# Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSA Map</td>
<td>2</td>
</tr>
<tr>
<td>Executive Summary</td>
<td>3</td>
</tr>
<tr>
<td>The Role They Play</td>
<td>4</td>
</tr>
<tr>
<td>Area Agency on Aging Area Plan Context</td>
<td>7</td>
</tr>
<tr>
<td>Top Ten Identified Needs</td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td></td>
</tr>
<tr>
<td>Missing a Medical Appointment</td>
<td></td>
</tr>
<tr>
<td>Non-English Speaking</td>
<td></td>
</tr>
<tr>
<td>Lack of Health Care Coverage</td>
<td></td>
</tr>
<tr>
<td>Housing</td>
<td></td>
</tr>
<tr>
<td>Necessities</td>
<td>10</td>
</tr>
<tr>
<td>Residence</td>
<td></td>
</tr>
<tr>
<td>Employment</td>
<td></td>
</tr>
<tr>
<td>Goals, Objectives and Strategies</td>
<td>11</td>
</tr>
<tr>
<td>Older Americans Act Core Programs</td>
<td></td>
</tr>
<tr>
<td>Participant Directed Person-Centered Planning</td>
<td></td>
</tr>
<tr>
<td>Elder Justice</td>
<td></td>
</tr>
<tr>
<td>Disbursement of Funds to Community Agencies</td>
<td>17</td>
</tr>
<tr>
<td>How Federal Funds Are Awarded To Community Agencies</td>
<td>18</td>
</tr>
<tr>
<td>Exhibit A</td>
<td></td>
</tr>
<tr>
<td>Attachments</td>
<td></td>
</tr>
<tr>
<td>Attachment A: Area Plan on Aging Assurances and Affirmation</td>
<td></td>
</tr>
<tr>
<td>Attachment B: AAA Information Requirements</td>
<td></td>
</tr>
<tr>
<td>Attachment C: Organizational Chart</td>
<td></td>
</tr>
<tr>
<td>Attachment D: AAA Corporate Board of Directors</td>
<td></td>
</tr>
<tr>
<td>Attachment E: AAA Advisory Council Members</td>
<td></td>
</tr>
<tr>
<td>Attachment F: AAA Focal Points Document</td>
<td></td>
</tr>
<tr>
<td>Attachment G: AAA Title III-B Funded Services</td>
<td></td>
</tr>
<tr>
<td>Attachment H: AAA Title III-C,D,E and OMB Funded Services – Form 4b</td>
<td></td>
</tr>
<tr>
<td>Attachment I: AAA Title III-E Family Caregiver Breakout – Form 5</td>
<td></td>
</tr>
<tr>
<td>Attachment J: Projected Budget Plan – FFY2018</td>
<td></td>
</tr>
<tr>
<td>Exhibit 1: Emergency Management Manual Table of Contents</td>
<td></td>
</tr>
<tr>
<td>Exhibit 2: Notice of Public Hearing</td>
<td></td>
</tr>
<tr>
<td>Exhibit 3: Public Hearing Sign-In</td>
<td></td>
</tr>
<tr>
<td>Exhibit 4: Focus Group Attendance Sign-in</td>
<td></td>
</tr>
<tr>
<td>Exhibit 5: Focus Group Minutes</td>
<td></td>
</tr>
<tr>
<td>Exhibit 6: 2017 Needs Assessment</td>
<td></td>
</tr>
</tbody>
</table>
Executive Summary

In November 1977, Coastline Elderly Services, Inc. (Coastline) was designated by the State Unit on Aging (SUA) - the Executive Office of Elder Affairs - to administer the State Home Care program. Today, the state home care is known as an Aging Services Access Points (ASAP) which is developed to serve the needs and improve the quality of life for older persons who are sixty years of age or older. Coastline provides services to elders and caregivers who reside in the communities of Acushnet, Dartmouth, Fairhaven, Gosnold, Marion, Mattapoisett, New Bedford and Rochester.

In 1980, Coastline became the Area Agency on Aging (AAA) for the Southcoast region, one of 22 AAAs throughout the Commonwealth and one of 619 nation-wide. AAAs were established as the formal link between the SUA and the local community and fulfill its major responsibilities by developing a comprehensive and coordinated service delivery system to meet the needs of older persons in the planning and service area, and to serve as the advocate and focal point for older persons in the planning and service area.

Coastline’s Vision: We believe that every person should have the resources and services needed to live in our community.

The AAA is a leader in the community on issues pertaining to elders and caregivers. It is a visible focal point that assists elders with services or programs that can allow them to age in their own homes for as long as possible. As the AAA, Coastline is responsible for carrying out the mandates of the Older Americans Act (OAA) of 1965, as amended, and must prepare and develop a multi-year area plan for the planning and service area. The Area Plan has three main objectives and serves as a planning document which describes priority needs; fulfills a formal commitment to the SUA as to the manner in which the AAA will plan to utilize the OAA funds; and it serves as a “blueprint for action” which represents a commitment by the AAA to fulfill its roles as the catalyst and advocate on behalf of older persons.

Area Agencies on Aging play a critical role in assuring the continuity and quality of services provided to older persons as needed.

This year, Coastline will celebrate its 40th Anniversary in “caring for the community” and fulfilling its mission as “a trusted provider of resources and services that support self-determination and community well-being.”
Essential to the development of the area plan is a thorough knowledge of the demographics of the population we serve in the planning and service area, including census and local population statistics on persons age 60 and over, minority elders, low-income elderly, non-English speaking, etc. Other important plan components will include (a): an assessment and prioritization of older persons’ needs in the area; (b): identification of services and programs to meet these needs; (c) identification of gaps in services and factors which impede the effective or efficient delivery of service, and (d): identification of alternative solutions, activities or services to fill unmet needs, bridge gaps and / or correct deficiencies in the service delivery system for older persons.

Coastline’s planning and service area encompassing eight communities is home to over 36,000 elders who are 60 years of age and older, where 2.9 percent comprise the “oldest-old” population, those who are 85 years of age and older. The “oldest-old” population is expected to double by 2050, up to 80 million nationally. Life expectancies at both 65 and 85 have increased and under current mortality conditions, people who survive to age 65 can expect to live an average of 19.2 more years.

Massachusetts is home to over six million people with an elderly 60 plus population of 1,273,271. As many as one in five Americans could be elderly by 2030 when the baby boom generation enters their elderly years. As of July 1, 2017, the United States has a total population of 320,350,377 making it the third most populous country in the world.

2010 Municipal Ranking for 60+ Population in Planning and Service Area

<table>
<thead>
<tr>
<th>Municipality</th>
<th>Highest number ranked of all 351 communities for 60 plus population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acushnet</td>
<td>163</td>
</tr>
<tr>
<td>Dartmouth</td>
<td>42</td>
</tr>
<tr>
<td>Fairhaven</td>
<td>96</td>
</tr>
<tr>
<td>Gosnold</td>
<td>351</td>
</tr>
<tr>
<td>Marion</td>
<td>217</td>
</tr>
<tr>
<td>Mattapoissett</td>
<td>194</td>
</tr>
<tr>
<td>New Bedford</td>
<td>5</td>
</tr>
<tr>
<td>Rochester</td>
<td>247</td>
</tr>
</tbody>
</table>

As the population ages, there may be greater demand for information and / or services for elders to help them to remain in their own homes. This growth will fuel agencies such as Coastline to ensure that it is continuously measuring its effectiveness in its goals and objectives and providing
the foundation that will assist elders in getting the help they need to “age in place.”

When the Older Americans Act of 1965 was established, it became the impetus to lead the state units on aging and area agencies on aging in ensuring that a plethora of programs and services would be made available to elders. With funding through Title III-Grants for State and Community Programs on Aging, the purpose of Title III in the OAA is very clear. The resources available under this Title would help to develop and foster a comprehensive array of services that assist in keeping elders in their own homes.

The OAA was developed to provide assistance of new or improved programs to help older persons and to establish the Administration for Community Living (formerly the Administration on Aging), a lead agency which would function as the nation’s federal government agency to administer and evaluate all programs under the OAA, including overseeing the activities of both the state units on aging and area agencies on aging. The SUA is the pass through agency for federal funds to the AAA.

**The Role They Play**

The AAA supports and coordinates efforts of other advocates within the planning and service area on behalf of the elderly. *Examples include:*

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

Title III of the Older Americans Act is the catalyst that helps to bring about some of the changes that assist in reaching the desired goals and objectives. The services and/or implementation of new programs serve to empower individuals to make their own choices based upon their preferences and desires, and encourage them to make a plan for achieving and sustaining quality of life goals, including living in communities with dignity, financial well-being and good health.
Area Agency on Aging Area Plan Context

Every four years, Coastline’s Area Agency on Aging writes an Area Plan in concert with the twenty-one area agencies on aging throughout the Commonwealth, and partners with the state unit on aging - the Executive Office of Elder Affairs - to ensure coordination exists for the development of the Massachusetts State Plan on Aging. Prior to the development of the Area Plan, and as mandated by the Executive Office of Elder Affairs, Coastline began the Needs Assessment process by conducting many focus groups throughout the area. During that period, Coastline coordinated listening sessions with stakeholders such as the Advisory Council, low income elders, LGBT population, immigrants and advocacy groups. Surveys were both random and targeted. Approximately 650 surveys were distributed to caregivers, the Mashpee Wampanoag Tribe, rural elders and the non-English speaking population. Surveys were translated in both Portuguese and Spanish, with 48 percent of surveys returned completed.

Top Ten Identified Needs

- **Dental**: Elders indicated that they delayed dental care because of a lack of insurance and their inability to pay the high out of pocket cost and 51% of elders said they need assistance with dental care.
- **Home Repairs**: 49% of elders said they could not afford the cost of home repairs.
- **Vision**: 41% of elders and caregivers listed vision care as a great need, due to lack of insurance and high out of pocket costs.
- **Anxiety** was listed at 35% among elders and caregivers.
- **Depression** was identified at 34% as one of the top ten needs.
- **Staying Active with Physical Activity** was identified as a “Need” from 31% of respondents.
- **Completing benefit forms** for Health Insurance, SSI, SNAP and others were identified by 29%.
- **Diabetes** was also of concern for 26% of elders who needed assistance with controlling their diabetes.
- **Transportation** was among the identified needs from 24% of elders and caregivers. They spoke about the lack of transportation to get to Boston and elsewhere for medical appointments, etc.
- **Leisure and Recreation** were also identified by 23% of elders and caregivers. Many elders did not know where to go to take part in these activities.

While they didn’t make it to the top ten, other concerns related to:

- hearing care
- memory loss and confusion
- getting wills and advance directives completed
- employment
Elders (41%) said they needed assistance with vision care expenses. Elders (26%) also spoke about needing assistance in coping with diabetes, and 18% said they could not afford the out of pocket costs for prescription drugs. Elders (21%) also said that they need assistance with paying for hearing aids. Just recently, a bill which is aimed at letting Americans buy hearing aids over the counter was signed into law. More information on this is expected.

Respondents also spoke about mental and behavioral health and 35% said they needed assistance in dealing with anxiety, 34% said depression, and 21% listed memory loss/confusion.

Elders spoke about accessing social assistance services and 29% acknowledged that they needed assistance with completing benefit forms for health insurance, Social Security or SSI, SNAP benefits, etc.

Home delivered meals also came in as a need by 10% of respondents, and 24% said they needed assistance with transportation, while 31% said they wanted to stay active with physical activity programs.

Listening sessions indicated that sub-populations such as the LGBT (lesbian, gay, bisexual, transgender,) focused on housing as their number one issue and the inability to remain in their homes due to rising costs and reduced income, including a lack of adequate elder housing facilities. The loss of dental coverage can also lead to financial stress, they noted, and these sentiments were also offered in other focus groups.

The LGBT group also identified the lack of transportation and equated a lack of transportation to decreased socialization. They said they were not interested in the intergenerational contact with younger LGBT participants because both the older and younger groups do not have too much in common. In particular, for this group, they also voiced concerns that they were “hidden” from each other and they are not visible in the community.

As echoed by other groups, when polled, older low income elders spoke about concerns relating to affordable housing and reduced income, including skipping many life essentials such as food, prescription drugs, etc., due to a shortage of money.

The Mashpee Wampanoag Tribe, with a presence in the Greater New Bedford area, also participated in this Needs Assessment study. Elders made mention that they needed assistance with caregiving. They spoke about safety and security, memory loss, increase in-home supports, and affordable housing.

**Transportation**

Transportation was also a matter of concern as many rely on local public transportation service and there is no service at nights after 10 p.m., nor Sundays, so getting to a job for late evenings or Sundays could be very difficult. Respondents, particularly in the focus groups, spoke of the
difficulties with transportation, such as the high cost associated with taking cabs, especially if the elder has to travel to Boston for a medical appointment. Elders who do not own a motor vehicle often times must take taxis to get to Boston for medical appointments because they do not live near a bus route. Some elders live in rural areas and our local buses may not travel on the “back roads” of some communities. These respondents spoke of the need for medical transportation, especially to Boston hospitals. They also spoke about the limited bus routes, including limited bus shelters, particularly in the winter when inclement weather conditions prevail. While Demand Response may also be available, elders said they had great difficulty exiting or entering their house and drivers are not able to assist because they may only provide door to door assistance. Similar needs were also identified in many focus groups.

**Missing a Medical Appointment**

Respondents were asked to indicate the contributing factors that led them to miss a medical appointment and 51% said they missed the appointment because of a lack of transportation, 34% said there was no escort to go with them and 13% listed inadequate insurance.

Transportation has been identified by AARP as one of the “Eight Domains of Livability” for age-friendly communities.

**Non-English Speaking**

A focus group with the non-English speaking population was also conducted. Due to the assistance of the Immigrants Assistance Center (IAC) and surveys in both Spanish and Portuguese, the non-English speaking population also corroborated what other groups have said, that lack of dental coverage and lack of transportation were issues. The Portuguese speaking elders said transportation issues were also compounded by their inability to speak or read English, and bus drivers, it seemed, only spoke English. Often times, elders do not go to a medical appointment because they do not have an escort nor someone to help them with translation.

These elders also identified dental treatment as a need, and they do not have dental plan to cover the cost of the necessary treatment.

Those that do own homes spoke about the high cost of insurance and the major or minor repairs that they are not able to afford to maintain their homes.

Many of the non-English speaking elders needed assistance with understanding complex medical benefit forms. While they do receive communication and forms from various agencies, they are unable to complete the forms because they cannot read English, or they are illiterate and do not read even in their own language. Elders also suggested that they would enjoy a congregate meal site at the IAC location. Since the needs assessment study, Coastline is in the process of starting a congregate meal site at the Immigrants Assistance Center.
Lack of Health Care Coverage

Many elders spoke about their current medical insurance coverage or lack thereof, which is of concern. This was identified in all groups and surveys. Elders spoke about the difficulties of navigating the complex medical coverage options available to them, and also the lack of insurance for other health concerns such as vision and hearing.

Elders expressed decreased knowledge and difficulty in using technology, such as the internet, to research medical options.

Elders spoke about the potential loss of “Obamacare,” and voiced their apprehension that they could lose some of the current benefits they have grown accustomed to. Elders also expressed their dismay regarding the cost of prescription drugs, their copay, and the difference in prices for the same drug at various pharmacies. Respondents (17%) admitted that they had difficulty with paying for their prescription drugs.

Housing

Elders also said that they cannot afford to stay in their homes due to rising rental costs and reduced income, and the lack of affordable elder housing has been very difficult. Both focus groups and survey participants spoke about the need for housing which is accessible for those who are disabled. For some, while they may not be “physically disabled,” it is a hardship when their unit is located on the third floor and they have difficulty walking up three flights of stairs. When we looked at housing issues, 49% who owned their own homes said they needed assistance with home repairs; 20% acknowledged that affordable housing was important, and 0.9% listed home security and home modification as needs due to a physical disability.

Necessities

Respondents were also asked to identify if they had skipped essentials within the past 12 months leading up to the survey, and 20% said they had gone without food, 23% said they had skipped home repairs; 18% could not put fuel in the vehicle; 16% were not able to pay for utilities, and 10% skipped paying for utilities because of a shortage of money.

Residence

Elders (41%) responded that they live in a home they own; 18% live in public elderly housing; 20% live in private rental housing; 14% live with a family member, and 0.7% said other.

Employment

When asked about their employment status, 12% said they were employed full time; 24% were employed part-time; 61% were not employed and were not looking for work, and 0.3% said they were not employed but looking for work.
Goals, Objectives and Strategies

Due to the Needs Assessment study of older Americans in our service area, Coastline has formulated strategies to enhance coordination of planning efforts which focuses on a number of topics. The three topics, Older Americans Act Core Programs, Participant-Directed/Person-Centered Planning, and Elder Justice, were selected by Elder Affairs and the Administration of Community Living in responding to the 2018-2021 State Plans and Area Plan on Aging.

Goal #1: (Older Americans Act Core Programs)

Increase options to enable older people to have access to cost effective supportive service programs and to take into consideration the Older Americans Act Core programs.

Objectives:

a. Increase transportation services with emphasis on assisting the LGBT community.

b. Provide health promotion programs and ensure evidence based services are targeted to elders, including falls prevention.

c. Build partnership with community agencies to ensure a dementia-friendly community for elders.

d. Coordinate increased social support services in housing to ensure elders can remain safely at home.

e. A congregate meal site specifically for outreach to the elderly immigrant population to increase nutritional services.

f. Target isolated and economically disadvantaged for services.

Strategies for Goal #1: Older Americans Act Core Program

To address this initiative, Coastline will take into consideration the identified needs such as the inability of elders to receive assistance with dental. Currently, Coastline provides the funds for a dental hygienist program under Title III for an oral health prevention service, such as dental prophylaxis, fluoride treatments and education on the prevention of dental disease. This program utilizes a mobile dental unit, ensuring that care for the elders are being brought closer to those in need and right into their own home, making dental more attainable.

Coastline will also plan and execute several disease prevention, health promotion and caregiver programs. Just recently, Coastline started the Savvy Caregiver program through coordination with the Marion Council on Aging; Diabetes Self-Management with the Acushnet Council on Aging, and Powerful Tools for Caregivers. Currently, Coastline funds a Wellness Program from the YWCA of Southeastern, Massachusetts, which provides breast, cervical, colon, prostate and lung cancer outreach and diabetes education. The goal of the program is to help to reduce the incidence of mortality and morbidity while assisting underserved populations to access and receive services. Elders also told us that they (31%) wanted to stay active with physical activity programs. To assist
in meeting that need, Coastline funds the Rochester Council on Aging which provides an exercise program, including the Acushnet Council on Aging for the ABLE Bodies Balance Training. Coastline will also fund the evidenced-based Matter of Balance in federal fiscal year 2018 which is provided by Community Nurse Home Care. To address good nutrition in elders, Coastline’s nutrition program also focuses on the evidenced-based program Healthy Eating for Successful Living in Older People. Coastline has taken an active role in ensuring elders are linked to this program.

Coastline provided two programs relating to Nutrition. With grant funding from Tufts Foundation, Coastline, and the 4C (Community Cross Continuum Collaborative) began a nutrition program which would coordinate activities with community health workers, medical and health care practices, to assess and identify insufficient food intake that could cause elders to be admitted or readmitted to a hospital. In its final year of a 3-year funding, the focus increased linkages among the medical, health, and human service systems. The impact of this grant will ensure decreases in health disparities; improved eating habits; and improved collaborative health and community based systems approach, including changed behavior and attitude.

To provide outreach to the LGBT population, Coastline, along with the Fairhaven Council on Aging, coordinates a monthly supper club which ensures a meal and socialization for elders who identify as LGBT.

Additionally, Coastline has formed strong ties with the Mashpee Wampanoag Tribe with a presence in New Bedford. Through grant funding, Coastline was able to procure two MassDOT vehicles which were provided to the tribe for transportation of elders. With Title III funding, Coastline will also be providing funding to the Tribe for a program Ahqopay Kuhchayuhshuhucheek, which means “The Time of Those Who Are Revered.” This program will provide nutritional meals, food pantry, social services and Indian Health Services as outreach to the elder tribal members. These elders live in Coastline’s planning and service area and will be transported to the Mashpee site for services.

**Goal #2: (Participant-Directed/Person-Centered Planning)**

To facilitate home and community-based services to enable older people a degree of control over their long-term care services.

**Objectives:**

a. Build upon existing service to ensure elders are empowered to get assistance for mental and / or behavioral health issues.

b. Ensure that elders have access to and are aware of programs and services that will assist them to remain in the homes as they age.

c. Maximize resources through partnerships with other agencies to promote fresh ideas and long term strategies to help elders “age in place.”

d. Promote program goals that facilitate the development of services for oral health.

e. Empower elders to take charge of their own health with emphasis on evidenced based and physical activity programs.

f. Link Native Americans, such as the Wampanoag Tribe, to identify new opportunities to assist in connecting to appropriate options.
Strategies for Goal #2: Participant-Directed/Person Centered Planning

Coastline provides a plethora of services to assist consumers in identifying the kind of services that will help them in living independently in the community. Options Counseling provides long term care support choices relating to home care services, health insurance coverage, potential home modifications, financial planning and serves individuals who are not enrolled in or applied for long-term MassHealth in a Nursing Home, among others. The option counselors listen to the needs of the individuals and help them to choose the community programs that are best suited to their needs. Coastline is also providing the Housing Search entity program which provides options to help locate housing for elders who are leaving a long term care facility.

In 2015, New Bedford joined the Age-Friendly Network, which is a nationwide initiative aimed at helping communities support the older population to “age in place.” An Age Friendly city is an inclusive and accessible urban environment that promotes active aging and encompasses the needs of all. Coastline takes an active role in this capacity under the leadership of Coastline’s CEO Paula Shiner. The World Health Organization’s (WHO) model for age friendly communities list eight domains of livability that a community must possess that will influence health and quality of life of all individuals. The WHO describes an age friendly world “as a place that enables people of all ages to actively participate in community activities. It is a place that treats everyone with respect, regardless of their age. It is a place that helps people stay healthy and active even at the oldest ages." AARP’s Age Friendly initiative utilize eight domains as a framework for what constitutes an age friendly community.
With Title III funding as the catalyst, Coastline will also be coordinating activities with a local agency to help establish a Dementia-Friendly community in the Greater New Bedford area. According to Elder Affairs’ web site, “An estimated 5.4 million people in the United States and more than 120,000 Massachusetts residents are living with dementia, which is a general term for changes in thinking such as memory loss and difficulty planning and communicating. Despite the widespread impact of dementia, lack of information, fear, and stigma can prevent those affected from feeling safe, socially connected, and able to thrive in their communities.”

Participant-directed and person-centered planning also relates to SHINE (Serving the Health Insurance Needs of Elders), along with our Community Mainstream Program. Both programs work in unison to link elders to accessible and affordable health insurance. The Community Mainstream program focuses on working with elders for SNAP, circuit breaker taxes, low income subsidy, MassHealth, Prescription Advantage, Medicare, and others. In addition, Coastline has direct access to a MassHealth worker who is at Coastline’s offices twice a month to address MassHealth concerns. Often times, MassHealth issues may require a long wait time to be resolved and elders may have difficulty understanding and providing all the paperwork for a MassHealth application. Having MassHealth employees directly on site assist in decreasing wait time and contribute to immediate resolve of any issues that may arise when processing MassHealth paperwork.

Coastline also provides the Personal Care Assistance (PCA) which is a form of in-home assistance offered to people with disabilities or chronic disabling diseases who need assistance with activities of daily living. Some examples of PCA help would be: bathing, dressing, toileting, transfers, cooking, housework, and transportation. The exact service that a PCA performs is determined by the individual (consumer) needing care. This is a consumer-directed service since the individual is responsible for hiring, firing, training and managing his or her own Personal Care Assistant (PCA). The consumer is the employer and the PCA is the employee, therefore, this program allows for greater independence and self-determination than others that are directed by an agency.

Goal # 3: Elder Justice

Objectives:

a. Empower elders to get the assistance they need which will serve to protect them against threats to their well-being and security.
b. Collaborate with our District Attorney’s office, Attorney General’s office and coordinate outreach to elders to ensure education on elder abuse, neglect and exploitation,
c. Lend support to agencies that provide services to the targeted populations to decrease duplication and to increase greater access and awareness on services.
d. Ensure Title III Legal Service provider is utilizing outreach to target services to the most vulnerable.
f. Protect the well-being of elders in nursing homes by utilizing long term care ombudsmen volunteers.
Strategies for Goal #3: Elder Justice

Title VII authorizes state and area agencies on aging to protect the rights of vulnerable elders. Research shows that more than 10 percent of older adults are abused, neglected, or exploited annually. Coastline does not provide Protective Services but coordinates this activity with Bristol Elder Services who provides Protective Services throughout Coastline’s planning and service area. Elder abuse prevention activities are also coordinated with our Title III contracted legal services and the Bristol County District Attorney’s office. Just recently, our District Attorney, Thomas Quinn, started a special unit at the DA’s office to investigate cases of abuse towards elders.

Coastline’s staff has significant experience in working with the population of abused, neglected and exploited elders, and is familiar with the signs of abuse and neglect. The agency has vigilantly advocated for this population ensuring that they are referred for immediate assistance. All reports relating to “elders at risk” are submitted to Bristol Elder Services.

Coastline provides the Money Management program in twenty-three communities throughout Bristol County. Coastline provides both Bill Payer and Representative Payee services to elders who have difficulty managing their money. Although coordinated by three part-time staff, the MMP depends on 48 volunteers working in this program to assist consumers. Volunteers are carefully matched one-on-one with an elder needing assistance. Some of the elders are homebound, visually impaired, confused, and are at risk of losing their independence due to their inability to pay basic rent, food, and utility bills on time. Often times these elders are also being financially exploited by a son or daughter, or those who are hired to help, as we have seen in numerous cases. In addition, due to the significant problems of abuse and exploitation of elders, our local District Attorney recently formed the Elder Abuse Department whose main focus is to find and prosecute abusers. Coastline has successfully formed a partnership with this office because of the work of the Money Management program.

Coastline also provides the Title III funding to South Coastal Counties Legal Services for representation of elders in a court of law and before administrative bodies, especially the Social Security Administration and Housing Court. The Title III legal service provider provides counseling and advice on a variety of legal matters, representing elders throughout our planning and service area.

Coastline coordinates other activities with the Center for Legal Advocacy to assist elders with matters relating to wills and trusts. Coastline also works with our local police department to provide training to our staff on how to defend ourselves from armed intruders and protect ourselves from being accosted.

Coastline provides the Long Term Care Ombudsman services where program staff and 11 volunteers visit 18 local nursing and rest homes throughout the planning and service area to advocate on behalf of the 2,000 plus elders in these facilities.
They identify, investigate and resolve complaints that are made by residents. The program assists in protecting the health, safety, welfare, and the rights of residents in long term care facilities. These facilities are: Alden Court Nursing and Rehab., Bedford Care & Rehab. Center., Bedford Gardens, Brandon Woods of Dartmouth, Brandon Woods of New Bedford, Care One at New Bedford, Dartmouth Manor Rest Home, Hathaway Manor Extended Care Facility, Havenwood Rest Home, New Bedford Jewish Convalescent Home, Inc., The Oakes, Our Lady’s Haven, Rockdale Care and Rehab., Royal of Fairhaven Nursing Center, Sacred Heart Nursing Home, Savoy Nursing and Rehab., Sippican Healthcare Center and Taber Street Nursing & Rehab. Center.

Coastline is also an active member of SAFE (Southeastern Alliance for Elders). Safe provides increased awareness and education to consumers and is comprised of law enforcement, ASAP staff, the District Attorney’s Office, non-profits, and Councils on Aging throughout Southeastern Massachusetts. Each year in the month of June, the Bristol County District Attorney and partners such as Coastline, plan a conference as a form of outreach to elders in the community. Over 100 organizations participate in this event which examines issues such as elder fraud and abuse. Coastline’s staff also sits on the Advisory board for Financial Abuse Specialist Teams (FAST, a group of subject matter experts providing guidance on elder financial exploitation cases.

The Massachusetts Title III intrastate funding formula targets older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low-income individuals and those living in rural areas. The goals below respond to the specific populations Elder Affairs has identified.

Goal #4: Assure on-going outreach to elders who are identified as low income for greater participation in and access to all services.

Objectives:
  a. Increase options to enable older people to have access to cost effective supportive services.
  b. Assist elders with applications to allow the opportunity to receive SNAP, veteran’s benefits, SSI, including SHINE for assistance with insurance benefits.
  c. Provide Farmers Market coupons at congregate sites and to elders in our nutrition program, including elders in public housing.
  d. Work with faith-based organizations to post information at churches regarding benefits.

Goal #5: Ensure that isolated elders are made aware of services and programs in order to assist in decreased isolation and increased socialization.

Objectives:
  a. Partner with local councils on aging to maintain and or expand outreach activities to elders who are socially isolated.
b. Utilize the senior newspapers, Senior Scope, and COA newsletters to get information out to seniors.

c. Promote information to socially isolated elders through the Meals on Wheels program.

d. Distribute information in areas such as public housing, to reach the targeted population who are in need.

e. Utilize Title III funds as a catalyst to assist our rural Gosnold elders to access health promotion services.

**Goal # 6: Encourage involvement of our Native American population to access supportive services.**

**Objectives:**

a. Prepare and disseminate information to ensure elders know where to turn for assistance.

b. Link elders to programs such as health promotion activities including evidenced-based programs.

c. Ensure that elders have access to passenger vehicles to increase access to transportation services.

d. Coordinate efforts with the tribe by using Title III funds to assist with outreach activities to promote participation.

**Disbursement of Funds to Community Agencies**

In addition to the Older Americans Act mandatory guidelines, the AAA has utilized the Needs Assessment data to establish the type of programs that may be funded with federal Older Americans Act funds. The AAA has advertised a Request for Proposals for programs relating to the identified needs. Through this process, agencies providing elder services submitted applications for funding.

Elder Affairs has established that a minimum proportion of the funding received by each AAA in the state under Title III Part B of the OAA be mandated for the provisions of certain priority services. The following guidelines indicates the current minimum funding percentages for the priority services listed below.

- **Access:** requires two (2) percent of Part B funding allocation
- **In-Home Services:** requires two (2) percent of Part B funding allocation
- **Legal Services:** requires nine (9) percent of Part B funding allocation

The figure for legal services is based on a minimum standard plus an individual maintenance of effort requires separately of each AAA. Coastline’s required AAA maintenance of effort requirements is 20 percent.

In Federal Fiscal Year (FFY) 2018, the AAA will utilize over $794,709 for Area Plan Administration, Title III-B Supportive Services, Title III-C Congregate and Home Delivered meals;
Title III-D Health Promotion Services, Title III E Family Caregiver Services and the Long Term Care Ombudsman services.

Programs were funded based on the identified needs, including objectives of the Older Americans Act. The new funding cycle will begin on October 1, 2017, which is the start of the federal fiscal year 2018.

Title III funding will be provided to the Acushnet Council on Aging, Buzzards Bay Speech/Self Improvement Classes for Adults, Community Connections, Community Nurse, Dartmouth COA and Dartmouth Social Day; Fairhaven COA, Family Service Association, Grandparents Raising Grandchildren, Gosnold Elderly Services, Immigrants Assistance Center, Mashpee Wampanoag Tribe, MO LIFE, New Bedford CoA Adult Social Day and Transportation, SeniorScope, PACE, Project Independence, Rochester COA, South Coastal Counties Legal, Visiting Dental Hygienist, YWCA of Southeastern Massachusetts.
Federal Funds are awarded to the Area Agency on Aging from Elder Affairs based on an Intra-State Funding Formula, part of which reflects the proportion among the planning and service areas of persons age 60 and over; age 75 and over; 85 plus; those living in rural areas, low income, minorities, etc. To determine how funding is channeled to the Area Agency on Aging, please refer to the chart below.
<table>
<thead>
<tr>
<th>Topic</th>
<th>Annex</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workplace Violence and Criminal Activity</td>
<td>ANNEX A</td>
</tr>
<tr>
<td>Bomb Device Identified</td>
<td>ANNEX B</td>
</tr>
<tr>
<td>Community Notification</td>
<td>ANNEX C</td>
</tr>
<tr>
<td>Downtime</td>
<td>ANNEX D</td>
</tr>
<tr>
<td>Evacuation</td>
<td>ANNEX E</td>
</tr>
<tr>
<td>Fire or Smoke Identified</td>
<td>ANNEX F</td>
</tr>
<tr>
<td>Information &amp; Referral</td>
<td>ANNEX G</td>
</tr>
<tr>
<td>Environmental Hazards</td>
<td>ANNEX H</td>
</tr>
<tr>
<td>Intra-Agency Coordination</td>
<td>ANNEX J</td>
</tr>
<tr>
<td>Medical Emergency</td>
<td>ANNEX K</td>
</tr>
<tr>
<td>Nutrition Plan (Meal Packs)</td>
<td>ANNEX M</td>
</tr>
<tr>
<td>Open &amp; Closure, Agency</td>
<td>ANNEX O</td>
</tr>
<tr>
<td>Emergency Preparedness</td>
<td>ANNEX P</td>
</tr>
<tr>
<td>Power Outage</td>
<td>ANNEX Q</td>
</tr>
<tr>
<td>Emergency Response, Housing Facilities</td>
<td>ANNEX R</td>
</tr>
<tr>
<td>Severe Weather</td>
<td>ANNEX S</td>
</tr>
<tr>
<td>Safety/Risk Management Team</td>
<td>ANNEX T</td>
</tr>
<tr>
<td>Communication</td>
<td>ANNEX U</td>
</tr>
<tr>
<td>Emergency Preparedness Training</td>
<td>ANNEX V</td>
</tr>
<tr>
<td>Water Supply Loss</td>
<td>ANNEX W</td>
</tr>
<tr>
<td>Loss of Domestic Sewer Services</td>
<td>ANNEX X</td>
</tr>
<tr>
<td>Other Emergencies</td>
<td>ANNEX Z</td>
</tr>
</tbody>
</table>
NOTICE OF PUBLIC HEARING

Coastline Elderly Services, Inc. /Area Agency on Aging
is conducting a Public Hearing on
Friday, September 15, 2017
from 10:30 – 11:30., at the Wamsutta Club, 427 County
St, New Bedford, MA 02740.
The purpose of the hearing is to solicit comments from
individuals (45 CFR 1321.61 (2)) who reside in the
communities of Dartmouth, Fairhaven, Gosnold, Marion,
Mattapoisett, New Bedford, and Rochester, regarding
Area Plan 2018-2021. The Plan will be submitted to the
Executive Office of Elder Affairs. All interested parties
have the right to testify and submit written comments to
the Area Agency on Aging by September 22, 2017. The
Draft Area Plan may be found on Coastline’s website at
www.coastlinenb.org., on 9/12/17.
Attachment A: Area Agency on Aging Assurances and Affirmation

For Federal Fiscal Year 2018, the Area Agency on Aging makes the following assurances as required by the Older Americans Act of 1965 as amended, and all relevant regulations:

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

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

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

(C) legal assistance;

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

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

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

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

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

(C) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals and older individuals residing in rural areas within the planning and service area. ((a)(4)(A)(ii))
4) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each area agency on aging shall:

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

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

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

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

(A) older individuals residing in rural areas;

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

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

(D) older individuals with severe disabilities;

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

(F) older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and inform the older individuals referred to in (A) through (F), and the caretakers of such individuals, of the availability of such assistance. ((a)(4)(B))

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

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

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

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

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

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

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

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

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

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

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

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

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

(14) Each area agency on aging shall provide assurances that the area agency will, on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals. ((a)(13)(E))
(15) Each area agency on aging shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title. ((a)(14))

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

The undersigned acknowledge the Area Plan Assurances for Federal Fiscal Year 2018 and affirm their Area Agency on Aging’s adherence to them.

Coastline Elderly Services, Inc.
(Area Agency on Aging)

9/11/17 (Signed) George A. Smith
(Date) (Chairperson of Board of Directors)

9/11/17 (Signed) Patsy L. Etick
(Date) (Chairperson of Area Advisory Council)

9-14-17 (Signed) Paula A. Flinton
(Date) (Area Agency on Aging Executive Director)
Attachment B: Area Agency on Aging Information Requirements

Area Agencies on Aging must provide responses, for the Area Plan on Aging period (2018-2021), in support of each Older Americans Act citation as listed below. Responses can take the form of written explanations, detailed examples, charts, graphs, etc.

Section 306 (a)(4)(A)(i)
Describe the mechanisms and methods for assuring that the AAA will:

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas;

RESPONSE: The City of New Bedford is listed among the ten poorest cities in Massachusetts with a per capita income of $21,942 and 17.9 percent of the population living below poverty level. Elders with lower incomes, 40% respectively, with an annual income of $11,880 or below, as reported in this survey, face overwhelming challenges in meeting financial obligations. Elders have had to skip certain essentials such as food, medication, or paying a utility bill. They have been faced with making tough decisions, such as purchasing food instead of medications, or vice versa. To ensure the provision of services are targeted to those with the greatest economic and social needs, including the non-English speaking population, Coastline subcontracts with a host of agencies for services to target this population. Coastline plans and coordinates its services with our Councils on Aging, community agencies and partners. Coastline collaborates with churches, organizations specifically serving low income, hospitals, schools, and other facilities, as well. Coastline coordinates services with organizations such as the Immigrants Assistance Center to specifically reach the limited English speaking elders, and also employ culturally linguistic staff who speak other languages such as Spanish, Cape Verdean and Portuguese.

The Executive Office of Elder Affairs defines “rural” as a town with a population density with less than 100 persons per square mile. The 2010 Census data demonstrates that under this definition, the Town of Gosnold in our planning and service are, is the only rural community. According to the United States Census Bureau, the town has a total area of 140.2 square miles (363 km²) of which 13.3 square miles (34 km²) (9.52%) is land and 126.8 square miles (328 km²) (90.48%) is water. Gosnold ranks 272 out of the 351 communities in the Commonwealth in terms of land area; however, it has the longest distance between points within municipal limits of any town in the Commonwealth. Based on the 2010 Census, there are 75 people who live on the island and 29.3% are elders who are 60 years of age and older, with 21 who are white/ non-Hispanic and one individual with two or more races.
Elders (54%) responded that their health was good; 40% said fair, and only 7% thought their health was excellent.

Elders indicated (45%) that they were employed part-time and 9% said they were employed full time. Elders also expressed concern about isolation, in general, and issues surrounding transportation in emergency situations, along with concerns for those who live alone in this rural area.

Funding to support the Gosnold Council on Aging is derived from the Massachusetts Executive Office of Elder Affairs with assistance from Coastline Elderly Services Area Agency on Aging. Specific objectives will include:

- Utilizing T-III funds as a catalyst to assist elders to access health information
- Ensure delivery of emergency meals in preparation of bad weather.
- Provision of general information to elders through the senior newspaper and provide information to the CoA from the AAA.

Section 306 (a)(5)
Include information detailing how the AAA will:
(5) provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities;

RESPONSE:

Coastline has successfully managed the Commonwealth’s programs for forty years ensuring coordination with many agencies, and adopting quality standards that dictate optimum efficiency in the provision of services to our targeted population. Over the years Coastline has built solid relationship with many partners and this is exemplified in our current partnership with our Aging and Disability Resource Consortium (ADRC), which are a group of agencies who support persons with disabilities of all ages. Coastline is a member of the ADRC, and so is Bristol Elder Services, Old Colony Elder Services, Independence Associates and Southeast Center for Independent Living, which comprises the ADRC.

With Title III funding, Coastline has also forged ties with other community agencies such as Murphy and Others Living Independently for Future Endeavors (M.O.L.I.F.E.), which assists the disabled elder or caregiver with long distance medical transportation, while helping them to maintain their independence in the community. With III-B funding, Community Connections, Inc. serves over 150 individuals with disabilities by coordinating transportation to and from medical appointments, social or recreational outings.

Coastline has vast experience in the delivery of programs and services which serve individuals with all types of disabilities, including those with Acquired Brain Injury. With contracts with the Massachusetts Rehabilitation Commission, Coastline provides Transitional
Assistance and services for individuals receiving Acquired Brain Injury Waivers (ABI Waiver) which facilitates a move from a medical facility to the community. These services are for waiver participants who are transitioning from a nursing facility or hospital to a community living arrangement. Along with this program, Coastline is also a housing search entity, with a contract from the Massachusetts Rehabilitation Commission, which conducts housing searches for elders and primarily those who face many challenges due to their disability.

In our recent Needs Assessment study, 9% of elders said they needed home modification due to having a physical disability.

Section 306 (a)(6)
Describe the mechanism(s) for assuring that the AAA will:
(A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;
(B) serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals;

RESPONSE:

The Area Agency on Aging captures the views of elders and caregivers by conducting focus groups, needs assessment studies, forums, surveys, small group gathering and public hearings. The information garnered from these venues assists the AAA in developing long range plans and provides the type of services that elders and caregivers may find beneficial. The AAA coordinates the regional development of a continuum of services that emphasize elder advocacy, assures the effective delivery of programs and services and facilitates accessibility to and utilization of existing social services by older people in need of such services.

As a focal point within the community, the Area Agency on Aging effectively addresses elders’ needs through representation on various agency committees, boards and commissions. Coastline also takes an active approach in addressing any community action plan that takes into consideration into planning for the needs of elders.

Section 306 (a)(7)
Include information describing how the AAA will:
(7) provide that the area agency on aging shall, consistent with this section, facilitate the area-wide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by—
(A) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care.
(C) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals;

**RESPONSE:**

Coastline provides a plethora of programs and services to consumers by contracting with community agencies. These agencies will either have a contract with the AAA or with the Aging Services Access Points to provide services to elders in our planning and service area. Coastline utilizes an interdisciplinary model which is a consumer centered approach for assessments, service provisions, reassessments and monitoring the care plan and the quality of service delivery. Some of the most beneficial features of the Coastline’s ASAP is the readily available home care programs and Senior Care Options programs that are accessible to our consumers. Home Care programs assist the individual elder/caregiver by allowing easement, and strengthening the social, physical, and financial aspects of daily living. Among some of the ASAP programs that are designed to reach this process are: The Home Care Basic (Waiver/Non-Waiver providing assistance with Activities of Daily Living and Instrumental Activities such as personal care, homemaking, grocery shopping, etc.

Over the years Coastline has maintained a progressive leadership role in identifying new initiatives, with the ultimate focus on providing quality services to elders to assist them in remaining at home. These goals have helped us to forge ties with many community agencies and to serve as advocates for older individuals within the community. Coastline has provided a host of evidenced based programs, such as Matter of Balance, Healthy Eating for Successful living, Tai Chi, and Powerful Tools for Successful Living. These programs have been coordinated with our Council on Aging partners and within our elderly housing complexes.

**Section 306 (a)(10)**

**Describe the procedures for assuring that the AAA will:**

(10) provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title;

**RESPONSE**

The grievance procedure was developed, as mandated under Section 301 (a) (10) of the Older Americans Act. A Grievance Policy is provided to any individual 60 years of age or over who is eligible for any service under Title III of the Older Americans Act, provided under an Area Plan. Any person 60 years of age or older, or their spouse of any age eligible for Nutrition services under Title III Part C, may file a written complaint with the Area Agency on Aging (AAA) if they are also denied services or are dissatisfied with services under Title III of the Older American Act, as amended.
Notices regarding the grievance policy is posted in writing at meal sites, and each grantee organization also posts this info, at their sites or in their newsletters.

The AAA has developed a Complaint Review Team to receive and review Title III complaints. When a written complaint is filed with the AAA, it is filed within 21 days of the adverse action. The Complaint Review Team will, within 14 days, meet or communicate with the person who has filed the complaint, and the team will attempt to resolve the complaint. Within 7 days, a written answer regarding resolution will be sent to the individual filing the complaint.

If the individual is dissatisfied with the Complaint Review Team’s response and resolution, the individual has the option of requesting an informal conference with the AAA Director within seven (7) business days after receiving the response. The AAA Director will schedule an informal conference.

The AAA director will issue a written decision on the matter within 21 days and if the individual is dissatisfied with the agency director’s decision, a meeting with the AAA’s Board of Directors will be scheduled. The Review of the Board will be the final decision in the Administrative Review matter.

Section 306 (a)(17)
Describe the mechanism(s) for assuring that the AAA will:
(17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery.

RESPONSE:

The Area Agency on Aging has a comprehensive emergency plan that communicates the responsibilities of various departments and the coordinated effort of community agencies. Coastline holds in high regard the safety of its employees, advisory council and board members, and especially, the clients and communities it serves. It is a primary goal of the Area Agency on Aging to continue to operate in a prudent and efficient manner even in the circumstance of an impending or existing threat or actual emergency. The plan outlines a comprehensive approach to ensure the continuity of essential services during a disaster, including operations, resources, materials, equipment, and human resources. The plan ensures the safety and well-being of employees, the emergency delegation of authority, the safekeeping of records vital to the agency and its consumers, and emergency acquisition of resources necessary for business resumption, and the capabilities to work at alternative work sites until normal operations can be resumed.

Identified as Exhibit A, please find a copy of the Table of Contents for the Emergency Management Manual.
<table>
<thead>
<tr>
<th>Member Name</th>
<th>Identify Officers by Title</th>
<th>City/Town of Residence</th>
<th>Membership Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leda Kim</td>
<td></td>
<td>Mattapoisett</td>
<td>Council on Aging</td>
</tr>
<tr>
<td>Lois Spirlet</td>
<td></td>
<td>Westport</td>
<td>Nurse/ Retired /Elder Advocate</td>
</tr>
<tr>
<td>John Goncalves</td>
<td></td>
<td>Dartmouth</td>
<td>Volunteer / Elder Advocate</td>
</tr>
<tr>
<td>Rita L'Etiole</td>
<td>President</td>
<td>Dartmouth</td>
<td>Realtor/Retired</td>
</tr>
<tr>
<td>John Turner</td>
<td>Clerk</td>
<td>Marion</td>
<td>Military/Retired</td>
</tr>
<tr>
<td>Lindsay Gordon</td>
<td>Treasurer</td>
<td>Dartmouth</td>
<td>Assisted Living</td>
</tr>
<tr>
<td>Carol Nagle</td>
<td></td>
<td>Seekonk</td>
<td>Family Services Assoc.</td>
</tr>
<tr>
<td>Reverend Deb. Lee</td>
<td></td>
<td>New Bedford</td>
<td>Council on Aging</td>
</tr>
<tr>
<td>Michael Cambra</td>
<td></td>
<td>Rochester</td>
<td>Council on Aging</td>
</tr>
<tr>
<td>Anne Silvia</td>
<td></td>
<td>Fairhaven</td>
<td>Council on Aging</td>
</tr>
<tr>
<td>Daniel Fournier</td>
<td></td>
<td>Dartmouth</td>
<td>Council on Aging</td>
</tr>
<tr>
<td>Lisa Mills</td>
<td>Vice President</td>
<td>Rochester</td>
<td>Retired Nurse</td>
</tr>
<tr>
<td>Paula Rossi-Clapp</td>
<td></td>
<td>Acushnet</td>
<td>Council on Aging</td>
</tr>
<tr>
<td>Ellen Keogh</td>
<td></td>
<td>Marion</td>
<td>Council on Aging</td>
</tr>
<tr>
<td>Jeannine Wilson</td>
<td></td>
<td>Dartmouth</td>
<td>Retired Editor</td>
</tr>
</tbody>
</table>

| Percentage of the Board that are 60+ years of age: **66%** |
| Percentage of the Board that are minority persons: **6%** |
| Percentage of the Board that are 60+ and minority persons: **0.00%** |
### AREA PLAN ON AGING, 2018 - 2021
Form 2 - AAA Advisory Council Members - Federal Fiscal Year 2018

Area Agency on Aging: Coastline Elderly Services, Inc.

<table>
<thead>
<tr>
<th>Member Name</th>
<th>Identify Officers by Title</th>
<th>City/Town of Residence</th>
<th>Membership Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helena DaSilva-Hughes</td>
<td></td>
<td>Acushnet</td>
<td>Immigrants Assistance</td>
</tr>
<tr>
<td>Ivan Britto</td>
<td></td>
<td>New Bedford</td>
<td>MO LIFE, Inc.</td>
</tr>
<tr>
<td>Glenda Izaguirre</td>
<td></td>
<td>New Bedford</td>
<td>Congressman Keating</td>
</tr>
<tr>
<td>LouAnn Jenkinson</td>
<td></td>
<td>Rochester</td>
<td>Acushnet Council on Aging</td>
</tr>
<tr>
<td>Reverend David Lima</td>
<td></td>
<td>New Bedford</td>
<td>Inter Church Council</td>
</tr>
<tr>
<td>Andrew Revell</td>
<td></td>
<td>Rochester</td>
<td>U-Mass Dartmouth</td>
</tr>
<tr>
<td>George Smith</td>
<td>Chairman</td>
<td>New Bedford</td>
<td>Mass Senior Action</td>
</tr>
<tr>
<td>Delia DeMello</td>
<td>Vice Chair</td>
<td>Dartmouth</td>
<td>Social Security Administration</td>
</tr>
<tr>
<td>Gordon Helme</td>
<td>Secretary</td>
<td>Rochester</td>
<td>Rochester COA</td>
</tr>
<tr>
<td>Jeanne Daly</td>
<td></td>
<td>Marion</td>
<td>Retired Finance</td>
</tr>
<tr>
<td>Michelle Beneski, Esq</td>
<td></td>
<td>Bridgewater</td>
<td>Elder Attorney</td>
</tr>
<tr>
<td>Heather Sylvia</td>
<td></td>
<td>Marion</td>
<td>Council on Aging</td>
</tr>
<tr>
<td>Ann Marie Askew</td>
<td></td>
<td>Mashpee</td>
<td>Wampanoag Tribe</td>
</tr>
<tr>
<td>Constance Mayer</td>
<td></td>
<td>New Bedford</td>
<td>LGBT Alliance</td>
</tr>
<tr>
<td>Maria Reina</td>
<td></td>
<td>New Bedford</td>
<td>Volunteer Ombudsman</td>
</tr>
</tbody>
</table>

#### Percentage of the Advisory Council

- **80%**: Percentage of the Advisory Council that are 60+ years of age.
- **20%**: Percentage of the Advisory Council that are minority persons.
- **13%**: Percentage of the Advisory Council that are 60+ and minority persons.

*Membership must be more than 50 percent older (60+) persons.*
### Focal Points - Federal Fiscal Year 2018

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

<table>
<thead>
<tr>
<th>Focal Point Name</th>
<th>Address</th>
<th>Town</th>
<th>Senior Center/Council on Aging</th>
<th>Community Center</th>
<th>Nutrition Meal Site</th>
<th>SHINE Site</th>
<th>Adjacent Housing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acushnet CoA</td>
<td>59 1/2 South Main Street</td>
<td>Acushnet</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Anderson Way</td>
<td>2 Anderson Way</td>
<td>N. Dartmouth</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Boa Vista</td>
<td>134 S. Second Street</td>
<td>Nw Bedford</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Buttonwood Senior Center</td>
<td>1 Oneida Street</td>
<td>New Bedford</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Dartmouth Senior Center</td>
<td>628 Dartmouth Street</td>
<td>S.Dartmouth</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Fairhaven Senior Center</td>
<td>229 Hurtleston Avenue</td>
<td>Fairhaven</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Hazelwood Senior Center</td>
<td>553 Brock Avenue</td>
<td>New Bedford</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Mattapoisett (Village Court)</td>
<td>1 Acushnet Road</td>
<td>Mattapoisett</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Marion Community Center</td>
<td>465 Mill Street</td>
<td>Marion</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Rochester Senior Center</td>
<td>67 Dexter Lane</td>
<td>Rochester</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Taber Mills</td>
<td>217 Deane Street</td>
<td>New Bedford</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Tripp Towers</td>
<td>12 Ruth Street</td>
<td>New Bedford</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
### AREA PLAN ON AGING, 2018 - 2021
#### Form 4a - Title III-B Funded Services - Federal Fiscal Year 2018
#### Programs Funded in Whole or in Part by Title III-B

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

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>Title III Award</th>
<th>Non-Title III Exp.</th>
</tr>
</thead>
<tbody>
<tr>
<td>--------------</td>
<td>-----------------</td>
<td>--------------------</td>
</tr>
<tr>
<td>B N 1 22 N N</td>
<td>$975.00</td>
<td>$3,261.00</td>
</tr>
<tr>
<td>B N 3 24 A N</td>
<td>$7,139</td>
<td>$8,637</td>
</tr>
<tr>
<td>B N 5 10 A N</td>
<td>$5,550.00</td>
<td>$3,977.40</td>
</tr>
<tr>
<td>B N 1 14 A N</td>
<td>$12,645</td>
<td>$9,683.00</td>
</tr>
<tr>
<td>B N 2 68 O Y</td>
<td>$31,960</td>
<td>$6,657.00</td>
</tr>
<tr>
<td>B N 5 14 A N</td>
<td>$929.00</td>
<td>$5,476</td>
</tr>
<tr>
<td>E N 5 54 O N</td>
<td>$2,776</td>
<td>$5,979.72</td>
</tr>
<tr>
<td>E N 5 54 O N</td>
<td>$3,000</td>
<td>$7,721.00</td>
</tr>
<tr>
<td>B N 2 86 I N</td>
<td>$17,364.00</td>
<td>$5,564</td>
</tr>
<tr>
<td>E N 5 52 O N</td>
<td>$625</td>
<td>$900</td>
</tr>
<tr>
<td>B N 1 14 A N</td>
<td>$13,918</td>
<td>$15,419</td>
</tr>
<tr>
<td>E N 1 14 O N</td>
<td>$10,293</td>
<td>$6,794</td>
</tr>
<tr>
<td>B N 6 19 A N</td>
<td>$12,444</td>
<td>$2,267</td>
</tr>
<tr>
<td>E N 10 O N</td>
<td>$6,005</td>
<td>$3,456.00</td>
</tr>
<tr>
<td>B N 10 A N</td>
<td>$12,005</td>
<td>$6,000</td>
</tr>
<tr>
<td>B N 5 54 O N</td>
<td>$2,763</td>
<td>$19,000</td>
</tr>
<tr>
<td>B N 4 13 A N</td>
<td>$31,281</td>
<td>$4,621.00</td>
</tr>
<tr>
<td>B N 6 10 A N</td>
<td>$5,000</td>
<td>$22,749.00</td>
</tr>
<tr>
<td>B N 1 47 A N</td>
<td>$18,000</td>
<td>$5,334</td>
</tr>
</tbody>
</table>

Total $154,848.00 $108,894.72

---

### AREA PLAN ON AGING, 2018 - 2021
#### Form 4a - Title III-B Funded Services - Federal Fiscal Year 2018
#### Programs Funded in Whole or in Part by Title III-B

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

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>Title III Award</th>
<th>Non-Title III Exp.</th>
</tr>
</thead>
<tbody>
<tr>
<td>B N 5 92 O N</td>
<td>$3,726.00</td>
<td>$16,118.00</td>
</tr>
<tr>
<td>B N 1 22 A N</td>
<td>$1,041.00</td>
<td>$1,104</td>
</tr>
<tr>
<td>B N 2 13 I N</td>
<td>$62,622.00</td>
<td>$30,134</td>
</tr>
<tr>
<td>B N 2 11 I N</td>
<td>$9,600</td>
<td>$6,920.28</td>
</tr>
<tr>
<td>B N 1 21 A N</td>
<td>$3,622</td>
<td>$33,832.50</td>
</tr>
<tr>
<td>B N 1 52 A N</td>
<td>$3,375</td>
<td>$21,532</td>
</tr>
<tr>
<td>B N 1 19 A N</td>
<td>$105</td>
<td>$80</td>
</tr>
</tbody>
</table>

Total $61,091.00 $81,299.76

---

*Federal Fiscal Year 2019 Area Plan on Aging*
Based on the FFY2018 Title III-E Planning Budget Total
(refer to FFY2018 Title III-E column on Projected Budget Plan tab), provide percentage (%) estimates for the services listed.

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wages/Personnel costs of AAA staff involved in Family Caregiver Support Program services (counseling, support groups, training, assess assistance and information outreach and other specific caregiver services).</td>
<td>41%</td>
</tr>
<tr>
<td>Contracted respite services.</td>
<td>27%</td>
</tr>
<tr>
<td>Contracted supplemental services.</td>
<td>6%</td>
</tr>
<tr>
<td>Contracted services that include: counseling, support groups, caregiver training, access assistance and information outreach.</td>
<td>26%</td>
</tr>
<tr>
<td>Other (explain below)</td>
<td></td>
</tr>
</tbody>
</table>

Total: 100%

Other (detail):


## Area Plan on Aging, FFY 2018 - 2021
### Projected Budget Plan - Federal Fiscal Year 2018

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

**OCTOBER 1, 2017 THROUGH SEPTEMBER 30, 2018**

<table>
<thead>
<tr>
<th></th>
<th>Area Plan Admin</th>
<th>Title III-B Supp Svs</th>
<th>Title III-C-1 Cong. Nutr Svs</th>
<th>Title III-C-2 HDM Nutr Svs</th>
<th>Title III-D Evi-Based Svs</th>
<th>Title III-E Caregiver Svs</th>
<th>Ombudsman Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Federal Planning Award:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FFY 2017 Title III Estimated Continuation</td>
<td>-</td>
<td>-</td>
<td>4,000</td>
<td>1,940</td>
<td>9,000</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>FFY 2018 Title III Income</td>
<td>80,521</td>
<td>205,221</td>
<td>243,028</td>
<td>119,421</td>
<td>14,101</td>
<td>87,852</td>
<td>44,555</td>
</tr>
<tr>
<td>FFY 2018 Total Title III Income</td>
<td>$80,521</td>
<td>$205,221</td>
<td>$247,028</td>
<td>$121,361</td>
<td>$23,101</td>
<td>$87,852</td>
<td>$44,555</td>
</tr>
<tr>
<td><strong>Other Income:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NSIP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NSIP Commodity Credit</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Federal (non-Title III or NSIP)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program Income (Client Contributions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State Home Care</td>
<td>8,927</td>
<td>2,500</td>
<td>642,348</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State Elder Lunch</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State - Other</td>
<td>17,000</td>
<td>10,000</td>
<td>1,210,112</td>
<td>13,375</td>
<td>3,308</td>
<td>10,141</td>
<td></td>
</tr>
<tr>
<td>Non-Federal Inkind</td>
<td>54,539</td>
<td>153,518</td>
<td>142,784</td>
<td>70,147</td>
<td>6,667</td>
<td>60,039</td>
<td></td>
</tr>
<tr>
<td>Local</td>
<td>11,363</td>
<td>5,583</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>24,170</td>
<td>11,875</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Other Income:</strong></td>
<td>$80,466</td>
<td>$166,018</td>
<td>$531,042</td>
<td>$2,191,315</td>
<td>$20,042</td>
<td>$64,547</td>
<td>$16,263</td>
</tr>
<tr>
<td><strong>Total Available Income:</strong></td>
<td>$160,987</td>
<td>$371,239</td>
<td>$778,070</td>
<td>$2,312,676</td>
<td>$43,143</td>
<td>$152,399</td>
<td>$60,828</td>
</tr>
</tbody>
</table>

### Budgeted Expenditures:

<table>
<thead>
<tr>
<th></th>
<th>Wages and Salaries</th>
<th>Payroll Taxes/Fringe Benefits</th>
<th>Mileage/Travel</th>
<th>Occupancy Costs</th>
<th>Equipment Purchase/Rental/Maintenance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>126,579</td>
<td>148,393</td>
<td>147,163</td>
<td>39,425</td>
<td>39,425</td>
</tr>
<tr>
<td></td>
<td>29,000</td>
<td>32,397</td>
<td>5,055</td>
<td>3,315</td>
<td>200</td>
</tr>
<tr>
<td>Payroll Taxes/Fringe Benefits</td>
<td>15,695</td>
<td>30,829</td>
<td>350</td>
<td>3,660</td>
<td>200</td>
</tr>
<tr>
<td>Mileage/Travel</td>
<td>2,160</td>
<td>651</td>
<td>350</td>
<td>1,358</td>
<td>6,910</td>
</tr>
<tr>
<td>Occupancy Costs</td>
<td>9,847</td>
<td>651</td>
<td>1,000</td>
<td></td>
<td>11</td>
</tr>
<tr>
<td>Equipment Purchase/Rental/Maintenance</td>
<td>2,742</td>
<td>1,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service Category</td>
<td>Title III-B Supp Sv</td>
<td>Title III-C-1 Cong. Nutr Sv</td>
<td>Title III-C-2 HDM Nutr Sv</td>
<td>Title III-D Evi-Based Sv</td>
<td>Title III-E Caregiver Sv</td>
</tr>
<tr>
<td>------------------------------------------------------</td>
<td>---------------------</td>
<td>-----------------------------</td>
<td>---------------------------</td>
<td>-------------------------</td>
<td>-------------------------</td>
</tr>
<tr>
<td>Meal Prep and Related Costs</td>
<td></td>
<td>394,051</td>
<td>1,684,876</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Program Support</td>
<td>1,585</td>
<td>81,138</td>
<td>196,446</td>
<td>3,664</td>
<td>2,546</td>
</tr>
<tr>
<td>Agency Admin Support Allocation</td>
<td>13,813</td>
<td>7,262</td>
<td>121,891</td>
<td>782</td>
<td>7,500</td>
</tr>
<tr>
<td>Direct Services to Caregiver</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subgrants - Access</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subgrants - In-Home</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subgrants - Legal</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subgrants - Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subgrants - Inkind</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Budgeted Expenditures</td>
<td>$160,987</td>
<td>$371,239</td>
<td>$778,070</td>
<td>$2,312,876</td>
<td>$43,143</td>
</tr>
</tbody>
</table>

Signature of Area Agency on Aging Planner: [Signature]
Date: 9/26/17

Signature of Area Agency on Aging Fiscal Manager: [Signature]
Date: 9/27/17

Signature of Area Agency on Aging Executive Director: [Signature]
Date: 9/25/17
2017 NEEDS ASSESSMENT
ADVISORY COUNCIL
Tuesday, October 3, 2016
ATTENDANCE

NAME

Condon, Helen

Harrington, Ann Marie

Heller, Jodi

Kilbane, Sue

Lobello, Donna

Mayo, Maria

McNulty, Mary

Peterson, David
2017 NEEDS ASSESSMENT
Fairhaven Supper Club
Wednesday, October 26, 2016
ATTENDANCE

NAME

Alice Silva

Linda Costa

Sylvia Daley

Patricia Cutler

Carole Snow Kelly

Stephen Bray

Clark Kent

NEIL MINIHAN

Paul Bourque

Christina Wood

Thomas F. Sheehan

Kate Keefe

Paul Mendel

Frank Schmidt

James Stoebe

Randy Smith

Dennis McCulls

Kim Bryant
2017 NEEDS ASSESSMENT
Community Service Employment Program
Thursday, November 3, 2016
ATTENDANCE

NAME

Vicente Kissmood
Nancy Mello
Dolores Martin
Eleanor M. Correia
Dana Thorsen
Barbara C. Pugno
Frieda Marie Johnson
Anne MacCullogh
Andree O. Mennier
Constantine Y. Sagou
Rudy Rogers
Laurie Clement
Charles Petitman
Jenina Cooper
Margaret Kennedy
Ida Green
Geraldene Barrett
Julienne Sainwe Ngongang
Rita ABREH
2017 NEEDS ASSESSMENT
Community Service Employment Program
Thursday, November 3, 2016
ATTENDANCE

NAME

Gyovonne Breton
Donna Martias
Michael Sarris
Richard Jenkins
Deborah Henderson
Kathleen Saunders
Larita Perle
Nancy Bedwin
Vladysa M. Lopez
Margis Gerges
Myrna E. Bire
Maryjoy Cepcian
Cynthia M. Silva (Anna)
Sheryl Stowe
Jennifer Green
Dina Tavonner
Janice Harris
Michael Stone
Lewis Vamossi
2017 NEEDS ASSESSMENT
Foster Grandparent Program (FGP)
Thursday, November 10, 2016 - Wamsutta
ATTENDANCE

NAME

John Domingo
Dolphine Harrison
Anna Crawford
Elna Motta
Diane Aquelto
Diane Arras
Diane Carney
Laurel Delle
Debra Dohle
Sandra Affari
Mary Couto
Margaret Lamend
Marguerie Flack
Shirley Superlant

Telephone: 508.999.6400 • 1.800.243.4636 • Fax: 508.993.6510
Acushnet | Dartmouth | Fairhaven | Gosnold | Marion | Mattapoisett | New Bedford | Rochester
costlifenb.org
2017 NEEDS ASSESSMENT
Immigrants Assistance Center, Inc.
Tuesday, November 15, 2016

ATTENDANCE

NAME

Maria I Barbosa
Maria L Peseira
Filomena Gomes
Gracinda Oliveira
Rosa Governo
Maria Grindade
Carmelina Grotta
Maria Angelina deMedeiros
Leonida P Santos
Maria Lucia Lorenzo
Maria C Fonseca
NAME

Gracinda Oliveira
Fatima R. Curtado
Guilherda Camara
Maria G. Silva
Maria Carneiro
Maria Alves
Francisco Arruda
Joe Pacheco
2017 Needs Assessment
Foster Grandparent Program (FGP)
Thursday, November 10, 2016 - Wamsutta

Attendance

Name

Anne Demers
Marion Montembault
Priscilla Santos
Audette Goulette
Sally Wabrey
Robin Karter
Cheryl O'Keefe
Debra Hamault
Rose Conciere
Odette Amoral
Loguen (Marie) Sweeny
Suzanne Martin
Carolyn Groden
Peggy Washington
Needs Assessment
Coastline Elderly Services
Advisory Council

Coastline Elderly Services
1646 Purchase Street, New Bedford, MA
Tuesday October 4, 2016
9:45 a.m. – 10:20 a.m.

Advisory Council Members Participating:
George Smith, Chairperson
Gordon Helme, Vice-Chairperson
John Gonsalves, Secretary
Ivan Brito                  Helena DaSilva-Hughes
Delia DeMello              Glenda Izaguirre
Rev. David Lima            Constance Mayer
Lois Spirlet               Heather Sylvia

Facilitators:
Ann McCrillis, AAA Planner, Coastline Elderly Services
George Smith, Chairperson, Advisory Council

George Smith gave a brief introduction to the needs assessment process and stressed its
importance as well as the importance of the Advisory Council member’s participation in the
needs assessment.

Ann McCrillis gave a more detailed description of the needs assessment, why it is being
conducted, and its importance to the final product, which is the development of the five-year
Area Plan for the agency, which will be submitted to the Executive Office of Elder Affairs. Ann
also indicated that there would be a targeted mail survey of 762 elders in Coastline’s service
area.

George then invited each of the Advisory Council members to identify those areas of particular
concern for elders which they have noticed in their interactions with the elder community.

Constance Mayer:
- the need for more elderly housing
- more transportation services
- the stress on caregivers who take care of elders

Rev. David Lima:
- transportation
- elder social isolation, loneliness
- financial stress, and lack of financial planning resources for elders

Continued on next pag
Ivan Brito:
- transportation and especially medical transportation
- lack of local caregivers to assist elders
- lack of medical escorts to assist elders with transportation

Delia DeMello:
- rampant financial fraud against elders
- the need to educate elders about various types of fraud and how to avoid them
- isolated elders are particularly vulnerable to fraud and financial exploitation as they may welcome the sound of a friendly voice on the phone. Criminals are aware of this and exploit this to their advantage.
- changing an elder’s Social Security number is very difficult and is only done in cases of significantly compromised identification

Lois Spirlet:
- dementia, memory loss even among those “young-old” elders
- stress on caregivers who are taking care of elders
- elders are also reluctant and fearful to have others who could provide assistance to them, such as homemakers, home health aides, in their homes

Glenda Izaguirre:
- all of the above plus...
- language barriers especially due to lack of family supports
- co-dependency (drugs/alcohol) leads to unhealthy socialization with others who have similar substance abuse issues
- constituent services are often a “last resort” for elders seeking resolution to problems with Social Security, immigration, and the IRS.

John Gonsalves:
- all of the above plus...
- dental care, dental hygiene
- home repairs even for simple issues such as repairing steps, locks etc.

Helena DaSilva Hughes:
- for immigrants, cultural and language isolation, which leads to loneliness
- transportation
- elders taking multiple prescription medications due to a lack of understanding about the medications, or the doctor’s instructions, due to a language barrier
- illiteracy among immigrants in their own language, both reading and writing
- having to rely on others for translation, interpreting, letter writing, communication.

Heather Sylvia:
- dental care (major need)
- seeing increase in dementia, memory loss
- transportation

Continued on next page
Gordon Helme:
- lack of an active adult day care program
- lack of adequate senior housing
- anxiety and confusion among elders over health issues

George Smith:
- transportation
- dental care
- medical care
- lack of computer skills and computer access for elders, as more information and transactions important to elders are transferred to the computer/internet
- elder housing
- adult children (often with emotional or substance abuse issues) returning to live with the elder, not only adding additional stress and a financial burden, but possibly jeopardizing the elders tenancy
- home repairs

Ann McCrillis:
Ann spoke about the fact that transportation and dental were identified as major areas of concern during the last needs assessments conducted in 2012 and included in the previous Area Plan. Coastline is now providing four Title III transportation grants and one dental health grant.

Ann requested that all Advisory Council members complete and return the four-page surveys that had been provided to them. Ann thanked the Advisory Council members for their participation in the Needs Assessment process.

Recording Secretary:
Kim Bryant, Planning Assistant
Coastline Elderly Services
October 4, 2016
Needs Assessment
Coastline Elderly Services
Elderly Nutrition Congregate Site Managers

Coastline Elderly Services
1646 Purchase Street, New Bedford, MA
Wednesday, September 21, 2016
1:30 – 2:00 p.m.

Site Managers Participating:
Barbara Days                Barbara Medeiros
Bethany DeGrace            Brenda Rogers
David Bourgeois             Evelyn Reston
Jessica Soares              Joyce Galipeau
Julio Morales               Kathy Grovell
Lorraine Rich               Nancy Kleinowski
Paul Allain                 Karyl Ryan

Facilitators:
Ann McCrillis, AAA Planner, Coastline Elderly Services
George Smith, Chairperson, Coastline Advisory Council

George Smith gave a brief introduction to the needs assessment process and stressed its importance as well as the importance of the site manager’s participation in the needs assessment through the completion of the Needs Assessment Surveys, which were distributed to the site managers.

Ann McCrillis gave a more detailed description of the needs assessment, why it is being conducted, and its importance to the final product, which is the development of the five-year Area Plan for the agency, which will be submitted to the Executive Office of Elder Affairs. Ann stressed the importance of gathering information directly from elders on issues affecting the elder community. Ann also indicated that there would be a targeted mail survey in Coastline’s service area.

Ann and George discussed with the group examples of issues affecting elders such as transportation, availability of dental services, elder housing, elder abuse, health care, and the cost of health insurance.

Ann requested that all site managers complete and return the four-page surveys that had been provided to them. Ann thanked the site managers for their participation in the Needs Assessment process.

Recording Secretary:
Kim Bryant, Planning Assistant
Coastline Elderly Services
October 4, 2016
Needs Assessment
Coastline Elderly Services
Foster Grandparent Program (FGP)

Wamusatka Club
427 County Street, New Bedford, MA
Thursday November 10, 2016
9:30 a.m. – 10:15 a.m.

FGP Members Participating
There were 62 members of the FGP participating in the needs assessment.

Facilitators:
Ann McCrillis, AAA Planner, Coastline Elderly Services
George Smith, Chairperson, Coastline Advisory Council

Ann McCrillis gave a description of the needs assessment, why it is being conducted, and its importance to the final product, which is the development of the five-year Area Plan for the agency, which will be submitted to the Executive Office of Elder Affairs. Ann also indicated that there would be a targeted mail survey of elders in Coastline’s service area. Ann then introduced George Smith, Chairperson of Coastline’s Advisory Council.

George Smith gave a brief introduction to the needs assessment process and stressed its importance as well as the importance of the FGP member’s participation in the needs assessment. George then invited each of the members to identify those areas of particular concern for elders. The Needs Assessment surveys were distributed to the group.

Medical Costs:
Medical insurance coverage and the associated cost of health insurance was a concern to this group. Elders also spoke about the difficulties of navigating the complex medical coverage options available to them, the potential loss of “Obamacare,” and the difficulty of using technology to research medical options. George asked the group if they were aware of the role of S.H.I.N.E. counselors located at local councils on aging, and how they might assist elders with their medical insurance needs. Some elders also spoke of the recent decision by Steward Healthcare to drop a major medical coverage plan which will affect 3,600 elders in our service area who use Hawthorn Medical. Elders also mentioned the increases in copays. Other medical issues discussed by the group were vision care and the high cost of hearing aids and prescription drugs.

Dental Care:
Elders indicated that they had either deferred dental care due to cost or had not bothered with dental care for years. They were seeking low cost or free dental care. George spoke about the “Minnesota Plan” which is being looked at in the State as an alternative to the high cost of private dental care. This plan would allow dental hygienists to perform some dental procedures currently performed only by dentists. The elders agree that dental care was a priority but that affordable dental care was very limited. One elder indicated that she had not been to a dentist since she retired from work.

Transportation:
Elders spoke of the issues regarding difficulties with transportation including the cost of private transportation (cab, livery, etc.), limited bus routes, and limited bus shelters particularly in winter, the issues of coordinating medical transportation both locally and especially to Boston area hospitals. Elders also complained about the long wait times for return trips from medical appointments.

**Housing:**
Elders spoke about the lack of affordable housing, the availability of affordable housing, the need for more housing accessible for the disabled, and the need to find housing on first floor levels vs. third floor which is difficult for the elders to access. One elder spoke openly about a family situation that was causing the elder to seek housing elsewhere.

**Other Issues Raised:**
Elders raised other issues during the needs assessment such as problems with snow removal, home repairs both minor and major, winter fuel assistance, and access to and instruction on how to use technology.
Some elders indicated that they had to forego food in order to pay bills. One elder indicated that she only had one bottle of water in her refrigerator. This elder was assisted by members of Coastline after the meeting.

Ann requested that the FGP members complete and return the four-page surveys that had been provided to them. Ann thanked the FGP members for their participation in the Needs Assessment process.

Meeting adjourned at 10:15 a.m.

Recording Secretary:
Kim Bryant, Planning Assistant
Coastline Elderly Services
November 10, 2016
Needs Assessment
Coastline Elderly Services
Legal Services

White’s of Westport
66 State Road, Westport, MA 02790
Monday December 12, 2016
9:30 a.m. – 2:00 p.m.

Members Participating
There were 90 participating in the legal needs assessment including members from legal aid agencies, social service agencies, elder service agencies, and State agencies including the Attorney General’s office, District Attorney’s office, local municipalities, and the Department of Transitional Assistance, among others.

Facilitators
Nancy Brodsky, Massachusetts Legal Assistance Corporation
Yana Helgren, Massachusetts Legal Assistance Corporation
Susan Nagl, South Coastal Counties Legal Services

Introduction
Nancy Brodsky of MLAC welcomed the group to the needs assessment then asked everyone to introduce themselves to the group. She then gave an introduction to the needs assessment process, the vision of MLAC, current regional work of MLAC in civil legal aid, the needs of the region, and the unmet legal needs.
Susan Nagl, CEO of South Coastal Counties Legal Services gave an overview of SCCLS, which handles 5,000 cases per year in the Southeastern Mass area including the Cape, one third of which are elders 60 years of age or older.

Needs Assessment Results
The following areas of concern were identified by the participants:
(a.) Housing and Homelessness
Affordable Housing/Housing Conditions were identified as an area of concern due to lack of affordable housing, lack of housing for those who are disabled, preventing foreclosures, tenancy issues, and abusive property owners who take advantage of elders through financial exploitation and eviction. The legal community also sees an increase in homelessness as well as the lack of adequate shelter capacity to house the homeless. There are many Housing Court cases handled by legal aid agencies.
(b.) Healthcare
Access to affordable healthcare was identified as a major issue facing elders including the high cost of healthcare, out-of-pocket expenses (co-pays/deductibles), accessing information about healthcare coverage including navigating many web-based healthcare services and benefits, termination of healthcare benefits (MassHealth, Steward etc.), the confusing and stressful open enrollment period, language and cultural barriers and social or cultural isolation. Accessing dental services and their associated high costs was also identified. Problems of care coordination and post-discharge care were also noted.

Continued on next page
(c.) Mental Health
Mental health was identified as a huge need by the group particularly with the Alzheimer’s epidemic and substance (opioid) problems. Areas of concern included shortages of mental health treatment, inpatient beds, adequate assessment or counseling, long-term and community based services, skilled providers, accessing information about mental health treatment options, substance abuse education and prevention programs, and integration of mental health in the primary care setting. In addition, mental health issues and substance abuse create collateral issues for families and caregivers including increased exposure to violence, neglect, and problems with access to treatment, employment or housing. Cultural and language barriers relating to mental health. There needs to be better coordination between mental health professionals and legal professionals.

(d.) Transportation
Transportation issues are significant for all regions of the State however, in the Southeastern Region the lack of transportation was identified as the most significant barrier to accessing existing services. Transportation issues included lack of public transportation, shortage of bus routes and scheduling, cost of private transportation (such as a cab or livery services), and a lack of transportation targeted to specific areas such as employment opportunities and medical facilities.

(e.) Other needs included access to advanced planning documents and preparation, elder abuse, Social Security issues, MassHealth applications and termination of benefits, immigration, SNAP benefits and nutrition, elders inability to utilize technology, discrimination, LGBTQ issues, and grandparents raising grandchildren.

The needs assessment adjourned at 2:00 p.m.
Needs Assessment
Coastline Elderly Services
LGBTQ Supper Club

Fairhaven Council on Aging
229 Hurtleston Ave.
Fairhaven, MA 02719
Wednesday, October 26, 2016
5:00 – 6:45 p.m.

Participants:
Twenty LGBTQ elders participated in the needs assessment.

Facilitators:
Ann McCrillis, AAA Planner, Coastline Elderly Services
George Smith, Chairperson, Coastline Advisory Council

Ann Sylvia, Director of the Fairhaven Council on Aging introduced Ann and George to the group.

Ann McCrillis gave a description of the needs assessment, why it is being conducted, and its importance to the final product, which is the development of the five-year Area Plan for the agency, which will be submitted to the Executive Office of Elder Affairs. Ann stressed the importance of gathering information directly from elders on issues affecting the elder community.

George Smith gave a brief introduction to the needs assessment process and stressed its importance as well as the importance of the group’s participation in the needs assessment process and through the completion of the Needs Assessment Surveys, which were distributed to the group.

To begin the discussion, George gave the group examples of issues affecting elders such as transportation, availability of dental services, elder housing, elder abuse, health care, and the cost of health insurance based on his experience as a member of Coastline, as well as his own personal experience.

Some of the issues raised by the group included:

Housing: Elders cannot afford to stay in their homes due to rising costs and reduced income. Lack of adequate elder housing facilities. It was noted that the elder population is growing much faster than the housing capacity.

Dental: Loss of dental coverage can lead to financial stress or, if treatment is postponed, poor health. Lack of cost effective insurance coverage, or reduced fee dental services were noted by the group.

Continued on next page
Loss of health insurance can also lead to financial stress and poor health.
The discussion also included recent events such as Steward Health Care’s decision to stop taking Tufts HMO for Medicare and a large manufacturing company’s decision to stop providing certain benefits to retirees.
It was suggested by the group that SHINE counselors at the COA’s could be useful in helping elders navigate the complicated health care insurance maze.
George asked the group how many had computer access since much of the medical information is now only available online. Only 30% of the group had computer access or computer skills necessary in order to access medical information.
George pointed out that many elders were at a loss due to lack of computer access or computer skills. It was noted that many COAs offer computer classes for elders as well as some computer access

The group also identified transportation, or lack thereof, as an issue, particularly medical and social/recreational transportation to various events which provides elders with socialization, and comradeship. Elders equated a lack of transportation with a lack of socialization.
George polled the group as to how many use the local public transportation service known as SRTA, or the more limited Demand Response. Six indicated they utilized SRTA and only one utilized the Demand Response service.
In addition medical transportation to Boston was discussed as well as the lack of local resources providing transportation to Boston area hospitals. Difficulty in scheduling multiple appointments during the limited time offered by local transportation was also discussed.
Ann spoke about the availability of MO LIFE based in Fairhaven as a possible transportation option for Boston area appointments.

The group indicated that it was difficult for elders to obtain information about services available to elders such as people to do chores, simple things, home repairs, removal of clutter, snow shoveling, yardwork, etc.
Ann Sylvia pointed out that many COAs keep lists of agencies or volunteers (such as local boy Scout troops) that may do some of these tasks, and that contacting the local COA would be a good start.
It was also pointed out that elders a reluctant to ask for assistance, and that as people age, they don’t expect to get old and cannot anticipate what their needs will be and don’t know where to turn for help.
The group raised issues that are unique to the LGBTQ community, such as socialization, comradeship, and activities geared specifically to the gay community.

The group expressed an interest in seeing a screening of the popular Gen Silent movie about the hardships and struggles of the elder LGBTQ community. A new film called “Reel in the Closet” was also mentioned.

It was mentioned that there is little inter-generational contact between younger members of the LGBTQ community and their elders. Older LGBTQ said they don’t want an inter-generational program and would prefer to be in a program with their peers. Local events such as the Gay Pride Day are held at a bar and are not age-inclusive. It would be better to hold these events outside where all could participate.

It was also discussed that members of the elder LGBTQ community are quite often “hidden” from each other and are not visible in the community. Opportunities to socialize with other elders were not well known or publicized (the Fairhaven COA LGBTQ Supper Club being an exception).

Ann requested that the group complete and return the four-page surveys that had been provided to them. Ann thanked the group for their participation in the Needs Assessment process.

Recording Secretary:
Kim Bryant, Planning Assistant
Coastline Elderly Services
October 26, 2016
Needs Assessment
Coastline Elderly Services
Immigrants Assistance Center
Portuguese Speaking Elders Social Group

Immigrants Assistance Center
58 Crapo Street, New Bedford, MA
Tuesday November 15, 2016
11:30 a.m. – 12:30 p.m.

Elders Participating:
Twenty Portuguese speaking elders participated in the needs assessment.

Facilitators:
Ann McCrillis, AAA Planner, Coastline Elderly Services
Helena DaSilva Hughes, CEO, Immigrants Assistance Center (translation)
Janice Vicente, Staff Member, Immigrants Assistance Center (translation)

With Helena Hughes translating into Portuguese, Ann McCrillis gave a brief introduction to the needs assessment process and stressed its importance as well as the importance of the group’s participation in the needs assessment. She explained why it is being conducted, and its importance to the final product, which is the development of the five-year Area Plan for the agency, which will be submitted to the Executive Office of Elder Affairs. Ann also indicated that there would be a targeted mail survey of elders in Coastline’s service area.

Language Barriers/Translation:
Many Portuguese elders who are not conversant in English and who do not have an escort with them who speaks English find everyday tasks difficult. This includes particularly medical appointments. Many doctor’s offices do not have translators available to assist non-English speaking patients. Many elders also need assistance navigating the complex medical benefits. Frequently, elders will receive communications and forms from various agencies for completion, but are unable to complete the forms because they cannot read.

Transportation:
Like many other elders, this group found transportation issues however, there were compounded by the elders inability to speak or read English. Elders spoke of the need for transportation for medical appointments and grocery shopping. Those elders who do drive spoke of the difficulty of driving any distances and especially driving at night. Only two elders in the group used SRTA bus service.

Dental:
The vast majority of the group have a need for dental treatment but do not have dental insurance to cover the cost of the necessary treatment. Helena explained the Visiting Dental Hygienist Title III Program from Coastline Elderly Services.

Continued on next page
Nutrition:
Elders spoke about the need for better nutrition, difficulty grocery shopping, and applying for SNAP benefits. The group was very interested in making the Immigrants Assistance Center on Crapo Street a Congregate meal site. The Portuguese Speaking Elders Social Group currently meets at IAC once a week for socialization and a lunch donated by a local business owner.

Other Issues:
Some of the other issues the elders spoke about:
- the cost of prescription drugs, copays for drugs and the difference in price between pharmacies
- five elders in the group spoke about needing vision care but did not have the ability to pay
- the high cost of hearing aids
- those that had homes spoke about the high cost of insurance, the need for cleaning services, and five in the group spoke about the need for home repair, both major and minor.

Ann thanked the group for their participation in the Needs Assessment process.

Helena and Janice assisted the Portuguese speaking elders with the completion of the surveys.

Recording Secretary:
Kim Bryant, Planning Assistant
Coastline Elderly Services
November 15, 2016
Needs Assessment
Coastline Elderly Services
Senior Community Service Employment Program

Coastline Elderly Services
1646 Purchase Street
New Bedford, MA 02740
Thursday November 3, 2016
12:55 – 1:55 p.m.

Participants:
38 elders participated in the needs assessment.

Facilitators:
Ann McCrillis, AAA Planner, Coastline Elderly Services
George Smith, Chairperson, Coastline Advisory Council

Ann McCrillis gave a description of the needs assessment, why it is being conducted, and its importance to the final product, which is the development of the five-year Area Plan for the agency, which will be submitted to the Executive Office of Elder Affairs. Ann stressed the importance of gathering information directly from elders on issues affecting the elder community. Ann introduced George Smith.

George Smith gave a brief introduction to the needs assessment process and stressed its importance as well as the importance of the group’s participation in the needs assessment process and through the completion of the Needs Assessment Surveys, which were distributed to the group. George compared the Needs Assessment process to the National Census which determines what locations derive benefits from the government based on population. The Needs Assessment can help determine where Federal Title III dollars are spent.

George gave the group examples of issues affecting elders such as transportation, availability of dental services, elder housing, elder abuse, health care, and the cost of health insurance based on his experience as a member of Coastline, as well as his own personal experience.

Some of the issues raised by the group included:

Computer Access: George asked the group how many had computer access since much of the medical information is now only available online. Few in the group had computer access or the computer skills necessary in order to access medical information. George pointed out that many elders were at a loss due to lack of computer access or computer skills. It was noted that many COAs offer computer classes for elders as well as some computer access. It was indicated that the local Career Center offered computer training, but it was limited to eight participants at a time. One elder noted the need for intermediate/advanced computer training.

Continued on next page
Snow Removal/Chores

Some elders spoke about the need for someone to perform chores particularly snow removal.
Suggestions included contacting the local council on aging, newspaper ads from people volunteering their services, Boy Scouts or local community service agencies, WBSM and the New Bedford Police Department has a snow removal program.
Some indicated that it was difficult to access downtown businesses such as the Post Office due to inadequate snow removal.

Housing:

Elders cannot afford to stay in their homes due to rising costs and reduced income. Lack of adequate elder housing facilities. It was noted that the elder population is growing much faster than the housing capacity.
Issues of income from the Senior Aid program affecting rents was raised. The SCSEP Program Coordinator indicated that income from the Senior Employment program is not counted as income for rent purposes.

Health Insurance:

George explained the open enrollment process and health insurance issues. The group spoke about the complexity of navigating the health care system, high co-pays, limited income, and the cost of prescription drugs.
Ann suggested to the group that some of them might be better off under a program such as Senior Whole Health. It was proposed that a representative from Senior Whole Health address the group at a later date. SCO brochures were distributed to the group.
It was suggested by the group that SHINE counselors at the COA’s could be useful in helping elders navigate the complicated health care insurance maze however, it was also noted that there were no appointments currently available with SHINE counselors due to the very busy open enrollment period currently underway.

Transportation:

George polled the group as to how many use the local public transportation service known as SRTA, or the more limited Demand Response.
Elders spoke about the limited service available nights and on Sundays.
One elder spoke of the need for a bus to the Fall River Industrial Park where a large facility had recently opened.
Others indicated difficulty accessing the Career Center due to lack of public transportation and the difficulty of crossing the walkway over Route 18, especially in winter.

Continued on next page
Dental: Some in the group mentioned the high cost of dental services and lack affordable dental insurance. Others indicated they had postponed or stopped going to the dentist due to cost. Ann offered to share information about a Title III grantee Registered Dental Hygienist who can perform basis services such as cleanings and minor repair work to elders in-home or at local COAs. George noted that Mass Senior Action is pushing for more senior dental care with the State’s elected representatives.

Language Training/ESL The availability of English as a Second Language classes was discussed. It was indicated that Bristol Community College offered language courses but the tuition and cost of books could present a financial burden to the elder. It was also noted that advances classes were sometimes cancelled due to lack of students.

Other Issues: Some of the other issues raised were
- vision care, eye glasses
- inadequate lighting around Buttonwood Park
- high cost of cable, internet services from Comcast. It was noted that in some major cities, cable operators offered reduced rates for seniors.
- The need for discharge planning before an elder is discharged from the hospital to ensure adequate supports, and nutrition.

George indicated that calling Coastline Elderly Services was a good place to start for any elder with questions or needing referrals to other agencies.

Ann requested that the group complete and return the four-page surveys that had been provided to them. Ann thanked the group for their participation in the Needs Assessment process.

Recording Secretary: Kim Bryant, Planning Assistant Coastline Elderly Services October 26, 2016
Coastline Elderly Services, Inc.
Area Agency on Aging
and
Aging Services Access Point
2017 Needs Assessment

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

Coastline Elderly Services, Inc. (Coastline) is an Area Agency on Aging (AAA) and Aging Services Access Points (ASAP) which is responsible for conducting a needs assessment of older individuals, development of an area plan, and the distribution of federal funds to support programs and services under the Older Americans Act of 1965, as amended.

Funding to community organizations is targeted to elders who are age 60 and over, including caregivers, throughout Coastline’s planning and service area.

From September 1, 2016 through December 30, 2016, 22 area agencies on aging throughout the Commonwealth began the task of conducting their needs assessment studies. Coastline, in addition to the other AAAs, were required to conduct a minimum of eight needs assessment sessions directly involving elders and their caregivers, by using such strategies as focus groups, listening sessions, community meetings, or forums, etc.

In addition, the Executive Office of Elder Affairs used a web link to gather the needs assessment data from all 22 area agencies on aging.

Coastline focused on small and large public gatherings, meetings with stakeholders, such as the Advisory Council, elderly immigrant population, lesbian, gay, bisexual and transgendered elders, (LGBT) including our low income elderly population. In addition to focus groups, surveys were also mailed to elders throughout eight communities of our service area, including rural elders and elders of the Mashpee Wampanoag Tribe in New Bedford.

Surveys were also mailed randomly throughout the planning and service. A total of 650 questionnaires were provided to participants and 48 percent of those surveys were returned completed. Surveys were also provided in Spanish and Portuguese. A copy of the survey tool is included in the Appendices of this report.

This year’s report also incorporates results from similar surveys conducted in 2013 from Coastline, including statistical data obtained from numerous secondary sources. This report reflects the Area Agency on Aging’s commitment in identifying pertinent data that will aid in the development of the Area Plan on Aging, and will also aid in the development of new programs and services to our areas’ elders and to the caregivers.

Paula Shiner  
Chief Executive Officer

Ann McCrillis  
Area Agency on Aging Planner
Acknowledgements

Our sincere gratitude to our partners and staff that assisted us with the Needs Assessment study.

Ann Marie Askew, Mashpee Wampanoag Tribe, coordinated delivery of surveys to tribal elders.

Kim Bryant, Coastline Elderly Services, Inc., compiled results of the surveys.

Bethany DeGrace, Coastline Elderly Services, Inc. coordinated a focus group for nutrition volunteers.

Helena DaSilva Hughes, Immigrants Assistance Center, coordinated a focus group with non-English speaking elders.

Kris Lombard, Gosnold Council on Aging, coordinated delivery of surveys to Cuttyhunk elders.

Connie Mayer, Advisory Council Member, served on the Area Plan Committee.

Jacqueline Medeiros, Coastline Elderly Services, Inc. coordinated a focus group with the Foster Grandparents; served on the Area Plan Committee.

Sharon O’Malley, Association for the Relief of Aged Women, coordinated delivery of surveys to socially isolated, low income elders.

Karyl Ryan, Coastline Elderly Services, Inc. coordinated a listening session with the Senior Community Service Employment Program.

George N. Smith, Coastline’s Advisory Council, facilitated numerous listening sessions and focus groups.

Anne Sylvia, Fairhaven Council on Aging, coordinated the listening session for the LGBT elders.

Heather Sylvia, Marion Council on Aging, served on the Area Plan Committee.
About This Report

Accuracy of the Estimates
Some data in this report is based on a sample of the population and is, therefore, subject to sampling error. The data in some indicators may not sum to totals because of rounding.

All demographic and population data is U.S. Census data unless otherwise noted. All Census data is from the Year 2010, unless otherwise noted. Data accuracy is not guaranteed. Please verify any data questions with the U.S. Census Bureau.

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

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

What a Needs Assessment study?
Minimally, the study should look for:

a. Who is in need?
b. What is lacking or needed?
c. What are the goods/services needed?
d. How much of each good/service is needed?
e. Is the problem supply and demand or access and distribution?
f. What is not needed or less needed?
g. What will cost to provide?
h. How can it be funded?
# Table of Contents

Foreword.................................................................................................................. i
Acknowledgements................................................................................................. ii
About This Report.................................................................................................... iii
Age of Survey Respondents.................................................................................... 2
Educational Attainment............................................................................................ 3
Health Care Needs................................................................................................... 4
Housing Status Comparison.................................................................................... 5
Living Situation – Elders Living Alone................................................................. 6
Perception of Health............................................................................................... 7
Who Receives Care in the Household.................................................................. 8
Labor Force Participation....................................................................................... 9
Household Income................................................................................................ 10
2016 Health and Human Services Poverty Guidelines...................................... 11
Missed Medical Appointment............................................................................... 12
Elders Skipped Essentials...................................................................................... 13
Mental Health Status............................................................................................. 14
Local Community Need......................................................................................... 15
60 Plus Population by Age in Planning and Service Area (PSA)....................... 16
Gender Breakdown by Age................................................................................... 17
Household in the Planning and Service Area..................................................... 18
Per Capita Income by Community -All Ages.................................................... 19
Summary and Conclusion..................................................................................... 20
Age 60+ by Race and Planning and Service Area............................................ 21
Selected Types of Group Quarters Population-All Age Groups..................... 22
Summary and Conclusion..................................................................................... 23

**Appendices**
Appendix 1: The 2017 Needs Assessment of Older People.
Age of Survey Respondents

Eighteen percent of respondents to this survey indicated that they were between the ages of 70-74, and 14 percent are elders over age 85 years of age. Please see the chart below.

Nationally, the oldest-old population (age 85 and over) grew from just over 100,000 in 1900 to 6 million in 2014. According to the Census Bureau “middle series” projections, the elderly population will more than double between now and the year 2050, to 80 million.

As many as 1 in 5 Americans could be elderly. Most of this growth should occur between 2010 and 2030, when the “baby boom” generation enters their elderly years.

Figure 1:

[Bar chart showing age distribution of survey respondents]

Sixteen percent of respondents said they are between the ages of 65 to 69. According to researchers, the proportion of the population age 65 and over varies by state and is partly affected by the state fertility and mortality levels, and partly by the number of older and younger people who migrate to and from the state.

Reference population: This data refers to the civilian non-institutionalized population.
Sources: 2010 U.S. Census Bureau: Demographic Profile Data; Annual Estimates of the Resident Population for Selected Age Groups.
Fifty-nine percent of elders responding to this survey said they were high school graduates and 15 percent said they had less than a high school education.

Educational attainment has effects throughout the life course which plays a role in well-being at older ages. Higher levels of education are usually associated with higher incomes, higher standards of living, and above average health. Nine percent of respondents said they needed assistance with finding opportunities for education and learning.

Compared with the nation as a whole, Massachusetts’ residents age 55 and older comprise a higher percentage of those with a college or graduate degree. Please see below.

Table 1:

<table>
<thead>
<tr>
<th></th>
<th>High School</th>
<th>Some College</th>
<th>College or Graduate degree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Massachusetts</td>
<td>49.0%</td>
<td>Massachusetts 18.1%</td>
<td>Massachusetts 32.9%</td>
</tr>
<tr>
<td>USA</td>
<td>52.9%</td>
<td>USA 22.6%</td>
<td>USA 24.5%</td>
</tr>
</tbody>
</table>

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

Within the health care category, when asked about the type of assistance they needed, fifty-one percent of respondents said they needed assistance with dental care. Oral health is an important component of an older person’s general health and well-being. It reflects overall health status and is related to the risk and treatment of various chronic conditions. Regular dental care is not covered under Medicare.

Forty-one percent of respondents also said they need assistance with vision care expenses. Medicare doesn’t cover routine eye exams (sometimes called "eye refractions") for eyeglasses or contact lenses. Medicare Part B (Medical Insurance) covers some preventive and diagnostic eye exams.

Twenty-six percent of elders also said they need assistance with coping with diabetes. When compared to Massachusetts as a whole, the city of New Bedford had a higher-age adjusted diabetes mortality rate.

The needs of elders also focused on hearing. Twenty-one percent of elders identified assistance with hearing. In the 2017 survey and focus groups, elders said they could not afford to pay the high costs for hearing aids. Hearing aids and most hearing tests are not covered by Medicare. Medicaid often does cover hearing aids and related services for adults. They must cover them for children.

Seventeen percent of respondents to the 2017 survey, compared to 12 percent in 2013, said they needed assistance with prescription drug costs. Thirteen percent of elders also said they skipped paying for prescription drugs within the last 12 months leading up to this survey, due to a shortage of money.

Figure 3:

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

The survey identified 41 percent of elders, today, who live in a home they own, compared to 51 percent in 2013. Approximately 14 percent now live in a family member’s home compared to 6 percent in 2013. This survey also revealed a decrease with the number of elders living in public elderly housing, from 29 percent in 2013 down to 18 percent in 2017.

Twenty percent of respondents said they needed assistance in finding affordable housing. The 2017 survey also revealed that financially maintaining a home is burdensome, with 49 percent of respondents saying they are unable to make necessary home repairs.

Most older Americans live in adequate, affordable housing. Some, however, live in costly, physically inadequate, and crowded housing, which can pose serious problems for an older person’s physical or psychological well-being. Housing cost burden is the most prevalent housing problem for all household types and has increased over the years.

Figure 4:

![Bar chart showing housing status comparison between 2017 and 2013](image)

Note: Housing cost burden refers to expenditures on housing and utilities that exceed 30 percent of household income.

Reference population: This data refers to the civilian non-institutionalized population.
U.S. Census Bureau, Households and Families 2009-2013 American Community Survey 5-Year Estimates.
According to the U.S. Census, a large proportion of older households live alone. Nationally, more than half of householders, 75 and older lived alone.

Survey responses in this 2017 survey identified that 59 percent of elders live alone. This sub-population of elderly also may be most likely to use formal services – individuals who live alone and have no children or siblings.

Researchers have estimated that 1.2 million people aged 65 or over will be in that status in the year 2020, up from 682,000 in 1990. The living arrangements of America’s older population are linked to income, health status, and the availability of caregivers. Older men were more likely to live with their spouse than were older women.

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

When asked to rate their health, 49 percent of respondents said they were in good health and nine percent listed their health as poor.

According to researchers, asking people to rate their health as excellent, very good, good, fair, or poor provides a common indicator of health easily measured in surveys and represents physical, emotional, and social aspects of health and well-being. Respondent-assessed health ratings of poor correlate with higher risks of mortality.

Thirty-one percent of respondents also said they need assistance with staying active and finding physical activity programs.

Figure 6:

Reference population: This data refers to the civilian non-institutionalized population.
Sixty-two percent of elders responding to this survey said they receive care in the household and nineteen percent said an adult age 19-59 was receiving care.

The need for caregiving increases with age. People who are frail or disabled may require help with basic activities of daily living (ADLS). These services can differ from informal care delivered by a family member or friend, to more formal services from a home care agency, assisted living or nursing home.

Long-term care (LTC) refers to broad range services and supports to meet the needs of frail older adults and other people who are limited in their abilities for self-care because of chronic illness or a disability. Currently, 70 percent of seniors will require some form of LTC, and 20 percent will require LTC for more than 5 years.

The Federal Administration on Aging estimates that by 2020, 15 million seniors will require LTC, 50 percent more than today.

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


Sixty-one percent of respondents in the 2017 survey indicated that they were not employed and not in the labor market, compared to 72 percent in 2013.

In this 2017 survey, 24 percent responded that they are employed part-time, when compared to 17 percent in 2013.

Labor force participation is measured by the percentage of a group that is in the labor force - that is either working (employed) or actively looking for work (unemployed). Education and training continue to be the most effective path to sustained employment.

Nationally, in 2015, 8.8 million (18.9%) Americans age 65 and over were in the labor force – working or actively seeking work, including 4.8 million men (23.4%) and 4 million women (15.3%).

Reference population: This data refers to the civilian non-institutionalized population
Sources: Older Americans: Key Indicators of Well-Being: 2016. Federal Interagency Forum on Aging Related Statistics
Household Income

The Rate of Poverty is defined as a one-person household with an annual income of $11,880 or below in 2016, or a two person household with an annual income of $16,020 in 2016. Please see Poverty levels next page.

In the chart below, forty percent of respondents said their annual income was $11,880 or below.

Figure 9:

Most older Americans are retired from full-time work. Social Security was developed as a floor of protection for their incomes to be supplemented by other pension income, income from assets, and to some extent, continued earnings. Over time, Social Security has taken on greater importance to many older Americans.

Nationally, over 4.2 million people age 65 and over (8.8%) were below the poverty level in 2015. Older women had a higher poverty rate (10.3%) than older men (7%) in 2015. Older persons living alone were much more likely to be poor (15.4%) than were older persons living with families (5.7%).

Reference population: This data refers to the civilian non-institutionalized population.
2016 Health and Human Services Poverty Guidelines

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

The guidelines in this 2016 notice reflect the 0.1 percent price increase between calendar years 2014 and 2015. After this inflation adjustment, the guidelines are rounded and adjusted to standardize the differences between family sizes. Please see the chart below.

These guidelines were used to determine poverty levels for the 2017 Needs Assessment Study.

Table 2:

<table>
<thead>
<tr>
<th>Persons in family/household</th>
<th>48 Contiguous States and the District of Columbia</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$11,880</td>
</tr>
<tr>
<td>2</td>
<td>$16,020</td>
</tr>
<tr>
<td>3</td>
<td>$20,160</td>
</tr>
<tr>
<td>4</td>
<td>$24,300</td>
</tr>
<tr>
<td>5</td>
<td>$28,440</td>
</tr>
<tr>
<td>6</td>
<td>$32,580</td>
</tr>
<tr>
<td>7</td>
<td>$36,730</td>
</tr>
<tr>
<td>8</td>
<td>$40,890</td>
</tr>
</tbody>
</table>

For families/households with more than 8 persons, add $4,160 for each additional person.

Source: Federal Register/Vol.81, No.15/Monday, January 25, 2016/Notice.
Survey respondents were asked to specify the contributing factors that led them to miss a medical appointment in the last 12 months leading up to this survey. Fifty-one percent said they missed a medical appointment because of a lack of transportation.

Thirty-four percent said they had no one to accompany them, and thirteen percent cited inadequate insurance. The two percent who responded by saying “other” listed factors such as, bad weather, having a conflict on the scheduled day, too ill to go, or the respondent had to care for someone in the home.

Lack of transportation has always been a major obstacle for the elderly population in this region. The ability to travel independently to appointments, to the grocery store, and to visit friends play an important role in the daily lives of older adults. For many older adults, the ability to travel independently may change due to health or physical problems.

Reference population: This data refers to the civilian non-institutionalized population.
Sources: 2010 U.S. Census Bureau.
Figure 11:

For respondents who own their own homes, twenty-three percent said that within the last twelve months they had to skip paying for essentials such as home repairs, due to a shortage of money.

Twenty percent said they skipped purchasing food, and for those who owned a vehicle, 18 percent could not afford to put fuel in the vehicle.

Expenditures are another indicator of economic well-being and demonstrate how the older population allocates resources to food, housing, health care, and other basic needs. Expenditures may change with changes in work status, health status or income.

Reference population: This data refers to the civilian non-institutionalized population.
Sources: U.S. Census Bureau, 2010 Census.
Depressive symptoms are an important indicator of general well-being and mental health among older adults. People who report many depressive symptoms often experience higher rates of physical illness, greater functional disability, higher health care resource utilization, and dementia.

Older women were more likely to report clinically relevant depressive symptoms than were older men.

In this survey, thirty-eight percent of elders reported that were experiencing symptoms of anxiety, thirty-six percent said depression, and twenty-five percent reported experiencing some memory loss and confusion.

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


### Local Community Need

<table>
<thead>
<tr>
<th>Categories</th>
<th>I Do Need Help</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Access to social assistance services</strong></td>
<td></td>
</tr>
<tr>
<td>Completing benefit forms for Health Insurance, SSI, SNAP</td>
<td>29%</td>
</tr>
<tr>
<td><strong>Caregiver Support</strong></td>
<td>9%</td>
</tr>
<tr>
<td><strong>Civic Engagement</strong></td>
<td></td>
</tr>
<tr>
<td>Volunteer opportunities</td>
<td>9%</td>
</tr>
<tr>
<td><strong>Cultural Competencies</strong></td>
<td></td>
</tr>
<tr>
<td>LGBT issues</td>
<td>2%</td>
</tr>
<tr>
<td><strong>Education / Learning</strong></td>
<td>9%</td>
</tr>
<tr>
<td><strong>Economic (Financial) Security</strong></td>
<td></td>
</tr>
<tr>
<td>Retirement Planning</td>
<td>9%</td>
</tr>
<tr>
<td>Money Management / finances</td>
<td>7%</td>
</tr>
<tr>
<td>Employment</td>
<td>10%</td>
</tr>
<tr>
<td><strong>Food and Nutrition</strong></td>
<td></td>
</tr>
<tr>
<td>Congregate Meals</td>
<td>2%</td>
</tr>
<tr>
<td>Home Delivered meals</td>
<td>10%</td>
</tr>
<tr>
<td><strong>Health care</strong></td>
<td></td>
</tr>
<tr>
<td>Heart</td>
<td>8%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>26%</td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td>17%</td>
</tr>
<tr>
<td>Vision care</td>
<td>41%</td>
</tr>
<tr>
<td>Hearing</td>
<td>21%</td>
</tr>
<tr>
<td>Dental</td>
<td>51%</td>
</tr>
<tr>
<td><strong>Housing</strong></td>
<td></td>
</tr>
<tr>
<td>Affordable Housing</td>
<td>20%</td>
</tr>
<tr>
<td>Home Modification due to Disability</td>
<td>9%</td>
</tr>
<tr>
<td>Home Repairs</td>
<td>49%</td>
</tr>
<tr>
<td>Home Security</td>
<td>9%</td>
</tr>
<tr>
<td><strong>Learning and Development</strong></td>
<td></td>
</tr>
<tr>
<td>Educational programs</td>
<td>9%</td>
</tr>
<tr>
<td><strong>Legal Services</strong></td>
<td></td>
</tr>
<tr>
<td>Consumer Complaints</td>
<td>5%</td>
</tr>
<tr>
<td>Identity Theft / Fraud</td>
<td>0.9%</td>
</tr>
<tr>
<td>Tenants' Rights</td>
<td>3%</td>
</tr>
<tr>
<td>Wills, Advance Directives</td>
<td>21%</td>
</tr>
<tr>
<td>Categories</td>
<td>I Do Need Help</td>
</tr>
<tr>
<td>--------------------------------------------</td>
<td>----------------</td>
</tr>
<tr>
<td>Leisure and Recreation</td>
<td>23%</td>
</tr>
<tr>
<td>Mental and Behavioral Health</td>
<td></td>
</tr>
<tr>
<td>Alcohol/Substance Abuse</td>
<td>0.9%</td>
</tr>
<tr>
<td>Anxiety</td>
<td>35%</td>
</tr>
<tr>
<td>Depression</td>
<td>34%</td>
</tr>
<tr>
<td>Memory Loss/Confusion</td>
<td>21%</td>
</tr>
<tr>
<td>Spirituality</td>
<td></td>
</tr>
<tr>
<td>Faith-based activities</td>
<td>6%</td>
</tr>
<tr>
<td>Transportation</td>
<td>24%</td>
</tr>
<tr>
<td>Staying Active/Physical Activity Programs</td>
<td>31%</td>
</tr>
</tbody>
</table>

Reference population: This data refers to the civilian non-institutionalized population.
Table 4:

<table>
<thead>
<tr>
<th>City or Town</th>
<th>2010 All Ages</th>
<th>Age 60-64</th>
<th>Age 65-74</th>
<th>Age 75-84</th>
<th>Age 85 and over</th>
<th>Age 60+</th>
<th>Age 65+</th>
<th>Age 75+</th>
<th>Age 85+</th>
<th>% 60+</th>
<th>% 65+</th>
<th>% 75+</th>
<th>% 85+</th>
<th>2020 All Ages Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acushnet</td>
<td>10,303</td>
<td>698</td>
<td>874</td>
<td>527</td>
<td>231</td>
<td>2,330</td>
<td>1,632</td>
<td>22.6</td>
<td>15.8</td>
<td>2.2</td>
<td>10,416</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dartmouth</td>
<td>34,032</td>
<td>2,086</td>
<td>2,668</td>
<td>1,732</td>
<td>987</td>
<td>7,473</td>
<td>5,387</td>
<td>22.6</td>
<td>15.8</td>
<td>2.9</td>
<td>36,725</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fairhaven</td>
<td>15,873</td>
<td>1,042</td>
<td>1,424</td>
<td>1,037</td>
<td>668</td>
<td>4,171</td>
<td>3,129</td>
<td>26.3</td>
<td>19.7</td>
<td>4.2</td>
<td>15,839</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gosnold</td>
<td>75</td>
<td>9</td>
<td>9</td>
<td>3</td>
<td>1</td>
<td>22</td>
<td>13</td>
<td>29.3</td>
<td>17.3</td>
<td>1.3</td>
<td>67</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marion</td>
<td>4,907</td>
<td>391</td>
<td>516</td>
<td>336</td>
<td>194</td>
<td>1,437</td>
<td>1,046</td>
<td>29.3</td>
<td>21.3</td>
<td>4.0</td>
<td>4,805</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mattapoisett</td>
<td>6,045</td>
<td>483</td>
<td>692</td>
<td>381</td>
<td>148</td>
<td>1,704</td>
<td>1,221</td>
<td>28.2</td>
<td>20.2</td>
<td>2.4</td>
<td>5,808</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New Bedford</td>
<td>95,072</td>
<td>4,862</td>
<td>6,371</td>
<td>4,884</td>
<td>2,648</td>
<td>18,765</td>
<td>13,903</td>
<td>19.7</td>
<td>14.6</td>
<td>2.8</td>
<td>98,800</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rochester</td>
<td>5,232</td>
<td>417</td>
<td>388</td>
<td>136</td>
<td>76</td>
<td>1,017</td>
<td>600</td>
<td>19.4</td>
<td>11.5</td>
<td>1.5</td>
<td>5,780</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total in PSA</td>
<td>171,539</td>
<td>9,988</td>
<td>12,942</td>
<td>9,036</td>
<td>4,953</td>
<td>36,919</td>
<td>26,931</td>
<td>21.5</td>
<td>15.7</td>
<td>2.9</td>
<td>178,240</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total in Massachusetts</td>
<td>6,547,629</td>
<td>370,547</td>
<td>456,640</td>
<td>301,065</td>
<td>145,199</td>
<td>1,273,271</td>
<td>902,274</td>
<td>19.4</td>
<td>13.8</td>
<td>2.2</td>
<td>6,855,546</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Americans are living longer than ever before. Life expectancies at both age 65 and age 85 have increased. Under current mortality conditions, people who survive to age 65 can expect to live an average of 19.2 more years, nearly 5 years longer than people age 65 in 1960. Nearly 22 percent of elders in Coastline’s planning and service area are age 60 and over, compared to the Commonwealth at 19.4 percent. The US Census released the population estimates in May 2016 for Massachusetts cities and towns (also called “minor civil divisions” or “MCDs”) for July 1, 2015. These estimates are derived from the allocation of the Census Bureau’s 2015 county-level population estimates released to individual municipalities.

Projection of the 60+ Population 2010-2035 in Massachusetts

Table 5

<table>
<thead>
<tr>
<th>Population</th>
<th>2010</th>
<th>2015</th>
<th>2020</th>
<th>2025</th>
<th>2030</th>
<th>2035</th>
</tr>
</thead>
<tbody>
<tr>
<td>60+</td>
<td>1,273,271</td>
<td>1,493,156</td>
<td>1,721,462</td>
<td>1,925,417</td>
<td>2,049,347</td>
<td>2,098,125</td>
</tr>
</tbody>
</table>

### Gender Breakdown by Age

**FEMALE**

<table>
<thead>
<tr>
<th>City/Town</th>
<th>Total</th>
<th>60-61 Years</th>
<th>62-64 Years</th>
<th>65-66 Years</th>
<th>67-69 Years</th>
<th>70-74 Years</th>
<th>75-79 Years</th>
<th>80-84 Years</th>
<th>85 Years and Over</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acushnet</td>
<td>5,243</td>
<td>127</td>
<td>212</td>
<td>127</td>
<td>132</td>
<td>205</td>
<td>149</td>
<td>158</td>
<td>161</td>
</tr>
<tr>
<td>Dartmouth</td>
<td>16,926</td>
<td>443</td>
<td>624</td>
<td>369</td>
<td>463</td>
<td>582</td>
<td>504</td>
<td>543</td>
<td>664</td>
</tr>
<tr>
<td>Fairhaven</td>
<td>8,237</td>
<td>220</td>
<td>317</td>
<td>156</td>
<td>253</td>
<td>352</td>
<td>321</td>
<td>322</td>
<td>473</td>
</tr>
<tr>
<td>Gosnold</td>
<td>32</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Marion</td>
<td>2,598</td>
<td>81</td>
<td>132</td>
<td>73</td>
<td>99</td>
<td>117</td>
<td>100</td>
<td>86</td>
<td>135</td>
</tr>
<tr>
<td>Mattapoisett</td>
<td>3,102</td>
<td>113</td>
<td>126</td>
<td>85</td>
<td>135</td>
<td>141</td>
<td>136</td>
<td>81</td>
<td>87</td>
</tr>
<tr>
<td>New Bedford</td>
<td>49,479</td>
<td>1,134</td>
<td>1,483</td>
<td>851</td>
<td>1,118</td>
<td>1,568</td>
<td>1,577</td>
<td>1,437</td>
<td>1,905</td>
</tr>
<tr>
<td>Rochester</td>
<td>2,594</td>
<td>102</td>
<td>114</td>
<td>59</td>
<td>58</td>
<td>63</td>
<td>41</td>
<td>37</td>
<td>45</td>
</tr>
<tr>
<td>Female PSA</td>
<td>88,211</td>
<td>2,221</td>
<td>3,011</td>
<td>1,722</td>
<td>2,258</td>
<td>3,029</td>
<td>2,829</td>
<td>2,665</td>
<td>3,471</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>3,381,001</td>
<td>81,800</td>
<td>112,452</td>
<td>60,898</td>
<td>80,434</td>
<td>106,210</td>
<td>93,661</td>
<td>84,922</td>
<td>100,174</td>
</tr>
</tbody>
</table>

**MALE**

<table>
<thead>
<tr>
<th>City/Town</th>
<th>Total</th>
<th>60-61 Years</th>
<th>62-64 Years</th>
<th>65-66 Years</th>
<th>67-69 Years</th>
<th>70-74 Years</th>
<th>75-79 Years</th>
<th>80-84 Years</th>
<th>85 Years and Over</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acushnet</td>
<td>5,060</td>
<td>150</td>
<td>209</td>
<td>107</td>
<td>131</td>
<td>172</td>
<td>103</td>
<td>117</td>
<td>70</td>
</tr>
<tr>
<td>Dartmouth</td>
<td>17,106</td>
<td>414</td>
<td>605</td>
<td>328</td>
<td>390</td>
<td>536</td>
<td>364</td>
<td>321</td>
<td>323</td>
</tr>
<tr>
<td>Fairhaven</td>
<td>7,636</td>
<td>204</td>
<td>301</td>
<td>128</td>
<td>232</td>
<td>303</td>
<td>196</td>
<td>198</td>
<td>195</td>
</tr>
<tr>
<td>Gosnold</td>
<td>43</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Marion</td>
<td>2,309</td>
<td>65</td>
<td>113</td>
<td>70</td>
<td>74</td>
<td>83</td>
<td>100</td>
<td>50</td>
<td>59</td>
</tr>
<tr>
<td>Mattapoisett</td>
<td>2,943</td>
<td>100</td>
<td>144</td>
<td>87</td>
<td>116</td>
<td>128</td>
<td>92</td>
<td>72</td>
<td>61</td>
</tr>
<tr>
<td>New Bedford</td>
<td>45,593</td>
<td>1,009</td>
<td>1,236</td>
<td>734</td>
<td>919</td>
<td>1,181</td>
<td>1,031</td>
<td>839</td>
<td>743</td>
</tr>
<tr>
<td>Rochester</td>
<td>2,638</td>
<td>85</td>
<td>116</td>
<td>67</td>
<td>71</td>
<td>70</td>
<td>31</td>
<td>27</td>
<td>31</td>
</tr>
<tr>
<td>Male PSA</td>
<td>83,328</td>
<td>2,030</td>
<td>2,726</td>
<td>1,522</td>
<td>1,936</td>
<td>2,475</td>
<td>1,917</td>
<td>1,625</td>
<td>1,482</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>3,166,628</td>
<td>74,794</td>
<td>101,501</td>
<td>53,860</td>
<td>69,267</td>
<td>85,791</td>
<td>68,931</td>
<td>53,551</td>
<td>45,025</td>
</tr>
</tbody>
</table>

**NOTE:** For information on confidentiality protection, non-sampling error, and definitions, see [http://www.census.gov/prod/cen2010/doc/sf1](http://www.census.gov/prod/cen2010/doc/sf1).


Donahue Institute, UMass/Boston.
### Households in the Planning and Service Area

**Table 8:**

<table>
<thead>
<tr>
<th>Communities</th>
<th>Total Number Households</th>
<th>Age 65+ Living Alone</th>
<th>% Age 65+ Living Alone</th>
<th>Households with individuals Age 65+</th>
<th>% Households with individuals Age 65+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acushnet</td>
<td>3,934</td>
<td>412</td>
<td>10.5%</td>
<td>1,194</td>
<td>30.4%</td>
</tr>
<tr>
<td>Dartmouth</td>
<td>11,237</td>
<td>1,434</td>
<td>12.8%</td>
<td>3,816</td>
<td>34.0%</td>
</tr>
<tr>
<td>Fairhaven</td>
<td>6,672</td>
<td>1,001</td>
<td>15.0%</td>
<td>2,163</td>
<td>32.4%</td>
</tr>
<tr>
<td>Gosnold</td>
<td>39</td>
<td>0.0</td>
<td>0.0%</td>
<td>9</td>
<td>23.1%</td>
</tr>
<tr>
<td>Marion</td>
<td>1,896</td>
<td>253</td>
<td>13.3%</td>
<td>682</td>
<td>36.0%</td>
</tr>
<tr>
<td>Mattapoisett</td>
<td>2,505</td>
<td>292</td>
<td>11.7%</td>
<td>861</td>
<td>34.4%</td>
</tr>
<tr>
<td>New Bedford</td>
<td>38,761</td>
<td>4,690</td>
<td>12.1%</td>
<td>10,042</td>
<td>25.9%</td>
</tr>
<tr>
<td>Rochester</td>
<td>1,813</td>
<td>116</td>
<td>6.4%</td>
<td>437</td>
<td>24.1%</td>
</tr>
<tr>
<td><strong>Total In PSA</strong></td>
<td><strong>66,857</strong></td>
<td><strong>8,198</strong></td>
<td><strong>12.3%</strong></td>
<td><strong>19,204</strong></td>
<td><strong>28.7%</strong></td>
</tr>
<tr>
<td>Massachusetts</td>
<td>2,547,075</td>
<td>270,984</td>
<td>10.6%</td>
<td>653,103</td>
<td>25.6%</td>
</tr>
</tbody>
</table>

Sources: 2010 Census Summary File 1, Table H17
Research Dept. Executive Office of Elder Affairs-Massachusetts Elder Population by ASAP and AAA.
Per Capita Income by Community
All Ages

The table below ranks the per capita income throughout the planning and service area of the Commonwealth’s 351 communities, estimated for 2011-2015.

Table 9:

<table>
<thead>
<tr>
<th>Rank</th>
<th>Town</th>
<th>County</th>
<th>Per Capita Income</th>
<th>Median household income</th>
<th>Median family income</th>
<th>Population</th>
<th>Number of households</th>
</tr>
</thead>
<tbody>
<tr>
<td>257</td>
<td>Acushnet</td>
<td>Bristol</td>
<td>$31,477</td>
<td>$66,367</td>
<td>$82,775</td>
<td>10,303</td>
<td>3,843</td>
</tr>
<tr>
<td>282</td>
<td>Dartmouth</td>
<td>Bristol</td>
<td>$30,049</td>
<td>$67,997</td>
<td>$84,881</td>
<td>34,032</td>
<td>11,692</td>
</tr>
<tr>
<td>277</td>
<td>Fairhaven</td>
<td>Bristol</td>
<td>$30,381</td>
<td>$69,326</td>
<td>$77,717</td>
<td>15,873</td>
<td>6,655</td>
</tr>
<tr>
<td>327</td>
<td>Gosnold</td>
<td>Dukes</td>
<td>$25,741</td>
<td>$30,833</td>
<td>$39,167</td>
<td>75</td>
<td>60</td>
</tr>
<tr>
<td>65</td>
<td>Marion</td>
<td>Plymouth</td>
<td>$45,269</td>
<td>$80,456</td>
<td>$92,258</td>
<td>4,907</td>
<td>1,911</td>
</tr>
<tr>
<td>155</td>
<td>Mattapoisett</td>
<td>Plymouth</td>
<td>$35,941</td>
<td>$78,864</td>
<td>$93,235</td>
<td>6,045</td>
<td>2,192</td>
</tr>
<tr>
<td>346</td>
<td>New Bedford</td>
<td>Bristol</td>
<td>$21,056</td>
<td>$35,999</td>
<td>$44,607</td>
<td>95,072</td>
<td>39,068</td>
</tr>
<tr>
<td>135</td>
<td>Rochester</td>
<td>Plymouth</td>
<td>$37,340</td>
<td>$87,370</td>
<td>$104,300</td>
<td>5,232</td>
<td>1,809</td>
</tr>
</tbody>
</table>

NOTE: For information on confidentiality protection, non-sampling error, and definitions, see http://www.census.gov/prod/cen2010/doc/sf1.pdf.
Sources: 2010 U.S. Census Bureau.
### Age 60+ by Race and Planning and Service Area

**Table 10**

<table>
<thead>
<tr>
<th>Community</th>
<th>60+ Population</th>
<th>White Alone</th>
<th>Black Alone</th>
<th>American Indian Alone</th>
<th>Asian Alone</th>
<th>Native Hawaiian Alone</th>
<th>Some Other Race Alone</th>
<th>Two or More Races</th>
<th>Hispanic</th>
<th>White Non Hispanic</th>
<th>Minority (Race &amp; Hispanic)</th>
<th>% Minority (Race &amp; Hispanic)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acushnet</td>
<td>2,330</td>
<td>2,282</td>
<td>8</td>
<td>8</td>
<td>6</td>
<td>0</td>
<td>12</td>
<td>14</td>
<td>5</td>
<td>2,278</td>
<td>52</td>
<td>2.2</td>
</tr>
<tr>
<td>Dartmouth</td>
<td>7,473</td>
<td>7,233</td>
<td>45</td>
<td>8</td>
<td>56</td>
<td>0</td>
<td>83</td>
<td>48</td>
<td>45</td>
<td>7,201</td>
<td>272</td>
<td>3.6</td>
</tr>
<tr>
<td>Fairhaven</td>
<td>4,171</td>
<td>4,038</td>
<td>27</td>
<td>4</td>
<td>26</td>
<td>0</td>
<td>44</td>
<td>32</td>
<td>12</td>
<td>4,027</td>
<td>144</td>
<td>3.5</td>
</tr>
<tr>
<td>Gosnold</td>
<td>22</td>
<td>21</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>21</td>
<td>1</td>
<td>4.5</td>
</tr>
<tr>
<td>Marion</td>
<td>1,437</td>
<td>1,338</td>
<td>23</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>57</td>
<td>15</td>
<td>7</td>
<td>1,333</td>
<td>104</td>
<td>7.2</td>
</tr>
<tr>
<td>Mattapoisett</td>
<td>1,704</td>
<td>1,655</td>
<td>8</td>
<td>1</td>
<td>12</td>
<td>0</td>
<td>16</td>
<td>12</td>
<td>6</td>
<td>1,649</td>
<td>55</td>
<td>3.2</td>
</tr>
<tr>
<td>New Bedford</td>
<td>18,765</td>
<td>16,236</td>
<td>728</td>
<td>94</td>
<td>75</td>
<td>4</td>
<td>1,089</td>
<td>539</td>
<td>943</td>
<td>15,756</td>
<td>3,009</td>
<td>16.0</td>
</tr>
<tr>
<td>Rochester</td>
<td>1,017</td>
<td>983</td>
<td>11</td>
<td>1</td>
<td>5</td>
<td>0</td>
<td>12</td>
<td>5</td>
<td>2</td>
<td>981</td>
<td>36</td>
<td>3.6</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, 2010 Census. Tables P12 – P121
## Selected Types of Group Quarters Population
### All Age Groups

<table>
<thead>
<tr>
<th>Geographic area</th>
<th>Total group quarters population</th>
<th>Total</th>
<th>Correctional facilities for adults</th>
<th>Juvenile facilities</th>
<th>Nursing facilities/ Skilled-nursing facilities</th>
<th>Other institutional facilities</th>
<th>Total</th>
<th>College/ University Student housing</th>
<th>Military quarters</th>
<th>Other Non-institutionalized facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bristol County</td>
<td>15,868</td>
<td>6,219</td>
<td>1,318</td>
<td>235</td>
<td>4,394</td>
<td>272</td>
<td>9,649</td>
<td>7,506</td>
<td>0</td>
<td>2,143</td>
</tr>
<tr>
<td>Dukes County</td>
<td>143</td>
<td>87</td>
<td>30</td>
<td>0</td>
<td>57</td>
<td>0</td>
<td>56</td>
<td>30</td>
<td>5</td>
<td>21</td>
</tr>
<tr>
<td>Plymouth County</td>
<td>11,821</td>
<td>7,645</td>
<td>3,576</td>
<td>197</td>
<td>3,463</td>
<td>409</td>
<td>4,176</td>
<td>2,656</td>
<td>0</td>
<td>1,520</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>238,882</td>
<td>74,667</td>
<td>24,683</td>
<td>2,927</td>
<td>43,833</td>
<td>3,224</td>
<td>164,215</td>
<td>135,773</td>
<td>498</td>
<td>27,944</td>
</tr>
</tbody>
</table>

Sources: Executive Office of Elder Affairs- Research  
U.S. Census Bureau, 2010 Census  
2010 Census Summary File 1, Table P42
SUMMARY AND CONCLUSION

Coastline utilized various strategies to help to capture the needs of elders. These were focus groups and listening sessions. Surveys were also conducted and sent randomly to caregivers and elders. While in the focus groups or listening sessions, elders did not disclose their income, nor would they say if they had to do without food or skip paying for essentials. Elders did not disclose, in front of others, if they were feeling anxious, suffering from depression, memory loss and confusion, drinking heavily or were substance abusers. Instead, they utilized the surveys to disclose personal information.

The surveys did not require their names, nevertheless, some elders provided their names, telephone numbers and addresses because they were asking for help with an issue, and wasn’t sure where they should go to get this help. In one instance, after a focus group ended, an elderly lady spoke to us privately because she didn’t want others in the room to learn that she had no food in her home, only a bottle of water. Coastline was able to provide grocery gift cards which assisted her in getting groceries. For the long term, we needed to look at the amount she was receiving for SNAP (Supplemental Nutrition Assistance Program) benefits and we were able to assist her with getting an increase on those benefits.

We learned through this survey process that the older Portuguese speaking immigrant population had less than a high school education. We also learned that elders who do not own a vehicle, getting around is onerous because public transportation is limited, and if their insurance does not pay for medical transportation the elders must pay out of pocket for other means of transportation, such as taxis, which could be costly.

The survey revealed that those who identified themselves as lower income had increased medical needs and had been hospitalized within the past year.

Additionally, the LGBT elders told us they are afraid to “come out.” These elders said they are “hidden” from each other and are not visible in the community. Conversely, while they expressed gratitude that they can attend the Fairhaven Council on Aging Supper Club once a month, many would also welcome the opportunity for increased socialization with their peers in other venues.

In conclusion, our elders have demonstrated that they are without the financial means to live comfortably. Today, there are more elders in the workforce either working full or part-time to make ends meet. Social Security and or Supplemental Security Income (SSI) may not be able to cover daily essentials. For many elders, asking for help is not always easy. As the first step, this process of the Needs Assessment will assist us to better coordinate services for the most socially and economically needy. One thing we can be sure of: as our older population age, increasingly, agencies such as Coastline will begin to see greater demand for services to assist elders to remain in their homes.
October 20, 2016

Dear Friend,

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

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

Please mail your completed survey in the enclosed self-addressed stamped envelope by Monday, November 7, 2016.

Should you have any questions, you may contact Ann McRillis, Area Agency on Aging Planner, at 508-742-9160. Thank you.

Sincerely

Paula Shiner
Chief Executive Officer
2017 NEEDS ASSESSMENT OF OLDER PEOPLE

Coastline Elderly Services, Inc., your local Area Agency on Aging, would like to assess the status of older persons. To ensure that you are represented, please take a few moments to complete this questionnaire. Your answer will help us to better serve older people in our area.

1. Please tell us your age:
   _____ Under 55    _____ 70 – 74
   _____ 55-59       _____ 75 – 79
   _____ 60-64       _____ 80 – 84
   _____ 65-69       _____ 85+

2. Are you:
   _____ Male  _____ Female

3. What is your race?
   _____ American Indian / Alaska Native  _____ Native Hawaiian or other Pacific Islander
   _____ Asian  _____ White (non-Hispanic)
   _____ Black or African American  _____ Two or more races
   _____ Some other race

4. Are you of Hispanic/Latino heritage?  _____ YES  _____ NO

5. Highest grade or college level completed?

6. Where do you live?
   _____ A place that I own  _____ Family member’s home
   _____ Public elderly housing  _____ Private rental housing
   _____ Other (please specify): ____________________________

7. Do you live alone?  _____ YES  _____ NO

8. If you do not live alone, how many are in the household?
   _____ 0  _____ 1  _____ 2  _____ 3  _____ 4  _____ 5  _____ 6  _____ 7  _____ 8+

9. In general, how do you rate your health?
   _____ Excellent  _____ Good  _____ Fair  _____ Poor  _____ Don’t know

10. Is anyone in your household receiving care from a relative or friend?  _____ YES  _____ NO
11. If YES, who receives care?

   _____ I am getting care  _____ My spouse is getting care
   _____ An adult age 19-59  _____ A child age 18 or younger

12. Which best portrays your employment status?
   ___ Employed, full-time
   ___ Employed, part-time
   ___ Not employed, but looking for work
   ___ Not employed, not in the labor market

13. Please estimate your **Total Family Income** in the last 12 months, including wage, pension, social security, and interest, etc.  *(PLEASE CHECK ONE)*

   **Annually**  
   _____ $11,880 or below  
   _____ $16,020 to $20,159  
   _____ $20,160 to $24,299  
   _____ $24,300 to $28,439  
   _____ $28,440 to $32,579  
   _____ $32,580 to $36,729  
   _____ $36,730 to $40,889  
   _____ $40,890 and over

   **(or Monthly Average)**
   $ 990 or below  
   $1,335 to $1,679  
   $1,680 to $2,024  
   $2,025 to $2,369  
   $2,370 to $2,714  
   $2,715 to $3,060  
   $3,061 to $3,407  
   $3,408 and over

14. In the last 12 months, have you missed a medical appointment due to:
   _____ Lack of transportation  _____ No escort to assist me  _____ Inadequate insurance
   _____ Other (Please specify) _______________________________________________________________________

15. In the last 12 months, have you had to skip any of the following because of a shortage of money?
   ___ Food  ___ Paying for transportation  ___ Gas for car
   ___ Prescription drug  ___ Home Repairs  ___ Utilities (heat, phone, etc.)
   ___ Other (Please specify): _______________________________________________________________________

16. In the last 12 months, have you been hospitalized?  _____ YES  _____ NO

17. If you answered YES please tell us why you were hospitalized?  _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
18. Do you need help in any of the following areas? Please check **ONLY** those areas that apply to you.

I **DO** need help with:

____ Coping with abuse, neglect and mistreatment
____ Coping with alcohol/substance abuse
____ Coping with anxiety
____ Coping with depression
____ Coping with memory loss/confusion
____ Completing benefit forms for Health insurance, SSI, SNAP, etc.
____ Finding affordable housing
____ Finding caregiver support
____ Finding education /learning courses
____ Finding employment
____ Finding faith-based activities
____ Finding legal assistance for:
    ____ Consumer complaints
    ____ Identity theft or fraud
    ____ Tenants’ rights
    ____ Wills, medical directives
____ Finding leisure and recreation activities
____ Finding long-term support services in the home
____ Finding programs/services for older lesbian, gay, bisexual and transgendered
____ Finding transportation
I **DO** need help with:

- [ ] Finding volunteer opportunities
- [ ] Getting home modified due to physical disability
- [ ] Health care
  - [ ] Heart
  - [ ] Diabetes
  - [ ] Prescription drugs
  - [ ] Vision care
  - [ ] Hearing care
  - [ ] Dental care
  - [ ] Other (Please specify)
- [ ] Home Repairs
- [ ] Home security
- [ ] Improving food and nutrition
  - [ ] receiving home delivered meals
  - [ ] receiving congregate meals
- [ ] Managing money/finances
- [ ] Retirement planning
- [ ] Staying active and well with physical activity programs

Comments:

________________________________________________________________________

________________________________________________________________________

*Thank you for your participation in the 2017 Needs Assessment of Older People and their Caregivers.*