



**Serving Eastern Maine
Since 1973**

**Area Plan
2016 - 2020**

TABLE OF CONTENTS

Table of Contents	2
Verification of Intent	3
Mission Statement and Values	4
Executive Summary	6
Context (Appendix A)	9
Goals, Objectives, Initiatives (Appendix B)	14
Assurances (Appendix C)	36
Area Plan Public Hearing process for 2016 - 2020	41
List of Board of Directors	42
List of Current Services	43
Husson University Report	44

VERIFICATION OF INTENT

The Area Plan on Aging is hereby submitted for the Eastern Area Agency on Aging Planning and Service Area for the period FY 2016 through FY 2020. It includes all assurances and plans to be followed by the Eastern Area Agency on Aging under provisions of the Older Americans Act, as amended during the period identified. The Area Agency identified will assume full authority to develop and administer the Area Plan on Aging in accordance with all requirements of the Act and related State policy. In accepting this authority the Area Agency assumes major responsibility to develop and administer the Area Plan for a comprehensive and coordinated system of services and to serve as the advocate and focal point for older people in the planning and service area.

The Area Plan on Aging has been developed in accordance with all rules and regulations specified under the Older Americans Act and are hereby submitted to the State Agency on Aging for approval.

March ____, 2016 (Signed) _____
Noëlle L. Merrill, Executive Director
Eastern Area Agency on Aging

The governing body of the Area Agency has reviewed and approved the Area Plan on Aging.

March _____, 2016 (Signed) _____
Nelson Durgin
President of Board of Directors

MISSION STATEMENT

It is the mission of Eastern Area Agency on Aging to be the best source of information, options, and services for seniors, adults with disabilities and caregivers.

VALUES

Upholding the following values will be at the core of Eastern Area Agency on Aging's efforts as we work to meet the goals and objectives of this area plan:

◆ *Individual*

We value:

- independence, and efforts to preserve it throughout the aging process
- older persons as individuals and respect their rights to self-determination
- good physical, emotional, and mental health -- living well and aging well
- older persons right to choice

◆ *Community*

We value:

- older persons as a group, with an active voice and role in their communities
- collaboration among community members, individuals, and groups to fulfill our vision
- community spirit and strength through cooperation and communication
- partnerships with non profit and for profit members of the business communities

◆ *Workplace*

We value:

- Employees as individuals as well as part of a cohesive unit with a shared vision
- creativity and a working environment that fosters it
- productivity and employees with a strong work ethic
- integrity and accountability
- honesty and open communication
- responsiveness through accessibility, flexibility and the ability to listen

EXECUTIVE SUMMARY

Area Plan Guiding Vision

"A Maine Where Seniors, Caregivers and Individuals with Disabilities Enjoy Life to the Fullest"

Eastern Area Agency on Aging, (EAAA) as the major contributor and connector of services for seniors, individuals with disabilities, and caregivers, will have an established presence that is visible to all who might benefit from our services. There is a new social consciousness of seniors, where the focus is on possibilities vs. limitations and positive expectations vs. learned helplessness - where people live their lives with purpose to the very last day. We help our clients remain independent and stay in their homes and communities, where they are best served and desire to be. This will be accomplished by:

- providing a well-known, central resource to all seniors, individuals with disabilities, and caregivers;
- spurring creative and innovative solutions to the needs of our constituencies, through community efforts and legislative changes;
- collaborating with other organizations and eliminating duplication of effort;
- directly providing services in addition to information and resources;
- effectively using technology to extend our reach and reduce costs of services; and
- securing increased and diversified funding to guarantee our ability to deliver this Vision.

As a result, we will significantly advance the health and welfare of seniors, individuals with disabilities and caregivers. The impact of our work will be measurable, recognized and respected as a vital part of Maine's quality of place.

Information and Assistance

Providing the assistance consumers need is essential. EAAA will continue to provide a live person answering the main telephone. Staff and volunteers will provide regular outreach and benefits enrollment meetings throughout the region as well as offer individual consultations.

Services to Help Older Adults Remain Safely in Their Homes

We will continue to operate a network of Community Cafés by partnering with churches, senior housing, municipalities and schools. Benefits counseling will help older people stretch their limited funds so they are more able to pay for their heating and cooling needs. Facilitating programs driven by private donors will offer unique fixes to Eastern Maine’s challenging winter. Offering affordable meal alternatives to those older people unable to qualify for Title III meal services, yet who desperately need help in maintaining a balanced diet, will improve health for many of our regions’ seniors. Working with trained volunteers from a variety of backgrounds, we plan to expand our Nutrition Improvement Program to educate clients about the importance of a good balanced diet. Caregivers will have access to support groups and a variety of training opportunities.

We will offer expanded access to health programs by training trainers and offering classes in person and online. These options will offer older adults access to classes that will enable them to stay healthier, understand the benefits of exercise and prolong their quality of life through easily learned movements and activities.

Elder Abuse and Rights of the Elderly

EAAA currently hosts and provides fiscal management of the Penobscot County TRIAD, whose goals are to educate seniors about the various types of fraud and crime, to help reduce fear and provide moral support for older persons and to use trained volunteers to assist law enforcement agencies. One of the main projects of this TRIAD has been to offer low-cost reflective number signs to as many homes as possible, and distributing the File of Life. Staff and volunteers will continue to be educated and trained on identifying elder abuse. We are developing quick links to be available on the EAAA website making it easier for consumers to report all types of elder abuse.

EAAA provides funding to support Legal Services for the Elderly (LSE), whose mission is to provide free, high quality legal services to Maine's socially and economically needy elderly aged 60 and over. We also provide two LSE staff with low cost space in our Bangor office.

The Community Cafés are regional focal points where we will continue to provide education, trainings and outreach on the subject of elder safety, scams and abuse.

Goals of the Area Plan

Our programs, partnerships and efforts are all designed for our rural territory and will continue to be a mainstay for seniors who want to remain in their own communities for the rest of this decade.

CONTEXT (Appendix A)

Eastern Area Agency on Aging strives to meet the unique and complex needs of older persons living in its four county, 13,000 square mile service area by providing a mix of direct services as well as connecting people to partnering services. The needs vary depending on circumstances: living alone versus living with a spouse, a family member, or in a senior housing facility; being a caregiver versus requiring care. Seniors living in rural areas may have additional needs arise (e.g. transportation). Income, health, and the availability of aid from family and friends are also factors to consider in determining seniors needs.

Demographics

The number of residents over 65 years of age is expected to double in the next decade and Maine is currently the oldest state based on median age. Based on the US 2014 Census Quick Facts, there are currently 48,000 residents over 65 living in EAAA's extremely rural service area. The poverty rate for Maine's elders is higher than that in the US as a whole. A survey by the Henry J. Kaiser Family Foundation shows the poverty rate in Maine for 2014 as 9%, down from 10.5% in an American Community Survey from 2011 and less than the national average of 10%. This means there are approximately 21,500 elders over the age of 65 living with very low income throughout Maine. The poverty rate for the four counties served by the Eastern Area Agency on Aging for those 65 and older average 10%. Piscataquis and Washington counties having the highest numbers of elders living in poverty – both at 11.8% and Hancock and Penobscot counties having the lowest – 8.2% and 8.5%. Based on these numbers there are fewer elders living in poverty in all areas of the EAAA planning and service area than in 2012.

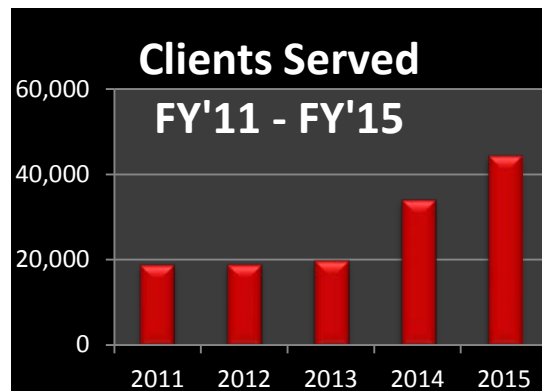
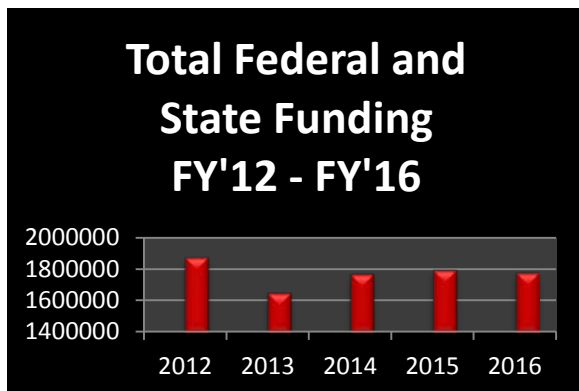
Maine Seniors at Risk

Maine is the “oldest” state in the nation and seniors in Maine live in poverty at higher rates than the national average. This fact creates unique challenges. Many seniors struggle to pay medical bills, purchase prescription drugs, heat their homes, and keep food on the table, all within a fixed income which is often less than \$1,000/month. Increases in property taxes and the cost of maintaining a home mean many seniors will struggle to stay safe in their own home or keep their homes in the future. Advocacy and enabling seniors to self advocate is an

important role for EAAA during these challenging times of complex governmental and regulatory change.

Resources

The Title III allotment to EAAA of \$1,123,391 plus state match of \$185,278 would only provide a meager \$23/person/year for services if all residents over 65 needed assistance. EAAA resources are prioritized for those most in need and in the last 12 months we have documented contact with 44,331 (not unduplicated) seniors, caregivers and adults with a disability. The agency's 50 member staff is spread over 25 separate programs. The agency's general fund has been unable to subsidize programs due to poor returns from investments. Despite the increasing need for more home delivered meals, transportation, help for those experiencing domestic and other abuse, care navigation, home care help, home modification, trainings, and the myriad of other gaps in requested services, our efforts can only go so far. In short, the agency is doing its best to help consumers stay in the community for the long-term. With no expected increases in funding for community based resources, the gaps and needs will grow.



Ongoing Successes

EAAA will continue to partner with both medical and community based providers throughout our four county region. Prime examples of these partnerships are exhibited in the rides offered to Bangor from Washington and Hancock counties. EAAA provides funding for Washington Hancock Community Agency and Downeast Transportation drivers and fuel and they, in turn, supply the vehicle for these rides. This has enabled hundreds of older adults in both of these very rural

counties to be able to get to the Bangor area for medical appointments and other health related errands.

A few years ago, EAAA began sharing its data base with social service programs on Indian Island to enable their aging services staff to document and report electronically on their programs. They are also able to make referrals electronically to EAAA. Prior to their Provider Direct License in the statewide SAMS Medidata database, social service providers on Indian Island had only paper files. EAAA is about to launch two more Provider Direct Licenses with the Penobscot Community Health Center and the Bucksport Healthy Communities Coalition.

Finding partnership and funding opportunities to address food insecurity also continues to be successful for EAAA. We have placed emergency food boxes throughout our four counties at the federally qualified regional health centers, other social service agencies and our community cafés. Many older adults will not go to the food pantry out of pride and the concern that others with younger families need the support more than they. When we learn that someone is out of food, a twenty pound box of staples is delivered and ultimately the person will receive an assessment for benefits that could change their situation.

Rural Challenges

Providing services to rural Maine such as is found in our island communities and communities that are at least two hours away from the closest regional service center is expensive and difficult. In order to serve these regions EAAA is utilizing technology. Offering evidence based programming via the internet will enable our rural residents' opportunities to engage in live classrooms despite their location. High speed internet throughout Maine is improving slowly and more and more of our constituency are becoming computer literate. Last year EAAA launched Home Technology Services, an affordable fee based service designed to help older adults learn how to use their computers, smart phones, tablets and other technology. We also began partnering with AT&T to offer free technology help sessions in our Bangor office.

EAAA continues to provide a quarterly newsletter (available by mail or email) for interested clients as well as the monthly electronic provider newsletter. There is live chat available during the weekday work hours on the EAAA website (eaaa.org). The latest news and information about programs, events and services can be found on the EAAA Facebook page which has over 1,600 followers.

Emergency Preparedness in Eastern Maine

There is the potentiality of an unpredicted state of emergency in Eastern Maine. EAAA staff may be available during any such emergency and will commit to working with federal, state and county emergency management staff as is safe and appropriate. EAAA is a partner with many police and sheriff departments in its region and commits to working with them as requested. In addition, EAAA's Community Cafés are public locations that could be utilized to provide meals and a warm shelter as might be appropriate.

EAAA also maintains a Business Continuity Plan that is updated as needed. The plan ensures that services will continue to be provided in the event of a fire or other disaster that could affect EAAA's services.

Needs Assessment

Throughout the past four years, EAAA held Friends and Neighbors meetings across its four counties. These outreach events provided a minimum of 16 forums in each county for older residents to learn about agency services as well as raise the agency's awareness about gaps that needed to be filled. Unsurprisingly, transportation and home/yard maintenance and cleaning are the services discussed most at these sessions. Another issue that residents in the EAAA territory raise is that of the increasing property taxes that are reducing their resources for the basics such as food, medicine and health care. EAAA considers advocacy for affordable housing (that includes property taxes) a paramount strategy in the next four years because of the governor's goal to eliminate the income tax.

In 2015 Eastern Area Agency on Aging purchased a mailing list of 2,000 which included five hundred from each county in the PSA using an age range of forty and over. The agency partnered with Husson University students to quantify the

results. 434 responses were received of which 86% were over the age of 60, 205 were male and 227 were female, 16.8% said they lived alone and 17.4% said they are living with a chronic illness.

The ten areas of need as perceived by respondents included help with home repairs, paying for utilities, keeping the home warm and understanding benefits as well as help with paying for food and medications. Other identified needs were legal help, companionship, managing health, grieving and help with household chores. There were also four qualitative themes including help with housekeeping, home repair, transportation and home/yard maintenance.

Goals

1. Empower older people and their families to make informed decisions about, and be able to easily access existing health and long-term care options.
2. Enable older adults to remain safely in their own homes ensuring a high quality of life, for as long as possible, through the provision of home and community-based services, including supports for family caregivers.
3. Empower older people to stay active, healthy and connected to their communities through employment, civic engagement, and evidence-based disease and disability prevention programs.
4. Protect the rights of older adults, and enhance the response to elder abuse.

These goals will be achieved through the most effective methods using Older Americans Act funds, state and private grants and donations. Grant contracts will reflect measurement expectations/techniques, and output data will be collected electronically in an aging services software product.

Goal 1: Empower older people and their families to make informed decisions about, and be able to easily access, existing health and long-term care options.

Objective 1.0: Increase collaboration with health care providers				
	<i>Description</i>	<i>Scheduled</i>	<i>Status</i>	<i>Comments</i>
Initiative 1.1	EAAA representation on Community Health Leadership Board to work with local health care entities to develop strategies to tackle health issues that impact consumers in Eastern Maine.	2016, 2017, 2018, 2019, 2020		
Initiative 1.2	Increase usage of HIPPA compliant electronic link for health care patient referrals.	2016, 2017, 2018, 2019, 2020		
Initiative 1.3	Strengthen formalized partnerships with Community Care Teams and Accountable Care Organizations to avoid duplication of services.	2016, 2017, 2018, 2019, 2020		
Initiative 1.4	Continue to work to educate hospital staff about nutritional services	2016, 2017, 2018, 2019, 2020		

Eastern Area Agency on Aging
Area Plan 2016- 2020

	available for Home Delivery and congregate meals and explore opportunities to partner with hospitals and other institutions to help ease the transition from hospital or nursing facility to home			
Initiative 1.5	Provider online referral link for Home Delivery Meals to discharge planners	2016, 2017, 2018, 2019, 2020		
Initiative 1.6	Partner with local Hospitals & Rehab Facilities and similar organizations to send eligible patients home with Meals on Wheels at discharge.	2016, 2017, 2018, 2019, 2020		
Objective 2.0: Provide navigation and counseling services				
	<i>Description</i>	<i>Scheduled</i>	<i>Status</i>	<i>Comments</i>
Initiative 2.1	Provide monthly Medicare 101 clinics for new	2016, 2017, 2018, 2019, 2020		

Eastern Area Agency on Aging
 Area Plan 2016- 2020

	Medicare Beneficiaries			
Initiative 2.2	Provide annual Medicare Part D open enrollment clinics	2016, 2017, 2018, 2019, 2020		
Initiative 2.3	Utilize web based electronic media for Pre-Medicare clinic information	2016, 2017, 2018, 2019, 2020		
Initiative 2.4	Offer benefits screening through Information and Assistance through ADRC staff	2016, 2017, 2018, 2019, 2020		
Initiative 2.5	Nutrition Improvement Counselors assist clients in learning about and enrolling in all nutrition related benefits	2016, 2017, 2018, 2019, 2020		
Initiative 2.6	Offer regular nutritional and other educational presentations at Community Cafés	2016, 2017, 2018, 2019, 2020		
Initiative 2.7	Home Meal drivers deliver printed educational materials	2016, 2017, 2018, 2019, 2020		

Eastern Area Agency on Aging
Area Plan 2016- 2020

Initiative 2.8	Utilize the “Determine” nutritional risk assessment to identify and address high nutrition risk clients in the nutrition program	2016, 2017, 2018, 2019, 2020		
Initiative 2.9	Provide SHIP counseling on Medicare, MaineCare and other private insurance options through community based clinics throughout our region.	2016, 2017, 2018, 2019, 2020		
Initiative 2.10	Provide No Wrong Door access to community resources including but not limited to, transportation, housing, heating assistance and benefits screening to adults with disabilities, older adults and caregivers through the ADRC.	2016, 2017, 2018, 2019, 2020		
Initiative 2.11	Strengthen partnerships to island communities, Native Americans and refugees to provide services and connection to	2016, 2017, 2018, 2019, 2020		

	resources that allow older adults to thrive in their communities.			
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Objective 3.0: Increase capacity for older and disabled adults to access and act on information and resources				
	<i>Description</i>	<i>Scheduled</i>	<i>Status</i>	<i>Comments</i>
Initiative 3.1	Increase presence of EAAA services and resources on Social Media	2016, 2017, 2018, 2019, 2020		
Initiative 3.2	Coordinate outreach plan to social service organizations who serve adults with disabilities to determine how to best utilize EAAA resources to fill gaps.	2016, 2017, 2018, 2019, 2020		
Initiative 3.3	Increase use of electronic media platforms like PowHow, Live Chat and the EAAA website to encourage access to EAAA resources	2016, 2017, 2018, 2019, 2020		

Eastern Area Agency on Aging
 Area Plan 2016- 2020

Initiative 3.4	Distribute information about important resources to Home Delivery Meal Clients	2016, 2017, 2018, 2019, 2020		
Initiative 3.5	Conduct Informational sessions at Congregate Dining Sites to inform Clients about available resources and sources of information	2016, 2017, 2018, 2019, 2020		
Initiative 3.6	Nutrition Improvement Counselors assist clients in learning about and enrolling in all nutrition related benefits	2016, 2017, 2018, 2019, 2020		
Initiative 3.7	Disseminate Medicare related resource materials through various Public Activity and Media Events including, health fairs, expos, TV, radio, electronic newsletter and Facebook.	2016, 2017, 2018, 2019, 2020		

Goal 2: *Enable older adults to remain safely in their own homes ensuring a high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers.*

Objective 1.0: Promote and advocate for services necessary to remain safe at home				
	<i>Description</i>	<i>Scheduled</i>	<i>Status</i>	<i>Comments</i>
Initiative 1.1	Provide referrals to organizations like Community Actions Agencies and General Assistance who provide assistance with basic needs resources such as fuel assistance, home weatherization and rent subsidies.	2016, 2017, 2018, 2019, 2020		
Initiative 1.2	Advocate for continued funding of the Money Minders program to allow for expansion.	2016, 2017, 2018, 2019, 2020		
Initiative 1.3	Nutrition Staff performs outreach to discharge planners, Personal Care organizations and other home based care groups to promote Congregate and Home Delivery Meals	2016, 2017, 2018, 2019, 2020		

Eastern Area Agency on Aging
Area Plan 2016- 2020

Initiative 1.4	Home Meal drivers deliver printed educational materials to support home safety efforts	2016, 2017, 2018, 2019, 2020		
Initiative 1.5	Conduct mobile congregate lunch and learn programs to provide information to clients in locations not served by conventional congregate sites.	2016, 2017, 2018, 2019, 2020		
Initiative 1.5	Utilize tools and resources developed by FEMA and MEMA to educate older adults, caregivers and adults with disabilities about disaster preparedness.	2016, 2017, 2018, 2019, 2020		
Objective 2.0: Promote the development of a fairly compensated and valued direct care workforce				
	<i>Description</i>	<i>Scheduled</i>	<i>Status</i>	<i>Comments</i>
Initiative 2.1	EAAA staff attends local and state community partner meetings to promote the importance of the direct care workforce.	2016, 2017, 2018, 2019, 2020		

Initiative 2.2				
Initiative 2.3				
Initiative 2.4				
Initiative 2.5				
Objective 3.0: Advocate for public transportation and ride options.				
	<i>Description</i>	<i>Scheduled</i>	<i>Status</i>	<i>Comments</i>
Initiative 3.1	EAAA staff attends local and state community partner meetings to promote the importance of expansion of transportation options.	2016, 2017, 2018, 2019, 2020		
Initiative 3.2	Provide referrals to organizations like Community Actions Agencies and non-traditional community based resources to access available transportation options.	2016, 2017, 2018, 2019, 2020		
Initiative 3.3	Through the Thriving in Place (TiP) Grant promote the use of public transportation by older	2016, 2017, 2018		

	adults and adults with chronic conditions in the towns of Orono, Old Town, Veazie and Milford.			
Initiative 3.4	Utilize in house transportation programs to develop partnerships with transportation partners to assist clients in underserved areas.			
Initiative 3.5	Disseminate information about regional transportation options to clients through Congregate Meal sites, Home Delivered Meals and other programs			
Objective 4.0: Maintain and improve caregiver services				
	<i>Description</i>	<i>Scheduled</i>	<i>Status</i>	<i>Comments</i>
Initiative 4.1	Expand caregiver outreach efforts to health care providers for non-dementia related resources.	2016, 2017, 2018, 2019, 2020		
Initiative 4.2	Provide caregiver support	2016, 2017, 2018, 2019,		

Eastern Area Agency on Aging
Area Plan 2016- 2020

	groups across our region.	2020		
Initiative 4.3	Promote respite resources to community providers for caregivers caring for individuals with a dementia diagnosis.	2016, 2017, 2018, 2019, 2020		
Initiative 4.4	Increase the number of SAVVY Master Trainers.	2016, 2017, 2018, 2019, 2020		
Initiative 4.5	Provide multiple therapeutic menu lines to improve caregivers' access to needed and medically appropriate nutritional services.	2016, 2017, 2018, 2019, 2020		
Initiative 4.6	Promote Congregate Meal Sites and Home Delivery meals as respite & support options for caregivers.	2016, 2017, 2018, 2019, 2020		
Initiative 4.7	Connect to the State Plan for Alzheimer's Disease and Related Dementias to coordinate dementia needs and initiatives in the EAAA service area for caregivers and their care	2016, 2017, 2018, 2019, 2020		

	recipients.			
Initiative 4.8	Fully implement the new standard data tracking protocol for identifying clients with memory concerns for themselves or others agency wide.	2016, 2017, 2018, 2019, 2020		
Objective 5.0: Reduce food insecurity				
	<i>Description</i>	<i>Scheduled</i>	<i>Status</i>	<i>Comments</i>
Initiative 5.1	Congregate Dining Sites will be operated at strategic locations to enable clients in underserved communities to access meals.	2016, 2017, 2018, 2019, 2020		
Initiative 5.2	Home Delivery Meals will be available throughout our service area, including Native American & Island Communities..	2016, 2017, 2018, 2019, 2020		
Initiative 5.3	Partner with local growers to provide supplemental fruits and vegetables to Congregate and Home Delivery Clients, including Native American & Island	2016, 2017, 2018, 2019, 2020		

Eastern Area Agency on Aging
 Area Plan 2016- 2020

	Communities...			
Initiative 5.4	Therapeutic Meals will be available to meet special dietary needs.	2016, 2017, 2018, 2019, 2020		
Initiative 5.5	Operate Mobile Congregate Meal sites in collaboration with Community Service, SHIP, Family Caregiver & other organizations to provide "Lunch & Learn" programs in underserved communities.	2016, 2017, 2018, 2019, 2020		
Initiative 5.6	Work closely with USDA, Maine Dept. of Agriculture and food pantries to link hungry seniors and disabled adults with commodities and food staples.	2016, 2017, 2018, 2019, 2020		
Initiative 5.7	Partner with Good Shepherd Food Bank to offer Cooking Matters classes in 4 counties.	2016, 2017, 2018, 2019, 2020		

Initiative 5.8	Work closely with other Food Security relief organizations to expand options and reliable access to nutritious foods.	2016, 2017, 2018, 2019, 2020		
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Goal 3: *Empower older people to stay active, healthy and connected to their communities through employment, civic engagement, and evidence-based disease and disability prevention programs.*

Objective 1.0: Increase participation in health and wellness programs.				
	<i>Description</i>	<i>Scheduled</i>	<i>Status</i>	<i>Comments</i>
Initiative 1.1	Increase number of older adult participants in evidence based programs	2016, 2017, 2018, 2019, 2020		
Initiative 1.2	Promote health and wellness programs through outreach efforts to health care providers	2016, 2017, 2018, 2019, 2020		
Initiative 1.3	Develop electronic web based options to offer health and wellness classes to older adult participants in rural, isolated areas	2016, 2017, 2018, 2019, 2020		

Eastern Area Agency on Aging
Area Plan 2016- 2020

Initiative 1.4	Utilize Congregate Dining Sites to offer a variety of healthy activities and education	2016, 2017, 2018, 2019, 2020		
Initiative 1.5	Home Delivery Meals Drivers deliver printed health & wellness information to Homebound clients	2016, 2017, 2018, 2019, 2020		
Initiative 1.6	Promote PowHow classes to Congregate & Home Delivery Meals Clients	2016, 2017, 2018, 2019, 2020		
Initiative 1.7	Provide the pathway and the opportunities for consumers to advocate for Health & Nutrition services in their community.	2016, 2017, 2018, 2019, 2020		
Initiative 1.8	Sponsor wellness-related activities such as dental health, flu clinics and wellness checks at Congregate Meals and CSFP Distribution Sites.	2016, 2017, 2018, 2019, 2020		
Objective 2.0: Expand volunteer opportunities				
	<i>Description</i>	<i>Scheduled</i>	<i>Status</i>	<i>Comments</i>

Eastern Area Agency on Aging
Area Plan 2016- 2020

Initiative 2.1	Increase recruitment of volunteers in rural areas for all OAA programs.	2016, 2017, 2018, 2019, 2020		
Initiative 2.2	Provide an annual volunteer recognition event to highlight the value of volunteers at EAAA and promote overall community awareness.	2016, 2017, 2018, 2019, 2020		
Initiative 2.3	Develop creative marketing strategies to recruit baby boomers to volunteer through a coordinated effort with other TiP funded grantees.	2016, 2017, 2018		
Initiative 2.4	Volunteers are recruited to provide services in Congregate Meal site, Home Delivery Meals and CSFP related site	2016, 2017, 2018, 2019, 2020		
Initiative 2.5	A variety of volunteer opportunities are offered to enable seniors to remain engaged providing direct services in their	2016, 2017, 2018, 2019, 2020		

Eastern Area Agency on Aging
Area Plan 2016- 2020

	communities.			
Initiative 2.6	Volunteers are used extensively in the CSFP, Congregate Dining and Home Delivery Meals program	2016, 2017, 2018, 2019, 2020		
Initiative 2.7	Recruit Volunteer Nutrition Improvement Counselors to assist clients with understanding, recognizing & utilizing opportunities to improve their nutritional wellbeing.	2016, 2017, 2018, 2019, 2020		
Objective 3.0: Encourage/promote age friendly communities				
	<i>Description</i>	<i>Scheduled</i>	<i>Status</i>	<i>Comments</i>
Initiative 3.1	EAAA staff attends local and state community partner meetings to promote the importance of age friendly communities.	2016, 2017, 2018, 2019, 2020		
Initiative 3.2	EAAA staff work with local communities to develop policies and long range community planning to promote age friendly	2016, 2017, 2018, 2019, 2020		

	communities.			
Initiative 3.3	Congregate NSIP Pass-Through Dining Sites help local communities provide platforms to deliver information and services in an age friendly setting.	2016, 2017, 2018, 2019, 2020		
Initiative 3.4				
Initiative 3.5				

Goal 4: *Protect the rights of older adults, and enhance the response to elder abuse.*

Objective 1.0: Increase awareness of financial exploitation				
	<i>Description</i>	<i>Scheduled</i>	<i>Status</i>	<i>Comments</i>
Initiative 1.1	EAAA staff to help in the coordination of trainings for front line financial institution staff in recognizing “red flags” for financial exploitation	2016, 2017, 2018, 2019, 2020		
Initiative 1.2	Provide ongoing training to Money Minders Volunteers to promote awareness of financial exploitation	2016, 2017, 2018, 2019, 2020		

Eastern Area Agency on Aging
Area Plan 2016- 2020

Initiative 1.3	Develop a coordinated training with APS staff around AAA and DHHS services to create a facilitated process for referrals and resources on cases regarding financial exploitation.	2016, 2017, 2018, 2019, 2020		
Initiative 1.4	Distribute information on fraud and scams to clients through Congregate Dining and Home Delivered Meal programs	2016, 2017, 2018, 2019, 2020		
Initiative 1.5	Provide training to staff & volunteers on elder fraud and scams	2016, 2017, 2018, 2019, 2020		
Initiative 1.6	Congregate Meals Site Staff & Home Delivery Meals Assessors will Participate in the EASI Program	2016, 2017, 2018, 2019, 2020		
Objective 2.0: Provide education opportunities about fraud, elder abuse and scams				
	<i>Description</i>	<i>Scheduled</i>	<i>Status</i>	<i>Comments</i>
Initiative 2.1	Increase elder abuse awareness to the general public using social media	2016, 2017, 2018, 2019, 2020		

Eastern Area Agency on Aging
Area Plan 2016- 2020

	and traditional media, including TV and newspaper.			
Initiative 2.2	Offer Fraud Prevention and Elder Abuse Education programs via Congregate Dining Sites			
Initiative 2.3	Home Meal drivers deliver printed educational materials and educational materials to Homebound Clients			
Initiative 2.4	Offer Elder Abuse Education and Fraud Prevention programs at Commodity Supplemental Food Program Distribution Sites.			
Initiative 2.5				
Objective 3.0: Collaborate with variety of partners to address elder abuse				
	<i>Description</i>	<i>Scheduled</i>	<i>Status</i>	<i>Comments</i>
Initiative 3.1	Collaboration with LTC Ombudsman, Legal Services for the Elderly, and Adult Protective	2016, 2017, 2018, 2019, 2020		

Eastern Area Agency on Aging
Area Plan 2016- 2020

	Services to promote awareness of elder abuse.			
Initiative 3.2	Participate in local community task forces including but not limited to Triad.	2016, 2017, 2018, 2019, 2020		
Initiative 3.3	Network with other informal community providers to promote awareness of elder abuse.	2016, 2017, 2018, 2019, 2020		
Initiative 3.4	Congregate Dining Sites will host guest speakers from a variety of partners including Attorneys from Maine Legal Services for the Elderly	2016, 2017, 2018, 2019, 2020		
Initiative 3.5	Nutrition program staff will actively participate in the LSE lead task Force on Elder Abuse in Washington County.	2016, 2017, 2018, 2019, 2020		
Initiative 3.5	Invite Elder Abuse & Fraud prevention experts to speak at annual training events for Congregate	2016, 2017, 2018, 2019, 2020		

	Meals & CSFP Site leaders.			
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**AREA PLAN ASSURANCES
(APPENDIX C)**

Area Agency Activities

(1) The Eastern Area Agency on Aging (the “agency”) has described in this plan all of the agency activities, whether funded by public or private funds. The agency assures that these activities conform to the responsibilities of the area agency, laws, regulations, and State policy. The agency also agrees to administer its programs in accordance with the Act, the area plan, and all applicable regulations, policies, and procedures. The agency assures that it has written policies and procedures for carrying out all of its functions and that such procedures are available for review by the Office of Aging and Disability Services.

Adequate Proportion

(2) The agency assures that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the categories of services listed below, and also assures that the agency 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))

- (A) Services associated with access to services (transportation, outreach,
- (B) Information and assistance, and case management services);
- (C) 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
- (D) Legal assistance.

Greatest Economic Need

(3) The agency assures that it will set specific objectives for providing services to older individuals with greatest economic need and older individuals with greatest social need, and 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))

Providers to serve low-income minorities and older individuals residing in rural areas

(4) The agency assures that it 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) Provide, to the maximum extent feasible, 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 agency, 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))

Federal Fiscal Year 2016 objectives met

(5) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, the agency 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 agency met the objectives described in clause (a)(4)(A)(i). ((a)(4)(A)(iii))

Outreach Efforts

(6) The agency assures that it will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on the categories of individuals below, and inform those individuals and the caretakers of such individuals, of the availability of such assistance. ((a)(4)(B))

- (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);

Activities with Low-income and Rural Elders

(7) The agency assures 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))

Older Individuals with Disabilities

(8) The agency assures that it 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))

Older Native Americans

(9) The agency 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, the agency assures that it will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
- (B) That the agency will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and
- (C) That the agency will make services under the area plan available, to the same extent as such services are available to older individuals within its planning and service area, to older Native Americans. ((a)(11))

Contractual and Commercial Relationships

(10) The agency assures that it 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) The agency assures that it 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) The agency assures that it 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) The agency assures that it 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) The agency assures that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the agency to carry out a contract or commercial relationship that is not carried out to implement this title. ((a)(14))

(15) The agency assures that preference in receiving services under this title will not be given by the agency to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title. ((a)(15))

Disclosure of Funds and Expenditures

(16) The agency assures that it 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 the agency receives or expends to provide services to older individuals. ((a)(13)(E))

Conflict of Interest

(17) The agency assures that--

- (A) No individual (appointed or otherwise) involved in the designation of the agency, or in the designation of the head of any subdivision of the agency, is subject to a conflict of interest prohibited under this Act;
- (B) No officer, employee, or other representative of the agency is subject to a conflict of interest prohibited under this Act; and
- (C) The agency maintains sufficient fiscal control and accounting procedures to assure proper disbursement of and accounting for Federal and State funds under the area plan and that mechanisms are in place to identify and remove conflicts of interest prohibited under this Act. ((a)(7)(B))

Limited English Speaking Ability

(18) If a substantial number of the older individuals residing in the agency's planning and service area in the State are of limited English-speaking ability, then the agency shall

- (A) Utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and
 - (B) Designate an individual employed by the agency, or available to the agency on a full-time basis, whose responsibilities will include--
 - (i) Taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and
 - (ii) Providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.
- ((a)(14))

Coordination with Long-Term Care Services

(19) The agency will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who--

- (A) Reside at home and are at risk of institutionalization because of limitations on their ability to function independently;
- (B) Are patients in hospitals and are at risk of prolonged institutionalization; or
- (C) Are patients in long-term care facilities, but who can return to their homes if they are provided community-based services. ((a)(18))

Contributions

(20) The agency assures that it will provide the opportunity for consumers to contribute to support the cost of providing a particular service. Consumers should be informed of the suggested contribution appropriate for each service; the advisory council should approve the suggested contributions. All contributions are assured to be voluntary. Confidentiality of the participants' donations is also assured. No eligible person may be denied participation because of an inability or unwillingness to pay all or part of the suggested contribution. The agency assures that the appropriate procedures are used to safeguard and account for all contributions.

Procurement

(21) The agency agrees to comply with Federal and State regulations and procedures for the procurement of supplies, equipment, construction and other services whose cost is borne in whole or in part as a direct charge to the awards under the area plan. This assurance includes provision for competitive bidding as required by policy and regulation unless waived by the Bureau of Elder and Adult Services.

Residency and citizenship

(22) No requirement as to duration of residence or duration of citizenship will be imposed as a condition of participation in an agency program for the provision of services. Services may be limited to US citizens or legal residents of the United States.

Area Plan Public Hearing Process for 2016-2020

EAAA.org website upload – March 1, 2016

Bangor Daily News Public Hearing notice and notice of posting – Friday, February 23, 2016

Ellsworth American Hearing notice and notice of posting – Week of February 22, 2016

WABI TV 5 12:00 News – Senior Spotlight

Bangor Daily News – Meg Haskell 3/15/16

Facebook – March 2016

Public meetings:

March 17, 2016, 12:00 p.m. at the main office of Eastern Area Agency on Aging, 450 Essex Street, Bangor, Maine

March 22, 2016, 10:00 a.m. at the Faith in Action facility at 125 State Street, Ellsworth, Maine

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LIST OF CURRENT SERVICES

- Meals on Wheels
- Congregate Meal Program
- Three D Catering
- Nutrition Improvement Program
- Family Caregiver Support
- Alzheimer’s Respite
- Medical Rides
- Legal Services for the Elderly
- Senior Medicare Patrol
- EZ-Fix
- Medicare Improvements for Patients and Providers Act (MIPPA)
- Elizabeth West Transportation Program
- Aging and Disability Resource Center
- Enrichment and Wellness Programs
- Options Counseling
- Novel Seniors
- Vest Dressed for Safety
- SAVVY Caregiver Training
- Pantry Partners
- State Health Insurance Assistance Program
- Commodity Supplemental Food Program
- Furry Friends
- Elder Buddies
- Senior College
- Home Technology Services

**Independent Living Challenges of Older Adults Living in Northern and
Eastern Maine**

Kerstin Grenier, Miranda Prescott, Lynsey Vigue, Brittany Williams

Husson University

**Thank you to the staff of Eastern Area Agency on Aging for providing the
survey data for this research study**