



PART 1- 2019-2022 STRATEGIC AREA PLAN



Area Office on Aging of Northwestern Ohio, Inc.

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Introduction

The Older Americans Act (OAA) of 1965, as amended, requires each Area Agency on Aging (AAA) to prepare a Strategic Area Plan to foster the development of a comprehensive and coordinated service system to meet the needs of older persons in the Planning and Service Area (PSA). The development process and implementation of the Strategic Area Plan helps to establish the AAA as the focal point on aging in each PSA.

The goal of the process is to produce a plan that is strategic in nature and considers the aging environment and issues within the PSA. The plan serves as a long-range view of how systems and supports will be developed and aging services strengthened.

The plan includes the assurances that are required of all organizations that receive OAA funding. The format is designed to foster creativity on the part of the AAA and public involvement in development of the plan.

Annually, each AAA is required to submit an Area Plan Update with its respective components to report on status and plans for the coming year. Your budget exhibit pages included in the initial Strategic Area Plan shall be specific to PY 2019. For the annual updates, ODA will prepare and distribute to the AAAs, the updated instructions, documents, forms and budget pages.

Program and Signature Page

AREA AGENCY ON AGING (AAA) INFORMATION:

Legal Name of Agency: Area Office on Aging of Northwestern Ohio, Inc.

Mailing Address: 2155 Arlington Ave. Toledo, Ohio 43609

Telephone: (419) 382-0624 FEDERAL ID NUMBER: 34-1310295

CERTIFICATION BY BOARD PRESIDENT, ADVISORY COUNCIL CHAIR, AAA DIRECTOR:

I hereby certify that the attached documents:

- Reflect input from a cross section of service providers, consumers, and caregivers who are representative of all areas and culturally diverse populations of the Planning and Service Area (PSA).
- Incorporate the comments and recommendations of the Area Agency's Advisory Council.
- Have been reviewed and approved by the Board of Directors of the Area Agency on Aging.

Additionally:

- Signatures below indicate that the Strategic Area Plan has been reviewed and approved by the respective governing bodies.

I further certify that the contents are true, accurate, and complete statements. I acknowledge that intentional misrepresentation or falsification may result in the termination of financial assistance. I have reviewed and approved this 2019-2022 Strategic Area Plan.

President, Board of Directors

Name: Bill Harris Signature: _____

Date: _____

Chair, Pro-Temp, Advisory Council

Name: Sam Burnett Signature: _____

Date: _____

Executive Director, Area Agency on Aging

Name: Billie Johnson, President/CEO Signature: _____

Date: _____

Signing this form verifies that the Board of Directors and the Advisory Council and AAA Executive Director understand that they are responsible for the development and implementation of the plan and for ensuring compliance with the Assurances of the Older Americans Act, Section 306.

AAA Advisory Council

Council Composition:

Please see page 8

Membership – Advisory Board Membership may be comprised of residents from the following counties:

- | | | | |
|----|-----------------|----|-----------------|
| a. | <i>Defiance</i> | f. | <i>Ottawa</i> |
| b. | <i>Erie</i> | g. | <i>Paulding</i> |
| c. | <i>Fulton</i> | h. | <i>Sandusky</i> |
| d. | <i>Henry</i> | i. | <i>Williams</i> |
| e. | <i>Lucas</i> | j. | <i>Wood</i> |

and, may include representation from the following categories:

- *Persons age 60+*
- *Advocates for older persons*
- *Representatives of public/private organizations*
- *Persons with leadership experience*
- *Representatives of local elected officials*
- *General public organizations*
- *Minority/low income groups*
- *Consumers*

Frequency of Meetings:

Quarterly

Member Selection Schedule:

The officers of the Advisory Council shall be a Chairman, Vice Chairman, and Secretary. The officers shall be nominated and elected by the majority of the membership present and voting.

The Nominating Committee shall consist of five members who shall be elected by the Membership at the first regular meeting if the Advisory Council in November of election year. Their report of nominations shall be made at the next regular meeting.

Term(s) of Office:

Advisors shall be elected to the Advisory Board for a term of no more than nine (9) years in succession.

The term of office for the Chairman, Vice Chairman and Secretary shall be for a period of four (4) years.

AAA Advisory Council Members:

First Name	Last Name	Minority Status	Older Person	Representative of Older Persons	Health Care Provider Organization	Supportive Services Provider Organization	Local Elected Official	General Public
Anita	Madison	X		X				X
Barbara	VanWormer		X					
Bruce	Groves		X					
Carol	Tylicki		X	X				
Cheryl	Conley					X		
Chris	Soto		X					
Christopher	Stieben			X		X		X
Christa	Luttmann							
Daniel	Hunt	X	X	X				X
Dennis	Rife							X
Dennis	Kookoothe			X				X
Deputy Chief	George Kral		X	X			X	
Deputy Ray	Carroll						X	
Diane	Dixon				X	X		X
Donelda	McWilliams		X	X				
Doni	Miller	X			X			X
Erin	Thompson					X		
Holly	Hoagland-Fojtik				X			X
James	Gee					X		X
John	Stevenson		X	X				
Kimberly	Orzechowski					X		
Lori	Johnston				X			X
Michelle	Wonjhi	X				X		
Mike	Farmer							
Nancy	Hendricks					X		X
Norman	Bell	X	X	X				

First Name	Last Name	Minority Status	Older Person	Representative of Older Persons	Health Care Provider Organization	Supportive Services Provider Organization	Local Elected Official	General Public
Officer Dan	Krajicek						X	
Officer Gwen	HaynesBurel	X		X			X	
Officer Kathy	Mohr						X	
Pamela	Sullivan	X	X	X				
Sally	Davies		X	X				X
Sam	Burnett		X	X				X
Sam	Baldwin	X	X	X				
Sherry	Frost	X					X	
Sheriff John	Tharp		X				X	X
Walt	Tylicki		X					

Funds Administered and Bid Cycles

The following funds are administered by Area Office on Aging of Northwestern Ohio, Inc. for PSA 4. The current and anticipated Bid Cycles are provided for those programs that are administered through competitively procured subcontracts.

Funds Administered			Current Bid Cycle		Anticipated Bid Cycle	
			Published	Current Year of Cycle	Anticipated Publication	Anticipated Award
Older Americans Act (OAA)	III B	<input checked="" type="checkbox"/>	09/14	4	01/19	05/19
	III C-I	<input checked="" type="checkbox"/>	09/14-All Counties 10/16-Lucas County Only	4 2	01/19	05/19
	III C-II	<input checked="" type="checkbox"/>	09/14-All Counties 10/16-Lucas County Only	4 2	01/19	05/19
	III D	<input checked="" type="checkbox"/>	09/14	4	01/19	05/19
	III E	<input checked="" type="checkbox"/>	10/16	2	01/19	05/19
	VII- Elder Abuse	<input checked="" type="checkbox"/>	09/14	4	01/19	05/19
	VII- Ombudsman	<input checked="" type="checkbox"/>	09/14	4	01/19	05/19
	General Revenue	SCS	<input checked="" type="checkbox"/>	09/14-All Counties 10/16-Lucas County Nutrition Only 9/16-Adult Day Only 03/18- Personal Care and Homemaker Only	4 2 2 1	01/19
Alzheimer's Respite		<input checked="" type="checkbox"/>	9/14-All Funds	4 2	01/19	05/19

			9/16-Adult Day Only			
	Natl Sr Service Corp*	<input checked="" type="checkbox"/>				
	SLTCO	<input type="checkbox"/>				
Other	MIPPA/ADRC*	<input checked="" type="checkbox"/>				
	ADSSP	<input type="checkbox"/>				
	HEAP*	<input checked="" type="checkbox"/>				
	USDA SFMNP*	<input checked="" type="checkbox"/>				
	NSIP	<input checked="" type="checkbox"/>	09/14-All Counties 10/16-Lucas County Only	4 2	01/19	05/19
	MyCare Ombudsman	<input type="checkbox"/>				
	Resident Service Coord*	<input checked="" type="checkbox"/>				
	Ombudsman Bed Fee	<input type="checkbox"/>				
Other-(optional) Lucas County Senior Services Levy	<input checked="" type="checkbox"/>	09/14-All Funds 3/16-Adult Day Only 10/16-Lucas County Nutrition only 3/18-Personal Care and Homemaker	4 2 2 1	01/19	05/19	

* This fund does not have an associated Bid Cycle. (Please add * to the relevant funds above)

Executive Summary

This section describes the role of Area Office on Aging of Northwestern Ohio, Inc. as an AAA and includes major highlights, key initiatives, and how the significant and needs of the PSA will be addressed.

1. Needs identified (and trends)
 - a. As a leader, partner and advocate for older adults and their family caregivers living long, healthy and independent lives, the Area Office on Aging of Northwestern Ohio, Inc. (AOoA) took the following five-pronged approach to conducting the needs assessment of older adults in the northwestern Ohio 10-county service area of Defiance, Erie, Fulton, Henry, Lucas, Ottawa, Paulding, Sandusky, Williams and Wood counties:
 - i. Worked with Scripps Gerontology of Miami University to conduct an evaluation of the Participant Satisfaction and the Impact of Senior Center Services
 - ii. Conducted meal consumer, Kinship Navigator and Caregiver Support satisfaction surveys
 - iii. Worked with the Center for Community Solutions to collect primary and secondary data for the creation of a detailed infographic profile of older adults for the 10-county region as well as infographic profiles of older adults for each of the individual counties in the region.
 - iv. Worked with the Center for Community Solutions to conduct focus groups with internal and external stakeholders and older adults
 - v. Worked with Thread Marketing to co-facilitate a series of focus groups at two senior centers, as well as, facilitating without a consultant a few small focus groups with certain targeted populations.
 - b. Some of the needs, themes and trends that emerged from this needs assessment process are as follows:
 - i. There is a need for data to drive funding decisions that are made regarding service providers, especially with senior centers. Historically, the AOoA has invested more in senior centers than many other Ohio Area Agencies on Aging (AAAs) with 47 northwest Ohio senior centers being run by organizations with whom the AOoA contracts. The AOoA does so, believing there is wisdom in the Older Americans Act role for senior centers as being “community focal points” or the one place in the neighborhood/community older adults can go to connect with or receive services.
 1. However, there has been a trend in recent years of dining site meals and senior center services in general experiencing declining participation even though the population of those age 60 and better in northwest Ohio has increased by about 20,000 individuals and the satisfaction rate of those who do participate in senior center services is very high at around 95%.

2. There are many possible explanations as to why the number of those age 60 and better would be growing and senior center participant satisfaction would be so high but yet the participation in senior center services would be lower than previous years. There appears to be evidence to support the following possible contributing factors:
 - a. Lack of Effective Outreach – The main reason new participants attend the senior center is because a friend asked them to come. With 1-in-4 older adults reporting being lonely, this could indicate there are not many friends these individuals have to invite to the senior center. In which case, having word of mouth as the main outreach strategy for senior centers may not be an effective way of conducting outreach to grow senior center participation. Additionally, the senior center focus groups feedback indicated a need for re-branding their center's in order to continue to be relevant in the coming years. Those age 75+ generally self-identified with the term "senior" and were okay with going into a building named "senior center." Those ages 60-74 generally indicated they did not self-identify with the term "senior" and did not like the idea of going into a building named "senior center."
 - b. Need for Refreshing of Services Provided – Focus group participants indicated wanting senior center services to be elevated and improved to include more exercise programming, as well as, programming through the Library, a college/university, Art Museum, Zoo and health programming.
 - c. Operational Issues – With 1 out of 4 older adults in the region still in the labor force and most senior centers only being open during normal working hours, attending a senior center may not be a realistic option for about ¼ of the older adult population.
 - d. Physical Space – The senior center buildings have generally aged right along with the older adult population in the northwest Ohio region resulting in many senior center buildings not making a good first impression for those approaching the senior center for the first time, as well as, for those who currently participate in senior center programming and want the physical space of the senior center to better meet the current and future service and programming needs they want and need.
- ii. Outside of nursing homes, unpaid caregivers in the U.S. provide 87% of the long-term services and supports with the remaining 13% of the care pie being made up of paid care agencies such as the AOoA, home health agencies, etc. The average family caregiver spends 24 hours a

week on unpaid caregiving and spends \$5,000/year on out-of-pocket caregiving expenses. While these national statistics tell the importance of family caregivers in meeting the care needs of their aging loved ones, there is still a need to develop a regional way of measuring family caregiving, especially since organizations tend to focus on that which they can measure. Further engaging family caregivers in the care of older adults is a critical part of the solution for meeting older adult long-term services and supports needs moving forward. The AOoA's ability to meet the care needs of older adults will largely be determined by the extent to which the AOoA can focus more on helping family caregivers care better and longer for their aging loved ones than they otherwise would be able to.

- iii. Out of the 29,467 older northwest Ohioans, who are likely eligible for Medicaid to cover their long-term services and supports needs, only about half of these older northwest Ohioans actually receive these Medicaid benefits. By connecting the remaining 14,142 older northwest Ohioans with the Medicaid benefits for which they are likely eligible, they would go from being at risk of their long-term services and supports met to having their current and future long-term services and supports needs met.

2. To address the needs, themes and trends listed above as well as others, the AOoA in partnership with its 180 providers, 400 volunteers and family caregivers plans to pursue the goals and strategies highlighted below over the next four years to improve the health, safety and well-being of older northwest Ohioans:

- a. Access to Information and Advocacy Services
 - i. Consider discontinuing funding those existing senior centers that have chronic low participation, so those resources can be used to fill the identified senior center gaps.
 - ii. Use existing service level quantitative data and qualitative satisfaction survey and consumer impact data to drive which agencies and programs are funded and at what levels in the next RFP, including having this data serve as a baseline for future continuous improvement outcome incentive payments.
 - iii. Advocate for increased funding and flexibility of funding to allow federal, state and local funding to be used in ways which better meet local needs.
- b. Aging in Place
 - i. Study and collect traditional and innovative best practices regarding recruitment and retention of direct care workers occurring in other states to determine whether efficiencies may be realized and quality of services may be increased.
 - ii. Identify new business lines and grant opportunities in case management and nutrition and engage consultant to help in building capacity to pursue grant opportunities.

- iii. Move from compliance-driven quality assurance focus to quality improvement focus by achieving NCQA accreditation.
- c. Population Health
 - i. Enhance education, awareness, and promotion of health and wellness programs and expand the capacity of sites and trainers to deliver these programs.
 - ii. Develop public-private partnerships to provide Senior Farmers Market and wholesale produce in Lucas County from November through May.
- d. Caregivers
 - i. Provide assistance to family caregivers seeking to become paid independent providers.
 - ii. Develop way of measuring success, at the regional level, in retention and growth of unpaid family caregiving.
 - iii. Develop a Caregiver Refresh Center or Caregiver Respite Center in Lucas County to provide a physical location family caregivers can go to in order to receive information and be connected with services to include adult day care, counseling, caregiver support groups, caregiver volunteer and institutional respite, as well as, socialization and recreation services and possibly massage therapy.
- e. Civic Engagement
 - i. Add a volunteer coordinator in Napoleon Branch Office.
 - ii. Increase number of RSVP volunteers from 400 to 700.

By following the plan highlighted above, the AOoA and its network of providers are confident in making the lives of older adults better tomorrow than they were yesterday.

Mission and Vision Statements

The Mission Statement is a clear concise explanation that describes the agency's purpose and reason for existence. The Vision Statement describes what the AAA will strive to achieve in the future.

Mission:

The Area Office on Aging of Northwestern Ohio, Inc. promotes the health, well-being, and safety of older adults, persons with disabilities, and family caregivers to foster independence.

Vision:

- To be the first choice in northwest Ohio for older adults, persons with disabilities and their family caregivers.
- To be a national leader in the field of aging.
- To be a collaborative partner with our network of service providers and other community based organizations.

Regional Profile

This section provides an overview of the social, economic, and demographic characteristics of the PSA's region. The focus of this overview includes consideration of those geographic areas and population groups within the PSA of low-income older individuals, including low-income minority elders, as well as elders with limited English proficiency and those residing in rural areas.

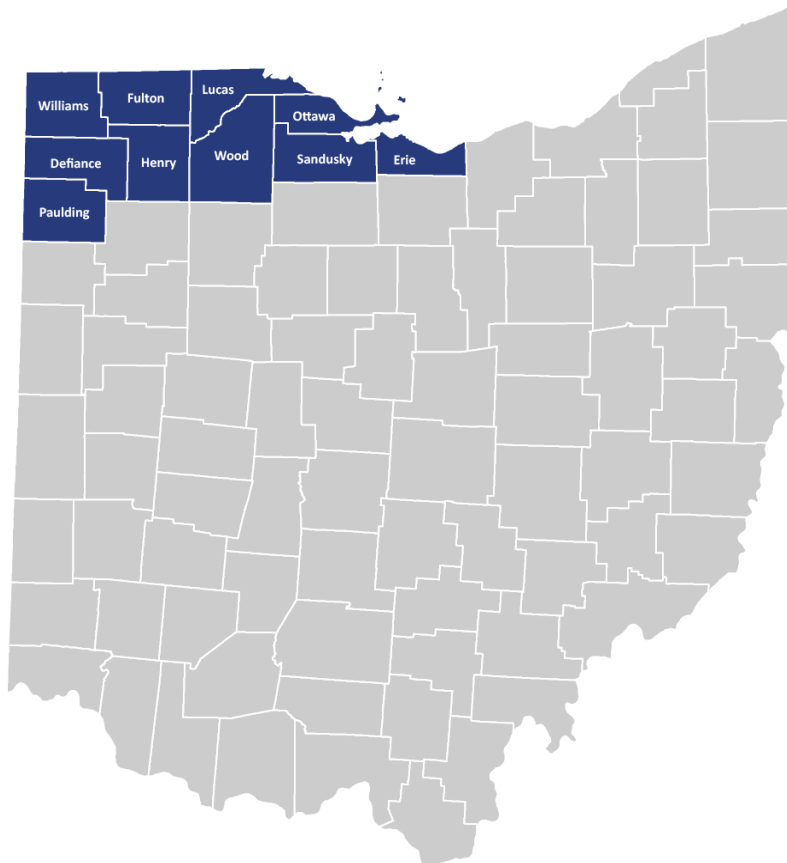
Identification of Counties:

Area Office on Aging of Northwestern Ohio, Inc. serves the following counties in Ohio: Defiance, Erie, Fulton, Henry, Lucas, Ottawa, Paulding, Sandusky, Williams, and Wood.

Identification of Region (Map):

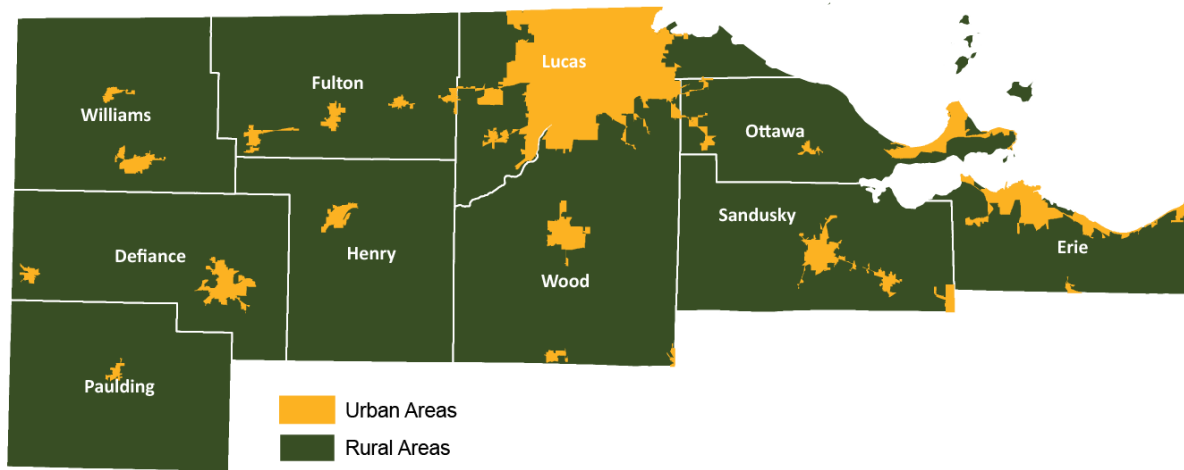
As shown on the map, below, the 10-county region served by Area Office on Aging of Northwestern Ohio, Inc. is bordered by Indiana, Michigan, and Lake Erie.

**Area Office on Aging of Northwestern Ohio Region
(AAA 4)**



Toledo is the principal city in Northwestern Ohio, and has nearly 10 times the population of the next-largest city in the region. Lima in Allen County, Bowling Green and Perrysburg in Wood County, Sylvania in Lucas County, and Defiance in Defiance County and Fremont in Sandusky County are also notable for being larger municipalities in the region. Although Toledo is an industrial city, most communities in Northwest Ohio could be considered rural, and agriculture remains an important part of the economy.

**Area Office on Aging of Northwestern Ohio Region,
Urban and Rural Areas**



Source: U.S. Census Bureau Urban Area Definitions

Socio-Demographic and Economic Factors:

Just over 200,000 adults age 60 and over live the ten-county area. About 10 percent (19,500) are age 85 and over; this number is expected to almost double to over 34,000 by 2050. Ninety-percent of the region’s seniors are non-Hispanic Whites. Three-fourths of the area’s minority seniors live in Lucas County, where they make up 18 percent of the county’s older population. In none of the other nine counties do racial/ethnic minorities make up more than 8 percent of that county’s seniors.

Demographics	AOoA Region		Ohio
Total Number of Older Adults (Age 60+)	201,369		2,530,824
Race/Ethnicity	Number	%	%
<i>White</i>	130,621	90.9%	82.8%
<i>Black/African American</i>	9,954	6.9%	12.5%
<i>Asian/Asian American</i>	1,126	0.8%	2.0%
<i>Other Race/More than One Race</i>	1,939	1.3%	2.6%
<i>Hispanic/Latino Ethnicity</i>	3,520	2.5%	3.6%
Age Range	Number	%	%
<i>Age 60-64</i>	57,729	6.4%	6.3%
<i>Age 65-74</i>	80,317	8.9%	8.7%
<i>Age 75-84</i>	43,834	4.8%	4.7%
<i>Age 85+</i>	19,489	2.2%	2.2%



72% live in an urban area.



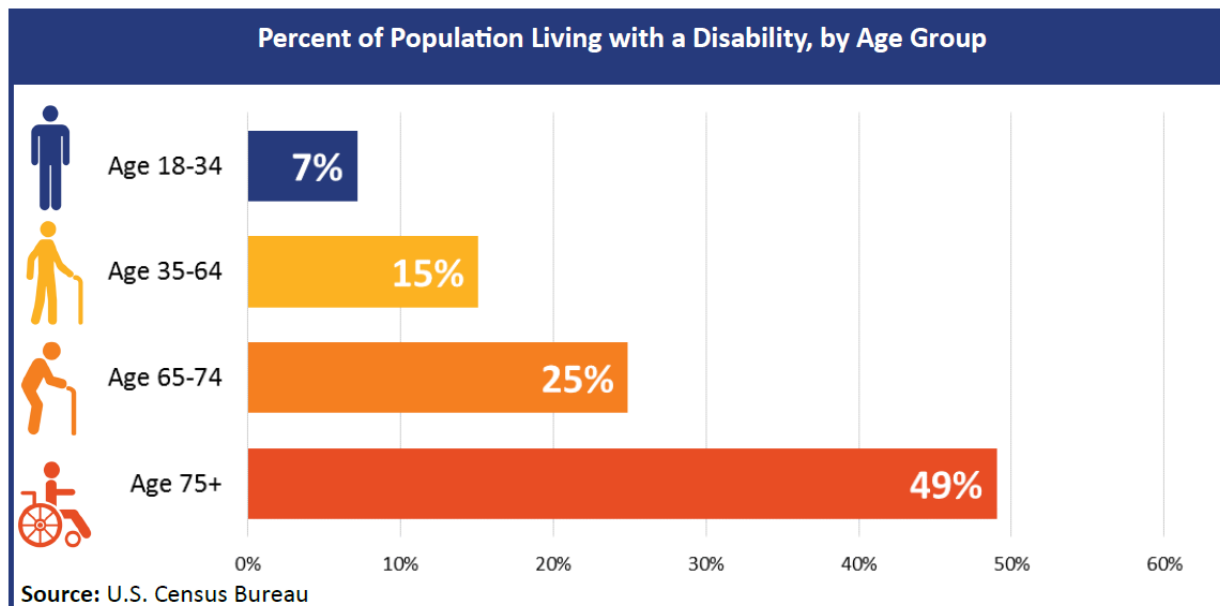
28% live in a rural area.

Source: U.S. Census Bureau American Community Survey 2012-2016 5-Year Estimates

More than one-fourth of the region’s seniors live in rural (non-urban) areas. In four counties (Henry, Paulding, Sandusky, and Williams) more than half-of seniors are rural; at the other extreme, only 5 percent of Lucas County’ seniors are rural. Forty-two percent of seniors 65 and over in the region live alone, and about one-half of one percent (900) have limited English proficiency. Any of these three conditions can contribute to increased social isolation and vulnerability.

Five out of six (84 percent) seniors in the region had graduated from high school; the percent without a high school diploma ranged from 12 percent in Ottawa and Wood counties to 20 percent in Sandusky County. More than one-fourth (27 percent) of persons 60 and over were in the labor force (i.e., either working full- or part-time or looking for work). Median income for households headed by someone 65 or older ranged from \$32,304 in Paulding County to \$41,799 in Wood County. Sixteen thousand seniors 60 or older (8.2 percent) in the region lived below the poverty line; county poverty rates ranged from 5.3 percent in Wood to 10.4 percent in Lucas.

Just over one-third (35.2 percent) of all non-institutionalized seniors 65 or older had one or more disabilities – one-fourth of those age 65-74, but half of those 75 and older.



Over one-fourth (27.4 percent) of households headed by seniors 65 and over had housing costs higher than 30 percent of their income, a level that is widely considered to be unaffordable. In Lucas County, almost one-third (31 percent) of seniors lived in unaffordable housing.

Health is an important aspect of quality of life for older adults. Like communities across the state, substance abuse is a growing concern for Northwest Ohio. It is estimated that more than 2,000 persons over age 60 are abusing or addicted to opioids. The number of emergency department visits for drug overdose by Northwest Ohioans ages 65 and older more than doubled between 2012 and 2017.

Falls are also a health issue which is impacting many older adults. More than 81,000 Ohioans over age 65 visited the emergency department because of a fall, and 1,160 older Ohioans died as a result of a fall.

More than 12,300 individuals ages 65 and older in the AOoA region are estimated to have been diagnosed with Alzheimer’s or dementia. Due to under-reporting, there are likely even older adults living with dementia.

Arthritis was the most common chronic disease among older adults, with 57 percent of Ohioans over the age of 65 having been diagnosed with Arthritis. Other chronic diseases impacting older adults include Diabetes (23 percent), Heart Disease (21 percent) and Cancer (16 percent).

Senior centers are having a positive impact on the lives of older adults in northwestern Ohio, as reported by Scripps Gerontology Center. More than three-quarters of participants in two studies reported that “simply because of their involvement with their senior center, they feel happier and more satisfied with their lives.”

Economic and Social Resources:

Each of the 10 counties in the AOoA region have local property tax levies that support senior services. This is an important source of local funding which is used for a variety of purposes, and supplements the dollars that flow through the Area Office on Aging.

However, state and federal funding for senior services has lagged in recent years, and has not kept up with growing need caused by economic factors and demographic shifts. Local resources are not enough to make up the difference. While AOoA has been resourceful in identifying ways to provide services more efficiently, there is need for increased funding and increased flexibility to meet local needs. Resource development is an area which has been identified as a priority for AOoA going forward. This includes efforts to diversify funding sources by seeking philanthropic grants and developing additional business lines and partnerships for certain activities.

Over time, the reach of OAA funding has eroded as the number of older adults grows and overall funding levels remain the same. This places additional pressure on local agencies to identify other funding sources to maintain levels of service.

Per Capita OAA Funding (adjusted for inflation)



Because there are 9 rural counties and one urban county in the region, resources vary significantly among communities within Northwestern Ohio. Lucas County, which contains the City of Toledo, is generally well-connected, with the assets and issues that come with having a large urban center.

There are 47 senior centers throughout the ten-county region. Each county, including the nine rural counties, have a “flagship” senior center, with additional sites as needed. Three counties (Paulding, Henry, and Erie) have only one senior center. Although Lucas

County has the largest number of senior centers, there are no facilities located in the western part of the County, which causes a gap in service coverage.

Area Office on Aging of Northwestern Ohio Senior Centers and Meal Sites



40,000
Approximate number of older adults who are served through the Area Office on Aging and its service providers.

Source: AOoA

Area Office on Aging supports many robust partnerships to meet the needs of older adults in the ten-county region. It claims a network of over of over 180 providers and its online services directory boasts more than 1,400 total entries.

The Area Office on Aging of Northwestern Ohio has utilized their OAA Title IIIC waiver to leverage additional funds within the community for services to address hunger and malnutrition among older adults. In 2017, the AOoA secured a \$70,000 grant from the Walmart Foundation to provide fresh fruits and vegetables to Kinship families, older adults raising children, during the local growing season. The AOoA has also developed various partnerships to address hunger and malnutrition. These are discussed in the Interagency Collaborative Efforts section below.

Description of the PSA’s Service System:

When Area Office on Aging of Northwestern Ohio, Inc. was chartered under Ohio law as a 501(c) 3 corporation in 1980, it was not exclusively chartered as an “area agency on aging.” Instead, it requested and received approval to retain the “area agency” designation previously granted by the Ohio Commission on Aging/ Ohio Department of Aging but expanded to include a broader mission of service to all older persons, not just the targeted groups under the Older Americans Act. In 2017, AOoA invested more than \$20 million in the community. Many of the programs and services coordinated and/or sponsored by AOoA are described below.

As of September 1, 2018, there are 104 PASSPORT providers, 30 Assisted Living providers, 52 Active Choices Independent providers and 54 OAA and Lucas County Senior Services Levy providers.

From SAMS, the number of individuals participating in OAA services by county of residence for the last year are shown in the table below. However, these numbers are lower than actual number served by the OAA, since it only captures services reported by individual. Many popular services, such as supportive services, education, socialization/recreation, medical assessment and evidence-based wellness programs only need to be entered as a consumer group. In addition, 19,679 low-income, older adults participated in the Senior Farmers' Market Nutrition Program in 2018.

County of Residence	Number Served
Defiance	1,367
Erie	2,133
Fulton	1,879
Henry	1,341
Lucas	17,394
Ottawa	1,552
Paulding	636
Sandusky	2,182
Williams	1,964
Wood	3,629

Assisted Living Waiver Program

The Assisted Living Waiver Program helps bridge the gap between an older adult living in their own home independently and living in a nursing home, providing another cost-effective option for long-term care.

Benefits Counseling

AOoA has trained benefits counseling staff and volunteers to work one-on-one with older adults to help them figure out the appropriate benefit while minimizing cost for health insurance, prescriptions, utilities, and food. In 2017, about 25 people graduated from AOoA's benefits counseling training and received a certification to provide these services to older adults. This was the largest group of staff and volunteers trained in recent years. Also, 809 older adults received 1274 hours benefits counseling thru RSVP, and 76 older adults received 313 hours of benefits counseling from other contracted providers.

Family Caregiver Support Program

Families, not social service agencies, nursing homes or government programs, are the main providers of long-term care for older persons in Northwestern Ohio. The National Family Caregiver Support Program, implemented as a part of the Older Americans Act of 2000 recognizes the monumental role caregivers play in caring for older family

members. Under this program five basic services are available: information to caregivers about available services; assistance to caregivers in gaining access to services; counseling, support groups, and caregiver training; respite care to enable caregivers to be temporarily relieved from their caregiving responsibilities; and supplemental services, to complement the care provided by family caregivers.

About 500 family caregivers were connected with information, services and products to provide them with a temporary break from their caregiving role at the AOoA's 2017 Caregiver Expo.

Grandparents and Relatives Raising Children Program

The Kinship Navigator Program is designed to provide information and resources to assist grandparents and other relatives who are raising children in their extended family. Many of the children have behavior and learning disabilities, which can be a daily challenge to the Caregiver. The Area Office on Aging of Northwestern Ohio connects grandparents and relatives raising children to information and services in our community, including education programs, financial assistance, and health care for the children, and more.

In 2017, AOoA received a grant to provide locally grown fruits and vegetables to Kinship Families. Through this program, 400 Kinship Families received produce boxes worth \$20 several times throughout the Fall and Spring. In addition, a cooking demonstration were provided.

Housing Program

The following programs are offered through the Area Office on Aging of Northwestern Ohio Housing Department.

- Home Repair Program - a state funded program through the Ohio Department of Aging for minor home repairs and modifications for the eligible older adults (60+).
- The Area Office on Aging's Housing Subsidiaries - Island Parkway Manor, located in Defiance, Ohio; Riverview Terrace, located in Napoleon, Ohio; and Westhaven Apartments, located in North Baltimore, Ohio, are all low income elderly apartments sponsored by the Area Office on Aging.
- HEAP Program (Heat Energy Assistance Program) - a federally funded program, administered through the Ohio Department of Development's Office on Community Services, designed to assist low-income Ohioans in meeting the cost of home heating.

In-Home Care Programs

The Area Office on Aging's In-Home Care Program for frail, low-income older adults allow the older adult to live in their own home by providing home-delivered meals, a home health aide to help with bathing and dressing, minor home modification, home-delivered meals, emergency response systems, home medical equipment and supplies, adult day services, transportation and more.

In 2018, the AOoA started the Plan4Home program. This is a care coordination program with case management provided by the AOoA to frail, older adults funded by OAA, Lucas County Senior Services Levy, Senior Community Services, Alzheimer's Respite and SSBG Title XX. Personal care, homemaker and personal emergency response services are subcontracted services. Referrals are made to OAA contracted providers for additional services such as home delivered meals and transportation.

PASSPORT Program – The PASSPORT Program can help with home-delivered meals, bathing, dressing, housekeeping, transportation, emergency response systems, adult day services, equipment and more. PASSPORT also has consumer-directed service options that empower persons 60 years of age and over to be employers of record and hire their own service providers (including friends, neighbors and some relatives) to provide services such as bathing, dressing, housekeeping, meal preparation and others.

The shortage of home health aides is pervasive throughout the service area. It is most severe in the rural counties; however, even Lucas County is experiencing shortages. While we contract with several providers for personal care and homemaker services, they are limited in their capacity to accept referrals secondary to the shortage of aides.

Adult Day Programs

The AOoA contracts with two adult day providers in Lucas County funded by OAA, Senior Community Services, Alzheimer's Respite and Lucas County Senior Services levy funds. One of these adult day facilities is operated by Genacross and is located in the same building as the J. Frank Troy Senior Center and Mercy Health Senior Wellness Clinic. The AOoA engaged these partners to co-locate together and collaborate to provide seamless services across the continuum of care to low-income, minority older adults from the surrounding community. Some of the individuals served by these providers have behavioral health concerns.

Memory Lane CareServices provides adult day services to individuals with dementia and Alzheimer's disease. They were recently awarded the ACL Dementia Capable Community Grant, which includes a focus on developmental disabilities.

Senior Centers

As previously stated, there are 47 senior centers located throughout the entire service area and serve as the focal point in the community for senior services. The majority of funding is provided by local levies. Services provided include, supportive services, transportation, benefits counseling, socialization/recreation, medical assessment, dining site meals, evidence-based wellness programs, chore, homemaker, and foster grandparent program. At least one center in each county is open Monday-Friday from approximately 9 am-4 pm. However, to meet the changing demands of older adults, some centers have extended evening for programs and meals, as well as, occasional programming on weekends. More information may be found in the attached Senior Center Satisfaction and Impact research reports conducted by Miami University Scripps Gerontology Research Center.

Senior centers serve a diverse population of older adults. All senior center directors have reported serving more individuals with behavioral health concerns. In Lucas County, the Asian Resource Center serves Asian adults many of whom are limited-English speaking. The J. Frank Troy Senior Center serves primarily African-American older adults. The Mayores Senior Center was established to serve Hispanic older adults. However, numbers of individuals served as significantly declined. The largest concentration of Hispanic older adults appears to have shifted to East Toledo.

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Managed Care Programs

The Area Office on Aging partners with three managed care plans (Aetna, Buckeye Community Health Plan and CareSource) to coordinate the care of their members who receive Medicaid and/or Medicare benefits through the plans. The Area Office on Aging's care managers and waiver service coordinators help connect the member with the services to meet their needs, such as help with bathing and dressing, home-delivered meals, adult day care and more. The AOoA coordinates the Medicaid and/or Medicare care of over 2,000 members for managed care plans through the MyCare Ohio Program and the Ohio Home Care Waiver Program.

Nutrition Counseling

Area Office on Aging began formally providing nutrition counseling to older adults with diabetes and other diagnoses in 2017. Nutrition counseling involves a licensed dietitian working with an individual to identify personal nutrition needs to prevent complications

from diseases such as diabetes, and ways to incorporate food and activity to warrant an enjoyable life.

Senior Farmers' Market Nutrition Program

The Senior Farmers' Market Nutrition Program provides \$50 worth of coupons to eligible adults 60 years of age or over to purchase locally grown, fresh fruits, vegetables, herbs and honey from local farmers. Over 19,000 older northwest Ohioans were able to incorporate fresh fruits, vegetables, and herbs into their meals in 2017 as a result of this program.

Transportation

As previously stated, in the rural counties, there is one provider in each county for OAA funded nutrition programs. This is the same provider of transportation services. Some counties have coordinated public transportation, while others have no other viable public transportation option for older adults.

In Lucas County, the AOoA contracts with Black and White Transportation for medical transportation funded by the OAA and Lucas County Senior Services levy funds. The AOoA contracts with 11 senior centers to provide non-medical transportation in Lucas County. Sometimes, non-medical transportation is disrupted, secondary to the senior center not having back-up drivers or vehicles. The AOoA has identified the need for one-call, one-click mobility navigation. Thru a partnership with TARTA, bus passes are available for older adults to travel to and from the senior dining sites.

Volunteer Programs

Volunteer programs allow older adults to give back to the community, and provide a way to remain active.

RSVP offers a full range of volunteer opportunities with thousands of local and national organizations for people age 55 and over. RSVP provides pre-service orientation, training from the organization served, and supplemental insurance while on duty.

Opportunities for older adult volunteers include the Retired Senior Volunteer Patrol Program where volunteers get trained by the Toledo and Sylvania Township Police Departments and get to ride around in one of their retired patrol cars to help keep home bound older adults safe by visiting them weekly. These volunteers report any safety concerns that are law enforcement in nature back to the Police Department. Any safety concerns that are social service in nature get reported back to the Area Office on Aging for follow-up.

Another volunteer opportunity is the Caregiver Volunteer Respite Program, which allows volunteers to give a family caregiver a temporary break from their role caring for their aging loved one. Each week, an RSVP trained volunteer comes visit with the aging loved one so caregiver can get a break for a few hours.

RSVP volunteers also get trained by the Toledo Fire Department and conduct fire education to older adults in the community through the Senior Advocates for Fire Education (SAFE) Program. Just a few of the other volunteer opportunities include delivering meals to home bound older adults and serving as a reading mentor for elementary school students who need help learning to read.

Role in Interagency Collaborative Efforts:

The Area Office on Aging signed a Memorandum of Understanding with the Toledo Museum of Art and six senior centers to implement new programming. The six senior centers will take their participants to the Toledo Museum of Art for a docent-led interactive visual literacy experience. This experience will focus on a different exhibit/type of art each visit. After each visit, an art instructor will go to the senior center for a hands-on art class that ties in with the type of artwork they focused on at the Toledo Museum of Art.

The Area Office on Aging also has a partnership with the Toledo Public Schools (TPS), which includes the organizations hosting an annual “Senior” Prom for people age 60 and over. TPS students roll out the red carpet for the older adults, serving them dinner, putting the corsages and boutonnieres on them and dancing the night away. Thru the partnership school counselors also helps grandparents and relatives raising children by connecting them with the Area Office on Aging’s Kinship Navigator Program. The Kinship Navigator Program helps support these grandparents and relatives in their caregiving role to help keep the children out of the foster care system.

Another part of this partnership is the TPS Golden Apple Card, which provides free admission to anyone age 60 and over to TPS sporting and music events. Additionally, TPS opens several of its schools to older adults for walking inside during the colder months and at outdoor tracks during the warmer months.

The AOoA partnered with the Lucas County Veteran Service Commission, National Church Residences and Valley Food Services to provide brunch on Saturdays to the veterans of all ages at the Commons at Garden Lake supportive housing complex.

The AOoA partnered with the Toledo Northwest Ohio Food banks to provide fill up for fall food bags for the weekend to both dining site and home-delivered meal consumers.

The AOoA has partnered with its local public broadcasting station to host three live televised Senior Hunger Town Hall Forums to raise awareness, connect individuals to services and encourage others to help fight senior hunger in the community.

ProMedica, both the large food banks in the area and others have been part of this community conversation to find solutions to end hunger.

The AOoA partners with the Toledo Regional Transit Authority (TARTA) to provide free bus passes for older adults to get to and from dining sites for meals, recreation and other programs.

Census Information:

Basic Demographics: 2010 Census³

County	60+	75+	85+	Rural 60+	Males (60+)	Females (60+)	Living Alone (60+)	Minority (60+) ¹	LEP ² 65+
Defiance	8,169	2,728	794	3,552	3,700	4,469	1,879	450	37
Erie	18,748	6,290	1,956	5,100	8,726	10,022	4,591	1,429	11
Fulton	8,420	2,892	900	4,672	3,822	4,598	1,847	325	54
Henry	5,905	2,173	682	3,889	2,641	3,264	1,409	192	11
Lucas	82,447	28,386	8,597	4,089	35,687	46,760	24,597	14,484	570
Ottawa	11,066	3,488	1,002	4,981	5,171	5,895	2,740	326	23
Paulding	4,093	1,283	355	3,342	1,842	2,251	1,035	146	2
Sandusky	12,958	4,459	1,355	6,964	5,787	7,171	3,287	858	94
Williams	8,178	2,839	922	5,224	3,655	4,523	2,065	165	7
Wood	22,209	7,316	2,151	7,579	9,922	12,287	5,577	810	103
Totals	182,193	61,854	18,714	49,392	80,953	101,240	49,027	19,185	912

Unmet Needs and Service Opportunities

This section defines the significant unmet needs for services and how the AAA plans to address gaps in service.

Access to Information and Advocacy Services (ADRN, priority populations and elder abuse):

The network of senior centers is an important partner in providing access to information and advocacy services. As shown in the map, above, although Senior Centers are generally well-distributed throughout the AOoA region, the western part of Lucas County is not well-served. In addition there are four counties in the region (Erie, Fulton, Henry, and Paulding) that have only a single senior center site. These counties have smaller populations, but the spread of service availability is a concern, especially given high

¹ Total population minus non-Hispanic White

² Limited English Proficiency

³ See <https://www.census.gov/> or <http://www.ncbi.nlm.nih.gov/pubmed/12044961>

levels of satisfaction and impact among people who visit senior centers and utilize their services.

Two studies of older adults' satisfaction with senior center services and their impact were conducted by Scripps Gerontology Center at Miami University. One focused exclusively on the senior centers in Lucas County, while the second covered the remaining 9 rural counties in Northwestern Ohio. The findings from these studies provide a baseline against which future progress can be measured and may be used by AOoA to allocate scarce resources in the future.

Both studies found that senior centers in counties served by AOoA are providing services with which consumers are highly satisfied. According to the final report, "The centers are also having an important impact on the lives of local older adults above and beyond the services they provide." However, there were statistically significant differences between satisfaction and impact between some Lucas County senior center and between counties and senior centers in rural communities. High-performing senior centers could be used to identify best practices. In both studies, participants indicated that they would like more choices. In addition, each senior center serves a unique clientele. Therefore, each center should strive to understand the communities and individuals it is serving and tailor offerings as much as possible.

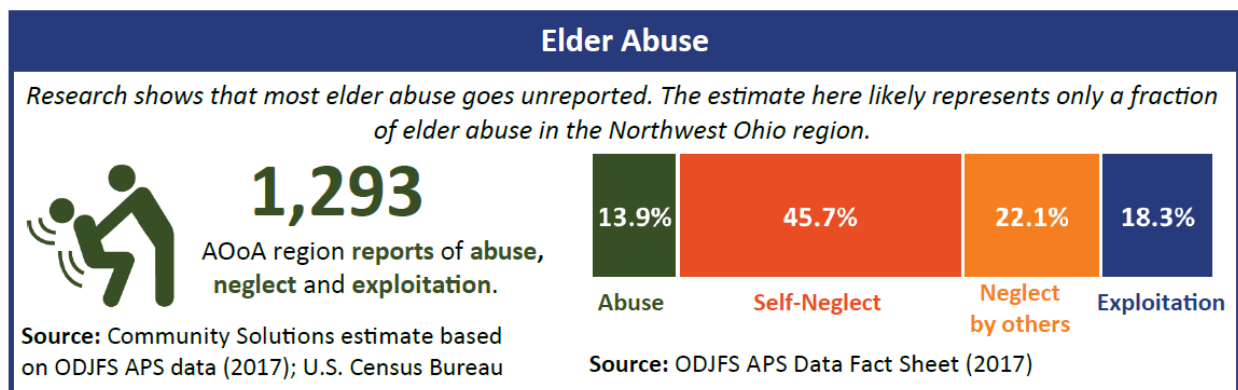
But not all older adults visit senior centers. Therefore, additional outreach efforts are needed and partnerships with other community organizations should be pursued. At external stakeholder discussions, the public library and parks systems were particularly interested in deepening partnerships with AOoA.

With respect to services provided by AOoA outside of senior centers, a few gaps were identified by internal and external stakeholders. For example, competency arose as a concern, especially when providing information and services to priority populations. There have been challenges connecting with non-English speakers, people from different religious backgrounds, and those who identify as LGBTQ. During development of this strategic plan, AOoA sought to incorporate feedback from priority populations and attempted to reach groups of older adults via community partnerships. This approach had limited success, indicating that working through community intermediaries may not be the best approach to ensuring that services are readily available and utilized by people from all backgrounds. AOoA is committed to diversity, equity, and inclusion and has identified several strategies to improve connection with priority populations.

Providing a consistent, person-centered intake and referral process was identified as a challenge. Working across traditional silos, assessing for a variety of needs, and providing a high-quality customer experience were identified as strategies. Internal stakeholders identified a need to streamline the intake forms and questionnaires used to obtain services so the information collected goes beyond the immediate need a person is seeking help with and so that they are more person-centered. In addition, AOoA seeks to develop a process for home repair consumers to be assessed by a Social

Worker or Nurse prior to receiving home repair services, to identify the consumer's other needs.

There are waiting lists for some services, which are clear indications of unmet needs. Eliminating waiting lists is likely not possible given the current funding environment, but prioritizing waiting lists is one way AOOA can ensure that resources are well-targeted. This includes utilizing Social Workers or Nurses to assess certain cases, and prioritizing self-neglect APS consumers.



Regarding elder abuse, self-neglect is of particular concern. Home-delivered meals providers interact with many home-bound older adults, who are particularly difficult to reach with information, advocacy, and services, and are at increased risk for social isolation and self-neglect. Requiring contracted home delivered meal programs to spend a set amount of time with each consumer and utilizing these drivers as a way to distribute existing information resources should help.

Population Health (nutrition, health and wellness, dementia, substance abuse and addiction):

As described above, chronic disease, substance use disorders, dementia, and nutrition are key health issues facing older adults in Northwestern Ohio. Like in communities across the country, most older adults in the AOOA service area have health insurance. However, data indicates that there are opportunities to expand the coverage of individuals by Medicaid.

There is a need to expand training in evidence-based practices relating to chronic disease prevention and management, and to expand these services to all 10 counties. Evidence-based arthritis management is particularly important, especially because arthritis is the most common chronic disease impacting older adults in Ohio and managing pain has been a contributing factor to the opioid crisis.

Mental health of older adults was identified as an area of opportunity. This includes gathering additional data and information about mental illness among older adults,

partnering across levels of government and among community partners, and improving services to victims of self-neglect who are referred to APS and Job and Family Services.

In the area of nutrition, congregate and home delivered meals are an important aspect of the Older Americans Act. In general, AOoA is meeting needs within the region as well as can be expected given limited resources. However, year-round access to fresh fruits and vegetables was identified as an issue. While farmer's markets operate during the summer months, solutions must be found to provide fresh produce to older adults throughout the year.

Caregiving (caregiver support and kinship care)

According to estimates by The Center for Community Solutions, 42 percent of older adults in the 10-county region are at risk for not being able to afford the paid long term care they are likely to need. These individuals make too much to qualify for Medicaid services, but too little to be able to private pay for needed long-term care. As people grow older, they are more likely to live with a disability. The percent of the population living with a disability jumps from 25 percent for those ages 65-74 to 49 percent of those over age 75, according to data from the U.S. Census Bureau. External stakeholders described the physical, financial, and emotional toll that unpaid family caregiving can create. All groups agreed that additional support for caregivers is needed.

Data show that nationwide, the majority of caregiving is provided by un-paid family caregivers. As the population continues to age, those who are already over age 60 themselves are caring for relatives who are even older. The Area Office on Aging identified several objectives relating to unpaid family caregiving that can be placed into two broad categories: 1. Supports for current unpaid family caregivers, and 2. Encouraging family members to provide care for their aging or disabled loved ones. Strategies include helping individuals to prepare to become caregivers, helping individuals navigate the process of becoming paid caregivers, providing rest and respite opportunities in new ways, and helping older adults prepare for their caregiving needs.

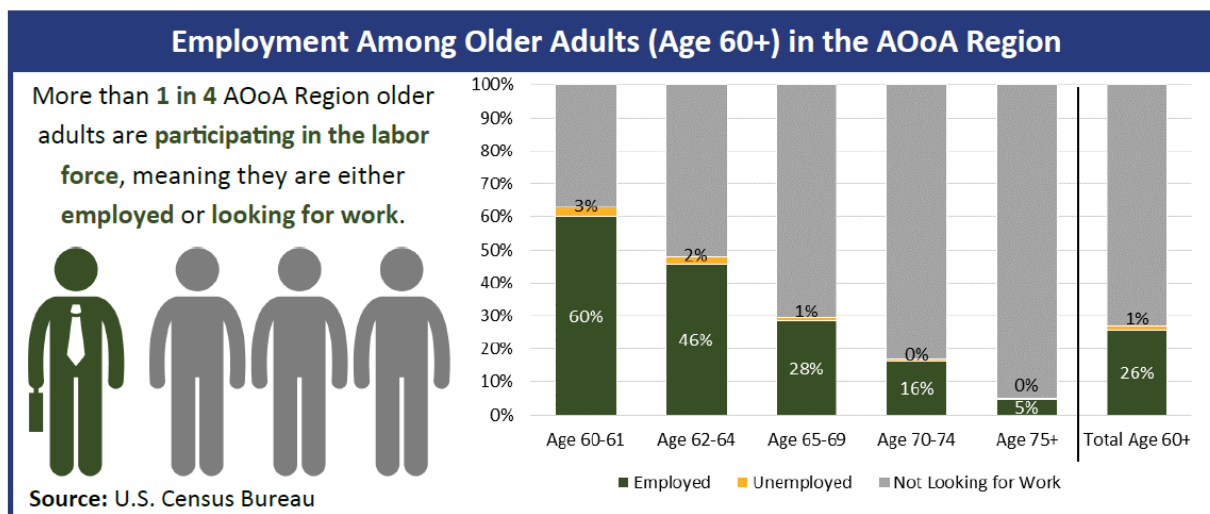
Cultural competency, especially for priority populations, was a key concern when considering caregiving. AOoA identified strategies aimed at increasing the availability of in-home care provided by those who are from priority populations themselves, especially those who identify as LGBTQ, the Muslim Community and speakers of Spanish.

Caregiver rest and respite opportunities were identified by internal and external stakeholders as a significant gap in the AOoA service area. Many family caregivers described feeling lonely and isolated. AOoA seeks to develop a Caregiver Refresh Center to provide a physical location where a family caregiver can receive services and be connected to adult day care, counseling, caregiver support groups, or be matched with a respite volunteer and other services.

In addition to caregivers who are supporting aging loved ones, AOOA is committed to providing assistance to older adults who are caregivers for children. Opportunities for multi-generational services and supports was identified as an unmet need, especially as it relates to intergenerational meal services.

Civic Engagement (volunteerism and older workers):

More than one-in-four older adults in the AOOA region are participating in the labor force, meaning they are either employed or looking for work. This includes more than 60 percent of those ages 60-61 and 46 percent of individuals ages 62-64. Although workforce participation falls off as age increases, there are still a growing number of people over age 75 who continue to work. In the aftermath of the Great Recession, there is anecdotal evidence that people are extending their careers out of financial necessity. However, several external stakeholders spoke of a lack of respect for the strengths and experience that older adults bring to the workforce by employers and professional colleagues.



For those who are not in the workforce, civic engagement can help combat loneliness. Nationwide, more than 1-in-4 older adults report being lonely. Thirty-one percent of older adults in the AOOA region live alone.

Volunteers are seen as an asset to be tapped to meet growing community needs. There was an emphasis on establishing peer-to-peer volunteer services so that older adults work with each other, and to continue to work with partners in communities of interest to encourage volunteerism among older adults and identify appropriate volunteer opportunities that are well-matched to older adults' interests and experience. More information in this areas is needed. In addition, AOOA seeks to work with the Red Cross and other partners to develop an emergency volunteer reception center and to recruit, train, and place disaster assessment volunteers.

Aging in Place (HCBS, transportation, housing, workforce shortage and safety needs):

There remain significant unmet needs for individuals who are homebound or socially isolated. Home-delivered meal programs provide one connection that has been found to be effective in improving health outcomes for individuals who have little contact with the outside world. AOOA seeks to leverage the personal contact from home-delivered meal services and mandate that drivers spend a certain amount of their day in meaningful interactions with consumers. Drivers are seen as a possible conduit of information for home-bound older adults.

All but one of the counties in the AOOA region are considered rural. Therefore, the proximity to neighbors, services, and amenities is of concern, which is exacerbated by a lack of affordable transportation options, especially for those who don't drive. Mobility managers and one-call/one-click mobility navigation could help, but such services will need to be developed, and funding identified.

Throughout the region, there is a shortage in home-health aides, which puts stress on homecare providers, consumers, and the entire aging system. Partnering with universities to address labor supply issues, while encouraging unpaid family caregivers to reduce demand was presented as a two-pronged approach to this situation. Studying and collecting best practices could help, as would an awareness and education campaign focused on the current and emerging need for direct care workers. AOOA is also committed to helping family caregivers become Independent Providers.

Given the limited resources of AOOA, public-private partnerships must be leveraged to expand and improve services for those aging in place. This includes diversifying funding sources by seeking additional philanthropic support and identifying new business lines.

Targeted Outreach Plan

The purpose of a Targeted Outreach Plan is to demonstrate the AAA's commitment and explain planned outreach activities to address the identified service needs of targeted populations.

Outreach is viewed as a critical component for AOoA to be effective and is woven through every aspect of AOoA activities. Organizational culture promotes a mindset that outreach is a part of everyone's job – including volunteers. AOoA employees and volunteers will have the knowledge and materials necessary to help inform northwestern Ohio residents about AOoA's programs, services, and events, with the goal of connecting older adults and their caregivers to appropriate services.

AOoA has traditionally undertaken the following outreach activities, which will continue throughout the four-year plan period.

- Materials are available to staff in three resource libraries located at the AOoA.
- AOoA compiles and publishes the Older Adult Resource Guide on an annual basis and distributes it widely.
- Community partners in the aging network, such as the Long Term Care Ombudsman, Assessors, senior centers, and other service providers are asked to share brochures and other materials with older adults or drop them off at the community locations they visit.
- Producing an AOoA calendar featuring the AOoA's special events and programs which is available both online and in a printed version.
- Development, printing, and distribution of an AOoA Annual Report
- Representing the AOoA at over 100 outreach events a year. These events consist of attending health fairs, giving AOoA overview presentations to retiree groups, and other similar activities.
- Posting the AOoA's special events at locations including the special event page of the AOoA's website, www.Toledo.com, www.GetFitToledo.com, and the Lucas County Health Department's Commission on Minority Health Website.
- Mailing brochures for PASSPORT with Senior Farmers Market Nutrition Program coupons.

Several of the strategies identified in this plan are designed to improve targeted outreach and to connect older adults with the services they need. There is special attention to targeted outreach to older adults who are homebound, increasing the availability of bilingual services. AOoA's traditional outreach activities will continue and be supplemented by innovative approaches and new technologies. This could include:

- Examining the development of a learning library of videos and written materials as part of the AOoA website.
- Expanding the information available via AOoA's website to possibly include online chat and a video library
- Exploring the use of webinars to provide targeted information to caregivers
- Partnering with first responders, physicians, and others who provide individualized attention to older adults and ask them to share brochures and resource guides.

- Specifically target younger caregivers and potential family caregivers by developing brochures and other media targeted to them.
- Possibly reach out to large employers in the region and ask HR departments and Employee Assistance Programs to share information about AOoA resources and services with employees.
- Using the RFP processes to ensure that home delivered meal providers are conducting individual targeted outreach to share resource guides and other information on available services with homebound community members.
- Regularly pre-screen for potential eligibility for Medicaid and other benefits, regardless of service the older adult or caregiver is seeking, by developing a few key questions to be asked universally.
- Expand the cultural competency of staff and volunteers including possibly adding bilingual staff. Work through the senior center network to encourage expansion of bilingual services and supports, including outreach.
- Amend intake forms and procedures to attempt to learn of other needs and use these interactions as opportunities to discuss other services which the older adult or caregiver may need.
- Bilingual employee represent the AOoA at health fairs with predominantly Hispanic/Latino older adults to serve the limited English speaking population.
- Translate the AOoA's brochure into Spanish.
- AOoA employees, who are African American or who are culturally competent with the African American population, represent the AOoA at health fairs with predominantly African American older adults in attendance.
- Use social media and other digital outreach to connect with targeted populations.

Evaluation

Increase the average number of unique visitors to the AOoA's Web site each month in 2019 by 5% to 6,176 unique visitors from the 5,882 average monthly unique visitors to the AOoA's Web site over the last 12 months (October 1, 2017 - September 30, 2018).

Increase the average monthly number of AOoA Web site hits by 5% to 68,679 in 2019 from the 65,409 monthly number of hits to the AOoA's Web site over the last 12 months (October 1, 2017 - September 30, 2018).

Increase the number of completed OBLTSS completed questionnaires by 10% to 5,996 completed questionnaires from the 5,451 questionnaires completed over the last 12 months (October 1, 2017 - September 30, 2018).

Develop baseline social media engagement metrics that future continuous social media outreach improvement can be measured upon.

Performance Recap of 2015-2018 Strategic Area Plan

The purpose of the performance recap is to describe accomplishments and how effective the various strategies employed by the AAA were in reaching the specific population groups in the previous Strategic Area Plan.

For our waiver programs (PP, MyCare and AL), monthly census increased from approximately 1,800 individuals in 2014 to approximately 3,000 in December 2016.

The AOoA helped over 1,000 older northwest Ohioans remain at home in 2016 through the PASSPORT Program, instead of having to prematurely go to a nursing home.

The AOoA coordinated the Medicaid and/or Medicare benefits for 2,069 members for managed care plans.

There are 195 people who are able to live in an assisted living facility thanks to the Assisted Living Waiver Program who otherwise would not have been able to afford to live in an Assisted Living facility. This results in an annual savings to tax-payers of \$6,000,000 compared to nursing home care.

The AOoA secured local funding to sustain the Kinship Navigator program, which serves over 1,500 kinship caregivers annually. Unfortunately, the heroin/opioid epidemic has resulted in an increase in demand.

In 2016, with support from the AOoA, National Church Residences opened a 75 unit permanent supportive housing complex for formerly homeless, disabled and other veterans. A service coordinator is on site to link the veterans with support services and other community resources.

Out of the 618 Area Agencies on Aging across the country, The National Association of Area Agencies on Aging (n4a) honored the AOoA in 2015 with the 2nd Place National Aging Innovation Award, which came with a \$1,500 prize. The award recognizes the innovative partnership between the AOoA and National Church Residences in providing supportive housing.

The AOoA received an innovations award from N4A for its Volunteer Respite Program. This was a joint effort of the AOoA's Caregiver Support Program and RSVP Volunteer Program, where a family caregiver in need of a temporary break each week is matched with a trained RSVP program volunteer. The volunteer visits with the care recipient for a few hours each week, so the family caregiver can get a break.

The AOoA also received its 11th national award for its innovative programs and services for its partnership with Toledo Public Schools. This partnership includes a Senior Prom event jointly put on by the two organizations at one of the high schools for a sell-out crowd of over 300. This night of dinner and dancing has provided a positive intergenerational experience for the students and older adults with the students helping

serve the food, pinning the corsages and boutonnieres on the older adults and sharing the dance floor, teaching the other generation their dance moves.

In an effort to strengthen Lucas County Senior Centers and the services they provide, the AOoA has conducted a 3-prong approach. 1) The AOoA commissioned a study by Scripps Gerontology to assess senior center satisfaction, as well as impact. 2) The AOoA provided funding for and coordinated the physical space analysis of three senior centers (J. Frank Troy, Margaret Hunt and Chester Zablocki) by LifeSpan Design. 3) The AOoA is assisting Thread Marketing Group with the facilitation of focus groups at the Margaret Hunt Senior Center and the Chester Zablocki Senior Centers as part of re-branding the centers.

The AOoA has secured alternative funding streams for diabetes education (Direction Home/HSAG), Ohio Home Care Waiver case management, SRSP program and Anthem Commercial Care Transitions.

The AOoA worked with the U.S. Department of Housing and Urban Development, a bank and National Church Residences to make over \$1,400,000 worth of upgrades, repairs and renovations to the AOoA's three housing subsidiary corporation properties to improve the living experience of the older residents.

The AOoA's redesigned website was recognized as the best website for those age 50 and over in the nation with its selection as the Best of Show National Mature Media Award winner in the website category.

In an effort to consciously improve the dining site meals program, the Area Office on Aging began partnering with senior centers, restaurants, housing complexes and other stakeholders to make sure that both the food being served and the way it is served is meeting the ever evolving needs and wants of older adults. With these changes, the growth at these two senior centers has been impressive with dining site meal participation increasing from 30 daily participants to 55 daily participants. The other center went from having one-three meal participants to having about 40 participants.

The RSVP Patrol Program expanded beyond the City of Toledo for the first time in 2016 when the AOoA and the Toledo Police Department partnered with the Sylvania Township Police Department to train nine new Sylvania Township volunteers to visit local home-bound older adults. There are over 90 homebound older adults who receive weekly visits by RSVP volunteers age 55 and over to make sure they are safe.

The AOoA collaborated with ProMedica, Mobile Meals of Toledo and WGTE to address hidden hunger in our community. The Hidden Hunger Initiative consisted of town hall

meetings aired live on WGTE public television station, PSA's, professional seminars and a stakeholder's forum.

Senior Farmers' Market Nutrition Program coupons were distributed to over 19,000 low-income, older adults in northwest Ohio each year.

Over 150 older adults graduate from the AOoA's evidence-based health and wellness workshops each year. Last year, the AOoA facilitated the training of 12 leaders in the Tai Ji Quan Moving for Better Balance workshop.

Service Coordination is provided to over 200 residents a year, which plays a critical role in supporting older adults living in certain senior apartment facilities so they can live in their home longer than they otherwise would be able to do on their own.

The AOoA quickly reacted to the Toledo water crisis, as a result of algae blooms on Lake Erie. Emergency shelf stable meals containing water were delivered to older adults in Lucas County by the RSVP Safety Patrol and home delivered meal providers.

AOoA RSVP volunteer, Gerry Tremblay, received the Platinum Award at the Outstanding Senior Volunteer Statewide Awards Luncheon, making him the best senior volunteer in the State. Gerry has dedicated more than 16 years and 3,600 hours to helping seniors remain safe, healthy and happy.

The AOoA's President/CEO, Mrs. Billie Johnson, won the most prestigious national aging award in 2017. The National Association of Area Agencies on Aging presented Mrs. Johnson with its most prestigious honor for the positive impact she has made in the lives of older northwest Ohioans. The President's Award was presented to her at the organization's national conference in front of over 1,000 national and local aging leaders, policy decision makers and business executives in attendance. Previous recipients of the award include United States senators and representatives, as well as, other national leaders.

Caregiver Support Program clinician presented at state conference for Ohio Library Council. Presentation Title: **Connecting with Services for Older Adults and Their Family Caregivers** (May 23, 2018) AOoA's Caregiver Support Program staff provides outreach and educational presentations to nonprofit, corporate, and non-governmental entities across the ten county service area the agency covers. Ohio Library Council sought to educate librarians on how to access resources for family caregivers, even if their loved ones have limited financial options or if they live out of town. This session librarians learn how to assist family caregivers and point them to valuable information and resources.

The AOoA received N4A Aging Achievement Award for \$70,000 grant received for Mitigating Malnutrition with Farm Fresh Delivery for Kinship families. In addition, a cooking demonstration was held at the Promedica Ebeid Institute led by a registered dietician to promote healthy food preparation for Kinship families.

The AOoA partnered with Bowling Green State University Center for Optimum Aging and Wood County Committee on Aging to host two public education workshops about the opioid epidemic among older adults. Assistant Secretary Lance Robertson participated in one of these sessions. |

Goals and Objectives

The goals and Objectives section is the most relevant section of a Strategic Area Plan as it enables the reader to understand the priority issues related to older adults and the efforts to be employed by the AAAs to address those issues.

In this section, the AAA will list each of your goals including the related objectives, strategies, outputs and outcomes. The goals, objectives and strategies should strive to meet the ACL definitions.

For the layout of this Goal section, please utilize Part 2 – AAA SAP 2019-2022 Goals

Please refer to the guide for additional instructions and for the definitions of a goal, objective, strategy, output and outcome.

**Goals were developed by the ODA in conjunction with the AAA.

Goal 1. ACCESS TO INFORMATION AND ADVOCACY SERVICES:

Older Ohioans, adults with disabilities and their caregivers will be able to make person-centered decisions through seamless access to information and advocacy services.

- I. Objective 1: Address isolation by improving access for older adults to senior centers, community facilities, technologies and opportunities where socialized environments exist or can be created.
 1. Strategy 1: Encourage older adults to utilize Senior Center and common/community facilities
 - a) Sub-strategy 1: Consider discontinuing funding those existing senior centers that have chronic low participation so those resources can be used to fill the identified senior center gaps.
 - b) Sub-strategy 2: Use existing service level quantitative data and qualitative satisfaction survey and consumer impact data to drive which agencies and programs are funded and at what levels in the next RFP, including having this data serve as a baseline for future continuous improvement outcome incentive payments.
 - c) Sub-strategy 3: Study participant satisfaction and impact of services provided at senior centers for a Senior Center contemporary rebrand to attract younger older adults.
 - d) Sub-strategy 4: Identify gaps in access to senior centers and focal points within the community.
 - e) Sub-strategy 5: Identify creative intergenerational service options occurring in Senior Centers and Community Centers then advocate the importance of a Community Center approach among Senior Centers (Child and Adult Care Food Program, Summer Feeding Program, etc.)
 2. Strategy 2: Identify local existing community-based opportunities that can be engaged to reduce risks of isolation among older adults.
 3. Strategy 3: Partner with lifelong learning programs (library systems, Senior Centers, Community Centers, etc.) using technology solutions to increase opportunities for socialization and decrease isolation among homebound seniors.
 - a) Sub-Strategy 1: Explore innovative programs to address isolation with the homebound.
 - b) Sub-strategy 2: Encourage and utilize volunteer efforts to support individuals who may be isolated (e.g., first responders, RSVP, faith-based, etc.)
 - c) Sub-Strategy 3: Develop training for home delivered meal drivers to engage consumers in more socialization and health and safety checks.
 - d) Sub-Strategy 4: Include per-person/ per-day guidance in the RFP about how long home delivered meals drivers should

engage with consumers and encourage bidders to allow drivers adequate time in their planning.

- e) Sub-Strategy 5: Distribute the Well-Connected Program Catalogue to home delivered meals consumers.

Outcome: More older adults are utilizing their local senior centers or common/community settings as evidenced by the increase in annual attendance.

- II. Objective 2: Access to Information, Develop standards and measures for quality and performance regarding operation, information, and resources for a consistent front-door experience for customers.

- 1. Strategy 1: Increase access to easy-to-understand information about services needed by older adults.

- a) Sub-Strategy 1: Expand services to older adults in Western Lucas County.

- III. Objective 3: Priority Populations, Ohio's Aging Network will be aware and focused on the unique needs of our older adult priority populations to deliver person-centered, culturally sensitive services and supports.

- 1. Strategy 1: Establish and implement a plan that increases awareness and focus among the aging network about the unique needs of our older adults' priority populations (e.g. rural, low-income, low-income minority, limited English proficiency, Holocaust survivors, LGBTQ, disabled.)

- a) Sub-Strategy 1: Train AOoA staff in how to be culturally competent when working with priority populations, and seek potential AOoA Advisory Board members, as well as, hire AOoA staff who represent the diversity of consumers.
- b) Sub-strategy 2: Conduct periodic evaluations of activities and projects including the effectiveness of services provided to individuals with priority populations.
- c) Sub-Strategy 3: Help senior centers provide bilingual outreach and programming.
- d) Sub-Strategy 4: Initiate, with The University of Toledo's Minority Business Development Center and other organizations serving the Latino, Muslim and LGBTQ communities, for exploratory meetings focused on how best to meet home care needs that are culturally appropriate.

Outcome: Ohio's Aging Network is culturally competent as evidenced by members of Ohio's older adult priority populations who are receiving services in the manner that align with and respect their unique needs.

- IV. Objective 4: Advocacy: Heighten awareness of the needs and priorities of Ohio's older adults and people with disabilities with community, government, non-profit and private sector entities to achieve inclusion in decision-making opportunities that inform policies, infrastructure development processes, and strategic plans.
1. Strategy 1: Advocate for increased funding and flexibility of funding to allow federal, state and local funding to be used in ways which better meet local needs.
 2. Strategy 2: Advocate for an increase in the Medicaid Waiver adult day and personal care rate, i.e. home health aides.
 3. Strategy 3: Advocate for state to lift Moratorium on New Program for All-inclusive Care for the Elderly (PACE) Site.
 4. Strategy 4: Advocate to restore the Senior Community Services Block Grant to prior levels.
 5. Strategy 5: Advocate for the emerging needs of older adults or new trends in the AOA service area.

Outcome: The number of older adult-related action items included in other state plans will increase.

Goal 2. AGING IN PLACE:

Enable older Ohioans, persons with disabilities and their caregivers to be active and supported in their homes and communities.

- I. Objective 1: Care Management, Provide comprehensive person-centered assessment and care services and supports that anticipates and addresses current and emerging needs as they arise.
 - a) Sub-strategy 1: Study and collect traditional and innovative best practices regarding recruitment and retention of direct care workers occurring in other states to determine whether efficiencies may be realized and quality of services may be increased (e.g., creation of an orientation and on-going training plan to be administered by the AAAs that provides high quality training for direct care workers; creation of a co-op among providers to keep a pool of direct care workers' creation of a watch list; creation of a single assessment to ease the burden of the older adult responding to repeat question; revisit/enhance "What Matters Most" for use in home and community based settings.)
 - b) Sub-strategy 2: Identify new business lines and grant opportunities in case management and nutrition and engage consultant to help in building capacity to pursue grant opportunities.
 - c) Sub-Strategy 3: Engage consultant to identify grant opportunities to expand and diversify funding.

- II. Objective 2: Workforce Capacity, Establish strategies that aim to increase and sustain the capacity of the direct care workforce and focus on increasing the interest in professional and non-professional careers that serve older adults.
 - 1. Strategy 1: Utilize existing workforce development and volunteerism programs to augment the direct care workforce.
 - a) Sub-strategy 1: Explore mentoring opportunities, matching older adults to younger direct service workers, to teach basic on-the-job housekeeping and personal care services.
 - 2. Strategy 2: Working with Ohio Department of Aging, develop non-Medicaid independent provider consumer directed care service.
 - 3. Strategy 3: Create education communication campaign and advocate for the need for home care workers.
 - b) Sub-strategy 1: Create and implement an awareness and education communication campaign to generate awareness about the current and emerging high need for caring and direct care workers for older adults.
 - 4. Strategy 4: Expand and implement innovative approaches to the workforce shortage, which could include advocating for streamlining consumer-direction processes, and planning geographically for best and most efficient use of existing staff.

Outcome: After strategically evaluating the foundational issues of direct care workforce shortages, careers and professions that serve and support older adults will be more attractive and/or economically viable.

- V. Objective 5: Long-term Care Planning, Advocate for the importance of long-term care planning for older Ohioans to support their choice to age-in-place.
 - 1. Strategy 1: Connect lower income older adults with the benefits for which they are likely eligible by doubling the number of benefits counseling units provided during a year.
 - 2. Strategy 2: Ask PSA-1 if they are willing to share their long-term care planning program materials and explore the possibility of implementing a similar long-term care planning program in northwest Ohio.

Outcome: The potential impacts associated with older Ohioans' under-planning for long-term care needs are known and policy-level changes are under consideration to mitigate the future impacts to Ohio and to our older adult population.

- VI. Objective 6: Transportation, Participate in alignment efforts that aim to achieve sufficient community transportation options (multi-modal) and a supportive infrastructure available for older adults in Ohio.
 - 1. Strategy 1: Research, and advocate for the use of transportation best practices (mobility navigation, transportation coordination, etc.) at the

local and regional levels. Identify opportunities for partnership with community organizations and transportation providers and strengthen as needed the AAAs.

- a) Sub-Strategy 1: Hire mobility navigators to implement one-call/one-click mobility navigation.
- b) Sub-Strategy 2: Hire consultant to assess Lucas County's readiness to implement one-call, one-click mobility navigation system, identify community gaps and develop implementation plan timeline.
- c) Sub-strategy 3: Explore alternative back-up transportation provider for senior centers that can quickly be activated when a senior center's driver is off sick/on vacation or when a senior center's van is in the repair shop so consumer's transportation needs continue to be met.
- d) Sub-strategy 4: Explore the possibility of increasing shared non-medical transportation to be able to provide more trips for the same cost.
- e) Sub-strategy 5: When an individual requests medical transportation, the AOoA will screen for other social and health service needs, as well as, enroll where appropriate in medical transportation program.

Outcome: Older Ohioans and individuals with disabilities in need of transportation are better positioned to receive services as evidenced by an increase in annual total units reported.

- VII. Objective 7: Housing, Advocate for programs and interventions that support safe and affordable housing enabling older adults and persons with disabilities to age in place.
- 1. Strategy 1: Promote, advocate and pilot programs that provide for the safety and well-being of older Ohioans and persons with disabilities and their rights to age-in-place in the places that they call home and to stay in their communities of choice.
 - a) Sub-strategy 1: Pilot innovative programs (e.g., CAPABLE) that utilize various professions (e.g., occupational therapy, first responders, home modification experts) to provide in-home assessments and identifies modifications that are needed to allow client to remain in home.
 - b) Sub-strategy 2: Develop a process for home repair consumers to be assessed by a Social Worker or Nurse prior to receiving home repair services, to identify the consumer's other needs and determine where they should be placed on the waiting list.
 - c) Develop strategy to have more AOoA service coordinators in senior apartment complexes.

Outcome: Safe and affordable housing units for older adults are a community priority due to the Aging Network's advocacy as evidenced by an increase in the number of interventions completed.

Goal 3. POPULATION HEALTH:

Educate and empower older Ohioans, adults with disabilities and their caregivers to live active, healthy lives to maintain independence and continue to contribute to society.

- I. Objective 1: Chronic Disease Management and Prevention, Take steps to promote and offer interventions that assist older adults in prevention of chronic disease as well as assist older adults who are living with chronic diseases to reduce and control symptoms that would otherwise alter the quality of their lives.
 1. Strategy 1: Enhance education, awareness, and promotion of health and wellness programs and expand the capacity of sites and trainers to deliver these programs.
 - 1) Sub-strategy 1: Determine where needs exist to expand the number of training sites and take steps to grow sites and trainers in those communities.
 2. Strategy 2: Take steps to promote and offer interventions that assist older adults in prevention of chronic disease.
 3. Strategy 3: Obtain training on evidence-based arthritis management services and provide services in all 10 counties.
 4. Strategy 4: Facilitate public-private partnerships, such as with pharmacies, to expand evidence-based wellness opportunities including home medication.

Outcome: More older Ohioans have heightened awareness of strategies to prevent and manage chronic diseases as evidenced by the increased number of training sites and increased number of attendees.

- II. Objective 2: Nutrition, Take steps to address food insecurity and malnutrition in older adults.
 1. Strategy 1: Develop public-private partnerships to provide Senior Farmers Market and wholesale produce in Lucas County from November through May.
 2. Strategy 2: Focus on gaps in the community malnutrition setting utilizing recommendations, where appropriate, of the Malnutrition Prevention Commission, to better understand and address older adult needs.
 3. Strategy 3: Maximize use of current nutrition services programs
 - 1) Sub-strategy 1: Explore and establish the options for innovative congregate and intergenerational meal sites (collegiate dining, senior centers, café style, and restaurants.)

4. Strategy 4: Apply for a grant to continue providing produce packages to grandparents and relatives raising children along with cooking demos.
5. Strategy 5: Ask hospital discharge planners to refer older adults who are food insecure.
6. Strategy 6: Expand choices for home-delivered meals.

Outcome: An increased number of at-risk older adults are being prioritized and receiving services as evidenced by improved indicators during annual reassessments.

- III. Objective 3: Mental Health, Take steps to increase the awareness of the need for mental health resources and services for older Ohioans.
 1. Strategy 1: Partner with state, local and/or community entities to address specific mental health needs of our older adults (e.g. County Behavioral Health Authorities).
 2. Strategy 2: Develop non-Medicaid homecare program waiting list prioritization policy that includes self-neglect APS consumers.
 3. Strategy 3: Implement warm hand-off between Lucas County Jobs & Family Services Adult Protective Services for referral to be made to the AOoA's in-home care programs for case management, where appropriate for APS self-neglect cases that still need help after they are done working with them for 45 days.

Outcome: Older adults will have improved access to the resources and services they need to manage mental health concerns as evidenced by increased utilization of programs and referrals to appropriate services.

Goal 4. CAREGIVERS:

Ohio's caregivers have access to resources and services to enable them to continue to provide care for their loved ones.

- I. Objective 1: Caregiver Support, Provide meaningful education and heighten awareness on caregiving issues.
 1. Strategy 1: Research and assess the effectiveness of current interventions and explore best practices to develop a full-service caregiving solution.
 - a) Sub-Strategy 1: Provide assistance to family caregivers seeking to become paid independent providers.
 - b) Sub-Strategy 2: Develop way of measuring success, at the regional level, in retention and growth of unpaid family caregiving.
 - c) Sub-Strategy 3: Implement outreach campaign to encourage younger generations to be ready and step into family caregiver roles.

2. Strategy 2: Pilot promising interventions that benefit caregivers (e.g. technology-based solutions or other emerging innovations, evidence-based and evidence-informed training programs for caregivers, etc.)
3. Strategy 3: Support MemoryLane Care Services in implementing Dementia Capable Community grant.

Outcome: Caregivers will utilize information, resources and education opportunities about caregiving as evidenced by attendance statistics of caregiver education and referral numbers.

- II. Objective 1: Increase the capacity of respite opportunities statewide.
 1. Strategy 1: Research, identify and strengthen volunteer opportunity to address respite needs (e.g. Senior Companion Program, collegiate programs and state agencies.)
 2. Strategy 2: Explore and identify traditional and non-traditional sources which may provide additional support for respite services and caregiver support (e.g. OSU Social Worker field placement Respite program).
 - a) Sub-Strategy 1: Develop a Caregiver Refresh Center or Caregiver Respite Center to provide a physical location family caregivers can go to in order to be receive and be connected with adult day care, counseling, caregiver support groups, being matched with a caregiver volunteer respite volunteer and other respite services as well as socialization and recreation services and possibly massage therapy in Lucas County.

Outcome: Caregivers will have the resources they need to access respite care as evidenced by an increase in the number of respite-related service units in the annual State Program Report.

- III. Objective 3: Kinship Care, Support older adults in kinship situations to better care for themselves and their young loved ones.
 1. Strategy 1: Outreach to partners, peer advocates and social service agencies to identify and share needs of kinship caregivers (e.g. educational supports, food assistance) and match existing or new community solutions to address the needs where appropriate.
 - a) Sub-Strategy 1: Explore partnerships and programming to improve services for kinship caregivers including intergenerational dining opportunities, intergenerational transportation, and fresh produce.
 2. Strategy 2: Strengthen kinship caregiver support through advocacy and use of existing or new caregiver programs.
 - a) Sub-strategy 2: Educate front door staffs (AAA and ADRN sites) on kinship resources and referrals.

Outcome: Older adults in kinship situations are receiving services which better equip them for care for themselves and their young loved ones.

Goal 5. CIVIC ENGAGEMENT:

Recognize and value older adults' knowledge, social and economic contributions and establish opportunities for engagement in their communities.

- I. Objective 1: Volunteerism, Engage more older adults as well as Ohioans of all ages in volunteer activities that support both older adults and community needs.
 1. Strategy 1: Adding a volunteer coordinator in Napoleon Branch Office.
 2. Strategy 2: Continue to work with partners in volunteerism/civic engagement communities of interest to ensure that older Ohioans are included in program design and decision-making as well as implementation.
 - a) Sub-Strategy 1: Increase number of RSVP volunteers from 400 to 700.
 - b) Sub-Strategy 2: Engage volunteers in developing emergency volunteer reception center.
 - c) Sub-Strategy 3: Add Retired Senior Volunteer Patrol Program into another municipality.
 3. Strategy 3: Establish a best practices inventory of the types of volunteer opportunities in which older adults are serving.
 - a) Sub-strategy 1: Form focus groups of older adults on employment after age 60 and volunteerism to gain knowledge about older adult experiences, needs, and wishes.

Outcome: More older Ohioans are serving in volunteer capacities as evidenced by an increase in Ohio's percentage and state ranking of older adults who volunteer as reported by the Corporation for National and Community Service and other volunteer community organizations.

Goal 6. QUALITY IMPROVEMENT:

Older Ohioans, persons with disabilities and caregivers will receive quality services.

- I. Objective 1: Move from compliance-driven quality assurance focus to continuous quality improvement focus model.
 - a. Strategy 1: Work toward obtaining NCQA Accreditation for LTSS-Case Management.
 - b. Strategy 2: Incorporate quality improvement into quality assurance structural compliance review process for certified waiver providers and annual monitor for OAA providers.
 - 1) Sub-Strategy 1: Define quality improvement measurements/outcomes based on the National Quality

Forum's Quality Measurement Framework for Home and Community Based Services.

- 2) Sub-Strategy 2: Advocate for ODA and ODM to incorporate quality improvement measurements/outcomes into Structural Compliance Review policies and procedures.

Outcome: More older adults will indicate they are satisfied with their services.

- II. Objective 2: Support AOoA staff and providers with meeting designated quality measurements/outcomes.
 1. Strategy 1: Revise and implement a training curriculum for AOoA staff, which will be incorporated into NCQA Accreditation application.
 2. Strategy 2: Explore developing Core Competencies for AOoA staff positions.
 3. Strategy 3: Research best practices and explore developing and implementing a relevant training curriculum for service providers.

Outcome: The number of providers meeting quality improvement measurements/outcomes will increase.

- III. Objective 3: Utilize analytics to better target services and inform funding decisions.
 1. Strategy 1: Research solution to consolidate all current reporting software platforms, which provides visibility of the continuum of care.
 2. Strategy 2: Collaborate with service providers and ODA to identify pertinent data elements, reporting methods, and data extraction.

Outcome: After providing analytics to the AOoA Board of Directors and Proposal Review Committees, they will make more informed decisions to ensure priority populations of older adults receive the services they need.

- IV. Objective 4: Incentivize service providers to deliver higher quality services.
 1. Strategy 1: Assist with measuring quality, impact and performance of providers receiving Lucas County Levy funding.
 2. Strategy 2: Establish continuous quality improvement incentive payments for providers, after developing outcomes measurements and determining a baseline.

Outcome: More older adults will receive high quality services as evidenced-by the number of providers obtaining outcomes incentives payments.