

Oklahoma's Multisector Plan on Aging

# The Current State of Aging in Oklahoma

Full Report

October 2023



**OKLAHOMA**

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# What is a Multisector Plan on Aging?

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## Section Highlights

- **As the percent of adults over 60 grows nationally, Multisector Plans on Aging enable states to realize opportunities and address challenges associated with an aging population.**
- **Oklahoma can build on previous work to develop and implement a plan that uniquely benefits Oklahomans.**

The demographic landscape in Oklahoma is changing. Medical advances result in people living longer, healthier lives. This combined with declining U.S. birthrates will result in older adults<sup>1</sup> making up a greater percentage of the population. *The Census Bureau projects that by 2034, across the nation, the population of people aged 65 and older will outnumber people under 18 years old **for the first time** ever* (2019). While the changing demographics will allow more opportunities for older adults to meaningfully contribute to our communities, it also requires a proactive approach to address the unique challenges that come with an aging society. As Oklahoma seeks to become a Top 10 state across many measures (Weger, 2023), a Multisector Plan on Aging (“the Plan”) will serve as a roadmap for the state to become a national leader in the health and wellbeing of its seniors.

Multisector Plans on Aging, sometimes called “Master Plans on Aging<sup>†</sup>,” provide states a foundation and structure to think about aging in a new way. According to the SCAN Foundation, a non-profit that has been instrumental in the Multisector Plan on Aging movement, “A Master Plan on Aging establishes a 10-year blueprint that guides the restructuring of state and local policy and programs while connecting the public, private, and independent sectors in modernizing, and where necessary, creating systems-based solutions that touch all major areas of the aging life experience (e.g., health, human services, housing, transportation, consumer affairs, employment, income security)” (SCAN Foundation, 2023).

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<sup>1</sup> **Appendix F** includes definitions for words and phrases marked with the ‘†’ to provide context for industry-specific terms, terms of art, or to address the cultural sensitivity of certain words and phrases used for statutory or reference reasons.

## What is a Multisector Plan on Aging?



Figure 1. What is a Multisector Plan on Aging?

Work on Multisector Plans on Aging have spread across the United States since the initiation of California’s Master Plan on Aging in 2019. As of 2023, 24 states have, in some way, initiated work toward developing a Multisector Plan on Aging (SCAN Foundation, 2023). The map below shows which states are engaged in each stage of the Multisector Plan on Aging journey.

## States Engaged in Multisector Plans on Aging

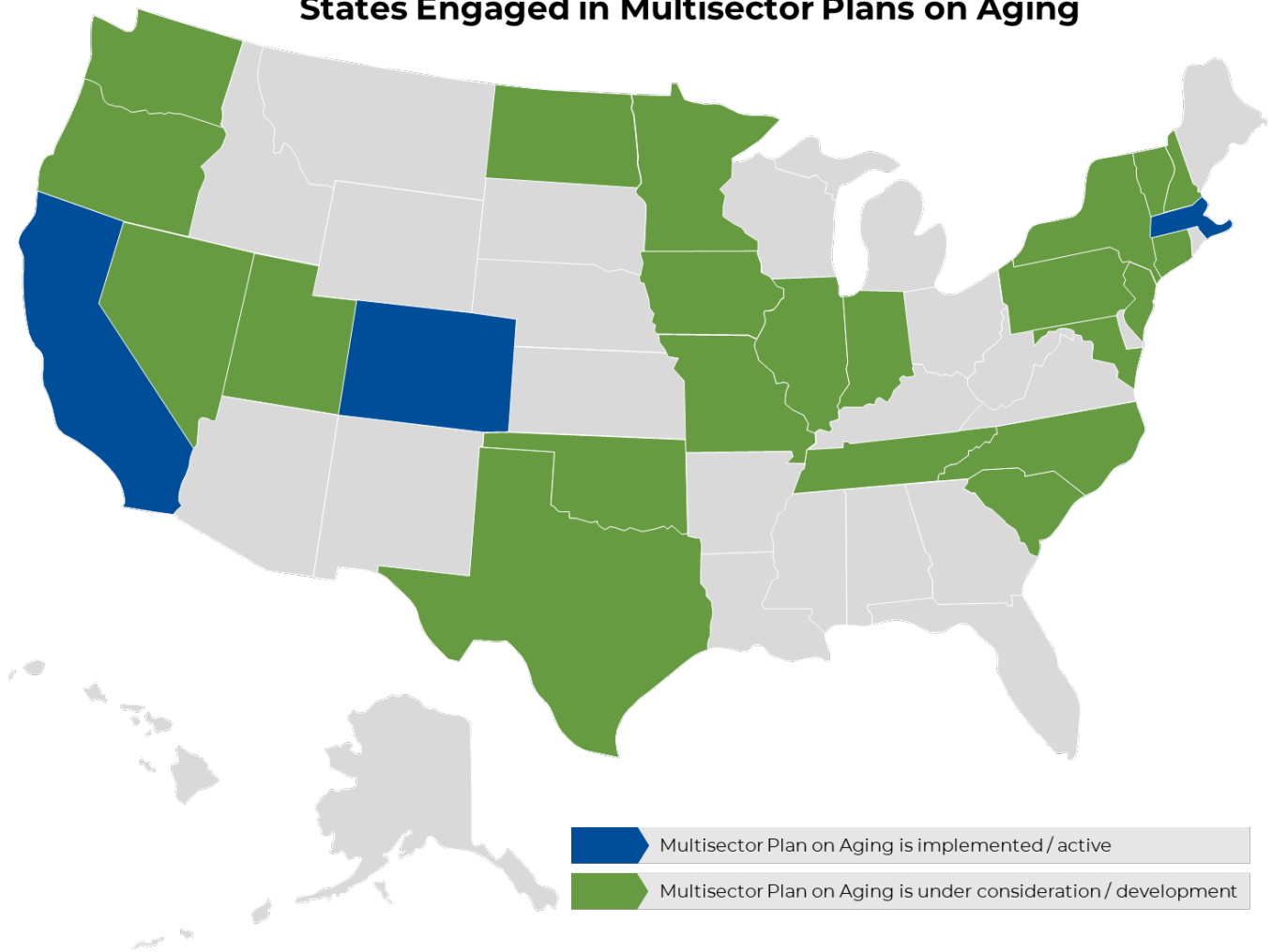


Figure 2. States Engaged in Multisector Plans on Aging

Each state customizes the Multisector Plan on Aging’s focus areas to align with their unique needs and priorities. The following matrix shows the focus areas of states who have developed and published their Multisector Plan on Aging. See **Table 1. Focus Areas of Implemented/Active Multisector Plans on Aging.**

Focus Areas	California	Colorado	Massachusetts
Housing	✓	✓	
Long-Term Services and Supports	✓	✓	
Equity and Inclusion	✓		
Family Caregiving	✓		
Workforce Development	✓		
Community Engagement	✓	✓	
Economic Security	✓	✓	✓
Age-Friendly Communities		✓	
Access to Virtual Health Care		✓	
Transportation		✓	
Health and Wellness	✓	✓	
Age- and Dementia-Friendly Efforts			✓
Connection and Engagement			✓
Accessible and Affordable Health Care and Supportive Services			✓

Table 1. Focus Areas of Implemented/Active Multisector Plans on Aging (Source: SCAN Foundation, 2021)

The Oklahoma Multisector Plan on Aging will leverage prior work in the state. For example, in November 2019, the **Oklahoma Long-Term Care Services and Support (LTSS) Advisory Committee** published *A Plan for Aging in Oklahoma: The Possibilities for the Future* (Oklahoma Human Services, 2019). The 2019 report addressed various key issues that challenged the state’s aging population. The report included 39 recommendations and considerations for developing a long-range plan for long-term services and supports †, assessing the financial impacts of the services, and creating a long-range plan for stable, sustainable funding to support long-term services in Oklahoma. Additionally, every four years, Oklahoma Human Services Community Living, Aging and Protective Services develops the **State Plan on Aging** as required by the federal Older Americans Act. The *State Plan on Aging* maps out goals and objectives related to supports for older residents, their families, and caregivers. Together these sources lay a sturdy foundation for a strategic plan that looks holistically across society for innovative solutions to respond to the challenges of aging. The Multisector Plan on Aging also empowers older adults to live life on their own terms as valued members of our society.



This report provides information and background on the current state of aging in Oklahoma. Perspectives provided are the result of months of research, data analysis, and stakeholder outreach. The information gathered will inform the Multisector Plan on Aging Advisory and Executive Steering Committees as they prioritize the needs and opportunities that the Plan will address. This collection of known information provides support for developing a Plan that addresses the challenges and opportunities discussed here with solutions that exceed the capacity of any individual agency or organization alone. See **Appendix A. Project Leadership Structure.**

# Aging Oklahoma

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## Section Highlights

- The percentage of adults over 65 as part of the population has grown by 43% since 2000.
- The percentage of older adults in Oklahoma who report having disabilities is 17% higher than the national average.
- Two and one-half percent more Oklahomans die before the age of 75 than the national average.
- The changing state demographics will impact society in a variety of ways, including increased caregiving responsibilities, workforce shortages, increased government expenditures, and decreased government revenues.

Oklahoma's population of adults aged 65 and above comprise 16.4% of our total population (U.S. Census Bureau, 2022d). This is about in line with the national statistic: this age group represents 16.8% of the United States' residents. Both nationally and in Oklahoma, the proportion of our populations are increasingly growing older, with the aging population at the national level increasing from 12.4% in 2000 to 16.8% in 2020 (U.S. Census Bureau, 2023).<sup>2</sup> As we live longer, healthier lives, it is important to identify and develop creative solutions to ensure we can all thrive as we age while addressing the broader societal implications of an aging population. This section examines demographic trends, health considerations and economic implications relevant to developing those solutions.

## Demographic Landscape

**Rural Oklahoma.** Oklahoma is primarily a rural state with 59 of 77 counties designated Rural Health Areas by the Federal Office of Rural Health Policy (Health Resources and Services Administration, 2021), with an additional six counties eligible for grant funding as an outlying county that does not have any urbanized population. The figure below shows Oklahoma's population by county based on the American Community Survey 2016-2020 (Administration of Community Living, 2023). See **Figure 3. Oklahoma Population Distribution by County.**

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<sup>2</sup> When available data permits, the Multisector Plan on Aging will align with the Older Americans Act (OAA), which supports a wide range of social services and programs for older individuals defined as aged 60 years or older. Some datasets capture populations aged 65 and above.

## Oklahoma Population Distribution by County

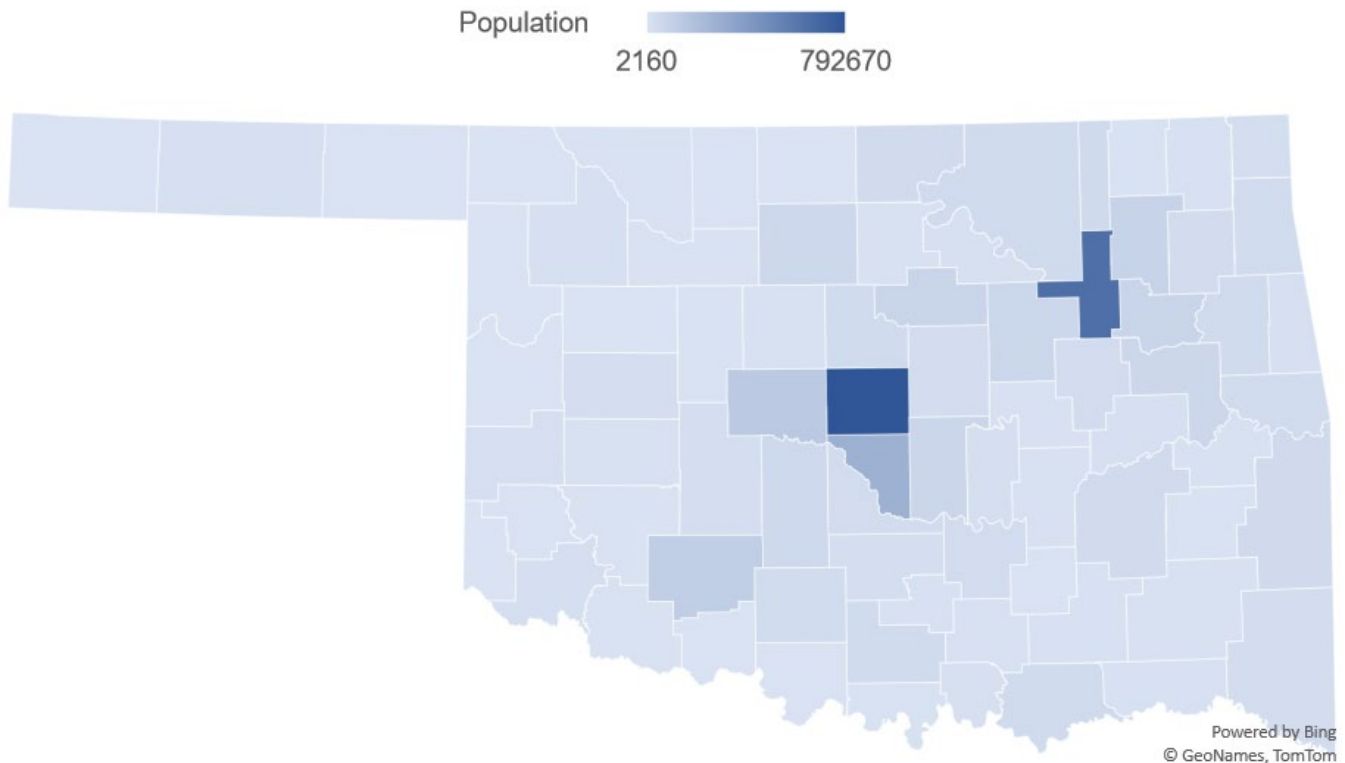


Figure 3. Oklahoma Population Distribution by County (Data Source: Administration of Community Living, 2023)

As discussed below in the Stakeholder Perspectives section on page 39, Oklahomans observe significant differences in how seniors experience life in rural parts of the state versus urban parts. Analysis of health equity data discussed in the Understanding the Health and Wellbeing section beginning on page 14 confirms this analysis. Given the wide distribution of the state’s older population across rural counties, the Plan must provide solutions that take the unique needs of the rural population into account while also meeting the needs of the urban population.

**Aging Oklahoma.** According to the 2020 United States Census, 22% of Oklahoma’s 3,986,539 residents are over the age of 60, with 6% nearing the age of 60. In comparing the percent of adults aged 65 and above with the nation and other states, Oklahoma, for whom this age group represents 16.4% of the state’s total population, falls just under the same statistic at the national level (16.8%). In comparison to some of its neighbors – Arkansas, Kansas, Missouri, and Texas – this proportion falls right in line. In Texas, which is home to some of the country’s youngest residents, people aged 65 and above comprise just 13.4% of the state’s total population (U.S. Census Bureau, 2022e). Oklahoma falls under Kansas (17.2%), Arkansas (17.8%) and Missouri (18%) (U.S. Census Bureau, 2022b, 2022a, 2022c). These comparisons show that while Oklahoma’s population of older adults is not small, its size falls in line with its neighbors, and is not outpacing the national average. See **Figure 4. Oklahoma Age Distribution by Percentage.**

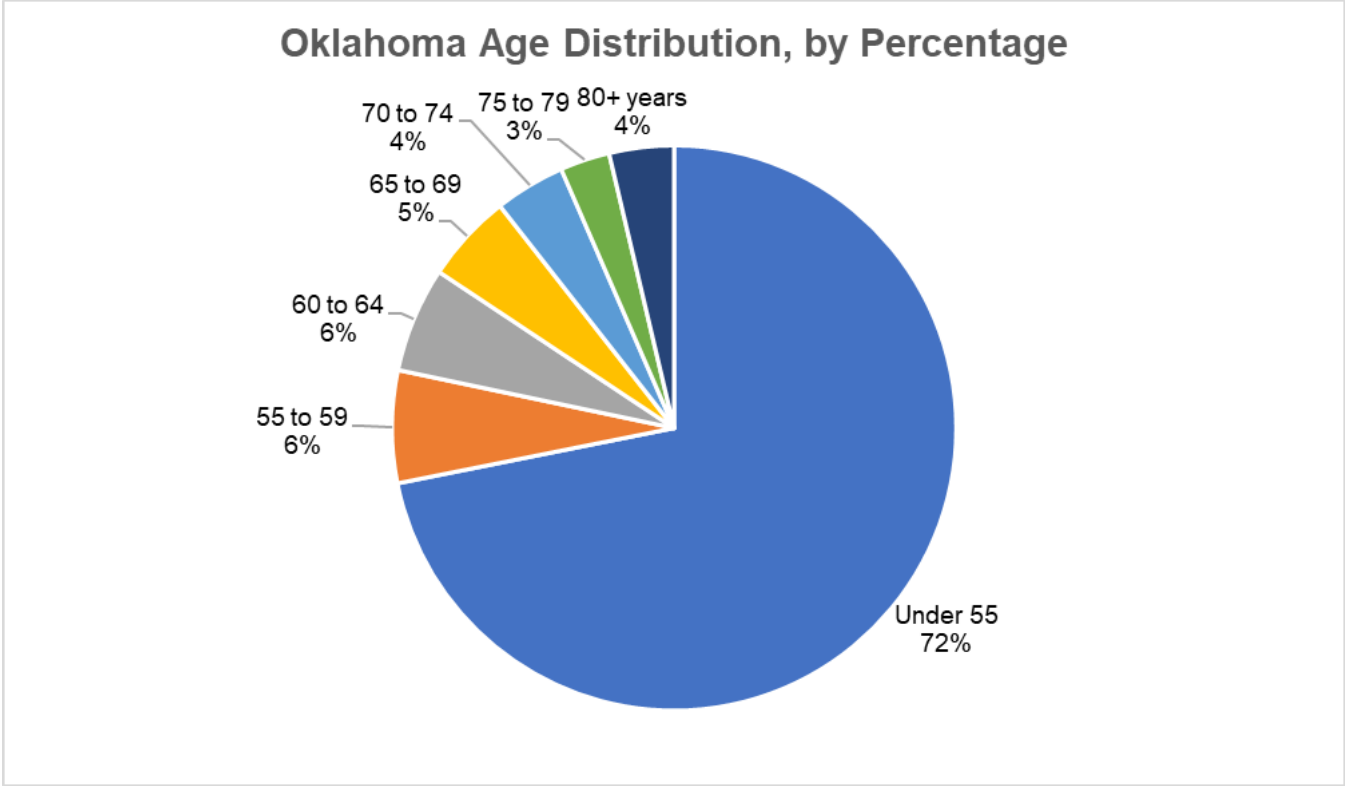


Figure 4. Oklahoma Age Distribution, by Percentage (Data Source: Administration for Community Living, 2023)

However, these numbers represent a 43% increase in the number of Oklahomans aged 65 and above between 2000 and 2020. This translates to a rise from 455,950 Oklahomans aged 65 and above in 2000, to 653,078 Oklahomans aged 65 and above in just 20 years (U.S. Census Bureau, 2023). In this same time range, the number of Oklahomans aged 18 and under increased from 892,360 in 2000 to 948,655 in 2020, representing a 6% increase (U.S. Census Bureau, 2023). See **Figure 5. Oklahoma’s Aging Population Over Time.**

## Oklahoma's Aging Population Over Time

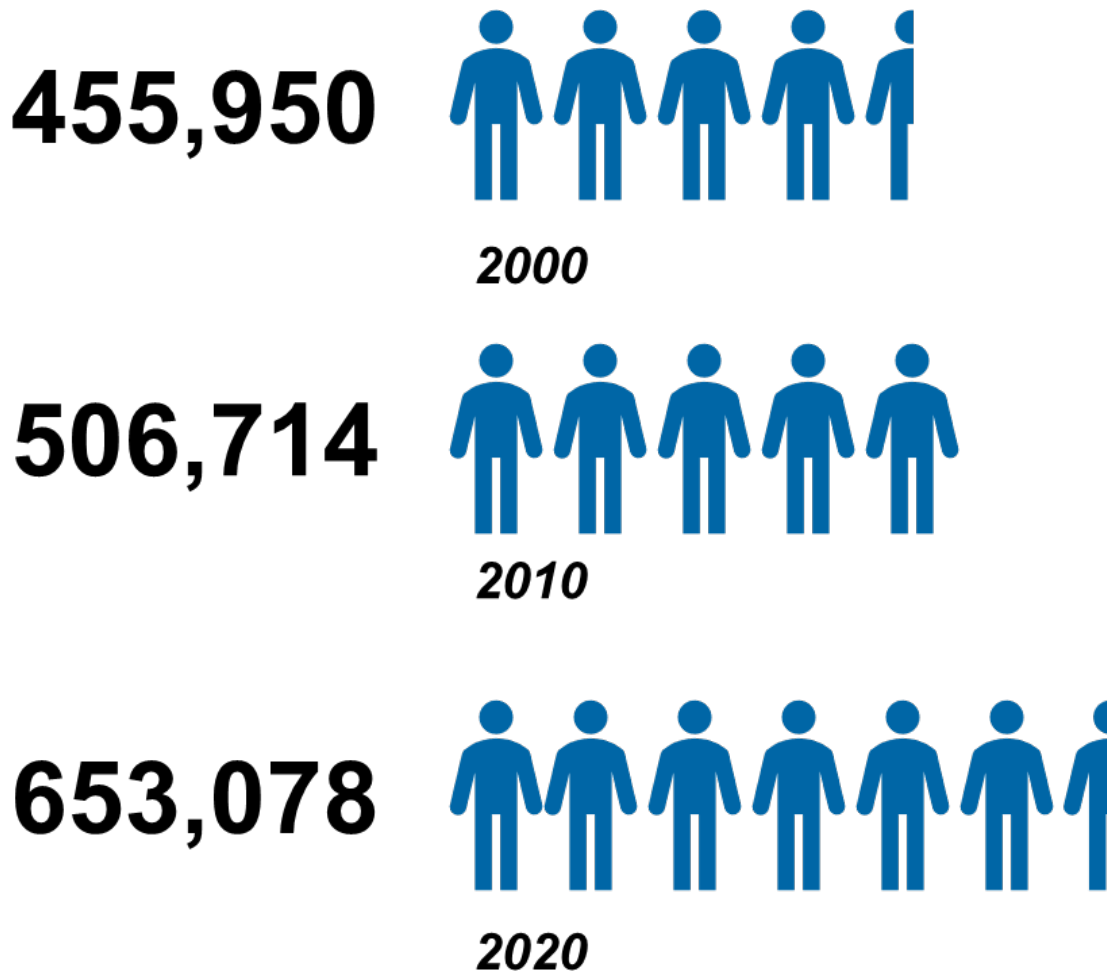


Figure 5. Oklahoma's Aging Population Over Time (Data Source: United States Census Bureau, 2023)

At the same time Oklahoma is experiencing a faster rate of growth in the aging population it is also experiencing a decrease in the fertility rate, decreased from 69.9% in 2000 to 61.5% in 2021 (Martin, et al., 2002, p. 40; Osterman et al., 2023, p. 25). While the state's population of young people (aged 18 and under) remains higher than that of older Oklahomans (65 and above), there has been a faster increase of seniors in Oklahoma. These trends will lead to a growing number of older adults as a percent of the population, which impacts the broader society as discussed in the Societal Impacts of an Aging Oklahoma section on page 20.

In addition, some areas of the state have a higher concentration of seniors. The three counties with the highest concentration of adults 60 and older are McIntosh (28% of the county’s population), Delaware (27%), and Cimarron (25%). Ellis and Pushmataha Counties are close behind with older adults representing 24% of the population in each county. As a result, these counties may experience larger impacts from the state’s age distribution changes. See **Figure 6. Oklahoma Percent Population Over 60 by County.**

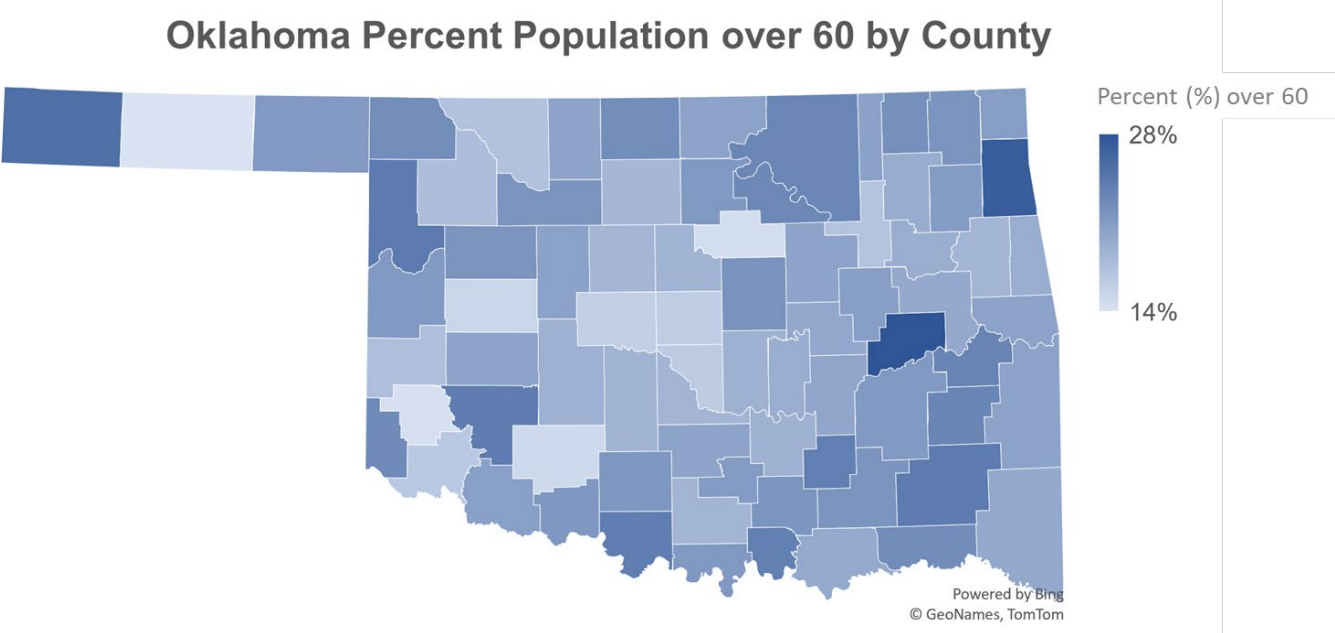


Figure 6. Oklahoma Percent Population Over 60 by County (Source: American Community Survey, 2023)

## Who Are Older Oklahomans?

Older Oklahomans are diverse and addressing their needs requires recognizing that diversity. The image below provides a high-level overview of some of the social measures that can be used to understand older Oklahomans' diverse needs (Administration for Community Living, 2023). See **Figure 7. A Profile of Older Oklahomans**.

### A Profile of Older Oklahomans

Oklahomans aged 60 and over are diverse in all kinds of ways.

#### Relationship Status

- 58% are married
- 42% are divorced, separated, widowed, or never married

#### Households

- 56% live in family households
- 41% live alone

#### Raising Grandchildren

- 2% are responsible for their own grandchildren

#### Education

- 32% associate degree or higher
- 23% some college, no degree
- 33% high school graduate
- 12% have not graduated from high school

#### Employment

- 29% are in the labor force



#### Ethnicity

- 11% are Hispanic

#### Race

- 83% White
- 9% American Indian/Alaskan Native
- 5% Black or African American
- 2% Some other race alone, or two or more races (of any race)
- 1% Asian Alone

#### Language Proficiency

- 95% speak only English
- 2.5% speak English less than very well

#### Poverty

- 11% have income below 100% poverty level
- 9.4% have income at 100% - 149% of the poverty level

Figure 7. A Profile of Older Oklahomans (Data Source: Administration for Community Living, 2023)

### Older Adults with Disabilities

As our society ages, understanding the unique changes experienced by older adults with disabilities† requires us to develop targeted policies and support systems. Many older adults will develop the need for services and / or supports in one or more areas of their daily life. Some of those needs are:

- Changes in cognitive function may affect a person's mental processes, such as memory, attention, problem-solving, and learning abilities. These changes can range from mild impacts, such as the need for memory aids and reminders, to more intensive supports like those with advanced Alzheimer's disease and other diagnoses of dementia.
- Changes to a person's ambulation, or how they stand, walk, or move independently also occur as one ages. The causes for these changes typically occur due to changes

in muscle and bone mass, injury (e.g., falls), or a specific medical diagnosis. A person may adopt a mobility aid such as a wheelchair, assistive technology, or other supports to allow them to go about their daily activities independently.

- The Blind† and individuals who have low vision may require different training or supports to read, write, navigate their surroundings, and perform certain tasks of daily living.
- Deaf‡ and hard of hearing refer to a spectrum of hearing ability levels, varying from mild hearing loss to no ability to hear sound at all. People who are deaf or hard of hearing use different methods for communication, such as sign language, lip reading, or talking while deaf. They may also participate differently in verbal conversations, and use assistive technologies like hearing aids, close captions, and other devices.

**The percentage of adults 60 and over in Oklahoma with disabilities is 17% higher than the national average.** In particular, the number of older adults reporting having a hearing disability is 7% higher than the national average and the number reporting having a disability that affects ambulation is 6% higher than the national average.

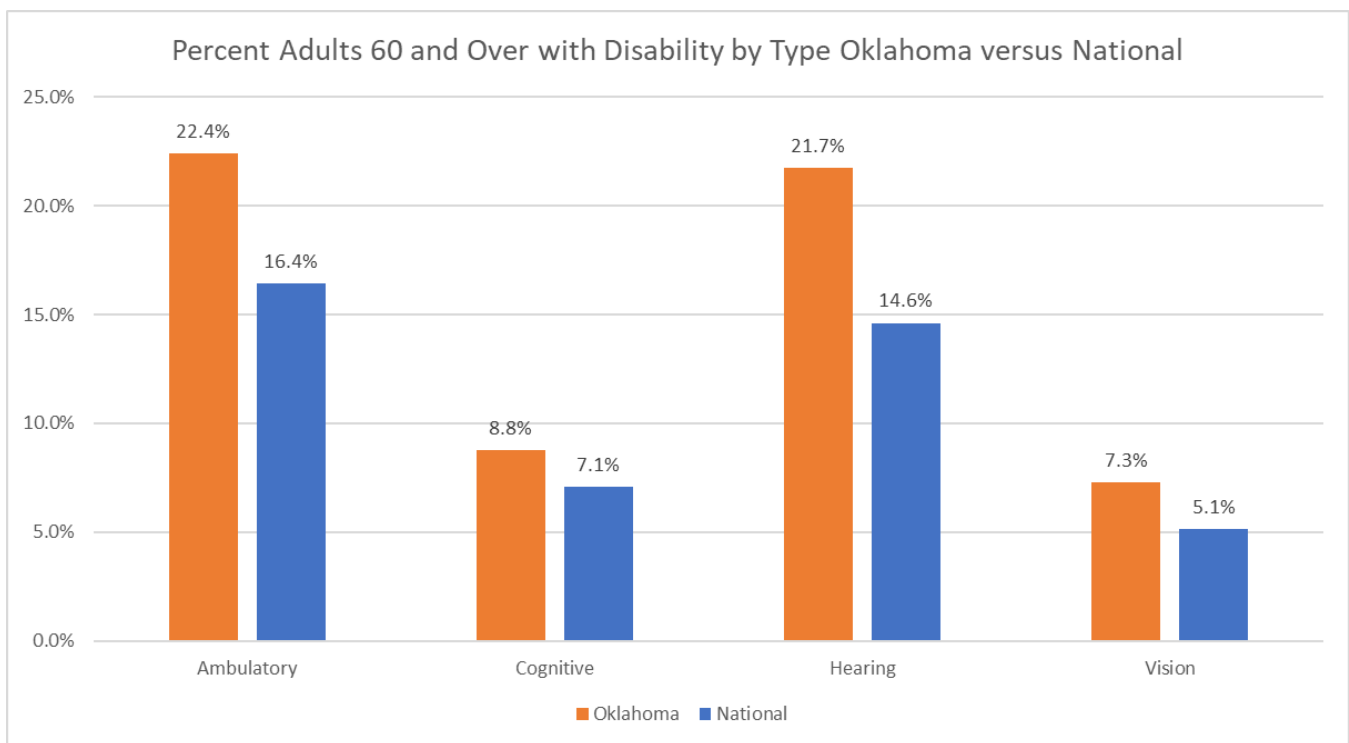


Figure 8. Percent Adults 60 and Over with Disability by Type, Oklahoma versus National. (Data Source: Administration for Community Living, 2023)

Older adults with disabilities may require services and supports to enjoy a similar quality of life to individuals without a disability. Approximately 5% of Oklahomans report difficulty with self-care activities such as bathing, dressing, and managing medications. Additionally, the need for supports to live independently exceeds the national average, with nearly 11% reporting support needs for mobility or other activities to live independently and engage



fully in social and community activities. Oklahomans report a higher percentage than the national average for both of these measures. See **Figure 9. 60 and Over Support Needs Reported by Oklahomans versus National.**

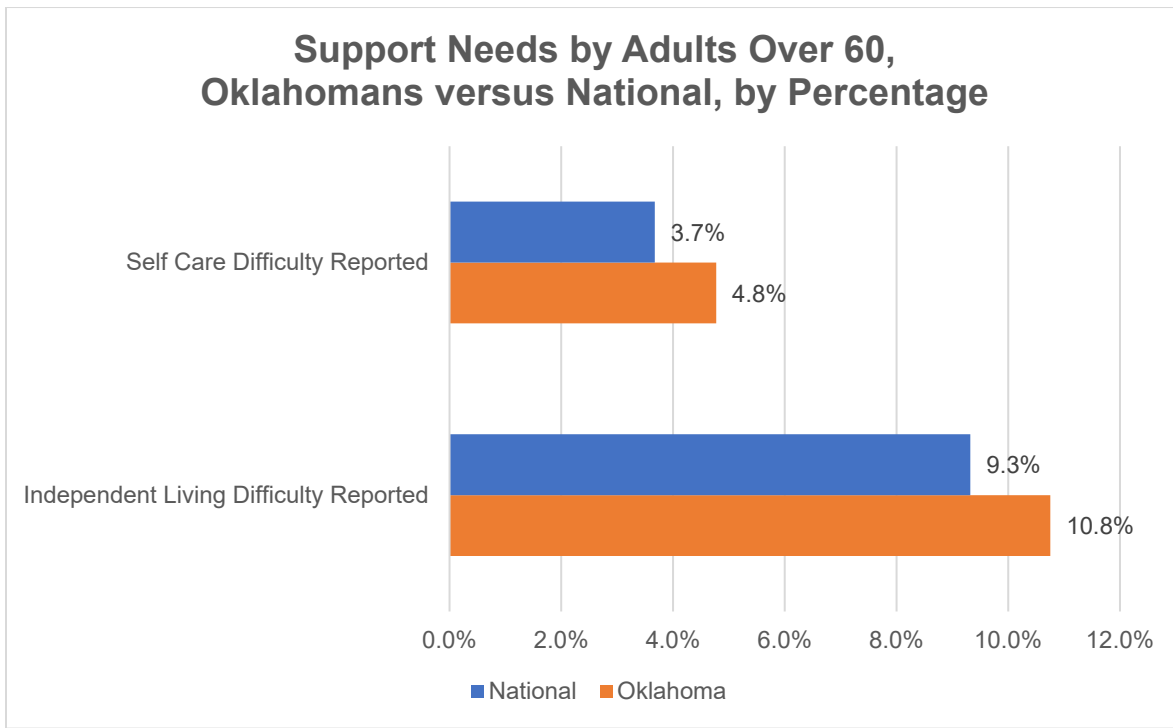


Figure 9. Support Needs by Adults Over 60, Oklahoma versus National, by Percentage (Data Source: Administration for Community Living, 2023)

## Understanding the Health and Wellbeing of Oklahomans

Health and wellbeing are pivotal in a comprehensive Multisector Plan on Aging due to the impact health and wellbeing has on the quality of life and overall outcomes for older adults. As individuals age, their health needs evolve. The need to access adequate healthcare, preventative services, and specialized medical and social services becomes more important in their everyday lives. Prioritizing health and wellbeing in the Plan by addressing prevalent age-related health needs, promoting healthy aging practices, and enhancing chronic disease management, will result in increased longevity and quality of life among seniors. Additionally, a focus on health and wellbeing fosters independence, enabling older adults to actively participate in their communities, contribute to society, and maintain fulfilling social connections. Wellness initiatives and support systems tailored to the needs of the aging population can also support volunteer and paid caregivers and reduce utilization of healthcare. A positive approach creates sustainability across the aging continuum and enhances the dignity and rights of older individuals.

### *Measuring and Understanding Health Equity in Oklahoma*

Health equity is defined as “the state in which everyone has a fair and just opportunity to attain their highest level of health” (Center for Disease Control and Prevention, 2023). In Oklahoma, this means that all Oklahomans should have access to healthcare, resources, and supportive services that support their health. By addressing potential disparities and variations in health outcomes and opportunities between Oklahoma and other states, as well as across the state itself, the Plan can promote equitable aging experiences for all.

An objective measure of health equity based on mortality provides an accurate health equity score. The average age of death in the US has historically hovered around 75 years. By calculating the number of deaths of individuals younger than 75, this score determines how far a state or local region deviates from the national average of 11.99%. Using this methodology, a lower score indicates greater health equity. Oklahoma's health equity score is 14.4%. **Nationally, on average, about 12 out of every 100 people pass away before 75. But in Oklahoma, this number is higher at 14.4 out of every 100.** (Guidehouse (in)Sight Health, 2023; See Appendix H for detailed source data.) The map below shows national health equity scores based on the percentage of premature deaths with darker shades representing higher premature death rates and lower health equity. See **Figure 10. National Health Equity Scores, Premature Death Rate.**

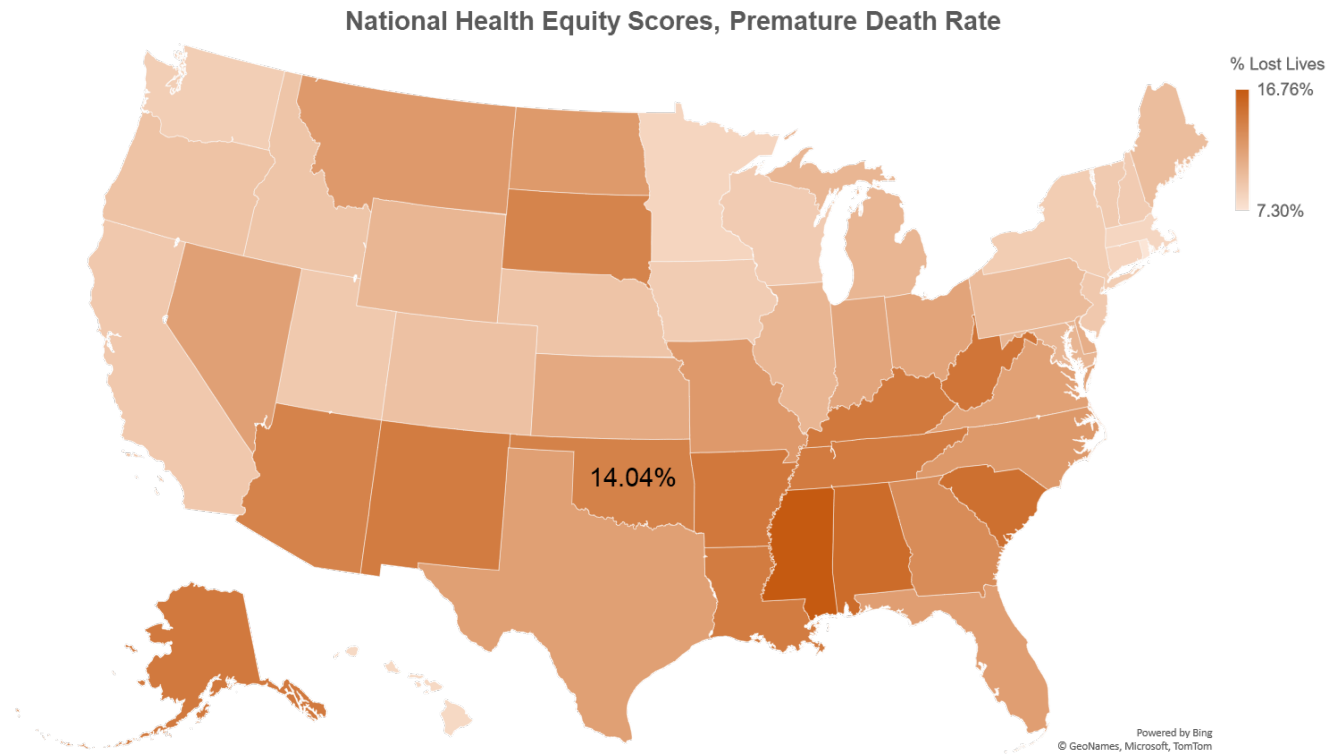


Figure 10. National Health Equity Scores, Premature Death Rate (Source: Guidehouse (in)Sight Health™. See Appendix H for detailed source data.)

We can also calculate the premature death rate at the county level. Within Oklahoma, Harmon County has the highest premature death rate at 22.2%, followed by Okfuskee (21.2%) and Blaine (20%). Among Oklahoma’s urban areas, the premature death rate for Oklahoma City is 12.37% and Tulsa is 11.61%. Creating a plan that meets the needs of all Oklahomans will require local input to address these variations across the state. **See Figure 11. Oklahoma Health Equity Scores, Premature Death Rate.**<sup>3</sup>

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<sup>3</sup> Health equity scores could not be calculated for three counties with insufficient reported data. These counties appear in gray in **Figure 11** below.

## Oklahoma Health Equity Scores; Premature Death Rate by County

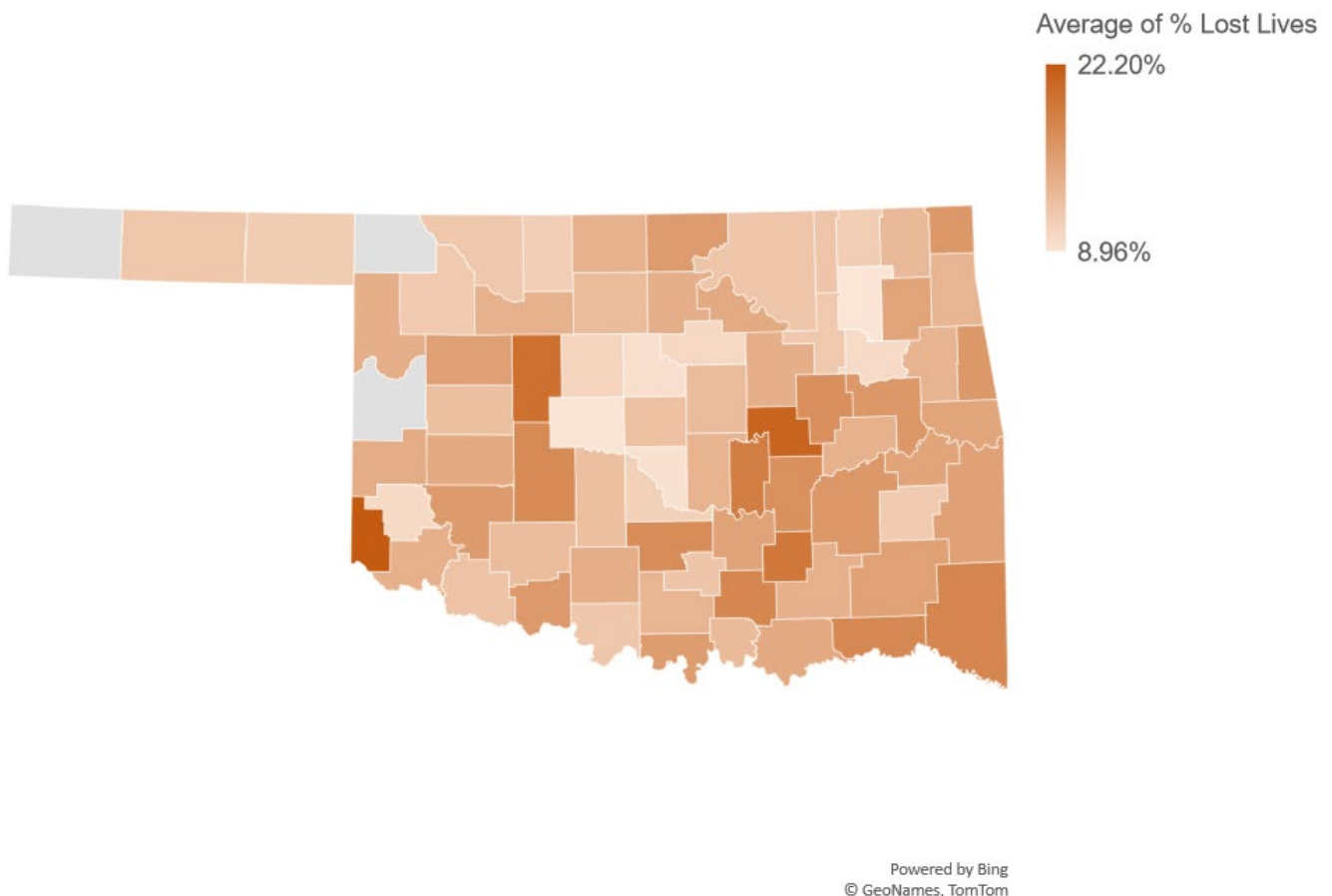


Figure 11. Oklahoma Health Equity Scores, Premature Death Rate by County (Source: Guidehouse (in)Sight Health™ See Appendix H for detailed source data.)

### *Understanding the Health-Related Social Drivers Impacting Health in Oklahoma*

Health-related social drivers, also known as social determinants of health<sup>†</sup>, are the social and economic factors that significantly influence an individual's overall health and wellbeing. These drivers encompass various aspects of an older individual's living conditions, and significantly impact mental and emotional health. We can use health-related social drivers to identify levers of change to improve health equity.

Oklahoma Human Services identified key health-related social drivers relevant to aging using the Guidehouse (in)Sight Health™ research tool. Once Oklahoma Human Services identified the relevant key drivers, Oklahoma Human Services analyzed the data from County Health Rankings and Roadmap to compare Oklahoma to the rest of the nation, using an analysis of the standard deviations for the selected measures. Standard deviation<sup>†</sup> is a statistical tool that measures how different a number is from the mean, or average, and

is useful for analyzing health-related social drivers. By analyzing standard deviation for various health-related social drivers, the areas of concern, target interventions, and design effective policies for health equity can be identified. The data is inclusive of all ages, which enables an understanding of how Oklahomans are aging across the generations and the context within which older Oklahomans are experiencing life as they age.

Based on the health equity analysis, two drivers have the greatest *negative* impact on Oklahomans' health: the percent of adults without health insurance, followed by the percent of adults who receive an annual mammogram. This means that the number of uninsured adults is higher than in other areas of the country, while the number of adults receiving annual mammograms is lower than the national average. These drivers indicate target areas that can improve the health of Oklahomans. The driver negatively impacting health the least is the percent of households with a severe housing cost burden, followed by the percent of employment age individuals who are unemployed. This means that the cost of housing and the rate of unemployment is lower in Oklahoma than in other areas of the country, and these two social drivers are less impactful on the health of Oklahomans than in the nation overall. See **Figure 12. Health-Related Social Drivers Impacting Oklahoma.**

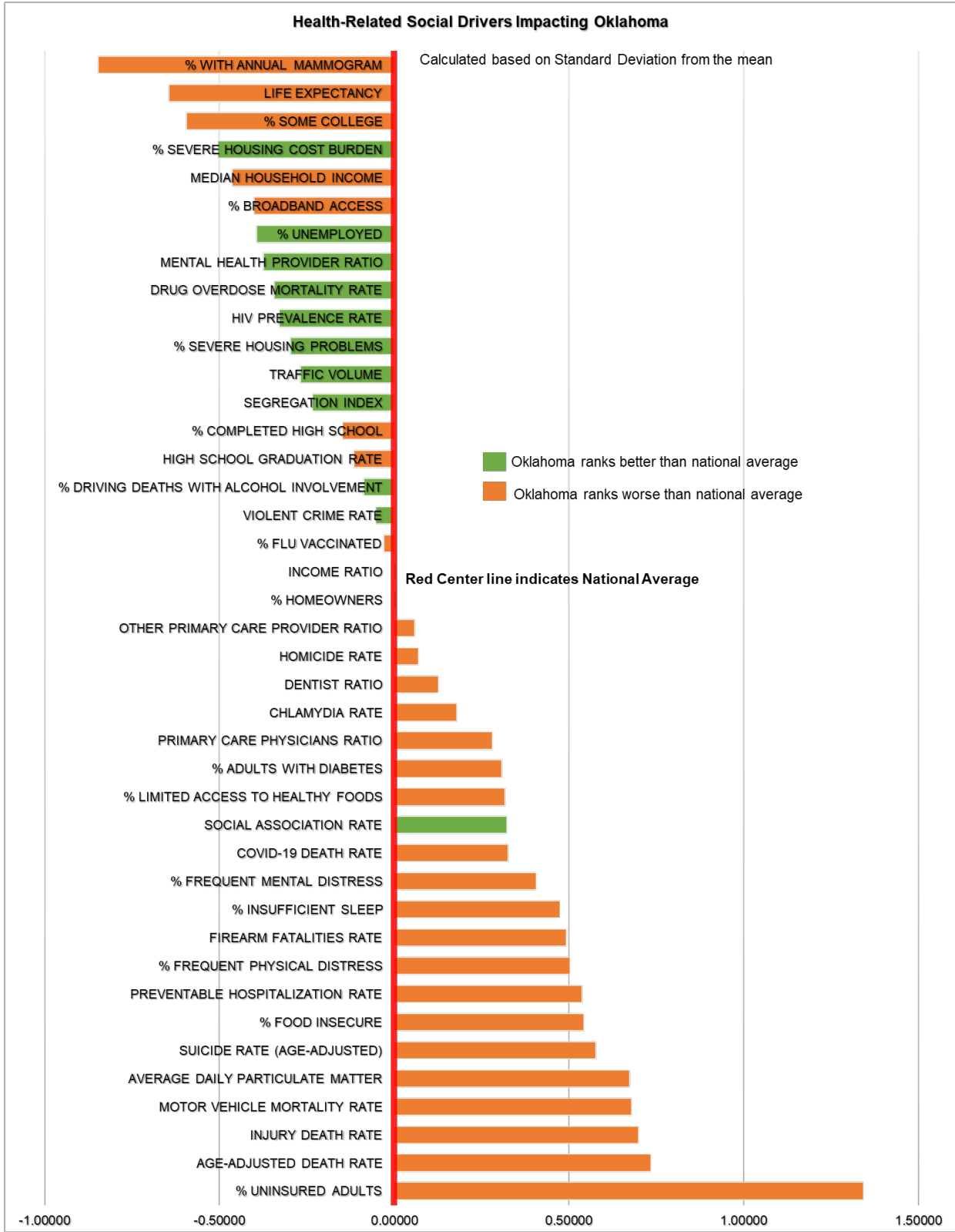


Figure 12. Health-Related Social Drivers Impacting Oklahoma (Source: Guidehouse (in)Sight Health™ See Appendix H for detailed source data.)

While the uninsured rate is one of the most significant drivers of health in Oklahoma and is generally considered the largest social driver of health in any evaluation of health drivers, several factors impact how this data should be interpreted.

1. The data, reported by the U.S. Census Bureau, does not include individuals over the age of 65 as 98% are covered by Medicare.
2. The data considers individuals whose only coverage is through Indian Health Services as uninsured.
3. Oklahoma has expanded Medicaid in 2021 and the data was collected in 2022; as the program matures this number may go down.

Despite these caveats, understanding the uninsured rate in Oklahoma is important because of the impact it has on the overall system of care and because it provides important context on the environment aging adults experience. In addition, the rate has implications related to older adults, who were uninsured prior to becoming eligible for Medicare and may not have received preventative care in the past or know how to effectively access healthcare after becoming eligible.

Looking more closely at health-related social drivers for Oklahoma, there are certain social drivers which Oklahoma ranks better at than the national average and certain drivers for which Oklahoma ranks worse than national average. See **Figure 13. Oklahoma’s Select Health-Related Social Drivers, Compared to National Average.**

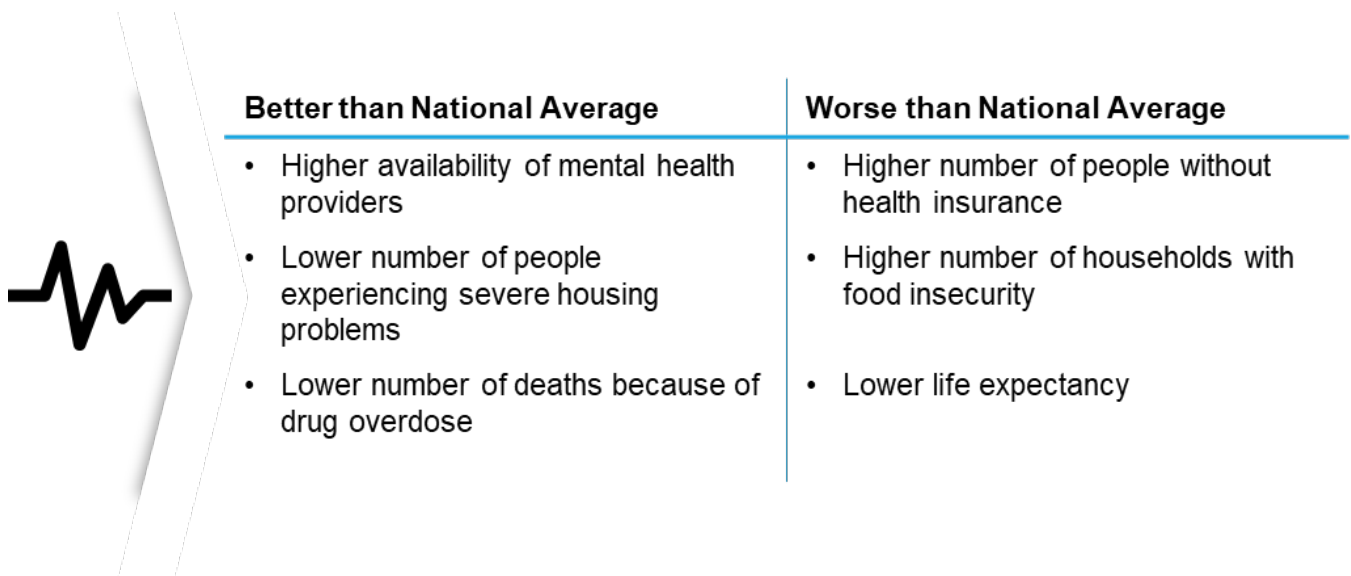


Figure 13. Oklahoma’s Select Health-Related Social Drivers, Compared to National Average (Source: Guidehouse (in)Sight Health™ See Appendix H for detailed source data.)

Understanding how Oklahoma compares to the national average in addressing health-related social drivers allows the state to leverage the strengths to meet the challenges and prioritize its efforts effectively.

## The Societal Impacts of an Aging Oklahoma

The impact of an aging population in Oklahoma extends beyond seniors themselves. The dramatic shift in demographics will change the landscape of our broader society. Areas impacted include volunteer and family caregivers, the state's workforce, and government expenditures and revenue.

### *Family and Unpaid Caregivers*

As individuals age and experience changes in how they go about their everyday lives, family members and friends often assist without the expectation of any form of compensation. Oklahoma refers to these individuals as family and unpaid caregivers. According to the Center for Disease Control and Prevention, one in four adults are caregivers for an adult with disabilities or health needs, and one in eight adults expect to become caregivers within two years. Over half of current caregivers provided care for at least two years, and almost a third provide more than 20 hours of care per week (2019).

Caregivers in Oklahoma are more likely to be women and 20% of caregivers are 65 years old or older. In Oklahoma, 35% of caregivers are caring for their own parents or parents-in-law, and 8% care for individuals with dementia (Center for Disease Control and Prevention, 2019). See **Figure 14. Who are Oklahoma's Caregivers?**

## Who Are Oklahoma's Caregivers?

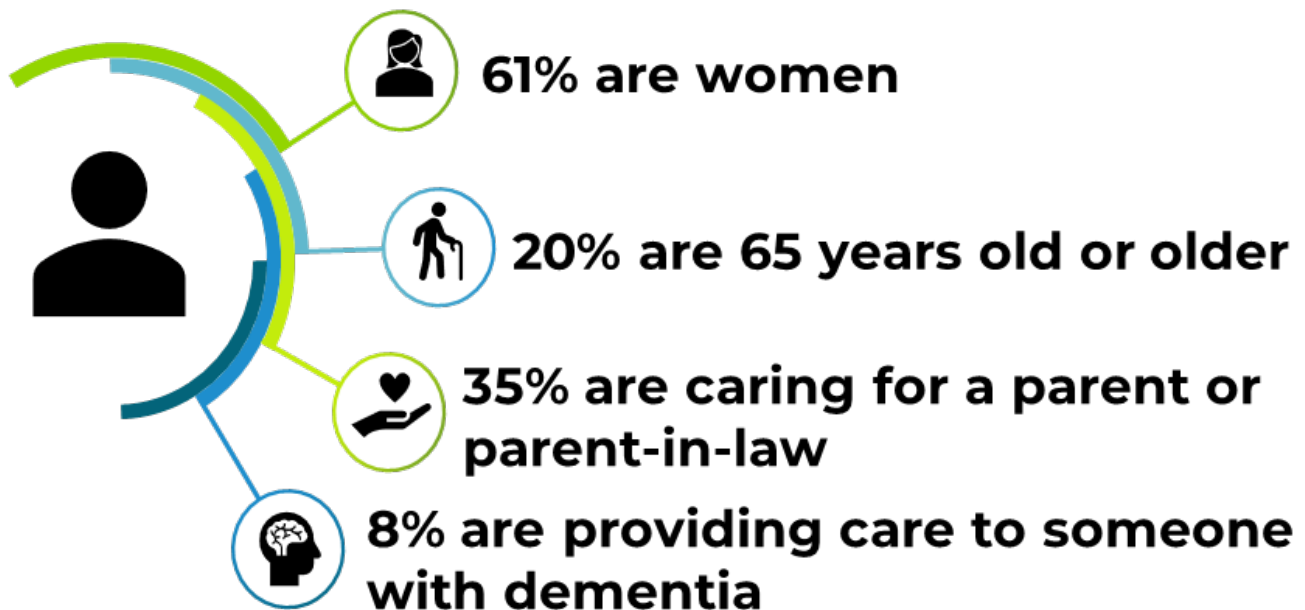


Figure 14. Who are Oklahoma's Caregivers? (Source: Center for Disease Control and Prevention, 2019)



With an increasing aging population, more individuals will potentially assume caregiving responsibilities, creating workforce implications as working age adults leave the workforce or reduce their hours to provide care for their families and loved ones.

## Workforce

As a considerable portion of the labor force reaches retirement age and younger workers leave to provide care for loved ones, there may be workforce shortages in some industries. The shortages could lead to challenges in recruiting skilled replacements and potentially hindering economic productivity. The Bureau of Labor Statistics (2021) projects the overall labor force participation rate to decline over the next seven years. The sharpest decline includes the age-group that employers rely on for entry-level positions: people aged 16-24. The decline is consistent with declining birth rates across the country. See **Figure 15. Civilian labor force participation rates, by selected age group, 2000, 2010, 2020, and projected 2030 - National.**

Civilian labor force participation rates by age, 2000, 2010, 2020, and projected 2030 - National

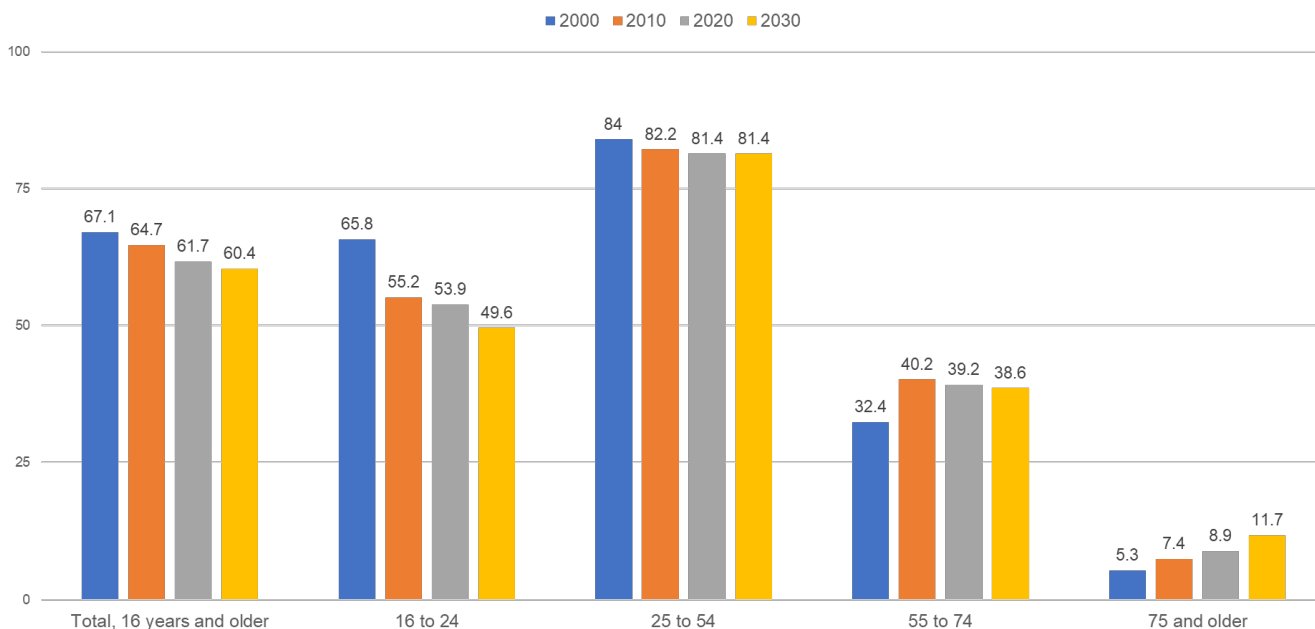


Figure 15. Civilian labor force participation rates, by selected age group, 2000, 2010, 2020, and projected 2030 - National (Data Source: Bureau of Labor Statistics, 2021)

The only age group whose labor force participation rate the Bureau of Labor Statistics projects to rise are people aged 75 and older. **The Bureau of Labor Statistics expects the number of adults in the workforce aged 75 and older to grow by 96.5% over the next decade.** Improvements in older adults' health and more opportunities for less physically demanding jobs contribute to workers that delay retirement and stay in the workforce longer. While this trend may help alleviate workforce shortages in some industries, other industries may be impacted by higher costs and concerns about the older workers'

productivity (Bureau of Labor Statistics, 2021). See **Figure 16. Percent Change in Civilian Labor Force by Age, 2000-10, 2010-2020, and projected 2020-2030 – National.**

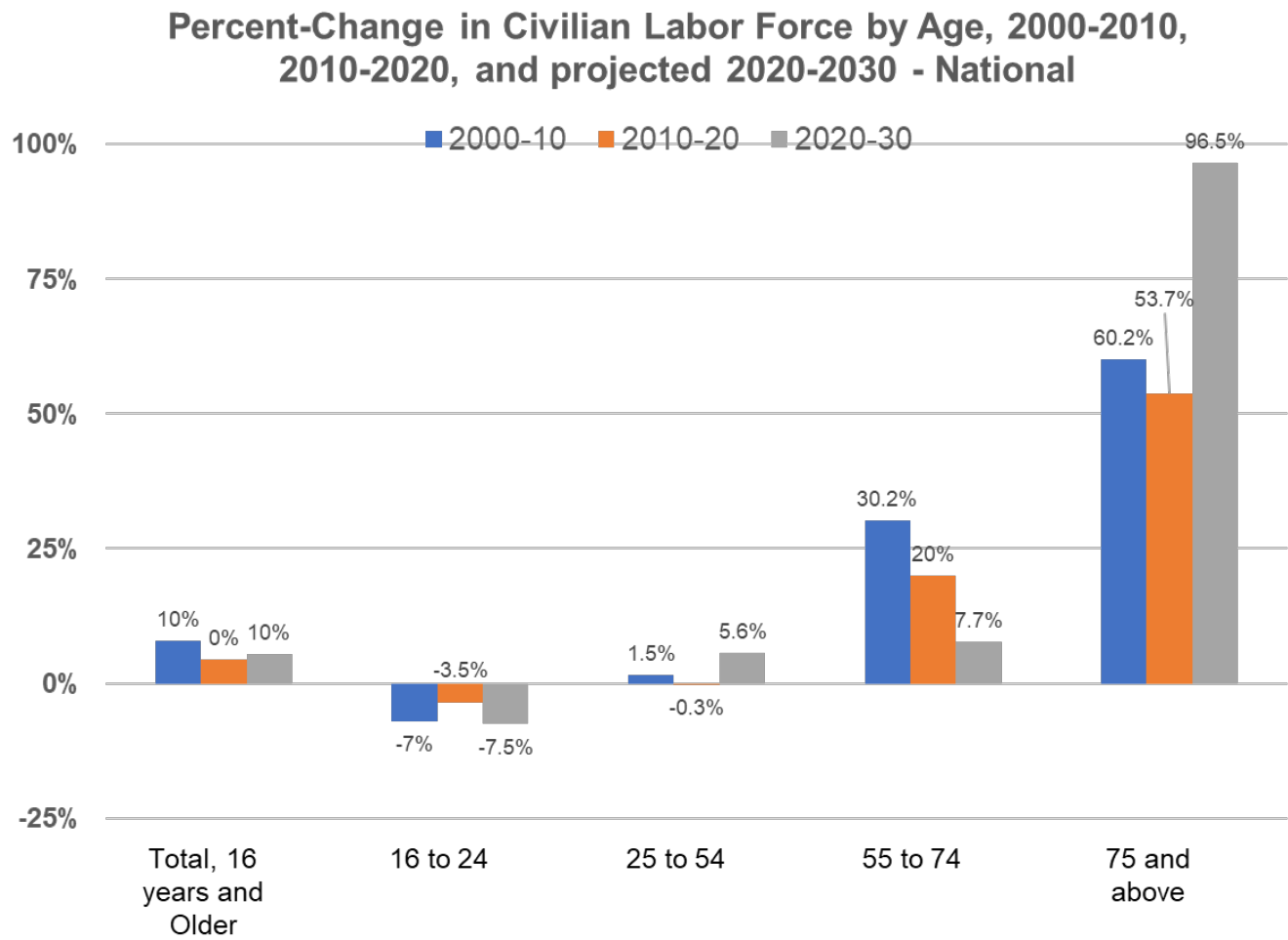


Figure 16. Percent Change in Civilian Labor Force by Age, 2000-2010, 2010-2020, and projected 2020-2030 – National (Data Source: Bureau of Labor Statistics, 2021)

### Government Expenditures and Revenues

A higher proportion of older adults will result in an increased demand for healthcare and social services, which requires additional state and federal resources to maintain current service levels for a larger population. The Congressional Budget Office (CBO) anticipates revenues for Social Security and Medicare will remain stable over the next 30 years, while the office expects program costs to increase (Congressional Budget Office, 2023). See **Figure 17. Baseline Projections of Federal Outlays for Social Security, Medicare, and Medicaid.**

## Baseline Projections of Federal Outlays for Social Security, Medicare, and Medicaid

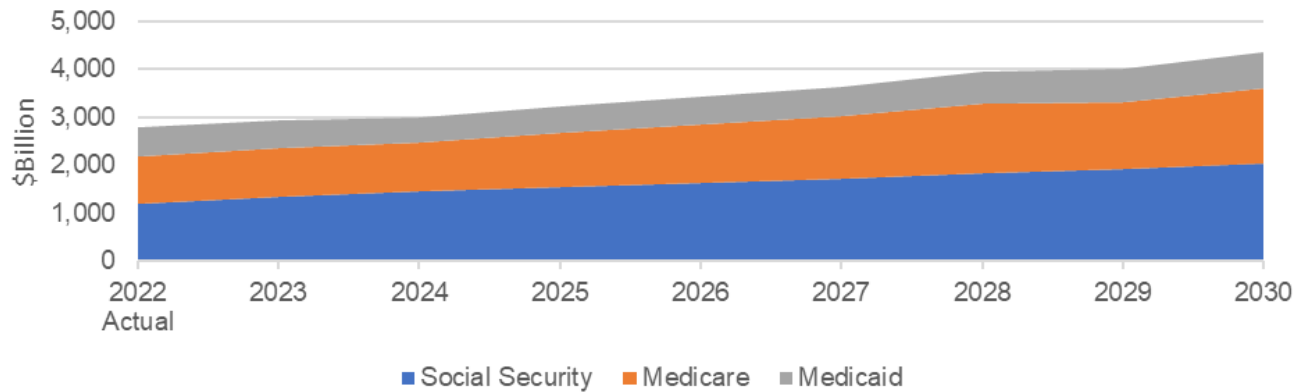


Figure 17. Baseline Projections of Outlays for Social Security, Medicare, and Medicaid (Data Source: Congressional Budget Office, 2023)

With the rising costs of Social Security, Medicare and Medicaid, the Congressional Budget Office projects federal outlays for these programs – vital financial security and health care supports for older adults and adults with disabilities – will grow from \$2.78T in federal fiscal year 2022 to a projected baseline of approximately \$4.35T in 2030. That growth amounts to a 56% increase over eight years. Of that total, the Congressional Budget Office projected Medicaid outlays represent a 23.8% increase during that period. As federal outlays increase, states can expect parallel increases when the program, like Medicaid, requires state general revenue and other sources of non-federal matching funds (Congressional Budget Office, 2023). Using data reported in the National Association of State Budget Officers 2022 State Expenditure Report, Oklahoma’s reported estimated state general revenue share of Medicaid spending of \$995B in SFY 2022 would grow to just over \$1.2T by 2030 based on the projected 23.8% increase in federal Medicaid outlays (National Association of State Budget Officers, 2022, p. 57).

In addition to funding services for all Oklahomans, the state will potentially experience spending impacts to support the older Oklahomans it employs. For example, as state employees care for their family members or for their own health needs, the state might anticipate greater utilization of its family medical leave (FMLA) program. The state might also model impacts to the employer contribution rate to the pension program to estimate how the changing demographic – when older and often higher income retirees leave government and receive pension benefits – particularly if the state and employees jointly contribute to fund the plan.

Simultaneously, the demographic shift towards retirement for older adults may impact tax revenue patterns, as older adults tend to have different spending habits and income levels than younger adults. A common metric for understanding the potential impact of changing demographics of tax revenue patterns is the old-age dependency ratio<sup>†</sup>. This is the ratio of the population over 65 years of age, when adults are less economically active, compared to the population of working aged individuals, typically measured as ages 20 to

64 (Vespa, Medina & Armstrong, 2020). Between 2010 and 2021, the old-age dependency ratio for Oklahoma increased from 22 to 28 (U.S. Census Bureau, 2021). This trend will continue as the number of older Oklahomans increases at a faster pace than the number of younger adults.

Changes captured by the old-age dependency ratio indicate that state and local governments will experience slower tax revenue growth. Studies on the impact of increasing old-age dependencies on tax revenue abound at the national level. However, studies of this change to state and local government revenues are few and disagree on the level of impact. Nevertheless, there is general agreement that growth in income and sales tax revenues will decline as the old-age dependency ratio rises (Boyd, 2019).

The impacts on the distinct types of tax revenue vary. Income taxes are impacted as older age groups typically earn less income. Additionally, older age groups tend to spend less than other age groups, causing sales tax revenues to decrease accordingly. However, it is worth noting that older adults' incomes fall more sharply than spending, meaning that income tax revenues are more impacted than sales tax revenues. As a result, the tax revenue implications vary depending on states' differing tax mixes (Felix & Watkins, 2013). Income and sales taxes are a significant source of revenue funding Oklahoma's state government. Data reported in the National Association of State Budget Officers 2022 State Expenditure Report indicates that personal income, along with sales and use taxes, made up 78% of the revenue in Oklahoma's state general fund in state fiscal year 2022. Personal income taxes accounted for 41% (\$2.9B) of the revenue sources in the general fund and sales and use taxes accounted for 37% (\$2.6B) (National Association of State Budget Offices, 2022).

Navigating these demographic shifts successfully will require proactive measures to address workforce development, healthcare infrastructure, and social support systems. Uncertainty about how the demographic shift will affect public revenue at local, state, and federal levels makes the development of flexible plans an imperative.

# Oklahoma's Health and Aging Services Infrastructure

## Section Highlights

- Oklahoma state agencies have some multisector partnerships in place, and there is room to expand these types of partnerships into new domains.
- Shortages in the healthcare workforce significantly impact access to healthcare for aging Oklahomans.
- Though currently below capacity, nursing facilities in some areas of the state may be unable to meet the demand by 2030.

Oklahoma's health and human services landscape includes public, private, and nonprofit organizations, as well as advocates, volunteers, and unpaid caregivers. These organizations and individuals are located across the state and share the goal of serving all older Oklahomans. Some of these organizations' services target specific needs, while others provide a more extensive collection of services. This section lays out the aging services infrastructure, with examples of current and potential future multisector partnerships, and the current availability of services for older Oklahomans.

Within Oklahoma state government, Oklahoma Human Services Community Living, Aging and Protective Services is the state entity primarily charged with serving older Oklahomans, although multiple state agencies provide programs and services that benefit these residents.<sup>4</sup> Community Living, Aging, and Protective Services participates in and leads systemwide initiatives that impact the state's aging population in a positive, meaningful way. This report discusses specific programs administered by Community Living, Aging, and Protective Services in detail in the next section. The development of this Multisector Plan on Aging is an example of the impactful work led by Community Living, Aging, and Protective Services.

Several of Oklahoma's organizations related to, or interested in, health and aging participated in the Plan development process as early as October 2022. Below are the organizations involved with the Plan's development stages as Governance Committee Members. See **Figure 18. Some of the Organizations Involved in Oklahoma's Multisector Plan on Aging.**

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<sup>4</sup> Oklahoma Human Services Community Living, Aging, and Protective Services is also the designated entity for Older Americans Act, by the Governor of Oklahoma and the federal Administration of Community Living.

## Public Agencies



## Private Providers and Advocates



Figure 18. Some of the Organizations Involved in Oklahoma's Multisector Plan on Aging

Several of the private and public organizations included are not traditionally included in the aging network; this is one of the many powers of a Multisector Plan on Aging. A table of all organizations that have so far participated in the Plan's development is available in **Appendix E. Initial Partners.**

## Public Services, Resources and Programs

Oklahomans of all ages benefit from supports and services targeting the needs of the aging population, whether they are older adults, paid or unpaid caregivers, employers of an older adult, or children being cared for by an older adult. Across the state, a comprehensive network of for-profit businesses, nonprofit entities, and public organizations provide many programs, resources, and services to meet the diverse needs of Oklahomans. Examples of programs for older Oklahomans are adult protective services, home-based daily support, nursing facility care, caregiver respite, transportation to and from appointments, Long-Term Care Ombudsman, legal services, and Medicare fraud prevention.

The public sector supplies many critical resources and services, which are either state funded or federally funded. In addition to programs and services offered at the state level, county and municipal governments, for-profit businesses, nonprofits, and faith-based organizations make countless resources available at the local level. Some local organizations are subcontractors to state agencies, and others provide the services and resources independently to fill a gap they have identified. Intended recipient categories and eligibility criteria for these programs vary. Program eligibility can be based on disability or illness status; age; homeownership status; one's role as a caretaker; or eligibility can be dependent upon receiving or being disqualified from another service.

Below is a sampling of public resources and services available to older Oklahomans:

Aging Resources and Services Provided by Public Agencies in Oklahoma
<p><b>Indian Health Service</b><sup>†</sup> provides federally funded healthcare and medical care directly in greater Oklahoma City and indirectly through Tribes’ clinics and health centers across the state and funds the Community Health Representatives program.</p>
<p><b>Oklahoma Arts Council</b> administers the Oklahoma Creative Aging Initiative, which provides arts-based education for older adults across the state.</p>
<p><b>Oklahoma Department of Commerce</b> administers programs and grants directed at community development, poverty reduction, emergency solutions, and weatherization assistance.</p>
<p><b>Oklahoma Developmental Disabilities Council</b>, which is administratively located within Oklahoma Human Services, “promotes quality services and programs that enable persons with developmental disabilities to realize increased independence, productivity, and integration and inclusion in the community” (Oklahoma Human Services, 2023).</p>
<p><b>Oklahoma Office of Disability Concerns</b> provides resources / information about a variety of topics, including but not limited to specific disabilities, accessibility, independent living, civil rights, and transportation.</p>
<p><b>Oklahoma Department of Mental Health and Substance Abuse Services</b> has recently established an aging services division, which is “working with multiple stakeholders to build the requisite infrastructure to support the health and well-being of older adults through a purposefully curated system of care relevant to the older adults” now and in the future (Oklahoma Department of Mental Health and Substance Abuse Services, 2023).</p>
<p><b>Oklahoma Department of Rehabilitative Services</b> provides information and resources for Oklahomans with disabilities in topics ranging from accessibility and assistive technology to transportation, rehabilitation, and independent living.</p>
<p><b>Oklahoma Department of Transportation</b> administers the federal Enhanced Mobility of Seniors and Individuals with Disabilities (Section 5310) program.</p>
<p><b>Oklahoma Department of Veterans Affairs</b> administers the ODVA Emergency Assistance Grant and state veterans benefits, manages the Oklahoma Veterans Registry, and operates Oklahoma Veterans Homes in seven (soon to be eight) cities across the state.</p>
<p><b>Oklahoma Health Care Authority</b> administers SoonerCare – Oklahoma’s Medicaid program – and programs and services for Medicaid recipients. This includes coordinated health and dental coverage, and transportation assistance, chronic disease management, disability determination, and long-term care services.</p>
<p><b>Oklahoma Human Services Community Living, Aging and Protective Services</b> offers free programs and services for older adults, including those funded by the Older American Act. Community Living, Aging and Protective Services partners with Oklahoma’s 11 Area Agencies on Aging and other local stakeholders to provide many of these services.</p>
<p><b>Oklahoma Insurance Department’s</b> Medicare Assistance Program is comprised of Senior Health Insurance Counseling Program (SHIP) and Senior Medicare Patrol (SMP). These programs increase public awareness to prevent fraud and waste in Medicare, and to assist and advocate for Medicare recipients facing issues related to their Medicare coverage.</p>
<p><b>Oklahoma State Department of Health</b> serves older adults indirectly through the Healthy Aging: Living Longer Better collaborative, Long-Term Care Facility Advisory Board, Long-Term Care Services licensing, and inspection, and directly through county health departments and community health workers.</p>

Table 2. Aging Resources and Services Provided by Public Agencies in Oklahoma

## Multisector Partnerships

As seen in the previous section, public agencies in Oklahoma offer myriad programs, resources, and services. While many of them are provided or administered by a single entity, there are programs and services resulting from cross-organizational or cross-sector partnerships, such as in a formal partnership using a memorandum of understanding, or in informal partnerships. This report highlights the informal relationship with Oklahoma Department of Transportation's Office of Mobility and Public Transit, and the formal relationships with State Council on Aging and the Oklahoma Caregiver Coalition. Such partnerships are possible when the diverse organizations in the aging landscape recognize they share customers and common goals.



Figure 19. Multisector and Cross-Organization Partners' Logos

**Oklahoma Department of Transportation.** In 2019, the Oklahoma State House of Representatives voted to transfer the Federal Transit Administration's Section 5310 Program to Oklahoma Department of Transportation. House Bill 1365 also created the Office of Mobility and Public Transit within Oklahoma Department of Transportation, whose duties include administering the 5310 Program, also known as Enhanced Mobility of Seniors and People with Disabilities. A component of the program is a Human-Service Coordinated Transportation Plan. Per Oklahoma Department of Transportation, the purpose of this plan is to, "[make] federal resources available to improve mobility for seniors and individuals with disabilities by removing barriers to transportation service and expanding transportation mobility options" (Oklahoma Department of Transportation, 2020, p. 2). By including older adults and people with disabilities in statewide planning, Oklahoma Department of Transportation demonstrates that serving Oklahoma's aging population, and planning for the growth of this population, are priorities in their strategy. Oklahoma Department of Transportation conducted a statewide survey capturing public input for the plan in Summer 2023.

**State Council on Aging and Adult Protective Services.** The State Council on Aging and Adult Protective Services is a committee of 30 appointed or nominated members representing advocates from the public, service providers, state agencies, and elected officials. The Council meets quarterly and includes a non-voting Advisory Committee of senior-related services experts (Oklahoma Human Services, n.d.). Currently, there is a subcommittee acting as Council for the Long-Term Care Ombudsman Program, with plans to add an additional sub-committee to act as Council for the Adult Protective Services Program.



**Oklahoma Caregiver Coalition.** The Oklahoma Caregiver Coalition formally partners with Oklahoma Human Services to provide respite services and resources. The Oklahoma Caregiver Coalition was created in 2016 with the Administration of Community Living federal grant funding received by Oklahoma Human Services. The Oklahoma Caregiver Coalition provides resources for primary caregivers through a network of more than 100 public and private organizations across Oklahoma. Additionally, the Oklahoma Caregiver Coalition has developed a strategic plan for addressing the prioritized needs of caregivers in Oklahoma and continues to progress its advocacy priorities through nine subcommittees. The subcommittees include but are not limited to transportation, mental health, home safety, and legal and financial assistance for caregivers (Oklahoma Caregiver Coalition, 2022).

**Opportunities for Future Multisector Partnerships.** Oklahoma’s existing aging network includes many organizations, spanning federal and state agencies, tribal governments, private and nonprofit partners, and volunteers. Nevertheless, Oklahoma’s aging network must identify new and emerging partnerships to expand the network of organizations that can address the needs of older adults and their caretakers due to the demographic shift of the aging population and the resulting increased demand for aging services and resources. Such multisector partnerships may include (but not be limited to) the following stakeholder groups:

Examples of Potential Partnerships for Multisector Plan on Aging
Higher education systems
Community-based organizations
Community and infrastructure planners
County and municipal governments
Creative industries
Faith leaders and organizations
Housing providers and policy experts
Law enforcement and elder justice resources
Media groups
Organizations representing historically underrepresented communities
Tribal governments and communities not currently a part of the network
Private sector employers, especially those not already part of the aging network
Philanthropic organizations
Private health insurers
Service recipients
Technology providers

Table 3. Examples of Potential Partnerships for Multisector Plan on Aging

The multisector partnerships that the Oklahoma aging network chooses to pursue and engage depends on the shared priorities and objectives defined by the Multisector Plan on Aging. The Plan can be the vehicle for these new relationships and can foster them both

formally and informally. The foundation of the partnerships' success will be to identify shared customers and common goals, and helping these nontraditional partners see their role in serving older Oklahomans now and in the future.

## Availability of Healthcare Services

As the state's population continues to age, the demand for healthcare services tailored to the needs of older adults will inevitably rise. Affordability, availability of nursing facilities, and sufficiency of the healthcare workforce are three factors that impact aging Oklahomans' access to healthcare.

**Affordability.** In June 2020, Oklahoma became the 37<sup>th</sup> state to pass Medicaid expansion under the 2010 Affordable Care Act. Healthcare professionals expect that expanding access to Medicaid to reduce Oklahoma's high uninsured rate. While Oklahomans over the age of 65 are eligible for Medicare, and low-income seniors have been eligible for Medicaid, the expansion of Medicaid will increase funding availability to the overall healthcare system and may reduce overall healthcare costs (Oklahoma Hospital Association, 2023).

Additionally, in 2022, Oklahoma instituted managed care for its Medicaid population. The new payment program must meet key performance and quality measures to receive approval from the federal government. However, Medicaid managed care will not include the Medicaid-designated "Aged, Blind, or Disabled" (ABD)<sup>†</sup> population, and is voluntary for tribal nations and communities (Oklahoma Health Care Authority, 2023).

**Nursing Facilities.** Skilled nursing facilities provide 24-hour care to patients who require skilled nursing care by trained registered nurses on an extended basis. Licensed practical nurses and certified nursing assistants provide most of the care in nursing facilities, under the supervision of registered nurses. Daily care focuses on activities of daily living, such as dressing, bathing, and eating. In Oklahoma, there are 292 nursing facilities with a total of 28,217 licensed beds. See **Figure 20. Oklahoma Nursing Facilities.**

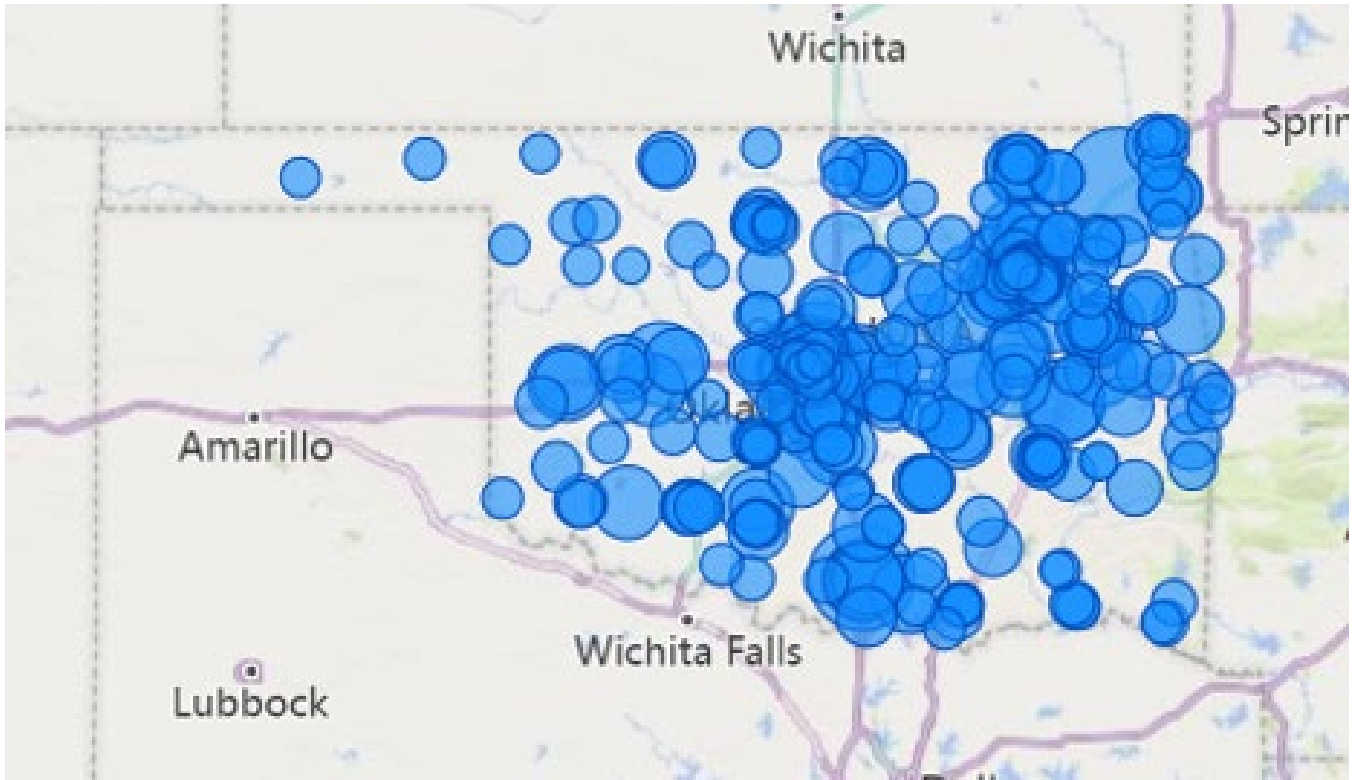


Figure 20. Oklahoma Nursing Facilities (Source: Guidehouse (in)Sight Health™ See Appendix H for detailed source data.)

Prior to the COVID-19 pandemic, the average daily census in nursing facilities, or number of beds currently occupied, was 80-100% across the country. Since the pandemic, census numbers across the country dropped. While the reasons for the drop in daily census are unclear, presumed reasons include workforce shortages and patient preference because of pandemic era lockdowns and COVID-19 outbreaks. Based on Centers for Medicare and Medicaid Services nursing home data, the average utilization for nursing facilities in Oklahoma in 2018 and 2019 was 66.2% and 65.1%, respectively. The utilization of beds at nursing facilities in Oklahoma in 2023 is lower than the historical rate. See **Figure 21. 2023 Nursing Facility Utilization – Oklahoma** below.

## 2023 Nursing Facility Utilization – Oklahoma

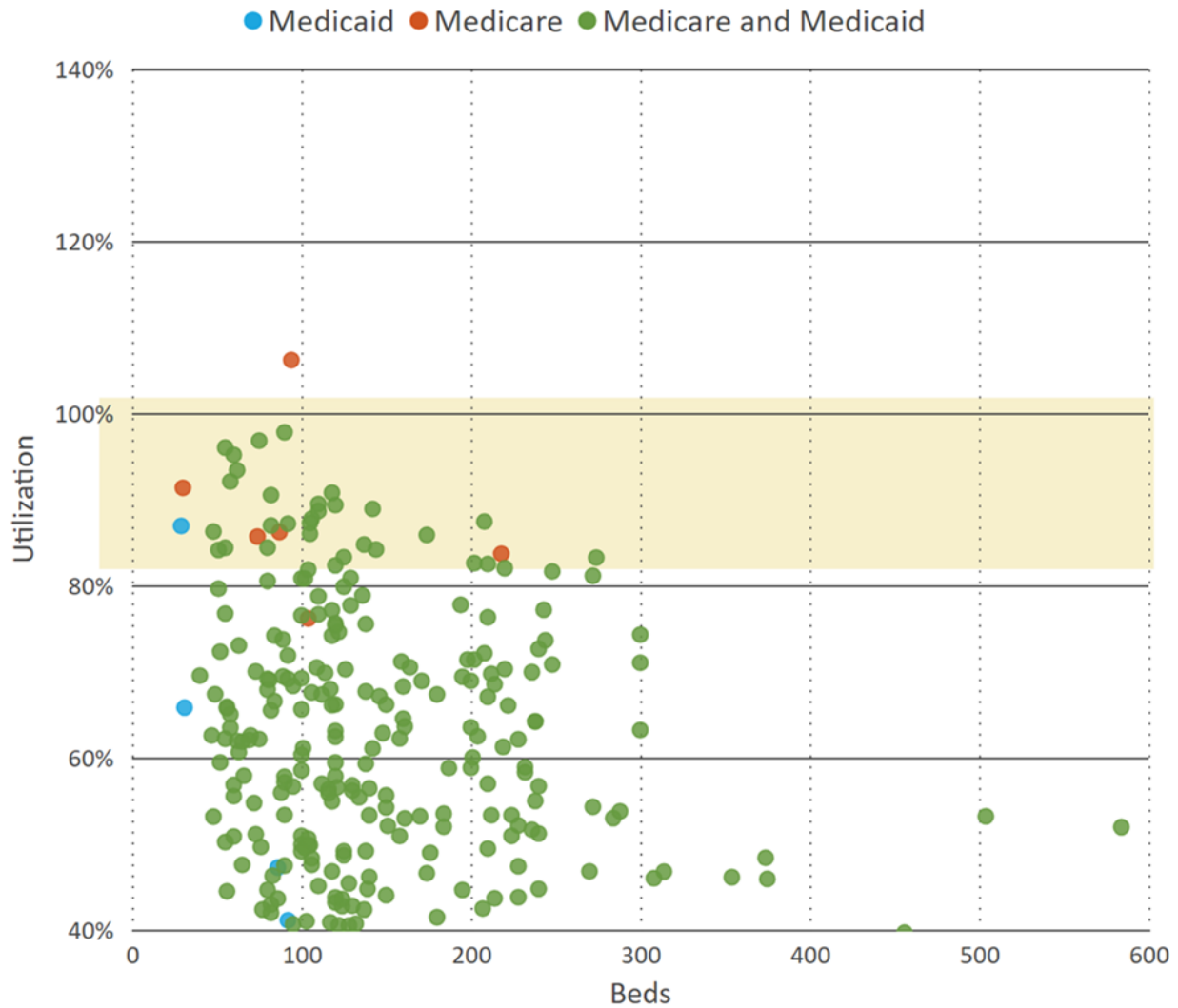


Figure 21. 2023 Nursing Facility Utilization – Oklahoma (Source: Guidehouse (in)Sight Health™)

However, with the population of older adults projected to increase in Oklahoma by the 2030s, Oklahoma could experience a shortage of nursing facility beds in some areas. This can be seen below by the number of dots above the yellow bar in **Figure 22. 2030 Projected Nursing Facility Utilization – Oklahoma.**

## 2030 Projected Nursing Facility Utilization – Oklahoma

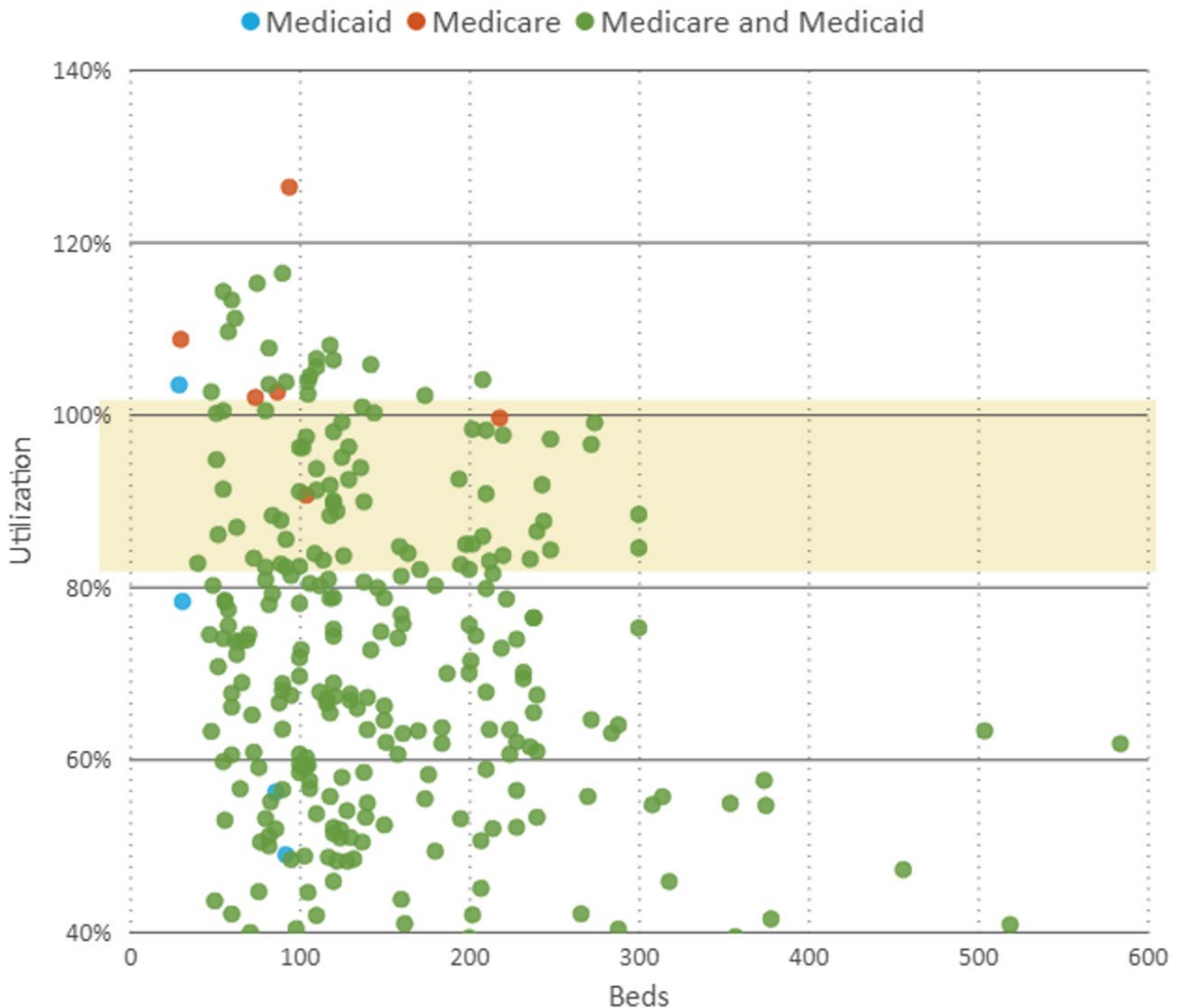


Figure 22. 2030 Projected Nursing Facility Utilization – Oklahoma (Source: Guidehouse (in)Sight Health™)

**Healthcare Workforce.** The third factor impacting access to healthcare for older adults is the adequacy of the healthcare workforce. Shortages in the healthcare workforce make it difficult for all Oklahomans, and this may be the most significant of the three factors discussed in this section.

Addressing the strain placed on existing resources and services created by the increase of Oklahoma’s aging population will require the Plan to consider ways to scale services and

improve efficiencies. While Oklahoma boasts a group of healthcare professionals committed to providing quality care, we must equip this workforce to meet the aging population's diverse and evolving needs. One crucial aspect of meeting these needs is to address workforce shortages, especially in rural and underserved areas, to guarantee equitable access to healthcare services for older adults across the state. Additionally, fostering a workforce attuned to the unique needs of older adults through geriatric training and specialization is essential to enhance the quality of care for aging individuals.

As described below there are noticeable shortages among almost all the nearly 300 individually identified allied health professions in Oklahoma. According to America's Health Rankings for 2022, Oklahoma ranks 42<sup>nd</sup> in the nation in primary care providers per 100,000 residents (America's Health Ranking, 2022), and 72 out of 77 Oklahoma counties are designated as primary care health professional shortage areas (Health Resources and Services Administration, 2021). These shortages are particularly challenging in rural areas. The rate of medical doctors across the state ranges from a high of 499.51 per 100,000 population to a low of 6.98 (Health Resources and Services Administration, n.d.). See **Figure 23. Medical Doctor Rate by Oklahoma County.**

### Medical Doctor Rate by County

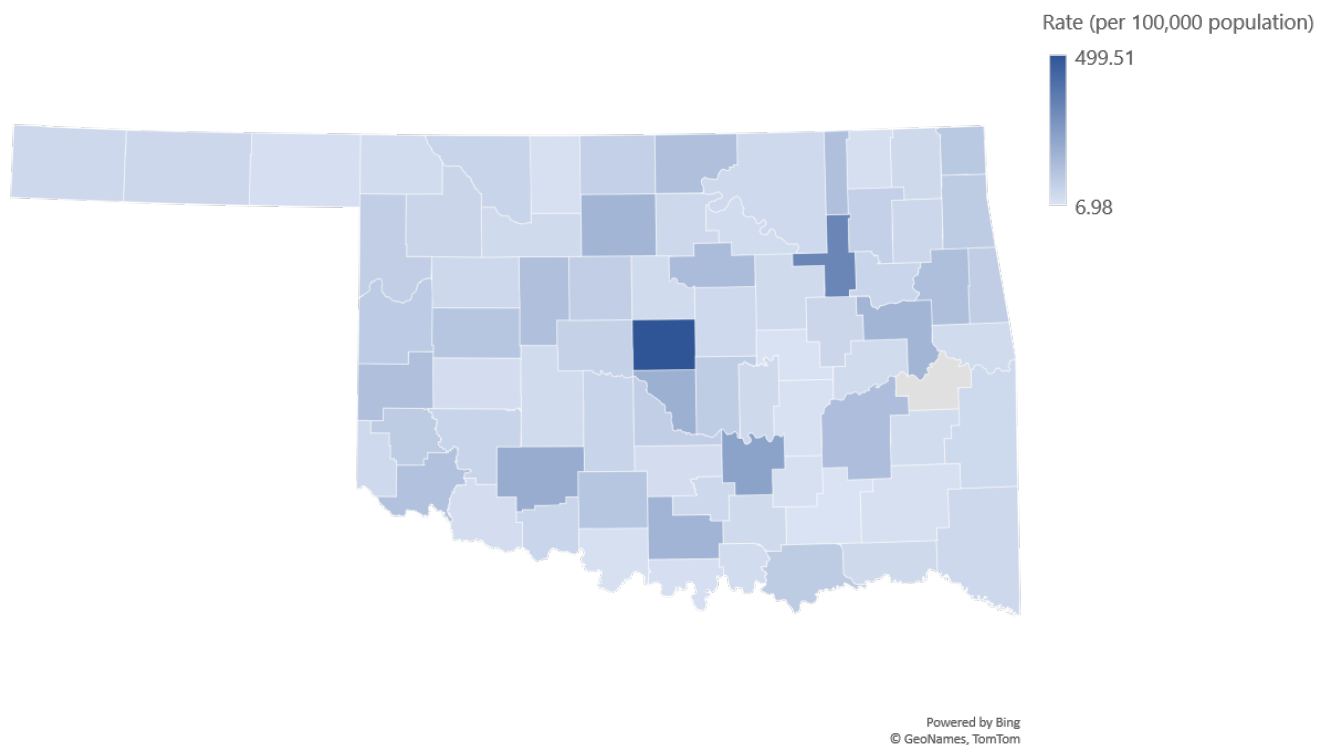


Figure 23. Medical Doctor Rate by County (Data Source: Health Resources and Services Administration, n.d.)

Additionally, workforce shortages vary by profession. The Health Resources and Services Administration uses percent adequacy to measure and project the demand versus supply of full-time workers (FTE) in multiple health professions, with a lower percent adequacy

indicating a greater shortage. The calculation includes the number of graduates in a specific field entering and leaving the workforce (projected supply) compared to projected demand (current workforce and population data) for full time equivalent positions, which can include some part-time workers.

Based on Health Resources and Services Administration's percent adequacy projections out to 2030, more professions will experience workforce shortages and many professions currently experiencing shortages will see them worsen. The three healthcare professions with the lowest percent adequacy forecasted for 2030 in Oklahoma are general internal medicine physicians (54%), occupational therapists (53%) and psychologists (51%). Other professions experiencing ongoing and future workforce shortages include anesthesiologists, emergency medicine physicians, family medicine physicians, physical therapists, radiologists, and registered nurses. The Health Resources and Services Administration expects the number of mental health counselors, which is currently adequate to meet the demand, to experience a sharp decline in adequacy by 2030 (Health Resources and Services Administration, n.d.). In the **Figure 24. Oklahoma Healthcare Workforce 2020-2030 Adequacy Percentage** below, all colored lines that fall below the double line representing 100% indicate a shortage for the profession labeled.

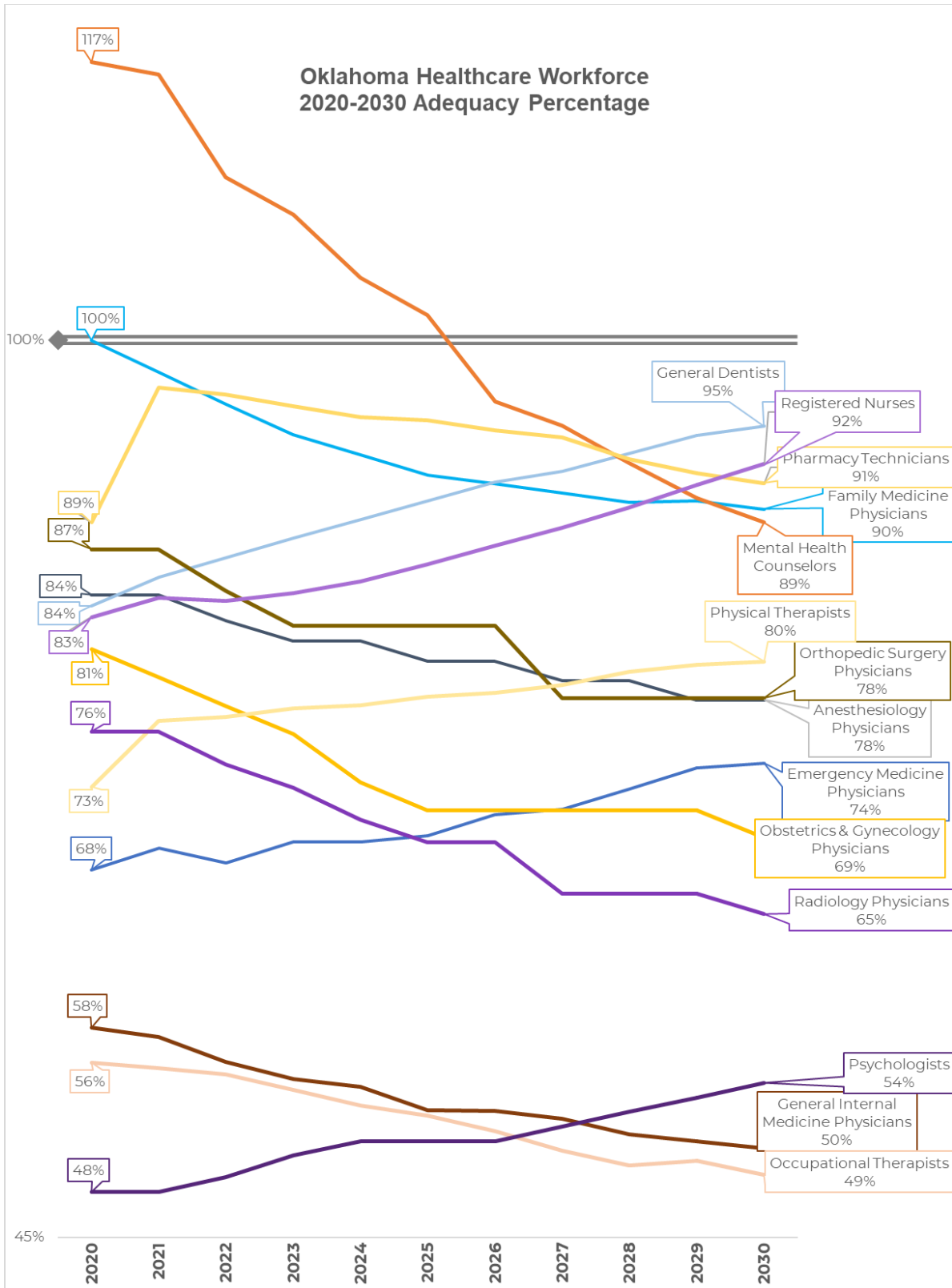


Figure 24. Oklahoma Healthcare Workforce 2020-2030 Adequacy Percentage (Data Source: Health Resources and Services Administration, n.d.)



Compounding the challenges of healthcare workforce shortages is the scarcity of skilled professionals dedicated to serving older adults. The American Geriatric Society, in its 2016 report, projected that the state of Oklahoma would need 325 geriatricians in 2030 to meet the demand of the growing population (American Geriatrics Society, 2016). As of 2021, there were 30 certified geriatricians in the state.

To address the healthcare workforce needs in the state, there are currently two medical schools, 63 nursing education programs, and other allied health programs. Additionally, Oklahoma state statute tasks the Health Care Workforce Training Commission to increase the number of physicians, nurses, and physician assistants in Oklahoma, particularly in rural and underserved areas of the state (Oklahoma Health Care Workforce Training Commission, 2022).

## Data Availability

Data plays a critical role in effective decision-making. Through the development of the Multisector Plan on Aging, and during its later implementation, data will play a critical role in supporting decision-making, tracking progress towards goals, and keeping stakeholders accountable. Organizations around the state capture data that can support these outcomes, but the availability of this data has been opaque to decision-makers and others in the aging community.

Therefore, the first step towards building a data-centric ecosystem is creating an inventory of available data. The data inventory will help the state determine the distinct types of data collected and identify data collection gaps to initiate development of processes and mechanisms through which Oklahoma can initiate specific data capture to directly support the Plan's goals. While the data inventory will be a living document that evolves over time, the initial inventory of data available to the state is included in **Appendix D. Data Inventory**.

# Stakeholder Perspectives

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## Section Highlights

- **Stakeholders would like to see additional high-quality services and supports for older Oklahomans.**
- **According to most seniors, Oklahoma is not prepared for the demographic shifts that will occur in the next decade.**
- **Oklahoma must enact change to address the negative perceptions of aging and the pervasiveness of ageism.**

Stakeholder engagement involves gathering information and insights from individuals and organizations that “hold a stake” in a particular topic or initiative. Stakeholder engagement can take many forms; the most common ways for organizations to gather information from stakeholders are interviews, focus groups, and surveys. Oklahoma Human Services used all these methods to gather information about aging in Oklahoma. The results of this information-gathering and engagement activities are in this section of the report.

## Stakeholder Engagement Process

The goal of the Multisector Plan on Aging is to connect all the organizations in the state that support older Oklahomans and contribute to their quality of life. An effective way to accomplish this task is to start conversations with many different individuals and organizations. Through these conversations, participants can better understand the connections among these organizations and work to increase coordination and efficiency of services and improve the age-friendliness of communities.

Oklahoma Human Services created a stakeholder engagement and communications plan to support the overall Multisector Plan on Aging development efforts. This engagement plan included communication and outreach efforts critical to the gathering of information from stakeholders.

Outreach efforts to support the Multisector Plan on Aging began with health and human services professionals within the state’s existing network of aging-focused organizations and experts. This approach allowed for a rapid start to the project that included subject matter experts on aging in Oklahoma. Between May and July of 2023, Oklahoma Human Services conducted additional outreach to tribal governments and communities, business leaders and employers, service providers, and the public, among other stakeholder groups. As the Plan development continues, the project will expand stakeholder recruitment efforts.

Oklahoma Human Services employed three outreach methods to gather insights on aging in Oklahoma: interviews with state agency leaders, listening sessions, and a statewide

survey. These methods allow Oklahoma Human Services to collect qualitative data (individual opinions, experiences, and thoughts) that allow for comparison to quantitative data (health data and statistics). Comparison of these two types of data allow Oklahoma Human Services to set priorities and develop an effective Multisector Plan on Aging.

In May 2023, Oklahoma Human Services conducted 10 listening sessions in five locations throughout the state. Sessions in Lawton, McAlester, Oklahoma City, Tulsa, and Woodward gathered health and human services professionals for morning sessions and the public in afternoon sessions. In July 2023, Oklahoma Human Services initiated outreach around the Multisector Plan on Aging with tribal governments and communities. Oklahoma Human Services facilitated two in-person listening sessions for elder tribal members. **Figure 25. Number of Attendees by Location for In-Person Listening Sessions** presents a snapshot of the number of attendees by location. After the in-person sessions, Oklahoma Human Services facilitated three virtual listening sessions that targeted particular professions as well as a public session for stakeholders who could not attend the in-person sessions. In July 2023, Oklahoma Human Services also facilitated a separate virtual listening session, open to providers of services for tribal elders in all 39 tribes.

### Number of Attendees by Location for In-Person Listening Sessions

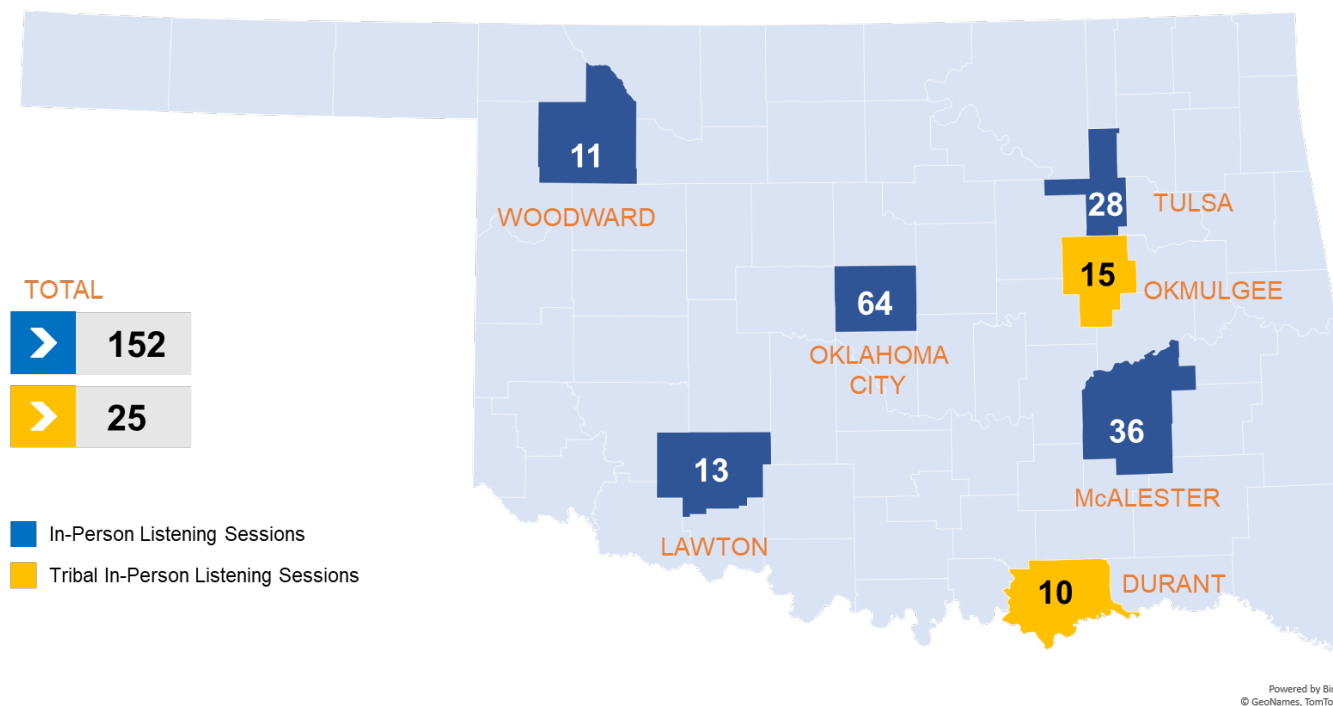


Figure 25. Number of Attendees by Location for In-Person Listening Sessions

In addition to the Listening Tour, for three weeks in June and July 2023, Oklahoma Human Services distributed a statewide survey that requested respondents identify aging topics that were important and to gather demographic data. Oklahoma Human Services used two methods to collect information for the statewide survey: an online survey and a similar paper-based survey. In total, 679 respondents took the survey, with 394 online surveys completed, and 285 paper-based surveys returned.

## Key Takeaways from the Stakeholder Engagement Process

### Listening Sessions

Oklahoma Human Services asked listening session attendees what they would change about the way older Oklahomans are currently supported if they could wave a magic wand. The magic wand question provided attendees a blank canvas to discuss the things that they would change, given no limitations. The theme that arose most often across all stakeholder groups was **“There are not enough quality service and supports for seniors.”**

As part of the information gathering process described in more detail in **Appendix B. Listening Tour Methodology and Results**, attendees wrote down the answers they believed were most important following a discussion about the topic. After the Listening Tour concluded, Oklahoma Human Services grouped the participants’ written statements and captured the themes of these statements as “challenge statements.” Each participant statement was assigned a single challenge statement.

Participants raised the challenge theme “There are not enough quality services and supports for seniors” most often across all locations (seven sites) and all stakeholder groups (human services professionals, tribal communities, and the public). **Overwhelmingly, if listening session attendees could wave a magic wand, they would improve the quality and quantity of services available for seniors.**

Category	Sessions’ Locations and Stakeholder Groups	Number of Statements
In-Person Session Location	Lawton	31
In-Person Session Location	McAlester	99
In-Person Session Location	Oklahoma City	132
In-Person Session Location	Tulsa	96
In-Person Session Location	Woodward	49
In-Person Session Stakeholder Group	Morning Sessions for Human Services Professionals	236
In-Person Session Stakeholder Group	Afternoon Sessions for the General Public	171
Tribal Listening Sessions Stakeholder Group	Tribal elders	65
Tribal Listening Sessions Stakeholder Group	Providers of services for tribal elders	34
TOTAL	TOTAL	<b>913</b>

Table 4. Number of Written Statements for “There Aren’t Enough Quality Services and Resources”

The next four challenge statements that represent attendees' concerns as revealed through the "magic wand" question are the following, shown in rank-order:

1. There are not enough healthcare and human services workers. (102 total responses)
2. Government is not spending enough money to support seniors. (88 total responses)
3. Older adults' quality of life, safety, and security are suffering. (80 total responses)
4. Older adults are not valued like they should be. (73 total responses)

**Insights for the Multisector Plan on Aging.** The top three listening session challenge statements above identify a clear area of interest for the Plan to address: *the resources currently available to seniors are not adequate to meet their needs*. According to most participants in the listening sessions, there are not enough services and supports – or the workforce to deliver them – and there is room for the quality of those services and supports to improve. Respondents indicated a desire to see an increase in the financial investments made by government.<sup>5</sup>

The fourth and fifth most-identified challenge statements indicate the listening session attendees believe there is an overall disparity in the quality of life for older adults. For many, aging is viewed negatively, and older people are stereotyped as burdensome, dependent, and without value (Allen et al., 2022). These negative stereotypes are known as ageism. Statements like "quality of life, safety, and security are suffering" and "older adults aren't valued" indicate stakeholders are concerned about the societal perception of aging and the issues it creates for older adults.

Details about the listening sessions participants' written statements, including but not limited to the types of programs, resources, and services mentioned by the participants, are included in **Appendix B. Listening Session Methodology and Results**.

## Statewide Survey

The statewide survey contained 19 questions that provided insights into aging and aging services in the State of Oklahoma. Questions included demographic questions, questions about the individual's role or interest in aging issues, and questions about the individual's experience with seeking and receiving support through state or local programs. Analysis to identify the statewide survey's key takeaways focused on four questions that provide insight into the key perceptions of aging by respondents.

One question asked respondents about whether they felt the state was ready to address the needs of seniors. The other three questions asked respondents to rank the top five choices from a selection of choices on three topics: key aspects of aging, the biggest challenges associated with aging, and topics from other states' Multisector Plans on Aging that Oklahoma should consider. Oklahoma Human Services took the key aspects of aging

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<sup>5</sup> Statements did not clearly indicate if federal, state, or local governments should be the primary funder.

and the biggest challenges from the theme statements derived during the analysis of listening session data. Details about the methodology and survey results for other questions are available in **Appendix C. Statewide Survey Methodology and Results.**

Survey respondents spoke with a clear voice regarding their key areas of interests. Continuing with the trends identified in the listening sessions, respondents selected choices that identified their desire to improve the service delivery systems and quality of life for older adults.

- **Key Takeaway 1:** Stakeholders do not believe Oklahoma is ready to support older Oklahomans.
- **Key Takeaway 2:** Stakeholders believe older Oklahomans should have access to enough high-quality services and supports.
- **Key Takeaway 3:** Stakeholders believe seniors deserve to have the financial security to take care of their basic needs like housing.

Question 12 of the survey asked respondents to rate their level of agreement with the following statement, selecting only one option: **“The State of Oklahoma is prepared to support older Oklahomans to live independently and on their own terms.”** Nearly half of the respondents indicated they “Disagreed” or “Strongly Disagreed” with the statement. Only 123 respondents (18%) stated they “Strongly Agreed” or “Agreed” with the statement.

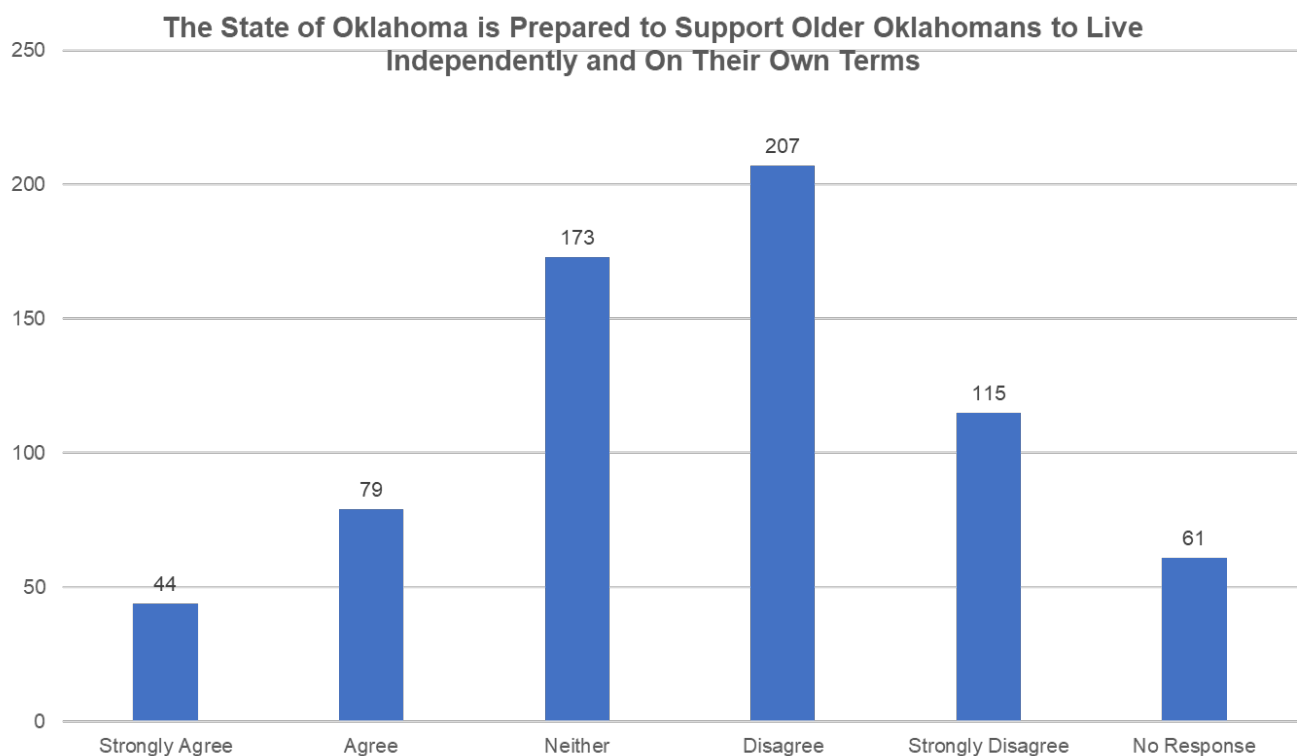


Figure 26. Responses to “The State of Oklahoma is prepared to support older Oklahomans to live independently and on their own terms”

Question 13 asked respondents to rank their top five from a selection of nine statements that **describe important aspects of the aging experience**.

As shown in **Figure 27. Top 3 Statements that Describe Important Aspects of the Aging Experience** below, the top three statements by ranked score were:

1. Easy access to and use of support services for everyone who needs them.
2. A healthy and safe environment for older Oklahomans.
3. Reliable, high-quality support services and resources.

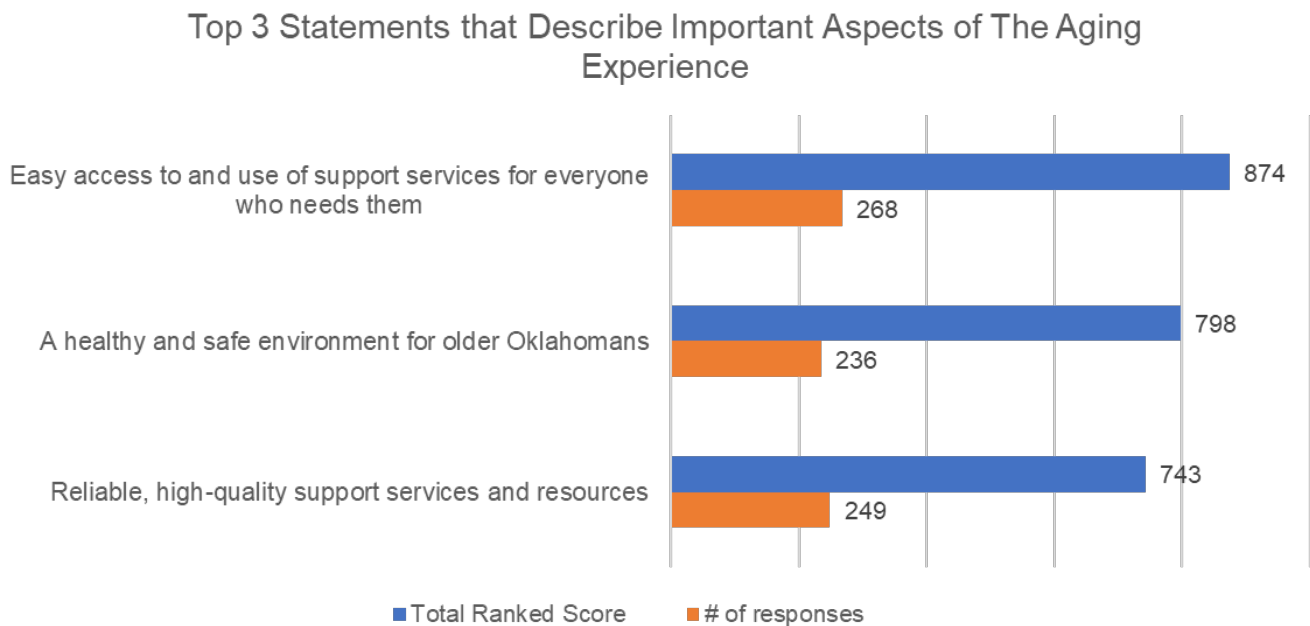


Figure 27. Top 3 Statements that Describe Important Aspects of the Aging Experience

The same three statements were the top three by number of respondents, only in a slightly different order:

1. Easy access to and use of support services for everyone who needs them.
2. Reliable, high-quality support services and resources.
3. A healthy and safe environment for older Oklahomans.

Question 14 asked respondents to rank 18 statements that describe the biggest challenges related to aging in Oklahoma.

**Figure 28. Top 3 Responses to “Biggest Challenges Related to Aging in Oklahoma”** shows the top three challenges as ranked by survey respondents.

1. People do not have enough money to care for themselves after retirement.
2. As more people need services, government and other organizations will not be able to keep up with the need.
3. Older adults need affordable housing options that meet their needs.

**Top 3 Responses to Biggest Challenges Related to Aging In Oklahoma**

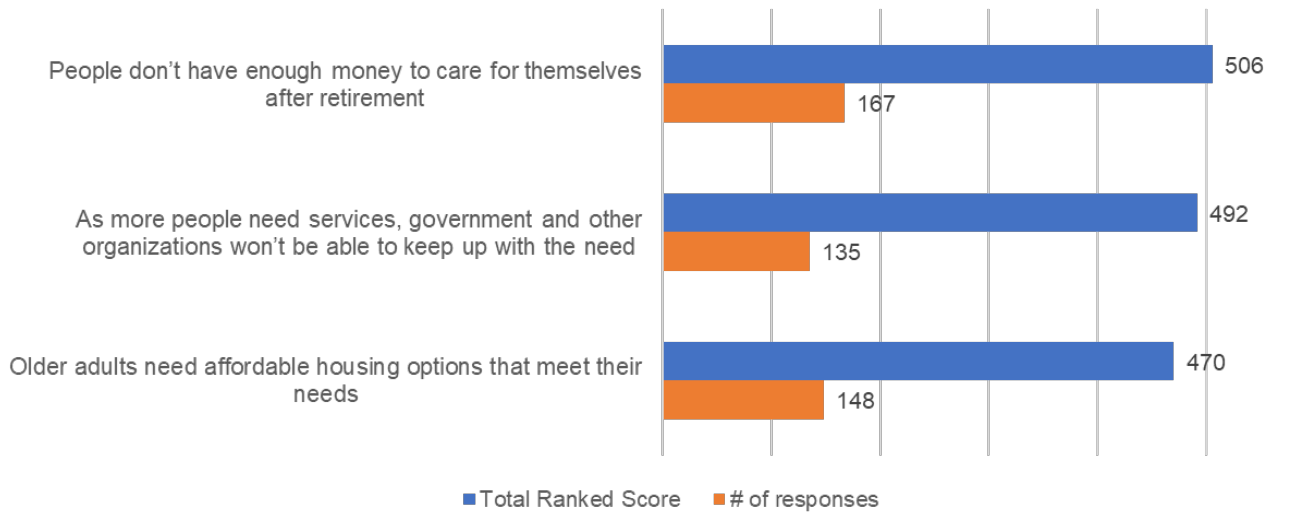


Figure 28. Top 3 Responses to “Biggest Challenges Related to Aging in Oklahoma”

Question 15 listed 17 topics referenced in other Multisector Plans on Aging and asked the respondents to rank topics important to them.

**Figure 29. Top 3 Responses to “Topics in Order of Importance That Appear in Multisector Plans on Aging in Other States”** identifies the top three statements by ranked score:

1. Economic Security – Giving older adults the ability to consistently meet their needs.
2. Family caregiving – Supporting family members who care for aging and disabled individuals.
3. Long-Term Services and Supports – Improving the broad range of paid and unpaid medical and personal care services.



### Top 3 Responses to Topics in Order of Importance that Appear in Multisector Plans on Aging in Other States

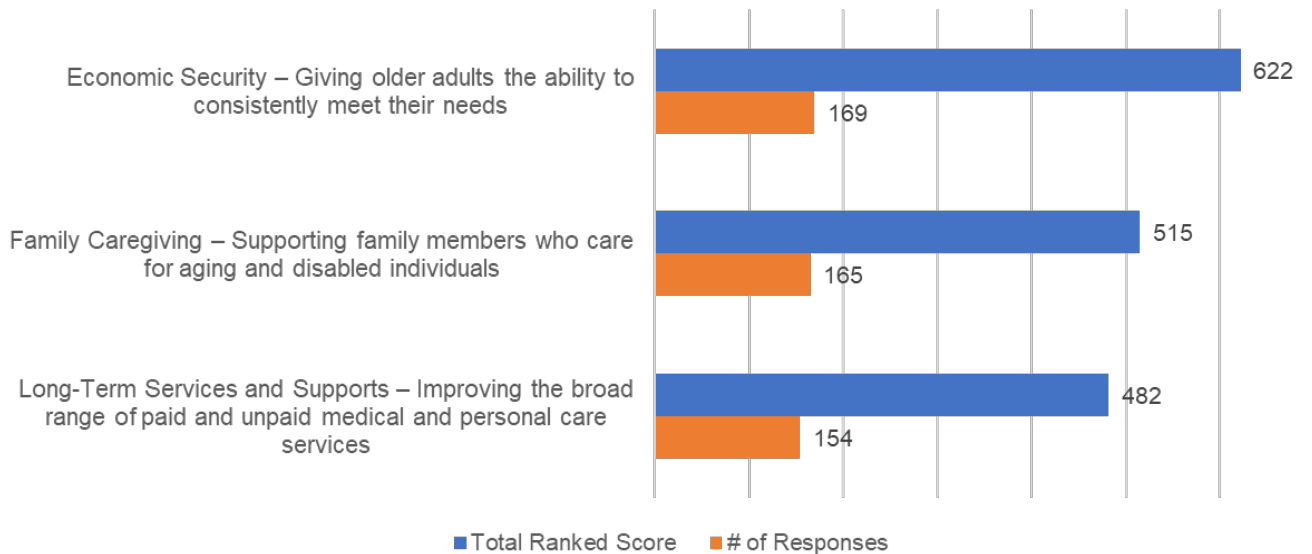


Figure 29. Top 3 Responses to “Topics in Order of Importance That Appear in Multisector Plans on Aging in Other States”

### Defining Personas

Personas are a tool used to guide communication and can be helpful in ensuring that decisions made keep the focus on people and their needs. Based on statements made by listening session attendees, and the responses provided through the statewide survey, Oklahoma Human Services developed the following personas that provide insights into some of the state’s stakeholders. **These are not actual people**; rather, they reflect the themes and insights gathered throughout the current-state research period and Oklahoma leadership will use them to support messaging and planning throughout the Plan development period. As this project moves forward, Oklahoma Human Services will examine the need to develop further personas based on the information gathered, to support decision-making.

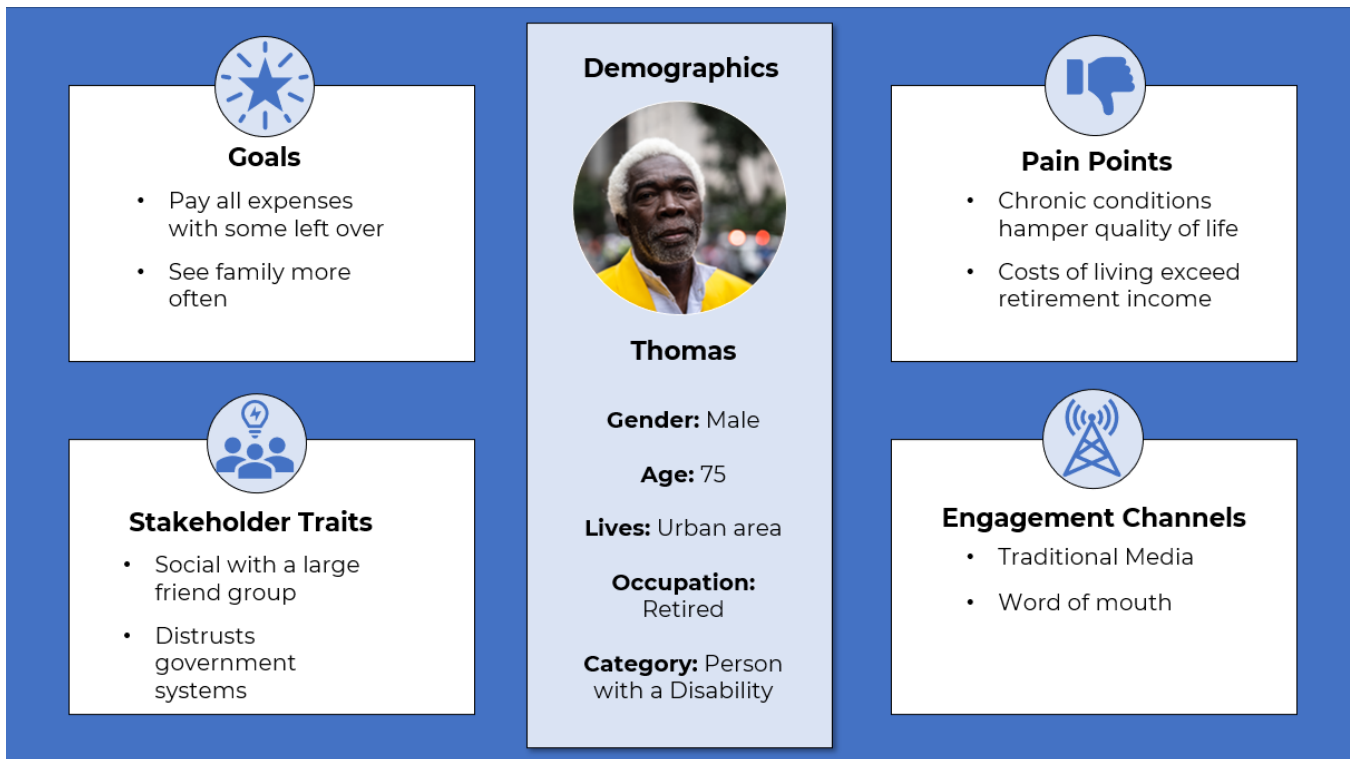


Figure 30. Persona 1: Thomas

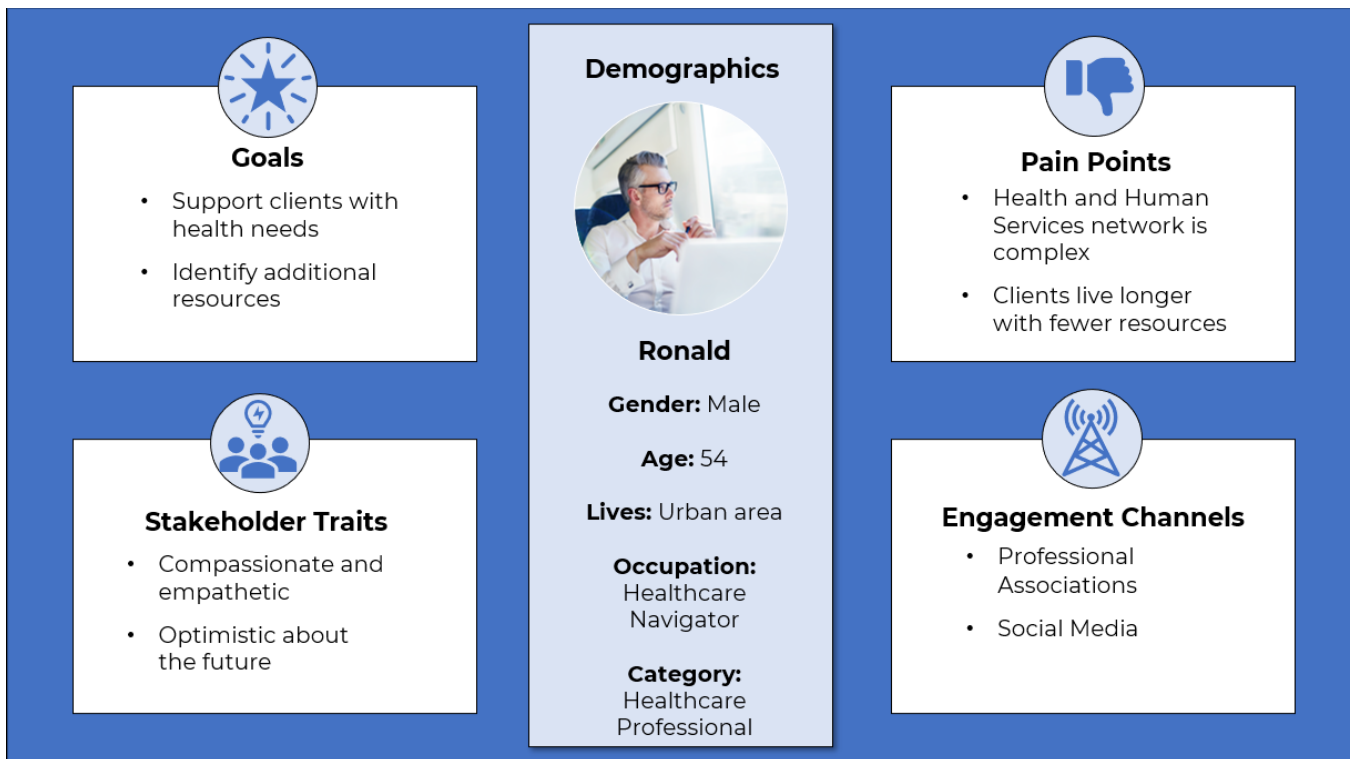


Figure 31. Persona 2: Ronald

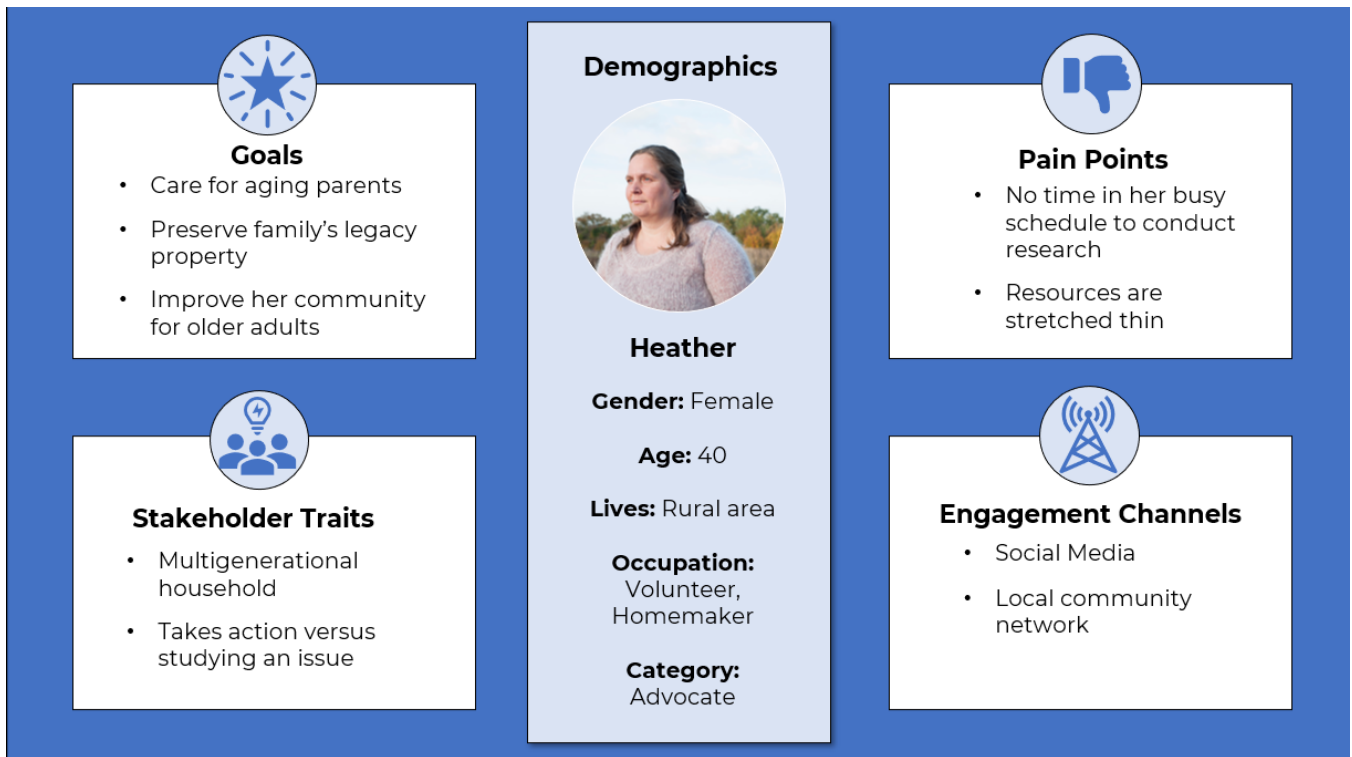


Figure 32. Persona 3: Heather

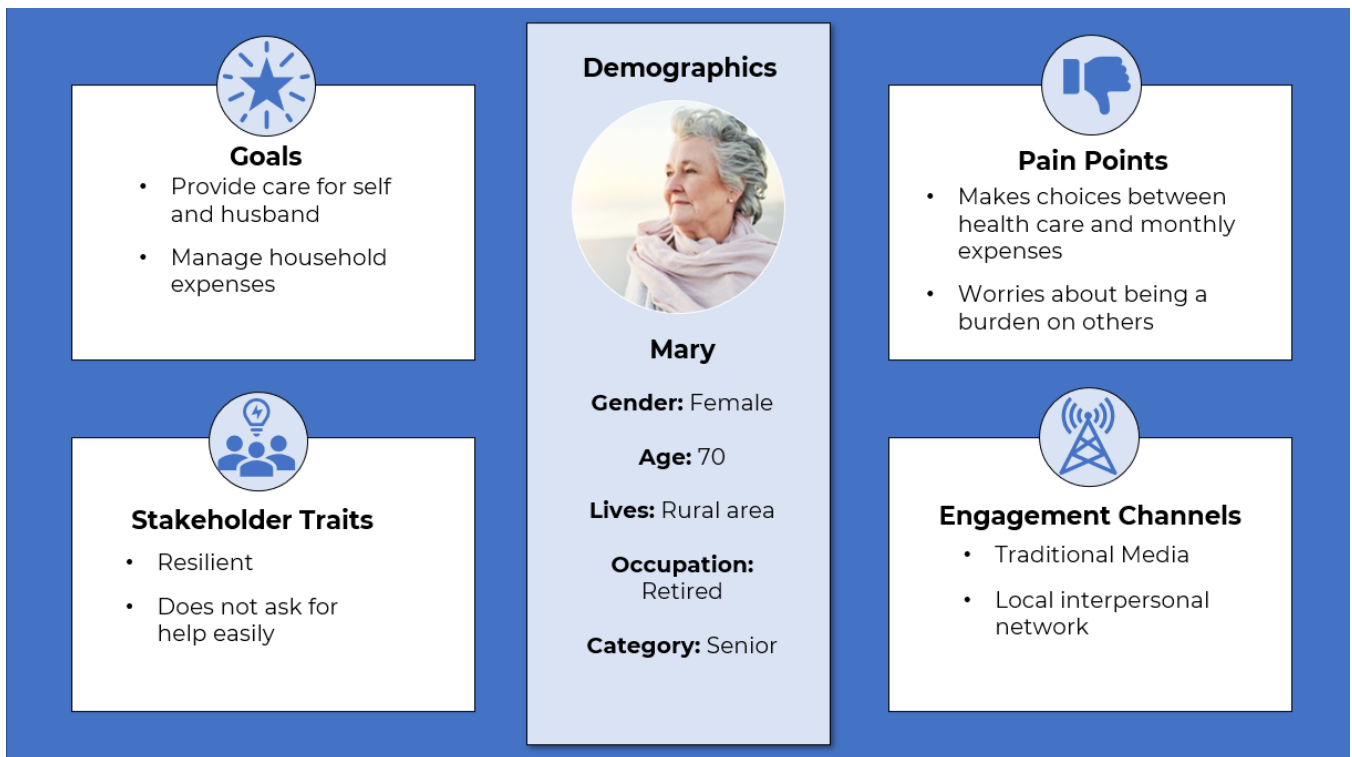


Figure 33. Persona 4: Mary

Understanding the people impacted by decisions made as part of the Plan development process, will help diffuse biases, like ageism, and support solutions that are just and equitable to all. These personas support that understanding.

# A Future Vision for Oklahoma

## Section Highlights

- The Plan will positively impact the state and its aging population.
- Now is the right time for Oklahoma to develop the Plan, as there is momentum, stakeholder buy-in, and resources available to facilitate its success.

Achieving an ideal future for Oklahoma will require a Multisector Plan on Aging that includes resourceful and creative solutions to ensure a safe and healthy future for all Oklahomans as they age. This section outlines the Plan’s key benefits. Now is the best time to lay the foundation of the multi-year strategic plan and considerations to inform the next phase of the Plan’s development.

## How the Multisector Plan on Aging Will Benefit Oklahomans

The Multisector Plan on Aging holds tremendous potential to shape the future for aging Oklahomans. The Plan brings to the table six benefits that will pave the way for a comprehensive and inclusive approach to support aging in Oklahoma. See **Figure 34. Six Benefits of the Multisector Plan on Aging for Oklahoma.**



Figure 34. Six Benefits of the Multisector Plan on Aging for Oklahoma

**Builds relationships across public and private sectors.** The Plan is a catalyst for building meaningful relationships between public and private sectors. By bringing together government agencies, nonprofit organizations, businesses, and key stakeholders, the Plan will create a collaborative tool to enhance the lives of Oklahomans as they age.

**Facilitates collaboration with a diverse group of stakeholders.** The Plan encourages collaboration among a diverse group of stakeholders. This collaborative approach strives to guarantee the Plan represents all stakeholders' voices, needs, and aspirations.

**Raises awareness of aging issues and priorities.** One of the most important benefits of the Plan will be the ability to raise awareness of aging issues and priorities among policymakers, communities, and the public. This increased awareness can facilitate an environment for resource allocation, community engagement, and other supportive services that will enhance the lives of Oklahomans.

**Establishes statewide priorities.** The Plan will establish a framework to identify and prioritize the most pressing issues that older Oklahomans face. The Plan ensures that resources and efforts are directed at areas that will most significantly impact the wellbeing and quality of life of Oklahoma's older residents.

**Promotes inclusion of aging issues beyond traditional healthcare.** The Plan highlights the importance of addressing social determinants of health, economic security, housing, transportation, and other factors that influence the older adults' wellbeing. Promoting issues beyond traditional healthcare helps to foster a comprehensive approach to aging by encouraging policies and interventions to holistically address the diverse and evolving needs of older adults.

**Utilize capital stacking to develop equity across a multitude of sectors.** The Plan can harness the power of capital stacking by pooling diverse investments across a multitude of sectors. There are scattered investments across the state, and the Plan aims to unify the resources and build upon each one's strengths. This will promote efficient resource allocation and equity development across diverse sectors.

## Best Practices for a Multisector Plan on Aging

Developing a Multisector Plan on Aging is a complex task that requires an approach tailored to the unique characteristics and challenges of each state. The Center for Healthcare Strategies (2022) lays out best practices, which states can adopt for the development of the Plan. As there is no one-size-fits-all formula, Oklahoma can use certain best practices as guiding principles for the process. These best practices lay the foundation of the Plan.

**Empower collaborative leaders.** Effective leadership is pivotal for the success of the development of the Plan. The Plan requires leaders who are determined and committed to working across organizations. These leaders should foster collaboration, bridge gaps across sectors, and inspire action towards change that benefits all Oklahomans, including the aging population.

**Build a skillful and diverse team.** The success of developing the Plan relies on effective teamwork among a diverse group of experts. By bringing together individuals with a wide range of skills, expertise and perspectives, the Plan can consider all aspects of aging. A diverse team ensures the Plan's effectiveness in creating a multisector approach.

**Leverage existing efforts.** The Plan should build upon existing state planning efforts. By integrating ongoing initiatives, the Plan can leverage shared resources, avoid redundancies, and prevent loss of any progress made.

**Promote statewide stakeholder engagement.** The development of the Plan is a collective effort, and engaging stakeholders to gain their invaluable insights contributes to the Plan's success. Gathering insights from stakeholders across Oklahoma enhances the likelihood that the Plan will meet the needs of all Oklahomans.

**Foster a diverse coalition of stakeholders.** Recognizing that aging affects everyone in the state, the Plan should engage a broad coalition of stakeholders from public, private, and nonprofit organizations. Embracing its multisectoral spirit, the Plan should emphasize collaboration and participation by members of multiple communities, sectors, and industries.

**Involve executive and legislative branches.** Active involvement from state leaders is paramount to the successful development of the Plan. These elected leaders can champion the effort and play a pivotal role in driving policies and initiatives that support the vision of the Plan.

**Establish committees and subcommittees.** The formation of diverse and invested committees and subcommittees is foundational to the Plan. Emphasizing diverse representation, the committees and subcommittees will represent the multisector approach.

**Use data to inform goals and initiatives.** Using research, data, and evidence to inform the Plan development is crucial. The Plan development should use an evidence-based approach utilizing data to generate insights and creative solutions to support the growing needs of older Oklahomans.

**Design for the short-, mid- and long-term.** Oklahoma should organize the Plan based on priorities of its diverse stakeholders, focusing on the most critical needs in the short- and mid-term, and the long-term, aspirational needs of aging residents.

## Oklahoma's Readiness Assessment

To establish a solid foundation for the Multisector Plan on Aging development, Oklahoma Human Services conducted a readiness assessment to understand the state's level of preparedness for the project. The readiness assessment used defined measures of readiness based on the best practices outlined above to identify areas where Oklahoma and its various stakeholders were ready to develop the Plan, and areas that would require additional effort. The readiness assessment concluded that **now is the right time** for

Oklahoma to develop the Plan, as there is momentum, stakeholder buy-in, and resources available to facilitate its success.

Assessing the measures of readiness revealed the following:

**Awareness.** Across all stakeholder groups, there was strong consensus about the needs faced by aging Oklahomans, and the value of a Multisector Plan on Aging to address those needs.

**Stakeholder Willingness.** Stakeholders communicated strong consensus regarding the benefits and opportunities presented by the Plan, and their willingness to be involved.

**True Ownership.** Oklahoma Human Services leadership expressed a strong commitment to the Plan and willingness to champion the project across the state.

**Stakeholder Availability.** Representatives of advocates, providers, and state agencies expressed concerns regarding availability of resources to participate in the Plan development. They indicated that workforce shortages continue to impact the stakeholders serving aging Oklahomans.

**Support of Elected Officials.** Agency leadership and some stakeholders identified support of elected officials as an area of readiness. Yet, other stakeholders perceived a lack of support from elected officials, which creates a barrier to readiness.

## Alignment with State Objectives

The Multisector Plan on Aging integrates Oklahoma Human Services' True North (Oklahoma Human Services, 2023) and the Science of Hope (Oklahoma Human Services, 2021). The True North Goals articulate the driving principles that guide the important work conducted by the agency. Oklahoma Human Services is also the lead agency tasked by Governor Stitt to build a hope-centered state, using the principles defined by Dr. Chan Hellman called "The Science of Hope." Both the True North Goals and the Science of Hope are foundational to the Plan and integrate core principles related to serving aging Oklahomans and *enhancing* their lives. See **Figure 35. Oklahoma Human Services' True North Goals and the Science of Hope.**





Figure 35. Oklahoma Human Services' True North Goals and the Science of Hope

## Next Steps

As Oklahoma takes steps toward the development of the Multisector Plan on Aging, we must tailor this Plan to the needs and aspirations of Oklahomans. The contents of the Plan should address Oklahoma’s aging-related challenges and inform an implementation approach that ensures the Plan has a sustainable future, considering the ever-changing needs of the state’s aging population.

The development of the Plan follows a well-defined four-step process. The structured and focused approach begins with a comprehensive assessment of the broader aging issues, and gradually refines them to address the prioritized needs of Oklahoma and its aging population. See **Figure 36. Oklahoma’s Multisector Plan on Aging Development Process.**



Figure 36. Oklahoma's Multisector Plan on Aging Development Process

Having completed the first two steps as described above, Envisioning the Future State is the **third step** and will focus on defining the state's desired vision for the future of aging in Oklahoma. This Current State Report lays the groundwork for identifying focus areas, setting goals, and identifying pathways to achieve them. The Advisory and Executive Steering Committee members will continue to seek stakeholder input and identify individuals to serve on subcommittees to guide this process. See **Appendix A. Project Leadership Structure** for a description of the groups and individuals involved in the Plan development.

### *Call to Action*

The development of the Plan is an inclusive and collaborative process that welcomes the participation of all stakeholders. Whether you are an older adult, a family member, a caregiver, a community organization or simply interested in aging related issues, your involvement and support are crucial to shaping the development of the Plan.

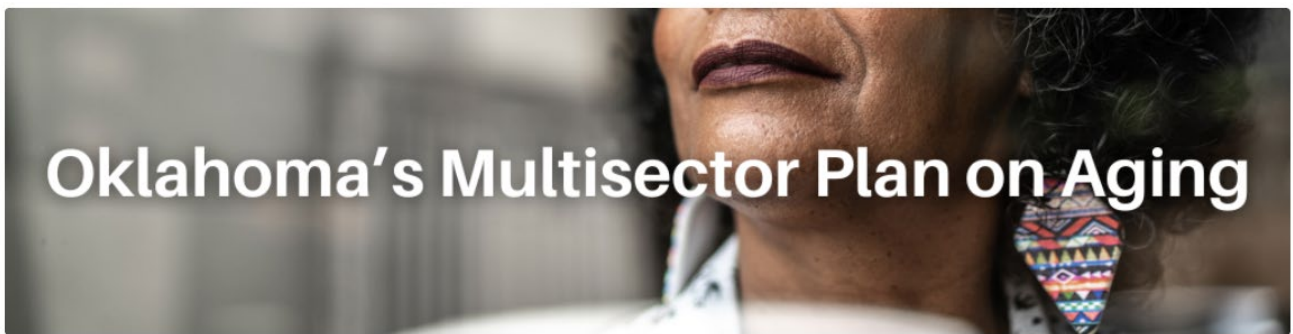
If you are interested in staying updated on the Plan development or supporting it by participating in one of the Advisory Committee subcommittees, please visit Oklahoma’s Multisector Plan on Aging [website](#). There you can find details on upcoming events, key milestones, and relevant documents and communicate your interest in participating or receiving project updates.



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Oklahoma Human Services > Services > Community Living, Aging and Protective Services (CAP) > Oklahoma’s Multisector Plan on Aging



### The Plan

A Multisector Plan on Aging is an approach that engages public, private, and other organizations to work together to improve the lives of older Oklahomans – specifically those 65 and older. The Multisector Plan on Aging will enable and empower us to prepare our communities for the future.

### We Want to Hear From You!

Are you an Oklahoman over the age of 60? Do you know an Oklahoman over the age of 60? We want to hear from you! Take less than 10 minutes to share your thoughts on aging in Oklahoma by [taking our Statewide Survey](#). The survey closes on July 7, 2023.

Figure 37. Oklahoma Multisector Plan on Aging Website Landing Page

**To visit the Oklahoma Multisector Plan on Aging website, please use the following URL: <https://oklahoma.gov/okdhs/services/cap/mpa>**

## Appendix A. Project Leadership Structure

The Multisector Plan on Aging is guided by a leadership structure that ensures effective decision-making, stakeholder engagement, and diverse representation so all voices are heard and represented in this Plan.

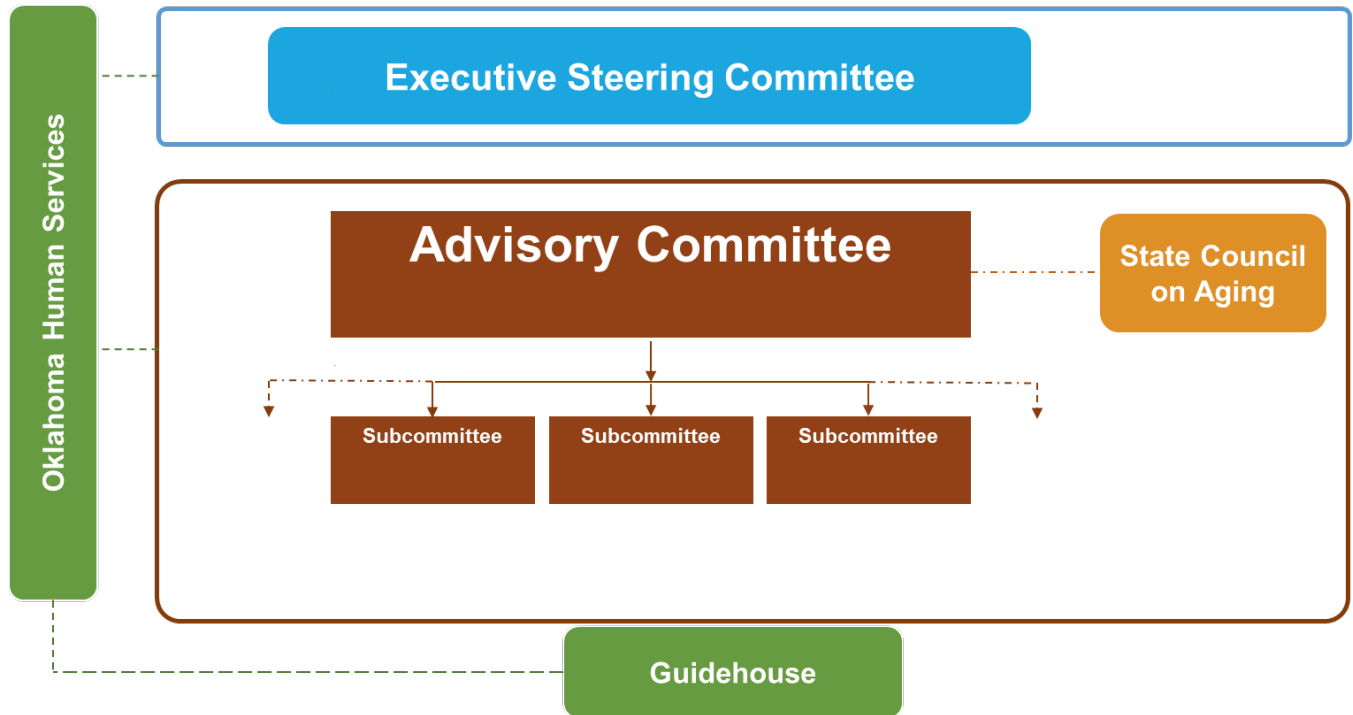


Figure A1. Oklahoma's Multisector Plan of Aging Project Leadership Structure

The **Multisector Plan on Aging Steering Committee** serves as the main decision-making body, composed of leaders from various state agencies. It plays a pivotal role in shaping the strategic vision and ensuring the success of the Plan. This committee meets quarterly to provide overall direction and guidance for the project.

The **Multisector Plan on Aging Advisory Committee** is a diverse group of stakeholders representing the private sector and nonprofits. This committee meets monthly, and offers their expertise, insights, and perspectives to inform the Plan's strategies and actions.

The **State Council on Aging** is a strategic advisor within the Oklahoma Multisector Plan on Aging leadership structure. The Council helps ensure that the Plan aligns with the needs and priorities of aging Oklahomans.

As the project sponsor, **Oklahoma Human Services** is central to driving the Plan's development and, at a later stage, its implementation. Oklahoma Human Services collaborates with other agencies, organizations, and stakeholders to pave the way for the Plan's development. It provides leadership, information, and resources.

**Guidehouse** serves as a strategic partner for the development of the Multisector Plan on Aging under the supervision of Oklahoma Human Services. Guidehouse provides expertise, supports stakeholder engagement, conducts analysis and research, and supports the leadership and committees in their tasks.

## Executive Steering Committee

Deborah Shropshire, M.D. – Oklahoma Secretary of Human Services  
Alisa West-Cahill – Oklahoma Department of Mental Health and Substance Abuses Services  
Brenda Hoefar – Office of Disability Concerns  
David Ward – Oklahoma Healthcare Authority  
Deborah Smith – Oklahoma Human Services  
Jeromy Buchanan – Oklahoma Human Services  
Marshall Vogts – Oklahoma Department of Commerce  
Rep. Nicole Miller – Oklahoma State Representative  
Regan McManus – Indian Nations Council of Governments Area Agency on Aging  
Olivia Hook – Oklahoma Department of Transportation  
Stephen Weaver – Oklahoma State Department of Health  
Rep. Tammy West – Oklahoma State Representative  
Tonya Garman – Oklahoma Department of Rehabilitation Services

## Advisory Committee

Claire Dowers-Nichols – Healthy Living OKC  
Jake Brownlow – Valir Health  
Jeromy Buchanan – Oklahoma Human Services  
Karen Orsi – Oklahoma Mental Health and Aging Coalition  
Kimberly Green – Diakonos Group  
Lola Edwards – CompleteOK  
Maggie Schaffer – Alzheimer’s Association  
Marilyn Olson – Villages OKC  
Sean Voskuhl – AARP  
Steven Buck – Care Providers Oklahoma

## Appendix B. Listening Session Methodology and Results

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### In-Person Listening Sessions

Oklahoma Human Services collected important feedback from a wide variety of stakeholders during the in-person listening sessions. During the in-person listening sessions, facilitators asked attendees to gather at tables and respond to one of four questions individually and then as a group. The session gathered information about each question from every attendee over the course of four rounds. After round one, attendees moved to a different table to repeat the discussion for another question during round two, and so on.

During the last few minutes of each round, attendees wrote their concluding thoughts about the question on index cards. Meeting facilitators collected the statements written on these index cards, and the attendees shared their thoughts with the group at the end of each listening session. The written statements became the qualitative data analyzed and presented in this section. It is important to note that the discussions in the listening sessions were robust, and participants shared their thoughts about many topics at their discussion tables and in the final group discussion. The qualitative analysis presented here only represents what the participants decided to write on their index cards and submit to the facilitators and may not capture the full spectrum of the insights that participants shared verbally.

A total of 152 Oklahomans attended and participated in the 10 in-person listening sessions hosted in Lawton, McAlester, Oklahoma City, Tulsa, and Woodward. Each listening session had varying numbers of attendees living and working in urban, suburban, and rural communities across Oklahoma. The attendee count only includes those who attended as participants. It does not include support staff, table hosts, and other volunteers.

Facilitators asked attendees a series of four questions in no particular order during the listening sessions:

1. The Multisector Plan for Aging can address challenges in certain areas that affect older Oklahomans. For example, health care, housing, or transportation. In your opinion, what are the most important challenges the Multisector Plan on Aging should address?
2. Over the next 25 years, older Oklahomans will retire in large numbers. In your opinion, what are the biggest impacts to the state?
3. Are there differences between how older Oklahomans live and are supported in rural areas compared to urban areas? If so, what are the most important differences?
4. You have a magic wand that will improve the quality of life for older Oklahomans, regardless of budgets, policies, or workforce issues. When you wave that wand, what do you change?

Each attendee provided their written comments on index cards, and each attendee could provide multiple statements. In total, Oklahoma Human Services collected 1,154 individual statements from the 10 listening sessions. Of the 1,154 total written responses, attendees in Lawton provided 85 statements, McAlester provided 252, Oklahoma City provided 475, Tulsa provided 225, and Woodward provided 117.

To better understand the listening session attendees' written statements, Oklahoma Human Services categorized the statements, and identified 18 challenge statements to describe the categorized responses. These challenge statements help to communicate trends and themed topics of what participants wrote, while staying true to what participants communicated in their written responses.

Challenge Statement	Number of Statements
There are not enough quality services and resources.	407
There are not enough healthcare and human services workers.	102
Government is not spending enough money to support seniors.	88
Older adults' quality of life, safety, and security are suffering.	80
Older adults need affordable housing options that meet their needs.	76
Older adults are not valued like they should be.	73
Older adults are impacted by economic and financial insecurity.	64
The system is too complicated because agencies and other organizations do not work together.	52
Older adults do not know about available services and resources, and it is too difficult to get information about services and to apply for them.	48
Older Oklahomans' lives are impacted by mental health and behavioral health challenges.	48
Workers retiring are creating workforce shortages for all kinds of businesses.	26
As more people need services, government and other organizations will not be able to keep up with the need.	23
The eligibility requirements make it too difficult for older adults to access public benefits.	19
As people retire there will not be enough tax revenue to pay for current services.	17
Update current legislation, regulations, rules, and policies to better support older Oklahomans.	12
Rural areas possess a greater sense of family and community than urban areas.	10
Other <sup>6</sup>	7
Differences between rural and urban communities create challenges. <sup>7</sup>	2

Table B1. Summary of Listening Session Challenge Statements

<sup>6</sup> Seven written responses could not be properly categorized in a challenge statement without misrepresenting the meaning of the response. These are categorized in the “Other” category.

<sup>7</sup> Oklahoma Human Services created the challenge statement “Differences between rural and urban communities create challenges” to categorize two affirmative statements that could not be represented by other challenge statements. It does not reflect the complex statements and challenges representing the experiences of living in rural communities. Analysis of the written responses—and their challenge Statements—to the Rural/Urban question will be discussed on their own.



To make sense of the 1,154 written statements, the challenge statements are discussed in the context of the question to which they respond were discussed. This discussion will also consider the prevalence of each challenge statement by location to identify any relevant geospatial trends and differences. When reviewing the responses by location, it is important to remember that the analysis is solely based on what participants wrote and submitted. Due to this limitation, these responses are only representative and do not capture the full spectrum of what any one participant or community prioritizes or cares about.

**The Multisector Plan on Aging can address challenges in certain areas that affect older Oklahomans. For example, health care, housing, or transportation. In your opinion, what are the most important challenges the Multisector Plan on Aging should address?**

Attendees submitted 266 statements in response to this question, and in turn, the same number of challenge statements were identified.

The five challenge statements identified the most often are the following, shown in rank-order:

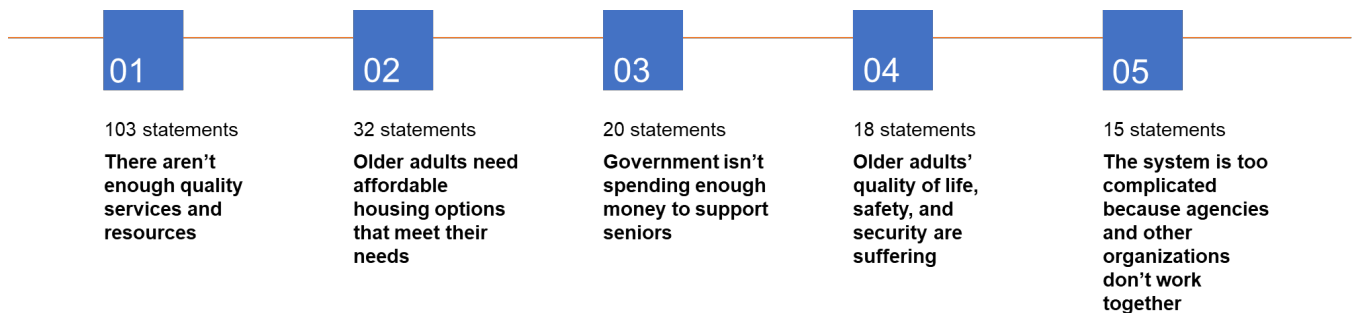


Figure B1. Top Five Challenge Statements at In-Person Listening Sessions for Question “The Multisector Plan on Aging Can Address Challenges in Certain Areas That Affect Older Oklahomans. For Example, Health Care, Housing, Or Transportation. In Your Opinion, What Are the Most Important Challenges the Multisector Plan on Aging Should Address?”

By far, attendees across all sessions agreed that the lack of quality services and resources is the most important challenge that the Multisector Plan on Aging can address. When asked this question, statements represented by this challenge statement account for 40% of this question’s responses submitted in Lawton, 51% of the answers to this question in McAlester, 26% in Oklahoma City, 41% in Tulsa, and 45% in Woodward.<sup>8</sup>

<sup>8</sup>Lawton: 8 out of 20 statements in response to this question  
 McAlester: 37 out of 72 statements in response to this question  
 Oklahoma City: 27 out of 102 statements in response to this question  
 Tulsa: 17 out of 41 statements in response to this question  
 Woodward: 14 out of 31 statements in response to this question

The statements represented by this challenge statement include a wide array of resources and services, including but not limited to:

- Transportation generally and transportation serving rural residents specifically,
- Food, meals, and nutrition for seniors,
- Long-term assistance,
- General healthcare and primary care,
- Specialty care like medical, vision, dental and physical therapy,
- In-home services in rural areas, and
- Services to support aging in place.

The statements about these types of resources and services also address the quality of services and resources available, the lack of services and resources in general, and how easy or difficult it is to access these services and resources. Of the 103 responses represented by “There aren’t enough quality services and resources,” 43 responses directly addressed transportation, and 15 address food, meals, and nutrition.

**Over the next 25 years, older Oklahomans will retire in large numbers. In your opinion, what are the biggest impacts to the state?**

In response to this question, attendees submitted 281 statements, and in turn, the same number of challenge statements were identified.

The five challenge statements identified the most often are the following, shown in rank-order:



Figure B2. Top Five Challenge Statements at In-Person Listening Sessions for Question “Over the Next 25 Years, Older Oklahomans Will Retire in Large Numbers. In Your Opinion, What Are the Biggest Impacts to The State?”

Listening Session attendees indicated that the lack of healthcare and human service workforce is the top concern when thinking about the impacts of high numbers of retirements in the next 25 years. Statements represented by this challenge statement

account for 21% of this question's responses in Lawton, 14% in McAlester, 25% in Oklahoma City, 20% in Tulsa, and 17% in Woodward.<sup>9</sup>

The statements represented by this challenge statement raise various aspects of this issue, including but not limited to:

- Questions about who will care for retirees/older Oklahomans,
- Lack of people to fill paid caregiver roles,
- Lack of paid caregivers resulting in a need for family caregivers,
- Reduction in services due to staffing issues,
- Talent, training, and experience for staff across all roles,
- Funding and pay to retain staff, and
- Work ethic and willingness to work.

The issue of workforce in relation to the expected swell in retirements is complex, and the complications captured in the statements submitted in response to this question were identified. Participants expect the sheer number of Oklahomans leaving the workforce to be high and expect this loss to include people working in health and human services jobs.

The basic concern communicated in the statements is about who will take care of a large retiring generation. Additional worries are around building a workforce pipeline to fill these roles to serve an increased need, building interest in and commitment to this kind of work, preparing and training people to fill the roles, paying for staffing levels to meet the expected need and replacing a long-tenured, and experienced health and human services workforce. Some statements noted that the negative impacts on workforce in this sector have been compounded during and since the COVID-19 pandemic.

***Are there differences between how older Oklahomans live and are supported in rural areas compared to urban areas? If so, what are the most important differences?***

In response to this question, attendees submitted 311 statements, and in turn, the same number of Challenge Statements were identified.

The five challenge statements identified for responses to the Rural/Urban question, shown in rank-order:

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<sup>9</sup>Lawton: 5 out of 24 statements in response to this question  
McAlester: 9 out of 66 statements in response to this question  
Oklahoma City: 28 out of 114 statements in response to this question  
Tulsa: 11 out of 54 statements in response to this question  
Woodward: 4 out of 23 statements in response to this question

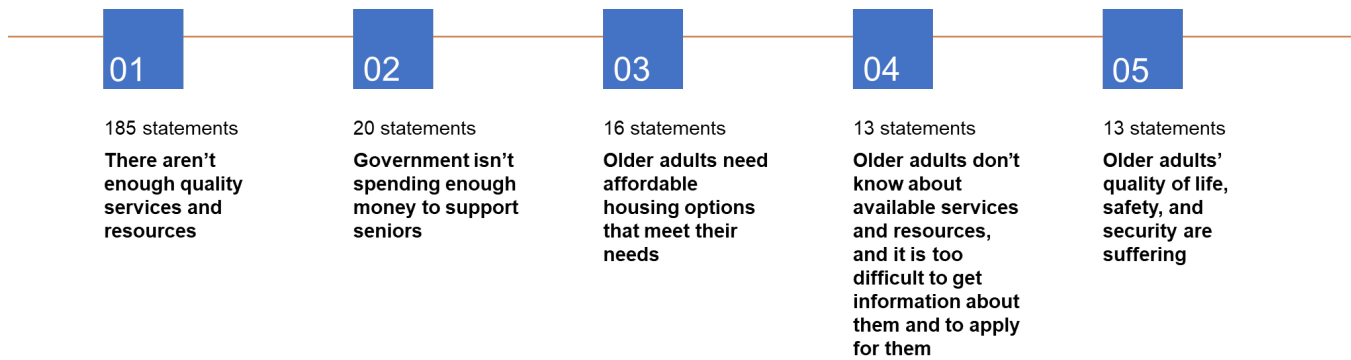


Figure B3. Top Five Challenge Statements at In-Person Listening Sessions for Question “Are There Differences Between How Older Oklahomans Live and Are Supported in Rural Areas Compared to Urban Areas? If So, What Are the Most Important Differences?”

**When discussing the Rural/Urban experience, the top challenge statement is—again, by a large margin— “There aren’t enough quality services and resources.”** Statements represented by this challenge statement account for 65% of this question’s responses in Lawton, 58% in McAlester, 7% in Oklahoma City, 68% in Tulsa, and 65% in Woodward.<sup>10</sup> The statements represented by this challenge statement include:

- Technology and internet broadly, and telemedicine and virtual services specifically,
- Transportation,
- Food, meals, and nutrition for older Oklahomans,
- Specialty care,
- Hospital and urgent care,
- General healthcare and human services,
- General resources and services,
- Government resources,
- Distance to resources and services,
- Lag time of receiving care, and
- Mental health services and community engagement opportunities.

Attendees called out **transportation 50 times and distance 8 times, together accounting for almost one-third (31%) of all resources and services discussed** in terms of the rural experience. When discussing distance and transportation, attendees wrote about their experiences accessing everything from groceries and basic resources to medical care. Issues with transportation also include the reliability and affordability of transportation services that are available, as well as the need for funding to retain drivers. Some attendees

<sup>10</sup> Lawton: 13 out of 20 statements in response to this question  
 McAlester: 31 out of 53 statements in response to this question  
 Oklahoma City: 9 out 128 statements in response to this question  
 Tulsa: 52 out of 76 statements in response to this question  
 Woodward: 22 out of 34 statements in response to this question

pointed out that transportation is an issue in urban areas as well, but that the lack of reliable transportation is a bigger issue in rural communities.

Attendees wrote about specialty care, hospital and urgent care, in-home care and healthcare and human services about 24 times. They discussed these services in the context of availability, ease of access, and quality of care.

Fifteen times, attendees wrote about access to technology, internet and virtual services and resources. Most commonly, they specifically called out access to broadband internet, which affects their ability to access myriad other services and ways of engaging fully in life.

Attendees made statements about food, meals, and nutrition 14 times, ranging from lack of nutrition sites and programs in rural areas to the lack of grocery stores located in rural communities.

***You have a magic wand that will improve the quality of life for older Oklahomans, regardless of budgets, policies, or workforce issues. When you wave that wand, what do you change?***

To generate solution-oriented discussions, facilitators asked listening session attendees what they would propose to solve to improve older adults' lives in Oklahoma. In response to this question, participants submitted the following number of statements, and in turn, the same number of challenge statements were identified. The total number of statements in response to this question is 296.

The five challenge statements related to the attendees' magic wand solutions, shown in rank-order:



Figure B4. Top Five Challenge Statements at In-Person Listening Sessions for Question “You Have a Magic Wand That Will Improve the Quality of Life for Older Oklahomans, Regardless of Budgets, Policies, or Workforce Issues. When You Wave That Wand, What Do You Change?”

**When asked what they would fix if there were no obstacles present, attendees overwhelmingly said they would improve the issue of “There aren't enough quality services and resources.”** Responses represented by this challenge statement account for 38% of this question's responses in Lawton, 34% in McAlester, 18% in Oklahoma City, 24% in

Tulsa, and 31% in Woodward. The statements represented by this challenge statement highlight the following solutions:

- Affordable transportation to services, especially for older adults in rural communities,
- Availability of affordable, nutritious food to solve hunger among seniors,
- Full-service care to support aging in place,
- Shopping assistance,
- High-quality specialized care for all, regardless of income, for years to come,
- Service availability in all parts of the state,
- Legal services,
- For access to care to be simple, and
- Services to ensure seniors' safety, including a program like Comprehensive Home-Based Services (CHBS) for seniors.

**Thirty of the 74 solutions represented by this challenge statement are related to transportation, representing 41% of all proposed fixes.**<sup>11</sup> Attendees waved their magic wand to solve transportation issues in all 10 listening sessions. Eleven statements—coming from Lawton, McAlester, and Oklahoma City—solve the issue of senior hunger. Overall, these statements communicated that Oklahoma needs solutions to address the distance between seniors and access sites for health care and other social drivers.

## Virtual Listening Sessions

In May 2023, Oklahoma Human Services also hosted three virtual listening sessions to gather input from Oklahomans who did not participate in the in-person sessions. Facilitators asked the attendees four questions in a focus-group setting, rather than rotating and answering each question in rounds. The attendees wrote their thoughts in the meeting chat, and the facilitators placed their written statements on a slide in place of the index cards. This different approach necessitated a slightly different analysis: all written statements for these virtual sessions were analyzed, rather than just the written statements submitted on index cards in the final group discussion, as was done in the in-person sessions. Otherwise, the method of analysis was the same for in-person and virtual listening sessions.

Two virtual listening sessions targeted specific professionals: employers, social workers, and first responders.<sup>12</sup> There was also a session for the public to allow anyone who could not attend in person to participate.

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<sup>11</sup>Lawton: 8 out of 21 statements in response to this question  
McAlester: 21 out of 61 statements in response to this question  
Oklahoma City: 23 out of 131 statements in response to this question  
Tulsa: 13 out of 54 statements in response to this question  
Woodward: 9 out of 29 statements in response to this question

<sup>12</sup>A session targeting faith-based leaders was canceled because of lack of participation by these leaders. Strategies are under development to ensure representation from this vital community in future project phases.

In all, the virtual sessions had 34 attendees, with five participants in the employers’ session, six participants in the public session, and 23 participants in the social workers’ and first responders’ session. These virtual listening sessions produced 293 total written statements. The analysis of these statements was like that of the in-person listening sessions. The participants’ written statements were analyzed in terms of their associated challenge statements, in relation to the question they respond to, and which session produced them. In the analysis of the virtual participants’ written statements, a 19<sup>th</sup> challenge statement was identified: “Support is necessary for paid and unpaid caregivers.”

**The Multisector Plan for Aging can address challenges in certain areas that affect older Oklahomans. For example, health care, housing, or transportation. In your opinion, what are the most important challenges the Multisector Plan on Aging should address?**

In response to this question, attendees submitted 76 statements, and in turn, the same number of challenge statements were identified.

The five challenge statements identified the most often are the following, shown in rank-order:

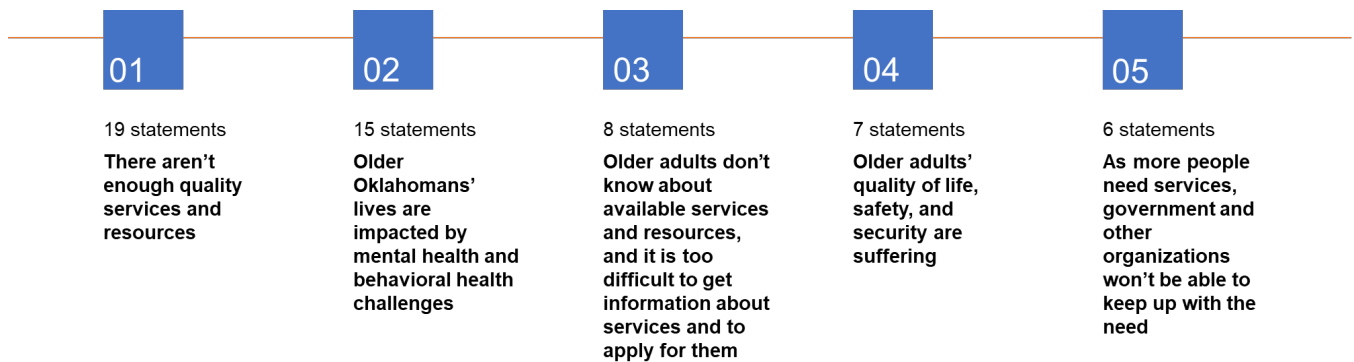


Figure B5. Top Five Challenge Statements at Virtual Listening Sessions for Question “The Multisector Plan for Aging Can Address Challenges in Certain Areas That Affect Older Oklahomans. For Example, Health Care, Housing, or Transportation. In Your Opinion, What Are the Most Important Challenges the Multisector Plan on Aging Should Address?”

**Across all three sessions, the participants identified “There aren’t enough quality services and resources” as the top challenge that the Plan should address.** Responses represented by this challenge statement account for less than 1% of this question’s responses in the employers’ session, 34% in the public session, and 25% in the session with social workers and first responders.<sup>13</sup> There was only one response from the session for employers raising this issue, so most of these responses came from the public session and

<sup>13</sup>Employers: 1 out of 15 statements in response to this question  
 Public: 10 out of 29 statements in response to this question  
 Social Workers and First Responders: 8 out of 32 statements in response to this question

that for social workers and first responders. The categories of resources and services called out include:

- Face-to-face opportunities,
- General resources,
- Healthcare and primary care providers,
- In-home care,
- Technology, broadband and virtual services, including telemedicine, and
- Transportation.

**Overall, eight statements (42%) specifically called out transportation as a top challenge.** The one response from employers aligned to this challenge statement raises the importance of transportation access. The other topics were equally spread (two to three statements each) across the remaining 11 statements. The conversation revolved around availability and accessibility of these programs, and the impact these programs have on individuals and the population, rather than the quality of the programs.

***Over the next 25 years, older Oklahomans will retire in large numbers. In your opinion, what are the biggest impacts to the state?***

In response to this question, attendees submitted 77 statements, and in turn, the same number of challenge statements were identified.

The five challenge statements identified the most often are the following, shown in rank-order:

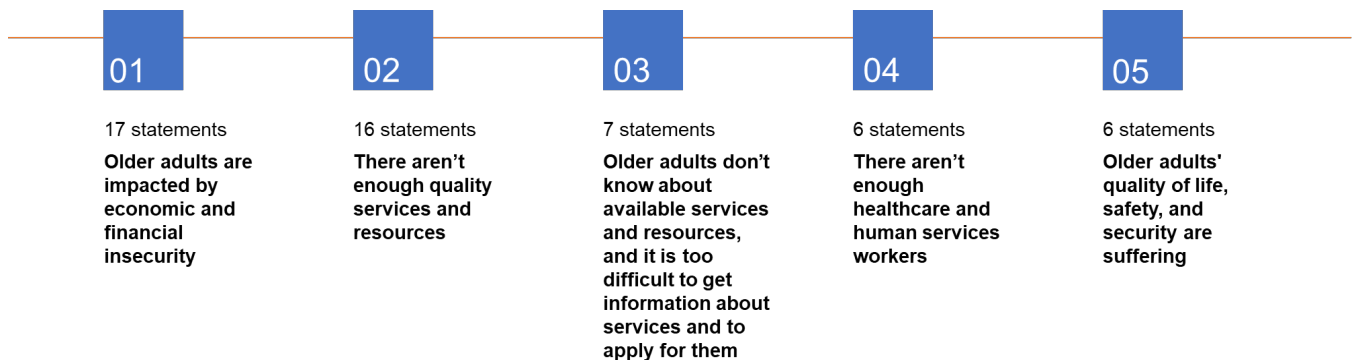


Figure B6. Top Five Challenge Statements at Virtual Listening Session for Question “Over the Next 25 Years, Older Oklahomans Will Retire in Large Numbers. In Your Opinion, What Are the Biggest Impacts to the State.”

**Across all three sessions, the participants identified “Older adults are impacted by economic and financial security” as the biggest impact of high levels of retirements in the next 25 years.** Responses represented by this challenge statement account for 27% of this question’s responses in the employers’ session, 24% in the public session, and 19% in



the session with social workers and first responders.<sup>14</sup> These statements addressed issues including:

- Lack of preparedness for retirement,
- Increased cost of living, healthcare, memory care, prescription medications,
- Social Security payments not sufficiently meeting these higher costs,
- Older adults not being able to afford to retire,
- General comments about Medicare, and
- Costs prohibiting some older Oklahomans from aging in place.

If seniors are not prepared for retirement, or if their fixed income is not sufficient for increased costs across the board, then they might be unable to meet their needs reliably and consistently. If they cannot afford to retire, then they are unable to age fully on their own terms.

**Are there differences between how older Oklahomans live and are supported in rural areas compared to urban areas? If so, what are the most important differences?**

In response to this question, attendees submitted the following number of statements, and in turn, the same number of challenge statements were identified. The total number of statements in response to this question is 60.

The five challenge statements identified the most often are the following, shown in rank-order:



Figure B7. Top Five Challenge Statements at Virtual Listening Sessions for Question “Are There Differences Between How Older Oklahomans Live and Are Supported in Rural Areas Compared to Urban Areas? If So, What Are the Most Important Differences?”

<sup>14</sup> Employers: 4 out of 15 statements in response to this question  
Public: 6 out of 25 statements in response to this question  
Social Workers and First Responders: 7 out of 37 statements in response to this question

\*The challenge statement “Differences between rural and urban communities create challenges” is purely affirmative, i.e., it represents statements that these differences do exist and create challenges for people living in rural communities.

**Across all three sessions, the participants identified “There aren’t enough quality services and resources” as the top difference between rural and urban areas.**

Responses represented by this challenge statement account for 11% of this question’s responses in the employers’ session, 43% in the public session, and 54% in the session with social workers and first responders.<sup>15</sup> The types of resources and services discussed include:

- Availability of and access to resources and services, generally,
- Lack of choice of service providers, generally,
- Access to in-home care, including restrictions to certain services due to the condition of the senior’s home,
- Access to and affordability of transportation options,
- Availability of and access to food, nutrition programs and home delivered meals, and food insecurity among seniors,
- Technology, internet, and virtual services, including telemedicine,
- Availability of adult day care services,
- Availability of primary care providers,
- Availability of medical services for veterans,
- Specialty care, including dialysis, and
- Access to hospitals and urgent care.

In these discussions, the statements about services and resources centered on availability and access, rather than quality. Overall, the virtual listening session attendees discussed the need to provide access to affordable, quality health care and services to seniors, and provide access to technology resources to seniors. Additionally, they agreed that the distance between seniors and access sites for health care and social determinants require solutions, and that seniors need transportation options to allow them to access services and resources, and to live life on their terms.

***You have a magic wand that will improve the quality of life for older Oklahomans, regardless of budgets, policies, or workforce issues. When you wave that wand, what do you change?***

In response to this question, attendees submitted the following number of statements, and in turn, the same number of challenge statements were identified. The total number of statements in response to this question is 46.

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<sup>15</sup>Employers: 1 out of 9 statements in response to this question

Public: 6 out of 14 statements in response to this question

Social Workers and First Responders: 20 out of 37 statements in response to this question

The top five challenge statements related to the attendees' magic wand solutions are:

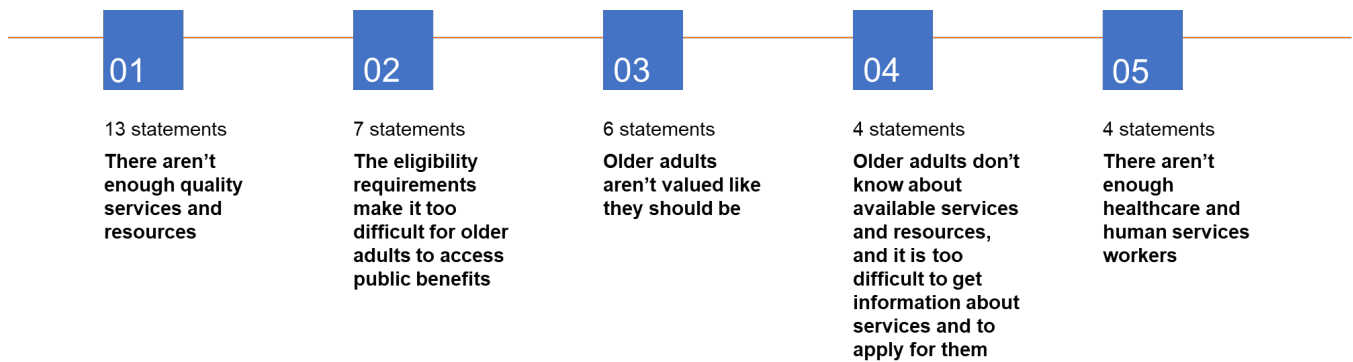


Figure B8. Top Five Challenge Statements at Virtual Listening Sessions for Question “You Have a Magic Wand That Will Improve the Quality of Life for Older Oklahomans, Regardless of Budgets, Policies, or Workforce Issues. When You Wave That Wand, What Do You Change?”

**When asked what they would fix if there were no obstacles present, attendees overwhelmingly said they would improve the issue of “There aren’t enough quality services and resources.”** Responses represented by this challenge statement account for 33% of this question’s responses in the employers’ session, 33% in the public session, and 21% in the session with social workers and first responders.<sup>16</sup> The statements represented by this challenge statement highlight the following solutions:

- Affordable prescription drugs and durable medical equipment,
- Transportation for medical and personal needs,
- Healthcare, and specialty care,
- Hot meals delivered to all homes – rural and urban,
- Person-centered care,
- Accessible technology for all who want to use it,
- Personal hygiene services to increase morale,
- Access to necessities: food, water, shelter, and
- Independent living solutions to protect seniors’ autonomy.

These magic wand solutions shared by the listening session participants highlighted the needs of older Oklahomans for resources and services to address not only medical needs, but also to improve overall quality of life, to fulfill basic needs, and to support aging on their own terms.

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<sup>16</sup> *Employers: 4 out of 12 statements in response to this question*  
*Public: 5 out of 15 statements in response to this question*  
*Social Workers and First Responders: 4 out of 19 statements in response to this question*

## Final Group Discussion

When asked to share the most important thing they heard in their session overall, attendees submitted the 34 statements, and in turn, the same number of challenge statements were identified.

The top five challenge statements related to the final group discussion are:

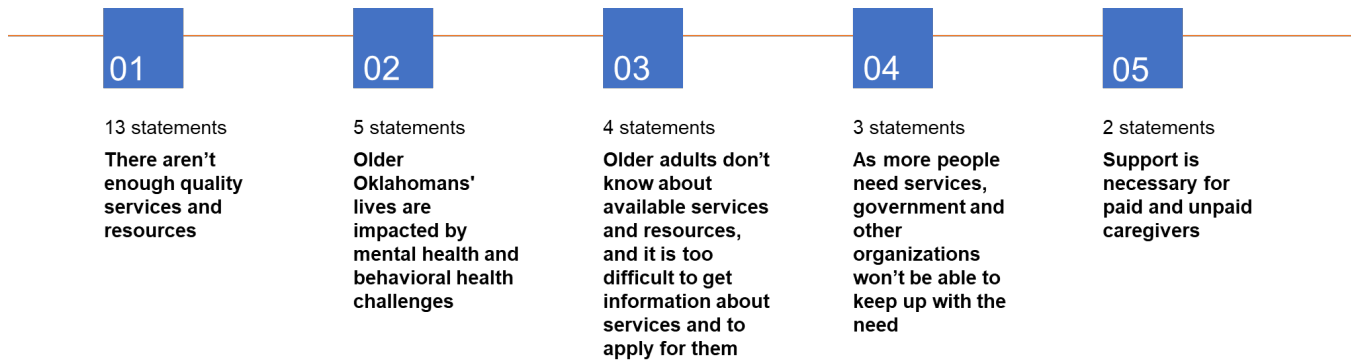


Figure B9. Top Five Challenge Statements at Virtual Listening Session Final Group Discussion

**Overall, the Virtual Listening Session attendees' top takeaways highlight the need for quality services and resources.** Ten out of these 13 responses were submitted in the social workers' and first responders' session. The same types of services and resources mentioned above in response to other questions carry over into these top takeaways.

The other key takeaways shared in the final group discussion include stakeholders' desire to see the following outcomes:

- Government and decision makers must prioritize aging issues,
- Develop intergenerational initiatives that improve interpersonal and societal relationships,
- Address workforce challenges to meet the needs of seniors,
- Change the perception of seniors as less valued members of society,
- Provide access to affordable, quality health care and services to seniors,
- Provide access to technology resources to seniors,
- Address needs for mental and behavioral health services for seniors, and
- Provide access to affordable, appropriate housing.

## Tribal Communities and Service Providers' In-Person and Virtual Listening Sessions

In July 2023, Oklahoma Human Services facilitated three stakeholder engagement events with tribal communities and providers of services for elder tribal members: two in-person focus groups for elders in tribal communities, and one virtual session that targeted

providers of services for tribal elders. Attendees provided their input on three questions, like the questions asked during the listening sessions for other stakeholder groups:

1. The state’s Multisector Plan for Aging can address challenges in certain areas that affect tribal elders. For example, health care, housing, or transportation. In your opinion, what are the most important challenges the Multisector Plan on Aging should address?
2. Are there differences between how tribal elders live and are supported in rural areas compared to urban areas? If so, what are the most important differences and how can the state be a better support?
3. You have a magic wand that will improve the quality of life for tribal elders—regardless of budgets, policies, or workforce issues. When you wave the wand, what do you change?

Attendees wrote and submitted 99 statements across the three listening sessions. Statements from tribal listening sessions were categorized into challenge statements, identical to the challenge statements for the May 2023 listening sessions. **Table B2. Challenge Statements and Number of Responses from Tribal Listening Sessions** presents a summary of the number of times each challenge statement was identified across all 99 individual written statements. Attendees of the listening sessions for tribal communities provided the following insights:

Challenge Statement	Number of Responses
There are not enough quality services and resources.	46
Older adults are impacted by economic and financial insecurity.	14
Older adults need affordable housing options that meet their needs.	13
The system is too complicated because agencies and other organizations do not work together.	9
It is too hard to get information about services and how to apply for them.	8
There are not enough healthcare and human services workers.	4
Other	4
Older adults' quality of life, safety, and security are suffering.	1

Table B2. Challenge Statements and Number of Responses from Tribal Listening Sessions

The analysis of the 99 written statements discusses the challenge statements in the context of the question to which they respond. The statements are analyzed and discussed all together due to the smaller number of attendees. The analysis is solely based on what participants wrote and submitted. Due to this limitation, these responses are only representative, and do not capture the full spectrum of what these communities discussed or prioritize.

Overall, the listening session attendees—both elder tribal members and providers of services to tribal elders—submitted statements like those of the stakeholders who participated in the listening sessions in May 2023.

***The state’s Multisector Plan for Aging can address challenges in certain areas that affect tribal elders. For example, health care, housing, or transportation. In your opinion, what are the most important challenges the Multisector Plan on Aging should address?***

Attendees submitted 26 statements in response to this question. Each question aligned with one of six unique challenge statements. The top five challenge statements in order of prevalence are:

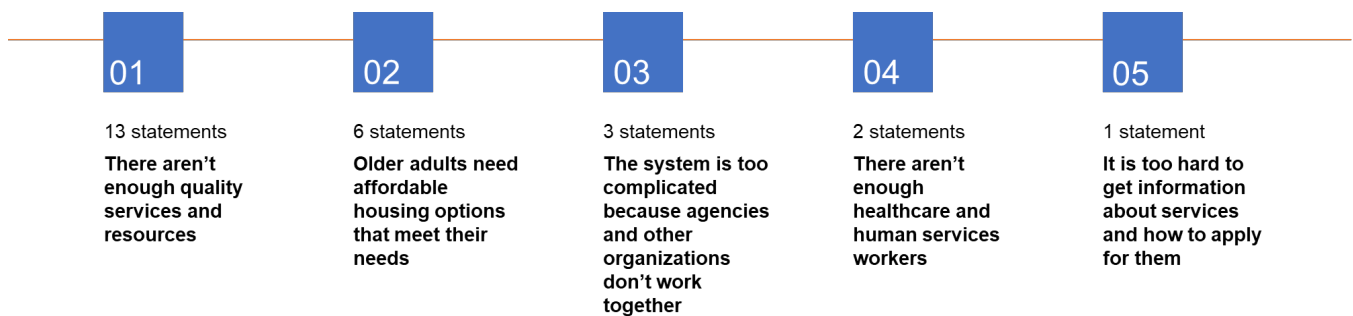


Figure B10. Top Five Challenge Statements at Tribal Listening Sessions for Question “The State’s Multisector Plan for Aging Can Address Challenges in Certain Areas That Affect Tribal Elders. For Example, Health Care, Housing, or Transportation. In Your Opinion, What Are the Most Important Challenges the Multisector Plan on Aging Should Address?”

**At more than twice the number of statements as the second-most popular choice, attendees agreed the lack of quality services and resources is the most important challenge that the Multisector Plan on Aging can address.**

The attendees called attention to the need to increase and improve many specific resources and services, including but not limited to the following categories:

- Housing,
- Food and nutrition,
- Independent living, home care and in-home supports,
- Technology,
- Transportation, and
- Tribal benefits.

Of the 13 statements represented by “There aren’t enough quality services and resources,” six statements directly call out transportation. The six statements about housing encompass the general availability of housing within and outside tribal jurisdictions, affordable housing, and quality of housing.

**Are there differences between how tribal elders live and are supported in rural areas compared to urban areas? If so, what are the most important differences and how can the state be a better support?**

Attendees submitted 24 statements in response to this question. Twenty-three statements align with one of five challenge statements, while one could not be effectively categorized:



Figure B11. Top Five Challenge Statements at Tribal Listening Sessions for Question “Are There Differences Between How Tribal Elders Live and Are Supported in Rural Areas Compared to Urban Areas? If So, What Are the Most Important Differences and How Can the State Be a Better Support?”

Like the responses to the question about the challenges the Multisector Plan on Aging should prioritize, **attendees shared the lack of quality services and resources represents the biggest difference between living in urban and rural areas (63%)**. The types of resources and services span the following categories:

- Availability of services and resources for elders that do not live near tribal facilities,
- Service access and affordability in general,
- Access to shopping in general,
- Access to emergency services,
- Disaster and emergency solutions and support, and resources for elders impacted by natural disasters or who have been impacted by natural disasters,
- Communication,
- Transportation in general, and in emergency situations specifically,
- Services to deliver necessities like medical equipment, and
- Technology support and assistance.

The comments about housing include the availability of safe housing specifically for elders, and housing appropriate for natural disasters in rural communities.

***You have a magic wand that will improve the quality of life for tribal elders—regardless of budgets, policies, or workforce issues. When you wave the wand, what do you change?***

To generate solution-oriented discussions, facilitators asked listening session attendees what challenges they would propose to solve to improve tribal elders’ lives. Attendees submitted 49 statements in response to this question, which aligned with one of six

challenge statements. The remaining three were categorized as “Other.” The top five challenge statements in order of prevalence are:

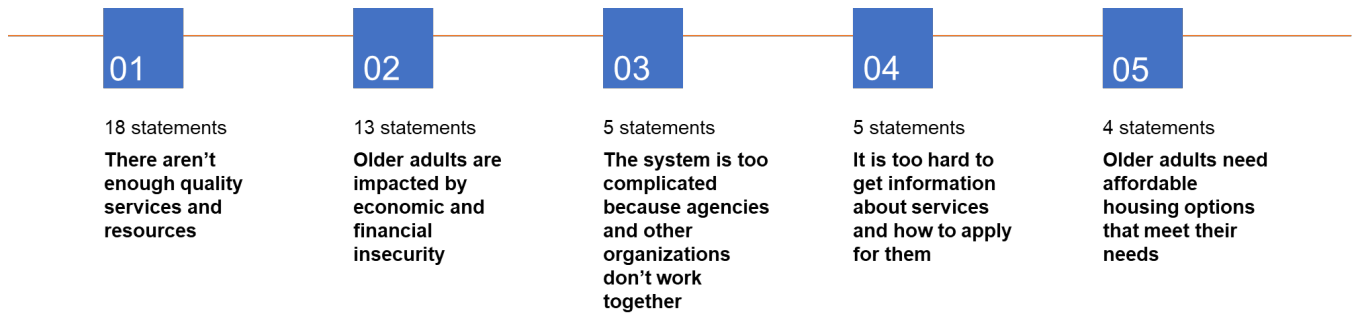


Figure B12. Top Five Challenge Statements at Tribal Listening Sessions for Question “You Have a Magic Wand That Will Improve the Quality of Life for Tribal Elders—Regardless of Budgets, Policies, or Workforce Issues. When You Wave the Wand, What Do You Change?”

**When asked what they would fix if there were no obstacles present, attendees said they would improve the issue related to the lack of quality service and resources (37%), and the impacts of economic and financial insecurity on older adults (27%).** Together, these statements communicate that they would make resources and services more available, easier to access and more affordable for elders, especially in rural areas. Elders need affordable technology and transportation options that are easy to use and navigate to help connect them to their communities and to the components of a superior quality of life. Finally, they would provide resources and services to support elders’ ability to age in place, including home healthcare and in-home support for daily tasks, as well as safe housing that accommodates accessibility needs. Overall, many solutions connect to the reality that limited income and excessive costs impact tribal elders’ quality of life.



## What Stakeholders Value

In addition to the challenge statements, Oklahoma Human Services identified 11 value statements to provide additional context to support each challenge statement. The value statements capture the contextual conversations not captured by the written statements submitted by participants at all listening sessions in May and July 2023. The total number of value statements totaled 1,663. More than one value statement could be assigned to a single challenge statement, which accounts for the additional 509 value statements. More than one value statement apply to some written statements submitted by participants because these written statements and their corresponding challenge statements are complex, and therefore represent multiple overarching values.

Value Statements	Number of Value Statements
Easy access to, and use of, support services for everyone who needs them	355
Oklahomans aging on their own terms	302
Reliable, high-quality support services and resources	258
A healthy and safe environment for older Oklahomans	201
A workforce that can meet current and future needs	163
More effective use of government funding and resources	144
Improving people’s understanding of aging and respect for aging Oklahomans	113
The ability for Oklahomans of all ages to consistently meet their needs	60
Public agencies and other organizations working better together	54
Protecting the ability of older Oklahomans to share their legacy with future generations	8
Other	5

Table B3. Number of Listening Session Value Statements

Overall, the most prevalent value statements were “Easy access to, and use of, support services for everyone who needs them,” with a count of 355 (21.3%) and “Oklahomans aging on their own terms,” with a count of 302 (18.2%).

## Appendix C. Statewide Survey Methodology and Results

Oklahoma Human Services published a statewide survey during a three-week period in June and July 2023, and received valuable information from 679 respondents. The survey contained 19 questions that provided insights into aging and aging services in the State of Oklahoma. Individuals could take the survey online or complete a paper version of the survey.<sup>17</sup>

### Demographics

The patterns of respondents' geographic location align with where people live in the state with respondents from 63 of Oklahoma's 77 counties. Oklahoma County is home to 23% (154 of 679) survey respondents, and an additional 20% of survey respondents (139 of 679) reside in Tulsa County. The remaining survey respondents are distributed across 61 of Oklahoma's 77 counties, which closely mirrors the population demographics presented in **Figure 3. Population Distribution by County**. See **Figure C1. Survey Respondents by County of Residence**.

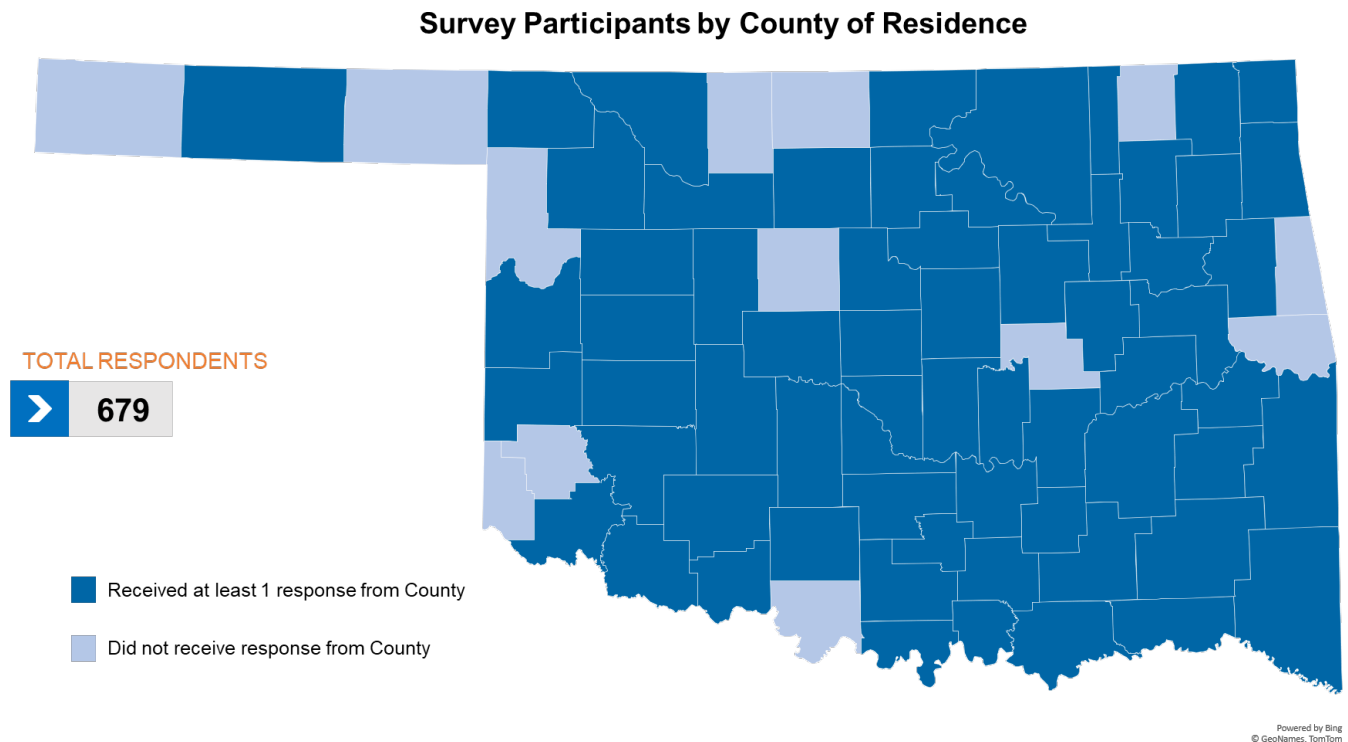


Figure C1. Survey Respondents by County of Residence

<sup>17</sup> Slight variations in questions 13-15 on the paper survey compared to the web-based survey required variations in the analysis of certain questions.

Additionally, respondents' race, gender, and age also closely mirrored the population demographics presented in **Figure 7. A Profile of Older Oklahomans**. See **Figure C2. Survey Respondent Age and Gender** and **Figure C3. Survey Respondent Race and Ethnicity**.

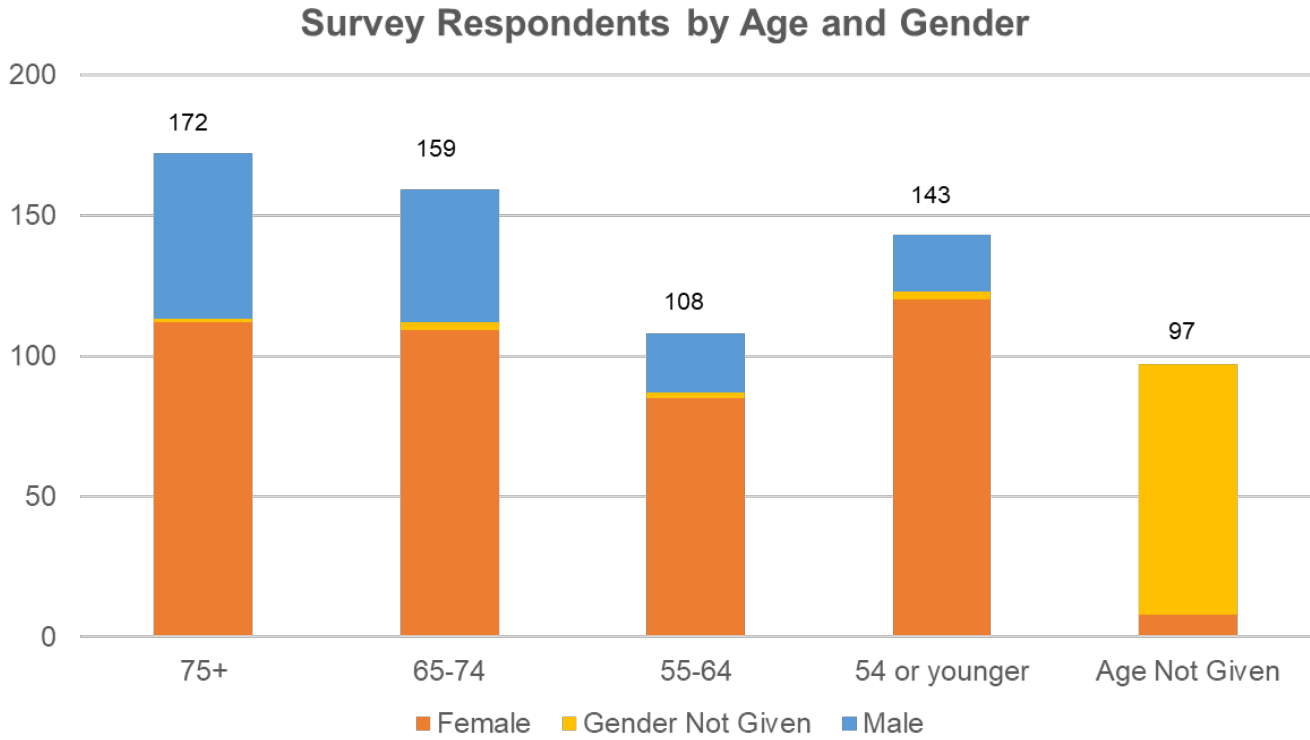


Figure C2. Survey Respondents by Age and Gender

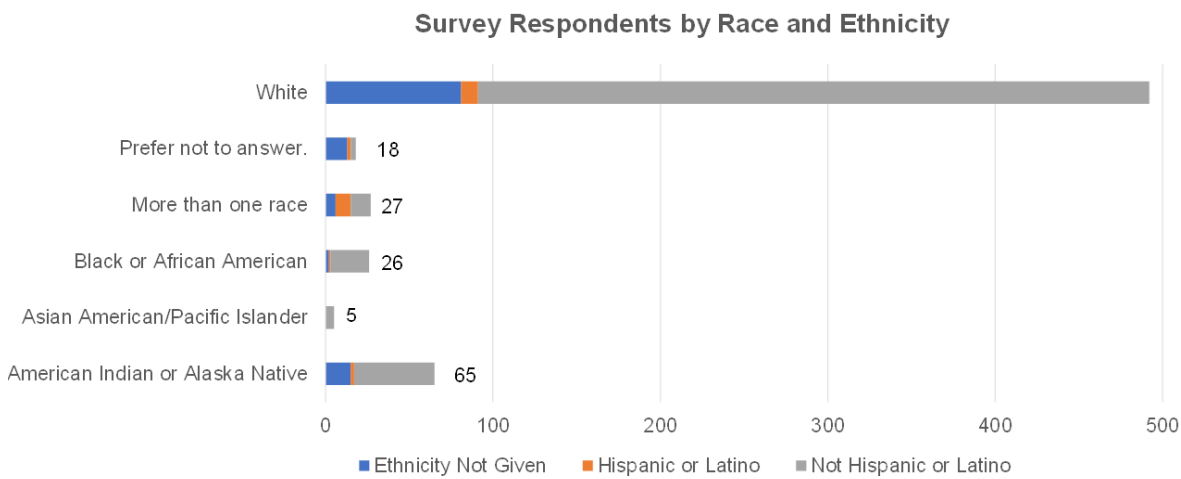


Figure C3. Survey Respondents by Race and Ethnicity

7. Survey respondents selected from a pre-written list of 11 respondent types:

- Advocate,
- Employer or Human Resources Professional,
- Faith Leader,
- Family or Volunteer Caregiver,
- First Responder,
- Government Official or Staff,
- Healthcare Professional,
- Person with a Disability,
- Senior (60+),
- Social Worker / Aging Services Professional, and
- Tribal Member.

To gather as much information about each respondent as possible, they could select multiple types from the list above and enter an individual written response, which allowed for a total number of respondent types (1,243), which is larger than the total number of respondents (679). The graph omitted the individual written responses that totaled to less than 25 responses in **Figure C4. Survey Respondents by Respondent Type** for readability.

The single largest respondent type was Senior over the age of 60 with 415 (33%), followed by Advocate with 141 (20%), Person with a Disability with 110 (9%) and Healthcare Professional with 108 (9%). See **Figure C4. Survey Respondents by Respondent Type**.

**Survey Respondents by Respondent Type**

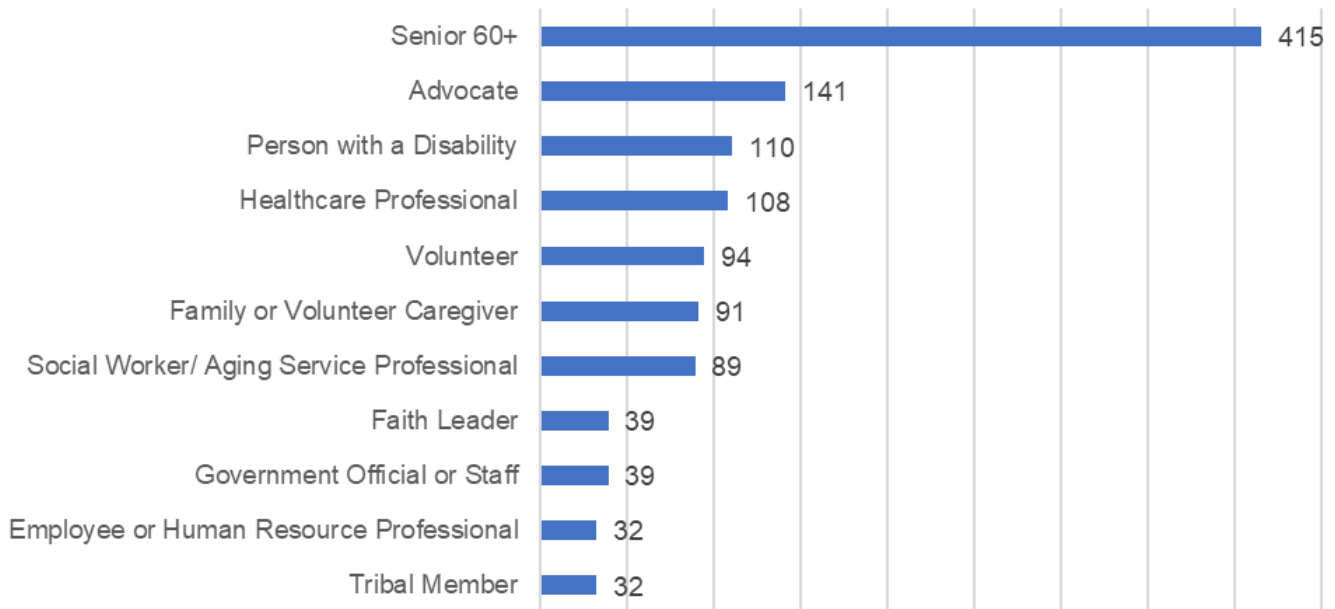


Figure C4. Survey Respondents by Respondent Type

#### Q4. How would you describe the area where you live?

Survey respondents self-reported whether they lived in a rural or urban area. Over half of respondents (364 individuals, or 54%) indicated they live in urban areas, while 271 (40%) reported living in rural areas; 44 respondents (6%) did not answer. See **Figure C5. Number of Respondents, Broken Down by Rural and Urban Location.**

### How Would You Describe the Area Where You Live?

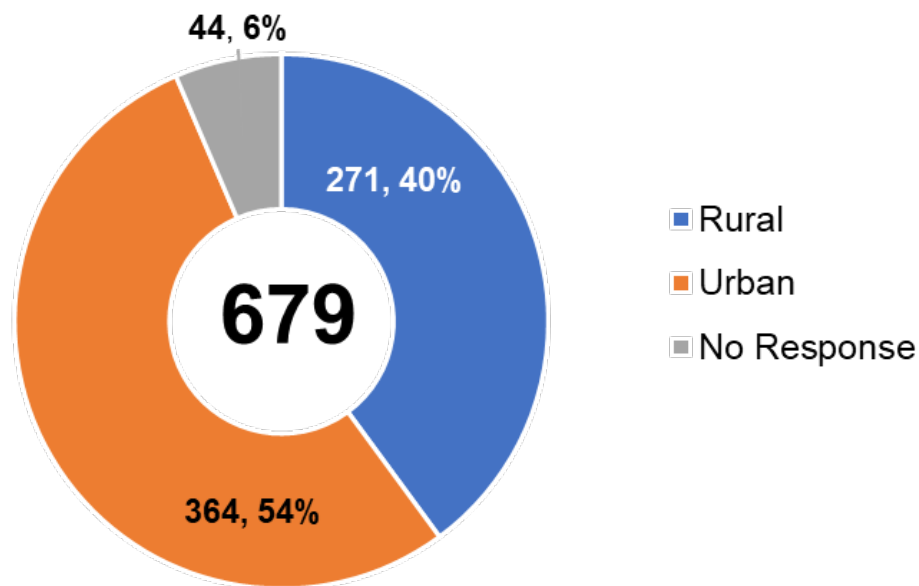


Figure C5. Number of Respondents, Broken Down by Rural and Urban Location

#### Q5. Are you currently employed?

Question 5 asked respondents about their employment status. Almost half of respondents, 335 (49%) stated they were employed, 300 (44%) stated they were unemployed and 44 (7%) did not answer. See **Figure C6. Breakdown of Answers to “Are you currently employed?”**

## Are You Currently Employed?

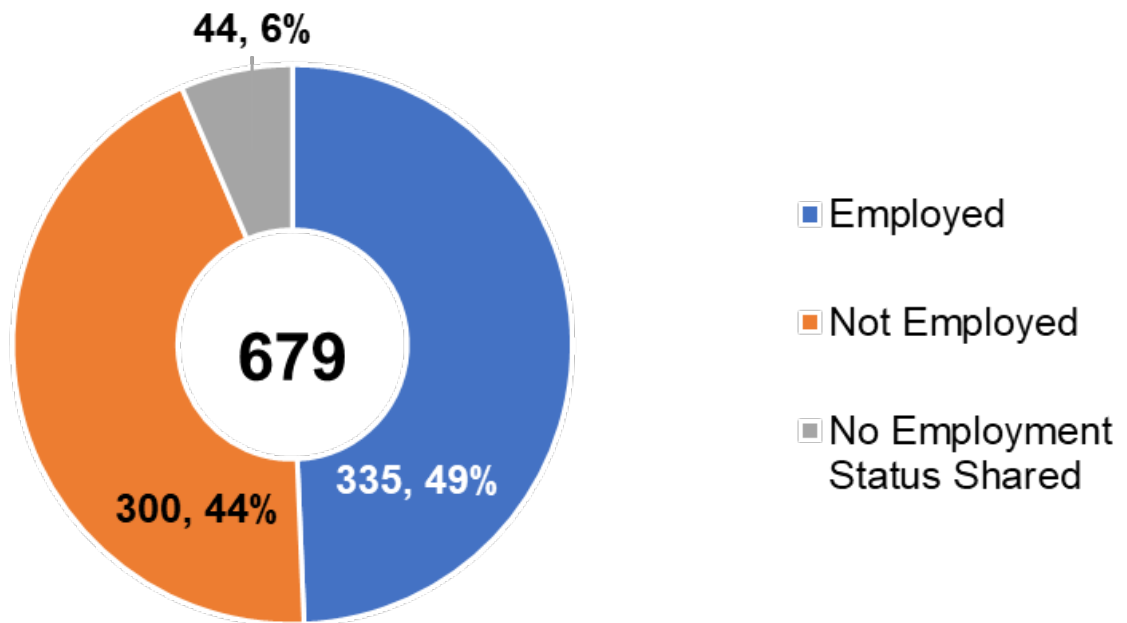


Figure C6. Breakdown of Answers to “Are You Currently Employed?”

## Access to Care for Older Oklahomans

### Q2. If you said you were a family or volunteer caregiver for someone, what is the age of that person?

Of the 679 survey respondents, 88 (13%) identified themselves as caregivers to an older adult. The largest number, 56 of the 88 (63%), cared for a family member that was 75 years old or older, 16 (18%) cared for a family member aged 65 to 74, 12 (14%) respondents cared for a person 54 years of age or younger, and four (5%) respondents cared for a person between the ages of 55 and 64. **See Figure C7. Breakdown of Number of Respondents Who Selected Themselves Being Caregivers.**

## If You Said You Were a Family, or Volunteer Caregiver for Someone, What is the Age of that Person?

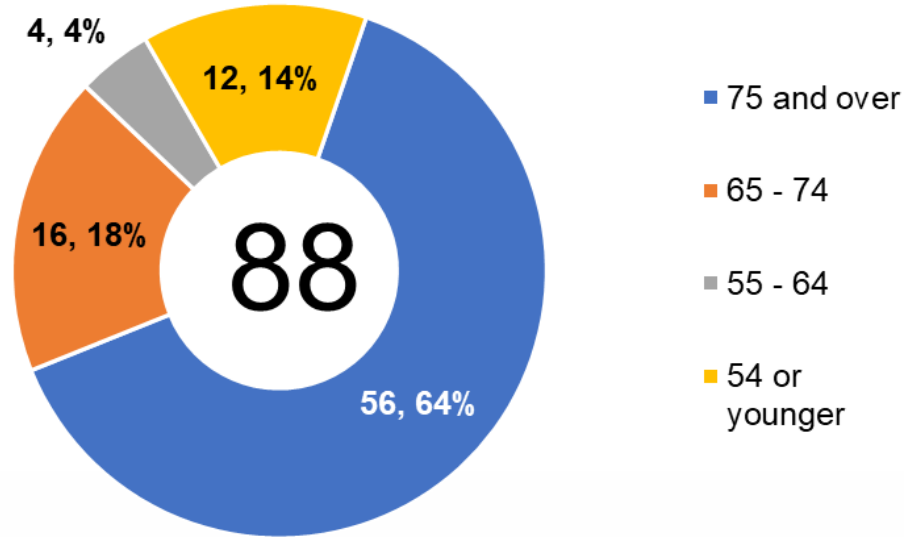


Figure C7. Breakdown of Number of Respondents Who Selected Themselves Being Caregivers

The survey asked three questions to respondents to identify if they ever attempted to access services to help older Oklahomans, either for themselves or others.

### Q8. Have you, or someone you know, tried to get help from these programs?

Question 8 asked respondents if they have experience with attempting to get help from programs that serve Oklahoma seniors. Of the total 679 respondents, 349 (51%) responded “Yes,” 269 (40%) responded “No,” with the remainder not responding. See **Figure C8. Survey Respondents with Experience Attempting to Get Help.**

# Have You, or Someone You Know, Tried to Get Help From These Programs?

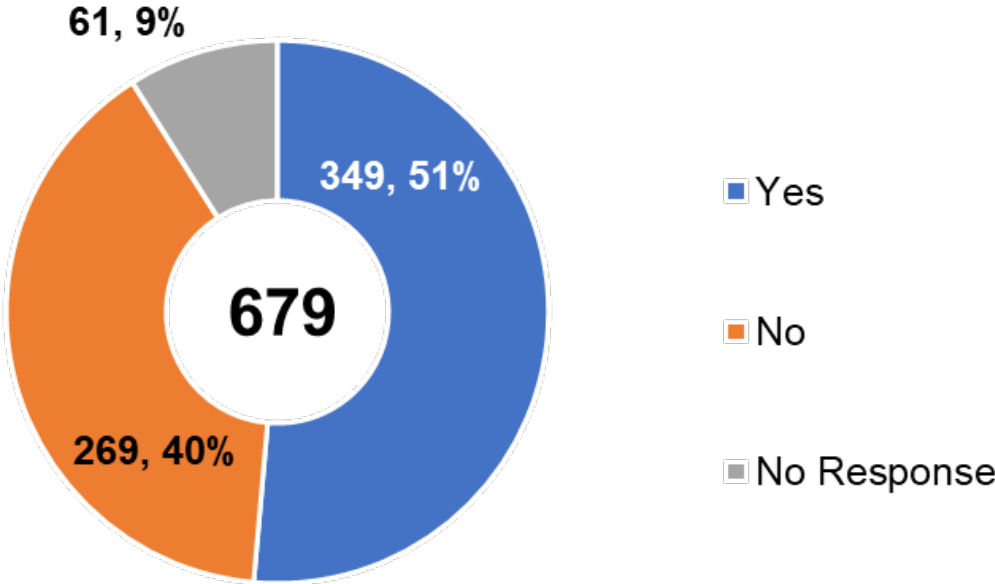


Figure C8. Survey Respondents with Experience Attempting to Get Help

## Q9. If yes, did you, or they, know where to find the help that was needed?

If the respondent did attempt to find help, Question 9 asked if the respondent knew where to get the help they needed. Of the total 349 respondents that answered, 'Yes' to Question 8, 224 (64%) responded "Yes," 122 (35%) responded "No," and three (1%) chose not to respond. See **Figure C9. Survey Respondents Knew Where to Find Help.**



### If Yes, Did You, or They, Know Where to Find The Help That Was Needed?

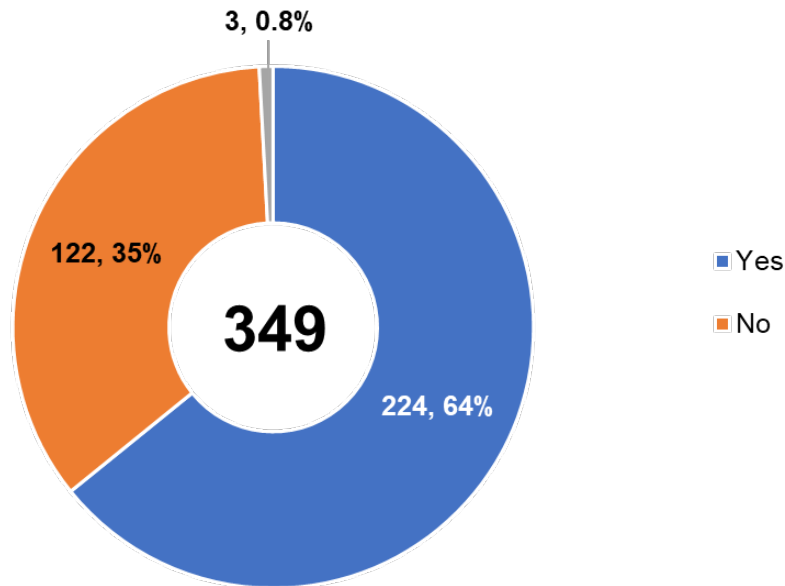


Figure C9. Survey Respondents Knew Where to Find Help

### Q10. If yes, did you or they, receive the help that was needed? Please select one.

Question 10 asked the respondent whether they received the help they needed. Respondents could choose one of the following choices:

- All Help,
- Some Help,
- A Little Help, or
- No Help.

Of the total 679 respondents, 342 (50%) answered “No” for Question 9 and so were not offered Question 10 in their survey; 133 (20%) received “Some Help,” 84 (12%) received “A Little Help,” 69 (10%) received “All the Help that was Needed,” and 51 (8%) received “No Help.” For those that indicated they did not receive help, this question did not ask for additional information on why they did not receive enough or any help. See **Figure C10. Survey Respondents Who Did or Did Not Receive Help.**

**If Yes, Did You, or They, Receive the Help That Was Needed?  
Please Select One.**

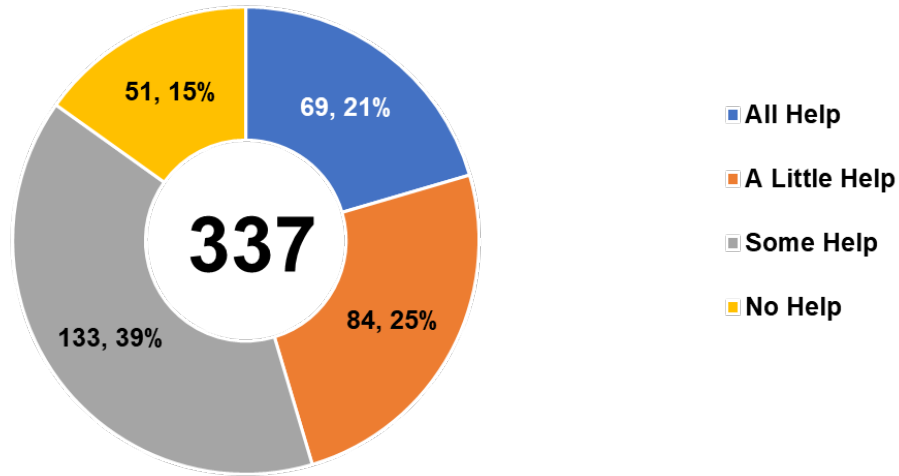


Figure C10. Survey Respondents Who Did or Did Not Receive Help

**Q11. If “No help” or “A little help” was received – what was the reason you, or they, could not get the help that was needed? Select all that apply.**

Question 11 asked respondents who answered Question 10 for additional information. If a survey respondent stated they received “No help” or “A little help” in Question 10, they were then asked, “What was the reason you, or they, could not get the help that was needed? Select all that apply.”

The survey asked the 120 respondents to select any responses to Question 11 that applied to the reasons why they received only a little, which led to a total of 191 responses. Respondents could select from the following reasons:

- The services available did not provide enough help,
- They did not know where to start,
- They had no one to help with the application or paperwork,
- They did not have internet access,
- They did not qualify, or
- Other, with an opportunity to provide a written response.

These respondents indicated 53 times (28%) that, “The services available did not provide enough help.” “Did not know where to start” received 50 responses (26%), “They had no one to help with the application or paperwork” received 30 responses (16%), “They did not have internet access” received 28 responses (15%), three respondents (1%) indicated they were

not eligible, and 27 respondents (14%) responded with “Other” and wrote individual responses. See **Figure C11. Reasons that Respondents Did Not Get the Help Requested.**

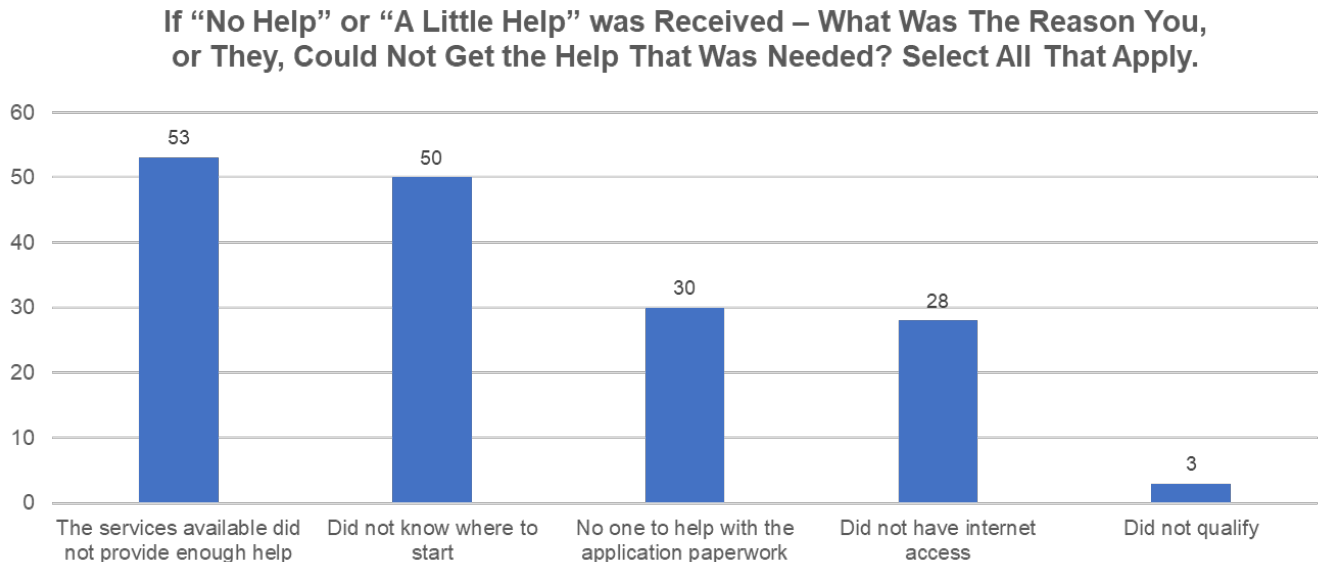


Figure C11. Reasons that Respondents Did Not Get the Help Requested

## Challenges and Opportunities

**Q12. By 2030, the population of older Oklahomans will outnumber children for the first time. Rate your level of agreement with the following statement: “The State of Oklahoma is prepared to support older Oklahomans to live independently.”**

For Question 12, the survey asked respondents to rate their response on a Likert scale that included “Strongly Agree,” “Agree,” “Neither Agree nor Disagree,” “Disagree,” and “Strongly Disagree.” Only 44 respondents, or 6%, “Strongly Agreed,” and 79 respondents (12%) “Agreed,” while 173 respondents (25%) stated they “Neither Agreed nor Disagreed.” Almost one in three respondents 207 (31%) stated they “Disagreed” that Oklahoma was prepared, and 115 (15%) stated they “Strongly Disagreed.” Sixty-one respondents (9%) did not answer this question. See **Figure C12. Responses to Question “The State of Oklahoma Is Prepared to Support Older Oklahomans to Live Independently” By Number of Respondents and Percentages.**

**Rate Your Level of Agreement With the Following Statement: “The State of Oklahoma Is Prepared to Support Older Oklahomans To Live Independently.”**

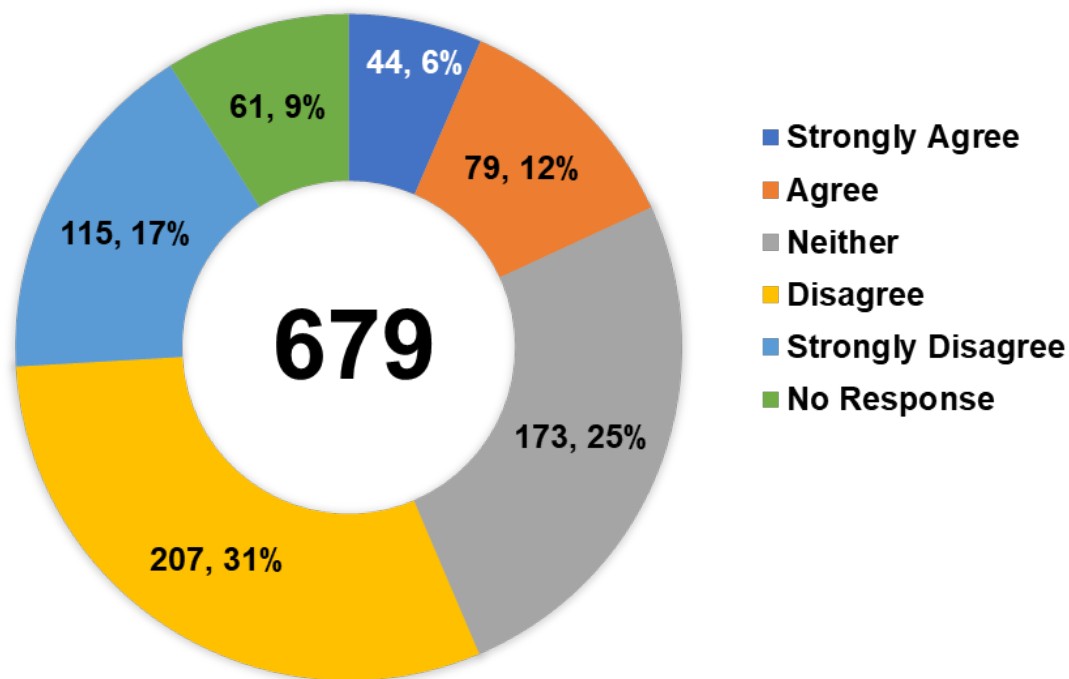


Figure C12. Responses to Question “The State of Oklahoma Is Prepared to Support Older Oklahomans to Live Independently” By Number of Respondents and Percentages

**Q13. There are many important aspects of the aging experience. Rank the TOP FIVE that are, in your opinion, the most important as people age. Please assign a value from 1 to 5 for each item. Values may not be repeated.**

For Question 13, the survey asked respondents to rank the most important aspects of aging (in their opinion). To answer, respondents ranked a selection of 10 choices—nine were prewritten and the 10<sup>th</sup> was “Other.” Respondents that chose “Other” could provide a free-response answer. The rank included values of one to five, with one being the “biggest challenge,” two being the second-biggest challenge, and so on. Respondents could only rank five of the 15 choices, which produces the number of unique responses. For ease of data analysis, a rank of one was assigned a numerical value of five, a rank of two was assigned a numerical value of four, and so on. This method allowed a higher-ranking score to indicate a positive correlation with survey respondents. See **Table C1. Three Aspects of Aging with the Highest Average Rank, per Online Survey Responses** for the three selections with the highest ranking.

Question	Ranked Score	Number of Respondents	Average Score (out of 5)
Easy access to, and use of, support services for seniors who need them.	874	268	3.3
A healthy and safe environment for older Oklahomans.	798	236	3.4
Reliable, high-quality support services and resources.	743	249	3.0

Table C1. Three Aspects of Aging with the Highest Average Rank, per Online Survey Responses

Additional responses and rankings are listed below. See **Figure C13. Most Important Aspects of the Aging Experience per Online Survey Responses.**

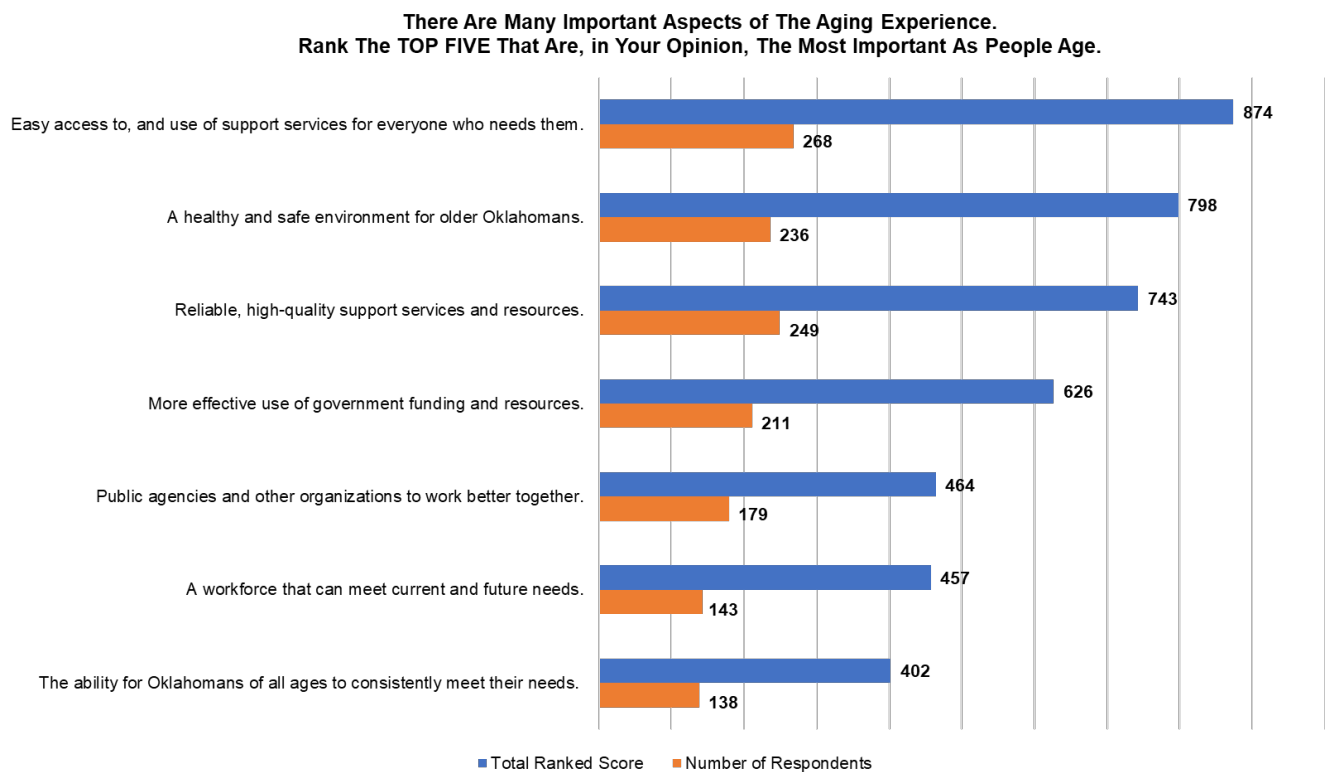


Figure C13. Most Important Aspects of the Aging Experience per Online Survey Responses

**Q14. What are the biggest challenges faced by Oklahoma in supporting the aging population? Rank the TOP FIVE challenges that are most important to address for the aging population in Oklahoma. Please assign a value from 1 to 5 for each time. Values may not be repeated.**

For Question 14, the survey asked respondents, “What are the biggest challenges faced by Oklahoma in supporting the aging population?” To answer, respondents ranked a selection of 19 choices from one to five, with one being the ‘biggest challenge,’ two being the second-biggest challenge, and so on. Respondents could only rank five of the 19 choices, which accounts for the number of unique responses.

For ease of data analysis, a rank of one was assigned a numerical value of five, a rank of two was assigned a numerical value of four, and so on. This method allowed a higher-ranking score to indicate a positive correlation with survey respondents. See **Table C2. Three Challenges with the Highest Average Rank, per Online Survey Responses.**

Question	Ranked Score	Number of Respondents	Average Score (out of 5)
People do not have enough money to care for themselves in retirement.	506	167	3.3
As more people need services, the government and other organizations will not be able to keep up with the need.	492	135	2.7
Older adults need housing options that meet their needs.	470	148	3.1

Table C2. Three Challenges with the Highest Average Rank, per Online Survey Responses

Additional responses and rankings are listed below. See **Figure C14. Biggest Challenges in Supporting Oklahoma’s Seniors per Online Survey Responses.**

**What are the biggest challenges faced by Oklahoma in supporting the aging population?  
Rank the TOP FIVE challenges that are most important to address for the aging population in  
Oklahoma**

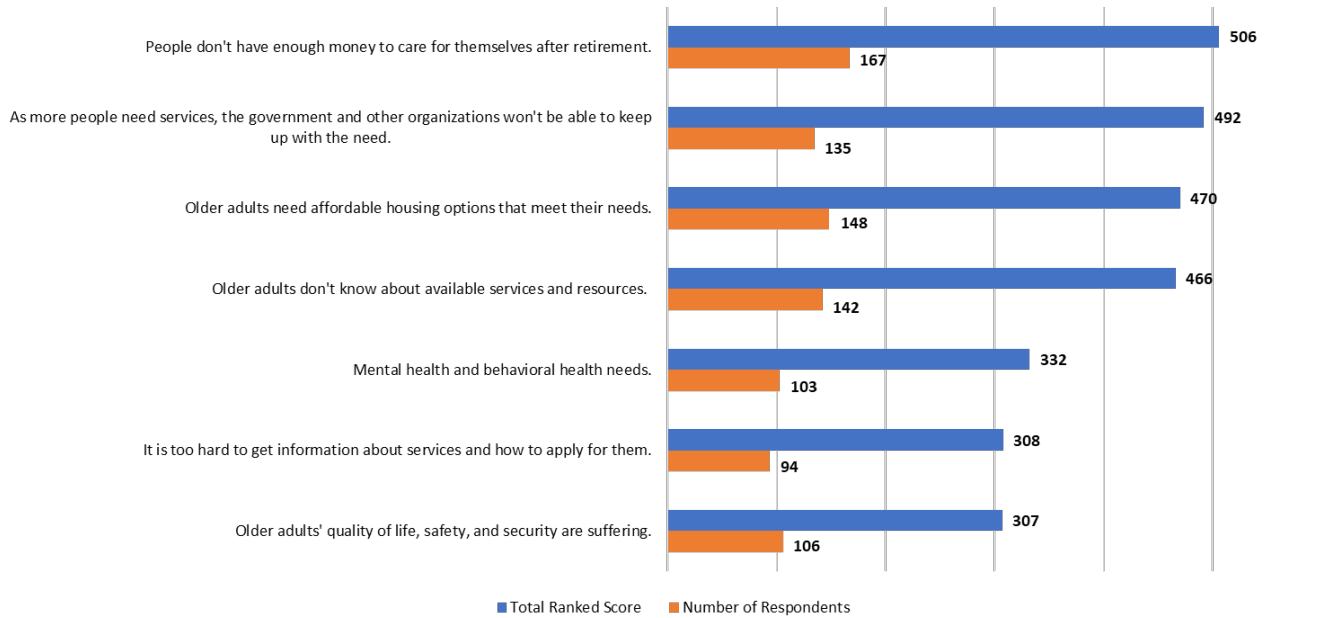


Figure C14. Biggest Challenges in Supporting Oklahoma's Seniors per Online Survey Responses

**Q15. Other states have created Multisector Plan on Aging like the one Oklahoma is developing. Their plans included a variety of different topics. Which of the following topics included in other states' plans should be included in Oklahoma's Plan? Rank the TOP FIVE topics you think should be included in Oklahoma's Plan. Please assign a value from 1 to 5 for each item. Values may not be repeated.**

Like Questions 13 and 14, Question 15 asked respondents to rank in order of importance the topics that appear in Multisector Plans on Aging in other states. Respondents ranked Economic Security with the highest ranked score (622), the greatest number of respondents (169), and the highest average ranked score (3.68 of 5). The following two responses with the highest average ranked score are Family Caregiving (3.12 of 5) and Healthcare (3.12 of 5). See **Table C3. Three topics in Order of Importance, per Online Survey Responses.**

Multisector Plan on Aging Topics	Ranked Score	Number of Respondents	Average Ranked Score (out of 5)
Economic Security: Giving older adults the ability to consistently meet their needs	622	169	3.68
Family Caregiving: Supporting family members who care for aging and individuals with disabilities	515	165	3.12
Healthcare: Improving the quality and availability of healthcare services for older adults	482	154	3.12

Table C3. Three Topics in Order of Importance, per Online Survey Responses

The graph below visualizes the top seven topics selected by respondents who completed the survey online, capturing both total ranked score and the number of respondents who selected it. See **Figure C15. Topics in order of importance that appear in Multisector Plans on Aging in Other States, per Online Survey Responses.**

Which of the following topics included in other states' plans should be included in Oklahoma's plan? Rank the TOP FIVE topics you think should be included in Oklahoma's plan.

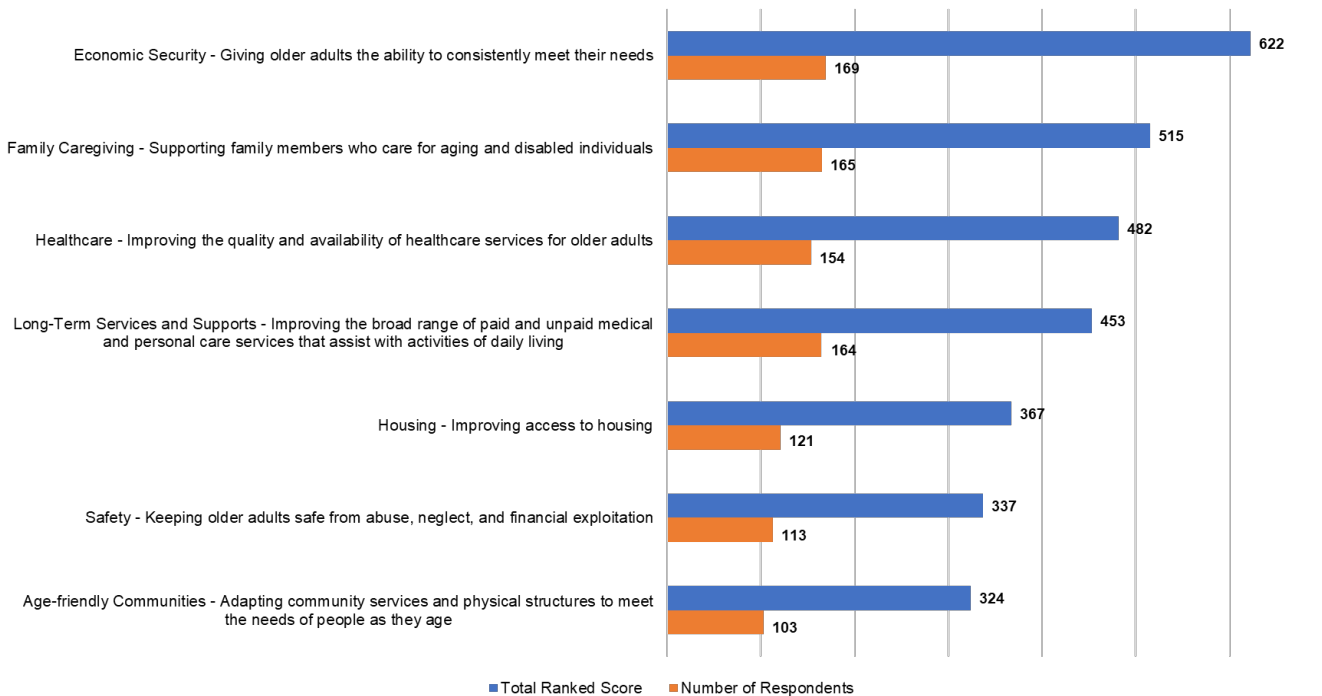


Figure C15. Topics in Order of Importance That Appear in Multisector Plans on Aging in Other States, Per Online Survey Responses



## Paper-Based Surveys

Survey respondents could take the survey using a web-based platform or by filling out a paper version of the survey. Survey responses submitted on the paper survey for Questions 1–12 were included in the sections above. However, due to some discrepancies in the way respondents to the paper version of the survey answered Questions 13, 14 and 15, these responses are presented separately below.

**Q13. There are many important aspects of the aging experience. Rank the TOP FIVE that are, in your opinion, the most important as people age. Please assign a value from 1 to 5 for each item. Values may not be repeated.**

For respondents that took the survey on paper, the top three responses to Question 13 were “A healthy and safe environment for older Oklahomans,” 206 of 1320 (16%), “Easy access to, and use of, support services for seniors who need them,” 194 (15%), and “Reliable, high-quality support services and resources,” 154 (12%). See **Figure C16. Top 7 Responses to Question 13, per Paper Survey Responses.**

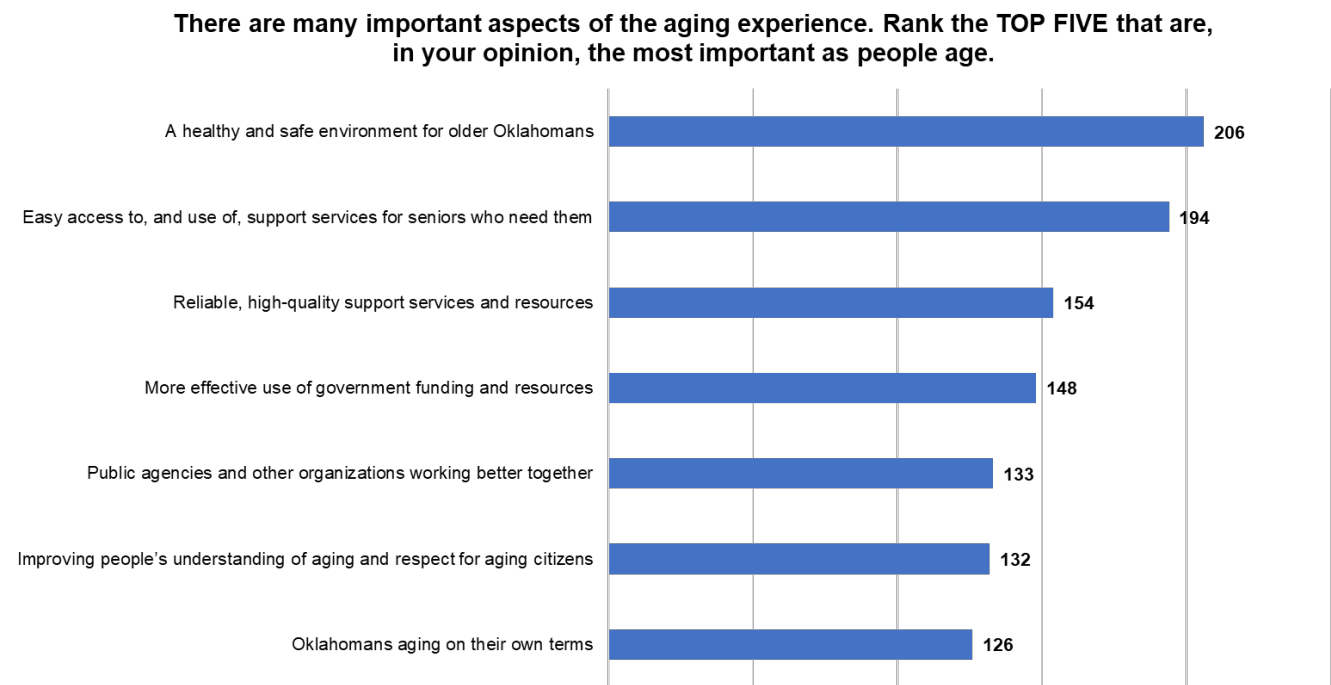


Figure C16. Top 7 Responses to “There are many important aspects of the aging experience. Rank the TOP FIVE that are, in your opinion, the most important as people age,” per Paper Survey Responses

Most responses received relatively equal counts, with the percentage of the top seven response totals ranging only between 16% and 10%. See **Table C4. Responses to Question 13, per Paper Survey Responses.**

Question 13 Response	Number	Percent
A healthy and safe environment for older Oklahomans	206	16%
Easy access to, and use of, support services for seniors who need them	194	15%
Reliable, high-quality support services and resources	154	12%
More effective use of government funding and resources	148	11%
Public agencies and other organizations working better together	133	10%
Improving people’s understanding of aging and respect for aging residents	132	10%
Oklahomans aging on their own terms	126	10%
A workforce that can meet current and future needs	114	9%
Protecting the ability of older Oklahomans to share their legacy with future generations	101	8%
Other	12	1%

Table C4. Responses to “There Are Many Important Aspects of the Aging Experience. Rank the TOP FIVE That Are, in Your Opinion, The Most Important as People Age,” Per Paper Survey Responses

**Q14. What are the biggest challenges faced by Oklahoma in supporting the aging population? Rank the TOP FIVE challenges that are most important to address for the aging population in Oklahoma. Please assign a value from 1 to 5 for each time. Values may not be repeated.**

For respondents that took the survey on paper, the top three responses were:

“As more people need services, government and other organizations will not be able to keep up with the need,” with 281 responses (14%), “Older adults need affordable housing options that meet their needs” with 150 responses (8%), and “Older adults do not know about available services and resources” with 132 responses (7%).

The 15 next-most popular responses garnered between 7% and 0% of selections from respondents. See **Figure C17. For Top 7 Responses to Question 14, Per Paper Survey Responses.**

## What Are The Biggest Challenges Faced by Oklahoma in Supporting The Aging Population? Rank the TOP FIVE Challenges That Are Most Important to Address For The Aging Population in Oklahoma.

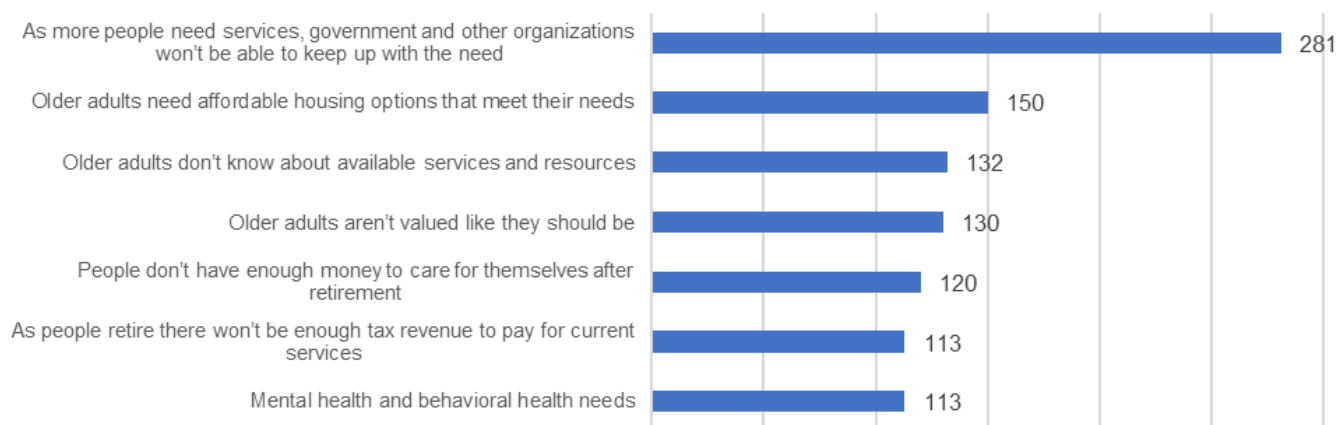


Figure C17. Top 7 Responses to “What are the Biggest Challenges Faced by Oklahoma in Supporting the Aging Population,” per Paper Survey Responses

Below are the number of responses for each selection in Question 14 and the percentage of total responses. See **Table C5. Responses to Question 14, per Paper Survey Responses.**

Question 14 Response	Count	Percentage
As more people need services, government and other organizations will not be able to keep up with the need.	281	14%
Older adults need affordable housing options that meet their needs.	150	8%
Older adults do not know about available services and resources.	132	7%
Older adults are not valued like they should be.	130	7%
People do not have enough money to care for themselves after retirement.	120	6%
As people retire there will not be enough tax revenue to pay for current services.	113	6%
Mental health and behavioral health needs.	113	6%
It is too hard to get information about services and how to apply for them.	106	5%
Transportation is not easily available, reliable, and/or affordable.	99	5%

Question 14 Response	Count	Percentage
The government is not spending enough money to support seniors.	97	5%
Older adults' quality of life, safety, and security are suffering.	94	5%
People do not know what to expect in terms of the economy.	92	5%
There are not enough healthcare and human services workers.	91	5%
The eligibility requirements make it too difficult for older adults to access public benefits.	87	4%
The system is too complicated because agencies and other organizations do not work together.	84	4%
There are not enough quality services and resources.	71	4%
Rural areas possess a greater sense of family and community than urban areas.	62	3%
Workers retiring are creating workforce shortages for all kinds of businesses.	58	3%
Other	6	0%

Table C5. Responses to “What are the Biggest Challenges Faced by Oklahoma in Supporting the Aging Population,” Per Paper Survey Responses

**Q15. Other states have created Multisector Plan on Aging like the one Oklahoma is developing. Their plans included a variety of different topics. Which of the following topics included in other states' plans should be included in Oklahoma's Plan? Rank the TOP FIVE topics you think should be included in Oklahoma's Plan. Please assign a value from 1 to 5 for each item. Values may not be repeated.**

For respondents that took the survey on paper, the top three responses were:

“Age-friendly Communities: Adapting community services and physical structures to meet the needs of people as they age” with 281 respondents or 17%, “Safety: Keeping older adults safe from abuse, neglect, and financial exploitation” with 118 responses (7%), and “Healthcare: Improving the quality and availability of healthcare services for older adults” with 103 responses or 6%.

The desire for age-friendly communities garnered more than twice the number of responses as the next-most popular response (Safety). The fifteen next-most popular responses garnered between 7% and 3% of selections from respondents. See **Table C6. Responses to “Which of the Following Topics Included in Other States' Plans Should Be Included in Oklahoma's Plan?” Per Paper Survey Responses.**

Question 15 Responses	Number	Percentage
Age-Friendly Communities: Adapting community services and physical structures to meet the needs of people as they age	281	17%
Safety: Keeping older adults safe from abuse, neglect, and financial exploitation	118	7%
Healthcare: Improving the quality and availability of healthcare services for older adults	103	6%
Housing: Improving access to housing	100	6%
Family Caregiving: Supporting family members who care for aging and disabled individuals	98	6%
Economic Security: Giving older adults the ability to consistently meet their needs	98	6%
Transportation: Improving access to transportation	91	6%
Long-Term Services and Supports: Improving the broad range of paid and unpaid medical and personal care services that assist with activities of daily living	88	5%
Person-Centered Care: Working with Seniors and learning what is important to them	85	5%
Emergency Preparedness: Considering the needs of seniors in planning and preparing for disasters	84	5%

Question 15 Responses	Number	Percentage
Ageism: Changing society's attitudes about aging and the value of older adults	81	5%
Virtual Care: Increasing the ability for individuals to receive physical and mental healthcare services without having to come into an office or facility	72	4%
Equity and Inclusion: Ensuring that processes and programs are impartial, fair, and provide equal possible outcomes for every individual	70	4%
Community Engagement: Building relationships and creating communications to involve the community in addressing problems related to aging	70	4%
Program Service and Coordination: Improving administration and coordination of services provided to older adults	69	4%
Cross-Sector Collaboration: Creating pathways for the public and private sectors to collaborate more effectively	61	4%
Workforce: Addressing the declining aging services workforce	52	3%
Other	4	0%

Table C6. Responses to “Which of the Following Topics Included in Other States' Plans Should Be Included in Oklahoma’s Plan?” Per Paper Survey Responses

**Figure C18. Responses to “Which of the Following Topics Included in Other States' Plans Should Be Included in Oklahoma’s Plan,” Per Paper Survey Responses** provides the top seven choices based on the number of respondents that selected the answer for Question 15.

**Which of The Following Topics Included in Other States' Plans Should be Included in Oklahoma's Plan?  
Rank The TOP FIVE Topics You Think Should Be Included In Oklahoma's Plan**

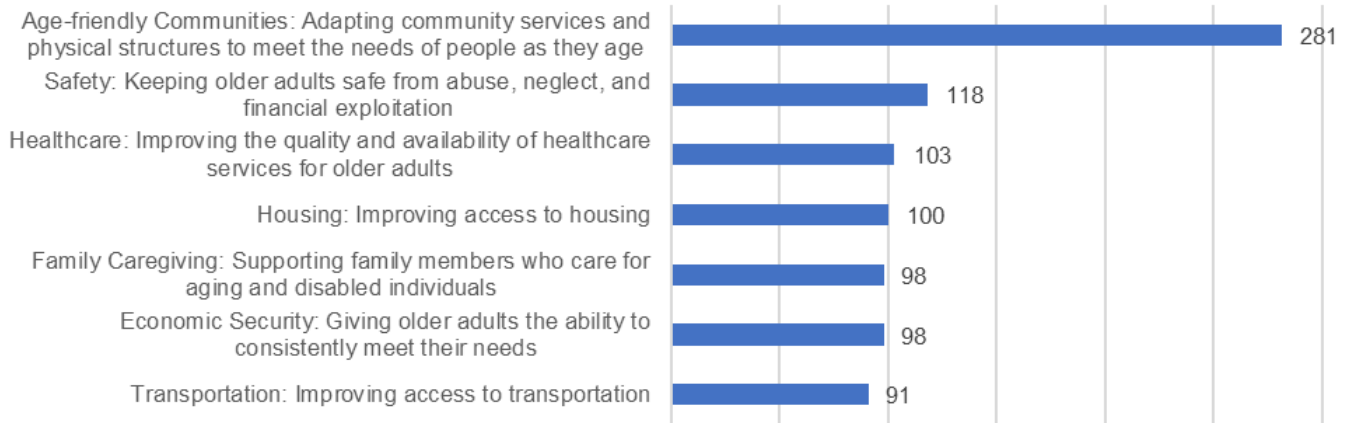


Figure C18. Top 7 Responses to “Which of the Following Topics Included in Other States' Plans Should Be Included in Oklahoma's Plan,” Per Paper Survey Responses

## Appendix D. Data Inventory

Data Set Name	What does the data tell us?	Frequency of data collection	Organization Holding the data
<b>Total Service Level</b>	How many slots were filled and how many vacancies are open	Monthly	Oklahoma Human Services Community Living, Aging and Protective Services (CAP)
<b>Total Community Service Hours</b>	How many hours did participant train	Quarterly	Oklahoma Human Services CAP
<b>Employment Rate</b>	How many workers left the program and are still employed	Semi-annually	Oklahoma Human Services CAP
<b>Median Earnings</b>	Average income of workers that left program	Quarterly	Oklahoma Human Services CAP
<b>Demographics of Workers</b>	Sex, Age, Ethnicity, Education, Most in Need Characteristics, Poverty Level	Quarterly	Oklahoma Human Services CAP
<b>Surveys</b>	Employer, Participant and Host Agency Surveys	Annually	Oklahoma Human Services CAP
<b>Enrollment</b>	New Workers, Exiting Workers, Vacancies	Quarterly	Oklahoma Human Services CAP
<b>Workers Exiting Program</b>	Reason for exiting, number of exiting workers, transfers to another program	Quarterly	Oklahoma Human Services CAP
<b>Training</b>	Number of hours training, number of workers trained	Quarterly	Oklahoma Human Services CAP
<b>Senior Community Service Employment (SCSEP) Program Placements</b>	Number of workers placed, median wage, average hours worked, placements with benefits, On the Job Experience (OJE) placement	Quarterly	Oklahoma Human Services CAP
<b>Community Service</b>	Number of workers providing community service, hours worked, what type of community service (general or elderly) average time in community service	Quarterly	Oklahoma Human Services CAP
<b>Participant Demographics</b>	Demographic about current and previous participants utilizing, or that utilized, Title III services: Name, age, location (address), contact info (phone number, email emergency contact), language spoken, marital status, housing, number in household, race/ethnicity, veteran status	Daily	Oklahoma Human Services CAP



Data Set Name	What does the data tell us?	Frequency of data collection	Organization Holding the data
<b>Participant Assessments</b>	Detailed information regarding a participant's disabilities, Power of Attorney status, Activities of Daily Living (ADLs)/Instrumental Activities of Daily Living (IADLs), nutritional health, dental/oral issues that interfere with eating, alcohol abuse issues, information about affordability of food and medication, depression/mental health, general eligibility for Title III services	Daily	Oklahoma Human Services CAP
<b>Participant Services</b>	When applicable: what services, how many units, date of services, date range of services, who those services were received from; what services the participant is on a waitlist to receive; what services/providers the participant has been referred to (within Title III)	Daily	Oklahoma Human Services CAP
<b>Older Blind Independent Living Services Participant List</b>	Case records of Independent Living services provided to older Blind individuals aged 55 and older	Ongoing as services provided	Department of Rehabilitation Services
<b>Vocational Rehabilitation Participant List</b>	Case records for Vocational Rehabilitation services provided to eligible individuals with disabilities of all ages (no upper age limit)	Ongoing as services provided	Department of Rehabilitation Services
<b>Total Referrals Received</b>	Identifies the complete number of referrals that have been submitted to APS. Shows how many referrals come into the APS program over time (increase in number of referrals as time trending up)	Real-Time	Oklahoma Human Services Adult Protective Services (APS)
<b>Total Referrals Assigned</b>	Identifies the complete number of referrals that have been assigned because they met APS criteria. The inverse of this can show us all referrals that were assigned to other agencies such as Mental Health & Substance Abuse Services.	Real-Time	Oklahoma Human Services APS
<b>Average Time to Closure of Assigned Referrals</b>	Identifies the average time it currently takes to complete a referral with our current workforce	Real-Time	Oklahoma Human Services APS
<b>Average Time to Screen</b>	Identifies the average time to assign or send a referral to the appropriate agency	Real-Time	Oklahoma Human Services APS
<b>Average time of Intake</b>	Identifies how long it takes from the start of an intake to when the referral is submitted to screening	Real-Time	Oklahoma Human Services APS

Data Set Name	What does the data tell us?	Frequency of data collection	Organization Holding the data
<b>Allegations</b>	Counts all allegations, by type, associated with all referrals. Can be sliced by referral created times, counties, and disposition	Real-Time	Oklahoma Human Services APS
<b>Average time to documentation</b>	Leading metric that identifies how quickly APS documents from the time of the interview	Real-Time	Oklahoma Human Services APS
<b>Referral Source</b>	Identifies how reporters are contacting APS	Real-Time	Oklahoma Human Services APS
<b>Average Age of Guardianships</b>	Identifies how long temporary guardianships are with the APS program	Real-Time	Oklahoma Human Services APS
<b>Alleged Victim (AV) Vulnerabilities</b>	Identifies at intake, the vulnerabilities that the AV may be experiencing	Real-Time	Oklahoma Human Services APS
<b>Age of AV</b>	Provides demographic info	Real-Time	Oklahoma Human Services APS
<b>AVs address, county, and/or zip code</b>	Provides geographic info and enables planning of field visits	Real-Time	Oklahoma Human Services APS
<b>Medicaid number of AV (could be used as a count)</b>	Informs APS of services AV may be receiving	Real-Time	Oklahoma Human Services APS
<b>Ethnicity of AV</b>	Provides demographic info	Real-Time	Oklahoma Human Services APS
<b>Tribal Affiliation of AV</b>	Lists the identified tribe	Real-Time	Oklahoma Human Services APS
<b>Personal/Medical Capacity of AV</b>	Identifies if the AV has personal and/or medical capacity	Real-Time	Oklahoma Human Services APS
<b>Financial Capacity of AV</b>	Identifies if the AV has financial capacity	Real-Time	Oklahoma Human Services APS
<b>Service Offered - Accepted (AV)</b>	Identifies the services and types offered that were accepted by the AV. This can help us understand what more people need and/or want with a higher success rate	Real-Time	Oklahoma Human Services APS
<b>Existing Services (AV)</b>	Identifies existing services that the client already has	Real-Time	Oklahoma Human Services APS
<b>Declined Services (AV)</b>	Identifies services that were offered but declined by the AV	Real-Time	Oklahoma Human Services APS
<b>Prosecution Recommendation from APS</b>	APS identifies referrals that are recommended for prosecution to help the Legal Entity and the District Attorney identify referrals that should continue to be investigated past the APS process.	Real-Time	Oklahoma Human Services APS
<b>Allegation Dispositions</b>	Identifies how all allegations are dispositioned after the investigation	Real-Time	Oklahoma Human Services APS

<b>Data Set Name</b>	<b>What does the data tell us?</b>	<b>Frequency of data collection</b>	<b>Organization Holding the data</b>
<b>Cost data of Long-Term Care (LTC) facilities in Oklahoma</b>	Data shows cost trends of LTC facilities in Oklahoma, on facility basis and in aggregate	Annually	Oklahoma Health Care Authority (OHCA)
<b>Per Diem Rate Information of LTC facilities in Oklahoma</b>	Per diem rate history of LTC facilities in Oklahoma	Annually	Oklahoma Health Care Authority
<b>LTC Facilities Payment Data</b>	Payment information of LTC facilities in Oklahoma-on facility basis and in aggregate	Monthly and Annually	Oklahoma Health Care Authority
<b>Census data, Staffing Ratios, Gross Receipts of LTC facilities in Oklahoma</b>	Facility specific census data, staffing ratios, gross receipts, etc. of LTC facilities in Oklahoma	Monthly	Oklahoma Health Care Authority / Oklahoma State Department of Health
<b>Centers for Medicare &amp; Medicaid Services (CMS) Long Stay Quality Measures for: Pressure Ulcer, Urinary Tract Infection, Weight Loss, and Use of Anti-Psychotic Medication</b>	How facilities performed under each of the four CMS quality measures used by OHCA for the LTC incentive payment program	Quarterly	Oklahoma Health Care Authority / CMS
<b>ADvantage Performance Measures</b>	1915 waiver report on Dual eligible Medicare Part A and B members. Shared with Oklahoma Human Services CAP	Monthly	Oklahoma Health Care Authority / CMS / Social Security Administration
<b>Claims</b>	Services performed on members and billed, as well as other information applicable to the claim(s)	Ad hoc	Oklahoma Health Care Authority
<b>Eligibility</b>	Eligibility of member	Ad hoc	Oklahoma Health Care Authority
<b>Prior Authorization</b>	Prior authorization details on services including duration of approval, units approved, denial reasons	Ad hoc	Oklahoma Health Care Authority

Data Set Name	What does the data tell us?	Frequency of data collection	Organization Holding the data
<b>Acumen Self-direction CDPASS Member data</b>	<p>The data tells us both Member and Worker demographic data. In addition, it records Member/worker personal care service delivery data including:</p> <ul style="list-style-type: none"> <li>• Type of service performed,</li> <li>• Individual receiving the service,</li> <li>• Date of the service,</li> <li>• Location of service delivery,</li> <li>• Individual providing the service,</li> <li>• Time the service begins and ends. The system also records. The system also reflects prior authorization (PA) data.</li> <li>• The system contains individual budget allocation data for Members.</li> </ul> <p>Finally, the system contains OHCA claims data. This data would reflect units used and units remaining on a PA.</p>	Constant	Acumen, LLC.
<b>Authenticated Electronic Visit Verification data</b>	<p>The data tells us both Member and Worker demographic data. In addition, it records Member/worker personal care, case management, case management for transitioning, nursing, advanced supportive/restorative assistance, in-home respite delivery data including Type of service performed, Individual receiving the service, Date of the service, Location of service delivery, Individual providing the service, Time the service begins and ends. The system also reflects prior authorization (PA) data. Finally, the system contains OHCA claims data. This system reflects units used and units remaining on a PA. This system also stores individual provider schedule data for proposed dates and times of service delivery.</p>	Constant	Fiserv / FirstData
<b>Hospital Discharge Data System</b>	<p>Tells some demographics and health information for individuals seen in a hospital setting (Inpatient, Outpatient Surgery, Ambulatory Surgery Centers, and Emergency Rooms) and associated charges. IP 2002+; OPS 2006+; ASC 2006+, ED 2020+</p>	Quarterly	Oklahoma State Department of Health (OSDH)
<b>Hospital Discharge - Public Use Data File(s) (PUDF)</b>	Deidentified hospital discharge data that is available for purchase	Annually	Oklahoma State Department of Health

<b>Data Set Name</b>	<b>What does the data tell us?</b>	<b>Frequency of data collection</b>	<b>Organization Holding the data</b>
<b>Oklahoma Central Cancer Registry</b>	Incident cancer cases for residents of Oklahoma since 1997	Ongoing, data compiled annually	Oklahoma State Department of Health
<b>Vital Statistics</b>	Death certificates which can be used for demographics and examining trends in mortality/causes of death (1980+)	Ongoing, data compiled annually	Oklahoma State Department of Health
<b>OK2SHARE</b>	Publicly accessible data query system using data from Vital Statistics, Hospital Discharge, Behavioral Risk Factor Surveillance System (BRFSS), Youth Risk Behavior Surveillance System (YRBSS), Birth Defects, Cancer Registry, COVID-19, HIV/STI/Hepatitis, and Injury data.	Updates are published as additional source data becomes available.	Oklahoma State Department of Health
<b>Behavioral Risk Factor Surveillance System</b>	Contains estimates of various risk and protective health behaviors and disease burden (1989+)	Ongoing, data compiled annually	Oklahoma State Department of Health
<b>Immunization Records - Individuals</b>	Immunizations received and due or past due	As shots are given	Immunization Service (Office of Management and Enterprise Services government cloud)
<b>Public Health Investigation and Disease Detection of Oklahoma (PHIDDO)</b>	All reportable infectious diseases within Oklahoma (2006+) and HIV Counseling, Testing, Referral (CTR) information, AIDS drug assistance program (ADAP)	Ongoing, data reconciled routinely as required for various program outputs	Oklahoma State Department of Health
<b>OSDH Case Investigation (OSDHCI)</b>	COVID cases within Oklahoma (2020+)	Ongoing, data reconciled annually	Oklahoma State Department of Health
<b>CAREWare System</b>	Healthcare providers that are funded by Ryan White enter services provided under the grant (e.g., case management, outpatient care, mental health, home health, HIV therapies)	Ongoing, quality assurance activities twice a year, annual reports to Health Resource and Services Administration (HRSA)	Oklahoma State Department of Health
<b>Tai Chi Trainer</b>	List of available trainers	Ongoing	Oklahoma State Department of Health
<b>Tai Chi Class list</b>	List of available classes	Ongoing	Oklahoma State Department of Health
<b>Matter of Balance</b>	Contains trainers and available classes for balance training	Ongoing	Oklahoma State Department of Health
<b>Injury morbidity and mortality</b>	Injury subset of discharge data/vital statistics data	Annually	Oklahoma State Department of Health

<b>Data Set Name</b>	<b>What does the data tell us?</b>	<b>Frequency of data collection</b>	<b>Organization Holding the data</b>
<b>State Unintentional Overdose Reporting System</b>	Unintentional and undetermined manner of overdose deaths in Oklahoma	Ongoing, finalized datasets are available twice per year	Oklahoma State Department of Health
<b>Oklahoma Violent Death Reporting System</b>	Homicide, suicide, and undetermined manner of deaths in Oklahoma	Ongoing, finalized datasets are available annually	Oklahoma State Department of Health
<b>Home Safety Supplies</b>	Usage forms of home safety supplies provided to citizens	Ongoing, summary reports completed as needed	Oklahoma State Department of Health
<b>Prescription Drug Monitoring Program (PDMP)</b>	How many controlled substance prescriptions are being filled in Oklahoma	Ongoing	Oklahoma Bureau of Narcotics
<b>Alzheimer's Public Survey</b>	Experiences and general knowledge surrounding Alzheimer's and other dementias and resources	Ongoing (data collection will end June 2023)	Oklahoma State Department of Health
<b>Take Charge Program</b>	Uninsured and underinsured individual receiving breast and cervical cancer screenings	Ongoing	Oklahoma State Department of Health
<b>Oklahoma Tobacco Helpline Cessation Data</b>	Success and failure of quit attempts and demographics of those who call the helpline, disparities, and demographics	Ongoing	Oklahoma State Department of Health
<b>Adult Tobacco Survey</b>	Tobacco usage among adults in Oklahoma and quit attempts	Data has not been collected since before 2015 but will resume Summer 2023	Oklahoma State Department of Health
<b>Wellness Profiles and Inequity Hotspots</b>	Consolidates data from multiple areas (within and external to OSDH) to provide a wellness profile for various communities	Updated annually	Oklahoma State Department of Health
<b>Certified Healthy</b>	Applications from businesses, congregations, schools, early childhood center, restaurants, campuses, and communities	Applications accepted Annually August 1 to November 1st	Oklahoma State Department of Health
<b>Community Health Workers Dashboard</b>	Community Health Workers collect data on social needs (Prapare), which is used to maintain OSDH dashboard on how many screenings have been completed, referrals completed. Demographics and breakdowns provided	Ongoing	Oklahoma State Department of Health
<b>Public Health Oklahoma Client Information System (PHOCIS)</b>	Demographics, insurance, services/medications/vaccines received at the Health Department	Ongoing	Oklahoma State Department of Health
<b>Optimal Regulatory Board Services (ORBS) Nurse Portal</b>	Billing/claims data for services provided by County Clinics	Ongoing	Oklahoma State Department of Health

<b>Data Set Name</b>	<b>What does the data tell us?</b>	<b>Frequency of data collection</b>	<b>Organization Holding the data</b>
<b>Oklahoma Public Health Lab (Labware)</b>	Results of lab testing performed by the state public health lab	Ongoing	Oklahoma State Department of Health
<b>Trauma Registry</b>	Any injured patient that is moderate to major injuries and minor transfers, (e.g., injury related to falls). Does not contain minor injuries so will be an incomplete picture of injuries	Ongoing quality assurance reports sent every 6 months, compliance reports monthly, trend reports compiled every 5 years	Oklahoma State Department of Health
<b>Oklahoma Emergency Medical Services Information System (OKEMSIS)</b>	All Emergency Medical Services (EMS) treat and transports	Ongoing quality assurance reports sent every 6 months, compliance reports monthly, trend reports compiled every 5 years	Oklahoma State Department of Health
<b>Medical Professional Assault Registry</b>	Registry of assault on medical care providers, 2021+	Ongoing, data/reports released as requested	Oklahoma State Department of Health
<b>Emergency Medical Services (EMS) Licensure Database</b>	Licensure information for Emergency Medical Services (EMS) and Emergency Response Agencies, personnel, and instructors	2-year renewals for EMS personnel and annual renewal for agencies	Oklahoma State Department of Health
<b>Hospital Licensure Database</b>	Licensure information and specialties and points of contact within hospitals	Annual renewals required	Oklahoma State Department of Health
<b>EMResource</b>	Tells us current hospital/Emergency Medical Services (EMS) (ground and air) capacity/census	Data is submitted as changes occur; event driven data collection	Oklahoma State Department of Health
<b>Home Health Agencies Licensure</b>	Licensure information for home health agencies	Annual renewals required	Oklahoma State Department of Health
<b>Hospice Agencies Licensure</b>	Licensure information for hospice agencies	Annual renewals required	Oklahoma State Department of Health
<b>Enhanced HIV/AIDS Reporting System (eHARS)</b>	Surveillance system for HIV diagnosis and HIV related follow-up	Ongoing, data compiled annually, deidentified submissions to Center for Disease Control and Prevention (CDC) monthly	Oklahoma State Department of Health

Data Set Name	What does the data tell us?	Frequency of data collection	Organization Holding the data
<b>Nursing Home Staff Pre and Post Dental Health Tests</b>	Nursing home staff have improved knowledge of the importance of oral health to the overall health for the benefit of nursing home residents; Excel spreadsheet, final report for OK Senior Smiles	Ongoing during the grant cycle with quarterly reports to Centers for Medicare and Medicaid Services (CMS)	Oklahoma State Department of Health
<b>Medicare Improvements for Patients and Providers Act (MIPPA)</b>	Determines eligibility for Federal Low Income Subsidy Program to pay for Medicare Part D (Prescription medications) and make referrals to State Medicare Part B Medicare Savings Programs (MSP)	Monthly	Oklahoma Human Services CAP
<b>Persons-Centered Options Counseling</b>	A pilot project that identifies needs of those seeking alternatives to institutionalization using person centered options counseling for supports from community-based organizations	Daily	Oklahoma Human Services CAP
<b>Lifespan Respite Grants</b>	Number of family caregivers across the lifespan accessing respite support that otherwise 'fall between the cracks' of other respite programs.	Semi-annually	SoonerSUCCESS
<b>Program Application Log</b>	Number of applications received each month. The data also allows tracking of the waiver status of each application	Daily	Oklahoma Human Services CAP
<b>Developmental Disability Services (DDS) State Funded Adult Day Health (ADH) Client List</b>	Number of DDS clients on State Funded Services with their ADH case number, DDS waiting list case number and date of birth	Daily	Oklahoma Human Services CAP
<b>Annual Case Review List</b>	What cases are due for an annual review each month	Monthly	Oklahoma Human Services CAP
<b>Electronic Benefits (EBT) Transfer Portal</b>	Client attendance at the facility	Daily	Oklahoma Human Services CAP
<b>Query Management Facility (QMF)</b>	Payment data and service data	Daily	Oklahoma Human Services CAP
<b>Percentage of Funding Spent</b>	Percentage of funding spent by each provider for monitoring when the provider would be changed to a charitable care reimbursement rate. Also used to move funding	Weekly used daily	Oklahoma Human Services CAP
<b>Weekly Payment Totals</b>	Weekly payment breakdown for easy access when needed for independent auditor or provider payment questions	Weekly used Daily	Oklahoma Human Services CAP
<b>Contract Renewal Data</b>	Contract data for renewal of contracts used from March-May during contract renewal season	Annually	Oklahoma Human Services CAP



<b>Data Set Name</b>	<b>What does the data tell us?</b>	<b>Frequency of data collection</b>	<b>Organization Holding the data</b>
<b>Desk Audit Monitoring Log</b>	Annual desk audits for all providers	Monthly	Oklahoma Human Services CAP
<b>Performance Incorporated Client Information System (PICIS)</b>	Identifies detailed client information (data collected for persons across the lifespan) around mental health, substance abuse, and contextual factors including demographic information	Ongoing	Oklahoma Department of Mental Health and Substance Abuse Services
<b>988 Call Center</b>	Identifies detailed information around calls to the Oklahoma 988 mental health warm line; including information about caller needs and call disposition	Biweekly	Oklahoma Department of Mental Health and Substance Abuse Services
<b>Drug Court</b>	Identifies detailed court information around persons participating in the program	Ongoing	Oklahoma Department of Mental Health and Substance Abuse Services
<b>Mental Health Court</b>	Identifies detailed court information around persons participating in the program	Ongoing	Oklahoma Department of Mental Health and Substance Abuse Services
<b>Family Treatment Court</b>	Identifies detailed court information around persons participating in the program	Ongoing	Oklahoma Department of Mental Health and Substance Abuse Services
<b>Misdemeanor Court</b>	Identifies detailed court information around persons participating in the program	Ongoing	Oklahoma Department of Mental Health and Substance Abuse Services
<b>Offender Screening</b>	Identifies detailed screening (Mental Health, Substance Abuse, and Risk for Reoffending) information for persons participating in the Offender Screening process	Ongoing	Oklahoma Department of Mental Health and Substance Abuse Services
<b>Correctional Discharge Planning</b>	Provides details around persons with mental illness that are exiting incarceration and all linkages to community supports to assist with a transition back into the community	Ongoing	Oklahoma Department of Mental Health and Substance Abuse Services

Table D1. Data Inventory

## Appendix E. Initial Partners

The table below highlights a non-exhaustive list of initial partners that have been involved in Oklahoma’s Multisector Plan on Aging to date:

Public Partners	Private Partners
Areawide Agency on Aging	AARP Oklahoma
ASCOG AAA	Ability Resources
Central Oklahoma Workforce Innovation Board	Alzheimer’s Association
Citizen Potawatomi Nation	Big Five Community Services
City of McAlester	Care Plus Home Care
City of Wilburton	Care Providers Oklahoma
COEDD AAA	Carradini Health
Deep Fork Community Action Foundation	Complete Home Services
Department of Mental Health and Substance Abuse	Complete of Western Oklahoma
Department of Rehabilitation Services	CompleteOK
EODD AAA	Corn Heritage
Grand Gateway AAA	Crossings Community Church
INCOG AAA	Diakonos Group
Jackson County Health Department	Elara Caring
KEDDO AAA	Elmbrook Management Company
Ki Bois Community Action	Encompass Rehab
McClain Health Department	Feed the Need Foundation for Rural Oklahoma
Office of Disability Concerns	For the Children CACFP
Oklahoma ABLE Tech	Gray Matters Alliance
Oklahoma Arts Council	Green Country Behavioral Health
Oklahoma City EMBARK	Hope Community Services, Inc
Oklahoma County Sheriff’s Office	Hunger Free Oklahoma
Oklahoma Department of Commerce	Legal Aid Services of Oklahoma
Oklahoma Department of Transportation	Meals on Wheels Greater Tulsa
Oklahoma Employment Security Commission	Meals on Wheels Oklahoma
Oklahoma Health Care Authority	Mercy Rehabilitation Hospital OKC South
Oklahoma House of Representatives	NewView Oklahoma
Oklahoma Human Services	Northcare

<b>Public Partners</b>	<b>Private Partners</b>
Oklahoma Insurance Department	Nursing Strategies, Inc
Oklahoma Mental Health and Aging Coalition	Oklahoma Assisted Living Association
Oklahoma Silver Haired Legislature	Oklahoma Mental Health Collective
Oklahoma State Department of Health	Oklahoma Senior Journal
Oklahoma State Health Department	Oral Roberts University
OSU Extension	Oxford Healthcare
OU Health Sciences Center	Parkview Pointe Senior Living
Pittsburg County Health Department	Reaching Our City, Inc.
RSVP of Central Oklahoma	Senior Benefits Consulting
SODA AAA	Telligen QIN-QIO
Southwest Oklahoma Community Action Group	The Health Center at Concordia
State Council on Aging	Trinity Woods Tulsa
SWODA AAA	Unite Us
Tobacco Settlement Endowment Trust	Valir PACE
Tulsa & Creek Counties Senior Nutrition	Village at Oakwood
UCEDD Center for Learning and Leadership	VillagesOKC
Woodward County Health Department	Well Preserved Advisory Group

Table E1. Initial Partners of Oklahoma's Multisector Plan on Aging

## Appendix F. Glossary of Terms

Oklahoma Human Services strives to use inclusive, person-first language in all communications and publications as a part of our commitment to equity and inclusion for all populations. Some terms used in the production of this report refer to populations and concepts that contain a large body of established research that continues to use terms that may not be in line with currently acceptable language. Where these terms are used for clarity and replicability of the research, Oklahoma Human Services provides context and rationale for their use in the table below in **Table F1. Glossary of Terms**.

Word / Phrase	Source	Rationale	Reference Link
<b>Master Plan on Aging</b>	SCAN Foundation	The current term 'Multisector' is replacing 'Master' to improve understanding that the concept of the Plan is to engage across a spectrum of organizations.	<a href="#">Multisector Plans</a>
<b>Older Adult</b>	Administration for Community Living (ACL)	The report uses ACL-recognized terms for older adults for consistency and to support inclusivity.	<a href="#">For Reporters</a>
<b>Long-term Services and Supports (LTSS)</b>	Centers for Medicare and Medicaid Services	Long-term Services and supports are a wide range of services to help people live more independently by assisting with personal and healthcare needs and activities of daily living.	<a href="#">Reference Article</a>
<b>People with disabilities</b>	Administration for Community Living	The report uses ACL-recognized terms for people with disabilities for consistency and to support inclusivity.	<a href="#">For Reporters</a>
<b>Blind</b>	National Federation for the Blind	The term 'Blind' is preferred among most blind individuals and organizations.	<a href="#">Reference Article</a>
<b>Deaf</b>	National Association of the Deaf	The term 'Deaf' is preferred among most deaf individuals and organizations.	<a href="#">Frequently Asked Questions</a>

Word / Phrase	Source	Rationale	Reference Link
<b>Health-Related Social Drivers</b>	American Medical Association	Health-related social drivers is used interchangeably with social determinants of health, and is emerging as the term of preference within the medical community.	<a href="#">Reference Article</a>
<b>Standard Deviation</b>	National Institutes of Health	Standard deviation is a mathematical term commonly used in research and academic circles. Standard deviation does not refer to a concrete number, but to whether a measure is closer to or further away from an average (mean). So, measures that use standard deviation may change over time, as the average changes with new / updated data.	<a href="#">Reference Article</a>
<b>Old Age Dependency Ratio</b>	United States Census	Old age dependency ratio is an established term in the field of economics and is used for clarity when discussing statistical data.	<a href="#">Reference Article</a>
<b>Indian Health Service</b>	Indian Health Service	The federal Indian Health Service is authorized under the Indian Health Care Improvement Act of 1976. References to the term 'Indian' are statutory and used to refer to the federal agencies, programs, and services established under this act only.	<a href="#">Reference Article</a>
<b>Aged, Blind, Disabled (ABD)</b>	Medicaid	The term 'Aged, Blind, Disabled' refers specifically to an eligibility category for Medicaid services and is used in this context only.	<a href="#">Reference Article</a>

Table F1. Glossary of Terms

## Appendix G. References

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## Appendix H. (in)Sight Health data sources

Figure	Measure	Description	Source	Year	US Average of Values	OK Average of Values
<b>Figure 10. National Health Equity Scores, Premature Death Rate</b>		This dataset presents the age-adjusted death rates for the 10 leading causes of death in the United States beginning in 1999.	<a href="https://www.cdc.gov/nchs/products/index.htm">https://www.cdc.gov/nchs/products/index.htm</a>	2020	11.43%	14.04%
<b>Figure 11. Health Equity Scores, Premature Death Rate - Oklahoma</b>		This dataset presents the age-adjusted death rates for the 10 leading causes of death in the United States beginning in 1999.	<a href="https://data.cdc.gov/NCHS/NCHS-Leading-Causes-of-Death-United-States/bi63-dtpu">https://data.cdc.gov/NCHS/NCHS-Leading-Causes-of-Death-United-States/bi63-dtpu</a>		NA	14.04%
<b>Figure 12. Health-Related Social Drivers Impacting Oklahoma</b>	% With Annual Mammogram	Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening.	<a href="#">Mapping Medicare Disparities Tool</a>	2019	0.128458	-0.548260
<b>Figure 12. Health-Related Social Drivers Impacting Oklahoma</b>	Life Expectancy	Average number of years a person can expect to live.	National Center for Health Statistics - Mortality Files	2018-2020	0.228789	-0.560094
<b>Figure 12. Health-Related Social Drivers Impacting Oklahoma</b>	% Some College	Percentage of adults ages 25-44 with some post-secondary education.	American Community Survey, 5-year estimates	2016-2020	0.340561	-0.258672
<b>Figure 12. Health-Related Social Drivers Impacting Oklahoma</b>	% Severe Housing Cost Burden	Percentage of households that spend 50% or more of their household income on housing.	American Community Survey, 5-year estimates	2016-2020	0.458673	-0.268396

Figure	Measure	Description	Source	Year	US Average of Values	OK Average of Values
<b>Figure 12. Health-Related Social Drivers Impacting Oklahoma</b>	Median Household Income	The income where half of households in a county earn more and half of households earn less	Small Area Income and Poverty Estimates	2020	0.401299	-0.285522
<b>Figure 12. Health-Related Social Drivers Impacting Oklahoma</b>	% Broadband Access	Percentage of households with broadband internet connection.	American Community Survey, 5-year estimates	2016-2020	0.418651	0.025931
<b>Figure 12. Health-Related Social Drivers Impacting Oklahoma</b>	% Unemployed	Percentage of population ages 16 and older unemployed but seeking work.	Bureau of Labor Statistics	2020	0.301711	-0.317705
<b>Figure 12. Health-Related Social Drivers Impacting Oklahoma</b>	Mental Health Provider Ratio	Ratio of population to mental health providers.	CMS, National Provider Identification	2021	-0.256763	-0.430198
<b>Figure 12. Health-Related Social Drivers Impacting Oklahoma</b>	Drug Overdose Mortality Rate	Number of drug poisoning deaths per 100,000 population.	National Center for Health Statistics - Mortality Files	2018-2020	-0.053319	-0.499424
<b>Figure 12. Health-Related Social Drivers Impacting Oklahoma</b>	HIV Prevalence Rate	Number of people aged 13 years and older living with a diagnosis of human immunodeficiency virus (HIV) infection per 100,000 population.	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2019	0.277703	-0.134235

Figure	Measure	Description	Source	Year	US Average of Values	OK Average of Values
<b>Figure 12. Health-Related Social Drivers Impacting Oklahoma</b>	% Severe Housing Problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.	Comprehensive Housing Affordability Strategy (CHAS) data	2014-2018	0.373099	-0.159811
<b>Figure 12. Health-Related Social Drivers Impacting Oklahoma</b>	Traffic Volume	Average traffic volume per meter of major roadways in the county.	EJSCREEN: Environmental Justice Screening and Mapping Tool	2019	0.825160	-0.050934
<b>Figure 12. Health-Related Social Drivers Impacting Oklahoma</b>	Segregation index	The extent to which students within different race and ethnicity groups are unevenly distributed across schools when compared with the racial and ethnic composition of the local population. The index ranges from 0 to 1 with lower values representing a school composition that approximates race and ethnicity distributions in the student populations within the county, and higher values representing more segregation.	National Center for Education Statistics	2020-2021	0.471108	0.029479
<b>Figure 12. Health-Related Social Drivers Impacting Oklahoma</b>	% Completed High School	Percentage of adults ages 25 and over with a high school diploma or equivalent.	American Community Survey, 5-year estimates	2016-2020	0.174187	0.060932

Figure	Measure	Description	Source	Year	US Average of Values	OK Average of Values
<b>Figure 12. Health-Related Social Drivers Impacting Oklahoma</b>	High School Graduation Rate	Percentage of ninth-grade cohort that graduates in four years.	EDFacts	2018-2019	-0.39080	-1.01078
<b>Figure 12. Health-Related Social Drivers Impacting Oklahoma</b>	% Driving Deaths with Alcohol Involvement	Percentage of driving deaths with alcohol involvement.	Fatality Analysis Reporting System	2016-2020	0.000300	-0.10306
<b>Figure 12. Health-Related Social Drivers Impacting Oklahoma</b>	Violent Crime Rate	Number of reported violent crime offenses per 100,000 population.	Uniform Crime Reporting - FBI	2014 & 2016	0.266622	0.48884
<b>Figure 12. Health-Related Social Drivers Impacting Oklahoma</b>	% Flu Vaccinated	Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination.	Mapping Medicare Disparities Tool	2019	0.283545	0.23473141
<b>Figure 12. Health-Related Social Drivers Impacting Oklahoma</b>	Income Ratio	Ratio of household income at the 80th percentile to income at the 20th percentile.	American Community Survey, 5-year estimates	2016-2020	0.049060	-0.002237
<b>Figure 12. Health-Related Social Drivers Impacting Oklahoma</b>	% Homeowners	Percentage of owner-occupied housing units.	American Community Survey, 5-year estimates	2016-2020	-0.33938	-0.3081419
<b>Figure 12. Health-Related Social Drivers Impacting Oklahoma</b>	Other Primary Care Provider Ratio	Ratio of population to primary care providers other than physicians.	CMS, National Provider Identification	2021	-0.182683	-0.092660

Figure	Measure	Description	Source	Year	US Average of Values	OK Average of Values
<b>Figure 12. Health-Related Social Drivers Impacting Oklahoma</b>	Homicide Rate	Number of deaths due to homicide per 100,000 population.	National Center for Health Statistics - Mortality Files	2014-2020	-0.23048	0.01793921
<b>Figure 12. Health-Related Social Drivers Impacting Oklahoma</b>	Dentist Ratio	Ratio of population to dentists.	Area Health Resource File/National Provider Identification file	2020	-0.282315	-0.1251691
<b>Figure 12. Health-Related Social Drivers Impacting Oklahoma</b>	Chlamydia Rate	Number of newly diagnosed chlamydia cases per 100,000 population.	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2019	0.129730	0.3515386
<b>Figure 12. Health-Related Social Drivers Impacting Oklahoma</b>	Primary Care Physicians Ratio	Ratio of population to primary care physicians.	Area Health Resource File/American Medical Association	2019	-0.25878	0.0771424
<b>Figure 12. Health-Related Social Drivers Impacting Oklahoma</b>	% Adults with Diabetes	Percentage of adults aged 20 and above with diagnosed diabetes (age-adjusted).	Behavioral Risk Factor Surveillance System	2019	-0.189569	0.1734564
<b>Figure 12. Health-Related Social Drivers Impacting Oklahoma</b>	% Limited Access to Healthy Foods	Percentage of population who are low-income and do not live close to a grocery store.	USDA Food Environment Atlas	2019	-0.196910	0.2220558
<b>Figure 12. Health-Related Social Drivers Impacting Oklahoma</b>	Social Association Rate	Number of membership associations per 10,000 population.	County Business Patterns	2019	-0.127392	0.1992472

Figure	Measure	Description	Source	Year	US Average of Values	OK Average of Values
<b>Figure 12. Health-Related Social Drivers Impacting Oklahoma</b>	COVID-19 death rate	All deaths occurring between January 1, 2020 and December 31, 2020 due to COVID-19, per 100,000 population (age-adjusted).	National Center for Health Statistics - Mortality Files	2020	-0.22893	0.1868253
<b>Figure 12. Health-Related Social Drivers Impacting Oklahoma</b>	% Frequent Mental Distress	Percentage of adults reporting 14 or more days of poor mental health per month (age-adjusted).	Behavioral Risk Factor Surveillance System	2019	-0.28605	0.15916602
<b>Figure 12. Health-Related Social Drivers Impacting Oklahoma</b>	% Insufficient Sleep	Percentage of adults who report fewer than 7 hours of sleep on average (age-adjusted).	Behavioral Risk Factor Surveillance System	2018	-0.038314	0.3458809
<b>Figure 12. Health-Related Social Drivers Impacting Oklahoma</b>	Firearm Fatalities Rate	Number of deaths due to firearms per 100,000 population.	National Center for Health Statistics - Mortality Files	2016-2020	-0.381526	0.3362459
<b>Figure 12. Health-Related Social Drivers Impacting Oklahoma</b>	% Frequent Physical Distress	Percentage of adults reporting 14 or more days of poor physical health per month (age-adjusted).	Behavioral Risk Factor Surveillance System	2019	-0.269167	0.2214226
<b>Figure 12. Health-Related Social Drivers Impacting Oklahoma</b>	Preventable Hospitalization Rate	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.	Mapping Medicare Disparities Tool	2019	-0.08969	0.1748699
<b>Figure 12. Health-Related Social Drivers Impacting Oklahoma</b>	% Food Insecure	Percentage of population who lack adequate access to food.	Map the Meal Gap	2019	-0.25242	0.3618256

Figure	Measure	Description	Source	Year	US Average of Values	OK Average of Values
<b>Figure 12. Health-Related Social Drivers Impacting Oklahoma</b>	Suicide Rate (Age-Adjusted)	Number of deaths due to suicide per 100,000 population (age-adjusted).	National Center for Health Statistics - Mortality Files	2016-2020	-0.36899	0.340464
<b>Figure 12. Health-Related Social Drivers Impacting Oklahoma</b>	Average Daily Particulate Matter	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5).	Environmental Public Health Tracking Network	2018	0.2821723	0.8954919
<b>Figure 12. Health-Related Social Drivers Impacting Oklahoma</b>	Motor Vehicle Mortality Rate	Number of motor vehicle crash deaths per 100,000 population.	National Center for Health Statistics - Mortality Files	2014-2020	-0.47677	0.2687739
<b>Figure 12. Health-Related Social Drivers Impacting Oklahoma</b>	Injury Death Rate	Number of deaths due to injury per 100,000 population.	National Center for Health Statistics - Mortality Files	2016-2020	-0.24379	0.5002898
<b>Figure 12. Health-Related Social Drivers Impacting Oklahoma</b>	Age-Adjusted Death Rate	Number of deaths among residents under age 75 per 100,000 population (age-adjusted).	National Center for Health Statistics - Mortality Files	2018-2020	-0.295313	0.5767086
<b>Figure 12. Health-Related Social Drivers Impacting Oklahoma</b>	% Uninsured Adults	Percentage of adults under age 65 without health insurance.	Small Area Health Insurance Estimates	2019	-0.24079	1.1313787
<b>Figure 20. Oklahoma Nursing Facilities</b>		Licensed nursing facilities in Oklahoma	data.cms.gov/pro-vider-data/topics/nursing-homes	June 2023		



Figure	Measure	Description	Source	Year	US Average of Values	OK Average of Values
<b>Figure 21. 2023 Nursing Facility Utilization – Oklahoma</b>		Average daily resident census of licensed nursing homes in Oklahoma	data.cms.gov/provider-data/topics/nursing-homes	June 2023		
<b>Figure 22. 2030 Projected Nursing Facility Utilization – Oklahoma</b>		Average daily resident census of licensed nursing homes in Oklahoma	data.cms.gov/provider-data/topics/nursing-homes	June 2023		
<b>Figure 22. 2030 Projected Nursing Facility Utilization – Oklahoma</b>		Data on projected growth rate	State Plan on Aging			
<b>Figure 22. 2030 Projected Nursing Facility Utilization – Oklahoma</b>		Population data	Census.gov	2020		

Table H1. (in)Sight Health data sources