

**AREA PLAN ON AGING: REGION IV
FISCAL YEARS 2011-2014
October 1, 2010-September 30, 2014**

*To make a beneficial difference in the lives and well-being
of older persons in Calhoun, Chambers, Cherokee,
Clay, Cleburne, Coosa, Etowah, Randolph, Talladega
and Tallapoosa Counties*

Submitted by

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I. History and Overview of the AAA

A comprehensive area plan on aging has the capability of addressing and overcoming the obstacles that thwart service delivery. It is essential for making the most effective and efficient use of resources in achieving the area's desired results. Such results can be measured among the elderly in terms of the alleviation of human suffering and improvements in both the quantity and quality of human life.

The Comprehensive Plan is a tool for future planning of services to seniors. Through its existence, needs may be identified and addressed, existing resources in terms of programs and services identified, and hopefully, duplication of services avoided. It can also be used as a resource document for seniors to use in identifying and locating existing opportunities and services available to them. The aim of the plan is to encourage a more effective, coordinated approach to service delivery to the elderly in Region IV and to help policy makers make decisions which take the needs of the elderly into consideration.

A comprehensive area plan on aging is a vital necessity for several reasons. First, there has been, is, and will continue to be significant growth in the 60 and over age group. This growth means, among other things, that there will be an accompanying growth in the need for programs, services, and facilities especially designed to meet the needs of the elderly. The challenge to caring organizations and communities is to identify the real needs among the elderly and to meet those needs in humane but cost effective ways.

Second, a comprehensive area plan is one that fully recognizes the need for constant updating and alteration. Need identification is not a one-time affair. Needs change as populations change. It is absolutely essential that caregivers and service providers maintain such linkages with the elderly that they are constantly aware of their needs, and this awareness is reflected in the written plan updates and revisions.

Third, in some areas, there are a large number of service providers and suppliers and a large number of elderly people who could benefit from their goods and services. However, barriers prevent the elderly from securing the exact goods and services they require.

Finally, in some regions, a lack of awareness causes many seniors to go without necessary services that are readily available. This plan represents an overview of the activities to be undertaken by the EARPDC Department of Senior Services during FY 2011-FY 2014 to improve the quality of life of older persons in Region IV.

The Area Agency on Aging is uniquely and solely qualified to develop and administer the Area Plan due to its origin in the Older Americans Act, its relationship with the East Alabama Regional Planning and Development Commission, its staff, Advisory Committee, and past accomplishments.

1. THE OLDER AMERICANS ACT

The Older Americans Act of 1965 was enacted to provide, in the words of Congress:

Assistance in the development of new or improved programs to help older persons through grants to the states for community planning and services and for training, through research development, or training project grants, and to establish within the Department of Health, Education and Welfare, an operating agency to be designated as the Administration on Aging, (P. L. 89-73, 1965).

Since its enactment, the Older Americans Act has been reauthorized several times. Each time amendments have been made to strengthen and expand the scope of the Act. Below is a brief summary of the Older Americans Act Amendments of 2006:

Title I - Title I of the Act describes more specifically the objectives of the Act, with regard to areas of income maintenance, physical and mental health, housing conditions, personal and community involvements, mobility, and an improvement in the overall quality of life to which every individual is entitled. These should collectively allow individuals to freely and independently exercise an adequate amount of control over their own lives.

Title II - Title II of the Act provides for the creation of the Administration on Aging (AoA), the agency through which funds can be dispersed to the state and through which ideas and programs can be organized and coordinated. It is through this agency that basic policies are developed and national priorities are set. The AoA, in effect, insures that all programs are comprehensive to the maximum extent feasible and, that a national plan for meeting the needs of older Americans exists.

Title III - Title III of the Act has been amended several times to accommodate new service areas or consolidate smaller activities under one service area. The current Act authorizes programs under these titles:

Part III-B Social Services

Part III-C1 Congregate Nutrition for the Elderly

Part III-C2 Home Delivered Meals for the Elderly

Part III-D Preventive Health Services

Part III-E National Family Care Giver Support Program

The Area Agency on Aging has direct responsibility for administering these parts of the Older Americans Act at the local level.

The responsibility for the administration of the Older Americans Act begins at the federal level. Congress passes regulations and provides funds for the Act. At the cabinet level, the Department of Health and Human Services administers the Older Americans Act through the Administration on Aging, which has specific responsibility for the Act.

At the federal regional level are Administration on Aging offices located in each federal region. These offices coordinate between Washington, D. C. and the state level, although funds for Title III of the Older Americans Act go directly from Washington to the state level.

At the state level in Alabama, the Alabama Department of Senior Services administers the program. In Alabama, there are 13 Area Agencies on Aging (AAA) currently in existence. The East Alabama Regional Planning and Development Commission's (EARPDC) Department of Senior Services serves as the Area Agency on Aging for Region IV.

Legislative Mandate for the EARPDC Department of Senior Services:

The Comprehensive Older Americans Act Amendments of 2006 require that a designated Area Agency on Aging will provide services for older persons through a comprehensive and coordinated system.

A comprehensive and coordinated system means a program of interrelated services designed to meet the needs of older persons in a planning and service area including:

- a) Services, which facilitate access to, needed services;
- b) Services that are **provided in the community** and neighborhood;
- c) Services **provided in the home**; and
- d) Special services **provided to residents of care providing facilities**.

In addition, wherever it is feasible, the Area Agency on Aging is required to designate **focal points** for comprehensive delivery of services to encourage the maximum collocation and coordination of services. Special consideration is to be given to designated **multi-purpose senior centers** as community focal points.

The Comprehensive Older Americans Act Amendments of 2006 also require the Area Agency on Aging to serve as the advocate and focal point for older persons within the community. Additionally, the amendments require that the area plan developed by the Area Agency on Aging will provide services for older persons through a comprehensive and coordinated system of services designed to meet the needs of the older population.

OAA Program Structure

(Federal Level)

Department of Health and Human Services

Administration on Aging (AoA)
Corporation for Medicaid and Medicare Services (CMS)

(State Level)

Alabama Department of Senior Services

(Sub-state/Regional Level)

Area Agency on Aging
(13 State Planning and Service Areas)

(Local)

Direct Service Providers
Local Resources

ALABAMA'S AGING NETWORK
State of Alabama-Department of Senior Services

1. Mr. Keith Jones, Executive Director
Mr. James Coman, Area Agency Director
Northwest AL Council of Local Governments
103 Student Drive - P. O. Box 2603
Muscle Shoals, AL 35662
(256) 389-0500/800-838-5854/FAX (256) 389-0599
Counties: Colbert, Franklin, Lauderdale, Marion, Winston
2. Mr. Bob Lake, Executive Director
Ms. Pam McDaniel, Area Agency Director
West AL Regional Commission
4200 Highway 69 North, Suite 1
Northport, AL 35476
(205) 333-2990/NO 800/FAX (205) 333-2713
Counties: Bibb, Fayette, Greene, Hale, Lamar, Pickens, Tuscaloosa
3. Ms. Carolyn Fortner, Executive Director
Middle Alabama Area Agency on Aging
307 7th Street, North
Clanton, AL 35045
(205) 280-4175/FAX (205) 280-4176
Counties: Blount, Chilton, Shelby, St. Clair, Walker
- 3A. Mr. Bill Voigt, Executive Director
Office of Senior Citizens Services
2601 Highland Avenue
Birmingham, AL 35205
(205) 325-1416/NO 800/FAX (205) 325-1429
Counties: Jefferson
4. Mr. J. William Curtis, Executive Director
Mr. Randy Frost, Area Agency Director
East AL Reg. Plng & Development Commission
1130 Quintard Avenue, Suite 300
P. O. Box 2186
Anniston, AL 36202
(256) 237-6741/800-239-6741/FAX (256) 237-6763
Counties: Calhoun, Chambers, Cherokee, Clay, Cleburne, Coosa, Etowah, Randolph, Talladega, Tallapoosa
5. Mr. Tyson Howard, Executive Director
Ms. Sylvia Bowers, Area Agency Director
South Central AL Development Commission
5900 Carmichael Place
Montgomery, AL 36117
(334) 244-6903/NO 800/FAX (334) 270-0038
Counties: Bullock, Butler, Crenshaw, Lowndes, Macon, Pike
6. Mr. John Clyde Riggs, Executive Director
Ms. Delia Brand, Area Agency Director
Alabama Tombigbee Regional Commission
107 Broad Street
Camden, AL 36276
(334) 682-4234/888-617-0500/FAX (334) 682-4205
Counties: Choctaw, Clarke, Conecuh, Dallas, Marengo, Monroe, Perry, Sumter, Washington, Wilcox
7. Mr. Robert Crowder, Executive Director
Southern Alabama Regional Council on Aging
230 N. Oates Street, P. O. Drawer 1886
Dothan, AL 36302
(334) 793-6843/800-239-3507/FAX (334) 671-3651
Counties: Barbour, Coffee, Covington, Dale, Geneva, Henry, Houston
8. Mr. Russell Wimberly, Executive Director
Ms. Julie McGee, Area Agency Director
South Alabama Regional Planning Commission
651 Church Street, P. O. Box 1665
Mobile, AL 36633
(334) 433-6541/NO 800/FAX (334) 433-6009
Counties: Baldwin, Escambia, Mobile
9. Ms. Kathy Rolison, Executive Director
Central Alabama Aging Consortium
818 South Perry Street, Suite 1
Montgomery, AL 36104
(334) 240-4666/800-264-4680/FAX (334) 240-4681
Counties: Autauga, Elmore, Montgomery
10. Suzanne Burnette, Executive Director
Ms. Jackie Pinkard, Area Agency Director
Lee-Russell Council of Governments
2207 Gateway Drive
Opelika, AL 36801-6834
(334) 749-5264/800-239-4444/FAX (334) 749-6582
Counties: Lee, Russell
11. Mr. Neal Morrison, Executive Director
Mr. Rodney Gann, Area Agency Director
N. Central AL Regional Council of Governments
216 Jackson Street, P. O. Box C
Decatur, AL 35602
(256) 355-4510/NO 800/FAX (256) 351-1380
Counties: Cullman, Lawrence, Morgan
12. Mr. Robert B. Culver, Executive Director
Ms. Nancy Robertson, Area Agency Director
Top of AL Regional Council of Governments
115A Washington Street, S. E.
Huntsville, AL 35801
(256) 533-3330/NO 800/FAX (256) 533-3442
Counties: DeKalb, Jackson, Limestone, Madison, Marshall

Revised 6/10/10

RELATIONSHIP WITH THE EAST ALABAMA REGIONAL PLANNING AND DEVELOPMENT COMMISSION

The East Alabama Regional Planning and Development Commission (EARPDC) is an association of city and county governments voluntary partnership. Members include Calhoun, Clay, Cherokee, Coosa, Chambers, Cleburne, Etowah, Randolph, Talladega, and Tallapoosa Counties, and 58 municipalities within this ten-county area.

The EARPDC was established in 1969, uniting the leadership of the local governing bodies within the ten-county region. This effort by local governments to establish EARPDC was in response to their common interest and concerns and the need for a cooperative approach to resolve area wide problems.

By nature, EARPDC also is:

- * Organized with member governments being represented by their key elected officials on a council that meets once a month.
- * Based on the concept that each local government is sovereign and all council activities are founded on mutual respect and consent, cooperation, and good faith among member units.
- * Concerned with regional aspects of local government issues and problems. The council does not provide direct services.
- * Involved in the preparation of regional plans for growth, development and conservation.
- * Organized to ensure free and full participation of member units, but without any binding powers over those members.
- * Financed primarily by local government contributions, with grants from other levels of government and private sources.

EARPDC has no taxing power. Its financing is derived from voluntary annual dues paid by member jurisdictions and from federal grants and grants from other public and private agencies.

The EARPDC purpose:

- * To strengthen local governments and their individual capacities to deal with local problems.
- * To serve as a forum to discuss and bring into focus area wide problems.

- * To develop and formalize regional policies involving metropolitan problems.
- * To promote intergovernmental cooperation through such media as reciprocal furnishing of services, mutual aid, and parallel action as a means to resolve local as well as regional problems.
- * To provide organizational machinery to ensure effective communication and coordination among governmental bodies.
- * To serve as a vehicle for the collection and exchange of information of metropolitan interest.
- * To consider regional comprehensive plans for the growth and development of the region.
- * To serve as a spokesman for local governments on regional matters.
- * To encourage action and implementation of regional plans and policies by local, state and federal agencies.

The East Alabama Regional Planning and Development Commission was designated as the Area Agency on Aging in 1973, and a department within the Commission was established to administer the Aging Program under a grant agreement with the State of Alabama Department of Senior Services. The East Alabama Regional Planning and Development Commission is one of 13 Area Agencies on Aging (AAA) established throughout the State of Alabama as a result of the 1973 amendments to the Older Americans Act of 1965. These amendments mandated that within each state, regional agencies should be designated or established with the purpose of developing and promoting a comprehensive and coordinated service delivery system for older persons within the region, for monitoring and evaluating the existing services available to older persons, and to act as an advocate for improving the conditions of all older persons in the planning and service area. The Area Agency on Aging is an integral part of the East Alabama Regional Planning and Development Commission. The relationship that exists between the two is mutually beneficial and contributes significantly to the success of the Area Agency on Aging.

The primary purposes of the Area Agency on Aging are:

Advocacy

The advocacy role of the AAA stems from its mandated responsibility to serve as a **focal point** for all matters relative to the needs of the elderly. The AAA performs the following advocacy functions:

1. Monitor, evaluate and comment on all policies, programs, hearings, levies and community actions which affect the elderly in the region;
2. Conduct public hearings on the needs of the elderly;
3. Represent the interests of the elderly to public officials, public and private agencies or organizations;
4. Conduct activities, as directed by the Alabama Department of Senior Services, in support of the long term care ombudsman program; and
5. Coordinate planning efforts with other agencies and organizations to promote new or expanded benefits and opportunities for the elderly.

Planning

The various steps in the AAA planning process are identified in the following steps. In addition to those identified steps, the AAA works with federal, state and local resources to foster the development of a comprehensive coordinated delivery system. One of the primary functions of the AAA is planning - the process which effectively utilizes pooling, coordination and funding strategies in the development of the service delivery system.

The management functions of the AAA are (a) designed to improve service programs funded under the Older Americans Act, and (b) to strengthen the internal operation of the AAA. The functions utilized by the AAA to improve funded service programs include training, monitoring, assessment, evaluation, and technical assistance. The functions designed to improve the internal operation of the AAA include fiscal administration, grants management, and personnel administration.

The AAA has increased its level of efficiency in assessment and evaluation during this planning cycle through the use of AIMS computerized client service tracking system implemented by the Alabama Department of Senior Services.

Funding

Each year, the AAA receives an allocation of federal and state funds through the Alabama Department of Senior Services. These funds are passed down to programs in local communities to meet critical needs of older persons.

The AAA undertakes many activities to carry out the functions cited above. These activities include planning and management, program development, coordination and advocacy. Since 1973, the East Alabama Regional Planning and Development Commission's Area Agency on Aging has fulfilled the mandates of the Older Americans Act of 1965 as amended, and has had success in assisting local service providers to work effectively and

cooperatively in order to provide a more efficient service system for older persons.

AREA AGENCY ON AGING STAFF

The staff of the East Alabama Regional Planning and Development Commission's Area Agency on Aging is highly competent and professional. Currently, the AAA staff is composed of a Director with 33 years of experience working in Older Americans Act programs, eleven Case Managers; five service coordinators, each with specific service assignments (i.e., nutrition services, information and assistance, health promotion, prescription drug assistance, etc.); an elder law attorney (LSC contract); two Community Ombudsman; an RSVP Program Director, and several program support staff positions. In addition, the AAA participates in an internship placement program with universities in the region to provide on-the-job experience to their undergraduate and graduate social work students. The EAC AAA also encourages educational enrichment by providing opportunities for staff to attend conferences or participation in other educational programs.

During this plan period the AAA will implement a new organizational structure to improve services to clients and expand its capability to provide more effective Information and Assistance and Case Management services.

THE REGIONAL SENIOR SERVICES ADVISORY COMMITTEE

The Regional Senior Services Advisory Committee (RSSAC) meets once a quarter and potentially, there are seven basic roles that the RSSAC of the Area Agency on Aging may assume in order to function effectively. These roles are:

- 1) **Advisor** - Through routine debate and negotiation, the Committee may play an instrumental role in the planning and operation of programs for older person. This role may involve the assignment of priorities, the evaluation of program performance, and assessment of the progress made toward achieving goals and objectives.
- 2) **Distributor of Information** - Committee members should take information on the Committee's activities back to their constituents. Members may make appearances before community organizations and clubs.
- 3) **Collector of Information** - The comments that Committee members hear about a program or service and the needs and concerns of the elderly may help to uncover problems before they reach large proportions or become disruptive. Members can report back to the entire Committee the opinions expressed in their respective counties about certain activities and programs.
- 4) **Facilitator of Mutual Understanding** - If Committee members can reach mutual understanding on an appropriate course of action, then the community will probably be more disposed to accept that action. To achieve this role, Committee members must be fully informed of important activity developments in which the Committee has been involved, should have equal access to information about issues, and should adopt procedures that assure full discussion of important issues.
- 5) **Advocate** - Advocacy activities may occur at Committee meetings, before local executive and legislative bodies, throughout the community, and at higher governmental levels such as the State Legislature, the Governor, the U. S. Congress, and the President. These activities may include increasing the awareness of the conditions and needs of older persons, fostering cooperation among institutions that serve and could serve the elderly, increasing the utility of existing allocations of funds and developing new financial and institutional commitments to services for older persons.

The Committee may perform these roles in a number of ways. Likewise, the Committee may perform one or more roles in varying degrees. Regardless of the variations, the effectiveness of the Committee will depend on its ability to carry out these functions as it is necessary.

6) **RSSAC Members Can Aid in the Public Hearing Process:**

The Older Americans Act mandates the Area Agency on Aging to be responsible advocates and provide full participation of older persons in important decisions, especially those related to planning for Older Americans Act activities. The Area Plan Public Hearings provide a useful forum for discussing key legislative, administrative and program issues.

Each year, the Area Agency on Aging must develop a series of goals and objectives addressing the needs and concerns of older persons in Region IV (the Area Plan). The active participation of the RSSAC in developing and publicizing these hearings can provide the AAA with a much greater awareness of the interest of older persons within each county in the region. By holding public hearings, the Area Plan will more aptly reflect the concerns of older persons.

7) **RSSAC Members Represent Various Constituencies:**

RSSAC members represent the interests and concerns of all older persons, the needs of older persons throughout Region IV, and the needs of older persons in their respective counties. They must also represent the efforts of the AAA and local service providers in the development of a comprehensive and coordinated service delivery system.

As members of the Committee, these persons will have the opportunity to actively participate in the funding process for Older Americans Act programs. The concerns of older persons from the areas they represent must be made available to these persons in order that they are brought to the attention of the RSSAC and to the AAA.

The following is a description of the Regional Senior Services Advisory Committee (RSSAC) composition in accordance with governing federal regulations:

1. The Regional Senior Services Advisory Committee is composed of 33 persons, including 24 older persons. The Advisory Committee is also comprised of members of the general public and other representatives, as well as program participants.
2. Twenty-seven percent of the Committee membership is comprised of consumers of services under the Area Plan or older persons who are eligible for services.
3. Older low-income and older minority persons are represented on the Advisory Committee.

II. Characteristics of the Planning and Service Area

The East Alabama Planning and Services Area (Region IV) consist of ten eastern counties located in the central portion of Alabama. Four counties border the State line between Alabama and northwest Georgia. The region has a land area of approximately 6,228 square miles and is one of the largest planning and service areas in Alabama. The region extends approximately 75 miles from east to west, and about 155 miles from north to south. The region is composed of largely rural counties, though it does contain two Standard Metropolitan Statistical Areas (SMSA's), Anniston and Gadsden, which account for 40% of the region's population. Approximately 73% of the population is located in the northern five counties.

A. General Population Characteristics*

The ten counties which make up Region IV have a total population of 458,785 according to 2008 Census estimates. This represents a .5% decrease in population from the 2000 Census data. About 86,341 or 19% of the population were age 60 or above. An additional 21,121 were 55 or over and must be considered as a part of the aged population.

While total population in Region IV has decreased between 2000 and 2008, there has been an increase in the 60 and above age group.

***Where possible, 2008 Census estimates were developed by EARPDC staff. However, some tables either could not be updated using the Census formula, or no significant difference was derived from using the estimated formula.**

Table T-1
Population Growth Rates from 2000 to 2008
by County for Total Population and the Over Sixty Population

County	Total 2000	Total 2008	+/-	60+ 2000	60+ 2008	+/-
Calhoun	116,034	113,511	-2,523	19,488	19,064	-424
Chambers	36,876	36,748	-128	7,868	7,841	-27
Cherokee	19,543	21,170	+1,627	3,860	4,181	+321
Clay	13,252	13,544	+292	2,921	2,985	+64
Cleburne	12,730	13,445	+715	2,241	2,367	+126
Coosa	11,063	11,444	+381	2,239	2,316	+77
Etowah	99,840	102,529	+2,689	21,124	21,695	+571
Randolph	19,881	20,073	+192	4,349	4,391	+42
Talladega	74,107	76,369	2,262	12,726	13,114	+388
Tallapoosa	38,826	39,810	+984	8,179	8,386	+207
TOTAL	442,152	448,643	+6,491	84,997	86,341	+1,344

- Region IV has gained 6,491 in general population between 2000 and 2008, while at the same time it has gained 1,344 (2.6%) in population 60 and above.

Source: 2000 Census of Population; 2008 estimates by U.S. Bureau of Census Estimates Division

Table T-2
Older Population by Age Group
for Counties and Total PSA

County	AGE GROUP						
	55-59	60-64	65-69		75-79		85+
Calhoun	5,921	5,116	8,949		5,277		1,646
Chambers	1,984	1,656	2,992		2,118		818
Cherokee	1,559	1,408	2,265		1,159		394
Clay	801	762	1,219		789		351
Cleburne	852	712	1,106		627		200
Coosa	676	594	1,008		560		193
Etowah	5,519	4,845	8,773		6,015		1,772
Randolph	1,187	1,112	1,901		1,195		468
Talladega	4,291	3,618	5,941		3,587		1,127
Tallapoosa	2,507	2,006	3,589		2,382		901
TOTAL	25,297	21,829	37,743		23,709		7,870

Source: 2000 Census of Population

Table T-3
Sex Distribution for Total
PSA and Counties

County	ALL AGES		65 & OVER POPULATION	
	Male	Female	Male	Female
Calhoun	53,702	58,547	6,098	9,774
Chambers	17,285	19,298	2,216	3,712
Cherokee	11,794	12,194	1,612	2,206
Clay	6,952	7,302	958	1,401
Cleburne	7,037	7,086	809	1,124
Coosa	6,232	5,970	773	988
Etowah	49,506	53,953	6,473	10,087
Randolph	10,810	11,570	1,412	2,152
Talladega	39,285	41,036	4,188	6,467
Tallapoosa	19,704	21,771	2,703	4,169
TOTAL	222,307	238,1727	27,242	42,080

Source: 2000 Census of Population

Within the aged population of Region IV, it appears there will be a shift to a larger percentage of older persons in the higher age categories during the next decade. Women also will make up a larger proportion of this group. On the average, women live longer than men and therefore, are more likely to end up living alone. Women average a longer period of retirement than elderly men during which time they must rely on private or public sources of retirement income.

In summary, there will be an increase in the total number of older persons and an increase in the number of older persons at each age. Secondly, the number of women will increase faster than men, especially in older age groups. Finally, there appears to be a trend for the proportion of the population 75 years old and above to become larger.

Table T-4
Standard Population Projections
for 1990 - 2015

County	1990	1995	2000	2005	2010	2015
Calhoun	116,034	115,024	113,970	112,727	111,363	110,022
Chambers	36,876	35,925	35,057	34,287	33,633	33,095
Cherokee	19,543	19,837	20,031	20,122	20,122	20,028
Clay	13,252	13,047	12,810	12,569	12,313	12,041
Cleburne	12,730	12,805	12,879	12,940	12,974	12,979
Coosa	11,063	10,938	10,869	10,830	10,794	10,743
Etowah	99,840	97,879	95,824	93,680	91,559	89,553
Randolph	19,881	19,802	19,707	19,580	19,444	19,326
Talladega	74,107	74,025	73,848	73,511	73,061	72,588
Tallapoosa	38,826	39,114	39,291	39,433	39,549	39,638

Source: Alabama State Data Center, Center for Business and Economic Research, the University of Alabama

Table T-5
 Number of Households by County
 for the Older Population

COUNTY	1 or More Persons Over 60	2 or More Persons Over 60	65 and Over Households
Calhoun	13,770	10,558	9,497
Chambers	5,548	4,487	4,064
Cherokee	2,775	2,153	1,942
Clay	1,971	1,557	1,429
Cleburne	1,620	1,242	1,138
Coosa	1,534	1,168	1,062
Etowah	14,669	11,507	10,522
Randolph	3,042	2,394	2,159
Talladega	9,120	7,087	6,422
Tallapoosa	5,667	4,451	4,028
TOTAL	59,716	46,604	42,263

Source: U.S. Bureau of Census, 2000.

B. Political Divisions

The East Alabama PSA contains within its boundaries two congressional districts, (USC District 3; USC District 4); 5 State Senatorial Districts (10, 11, 12, 13, 27); and 13 State House of Representatives Districts (28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 81). The region is divided into ten counties, each governed by an elected county commission made up of from 5 to 7 members and chaired by a county commission chairman or Judge of Probate. There are 58 incorporated municipalities located with the PSA, the majority having the Mayor/Council form of local government. EARPDC maintains a detailed listing of all county and municipal governments in its Regional Directory, published annually.

POLITICAL DIVISIONS

Congressional Delegation

State Officials

Governor
Lieutenant Governor
Attorney General
Secretary of State
State Treasurer
State of Auditor
Agriculture and Industries
Commissioner

State Senators

State Representatives

County Officials

Calhoun County
Chambers County
Cherokee County
Clay County
Cleburne County
Coosa County
Etowah County
Randolph County
Talladega County
Tallapoosa County

Municipal Officials

Alexander City
Altoona
Anniston
Ashland
Attalla
Blue Mountain
Bon Air
Camp Hill
Cedar Bluff
Centre
Childersburg
Dadeville

Daviston
Edwardsville
Five Points
Fruithurst
Gadsden
Gantt's Quarry
Gaylesville
Glencoe
Goldville
Goodwater
Heflin
Hobson City
Hokes Bluff
Jackson's Gap
Jacksonville
Kellyton
LaFayette
Lanett
Leesburg
Lincoln
Lineville
Mountainboro
New Site
Oak Grove
Ohatchee
Oxford
Piedmont
Rainbow City
Ranburne
Reece City
Ridgeville
Roanoke
Rockford
Sand Rock
Sardis City
Southside
Sylacauga
Talladega
Talladega Springs
Valley

Wadley
Waldo
Walnut Grove
Waverly
Weaver
Wedowee
Woodland

C. Population Characteristics

The following tables represent the most current data on the aged population in each of the ten counties in PSA IV. All data are derived from 2000 U.S. Census data, with 2008 estimates derived whenever possible.

Table T-6
 Minority Elderly Population Distribution by Race
 for 65+ Population by County

County	Total Minority Persons Age 65+*, 1990	Minority Persons Age 65+ Below Poverty Level in 2000	Poverty Rate Minority Persons Age 65+, 2000	Total Minority Persons Age 65+, 2008 (Est.)	Minority Persons Age 65+ Below Poverty Level, 2008 (Est.)
Calhoun	1,982	783	39.5%	1,993	787
Chambers	1,400	662	47.3%	1,445	683
Cherokee	144	31	21.5%	156	34
Clay	220	122	55.5%	225	125
Cleburne	86	32	37.2%	100	37
Coosa	384	148	38.5%	404	156
Etowah	1,583	537	33.9%	1,652	561
Randolph	541	287	53.0%	572	304
Talladega	2,009	862	42.9%	2,103	902
Tallapoosa	967	449	46.4%	1,098	510
TOTAL	9,316	3,913	42.0%	9,750	4,099

*Persons for whom poverty status is determined. Does not include institutionalized persons or persons in military group quarters and college dormitories.

Table T-7
 Minority Population Age 65+, 2008 (est.)

County	Total Persons Age 65+, 2000	White Persons Age 65+, 2000	Minority Persons Age 65+, 2000	% Minority	Total Persons Age 65+, 2008 (est.)	Minority Persons Age 65+, 2008 (est.)
Calhoun	14,386	12,349	2,037	14.2%	14,073	1,993
Chambers	6,170	4,720	1,450	23.5%	6,149	1,445
Cherokee	2,889	2,745	144	5.0%	3,130	156
Clay	2,252	2,032	220	9.8%	2,302	225
Cleburne	1,723	1,628	95	5.5%	1,820	100
Coosa	1,608	1,217	391	24.3%	1,663	404
Etowah	15,872	14,263	1,609	10.1%	16,299	1,652
Randolph	3,291	2,724	567	17.2%	3,323	572
Talladega	9,543	7,502	2,041	21.4%	9,834	2,103
Tallapoosa	6,223	5,152	1,071	17.2%	6,381	1,098
TOTAL	63,957	54,332	9,625	15.0%	64,973	9,750

Source: 2000 Census of Population.

D. Economic Characteristics

The following tables represent an economic profile of the older population of the East Alabama PSA. All information is compiled from data obtained through the 1990 U.S. Bureau of Census Summary Files Tapes, unless other indicated.

Table T-8
Percentage of the Older Population with Income
Below Poverty Level in 2000
by Age for Each County

County	65+	Below Poverty	Mean Retirement Income	Percent Below Poverty Level
Calhoun	13,943	3,069	9,673	22%
Chambers	5,881	1,450	6,631	24.7%
Cherokee	2,844	772	6,975	27.1%
Clay	2,103	699	6,858	33.2%
Cleburne	1,659	475	7,346	28.6%
Coosa	1,575	414	7,205	26.3%
Etowah	15,155	3,165	7,462	20.9%
Randolph	3,154	904	6,737	28.7%
Talladega	9,278	2,173	7,372	23.4%
Tallapoosa	5,831	1,520	7,360	26.1%

Table T-9
Distribution of 65+ Individuals In the Labor Force

County	EMPLOYED		UNEMPLOYED		NOT IN LABOR FORCE	
	Male	Female	Male	Female	Male	Female
Calhoun	2,784	2,213	108	73	856	3,618
Chambers	988	1,030	19	17	583	921
Cherokee	478	400	62	12	435	714
Clay	349	322	9	2	244	365
Cleburne	354	275	-	8	213	383
Coosa	287	198	-	3	251	418
Etowah	2,621	1,854	128	71	1,854	3,681
Randolph	557	471	32	43	329	592
Talladega	1,693	1,204	96	44	1,337	2,321
Tallapoosa	895	983	22	17	746	1,202

Table T-10
Median Income - 65+

County	Male	Female	All Households
Calhoun	\$ 6,869	\$6,848	\$23,802
Chambers	6,212	5,664	21,256
Cherokee	7,621	5,135	21,368
Clay	5,163	5,380	19,252
Cleburne	5,000	5,079	21,158
Coosa	5,939	5,980	20,279
Etowah	10,273	6,334	22,314
Randolph	6,915	5,005	19,440
Talladega	6,579	8,050	21,378
Tallapoosa	5,747	6,043	22,020

Source: U.S. Census Bureau, 2000.

Table T-11
Persons Age 60+ Below Poverty Level
2008 (est.)

County	Total Persons Age 60+*, 2000	Persons Age 60+ Below Poverty Level in 2000	Poverty Rate Persons Age 60+, 2000	Total Persons Age 60+, 2008 (Est.)	Persons Age 60+ Below Poverty Level, 2008 (Est.)
Calhoun	19,027	3,713	19.5%	19,064	3,720
Chambers	7,579	1,697	22.4%	7,841	1,756
Cherokee	3,815	994	26.1%	4,181	1,089
Clay	2,772	839	30.3%	2,985	904
Cleburne	2,177	539	24.8%	2,367	586
Coosa	2,206	538	24.4%	2,316	565
Etowah	20,370	4,000	19.6%	21,695	4,260
Randolph	4,212	1,110	26.4%	4,391	1,157
Talladega	12,442	2,755	22.1%	13,114	2,904
Tallapoosa	7,755	1,845	23.8%	8,386	1,995
TOTAL	82,355	18,030	21.9%	86,341	18,936

*Persons for whom poverty status is determined. Does not include institutionalized persons or persons in military group quarters or college dormitories.

E. Rural Elderly Population

T-12
Rural Persons, Age 60 or Older, 2008 (est.)

County	Total Population Age 60 + 2000	Rural Population Age 60 + 2000	% Rural	Total Population Age 60+ 2008 (est.)	Rural Population Age 60 + 2008 (est.)
Calhoun	19,590	4,509	23.0%	19,064	4,388
Chambers	7,960	2,476	31.1%	7,841	2,439
Cherokee	3,924	3,226	82.2%	4,181	3,437
Clay	2,900	2,900	100.0%	2,985	2,985
Cleburne	2,323	1,622	69.08%	2,367	1,653
Coosa	2,194	2,194	100.0%	2,316	2,316
Etowah	21,166	4,713	22.3%	21,695	4,831
Randolph	4,341	2,891	66.6%	4,391	2,924
Talladega	12,936	5,429	42.0%	13,114	5,504
Tallapoosa	8,281	3,677	44.4%	8,386	3,724
TOTAL	85,615	33,637	39.3%	86,340	34,200

Note: 2000 population for age 60+ may not equal total in Table T-2. T-2 used revised 2000 figures, which were not available for urban/rural distribution of county population.

With almost 40% of the 60+ population residing in rural areas, the AAA must address the issues and problems associated with coordinating the delivery of services in rural areas.

F. Independence And Dignity

Independence is defined as the ability of all older persons to lead a full and quality life and to have access to a wide range of programs designed to improve the quality of life for older persons. Older persons must be able to utilize these services without the stigma attached to "welfare" type programs. Dignity is defined as the level of self-esteem and psychological well-being that is the result of an older person being able to continue to function effectively regardless of his or her age or impairment with regard to these.

The Older American's Act Amendments of 2006 declare that the older people of our nation are entitled to the full and free employment of the following:

1. An adequate income in retirement in accordance with American standard of living.
2. The best possible physical and mental health which science can make available without regard to income status.
3. Suitable housing, independently selected, designed and located with reference to special needs and at costs that older persons can afford.
4. Full restorative services for those who require institutional care.
5. Opportunity for employment with no discriminatory personnel practices because of age.
6. Retirement in health, honor, dignity - after years of contribution to the economy.
7. Pursuit of meaningful activity within the widest range of civic, cultural, and recreational opportunities.
8. Efficient community services, including access to low-cost transportation, which provide a choice of supported living arrangements and social assistance in a coordinated manner and which are readily available when needed.
9. Immediate benefit from proven research knowledge that can sustain and improve health and happiness.
10. Freedom, independence and the free exercise of individual initiative in planning and managing their own lives.

It is the goal of the EARPDC Area Agency on Aging to make every effort to assure that all older persons in Region IV have access to the above-mentioned rights.

G. Individual And Social Barriers

The following barriers have been identified which make it problematic for older individuals and organizations in the community to address the needs of older persons:

1. Services are fragmented and too narrowly focused on isolated needs, rather than focusing on broad based needs.
2. Services are often not coordinated, and service agencies compete for limited sources of monies.
3. Few service agencies located in urban areas provide services in the rural areas of the region.
4. Federal, state and private funding sources are limited and often dictate unreasonable eligibility criteria for service programs and limit participation based on geographic boundaries.
5. Programs may change the services provided annually depending upon the availability of funds.
6. There is no current, standardized source of information about all service available to older persons in PSA IV. Therefore, older persons do not always receive accurate information from service providers regarding available services.
7. Many counties in the region have little to no tax base and; therefore, there is limited financial support, or none whatsoever, for health and social service programs for older persons.
8. Insurance costs for individuals and agencies have increased by as much as 75% in some areas (especially transportation and health care). This makes program maintenance very difficult for low-income individuals and agencies with limited funding sources.

In addition, individuals often do not receive services or entitlements for which they are eligible. The following barriers have been identified by the Department of Health and Human Services:

1. Homebound status due to age or infirmity.

2. Lack of connection with social service organizations.
3. Lack of transportation and/or access to a telephone.
4. Distrust or fear of government bureaucracy.
5. Homelessness coupled with mental illness.
6. Limited exposure to traditional communications media.
7. Inability to handle one's own financial affairs.

These identified barriers reflect the need for the EARPDC AAA to initiate and/or expand its efforts in the areas of advocacy, visibility, interagency cooperation, outreach and case management.

H. Continuum of Care

In identifying the range and effectiveness of services available to older persons in the region, the EARPDC AAA planning process facilitates an analysis of the service delivery system from the prospective of older persons' ability to access the services. Through the review of ADSS needs assessment data; through activities such as participation in public hearings on topics affecting older persons; an ongoing review and monitoring process of OAA programs in the region; and through periodic reviews of secondary data sources (e.g., census data), the EARPDC AAA staff are able to develop programming which will be able to respond to the needs of older persons in the region. Major areas identified through this process are: (1) the need for **transportation** services especially in rural areas; (2) the cost and availability of adequate health and medical services, (3) the need for adequate **income** and financial stability; (4) the need for appropriate **housing** resources including independent, assisted and skilled care housing; and (5) the need for expansion of home and community based services , including in-home and shopping assistance services, and services to Veterans and Caregivers.

As an ongoing process, the EARPDC AAA will continue to direct its resources and advocacy efforts toward meeting these needs.

I. Comprehensive and Coordinated Service Delivery System

Region IV has many service providers with programs for older persons. There are 31 nursing homes (T-13), 36 home health agencies (T-14), 29 assisted living facilities (T-15), 10 Departments of Human Resources (T-16), 4 Community Action/Services Agencies (T-19), and 44 home delivered meal locations (T-18).

Two major challenges faced by the EARPDC AAA are (1) most of the above mentioned programs are located in the urban areas of the region leaving a large portion of the region with limited access to many services; and (2) service delivery is not well coordinated, thus the process of linking people to needed services is often fragmented and ineffective.

The EARPDC AAA continues to address these challenges through its efforts to designate many of the senior center programs in the area as community focal points for the delivery of Older Americans Act services and as locations in the community for older persons to receive information and assistance to link them with needed services. During this Plan period the AAA will continue to expand its I&A capacity to develop a more effective person centered system of service delivery to older persons in the region.

The following is a summary of services available in Region IV:

Table 13
Nursing Homes in Region by County and City

County	City	Name of Nursing Home	# of Persons Licensed to Serve
Calhoun	Anniston	Beckwood Manor Nursing Home	85
	Piedmont	Piedmont Health Care	91
	Anniston	National Healthcare (NHC), Anniston	151
	Jacksonville	Jacksonville Health and Rehabilitation	167
	Oxford	Beverly Healthcare-Oxford	173
Chambers	Valley	George Lanier Memorial Hospital and Nursing Home	93
	LaFayette	LaFayette Extended Care	69
	LaFayette	LaFayette Nursing Home, Inc.	63
	Lanett	Beverly Healthcare-Lanett	85
Cherokee	Centre	Cherokee County Nursing Home	168
Clay	Ashland	Clay County Nursing Home	83
	Lineville	Lineville Nursing Facility	101
Cleburne	Heflin	Cleburne County Nursing Home	82
Coosa	Goodwater	Goodwater Nursing Home	42
Etowah	Altoona	Altoona Health Care Center	50
	Attalla	Attalla Health Care, Inc.	182
	Glencoe	Coosa Valley Healthcare, Inc.	124
	Gadsden	Gadsden Healthcare Center, Inc.	168
	Gadsden	McGuffy Health Care Center	209
	Gadsden	Northside Healthcare	115
Randolph	Roanoke	Roanoke Healthcare Center	60
	Roanoke	Traylor Nursing Home, Inc.	112
Talladega	Sylacauga	Coosa Valley Baptist Nursing Home	75
	Sylacauga	Sylacauga Health Center	135
	Talladega	Talladega Healthcare Center, Inc.	234
Tallapoosa	Alexander City	Adams Nursing Home	88
	Alexander City	Bill Nichols State Veterans Home	150
	Alexander City	Brown Nursing Home	68
	Alexander City	Chapman Nursing Home	212
	Dadeville	Dadeville Health Care Center	132
	Dadeville	Wilder Nursing Home	65

Table 14
Home Health Agencies (HHA's) Providing Services in EARPDC Region

HHA	COUNTIES SERVED
Cherokee Baptist Medical Center HH	Cherokee
Calhoun County Health Department	Calhoun
Amedisys of Anniston	Calhoun, Clay, Cleburne, Etowah, Randolph, Talladega
Gentiva Health Services	Calhoun, Chambers, Cherokee, Clay, Cleburne, Coosa, Etowah, Randolph, Talladega, Tallapoosa
N.E. AL Regional Medical Center HHA	Calhoun, Clay, Cleburne, Etowah, Randolph, Talladega
Chambers County Health Department	Chambers
Lanier Home Health Services	Chambers
Cherokee County Health Department	Cherokee
Clay County Health Department	Clay
Cleburne County Health Department	Cleburne
Riverview Reg. Med. Ctr., HAA	Calhoun, Etowah, Cherokee
Etowah County Health Department	Etowah
Cherokee Baptist Medical Center	Cherokee
Clay County Hospital HHA	Clay
Gadsden Regional Medical Center	Etowah
Comfort Keepers	Calhoun, Etowah, Talladega
New Visions, Inc.	Calhoun, Chambers
Maxim Healthcare Services, Inc.	Calhoun, Talladega
Oxford Healthcare	Calhoun, Chambers, Cherokee, Clay, Cleburne, Coosa, Etowah, Randolph, Talladega, Tallapoosa
Randolph County Health Department	Randolph
Coosa Valley Baptist Medical Center HC	Talladega, Coosa
Talladega/Coosa County Health Department	Talladega, Coosa
Lakeshore Community Home Care	Tallapoosa
Tallapoosa County Health Department	Tallapoosa
Gadsden Regional Medical Ctr. HAA	Etowah

Source: Provider Services Directory, 2002. Division of Provider Services. Alabama Department of Public Health. Montgomery, Alabama.

Table 15
Assisted Living Facilities (ALF's) in EARPDC Region by County

County	City	Name of ALF	# of Persons Licensed to Serve
Calhoun	Anniston	Autumn Cove (SCALF)	38 AL/27 SCALF
	Anniston	Eastside Manor	16
	Jacksonville	Jackson Haus, Inc.	16
	Anniston	NHC Place	80
Chambers	Valley	RiverBend	56
	Valley	Savannah Court of Valley	16
	Valley	Savannah Court of Valley #2	16
Cherokee	Centre	Cherokee Village (SCALF)	36
	Lineville	Twin Oaks	16
Etowah	Attalla	Oak Landing	22
	Rainbow City	The Meadows of Rainbow City	16
	Gadsden	Heritage Inn	16
	Gadsden	Meadowood Retirement Center	150
	Gadsden	The Pointe' at Goldenrod	16
	Southside	Woodland Place	16
Randolph	Roanoke	Roanoke Heritage Home for the Elderly	10
	Roanoke	Williamsburg Manor	16
	Wedowee	Ava Hills Assisted Living	16
Talladega	Talladega	Autumn Trace (SCALF)	16
	Talladega	TLC Assisted Living Home	16
	Talladega	Sunset Inn	30
	Talladega	Summer Place	16
	Sylacauga	Mountain View Lake	16
	Sylacauga	Spring Terrace ALF	60
Tallapoosa	Alexander City	Chapman Assisted Living (SCALF)	46
	Alexander City	The Meadows of Hillabee	16
	Alexander City	Savannah Court of Alexander City	16
	Dadeville	Sunset Valley	16
	Dadeville	The Veranda	16

Source: Provider Services Directory, 2009. Division of Provider Services. Alabama Department of Public Health. Montgomery, Alabama.

Table 16
 Departments of Human Resources
 In the EARPDC Region

COUNTY	CITY/TOWN	AREA SERVED
Calhoun County Department of Human Resources	Anniston	Calhoun County
Chambers County Department of Human Resources	LaFayette	Chambers County
Cherokee County Department of Human Resources	Centre	Cherokee County
Clay County Department of Human Resources	Lineville	Clay County
Cleburne County Department of Human Resources	Heflin	Cleburne County
Coosa County Department of Human Resources	Rockford	Coosa County
Etowah County Department of Human Resources	Gadsden	Etowah County
Randolph County Department of Human Resources	Wedowee	Randolph County
Talladega County Department of Human Resources	Talladega	Talladega County
Tallapoosa County Department of Human Resources	Dadeville	Tallapoosa County

Source: Department of Human Resources Listings. State Department of Human Resources. (Montgomery, Alabama 1998).

Table 17
 Community Action/Community Service Agencies
 In the EARPDC Region

COUNTY	CITY/TOWN	AREA SERVED
Community Services of Calhoun & Cleburne Counties	Anniston	Calhoun, Cleburne
Community Action Agency of Talladega, Clay and Randolph Counties	Talladega	Chambers, Clay and Randolph Counties
Community Services of Etowah County, Inc.	Gadsden	Etowah County
Community Action Agency of Tallapoosa, Coosa and Chambers Counties, Inc.	Dadeville	Tallapoosa, Coosa and Chambers Counties

Table 18
Congregate and Home Delivered Meals (HDM's) in EARPDC Region by Center

County	Senior Center	# of Daily HDM's	# of Daily Congregate	Daily Meal Total
Calhoun	Anniston	105	39	144
	Hobson City	15	10	25
	Jacksonville	11	39	50
	Oxford	34	32	66
	Piedmont	6	28	34
	Stone Creek	5	20	25
	Weaver	10	21	31
Chambers	LaFayette	17	22	39
	Lanett	78	35	113
	Valley	60	65	125
	Waverly	8	19	27
Cherokee	Cedar Bluff	11	19	30
	Centre	12	38	50
Clay	Ashland	18	13	31
	Lineville	22	17	39
Cleburne	Fruithurst	14	14	28
	Heflin	12	20	32
	Ranburne	20	18	38
Coosa	Goodwater	12	25	37
	Rockford	12	24	36
	West Coosa	9	22	31
Etowah	Attalla	24	24	48
	Elliott	26	43	69
	Gadsden	20	24	44
	Glencoe	31	44	75
	Hokes Bluff	11	22	33
	Lookout Mountain	5	24	29
	Morton Chapel	5	20	25
	Sardis City	9	16	25
	Walnut Grove	8	24	32
Randolph	Roanoke	29	14	43
	Wadley	16	11	27
	Wedowee	15	13	28
	Woodland	21	15	36
Talladega	Childersburg	22	26	48
	Lincoln	15	13	28
	Oak Grove	16	17	33
	Sycamore	8	17	25

	Sylacauga	42	41	83
	Talladega	24	46	70
Tallapoosa	Alexander City	37	27	64
	Camp Hill	17	12	29
	Dadeville	9	20	29
	Wall Street	19	8	27

Source: Meal Certifications, 2010. East Alabama Regional Planning and Development Commission, Area Agency on Aging.

III. Service Delivery Plan

- Legislative Advocacy Efforts – The EARPDC AAA will continue its successful and collaborative advocacy efforts to increase the State Funding for Senior Services. The EARPDC Board and Advisory Committee have requested that staff work at the local and federal levels as well to push for increased resources. The EARPDC AAA staff will continue their active involvement in state and federal advocacy efforts. Staff will provide statistical and other educational information, as needed, for sessions held with legislators, congresspersons, and local elected officials throughout the year. In addition, EARPDC will carefully craft annual Policy Statements on Federal and State-Level issues. These Policy Statements are approved by the EARPDC Board and guide the advocacy work of the AAA staff.
- Public Education for Older Adults and their Caregivers – **EARPDC AAA staff will continue to participate in and support efforts such as website by providing information ?? the ?? as well as by assisting ADSS in continuing design of the project.** The AAA will also continue its strong relationships with the media, allowing us to publish pertinent articles of public interest throughout the years. Staff will participate in various senior and caregiver fairs as resources permit providing verbal and written information to participants. Brochures and informational materials will be kept up-to-date. We will continue to provide workshops and presentations for local businesses interested in accessing resources for their working caregivers.
- Long-Term Care Ombudsman – The EARPDC Ombudsman Program will continue to maintain the state requirements outlined in the Ombudsman Policy and Procedure Manual including monthly visits to nursing homes, quarterly visits to assisted living residences, time-mandated response to complaint investigations, information and assistance, participation in resident and family councils and an annual customer satisfaction survey.

SERVICES TO BE ENHANCED

- In-Home Services – Every service type in this category needs funding increases including homemaker and personal care, but especially chore services such as yard work and home repair. EARPDC will assess the possibility of shifting resources or utilizing some new resources for this service category. EARPDC will also seek to expand the number and variety of agencies that apply for funding to provide in-home services in the region.
- Family Caregiver Support Programs – Respite services need to be increased to ease the stresses of caregiving. The number of grandparents raising grandchildren is increasing significantly in the region. By attempting to increase respite resources, via new, or shifting of existing resources, we will assist the SUA in its Caregiver Goal of

increasing the number of families who are supported in their efforts to care for their loved ones at home and in the community. In addition, the AAA will increase emphasis on the collection and issuance of information on caregiver resources by the Caregiver Program Coordinator. The AAA will work to increase assistance to grandparents (e.g., support groups, advocacy) to deal with issues surrounding raising grandchildren.

- Transportation Services and Coordination – In almost every county, input received suggested an increased need for assisting older adults with medical trips and immediate need trips. EARPDC will annually assess the level of funding for transportation services and attempt to shift or allocate any available new funds to this service category. We will continue to strengthen regional partnerships to create, sustain, or improve affordable, accessible, reliable, and safe transportation for seniors. In addition, the EARPDC AAA awards funding to each county in the region for transportation services. **The new Human Services Coordination Plan will include, in addition to other transportation programs such as Job Access Reverse Commute (JARC), FTA 5310, FTA 5311 etc.** The EARPDC AAA staff will continue to participate in the development of a coordinated transit system for older adults by participation in the transit committees.
- Health Promotion – The EARPDC AAA hopes to increase the number of health promotion clinics and increase the services offered to include medication management. We will identify potential providers of this services during the upcoming Plan period.
- Mental Health is not talked about very openly by the current older generation. EARPDC staff and providers will coordinate educational efforts focused on the fact that mental health declines are not always a normal process of aging. The federal government via the White House Conference on Aging and the Older Americans Act reauthorization called for an increased emphasis on the mental health needs of elders.
- Safety in both the home and community was raised repeatedly as of critical importance. Many seniors are fearful of being alone and isolated from the community and services. Safety in the home is a specific concern as many seniors are living in older homes in need of safety assessments and home modifications and repairs. Resources will be allocated, if possible, to fund these assessments and other safety-related projects. In addition, from a community safety perspective, EARPDC staff will work with local governments to educate around the need for neighborhood safety improvements (adequate lighting, readable signage, good traffic signal timing, etc.) that will ultimately benefit all age groups.
- Emergency Preparedness – The EARPDC AAA will continue coordinating with local, state and federal bodies to identify persons at-risk, communicate information,

and heighten awareness of emergency planning among the general population of seniors. We will utilize and disseminate information on Emergency/Pandemic Flu Planning and Preparedness as it becomes available. We will seek and even initiate opportunities (if appropriate) to meet and collaborate with our local emergency response partners (local officials and service providers) throughout the region.

FISCAL ASSUMPTIONS

Flat or Reduced Funding is Expected – This Plan is being developed assuming that federal funding under the Older Americans Act will remain level at best, and will likely be decreased due to other national priorities. The State Funding for Senior Services is always an uncertainty and our Plan assumes basically level funding, although we are aware that it could be completely cut if the State needs the money elsewhere. Given relatively static overall funding, and increased costs, it is likely we will see units provided and consumer counts decrease over this Plan period.

PLANNING AND FUNDING ISSUE TO BE RESOLVED

Ongoing Assessment of Demand for Services vs. Availability of Funding – It is evident that throughout the region, the public expressed the need for more services in almost every category. Given this expressed need, the existence of ongoing waiting lists, no expected increases in funding, and certain increases in the cost of living, there is a palpable dilemma before us. We will need to keep up our intensive legislative advocacy at every level, including local, state and federal. We must create useful and succinct information that policymakers can utilize that will persuade them of the increasing disparity between needed services and available resources for senior care.

In addition, the Older Americans Act 2006 Reauthorization contains the following provisions which are intended to “promote older Americans’ full participation in society, and support... their overwhelming desire to remain living in their own homes and communities for as long as possible” (Carbonell Statement 2006). These provisions also fall in line with the federal “New Freedom” and “Choices for Independence” initiatives.

- Enhanced Federal, State and Local coordination of long-term care services provided in home and community-based settings
- Support for State and community planning to address the long-term care needs of the baby boom generation
- Greater focus on prevention and treatment of mental disorders
- Outreach and service to a broader universe of family caregivers under the National Family Caregiver Support Program
- Increased focus on civic engagement and volunteerism, and
- Enhanced coordination of programs that protect elders from abuse, neglect and exploitation.

The EARPDC AAA addresses, inasmuch as possible, each of these AoA initiatives and OAA provisions throughout is 2011 through 2014 Area Plan, and as specified below.

NEW REGIONAL INITIATIVES TO BE UNDERTAKEN

- Improving EARPDC's Information, Referral and Assistance (I, R/A) Capacity – Lack of adequate information on senior resources in the regional was communicated at every public input session. The information and referral/assistance role of the AAA needs to meet the needs of the growing older population and caregiving families. The suggested model is to have one main agency to act as the regional clearinghouse. EARPDC will continue with its review of I, R/A via its special ADRC Resource Team. Increased I, R/A staffing via a grant or other methods will be pursued including continuing the partnership with AUM's Senior Resource Center project, and several local foundations. EARPDC needs to strengthen the Area Agency on Aging role in disseminating information and providing helpful assistance in getting connected to information requests. The EARPDC AAA also would like to fully implement the Aging & Disability Resource Center (ADRC) in specific counties in the area. We will work toward improving this aspect of our work. We will do this by increased collaborations with 2-1-1 services in our region. We will undoubtedly increase the number of older people who have access to an integrated array of health and social supports if we can achieve these objectives. In addition, the ADRC Resource Team will continue to meet at least quarterly and assess how to improve this AAA function. A report will be issued by the team and will include responses to the on-site assessment findings by AUM. We believe the work of this committee will result in a streamlining of consumer access to available services. EARPDC will willingly and actively collaborate with the many stakeholders including county departments of human/social services, United Way 2-1-1, and service providers to improve outreach and access to services. EARPDC's leadership and initiative will be crucial for the success of this goal.
- Assessing Region's Communities for Livability – Collaborate with EARPDC's Planning Section staff to formulate a series of implementation strategies aimed at encouraging member governments to include senior-friendly development tenets in their comprehensive master plans and development regulations. A Livable Communities Subcommittee of the EARPDC Advisory Committee on Aging will assist staff in formulating these implementation strategies, which are intended to be included in the CEDS. EARPDC staff from several divisions will work with our local government members by providing them with state-of-the-art information about livable communities including providing them with the MetLife Report "The Maturing of America: Getting Communities on Track for an Aging Population." This initiative also helps the AoA address its "Active and Healthy Goal" of increasing the number of people who stay active and healthy.
- Attention on Services for Rural Areas – Seventy-five percent of the EARPDC region residents live in rural areas. During the upcoming Plan period, we will assess the current service needs in the rural areas... especially rural counties. Telemedicine services for the

rural areas need to be increased.

- Public Education and Outreach – Enhance the entire Area Agency on Aging (including Community Services and Ombudsman) sections of the EARPDC website. Keep the EARPDC website up-to-date and relevant. Consider using GIS both to assess the extent to which services are penetrating the region as well as for targeting services appropriately. Create a AAA brochure to improve outreach and information provision to the public. Develop a plan for educating communities on available services/resources in their area. Develop a quarterly E-Newsletter for the EARPDC Area Agency on Aging. Increase the visibility of the AAA by developing a communications plan.
- Coordination with the Disabilities Community – We need to coordinate with the disabilities community. Based upon the I, R/A calls we receive from persons less than 60 years of age needing assistance (many are referred to us by the disabilities community!) there has to be a better approach to connecting this population to services. For example, if we are to assist this group with the SRC approach, there should be funding available to the AAA for this service.
- Elder Rights Advocacy – In support of the goals of the Administration on Aging the EARPDC staff will increase its advocacy efforts in the area of Elder Rights. In the next four years we will advocate for increased dollars at the state and federal level for the long-term care ombudsman program and elder abuse prevention. We will meet with staff from the offices of legislature to advocate for increased funding in the Older American's Act for the Ombudsman Program. We will continue our efforts to educate legislators about the needs of long-term care residents and work to increase state dollars to support all aging programs including the long-term care ombudsman program.
- Financial Planning - The EARPDC Board of Directors and the RSSAC specifically directed the AAA staff to: (1) be able to reasonably address requests for financial-related information from the public, and (2) develop educational offerings to the public on financial topics including reverse equity mortgages and planning utilizing existing resources and experts on these topics. The AAA will educate seniors about the reality of staying at home, including medical and day-to-day living costs. This will be accomplished via the offering of financial-related seminars utilizing existing experts, hopefully in a pro bono manner whenever possible. This will also necessitate collaboration with individuals and organizations already involved in the arena. This lifelong financial education and planning topic was also identified in the White House Conference on Aging reports (i.e., federal, state and regional) as a critical area in need of increased attention. In addition, the EARPDC Board of Directors requested that EARPDC advocacy efforts specifically include the arena of financial legislation or policies that could assist with later life financial strength and security.
- Medicare – In support of AoA's partnership with CMS, the EARPDC AAA will designate one key staff person and one back up to serve as the main source of information on Medicare for both internal as well as external purposes. These designated staff will keep up with

changes in the Program and will serve as the contact point on Medicare-related information. EARPDC staff will also share CMS updates, information, and promotional materials for distribution on an on-going basis to service providers, seniors, caregivers, and the public. Staff will also participate in Webinars and teleconferences as appropriate.

In addition, the EARPDC AAA will enhance the current information and referral system by having many staff obtain training to assist callers with basic information before referring them. EARPDC AAA service delivery plans are presented here by category of service.

TARGETING PROGRAMS

The Area Agency on Aging will coordinate with the EARPDC Geographic Information System (GIS) staff to locate where services are currently being provided by EARPDC. This is another tool to assist the Area Agency on Aging on targeting services and/or seeing where services are being targeted. This information will be useful in program planning and contracting for services.

The *Older Americans Act* states that “preference and priority” must be given to:

- Consumers with greatest social need;
- Consumers with greatest economic need;
- Low income minority consumers; and
- Consumers residing in rural areas.

We keep this mandate in mind in all activities we undertake throughout the year.

Special Outreach Activities To Hispanic Elders

Increasing access to information is what is being called for here by the federal and state agencies, with the goal being “equal access”. Those activities that have worked successfully for us in the past will be continued or expanded including working with churches, providing program materials in English and Spanish, participating in Latino resource fairs and supporting the inclusion of Spanish versions of web pages on our website.

Rural Targeting

The EARPDC AAA will convene a meeting of local stakeholders and interested service providers to discuss possible expansion of senior services to the rural portions of the counties. Initially, special attention will be given to enhancing nutritional services for isolated and homebound persons in this rural area.

With regard to the service needs of older adults, the trend in the immediate future is more benign than in the longer run. In the near future, the highest growth rates will be for the young-old that tend to need fewer services. After 2012, however, the 75 to 79 age group is expected to surge at an annual

rate of 5.2%. Nevertheless, the anticipated annual growth rate for the population 85 and over will exceed 2% per year for the next eight years. This is the age group with the highest rank of institutional placement and where the need for services is likely to be greatest.

A. IN-HOME SERVICES

Home delivered services are those services that are provided to non-institutionalized older persons within their residence. One goal of the Older Americans Act is that all older persons be allowed to remain in their homes as long as is possible, and that institutionalization be proposed only when absolutely necessary.

The most current information regarding the conditions of older persons has confirmed the need for the development of a system designed to provide such services as home delivered meals, case management, homemaker and home chore services, in-home health services, companion services, telephone reassurance and visiting services, emergency services, and other similar services which make it possible for older persons to remain functionally independent for as long as possible.

MEDICAID WAIVERED SERVICES (HCBS)

The Alabama Department of Senior Services, through the Area Agencies on Aging, has been authorized to use SSA Title XIX funds to provide respite, homemaker, adult day care, companion and case management services to prevent the institutionalization of many persons. AAA case managers develop and monitor care plans to insure that these persons receive the best possible care while remaining in their own homes.

HOME DELIVERED NUTRITION SERVICES

Home delivered meals are defined as meals that provide a minimum of 1/3 RDA delivered to a place of residence of an older person. These meals may be delivered in hot, cold, frozen, or shelf stable form. The EARPDC will continue to work with service agencies to identify high risk, isolated older persons in the greatest need of this and other services.

ALABAMA CARES

The Alabama CARES (Caregiver Assistance with Resources, Education and Services) program is funded through the OAA Title III-E National Family Caregiver Support Project and matching state and local funds. CARES provides respite and other supplemental services to family caregivers of persons 60+, and to individuals 60+ who are caregivers for children under the age of 18, with disabilities.

B. COMMUNITY-BASED SERVICES

Community-based services are those services that are provided to older persons away from their places of residence. These services include congregate nutrition programs, legal services, community focal points, employment services, volunteer programs, recreational activities, multi-purpose senior centers, insurance and benefits counseling, physical fitness services, and all of the services within the community which are necessary in order to provide a continuation of care for all older persons.

The requirements for a comprehensive community based service are dependent on the needs of older persons within the community, as well as the resources and potential resources available. The system must collectively provide those services that will enhance the quality of life of older persons and allow their full participation in activities that promote independence and dignity.

CONGREGATE NUTRITION SERVICES

Congregate nutrition services are defined as providing nutritionally sound meals (providing 1/3 RDA) served in strategically located group settings where other social and rehabilitative services are also available. There are currently 44 congregate meal programs operating in the PSA.

VOLUNTEER OPPORTUNITIES

Volunteer opportunities are defined as program and activities that provide older persons the opportunity to actively contribute their time, skills, and abilities to the community. Older persons are a valuable and often neglected resource for agencies in need of manpower but lacking funds for paid staff. Many agencies providing services to older persons fit this description. The EARPDC staff will work with existing providers of volunteer services to develop programs in all counties within the PSA. Specifically, the AAA through its own RSVP project and through cooperation with other volunteer agencies, will target the development of volunteer SHIP Outreach workers; work toward the development of a volunteer community ombudsman visitation program; and assist in the recruitment of volunteers for the SenioRx program.

SENIOR CENTERS

A senior center is defined as a community or neighborhood facility for the organization and provision of a broad spectrum of services, including health, social, nutritional, educational services and a facility for recreation, exercise, and group

activities for older persons. Senior centers serve many functions for older persons and the community. They provide a convenient setting, they reduce service fragmentation, they have the capacity to provide more direct services to older persons at a central location, they can reduce administrative costs and avoid duplication, and they provide a mechanism to service older persons. In addition, they provide opportunities for social interaction, thus combating isolation and loneliness for older persons. There are 44 senior centers in the PSA, providing a variety of services to the older population.

Fixed incomes and physical problems often cause barriers to participation in activities. Even though many older persons are fairly healthy, independent and mobile, the cost of participation in or transporting oneself to meaningful activities may be prohibitive. A fear of crime may prohibit older persons from participating in evening activities.

COMMUNITY FOCAL POINTS

Section 306(a)(3), 1321.95 states that the Area Agency will designate, where feasible, community focal points within the PSA, for maximum collocation and coordination of service delivery at designated points throughout the region. Each community focal point is designated on the basis of the provision of a comprehensive range of services that are accessible to all older persons in the community.

Following is an identification of community focal points designated by the AAA:

Anniston Senior Center

Sylacauga Senior Center

Goodwater Senior Center

Childersburg Senior Center

Wall Street Senior Center

Lanett Senior Center

Roanoke Senior Center

East Alabama Regional Planning and Development Commission (The Area Agency on Aging)

Piedmont Senior Center

Oak Grove Senior Center

Alexander City Senior Center

Sardis City Senior Center

Valley Senior Center

Gadsden Senior Center

Weaver Senior Center

Hokes Bluff Senior Center

INSURANCE AND BENEFITS COUNSELING

The Area Agency on Aging participates in the State Health Insurance Information Program (SHIP) program funded through the Alabama Department of Senior Services and the Center for Medicaid and Medicare Services (CMS). The program is designed to target eligible individuals in need of health insurance planning and counseling, particularly in assisting Medicare beneficiaries make rational and informed decisions about their coverage under Medicare, as well as strengthen their capability to secure adequate and appropriate supplemental health insurance coverage.

HEALTH/WELLNESS PROGRAMS

The Area Agency on Aging coordinates a variety of health promotion and disease prevention services through activities provided at senior centers, as well as through agreements with several agencies providing health related services. These service arrangements are intended to provide information and activities designed to improve the health status and quality of life of older persons. Currently, the EAC AAA awards OAA Title III-B and Title III-D funds to the Alabama Institute for the Deaf and Blind (AIDB) to support its Elder Action program which provides information, as well as vision and hearing screenings for seniors. Screening and counseling services are available on-site at AIDB, but are also conducted community-based locations throughout the region.

The Area Agency on Aging also provides senior fitness programs through an agreement with Carraway Fitness, which has developed exercise programs conducted in the senior centers throughout the region. Carraway Fitness also conducts health screening and fitness evaluations as a part of this activity. In addition, the EAC AAA has developed a program in conjunction with the East Alabama EMS, Inc. to conduct programs on safety and first aid, advanced directives, and programs on dealing with emergency situations in the senior centers.

TRANSPORTATION

Transportation service is defined as the activity of transporting older persons to and from community facilities and resources. Transportation services are vital to many older persons for maintenance of independence and self-sufficiency. It is often a critical link to obtaining food and medical care. Since large percentages of the older population have inadequate incomes and spend the largest percentage of their incomes on housing, food and medical care, less money is available for transportation.

Many federal and state programs are attempting to improve public transportation

systems. There are many organizations directly involved in providing transportation service to older persons in the EAC region (see Table 20). Despite the number of transportation providers in the region, the services are scattered, uncoordinated, overlapping, and costly.

During FY 2011-2014, the demand for transportation services is expected to increase as the elderly population grows. Physical limitations, hearing and vision loss, or other health problems may increase an older person's need for transportation services. To address this need, transportation services need to expand by at least 20% over the next two years. To accomplish this, the EARPDC AAA has been working with local governments and other agencies to develop and/or improve public transportation service in each county in the PSA. One approach has been to run a blended program using FTA public transit funds and OAA Title IIIB funds to operate systems to support OAA senior center activities and provide public transportation to the community. Seven (7) counties currently operate transportation programs in this manner. . This approach involves cost sharing and coordination among programs.

Table 20
Transportation Providers in EARPDC Region

COUNTY	SENIOR CENTERS PROVIDING TRANSPORTATION	GRANTEE
Calhoun	Anniston Senior Center	City of Anniston
	Hobson City Senior Center	City of Hobson City
	Jacksonville Senior Center	City of Jacksonville
	Oxford Senior Center	City of Oxford
	Piedmont Senior Center	City of Piedmont
	Stone Creek Senior Center	City of Jacksonville
	Weaver Senior Center	City of Weaver
Chambers	LaFayette Senior Center	City of LaFayette
	Lanett Senior Center	City of Lanett
	Valley Senior Center	City of Valley
Cherokee	Centre Senior Center	Cherokee County Commission
Clay	Ashland Senior Center	City of Ashland
	Lineville Senior Center	City of Lineville
Cleburne	Ranburne Senior Center	Town of Ranburne
	Fruithurst Senior Center	Town of Fruithurst
Coosa	Goodwater Senior Center	City of Goodwater
	Rockford Senior Center	Coosa County Commission
	West Coosa Senior Center	Coosa County Commission
Etowah	Attalla Senior Center	City of Attalla
	Elliott Senior Center	City of Gadsden
	Gadsden Senior Center	City of Gadsden
	Glencoe Senior Center	City of Glencoe
	Hokes Bluff Senior Center	City of Hokes Bluff
	Morton's Chapel Senior Center	Etowah County Commission

	Sardis City Senior Center	Town of Sardis City
	Walnut Grove Senior Center	Town of Walnut Grove
	Lookout Mountain Senior Center	Etowah County Commission
COUNTY	SENIOR CENTER PROVIDING TRANSPORTATION	GRANTEE
Randolph	Roanoke Senior Center	City of Roanoke
	Wadley Senior Center	Town of Wadley
	Wedowee Senior Center	Town of Wedowee
	Woodland Senior Center	Randolph County Commission
Talladega	Childersburg Senior Center	City of Childersburg
	Lincoln Senior Center	Town of Lincoln
	Oak Grove Senior Center	Town of Oak Grove
	Sycamore Senior Center	Talladega County Commission
	Sylacauga Senior Center	City of Sylacauga
	Talladega Senior Center	City of Talladega
Tallapoosa	Alexander City Senior Center	City of Alexander City
	Camp Hill Senior Center	Town of Camp Hill
	Dadeville Senior Center	City of Dadeville
	Wall Street Senior Center	Tallapoosa County Commission
COUNTY	TRANSPORTATION PROVIDERS	TYPE OF TRANSIT
Cherokee	Cherokee County Commission/Preferred Health Services	Public/Title III
Cleburne	Cleburne County Commission	Public/Title III
Coosa	Coosa County Commission	Public/Title III
Etowah	Dial-A-Ride/City of Gadsden	Urban
Tallapoosa	ARISE	Rural
Clay	Clay County Commission	Title III
Talladega	Cities of Sylacauga, Talladega, Oak Grove	Public/Title III

INFORMATION AND ASSISTANCE

Information and assistance is defined as providing information to link the older person to appropriate community resources. Organizations serving older persons have become complex, inaccessible, and narrowly focused on an isolated area of need. The increase of persons age 60 and over and an increase in the number of organizations providing services to older persons suggest a need for coordinated efforts. Many have listed lack of adequate training and education for providers of these services as an immediate problem. Also, the time and cost of updating information about services is a barrier to providing appropriate assistance. Coordination between service agencies could be enhanced with better knowledge about existing services. In addition, proposed changes in health care delivery (e.g., managed care), Social Security, private pension plans, and the increased need for information about services in rural areas, make it critical for the AAA to have the capacity to provide prompt and accurate information to older persons and to assist them in receiving needed services.

To accomplish this, the AAA is working with the Alabama Department of Senior Services and its counterpart AAA's throughout the State to implement the ADRC functions, and assist in the development of a statewide-computerized Information and Assistance Service, "AlabamaConnect", a web based ADRC point of entry for long term care services.

CASE MANAGEMENT

Case management is defined as assistance, either in the form of access or care coordination in circumstances where the older person and/or their caregivers are experiencing diminished functioning capacities, personal conditions, or other characteristics which require the provision of services by formal service providers. Activities may include individualized needs assessment, care plan development, arranging and/or coordinating the provision of services among providers, follow-up and reassessment.

Currently, case management services are limited to the management of services provided by a single agency (e.g., DHR, public health, mental health). When comprehensive case management services are available, they are often too costly for many older persons to purchase.

During FY 2011-2014, the EARPDC AAA will increase its capacity to provide case management services through the use of OAA Title III and other funds to expand its ability to offer case management services to older persons in the PSA. The AAA will also make a transition into a new organizational structure establishing a point of entry for all clients seeking information or assistance, and which will perform short term case management for all clients needing assistance. STCM's will be trained to conduct assessments and enroll clients for all AAA services with a case management

component. This group will also handle all client intakes. STCM's will serve as intake workers on a rotating basis, assigning clients to case managers and/or making referrals to other programs. This will give a "point of entry" to our service delivery system.

LEGAL SERVICES

Legal services are defined as legal advice, counseling, legal education, and representation by an attorney as well as appropriate assistance by a paralegal or law student under supervision of an attorney. Legal assistance for older persons is vital to protection of rights, for taking full advantage of entitled benefits and services, and for living in a safe environment.

There are numerous factors that contribute to the difficulty which older persons have in obtaining legal assistance. The factors include lack of availability of services in some areas, lack of knowledge about existing services, cost, unawareness of injustice, or lack of understanding about the problems that could be solved through legal assistance. Especially vulnerable are rural, low-income minorities. Outreach initiatives are needed to target this population and address their need for legal assistance.

The Area Agency on Aging provides legal assistance through support contract with the Legal Services Corporation of Alabama. Through this cooperative effort, a wide range of legal assistance is provided to the elderly in Region IV.

C. LONG TERM CARE SERVICES

These services are those that are delivered to older persons who reside in a care-providing facility, or to older persons acting on behalf of an older person who resides in a care-providing facility. The services include: casework, counseling, placement and relocation assistance, group services, legal services, ombudsman services, and visiting services. Care-providing facilities include skilled nursing facilities, intermediate care facilities, domicilliaries, board and care facilities, emergency shelters, and other congregate living arrangements.

The importance of addressing the needs of this group and insuring that they receive high quality care cannot be understated. As population trends indicate, the growing proportion of individuals living beyond the age of 75 faces the high risk of becoming institutionalized at some point. Services may be available to this population of older persons to assist them in receiving quality care.

Although only above five percent of the elderly population is in nursing homes at any given time, one in four will need long-term care assistance during their later years. In 2000, an

estimated 1.5 million elderly persons resided in nursing homes. About two percent of those aged 65 to 74 years were in a nursing home compared to about seven percent of persons aged 75 to 84 years, and about sixteen percent of persons over 85 years of age. The rate of nursing home use by the elderly has almost doubled since the introduction of Medicare and Medicaid in 2000, from 2.5% to 5% of the over 55 population.

Nearly 75% of nursing home residents are without a spouse, as compared to just over 40% of the non-institutionalized elderly. Such statistics, along with those which show that nursing home residents tend to have health problems which significantly restrict their ability to care for themselves, suggest that the absence of a spouse or other family member who can provide informal support for health and maintenance requirements is the critical factor in the institutionalization of an older person.

COMMUNITY OMBUDSMAN PROGRAM

In concurrence with the passage of the Long-Term Residential Health Care Recipient Ombudsman Act during the 1985 Alabama State Legislative Session, each of the 13 Area Agencies on Aging have, as staff or under contract, at least one Community Ombudsman, certified by the Alabama Department of Senior Services. The role of the Community Ombudsman is to thoroughly investigate and attempt to resolve all problems voiced by residents of long-term care, and other professional groups to promote the well-being and quality of life for residents; and in summary to assist residents of long-term health care facilities to understand what is happening to them. The EARPDC AAA has four certified Ombudsmen on staff. The goal of the AAA is to provide assistance to LTC residents and their caregivers to maintain their dignity and well being in an institutional setting.

D. ADVOCACY

Developing a comprehensive and coordinated system of services for older persons requires the involvement in advocacy efforts by the Area Agency on Aging. According to the Older Americans Act, the Area Agency on Aging has a responsibility to develop, coordinate, and perform those actions that will influence community programs and policymakers to establish and maintain conditions favorable for older persons. Advocacy may involve establishing the interagency communication, public comment, and community support needed to promote improvements in the service network. More specifically, this means monitoring, evaluating, and commenting on all legislation, policies, programs, hearings and community actions which affect older persons; conducting public hearings on the needs of older persons; representing the interests of the older population to public officials, public and private organizations, and interagency planning and coordination efforts.

THE SILVER HAIRD LEGISLATURE

The Area Agency on Aging provides information and assistance to the twelve (12) representatives to the Alabama Silver-Haired Legislature (ASHL) from Region IV. The ASHL is represented with membership on the RSSAC.

PUBLIC HEARINGS

Public hearings are defined as public meetings, held at convenient times and locations, which provide older persons as well as the general public an opportunity to comment on issues which are of interest to older persons. These may include policy issues, information on the needs and characteristics of older persons, programs that may have an indirect impact on the lives of older persons, or any number of subjects that may affect the well-being of the older population. The EARPDC AAA conducts hearings annually on proposed policies and programs to be sponsored through the Area Agency on Aging.

OUTREACH

Outreach services are defined as contact initiated by a provider to identify individuals in need of services, to provide information about services, and to encourage the use of appropriate services. The purpose of outreach is to identify isolated individuals and assist them in gaining access to services. The EARPDC requires all grantee agencies to provide outreach services as an integral component of each program. County Departments of Human Resources also provide limited outreach services in the region.

The EARPDC AAA has developed and expanded its capacity to provide information to older persons in the PSA. Print materials have been developed for each program; AAA staff will expand their capacity to participate in public hearings, service agency round tables, and community health and wellness fairs. The AAA also maintains a toll-free telephone number to improve access for seniors.

During FY 2011-2014, the AAA will attempt to expand public awareness of OAA programs and services through targeting key newspapers, television and radio stations, and other media resources to develop public information programs specifically addressing the needs of older persons. The AAA has created an Information/Outreach “group” to more effectively provide outreach services.

PLANNING, EVALUATION, MONITORING

The management functions of the EARPDC Aging Program are (a) designed to improve service programs funded under the Older Americans Act, and (b) to strengthen the internal operations of the East Alabama Regional Planning and Development Commission Department of Senior Services (AAA). The functions utilized by the AAA to improve the funded service programs include training, monitoring, assessment, evaluation, and technical assistance. The functions designed to improve internal operation of the department include fiscal administration, grant processing, grants management, and personnel administration.

The AAA will increase its level of efficiency in assessment and evaluation during the next two years. Grantee training sessions will be developed, integrating new regulations and responsibilities under the Older Americans Act. The monitoring and technical assistance functions to grantee agencies will be organized in a more thorough fashion to insure compliance and develop improved communication. The internal operations of the EARPDC Area Agency on Aging will be evaluated and improved during the next two years in all functional areas (fiscal administration, grants management, and personnel administration). The AAA will utilize EARPDC staff, Regional Senior Service Advisory Committee members, grantee representatives, and older consumers of services to improve system efficiency and effectiveness and assist in the development of a comprehensive and coordinated service delivery system.

In order to develop a comprehensive and coordinated service delivery system in the PSA, the EARPDC must include the efforts of key organizations and individuals in the planning process. The lack of communication and mutual cooperation among service providers and local officials has been problematic for effective service delivery. The EARPDC will develop improved lines of communication among key organizations in an effort to develop a more efficient system of service delivery.

The Planning Process

The following outline is a description of the process that is used by the EARPDC Area Agency on Aging in the development of the Multi-year Plan.

- A. Collection of General Population Data
 - 1. Demographic data
 - 2. Social indicators data
 - 3. Service utilization data
 - 4. Geographic and topographic data

- B. Assessment of Needs of the Elderly
 - 1. Primary data collection
 - 2. Secondary data collection
 - 3. Development of recommendations

- C. Collection of Local, State and Federal Resource Data
 - 1. Types of services provided
 - 2. Provider listings
 - 3. Eligibility criteria
 - 4. Geographic areas served
 - 5. Waiting lists
 - 6. Cost of services

- D. Identification of Deficiencies in Service Delivery System
 - 1. Identify non-existent but necessary services
 - 2. Compare needs with existing services
 - 3. Develop a list of deficiencies in the service delivery network

- E. Develop Alternative Approaches
 - 1. Develop new program/service areas
 - 2. Develop suggestions for improvement of current service system

- F. Establish Priorities
 - 1. Develop long-range goals
 - 2. Develop annual objectives
 - 3. Prioritize objectives by each year of the planning cycle

- G. Develop Work Plan
 - 1. Define goals and objectives
 - 2. Develop action steps for short-range accomplishments

- H. Develop Draft Multi-Year Plan

- I. Public Hearing Process

Evaluation and Monitoring

Action Plan for Assessment and Evaluations:

Action Steps:

- | | | |
|----|------------------------------------------------------------------------------|---------------|
| a) | Conduct grantee assessments of all Title III programs. | Semi-Annually |
| b) | Review program client and service reports. | Monthly |
| c) | Review program financial reports. | Monthly |
| d) | Conduct local client satisfaction survey to assist with program evaluations. | Annually |

Monitoring and Technical Assistance:

Action Steps:

- | | | |
|----|----------------------------------------------------------------------------------------------------|---------|
| a) | Provide technical assistance to grantees as necessary. | Ongoing |
| b) | Assist local grantees in assessment of local program and development of new services as necessary. | Ongoing |
| c) | Assist local grantees in the development of non-federal funding sources. | Ongoing |
| d) | Conduct an inventory of all equipment and vehicles funded by the Title III programs. | Ongoing |
| e) | Assist grantees in developing effective and efficient local program management practices. | Ongoing |

Fiscal and Grant Management:

Action Steps:

- | | | |
|----|--------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| a) | Monitor Fiscal Reports of all grantees. | Quarterly |
| b) | Conduct audits of 100% of grantees annually to assure compliance with proper financial management principles. | Annually |
| c) | Maintain and distribute information concerning funding opportunities and federal assistance grants, to local grantees and other providers. | Quarterly |
| d) | Provide assistance to agencies requesting assistance with development | Ongoing |

of grant applications for services to the elderly.

Resource Development:

Action Steps:

- | | | |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| a) | Develop print materials to distribute to Older Americans Act Program Grantees to encourage program contributions. | Ongoing |
| b) | Coordinate with EAC Development Department staff to explore alternative funding sources for capital improvements and service enhancement. | Ongoing |
| c) | Develop a clearinghouse within the AAA to provide information and assistance to service providers on private foundations as alternative funding sources. | Ongoing |

Goals and Objectives

AAA Name: EARPDC

AoA Strategic Goal # 1 AoA Focus Area # B

Goal # 1

Goal statement: Empower older people, their families, and other consumers to make informed decisions about, and be able to easily access, existing health and long-term care options.

Objective # 1

Objective description: Provide streamlined access to health and long-term care through the Senior Resource Center program.

Anticipated Outcome: Increase the number of people who have access to home and community based LTC services.

Strategy # 1

Strategy description: Cross train all AAA Case Managers on their role in the SRC.

Performance measure: Increase number of clients served; monitor responses from clients satisfaction surveys.

Title of person responsible for this Strategy: TBD

Estimated completion date for this Strategy: January, 2012

Goals and Objectives

AAA Name: EARPDC

AoA Strategic Goal # 1 AoA Focus Area # C

Goal # _____

Goal statement: Empower older people, their families, and other consumers to make informed decisions about, and be able to easily access, existing health and long-term care options.

Objective # 2

Objective description: Empower individuals, including middle-aged individuals, to plan for future long-term care needs.

Anticipated Outcome: Increase the number of people who have access to an integrated array of services.

Strategy # 1

Strategy description: Develop and conduct options counseling programs for private pay clients.

Performance measure: Number of counseling sessions held; client satisfaction surveys.

Title of person responsible for this Strategy: TBD

Estimated completion date for this Strategy: July, 2011

Goals and Objectives

AAA Name: EARPDC

AoA Strategic Goal # 2 AoA Focus Area # A

Goal # 2

Goal statement: Enable seniors to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including for family caregivers.

Objective # 1

Objective description: Continue to use Older Americans Act programs and services to advance long-term care systems change.

Anticipated Outcome: Increase the number of older persons and caregivers given assistance in securing home and community based care.

Strategy # 1

Strategy description: Expand the ADRC/SRC to community based agencies all 10 counties.

Performance measure: Number of clients served through SRC.

Title of person responsible for this Strategy: TBD

Estimated completion date for this Strategy: July, 2014

Goals and Objectives

AAA Name: EARPCD

AoA Strategic Goal # 2 AoA Focus Area # A

Goal # 2

Goal statement: Enable seniors to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers.

Objective # 2

Objective description: Continue to improve the planning and assessment efforts of the National Aging Service Network.

Anticipated Outcome: Increase the number of individuals who have access to all available service options.

Strategy # 1

Strategy description: Increase coordination and outreach efforts to target "at risk" clients.

Performance measure: Number of "at risk" clients served.

Title of person responsible for this Strategy: TBD

Estimated completion date for this Strategy: _____

Goals and Objectives

AAA Name: EARPDC

AoA Strategic Goal # 3 AoA Focus Area # C

Goal # 3

Goal statement: Empower older people to stay active and healthy through Older Americans
Act services and the new prevention benefits under Medicare.

Objective # 1

Objective description: Increase the use of Evidence-Based Disease and Disability
Prevention Programs for older people at the community level.

Anticipated Outcome: Increase the number of older persons who stay active and
healthy.

Strategy # 1

Strategy description: Partnership with ADPH and the Family Resource Centers
to provide E.B. programs.

Performance measure: Number of people trained.

Title of person responsible for this Strategy: TBD

Estimated completion date for this Strategy: Sept., 2011

Goals and Objectives

AAA Name: EARPDC

AoA Strategic Goal # 3

AoA Focus Area # C

Goal # 3

Goal statement: Empower older people to stay active and healthy through Older Americans

Act services and the new prevention benefits under Medicare.

Objective # 2

Objective description: Promote the use of the prevention benefits available under

Medicare.

Anticipated Outcome: Increase the number of people who stay active and healthy.

Strategy # 1

Strategy description: Increase the capacity of SRC STCM's to provide

benefits counseling and assistance.

Performance measure: Number of people participating in wellness programs.

Title of person responsible for this Strategy: TBD

Estimated completion date for this Strategy: Sept., 2011

Goals and Objectives

AAA Name: EARPDC

AoA Strategic Goal # 4 AoA Focus Area # C

Goal # 4

Goal statement: Ensure the rights of older people and prevent their abuse, neglect and
exploitation.

Objective # 1

Objective description: Facilitate the integration of Older Americans Act elder rights
programs into Aging Services Network systems change efforts.

Anticipated Outcome: Increase the number of individuals who benefit from elder
rights programs.

Strategy # 1

Strategy description: Facilitate the development of a region wide Elder
Rights Coalition.

Performance measure: Number of community based Elder Rights coalitions
established.

Title of person responsible for this Strategy: TBD

Estimated completion date for this Strategy: January, 2013

Goals and Objectives

AAA Name: EARPDC

AoA Strategic Goal # 4 AoA Focus Area # C

Goal # 4

Goal statement: Ensure the rights of older people and prevent their abuse, neglect and
exploitation.

Objective # 2

Objective description: Improve the identification and utilization of measurable
consumer outcomes for elder rights programs.

Anticipated Outcome: Strengthen existing programs designed to prevent elder abuse,
neglect, and exploitation.

Strategy # _____

Strategy description: Develop MOU's with local law enforcement; Judges of
Probate, and County Bar Associates.

Performance measure: Number of abuse claims investigated.

Title of person responsible for this Strategy: TBD

Estimated completion date for this Strategy: September, 2013

Goals and Objectives

AAA Name: EARPDC

AoA Strategic Goal # 4 AoA Focus Area # C

Goal # 4

Goal statement: Ensure the rights of older people and prevent their abuse, neglect and
exploitation.

Objective # 3

Objective description: Foster quality implementation of new Older Americans Act
provisions supporting elder rights.

Anticipated Outcome: Improvement in access to and quality of Long Term Care
services.

Strategy # 1

Strategy description: Expand the role of the AAA LTC Advisory Committee to
address Elder Rights issues.

Performance measure: Number of requests for investigation; number of public
education events.

Title of person responsible for this Strategy: TBD

Estimated completion date for this Strategy: September, 2014