

Coastline Elderly Services, Inc.

Area Agency on Aging
and
Aging Services Access Point

Area Plan on Aging

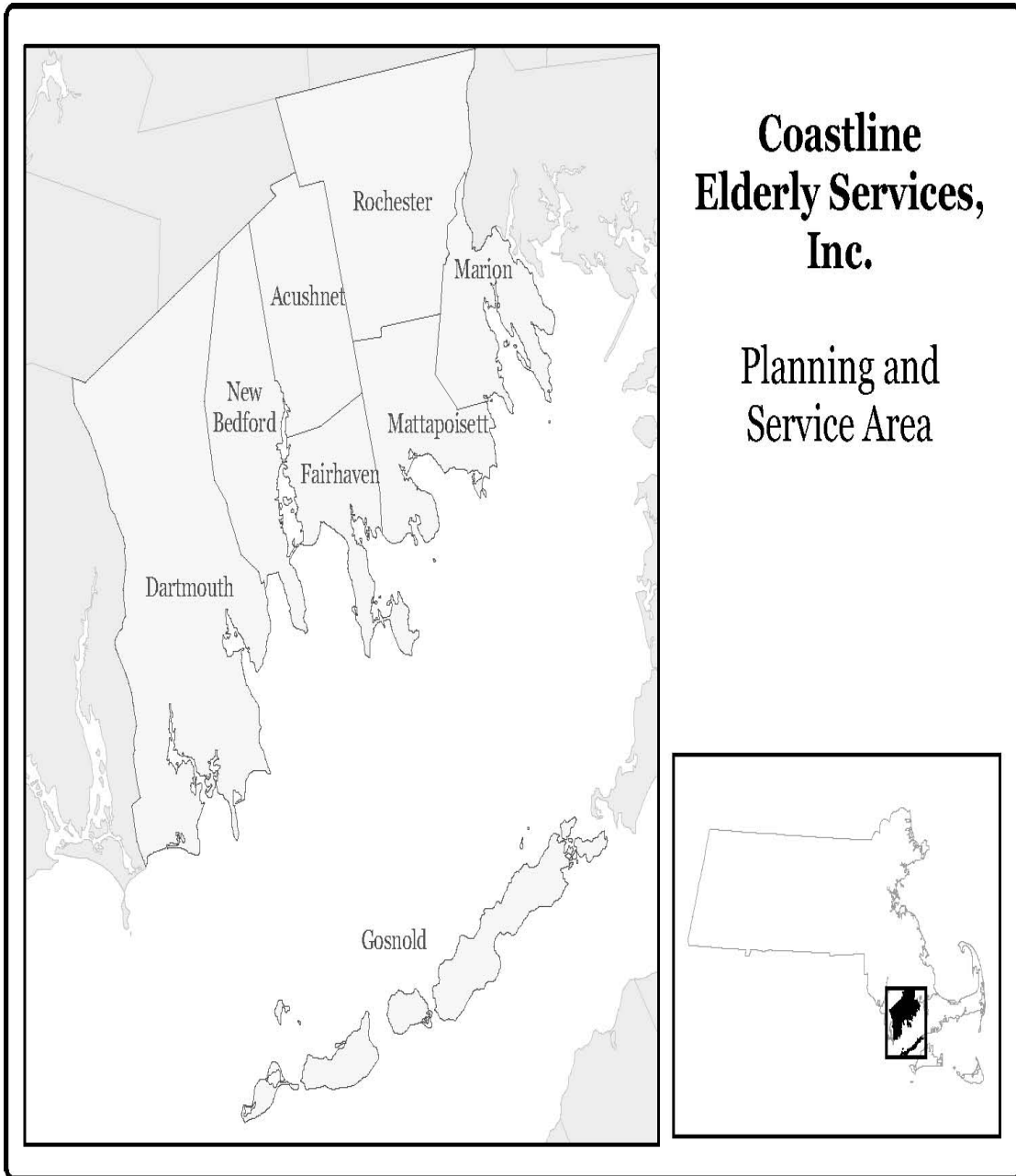
2010-2013

Mission Statement:

Enhance the lives of seniors, caregivers, and those with similar needs by assisting them to remain independent through a range of quality services.

AREA PLAN ON AGING 2010-2013
COASTLINE ELDERLY SERVICES, INC.
TABLE OF CONTENTS

Table of Contents _____	2
PSA Map _____	3
Introduction _____	4
<i>Summary Details of the Older Americans Act of 1965, as amended</i>	
<i>The U.S. Administration on Aging Strategic Goals</i>	
<i>The State Unit on Aging</i>	
<i>Executive Office of Elder Affairs' Goals and Mission Statement</i>	
<i>Area Agency on Aging's Goals and Mission Statement</i>	
<i>Area Agency on Aging History and Role in the Planning and Service Area</i>	
<i>Area Plan on Aging</i>	
Massachusetts 2009 Statewide Needs Assessment Areas of Need _____	9
Local Needs Assessment Data _____	10
Top Ten Priority Needs _____	11
Demographic Background _____	12
Focus Area Coordination _____	13
<i>Addressing the five priorities of the Administration on Aging</i>	
Addressing Elder Affairs Four Focus Areas _____	21
<i>Transportation Needs and Services</i>	
<i>Healthy Aging/Fall Prevention Program</i>	
<i>Workforce Development</i>	
<i>Mental Health Collaboration</i>	
Percentage of federal funds provided for priority services _____	28
Provision of Funding for Title III Services _____	29
<i>Access, In-Home Legal Services</i>	
Goal and Objectives of the Area Agency on Aging _____	32
Attachments _____	37
<i>Notice of Public Hearing</i>	
<i>2009 Needs Assessment of Older People</i>	
<i>World Elder Abuse Awareness Day</i>	
Appendix _____	67
<i>Official Signature Page</i>	
<i>Area Agency on Aging Assurances and Affirmation</i>	
<i>Organizational Chart</i>	
<i>AAA Corporate Board of Directors</i>	
<i>AAA Advisory Council Members</i>	
<i>Form 4- Focal Points</i>	
<i>Projected Budget Plan</i>	
<i>Form 3 – Funded Services</i>	



**Coastline
Elderly Services,
Inc.**

**Planning and
Service Area**

**Coastline Elderly Services, Inc.
Area Agency on Aging/Aging Services Access Point**

**1646 Purchase Street
New Bedford, MA 02740**

**508-999-6400
FAX: 508-993-6510**

TDD: 508-994-4265

Introduction

Coastline Elderly Services, Inc. is a non-profit 501 (c) 3 organization which was incorporated in 1977 to administer the State Home Care Program, which would serve the needs of, and improve the quality of life for older persons.

In 1980, Coastline was designated by the State Unit on Aging as the Area Agency on Aging (AAA) for the Greater New Bedford region, becoming one of 23 area agencies on aging across the Commonwealth, and one of 655 nation-wide. As specified in the Older Americans Act (OAA) of 1965 as amended, the AAA would proactively carry out, under leadership of the state agency, a wide range of functions related to advocacy, planning, coordination, inter-agency linkages, information sharing, brokering, monitoring and evaluation, designed to lead to the development or enhancement of a comprehensive and coordinated community-based system in, or serving, each community in the planning and service area. These areas include, Acushnet, Dartmouth, Fairhaven, Gosnold, Marion, Mattapoisett, Rochester and New Bedford.

The AAA is comprised of a 27-member Advisory Council which is a voluntary group of citizens who meet monthly to provide information, guidance, advice, and support to the Area Agency on Aging, to plan, develop, coordinate and administer services to older persons. Advisory Councils are mandated in the OAA and are a direct means for older persons to have their interests represented in local Area Agency on Aging activities. Representation is fostered by Advisory Council members' direct participation in programs, communication with other service recipients, as well as strategic relationships with community groups, senior organizations, and with area agency staff and board of directors.

The Advisory Council members reflect a genuine commitment to improving the lives of older persons through appropriate social change. Their motivation and willingness to attend meetings, speak out for the constituents they represent, assure the development of a continuum of care for older persons in their community, to be kept informed and active in the community, is necessary for them to effectively represent the needs and concerns of the older population. To effectively carry out the roles and responsibilities of the Advisory Council, each member should have a sound understanding of the OAA, the Network on Aging, the political process, the local service delivery system, the needs of older persons, and particularly geographic and demographic characteristics.

Advisory Councils must advise the agency in the following areas, according to the OAA regulations:

- a. Assist in the development and implementation of the Area Plan
- b. Conduct public hearings
- c. Represent the interests of older persons
- d. Review and comment on all community policies, programs and actions which affect older persons.

Coastline's Advisory Council, including the agency's Board of Directors, are subdivided in various committees which may meet monthly or on a "as needed" basis. These committees are:

- Executive Committee
- Personnel Committee
- Legislative Committee
- Public Relations Committee
- Area Plan Committee
- Title III Committee
- By-Laws Committee
- Nominating Committee
- Finance Committee
- Vendor Monitoring Committee

Summary Details of the Older Americans Act of 1965, as amended:

The Older Americans Act (OAA) was developed to provide assistance in the development of new or improved programs to help older persons through grants to the states for community planning and services, and for training through research, development, or training project grants, and to establish within the Department of Health, Education and Welfare an operating agency to be designated as the "Administration on Aging." The Older Americans Act consists of:

- Title I: General Provisions
- Title II: Administration on Aging
- Title III: Grants for State and Community Programs on Aging
- Title IV: Activities for Health, Independence and Longevity
- Title V: Older American Community Service Employment Program
- Title VII: Allotments for Vulnerable Elder Rights Protection Activities
- Title VIII: Federal Youth Development Council

Under the auspices of Title II of the Older Americans Act, the Administration on Aging (AoA) was established "*to promote the dignity and independence of older people, and to help society prepare for an aging population.*" AoA carries out its mission with and through a national network of public and private organizations, and is charged, under the Older Americans Act, with the responsibility to serve as the advocate for older people at the national level.

It serves as an agency within the United States Department of Health and Human Services which functions as the lead advocacy agency to coordinate activities between other federal government agencies, to administer and evaluate all programs under the OAA, including overseeing both the State Units on Aging activities and those of the Area Agency on Aging. The AoA also collects and disseminate information related to problems of the aged and aging, conducts and arranges for research in the field of aging, and gather statistics on aging, among other areas.

The Strategic Action Plan was developed to guide the AoA in carrying out its mission, and providing national leadership on aging issues. AoA's Plan has noted four distinct areas that will become priorities of the state agency and the area agency.

The US Administration on Aging Strategic Goals include:

1. *Empower older people, their families, and other consumers to make informed decisions about, and to be able to easily access existing health and long-term care options.*
2. *Enable seniors to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers.*
3. *Empower older people to stay active and healthy through Older Americans Act services and the new prevention benefits under Medicare.*
4. *Ensure the rights of older people and prevent their abuse, neglect and exploitation.*

The State Unit on Aging

Under the auspices of the AoA, each state has an elderly aging office known as the State Unit on Aging (SUA). In the Commonwealth of Massachusetts, the Executive Office of Elder Affairs (Elder Affairs) directly oversees the functions of the twenty-three area agencies on aging throughout the Commonwealth, functioning as the lead agency on aging and administering a State Plan on Aging. In addition, Elder Affairs develops and manage policies and procedures that are implemented by the area agencies on aging and evaluate and monitor the activities of the Area Agency on Aging in compliance with both the Older Americans Act and AoA's mission.

(SUA) Elder Affairs' Goals include:

1. *Build greater capacity in home and community-based services and settings.*
2. *Improve access to services.*
3. *Promote financial well-being and healthy aging.*
4. *Expand and strengthen collaboration and partnerships across public and private sectors.*
5. *Develop and improve internal operations.*

Area Agency on Aging's Goals Include:

1. *Empower elders to get assistance they need to protect them against threats to their well being and security.*
2. *Enhance service delivery through care coordination with agencies providing health care services and mental health.*
3. *Promotion and expansion of supportive services.*
4. *Strengthen ties with community Faith-Based organizations.*

Elder Affairs Mission Statement

Promote the independence and well-being of individuals, their families, and caregivers through the development and delivery of quality services. Provide consumers with access to a full array of health and social support services in the settings of their choice. Inform individuals about their options regarding protective and advocacy services. Encourage individuals across the lifespan to adopt behaviors that will lead to healthy aging.

Area Agency on Aging Mission's Statement

The mission of Coastline's Area Agency on Aging is to *“Enhance the lives of seniors, caregivers, and those with similar needs by assisting them to remain independent through a range of quality services.”*

Area Agency on Aging History and Role in the Planning and Service Area

As a recognized leader and catalyst in the community on aging issues, the AAA has a wealth of experience which empowers individuals and the communities to mobilize their assets and strengths by facilitating accessibility to and utilization of existing social services and public service entitlement; sponsor community-wide coordination plans; prioritize resources for maximum impact on identified areas of needs in the Greater New Bedford communities; protect the rights of elderly individuals, and engage in the support of preventive health activities / programs which lower costs and assists individuals in taking charge of their own health.

The AAA has an extensive and successful history in establishing programs and services to the area's neediest. Since its inception, it has been a visible focal point and local leader on elder issues. The AAA addresses local elders' needs by providing them with a wide range of support services that will enable older people to live in comfort and dignity in their homes and postpone or prevent the needs for costly institutional care. The agency has aggressively sought to effectively address the needs of the underserved by development of high level community support and the provision of a plethora of federal, state, and private funded services and programs under one umbrella.

The responsibilities of the AAA includes:

1. Assessing older persons needs in the community.
2. Identifying deficiencies and gaps in service delivery system.
3. Identifying solutions to meet needs and bridge gaps.
4. Developing and administering the area plan.
5. Funding services based on “identified needs.”
6. Developing written policies and procedures based on the OAA requirements.
7. Monitoring and evaluating the effectiveness and efficiency of service providers.
8. Coordinating training activities for staff and service providers.

9. Determining greatest economic or social need and designating community focal points for service delivery system.

The Area Agency on Aging also provides advocacy, which may include the direct intervention on behalf of older persons; facilitate self-advocacy by the elderly, and support and coordinate efforts of other advocates within the planning and service area on behalf of the elderly.

Examples would include:

- Hearings: Designed to receive direct input from the older population in the community about their needs and service priorities.
- Coordination Efforts: Assure coordination with other federal, state and local programs serving the elderly, to eliminate gaps in service delivery.
- Legislative Hearings: Offer testimony reflecting the interests and concerns of older persons before state and / or congressional legislative committees.
- Information Dissemination: Provided in regular publications such as newsletters, press releases, TV programs and radio presentations.
- Inter-Agency Agreements: Assure coordination with other federal, state, and local programs serving the elderly.
- Advisory Councils: Comprised of more than 50% older persons with the aim of providing critical advice and assistance to area agencies in regard to development of the Area Plan, conducting public hearings, representing elderly needs and concerns, and reviewing and commenting on other policies impacting on the elderly.

It is the intent of the OAA that the Area Agency on Aging would have a visible focal point of contact where anyone can go or call for help, information and referral on any aging issue. The AAA provides a range of options that are readily accessible to all older persons, such as the independent, semi-dependent, totally dependent, no matter what their income. The AAA would also include a commitment of public, private, voluntary and personal resources which is committed to supporting the coordinated community-based system and involves collaborative decision-making among public, private, voluntary, religious and fraternal organizations and older people in the community. In the provision of services, the AAA offers special help or target resources to the most vulnerable older persons – those in danger of losing their independence.

Area Plan

The OAA mandates that each Area Agency on Aging designated, shall, in order to be approved by the State Unit on Aging, prepare and develop an area plan for the planning and service area for a two-three-or four-year period determined by the state agency. The OAA also mandates the type of services or programs that the plan shall include in carrying out its mission as the Area Agency on Aging. As the local Area Agency on Aging, Coastline focus' on Title III and Title VII of the Older Americans Act. Title III is the catalyst upon which programs and services are funded and provided to community elders. Known as Title III- Grants For State and Community Programs on Aging, it clearly delineates its purpose in the OAA and sets standards that Area Agencies on Aging must comply with in order to monitor and evaluate its effectiveness.

Massachusetts 2009 Statewide Needs Assessment Project-Areas of Need

In Federal Fiscal Year 2008, Elder Affairs and the twenty-three Area Agencies on Aging across the state began the process of conducting a Needs Assessment of Older People. Results from the questionnaire would later be used to develop Massachusetts 2010-2013 State Plan on Aging, and the 2010-2013 Area Agency on Aging Area Plan on Aging. The Needs Assessment study identifies incidence, prevalence and nature of certain conditions within a target group, while attempting to define what is required to insure a population is able to function at an acceptable level. It is the integral planning process to assess and define community needs.

The Needs Assessment provides information to enable planners to make suggestions about ways to improve a situation. These *'needs'* represents what a person or group requires in order to play a role, meet a commitment, participate in a social process, and retain adequate level of energy and productivity.

Elder Affairs Research Unit received 216 questionnaires from municipal agencies- which was a 64 percent return rate, representing 224 of 349 communities. The top three services that Councils on Aging identified as their focus area were:

- Transportation
- Physical activity/fitness/fall prevention
- Food and nutrition

Followed by:

- Leisure and recreation
- Health care
- Family/caregiving/support networks
- Volunteer/civic engagement
- Safety and security (public and personal)
- Education/learning
- Housing home ownership

Councils on Aging across the Commonwealth recommended that Elder Affairs focus on the following :

1. Improve access/increase public and paratransit transportation options
2. Promote healthy aging through physical activity
3. Expand affordable elder housing capacity and support options
4. Increase home and health care workforce – under Long Term Care
5. Invest in outreach to targeted populations and
6. Expand capacity of protective services
7. Improve access to mental health services
8. Promote preventative health including screening and support programs
9. Re-examine role of senior centers
10. Monitor service quality and effectiveness

Additionally, due to the multi-faceted approach used for the 2009 Needs Assessment Project , Elder Affairs combined three levels of data collection to highlight the ten service priorities.

These priorities includes:

- Education and Learning
- Family/Caregiving/Support Networks
- Financial Security
- Food and Nutrition
- Healthy Aging/Health Care
- Housing and Home Ownership
- Leisure, Recreation and Fitness
- Mental Health
- Transportation/Personal Mobility
- Volunteer and Civic Engagement
-

Local Needs Assessment Data

The Area Agency on Aging disseminated 450 questionnaires through mail and contact with elders by phone throughout the planning and service area, which included Acushnet, Dartmouth, Fairhaven, Gosnold, Marion, Mattapoisett, Rochester and New Bedford. A total of 213 households responded which resulted in a 47.3 percent response rate. (The results of the Needs Assessment is located in the Attachment of this Area Plan).

In every Needs Assessment ever conducted by the Area Agency on Aging, finding transportation has always been rated the number one need throughout the planning and service area. The 2009 Needs Assessment revealed that transportation woes declined to 8.5 percent, while coping with depressing mood became the first priority at 13.1 percent.

The risk of depression in the elderly increases with other illnesses and when ability to function becomes limited. ¹Estimates of major depression in older people living in the community range from less than 1 percent to about 5 percent, but rises to 13.5 percent in those who require home healthcare and to 11.5 percent in elderly hospital patients.

According to studies from the National Institute of Mental Health, depression - one of the conditions most commonly associated with suicide in older adults - is a widely under-recognized and undertreated medical illness. Older adults who die by suicide – up to 75 percent - visited a physician within a month before death. These findings point to the urgency of improving detection and treatment of depression to reduce suicide risk among older adults.

The Area Agency on Aging has identified mental health in older adults as a priority. Therefore, provision of this service is necessary in order to reach elders who may be experiencing mental health difficulties such as depression, anxiety, thought disturbances, or dementia.

¹ National Institute of Mental Health: *Transforming the Understanding and Treatment of Mental Illness through Research* (2003).

Top Ten Priority Needs

Respondents to the survey identified these areas below as local community needs. In some cases there was a tie in the responses obtained.

1. Coping with depressing mood
2. Coping with memory loss/confusion
3. Finding affordable housing
4. Finding leisure, recreation and fitness
5. Improving food and nutrition
6. Transportation
7. Managing money and finances
8. Finding volunteer opportunities
9. Finding caregiver support
10. Finding education/learning

Other Identified Needs Included:

Finding long-term care information and assistance

Finding health care information

Finding medical escort

Finding employment

Finding legal assistance

Finding programs / services for lesbian, gay bisexual and transgender elders

(For a complete copy of the Needs Assessment data, please view Attachment)

Older Workers

In the recent Needs Assessment survey of elders in the Planning and Service Area, 77.3 percent of the 181 elders who responded, said they were retired and not looking for employment. Only 2.2 percent were looking for employment; 7.2 percent work 35 hours per week and 9.4 percent work part-time. Labor force participation is measured by the percentage of a group that is in the labor force – that is either working (employed) or actively looking for work (unemployed).

Income

Nearly 23 percent of residents in New Bedford are below the poverty level as of 2007, when compared to the state at 9.9 percent. Thirty-nine percent of elders who were surveyed throughout the Southcoast region, said their annual income was ²\$10,400 annually. People identified as living in poverty are at risk of having inadequate resources for food, housing, health care, and other needs.

Necessities

Survey respondents were also asked to identify if they had skipped necessities within the last 12 months leading up to the survey. Of the 196 who responded, 15.3 percent said they had skipped essentials such as paying for utilities, 14.3 percent skipped home repairs and 13.3 percent said they had skipped food and medications.

²The Rate of Poverty is defined as a one-person household with an annual income of \$10,400 or below in 2008, or a two-person household with an annual income of \$14,000.

Demographic Background

Coastline's Planning and Service Area, known as Southcoast, is comprised of 166,812 where 34,018 or 19.70 percent are elders who are sixty years of age and older, making this area the fourth largest with the highest percentage of sixty plus population throughout the Commonwealth. The Baby Boomers (those born between 1946 and 1964) will start turning 65 in 2011, and the number of older people in the service area will increase dramatically during the 2010-2030 period. Based on the 2000 Census, there are 22,494 in our Boomer population.

Once the world's leader in whaling and the nation's busiest fishing port, New Bedford, located fifty miles south of Boston and midway between Providence, RI and Cape Cod, occupies approximately fifty square miles of generally flat land on the southern Atlantic coastline. Incorporated in February 1787, New Bedford has enjoyed a long and historic past, not only with whaling and fishing, but as the major employer for clothing manufacturing jobs. Some of the largest businesses that have since closed are woven in the very fabric that is New Bedford: Berkshire Hathaway, Morse Cutting Tools, Payne Cutlery, Chamberlain Manufacturing Co., Goodyear Tire and Rubber, Cornell-Dubilier, Dartmouth Finishing, Calvin Klein, JC Rhodes and Cliftex Corp., to name a few. That trend continues today providing a daunting picture of a decline of major manufacturers shutting down, and a significant decline in full time jobs that can support families. Many of our elders in this region, held jobs, at one time or another, with those manufacturers.

The demographics of the immigrants include the Portuguese, Cape Verdeans, Hispanic and African Americans. With a significant immigrant population, many of the older people who have lived in this region for years are not able to speak the English language, instead, they depend on their children or grandchildren to interpret for them. Limited English speaking immigrants face many barriers. Chief among these barriers is accessing public transportation services. Elders unable to speak English have said they are reluctant to take public transportation because drivers do not speak their language and they will not know when they have reached their destination.

The region is comprised of a significant number of immigrants. This population of immigrants are poor and uneducated. They have spent many years working in factories and fishing vessels or other blue collar jobs most of their lives. The spouses, if they weren't employed in the factories, stayed at home to raise their infants while their husbands worked. Consequently, these workers didn't receive Social Security, health insurance and other entitlements because they were not documented citizens, and many were paid "under the table." Later, during Welfare Reform (Personal Responsibility and Work Opportunity Reconciliation Act of 1996) many of those immigrants were forced to become citizens.

Today, most older Americans are retired from full-time work. Social Security was developed as a floor of protection for their incomes, to be supplemented by other pension income, income from assets, and to some extent, continued earnings.

FOCUS AREA COORDINATION

Addressing the five priorities of the Administration on Aging (AoA)

The Administration on Aging (AoA) has requested that 2010 State Plan address the priority areas as part of their focus on long-term care modernization. Consequently, AAAs across the state have been asked to identify the needs, goals and objectives of the AoA and methods that will be utilized in achieving these focus areas.

AoA focus area # 1: Title VI (Native Americans) Title III Coordination

Throughout Coastline's Planning and Service Area there are 79 elders who are 60 years of age and older and whose ethnicity is listed as American Indian/Alaskan Native, based on the 2000 Census, therefore, this region is not officially an area with a huge concentration of Native Americans.

However, through utilization of Title III funds, the Area Agency on Aging, including Title III subcontractors, ensure that outreach is targeted to all ethnicities, with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas. The Area Agency on Aging continues to coordinate services with all agencies to ensure the development of programs and services are targeted to all.

Based on the Older Americans Act, Sec. 611., the needs of older individuals who are Indians of the United States are listed as:

1. They suffer from high unemployment
2. They live in poverty at a rate estimated to be as high as 61 percent
3. They have a life expectancy between 3 and 4 years less than the general population
4. They lack sufficient nursing homes, or other long-term care facilities, and other health care facilities;
5. They lack sufficient Indian area agencies on aging
6. They frequently live in substandard and over-crowded housing;
7. They receive less than adequate health care.

The Area Agency on Aging has adopted specific goals and objectives to provide outreach strategies to individuals who are Native Americans residing in the service area, including provisions for assistance to other races and ethnicities.

AoA Focus Area # 2: Title VII Vulnerable Elder Rights Protection

Coastline has provided a host of programs and services to protect against threats to the independence, well being, and financial security of seniors. Coastline also works with a host of organizations in the area to ensure that abuse, exploitation and neglect incidences will be given to the appropriate agency.

Coastline receives and reports information to the Protective Services Agency – Bristol Elder Services, when a phone call is received on an elder(s) with regards to a protective services issue.

In 2008 both Bristol Elder Services, Inc. and Coastline partnered to establish a Fall River/New Bedford Elder Justice Coalition with grant funds from the National Center on Elder Abuse which is supported in part by a grant from the Administration on Aging., and the U.S. Department of Health and Human Services.

The purpose of the grant was to bring awareness to elder abuse. Training was provided by the Area Agency on Aging, Region One, from Phoenix, Arizona, who conducted a one-day technical training session on developing effective local elder abuse prevention networks. The training focused on a six-step process which is designed to successfully establish and sustain an effective community coalition to address the issues of elder abuse, neglect and exploitation. The six steps included :

- Step 1: Determine Coalition Mission and Purpose
- Step 2: Create Effective Leadership
- Step 3:: Build and Effective Coalition Infrastructure
- Step 4: Promote a Strong Commitment to Purpose
- Step 5: Create a results-Oriented Approach
- Step 6. Identify Performance Outcome Measures

Those who attended this training *came away* with a *Strategic Plan* for developing a new elder abuse prevention coalition. Hence, a coalition was later organized, now known as SAFE – Southeastern Alliance For Elders, and whose mission is to “prevent and eliminate abuse of at-risk elders through community collaboration in education, awareness, advocacy, intervention and resource development.

The coalition is comprised of Bristol Elder Services and Coastline’s staff, representatives from local police departments, legal services, the Aging and Disability Resource Consortium (ADRC), local hospitals, COAs, District Attorney’s office, to name a few. This coalition meets once a month.

Title VII Vulnerable Elder Rights Protection also includes the Long-Term Care Ombudsman program.

Long-Term Care Ombudsman Program

Coastline also provides the Long-Term Care Ombudsman program throughout the Greater New Bedford area, identifying, investigating and resolving complaints that are made by or on behalf of residents. The program assists in protecting the health, safety, welfare and the rights of the residents in long term care facilities.

The program informs residents about obtaining services provided by providers or agencies when necessary, and the coordinator attends the nursing homes’ monthly Resident Council meetings, while ensuring that residents have regular and timely access to services provided, including timely responses to complaints.

Currently, there are 1,917 residents who are visited by Ombudsmen volunteers in 16 nursing homes and 2 rest homes throughout the planning and service area. These homes are:

1. Alden Court Nursing /Rehab. Center	- Fairhaven
2. Bedford Village Nursing Home	- New Bedford
3. Brandon Woods Long Term Care Facility	- South Dartmouth
4. Brandon Woods of New Bedford	- New Bedford
5. Dartmouth Manor Rest Home	- South Dartmouth
6. Hallmark Nursing / Rehab. Center	- New Bedford
7. Hathaway Moor Ext. Care Facility	- New Bedford
8. Havenwood Rest Home	- New Bedford
9. New Bedford Health Care Center	- New Bedford
10. New Bedford Jewish Convalescent Home	- New Bedford
11. Oaks Long Term Care Facility	- New Bedford
12. Our Lady's Haven	- Fairhaven
13. Royal Fairhaven Nursing Center	- Fairhaven
14. Sacred Heart Nursing Home	- New Bedford
15. Savoy Nursing / Rehab. Center	- New Bedford
16. Sippican Long Term Health Care Center	- Marion
17. Southeastern Mass Health and Rehab.	- New Bedford
18. Taber Street Nursing / Rehab. Center	- New Bedford

AoA Focus Area #3: Disaster Preparedness

The Area Agency on Aging has made multiple provisions to provide effective services during a natural disaster to elders throughout the planning and service area. In December 2005, the Continuity of Operations Plan (COOP) was developed by Coastline Elderly Services, Inc. in collaboration with the Councils on Aging, the City of New Bedford Department of Public Health, and staff from Coastline. The purpose of the COOP is to ensure that during any emergency situation, individuals will be maintained in their homes or a disaster site with sufficient essentials.

The COOP will be activated during an epidemic or pandemic disease, natural disasters such as floods, earthquakes or tornadoes, terror attacks, or related emergency event. Warning conditions that may lead to activation of COOP may include the following:

- Notification from the Massachusetts Department of Public health regarding a virus alert or pandemic alert;
- Declaration of a State of Emergency or Public Health Emergency by the Governor;
- Notification by the Massachusetts Emergency Management Agency (MEMA)
- Extensive or unusual usage of sick/family leave by personnel.

As a Provider of Services, this Plan was developed with assistance from the Executive Office of Human Services.

The COOP identifies essential functions necessary for our agency's continuity of operations, with an order of succession for each essential function and delegation of authority for each essential function. It is the primary goal of Coastline Elderly Services, Inc. that we can operate in a prudent and efficient manner even in the circumstance of an impending or existing threat or actual emergency.

The Plan outlines a comprehensive approach to ensure the continuity of essential services while ensuring the safety and well being of employees, the emergency delegation of authority, the safekeeping of records vital to the agency and its clients, emergency acquisition of resources necessary for business resumption, and the capabilities to work at alternative work sites until normal operations can be resumed.

Coastline will ensure, during any disaster, the operation of the Home Care Program including Coordination of Care, the operation of the Elderly Nutrition Program and the operation of Information and Referral services.

Operation of Home Care Program (including Coordination of Care) The focus priority of service delivery on critical needs:

1. Activities of Daily Living – Transfer/ambulation capability; toileting and management of incontinence care; eating assistance; personal care/bathing in situations of known skin integrity issues
2. Instrumental Activities of Daily Living – Meal Preparation, groceries/food delivery, medication management, transportation to dialysis; regular communication for at-risk elders;
3. Emergency Medicaid screenings for medically-compromised elders living unsafely in the community;
4. Respite services for incapacitated caregivers, and
5. Homeless elders.

Operation of the Elderly Nutrition Program. The focus priority of service delivery on meeting daily nutritional needs.

1. Activation of usage of emergency meal packs
2. Goal of full operation of all agency vehicles
3. Consolidation of meal sites
4. Continue daily meal count (prioritize)
5. Ensure caterer capacity to meet daily count, and
6. Utilization of shelf-stable meals.

Operation of the Information and Referral. The focus priority on providing staff, community inquirers, and clients on accessing services.

1. Determination of the operation and service capacity of local organizations
2. Assistance in information and referral to agency staff, community inquirers and clients and dissemination of information to staff at other locations.
3. Assistance in the coordination of referrals and services and related follow-up to elders and others in need.
4. I and R will serve as part of the local network for the referral to services for a broad range of clientele including other individuals with disabilities and those affected by the disaster, etc.

In June 2007, the City of New Bedford identified 14,000 citizens, which includes elders, who reside in the City of New Bedford, and they are listed as having special needs or disabilities. For this reason, the City of New Bedford's Emergency

Response Team working in conjunction with a host of agencies including Coastline, attended a meeting at the New Bedford Health Department to draft a Plan on :

- a. Special Populations
- b. Locate & identify the “Special Populations” in our community
- c. Include representatives of “Special Populations” in the planning process to assess barriers to care and establish effective communication strategies regarding disaster preparedness.
- d. Develop an emergency management registry
- e. Develop appropriate outreach strategies
- f. Establish evacuation policies and procedures for persons with special needs.

The goal of this task force is to ensure that people with special needs or disabilities are not forgotten in the emergency preparedness planning process. A meeting was conducted at Coastline on April 30, which was sponsored by the Massachusetts Office on Disability (MOD) with partnering agencies Southeast Center for Independent Living, the City of New Bedford Emergency Management Department, and New Bedford Commission for Citizens with Disabilities and Coastline. Members of the disability community were invited to learn about the emergency response resources and procedures within their local communities, including steps that can be taken to prepare for emergency situations.

Some tips for first responders were provided which focused on assisting elders during a disaster :

- Some elderly persons may respond more slowly to a crisis and may not fully understand the extent of the emergency. Repeat questions and answers if necessary. Be patient! Taking time to listen carefully or to explain again may take less time when dealing with a confused person who may be less willing to cooperate.
- Reassure the person that they will receive medical assistance without fear of being placed in a nursing home.
- Older people may fear being removed from their homes - be sympathetic and understanding and explain that this relocation is temporary.
- Before moving an elderly person, assess their ability to see and hear; adapt rescue techniques for sensory impairments.
- Persons with a hearing loss may appear disoriented and confused when all that is really “wrong” is that they can’t hear you. Determine if the person has a hearing aid. If they do, is it available and working? If it isn’t, can you get a new battery to make it work?
- If the person has a vision loss, identify yourself and explain why you are there. Let the person hold your arm and then guide them to safety.
- If possible, gather all medications before evacuating. Ask the person what medications they are taking and where their medications are stored. Most people keep all their medications in one location in their homes.

- If the person has dementia, turn off emergency lights and sirens if possible. Identify yourself and explain why you are there. Speak slowly, using short words in a calm voice. Ask “yes” or “no” questions: repeat them if necessary. Maintain eye contact.

AoA Focus Area #4: Faith Based Initiatives

³Federal agencies have eliminated regulatory barriers that have kept Faith Based Organizations (FBO) from partnering with the federal government to help Americans in need. The Department of Health and Human Services (HHS) and other agencies have enacted regulations that ensure that FBOs are able to compete on an equal footing for federal funding within constitutional guidelines, without impairing the religious character of such organizations and without diminishing the religious freedom of beneficiaries.

Faith-based organizations are eligible to participate in federally administered social service programs to the same degree as any other group, although certain restrictions on FBOs that accept government funding have been created by the White House to protect separation of church and state.

There are regulations that are applicable to faith-based organizations: FBOs are obligated to adhere to these policies.

1. Direct government funds cannot be used to support inherently religious activities such as prayer, worship, religious instruction, or proselytization.
2. Any inherently religious activities that the organizations may offer must be offered separately in time or location from services that receive federal assistance.
3. Faith-based organizations cannot discriminate on the basis of religion when providing services (GAO 2006:13).

Over the years, Coastline has collaborated with many faith-based organizations throughout the planning and service area for the coordination of services to elders. Coastline has worked diligently with Market Ministries, a non-profit organization, to provide meals to homeless clients. Coastline has also ensured effective collaboration with Inter-Church Council of Greater New Bedford which manages the Joseph Grinnell Congregate Home. Built nearly 16 years ago, Coastline was included as part of the developing team and currently provides a social services coordinator to oversee the social services component to elders at the 17-unit congregate living facility.

Through collaboration with Inter-Church Council, Coastline provides the Farmers Market coupons for distribution to those in need, including nutrition education. Coastline has coordinated the delivery of meals at a Kosher Congregate site known as the Jewish Convalescent Federation. Through collaboration with Holy Family Holy Name, children from the parish create holiday placemats which are used during special holiday events, where Coastline’s nutrition program provides meals. Members of the Advisory Council and / or Board of Directors are from faith-based organizations. Coastline provides outreach and information during presentations to members of faith-based organizations.

³Partnering with Faith-Based and Community Organizations – *A Guide For State and Local Officials Administering Federal Block and Formula Grant Funds.*

AoA Focus Area # 5: Health Care System Coordination

Health Care System Coordination links elders with special health care needs to services and resources in a coordinated effort and provide optimal health care. According to researchers, care coordination often is complicated because there is no single entry point to multiple systems of care, and complex criteria determine the availability of funding and services among public and private payers. Economic and socio-cultural barriers to coordination of care exist and does affect elders and health care professionals.

In the health care system, care coordination may involve the following: planning, treatment strategies, monitoring outcomes and resource use; coordinating visits with subspecialist; organizing care to avoid duplication; sharing information among health care professionals; facilitating access to services; training of caregivers, and ongoing reassessment and refinement of the health care system coordination. ⁴Almost 75% of the elderly have at least one chronic illness. About 50 percent have at least two chronic illnesses. Chronic conditions can lead to severe and immediate disabilities, such as hip fractures and stroke, as well as progressive disability that slowly erodes the ability of elderly people to care for themselves. According to Agency for Healthcare Research and Quality (AHRQ), about 14.3% of people age 65 and over (4.5 million) elderly Americans, require assistance with bathing, dressing, preparing meals or shopping. The costs associated with treating the elderly with chronic conditions are high and continuing to grow, and these costs are borne by everyone - federal and state governments, families, and the elderly themselves. AHRQ research shows that out-of pocket health costs are highest for people with chronic health conditions or functional impairment.

States are asked to include in their State plans a description of their strategies to coordinate with the health care system throughout the state on behalf of consumers. Coordination is key in avoiding duplication and maximizing available resources for everyone. The National Association of State Units on Aging have suggested elements to be considered in Health Care Reform Coordination Plans:

- Partnerships with the State Office of Public Health, Federally Qualified Health Centers, and private/public health care providers and systems.
- Appropriate roles of State agencies , area agencies and service providers in coordination efforts.
- Integration of planning for the health care of seniors, caregivers and the coming of agers into the Medicare/Medicaid systems with State and local planning and service area prevention strategies.
- Integration of planning for seniors, caregivers, and coming of agers in terms of planning for future health and long-term care needs, as well as, understanding their Federal and state benefits and long-term care options, and
- Identification of possible coordination links and conduct of specific coordination activities.

To ensure that elders have the utmost services available to them, Coastline has developed numerous community ties to target services to elders. These services allow individuals the assistance they need to live in the community independently with resources to avoid premature institutionalization. Coordinated health care services has provided better coping strategies and symptom management, improvement in their self-rated health, social and role activities and health distress and duplication of services among providers.

⁴ AHRQ-Agency for Healthcare Research and Quality: *Preventing Disability in the Elderly with Chronic Disease* ; Research in Action: Issue 3.

Elder Affairs has identified the following, as focus areas, throughout the Commonwealth.

The AAA has selected four of the six aforementioned focus areas for discussion. These include: *Transportation Needs and Services*; *Healthy Aging/ Fall Prevention Programs*; *Workforce Development* and *Mental Health Collaborations*.

1. Rural Elder Populations
2. *Transportation Needs and Services**
3. *Healthy Aging/Fall Prevention Programs**
4. Aging and Disability Resource Centers
5. *Workforce Development**
6. *Mental Health Collaborations **

1. **Transportation Needs and Services***

The availability of adequate transportation has been identified in numerous Needs Assessment study as one of the greatest needs throughout our planning and service area. In determining the local community need, respondents to our 2009 Needs Assessment were asked if they had difficulty finding transportation. Of those who responded to that question, (N=21) 8.5% said they had difficulty.

Elders have great difficulty accessing transportation services in this area. Accessing transportation for medical treatments has always been a great barrier for elderly individuals. Elders and the disabled make frequent trips to Boston for specialized medical referrals from their local primary care physician, and also for treatments such as dialysis, chemotherapy and radiation.

Currently public transportation is provided throughout the region by Southeastern Regional Transit Authority (SRTA), but is not available in Marion and Rochester, therefore those two communities are not covered by the RTA. The cost for a senior is 60 cents.. For those who travel through utilization of SRTA, the fare system requires a rider to pay another fare anytime the bus stops at the Fall River or New Bedford Terminal to pick up or discharge passengers. Unless a rider's final destination is downtown New Bedford, he/she must pay two fares to travel from the origin via the terminal to their destination.

Elders face many barriers in accessing public transportation. Due to mobility issues, many are not able to walk to a bus stop to board the vehicle. SRTA travels along major routes and, therefore, some rural areas in Dartmouth or Mattapoisett are overlooked. Demand Response, although a feasible option, cannot meet the demands of the elderly/disabled because the Demand Response Service is a curb-to-curb service, and elders need the one-on-one assistance from their dwelling to embark or disembark.

Currently, public transportation is provided throughout the region by Southeastern Regional Transit Authority (SRTA), which covers communities such as Acushnet, Dartmouth, Fairhaven and Mattapoisett. It does not provide transportation in two area

communities covered by Coastline, such as Marion and Rochester, therefore, these communities are not part of the Regional Transit Authority.

Accessing transportation for medical treatment has always been a great barrier for elderly individuals. Elders and the disabled make frequent trips to Boston for specialized medical referral services from their local primary care physician, and also for treatments such as dialysis, chemotherapy and radiation. In some cases elders may also utilize SRTA's Demand Response service but the downside to this is, the Demand Response does not travel out of the area. The Demand Response Service is also a curb-to-curb service for those individuals who are unable to use the regular buses that operate on a fixed route and time schedule.

Elders who go out of the area for medical appointments must pay exorbitant costs if transportation is not covered by Mass Health. Therefore, elders utilize taxi cabs which may range from \$80 to \$90 one way. Coastline has provided opportunities to make available transportation services to seniors by collaborating with the Councils on Aging in the planning and service area. Over the years, Coastline has applied for vehicle assistance through the Mobility Assistance Program (MAP) of the Executive Office of Transportation. Fifteen vehicles were provided and awarded to Councils on Aging in the planning and service area.

2. **Healthy Aging/Fall Prevention Program***

It is estimated that by 2030, the proportion of the U.S. population aged 65 and older will double to about 71 million older adults, or one in every five Americans. The far-reaching implications of the increasing number of older Americans and their growing diversity will include unprecedented demands on public health, aging services, and the nation's health care system.

According to the Centers for Disease Control, Chronic diseases exact a⁵particularly heavy health and economic burden on older adults due to associated long-term illness, diminished quality of life, and greatly increased health care costs. Although the risk of disease and disability clearly increases with advancing age, poor health is not an inevitable consequence of aging.

Much of the illness, disability, and death associated with chronic disease is avoidable through known prevention measures. Key measures include practicing a healthy lifestyle (e.g., regular physical activity, healthy eating, and avoiding tobacco use) and the use of early detection practices (e.g, screening for breast, cervical, and colorectal cancers, diabetes and its complications, and depression.

The Centers of Disease Control promotes healthy aging activities designed to provide a comprehensive approach to helping older adults live longer, high quality, productive and independent lives and promote these initiatives through communities to identify effective strategies, policies and programs which protects the older adult. One such initiative is fall prevention. For many elders falls can be a concern because heart conditions can cause dizziness, balance problems, muscle weakness and fatigue.

⁵Centers for Disease Control and Prevention Healthy Aging Program; *Healthy Aging for Older Adults*, 2008.

Strokes can result in muscle weakness and /or sensory imbalances on one side of the body; Parkinson's disease causes tremors, stiff aching muscles, and slow limited movement. Other chronic conditions such as low blood pressure, chronic obstructive pulmonary disease, diabetes, arthritis, vision problems, and mental confusion can also contribute to falls along with medications.

Some Quick Facts.

- The risk of falling increases with age and is greater for women than for men.
- Two-thirds of those who experience a fall will fall again within six months.
- A decrease in bone density contributes to falls and resultant injuries.
- Failure to exercise regularly results in poor muscle tone, decreased strength, and loss of bone mass and flexibility.
- At least one-third of all falls in the elderly involve environmental hazards in the home.

To address these areas, Coastline has successfully developed collaborative activities with a host of community agencies to provide healthy aging programs to target elders and caregivers through utilization of Title III funding.

3. Workforce Development*

Labor force participation is measured by the percentage of a group that is in the labor force – that is either working (employed) or actively looking for work (unemployed). Of the 181 respondents to our 2009 Needs Assessment, 7.2% of elders work 35 hours per week and 9.4% work part-time.

The AAA provides the Older American Community Service Employment Program, formerly known as the Senior Aide Program, under Title V of the Older Americans with funds “passed through” from the Division of Labor. The program is conducted throughout Bristol and Plymouth counties. It assists in promoting opportunities in community service activities which trains unemployed low-income persons who are age 55 or older, particularly persons who have poor employment prospects.

Older workers in this program are employed at non-profits or municipal agencies in positions such as receptionist, day care aides, general office work, data entry, janitorial and / or maintenance, activity assistance, escort to day care clients, nutrition aides at meal sites, computer support / secretarial, dietary aide, customer service and school library aide. Currently, workers in our Older American Community Service Employment Program are employed at:

- | | |
|--|--------------------------|
| 1. Acushnet Council on Aging - | - Acushnet |
| 2. Art Therapy Inspirational Art for Seniors | - New Bedford |
| 3. BAMSI- HELPLINE | - Brockton |
| 4. Bristol Elder Services | - Fall River/New Bedford |
| 5. Bristol County Sheriff's Office | - New Bedford |
| 6. Buttonwood Senior Center | - New Bedford |
| 7. Coastline | - New Bedford |

8. Community Economic Development Center	- New Bedford
9. City of N.B. Dept. of Community Services/COA	- New Bedford
10. Cohasset Elder Affairs	- Cohasset
11. Dartmouth Council on Aging	- Dartmouth
12. Dartmouth Friends of the Elderly	- Dartmouth
13. Dartmouth Social Day Care	- Dartmouth
14. Dorn-Davies Senior Center	- Brockton
15. Economic & Community Development Office	- Taunton
16. Fairhaven Council on Aging	- Fairhaven
17. Fairhaven Housing Authority	- Fairhaven
18. Family Service Association	- Fall River
19. Global Learning Charter School	- New Bedford
20. Gomes Elementary School	- New Bedford
21. Greater New Bedford Career Center	- New Bedford
22. Mary Martha Learning Center	- Hingham
23. Mass. Community Health Services	- Brockton
24. Mass Rehab. Comm.	- Taunton
25. Mass. Health Enrollment Center	- Taunton
26. Mass Health / Central Filing Unit	- East Taunton
27. New Bedford Health: Quest Building	- New Bedford
28. North River Collaborative	- Rockland
29. Old Colony Elder Services	- Brockton
30. Our Lady's Haven	- Fairhaven
31. Our Sisters' School	- New Bedford
32. PACE	- New Bedford
33. Pro Home, Inc.	- Taunton
34. Project Independence	- New Bedford
35. Rochester Council on Aging	- Rochester
36. Rockland Council on Aging	- Rockland
37. Rockland Public Schools	- Rockland
38. Salvation Army	- New Bedford
39. Ser Jobs for Progress	- New Bedford
40. Southcoast Hospital Group	- Fairhaven
41. South Shore Elder Services, Inc.	- Braintree
42. Taunton Career Center	- Taunton
43. The Samaritans of N.B/Fall River	- Westport
44. Town of Avon Council on Aging	- Avon
45. U.Mass. Dartmouth Southcoast Compeer	- Westport
46. Veteran's Transition House	- New Bedford
47. Wellspring, Inc.	- Hull
48. Westport Council on Aging	- Westport

Older workers in this program receive significant training prior to starting a job. Among some of those training, participants attend the Greater New Bedford Career Center for a one-week work-readiness training which is provided by Bristol Community College and the Career Center to utilize job seeker skills to enhance the job search. The Curriculum consists of:

Shop Talk: A criteria was developed by area employers to clarify what they are looking for in an employee. Understanding Human Resource forms, filling out company applications and how company standard procedures ensure longevity of the company and employee's success.

What it takes to succeed: The Basic Principles: Basics of success in the workplace; minimal expectations – including appropriate dress; regular attendance and other aspects of a strong work ethic, as well as broad guidelines for day-to-day interactions with others.

Getting the information you need: When taking on a new assignment or learning a new task, employees must actively seek out the information they need to succeed.

Interviewing skills: Participants will learn successful interviewing techniques, answering difficult questions and do's and don't with employer interviews.

How to work a job fair: Participants learn the techniques to effectively attend a job fair.

Defusing emotionally charged situations: Attendees explore the consequences of allowing emotion to get the better of them. They work together to identify individual "hot buttons" and develop appropriate coping strategies.

Managing life outside work: Handling emergencies and resisting temptations: Participants will learn to cope with a range of issues and events that can make it hard to meet an employer's minimum requirements. Participants begin by identifying the emergencies and temptations they may encounter. They learn and apply a four-step process for developing emergency plans and a five-step process for resisting common temptations to "call in sick" or just not show up.

Resume Creation: Customer will have both classroom theory as well as computer lab time to create a resume, and will leave this training with a completed resume, cover letter and a disk.

Job Search Strategies: Customer will learn how to find employment opportunities in addition they will learn new techniques on interviewing for the right position.

4. Mental Health Collaborations*

Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. In the 2009 Needs Assessment, respondents were asked to select from among three categories in areas where they may have difficulty in finding assistance. Coping with depressing mood ranked first place at 13.1%. Additionally, 9.4% also responded that they had difficulty coping with memory loss and confusion.

Suicide is a significant public health problem in Massachusetts, taking an average of 400 lives each year. According to data from the Massachusetts Coalition for Suicide Prevention, in the years 1999-2005, suicides were approximately three times as frequent as homicides. Males completed suicide more frequently than females, but females were more likely to attempt suicide. Suicide rates were highest for those between ages 35 and 54, and those over age 80.

Due to the high suicide rate among elders, Coastline has formed ties with local agencies to assess and identify elders who may have undiagnosed mental health issues and who may be experiencing mental health difficulties such as depression, anxiety, thought disturbances or dementia.

The Area Agency on Aging collaborates with various organizations providing mental health services. Title III funds are provided to Saint Anne's Hospital, Center for Behavioral Medicine, which provides the Elder Psychiatric Assessment and Referral Service. The program provides in-home visits for mental health screening, evaluation and referral services.

The Area Agency on Aging also collaborates activity with the Department of Mental Health (DMH). Each month a social worker from DMH visits the AAA to meet with case-managers and provides assistance to aid them in their approaches in dealing with a difficult client or a client who has exhibited behavioral changes in their mental state, disorder of thought, mood and / or perception. The counselor provides guidance in regards to the best course of action that the case manager could take, and identifies when a referral is appropriate, etc.

Staff from the AAA also participates in a monthly meetings at Southcoast Hospitals Group (St. Luke's) which coordinates efforts of the Mental Health Provider's Network. This Network includes representation from Southcoast Hospitals Group, St. Anne's Hospital, DMH, New Bedford Child and Family Services, and other agencies. Just recently, the Network conducted a conference on "Beyond the Yellow Ribbon," which provided strategies for serving returning veterans and their families. Some workshop topics included *Post Traumatic Stress Disorder and Substance Abuse; Accessing Services and Resources for Veterans and Their Families; Healing our Veterans, and Iraq, a Soldier's View.*

DMH also partnered with the AAA in April to plan a conference with the Massachusetts Association of Older Americans, St. Anne's Hospital and Massachusetts Department of Public Health, regarding "*Preventing Suicide among Older Adults: Approaches to Risk Assessment, Individual Intervention and Community Education.*" This conference, like "*Beyond the Yellow Ribbon,*" attracted participants from throughout Massachusetts. The conference focused on the *Assessment and Intervention /Medical Practice; Crisis Response Intervention; Older Veterans and Suicide; Mental Health /Aging / Emergency Room and the Safety Panel; Assessment / Intervention in Nursing; Grief Loss and Survivors, and Generating Community Publicity/Education.* In planning this conference, the committee, developed the conference objectives which would serve to:

- Provide participants with an increased understanding of the causes of suicide among elders;
- To elucidate suicide warning signs, risk factors and protective factors;
- To present guidelines to assess risk and provide intervention before self-harm is attempted;
- To provide greater understanding and support to all survivors experiencing either client or family loss due to elder suicide; and
- To highlight community resources to assist service providers, family members and the elder in need.

The AAA also hosts a monthly in-service training which is attended by participants from Southcoast agencies including the councils on aging and staff from Coastline. Some workshops may also focus on issues such as “*Helping with Grief in the Older Adult; Hoarding versus Cluttering; Downs Syndrome and Alzheimer’s Disease; and Holiday Stress Affects on Family Dynamics*, to name a few.

FACTS on Mental Health of the Elderly

- Between 15-25% of elderly people in the U.S. suffer from significant symptoms of mental illness
- 236 elderly people per 100,000 suffer from mental illness
- Nearly 25% of elderly persons suffer from symptoms of mental illness, but many do not seek care.
- Of the direct costs for treating mental illness, less than 1.5% is spent on behalf of the elderly.
- The highest suicide rate in America is among those aged 65 and older.
- Approximately 6,100 elderly in America kill themselves each year.
- One million elderly people in the U.S. are afflicted by severe organic mental disorders. Two million elderly suffer from moderate organic disorders.

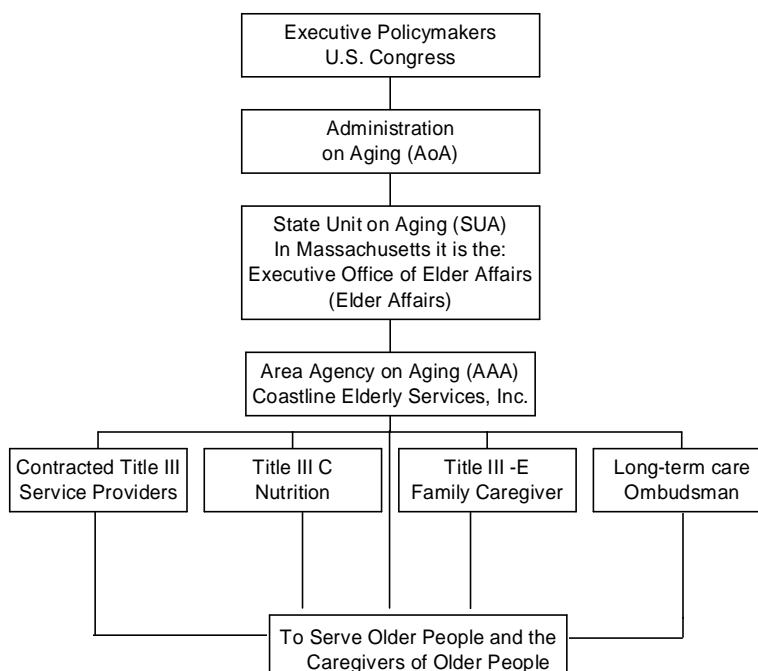
Percentage of federal funds provided for priority services

As required under the Older Americans Act, section 307 (a)(2)(C), and as specified within the Area Agency Area Plan on Aging, each AAA makes an assurance regarding priority services. Elder Affairs has established that a minimum proportion of the funding received by each AAA in the state under Part B of the Act be mandated for the provisions of certain priority services. The following indicates the current minimum funding percentages for the priority services listed below:

- *Access:* requires two (2) percent of Part B funding allocation.
- *In-Home Services:* requires two (2) percent of Part B funding allocation
- *Legal Services:* requires eight (8) percent of Part B funding allocation.

Funding to the Area Agency on Aging to promote the implementation of services and programs are passed through to the Area Agencies on Aging from the State Unit on Aging.

Distribution of OAA Funding



Provision of Funding for Title III Services

In order to comply with mandates from the Older Americans Act, as amended, including the Executive Office of Elder Affairs, every two years the Area Agency on Aging conducts a Request for Proposal for services and programs targeted to Title III Part B Supportive Services, Part D-Medication Management; Part D-Disease Prevention and Health Promotion, and Part E - Family Caregiver Support Program.

A sub-committee, comprised of five, representative of the Board of Directors and Advisory Council members, review each application and meet with each applicant regarding their application. In order to be funded, projects must meet the identified needs of the Area Agency on Aging which were identified in the Needs Assessment study, including the identified needs of the Older Americans Act. Applications are evaluated and scored by a comprehensive tool which rates each application as *Excellent* with a score of 61-80; *Good* – with a score of 41-60; *Fair* – with a score of 21-40; or *Unacceptable* – with a score of 1-20.

Thirty one programs will be provided with funds for Fiscal Year 2010 which met all the criteria and addressed the identified needs in the community. Title III-B programs included *Access* at 55.1%; *Legal* at 21.4% and *In-Home* at 17.1%.

Access Programs

- **Immigrants' Assistance Center, Inc.** (Advocacy for non-English Speaking): Providing case management which includes an assessment of the client's needs; referral to appropriate provider; escort to medical appointments; and translation.
- **Dartmouth Council on Aging** (Activities): Ensures that an activity coordinator provides programs to improve health, socialization, and enable elders to maintain their independence.
- **Dartmouth Council on Aging** (Escort Transportation): Provides 18-20 elders with 25-40 round trips each month to local doctors, hospital, rehab. appointments.
- **YWCA** (Widowed Persons Program): Serves newly widowed men and women who are still going through the grieving process and provides one-on-one support, support group sessions and telephone reassurance.
- **YWCA** (Medical Transportation): Provides Short Distance Medical Transportation which offers door-to-door transportation to medical services for elders in Greater New Bedford.

- **YWCA (Encore Plus):** Reduces the incidence of mortality and morbidity of breast and cervical cancer among underserved women through referrals and education for mammograms, clinical breast exams, pap tests, etc.
- **PACE Inc. (Senior Energy Program):** Assists elders in “no heat” emergency situations due to lack of fuel or utility termination.
- **Rochester Council on Aging (Project BAGS- Bringing Assistance for Grocery Shopping):** Volunteers to provide grocery shopping for frail, home-bound seniors due to elders’ diminished capacity to do so.
- **Rochester Council on Aging (Stepping and Stretching):** Exercise program to sustain or improve functional capacity.
- **Mattapoissett Council on Aging (Outreach):** Specialist connects isolated or homebound elders to resources in the community.
- **Fairhaven Council on Aging (Stay Safe/Stay Active):** Improve balance and coordination, muscle strength, etc.
- **Acushnet Council on Aging (Strong Bones):** Help increase bone density for those who are diagnosed with osteoporosis; includes balance training which will help to prevent falls.
- **Community Foundation /South Coast Equality (LGBT Senior Support):** Provides a support group for lesbian, gay, bisexual and transgender elders to reduce isolation and assist in becoming more integrated in the community.
- **City of New Bedford (SeniorScope Newspaper):** Informs, educates and advocates for elders printing information to enable elders to make informed decisions.
- **Art Therapy Inspirational Art for Seniors (Art Therapy):** Senior artists use color to produce quality works of art in oils and acrylic painting.
- **MO LIFE, Inc. (Senior Transportation):** Provides transportation both local and long distance medical appointments for ambulatory elders and those with physical disabilities.
- **City of New Bedford (Healthy Bodies and Minds):** On-site services which includes health screenings, mental health assessments; exercise.
- **Family Services Association (Fall Prevention):** Conduct Education forums to improve the safety of elders by addressing fall prevention strategies.
- **Gosnold Council on Aging: (Health Education):** Ensuring that health information is made available to elders on the island.

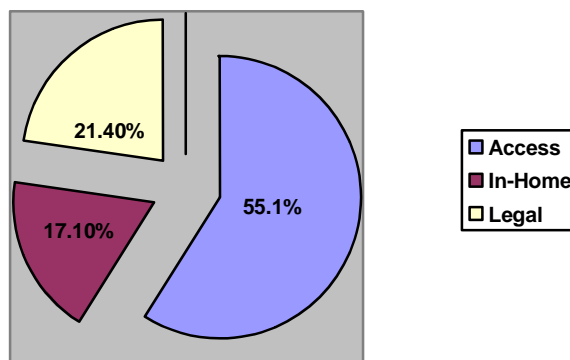
- **Community Mainstream:** Providing assistance in completing applications and accessing public entitlement benefits.
- **Intake and Referral :** Ensuring that elders, caregivers, and others are provided with timely information and referral.

In-Home Services

- **Southcoast Hospitals Home Care** (Elderly Home Health Assessment and Screening): Provides elders with improved access to medical services through linkage to healthcare providers, including provision of flu shot vaccine to elders in their homes.
- **Saint Anne’s Hospital/Center for Behavioral Medicine** (Elder Psychiatric Assessment and Referral Services): Providing mental health screening and evaluation in the homes to elders who may be experiencing difficulties with depression, anxiety, thought disturbances or dementia.

Legal Services

- **South Coastal Counties Legal Services, Inc.** (Seniors Law Project): Direct legal representation in the courts of the Commonwealth and before administrative bodies, especially Social Security Administration; counsel and advice on a variety of legal matters.



Goals and Objectives of the Area Agency on Aging

Assistance in developing the goals and objectives was provided by an Area Plan committee comprised of members from the Board of Directors and the Advisory Council. The goals and objectives were established to fulfill the requirements of the Administration on Aging Strategic Goals; The Executive Office of Elder Affairs Agency Goals, and the Area Agency on Aging's strategic goals for the Federal Fiscal Years 2010 – 2013.

Goal #1:

Provide assistance to elders who are Native Americans to ensure that they are able to access benefits and services in the community.

Objectives:

1. Prepare and disseminate information to ensure that elders know where to turn for assistance when they may be in need.
2. Link the population to programs such as health promotion activities, nutrition, to enable them to receive adequate health care.
3. Link elders to the Area Agency on Aging's Older American Community Service Employment Program which could assist with providing some financial relief to those who may be unemployed.
4. Coordinate efforts with local agencies such as public health, other social services, to identify and diminish duplication and gaps in service, when appropriate.

Goal #2:

Empower elders to get the assistance they need which will serve to protect them against threats to their well-being and security.

Objectives:

1. Partner with local agencies to ensure representation to elders who may be at risk of neglect and exploitation.
2. Collaborate with Bristol Elder Services, Councils on Aging, Police Departments, Attorney General's office, to ensure that information is disseminated on where elders can go for assistance.
3. Link elders to immediate assistance through Protective Services.
4. Provide assistance through private grant funds to ensure that elders are removed from the situation and provided with temporary housing until permanent housing is located.
5. Disseminate information in the community to ensure that elders are aware of the warning signs of abuse, exploitation.

6. Ensure that residents in Nursing Homes are provided with timely information and assistance in having complaints addressed.
7. Link elders to legal services for representation in a court of law.

Goal # 3:

Ensure the safety and well-being of all elders throughout the planning and service area during a disaster.

Objectives:

1. Educate community elders, before a disaster strikes, on precautionary measures to decrease chances of them becoming at risk during a disaster.
2. Identify non-English speaking elders for education, through collaboration with agencies who serve the targeted population.
3. Collaborate with COAs, local hospitals, churches, immigrant agencies, and others to ensure that elders are prepared during an emergency or disaster.
4. Provide emergency meals to elders prior to a disaster when meal delivery may be impossible during the disaster.

Goal # 4:

Provide outreach and assistance to Faith-based organizations to ensure access to services and resources in the community.

Objectives

1. Collaborate with area churches to ensure information is readily available to those in need.
2. Include area church leaders in forums, conferences and events on issues affecting elders.
3. Identify barriers and implement effective community programs that can be included under faith-based organizations.
4. Meet with faith-based leaders regularly and minority groups to gather their input on targeting increased services to those in need.
5. Coordinate the accessibility of Farmers Market coupons / food stamp outreach, disaster preparedness, etc. with area churches.
6. Encourage involvement of Faith Based organizations to become stakeholders through involvement of the Advisory Council and Board of Directors.

Goal #5:

Enhance service delivery to elders through care coordination with agencies providing health care and supportive services.

Objectives:

1. Coordinate planning, identification, assessment of needs of older people with local community health care systems.
2. Facilitate the area-wide development and implementation of health care programs to reach those who are isolated.
3. Function as the one-stop shop for elders and caregivers who need information and assistance in accessing health care programs and services.
4. Implement evidence-based programs that can assist elders about making behavioral changes intended to reduce injury, disease and disability.
5. Promote best practices through dissemination of information at senior centers and elderly housing.
6. Ensure the development of training programs to staff to aid them in providing quality assistance to elders, caregivers, the disabled, and the LGBT population.
7. Promote education on influenza vaccination through our meal delivery program including other health related information.

Goal #6:

Ensure the development of transportation services to elders throughout the planning and service area.

Objectives:

1. Collaborate with local agencies in the area to ensure transportation to elders.
2. Participate in SRTA's Consumer Advisory Committee to effectively advocate for elders.
3. Participate in Southeastern Planning and Economic Development District (SRPEDD) local meetings on transportation needs of elders.
4. Meet with Hawthorne Medical Associates personnel, regional transit, assisted living facilities and COA's to coordinate increased services.
5. Explore additional options for increased transportation services throughout the planning and service area.

Goal #7:

To ensure the development of Healthy Aging / Fall Prevention Programs to decrease chances of “at risk” conditions for elders.

Objective:

1. Offer specific health care programs to target elders for disease prevention and fall prevention.
2. Collaborate with Title III grantees to ensure that elders are aware of programs in the community and that programs are accessible.
3. Promote an up-to-date measure for preventive services by soliciting the cooperation of the Board of Health and local hospitals.
4. Ensure that nutritionist will coordinate healthy aging activities at local senior sites and elderly housing.
5. Expand efforts to integrate public health’s expertise in research, health tracking, and prevention by coordination of training programs.
6. Enhance training for staff to ensure they are knowledgeable regarding preventive services programs in order for them to advocate for clients
7. Encourage nutrition participation at meal sites and ensure the delivery of meals to individuals at home, including nutrition education and other medical topics.

Goal # 8:

Recruit and train older workers to enhance their skills and provide them with better chances for employability in a competitive market.

Objectives:

1. Provide education in the community to draw attention to the Older American Community Service Employment Program.
2. Recruit and train older workers for participation in the program.
3. Collaborate with leading organizations in Bristol and Plymouth counties to ensure that older workers can be considered for employment in those agencies.
4. Meet with stakeholders to enlighten them on the program’s role.
5. Promote the program in the community to encourage involvement of elders with disabilities.

Goal # 9:

Improve community and in-home mental health access for elders and caregivers.

Objectives:

1. Continuation of successful community and setting specific education initiatives which aim to improve community understanding of mental illness.
2. Through collaboration with partners, compile and disseminate mental health literacy resources targeting elders and caregivers.
3. Encourage the implementation of new programs which demonstrates efficacy in the prevention of suicide.
4. Partner with local community groups to ensure that outreach is targeted to vulnerable populations.
5. Coordinate efforts with the DMH, local hospitals, MAOA, and other state and local agencies to ensure training programs are available on mental health topics for staff and the community.

Goal #10

Assist elders in the application process for Food Stamps, housing, SSI, and other programs which they may qualify for.

Objectives:

1. Ensure that elders are provided with the necessary information to allow them the opportunity to get entitlements and other benefits.
2. Link elders to other services in the community to promote stabilization.
3. Have Intake and Referral provide complete listing of available public housing in the area to allow elders the option of selecting suitable affordable housing.
3. Ensure that education on the availability of services and programs, including written information is provided in the newspaper to allow elders to be empowered.
4. Coordinate activities with ADRCs to provide timely information and access to services to those who are disabled.

Attachments

NOTICE OF PUBLIC HEARING

Coastline Elderly Services, Inc. / Area Agency on Aging
is conducting a Public Hearing on
Wednesday, August 26, 2009
from 10-11 a.m. at Coastline's office located at
1646 Purchase Street, New Bedford.

The purpose of the hearing is to solicit comments from individuals who reside in either Acushnet, Dartmouth, Fairhaven, Gosnold, Marion, Mattapoisett, New Bedford and Rochester regarding the needs of older people (45 CFR 1321.61 (2) for development of the 2010-2013 Area Plan on Aging . The Plan will be submitted to the Executive Office of Elder Affairs. All interested parties have the right to testify and submit written comments to the Area Agency on Aging by September 10, 2009. The DRAFT Area Plan may be found on Coastline's website at www.coastlineelderly.org.

Mobility assistance transportation may be arranged. Please contact Ann McCrillis, Area Agency on Aging Planner at 1646 Purchase Street, New Bedford, MA 03740: Telephone: 508-999-6400, ext. 160.

Coastline Elderly Services, Inc.

Area Agency on Aging

and

Aging Services Access Point

2009 Needs Assessment of Older People

Serving the communities of:
Acushnet, Dartmouth, Fairhaven, Gosnold, Marion, Mattapoisett,
New Bedford and Rochester

FOREWORD

Coastline Elderly Services, Inc., Area Agency on Aging (AAA) and Aging Services Access Point (ASAP), is responsible for the distribution of federal funds to support programs and services under the Older Americans Act of 1965, as amended. These funds are targeted to elders who are 60 years of age and older, including caregivers, throughout communities of our planning and service area.

As the region's Area Agency on Aging, we are required to solicit information from individuals throughout the communities we serve, by conducting an assessment of the needs of older people. This information is compiled and included in a Four-Year Area Plan which serves as a guide for the implementation of programs and services throughout the communities. Results from the 2009 survey will be used to develop Coastline's 2010-2013 Area Plan on Aging.

In January 2008, twenty-three AAAs across the state, along with the Massachusetts Executive Office of Elder Affairs (ELD), began the process of developing the Needs Assessment survey to reach individuals in all 351 cities and towns throughout the Commonwealth. Various approaches were selected from among the AAAs and ELD in developing questionnaires for dissemination. To name a few, some agencies chose public hearings, focus groups, task force, mailing surveys to households, one-on-one interviews, or posting the survey on the web to gather input from individuals.

Coastline disseminated 450 questionnaires through mail and contact with the elders by phone. The number of elders for sampling was selected by dividing the total number of elders (34,018) throughout the planning and service area by ($y=75$). In this survey, the number in the symbol ($N=$) following the percentage represents the denominator used in the calculation of the percentage, unless the denominator equals the total sample size. Questionnaires were mailed in October 2008. A total of 213 households responded which resulted in a 47.33% response rate. A copy of the survey tool is included in the Appendices of this report.

This year's report incorporates results from similar surveys conducted in 2001 and 2005 from Coastline, including statistical data obtained from numerous sources including state data from the 2009 needs assessment study and 2007 census estimates. In some instances, certain areas of this report focused on respondents between the ages of 75-79, due to an increase in this age bracket of the elderly population, as identified in the 2009 survey.

This report reflects the Area Agency on Aging's commitment in identifying pertinent data that can aid in the development of new programs and services to our areas' elders and caregivers.

Ann McCrillis
Area Agency on Aging Planner

About This Report

Accuracy of the Estimates

Some data in this report is based on a sample of the population and is, therefore, subject to sampling error. The data in some indicators may not sum to totals because of rounding. All demographic and population data is U.S. Census Data unless otherwise noted. All data is from the Year 2000 unless otherwise noted. Data accuracy is not guaranteed. Please verify any data questions with the U.S. Census Bureau.

Needs Assessment – The process of identifying the incidence, prevalence and nature of certain conditions within a target group.

It attempts to define what is required to insure a population is able to function at an acceptable level (value laden).

It is an integral part of a planning process to assess and define community needs.

A way of looking at a situation which improves information to enable planners to make suggestions about ways to improve a situation.

What is a Need? – Needs are social definitions representing what a person or group requires in order to play a role, meet a commitment, participate in a social process, and retain adequate level of energy and productivity.

Perceived Need:	Felt
Normative Need:	Reflects “normal standards, value laden, shaped by environment.”
Expressed Need:	Based on those who seek services; consumers and potential consumers.
Relative Need:	Seek equity of services between geographic areas.

Needs Assessment minimally should study:

1. Who is in need?
2. What is lacking or needed?
3. What are the goods/services needed?
4. How much of each good/service is needed?
5. Is the problem supply and demand or access and distribution?
6. What is not needed or less needed?
7. What will it cost to provide?
8. How can it be funded?

Acknowledgements

Our sincere gratitude to our staff, volunteer, and interns, who assisted us with the Needs Assessment study.

- *Mikele M. Gamboa*, SW, intern, Bridgewater State College, painstakingly made numerous phone calls to individuals to complete the survey by phone.

- *Joan Stratton*, MSW, intern, Bridgewater State College, conducted the focus group on the needs of the Lesbian, Gay, Bisexual and Transgender elders.

- *Liberia Costa* (Libby), Coastline's Family Caregiver Support Program Coordinator, conducted the focus group on the needs of caregivers.

- Last, but not least, the AAA volunteer, *Michael Voss*, who assisted in compiling the survey data and calculated statistical results in pre-identified categories.

Table of Contents

Foreword	i
About This Report.....	ii
Acknowledgements	iii
Local Community Need	1
Elders Skipped Necessities	2
Older Americans in the Planning and Service Area	3
Increase in Elders Living to Age 85+	4
60+ Population by Age Group in the Planning and Service Area	5
Age 60 + by Race and Town	6
Gender Comparison in the 60 + Population.....	7
Living Situation-Elders Living Alone	8
Housing Status	9
Number of People Living In The Household	10
Household Income	11
2008 Health and Human Services Poverty Guidelines.....	12
Labor Force Participation.....	13
Caregiving.....	14
Stakeholders.....	16
Lesbian, Gay, Bisexual and Transgender Elders	17
Community Profile 2007 and 2000 Comparison	18
Appendices.....	19
Appendix 1: 2009 Health and Human Services Poverty Guidelines	
Appendix 2: The 2009 Needs Assessment of Older People Cover Page	
Appendix 3: The 2009 Needs Assessment of Older People	

Local Community Need

In determining the needs, respondents were asked to select from among three categories in areas where they may have difficulties in finding assistance. Coping with depressing mood ranked first place at 13.1%. Over 9% of elders polled also said they needed assistance in coping with memory loss/confusion, and finding leisure, recreation and fitness programs.

Table 1.1

	First Priority	Second Priority	Third Priority
Finding affordable housing	9.4%	-	.5%
Finding caregiver support	5.2%	1.4%	.5%
Coping with depressing moods	13.1%	2.8%	1.4%
Coping with memory loss/confusion	9.4%	1.5%	.5%
Coping with abuse, neglect and mistreatment	1.9%	1.4%	.5%
Finding employment	3.3%	-	.5%
Finding education/learning	5.2%	-	.5%
Finding health care information	4.7%	1.4%	.5%
Improving Food and nutrition	8.5%	2.3%	.9%
Finding information / assistance to avoid foreclosure and eviction	2.8%	-	.5%
Finding legal assistance	3.3%	1.4%	.5%
Finding leisure, recreation and fitness	9.4%	2.8%	.9%
Finding long-term care information and assistance	4.7%	-	.5%
Managing money/finances	8.0%	.9%	.5%
Finding medical escort	4.7%	.5%	.5%
Finding programs / services for LGBT elders (Lesbian, Gay, Bisexual, Transgender)	2.8%	-	.5%
Finding transportation	8.5%	.9%	.5%
Finding volunteer opportunities	6.1%	.5%	.5%

ELDERS SKIPPED NECESSITIES

Survey respondents were asked to identify if they had skipped necessities within the last 12 months because of a shortage of money.

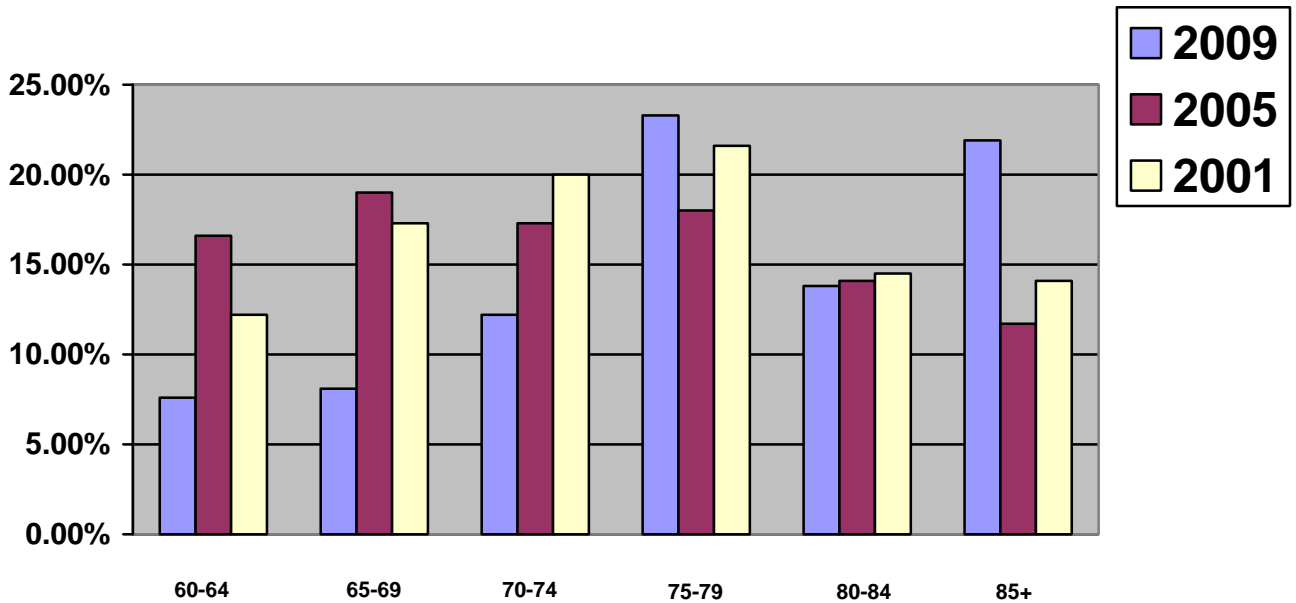
From the results obtained, 15.3% of elders said they were unable to pay for utilities, and 13.3% said they went without food and prescription drugs.

Table 1.2

Essentials	Percentage of those who skipped necessities
Food	13.3%
Gas for car	9.7%
Home repairs	14.3%
Utilities	15.3%
Prescription drug	13.3%
Paying for Transportation	7.1%
Medical appointment	9.7%
Social gathering	13.3%
Rent or mortgage	4.1%

(N=196)

Older Americans in the Planning and Service Area



2009 (N=210): 2005 (N=196): 2001 (N=254):

The 2009 survey revealed that the age group between 75-79 had increased to 23.3%, including the 85+ population which also had seen an increase to 21.9%.

The projected growth in the older population is expected to raise the median age of the U.S. population to 42 by the year 2030, and to 43 in 2040. By 2030 the 65+ population is expected to more than double increasing from 35 million in 2000 to 40 million in 2010.

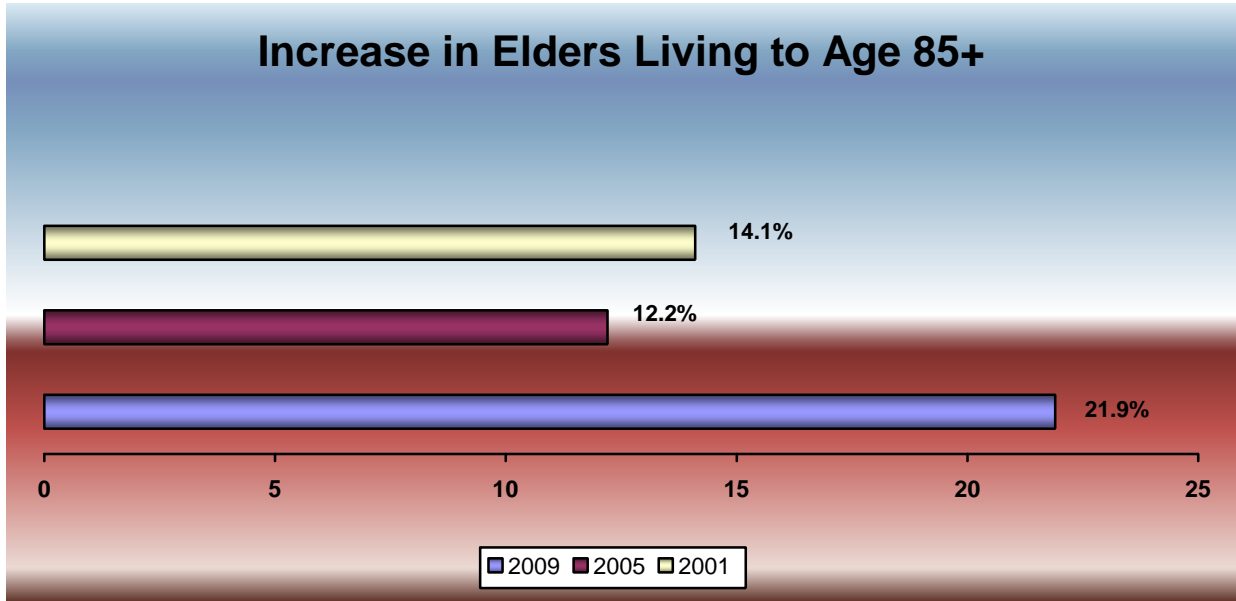
Note: Data is based on an 8-year average.

Reference population: This data refers to the civilian non-institutionalized population.

Source: 2009, 2005, 2001 Needs Assessment of Older People – Coastline Elderly Services, Inc.

U.S. Census Bureau: *Population Estimates and Projections*

Older Americans 2008: *Key Indicators of Well-Being*: Federal Interagency Forum on Aging Related Statistics.



Nearly 22% of elders responding to the survey were 85 years of age and older.

According to the U.S. Census Bureau, the population age 85 and over could grow from 5.3 million in 2006 to nearly 21 million by 2050.

Researchers have predicted that death rates at older ages will decline more rapidly than is reflected in the U.S. Census Bureau's projections, which could lead to faster growth of this population.

Americans are living longer. Life expectancies at both age 65 and 85 have increased. Researchers say that under current mortality conditions, people who survive to age 65 can expect to live an average of 18.7 more years, almost 7 years longer than people age 65 in 1900. The life expectancy of people who survive to age 85 today is 7.2 years for women and 6.1 years for men.

Note: Data is based on an 8-year average.

Reference population: This data refers to the civilian non-institutionalized population.

Source: 2009, 2005, 2001 Needs Assessment of Older People – Coastline Elderly Services, Inc.

U.S. Census Bureau: *Population Estimates and Projections*

Older Americans 2008: *Key Indicators of Well-Being*: Federal Interagency Forum on Aging Related Statistics.

60 + Population by Age Group in Planning and Service Area (PSA)

Table 1.3

City/Town	60-64	65-74	75-84	85+	60+	65+	All Ages	% 60+	% 65+	% 85+	Boomer Population Ages 35-44	Boomer Population Ages 45-54
Acushnet	434	817	561	136	1,948	1,514	10,161	19.20	14.90	1.34	1,793	1,567
Dartmouth	1,215	2,300	1,862	601	5,978	4,763	30,666	19.50	15.50	1.96	4,613	4,540
Fairhaven	710	1,354	1,263	533	3,860	3,150	16,159	23.90	19.50	3.30	2,621	2,324
Gosnold	5	8	2	1	16	11	86	18.60	12.80	1.16	14	17
Marion	255	442	333	132	1,162	907	5,123	22.70	17.70	2.58	780	871
Mattapoisett	316	570	342	131	1,359	1,043	6,268	21.70	16.60	2.09	1,045	1,069
New Bedford	3,514	7,205	6,204	2,239	19,162	15,648	93,768	20.40	16.70	2.39	13,541	11,191
Rochester	154	194	147	38	533	379	4,581	11.60	8.30	0.83	858	895
Total: Coastline	6,603	12,890	10,714	3,811	34,018	27,415	166,812	19.70	15.25	1.95	25,265	22,494
Statewide	236,405	427,830	315,640	116,692	1,096,567	860,162	6,349,097	17.30	13.50	1.84	1,062,995	873,353

Source: All data extracted from Census 2000 unless otherwise noted
 Population Estimates State and County QuickFacts; Population of Massachusetts Cities and Towns.

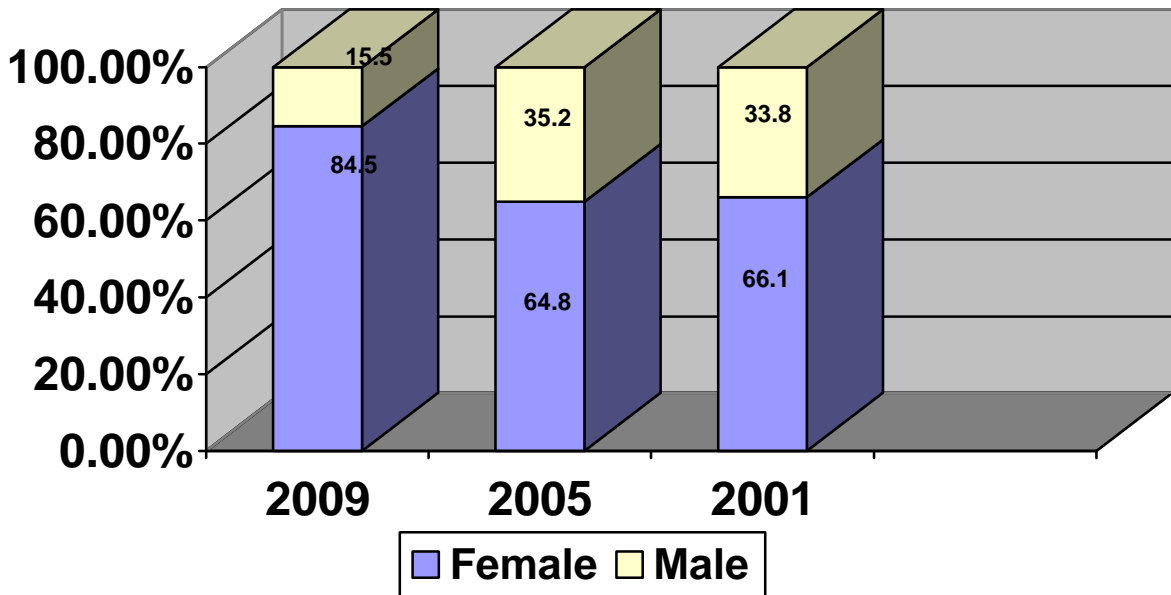
Age 60 + by Race and Town

Table 1.4

City /Town	White Alone	Black or African American Alone	American Indian Alaskan Native Alone	Asian Alone	Native Hawaiian & Pacific Islander Alone	Some Other Race Alone	2+ Races	Total Elders Age 60+	Hispanic Latino	White Alone Not Hispanic	Minorities	% Minorities
Acushnet	1,920	4	4	0	0	4	16	1,948	8	1,914	34	1.7%
Dartmouth	5,785	33	7	29	2	64	58	5,978	25	5,768	210	3.5%
Fairhaven	3,754	14	4	16	1	46	25	3,860	14	3,744	116	3.0%
Gosnold	16	0	0	0	0	0	0	16	0	16	0	0.0%
Marion	1,059	22	1	4	2	51	23	1,162	4	1,056	106	9.1%
Mattapoisett	1,322	9	1	6	0	12	9	1,359	3	1,319	40	2.9%
New Bedford	16,923	487	60	54	4	975	659	19,162	500	16,670	2,492	13.0%
Rochester	509	7	2	2	0	11	2	533	1	508	25	4.7%

Source: U.S. Census Bureau 2000, unless otherwise noted.

Gender Differences in the 60 + Population Responding to the Survey



(N=213)

Despite only marginally outnumbering men in actual population, 85.5% of those randomly selected for the survey were women.

As of 2007, the U.S. Census estimates that 3,126,493 residents in Massachusetts are men, compared to women at 3,323,262. Males outnumbered females through age 41. Starting at age 42, women outnumbered men. At 85 and older, there were more than twice as many women as men.

Gender Comparison (all ages) Estimated 2007

Table 1.6

Towns/ City	Men	Percentages	Women	Percentages
Acushnet	5,113	49.0%	5,330	51.0%
Dartmouth	15,439	49.4%	15,802	50.6%
Fairhaven	7,611	47.2%	8,513	52.8%
Gosnold	48	58.1%	36	41.9%
Marion	2,506	48.0%	2,711	52.0%
Mattapoisett	3,088	47.9%	3,359	52.1%
New Bedford	43,268	47.1%	48,581	52.9%
Rochester	2,616	50.1%	2,602	49.9%
Commonwealth	3,126,493	48.4%	3,323,262	51.5%

Note: Data is based on an 8-year average.

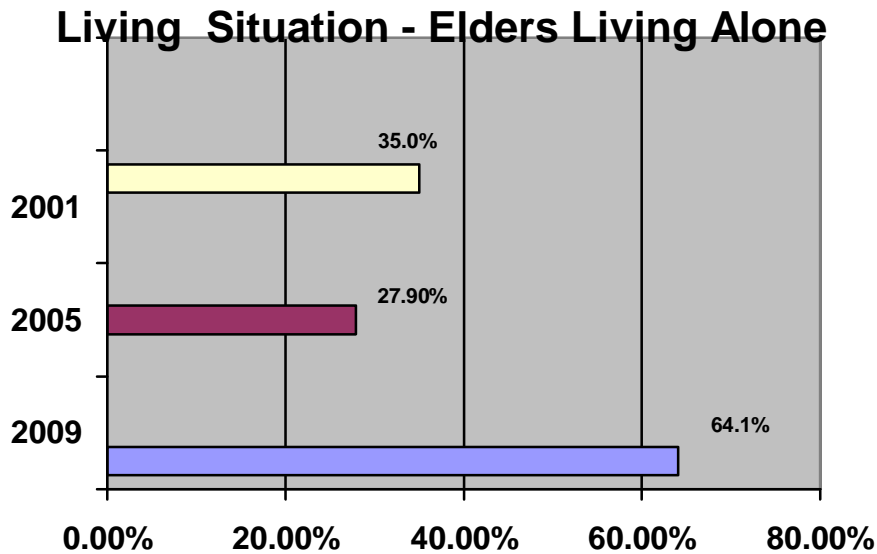
Reference population: This data refers to the civilian non-institutionalized population.

Source: 2009, 2005, 2001 Needs Assessment of Older People – Coastline Elderly Services, Inc.

U.S. Census Bureau: *Population Estimates and Projections*

Older Americans 2008: *Key Indicators of Well-Being*: Federal Interagency Forum on Aging Related Statistics.

www.municipedia.com



Elders responding to the 2009 survey said 64.1% live alone, (N= 209), compared to 27.9% in 2005 (N=252) and 35% in 2001 (N=197).

Throughout the nation, about 30.2% (10.8 million) of all non-institutionalized persons in 2007 lived alone (7.9 million women, 2.9 million men). They represented 38.6% of older women and 19.0% of older men. The proportion living alone increases with advancing age. Among women aged 75 and over, for example, half (49%) lived alone.

One sub-population of elderly may be most likely to use formal services - individuals who live alone and have no children or siblings.

Researchers have estimated that 1.2 million people aged 65 or over will be in that status in the year 2020, up from 682,000 in 1990.

Note: Data is based on an 8-year average.
 Reference population: This data refers to the civilian non-institutionalized population.
 Source: 2009, 2005, 2001 Needs Assessment of Older People – Coastline Elderly Services, Inc.
 U.S. Census Bureau: *Population Estimates and Projections; Demographics and the Economy*
 Older Americans 2008: *Key Indicators of Well-Being*; Federal Interagency Forum on Aging Related Statistics.
 Administration on Aging – U.S. Department of Health and Human Services; *A Profile of Older Americans: 2008*

Housing Status

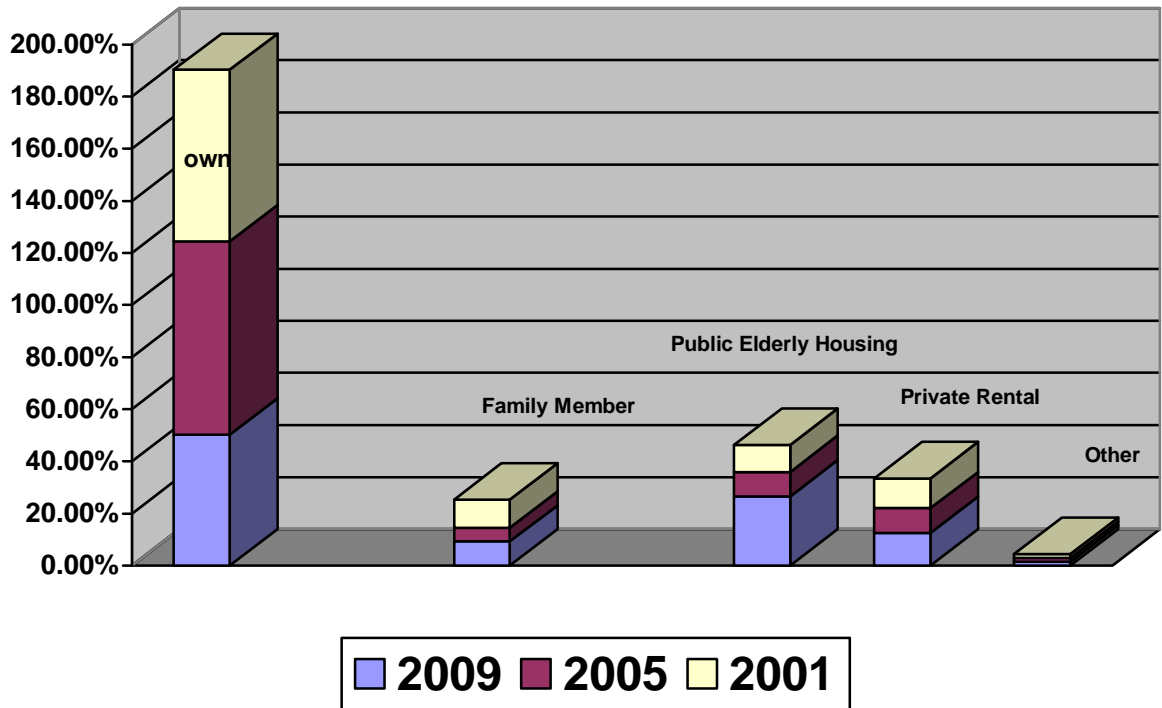


Table 1.7

	2009 N=209	2005 N=202	2001 N=252
Living in own home	50.2%	74.3%	65.8%
Living With a Family Member	9.2%	5.4%	10.7%
Living in Public Elderly Housing	26.6%	9.4%	10.3%
Living in Private Rental	12.6%	9.4%	11.5%
Other	1.4%	1.5%	1.5%

For elders between the ages of **75-79**, the 2009 survey revealed that 12.7% of elders in Coastline’s region live in a place they own; 2.3% live with a family member; 4.2% live in public elderly housing, and 3.3% live in private rental housing.

In addition to frailty and need for assistance with activities of daily living, elders in this region lack the disposable income which certainly contributes to the maintenance of the home and other essentials. In this report, 14.3% of elders said they skipped necessary home repairs due to a shortage of money.

Note: Data is based on an 8-year average.

Reference population: This data refers to the civilian non-institutionalized population.

Source: 2009, 2005, 2001 *Needs Assessment of Older People* – Coastline Elderly Services, Inc.

U.S. Census Bureau: *Population Estimates and Projections*

Older Americans 2008: *Key Indicators of Well-Being*: Federal Interagency Forum on Aging Related Statistics

Number of people living in the household

The survey asked respondents to identify the number of individuals who were living in the home. The 2009 survey revealed that 27.4% of elders were living in a two-person household, compared to 9.1% in 2005.

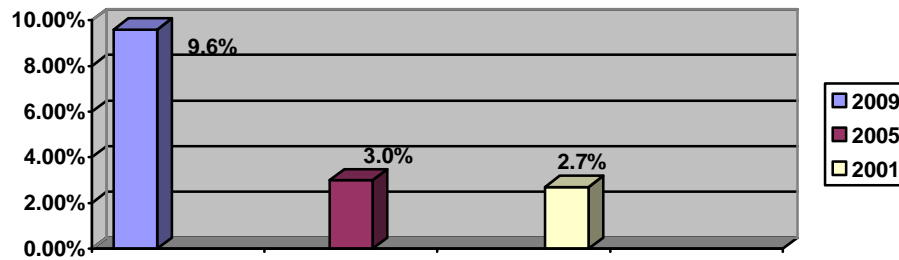
Those who were living in a household comprised of four individuals had seen an increase from 0.5% in 2005 to 4.1% in 2009.

Table 1.8

	2009 N =73	2005 N=197	2001 N=251
Living with one other person	58.9%	58.4%	49.0%
Living with two people	27.4%	9.1%	10.3%
Living with three people	9.6%	3.0%	2.7%
Living with four people	4.1%	0.5%	1.5%

Indicator 6

Increase in the number of people in the household



In 2009, those who were living in the household with three people had seen an increase up to 9.6%, compared to 3.0% in 2005 and 2.7% in 2001.

Economic conditions, health status, and the availability of caregivers are contributing factors that may determine the living arrangements of America's older population

Note: Data is based on an 8-year average.

Reference population: This data refers to the civilian non-institutionalized population.

Source: 2009, 2005, 2001 *Needs Assessment of Older People* – Coastline Elderly Services, Inc.

U.S. Census Bureau: Population Estimates and Projections

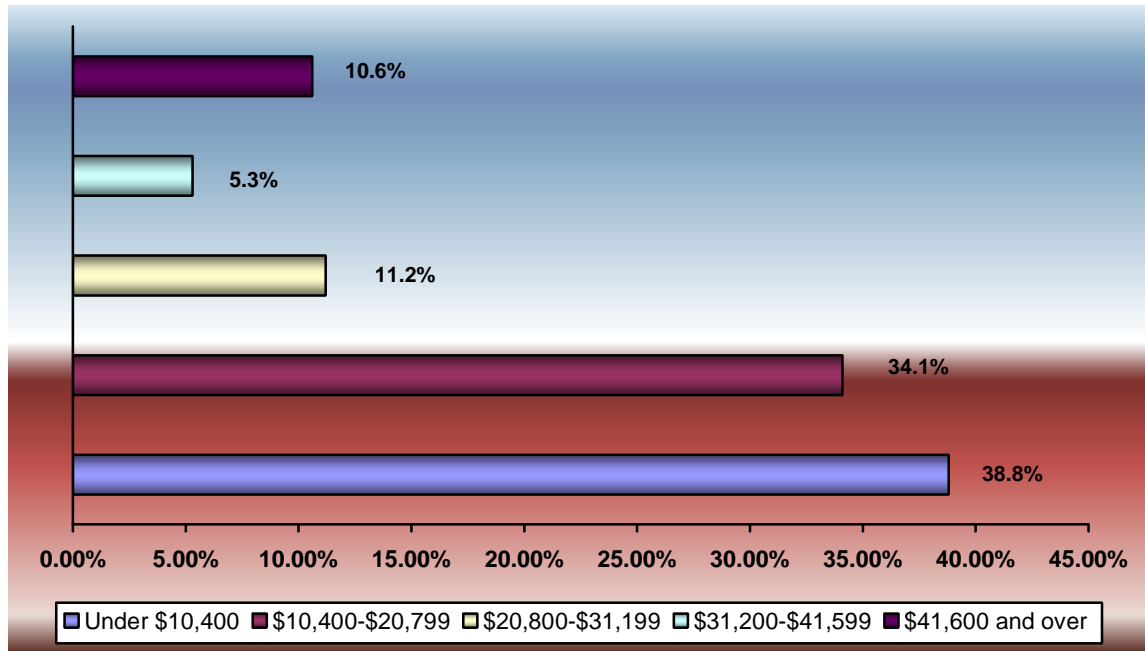
Older Americans 2008: *Key Indicators of Well-Being*: Federal Interagency Forum on Aging Related Statistics.

Household Income

The Rate of Poverty is defined as a one-person household with an annual income of \$10,400 or below in 2008, or a two-person household with an annual income of \$14,000 in 2008.

In the chart below, 39% of our elders who were surveyed said their annual income was \$10,400 annually.

Indicator 7



(N=170)

Of the **75-79** year old respondents to this question, 7.0% of elders had a household income of \$10,400; 8.9% reported a household income of \$20,799 and 2.3% said their household income was \$31,199. Only .5% reported an income of \$41,600.

People identified as living in poverty are at risk of having inadequate resources for food, housing, health care, and other needs.

Reference population: This data refers to the civilian non-institutionalized population.
 Source: 2009, 2005, 2001 *Needs Assessment of Older People* – Coastline Elderly Services, Inc.
 U.S. Census Bureau: Population Estimates and Projections
 Older Americans 2008: *Key Indicators of Well-Being*: Federal Interagency Forum on Aging Related Statistics

2008 Health and Human Services Poverty Guidelines

These guidelines vary by family size and are updated annually to account for changes in the cost of living (as measured by the change in the average annual value of the Consumer Price Index or CPI-U).

The 2008 poverty guidelines represent income standards expressed in 2007 dollars (the reference to “2008” in the 2008 guidelines is to the year of issuance).

The 2008 Health and Human Services Poverty Guidelines were used to determine poverty levels for the 2009 Needs Assessment study. A copy of the 2009 Health and Human Services Poverty Guidelines may be found in the Appendices.

Table 1.9

Persons in Family or Household	48 Contiguous States and D.C	Alaska	Hawaii
1	\$10,400	\$13,000	\$11,960
2	14,000	17,500	16,100
3	17,600	22,000	20,240
4	21,200	26,500	24,380
5	24,800	31,000	28,520
6	28,400	35,500	32,660
7	32,000	40,000	36,800
8	35,600	44,500	40,940
For each additional person, add	3,600	4,500	4,140

Massachusetts ranks 41st with 10.0% of the population below the poverty level. Poverty rates differ by age and sex among the older population nationwide.

Older women (12 %) were more likely than older men (7%) to live in poverty .

Nationwide, about 3.6 million elderly persons (9.7%) were below the poverty level in 2007.

Source: Federal Register, Vol.73, No. 15, January 23, 2008, pp.3971-397
 Older Americans 2008: *Key Indicators of Well-Being*: Federal interagency Forum on Aging Related Statistics
 Administration on Aging: U.S. Department of Health and Human Services: *A Profile of Older Americans: 2008*
 U.S. Census Bureau 2007

Labor Force Participation

Labor force participation is measured by the percentage of a group that is in the labor force – that is either working (employed) or actively looking for work (unemployed).

According to the 2009 survey, 77% of Coastline’s elders are retired and not looking for work.

Of the population between the ages of 75-79, 83% are retired and no longer in the work force; 8.5% work between 20 to 35 hours per week and 8.5% work less than 20 hours per week.

The 2009 survey also revealed that 3.9% of elders also work less than 20 hours per week.

Table 2.0

Employment Status	2009 N=181	2005 N=192	2001 N=223
Looking for work	2.2%	1.6%	1.3%
Not Looking	77.3%	74.5%	80.2%
Work 35 hours per week	7.2%	11.5%	8.9%
Work part-time	9.4%	12.5%	9.4%

Data for 2007 indicated that 5.8 million (16.0%) Americans age 65 and over were in the labor force (working or actively seeking work), including 3.2 million men (20.5%) and 2.6 million women (12.6%) throughout the nation.

Note: Data is based on an 8-year average.
 2009, 2005 and 2001 Needs Assessment of Older People- Coastline Elderly Services, Inc.
 U.S. Census Bureau: *State & County QuickFacts*
 Current Population Survey, labor force statistics: Bureau of Labor Statistics

Caregiving

Survey respondents were queried on their caregiver status. The survey identified 11.3% who are currently providing caregiving to another elder or an adult with a disability.

Table 2.1

Caregiving	Percentage providing caregiving
Caring for an elder / adult with a disability.	11.3%
Grandparent or relative caregiver age 55 years and older responsible for the care of a child 18 years or younger.	2.5%
Providing unpaid assistance to another adult	8.3%
Not caring for anyone	77.9%

(N=196)

CAREGIVING

A focus group was conducted by the Family Caregiver Support Program Coordinator Libby Costa.

Caregivers identified their concerns and issues in their caregiving role. Here is what they said as the top 5 concerns:

1. Time Management: They expressed concern that there just wasn't enough time for everything because of the time spent with caregiving, and not enough time for themselves.
2. Eating properly, getting exercise, or just socializing with friends.
3. Finding sufficient help with caring for their "loved one," and lack of family members to assist.
4. Spouses identified a general lack of understanding from the other and often times were made to feel guilty about their caregiving role.
5. Having to work full-time and care for a parent and children simultaneously.

Additionally, caregivers also expressed their desire to be educated on a variety of issues, such as:

- a. Learning more about behavior management and stress reduction.
- b. Coping with anger and guilt
- c. Bathing and dressing someone who gets agitated
- d. Disease progression and stages
- e. Medications and research
- f. Home activities and stimulation for spouse
- g. How to do it all and remain healthy, and
- h. Legal and financial issues.

Caregivers were also asked the question: What do you see as missing in the community in caring for someone with a memory impairment?

Their responses were:

- Not enough support groups
- Caregivers expressed that they need a walking track in a safe enclosure for elders with dementia.
- Caregivers said they needed continuous respite, someone to check on their parents daily for meds and meal reminders.
- They also spoke about the need for more doctors who understood dementia.

Stakeholders

Coastline conducted a focus group with our stakeholders, the Advisory Council of the Area Agency on Aging, to gather their input on what they perceived as needs in the community.

Participants in this focus group included:

Joe Daly,	Marion
Linda Morad,	New Bedford
Maria Connor,	Dartmouth
Jacqueline Coucci,	New Bedford
Will Herrup,	New Bedford
Helena S. Marques,	Acushnet
Rosa Farizo,	Acushnet
Walter Murphy,	New Bedford
Sharon Lally,	Rochester
Karen Maciulewicz,	New Bedford
Carol Almeida-Fortes,	New Bedford
Connie Desbiens;	West Dartmouth
Krisanne Sheedy,	Fairhaven
Hamish Graven,	Marion
Rona Trachtenberg,	Fairhaven
Marjorie Jenney,	New Bedford
Mary Anne Mont,	New Bedford
Stanley Ociesa,	New Bedford

Below are their concerns:

1. *The high cost of fuel:* Elders need additional help with purchasing fuel.
2. Housing issues related to:
 - (a) *Foreclosures:* Elders who reside in apartments are being forced out on the streets because the apartments which are owned by landlords are being foreclosed on.
 - (b) *Evictions:* Elders are being asked to vacate the premises because of their inability to pay the rent.
 - (c) *Bankruptcy:* Due to increasing debt. and their inability to pay for essentials, there is an increase in elder bankruptcy.
3. *Lack of available transportation:* Due to inadequate transportation services throughout the Greater New Bedford area, elders have great difficulty obtaining transportation. For those who travel to Boston for medical appointments, the cost becomes exorbitant because they have to use taxi cabs.
4. *High cost of gas :* For those who own a vehicle they cannot pay the price for the high cost of gasoline and are limiting the number of trips they make.
5. *Decreased finances:* Elders are unable to purchase food / prescription.
6. *Advocacy for elders :* Often times elders go alone to a medical appointment but do not understand what the doctor said about his or her health and treatment.

Lesbian, Gay, Bisexual and Transgender Elders

To ensure outreach activities to Lesbian, Gay, Bisexual and Transgender (LGBT) elders, Coastline conducted a focus group to garner input from this target population. Led by Joan Stratton, MSW, LGBT elders voiced their concerns in identifying areas of interests.

Chief among their concerns was the need to educate the Councils on Aging about LGBT issues. The LGBT elders expressed feeling “unsafe” at events sponsored by the COAs because they were fearful of how others would react to the knowledge of their sexual orientation.

LGBT elders, like all elders in this survey, identified lack of assistance with home repairs as one of their primary needs. (The survey revealed that 14.3% of all elders (N=196) skipped home repairs due to a shortage of money).

This population of elders also identified the need for a “safe place” where they could go for socialization; creation of activity groups; and trips to LGBT friendly destinations. Participants at the focus group expressed feelings of isolation, where most of the participants didn’t know another LGBT elder except their partner. All expressed the desire to have available a local support group which would provide the impetus in establishing contact with others like themselves and creating the arena where they could share their triumphs and tribulations.

The number and proportion of LGBT elders will increase significantly over the next few decades, along with the overall elder population. By 2030, one in five Americans will be 65 or older, and roughly 4 million of these will be lesbian, gay bisexual or transgender.

Note: Four percent of same-sex couples in Massachusetts have at least one partner who is age 65 or older, compared to 19% of married couples. According to the National Gay and Lesbian Task Force, three million Americans over 65 are gay, lesbian, bisexual, or transgender, based on a range of 3 to 8% of the population.

Sources: U.S. Census Bureau, *Unmarried Partner Household by Sex of Partners*
Gary J. Gates, *MV Lee Badgett, Kate Chambers, Jennifer Macomber*, The Williams Institute and the Urban Institute,
Adoption and Foster Care by Gay and Lesbian Parents in the United States (2007).

Community Profile 2000 and 2007

Table 2.2

Towns / City	Total Population Estimated (2007)	% of Residents Below Poverty Level Estimated 2007	Total population in 2000	% of Residents Below Poverty Level in 2000	Median Household Income Estimated 2007	Median Household income in 2000	Population change since 2000	Unemployment Rate in 2007	Bachelor's Degree or Higher 2007
Acushnet	10,443	3.8%	10,161	1.9%	\$ 64,997	\$ 51,500	+3.0%	2.9%	13.0%
Dartmouth	31,241	4.5%	30,666	2.8%	\$ 64,040	\$ 50,742	+1.8%	12.0%	24.6%
Fairhaven	16,124	8.3%	16,159	6.5%	\$ 52,623	\$ 41,696	+0.1%	3.9%	16.9%
Gosnold	84	23.5%	86	23.5%	\$ 29,416	\$22,344	-1.0%	0.0%	20.7%
Marion	5,217	4.6%	5,123	3.5%	\$ 78,318	\$61,250	+2.1%	2.2%	49.3%
Mattapoisett	6,447	3.6%	6,268	2.8%	\$ 74,758	\$58,466	+2.7%	1.8%	42.9%
New Bedford	91,849	22.6%	93,768	17.3%	\$ 34,607	\$ 27,569	-1.8%	8.7%	10.7%
Rochester	5,218	3.1%	4,582	2.4%	\$ 80,925	\$63,289	+13.6%	4.6%	27.7%
State	6,449,755	10.0%	6,349,097	6.7%	\$ 62,365	\$50,502	+ 1.6%	6.3%	27.2%

Source: U.S. Census Bureau 2000- 2007 Population Estimates
www.city-data.com

2009 Health and Human Services Poverty Guidelines

Table 2.4

Persons in Family or Household	48 Contiguous States and DC	Alaska	Hawaii
1	\$10,830	\$13,530	\$12,460
2	14,570	18,210	16,760
3	18,310	22,890	21,060
4	22,050	27,570	25,360
5	25,790	32,250	29,660
6	29,530	36,930	33,960
7	33,270	41,610	38,260
8	37,010	46,290	42,560
For each additional person, add	3,740	4,680	4,300

Source: *Federal Register*, Volume 14, January 23, 2009, pp. 4199-4201



***COASTLINE ELDERLY SERVICES,
INC.
AREA AGENCY ON AGING ♦ AGING SERVICES
ACCESS POINT***

*1646 Purchase Street, New Bedford, Massachusetts 02740-6819
TEL: 508-999-6400 • FAX: 508-993-6510 • TTY: 508-994-4265*

October 8, 2008

Dear Friend:

Coastline Elderly Service, Inc. the region's Area Agency on Aging, is conducting a Needs Assessment survey to gather information on the needs of older people. Our purpose is to improve elderly services and fulfill federal requirements.

Your response is very important but participation in this survey is entirely voluntary. You need not provide your name. Your refusal to participate will not affect any services you are receiving or may apply for in the future.

Please mail your completed survey in the enclosed self-addressed stamp envelope by Friday, October 31, 2008.

Should you have any questions, you may contact Ann McCrillis, Area Agency on Aging Planner, at 508-999-6400, ext. 160.
Thank you.

Sincerely,

Charles Sisson
Executive Director

*ACUSHNET · DARTMOUTH · FAIRHAVEN · GOSNOLD · MARION · MATTAPOISETT · NEW BEDFORD · ROCHESTER
"Coastline Means Elderly Care"*

20

The 2009 NEEDS ASSESSMENT OF OLDER PEOPLE

Coastline Elderly Services, Inc. wants to assess the status of all persons aged 60 and over, including caregivers. To ensure that you are not under-represented, please take a few minutes to complete this questionnaire. Your answer will help us better serve older people in our area. Thank you.

1. AGE:

Which best portrays your age group?

- | | | | |
|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| 18-34 <input type="checkbox"/> | 45-49 <input type="checkbox"/> | 60-64 <input type="checkbox"/> | 75-79 <input type="checkbox"/> |
| 35-39 <input type="checkbox"/> | 50-54 <input type="checkbox"/> | 65-69 <input type="checkbox"/> | 80-84 <input type="checkbox"/> |
| 40-44 <input type="checkbox"/> | 55-59 <input type="checkbox"/> | 70-74 <input type="checkbox"/> | 85+ <input type="checkbox"/> |

2. GENDER:

Male Female

3. RACE/ ETHNICITY:

Are you:

- Asian
- American Indian or Alaska Native
- Black or African American
- Hispanic, Spanish, or Latino
- Native Hawaiian / Pacific Islander
- White, non-Hispanic

4. HOUSING STATUS:

Where do you live?

- A place I own
- Family member's home
- Public elderly housing
- Private rental housing
- Other (please specify) _____

5. Do you live alone? YES No

6. If you do not live alone, how many people are living with you?

1 2 3 4 5 +

7. Which best portrays your total annual household income?

Under \$10,400

\$10,400-\$20,799

\$20,800-\$31,199

\$31,200-\$41,599

\$41,600 and over

8. Which best portrays your employment status?

- Not employed, but looking for work
- Retired or no longer in the labor force
- Currently work 35 or more hours per week
- Currently work between 20 and 35 hours per week
- Currently work less than 20 hours per week

9. CAREGIVING:

- Are you currently caring for an elder or an adult with a disability?
- Are you a grandparent or relative caregiver age 55 years and older responsible for the care of a child 18 or younger?
- Do you provide unpaid assistance to another adult (typically a family member or friend) for his / her personal needs?
- No. I am not caring for anyone

10. In the last 12 months, have you skipped any of the following because of a shortage of money?

- | | | | |
|---------------------|--------------------------|---------------------------|--------------------------|
| Food | <input type="checkbox"/> | Prescription drug | <input type="checkbox"/> |
| Gas for car | <input type="checkbox"/> | Paying for transportation | <input type="checkbox"/> |
| Home repairs | <input type="checkbox"/> | Medical appointment | <input type="checkbox"/> |
| Utilities | <input type="checkbox"/> | Social gathering | <input type="checkbox"/> |
| (heat, phone, etc.) | <input type="checkbox"/> | Rent or mortgage | <input type="checkbox"/> |

10. SERVICE NEEDS

Kindly tell us in which areas you need assistance.

	<i>First Priority</i>	<i>Second Priority</i>	<i>Third Priority</i>
Finding affordable housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finding caregiving/support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coping with depressing mood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coping with memory loss/confusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coping with abuse, neglect and mistreatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coping with safety and security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finding employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finding education/learning courses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finding health care information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improving food and nutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finding information/assistance to avoid foreclosure and/or eviction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finding legal assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finding leisure, recreation and fitness programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finding long-term care information and assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing money/finances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finding medical escort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finding programs /services for older lesbian, gay, bisexual and transgendered elders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finding transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finding volunteer opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for your participation in the 2009 Needs Assessment of Older People

APPENDIX

Area Agency on Aging, Area Plan on Aging 2010 - 2013

Official Signature Page

This Area Plan on Aging has been developed according to requirements of the Older Americans Act of 1965, as amended through 2006 (P.L. 109-365), Federal Regulations, Department of Health and Human Services, 45 Part 1321, dated August 31, 1988, Grants for State and Community Programs on Aging, and Executive Office of Elder Affairs policy and regulation.

The Area Agency Board of Directors and Advisory Council have approved the Area Plan on Aging for the period covering Federal Fiscal Years 2010 through 2013.

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

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

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

Area Agency on Aging Assurances and Affirmation

For Federal Fiscal Year 2010, the Area Agency on Aging makes the following assurances as required by the Older Americans Act of 1965 as amended and all relevant regulation:

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

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

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

(C) legal assistance;

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

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

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

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

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

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

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

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

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

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

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

(A) older individuals residing in rural areas;

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

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

(D) older individuals with severe disabilities;

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

(F) older individuals with Alzheimer's disease or related disorders with neurological and

organic brain dysfunction (and the caretakers of such individuals); and inform the older individuals referred to in (A) through (F), and the caretakers of such individuals, of the availability of such assistance. ((a)(4)(B))

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(15) Each area agency on aging shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title. ((a)(14))

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

The undersigned acknowledge the Area Plan Assurances for Federal Fiscal Year 2010 and affirm their Area Agency on Aging's adherence to them.

(Area Agency on Aging)

_____ (Signed) _____

(Date)

(Chairperson of Board of Directors)

_____ (Signed) _____

(Date)

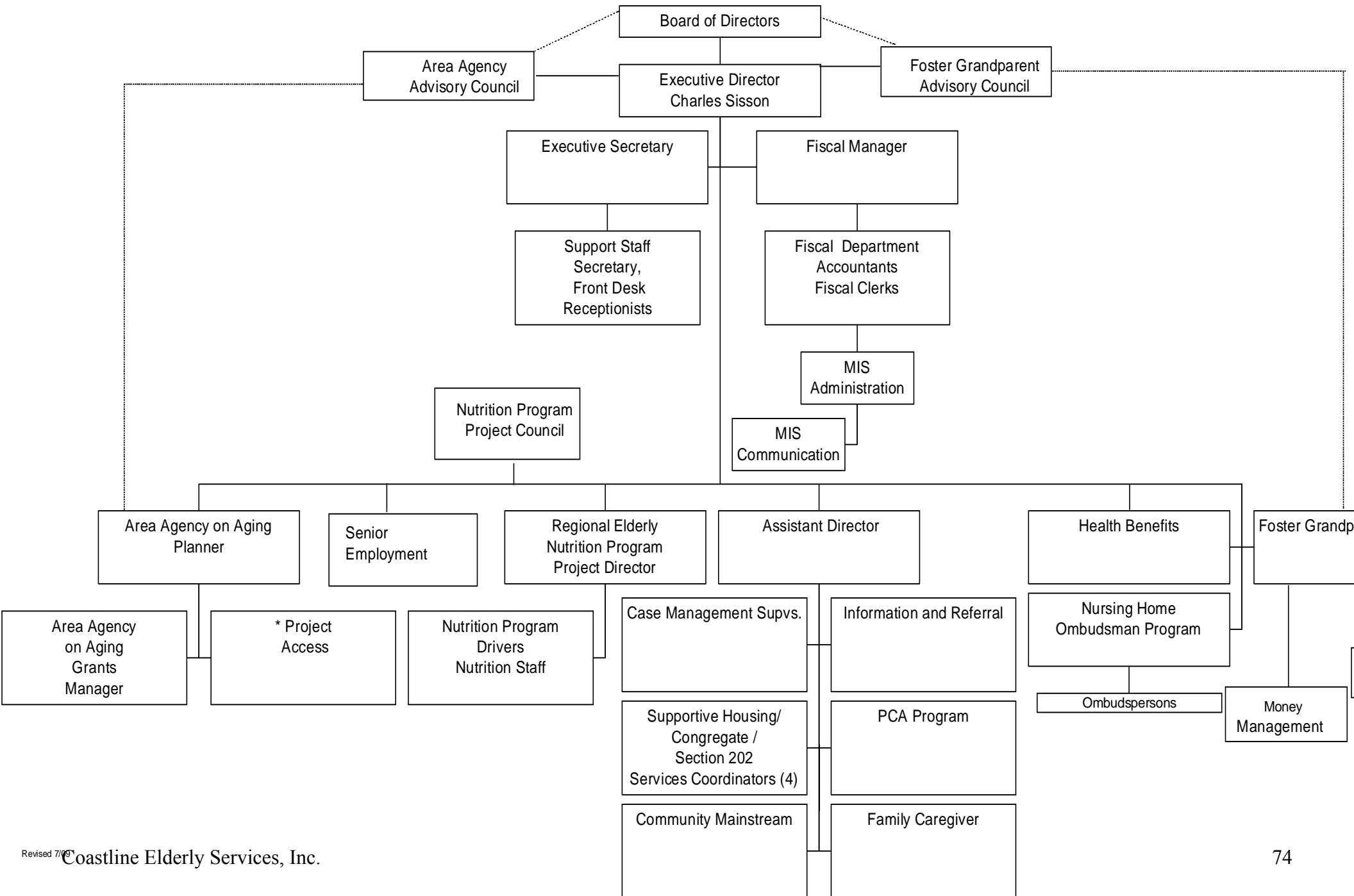
(Chairperson of Area Advisory Council)

_____ (Signed) _____

(Date)

(Area Agency on Aging Executive Director)

Coastline Elderly Services, Inc. (Organizational Chart)



AREA PLAN ON AGING 2010 - 2013
Form 3 - Funded Services - Federal Fiscal Year 2009/2010
Programs Funded in Whole or in Part by Title III

Area Agency on Aging : **Coastline Elderly Services, Inc.**

FUNDED SERVICES	Title III Funding Category	Goal Number	NAPIS Code	Priority Svc A, I, L, O	FFY2009 FUNDING - ACTUAL			FFY2010 FUNDING - PLANNED	
					Title III Award	Title III Expend.	Non-Title III Exp.	Title III Award	Non-Title III
SUBGRANTEE/PROVIDER									
Acushnet Council on Aging	B	7	22	A	2,000	2,000	2,938	2,000	3,953
Art Therapy Inspirational Art for Seniors	B	5	32	A	8,000	7,997	80,805	6,500	70,865
Attentive Home Care Inc.	E	3	51	0	10,000	9,742	9,186	-	-
City of New Bedford/ Community Services	B	5	24	A	10,000	10,000	10,089	7,000	29,880
City of New Bedford/ SeniorScope	B	10	15	A	15,000	15,000	37,167	15,500	36,440
Community Connections	E	5	51	0	10,000	9,736	6,919	-	-
Community Connections	B	9	19	A	-	-	-	8,000	5,921
Community Foundation of Southeastern Massachusetts	B	5	52	A	-	-	-	3,000	1,768
Community Nurse and Hospice Care	E	9	52	0	7,400	7,400	9,053	8,484	7,461
Dartmouth Council on Aging	B	6	10	A	1,000	1,000	2,279	1,100	1,304
Dartmouth Council on Aging	B	7	32	A	5,200	5,200	30,833	4,000	36,537
Dartmouth Council on Aging	E	5	54	0	7,245	7,245	10,254	7,400	9,901
Diabetes Association	D	7	24	A	9,000	9,000	13,761	9,000	13,761
Fairhaven COA	E	5	54	0	7,245	7,245	8,452	7,400	17,334
Fairhaven COA	B	7	22	A	-	-	-	2,000	4,477
Family Service Association	B	7	22	A	4,000	4,000	1,488	4,500	3,559
Gosnold COA	B	5	24	A	500	500	-	500	75
HESSCO Elder Services	E	5	51	0	4,400	4,400	-	4,400	-
Immigrants' Assistance Center, Inc.	B	10	23	A	18,000	18,000	26,454	12,000	18,902
Immigrants' Assistance Center, Inc.	E	5	51	0	8,000	8,000	6,895	8,500	6,829

**Form 3 - Funded Services - Federal Fiscal Year 2009/2010
 Programs Funded in Whole or in Part by Title III
 Area Agency on Aging : Coastline Elderly Services, Inc.**

FUNDED SERVICES	Title III Category	Goal Number	NAPIS Code	Priority Svc 'A', 'I', 'L', 'O'	FFY2009 FUNDING - ACTUAL			FFY2010 FUNDING - PLANNED	
					Title III Award	Title III Expend.	Non-Title III	Title III Award	Non-Title III
SUBGRANTEE /PROVIDER									
Mattapoisett Council on Aging	B	5	19	A	2,900	2,900	7,054	2,900	6,754
MO LIFE, Inc.	E	6	10	A	-	-	-	9,400	6,612
PACE, Inc.	E	5	51	A	-	-	-	4,999	4,250
PACE, Inc.	B	10	47	A	21,000	21,000	801	21,000	6,253
Project Independence	E	5	51	0	6,900	6,900	30,702	6,900	23,220
Rochester Council on Aging	B	7	22	A	3,900	3,900	8,532	4,100	9,750
Rochester Council on Aging	B	5	14	A	-	-	-	1,500	14,775
Southcoast Hospitals Group /Home Care	B	7	21	I	27,000	27,000	118,053	25,000	130,065
Southcoast Hospitals Group /Home Care	D	5	15	0	4,817	4,817	31,504	4,817	37,255
Southcoast Hospitals Group /Home Care	D	7	23	0	5,246	4,668	55,895	3,500	47,859
South Coastal Legal Services, Inc.	B	2	31	L	52,000	52,000	69,827	50,000	36,127
Saint Anne's Hospital Center for Behavioral Medicine	B	9	42	I	10,000	10,000	3,665	15,000	4,883
YWCA Southeastern Massachusetts	B	6	10	A	13,900	13,900	11,253	10,000	11,022
YWCA Southeastern Massachusetts	B	5	52	A	5,000	5,000	18,603	4,000	24,858
YWCA Southeastern Massachusetts	B	7	23	A	3,720	3,720	15,368	4,000	14,109

Form 3 - Funded Services - Federal Fiscal Year 2009/2010
Programs Funded in Whole or in Part by Title III : Coastline Elderly Services, Inc.
FUNDED SERVICES

FUNDED SERVICES	Title III Category	Goal Number	NAPIS Code	Priority Svc: 'A', 'I', 'L', 'O'	FFY2009 FUNDING - ACTUAL			FFY2010 FUNDING - PLANNED	
					Title III Award	Title III Expend.	Non-Title III	Title III Award	Non-Title III
DIRECT SERVICES									
Community Mainstream	B	10	14	A	5,398	6,292	64,198	5,398	75,831
Long-Term Care Ombudsman	B	2	31	O	14,874	15,875	49,392	14,874	54,752
Information and Referral	B	10	13	A	8,100	8,100	55,103	8,100	57,226
Family Caregiver Support	E	5	51	O	107,267	107,267	108,262	107,629	45,546
Home Delivered Meals	C	7	4	O	311,792	311,792	1,334,273	354,911	1,236,868
Congregate Meals	C	7	7	O	69,166	69,166	295,989	77,907	271,508
Nutrition Healthy Aging	D	7	12	O	-	-	-	1,200	-
Title III Administration					100,884	100,884	48,215	100,884	36,093