

PART 1- 2019-2022 STRATEGIC AREA PLAN

Area Agency on Aging Region 9, Inc.

Contents

Introduction	2
Program and Signature Page	3
AAA Advisory Council	4
Council Composition:.....	4
Frequency of Meetings:	4
Member Selection Schedule:	4
Term(s) of Office:	4
AAA Advisory Council Members:	4
AAA Board of Director Members:.....	5
Funds Administered and Bid Cycles	6
Executive Summary	7
Mission and Vision Statements	9
Mission:	9
Vision:	9
Regional Profile	10
Identification of Counties:	10
Identification of Region (Map):.....	10
Socio-Demographic and Economic Factors:.....	10
Economic and Social Resources:	11
Description of the PSA's Service System:	11
Role in Interagency Collaborative Efforts:.....	12
Census Information:	14
Unmet Needs and Service Opportunities	15
Access to Information and Advocacy Services (ADRN, priority populations & elder abuse):...	15
Population Health (nutrition, health/and wellness, dementia, substance abuse/addiction):	16
Caregiving (caregiver support and kinship care).....	18
Civic Engagement (volunteerism and older workers):	19
Aging in Place (HCBS, transportation, housing, workforce shortage and safety needs):.....	20
Targeted Outreach Plan:	22
Performance Recap of 2015-2018 Strategic Area Plan	26
Goals and Objectives	31

Introduction

The Older Americans Act (OAA) of 1965, as amended, requires each Area Agency on Aging (AAA) to prepare a Strategic Area Plan to foster the development of a comprehensive and coordinated service system to meet the needs of older persons in the Planning and Service Area (PSA). The development process and implementation of the Strategic Area Plan helps to establish the AAA as the focal point on aging in each PSA.

The goal of the process is to produce a plan that is strategic in nature and considers the aging environment and issues within the PSA. The plan serves as a long-range view of how systems and supports will be developed and aging services strengthened.

The plan includes the assurances that are required of all organizations that receive OAA funding. The format is designed to foster creativity on the part of the AAA and public involvement in development of the plan.

Annually, each AAA is required to submit an Area Plan Update with its respective components to report on status and plans for the coming year. Your budget exhibit pages included in the initial Strategic Area Plan shall be specific to PY 2019. For the annual updates, ODA will prepare and distribute to the AAAs, the updated instructions, documents, forms and budget pages.

Program and Signature Page

AREA AGENCY ON AGING (AAA) INFORMATION:

Legal Name of Agency: Area Agency on Aging Region 9, Inc.

Mailing Address: 1730 Southgate Parkway, Cambridge, Ohio 43725

Telephone: (740) 435-4700 FEDERAL ID NUMBER: 31-0887396

CERTIFICATION BY BOARD PRESIDENT, ADVISORY COUNCIL CHAIR, AAA DIRECTOR:

I hereby certify that the attached documents:

- ☒ Reflect input from a cross section of service providers, consumers, and caregivers who are representative of all areas and culturally diverse populations of the Planning and Service Area (PSA).
- ☒ Incorporate the comments and recommendations of the Area Agency's Advisory Council.
- ☒ Have been reviewed and approved by the Board of Directors of the Area Agency on Aging.

Additionally:

- ☒ Signatures below indicate that the Strategic Area Plan has been reviewed and approved by the respective governing bodies.

I further certify that the contents are true, accurate, and complete statements. I acknowledge that intentional misrepresentation or falsification may result in the termination of financial assistance. I have reviewed and approved this 2019-2022 Strategic Area Plan.

President, Board of Directors

Name: Gwen Morgenstern Signature: _____

Date: _____

Chair, Advisory Council

Name: Ronald Hopkins Signature: _____

Date: _____

Executive Director, Area Agency on Aging

Name: James Endly Signature: 

Date: 10/10/18

Signing this form verifies that the Board of Directors and the Advisory Council and AAA Executive Director understand that they are responsible for the development and implementation of the plan and for ensuring compliance with the Assurances of the Older Americans Act, Section 306.

AAA Advisory Council

Council Composition:

AAA9 has two members from each of the following counties: Carroll, Coshocton, Holmes and Tuscarawas; one member from each of the following counties: Belmont, Guernsey and Jefferson. There are no representatives from Harrison or Muskingum.

Frequency of Meetings:

Advisory Council meetings are held every other month, beginning in January of each year. However, additional meetings are held on an as needed basis, for approval of Area Plan and for Title III funding.

Member Selection Schedule:

Members are selected for a four-year term.

Term(s) of Office:

Four-year terms that are renewable.

AAA Advisory Council Members:

Name	Occupation / Affiliation	County	Member Since <mm/yy>	Current Term of Office <mm/yy> to <mm/yy>	Age	Race	Eth.
Ronald Hopkins	Belmont County Commissioners	Belmont	8/14/07	7/8/15-7/7/19	74	White	Not Hisp
Doris Logan	Carroll County Commissioners	Carroll	9/27/18	9/27/18-9/26/2022	*	White	Not Hisp
Elaine Myers	Carroll County COA	Carroll	9/27/18	9/27/18-9/26/2022	*	White	Not Hisp
Marjorie Groff	Coshocton County Commissioners	Coshocton	4/1/07	7/23/15- 7/22/19	82	White	Not Hisp
Joyce Sees	KnoHoCo Ashland	Coshocton	4/4/07	4/4/16- 4/4/20	75	White	Not Hisp
Joann Moore	Guernsey Senior Ctr	Guernsey	11/17/11	7/23/15-7/22/19	84	White	Not Hisp
Julia Gray	Holmes County Commissioners	Holmes	7/23/15	7/23/15-7/22/19	86	White	Not Hisp
Merlin Mullet	Holmes County COA	Holmes	7/23/15	7/23/15-7/22/19	92	White	Not Hisp
William Demjan	Jefferson County Commissioners	Jefferson	3/28/02	9/24/2015-9/23/18	85	White	Not Hisp
William Harding	Tuscarawas County Commissioners	Tuscarawas	3/16	3/16-3/20	75	White	Not Hisp
Norma Russ	Tuscarawas County COA	Tuscarawas	7/23/15	7/23/15-7/22/19	80	White	Not Hisp

*Will obtain the two new Carroll County members age.

AAA Board of Directors

Membership Composition:

AAA9 has three members from Belmont and Harrison Counties; two members from the following counties: Carroll, Guernsey and Tuscarawas; one member from each of the following counties: Coshocton, Holmes and Muskingum; There are no representatives from Jefferson County.

Frequency of Meetings:

Board meetings are held every month, beginning in January of each year. However, additional meetings are held on an as needed basis, for approval of Area Plan and for Title III funding.

Officer Selection Schedule:

Members have unlimited terms.

AAA Board Officers:

Title	Name	Term
Chair	Gwen Morgenstern	04/18 - 04/19
Vice Chair	Connie Hawthorne	04/18 - 04/19
Treasurer	Peggy Trolio	04/18 - 04/19
Secretary	Joyce Klingler	04/18 - 04/19
Immediate Past Chair	Robert Morgan	04/18 - 04/19

AAA Board of Directors Membership:

Name	Occupation / Affiliation	County	Member Since	Current Term of Office <mm/yy> to <mm/yy>
			<mm/yy>	
Ronald Hopkins	RAC Chair – Retired Pastor	Belmont	08/2007	Unlimited Term
Dr. John Mattox	Local historian & Founder of Underground Railroad Museum; Retired Insurance Agent	Belmont	07/2018	Unlimited Term
Gwen Morgenstern	Retired Teacher - School Administrator	Belmont	10/2001	Unlimited Term
Suzanne Bates	Hospice	Carroll	03/2016	Unlimited Term
Robert Morgan	Former Home Health CEO - Visiting Nurses	Carroll	09/2011	Unlimited Term
Berenice Lehner	Retired Teacher - College	Coshocton	04/2012	Unlimited Term
Daniel Atkinson	CEO of a Health Center - FQHC	Guernsey	04/2018	Unlimited Term
Connie Hawthorne	Retired AAA9 Site Director; RN Charge Nurse	Guernsey	02/2011	Unlimited Term
Dr. Michael Dunder	MD; Primary Care Physician at hospital; Medical Director of NF	Harrison	07/2018	Unlimited Term
Joyce Klingler	Retired from Social Security Administration	Harrison	09/2007	Unlimited Term
Nan Mattern	Former business owner; Curator of Clark Gable Foundation	Harrison	03/2016	Unlimited Term
Tracy Smith	RN at hospital; Nursing Administrator	Holmes	03/2016	Unlimited Term
Jeanie Blake	CQO & COO of a Health Center	Muskingum	08/2018	Unlimited Term
Rev. Hugh Berry	Retired Pastor	Tuscarawas	02/2014	Unlimited Term
Peggy Trolio	Retired Banker	Tuscarawas	12/2001	Unlimited Term

Funds Administered and Bid Cycles

The following funds are administered by Area Agency on Aging Region 9, Inc. for PSA 9. The current and anticipated Bid Cycles are provided for those programs that are administered through competitively procured subcontracts.

Funds Administered			Current Bid Cycle		Anticipated Bid Cycle	
			Published	Current Year of Cycle	Anticipated Publication	Anticipated Award
Older Americans Act (OAA)	III B	<input checked="" type="checkbox"/>	08/2017	1	06/2019	9/2019
	III C-I	<input checked="" type="checkbox"/>	08/2017	1	06/2019	9/2019
	III C-II	<input checked="" type="checkbox"/>	08/2017	1	06/2019	9/2019
	III D	<input checked="" type="checkbox"/>	08/2017	1	06/2019	9/2019
	III E	<input checked="" type="checkbox"/>	08/2017	1	07/2019	10/2019
	VII	<input type="checkbox"/>				
	VII	<input type="checkbox"/>				
General Revenue	SCS	<input checked="" type="checkbox"/>	08/2017	1	06/2019	09/2019
	Alzheimer's Respite	<input checked="" type="checkbox"/>			07/2019	10/2019
	Natl Sr Service Corp	<input checked="" type="checkbox"/>				
	SLTCO	<input checked="" type="checkbox"/>				
Other	MIPPA/ADRC	<input type="checkbox"/>				
	ADSSP	<input type="checkbox"/>				
	HEAP	<input checked="" type="checkbox"/>	9/2018	1	9/2019	9/2019
	USDA SFMNP	<input type="checkbox"/>				
	NSIP	<input type="checkbox"/>				
	MyCare Ombudsman	<input type="checkbox"/>				
	Resident Service Coord	<input type="checkbox"/>				
	Ombudsman Bed Fee	<input type="checkbox"/>				
	Other (optional)	<input type="checkbox"/>				

* This fund does not have an associated Bid Cycle. (Please add * to the relevant funds above)

Executive Summary

This section describes the role of Area Agency on Aging Region 9, Inc. as a AAA and includes major highlights, key initiatives, and how the significant and needs of the PSA will be addressed.

Area Agency on Aging Region 9, Inc. (AAA9) is a nonprofit organization dedicated to enhancing quality of life for older adults, people with disabilities, their families, and caregivers. We promote choice, independence, dignity, and quality of life by providing services, information and resources that help people remain in their homes for as long as possible. Founded in 1975, AAA9 is part of the national aging services network and is designated by the State of Ohio as the Area Agency on Aging for a nine-county region in East Central Ohio.

Through our ADRN, AAA9 links people to resources, information, and programs. As an Area Aging on Agency, we are responsible for operationalizing the Older Americans Act in our Planning and Service Area (PSA) that consists of: Belmont, Carroll, Coshocton, Guernsey, Jefferson, Harrison, Holmes, Muskingum and Tuscarawas Counties.

AAA9's mission is "We work with people, communities and organizations to help older adults and people with disabilities live independently and enjoy the highest quality of life possible." For over 40 years, AAA9 has been...

- A "front door" to information and resources for older adults and caregivers in our region.
- A provider of services and program administrator providing case management services, program oversight, information and assistance, and creator of resources designed to help people maintain their independence.
- A valuable community resource agency.
- A tireless advocate, AAA9 educates elected officials and individuals about the need and value of aging programs and home health options. These programs help older adults maintain their independence while saving the State money by reducing the occurrence of institutional care.

AAA9 is pleased to present our 2019-2022 Area Plan. This plan explains and details how we intend to address the long-term care needs of older adults in our region. In the fall of 2017, in anticipation of beginning a new Area Plan, AAA9 began collecting community input utilizing several methods; a community survey, interviews, focus groups with key stakeholders, community meetings, and face to face interviews with clients. A copy of the need's assessment is attached to this plan. The most urgent needs, as identified in the community needs assessment, are:

1. Transportation of all sorts including: to Medical Appointments & Dialysis, Wheelchair Transport, Transportation to Out-of-Region and Out-of-State Healthcare Facilities, Person-Centered Transportation Options
2. A general lack of Personal Care Providers and Home Health Care Workers.
3. Affordable Home Repair and Housing Options.

4. Home Delivered Meals and Access to healthy food choices.
5. Information and Referral, Guidance, Advice, Connection to resources.
6. Assistance applying for benefits and navigating the application and decision-making processes.
7. More funding for aging & disability programs.
8. Social Isolation.

With information obtained through the Community Needs Assessment, AAA9 prepared a Strategic Area Plan, aligned with the state's strategic priorities, to address concerns. The goals adopted by AAA9 are as follows:

GOAL 1: Older Ohioans, adults with disabilities and their caregivers will be able to make person-centered decisions through seamless access to information and advocacy services.
Develop standards and measures for quality and performance regarding operation, information and resources for a consistent front-door experience.

GOAL 2: Educate and empower older Ohioans, adults with disabilities and their caregivers to live active, healthy lives to maintain independence and continue to contribute to society.
Take steps to promote and offer interventions that assist older adults in prevention of chronic disease as well as assist older adults who are living with chronic diseases to reduce and control symptoms that would otherwise alter quality of life.

GOAL 3: Ohio's caregivers have access to resources and services to enable them to continue to provide care for their loved ones.
Increase the capacity of respite opportunities.

GOAL 4: Recognize and value older adults' knowledge, social and economic contributions and establish opportunities for engagement in their communities.
Provide comprehensive person-centered assessment and care services and supports that anticipate and address current and emerging needs as they arise.

GOAL 5: Enable older Ohioans, persons with disabilities and their caregivers to be active and supported in their homes and communities.
Promote intergenerational opportunities to benefit participants both personally and professionally. Within these goals, you will see strategies that specifically align to the community needs outlined above.

Census data shows that we are an aging society. In our nine-county region, 30% of the total population is at least 60 years of age and that percentage is growing rapidly. As an organization, we strive to be innovative, creative, resourceful, and flexible. When change is required – we change to meet the needs of our consumers. We embrace technology and try to capture the benefits and efficiencies it offers. We are not a “One-Size-Fits-All” agency. Each of our nine-counties is unique. Holmes County is our most affluent county and has a population consisting of nearly 50% Amish people. Harrison County is our smallest county by population and is economically depressed. All nine of our counties are within the federally designated Appalachian Region, and all are designated as rural.

Mission and Vision Statements

The Mission Statement is a clear concise explanation that describes the agency's purpose and reason for existence. The Vision Statement describes what the AAA will strive to achieve in the future.

Mission:

"We work with people, communities and organizations to help older adults and people with disabilities live independently and enjoy the highest quality of life possible."

Vision:

"To be the recognized community leader helping older adults and people with disabilities live independently, with dignity and choices in their homes and communities for as long as possible."

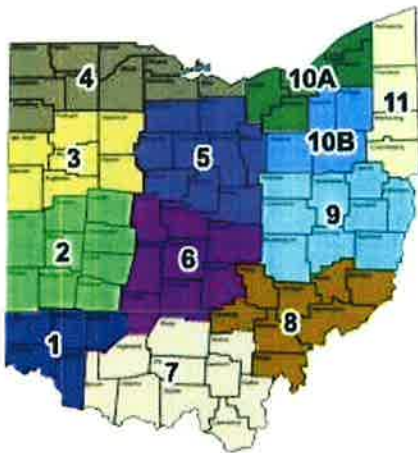
Regional Profile

This section provides an overview of the social, economic, and demographic characteristics of the PSA's region. The focus of this overview includes consideration of those geographic areas and population groups within the PSA of low-income older individuals, including low-income minority elders, as well as elders with limited English proficiency and those residing in rural areas.

Identification of Counties:

Belmont, Carroll, Coshocton, Guernsey, Harrison, Holmes, Jefferson, Muskingum and Tuscarawas

Identification of Region (Map):



Socio-Demographic and Economic Factors:

AAA9's region is predominately rural, although there are a few larger communities in several counties. One county that continues to skew our data is Holmes County. Holmes County's population has increased with the number of people retiring to that county and the growing numbers of the existing Amish population. Population in several counties is projected to decrease through the year 2040. Based on the annualized data from the U.S. Census Bureau for projected population for 2020 through 2040, three counties are projected to experience growth; Holmes County (3.69%), Carroll County (0.80%) and Tuscarawas County (0.35%). The remaining counties in the AAA9 region are projected to lose population with Coshocton County at -9.76% and Guernsey at -8.49 %

The longstanding reliance on the coal and steel industry has meant not many new companies or factories have come into our region to do business. We do have several large hospitals in our region, who are among our largest employers; Union Hospital in Dover, Southeastern Medical Center in Cambridge, East Ohio Regional Hospital in Martins Ferry and Trinity Hospital in Steubenville. There are other smaller hospitals located in several of our local counties.

Transportation is a big concern in our nine-county region. Only a few counties have a transit system and even those are sometimes overwhelmed with the number of requests coming in and none of them currently have the capabilities to deliver on demand transportation. Two of our counties are

looking into new software that would allow for transport on less than 24-hour notice. Adding to this issue, is the fact that 9.33% of our region does not have a car to use for their daily needs. This percentage is slightly higher than the state of Ohio, at 8.42%. A larger percentage of renters over the age of 65 report having no vehicle, at 6.87% compared to 6.09% for those who own their home.

Looking into the key issue of health insurance coverage, our numbers are different. In Holmes County, 11.71% of those who are 65+ are not covered, although this can be attributed to the number of older adults who are Amish and pay for their care out of pocket. The rest of our region reported less than 1.0% of 65+ adults have reported no health coverage.

Social isolation continues to be a concern in region 9. Depression may go together with social isolation and in terms of depression of Medicare recipients, our region at 20.7% is much higher than the state average of 18.05%.

Another area of concern is the increasing number of older adults in our region, who are living with diabetes. According to the Center for Medicare and Medicaid Services, the percentage of those with diabetes in region 9 is 28.8% compared to the state average of 26.1%.

Economic and Social Resources:

Within our nine-county region, there are big differences in the number of employment opportunities. Holmes County has consistently had a lower unemployment rate of 3.3% as Jefferson County has one of the highest rates per county in Ohio at 6.0%, as of August 2018, according to the Ohio Department of Job and Family Services.

Rural Ohioans have strong traditional ties to family and community. These ties remain strong and get stronger as one ages. However, older adults are finding themselves alone due to having little to no family residing in our region. This is where our county focal points are so important to our region. County senior centers are very popular for companionship, meals and socialization over all.

Eight of our nine counties have a senior levy which brings in additional monies to help with the shortfalls that occur due to decreased funding for older adult programs. Holmes County is the only one in our region without a senior levy. Belmont and Guernsey Counties have the highest dollar per person tax levies.

AAA9 offers evidenced based programming to address health concerns such as; chronic pain, diabetes, chronic diseases, fall prevention, arthritis, etc. Ongoing leader trainings will increase our ability in all of our nine counties to hold workshops and/or train other professionals to lead them.

Description of the PSA's Service System:

AAA9 serves nine counties in Ohio, which are considered rural and that alone has a unique distinction. Every service is harder to provide because of the distance from a senior center or an agency provider, who may not have available staff. AAA9 has many different service systems within the structure of our organization. AAA9 maintains the highest level of adherence to all federal, state and local rules and regulations.

Role in Interagency Collaborative Efforts:

Caregiver Program

Cambridge City Schools (kinship)

Senior Task Force

Ohio University (intern)

Local senior centers

Local libraries

VOCA

Local APS (I-Teams)

Ohio University (intern)

Zane State (volunteers)

HTFG/Ramp

CHIP

Rural Development

Habitat for Humanity

HARP Mission

HEAP

Local senior centers and community action agencies

MIPPA

OSHIIP

Supportive Services

Kontogiannis and Colony Terrace Apartments

Forrest Hills NF

Zandex

Others

County APS

Ohio University

Zane State

Oral Health Care Collaborative

Guernsey Hospice

Genesis Hospice

Community Hospice

HSAG

Union Hospital

Each Division in AAA9 has its own partnerships and collaborations, however, many times we cross divisions when working on similar or interagency events, etc. The Communications Officer for AAA9 attends local and community events, such as corporate employee health fairs, rotary and Kiwanis meetings, as well as county commissioner meetings.

Census Information:

Basic Demographics: 2010 Census²

County	60+	75+	85+	Rural 60+	Males	Females	Living Alone	Minority 60+	LEP ¹ 60+
Belmont	17170	6251	1998	17170	7466	7470	4838	540	255
Carroll	6777	2068	565	6777	3205	3572	1493	102	103
Coshocton	8291	2690	768	8291	3742	4549	2140	179	145
Guernsey	9011	2850	777	9011	4121	4890	2464	220	106
Harrison	3931	1303	348	3931	1837	2094	1023	109	83
Holmes	6743	2244	647	5549	3114	2435	1154	96	1401
Jefferson	17567	6202	1775	17567	7750	9817	5010	1007	527
Muskingum	18272	6236	1767	18272	7954	10,318	4823	827	224
Tuscarawas	20925	7410	2260	20925	9234	11681	5445	377	395
Totals	108,687	37,254	10,905	107,493	48,423	56,826	28,390	3,457	3,239

¹ Limited English Proficiency

² See <https://www.census.gov/> or <http://www.ncbi.nlm.nih.gov/pubmed/12044961>

Unmet Needs and Service Opportunities

This section defines the significant unmet needs for services and how the AAA plans to address gaps in service.

Access to Information and Advocacy Services (ADRN, priority populations and elder abuse):

We are witnessing a dramatic and unprecedented increase in senior population, and it is driven largely by the aging of the Baby Boomers. The Older American's Act (OAA) requires that special efforts be made to serve eligible individuals with the "*greatest social and economic needs*." Broadly applied, this term refers to people whose status or circumstance is likely to present barriers to their long-term care. A lack of information can be the greatest barrier to obtaining assistance.

The region served by AAA9 consists of nine completely rural counties within the confines of Appalachia. Many regions are still without adequate cell phone coverage or affordable broadband internet. Getting information about services to people is challenging and difficult.

AAA9 utilizes many methods of making information available to people; traditional outreach efforts like brochures, flyers, and print media are used as are billboards, radio and television messages, and public speaking engagements at churches and meetings of social organizations.

AAA9 also works cooperatively with community resources, especially our designated "focal points" within each county to provide access to information. We often collaborate with them to maximize our limited funding to disseminate information within each county. AAAs are often called upon to provide leadership and guidance in this area, facilitating collaboration and streamlining communication to meet the needs of the community.

AAA9 does not have one community; it has many. Each "community" is unique and often there are communities within communities. Holmes County is a clear example. Nearly half of the population of Holmes County is Amish. Traditionally, the Amish resist accepting waiver services or OAA services. They will, however, seek information that will help them provide care to their own family and neighbors within the Amish Community. The Amish are one example of isolated communities.

The AAA9 region is entirely rural which is a priority population of greatest economic need. We will strive to reach other populations through targeted outreach and partnerships. We believe one of our best opportunities going forward is to pursue cooperative partnerships with faith-based groups and organizations. We have made

strides in making contacts with minority churches throughout our region and will continue to cultivate those relationships.

AAA9 has also reached out to Project Ariel, to seek their assistance on locating holocaust survivors in our region to offer services. Likewise, we have reached out to Stonewall Columbus to help us reach LGBTQ residents within our region. We will continue to seek out opportunities to gain insight and contact with the various citizen groups within our region and offer information and assistance specific to their needs.

Regarding Elder Abuse Awareness, AAA9 will continue to lead awareness activities. Last year we organized awareness events throughout our region. In addition, we are currently one of only two AAAs in the State to receive Victims of Crime Act (VOCA) funding from the Ohio Attorney General's Office to provide support to older adult crime victims. This program continues to grow in popularity and funding.

We are also active participants in eight of nine of our local Interdisciplinary teams (I-Teams). We hope to add the 9th county soon, as they have not created a team yet.

AAA9 is the advocacy leader for the needs of older adults in our region. We are very active in advocating for older adults and those who care for them on a community, state, and federal level. We gather information from our communities to use to raise public awareness and educate decision makers about the obstacles that must be overcome to support older adult programs. The outlook for OAA funded programs is dependent, as always, on adequate funding. With inflation reducing the purchasing power of OAA dollars and the rapid growth of older adults, it is uncertain whether OAA programs will be able to keep up with demand. Advocacy is essential and AAA9 will continue to be strong advocates.

AAA9 advocates mostly through cooperative participation in our State and Federal Associations. AAA9 staff attend advocacy events throughout the year and will continue to do so. We are also active in driving conversations about older adult needs during elections and governmental funding processes. We will host legislative home visits and political events. Our Regional Advisory Council (RAC) is of great assistance to us in this process and we depend on them to be a conduit of information, to and from our communities.

Population Health (nutrition, health and wellness, dementia, substance abuse and addiction):

Population Health is a broad term, so it is important to narrow our focus toward specific conditions that impact older adults. Addressing issues such as nutrition, health and wellness, dementia, substance abuse and addiction on a large scale exceeds the scope of AAA9. We are going to strive to make a direct impact on a smaller scale and work in partnership with others to address the larger scale problem.

What we can do is advocate on behalf of older adults and caregivers for more funding to tackle nutrition and transportation issues. Work within our communities to coordinate activities into a combined effort rather than a fragmented approach. We can be a conduit of information to make sure older adults know how to obtain assistance and access resources. Studies show that older adults living in rural communities are at a disadvantage in terms of available resources and services when compared to urban or suburban seniors.

Regarding nutrition, we have had conversations with foodbanks and other nutrition providers and will continue to do so. We will look, when feasible, to provide additional funding and resources to expand farmers market programs. We will work collaboratively with home delivered meal providers to expand the successful “Meals as You Mend” concept to help reduce avoidable hospital readmissions and to improve post-inpatient outcomes. We will consider a pilot restaurant voucher program in 2021 and/or beyond.

Health and Wellness often goes together with nutrition programs. While studies show that chronic disease programs help. It has always been a challenge getting those afflicted with chronic conditions to participate. We will strive to expand our evidence-based programming by recruiting and training more lay-leaders to hold classes in their communities. We will also work with hospitals, medical facilities, MCOs, and healthcare providers to provide referrals and incentivize their members and patients to attend.

We will help provide dementia resources on many fronts. One unique way we approached dementia care is through awareness of the problem among AAA9 staff. Every member of the AAA9 staff is a certified dementia friend and a copy of their certificate is included in their personnel file. Becoming a dementia friend has been added to our new employee orientation process.

In addition, we will work with our local Alzheimer's Association chapter to improve services, raise awareness, and advocate for more resources. According to HealthinAging.org, more than 85% of caregivers needed, but didn't receive referrals to community resources – such as the Alzheimer's Association, or caregiver education. For all individuals with dementia to live safely and comfortably in the community for as long as possible, it is imperative that their needs for care, services, and support; and those of their caregivers are met. As part of the OBLTSS process, AAA9 will strive to always make appropriate referrals to appropriate resources. We will also strive to cultivate new resources.

Substance abuse and addiction is prevalent throughout our region. We have actively participated in many community forums and have held many roundtable discussions with law enforcement, medical personnel, and community leaders to make sure the needs and concerns of older adults are addressed.

We will provide training to all our professional staff to better prepare them to recognize signs of addiction and exploitation, and what to do when they do recognize the symptoms.

Often, opioid addiction begins with a legitimate prescription to pain medication. As a potential alternative, AAA9 will attempt to expand its Evidence-Based Chronic Pain program and seek referrals from pain management clinics and healthcare providers as an alternative to narcotics.

We will distribute literature regarding the impact of the opioid epidemic on seniors at all our events to help raise awareness of the problem. As important it is to provide awareness of available resources for those impacted. Identifying the problem is the easy part...dealing with it is the hard part.

We will serve on task forces and coalitions throughout our region to represent the need and concerns of older adults. These coalitions include law makers, law enforcement, medical officials, and social organizations. It is essential that older adults have a voice and a seat at the table.

Caregiving (caregiver support and kinship care)

We are excited about conversations we have had with school districts in our region to provide, or become, a resource to kinship caregivers. Kinship Care is a term used to describe a situation in which a grandparent or other family member takes over raising a child because the parent(s) are unable or unwilling to do so. We have an agreement in place with the Cambridge City School District to be a kinship resource for kinship caregivers and are working closely with school officials to be present at family/student events, and as a resource for teachers to make referrals or consultations. This began in September of 2018 and will run through the end of the school year in 2019. We then hope to expand the concept into other districts within our region.

Because of our limited staffing, we hope to create a video library that is accessible on our website. School administrators will work with us to develop content and will refer kinship parents to our site. We also hope to develop a lending library of resource materials to be utilized by grandparents and family members raising school-aged children.

Our caregiver staff are certified trainers for the evidence-based *Powerful Tools for Caregivers* program. They conduct trainings throughout our service region. Included in the Powerful Tools curriculum is a series specific to Kinship. We intend to conduct these sessions throughout our region, targeting referrals from school professionals. We are excited about this expansion of this evidence-based program and we also hope to provide training for lay-leaders throughout our region to expand the trainings even further.

Caregiver support focuses on both the individual caregiver and the systems that support the caregiver. It is often, unpaid family caregivers who provide the bulk of care. Often, at their own detriment. AAA9 is determined to be a resource and source of support for

these caregivers, including working caregivers. Caregivers will receive help through information, training, respite referrals, opportunities, and training. AAA9 will continue to work with our communities to provide annual caregiver recognition and celebration events.

We are working to expand our ability to assist working caregivers in 2019 and beyond. Always an objective, we will strive to reach workers at their workplace through the distribution of literature to HR departments, participation in employee health fairs, and as part of employee assistance programs. We will also provide information about long-distance caregiving and how to utilize caregiver technology advances. Lunch & Learns are another well-received format we will utilize at places of employment.

Working caregivers tell us that their needs include flexibility in work schedules, information about services and aging in general, support from coworkers and supervisors, and help in making decisions about care options and related issues. Many working caregivers provide long-distance care. For these caregivers, making decisions from a distance and ongoing concerns about the well-being of their older family member can take a toll on their energy and enthusiasm about work.

We will also help employers understand the RAISE Caregivers Act and how they can develop programs to assist their employees. Best Practice models are invaluable. We will host workshops and educational events for employers to learn more about the needs of working caregivers.

We will continue to offer traditional caregiver support services including leading and creating caregiver support groups throughout our region, maintaining and promoting our lending library, offering information and assistance, caregiver training, telephone support and much more as needed.

Civic Engagement (volunteerism and older workers):

Currently, our HR Generalist and ADRN Director are working to recruit volunteers. It is our hope to be able to identify and utilize funding that would allow us to hire a volunteer/internship coordinator. We think it would pay for itself in opportunities realized and better outcomes for seniors. We have identified numerous potential projects we would like to pursue utilizing volunteers.

One concept we would like to pilot is a "Friendly-Caller" concept utilizing volunteers. We discussed this concept with ODA during our most recent monitoring visit. In an effort to address social isolation of home bound seniors, we visualize utilizing a network of senior volunteers. The AAA9 Friendly-Caller Program would target those elderly in our community at risk of or suffering through social isolation.

For startup of the program we will target PASSPORT enrolled consumers to serve as program participants and as volunteers to provide the friendly call service. This focus on PASSPORT consumer is twofold- to reduce feelings of isolation and to also increase feelings of usefulness and productivity by helping others. By developing the volunteer opportunity that can be done while being homebound, this provides a volunteering opportunity that would likely not exist if the senior had to leave home to participate.

We also hope to recruit and utilize volunteers as lay leaders for evidence-based programming. Our region lacks a coordinated effort region-wide. Providers are reluctant to expand beyond their county boundaries; therefore, we have duplicative and uncoordinated network of volunteers. It is our hope to provide that coordination.

We also believe that we could utilize students to teach seniors how to utilize technology. Many schools have community service requirements before graduation. We would work with our local school districts and colleges to provide community service opportunities to students... to the benefit of seniors. We believe this fills a significant unmet need and will help seniors access doctor and hospital portals, conduct internet searches to find resources, and to communicate with friends and family.

Aging in Place (HCBS, transportation, housing, workforce shortage and safety needs):

Community-based in-home care services effectively support people with disabilities and self-care limitations, regardless of income, who wish to remain in their own homes. Nationally, approximately 80% of care provided in the home is performed by family members. AAA9 services supplement coverage gaps and help those without adequate (or any assistance).

Traditionally, rural residents receive lower social security and pension benefits than their urban counterparts. They also have a higher tendency of chronic diseases, a higher rate of disability and a lower prevalence of healthy behavior. Compounding this is an issue is a lower network of health care providers/professionals.

The increasing medical, cultural, and health complexity makes this more and more difficult. In our region, the family dynamics has changed dramatically over the past decade. Multi-generational or blended families seem to be the norm rather than the exception. Crime, exploitation, and abuse of older adults is prevalent in these family structures. APS and Ombudsmen worker shortages, as well as paid caregiver shortages make the problem worse.

The lack of qualified home care workers can be a challenge to service provision, especially in hard-to-serve regions. Provider agencies struggle to recruit and retain quality staffing. In most cases they wait until we make a referral before staffing, causing

lengthy delays before they can begin serving the consumer. Participant-directed individual providers help, but becoming an individual provider is a challenge and most cannot afford to quit jobs to take a lower-paying caregiver position. Provider surveys and conversations always indicate that the rate structure paid by the State is inadequate to recruit, retain, and compensate quality staff. AAA9 will continue to advocate for upward rate revisions for waiver and OAA consumer services.

AAA9 will continue to pursue opportunities to effectively train home health workers to build workforce capacity. We will work with providers to present affordable training opportunities and ask providers to sponsor scholarships or provide in-kind resources. It is our hope to create a workforce “feeding stream” to our provider network.

AAA9 continues to manage a housing trust fund program, however, funding for the housing trust fund has decreased rather than increased over recent years. We have partnered with CHIP, USDA, CILS and other community partners to work cooperatively to increase the number of projects the limited funding will support. We also administer a Medicaid ramp grant (currently \$50,000 annually) to provide portable ramps to seniors at-risk of nursing home placement or, when access is a barrier to leaving an institutional setting. The aluminum ramps can be re-used when they are no longer needed.

Given the projected growth in the older population, the need for transportation services will continue to increase rapidly. Our needs assessment indicates that most transportation of older adults is provided by family members. These family members cannot meet all their needs. Many older adults find it difficult to access transportation services. In our entirely rural region, public transportation is extremely limited or non-existent. Often, the greatest problem (and need) is accessing transportation beyond county lines, and because of our geographical location across state lines for medical appointments.

Geographical isolation requires rural residents to travel greater distances to fulfill basic needs such as obtaining quality health care, prescription drugs, and healthy food options.

According to the AAA9 Needs Assessment, transportation (year in and year out) remains one of the most critical service needs. Wheelchair transportation, because of a lack of accessible providers, is a growing concern. AAA9 will take a multi-faceted approach to alleviating the transportation problem. We will advocate for additional funding and fewer transportation restrictions. We will work to cultivate transportation resources using volunteers (RSVP). We intend to pilot a ride-share pilot in 2021 and beyond.

We are also working cooperatively with other agencies to improve coordinated transportation in our region. We serve on the OMEGA committee to help develop the ODOT specialized transportation plan. We have also met independently with them and representatives from RSVP to develop and design ways to provide better coordinated transportation options.

Targeted Outreach Plan

The purpose of a Targeted Outreach Plan is to demonstrate the AAA's commitment and explain planned outreach activities to address the identified service needs of targeted populations.

AAA9 Targeted Outreach Plan

Prioritization for Services

- It is required of all Title III providers to have a written policy and procedure for prioritization that addresses;
 - Individuals who are at the most need for services, due to; health status, age, income, isolation, etc.
 - The written policy and procedure are reviewed on an annual basis during the provider's structural compliance review, conducted on site at the provider's location.
- All AAA9 is considered a rural region, and as such, case managers consult our internal provider list to order services based on the county of residence and the provider's ability to cover that county. The Provider Management Division has initiated an internal agency wide campaign to identify and contract with providers who may not be aware of PASSPORT and would like to become certified in our region. This campaign has been progressing, with a new provider getting ready to complete the required paperwork through the Ohio Department of Aging.
- The provider recruitment campaign was put into place after identifying the counties and small rural towns within those counties with the most need. Reviewing case management's provider capacity log also helped to identify coverage gaps. It is our plan to continue the campaign with internal staff assisting to identify new and potential providers.

Behavioral Health

- Currently AAA9 has only two contracted providers for social work counseling. Provider recruitment activities are ongoing to attract interest from other behavioral health agencies and licensed independent social workers who may be interested in contacting with AAA9. Our SRS unit has participated in cross trainings with local mental health centers. AAA9 has presented at behavioral health centers, to educate them on the services we provide and to learn about what they have to offer.

- Our Consumer Care Division has been targeting, from PIMS, those individuals who are living with dementia, Alzheimer's and other mental health disorders, to be able to provide enhanced care. AAA9 has participated in the University of Kentucky suicide grant where all staff were trained on how to identify those individuals who are at risk for suicide and prevention techniques. The Quality Director of AAA9 has developed from that partnership, a suicide fact sheet for all staff to make it easier to spot those individuals who are having suicide ideations or plans.
- AAA9's Quality Manager and Communications Officer will be attending a Mental Health First Aide Training Course offered through the Belmont County Ohio State University Extension Office, on October 17, 2018. The information about the training has been sent to all AAA9 staff.

Limited English Proficiency

- All Title III providers are required to have an internal written policy and procedure addressing those individuals who have limited English proficiency. The written policy and procedure are reviewed on an annual basis to identify the following;
 - What type of assistance is offered to the individual; an individual translator, a certified translation service, or another avenue?
 - Assurance that there is no cost to the individual who needs the service.
 - No denial of services to the individual.
- If AAA9 requires the use of a translation service, we do have several resources to contact.

Individuals with Disabilities

- One of the ways AAA9 assists those with disabilities is to offer those who need more hands-on assistance, the opportunity to enroll in one of our Assisted Living facilities.
- AAA9 has intra-agency meetings where those who have specific disabilities are discussed and agency staff collaborate on the best options for that individual. Supportive services are then put into place or a referral to another agency can be made, such as Veteran's Affairs, etc., to ensure the individual has what they need.
- AAA9 staff are part of county and regional meetings with other agencies to learn what options are in our region for anyone who requires specialized assistance.

Caregivers

The Caregiver Program receives referrals from screeners, assessors and PASSPORT Case Managers, along with other agencies/organizations. We attend Health Fairs in the 9 County area and speak with caregivers and get referrals.

- We did 9 Caregiver Appreciation luncheons in year 2017 and will attend 4 in 2018. We will have an exhibit table with information about program and upcoming workshops.
- We present the six- week evidence- based program for caregivers (Powerful Tools for Caregivers) in all 9 Counties throughout the year and get referrals.
- We do presentations and workshops on "Living with Alzheimer's what every caregiver should know."
- We have a partnership with the Alzheimer's Association representatives and attend their presentations to promote my program. We also make referrals to the Alzheimer's Association.
- We facilitate six caregiver support groups monthly and talk with caregivers and educate on dementia.
- We mail out a quarterly Caregiver Newsletter to 600 caregivers in 9 Counties. We allowed the Alzheimer's Association to put articles in the Summer issue to raise awareness.
- The future focus is the Working Caregiver initiative to market within our 9-county region and offer brown bag presentations on topics targeted to this population. These caregivers may self-refer for ongoing need.
- Another future focus is Kinship Caregiver and their needs.

Significant Unserved/Underserved Populations

- Contact has been made with Meri King, Coordinator for Project ARIEL with Jewish Family Services in Columbus. Meri is compiling information for AAA9 on the numbers and locations of any Holocaust survivors residing in our nine-county region.
- Contact has been initiated with Stonewall Columbus; the Central Ohio LGBTQ. Previous training opportunities have been held to educate our staff and external professionals on the issues and challenges facing older adults who identify as LGBTQ members of our community.
- AAA9 has been working with an area school to develop a kinship program to assist grandparents in our region who have primary responsibility for their grandchildren. This project is in its initial stage and is overseen by our ADRN.

- AAA9 has worked with the Urban Mission in Steubenville and the Ohio Minority Health Commission to target programs to low income minority Ohioans.

Performance Recap of 2015-2018 Strategic Area Plan

The purpose of the performance recap is to describe accomplishments and how effective the various strategies employed by the AAA were in reaching the specific population groups in the previous Strategic Area Plan.

In the 2015-2018 Strategic Area Plan, we were limited to five (5) goals, three (3) of which were assigned by the Ohio Department of Aging. We developed and implemented numerous strategies to accomplish all of the goals; some were more successful than others. We also modified numerous strategies as we went along. The following is a summary of how we fared with each goal.

PY 2015-2018 Strategic Area Plan - Goal 1:

Ohio's long-term care system will allow elders and their care givers access to a wide array of person-centered and well-coordinated services and supports.

There were several objectives for this goal. Many of them were centered around being designated as an Aging and Disability Network (ADRN) and BIP, which became the current Ohio Benefits Long Term Services and Supports Program (OBLTSS). AAA9 successfully completed all of the requirements for both.

Pursuit of this goal led AAA9 to enter into numerous partnerships and Memorandums of Understanding (MOUs) in our communities. These include such community partners as hospitals, Centers for Independent Living, MRDD Agencies, the Ombudsman Program, and others. We log and track these agreements and partnerships and have frequent contact with each of them.

These partnerships and community conversations helped us develop a comprehensive list of community resources. This resource is featured on our website and is separated by county and is in a printable format. We also, at ODA's request, entered into an agreement to provide information to Mid America Consulting Group to provide long term services and supports data to be included on the statewide OBLTSS website.

One of our most successful partnerships was with HSAG to reduce the high incidence rate of hospital readmissions and ER visits in our region. Together, as a result of this partnership, we formed the East Central Ohio Care Coordination Collaborative. This group is made up of hospitals, health care providers, first responders, hospice, and other community partners. We have quarterly meetings and work together in a spirit of cooperation. Through the group, we were able to develop and distribute an AAA9 capabilities checklist that can be used as a reference and referral sheet for discharge planners and our partners. It has worked out great and has been shared across the State.

To become a person-centered agency, and to help staff view situations through a person-centered lens, we made numerous trainings and conferences available to them. One of the most successful methods included allowing staff the opportunity to participate in a person-centered learning module through Collins Learning. We made this a mandatory module and it was very well received. AAA9 has incorporated this module into new employee orientation as well.

To comply with OBLTSS and to maximize the opportunities presented by the program, AAA9 completely re-structured its screening and assessment unit. We piloted the questionnaire and trained staff on “salesmanship” techniques to help them better communicate with people to obtain the required information. While the program has been implemented and delayed numerous times, we do not regret our preparedness. If/When OBLTSS goes live again, we will be prepared to assist consumers to the best of our ability.

Piloting the program also made us aware of “Gaps” in our outreach. For OBLTSS to be successful, people must contact us. OBLTSS has to be paired with a comprehensive and targeted outreach plan. Outreach in a rural environment is much more difficult than conducting outreach in an urban environment. Geography and a lack of centralized populations and limited regional media/news outlets means our outreach has to be more grassroots-focused.

PY 2015-2018 Strategic Area Plan - Goal 2:

AAAs will prepare and build a responsive regional infrastructure for Ohio’s aging population.

Again, many of the objectives surrounding this goal centered around OBLTSS. Because of delays and struggles implementing the program, this remains a work in progress.

To be more inclusive and better reflect our ability and willingness to provide assistance to everyone as a single entry point agency, we modified our Mission Statement to read: *“We work with people, communities and organizations to help older adults and people with disabilities live independently and enjoy the highest quality of life possible.”*

We also modified and redesigned our agency website to be more user-friendly and to provide easily accessible information and linkage to support consumers and caregivers. The new website launched in May of 2016 and has been upgraded several times since. We also added a live chat feature which adds another convenient method for interacting with AAA9 staff and seeking assistance.

We also embraced and expanded our evidence-based program options. We trained several members of our caregiver staff to be facilitators of the very popular *“Powerful Tools for Caregivers”* workshops to be able to provide evidence-based options for caregivers. The Powerful Tools options included a Kinship module which we intend to implement in 2018/2019.

We also added several trained instructors for the Diabetes Empowerment Education Program (DEEP) developed by the University of Illinois, Chicago, to be able to offer another option to address diabetes in our region. This has proven very popular and is well attended.

As a means of offering assistance via alternative resources, AAA9 developed and implemented a SBG Voucher pilot program in May 2016. This offers assistance to individuals while they wait for Medicaid services. Scenarios such as they are not eligible yet, while they are waiting on the process to be completed, when no providers are available, or they are not Medicaid eligible, but still need assistance. The lack of provider availability and capacity is a problem in our region and is growing worse. We have “tweaked” this program numerous times to try to make it more beneficial. While we like the concept, the provider capacity issue makes it difficult to succeed. We intend to take the concept in another direction in years 2019-2022.

PY 2015-2018 Strategic Area Plan - Goal 3:

AAA9 will assist elders and their caregivers with utilizing technology to access resources.

With continuous advancements in technology this becomes a work in progress. Our pilot program to work with local physicians to make referrals to us to use loaner iPads to access health records did not work as we hoped it would. The physicians could not receive clearance from their hospital leaders to allow them to fully participate. Often, hospital bureaucracy can be a barrier that is difficult to overcome. We have found that to be true many times. We still believe this concept has merit and we intend to continue to pursue it in the 2019-2022 Area Plan.

In 2019 we hope to utilize young people to teach older adults how to use technology. This creates an exciting inter-generational opportunity that has the potential to help both generations. Most high school students in our region are required to have community service hours to graduate. We intend to tap into this pool of potential “teachers” to help us achieve this objective.

As a technological advancement and a creative idea to use technology, AAA9 purchased a large quantity of logoed flash drives and pre-loaded them with useful information about AAA9 programs and information. This had a tremendous response from the public.

In the prior goal we discussed the redesigned website. That is certainly applicable to this goal as well. We recently formed a website committee to review the site quarterly and make suggestions for improvement and to update it regularly.

PY 2015-2018 Strategic Area Plan - Goal 4:

AAA9 will work in coordination with other healthcare partners to help develop a rural model for Chronic Disease Prevention/Intervention referral and delivery.

While we had high-hopes for this goal when we developed it in 2015, unfortunately, it did not come to fruition. The project went in a different direction and The Ohio State University separated from the project.

One positive to come from the project, however, was the development of a “how-to” manual for implementing a rural healthcare model. We worked with Strategic Health Care and Youngstown State University to develop the manual. The final draft was submitted to ODA and shared with other AAAs. We presented the model at the OAGE conference as stated in the proposal. The model is available for others to consider.

PY 2015-2018 Strategic Area Plan - Goal 5:

AAA9 will expand its caregiver program to include an evidence-based component, as a supplement to our education-based caregiver program, which will benefit individuals at risk of developing caregiver burnout and associated health problems.

Powerful Tools for Caregivers (PTC) is a Tier III Evidence-Based Program that improves:

- Self-Care Behaviors: increased exercise, use of relaxation techniques and medical check-ups
- Management of Emotions: reduced guilt, anger, and depression
- Self-efficacy: increased confidence in coping with caregiving demands

Use of Community Resources: increased utilization of community services.

AAA9 has utilized these workshops frequently and will continue to expand these workshops in 2019 – 2022. We also plan on using the Kinship module to address kinship issues in our region.

As with most evidence-based programming, garnering a multi-date commitment from caregivers is a challenge. To help alleviate this barrier, we partnered with senior

centers and adult day centers to provide respite during these sessions. That helped but commitment remains a barrier.

In 2019, AAA9 hopes to hire a volunteer coordinator designed to recruit and train volunteer lay leaders for its evidence-based programming. The more trainers we have, the more opportunities we are able to provide to consumers.

Goals and Objectives

The goals and Objectives section are the most relevant section of a Strategic Area Plan as it enables the reader to understand the priority issues related to older adults and the efforts to be employed by the AAAs to address those issues.

In this section, the AAA will list each of your goals including the related objectives, strategies, outputs and outcomes. The goals, objectives and strategies should strive to meet the ACL definitions.

For the layout of this Goal section, please utilize Part 2 – AAA SAP 2019-2022 Goals

Please refer to the guide for additional instructions and for the definitions of a goal, objective, strategy, output and outcome.