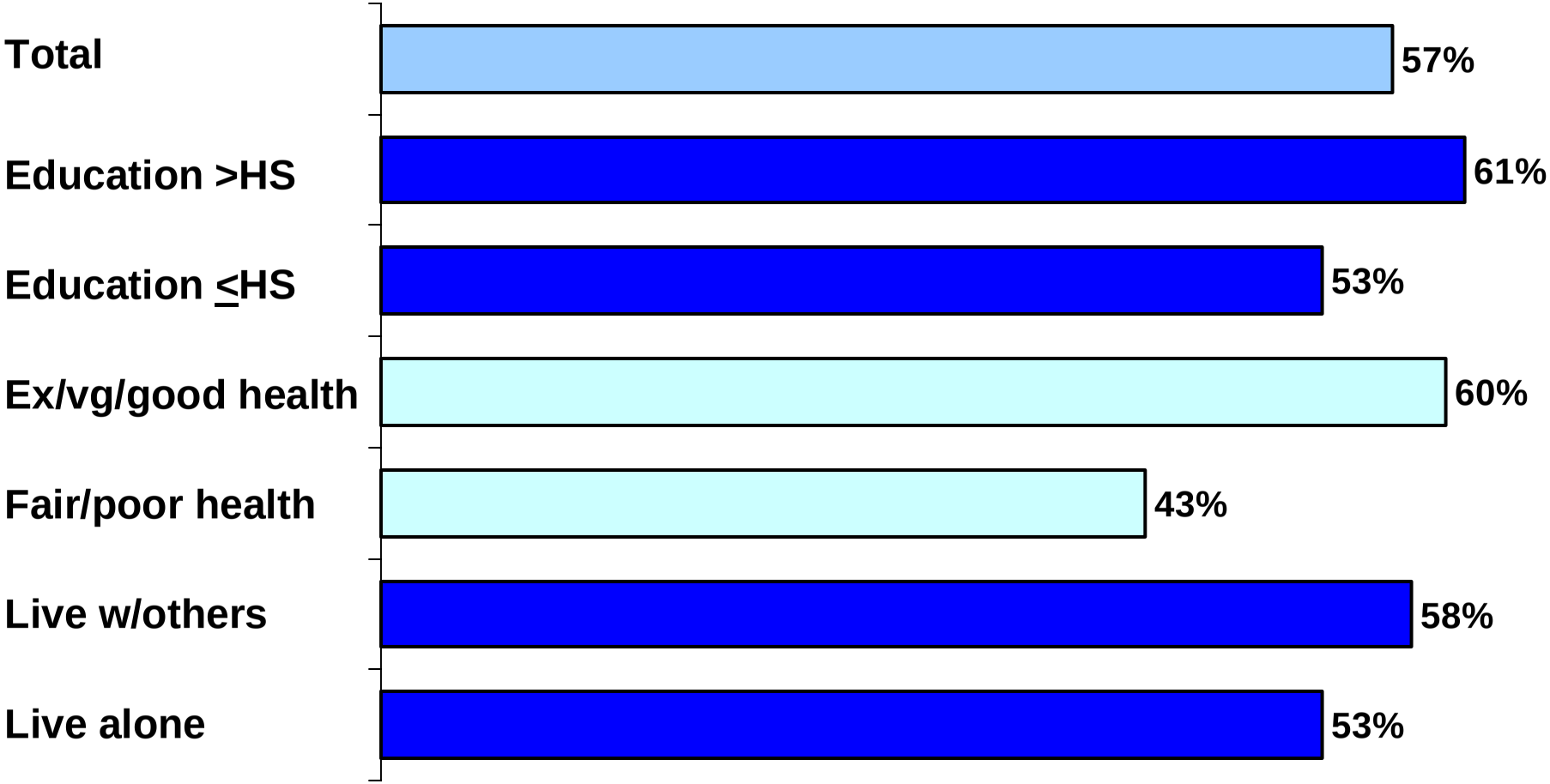
Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
Improving Communities for an Aging Society

Figure 28.3, Indiana§

Percentage of people age 60+ who attended church, temple, or other in the past week,* by demographics (cont'd)



*People were asked if they went to church, temple, or another place of worship for services or other activities during the past week.

§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

Unweighted N= 4,509
Weighted N= 973,489

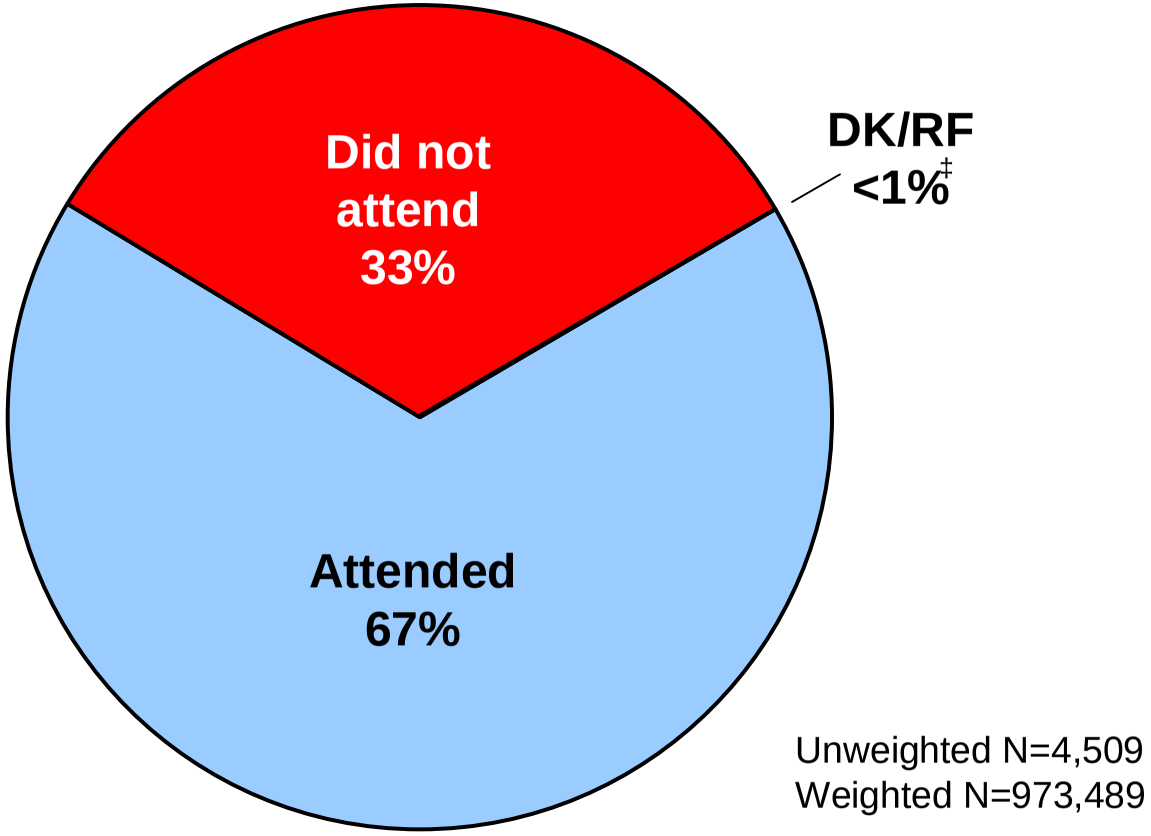
Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
Improving Communities for an Aging Society

Figure 29.1, Indiana§

Percentage of people age 60+ who attended movies, sports events, clubs, or group events in the past week*



Note: Percentages may not add up to 100% due to rounding and/or missing information.

*People were asked if they went to a movie, play, concert, restaurant, sporting event, club meeting, card game, or other social activity during the past week.
‡ This percentage is based on fewer than 20 respondents (Unweighted N<20) and should be interpreted with caution.

§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

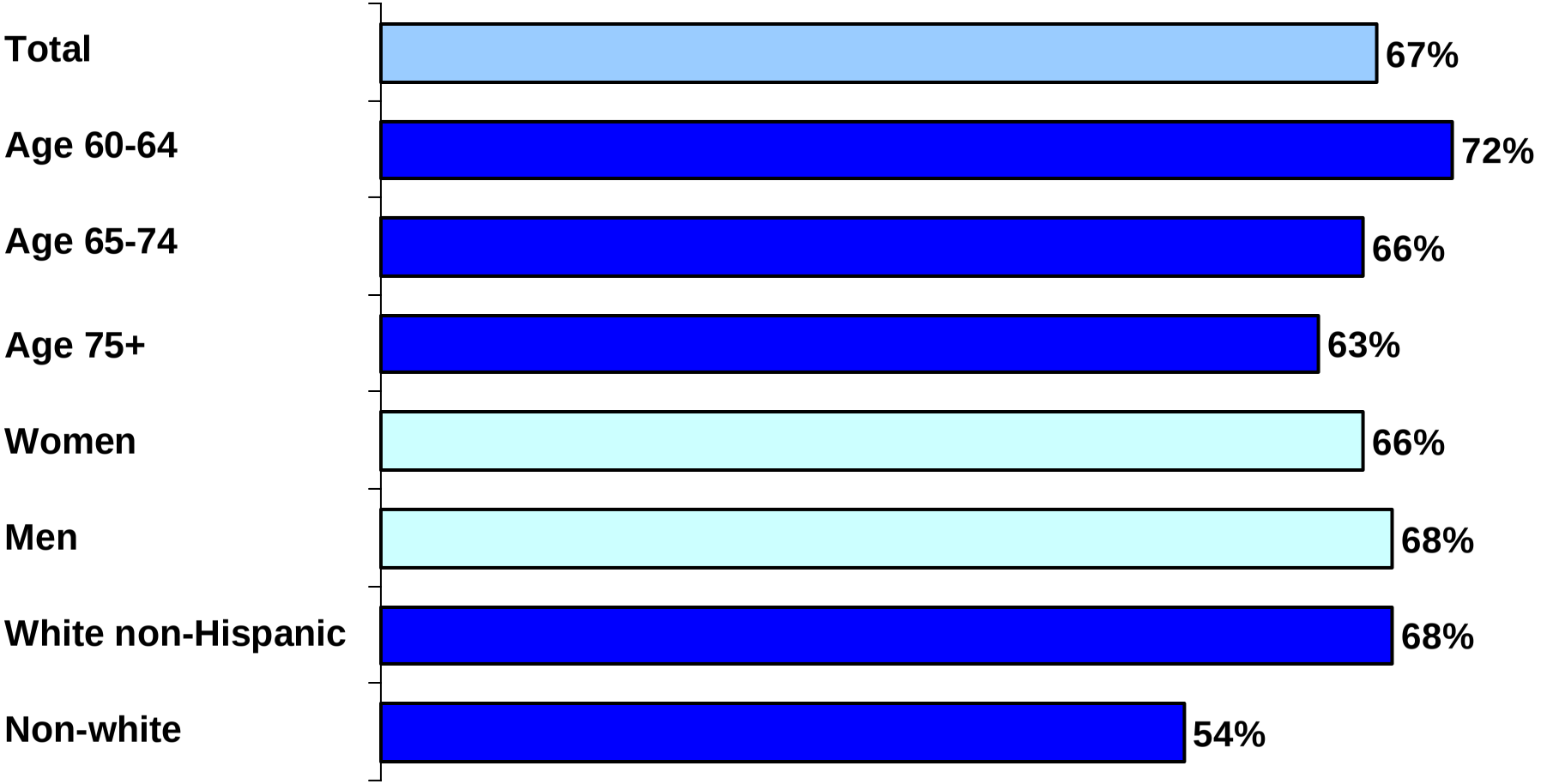
Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
Improving Communities for an Aging Society

Figure 29.2, Indiana§

Percentage of people age 60+ who attended movies, sports events, clubs, or group events in the past week,* by demographics



*People were asked if they went to a movie, play, concert, restaurant, sporting event, club meeting, card game, or other social activity during the past week.

Unweighted N= 4,509
Weighted N= 973,489

§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
Improving Communities for an Aging Society

Figure 29.3, Indiana§

Percentage of people age 60+ who attended movies, sports events, clubs, or group events in the past week,* by demographics (cont'd)

*People were asked if they went to a movie, play, concert, restaurant, sporting event, club meeting, card game, or other social activity during the past week.

§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

Unweighted N= 4,509
Weighted N= 973,489

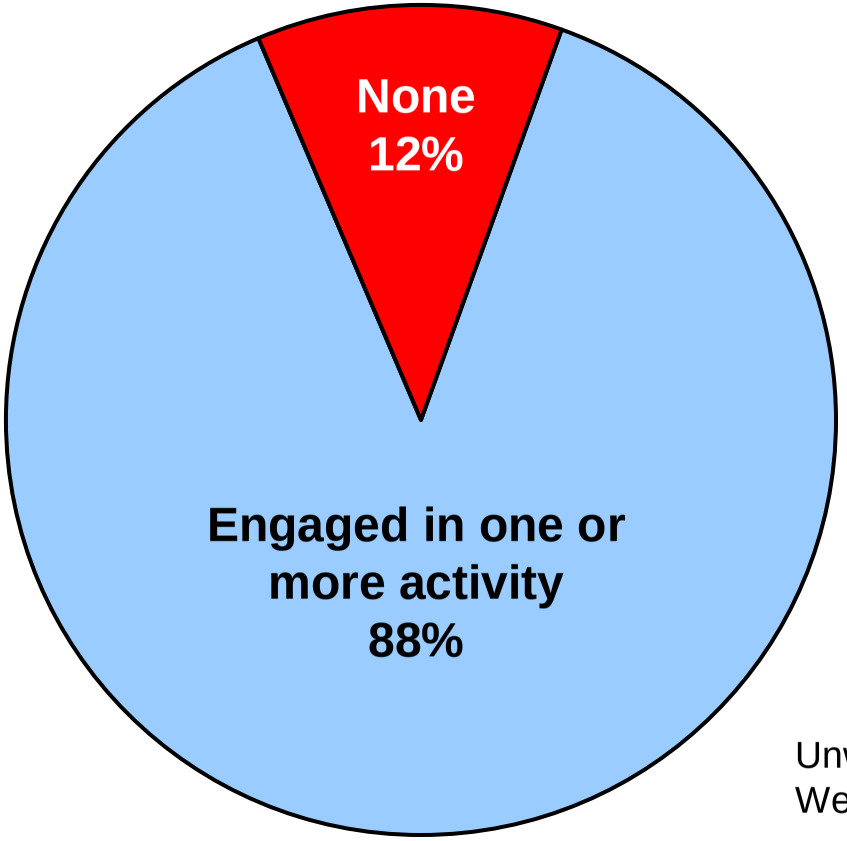
Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
Improving Communities for an Aging Society

Figure 30.1, Indiana[§]

Percentage of people age 60+ who engaged in at least one social, religious, or cultural activity in the past week



Unweighted N=4,509
Weighted N=973,489

Note: Percentages may not add up to 100% due to rounding and/or missing information.

[§] Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

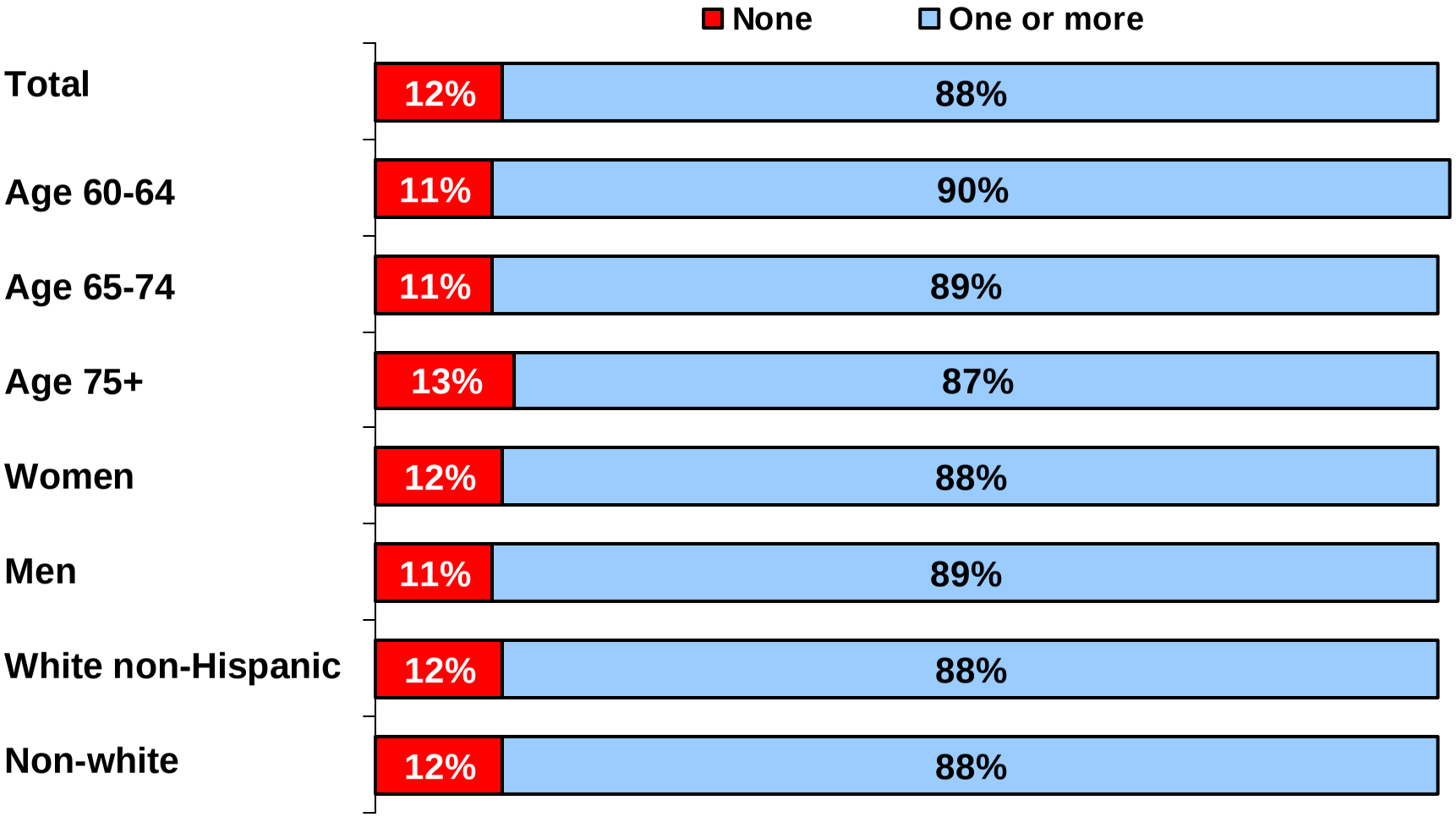
Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
Improving Communities for an Aging Society

Figure 30.2, Indiana[§]

Percentage of people age 60+ who engaged in at least one social, religious, or cultural activity in the past week, by demographics



Unweighted N= 4,509
Weighted N= 973,489

Note: Percentages may not add up to 100% due to rounding and/or missing information.

[§] Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

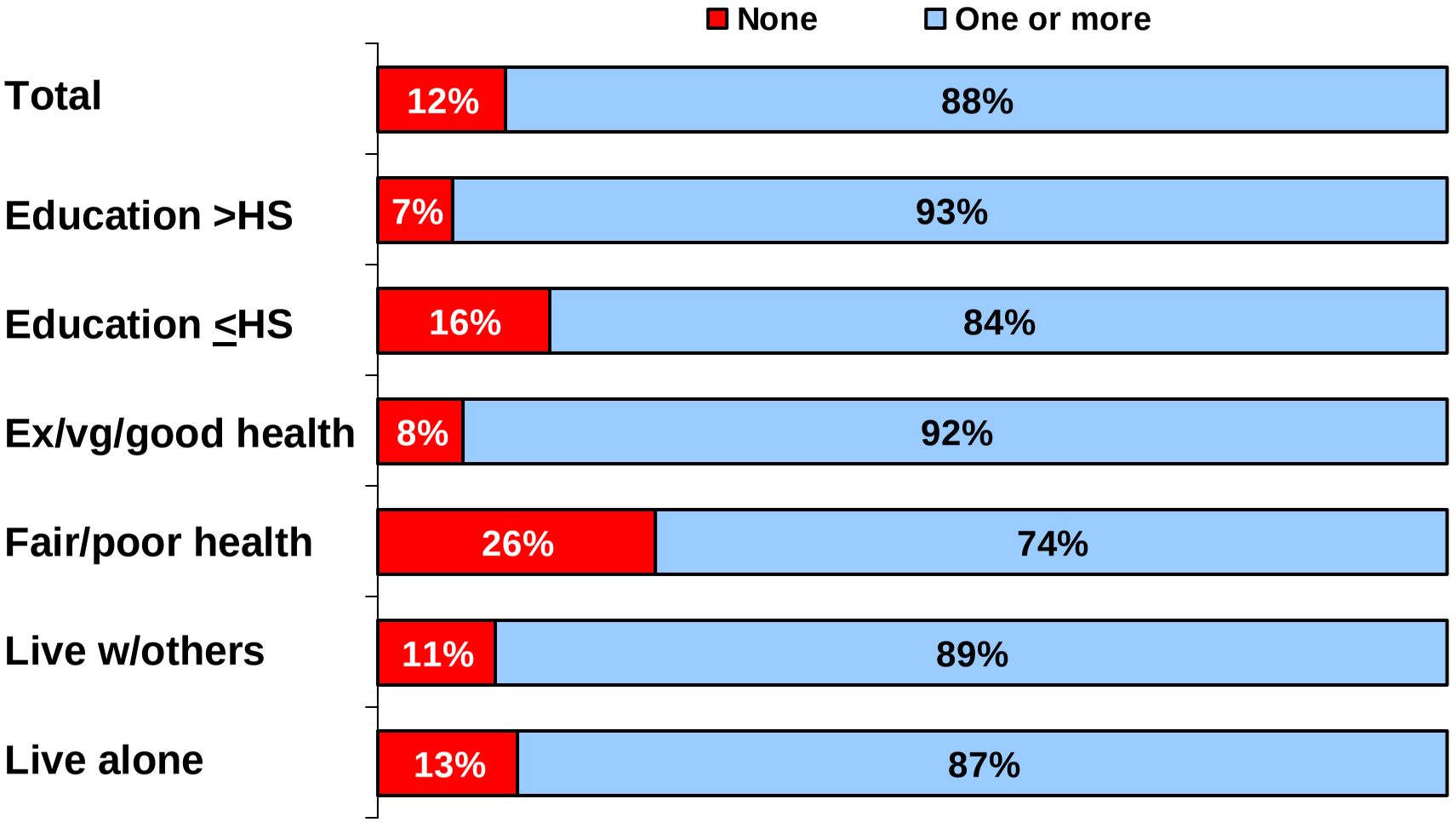
Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
Improving Communities for an Aging Society

Figure 30.3, Indiana[§]

Percentage of people age 60+ who engaged in at least one social, religious, or cultural activity in the past week, by demographics (cont'd)



Note: Percentages may not add up to 100% due to rounding and/or missing information.

Unweighted N= 4,509
Weighted N= 973,489

[§] Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

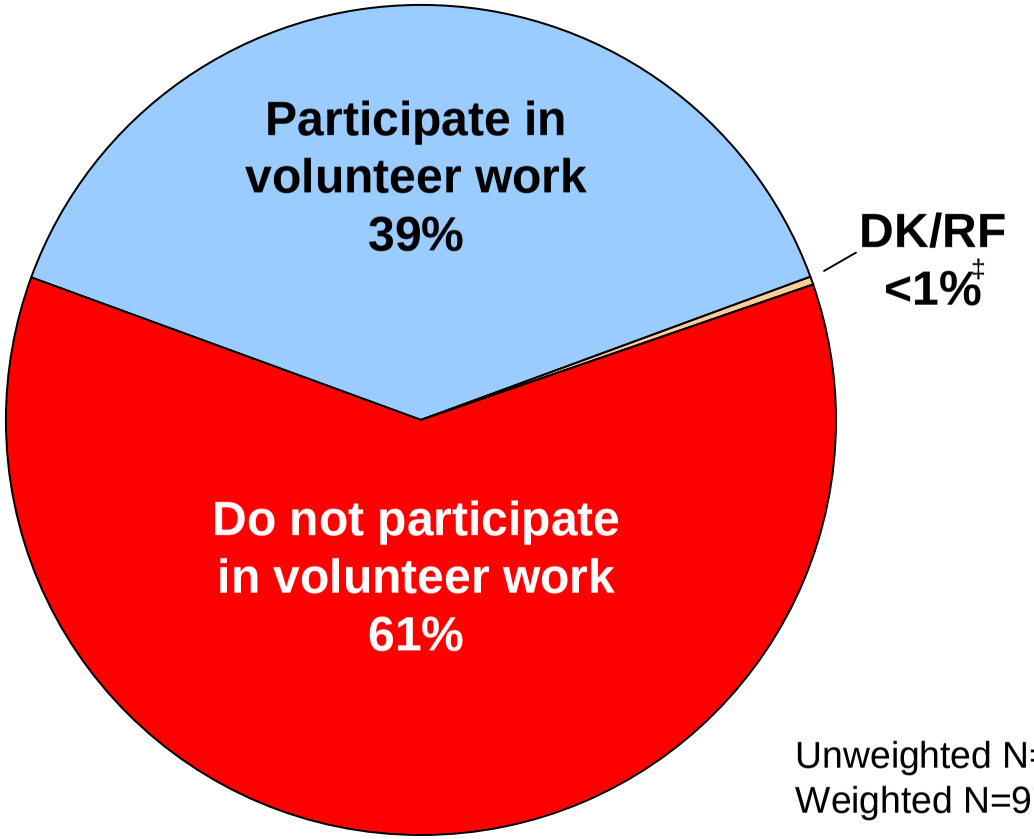
Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
Improving Communities for an Aging Society

Figure 31.1, Indiana§

Percentage of people age 60+ who participate in volunteer work*



Unweighted N=4,509
Weighted N=973,489

Note: Percentages may not add up to 100% due to rounding and/or missing information.

*People were asked if they do volunteer work and if so what type of volunteer work they do.

‡ This percentage is based on fewer than 20 respondents (Unweighted N<20) and should be interpreted with caution.

§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

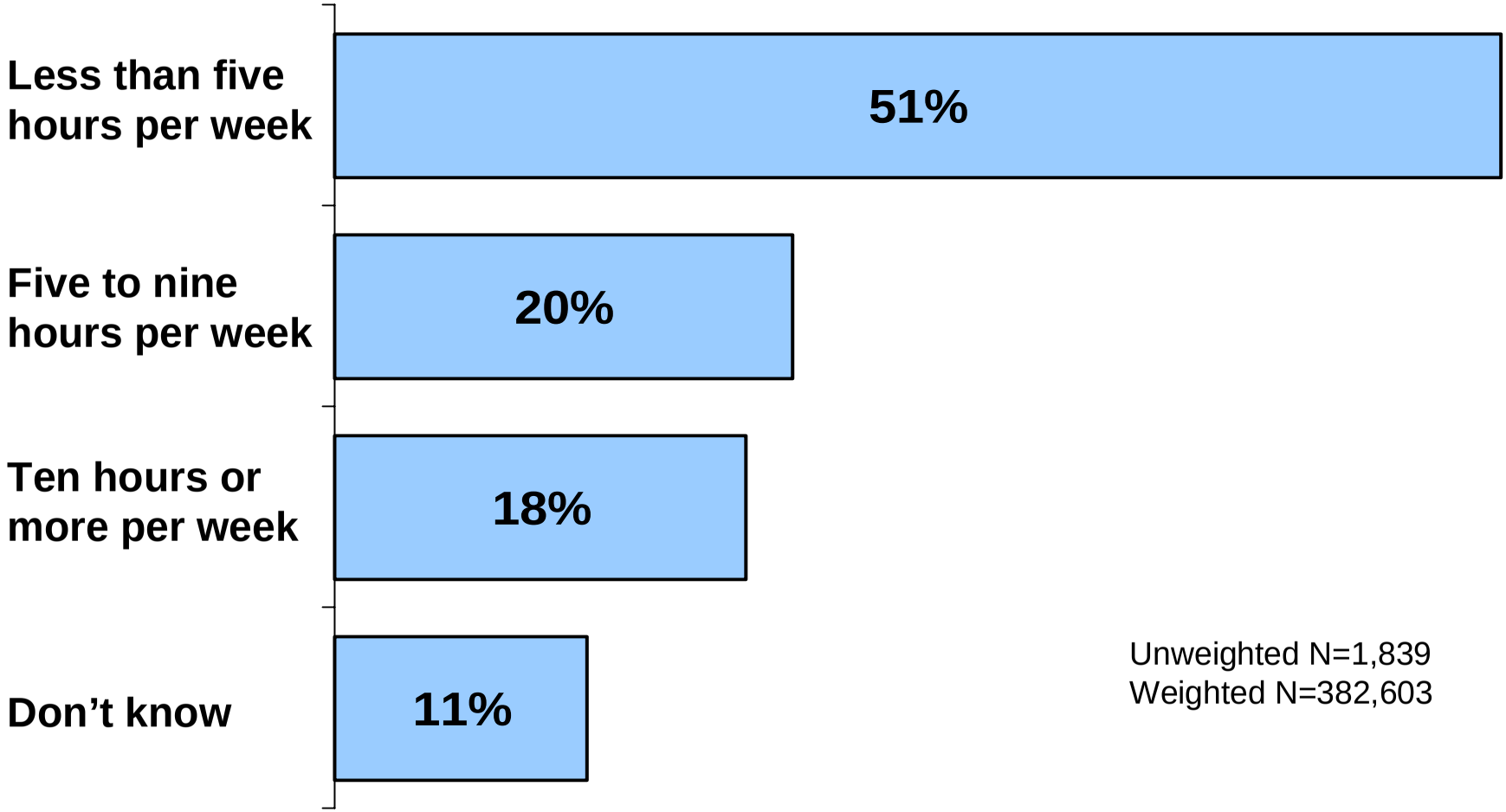
Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
Improving Communities for an Aging Society

Figure 31.2, Indiana§

Number of hours people age 60+ spend volunteering, among those who volunteer*



Unweighted N=1,839
Weighted N=382,603

Note: Percentages may not add up to 100% due to rounding and/or missing information.
*People who said they volunteer were asked how many hours they usually spend per week doing volunteer work.

§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

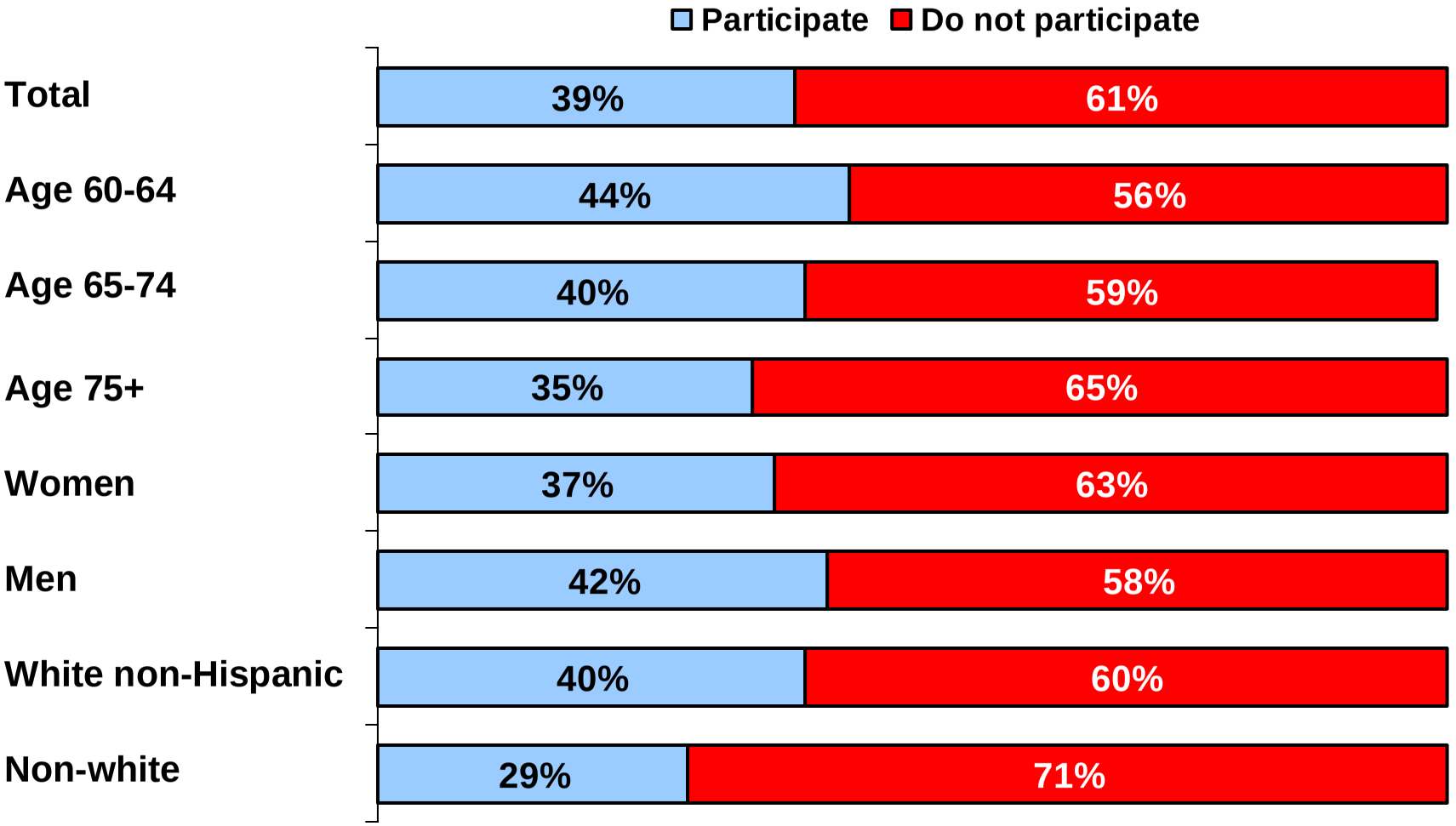
Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
Improving Communities for an Aging Society

Figure 31.3, Indiana§

Percentage of people age 60+ who participate in volunteer work, by demographics



Note: Percentages may not add up to 100% due to rounding and/or missing information.

*People were asked if they do volunteer work and if so what type of volunteer work they do.

§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

Unweighted N= 4,509
Weighted N= 973,489

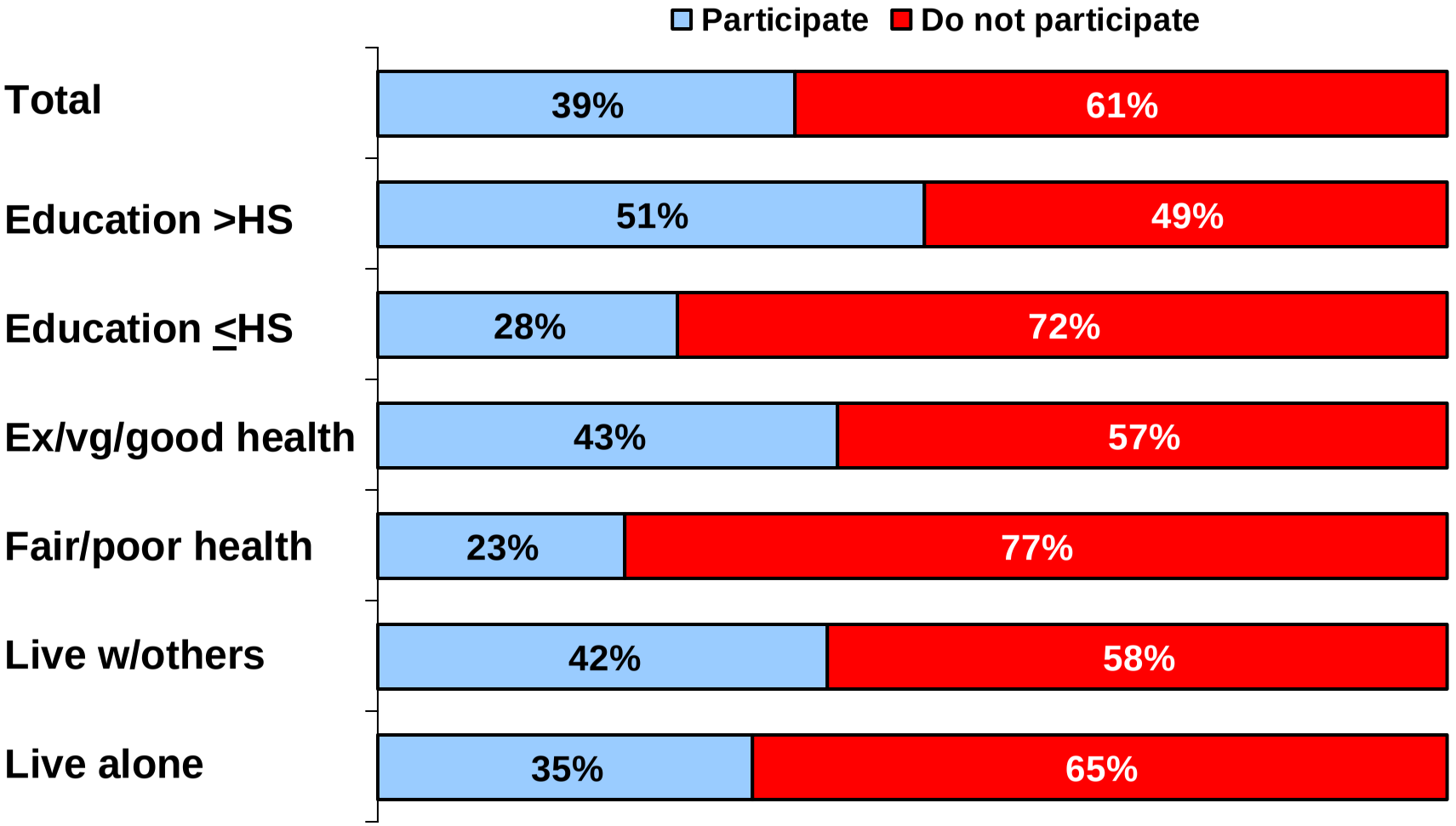
Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
Improving Communities for an Aging Society

Figure 31.4, Indiana[§]

Percentage of people age 60+ who participate in volunteer work, by demographics (cont'd)



Note: Percentages may not add up to 100% due to rounding and/or missing information.

*People were asked if they do volunteer work and if so what type of volunteer work they do.

[§] Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

Unweighted N= 4,509
Weighted N= 973,489

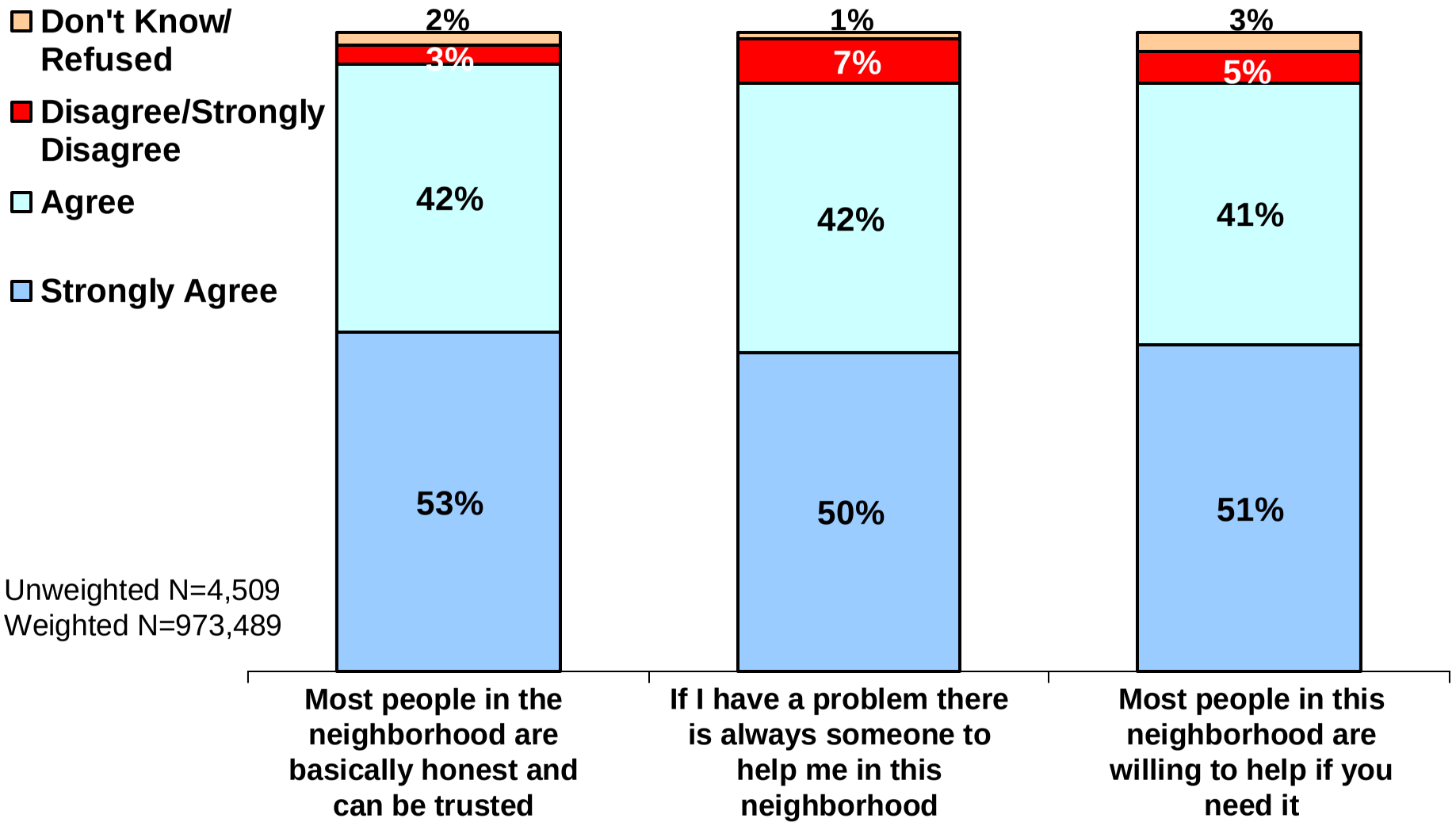
Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
Improving Communities for an Aging Society

Figure 32.1, Indiana[§]

Percentage of people age 60+ who live in "helping communities"



Note: Percentages may not add up to 100% due to rounding and/or missing information.

[§] Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

Center for Home Care Policy & Research

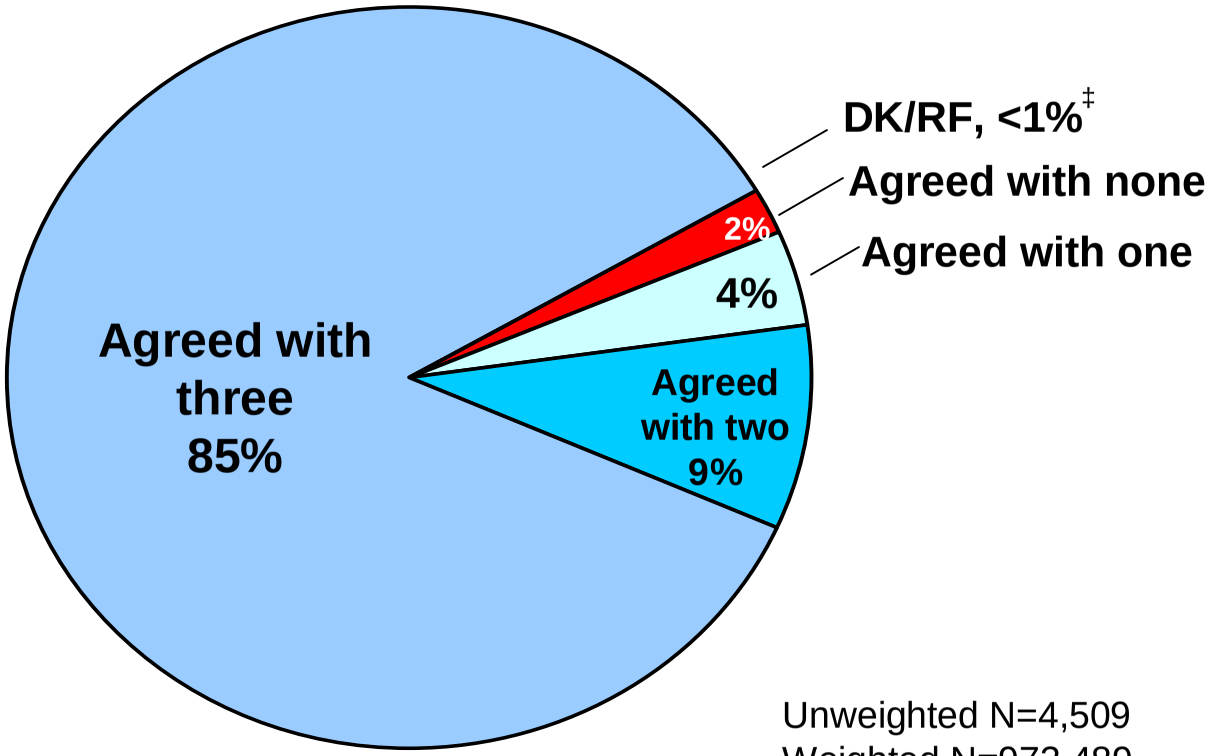
Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
Improving Communities for an Aging Society

Figure 32.2, Indiana[§]

Percentage of people age 60+ who live in "helping communities"*

Number of statements about helping communities that people "Agreed" with**



Unweighted N=4,509
Weighted N=973,489

Note: Percentages may not add up to 100% due to rounding and/or missing information.

*People were asked whether they strongly agree, agree, disagree, or strongly disagree with the following 3 statements: "Most people in this neighborhood are basically honest and can be trusted"; "If I have a problem there is always someone to help me in this neighborhood"; "Most people in this neighborhood are willing to help if you need it."

**Percentage of people who "Agreed" includes those who said they "Strongly agree" and those who said they "Agree."

‡ This percentage is based on fewer than 20 respondents (Unweighted N<20) and should be interpreted with caution.

§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

Center for Home Care Policy & Research

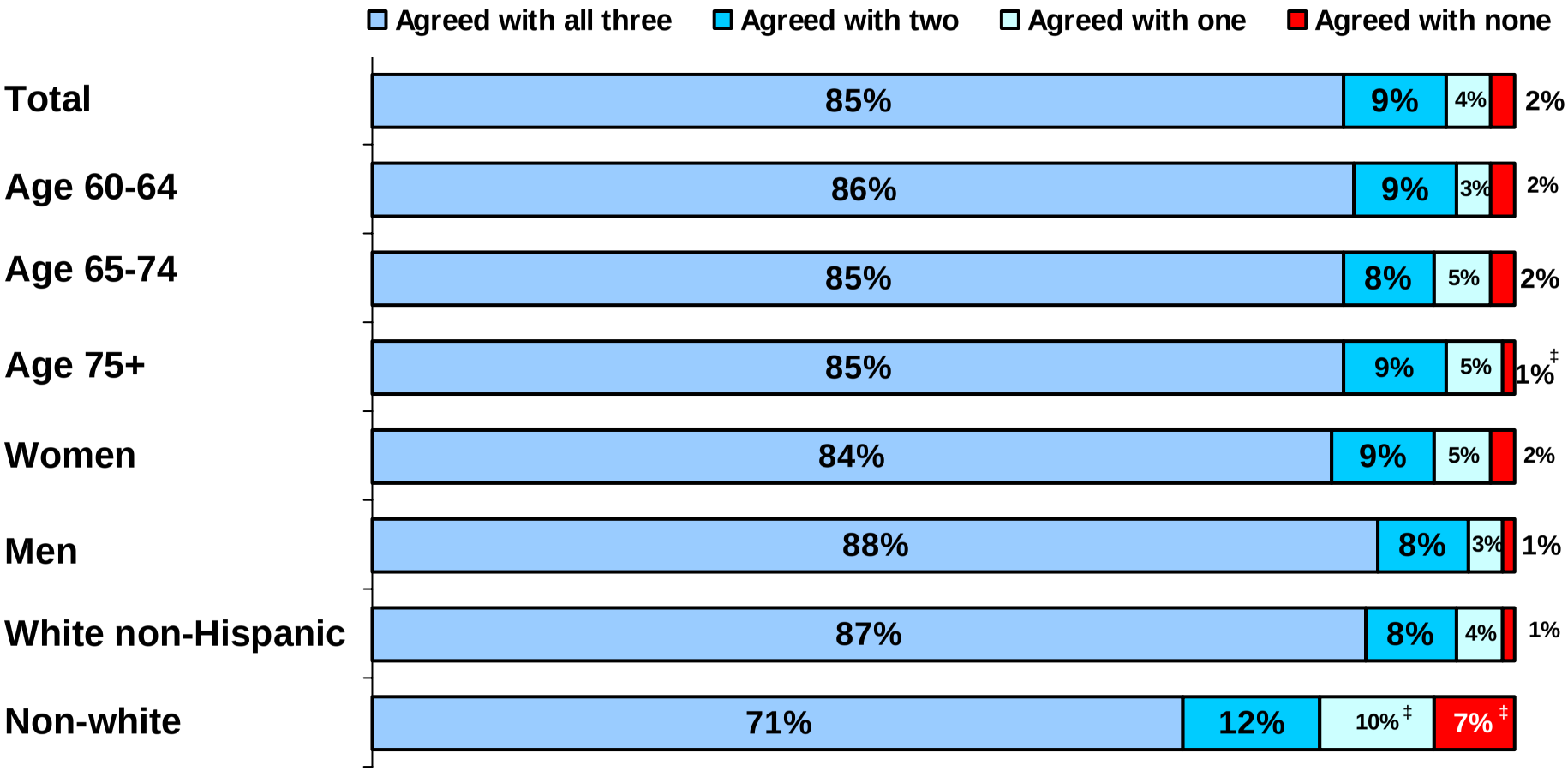
Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
Improving Communities for an Aging Society

Figure 32.3, Indiana§

Percentage of people age 60+ who live in "helping communities,"* by demographics

Number of statements about helping communities that people "Agreed" with



Note: Percentages may not add up to 100% due to rounding and/or missing information.

*People were asked whether they strongly agree, agree, disagree, or strongly disagree with the following 3 statements: "Most people in this neighborhood are basically honest and can be trusted"; "If I have a problem there is always someone to help me in this neighborhood"; "Most people in this neighborhood are willing to help if you need it." Percentage of people who "Agreed" includes those who said they "Strongly agree" and those who said they "Agree."

‡ This percentage is based on fewer than 20 respondents (Unweighted N<20) and should be interpreted with caution.

§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

Unweighted N= 4,509
Weighted N= 973,489

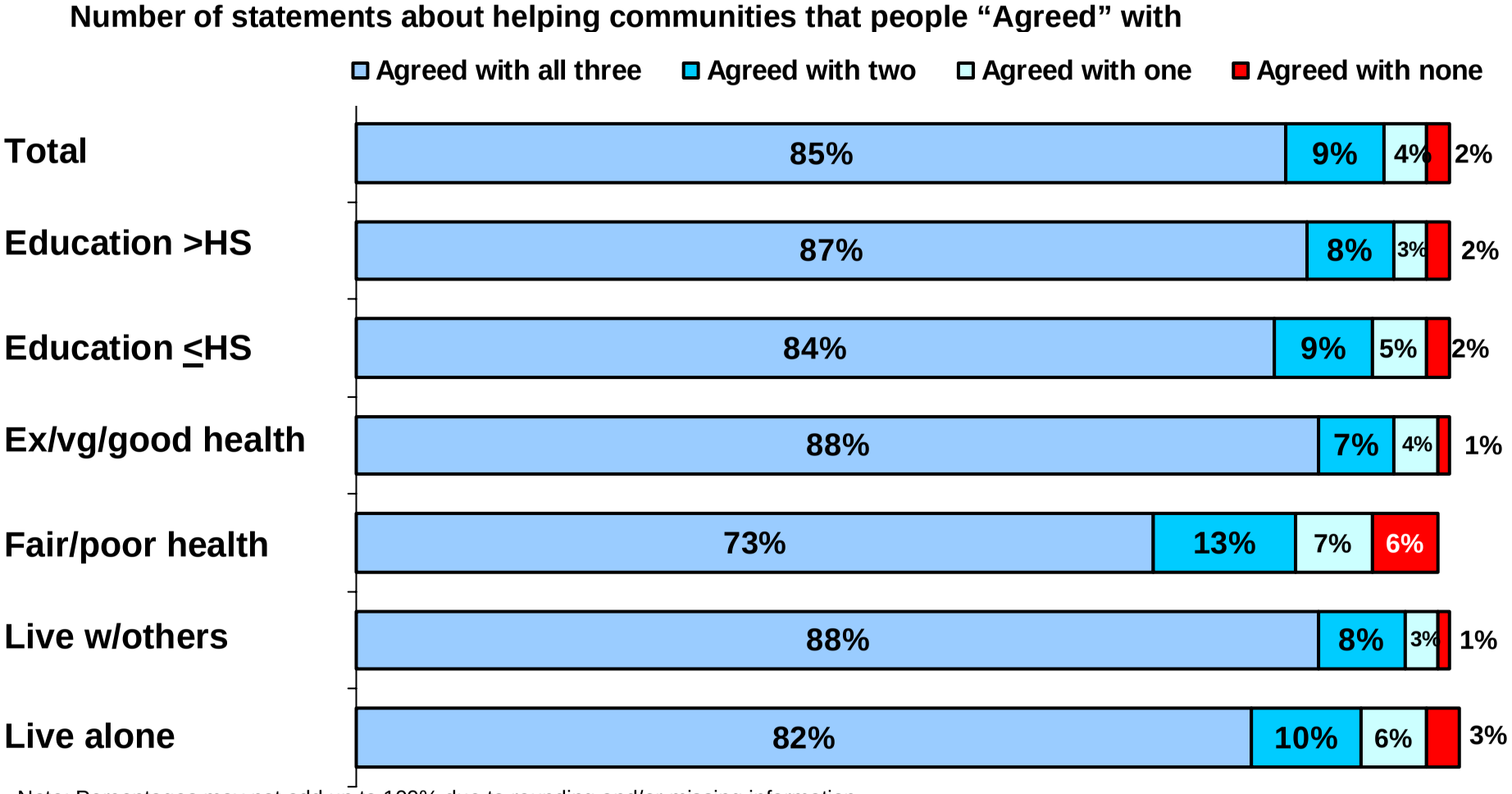
Center for Home Care Policy & Research

Source: *AdvantAge Initiative Community Survey in Indiana 2008*

The AdvantAge Initiative
Improving Communities for an Aging Society

Figure 32.4, Indiana[§]

Percentage of people age 60+ who live in "helping communities,"* by demographics (cont'd)



Note: Percentages may not add up to 100% due to rounding and/or missing information.

*People were asked whether they strongly agree, agree, disagree, or strongly disagree with the following 3 statements: "Most people in this neighborhood are basically honest and can be trusted"; "If I have a problem there is always someone to help me in this neighborhood"; "Most people in this neighborhood are willing to help if you need it." Percentage of people who "Agreed" includes those who said they "Strongly agree" and those who said they "Agree."

[§] Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

Unweighted N= 4,509
Weighted N= 973,489

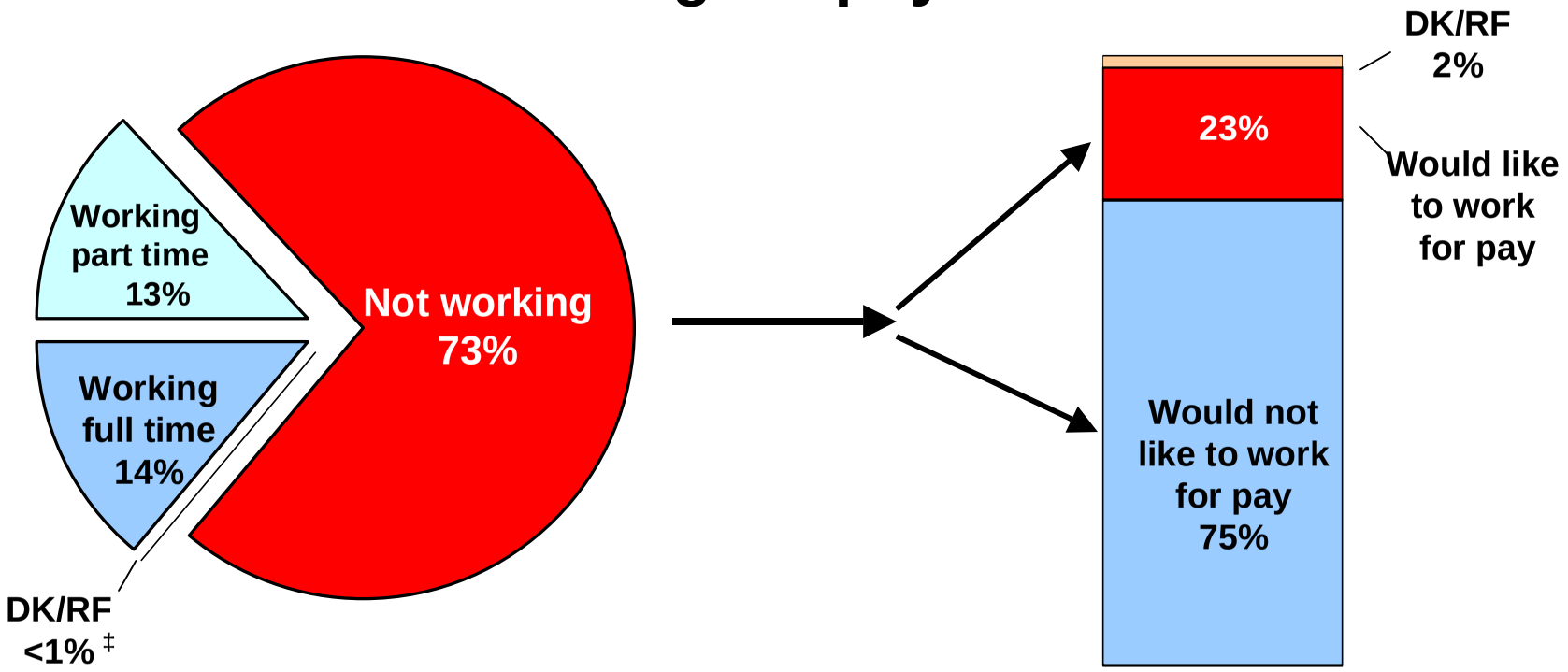
Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
Improving Communities for an Aging Society

Figure 33.1, Indiana§

Percentage of people age 60+ who would like to be working for pay*



Unweighted N=4,509
Weighted N=973,489

Unweighted N=3,254
Weighted N=708,611

*People were asked what their current employment status is.

*People who were not working were asked whether they would like to be working for pay.

Note: Percentages may not add up to 100% due to rounding and/or missing information.
‡ This percentage is based on fewer than 20 respondents (Unweighted N<20) and should be interpreted with caution.
§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

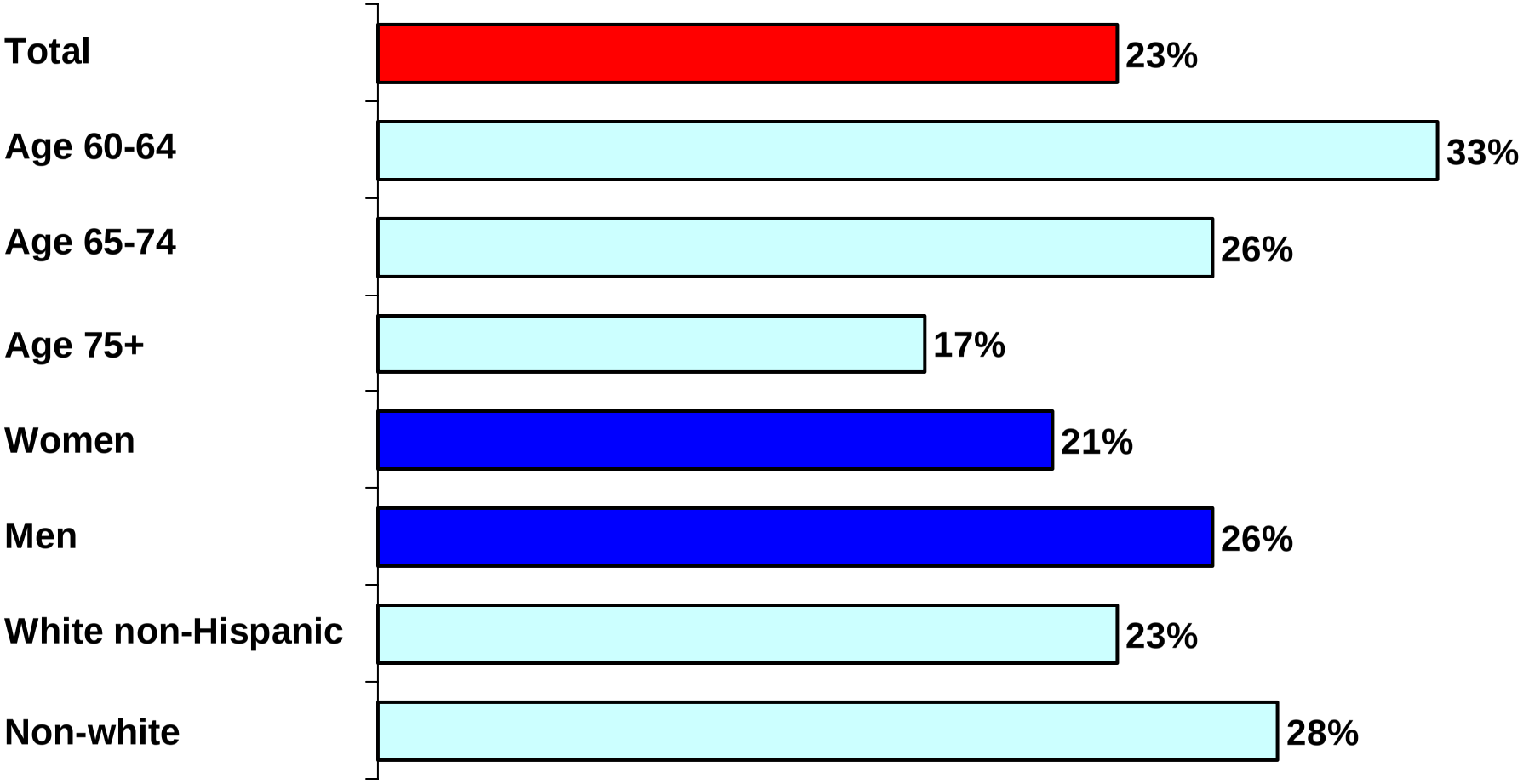
Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
Improving Communities for an Aging Society

Figure 33.2, Indiana§

Percentage of people age 60+ who would like to be working for pay,* by demographics



Base: Currently not working

Unweighted N= 3,254
Weighted N= 708,611

*People who were not working were asked whether they would like to be working for pay.

§ Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

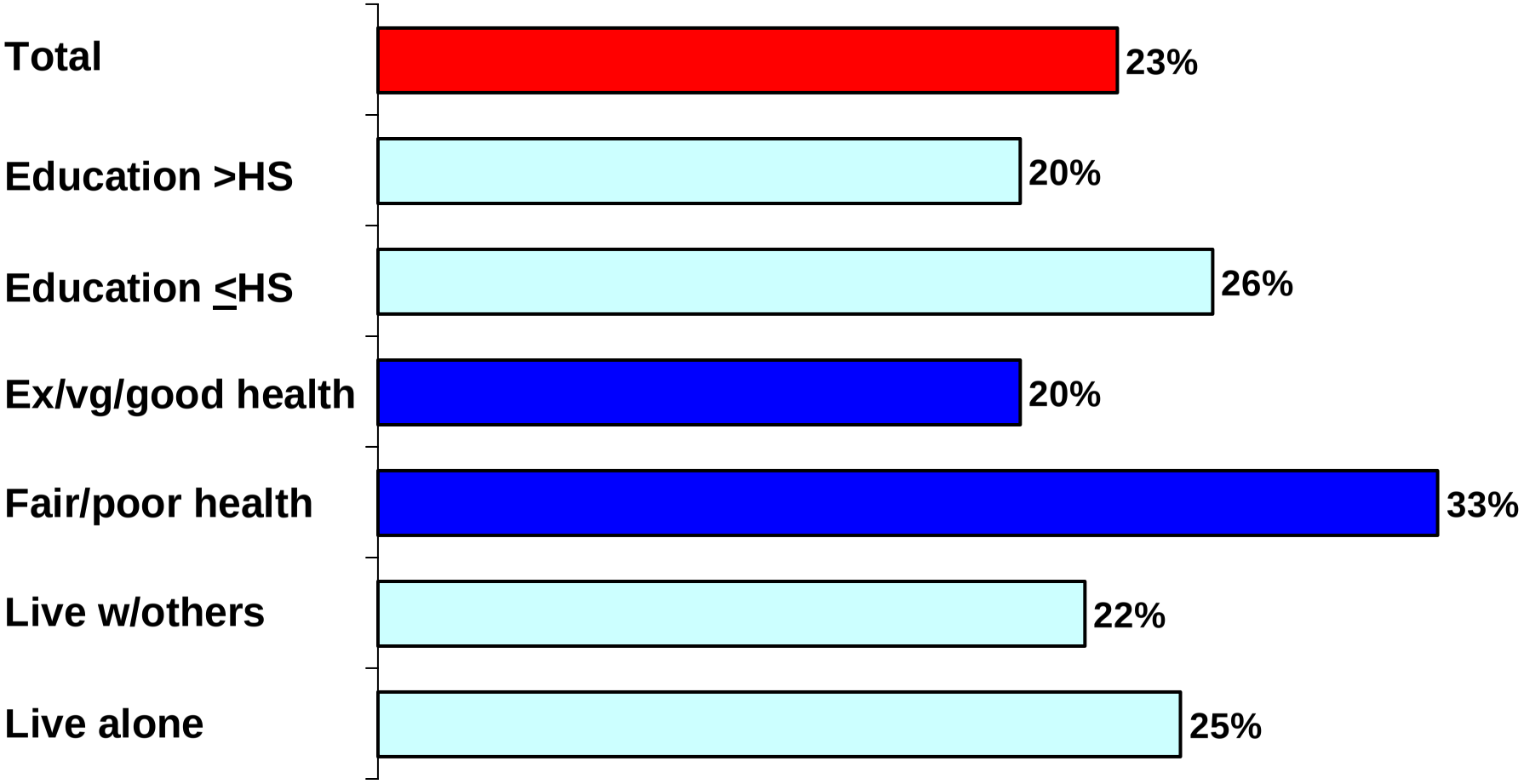
Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
Improving Communities for an Aging Society

Figure 33.3, Indiana[§]

Percentage of people age 60+ who would like to be working for pay,* by demographics (cont'd)



Base: Currently not working

Unweighted N= 3,254
Weighted N= 708,611

*People who were not working were asked whether they would like to be working for pay.

[§] Excludes Area 2 (Elkhart, Kosciusko, LaPorte, Marshall & St. Joseph Counties) which was surveyed in 2006.

Center for Home Care Policy & Research

Source: ***AdvantAge Initiative Community Survey in Indiana 2008***

The AdvantAge Initiative
Improving Communities for an Aging Society

Attachment D

The Division of Aging held two public hearings regarding the State Plan 2011-2014. Comments from the hearings on June 29, 2010 and July 8, 2010 have been summarized below:

June 29, 2010

IAAAA – Kristen LaEace

Ms. LaEace expressed discontent over the plan process and the outcome measures presented in the plan.

*Response by the Division of Aging- We accepted the concerns raised about the 'process' in terms of the public hearing and the opportunity to review the **draft** State Plan. In response, we worked with the Administration on Aging to secure an extension and provided a second public hearing. While we believe that we have routinely been in contact and received comments and recommendations from various stakeholders (advocates, AAAs, legislators and the like), moving forward we plan to formalize the process of soliciting public comments.*

The Generation Project – John Cardwell

Mr. Cardwell expressed frustration with the plan process.

*Response by the Division of Aging- We accepted the concerns raised about the 'process' in terms of the public hearing and the opportunity to review the **draft** State Plan. In response, we worked with the Administration on Aging to secure an extension and provided a second public hearing. While we believe that we have routinely been in contact and received comments and recommendations from various stakeholders (advocates, AAAs, legislators and the like), moving forward we plan to formalize the process of soliciting public comments.*

July 8, 2010

AARP – Paul Chase

Mr. Chase provided statistical need for expansion of Home & Community Based Services. Recommendations were given to the Division of Aging to expand programming in areas such as the self-directed care program, hospital discharge program, options counseling, presumptive eligibility, and review Ohio's Home First Program. Mr. Chase suggested that "global budgets" be provided to the AAAs.

Response by the Division of Aging- We believe our record over the past few years reflects an aggressive commitment to increase Home and Community Based Services to our Hoosier citizens. While budgetary constraints have stifled some of our progress, we will continue to pursue those options. Moreover, we

plan to solicit open dialogue with our stakeholders to consider other alternatives to our present activities so that we can further expand our impact with Home and Community Based Services.

Indiana Association for Home & Hospice Care, Inc. - Rebecca Kasper

Ms. Kasper expressed a need for more defined and specific strategies and performance measures. She was pleased to see the new approaches and ideas presented in Objective 3.1. She questioned the target dates for Phase III.

Response by the Division of Aging- We applaud the desire to continuous monitor our performance results and alter approach as appropriate to reach our strategic goals. Certainly, our hope is to proceed as aggressively as possible on the fulfilling our objectives with Phase II, III and IV. At the same time, we must be prudent in on timelines and be prepared to nimbly react when necessary to new information

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IAAAA – Kristen LaEace

Ms. LaEace vocalized support for redefining long-term care, however, they feel the plan is directed toward the completion of existing projects and not new ideas. She also mentioned involvement with the Choice Board and the recent understanding of their responsibilities.

Response by the Division of Aging-We appreciate and continue to solicit the feedback and ideas from our AAA partners and our key association stakeholders, like I4A. Unfortunately, we are not always in position to take action because of the budgetary constraints that we currently face. However, we remain vigilant in finding opportunities to move our agenda forward. We also recognize that at times our philosophy or approach may differ from others, in which case we may need to agree to disagree.

Midland Meals– Elaine Brovant

Ms. Brovant expressed her appreciation for the work and coordination that has occurred between organization and with the Division of Aging. However, she also shared her concern about the Senior Employment Program, making note of the federal guideline for a training program.

Response by the Division of Aging – We plan to work with Ms. Brovant and other stakeholders to discover solutions to this concern.