FFY 2026 - 2029
Area Plan

Executive Summary

In 2020 the Federal Decennial Census estimated that Central Massachusetts had a population of 862,111 with 204,518 residents of Worcester County over the age of 60. In the coming years this population is expected to increase significantly, rising from 17.8% of the total population in 2010 to approximately 28% in 2030. This increase is driven by the aging of the baby boomer generation. In addition to the greater number of Older Adults, Senior Connection has seen the provision of services to consumers becoming more complex as their needs are more complicated while many Older Adults also require services for longer than in the past. This shift has led Senior Connection to redesign our planning to ensure that the allocation of Title III Funding from the Older Americans Act is utilized in the most effective manner possible in this new environment and can address the most pressing needs of older adults and caregivers residing in the 61 cities and towns that compose our Planning and Service Area (PSA).

Senior Connections Goals for Federal Fiscal Years 2026 – 2029 include:

- Addressing the housing crisis by advocating on behalf of the need for affordable accessible housing for older adults and their families, funding programs that prove that they are the best equipped to address this challenge, and to work to develop housing on our own. In Worcester there has been a 114% increase in elder homelessness.
- Addressing Social Isolation
- Streamlining how services are provided
- Meeting the needs of Grandfamilies (families in which grandparents serve as the primary caregivers to their grandchildren) who have historically been one of the most overlooked and underserved population needing caregiver support. This population is large and growing. 9.8% of respondees to our Needs Survey conducted in the Fall of 2024 identified as a Grandparent Raising their Grandchildren.
- Ensuring the Evidence Based Health Promotion and Disease Prevention Programming support with title III-D Funding is offered throughout our entire Planning and Service Area.
- Increasing Outreach to Rural Areas through programs such as The Care Express, Senior Connection's Mobile Health and Outreach Clinic.

All of these goals will be incorporated into our Funding Priorities for FFY26-29.

Table of Contents

Senior Connection Inc.
Area Plan FFY2026-2029

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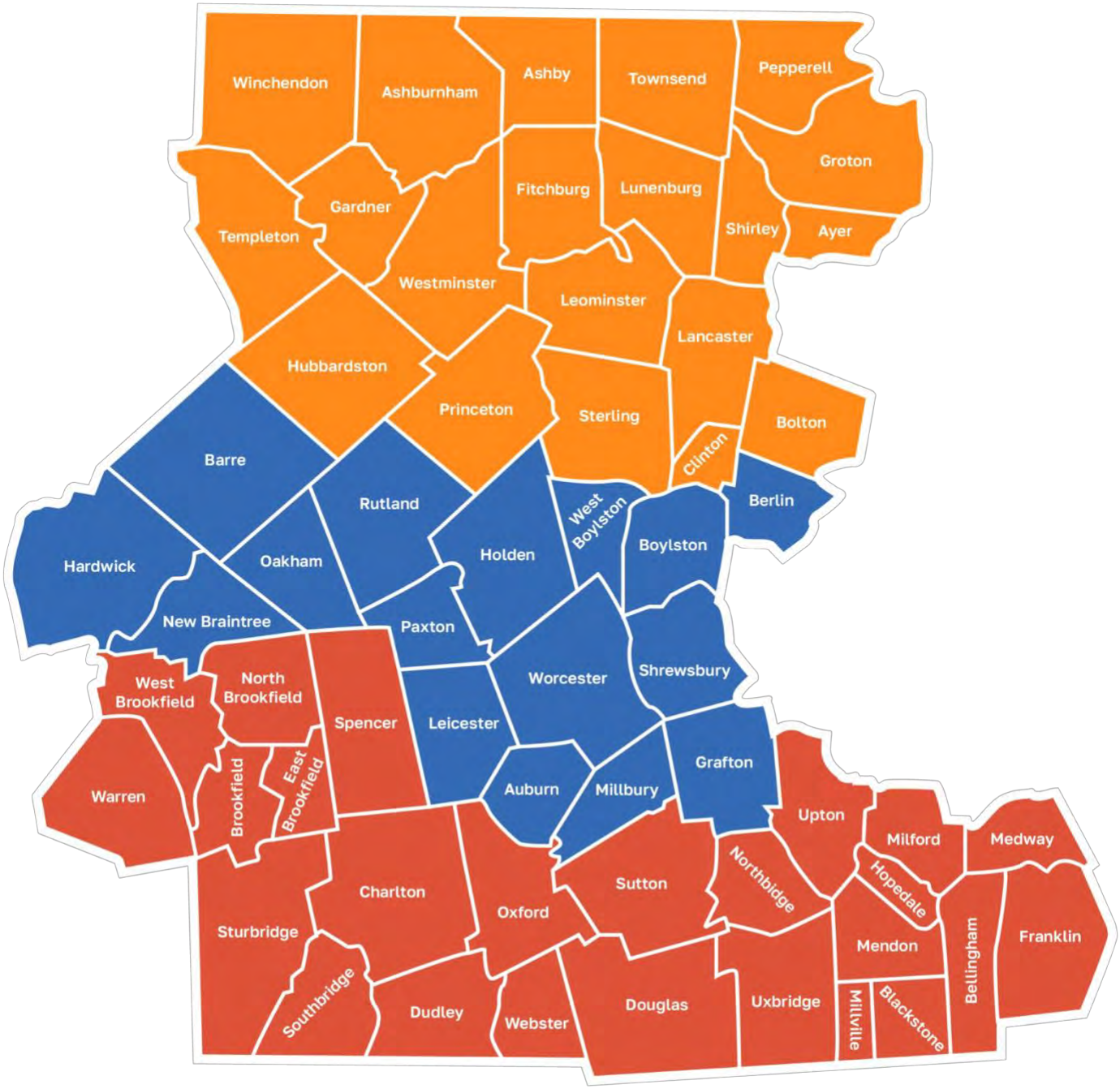


Our Mission

Senior Connection seeks to enhance the quality of life for area older persons and caregivers through Leadership, Resources, Coordination of Services and Advocacy.

Our Vision

We are the area's leader in the planning, development and funding of a comprehensive and coordinated community-based service system throughout our planning and service area. Senior Connection holds a preeminent place in the provision of information online, helping all consumers in leading independent, meaningful and dignified lives in their own homes and communities for as long as possible.

Our Origins

In September of 1974, supported by legislation amending the Older Americans Act of 1965, a new organization was formed to plan and allocate funds under Title III of the Act. This organization, at the time named Region II Area Agency on Aging, had as its mission to bring services to older Americans in the Worcester County region. With offices in Holden and with James M. McNamara of Clinton as the first appointed agency coordinator, Region II Area Agency on Aging began offering an Information and Referral Service to seniors throughout the region's cities and towns.

A more enhanced Information and Referral (I&R) service was established at the Agency in 1985. The Board of Directors, now with 17 members, changed the Agency's name in 1989 to more accurately reflect our planning and service area of sixty-one communities in Central Massachusetts. In 1990, Senior Connection moved its offices to West Boylston.

In the late 1990's, Senior Connection developed an online presence with the launch of the SeniorConnection website. During the 2000s, Senior Connection began to refocus its outreach efforts to use existing technology to its full extent. Expansions to our website and the use of social media have helped bring the agency into the digital world. At the same time, Senior Connection continues to offer information to consumers by phone, email and in person keeping close to our mission. In 2019, Dr. Moses S. Dixon became the President & CEO and in 2020, Senior Connection moved to its current location in Worcester at 330 Southwest Cutoff. We are excited to continue growing and serving our region to support the needs of older adults and caregivers.

SENIOR CONNECTION INC'S PLANNING AND SERVICE AREA COMMUNITIES:

Ashburnham
Ashby
Auburn
Ayer
Barre
Bellingham
Berlin
Blackstone
Bolton
Boylston
Brookfield
Charlton
Clinton
Douglas
Dudley
East Brookfield
Fitchburg
Franklin
Gardner
Grafton
Groton
Hardwick
Holden
Hopedale
Hubbardston
Lancaster
Leicester
Leominster
Lunenburg
Medway
Mendon
Milford
Millbury
Millville
New Braintree
North Brookfield
Northbridge
Oakham
Oxford
Paxton
Pepperell
Princeton
Rutland
Shirley
Shrewsbury
Southbridge
Spencer
Sterling
Sturbridge
Sutton
Templeton
Townsend
Upton
Uxbridge
Warren
Webster
West Boylston
West Brookfield
Westminster
Winchendon
Worcester

FFY 2026-2029 Title III Funding Priorities

Title III of the Older American's Act is the source of much of the funding for the Senior Connection. The goal of Senior Connection is to address the most critical needs of elders throughout the region. These funds allow us to achieve this end by working through service providers. Generally, preference will be given to applicants who are locally-based providers, with collaborative proposals and to those that intend to serve the entire planning and service area.

As a Stand- Alone AAA, Senior Connection has historically partnered with organizations who have demonstrated that they have the capacity to address the needs in our Planning and Service Area that were documented in our most recent Needs Assessment. That said, there have been times when we were the most capable organization to meet at need thus, we reserve the right to retain funding in cases were we are the most capable organization to provide a service. During the Needs Assessment if 2024 Senior Connection identified several Funding Priorities for FFY 2026-2029.

Title III-B – Supportive Services

Access for Elders

Outreach and Interpretation programs targeting one or more of the following groups: minority and/or non-English speaking populations, rural, low-income, disabled, Native Americans, the LGBT+ community, and Alzheimer's patients and their caregivers. Proposals should address areas and/or populations that are demonstrably without services, or are underserved.

Transportation in areas where significant unmet need is clearly demonstrated. Proposals should include service to residents in more than one community whose residents would otherwise not have access to medical transportation and/or escorted transportation where necessary to access health care. Programs that provide transportation to recreational facilities that can reduce social isolation will be considered as well. The vehicles that will be utilized by the program must have appropriate Safety Features such as handrails.

Crisis Intervention
Short term intensive counseling or problem solving assistance to help seniors deal with crisis situations.

Emergency Home Repair
Repair and maintenance services for elders within the entire Senior Connection's Planning and Service Area who are at risk from health and safety hazards or at risk of being homeless. Grant funds will be limited to providing the skilled labor required to make needed repairs and modifications with the expectation that homeowners or other resources will provide any required materials.

Legal Services (mandated)
Includes help in obtaining or restoring public benefits, guardianship services, resolving housing problems or other appropriate concerns.

Long Term Ombudsman (mandated)

Volunteers and stipend staff serving nursing home residents by investigating and resolving complaints made by the residents, or on their behalf. Senior Connection will increase staff and volunteers between FFY26-29. In order to this we will follow the same precedents that we have followed in prior federal fiscal years to supplement this program within the Older Americans Act Funding.

Technology – Programs that can provide technology and technological training to seniors that can reduce social isolation and increase access to information, programming, and services.

The Legal Kiosk (LK) - The Legal Kiosk is offered on Care Express Mobile Unit and is also available at Senior Connection's Worcester office, virtually via a secure Zoom link shared with clients and partners, and at community-based locations upon request. This multi-access model increases our service reach and ensures the Legal Kiosk remains an equitable and flexible legal support tool for older adults across Central Massachusetts. While the Legal Kiosk does not provide formal legal representation, it serves as a vital "bridge service" for many consumers, particularly low-income and limited English proficient older adults, who often only need assistance understanding and completing legal paperwork. The availability of this support in real time helps resolve issues efficiently and can prevent the need for escalation or formal legal proceedings. The Legal Kiosk was developed by Western New England University's School of Law.

III-C – Nutrition Services

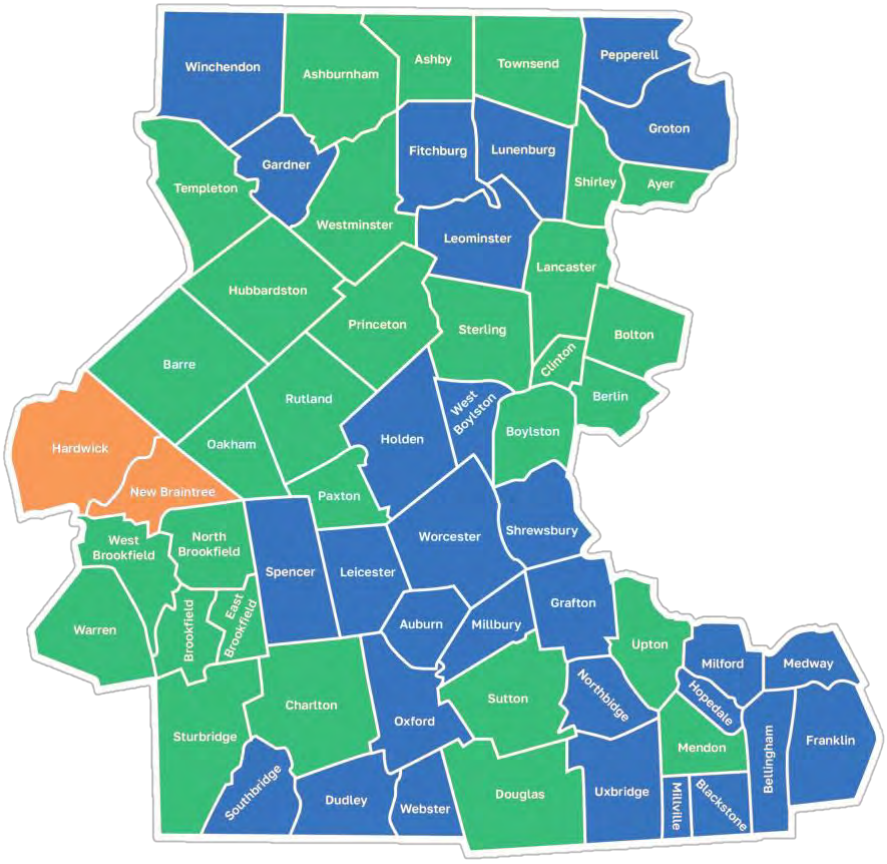
Regional congregate and home delivered meal services. Projects must meet federal regulations governing Nutrition Programs. Senior Connection recognizes the importance of culturally competent meals and will continue to be an advocate for them.

III-D - Disease Prevention and Health Promotion Services

Programs may focus on the prevention and mitigation of the effects of chronic disease (including osteoporosis, hypertension, obesity, diabetes, and cardiovascular disease), alcohol and substance abuse reduction, smoking cessation, weight loss and control, stress management, falls prevention, physical activity, improved nutrition and related health screenings. Further, program designs should be demonstrated through evaluation to be effective for improving the health and well-being or reducing disease, disability and/or injury among older adults and service should be provided by community-based organizations employing appropriately credentialed practitioners. Eligible programs must adhere to the Administration for Community Living's definition of "Evidence Based".

Rural Outreach

15% of Senior Connections Planning and Service Area (PSA) has a population below 5,000 while 22% has a population of under 6,000.



Worcester Rural Definition

	Rural Level 1
	Rural Level 2
	Urban

Adapted from the Massachusetts Rural Cities and Towns Map from https://www.mass.gov/doc/massachusetts-rural-towns-map/download

Due to geographic realities, rural communitas often face barriers to accessing services that suburban and urban populations to do not. For example, The National Institute for Health Care Management (NIHCM) Foundation estimates that 80% of rural communities are medically underserved.

To address these realities Senior Connection will increase rural outreach in FFY26-29 which will include increased engagement with rural Councils on Aging and the deployment of the Care Express to these communities. The Care Express is our Mobile Health and Outreach Clinic. It is designed to provide medical, vision, and dental screenings and referrals as well as connecting consumers with other crucial services such a registration for services and legal services.

Indigenous Outreach

Senior Connection has a Memorandum of Understanding (MOU) that established a collaborative partnership between Senior Connection, Inc. and the Pocasset Pokanoket Land Trust (PPLT), a tribally led nonprofit dedicated to preserving Indigenous culture and supporting Native communities in the Northeast. The purpose of this partnership is to jointly implement the Caring for the Circle initiative, which supports Native American elders through wellness programming, service access, nutrition, and caregiver support, all rooted in cultural traditions.

Emergency Protocols

In terms of emergency management hierarchy/coordination, Senior Connection will comply with the guidance in the annual letter from AGE instructing AAA Directors on how to contact and coordinate emergency response efforts with AGE in the event of emergencies affecting services to consumers as well as any further guidance issues by State and Federal authorities. We already discuss emergency plans as part of our annual monitoring visits with grantees but going forward will meet annually with the ASAPs to ensure that we are able to coordinate a fast and effective response to deliver crucial services in the event of an emergency. Senior Connection will relay State and Federal Guidance to all our partners during an emergency and are equipped to host virtual meetings to coordinate an appropriate response. We will also request and review the COOP plans from our partners annually. All agencies will be responsible for delivering the Services that they are contracted to provide. Senior Connection will verify that these services are delivered and, in the event that they are not, will take appropriate action. During Lockdown, Senior Connection and our partners were able to meet virtually on a regular basis. We would follow this model again in the event of an emergency. Please refer to Attachment B Section 9 for additional information

Legal Services

Senior Connection will continue our partnership with Community Legal Aid (CLA). CLA's data shows that Housing is the largest issue that drives the need for Legal Services amongst the consumers of its Elder Justice Program. Of the 389 cases that Community Legal Aid's Elder Justice Program closed in Federal Fiscal Year 2024, 243 pertained to housing. Based upon the current economic climate it is reasonable to believe that housing will continue to be a major issue that needs to be addressed via Legal Services. It is also not unreasonable to believe that access to benefits will become a much bigger issue between Federal Fiscal Years 2026 and 2029.

In addition to our partnerships with Community Legal Aid, we will Improve Access to Alternate Legal Services via the Legal Kiosk which is offered on the Care Express (our Mobile Health and Outreach Clinic) and is also available at Senior Connection's Worcester office, virtually via a secure Zoom link shared with clients and partners, and at community-based locations upon request. The Legal Kiosk was developed by Western New England University School of Law and provides legal information and guided access to resources, not legal advice, limited representation, or representation in court. It connects consumers to legal documents, educational materials, and public benefits applications. However, our program goes a step further: an attorney is available via Zoom to provide real-time support for document completion and claims preparation. While the Legal Kiosk does not provide formal legal representation, it serves as a vital "bridge service" for many consumers, particularly low-income and limited English proficient older adults, who often only need assistance understanding and completing legal paperwork. The availability of this support in real time helps resolve issues efficiently and can prevent the need for escalation or formal legal proceedings. This multi-access model increases our service reach and ensures the Legal Kiosk remains an equitable and flexible

legal support tool for older adults across Central Massachusetts. This innovative approach is fully aligned with the Title III-B requirements outlined in Massachusetts Area Plan on Aging 2026-2029. It directly supports the legal needs of targeted populations, including low-income, limited English proficient (LEP), socially isolated, and rural older adults, groups identified as high-priority under the Older Americans Act. It contributes to fulfilling the required minimum 9% allocation for legal assistance, while advancing the development of a coordinated and community-based legal support infrastructure. Most importantly, the Legal Kiosk model provides a flexible and equitable response to the diverse legal needs faced by older adults throughout our service region. The Legal Kiosk has access to Senior Connection's Language Line in the event that the consumer is Limited English Proficient. It is also being set up to accommodate users with visual and hearing impairments. The Legal Kiosk is also set up to assist with filing for Guardianship which is important for the Grandparents Raising Grandkids Resource Center. It can also serve as a forum to provide Digital Literacy Trainings while the Care Express and Senior Connection's Outreah staff can help distribute hotspots and other devices that can used to improve access to services and reduce social isolation.

Senor Connection Actions and Programming

Central Massachusetts Family Caregiver Support Program

The Central Massachusetts Family Caregiver Support Program is funded under Title IIIE of the Older Americans Act. It empowers elders, caregivers and professionals by providing information, education, support, Senior Connection has a Memorandum of Understanding (MOU) that established a collaborative partnership between Senior Connection, Inc. and the Pocasset Pokanoket Land Trust (PPLT), a tribally led nonprofit dedicated to preserving Indigenous culture and supporting Native communities in the Northeast. The purpose of this partnership is to jointly implement the Caring for the Circle initiative, which supports Native American elders through wellness programming, service access, nutrition, and caregiver support, all rooted in cultural traditions.
and services that enhance quality of life. This program was initiated in an effort to help individuals manage the enormous personal, social, and economic challenges of caring for an elderly parent, relative, or friend. It is a cooperative effort of Senior Connection Inc, Aging Services of North Central Massachusetts, Elder Services of Worcester Area, Inc., and Tri-Valley Elder Services, Inc. designed to bring care for seniors and caregivers to a new level in the 61 cities and towns of Central Massachusetts.

Senior Connection Inc. and its partners share responsibility for:

- **The Caregiver's Guide** which offers concise information and comprehensive community resources to people who are caring for an elderly parent or relative. A Spanish language version of this publication is available.
- **Information and Referral** about local and long-distance caregiving, available services, community resources and local programs.

Grandparents Raising Grandkids Resource Center

Due to the increase in grandfamilies in Central Massachusetts, Senior Connection operates a Grandparents Raising Grandkids Resources Center (GRGRC). These grandfamilies have been historically overlooked and underserved. The GRGRC is a nationally recognized program that serves as a one-stop-shop to connect grandfamilies with the resources that they need to thrive. The program employs specially trained and certified community health workers who go out into the community to find and assist grandfamilies. 9.8% of the Needs Survey Respondees self-identified as grandparents who are raising their grandchildren so clearly there is a great need within this population.

In addition to providing Information and Referral and unregistered services to hundreds of Grandfamilies (families in which grandparents service as the primary caregivers of their grandchildren), the GRGRC serves over 100 Grandfamilies each year on an ongoing basis connecting them with referrals to culturally appropriate mental and behavioral healthcare, resources to reduce food insecurity and other financial hardships, afterschool and summer programming for the grandchildren (which also provides Respite for the Grandparents), and other crucial services that these families need to thrive. The GRGRC also can make referrals to assist the grandparents with gaining legal custody of their grandchildren so that they can maximize the number of services for which they are eligible. We are also constructing a Housing Project for the most underserved Grandfamilies in our Planning and Service Area. In addition to providing a safe, affordable, and accessible place to live the GRGRC will be housed on the site providing trauma-informed support on the premises as well as services such as workforce development and job training. By working with the schools and our community-based partners, the GRGRC is able to put Grandfamilies residing in Central Massachusetts in a context where they can thrive.

The feedback form this program has been positive:

"Grandparents Raising Grandkids has been a blessing to me and my family. They have helped me through tough times, food as well as support. I really appreciate this program and the comfort it has provided me."

Marcy

Grandparent

"You have made my life so much better and less stressful worrying about paying the mortgages and buying food. I am so grateful. Also thank you so much for the beautiful gift for my granddaughter. Thank you for the food cards, and the food bags, it is deeply appreciated."

Shirley

Grandparent

"This time of year gets very difficult financially. And now being able to put together a Christmas dinner for my family is just one less thing that I have to worry about! I am incredibly grateful for you and this program. Thanks again!"

Shayla

Grandparent

"The sense of belonging and camaraderie among participants is truly heartwarming. I have witnessed firsthand the difference this program has made in the lives of those it serves. The dedication and compassion of the organizers, coupled with the valuable resources offered, contribute significantly to the well-being of the families involved. It is initiatives like these that strengthen communities and create lasting positive change. Thank you." unregistered services

Naomi

Grandparent

"Becoming a caregiver for another child is hard but with the help of your team it made the transition a little easier with the help from food pantry to gift cards to emotional support offered. This isn't an income-based program so just because you make enough to get by sometimes it may not be enough for food or clothing or daily essentials. Don't be afraid to reach out you may be one email or phone call away from getting the little bit of help you need just to get by. Thank your team again and I hope this helps others to find the courage to look for assistance."

Steven

Grandparent

The GRGRC also aligns with State and Federal Initiatives such as the Massachusetts Kinship Navigator Program, Federal Supporting Grandparents Raising Grandchildren Act, and The RIZE Foundation (which funds opioid-related GRG programming).

The three collaborating ASAPs also focus on providing:

- **Elder Care Advisors** who are professionally trained to provide free in-home assessments; information and recommendations; connections to ongoing support & services and provide educational resources tailored to the specific needs of the elder or caregiver.
- **One-on-one assistance** to assess needs, identify options and gain access to community-based services.
- **Training, support and counseling** such as caregiver support groups and training to assist caregivers in making decisions, solving problems and managing stress.
- **Caregiver Service Scholarships** for temporary relief services through in-home respite care, adult day care or emergency respite, or other one time needs that arise.

Community Outreach and Education

One of the functions of an Area Agency on Aging is to assure the availability of Information and Assistance services for the planning and service area. Senior Connection's Community Outreach and Education Department provides comprehensive state of the art Information and Assistance. Specially trained Information and Referral Specialists are knowledgeable about all of the resources available to elders and caregivers throughout the 61 cities and towns in the Central Massachusetts region. We assist consumers in identifying their needs and then research potential referrals from which they may choose to address their problem. Senior Connection also makes referrals to our ADRC partners. We also make referrals to Area Agencies on Aging around the country. We participate in problem-solving with individual agencies and serve as brokers between successful elder and caregiver service providers and those seeking assistance.

Health Fair and Community Education events offer Senior Connection the opportunity to carry clarifying information about the complicated aging and caregivers networks out into the community. Whether a small presentation to 5 people or a large event for over 500 people, each opportunity is important to potentially change our consumers' lives by offering them skills or information.

Senior Connection elder and caregiver support services information is available through our online presence at www.seniorconnection.org. The website is regularly revised to better provide support services to seniors, caregivers and professionals.

In addition to our website, Senior Connections has a presence on Facebook, Instagram, YouTube, Linkedin, and X as well as sending out monthly newsletters. The links to these are accessible at www.seniorconnection.org.

Advocacy

Advocacy efforts at Senior Connection link to the community in a variety of ways.

- Senior Connection's staff provides information concerning the elder population of Central Massachusetts and their caregivers to legislators, local government officials, local media and the general public. Through these publicity efforts Senior Connection helps to increase awareness of elder issues and encourage actions to address identified needs.

- Senior Connection's staff advocate on behalf of individuals who are not able to do so for themselves. The necessity of performing such advocacy is determined on a case by case basis.

- Senior Connection's staff are participants with a variety of community organizations including:
  - Leading the Initiative to get Worcester designated as "Age Friendly"
  - Dementia Friendly Worcester Initiative
  - The Coalition for a Healthy Greater Worcester
  - Central Mass Regional Planning Commission Elders and Transit Group
  - Worcester LGBT Elder Network
  - Local Community Health Network Areas (CHNAs)
  - Worcester County Elder Abuse Prevention Roundtable

Through this participation and other activities, elder needs and issues are highlighted to a broader public.

Quality Management

Senior Connection focuses on assuring the quality of services provided under the Older Americans Act. Depending on the characteristics of the service being delivered, a variety of methods must be employed to measure program effectiveness.

For those programs having readily measurable outcomes, such as legal assistance, crisis intervention and money management, outcome data on successful case resolution and improved financial status are routinely collected.

Quality assessment for other programs where the measurable outcomes are more difficult to define requires tailoring any evaluation methodology to be customized to the specific characteristics of the individual program. To this end Senior Connection staff work with agency staff to develop appropriate means of assessing program impact. For all programs, effectiveness is reviewed as part of the annual monitoring process.

The need to justify the expenditure of public funds in terms of achieved results is growing. In order to maintain support for Older Americans Act programming it is important to more clearly represent the difference these programs make in the lives of everyday people. To this end, Senior Connection will place increased emphasis on reviewing and refining outcome measures and evaluation methods for all programs in consultation with the service providers.

SENIOR CONNECTION FFY 2026-2029 GOALS AND OBJECTIVES

Senior Connection Inc. will absorb the values of AGE into our operations. Our Needs Assessments continue to identify the most pressing service needs of Older Adults and Caregivers in our PSA. We will continue to use this data to determine our Funding Priorities and establish Goals and Objectives that demonstrate that we are meeting these needs. The strategy for achieving these outcomes will continue to be detailed in our Area Plans. The Programs that currently receive Title III funding from Senior Connection address at risk elder populations as identified by ACL:

- ***Elders Living Alone*** **and** ***Socially Isolated Elders*** are served by the in-home service providers that we have funded who meet needs such as nutrition, crisis intervention, money management, home repair, and other programs.

- ***Low Income Elders*** are targeted by the types of services provided by Title III grantees. For example, Title III supported legal services focus on public benefit and eviction cases, but not estate planning.

- ***Minority Populations*** are reached via the programs that Senior Connection supports that target the large Hispanic populations in Worcester, Fitchburg, and Leominster.

- According to the 2020 census there are approximately 776 ***Indian American elders*** in Central Massachusetts.

- All grantees that include ***rural elders*** in their service area must provide proportional levels of service to these elders. This stipulation is cited in contract with organizations receiving Title III funding.

Senior Connection has categorized our FFY26-29 Goals within the guidelines proposed by AGE. They are as follows:

Goal 1. Older Americans Act Core Programs:

In FFY26-FFY29 Senior Connection will continue to fund the Supportive Services that we have historically funded including Nutrition Services, Legal Services, Disease Prevention/Health Promotion, and Caregiver Programs. Senior Connection recognizes and responds to the changing demographics of our territory. We understand that geographic location and cultural differences can hinder the provision of needed services that fall under the Core Programs addressed by the Older Americans Act. In response to this reality, we will continue to provide outreach to historically underserved communities. Through a combination of surveys, an increase of our presence at community events, and recruiting representatives of these groups for our advisory council and board we aim to better identify and overcome obstacles that prevent seniors and caregivers from accessing services that would improve their quality of life.

Areas to Address:

- **Coordinating Title III programs with Title VI Native American Programs – as applicable;** - Though Senior Connection does not have a Federally Recognized Indigenous Population in our PSA we will provide outreach to the Nipmuc and Wampanoag populations that reside in our PSA.
- **Addressing malnutrition;** - Senior Connection funds Title III C1 and C2 Programs operated by ESWA, MOC, and Tri-Valley. In addition to this, we run our own emergency food pantry and distribute of food resources to consumers of our Grandparents Raising Grandkids Resource Center.
- **Preventing, detecting, assessing, intervening, and/or investigating elder abuse, neglect, and financial exploitation;** - Senior Connection leads the Worcester County Elder Abuse Prevention Roundtable. We also sponsor RSVP's Senior Fraud Helpline. In addition to this, we fund Crisis Intervention and Money Management Programs at ESWA, Aging Services of North Central Massachusetts, and Tri-Valley as well as Community Legal Aid. We also run the Long-Term Care Nursing Home Ombudsman Program for Central Massachusetts.

- **Supporting and enhancing multi-disciplinary responses to elder abuse, neglect and exploitation to involve essential partners across the State including adult protective services, long-term care ombudsman programs, social service providers, health care professionals, financial institutions, and criminal and civil justice system partners;**

  Senior Connection runs the Long-Term Care Nursing Home Ombudsman Program for Central Massachusetts and leads the Worcester County Elder Prevention Roundtable.

- **Age and dementia friendly efforts;** - Senior Connection was the lead agency for the Age Friendly Worcester Initiative which resulted in the second largest city in New England obtaining the AARP's Age Friendly Designation. We will continue to support Age Friendly and Dementia Friendly Efforts.
- **Discussions on access to assistive technology options for serving older individuals:**

  We will continue to work with our consumers and partners to assure that assistive technology is available to older individuals in need. For the past 4 years we have also partnered with Verizon who have provided financial support to hold digital literacy courses at Senior Centers.

- **Strengthening and/or expanding Title III & VII services;**

  We are expanding Title III-D Services in our PSA by training staff on Evidence Based Programs and offering them on our own to ensure that this programing is offered throughout all of Central Massachusetts.

- **Improving coordination between the Senior Community Service Employment Program (SCSEP) and other OAA programs; and**

  In response to the increased demand for Job Training that we saw in the 2024 Needs Assessment we will take steps to improve coordination between Senior Connection and the Senior Community Service Employment Program.

- **Integrating core programs with ACL's non formula-based grant programs – as applicable.**

  Senior Connection works to ensure that programs working on similar issues do so in manner that compliments each other's efforts rather than duplicating them.

Goal 2. Greatest Economic Need and Greatest Social Need:

***Areas to Address*:**

Senior Connection recognizes that the limited Standard Title III OAA Funding that we receive must be used to target services to those that meet the SUA's definitions of greatest economic need and greatest social need (1321.3). Furthermore, we recognize that addressing social determinants of health of older individuals can go a long way towards improving health outcomes and boasting the well-being of this population.

- **Ensuring meals can be adjusted for cultural considerations and preferences and providing medically tailored meals to the maximum extent practicable;**

Senior Connection conducted research on this topic in the Fall of 2023. One provider has made progress in this area. We will work other providers to help ensure that meals can be medically tailored and adjusted for cultural considerations.

- **Offering home-delivered meal participants the option to participate in and attend congregate meal sites and other health and wellness activities, as feasible, based on a person-centered approach and local service availability;**

  We will ensure that the Title III-C Programs that we fund make this information available.

- **Serving older adults living with HIV/AIDS;**
  We will conduct research on the needs of this population and provide outreach to the AIDS Project in Worcester.

- **Supporting participant-directed/person-centered planning for older adults and their caregivers across the spectrum of LTSS, including home, community, and institutional settings;**

  We will continue to provide funding to support programs that engage in participant-directed/person-centered planning.

- **Incorporating innovative practices that increase access to services particularly for those with mobility and transportation issues as well as those in rural areas; and**

  In 2024, Senior Connection launched the Care Express which is our Mobile, Health and Outreach Clinic. This bus allows us to offer health screenings and other crucial services directly in the most underserved communities which include rural areas.

  In 2023, we launched our Grandparents Raising Grandkids Resource Center which serves as a one-stop-shop connecting Grandfamilies (families in which grandparents serve as the primary caregivers of their grandchildren) to much needed services.

  In 2022, we launched a partnership with Quinsigamond Community College's Dental Clinic to provide free dental care to Older Adults who lacked it. This program included an agreement with Yellow Cab to provide free transportation to and from the appointments.

- **Creating opportunities to educate the network about the prevention of, detection of, and response to negative health effects associated with social isolation.**

  We will continue to integrate this approach into our Outreach Strategy.

Goal 3. Expanding Access to Home- and Community-Based Services (HCBS):

HCBS are fundamental to making it possible for older adults to age in place.

Areas to Address:

- **Securing the opportunity for older individuals to receive managed in-home and community-based long-term care services;**

  We will continue to collaborate with the ASAPs and other community partners in pursuit of this goal. We recognize the important of these services. In fact, In-Home Support for Independence was the highest recognized need on the 2024 Needs Survey at 60.8% though only 13.1% of the respondees listed it as their Number One Need. This is likely due to the fact that respondees might recognize the need as they are a caregiver, but do not currently need it themselves.

- **Promoting the development and implementation of a State system of long- term care that is a comprehensive, coordinated system that enables older individuals to receive long-term care in home and community-based settings, in a manner responsive to the needs and preferences of the older individuals and their family caregivers**;

  We will continue to collaborate with the ASAPs and other community partners in pursuit of this goal.

- **Ensuring that AAAs will conduct efforts to facilitate the coordination of community-based, long-term care services for older individuals who: reside at home and are at risk of institutionalization because of limitations on their ability to function independently; are patients in hospitals and are at risk of prolonged institutionalization; or are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them; and**

  We run the Central Massachusetts Long-Term Care Nursing Home Ombudsman Program and thus are well situated to refer these residents to service providers. We can also work with our community partners to conduct efforts to facilitate the coordination of community-based, long-term care services for older individuals who: reside at home and are at risk of institutionalization as well as patients in hospitals who are at risk of prolonged institutionalization

- **Incorporating aging network services with HCBS funded by other entities such as Medicaid.**

  We will collaborate with the ASAPs and other Community Partners in pursuit of this goal.

Goal 4. Caregiving:

Areas to Address:

- **Strengthening and supporting the direct care workforce;**

  We will engage with the Direct Care Workforce Strategies Center in order to implement the strategies which will strengthen and support the direct care workforce in Central Massachusetts**.** We will also offer our Bounce (Work Readiness) Trainings to the ASAPs and other relevant partner organizations.

- **Implementing the actions in the National Strategy to Support Family Caregiving that can advance the Commonwealths ability to better recognize and support family caregivers;**

  We will integrate the National Strategy to Support Family Caregiving into our Outreach and Operation Plans.

- **Coordinating Title III caregiving efforts with the Lifespan Respite Care program; and**

  We will engage with the Title III-E Programs that we fund to ensure that their operations align with the The Lifespan Respite Care program.

- **Coordinating with the National Technical Assistance Center on Grandfamilies and Kinship Families.**

  Senior Connection will strengthen support for grandparents and other kin caregivers raising children. Our Grandparents Raising Grandkids Resource Center will expand mobile outreach, legal support navigation, trauma-informed family services, and digital scheduling tools for respite and legal aid. We will continue our partnership with the National Technical Assistance Center on

Grandfamilies and Kinship Families as well as State Kinship Navigator Programs and local school districts to increase Grandparents Raising Grandchildren (GRG) visibility and access to child and elder care resources. This partnership began in 2023 when they provided Senior Connection with Technical Assistance when we launched our Grandparents Raising Grandkids Resource Center. Our Outcome measures will include the number of GRGs served, types of needs addressed, and consumer-reported satisfaction. Senior Connection will continue to reserve the right to set aside funding to ensure that Grandparents Raising Grandkids are supported. Preference given to long-term programs that have demonstrated capacity. Steps will also be taken to ensure that consumers are not receiving duplicated services from multiple organizations.

Attachment A: Area Agency on Aging Assurances and Affirmation

For the Federal Fiscal Year 2026, October 1, 2025, to September 30, 2026, the named Area Agency on Aging hereby commits to performing the following assurances and activities as stipulated in the Older Americans of 1965, as amended in 2020:

OAA 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—

(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.

The undersigned acknowledge the Area Plan Assurances for Federal Fiscal Year 2026 and affirm their Area Agency on Aging's adherence to them.

Area Agency on Aging:

7/11/25
Date

Signature - Chairperson of Board of Directors

7/1/25
Date

Signature - Chairperson of Area Advisory Council

6-25-25
Date

Signature - Area Agency on Aging Executive Director

Attachment B: Area Agency on Aging Information Requirements

Area Agencies on Aging must provide responses, for the Area Plan on Aging (2026-2029) in support of each Older Americans Act (OAA), as amended 2020, citation as presented below. Responses can take the form of written explanations, detailed examples, charts, graphs, etc.

1. OAA Section 306 (a)(4)(A)(i)(I)
Describe the activities and methods that demonstrate that the AAA will:
(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;
(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas;

AAA Response:

The data that we gathered during the Needs Assessment and vetted during the development of the Area Plan identified the most pressing needs facing Older Adults and Caregivers residing in Central Massachusetts. Our contracts stipulate targets for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas. We also request information about Outreach to these populations during our Monitoring Visits with grantees.

2. OAA Section 306 (a)(4)(A)(ii)
Describe the activities and methods that demonstrate that the AAA will:
(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 [as germane] within the planning and service area;

AAA Response:

The targets listed above for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas [as germane] will be included in the Service Provision Agreements of our contracts. Grantees also report demographic data in monthly reports and Outreach to these communities are discussed during annual monitoring visits. Senior Connection also tracks demographic data for services that we provide.

3. OAA Section 306 (a)(4)(B)
Describe how the AAA 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 organic brain dysfunction (and the caretakers of such individuals); and
(VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust;

AAA Response:

Census data and the networks of our community partners are used to identify the types of consumers listed above. Our Outreach Strategy has always centered around working with partners who are known, liked, and trusted in their community. Our network is large, and approach has proven to be extremely effective. In addition to employing dedicated Outreach Staff who attend community events, health fairs, and other venues that allow them to provide Outreach we have also recently launched the Care Express which is Senior Connection's Mobile Health and Outreach Clinic which provide Medical Screenings and other crucial services directly in the most underserved communities in our Planning and Service Area.

4. OAA Section 306 (a)(6)
Describe the mechanism(s) for assuring that the AAA will:
(A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;

(B) serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals;

AAA Response:

The Needs Assessment that we conducted in the Fall of 2024 included focus groups and surveys which gathered data on the needs and concerns of consumers. The quantitative and qualitative data that we have gathered has helped us understand the scope and extent of the most pressing needs facing Older Adults and Caregivers residing in Central Massachusetts. We are in regular engagement with the community via our Outreach and Social Media Presence. In addition to this, our FFY26-29 Area Plan was open to Public Comment and events that provided the public the opportunity to ask questions or provide comment on the plan were held.

5. OAA Section 306 (a)(6)(I)
Describe the mechanism(s) for assuring that the Area Plan will include information detailing how the AAA will:
(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;

AAA Response:

We are happy to incorporate disseminating information about the State assistive technology entity and access to assistive technology options for serving older individuals into our Outreach Strategy.

6. OAA Section 306 (a)(7)
Describe how the AAA will address the following assurances:
(7) provide that the area agency on aging shall, consistent with this section, facilitate the area-wide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by—
(A) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;
(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;

AAA Response:

In addition to offering Caregiver Support, Health Promotion, Evidence Based Disease Prevention Programming, and the Long-Term Care Nursing Home Ombudsman Programs to keep consumers safe in their homes and within the community, Senior Connection serves to feed the effort to build home and community-based programs and services through partnerships with organizations such as:

- Elder Services of Worcester Area (ESWA) – The Aging Service Access Point (ASAP) which serves the center of Worcester County and provides a number of in-home services including caregiver support.

- Aging Services of North Central Massachusetts (ASNCM) - The Aging Service Access Point (ASAP) which serves North Central Massachusetts and provides a number of in-home services including caregiver support.

- Tri-Valley Elder Services - The Aging Service Access Point (ASAP) which serves South Central Massachusetts and provides a number of in-home services including caregiver support.

- Community Legal Aid – is able to address issues such as housing, denial of benefits, and other legal challenges that older adults face.

- MCPHS University- Provides Medication Management Training to help ensure that consumers are using and disposing of medication in safe manner.

- Central Massachusetts Housing Alliance (CMHA) – Accepts referrals to programs, such as the Elder Home Repair & Maintenance, which help keep consumers safe in their homes.

These partnerships provide long-term care and caregiver support which helps older adults age in place. We communicate with all these organizations regularly which allows us to respond to emerging trends and develop strategies to provide better long-term care to our consumers with a focus on reaching the most underserved.

7. OAA Section 306 (a)(10)
Provide the policy statement and procedures for assuring that the AAA will:
(10) provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title;

AAA Response:

Consumer Grievance Procedure
Senior Connection, Inc. – Title III-D & Title III-E Programs
Effective FFY26

Purpose
This procedure establishes a fair, accessible process for participants in Title III-D (Disease Prevention & Health Promotion) and Title III-E (National Family Caregiver Support) programs to raise and resolve complaints. It affirms the rights of older adults and caregivers under the **Older Americans Act (OAA)** to receive services free from discrimination, neglect, or unfair treatment.

Scope
This procedure applies to all consumers, caregivers, and participants served through Senior Connection, Inc. with funding under Title III-D and Title III-E of the OAA.

Rights of Consumers
All consumers have the right to:

- File a grievance without fear of retaliation or denial of services.
- Receive a timely, impartial review of complaints.
- Request assistance in filing a grievance.
- Be represented by a family member, caregiver, or advocate.
- Appeal decisions up to and including review by the Board of Directors and external oversight agencies.

Procedure
Step 1: Informal Resolution

- Consumers are encouraged to discuss concerns directly with the staff providing the service.
- Staff should attempt to resolve issues promptly and respectfully.

Step 2: Filing a Formal Grievance

- If unresolved, the consumer may file a **written or verbal grievance** with the Program Coordinator within **10 business days** of the incident.

- Grievances may be submitted by phone, email, mail, or in person. Staff will assist if needed.

Step 3: Coordinator Review

- The Program Coordinator will review the grievance and provide a **written response within 15 business days**.
- If the grievance involves the Coordinator, it will be referred directly to the Executive Director.

Step 4: Appeal to Executive Director

- If the consumer is not satisfied, they may appeal to the Executive Director in writing within **10 business days** of receiving the Coordinator's decision.
- The Executive Director (or designee) will review the grievance and issue a **written decision within 20 business days**.

Step 5: Board of Directors Review

- If still unsatisfied, the consumer may request a final internal review by the **Senior Connection, Inc. Board of Directors**.
- The Board, or a designated committee, will review the grievance at its next scheduled meeting or within **30 calendar days**, whichever comes first.
- The Board's written decision will be provided to the consumer and is considered the **final decision within Senior Connection, Inc.**

Step 6: External Appeal

- If unresolved after the Board's decision, the consumer may appeal to the **Area Agency on Aging** or the **State Unit on Aging** in accordance with OAA regulations.

Accessibility

- This procedure will be provided to all participants upon entry into a program.
- It will be posted in public areas and available in alternative formats (large print, translated, or audio) upon request.

Non-Retaliation

No consumer shall be denied services or otherwise penalized for filing a grievance in good faith. Senior Connection, Inc. strictly prohibits retaliation against any individual who exercises their rights under this procedure.

8. OAA Section 306 (a)(11)

Describe the procedures for assuring the AAA will:

(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;

AAA Response:

Senior Connection has a Memorandum of Understanding (MOU) that established a collaborative partnership between Senior Connection, Inc. and the Pocasset Pokanoket Land Trust (PPLT), a tribally led nonprofit dedicated to preserving Indigenous culture and supporting Native communities in the Northeast. The purpose of this partnership is to jointly implement the Caring for the Circle initiative, which supports Native American elders through wellness programming, service access, nutrition, and caregiver support, all rooted in cultural traditions.

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

AAA Response:

Senior Connection Inc. is in compliance with The 2024 Older Americans Act (OAA) Final Rule which came into effect on October 1st, 2025. Pursuant to § 1321.97 Coordination with State, Tribal, and local emergency management Senior Connection Inc. has:

(1) Established emergency plans. See below.

(i) Our continuity of operations plan and an all-hazards emergency response plan is based upon completed risk assessments for all hazards and updated annually;

(ii) Our plan includes descriptions of coordination activities for both development and implementation of long-range emergency and disaster preparedness plans

(iii) Senior Connection's plan details coordination with Federal, local, and State emergency response agencies, service providers, relief organizations, local and State governments, and any

other entities that have responsibility for disaster relief service delivery, as well as with Tribal emergency management, as appropriate.

In terms of emergency management hierarchy/coordination, Senior Connection will comply with the guidance in the annual letter from AGE instructing AAA Directors on how to contact and coordinate emergency response efforts with AGE in the event of emergencies affecting services to consumers as well as any further guidance issues by State and Federal authorities. We already discuss emergency plans as part of our annual monitoring visits with grantees but going forward will meet annually with the ASAPs to ensure that we are able to coordinate a fast and effective response to deliver crucial services in the event of an emergency. Senior Connection will relay State and Federal Guidance to all our partners during an emergency and are equipped to host virtual meetings to coordinate an appropriate response. We will also request and review the COOP plans from our partners annually. All agencies will be responsible for delivering the Services that they are contracted to provide. Senior Connection will verify that these services are delivered and, in the event that they are not, will take appropriate action. During Lockdown, Senior Connection and our partners were able to meet virtually on a regular basis. We would follow this model again in the event of an emergency.

Senior Connection, Inc. Area Disaster Plan – Updated for 2025 Compliance

- **I. INTRODUCTION**

Senior Connection, Inc. (SCI), as a Massachusetts-designated Area Agency on Aging (AAA), recognizes the importance of proactive disaster preparedness to protect older adults, caregivers, staff, and the broader community. This plan outlines SCI's comprehensive approach to all-hazards emergency management, including coordination with local, state, and tribal partners, and is updated in accordance with the 2024 Older Americans Act (OAA) Final Rule and Executive Office of Aging & Independence (AGE) requirements.

- **II. PURPOSE**

This plan establishes SCI's policies, procedures, and operational framework to prepare for, respond to, and recover from disasters. It includes SCI's:

- Continuity of Operations Plan (COOP), including a Cyber COOP

- All-Hazards Emergency Response Plan

- Risk Assessment Strategy

- Long-range Emergency Preparedness and Coordination Plan

- Building Evacuation Plan

- **III. EMERGENCY MANAGEMENT HIERARCHY & COORDINATION**

SCI coordinates with:

- Massachusetts Emergency Management Agency (MEMA)

- Local police, fire, EMS

- Local governments and Councils on Aging (COAs)

- Tribal Emergency Management Programs (as appropriate)

- Relief agencies (e.g., Red Cross)

- The Executive Office of Aging & Independence (AGE)

An annual coordination letter from AGE provides specific emergency response protocols. SCI maintains active communication with AGE and other partners.

- **IV. CONTINUITY OF OPERATIONS PLAN (COOP)**

- Critical Functions Identified: Nutrition, I&R, case management, home care, operations

- Staff Succession Plan: At least two successors identified per key role

- Remote Operations: All staff can operate remotely using secure VPN, call trees, cloud systems

- Cyber COOP: Under development, includes protocols for database disruption, secure backup, MOUs with peer agencies, and IT vendor engagement

- Annual Update & Exercise: Staff trained annually, plan tested via drills

- **V. ALL-HAZARDS EMERGENCY RESPONSE PLAN**

Covers fire, flood, extreme weather, bomb/radiological threats, power outages, pandemics, cyber incidents, and workplace violence.

Includes:

- Emergency procedures posted prominently

- MOUs with backup service providers

- Disability-inclusive evacuation protocols

- Staff call-down list

- **VI. RISK ASSESSMENT**

Risk assessment completed annually. Identifies vulnerabilities across physical, digital, environmental, and operational domains. Guides updates to COOP and emergency response plans.

- **VII. LONG-RANGE PREPAREDNESS & COORDINATION**

SCI coordinates with:

- Local and state emergency response agencies

- Regional healthcare coalitions

- Title VI Tribal programs (no programs in SCI's PSA but tribal members served)

- COAs and municipal emergency managers

SCI's resource database includes federal, state, and local disaster relief contacts. Updates occur quarterly.

- **VIII. BUILDING EVACUATION PLAN**

- Emergency exits clearly marked

- Evacuation maps posted

- Rally point designated

- Evacuation plan includes provisions for individuals with disabilities

- Headcounts conducted during drills

- **IX. INFORMATION & REFERRAL (I&R) CONTINUITY**

- Alternate I&R delivery via remote team and MOU with partner AAA
- Annual drills simulate disaster I&R scenarios
- Resource database backed up and updated weekly

- **X. TRAINING & EXERCISES**

- All staff trained annually on emergency roles, succession duties, and COOP procedures
- Tabletop and full-scale drills held at least annually
- Pandemic-specific protocols reviewed quarterly

- **XI. DOCUMENT & DATA SECURITY**

- Key files stored in fireproof safe and backed up digitally
- IT vendor manages encrypted backup and recovery systems
- MOUs in place for temporary off-site office access if primary location is compromised

- **XII. COMMUNICATION PROTOCOLS**

- Emergency phone tree
- Mass notification via email, website, and social media
- Coordination with AGE, ASAP partners, and emergency officials

- **XIII. PANDEMIC CONTINUITY PLANNING**

- Based on CMAA COOP Plan model
- Pandemic Response Team led by CEO
- Telework policy, infection control, PPE, and HR protocols established

- **XIV. FINANCIAL CONTINUITY**

- Finance team ensures uninterrupted vendor payment and payroll
- Financial Operations Checklist maintained and reviewed bi-annually

- Reserve analysis and revenue forecasting in place

- **XV. PLAN MAINTENANCE & REVIEW**

- Updated annually or as needed following an emergency

- Shared with staff, Board of Directors, and relevant partners

- Filed with AGE and MEMA

10. OAA Section 307 (a)(11)
In alignment with State Plan assurances, the AAA assures that case priorities for legal assistance will concentrate on the following:
(E) …contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

AAA Response:

We will continue to give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination. We will partner with multiple Legal Service Providers across our PSA.

Attachment C: Area Agency on Aging, Planning and Service Area Map

[**AGE**: Identify the AAA name; address(es); website; contact information – including telephone, TDD, FAX, email contact, etc.; PSA map(s); and identified cities/towns in each PSA. AAAs with multiple PSAs must identify such separately.]

Senior Connection Inc.

Area Plan FFY2026-2029

www.SeniorConnection.org

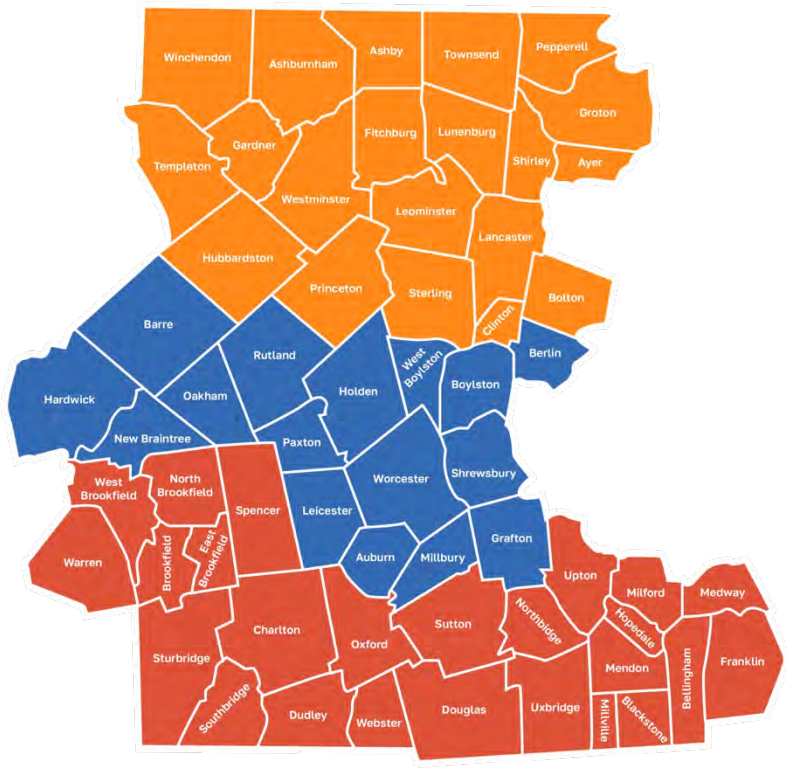
330 Southwest Cutoff, Suite 203

Worcester, MA 01604

508-852-5539

FAX: 508-852-5425

TDD: 508-852-5539



SENIOR CONNECTION INC'S PLANNING AND SERVICE AREA COMMUNITIES:

Ashburnham
Ashby
Auburn
Ayer
Barre
Bellingham
Berlin
Blackstone
Bolton
Boylston
Brookfield
Charlton
Clinton
Douglas
Dudley
East Brookfield
Fitchburg
Franklin
Gardner
Grafton
Groton
Hardwick
Holden
Hopedale
Hubbardston
Lancaster
Leicester
Leominster
Lunenburg
Medway
Mendon
Milford
Millbury
Millville
New Braintree
North Brookfield
Northbridge
Oakham
Oxford
Paxton
Pepperell
Princeton
Rutland
Shirley
Shrewsbury
Southbridge
Spencer
Sterling
Sturbridge
Sutton
Templeton
Townsend
Upton
Uxbridge
Warren
Webster
West Boylston
West Brookfield
Westminster
Winchendon
Worcester

Attachment D: Area Agency on Aging, 2025 Needs Assessment Project and Public Input to Area Plan on Aging

[1. AGE: Present a summary of the 2025 Needs Assessment Project as conducted by the AAA. Include process, data collection methods, findings, and lessons learned toward targeting OAA identified populations and in development of the Area Plan on Aging.]

Area Agency on Aging Demographics: Central Massachusetts

Table 1. Age Group, People 60+ Years Old

% Age 60-69	% Age 70-84	% Age 85+
54%	38%	8%

Source: U.S. Decennial Census 2020, prepared by University of Massachusetts-Boston Center for Social & Demographic Research on Aging, and aggregated by The Massachusetts Executive Office of Aging and Independence..

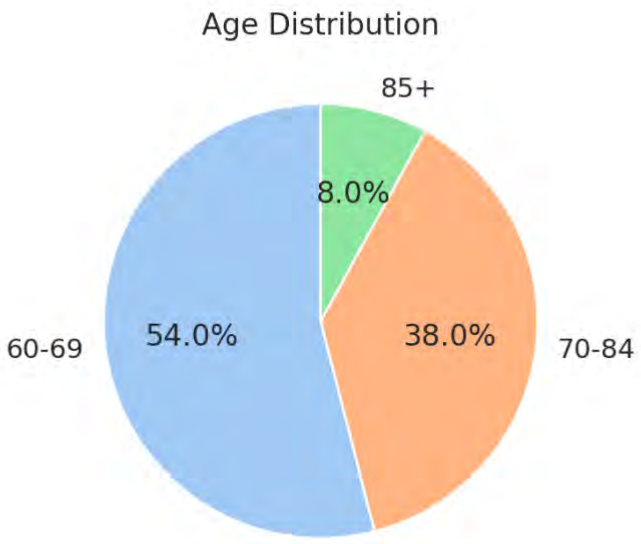


Table 2. Race, People 60+ Years Old

% White	% Black or African American	% American Indian or Alaska Native	% Asian/ Native Hawaiian/ Other Pacific Islander	% Other Race	% Two or More Races
88%	3%	0%	3%	3%	4%

Source: U.S. Decennial Census 2020, prepared by University of Massachusetts-Boston Center for Social & Demographic Research on Aging, and aggregated by The Massachusetts Executive Office of Aging and Independence.

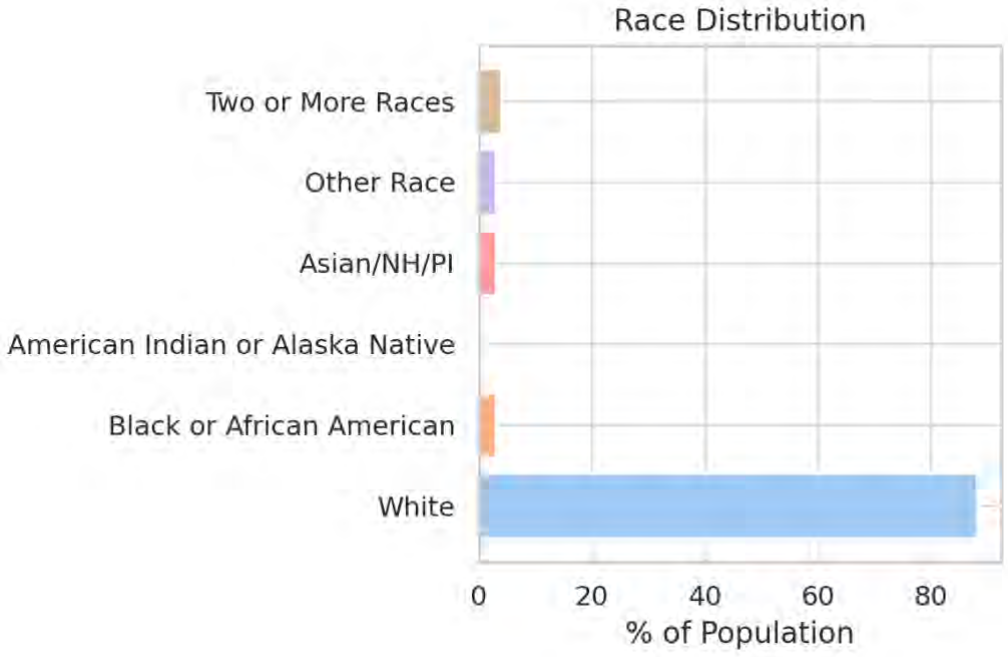


Table 3. Ethnicity, People 60+ Years Old

% Hispanic or Latino	% Not Hispanic or Latino
5%	95%

Source: U.S. Decennial Census 2020, prepared by University of Massachusetts-Boston Center for Social & Demographic Research on Aging, and aggregated by The Massachusetts Executive Office of Aging and Independence.

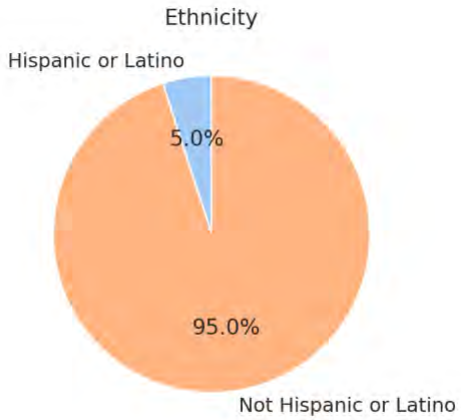


Table 4. Living Arrangements, People 65+ Years Old

% In Household, Living Alone	% In Household, Not Living Alone	% Group Quarters
26%	70%	4%

Source: U.S. Decennial Census 2020, prepared by University of Massachusetts-Boston Center for Social & Demographic Research on Aging, and aggregated by EOEA.

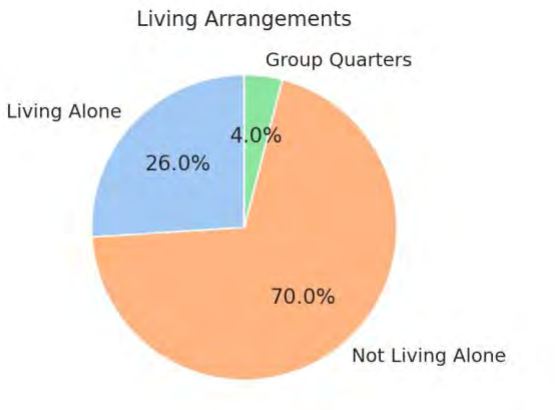
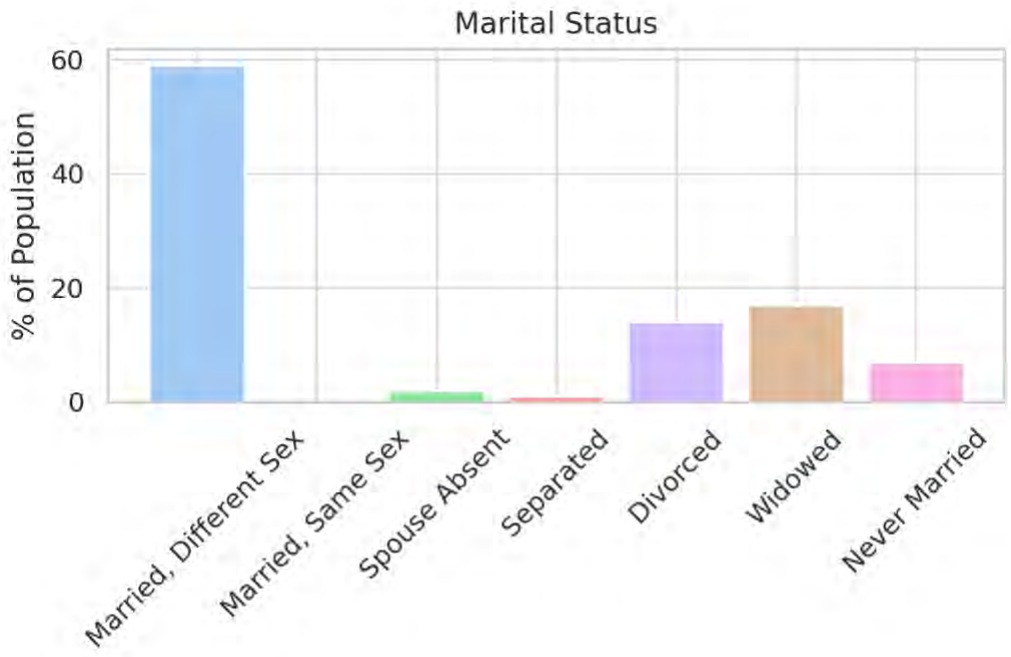


Table 5. Marital Status, People 60+ Years Old

% Married, Different Sex	% Married, Same Sex	% Married, Spouse Absent	% Separated	% Divorced	% Widowed	% Never Married/ Single
59%	0%	2%	1%	14%	17%	7%



Source: 2016-2020 5-year file of the U.S. Census American Community Survey, prepared by University of Massachusetts-Boston Center for Social & Demographic Research on Aging, and aggregated by The Massachusetts Executive Office of Aging and Independence. Notes. The Census provides this data for regions (not municipalities) and so the reported statistics might include some older adults who reside in neighboring municipalities outside of the AAA. As a result, the actual AAA demographics might slightly differ from statistics in this table. The category "Married, Spouse Absent" includes married people living apart because either the husband or wife was employed and living at a considerable distance from home, was serving away from home in the Armed Forces, had moved to another area, or had a different place of residence for any other reason except separation.

% Born in U.S.	% Born in U.S. Territory	% Born Outside of U.S. to American Parents	% Born Outside of U.S., Naturalized Citizen	% Born Outside of U.S., Not a Citizen
90%	1%	0%	6%	2%

Table 6. Nativity, People 60+ Years Old

% Born in U.S.	% Born in U.S. Territory	% Born Outside of U.S. to American Parents	% Born Outside of U.S., Naturalized Citizen	% Born Outside of U.S., Not a Citizen
90%	1%	0%	6%	2%

Source: 2016-2020 5-year file of the U.S. Census American Community Survey, prepared by University of Massachusetts-Boston Center for Social & Demographic Research on Aging, and aggregated by EOEA.
Note. The Census provides this data for regions (not municipalities) and so the reported statistics might include some older adults who reside in neighboring municipalities outside of the AAA. As a result, the actual AAA demographics might slightly differ from statistics in this table.

% Born in U.S.	% Born in U.S. Territory	% Born Outside of U.S. to American Parents	% Born Outside of U.S., Naturalized Citizen	% Born Outside of U.S., Not a Citizen

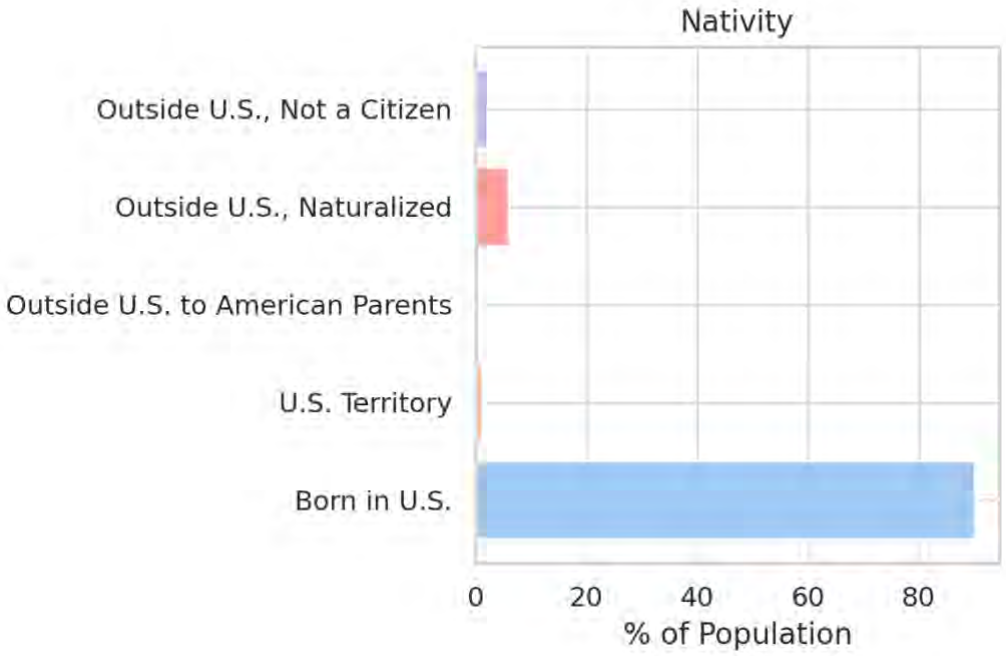


Table 7. Highest Level of Education, People 60+ Years Old

% Did Not Complete High School	% GED	% High School Graduate	% Some College	% Associate's Degree	% Bachelor's Degree	% Post-Graduate Degree
10%	3%	29%	18%	9%	17%	15%

% Did Not Complete High School	% GED	% High School Graduate	% Some College	% Associate's Degree	% Bachelor's Degree	% Post-Graduate Degree

Source: 2016-2020 5-year file of the U.S. Census American Community Survey, prepared by University of Massachusetts-Boston Center for Social & Demographic Research on Aging, and aggregated by The Massachusetts Executive Office of Aging and Independence. Note. The Census provides this data for regions (not municipalities) and so the reported statistics might include some older adults who reside in neighboring municipalities outside of the AAA. As a result, the actual AAA demographics might slightly differ from statistics in this table.

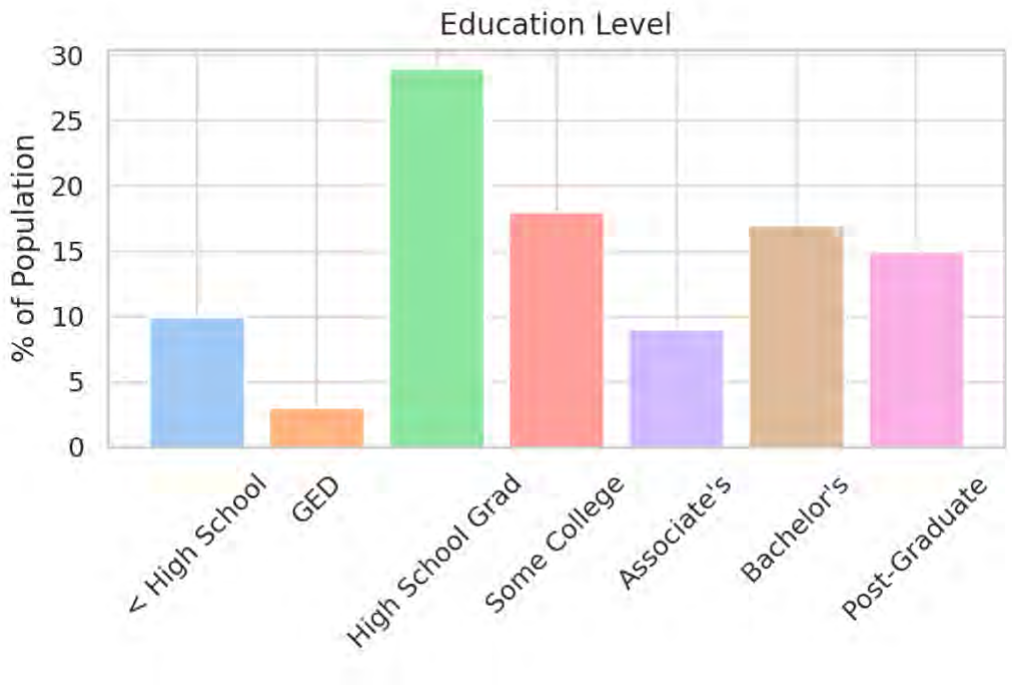


Table 8. English Language Use at Home and Proficiency, People 60+ Years Old

% Speaks Only English	% Speaks Non-English Language at Home, Speaks English Very Well	% Speaks Non-English Language at Home, Speaks English Well	% Speaks Non-English Language at Home, Speaks English Not Well	% Speaks Non-English Language at Home, Does Not Speak English
90%	5%	2%	1%	1%

Source: 2016-2020 5-year file of the U.S. Census American Community Survey, prepared by University of Massachusetts-Boston Center for Social & Demographic Research on Aging, and aggregated by The Massachusetts Executive Office of Aging and Independence. Note. Reported statistics might include some older adults who reside in municipalities outside of AAA (that is, the actual AAA demographics might be slightly different).

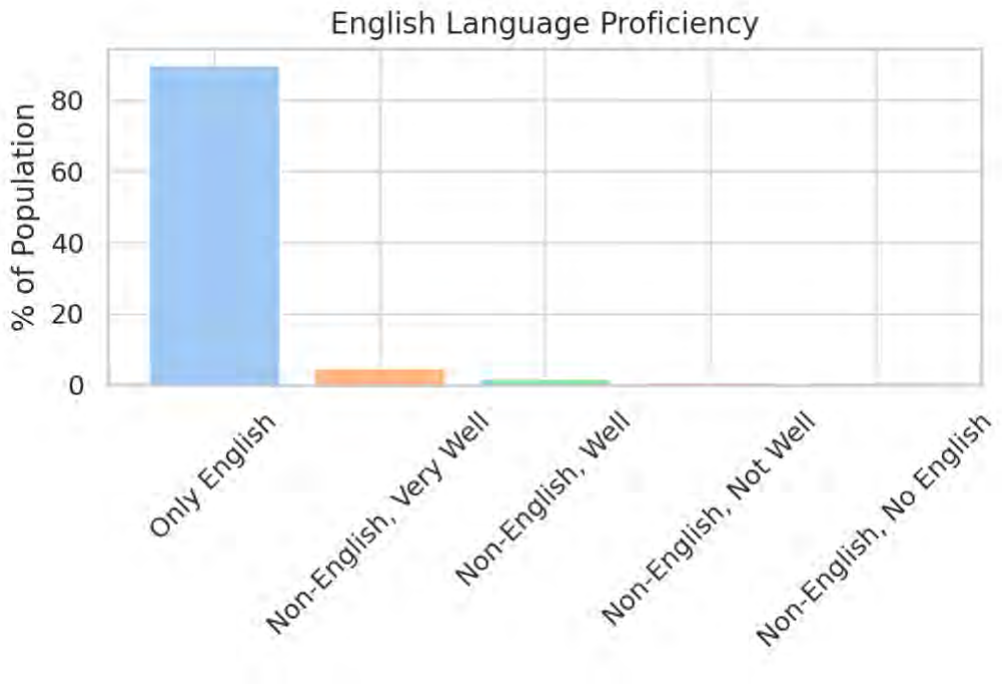
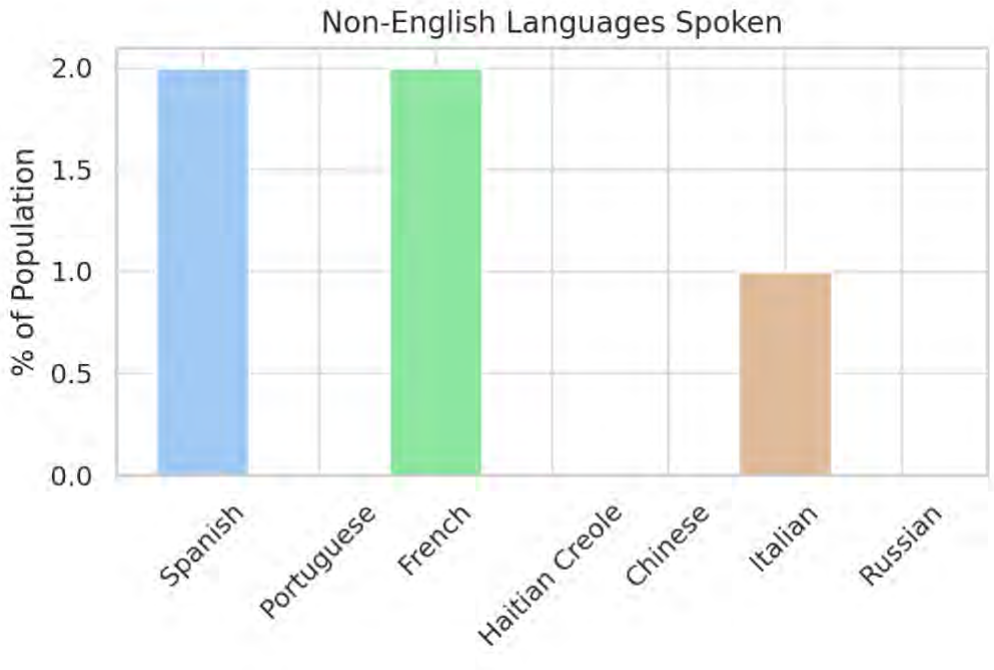


Table 9. Non-English Languages Spoken at Home, People 60+ Years Old

% Spanish	% Portuguese	% French	% Haitian Creole	% Chinese	% Italian	% Russian
2%	0%	2%	0%	0%	1%	0%

Source: 2016-2020 5-year file of the U.S. Census American Community Survey, prepared by University of Massachusetts-Boston Center for Social & Demographic Research on Aging, and aggregated by The Massachusetts Executive Office of Aging and Independence. Notes. This table only includes languages with 10,000+ older adult speakers in Massachusetts. The Census provides this data for regions (not municipalities) and so the reported statistics might include some older adults who reside in neighboring municipalities outside of the AAA. As a result, the actual AAA demographics might slightly differ from statistics in this table.



During the Fall of 2024, Senior Connection began a Needs Assessment to assess the most pressing issues facing Older Adults and Caregivers residing in the 61 communities that compose our Planning and Service Area. The findings of this project are used to determine our Funding Priorities for FFY26-29. This process involved a combination of Survey Research, Expert Interviews, and Focus Groups. These data were used to develop our Area Plan for FFY26-29 which will guide our operations in serving caregivers and the 200,000 plus older adults residing in Central Massachusetts

It must be documented that in order to achieve the goals outlined in this document we must be awarded allocations of at least the same funding levels that we have received in the past Federal Fiscal Year and the funds must be sent to Senior Connection in a timely manner. We also reserve the right to adjust our Strategies and Operations in response to any changes that are beyond our control.

To understand Senior Connections Focus Areas of Coordination we must first take a brief look at some of the findings of the Needs Assessment conducted in the Fall of 2024.

2024 Needs Survey Findings:

Reported Caregiver Supports

Support	Older Adults (%)
Respite Care	75%
Support Groups	58.3%
Financial Assistance	58.3%
Training and Education	50%
Medical Support	58.3%
Legal Assistance	41.7%
Transportation Services	33.3%

Support	Older Adults (%)
Home Modifications	50%
Care Coordination	41.7%
Mental Health Support	33.3%
Technology Support	41.7%
Information and Resources	66.7%
In-Home Care	50%
Nutritional Support	33.3%
Work-Life Balance Support	33.3%
Community Resources	58.3%

N = 12

Notes. The reported sample size (N) is the number of respondents who reported at least one support.

Reported Needs

Need	Older Adults (%)
Access to Services	52.4%
Affordable Health Care	58.1%
Access to Health Care	54.2%
Affordable Housing	46.1%
Housing Accessibility & Maintenance	38.6%
In-Home Support for Independence	60.8%
Long-Term Services & Supports	41.3%
Assistance Managing Other Expenses	36.7%
Legal Services	38.6%
Mental & Behavioral Health Support	43.7%
Nutrition Support	52.4%
Safety & Security	46.1%
Transportation Access	56.3%
Workforce Development	19.3%
Social Isolation	45.5%
Leisure, Recreation, & Socialization	51.8%
Civic Engagement/Volunteer Opportunities	28%
Learning & Development Opportunities	33.1%
Staying Active/Wellness Promotion	56%
Addressing Ageism	34%
Overcoming Language/Communication Barriers	25.9%
LGBTQIA+ Support	13.3%
Spirituality Support	24.1%

N = 332

Need	Older Adults (%)

Notes. The reported sample size (N) is the number of respondents who reported at least one need.

Reported Needs by Income

Need	Household Income < $20,000 (%)	Household Income >= $20,000 (%)
Access to Services	55.1%	42.9%
Affordable Health Care	46.9%	28.6%
Access to Health Care	30.6%	37.5%
Affordable Housing	26.5%	16.1%
Housing Accessibility & Maintenance	38.8%	25%
In-Home Support for Independence	55.1%	57.1%
Long-Term Services & Supports	32.7%	41.1%
Assistance Managing Other Expenses	32.7%	17.9%
Legal Services	28.6%	23.2%
Mental & Behavioral Health Support	20.4%	23.2%
Nutrition Support	42.9%	44.6%
Safety & Security	34.7%	28.6%
Transportation Access	51%	37.5%
Workforce Development	6.1%	7.1%
Social Isolation	36.7%	16.1%
Leisure, Recreation, & Socialization	28.6%	23.2%
Civic Engagement/Volunteer Opportunities	6.1%	7.1%
Learning & Development Opportunities	16.3%	14.3%
Staying Active/Wellness Promotion	30.6%	35.7%
Addressing Ageism	14.3%	3.6%
Overcoming Language/Communication Barriers	4.1%	1.8%
LGBTQIA+ Support	6.1%	5.4%
Spirituality Support	14.3%	19.6%

N (Income < $20,000) = 49; N (Income >= $20,000) = 56

Need	Household Income < $20,000 (%)	Household Income >= $20,000 (%)

Notes. Percentages reflect respondents who reported at least one need. Respondents who did not report household income are not included.

Ranked Needs

Needs Ranked	Ranked 1 (%)	Ranked 2 (%)	Ranked 3 (%)
Access to Services	12.3%	4%	1.7%
Affordable Health Care	14.6%	10.5%	2.5%
Access to Health Care	6.2%	6.5%	3.4%
Affordable Housing	11.5%	8.9%	3.4%
Housing Accessibility and Maintenance	4.6%	4%	6.8%
In-Home Support for Maintaining Independence	13.1%	13.7%	5.9%
Long Term Services & Supports	1.5%	3.2%	6.8%
Assistance Managing Other Expenses	2.3%	1.6%	5.1%
Legal Services	1.5%	3.2%	5.9%
Mental & Behavioral Health Support	1.5%	3.2%	3.4%
Nutrition Support	8.5%	5.6%	5.1%
Safety & Security	0.8%	0%	4.2%
Transportation Access & Availability	4.6%	10.5%	9.3%
Workforce Development	0%	1.6%	1.7%
Assistance Addressing Social Isolation	2.3%	2.4%	5.1%
Opportunities for Leisure, Recreation, & Socialization	4.6%	7.3%	2.5%
Civic Engagement / Volunteer Opportunities	0%	0.8%	0.8%
Learning & Development Opportunities	0%	1.6%	6.8%
Staying Active / Wellness Promotion	4.6%	8.1%	7.6%
Addressing Ageism and Age Discrimination	0.8%	0%	4.2%
Overcoming Language / Communication Barriers	0.8%	0%	2.5%
LGBTQIA+ Support	1.5%	0.8%	0.8%
Spirituality Support	0%	0%	0%
Other	2.3%	2.4%	4.2%

Needs Ranked	Ranked 1 (%)	Ranked 2 (%)	Ranked 3 (%)

N = 130

Notes. The reported sample size (N) is the number of respondents who ranked at least one need. Columns 2-4 might not sum to 100% due to rounding.

Respondent Demographics

Age	Older Adults (%)
Less than 60	6.8%
60-69	26.9%
70-79	36.5%
80-89	23.8%
90 or older	5.9%

N = 323

Gender Identity	Older Adults (%)
Woman	72.4%
Man	27%
Prefer Not To Say	0.6%

N = 330

Race/Ethnicity	Older Adults (%)
American Indian or Alaska Native	0.3%
Asian	9.3%
Black or African American	9.6%
Latino	12%
Middle Eastern or North African	0.9%
Native Hawaiian or Other Pacific Islander	0.3%
White	62.3%
More than One	4.8%
Other Race/Ethnicity Listed	0.3%

N = 332

Notes. AGE classified a respondent as 'More Than One Race or Ethnicity' when the respondent selected more than one race or ethnicity. AGE classified respondents as 'Other Race/Ethnicity' when they selected 'Some other race or ethnicity' and no other category.

Language Spoken at Home	Older Adults (%)
English	70.4%
Arabic	1.9%
Chinese (including Mandarin, Cantonese)	7.8%
French	1.6%
Haitian Creole	0.3%
Japanese	0.3%
Polish	1.2%
Spanish	15.3%
Vietnamese	1.2%

N = 321

Notes. Only languages spoken by at least 0.1% of respondents are listed.

English Proficiency	Older Adults (%)
Very Well	29.8%
Well	26%
Not Well	11.5%
Not At All	32.7%

N = 104

Notes. This table only includes people who speak a language other than English at home.

Household Income < $20,000	Older Adults (%)
Yes	31%
No	50.8%
Prefer Not to Answer	18.2%

N = 319

MassHealth Membership	Older Adults (%)
Yes	44.3%
No	51.7%
I Don't Know	4%

N = 323

Reported Characteristics

Characteristic	Older Adults (%)
Experience issues with abuse, neglect, or exploitation	3.7%
Live with Alzheimer's or dementia	7.5%
Experience memory or thinking problems	26.1%
Need access to cultural or social activities	27.1%
Live with vision loss	24.1%
Live with hearing loss	27.5%
Live with physical disabilities	39.7%
Are in frail or weak health	19%
Are a grandparent raising grandchildren	9.8%
Have housing concerns	17.6%
Often feel lonely or isolated	26.4%
Need legal services	18.6%
Are part of the LGBTQIA+ community	7.5%
Have mental or emotional health issues	29.5%
Need help with meals or nutrition	29.5%
Live in a rural area	11.5%
Have employment or job-related needs	9.2%

N = 295

In addition to the quantitative data gathered through survey research we also collected quantitative data through Expert Interviews and Focus Groups.

2024 Expert Interviews:

- Community Legal Aid (Housing and Benefit Concerns were topics that were covered here as well as more general Legal Services)
- MassHire
- Grandparents Raising Grandkids Resource Center

2024 Focus Groups:

- The Arabic Elders Group at the Worcester Senior Center
- The African American Elders Group at the Worcester Senior Center
- The Vietnamese Elders Group at the Worcester Senior Center
- The Chinese Elders Group at the Worcester Senior Center
- The Latino Elders Group at the Worcester Senior Center
- The Legally Blind Elders Group at the Worcester Senior Center
- The Caregiver Support Group Elders Group at the Worcester Senior Center
- Consumers at the Clinton Senior Center (many of whom resided in more rural areas)
- Grandparents Raising Grandkids Resource Center

  *Please note that many of the attendees of the groups at the Worcester Senior Center include residents from neighboring communities.

The Major Issues That Cut Across These Sessions Included:

- Transportation Access– there is little availability in rural areas and accessibility issues exist due to scheduling and vehicle size in other communities. These finding are back by the survey results. Households earning less than $20,000 were the most highly impacted with 51% saying that this was a concern as opposed to 37.5% for Households earning more that $20,000. With regards to ranking the needs it was only 4.6% as the first ranked need for survey respondees but was 10.5% as their second most pressing need. This is because Housing and Access to Health Care were ranked as greater concerns.

- Access to Affordable and Accessible Housing - Was brought up in the majority of sessions. These finding are back by the survey results. 11.5% ranked Housing as their Number 1 concern with 17.6% of respondees indicating that they have Housing Concerns specific to their individual circumstances. Households earning less than $20,000 were the most highly impacted with 26.5% saying that this was a concern as opposed to 16.1% for Households earning more that $20,000. Homelessness amongst older adults is also trending upwards. A 2025 report from the Central Massachusetts Housing Alliance found that from 2020 to 2024, Worcester experienced a 114% jump of homeless people in this age bracket. Shelters are also often not equipped to meet the needs of Older Adults.

- Access to Medical and Health Education was a need that was repeatedly referenced in the Focus Groups. Though there was no question specific to Medical and Health Education on the survey we do see the following results for Access to Affordable, Quality Healthcare With 14.6% or respondees ranking access to Affordable Health Care as their greatest need and 6.2% ranking Access to Health Care to Healthcare as their greatest need. Once again, we see a significant difference in how this impacts Households earning less than $20,000 as opposed to those earning over $20,000.

	Household Income < $20,000 (%)	**Household Income >= $20,000 (%)**
Affordable Health Care	46.9%	28.6%
Access to Health Care	30.6%	37.5%

- Hospital Closures, such as the Nashoba Valley Medical Center in Ayer, MA on August 31, 2024, have had a negative impact on access to health care in many of the more rural communities in Senior Connections PSA. They survey indicates that 11.5% of respondees identify as living in a rural community. This is a challenge given that the National Institute for Healthcare Management research has found that 80% of rural residents are medically underserved.

- Many focus group participants complained about their health insurance not being accepted by providers and of having to wait months to see specialists.

Other Comments:

- There appears to be a knowledge gap with regards to available services and consumers' awareness of these services. This issue transcended socio-economic status and racial and ethnic categorizations.

- Job opportunities that pay a living wage for working class elders are limited. A lack of reliable transport is also a formidable barrier that prevents seniors from working.

- Social Isolation is a problem for elders. The reasons for this issue include a lack of transportation, family members who work during day or live far away, living in unsafe neighborhoods, financial instability, and other causes. This is backed by the survey data that found that 26.4% of respondees reported that they, "Often feel lonely or isolated" and 27.1% who respondees that they, "Need access to cultural or social activities" which can be used to address this issue. Interestingly enough only 2.3% of respondees reported that, "Assistance Addressing Social Isolation" was their top priority though this rose to 5.1% for their third most top priority. This is likely due to Access to Services (including Affordable Health Care) and Housing) being viewed as higher priorities.

- The cost-of-living crisis has impacted nutrition. This is supported by the survey which found that 42.9% of Households earning less than $20,000 reported nutrition Support as a needed service while this figure actually rose to 44.6% in households whose annual income was over $20,000. Overall, 29.5% of respondees reported that they personally needed help with meals or nutrition. Based upon the discussions with the Focus Groups it would appear that there is a broad concern about the rising cost of living and though only 8.5% of survey respondees reported Nutrition Support as their Number 1 need, from listening to the Focus Groups it could be inferred that it was still a big issue just it would rank lower than being evicted or not having access to health care in an emergency or more generally to manage a chronic condition.

- In-Home Support for Independence was a major concern for survey respondents with 55.1% of respondees living in households whose annual income was less than $20,000 reported this as a need while this figure was 57.1.9 % in households earning more than $20,000 annually. 13.1% of respondents identified this as their number one need. This is not surprising given that 39.7% of respondents reported having a physical disability, 24.1% suffered from vision loss, and 19% were in frail or weak health.

- Access to Service was another area of concern. 55.1% of respondees living in households whose annual income was less than $20,000 reported this as a need while this figure was 42.9% in households earning more than $20,000 annually

Trends Documented in Interviews and Focus Groups and Supported by Survey Data

- In-home support was the number most needed service followed by access to Affordable Healthcare, Transportation, and Staying Active, and Access to Healthcare (in general). This is consistent with findings across the commonwealth.

- There is an increased need for Legal Services. Much of this appears to be tied to the Housing Crisis and the resulting eviction attempts. Overall, the survey found that 28.6% of respondees living in households whose annual income was less than $20,000 reported this as a need while this figure was 23.3% in households earning more than $20,000 annually. Overall, 18.6% of survey respondees from all income brackets reported needing Legal Services for their individual circumstances. Consumers also stated that they wanted more options to access Legal Services. Senior Connection will be operating a Legal Kiosk in the Care Express (our mobile health and outreach clinic) which. Can help accommodate this need as the service will be offered directly in the most underserved communities (e.g. rural areas).

- There is an increased need for Job Training. This is due to the cost-of-living crisis which is forcing retirees back into the workforce. 9.2% of Survey Respondees reported having employment and job-related needs. While 6.1% of respondees living in households whose annual income was less than $20,000 reported Work Force Development as a need. This figure rose to 7.1% from respondees living in households earning more than $20,000 annually.

- There has been an increase in Grandfamilies (families in which grandparents serve as the primary caregivers of their grandchildren). 9.8% of survey respondees also identified as living in a grandfamily.

- More issues related to mental illness are occurring. This can be attributed to a variety of factors such as financial stress caused by the pandemic, better diagnosis of mental illness than in the past, and the fact that mental illness holds less of a stigma for Baby Boomers than for prior generations. The survey's findings support this as it was reported that 26% of respondees Experience memory or thinking problems while 29.5% Have mental or emotional health issues.

- The Opioid Crisis is having an impact on elders both in terms of addiction itself, being exploited by family members who have an addiction, and being forced into the role of caregiver for grandchildren because their children are not capable of being an effective parent. This crisis is likely tied to the fact that 9.8% of survey respondees identified as a grandparent raising their grandchildren.

Public Comments

Public Comments include recommendations that Senior Connection investigate substance abuse amongst older adults. One commentor, who works with grandparents raising grandchildren, noted that many of the grandparents that she interacts with have a Substance Use Disorder (SUD). It is also not unreasonable to believe that there are other populations, such as elder veterans, who might be at increased risk of SUD. Due to the very personal nature of this issue, it is reasonable to believe that the scope and extent of this problem might be larger than it appears. This warrants investigation. We are committed to hosting annual Caregiver Summits to that address substance abuse disorder in Family Caregiving.

Another commentor had concerns about the Money Management Programs no longer being included in the funding priorities. In the past five years Senior Connection's Title III-B Funding has increased by approximately 6%, however, The 2025 Social Security cost-of-living adjustment (COLA) from 2021 – 2025 aggregates to 21.6%. In addition to this, the 60+ population in Central Massachusetts has grown. The reality is that, when adjusted for inflation, there is less funding to serve more consumers which forced Senior Connection to make some tough decisions.

[2. AGE: In alignment with Needs Assessment Project goals and summary data released to AAAs, Needs Assessment Project Review, AAAs that did not meet AGE recommendations per PSA populations for survey responses by population - >100K pop = 750 surveys; <100K pop = 250 surveys - are required to develop strategies and plans to address their outreach methods and are required to develop an action plan for implementation by the year end 9.30.2026.]

Please note that we did meet our target, however, many surveys came in too late to be counted (the deadline was late November 2024, and we were still receiving surveys in March of 2025). In the short term, we have contacted all the Councils on Aging in Municipalities that did not respond to the Needs Survey. MCOA verified that this would be an effective approach. In the long-term, distributing surveys at Outreach and Care Express (our Mobile Health and Outreach Clinic) Events will be part of our Broader Outreach Strategy. Many of the communities that did not respond were small and rural municipalities. These are towns that we will be increasing outreach to in FFY26-29 given that we are now able to provide services directly in these communities with the Care Express. These municipalities face numerous barriers to accessing services and thus the National Institute for Health Care Management estimates that their populations are 80% medically underserved. The Care Express was developed to address issues such as this. The data that we collect during these visits will be crucial for ensuring that the needs of Older Adults and Caregivers residing in Central Massachusetts are met.

[3. AGE: The Needs Assessment Project Review data release identifies circumstances where towns /municipalities realized zero survey responses. AAAs with such data points must develop strategies to foster older adults and family caregivers in the towns/municipalities as identified and incorporate such approaches and timeframes for implementation within their Title III operation. While items 2. and 3. can be addressed

within Attachment D, AGE will require separate submission of follow-up reports for 2. and 3.]

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[4. AGE: Aligning with 45 CFR 1321.65 (b)(4), describe how the AAA considered the views of older adults, family caregivers, service providers and the public in developing the Area Plan on Aging, and how the AAA considers such views in administering the Area Plan. Include a description of the public review methodology, timeline of the public review and comment periods, summaries of public input (including Board and Advisory Council), and how the AAA responded to public input and comments in the development of the Area Plan.]

The draft of the Area Plan was posted online in June for comment for a minimum of 30 days. We have advertised this on our website, social media. We also wrote all grantees, providers and COA Directors in our PSA as well as individuals and organizations who had expressed interest in our work. We presented the plan to our Advisory Council on June 26th and Board of Directors on June 27th. In addition to this, we hosted a virtual session on June 30th, 2025 where our Vice President and Chief Strategy Officer explained the research methods, provided an overview of the findings, and articulated how and why this data was used to develop the FFY26-29 Area Plan. This session was the one that elicited the most response from the public. This reason for this was likely because people who had comments waited to provide them at the session rather than via e-mail. Most of the comments were reiterations about the need to address issues such as housing, the effects of hospital closures, and challenges accessing health care and education. That said, one issue that was commented on was the reality that there is evidence that substance abuse amongst older adults is significant but not well understood due to the sensitivity of the topic. This is an issue that Senior Connection will be researching in response to this comment.