Regional Aging Services Plan
July 1, 2016 – June 30, 2020

BOOMING AHEAD TOGETHER:
A COMPASS
FOR SUCCESSFUL AGING

Upper Coastal Plain


Serving Edgecombe, Halifax, Nash, Northampton and Wilson Counties
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Executive Summary

The Upper Coastal Plain Area Agency on Aging is an organization working within a federal mandate to inform, advocate, and plan for community services on behalf of older adults. The Area Agency on Aging is part of the National Network set in place by the Older Americans Act of 1965.

The Area Agency on Aging staff works with advisory committees in each county to study the needs of older adults and plan for services to meet those needs. The service goal is to enable older adults age 60 and older to live independently in their own homes.

The Area Agency on Aging is a service of the Upper Coastal Plain Council of Governments, a regional planning organization which serves 39 municipal governments and five county governments. Members include Edgecombe, Halifax, Nash, Northampton, and Wilson counties and many municipalities within those counties.

Our Vision: Our vision is to be the compass for aging services throughout Region L by providing advocacy, training and leadership on aging issues.

Our Mission: The mission of the Area Agency on Aging is to empower senior adults, family caregivers, and individuals with disabilities residing in Edgecombe, Halifax, Nash, Northampton and Wilson Counties to live independent, meaningful, healthy, and dignified lives through a comprehensive plan of services and linkages with community based programs.

In order to achieve our mission, we will continue to provide services via funding made available through state and federal grants. However, in recognition of our limited resources and growing demand for services, the Area Agency on Aging will establish a 501(C)3 and seek other revenue streams to expand our services to the region.

The Upper Coastal Plain Council of Governments Area Agency on Aging is required by federal and state law to submit a Regional Area Plan every four years. The Plan provides important information regarding stakeholders and citizens as well as sets goals to benefit older adults and their caregivers in our region. Many of these goals will have value to individuals across their lifespan. This plan will be a guide and work plan the Upper Coastal Plain Council of Governments Area Agency on Aging will follow for the next four years.
Developing the Plan

The Upper Coastal Plain Area Agency on Aging spent numerous hours developing our Regional Aging Service Plan: “Booming Ahead Together: A COMPASS for successful aging”. A needs assessment survey was developed, distributed throughout the region and input was carefully analyzed. Feedback was received from aging service providers, older adults, caregivers, government officials and many others. The NC State Plan, existing County Plans in the region, data from the surveys and demographic data were used in the development of the plan.

The Regional Stakeholder survey was open from September 2015 until February 29, 2016. It was emailed to all provider agencies and municipalities in the region and shared with any interested citizen in the region. An intern took paper copies of the survey into at least one provider agency in each of the counties. The Regional Stakeholder survey received 229 responses. The breakdown from each county can be seen in the graph below.
More than 50% of the respondents were older adults (age 60 or older).
Region L Demographics

There is a dramatic demographic shift across the nation. This is also the case in Region L, which covers Edgecombe, Halifax, Nash, Northampton and Wilson counties. There are already more people age 60+ than those under the age of 18. This significant increase in growth in the older adult population is caused by the wave of the baby boomers (those born between 1946 and 1964) beginning to reach retirement age. In addition, people are living longer than ever before, and our region continues to lose young people to greater economic opportunities in other parts of the state. This growth of the aging population in the coming decades will continue to generate opportunities as well as challenges for long-term supports and services.

<table>
<thead>
<tr>
<th>Ages</th>
<th>2014</th>
<th>2034</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-17</td>
<td>69,124</td>
<td>59,866</td>
</tr>
<tr>
<td>60+</td>
<td>72,987</td>
<td>90,478</td>
</tr>
<tr>
<td>85+</td>
<td>6,458</td>
<td>9,719</td>
</tr>
</tbody>
</table>

Notice the projected change in demographics for Region L from now until 2034.
### Edgecombe

<table>
<thead>
<tr>
<th>Ages</th>
<th>2014 #</th>
<th>%</th>
<th>2034 #</th>
<th>%</th>
<th>% Change (2014-2034)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>55,483</td>
<td>23%</td>
<td>53,660</td>
<td>20%</td>
<td>-3.3%</td>
</tr>
<tr>
<td>0-17</td>
<td>12,965</td>
<td>23%</td>
<td>10,730</td>
<td>20%</td>
<td>-17.2%</td>
</tr>
<tr>
<td>18-44</td>
<td>17,479</td>
<td>32%</td>
<td>18,530</td>
<td>35%</td>
<td>6.0%</td>
</tr>
<tr>
<td>45-59</td>
<td>11,824</td>
<td>21%</td>
<td>9,034</td>
<td>17%</td>
<td>-23.6%</td>
</tr>
<tr>
<td>60+</td>
<td>13,215</td>
<td>24%</td>
<td>15,366</td>
<td>29%</td>
<td>16.3%</td>
</tr>
<tr>
<td>65+</td>
<td>9,309</td>
<td>17%</td>
<td>12,475</td>
<td>23%</td>
<td>34%</td>
</tr>
<tr>
<td>85+</td>
<td>1,093</td>
<td>2%</td>
<td>1,691</td>
<td>3%</td>
<td>54.7%</td>
</tr>
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### Halifax

<table>
<thead>
<tr>
<th>Ages</th>
<th>2014 #</th>
<th>%</th>
<th>2034 #</th>
<th>%</th>
<th>% Change (2014-2034)</th>
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</thead>
<tbody>
<tr>
<td>Total</td>
<td>53,190</td>
<td>22%</td>
<td>46,991</td>
<td>20%</td>
<td>-11.7%</td>
</tr>
<tr>
<td>0-17</td>
<td>11,625</td>
<td>22%</td>
<td>9,266</td>
<td>20%</td>
<td>-20.3%</td>
</tr>
<tr>
<td>18-44</td>
<td>16,332</td>
<td>31%</td>
<td>15,127</td>
<td>32%</td>
<td>-7.4%</td>
</tr>
<tr>
<td>45-59</td>
<td>11,780</td>
<td>22%</td>
<td>8,016</td>
<td>17%</td>
<td>-32.0%</td>
</tr>
<tr>
<td>60+</td>
<td>13,453</td>
<td>25%</td>
<td>14,582</td>
<td>31%</td>
<td>8.4%</td>
</tr>
<tr>
<td>65+</td>
<td>9,624</td>
<td>18%</td>
<td>11,873</td>
<td>25%</td>
<td>23.4%</td>
</tr>
<tr>
<td>85+</td>
<td>1,251</td>
<td>2%</td>
<td>1,526</td>
<td>3%</td>
<td>22.0%</td>
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### Nash

<table>
<thead>
<tr>
<th>Ages</th>
<th>2014 #</th>
<th>%</th>
<th>2034 #</th>
<th>%</th>
<th>% Change (2014-2034)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>94,525</td>
<td>22%</td>
<td>90,716</td>
<td>20%</td>
<td>-4.0%</td>
</tr>
<tr>
<td>0-17</td>
<td>21,182</td>
<td>22%</td>
<td>17,940</td>
<td>20%</td>
<td>-15.3%</td>
</tr>
<tr>
<td>18-44</td>
<td>30,429</td>
<td>32%</td>
<td>28,852</td>
<td>32%</td>
<td>-5.2%</td>
</tr>
<tr>
<td>45-59</td>
<td>20,996</td>
<td>22%</td>
<td>15,744</td>
<td>17%</td>
<td>-25.0%</td>
</tr>
<tr>
<td>60+</td>
<td>21,918</td>
<td>23%</td>
<td>28,180</td>
<td>31%</td>
<td>28.6%</td>
</tr>
<tr>
<td>65+</td>
<td>15,430</td>
<td>16%</td>
<td>22,449</td>
<td>25%</td>
<td>45.5%</td>
</tr>
<tr>
<td>85+</td>
<td>1,843</td>
<td>2%</td>
<td>2,915</td>
<td>3%</td>
<td>58.2%</td>
</tr>
</tbody>
</table>

### Northampton
### Ages 2014 vs. 2034

<table>
<thead>
<tr>
<th>Ages</th>
<th>2014 #</th>
<th>2014 %</th>
<th>2034 #</th>
<th>2034 %</th>
<th>% Change (2014-2034)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>21,233</td>
<td>18,512</td>
<td>-12.8%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-17</td>
<td>4,066</td>
<td>3,348</td>
<td>-17.7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-44</td>
<td>6,431</td>
<td>5,812</td>
<td>-9.6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>45-59</td>
<td>4,579</td>
<td>3,523</td>
<td>-23.1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>60+</td>
<td>6,157</td>
<td>5,829</td>
<td>-5.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>65+</td>
<td>4,650</td>
<td>4,866</td>
<td>4.6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>85+</td>
<td>651</td>
<td>911</td>
<td>39.9%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Wilson

<table>
<thead>
<tr>
<th>Ages</th>
<th>2014 #</th>
<th>2014 %</th>
<th>2034 #</th>
<th>2034 %</th>
<th>% Change (2014-2034)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>81,410</td>
<td>92,881</td>
<td>14.1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-17</td>
<td>19,286</td>
<td>18,582</td>
<td>-3.7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-44</td>
<td>27,214</td>
<td>30,877</td>
<td>13.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>45-59</td>
<td>16,666</td>
<td>16,901</td>
<td>1.4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>60+</td>
<td>18,244</td>
<td>26,521</td>
<td>45.4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>65+</td>
<td>12,956</td>
<td>20,938</td>
<td>61.6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>85+</td>
<td>1,620</td>
<td>2,676</td>
<td>65.2%</td>
<td></td>
<td></td>
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</tbody>
</table>

Source: NC Office of State Budget and Management, Oct. 2015

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Race/Ethnicity, 65+
<table>
<thead>
<tr>
<th>Counties</th>
<th>White alone</th>
<th>Black or African American alone</th>
<th>American Indian and Alaska Native alone</th>
<th>Asian alone</th>
<th>Hispanic or Latino Origin</th>
<th>Some Other Race</th>
<th>Two or more races</th>
</tr>
</thead>
<tbody>
<tr>
<td>Edgecombe</td>
<td>51.2%</td>
<td>47.5%</td>
<td>0.0%</td>
<td>0.1%</td>
<td>1.1%</td>
<td>0.2%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Halifax</td>
<td>52.1%</td>
<td>43.3%</td>
<td>2.3%</td>
<td>0.3%</td>
<td>0.6%</td>
<td>0.1%</td>
<td>1.9%</td>
</tr>
<tr>
<td>Nash</td>
<td>70.0%</td>
<td>27.9%</td>
<td>0.5%</td>
<td>0.8%</td>
<td>0.6%</td>
<td>0.3%</td>
<td>0.5%</td>
</tr>
<tr>
<td>Northampton</td>
<td>50.6%</td>
<td>48.3%</td>
<td>0.1%</td>
<td>0.1%</td>
<td>0.2%</td>
<td>0.1%</td>
<td>0.7%</td>
</tr>
<tr>
<td>Wilson</td>
<td>67.4%</td>
<td>30.6%</td>
<td>0.3%</td>
<td>0.5%</td>
<td>1.7%</td>
<td>0.3%</td>
<td>0.9%</td>
</tr>
</tbody>
</table>

*County/state %'s are given as a percentage of 65 and over, unless specified
Source: American Community Survey 2010-2014

Other county demographics, 65 +

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Edgecombe</th>
<th>Halifax</th>
<th>Nash</th>
<th>Northampton</th>
<th>Wilson</th>
<th>NC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Living alone</td>
<td>31.7%</td>
<td>31.6%</td>
<td>35.6%</td>
<td>31.6%</td>
<td>33.6%</td>
<td>28%</td>
</tr>
<tr>
<td>Veterans</td>
<td>16.4%</td>
<td>14.0%</td>
<td>22.1%</td>
<td>15.7%</td>
<td>18.5%</td>
<td>21.4%</td>
</tr>
<tr>
<td>Have a disability</td>
<td>42.3%</td>
<td>48.4%</td>
<td>40.9%</td>
<td>45.3%</td>
<td>42.6%</td>
<td>37.8%</td>
</tr>
<tr>
<td>Have less than a high school diploma</td>
<td>34.5%</td>
<td>36.0%</td>
<td>25.9%</td>
<td>39.6%</td>
<td>29.7%</td>
<td>22.3%</td>
</tr>
<tr>
<td>Have high school education, GED or alternative</td>
<td>36.1%</td>
<td>33.9%</td>
<td>38.2%</td>
<td>33.0%</td>
<td>35.3%</td>
<td>32.3%</td>
</tr>
<tr>
<td>Median household income</td>
<td>27,813</td>
<td>26,398</td>
<td>29,065</td>
<td>27,664</td>
<td>32,174</td>
<td>35,024</td>
</tr>
<tr>
<td>Income below the poverty level</td>
<td>16.4%</td>
<td>17.2%</td>
<td>13.8%</td>
<td>15.9%</td>
<td>11%</td>
<td>9.9%</td>
</tr>
<tr>
<td>Income is between 100%-199% of the poverty level</td>
<td>30.8%</td>
<td>31.2%</td>
<td>27.5%</td>
<td>34.0%</td>
<td>26.2%</td>
<td>24.4%</td>
</tr>
<tr>
<td>In labor force</td>
<td>15.0%</td>
<td>12.5%</td>
<td>14.0%</td>
<td>12.4%</td>
<td>17.5%</td>
<td>15.7%</td>
</tr>
<tr>
<td>Own their homes</td>
<td>73.0%</td>
<td>76.9%</td>
<td>73.3%</td>
<td>80.0%</td>
<td>75.2%</td>
<td>81.7%</td>
</tr>
</tbody>
</table>

*County/state %'s are given as a percentage of 65 and over, unless specified
Source: American Community Survey 2010-2014

Goals and Objectives
Goal 1: Empower older adults and their families to make informed decisions and easily access existing health and long-term care options

Objective 1.1: Educate the public on the availability of services to foster independence, self-sufficiency, and their future planning for long-term needs

Strategies:

An Older Adult Resource Guide for our region will be updated, redesigned, maintained and perpetually distributed by the Area Agency on Aging (AAA) staff each year. This is being transitioned from an outside publisher and should see initial publication by July 2016.

Measure: Completion of guide, annual updates to information, electronic and/or paper distribution (as funding permits). Distribution will include, but not be limited to, Home and Community Care Block Grant (HCCBG) providers, Senior Community Service Employment Program (SCSEP) host agencies, long term care facilities, Regional Aging Advisory Committee (RAAC) members, and AAA program participants.

Use of a Facebook Page to share events, programs, advocacy opportunities, and resources and information. This page will be updated weekly to keep stakeholders up to date on available resources.

Measure: Use the data analysis tools provided by the website to track engagement. Establish as baseline and increase likes by at least 5% annually.

Have each AAA program contribute to the Upper Coastal Plain Council of Governments (UCPCOG) E-newsletter.

Measure: Verify that at least one aging relevant topic is included in each published E-newsletter.

Our region will have access to current and relevant information and assistance through resources available in the AAA Library. A resource library is located at the AAA and maintained by the Family Caregiver Support Program (FCSP) staff. The library includes
a large variety of caregiver videos, books, audio tapes, journals and other resources that are available to be checked out through the Family Caregiver Support Program.

*Measure:* Usage of materials will be tracked with a checkout log, available resources will be inventoried and documented every four years, beginning in fiscal year 2016, and new resources will be added as funding permits.

Long Term Care (LTC) Ombudsman will review and analyze the Ombudsman Documentation and Information System (ODIS) data to determine trends, as well as identify training opportunities for facility staff, residents, families and Community Advisory Committee (CAC) members and will provide community education opportunities throughout the five county region.

*Measure:* LTC Ombudsman will offer at least one training event per county per quarter; to include, but not limited to, Resident’s Rights training, sensitivity training, and elder abuse prevention topics.

The FCSP Specialist and the Nash County FCSP County Coordinator will partner with a variety of organizations and groups to offer workshops and presentations.

*Measure:* FCSP Specialist will coordinate at least one training event per county per quarter; to include, but not limited to, an Annual Caregiver Education Conference, Candlelight Reflections Ceremonies, FCSP presentations to employers, Alzheimer’s awareness, Five Wishes, Powerful Tools workshops and more.

Family Caregivers will have ongoing access to individual counseling, support groups, and caregiver training.

*Measures:* Monthly, the FCSP Specialist will coordinate and ensure facilitation of at least one Family Caregiver Support Group in each of our five counties.

FCSP Specialist will offer options counseling sessions to eligible caregivers upon request (assuring that at least the minimum number to maintain certification is offered each year).

**Objective 1.2: Streamline access to long-term services and supports to facilitate informed decision-making**
**Strategies:**

Ensure that the AAA employs at least one Certified Options Counselor at all times.

*Measure:* Ensure compliance with certification standards for each Certified Options Counselor during the annual performance review of AAA staff.

The AAA will encourage local providers to maintain accurate information in the NC 211 database by updating their information an annual basis. This will be done as part of the annual contracting process.

*Measure:* As part of the annual Home and Community Care Block Grant contracting process, a AAA staff person will review the NC 211 Database to ensure providers are listed.

The AAA staff will support a No Wrong Door access system for long-term services, and supports for all populations and all payers.

*Measure:* AAA staff will participate in local collaborative efforts that support a No Wrong Door access system for long-term services, and supports for all populations and all payers.

The AAA will offer options counseling to those in skilled nursing facilities as well as those that are seeking resources to make a long-term or life changing decision.

*Measure:* The Local Contact Agency (LCA) will provide options counseling to clients who are referred through the LCA program.

**Objective 1.3: Ensure inclusion of diverse cultures and abilities in all aspects of the aging and adult services network**

**Strategies:**

The Long Term Care Ombudsman will provide training and education to implement Culture Change in facilities in our region.

*Measure:* Ombudsman will provide at least one training event in each of the five counties to educate facility staff on culture change annually.

Continue to collaborate with community partners to ensure inclusion of diverse cultures and abilities in all aspects of the aging and adult services network. When conducting outreach, all AAA staff communicate the basics of each AAA program offered in our region and provide a “Who to Call List.”
Measure: Track outreach events across all AAA programs to determine the number of events that include outreach to special target populations.

Expand training and educational opportunities to the aging network on the unique needs of the aging lesbian, gay, bisexual, and transgender (LGBT) community.

Measure: Conduct at least one provider training biennially.

Direct outreach efforts to people with low English proficiency.

Measure: Distribute AAA program materials at various ethnic stores, churches and cultural events held throughout the region: to include the Nash Community College’s International Festival of Cultures, Hispanic Churches, local Hispanic owned stores, etc.

Goal 2: Enable older adults to remain independent and age in the place of their choice with appropriate services and supports

Objective 2.1: Maintain and expand the availability of community-based services and supports

Strategies:

Continue our efforts to diversify funding available to provider agencies by establishing a 501(C)3 at the regional level that will aid in leveraging new funding sources.

Measure: Establish a 501(C)3 and secure new funding sources to strengthen the regional provider network that will help ensure sustainable community based services.

Ensure continued supports for persons with dementia and their caregivers who are living at home.

Measures: Continue to partner with the Project Caregiver Alternatives to Running on Empty (CARE) Family Consultant for our region. Advocate for increased funding for Project CARE and for increased funding for respite care services.

Participate in regional and local planning for expanded transportation options.
Measure: Participate in the Peanut Belt Rural Planning Organization (PBRPO) & the Upper Coastal Plain Rural Planning Organization’s (UCPRPO) Rural Transportation Advisory Committee meetings and the Rural Technical Coordinating Committee meetings to ensure the needs of our region’s aging population are considered during the transportation planning process.

Support the business capacity and acumen of the local aging provider network.

Measure: Provide pertinent information and training during quarterly HCCBG provider meetings.

Objective 2.2: Promote flexibility in publicly funded services and supports to allow older adults and their caregivers more opportunities to choose how and where they receive services

Strategies:

Support the Veterans-Directed Home Community-Based Services Program (VD-HCBS).

Measure: Subcontract with provider AAAs to offer services to eligible veterans in our region.

Educate providers, older adults and their caregivers on the benefits of consumer-directed options.

Measures: Educate HCCBG committees on HCCBG consumer-directed options during HCCBG committee planning meetings.

Educate HCCBG Providers on HCCBG consumer-directed options during provider training meetings.

Educate the Regional Aging Advisory Committee during regular meetings.

The LCA Coordinator will assist with providing support for adults of all ages to transition from facilities to home and community settings.

Measure: Continue to act as the Local Contact Agency for our region.

Maximize the integration of person-centered philosophy into service delivery.
**Measures:** Ensure that AAA staff receive Person-Centered Thinking training offered by the University of North Carolina Center for Aging Resource and Educational Services (CARES).

Encourage provider staff to take advantage of Person-Centered Thinking training.

Support Family Caregivers of individuals who transition from institutional settings.

**Measure:** Ensure that LCA clients receive information regarding all services offered by the AAA as needed; including the Family Caregiver Support Program and respite services.

Objective 2.3: Promote financial independence in older adults

**Strategies:**

Provide job training opportunities.

**Measure:** Provision of the Senior Community Service Employment Program. The AAA will comply with all performance standards for the program each fiscal year and emphasis will be placed on increasing effectiveness with each of the performance standards.

Educate older adults on financial exploitation.

**Measures:** LTC Ombudsman will include financial exploitation as a topic during the annual Elder Abuse Awareness workshop.

The Senior Community Service Employment Program will include financial exploitation as a job club topic annually.

Educate older adults on health care fraud and abuse.

**Measure:** The Senior Medicare Patrol (SMP) Program Coordinator will train Medicare/Medicaid beneficiaries and family caregivers, distribute program materials, and provide updated information to beneficiaries regarding Medicare and Healthcare Fraud and Abuse.

**Goal 3:** Empower older adults to have optimal health status and to have a healthy lifestyle
Objective 3.1: Promote engagement in health and wellness programs and initiatives

**Strategies:**

Support local participation in N.C. Senior Games and “Adaptive Events.”

**Measures:** Participate in local planning meetings for senior games.

LTC Ombudsman will continue to organize and facilitate “Adaptive Events.”

Encourage participation at all Senior Centers throughout the region by providing information and referrals to their wellness programs and initiatives.

**Measures:** Provide ongoing referrals to senior centers and educate partners on the benefits of senior center participation.

Address food insecurity in older adults.

**Measure:** Partner with our Planning and Development Services department to work on a regional local food initiative.

Provide opportunities for SCSEP participants to learn more about and register for Supplemental Nutritional Assistance Program benefits during job clubs annually.

Encourage HCCBG Nutrition providers to provide opportunities for participants to learn more about and register for Supplemental Nutritional Assistance Program benefits annually.

Objective 3.2: Expand access to and increase participation in evidence-based health promotion and disease prevention programs

**Strategies:**

Partner with a variety of agencies and facilities in our region to provide Matter of Balance (MOB), as well as Living Healthy workshops. The Living Healthy workshops will include: Chronic Disease Self-Management, Diabetes Self-Management and Chronic Pain Self-Management programs.

**Measures:** Provide at least 10 evidence based health promotions workshops per fiscal year.

The Evidence Based Health Promotions Disease Prevention (EBHPDP) Coordinator and a contract employee will be trained to
offer Chronic Pain Self-Management classes by fiscal year 2018 and will continue to offer a variety of Living Healthy workshops.

**Goal 4:** Protect the safety and rights of older and vulnerable adults and prevent their abuse, neglect, and exploitation

Objective 4.1: Maximize collaboration, outreach, and training to stop or prevent abuse, neglect, and exploitation

*Strategies:*

Continue to use Elder Abuse Prevention Funds to educate consumers and professionals.

**Measures:** Provide long-term care staff in-services trainings and community education focused on elder abuse, neglect and exploitation through the Long-Term Care Ombudsman Program.

Hold at least one public Elder Abuse Awareness Event annually.

Partner with citizens, community organizations, law enforcements, healthcare personnel, and long term care facilities to develop a taskforce to educate and reduce the occurrences of Elder Abuse.

**Measures:** Develop and implement an Elder Abuse taskforce in at least 3 of the 5 counties by 2020.

Continue to educate Medicare beneficiaries on the importance of Medicare fraud, including how to protect, detect and report Medicare Fraud.

**Measure:** The Senior Medicare Patrol Program Coordinator will train Medicare/Medicaid beneficiaries and family caregivers, distribute program materials, and provide updated information to beneficiaries regarding Medicare and Health Care Fraud and Abuse.

Continue to support the efforts of the North Carolina Partnership to Address Adult Abuse.

**Measures:** Maintain an annual membership with voting privileges to the North Carolina Partnership to Address Adult Abuse.

Participate in the Partnership to Address Adult Abuse meetings.
Objective 4.2: Strengthen emergency preparedness and response for older adults and people with disabilities

*Strategies:*

Be an active partner with the Division of Aging and Adult services as they partner with the N.C. Emergency Management State Response Team (SERT) to represent the interests of seniors and persons with disabilities in our region.

*Measure:* Participate and provide local feedback to the Division of Aging and Adult Services regarding state-sponsored Emergency Operations Center drills/exercises.

Participate in the Eastern Healthcare Preparedness Coalition meetings.

Goal 5: Facilitate communities and older adults working together to plan and prepare for the future

Objective 5.1: Promote volunteerism and other active engagement

*Strategies:*

Provide training, technical assistance, and best-practice strategies to senior centers to ensure they address the needs and interest of the Baby Boomers and older adults.

*Measure:* Provide technical assistance to senior centers in our region regarding the Senior Center Certification Program with a focus on volunteer education.

Continue to work with senior centers in our region to build capacity of senior center staff and increase the number of Centers of Excellence and/or Merit.

*Measures:* Promote the Ann Johnson Institute and certification training for senior center staff, to increase both their professional capacities and opportunity for senior center certification.

Provide technical assistance to senior centers that are actively pursuing state or national certification upon request.

Continue to work with volunteer driven HCCBG providers to support the sustainability of volunteer organizations within our communities.
**Measure:** Provide quarterly HCCBG training opportunities that include topics such as volunteer development, funding diversification, and other topics pertinent to sustainability.

Objective 5.2: Promote older workers as vital for businesses seeking a trained, qualified, and reliable workforce

**Strategies:**

Enable older low-income job seekers to develop the skills and self-confidence to obtain unsubsidized jobs, and become financially self-sufficient.

**Measures:** Percentage of Senior Community Service Employment Program (SCSEP) participants who exited into unsubsidized employment.

Percentage of SCSEP participants who retained unsubsidized employment for six months after exiting the program.

Total earnings of SCSEP participants in unsubsidized employment six months after exiting the program.

Provide valuable community service on-off-the-job training sites, as a means to improve SCSEP participant’s self-sufficiency, perform meaningful civic service and strengthen communities.

**Measures:** Total number of hours (in the aggregate) of community service employment provided by SCSEP.

Percentage of eligible individuals served by SCSEP.

Average number of barriers, per SCSEP participant.

Objective 5.3: Support state and local communities to better prepare and plan for an aging population

**Strategies:**

Our region will become a more dementia capable region.

**Measures:** Attend the dementia-capability training program provided by the Division of Aging and Adult Services once it is developed.

Work with our planning department to identify opportunities to support development of dementia capable communities.
Continue to partner with the Wilson 20/20 initiative and support efforts to develop a more dementia capable county.

Enable local communities and others to use data to make informed decisions regarding programs/services and advocacy.

**Measure:** Forward data provided by the Division of Aging and Adult Services on aging population, services provided and expenditures annually.

Continue supporting the Senior Tar Heel Legislature (STHL) in its promotion of citizen involvement and advocacy concerning aging issues.

**Measures:** Provide training on various aging related topics during Regional Aging Advisory Committee meetings as well as HCCBG training sessions in which STHL are invited to participate.

Hold an Advocacy Event in which STHL are invited to share their legislative priorities with local and state officials.

Objective 5.4: Work to ensure more affordable housing options for seniors in our region.

**Strategies:**

Support local efforts to bring more affordable housing options to the region.

**Measures:** Work with our planning department and regional municipalities to support development of affordable housing for seniors.

**Measures:** Advocate for affordable housing for seniors.

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**Goal 6: Ensure public accountability and responsiveness**

Objective 6.1: Implement operational improvements and managerial efficiencies for critical services and supports

**Strategies:**

Effectively monitor a waiting list policy for services provided by the Home and Community Care Block Grant.
**Measures:** The Assistant Director will train providers on wait list expectations once guidance is received from DAAS.

The Assistant Director will monitor providers according to DAAS wait list policy

Ensure HCCBG/FCSP providers are effectively utilizing funds to provide maximum service delivery.

**Measures:** AAA staff will monitor providers based on monitoring schedule and annual risk assessment to ensure compliance of NC Division of Aging and Adult Services program service standards.

AAA staff will compile and analyze monthly Provider Expenditure Analysis and offer technical assistance to providers as needed.

AAA Director and Assistant Director will oversee provider expenditures and work with HCCBG committees to reach the goal of 100% expenditure of HCCBG/FCSP funds in each county.

Provide ongoing technical assistance for ways to increase consumer contributions for each of the services offered in our region.

**Conclusion**

The Upper Coastal Plain Council of Governments Area Agency on Aging is dedicated to meeting the diverse needs of our region’s growing aging population. The six goals outlined in this plan provide the vision and guidance for moving our region forward. To reach the goals defined in this plan, we must work together with regional and local agencies, as well as the volunteers who serve on our various committees and groups.

The Area Agency on Aging, our local service providers, and older adults continue to face increasing economic challenges. Continuing to provide programs and services to the growing number of seniors in our region is a challenge with our limited funding and resources. Our best results will be achieved when we work together to face these challenges. We will need to improve collaboration, target available resources, and emphasize accountability for ourselves and our provider agencies for greater results.

The goals can only be achieved with the support and strength of our many and varied stakeholders.