

United Way Area Agency on Aging
Four-Year Area Plan
Fiscal Years 2018 – 2021



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Verification of Intent

The Area Plan on Aging is hereby submitted by the United Way Area Agency on Aging covering Jefferson County for the period of October 1, 2017 through September 30, 2021. It includes all assurances and plans to be followed by the Area Agency on Aging.

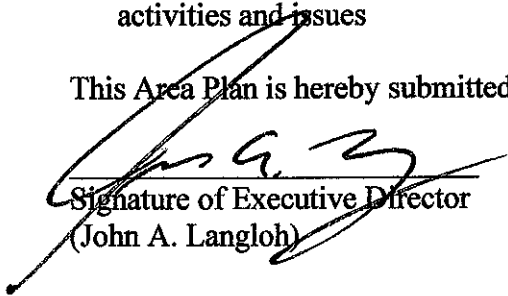
Under provisions of the Older Americans Act, as amended during the period identified, the AAA identified and its Executive/Governing Board will assume full authority to develop and administer the Area Plan on Aging in accordance with all requirements of the Act and related state policy. In accepting this authority, the AAA assumes major responsibility to develop and administer the Area Plan for a comprehensive and coordinated system of services and to serve as the advocate and focal point for older people in the planning and service area.

This Area Plan was developed in accordance with all rules, regulations, and requirements as specified under the OAA and the Alabama Department of Senior Services Policies and Procedures and multi-grant Notice of Grant Awards (NGAs) Terms and Conditions. The AAA agrees to comply with all standard assurances and general conditions submitted in the Area Plan throughout the four (4) year period covered by the plan.


The AAA certifies it is responsible for overseeing the provision of Aging Services throughout Jefferson County. This responsibility includes, but is not limited to, the following functions:

1. Contract management
2. Programmatic and fiscal reporting activities
3. Oversight of contracted services delivery
4. Coordination of services and planning with the ADSS, Service contractors, and other entities involved in the servicing and planning for the older population in the planning and services areas
5. Provision of technical assistance and training staff, providers/contractors and other interested parties
6. Provision of public information and advocacy related to aging and disability program activities and issues

This Area Plan is hereby submitted to the Alabama Department of Senior Services for Approval.

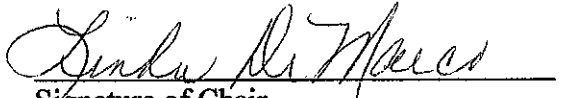

Signature of Executive Director
(John A. Langloh)

9-20-2017
Date


Signature of Aging Director
(Helen Anderson)

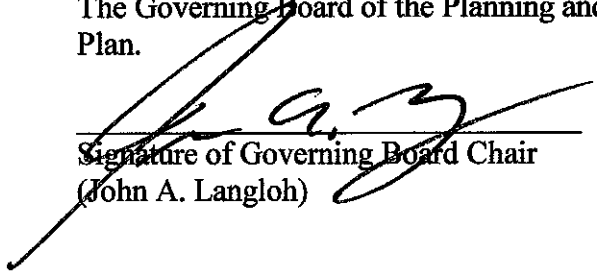
9/20/2017
Date

The Area Agency on Aging Advisory Council has reviewed and approved this Area Plan.


Signature of Chair
(Linda DeMarco)
Area Agency on Aging Advisory Council

9-20-2017
Date

The Governing Board of the Planning and Service Area has received and approved this Area Plan.


Signature of Governing Board Chair
(John A. Langloh)

9-20-2017
Date

EXECUTIVE SUMMARY

Incorporated in 1923, the United Way of Central Alabama, Inc. (UWCA) is a 501(c)(3) nonprofit organization serving a five-county region of north-central Alabama (Blount, Jefferson, Shelby, St. Clair and Walker). UWCA's mission is to increase the organized capacity of people to care for one another and to improve their community. With over 120 employees, the UWCA possesses the human capital to staff its numerous programs with highly knowledgeable and experienced professionals dedicated to their particular roles within the organization. Drew Langloh, President and CEO, reports to a volunteer Board of Directors that is representative of its five-county footprint. UWCA's Finance Department manages fiscal operations, including grant and contract funds valued at over \$23 million. The most recently completed Annual Campaign raised over \$38 million to support the provision of health and human services via 80 partner agencies.

On October 1, 2016, the UWCA assumed the role of serving as the Area Agency on Aging (AAA) for Jefferson County, a designation previously held by the Jefferson County Office of Senior Citizen Services. The United Way Area Agency on Aging (UWAAA) is responsible for developing and maintaining a comprehensive and coordinated system of services for older adults (age 60+), individuals with disabilities, and their caregivers. The UWAAA assesses local needs with a focus on the needs and concerns of low-income individuals and those with the greatest social needs (including low-income minority older adults, older adults with limited English proficiency, older adults residing in rural areas, and individuals at risk for long-term care placement).

Accomplishments realized within the UWAAA's first year of operation through September 20th include:

- 3,980 individuals received information, referrals and counseling via the Aging & Disability Resource Center (ARDC)
- 96 clients received 1,825 hours of homemaker services
- 80 clients received 3,996 hours of caregiver respite
- 2,799 clients were served 181,567 meals at local Senior Centers
- 808 clients received 149,295 home delivered meals
- 147 clients received 321 hours of legal assistance
- 170 clients received medication assistance

This document comprises the four-year (October 1, 2018 – September 30, 2021) Area Plan for Jefferson County. It describes the UWAAA's comprehensive and coordinated system of supportive services and the process used to identify the most pressing needs for supportive and nutrition services and Senior Centers within Jefferson County. It also summarizes how the

UWAAA will implement, directly and through contractual arrangements, programs and services to meet the identified needs of older Alabamians, disabled individuals and their caregivers.

Federal and state funds provided by the Alabama Department of Senior Services (ADSS) support the implementation of eligible programs and services under the Older Americans Act of 1965. Funding sources include: Title III-B Priority Services funding (Access Services, In-Home Services and Legal Assistance) and Supportive Services funding, Medicare Improvement for Patients and Providers Act (MIPPA) funding, Title VII Elder Abuse and Ombudsman funding, Title III-E Family Caregiver funding, Nutrition Services Incentive Program (NSIP) supplemental funding, and matching state funds. Programs and services proposed for funding and implementation during the four-year period include:

The Aging & Disability Resource Center (ADRC) provides information, referrals, resources and options/benefits counseling to individuals in need of guidance and assistance. The ADRC serves as a single point of entry using a “no wrong door” approach and assistance can be accessed through in-person counseling or via the 1-800-AGELINE;

Alabama Cares is a support program for unpaid caregivers caring for individuals who are frail and aged 60+ or for individuals with Alzheimer’s disease or a dementia-related diagnosis, regardless of age. In addition, this program supports grandparents or other relatives (not parents) aged 55 and older who are the primary caregiver for children age 18 and younger and grandparents or other relatives (not parents) aged 55 years and older who are the primary caregiver for an adult child (over the age of 18) with a severe disability. This program provides support under five major service categories – caregiver information, caregiver access, caregiver counseling/education, caregiver respite, and caregiver supplemental services;

Homemaker Program offers support for older adults or for individuals with disabilities who need housekeeping assistance with tasks they are unable to accomplish and who have no one to perform the tasks. The service allows individuals to remain independent and continue to reside in their own home;

Senior Nutrition Program provides meals at Senior Centers or to homebound recipients who do not have anyone to assist with meal preparation;

Ombudsman Services provide advocacy for people in long-term care facilities and their loved ones by investigating complaints and concerns and providing information about nursing, assisted living and specialty care facilities;

Elder Abuse Prevention Services provide public education, training and information on the prevention of elder abuse, neglect and exploitation;

SenioRx is a state-funded prescription assistance program to help qualified individuals access free and low cost prescription brand drugs under the guidelines established by pharmaceutical manufacturers; case management and assistance with coupons, drug discount cards and rebates;

State Health Insurance Assistance Program (SHIP) assists Medicare beneficiaries in making informed decisions regarding health benefits through the provision of unbiased counseling;

Emergency Preparedness, offers a fire safe service to seniors in partnership with the American Red Cross, to educate older adults and their family members and caregivers on fire safety. Assistance includes the installation of free smoke alarms and bed shakers, as well as home assessments to identify fire hazards and other safety needs;

Alabama Legal Assistance Program provides legal assistance to vulnerable older adults to protect their autonomy, dignity and independence; and

Preventive Health Services provide health-promoting services at local Senior Centers and other community-based locations and is designed to help older adults prevent or manage their health conditions and promote a healthier lifestyle.

The provision of these programs and services are allowable and justified based upon available funding, feedback from over 900 surveys completed by older adults residing in Jefferson County and by representatives of stakeholder organizations that serve older adults and their caregivers, input provided during facilitated public hearings, and a review of historic service utilization patterns. The top five issues identified by older adults via the needs assessment survey are: 1) knowing what services are available and how to access them; 2) getting information or help applying for health insurance or getting medicine; 3) being able to keep the home in which they currently reside; 4) getting regular exercise; and 5) having enough money to meet daily living expenses. Strategies for addressing these concerns are reflected in the proposed continuum of services that support five primary goals:

1. Older adults, individuals with disabilities, and their caregivers shall have access to reliable information, helping them to make informed decisions regarding long-term supports and services;
2. Empower older adults and individuals with disabilities to remain in the least restrictive environment with high quality of life through the provision of options counseling, home and community-based services, and support for family caregivers;
3. Empower older adults to stay active and healthy through Older Americans Act services, Medicare prevention benefits, recreation, job, and volunteer opportunities;
4. Enable more Alabamians to live with dignity by promoting elder rights and reducing the incidents of abuse, neglect and exploitation; and
5. Promote proactive, progressive management and accountability of United Way Area Agency on Aging and its contracting agencies.

New directions or changes anticipated during the planning period include: 1) the full transition of the UWAAA as the AAA for Jefferson County; 2) the anticipation of new federal and state directives regarding the implementation of Medicaid and long-term care services; 3) reductions in (or potentially the elimination of) federal funding for programs and services that supplement AAA efforts; 4) increased engagement of local philanthropy; and 5) increased demand for services based on projected population growth and increased outreach to raise public awareness.

**UNITED WAY AREA AGENCY ON AGING
FOUR-YEAR AREA PLAN FISCAL YEARS 2018-2021**

INTRODUCTION

With an estimated population of 659,026 residents¹ Jefferson County is the largest urban county in the state, comprising 13.6% of Alabama’s total population. This total represents a small overall increase of 0.2% since 2010. However, projections for growth among the aging population are much more significant. Since 2000, the number of people aged 85 and older grew four times faster than the number of persons aged 60 to 84. In 2017, the Alabama Department of Medicaid Services predicted that over the next 5 – 10 years there will be a 1% annual growth in the number of older persons needing long-term care while the total number of nursing facility beds is predicted to remain constant. “Looking to the future, it is projected that by 2030 Alabama’s 60+ population will increase by more than 40%. This growth will be significantly faster than the growth of other segments of the population and will have a profound effect on state and local organizations and communities.” (Community Foundation of Greater Birmingham EngAge Report, 2015). These projections pose significant policy and funding challenges both today and for years to come as the predicted growth will surely result in increased demands for assistance such as in-home services, home delivered meals, respite services, legal assistance, ombudsman services for nursing facilities, transportation to medical and other appointments, counseling on Medicare benefits, assistance with filling prescriptions, and many other requests for support.

As the new agency designated by the Alabama Department of Senior Services (ADSS) to serve Jefferson County, the United Way Area Agency on Aging (UWAAA) will play a lead role in meeting current and projected needs by carrying out its responsibility to provide a comprehensive and coordinated system of services for older adults (age 60+), disabled individuals, and their caregivers. Efforts will include the prioritization of assistance that addresses the needs and concerns of low-income individuals and those with the greatest social needs (including low-income minority older individuals, older adults with limited English proficiency, older adults residing in rural areas, and individuals at risk for long-term care placement).

To meet this mandate, the UWAAA partners and collaborates with a diverse network of community- and faith-based organizations, public agencies, contracted service providers, civic groups and local volunteers. Current partners include ADSS, the American Red Cross, the Jefferson County Department of Health, 29 Senior Centers located across the county², local churches, home health care providers, and numerous individuals and groups who volunteer countless hours serving this population. Another critical component is the establishment of a mandated citizen advisory council comprised of individuals who represent the target population

¹ 2015 American Community Survey, 5-Year Estimates table S0102 Population 60 years and over:
<http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t>

² For a list of the Jefferson County Senior Centers, please see Exhibit K.

and other key stakeholders such as elected officials, members of the business community, representatives of organizations that serve the target population, staff members of public agencies (e.g., VA and public health), UWAAA staff members, and other interested individuals. This body is responsible for providing guidance and advice on all matters related to the development of the four-year Area Plan, administration of the plan, evaluation of programs, resource development, and advocacy for older adults to ensure the accomplishment of the program's five primary goals summarized below:

1. Older adults, individuals with disabilities, and their caregivers shall have access to reliable information, helping them to make informed decisions regarding long-term supports and services;
2. Empower older adults and individuals with disabilities to remain in the least restrictive environment with high quality of life through the provision of options counseling, home and community-based services, and support for family caregivers;
3. Empower older adults to stay active and healthy through Older Americans Act services, Medicare prevention benefits, recreation, job, and volunteer opportunities;
4. Enable more Alabamians to live with dignity by promoting elder rights and reducing the incidents of abuse, neglect and exploitation; and
5. Promote proactive, progressive management and accountability of UWAAA and its contracting agencies.

The UWAAA provides a wide array of coordinated services to meet the needs of this most vulnerable population (older persons and the disabled) and their caregivers. Federal and state funding is allocated to support: an Aging & Disability Resource Center (ADRC); Assistance to unpaid caregivers, grandparents age 55 or older caring for a grandchild, or a relative 55 or older care for a severely disabled family member; Personal Care and Homemaker Services to help older adults live independently; Nutrition Assistance to homebound and non-homebound persons; Ombudsman Services (advocacy) for people in long-term care facilities; Elder Abuse Prevention Services; Assistance Applying for Prescription Medications (SenioRx); Medicare Benefits Counseling via the State Health Insurance Assistance Program (SHIP); Emergency Preparedness; Legal Assistance; and Preventive Health Services.

As allowable under the Older Americans Act, some services may be provided for a fee and in such cases charges must be determined on a sliding fee basis. Fees must be based on the recipient's income and the cost of delivering services. If a sliding fee scale is implemented, AAAs and contracted providers must protect the privacy and confidentiality of beneficiaries. The individuals to be served must be informed in advance that the service is provided on a fee-for-service basis and be notified of the sliding fee scale. Determination of a recipient's fee for a service shall be

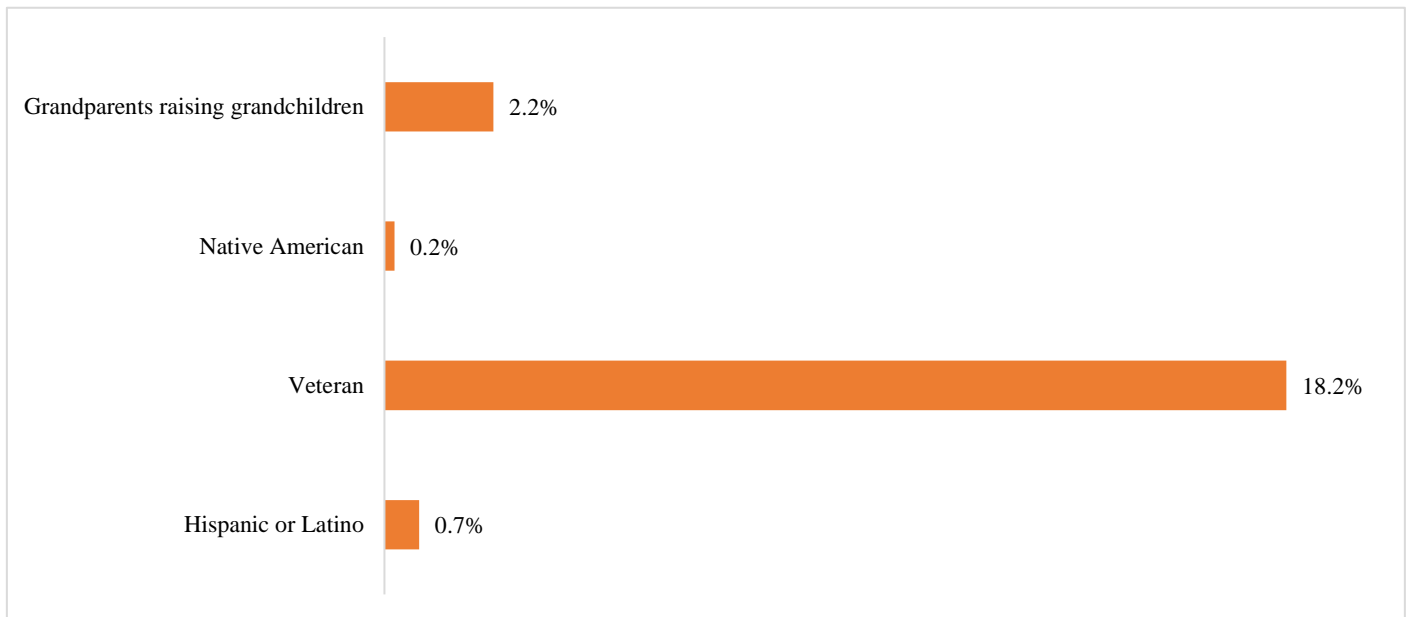
based on the recipient's self-declaration of income (and spouse's income, if applicable) without verification. Services may not be denied due to the income of an individual or an individual's failure to make a cost sharing payment. The approved sliding fee scale must be posted in high visibility areas and a statement must be included that no services will be denied for failure to pay. Resulting revenue will be spent to enhance the service that generates such fees. The sliding fee scale will be integrated into an overall cost share policy and accompanied by a policy on voluntary contributions. For more information on the sliding fee scale, please reference Exhibit J.

JEFFERSON COUNTY DEMOGRAPHICS OF THE AGING AND DISABILITY **POPULATION**

Jefferson County is located in central Alabama, surrounded by Bibb, Blount, Shelby, St. Clair, Tuscaloosa, and Walker counties. The geographic distribution of population, economic activity, and land use in Jefferson County is diverse, with a mix of rural and urban areas. Within Jefferson County, the population is spread across different geographic areas – the county is divided among nineteen subdivisions (See Exhibit B) with the highest concentration of residents living in the Birmingham area.

Jefferson is the most populated county in Alabama with 659,026 residents (containing 13.6% of the state’s population).³ Additionally, the county has a substantial and growing number of older adult residents. According to the 2015 American Community Survey (ACS), there are 131,532 individuals who are aged 60 years or older living in the county and they comprise 20% (1 in every 5 residents) of the county’s population. As mentioned in the Community Foundation of Greater Birmingham’s 2015 EngAge Report, the number of older adults in Alabama is projected to increase over time. As such, the older adult population of Jefferson County is projected to grow as well. It is estimated that the population will continue to rise proportionally, increasing by 30% between 2015 and 2040.⁴

Figure 1: Special Populations Among Older Adults (60+) in Jefferson County



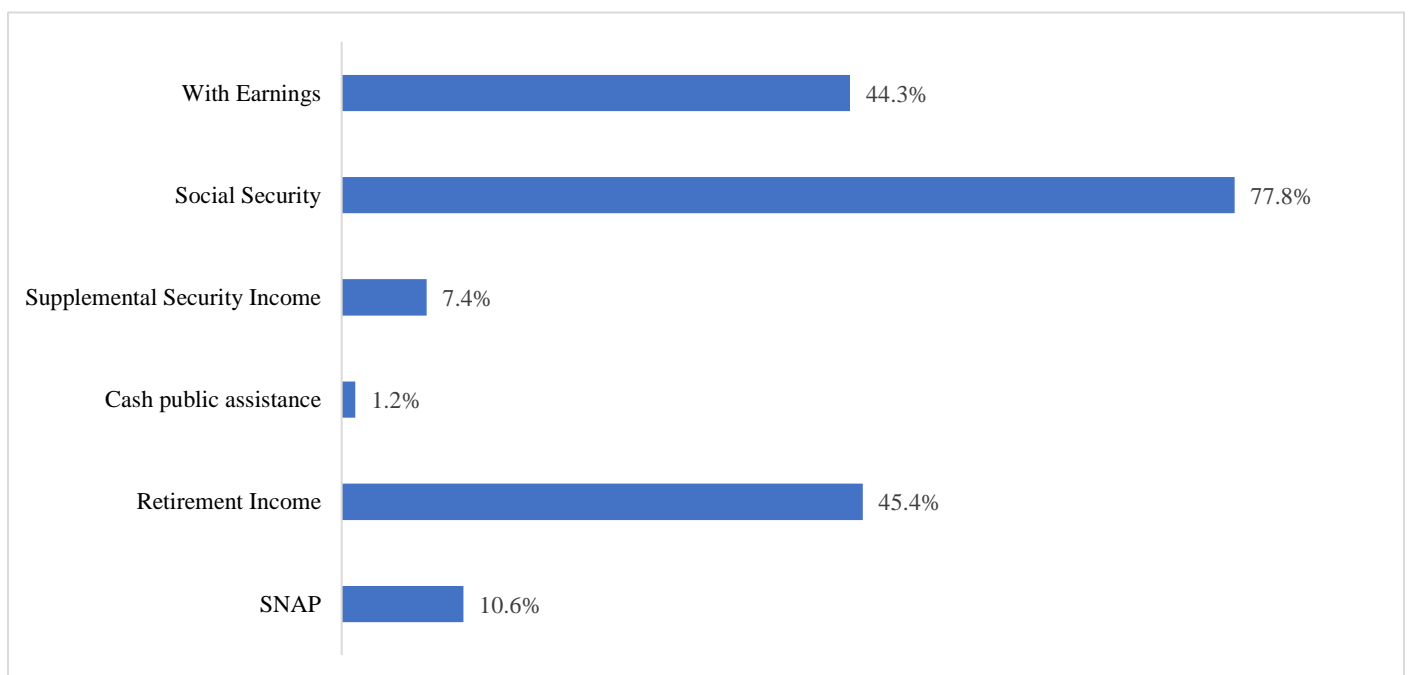
³ 2015 American Community Survey, 5-Year Estimates table S0102 Population 60 years and over: <http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t>

⁴ Center for Business and Economic Research – The University of Alabama: <http://cber.cba.ua.edu/>

Within the broader population, several groups have been designated as “special populations.” The 2015 ACS indicates that a small portion of Jefferson County’s older adult residents represent one or more of these groups. Most significantly, veterans represent 18.2% of Jefferson County’s population aged 60 years and older.⁵

To provide a further breakdown of Jefferson County’s older adult population, 36% were minorities and 52% were female. Based on the 2015 ACS, over one-quarter (25.1%) of those 60 years of age and older had at least some college education. Over one-half (51.8%) were married, and nearly one-quarter (23.7%) were widowed. A small portion (5.1%) lived with their grandchildren. A very small portion (1.5%) had no telephone service available. Just over one-third (34.8%) of older adults had a disability and nearly one-quarter (22.1%) of older adults fell below 150% of the Federal Poverty Level. Lastly, there were approximately 1,446 older adult residents who reported that they spoke English “less than very well.”

Figure 2: Income in the Past 12 Months for Older Adults (60+) in Jefferson County



The 2015 ACS indicates that many (44.3%) of Jefferson County residents aged 60 years or older have income related to earnings. Most (77.8%) of these households receive Social Security Income with an average annual amount of \$18,427. Under half (45.4%) collect an average annual retirement income of \$23,743. Only 1.2% receive cash public assistance and those who do collect

⁵ 2015 American Community Survey, 5-Year Estimates table S0102 Population 60 years and over: <http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t>

on average \$2,296 annually. More older adults (7.4% and 10.6% respectively) receive Supplemental Security Income at an average of \$8,513 per year and SNAP benefits.

Research conducted through Alabama Possible indicates that an estimated 11.4% (14,994 individuals) of Jefferson County residents aged 60 years and older in 2015 are at or below 100% of the poverty level.⁶ For minority residents in the same age group, the U.S. Census estimates that 12.4% of individuals are at or below the poverty level.⁷

In 2015, it was estimated that 19.8% of Jefferson County residents aged 60 years or older lived in renter-occupied housing units. Additionally, 57% paid 30% or more of their household income on rent. The median gross rent was \$691 while the median monthly owner costs were \$1,131 (with mortgage) and \$383 (without mortgage).⁸

The following tables and figures provide further detail into the demographic profile of Jefferson County.

Table 1: Older Adults in Jefferson County by Race & Ethnicity

<i>Demographic Classification</i>	<i>Population (2015 ACS 5-year estimates)</i>
Total persons, aged 60 years or older	131,532
<i>White persons</i>	64.0%
<i>Black or African American persons</i>	34.2%
<i>Asian persons</i>	0.9%
<i>American Indian and Alaskan Native persons</i>	0.2%
<i>Persons of another race</i>	0.1%
<i>Persons of two or more races</i>	0.6%
<i>Persons of Hispanic or Latino ethnicity</i>	0.7%

⁶ Alabama Possible, 2017 Alabama Poverty Data Sheet
<http://www.scribd.com/doc/264980745/2017-Data-Sheet>

⁷ 2015 American Community Survey, 5-Year Estimates table S0102 Population 60 years and over:
<http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t>

⁸ 2015 American Community Survey, 5-Year Estimates table S0102 Population 60 years and over:
<http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t>

Table 2: Older Adults in Jefferson County Population by Gender among Age Groups

<i>Age Group</i>	<i>Female Population (2015 ACS 5-year estimates)</i>	<i>Male Population (2015 ACS 5-year estimates)</i>
Total persons, aged 60 years or older	52.0%	48.0%
<i>Persons aged 60 to 64 years</i>	54.4%	45.6%
<i>Persons aged 65 to 69 years</i>	54.9%	45.1%
<i>Persons aged 70 to 74 years</i>	56.8%	43.2%
<i>Persons aged 75 to 79 years</i>	61.8%	38.2%
<i>Persons aged 80 to 84 years</i>	63.1%	36.9%
<i>Persons aged 85 years or older</i>	69.0%	31.0%

Figure 3: Educational Attainment Among Older Adults in Jefferson County

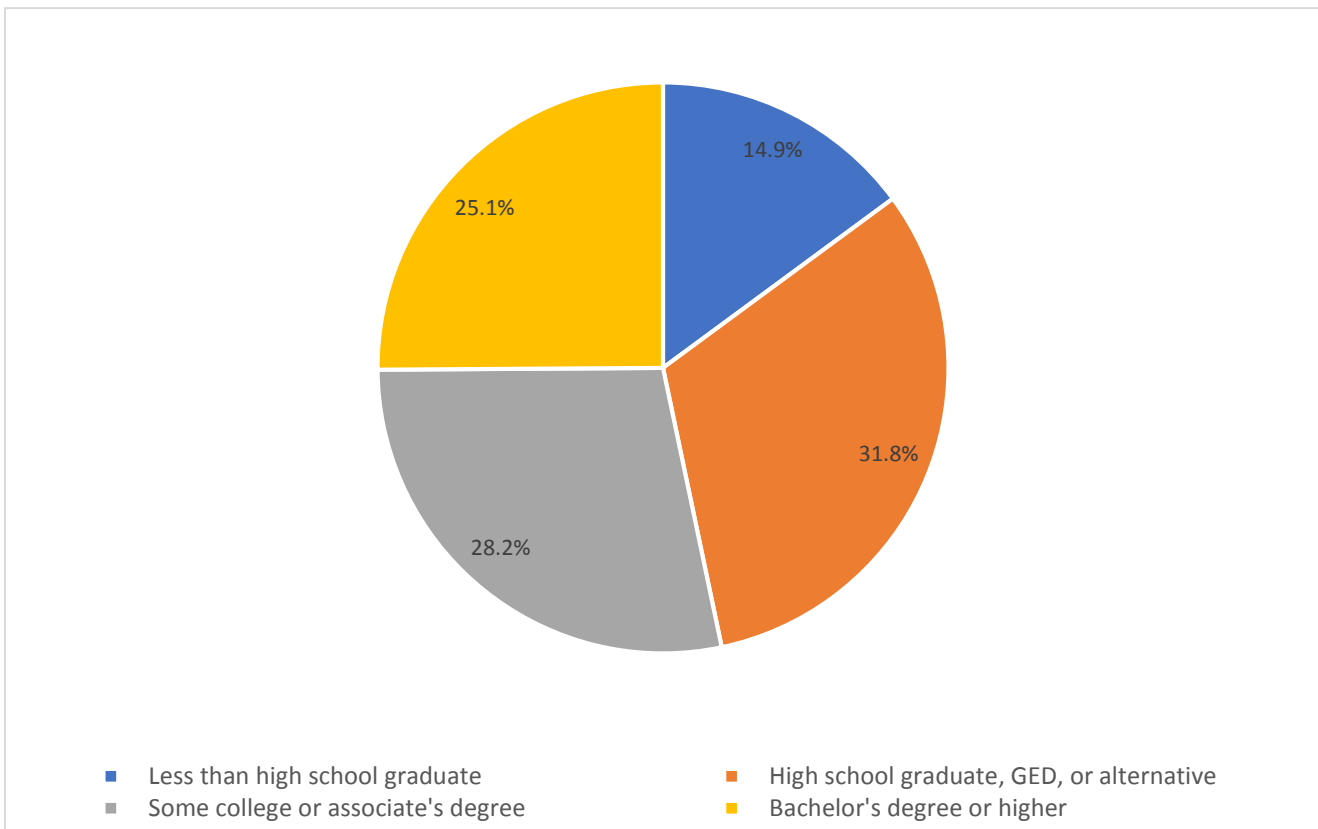


Table 3: Poverty Status in the Last 12 Months for Older Adults in Jefferson County

<i>Poverty Level</i>	<i>Population</i> <i>(2015 ACS 5-year estimates)</i>
Total persons, aged 60 years or older	131,532
<i>Below 100 percent of the poverty level</i>	11.4%
<i>100 to 149 percent of the poverty level</i>	10.7%
<i>At or above 150 percent of the poverty level</i>	77.9%

Table 4: Employment Status Among Older Adults in Jefferson County

<i>Employment Status</i>	<i>Population</i> <i>(2015 ACS 5-year estimates)</i>
Total persons in labor force, aged 60 years or older	34,461
<i>Persons Employed</i>	25.1%
<i>Persons Unemployed</i>	1.2%

Table 5: Disability Status Among Older Adults in Jefferson County

<i>Disability Status</i>	<i>Population</i> <i>(2015 ACS 5-year estimates)</i>
Total civilian noninstitutionalized population	128,451
<i>Persons with Disability</i>	34.8%
<i>Persons without Disability</i>	65.2%

Table 6: English Proficiency Among Jefferson County Residents 60 Years of Age or older

<i>Language Spoken at Home and Ability to Speak English</i>	<i>Population (2015 ACS 5-year estimates)</i>
Total persons, aged 60 years or older	131,532
<i>English only</i>	97.5%
<i>Language other than English</i>	2.5%
<i>English less than "very well"</i>	1.1%

Figure 4: Population Profile of Selected Rural Communities

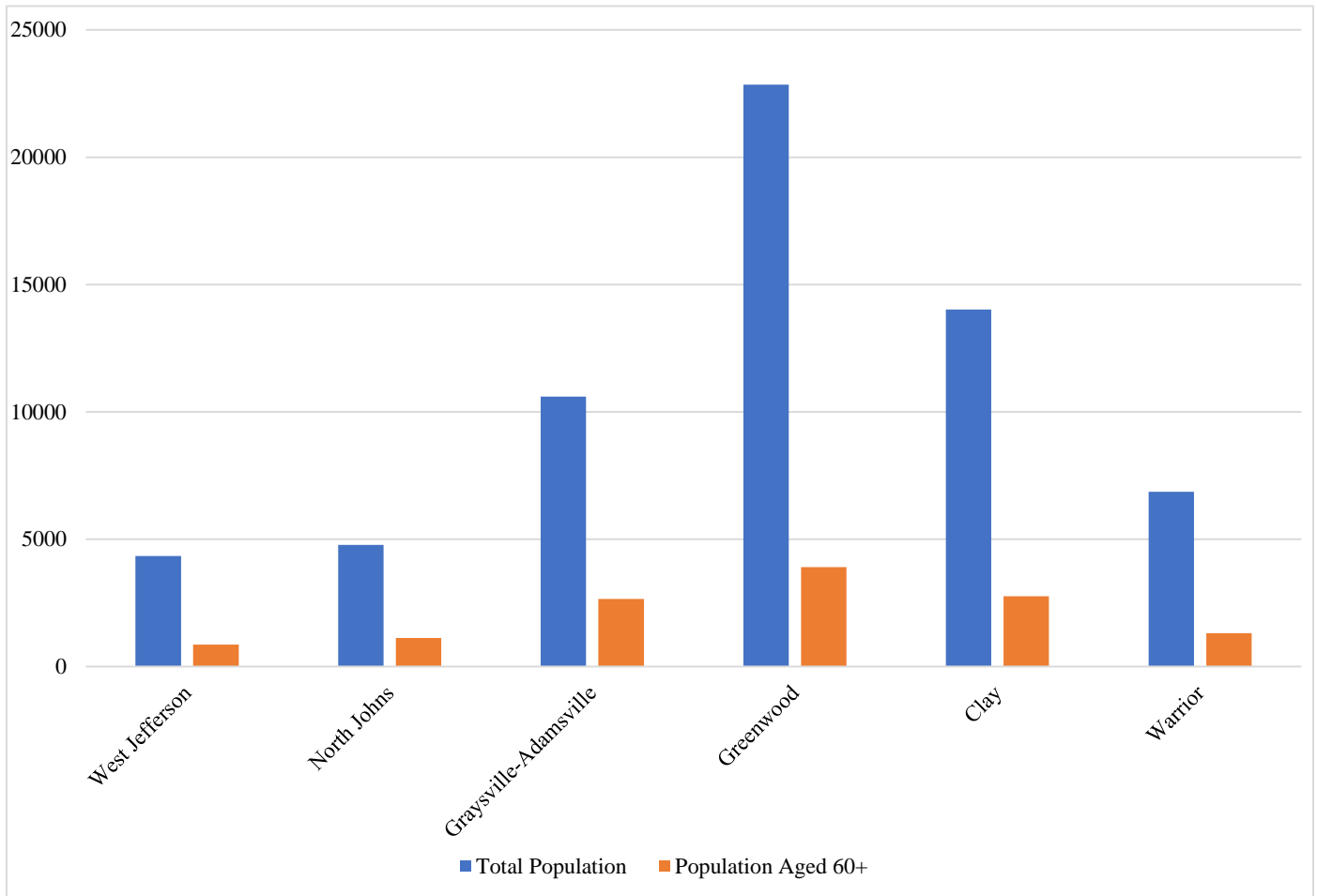


Table 7: Deaths by Alzheimer’s Disease Among Jefferson County Residents⁹

<i>Cause of Death</i>	<i>Total</i>	<i>Rate</i> (per 1,000 population)
All Causes	7,173	10.9
<i>Alzheimer’s disease</i>	338	51.2

⁹ 2015 County Health Profiles – Vital Statistics; Alabama Department of Public Health:
<http://www.alabamapublichealth.gov/healthstats/assets/chp2015.pdf>

NEEDS ASSESSMENT RESULTS

As part of the planning process, UWAAA gathered community input through a variety of methods. Three primary strategies were used to collect data regarding local needs. They included:

1. Needs assessment surveys targeted to older adults and individuals with disabilities, as well as caregivers, service providers and other stakeholders;
2. Public hearings within Jefferson County; and
3. Review and analysis of other publicly available data such as census data and findings from other community assessments of the needs of older adults.

The critical information gathered from the various assessment strategies was used to guide the development of the goals, objectives, and outcomes included within the strategic plan. Each need summarized below has at least one accompanying objective that directly addresses the concern. The continuum of services that comprise the service delivery plan is also informed by this data.

In the summer of 2017, UWAAA sent out two surveys (See Exhibit G) to collect demographic and needs information from two distinct populations: older adults and individuals with disabilities in Jefferson County; and caregivers and representatives of the organizations that serve them, including managers of the 29 Senior Centers that serve older adults throughout the county. Over 5,000 copies of the survey were distributed and 734 responses were returned. Specifically, the surveys sought to learn about the activities currently occurring in the lives of older adults and individuals with disabilities and to identify what services would enhance their health and wellbeing.

Consumer Survey

Of the 734 returned responses, 702 were garnered from consumers – older adults and individuals with disabilities. A brief analysis of findings is presented below:

- An analysis of the feedback and data collected from the consumer survey led to the identification of five primary issues that are most important to older adults and individuals with disabilities (as defined by over 50% of respondents marked the issue as “very important”). They are:
 1. Knowing what services are available and how to access them (Obj. 1.1, 2.1, 2.3, 2.4, 3.1, 4.1, and 4.2)
 2. Accessing information or help applying for health insurance or getting medicine (Obj. 1.1 and 2.1)
 3. Being able to keep the home in which they currently reside (Obj. 1.1, and 2.1)
 4. Getting regular exercise (Obj. 3.1)
 5. Having enough money to meet daily living expenses (Obj. 1.1)

- When asked what they feel is the biggest problem they face, the most common responses centered around:
 1. Health and nutrition in addition to problems associated with growing old
 2. Financial issues – being able to afford bills and daily living expenses
 3. Loneliness
 4. Transportation
 5. Home maintenance

- When asked what additional services they might need, the most common responses were:
 1. Locations in neighborhoods for healthy food purchases; convenient grocery stores (Obj. 2.3)
 2. Transportation to church (Obj. 2.2)
 3. Assistance with paying utility bills (Obj. 1.1)
 4. Information/training on how to use the Internet (Obj. 1.1 and 3.1)

In subsequent sections, respondents were asked questions related to use and satisfaction with their local senior center. On average, respondents reported visiting their local centers over 2 times per week, participating in activities such as games, Bible study, meal programs, exercise, and music programs. For those who visit centers in Jefferson County, we asked respondents how the centers helped to improve quality of life. Listed below are some of the most common responses.

- Helps with loneliness
- Provides a place for fellowship – get to know other older adults
- Offers a chance to get out of the house and to remain mentally and physically active
- Provides a place to receive a hot meal
- Offers visitors the opportunity to learn more about resources benefitting seniors

Overwhelmingly, respondents reported feeling less lonely when visiting the senior center. They stressed the importance of staying active, both mentally and physically, mentioning that the senior center provides them a place for fellowship with other older adults. The centers offer sanctuary from the isolation that old age may impose on persons aged 60 years or older. Moving forward, UWAAA will prioritize the importance of educating older adults about local Senior Centers, highlighting the activities they provide in addition to their role as connectors to resources.

One final concern of note was related to transportation (Obj. 2.2). While over 50% of consumer respondents listed transportation services as “not important at all”, several responses in the open comments section of the survey expressed an anticipation of the need for transportation services in the future, especially to support church attendance. This finding was interpreted as not only a concern about future mobility, but also highlighted the significance of churches and faith-based

organizations as a primary means of socialization for older adults. The engagement of such organizations is identified as a key strategy for expanding partnerships and disseminating information.

Provider (caregivers, service providers and other stakeholders) Survey

Bolstering the responses from older adults themselves, the UWAAA wanted to gauge the experience of those who work closely with older adults and individuals with disabilities – discerning what they think are the biggest issues facing them and facing those who care for them. Providers were asked to measure the importance of issues and services related to older adults and those with disabilities.

- An analysis of the feedback and data collected from the provider survey led to the identification of five primary issues that providers believe are most important to older adults and individuals with disabilities (as defined by over 50% of respondents marked the issue as “very important”). They are:
 1. Knowing what services are available and how to access them (Obj. 1.1, 2.1, 2.3, 2.4, 3.1, 4.1, and 4.2)
 2. Accessing information or help applying for health insurance or getting medicine (Obj. 1.1 and 2.1)
 3. Preventing falls or accidents (Obj. 2.1)
 4. Protecting themselves from consumer fraud or financial exploitation (Obj. 4.1)
 5. Having enough money to meet daily living expenses (Obj. 1.1)

Three out of five issues mirrored the responses of consumers themselves, while two – preventing falls or accidents and protecting themselves from consumer fraud or financial exploitation – were highlighted by providers.

- When asked what they feel is the biggest problem older adults and people with disabilities face, the most common responses centered around:
 1. Health and nutrition in addition to problems associated with growing old
 2. Financial issues – being able to afford bills and daily living expenses
 3. Loneliness
 4. Transportation
 5. Home maintenance
- When asked what additional services older adults and people with disabilities might need, the most common responses were:
 1. Transportation (Obj. 2.2)
 2. Mental health counseling (Obj. 3.1)

3. Information/training on how to use the Internet (Obj. 1.1 and 3.1)

In subsequent sections, respondents were asked questions related to issues and services believed to be most important to caregivers of older adults and people with disabilities. An identification of five primary issues that they believe are most important to caregivers for older adults and individuals with disabilities (as defined by over 50% of respondents marked the issue as “very important”) are listed below:

1. Caregiver education or training (Obj. 2.1)
 2. Day program to provide help with daily care giving (Obj. 2.1)
 3. Temporary respite to provide periodic relief from caregiving duties (Obj. 2.1)
 4. Personal counseling to help with the stress of caregiving (Obj. 2.1)
 5. Financial support with caregiving (Obj. 2.1)
- When asked what providers feel is the biggest problem caregivers face, the most common responses centered around:
 1. Burnout
 2. Pay
 3. Temporary respite and assistance
 4. Challenge of transporting an elderly person with a disability
 5. Lack of knowledge about senior services

Public Hearings

In conjunction with surveys, UWAAA advertised and hosted two public hearings to gather additional information about the activities and needs of older adults and individuals with disabilities in Jefferson County (See Exhibit H). The public hearings were held on July 17, 2017 in two easily accessible branches of the Birmingham Public Library System. A morning and evening session were convened to best accommodate varying schedules. Both sites were ADA compliant locations.

A total of 37 individuals attended the two public hearings. Sign-in sheets were used to document attendance (See Exhibit H). Represented among the attendees were older adults, individuals with visibly identifiable disabilities, individuals who self-identified as caregivers, Senior Center Managers, service providers, and other stakeholders. Both hearings were professionally facilitated by a team of consultants (Collaborative Solutions, Inc.) with support provided by UWAAA staff. Information reviewed during the public hearings included an overview of the purpose of the hearings; the timeline for completion of the plan; a summary of ADSS goals, eligible services, and eligible target populations; an overview of the sliding fee scale; and a description of the role of the advisory council. A significant portion of time during each session was dedicated to the solicitation

of public comments with regard to availability and accessibility of current services, gaps in service or emerging needs, participation and performance of service providers, current and future funding levels, prioritized needs and the appropriateness of the sliding fee scale. The agenda and accompanying handouts distributed during the hearings are also included in Exhibit H.

Common themes were garnered from the feedback of those participating in the public hearings. Listed below are topics and services participants found to be of most concern for older adults and individuals with disabilities in Jefferson County:

1. Transportation
2. Knowing what services are available and how to access them
3. Nutrition services
4. Caregiver information services – resources to connect caregivers to services that support the people they support; resource guide

SERVICE DELIVERY PLAN

Each of the 10 distinct services of the UWAAA has been thoughtfully developed in response to many of the unique needs of older and disabled individuals. Whether by offering valuable information about healthcare, providing hot meals, monitoring the staff and services at long-term care facilities or training in-home caregivers, UWAAA is dedicated to enhancing the quality of life in Jefferson County for those who are most in need of assistance.

Aging and Disability Resource Center (ADRC)

The ADRC provides persons with disabilities, older individuals, their families and the community at large with information, assistance, referral, benefits and options counseling, short-term case management and follow-up. The ADRC can assist persons to make informed decisions regarding their long-term care planning, home and community-based services, and healthcare. The ADRC has a “no wrong door” policy, meaning that anyone can come to or call 1-800-AGELINE and be served.

Alabama Cares

Alabama Cares is a support program for unpaid caregivers caring for individuals who are frail and aged 60+ or for individuals with Alzheimer’s disease or a dementia-related diagnosis, regardless of age. In addition, this program supports grandparents or other relatives (not parents) aged 55 and older who are the primary caregiver for children age 18 and younger and grandparents or other relatives (not parents) aged 55 years and older who are the primary caregiver for an adult child (over the age of 18) with a severe disability. This program provides support under five major service categories – caregiver information, caregiver access, caregiver counseling/education, caregiver respite, and caregiver supplemental services;

Homemaker Program

The homemaker program provides support for older adults or for individuals with disabilities who need housekeeping assistance with tasks they are unable to accomplish and who have no one to perform the tasks. The service allows individuals to remain independent and continue to reside in their own home.

Senior Nutrition Program

Older adults may need nutritional support to remain independent. Through the nutrition program, meals may be provided through the local Senior Centers or through home delivery. Congregate meals at the Senior Centers provide nutrition and socialization support. A spouse or dependent child of an older adult can also receive services, regardless of age. In addition, the nutrition program includes education and counseling to ensure older adults are healthy and understand their nutritional needs;

Ombudsman

The Ombudsman program was designed to enhance the quality of life, improve the level of care, protect individual rights and promote the dignity of each Alabama citizen who is housed in a long-term care facility. Alabama's long-term care facilities include nursing, assisted living and specialty Care Assisted Living Facilities, as well as Board and Care. Ombudsmen solve complaints on behalf of long-term care residents. The program establishes productive liaisons with senior organizations, advocacy groups and cooperative associations that impact the lives of long-term care residents. Ombudsmen also provide community outreach education and training on topics that will improve the quality of life for residents in long-term care facilities.

Elder Abuse Prevention

UWAAA offers public education, training, and information services on the prevention of elder abuse, neglect, and exploitation.

SenioRx

SenioRx is a state-funded prescription assistance program to help qualified individuals access free and low cost prescription brand drugs under the guidelines established by pharmaceutical manufacturers; case management and assistance with coupons, drug discount cards and rebates.

Senior Health Insurance Assistance Program (SHIP)

SHIP is intended to provide all Medicare-eligible individuals information, counseling, and assistance on health insurance matters. This includes providing accurate and objective health insurance information and assistance to Medicare beneficiaries in making informed health coverage decisions and understanding related rights and protections.

Emergency Preparedness Program

UWAAA partnered with the American Red Cross Alabama to implement the 2016-2017 initiative which is focused on educating older adults, as well as their family members and caregivers, on fire safety and includes installation of free smoke alarms and bed shakers in the homes of older adults. Additionally, home assessments may be provided to determine the need for smoke alarms and to identify any existing fire hazards in older adults' homes. Follow-up visits were conducted to ensure that smoke alarms are still working, and to assess any changes in older adults' fire safety knowledge, attitude or behavior, and to see if any fires have occurred. UWAAA will continue to provide emergency preparedness services to meet the needs of seniors in Jefferson County.

Alabama Legal Assistance Program

The legal assistance program is designed to improve the quality and quantity of legal assistance available to vulnerable older individuals to protect their autonomy, dignity, and independence. Services include helping older adults understand their rights; exercise choice; meet essential needs of income, shelter, health care and nutrition; and maintain their rights promised and protected by law.

Preventative Health

UWAAA provides health promotion services and Tai Chi at various Senior Centers in Jefferson County. These services are also provided in other settings such as community health centers. They are designed to help older adults prevent or manage their health conditions and promote a healthier lifestyle.

CHALLENGES AND OPPORTUNITIES

UWAAA faces several challenges in serving Jefferson County's aging and disabled populations. To meet the specialized needs of older adults and those with disabilities, UWAAA is charged to find innovative and sustainable methods to best meet the challenges and serve residents. Identified challenges and opportunities include:

Transportation – Access to public transportation is an ongoing issue for the community in general, but especially in Birmingham and rural parts of the county. Transportation to meet the needs of older and disabled persons is particularly challenging as they may have issues of limited mobility, limited income to cover transportation costs, and difficulty obtaining information on scheduling. Inadequate public transportation keeps many residents from meeting basic needs such as: getting to the grocery store or to medical appointments, attending church, or accessing other events for social interaction. Discussions during public hearings centered on the issue of transportation and the exploration of creative ways to address this concern. Suggestions included providing more information about available services, exploring ride sharing opportunities, using local volunteers to provide rides to their neighbors, and better coordinating transportation services provided by churches and funded by medical providers.

Nutrition Services – Meeting the nutritional needs of older and disabled persons is a critical issue. For those who are unable to visit a senior center to enjoy a hot meal, delivered meals are provided to those who are eligible. As proposed federal budget cuts may significantly weaken the Meals on Wheels program, homebound seniors and individuals with disabilities may face an increased need to obtain healthy meals. Opportunities to address this concern include increasing awareness of the availability of hot meals for older adults and their family members at Senior Centers, as well as improving coordination with other agencies that provide food assistance. Advocacy by partner agencies and local constituents to sustain federal funding will also be encouraged.

Information and Referral – Limited awareness of the ADRC and available services within the general community has been identified as a major issue. As the newly appointed AAA for Jefferson County, UWAAA has a unique opportunity to use its high profile within the community to raise awareness, sustain existing partnerships, and develop new partnerships that will increase awareness of the availability of much needed services for older adults, disabled persons and their family members. As the aging population in Jefferson County continues to rise it is imperative to effectively communicate this information in a targeted manner and maximize the use of the ADRC.

Affordable Housing – Throughout the state, affordable housing stock is limited for low- and moderate-income individuals. This is especially concerning for older adults and individuals with disabilities. One opportunity to address this issue is a state Housing Trust Fund which has been recently developed, but the funding mechanism has yet to be enacted. In the meantime, communities like Jefferson County with large concentrations of older adults and residents with disabilities are tasked to best serve the housing needs of vulnerable residents through existing resources such as public housing, multi-family housing developed specifically for this population (e.g. HUD-funded properties), and assistance with housing-related expenses (e.g., utilities, home

maintenance, etc.) which helps reduce monthly housing costs. The ADRC will play an essential role in linking individuals to local community resources.

Funding and Policy Changes – Anticipated cuts to federal funding for programs which assist the target population pose a major threat. The new administration is also promoting policies which will further reduce support for low-income individuals (e.g., rollback of Affordable Care Act, decreased federal funding for social programs, etc.). UWAAA will adhere to all federal, state or regional requirements and actively work within those parameters to better coordinate services, increase partnerships and collaboration, raise community awareness of available services and advocate with elected officials for increased funding.

The following goals, objectives, and strategies provide a plan for how UWAAA will strategically maneuver through the challenges identified above and capitalize upon the identified opportunities. UWAAA sees the current environment of change as an opportunity expand partnerships to enhance future growth of programs.

AREA PLAN GOALS AND OBJECTIVES

Goal 1: Older adults, individuals with disabilities, and their caregivers shall have access to reliable information, helping them to make informed decisions regarding long-term supports and services

Objective 1.1: Provide older adults and people with disabilities with information on health insurance; home-based and long-term care options to assist with decision-making.

Strategies:

1. Market the ADRC and 1-800-AGELINE as the resource in Jefferson County for information about the needs of and services for older adults and individuals with disabilities.
2. Utilize Senior Centers to provide accurate information to targeted individuals across Jefferson County.
3. Disseminate information about available counseling services and supplemental supports through health fairs, existing agency partnerships, support groups, faith-based organizations, television and radio.
4. Continue the provision of ongoing monthly staff training on ADRC guidelines to enhance implementation of the “No Wrong Door” model of access to long-term services and supports such as the State Health Insurance Assistance Program (SHIP) and SenioRx programs.
5. Expand community partnerships, especially hospitals and discharge planning staff throughout Jefferson County to better inform older adults and individuals with disabilities about alternative care options and local resources.

Outcomes:

1. Increased community-wide awareness of the UWAAA and access to needed resources via the ADRC.
2. Increased number of individuals that are aware of the ADRC and 1-800-AGELINE.
3. Increased number of individuals requesting information via the ADRC and 1-800-AGELINE.
4. More informed older adults and individuals with disabilities with knowledge of AAA available information and services.
5. Improved coordination of referral and follow-up services via ADRC.
6. Improved knowledge among staff responsible for program implementation.
7. Increased identification of community partners and external organizations to expand program offerings.

Goal 2: Empower older adults and individuals with disabilities to remain in the least restrictive environment with a high quality of life through the provision of options including: counseling, home and community-based services, and support for family caregivers.

Objective 2.1: Provide services based on needs of older adults and people with disabilities in the home setting so that they maintain quality, independent living as long as possible.

Strategies:

1. Ensure homebound individuals are provided with choices about supportive services, including case management and personal care.
2. Encourage caregivers to seek out and utilize support services for issues that arise from the role of caregiving, if appropriate.
3. Nurture existing partnerships and seek out new long-term care facilities admission coordinators, case managers, and discharge planning staff.
4. Integrate findings from the Community Foundation’s EngAge Report to better plan and coordinate UWAAA programs and services.
5. Advocate for additional resources to increase the amount of Home and Community-Based Services (HCBS) waivers so that an increased number of older adults and individuals with disabilities have the option to live independently.
6. Promote Emergency Preparedness program for any older adult or individual with a disability that may need additional support.
7. Refer individuals that are screened for eligibility through the ARDC and may qualify for Medicaid HCBS waiver services for follow-up.
8. Explore options to increase coverage of long-term home and community based services.

Outcomes:

1. Increased number of clients receiving supportive services.
2. Increased collaboration and resource sharing among community partners and stakeholders.
3. Increased caregiver usage of supports.
4. New service provider partnerships established.
5. Increased number of clients that received emergency preparedness training and education.
6. Increased awareness of and referral to Medicaid waiver programs.
7. Improved access to resources that support independent living.

Goal 2: Empower older adults and individuals with disabilities to remain in the least restrictive environment with a high quality of life through the provision of options including: counseling, home and community-based services, and support for family caregivers.

Objective 2.2: Increase client awareness of transportation services to ensure access to appropriate health care options and wellness services.

Strategies:

1. Continue partnerships with ClasTran and other services to provide transportation for clients to and from Senior Centers, local pharmacies, grocery stores, and other goods and services.
2. Inform clients about Medicare- and Medicaid-covered transportation for health care provider visits.
3. Advocate for resources to strengthen and fund transportation options in Jefferson County including assisted transportation and the expansion of ClasTran services to Senior Centers.
4. Explore alternative transportation options such as ride sharing for older adults and individuals with disabilities to access available goods and services within the community.

Outcomes:

1. Increased number of transportation resources available in Jefferson County for older adults and individuals with disabilities.
2. Decreased number of older adults and individuals with disabilities who report transportation as a barrier to accessing necessary goods and services.
3. Increased resources for transportation services.

Goal 2: Empower older adults and individuals with disabilities to remain in the least restrictive environment with a high quality of life through the provision of options including: counseling, home and community-based services, and support for family caregivers.

Objective 2.3: Expand food and nutrition options for nutritionally insecure older adults and individuals with disabilities.

Strategies:

1. Expand outreach efforts through the ADRC, media, educational forums, and faith-based organizations to increase awareness of and applications for the Supplemental Nutrition Assistance Program (SNAP) and Alabama Elderly Simplified Application Project (AESAP).
2. Provide assistance to older adults, individuals with disabilities, and caregivers to complete SNAP applications.
3. Refer clients to counselors to increase nutritional knowledge, if appropriate.

4. Explore and promote partnerships with fresh food vendors to offer markets at Senior Centers and in neighborhoods.
5. Increase coordination efforts with the Food Bank Program to maximize access to nutrition resources and programs.
6. Increase marketing and outreach efforts to raise awareness of the availability of meals through the Senior Nutrition Program.

Outcomes:

1. Increased awareness for older adults and individuals with disabilities of SNAP benefits and eligibility requirements.
2. Improved nutritional education for individuals at risk.
3. Improved nutritional intake for individuals at risk.
4. Increased nutritional options for older adults and individuals with disabilities.
5. Improved coordination of nutritional resources for elderly and disabled individuals.

Goal 2: Empower older adults and individuals with disabilities to remain in the least restrictive environment with a high quality of life through the provision of options including: counseling, home and community-based services, and support for family caregivers.

Objective 2.4: Provide a comprehensive and coordinated approach to meet the diverse needs of caregivers for individuals with dementia, disabilities, and chronic conditions.

Strategies:

1. Strengthen partnerships with specialized dementia and Alzheimer’s education programs to better inform caregivers of community-based long-term services and support options.

Outcomes:

1. Increased caregiver awareness of community-based long-term services and support options.
2. Improved caregiver decision-making based on newfound knowledge of services and support options.
3. Annual caregiver forum focused on caregiver needs and supports.

Goal 3: Empower older adults to stay active and healthy through Older Americans Act services, Medicare prevention benefits, recreation, job, and volunteer opportunities.

Objective 3.1: Provide health, wellness, mental acuity, and disease prevention services to older adults and people with disabilities.

Strategies:

1. Provide health promotion and evidence-based disease prevention information and activities through health fairs, Senior Centers, marketing materials, and through other outreach opportunities.
2. Promote the availability of exercise and strengthening activities in each Senior Center.
3. Develop resources to connect older adults and individuals with disabilities with existing educational resources and programs that support improved chronic disease self-management.
4. Educate caregivers on signs of dementia and mental impairment.
5. Increase partnerships with local municipalities and other organizations to secure additional resources for Senior Center operations.
6. Assist older adults and individuals with disabilities to obtain or maintain employment opportunities to assist with daily living expenses.

Outcomes:

1. Older adults report improved health and wellbeing.
2. Older adults and individuals with disabilities in Jefferson County have improved cognition, greater independence, and overall wellbeing.
3. Increased offerings of exercise/strengthening classes in Senior Centers.
4. More informed caregivers who are aware of dementia signs and symptoms.
5. Enhanced role of Senior Centers as a vital community resource.
6. Increased number of older adults and individuals with disabilities that are financially stable.

Goal 4: Enable more Alabamians to live with dignity by promoting elder rights and reducing the incidents of abuse, neglect, and exploitation.

Objective 4.1: Provide a coordinated system of Elder Justice Services for older adults and individuals with disabilities.

Strategies:

1. Provide education and information to older adults, individuals with disabilities, and the public on recognizing, reporting, and avoiding instances of elder abuse, neglect, and exploitation and of Ombudsman services.
2. Ombudsmen will provide training and in-services on topics related to improving the quality of life for individuals living in long-term care facilities.
3. Assess for possible abuse/neglect during ADRC intake and through programmatic services and make appropriate referrals when necessary.
4. Extend the availability of legal assistance to address and resolve documented cases of elder abuse, neglect and exploitation.

5. Promote Alabama Legal Assistance Program and encourage clients and prospective clients to utilize legal services to complete estate planning and end-of-life care, housing stability, and other legal needs of older adults and individuals with disabilities.

Outcomes:

1. Increased awareness about elder abuse, neglect, and exploitation, and legal services available to address these concerns.
2. Increased availability of training opportunities for community partners, in-home staff, and others on recognizing, reporting, and avoiding instances of elder abuse, neglect, and exploitation.
3. Improved access to legal assistance to address instances of elder abuse, neglect and exploitation.
4. Improved usage of legal assistance to complete estate planning and other end of life care, housing-related issues, and other needs.

Goal 4: Enable more Alabamians to live with dignity by promoting elder rights and reducing the incidents of abuse, neglect, and exploitation.

Objective 4.2: Provide advocacy and education to prevent fraud and financial exploitation of older adults and individuals with disabilities.

Strategies:

1. Provide outreach and education to community partners, including agency and faith-based organizations, about fraud prevention and reducing financial exploitation.
2. Integrate advocacy and education in all UWAAA programming to prevent instances of fraud and financial exploitation.

Outcomes:

1. Increased awareness among older adults, individuals with disabilities, and the public of strategies to prevent fraud and financial exploitation.
2. Increased awareness of scams and other “red flag” activities that may lead to fraud or financial exploitation of older adults and individuals with disabilities.
3. Fewer older adults and individuals with disabilities are victims of fraud and financial exploitation.

Goal 5: Promote proactive, progressive management and accountability of UWAAA and its contracting agencies.

Objective 5.1: Serve as a good steward of federal and state funds through compliance with ADSS requirements.

Strategies:

1. Conduct ongoing staff training on program guidelines and performance standards.
2. Convene regularly scheduled meetings with contractors for enhanced communication and transmission of program requirements.
3. Encourage staff input on budget development during annual budgeting process.
4. Develop and enhance monitoring and auditing activities to assess efficiency of internal processes and performance of external contractors.
5. Develop and follow written protocol for issues of noncompliance.

Outcomes:

1. Exceed minimum ADSS compliance requirements.
2. Improved contractor performance.
3. Improved overall program performance resulting from enhanced quality assurance efforts.

Goal 5: Promote proactive, progressive management and accountability of UWAAA and its contracting agencies.

Objective 5.2: Provide effective and accountable leadership, supporting a person-centered culture for management of operations and exemplary customer service.

Strategies:

1. Maintain adequate staffing levels to ensure staffing meets all required federal and state mandates and can meet program-level deliverables.
2. Facilitate regularly scheduled staff meetings to offer ongoing training for all UWAAA and partners on program guidelines and person-centered orientation.
3. Emphasize customer service as a primary role of UWAAA staff and contractors.
4. Develop a succession protocol to mitigate issues associated with staff turnover.
5. Foster staff morale through training, a supportive work environment, success recognition, and growth opportunities.
6. Utilize Advisory Council on matters related to UWAAA programming and available services.
7. Conduct client service delivery satisfaction surveys.

Outcomes:

1. AAA is well run, customer service-focused agency.
2. Older adults and individuals with disabilities are satisfied with UWAAA programs and services.

Goal 5: Promote proactive, progressive management and accountability of UWAAA and its contracting agencies.

Objective 5.3: Develop and implement a continuous quality improvement program to ensure compliance with rules and regulations and improve service quality to all individuals served.

Strategies:

1. Establish a process for using data to monitor, analyze and ensure compliance with established program guidelines.
2. Develop and implement a quality improvement system that will continuously identify and assess processes for streamlining and refinement.
3. Monitor program performance through a quarterly review of performance (current year expenditures versus previous year).

Outcomes:

1. Greater efficiency and service quality with accountability.

CLOSING STATEMENT

The United Way Area Agency on Aging is committed to serving Jefferson County's older adults, individuals with disabilities, and their caregivers by providing support, education, and information. As a community with the largest older adult population, and without increased funding, Jefferson County will confront challenges needing creative solutions and new approaches in which to improve the lives of the community's most vulnerable population. Partnerships and collaboration with providers and other community organizations are vital in creating a more person-centered approach to services.

The five goals outlined in this Area Plan lay the foundation for targeting the most appropriate services geared towards benefiting older adults and people with disabilities. UWAAA believes that the strategies set forth in this Area Plan will create forward momentum to improve methods of engagement, support, programming, opportunities, and quality of life for older residents, individuals with disabilities, and caregivers in Jefferson County.