



Area Plan on Aging | 2018-2021
Planning and Service Area 11
Cullman, Morgan and Lawrence Counties

Table of Contents

SECTION I: EXECUTIVE SUMMARY	5
SECTION II: NARRATIVE.....	8
FOUR-YEAR PLANNING APPROACH.....	8
PLANNING PROCESS.....	8
Community Impact Meetings	8
AAA Staff SWOT Analysis.....	9
Public Meeting.....	10
Community Needs Assessment Survey	10
Aging and Disability Resource Center (ADRC) Call Data	12
PRIORITY GOALS AND OBJECTIVES.....	12
Priority Activities.....	15
OUTCOMES.....	16
PLANNING AND SERVICE AREA PROFILE.....	16
Geographic Area Description	16
Population Profile	16
Veteran Profile	18
Income/Poverty Profile	19
Grandparents Taking Care of Grandchildren.....	21
Profile of Those with Disabilities	22
Rural Versus Urban Population	23
Alzheimer’s Disease	23
Employment/Work Status 55+ Population	24
Population Growth/Projections.....	25
SERVICES PROVIDED THROUGH THE AAA	26
Aging and Disability Resource Center	26
Information and Assistance.....	27
Public Outreach.....	27
Case Management.....	27
Homemaking.....	28

Disease Prevention and Health Promotion	28
Elder Abuse Prevention	30
Alabama Cares - Family Caregiver Support Program	30
Nutrition Services	30
Senior Centers as Community Focal Points.....	32
Long-Term Care Ombudsman	32
Senior Employment	33
Legal Services	33
State Health Insurance Assistance Program (SHIP)	33
Disaster Preparedness, Response and Recovery	33
SenioRx.....	34
Mr. Fix-It Program.....	34
PROGRAM AND SERVICE EVALUATION PROCESS	37
Evaluating Consumer Satisfaction	38
Contractor and Direct Service Provider Monitoring.....	39
WAITING LIST FOR SERVICES	39
AGING ADVISORY COUNCIL	39
SERVING TARGET POPULATIONS	40
Low Income and Low Income Minority Older Persons (Below Poverty Level).....	40
Minority Persons.....	40
Rural Elders	41
THE NEXT 10 YEARS	41

List of Tables

Table 1. ADSS-NARCOG Goal 1.0	13
Table 2. ADSS-NARCOG Goal 2.0	13
Table 3. ADSS-NARCOG Goal 3.0	14
Table 4. ADSS-NARCOG Goal 4.0	15
Table 5. ADSS-NARCOG Goal 5.0	15
Table 6. Population Profile (2016 Estimates)	17
Table 7. Total Population by Race (2015 Estimates)	17
Table 8. 60+ Population by Race (2015 Estimates).....	18
Table 9. Veteran Demographics and Disability Status	19
Table 10. Below 100% of Poverty for the Past Twelve Months (2015).....	19
Table 11. Below Poverty Level for 65+ Population by Race	20
Table 12. Income and Benefits (in 2015 Inflation-Adjusted Dollars)	20
Table 13. Grandparents Caring for Grandchildren	21
Table 14. Regional Disability Characteristics (2015).....	22
Table 15. Rural Versus Urban Population, All ages	23
Table 16. Employment Status of 55+ Population (2015)	24
Table 17. Region Total Population 2000-2010 and Projections 2015-2040.....	25
Table 18. Region Population Age 65 & Over, Actual 2000-2010 and Projections 2015-2040....	26
Table 19. Community Involvement	36

SECTION I: EXECUTIVE SUMMARY

The North Central Alabama Regional Council of Governments (NARCOG), Area Agency on Aging (AAA) is proud to present the 2018-2021 Area Plan for Planning and Service Area (PSA) 11 that serves Cullman, Lawrence and Morgan counties. This area plan and its subsequent updates will guide and prioritize the work of the NARCOG AAA to meet the challenges and opportunities that are set before us in serving older adults, individuals with disabilities, their families and caregivers. The area plan is a comprehensive, coordinated approach to service delivery and demonstrates our ability to sustain, increase, and encourage a more effective service delivery system to meet the needs of our communities. We focus our efforts on providing choice, promoting independence, and health and wellness as a way for us to help those we serve live with dignity in the setting of their choice.

Brief Overview of the Area Plan

Our Area Plan on Aging guides the work of the NARCOG Area Agency on Aging for the next four years from 2018 through 2021. This Area Plan on Aging was compiled with input from the NARCOG Advisory Council, the NARCOG staff, and the public at large. The plan and community input will allow us to continually assess our progress and modify programs as necessary to provide services and support, both public and private, to a diverse and growing population of older adults and individuals with chronic diseases and disabilities.

This Area Plan is intended to be helpful to elected officials, policy makers, and other agencies in making decisions that will affect older adults and those with disabilities within the region. The Area plan is also meant to be used by older adults, those with disabilities, their families, friends, caregivers, and community agencies as an aid for identifying existing services available to them.

New Directions – Looking Ahead to the Future

Our population is changing rapidly. The way we provide services must also change and adapt to continue to meet the needs of those in the region. We must make sure people know us before they need us. This requires letting the community know about what we do, respond to their needs and make the changes that best serve them. Through vigorous outreach, we inform the community about services available, foster and strengthen community partnership and collaboration, as well as, offer training and education.

NARCOG is looking ahead to the future for ways we can be proactive in responding to community needs and changes. We embrace a refreshed approach to how services are being provided, partnerships are established, and relationships are grown. The following are ways we are looking toward that future.

Transportation

A major change for NARCOG occurred during fiscal year 2017 when NARCOG took over the public transit systems for Lawrence and Morgan counties creating a regional transit system. Transportation remains a major barrier for older adults and people with disabilities, especially those in rural areas. For our vulnerable populations, transportation is a key ingredient for personal power and self-sufficiency that allows independence, inclusion and access to health resource, social events, and shopping. NARCOG Transit is focused on improving access to those things that are a cornerstone of basic needs, those things that help people engage in life.

Long-Term Service and Supports (LTSS)

As our population ages and our health care systems are becoming more fragmented, Alabama has been looking at integrated, person-centered, managed systems of care. As a result, a major shift in NARCOG's focus has been to prepare our agency for the changes occurring in Alabama relate to long-term care and home and community-based services. NARCOG is currently seeking accreditation of Case Management for Long-Term Services and Supports (LTSS) through the National Committee for Quality Assurance (NCQA).

This accreditation will allow NARCOG to demonstrate our ability to compete for new and diverse funding sources such as Veteran-Directed Home and Community-Based Services (VD-HCBS) and Integrated Care Networks (ICNs). The accreditation will show that we can effectively coordinate services between caregivers, individuals, LTSS providers and clinicians, as well as, that we have the core competencies and best practices in place for person-centered care planning, effective care transitions, and measuring quality improvement to support people living optimally in their preferred setting.

In this changing and evolving funding environment, keeping up with data, outcome measurement, and fiscal and program management is a critical component to success. NARCOG is moving toward more advanced technology and web-based software programs to allow us to be more competitive for other funding sources and responsive to the needs of our customers.

Community Health Initiatives

Through research, community feedback and input, NARCOG has seen a need to look closer at population health and how we can work within our communities to create the social and physical environments that promote good health for all, to find ways to ensure our community members have an equal opportunity to make choices that lead to good health. This includes making advances in areas such as education, community planning, transportation and housing.

This past year, NARCOG brought together community partners and agencies representing the areas of aging and disability services, economic planning and development, public health, mental health, community health (clinic), and acute care (hospital) in Morgan County. The goal was to bring together this diverse group who shares a common focus on community health. This Community Health Initiatives Coalition has set out to identify common issues and needs related to the social determinants of health- those factors that underlie preventable disparities in health status and disease outcomes for our population. The coalition is in its beginning stages but has already identified some areas of need and potential initiatives that the coalition can work on together to improve the health of our communities.

NARCOG is also increasing and expanding evidence-based program offerings for disease prevention and health promotion by leveraging volunteers and growing relationships with community partners to help us expand evidence-based programs into all areas of the region. We added *A Matter of Balance* and the *Diabetes Self-Management Program* this past year. Our focus will be in finding ways to bring access to evidence-based programs into the rural, hard-to-reach areas of the region.

Age-Friendly Communities

States, cities, towns and counties are preparing for the rapid aging of the U.S. population by paying increased attention to the environmental, economic and social factors that influence the

health and well-being of older adults. The focus is on providing *age-friendly* communities. In an age-friendly community, the community is set up to create a safe, enjoyable, healthy and involved setting that focuses on the physical and social environments that allow seniors to age in place and age actively. Economic planning and development support is needed to help create these age-friendly communities. NARCOG, also as a regional planning and development commission, is committed to ensuring age-friendly communities are considered when helping to plan projects, programs and services. By doing so, NARCOG is helping to ensure that these communities are better equipped to become great places for people of all ages.

Focus Areas

The area plan will highlight key population trends regarding older adults, veterans and those with disabilities in the region. Current demographic information contained in this plan will provide an overall picture of the targeted populations of the area.

Our plan includes five goals (or priority areas) that are directly adopted and aligned with the goals in Alabama's State Plan on Aging to advance the state's vision for Alabama seniors. Based on the input we received, NARCOG has listed our objectives to achieve these goals and ensure that our services are culturally diverse and culturally competent.

Brief Overview of NARCOG

NARCOG was established as the Alabama Regional Planning and Development Commission in 1966 as a cooperative venture between units of general local government in Cullman, Lawrence and Morgan counties. In August of 1971, the Planning and Development Commission was reorganized under Act 1126 of the Legislature of the State of Alabama, and the name of the organization was changed to the North Central Alabama Regional Council of Governments. NARCOG is governed by a fourteen (14) member Board of Directors.

NARCOG celebrated 50 years as an agency in 2016. During these decades, NARCOG has continued our ongoing efforts to positively impact people and communities. We strive to exceed expectations, to work with an eye on excellence, to maintain a heart of service, and to work with integrity in managing and administering our programs and services.

NARCOG/AAA Mission Statement

NARCOG is committed to improving the quality of life by rendering the highest quality of professional services possible to our governments and the residents of Cullman, Lawrence and Morgan Counties. This mission shall be accomplished through fiscal accountability and prudent judgment in the administration of all programs, grants and planning services offered by this agency, while maintaining sensitivity to individual needs and changing governmental requirements. (Adopted by the NARCOG Board of Directors on October 20, 1994).

Included with NARCOG's Area Plan on Aging narrative is a compilation of exhibits that provides additional information and more in-depth details about the agency that further support the area plan.

SECTION II: NARRATIVE

FOUR-YEAR PLANNING APPROACH

During the next four years, the NARCOG Area Agency on Aging will address identified priorities by pursuing activities that support the Area Plan goals. To this end, the plan objectives for Fiscal Year 2018, the plan's first year of implementation, have been identified and listed in this plan. These objectives were developed through Community Impact Meetings, the Aging Advisory Council, AAA staff input, community needs assessment, public hearings and data collected through our Aging and Disability Resource Center (ADRC).

The four-year planning approach will involve a review of the initial/current plan objectives at the end of each fiscal year of the plan. NARCOG will evaluate the effectiveness and impact of each plan objective in meeting the needs of the region and will accomplish this by working with the Aging Advisory Council and other community partners, by holding additional meetings and focus groups in the community, and by conducting needs assessment surveys related to areas of need. This process will assist the AAA update and identify plan objectives that will be presented in subsequent updates to this Area Plan during fiscal years 2019 through 2021.

PLANNING PROCESS

The AAAs Advisory Council, AAA staff and community members representing the populations NARCOG is mandated to serve, worked to provide input in the area plan. The following activities were conducted to solicit input and the general public was encouraged to attend. All events were announced in media, on our website and our Facebook page, as well as shared with all partners via e-mail and at community meetings. Results, tools, sign-in sheets (where applicable) and flyers/ads for each event are included in the Area Plan Exhibits.

- Community Impact Meetings were held in all three counties in April 2017.
- AAA Staff SWOT Analysis was done in April 2017
- Community Needs Assessment Survey conducted July-August 2017
- Public Meeting was held in August 2017
- ADRC Call Data evaluated for fiscal years 2016-2017

Community Impact Meetings

NARCOG held a Community Impact Meeting in each county in a centralized and accessible location for target populations. Meetings were publicized through flyers, on written and social media, and shared with partners, to encourage as many to attend as possible. Transportation was offered. Sign-in sheets were obtained at each meeting.

The meetings were conducted by the AAA Director and Outreach Coordinator. These staff presented a brief introduction to the area plan and what information was being requested from those in attendance. Attendees were asked to comment on and express their needs and/or improvements in the following areas: transportation, in-home support services, health and wellness/disease prevention, nutrition, education/information, health care/insurance/medication, social/recreation, and other. AAA staff recorded the attendees' responses to each topic on easel pad sheets.

The following were the priority areas (or themes) discussed at the impact meetings.

Cullman County Priorities/Themes:

- Caregiver services and supports
- Better housing options

Lawrence County Priorities/Themes:

- Better access and availability of transportation options
- Better quality and options for meals/nutrition
- More health and wellness options in the centers and communities
- More educational opportunities regarding health, computer, self-defense, fraud, etc.
- More education regarding Medicare, disability, health care
- More health care options and availability of primary care physicians
- Address issues with VA health care

Morgan County Priorities/Themes:

- Broader access to transportation (locations, hours of operation, cost for very low -income residents)
- Address getting more services/funding for those languishing on waiting lists
- More access to health care and services for indigent population
- Increase wellness/education options to include topics specific to age and need, to promote lifestyle changes, and help with mobility challenges
- More education and information pushed out to the public regarding legal issues, transitional care, healthy eating (choices, shopping, cooking), dementia
- Work toward development of age-friendly communities
- Access to recreation opportunities outside of traditional senior centers
- More advocacy for senior issues and for those with disabilities

AAA Staff SWOT Analysis

In April 2017, AAA staff were given the opportunity to conduct a SWOT analysis to look at the strength, weaknesses, opportunities and threats, both internal and external to the agency and within our communities.

Internally, staff identified as strengths NARCOG's strong and longstanding partnerships within our communities, as well as our multi-faceted approach to outreach, the staff's knowledge, and how the ADRC person-center, no-wrong-door approach is strengthening the agency's ability to serve the community. Staff also expressed a need for NARCOG to strengthen training and staff development, to acquire better technology, and to increase resources to staff.

Externally, the staff indicated that the political climate and current uncertainty from our primary funding sources is concerning. The threats of this uncertainty may affect NARCOG's ability to continue serving rural areas (access to services and resources), retain quality service providers,

will likely decrease affordable/suitable housing, as well as decrease the availability of employment for older workers.

However, the staff saw many opportunities as well. The agency has an opportunity to meet the threats by expanding and diversifying funding sources through contracts with non-public funding sources such as managed care organizations for care coordination and through contracts to provide evidence-based programs through Medicare. NARCOG staff see the agency's position to be able to improve internal efficiency and competency, grow resources, improve coordination between acute and long-term care settings, increase public awareness of the needs of the older and disabled populations, expand infrastructure and partnership for those with disabilities, harness baby boomers for volunteer work, and expand services for gap populations.

Public Meeting

NARCOG held a public meeting on August 30, 2017 at the NARCOG offices to solicit community input regarding this area plan. The meeting was publicized on the state's open meeting website and disseminated through media sources, as well as through e-mail blasts to community partners, commission on aging offices, on Facebook and the NARCOG website. Efforts were made to seek input from the targeted OAA populations, homebound, and disabled individuals.

AAA staff presented the community with the proposed area plan goals and objectives and sought feedback and input on strategies to carry out these goals and objectives. The meeting was digitally recorded and a sign-in sheet was maintained.

As the area plan goals and objectives were reviewed during the meeting, many attendees agreed with the plan's goals and objectives as stated in the draft presented. There were no recommended changes from those that attended that would affect the Area Plan as written at that time.

There were additional comments from attendees regarding expanding personal emergency response systems (PERS) for those who need it to provide more security and a safety net for them in their homes.

Community Needs Assessment Survey

The Community Needs Assessment survey was developed by AAA staff along with the AAA Advisory Council. A copy of the survey and the survey results are included in the Area Plan Exhibits. The survey was created in Survey Monkey, a cloud-based survey software program that allows better tracking and data analysis.

The survey was strategically distributed in places where intended populations were gathered or served. Surveys were disseminated at local senior centers, AAA staff, nursing facilities and assisted living facilities, NARCOG case managers, Commission on Aging offices, home health agencies, hospitals, clinics, community-based partner agencies and all entities on our quarterly

newsletter e-mail list. A link to the survey was also posted on NARCOG's website and Facebook page. The AL Cares Coordinator sent the survey out to all current and waitlisted AL Cares program clients. The ADRC sent out the survey to callers or gave them the weblink. The survey was also given out during community events, such as the Cullman Scam Jam/Health Fair, Senior Companion/Foster Grandparent meeting, and others.

Given that many of our target population do not have internet access or are unable to use the internet, a paper copy of the survey was also created to allow more people to contribute to the results. Paper surveys received were entered manually in Survey Monkey to be able to aggregate all survey results.

Results Summary: (Full results available in the exhibits to this Plan)

- Basic Demographics: 336 respondents from all three counties
 - 77% female, 23% male
 - 130 indicated they are disabled
 - 11% veterans
 - 80% white, 14% black/African American
 - 21% divorced, 36% married, 4% never married, 37% widowed
 - Ages: 11% 50-59, 26% 60-69, 36% 70-79, 19% 80-89, 5% 90-99, and one person at 100
 - 46% live alone
 - 20% incomes under poverty level; 78% report social security income, 33% have pension/retirement income; 7% SSI, 12% SSDI; 20% employment wages (*Note that respondents may have reported multiple sources of income.*)
- Top chronic health conditions: arthritis, diabetes, heart disease
- Top activities where respondent needs help and does not have all the help they need: paying for dental care, paying for home maintenance and repair, paying for utilities, completing light and heavy household chores, and paying for food. (*These results are not surprising given the financial strain most seniors on fixed incomes are under.*)
- 47 respondents reported falling or injuring themselves in their homes in the past 90 days
- 78 respondents indicated that they need easier access to their homes (ramps, shower/grab bars, etc.)
- 68% of respondents report that they are able to drive but state that they prefer not driving at nighttime, to an area of town they are not familiar with and/or on high speed highways.
- 31% have had to rely on others for their transportation in the past 3 months (mostly depending on spouses, children or other relatives, friends/neighbors, and public transportation)
- The top factors preventing respondents from taking trips were – not being comfortable/unable to drive, not having a reliable vehicle, being unable to afford gas/parking or insurance, and not having someone to drive them.

- 35 respondents reported that they are caregivers (unpaid), with about half living with the person they care for (mostly spouses, parents or other relatives). About 20% of the caregivers stated they need help with caregiving and do not have all the help they need.
- Isolation loneliness, decline in memory, and depression are the most reported elements that affect quality of life for respondents

Aging and Disability Resource Center (ADRC) Call Data

According to data collected through our ADRC regarding calls, the top needs of callers were consistently the following subject/need areas:

- Nutrition & Food Assistance (Home Delivered Meals, Congregate meals, SNAP, food banks, Farmers market)
- Energy Assistance
- Home and Community-Based Services (personal care, homemaking, companion, etc.)
- Medicaid / Waiver Programs
- Transportation
- Legal Assistance
- Caregiver Services & Supports
- Medicare/Health Care/SHIP Counseling
- Prescription Assistance
- Dental Services
- Housing Assistance
- Veterans Assistance/Services

PRIORITY GOALS AND OBJECTIVES

During the planning process in engaging with community stakeholders and review of the themes of needs and gaps identified, NARCOG converged our strategies into the following overall priority areas that form the foundation of the area plan goals:

- Improve access to services, resources, and information
- Find local and community-based solutions to address needs
- Improve the effectiveness of the existing service system

NARCOG’s official goals are adopted directly from Alabama’s State Plan on Aging to advance ADSS’ vision for Alabama seniors. The goals along with a summary of the specific objectives for each of the goals is outlined below in Table 1 through Table 5.

Table 1. ADSS-NARCOG Goal 1.0

ADSS GOALS 1.0: Older adults, individuals with disabilities, and their caregivers shall have access to reliable information, helping them to make informed decisions regarding long-term supports and services.	
Objective 1.1	Expand public awareness about the availability and accessibility of services through the ADRC’s comprehensive system of information and referral services.
Objective 1.2	Coordinate disaster preparedness, educate and develop a plan of action to care for seniors and those with disabilities the event of a disaster or emergency situation.
Objective 1.3	Partner with community organizations to build upon existing service delivery models to further develop an aging and disability network.
Objective 1.4	Continue formalizing relationships with community-based agencies and organizations through establishment of ADRC Memoranda of Understanding (MOUs) with the intent of strengthening the system of services.
Objective 1.5	Ensure ADRC staff is trained in no-wrong-door, person centered models to provide information, assistance and counseling.
Objective 1.6	Develop and grow relationships with community partners through regular sharing of information and by identifying opportunities to partner and to increase cross-collaboration and referrals
Objective 1.7	Keep updated information on community resources and how to access them.
Objective 1.8	Ensure staff are trained in cultural diversity and are culturally competent to serve our diverse populations.
Objective 1.9	Increase outreach to faith based community and provide regular updates and support to members on how to reach seniors and those with disabilities and their caregivers within church congregations

Table 2. ADSS-NARCOG Goal 2.0

ADSS GOALS 2.0: Empower older persons and individuals with disabilities to remain in their own homes with high quality of life through the provision of options counseling, home and community-based services, and supports for family caregivers.	
Objective 2.1	Provide outreach to the aging and disability communities that is focused on community-based, in-home support services and programs designed to help older adults and those with disabilities age in place.
Objective 2.2	Maintain on-going involvement with local transit and paratransit providers to increase accessibility of transportation services that help keep up with the growing pace and specialized needs of the population.
Objective 2.3	Provide outreach and education to target groups to promote use of available community services such as recreation/socialization, nutrition, education, and disease prevention and health promotion programs.
Objective 2.4	Seek out partnerships to bring together services and support systems for family caregivers that include public information and education.

ADSS GOALS 2.0: Empower older persons and individuals with disabilities to remain in their own homes with high quality of life through the provision of options counseling, home and community-based services, and supports for family caregivers.	
Objective 2.5	Seek out partnerships with mental health service providers to create a better understanding of and access to mental health services.
Objective 2.6	Monitor waiting and active clients to ensure continual service needs and utilization.
Objective 2.7	Ensure older adults have access to nutrition services, socialization, and community resources that promote independence.
Objective 2.8	Ensure legal services and information are available and accessible to qualifying older adults.
Objective 2.9	Implement demand-driven strategies to meet local job market and employer needs while maintaining SCSEP's proven, participant-oriented approach to serving older job-seekers with multiple barriers to employment.
Objective 2.10	Deliver and monitor in-home services and work with direct service providers to ensure care plan needs and outcomes are met.
Objective 2.11	Utilize the local ombudsman to help rebalance the long-term care system by transitioning individuals with Medicaid from institution settings (such as nursing homes) into community-based settings through on-going marketing and outreach that promote the Gateway to Community Living initiative.

Table 3. ADSS-NARCOG Goal 3.0

ADSS GOALS 3.0: Empower older Americans to stay active and healthy through Older Americans Act services, Medicare prevention benefits, recreation, job, and volunteer opportunities.	
Objective 3.1	Coordinate health promotion/disease prevention initiatives within the region.
Objective 3.2	Improve health outcomes and promote a healthy lifestyle for program enrollees using evidence-based programs.
Objective 3.3	Promote the SHIP and Senior Medicare Patrol programs to increase the number of older adults who have adequate health insurance and educate them about fraud and preventive services available through Medicare.
Objective 3.4	Provide medication access to low income clients meeting the SenioRx Program criteria, and make the SenioRx program more accessible in rural areas.
Objective 3.5	Provide meaningful opportunities to volunteer and invigorate volunteers to be involved with a focus on recruiting the baby boomer population for volunteer service.
Objective 3.6	Educate local employers on the value of employing senior workers and support seniors and those with disabilities to engage in job training through programs like SCSEP.
Objective 3.7	Encourage attendance at local community focal points/senior centers for activities that promote healthy aging and provide nutrition education and meals.

Table 4. ADSS-NARCOG Goal 4.0

ADSS GOALS 4.0: Enable more Alabamians to live with dignity by promoting elder rights and reducing the incidents of abuse, neglect, and exploitation.	
Objective 4.1	Collaborate with community partners and build partnerships with local agencies on identifying, reporting and prevention of elder abuse, neglect and exploitation.
Objective 4.2	Advocate to strengthen services for elders, elder rights, abuse victims through education about elder issues and prevention through the Ombudsman Representative and other agency staff, including legal services provider.
Objective 4.3	Educate older adults about consumer fraud and identify theft through education and community events.
Objective 4.4	Hold community presentations through the Ombudsman Representative about issues faced by residents in long-term care facilities.

Table 5. ADSS-NARCOG Goal 5.0

ADSS GOALS 5.0: Promote proactive, progressive management and accountability of Area Agency on Aging and its contracting agencies.	
Objective 5.1	Evaluate the effectiveness of programs and services currently being provided from both internal and external perspectives. Use this information to establish strict quality assurance standards, as well as training and development plans for employees and volunteers.
Objective 5.2	Utilize program evaluations to improve delivery of services directly provided by NARCOG, as well as those provided by contractors.
Objective 5.3	Adhere to all programmatic requirements, policies, procedures and standards as set forth by funding sources, as well as NARCOG policies and procedures.
Objective 5.4	Protect the integrity and efficiency of the program by implementing workforce practices and management practices of accountability for staff and contractors
Objective 5.5	Ensure policies and practices are in place to ensure confidentiality guidelines are followed at all levels that protect the private information of all those we serve.
Objective 5.6	Ensure all staff and contractors are properly trained on the importance of continuous quality improvement concepts and methods, as well as receive ongoing feedback regarding performance.
Objective 5.6	Ensure all program staff/coordinators have their program budgets and conduct quarterly program staff meetings to review fiscal outcomes

Priority Activities

The following priority activities will allow the AAA to accomplish area plan goals and objectives:

- Explore opportunities to diversify funding sources that may increase the type and availability of services and programs.
- Increase agency's ability and capacity to be able to compete for newer and non-traditional funding sources.

- Develop and grow relationships with community partners and stakeholders through sharing of information and by identifying opportunities to collaborate.
- Continue to increase awareness of the Aging and Disability Resource Center (ADRC) within the region to increase usage and broaden the reach of the of the ADRC.
- Create a strategy for innovation in serving the Baby Boomer population that will include identification of the strengths, opportunities and challenges presented by aging Boomers.

OUTCOMES

Measuring the impact of Older American Act (OAA) and State Funded Senior Services programs and activities is important, yet challenging. As NARCOG moves forward, identifying and measuring outcomes will become increasingly more important to funders and consumers. The following are the outcomes NARCOG seeks to achieve through implementation of ADSS goals and area plan objectives listed in prior sections. Many of these outcomes can be applied across multiple goals and objectives.

Outcome 1: Increased number of people served through the Older Americans Act and State Funding for Senior Services

Outcome 2: Increased quality of services to that meet consumer needs

Outcome 3: Increase transportation availability and accessibility to older adults and those with disabilities to increase access to health care, maintain social interaction, and reach community and social services.

Outcome 4: Caregivers are supported, exhibit greater self-efficacy, and have improved access to information and services

Outcome 5: Resources are effectively expended on legal issues faced by those most in need and for which other legal assistance is not available

Outcome 6: Resources are effectively expended on issues faced by those most in need in long-term care facilities and for which other assistance is not available

PLANNING AND SERVICE AREA PROFILE

Geographic Area Description

The North Central Alabama Region is a three-county area situated geographically in the center of the state. The area is bounded on the north by the Tennessee River, on the southwest by the Bankhead National Forest and on the southeast by the Mulberry Branch of the Black Warrior River. The region consists of 2,013 square miles of area divided into three counties – Cullman, Lawrence and Morgan counties.

Population Profile

Table 6 depicts NARCOG’s population profile. According to 2016 population estimates, NARCOG’s total population is 234,181 persons with approximately 58% living in rural areas.

Per the U.S. Census estimates for 2016, 23.88% (55,912) of those living in the region are 60 years of age or older. This equates to nearly one in four residents (23.88%) in the region being an older adult, up from 21.44% in the 2015-2017 Area Plan. The male to female 60+ population is 45.1% male to 58.9% female.

(Table on next page)

Table 6. Population Profile (2016 Estimates)

DEMOGRAPHIC CLASSIFICATION	Region	Cullman	Lawrence	Morgan
Total Population	234,181	82,471	33,244	119,012
% Rural Population	58.30%	73.2%	91.3%	38.6%
# Population 60+	55,912	20,348	8,037	27,527
# Male 60+	25,225	9,196	3,706	12,323
# Female 60+	30,687	11,152	4,331	15,204
% of Total Population 60+	23.88%	24.67%	24.18%	23.13%

Sources:

- *Annual Estimates of the Resident Population for Selected Age Groups by Sex for the United States, States, Counties and Puerto Rico Commonwealth and Municipalities: April 1, 2010 to July 1, 2016* Source: U.S. Census Bureau, Population Division, Release Date: June 2017
- *2010 U.S. Census Urban and Rural Classification and Urban Area Criteria*

Table 7. **Total Population by Race (2015 Estimates)** below shows the region’s population by race based on 2015 population estimates. A large majority of the population in the NARCOG is white (86.42%), with the remaining population at 13.58% minorities. The majority-minority population is Black/African American (8.33%). The county with the highest minority population by percentage is Lawrence County at 22.65%. The county with the largest minority population by number of persons is Morgan County with 20,735 people. There are 13,548 people (or 5.78%) who state they are Hispanic or Latino (of any race).

Table 7. Total Population by Race (2015 Estimates)

DEMOGRAPHIC CLASSIFICATION	Region		Cullman		Lawrence		Morgan	
	Total	%	#	%	#	%	#	%
Total population	234,337	100%	80,965	100%	33,586	100%	119,786	100%
White	202,507	86.42%	77,478	95.69%	25,978	77.35%	99,051	82.69%
Black or African American	19,529	8.33%	964	1.19%	3,848	11.46%	14,717	12.29%
American Indian and Alaska Native	2,915	1.24%	331	0.41%	1,826	5.44%	758	0.63%

Asian	1,208	0.52%	451	0.56%	37	0.11%	720	0.60%
Native Hawaiian and Other Pacific Islander	120	0.05%	21	0.03%	-	0.00%	99	0.08%
Some Other Race	2,434	1.04%	597	0.74%	20	0.06%	1,817	1.52%
Two or More Races	5,624	2.40%	1,123	1.39%	1,877	5.59%	2,624	2.19%
Hispanic or Latino (of any race)	13,548	5.78%	3,493	4.31%	697	2.08%	9,358	7.81%

Source: U.S. Census Bureau, 2009-2013 5-Year American Community Survey, (S0102)

According to Table 8. **60+ Population by Race (2015 Estimates)**, there is a lower total minority population in the 60+ age range at 8.48% compared to the percentage of minorities in the total population of the region at 13.58%. The majority-minority 60+ population is Black/African America at 5.95%. The county with the highest minority 60+ population by percentage is Lawrence County at 16.2% with Cullman only having a 60+ minority population of 3.3%. The county with the highest number of 60+ minorities is Morgan County with 2,607 persons. Only 1% of the 60+ population identifies as being Hispanic or Latino with the highest number of these persons residing in Morgan County.

Table 8. 60+ Population by Race (2015 Estimates)

DEMOGRAPHIC CLASSIFICATION	Region #	Region %	Cullman	Lawrence	Morgan
Total 60+ Population	52,222	100.00%	19,353	7,296	25,573
White	47,794	91.52%	18,714	6,114	22,966
Black or African Amer.	3,109	5.95%	155	883	2,071
Native American or Alaska Native	371	0.71%	116	153	102
Asian	128	0.25%	77	0	51
Native Hawaiian or Other Pacific Islander	0	0.00%	0	0	0
Some Other Race	70	0.13%	19	0	51
Two or More Races	749	1.43%	271	146	332
# Total Minorities	4,427	-----	638	1,182	2,607
% Total Minorities	-----	8.48%	3.30%	16.20%	10.19%
Hispanic or Latino of any Race	516	0.99%	194	15	307

Source: U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates

Veteran Profile

Veterans comprise 9.2% (16,582) of the civilian population 18 and over in the region. Of that veteran population, 94.6% are male and 44.7% (7,408) of those are age 65 and older. There are 5,182 (31.3%) veterans in the region who are disabled with any type of disability. Among those veterans with a disability, 50.8% (2,632) have a service-connected disability rating. (See Table 9. Veteran Demographics and Disability Status below.)

Table 9. Veteran Demographics and Disability Status

DEMOGRAPHIC CLASSIFICATION	Region	Cullman	Lawrence	Morgan
Civilian Population 18 and Over	180,557	62,642	26,133	91,782
Total Veterans	16,582	5,728	1,921	8,933
Male	15,746	5,421	1,900	8,425
Female	836	307	21	508
Age of Veterans				
18 to 34 years	1,233	391	191	651
35 to 54 years	4,026	1,252	426	2,348
55 to 64 years	3,915	1,280	490	2,145
65 to 74 years	3,807	1,460	473	1,874
75 years and over	3,601	1,345	341	1,915
Race				
White Alone	15,021	5,531	1,631	7,859
Other	776	197	290	289
Hispanic or Latino	146	18	8	120
Income Below Poverty Level in Past 12 Months	1,341	641	106	594
Total Veterans with Any Disability	5,182	1,637	644	2,901
With a Service-Connected Disability Rating	2,632	741	216	1,675

Source: U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates

Income/Poverty Profile

The following data in Table 10. Below 100% of Poverty for the Past Twelve Months (2015) shows the statistics on those who have incomes below 100% of the poverty level in the past twelve months (as determined by the 2015 projections). A total of 39,975 people (17.3%) in the NARCOG region live below 100% of the poverty level. Lawrence County has the highest percentage of total population living below the poverty level at 18.73%. Morgan County has the highest number of people living below poverty level with 18,936, persons. Of those living below poverty level, 5,848 (14.63%) of these people are 60 years of age or older.

The largest minority category with members living below poverty level is the Black/African American cohort at 5,739 persons, with the Hispanic/Latino cohort coming in close second at 5,593 persons. A majority of this Hispanic/Latino population resides in Morgan County.

Table 10. Below 100% of Poverty for the Past Twelve Months (2015)

DEMOGRAPHIC CLASSIFICATION	Region	Cullman	Lawrence	Morgan
Population for Whom Poverty is Determined	231,055	79,885	33,232	117,938
# Below 100% of Poverty Level	39,975	14,814	6,225	18,936
% Below 100% of Poverty Level	17.30%	18.54%	18.73%	16.06%
White Alone	31,428	13,604	4,692	13,132
Black or African American	5,739	304	865	4,570
American Indian & Alaska Native	463	73	352	38

Alone				
Asian Alone	146	52	4	90
Native Hawaiian and Other Pacific Islander alone	14	8	-	6
Some other race alone	491	168	-	323
Two or more races	1,694	605	312	777
Hispanic or Latino origin (of any race)	5,593	1,761	349	3,483
Population 60+ Below Poverty Level	5,848	2,388	828	2,632
% Population 60+ Below Poverty Level	14.63%	16.12%	13.30%	13.90%

Source: U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates

Referencing Table 11 below, an estimated 3,918 people in the 65+ age group in the region live below poverty level. Within that number, 15.8% of the 65+ population are minorities who are living below poverty level. The majority-minority of the 65+ population living below poverty level at 12.3% is the Black/African American cohort.

Table 11. Below Poverty Level for 65+ Population by Race

DEMOGRAPHIC CLASSIFICATION	Region	Cullman	Lawrence	Morgan
# of 65+ Persons of All Races Below Poverty Level	3,918	1,700	564	1,654
White Alone (65+)	84.2%	95.8%	77.0%	74.7%
Black or African American (65+)	12.3%	1.1%	20.4%	20.9%
Asian Alone (65+)	0.8%	0.4%	0%	1.5%
American Indian & Alaska Native Alone (65+)	1.0%	1.4%	0%	1.0%
65 and Over, Other Minority (65+)	1.7%	1.3%	2.7%	1.9%

Source: U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates

Based on 2015 estimates in Table 12. Income and Benefits (in 2015 Inflation-Adjusted Dollars) below, out of the types of income received by 91,059 total households in the region, 31,807 (34.9%) of these households received Social Security Income, 5,906 (6.5%) received Supplemental Security Income, and 19,639 (21.6%) received some sort of retirement income. Regionally, 15.2% of households received SNAP benefits and 1.3% received cash public assistance. The mean Social Security, Supplemental Security, and retirement incomes for each county are also listed in Table 12.

Table 12. Income and Benefits (in 2015 Inflation-Adjusted Dollars)

DEMOGRAPHIC CLASSIFICATION	Region	Cullman	Lawrence	Morgan
Total Households	91,059	31,287	13,537	46,235
With Earnings	64,895	21,444	9,420	34,031
Mean Annual Earning	-----	\$56,197	\$55,979	\$61,432
With Soc. Security Income	31,807	11,746	4,611	15,450
Mean Annual Soc. Security Income	-----	\$16,818	\$17,581	\$18,225

With Supp. Security Income	5,906	2,169	1,058	2,679
Mean Annual Supp. Security Income	-----	\$9,329	\$9,083	\$9,180
With Retirement Income	19,639	5,877	3,395	10,367
Mean Annual Retirement Income	-----	\$18,300	\$16,030	\$24,845
With Cash Public Assistance Income	1,205	408	164	633
Mean Annual Cash Public Assistance	-----	\$2,544	\$3,601	\$1,982
With Food Stamp/SNAP benefits in Past 12 Months	13,820	4,424	2,609	6,787

Source: U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates

Grandparents Taking Care of Grandchildren

According to the U.S. Census (Table 13. Grandparents Caring for Grandchildren there are an estimated 5,783 grandparents in the NARCOG region (of any age) who are living with their own grandchildren under the age of 18. An estimated 2,937 (50.79%) are responsible for their own grandchildren. These percentages are very similar across the three counties. When looking at the length of time providing care, 1,084 (36.9%) of these grandparents have been caring for their grandchildren for 5 or more years.

An estimated 1,032 (35.1%) of the 2,937 grandparents responsible for caring for their grandchildren are 60 or older. Of those 60+ grandparents, 59.6% (615) are female, 26.4% (254) have incomes below poverty level, 11.3% (117) are minorities, 37.9% (391) have a disability. 33.1% (342) are in the labor force, and 28.9 & (298) are unmarried.

Table 13. Grandparents Caring for Grandchildren

DEMOGRAPHIC CLASSIFICATION	Region	Cullman	Lawrence	Morgan
Grandparents Living with Own Grandchildren under 18 Years Old	5,783	2,070	1,114	2,599
Grandparents Responsible for Own Grandchildren Under 18 Years Old	2,937	952	581	1,404
% Responsible for own Grandchildren Under 18 Years Old	50.79%	45.99%	52.15%	54.02%
Years Responsible	-----	-----	-----	-----
Less than 1 year	777	290	113	374
1 or 2 years	687	157	210	320
3 or 4 years	389	104	124	161
5 or more years	1,084	401	134	549
Grandparents 60+ Responsible for Grandchildren	1,032	429	130	473
Male	417	180	65	172
Female	615	249	65	301
Income Below Poverty Level Within Past 12 Months	254	166	9	79
Race - White	915	428	83	404

Race - Minority	117	1	47	69
Marital Status - Now Married	734	314	104	316
Marital Status - Unmarried	298	115	26	157
In Labor Force	342	118	42	182
With Any Disability	391	166	42	183

Source: U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates

Profile of Those with Disabilities

According to Table 14. Regional Disability Characteristics (2015) 16.9% (39,192) of the civilian non-institutionalized population has a disability. The statistics also reflect that 51% (20,004) of those with a disability are 60 years and older. Table 14. Regional Disability Characteristics (2015) below also indicates the disability by type for the 65 to 74 and 75 and older cohorts. (For these disability types, people may have answered that they may have had more than one disability type.)

Table 14. Regional Disability Characteristics (2015)

DEMOGRAPHIC CLASSIFICATION	Region	Cullman	Lawrence	Morgan
Total Civilian Noninstitutionalized Population	231,628	80200	33,344	118,084
With a disability	39,192	12641	6,872	19,679
Under 60 Years	19,188	5,624	3,818	9,746
60 to 64 Years	4,026	1,456	531	2,039
65 to 74 Years	7,384	2526	1,366	3,492
75 Years and Over	8,594	3035	1,157	4,402
Disability Type by Age				
With a hearing difficulty	11,396	3869	1,694	5,833
Under 65 Years	4,872	1507	761	2,604
Population 65 to 74 years	2,899	901	494	1,504
Population 75 years and over	3,625	1461	439	1,725
With a vision difficulty	7,452	2632	1,183	3,637
Under 65 Years	4,552	1507	700	2,345
Population 65 to 74 years	1,154	462	245	447
Population 75 years and over	1,746	663	238	845
With a cognitive difficulty	14,239	4113	2,397	7,729
Under 65 Years	10,229	2764	1,851	5,614
Population 65 to 74 years	1,551	594	276	681
Population 75 years and over	2,459	755	270	1,434
With an ambulatory difficulty	22,659	7418	4,216	11,025
Under 65 Years	12,350	3823	2,497	6,030
Population 65 to 74 years	4,390	1478	883	2,029
Population 75 years and over	5,919	2117	836	2,966
With a self-care difficulty	8,190	2877	1,586	3,727
Under 65 Years	4,527	1599	985	1,943

DEMOGRAPHIC CLASSIFICATION	Region	Cullman	Lawrence	Morgan
Population 65 to 74 years	1,266	517	215	534
Population 75 years and over	2,397	761	386	1,250
With an independent living difficulty	14,024	4290	2,736	6,998
Under 65 Years	7,795	2192	1,715	3,888
Population 65 to 74 years	2,078	793	469	816
Population 75 years and over	4,151	1,305	552	2,294

Source: U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates

Rural Versus Urban Population

A majority of the region's population lives in rural areas as seen in Table 15 below. For the region, 41.79% is urban while 58.21% is rural. The county with the highest percentage of rural population is Lawrence County (91.29%), with Cullman (73.24%) and Morgan (38.60%) following.

Table 15. Rural Versus Urban Population, All ages

DEMOGRAPHIC CLASSIFICATION	Region	Cullman	Lawrence	Morgan
Total Population	234,235	80,406	34,339	119,490
Urban Population	97,878	21,517	2,991	73,370
% Urban Population	41.79%	26.76%	8.71%	61.40%
Rural Population	136,357	58,889	31,348	46,120
% Rural Population	58.21%	73.24%	91.29%	38.60%

SOURCE: 2010 U.S. Census Bureau

Alzheimer's Disease

It is important to look at the population of people with Alzheimer's Disease and other types of dementia. According to a report from the Alzheimer's Association, the number of those with dementia in the United States is growing at an alarming rate with one in every 10 people 65 and over living with Alzheimer's - almost two thirds of them being women. Those with dementia suffer from cognitive decline (memory, language and learning) which interferes with their everyday activities. There are an estimated 5.5 million people with Alzheimer's Disease – 5.3 million of those are 65 and older and an additional 200,000 individuals are younger than 65 who have early onset Alzheimer's. However, for those with the disease, 82% are 75 years of age or older.¹

Although county specific statistics are not available, there are some important statistics available for the state of Alabama that can be generalized to the population in the NARCOG region. These statistics reflect the impact that caring for those with dementia has on the caregivers, families, and communities. According to Alzheimer's Association's statistics and projections for the state of Alabama are as follows:²

¹ (Alzheimer's Association, 2017), *2017 Alzheimer's Disease Facts and Figures*, http://www.alz.org/documents_custom/2017-facts-and-figures.pdf

² (Alzheimer's Association, 2017), *Alzheimer's Statistics Alabama*, http://www.alz.org/documents_custom/facts_2017/statesheet_alabama.pdf

- Between 2017 and 2025 there is expected to be a 22.2% growth of those with Alzheimer’s Disease - from 90,000 to 110,000 people.
- The number of deaths in 2014 due to Alzheimer’s Disease was 1,885 persons, an increase in Alzheimer’s deaths of 111% since 2000.
- Alzheimer’s is the 6th leading cause of death in Alabama and the 9th highest Alzheimer’s death rate in America.
- There are 5,891 (21%) people in hospice with a primary diagnosis of dementia.
- The estimated cost of providing care through Medicaid to people in Alabama with Alzheimer’s in 2017 is \$797 million. There is 37% projected change (increase) in Medicaid costs between 2017 to 2025.
- In Alabama in 2016, there were approximately 303,000 people serving as caregivers to those with Alzheimer’s and dementia, providing about 345 million hours of care estimated to be valued at \$4.36 billion.

These statistics for Alabama reflect the enormous need for outreach, education, and above all, direct support and services for those with dementia and for those caring for them.

Employment/Work Status 55+ Population

In today’s economically stressful time, many older adults must work due to financial necessity to remain financially secure and independent. According to the National Council on Aging (NCOA), older people will play a vital role in America’s economy, and by 2019, 40% of older workers 55+ will be employed and make up 25% of the U.S. labor force.³ Of those who need to work, many cannot find work or cannot find the amount of work needed to help them stabilize themselves financially, often leading to discouragement.

In the NARCOG region, there are 68,762 people 55 or older, 31,091 (45.2%) of them between 55 and 64 years old and 37,761 (54.8%) 65 and over. Looking at Table 16. Employment Status of 55+ Population (2015) below, 46.2% of those ages 55-64 and 83.3% of those age 65+ did not work in the past 12 months. This reflects that 16.7% of those 65+ worked past the traditional retirement age and age most would become eligible for Social Security. The remainder of those 55 and over were working at least some during the past 12 months. It is unclear from data how many wanted to or needed to work and could not.

Table 16. Employment Status of 55+ Population (2015)

DEMOGRAPHIC CLASSIFICATION	REGION	CULLMAN	LAWRENCE	MORGAN
Total 55 and Over Population	68,762	24,746	10,015	34,001
Worked in past 12 Months 65+	22,569	7,843	2,814	11,912
Did Not Work in Past 12 Months 65+	46,193	16,903	7,201	22,089
Total 55-64 Population	31,091	10,713	4,709	15,669
Worked in past 12 Months 55-64	16,733	5,878	2,234	8,621

³ National Council on Aging; *Mature Workers Facts*; <https://www.ncoa.org/news/resources-for-reporters/get-the-facts/mature-workers-facts/>

DEMOGRAPHIC CLASSIFICATION	REGION	CULLMAN	LAWRENCE	MORGAN
Did Not Work in Past 12 Months 55-64	14,358	4,835	2,475	7,048
Total 65+ Population	37,671	14,033	5,306	18,332
Worked in past 12 Months 65+	5,836	1,965	580	3,291
Did Not Work in Past 12 Months 65+	31,835	12,068	4,726	15,041
Male 65+	16,423	6,090	2,379	7,954
Worked in past 12 Months	3,243	1,101	294	1,848
Did Not Work in Past 12 Months	13,180	4,989	2,085	6,106
Female 65+	21,248	7,943	2,927	10,378
Worked in past 12 Months	2,593	864	286	1,443
Did Not Work in Past 12 Months	18,655	7,079	2,641	8,935

Source: U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates

Population Growth/Projections

The total population in the NARCOG region is projected to grow by 7.66%, or by 17,105 people, by 2040 as seen in Table 17 below. In both Cullman and Morgan Counties, steady growth is projected for this time period (11.44% and 11.67%, respectively). However, Lawrence County is projected to steadily decline in total population by 13.58% between 2000 to 2040, from 34,803 people in 2000 to 30,077 in 2040.

Table 17. Region Total Population 2000-2010 and Projections 2015-2040

YEAR	REGION	CULLMAN	LAWRENCE	MORGAN
Total Change # 2000-2040	17,105	8,867	-4,726	12,964
Total % Change 2000-2040	7.66%	11.44%	-13.58%	11.67%
2000	223,350	77,483	34,803	111,064
2010	234,235	80,406	34,339	119,490
2015	239,106	81,996	34,008	123,102
2020	235,029	82,904	32,260	119,865
2025	235,884	83,897	31,523	120,464
2030	237,034	84,776	30,914	121,344
2035	238,651	85,636	30,458	122,557
2040	240,455	86,350	30,077	124,028

Source: U.S. Census Bureau and Center for Business and Economic Research, The University of Alabama, March 2017.

Table 18. Region Population Age 65 & Over, Actual 2000-2010 and Projections 2015-2040

YEAR	REGION	CULLMAN	LAWRENCE	MORGAN
Total Change # 2000-2040	24,960	8,791	3,191	12,978
Total % Change 2000-2040	85.35%	77.51%	76.07%	94.67%
2000	29,245	11,342	4,195	13,708
2010	34,680	12,810	4,999	16,871
2015	39,981	14,562	5,777	19,642
2020	43,455	16,064	6,174	21,217
2025	48,299	17,864	6,851	23,584
2030	52,651	19,402	7,554	25,695
2035	54,174	19,876	7,765	26,533
2040	54,205	20,133	7,386	26,686

Source: U.S. Census Bureau and Center for Business and Economic Research, The University of Alabama, July 2016.

Growth in 65+ Population – 2000 to 2040

Even though there is an overall growth in total population projected for the region, what is staggering are the projections for growth for the 65 and over age group within the region as a whole - even in Lawrence County that projects a loss in overall population. As can be seen in Table 18, the growth (% change) of the 65+ population from the years 2000 to 2040 for the NARCOG region is expected to be 85.35%, from 29,245 persons 65+ in 2000 to 54,205 persons 65+ in 2040. Morgan County’s 65+ population is growing by largest percentage at 94.67%.and by 12,978 persons 65+.

This has significant impact on shaping older adults in the region are served. The need for services and programs for older adults will grow at an alarming rate over the next few decades. NARCOG will need to grow and adapt to provide the needed information and services, as well as meet the long-term care needs of its senior population.

SERVICES PROVIDED THROUGH THE AAA

With Older Americans’ Act funds and other funds obtained through county and state match and federal sources, NARCOG provides some services directly while it enters into contracts to provide other services. The contracting agencies include the County Commissions, direct service providers (home health agencies), attorneys, counseling service providers, and meals vendors.

The following is a list of services that NARCOG provides either directly or through contracts.

Aging and Disability Resource Center

The melding together of the Administration on Aging, the Office on Disability, and the Administration on Developmental Disabilities into the Administration for Community Living (ACL) in 2012 created a stronger entity with a single focus on improving the lives of the aging population and those with disabilities. This merger strengthened the Aging and Disability Resource Centers (ADRCs). The ADRCs have necessitated the need for sharing of resources, development and strengthening of partnerships and operational philosophies, as well as cross-training and outreach opportunities between the disabilities communities and the older adult communities.

The long-term goal of the ADRC is the provision of a comprehensive system of information and referral services in the region. This is accomplished through collaboration, development and maintenance of agency and community partnerships, dissemination of information, and targeted and structured outreach in the communities. Our goal is to ensure the members of our community know us before they need us.

We accomplish this by working with various agencies and providers to ensure that services are available and referrals are made to agencies or providers who can provide services to those in need. NARCOG is functioning as the region's single point of entry for aging and disability services and as a one-stop-shop for information assistance and referral.

Information and Assistance

Primary information and assistance (I&A) services provide information to older adults, those with disabilities, their family members and other community members over the telephone, in-person, and through the internet. Assistance in accessing services is also provided for clients who are unable to do so themselves. Trained I&A advocates through the ADRC screen clients to determine whether they need referrals for services. All other agency staff and partners are encouraged to steer those who need information and assistance to the ADRC.

Public Outreach

Outreach to individuals and groups in the community is imperative to help support successful initiatives, to increase awareness about the aging and disability networks, and to increase public awareness of resources available for the aging and disability network in place.

All NARCOG staff and our Commission on Aging (COA) Contractors are responsible for outreach. Not only are staff knowledgeable about their specific assigned programs, they are also knowledgeable about all other programs. NARCOG conducts outreach at health fairs, community meetings, open enrollment events, and at every other opportunity available. Our COA partners also conduct outreach during their local events, in their senior centers, and when receiving visitors and callers.

NARCOG's website and Facebook page are geared to inform the public and potential consumers about services available. The website also provides an overview of the agency and services and promotes the Aging and Disability Resource Center, promotes initiatives and events, shares impact stories and builds awareness of resources available.

Case Management

The Case Management services provided through our Elderly & Disabled, HIV/AIDS, and Alabama Community Transition Medicaid Waiver programs offers in-depth assistance to frail elders and adults with disabilities who have significant health and social needs. Case managers conduct in-home assessments and work with their clients to develop and implement a person-centered, individualized care plan. Case managers monitor the care plan and provide regular follow-up contact with clients and service providers to track progress on meeting service plan goals. Upcoming in FY 2018 plans to seek NCQA accreditation for case management for Long-term Services and Supports (LTSS). The accreditation will move the agency toward a more

clinical model (a mixture of social and medical models) end show that NARCOG case managers can effectively coordinate services between caregivers, individuals, LTSS providers and clinicians This accreditation will also demonstrate that we have the core competencies and best practices in place for person-centered care planning, effective care transitions, and measuring quality improvement to support people living optimally in their preferred setting.

Homemaking

There is a small amount of funding through the Older Americans Act Title IIIB funds for supportive services. Homemaking services are provided to eligible participants who receive assistance such as preparing meals, shopping for personal items, managing money, using the telephone, or doing light housework.

Disease Prevention and Health Promotion

Disease prevention and health promotion (DPHP) services include such things as health screening and assessments; organized physical fitness activities; evidence-based health promotion programs; medication management; home injury control services; and/or information, education, and prevention strategies for chronic disease and other health conditions that reduce the length or quality of life of the person 60 or older.

The following is a list of the evidence-based programs approved for use with OAA Title IIID program funding that NARCOG is currently providing:

- Arthritis Foundation Exercise Program (AFEP)⁴ – NARCOG is currently providing this program. AFEP is a community-based recreational exercise program developed by the Arthritis Foundation. Trained AFEP instructors cover a variety of range-of-motion and endurance-building activities, relaxation techniques, and health education topics. All the exercises can be modified to meet participant needs. The program's demonstrated benefits include improved functional ability, decreased depression, and increased confidence in one's ability to exercise. Classes typically meet two or three times per week for an hour.
- Stress-Busting Program for Family Caregivers⁵ – NARCOG has two staff trained for this program and currently offers this program. The Stress-Busting Program (SBP) for Family Caregivers is an evidence-based program that provides support for family caregivers of persons with Alzheimer's disease and related dementias. It is designed to improve the quality of life of family caregivers who provide care for persons with Alzheimer's disease and related dementias and to help caregivers manage their stress and cope better with their lives. The nine-week program consists of weekly, 90-minute sessions with a small group of caregivers. The multi-component program focuses on education, support, problem-solving, and stress management.
- Chronic Disease Self-Management Program (CDSMP)⁶ and Diabetes Self-Management Program (DSMP)⁷ – NARCOG has two staff trained for both programs and currently offers this program. The Chronic Disease and Diabetes Self-Management Programs are workshops held for two and a half hours, once a week, for six weeks, in community settings such as senior centers, churches, libraries and hospitals. People with different

⁴ Taken from http://www.cdc.gov/arthritis/interventions/physical_activity.htm.

⁵ Description taken from program website <http://www.caregiverstressbusters.org/>.

⁶ Description taken from the program website <http://patienteducation.stanford.edu/programs/cdsmp.html>.

⁷ Description taken from the program website <http://patienteducation.stanford.edu/programs/diabeteseng.html>

chronic health problems (CDSMP) or diabetes (DSMP) attend together. Workshops are facilitated by two trained leaders, one or both of whom are non-health professionals with chronic diseases or diabetes themselves.

- A Matter of Balance⁸ – NARCOG currently has two staff trained as master trainers who can train other volunteer coaches to hold the classes within their own communities. The program is a lay leader model whose goal is to reduce the fear of falling, stop the fear of falling cycle, and increase activity levels for those older adults still in a community setting. A Matter of Balance is an 8-week structured group intervention that emphasizes practical strategies to reduce fear of falling and increase activity levels. Participants learn to view falls and fear of falling as controllable, set realistic goals to increase activity, change their environment to reduce fall risk factors, and exercise to increase strength and balance.

The following are other health and wellness initiatives within the region:

- Virtual Dementia Tour (VDT)⁹ - – VDT is an interactive sensitivity and learning experience that allows those caring for someone with dementia an opportunity to walk in the shoes of a person with dementia. VDT is designed for use by care giving facilities and community organizations to help identify with and understand behaviors and needs of people living with dementia. After experiencing the VDT, people are able to identify with, and better understand, the behaviors and needs of those with dementia. You can also use the Virtual Dementia Tour to spread awareness of the impact of dementia on everyday life of our seniors. We thank you for your commitment and we look forward to working with you to develop comprehensive staff and community training programs. NARCOG has two trainers certified who conduct VDTs on a regular basis throughout the year.
- Health Screenings – Health screenings to include blood pressure, cholesterol, diabetes (blood sugar levels), vision, hearing and others, are encouraged at every senior center, as well as other locations. Screenings emphasize wellness and disease prevention. Even though health screenings are not as high a level of evidence-based services, they are an important tool for seniors to use in helping them maintain good health. Health screenings are especially important in rural areas when seniors have very little regular access to health care providers to help them manage and monitor their chronic health conditions and overall health.

The following are other health and wellness initiatives and programs NARCOG is investigating to provide during the four years of this area plan:

- Diabetes Self-Management Training (DSMT) Accreditation
- Some type of evidence-based medication management program to address medication problems among frail older adults
- Smoking Cessation program partnership with the local hospital

We will also encourage all community partners and senior centers to continue beneficial programs geared toward wellness that seniors enjoy and from which they are receiving direct benefits.

⁸ Description taken from NCOA's website <https://www.ncoa.org/resources/program-summary-a-matter-of-balance/>

⁹ Description taken from Second Wind Dreams website <http://www.secondwind.org/virtual-dementia-tour/>

Elder Abuse Prevention

The Long-Term Care Ombudsman Program is designed to improve the quality of life for residents of nursing homes, congregate care facilities, boarding homes, and adult family homes. The Ombudsman investigates and resolves complaints made by or on behalf of residents and identifies problems that affect a substantial number of residents. The Ombudsman may also recommend changes in federal, state and local legislation. Part of the Ombudsman's and other NARCOG staff responsibilities include training and educating community members and agency partners. This training included how to recognize signs that may indicate a vulnerable adult is at risk of abuse, neglect, or exploitation and informs them how to report their concerns.

Alabama Cares - Family Caregiver Support Program

The National Family Caregiver Support Program (NFCSP) provides grants to States and territories, based on their share of senior citizens. Alabama's allotment through Title III E under the Older Americans Act created the Alabama Cares Program. NARCOG administers funds for the Alabama Cares program which provides several services that support the informal family caregivers. The focus is on providing information, assistance, counseling, and education to assist caregivers in making decisions and solving problems relating to their caregiver roles. In addition, the Alabama Cares Program also provides respite and supplemental services.

The program coordinator:

- Conducts community education and outreach regarding caregiver issues, services and dementia related disorders
- Arranges and supports caregiver support groups. Support group attendance is a challenge and the coordinator will also refer caregivers to other agencies (such as mental health) that offer support groups and other services.
- Provides support to grandparents who are raising grandchildren, addressing the needs of caregivers by providing them time away from the responsibilities of ongoing care of a child under 18 or for a disabled adult child with severe disabilities.
- Conducts Virtual Dementia Tours (VDTs) to professional caregivers, families and the community.

Nutrition Services

Congregate Meals

The Congregate Nutrition Program helps meet the social and dietary needs of older people by providing nutritionally sound meals in a group setting. Provision of meals in a congregate setting encourages socialization, and thus, improves health outcomes on many levels. Three contractors manage 22 nutrition sites located throughout Cullman, Lawrence, and Morgan Counties. Although a majority of the meals provided to congregate participants are hot meals, but participants may also receive picnic, frozen, shelf-stable, or meal replacements.

Home Delivered Meals

The Home Delivered Nutrition Program provides nutritious meals to older people who are homebound, unable to prepare meals for themselves and who are without reliable access to a sufficient quantity of affordable, nutritious food (food insecure). Through a statewide, single-source contract, one vendor prepares and delivers hot meals to 22 senior centers throughout the region. Seniors in both urban and rural areas are provided hot home delivered meals five days per week. Three Commission on Aging (COA) entities manage the home delivered meals

program to individuals throughout Cullman, Lawrence, and Morgan Counties. A majority of the meals provided to home delivered meals participants are hot meals, but participants may also receive picnic, frozen, shelf-stable, and meal replacements are available.

In addition to the Title III Program run through NARCOG, there is a “Meals on Wheels Program” which operates in the Morgan County. The program is operated through the Community Action Partnership of North Alabama agency and provides meals on a daily basis to qualified homebound individuals.

Nutrition Education

Nutrition education is a service that promotes better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants or caregivers in a group or individual setting overseen by a dietitian or individual of comparable experience. Nutrition Education materials are provided to NARCOG through the nutrition team of registered dietitians at the Alabama Department of Senior Services (ADSS). Each quarter, NARCOG receives and then distributes these materials to all 23 senior nutrition center locations. Each senior center is required to perform nutrition education utilizing these materials at least once per month for both congregate and home delivered meals participants.

Nutrition Counseling

Nutrition Counseling is the provision of individualized advice and guidance to those who are at nutritional risk because of their health or nutritional history, dietary intake, medication use, or chronic illnesses. Nutrition counseling services provide information about options and methods for improving their nutritional status and are performed by a professional in accordance with state law and policy.

NARCOG has had difficulty entering into a contract with a registered dietitian to provide Nutrition Counseling and risk screening services, as this service is not currently being provided but is needed. There has not been a dietitian interested in providing the service. NARCOG will continue to reach out to local hospitals, long-term care facilities, schools/universities and other agencies/organizations to find a registered dietitian. NARCOG will put out an RFP in FY 2018 as well to see if there are any responses. Also, NARCOG will ensure meals participants who qualify for nutrition counseling under their Medicare or other insurance, know of this benefit and encourage them to seek out the service.

Senior Farmers Market Nutrition Program

The Senior Farmers Market Nutrition Program (SFMNP) enhances access to fresh fruits and vegetables for seniors and supports local sustainable agriculture. Each summer, one-time Senior Farmers Market Program vouchers are provided to lower income older adults; however, seniors must begin applying for the benefit on a first-come-first-served basis beginning in January of each year. The vouchers can be redeemed at farmers markets throughout the PSA. Seniors must apply for the vouchers online. NARCOG does community outreach at many locations to register seniors for this program. We also encourage community agencies to assist seniors by completing their online applications for them.

AESAP/SNAP

NARCOG has an independent grant from SARPC for outreach to enroll seniors in SNAP (Food Stamps) using AESAP, a simplified application process geared to the aging population to make applying and reapplying for SNAP benefits simpler. The goals of this program are to provide greater awareness of and access to SNAP and AESAP, as well as increase the number of seniors accessing SNAP benefits and increasing the number of approved applications. Enrollment events in which the applications are available to potential applicants are held on a regular basis at libraries, housing facilities, health fairs, senior centers, etc. ADRC staff screen all callers for potential eligibility for SNAP benefits and will assist senior in using the AESAP application to apply for SNAP.

Senior Centers as Community Focal Points

All twenty-two¹⁰ senior centers in the NARCOG region are community focal centers providing a coordinated system of senior services. As such, each of them offers, or at least provides access to, nutrition services, information and assistance, and transportation on a regularly scheduled basis. These services are offered through center staff and/or volunteers.

Our senior centers:

- Are a recognized access point for services for seniors within the community.
- Function on a service-based philosophy that focus attention on reaching persons who are at risk of losing their independence, such as homebound individuals.
- Provide senior nutrition services on a regularly scheduled basis (meals and nutrition education).
- Provide information & assistance, material aid, public education, outreach, friendly visits, telephone reassurance, and recreation.
- Provide or link participants to transportation services to make the center accessible to older persons and those with disabilities.
- Link participants to other community services.

Long-Term Care Ombudsman

NARCOG's Ombudsman Representative investigates and works to resolve problems or complaints affecting long-term care residents. The Ombudsman Representative:

- Works to represent residents' interests, identifies problems, advocates, acts as a mediator, educates, coordinates efforts with and between residents, facility staff, and family members. Much of this is accomplished through in-service training and education.
- Regularly visits all area long-term care facilities and talks to residents, as well as participates in resident and family councils
- Oversees the Ombudsman Advisory Council.
- Recruits, trains and monitor's Volunteer Ombudsman and back-up Ombudsman
- Responds to complaints about the care provided to residents
- Educates about resident rights
- Oversees transfers and discharges from nursing homes.

¹⁰ There are 7 centers in Cullman County, 7 in Lawrence County, and 8 in Morgan County.

The Ombudsman Representative also serves as a key person who conducts outreach and marketing for Medicaid's Gateway to Community Living (GCL) Program initiative. The GCL program helps rebalance the long-term care system by transitioning individuals with Medicaid from nursing homes and other institutional settings back to community based settings. Medicaid utilizes the local Ombudsman Representative's experience and geographical locations to promote and evaluate Alabama's Gateway to Community Living Program by survey administration and analysis related to participant and stakeholder experience and satisfaction.

Senior Employment

Part-time subsidized employment opportunities are provided to seniors in our area through a grant from the U.S. Department of Labor's Employment and Training Administration. The two (2) Grantees for this program in the state of Alabama are Senior Service America, Inc. (SSAI) and the Alabama Department of Senior Services (ADSS). NARCOG has grants from both grantees. NARCOG serves as both a local sub-grantee Project Sponsor and as a Host Agency for this program. SCSEP fosters and promotes useful, part-time employment skills training opportunities in community service activities to unemployed, low-income people ages 55 and older with poor employment prospects. NARCOG's SCSEP participants work at various host agencies that are non-profit 501(c)(3) or government organizations that provide services to the general population. SCSEP also fosters individual economic self-sufficiency and increases the number of older people who may enjoy the benefits of unsubsidized employment in the public and private sectors. Enrollees must meet federal income guidelines to be SCSEP participants.

Legal Services

The NARCOG Legal Services Program provides an opportunity for older individuals to receive legal assistance to help solve various problems. These legal services help to keep many individuals in their own homes rather than facing the prospects of being placed in an institution. These services are provided to the individuals in their homes, in the NARCOG office, or in the Commission on Aging offices in Cullman and Lawrence Counties. A staff attorney provides legal advice, counseling and representation to individuals age 60 and over. Some of the services covered include simple wills, health care directives (living wills), and powers of attorney.

State Health Insurance Assistance Program (SHIP)

NARCOG provides counseling to those requesting assistance with Medicare and Medicaid eligibility questions through a State Health Insurance Assistance Program (SHIP). Counselors are available to assist individuals, assess their needs and availability of policies and/or programs for which they are eligible. Information is provided to seniors and/or their family members on Medicare, Medicaid, Medicare Savings Programs, supplemental insurance and long-term care insurance. This program also provides comparisons for Medicare plans within the service area.

Disaster Preparedness, Response and Recovery

Helping those in our communities during times of disaster is a goal of this agency, especially for the vulnerable populations that we target and serve. NARCOG wants to help people protect themselves, their families and their communities by taking steps to be prepared. NARCOG is also a key player in providing the help people and communities will need after a disaster, the

recovery phase. Because a majority of the region's elderly and disabled population live in rural areas, they are especially vulnerable in emergency situations and need help preparing for disasters or inclement weather that occur in our areas such as tornadoes, snow and ice storms, and extreme cold or hot conditions. Over the course of the four years of this area plan, NARCOG will seek a place at the table of the emergency operations centers for each of our regions counties. NARCOG will also engage in disaster preparedness outreach and education initiatives with local community partners.

SenioRx

SenioRx is a program for Alabamians that assists people with disabilities at any age who are diagnosed with chronic medical conditions requiring daily medication that they cannot afford. The program aims to help people manage their chronic illnesses earlier and prevent more serious health problems later in life. This medication assistance allows individuals to utilize their limited incomes for food and other important expenses.¹¹ Also, if a client does not qualify for free or low-cost prescriptions, the SenioRx Coordinator will still assist them by helping to lower cost by finding drug discount cards, coupons, rebates, pharmacy price comparison, etc.

Mr. Fix-It Program

NARCOG developed a Mr. Fix-It Program designed to provide minor home repairs to needy seniors who cannot afford or cannot do minor repairs for themselves. Criteria have been developed for services and eligibility under this program. The program is limited in scope due to the limited amount of funds and donations available, but NARCOG hopes the program can continue to grow through efforts made to receive donations of funds and materials for those in need of repairs through NARCOG's 501(c)(3) foundation.

PARTNERSHIPS AND NETWORKING

NARCOG has very strong partnerships and relationships (networking) with other non-profit agencies, community-based organizations, businesses and service providers and continues to pursue and strengthen these partnerships. NARCOG meets monthly with county interagency groups to help educate and exchange information with other agencies that serve seniors. Staff members also serve as liaisons with local groups, councils and other professional organizations. These relationships have been instrumental in increasing the awareness of programs and services offered by the agency in addition to acting as a catalyst for new ideas and partnerships. See

¹¹ Description taken from <http://www.alabamaageline.gov/programs.html#prescriptionassistance>

Table 19 below for a listing of NARCOG’s community involvement, specifically the committees, groups, councils, and boards in which NARCOG staff participates.

Table 19. Community Involvement

Name of Group/Committee/Council	Objective	Frequency/ Location
Mental Health Center of North Central Alabama Advisory Council	Provide input to mental health programs and receive input regarding programs & services.	Quarterly (Decatur, Morgan County)
Community Action Partnership of North Alabama – Senior Companions/Foster Grandparents (SC/FG) Advisory Council	Advise and assist the SC/FG program staff on matters concerning planning, community participation and financial support, project policies and operational issues.	Quarterly to Semiannually
Community Service Planning Council (CSPC)	Encourage local agencies and groups to share needs, resources, activities to assist in provision of information and referrals. Encourages a better understating of services and programs offered by member agencies.	Monthly (Decatur, Morgan County)
Interagency Council	Encourage local agencies and groups to share needs, resources, activities to assist in provision of information and referrals. Encourages a better understating of services and programs offered by member agencies.	Monthly (Moulton, Lawrence County)
Mental Health Association Alzheimer’s Program	To help plan the annual Caddell Conference and other Alzheimer’s related events in the area.	2-4 times per year
Share the Care	Share local respite available in the area. Share local resources, become more knowledgeable about grant opportunities, etc., concerning respite care.	Quarterly (Locations Vary)
Decatur Women’s Chamber of Commerce	Participates in charity fundraisers.	Monthly (Decatur, Morgan County)
Alabama Interagency Council for the Prevention of Elder Abuse	Work to improve the reporting of elder abuse, develop coordinated services and identify steps to implement changes determined to improve the lives of Alabama’s elderly citizens.	Quarterly
Masters Games of Alabama - Board of Directors	Promotes healthy lifestyles for active adults ages 50 and older through social, mental, and physical activities at the state level.	Every other month (Location Varies)
Masters Games of Alabama - District 2 Committee	Promotes healthy lifestyles for active adults ages 50 and older through social, mental, and physical activities for District 2 (Cullman, DeKalb, Jackson, Limestone, Madison, Marshall, and Morgan Counties).	4-6 times per year (Huntsville, Madison County)
Community Health Initiatives Coalition	Brings together key groups within Morgan County in an effort to improve population health, to minimize or eliminate disparities in health care access for all through collaboration and community partnerships. These	4-6 times per year (Morgan County)
Volunteer Organization Active in Disaster (VOAD) for Morgan County	A forum where organizations share knowledge and resources throughout the disaster cycle—preparation, response and recovery—to help disaster survivors and their communities.	4 times per year throughout Morgan County

As can be seen, NARCOG is already very involved in working with a vast array of community partners. We are at the table with many key organizations and agencies and are there to receive and to provide input. Many of the agencies with which we have longstanding, but informal,

relationships, regularly partner with us on outreach events to promote services, help us to disseminate information, conduct in-service training and workshops, and conduct enrollment and screening events. An example of a longstanding partnership is the one NARCOG has developed with the Community Action Partnership of North Alabama (CAPNA). NARCOG works to train their new volunteers. CAPNA offices likewise serve as resource center locations for our programs.

Resource Centers

Throughout the region, NARCOG has verbal agreements with 21 locations to place our brochure racks stocked with brochures and flyers with information on programs and services offered through NARCOG. On a regular basis, NARCOG staff or volunteers restock these resource centers with current information. NARCOG is always on the lookout to partner with more locations in which to place resource centers.

Aging & Disability Resource Center Memoranda of Understanding (MOUs)

NARCOG continues take the longstanding, informal partnerships that have been in place for years between NARCOG staff and community organizations and formalize them through establishment of MOUs. NARCOG currently has over a dozen ADRC MOUs in place help guide and strengthen partnerships between NARCOG and community agencies/entities/groups. These partnerships allow better identification of needs, sharing of resources, cross-training, updated eligibility, and better equip all partners to help older adults and those with disabilities access the most appropriate programs and services.

NARCOG staff members hold or attend many meetings throughout each year of the planning period and invites these partners to the table to discuss signing an MOU. Each MOU is tailored (as needed) to the specific agency partnership desired. Some of the agencies being targeted include:

- Local community colleges and universities, such as University of North Alabama, Calhoun Community College, and Alabama A&M University, Wallace State Community College
- Local agencies that serve those with disabilities
- Local mental health service providers
- Agencies providing services to those with dementia-related disorders and their caregivers or families
- Direct service providers (e.g. home health agencies)
- Local hospitals, clinics, pharmacies, wellness centers and doctors
- Human services providers
- Long term care facilities
- Utility providers

NARCOG meets with, or otherwise communicates with, all partners on a regular basis. NARCOG will track how effective the partnerships are and use this information to shape future endeavors.

PROGRAM AND SERVICE EVALUATION PROCESS

One of the most critical elements in being successful at planning and meeting the needs of the populations to be served is to ensure we identify the services/programs that best meet the needs and then figure out how best to provide for the needs. The gaps (or needs) can be felt by an

individual, as well as by a group, or even an entire community. This requires a process of evaluation and assessment. Additionally, we must also ensure that our current services are actually providing what they were set out to provide and are meeting the needs of the customers.

Monitoring and evaluation of services provided to current clients to ensure that they receive quality services is the responsibility of NARCOG. NARCOG, along with its contractors and other partners, adhere to policy and accountability standards set forth by ADSS and the Administration on Community Living. NARCOG is currently seeking accreditation through National Committee on Quality Assurance (NCQA) and soon will adhere to policies, procedures and best practices of case management for long-term service and supports (LTSS).

NARCOG has a Quality Improvement Coordinator (QIC) for the aging department who is primarily focused on case management for long-term service and supports through our Medicaid Waiver programs. This person is responsible on ensuring quality standards are met in the Medicaid Waiver programs, but will also have overall responsibility to ensure quality standards are met across all AAA programs. The quality assurance plan for the agency is developed by the QIC in conjunction with the AAA Director and other aging program staff. Currently the AAA Director and QIC are on the NCQA AAA Quality Assurance Committee for LTSS.

NARCOG will continue to offer opportunities for staff trainings, professional development, contract monitoring, and audits to improve the quality of services for older Alabamians in the PSA.

Evaluating Consumer Satisfaction

NARCOG will measure the satisfaction of the clients being served. NARCOG has begun utilizing a survey service called Survey monkey to aid in gathering valuable customer feedback.

Program specific tools for measuring this will be utilized. This type of feedback is necessary to ensure the services being provided are of top quality and meet the needs of those we serve. One area of focus will be on obtaining feedback from clients receiving in-home services from NARCOG staff and solicit suggestions on how to improve the services.

Following are steps NARCOG will take during each fiscal year to measure customer satisfaction

- Conduct annual customer satisfaction surveys for all contractor and direct service providers on the services they provide.
- Conduct annual case management service surveys on all NARCOG case management staff. This survey will be conducted by a non-case management staff person to ensure the least amount of bias.
- Provide a customer satisfaction survey to all legal clients at the time of their services at all locations. This survey will measure the satisfaction of the attorney and legal assistant.
- Surveys will be sent out to ADRC callers with materials provided to them. Follow-up calls to conduct customer satisfaction will be conducted.
- Conduct annual satisfaction surveys on all NARCOG coordinator staff. This survey will be conducted by a non-biased staff person to ensure the least amount of bias. The QIC will perform these surveys as a part of the QA plan for the agency.

Contractor and Direct Service Provider Monitoring

Periodic evaluations of contract providers are conducted for programmatic and fiscal compliance. Each program has its own specific requirements for program monitoring that are followed by NARCOG. Medicaid waiver programs follow ADSS guidelines for auditing and use state-approved tools and methodologies. All senior nutrition program sites are monitored a minimum of twice per year per policy utilizes a state-based form that was tailored to the agency's needs. Contractors' SenioRx files are monitored for compliance annually using a file review tool approved by ADSS. Each Title III contractor is monitored annually by the fiscal and program departments.

Areas identified as problem areas or issues are dealt with through direct re-training, corrective actions plans with follow-up, or potentially through the use of sanctions or termination of the contract.

WAITING LIST FOR SERVICES

Every effort is made to connect people with the services that they need. However the reality is that there is not enough funding for everyone to receive services. This creates a need for NARCOG to maintain waiting lists for services in programs such as Medicaid Waiver, Alabama Cares, SCSEP, and Nutrition (meals). By a thorough screening done through our ADRC, potential participants are placed on the waiting lists for these programs. Staff are charged with maintaining accurate and up-to-date waiting lists that reflect the true unmet needs of those in our region.

To ensure people are thoroughly screened and appropriately placed on the waiting lists for Medicaid Waiver, Alabama Cares and nutrition/meals, it is our goal to ensure all waitlisted people are screened using the Universal Intake Form through our ADRC. Additionally, all of those who preliminarily qualify for AL Cares services of respite or supplemental services are given a priority screening to determine who is most in need on the AL Cares waiting list.

AGING ADVISORY COUNCIL

The NARCOG Area Agency on Aging has an Aging Advisory Council set up for a maximum of twenty-one (21) members consisting of a maximum of seven (7) representatives from each of the three counties. The Aging Advisory Council currently has ten (10) active members. The Council is making efforts to fill vacancies. A majority of its members are over sixty (60) years of age with other members representing governmental and community-based organizations, as well as the general public.

The Council members act in an advisory capacity to carry out the advisory functions set by the Older Americans Act to further NARCOG's mission of developing and coordinating community-based systems of services for all older persons in the PSA. These are matters relating to, but not limited to, program planning, implementation, visibility, and community education. The members also serve as ambassadors that report the issues and concerns of the elderly to appropriate individuals and organizations in the NARCOG region.

The Aging Advisory Council responsibilities include the following:

1. Developing and administering the area plan;
2. Conducting public hearings;
3. Representing the interest of older persons; and

4. Reviewing and commenting on all community policies, programs and actions which affect older persons with the intent of assuring maximum coordination and responsiveness to older persons.

SERVING TARGET POPULATIONS

The main target populations for NARCOG are outlined in the Older Americans Act and include older individuals with the greatest economic and social needs, with particular attention paid to:

- Low-income minority elders
- Older individuals with limited English proficiency
- Older individuals with disabilities
- Older individuals at risk of institutional placement
- Older individuals residing in rural areas.

NARCOG will address the needs of the target populations by:

- Identifying where the target populations are located through communicating with community partners.
- Continually assessing the specific needs.
- Creating a service system that provides and makes services accessible.

Low Income and Low Income Minority Older Persons (Below Poverty Level)

The most recent census information available places the number of people in the region living below poverty level in 2015 as 39,975. Older adults of all races age 60+ who live below poverty level at 5,848.¹² There are 8,547 minorities living below poverty level in the region, with 5,739 of those as Black/African Americans, 5,593 identifying themselves as Hispanic/Latino (of any race).

Minority Persons

The following lists the locations within each county where the larger percentages of minorities reside (% of population).¹³ These are the locations NARCOG targets for outreach:

- **Cullman County** – Overall county race population: 94.7% White, 1.1% Black/African American, 2.2% Some Other Race, 4.3% Hispanic/Latino.
 - Black/African American – Colony (86.9%), Hanceville (3.6%)
 - Some Other Race - Joppa (14.8%), South Vinemont (13%), Good Hope (5.2%), Fairview (3.8%), Cullman (3.4%)
 - Hispanic/Latino - South Vinemont (23.6%), Joppa (19.9%), Fairview (11.2%), Cullman (8.2%), Good Hope (7.7%)
- **Lawrence County** – Overall county race population: 77.6% White, 11.5% Black/African American, 5.7% American Indian, Hispanic (1.7%)
 - Black/African American – N. Courtland (96.7%), Hillsboro (80.1%), Courtland (38.4%), Town Creek (36%), Moulton (13.1%)
 - American Indian/Alaskan Native – Hatton (7.3%), Moulton (4.1%)
 - Some Other Race – Town Creek (4.4%)
 - Hispanic – Town Creek (6.5%)

¹² Source: U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates

¹³ Source: 2010 Census Summary File 1, Tables P5 and P8.

- **Morgan County** – Overall county race population: 79.8% White, 11.9% Black/African American, 5.7% Some Other Race, Hispanic (7.7%)
 - o Black/African American – Decatur City (21.7), Trinity (6.7%), Hartselle (4.3%)
 - o Some Other Race – Decatur City (7.9%)
 - o Hispanic/Latino - Decatur City (12.4%), Trinity (3.3%), Hartselle (2.5%), Falkville & Priceville (2.2% each)

Rural Elders

The state of Alabama’s rural population is estimated to be 41%¹⁴ while the NARCOG region’s rural population is 58.43%¹⁵. Because a majority of the NARCOG region is rural, a large focus area is on reaching and serving the rural populations. In Lawrence County, where the population is 90.72% rural, and in Cullman County where the population is 73.04% rural, older adults have difficulty reaching services. Many elders, especially low-income elders, in these rural areas do not have adequate telephone service and do not have transportation, both of which further increase their isolation and vulnerability. The inability to access transportation services, or the lack of transportation services to get to where services are being provided, is one of the biggest access barriers the rural population of NARCOG faces.

Currently, there are limited locations where the target populations can access some services. In some cases, there is only one location within a county for people to go to access many services (such as SenioRx) making access very difficult, if not impossible. Other services such as Senior Farmers Market Nutrition Program vouchers can only be applied for online. Even though there are senior centers throughout some rural areas, they often have no internet access, nor do they have the trained, experienced staff to apply for some of the programs. An overall focus of this 4-year planning period is to make services more accessible to the rural seniors.

To make services more accessible to the rural participants, NARCOG has the capability to bring our services and programs directly to the more rural areas, to make them “mobile”. We accomplish this by bringing in staff with internet access (through use of mobile/cellular technology), tablets and printer/copier/scanners to rural locations. Making these services available closer to where the people live and bringing all of the required technology with us, NARCOG is making the services more accessible and making sure we can fully complete the application for services on the spot. These services include SenioRx, AESAP/SNAP, and SHIP services. For some programs, appointments will be made while other services will be set up for everyone to just come in while we are there. In critical cases, we do home visits to participants who live alone without any support systems. These are on an as-needed basis. We utilize our community partners to help identify these persons.

THE NEXT 10 YEARS

One major task faced by NARCOG is to provide programs and services to a very diverse and changing population, one that is also growing at a large rate and one for which services and resources are already inadequate to meet the needs. The level of growth in the population being served without an accompanying growth in funding, plus increasing costs to provide the services, means less units of certain services will be available or services may not be available at all.

¹⁴ <http://uanews.ua.edu/2012/04/alabama-rural-or-urban-it-depends-according-to-ua-analyst/>

¹⁵ Direct percentages of the 60+ population for the region (or by county) were unavailable through the U.S. Census website.

To further complicate matters, traditional funding sources are facing funding cuts to, or elimination of, their already insufficient funding. Although these threats seem to happen every year, the current uncertainty of the future of the Patient Protection and Affordable Care Act (PPACA) if repealed or replaced may have a direct and potentially detrimental effect on the people we serve for many years to come. The PPACA has provisions that provide access to affordable prescriptions, that provide Medicaid long-term services and supports that include home and community based services, and allow more affordable health insurance for pre-Medicare adults age 54–65. If these provisions and protections are reduced or taken away, it is likely to cause monumental funding crises for federally and state funded programs, as well as likely reduce or eliminate crucial health and economic protections for the populations we serve.

The reality is that NARCOG cannot meet the needs of our communities alone. NARCOG’s strength lies in our ability to forge and build community partnerships and collaborations that result in strong networks with the common goals, values and interests.

Because of this, NARCOG must be vigilant and aggressive at looking for additional funding streams and actively pursue and explore the possibilities and range of public-private partnerships in funding and/or delivering services. This means diversifying the funding/fiscal resources of the agency through obtaining outside grants and securing contracts with private funding sources such as managed care organizations (MCOs). Additional funding sources would help expand the amount and scope of services offered to individuals, as well as improve social and health outcomes. New and diverse funding streams will result in opportunities to sustain and increase current service levels, as well as to provide new and innovative services for the target populations identified through the planning process.

NARCOG will prepare the agency for these endeavors by investing in the following ways:

- by strengthening our workforce through ongoing training and development;
- by seeking accreditation that reflects our competency and ability provide effective case management for long-term needs of our populations;
- by continually evaluating the changing needs of our communities and adjusting our goals;
- through continuous quality improvement;
- through implementation of best practices;
- through ensuring our standards meet and exceed current research-based practices; and
- by ongoing relationship-building.

These strategies will help NARCOG be in a position to keep moving forward to meet the challenges of serving our most vulnerable populations over the next decade.