Ohio Department of Aging

Strategic Area Plan for Programs on Aging

Strategic Area Plan Elements
Program Years 2007 – 2010

Planning and Service Area _6__

___Central Ohio Area Agency on Aging________
(Area Agency on Aging)

Section A

Strategic Area Plan Elements

2007 – 2010

Exhibit A: Mission and Vision Statement
Area Agency on Aging: Central Ohio Area Agency on Aging
Strategic Plan Period: 2007 – 2010
Date Submitted: May 5, 2006

Please insert the Area Agency on Aging's Mission Statement below.

Mission Statement
The COAAA's mission is to plan, coordinate and advocate for the development and delivery of services for older adults, families and the community. Through leadership, funding and education, the COAAA supports individual choice, independence and dignity.

☐ Check here if the Mission Statement has changed since submission of the 2003-2006 Strategic Elements.

Please insert the Area Agency Aging's Vision Statement below.

Vision Statement
The COAAA's vision is to be a leader in a caring and compassionate community that fully understands the aging process and the complex issues involved in meeting the needs of those we serve. The community will have a well-funded range of services offering choices in long term care that support a high quality of life.

☐ Check here if the Vision Statement has changed since submission of the 2003-2006 Strategic Elements.

Exhibit A-3: Environmental Scan
Area Agency on Aging: Central Ohio Area Agency on Aging
Strategic Plan Period: 2007 – 2010
Date Submitted: May 5, 2006

Describe below the current environment faced by the AAA and how the environment will impact the AAA and aging network. The environment should be viewed from both internal and external perspectives.

ECONOMIC FACTORS

Unemployment Rate

	Unemployment Rate Jan 2000 (%)	Unemployment Rate Jan 2005 (%)	Unemployment Rate Jan 2006 (%)
Delaware	3.2	4.2	3.8
Fairfield	4.2	5.9	5.2
Fayette	4.7	7.1	6.0
Franklin	3.6	5.7	5.0
Licking	4.6	6.9	6.0
Madison	4.5	6.8	5.9
Pickaway	5.1	8.5	6.9
Union	3.8	5.6	4.9
Central Ohio	**4.2**	**6.3**	**5.5**
Ohio	**4.8**	**6.8**	**6.1**
U.S.	**4.5**	**5.7**	**5.1**

Source: Office of Workforce Development, Ohio Department of Job & Family Services, 2006

After increasing steadily during the years between 2000 and 2005, the unemployment rate in central Ohio, Ohio and the U.S. has begun to drop slightly. Central Ohio's rate of unemployment is lower than Ohio's overall rate, with Delaware County having the lowest rate in the entire state in January 2006.

Nonagricultural Employment and Industry

During 2005, over 20,000 non-farm wage and salary jobs were added to Ohio's economy. The service, professional, business, educational and health services sectors all showed increases in the number of jobs available. Government, information, trade and goods-producing industries showed declines in the number of jobs available. (ODJFS, Office of Workforce Development, February 2006)

	Business Starts in 2004	Active Businesses in 2004	Net Change in Active Businesses between 2000 and 2004
Delaware	483	2,614	+717
Fairfield	473	3,152	+386
Fayette	54	555	+26
Franklin	3,596	24,021	+3,151
Licking	382	3,348	+455
Madison	115	1,091	+125
Pickaway	129	954	+41

Union	85	765	+83
Central Ohio	**5,317**	**36,500**	**+4,984**

Source: "The Ohio County Indicators Report: 2005", Office of Strategic Research, ODOD.

Income

	Per Capita Income	Median household income	Total population living below poverty
Delaware	$38,940	$73,272	5%
Fairfield	$29,079	$51,224	7%
Fayette	$26,414	$39,082	12%
Franklin	$34,471	$44,882	11%
Licking	$28,510	$46,420	9%
Madison	$26,131	$44,556	9%
Pickaway	$23,096	$42,607	11%
Union	$28,421	$54,386	7%
Central Ohio	**$29,383**	**$49,554**	**9%**
Ohio	**$29,938**	**$43,520**	**10.6%**

Source: 2003 Data from Office of Workforce Development, Ohio Department of Job & Family Services, 2006

Retirement Security

After intense debate in 2005 over proposals for partial privatization of Social Security, it was clear that America's older adults are not ready to risk this safety net. It is doubtful that privatization will be seriously considered for the rest of this presidential term. However, surveys showed that younger adults were interested in the concept of privatization. Certainly the move away from defined benefit retirement plans and towards 401(k) plans in the workplace makes privatization of Social Security a more familiar concept to younger adults. The AARP Bulletin reports "About 20 percent of the work force are in defined benefit plans that guarantee retirement income, down from about 40 percent in 1980. More than 40 percent are in defined contribution plans such as 401(k)s."

In the near future, a healthy Social Security system is expected to remain a top priority for older adults. The heavily publicized failures of private company pensions have reinforced this and become a major issue of concern for older adults. Many news stories have examined the impact of companies cutting back on promised health benefits and slashing pensions after bankruptcy proceedings. It has been reported that the Pension Benefit Guaranty Corporation, the federal pension insurance agency, also has financial problems. That, along with reports of under funded private and public pension systems, makes retirement security one of America's primary aging issues. It has tremendous implications for baby boomer retirement patterns that may include phased retirement, returning to the work force after retirement or no retirement for many.

60 + Living in Poverty				
	Males	**Females**	**Total below poverty**	**Percent of 60+ living in poverty**
Delaware	120	450	570	4.4%
Fairfield	350	720	1,070	5.7%
Fayette	220	330	550	10.2%
Franklin	3,560	7,790	11,350	8.2%
Licking	490	1,270	1,760	7.5%
Madison	140	310	450	7.5%
Pickaway	230	360	590	7.4%
Union	100	260	360	6.7%
Central Ohio	**5,210**	**11,490**	**16,700**	**7.7%**

Source: 2000 Census Table P080, Special Tabulation on Aging (STP9), U.S. Department of Commerce

POLITICAL FORCES

National and State Trends

The impact of America's commitment to the war in Iraq and federal tax policy leads the trend towards cuts to domestic social programs. The proposed 2007 federal budget asks for cuts in the Older Americans Act, the Social Services Block Grant, the Community Services Block Grant, HUD Community Development Block Grants and HUD 202 Supportive Housing for the Elderly Programs. In addition legislative changes to Medicaid promise to reduce federal funding by $1.5 billion in five years and $5.1 billion in ten years. Regulatory changes could additionally reduce funding by $12.2 billion over 5 years by allowing states more flexibility to tighten eligibility, scale back benefits or increase co-payments.

Proposed Medicare cuts attempt to address the growth of the program in a small way by holding down provider reimbursement. This would have little impact as the expensive new benefit, Medicare Part D Prescription Assistance, is being implemented. This prescription benefit reflects a free market approach that will continue to be debated between national parties. The successful use of the program by low-income seniors is undetermined at this time. The conflict between the needs of a growing aging population and other government commitments will continue to be a major tension.

Ohio's continued economic slump has increased resolve to curb the growth of Medicaid. This led to multiple legislative commissions studying the problem. Two ideas receiving serious consideration are the impact managed care might have on controlling costs and developing a separate Medicaid state agency. A change in administrations in 2007 will have a tremendous and unknown impact on these and other health care issues in Ohio. Programs that impact the bottom line of Medicaid, including PASSPORT and the recently established Medicaid Assisted Living Waiver, will probably continue to grow and more experimentation with long-term care is expected. Older adult programs that do not impact Medicaid have been steadily declining. One example is the Senior Services Block Grant program that has lost 22% since FY 2000. Until the state economy rebounds, that will be a hard trend to reverse.

The issue of how schools are funded and Ohio's reliance on property tax impacts senior services. At $933 per person, Ohio is ranked 23rd in the nation and remains below the national average in property tax per capita. However, in the last 25 years, Ohio has gone from 47th to 7th in the nation for the percentage of income people pay for state and

local taxes. (Columbus Dispatch 2/26/06) Ohioans feel this increased burden, making it difficult for senior services levies to increase funding and making it seem more risky to put them on the ballot. With 61 senior levies in place generating nearly $100 million, clearly Ohio has gone the way of funding non-Medicaid senior needs with local property taxes. This results in a very uneven level of services based on property tax values and the willingness of individual counties to support senior levies. The Ohio legislature recently reformed state tax policy and a Tax Expenditure Limitation (TEL) initiative may be on Ohio's ballot in 2006. Both these things will be central to the debate in the Gubernatorial and legislative elections of 2006. Certainly the passage of a TEL initiative would have an extreme and long lasting impact on Ohio's aging policy and programs.

Grants/Foundations

With the continued decrease in funding through federal and state streams, it is becoming more and more important for the Area Agency on Aging to seek funding through grants and foundations. The Older American's Act continues to receive cuts; most recently the President's budget proposes elimination of the IIID program, cuts to the National Family Caregiver Support Program, Meals Programs, and the Alzheimer's Respite Demonstration dollars. On the state level, Medicaid is taking severe cuts, and State Block grant dollars are being reduced. There is a growing need to find dollars to support new and existing programs.

As a result, COAAA has applied for and received small grants to assist in the education of consumers as it relates to health related topics.

It is quite common that grants are made available on a one-year funding basis, specifically prohibiting the dollars from being used for staff. This makes it very difficult for the agency to start up new programming and guarantee its sustainability. Locally, one foundation has responded to this issue. The Osteopathic Heritage Foundation is planning on creating opportunities for three year funding for systems-change programs, specific to aging. It is our hope that COAAA will play a significant role in creating systems change and securing funding through such grant opportunities to meet the changing demographics of our community.

Local Senior Service Tax Levies

Local efforts to supplement limited federal and state expenditures have resulted in county property tax levies to support senior services. Counties without senior or human services levies report a significant gap in services for older adults who are not PASSPORT eligible or able to pay privately for needed services. However, voters in recent years have been bombarded with requests for funding for schools and other human services and traditionally strong support for aging services levies has diminished. Madison County's levy failed in 2005 for the first time since its 1987 inception and went before voters again in May 2006, this time passing by 56% of the vote. Voters renewed Pickaway County's levy in May 2006. Franklin County will also attempt to renew its levy in November 2006. Union County's first attempt at a senior services levy failed in 2005 by a slim margin.

PSA 6 Senior Services Tax Levies

County	First Passed	Expires	Comments
Delaware	1994	2008	This levy provides a central intake and case management. The Council for Older Adults administers it. The Council contracts with the COAAA to provide monitoring and quality assurance for their levy contracted service providers. The current levy amount is .7 mills, which generates about $2.3 million per year.
Fairfield	2004	2009	Meals on Wheels-Older Adult Alternatives of Fairfield County administers this levy, providing central referral services, in-home assessment, case-management and a wide variety of services through contracted providers. Consumers began receiving services in April 2005. The levy amount is .5 mills and generates approximately $1 million per year.
Fayette	N/A	N/A	No levy
Franklin	1992	2007	This levy provides for a central intake and information line, in-home assessment and case management services. The Franklin County Office on Aging administers it and contracts with COAAA to provide in-home assessment, in-home case management and quality assurance for contract service providers. The current levy amount is .85 mills and generates $19.6 million. The levy renewal will go on the ballot in November 2006.
Licking	1985	2009	This levy is administered as a grant program to Licking County agencies through the County Commissioners. The Licking County Aging Program is the largest beneficiary. The current levy amount is 0.9 mills and generates $1.6 million.
Madison	1987	2011	This levy is administered through the Madison County Senior Center, which is the sole beneficiary. The levy funds older adult services in addition to mortgage repayment of the Senior Center facility. The current levy amount is 0.8 mills and generates $495,000. A levy attempt failed in November 2005 but passed in May 2006 with approval by 56% of the voters.
Pickaway	1991	2011	This levy is administered through the Pickaway Senior Center and it is the sole beneficiary. The current levy amount is 0.5 mills and generates $375,000 per year. It went back to the voters in May 2006 and was approved by 61% of the voters.
Union	N/A	N/A	No levy. A program modeled after Delaware County's program was presented to voters in November 2005. It was defeated by a small margin. County officials are currently examining options for future funding of senior services.

HEALTH CARE FACTORS

Nursing Home and PASSPORT Utilization

The way Ohioans receive long-term care has shifted since the early 1990s so that more people are receiving support in their own homes or in assisted living facilities rather than in nursing facilities. The number of people residing in nursing facilities dropped by almost 5,700 on any given day between 1992 and 2003, although the overall number of admissions rose from 71,000 in 1992 to 116,000 in 2003. Nursing facility occupancy rate in 2003 was 84.7% compared to 90.7% in 1993. Nursing facilities have become for many individuals a place to receive short-term care. (Scripps Gerontology Center, 2005 & 2006)

The PASSPORT Home Care Program grew from 6,000 individuals statewide in 1992 to 25,523 individuals in February 2006. In central Ohio, the number of individuals enrolled on PASSPORT grew from approximately 600 consumers in 1992 to 2,627 in January 2006. Due to the lack of full funding for the program in the FY 06-07 budget, there were 115 people on COAAA's PASSPORT waiting list in February 2006.

Prescription Drugs

With the implementation of the Medicare Modernization Act (MMA) of 2003, the availability of affordable prescription drugs changed dramatically across the country and was evident in Central Ohio. In Ohio, there are over 1.8 million Medicare beneficiaries, and in Central Ohio, over 180,000. The MMA established a "temporary" discount drug card for Medicare recipients for 2004-05, to provide relief from the high cost of prescription drugs. The discount card program had many plan sponsors in Ohio, up to 72, each with a different formulary, and it was very confusing for beneficiaries regarding what plan to choose. It also offered "transitional assistance," a $600 subsidy for persons who financially qualified. Because of the limited time to implement the plan and educate beneficiaries about the benefit, it is unknown how many consumers actually enrolled *and* used the discount card program. However, it is quite reasonable and accurate to say that this benefit was significantly underutilized. This program ended in December 31, 2005.

On January 1, 2006, Medicare Part D, the Medicare Drug Benefit of the MMA, took effect. This insurance plan provides coverage for the cost of most prescription drugs, and involves premiums, co-pays, and out-of-pocket expenses, including paying through the doughnut hole, a period of time where there is no coverage for prescription drug costs. This voluntary drug benefit for eligible Medicare beneficiaries has many implications for individuals in our service areas. There are several issues related to the implementation of this program, from initial enrollment to trying to access the benefit at the pharmacy. The primary method of enrollment into this program is via the Internet, which only 25% of America's senior citizens have access to. In addition, many issues are related to the number and complexity of the plans. It is very difficult to compare 44 different plans and consider all of the variables that relate to an individual's unique situation. Older adults are struggling to determine the right plan on their own, and often need one-on-one assistance to enroll. However, the demand for assistance far exceeds the resources. Further, while the computer comparison may list the top three least-expensive plans, none of them may be the best option for that particular beneficiary. Medicare Part D has impacted every Medicare beneficiary as well as every program that previously existed to address the need for affordable prescription medications.

Those who are dual-eligible, persons who receive both Medicare and Medicaid, were automatically enrolled into one of 44 plans available in Central Ohio. Medicaid is no longer the payer for prescription drugs. Several consequences of this change have caused confusion for beneficiaries, professionals, and pharmacists. Recipients who previously had no co-pay for prescription drugs now do, ranging from $1-5 per script. While this may seem insignificant, when seen through the lens of 15 prescriptions a month at $5 each, this is cost-prohibitive for many seniors on limited incomes. Some beneficiaries who should have been auto-enrolled were not, resulting in no coverage. For others, their eligibility could not be verified via computer systems. In addition, for those beneficiaries who are on the PASSPORT waiver program, their co-pays varied based on income. Confusion has been a constant in the initial months leading up to and during implementation. For those individuals not fully dually eligible, they could apply for "extra help" through the Social Security Administration, and have help with the cost of premiums, deductibles, and co-pays.

Issues faced by the aging network include educating a tremendous number of individuals in a very short period of time, regarding a very complex program. The Cincinnati Enquirer reported on February 22, 2006 that the Centers for Medicaid and Medicare Services states that while there are 1.8 million eligible for a Part D program in Ohio, only 490,000 have enrolled. Of this number, 173,726 should have been auto-enrolled, according to the Kaiser Family Foundation (www.statehealthfacts.org). According to the same report, as of February 11, 2006, only 168,501 beneficiaries had enrolled into a stand-alone prescription drug plan. CMS has recently announced plans to facilitate enrollment for those beneficiaries eligible for the extra help benefit. As this program continues to unfold, advocates in the aging network will see issues that need resolution and will have a responsibility in assisting them.

On the national level, pharmaceutical companies are changing eligibility for their Manufacturer Assistance Programs (MAPs) to reflect the availability of Part D. To date, there is not a uniform policy regarding persons who are eligible for Part D and who have benefited from MAPs. Each company is implementing their own policy, but the trend is to make persons who are on Medicare ineligible for MAPs. For those individuals who previously received assistance through MAPs and now must enroll into a Part D program, a significant issue has arisen. Many MAPs have higher income guidelines for eligibility than the extra help income guidelines. As a result, persons who previously received medications at no cost through MAPs are now paying out of pocket the full cost of premiums and co-pays. This is a significant financial burden for many who fall slightly above the SSA's extra help.

Another change that has occurred as a result of the implementation of Medicare Part D is that local and state programs need to re-evaluate their service priorities, eligibility, and roles now that a viable prescription drug benefit for Medicare recipients does exist. For example:

<u>Delaware County</u>
The Council for Older Adults will continue to provide assistance to persons 60-64 who are not on Medicare by working with Patient Assistance Services to access the Manufacturer Assistance Programs for these individuals. They will also assist Medicare recipients with choosing and enrolling in a plan, and assist with problem solving as needed. In addition, they are currently planning for an emergency prescription assistance plan for those falling in the gaps.

Franklin County

Prescription Access of Franklin County is currently restructuring services to persons who are Medicare Part D eligible. All persons who are eligible must enroll in Part D, and are no longer eligible for MAPs. However, Prescription Access will continue to assist those aged 60-64, and is developing a plan to help those on Medicare Part D in extreme circumstances.

At the State level, the Golden Buckeye Discount Drug Card Program and the TogetherRx Program are analyzing the best next steps for their programs. They will determine the feasibility of continuing their programs, or modifying them to compliment the Part D benefit.

Much remains unknown about the issues surrounding Medicare Part D and the implications for Medicare beneficiaries. However, it is clear that continued education and assistance with enrollment will be needed for some time to come.

Medicare Advantage Plans

Medicare HMOs have been renamed under the Medicare Modernization Act (MMA), and are now referred to as Medicare Advantage Plans. With the addition of creditable prescription drug benefits to these plans, the number of choices has increased in Central Ohio counties. According to the Kaiser Family Foundation, as of February 11, 2006, 201,206 individuals had enrolled into an Advantage Plan. The most significant issue surrounding this is that beneficiaries are being heavily marketed for these plans, and often do not realize that they are not just signing up for a Part D plan, but also a comprehensive Medicare plan as well. As a result, they may inadvertently have limited their health care provider choices. Continued education related to these plans is necessary in all counties to ensure beneficiaries are well informed.

Availability of Selected Health Care Services in 2005

	Physicians	**Change from 2000**	**Hospital Beds**	**Change from 2000**	***Extended Care Beds**	**Change from 2000**
Delaware	506	+211	149	0	705	+18
Fairfield	239	+36	235	0	1,394	+120
Fayette	23	-5	80	0	541	+30
Franklin	3,683	+137	4,709	-733	9,653	+346
Licking	192	+22	181	-14	1,499	+112
Madison	52	0	102	0	304	+16
Pickaway	39	0	91	0	385	0
Union	40	+12	92	0	220	-1
Central Ohio	4,774	+413	5,639	-747	14,701	+641

*Includes licensed nursing homes, residential care and homes for the aged.
Source: "The Ohio County Indicators Report: 2005", Office of Strategic Research, ODOD.

Columbus Community Hospital and Doctor's North Hospital closed their inpatient facilities in 2001 due to financial issues. They both converted to outpatient clinic services, although OhioHealth Doctor's North site will once again open its doors in July 2006 as a Select Specialty Hospital with 60 long-term, acute care beds, designed to treat patients facing 25 days or more for conditions such as severe breathing disorders,

neurological trauma injuries, heart disease or strokes. The new facility will house the Select Specialty units currently operating at Riverside Methodist Hospital and Grant Medical Center. OhioHealth's urgent care center, radiology and laboratory services will remain at the Doctor's North site. (*Business First*, February 3, 2006)

After nearly two years of controversy, the New Albany Surgical Hospital, with 42 private rooms, opened its doors on Columbus' northeast side on December 1, 2003. The hospital is owned by approximately 30 physicians and specializes in orthopedic and neurological procedures. Critics of the concept of physician-owned hospitals argue that specialty hospitals deprive non-profit community-based hospitals of revenues needed to underwrite charity care and money-losing services. Proponents say that specialty hospitals have a record of providing better quality and more efficient care than traditional medical centers. The hospital does not have an emergency department. (*Business First*, November 28, 2003)

Delaware County's Grady Memorial Hospital joined Riverside Methodist Hospital, Grant Medical Center, Doctor's Hospital and other Ohio hospitals as an OhioHealth facility in 2005. (http://www.gradyhospital.com)

Dublin Methodist Hospital will open its doors in 2007 with 94 large, private rooms on an 89-acre campus in Dublin and will become the newest addition to the OhioHealth family of hospitals. It will offer a 24-hour emergency department, as well as outpatient and inpatient surgical services. Patient rooms will include roomy showers, lots of windows, family areas and other amenities. OhioHealth feels it makes sense to build a new facility in Dublin because a large percentage of their customers live there. (*Columbus Dispatch*, February 6, 2006)

OhioHealth is also expanding Grant Medical Center and building a medical complex in Westerville devoted to outpatient services. Other Franklin County expansion includes Ohio State University Medical Center's plans to expand its James Care Cancer Clinic and move it to Dublin. OSU also plans to add two floors to the Richard M. Ross Heart Hospital. (*Columbus Dispatch*, February 6, 2006)

Fayette Memorial Hospital was designated as a Critical Access Hospital in December 2005. This certification is awarded to small, rural hospitals and allows them to receive cost-based reimbursement for services provided to Medicare patients. To obtain this designation, hospitals must provide 24-hour emergency services along with inpatient care, laboratory and radiology services. A Critical Access Hospital must have no more than 15 acute care beds or 25 total beds and must keep patients an average of 96 hours or less. The Ohio Department of Health conducts a survey on behalf of the Centers for Medicare and Medicaid Services prior to the award. Fayette Memorial Hospital is the only hospital in PSA 6 to have this designation. (Ohio Hospital Association @ www.ohanet.org, February 16, 2006)

Dialysis Centers
Delaware and Union counties do not have local dialysis centers. Fayette County opened a clinic next to the local hospital in February 2005. Sometimes requiring treatment from 3-5 times per week, older adults in counties without centers must secure transportation for up to 2 hours trips.

Residential Care Facilities
Ohio's Assisted Living Waiver will require that approved facilities be licensed as Residential Care Facilities (RCFs) by the Ohio Department of Health and also meet additional requirements, which may preclude some current RCFs from being eligible or even wishing to participate. Consumer choice may be limited as individuals are enrolled on the program and begin to make decisions as to where they will reside.

	Number of RCFs	Beds
Delaware	5	291
Fairfield	5	290
Fayette	1	72
Franklin	43	3485
Licking	5	321
Madison	1	104
Pickaway	2	40
Union	1	70
Central Ohio	**63**	**4673**

Source: Ohio Department of Health, Division of Quality Assurance, 2006

Home Care Providers
COAAA experienced significant growth during the past two years in the number of contracted PASSPORT providers, while remaining steady in the number of contracted Title III/SBG and Alzheimer's Respite providers. The total number of PASSPORT providers increased by 76% during that time period, with the majority of new providers being small agencies located in Columbus that had not been in business for very long. There were a total 71 contracted PASSPORT personal care and homemaking providers serving Franklin County in February 2006. During that same time period, the number of providers of other services and in other counties in the PSA also increased, although the increases were much less dramatic.

Despite this growth in the number of providers, there are some services across all funding sources that remain in short supply throughout the PSA, particularly for those individuals not eligible for the Medicaid waiver program or in those areas not served by comprehensive senior service levies.

Reported Limited Service Capacity by County

Service	Counties
Adult Day Services	Delaware, Licking, Union
Transportation	All counties
Home Modification, Repair and Chore Services	All counties
Supportive Services, including financial management services and senior companion	Fairfield, Fayette, Madison
In-home mental health services	Fayette, Licking, Madison, Pickaway

Disability Trends
According to the U.S. Census Bureau, 35% of the 60+ population in Ohio had at least one disability (sensory, physical, mental and/or self-care). The prevalence of disability increases with age, with only 3% of people age 60-69 having a severe disability,

compared to 44% of people age 90 and older. Over the next 15 years, the number of Ohio residents age 60 and over is expected to increase dramatically, with a 72% increase in the number of people 60-69, and a 72% increase in the number of people age 90+. Central Ohio's census figures and projections related to population growth and disability rates closely mirror those of Ohio. (Scripps Gerontology Center, Profile & Projections of the 60+ Population, Ohio, 2004) The increase in the number of older adults over the next several decades and the likelihood that many of them will need some formal assistance to stay in their homes presents the state and the nation with formidable challenges in policy making and service provision.

Professional Aging Networks

All counties in Central Ohio, with the exception of Pickaway County, have a network of aging professionals who regularly meet to discuss current service delivery issues in their respective counties. Fayette County has the newest group, which started in February 2006. All of the groups operate with unique procedures, but all were formed in an effort to better coordinate services for older adults in their counties.

Alcohol & Drug Treatment and Mental Health Services

Americans are living longer and in many cases are finding greater opportunities for a satisfying life in their later years. But a sense of well-being may elude those experiencing mental disorders or substance abuse. Some older adults experience late onset mental and addictive illnesses such as depression and anxiety (assumed by many health care providers to be a normal part of aging) as they face multiple losses, and may attempt to self-medicate with alcohol or other prescription and non-prescription drugs. Other older adults have experienced mental health disorders and addiction all of their lives. Older adults who recognize they need help may be reluctant to seek it out or accept it due to the stigma attached to mental illness. In addition, mental health professionals are faced with limited funds for specialized older adult services, limited knowledge of older adult issues and limited staffing to make older adults a priority. The local aging networks in Delaware and Fairfield counties have responded to the need for older adult mental health services by using senior service levy funds to pay mental health agencies for specialized staff and services. In Franklin County, the COAAA and the Franklin County Office on Aging (FCOA) are currently providing funding for the salary of a full-time mental health assessor who is available to consumers of COAAA and FCOA services.

SOCIAL FACTORS

Housing

Over the past several years, Franklin County has experienced a shift in low-income senior housing options. Few new facilities are being built and the Columbus Metropolitan Housing Authority (CMHA) has torn down existing facilities. CMHA has completed demolition of Jenkins and is in the process of demolition at Worley Terrace. While new units are under construction at the former site at 1100 East Broad Street, the number of units under construction has been reduced contributing to a net reduction in available senior housing. Public housing continues to see some mixed unit development while the number of non-profit sponsored units has declined due to reduced federal funding. Interest in development of tax-credit sponsored units continues to be strong and more funding could help reduce the need for affordable units for moderate-income level and low-income residents.

A recent study completed by the Danter Company for the Franklin County Older Adult Housing Task Force indicates a strong demand for age-restricted communities, while clearly indicating the importance of quality of housing when considering the available housing alternatives. The study indicates a strong overall occupancy rate and increased demand for subsidized and tax credit projects.

The recent passage of Ohio's Medicaid Waiver Assisted Living program will provide another housing alternative for low-income individuals eligible for assistance. The limited number of slots and the restrictions on who is eligible will provide challenges to program participants, providers and the COAAA as we begin implementation of the program.

Programs operated by COAAA, facilities or other non-profit sponsors continue to link residents to available programs and services. Funding to continue service coordination programs remains available in HUD and tax credit sponsored facilities although at a reduced level. The Congregate Housing Services Program (CHSP) funded by HUD and the Franklin County Senior Services Levy continue to serve four facilities in Franklin County, while service coordination programs provide additional help for residents in another six senior housing communities throughout the eight county region. These ten facilities are all staffed with COAAA social workers providing service coordination.

New facility construction and home repair programs continue to have strong support in all of our communities with the demand for both outpacing the availability of funding to address the need.

Housing issues in some counties surrounding Franklin are focused on home modification and repair issues. There is limited service capacity for home modification and repair in Delaware, Fairfield, Madison and Union counties.

Rural Issues

In order to address the need for social work services in our rural counties, the COAAA has partnered with the Ohio State University College of Social Work. The College of Social Work applied for and received a grant from the Hartford Foundation to promote Gerontological Social Workers in Rural Communities. As a result, COAAA has partnered with them to place several Master's level social work students in our rural counties in order to expose them to the unique needs and issues of these communities. This three-year project allows the students to become immersed into the rural county, exposing them to all levels of functioning of older adults from both a clinical and administrative perspective. The hope is to create the recognition in the community of the importance of social work, and to generate interest on the part of social workers to locate in the rural communities.

Caregiving and Social Support

According to the Family Caregiver Alliance, 34 million adults provide care to adults 50+ years of age, while 5.8-7 million provide care to persons 65+ who need assistance with everyday activities. In addition, there is an estimate that almost 9 million caregivers care for someone 50+ with dementia. In Ohio, it is estimated that there are over 1.1 million persons caring for a disabled or ill family member, providing over 120 million hours of care, at an estimated worth of $10.5 billion (National Family Caregivers Association, 2003).

The National Family Caregiver Support Program (NFCSP) has been in existence since the year 2000. In that time, we have seen the needs of caregivers grow. Unfortunately, the NFCSP has not increased funding to keep pace with the demand for services. For example, in FY 2005, two Central Ohio counties subsidized the NFCSP through local levies by over $75,000. COAAA provides caregiver education, information and assistance, and overall administrative and technical support to our partner agencies in each county. In the last year, there has been a trend in all central Ohio counties for requests with assistance for basic-needs meeting. The need for food, utility assistance, and assistance with housing costs is the fastest growing request.

As baby boomers continue to age, the number of persons available to be an informal caregiver will reduce dramatically. According to the Robert Wood Johnson Foundation (1996), in 1990 each person had a potential of 11 caregivers in their lives. By the year 2050, that number is expected to drop to four. The need for formal caregiver services is going to grow significantly.

Grandparents Raising Grandchildren
According to AARP's State Fact Sheet on Grandparents Raising Grandchildren, September 2005, there are 157,298 children in Ohio living in grandparent-headed households. While this number continues to grow, the State of Ohio took a $4.5 million cut to its Kinship Care Navigator program, which assisted grandparents with education and resources for their caregiving roles. However, in January 2006, the Ohio Department of Job and Family Services announced a new program, Kinship Permanency Incentive, which will offer financial support for qualified kinship caregivers, those whose income falls below 200% of the Federal Poverty Level and the child must qualify as a special needs child. The caregiver must also have taken custody of the child after July 1, 2005. As a result of these requirements, the scope of this new assistance is much more limited than the Navigator program.

The Baby Boom Generation
The oldest of 78 million baby boomers began turning 60 years old in 2006. The older population in 2030 is expected to be twice as large as it was in 2000 and will represent 20% of the U.S. population. Baby boomers will live longer and healthier lives, although many will have chronic health conditions that are managed through technological and medical advances. They will be better educated and less likely to live in poverty than their predecessors. Women baby boomers are more likely to have their own retirement income than previous generations, although income is likely to be lower than that of males due to lower wages earned during the working years. The baby boom generation will be a highly diverse group of people who will experience aging in a variety of ways, impacted by gender, race/ethnicity, health, education, socioeconomic and family circumstances. (U.S. Census Bureau, *65+ in the United States: 2005*)

DEMOGRAPHIC FACTORS

Overall Population Trends
The Columbus Metropolitan Statistical Area (MSA), which includes all counties in the PSA except Fayette, was the fastest growing of all Ohio metropolitan areas between 1990 and 2000, growing by 14.5%. Delaware (64.3% growth) and Fairfield (18.7%) counties experienced the highest rate of growth. (Community Research Partners, September 2005). Delaware County continued to experience growth between 2000 and 2005, with the number of people increasing 36.6%, the 12th fastest growing county in

the nation. Between 2004 and 2005, the number of people in 34 of Ohio's 88 counties decreased, while 10 counties, half of them in central Ohio, grew by more than 1%. (*Columbus Dispatch*, March 16, 2006)

Racial/Ethnic Composition

The central Ohio region is becoming increasingly diverse. Columbus has more than 84,000 foreign-born residents, with more than 100 new immigrants arriving each week. Between 2000 and 2003, international immigration accounted for 82 percent of Franklin County's net population growth. Immigrants in central Ohio come from more than 70 countries, making it one of the most culturally diverse areas in the Midwest. Predominant countries are India, Mexico, China and eastern Africa, including Somalia. (*Columbus Dispatch,* March 14, 2006) However, despite increasing diversity in the region, minority populations are not evenly distributed throughout the area. All counties in the PSA, with the exception of Franklin County, have white populations exceeding 91%, as compared to a statewide average of almost 85%. Franklin County is home to 92% of all blacks living in central Ohio. (Mid-Ohio Regional Planning Commission, 2004)

Population by Race

	White (%)	**Black (%)**	**Asian (%)**	**Hispanic (%)**	**Total Minority (%)**
Delaware	94.2	2.5	1.6	0.9	6.4
Fairfield	95.1	2.6	0.7	1.0	5.5
Fayette	95.7	2.1	0.5	1.0	4.8
Franklin	**75.5**	**17.6**	**3.1**	**2.3**	**25.6**
Licking	95.5	2.2	0.5	0.6	4.9
Madison	91.5	6.0	0.5	0.7	8.7
Pickaway	92.2	5.7	0.3	0.8	8.3
Union	95.5	2.4	0.5	0.7	4.8
Central Ohio	**91.9**	**5.1**	**1.0**	**1.0**	**8.6**
Ohio	**84.9**	**11.3**	**1.2**	**1.9**	**16.0**

Source: "The Ohio County Indicators Report: 2005", Office of Strategic Research, ODOD.

Older adults are among those moving into the area, often unable to speak English and requiring community-based services. Almost 19% of Franklin County's PASSPORT consumers do not speak English, compared to 17.5% two years ago. Russian, Somali, Vietnamese and Spanish are the most common of the 22 non-English languages spoken by PASSPORT consumers in Central Ohio. (COAAA case manager survey, February 2006) This has created challenges in service delivery for both COAAA staff and contracted service providers. COAAA spent $16,813 on interpreter services in fiscal year 2005 to assist clinical staff in communicating with non-English speaking consumers. There has also been tremendous growth in the number of immigrant-owned community agencies applying for certification to provide PASSPORT and senior levy services in Franklin County. In March 2006, immigrants owned approximately 14% of PASSPORT provider agencies in the PSA.

Non-English Speaking Older Adults in Central Ohio

Language	**Central Ohio***	**Enrolled on PASSPORT****
Cambodian	200	8

Russian	500	144
Somali	1,000	90
Spanish	1,000	20

*Source: Community Refugee & Immigration Services, 2005 estimates
**Source: COAAA Case Manager Survey, 2006

Sexual Orientation

Another underserved population group with disparate needs is those who are diverse in sexual orientation. The exact number of gay, lesbian, bisexual and transgender (GLBT) older adults in central Ohio is not known. Questions about sexual orientation are often not asked in population surveys, and GLBT individuals who fear discrimination may hide personal information from providers. GLBT individuals are part of all racial and ethnic populations and COAAA comes into contact with them regularly in working with consumers, caregivers and providers. There is a need to increase cultural competence on GLBT issues among aging network staff and providers. There is also a need to increase awareness in GLBT communities of aging services.

Exhibit A-3: Environmental Scan (continued)
Area Agency on Aging: Central Ohio Area Agency on Aging
Strategic Plan Period: 2007 – 2010
Date Submitted: May 5, 2006

Section 2: Basic Demographics: Taken from 2000 Census

County	60+	75+	85+	Rural 60+	Males	Females	Living Alone	Minority 60+
Delaware	12,734	3,757	892	4,940	5,731	7,003	2,561	462
Fairfield	18,614	6,161	1,570	7,311	8,170	10,444	4,341	321
Fayette	5,383	1,925	468	2,332	2,347	3,036	1,437	195
Franklin	138,651	47,575	11,740	4,006	56,675	81,976	39,794	23,356
Licking	23,534	7,650	1,879	7,821	10,196	13,338	5,956	630
Madison	5,971	1,955	490	2,949	2,588	3,383	1,508	232
Pickaway	7,946	2,454	569	4,798	3,587	4,359	1,897	209
Union	5,330	1,770	462	3,290	2,318	3,012	1,227	123
Totals	218,163	73,247	18,070	37447	91,612	126,551	58,721	25,528

Exhibit A-4: SWIP Analysis (*Strengths*, Weaknesses, Issues and Positions)
Section 1: Strengths
Area Agency on Aging: Central Ohio Area Agency on Aging
Strategic Plan Period: 2007 – 2010
Date Submitted: May 5, 2006

Section 1: List and summarize the current ***Strengths*** possessed by both the AAA and the PSA's aging network.

- **Senior Levies:** Delaware, Fairfield, Franklin, Madison, Licking and Pickaway Counties have senior levies generating local funding for services for older adults.
- **National Family Caregiver Support Program:** The NFCSP program structure and local partnerships can address the needs of caregivers. The COAAA has staff who have expertise in providing information and assistance to those faced by the challenges of aging.
- **Choices Program:** Consumer directed care addresses important gaps in services while empowering older adults.
- **Formalized Professional Networks:** Delaware, Fairfield, Franklin, Licking, Madison and Union Counties have formalized networks of aging and human service professionals who meet on a regular basis to share information.
- **Universities and Colleges:** The COAAA partners with OSU and other universities to provide learning opportunities for students in social work, nursing, allied health and medicine.
- **Medical Facilities:** Central Ohio has state of the art medical facilities available.
- **Focal Point Agencies:** Focal point agencies are recognized and respected in their communities.
- **Senior Housing Service Coordinators:** COAAA provides quality service coordination in Delaware, Fairfield, Franklin and Licking counties. Other organizations, such as National Church Residences, also provide high quality service coordination throughout the PSA.
- **Quality Support:** The COAAA provides extensive assistance to providers and other community agencies on how to provide quality services to older adults.
- **Training:** The COAAA provides a comprehensive training curriculum for professionals and the community covering topics including healthy aging, disease management, professional ethics, and mental health. The COAAA has staff with specialized knowledge in Medicare Part D who travel throughout the PSA to assist professionals and older adults in navigating this benefit.
- **Case Management:** The COAAA provides expert case management and care planning services.

- **Resource Garnering:** The COAAA continually seeks out new opportunities for resources for itself and local partners, drawing in significant funds through grants and partnerships.

- **Continuous Quality Improvement:** The COAAA routinely evaluates its performance and provides growth opportunities for staff through the work of ten committees focused on reviewing service delivery, staff safety, staff education, clinical practice and diversity.

- **Volunteer Guardian Program (VGP):** There are options for individuals to receive guardianship services in Delaware, Fayette, Franklin, Fairfield and Pickaway Counties. COAAA's VGP staff are recognized experts in the field of adult guardianship.

- **Experience:** The COAAA's management team and staff have many years of training and experience in older adult issues.

- **Agency Recognition:** The COAAA has increased its name recognition in the community through the effective use of television, radio, newsletters and its website.

Exhibit A-4: SWIP Analysis (Strengths, *Weaknesses*, Issues and Positions)
Section 2: Weaknesses
Area Agency on Aging: Central Ohio Area Agency on Aging
Strategic Plan Period: 2007 – 2010
Date Submitted: May 5, 2006

Section 2: List and summarize the current ***Weaknesses*** confronting both the AAA and the PSA's aging network.

- **Federal and State Resources:** There are decreasing financial resources from federal and state sources, hindering growth and creating challenges in meeting community needs.
- **Reliance on Local Taxes:** The increasing reliance on local service levies to fund aging services is becoming problematic among county officials and voters who are inundated in each election with requests to fund schools and other human service programs.
- **Demands on Public Officials:** Elected and community leaders are faced with multiple advocates whose interests and requests compete for limited public funds.
- **Public Awareness:** Although improvements have been made in creating public awareness of aging services and accessing systems of care, there remains a lack of community awareness.
- **Knowledge Level of Professionals**: There is limited understanding by professionals who interact with older adults about how to access human service systems and what systems can or cannot do.
- **Transportation Service Gaps:** Significant service gaps remain throughout the PSA in transportation for non-medical purposes, in rural areas and on weekends and evenings.
- **Housing:** Housing options for individuals with limited income are scarce in some areas of the PSA. Current low-income housing may have waiting lists, may need repairs due to the advanced age of buildings or may not be completely accessible for individuals in wheelchairs or with limited function.
- **Limited Services for Non-PASSPORT Eligible Older Adults:** With the exception of Franklin, Delaware and Fairfield counties, there are gaps in services for those not eligible for public programs who do not have sufficient private resources available.
- **Economic and Staffing Strains on Providers**. Providers face multiple challenges in developing and maintaining their agencies. Reimbursement rates for services have not increased to keep up with the increasing costs of doing business while program requirements have increased.

- **Adult Protective Services:** Funding for Adult Protective Services has decreased throughout the PSA, resulting in delayed investigations and limited follow through in the areas of abuse, neglect and exploitation.

- **Alcohol, Drug and Mental Health Services:** Services for older adults are limited and are not easily accessible, particularly for those individuals unable to travel to mental health centers or who need hands-on assistance with daily living tasks while in in-patient programs.

- **Unique Service Needs:** There is a lack of funds available to assist in meeting the unique or occasional needs of individuals, such as relocation of belongings to a new residence, assistance with security deposits and the purchase of vacuum cleaners.

- **Few Volunteer Guardians:** There are no volunteer guardian programs in Licking, Madison and Union Counties. There is a need for more volunteers in Fayette and Pickaway counties.

- **Managed PASSPORT enrollment:** Over 100 individuals are on the waiting list to be enrolled on PASSPORT in the PSA.

Exhibit A-4: SWIP Analysis (Strengths, Weaknesses, *Issues* and Positions)
Section 3: Issues
Area Agency on Aging: Central Ohio Area Agency on Aging
Strategic Plan Period: 2007 – 2010
Date Submitted: May 5, 2006

Section 3: List and describe the ***Issues*** which might move the AAA and the PSA's aging network forward.

- **County Levies:** Delaware, Fairfield, Franklin, Madison, Licking and Pickaway Counties have local property tax levies that provide supplemental and flexible spending supports.

- **Expansion of Medicaid Funded Community-Based Services:** With the introduction of Home First in 2005 for current nursing facility residents waiting for PASSPORT enrollment and the anticipated implementation of Assisted Living in 2006, Ohio is expanding the options available for Medicaid-eligible adults.

- **Medicaid Reform:** The evaluation and potential restructuring of the Medicaid program in Ohio will affect many of the services currently available to older adults.

- **Prescription Drugs:** The implementation of Medicare's prescription drug program has proven challenging for consumers and professionals. Dually eligible consumers in particular have experienced a significant adverse impact.

- **Changes in Ohio's Leadership:** A new governor will take office in 2007, providing opportunities and challenges in moving older adult issues forward.

- **Aging Baby Boomers:** The dramatic rise in the older adult population will provide increased opportunities to promote healthy aging. Predictions are that baby boomers will face more chronic health conditions than their predecessors. Baby boomers will demand quality services and creative solutions to meeting needs.

- **Individual Financial Security:** Tomorrow's older adults may have fewer personal financial resources than previous generations due to the changing nature of pensions, lack of personal savings, loss of employer-sponsored health care and the increasing cost of health care, thus creating an increased demand for publicly funded services.

- **Cultural Diversity:** The increase in the diversity of older adults in Central Ohio provides a challenge to COAAA in communicating with individuals, assessing their needs, and providing services while remaining sensitive to differences.

- **Data Collection and Analysis:** The implementation of the CSI program within PASSPORT and the use of the SAMS program by Older Americans Act providers will allow for more complete collection and analysis of consumer and service provision data.

- **Transportation Coordination:** Transportation providers in Fairfield and Licking counties have developed successful coordination programs to better meet the transportation needs of older adults.

Exhibit A-4: SWIP Analysis (Strengths, Weaknesses, Issues and *Positions*)
Section 4: Positions
Area Agency on Aging: Central Ohio Area Agency on Aging
Strategic Plan Period: 2007 – 2010
Date Submitted: May 5, 2006

Section 4: List and describe the ***Positions*** that may be taken to support the goals.

- **Demonstration Programs and Grant Opportunities:** The Administration on Aging, the Centers for Medicare and Medicaid Services and private foundations are making funds available to develop new programs and services.

- **County Levies:** Several counties in the PSA will attempt to implement or continue senior services levies. In 2006 Union County will attempt to pass its first levy after a narrow defeat in 2005. Madison County will attempt to pass a replacement levy in May 2006 after a defeat in 2005. Pickaway County will place a levy renewal on the ballot in May 2006. Fayette County officials are considering the advantages and disadvantages of a senior or human services levy to fill current financial gaps.

- **Geographic Proximity to State Government:** Located in Columbus, the COAAA is in a good position to advocate for state issues that impact older adults and caregivers.

- **Expanded Options for Medicaid-Eligible Individuals:** The PSA is actively involved with other stakeholders in the development and implementation of the assisted living waiver.

- **Expanded Transportation Availability:** Communities in Ohio and the U.S. have developed increased capacity by utilizing coordinated transportation models and volunteers and can serve as models for the PSA.

- **Faith Communities:** Ministerial associations in local communities provide opportunities for supportive activities and education regarding older adult and caregiving issues.

- **Institutions of Higher Education:** Colleges and universities provide opportunities for financial and student resources and staff education and training.

- **Network of Multi-purpose Senior Centers:** There are opportunities to further enhance services, education and advocacy through collaboration with senior centers.

- **Network of Professionals Working with Older Adults:** The older adult networks in Delaware, Fairfield, Franklin, Licking, Union and Madison counties are an important avenue for sharing information and advocacy efforts. Fayette County has just established a professional community network.

- **Demographic Changes and Population Growth:** The increase in the number of older adults and the diversity of older adults in Central Ohio provides an opportunity to garner more resources and develop creative programming to meet needs.

- **National Family Caregiver Support Program.** This program will continue to provide opportunities and innovation in addressing information and service gaps experienced by caregivers.

Exhibit A-5: Service Needs and Gaps
Area Agency on Aging: Central Ohio Area Agency on Aging
Strategic Plan Period: 2007 – 2010
Date Submitted: May 5, 2006

Prioritize and describe in detail the top six service needs or gaps that exist in the PSA. The cell should expand as needed.

Include in your response:

A. An explanation of how these service gaps were identified and how they were considered in the development of goals.

B. The AAA's methods or criteria for determining priority of services funded with Title III dollars.

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1. **There is a need for increased public awareness regarding service availability and how to access services.** This issue emerged as a need in community forums and surveys in all counties throughout the PSA. While responders believe there is more awareness currently than there was a few years ago, all identified a need for ongoing publicity and education due to the tendency of individuals to forget what they have heard until a specific need arises. Recurring contact with the public, community organizations, local businesses and public officials is key to ensuring that services are accessible and readily available.

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2. **Counties that do not have comprehensive senior services levies are not able to meet the demand for services of people who are not PASSPORT eligible and are not able to pay privately.** COAAA staff, community informants and older adults discussed service limitations in counties that rely solely on Older Americans Act/State Block Grant funds, Medicare and Medicaid to fund services. Counties that have limited levy programs, i.e. funds available only for designated facilities, also reported service limitations in several categories due to the necessity that some of the funds generated by the levy be used for non-service related purposes.

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3. **Drug and alcohol treatment and mental health services are difficult for homebound older adults to access.** COAAA staff and community informants in several counties identified in-home mental health and drug/alcohol services as a need due to the lack of adequate resources within the local mental health systems for this specialized service. The counties that did not identify this as a priority need (Franklin, Fairfield and Delaware) have used local senior levy funds to purchase mental health services for older adults beyond what is available through the local mental health system.

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4. **The demand for certain Older Americans Act priority services exceeds the supply due to funding constraints or limited provider availability.** COAAA staff and participants in community focus groups and surveys identified the need for more funding and/or providers of transportation services, supportive services, home maintenance and repair, and chore services.

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5. Additional resources are needed to provide for emergency and atypical needs that are not routinely included in the home and community-based service system. COAAA staff and community forum participants throughout the PSA provided information regarding the difficulty encountered in trying to meet the service needs of individuals who need assistance in staying in the community. Informants discussed the need for flexible funds or resources that could be available to assist individuals who do not have the financial resources to pay for such services as security deposits and utilities, moving belongings from one residence to another and purchasing items required for maintenance of the household these services.

6. Affordable housing options are limited by waiting lists, poorly maintained buildings or inaccessibility. Community forum participants and COAAA staff discussed the fact that affordable housing options are difficult to access in some areas due to long waiting lists. Housing that may be available may be in communities where people in need are not currently living or may be in units that are not completely wheelchair accessible or are in poor repair.

The COAAA will prioritize Title III funds towards addressing these needs during the next Title III proposal cycle. Should additional funds become available during the current funding cycle, resources will be directed towards meeting these needs.

Exhibit A-6: Strategic Goals and Objectives and Evaluation
Area Agency on Aging: Central Ohio Area Agency on Aging
Strategic Plan Period: 2007 – 2010
Date Submitted: May 5, 2006

Section 1: Strategic Goals and Objectives (Asterisk [*] Targeting Objectives)

Strategic Issue #1: There is limited awareness among older adults, their caregivers and the community of COAAA, the aging network, accessing services and aging issues.		
(Number Sequentially)	**Objectives**	**Evaluation Methodology For Goal:**
Goal 1: Older adults and their caregivers will be aware of the COAAA and aging services available. **Rationale:** Future consumers and their caregivers may not remember that services are available or how to access them until a crisis occurs. **Completion Date:** December 2010	1. Acquire television, radio and print coverage to promote COAAA programs. * 2. Sponsor and participate in community events to increase COAAA visibility and name recognition.* 3. Maintain an up-to-date, user friendly website that provides pertinent information about programs and services. 4. Develop a workshop on Long-term Care Advanced Care Planning for consumers and caregivers.	COAAA will obtain television advertising for one month every year. The Speaker's Bureau will participate in 100 community events per year. COAAA will participate in 15 minority events per year. COAAA will conduct 350 community education presentations per year. COAAA will analyze website data at least twice yearly to determine number of visitors and most frequently utilized sections of website. COAAA will conduct a care

Strategic Issue #1: There is limited awareness among older adults, their caregivers and the community of COAAA, the aging network, accessing services and aging issues.		
(Number Sequentially)	**Objectives**	**Evaluation Methodology For Goal:**
		planning workshop annually beginning 2007.
Goal 2: Local employers and their employees will be aware of the COAAA and aging services available. **Rationale:** Many workers are torn between their job responsibilities and providing assistance to loved ones, and don't realize that programs and services are available to assist them in continuing both. **Completion Date:** December 2010	1. Establish relationships with the Chambers of Commerce in the PSA and organizations such as Business First, and The Human Resources Network of Central Ohio. 2. Market the COAAA and its caregiver education program to Employee Assistance Programs in central Ohio. 3. Participate in corporate health fairs.	COAAA will meet with and provide written information packets to 3 business organizations per year. COAAA will establish contact with 3 Employee Assistance Programs per year. COAAA will participate in 10 corporate health fairs per year.
Goal 3: The staff of community organizations that make up the local aging network will be aware of programs and services available and will collaborate whenever possible to ensure that consumer and caregiver needs are met. **Rationale:** There tends to be high turnover among hospital and nursing	1. Promote and participate in county aging network meetings. * 2. Explore and implement software options to streamline program and provider referrals. 3. Integrate client databases to increase ease of access and efficiency in obtaining	COAAA will routinely attend and share information at all aging network meetings within the PSA. COAAA will send e-mail notifications to stakeholders as information becomes available to share

Strategic Issue #1: There is limited awareness among older adults, their caregivers and the community of COAAA, the aging network, accessing services and aging issues.		
(Number Sequentially)	**Objectives**	**Evaluation Methodology For Goal:**
facility discharge planners and agency staff, resulting in new staff often being unaware of available community-based services. **Completion Date:** December 2010	services. 4. Create e-mail distribution lists for COAAA stakeholder groups so that agency and program news can be disseminated quickly. 5. Provide further training to Advisory Council members regarding their role as aging network ambassadors.	beginning in 2007. COAAA will offer 30 professional trainings per year. COAAA will encourage Advisory Council members to participate in meetings with legislators, will provide talking points for advocacy and will encourage participation whenever possible in local aging network and county focal point events.
Goal 4: Evaluate the feasibility within the community and organization to develop and implement an Aging and Disability Resource Center (ADRC). **Rationale:** COAAA has a long and successful history of providing information and assistance to consumers and their caregivers. **Completion Date:** December 2008	1.Determine the availability of funding sources for ADRCs at a national and state level. 2.Explore a physical structure for an ADRC located at COAAA. 3. Determine the community's response to COAAA as the ADRC entity in central Ohio.	COAAA will reach a decision regarding the implementation of an ADRC after reviewing the salient factors.

Strategic Issue #2: There are limited resources for certain community-based services, resulting in unmet or undermet needs.		
(Number Sequentially)	**Objectives**	**Evaluation Methodology For Goal:**
Goal 1: Obtain resources for needed services and programs through the use of alternative funding sources. **Rationale:** There are competing demands for limited federal, state and local funds. **Completion Date:** December 2010	1. Formalize COAAA's internal grant seeking process. 2. Notify local aging network partners of potential funding opportunities as they arise. * 3. Develop and host a grant writing training for the COAAA provider network by June 2007.	COAAA will subscribe to national, state and local distribution lists to receive routine notification of funding availability. COAAA will apply for at least two grants per year. COAAA will send e-mail notifications of grant opportunities to interested parties. COAAA will offer an annual grant writing training beginning in 2007.
Goal 2: Develop partnerships with businesses throughout the PSA to expand services. **Rationale:** Many local businesses have demonstrated their commitment to their communities through financial donations and volunteer efforts to various organizations. **Completion Date:** December 2008	1. Seek grant funding from corporations. 2. Establish a relationship with at least one business or labor union willing to complete service projects for consumers.	COAAA will apply for at least 1 corporate grant per year. COAAA will obtain commitments from 2 businesses for consumer gifts or service projects per year.

Strategic Issue #2: There are limited resources for certain community-based services, resulting in unmet or undermet needs.		
(Number Sequentially)	**Objectives**	**Evaluation Methodology For Goal:**
Goal 3: Union and Fayette counties will successfully campaign for aging services tax levies. **Rationale:** Local financing is essential to ensure that adequate services are available to meet the needs of non-Medicaid eligible older adults. **Completion Date:** December 2010	1. Provide technical support to commissioners and aging network leaders regarding aging services levy models and their development. * 2. Provide local demographic and needs assessment data to county officials to assist in determining service gaps and needs. * 3. Connect local officials to other counties in the PSA and Ohio who have successfully implemented levy campaigns and programs. *	Union and Fayette counties will obtain additional funding for aging services to increase capacity for service delivery to older adults who have limited financial resources and are not Medicaid eligible.
Goal 4: Develop creative programs to address gaps in services throughout the PSA. **Rationale:** A variety of traditional and non-traditional methods for funding and delivering services will be required as the number of older adults increases. **Completion Date:** December 2009	1. Explore the utilization of COAAA's non-profit organization as a vehicle for fundraising that will provide resources for emergencies and situations that fall outside of traditional service categories, such as relocation to a new residence, security deposits, household supplies. * 2. Implement a consumer directed care option for service delivery within the National Family Caregiver Support Program. 3. Research coordinated transportation models within Ohio and nationally to determine best practices. * 4. Share best practices obtained with	Funds will be available to COAAA staff for consumer emergencies or atypical situations beginning in 2009. Caregivers will be able to hire their own direct care staff beginning in 2007. Local transportation providers in 1 county not currently collaborating will work together to improve efficiency and capacity by December 2008.

Strategic Issue #2: There are limited resources for certain community-based services, resulting in unmet or undermet needs.		
(Number Sequentially)	**Objectives**	**Evaluation Methodology For Goal:**
	providers in the PSA.	

Strategic Issue #3: There is a need for collaboration with other systems to ensure that older adults' needs are met.		
(Number Sequentially)	**Objectives**	**Evaluation Methodology For Goal:**
Goal 1: In-home mental health, drug and alcohol services will be available to older adults who are unable to readily leave their homes. **Rationale:** Limited mobility, the stigma associated with mental illness and limited resources all prevent older adults from receiving treatment in some counties in the PSA. **Completion Date:** December 2008	1. Participate in advocacy and collaborative activities with the Older Ohioans Behavioral Health Network. * 2. Analyze current utilization of mental health services by older adults in each county. 3. Meet with mental health professionals in each county to identify available service options and effective referral processes. * 4. Recruit additional Social Work/Counseling providers for the PASSPORT Program in areas where service gaps exist. *	The number of older adults receiving mental health services in their homes will increase in Licking, Madison, Pickaway and Union counties.

Strategic Issue #3: There is a need for collaboration with other systems to ensure that older adults' needs are met.		
(Number Sequentially)	**Objectives**	**Evaluation Methodology For Goal:**
<u>Goal 2:</u> Some of the recommendations of the Elder Abuse Task Force will be implemented in the PSA. **<u>Rationale:</u>** Collaboration between the COAAA and local Adult Protective Services staff will increase the potential for positive outcomes for victims of abuse, neglect or exploitation. **<u>Completion Date:</u>** December 2008	1. Meet with Adult Protective Services staff in each county to determine roles and responsibilities in the development of interdisciplinary teams to discuss specific situations and potential solutions for those situations. * 2. Advocate for increased Adult Protective Services funding with state and local officials. * 3. Offer Sensitivity to Aging, Elder Abuse and aging programs training to county APS departments.	Interdisciplinary teams will meet regularly in at least 3 counties beginning in 2008. The Speaker's Bureau will meet with APS staff in 2 counties annually by December 2008.
<u>Goal 3:</u> Successfully implement the Assisted Living Medicaid Waiver Program. **<u>Rationale:</u>** The Assisted Living Waiver Program will increase the long-term care options available to older adults and will allow comprehensive services to be provided in home-like settings. **<u>Completion Date:</u>** July 2007	1. Establish communication with Residential Care Facility administrators throughout the PSA to discuss the application and certification process for becoming an ODA approved Assisted Living provider and its value as a long-term care option. 2. Develop and maintain effective relationships with Ohio Department of Health staff who will be conducting provider certification activities. 3. Educate AAA staff, nursing facility and hospital discharge planners, and nursing facility consumers regarding the benefits and eligibility criteria of the Medicaid Assisted Living Program. *	Each county in the PSA will have at least one ODA certified Assisted Living Facility by July 2007. Consumers seeking participation in the Assisted Living Program will receive timely information, assessment, eligibility determination and placement assistance.

Strategic Issue #3: There is a need for collaboration with other systems to ensure that older adults' needs are met.		
(Number Sequentially)	**Objectives**	**Evaluation Methodology For Goal:**
	4. Establish and maintain effective relationships between Assisted Living case managers and the regional long-term care ombudsman program. 5. Advocate with legislators for the expansion of the program in SFY 08-09.	

Strategic Issue #3: There is a need for collaboration with other systems to ensure that older adults' needs are met.		
(Number Sequentially)	**Objectives**	**Evaluation Methodology For Goal:**
Goal 4: Implement the Healthy Aging initiative. **Rationale:** The national trend toward evidence-based Health Promotion and Disease Prevention will impact existing educational programs. **Completion Date:** December 2010	1. Participate on the statewide Healthy Aging Planning Committee. 2. Determine existing health promotion and disease prevention programs in the PSA. 3. Seek funding opportunities for evidence-based programming.	COAAA will establish a database of existing health promotion and disease prevention programs. COAAA will implement one evidence-based health promotion/disease prevention program in the PSA by December 2010.

Strategic Issue #3: There is a need for collaboration with other systems to ensure that older adults' needs are met.		
(Number Sequentially)	**Objectives**	**Evaluation Methodology For Goal:**
Goal 5: Increase COAAA staff preparedness in the event of a community emergency, disaster or pandemic. **Rationale:** There are multiple threats to the community's well-being. **Completion Date:** December 2007	1. Establish contact with and obtain disaster plans from emergency management agencies in each county. 2. Explore and evaluate successful models of disaster planning for vulnerable populations. 3. Encourage COAAA staff to participate in EMA and CERT training regarding appropriate response to emergencies. 4. Maintain up-to-date policies and procedures related to a variety of emergencies and provide annual training to COAAA staff regarding those procedures.	COAAA will have a comprehensive disaster plan in place by December 2007.

Strategic Issue #4: Aging baby boomers will expect an array of community services and opportunities to be available to them.		
(Number Sequentially)	**Objectives**	**Evaluation Methodology For Goal:**
Goal 1: Communities throughout the PSA will be prepared for an expanding aging population. **Rationale:** Surveys indicate that older adults want to remain in the communities they've always lived in. **Completion Date:** December 2009	1. Survey counties and local communities to determine their readiness to meet the needs of larger numbers of older adults. 2. Disseminate the results of those surveys to county officials and organizations with recommendations regarding priority needs.	Survey activities will be completed and results will be disseminated in 4 counties by December 2009.

Strategic Issue #4: Aging baby boomers will expect an array of community services and opportunities to be available to them.		
(Number Sequentially)	**Objectives**	**Evaluation Methodology For Goal:**
Goal 2: Community organizations will offer a variety of paid and volunteer opportunities for active older adults. **Rationale:** Older workers will want to continue making contributions to their communities through the provision of services. **Completion Date:** December 2008	1. Research national and state program models to discern the liabilities and their potential solutions in using volunteers to provide services to older adults and their caregivers. 2. Meet with local community organizations that use volunteers to determine their successes and challenges. 3. Share information obtained with agencies not currently using volunteers to increase service capacity. 4. Encourage focal point agencies to allow businesses to post job openings on their websites, in their newsletters and on their bulletin boards.	Aging services organizations within the PSA will increase their use of older adults to provide additional paid and volunteer services.
Goal 3: Accessible, affordable housing options will be available for older adults. **Rationale:** Older adults require housing that they can afford, that can meet their physical needs and that allows them to remain in their communities. **Completion Date:** December 2010	1. Assist housing developers and communities in obtaining funding and approval for new construction and renovation of existing facilities. * 2. Assist residents in their efforts to preserve facilities under threat of sale or demolition. * 3. Advocate with legislators for the expansion of community-based housing programs. *	The number of available housing units in the PSA will be maintained or increased. The Assisted Living and Residential State Supplement programs will continue to be funded.

Strategic Issue #5: Political forces will lead to changes in the aging network.		
(Number Sequentially)	**Objectives**	**Evaluation Methodology For Goal:**
Goal 1: Elected and public officials will be knowledgeable of aging programs and services. **Rationale:** Newly elected or appointed officials may be unfamiliar with the issues confronting older adults and the aging network. **Completion Date:** December 2010	1. Create information packets for state and county officials regarding current programs, services and demographics. 2. Visit all new legislators and county officials to educate regarding aging network issues and priorities. 3. Arrange for all new legislators to visit with a PASSPORT consumer to see first-hand the benefits of the program.	COAAA will establish contact and arrange meetings with each new legislator within 1 year of the beginning of the legislator's term in office.
Goal 2: There will be adequate funding for community-based services that promote consumer choice. **Rationale:** Community-based services are more cost-effective than institutional services and are what consumers say they want. **Completion Date:** December 2010	1. Advocate for reauthorization of the Older Americans Act, if applicable during 2007. 2. Advocate for increased funding for Older Americans Act services and educational programs. 3. Educate public officials regarding the impact of Medicaid program changes on consumers and programs. 4. Share the results of the PASSPORT and Assisted Living evaluations with local legislators when available. 5. Advocate for full funding of PASSPORT. 6. Support and promote local aging	Federal, state and local funding for community-based services will keep pace with the demand.

Strategic Issue #5: Political forces will lead to changes in the aging network.		
(Number Sequentially)	**Objectives**	**Evaluation Methodology For Goal:**
	services tax levies as they come up for passage or renewal.	

Exhibit A-7: Targeting Unserved and Underserved Populations
Area Agency on Aging: Central Ohio Area Agency on Aging
Strategic Plan Period: 2007 – 2010
Date Submitted: May 5, 2006

1. **Identify by assigned number and provide a rationale for those goals and objectives related to targeting activities.**

   Strategic Issue 1, Goals 1 and 3

   Strategic Issue 2, Goals 3 and 4

   Strategic Issue 3, Goals 1, 2 and 3

   Strategic Issue 4, Goal 3

   Strategic Issue 5, Goal 2

   See rationale provided with each goal.

2. **Discuss the AAA's proposed method for carrying out preference to (1) older individuals with greatest economic need, (2) older individuals with greatest social need, and (3) low-income minority individuals.**

   COAAA will reach those individuals with the greatest economic and social need through the implementation of:

   Strategic Issue 1, Goals 1 and 3

   Strategic Issue 2, Goals 1, 3 and 4

   Strategic Issue 3, Goals 1, 2, 3, 4, 5

   Strategic Issue 4, Goals 1, 2 and 3

   Strategic Issue 5, Goal 2

3. **The 2000 amendments of the Older Americans Act include specific emphasis on serving older individuals residing in rural areas. Describe the AAA's plans to insure compliance with this mandate.**

   Rural areas will be served through the implementation of:

   Strategic Issue 1, Goals 1 and 3

   Strategic Issue 2, Goals 1, 3 and 4

   Strategic Issue 3, Goals 1, 2 and 5

   Strategic Issue 4, Goals 1, 2 and 3

   Strategic Issue 5, Goals 1 and 2

4. **The federal government emphasized the importance of reaching groups with Limited English Proficiency (LEP). Describe the AAA's plans to improve access to services for those persons identified in this group.**

   COAAA has had agency brochures and other documents translated into other languages and will continue to translate materials as the need arises. COAAA employs bilingual staff whenever possible and has committed a significant amount of money for the purchase of interpreter services for case managers to use when communicating with their non-English speaking consumers. COAAA will continue to

expand its extensive diversity program, utilizing staff and external resources to provide training to COAAA staff and the community.

5. **Identify and discuss other significant unserved and underserved populations and AAA plans to assist these groups.**

   Frail older adults needing mental health services are underserved in the PSA, particularly in the rural counties without comprehensive senior services levies to supplement services offered by the local mental health systems. COAAA will address this issue through the implementation of Strategic Issue 3, Goal 1.

   There is a need to increase cultural competence regarding gay, lesbian, bisexual and transgender (GLBT) older adults. COAAA will offer training for staff and the aging network on GLBT elder issues and will contribute information about the aging network to GLBT media in central Ohio.