

**Central Massachusetts
Agency on Aging**

**FY 2006-2009
Area Plan**

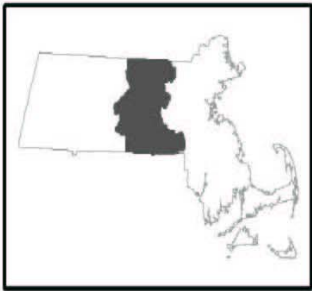
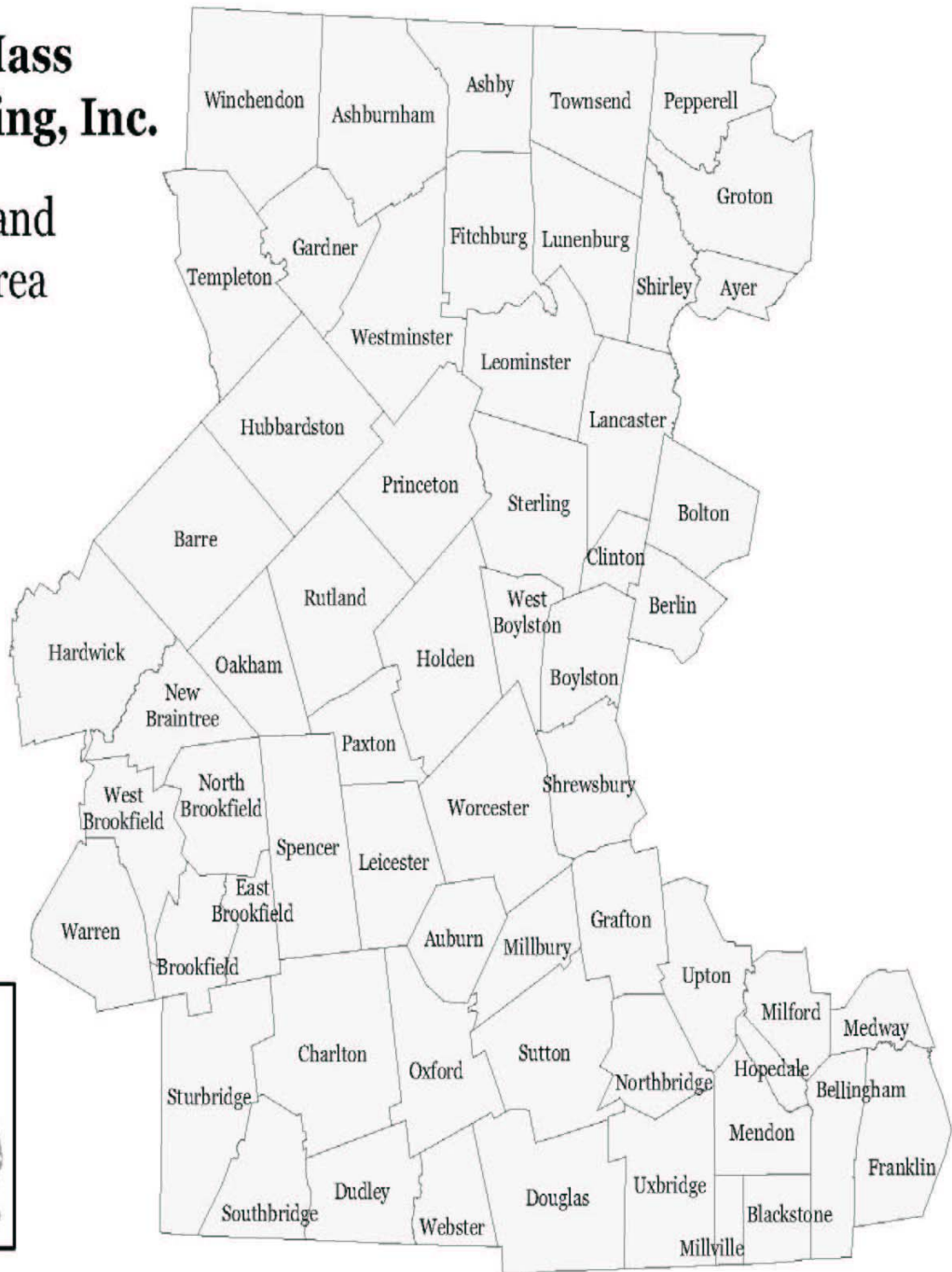
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Section 1 - AGENCY OVERVIEW

Central Mass Agency on Aging, Inc.

Planning and
Service Area



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THE MISSION OF CENTRAL MASSACHUSETTS AGENCY ON AGING

TO ENHANCE THE QUALITY OF LIFE FOR AREA SENIORS AND CAREGIVERS, THE CENTRAL MASSACHUSETTS AGENCY ON AGING WILL PROVIDE LEADERSHIP, RESOURCES, COORDINATION OF SERVICES AND ADVOCACY.

This means that the Central Massachusetts Agency on Aging will continually assess the changing needs of elders, and that we, along with others in the aging network, will strive to provide leadership in addressing those needs. We shall proactively carry out a wide range of functions, including planning, funding, monitoring and evaluation, promotion of interagency linkages, information sharing, professional education, technical assistance and advocacy -- all designed to lead to the development of a comprehensive and coordinated community-based system serving each city and town in our planning and service area. This service system shall assist older persons in leading independent, meaningful and dignified lives in their own homes and communities for as long as possible.

The Central Massachusetts Agency on Aging (CMAA), formerly Region II Area Agency on Aging, was incorporated in September 1974 in Holden, Massachusetts as a non-profit organization dedicated to providing information and assistance to seniors, their caregivers and professionals. The original staff consisted of four persons who managed a budget of \$450,000, which covered administration and grants for community-based elder support services.

In 1977, the Agency gained responsibility for three Nutrition Projects with the overall budget reaching \$1.5 million. An Information and Referral (I&R) service was established at the Agency in 1985.

The Board of Directors changed the Agency's name in 1989 to more accurately reflect the planning and service area of sixty-one cities and towns in Central Massachusetts. The Agency moved to its current location in West Boylston in 1990.

The Central Massachusetts Agency on Aging is the largest, both geographically (1,500 square miles) and numerically (127,000 elders) of the twenty-three area agencies on aging (AAA) in the Commonwealth. Central Massachusetts Agency on Aging works with three independent aging services access points (or ASAPs, once known as home care corporations) as well as sixty-one Councils on Aging and dozens of human service providers to build the capacity of the entire elder service system. As an Area Agency on Aging, CMAA is charged with administering programming under the federal **Older Americans Act** in the 61 communities that comprise the Central Massachusetts Planning and Service Area (PSA).

CENTRAL MASSACHUSETTS PLANNING AND SERVICE AREA COMMUNITIES:

Ashburnham	Hardwick	Rutland
Ashby	Holden	Shirley
Auburn	Hopedale	Shrewsbury
Ayer	Hubbardston	Southbridge
Barre	Lancaster	Spencer
Bellingham	Leicester	Sterling
Berlin	Leominster	Sturbridge
Blackstone	Lunenburg	Sutton
Bolton	Medway	Templeton
Boylston	Mendon	Townsend
Brookfield	Milford	Upton
Charlton	Millbury	Uxbridge
Clinton	Millville	Warren
Douglas	New Braintree	Webster
Dudley	North Brookfield	West Boylston
East Brookfield	Northbridge	West Brookfield
Fitchburg	Oakham	Westminster
Franklin	Oxford	Winchendon
Gardner	Paxton	Worcester
Grafton	Pepperell	
Groton	Princeton	

The primary source of funding for the agency and its operations is Title III of the Older Americans Act. These are federal funds from the Administration on Aging that are managed and distributed by the Massachusetts Executive Office of Elder Affairs. In addition, CMAA has received other financial support in the past. This support has included program-specific grants from:

- Massachusetts Department of Public Health
- The Health Foundation of Central Massachusetts
- The George F. and Sybil H. Fuller Foundation
- The Greater Worcester Community Foundation
- The Hoche-Schofield Foundation

as well as contributions from individuals and private corporations, both financial and in-kind.

Section 2 – AREA PROFILE & NEEDS ASSESSMENT

Table 1.

DEMOGRAPHIC PROFILE OF CENTRAL MASSACHUSETTS - CENSUS 2000

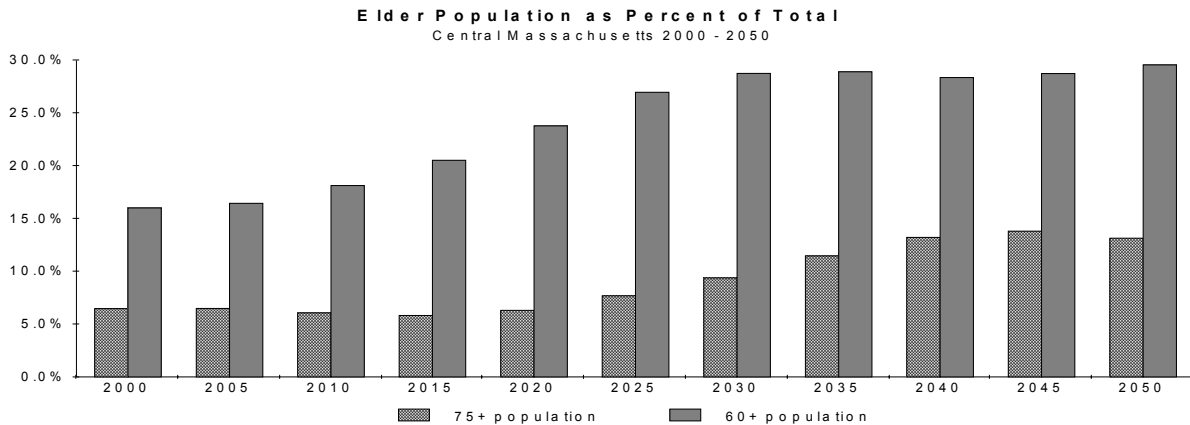
	60-64	65-74	75-84	85+	60+	65+	All Ages	% 60+	% 65+	% 85+	1990-2000 60+ change
Massachusetts	236,405	427,830	315,640	116,692	1,096,567	860,162	6,349,097	17.30%	13.50%	1.84%	1.50%
Central Massachusetts	27,106	48,514	37,780	13,556	126,956	99,850	792,551	16.02%	12.60%	1.71%	-1.26%

Based on the 2000 census, 11.6% of Massachusetts elders live in the CMAA Planning and Service Area (PSA). In comparison to the 1990 census, there has been a general pattern of elder population decline in older cities and mill towns but increases in the suburban and rural areas. Worcester, for example, lost over 4,000 elders between 1990 and 2000 while communities along the I-495 belt saw substantial increases in elder population. Bellingham, Franklin, Boylston, Bolton and Groton, for example, all experienced growth of more than 20%. The greatest increase in elder population, 30.5%, occurred in West Brookfield. Other small communities experiencing substantial growth in elder population included Princeton and Hubbardston both of which saw increases of more than 20%.

This shift of elders out of older cities may mean that community-based providers might experience increased transportation costs in reaching a more geographically dispersed elder population in the future; a trend that CMAA is monitoring.

Looking forward (see Figure 1.), we estimate that the 60+ portion of the population of Central Massachusetts will increase from 16% in 2000 to about 28% in 2030 with rapid growth beginning after 2006 when the first wave of the baby boomers begin to reach 60. At the same time, we expect the 75+ portion of the population to decline somewhat from 2006 until 2021 when the baby boomers once again will produce rapid growth in this age cohort.

Figure 1.



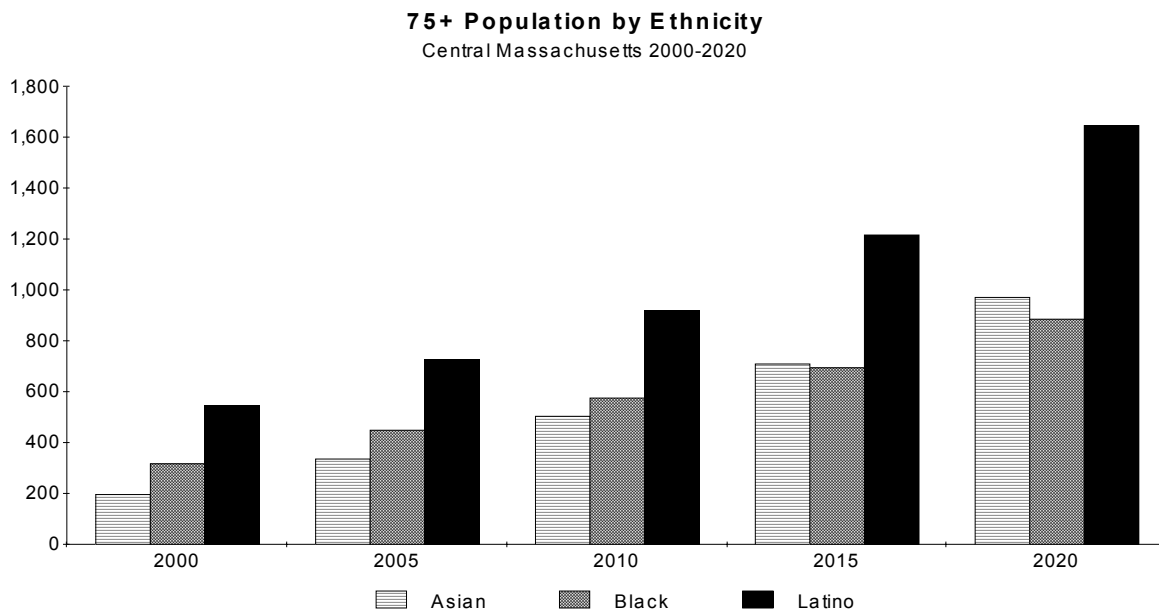
Since it is the population aged 75 and older that is most likely to need supportive services, we expect the demand for such services to level off to some degree for the next few years. However, if those over 75 years of age continue to live increasingly longer than in the past and if there is a greater emphasis on helping them to remain in the community longer, the “baby bust” legacy of the Great Depression will not lead to a decline in the demand for community-based support services.

Minority Populations

Federally-defined minority groups (Black, Hispanic, Asian, Native American and Pacific Islanders), currently make up 4.4% of the elder population of Central Massachusetts based on the 2000 census. This is related to the significant immigrant component of all of these groups except Native Americans, who constitute 0.1% of the 60+ population. While in the past, the Black population was little impacted by immigration, this has changed during the 1980's and especially in the 1990's with a substantial influx of people from Africa and the Caribbean.

Groups having a large immigrant base consistently have a younger age profile than the indigenous population. Also, Blacks have historically had a younger age profile in the United States for a variety of reasons related to discrimination and socio-economic status. As a result, minority elders are much fewer in number than would otherwise be the case. Thus, while 16% of the overall population is aged 60+, for minorities in Central Massachusetts the figure is 9.1%. This represents a considerable change from 1990 when elders made up only about 5% of the minority population.

Figure 2.



We expect that the number of minority elders will double before 2015 and double again before 2025, a much faster growth rate than for the overall population, even with the aging of the baby boomers. By 2040 we expect that the age profile of these groups will begin to approximate that of the overall population of Central Massachusetts, with the minority elder population

comprising 25% to 30% of the minority population in this region, and, if current residential patterns hold, a much higher percentage of urban residents.

Over the next fifteen years we also expect that the minority population aged 75 and older, the age group that is most likely to need community-based support services, will more than triple for Asians and Latinos and more than double for Blacks (see Figure 2). The actual numbers are projected to increase from the 1,103 minority elders in this category as of 2000 to about 3,100 in 2020.

The problems this may pose for the elder service network in Central Massachusetts may be mitigated to some extent by the greater degree of acculturation to American society that these older elders are likely to present. In most cases they will have spent substantial portions of their adult lives in this country. At the same time, we should expect continued immigration of sufficient magnitude such that cultural and linguistic barriers will remain an issue for some elders in this age group.

Income Characteristics

Based on the 2005 Needs Assessment Survey of People Aged 60+ in Massachusetts, we can look at the distribution of income in both Central Massachusetts and Massachusetts as a whole. The three income levels are defined as “low Income” (less than \$15,601 for 2005), “middle income” (\$15,601 to \$25,210 for 2005) and “high income” (more than \$25, 210 for 2005).

Table 2: Percent Distribution of Central Massachusetts Survey Respondents by Income Category *

<u>Income Category *</u>	<u>1997</u>	<u>2001</u>	<u>2005</u>
Low	24.9%	23.3%	25.3%
Middle	25.7%	23.6%	20.9%
High	49.4%	53.1%	53.8%
TOTAL	100.0%	100.0%	100.0%
Below poverty	10.9%	10.6%	8.1%

Table 3: Percent Distribution of Massachusetts Survey Respondents by Income Category *

<u>Income Category *</u>	<u>1997</u>	<u>2001</u>	<u>2005</u>
Low	28.0%	25.6%	22.2%
Middle	20.6%	20.3%	18.7%
High	51.4%	54.0%	59.1%
TOTAL	100.0%	100.0%	100.0%
Below poverty	14.5%	11.9%	9.9%

** Income categories are based on the poverty level guidelines for different household sizes for the year prior to the survey.*

Reviewing the information summarized in Tables 2 and 3, the trend toward an increasing income gap between higher and lower socio-economic groups in the United States that characterized the 1980's and 1990's seems to persist, even as the proportion of elders below the poverty line in Central Massachusetts declines.

To the extent that we can generalize from this data, it appears that the trend is for most Central Massachusetts elders to be better off financially while those at the very bottom continue to fall further behind.

The statewide results for Massachusetts (Table 3) reflect a similar trend. As in Central Massachusetts, the proportion of the sample falling below the poverty line declined; from 14.5% in 1997 and 12.0% in 2001 to 9.9% in 2005.

Perceived Health Status

The proportion of elders who rated their health as good or excellent has continued to increase (see Table 4). This seems to reflect improving health status among the overall elder population, a situation that has been widely recognized elsewhere. In the case of the 2005 sample, it may also reflect the younger average age of the sampled population compared to the 2001 survey respondents. At the same time an increasing proportion of elders living in the community rated their health status as “poor”. This may indicate that better community-based supports, increased support for family caregivers and financial incentives to keep people out of nursing homes are allowing frailer elders to remain in the community. As the elder population ages further and older elders make up a greater part of the population we should expect to see somewhat of an increase in the proportion of elders in fair to poor health.

Table 4: Distribution of Respondents by Self-Reported Health Status

<u>Health Status</u>	<u>1997</u>	<u>2001</u>	<u>2005</u>
excellent	19.4%	20.0%	21.0%
Good	52.6%	52.7%	55.5%
Fair	24.3%	21.8%	17.6%
Poor	3.4%	5.1%	5.9%
don't know	0.3%	0.3%	0%

Elder Needs in Central Massachusetts

In terms of perceived needs, the change from the 1993 to 1997 surveys showed almost universal increases in the level of reported need and degree of unmet need. The 2001 survey revealed a more varied pattern, with some needs increasing and some decreasing. The trend for the 2005 survey, when compared to the 2001 results was an almost universal decline in the level of need and unmet need (see Table 5). The exceptions to this trend of decreasing proportion of respondents in need are in the areas of employment opportunity and in levels of unmet need for help with home repairs and bill paying. The overall decline in both need and unmet need is also reflected in the statewide survey data.

Table 5: Central Massachusetts Needs Assessment Results Comparison - 2001 to 2005

NEED:	% in Need		% change	% w/ Unmet Need		% change
	2001	2005	01 to 05	2001	2005	01 to 05
Transportation						
Medical	12.0%	6.1%	-49.2%	3.2%	1.7%	-46.9%
social	8.5%	4.1%	-51.8%	2.6%	1.0%	-61.5%
errands	11.4%	4.1%	-64.0%	2.9%	0.3%	-89.7%
Legal Assistance						
consumer issues	4.7%	2.0%	-57.4%	2.0%	1.7%	-15.0%
insurance issues	5.0%	3.0%	-40.0%	1.7%	1.3%	-23.5%
tenant rights	3.5%	1.0%	-71.4%	1.5%	0.3%	-80.0%
estate planning	9.6%	6.8%	-29.2%	3.8%	2.7%	-28.9%
immigration issues	2.3%	0.0%	-100.0%	1.4%	0.0%	-100.0%
Home Repairs	18.4%	10.3%	-44.0%	6.4%	6.5%	1.6%
Employment Opportunities	2.3%	2.7%	17.4%	1.7%	2.7%	58.8%
Volunteer Opportunities	3.8%	3.0%	-21.1%	2.6%	2.0%	-23.1%
Help w/ Financial Assistance	7.3%	6.5%	-11.0%	4.4%	4.1%	-6.8%
Preparing Tax Forms	17.2%	15.3%	-11.0%	2.9%	2.0%	-31.0%
Handling Bills	8.2%	5.9%	-28.0%	1.5%	2.1%	40.0%
Problems with:						
confusion/forgetfulness	7.9%	2.7%	-65.8%	2.3%	0.7%	-69.6%
disability	7.3%	3.8%	-47.9%	2.0%	0.7%	-65.0%
Alcohol/drugs	2.9%	0.0%	-100.0%	1.5%	0.0%	-100.0%
crime/safety issues	2.6%	0.7%	-73.1%	1.2%	0.0%	-100.0%
abuse/neglect	2.6%	0.6%	-76.9%	1.2%	0.3%	-75.0%

Impact of Demographic History on Survey Results

It is important to note that the decline in percentage of need and unmet need revealed by the 2005 survey is at least partly due to demographic changes in the population of Central Massachusetts and the United States as a whole. These changes are reflected in the age distribution of 2005 survey respondents. In the 2005 survey, the 60-64 age group made up 22.5% of respondents. For the 2001 survey this age group constituted 17.8% of the survey population. For Massachusetts as a whole these figures were comparable (21.6% and 17.3% respectively). The 60-64 age category is the least likely to be in need of supportive services.

Given the demographic history of the United States this pattern is to be expected. There was a significant drop in birth rates during the 1930s leading to fewer people turning 60 in the 1990's. As a result, the average age of the 60+ population increased. The percentage of elders having a need for various supportive services increased in tandem as reflected in the changes between the 1993 and 1997 surveys. During the late 1930s and early 1940s historic birth rates returned to more "normal" levels such that increasing numbers of people have turned 60 in the past 5 years, thereby lowering the average age of the 60 population and, as a consequence, reducing the proportion of elders needing such support.

Going forward we can expect that as the baby boomers turn 60, the proportion of elders needing support services will decrease further even as the absolute numbers needing help increases. Once the baby boomers begin to turn 75 after 2020 the absolute number as well as the percentage of elders in need for supportive services can be expected to grow dramatically.

Significant Needs

In an attempt to measure the relative importance of these different needs, CMAA staff has historically used a "Need Index" that takes into account the level of need, the level of unmet need and the proportion of overall need that is unmet. Based on this ranking, the following broad categories were highlighted:

Housing and Household Issues:

- home repairs

"Need Index" Rank

#1

Financial Issues:

- preparing tax forms
- help with applying for financial assistance
- paying property taxes
- finding employment opportunities
- help with Medicare prescription drug cards
- help with handling bills

#2
#4
#5
#7
#9
#14

Social Support and Counseling Issues:

- finding social opportunities
- finding dating opportunities
- finding exercise programs

#3
#6
#8

- access to education programs #12
- finding volunteer opportunities #13

Legal Issues:

- help with estate planning #10
- help with consumer issues #11

Transportation:

- to medical appointments #15

The overall impression here is that many of these needs are more relevant to younger, healthier elders. As noted above, this is to be expected given the composition of the survey respondent population. CMAA’s *SeniorConnection* information and referral service and website are an effective means of linking area seniors to specific services that address these needs.

Another source of information on elder needs is elder contacts with CMAA’s Information and Referral service, *SeniorConnection*. The most frequent requests during FY 2005 were:

- Information on contacting service providers
- Case management assistance
- Financial assistance
- Housing issues
- Requests for CMAA informational publications
- Health insurance questions
- Health care-related questions
- Legal issues

Collectively these accounted for over 60% of all I&R calls. To a significant degree they parallel the issues highlighted by the needs survey.

Nutritional Risk in Central Massachusetts

While this was not part of the 2005 survey, the 2001 Elder Needs Assessment Survey collected information on the nutritional behavior of elder respondents in Central Massachusetts. Based on these data, it is clear that most elders are not at nutritional risk. However, there are very real differences in the level of risk for different age and sex categories.

As people age there is a general trend toward higher levels of nutritional problems. The data also indicate that women are more likely to be at an elevated level of risk. More than half (54%) of all women in the sample were at either moderate or high nutritional risk while 42% of men fell into these categories.

A comparison of elders living alone with those who are not living alone suggests that this gender difference is related to the much higher rate of nutritional risk among women. Older women are far more likely than men to be living alone. In the CMAA sample, 45% of the women lived by themselves while only 17% of the men lived alone.

Economic status is related to this pattern. Older women who live alone are more likely to be at the poverty or near poverty level than women who are not living alone. In the survey population, 19% of women living alone fell below the poverty level compared to 14% for men living alone and 7% among both men and women not living alone.

This differential in income status increases the likelihood that older women who live alone may not be able to afford the food needed to maintain a proper diet. In fact, the majority of the women in the sample who were living alone with below poverty incomes were at some degree of nutritional risk (9 of 15); and approximately half (7 of 15) were at high nutritional risk. All three of the men living alone with below poverty incomes were at elevated levels of nutritional risk, two at high nutritional risk.

The importance of living situation and its association with poverty is well illustrated by the fact that the male/female difference in terms of high nutritional risk almost disappears when comparing rates for those elders not living alone.

Overall, the major risk factors for elevated nutritional risk are increasing age, low income and living situation. All of these factors apply to both men and women, however, women are more likely to be negatively affected by the latter two issues.

Overall, these results coincide with those from the 1997 needs survey which included the same nutritional screening tool. All the patterns identified are the same for both years. Clearly, based on these data, elderly women who live alone, especially those at low income levels, have the highest risk for poor nutrition.

Elder Needs in Small and Rural Communities

CMAA needs assessment research has included a focus on small and rural communities in Central Massachusetts. This research has contrasted these smaller towns with survey responses from elders living in larger urban and suburban communities. Differences between the two samples include:

- Residents of large communities were more than twice as likely to live in private rental housing (10.2% compared to 4.6%) while small community residents were slightly more likely to live in their own homes (74.8% to 72.3%) or in a relative's home (8.6% to 6.0%).
- Small community residents were twice as likely to report their health as being "poor" (6.6% to 3.2%). This difference cannot be explained by the age distribution which is essentially the same for the two samples.
- The small community sample demonstrated a higher poverty rate (11.9% to 10.6%) and had a larger proportion falling into the low income group (31.2% to 24.5%).

Because health status is correlated with income and socioeconomic status, the differences with respect to these characteristics may help explain the higher rate of self-perceived “poor” health in the small community sample.

Despite the overall higher rates of poverty, low income and poorer reported health, when it came to reporting the need for assistance with various activities, the small community sample indicated both a lower level of need for help and a lower level of unmet need.

In only 7 of the 31 potential needs identified in this survey, the small community sample indicated a higher level of need. Two of these instances related to *transportation*, and three others were in references to dealing with *loneliness*, *depression* and a *disability* respectively. In only one area, getting help with *home repairs*, was the level of unmet need reported to be higher among the small community residents.

Regarding the provision of services in rural and small communities:

1. There is little access to **public transportation**:

- Little or no taxi service
- Local bus service rare or non-existent
- In most cases where people do not have access to transportation via their personal social network, they must rely on volunteer transportation programs operated by local organizations.

2. **Distance from service providers** such as physicians, dentists, pharmacies, day care & other services can be a barrier to getting care.

- People often have to drive great distances to reach service providers.
- When service providers are in the area, they often do not accept medicaid patients.
- Access to prescriptions can be a problem, especially for elders who don't drive. Formerly, many local pharmacies offered prescription delivery service, but these have declined in number due to the expansion of national drug store chains (e.g. CVS, Rite-Aid, Walgreens). These chains do not, as a rule, provide a delivery service.

3. There is often a **lack of awareness of service availability** on the part of rural residents. The offices of most service providers are located in central places and our experience is that publicity regarding services is far more frequent in these core areas (that's where the bulk of potential clients are). There are often more limited means of reaching rural residents.

4. **Attitudes** in rural areas may also be a factor. Rural residents often feel they are more resilient than "city folks" and may deny the need for assistance, or believe they can get by without it. This is an adaptation to their reality. Often the needed assistance is not readily available for them.

5. **Social networks** are perhaps more critical in rural areas since neighbors and family are often the only local source of support and assistance. For those who are not part of the local social network, their isolation is compounded.

6. **Reimbursement rates** for service providers do not consider the greater time and transportation costs associated with service delivery in rural areas where the population is more widely distributed. Under current reimbursement systems that make no distinction regarding local geography, service provision in rural areas often puts providers in an untenable financial position with respect to providing services in these locations. *This may be the most important barrier to service provision.*

Housing Issues

As part of our on-going research, for the past two years CMAA has looked at housing the low-income elderly. Affordable housing is a vital component in our mission to promote independence, avoid pre-mature institutionalization, and to promote community-based services among elders that reside in our PSA.

As the population ages, we must recognize the increasing need for supportive services. To promote the health, safety, and well being of the elderly critical supportive services must be established. Home care and community-based services will ultimately prolong independence. Currently, resources offered for home and community-based care are minimal in comparison to the resources dedicated to facility-based, skilled nursing care.

The Needs Assessment survey for 2005 included a focus on some questions directly related to elders' living situations. These targeted questions allowed CMAA to get a better idea of how elders perceive and feel about their various living situations.

Public housing residents comprised 6.5% of 2005 survey respondents. Three quarters of these are female. Looking at the age distribution of respondents residing in elderly housing we find, over half of elders are 75 years of age or over. In total, over one third need assistance performing household chores. This reemphasizes the need for additional supportive services in public housing facilities.

The survey included a screening tool to assess risk of depression. Based on the responses, over one third of female residents of public housing are at elevated risk for depression while male residents showed little risk. However, male residents reported the need for assistance with household chores at twice the rate for women.

An individual's living situation directly correlated with their responses to particular survey questions. For instance, an elder who owns a home, lives on their own in private rental housing, or lives with a family member was more likely to have concerns when it came to their living situation as opposed to their counterparts residing in public housing who, in general, are not concerned they will have to move. Almost 5% of respondents living in a home they own, in private rental housing, or with a family member are concerned they will have to move and will have nowhere to go.

These elders are more likely to have higher incomes than those residing in public housing, but are less likely to qualify for assistance. They were more likely to report going without certain things to stretch their limited incomes. Many of these elders live alone. Money shortages create

situations where the elder goes without needed everyday necessities. Among these respondents, 29% skipped food, medical appointments, prescription drugs, and social gatherings due to a shortage of money; 43% skipped dental care; 36% hearing aides; 14% skipped utilities and home repairs; 21% gas for the car.

Almost 5% of survey respondents want to move but needed help. Collectively 93% own a home, are private renters or live with a family member. As demonstrated above, elders that own a home or rent privately are more likely to have money shortages and go without basic necessities. As a whole they were more likely to show increased risk of depression as 29% were at elevated risks and 14% at moderate risk. Some of these elders are remaining in the workforce or trying to rejoin it. 21% are looking for employment while another 14% work part-time.

Most of the survey respondents (73%) own a home and about one quarter of these live alone. Looking at elder homeowners who live by themselves, we found 10% are concerned they will have to move and have nowhere to go, and 12% wish to change their living situation but need help.

Caregiver Needs in Central Massachusetts

The *2005 Needs Assessment of Older People in Massachusetts* for the Central Massachusetts Planning and Service Area included a series of questions targeted specifically at caregivers who were over 60 themselves. In assessing the responses to these questions, we focused specifically on those caregivers that indicated they had faced one or more of a set of previously identified problems.

- Approximately 12% of elder respondents identified themselves as having responsibility for providing housing, personal care, financial assistance or social/emotional support to an elder. Including those who responded to specific questions about caregiving needs in a manner that indicated they had such responsibilities, the percentage of the sample population with some caregiving role rises to 22%.
- Of these elders who are providing care, most indicate that they have no difficulty in providing the required care, while about 40% of elder caregivers indicate that they need assistance.
- Approximately one-fifth of all caregivers aged 60 and older experienced some degree of intra-family disagreement over caregiving decisions. In 5% of these cases, or about 3,000 people in Central Massachusetts, these disagreements are seriously disrupting family relationships and create an added stress for caregivers.
- In Central Massachusetts, 12.7% of elders who are caregivers report that a support group and discussion with other caregivers would be helpful.
- Central Massachusetts elder caregivers who indicate a need for assistance with caregiving are four times more likely to have incomes falling below the poverty line than the overall elder population.

- More than half of those needing help with providing care rate their health as “fair” or “poor,” which contrasts to the overall elder population where only one-quarter categorizes their health in this manner.
- By an extremely wide margin, the need for more information stood out as the most significant issue. Almost 82% of this group thought that they could not "get all the information on caregiving" that they needed. This is supported by care management experience that has demonstrated a real need for assistance in the assessment of elders' needs and the design of a care plan that can then be implemented by the elder and their family-based support system.
- The second most frequently cited need was for caregiver respite. Almost 22% of the caregiver group felt that caregiving left them "with too little time to do other things" that they needed to do.
- All other issues raised in the survey questionnaire affected less than 8% of responding caregivers.
- Caregivers may not always recognize that they are being impacted by the stress of their responsibilities. Caregivers need resources that may improve their loved one's quality of life, as well as their own.

Aging of the Baby Boom Generation

As noted in Figure 1 above, the “Baby Boom” generation has already begun to reach early-retirement age, and by 2020 they will begin to turn 75. This will pose significant challenges to the community-based elder service system. These challenges will include:

- A growing number of elders with disabilities due to increased longevity of both persons born with disabilities and those who acquired disabilities during their non-elderly years.
- A significant growth in the number of elders aged 85+ who are most vulnerable to aging related impairments.
- A growing racial and cultural diversity among elders.

It is important to note that, in general, the social characteristics and traits of the baby boomer generation will vary from those traditionally associated with elderly people. A significant proportion of the baby boomer population are likely to bring expectations for lifestyles and services that accommodate individual choice as well as a focus on preventative health care, healthy lifestyles, good nutrition, and adequate and flexible community-based activities and services.

As indicated in the results of statewide needs assessment surveys from 1993 to 2005, an increasing majority of older people are likely to be well, healthy, mobile, and financially stable.

Based on this pattern, it is more than likely that in succeeding groups of older people, the number of individuals who will wish to remain integrated as active, participating, productive members of their communities will grow. We anticipate a growing need to balance the issues of the well-elderly and frail-elderly. Therefore, ways must be found to utilize the talents, skills, and experience of this elder cohort.

While recognizing that Baby Boomers are distributed across all socioeconomic categories, on average they are better educated than their parents and have a greater familiarity with technology. In addition, Boomer women are more likely than their parents to have retirement assets of their own. These characteristics will have implications for both service delivery and household financial status.

Because of their numbers, the baby boomer cohort can be expected to place demands on society as consumers of both public and commercial services. Boomers, on average, have fewer children than their parents. As a result, we can expect that the family-based support network for them will be less extensive than is the case for their parents, thus increasing demands placed on community-based supports. This is likely to lead to an increased need to train both agency staff and direct service workers (such as health care workers, teachers, bank tellers...) in aging issues and effective communication with elderly people. To competently respond to the greater diversity among older consumers there may be a demand for providing specialized training to specific worker and professional groups to assure that the needs of aging persons and people with disabilities can be met.

As this group ages we will see increases in the prevalence of chronic diseases and disabilities, chronic physical and mental health conditions, and the long term consequences of occupation-related diseases and injuries. This, in turn, will increase the demand for information and assistance, case management, long-term care insurance products, supportive assistance and long-term care services (both institutional and community-based), informal and formal caregivers, and housing modifications.

Socially, baby boomers differ from prior generations. Changes in traditional family structures and configurations have characterized the past three decades, affecting the dynamics of family and intergenerational interactions as well as the dynamics of the workplace. In addition to the more traditional households types such as those living alone because of divorce or spousal death, those never married and childless couples, the number of less traditional households and families has grown. These include:

- elderly and non-elderly unmarried cohabiting couples;
- grandparents as custodial parents;
- three- and four generation families in a household;
- lesbian and gay households;
- those married multiple times with multiple sets of extended family members, step children, and aging parents;
- households made up of groups of unrelated individuals;
- elderly parents caring for elderly adult children with developmental and other disabilities.

Each of these types of households will have specific needs that may fall outside those of more traditional household forms.

In terms of elder housing, there is an on-going shift from institutional to community-based living situations. Consumer demand will increase the need for additional accessible, adaptable, affordable, supportive and specialized housing units in a variety of choices that meet elderly and non-elderly populations' needs and preferences.

Addressing this complex of issues may require:

- Customizing programs, services, products, forms, information, and communication to fit the growing diversity in terms of household type, language, race, ethnic culture, disability, and other circumstances that will characterize the elder population.
- Increasing reliance on various existing and new technologies as efficient and effective methods of improving communication and interaction with elders. This may require targeting education and personal assistance to facilitate elders' ability to use/access the Internet and other technologies
- Recognizing the need to adapt technological solutions and tools to the age, language, racial, cultural, educational, and disability characteristics of elders paying special attention to reliability, security, and privacy issues associated with the Internet and data-sharing technologies.
- Increasing the availability of specialized/adaptive services needed by frail elders (i.e. transportation, housing, in-home, community support, rehabilitation, mental and health promotion).
- Making greater use of the talents and skills of retirees by providing accommodations to permit them to remain in the workforce longer and by expanding adult continuing education programs to prepare older people and retirees to work in needed occupations.
- Making greater use of workers from population groups not traditionally considered in the primary workforce (for example, immigrants, people with disabilities, ethnic and minority subgroups, volunteers, part-time workers) by augmenting English-as-a-second-language in primary, secondary, and vocational school programs, using bilingual training to increase participation among skilled workers with language barriers and working with service providers to develop mentor programs.
- Developing innovative and affordable housing that will increase the availability of options that provide supportive services in the least-restrictive environment for elders.

Section 3 – CMAA ACTIONS AND PROGRAMMING

Targeted Assurances

The Massachusetts Executive Office of Elder Affairs has explicitly targeted the first five assurances included in the Older Americans Act (see Appendix 5).

Assurance 1 – Categories of Service by FY2006 level of Title III B funding:

<u>Type of Service</u>	<u>FY 2006 Title III B Funding</u>	<u>% of FY 2006 III B Funding</u>
Access	\$ 81,558	14%
In-home	\$182,636	31%
Legal Assistance	\$157,160	26%
Other	\$172,139	29%

Assurance 2 – Specific objectives for serving targeted categories of elders

CMAA considers the proportion and distribution of the targeted categories of elders in both setting service priorities and in making grant awards. CMAA provides Title III funding to agencies that actually deliver direct service to clients. In some cases, programs are specifically designed to reach particular targeted groups, in other cases, programs include service to the targeted categories as part of their overall service mix (see CMAA TITLE III PROGRAMS FOR FY 2006 below).

The relevant demographic characteristics of the Central Massachusetts Agency on Aging Planning and Service Area (PSA) are:

	<u>Population</u>	<u>Percentage</u>
Total elders	126,596	100%
Minority elders	5,548	4%
Low-income minority elders	1,287	1%
Rural elders	1,493	1%

Assurance 3 – Provider service requirements for targeted categories of elders.

Title III B sub-grant contracts between CMAA and its vendors include numerical targets for service to the specific populations identified in the Older Americans Act. These service levels are based on the proportion of the targeted groups present in the individual program service areas. Specific means of providing these services vary from one program to another, but all proposals submitted for Title III funding include a required statement outlining how the program expects to address the needs of targeted categories of elders. The cumulative Title IIIB projected service levels are listed below. All are at least in proportion to targeted group presence in the community.

	FY06 IIIB	
	<u>Service Projections</u>	<u>Percentage</u>
Total elders	2,320	100%
Minority elders	408	18 %
Low-income minority elders	325	14%
Rural elders	24	1%

Assurance 4 – FY 2005 Service provision to targeted categories of elders

CMAA collects and monitors service provision statistics from all programs receiving Title IIIB funding. These are submitted on an annual basis to EOEAA after the end of each fiscal year. Because final programmatic data has not yet been submitted by Title III grantees, the service provision figures below are estimated based on eleven month information through the end of August 2005.

	Estimated FY05 IIIB	
	<u>Client Service</u>	<u>Percentage</u>
Total elders	2,698	100%
Minority elders	563	21%
Low-income minority elders	479	18%
Rural elders	23	1%

Based on these estimates, it appears that service to minority and low-income minority elders has exceeded expectations while service to rural areas is slightly lower than the targeted figure.

Assurance 5 – Outreach to targeted categories of elders.

Outreach efforts targeted specifically to minority elders is channeled primarily through grants to Leominster Spanish American Center and Centro Las Americas. Other funded agencies will also perform outreach to targeted categories of elders within their service areas by advertising and promoting the availability of program services. Also, CMAA continues to distribute Spanish-language versions of the CMAA agency brochure and other materials at health fairs and community education events and the *Central Massachusetts Family Caregiver Support Program* is making materials available in a variety of languages, including: Spanish, Vietnamese, Portuguese, Brazilian Portuguese, Albanian, French, Polish, Khmer and Russian.

In addition to participation in a wide range of community-based events, CMAA works with Councils on Aging throughout the service area, including those in rural communities. CMAA staff visit each Senior Center at least annually, if not more frequently, to make updated information on programs and services readily available to all communities in the region. The active seniorconnection.org website is also a means for reaching out to elders and caregivers in Central Massachusetts and beyond.

Emerging Issues

Aging of the Baby Boom Generation – While this generation will not begin to place significant demands on the elder care system for another ten to fifteen years, it is important to prepare for the aging of this cohort. To this end CMAA will endeavor to publicize the potential impacts discussed above through *www.seniorconnection.org* and other public forums. CMAA will also monitor the development of these trends in Central Massachusetts and target available resources to the extent possible as these projected needs manifest themselves.

During FY 2005 CMAA staff provided technical assistance and information to support the development of Section 202 housing for the elderly to the towns of Auburn, Franklin, and Spencer. The need for supportive section 202 housing is substantial in this area and the issue is one that is continuing to grow as the demand exceeds the resources and the population ages.

The CMAA websites have become an informational resource for the Central Massachusetts area and beyond. As noted above, Baby Boomers will increasingly turn to information technology to find answers to their questions. The CMAA sites are “Bobby-Approved” for handicapped accessibility and during FY 2005 *SeniorConnection* and *Connection for Caregivers* collectively received over 875,000 hits.

Preparing Elders for Medicare Part D – CMAA activities related to this issue revolve around educating professionals to provide accurate information and publicizing the Medicare changes to the general public.

Staff Education/Trainings:

- “Impact of the Medicare Modernization Act”, train the trainer seminar on the Medicare Modernization Act impact on Medicare Beneficiaries and Medicare supplement products. Held by Mass Home Care and Blue Cross Blue Shield at the Worcester Senior Center on February 11, 2005.
- Health Benefit University (HBU) training offered a basic understanding of Medicare Part D including eligibility, application process, benefits and appeals process. Offered by the SHINE program, Elders Services of Worcester, and the Social Security Administration on June 14, 2005 at ESWA.
- Worcester Community Leaders and top Federal Health Officials joined forces to raise awareness about Medicare Prescription Drug Coverage. Local Worcester officials and representatives spotlighted community-based resources that will help to educate and enroll seniors and disabled beneficiaries in the new Medicare Prescription Drug Coverage. Held by The Centers for Medicare and Medicaid Services on July 13, 2005 at the Massachusetts College of Pharmacy and Health Sciences.
- The Greater Milford Geriatrics Providers Council informative session on Medicare Part D.

- Holy Cross College Binstock & Benson talk. Impact of the Medicare Modernization Act.

Community Outreach:

- Informational video created by Fallon Community Health Plan in collaboration with CMAA Executive Director with Shrewsbury cable systems. This collaborative panel discussion on Medicare Part D will be displayed on local cable access programming.
- CMAA sponsored a “listening event” in May 2005 hosted by Congressman James McGovern at the Worcester Senior Center. This focused on the changes in Medicare, including the prescription drug benefit.
- Updates and news bulletins via website and/or newsletter.
- Ask SHINE chats held monthly through www.seniorconnection.org sub-site Connection for Caregivers. Consumers and professionals are able to speak with the Central Massachusetts SHINE Director, via internet chat, regarding Medicare, Medicaid, MassHealth and Health Insurance Issues.
- Ask Legal Assistance chats held monthly through www.seniorconnection.org sub-site Connection for Caregivers. Consumers and professionals are able to speak with Dianne Sandman, Paralegal from Legal Assistance Corp of Central Massachusetts via internet chat with questions about government benefits such as Social Security, SSI, MassHealth, or Medicaid. Direct Link to list of upcoming chats:
http://www.media.seniorconnection.org/index.htm?doc=distance_learning.inc
- Articles and information posted on www.seniorconnection.org and it’s sub-site the Connection for Caregivers in the Four Corners Medical section.

Regional Initiatives:

The following agencies or groups have initiated efforts to prepare area elders for the initiation of Medicare Part D benefits, these include but are not limited to the following:

- Geriatric Providers Council
- Legal Assistance Corporation of Central Massachusetts
- SHINE
- Social Security Administration
- Local Senior Centers and COAs

Influenza Immunization – The possibility of an influenza pandemic is being monitored by public health authorities in the United States and abroad.

CMAA is cooperating with efforts to prepare for this possibility by working with local Community Health Network Areas (CHNAs) in Central Massachusetts and by publicizing Massachusetts Department of Public Health alerts on this issue via www.seniorconnection.org and other public forums. In addition, CMAA staff provides information to elders on where and when flu shots are available.

Long Term Care – As a component of the residential resources available to Central Massachusetts elders, nursing homes, rest homes and assisted living facilities (ALFs) provide a range of alternatives. The past decade has seen a rapid expansion in the number of ALFs. Currently there are 22 operating in the region and others are present in adjacent communities.

The three Nursing Home Ombudsman Programs in Central Massachusetts are supported primarily by Title IIIB funding. Staff and volunteers attempt to visit each facility at least twice per month, trying to identify and resolve problems faced by residents. There is currently a trend toward trying to make the atmosphere more “home-like” in nursing homes. Some of the common issues encountered in nursing home operations include:

- Staffing shortages, especially when workers are absent unexpectedly. There are often problems with recruiting and retaining qualified staff as well. Excessive staff turnover can compromise operations and may also alienate residents.
- Language and cultural issues. This usually concerns staff having limited English skills, however, as immigrant groups become more acculturated, more residents with limited English skills are finding their way into nursing homes. This poses problems in terms of having qualified staff who are knowledgeable regarding the new residents’ language and cultural preferences.
- Other resident complaints focus on delayed call bell response, food quality and environmental cleanliness. Some of these may be related to staffing issues.

CMAA continues to support the Ombudsman programs and has recently added long-term care expertise to its Board of Directors. Area nursing homes are kept informed regarding CMAA activities and other local events via the CMAA SeniorConnection newsletter and promotional mailings.

CMAA Programs:

Central Massachusetts Family Caregiver Support Program

The Central Massachusetts Family Caregiver Support Program is funded under Title III-E of the Older Americans Act. It empowers elders, caregivers and professionals by providing information, education, support, and services that enhance quality of life. This program was initiated in an effort to help individuals manage the enormous personal, social, and economic challenges of caring for an elderly parent, relative, or friend. It is a cooperative effort of Central Massachusetts Agency on Aging, Montachusett Home Care Corporation, Elder Services of Worcester Area, Inc. and Tri-Valley Elder Services, Inc. designed to bring care for seniors and caregivers to a new level in the 61 cities and towns of Central Massachusetts.

In the Family Caregiver Support Program, CMAA takes the lead on:

- **Lending Library** which provides residents of Central Massachusetts with free and open access to relevant books and videos on aging and caregiving networks.

CMAA and its partners share responsibility for:

- **The Caregiver's Guide** which offers concise information and comprehensive community resources to people who are caring for an elderly parent or relative.
- **Information and Referral** about local and long distance caregiving, available services, community resources and local programs.

The three collaborating ASAPs also focus on providing:

- **Elder Care Advisors** who are professionally trained to provide free in-home assessments; information and recommendations; connections to ongoing support & services and provide educational resources tailored to the specific needs of the elder or caregiver.
- **One-on-one assistance** to assess needs, identify options and gain access to community-based services.
- **Training, support and counseling** such as caregiver support groups and training to assist caregivers in making decisions, solving problems and managing stress.
- **Caregiver Service Scholarships** for temporary relief services through in-home respite care, adult day care or emergency respite, or other one time needs that arise.

Senior Connection (Information & Referral)

One of the functions of an Area Agency on Aging is to assure the availability of Information and Assistance services for the planning and service area. *SeniorConnection* is CMAA's Information and Referral (I&R) program and it provides comprehensive state of the art I&R assistance. Specially trained Information and Referral Specialists are knowledgeable about all of the resources available to elders and caregivers throughout the 61 cities and towns in the Central

Massachusetts region. We assist consumers in identifying their needs and then research potential referrals from which they may choose to address their problem. We also make referrals to Area Agencies on Aging around the country. We participate in problem-solving with individual agencies and serve as brokers between successful elder and caregiver service providers and those seeking assistance.

During FY 2005, *SeniorConnection* received requests for Information and Referral from 971 consumers. Over 2400 problems or needs were identified by consumers with the assistance of *SeniorConnection* I&R Specialists, with 4,260 referrals made to 788 different programs.

Health Fair and Community Education events offer CMAA the opportunity to carry clarifying information about the complicated aging and caregivers networks out into the community. Whether a small presentation to 7 people or a large event for over 500 people, each opportunity is important to potentially change our consumers lives by offering them skills or information.

SeniorConnection staff provided information to 1766 individuals at health fairs throughout Central Massachusetts and participated in 173 Community Education Events reaching an additional 7800 individuals.

While no longer operating the SHINE program in Central Massachusetts, CMAA has remained a member site ensuring counselors are available for phone or in-person consultations two days every week.

CMAA has also established the Central Massachusetts Agency on Aging Lending Library that includes reference materials for use at CMAA as well as other materials that may be lent to elders, caregivers or professionals. The current inventory of resources includes 77 books, 91 videos and 3 audio “talking books”, all focused on elder and caregiver issues.

CMAA Website (www.SeniorConnection.org)

All of our elder and caregiver support services information is available though our online presence at www.SeniorConnection.org and its subsite *Connection for Caregivers*. The entire website was revised in fiscal year 2003 to better provide support services to seniors, caregivers and professionals. The site includes an extensive database, *The Guide to Elder Services*, which lists more than 1,800 agencies and programs. In addition, the site now offers explanations of the aging network as well as volunteer and intern opportunities with related application forms.

Major features of the *Connection for Caregivers* site include:

- Articles written by community experts relating to caregiver issues are posted on a monthly basis. Past articles are archived so that they remain available to website visitors.
- An online resource list of books for caregivers of elderly or disabled individuals, grandparents raising children and children with elderly relatives.
- A regularly updated list of community news and events of interest to elders, caregivers and professionals in the aging network

- A series of free online information sessions held on Tuesdays.
 - First Tuesday of every month @ 11:00 AM - Long term care insurance and other insurance and annuity issues.
 - Second Tuesday @12:30 PM – SHINE session on Medicare, MassHealth and other health insurance issues.
 - Third Tuesday @11:00 AM - Legal issues related to government benefits, tenant and housing problems, and nursing home or other long-term care questions.
 - Fourth Tuesday @ 3:00 PM – Caregiver support group

Both *SeniorConnection* and *Connection for Caregivers* were made handicap accessible to enable easy usage for individuals utilizing screen readers and other adaptive equipment.

During FY2005 the CMAA *SeniorConnection* website received 595,949 hits from 19,382 unique visitors. There were 2,280 hits on the online *Guide to Elder Services*, CMAA's database of programs serving Central Massachusetts elders. The *Connection for Caregivers* website received 279,376 hits from 12,341 unique visitors.

Advocacy

Advocacy efforts at CMAA link to the community in a variety of ways.

- CMAA staff provides information concerning the elder population of Central Massachusetts and their caregivers to legislators, local government officials, local media and the general public. Through these publicity efforts CMAA helps to increase awareness of elder issues and encourage actions to address identified needs.
- CMAA staff works with area Community Health Network Areas (CHNAs) that target elder health issues. This encourages the local health network to maintain a focus on elder health issues.
- *SeniorConnection* staff advocate on behalf of individuals who are not able to do so for themselves. The necessity of performing such advocacy is determined on a case by case basis.
- CMAA staff are participants with a variety of community organizations such as the Worcester Regional Transit Authority's Transportation Advisory Group, the Montachusett Area Regional Transit Authority's Human Service Transportation Advisory Council, The Attorney General's Elder Abuse Roundtable at the Worcester Senior Center, the Worcester and North Worcester Alzheimer's partnerships, the Worcester Caregiver Network, local Community Health Network Areas (CHNAs) and others. Through this participation, elder needs and issues are highlighted to a broader public.

TITLE III PRIORITIES

Title III resources are used primarily to support the provision of community-based services via grants to non-profit agencies and Councils on Aging. The funding priorities for distribution of these funds are developed from needs assessment information in consultation with the CMAA Advisory Council and finally approved by the CMAA Board of Directors. For FY 2006 - 2007 these priorities include:

Title III-B Supportive Services

Access for Elders

- a. *Medical Transportation* in areas where the need can be demonstrated. This may include service to residents in more than one community; transportation in towns whose residents would otherwise no have access to medical transportation; escorted transportation where necessary to access health care.
- b. *Outreach and Interpretation* targeted to one or more of the following groups: minority and/or non-English speaking populations, rural, low-income, disabled, Native Americans, and Alzheimer's victims and their caregivers.

Crisis Intervention

Short term intensive counseling or problem solving assistance to help seniors deal with crisis situations

Home Repair

Repair and maintenance services for elders within the entire CMAA service area who are at risk from health and safety hazards or at risk of being homeless.

Financial Management Assistance including financial counseling, checkbook balancing, bill paying, insurance counseling and related services to elders.

Legal Services (mandated) /Guardianship

Includes help in obtaining or restoring public benefits, guardianship services, resolving housing problems or other appropriate concerns.

Long Term Ombudsman (mandated)

Volunteers and stipended staff serving nursing home residents by investigating and resolving complaints made by the residents, or on their behalf.

III-C Nutrition Services.

Regional congregate and home delivered meal services.

III-D Disease Prevention and Health Promotion Services

Includes Nutrition Screening/Education, Health Education (including Mental Health), Cancer Awareness, Medication Management, Exercise, Substance Abuse, Cardiovascular Health and Respiratory Health

CENTRAL MASSACHUSETTS AGENCY ON AGING TITLE III PROGRAMS FOR FY 2006

Effective October 1, 2005, grants were awarded to programs in 15 non-profit organizations serving elders throughout Central Massachusetts. These federal grants, authorized under the Older Americans Act, are targeted to meet the highest priority needs of persons 60 years of age and older. A volunteer allocations committee reviewed all grant applications and recommended funding for the following programs. The Advisory Council and Board of Directors approved the recommendations.

1. Age Center of Worcester Area Inc.

Financial Services

Service Area: Central Worcester County

Provides money management services to elders in need. Addresses Assurance 1B (see Appendix 5).

Nutrition Project

Service Area: Central Worcester County

Serves congregate and home delivered meals to elders in their service area.

Ombudsman Program

Service Area: Central Worcester County

Serves all nursing and rest home residents in the service area. The program investigates and resolves complaints made by or on behalf of residents. Recruits and trains volunteers and stipended staff who serve as ombudsmen. Reports to the State Nursing Home Ombudsman at the Executive Office of Elder Affairs. Addresses Assurance 8 (see Appendix 5).

2. Busy Bee Transportation

Medical Transportation

Service Area: Blackstone Valley/Greater Milford area

“AIMM” program (Access Into Metro Medical) provides out of town transportation to major medical centers. Addresses Assurance 1A (see Appendix 5).

3. Central Massachusetts Housing Alliance

Elder Home Repair

Service Area: Central/Southern Worcester County and West Norfolk County

This program focuses on elders living in unsafe housing who are at risk for their health and safety, or homelessness. It expands housing options for elders who want to remain in their own residence. Addresses Assurance 1B (see Appendix 5).

4. Centro Las Americas

Hispanic Elders Program

Service Area: Worcester

Provides life skills development, health education and screening, recreational and social opportunities as well as information services to Spanish-speaking elders in Greater Worcester. Addresses Assurances 1A, 2, 5B, 5E (see Appendix 5).

5. Elder Services of Worcester

Crisis Intervention

Service Area: Central Worcester County

Counseling, referral and support for elders in immediate critical need. Provides crisis case management; training to providers, especially minority programs; and purchase of emergency services. Coordinates with the ESWA Protective Services program. Addresses Assurance 1B (see Appendix 5).

6. Jewish Family Service of Worcester

Guardianship Program

Service Area: Central Mass Region

Provides guardianship/conservator services to frail elders who are deemed incompetent. Professional staff conduct evaluations, act as guardians, consult with caregivers and elder service providers as to options on referrals, provide training and community education. Addresses Assurance 1C (see Appendix 5).

7. Legal Assistance Corporation of Central Massachusetts

Senior Citizen Law & Advocacy Project

Service Area: Central Mass Region

Provides free legal assistance to elders on many issues including benefits, housing, civil matters, Medicaid/Medicare eligibility, and elder abuse and nursing home issues. Also conducts education programs and distributes literature on critical topics. Addresses Assurance 1C (see Appendix 5).

8. Leominster Spanish American Center

Ancianos Latinos Unidos

Service Area: Fitchburg & Leominster

A collaborative effort of the Leominster Spanish American Center, Fitchburg Spanish Council, and the Leominster Senior Center. Services include outreach, needs assessment, home visits, interpretation/translation and escort services. A key aspect is siting bilingual/ bicultural workers at the Senior Center to enhance the accessibility and integration of Spanish speaking elders into current Center activities. Addresses Assurances 1A, 2, 5B, 5E (see Appendix 5).

9. MAB Community Services

Medical Transportation

Service Area: Central and North Worcester County

Provides out of town medical transportation/escort services to visually impaired elders in Greater Worcester. Addresses Assurance 1A (see Appendix 5).

Vision Rehabilitation for Low Vision Elders

Service Area: Central and North Worcester County

Provides information, resources, and instruction in the areas of daily living skills, safety and recreation with the goal of maintaining independence for elders with visual impairments, but who are not legally blind. Addresses Assurance 1B (see Appendix 5).

10. Montachusett Home Care Corporation

Crisis Intervention

Service Area: North Worcester and West Middlesex County

Counseling, referral and support for elders in immediate critical need. Provides crisis case management; training to providers, especially minority programs; and purchase of emergency services. Coordinates with the MHCC Protective Services program. Addresses Assurance 1B (see Appendix 5).

Medical Escorts for Elders

Service Area: North Worcester and West Middlesex County

Provides escorted medical transportation to frail elders who require assistance getting to and from medical appointments. Addresses Assurance 1A (see Appendix 5).

Volunteer Money Management

Service Area: North Worcester and West Middlesex County

Provides money management services to elders in need. Addresses Assurance 1B (see Appendix 5).

Ombudsman Program

Service Area: North Worcester and West Middlesex County

Serves all nursing and rest home residents in the service area. The program investigates and resolves complaints made by or on behalf of residents. Recruits and trains volunteers and stipended staff who serve as ombudsmen. Reports to the State Nursing Home Ombudsman at the Executive Office of Elder Affairs. Addresses Assurance 8 (see Appendix 5).

11. Montachusett Opportunity Council

Nutrition Project

Service Area: North Worcester and West Middlesex County

Serves congregate and home delivered meals to elders in their service area.

Elder Home Repair

Service Area: North Worcester and West Middlesex County

Provide basic home repair and some modification enabling seniors to remain safely and securely in their homes. Addresses Assurance 1B (see Appendix 5).

12. New England Homes for the Deaf

Drop-In Center

Service Area: Central Mass Region

Supports the operation of a weekly program for hearing-impaired seniors on Thursdays, including nutrition, socializing, educational programs, referral and advocacy. Provides sign language interpreting services at the Center. Addresses Assurances 1A, 2, 5D, 7 (see Appendix 5).

13. Tri-Valley Elder Services

Crisis Intervention

Service Area: South Worcester County and West Norfolk County

Counseling, referral and support for elders in immediate critical need. Provides crisis case management; training to providers, especially minority programs; and purchase emergency services. Coordinates with the TVES Protective Services Program. Addresses Assurance 1B (see Appendix 5).

Medical Escort Transportation

Service Area: South Worcester County and West Norfolk County

Provides escorted medical transportation to frail elders who require assistance getting to and from medical appointments. Addresses Assurance 1A (see Appendix 5).

Volunteer Money Management

Service Area: South Worcester County and West Norfolk County

Provides money management services to elders in need. Addresses Assurance 1B (see Appendix 5).

Nutrition Project

Service Area: South Worcester County and West Norfolk County

Serves congregate and home delivered meals to elders in their service area.

Ombudsman Program

Service Area: South Worcester County and West Norfolk County

Serves all nursing and rest home residents in the service area. The program investigates and resolves complaints made by or on behalf of residents. Recruits and trains volunteers and stipended staff who serve as ombudsmen. Reports to the State Nursing Home Ombudsman at the Executive Office of Elder Affairs. Addresses Assurance 8 (see Appendix 5).

14. VNA Care Network

Medication Management

Service Area: Central Mass Region

Provides "Brown Bag" clinics to assess medication management issues, home visits for elders where needed, and educational programming regarding safe use of medications. In addition, a more extensive intervention program will target a specific Central Massachusetts community on an experimental basis.

15. Worcester Department of Health & Human Services, Elder Affairs Division

Osteoporosis Prevention Project

Service Area: Worcester and neighboring towns

Provides osteoporosis education and screening to senior citizens. A collaborative effort of the City Manager's Executive Office of Elder Affairs, Worcester Senior Center, other agencies and funders. Addresses Assurance 7 (see Appendix 5).

Section 4 – GOALS & OBJECTIVES

Overall Priorities

The overall priorities as mandated in the Administration on Aging Strategic Action Plan: FY 2003-2008 are:

1. Make it easier for older people to access an integrated array of health and social supports;
2. Help older people to stay active and healthy;
3. Support families in their efforts to care for their loved ones at home and in the community.
4. Ensure the rights of older people and prevent their abuse, neglect and exploitation.

FY 2006-2009 GOALS and Objectives

Goal 1. To make it easier for older people to access an array of health and social supports

- CMAA will continue to support access-related services such as medical transportation, outreach, interpretation as well as others in Central Massachusetts. Addresses Assurance 1A (see Appendix 5).
- CMAA will continue to support in-home services such as home repair, crisis intervention, money management as well as others in Central Massachusetts. Addresses Assurance 1B (see Appendix 5).
- CMAA will continue to support nutrition services for elders in Central Massachusetts.
- CMAA will continue to assess the needs of Central Massachusetts elders and the available capacity to serve them as part of the preparation for the next two-year funding cycle.
- CMAA will maintain the capability to address the needs of consumers whose primary language is not English by contracting with *LanguageLine* interpreter services. Addresses Assurance 2 (see Appendix 5).
- To better reach targeted populations, CMAA will continue to distribute Spanish-language versions of the CMAA agency and other materials at health fairs and community education events.
- CMAA will continue to work with the SHINE program to provide information on health insurance and prescription drug coverage to Central Massachusetts elders and their caregivers.
- CMAA will continue to address the needs of rural elders by specifying target service levels in relevant Title III contracts. Addresses Assurances 2, 6 (see Appendix 5).

- CMAA will maintain regular communication with Councils on Aging and Senior Centers to strengthen ongoing relationships and increase access to and for elders by working with CEMACA to maintain the latter's formal representation on the CMAA Advisory Council.
- CMAA will continue to participate as a SHINE member site, ensuring counselors are available for phone or in-person consultations every week.

Goal 2. To help older people to stay active and healthy

- CMAA will continue to cooperate with local CHNAs and the Central Massachusetts Center for Healthy Communities in distributing information on health issues affecting elders and their caregivers. Addresses Assurance 2 (see Appendix 5).
- CMAA will continue to support health promotion programming in Central Massachusetts. For FY 2006-FY 2007 these programs will focus on:
 - education and support for Alzheimer's victims and their caregivers
 - osteoporosis prevention
 - adaptation to vision loss
 - medication management
 Addresses Assurances 1A, 1B (see Appendix 5).
- CMAA staff will participate in Health Fairs and community education events throughout the service area in order to disseminate information on available programs and services including availability of flu shots and counseling regarding Medicare Part D.

Goal 3. To support families in their efforts to care for their loved ones at home and in the community

- CMAA will collaborate with Elder Services of Worcester, Montachusett Home Care and Tri-Valley Elder Services to operate the *Central Massachusetts Family Caregiver Support Program*.
- CMAA staff will work with the collaborating agencies of the *Central Massachusetts Family Caregiver Support Program* to revise, regularly update and promote resource materials for seniors and caregivers.
- CMAA will continue to develop the *SeniorConnection* and *Connection for Caregivers* websites.

Goal 4. To ensure the rights of older people and prevent their abuse, neglect and exploitation.

- CMAA will continue to support legal services for elders in Central Massachusetts. Addresses Assurance 1C (see Appendix 5).
- CMAA will continue to support Nursing Home Ombudsman services in Central Massachusetts. Addresses Assurance 1C (see Appendix 5).
- CMAA will continue to participate in the Attorney General's Elder Abuse Roundtable.

Goal 5. To advocate for the interests of elders and caregivers.

- CMAA will employ appropriate advocacy efforts around elders' priority needs, including participation in area groups and coalitions to maintain elder service needs such as area CHNAs, Worcester Alzheimer's Partnership, North Worcester Alzheimer's Partnership, Worcester Caregiver Network, GAIT and others.
- CMAA will continue to provide information concerning the elder population of Central Massachusetts and their caregivers to legislators, local government officials, local media and the general public to increase awareness of these issues.
- CMAA staff will continue to supply material to journalists, be interviewed for articles in newsprint and on cable television and radio programs around the region.

Official Signature Page

This Area Plan on Aging has been developed according to requirements of the Older Americans Act of 1965, as amended through 2000 (P.L. 106, sec. 501), Federal Regulations, Department of Health and Human Services, 45 Part 1321, dated August 31, 1988, Grants for State and Community Programs on Aging, and Executive Office of Elder Affairs policy and regulation.

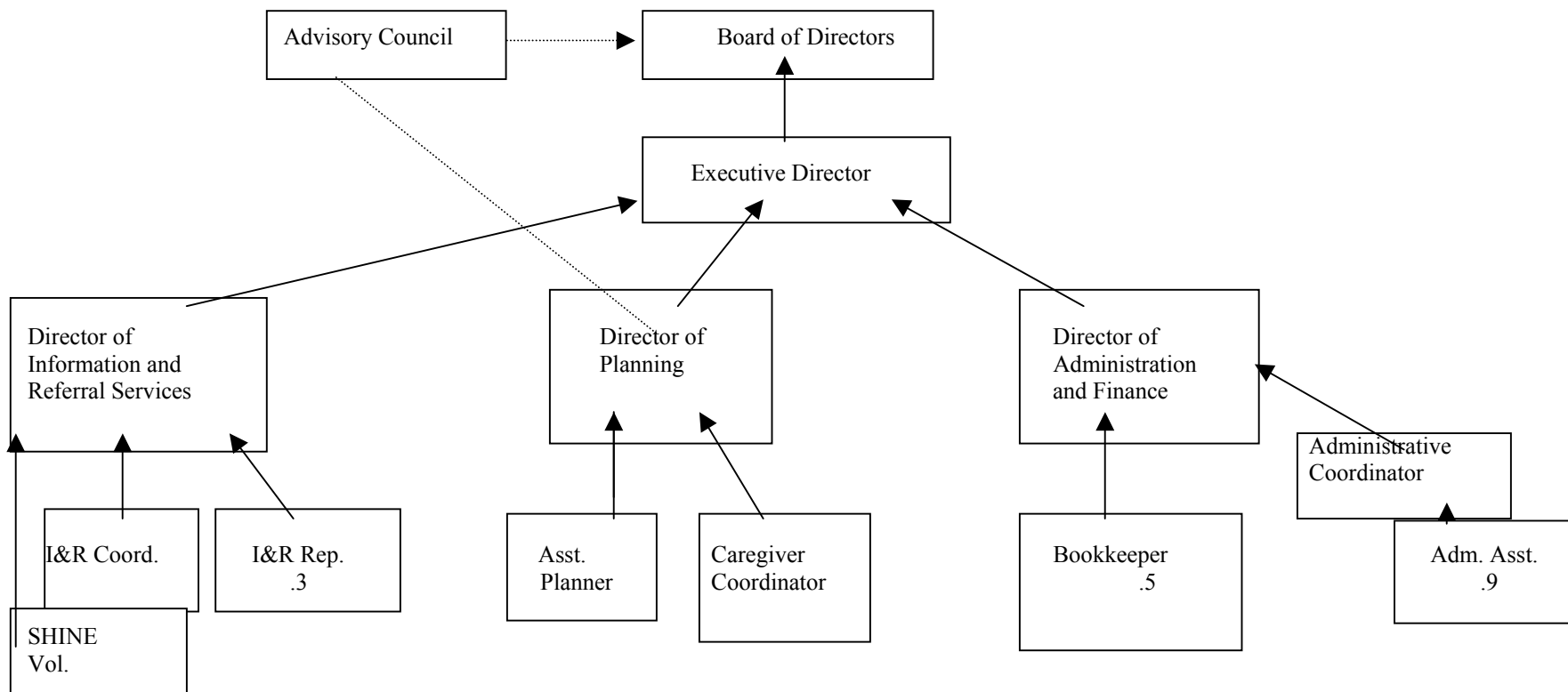
The Area Agency Board of Directors and Advisory Council have approved the Area Plan on Aging for the period covering Federal Fiscal Years 2006 through 2009.

(Date) (Signed) _____
(Chairperson of Board of Directors)

(Date) (Signed) _____
(Chairperson of Area Advisory Council)

(Date) (Signed) _____
(Area Agency on Aging Executive Director)

APPENDIX 2
Central Massachusetts Agency on Aging Organizational Chart



APPENDIX 3

Area Agency on Aging Corporate Board of Directors

Instructions:

Name members and identify all officers by title.

Cite city or town where each person resides.

Indicate affiliation of each member (represents Council on Aging, town or local, state or national agency representative, at large etc.)

Provide percentage requested at the bottom of the page

<u>NAME/TITLE OF OFFICERS</u>	<u>CITY/TOWN</u>	<u>AFFILIATION</u>
Winifred Una Rice, President	Uxbridge	consumer/COA
Anthony Feroci, Jr Esq. Vice-President	Leominster	elder lawyer
Eugene O'Rourke, Treasurer	Uxbridge	consumer
Mary Rice, Secretary	Uxbridge	consumer/COA
Lynne Alexandrowicz	Millbury	consumer
Margaret Barry	Worcester	consumer/retired nurse
Leon Bartholomew, Member Emeritus	Worcester	consumer
Joseph DeMarkey	Milford	V.P. Bank of NY Mortgage Corp
Cynthia Dziurgot, Esq	Clinton	elder lawyer
Elaine Fluet	Gardner	Gardner VNA/nurse
Mark Gauthier	Sterling	long term care insurance
Millie Marion	Templeton	consumer/COA/retired nurse
Ann Nordfors	Templeton	consumer/COA/retired nurse
JoAnn Piedrafite	Ashburnham	nursing home director/nurse
Kate Sullivan	Worcester	Fallon Community Health Plan

43% of the Board are 60+ years of age.

0% of the Board are minority persons.

0% of the Board are 60+ and minority persons.

APPENDIX 4
Area Agency on Aging Current Advisory Council

<u>Name:</u>	<u>City/Town:</u>	<u>Affiliation:</u>
Judith Brennan	Leominster	Montachusett Home Care
Gloria Castriotta	Barre	Barre Council on Aging
Margaret George	Worcester	Friends of Worcester Senior Center/RSVP
Mary Giannetti	Fitchburg	Montachusett Opportunity Council
George Heeley	Paxton	Paxton Council on Aging
Carole Cordiner	Oakham	Oakham Council on Aging
Elton Jones	Uxbridge	Tri-Valley Elder Services Board
Brian Knuuttila	Gardner	State Representative
James Leary	Worcester	State Representative
Joyce MacWilliams	Sturbridge	Sturbridge COA
Robert MacWilliams	Sturbridge	Sturbridge COA
Maureen O'Brien	Worcester	Worcester Senior Center Volunteer
Dianne Sandman	Worcester	Legal Assistance Corp of Central Mass
Maureen Siergie	Worcester	Elder Services of Worcester
Geoffrey Sorrow	Worcester	Social Security Administration
Beverly Spring	Worcester	Worcester Community Action Council Board
Wendy Steinhilber	Worcester	Central Mass Reg. Planning Commission
Ginger Wills Howe	Webster	Tri-Valley Elder Services
Dorothy Wright	Sturbridge	Worcester State College Intergenerational Program
Vicki Zwerdling	Shrewsbury	Congressman James McGovern's Office

Officers:	Affiliation:
Maureen Siergie, Chair	Elder Services of Worcester Area
Dianne Sandman, Vice Chair	Legal Assistance Corporation of Central Mass
Vacant, Secretary	

52 % of the Council are 60+ years old.

14 % of the Council are persons of minority heritage

14 % of the Council are 60+ and of minority heritage

APPENDIX 5
Fiscal Year 2006 Area Plan Assurances and Affirmation

This Area Agency on Aging makes the following assurances as required by the Older Americans Act of 1965 as amended and all relevant regulation:

1) Each area agency on aging shall provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services:

(A) services associated with access to services (transportation, outreach, information and assistance, and case management services);

(B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance;

and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded. ((a)(2))

(2) Each area agency on aging shall provide assurances that the area agency on aging will set specific objectives for providing services to older individuals with greatest economic need and older individuals with greatest social need, include specific objectives for providing services to low-income minority individuals and older individuals residing in rural areas, and include proposed methods of carrying out the preference in the area plan. ((a)(4)(A)(i))

(3) Each area agency on aging shall provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will:

(A) specify how the provider intends to satisfy the service needs of low-income minority individuals and older individuals residing in rural areas in the area served by the provider;

(B) to the maximum extent feasible, provide services to low-income minority individuals and older individuals residing in rural areas in accordance with their need for such services; and

(C) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals and older individuals residing in rural areas within the planning and service area. ((a)(4)(A)(ii))

(4) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each area agency on aging shall:

(A) identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;

(B) describe the methods used to satisfy the service needs of such minority older individuals; and

(C) provide information on the extent to which the area agency on aging met the objectives described in clause (a)(4)(A)(i). ((a)(4)(A)(iii))

(5) Each area agency on aging shall provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on:

(A) older individuals residing in rural areas;

(B) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(C) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(D) older individuals with severe disabilities;

(E) older individuals with limited English-speaking ability; and

(F) older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and inform the older individuals referred to in (A) through (F), and the caretakers of such individuals, of the availability of such assistance. ((a)(4)(B))

(6) Each area agency on agency shall provide assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas. ((a)(4)(C))

(7) Each area agency on aging shall provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, with agencies that develop or provide services for individuals with disabilities. ((a)(5))

(8) Each area agency on aging shall provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title. ((a)(9))

(9) Each area agency on aging shall provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including:

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans. ((a)(11))

(10) Each area agency on aging shall provide assurances that the area agency on aging will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships. ((a)(13)(A))

(11) Each area agency on aging shall provide assurances that the area agency on aging will disclose to the Assistant Secretary and the State agency:

(A) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

(B) the nature of such contract or such relationship. ((a)(13)(B))

(12) Each area agency on aging shall provide assurances that the area agency will demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships. ((a)(13)(C))

(13) Each area agency on aging shall provide assurances that the area agency will demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships. ((a)(13)(D))

(14) Each area agency on aging shall provide assurances that the area agency will, on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals. ((a)(13)(E))

(15) Each area agency on aging shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the area

agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title. ((a)(14))

(16) Each area agency on aging shall provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title. ((a)(15))

The undersigned acknowledge the Area Plan Assurances for Fiscal Year 2006 and affirm their Area Agency on Aging's adherence to them.

_____ (Signed) _____
(Date) (Chairperson of Board of Directors)

_____ (Signed) _____
(Date) (Chairperson of Area Advisory Council)

_____ (Signed) _____
(Date) (Area Agency on Aging Executive Director)

APPENDIX 6

Central Massachusetts Agency on Aging

Listing of Designated Focal Points with Signature Verification

The Older Americans Act as amended specifies that Area Agencies on Aging designate a focal point in each community for the comprehensive delivery of services. The term “focal point” is defined in the OAA as “a facility established to encourage the maximum collocation and coordination of services for older individuals”.

Approximately 80% of the designated focal points in Massachusetts are multi-purpose senior centers. Senior centers carry out focal point functions by providing information and assistance services and by housing their services in the same location used by other providers of services to elders.

Identify the designated focal points in your program service area; listing the name of the focal point and address, including city or town. Certification of the focal point list should be made at the bottom of the page by the Area Agency on Aging Executive Director.

FOCAL POINT NAME, ADDRESS and CITY/TOWN

<u>TOWN</u>	<u>ADDRESS</u>
Ashburnham Senior Center	1 Memorial Drive, Ashburnham 01430
Auburn Senior Center	4 Goddard Street, Auburn 01501
Barre Council on Aging	557 South Barre Road, Barre 01005
Bellingham Senior Center	40 Blackstone Street, Bellingham 02019
Blackstone Senior Center	Municipal Bldg., 15 St. Paul Street, Blackstone 01504
Charlton Council on Aging	37 Main Street, Charlton City 01507
Clinton Senior Center	200 High Street, Clinton 01510
Douglas Council on Aging	P.O. Box 1295, 331 Main Street, E. Douglas 01516
Fitchburg Senior Center	14 Wallace Avenue, Fitchburg 01420
Franklin Senior Center	80 West Central Street, Franklin 02038
Gardner Senior Center	294 Pleasant Street, Gardner 01440
Grafton Senior Center	30 Providence Road, Grafton 01519
Groton Senior Center	163 West Main Street, Groton 01450
Hardwick Senior Center	179 Main Street, Gilbertville 01031

Holden Senior Center	1128 Main Street, Holden 01520
Hopedale Senior Center	43 Hope Street, Hopedale 01747
Lancaster Senior Center	695 Main Street, Lancaster 01523
Leicester Senior Center	40 Winslow Avenue, Leicester 01524
Leominster Senior Center	5 Pond Street, Leominster 01453
Lunenburg - Eagle House Sr. Ctr.	25 Memorial Drive, Lunenburg 01462
Medway Senior Center	76 Oakland Street, Medway 02053
Mendon Senior Center	62 Providence Road, Mendon 01756
Milford Senior Center	60 North Bow Street, Milford 01757
Millbury Senior Center	1 River Street, Millbury 01527
Millville Senior Center	385 Chestnut Hill, Millville 01529
Northbridge Senior Center	20 Highland Street, Whitinsville 01588
North Brookfield Senior Center	29 Forest Street, North Brookfield 01535
Oxford Senior Center	323 Main Street, Oxford 01540
Paxton Senior Center	17 West Street, Paxton 01612
Pepperell Senior Center	37 Nashua Road, Pepperell 01463
Princeton Senior Center	6 Town Hall Drive, Princeton 01541
Rutland Community Center	53 Glenwood Road, Rutland MA 01543
Shrewsbury Senior Center	98 Maple Avenue, Shrewsbury 01545
Southbridge - Casaubon Sr. Ctr.	6 Larochelle Way, Southbridge 01550
Sterling Senior Center	Town Hall, 1 Park Street, Sterling 01564
Sturbridge Senior Center	480 Main Street, Fiskdale 01518
Sutton Senior Center	19 Hough Road, Sutton 01590

Templeton Senior Center	135 Patriots Road, East Templeton 01438
Townsend Senior Center	222 Main Street, Townsend 01469
Upton Senior Center	1 Centennial Court, Upton 01568
Uxbridge Senior Center	36 South Main Street, Uxbridge 01569
Warren Senior Center	2252 Main Street, Warren 01092
Webster Senior Center	116 School Street, Webster 01570
West Boylston Senior Center	120 Prescott Street, West Boylston 01583
West Brookfield Senior Center	73 Central Street, West Brookfield 01585
Westminster Senior Center	American Legion, 127 Main Street, Westminster 01473
Winchendon Council on Aging	108 Ipswich Drive, Winchendon 01475
Worcester Senior Center	128 Providence Street, Worcester 01604
New England Homes for the Deaf Drop-in Center	St. Matthew's Episcopal Church, 665 Southbridge Street, Worcester 01610

The preceding list of focal points covers the program service area for:

Central Massachusetts Agency on Aging

(Signed) _____ (Date) _____
 (Area Agency on Aging Executive Director)