

Aging Services Landscape Scan, 2022

Allegheny County, Pennsylvania



Steven M. Albert, Ph.D.

Xinran Liu, M.S.

**Department of Behavioral and Community Health
Sciences, School of Public Health, University of
Pittsburgh**

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AREA AGENCIES ON AGING

Area Agencies on Aging (AAAs) across the country work to help older adults and people with disabilities live with optimal health, well-being, independence, and dignity in their homes and communities.¹ In 2020, there were more than 600 AAAs serving older adults in virtually every community in the U.S.²

Formally established by the Older Americans Act (OAA) in 1973, AAAs respond to the needs of Americans aged 60 and over in their communities. AAAs adapt to the unique demands of communities by providing innovative programs that support the health and independence of older adults.²

Services Provided by AAAs

AAAs provide a variety of services—an average of 27—that respond to the unique needs, challenges, and demographics of the older adults in the communities they serve.¹ Five core services are required by the OAA: nutrition programs; evidence-based health promotion and disease prevention programs; supportive services for caregivers; and protection of the rights of older adults.



In addition to these core services, AAAs offer a variety of supplemental services tailored to local needs. The table below shows the top ten most common supplemental services offered by AAAs.¹

Supplemental Services
Transportation services
Case management
Benefits/health insurance counseling or enrollment assistance
Homemaker
Personal assistance/personal care
Options counseling
Assessment for care planning
Elder abuse prevention/intervention services
Senior center programming and activities
Long-term care ombudsman services

AAA in Allegheny County, PA

The Allegheny County Department of Human Services (DHS) Area Agency on Aging (AAA) is the county’s public office responsible for providing coordinated, participant-centered services to Allegheny County residents, primarily those aged 60 years and older, to assist them to live safe, healthy, and, when possible, independent lives.³

In 2020, the Allegheny County AAA served 38,253 persons through a network of about 100 community-based service organizations and local municipal governments throughout the county.⁴

AAA SERVICES IN COMPARISON CATCHMENT AREAS

To determine the national landscape of AAA efforts that may be relevant to Allegheny County, PA, we identified agencies with catchment areas similar in demography. We included AAA catchment areas that met the following criteria:

- *Metropolitan or micropolitan areas, as defined by the United States Office of Management and Budget⁵*
- *County population between 0.9 and 2.4 million in the 2020 census⁶*
- *Percentage of older adults aged 65 years and over between 14.0% and 25.4% in the 2020 census⁶*

Table 1 shows the 32 counties that met these criteria. We compared county-level demographics of older adults aged 65 years and older using the 2020 census data⁶ and 2014-2019 American Community Survey.⁷ Demographic data for older adults aged 65+ included population percentage, labor force participation rate, median annual household income, percentage of older adults speaking a foreign language at home, percentage of older adults holding Bachelor's degree or higher, poverty status, and marital status.

We also collected county-level health data for the 32 selected comparator catchment areas using the 2021 Robert Wood Johnson Foundation County Health Ranking.⁸ Health indicators included disability status of older adults 65+ and a series of county population health indicators: life expectancy at birth, food insecurity status, ratio of population to primary care physicians, prevalence of poor or fair

self-rated health, number of poor mental/physical health days reported in the past 30 days, and the prevalence of adult diabetes.

Table 1. Comparator Catchments with Aging Services Providers (N=33, including Allegheny County)

State	County	Metropolitan Statistical Area	AAA Name
Arizona	Pima County	Tucson, AZ	Pima Council on Aging
California	Alameda County	San Francisco-Oakland-Berkeley, CA	Alameda County Social Services Agency
	Contra Costa County		Contra Costa County Area Agency on Aging
	Sacramento County		Agency on Aging\Area 4
Connecticut	Fairfield County	Bridgeport-Stamford-Norwalk, CT	Southwestern Connecticut Agency on Aging
Florida	Broward County	Miami-Fort Lauderdale-Pompano Beach, FL	Area Agency on Aging of Broward County
	Palm Beach County		Area Agency on Aging of Palm Beach/Treasure Coast, Inc.
	Duval County	Jacksonville, FL	ElderSource
	Hillsborough County	Tampa-St. Petersburg-Clearwater, FL	Senior Connection Center, Inc.
	Pinellas County		Area Agency on Aging of Pasco-Pinellas, Inc.
Hawaii	Honolulu County	Urban Honolulu, HI	Elderly Affairs Division (Honolulu)
Illinois	DuPage County	Chicago-Naperville-Elgin, IL-IN-WI	Northeastern Illinois Area Agency on Aging
Maryland	Montgomery County	Washington-Arlington-Alexandria, DC-VA-MD-WV	Montgomery County Area Agency on Aging
Massachusetts	Middlesex County	Boston-Cambridge-Newton, MA-NH	Baypath Elder Services, Inc.
			Central Massachusetts Agency on Aging, Inc.
			AgeSpan, Inc.
			Minuteman Senior Services, Inc.
			Mystic Valley Elder Services, Inc.
			Somerville-Cambridge Elder Services Springwell, Inc.

State	County	Metropolitan Statistical Area	AAA Name
Michigan	Oakland County	Detroit-Warren-Dearborn, MI	Area Agency on Aging 1-B
	Wayne County		Detroit Area Agency on Aging 1-A
			The Senior Alliance Area Agency on Aging 1-C
Minnesota	Hennepin County	Minneapolis-St. Paul-Bloomington, MN-WI	Trellis, Inc.
Missouri	St. Louis County	St. Louis, MO-IL	St Louis Area Agency on Aging
Nevada	Clark County	Las Vegas-Henderson-Paradise, NV	Nevada Aging and Disability Services Division of the Department of Health and Human Services, Las Vegas Regional Office
New Jersey	Bergen County	New York-Newark-Jersey City, NY-NJ-PA	Bergen County Division of Senior Services
New York	Nassau County		Nassau County Department of Human Services, Office for the Aging
	New York County		New York City Department for the Aging
	Queens County		Suffolk County Office for the Aging
	Suffolk County		Westchester County Department of Senior Programs and Services
	Westchester County		Erie County Department of Senior Services
	Erie County		
Ohio	Cuyahoga County	Cleveland-Elyria, OH	Western Reserve Area Agency on Aging
Pennsylvania	Allegheny County	Pittsburgh, PA	Allegheny County Area Agency on Aging
	Philadelphia County	Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	Philadelphia Corporation for Aging
Tennessee	Shelby County	Memphis, TN-MS-AR	Aging Commission of the Mid-South (ACMS)
Virginia	Fairfax County	Washington-Arlington-Alexandria, DC-VA-MD-WV	Fairfax County Department of Family Services, Division of Older Adults
Washington	Pierce County	Seattle-Tacoma-Bellevue, WA	Pierce County Aging & Disability Resources
Wisconsin	Milwaukee County	Milwaukee-Waukesha, WI	Milwaukee County Department on Aging

Details of the demography and health status of the comparator catchments are given in Appendix 1 and 2. Data from the American Community Survey (5-year estimates 2019) show that on average 16.8% of county populations were aged 65+ or older. The counties themselves had an average of 1.3 million residents. Of people aged 65+, the average median income was \$54,373, the proportion of foreign language speakers 20.0%, the proportion with high school education 86.2%, and the proportion married and living with a spouse 47.9%.

AAA Strategic Plans and Annual Reports

For the 32 comparator counties, we were able to identify 27 AAAs with publicly available, current annual reports and strategic plans. These are listed in Table 2.

Table 2. Comparator Catchments with Available AAA Area Plans (N=27, including Allegheny County)

State	County	AAA Name	Area Plan Cycle
Arizona	Pima County	Pima Council on Aging ⁹	2021-2023
California	Alameda County	Alameda County Social Services Agency ¹⁰	2020-2024
	Contra Costa County	Contra Costa County Area Agency on Aging ¹¹	2022-2023
	Sacramento County	Agency on Aging\Area 4 ¹²	2020-2024
Connecticut	Fairfield County	Southwestern Connecticut Agency on Aging ¹³	2021-2024
Florida	Palm Beach County	Area Agency on Aging of Palm Beach/Treasure Coast, Inc. ¹⁴	2021-2022
	Duval County	ElderSource ¹⁵	2020-2022
	Hillsborough County	Senior Connection Center, Inc. ¹⁶	2020-2022
	Pinellas County	Area Agency on Aging of Pasco-Pinellas, Inc. ¹⁷	2020-2022
Hawaii	Honolulu County	Elderly Affairs Division (Honolulu) ¹⁸	2019-2023
Illinois	DuPage County	Northeastern Illinois Area Agency on Aging ¹⁹	2022-2024
Massachusetts	Middlesex County	Baypath Elder Services, Inc. ²⁰	2022-2025
		Central Massachusetts Agency on Aging, Inc. ²¹	2022-2025
		AgeSpan, Inc. ²²	2022-2025
		Minuteman Senior Services, Inc. ²³	2022-2025
		Somerville-Cambridge Elder Services, Inc. ²⁴	2022-2025

		Springwell, Inc. ²⁵	2022-2025
Michigan	Oakland County	Area Agency on Aging 1-B ²⁶	2023-2025
	Wayne County	Detroit Area Agency on Aging 1-A ²⁷	2023-2025
		The Senior Alliance Area Agency on Aging 1-C ²⁸	2020-2022
New York	Nassau County	Nassau County Department of Human Services, Office for the Aging ²⁹	2020-2024
	New York County	New York City Department for the Aging ³⁰	2021-2022
	Queens County		
Ohio	Cuyahoga County	Western Reserve Area Agency on Aging ³¹	2019-2022
Pennsylvania	Allegheny County	Allegheny County Area Agency on Aging³²	2020-2024
	Philadelphia County	Philadelphia Corporation for Aging ³³	2020-2024
Washington	Pierce County	Pierce County Aging & Disability Resources ³⁴	2020-2023
Wisconsin	Milwaukee County	Milwaukee County Department on Aging ³⁵	2022-2024

In a detailed review of the annual reports and strategic plans, we identified a total of 50 different services. These were grouped into 18 larger types and 5 categories of services, as shown in Table 3. The coding includes recent COVID-related services. While the labels and groupings could be refined further, these give the full range of services offered by the AAAs, as identified in their published reports, as well as a useful hierarchy for analyzing differences in services offered across the AAAs.

We have prepared a detailed inventory of mentions of each type of service in the AAA reports (available upon request).

Table 3. Coding Categories for Aging Services

Category	Type	Services	Agencies Providing Service n (%) N=27
Housing Services	Housing Referrals	Housing Linkages	6 (22.2%)
		Housing Advocacy	6 (22.2%)
		Assisted Living	3 (11.1%)
		Nursing Facilities	3 (11.1%)
		Retirement Communities	0 (0%)

		Government Assisted Housing	5 (18.5%)
		Home Sharing Program	3 (11.1%)
	Temporary Housing	Shelter for Elder Abuse Victims & Homeless	9 (33.3%)
	House-related Resources	Home Energy Assistance	4 (14.8%)
		Home Repair, Modification, and Pest Control	16 (59.3%)
		Housing Subsidy, Property Tax Exemption	2 (7.4%)
Center Delivered Services	Center Activity	Senior Center Programs for Socialization & Recreation	19 (70.4%)
		Evidence-based Disease Prevention and Health Promotion Programs	27 (100.0%)
		Education Programs	3 (11.1%)
	Center Daycare	Adult Daycare	22 (81.5%)
	Center Meals	Congregate Meals	25 (92.6%)
Home Delivered Services	Home Care Support	Long Term Care Services, including Personal Care, Homemaker & Chore Services	24 (88.9%)
		Caregiver Support Services, including Training, Subsidy, Respite Care, End-of-life Care	26 (96.3%)
		Grandparent Support	16 (59.3%)
	Home Device Support	Digital Technology Support	13 (48.1%)
		Medical Devices Support, including Assistive Technology, Specialized Medical Equipment and Supplies	13 (48.1%)
	Home Meals	Home-delivered Meals	27 (100.0%)
		Nutrition Programs	9 (33.3%)
	Transportation	Transportation & Escort	25 (92.6%)
		Transportation Programs	2 (7.4%)
	Health Services	Health Promotion	Health Screening
Vaccination Promotion			4 (14.8%)
Sensory Loss Assistance			6 (22.2%)
Telemedicine/Telehealth			8 (29.6%)
Foot Care Services			1 (3.7%)
Mental Health		Dementia Care	17 (63.0%)
		Mental Health Services (Depression, Loneliness, Alcohol, Drug use, Hoarding, Suicide)	20 (74.0%)
COVID-19 Related Services		COVID-19 Vaccination Promotion	7 (25.9%)
		COVID-19 Testing	1 (3.7%)
		COVID-19 Public Health Education	3 (11.1%)
		Providing Personal Protective Equipment (PPE)	2 (7.4%)
Information & Assistance	Information	Senior Information & Assistant, including Medicare/LTC Counseling, Right and Benefits	27 (100.0%)

		Counseling, Nutrition Counseling, Agencies Referral	
		Retirement Planning/LTC Planning/Later Life Planning	7 (25.9%)
		Case Management, including Intake, Screening and Assessment, Patient-centered Planning	21 (77.8%)
	Assistance	Financial assistance	17 (63.0%)
		Legal assistance	26 (96.3%)
		Veterans Supports	6 (22.2%)
	Socialization, Job, and Volunteer Work	Senior Employment and Volunteer Opportunities	15 (55.6%)
		Volunteer Services, Peer Counseling, and Social Contact (Telephone Reassurance, Social Visiting)	25 (92.6%)
		Robotic Pet Support	4 (14.8%)
	Stand by	Emergency Alert Response	14 (51.9%)
		Disaster Preparedness Plans	8 (29.6%)
		Missing Person Program	2 (7.4%)
	Supervision	LTC Ombudsman, Complaints Resolve	21 (77.8%)
		Protective Services for Elder Fraud, Abuse, Neglect, Exploitation, and Victim of Crime Act	26 (96.3%)

Bolded services are required of AAAs in authorizing legislation. **Grey** indicates innovative programs.

For comparison of Allegheny County to the comparator AAAs, we used the 18-type and 5-category codes (see below).

Innovative Aging Services

We were particularly interested in innovative programs offered by AAAs. These were defined as programs offered by <15% of AAAs and include:

- *Home Sharing Program that links older homeowners with young home seekers.* Offered by AAAs in New York and Queens (NY),³⁰ Pima (AZ),⁹ and Sacramento (CA).¹²

- *Education Programs.* Offered by AAAs in Philadelphia (PA),³³ home safety; Pierce (WA),³⁴ medication education; and Milwaukee (WI),³⁵ life-long learning.
- *Nutrition Programs.* Offered by AAAs in Sacramento (CA),¹² diabetic meals; Contra Costa (CA),¹¹ restaurant vouchers; Nassau (NY);²⁹ New York and Queens (NY);³⁰ Milwaukee (MI);³⁵ Wayne (MI).²⁸ The majority involve vouchers and access to local farmer’s markets.
- *Transportation Programs.* Offered by AAAs in Pima (AZ),⁹ neighbor ride; Milwaukee (MI),³⁵ expand access to cultural assets and recreation sites.
- *Telemedicine/Telehealth.* Offered by AAAs in Cuyahoga (OH),³¹ Wayne (MI),²⁸ Middlesex (MA),^{22,23} Dupage (IL),¹⁹ Duval (FL),¹⁵ Pinellas (FL),¹⁷ and Sacramento (FL).¹²
- *Foot Care Services.* Offered by AAA in Pierce (WA).³⁴
- *COVID-19 Related Services (testing, vaccination, education, protective equipment).* Offered by AAAs in Milwaukee (WI),³⁵ Wayne (MI),²⁷ Oakland (MI),²⁶ Middlesex (MA),^{20,22,23} and Pima (AZ).⁹
- *Robotic Pet Support.* Offered by AAAs in Palm Beach (FL),¹⁴ Middlesex (MA),^{22,23} and New York and Queens (NY).³⁰
- *Missing Person Programs.* Offered by AAAs in Palm Beach (FL)¹⁴ and New York and Queens (NY).³⁰

Word Cloud Landscape

The overall landscape of aging services across the comparator AAAs is shown in Figure 1. The font size roughly corresponds to the frequency of services offered. The services are colored according to type using the 5 categories shown in Table 3.

Figure 1. Landscape of Aging Services County Comparator Sample



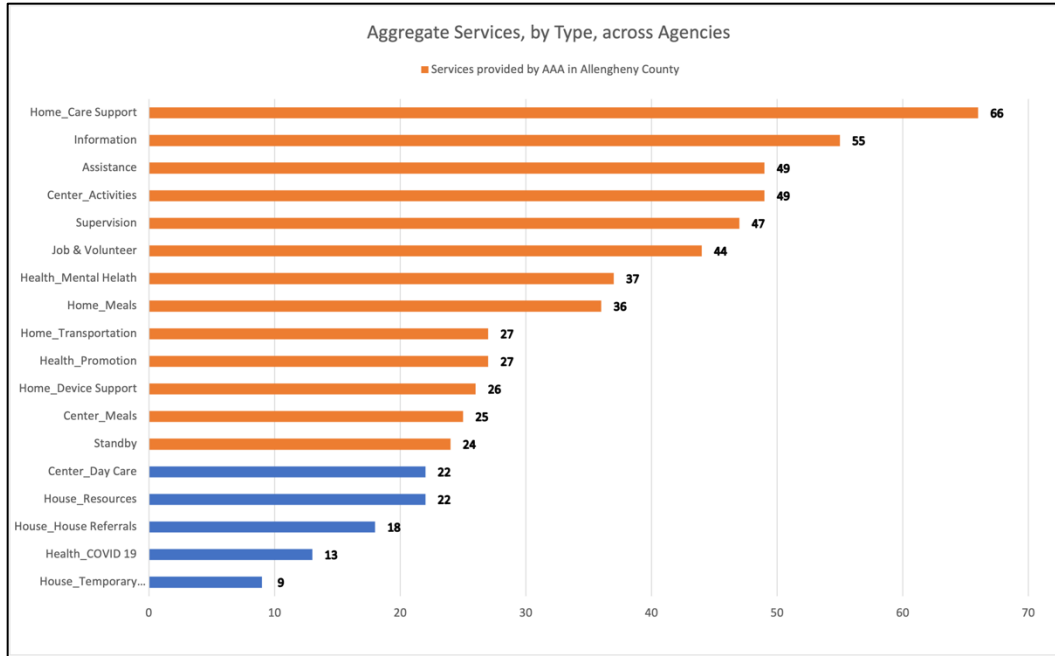
Size of font indicates frequency across agencies providing services. Colors indicate category of services. Based on 27 AAAs, including Allegheny County.

Overall, health and housing services are offered less frequently than information and referral, senior center services, and home-delivered programs.

Variation across Agencies in Number and Type of Services

Figure 2 arrays the total number of services offered by AAAs according to the 18 types of services shown in Table 3. The figure indicates the total number of different services within a category delivered by the 27 AAAs assessed. The orange color indicates service types provided by the Allegheny County AAA.

Figure 2. Total Number of Services Provided by Agencies, by Type



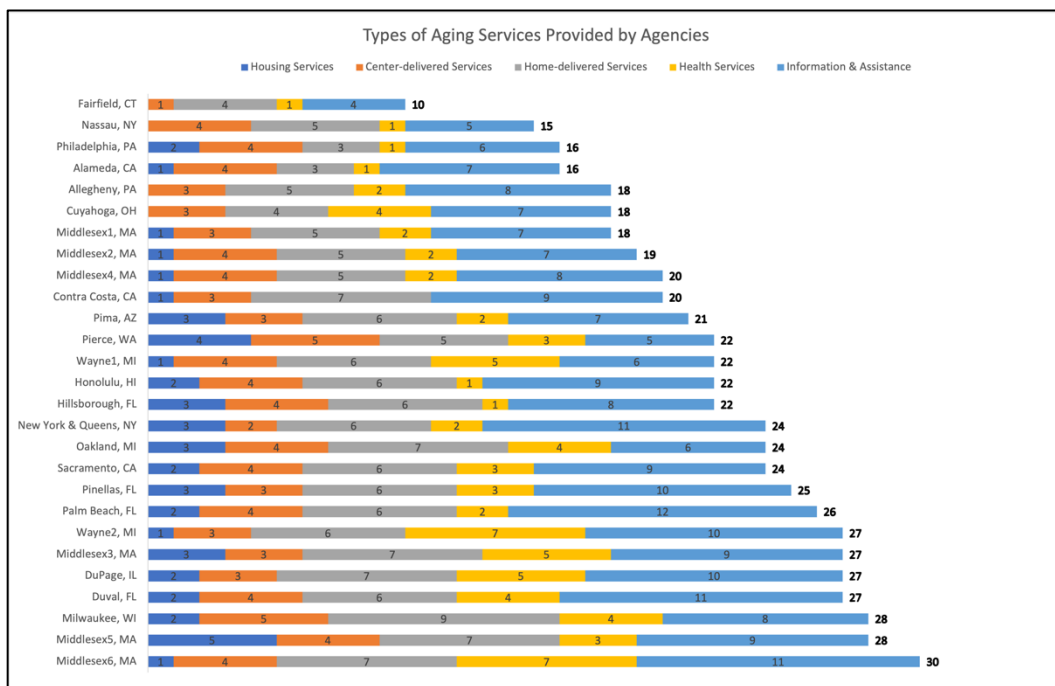
27 AAAs represented.

As Figure 2 illustrates, the most common service offered was home care support, which consists of long term care services (including personal assistance care, homemaker and chore services), caregiver support services (including caregiver training, subsidy, respite care, and end-of-life care), and grandparent support. The 27 AAAs collectively offered 66 programs in this domain. Senior Information (Medicare/LTC counseling, right and benefits counseling, nutrition counseling, agencies referral, later life planning, and case management) followed, with 55 services offered by the 27 AAAs. Third was assistance, which includes financial assistance, legal assistance, and veterans support, with 49 services offered by the 27 AAAs.

Allegheny County offered at least one service in 13 of the 18 types. The five domains in which Allegheny County did not offer services include adult day care, home resources (home energy assistance; home repair, modification, and pest control; housing subsidies and property tax exemption), housing referrals, COVID-related services, and temporary housing.

Figure 3 provides a more detailed breakout of services for each of the 27 AAAs. For ease of interpretation, we used the 5 overarching service categories, also shown in Table 3. Within each color-coded service category, we list the number of different services provided by each AAA. These are summed to show the total number of services offered by the AAAs. The figure shows that the maximum number of services (out of 50 possible) was 30, which was offered by one of the Middlesex County (MA) AAAs.²² The lowest was 10 in Fairfield County, CT.¹³ Allegheny County offered 18 services.³² The figure confirms that senior center-delivered services, home-delivered services, and information and referral make up the majority of services offered. Housing and health services are offered less frequently. The mix of services, that is the proportion of each service type, was roughly comparable across the AAAs.

Figure 3. Total Services Within Types Provided by Allegheny County and Comparators



27 AAAs represented

QUALITATIVE RESULTS: SURVEY

For the qualitative component of this landscape scan, we sent a Qualtrics survey to the 37 AAA directors or deputies for whom we were able to identify valid email addresses. We received six replies. All potential participants received three follow-up requests by email. A number requested additional details about the project.

Open-ended questions are shown in Appendix 3. We have summed up responses in terms of reported strengths, innovative programming, and perceived challenges. Comments are reported verbatim with light editing for length and clarification.

Strengths

- We have a nonvoting advisory board made of community members that helps us add value to the needs of older people that help us make determinations on funding recommendations.
- We have a registered dietician on staff who provides nutritional counseling and nutritional education to educate older adults and adults with disabilities on healthy food selections and eating right.
- We have an advisory group called the Commission on Aging. This is a group of appointed volunteers by the Board of Supervisors who work closely with the Area Agency on Aging in educating and advocating for older adult issues to government and the community.
- Fairfax County is part of the Dementia Friendly America program. Additionally, we partner with our local Alzheimer's Association representative to support local programming.
- The one phone number is accessible via internet and print and answered by a social worker Monday-Friday, 8-4:30, with no

waitlist/lines. This creates an intake process for customers to tell their story one time and receive support.

- A successful program is the Financial Exploitation Prevention Task Force, with members from local law enforcements and other county agencies meeting monthly to address this area of abuse. Additionally, there is a successful Silver Shield campaign launched yearly providing education to the public.

Innovation

- We are the lead sponsor for the 2022 Walk to end Alzheimer's in Worcester County.
- We are a SHINE site. <https://www.mass.gov/service-details/find-a-shine-counselor>
- We have a Central Massachusetts Senior Dental Clinic
- We have grant contracts with our local YMCA for enhanced fitness programs
- We run the Elder Abuse roundtable once a month and the senior fraud helpline.
- Virtual Active Senior Center, a senior center via Zoom providing classes and volunteers, operated by a local non-profit with AAA's supporting financially.
- We contract with Legal Services of Northern Virginia to provide free legal services in multiple languages to low-income adults and adults with disabilities.
- We have robust outreach using social media, Facebook, e-newsletters, print Golden Gazette delivered free to 18,000 homes and 26,000 emails, podcast, channel 16 Mature Living shows, along with a Community Ambassador Program where volunteers are trained to get the message out to the community about programs and services we offer.

- Outside of our Virginia Insurance Counseling Assistance Program (VICAP), we make referrals for access to healthcare should someone need that service.
- We partner with INOVA HealthCare system, Elderlink. They operate hybrid model health and wellness programs for caregivers and falls prevention workshops. Additionally, they offer a Matter of Balance class, Bingocize, and Walk with Ease, evidence based programs.
- We have a successful and robust Volunteer Solutions program. Thousands of volunteers are giving back to the community, which promotes a healthier lifestyle. Volunteers are visiting, transporting to medical appointments or grocery stores, taking on administrative roles, teaching classes in our senior centers, helping with IT/computers, and much more.
- We partner with the National Council on Aging as well as the Jewish Council for the Aging to ensure workforce opportunities are available for older adults. A job fair is held 2x a year; workplace education, resume writing, and other tools are made available.
- We have a DEI&B initiative at our agency-at all levels-focused on governance, personnel, and services to consumers. Part of our action plan includes materials in multiple languages, target outreach to diverse communities, changes made to our website (ability to select a language, making it ADA compliant and accessible to people with vision or hearing limitations), bilingual staff, use of language line for languages our staff do not speak, and annual staff trainings on a variety of topics. Most recently we are in the midst of hosting a 6-part series of live zoom workshops for LGBTQ older adults on issues that matter to them (“Age Your Way”). These will be recorded and available on our website with resources.
- We have been a regular resource to the community often called upon to speak to various groups (e.g., hospital discharge planners, etc.), participate in committees and task forces (e.g.,

- transportation, housing, etc.), and speak with the media (TV, radio, and print) on a variety of topics (e.g., loneliness/isolation, caregiving, etc.).
- In Florida, the State Unit on Aging developed the Dementia Care and Cure Initiative, which involves local task forces co-led by the Area Agency on Aging and the Memory Disorders Clinic. We co-lead such a task force, and our particular task force is also affiliated with Dementia Friendly America. Members include aging service providers, home health care agencies, hospitals, ALFs, law enforcement, agencies serving people with disabilities (e.g., IDD), etc. Members provide training on the topic to a variety of sectors. Our most recent effort is working with a local museum to train their staff so they can host programs specific to older adults living with dementia and their caregivers.
 - We fund the Area Health Education Council (AHEC) to provide evidence-based health and wellness programs throughout our catchment area. Throughout the pandemic we hosted Facebook Live events, in which we interviewed guests on a variety of topics related to health and healthy lifestyles. One program, "Let's Do Lunch," is receiving an Aging Achievement Award from USAging.
 - We were instrumental in the passage of Florida legislation creating Elder Abuse Fatality Review Teams and co-chaired the first such team in Florida. We collaborate with several other AAAs in Florida to hold an event every World Elder Abuse Awareness Day to raise the visibility of the issue and to provide helpful information.
 - We convene a Caregiver Coalition that held education workshops for caregivers pre- and post- pandemic. During the pandemic, these workshops continued virtually. Information is also shared with caregivers through a Coalition Newsletter. In addition to funding service providers, we developed a caregiver program at the AAA, which includes caregiver assessments (T-CARE), connection to resources, caregiver training (Savvy Caregiver and

- Powerful Tools for Caregivers), and a virtual caregiver support group for those who cannot attend an in-person support group.
- We use BoostLingo to ensure that we can communicate with clients in the language of their choice, including ASL.
 - All staff are required to complete 6 hours of cultural diversity and inclusion training so that we are aware of biases that may affect service delivery.
 - We host an annual legislative breakfast to keep the value and needs of older adults present in the minds of elected officials. We use Instagram, Facebook, and a website to feature stories of successful aging.
 - We are embarking on a program called "Aging Answers," with support from the Point32 Health Foundation. We hope to use data indicating low income zip codes and check our service delivery levels in these areas. This will help guide future resources to ensure that we are reaching low-income senior residents.
 - We partner with a university nursing school. Students facilitate falls prevention workshops in the community, which are very well-received.
 - Advocacy in Motion is an advocacy training and support group for older adults.

Challenges

- Caregiving will be a big challenge. Those who are caring now will need care!
- Qualified staffing will remain a challenge as people age out, retire, and change professions due to stress and trauma and lack of pay.
- People waiting until the last minute to seek help. Know them before you need them!

- Nutrition and food insecurity- lack of access to healthy food and due to aging factors: no teeth, declining health people not eating
- Guardianship-not enough guardians are available
- Mental health-not enough mental health services, not enough practitioners serving older adults as a specialty
- Workforce has been a particular challenge. We have been addressing this as a statewide association of AAAs. We have also created in partnership with the local university for a Certificate of Completion in Aging, consisting of 8 self-directed courses on a variety of aging topics. The Certificate is marketed to CNAs, HHAs, nurses, social workers, etc.
- More will have to be done to address the lack of affordable housing and increasing homelessness. More home repairs and home modifications will be needed to help keep people living safely in their homes. There will be a growing need for services to support caregivers. There will need to be changes to the ways older adults receive their meals and what meals they receive. We will see more technology being used, from telehealth to activity and educational programming, as a result of the pandemic.
- The evidence-based programs offered through the Title IIIID waiver support healthy aging and promote lifestyle changes that can improve chronic conditions like diabetes, heart disease, and osteoporosis. We have not been successful in embedding these programs into the health care system to increase funding and awareness of these programs.
- Medicaid waiver programs are very successful in supporting independence and care in the care-setting of the individual's choice. Our AAA participates as a contractor for care management and as transition coordinators in the Money Follow the Person initiative. Unfortunately, silos at the state level do not support stronger integration between Older Americans Act and Medicaid programs.

- More resources to support navigation, helping people understand the services available and how to access them. Also, a diminishing workforce, especially in long-term care as the population over 85 grows and needs in-home supports.
- As an agency, we could include CCM or LISW programs to enhance workforce development. The biggest changes may be the use of extenders if competent staff is not willing to work at the agency, reducing hiring requirements and providing additional training for new graduates, and giving up some programs that are not profitable.
- State and federal entities have to acknowledge the value of the aging services industry.

CONCLUSION

In this landscape scan we identified 32 AAA catchments with demography comparable to Allegheny County. We reviewed annual reports and strategic plans for 27 with online information and coded these for service profiles. This coding required that we develop classifications of diverse services with appropriate hierarchies to categorize agency efforts. We contacted 37 identified AAA directors or deputies with an electronic survey and received 6 responses. The two sources of data provide insight on emerging service needs of older adults and the response of AAAs.

Key findings include a minimum of 10 and maximum of 30 out of 50 potential services delivered by this set of AAAs. Allegheny County delivered 18 of the services. The preponderance of services involves senior center-delivered services, home-delivered services, and senior information. Housing and health services are offered less frequently. However, the mix of services, that is, the proportion of each service type, was roughly comparable across the AAAs. We note that housing and health services are delivered by other government and non-profit providers, and that absence of the service in an AAA portfolio does not mean the service is unavailable to older people.

Innovative services that Allegheny could consider delivering include the following:

- Home sharing programs.
- Education for home safety, medication education, and life-long learning.
- Nutrition efforts involving vouchers and access to local farmer's markets.
- Neighbor rides by local volunteers.

- Telemedicine/Telehealth.
- Foot Care Services.
- COVID-19 Related Services (testing, vaccination, education, protective equipment).
- Robotic Pet Support.
- Missing Person Programs.

Again, we recognize that older adults in Allegheny County can access some of these services through other providers, for example, transportation through ACCESS.

Comments from AAA directors suggest many creative programming efforts. Some key elements include:

- Cultivating task-specific community advisory boards and partnerships with community organizations around priority issues, such as elder abuse, dementia-friendly environments, and diverse aging populations.
- Expanded use of virtual technologies for virtual senior centers, delivery of health promotion programs, education, and communication.
- Greater sensitivity to language barriers among consumers, as well as sensory and cognitive challenges.
- Investment in volunteer opportunities and job placement.
- Use of human services data systems to identify underserved geographies and develop neighborhood-specific outreach.
- Increasing partnerships with clinical training programs (nursing, dentistry, social work, medicine, allied health) for training opportunities and educating providers about opportunities and challenges involved in work with older adults.

The AAA directors also identified key challenges they expect to face in the next few years. These include:

- Lack of affordable housing, greater numbers of people living alone and without local family caregivers, and increasing homelessness.
- Growing need for services to support caregivers.
- Difficulty embedding community health promotion programs within managed care and health care systems.
- Diminishing aging services workforce.

The challenges AAAs face cannot be understated, but the AAAs surveyed here provide a good guide to opportunities and showcase creative efforts to meet the needs of older populations in counties similar to Allegheny County.

APPENDIX

Appendix 1. Demography of Comparative Catchments (N=33, including Allegheny County)

County	Population	Age 65+, %	Labor Force Participation Rate 65+, %	Median Annual Household Income 65+, \$	Foreign Language Spoken at Home 65+, %	Bachelor's Degree or Higher 65+, %	Poverty 65+, %	Married 65+, %
Pima County, Arizona	1,043,433	20.3%	14.9%	\$47,814	19.7%	35.5%	8.8%	60.5%
Alameda County, California	1,682,353	14.3%	19.5%	\$60,628	39.9%	37.4%	9.5%	53.4%
Contra Costa County, California	1,165,927	16.3%	19.7%	\$70,992	27.5%	41.2%	6.4%	59.7%
Sacramento County, California	1,585,055	14.5%	15.2%	\$53,574	25.6%	29.2%	10.0%	53.0%
Fairfield County, Connecticut	957,419	16.3%	24.8%	\$63,989	20.1%	40.1%	7.2%	58.0%
Broward County, Florida	1,944,375	17.1%	20.2%	\$42,057	34.1%	27.7%	13.0%	52.5%
Palm Beach County, Florida	1,492,191	24.4%	17.4%	\$51,639	19.1%	38.2%	9.2%	57.8%
Duval County, Florida	995,567	14.5%	17.8%	\$43,360	11.8%	27.2%	11.0%	51.1%
Hillsborough County, Florida	1,459,762	14.5%	16.7%	\$43,456	23.4%	26.8%	11.1%	53.5%

Pinellas County, Florida	959,107	25.4%	15.6%	\$41,112	11.0%	29.1%	10.0%	53.0%
Honolulu County, Hawaii	1,016,508	18.2%	21.6%	\$74,220	31.8%	30.6%	7.8%	57.1%
DuPage County, Illinois	932,877	16.1%	22.4%	\$61,276	21.8%	38.9%	5.4%	62.6%
Montgomery County, Maryland	1,062,061	16.1%	28.2%	\$87,934	32.1%	56.7%	6.8%	61.1%
Middlesex County, Massachusetts	1,632,002	15.7%	25.1%	\$60,067	18.4%	42.7%	7.4%	57.7%
Oakland County, Michigan	1,274,395	17.3%	19.9%	\$54,946	11.6%	37.2%	6.7%	58.9%
Wayne County, Michigan	1,793,561	15.8%	13.4%	\$39,081	9.8%	19.9%	12.8%	48.8%
Hennepin County, Minnesota	1,281,565	14.5%	22.1%	\$53,470	9.3%	41.4%	7.5%	55.0%
St. Louis County, Missouri	1,004,125	18.5%	19.1%	\$51,707	5.6%	36.3%	6.5%	56.5%
Clark County, Nevada	2,265,461	15.1%	17.2%	\$47,144	24.0%	25.7%	9.2%	55.8%
Bergen County, New Jersey	955,732	17.7%	24.8%	\$63,092	32.3%	36.6%	7.7%	60.2%
Nassau County, New York	1,395,774	18.2%	23.4%	\$74,105	23.1%	35.6%	5.2%	60.9%
New York County, New York	1,694,251	17.0%	24.2%	\$44,649	40.0%	46.3%	17.9%	45.0%

Queens County, New York	2,405,464	16.3%	16.2%	\$44,019	52.6%	22.7%	13.8%	53.4%
Suffolk County, New York	1,525,920	17.3%	20.6%	\$64,525	15.6%	30.3%	5.8%	59.3%
Westchester County, New York	1,004,457	17.4%	23.8%	\$64,589	25.8%	41.0%	8.2%	57.0%
Erie County, New York	954,236	18.4%	16.2%	\$42,281	7.6%	25.7%	8.7%	53.9%
Cuyahoga County, Ohio	1,264,817	18.6%	18.0%	\$38,607	11.1%	25.9%	10.9%	50.0%
Allegheny County, Pennsylvania	1,250,578	19.3%	18.8%	\$40,776	5.3%	28.0%	8.4%	53.2%
Philadelphia County, Pennsylvania	1,603,797	14.0%	16.0%	\$32,389	18.9%	20.6%	17.6%	40.5%
Shelby County, Tennessee	929,744	14.0%	21.4%	\$44,436	3.7%	28.5%	10.9%	50.6%
Fairfax County, Virginia	1,150,309	14.0%	26.9%	\$99,933	31.3%	56.6%	5.4%	63.0%
Pierce County, Washington	921,130	14.2%	16.4%	\$54,011	11.7%	28.4%	6.9%	56.4%
Milwaukee County, Wisconsin	939,489	14.0%	15.8%	\$38,442	10.1%	25.4%	11.2%	45.9%

Data Source: U.S. Census 2020,⁶ American Community Survey 5-year estimates 2019⁷

Appendix 2. Health Indicators for Comparative Catchments (N=33, including Allegheny County)

County	Disability 65+, %	Life Expectancy at Birth	Food Insecurity, %	Ratio: Population to Primary Care Physicians	Adult Poor or Fair Health, %	Adult poor Mental Health Days in Past 30 Days	Adult poor Physical Health Days in Past 30 Days	Adult Diabetes, %
Pima County, Arizona	35.1%	79.5	13.6%	1167:1	18.4%	4.5	4.3	8.7%
Alameda County, California	32.2%	83.1	9.1%	908:1	15.0%	4.0	3.8	7.0%
Contra Costa County, California	31.7%	82.5	8.5%	967:1	14.9%	4.1	3.8	8.5%
Sacramento County, California	37.2%	79.6	11.9%	1152:1	18.3%	4.5	4.2	9.4%
Fairfield County, Connecticut	28.5%	78.7	11.4%	1255:1	16.7%	4.5	4.0	11.3%
Broward County, Florida	32.7%	83.0	9.9%	1074:1	11.9%	3.6	3.2	7.3%
Palm Beach County, Florida	30.5%	82.6	11.6%	1262:1	19.3%	4.3	4.2	11.1%
Duval County, Florida	37.0%	76.1	14.1%	1175:1	20.3%	4.8	4.4	13.0%
Hillsborough County, Florida	34.6%	79.6	12.3%	1206:1	19.5%	4.5	4.0	10.6%
Pinellas County, Florida	33.3%	79.2	12.9%	1139:1	17.8%	4.5	3.8	10.0%

Honolulu County, Hawaii	32.8%	82.5	10.4%	1078:1	17.0%	3.6	3.6	11.3%
DuPage County, Illinois	26.6%	77.0	15.9%	887:1	19.0%	5.0	4.2	11.1%
Montgomery County, Maryland	26.5%	84.6	8.0%	723:1	12.3%	3.4	2.9	8.2%
Middlesex County, Massachusetts	29.7%	82.4	6.6%	793:1	11.1%	4.0	3.3	7.0%
Oakland County, Michigan	31.6%	79.0	12.8%	1757:1	21.6%	4.2	4.4	10.9%
Wayne County, Michigan	38.0%	80.4	10.1%	708:1	13.5%	4.1	3.7	9.1%
Hennepin County, Minnesota	29.5%	81.3	8.1%	843:1	11.4%	3.6	3.1	6.7%
St. Louis County, Missouri	31.0%	78.0	10.9%	813:1	15.6%	4.3	3.4	10.5%
Clark County, Nevada	34.8%	81.5	11.6%	1376:1	20.0%	4.3	3.9	9.1%
Bergen County, New Jersey	26.6%	83.1	5.3%	700:1	12.6%	3.7	3.1	8.5%
Nassau County, New York	26.7%	83.6	7.8%	719:1	13.7%	3.7	3.3	7.9%
New York County, New York	32.3%	80.9	6.3%	1379:1	14.2%	4.0	3.5	9.2%
Queens County, New York	32.1%	85.3	12.2%	731:1	15.6%	4.1	3.6	6.8%

Suffolk County, New York	27.8%	84.1	9.9%	1529:1	18.6%	3.6	3.7	11.2%
Westchester County, New York	28.8%	83.2	6.5%	847:1	13.9%	4.0	3.3	8.7%
Erie County, New York	32.3%	82.5	5.9%	744:1	12.0%	3.7	3.1	7.3%
Cuyahoga County, Ohio	34.7%	75.5	17.3%	1381:1	24.1%	5.3	5.0	12.2%
Allegheny County, Pennsylvania	33.2%	78.1	10.6%	891:1	16.1%	4.6	3.8	9.1%
Philadelphia County, Pennsylvania	43.2%	76.4	16.3%	1388:1	23.6%	5.6	4.8	11.3%
Shelby County, Tennessee	36.1%	75.5	15.0%	1161:1	23.2%	5.1	4.7	11.5%
Fairfax County, Virginia	25.7%	85.6	5.4%	930:1	12.4%	3.3	2.8	6.5%
Pierce County, Washington	36.1%	79.0	11.8%	1363:1	17.0%	4.2	4.3	10.4%
Milwaukee County, Wisconsin	36.0%	76.9	12.6%	1364:1	19.7%	4.7	4.9	10.1%

Data Source: American Community Survey 5-year estimates 2019,⁷ Robert Wood Johnson County Health Ranking 2021⁸

Aging Landscape, Open-Ended Questions

Thank you for participating in the Aging Landscape Scan project. The Allegheny County, Pennsylvania Department of Human Services wants to assess how prepared our county is to address the challenges of an aging population over the next 5-10 years. We have identified your county as comparable to Allegheny County based on its population size, proportion over age 65, and metropolitan status. We want to learn from your experience of delivering aging services in a mid-sized county.

This survey will ask you about your county's plan for aging, obstacles in delivering services, program changes you would like to make, the needs of specific vulnerable populations, and related issues. We will use what we learn from you to develop a profile of mid-size counties and their strategies for delivering services to older adults. We will share the report of our findings with all participants once completed.

This survey will take about 40 minutes. We will compensate you \$50 for your participation with a gift card. If you would like to participate in a follow-up interview, please leave your phone number at the end of the survey.

Q1 1-1 What strategies do you have in place to provide culturally appropriate information to promote a broader understanding of issues

that arise as people age? Can you give an example of a successful program?

Q1 1-2 What strategies do you have in place to educate the public and private sectors about the value and needs of older people? Can you give an example of a successful program?

Q1 1-3 What strategies do you have in place to promote understanding of options, benefits, and available services for older adults? Can you give an example of a successful program?

Q1 1-4 What strategies do you have in place to maximize public awareness and understanding of Alzheimer's and other dementia-related diseases? Can you give an example of a successful program?

Q2 2-1 What strategies do you have in place to increase access to healthcare for seniors of all socioeconomic levels? Can you give an example of a successful program?

Q2 2-2 What strategies do you have in place to increase access to social services for seniors of all socioeconomic levels? Can you give an example of a successful program?

Q3 3-1 What strategies do you have in place to promote healthier lifestyles to reduce preventable chronic diseases? Can you give an example of a successful program?

Q3 3-2 What strategies do you have in place to promote programs to help prevent falls, especially among older adults? Can you give an example of a successful program?

Q3 3-3 What strategies do you have in place to strengthen efforts to prevent elder abuse? Can you give an example of a successful program?

Q3 3-4 What strategies do you have in place to strengthen efforts to respond to reports of elder abuse? Can you give an example of a successful program?

Q3 3-5 What strategies do you have in place to support aging services and programs that promote independence and self-determination for older people? Can you give an example of a successful program?

Q3 3-6 What strategies do you have in place to provide support for families in their efforts to care for their loved ones at home? Can you give an example of a successful program?

Q3 3-7 What strategies do you have in place to support older adults' efforts to remain engaged in the workforce? Can you give an example of a successful program?

Q3 3-8 What strategies do you have in place to support older adults' efforts to remain engaged in the civic engagement activities? Can you give an example of a successful program?

Q3 3-9 What strategies do you have in place to improve community safety for older adults? Can you give an example of a successful program?

Q3 3-10 What strategies do you have in place to assist older

Q4 4-1 What strategies do you have in place to ensure program quality (monitoring, assessment, training)? Can you provide an example?

Q4 4-2 What strategies do you have in place to promote a stable and competent workforce sufficient to meet the growing care needs of older adults? Can you provide an example?

Q5 Thinking about the next 5 years, what do you think will be the biggest change in aging services?

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