



# **Aroostook Agency on Aging**

## **2020-2024 Area Plan on Aging**

as required by the Older Americans Act

Approved by Board of Directors – 11/13/2020

260 Main Street, Suite B  
PO Box 1288  
Presque Isle, ME 04769  
(207)764-3396 or (1-800)439-1789 or TTY Dial 711  
[www.arostookaging.org](http://www.arostookaging.org)

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**VERIFICATION OF INTENT**

The Area Plan on Aging is hereby submitted for the Aroostook County Planning and Service Area for the period FY 2020 through FY 2024. It includes all assurances and plans to be followed by the Aroostook Agency on Aging under provisions of the Older Americans Act, as amended during the period identified. The Area Agency on Aging identified will assume the 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 on Aging 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 is hereby submitted to the State Unit on Aging for approval.

11/13/2020

Date

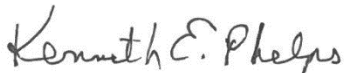


Joy Barresi Saucier  
Executive Director  
Aroostook Agency on Aging

The Area Agency on Aging Advisory Council has had the opportunity to review and comment on the Area Plan on Aging. Comments are attached.

10/29/2020

Date

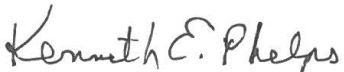


Rev. Dr. Kenneth Phelps  
Chairperson  
Aroostook Agency on Aging Advisory Council

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

11/13/2020

Date



Rev. Dr. Kenneth Phelps  
President of Board of Directors  
Aroostook Agency on Aging

**Mission Statement**

The mission of the Aroostook Agency on Aging is to improve the quality of life, maximize the independence and promote the well-being of older people in northern Maine.

**Vision Statement**

Through choice and range of service, every aging adult will be able to live a quality life.

**Executive Summary**

For Aroostook County to thrive, communities must be inclusive, value all people as they age, and have strong social structures that help individuals maximize their independence.

The Aroostook Agency on Aging was incorporated in 1973 with the mission of improving the quality of life, maximizing the independence, and promoting the well-being of older people in Northern Maine. The agency is a 501c(3) charitable corporation, guided by a 18-member elected board of directors that is representative those served; all board members are over the age of 55 and all hail from different communities representing all regions of the county. Funded in part by the Older Americans Act, the Agency is required to develop and implement an Area Plan on Aging every four years. The following plan for the 2020-2024 period is based on community need, as well as state and federal focus areas, and outlines the Older Americans Act service strategy for the organization.

The Agency serves Aroostook County, the largest county in Maine spanning 6,671 square miles, a region of about the same size as the states of Connecticut and Rhode Island combined. “The County”, as the region is called, is rural in nature with a low population density of only 10.8 people per square mile. County residents are known for their hard work, willingness to help their neighbors, and commitment to community. The region is challenged by outmigration, high rates of poverty, low educational attainment, and poor health status. These challenges significantly impact older people as they make up about a quarter (24.1%) of the population.

The 2019 regional community needs assessment sheds light on several areas of concern for older people, including the continued need for information, in-home support services, social opportunities, transportation, care partner support, financial assistance, and wellness programs. Federal and state focus areas for aging services include strengthening and expansion of core programs, collaboration with organizations serving serve tribal and underserved consumers, and integration of services with healthcare organizations and other community-based organizations to improve coordination of services and address social determinants of health.

In response to these needs and in alignment with the Maine State Plan on Aging, the Aroostook Agency on Aging adopts the following comprehensive set of goals, with associated objectives, strategies, and performance measures, to guide the delivery of service over the next four years.

## Aroostook Agency on Aging – Area Plan on Aging 2020-2024

1. Support older Mainers and their care partners to remain active and healthy in their communities of choice for as long as possible.
2. Enhance the quality of programs through data standardization, program evaluation, and outcome measurement.
3. Prevent and improve response to abuse, neglect, and exploitation while preserving the rights and autonomy of older Mainers.

Through the implementation of the Aroostook Area Plan on Aging, older individuals, and their care partners will have improved access to resources and services that help them to continue to live, contribute, and play in their home community. Communities will have stronger social structures that support and include all individuals as they age to remain actively engaged in their community, adding knowledge and energy to the community making it a better place to live for all.

### **Context**

Aroostook County is the largest county east of the Mississippi River with over 6,700 total square miles. The service area is larger than the states of Connecticut and Rhode Island combined, but has a population density of only 10.8 people per square mile. Located in northernmost Maine, bordering Canada on the North, East and West boundaries, the area is very rural, and heavily forested. There are 68 municipalities, most with populations of less than 2,500. The largest municipality is Presque Isle with a population of 9,511. Presque Isle and neighboring Caribou have the greatest concentration of medical services, with Presque Isle being the only location for dialysis and intensive cancer treatments. It is not uncommon for a person to drive 60 miles one way for a doctor appointment or medical procedure.

Aroostook County continues to experience significant population decline; from 73,938 in 2000, to 71,870 in 2010, to 68,628 in 2015, and 67,111 in 2018 (US Census v. 2018 est.) Driving this trend is the outmigration of the younger population, a trend that started and has been continuous since 1960. At the same time, the population age 65+ increased to 24.1% of the population. Projections indicate a rapid increase of people age 65+ for the next 18 years through 2030, with 27% being age 65+. Aroostook County differs from the rest of Maine and the US, with Aroostook County having more homeowners 65 and older living alone (13.3% in Aroostook County compared to 10.7% in Maine and 9.3% in the US). Maine has the oldest median age in the country at 44.6 years, with Aroostook County's median age being 47.2 years. From an economic perspective, nearly half of older people in Maine are also financially disadvantaged; 44.73% of older adults in Maine live below 200% of poverty under the Supplemental Poverty Measure per the Kaiser Family Foundation. US Census (v. 2018 est.) reports Aroostook County's median income is \$36,923 versus Maine's median income of \$49,331. 18.4% of Aroostook residents are classified as living in poverty.

In the report “County Health Rankings and Roadmaps” as published by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation (2018), Aroostook County Maine ranks 15th [of 16 counties in Maine] in Health Outcomes and 16th for Overall Quality of Life. Aroostook County ranked 14th for Health Behaviors.

Locating and securing services from a primary care provider (PCP) is a concerning issue. In their report titled “Maine Rural Health Profiles” the Muskie School of Public Service, Maine Rural Health Research Center (2016) state that Aroostook County has 164 practicing physicians, or 2.3% per 1,000 population as compared to the state average of 3.4% per 1,000 population. Aroostook has the 2nd highest county rate in costly Emergency Department visits, driven in part by the inability to secure a PCP or by an inability to schedule a timely appointment for an urgent need. Referral of care to specialist usually located out-of-county is common and travel is time consuming and expensive.

In preparation for the development of the 2020-2024 Aroostook Area Plan on Aging, the Aroostook Agency on Aging worked in collaboration with Maine Department of Health and Human Service, Office on Aging and Disability Services and the University of Maine Muskie School to conduct a needs assessment of Aroostook County as part of a state-wide needs assessment process. The needs assessment included a variety of data collection methodologies to fully understand the needs of older adults, including a telephone survey, caregiver survey, listening sessions, and key informant interviews. See Appendix G for the full report for Aroostook County.

In Aroostook, the following areas of concern identified have been identified and are supported by the referenced data specific to older adults in the region:

Access to Information and Resources

Nearly 1 in 3 older people (31%) participating in the telephone survey found it somewhat or very difficult to find information about available services for older people in Aroostook County. Only 1 in 3 (34%) had contacted Aroostook Agency on Aging for information.

Support Services and Social Isolation

Nearly a third (35%) of older adults surveyed lived alone and many had difficulty with household tasks (17%), but only a small percentage (5.3%) were currently receiving help. One of every 5 older people surveyed fell in the past 6 months and a 21% of those who fell could not get up on their own. In addition, nearly 1 in 3 (30%) of older adults surveyed sometimes or often felt lonely or disconnected.

Transportation

Approximately one in four (24%) older people surveyed depended on friends or family to get around and 6.8% needed transportation in the last 90 days and could not get it.

Financial Resources

Per census estimates, approximately 12.1% of older people in Aroostook County live below federal poverty level (\$12,490, single household) and 29.6% live below 150% of the federal poverty level (\$19,140, single household). This explains why many older adults in the region must rely on food pantries (21%), are not able to heat their

home to a comfortable temperature in the winter (42%), and have unmet health needs, such as tooth or mouth problems (19%), per the telephone survey.

### Hunger

Significant food insecurity is present in Aroostook County with approximately 15.4% of individuals food insecure per Feeding America Map the Meal Gap Project 2017; Aroostook County has the highest rate of food insecurity of all counties in Maine and its rate is significantly higher than the state food insecurity rate of 12.9%.

### Care Partners

Aroostook County has a high rate of older people who provide care for others. 17% of older people surveyed stated that they are care partners, providing others with crucial support, including assistance with food preparation, transportation, and management of finances.

### Cognitive Status

Telephone survey results indicate that approximately 2 in 10 older people have concerns about their own memory or the memory of someone for whom they care.

### Wellness Programs

Per the 2018 Aroostook County Health Profile of the Maine Shared Community Health Needs Assessment, 20.8% of adults in the county had three or more chronic conditions, significantly higher than the state at 15.8%. Over one-third of those participating in the telephone surveyed indicated that they would be somewhat or very interested in attending a free or low-cost wellness program.

### Community Assets

Even with all the barriers shared, over three quarters (80%) of those surveyed rated their community as excellent, very good, or good place to live for people as they age.

As part of the planning process using the state and regional needs assessment results, all Agencies for Aging in Maine collaborated with the Maine Department of Health and Human Services, Office of Aging and Disability Services, to define shared goals and objectives for the Area Plan on Aging (See Appendix C). This process and the resulting goals and objectives also reflect the five pillars of the Administration for Community Living (ACL): *Connecting People to Resources; Strengthening our Networks; Protecting Rights and Preventing Abuse; Supporting Families and Caregivers; and Expanding Employment Opportunities.*

### Focus Areas

The Administration for Community Living has identified several major “focus areas” to be addressed through the 2020-2024 Area Planning Process. Strategies explained below

are also included in the Goals, Objectives, Strategies and Performance Measures section with additional detail provided. Note references to Goals section below.

1. Core Programs. Older Americans Act programs are encompassed in Titles III (Supportive Services, Nutrition, Disease Prevention/Health Promotion, and Caregiver Programs), VI (Native American Programs), and VII (Elder Rights Programs), and serve as the foundation of the national aging services network.
  - a. Coordinating Title III programs with Title VI Native American programs  
The Agency invites tribal leaders or representatives to serve on its Advisory Council. This forum provides an opportunity to gain input from the Native American Community regarding how the programs can collaborate and coordinate efforts to improve access to services. (See 1.3.1)
  - b. Strengthening or expand Title III & VII services  
In order to strengthen and expand services, the Agency is actively pursuing two strategies. The first, entitled Service Enterprise, was developed by the Points of Light organization, and implemented in Maine by the Maine Commission on Community Service. The goal is for the Agency to increase the number of skilled volunteers who work in all levels of the organization. Through the use of skilled volunteers, the Agency believes it can improve the delivery of service in the most rural communities, especially through programs such as the First Contact volunteer program. (See 1.1.4) The second strategy is to support the development of age-friendly communities in the region. The Agency advocates for communities to consider the age-friendly journey and serves as a connector for communities to link with AARP Maine and other organizations. As age-friendly communities build grass roots support and engage local community members in service, the Agency believes that access to social support structures will be improved. (See 1.12.1)
  - c. Increasing the business acumen of the area agency on aging  
In order to ensure that the Agency remains sustainable and can grow as the demand for services increases, the Agency is taking steps to build depth in its business acumen and business function resources. In this regard, the Agency has designated human resources, finance, and information systems leaders, is developing next level staff under each business function, and increasing its use of Standard Operating Procedures to ensure service, quality, and business goals are achieved. (See 2.2.1)
  - d. Working towards the integration of health care and social services systems  
The Agency is one of three members of the Aroostook Health Network, a Health Resources and Services Administration funded network focused on improving coordinated care through the region. Other network partners include Pines Health Center (a federally qualified health center), Cary



Medical Center, and Aroostook County Action Program. The network has several areas of focus, including improving the coordination of care between healthcare and social services, improving the transition of care from hospital to home, and improving the business acumen of the network partners, especially in the areas of human resources and care coordinators. (See 1.1.5)

- e. Integrating core programs with ACL discretionary programs.  
The Agency uses a Regional Services Coordination service delivery model (see item 3 below) to ensure that all programs needed by clients are delivered in a coordinated manner. As clients are assisted with core programs, they are also offered services, such as evidenced-based wellness programs, that respond to other needs. In addition, evidenced-based wellness programs are delivered in congregate dining locations, as possible.
2. ACL Discretionary Grants – The Agency is a joint venture partner of Healthy Living for ME, a state-wide network of providers of evidenced-based wellness programs. Healthy Living for ME is currently implementing two Administration for Community Living grants specific to evidenced-based wellness, one focused on chronic disease self-management and the other on fall prevention. As a partner of Healthy Living for ME, the Agency will continue to develop the network of evidenced-based programs in Aroostook County and develop the network infrastructure to ensure sustainability of programs. (See 1.6.1 and 1.6.2)
3. Participant-Directed/Person-Centered Planning – Due to the large size of the geographic region served and minimal funding available for many programs, the Agency is transitioning to a Regional Service Coordination service delivery model. In this model, the three regions of Aroostook (north, central, south) each have an assigned Regional Service Coordinator who connects with the client individually to assess needs, connect resources, and make referrals. The Regional Service Coordinator works with other Agency staff and representatives from other organizations who serve that region. This model ensures that clients stay at the center of the planning process and have an assigned staff member who understands their needs and who is their primary point of contact for questions and resources. (see 1.1.6)
4. Elder Justice – The Agency contracts with Legal Services for the Elderly (LSE) to ensure that older people in Aroostook have access to legal support. LSE has a 1-800 helpline available to answer many legal questions. They also have a staff attorney assigned to Aroostook County who works on cases requiring legal action or advocacy. The Agency also has a strong relationship with Elder Abuse Institute of Maine (EAIME), who has staff based in the Agency office in Presque Isle. EAIME has a grant partnership in Aroostook County with Adult Protective Services. The collaboration of the three organizations in our region provides an ability to easily bring all resources together to serve older adults experiencing abuse or exploitation. (See 3.1.1)

5. Other Focus Areas: Housing, Transportation, Diversity, and Inclusion – The impact of Social Determinants of Health on quality of life and the ability to remain independent cannot be underestimated. The Agency is a member of the Aroostook District Public Health Council, with its Executive Director serving on the Council Steering Committee and as Chair of the Council Subcommittee on Healthy Aging. The Subcommittee on Healthy Aging currently has four areas of focus including housing, transportation, caregiver support and workforce. Each area of focus has an interdisciplinary and interagency team of individuals working together to improve status. In addition, the Agency has two representatives who serve on the Aroostook Regional Transportation System (ARTS) Board of Directors. The Agency Executive Director currently serves as Board Chair. The Agency contracts with ARTS to provide low or no cost transportation to older people in our community through a public bus service. (See 1.11.3)

**Goals, Objectives, Strategies, and Performance Measure**

In response to community needs and in alignment with the Maine State Plan on Aging, the Agency adopts the following Goals, Objectives, Strategies and Performance Measures for 2020-2024.

**Aroostook Area Plan on Aging - 2020-2024**

	<b>Goal</b>		<b>Objective</b>		<b>Strategy</b>	<b>Performance Measure</b>
1	Support older Mainers and their care partners to remain active and healthy in their communities of choice for as long as possible.	1.1	<u>Title III B Access to Services:</u> Increase awareness of local services and programs available to older Mainers and their care partners with an emphasis on transportation, housing, home maintenance, in-home supports, heating assistance, opportunities to socialize, and volunteer opportunities.	1.1.1	Provide public presentations regarding the Agency to healthcare providers, community organizations and senior clubs.	Provide at least 12 public presentations annually.
				1.1.2	Partner with local media partners to provide regular news features regarding aging.	Receive media coverage on at least 12 news features annually.
				1.1.3	Host or support the provision of classes for older people focused on using technology to link to needed resources.	Host at least 2 classes annually.
				1.1.4	Develop and maintain Friendly Neighbor volunteer program providing each community in county with one volunteer to act as a resource for aging and disability needs.	Increase number of communities with active Friendly Neighbor volunteers by 5 % year.
				1.1.5	Continue to develop Aroostook Health Network to improve integration of	Agency remains active partner.

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			healthcare and social service systems.	
		1.1.6	Refine Regional Service Coordination service delivery model to ensure participant-directed/ person-centered service planning and implementation.	Maintain number of consumers receiving service coordination each year.
1.2	<u>Title III B Access to Services:</u> Promote the Aging and Disability Resource Centers at each area agency on aging in Maine as valuable resources of information and service navigation.	1.2.1	Partner with local media to provide public service announcements.	Provide at least 6 public service announcements to local media annually.
1.3	<u>Title III B Access to Services:</u> Improve access to services and programs for underserved populations and their caregivers, such as older Native Americans, older New Mainers, LGBTQ older adults, older adults experiencing homelessness, remote island communities, rural and frontier communities, older adults with limited English proficiency, and older adults with sensory impairments.	1.3.1	Develop and maintain relationships with organizations representing underserved populations to share information and collaborate to improve access.	Maintain at least one relationship with partner organizations representing each of the following underserved populations: Native American, Homeless, Sensory Impaired, and those experiencing Mental/Behavioral Health needs each year through a collaborative project, shared service, or advisory

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				council membership.
		1.3.2	Strengthen programs and services for those with memory loss and their care partners.	Maintain number of individuals with memory loss and their care partners served by Agency programs each year.
1.4	<u>Title III B In-Home Services:</u> Provide in-home services and supports, such as Homemaker, Personal Care, Chore, and Adult Day, to older Mainers.	1.4.1	Contract with local service providers to provide in-home services not offered by the area agency on aging.	Increase the number of persons and units served in-home services by 1% each fiscal year, as reported in the statewide database, after establishing baseline in FFY2021.
1.5	<u>Title III B Legal Assistance:</u> Provide legal assistance to older Mainers with economic and social needs.	1.5.1	Contract with a single legal assistance agency to provide legal assistance.	Increase the number of persons and units served legal assistance by 1% each fiscal year.
1.6	<u>Title III C Nutrition Services:</u> Ensure access to local congregate dining options.	1.6.1	Develop outreach strategies to promote dining options throughout the PSA.	Increase number of Senior Centers contracted to provide congregate

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				dining services by 3.
		1.6.2	Increase communities with access to voucher program.	Increase number of individuals participating in voucher program by 5% per year.
1.7	<u>Title III C Nutrition Services:</u> Enhance the quality and variety of meals offered to older Mainers to allow for personal choice, dietary restrictions, and cultural differences.	1.7.1	Increase consumer choice of frozen home delivered meals.	Exceed 80% of consumers ranking consumer choice highly on satisfaction survey each year.
1.8	<u>Title III D Evidence-Based Programs:</u> Maintain participation in evidence-based programs, including, but not limited to, SAVVY Caregiver, falls prevention, and chronic disease self-management.	1.8.1	Further develop network of community partners offering evidenced based wellness programs.	Increase number of community partners offering evidence-based wellness programs by 5% each year.
		1.8.2	Promote evidenced-based wellness programs through a variety of communication methods.	Increase number of completers of evidenced-based wellness programs by 5% each year.
1.9	<u>Title III E Care Partner Services:</u> Provide information to care partners of older Mainers about available services.	1.9.1	Provide outreach events targeting care partners of older Mainers about available resources.	Host at least one outreach event each fiscal year.
1.10	<u>Title III E Care Partner Services:</u> Assist care partners of older Mainers with accessing available services.	1.10.1	Assess care partners on their unique needs using a standard care partner assessment.	Increase the number of care partners assessed

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				by 1% each fiscal year.
		1.10.2	Provide service navigation as care partners seeks available services.	Increase the number of care partners provided service navigation by 1% each fiscal year.
				Increase the number of service navigation hours provided to care partners by 1% each fiscal year.
1.11	<u>Title III E Care Partner Services:</u> Provide education and training to care partners of older Mainers.	1.11.1	Provide individual counseling to care partners older Mainers to educate them on their care partner roles.	Increase the number of care partners provided individual counseling by 1% each fiscal year.
		1.11.2	Provide support groups to care partners of older Mainers to learn from their peers about being care partners.	Host at least 3 support groups for care partners each fiscal year.
				Increase the number of care partners who attended support groups by 1% each fiscal year.
1.12	<u>Title III E Care Partner Services:</u> Provide respite services to care partners of older Mainers.	1.12.1	Provide in-home respite services to care partners of older Mainers.	Increase the number of care partners served in-

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				home respite services by 1% each fiscal year.
				Increase the number of in-home respite hours provided to care partners by 1% each fiscal year.
		1.12.2	Provide adult day services as a respite service to care partners of older Mainers.	Increase the number of care partners served adult day services by 1% per year.
				Increase the number of adult day service hours provided to care partners by 1% each fiscal year.
1.13	<u>Title III E Care Partner Services:</u> Provide supplemental services, such as In-Home Services, on a limited basis to care partners of older Mainers.	1.13.1	Develop and maintain volunteer program(s) that provide in-home supports and services to older adults and their care partners.	Increase number of clients receiving in-home supports and services from volunteers by 5% each year.
1.14	<u>Title III E Care Partner Services:</u> Enhance respite services to care partners of older Mainers to maximize the utilization of other care partner services, such as evidence-based programs, support groups, and counseling.	1.14.1	Provide respite to care partners of older Mainers to enable them to attend evidenced-based programs and support groups.	Increase number of care partners receiving respite to attend programs and support groups by 3% each year.



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1.15	<u>Title III E Care Partner Services:</u> Increase awareness of and access to the National Family Caregiver Support Program to Older Relative Caregivers.	1.15.1	Promote program to older relative care partners in Aroostook County, with special emphasis on referral sources.	Increase number of care partners receiving services by 3% each year.
1.16	<u>Assistive Technology:</u> Increase awareness of and access to public and privately funded Assistive Technology programs and resources.	1.16.1	Work with Assistive Technology programs to train staff, volunteers, and community partners in available resources and funding options.	Increase number of referrals to Assistive Technology programs by 3% each year.
1.17	<u>Advocacy:</u> Support capacity building initiatives to strengthen Maine's aging and disability service networks at the state and local levels through advocacy and participation in leadership activities.	1.17.1	Develop and maintain relationships with federal and state legislative delegations to advocate on issues important to older people.	Communicate in a written format at least biannually with federal and state legislative delegation or their aides.
		1.17.2	Develop, implement, and maintain advocacy program for older people in region, which includes opportunities for those participating to receive information, training and/or become involved legislative process.	Enlist and maintain at least 25 advocates in program each year.
		1.17.3	Serve on local, regional, and national committees and boards that advocate for improved services for older people.	Establish baseline and maintain number of hours served on local, regional, or national committees/boards by agency staff.

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		1.18	<u>Advocacy</u> : Support local and statewide age-friendly initiatives through advocacy and participation in leadership activities.	1.18.1	Leverage community assets to steward and support development of age-friendly initiatives in region.	Increase number of initiatives in region by at least 2 each year.
2	Enhance the quality of programs through data standardization, program evaluation, and outcome measurement.	2.1	Develop and implement statewide intake, assessment, and referral standards to ensure consistency and increase efficiency.	2.1.1	Participate in state-wide effort to develop and implement intake, assessment, and referral standards.	Attend 100% of state meetings specific to topic.
		2.2	Improve data collection methodologies using standard service definitions and utilizing data management resources effectively to ensure statewide consistency.	2.2.1	Develop and implement organization standard operating procedures for data collection that align with statewide standards.	Train 100% of staff using Wellsky data system on standard operating procedures for data collection annually and as needed.
		2.3	Evaluate the effectiveness of services and programs in meeting the preferences and unmet needs of older Mainers, adults with disabilities, and their care partners using outcome measurements.	2.3.1	Develop, maintain, and monitor organization dashboard of key performance indicators to evaluate effectiveness of services and programs.	Publish and distribute dashboard monthly to board and leadership team.
3	Prevent and improve response to abuse, neglect, and exploitation while preserving the rights and autonomy of older Mainers and adults with disabilities.	3.1	Improve partnerships with aging network partners, local law enforcement agencies, and district attorneys.	3.1.1	Collaborate with Legal Services for the Elderly, Elder Abuse Institute of Maine, and other partners/initiatives to prevent and improve response.	Maintain number of referrals made to community partners regarding abuse, neglect, and exploitation.

## APPENDIX A

### ASSURANCES AND REQUIRED ACTIVITIES

The Aroostook Agency on Aging (the “agency”) has described in this plan all the agency’s activities. 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 its functions and that such procedures are available for review by the Office of Aging and Disability Services.

#### **Sec. 306, AREA PLANS**

(a) Each area agency on aging designated under section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area for a two-, three-, or four-year period determined by the State agency, with such annual adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with section 307(a)(1). Each such plan shall—

- (1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multigenerational and older individual to older individual work), within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals who have greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community), evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;
- (2) provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services—

- (A) services associated with access to services (transportation, health services (including mental and behavioral health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services);
- (B) in-home services, including supportive services for families of older individuals with 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;

- (3) (A) designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including multipurpose senior centers operated by organizations referred to in paragraph (6)(C)) as such focal point; and
- (B) specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated;
- (4) (A)(i)(I) provide assurances that the area agency on aging 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; and
- (II) include proposed methods to achieve the objectives described in items (aa) and (bb) of sub-clause (I);
- (ii) 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—
  - (I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;
  - (II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and
  - (III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

- (iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared —
  - (I) identify the number of low-income minority older individuals in the planning and service area;
  - (II) describe the methods used to satisfy the service needs of such minority older individuals; and
  - (III) provide information on the extent to which the area agency on aging met the objectives described in clause (i).
  
- (B) provide assurances that the area agency on aging will use outreach efforts that will—
  - (i) identify individuals eligible for assistance under this Act, with special emphasis on—
    - (I) older individuals residing in rural areas;
    - (II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
    - (III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
    - (IV) older individuals with severe disabilities;
    - (V) older individuals with limited English proficiency;
    - (VI) older individuals with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
    - (VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and
  - (ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and
- (C) contain an 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.
- (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;
- (6) provide that the area agency on aging 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;
- (C) (i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families;
- (ii) if possible regarding the provision of services under this title, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that—
- (I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or
- (II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs;
- and that meet the requirements under section 676B of the Community Services Block Grant Act; and
- (iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings;
- (D) establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan;
- (E) establish effective and efficient procedures for coordination of—
- (i) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and
- (ii) entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b), within the area;

- (F) in coordination with the State agency and with the State agency responsible for mental and behavioral health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental and behavioral health services (including mental health screenings) provided with funds expended by the area agency on aging with mental and behavioral health services provided by community health centers and by other public agencies and nonprofit private organizations;
  - (G) if there is a significant population of older individuals who are Indians in the planning and service area of the area agency on aging, the area agency on aging shall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act;
  - (H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate; and
  - (I) to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;
- (7) provide that the area agency on aging shall, consistent with this section, facilitate the areawide 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;
  - (B) conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better—
    - (i) respond to the needs and preferences of older individuals and family caregivers;
    - (ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and
    - (iii) target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;
  - (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; and
  - (D) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the area

- agency on aging itself, and other appropriate means) of information relating to—
- (i) the need to plan in advance for long-term care; and
  - (ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources;
- (8) provide that case management services provided under this title through the area agency on aging will—
- (A) not duplicate case management services provided through other Federal and State programs;
  - (B) be coordinated with services described in subparagraph (A); and
  - (C) be provided by a public agency or a nonprofit private agency that—
    - (i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;
    - (ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;
    - (iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or
    - (iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);
- (9) (A) 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 2019 in carrying out such a program under this title;
- (B) funds made available to the area agency on aging pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712;
- (10) provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title;
- (11) 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;
- (12) provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b) within the planning and service area.
  - (13) provide assurances that the area agency on aging will—
    - (A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;
    - (B) disclose to the Assistant Secretary and the State agency—
      - (i) 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
      - (ii) the nature of such contract or such relationship;
    - (C) 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 contract or such relationship;
    - (D) 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 contract or such relationship; and
    - (E) 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;
  - (14) 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;
  - (15) provide assurances that funds received under this title will be used—
    - (A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and
    - (B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;
  - (16) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care;
  - (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;
  - (18) provide assurances that the area agency on aging will collect data to determine—

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- (A) the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019; and
  - (B) the effectiveness of the programs, policies, and services provided by such area agency on aging in assisting such individuals; and
- (19) 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 those individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019.

(b)(1) An area agency on aging may include in the area plan an assessment of how prepared the area agency on aging and service providers in the planning and service area are for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(2) Such assessment may include—

- (A) the projected change in the number of older individuals in the planning and service area;
  - (B) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;
  - (C) an analysis of how the programs, policies, and services provided by such area agency can be improved, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the planning and service area; and
  - (D) an analysis of how the change in the number of individuals age 85 and older in the planning and service area is expected to affect the need for supportive services.
- (3) An area agency on aging, in cooperation with government officials, State agencies, tribal organizations, or local entities, may make recommendations to government officials in the planning and service area and the State, on actions determined by the area agency to build the capacity in the planning and service area to meet the needs of older individuals for—
- (A) health and human services;
  - (B) land use;
  - (C) housing;
  - (D) transportation;
  - (E) public safety;
  - (F) workforce and economic development;
  - (G) recreation;
  - (H) education;
  - (I) civic engagement;
  - (J) emergency preparedness;
  - (K) protection from elder abuse, neglect, and exploitation;
  - (L) assistive technology devices and services; and
  - (M) any other service as determined by such agency.

(c) Each State, in approving area agency on aging plans under this section, shall waive the requirement described in paragraph (2) of subsection (a) for any category of services described in such paragraph if the area agency on aging demonstrates to the State agency that services being furnished for such category in the area are sufficient to meet the need for such services in such area and had conducted a timely public hearing upon request.

(d)(1) Subject to regulations prescribed by the Assistant Secretary, an area agency on aging designated under section 305(a)(2)(A) or, in areas of a State where no such agency has been designated, the State agency, may enter into agreement with agencies administering programs under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act for the purpose of developing and implementing plans for meeting the common need for transportation services of individuals receiving benefits under such Acts and older individuals participating in programs authorized by this title.

(2) In accordance with an agreement entered into under paragraph (1), funds appropriated under this title may be used to purchase transportation services for older individuals and may be pooled with funds made available for the provision of transportation services under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act.

(e) An area agency on aging may not require any provider of legal assistance under this title to reveal any information that is protected by the attorney-client privilege.

(f)(1) If the head of a State agency finds that an area agency on aging has failed to comply with Federal or State laws, including the area plan requirements of this section, regulations, or policies, the State may withhold a portion of the funds to the area agency on aging available under this title.

(2) (A) The head of a State agency shall not make a final determination withholding funds under paragraph (1) without first affording the area agency on aging due process in accordance with procedures established by the State agency.

(B) At a minimum, such procedures shall include procedures for—

- (i) providing notice of an action to withhold funds;
- (ii) providing documentation of the need for such action; and
- (iii) at the request of the area agency on aging, conducting a public hearing concerning the action.

(3) (A) If a State agency withholds the funds, the State agency may use the funds withheld to directly administer programs under this title in the planning and service area served by the area agency on aging for a period not to exceed 180 days, except as provided in subparagraph (B).

(B) If the State agency determines that the area agency on aging has not taken corrective action, or if the State agency does not approve the corrective action, during the 180-day period described in subparagraph (A), the State agency may extend the period for not more than 90 days.

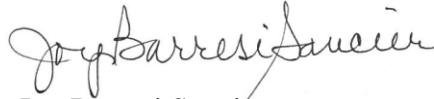
(g) Nothing in this Act shall restrict an area agency on aging from providing services not provided or authorized by this Act, including through—

Aroostook Agency on Aging – Area Plan on Aging 2020-2024

- (1) contracts with health care payers;
- (2) consumer private pay programs; or
- (3) other arrangements with entities or individuals that increase the availability of home and community-based services and supports.

11/13/2020

Date



Joy Barresi Saucier  
Executive Director  
Aroostook Agency on Aging

11/13/2020

Date



Rev. Dr. Kenneth Phelps  
President of Board of Directors  
Aroostook Agency on Aging

**APPENDIX B**

**CONTRACTUAL RELATIONSHIPS**

<b>Service</b>	<b>Organization</b>	<b>Nature of Relationship</b>
Transportation	Aroostook Regional Transportation Systems	Provide low or no cost transportation for older people and RSVP program.
Legal Services	Legal Services for the Elderly	Provide quality legal services without fee to economically or socially
Nutrition Services	Borderview Nursing Home	Provide hot home-delivered meals, congregate meals, and voucher meals for clients in Van Buren.
Nutrition Services	Birch Stream Farms	Provide frozen home-delivered meals.
Nutrition Services	Northern Light Health – Aroostook Health Center	Provide hot home-delivered meals for clients in Mars Hill.
Nutrition Services	Catholic Charities of Maine	Provide regional frozen storage and transportation of frozen home-delivered meals within service region.
Nutrition Services	Sysco and Area grocery stores	Provide food for congregate dining and adult day services.
Nutrition Services	Bigrock Transportation	Provide truck to transport frozen home-delivered meals to region (in-kind) and driver to deliver food.
Nutrition Services	Forever Young Club of Madawaska and Fort Kent Senior Club	Provide location for congregate dining services.
In Home Support	Northern Light Health – Live Safe	Provide personal emergency response services to clients through Elder Independence of Maine.
Preventive Services	Healthy Living for ME	Provide information systems and marketing support for evidenced-based wellness programs.
Outreach	Aroostook County Action Program	Agency aids with LIHEAP applications.
Management	Caribou Housing Development Corporation	Agency provide management for Caribou Gardens Apartments

## APPENDIX C

### PUBLIC HEARING PROCESS

The following public notice was posted on the Agency website and social media accounts beginning on June 1, 2020 and was published in all local newspaper during the week of June 10, 2020.

The Aroostook Agency on Aging will soon hold public hearings on its 2020-2024 Area Plan on Aging draft document. The plan identifies the needs of older people in The County and how the agency plans to help address those needs over the next four years. Ideas and comments on the draft plan are welcome and will help the agency to formulate the final document. The public is invited to attend public hearings virtually through online meetings on Monday, June 22<sup>nd</sup> from 10-11a or Tuesday, June 23<sup>rd</sup> from 3-4p. If you would like to attend, please contact the agency to receive an electronic meeting link. A copy of the draft plan is available on or after June 1st ; it can be accessed at [www.aroostookaging.org](http://www.aroostookaging.org). It can be also be requested by phone at 764-3396 or 1-800-439-1789, or by writing to the agency at PO Box 1288, Presque Isle, ME 04769-1288. Written comments on the plan must be received by 9:00 a.m. on Friday, June 26, 2020, and can be mailed to the Agency or emailed to [joy.b.saucier@aroostookaging.org](mailto:joy.b.saucier@aroostookaging.org).

Hard copies of the proposed plan were made available at Agency locations for anyone requesting a copy beginning on June 1, 2020. An electronic copy was posted on the agency website beginning on June 1, 2020.

Public Hearing was held through virtual meeting on June 22 and June 23, 2020. Public Hearing Comments, along with Written Comments received and their corresponding responses are documented below.

#### **Public Hearing Comments Received with Responses:**

**Comment:** How do you train volunteers? Do you have a formal program and how does it work?

**Response:** Yes. We are affiliated with national Retired Senior Volunteer Program (RSVP) with over 600 volunteers who serve over 40 partner sites. They receive mandatory screening, training and their hours are tracked. Also, our Agency is currently developing a volunteer policy including handbook and consistent onboarding procedures. Some volunteers are trained at our Presque Isle office while others are trained remotely by our program leaders.

**Comment:** Since one of your Area Plan goals is to better educate the public about your Agency and its programs, do you send people out to communities for face-to-face opportunities to meet during scheduled “office hours”?

**Response:** Education primarily is done by our regional service coordinators and outreach specialists. We also go (during normal times but not now during Covid-19 outbreak) directly into people’s homes or meet them in a public place. Currently we are considering re-instating a series of periodic times to set up informational sessions in communities throughout our service territory. People do not need to come to Presque Isle to see us.

**Comment:** What are the guidelines/qualifications for becoming an Age-Friendly Community?

**Response:** I will share resources with you after the meeting that describe the process. Nationally the effort is spearheaded by AARP. There is also a consultant who comes north (or meets virtually) to advocate for towns to become certified and share best practices. It is a commitment to improve. But there’s help to develop an action plan. Age-Friendly communities are grassroots driven. It is not a top down, but a bottom up thing. Engaged citizens plan, act and improve.

**Comment:** Under the topic of elder abuse, I have a concern that older people are being targeted by scams, fake Medicare calls et. How is the Agency addressing this?

**Response:** Yes. This problem is insidious; it is bigger than you can imagine. We have hosted the Homeland Security specialist who works in this area to educate our staff with real world examples. There is also a federal Senior Medicare Patrol program with a coordinator and volunteers who are trained to be community educators. Resources are shared but funding is limited.

**Comment:** Is there help available on the national or state level? What about the Do Not Call effort? I do not hear much about that anymore.

**Response:** Yes, that is an option. The Agency does encourage individuals who are concerned they have been a victim of fraud or scams to reach out to us as we can assist in connecting them to state and national resources.

**Comment:** I would like to know more about your partner organization, Aroostook Regional Transportation Service.

**Response:** I will send you a connection to their executive director.

### **Written Comments Received with Responses:**

**Comment:** As I was reading the section on congregate dining, the reality of the limitations associated with the Coronavirus (or other significant issues) may limit your accomplishment of this objective relative to the level preferred for this and perhaps other objectives.

**Response:** Complying with such health issues may limit the complete accomplishment of some objectives for various periods of time during the Agency’s fulfillment of various goals and objectives over the life of the plan. The Agency has currently made successful adjustments to full fill such objectives to the extent possible and will continue to do.

**APPENDIX D**

**AREA AGENCY ON AGING  
DIRECT SERVICE WAIVER REQUEST FOR 2020-2024**  
(as required by OADS policy 10-149, Ch. 5, Section 30.09)



## APPENDIX D

### AREA AGENCY ON AGING DIRECT SERVICE WAIVER REQUEST FOR 2020-2024

(as required by OADS policy 10-149, Ch. 5, Section 30.09)

#### SECTION I. Aroostook Agency on Aging

---

**2/28/2020**

**A. AGENCY NAME: Aroostook Agency on Aging**

**B. DIRECT SERVICE DESCRIPTION:** *Congregate Dining Services Frequency - The Agency operates five congregated dining centers in Aroostook County. Available funding allows three of these sites (Fort Kent, Madawaska, and Van Buren) to operate five days per week due to community need, available location and availability of paid staff. The other two sites (Presque Isle and Grand Isle) do not operate five days per week as they are dependent on operation by volunteer operation and in-kind space.*

**C. SPECIFIC SERVICE NEED:**

- i. Identify and fully describe the specific problem, requirement, or need that the service(s) is intended to address and makes the services necessary.
- ii. Explain how the Agency determined that the services are critical or essential to agency responsibilities or operations and/or whether the services are mandated.

*Per census estimates, approximately 12.1% of older people in Aroostook County live below federal poverty level (\$12,490) and 29.6% live below 150% of the federal poverty level (\$19,140). Significant food insecurity is present in Aroostook County with approximately 15.4% of individuals food insecure per Feeding America Map the Meal Gap Project 2017; Aroostook County has the highest rate of food insecurity of all counties in Maine and its rate is significantly higher than the state food insecurity rate of 12.9%.*

**D. AVAILABILITY OF OTHER RESOURCES TO DELIVER GOODS OR SERVICE:**

Please explain why:

- i. there is insufficient staffing, experience, expertise and/or resources available within the SERVICE AREA and/or;

ii. there are no other resources (local, state, or federal agencies) external to the Agency who can perform the service more efficiently, more cost effectively or with comparable quality.

*Two Sites Open Less than Five Days Per Week – A waiver is necessary to ensure adequate supply of service. The Presque Isle site is located at the Sargent Community Center; space is provided twice weekly on Tuesday and Wednesday for lunch. The Grand Isle site is located at the Grand Isle Community School; space is provided once weekly. We continually recruit volunteers for both sites and have been unable to recruit enough to increase the number of days per week that meals are served. Funds are not available for paid staff for these sites.*

 5/14/20

Signature

Date

## SECTION II. (Office of Aging and Disability Services Response)

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[Click here to enter a note.](#)

**A. COMMENT (s):** [Click here to enter text.](#)

**B. REQUEST STATUS:**

Approved:

Rejected:

Pending:

Additional Comment(s): [Click here to enter text.](#)



5/19/2020

Paul Saucier

Date

Director, Office of Aging and Disability Services  
Maine Department of Health and Human Services

**AREA AGENCY ON AGING**  
**DIRECT SERVICE WAIVER REQUEST FOR 2020-2024**  
(as required by OADS policy 10-149, Ch. 5, Section 30.09)

**SECTION I. Aroostook Agency on Aging**

---

**2/28/2020**

**A. AGENCY NAME: Aroostook Agency on Aging**

**B. DIRECT SERVICE DESCRIPTION:** *Congregate Dining Services – The food service at the Van Buren Site is contracted to Borderview Nursing Home. Food Service at the other four sites is provided by the Agency due to the limited food service providers in the area as well as the cost of meals. The Agency operates one commercial kitchen in Madawaska with paid staff that provide all congregate meals needed for Fort Kent and Madawaska and surrounding areas. The Agency also operates kitchens in Grand Isle and Presque Isle utilizing all volunteers to prepare and serve food.*

**C. SPECIFIC SERVICE NEED:**

- i. Identify and fully describe the specific problem, requirement, or need that the service(s) is intended to address and makes the services necessary.
- ii. Explain how the Agency determined that the services are critical or essential to agency responsibilities or operations and/or whether the services are mandated.

*Per census estimates, approximately 12.1% of older people in Aroostook County live below federal poverty level (\$12,490) and 29.6% live below 150% of the federal poverty level (\$19,140). Significant food insecurity is present in Aroostook County with approximately 15.4% of individuals food insecure per Feeding America Map the Meal Gap Project 2017; Aroostook County has the highest rate of food insecurity of all counties in Maine and its rate is significantly higher than the state food insecurity rate of 12.9%. The provision of Congregate Dining Services is mandated per state contract.*

**D. AVAILABILITY OF OTHER RESOURCES TO DELIVER GOODS OR SERVICE:**

Please explain why:

- i. there is insufficient staffing, experience, expertise and/or resources available within the SERVICE AREA and/or;
- ii. there are no other resources (local, state, or federal agencies) external to the Agency who can perform the service more efficiently, more cost effectively or with comparable quality.

*Food Service Provided by Agency – A waiver is necessary to ensure adequate supply of service and the Agency can provide services of comparable quality more economically than other providers in the community. Food service at Fort Kent, Madawaska, Grand Isle, and Presque Isle are provided by the Agency on Aging as there are limited or no food service providers in the area that are interested in providing the service due to cost and shortages in the labor market. Intermittently (every 1-2 years) the Agency connects with food service providers in the region to determine if any are interested to pursue a contractual relationship; none have been due to costs and lack of available labor force.*

 5/14/20

Signature

Date

## SECTION II. (Office of Aging and Disability Services Response)

---

[Click here to enter a date.](#)

**A. COMMENT (s):** [Click here to enter text.](#)

**B. REQUEST STATUS:**

Approved:

Rejected:

Pending:

Additional Comment(s): [Click here to enter text.](#)



5/19/2020

Paul Saucier

Date

Director, Office of Aging and Disability Services

Maine Department of Health and Human Services

**AREA AGENCY ON AGING**  
**DIRECT SERVICE WAIVER REQUEST FOR 2020-2024**  
(as required by OADS policy 10-149, Ch. 5, Section 30.09)

**SECTION I. Aroostook Agency on Aging**

---

**2/28/2020**

**A. AGENCY NAME: Aroostook Agency on Aging**

**B. DIRECT SERVICE DESCRIPTION:** *Home Delivered Meals –Due to the rural environment and lack of local food service providers, the Agency contracts with BFAS to provide frozen home delivered meals for the majority of our service area. Prepared frozen meals are purchased from BAF Foods and transported as an in-kind contribution by Big Rock Transport to bulk freezers either owned by the Agency (Presque Isle) or by Catholic Charities Maine (Monticello and Caribou). Meals from these freezers are distributed by paid staff and volunteers in St. John, St. Francis, Allagash, Caribou, Limestone, Washburn, Wade, Fort Fairfield, Presque Isle, Mapleton, Castle Hill, Chapman, Ashland, Houlton, Oakfield, Hodgdon, Littleton. Frozen meals are delivered generally one time weekly.*

*Hot daily meals are purchased in Van Buren from Borderview Manor Nursing and Rehabilitative Care Center and delivered to homes in that town five days per week by volunteers. Hot daily meals are purchased from Northern Light Aroostook Health Center (LTC) in Mars Hill, paid in part by donations from Mars Hill Rotary Club and delivered by volunteers five days per week in the Mars Hill, Blaine, Westfield communities.*

*There are two locations preparing home-delivered meals in Aroostook operated by the Agency. The first is a volunteer-operated kitchen in the Grand Isle Community Center that prepares hot meals for delivery by volunteers in that community. The other is an Agency-operated kitchen in space provided by Forever Young, Inc. senior club in Madawaska. That kitchen also utilizes paid staff and a volunteer network to provide home deliveries of hot meals five days per week in the communities of Madawaska, Frenchville, St. Agatha, Fort Kent.*

**C. SPECIFIC SERVICE NEED:**

- i. Identify and fully describe the specific problem, requirement, or need that the service(s) is intended to address and makes the services necessary.
- ii. Explain how the Agency determined that the services are critical or essential to agency responsibilities or operations and/or whether the services are mandated.

*Per census estimates, approximately 12.1% of older people in Aroostook County live below federal poverty level (\$12,490) and 29.6% live below 150% of the federal poverty level (\$19,140). Significant food insecurity is present in Aroostook County with approximately 15.4% of individuals food insecure per Feeding America Map the Meal Gap Project 2017; Aroostook County has the highest rate of food insecurity of all counties in Maine and its rate is significantly higher than the state food insecurity rate of 12.9%. The provision of Home Delivered Meals is mandated by state contract.*

**D. AVAILABILITY OF OTHER RESOURCES TO DELIVER GOODS OR SERVICE:**

Please explain why:

- i. there is insufficient staffing, experience, expertise and/or resources available within the SERVICE AREA and/or;
- ii. there are no other resources (local, state, or federal agencies) external to the Agency who can perform the service more efficiently, more cost effectively or with comparable quality.

*Food Service Provided by Agency – A waiver is necessary to ensure adequate supply of service and the Agency can provide services of comparable quality more economically than other providers in the community. In the two locations preparing hot home-delivered meals, there are no other food service providers able to provide these meals at a reasonable cost. The communities served are not willing to convert to the frozen meals. Intermittently (every 1-2 years) the Agency connects with food service providers in the region to determine if any are interested to pursue a contractual relationship; none have been due to costs and lack of available labor force.*

*J. James Ancier 5/14/20*

Signature

Date

## SECTION II. (Office of Aging and Disability Services Response)

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**A. COMMENT (s):** [Click here to input text](#)

**B. REQUEST STATUS:**

Approved:

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Additional Comment(s): [Click here to input text](#)



5/19/2020

---

Paul Saucier

Date

Director, Office of Aging and Disability Services

Maine Department of Health and Human Services

**AREA AGENCY ON AGING**  
**DIRECT SERVICE WAIVER REQUEST FOR 2020-2024**  
(as required by OADS policy 10-149, Ch. 5, Section 30.09)

**SECTION I. Aroostook Agency on Aging**

---

**2/28/2020**

**A. AGENCY NAME: Aroostook Agency on Aging**

**B. DIRECT SERVICE DESCRIPTION:** *Evidenced-Based Programs - The Agency provides a host of evidenced-based wellness programs as part of its preventative health services. Programs provided including Living Well for Better Health (chronic disease self-management with additional modules specific to diabetes and chronic pain), falls prevention programs (Matter of Balance and Tai Chi for Health and Wellness) and Bone Builders. Programs are offered at Agency locations, as well as through a variety of partnership and in-kind arrangements with other community organizations. The Agency is a joint venture partner of Healthy Living for ME, a state-wide network of evidenced-based wellness providers.*

**C. SPECIFIC SERVICE NEED:**

- i. Identify and fully describe the specific problem, requirement, or need that the service(s) is intended to address and makes the services necessary.
- ii. Explain how the Agency determined that the services are critical or essential to agency responsibilities or operations and/or whether the services are mandated.

*Per the 2018 Aroostook County Health Profile of the Maine Shared Community Health Needs Assessment, 20.8% of adults in the county had three or more chronic conditions, significantly higher than the state at 15.8%. The provision of Evidenced-Based Wellness Programs is mandated by state contract.*

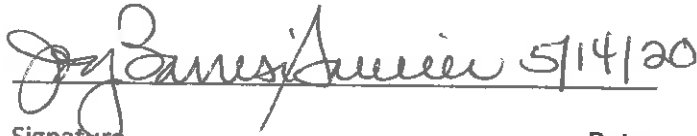
**D. AVAILABILITY OF OTHER RESOURCES TO DELIVER GOODS OR SERVICE:**

Please explain why:

- i. there is insufficient staffing, experience, expertise and/or resources available within the SERVICE AREA and/or;
- ii. there are no other resources (local, state, or federal agencies) external to the Agency who can perform the service more efficiently, more cost effectively or with comparable quality.



*Provider of Evidenced-Based Programs. A waiver is necessary to ensure an adequate supply of evidenced-based programming. The Agency is leading the effort to develop more providers of these programs in the region.*

  
Signature \_\_\_\_\_ Date 5/14/20

## SECTION II. (Office of Aging and Disability Services Response)

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A. COMMENT (s): [Click here to enter text](#)


**B. REQUEST STATUS:**

Approved:

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Additional Comment(s): [Click here to enter text](#)

  
\_\_\_\_\_ Date 5/19/2020

Paul Saucier  
Director, Office of Aging and Disability Services  
Maine Department of Health and Human Services

**AREA AGENCY ON AGING**  
**DIRECT SERVICE WAIVER REQUEST FOR 2020-2024**  
(as required by OADS policy 10-149, Ch. 5, Section 30.09)

**SECTION I. Aroostook Agency on Aging**

---

**2/28/2020**

**A. AGENCY NAME: Aroostook Agency on Aging**

**B. DIRECT SERVICE DESCRIPTION:** *Service Coordination (Care Management) – The Agency provides Service Coordination (Care Management) to clients and their caregivers in the following programs: Family Caregiver, Nutrition, Eldercare Personal Support, Independent Housing, Adult Day Services and other agency programs and services that require assessments, reassessments, care planning and referrals.*

**C. SPECIFIC SERVICE NEED:**

- i. Identify and fully describe the specific problem, requirement, or need that the service(s) is intended to address and makes the services necessary.
- ii. Explain how the Agency determined that the services are critical or essential to agency responsibilities or operations and/or whether the services are mandated.

*Per the 2019 telephone survey of older people in Aroostook County, nearly a third (31%) of those surveyed lived alone and many had difficulty with household tasks (14%), but only a small percentage (4.6%) were currently receiving help. Aroostook County has a high rate of older people who provide care for others. 16% of older people surveyed stated that they are care partners, providing others with crucial support, including assistance with food preparation, transportation, and management of finances. The provision of Service Coordination is required to ensure that services are participant-directed/person-centered.*

**D. AVAILABILITY OF OTHER RESOURCES TO DELIVER GOODS OR SERVICE:**

Please explain why:

- i. there is insufficient staffing, experience, expertise and/or resources available within the SERVICE AREA and/or;
- ii. there are no other resources (local, state, or federal agencies) external to the Agency who can perform the service more efficiently, more cost effectively or with comparable quality.

*Provider of Service Coordination. A waiver is necessary to ensure adequate supply of service and the Agency can provide services of comparable quality more economically than other providers in the community. Due to the large size of the geographic region served and minimal funding available for many programs, the Agency has Regional Service Coordination service delivery model. In this model, the three regions of Aroostook (north, central, south) each have an assigned Regional Service Coordinator who connects with the client individually to assess needs, connect resources, and make referrals. The Regional Service Coordinator works with other Agency staff and representatives from other organizations who serve that region. This model ensures that clients stay at the center of the planning process and have an assigned staff member who understands their needs and who is their primary point of contact for questions and resources. As this model works across a variety of funding sources, this model maximizes efficiency through reduction of duplication of services.*

 5/14/20

Signature

Date

## SECTION II. (Office of Aging and Disability Services Response)

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A. COMMENT (s): Click here to enter text

B. REQUEST STATUS:

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5/19/2020

Paul Saucier

Date

Director, Office of Aging and Disability Services  
Maine Department of Health and Human Services

**AREA AGENCY ON AGING**  
**DIRECT SERVICE WAIVER REQUEST FOR 2020-2024**  
(as required by OADS policy 10-149, Ch. 5, Section 30.09)

**SECTION I. Aroostook Agency on Aging**

---

**2/28/2020**

**A. AGENCY NAME: Aroostook Agency on Aging**

**B. DIRECT SERVICE DESCRIPTION:** *Family Caregiver Education and Support. The Agency provides education and support to individuals serving as caregivers, including the SAVVY Caregiver program.*

**C. SPECIFIC SERVICE NEED:**

- i. Identify and fully describe the specific problem, requirement, or need that the service(s) is intended to address and makes the services necessary.
- ii. Explain how the Agency determined that the services are critical or essential to agency responsibilities or operations and/or whether the services are mandated.

*Aroostook County has a high rate of older people who provide care for others. 16% of older people participating in the telephone survey stated that they are care partners, providing others with crucial support, including assistance with food preparation, transportation, and management of finances. The provision of Family Caregiver Education and Support is mandated by state contracts.*


**D. AVAILABILITY OF OTHER RESOURCES TO DELIVER GOODS OR SERVICE:**

Please explain why:

- i. there is insufficient staffing, experience, expertise and/or resources available within the SERVICE AREA and/or;
- ii. there are no other resources (local, state, or federal agencies) external to the Agency who can perform the service more efficiently, more cost effectively or with comparable quality.

*Provider of Family Caregiver Service. A waiver is necessary to ensure adequate supply of service and the Agency can provide services of comparable quality more economically than other providers in the community. Due to the large size of the geographic region served and minimal funding available for many programs, the Agency has a Regional Service Coordination service delivery model. In this model, the three regions of*

*Aroostook (north, central, south) each have an assigned Regional Service Coordinator who connects with the client individually to assess needs, connect resources, make referrals, and provide education and support. As this model works across a variety of funding sources, this model maximizes efficiency through reduction of duplication of services. There are no other providers of these services in the region.*

  
Signature

Date

## SECTION II. (Office of Aging and Disability Services Response)

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**A. COMMENT (s):** *Click here to enter text*

**B. REQUEST STATUS:**

Approved:

Rejected:

Pending:

Additional Comment(s): *Click here to enter text*



5/19/2020

Paul Saucier

Date

Director, Office of Aging and Disability Services  
Maine Department of Health and Human Services

**APPENDIX E**  
**AROOSTOOK AGENCY ON AGING BOARD OF DIRECTORS**  
**2020-2021**

Rev. Kenneth Phelps, Presque Isle - President

James Tweedie, Blaine - Vice President

Mary Anne Buck, Mapleton - Secretary

Durward Huffman, Fort Fairfield - Treasurer

Martin Bernstein, Fort Kent

George Dionne, Grand Isle

Therese Dionne, Madawaska

Martha Grant, Presque Isle

Alva King, Limestone

Keith MacKenzie, Island Falls

Robert Meinders, Benedicta

Linda Nadeau, Perham

Phyllis Pelletier, Ashland

Stephen Poitras, Fort Fairfield

Donald Raymond, New Canada

Barbara Robertson, New Limerick

Albertine Soucy, Frenchville

Raymond Thibodeau, Sinclair

Lori Weston, Houlton

**APPENDIX F**

**LIST OF CURRENT SERVICES IN AROOSTOOK COUNTY**

Type	Program Name	Description
Trusted Information	Aging & Disability Resource Center	It all starts with one call. Have a question or need help? Our toll-free, confidential Answer Line provides information and assistance on all Agency services and a variety of important topics. In addition, we encourage our community to visit our Aging & Disability Resource Center, which is located at 260 Main Street, Presque Isle, Maine.
Trusted Information	Aging Well Speaker’s Bureau	It is said, “with information comes power”. With over 20 programs and services for older people, those with disabilities, and their care partners, the Agency has many experts available to provide presentations to community groups.
Trusted Information	Benefits Checklist	Public benefit programs were created to help those in need and can make a difference in one’s ability to remain living independently. If you are age 60 plus and have a low income, you may be eligible for more public benefits than you are currently receiving. Use our 2-page Benefits Checklist to identify which programs may be available to you.
Trusted Information	Maine Legal Services for the Elderly (Partner Organization)	There are times when we all need a strong advocate who can provide good advice and help us represent our interests. Maine Legal Services for the Elderly provides free, high quality legal assistance to older people in social or economic need. Assistance is available on a variety of topics, including healthcare, health insurance, Medicare, MaineCare, Social Security, public benefits, pension/retirement benefits, powers of attorney, credit/bankruptcy problems, physical and financial abuse, guardianship defense and other civil (non-criminal) matters. Contact the LSE Helpline (1-800-750-5353) or visit <a href="http://www.mainelse.org">www.mainelse.org</a> for more information.

Aroostook Agency on Aging – Area Plan on Aging 2020-2024

Trusted Information	Medicare and Insurance Counseling	Regardless of your age, healthcare coverage is important. Matching coverage to an individual’s needs can be challenging. Education and counseling help people to know all the options available so they can select the best plan for them. Trained health insurance and Medicare counselors are available to assist those in need of assistance as they choose their coverage. Special help is offered during the Medicare open enrollment period and “Welcome to Medicare” seminars are also available.
Trusted Information	Outreach Services	Sometimes we need someone to guide us as we confront life’s challenges. Trained outreach specialists are available to work with older people in the community to answer questions, connect them to community resources, assist them with applications for services, or be their advocates.
Trusted Information	Preventing Scams & Fraud	We all work hard for our money and try to protect our resources. Older people often have saved large sums of money for retirement. Fraud and scams have many forms, such as Grandparent Scams, Identity Theft, and Government Grant Scams. Education on fraud and scams is available for both individuals and groups, as well as assistance for people who have been the victim of scams.
Wellness	Bone Builders	Having strong bones is an important part of preventing fractures and remaining healthy. The Bone Builders program helps you improve balance to protect against falls and fractures, while enhancing your energy level and sense of well-being.
Wellness	Living Well with Chronic Conditions	Staying well allows us to live better lives. The Living Well chronic condition courses offered (Living Well for Better Health, Living Well with Chronic Pain, and Living Well with Diabetes) help people learn how to manage their own health by improving communication with their physicians, actively managing their symptoms, creating personal action plans, and developing support structures.
Wellness	Matter of Balance	Remaining safe and healthy at home is a goal for all. A fear of falling is something that can be on the minds of older people. Engaging in moderate exercise helps improve your balance and coordination. Matter of Balance is an award-winning program designed to reduce the fear of falling and increase the activity levels of older adults.



Aroostook Agency on Aging – Area Plan on Aging 2020-2024

Wellness	Tai Chi for Health & Balance	Improving health and wellbeing are core to living a long life. Tai Chi for Health and Balance is a program proven to be effective in preventing falls and relieving pain for those with arthritis. Participants focus on improving strength, balance, and mental health.
Staying at Home	Aroostook Regional Transportation Systems (Partner Organization)	Access to transportation is essential, especially in rural areas. It often opens the door to meeting a variety of other needs. ARTS uses buses, volunteer drivers, private cars and taxis throughout Aroostook to help people get to appointments, shop, and stay active in their community. Contact ARTS at 1-800-442-3320 or visit <a href="http://www.arostooktransportation.org">www.arostooktransportation.org</a> for more information.
Staying at Home	Care Partner Education & Support	Taking care of a family member who can no longer care for themselves is a role that many people hold. To provide the best care for those we love, support is needed to be an effective care partner. Care Partners face the challenge of managing the care of another and finding time to care for themselves. Sometimes care partners are afraid to ask for help. Care partner education and support is available for individuals of all ages, including the Savvy Caregiver program.
Staying at Home	Daybreak Adult Day Service	All people need to connect with others at all stages of life. This connection gives us energy, which keeps us living at our best. Daybreak Adult Day Service focuses on creating a safe place for those with chronic memory loss or health conditions to enjoy the day and interact with others. While participants are at the program, care partners can take a much-needed break or handle personal business.
Staying at Home	Eldercare Homecare Services	As we age, we want to live independently in our own home. Home is a place where we feel safe, comfortable, and most able to participate in our community. At some point, to stay living in our home, we may need help. ElderCare Homecare Services provides an extra set of hands to help with our daily activities.
Staying at Home	Friendly Visitors	Connecting with others each day is a normal part of life. When family or friends are not available, having a Friendly Visitor helps to pass the time, take part in an activity, or bring a smile from a shared story. Trained volunteers visit or call homebound participants regularly giving them a connection to their community.

Aroostook Agency on Aging – Area Plan on Aging 2020-2024

Staying at Home	Money Minders	Managing your money is a key aspect of being independent. The Money Minders Program is a free bill paying service where trained volunteers provide consumers with assistance in setting up a budget, paying bills, and managing a checkbook.
Staying at Home	Nutrition Services: Meals on Wheels, Community Dining, USDA Senior Food Box Program, Easy Meals	Getting food and good nutrition is something we all need to remain healthy and happy, no matter our income or support network. If you are finding yourself choosing between groceries and other household and medical expenses you're not alone. Not having enough money to buy groceries or a support network to obtain easy access to nutritious food is increasingly common. Let the Aroostook Agency on Aging connect you to a service that will help meet your needs.
Staying at Home	Planning for the Future	When we plan for the future, we increase the likelihood that we will be able to continue to make our own decisions or others will know our wishes. The Agency has trained staff that can sit with you to understand your needs and put a plan on paper for your future.
Volunteer	Aroostook RSVP	Use the skills and talents you have learned over the years or develop new ones while serving in a variety of volunteer activities within your community. RSVP volunteers choose where and how they want to work. Aroostook RSVP can connect you with one of over 40 partner sites in The County and support you throughout your volunteer experience.

**APPENDIX G**

**AROOSTOOK COUNTY NEEDS ASSESSMENT**

**2019 Maine Aging Study**

**Aroostook Agency on Aging (Pages 135-163)**

**Muskie School of Public Service**

**Cutler Institute for Health and Social Policy**

**March 6, 2020**



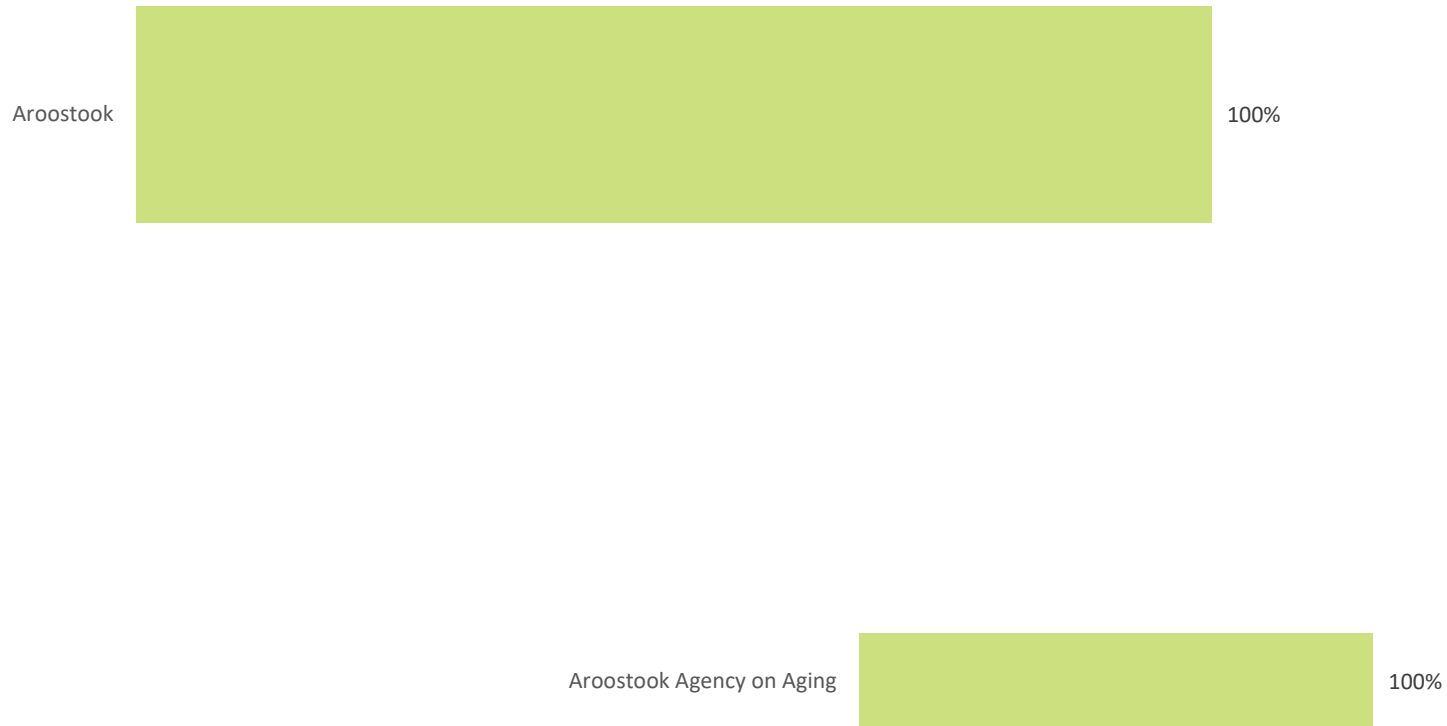
## **2019 Maine Aging Study: Aroostook Agency on Aging**

**Muskie School of Public Service  
Cutler Institute for Health and Social Policy**

March 6, 2020

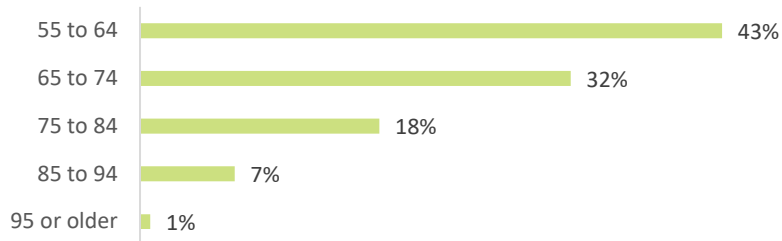
# Demographics

What county do you live in? (n=308)

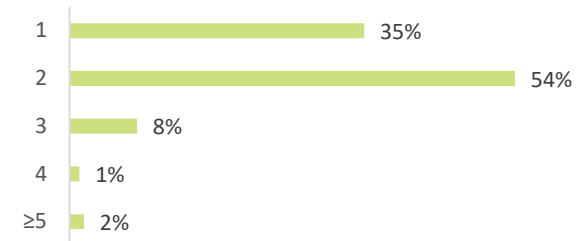


# Demographics

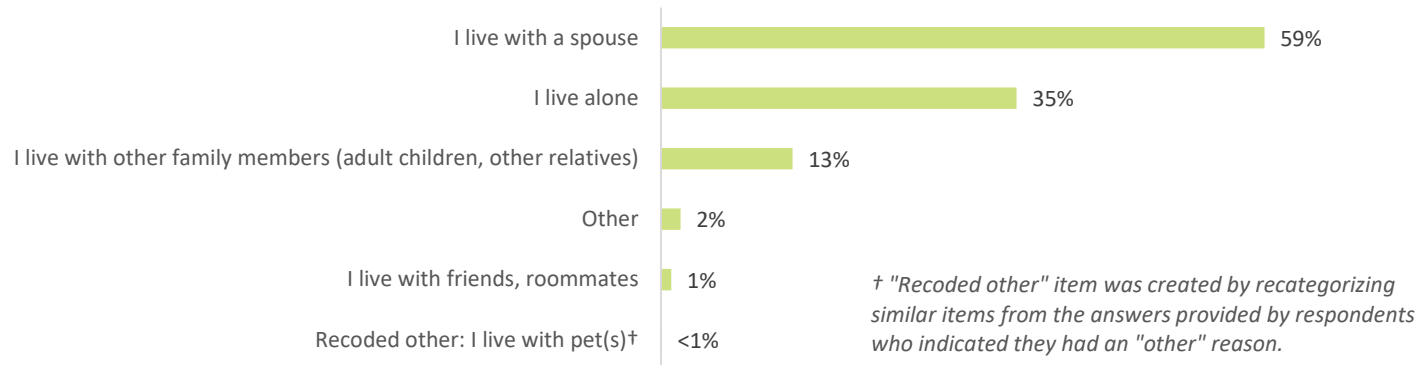
What is your age? (n=308)



How many people live in your household? (n=294)



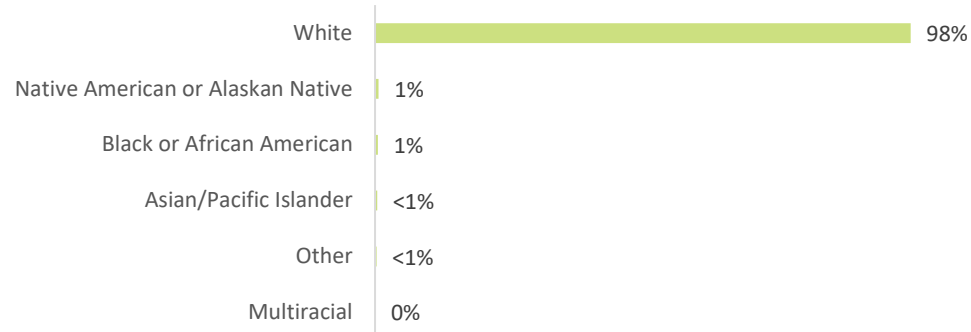
Which of the following statements best describes who lives with you?\* (n=301)



\*Multiple responses allowed

# Demographics

### Please specify your race and ethnicity (n=300)



### Do you consider yourself Hispanic or Latino? (n=303)

Approximately 99% of respondents said "no."

### Is English your primary or preferred language? (n=308)

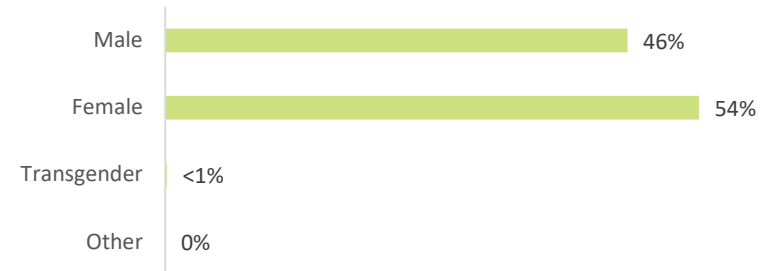
Approximately 94% of respondents said "yes."

# Demographics

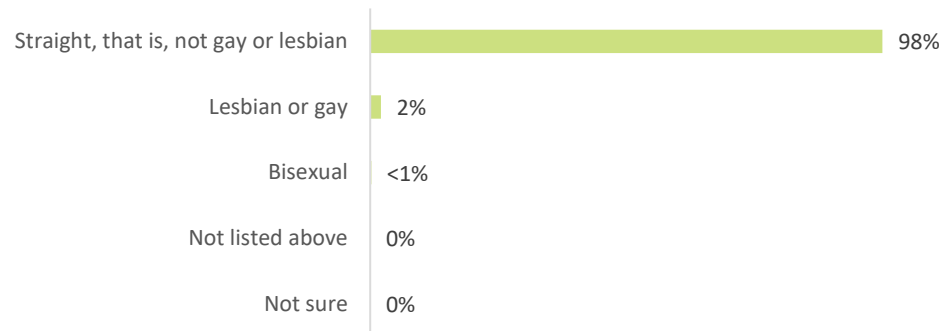
**What was your sex at birth (meaning, on your original birth certificate)? (n=301)**



**What is your current gender identity? (n=295)**



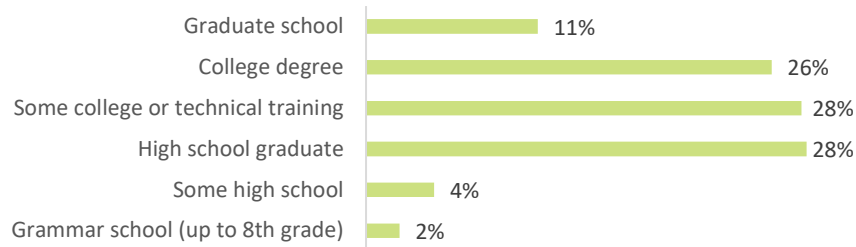
**Do you think of yourself as: (n=296)**



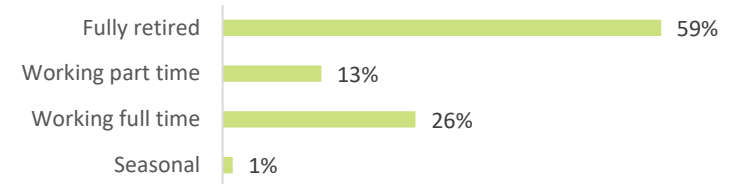


# Demographics

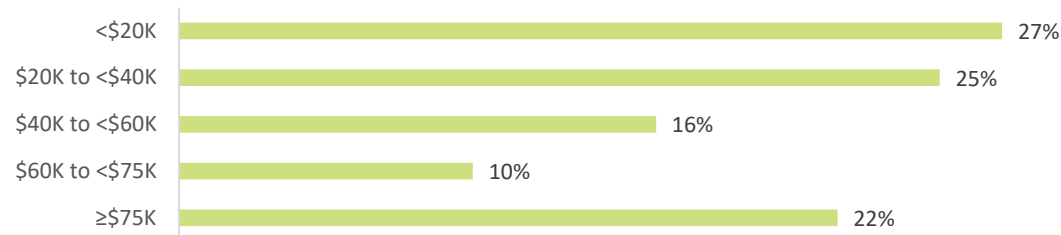
**What is the highest level of formal education you have completed so far? (n=301)**



**What is your current employment status? (n=279)**

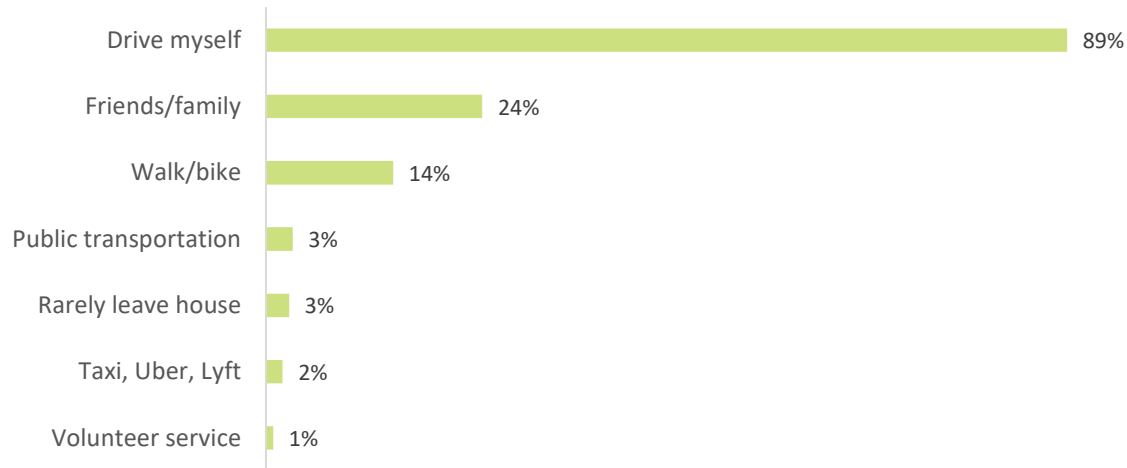


**Which of the following categories represents your annual household income? (n=308)**

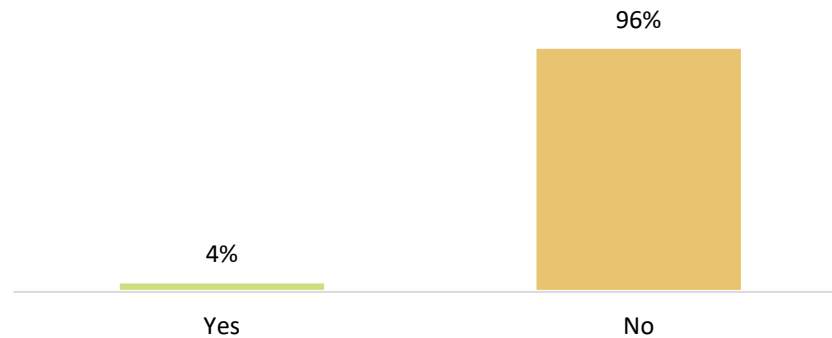


# Transportation

How do you usually get around to the places you need to go?\* (n=308)



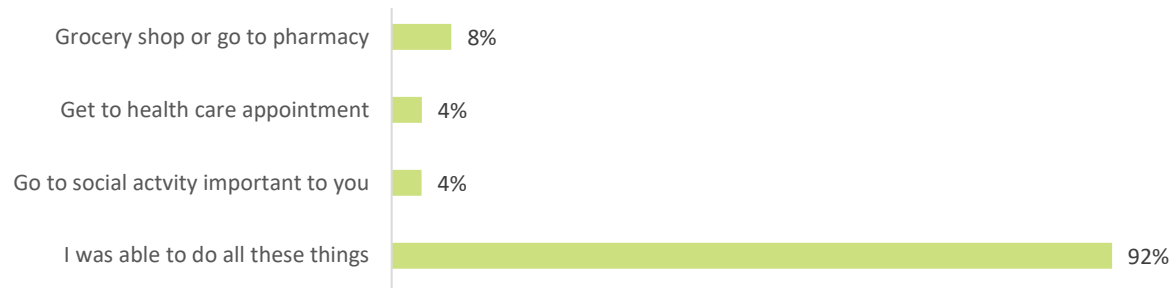
Do you need help finding or arranging transportation? (n=306)



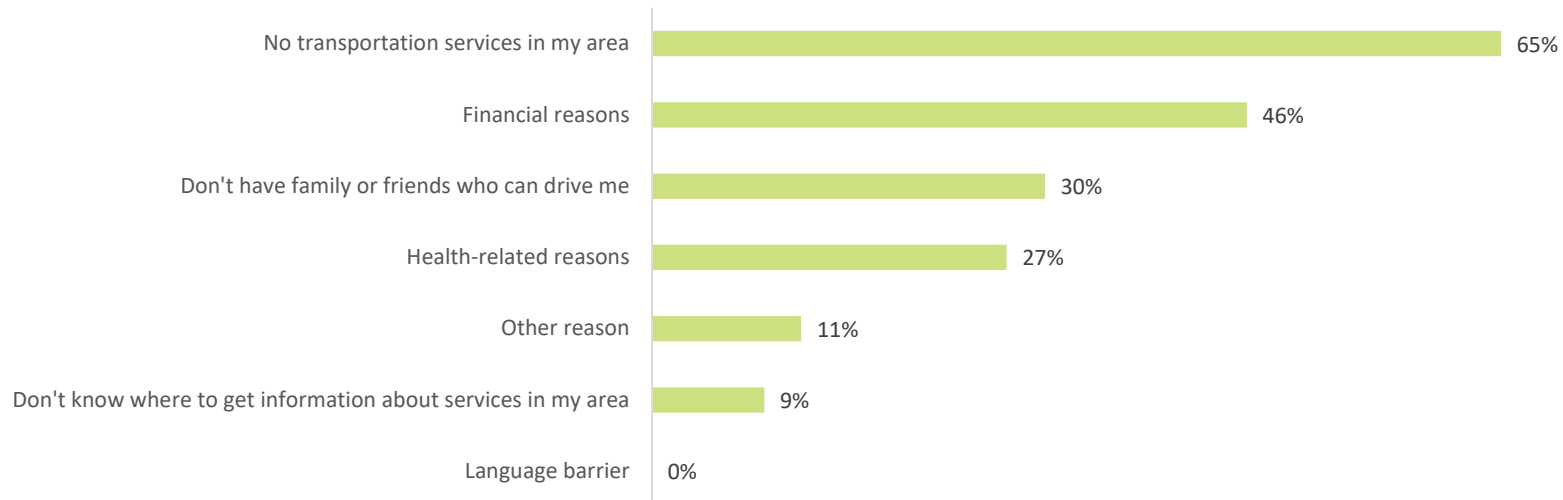
*\*Multiple responses allowed*

# Transportation

**In the last 90 days, were you unable to do any of the following because you did not have transportation?\*** (n=280)

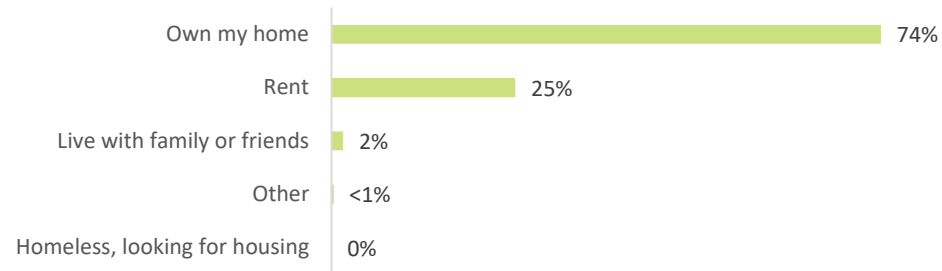


**If you needed transportation and could not get it, what would you say are the main reasons?\*** (n=21)

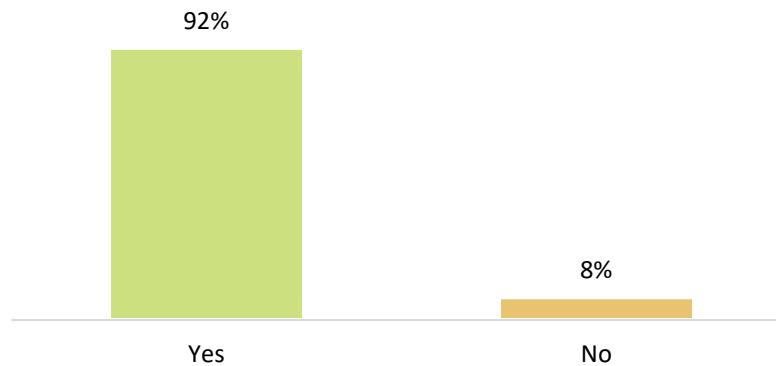


*\*Multiple responses allowed*

### How would you describe your current living situation? (n=305)

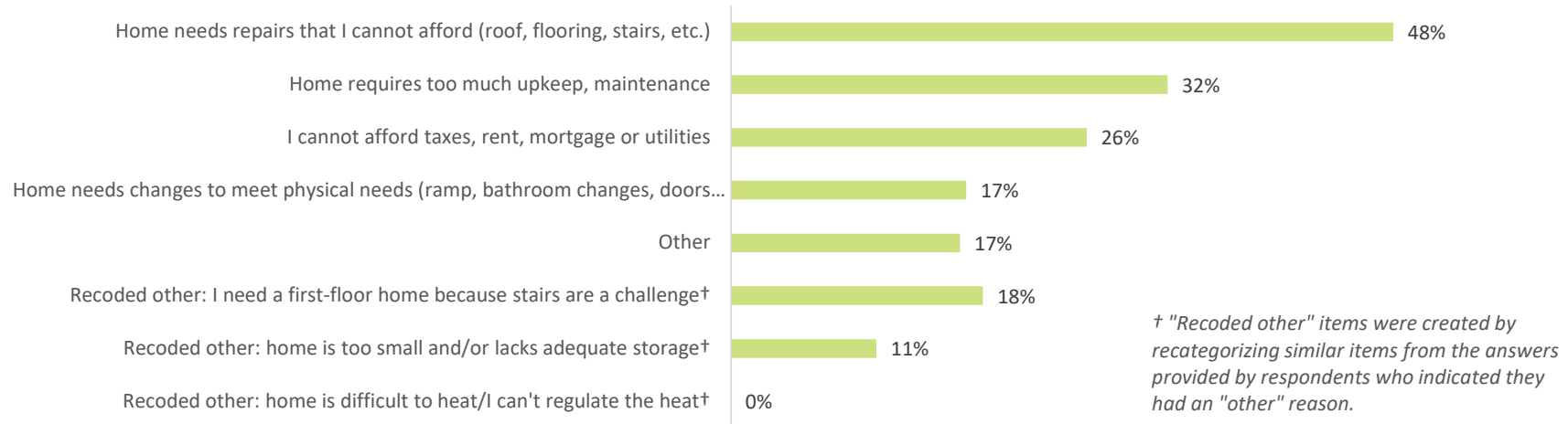


### Does your home meet your current needs? (n=299)

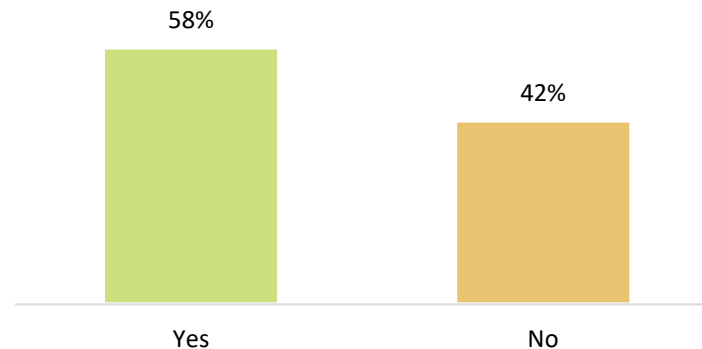


# Housing

## [If your home does not meet your current needs,] why not?\*( n=27)



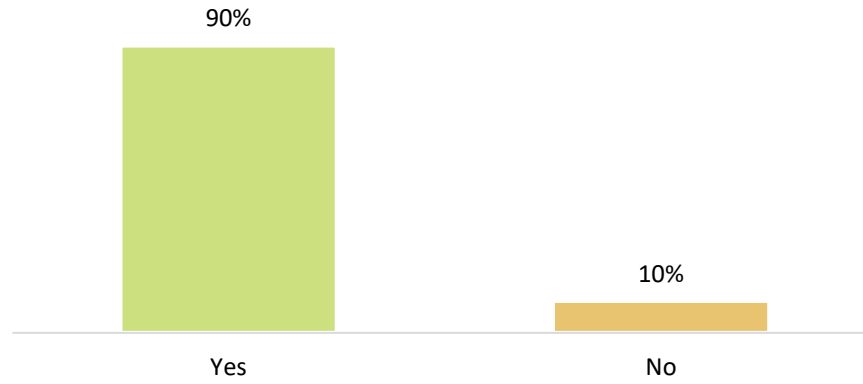
## Are you able to heat your home to a comfortable temperature in the winter? (n=25)



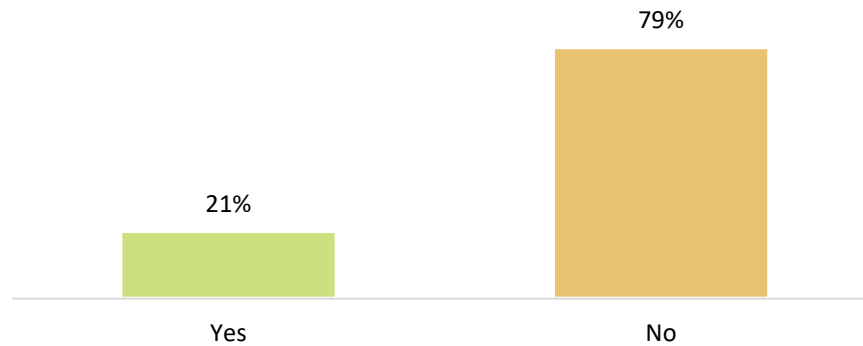
\*Multiple responses allowed

# Food & Nutrition

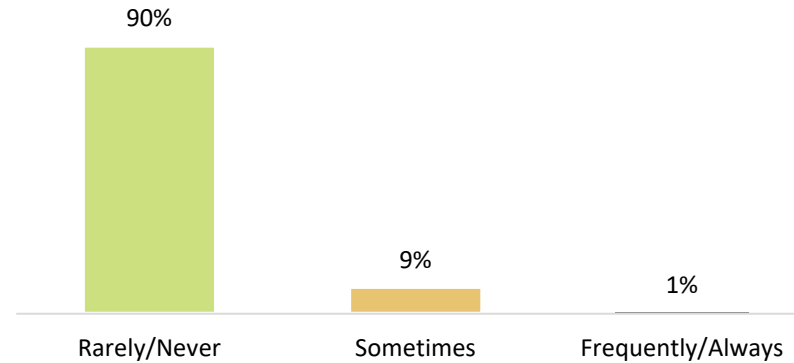
Do you usually have enough money to buy the food you need? (n=302)



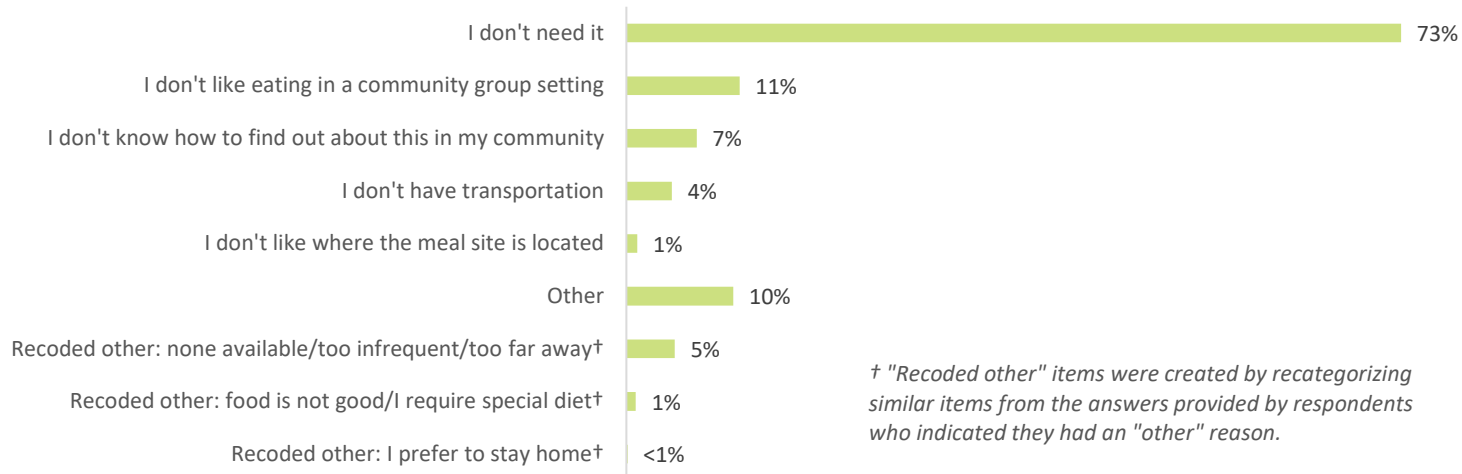
Do you use food pantries or participate in a food assistance program (such as SNAP)? (n=308)



How often do you eat at a community meal site for your main meals? (n=306)



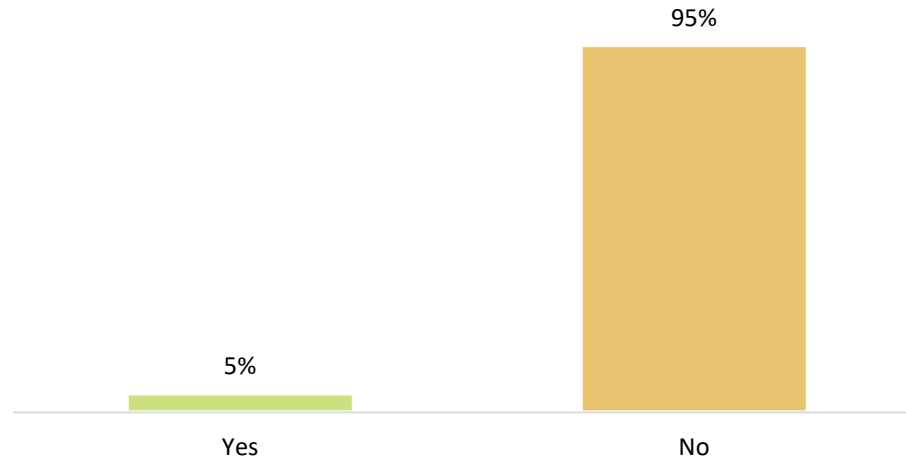
If [you] only rarely or sometimes [eat at a community meal site for your main meals], what is the reason?\* (n=264)



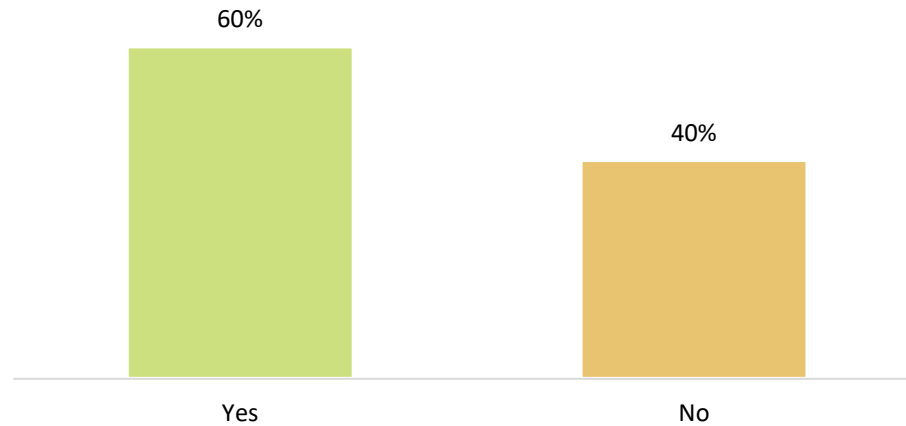
† "Recoded other" items were created by recategorizing similar items from the answers provided by respondents who indicated they had an "other" reason.

\*Multiple responses allowed

Do you have difficulty preparing or cooking your main meals? (n=306)



Are you able to leave home without assistance or considerable effort? (n=14)





Do you participate in a home delivered meal program (Meals on Wheels)? (n=6)

**THERE ARE NOT ENOUGH RESPONSES TO REPORT**

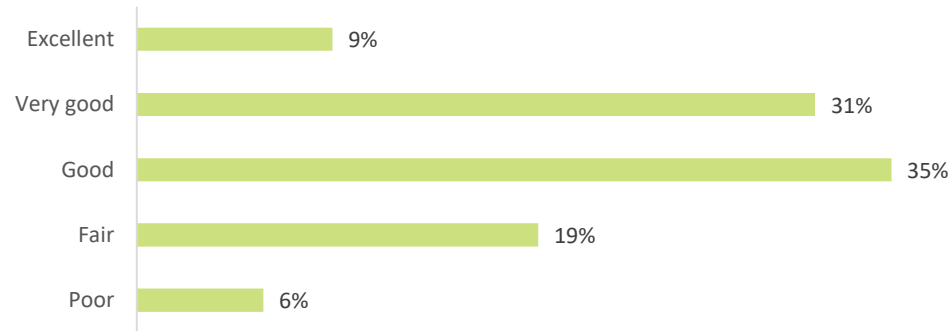
[If you do not participate in a home delivered meal program], why not?\* (n=6)

**THERE ARE NOT ENOUGH RESPONSES TO REPORT**

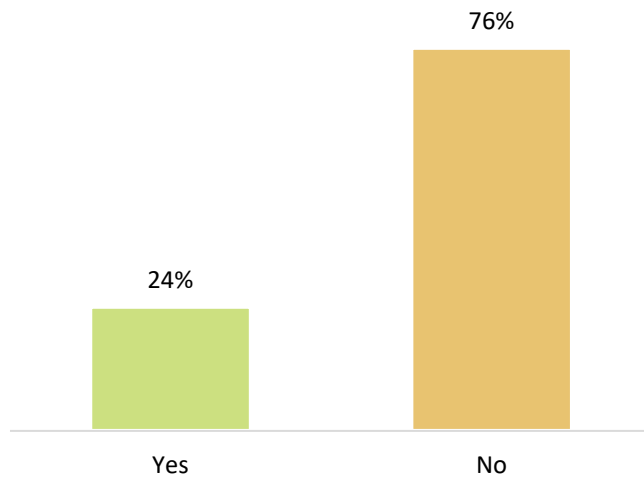
*\*Multiple responses allowed*

# Health Status

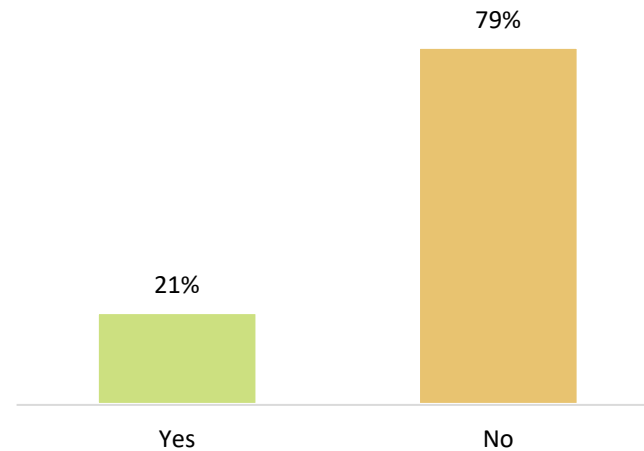
In general, would you say your physical health is: (n=308)



Do you have concerns about your own memory? (n=295)

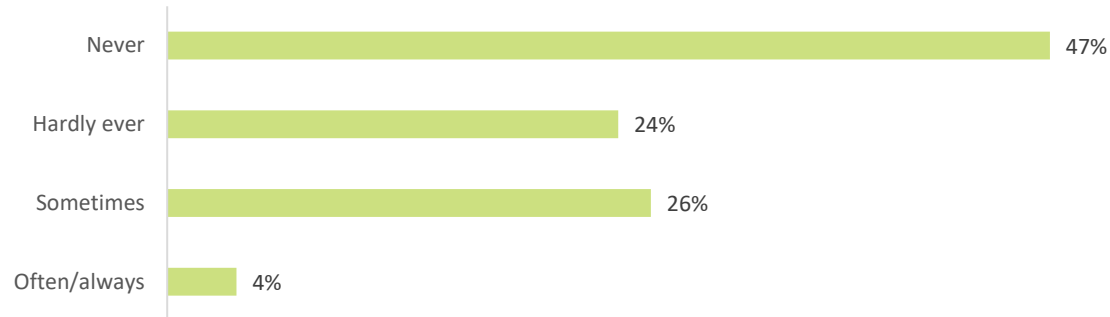


Do you have concerns about the memory of someone you care for? (n=300)

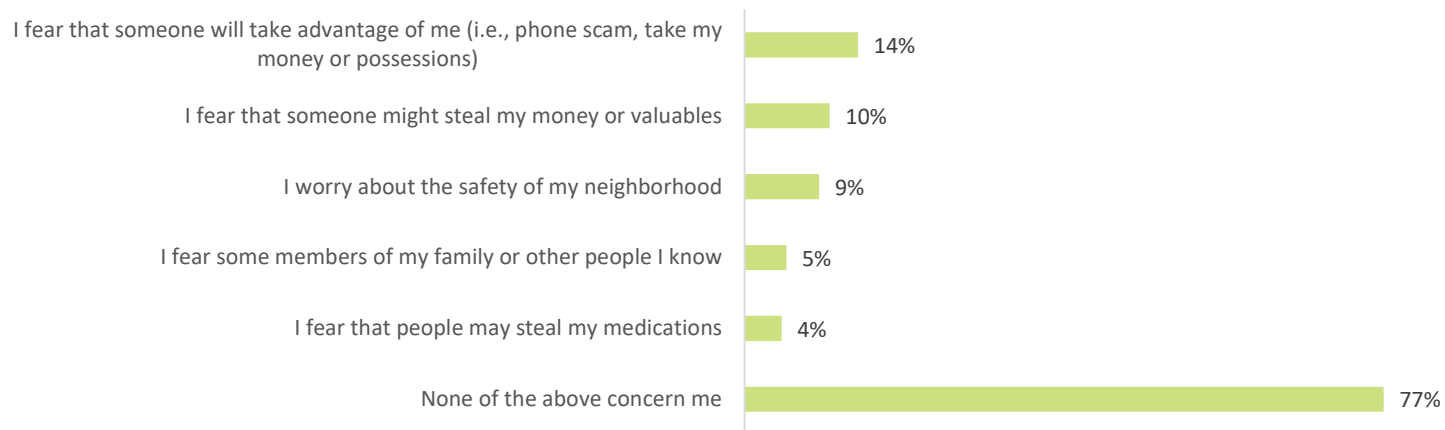


# Health Status

**In the last 6 months, how often have you felt lonely and disconnected from other people? (n=306)**



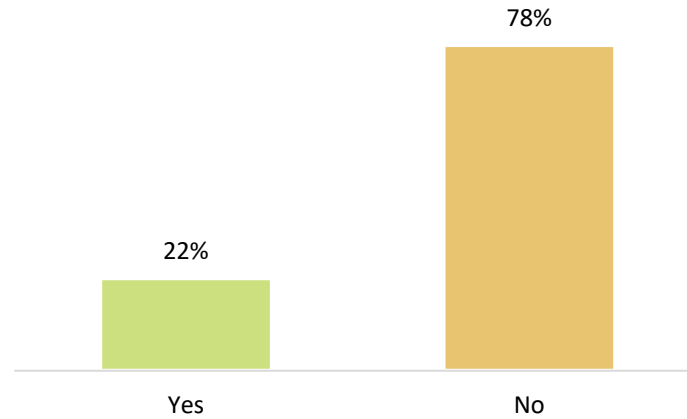
**Please check the statements below that reflect the concerns you have for your personal safety.\* (n=302)**



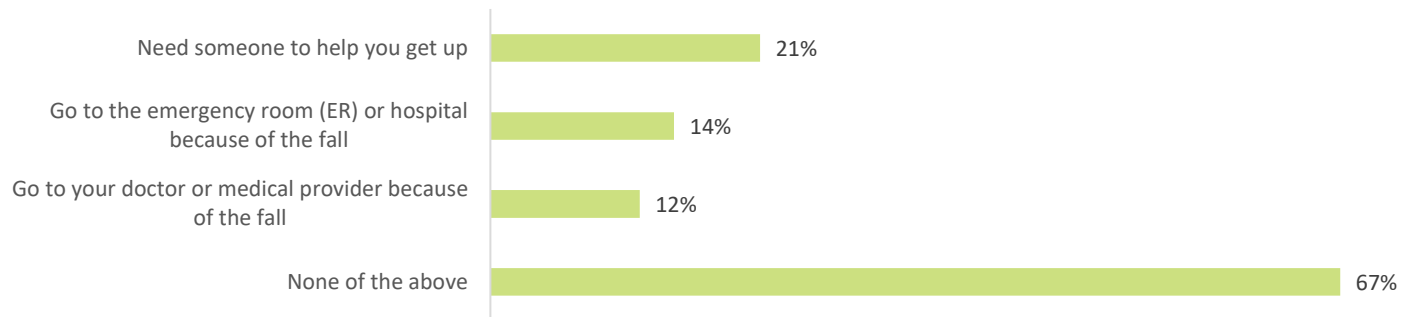
*\*Multiple responses allowed*

# Health Status

Have you fallen in the last 6 months? (n=302)

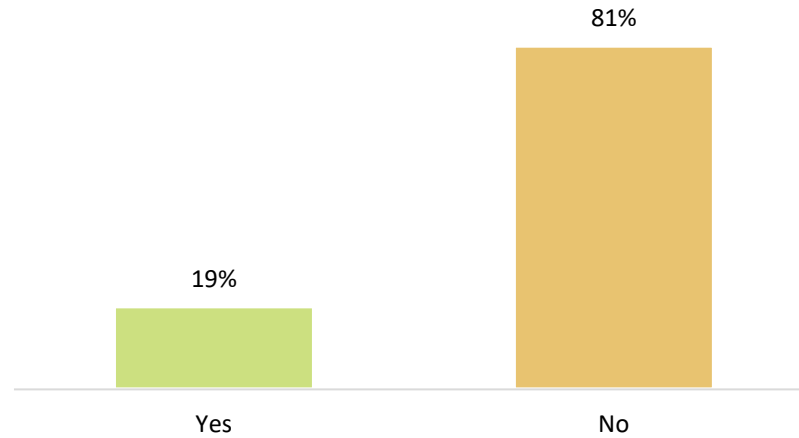


When you fell in the last 6 months, did you have to:\* (n=69)



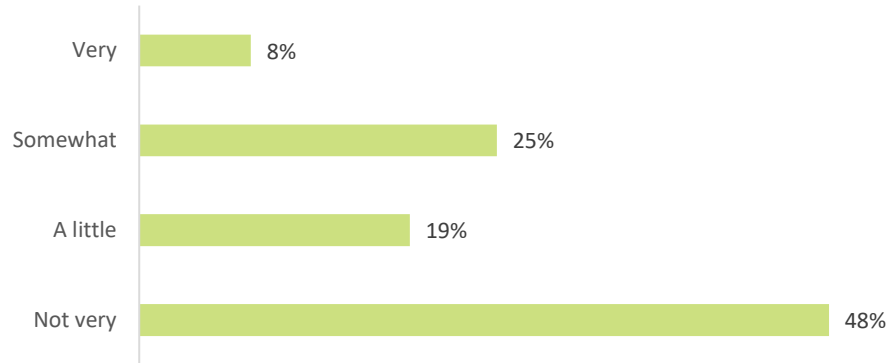
*\*Multiple responses allowed*

Do you have tooth or mouth problems that make it hard for you to eat? (n=306)

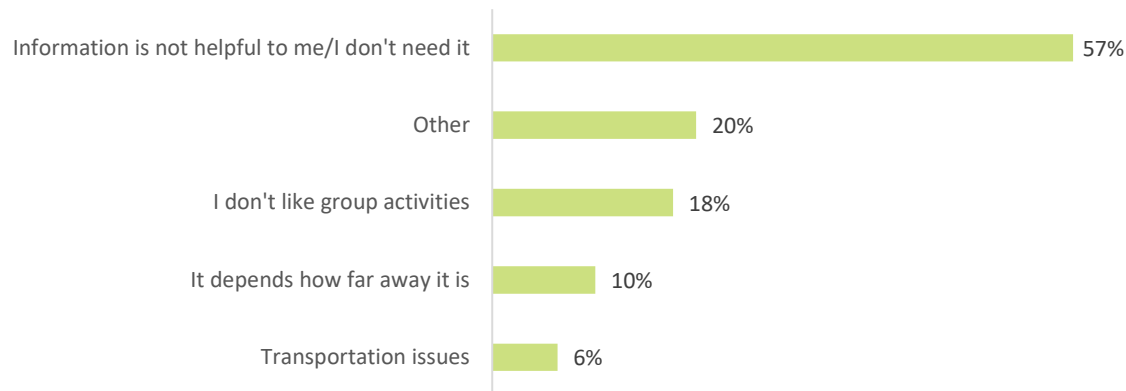


# Health Status

**If free or low-cost workshops or classes were available to you to learn about keeping yourself healthy, how interested would you be in attending? (n=305)**



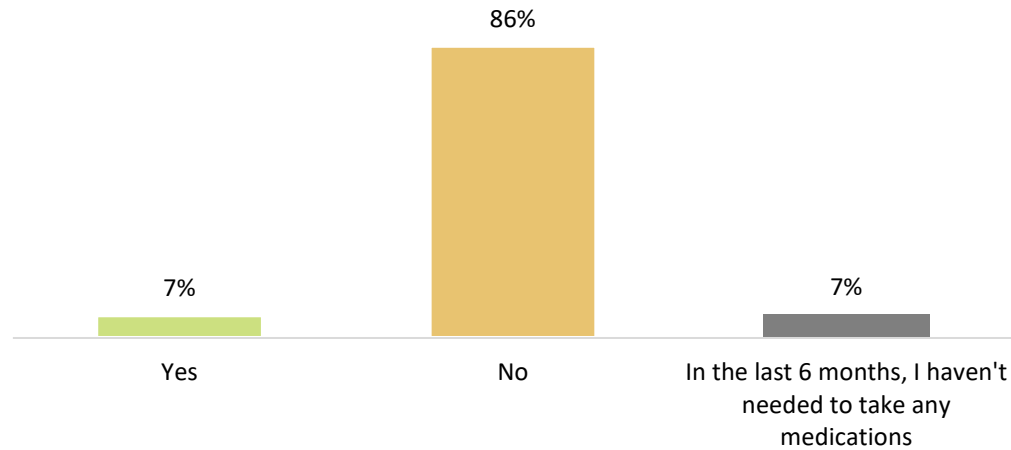
**If a little or not very [interested in attending a workshop], why not?\* (n=175)**



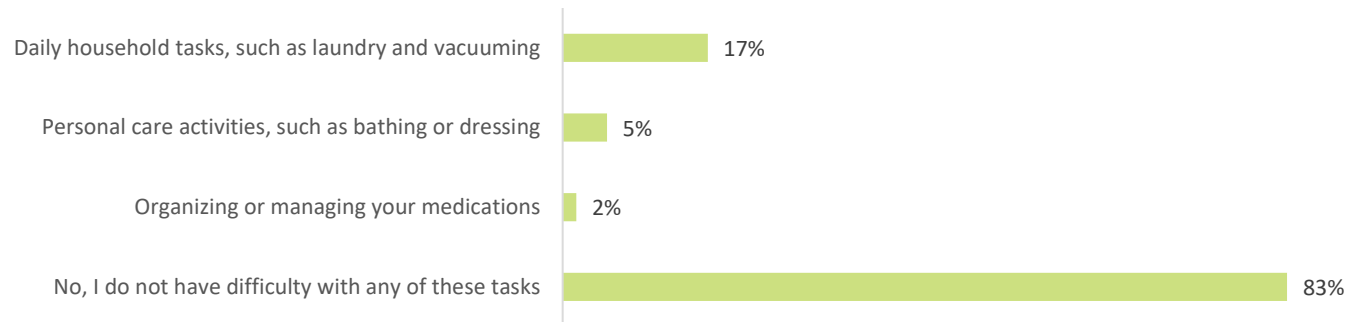
*\*Multiple responses allowed*

# Health Status

In the last 6 months, have you ever gone without your medications because you cannot afford them? (n=308)



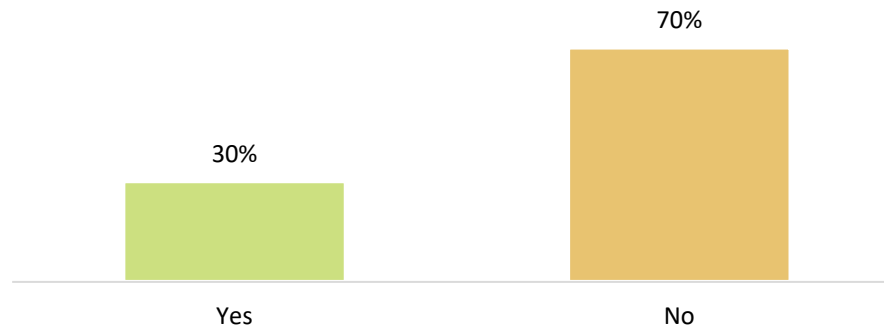
Do you have difficulty doing any of the following on your own? (n=300)



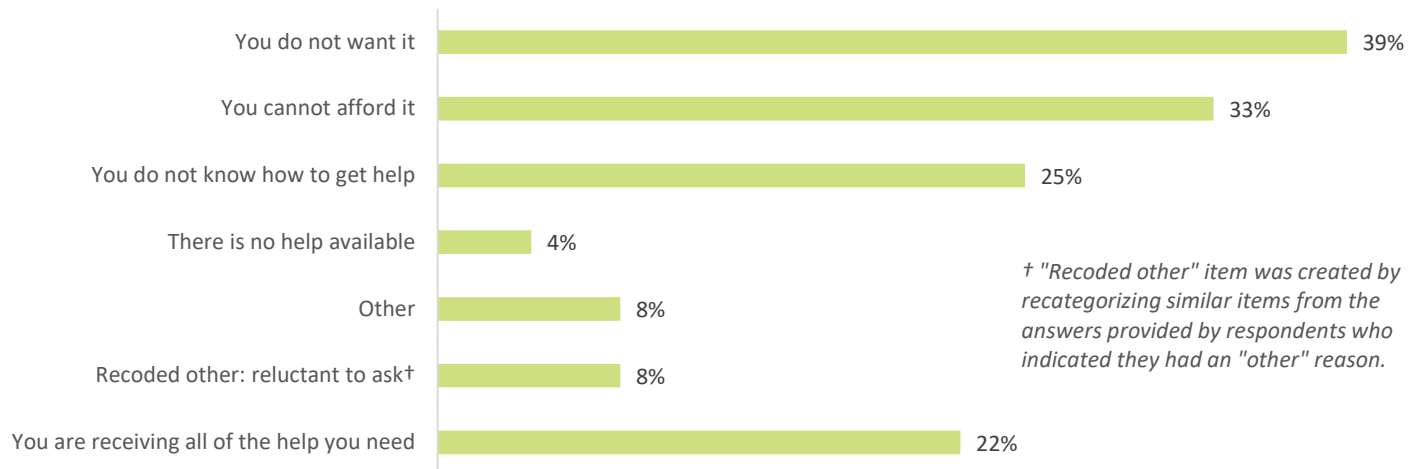
*\*Multiple responses allowed*

# Health Status

Are you currently receiving in-home help with any of those tasks from another person? (n=53)



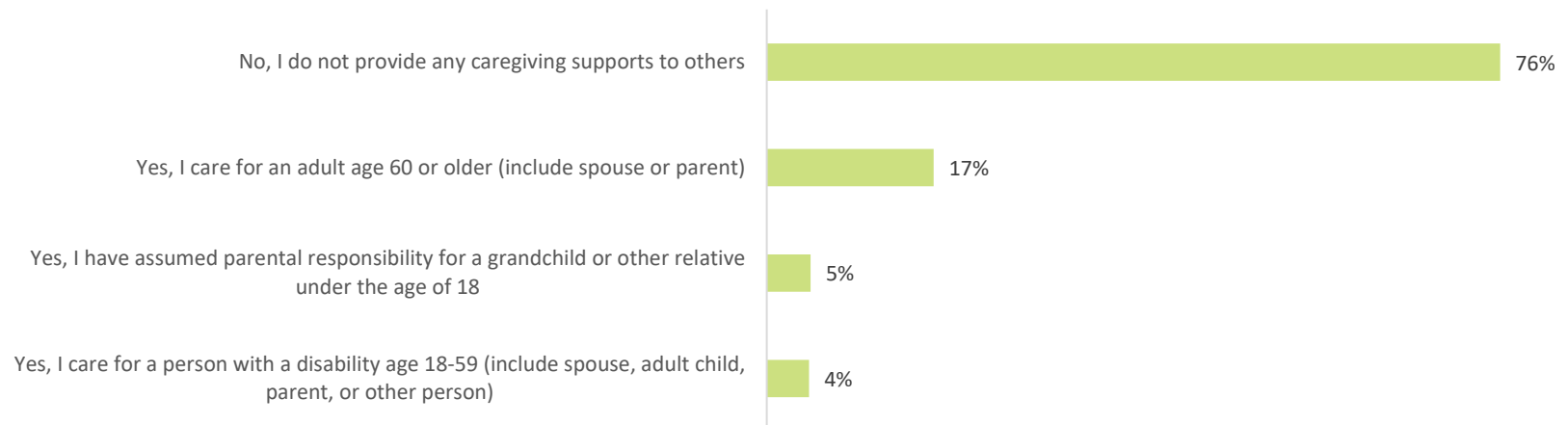
If you are not receiving all the help you need with those tasks, is it because\* (n=31)



\*Multiple responses allowed

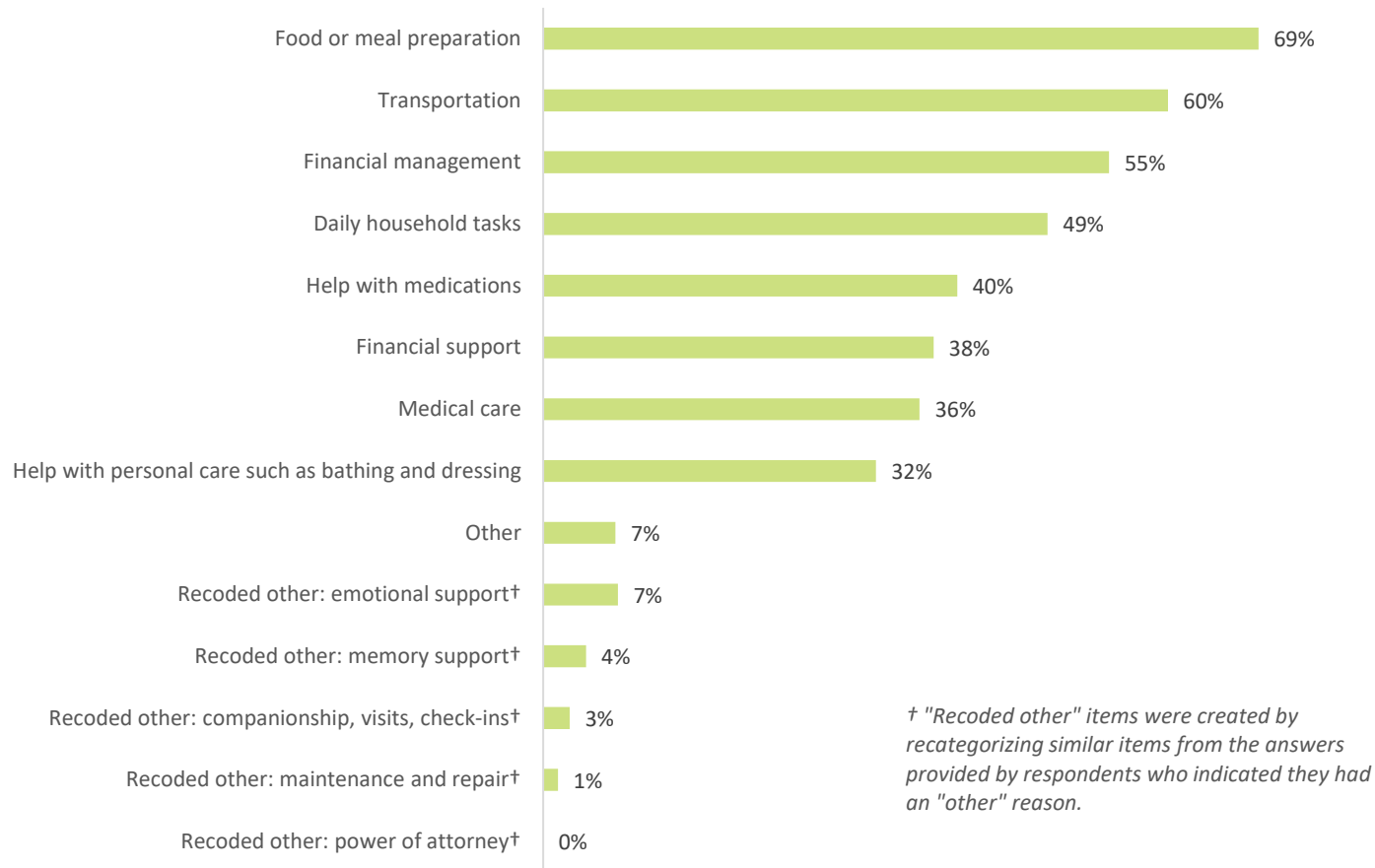


Do you provide help regularly for any of the following individuals?\* (n=297)



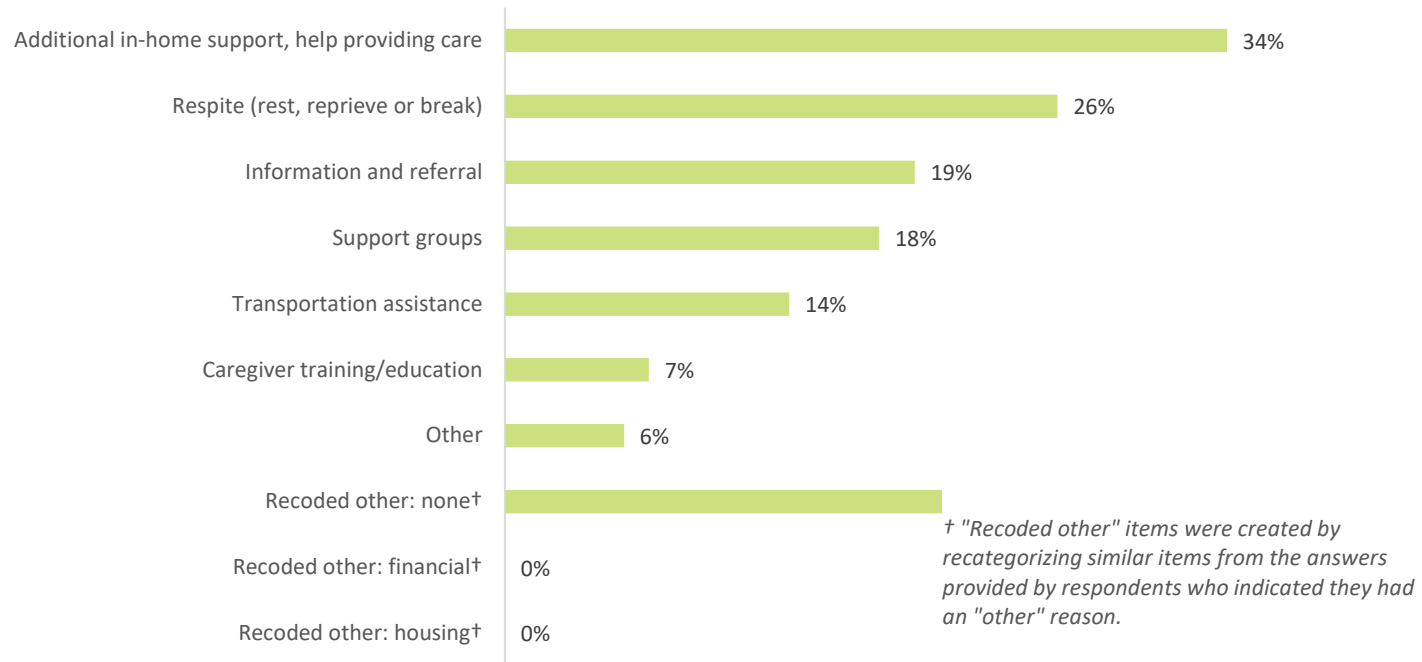
*\*Multiple responses allowed*

### What type of support do you provide to this person/people?\* (n=61)



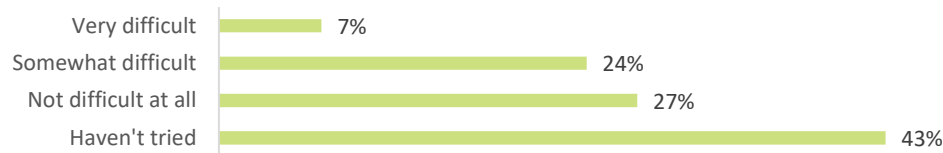
\*Multiple responses allowed

### What are your top needs as a caregiver for this person/people?\* (n=47)

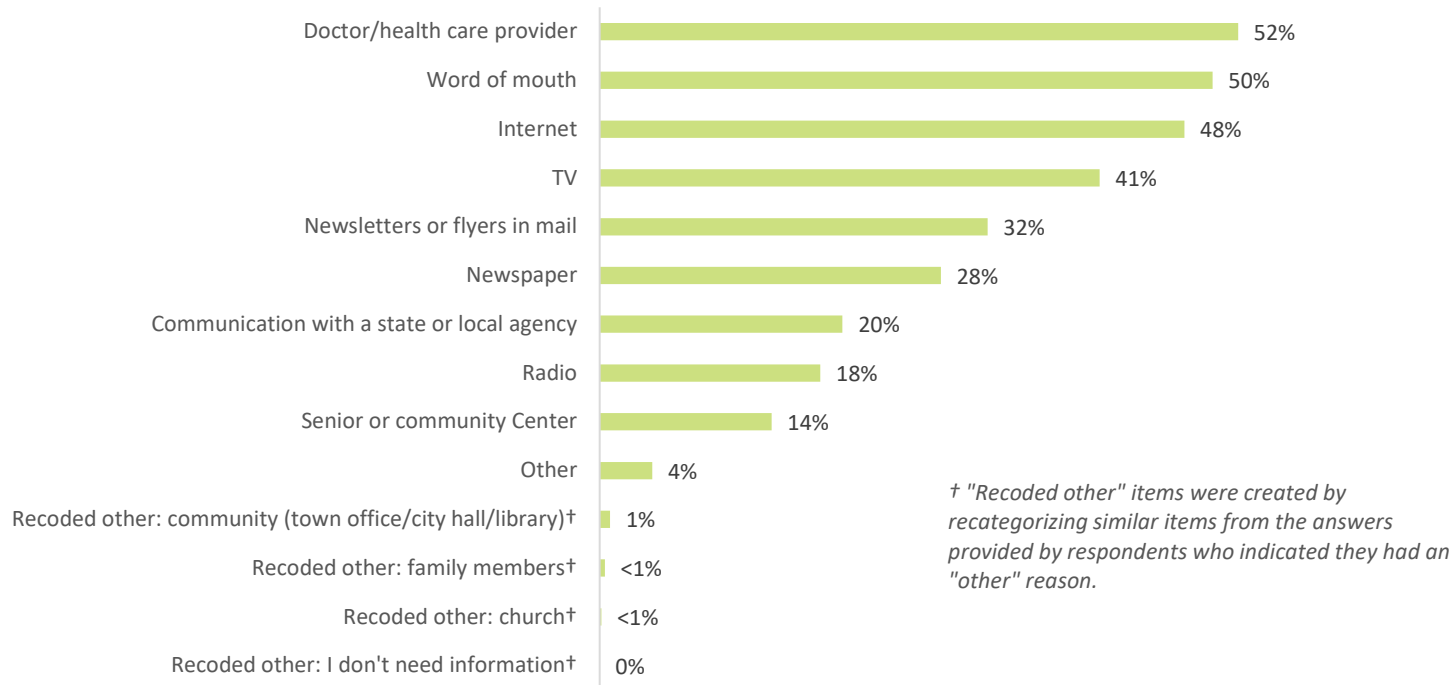


**\*Multiple responses allowed**

### How difficult is it to find information you need about available services and programs for older adults and their caregivers? (n=293)

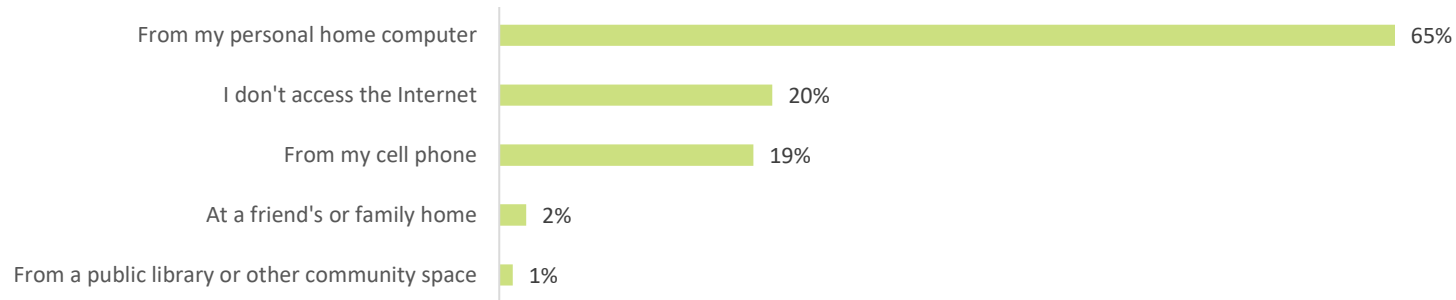


### What are the best ways for you to get information about available services for older adults or caregivers?\* (n=292)

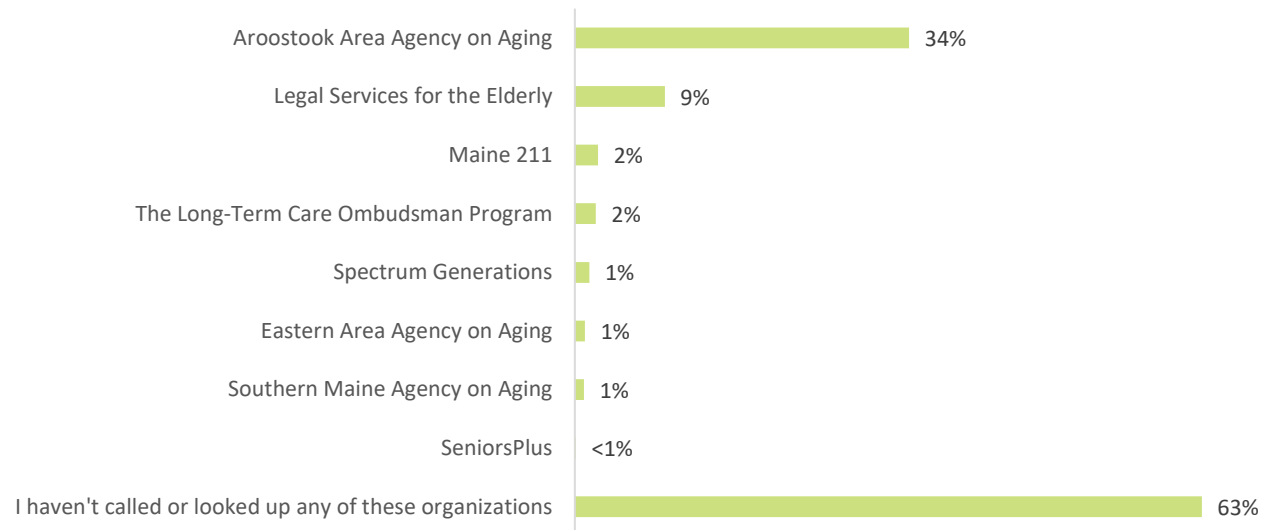


\*Multiple responses allowed

### How do you primarily access the Internet?\* (n=304)

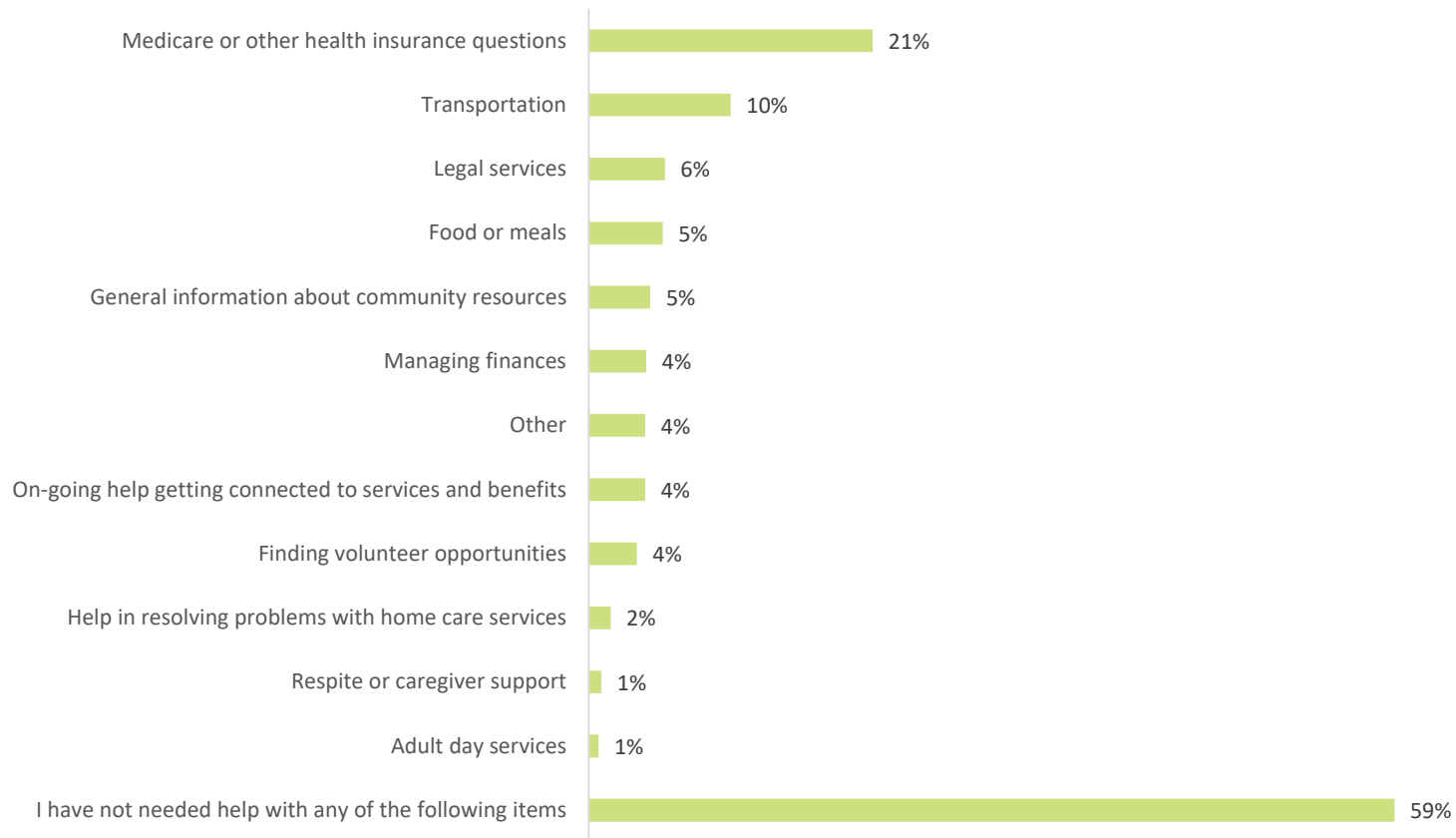


### Have you called any of these organizations or looked them up online?\* (n=298)



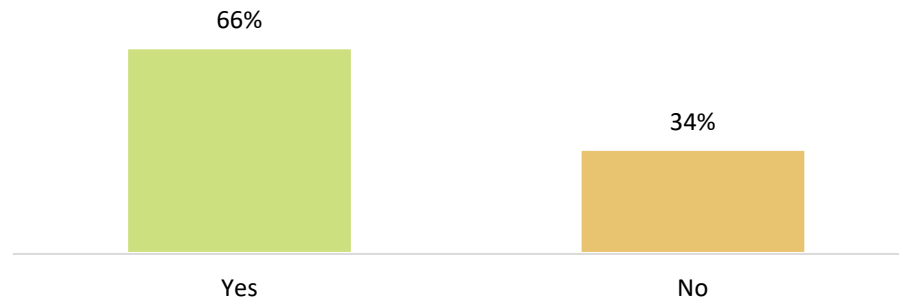
*\*Multiple responses allowed*

**In the last 6 months, have you needed help with any of the following?\*** (n=284)

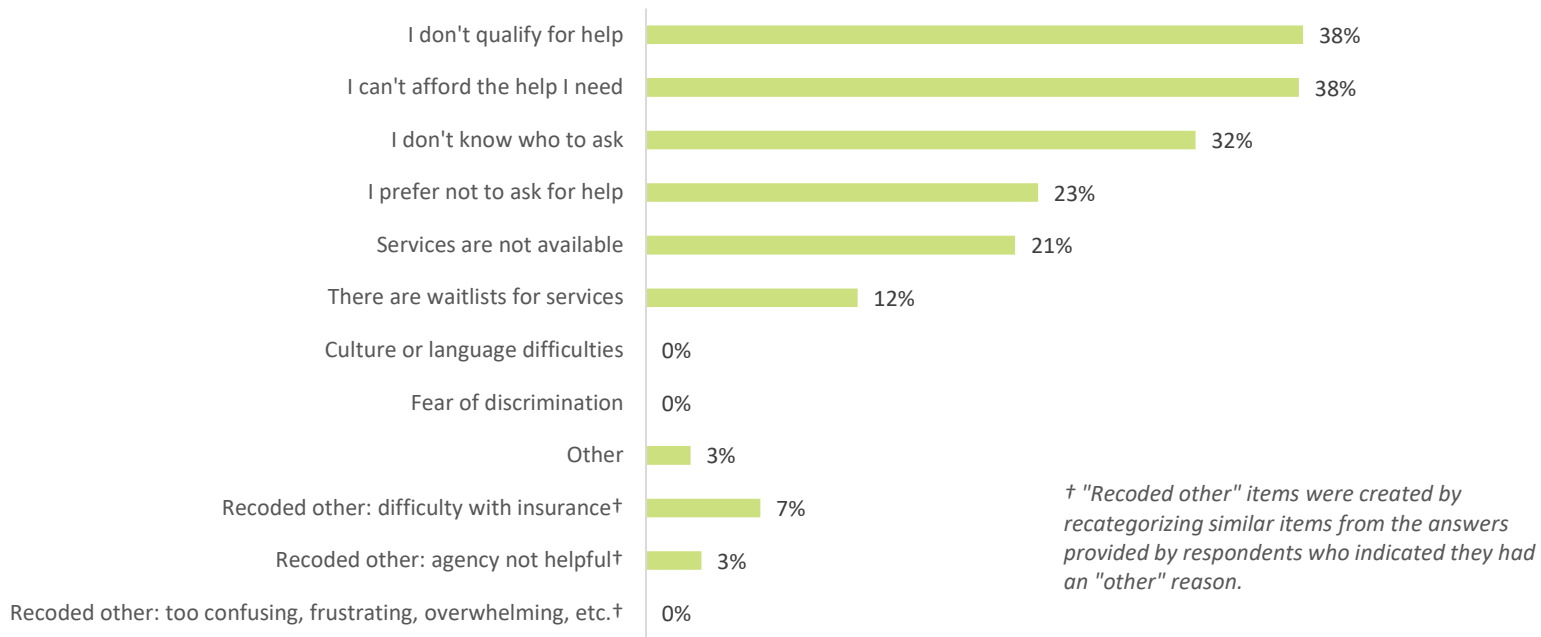


*\*Multiple responses allowed*

### Did you get all the help you needed? (n=117)



### Why [did you not get all the help you needed]?\* (n=42)



\*Multiple responses allowed

How would you rate your community as a place to live for people as they age? (n=301)

