



THE GOVERNOR'S
Task Force on Aging



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*A strategic plan, drawing on the public, private
and nonprofit sectors, to better meet the needs of
older Tennesseans and their families,
now and into the future.*

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Executive Summary

In August of 2013, Governor Haslam announced the formation of the Task Force on Aging (Task Force) and charged the group with creating a plan to improve the lives and care of older Tennesseans and their families through a collaboration of public, private and non-profit leaders. The plan was to focus on three areas: promoting healthy aging, creating livable communities, and supporting family caregivers.

The eleven-member Task Force met twice a month from September through February to share and evaluate improvement strategies for aging issues in Tennessee. The Task Force also hosted three special sessions across the state in Knoxville, Nashville and Memphis. These special sessions were open to the public and offered a unique opportunity to hear suggestions for aging issues from around the state. An online survey provided another venue for suggestions to be heard for those who were unable to attend an open meeting.

The plan begins with a “State of Aging in Tennessee” report, a summary of the research reviewed by the Task Force. Highlights of this section include facts such as:

- Tennessee’s over-65 population is higher than the national average;
- Tennessee ranks in the bottom 10 states on almost all health and well-being measures;
- Ninety percent of individuals want to age-in-place but Tennessee communities are not prepared for the increased community requirements;
- In Tennessee, family caregivers provide 1.08 billion hours of care generating an economic value of \$11 billion, 12 times the Medicaid HCBS spending in Tennessee for that period;
- Family caregivers feel ill-prepared for the role and employers are not educated about the impacts on productivity when employees are family caregivers.



SUMMARY

Given the current state of aging in Tennessee and the anticipated future growth in the older adult population, the Task Force offers the three vision statements for consideration. The Task Force strongly believes these visions can be realized in our state if public, private, non-profit, and faith-based entities collectively support the achievement of these aspirational statements.

Area of Focus	Vision Statement
<i>Promoting Healthy Aging</i>	<i>The vision of the Task Force is to ensure older Tennesseans have access to programs, services, and opportunities in their local communities that enhance their physical, mental, financial, social and spiritual well-being, in order to promote a more meaningful quality of life.</i>
<i>Creating Livable Communities</i>	<i>The vision of the Task Force is to grow the number of livable communities in our state by providing affordable, appropriate housing, adequate mobility options and supportive features and services to facilitate personal independence and the engagement of older Tennesseans in civic and social life.</i>
<i>Supporting Family Caregivers</i>	<i>The vision of the Task Force is to increase the capacity of caregivers to make informed choices about service decisions through public education and targeted investments that lead to sustainable caregiver respite services, as well increased awareness of the importance of employer collaboration in supporting caregivers.</i>

In order to address the current state of aging in Tennessee and to achieve the vision statements articulated above, the Task Force proposes the following eight strategies for implementation:

Strategy 1: Conduct Review of State Government Policies, Procedures and Programs Impacting Older Adults to Reduce Fragmentation and Maximize Resources

Strategy 2: Invest in Robust “No Wrong Door” Virtual Portal



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- Strategy 3:** Increase Cabinet Representation on Aging Issues by Positioning, Empowering and Resourcing the State Unit on Aging
- Strategy 4:** Establish a Comprehensive Statewide Structure to Guide the State and Local Efforts Made in All Three Areas
- Strategy 5:** Secure Mayoral Support, Jointly Select Standardized Community Assessment Tool, Conduct Assessment and Analyze Data
- Strategy 6:** Assist and Encourage Communities to Create and Implement Livability Plans
- Strategy 7:** Determine Aging-Related Items for 2015 Legislative Agenda
- Strategy 8:** Leverage the Work of The Governor's Foundation for Health and Wellness

Then, in an effort to help build the resources of state and local leaders, the Task Force shares over two dozen specific policies and programs, which could be implemented as part of the strategies identified above. The Task Force firmly believes if many of these strategies are implemented, Tennessee will be much better prepared to support the needs of an unprecedented older population.

The Task Force remains ready to further discuss or clarify any item and to help with implementation of any strategies listed herein, if so desired by the Governor.



Introduction

According to the U.S. Census Bureau, more than 14 percent of Tennesseans are 65 years of age or older, and the national average is 13.7 percent.¹ Tennessee’s number is expected to grow to more than 22 percent by 2020.² The statistics alone prove that aging is an important issue in Tennessee and merits focused attention. The impact of the so-called “Silver Tsunami” can and will be felt in almost every facet of our daily lives—governmental budgets, transportation, health care, planning, zoning and development patterns, non-profit service capacity and even economic development and consumer spending. These implications of a quickly aging population are not all negative. To the contrary, if addressed appropriately, these improvements in our state can provide positive benefits to every generation.

Recognizing the growing challenges faced by aging Tennesseans and their families, Governor Haslam announced in August 2013 the formation of the Task Force on Aging (Task Force) and charged the group with creating a plan to improve the lives and care of older Tennesseans and their families through a collaboration of public, private and non-profit leaders. The plan was to focus on three areas: promoting healthy aging; creating livable communities; and supporting family caregivers. The Task Force’s mission was to identify ways that assure the state promotes the dignity and independence of older people, and to help our state prepare for an unprecedented aging population.

The eleven-member Task Force met twice a month from September to February to share and evaluate improvement strategies for aging issues in Tennessee. The Task Force also hosted three special sessions across the state in Knoxville, Nashville and Memphis. These special sessions were open to the public and offered a unique opportunity to hear suggestions for aging issues from around the state. An online survey provided another venue for suggestions to be heard for those who were unable to attend an open meeting.

¹ <http://www.census.gov>

² *Ibid.*



INTRODUCTION

This strategic plan is the culmination of the ideas, discussion, data and expertise of the Task Force and those who graciously shared their perspectives at special forums, in surveys, or in one-on-one meetings with Task Force members. The plan begins with a “State of Aging in Tennessee” report, a summary of the research reviewed by the Task Force. Then, given the current state of aging in Tennessee and the anticipated future growth in the older adult population, the Task Force offers the three vision statements for consideration. The Task Force strongly believes these visions can be realized in our state if public, private, non-profit, and faith-based entities collectively support the achievement of these aspirational statements.

In order to address the current state of aging in Tennessee and to achieve the vision statements, the Task Force proposes the eight strategies for consideration. Then, in an effort to help build the resources of state and local leaders, the Task Force shares over two dozen specific policies and programs, which could be implemented as part of the strategic plan.





State of Aging in Tennessee

The Task Force began its work by researching the current state of aging in Tennessee, paying particular attention to data related to the three areas of focus: healthy aging, livable communities, and family caregivers. Based on this research, the Task Force established working definitions for each of these areas. These definitions are shared in this section, and were utilized extensively to frame the work of the Task Force.

Promoting Healthy Aging

Tennessee is one of the best places on earth to live and work, and in 2013, Bankrate.com ranked Tennessee as the best state in which to retire.³ But, unfortunately, Tennessee also ranks near the bottom of states on the health and wellness of our fellow citizens. The growth of the aging population is at an unprecedented high in the United States, with the population over age 65 projected to more than double over the next 25 years to more than 70 million.⁴ Yet more years of life does not equate to more years of quality living, with two out of three older Americans having multiple chronic conditions. Tennesseans in particular have high incidences of chronic conditions, with the State ranking well above the national norm when compared to other states in the prevalence of nearly every chronic condition (45th in cancer deaths, 44th in cardiovascular deaths, 46th in diabetes, 49th in heart disease, 49th in heart attacks, 48th in high blood pressure, and 44th in strokes).⁵ Health care for older Americans drives 66 percent of the country's health care budget⁶, but results in even higher personal costs in terms of diminished quality of life and loss of independence and the ability to engage in and contribute to community life. It is important to note that most chronic conditions older Americans experience are preventable or can be delayed by practicing healthy behaviors from an early age.

³ <http://www.bankrate.com/finance/retirement/best-places-retire-how-state-ranks.aspx>

⁴ National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. *The State of Aging & Health in America 2013*.

⁵ United Health Foundation. *America's Health Rankings* Web site. <http://www.americashealthrankings.org/rankings>

⁶ National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. *The State of Aging & Health in America 2013*.



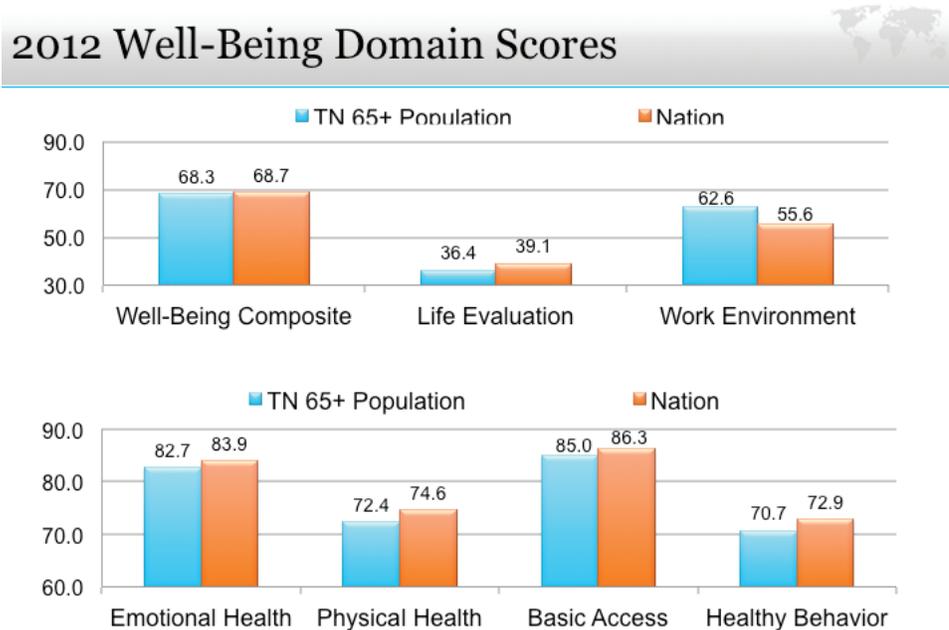
STATE OF AGING

The Task Force drew much information from the Gallup-Healthways Well-Being Index® findings. Gallup-Healthways tracks 55 items that comprise six sub-indexes (domains) to provide a comprehensive metric that covers six key interrelated areas of well-being. These six domains include:

- **Life Evaluation** evaluates life today as well as five years from now.
- **Emotional Health** asks people to think about yesterday – who they were with, what they did, and how they felt.
- **Physical Health** addresses health conditions, health status, daily energy, and health experiences.
- **Healthy Behavior** assesses lifestyle habits and its impact on health, including such things as smoking, healthy diet, and exercise.
- **Work Environment** measures job satisfaction, individual productivity, and financial security.
- **Basic Access** reviews access to and affordability of basic needs such as food, shelter, Health care, personal safety, and a satisfying place to live.

Tennessee’s 65+ population fares poorly in comparison to older adults residing in other states. When examining well-being across these six domains, the results underscore the need for a holistic approach to future action in our state.

The following chart shows Tennessee’s domain scores in comparison to national averages.





The following charts illustrate Tennessee's domain rankings relative to other states.

2012 Emotional Health Domain Rankings

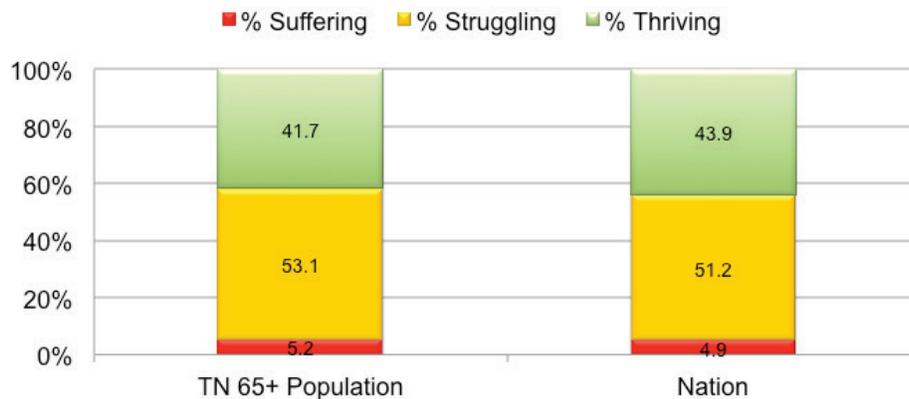
65+ Population

Top 10 States	
1	Hawaii
2	Montana
3	Minnesota
4	New Hampshire
5	Nebraska
6	Arizona
7	Delaware
8	Kansas
9	South Dakota
10	Wisconsin

Bottom 10 States	
41	Texas
42	Rhode Island
43	New York
44	Mississippi
45	Tennessee
46	Louisiana
47	New Jersey
48	Alabama
49	West Virginia
50	Kentucky



2012 Life Evaluation Domain



A strategic plan, drawing on the public, private and nonprofit sectors, to better meet the needs of older Tennesseans and their families, now and into the future.



STATE OF AGING

2012 Physical Health Domain Rankings



65+ Population

Top 10 States	
1	Hawaii
2	Montana
3	Colorado
4	Arizona
5	New Hampshire
6	Connecticut
7	Minnesota
8	Delaware
9	Maine
10	Massachusetts

Bottom 10 States	
41	Alaska
42	South Carolina
43	Oklahoma
44	Arkansas
45	Louisiana
46	Tennessee
47	Mississippi
48	Alabama
49	Kentucky
50	West Virginia



2012 Healthy Behaviors Domain Rankings



65+ Population

Top 10 States	
1	Hawaii
2	Montana
3	Maine
4	Vermont
5	Oregon
6	Colorado
7	California
8	Utah
9	New Hampshire
10	Washington

Bottom 10 States	
41	Wyoming
42	Ohio
43	South Dakota
44	Oklahoma
45	Tennessee
46	Indiana
47	Arkansas
48	Louisiana
49	Kentucky
50	West Virginia





2012 Work Environment Domain Rankings



65+ Population

Top 10 States	
1	Alaska
2	Delaware
3	Wyoming
4	North Dakota
5	Oklahoma
6	Tennessee
7	Montana
8	North Carolina
9	Iowa
10	Colorado

Bottom 10 States	
41	Idaho
42	Wisconsin
43	South Dakota
44	Maine
45	Kentucky
46	New Mexico
47	New York
48	Nevada
49	New Jersey
50	Connecticut



2012 Basic Access Domain Rankings



65+ Population

Top 10 States	
1	South Dakota
2	Minnesota
3	Utah
4	New Hampshire
5	Iowa
6	Massachusetts
7	Wisconsin
8	Idaho
9	Colorado
10	Connecticut

Bottom 10 States	
41	Tennessee
42	Alabama
43	Nevada
44	Texas
45	Kentucky
46	Arkansas
47	Louisiana
48	West Virginia
49	Mississippi
50	Arkansas





STATE OF AGING

After conducting research on healthy aging, the Task Force crafted the following definition to guide its work in this area of focus.

Healthy aging is the result of healthy living. It is a process of planning and initiating actions to prevent, maintain and/or improve the physical, mental, financial, social and spiritual well-being of an individual and the aging population.

More than the absence or management of disease or conditions, healthy aging is about the qualitative experience of life as one ages, including personal health and wellness, safety and security, dignity, purpose, relationships, a sense of community, and the ability to live as independently as possible and to age in place in one's home and community.

Healthy aging is first and foremost a personal choice that can begin at any age with good health habits, but is most easily achieved when communities are safe and promote health and well-being and when services, programs and resources are accessible.

Creating Livable Communities

With the aging of our population and the desire of a large majority of residents to remain in their own homes and communities as they age (approximately 90 percent), we must ensure that our communities are livable for all generations of residents.⁷ If successful, we not only give people what they want, but we also enable them to continue to contribute to their communities throughout their lifespan.

Housing plays several crucial roles for older adults: it serves as shelter, a place of family relations and shared memories, and a location for supports and services if disability occurs. But housing is also an important financial asset, and its costs are a significant portion of most household budgets. The availability of housing that is safe, affordable, and appropriate for people of all ages and incomes is an essential part of a livable community.

The Center for Housing Policy released a report entitled, "Housing an Aging Population: Are We Prepared?"⁸ and the Task Force found their research informative. The cost of housing is the largest expenditure in the typical 65+ household budget, accounting for 35 percent. This is more than twice of transportation or health care. Forty percent of 65+ households have very low

⁷ <http://assets.aarp.org/rgcenter/general/home-community-services-10.pdf>

⁸ <http://www.nhc.org/media/files/AgingReport2012.pdf>





incomes, with \$14,000 being the typical income for this group. Of these households, they spend approximately \$1,000/mo on a mortgage or \$700/mo on rent. As the household grows older, the housing cost burden increases, often requiring more than 50 percent of their budget going to housing. Almost half of the poorest 65+ households spend 50 percent or more on housing.⁹

Although most 65+ individuals live in adequate¹⁰ housing, the conditions of the property may not be appropriate for older adults. Many physical hazards exist in their homes, including the lack of grab bars and railings, poor lighting and tripping hazards.¹¹ Knowing one-third of all older adults fall each year and half of these falls occur in the home, homes must be modified to safely allow for aging-in-place.¹²

Transportation and the lack of mobility is another significant issue facing older adults living in the community. Currently, there are 8.4 million older adults who depend on others for their transportation.¹³ The Administration on Aging anticipates that by 2030 the number of drivers over the age of 85 will be four to five times greater than it is today. Typically for older adults, losing their ability to drive leads to increased social isolation and other quality of life changes.¹⁴ Therefore, ensuring adequate mobility options exist for older adults is essential.

According to a national AARP survey, “Despite the oncoming stream of older boomers, over two-thirds of transportation planners and engineers have not begun to consider the needs of older people in their multimodal street planning, and only one-third of the state and local Complete Streets policies adopted to date have made explicit mention of older road users.”¹⁵ This gives Tennessee broad opportunity to increase the safety and availability of older adults’ travel options and general mobility.

There is much more to being a livable community than just having appropriate housing and adequate transportation. The World Health Organization has identified eight domains, which influence the health and quality of life of older adults living in community.¹⁶ These domains include, in addition to housing and transit, the following: outdoor spaces and buildings, social participation, respect and social inclusion, civic participation and employment, communication and information, and community support and health services.¹⁷

⁹ Ibid.

¹⁰ Inadequate housing is defined as missing siding, broken windows, holes/cracks/crumbling in the foundation, sagging roof, or holes in the floor.

¹¹ <http://www.cdc.gov/HomeandRecreationalSafety/Falls/adultfalls.html>

¹² Ibid.

¹³ <http://www.caregiverslibrary.org/caregivers-resources/grp-transportation/transportation-and-the-elderly-article.aspx>

¹⁴ <http://www.caregiverslibrary.org/caregivers-resources/grp-transportation/transportation-and-the-elderly-article.aspx>

¹⁵ <http://assets.aarp.org/rgcenter/ppi/liv-com/2009-12-streets.pdf>

¹⁶ <http://www.aarp.org/content/dam/aarp/home-and-family/livable-communities/2013-12/3-age-friendly-cities-checklist.pdf>

¹⁷ Ibid.



STATE OF AGING

Based on the totality of the Task Force's research, the Task Force established the following definition to guide its work:

A livable community is one that has affordable, accessible, safe, and appropriate housing; supportive community features and services; adequate mobility and transit options, and supports the adoption and maintenance of attitudes and behaviors known to promote health and well-being, which together facilitate personal independence and the engagement of older Tennesseans in civic and social life.

Supporting Family Caregivers

In Tennessee, there are 1.65 million people providing assistance to adults in need.¹⁸ The impact of family caregiving can be viewed in a multitude of ways, including economic terms. Although the amount of care provided varies greatly, the “typical” caregiver provides an average of 21 hours of service per week.¹⁹ It is estimated that in Tennessee alone, family caregivers provide 1.08 billion hours of care, generating an economic value of \$11 billion.²⁰ This amount is more than 12 times Medicaid HCBS spending in Tennessee for that period.²¹

The impact of family caregiving should not be viewed in economic terms alone.

*“Although we know that many caregivers experience no adverse health effects related to caregiving, 20 percent to 30 percent fare very poorly. These caregivers are often more prone to depression, grief, fatigue, and physical health problems, all of which may have roots in stress, exhaustion, and self-neglect. Increased use of alcohol, smoking, and other drugs are not uncommon, as are poor health behaviors such as inadequate diet, exercise, and sleep. Additional risks are a suppressed immune system leading to frequent infection and an increased risk of heart disease, diabetes, stroke and premature mortality. Caregivers experience chronic conditions at nearly twice the rate of non-caregivers.”*²²

Family caregivers often feel unprepared to provide care, have inadequate knowledge to deliver proper care, and receive little guidance from formal health care providers.²³ They often do not know the government or community resources available or how to best utilize

¹⁸ <http://states.aarp.org/tennessee-lawmakers-applaud-support-family-caregivers-for-11-billion-annual-impact-on-lives/>

¹⁹ http://www.rosalynncarter.org/UserFiles/File/RCI_Position_Paper100310_Final.pdf

²⁰ <http://states.aarp.org/tennessee-lawmakers-applaud-support-family-caregivers-for-11-billion-annual-impact-on-lives/>

²¹ L. Feinberg, S. C. Reinhard, A. Houser, and R. Choula, *Valuing the Invaluable*:

2011 Update, *the Growing Contributions and Costs of Family Caregiving*, AARP Public Policy Institute *Insight on the Issues* 51 (Washington, DC: AARP, June 2011).

²² http://www.rosalynncarter.org/UserFiles/File/RCI_Position_Paper100310_Final.pdf

²³ http://www.ahrq.gov/professionals/clinicians-providers/resources/nursing/resources/nursesfdbk/ReinhardS_FCCA.pdf





them. When one is ill-prepared for the demanding role of family caregiving, there is a greater likelihood that the caregiver is at risk of engaging in harmful behaviors toward their care recipients, particularly those with cognitive impairments.²⁴ The risk of elder abuse, medication errors, and neglect is higher, given the lack of caregiver competence.

For those who hold full-time or part-time positions, there are many documented impacts for their employers as well. Eighty-seven percent of employed caregivers made telephone calls for caregiving responsibilities from work.²⁵ Sixty-four percent say they arrived late or left early and 70 percent took time off because of their caregiving responsibilities.²⁶ Trying to balance work and caregiving becomes too much for most caregivers with 20 percent reducing their hours, 16 percent quitting their jobs and 13 percent retiring early.²⁷ Fifty-six percent of caregiver employees developed health or stress problems that affected their work productivity.²⁸

The estimated cost to employers for full-time employees with intense caregiving responsibilities is \$17.1 billion, with the average cost per employee of \$2,441.²⁹ The total estimated cost to employers for all full-time, employed caregivers is \$33.6 billion, with an average cost per employee of \$2,110.³⁰ Researchers say that *presenteeism*—the problem of workers being on the job but, because of caregiving responsibilities, not fully functioning—can cut individual productivity by one-third or more. In fact, presenteeism appears to be a much costlier problem than its productivity-reducing counterpart, absenteeism. And, unlike absenteeism, presenteeism isn't always apparent.³¹

Based on the finding reported above, the Task Force utilized the following definition:

Family caregivers are relatives, friends and neighbors who provide assistance to those with functional or cognitive impairments, often in conjunction with other work responsibilities.

The current state of aging in Tennessee reveals significant areas for improvement and presents a diverse range of opportunities to better serve older adults in our state.

²⁴ http://www.ahrq.gov/professionals/clinicians-providers/resources/nursing/resources/nursesbdbk/ReinhardS_FCCA.pdf

²⁵ <http://www.ericksonresource.com/the-financial-impact-to-businesses-due-to-the-working-caregiver/>

²⁶ *Ibid.*

²⁷ *Ibid.*

²⁸ *Ibid.*

²⁹ <http://www.caregiving.org/data/Caregiver%20Cost%20Study.pdf>

³⁰ *Ibid.*

³¹ <http://www.seniorsmovingforward.ca/presenteeism.php>



Vision for Tennessee

Given the current state of aging in Tennessee and the anticipated future growth in the older adult population, the Task Force offers the following three vision statements for consideration. The Task Force strongly believes these visions can be realized in our state if public, private, non-profit, and faith-based entities collectively support the achievement of these aspirational statements.

Area of Focus	Vision Statement
<i>Promoting Healthy Aging</i>	<i>The vision of the Task Force is to ensure older Tennesseans have access to programs, services, and opportunities in their local communities that enhance their physical, mental, financial, social and spiritual well-being, in order to promote a more meaningful quality of life.</i>
<i>Creating Livable Communities</i>	<i>The vision of the Task Force is to grow the number of livable communities in our state by providing affordable, appropriate housing, adequate mobility options and supportive features and services to facilitate personal independence and the engagement of older Tennesseans in civic and social life.</i>
<i>Supporting Family Caregivers</i>	<i>The vision of the Task Force is to increase the capacity of caregivers to make informed choices about service decisions through public education and targeted investments that lead to sustainable caregiver respite services, as well increased awareness of the importance of employer collaboration in supporting caregivers.</i>



Strategic Plan

In order to address the current state of aging in Tennessee and to achieve the vision statements articulated above, the Task Force proposes the following strategies for implementation:

Strategy 1: Conduct Review of State Government Policies, Procedures and Programs Impacting Older Adults to Reduce Fragmentation and Maximize Resources

Ask those familiar with aging services in Tennessee about the “octopus” and you will likely hear about fragmentation and the lack of government efficiency. The octopus is the result of a consulting project conducted by the Tennessee Commission for Aging and Disability to determine all the different programs impacting older adults in state government and the departments that manage those initiatives. The octopus reveals 24 different programs, covering services such as home repair assistance, abuse reporting, and transportation. These programs and services are managed by 17 different governmental entities, many by multiple areas. The octopus results in frustration felt by older adults and, arguably, the inefficient use of state resources.

The Task Force recommends a comprehensive review of state government policies, procedures and programs impacting older adults. As part of this review and audit, departments and agencies could be asked to provide the amount of money budgeted to the enforcement or administration of the policy, procedure or program. Once the reviews are complete, the results could be analyzed to determine if policies or procedures are still needed and, if so, if they are aging-friendly in their application. Second, programs could be evaluated to determine if they are needed and housed in the proper area of state government. If possible, reducing the number of departments or agencies involved in the provision of aging services would benefit older adults in the state.



STRATEGIC PLAN

Additionally, the state could consider the use of cross-governmental teams to undertake creative problem solving around the most troubling problems facing aging Tennesseans and their families. These teams could share their data, knowledge, budgets, and experience in an effort to craft options and solutions together. A similar program is in place in Kansas.³² To illustrate, public and private funds are allocated to multiple agencies to assist older adults with their transportation needs. Yet, the totality of their individual efforts is not able to keep up with the demands. The state could consider placing representatives from the Tennessee Department of Transportation, Tennessee Commission on Aging and Disability, and Call Centers on a cross-governmental team to better address the growing demands with their pooled resources. This type of innovative approach has the potential to reduce fragmentation and better utilize resources.

Strategy 2: Invest in a Robust “No Wrong Door” Virtual Portal

In Tennessee, the most resounding request is for a “No Wrong Door” virtual portal. For older adults and their families, streamlined access to both publically and privately funded supports into one source would empower consumers with information and options—something missing for many Tennesseans today. By coordinating and transparently sharing information, older adults will be able to access a range of supports and services in one consistent location. This will enable providers of services to stretch their resources and increase coordination with other departments, agencies, and non-governmental entities.

For the “no wrong door” portal to be successful, state departments and agencies would need to embrace a new business model and invest in their share of the technology needed to fuel the effort. Like Virginia³³, Tennessee could implement a public-private partnership approach to eliminate walls between service populations and to respond to each person’s unique situation. Partners within each community would share their expertise and authorized client-level data, through a secure system. The cost to build and maintain the portal would be shared by both public and private partners.

³² http://kansascollaborative.com/teams_current.html

³³ <http://www.easyaccess.virginia.gov>





Strategy 3: Increase Cabinet Representation on Aging Issues by Positioning, Empowering and Resourcing State Unit on Aging

The Older Americans Act of 1965 required states to designate an agency to coordinate their statewide aging programs. In Tennessee, the state unit on aging is the Tennessee Commission on Aging and Disability (TCAD). TCAD is mandated to provide leadership relative to aging issues, and their mission is to bring together and leverage programs, resources, and organizations to protect and ensure the quality of life and independence of older Tennesseans and adults with disabilities.³⁴ Although TCAD officials have the responsibility to advocate, plan, coordinate, and monitor aging services, TCAD does not have a voice on the Governor's Cabinet.

In its current location within state government, aging initiatives are heavily overshadowed by other priorities, such as education, childcare, Temporary Assistance for Needy Families (TANF) and other massive social programs that must be efficiently and effectively administered. The Department of Human Services' Annual Report demonstrates other programs consume the department's resources, and the work on behalf of the aging cannot reasonably be a priority. Implementation of multiple segments of this plan requires that the Administration look critically at the delivery systems for the services provided to older Tennesseans to ensure the most appropriate and efficient model is in place. As a part of that thought process, the Task Force would recommend consideration of ways to raise the profile of aging issues and TCAD.

The Task Force spent significant time discussing how to increase the visibility of aging-related issues at the cabinet level. Without the ability to engage at the cabinet level, TCAD is limited in its ability to influence the operations of various state departments. The state should consider what can be done to better position and empower TCAD to carry out its charge. A review of other state units on aging may reveal alternatives to the current structure. Also, the resources allocated to TCAD could be benchmarked against comparable states to determine if the commission has sufficient resources to accomplish its charge. If additional funds are not available, TCAD could explore more public/private partnerships to better meet increasing demands.

³⁴ <http://www.state.tn.us/comaging/commission.shtml>



STRATEGIC PLAN

Strategy 4: Establish a Comprehensive Statewide Structure to Guide the State and Local Efforts Made in All Three Areas.

The governor charged the Task Force with focusing on three specific areas: promoting healthy aging; creating livable communities and supporting family caregivers. Although each of these areas has discrete challenges and opportunities, there is significant overlap and, thus a need to establish a comprehensive structure to guide the efforts being made in all three areas.

The Task Force endorses the piloting and possible future broad implementation of a Blue Zones®-like program. The Blue Zones Project®³⁵ initiated by Healthways is self-described as “a community well-being improvement initiative designed to make healthy choices easier through permanent changes to environment, policy and social networks.” It is a comprehensive approach to developing livable communities that support healthy living and, therefore, healthy aging across community members of all ages.

Blue Zones® has been implemented in select cities in a number of states including California, Minnesota and, most recently in Iowa, which endeavors to become the “healthiest state by 2016.” The Task Force believes there is tremendous value in a comprehensive, coordinated approach like Blue Zones®, and thus recommends consideration of the Blue Zones® or similar model, encompassing the following key elements:

- **Community leadership**—Any successful effort to transform communities must be led by the leadership and citizenry of that community. Communities must both “own” the problem and the solution. Communities begin by identifying through self-assessment those areas where living, work and play environments fall short of promoting the physical, emotional and social health of residents. Then, residents help to design the solution by crafting a comprehensive and ongoing plan for improvement in areas where policy, education and other efforts can help transform community environments to support healthy living and healthy aging.

³⁵ <http://www.bluezones.com/>





- **Data driven**—The underpinnings of the Blue Zones Project® include, through partnership with Healthways, the ability to measure the impact of Blue Zones® in a particular community using the Gallup-Healthways Well-Being Index®, encompassing six domains that collectively compromise well-being.
- **Collaboration of public, private, non-profit and faith-based organizations**—In each of the communities where Blue Zones® has been implemented, funding needed to support the intensive education and planning efforts has been achieved through a collaboration of public, private and non-profit organizations. Further, such entities, along with faith-based organizations, have provided leadership in the projects' implementation.

One of the Task Force's concerns regarding Blue Zones® is the timing of scalability. To date, implementation has been community-specific. Even in Iowa, where the initiative is statewide, implementation began with only four communities, expanding to include six others in the first year. The Task Force would prefer an approach that can engage and equip all Tennessee communities from the outset.

Thus, the Task Force recommends an approach based on the key element described, but with capacity for broader implementation. Regardless of type of program chosen, a comprehensive statewide structure is needed in order to ensure broad local support capable of leading to systemic change and a healthier aging population in Tennessee.

Strategy 5: Secure Mayoral Support, Jointly Select Standardized Community Assessment Tool, Conduct Assessment and Analyze Data

The Task Force recommends the state address local government officials on the needs of the aging population. The state could sponsor or partner with mayors to host aging-related summits or workshops in various parts of the state to raise awareness of the needs of older adults and to share best practices. A small group of local government officials could be asked to give input on the selection of a standardized, community livability assessment tool. Once a tool is selected, local staff could be trained on how to properly conduct the standardized livability assessment. Municipal groups such as the Tennessee Municipal League (TML), Tennessee County Services Agency (TCSA), Municipal



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Technical Assistance Service (MTAS), and County Technical Assistance Service (CTAS) are potential partners in this endeavor. The state should encourage every community to complete the assessment process by December 2016. Data from participating communities could be analyzed to determine ways the state can assist the local communities in becoming more livable.

Once communities have completed the assessment process, the state should encourage local leaders to create livable community plans that are specific to their communities' challenges and opportunities. The Task Force suggests that an ongoing communication and collaboration process is established to ensure the cross-pollination of best practice ideas, with research conducted on outcomes and opportunities given to present models across the country.

Strategy 6: Assist and Encourage Communities to Create and Implement Livability Plans

Once the standardized assessment is performed in a community, assistance and encouragement should be given by the state to the local leaders to create and implement a livability plan to meet the needs of their community. In the next section of the report, specific programs and policies are provided to assist in the creation of a “toolbox” for local communities desiring to become more livable. The Task Force recommends that the state seek to have 50 percent of all Tennessee counties with at least one livability plan created and implemented for their area by December 2018.

Strategy 7: Determine Aging-Related Items for 2015 Legislative Agenda

Throughout this strategic plan, a number of items are suggested for the 2015 legislative agenda. The Task Force would recommend legislation be proposed for:

- **Good Samaritan Liability Protection**—To protect faith-based organizations, volunteers and other good Samaritans when they are willing use their vehicles for transporting older adults.
- **Expand Definition of Exploitation**—To include not only government funds but personal funds, too.

³⁵ <http://www.bluezones.com/>





- **Strengthen and Expand a Number of Elder Abuse, Neglect, and Exploitation Laws**—to provide greater protection to one of society’s most vulnerable populations.
- **Adopt Universal Design**—to be required of all state and local funded construction projects.

Strategy 8: Leverage the work of The Governor’s Foundation for Health and Wellness

The Governor’s Foundation for Health and Wellness, a non-profit corporation, is a statewide initiative to improve the lives of Tennesseans by encouraging three specific behaviors: daily exercise, healthy eating habits and smoking cessation. The Foundation has developed a comprehensive plan and has moved it to implementation with the Healthier Tennessee campaign. Although these three behaviors are extremely vital to all Tennesseans, additional considerations specific to the aging population who may already be suffering from chronic conditions and acute illnesses must be taken into account as well.

Although all of the strategies and recommendations could be implemented independent of The Governor’s Foundation, the Task Force thoughtfully considered ways to synergistically work with the Governor’s Foundation. If willing, The Governor’s Foundation could expand its scope to include issues specific to healthy aging for the older adult population. A program director at The Governor’s Foundation could serve as the Blue Zones® -like coordinator for the statewide structure described in Strategy 4.



Programs and Policies for State & Local Implementation

The following programs and policies are ideas generated by Task Force members and individuals who attended Task Force Special Sessions around the state. These ideas are provided to illustrate the types of programs and policies state and local governments could implement as part of a comprehensive effort as described in Strategies 4-6. The additional menu of options in the pages that follow will not achieve the overall strategy discussed in this plan, but do provide suggestions that could beneficially impact the aging community.

Promoting Healthy Aging

Once the state has established a comprehensive statewide structure, as noted in Strategy 4, local communities must be engaged to ensure their aging residents have needed access to programs, services, supports and opportunities to enhance their overall well-being and quality of life. The Task Force has selected several possible approaches to encourage healthy living, which could be implemented at the state or local level. These ideas range from local campaigns at community centers to a statewide information sharing campaign. The following table captures the various programs by category of well being.

Category of Well Being	Ideas for Implementation
<i>Physical</i>	<ul style="list-style-type: none"> • <i>Fitness for Life initiative</i> • <i>Guide to Healthy Aging</i>
<i>Mental</i>	<ul style="list-style-type: none"> • <i>Geriatric Mental Health Training</i>
<i>Financial</i>	<ul style="list-style-type: none"> • <i>Happy Birthday Card</i> • <i>Co-locate Support Services</i> • <i>Statewide Advanced Health Care Directive Registry Initiative</i> • <i>Elimination of Food Deserts</i>
<i>Social</i>	<ul style="list-style-type: none"> • <i>Co-locate Senior Centers in Public Schools</i> • <i>Job Training and “Rewirement” Program</i>
<i>Spiritual</i>	<ul style="list-style-type: none"> • <i>Train Faith-based Community on Resources Available</i>



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Potential collaborators for the ideas listed in the table include:

- Insurance providers
- Health care providers
- Senior/Community Center directors and employees
- Relevant state and local government employees
- The Governor's Foundation on Health and Wellness
- Mental health professionals
- Crisis hotline employees
- Faith-based congregations
- Non-profit organizations committed to providing services to the aging population
- For-profit companies interested in community philanthropy and volunteerism

Fitness for Life Initiative—A sedentary lifestyle, at any age, leads to physical and mental health problems. However, most seniors in our state and across the nation live in suburbs or rural areas that by their construction fail to promote walking as a regular mode of transportation. Compounding this problem for seniors is the fact that most private fitness programs are designed for younger consumers and the training staffs are inexperienced in working with older adults.

Research demonstrates that older adults who participate in regular fitness activities tend to experience fewer chronic conditions, and can improve their health status, energy levels, mental and emotional health, and socialization. According to recent findings from a three-year study published in the peer-reviewed journal, *Population Health Management*, older adults who participate regularly in a program such as SilverSneakers reduced their disability levels during that three-year period, while the comparison group of older adults who were not members of a fitness program had increased disability levels.

Also, researchers from the London School of Economics, Harvard Medical School and Stanford University School of Medicine compared the findings of several studies into the effectiveness of exercise versus drugs in people with coronary heart disease, stroke patients,



people with pre-diabetes and those with heart failure. According to the study, published October 2, 2013, “Exercise may be at least as effective as some drugs in reducing the risk of death in stroke patients or people with heart disease.”

A Fitness for Life initiative would have both short-term and long-term aspects. In the **short-term**, organizers of the initiative would partner with senior centers, churches and YMCAs, as well as other community organizations, to:

- Market and offer free health screenings and vaccinations to older persons;
- Supply free or low-cost health benefits and services to the 50+ population;
- Establish a “senior fitness day” designed to offer seminars, training and other wellness information to older Tennesseans;
- Set and track fitness goals for the target population;
- Declare September as Elder Fitness Month in Tennessee and work with partners to increase awareness of fitness information and options.

The Seattle, Washington-based “Sound Steps” program provides a promising model for potential replication. The “Sound Steps” program encourages adults 50 and above to walk for fun and fitness. Seniors meet at least once a week with volunteers leading the walks, and the campaign was successfully marketed on a mere \$5,000. The MetLife Foundation recommends in *A Blueprint for Action: Developing a Livable Community for All Ages* that governments provide pedometers to encourage walking and allow participants to track their progress.³⁶

The proposed Fitness for Life initiative must fit “hand and glove” with Healthier Tennessee, which is the initiative launched by the Governor’s Health and Wellness Foundation to make all Tennesseans healthier. Healthier Tennessee focuses on exercise for 30 minutes at least five times per week, eating healthier and stopping the use of tobacco products. Healthier Tennessee is largely funded, already active and overlaps in many areas with the Fitness for Life concept. Additionally, Healthier Tennessee is a data-driven initiative that should allow for analysis of seniors relative to the goals of the initiative. By working together, we can collectively leverage communication and marketing resources targeted to the public that also benefit seniors, maximize the use of revenue, business investment and government resources, and assure a strong message that seniors are an integral part of the community and a critical part of prevention and wellness efforts since individuals are never “too old” for improvements in a healthier lifestyle.

³⁶ <http://www.n4a.org/pdf/07-116-N4A-Blueprint4ActionWCovers.pdf>



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Guide to Healthy Aging

As state and local communities intentionally focus on healthy aging, educational resources could be made available to older adults and their families. The Center for Disease Control (CDC) provides health information specifically related to older adults.³⁷ This information, or something similar, could be housed in the No Wrong Door virtual portal. By providing health guides by topic, more older adults will be drawn to the virtual portal, increasing the likelihood of disseminating accurate information to older adults.

The portal should also focus on promoting preventive services for adults 50–64. This was the topic of a recent study conducted by the CDC, the American Medical Association and AARP.³⁸ In this report, the key issues, strategies and resources for promoting the broader use of preventive services focused on linkages to community providers, public policies and supportive environments—all three common themes behind the Task Force’s strategic plan. Common preventive services include breast, cervical and colorectal cancer screenings, cholesterol screenings, influenza and pneumococcal vaccinations, physical activity, smoking, binge drinking, obesity, high blood pressure and depressive symptoms.³⁹ The report provides indicators and baseline data at national and state levels so Tennessee could monitor its progress in facilitating the adoption of preventive services for the aging population.⁴⁰

This idea illustrates the synergy between the Governor’s Foundation for Health and Wellness and this strategic plan.

Geriatric Mental Health Training

Most people anticipate physical health changes during the aging process, but many are not prepared for the mental health changes that can occur in the older adults too. The Center for Disease Control and Prevention offers a Healthy Aging program that is dedicated to monitoring the mental health of older adults.⁴¹ The CDC estimates that 20 percent of people age 55 and older experience some type of mental health concern, with the most common being anxiety, severe cognitive impairment caused by dementia-related diseases, suicide and mood disorders such as depression.⁴²

Health care professionals, faith-based leaders, first responders, senior center directors and others engaged in aging services should be trained on how to recognize and treat mental health issues with the same sense of urgency as physical health. Training should include

³⁷ <http://www.cdc.gov/aging/aginginfo/index.htm>

³⁸ <http://www.cdc.gov/aging/pdf/promoting-preventive-services.pdf>

³⁹ *Ibid.*

⁴⁰ *Ibid.*

⁴¹ http://nccd.cdc.gov/DPH_Aging/Location/LocationSummary.aspx?State=774





information on geriatric mental health topics such as: alcohol and drug problems, behavioral and psychological symptoms of dementia, including Alzheimer’s Disease, late-life anxiety, managing psychotropic medications, suicide prevention and depression.

Happy Birthday Card

The Happy Birthday Card is a **short-term** initiative that meshes with the Fitness for Life Initiative. A primary component of Fitness for Life is communicating wellness strategies, opportunities and products to older citizens. Communication is a critical component of learning how to age in a healthy way. Surveys of seniors consistently demonstrate a lack of knowledge about the services, programs and opportunities available to them.

The Happy Birthday Card would be an outreach strategy with a two-fold purpose: to celebrate the opportunities of healthy aging, and to provide a vehicle to direct people to appropriate resources to support safe, secure and healthy aging. The Task Force recommends this initiative refer individuals to the No Wrong Door virtual portal discussed in Strategy 2. Tennesseans who reach a designated age, e.g. 65, would receive a birthday greeting from the governor with a clear message and link to a portal to support the needs of individuals as they advance in age. This initiative would be similar to the “Welcome Baby” initiative which reaches approximately 80,000 Tennessee families a year through a mailing with helpful information for new parents.

Co-Locate Support Services

In collaboration with other partners, services for older adults could be co-located in a centralized facility that offers a one-stop shop for information and resources. A local area agency on aging could co-locate with a community health clinic, food bank and congregate meal site to ensure older adults receive services in one convenient location. These agencies could use a common information infrastructure to reduce redundancy of paperwork and to streamline the service delivery system. This would minimize the amount of time and money older adults spend trying to secure services.

Statewide Advance Health Care Directive Registry Initiatives

Through a public-private partnership, a statewide advance health care directive registry could be created in Tennessee. The electronic registry would allow Tennesseans to store their important health care related documents so that medical providers, emergency responders and family members will honor their wishes. The registry would protect a person’s legal rights and

⁴² *Ibid.*



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ensure their wishes are honored if that person becomes incapacitated and unable to manage their own care.⁴³ This type of system is already in place in a number of states, with the registry system in Virginia being of particular interest.

Elimination of Food Deserts

In addition to exercising, many older individuals, particularly those with low incomes, lack access to fresh fruits and vegetables and other healthy foods. Many reside in areas commonly known as “food deserts.” According to the Centers for Disease Control, food deserts are areas that lack access to affordable fruits, vegetables, whole grains, low-fat milk and other foods that make up the full range of a healthy diet. The effects of food deserts are devastating: they contribute to obesity and other diet-related illnesses, they force families living in these areas to use valuable time traveling to neighboring areas, often when families lack the resources to improve their situation.

To achieve the healthy aging vision stated by the Task Force, there must be a strategy for addressing food deserts. Some of those, which fall into the categories of both **short-term** and **long-term** initiatives include:

- Working with communities and non-profits to leverage U.S. Department of Agriculture grant funds to provide vouchers to low-income seniors to buy healthy foods;
- Incentivizing farmers’ markets in both urban and rural areas by designating public lands for markets;
- Discouraging vendors who are not equipped to accept Supplemental Nutrition Assistance Program (SNAP) or Electronic Benefit Transfer (EBT) cards;
- Encouraging local governments to waive fees, permits and other impediments to selling fresh fruits and vegetables.

Co-Locate Senior Centers in Public Schools

Over ten years ago, the National Clearinghouse for Educational Facilities issued a report suggesting public schools build their spaces with older adults in mind.⁴⁴ At that time, the idea of shared public school and senior center facilities was not new. However, the idea has

⁴³ <http://www.virgininavigator.org/vn/advance-health-care-directive-registry-for-virginia/article-578.aspx>



waned and not received much support in Tennessee. Imagine a school where older adults in the community eat their meals in the school cafeteria, creating an intergenerational initiative with limitless possibilities. With a transportation mechanism already in place, older adults could be transported to school in a similar manner as the children. Schools and their students could benefit from the additional support of older volunteers, engaged in helping children with reading, assisting with special projects and providing additional staffing on field trips. The older adults would get the benefit of increased socialization and a healthier outlook on life.

Job Training and “Rewirement” Programs

The recent national economic downturn has impacted older adults all across the United States. Currently, there are approximately 1.7 million people 55 and older unemployed and looking for work.⁴⁵ Organizations like the National Council on Aging and Senior Services America have seen an increase in people needing job training programs, particularly those in the 55-64 year old age bracket.⁴⁶ For those who have found jobs after being laid off, their earnings will likely be 14-19 percent lower over the next decade.⁴⁷

Depression, anxiety and feelings of despair can overwhelm those who find themselves without employment and the competencies needed to obtain employment in the new economy. Programs designed to help train and “rewire” older adults for employment during their retirement years are needed in Tennessee. These programs could be offered in collaboration with non-profit, private and faith-based partners. To illustrate, non-profit organizations could serve as training and placement locations for unemployed or underemployed older adults, teaching them new competencies, while building the organization’s capacity to serve.

Training for Faith-Based Community

It has been estimated that older adults represent 35 percent of the membership of most faith communities. Yet, in many faith communities, the clergy and lay leaders do not possess the needed expertise or resources to holistically care for aging parishioners. Older adults trust clergy and lay leaders and their wisdom is often solicited by older adults and their families when facing challenges.

⁴⁴ <http://www.ncef.org/pubs/agewave.pdf>

⁴⁵ <http://www.theguardian.com/society/2014/jan/26/getting-the-elderly-back-to-work-baby-boomers-face-challenges-finding-jobs>

⁴⁶ Ibid.

⁴⁷ <http://crr.bc.edu/working-papers/how-will-older-workers-who-lose-their-jobs-during-the-great-recession-fare-in-the-long-run/>



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Clergy and lay leaders could be trained on the community resources available to older adults and how to access these types of resources. The faith-based community could train members to be health advocates for their fellow congregants, accompanying older adults on medical appointments to ask questions and to increase understanding. Congregations could engage social workers, parish nurses and health care providers to ensure better health outcomes for their members. Congregants could be trained on issues facing older adults, so they can better identify potential abuse, neglect and exploitation of their older members.





Creating Livable Communities

Once community assessments are complete, the following table captures the various programs and identifies potential collaborators to assist communities in becoming more livable for its aging residents.

Category of Livability	Ideas for Implementation
<i>Affordable, Appropriate Housing</i>	<ul style="list-style-type: none"> • <i>Adopt Universal Design</i>
<i>Mobility Options</i>	<ul style="list-style-type: none"> • <i>Enact “Good Samaritan” Protection Legislation</i> • <i>Dual Purpose School Bus Program</i> • <i>Implement a Community-Based, Volunteered-Powered Transportation Model</i>
<i>Supportive Features & Services</i>	<ul style="list-style-type: none"> • <i>Neighborhood Senior Watch Program</i> • <i>Habitat-type Program for Senior Home Modifications</i>
<i>Independence</i>	<ul style="list-style-type: none"> • <i>Certified Aging in Place Specialists</i> • <i>NORC Development</i>
<i>Engagement</i>	<ul style="list-style-type: none"> • <i>Tennessee Volunteers Program for Older Adults</i>

Potential collaborators for the ideas listed in the table include:

- Home builders
- Commercial construction companies
- Trades and skilled craftsman
- State and local government building codes regulators
- Public schools
- Community and senior citizen centers
- Drivers in the community
- Faith-based congregations



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- Older adults living in community
- Non-profit organizations committed to providing services to the aging population
- Local businesses interested in community philanthropy and volunteerism

Adopt Universal Design

The Task Force recommends that Tennessee require broad elements of universal design to be incorporated in all state-funded construction projects. This would include office buildings, classrooms, arenas, stadiums, highways, bicycle paths and any other facility that would anticipate access by the public.

In 1992, Atlanta was the first city in the United States to adopt a visitability ordinance. A visitability ordinance requires all public buildings to have doorways at least 3 feet wide, at least one entrance that can be accessed without stairs and at least one restroom that will accommodate a wheelchair. Since 1992, many cities, including some in Tennessee, have adopted visitability ordinances. However, Universal Design goes far beyond the ability to simply “visit” a location.

Currently, public buildings must comply with the Americans with Disabilities Act (ADA), which is minimum federal standards for providing the disabled with access to public facilities. Universal Design goes further in striving to ensure all citizens experience the range of options available at any given facility or on a sidewalk or trail. By adopting a Universal Design policy at the state level, the state not only sets an example, but compels local governments receiving state funds to utilize Universal Design standards. Community characteristics that promote aging in place have the potential to lead to positive outcomes for the entire population.

Universal Design as it specifically relates to seniors promotes Aging in Place (AIP). The following principles of Universal Design were developed at The Center for Universal Design at North Carolina State University. Note that the principles are not prescriptive rules like most building codes or regulations. All principles do not apply to every product or building. The advantage to the lack of rigidity in these principles is flexibility with design to address specific challenges and, with new construction, the ability to control costs. The rules are:



- **Equitable** — providing equal access and opportunity;
- **Flexible** — accommodating multiple uses and users;
- **Simple and intuitive** — charts and signs that easily communicate;
- **Perceptible information** — bumps at the curb cut provide tactile clues;
- **Tolerance for error** — functions like the “undo” button on your computer;
- **Low physical effort** — features that accommodate small, frail and those with poor balance;
- **Size and space for approach and use** — easy and unencumbered transit.

While recommended as a **short-term** strategy for the State Building Commission, the **long-term** benefits to communities are clear: sidewalks and streets that can be navigated by persons of varying abilities and ages; housing appropriate for the young and old alike; access to public facilities and the ability to enjoy what those facilities offer.

Enact Good Samaritan Protection Legislation

Many older adults, particularly those people living in rural and suburban areas, often have little or no means for getting to doctor visits, grocery shopping and other needs. Tennessee is fortunate to have public transportation in all 95 counties across the state, but it is still not enough to handle the growing volume of transportation needs for the aging. With limited resources, most other areas around the country that have addressed the senior transportation issue have implemented a volunteer transportation model. The Task Force believes faith-based communities could be an important part of this volunteer model. To protect volunteers and other good Samaritans, the state could put in place appropriate legislation that not only encourages faith-based communities in this public service but also provides liability protections for faith-based communities that are willing to use their vehicles for transporting older adults.

Dual Purpose School Bus Programs

Since most school buses go unused during the middle part of the day, school buses—



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particularly those with handicap accessibility—could be used to augment the transportation network for older adults. These buses could take older adults to set stops along an articulated route, such as the grocery store, beauty salon, senior center and fitness classes.

Implement a Community-Based, Volunteer-Powered Transportation Model

Tennessee communities struggle to meet the transportation needs of older adults. The issues across America tend to be the same:

- How to provide the kind of door-through-door service older people want and need;
- How to recruit enough volunteer drivers and how to manage insurance;
- How to arrange rides, especially in rural and suburban communities; and
- How to pay for it all.⁴⁸

Tennessee could consider implementing the ITNAmerica model, or something similar, throughout communities in the state. ITNAmerica works with communities to help develop dignified and sustainable transportation options.⁴⁹ ITN volunteer drivers store transportation credits for their volunteer efforts. These credits may be used to plan for their own future transit needs or they may use these credits to help pay for rides for members of their family or for low income seniors through a scholarship program. ITN transportation credits are honored at any ITN in the country.⁵⁰ ITN's goal is to provide the expertise, tools and state-of-the-art technology that allow organizations to serve more people without additional resources or funds.⁵¹

⁴⁸ <http://itnamerica.org/helping-seniors>

⁴⁹ *Ibid.*

⁵⁰ *Ibid.*

⁵¹ *Ibid.*





Establish Neighborhood Senior Watch Program

Local businesses and faith-based communities, in partnership with local law enforcement agencies, could partner in the adoption of a neighborhood senior watch program. This program would allow for business and faith-based volunteers to call the program's registered older adults to ensure their safety and well being. When the older adult's safety is in question, local law enforcement would make a call to the registered participant's home to ensure the individual's well being. Volunteers could be trained in helping to connect the older adults with necessary resources in community. These volunteers should also be trained in how to detect elder abuse, neglect and exploitation.

Habitat-for-Humanity Type Home Modification Program

Similar to a Habitat for Humanity program, the state or community could establish a program to assist with home modifications for those interested in aging-in-place. Volunteers would be recruited and trained to conduct in-home safety assessments. The results of the in-home assessments would be added to the program's master schedule so the home modifications could be made at the earliest possible time. Trained volunteers could donate their time to help ensure aging residents live in a safe environment by completing simple home modification projects, such as installing grab bars and eliminating tripping hazards. Residents could pay for these services if they are financially able.

Certified Aging-in-Place Specialists

Aging-in-place is a term used to describe a person living in the residence of their choice, for as long as they are able, as they age. This includes being able to have any services or other support they might need over time as their needs change.⁵¹ Often, aging-in-place necessitates changes to the living environment. In some cases, those changes are as simple as removing "throw rugs" and other trip hazards, installing grab bars in bathrooms and building wheelchair ramps. In other cases, the changes are more drastic and costly to ensure the safety and independence of the person(s) living in the home.

The Task Force recommends that the state promote the need for Certified Aging-in-Place Specialists (CAPS) in the construction industry statewide. The National Association of Home Builders certifies contractors and architects as CAPS. A CAPS is qualified to accommodate the needs of people over the age of 50 in assessing their homes for aging-in-place modifications

⁵¹ <http://ageinplace.com/aging-in-place-basics/what-is-aging-in-place/>



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and providing or overseeing the provision of those modifications. In Tennessee, there are only 57 individuals with a CAPS designation. Among those, nearly half are occupational therapists or academics.

The salient point of this strategy is that older persons who are able to age in place have higher rates of satisfaction, dignity and independence, which often means improved health. Aging-in-place is more economical than long-term assisted living and medical care. The elderly, even some who are frail, have much to share and offer to our communities.

Having true experts like CAPS who can advise our aging citizens about their immediate and future Aging-in-Place needs protects the elderly from hazards in their homes and the unscrupulous who would sell them “upgrades” they don’t need.

To increase the number of CAPS, the Task Force recommends incentivizing builders by working with philanthropic organizations to cover the costs of CAPS training and offering contractors an extension on the time to renew their contractor licenses.

Naturally Occurring Retirement Community (NORC) Development

A Naturally Occurring Retirement Community is a demographic term to describe neighborhoods or buildings in which a large segment of the residents are older adults. In general, they are not purpose-built senior housing or retirement communities and were neither designed nor intended to meet the particular health and social services needs and wants of the elderly. Most commonly, they are places where community residents have either aged in place, having lived in their homes over several decades, or are the result of significant migrations of older adults into the same housing constructs or neighborhoods, where they intend to spend the rest of their lives.⁵²

Throughout Tennessee, census data reveals a multitude of NORCs. For example, within the Green Hills section of Nashville, 6,000 individuals over the age of 65 live within a 1.5-mile radius. The Task Force would encourage local leaders to examine their census data and determine if NORCs exist within their communities. If a NORC is present, communities should determine if a NORC Supportive Services Program (SSP) can be developed.

⁵² <http://www.norcs.org/page.aspx?id=119552>



The NORC SSP paradigm is a community-based intervention designed to reduce service fragmentation and create healthy, integrated communities in which seniors living in NORCs are able to age-in-place with greater comfort and security in their own homes.⁵³

In general, NORC Supportive Services Programs are flexible and responsive to client needs and preferences, which are based upon community and client assessments and changes over time. Essential components of the program would include: case management, assistance and social work services; health care management, assistance and prevention programs; education, socialization and recreational activities; and volunteer opportunities for program participants.⁵⁴

In general, NORC Supportive Service Programs unite housing entities, health and social service providers, government agencies, philanthropic organizations, community organizers and planners, older adults, family caregivers and other community stakeholders such as area agencies on aging, home health agencies, home repair companies, local businesses and health care providers.⁵⁵ In general, NORC Support Service Programs engage clients before crises and respond to their changing needs over time.⁵⁶

Tennessee Volunteers Program for Older Adults

Older and retired individuals offer talents, skills and knowledge learned from a lifetime of work and diverse experiences. Having a sense of purpose is vital to the health and well being of every person, especially the elderly. Unfortunately, many communities do not provide a broad array of civic engagement opportunities for our seniors. A **short-term** opportunity for the state is to convene volunteer organizations with statewide presences to develop targeted, state-supported approaches to recruiting and retaining senior volunteers. Over time, these strategies can be replicated in more community-based and faith-based organizations.

⁵³ <http://www.norcs.org>

⁵⁴ *Ibid.*

⁵⁵ *Ibid.*

⁵⁶ *Ibid.*



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Supporting Family Caregivers

The State of Tennessee should select and implement strategies to address the most pressing unmet needs of family caregivers, including a lack of adequate training, additional respite care and greater access to support programs.

Category of Support	Ideas for Implementation
<i>Informed Choices</i>	<ul style="list-style-type: none"> • <i>Investing in Robust Website for the No Wrong Door Virtual Portal</i> • <i>Matching Services for Providers and Older Adults</i>
<i>Family Training</i>	<ul style="list-style-type: none"> • <i>Launching Caregiver University</i> • <i>Provide Medical Professional with Needed Resources</i>
<i>Respite Programs</i>	<ul style="list-style-type: none"> • <i>Comprehensive Respite Programs</i> • <i>Establish Caregiver Crisis Hotline</i>
<i>Employer Education</i>	<ul style="list-style-type: none"> • <i>Host Employer Convening on Impact of Caregiving</i> • <i>Create Resource Kit for Employers</i>

Potential collaborators for the ideas listed in the table include:

- Insurance providers
- Health care providers and practices
- Home health agencies
- Area Agencies on Aging & Disability
- Colleges and universities throughout the state
- Senior/Community Center directors and employees
- Relevant state and local government employees
- Mental health professionals
- Existing crisis hotline program leaders
- Faith-based congregations
- Non-profit organizations committed to providing services to the aging population
- For-profit companies



Invest in Robust “No Wrong Door” Virtual Portal

Further expanding upon Strategy 2, long-term, the Tennessee Commission on Aging and Disability (TCAD) website could be upgraded to be more like the KidCentral site that Tennessee is currently using for information on children.⁵⁷ In the short-term, the State can begin to create a No Wrong Door by cross-training workers in each of the departments and agencies providing aging services to know more about the services provided by one another, how to connect seniors to those services and to follow-up to be certain the senior is being helped by someone in state government.

An alternative approach to a virtual portal would be to mirror Mecklenburg County, North Carolina, which created a Just 1 Call system in the 1990s that is staffed by social workers from 8-5 daily. The service is multi-lingual and workers are trained to seamlessly provide or connect the callers to the appropriate services.

Matching Services for Providers and Older Adults

Helping older adults find trusted providers for the services and supports they need is a challenge. Referrals to specific providers can expose the referring organization to legal liability, and so many older adults are left to find providers on their own. The state could create a comprehensive referral system, based partially on Better Business Bureau information, which would allow providers to earn a “seal of approval” for being a provider of choice. Providers would be required to submit to and pay for criminal background checks, complete required training on ethics, abuse, and exploitation of older adults, and be able to demonstrate competence in dealing with aging population.

Older adults and their families could search an online database of providers of choice to find the best match. Additionally, the state could implement a compatibility-matching tool to ensure a proper fit between older adult and provider.

Launching Caregiver University

The Task Force recommends the creation of a Caregiver University (CU), a free program designed directly for Tennessee’s family caregivers. Working with universities and colleges across the state, CU could feature an online educational program so that caregivers could learn more about caregiving and even discuss concerns with other caregivers. In addition to an online

⁵⁷ <http://kidcentraltn.com>



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option, in-person programs could be a component of the offerings. All of the CU resources could be accessible from the robust “No Wrong Door” virtual portal.

The creation and launch of Caregiver University will educate Tennesseans about the critical role family caregivers play in our state’s long-term health care system, and increase understanding about the risks associated with serving in that role. Messages could be created to help caregivers self-identify and recognize the importance of seeking assistance in order to provide more effective care while protecting their own health and well being. This technology-based campaign and resource center would emphasize how individuals, communities, employers and faith communities can best offer support to family caregivers.

Short-term, Caregiver University will build upon the work already contributed by partners at the Department of Health and Human Services, Centers for Medicare and Medicaid Services, Centers for Disease Control and Prevention, Administration on Aging, the Department of Veterans Affairs, local universities, and others who have already contributed significantly to caregiver education and who could potentially be approached for technical assistance and joint funding in partnership with the state of Tennessee.

Long-term, the Task Force strongly encourages Caregiver University to adopt the Centers for Disease Control and Prevention’s Behavioral Risk Factor Surveillance System’s (BRFSS) caregiver module. If caregiver data are routinely collected, problems of public health importance related to caregiving can be detected at the state level, and knowledge of existing and emerging health concerns would help craft appropriate messages for caregivers regarding the usage of effective supportive services. Additionally, data can be utilized to inform government agencies about the financial benefits of providing effective caregiver supports so that individuals can stay in their homes as long as safely possible.



Provide Health Care Professional with Needed Resources

Health care professionals are on the frontline, providing much needed health care services to older adults. Frequently, during the provision of this care, health care professionals are asked questions about community resources available to older adults and their family caregivers. No one can expect health care professionals to individually maintain resource lists for their patients. The Task Force recommends the creation of a family caregiver toolkit to be distributed by health care professionals when meeting with older adults and their family members. This toolkit, which drives individuals to the “No Wrong Door” virtual portal, allows families to receive timely and accurate information, while being provided by their trusted medical professional.

Comprehensive Respite Programs

One of the Task Force’s most important long-term recommendations for supporting family caregivers is the implementation of a coordinated effort to increase the availability of federal, state and local resources to provide respite care for family caregivers. Respite is “planned or emergency care provided to a child or adult with a special need in order to provide temporary relief to the family caregiver of that child or adult.”⁵⁸ Respite services may be provided in a variety of settings, including primarily the home, but also adult day centers, community-based residential service settings, and other community locations.

The Centers for Disease Control and Prevention report that unpaid caregivers provide an estimated 90 percent of the long-term care needed by Americans today.⁵⁹ In 2009, the value of that care (some 40 billion hours) was estimated at \$450 billion nationwide—more than four times the total national Medicaid LTSS spending in 2009.

Respite services can play a critical role in helping to sustain family caregiving networks, reducing the need for more intensive, paid services, while also protecting the health and wellbeing of individuals needing support. While respite services are available through various programs in Tennessee (including CHOICES for Medicaid-eligible seniors and adults with physical disabilities, HCBS waivers for Medicaid eligible persons with intellectual disabilities, as well as the National Family Caregiver Support Program and the state-funded Options program for seniors), there are approximately 2,450 people on the waiting list for the NFCSP program in Tennessee alone.



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Thus, the Task Force believes that one of the most important long-term strategies for supporting family caregivers is an initiative to coordinate and increase the availability of federal, state and local resources to provide respite care for family caregivers. Such an initiative would bring together resources and funding streams, including the resources of local community-based organizations and faith-based communities to help support, expand and streamline the delivery of planned and emergency respite services, while also providing support for the recruitment and training of respite workers.

Since sizable investments have been made to develop effective caregiver support programs, sustainability of these efforts must be ensured. When pilot programs, such as the Alzheimer's Disease Supportive Services Program and the Lifespan Respite Care Program, show positive outcomes for caregivers and cost effective results, additional funding streams should be identified to ensure their continuance. As a first step, the Task Force recommends that the state examine diverse potential funding sources to provide respite to Tennessee caregivers. For example, Title IIID monies could be considered as a potential funding source, as these funds are intended for promoting good health and preventing disease. Additionally, Tennessee could investigate the possibility of paid family leave as it is accrued through workers' compensation funds and determine if private insurance companies can provide caregiver support services as reimbursable benefits to families.

Establish Caregiver Crisis Hotline

Being a family caregiver is a demanding and stressful job, especially when assisting a loved one who suffers from Alzheimer's disease, dementia, or other cognitive impairments. The Task Force proposes establishing a Caregiver Crisis Hotline to assist Tennesseans 24 hours a day, 365 days a year with emotional support, guidance, resources, and crisis intervention. Volunteers could be recruited and trained from the faith-based community to answer phones in an empathetic and caring manner. Ideally, all those staffing hotlines would be social workers, registered nurses, counselors, or certified geriatric care managers.





Host Employer Convening on Impact of Caregiving

The United States Equal Employment Opportunity Commission (EEOC) issued guidance explaining the circumstances under which discrimination against workers with caregiving responsibilities might constitute employment discrimination.⁶⁰ Since then, the EEOC has issued best practice guidelines related to workers with caregiving responsibilities.⁶¹ One of the best practices is conducting training programs.⁶² Additionally, MetLife has conducted extensive research on the impact of family caregiving on employers.⁶³ This information, and much more, could be shared with employers in a training program hosted around the state. Increasing the awareness of the impact family caregiving responsibilities have on the workplace and sharing employer best practices could lead to significant positive changes in Tennessee's workplaces.

Create Resource Toolkit for Employers

In order to help employers better support family caregivers, state and local communities could create a resource toolkit for employers. This toolkit would include information on community and congregational resources, as well as links to the state's virtual portal. AARP's ReACT program (Respect a Caregiver's Time) offers an Employer Resource Guide, which lists four steps employers can take to support employees with caregiving responsibilities.⁶⁴ This resource could be an essential part of a toolkit for Tennessee's employers.

⁶⁰ <http://www.eeoc.gov/policy/docs/caregiving.html>

⁶¹ <http://www.eeoc.gov/policy/docs/caregiver-best-practices.html#1>

⁶² *Ibid.*

⁶³ <https://www.metlife.com/assets/cao/mmi/publications/studies/2010/mmi-working-caregivers-employers-health-care-costs.pdf>

⁶⁴ <http://www.aarp.org/content/dam/aarp/home-and-family/caregiving/ReAct/employer-resource-guide.pdf>



Additional Opportunities for Needed Improvement

Although beyond the scope of the charge, the Task Force on Aging believes Tennessee should consider important or critical opportunities to ensure justice for older adults by meeting service needs through interdisciplinary coordination, improving Tennessee's response to financial abuse, and ensuring that all professionals who work with older adults receive training to help recognize and respond appropriately to elder abuse.

Elder Abuse⁶⁵

According to the Tennessee Bureau of Investigation, crimes against the elderly rose seven percent from 2009-2011 (The Tennessean, August 1, 2012). As the state's aging population increases, so also will the likelihood of financial crimes and physical abuse against the elderly. Nationally, approximately one out of 23 cases are actually reported, and friends, family members and so-called caretakers often perpetrate those cases of physical, emotional and sexual abuse. The largest percentage of elder maltreatment falls within the realm of financial exploitation in which many seniors lose thousands of dollars along with their dignity. The annual financial loss for victims of elder abuse is around \$2.9 billion, which is a 12 percent increase from 2008, according to a 2011 MetLife Study of Elder Financial Abuse. Weak Tennessee laws coupled with the failure to report these crimes provide little in the way of punishment for perpetrators.

Financial Abuse and Exploitation

Elder financial abuse is believed to be rampant in Tennessee. Adult Protective Services workers, law enforcement officials, and others rank financial abuse and exploitation among their most challenging cases. Elder financial abuse ranges from simple theft, forgery, and the misuse of legal documents to complex schemes or fraud involving reverse mortgages, annuities, identity theft, health care fraud, telemarketing scams affinity crimes, and predatory lending. These

⁶⁵ Many short-term and long-term strategies to combat Tennessee elder abuse are based on recommendations provided in the April 2011 resource created by the California Elder Justice Workgroup (CEJW), "Improving California's Response to Elder Abuse, Neglect, and Exploitation: A Blueprint".



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forms of abuse may have catastrophic consequences, including the loss of homes, life savings and independence. Yet, Tennessee's statutory definition of exploitation includes only the misuse of government funds, and does not include personal funds. The statute should be broadened to include additional forms of financial abuse and exploitation.

In order to improve the state's response to financial abuse, the Task Force suggests that the state enlist the financial services industry as a partner in abuse investigations and prevention of losses. As a short-term strategy, the banking industry could provide training on how to recognize and respond to financial abuse. More long-term strategies include engaging with the financial services industry to help develop techniques for enhanced investigations (i.e. — development of software programs to detect abuse before assets have been depleted), creating a database of forensic experts, or providing education on how to provide expert testimony in legal cases involving financial abuse.

Another **long-term** strategy would be to promote public awareness campaigns that counter misperceptions about financial abuse (and blame victims) and raise awareness about scams and predatory tactics. Recommended approaches to preventing financial abuse include campaigns that: engage victims or targeted elders in crime by urging them to report predatory practices to law enforcement; counter damaging stigmas and stereotypes about victims; and demonstrate specific techniques that scammers and predators use.

More **long-term** policy strategies include developing stronger state and federal protections against financial abuse, including broader definitions of financial abuse and exploitation that include common practices as undue influence, withholding care for financial gain, and defying advanced directives to gain access to seniors assets, as well as adjusting the Tennessee threshold for prosecuting financial abuse as a felony.

Multi-disciplinary Teams

Multi-disciplinary teams (MDTs) can develop service plans that are client tailored, improve access to services and equity of care, and reduce injury and loss. No single service provider or organization has all the right answers for the client in a complex vulnerable adult abuse case. Research shows that MDTs play a key role in communities' responses to elder abuse and are highly valued by those who participate. According to the National Center on Elder Abuse, benefits of MDTs include strengthening community relationships, eliminating or ameliorating turf wars, promoting team work and cooperation, providing assistance





on cases referred for guardianship, helping clients secure improved medical care, and enhancing members' understanding of services.

In addition to improving current MDT operational guidelines, the Task Force suggests that these teams set clear goals for service coordination. A common barrier for MDT effectiveness is a lack of understanding regarding what information can be exchanged (ranging from protecting workers from liability for their content, to concerns that documents exchanged may be obtained through the civil discovery process in litigation). Thus, a **short-term** strategy would be to address these barriers by providing clear guidelines on what information can be shared by multidisciplinary teams. **Long-term**, the state could maximize effectiveness and efficiency of MDTs by developing model memoranda of understanding and protocols for service coordination at the state level and investigating the feasibility of implementing service models that focus on coordination and comprehensive services (i.e. - The “Navigator” Model).

Tennessee Vulnerable Adult Coalition

The Task Force believes there is a significant need for a state clearinghouse for members of the general public, medical professionals, financial institutions, law enforcement, aging network professionals and others to access resources and information on elder abuse particularly pertaining to neglect and financial exploitation.

The Tennessee Vulnerable Adult Coalition (TVAC) is a statewide, multi-partner effort focused on raising awareness to prevent fraud, abuse, neglect, and financial exploitation against vulnerable and older adults. Because TVAC is made up of various public and private entities already coordinating efforts since 2007, the Task Force believes TVAC is in a prime position to develop a centralized state clearinghouse for information on the prevention of and resources for victims of abuse, neglect, and financial exploitation of this vulnerable and older adult population in Tennessee.

TVAC could be considered a training/education committee and be tasked with and provided resources to develop evidence-based, up-to-date core elder abuse content that can be used by multiple user groups through the following ways: convening workgroups to assess needs and oversee the development of curricula, content and competencies; disseminating information about training and education grants and resources; promoting the development of training academies for APS and other key groups; and working with



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law enforcement to create comprehensive police training that can be used across Tennessee. Training resources should be made widely available across the state through a web-based platform.

Long-term, TVAC could urge academic institutions to integrate elder abuse information into existing courses and advocate for the inclusion of elder abuse training in licensure and continuing education requirements for key groups. Community colleges can play a particularly important role in reaching front-line service providers, adapting training for Tennessee's diverse workforce, and forging partnerships with employers and unions (firefighters, emergency medical technicians).

Thus, **short-term**, the state could consider testing a pilot program within the state's community college system. Trusted community leaders, including representatives from the faith-community, should be included in training development in order to make sure that the tools allow for flexibility in meeting the formats and needs of specific groups (i.e. - can be used in both urban and rural areas) and that materials are multidisciplinary and are designed to be delivered by trainers with varying degrees of expertise.





Conclusion

In conclusion, this strategic plan is designed to improve the lives and care of older Tennesseans and their families through a collaboration of public, private, and non-profit leaders. The plan focuses on three priority areas: promoting healthy aging, creating livable communities, and supporting family caregivers.

In order to enhance the current state of aging in Tennessee and to achieve the vision presented herein, the Task Force recommends adopting and implementing the eight articulated strategies. Once these strategies are embraced, local communities are encouraged to choose the programs and policies needed to better support the unprecedented older population in our state.

The Task Force on Aging appreciates the opportunity to present this strategic plan and remains ready to further discuss or clarify any item and to help with implementation of any strategies listed herein, if so desired by the Governor.

