

# **FOUR YEAR PLAN OF THE LEHIGH COUNTY OFFICE OF AGING AND ADULT SERVICES**

**Period of July 1, 2008 through June 30, 2012**

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# **Table of Contents**

## **Part A**

Section I Executive Summary	Page 3
Section II Agency Overview	Page 5
Section III Goals and Objectives	Page 17
Section IV Strategies	Page 17
Section V Outcomes and Performance Measures	Page 24

## **Table of Contents**

### **Part B**

Section I	Page 26
Signature Page	
Section II	Page 27
Standard Assurances of Compliance	
Section III	Page 28
Documentation of Participation by the Lehigh County Office of Aging and Adult Services Advisory Council	
Section IV	Page 29
Proceedings of the Lehigh County Office of Aging and Adult Services Public Hearing	
Section V	Attachments
Agency's Organization Chart	
Attachment A (A Survey of Your Needs in Lehigh County)	
Attachment B (A Survey of Your Needs in Lehigh County) Spanish Translation	
Attachment C (Provider and Community Representative Questionnaire)	
Attachment D (Aging and Adult Services Advisory Council Survey)	
Lehigh County Area Agency on Aging Standing Committees	
Advertisement for Public Hearing	
Announcement and Sign-In Sheet for Public Hearing	

## **Part A**

### **Section I     Executive Summary**

People are living longer and healthier lives. Although this is an accomplishment in health care, it provides significant challenges as well. For the first time in history, people age 65 and over will out number children under the age of five. Life expectancy is increasing as there are medical advances and new drugs to increase life expectancy and the number of old people are rising. People 85 and older are the fastest growing population.

Family structure is also changing. People have fewer children and older people have fewer options for care. Four-generation families will be more common. This may add to financial and emotional pressures, as adults may be caring for their children, their aging parents, and their grandparents. There has also been an influx of people migrating to Lehigh County that will need services as they age and may not have the family support needed to remain independent.

As we live longer are we living healthier or is the increase in the older population increasing disability status as well? This is a concern because of additional needs for programs and services for this population. Or is it that with new drugs there is only a mild increase in disability, but an increase in prescription costs.

As people live longer, not only is there an increase in demand for services, but also increases in the length of time services are needed. Counties need to be creative in ways to obtain additional funding and find innovative ways to collaborate with other organizations to meet the needs of the growing aging population.

Challenge also occurs in recruiting and retaining workers in home health care. There will be an increased demand placed on these agencies and organizations will have to work together to hire and train home health care workers.

With the increase in the Hispanic population, it will be imperative to recruit and train workers that can speak Spanish and are culturally sensitive to the aging Hispanic community.

Planning for our future becomes more important each year. With reductions in State, Federal and local funding, along with the increased demand for programs and services and changing demographics it is imperative to develop a plan to meet the continuing needs of our community. The planning process allows for participation by agency staff, local providers of service, community residents and consumers of service. This community participation is important as it ensures that services are being designed and needs are being met in the most efficient and cost-effective way possible. It also allows for an opportunity to collaborate with other community organizations to serve consumers when valuable resources are limited or reduced.

The public planning process allows people in the community input in meeting the needs of their aging family and friends. Recognizing that the diverse aging population has different needs, the planning process allows older persons and community representatives, who provide services and supports, the ability to participate in determining the most important needs and challenges facing them in their every day lives and community.

The Aging Block Grant has not varied more than 2%, not keeping pace with the increased cost of living. In fact, the proposed 08/09 budget includes no Cost of Living Allowance. Yet our costs continue to rise. During the 2006/2007 fiscal year, costs for Guardianship exceeded the allocation by nearly 300% and is not likely to decrease as the number of appointments has risen each year. During the 2006/2007 fiscal year, our agency was guardian for 130 persons and we continue to average 100 persons each month. In addition, each year our costs for Family Caregiver Support Program have exceeded both the Federal and State allocated amounts. Additionally, our agency's budget relies upon a county contribution that has remained about the same for several years; however, our indirect costs have increased dramatically.

Our agency has already taken steps to reduce our deficit while continuing to best meet the needs of Lehigh County's aging population. As of September 1, 2006, a wait list for services was initiated. We are prudent in our assignment of services. On average, an Options consumer will only receive four hours of personal care or two days of adult day care per week, well below the care plan maximum of the state. Several vacated positions within the agency have not been filled, including the Deputy position, a supervisor position and care manager position based on funding and uncertainty of the direction of the agency. We also have not made any capital/fixed asset purchases in several years.

We need to work together as a community to address the growing needs of the population we are here to serve. It will be necessary to collaborate and join forces to provide information and advocacy to our Local, State and Federal legislators about the importance of the programs that provide services to this population as well as the need for adequate funding for these programs.

With the current decreases in Federal, State and Local funding, the planning process must provide older persons and persons representing community services an opportunity to design and collaborate on creative ways to utilize resources and support systems. This process also provides for the important opportunity to prioritize needs and mesh them with current service demands. The examination and comparison of various costs associated with providing quality programs and services can be accomplished through the planning process and allows the community to decide where dollars can best be utilized to ensure that the majority of older persons can remain active, involved and independent in community settings.

## **Part A**

### **Section II    Agency Overview**

The Lehigh County Area Agency on Aging began in January 1973 with a budget of \$35,000 and staff of 3 persons. Now known as the Lehigh County Office of Aging and Adult Services after merging with the Office of Adult and Residential Services in December 1996, the agency has a proposed budget of \$41,751,803 in 2008 and a staff of 68 full time employees and 13 part time employees. Reorganization of some agency functions in 2003 helped to more effectively deliver services, create efficiencies and maintain core functions while meeting the changing needs of the community. The attached organizational chart reflects the changes in lines of authority and responsibility.

Donna M. Zimmerman directs the agency. Diane Schrameyer chairs the Advisory Council. The Council consists of 15 community individuals, representative of diverse groups who have a special interest in serving the needs of the elderly and continue to be strong advocates for this growing population. The Advisory Council advocates to elected representatives and officials at the State and Federal level to promote awareness of emerging community needs and voice support for needed funding to continue serving the community with quality programs and services.

The Advisory Council meets monthly. Members participate in special committees to interact with staff and better understand agency operations, programs and services as well as keep pace with the many changes in funding, State regulations and general program requirements. The advisory council held a planning session in December 2006 to reexamine its role as well as redefine the standing committee descriptions to encompass what the council believed to be of most importance to the agency (attached is the revised Lehigh County Office of Aging and Adult Services advisory council standing committee descriptions from this planning session). The purpose of the advisory council is to advocate for the continuing needs and evaluate unmet needs, assist in formulating program policy and services, and monitor existing services to ensure they meet the needs of the aging population.

In pursuing this purpose, the advisory council strives to ensure that recipients of services, the general public and other concerned parties, have a significant voice in determining the content and operational methods set forth in the formation of the Annual County Services Plan and the Department of Aging Four-Year Plan. The advisory council continues to promote better public understanding of the programs and objectives of the agency and shares with the Executive Director problems relating to program goals and objectives and working toward problem resolution. The advisory council Chairperson, Vice Chairperson and a Co Chair from the Administration/ Fiscal/Legislative/ standing committee participate on the Southeast Regional Council developing a regional advocacy plan and addressing issues of importance in the region. The purpose of this group is to build a new aging coalition for the Southeast Region and develop a model for an aging advocacy alliance that could be replicated in other regions

of the state. The Council to further its mission continues to meet annually with the Northampton County Area Agency on Aging Council to discuss common problems, interests and formulate action steps for the future. This bi-county effort is also working on advocacy efforts to increase awareness and advocacy for the aging population throughout the Lehigh Valley and to advocate for additional dollars for programs and services for this growing aging population.

The Office of Aging and Adult Services recruits providers through a competitive Request for Proposal (RFP) process. Each request is reviewed by the Executive Director and management/fiscal staff to determine if they meet Federal, State and Local standards and requirements. Appropriate providers obtain an executed contract with the agency through the County of Lehigh and are eligible to renew for multiple (three/max) year service contracts via one-year contract amendments. Each provider is monitored annually to review program requirements and satisfactory service provision. The monitoring process not only assures providers are meeting the program requirements, but allows for agency staff to view the facilities and have face-to-face contact with individuals providing the contracted services. This helps build a good working relationship with the providers, allows for services to be provided in a timely manner and improves the quality of service to the community. All provider agencies have begun developing outcome performance measures specific to programs and services they are funded through their contract with Lehigh County during the 2007/2008 fiscal year. Progress on this will also be reviewed during the annual monitoring visit.

The Executive Director convenes the management team, consisting of all program and fiscal supervisors and program analysts, to review ongoing efforts to meet stated goals and objectives, to ensure efficiency in delivery of services and to discuss and develop new program initiatives, performance outcome measures, advocate for additional funding and discuss collaboration with community organizations to best serve our community. With less funding the agency is working internally to pool resources and utilize talent to meet the needs of our consumers as well as reach out to community organizations for advocacy and collaboration efforts.

The Office of Aging and Adult Services included consumers, community providers of service, family caregivers, senior center participants, agency staff, and the advisory council in its planning process. The agency also took steps to reach out to the growing Hispanic community in Lehigh County by translating the survey of need into Spanish. A Spanish-speaking care manager was available to help gain valuable input from this population.

This agency, its consumers, advisory council, and providers of service all look to provide valuable programs and services to the growing aging population in Lehigh County and look to work collaboratively to meet these growing needs of its residents.

Aging and Adult Services researched data to better understand the changing demographics of our aging community. Those findings are listed as "Indicators of Aging

in Lehigh County, Aging in Pennsylvania, and Aging throughout the United States and Globally” and the “Implications of Indicators.”



# **INDICATORS OF AGING IN LEHIGH COUNTY, AGING IN PENNSYLVANIA, AND AGING THROUGHOUT THE UNITED STATES AND GLOBALLY**

## **AGING IN LEHIGH COUNTY:**

1. In 2000, 15.8% of the Lehigh Valley population was 65 or older compared to a projected 21.7% in 2030. The number of people in the Lehigh Valley that are 65 or older will jump about 67% from about 91,000 in 2000 to 152,000 in 2030. (LV Planning Commission)
2. In 2000, 8.0% of the Lehigh Valley population was 75 or older compared to a projected 10.3% in 2030. The number of people in the Lehigh Valley that are 75 or older will jump about 59% from 46,000 in 2000 to about 73,000 in 2030. (LV Planning Commission)
3. Age cohort forecasts prepared by the Lehigh Valley Planning Commission reveal that the “baby boomers” will gradually become the “elder boomers” as this group ages over the next 20 years. Persons 65-74 years of age will increase from 8% in 2000 to 11% by 2030. (LV Planning Commission)
4. In Lehigh County, the 2010 projection has already been surpassed based on population estimates released by the U.S. Census Bureau for July 1, 2005. Lehigh Valley Planning Commission projected the 2010 population of Lehigh County would be 329,552 while the Bureau’s 2005 estimate was 330,168. (LV Planning Commission)
5. Spanish is spoken in one in ten homes in Lehigh County. In Allentown, the percentage is higher. 26% of the people in Allentown speak Spanish. (US Census Bureau, American Community Survey)
6. Lehigh County had the highest concentration of Hispanics and Latinos in 2006 with 14 percent. (Chambersburg public opinion online)
7. As of 2005, minorities make up 21.6% of the population in Lehigh County. (US Census)
8. Minority-headed households and households headed by persons of Hispanic origin were larger than white households in the Lehigh Valley. (LV Planning Commission)

9. Residents relocating to the Lehigh Valley are adding greater diversity to the population. African Americans doubled their numbers from 12, 045 to 24, 063 and increased from 2.2% to 4% of the total population. Asian and Pacific Islanders more than doubled from 6,370 to 14,236, representing 2.4% of the 2005 population. Persons of all other races also increased in significant numbers (by 20,591) and as a segment of the population (from 2.8% to 5.9%). Persons of Hispanic origin accounted for 11.2% of the total population in 2005, increasing from 4.9% just fifteen years earlier. (LV Planning Commission)
10. In Allentown, nearly half the population was born outside of Pennsylvania. (US Census Bureau, American Community Survey)
11. The Lehigh Valley was one of the fastest-growing regions in the Commonwealth between 2002 and 2005. Many new residents are relocating from New York and New Jersey to the Lehigh Valley. American Community Survey data from 2005 also supports that the people are moving to the Lehigh Valley from another County or State. (LV Planning Commission)

#### AGING IN PENNSYLVANIA:

1. By the year 2020, Pennsylvania's 60 and older population is expected to be 25% of the total population. An estimated 3.2 million Pennsylvanians will be 60 or older, up from 2.4 million in 2000. (US Census Bureau)
2. In Pennsylvania, those age 75 to 84 increased by 21% and those 85 and older increased by 38%. (US Census Bureau)
3. A rapid increase in older Pennsylvanians is largely due to increases in longevity, which now promises life expectancies well past age 80 for many people. (US Census Bureau)
4. Twenty percent, or one out of every five people in the Commonwealth of Pennsylvania, is age 60 or older. Pennsylvania has the third highest percentage of people over age 60. Only Florida and West Virginia have higher percentages of 60 plus. (PDA)
5. The number of elderly in some minority groups increased greatly. Hispanic elders increased by about 14 percent to 221,368 persons to make up about 9% of Pennsylvania's older population. (US Census)
6. Between 2000 and 2005, there was a 12 percent increase in minority population in Pennsylvania. During this period, rural counties saw a 26 percent increase in their minority population and urban counties saw an 11 percent increase. (US Census)

## AGING THROUGHOUT THE UNITED STATES AND GLOBALLY:

1. Over 36.3 million Americans are aged 65 and over. Over the next 40 years, the number of people aged 65 and older is expected to double, while the number of aged 85 and older is expected to triple. (US Dept of Health and Human Services)
2. In 2003, persons reaching age 65 had an average life expectancy of an additional 18.5 years. (US Census Bureau)
3. On a global level, the 85+ population is projected to increase 151% between 2005 and 2030. (US Dept of State – A Global Perspective)
4. About 3.6 million elderly persons (9.8%) were below the poverty level in 2004. Another 2.3 million or 6.7% of the elderly were classified as “near poor” (income between the poverty level and 125% of this level). (US Dept of Health and Human Services)
5. In 2004, 18.1% of persons 65+ were minorities. (US Census Bureau)
6. The 2005 Census states that Hispanics are the largest ethnic or race minority at 42.7 million (14% of the population). (US Census Bureau)
7. Although the population is young, by 2050, Hispanics will be the fastest growing population in the 65 and over age group, reaching 15 million. (US Census Bureau)
8. The Hispanic older population was 2.2 million in 2004 and is projected to grow to over 15 million by 2050. By 2050, the percentage of the older population that is Hispanic is projected to account for 17.5% of the older population. By 2028, the Hispanic population aged 65 and older is projected to be the largest racial/ethnic minority in this age group. (US Dept of Health and Human Services)
9. In 2004, 11.6% of Hispanic persons aged 65+ needed help from other persons for personal care as compared to 5.6% for non-Hispanic Whites and 8.6% of non-Hispanic Blacks. (Early Release, 2004 National Health Interview Survey)
10. In 2000, about 6.7% of Hispanic older persons reported they had no usual source of medical care and 6.5% reported delays in obtaining health care due to cost. (US Dept of Health and Human Services)
11. Of the older persons who received Older Americans Act Home and Community-based services, 7.0% were Hispanic. (US Dept of Health and Human Services)
12. In the United States, 8.9 million caregivers care for someone 50+ years of age that have dementia. (Alzheimer's Association)

13. Many caregivers of older people are themselves elderly. Of those caring for someone 65+, the average age of caregivers is 63 years with one-third of these caregivers in fair to poor health. (AOA)
14. Older caregivers (50+) are more likely to have been caregiving for more than 10 years (17%). (National Alliance for Caregiving and AARP)
15. About 415,000 grandparents aged 65 or over in 2004 maintained households in which grandchildren were present and had primary responsibility for these grandchildren. (US Dept of Health and Human Services)
16. Nearly eight in ten (79%) of care recipients are 50 and older and the average age of care recipients 50 and older is 75. (AARP)
17. Caregivers of older adults report that the main problem or illness of the person they care for is old age (15%), followed by cancer, diabetes, and heart disease (9% each), and Alzheimer's disease (8%). (AARP)
18. More than half of care recipients (55%) live in their own homes and about 25% live alone. (AARP)
19. An estimated 21% of the U.S. population provides unpaid care to friends and family age 18 and older. This translates into 4.4 million caregivers in the U.S. (2004 study by the National Alliance for Caregiving (NAC) and AARP)

## IMPLICATIONS OF INDICATORS

1. With a waiting list for services, agencies are unable to help someone with a bath, grocery shopping, and meals because of the lack of adequate funding. (PA Dept of Aging)
2. The Cost of Living (COLA) increase has not kept up with the cost of doing business. (PA Dept of Aging)
3. Culturally and linguistically appropriate services for the Hispanic population are not always available. Hispanic community organizations may provide services, but lack sufficient resources or expertise to meet the needs of the growing elderly population; especially the frail elderly. (US Dept of Health and Human Services)
4. Health care costs will rise with the increase of the older population. (US Dept of Health and Human Services)
5. Stress of family caregiving for persons with dementia has been shown to impact a person's immune system for up to three years after their caregiving ends. This also increases the chance of developing a chronic illness themselves. (National Family Caregivers Association)
6. An increase in symptoms of depression or anxiety is likely for family caregivers providing 36 or more hours a week and the rate is increased 6 times if you are caring for a spouse. (National Family Caregivers Association)
7. Family caregivers experiencing extreme stress have been shown to age prematurely. This level of stress can take as much as ten years off a family caregivers life. (National Family Caregivers Association)
8. The percentage of working people will decrease nationwide. For Pennsylvania, that translates into 308,000 fewer working-age people in 2030 than in 2000. (Issues PA, An Initiative of the PA Economy League)
9. In Pennsylvania, the proportion of elderly to the total population will remain greater. Who will be caring for these elderly adults? (Issues PA, An Initiative of the PA Economy League)
10. Family members and friends are often impacted by the enormous physical, emotional, and financial needs of long-term care for older adults. (United Way 2008-10 Investment Plan)
11. Medicaid, or Medical Assistance as it's called in Pennsylvania, is among the largest and fastest growing programs in the state budget. While the elderly represent only 13% of all state medical assistance recipients, they consume more than a third of all resources. What impact will an increasing number of elderly – as well as higher overall health care costs – have on the already worrisome state Medical Assistance Program? (Issues PA, An Initiative of the PA Economy League)

12. Ever since the 1960's baby boomers have been moving to the suburbs in droves. The transportation system that has facilitated that movement is primarily highway-based. As Pennsylvania's population ages and older drivers become less able to drive, how will the elderly – particularly in suburban and rural areas – move from place to place, if only for the essentials of life? (Issues PA, An Initiative of the PA Economy League)
13. Eighty-three percent (83%) of older adults want to age in place with age-diverse communities and 52% of them wanting to live near green space: This presents difficulties in our community that has limited public transportation outside of urban areas. Not being mobile restricts access to economic, social and health care services and reduces the ability for self-care. The economic impact associated with lack of mobility includes lost income, reduced employment opportunities, increased costs of delivering goods and services, increased costs of transport for medical care, and macro-economic losses due to decreased discretionary spending (shopping, cultural events, restaurants, and recreation). (United Way 2008-10 Investment Plan)
14. As the taxpaying portion of the population shrinks, both as a portion of the total and eventually in absolute numbers, the tax base shrinks as well. Who's going to pay not only to keep government going at current levels, but also for increasing demands for services? (Issues PA, An Initiative of the PA Economy League)
15. Both rural and urban minorities are more likely to rely on income support programs, such as Supplemental Security Income, Food Stamps, cash benefits from Temporary Assistance for Needy Families, unemployment compensation and other public programs. (The Center for Rural Pennsylvania)

## RESULTS FROM THE SURVEYS

Three surveys were developed and distributed to specific target groups. “A Survey of Your Needs in Lehigh County” (Attachment A) was distributed to consumers of service, family caregivers, as well as participants at nine senior centers throughout Lehigh County. This survey was also translated into Spanish (Attachment B) and completed by Spanish-speaking consumers. A total of 168 individuals completed the survey in either English or Spanish identifying critical issues they see as an older adult living in Lehigh County.

The critical issues identified by both English and Spanish-speaking consumers, family caregivers and senior center participants are 1.) the increase in cost of living and how these costs exceed their income (33%); 2.) high cost of health care and health insurance (26%); 3.) the need for additional transportation (15%); 4.) fear of having to leave their own home as they become older and lose their independence (13%); 5.) need for personal care (8%); and 6.) paying for the high cost of prescriptions (5%). These survey responses also identified what older adults in Lehigh County found to be most helpful as they age. These are home health care, the lunch program at the senior centers; transportation, and having a caseworker to help navigate the complex human services system. Responses identifying the frustrations encountered by the survey participants are transportation and the wait list for services.

The second survey reached out to the community providers of service for input. This “Provider and Community Questionnaire” (Attachment C) was sent to 67 providers with 45% of the providers taking time to complete and return the survey. The responses showed that 33% of the populations served by these providers were between the ages of 66 and 79 years of age. Twenty-seven percent were 80 years of age and older. Fifty percent of providers completing the survey felt they had adequate resources and staff to meet the demand of providing care to the 60+ population. Fifty-three percent of older adults receiving services live in households with low income or at poverty level and 70% require considerable community or family support.

Feedback from providers of service noted the following challenges:

- A growing number of minority persons needing service as well as an increase in the 80+ population requiring services to remain at home and in their community.
- The need to address the wait list for services because of the growing number of adults requiring services and, with people living longer, needing them for a longer period of time.
- The need for additional funding to eliminate the wait list for services, meet the growing demand for programs and services, and to maintain current programs and services.
- To reach out to the aging members of rural communities to not only inform them about available programs and services to help them remain in their own home and community, but to coordinate with transportation services to help meet

needs that are not accessible in rural communities; such as medical appointments, food shopping, or access to neighborhood senior centers.

The third survey (Attachment D) was distributed to the Lehigh County Aging and Adult Services advisory council to receive feedback on public awareness of programs and services in the community as well as the community's perception of the agency. All advisory council members who responded felt that people in the community did not seek information from the agency until a friend, family member, or they themselves needed services. All felt the perception of the agency in the community was that people are generally pleased with the services they receive, but additional staff and funding is desperately needed.

Working together with providers of service, family caregivers, senior center participants, agency staff, advisory council members, and both English and Spanish-speaking consumers has given this agency the opportunity to receive valuable input in the planning process. The results of the surveys identifying critical needs, as well as strengths and weaknesses in the community, has formed the Goals and Objectives that follow; along with the Strategies and Action Steps, to help the agency implement the plan.



## **PART A**

### **Section III & IV      Goals and Objectives & Strategies and Action Steps**

The goals and objectives were developed from consumer, staff and provider feedback. Much focus has been placed on the growing aging population since the “85+ population is projected to increase from 4.2 million in 2000 to 8.9 million in 2030” (US Census Bureau) and the growing Hispanic aging population as well. “By 2028, the Hispanic population aged 65 and older is projected to be the largest racial/ethnic minority in this age group. (AOA newsletter) It is also known that increased support for caregivers is important as “83% of older adults want to age in place.” (United Way 2008-10 Investment Plan)

The strategies and action steps put in place all show that staff and community involvement needs to take place for the result to be successful. These goals can only be achieved with successful collaboration from community members, consumers of service, and provider agencies. It is known that advocacy has a much greater impact if many participants bond together with one strong voice to legislators. Although advocacy is imperative to gain additional funds to meet the current, as well as the growing, needs of the aging population, collaborating to best utilize our current resources is just as important.

The agency “Goals and Objectives” as well as the “Strategies and Action Steps” to obtain these goals are revealed in the following “Lehigh County’s Plan of Action.”

## LEHIGH COUNTY'S PLAN OF ACTION

<u>Goals &amp; Objectives</u>	<u>Strategies/Action Steps</u>	<u>Progress Indicators</u>	<u>Outcomes</u>
Strengthen Advocacy Action at State and local levels to develop awareness of community demand for services, support and funding issues. (Funding must keep pace with on-going community demand for service and support)	<ol style="list-style-type: none"> <li>1. Have advisory council members participate in advocacy planning with the Southeast Regional Council.</li> <li>2. Coordinate visits to local legislator's offices to educate our local legislators.</li> <li>3. When necessary, develop local advocacy forums to broaden community knowledge</li> <li>4. Continued involvement with P4A to discuss advocacy, the role of the agency, and programs and services and have the agency maintain their role as part of the long-term care system.</li> </ol>	<p>Executive Director and advisory council members participate 2-4 times a year in regional meetings.</p> <p>Executive Director in Lehigh and Northampton Counties meet with local legislators annually.</p> <p>Executive Director and United Way's Alliance on Aging meet every other month or as needed on public policy committee.</p> <p>Executive Director meet with P4A 4-6 times a year and coordinate advocacy efforts as needed.</p>	<p>Increased public and legislative awareness of Agency needs.</p> <p>Broader community awareness of Agency programs and funding issues.</p> <p>Legislative action to increase funding for needed services and programs</p> <p>Agency role maintained as part of the long-term care system.</p>
Reduce wait list for home and community-based services.	<ol style="list-style-type: none"> <li>1. Continue to advocate for increased dollars for home and community-based services.</li> <li>2. Rebalance funds in the long-term care system to provide additional funding to home and community based services.</li> </ol>	Executive Director, advisory council and Southeast Regional Council participate in P4A quarterly and its advocacy actions.	Ability to provide home and community-based services to more individuals and over a longer period of time.

## LEHIGH COUNTY'S PLAN OF ACTION CONTINUED

<b><u>Goals &amp; Objectives</u></b>	<b><u>Strategies/Action Steps</u></b>	<b><u>Progress Indicators</u></b>	<b><u>Outcomes</u></b>
<p>Reach out to the growing aging, Hispanic community to educate them on programs and services available in their community.</p>	<ol style="list-style-type: none"> <li>1. Invite minorities to join our advisory council.</li> <li>2. Continued collaboration with Casa Guadalupe to reach out to Hispanic seniors through its nutrition center.</li> <li>3. Utilize contacts in the religious community to help with translation services.</li> <li>4. Agency has two Spanish-speaking care managers to assist Spanish-speaking consumers.</li> </ol>	<p>Executive Director, Program Analyst, and advisory council members will send invitation to local Hispanic community organizations.</p> <p>Agency and Casa Guadalupe have daily nutrition site and provides regular monthly programming.</p> <p>Agency staff and religious community members.</p> <p>Translation of agency brochure and website in Spanish.</p>	<p>Result in a better understanding of the needs of the minority aging population.</p> <p>Increased knowledge and awareness of the agency to refer Hispanic seniors to needed programs and services.</p> <p>Ability to provide direct service to Spanish-speaking consumers.</p>

### LEHIGH COUNTY'S PLAN OF ACTION CONTINUED

<b><u>Goals &amp; Objectives</u></b>	<b><u>Strategies/Action Steps</u></b>	<b><u>Progress Indicators</u></b>	<b><u>Outcomes</u></b>
Recruit and retain direct care workers that can speak Spanish and are culturally sensitive to the aging Hispanic community.	1. Prepare Latinos and limited English speaking workers to acquire their PA State Certification to work as Nurses Aides as a gateway to the allied health careers.	Continue contract with I-LEAD to provide Vocational ESL Program and Nurse Aide Training Program. Number of participants to be determined by PDA allocation.	200 people in the Lehigh Valley desiring to enter this program.  30 participants will complete the five phases of the program.
Recruit and retain agency staff that can speak Spanish and are culturally sensitive to the aging Hispanic community.	1. Encourage individuals who are bilingual and bicultural to take the civil service test to become a care manager.  2. Participate in the Department of Human Services bilingual initiative.	Utilize the civil service bilingual Aging Care Management list to fill future vacancies.  Have two Spanish-speaking workers participate in this initiative.	An increase in the number of human services workers to assist the aging Hispanic community.

<b><u>Goals &amp; Objectives</u></b>	<b><u>Strategies/Action Steps</u></b>	<b><u>Progress Indicators</u></b>	<b><u>Outcomes</u></b>
Recruit and retain direct care workers.	<ol style="list-style-type: none"> <li>1. Look to support the United Way Universal Core Curriculum Expansion to local colleges or technical schools to provide reimbursement to those trained as direct care workers.</li> <li>2. Provide funding for training and incentives to provider agencies through the Pennsylvania Department of Aging's Direct Care Worker's Initiative.</li> <li>3. Advocate for COLA to pass on to Direct Care Workers.</li> </ol>	<p>Executive Director, United Way and local colleges or technical schools support Alliance on Aging Direct Care Worker initiative quarterly.</p> <p>Participate in the PDA Direct Care Worker program to fund this incentive</p> <p>Partner with P4A during the annual budget process to advocate for COLA.</p>	<p>An increase in the number of direct care workers.</p> <p>An increase in the number of direct care workers.</p> <p>Recruitment and retention.</p>
Prepare to deal with the fast growing aging community.	<ol style="list-style-type: none"> <li>1. Collaborate with the United Way to improve education on State and Local policies and advocate for funding to serve this growing population.</li> <li>2. Partner with Northampton County Area Agency on Aging to be creative in meeting and advocating for the needs of the aging in the Lehigh Valley.</li> </ol>	<p>Executive Director and Public Policy Committee of the Lehigh Valley Alliance on Aging meet every other month to identify National and State issues to refer to local legislators.</p> <p>Lehigh and Northampton County AAAs hold annual joint advisory council meeting and joint legislative visits to discuss bi-county initiatives.</p>	<p>Advocating as a region lends a bigger voice to meet the needs of the aging population in our area.</p>

## LEHIGH COUNTY'S PLAN OF ACTION CONTINUED

<u>Goals &amp; Objectives</u>	<u>Strategies/Action Steps</u>	<u>Progress Indicators</u>	<u>Outcomes</u>
Be creative in collaboration efforts with community organizations to meet the growing needs of the aging population with fewer funds.	<ol style="list-style-type: none"> <li>1. Partner with I-Lead, Inc. to work to train Latino's in the home health care field.</li> <li>2. Partner with Presbyterian Home's LIFE program to provide an additional service-type to PA's long-term living system.</li> <li>3. Support individuals in institutions transitioning into the community with Money Follows the Person Grant.</li> </ol>	<p>Continue contract with I-LEAD to provide Vocational ESL Program and Nurse Aide Training Program. Number of participants to be determined by PDA allocation.</p> <p>Executive Director and Agency RN participate in planning process every other month. RN Supervisor meets quarterly to plan to transition 60+ population back into the community with supports.</p>	<p>An increase in the number of Spanish-speaking direct cares workers.</p> <p>Ability to keep older adults living in their home and community as long as possible by providing all-inclusive care.</p>
Provide increased support to family caregivers to help them care for their loved ones at home.	<ol style="list-style-type: none"> <li>1. Collaborate with the Living Independence for the Elderly (LIFE) program by sharing staff resources to help older adults and their caregivers.</li> <li>2. Develop and deliver an educational series designed to provide information and support for families and caregivers of elderly in the outlying areas of Lehigh County.</li> </ol>	<p>Meet every other month with LIFE coordinator and provide resource information toward development of LIFE program.</p> <p>Plan to develop a caregiving series with Michael Shosh, M.S.</p>	<p>Enable frail, older adults to live in their home in the community as long as possible by providing a comprehensive all-inclusive package of services to meet their needs and to provide needed respite and piece of mind to their caregivers.</p>

## LEHIGH COUNTY'S PLAN OF ACTION CONTINUED

<u>Goals &amp; Objectives</u>	<u>Strategies/Action Steps</u>	<u>Progress Indicators</u>	<u>Outcomes</u>
Increase awareness of agency programs and services.	<ol style="list-style-type: none"> <li>1. Collaborate with East Penn Schools to develop a Public Service Announcement</li> <li>2. Continue to update information on programs and services on the agency's website (<a href="http://www.lehighcounty.org">www.lehighcounty.org</a>).</li> <li>3. Participate with the Integrated Family Services Plan in Lehigh County</li> <li>4. Establish an Aging and Disability Resource Center in our service area.</li> </ol>	<p>Agency staff and East Penn students meet biweekly to develop a PSA.</p> <p>Program Analyst does weekly review and update of agency web page.</p> <p>Program Analyst meets monthly to coordinate the website for all DHS offices.</p> <p>Executive Director will observe current roll-out initiative and will coordinate with all participating agencies when appropriate.</p>	<p>Increased awareness of programs and services in the community at no cost to the agency for PSA.</p> <p>The number of hits will increase by 50% (this information is tracked monthly by the Program Analyst)</p> <p>Provides integrated services for aging adults who may also be working in other human services systems.</p> <p>We would be a logical option to be an Aging &amp; Disability Resource Center since our agency serves both the under 60 and over 60 adult population.</p>

## LEHIGH COUNTY'S PLAN OF ACTION CONTINUED

<b><u>Goals &amp; Objectives</u></b>	<b><u>Strategies/Action Steps</u></b>	<b><u>Progress Indicators</u></b>	<b><u>Outcomes</u></b>
Increase emergency preparedness for aging in Lehigh County.	<ol style="list-style-type: none"> <li>1. Collaborate with Northampton County Area Agency on Aging to develop an Emergency Plan for both counties.</li> <li>2. Include community organizations and County Emergency Departments in the emergency planning process to coordinate efforts.</li> </ol>	Lehigh & Northampton County Area Agencies on Aging and community providers and organizations meet to develop Regional Health Department.	Have a well-coordinated and comprehensive plan in place before an emergency ever occurs.
Reach out to seniors residing in rural areas of Lehigh County.	<ol style="list-style-type: none"> <li>1. Increase outreach efforts.</li> <li>2. Work closely with transportation providers to assist those in rural areas get to medical appointments, senior centers, food shopping, etc.</li> </ol>	<p>Supportive Services Supervisor speaks 40 times a year in the community and agency staff participates in 16 health fairs. 25% of each reaching rural areas.</p> <p>Current contract with NOVA to assist transportation needs in northern rural areas.</p> <p>Executive Director receives regular information from Lehigh Valley Planning Commission's Coordinated Public Transit-Human Services Transportation Plan for the Lehigh Valley.</p>	Improve availability of programs and services to those in outlying areas of Lehigh County.



## **PART A**

### **Section V Outcomes and Performance Measures**

The goals of the Lehigh County Office of Aging and Adult Services include providing quality programs and services to assist caregivers and to allow older adults to remain in their own home and community. In order for this to be accomplished we must address the need for adequate funding for services for a growing and changing population as well as the need for trained direct care workers to provide these services. We also want to address access to services for individuals living in rural areas of the county and to reach out to the aging Hispanic population by having culturally competent care managers and service providers to assist them. Collaboration in the area of emergency preparedness, increasing public awareness and advocacy efforts are also important goals for the agency.

Because funding is a continuing issue for the agency to provide programs and services to a growing aging population, it is imperative to look for ways to partner with community organizations to continue to meet the growing needs of Lehigh County residents. Lehigh County Aging and Adult Services has collaborated with organizations such as I-Lead, Inc., the Program of All-Inclusive Care for the Elderly (locally known as Living Independence for the Elderly – LIFE, operated by Presbyterian Homes), Liberty Resources of Allentown, and United Way of the Greater Lehigh Valley's Alliance on Aging, the Southeast Regional Council, and Northampton County Area Agency on Aging. Lehigh County Aging and Adult Services will collaborate with these agencies and others; as well as work with staff and the advisory council to become more creative and innovative with serving the aging population. The agency will continue to work with the Pennsylvania Association of Area Agencies on Aging in a coordinated effort to advocate for adequate funding for services for our consumers.

Contracted agencies have begun to develop outcomes and performance measures as part of the contract and monitoring process. Working together will allow our agency to contract with providers that also collaborate with local organizations and develop innovative ways to best utilize their resources.

Collaborating with I-Lead, Inc. will prepare Latinos to acquire their PA State Certification to work as Nurse Aides and help meet the growing need of the aging Hispanic population in our community. Our agency's funding of I-Lead, Inc. demonstrates our commitment to bringing more Latinos into the home health care field. This increase will assist the home health care agencies to train and retain home health care workers. The qualitative outcomes of this project will be to strengthen overall coordination among employers, educators, and workforce development professionals and strengthen the early career path in nursing by allowing a greater number of entry level workers to obtain skilled positions. The involvement of minority individuals will reduce cultural and linguistic performance barriers among health care consumers.

The agency provides funding to contract home health agencies participating in the Direct Care Worker's Initiative for recruitment and retention. Last fiscal year the agency also initiated a 2% increase to home health care agencies that contract with our agency. Unfortunately this year's proposed budget does not include any increase so our rates will remain the same.

Lehigh County Aging and Adult Services is working with Presbyterian Homes as they develop a local Program of All-Inclusive Care for the Elderly, known locally as Living Independence for the Elderly (LIFE), in order to assist families and their caregivers by working together to provide an all-inclusive package of services to keep a loved one at home and in the community as long as possible. The program coordinates all needed preventative, primary, acute, and long term care services so individuals can continue to live in their community. The outcome of collaboration with the LIFE program will allow older adults to maintain a maximum level of physical, social and cognitive functions; receive all needed medical services; and remain in their own home and community.

Lehigh County Aging and Adult Services works with Liberty Resources of Allentown as a collaborative partner for Nursing Home Transition. When consumers transition back into the community, this agency serves those 60 and older. For adults 18 to 59 years of age transitioning back into the community, the agency works with Liberty Resources of Allentown. Liberty assists those individuals during the transition and then either provides or refers to programs and services to meet their needs.

The United Way of the Lehigh Valley Alliance on Aging is a leader in working to improve outcomes for older adults and joining forces with many local organizations to advocate for additional funding for needed programs and services. Collaborating with the United Way helps to gather data to measure progress and research and learn to use best practices to help our programs and services be effective. Participating in the United Way's Public Policy Committee helps advocate with a greater force to our legislators. The committee's focus is on policy issues of national significance that has a local impact on our older adults. The result is an informed group of members on actions that need to be addressed and improved education of State and Local policies that impact older adults and need our assistance in having our local voices heard.

Participating on the Southeast Regional Council and collaborating with Northampton County Area Agency on Aging is also imperative as we move forward. Work is done to develop a regional advocacy plan on behalf of the aging network in our region. Advocating as a region helps to advocate for seniors facing similar issues in our service area. Many of the same providers are contracted to provide programs and services, such as adult day care facilities and home health care agencies in both Lehigh and Northampton Counties. Working together results in better services for our consumers and a greater connection with our providers.

With the changing population, decrease in funding, and decrease in staffing, all agencies need to look at new and creative ways to work together to meet the outcomes that best serve our community.

Commonwealth of Pennsylvania  
Department of Aging  
FY 2008-12 Area Agency on Aging  
Four-Year Area Plan on Aging

**Part B**

**Section I      Signature Page**

Donna M. Zimmerman, Executive Director  
Lehigh County Office of Aging and Adult Services  
Lehigh County Government Center  
17 South Seventh Street  
Allentown, PA 18101-2401

I/we certify that I/we are authorized to submit this plan on behalf of the designated Area Agency on Aging and agree to abide by regulations issued by the Pennsylvania Department of Aging, the U.S. Department of Health and Human Services, and the U.S. Department of Labor. I/we further certify that the general public has had the opportunity to review and comment on this plan through the public hearing process and that written policies, procedures or agreements, as appropriate, have been developed in accordance with Part B, Section 4 and are on file for review and approval, as appropriate, by Department of Aging officials.

Signature(s) of Governing Authority Official(s), (e.g., Chairman of County Commissioners or President, Board of Directors.)	Title	Date
_____	<u>County Executive</u>	_____
_____	<u>Executive Director</u>	_____
_____	<u>Chairperson, Advisory Council</u>	_____

Person to contact regarding the contents of this plan:

Donna M. Zimmerman, Executive Director	Phone No. (610) 782-3251
Kimberly Melusky, Program Analyst	Phone No. (610) 782-3096

## **Part B**

### **Section II     Standard Assurances of Compliance**

I/We assure that services and programs of the Lehigh County Office of Aging and Adult Services will be managed and delivered in accordance with the plan submitted herewith. Any substantial changes to the plan will be submitted to the Department of Aging for prior approval.

I/We hereby expressly, as a condition precedent to the receipt of State and Federal funds, assure:

That in compliance with Title VI of the Civil Rights Act of 1964; Section 504 of the Federal Rehabilitation Act of 1973; the Age Discrimination Act of 1975; The Americans With Disabilities Act of 1990; The Pennsylvania Human Relations Act of 1955, as amended; and 16 PA Code, Chapter 49 (Contract Compliance regulations):

1. I/We do not and will not discriminate against any person because of race, color, religious creed, ancestry, national origin, age, sex, or handicap;
  - a) In providing services or employment, or in its relationship with other providers;
  - b) In providing access to services and employment for handicapped individuals.
2. I/We will comply with all regulations promulgated to enforce the statutory provisions against discrimination.

I/We further hereby agree that all contracts for the provision of services addressed herein will require contractors to comply with these same provisions.

I/We certify that the advisory council of the Lehigh County Office of Aging and Adult Services has participated in the development of this plan and has reviewed the plan as herewith submitted.

Signature(s):

Name

Title

Date

\_\_\_\_\_ County Executive \_\_\_\_\_

\_\_\_\_\_ Executive Director \_\_\_\_\_

\_\_\_\_\_ Chairperson, Advisory Council \_\_\_\_\_

**Part B**

**Section III Documentation of Participation by the Lehigh County Office of Aging and Adult Services Advisory Council**

PSA No. \_\_\_\_\_

Name of AAA: Lehigh County Office of Aging and Adult Services

Plan Period from July 1, 2008 to June 30, 2012

In accordance with 6 PA Code, Section 35.23, a. (1) and (2) and the Older Americans Act of 1965, as amended, I certify that the Lehigh County Office of Aging and Adult Services Advisory Council has had the opportunity to assist in the development of this Plan. I further certify that the Lehigh County Office of Aging and Adult Services Advisory Council has participated in at least one Public Hearing held on this Plan.

The Lehigh County Office of Aging and Adult Services Advisory Council  
\_\_\_\_\_ does \_\_\_\_\_ does not recommend approval of this Plan.

\_\_\_\_\_  
Signature of Chief Officer of the  
Lehigh County Office of Aging & Adult  
Services Advisory Council

Diane Schrameyer, Chairperson

## **Part B**

### **Section IV Proceedings of the Lehigh County Office of Aging and Adult Services Public Hearing**

The advertised public hearing provided service providers, consumers of service, and individuals from the community an opportunity to provide their input and ideas concerning the programs and services of the agency. This input would be incorporated into the final plan, a comprehensive document detailing the direction the agency expects to take in the next four years.

The public hearing was held on Thursday, March 20, 2008 at 1:00 p.m. at the Lehigh County Government Center in the Public Hearing Room. Eighteen people were in attendance including representatives from the Aging and Adult Services advisory council, senior center participants, providers of service, agency staff and community members.

Donna Zimmerman, Executive Director, opened the meeting with a brief explanation of the agency's four-year planning process and how the issues identified by the agency during this process are similar to those identified four years ago. Those issues include the increase in the aging population, the ability to address cultural diversity, the ability to maintain an adequate infrastructure of providers and resources to meet the needs of consumers who wish to age in place and the need to reach out to the rural areas of the county. The agency funding concerns and advocacy plans were discussed. Donna then opened the meeting for general discussion and presentation of written and oral testimony.

Written testimony was submitted by Mr. Robert B. Roth, Esq., Board Member of WRRS/Radprin, thanking the agency for continued support to serve the print impaired community.

Testimony and discussion included the meals at the neighborhood senior centers, ways to improve programming and participation at the senior centers, the growing wait list for services and its impact on providers of in home services and consumers, accountability of transportation providers in Lehigh County, and advocacy for additional funds to remove individuals from the wait list and to provide needed programs and services to Lehigh County's growing aging population.

The meeting adjourned after an hour of testimony and discussion. Lehigh County Aging and Adult Services appreciated the interest, testimony and discussion by those present to understand the four-year planning process and the growing needs of the agency.

## **PART B**

### **Section V Attachments**

Agency's Organization Chart

Attachment A (A Survey of Your Needs in Lehigh County)

Attachment B (A Survey of Your Needs in Lehigh County in Spanish)

Attachment C (Provider and Community Representative Questionnaire)

Attachment D (Advisory Council Survey)

Lehigh County Office of Aging & Adult Services Standing Committees

Advertisement for Public Hearing

Announcement and Sign-In Sheet for Public Hearing