Aging Texas Well Strategic Plan 2022 - 2023

As Required by

Executive Order RP-42

Texas Health and Human Services

Commission

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Table of Contents

Executive Summary

Aging Texas Well (ATW) was established through Executive Order RP-42 and serves as a guide for the Texas Health and Human Services Commission (HHSC) and other state agencies to support strategic planning to serve older Texans. According to census data projections, there are approximately 9,245,560 adults age 50 and older in Texas. This number is expected to reach 11,134,045 by 2030. [1]

In 2021, as part of the ATW initiative, HHSC conducted a statewide survey to identify the current and future needs and priorities of older adults, informal caregivers of older adults, and social service providers supporting older adults. Data analysis identified the following top priorities for each group:

- **Older Adults**
  - Physical health
  - Access to services and support in the community
  - Access to social engagement opportunities
- **Informal Caregivers**
  - Mental health
  - Physical health
  - Work strains and issues
- **Service Providers**
  - Collaboration and coordination
  - Funding
  - Staffing
  - Addressing social isolation
  - Addressing food insecurity
  - Supporting informal caregivers

The 2022-2023 ATW Strategic Plan presents each of the above priorities and identifies strategies for addressing them. The goal of the plan is to help older Texans and their informal caregivers plan for the future while providing community and state leadership with recommendations and guidance for establishing policies and the infrastructure to support healthy aging for all Texans. The preliminary identified strategies can be found in Appendix D: Implementation Plan.

[1] Source: Texas Demographic Center/Office of the State Demographer at the University of Texas At San Antonio. Projections are based on the 2010-2015 Migration Scenario. Released December 2018.

Introduction

Background

In anticipation of the first segments of the baby boom generation reaching retirement age, the Texas State Unit on Aging created the Aging Texas Well (ATW) initiative in 1997 to help the state prepare for the rising number of older adults. ATW was formalized in 2005 through Executive Order (EO) RP-42 which mandates HHSC to lead the initiative, including analysis of state readiness, local community preparedness, and aging policy issues and trends. The order also created the Aging Texas Well Advisory Committee (ATWAC) to guide and support state leadership on aging-related matters. The ATW Strategic Plan is developed in accordance with EO RP-42 and submitted biennially to the Office of the Governor and Legislature as a report on the implementation of this order. The key mandates are:

- Mandate 1: Advisory Committee – HHSC will provide support and technical assistance to this committee as it advises and makes recommendations to state leadership on the implementation of the ATW initiative.
- Mandate 2: Aging Texas Well Plan – HHSC will draft and submit a comprehensive and effective working plan that identifies aging policy issues to guide state government readiness and promotes increased community preparedness for supporting the growing older adult population.
- Mandate 3: Review of State Policy – HHSC will review policies affecting the lives of older Texans, with special concentration on critical trends.
- Mandate 4: State Agency Readiness – HHSC will lead a planning effort to ensure the readiness of all Texas state agencies to serve the growing older adult population by identifying issues and current initiatives, future needs, action steps, and methods of performance evaluation.
- Mandate 5: Texercise – HHSC will promote and expand this internationally-recognized health promotions initiative to encourage healthy lifestyles in older Texans.
- Mandate 6: Local Community Preparedness – HHSC will use partnership development, action planning, and community assessment resources to help communities develop policies, programs, and infrastructures that support older adults.

ATW Focus Areas

To highlight and help categorize the issues older adults experience, ATW utilizes core impact areas identified from Older Americans Act service areas (see Appendix B for the full list of the core impact areas). These categories provide a strong foundation for the scope of ATW and align with U.S. Office of Disease and Health Promotion Healthy People 2030 social determinants of health (SDOH): Neighborhood and Built Environment; Health Care Access and Quality; Social and Community Context; Education Access and Quality; and Economic Stability.[2]

This framework and awareness enables the state and its partners to prepare for the needs of a growing older adult population. Knowledge across these core impact areas and SDOH can help older Texans continue to control their lives and empower them to prepare for future needs as they age.

New Plan Structure

To make the ATW Plan more informed and responsive to the needs of older Texans, HHSC surveyed older adults, their informal caregivers, and the aging service provider network. This plan addresses their needs and priorities by providing proposed strategies and presents a new structure for the plan moving forward. The ATW mandates continue to serve as methods for coordinating strategies from across the agency to address needs and priorities. The plan's new structure and direction provides a foundation for other sectors of the state to contribute their own comprehensive strategies, innovative solutions, and effective collaborations to improve services and quality of life for older Texans.

[2] Office of Disease Prevention and Health Promotion. (2021). Retrieved from https://health.gov/healthypeople/objectives-and-data/social-determinants-health

Survey on Aging Priorities

The HHSC Aging Service Coordination (ASC) office conducted a non-experimental, cross-sectional study that sought to understand the needs, concerns, and priorities of older adults, informal caregivers of older adults, and organizations providing services to older adults. The following is an overview of the methodology used in the study. A comprehensive methodology with more detail can be found in Appendix F.

Design and Dissemination

This survey utilized a non-probability sampling strategy due to data being collected during the COVID-19 pandemic when only online participation was feasible. To identify current and future priorities, quantitative and qualitative data were collected and analyzed. There were two focused outreach efforts to recruit participants. The first used the HHSC GovDelivery listserv to advertise and promote the survey through email distribution lists. The second utilized social media, where weblinks for the survey were posted to HHSC's Facebook, Twitter and LinkedIn accounts. In addition to these two outreach efforts, potential respondents were encouraged to share the survey link with others. This secondary strategy of snowball sampling, based on chain-referrals, allowed the sample population to grow like a rolling snowball to reach a wider pool of participants not directly recruited by the email listserv or the social media campaigns. After the first GovDelivery distribution, ASC was notified that the survey was not compatible with screen readers, making it inaccessible for potential participants with low or no vision. A duplicate accessible survey was created and a notice was added to the survey landing page directing people wanting the accessible survey to email AgeWellLiveWell@hhs.texas.gov for the link.

Sample

The sample size for this survey was 271 and included responses from 177 older adults, 22 informal caregivers and 72 organizations. The sample size (n=271) included both completed (n=237) and partially completed (n=34) responses. A partially completed survey response was defined as a participant answering at least five questions on the survey. An additional 148 respondents only completed the first question of the survey. These responses were not considered to be a part of the sample size and were excluded from the data analysis.

Older Adults

The largest participant group was older adults (n=177), with the majority (n=114) of the respondents between the ages of 55 to 75 years old. There were 22

responses (12.4 percent) that either selected 'prefer not to answer' or did not answer the age demographic question. Additional demographic details of this respondent group revealed the majority:

- Reside in major metropolitan areas of the state, via zip code data (60.5 percent)
- Reported as not having a disability (62.7 percent)
- Identified as female (62.7 percent)
- Identified as white (67.2 percent)
- Identified as non-Hispanic/Latino/Spanish origin (72.3 percent)

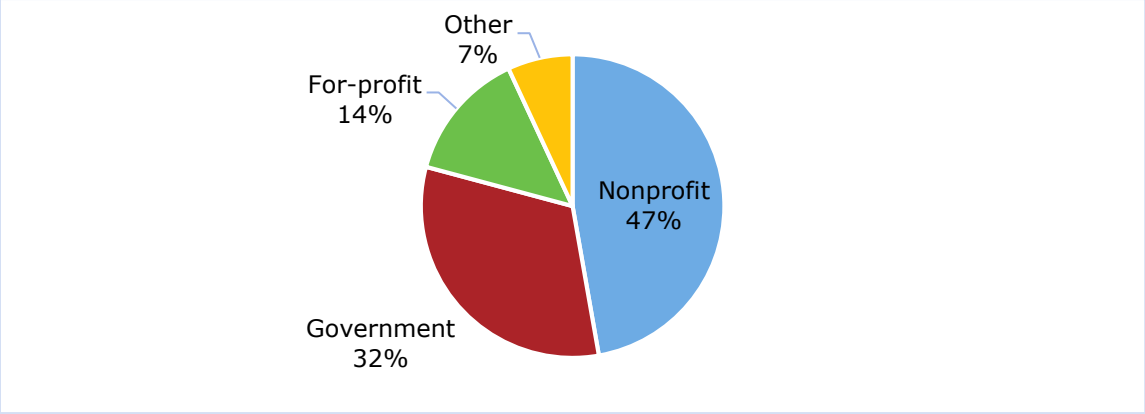
Informal Caregivers

The smallest participant group was informal caregivers (n=22). Nearly half (45.5 percent) were between the ages of 55 to 64 years old and the remaining 54.6 percent was split evenly between two age categories, "under the age of 55 years" and "65 years of age or older". Other demographic details of this respondent group revealed the majority:

- Provide help to an older adult family relative (90.9 percent)
- Are the child of the older adult (63.6 percent)
- Reported not having a disability (86.4 percent)
- Identify as female (72.7 percent)
- Identify as white (90.9 percent)
- Identify as non-Hispanic/Latino/Spanish origin (63.6 percent)

Service Providers

The following pie chart depicts the type of service provider organizations that responded to the survey. Seventy-two respondents were from organizations, comprised of 47.2 percent non-profit organizations, 31.9 percent governmental organizations, 13.9 percent for-profit organizations and 6.9 percent 'other' organizations.



Limitations and Future Research Recommendations

A major limitation was that due to the COVID-19 pandemic, responses were collected solely via an online survey, leaving people without access to the Internet or an Internet-capable device unable to participate. Additionally, limited digital literacy could also have been a barrier, as people may have a smart phone but only use it to make calls and/or send messages. Future research could ask participants how they are accessing and completing the survey, and based on these responses, surveys can be modified for more user-friendly experiences.

The survey was written only in English, which could have prevented responses from participants who read in other languages. Survey respondents also stated there needs to be more initiatives in the aging network focused on diversity, equity, and inclusion. To be more reflective of Texas's diverse population, future research efforts should capture responses from diverse populations, including racial and ethnic minorities, people in rural areas, people with low literacy levels, and people with disabilities. Furthermore, future surveys should ensure accessibility for all respondents.

There were also limitations with the survey itself. The setting for "Multiple Responses" was set to "Off" to limit duplicate responses from the same person, however this could have prevented people in settings that share a device from completing the survey (e.g., community center, residential housing location, or a multi-person household with one device). Lastly, the average time to complete the survey was just over 11 minutes, however, the large number (n=143) of abandoned surveys indicates there could have been significant level of respondent burden[3]. ASC intends to use a more robust software platform for future surveys to eliminate many of these identified limitations.

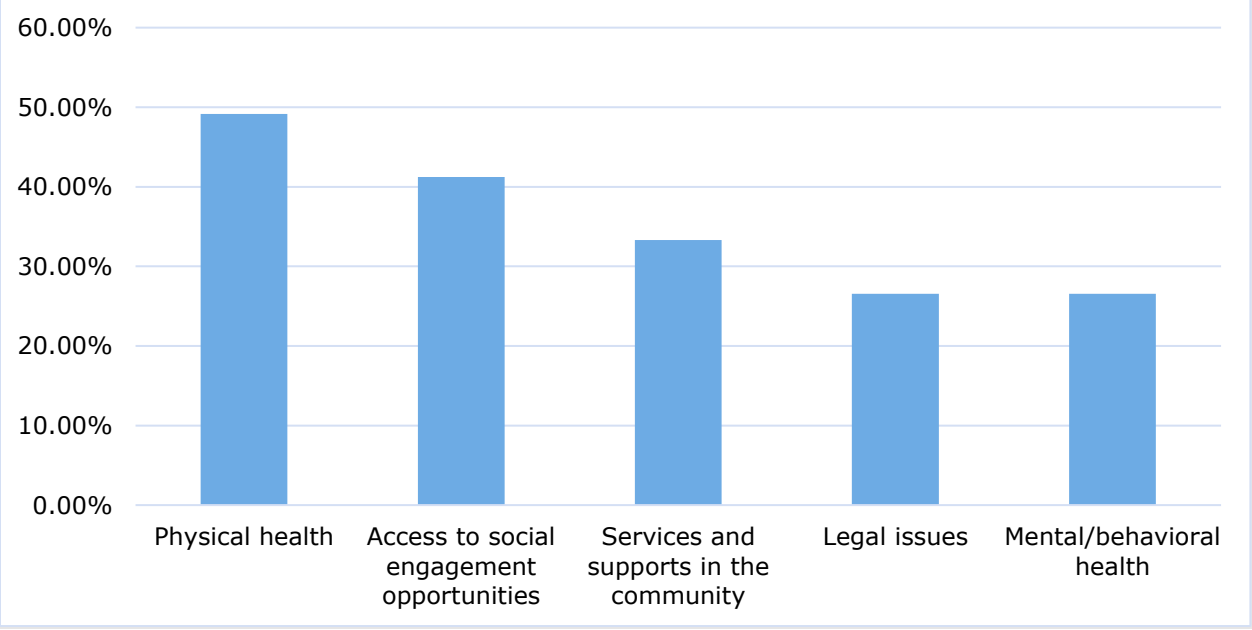
[3] Respondent burden: the degree to which a survey respondent perceives participation in a survey research project as difficult, time-consuming, or emotionally stressful. Retrieved from https://methods.sagepub.com/Reference/encyclopedia-of-survey-research-methods/n477.xml

Priorities of Older Texans

Older adult survey respondents were provided with a selection of aging-related topics and asked to choose the topics that aligned with their needs or concerns over the past three years. The top three selected topics were physical health, access to social enrichment and recreation opportunities, and services and support in the community. Using the same list of topics, respondents were then asked to rank their top three concerns from greatest need to least need. The responses were very similar to the top three needs, with mental health and finances additionally identified. After identifying their current needs/concerns, respondents were asked to list and rank their top three needs in the upcoming five years. The most listed topics by respondents as their greatest future need/concern were also very similar to previous responses: physical health, finances, and services and support in the community.

Figure 1 below illustrates the five most selected current needs or concerns: physical health (49.2 percent), access to social engagement opportunities (41.2 percent), services and support in the community (33.3 percent), legal issues (26.6 percent), and mental/behavioral health (26.6 percent). As a first step for addressing these needs/concerns, this plan focuses on the top three, as they align with ATW mandates 5: Texercise and 6: Local Community Preparedness (full list of mandates is located on page 2). The comprehensive list of identified strategies to address these needs/concerns can be found in Appendix D.

Figure 1: Older Adult Current Needs or Concerns



Physical Health

Good physical health is critical to a positive quality of life. Eating a nutritious, well-balanced diet and engaging in regular physical activities are significant components of healthy aging. As we age, we may experience changes (e.g. loss of taste, limited mobility, etc.) that can impact our physical and nutritional health. Along with physical activity, stress, mental health conditions, and access to healthy food can also impact a person's overall health.

Although many older Texans are active, only 23.6 percent of Texans aged 65 and older met the federal guidelines for regular physical activity[4]. Chronic conditions such as arthritis, heart disease, and chronic pain can also influence many older adults' ability to be physically active. According to America's Health Rankings, 43.2 percent of Texas Medicare beneficiaries ages 65 and older have four or more chronic conditions.[5]

Physical activity can bring many health benefits, especially relating to chronic diseases. According to the Centers for Disease Control and Prevention, engaging in regular physical activity can decrease risk of falling, dementia, and arthritis pain.[6] Experts recommend engaging in 20 to 30 minutes of aerobic activity three or more times a week and muscle strengthening and stretching activities at least twice a week.

Older adults value their health and need the information and resources to age and live well. Preliminary strategies identified by HHSC and other state agencies to address this priority include enhanced efforts to promote access to available services, and increased awareness of resources related to physical health, nutrition, and more.

Access to Services and Support in the Community

The passage of the Older Americans Act in 1965 helped create an understanding of what is needed to age independently, including a comprehensive infrastructure of services and programs to support aging in place. Access to these services and support are critical for helping older adults to age safely in their own homes if that is their preference. According to AARP, three out of four adults age 50 and older nationwide want to remain in their homes as they age.[7]

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[4] U.S. Department of Health and Human Services. (2019). Retrieved from: https://health.gov/sites/default/files/2019-10/PAG_ExecutiveSummary.pdf
[5] America's Health Rankings. (2021). Texas Annual Report. https://www.americashealthrankings.org/explore/annual/state/TX
[6] Centers for Disease Control and Prevention. (2021). Promoting Health for Older Adults. [Web]. Retrieved from: https://www.cdc.gov/chronicdisease/resources/publications/factsheets/promoting-health-for-older-adults.htm
[7] AARP. (2019). 2018 Home and Community Preferences: National Survey of Adults 18 Plus. Retrieved from https://www.aarp.org/research/topics/community/info-2018/2018-home-community-preference.html

Another important aspect of aging in place is having the financial ability to comfortably afford living expenses. Many older adults experience a decrease in income as they age due to a variety of reasons, including retiring on a fixed income or having high medical costs. Approximately 11 percent of Texans age 65 and older live below the federal poverty level.[8] As one survey respondent noted *"There is limited support in rural communities to help…individuals as well as caregivers who are responsible for 24/7/365-day care for persons with dementia, especially those with incomes above FPL [Federal Poverty Level]. There is an assumption that care is affordable, but it is not."*

As noted, the Older Americans Act put in place an infrastructure of services and support that can help older adults age in place, including home-delivered meals, home modification, transportation assistance, and in-home help or attendant care. As the number of older Americans increased, so have community options and services to support them. Preliminary strategies identified to address this priority include efforts to raise awareness of services, connect older adults on fixed incomes to free or low-cost services, and initiatives to help local organizations expand access to services.

Access to Social Engagement Opportunities

The COVID-19 pandemic has created global awareness of the value of social connection for everyone and especially for older adults. Even before the pandemic, older adults were at an increased risk for social isolation and loneliness.[9] While physical distancing was necessary to decrease the spread of the virus, it also exacerbated the loneliness and isolation older adults experienced. Recent research has shown that this isolation caused negative mental and physical effects, including anxiety, depression, poor sleep quality and physical inactivity.[10]

The good news is that recreation and social engagement opportunities help older adults remain connected to the communities they live in and have been shown to help reduce loneliness for many people.[11] Senior and community centers are great places for older adults to participate in social activities like group classes and congregate meals. Many cultural communities host similar activities and can

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[8] America's Health Rankings. (2021). Texas Annual Report. https://www.americashealthrankings.org/explore/annual/state/TX

[9] AARP. (2018). Social Isolation: Myths vs. Realities Among Adults Age 40 and Older. Retrieved from https://www.aarp.org/content/dam/aarp/research/surveys_statistics/life-leisure/2018/social-isolation-myths-vs-realities.doi.10.26419-2Fres.00234.001.pdf

[10] Sepulveda-Loyola, et al. (2020). Impact of social isolation due to COVID-19 on health in older people: Mental and physical effects and recommendations. *The Journal of Nutrition, Health & Aging*, 1–10. Advance online publication. https://doi.org/10.1007/s12603-020-1469-2

[11] SCIE. (2012). At a glance 60: Preventing loneliness and social isolation among older people. Retrieved from https://www.scie.org.uk/publications/ataglance/ataglance60.asp

provide a sense of connection for older adults. Although traditional community center options temporarily closed for social distancing protocols, organizations quickly responded with innovative free and low-cost virtual options for older adults to connect with loved ones, learn something new, hone their skills, and engage with support groups.

It is important that older adults have access to an abundant array of engagement options, including virtual, to support their mental health and help them stay connected to their communities. Preliminary strategies identified to address this priority include promoting awareness of virtual social groups, multigenerational programs, and other social engagement resources.

Priorities of Informal Caregivers of Older Texans

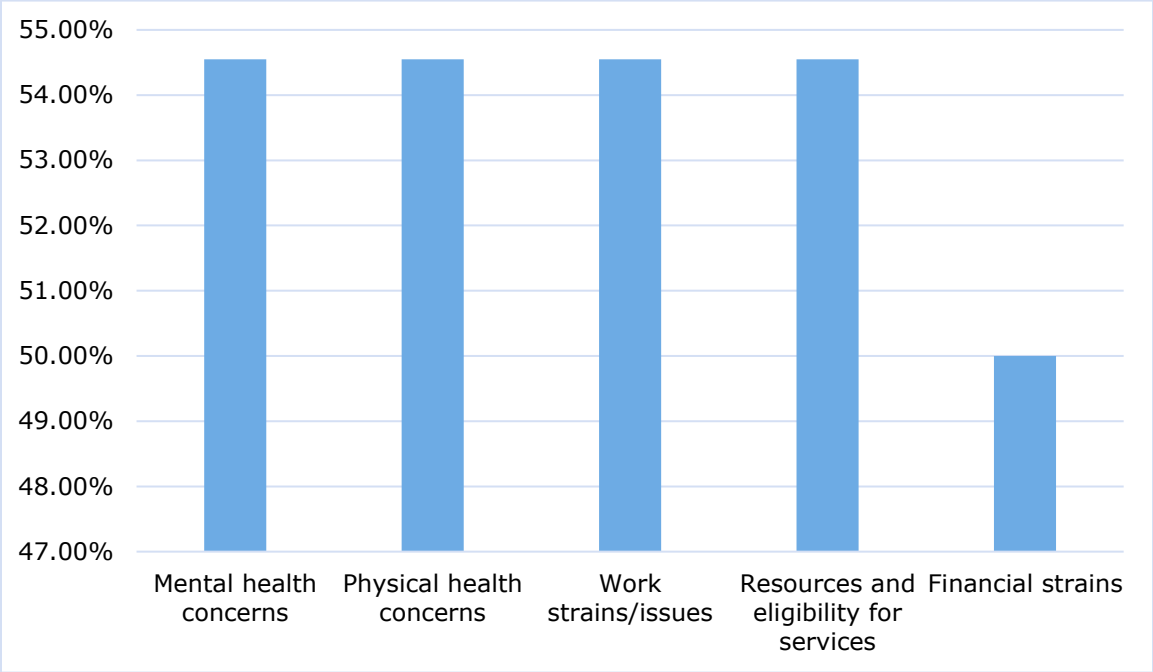
Informal or non-professional caregivers, such as family members, provide vital support to the people they care for and are integral components of Texas' long-term services and supports (LTSS) system. They fill gaps in the professional field by providing care many older Texans would not be able to afford or access otherwise. They help older loved ones remain independent and often provide complex chronic care such as nursing and medical tasks[12]. Informal caregivers enable many older adults to age in place and remain active and connected to their communities. Because of their large role in the lives of older Texans and their impact on the LTSS system, it is imperative their needs and concerns are identified and addressed.

Informal caregivers that responded to the survey were given a selection of topics. They were asked to think about the care they provided over the past three years and choose the topics that related to their needs or concerns. The top selected needs/concerns by respondents were mental health concerns, physical health concerns, and work strains/issues. After identifying current needs, respondents were asked to consider their needs in the upcoming five years and then list their top three needs from greatest to least. Over half of the respondents indicated their needs/concerns would change in the next five years. Care decisions, finances, and physical health were the top items listed by respondents as their greatest future need/concern.

Figure 2 illustrates the five most selected current needs or concerns: mental health concerns (54.5 percent), physical health concerns (54.5 percent), work strains/issues (54.5 percent), resources and eligibility for services (54.5 percent), and financial strains (50.0 percent). As a first step for addressing these needs/concerns, this plan focuses on the top three, as they align with ATW mandates 3: Review of State Policy, 4: State Agency Readiness and 5: Texercise. The comprehensive list of identified strategies to address these needs/concerns can be found in Appendix D.

[12] AARP. (2012). Home Alone: Family Caregivers Providing Complex Chronic Care. Retrieved from https://www.aarp.org/content/dam/aarp/research/public_policy_institute/health/home-alone-family-caregivers-providing-complex-chronic-care-rev-AARP-ppi-health.pdf

Figure 2: Informal Caregiver Current Needs or Concerns



The roles and responsibilities of informal caregivers can be overwhelming. Along with the physical impacts associated with supporting their loved one with activities of daily living, caregiving can have financial impacts and stress family relationships. All of this can contribute to informal caregiver burnout from stress. Respondents were also asked about the impact of their caregiver duties on their stress level. Stress levels were measured in this survey using a numeric Likert scale, where 1 was 'no stress' (coping fine, no problems) and 5 was 'extreme stress' (informal caregiver's personal health at risk). The majority of respondents indicated they had 'some (2)' or 'moderate (3)' stress. This feedback illustrates the need for resources and support to assist them in their caregiving responsibilities.

Mental Health

While informal caregivers often feel tremendous satisfaction in providing their loved ones with support, their care responsibilities can also have negative impacts on their mental health. According to AARP, 21 percent of caregivers nationwide report feeling alone.[13] This feeling of isolation can make providing quality care to loved ones more difficult. Add to that the stress many informal caregivers experience, and it becomes clear why mental health support for informal caregivers is so important.

[13] AARP. (2020). Caregiving in the U.S. Retrieved from https://www.aarp.org/content/dam/aarp/ppi/2020/05/full-report-caregiving-in-the-united-states.doi.10.26419-2Fppi.00103.001.pdf

A recent HHSC report on Texas' informal caregivers found similar impacts. According to the report, 65.7 percent of informal caregivers indicated that providing care while meeting other family and work responsibilities was stressful.[14] Furthermore, an informal caregiver respondent to the survey informing this plan noted this: *"I work [full-time]. Then come home and help [care recipient] with chores, meds, PT, etc. Stress of this taking a toll on MY [sic] health."*

Providing resources to support informal caregivers' mental health helps both the informal caregiver and older adults care recipient. Preliminary strategies identified by HHSC and other state agencies to address this priority include promoting awareness of informal caregiver support services, education focused on specific conditions, such as Alzheimer's, and efforts to expand informal caregiver support.

Physical Health

Informal caregivers often put their loved ones' needs ahead of their own, which can affect their physical health. Additionally, the act of caregiving can be physically demanding. According to AARP, 23 percent of caregivers in the US find it difficult to take care of their own health.[15] A similar number of caregivers report that caregiving has "made their own health worse."[16] According to the 2020 HHSC report on informal caregiving, over half of caregivers noted their health affects their ability to provide care.[17]

National and state data illustrate that caregivers need the time and support to take care of their own health. Respite care, or temporary care provided by an in-home attendant, long-term care facility, or other service provider, is one such service that can provide informal caregivers with much-needed breaks to take care of their own needs. When given the opportunity to take a break from their caregiving responsibilities, informal caregivers come back refreshed, recharged, and recommitted. It also provides time for self-care and reflection which are important to a person's overall health. However, respite care is often expensive, and there is limited free respite care available.

An informal caregiver in poor physical health can negatively impact both the caregiver and care recipient, and it is clear that for informal Texas caregivers their physical health is a significant concern. Preliminary strategies identified by HHSC and other state agencies to address this priority include promoting education and

[14] Texas Health and Human Services Commission. (2020). A Profile of Informal Caregiving in Texas.
[15] AARP. (2020). Caregiving in the U.S. Retrieved from https://www.aarp.org/content/dam/aarp/ppi/2020/05/full-report-caregiving-in-the-united-states.doi.10.26419-2Fppi.00103.001.pdf
[16] Ibid
[17] Texas Health and Human Services Commission. (2020). A Profile of Informal Caregiving in Texas.

awareness of physical health resources for informal caregivers and efforts to expand informal caregiver support.

Work Strains and Issues

According to AARP, 61 percent of caregivers nationwide are employed.[18] The majority report they have experienced at least one impact to their employment as a result of their caregiving responsibilities. These impacts including arriving to work late, leaving early, or taking time off to provide care. Ten percent note they have had to give up work entirely or retire early to provide care for their loved one.[19]

In addition to helping with homemaking and activities of daily living, many informal caregivers financially support their care recipients. One respondent noted their care recipient *"lives on limited income and at [sic] time I have to help her financially because she doesn't have enough money to get through the month."* Additionally, 42 percent of Texas informal caregivers indicated providing care has strained their finances.[20]

Balancing work and caregiving responsibilities is challenging and can have significant impacts to employment and finances. It is important that employers are aware of these challenges and consider methods to support the informal caregivers they employ. Some options include allowing for flexing of schedules for employees who provide care and arranging for support groups. It is also critically important that informal caregivers receive support in their communities, from increased respite options to more flexible work policies to compensation for their informal caregiver services. Preliminary strategies identified by HHSC and other state agencies to address this priority include efforts to expand local informal caregiver support and promoting awareness of informal caregiver challenges through education and training resources.

[18] AARP. (2020). Caregiving in the U.S. Retrieved from https://www.aarp.org/content/dam/aarp/ppi/2020/05/full-report-caregiving-in-the-united-states.doi.10.26419-2Fppi.00103.001.pdf
[19] Ibid
[20] Texas Health and Human Services Commission. (2020). A Profile of Informal Caregiving in Texas.

Priorities of Aging Services Providers

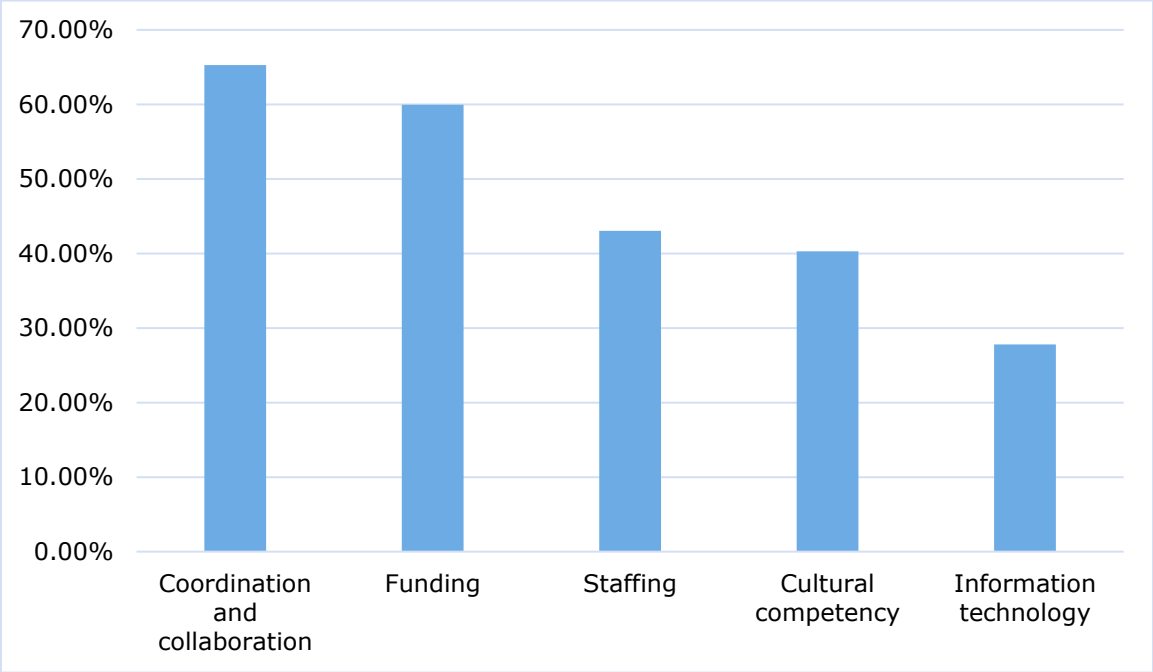
Aging services providers make up the network of social services and programs available to support older Texans, and their informal caregivers, to age well. Whether through in-home care, home-delivered meals, respite, or transportation assistance, social service providers help older Texans with basic needs and connect them to the community. Service providers were surveyed to ensure their needs and goals were captured in this plan. The comprehensive list of identified strategies to address these priorities can be found in Appendix D.

Administrative Priorities

Service provider respondents were asked about their current and future administrative priorities for providing services and support to older adults. The top three current administrative priorities most selected by respondents were collaboration and coordination, funding, and staffing. In a subsequent question, respondents were asked to rank their top administrative priorities in order of importance. The greatest priority identified was funding which overlapped with the third greatest priority of staffing. According to the organizations in the sample, the combination of adequate funding and staffing are needed to sufficiently meet the needs of the community. After identifying current priorities, respondents were asked to consider their organization's priorities in the upcoming two years and indicate whether they thought these needs would change. The majority of respondents indicated they expected their organization's administrative priorities to stay the same.

Figure 3 illustrates the five most selected administrative priorities: coordination and collaboration (65.3 percent), funding (59.9 percent), staffing (43.1 percent), cultural competency (40.3 percent), and information technology (27.8 percent). As a first step for addressing these priorities, this plan focuses on the top three, as they align with ATW mandates 3: Review of State Policy, 4: State Agency Readiness, and 6: Local Community Preparedness.

Figure 3: Current Administrative Priorities of Service Providers



Collaboration and Coordination

Collaboration and coordination with community and state partners can help increase awareness of services, eliminate duplication and fragmentation, improve referrals and provide consumers with more choices. Providing organizations with the opportunity to work together can help stretch strained budgets, increase their reach in the community, and enable them to provide needed services as well as create a sense of shared social capital.

In the survey informing this plan, many respondents highlighted the benefits of collaboration. One respondent shared *"Our organization is not as well-known as I would like, and we need to build partnerships and get the word out. Seniors are distrustful of anyone reaching out to them that they don't know. Partnerships allow for the warm hand off needed."*

Another respondent said, *"We are better together. We don't need to work in silos, but in collaboration, using each company's/organization's strengths to keep the main focus on the older adults around us."*

Creating opportunities for service providers to connect, network and collaborate can help to make the aging network stronger. The Administration for Community Living's *Strategic Framework of Action* reinforces this value on collaboration by breaking down silos that hamper the distribution of funding between health care

and social services providers.[21] Preliminary strategies identified by HHSC and other state agencies to address this priority include promoting education, training, and opportunities for collaboration.

Funding

As highlighted early in this plan, aging can have complex health and living needs which can come at a high price tag for the older adult, their informal caregiver, and the service providers. According to providers, funding is critical to maintain the quality and availability of social services for older Texans and their informal caregivers. Accessible, reliable funding also allows local organizations to expand and innovate upon their services. As one respondent noted, *"If we had access to increased funding that was sustainable over the long term, we could more easily invest in new initiatives, technologies and staffing enhancements to support current and future program growth and serve more people."*

As the population of older adults grows in Texas, the aging services network must continue expanding to meet the needs. Preliminary strategies identified by HHSC and other state agencies to address this priority include efforts to increase awareness of funding sources.

Staffing

Funding alone will not provide the growth in services and support that is needed. A sustainable workforce of trained, reliable staff is also needed to ensure quality care without disruption of services. One survey respondent *said, "The need for our services is greater than our current staff can handle. There are outlying geographic ares [sic] of seniors in need of services outside ouur [sic] current service area that we can't think about adding to our program without more staff to do the work."* Service providers rely on adequate funding to hire, train, and compensate staff to provide the services needed in their community.

Many research studies have identified the value of investing in policies to help with hiring and staff retention. In an analysis of the 2016 Hospital & Healthcare Compensation Service survey, CarePredict notes several ways to attract and retain quality staff, including:

- ensuring job descriptions are descriptive and frequently updated to attract good candidates;
- offering competitive wages and benefits, including health plans and retirement savings plans, to recognize the value of workers;

[21] U.S. Department of Health and Human Services, Administration for Community Living. (2020). Strategic Framework for Action. [Web]. Retrieved from https://acl.gov/sites/default/files/programs/2020-06/ACL_Strategic_Framework_for_Action_v1_%20June%202020_final_508_v2.pdf

- supporting staff with ongoing training, robust, and fair evaluations, and opportunities for career advancement; and
- utilizing policies and time-saving technologies to ensure balanced and effective workload.[22]

Additionally, the LeadingAge Business Strategy Council came to similar conclusions in its analysis of the current state of aging care workforce and report on ways to attract and increase a robust workforce. In the report, the council notes the importance of recognizing employees through offering both competitive pay and benefits, as well as award and advancement programs.[23] Creating and emphasizing a diverse, equitable work environment is also key to retaining staff and can lead to long-term job satisfaction.[24]

The staffing issues of aging service providers largely fall outside of the scope of HHSC, therefore no internal strategies were captured to address this need. However, there are several efforts across the agency focused on enhancing and expanding the long-term care workforce, including the Direct Service Workers Taskforce. Additionally, HHSC provides an array of free trainings and technical support for professionals and service providers and will continue these efforts to ensure the workforce is provided with timely, relevant information.

Programmatic and Policy Priorities

Service provider respondents were also asked to identify their priorities related to policies, program implementation, and service coordination. The top program, policy, and service priorities most selected by respondents were addressing social isolation, supporting informal caregivers, addressing food insecurity, and addressing transportation concerns. Respondents were then asked to rank their organization's top current policy, program, and service priorities from greatest to least. Qualitative analysis identified the following top priorities (listed greatest to least): addressing social isolation, supporting informal caregivers and older adults with dementia or Alzheimer's, and addressing transportation concerns.

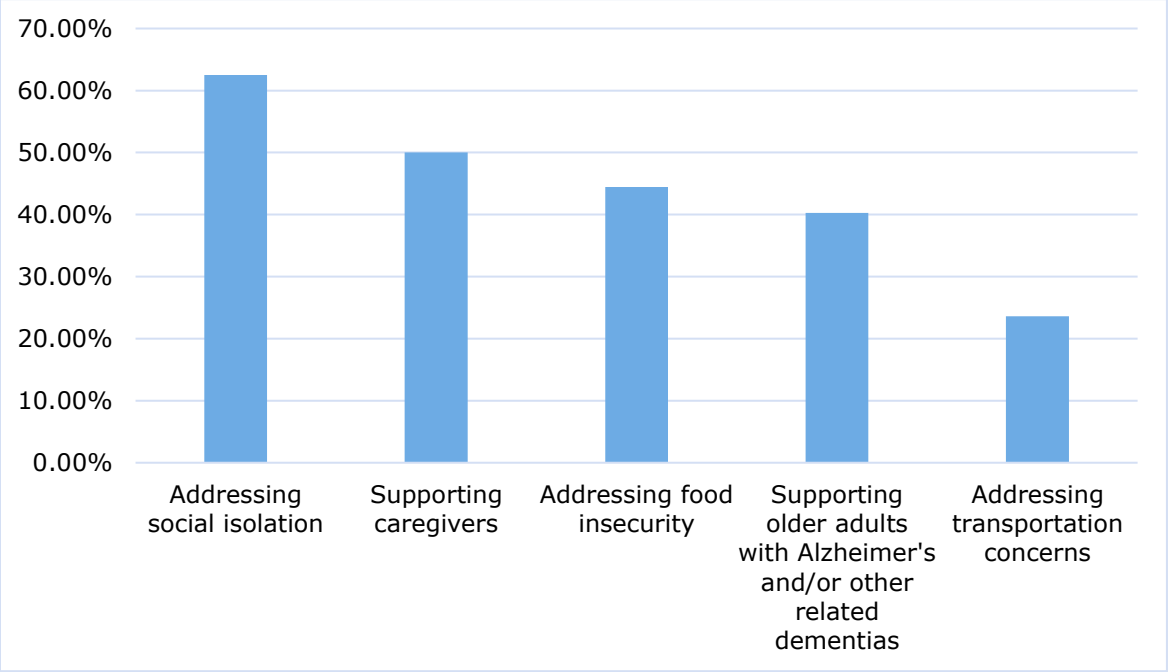
In a follow-up question about future priorities in the next two years, over half of service provider respondents said their priorities would stay the same. Of the respondents that said the priorities would change, the largest number of qualitative responses discussed food delivery and food insecurity being a top

[22] CarePredict. (2018). Best practices to hire and retain quality care staff. [Web]. Retrieved from: https://www.carepredict.com/blog/retain-senior-living-employees/
[23] LeadingAge Business Strategy Council. (n.d.) Workforce: Addressing Today's Aging Services Challenges. Retrieved from: https://leadingage.org/sites/default/files/Workforce%20Addressing%20Todays%20Aging%20Services%20Challenges.pdf
[24] Ibid

future priority, along with social isolation and increasing need for dementia care services.

Many of the program, policy, and services priorities echo the needs and concerns captured from older adult respondents and highlight the value of informal, family caregivers. Figure 4 illustrates the five most selected current policy and programmatic priorities: addressing social isolation (62.5 percent), supporting caregivers (50.0 percent), addressing food insecurity (44.4 percent), supporting older adults with Alzheimer's/dementia (40.3 percent), and addressing transportation concerns (23.6 percent). As a first step for addressing these priorities, this plan focuses on the first three, as they align with ATW mandates 3: Review of State Policy, 5: Texercise, and 6: Local Community Preparedness.

Figure 4: Current Policy and Programmatic Priorities of Service Providers



Addressing social isolation

As noted previously, the pandemic has elevated the issue of social isolation for communities all over the US. Critical services – such as congregate meal services, social groups, volunteer, and faith activities - that provided older adults with opportunities to engage with their community, were paused, changed to virtual offerings, or in some cases halted all together to mitigate spread of the virus. While many people were impacted by physical distancing and restrictions on in-person gatherings, older adults were at an increased risk for social isolation and

loneliness even before the pandemic.[25] According to AARP, a lack of community features such as health services and community recreation can contribute to social isolation in older adults.[26]

Many organizations recognize this as a critical issue and have been exploring ways to decrease social isolation in their communities for years. However, there are barriers to reaching isolated older adults, including access to broadband Internet and/or adequate technology devices to participate in virtual social engagement options. Another barrier is transportation access. As one survey respondent noted, *"There is ZERO [sic] public transit in our service area…for seniors to access and no options for someone on a limited income. Our free rides from volunteer drivers are the ONLY [sic] way our seniors have to get to dialysis, cancer treatments, grocery stores, etc."*

Preliminary strategies identified by HHSC and other state agencies to address this priority include promoting social engagement and volunteer opportunities, as well as developing and sharing training on social isolation.

Addressing food insecurity

Many older adults in Texas struggle with obtaining healthy food and are considered food insecure. Research from the United States Department of Agriculture on food insecurity found that a little over 21 percent of food insecure households included adults 65 and older.[27] The rising cost of food for someone who is living on a fixed or limited budget can put them in the position of having to make hard choices between healthy, often more costly foods or less nutritious, shelf stable items. Additionally, older adults in areas with few grocery stores, or "food deserts", also struggle to access healthy food.

According to Feeding America, 63 percent of older adults going to food banks report having to decide between food or medical care[28]. This lack of nutritious, healthy food can put older adults at risk for chronic conditions like diabetes, high blood pressure and can lead to malnutrition and other negative health outcomes. One respondent noted, *"The people we serve are trying to live on less than a [sic] 800 to 1000 per month. Sometimes living expenses and medical expenses take priority over food."*

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[25] National Academies of Sciences, Engineering, and Medicine. 2020. Social isolation and loneliness in older adults: Opportunities for the health care system. Washington, D.C.: The National Academies Press. https://doi.org/10.17226/25663.
[26] AARP (2018). Social Isolation: Myths vs. Realities Among Adults Age 40 and Older
[27] U.S. Department of Agriculture. (2019). Household Food Security in the United States. Retrieved from https://www.ers.usda.gov/webdocs/publications/99282/err-275.pdf?v=979.7
[28] Feeding America. (2021). Facts about senior hunger in America. [Web]. Retrieved from https://www.feedingamerica.org/hunger-in-america/senior-hunger-facts

Resources such as nutrition services through Older Americans Act funding – congregate and home delivered meals – and the U.S. Department of Agriculture's Supplemental Nutrition Assistance Program (SNAP), can help ensure older adults have access to healthy food options. However, limited transportation and food options, as well as stigma can create barriers. Feeding America reports that while millions of older adults are eligible, only 48 percent receive SNAP assistance.[29] Preliminary strategies identified by HHSC and other state agencies to address this priority include promoting education and training on food resources for program specialists, expanding food resources, and promoting malnutrition awareness.

Supporting informal caregivers

As noted in the informal caregiver priorities section, informal caregivers need support to continue providing quality care for their loved ones. Many people may not identify themselves as a caregiver and are unaware of existing services in the community or services may be limited where they live. Rural communities often have less social support service options than high density communities; however major cities also have higher demands on their services. AARP reports 11 percent of caregivers live over an hour away, some even coordinating services for their loved one from another state.[30] The availability of locally accessible, reliable informal caregiver support is essential to these long-distance informal caregivers and their loved ones.

One survey respondent noted, *"Way too many older adults contact us who are caring for a loved one with dementia. No where to turn. NO [sic] support, no relief. Need more respite and hands on care for loved ones and caregivers."*

Preliminary strategies identified by HHSC and other state agencies to address this priority include promoting education and training on supporting informal caregivers.

[29] Ibid

[30] AARP. (2020). Caregiving in the U.S. Retrieved from https://www.aarp.org/content/dam/aarp/ppi/2020/05/full-report-caregiving-in-the-united-states.doi.10.26419-2Fppi.00103.001.pdf

Impact of COVID-19

The COVID-19 pandemic disrupted all aspects of daily life in the United States. As this plan was developed during a global pandemic, ensuring that it considers the impact of COVID-19 on older adults, informal caregivers, and service providers is critical. Survey respondents were asked questions about the pandemic's impact on their needs/concerns. Using a Likert scale of 1 to 5, where 1 was 'no change' and 5 was 'very severe changes', respondents ranked the level of impact on their needs/concerns. The following is a summary of identified impacts.

Older Adults

Older adults are not only at a higher risk for contracting COVID-19, the pandemic has disproportionately impacted them socially as well. Most of the older adult respondents in the survey indicated they experienced 'moderate' or 'severe changes' as a result of the pandemic. When asked how their needs/concerns were impacted, respondents listed limitations on visits with family, traveling, and disruption in services due to distancing requirements or closures.

One respondent noted, *"Many of my closest friends live in different parts of Texas and in other states. It was a terrible feeling that we couldn't be near them. One of our best friends died and I couldn't visit with him again … Nor could we have a funeral for him."*

Another shared, *"The pandemic made me realize what isolation, separation and lack of social connection can impact on a society or group."*

Informal Caregivers

Informal caregivers of older adults responding to the survey were also asked to rate how the pandemic impacted their care. Similar to older adult respondents, informal caregivers indicated they experienced 'moderate' and 'severe changes'. Additionally, they noted similar impacts as older adult respondents, including impacts due to closures or disruption of in-home services and effects of no visits with family. Many also noted challenges with minimizing transmission of the virus.

One respondent said this about their experience: *"Before the pandemic [care recipient] was able to go to the store and shop for herself. She will no longer get out of the house, so I do all shopping and errands for her. This has left her confused and depressed from living alone. She can no longer do everyday tasks without my help. Lack of social stimulation has really affected her, so I try to spend 2-3 hours a day with her after my regular job. There are no avenues for social stimulation for elderly in our community since Covid."*

Service Providers

Respondents representing service providers also rated the impact of the pandemic on their organization's ability to provide services and support for older adults. Seventy percent of respondents noted 'moderate', 'severe', or 'very severe changes'. They shared specific impacts such as pivoting from in-person services to virtual services and challenges of providing telehealth or phone services. One respondent noted the *"[l]oss of volunteers to help provide meals"* had impacted their ability to provide services and that *"[c]losing the building stopped the socialization of senior adults."*

And another respondent shared positive and negative impacts: *"On the positive side, we received significant community support during the pandemic, which allowed us to increase our capacity and provide services to more seniors. However, we had significant supply chain issues with our meal vendors, as well as challenges addressing the needs of the program staff. Our staff gives so much care and attention to seniors, but they also needed to step back and care for themselves and their families."*

Conclusion

Lessons Learned

This new approach to the ATW Strategic Plan highlighted many lessons and opportunities for further exploration. Despite the limits of the pandemic, HHSC received rich feedback from older adults, informal caregivers, and service providers on the most pressing needs and priorities they are experiencing. The following are overall lessons learned from these needs and priorities:

- Older adults and their informal caregivers want and need the information and resources to take care of their health, including physical and mental. It is important that the infrastructure of services and support grows to keep pace with the varying needs of older adults and informal caregivers.
- Social support and engagement opportunities are important for combatting social isolation in both older adults and informal caregivers. Service providers recognize this as a critical issue as well and note challenges in reaching underserved older Texans.
- Service providers need support in developing and maintaining robust partnerships and funding opportunities that allow them to innovate and expand services.
- Older adults need assistance accessing affordable, healthy food, and service providers note that increasing this access is a priority for them.
- Informal Caregivers indicate a need for more support in their care responsibilities, and supporting informal caregivers is a priority for service providers as they continue to address the dearth in affordable respite and other services for informal caregivers.

Feedback also revealed the need for further outreach to diverse populations and to offer multiple mechanisms for collecting feedback. Future survey efforts will include more time to collect responses and offer multiple mechanisms for collecting feedback. Additionally, HHSC will take measures to reach underserved older adults and informal caregivers and connect with organizations not represented in the respondent pool to be better reflective of Texas' diverse population.

Looking to the Future

In keeping with the core intention of the ATW – to help people, communities, and the state prepare for aging – this plan identifies the current and emerging aging issues and lays the groundwork for planning efforts. The needs and priorities identified in the survey provide HHSC, the aging services delivery network, and stakeholders with targeted issues to explore, and the strategies (Appendix D)

provide next steps for responding. To continue identifying aging needs and priorities, multiple input methods will be created to ensure inclusive, comprehensive feedback. These include regional listening sessions and surveys targeting specific audiences and disciplines.

Stronger collaboration between service providers, stakeholders, and nontraditional funders can boost local capacity by creating new service delivery methods, growing the number of services and programs, and increasing the number of people being served. These dynamic partnerships reduce fragmentation in service delivery and build social capital. Systematic reviews of existing policies, rules, and guidelines can identify unintentional barriers, like out-of-date practices and eliminate burdensome processes to help facilitate these collaborations.

Understanding the needs and issues older adults, their informal caregivers, and the service provider network experience and identifying strategies and best practices to address these needs is something the whole state can benefit from. The strategies within this plan provide a foundation for building upon, helping to improve services for older Texans and their informal caregivers, and for enhancing support for the aging services provider network.

Appendix A – Acronyms

Acronym	Full Name
ADP	Alzheimer's Disease Program
APS	Adult Protective Services
ASC	Aging Services Coordination
ATW	Aging Texas Well
ATWAC	Aging Texas Well Advisory Committee
BHS	Behavioral Health Services
CA-AES	Community Access, Access and Eligibility Services
CHCS	Center for Health Care Strategies
CTI	Centralized Training Infrastructure
DFPS	Department of Family and Protective Services
DSHS	Department of State Health Services
EO	Executive Order
FVP	Family Violence Program
HCBS-AMH	Home and Community Based Services, Adult Mental Health
HHSC	Health and Human Services Commission
IDD	Intellectual and Developmental Disabilities Services
ILS OIB	Independent Living Services for Older Individuals who are Blind
LBHA	Local Behavioral Health Authority
LIS, AVL	Library and Information Services, Audiovisual Library
LMHA	Local Mental Health Authority
LTSS	Long-term services and supports
MCS	Medicaid and CHIP Services
OPP	Obesity Prevention Program
OSLTCO	Office of the State Long-term Care Ombudsman
SDOH	Social determinants of health
SNAP	Supplemental Nutrition Assistance Program

TCCCP	Texas Comprehensive Cancer Control Program
TCCD	Texas Council of Developmental Disabilities
TWC	Texas Workforce Commission
WHC	Women’s Health Coordination

Appendix B – ATW Core Impact Areas

- Caregiving
- Community Support
- Education
- Employment
- Financial
- Health and Long-term Care
- Housing
- Legal
- Mental Health
- Physical Health
- Protections
- Recreation
- Social Engagement
- Spirituality
- Transportation
- Volunteerism

Appendix C – ATWAC Position Statement

The Aging Texas Well Advisory Committee is comprised of members representing older adults, caregivers, advocacy organizations, academia, and professionals in the field of aging. EO RP-42 charges the committee to provide advice and make recommendations to HHSC and state leadership, including on the implementation of the ATW initiative and strategic plan. The following position statement was written and submitted by the ATWAC. The opinions and suggestions expressed are the members' own and do not reflect the views of the Texas Health and Human Services Commission Executive Council or the Texas Health and Human Services Commission.

Introduction

History has shown us that if we do not prepare for what is coming, we shouldn't be too surprised at the outcome. For too long, there has been a distinct confusion on how this nation goes about treating its elderly or Senior population. Their place in our society has been, at times, murky and unclear. Yet we collectively agree that we need to do better at how we provide quality of life for our treasured seniors. Older Texans have seen and experienced more than most cultures will ever see in a lifetime and their journey is sometimes just beginning. The Aging and Disabled populations are unique individuals with the same dreams and aspiration that all of us have, to enjoy their lives in the same manner as we do. But for that to happen, we must strengthen and re-build the resource infrastructure needed to support their needs well into the future. We speak of "aging in place" or "aging gracefully" not realizing that for that to occur, they may require greater levels of support for it to become a reality. The Aging Texas Well Advisory Committee was created to bring together the brightest and most experienced minds, in the Elder Services fields, to address those very needs and services our Senior population require.

The challenges they face are all too common, vision loss, insufficient caregiver services, isolation, affordable housing, accessing community activities, providers services, institutionalism, neglect, transportation, nutritional access, preventive healthcare to name a few. Compound this problem with the fact that many community-based services are not prepared to meet the needs of this specialized population.

We are facing a new wave of people moving into the 55+ age bracket who will also begin to identify the urgent need to secure the very same services that are at best sparse right now. Family members are finding themselves in new roles as designated caregivers to their parents and loved ones. The support and education they need is lacking or otherwise not connected to the average person assuming

this responsibility. Texas faces a growing number of adults for whom vision loss, lacking caregiver support and scarce community resource support present real challenges to their ability to live independently. A variety of factors impact care provided by family members including but not limited to the financial costs, culture, caregiver awareness (mental, physical and emotional), employment and knowledge to access services and resources. Both urban and rural older adults in Texas relied on an estimated 3.4 million unpaid caregivers at an estimated cost of $35 billion per year according to a report by the AARP in 2019.[31] According to the Alzheimer's Association, in 2020 an estimated 1.08 million unpaid caregivers in Texas provided care to approximately 400,000 people of all ages living with Alzheimer's disease at an estimated cost of $25.7 billion per year.[32]

Position:

- Expand the ability and scope of current programs and services to older adults so that they can age in place gracefully.
- Identify supplemental resources or funding to meet the anticipated growth and demand for services needed by older adults experiencing vision loss.
- Create strategies to expand collaboration and coordination among agencies and organizations that serve the general senior population to encourage more outreach effort.
- Increased awareness, access and utilization of existing systems, resources services and support for older Texans needing care and the unpaid caregivers who provide it.
- Create culturally and linguistically competent responses to support the needs of all Texans.
- Create access to providers or attendants for activities of daily living assistance.
- Create more access to assistive devices and home modifications to improve safety and accessibility.
- Develop on-line training curriculums focused on basic awareness and sensitivity of vision loss targeted to home health care providers, nursing homes and assisted living staff and Ombudsmen within the Area Agencies on Aging.

[31] AARP Public Policy Institute, Valuing the invaluable: 2019 update. https://www.aarp.org/content/dam/aarp/ppi/2019/11/valuing-the-invaluable-2019-update-charting-a-path-forward.doi.10.26419-2Fppi.00082.001.pdf. 2019. Accessed July 15, 2021.
[32] Alzheimer's Association. Alzheimer's disease facts and figures. https://www.alz.org/media/Documents/alzheimers-facts-and-figures.pdf. 2021. Accessed March 17, 2021.

Appendix D – Implementation Plan

Older Adults

Adults 50 and older were surveyed and asked to identify needs or concerns that are or will be impacting their ability to age well. The most selected concerns were physical health, access to social enrichment and recreational opportunities, and services and supports in the community. The following are preliminary strategies identified from programs across HHSC and other agencies that address these needs/concerns and to be completed within the next biennium.

Table 1.1: Strategies to Support Physical Health

Strategy	Owner
Empower older adults and their **informal** caregivers to live active, healthy lives by promoting the adoption of healthy behaviors through evidence-based programs and screening potential clients to be able to provide effective linkage to information and services	HHSC Community Access, Access and Eligibility Services Division (CA-AES)
Continue the Alzheimer's disease awareness campaign	Department of State Health Services (DSHS) Alzheimer's Disease Program (ADP)
Promote the Texas State Plan for Alzheimer's Disease and Related Disorders 2019-2023	ADP
Increase colorectal cancer screening rates through community-based and health system-based interventions	DSHS Texas Comprehensive Cancer Control Program (TCCCP)
Continue Home and Community Based Services-Adult Mental Health (HCBS-AMH) annual physical exam assurances and annual nursing assessments for enrolled participants, including those age 50 years and above, to ensure medications are administered as prescribed, and prevent or minimize medication errors	HHSC Behavioral Health Services (BHS)
Continue oversight and coordination of community-based services through HCBS-AMH Recovery Management for enrolled participants, including those age 50 years and above. Increase HCBS-AMH contractor collaboration with community providers of mental and physical health services, hospital social workers, and pharmacies to ensure HCBS-AMH participants receive appropriate treatment for mental and physical health disorders	BHS

Strategy	Owner
Continue promoting Texercise resources to community partners, including underserved communities	HHSC Aging Services Coordination

Table 1.2: Strategies to Support Access to Social Engagement Opportunities

Strategy	Owner
Promote virtual group training and peer support resources to older adults with vision loss	Texas Workforce Commission (TWC) Independent Living Skills for Older Adults who are Blind Program (ILS-OIB)
Continue funding for adaptive aids, such as vehicle modifications, service animals and supplies, environmental adaptations, aids for daily living, and minor home modifications, for HCBS-AMH enrolled participants, including those age 50 and above	BHS
Implement new or improved equitable intergenerational mentoring programs	DSHS, Obesity Prevention Program (OPP)
Continue promoting Age Well Live Well resources to community partners, including underserved communities	ASC

Table 1.3: Strategies to Support Services and Support in the Community

Strategy	Owner
Review ongoing research and data on older survivors' needs and specialized services to develop recommendations for FVP contractors and provide information and/or training to enhance services within family violence centers	HHSC Family Violence Program (FVP)
Work towards building and strengthening partnerships with community and faith-based organizations, who primarily serve the aging population, to provide access to food, cash, and health care. Aim to increase the number of AAAs that are community partners	CA-AES

Strategy	Owner
Continue promoting person centered practices, including Person Centered Thinking, Planning and Practices and Montessori Dementia Care practices throughout the agency to improve support and services for older adults and their **informal** caregivers	HHSC Medicaid and CHIP Services (MCS)
Work with HHSC to implement elements of SB 1917 regarding increasing awareness of services and support available for older adults with vision loss	ILS-OIB
Make use of Silver Star Emergency Resource Rooms, rooms with basic necessity items for clients in need, and other community resources	Department of Family and Protective Services (DFPS), Adults Protective Services (APS)
Support adults with intellectual and developmental disabilities who reside in nursing facilities to build skills that increase independence and help explore community living options.	HHSC Intellectual and Developmental Disability Services (IDDS)
Provide substance intervention and treatment services to address the individual's substance use issues. Refer to resources in the community and support services designed to meet the needs of the individuals and their support systems. Provide referrals and coordinate services for specialized services	BHS
Work with local mental health authorities (LMHAs) in geographic regions impacted by a disaster or critical incident to develop a community-based outreach strategy that identifies needs, linkages to available resources, and promotion of disaster behavioral health services to vulnerable populations	BHS
Continue to create awareness of risks of opioid misuse in older adults misuse opioids and available treatment resources	ASC; BHS
Increase Recovery Management Entities' assistance to enrolled HCBS-AMH participants, including those 50 years and above, to apply for benefits, such as disability, supplemental security income, and SNAP or other state benefits	BHS
Participate in HHSC Behavioral Health and Aging Workgroup and Social Isolation Subgroup to strengthen collaboration with other state agencies on mental health and the aging population. Continue participating in the HHSC Person-Centered Practices Workgroup to collaborate and strengthen person-centered practices among LMHAs/LBHAs and other BH contractors. Develop guidelines and tools for legally authorized representatives and legal authorized decision makers. Work	BHS

Strategy	Owner
with the UT Centralized Training Infrastructure (CTI) to ensure up to date resources on aging are available on the CTI website. Continue reviewing the resources web page quarterly to ensure information remains up to date and relevant	
Continue promoting informational fact sheets on services and support available for older adults through Age Well Live Well campaign	ASC
Develop and promote issue briefs on aging-related policy topics that community stakeholders and leaders can use to learn about policy issues and innovative solutions from across the state and U.S.	ASC
Work with HHSC Vision Loss in Older Adults Workgroup to identify ways to increase awareness of and expand access to services for older adults with vision loss	ASC
Promote awareness of services and resources through Texas Talks campaign	ASC
Work with HHSC Behavioral Health and Aging Workgroup to identify ways to increase awareness of and expand access to services for older adults experiencing behavioral and mental health issues.	ASC

Informal Caregivers

Informal (non-professional) caregivers of adults 50 and older were surveyed and asked to identify needs or concerns that are or will be impacting their ability to provide care. The top selected concerns were mental health, physical health, work strains/issues, and resources and eligibility for services.

Table 2.1: Strategies to Support Mental Health

Strategy	Owner
Work with ASC to elevate experiences of women informal caregivers, including impacts of caregiving on mental health and social connection	HHSC, Women's Health Coordination (WHC)
Continue to provide education information on blindness and visual impairments and the resources available through the OIB program.	ILS-OIB
Enhance the Alzheimer's Disease Program website with information for **informal** family caregivers on caregiver wellness and community resources.	ADP
Include the Caregiver Optional Module and the Cognitive Decline Optional Module in the Texas Behavioral Risk Factor Surveillance System for 2021	ADP

Strategy	Owner
Promote the Texas State Plan for Alzheimer's Disease and Related Disorders 2019-2023	ADP
Continue the Alzheimer’s disease awareness campaign	ADP
Encourage intervention and treatment programs to provide referrals on education and community support services to address mental health needs	BHS
Continue coordination efforts with HCBS-AMH Recovery Managers and BHS colleagues to learn about available resources that informal caregivers can use to address mental health concerns	BHS
Provide compassion fatigue and stress management guidance, and materials to local disaster behavioral health responders during and after a disaster. Encourage LMHAs and local behavioral health authorities (LBHAs) disaster response personnel to complete compassion fatigue and standardized stress management training to incorporate into outreach and response services related to informal caregivers	BHS
Work with CTI to develop training on social determinants of health on older adults and its impact on behavioral health, including measures of resiliency	BHS
Coordinate with HHSC BHS programs to learn about available resources and identify training/technical assistance gaps. Explore working with CTI to develop service provider trainings and to address gaps in training	BHS
Coordinate with HHSC Behavioral Health and Aging Workgroup to explore available mental health resources for informal caregivers of older adults and develop staff trainings	ASC
Increase informal caregiver access to educational resources and awareness about evidence-based programs designed to address informal caregiver health and wellness, including stress relief	CA-AES

Table 2.2: Strategies to Support Physical Health

Strategy	Owner
Work with ASC to elevate experiences of women informal caregivers, including impacts of caregiving on health	WHC
Enhance the ADP website with information for informal family caregivers on caregiver wellness and community resources.	ADP
Include the Caregiver Optional Module and the Cognitive Decline Optional Module in the Texas Behavioral Risk Factor Surveillance System for 2021	ADP
Promote the Texas State Plan for Alzheimer's Disease and Related Disorders 2019-2023	ADP

Strategy	Owner
Continue the Alzheimer's disease awareness campaign	ADP
Increase colorectal cancer screening rates through community-based and health system-based interventions	TCCCP
Address the individual support system through intervention and treatment programs. Refer people to community resources designed to address the impact of substance use on physical health needs. Provide referrals and coordinate services for specialized services	BHS
Coordinate with DFPS, DSHS and external organizations to identify resources that address the impact of untreated physical health conditions on older adults' mental health. Explore training options for behavioral health direct service providers working with older adults to help tailor therapeutic interventions, including Cognitive Behavior Therapy for the older adult population	BHS
Continue promoting Texercise as a resource for both older adults and their family and/or caregivers	ASC
Work with the internal and external stakeholders through the Center for Health Care Strategies (CHCS) Family Caregiving technical assistance opportunity to develop strategies to increase awareness of informal caregiver experiences and services to support them; and identify ways to leverage Medicaid managed care services to support informal caregivers	ASC

Table 2.3: Strategies to Support Work Strains/Issues

Strategy	Owner
Work with ASC on strategies to enhance informal caregiver support for Medicaid beneficiaries and their families	MCS
Enhance state and local lifespan respite care systems to provide access to direct respite services, thereby increasing the total number of informal caregivers and families served. Enhance Take Time Texas website to include additional resources and training materials. Inputs will be gathered from stakeholders via surveys, needs assessments, and forums. Effectiveness will be measured through a count of Take Time Texas website page views and responses to survey questions.	CA-AES
Work with ASC to elevate experiences of women informal caregivers, including impacts of caregiving on work	WHC
Educate program participants on resources available from the HHSC Age Well Live Well webpage	ILS-OIB
Collaborate, support, and participate with caregiver organizations on events, including training events	APS

Strategy	Owner
Continue providing both planned and emergency in-home and out-of-home respite/short-term relief for informal, unpaid caregivers of enrolled HCBS-AMH participants, including those age 50 years and above	BHS
Work with organizations through the Texas Talks initiative to elevate the experiences and issues of informal family caregivers, including impacts to employment	ASC
Work with the internal and external stakeholders through the CHCS Family Caregiving technical assistance opportunity to develop strategies to increase awareness of informal caregiver experiences and services to support them; and identify ways to leverage Medicaid managed care services to support informal caregivers	ASC

Service Providers

Providers of services to adults 50 and older were surveyed and asked to identify administrative and policy, program, and service priorities that are or will be impacting their ability to provide services. The top selected administrative priorities were collaboration and coordination, funding, and staffing. The top selected policy, program, and service priorities were addressing older adult isolation, supporting informal caregivers, and addressing older adult food insecurity.

Table 3.1: Strategies to Support Collaboration and Coordination

Strategy	Owner
Enable adults to maintain or improve their quality of life and self-determination through engaging in the community and social interactions, including providing a locally based system that connects older adults with services and benefits.	CA-AES
Work with HHSC to implement elements of SB 1917 regarding training and outreach to service providers	ILS-OIB
Promote the Texas State Plan for Alzheimer's Disease and Related Disorders 2019-2023	ADP
Inform community members and partners about the APS Silver Star Emergency Resource Rooms that provide material goods to assist clients	APS
Educate law enforcement on APS services and maintaining relationships with probate courts handling APS clients	APS
Strengthen services and care coordination between managed care organizations and other case management entities for individuals with IDD	MCS
Provide technical assistance and guidance to intervention and treatment providers serving this specialized population. Work with community service providers to maintain current resources	BHS

Strategy	Owner
Build capacity and educate providers about opioid use and misuse among older adults	ASC; BHS
Increase coordination of community-based services through HCBS-AMH Recovery Management Entities for HCBS-AMH enrolled participants, including those age 50 years and above. Increase HCBS-AMH contractor collaboration with community providers of mental and physical health services, hospital social workers, and pharmacies, to ensure the HCBS-AMH participants receive appropriate treatment for mental and physical health disorders	BHS
Utilize and promote the LMHA 101 video being developed by CTI to serve as a resource for providers and referral networks and explain the role of LMHAs/LBHAs in the community and how to access their services. Share the resource with providers serving older adults	BHS
Work with community partners to help build capacity to serve older adults living in their communities with the assistance of Age Well Live Well resources	ASC
Continue working with internal and external partners to identify ways to increase collaboration opportunities between organizations	ASC
Strengthen HHSC cross-coordination among offices serving older adults, improve understanding of aging issues and needs, and ultimately increase capacity to provide services for older adults in Texas	ASC
Convene coalitions of partners across identified communities to identify resources and priorities for their population related to improving social connectedness among older adults	OPP

Table 3.2: Strategies to Support Funding

Strategy	Owner
Begin special projects to serve underserved populations, including older victims of family violence	FVP
Continue use of flex funds, in addition to adaptive aids, as a mechanism to potentially cover medication cost and co-pays	BHS

Table 3.3: Strategies to Address Older Adult Isolation

Strategy	Owner
Promote the resource Eye2Eye peer support program for older adults who are blind or visually impaired	ILS-OIB
Promote and increase volunteerism in Caring by Calling	APS
Continue promoting person-centered recovery and service planning for persons enrolled in the HCBS-AMH program, including those age 50	BHS

Strategy	Owner
years and above, through choice of residential services. Promote Peer and Psychosocial Rehab services to facilitate outdoor activities and community integration	
Assess continuum of care for mental health services and access to care for older adults. Consider trainings related to identifying and mitigating social isolation and promoting positive prevention and lifestyle choices	BHS
Continue promoting connections between older adults and fellow community members through the Know Your Neighbor Campaign	ASC
Promote Texercise Malnutrition Campaign to raise awareness of malnutrition and strategies to address this issue	ASC

Table 3.4: Strategies to Help Support Caregivers

Strategy	Owner
Continue promoting person centered practices, including Person Centered Thinking, Planning and Practices and Montessori Dementia Care practices throughout the agency to improve support and services for older adults and their informal caregivers	MCS
Develop training and related resources for supporting informal caregivers in collaboration with HHSC for older adults with vision loss and their families, direct service providers, and community-based organizations	ILS-OIB
Include the Caregiver Optional Module and the Cognitive Decline Optional Module in the Texas Behavioral Risk Factor Surveillance System for 2021	ADP
Coordinate training to LMHA disaster staff on cumulative stress, grief and loss, and/or compassion fatigue after a disaster or critical incident	BHS
Provide disaster planning and educational materials on stress management to local mental health authority staff providing direct services during and after a disaster to informal caregivers	BHS
Work with organizations through the Texas Talks initiative to elevate the experiences and issues of family informal caregivers	ASC
Work with the internal and external stakeholders through the CHCS Family Caregiving technical assistance opportunity to develop strategies to increase awareness of informal caregiver experiences and services to support them; and identify ways to leverage Medicaid managed care services to support informal caregivers	ASC

Table 3.5: Strategies to Address Older Adult Food Insecurity

Strategy	Owner
Include resources around access to food in program outreach and community awareness, education, and training	ILS-OIB
Expand Healthy Pantry Project at food pantries in Texas	TCCCP
Promote Texercise Malnutrition Campaign to raise awareness of malnutrition and strategies to address this issue	ASC
Expand provision of monthly produce and senior box distribution, and offer SNAP application assistance	OPP
Expand weekly home delivery program to homebound seniors that struggle with access to emergency food resources	OPP

Appendix E – 20-21 Plan Progress Report

The following is a progress report on strategies from the 2020-21 ATW Strategic Plan. Unless otherwise noted, strategies are ongoing past the previous biennium (2020-21).

Strategies for Mandate 1: Aging Texas Well Advisory Committee

Strategy	Owner	Status
seeking the committee's input in the development of future ATW Strategic Plans	ASC	On target
facilitating the committee's review of and comment on state policies and programs impacting older adults by gathering and providing information as requested (e.g. requesting department updates for committee quarterly meetings; obtaining program reports for committee review as needed)	ASC	On target
coordinating the committee's recommendations provided through the ATW Strategic Plan, issue briefs, and reports to the HHSC Executive Council, HHSC Executive Commissioner, and state legislature	ASC	On target
assisting with committee vacancies to ensure a diverse, qualified, and active committee	ASC	On target
coordinating the committee's quarterly meetings and providing other technical assistance as needed	ASC	On target

Strategies for Mandate 2: Aging Texas Well Strategic Plan

Strategy	Owner	Status
coordinating with appropriate HHSC program areas, other state agencies, and the ATWAC to create the ATW Strategic Plan	ASC	On target
assessing the progress of the plan annually	ASC	On target
presenting progress reports of the plan to ATWAC members, HHSC program areas, other state agencies, and HHSC Executive Commissioner	ASC	On target

Strategies for Mandate 3: Review of Policy

Strategy	Owner	Status
focusing on the continuum of care for mental health services and ensuring that older adults get care at the right time, in the right place	BHS	On target
reviewing agency-wide policies and other current trends to improve services and support for informal caregivers	CA-AES	On target
reviewing current service planning processes and requirements to guide future improvements in consistency and use and person-centered planning	MCS	On target
continuing engagement with stakeholders around long-term services and support regarding individuals' rights, dignity, autonomy, and community access	MCS	On target
reviewing current programs and data availability related to strengthening the community attendant workforce	MCS	Completed the Rider 157 report which required HHSC to collect data related to strengthening the community attendant workforce.
providing independent policy reviews regarding trends and issues related to the health, safety, welfare, and rights of residents of nursing facilities and assisted living facilities, including the quality of services provided by long-term care facilities	HHSC Office of the State Long-term Care Ombudsman (OSLTCO)	On target
reviewing policies in long term services and support related to support for adults aging with developmental disabilities and their informal caregivers	Texas Council on Developmental Disabilities (TCDD)	On target
gathering and analyzing data to better understand the needs of older Texans, including on special topics such as housing, aging diversity and cultural humility, opioid and substance use, social isolation, and medical-social service collaboration	ASC	On target

Strategy	Owner	Status
collecting and providing information on policies impacting older adults to facilitate the ATWACs review and/or comment	ASC	On target
coordinating aging services to expand the knowledge base, understanding, and involvement in aging issues through educational outreach (e.g., issue briefs, presentations, targeted training), and by serving on statewide aging initiatives, workgroups, and coalitions	ASC	On target

Strategies for Mandate 4: State Agency Readiness

Strategy	Owner	Status
increasing community-based mental health services and collaborating to expand opioid misuse prevention services	BHS	On target
sharing training and education resources with state employees, including resources on aging and long-term care topics, to support workforce enhancement and service delivery	DSHS, Library and Information Services, Audiovisual Library (LIS-AVL)	On target
developing value-based payment models around community attendant workforce issues and community integration for individuals receiving home and community-based services in managed care	MCS	Completed. This work was being done through the CMS Innovation Accelerator Program for Value Based Payments for home and community base services. This project ended late 2019.
advancing home and community-based settings compliance policy work to increase individuals' rights, dignity, autonomy, and community access	MCS	On target
improving current practices to ensure a comprehensive continuum of care that reflects person-centered thinking,	MCS	On target

Strategy	Owner	Status
planning, and practice across HHSC		
providing briefings on current initiatives and future needs of the state long-term care ombudsman program	OSLTCO	On target
assembling stakeholders and promoting exchange of information and best practices related to workforce training to support adults aging with developmental disabilities and their informal caregivers	TCDD	On target
providing services to adults 55 and older with significant visual impairments that need assistance with independent living skills, technology, and support services	ILS-OIB	On target
connecting with state and local agencies regarding their policies and programs that affect older adults to determine if ATW collaboration is appropriate	ASC	On target
developing and sharing resources, providing expertise and technical assistance, and collaborating with other agencies upon request	ASC	On target
developing a clearinghouse of state aging programs as a resource for state agencies to easily locate programs that serve older Texans	ASC	On target. Phase 1 and 2 completed March 2020. Phase 3 started.
building capacity of state aging service professionals, community aging service-delivery network, and underserved populations through resource sharing and coalition-building	ASC	On target
strengthening the framework of volunteer management	ASC	Completed May 2021 and posted to the AWLW Be Connected page: https://www.hhs.texas.gov/about-

Strategy	Owner	Status
systems in long-term care facilities		hhs/community-engagement/age-well-live-well/age-well-live-well-be-connected

Strategies for Mandate 5: Texercise

Strategy	Owner	Status
expanding access to best practices in health and fitness programming for older adults with developmental disabilities and their families	TCDD	On target
increasing outreach through the Malnutrition in Older Adults Campaign, quarterly webinars, and presentations at conferences and other events	ASC	On target
increasing promotion of Texercise to underserved communities	ASC	On target
growing access to Texercise resources through the development of an online ordering system for program materials	ASC	On target
identifying new partnership opportunities for program host sites, media awareness, and reinforcement items (e.g. t-shirts, stress balls, pedometers, etc) donations	ASC	On target
increasing awareness of professionals who do not work in the aging industry of the Texercise program and program materials	ASC	On target

Strategies for Mandate 6: Local Community Preparedness

Strategy	Owner	Status
collaborating with public and private community partners, including state and local governments, to build capacity to serve a growing aging population	CA-AES	On target
increasing capacity of communities to serve older adults at risk of abuse, neglect, and exploitation by strengthening local partnerships with service providers and providing community presentations	APS	On target

Strategy	Owner	Status
increasing community awareness on a variety of topics, including aging and long-term care, by sharing state and other training and education resources to with residents of Texas	LIS-AVL	On target
increasing awareness of services and support available for adults aging with developmental disabilities and their families	TCDD	On target
increasing awareness and best practices in person directed planning and support	TCDD	On target
supporting local ombudsman entities to build capacity to serve a growing aging population in long-term care facilities	OSLTCO	On target
conducting outreach and awareness activities to educate communities across Texas about the services available for adults 55 and older with significant visual impairment, including attending senior fairs and events	ILS-OIB	On target
conducting outreach to medical providers to increase referrals from Ophthalmologists/Optometrist offices to state services available for adults 55 and older with significant visual impairment	ILS-OIB	On target
increasing outreach to underserved communities through the Age Well Live Well campaign and Texercise initiative	ASC	On target
expanding the current array of Age Well Live Well resources (e.g. infographics, factsheets, toolkits etc.)	ASC	On target
assessing efficacy of current Age Well Live Well collaboratives and increasing the number of collaboratives across the state	ASC	On target
increasing public awareness about aging issues and services through the Texas Talks campaign	ASC	On target

Strategy	Owner	Status
increasing awareness of professionals not working within the aging industry (e.g police officers, pharmacists, municipal employees) about aging issues and services through specialized training and marketing materials	ASC	On target
supporting and enhancing agencies that serve older Texans through partnerships, marketing strategies, and the sharing of best practices	ASC	On target
growing local capacity by identifying partners to fund and support local organizations wishing to engage in aging services	ASC	On target
building long-term care facilities volunteer program capacity by developing no-cost resources like volunteer trainings, best practices guides, and educational webinars	ASC	Completed May 2021 and posted to the AWLW Be Connected page: https://www.hhs.texas.gov/about-hhs/community-engagement/age-well-live-well/age-well-live-well-be-connected
establishing community partnerships to support and sustain facility volunteerism and events	ASC	Completed May 2021 and posted to the AWLW Be Connected page: https://www.hhs.texas.gov/about-hhs/community-engagement/age-well-live-well/age-well-live-well-be-connected

Appendix F – Detailed Methodology

This methodology report provides information on the survey instrument, sampling strategy, results, limitations, and future research recommendations.

Survey Instrument

This non-experimental, cross-sectional study sought to understand the needs, concerns, and priorities among three participant groups: 1) older adults, 2) informal caregivers of older adults, and 3) organizations providing services and support to older adults. Older adults were defined in this study as people 50 years of age and older, while informal caregivers provide unpaid help to older adults, and included family members, spouses, friends, neighbors and other non-relatives. To comprehensively identify the current and future priorities, quantitative and qualitative data were collected and analyzed in the survey. The survey was intended to be a self-report instrument; however, it is unknown if respondents had assistance when completing the survey which could impact survey responses.

The Survey Monkey Advantage Plan software was used to collect the three participant groups' information in one instrument. Logic modeling in the first question of the survey asked respondents to select their participant group (older adult, informal caregiver, or organization), and subsequent questions were dependent upon that response. Because logic modeling was used throughout the instrument, the number of required questions varied by participant group (older adults up to 9, informal caregivers up to 11, and organizations up to 19). In addition, older adults and informal caregivers had the option to provide their demographic information (e.g., zip code, age range, gender identity, race/ethnicity, disability status). These demographic questions were not required, and respondents were able to skip or select 'prefer not to answer'.

The mixed methods design provided flexibility in the types of questions posed, using both open-ended and closed-ended formatting. Questions for collecting quantitative data included multiple choice and checkboxes. Semi-structured qualitative questions gave respondents the opportunity to provide more detailed answers in comment and text boxes. Multiple choice and checkbox questions offered the 'other' option where respondents could write a response different from the ones provided.

Throughout the survey and data dissemination process, HHSC took every precaution to protect the identity and confidentiality of individual responses. All data was collected via the Internet and no data was collected with paper surveys, therefore the study did not require a storage plan for the handling of raw data. On

the survey landing page, respondents were asked not to share (directly or indirectly) health, sensitive, or personal information that could be individually identifying. Participant names were not collected in the instrument; therefore, names do not appear on any related reports or public documents. At the end of the survey, respondents could provide their email address and/or phone number if they were interested in being contacted for follow-up questions or to be added to an email distribution list for future survey opportunities. Contact information was not required and was kept separate from data analysis, with no identifying contact information in public reports. This report uses qualitative data and quotations from open ended survey responses, requiring some redactions to ensure confidentiality. The HHSC Office of Legal Counsel, Data Governance, Privacy, and Open Records offices reviewed the survey and ensured it met privacy guidelines and standards.

Sampling Strategy

This survey utilized a non-probability sampling strategy due to data being collected during the COVID-19 pandemic, when only online participation was feasible. There were two focused outreach efforts to recruit participants. The first on Tuesday, March 30, 2021, used the HHSC GovDelivery listserv and contained a brief description of the survey and a weblink to the Survey Monkey instrument.

After the first GovDelivery distribution, the Aging Services Coordination team was notified that the survey was not compatible with screen readers, making it inaccessible for potential participants with low or no vision. A duplicate accessible survey was created and a notice was added to the survey landing page directing people wanting the accessible survey to email AgeWellLiveWell@hhs.texas.gov for the link. On April 26, 2021 a follow-up email reminder about the survey was sent to HHSC GovDelivery listserv recipients.

The second outreach effort was a social media campaign where a weblink for the survey was posted to HHSC's Facebook, Twitter and LinkedIn accounts. The initial social media posts were made on Wednesday, April 28, 2021 and the follow-up posting on Tuesday, May 11, 2021. In addition to these two focused outreach efforts, stakeholders and the public were encouraged to share the survey link to potential participants, such as older adults receiving services at an organization, or to other program directors in their professional network. This secondary strategy of snowball sampling, based on chain-referrals, allowed the sample population to grow like a rolling snowball, and reach potential participants who were not recruited by the email listserv or the social media campaigns. Initially data collection was intended to end Saturday, May 1, 2021 at 11:59 p.m.[33] but

[33] Times in this data report use Central Standard Time

was extended due to delays in posting the survey link to HHSC's social media accounts to Saturday, May 15, 2021 at 11:59 p.m.

Results

Data collection manually closed Monday, May 17, 2021 at 8:21 a.m. Because the survey software used did not have the capacity to merge two data sets, manual entry of the accessibility survey responses into the main survey instrument was necessary to ensure all data was in one central location for analysis.

The sample size for this survey was 271 and included responses from 177 older adults, 22 informal caregivers and 72 organizations. The sample size (n=271) included both completed (n=237) and partially completed (n=34) responses. A partially completed survey response was defined as a participant answering at least five questions on the survey. An additional 148 respondents only completed the first question of the survey that asked them to identify their participant group. These responses were not considered to be a part of the sample size and were excluded from the data analysis.

Older Adults

Demographics

The largest participant group was older adults (n=177), with the majority (n=114) of the respondents between the ages of 55 to 75 years old. There were 22 responses (12.4 percent) that either selected 'prefer not to answer' or did not answer the age demographic question.

Demographic details of this respondent group revealed the majority:

- Reside in major metropolitan areas of the state, via zip code data (60.5 percent)
- Reported as not having a disability (62.7 percent)
- Identified as female (62.7 percent)
- Identified as white (67.2 percent)
- Identified as non-Hispanic/Latino/Spanish origin (72.3 percent)

Data and Findings

The first question (checkbox) asked older adults what they consider to be a need and/or concern over the last 3 years and respondents were able to mark as many choices as applicable. The top three responses were: 'Physical health' (87); 'Access to social enrichment and recreation opportunities' (73); and 'Services and support in my community' (59). In a subsequent question, respondents were asked to rank their top three concerns. Qualitative analysis of this question identified four concerns with the highest number of responses. 'Mental health' and 'Access to social enrichment and recreation opportunities' (30 each), and 'Physical

health' and 'Finances' (29 each). A variety of reasons were offered as to why these four concerns ranked as the greatest priority, including location closures due to the COVID-19 pandemic, housing costs, as well as healthcare costs and access. Below are quotations of older adults' open-ended responses to provide context to their lived experiences:

Quotations from Older Adults: Mental Health
"With a mental health issue it is hard to admit to oneself let alone to others and when the opportunity arises that a person is ready to admit they need and want help it is too difficult to find the correct resources for help."
"Medical over all impacts anything else that I might be concerned about. Fear of having bad infection [redacted] along with prospects of going blind [redacted] all leads to depression, not want to go out to see people or do things even if had a way, embarrassed. Feel like failure and should be able to figure a way out before it is too late."

Quotations from Older Adults: Location Closures Due to COVID-19 Pandemic
"It was sad when senior center was closed to us due to pandemic. Wonderful place for us to associate with other seniors and learn so much from the classes offered to us. Plus we ate there for lunch and did not have to worry about what to eat."
"I do not believe in subsituting [sic] online services is adequate substitute."

Quotations from Older Adults: Housing Costs
"I live on social security [sic] and it is difficult with housing [redacted], insurance costs (housing and health)."
"I need finance to help me repair things around the house."
"Fear of being homeless. Fear of bankruptcy. Fear of the future/unknown."

Quotations from Older Adults: Healthcare Costs and Access
"I need [redacted] tests & future surgery and can't afford to take off work. I have no way to get to and from the hospital per hospital requirements. I have no support for aftercare to help with life assistance, preparing meals, personal hygiene, physicla [sic] therapy."
"No access to healthcare through work (lost employment) and not yet eligible for Medicare – can't afford marketplace."

Quotations from Older Adults: Healthcare Costs and Access
"there is limited support in rural communities to help those individuals as well as caregivers who are responsible for 24/7/365 day care for persons with dementia especially those with incomes above FPL [Federal Poverty Level]. There is an assumption that care is affordable but it is not."

Almost a quarter of the older adult sample (23.7 percent) said their needs/concerns over the next five years would stay exactly the same with the remaining (55.9 percent) saying their needs would change or stay the same but the ranking would change (20.3 percent). Qualitative analysis suggests that the type of top need/concerns in the future are similar to the current needs/concerns (physical health, finances, services and support in my community), however, the reason for ranking the top concerns as greatest priority was different. The most cited reason for physical health needs/concerns was related to older adults' declining health:

Quotations from Older Adults: Declining Health
"I'm concerned as I get older about health issues arising and not being able to have the proper care or support."
"Everything is breaking down on my body – slowly."
"I'm in relatively good health. However, there are no guarentees [sic] and I see some of my friends and peers struggling. I don't know if [sic] anyone my age who doesn't at least share mild concerns about their health."
"my pain has been getting worse and I anticipate it will continue to do so."

Respondents were asked to rank the level of impact the COVID-19 pandemic had on their needs/concerns (1 = 'no change' to 5 = 'very severe changes'). Over 60 percent indicated that the COVID-19 pandemic had an impact on their needs/concerns that resulted in 'moderate' (n=61) or 'severe' changes (n=51). In a subsequent question, respondents were asked to explain how their needs/concerns were changed by the COVID-19 pandemic. Analysis revealed qualitative themes of isolation and socialization, closures of physical locations, no traveling and no visits from family, friends, or in-home care providers, and impacts to their mental health. A few quotations from older adult respondents are listed below:

Quotations from Older Adults: How Needs/Concerns Changed by COVID-19 Pandemic
"usual exercise programs were not available. I moved in with grandchildren to babysit since they were not in childcare. I did not travel."

Quotations from Older Adults: How Needs/Concerns Changed by COVID-19 Pandemic
"the pandemic made me realize what isolation, separation and lack of social connection can impact on a society or group"
"Many of my closest friends live in different parts of Texas and in other states. It was a terrible feeling that we couldn't be near them. One of our best friends died and I couldn't visit with him again in [redacted]. Nor could we have a funeral for him."
"unable to go to the doctor, dentist or optometrist. Unable to gather for activities with friends, such as dining out or at each other's homes. Scared to go shopping, including groceries."

Informal Caregivers

Demographics

The smallest participant group was informal caregivers (n=22). Nearly half (45.5 percent) were between the ages of 55 to 64 years old and the remaining 54.6 percent was split evenly between two age categories, "under the age of 55 years" and "65 years of age or older".

Other demographic details of this respondent group revealed the majority:

- Provide help to an older adult family relative (90.9 percent)
- Are the child of the older adult (63.6 percent)
- Reported not having a disability (86.4 percent)
- Identify as female (72.7 percent)
- Identify as white (90.9 percent)
- Identify as non-Hispanic/Latino/Spanish origin (63.6 percent)

Data and Findings

Respondents were asked to indicate the caregiving challenges they experienced over the last three years and the result was a four-way tie, with 12 responses each for: mental health concerns; physical health concerns; work strain/issues; and resources and eligibility for services. In open-ended responses, informal caregivers expressed their top need/concern was finances and balancing caregiving with employment. The following quotations further detail the experiences of informal caregivers:

Quotations from Informal Caregivers: Caregiving Challenges
"Concern as more medical and daily expenses increase. And with less income as I can only work part time so that I can give better care to [redacted]."

Quotations from Informal Caregivers: Caregiving Challenges
"[redacted] lives on limited income and at [sic] time I have to help her financially because she doesn't have enough money to get through the month."
"I work FT [redacted]. Then come home and help [redacted] with chores, meds, PT, etc. Stress of this taking a toll on MY [sic] health."

Over half of the informal caregivers (54.6 percent) stated that their needs/concerns would change in the next five years. Most notably they expressed that they were not only concerned with the declining health of the older adult they were supporting, but also for their abilities to provide care if their own health declined. This is demonstrated in the following quotations:

Quotations from Informal Caregivers: Declining Health
"As I age I may not be able to provide the same level of care."
"[redacted] is elderly and getting weaker."
"I am getting older and anticipate my physical abilities will change."
"She is 91, currently in fairly good health, but cognitively may be slowing/declining."
"anticipate [redacted]'s memory loss will worsen."
"already have health issues and will become more pronounced with time."

Informal caregivers' stress was measured using a scale of 1 to 5 (1 = 'no stress' to 5 = 'extreme stress'). The following is the breakdown of the responses:

- One informal caregiver indicated 'no stress' (1 on the scale)
- Four informal caregivers indicated 'some stress' (2 on the scale)
- Ten informal caregivers indicated 'moderate stress' (3 on the scale)
- Four informal caregivers indicated 'a lot of stress' (4 on the scale)
- Three informal caregivers indicated 'extreme stress' (5 on the scale)

An additional scale of 1 to 5 was used to understand how the COVID-19 pandemic impacted an informal caregiver's ability to provide care to an older adult. The following is the breakdown of the responses:

- Two informal caregivers indicate 'no changes' (1 on the scale)
- Three informal caregivers indicated 'mild changes' (2 on the scale)
- Five informal caregivers indicated 'moderate changes' (3 on the scale)
- Eight informal caregivers indicated 'severe changes' (4 on the scale)
- Four informal caregivers indicated 'very severe changes' (5 on the scale)

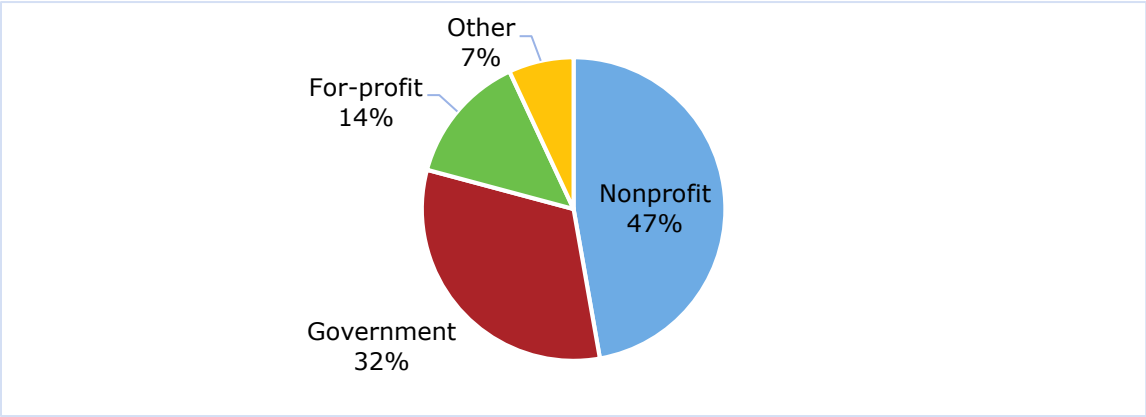
In a follow-up question, respondents could explain how their ability to care for an older adult was impacted by the COVID-19 pandemic and below are a few of the responses:

Quotations from Informal Caregivers: Impacts of COVID-19 Pandemic
"Before the pandemic [redacted] was able to go to the store and shop for herself. She will no longer get out of the house so I do all shopping and errands for her. This has left her confused and depressed from living alone. She can no longer do everyday tasks without my help. Lack of social stimulation has really affected her so I try to spend 2-3 hours a day with her after my regular job. There are no avenues for social stimulation for elderly in our community since Covid."
"[redacted] has Medicaid in home services; have had only 4 in home visits for her personal care in 6 months. Cannot find/keep front line staff for reliable help. I work full time."
"I am a health care provider and was not able to see [redacted] due to my being exposed on a regular basis."

Service Providers

Data and Findings

The following pie chart depicts the type of service provider organizations that responded to the survey. Seventy-two respondents were from organizations, comprised of 47.2 percent non-profit organizations, 31.9 percent governmental organizations, 13.9 percent for-profit organizations and 6.9 percent 'other' organizations.



Administrative Priorities

This survey asked organizations about their current and future administrative priorities for providing services and support to older adults (50+). Respondents

could choose more than one response or write-in a response not in the list. The current administrative priorities selected most often were: Coordination and Collaboration (65.3 percent); Funding (56.9 percent); and Staffing (43.1 percent). A subsequent open-ended question asked respondents to rank these in order of priority with the following results: 1) Funding; 2) Collaboration and Coordination; 3) Staffing.

The greatest priority identified was funding (budget issues, funding shortage, etc), which overlapped with the third greatest priority of staffing (high-turnover, morale, hiring qualified candidates, etc). According to the respondents, the combination of adequate funding and staffing are needed to sufficiently meet the needs of the community. The following are quotations from the qualitative data:

Quotations from Organizations: Funding and Staffing
"If we had access to increased funding that was sustainable over the long term, we could more easily invest in new initiatives, technologies and staffing enhancements to support current and future program growth and serve more people."
"Qualified licensed personnel are difficult to find. Funding is not adequate to attract staff."
"With limited funding to support caregivers and care recipients, we are needing funding to increase education, outreach, support."
"The need for our services is greater than our current staff can handle. There are outlying geographic ares [sic] of seniors in need of services outside ouur [sic] current service area that we can't think about adding to our program without more staff to do the work."

For the second greatest priority of Collaboration and Coordination (working with or referring to other agencies to better serve clients), a common theme among responses was regarding the need to educate the community on the types of resources that are available:

Quotations from Organizations: Collaboration and Coordination
"We are better together. We don't need to work in silos, but in collaboration, using each company's/organization's strengths to keep the main focus on the older adults around us."
"Our organization is not as well known as I would like, and we need to build partnerships and get the word out. Seniors are distrustful of anyone reaching out to them that they don't know. Partnerships allow for the warm hand off needed."
"We have no budget for PR. Word of mouth or collaboration is our only way to tell people who we are."

Quotations from Organizations: Collaboration and Coordination
"Many people in the community are not very well educated and versed in disabilities (i.e. blindness and low vision)."
"Education and sharing information is my top priority as there are a lot of misinformation in the general public. It is my passion to inform people of correct nutrition so they can make better choices for themselves and family."

Nearly half of the organizations (44.4 percent) indicated they expect their administrative priorities to 'stay exactly the same' over the next two years. Twenty-two percent of the organization indicated that the administrative priorities would change in the next two years. Meanwhile, qualitative analysis of subsequent questions showed that priorities remained similar to the current priorities of funding, staffing and turnover, and collaboration and coordination. An additional priority was identified as expanding services for the increasing aging population.

Policy and Programmatic Priorities

In conjunction with the administrative priorities, organizations were asked questions regarding their priorities related to policies, program implementation and service coordination. In the first question, respondents were asked to select the organization's current priorities from a checklist and they had the option to write in 'other' priorities. The ranking of their responses follows:

1. The most frequently chose response (62.5 percent) was 'Addressing social isolation in older adults'
2. The second most frequent response (50.0 percent) was 'Supporting caregivers'
3. The third most frequent response (44.4 percent) was a two-way tie between 'Addressing food insecurity in older adults' and 'Addressing transportation concerns'

Respondents were then asked to rank their organization's top current priorities. Qualitative analysis identified the top priority as addressing social isolation, followed by supporting caregivers and older adults with dementia or Alzheimer's, and addressing transportation concerns. Respondents explained the reasoning for the ranking was mainly due to isolation during the COVID-19 pandemic and the lack of transportation access. This is detailed in the below quotations:

Quotations from Organizations: Isolation and Lack of Transportation
"Isolation issues result in decompensation quickly. Need support systems for them, very few available"

Quotations from Organizations: Isolation and Lack of Transportation
"There is ZERO [sic] public transit in our service area [redacted] for seniors to access and no options for someone on a limited income. Our free rides from volunteer drivers are the ONLY [sic] way our seniors have to get to dialysis, cancer treatments, grocery stores, etc."
"The EMS system transports a lot of people to the hospital when they are really sick because the patient had no other way of getting healthcare"

In a follow-up question about future priorities in the next two years, 52.8 percent of the organizational respondents said that the priorities would 'stay exactly the same'. Among organizational respondents that said the priorities would 'change' (13.9 percent) or 'stay the same but the ranking will change' (18.1 percent), the largest number of qualitative responses discussed food delivery and food insecurity being a top priority, along with social isolation and increasing need for dementia care services. Quotations on these identified priorities included:

Quotations from Organizations: Food, Social Isolation, Dementia Care
"The people we serve are trying to live on less than a [sic] 800 to 1000 per month. Sometimes living expenses and medical expenses take priority over food."
"Reaching clients who are isolated is difficult and may [sic] of ours are blind"
"Way too many older adults contact us who are caring for a loved one with dementia. No where to turn. NO [sic] support, no relief. Need more respite and hands on care for loved ones and caregivers."

Respondents were asked to rank how their organization's ability to provide services and support for older adults was impacted by the COVID-19 pandemic. Over 70 percent of the sample selected 'moderate changes', 'severe changes' or 'very severe changes', which were 3, 4, and 5, respectively, on a scale of 1 to 5. In an open-ended follow-up question, respondents were asked to describe how the organization's ability to provide services and support was changed by the COVID-19 pandemic. Respondents provided details about pivoting from in-person services to virtual visits, telehealth and phone services, as well as shifting from in-person congregate meal sites to home-delivered meals. Organization changes and challenges during the COVID-19 pandemic were described as follows:

Quotations from Organizations: Changes and Challenges during COVID-19 Pandemic
"it has been difficult, if not impossible to serve the elderly blind."

Quotations from Organizations: Changes and Challenges during COVID-19 Pandemic
"Clinic closed so converted to telehealth. Long term care visit restrictions. In-person service was greatly limited, impacting client without reliable phone service the most."
"Older adults are more isolated and have little contact with the public. Difficult to obtain food, services, programs support, entitlements and assistance with applications, etc."
"Loss of volunteers to help provide meals. Closing the building stopped the socialization of senior adults. The availability of food and other products has caused issues."
"On the positive side, we received significant community support during the pandemic, which allowed us to increase our capacity and provide services to more seniors. However, we had significant supply chain issues with our meal vendors, as well as challenges addressing the needs of the program staff. Our staff gives so much care and attention to seniors, but they also needed to step back and care for themselves and their families."

Limitations and Future Research Recommendations

A major study limitation was that due to the COVID-19 pandemic, the survey data was collected solely via the Internet, rendering people without access to Internet broadband and an Internet-capable device unable to participate. Limited digital literacy could also have been a contributing factor, as people may have a smart phone but only use it to read emails or message, rather than using Internet browsers. In addition, potential participants may have encountered difficulties in answering open-ended questions while using a smart phone compared to a computer or tablet with keyboard compatibility and a larger viewing screen. Future research could ask participants how they are accessing and completing the survey, and based on these responses, surveys can be modified for more user-friendly experiences.

The survey instrument was written only in English and future research will need to be multi-lingual to obtain a sample more reflective of Texas' diverse population. It is worth noting that there were survey respondents who stated there needs to be more initiatives in the aging network focused on diversity, equity and inclusion. To ensure diverse and harder to reach populations are included, future research efforts should capture responses from diverse populations, including racial and ethnic minorities, people in rural areas, people with low literacy levels, people who are blind and/or experiencing low vision, and people who are deaf and/or hard of hearing and require American Sign Language. Furthermore, the survey instruments' design should ensure accessibility for all respondents.

The survey landing page stated the survey would take 10 to 15 minutes to complete. From Survey Monkey completion time estimates of fully completed responses, the average was 11 minutes and 11 seconds. However, the large number (n=143) of abandoned surveys may indicate there was a significant level of respondent burden[34]. Future surveys will aim to reduce respondent burden and abandoned surveys to collect a larger sample of data.

There were also limitations with the Survey Monkey Advantage Plan software used, which does not provide full access to survey creation or data analysis features. The Survey Monkey's setting for "Multiple Responses" was set to "Off" to limit duplicate responses from the same person, however this setting could be problematic if multiple potential participants intend to use the same device to complete the survey (e.g., community center, residential housing location, senior center, or a device in a multi-person household). The Aging Services Coordination team intends to use a more robust software platform for future survey data collection and data analysis to eliminate many of the identified limitations.

[34] Respondent burden: the degree to which a survey respondent perceives participation in a survey research project as difficult, time-consuming, or emotionally stressful. Retrieved from https://methods.sagepub.com/Reference/encyclopedia-of-survey-research-methods/n477.xml